



Montgomery County
Domestic Violence Fatality Review

2020 Annual Report

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Executive Summary

The Montgomery County Domestic Violence Fatality Review Team (DVFRT) is a multidisciplinary group of professionals and community members that meets regularly to examine the circumstances leading to fatalities and near-fatalities that occurred between intimate partners in Montgomery County, Maryland. From 2017-2020, the Montgomery County DVFRT completed a review of eleven domestic violence-related cases that resulted in death or serious injury. The eleven cases reviewed included nine homicides and three attempted homicides. One of the homicide cases included a secondary victim. Four of the homicides also involved offender suicide. The cases reviewed occurred between 2008-2017. The data findings in this report are cumulative from 2017-2020. Multiple factors were assessed, including the following: gender, age, weapon ownership and use, child witness, precipitating event(s), history of arrest or conviction, interventions sought, and convictions/outcome. For the case reviewed in 2020, the Montgomery County DVFRT made findings and recommendations related to the following topics: education, outreach, and training; strangulation response; and victim safety and engagement.

Team Members

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

Community Organizations: Alia El Radi, Managing Attorney, House of Ruth Maryland; Luanne Edwards, Attorney, House of Ruth Maryland; Donna Rismiller, Attorney, Executive Director, DVS Legal Services; Amy Palumbo, Attorney, Program Director, DVS Legal Services; Dr. Rahel Schwartz, Clinical Director, Jewish Coalition Against Domestic Abuse; Odelya Kadosh, Clinician, Jewish Coalition Against Domestic Abuse

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

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

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

Montgomery County Department of Correction and Rehabilitation: Kendra Jochum, Acting Deputy Warden, Detention Services Division; Tina Michaels, Records Manager, Detention Services Division

Montgomery County Department of Health and Human Services: Dr. Rafiah Prince, Supervisory Therapist, Victim Assistance and Sexual Assault Program; Peaches Wilson, Supervisory Therapist, Abused Persons Program, Victim Assistance and Sexual Assault Program; Ilana Kein, Assessment Unit Supervisor, Child Welfare Services; Larissa Royal, Services Supervisor, Child Sexual Abuse and Fatalities Investigations, Child Welfare Services

Montgomery County Department of Police: Ronald Smith, Assistant Chief (*Retired*), Investigative Services Bureau; Captain Amy Daum, Director, Special Victims Investigations Division; Lieutenant Gerald McFarland, Deputy Director, Special Victims Investigations Division; Lieutenant Monique Tompkins, Deputy Director, Major Crimes Division; Sergeant Sun Cheoung, Detective, Special Victims Investigations Division; Officer Richard Reynolds, Community Engagement Division

Montgomery County Public Schools: Dr. Kyle Potter, Coordinator, Student Health and Wellness

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

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

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

Takoma Park Police Department: Lieutenant Richard Poole, Criminal Investigations Division; Lieutenant Joseph Butler

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

Acknowledgements

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

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

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

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

About the Montgomery County DVFRT

Mission

The mission of the Montgomery County DVFRT is to:

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

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

Purpose

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

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

Case Review Process

Selection of Cases for Review

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

Gathering Information

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

statute under HIPAA, however exceptions are made for release of information mandated by state law, such as the Team statute.

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

Review Meetings

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

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

Findings, Recommendations and Annual Report

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

Cumulative Data Collection Findings: 2017-2020 Case Review

From 2017-2020, the Team reviewed eleven domestic violence cases involving twelve victims. Of the twelve victims, eight were intimate partner-related homicide victims, one was a child of a victim who died by homicide and three were intimate partner-related attempted homicide victims. The following are the prominent findings from the Team's review:

Demographics

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

Weapons

- Guns were used as the fatal or non-fatal agent in four of the cases. Four of the cases involved the use of a blunt instrument, four of the cases involved the use of a knife, and two of the cases involved the use of a personal weapon (hands or feet) as the fatal or near-fatal agent. (*Please note that some cases involved more than one fatal or near-fatal agent.*)
- Three of the eleven offenders used more than one type of weapon as the fatal or near-fatal agent.

