Georgia Domestic Violence Fatality Review Project

Annual Report 2006

Georgia Commission on Family Violence
Georgia Coalition Against Domestic Violence

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This third annual report of the Georgia Domestic Violence Fatality Review Project is dedicated to the victims of domestic violence who lost their lives to homicide and to their family members, friends, and surviving children who must go on without their loved ones.

It is out of the deepest respect for the value of the lives lost and the challenges for those left behind that we work to find ways to prevent future loss of life and the unimaginable pain suffered by homicide survivors.

Domestic Violence Deaths in Georgia

County	Number of Primary Victims 2005	Number of Secondary Victims 2005	Number of Alleged Perpetrators 2005	2003 Total Deaths	2004 Total Deaths	2005 Total Deaths
Baldwin	2	1				3
Barrow	1			1	1	1
Bartow	1		1	4		2
Ben Hill				1	2	
Bibb	3		3	1	4	6
Bleckley		1	1			2
Brantley					1	
Burke				2	1	
Butts				1		
Calhoun				2		
Camden	1			1	1	1
Carroll				1	1	
Chatham	4	1	3	6	2	8
Cherokee	2	1	1	2	1	4
Clarke	1		1	3		2
Clayton	5	3	2	3	3	10
Cobb	5	1	2	7	3	8
Coffee	1					1
Colquitt	1	1	1	3		3
Coweta					1	
Columbia	1		1	1		2
Crisp	1			2		1
Dawson	1					1
Dekalb	1	2		17	5	3
Dooly					1	
Dougherty				1	2	
Douglas				1	1	
Elbert	1			1		1
Fannin	1			1		1
Fayette					4	
Floyd	1			1	2	1
Forsyth				4		
Franklin					1	
Fulton	4		3	9	15	7
Gilmer		1				1
Glascock	1					1
Gordon					4	
Grady				1	1	
Gwinnett	6		5	6	12	11
Habersham				1		
Hall					2	
Hancock					1	
Haralson				4		
Harris	1		1		1	2
Henry	2		1	4	1	3
Houston	1		1	1		2
Jackson	1				2	1
Jefferson				2		
Lamar	1		1			2
Laurens	1			2	2	1
Liberty				4		
Lowndes	4	2	3			9
Lumpkin					1	
Macon			1			1
Madison				2		
McDuffie				1	2	
Montgomery				1		
Muscogee	3	3	3	4		9
Newton				3	1	
Oconee					1	
Oglethorpe				2		
Paulding				1	2	
Pickens	1					1
Polk				1	2	
Richmond	1		1	4	6	2
Rockdale	2		1		4	3
Tattnall				1	2	
Telfair	2		1			3
Tift	1					1
Thomas					1	
Towns					2	
Troup			1	1		1
Twiggs					1	
Upson				2	1	
Walker	1		1			2
Walton					2	
Ware	1					1
Washington	1			1		1
Wayne				3		
Webster				1		
Wheeler				1		
White				2	1	
Whitfield	1			3	3	1
Total Deaths	**70**	**17**	**40**	**135**	**110**	**127**

Means of Death

	2005	2004	2003	Total	%
Gunshot	56	54	59	169	45%
Stabbing	22	19	15	56	15%
Strangulation	2	3	6	11	3%
Other	9	7	12	28	8%
Unknown	38	27	43	108	29%
Total	127	110	135	372	

Statistics compiled by the Georgia Coalition Against Domestic Violence from its clipping service and from reporting domestic violence programs statewide. This count represents all the homicides known to us at the time of this report.

Acknowledgements

The Georgia Commission on Family Violence (GCFV) and the Georgia Coalition Against Domestic Violence (GCADV) owe a great amount of gratitude to the many individuals and organizations that continue to make Georgia's Fatality Review Project possible. With strong Fatality Review Committees, high participation from a variety of systems, and clear direction from the Project Coordinators, this third year has been a success.

Fatality Review Project Staff

Jasmine Williams-Miller, Co-Coordinator, Fatality Review Project, GCFV

Taylor Thompson, Co-Coordinator, Fatality Review Project, GCADV

Kirsten Rambo, Executive Director, GCFV

Nancy Grigsby, Executive Director, GCADV

For part of the current project year, ***Lindia Roberts*** staffed the project for GCFV.

The Georgia Coalition Against Domestic Violence is a state coalition of about 60 organizations responding to domestic violence in Georgia. GCADV operates Georgia's 24-hour toll-free domestic violence hotline (800-33-HAVEN) and provides education, consultation, training, technical assistance, and dissemination of research and information. GCADV also promotes best practices and resources for victims and their children through a number of initiatives including the Fatality Review Project, a Transitional Housing project, a Victim Liaison project, and a Legal Assistance project. Finally, GCADV advocates for improvements in systems responding to victims and offenders through public policy and legislative advocacy. Please visit www.gcadv.org for more information.

The Georgia Commission on Family Violence is a Commission under the Governor's Office, administratively attached to the Department of Corrections. The Commission was legislatively formed to assist in the development of domestic violence task forces in judicial circuits and to monitor legislation impacting families experiencing domestic violence. GCFV is the certifying body for Family Violence Intervention Programs (FVIPs) in Georgia and provides training and technical assistance to FVIPs and task forces, and hosts an annual statewide conference on domestic violence. Please visit www.gcfv.org for more information.

Special Thanks

Shelley Senterfitt, Attorney at Law provided legal research and counsel for the project.

We are especially grateful to ***Allison Smith***, GCADV, who again conducted data analysis for the project, allowing us to provide aggregate data for this report.

We are also grateful for technical assistance from the ***National Domestic Violence Fatality Review Initiative***.

Our special appreciation goes to the ***Washington State Coalition Against Domestic Violence*** for their ongoing guidance and technical assistance. Our efforts have benefited greatly from the ground-breaking work done by Washington review teams, under the leadership of the Coalition staff.

A special acknowledgement goes to the ***family members and friends*** of homicide victims who were willing to share with us the struggles their loved ones faced.

Our special thanks to the **survivor of the near fatality** who shared her experience with us.

Debbie Lillard, L.C.S.W., Mosaic Counseling Inc., assisted with the near fatality review.

Financial Support

The Georgia Fatality Review Project was funded by the ***Criminal Justice Coordinating Council*** through ***Violence Against Women Act*** funds. We are grateful for the grant which allowed our state to join many others around the country in conducting fatality reviews. The project has been funded for a fourth year, through 2007.

The following companies provided in-kind donations of time and skill in the design and printing of this annual report: ***Grace Design, LLC***, Lawrenceville, GA and ***Printing Partners***, Marietta, GA.

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has."

– Margaret Mead

Fatality Review Project Advisory Committee

Many thanks are due to our Fatality Review Project Advisory Committee, whose leadership and time dedication have helped to provide ongoing direction for this project. The members of the Advisory Committee include:

Ms. Jamie Apple-Anderson
on behalf of ***Mr. Robert Haness***
State Probation

Mr. Dick Bathrick
Men Stopping Violence

Lt. Brandon Bizzell
Gwinnett County Sheriff's Department

Ms. Judy Byrnes
Division of Public Health

Lt. Col. Maureen Carter
Retired, USAR

Ms. Cynthia Hinrichs Clanton
Administrative Office of the Courts

Mr. Richard Collord
Atlanta Humane Society

Ms. Brenda Cook
Gateway House, Inc.

Ms. Lisa Dawson
Division of Public Health

Ms. Karen Geiger
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Mr. Garland R. Hunt
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Ms. Henrietta Kuoh
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Ms. Juanisha Lawson
Prosecuting Attorney's Council of Georgia

Mr. Steve Page
Georgia Probation Management

Ms. Carmen D. Smith
Georgia Association of Solicitors General

Ms. Paula P. Smith
Prosecuting Attorney's Council of Georgia

Ms. Sharon Stearns
DHR, Family Violence Unit

Review Committees

We acknowledge the commitment of the Fatality Review participants from around the state who devoted their time, energy and expertise to work towards creating safer communities.

Atlanta Judicial Circuit

Becky Bennett, Judicial Correction Services, Inc.
Niki Berger, District Attorney's Office
Det. Silvia Browning, City of Roswell Police Department
Cameron Daniel III, Fulton County DFCS
Liz Ferguson, Prevent Child Abuse GA
Stacey Grant-Williams, Department of Corrections
Sharolyn Griffin, District Attorney's Office
Becky Gorlin, Judicial Correction Services, Inc.
Granvette Matthews, Fulton County Superior Court
Carolyn Moore, Georgia Probation
Bridget Ogundipe, Fulton County Drug Court and Behavior Health Link
Danna Philmon, Judicial Correction Services, Inc.
Jennifer Parmley, Fulton County DFCS
Amanda Planchard, Solicitor-General's Office
Jennie Riski, Partnership Against Domestic Violence
Shalandra Robertson, State Board of Pardons and Paroles
Elizabeth Toledo, CETPA
Renata Turner, Atlanta Volunteer Lawyers
Billy Wilhite, GA Power Company
Regina Williams, Fort McPherson
Stacie Williams, Department of Corrections
LaRonnia White, Fulton County DFCS
Chief Gary Yandura, College Park Police Department

Clayton Judicial Circuit

Pat Altemus, Securus House
Jennifer Bivins, Southern Crescent Sexual Assault Center
Gerald Bostock, Clayton County Juvenile Court
Capt. Chris Butler, Clayton County Police Department
Jocelyn Coleman, U.S. Army
Damon Dawson, Sentinel Offender Services
Charles Fisher, Clayton County DFCS
Barbara Fernandez, District Attorney's Office
Lt. Richard Gandee, Clayton County Police Department
Jenitha Gouch, Solicitor-General's Office
Det. Michael Harris, Clayton County Police Department
Katie Hart, Clayton County Public Schools
Courtney Lumpkin, Sentinel Probation
Tasha Mosley, Solicitor-General's Office
Mario Orizabal, Multi-Cultural Counseling and Services, Inc.
Nicole Robinson, Southern Crescent Sexual Assault Center
Deputy Sheriff Chris Storey, Clayton County Sheriff's Department
Elizabeth Toledo, Angels Recovery and Spirituality
Rose Gibbs Torres, Clayton Center for Behavioral Health Services
Judge Daphne Walker, Clayton County Magistrate Court
Phyllis Walker, Esperanza! A Woman's Hope, Inc.
Regina Williams, Family Advocacy

Chattahoochee Judicial Circuit
(Muscogee County)

Kyle Bair, Sexual Assault Support Center
Linda Bass, Muscogee County School Department
Jason Bolanos, Judicial Alternatives of Georgia
Judge Michael P. Cieclinski, Recorder's Court-City of Columbus
LaShern Colbert, District Attorney's Office
Debby Copeland, Georgia Parole Board
Sgt. Aubrey E. Davis, Columbus Police Department
Rhonda Dunlap, Solicitor-General's Office
Randy Hart, Columbus Police Department
Sally Haskins, Georgia Legal Services Program
Ahmed Holt, Georgia Department of Corrections
Dr. J. A. Hud, PRI Family Skills Institute
Pam Maney, Judicial Alternatives of Georgia
Gordon Marshall, Beth Salem Presbyterian Church

Judge Andy Prather, Muscogee County State Court
Cynthia Pattilo, New Horizons Community Service Board
Ruthie Shelton, Georgia Department of Corrections
Rachel Snipes, The Family Center
Iris Tate, Hope Harbour
Kibby Taylor, The Family Center
Sgt. Donna Tompkins, Muscogee County Sheriff's Department

Conasauga Judicial Circuit

Steve DeCostanzo, Whitfield County DFCS
Lynne Cabe, DSC
Laura Head, District Attorney's Office
Betty Higgins, Northwest GA. Family Crisis Center
Sue Jordon, Northwest GA. Family Crisis Center
Benjamin Kenemer, District Attorney's Office
Carla Macon, DFCS
Det. Chuck Richards, Dalton Police Department
Bob Rodriquez, Alternative Probation Services
Kermit McManus, District Attorney's Office
Jim Sneary, The RESOLV Project
Glenn Swinney, District Attorney's Office
Jim Watkins, Whitfield and Murray County Parole Board
Det. Jackie Williams, Whitfield County Sheriff's Department

