



Montgomery County Domestic Violence Fatality Review

2022 Annual Report

Table of Contents

Executive Summary..... 2

Team Members.....3

Acknowledgements..... 5

About the Montgomery County DVFRT.....6

Cumulative Data Collection Findings: 2017-2022 Case Review8

Recommendations: 2022 Case Review..... 10

References.....12

Executive Summary

The Montgomery County Domestic Violence Fatality Review Team (DVFRT) is a multidisciplinary group of professionals and community members that meet regularly to examine the circumstances leading to fatalities and near-fatalities that occurred between intimate partners in Montgomery County, Maryland. From 2017-2022, the Montgomery County DVFRT completed a review of fourteen domestic violence-related cases that resulted in death or serious injury. The fourteen cases reviewed included twelve homicides and three attempted homicides. One of the homicide cases included a secondary victim. Five of the homicides also involved offender suicide. The cases reviewed occurred between 2008-2018. The data findings in this report are cumulative from 2017-2022. 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 cases reviewed in 2022, the Montgomery County DVFRT made findings and recommendations related to the following topics: education, outreach, and training; policy; and mental health.

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: Jenna Balaban, Managing Attorney, House of Ruth Maryland; Jenica Kramer, Staff Attorney (Former), House of Ruth Maryland; Luanne Edwards, Attorney (Former), House of Ruth Maryland; Donna Rismiller, Attorney, Executive Director, DVS Legal Services; Amy Palumbo, Attorney, Program Director, DVS Legal Services; Dr. Rahel Schwartz (Former), Clinical Director, Jewish Coalition Against Domestic Abuse; Odelya Kadosh, Clinician, Jewish Coalition Against Domestic Abuse; Brendan Carroll, Clinician, Jewish Coalition Against Domestic Abuse; Julia Dowling, 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, Deputy Administrative Clerk, 6th District Court of Maryland (Former); Julie Gray, Administrative Commissioner, 6th District Court of Maryland

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

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

Montgomery County Department of Health and Human Services (HHS): Dr. Rafiah Prince, Supervisory Therapist, HHS Trauma Services; Peaches Wilson, Supervisory Therapist, HHS Trauma Services; 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: Dinesh Patil, Assistant Chief (Retired), Investigative Services Bureau; Captain Amy Daum (Former), Director, Special Victims Investigations Division; Lieutenant Gerald McFarland (Former), Deputy Director, Special Victims Investigations Division; Lieutenant Kenneth Sanger, 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

Montgomery County Office of the Sheriff: Lieutenant Colonel Christina Calantonio (Retired), Assistant Sheriff; Captain Robert Lehman, Domestic Violence Section (Former), Family Division;

Lieutenant Mike Tester, Domestic Violence Section (Retired), 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

Rockville City Police Department: Assistant Chief Laura Lanham

Montgomery County DVFRT Staff: Ngozi Obineme (Former), 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
- Rockville City Police Chief Victor Brito
- Dr. Raymond Crowel, Director, Montgomery County Department of Health and Human Services
- Angela Talley, Director, Montgomery County Department of Correction and Rehabilitation (Former)
- The Honorable John Markovs, Montgomery County Attorney
- Robert L. Green, Secretary, Maryland Department of Public Safety and Correctional Services (Former)
- Dorothy Lennig, Director, Marjorie Cook Legal Clinic at House of Ruth Maryland
- Dr. Monifa McKnight, 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

We extend our sincerest gratitude to Ngozi Obineme, Program Manager (Former), 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: 2017-2022 Case Review

From 2017-2022, the Team reviewed fourteen domestic violence cases involving fifteen victims. Of the fifteen victims, eleven were intimate partner homicide victims, one was a child of a victim who died by homicide and three were intimate partner attempted homicide victims. The following are the prominent findings from the Team's review:

Demographics

- Thirteen of the fifteen homicide and attempted homicide victims were female, and thirteen of the fourteen 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 36 years old, with an age range of 11 to 51 years old. The average age of offenders was 41 years old, with an age range of 27 to 52 years old.

Weapons

- Offenders used guns as the fatal or near-fatal agent in five of the cases. Five of the cases involved the use of a blunt instrument, six of the cases involved the use of a knife, and in two of the cases, the offender used their 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 twelve offenders used more than one type of weapon as the fatal or near-fatal agent.

Involvement of Children

- In one of the fourteen cases, the offender killed a child after the homicide of the intimate partner.
- Five of the fourteen cases involved children who were present during the homicide or attempted homicide. In three of those five cases, children directly witnessed the homicide or attempted homicide.

Precipitating Circumstances

- Nine of the fourteen 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 fourteen cases involved cultural and religious stressors within the intimate partner relationship.
- One of the fourteen cases involved financial stressors within the intimate partner relationship.