Involvement of Children

- One of the eleven cases involved a child who was killed after the homicide of the intimate partner.
- Three of the eleven cases involved children who were present during the homicide or attempted homicide. Of the three, two of the cases involved children who directly witnessed the homicide or attempted homicide.

Precipitating Circumstances

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

History

- The available historical information from eight of the eleven cases demonstrated some history of domestic violence between the victim and the offender.
- Five of the eleven offenders had a documented history of arrest or conviction for non-domestic violence offenses.
- One of the eleven offenders had documented history of child abandonment and trauma.
- Four of the eleven offenders had documented history of alcohol or drug abuse.
- Three of the twelve victims sought law enforcement intervention and obtained a protective order prior to the homicide or attempted homicide. None of the victims sought victim advocacy services prior to the homicide or attempted homicide.
- Three of the twelve victims had domestic violence history with a former intimate partner and were ultimately killed by another.

Perpetrator Outcomes

- One of the offenders completed an abuser intervention program pending trial and, to date, has not reoffend.
- Four of the eleven offenders died by suicide: three died by suicide immediately after perpetrating the homicide or attempted homicide, and one died by suicide sometime after perpetrating the homicide. One of the offenders attempted suicide sometime after perpetrating the homicide.
- Six of the seven living offenders were charged and convicted of criminal offenses: three were found guilty of first degree murder; one was found guilty of two counts of first degree murder; two were found guilty of attempted first degree murder; and one was charged with second degree assault, indicted on attempted second degree murder and first degree assault, but was ultimately found guilty on the second degree assault charge only. One of the deceased offenders was charged and convicted of first-degree murder prior to his death.

Recommendations: 2020 Case Review

Education, Outreach and Training

Finding: Perceived infidelity was a trigger to the abuse incident in the reviewed case. Similar findings have been discovered by the Team in past case reviews where either termination or separation of the intimate partner relationship and a belief or perception that the victim had a new intimate partner occurred before the homicide or attempted homicide. Several studies found that experiences of infidelity or romantic jealousy significantly increased women's likelihood of experiencing domestic violence. Additionally, romantic jealousy by a male intimate partner was found to be associated with physical and sexual abuse.¹ Studies further show that intimate partner homicides involving female victims committed with excessive injury were more common when romantic jealousy was the motive.¹ The Team noted the need to increase outreach and education to the community around the red flags and lethality risks of domestic violence.

Recommendation: Montgomery County service providers should educate the community about domestic violence red flags and lethality risks.

Response: Representatives from the Montgomery County Sheriff's Office, Office of the County Executive, Montgomery County Police Department, Montgomery County State's Attorney's Office, and the Commission for Women collaborated to create the Montgomery County Family Violence Awareness Campaign. This campaign was created to increase outreach about domestic violence to the Montgomery County community and distribute informational cards about the warning signs of abuse and resources in the County available to victims. Over 134,500 informational cards were distributed throughout the County. Representatives from the Montgomery County Family Justice Center (FJC) also created a webinar on "Domestic Violence and COVID-19 to educate the community about domestic violence and the additional stressors of COVID-19 on abusive relationships, warning signs of abuse, bystander intervention, and FJC services.

Finding: The Team discovered that, after an attempted homicide, the victim's child became estranged from the victim. The event may have exacerbated the strained relationship between the victim and her child. The Team discussed the impacts of witnessing domestic violence on children. Many studies have shown that witnessing domestic violence can cause long-term consequences to children. Adverse outcomes can include an increased risk of psychological, social, emotional, and behavioral problems including mood and anxiety disorders, post-traumatic stress disorder (PTSD), substance abuse and school-related problems.² Children exposed to domestic violence are also at increased risk for physical, sexual, and emotional abuse and neglect.³

Montgomery County currently has programs in place, such as the Safe Start Program, for youth who have been exposed to domestic violence. The Safe Start Program, run by Chesapeake Counseling Associates, LLC and funded by the Montgomery County Sheriff's Office, provides psychoeducation and counseling to encourage healing in youth who have witnessed domestic violence. Through further discussion, the Team recognized the need to explore best practices around mending and strengthening relationships between nonoffending parents and their children. A study conducted on mothers and children in a women's shelter found that children in an intervention group which involved teaching mother child-management skills and providing them instrumental and emotional support, demonstrated greater reductions in conduct problems. Mothers in the intervention group also showed

improvements in parenting behaviors and psychiatric symptoms.⁴ Children who have a healthy relationship with their parents are more likely to develop positive relationships around them. Effective psychotherapeutic interventions for nonoffending parent-child relationships are necessary for the healing process and to end the cycle of violence within households.