Eastern Judicial Circuit

Judge James Bass, Superior Court, Chatham County
Sharon Carson, Chatham County DFCS
Courtney Fields, Chatham County DFCS
Carol Geraci, Union Mission
Marta Greenhoe Kaufman, Latin American Services Organization
Amy Ostrow, U.S. Army Community Services
Sara Pollard-Williams, U.S. Army Community Services
Regina Smith, UMI Union Mission
Marcus Tucker, District Attorney's Office
Yukeyveaya Wright, District Attorney's Office

Gwinnett Judicial Circuit

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Lt. Brandon Bizzell, Gwinnett County Sheriff's Department
Joey Brooks, Gwinnett County Animal Control
Sgt. Tracy Lee, Gwinnett County Sheriff's Department
Mike Leonard, Community Volunteer
Aubrey Lindner, Solicitor-General's Office
Julie Mauney, Partnership Against Domestic Violence
Mary Ellen O'Neil, Gwinnett County Public Schools
Gisela Rodriquez, Partnership Against Domestic Violence
Elizabeth Savettiere, Solicitor-General's Office
Joe Shelton, Partnership Against Domestic Violence
Lynda Waggoner, Gwinnett County Sexual Assault Center

Northeastern Judicial Circuit

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Barry Cape, Northeast Georgia Medical Center
Brenda Cook, Gateway House, Inc.
Sgt. James Evans, Hall County Sheriff's Department
Bethany Foley, District Attorney's Office
Melani Freeman, Family Recovery, Inc.
Rosalind Hudson, Northeast Georgia Medical Center-Laurelwood
Kris Jones, Georgia Legal Services Program
Judge Gene Roberts, State Court
Carrie Wright, Hall County DFCS

Piedmont Judicial Circuit

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Charlene Garrett, Peace Place
Marl Green, Atlanta Intervention Network
Faye Griffin, Peace Place
Darryl Gumz, Jefferson Parole Board
Captain Jeremy C. Howell, Hoschton Police Department
Janis Mangum, Jackson County Sheriff's Department
Mark Peak, Barrow County Sheriff's Department
Justin Shope, Sentinel Probation
Joey Tillery, Barrow Regional Medical Center
Sandra Townsell, Barrow Regional Medical Center
Mona Lisa Vinson, Maximus, Inc.
Cyndi White, The Tree House, Inc.

Stone Mountain Judicial Circuit

Lt. Billi Akins, DeKalb County Sheriff's Department
Judge Berryl A. Anderson, Magistrate Court
Erica Barnes, DeKalb County DFCS
Dick Bathrick, Men Stopping Violence
Kevin Batye, State Court Probation
Jean Douglas, Women's Resource Center
Natalie N. Dunn, State Court Probation
Sgt. Jay Eisner, DeKalb County Police Department
Gwen Keyes Fleming, District Attorney's Office
Kim Frndak, Women's Resource Center
Glenda Giddens, Public Defender's Office
Awaz Jabari, Refugee Family Services
Christina Kasper, Solicitor-General's Office
Amber Lueken, Solicitor-General's Office
Angie L. Marty, District Attorney's Office
Enid Ortega-Goggins, International Women's House
Betsy Ramsey, Solicitor-General's Office
Jenni Stolarski, Solicitor-General's Office
Arin Tritt, District Attorney's Office
LaDonna R. Varner, State Court Probation
Sandra Williams, Atlanta Intervention Network
Ramona Wilson, District Attorney's Office

Executive Summary

This report reflects the third year of Georgia's Domestic Violence Fatality Review Project. Since 2004, this project has examined deaths in Georgia that have resulted from domestic violence and has worked within local communities to respond to those deaths. This year's Annual Report captures the findings from this year's project while also looking at the past three years cumulatively in drawing conclusions and making recommendations. In many cases, the fatalities studied reveal similar patterns in system response from year to year, as trends emerge from the aggregate data. Given the emergence of these clear patterns, the format of this year's report differs slightly from that of previous reports: numbers are often displayed as three-year averages, and those issues that have appeared most significant over the three years are highlighted in Special Issue Pages. It is important to note that this report is not meant to replace either of the previous reports. Instead, this report only adds to and builds upon the findings, recommendations, conclusions and resources contained in the previous reports.

Domestic violence continues to be a leading cause of injuries for girls and women between the ages of 15 and 44 in the state of Georgia.[1] Too often, the violence ends in death for victims in Georgia which ranks 7th in the country for it's rate of female homicide.[2] In 2005 in Georgia, 127 people died as a result of domestic violence.[3] Most of those were individuals killed by an intimate partner, but the number also reflects those children, family members, perpetrators, and others who lost their lives during these incidents. The anguish of this loss is of course felt most acutely by the friends and loved ones of the deceased. These deaths also prompt others within the community to gather to consider the problem of domestic violence anew and to work toward preventing future tragedies.

This year's Fatality Review Project examined ten of these homicides in depth with these goals in mind: to more fully address the problem of domestic violence within individual communities, and to seek solutions that will help to reduce the number of domestic violence-related deaths and injuries. One community also studied a near-fatality, a case in which the intended homicide victim survived. Last, in addition to reviewing individual cases, communities working through the project began to focus this year on implementing their recommendations for change, as this report will show.

The Fatality Review Project is primarily federally funded by the Violence Against Women Act (VAWA) through Georgia's Criminal Justice Coordinating Council. It is conducted jointly by the Georgia Coalition Against Domestic Violence (GCADV) and the Georgia Commission on Family Violence (GCFV). Two full-time Fatality Review Project Coordinators led and assisted Fatality Review Committees from across the state in conducting these fatality reviews. The Fatality Review Advisory Committee, consisting of leaders from various systems across the state, continues to meet to provide support and direction to the project.

Mission Statement

The Georgia Fatality Review Project seeks to enhance the safety of victims and the accountability of batterers. The project does this by conducting detailed reviews of fatalities and by preparing, publishing, and disseminating objective information gained from these reviews. The resulting information is used as a tool for identifying gaps in system response, improving statewide data collection, enhancing efforts to train systems on better responses, identifying critical points for intervention and prevention, and providing a forum for increasing communication and collaboration among those involved in a coordinated community response to domestic violence.

[1] Georgia Department of Public Health, Injury Prevention, Violence Prevention project: http://health.state.ga.us/programs/injuryprevention/vaw.asp.

[2] "When Men Murder Women: An Analysis of 2004 Homicide Data." Violence Policy Center, September 2006.

[3] Statistics compiled by the Georgia Coalition Against Domestic Violence from its clipping service and from reporting domestic violence programs statewide. This count represents all the homicides known to us at the time of this report.

General Findings from 2004-2006

Of the 54 cases reviewed in three years, there were a total of 74 fatalities. These included:

- 53 intimate partner victims
- 14 alleged perpetrators
- 3 children of the intimate partner victim
- 2 sisters of the intimate partner victim
- 1 new partner of the intimate partner victim
- 1 aunt of the intimate partner victim.

There were also three unsuccessful murder attempts on:

- 1 intimate partner victim
- 1 sister of the intimate partner victim
- 1 mother of the intimate partner victim.

Of the 53 intimate partner fatalities:

- 28 deaths were caused by firearms
- 14 deaths were caused by stabbing or laceration
- 6 deaths were caused by strangulation
- 4 deaths were caused by blunt force trauma
- 1 death was caused by asphyxiation due to smoke inhalation.

Significant Findings

The cases studied this year, particularly when combined with those studied in the previous two years, reveal some important patterns about the ways in which communities currently respond to the problem of domestic violence. These cases also point out gaps in system responses and critical opportunities for intervention. This report highlights several of the most significant findings, including each of the following items. Further details and implications of each of these findings can be found on the Special Issue Pages within this report.

- **Firearms**
  Over half of the deaths studied through this project for the past three years resulted from firearms. Levels of danger and chances of lethality increase dramatically for victims of domestic violence when a batterer has access to a firearm.

- **Bystanders and Children**
  Despite the persistent public perception that domestic violence is a private matter, fatalities due to domestic violence often involve those who are neither victim nor perpetrator. In 87% of all cases reviewed over the past three years, someone was present at the scene of the fatality. All too frequently, children are present at these homicides, often witnessing their parents' violent deaths. In addition, other family members, friends, and bystanders often witness or are injured or even killed at the scene of a domestic violence homicide.

- **Lethality and Family and Friends**
  As Fatality Review Committees study these domestic violence deaths, two related issues often emerge: that batterers' behavior often signals a risk of lethality for their victim prior to the homicide, and that friends and family generally have more information about the history of abuse than anyone else. In other words, there are often clear indicators of danger before the homicide, and those closest to the victim and the perpetrator (their friends and family) may have the fullest picture about the scope and nature of the abuse. Thus, friends and family, who are most likely to witness these "red flags," are the least prepared to recognize or respond to them, while those professionals who are trained and paid to intervene are often proceeding with incomplete information.

- **Suicide and Depression**
  In 48% of cases studied during 2005 and 2006, perpetrators were suicidal (as defined by the presence of threats, attempts, ideation or completion). And in 31% of all cases during that same time period, perpetrators attempted or completed suicide at the homicide scene or soon thereafter. Yet many people (including those professionals who have frequent contact with batterers and victims) remain unaware that suicidal threats and depression are linked with homicide in cases of domestic violence.

- **Courts and Law Enforcement**
  When examining a domestic violence homicide, Fatality Review Committees look carefully at the history that preceded the fatality. Part of this process entails examining previous calls to the police, and prior charges, cases, and dispositions. Through this process, an issue has emerged that we have called "Investigation and Prosecution Breakdown." (In previous years, this report has referred to this phenomenon as "Progressive Loss of Cases.") Of the total calls to police, only 40% were prosecuted and half of those were dismissed or pled down. The other calls appear to slip through the cracks of the criminal justice system, whether because perpetrators are not arrested or officers do not take out a warrant, or because cases are not charged by the prosecutor, or are dismissed or pled down, or simply lost in the system. While some such case loss may be inevitable, the low rates at which perpetrators are ultimately held accountable for their behavior sends a harmful message to both batterers and victims.

- **Life Movement and Degrees of Separation**
  In almost all of the reviewed cases, victims had taken steps toward independence just prior to the homicide that indicated an increasing desire to separate from their batterers — whether filing for a protective order, moving out and getting an apartment, or talking with family about leaving him. Even these internal changes in how the victim is thinking and feeling may signal a loss of control to the batterer and prompt an escalation in violence. These findings about life movement have implications for advocates and others who do safety planning with domestic violence victims; namely, that all steps toward independence should be considered in terms of their potential safety implications. In other words, even if the abuser is not aware of a concrete plan to leave, safety planning must intensify as victims begin to detach from abusers in overt and subtle ways. Throughout the report, highlighted with a purple puzzle piece, you will see a number of vignettes that detail victims' attempts at getting safe.

These findings, like the rest of this report, speak to the gravity and complexity of the problem of domestic violence, as well as the many possibilities for interventions that remain underutilized. Through the Fatality Review Project, dedicated individuals across the state join with others in their community to address the problem of domestic violence, and to work together to end it. After studying domestic violence fatalities in their community, these committees ultimately work toward implementing the recommendations that result from their findings. This implementation process, detailed later in this report, represents real hope for change in each of these communities. During this third year, as several committees became ready to move to this next phase, the Fatality Review Project has focused increasingly on implementation. In addition to reviewing fatalities, the project will continue to supports each team's work through this implementation process to end domestic violence deaths in their community.