History

- The available historical information from ten of the fourteen cases demonstrated some history of domestic violence between the victim and the offender.
- Six of the fourteen offenders had a documented history of arrest or conviction for non-domestic violence offenses.
- One of the fourteen offenders had a documented history of childhood abandonment and trauma.
- Seven of the fourteen offenders had a documented history of alcohol or drug abuse.
- Four of the fourteen victims sought law enforcement intervention and/or obtained a protective order prior to the homicide or attempted homicide. None of the victims sought victim services prior to the homicide or attempted homicide.
- Three of the fourteen 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, since release from incarceration, has not reoffended.
- Five of the fourteen offenders died by suicide: four died by suicide immediately after perpetrating the homicide or attempted homicide, and one died by suicide after he was convicted of first degree murder. One of the offenders attempted suicide sometime after perpetrating the homicide but survived the attempt.
- All nine of the living offenders were charged and convicted of criminal offenses: six 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.

Recommendations: 2022 Case Review

Education, Outreach and Training

Finding: During the 2022 case review, the Team found that there were several red flags, and that a bystander was aware of the perpetrator's intent to murder the victim but did not report it to law enforcement.

The team discussed whether the general public knows that they can report their concerns to service or other providers, rather than to law enforcement. The team discussed ways to increase awareness, including providing information at hospitals and medical facilities, and using media outlets and social media.

Recommendation: The County should work to improve bystander outreach and education so that friends, coworkers, and family of victims know how to help a victim, a when, where and what to report. The County should publicize avenues for bystanders to report their concerns about intimate partner violence.

Recommendation: Increase bystander information and resources on service providers websites including, but not limited to, the Family Justice Center, Health and Human Services Trauma Services, the State's Attorney's Office, and the Domestic Violence Coordinating Council.

Accomplishments: The DVCC hosted a bystander training provided during Domestic Violence Awareness Month in 2021; the FJC Training Institute includes bystander intervention training; and RespectFest 2022, a festival to raise awareness about dating violence included information about bystander intervention. The in-class Expect Respect Workshops also include information on how to help a friend who is being abuse and how to talk to a friend who is an abuser.

Policy

Finding: In the 2022 case review, police removed guns from the victim and offender's home several years prior to the homicide and suicide but returned them soon after.

In this case, the homicide took place before Extreme Risk Protective Orders became available in Maryland (Maryland Public Safety Article, Title 5, Subtitle 6) went into effect in 2018 (commonly known as the "Red Flags" law). This law allows a petitioner to file for an extreme risk protective order if they believe the respondent poses an immediate and present danger of causing personal injury or injury to others due to the accessibility of a firearm. If granted, the Extreme Risk Protective Order requires the respondent to surrender their firearms. Concerned citizens can file an Extreme Risk Protective Order (ERPO) against someone who may be at risk of harming themselves or others by possessing a firearm.

Recommendation: Increase education and awareness around the EPRO and Protective Order process.

Recommendation: The DVCC should create a workgroup to assess for gaps in the ERPO statute.

Mental Health

Finding: Prior to the homicide in the 2022 case review, the victim reported to family members that the perpetrator was severely depressed due to his recent surgery and the subsequent pain.

In one literature review, the author stated that “most authors agree that depression was the leading diagnosis found in murder suicide perpetrators,” with most perpetrators being older white males.¹

Recommendation: Increase education and research on the links between suicidality and intimate partner homicide and how suicide risk can affect all members of the family and can pose a public safety concern.

Finding: The Team could not determine what services, if any, were provided to those in the home after the murder and suicide occurred.

The Team learned that the victim’s children received minimal follow-up and services after the murder suicide involving their parents. The Team discussed the impact of witnessing domestic violence on children. Children exposed to domestic violence are susceptible to lasting psychological and physical effects, including anxiety, depression, aggression, difficulty concentrating, and high levels of separation anxiety. They are also at a greater risk of various adult health problems and are more likely than their peers to be in an abusive relationship in the future, either as victims or perpetrators.²

In Montgomery County, programs such as Safe Start are available to provide psychoeducation and counseling to encourage healing in youth who have witnessed domestic violence.

Recommendation: Continue to support those who witness or are affected by intimate partner homicides through programs like Safe Start and Victim Assistance and Sexual Assault Program (VASAP).

References

1. Scott Eliason, "Murder-Suicide: A Review of the Recent Literature," Journal of the American Academy of Psychiatry and the Law 37, no. 3 (2009): 371-376, <http://jaapl.org/content/jaapl/37/3/371.full.pdf>.
2. National Coalition Against Domestic Violence: Domestic Violence and Children. Retrieved from: https://assets.speakcdn.com/assets/2497/children_and_dv.pdf.