Recommendation: Research best practices and provide trainings to service providers around mending strained familial relationships and strained relationships between victims and children.

Finding: The Team discovered that the victim had contact with the offender and defense attorney and wrote letters of support on behalf of the offender. Victims of domestic violence not only need to be notified about events and proceedings in the criminal justice process, but they also need to be informed about their legal rights, including their right not to discuss a case with the responsible party's defense attorney.

Recommendation: The DVCC Victim Services Committee should educate service providers about the importance of communicating to victims about their rights.

Strangulation Response

Finding: The Team found that the victim denied being strangled but made statements related to being strangled. Strangulation occurs when pressure is applied to the outside of the neck or throat, cutting off blood or airflow and oxygen from reaching the brain.⁴ Victims often do not use the term "strangulation" but, instead, describe being "choked." Choking refers to a blockage inside the throat (e.g., food), which makes it difficult to breathe. Victims of nonfatal strangulation often don't believe that being "choked" (strangled) is serious because they feel better after the compression of their neck has stopped. However, nonfatal strangulation can lead to internal physical injuries and neurological damage from the loss of oxygen that can be life-threatening.

Due to the potential life-threatening injuries that can result from nonfatal strangulation, it is critical that responding law enforcement effectively communicate with domestic violence victims in order to identify those who may be victims of nonfatal strangulation. Law enforcement and other responders should use clear language and avoid technical terms. This type of communication allows victims to feel more at ease when sharing important information.

Recommendation: When responding to calls involving allegations of strangulation, law enforcement should adhere to best investigative practices in order to gather critical information about the event.

Response: In 2020, the Montgomery County Police Department (MCPD) updated their Domestic Violence Supplement (DVS) to include fields relating to nonfatal strangulation. The DVS is a document that responding officers complete on scene and it includes questions that assist officers in gathering critical information regarding the incident. The updated DVS includes questions specific to nonfatal strangulation and prompts officers to encourage victims of nonfatal strangulation to seek medical attention. MCPD also required all officers, at every rank, to complete an online training module on strangulation response by the end of 2020. MCPD has maintained continued education surrounding strangulation by posting events

involving strangulation on the MCPD internal web board to spread awareness about issue among officers and continue to educate officers about strangulation-related terminology.

Finding: During case review, the Team found that the victim had visible and non-visible injuries associated with nonfatal strangulation, which affected her ability to recall information, altered her voice and caused her to lose bladder control. According to the Training Institute on Strangulation Prevention, 68% of domestic violence victims will experience near-fatal strangulation by their partner, but only 3% of strangulation victims seek medical attention. Oftentimes, even in fatal cases, there are no external signs of injury. Only 50% of victims who have been strangled have visible injuries.⁵ Strangulation can also lead to delayed consequences that can occur days or weeks after being strangled, including brain damage, stroke, and death. Although most victims may suffer no visible injuries, the Team noted the importance of encouraging all victims of strangulation to seek immediate medical attention. A medical evaluation may be crucial in detecting life-threatening internal injuries.

Recommendation: First responders and service providers should educate victims about seeking medical services after being strangled and the risks associated with strangulation.

Response: Representatives from the Montgomery County State's Attorney's Office, Montgomery County Sheriff's Office, Montgomery County Police Department and the Adventist Healthcare Shady Grove Medical Center Forensic Medical Unit collaborated to create the "Responding to Strangulation in Montgomery County: A Collaborative Approach" training to educate first responders and service providers throughout the County about strangulation, the signs and lethality risks of strangulation, and the community resources available for victims of strangulation. Additionally, as described above, the Montgomery County Police Department updated the DVS and provided training on strangulation to all officers in 2020.