Methodology

Committee Formation

The Family Violence Task Force in each participating community was asked to form a multi-disciplinary Fatality Review Committee to function as a sub-committee of the Task Force. Representatives from the following systems comprised the committees: community and prosecution-based advocates, corrections, prosecution, judicial, law enforcement, Family Violence Intervention Programs, Department of Family and Children Services, faith leaders, mental health professionals, alcohol and drug counselors, and schools.

Case Selection

The committees selected domestic violence-related homicide cases for review with three criteria in mind:

- All civil and criminal proceedings related to the victim and the perpetrator had been closed with no pending appeals.
- The perpetrator had been identified by the criminal justice system.
- When possible, the date of the homicide did not extend beyond 3-5 years.

One community chose a near fatality case. See the Near Fatality section of this report for details about their methodology.

Homicides were defined as domestic violence-related if the victim and perpetrator were current or former intimate partners. Cases involving the homicide of a secondary victim such as a friend, current partner, child or family member of the domestic violence victim were also considered domestic violence-related.

Case Information Collection

Once the cases were selected, the committee members gathered all public records pertaining to the case. The majority of the information was located in the prosecutor's file and/or the homicide file. Only information that could be obtained pursuant to the Open Records Act was collected.

Family & Friend Interviews

When applicable and appropriate, the Project Coordinators sought out interviews with surviving family and friends of the victim, who in turn provided incredible insight not gleaned from the public documents. The discussions were open-ended, with family members and friends being invited to share what they wanted the committee to know about their loved one, the steps the victim took to try to be safe, and the victim's perceptions of the options available in the community.

Case Chronology Development

A chronology for each case was developed by the Project Coordinator with a focus on all prior significant events leading up to the death. These included prior acts of violence perpetrated by the person who committed the homicide, whether against this victim or another, previous attempts by the victim to seek help, previous criminal and civil history, etc. A completed chronology was distributed to each committee.

Fatality Reviews

The committees, after signing a confidentiality statement, having a moment of silence for the victim(s), and an out-loud reading of the chronology, went item by item through the chronology to see where the community could have stepped in, and how the system response could have been stronger. With a strong trust in each other and a commitment not to blame one another, each committee identified gaps in local response, areas where practice didn't follow protocol, and innovative ideas to make the system response more effective in increasing victim safety and offender accountability.

Development and Implementation of Findings and Recommendations

The committees then made findings about the factors in each case which appeared to contribute to the death, or conversely, actions which, if taken, might have prevented the death. Review committees were always focused on reviewing the system's response: what was available in that system for victims and offenders, what was the protocol for response, was it followed or not, and what monitoring, training and accountability existed in that system for workers who responded to families. From the findings, each committee made recommendations about changes to systems that would improve victim safety and offender accountability.

Data Analysis

Data was entered into an electronic database designed for this project and adapted from the work of data collection tools used around the country. The data was then aggregated and comprises the data findings in this report.

For more detailed information regarding the methodology of the Georgia Fatality Review Project, please see pages 10-11 in our 2005 Annual Report.

This year the Fatality Review Project decided to add another element to the review process. We implemented a process to look at near fatalities as an additional source of information in the pursuit of enhancing the safety of victims and the accountability of batterers.

This process provides a safe forum for a survivor to offer feedback to a community or system about her near-fatal experience. It is an opportunity for us as a community to hear from and learn ways of better serving domestic violence victims through the lens of the victim herself.

Case Selection

Case selection was based on the following criteria:

1. The victim has a relationship with someone in the community (i.e., advocate) who would be able to locate her.
2. The victim consents to the review of her case.
3. The victim has already spoken out publicly or wishes to speak on the issue.
4. All areas of safety concerns have been explored.
5. The abuser is not currently an immediate threat to the safety and well being of the survivor and her family (i.e., the perpetrator committed suicide or was prosecuted for the crime and sentenced to life or a considerable amount of time).
6. It has been at least two years since the incident occurred.

The Process

Once the above criteria were met, a subcommittee was formed. The subcommittee included a licensed therapist, a support person chosen by the survivor, one representative of the larger committee, a note taker (one fatality review coordinator), and an individual who would mainly interview or ask the victim the questions (the other fatality review coordinator). Prior to the actual interview, the victim and her support person met with the therapist. Each person had a specific function in the process.

Safety and Security

Not only did the committee ensure that the criteria was met prior to doing the near fatality interview, but we also attempted to make this process as safe and survivor-focused as possible. In doing this, victim safety was our number one priority. Although questions were prepared beforehand, they were very open and fluid so that the victim could have the opportunity to say all that she needed.

History

Ms. T. is a 38-year-old female who described herself as a strong, independent woman. She was employed as a maintenance worker at a local elementary school. Ms. T. and the perpetrator (K) were married for just over one year when this incident occurred. At the time of the incident they were separated and she had told him that she did not want to be together.

K had a history of abuse to other family members. His family called the police on him 3 times. One of those incidents included him punching the wall after being mad at his sister. It appears that K was also abusive to the mother of his child from a former relationship.

Prior to the incident, K was both emotionally and physically violent to Ms. T., who described controlling and jealous behaviors that K subjected her to over the course of their marriage. He put her down, called her names, attempted to isolate her from family and friends, and forbade her to talk to men. He would sometimes insist that she take the day off from work and go to work with him so he could monitor her. He would often threaten her and claim that he would kill her and himself. Ms. T. also described four incidents of physical violence, none of which resulted in serious physical injury. Two of these incidents occurred in front of others, one of which occurred at her workplace in front of a coworker.

The day before the near fatal attack, K spoke with Ms. T.'s pastor and told her he was about to do something bad and asked for forgiveness.

The Incident

One morning on the way to work, Ms. T. was approached by K on the grounds of the school where she was employed. Ms. T. described this day as "The day I was fighting for my life." They argued, K pulled a gun, and Ms. T. ran away. K chased her and pulled her to the ground by her hair. He held the gun to her head and fired and it jammed, and then to her chest where it jammed again. He then proceeded to beat her with the butt of the gun. Her coworkers came out of the school building, screaming for him to stop and picking up sticks, at which point K fled.

Ms. T.'s injuries included facial fractures, puncture wounds to the neck, face lacerations, and several teeth were knocked out. Her injuries resulted in the loss of her smell and taste function. In addition, Ms. T. lost almost all of her sight in one eye and suffers from frequent headaches and loss of memory. Following the incident, Ms. T was hospitalized in a coma in the ICU for over one month.

K was prosecuted for this crime and sentenced to 25 years in prison.

What We Learned

Ms. T. represents a great majority of women who do not access traditional systems, such as the police, courts, shelters, etc. The one system that she did reach out to was her employer and they were not supportive. Ms. T. specifically asked her employer to call the police if they ever saw K on the school premises. Her employer responded by stating that they would not, because this was not a work-related issue, and told her to keep her private problems at home. This response represented for Ms. T. why it was not safe for her to disclose or to trust the other traditional systems that are supposed to protect, aid and support her. What became very evident was the importance of the non-traditional systems in her life. The faith community, family and friends supported her during the difficult times.

Ms. T. described her church community and her faith in God as her rock. It was what brought her through the tough times. She speaks about her pastor visiting her at the hospital and how significant that was for her. Ms. T. describes her support system to be mainly her family and her co-workers, who encouraged her to leave K after they became aware of the abuse. Ms. T.'s son had to leave college and lose his scholarship in order to be with his mother during her ordeal, illustrating the broad impact of this violence. Although Ms. T. describes the faith community as being supportive, she did not reach out to anyone in that community while the abuse was going on because she was too ashamed.

As in prior cases this case also contained a set of factors indicating an increase risk for homicides. These factors include:

- Recent separation
- Suicidal ideation and/or depression on the part of the abuser
- Stalking her, constantly coming by her place of employment
- Ownership of the victim, controlling and jealous behaviors
- History of abuse
- Violence towards others
- Isolation
- Public violence

Ms. T. described herself and came across to us as a resilient person who had overcome obstacles and accomplished a great deal as a single mother of two. In getting to know Ms. T., an important question was raised: are we really as responsive to women who don't fulfill common ideas about how victims act? When victims do not fit preconceived notions of victimization — i.e., in the absence of sadness and fear — are we still able to see danger? Can we perceive a woman to be both strong and in danger?

Words From a Survivor

Although the losses sustained by Ms. T. and her family were many and significant, she stands firm that she is here today because of God, her children and the physicians who cared for her. A great part of her inspiration comes from photos she carries with her that were taken when she was in the hospital. When she looks at the photos, they help her see how far she has come.

Ms. T. felt very strongly about the necessity of providing training for schools, both for administrators and students. For the students, she felt it was important that young women know that they do not have to put up with abuse of any form. For employers, she felt they need a greater understanding of abuse and how to support employees.

Recommendations

- Employers must be trained to create awareness campaigns and policies that promote victim safety in the workplace.
- Domestic violence programs and Family Violence Task Forces should focus their efforts on how to reach out to victims who are otherwise not likely to get help.
- Domestic violence programs and Family Violence Task Forces should create opportunities for discussion and training with non-traditional systems focusing on risk factors and safety planning, working with traditional systems, and understanding domestic violence.

We honor Ms. T as she represents countless women who do not get to share their story.

Data Overview

The following data, while stripped of any identifying information as to what fatality or county it came from, was directly collected from the fatality reviews. Data from some of the reviews is unknown and is indicated as such on the charts below. This section includes data from 2006 and average totals for 2004-2006.

Section 1: Gender, Employment, and Income 2004-2006

Characteristics	Victim		Perpetrator	
	Number	%	Number	%
Gender				
Female*	52	96%	2	4%
Male	2	4%	52	96%
Employment Status				
Employed	39	72%	32	59%
Employed full-time	28	52%	23	43%
Employed part-time	4	7%	4	7%
Employed, unsure if full-time or part-time	3	6%	1	2%
Self-employed	3	6%	4	7%
Employed part-time and student	1	2%	0	0%
Unemployed	7	13%	8	15%
Retired	2	4%	1	2%
Disabled	1	2%	1	2%
Unemployed student	1	2%	1	2%
Unknown	4	7%	11	20%
Sources of Financial Support				
Personal wages	38	70%	31	57%
No personal income, reliant on perpetrator for financial support	3	6%	0	0%
Personal wages and family support	2	4%	0	0%
Family support	1	2%	1	2%
Family support, WIC, and Food Stamps	1	2%	1	2%
No income, unknown source of support	1	2%	2	4%
Personal wages and alimony	1	2%	0	0%
SSI/SSDI	1	2%	0	0%
Widow's pay	1	2%	0	0%
Drug dealing	0	0%	2	4%
No personal income, reliant on victim for financial support	0	0%	7	13%
Retirement pension	0	0%	1	2%
Unknown	5	9%	9	17%

Note: *One female perpetrator killed a male partner; one killed a female partner.*

Section 2: Domestic Violence Fatality Data

Who was Killed In 2006

Of the 10 cases reviewed in 2006, there were a total of 13 fatalities. These included:

- 9 intimate partner victims
- 3 alleged perpetrators
- 1 sister of the intimate partner victim.

Daong Ngo, 34, mother of one, business owner: died from a head injury sustained when the father of her child slammed her head into the floor repeatedly.

Homicide Narratives

This chart briefly describes each homicide reviewed in 2006. Sentencing data sources are Prosecutor's files, Georgia Department of Corrections, and Fatality Review Committees.

Brief Narratives of Each Fatality	Sentence Imposed for this Homicide
Case 1:	
After the DV victim filed a TPO and went into hiding, DV perpetrator strangled victim's sister. In the weeks prior to the homicide, perpetrator went repeatedly to the home of the DV victim's mother and sister attempting to obtain information about the DV victim's whereabouts. He told the DV victim's mother he would kill himself if the victim did not reconcile with him.	*Perpetrator pled guilty to Voluntary Manslaughter and was sentenced to 20 years in prison.*
Case 2:	
DV perpetrator kidnapped and shot DV victim and then shot himself. They were separated and going through a divorce. Two months earlier a judge dismissed the victim's petition for a TPO at the second hearing citing her failure to prove her allegations.	*Deceased perpetrator.*
Case 3:	
DV perpetrator shot and killed DV victim after he convinced her to meet him where he was staying. Approximately four months earlier, she moved out of the marital residence and rented her own apartment. DV perpetrator had recently received treatment for suicidal ideation and depression. Two months before he killed her, he attempted to kill himself by overdosing on prescription medication.	*Perpetrator pled guilty to Voluntary Manslaughter and was sentenced to 20 years in prison.*
Case 4:	
DV perpetrator took the DV victim to the emergency room after she became non-responsive and sick following an incident where he slammed her head into the floor repeatedly. She died from her injuries the following day. The doctors also found evidence of strangulation. Their toddler was present in the home at the time of the attack. DV perpetrator was on misdemeanor probation for a previous assault against DV victim.	*Perpetrator was found guilty of Voluntary Manslaughter. He was sentenced to 20 years to serve 17 with the remainder on probation.*
Case 5:	
DV perpetrator beat DV victim to death by striking her in the head with a blunt object. DV perpetrator was a convicted felon for beating to death another man. He shot his first wife in the face for providing evidence against him in that case.	*Perpetrator pled guilty to Felony Murder and was sentenced to life in prison.*

Gwendolyn Gaddy, 40, mother of two, employed by a distribution company: shot in the head and chest by her estranged husband.

Homicide Narratives - continued

Brief Narratives of Each Fatality	Sentence Imposed for this Homicide
Case 6:	
DV perpetrator shot DV victim in the chest before shooting himself in the head. Less than two years before the homicide, DV perpetrator threatened DV victim and a witness with a gun, stating he would kill them. During the same incident, DV perpetrator struck the victim with a blunt object after which the victim sought medical treatment. No criminal charges stemmed from that incident.	*Deceased perpetrator.*
Case 7:	
DV perpetrator stabbed and killed DV victim and then turned himself in to the police. Less than four months earlier, DV perpetrator was arrested for pushing her into a wall, spitting on her and tearing her clothes. He entered a plea in this case and was still on probation at the time of the murder. As part of his plea agreement, he was ordered to receive evaluation and possible recommended treatment for anger management and drugs and alcohol.	*Perpetrator pled guilty to Felony Murder and was sentenced to life in prison.*
Case 8:	
DV perpetrator shot and killed DV victim and then shot herself. Four months before her death, DV victim called the police to report that the perpetrator was stalking her.	*Deceased perpetrator.*
Case 9:	
DV perpetrator shot and beat DV victim to death, after attempting to run her and her new boyfriend off the road. The victim's mother survived shots to her head and chest. One day prior, DV perpetrator was arrested for forcing the victim into his vehicle, driving her to another location and choking her until she was able to free herself. He was out on bond for this case when he shot her and her mother.	*Perpetrator was found guilty of Murder and sentenced to life in prison.*
Case 10:	
DV perpetrator stabbed DV victim repeatedly in the hallway of a senior citizen housing facility. DV perpetrator had previously been convicted of four separate incidents of violence against DV victim, including once for breaking her finger while beating her with a broom, and once for knocking her tooth out. In the months before her death, after the DV perpetrator was released from prison for a probation violation, DV victim called the police to report that the perpetrator was stalking her and telling people he was going to kill her.	*Perpetrator was found guilty of Murder and sentenced to life in prison.*

Many of the perpetrators in reviewed cases had prior contact with the police and courts. For more information about this, please refer to the Special Issue page on "Civil and Criminal History: Law Enforcement, Prosecution, and Sanctions."

Types of Incidents

Types of Incidents	% of '04 cases	% of '05 cases	% of '06 cases	Aggregate % for '04-'06
Single victim	56%	58%	60%	57%
Homicide / Suicide	20%	11%	30%	19%
Homicide / Attempted Suicide	4%	16%	0%	7%
Homicide / Attempted Homicide of Others	4%	0%	0%	6%
Multiple Homicide / Suicide	4%	11%	0%	6%
Homicide / Suicide / Attempted Homicide of Others	4%	0%	0%	2%
Multiple Homicide	8%	5%	10%	2%
Total number of cases reviewed each year	**25**	**19**	**10**	**54**
Incidents involving suicide/attempted suicide	32%	37%	30%	34%
Incidents involving homicide of others/attempted homicide of others	20%	16%	10%	16%

Michael Covington, 40, artist and carpenter: shot in the chest by his live-in partner, who then killed himself.

More detail on the link between suicide and homicide is available in the "Suicide and Depression in Domestic Violence Perpetrators" Special Issue page.

S P E C I A L I S S U E 1

Firearms and Domestic Violence Homicide

Of all the deaths studied by the Fatality Review Project over the past three years, the majority have been committed with firearms. In fact, 52% of the fatalities were inflicted by gunshot, twice as many as the next-highest cause of death, which was stabbing (26%), and more than all other means combined. This finding mirrors a national trend: one national study on homicide among intimate partners found that female intimate partners are more likely to be murdered with a firearm than by all other means combined.[4]

Another recent study found that "women who were threatened or assaulted with a gun or other weapon were 20 times more likely than

Cause of Death

Cause of Death	% of '04 cases	% of '05 cases	% of '06 cases	Aggregate % for '04-'06
Gunshot	48%	58%	50%	52%
Stab wounds / Stab wounds and lacerations	24%	32%	20%	26%
Strangulation	20%	5%	10%	13%
Blunt or sharp force trauma	4%	0%	20%	6%
Asphyxiation due to smoke inhalation	0%	5%	0%	2%
Multiple traumatic injuries	4%	0%	0%	2%
Total number of cases reviewed each year	**25**	**19**	**10**	**54**

[4] Leonard J. Paulozzi et al, "Surveillance for Homicide Among Intimate Partners—United States, 1981-1998," Morbidity and Mortality Weekly Report (MMWR) Surveillance Summaries 50 (October 12, 2001): 1-16.

Wanda Corbin, 49, mother of two: beaten in the head with a blunt object by her husband, after years of abuse.

other women to be murdered."[5] Furthermore, this study found that "when a gun was in the house, an abused woman was 6 times more likely than other abused women to be killed."[6] In Georgia, out of 264 homicides tracked by GCADV's clipping service from 2003-2004, where the means of death is known, 64% were committed with a firearm.

What are the implications of these findings for those seeking to end domestic violence fatalities? First and foremost, it suggests that keeping guns out of the hands of abusive partners should be a top priority. As we consider how to accomplish this, it is important to note that there is federal legislation already in place that prohibits domestic violence perpetrators from possessing firearms and/or ammunition. While federal law requires enforcement on the state level, several states have also passed clarifying legislation that assists in the implementation of the Gun Control Act and issues surrounding the collection, storage, and release of firearms. Specifically, it is a federal crime under the Gun Control Act:

- To possess a firearm and/or ammunition while subject to a qualifying Protection Order. 18 U.S.C. Section 922(g)(8), or
- To possess a firearm and/or ammunition after a conviction of a qualifying misdemeanor crime of domestic violence. 18 U.S.C. Section 922(g)(9).

A violation of either of these provisions of the Gun Control Act carries a maximum prison term of ten years.

Furthermore, under a new provision of the federal Violence Against Women Act of 2005, states will be prohibited from receiving certain kinds of VAWA grant money if they do not certify that their courts notify domestic violence offenders about these federal firearms prohibitions. Officials in Georgia are currently considering what additional steps must to be taken to comply with this requirement so that our state can continue to receive these federal funds.

Federal law is clear that abusers should not possess either firearms or ammunition. The problem for many states, including Georgia, lies with the enforcement of that law. In order for effective enforcement to happen, the following elements should be in place:

Recommendations for Civil Cases:

- Domestic violence perpetrators should be given notice of federal firearms prohibitions upon issuance of a protection order.
- Protection orders should include language explicitly requiring the removal of firearms and/or ammunition from the perpetrator.
- Law enforcement officers should remove all known firearms and/or ammunition from perpetrators upon issuance of the protective order.
- Upon surrendering firearms and/or ammunition as part of a protective order, perpetrators should be notified of the process for retrieving them after expiration of the order.
- In protective order proceedings, judges should sign the provision on the protective order form confirming that the case meets federal firearm prohibition requirements.

Recommendations for Criminal Cases:

- Domestic violence perpetrators should be given notice of federal firearms prohibitions at the time of sentencing.
- A perpetrator's possession of firearms should be considered at the bond stage, where a judge can order surrender of firearms and/or ammunition as a condition of release.
- For probationers, firearms restrictions and surrender should be specifically incorporated into the terms of probation.
- Criminal judgments should be entered into the state and national registry, and protection orders should be entered into the state protection order registry.

[5-6] Jacquelyn C. Campbell et al., "Assessing Risk Factors for Intimate Partner Homicide." NIJ Journal No. 250 (November 2003): 14-19, p. 16.

Recommendations for Both Civil and Criminal Cases:

- Refusal or failure to surrender firearms and/or ammunition despite a court order should prompt contempt of court proceedings.
- Judges should set compliance hearings automatically to ensure that perpetrators have surrendered firearms and/or ammunition.
- Throughout criminal and civil processes, judges, attorneys, jail staff, probation, parole, prosecution, victim advocates, family violence intervention programs (FVIPs), and others who have contact with perpetrators or victims should be notified of the firearm prohibitions placed upon the perpetrator and the steps that have been taken to implement them.
- Victims should have access throughout all civil and/or criminal processes to advocates who can assist with safety planning and other resources in light of the danger posed by firearms.

Overall Recommendations:

- Georgia should join the other states in the country that have adopted state statutes to clarify and assist law enforcement in implementing the federal Gun Control Act.
- Georgia should come into compliance with the VAWA 2005 firearms provisions to ensure that we can continue to receive federal funds.

Implementing these steps will not be easy, as many obstacles currently exist. Problems with seizure and storage of firearms, and understanding of the federal law by key players are but a few. But if we are to drastically reduce the number of domestic violence fatalities in Georgia, it is absolutely critical that we find ways to work together to keep firearms out of the hands of abusers.

S P E C I A L I S S U E 2

The Impact of Witnessing Homicide

Often domestic violence is seen as a family matter. On the contrary, research indicates that our society is affected by domestic violence daily. Overwhelmingly, perpetrators in the reviewed cases committed homicides (and the near fatality) in the presence of others. The 2006 Georgia Fatality Review data includes three very public cases. In one case in particular, the victim was killed at a very busy downtown intersection. In another case, the victim was killed in her neighborhood in front of several onlookers. The near fatality case we reviewed happened at the victim's place of employment with many adults present. These cases and similar ones have implications for us as a community.

Danger to Bystanders

Many perpetrators take the lives of the victims, and sometimes family members, onlookers, and/or themselves, in public places. This phenomenon creates an element of danger for us all. What most people might think is kept behind closed doors actually happens at work, on the street, and outside in neighborhoods. As community members our risk of being present and witnessing is larger than we may believe.

Impact on Witnesses, Including Family Members

The impact of witnessing a domestic violence homicide can be extremely traumatic. 2004-2006 Fatality Review data indicates that in 87% of the cases reviewed, someone was present at the scene of the fatality. People who were present at the time of the fatality were in close proximity to the homicide, but did not necessarily witness the fatality (for example, people who were in another room of the house where the homicide occurred). In 33% of the cases, someone witnessed the fatality. These numbers are significant and have tremendous implications for witnesses, especially family and friends. Witnesses exposed to

Tierra Sparks, 16, high school student, shot to death in the back and chest by her ex-boyfriend, who also shot her mother in the head and chest. Her mother survived the attack.

Jessica Serwili, 13, student: strangled by her sister's abusive husband after her sister filed a TPO and went into hiding.