Finding: The Team learned that a jury did not find the abuser guilty of first degree assault or attempted murder despite testimony and significant evidence of strangulation. The Team further discovered that Maryland was one of two states that did not include strangulation as a delineated felony (in Maryland, a first degree assault). Studies show that among victims who have been previously strangled, the odds of being killed by their abuser increases by 750%, compared to victims who have never been strangled.⁷ During strangulation, loss of consciousness can occur within five to ten seconds, and death within minutes. Among women who were strangled, 70% of them believed they were going to die during the strangulation incident.⁶ The Team noted that given the seriousness of strangulation and its life-threatening consequences, it was critically important to support legislation that delineated strangulation as a felony under the First Degree Assault statute.

Recommendation: Support legislation regarding the reclassification of strangulation as assault in the first degree.

Response: Individuals, agencies and organizations involved in DVFRT testified in support of the Maryland bill related to strangulation:

- 1) HB 233 / SB0212 - Criminal Law – Assault in the First Degree – Strangulation
This bill delineates strangulation as an assault in the first degree. This specification better penalizes the serious nature of strangulation. Studies have found that prior nonfatal strangulation is associated with a six-fold increase in the chances of attempted homicide

and a seven-fold increase in the chances of completed homicide. This bill was approved by the Maryland Governor and went into effect on October 1, 2020.

Victim Safety and Engagement

Finding: The Team discovered during case review that the offender initially was charged with second degree assault and was released on bond without pretrial supervision. Pretrial services programs play a critically important role in criminal justice administration by performing two vital functions:

- They gather and present information judicial officers need about arrested defendants and possible options for supervised release. This information helps judicial officers to make informed decisions on whether to release these individuals.
- They supervise defendants who are released from custody during the pretrial period. This includes monitoring their compliance with conditions of release that are designed to minimize the risks of nonappearance and danger to the community, reminding them of scheduled court appearances, and reporting to the court on their performance while on pretrial release.

If defendants charged with violent crimes are released without pretrial supervision, two types of potentially adverse consequences may affect the community: the defendant may not return for scheduled court appearances; or the defendant may commit a criminal offense, including the attempted intimidation of victims or other witnesses.⁷ Given the severity of the crime, the Team believed that the offender should have been under pretrial supervision.

Recommendation: Offenders who are charged with severe violent crimes should not be released. If released, they should be under pretrial supervision.

Recommendation: The Judicial Working Group should further educate judges about victim safety and the impact of releasing offenders with certain conditions related to victim safety.

Finding: During case review, the Team discovered that the victim appeared to minimize the abuse that occurred and declined to engage in services. The Team also discovered that the victim had a lack of family support and did not tell her family about the incident. Research shows that victims who experience domestic violence are likely to omit information when disclosing to others. One study showed that over a third of women who disclosed domestic violence reported that they had minimized their descriptions of abuse during their first disclosure. More avoidant or minimizing responses to disclosure are associated with lower levels of self-esteem and empowerment and with increased reports of depressive symptoms, suicidal ideations, and self-blame.⁷ Research shows that victims are most likely to seek help from informal supports (e.g., family members, friends, and coworkers) than formal support providers (e.g., victim advocates, counselors, medical professionals, and law enforcement). Higher levels of social support are related to better psychological well-being.⁸ Formal support providers who provide emotional and practical supports can mitigate the psychological consequences associated with domestic violence victims' lack of informal supports. Based on these findings, the Team identified the importance of educating service providers about the role of disclosure in victims' domestic violence experience and the need to continue to strengthen communication between service providers in the County to increase victim engagement.

Recommendation: Educate service providers and the community about the causes of minimization of abuse by victims.

Recommendation: Increase communication between the Montgomery County Family Justice Center (FJC), the Montgomery County Police Department (MCPD), the Montgomery County Abused Persons Program (APP) and the Adventist Healthcare Shady Grove Medical Center Forensic Medical Unit to strengthen victim engagement in services.

Response: To increase case information sharing with the MCPD Domestic Violence and Elder Abuse Unit, the Forensic Medical Unit at Adventist Healthcare Shady Grove Medical Center meets every Friday to review domestic violence cases where patients want police involvement. The Forensic Medical Unit staff have been able to successfully identify such cases and share additional case information with MCPD's Domestic Violence and Elder Abuse Unit.

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