Who Was Present, a Witness to, or Killed at the Fatality

	Present			Witnessed			Killed		
	No. of cases	% of total '04-'06 cases	Actual No. of people	No. of cases	% of total '04-'06 cases	Actual No. of people	No. of cases	% of total '04-'06 cases	Actual No. of people
Children	**24**	**44%**	**44**	**7**	**13%**	**29**	**3**	**6%**	**3**
Family members	11	20%	18	2	4%	10	0	0%	2
Friends	3	6%	3	2	4%	2	0	0%	0
New intimate partners	1	2%	1	0	0%	0	1	2%	1
Co-workers	1	2%	1	0	0%	0	0	0%	0
Acquaintances or neighbors	3	6%	5	3	6%	4	0	0%	0
Strangers	**4**	**7%**	**19**	**4**	**7%**	**19**	**0**	**0%**	**0**

homicides often suffer with a variety of mental health concerns. Some feel a tremendous amount of blame due to not being able to prevent the fatality, some experience complicated grief, and others suffer with Post-Traumatic Stress Disorder.

Children Who Witness Homicide

Very often in domestic violence-related homicide and/or suicide, the children are the silent victims. In 44% of the cases reviewed from 2004 through 2006, children were present at the scene of the fatality. In 13% of the cases reviewed, children directly witnessed the fatality; in an additional 6% of cases, children were killed. When children lose one or both of their parents, they have to deal with the trauma of the violence, and the grief associated with the loss. Often, children are placed with a surviving family member or friend who is also deeply impacted by the homicide. Yet many surviving children and families are not connected to advocates or other helping professionals who could assist them with many effects of the homicide, including:

- Severe consequences of grief
- Unexpected childrearing responsibilities
- Unique parenting challenges presented by children experiencing trauma
- Economic impacts including childrearing costs, funeral costs, resolving financial issues of the deceased, etc.

The lack of connection to helping professionals is particularly problematic in cases ending in suicide of the perpetrator (roughly one-third) because these cases do not require any additional follow-up for the purposes of prosecution. Resources are seldom provided to surviving families and children in these cases because a majority of services are provided by prosecution-based advocates once the case is forwarded to the prosecutor.

The reality is that children have to manage or cope with the traumatic way in which they lost their parent(s) and there are not adequate follow-up services available to them or their families. In addition, surviving children have to deal with dislocation and insecurity regarding where they will live and with whom, and some may become embroiled in a bitter custody battle. Some children may be subjected to additional confusion when they are taken by families to visit the perpetrator in prison. Surviving children often suffer multiple losses and may also have to change their environment, school, and friends.

Recommendations:

- The general public needs more education and awareness about domestic violence overall and specifically concerning the danger that domestic violence homicide perpetrators pose to the community.
- Georgia needs an outreach program to link homicide survivors to the many services they will need: financial services, crime victim's compensation, advocacy and case management, grief counseling, parenting support, etc. Initially, a brochure listing state-wide resources should be developed so that it could be provided to homicide survivors immediately following the death.
- Surviving children's emotional and mental health should be made a priority once placement has been made following the homicide. All surviving children should receive professional counseling with therapists who specialize in grief and trauma.
- Georgia needs a specific project to respond to children who are present at or witness a domestic violence homicide, or who lose one or both parents to domestic violence homicide.

S P E C I A L I S S U E 3

Danger Factors as Known by the Community

We are continuing to learn about which factors predict danger, serious injury and death in domestic violence cases. Each year we analyze the reviewed cases to see how they relate to a number of factors generally believed to indicate a higher level of danger. This year, as in previous years, the cases reviewed did contain many of these factors. Our findings suggest numerous points of disconnection between those people who have crucial information and those who have the power to intervene.

A chart at the end of this section lists the factors as well as numbers indicating who else knew about these events in the relationship of the parties, before the homicide. These are broken down into law enforcement, criminal courts, civil courts, service providers and family and friends. In cases where the data is only available for 2 years, this is noted on the chart.

In each year and over the 3 years, conclusively, family and friends knew more than anyone else about the dynamics and events which indicated danger, leading up to the homicide. This may go against common thought, since domestic violence still brings stigma and many victims find it difficult to tell others about what is happening to them, for fear of judgment. But overwhelmingly, family and friends knew more about the factors commonly associated with danger that were present in these cases.

Second to family and friends, law enforcement knew the most about the factors indicating danger. This makes sense, since a primary role of law enforcement in domestic violence cases is investigation. In areas such as monitoring/controlling, isolation and ownership of the victim, law enforcement was the least informed. In the areas of depression and suicidal ideation in the abuser, law enforcement knew less than both family and friends, and service providers. This has huge implications for law enforcement, whose safety is implicated when an abuser is suicidal. When officers ask witnesses if the abuser is suicidal, they increase their own safety and that of the victim. See the Special Issue page on "Suicide and Depression in Domestic Violence Perpetrators" for recommendations.

Courts knew the least about danger factors. This is perhaps most troubling because courts are in the single most powerful position to make immediate orders that can help address the violence. Without the full picture, it seems unlikely that courts can be effective in their roles. In another section of this report, data on prosecution is detailed, indicating a low rate of prosecution of family violence in Georgia. Perhaps this finding, that courts knew the least about the danger, is underlying the documented failure to consistently prosecute the crime of domestic violence in our state. This finding

April McMillan, 26, textile worker: shot to death in her home by a former partner who was stalking her.

Celestine Brannan, 42, mother of two: stabbed multiple times by her estranged husband who was stalking her.

mirrors recommendations made by the Conference of State Court Administrators (1984) which identified improved information gathering by courts as an essential element in improving victim safety.

A significant case can be made from this data for improved information sharing about perpetrators. While there are significant rules prohibiting the sharing of victim data, there are fewer limitations on sharing information on abusers. In many instances, the police knew more than the courts on one factor, but less than social services on another factor. Both police and service providers seemed to know important information that the courts did not. Any community interested in improving response to family violence cases can take these findings back to evaluate and develop protocols addressing how and when information is shared across systems when cases appear to be higher risk. This would certainly serve victims and their children, and would increase safety for those intervening as well.

Finally, it is paramount that family, friends and co-workers become better educated regarding what to do once they know that a domestic violence situation is escalating. These individuals would likely be among the most motivated to help, but remain unsupported in their potential role of preventing serious injury and death. Community campaigns through workplaces, places of worship, community organizations and via general media are long overdue. Similar to campaigns in prior decades to raise awareness about drunk driving, Georgia needs a large-scale effort to educate its citizens about their potentially powerful role in saving lives.

Perpetrators' History as Known by the Community

			Who was aware?				
		Frequency	Law enforcement	Criminal courts	Civil courts	Service providers	Family & friends
Controlling behavior	Monitoring and controlling	50%	11%	0%	7%	15%	63%
	Isolation of victim*	33%	0%	0%	11%	11%	78%
	Ownership of victim*	24%	0%	0%	0%	14%	86%
Violent or criminal behavior	History of DV against victim	85%	61%	13%	22%	28%	61%
	Threats to kill primary victim	57%	42%	16%	29%	19%	48%
	Violent criminal history	57%	84%	23%	6%	23%	35%
	Threats to harm victim with weapon	46%	36%	12%	8%	16%	56%
	Stalking	39%	38%	10%	0%	14%	43%
	Inflicted serious injury on victim*	26%	67%	50%	0%	17%	100%
	Sexual abuse perpetrator	26%	29%	0%	29%	7%	29%
	Child abuse perpetrator*	20%	36%	9%	45%	18%	18%
	Strangulation	20%	36%	18%	0%	9%	36%
	History of DV against others*	19%	50%	30%	10%	10%	70%
	Threats to kill children, family, and/or friends*	19%	57%	29%	29%	14%	57%
	Hostage taking*	17%	33%	33%	33%	33%	67%
	Harmed victim with weapon*	15%	80%	60%	0%	40%	60%
Mental health issues and substance abuse	Depression*	26%	33%	22%	11%	56%	56%
	Suicide threats and attempts	37%	25%	5%	5%	35%	40%
	Alcohol and drug abuse	54%	55%	10%	14%	31%	62%

* Includes cases reviewed in 2005 and 2006 only.

Agencies and Services Involved with Victim or Perpetrator in the Five Years Leading up to the Homicide: 2004-2006 Reviewed Cases

	Agency/Service/Program	Victims		Perpetrators	
		Number	% of total cases	Number	% of total cases
Justice System Agencies	Law enforcement	43	80%	44	81%
	County prosecutor	18	33%	23	43%
	Superior court	17	31%	20	37%
	Magistrate court	17	31%	17	31%
	State court	11	20%	6	11%
	Protection order advocacy program	10	19%	1	2%
	Civil divorce court	10	19%	10	19%
	Court-based legal advocacy	8	15%	2	4%
	Probation	5	9%	20	37%
	Municipal court	2	4%	6	11%
	Legal aid	2	4%	0	0%
	Parole	1	2%	6	11%
	City prosecutor	1	2%	5	9%
Social Service Agencies	Child protective services (DFCS)	4	7%	4	7%
	Child care services	4	7%	2	4%
	TANF or Food Stamps	2	4%	1	2%
	WIC	2	4%	0	0%
	Homeless shelter	1	2%	0	0%
Health Care Agencies	Hospital care	10	19%	10	19%
	Emergency medical care	8	15%	2	4%
	Emergency medical service (EMS)	8	15%	3	6%
	Mental health provider	7	13%	10	19%
	Private physician	5	9%	6	11%
	Medicaid	3	6%	0	0%
	Substance abuse program	2	4%	2	4%
	PeachCare	1	2%	0	0%
Family Violence Agencies	Community-based advocacy	10	19%	4	7%
	Domestic violence shelter or safe house	9	17%	0	0%
	Sexual assault program	1	2%	0	0%
	Family violence intervention program (FVIP)	1	2%	8	15%
Miscellaneous Agencies	Religious community, church, or temple	10	19%	8	15%
	Immigrant/Refugee services	2	4%	1	2%
	English as a Second Language (ESL) program	1	2%	0	0%
	Anger Management	0	0%	3	6%

Sharon Callen, 36, mother of three, counselor with a corrections facility: kidnapped by her estranged husband who shot her when she attempted to escape. He later killed himself.

Recommendations:

- Increase training for courts, law enforcement and service providers on information gathering so that all cases are handled based upon an informed assessment of the case and factors indicating danger.
- Communities should develop protocols for sharing information about abusers across all systems which come into contact with domestic violence cases.
- Plan for and implement both local and state-wide educational campaigns geared toward families, friends and co-workers of those living with domestic violence.
- Domestic violence shelters should assist family, friends, and coworkers of victims when they call by:
  - helping them to identify their own risks and safety plan accordingly
  - providing information about appropriate ways to support the victims
  - helping them link the victim or abuser to appropriate resources.

S P E C I A L I S S U E 4

Suicide and Depression in Domestic Violence Perpetrators

Depression and suicidal ideation in domestic violence perpetrators are often overlooked by interveners as a serious indicator of danger, not only for the intimate partner, but for other family members, bystanders and first responders. While screening for depression and suicidal ideation among batterers does not appear to be routine, we nonetheless found significantly high rates of both in the reviewed cases.

In the 54 cases reviewed from 2004 through 2006:

- 37% (20) of domestic violence homicide perpetrators were known to have either threatened or attempted suicide **prior to the homicide**, indicating a possible opportunity for intervention before the homicide.
- 31% (17) of perpetrators either attempted or completed suicide **at the homicide scene or soon thereafter**, indicating that intervention in these cases would have also benefited perpetrators.
- Perpetrators in 26% of the reviewed cases were known to have had a history of or current problems with depression.

In the 29 cases reviewed from 2005 and 2006,

- 48% (14) of all perpetrators at some point either threatened, attempted, or successfully completed suicide, indicating a significant correlation between suicide and danger.

These findings support research by Dr. Jacqueline Campbell at Johns Hopkins University School of Nursing, who also found a correlation between suicidal thought and subsequent killing of a family member.[7]

Law enforcement was aware of the perpetrator's suicidal threats or attempts in 25% of the cases where this indicator was noted. Domestic violence calls can be one of the most volatile that police officers respond to. It is important for officers to understand how a suicidal perpetrator on a domestic violence call can increase their risk for danger. It is also important for 911 dispatchers to relay this valuable piece of information, when known, to responding officers, ideally prior to their arrival on the scene.

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[7] "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study." Campbell et al. July 2003, Vol. 93, No. 7, American Journal of Public Health.

Family and friends were aware of the perpetrator's suicidal threats and attempts in 40% of the cases where this indicator was noted. However, interviews with the victim's family and friends have revealed a lack of understanding as to how the perpetrator's threats to hurt himself could impact the safety of the victim and others. While most people viewed these suicidal threats or attempts as an indicator of mental instability, due to a lack of information, they did not understand the danger this presented for others. When domestic violence advocates are speaking with victims, or a member of their support system, it is important to educate them about how this factor increases danger and safety plan accordingly.

Service providers were aware of the perpetrator's suicidal threats or attempts in 35% of the cases where this indicator was noted. Service providers who respond to victims or perpetrators of domestic violence should understand the increased risk of homicide when depression, suicidal thought and domestic violence are combined. They also need clear protocols for recognizing and responding to depression and suicidal ideation in domestic violence perpetrators. To promote this effort, the Fatality Review Project Advisory Committee has been working on drafting and disseminating protocols for response to the following systems: shelter advocates, prosecution-based advocates, Family Violence Intervention Programs, Public Health Departments, Corrections, and others. These protocols can be obtained by contacting GCADV at www.gcadv.org or (404)209-0280 or GCFV at www.gcfv.org or (404)657-3412.

Note: *Information regarding suicidal threats, attempts and depression in perpetrators is known to us from an open records review of civil and criminal records and interviews with the victim's family and friends. Due to the limitations of these information sources, it is likely that the number of domestic violence homicide perpetrators who were depressed and/or suicidal at any point prior to committing homicide was actually much higher.*

Recommendations:

- Interveners in many systems—corrections, FVIPs, faith, advocates, prosecutors, law enforcement, employers, medical and others —must be trained to understand the significant connection between depression, suicide and homicide and should actively ask about this during contacts with families.
- Those working with victims or their support systems should actively screen for indicators of depression and suicide in perpetrators, educate them on how these factors impact safety, and conduct safety planning accordingly.
- All interveners, whether they work with perpetrators or victims, should develop and train staff on protocols of response when suicide or depression is identified.
- Dispatchers and law enforcement officers should ask about depression and suicidal ideation of perpetrator to increase officer and victim safety.

Resources

1. Georgia Fatality Review Project Suicide Protocols
   GCADV (404)209-0280
   GCFV (404)657-3412
2. The Georgia Crisis & Access Line (GCAL)
   1-800-715-4225

Agnes Mitchell, 41, mother of two, nurse: stabbed in the chest by her husband.

She was killed by her sister's estranged husband when he was unable to locate her sister after she had filed a TPO and gone into hiding.

S P E C I A L I S S U E 5

Civil and Criminal History: Law Enforcement, Prosecution and Sanctions

Victims of domestic violence are routinely blamed for not seeking help. It is a common assumption that if only the victim would access existing services, she would be safe. Yet it is clear that accessing these systems does not automatically result in safety for victims, and can actually increase their danger. In the cases studied by the Fatality Review Project for the past three years, many victims and perpetrators had contact with civil and/or criminal justice systems. And while each of these contacts held great potential for increasing safety, the lack of coordination among systems and the failure to integrate safety planning into all elements of the process meant that even when victims reached out for help, lives were still lost.

Calls to Police

Many of the victims in the cases studied had reached out to law enforcement. Of all the victims of the fatalities studied from 2005-2006, 62% called law enforcement at some point before being killed. Of those who called law enforcement, 39% called three or more times. The remainder of this section helps us gain a better understanding of how this initial reaching out for help did not guarantee a positive outcome for these victims.

Several of the Fatality Review Committees over the past three years reviewed cases that involved individuals from marginalized communities. Committees identified cases where families were marginalized by barriers such as lack of culturally-specific services and lack of access to language interpreters. It is important to note that the 2006 data set (10 cases), includes 4 cases involving individuals from marginalized communities. In two cases the individuals spoke primary languages other than English. The other two cases involved individuals from the gay and lesbian community. It is notable that the average number of prior

Prior Injuries Known in Reviewed Cases as Noted in Police Reports

	aggregate total	aggregate %		aggregate total	aggregate %
No injuries reported	**50**	**41%**			
Perpetrator hit victim on face	11	9%	Eyes burned by substances	1	1%
Bruises, cuts, and contusions	10	8%	Knocked out tooth	1	1%
Scratches and minor cuts	8	7%	Perpetrator grabbed victim's neck	1	1%
Bruises on body	4	3%	Perpetrator held gun to her head	1	1%
Head injuries	4	3%	Perpetrator kicked victim	1	1%
Neck injury due to strangulation	4	3%	Perpetrator pinned victim down	1	1%
Perpetrator hit victim on body	4	3%	Perpetrator pulled gun on victim	1	1%
Bloodied nose	2	2%	Perpetrator pulled victim's hair	1	1%
Broken bones	2	2%	Pushed her into wall	1	1%
Busted lip	3	2%	Pushed down stairs	1	1%
Red marks on shoulders	3	2%	Spit on her	1	1%
Soreness	2	2%	Stab wounds	1	1%
Unknown injuries	2	2%	Victim suicide attempt	1	1%
Cuts on forehead	1	1%			

calls to the police was significantly lower than in previous years. It is not clear to us what this means, but we do think it points to the need for discussion about how marginalized communities may, or may not, view the criminal justice system as an option when they are experiencing family violence.

In the cases studied over the past three years, 96% of calls to the police prior to the homicide had no major injury documented in law enforcement reports. In 61% of prior calls, no visible injuries to victims were documented. This means that most victims who were later killed were either not injured or did not have major injuries documented in calls to the police prior to their death. This suggests that while serious and visible injury is a predictor of future, and possibly lethal violence, it will not always be present in cases where victims are later killed.

This information has implications for service providers. First, when advocates and other service providers are assessing for danger, they cannot rely solely on the level of prior injury to the victim. While a history of prior violence with injury is a good indicator of future violence, victims who are at a substantial risk for a lethal assault will not always have a history of serious injury. Lethality assessments must take into account the totality of the victim's experience and the presence of a combination of factors that are viewed as high risk.

Second, acts of lower-level violence provide an opportunity for the system to prosecute and sanction perpetrators and provide support to victims with the goal of de-escalating the violence and preventing future homicide. If responders wait for a more aggravated crime or a serious injury to occur before they intervene, they do so at the risk of further loss of life. While criminal prosecution is not always possible and not always the safest option for victims, it is important to understand the messages that victims and perpetrators receive about the system's willingness or capacity to intervene when there is a history of failed intervention.

Perpetrator's Prior Criminal History

Many people think of domestic violence cases as involving families that are very isolated from the community and otherwise unknown. However, perpetrators in these cases had a great deal of prior contact with law enforcement and courts. In fact, of all the cases studied, 57% (31) of perpetrators had a violent offense in their criminal history. 39% (21) of the domestic violence homicide perpetrators were convicted felons for crimes they committed prior to the homicide. Some of these convictions stemmed from prior domestic violence with the same or prior intimate partners. Other convictions stemmed from a wide array of crimes including, but not limited to: drugs, weapons, violence towards others, voluntary manslaughter, armed robbery, forgery, vehicular homicide.

Under Georgia statute (O.C.G.A. 19-13-1), family violence is defined as the occurrence of any of the following offenses between those who have a qualifying relationship: any felony, battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass. All offenses to which this statute applies should be documented on a Family Violence Incident Report so that they proceed through the criminal justice system with the full force of the Family Violence Act behind them. Yet Fatality Review Committees encountered many prior cases where the Family Violence Incident Report was not used. Failure to invoke the Family Violence Act in this way denies the benefits of the Act, including allowing for the enhancement of subsequent charges, establishing a basis for enforcement of federal gun restrictions, and creating a finding of family violence which may be relevant for future court proceedings

She had moved out of the marital residence and rented her own apartment approximately four months before her death.

Investigation and Prosecution Breakdown

Fatality Review Committees uncovered a surprisingly low number of cases prosecuted of the calls to law enforcement that occurred prior to the fatality. Where the outcome is known, only 40% of cases were charged, and half of those were dismissed or pled down. We have identified several junctures at which cases fall by the wayside.

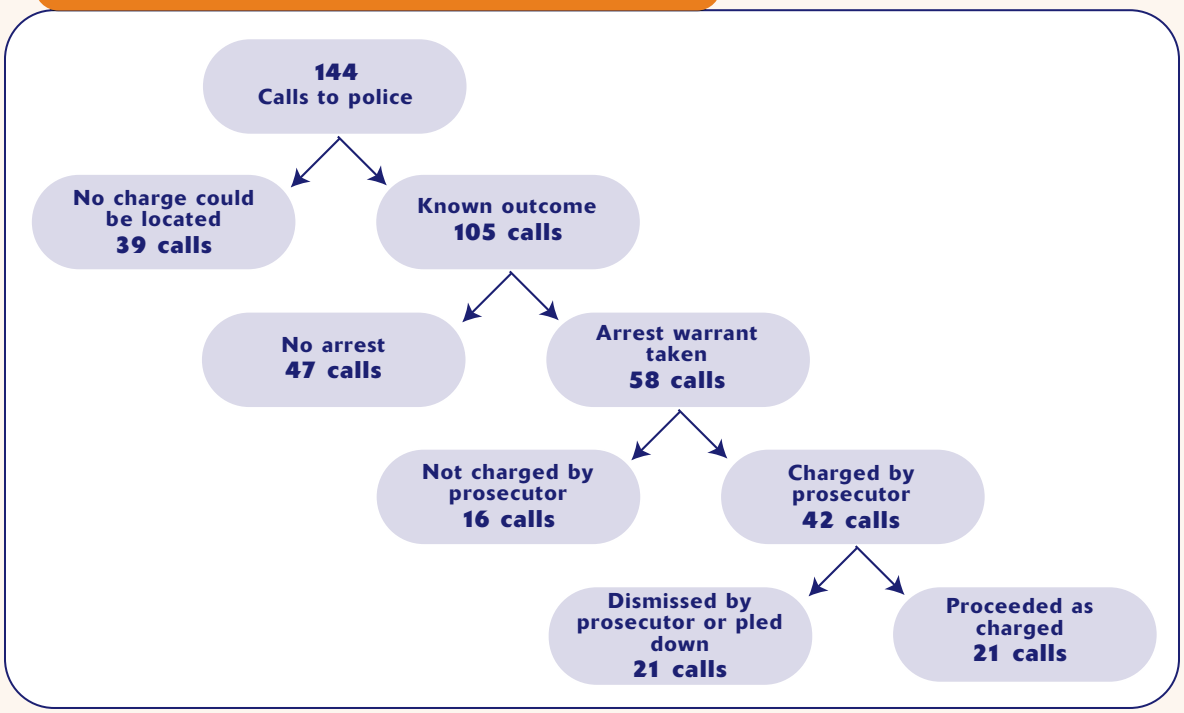
Offense reports

The 39 cases where the outcome is not known include cases when officers were dispatched and did not write a report, officers wrote a non-arrest report, or officers did not respond. A study conducted in 2004 by the Georgia Commission on Family Violence looked at domestic violence calls and subsequent reports and arrests from four sample counties in Georgia. They found that only 32.98% of family violence calls to dispatch resulted in an incident report being written.

Warrants

In many jurisdictions, Fatality Review Committees uncovered a practice of law enforcement officers telling victims to take out their own warrants. This inappropriately places the burden of prosecution on the victim and creates a delay in the process. For victims with child care, transportation, or other barriers to accessing the court, this practice virtually stops the prosecution process. This practice also sends the message to both perpetrator and victim that the state will not intervene in the violence on its own. When the victim is made responsible for initiating prosecution, perpetrators are led to believe that only the victim objects to the violence, and that she, not the community, is responsible for his punishment.

Detail of Investigation & Prosecution Breakdown



The following chart further details, in aggregate, prosecution outcomes for those charges filed prior to the homicide.

Criminal Disposition for Charges Filed Prior to Homicide

	aggregate total	aggregate %
Total Number of Charges Filed	**88**	**n/a**
Guilty	29	33%
Not charged by prosecutor	19	22%
Plead guilty to reduced charge	14	16%
Nolle prosse	11	13%
Open at time of fatality	10	11%
Diverted from prosecution	2	2%
Deferred sentence	1	1%
First offender act invoked	1	1%
Existing probation revoked	1	1%

TPOs and Divorces

TPOs can be an important element in a safety plan. Yet victims of domestic violence can be in grave danger during the process of obtaining a TPO, service of the order and subsequent court dates. In some instances, the filing of a TPO or other steps towards independence can escalate violence because it signals to the perpetrator the victim's increased desire to end the violence in her life and/or separate from the perpetrator. All victims of domestic violence seeking relief from the courts under the Family Violence Act should have access to community-based advocates to complete a victim-centered safety plan with them.

In the 54 cases reviewed from 2004 through 2006, 17% (9) of domestic violence homicide victims had a TPO in place at the time of their death. Homicide victims were engaged in various stages of the TPO process at the time of their death: some victims had emergency ex-parte orders and the others had a permanent order. In one case, the judge dismissed the domestic violence victim's TPO petition at the second hearing two months before she was killed, claiming she failed to establish a preponderance of the evidence. In another case, the perpetrator killed the sister of his partner after she filed a TPO and went into hiding. This case highlights the fact that the family and friends of domestic violence victims may also be in danger. Several other victims had TPOs at some point prior to their death that were not in place at the time of the homicide. Finally, in five additional cases there was a pending divorce at the time of the homicide. It is important to note that while we often associate high-danger cases with the criminal court system, many cases that result in fatalities are in the civil court system.

Summary

In countless instances, victims of domestic violence are asked to prove that indeed they are victims of domestic violence, whether it be to obtain state benefits, seek child custody, file a TPO or prosecute a criminal case. Too often, the burden of proof is placed on the victim. Laws are frequently proposed or passed where battered women are promised an exemption only if they can prove they are victims. However, the policies and practices of agencies charged with intervening in domestic violence cases do not always support victims in this effort. For example, when offense reports are not written, cases are not charged properly or at all, and perpetrators are not prosecuted, we are not only missing opportunities to increase safety, we are potentially obstructing her access to justice in the future.

She called the police for the first known time and he was arrested. He killed her less than a year later.

Recommendations for Prosecution:

1. It is important to prosecute what appears to be low level violence because it might be the system's only opportunity to intervene in a very dangerous case to provide support to the victim and impose sanctions on the perpetrator.
2. When drawing accusations and indictments for domestic violence cases, prosecutors should include language defining the relationship of the parties as one that falls under the definition of family in the Family Violence Act. Doing so allows for enhancement of subsequent charges, helps to establish a basis for enforcement of federal gun restrictions, and creates a finding of family violence which may be relevant for future court proceedings.
3. For communities that are not going to aggressively prosecute all domestic violence cases, strategies must be implemented to prioritize high risk cases in a manner that does not rely solely on the level of injury to the victim.
4. Diversion is not generally recommended for domestic violence cases. Every time a case is dismissed, diverted or otherwise allowed to proceed without a conviction on the perpetrator's record, the safety of the victim and her children is further compromised, as is her future ability to document her status as a victim of domestic violence.

Recommendations for Advocates:

1. When working with victims of domestic violence, advocates should ask them about the safety of their immediate family, and if risk is identified, safety plan accordingly.
2. Lethality risk assessments cannot rest solely on the level of injury to the victim because while serious injury is a high-risk indicator, it will not always be present in lethal cases. Lethality assessments must take into account the totality of the victim's experience and the presence of a combination of factors that are viewed as high risk.
3. Recognizing that separation is a time of increased danger, advocates should think of separation in broad terms: not just TPOs or divorces, but even more subtle steps towards independence such as telling others of plans to leave, or applying for new jobs.

Please see the "Danger Factors as Known by the Community" Special Issue page and "Tools for Everyone" for additional recommendations for advocates.

Recommendations for Law Enforcement:

1. Law enforcement agencies should monitor the level of dual arrests, and consider implementing training and accountability mechanisms whenever dual arrest rates exceed 3% of all arrests for a monitored period, by department and by officer.
2. Law enforcement agencies should institute on-going training on primary aggressor determination and when officers are on a call they should take the time to conduct full primary aggressor assessments.
3. When law enforcement officers respond to a domestic violence call and determine probable cause for an arrest, they should pursue a warrant, instead of directing victims of domestic violence to take their own warrants.
4. Law enforcement officers should conduct evidence collection as if the victim will not be available at the time of trial to make the case, as is required in homicide cases.
5. Law enforcement officers should let every victim they encounter know the violence is not her fault, that there is help and tell her about the state wide domestic violence hotline (800-33-HAVEN). Law enforcement agencies should have access to brochures in a variety of languages from their local shelter program or other organization addressing domestic violence to give to victims at the scene.
6. Because children are often present on domestic violence calls, responding officers should take 5 minutes at every scene to tell any children present that:
   - the violence is not their fault,
   - they should never try to directly intervene in the violence,
   - they should get to a safe place if the violence occurs again, and
   - it is OK to call the police back.

Recommendations for Judges and Courts:

1. Courts should ensure that all victims of domestic violence seeking relief from the courts under the Family Violence Act have access to community-based advocates to complete a victim-centered safety plan with them.
2. Judges should ensure that they have access to the defendant's prior criminal history when setting bond.
3. Judges should schedule compliance hearings or similar monitoring mechanisms when ordering family violence offenders into certified Family Violence Intervention Programs. This is particularly urgent in connection with civil Temporary Protection Orders, where the probation function is not available to the court.
4. Judges should carefully consider the private, repetitive, and escalating nature of family violence when imposing sanctions.

Resources

- 50 Things Judges Can Do About Domestic Violence Today
  www.gcadv.org/html/resources/public_awareness.html
- Georgia Superior Court Domestic Violence Benchbook: A Guide to Civil and Criminal Proceedings, Council of Superior Court Judges:
  www.uga.edu/icje/DVBenchbook.html

She had filed for divorce and they were living separately. Her petition for a TPO was dismissed by the judge at the second hearing two months before her death.

Tools for Everyone

Many of us come into contact with domestic violence victims and perpetrators, as part of our work life and our personal life. Knowing that these cases are both complex and dangerous, we can struggle with what it is we can do, where we are. No matter whether you are reading this report as a person who regularly works in domestic violence cases, or as a person who knows someone who is battered or being violent, there is much you can do.

Overwhelmingly, this report highlights a number of trends that have implications for all of us. There are missed opportunities to ask the right questions, to link people to the help they need, and to hold abusers accountable before their violence escalates. No matter what your line of work, there is a role for you to play in helping your community not miss important opportunities.

Across the board, there are some universal lessons learned from Fatality Review that remind us there are important things for us to know, to say and to do when we encounter a family violence victim or perpetrator. First, we must know that these cases can become extremely dangerous and that depression and suicide on the part of the abuser can increase risk tremendously. We also need to know where to link people in our community.

Knowing what to say can be a hurdle for the most well-intentioned person. Many people say they don't ask about family violence because they fear that they are wrong, or that the person will say it is indeed happening, and they won't know what to say next. You don't have to have the magic answer. Here are some possible signs that it's time to ask if your friend, co-worker, or family member is being abused. The person you know:

- Declines social invitations, has become more withdrawn or isolated
- Seems anxious or unusually quiet when their partner is around
- Has lost confidence
- Dresses heavily for the season
- Seeks medical attention at various locations instead of with the same provider
- Misses work often
- Receives unusually high numbers of calls from their partner.

There are some basic messages you can convey to any victim, to help increase safety:

- I care about you and I am worried for your safety.
- I understand that it is not easy to leave.
- I will be here for you, even if I don't understand all of your choices.
- There is an 800 line in Georgia where you can talk to an advocate if you ever want to, anonymously if needed: 1-800-33-HAVEN.
- Talking to an advocate and making a safety plan doesn't mean you have to go to shelter or leave your partner today.

There are some important messages you can convey if you talk to any abuser. Think of these messages as offering an abuser an opportunity to take responsibility and to change:

- Your behavior is going to drive the people you love away from you.
- Your behavior could land you in jail.
- You can change your behavior.
- Your children are learning to fear and resent you.
- Your violence won't stop because you promise it will; you need help from an expert to stop your violence.
- Your behavior has really affected me. I will support your getting help, but I won't cover for or ignore your violence. It's not ok with me for you to continue to be violent.

Finally, after knowing and saying some important things, there is the "doing." For each of us, this is at a minimum, providing information about where to get help for victims and abusers. Depending on how we come to know about these cases, there is much more we can do.

The following section has both ideas and resources for selected sections of the community. (Criminal Justice personnel such as law enforcement, prosecutors and judges are featured in the Issues Pages.) You'll find yourself among these sections, and we hope you'll take at least one recommendation and make it real where you live and work. In alphabetical order, you'll find resources for:

Community Members
Educators
Employers, Co-workers
Faith Communities, Faith Leaders
Media
Medical Professionals
Neighbors, Friends, Family Members
Shelter Staff
Task Forces
Voters

Community Members – You can:

1 Raise awareness about domestic violence in community groups to which you belong or places you frequent (poster campaigns where you work or worship, awareness campaigns where you get your hair done through Cut it Out, etc.).
2 Raise money or take collections for domestic violence programs.
3 Volunteer at a domestic violence program.
4 Develop a Court Watch program in your community to monitor court response to family violence.
5 Sponsor candidate forums to find out how candidates stand on family violence.
6 Write letters to the editor about domestic violence issues, or to address how the media covers family violence cases.
7 Organize a public awareness campaign such as the Clothesline Project, Living with the Enemy or Silent Witness Project (resources below).

Resources

- GCFV – www.gcfv.org/get_involved.html
- GCADV – www.gcadv.org/html/action.html
- Silent Witness Project – www.silentwitness.net/
- Clothesline Project – www.clothesline project.org/
- Living with the Enemy Exhibit – www.domesticabuseaware.org/donna_fs.html
- Cut it Out – Mobilizing Hair Salons Against Domestic Violence – www.cutitout.org

Educators – You can:

1 Include domestic violence in teaching curricula.
2 Organize an in-service on domestic violence for teachers and school counselors at your school.
3 Organize an awareness campaign at your school, for and by the kids.
4 Utilize free existing awareness campaigns such as See it and Stop it (below).

Resources

General programs and resources

- www.nea.org/international/sid.html
- toolkit.endabuse.org/Resources/ ExpectRespect
- Head Start Domestic Violence Initiative: www.glenwoodresearch.com/domestic_ violence.php
- See it and Stop it www.seeitandstopit.org/pages/

Principals

- toolkit.endabuse.org/GetToWork/ WorkThrough/GoodPractices
- What Schools Can Do: www.fvlc.org/pdf_ rap/RAP_WhatSchoolsCanDo.pdf

Teachers

- Relationship Abuse Prevention Curriculum: www.fvlc.org/pdf_rap/RAP_Curriculum.pdf
- Tips for Teachers: www.fvlc.org/pdf_ rap/RAP_TeacherTips.pdf

Teens

- National Runaway Switchboard www.nrscrisisline.org/
- Help for you or a friend www.seeitandstopit.org/pages/

She was separated from him and reported to the police that he was stalking her less than two months before her death.

She had begun documenting his abuse against her within six months of her death.

Employers, Co-workers – You can:

1 Make your workplace a place where victims or offenders learn how and where to ask for help (through posters, brochures in paycheck envelopes, lunchtime programs).
2 Make your workplace a place where victims don't have to lose their jobs due to abuse (supervisory training, workplace policies).
3 Understand your liability when you fail to respond to employees who disclose family violence concerns and reduce your risk and theirs.
4 When you are concerned a co-worker or supervisor is being abused: ask. Silence only supports the violence.

Resources

- Policy and program recommendations and sample workplace materials (posters, brochures, etc.): www.endabuse.org/programs/workplace/ www.prevent.org www.aidv-usa.com/
- Domestic Violence: A Union Issue (a training resource kit for union leaders): store.yahoo.com/fvpfstore/domviolunis.html
- Domestic Violence: Unions Respond (video demonstrates how unions can assist workers who are in abusive relationships): store.yahoo.com/fvpfstore/domviolunres.html
- Employer Temporary Protection Orders – www.legalaid-ga.org/. Click on Family Law and Domestic Violence. Click on Domestic Violence. Click on Forms and Tool Kits. Scroll down to Domestic Violence Forms for Employers.

Faith Communities, Faith Leaders

– You can:

1 Talk openly and often about domestic violence from the pulpit, in classes and other formal dialogues at your place of worship.
2 Make domestic violence information available throughout your place of worship, in bulletins, in bathrooms, on bulletin boards.
3 Create discussion throughout your organization in adult and children's programs about where to turn for help.
4 Sponsor learning opportunities through video and discussion program, Broken Vows, from FaithTrust Institute.
5 Find religious text references for worshippers who need to address family violence in the context of their faith.

Resources

Programs and Trainings

- For clergy and religious leaders: www.faithtrustinstitute.org/index.php?p=Domestic+Violence+%26+Child+Abuse&s=22
- "Domestic Violence: What Churches Can Do"www.faithtrustinstitute.org/index.php?p=Domestic+Violence&s=115

Materials

- Domestic violence church bulletin insert: www.faithtrustinstitute.org/downloads/dvawarenessinsert.pdf
- Youth group video series "Love – All That and More": www.faithtrustinstitute.org/index.php?p=Love+%96+All+That+and+More&s=124
- Videos, etc. - www.faithtrustinstitute.org/index.php?p=Resource+Catalog&s=4

Media – You can:

1 Utilize domestic violence advocacy organizations as sources whenever covering domestic violence stories.
2 Avoid headlines and coverage that implicates victims in their own abuse or death.
3 Avoid portraying family violence as "conflict."
4 Always run the state wide hotline, 800-33-HAVEN with stories on domestic violence. Your story may be the only way victims in your community learn there is help available.

Resources

- "Covering Domestic Violence: A Guide for Journalists and Other Media Professionals", available at: www.wscadv.org/Resources/index.htm#mg
- News Coverage of Violence Against Women, Marian Meyers, Sage Publications.
- National Network to End Domestic Violence's National Media Project: www.nnedv.org

Medical Professionals – You can:

1 Assess patients for family violence by asking every time, "Are you safe at home?"
2 Advocate for a screening protocol at your practice, hospital, and clinic.
3 Advocate that everyone is trained on the linkage between depression, suicide and substance abuse in abusers to danger in intimate partner relationships.
4 Ensure that there is ample information in appropriate languages in your waiting area, restrooms and exam rooms about domestic violence resources including the 1-800-33-HAVEN 24-hour hotline.

Resources

General Physicians

- Medical Protocol on GCFV's website: www.gcfv.org/protocols.html
- Violence Against Women: A Physician's Guide to Identification and Management: https://www.acponline.org/atpro/timssnet/catalog/books/viol_women.htm
- Family Violence Prevention Fund – end abuse.org

Obstetricians and Gynecologists

- Screening Tools: www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=585
- Are you a victim of domestic violence?: www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=198
- ¿Es Usted Víctima de Maltratos?: www.acog.org/departments
- Materials for the office: www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=191

Pediatricians

- Screening Tool: pediatrics.aappublications.org/cgi/reprint/104/4/874

Emergency Physicians

- Guidelines for the Role of EMS Personnel in Domestic Violence: www.acep.org/webportal/PracticeResources/issues/pubhlth/violence/GuidelinesRoleEMSPersonnelDomesticViolence.htm

Nurses

- Assessment and screening tools: www.nnvawi.org/assessment.htm

Neighbors, Friends, Family Members – You can:

1 Link the victim to 800-33-HAVEN.
2 Link the abuser to a certified family violence intervention program.
3 Talk openly and often with your neighbor, friend or family member.
4 Educate those affected about indicators that the situation is getting more dangerous.
5 Contact a victim advocate via 800-33-HAVEN to discuss other options.

Resources

- General – www.ncadv.org/resources/FriendsandFamily_158.html
- Hotline – 800-33-HAVEN
- Certified Family Violence Intervention Programs (for abusers): www.gcfv.org
- Victim Resources: www.gcadv.org
- Personal safety plan: www.endabuse.org/resources/gethelp/personal_plan.php3
- Pet abuse and DV:
  - www.hsus.org – search by domestic violence
  - www.vachss.com/guest_dispatches/ascione_1.html

Shelter Staff – You can:

1 Advocate for a "screen in" policy so that accommodations are made to shelter women with disabilities, addiction and mental illness.
2 Screen every case for danger factors, even when victims call regarding other aspects of their situation.
3 Take the time to talk with families, friends and co-workers of domestic violence victims to help them help the victim.
4 Do safety planning every time you talk with a victim, recognizing that safety planning is a process, not a finished product.
5 Educate callers about the suicide-danger link.
6 Make every victim you work with know that you'll be there for her if she needs you again, even if you don't understand or agree with the choices she is making.

Resources

- GCADV Training Series: www.gcadv.org/html/calendar/training.html

She told her daughter two weeks before her death that she was ready to move on and get her life together. She had also talked with her friend about leaving the batterer and moving in with her.

She reported to the police that the perpetrator was stalking her four months before her death..

- National Resource Center on Domestic Violence: www.nrcdv.org/
- VAWNET: www.vawnet.org
- National Coalition Against Domestic Violence: www.ncadv.org

Task Forces – You can:

1. Consider how you listen to and involve survivors in your work.
2. Review Fatality Review Reports for 2004, 2005, and 2006 to help identify systemic issues that may be occurring in your community. Use them as tools in your work.
3. Consider participating in the Fatality Review Project.
4. Consider implementing projects to help identify the changes needed to make your community safer, such as Safety Audits and Court Watch Projects.
5. Consult census data and ensure that services and brochures are available in your community in all needed languages.
6. Sponsor community forums featuring domestic violence experts.
7. Face the difficult issues, have the hard discussions – other people in your community can collect donations for the shelter; you are in a unique position to make systemic change through your efforts.

Court Watch Resources

- www.watchmn.org/links.html
- www.lwv-hawaii.com/domvi/references.htm
- www.womanabuse.ca/CourtWatch2006 Report.pdf
- http//springtideresources.net/resources/show.cfm?id=163
- www.projectsafeguard.org/courtwatch.html

Safety Audit Resources

- www.praxisinternational.org/SA_frame.html

Multiple Language Safety Planning Brochures

- www.gcadv.org/html/resources/public_awareness.html

Voters – You can:

1. Visit GCADV and GCFV web sites often from January through April to monitor the legislative session and respond to policy alerts to call your legislator.
2. Write, call or visit your elected officials and tell them that family violence is an important issue to you as a voter.
3. Find out how candidates stand on family violence issues before voting them in.
4. Attend Stop Violence Against Women Day at the Capitol to show legislators how important this issue is to voters (usually January of each year).

Resources

- http://vote-smart.org/index.htm
- GCADV: www.gcadv.org
- GCFV: www.gcfv.org

Important Hotlines to Know

- 1-800-33-HAVEN (v/TTY)– Georgia's 24-hour Domestic Violence Hotline
- 1-800-799-SAFE – National Domestic Violence Hotline
- 1-800-RUNAWAY – National Runaway Switchboard
- 1-800-715-4225 – Georgia Crisis & Access Line (GCAL)

How Communities Are Changing

Over the past three years, communities participating in the Fatality Review Project have undertaken the brave task of evaluating their response to domestic violence by conducting detailed reviews of cases that escalated to homicide. While the review of domestic violence-related homicide cases is challenging in itself, the real challenge comes with implementing recommended changes yielded from the process. The communities participating in the project since 2004 worked in the last year to maintain a balance between continuing to learn from reviewing cases, while working to implement necessary changes. With guidance from the Project Coordinators, several communities have honed their findings and recommendations, developed a plan for implementation, and begun working towards strengthening their coordinated community response to domestic violence. We have highlighted several areas where communities are currently focusing their energy to implement changes identified through the fatality review process.

Courts

As a result of concerns brought out in the fatality review process about the outcome of criminal family violence cases, one community began tracking the outcome of all family violence cases where an arrest was made. The result of these statistics has led to a closer collaboration among prosecution, probation, and Family Violence Intervention Program (FVIP) providers in making sure that more perpetrators attend Family Violence Intervention Programs.

One community is working towards establishing policies by which probation and victim liaisons can be informed by the FVIP of a defendant's failure to comply with court orders and sentencing requirements.

One Victim Witness Program is in the process of translating victim contact letters for Spanish speaking victims.

Community Awareness

In honor of Victim's Rights Week, one community handed out brochures on domestic violence to hotel staff, beauty salons and restaurants with the goal of reaching female employees.

One community has drafted a comprehensive, portable and easily reproduced brochure about domestic violence and available resources in their community. The brochure will be translated into a variety of languages spoken in their diverse community.

One community is working on a domestic violence statistics program to collect information to be used for education and awareness purposes.

One community collaborated with a local pharmacy and grocery store to distribute domestic violence awareness material in grocery bags during the month of October.

Coordination of Information

One community is working on devising an information sharing system that will allow various agencies to share information about domestic violence cases.

Another community is working on implementing a lethality checklist for law enforcement officers to use during domestic violence calls that will become part of the case file and be forwarded as the case progresses through the system.

Employers

One community held a Domestic Violence in the Workplace training with 40 local businesses in attendance. At this training a human resources consultant and an employment law attorney presented a two-hour session about when domestic violence comes to work, legal issues affecting companies, and innovative ways to help protect employees. Sample work-place policies were provided to attendees.

Another community is currently compiling a list of major employers in their county and developing information that will be included with new hire orientation packets for those employers.

Training

One community is developing a victim-centered training curriculum that is easily adaptable for a variety of audiences. Family Violence Task Force members can access this curriculum when asked by members of the community, such as faith or business leaders, for training or speakers on the issue of domestic violence.

One community is facilitating a domestic violence training for 911 dispatchers.

TPOs

One community had concerns about the lack of accountability for perpetrators who were ordered to attend an FVIP through a TPO. After several different unsuccessful attempts to implement a protocol around this, the Family Violence Task Force held an informational session to present general information about FVIPs. The local FVIP provider made a presentation about their program and discussed the need for a system to follow up on those ordered to attend the FVIP. Through that session, they were able to develop a protocol that was implemented this year.

Culturally-Specific Approaches

After reviewing a case involving a family who were refugees in the US, one community is discussing the formation of a separate committee whose primary focus would be to work specifically on issues related to providing services to the international community.

As part of one of their case reviews, one Fatality Review Committee participated in a culturally-specific inquiry to learn more about cultural norms, resources, and gaps in services for victims in the LGBT community.[8]

[8] Lesbian, gay, bisexual, and transgendered.