

GEORGIA DOMESTIC VIOLENCE

FATALITY REVIEW PROJECT

2016 | 13TH ANNUAL REPORT

WE DEDICATE THIS **REPORT**

to victims, their children, and family members who lost their lives as a result of domestic violence; to their surviving children, family members, and friends who must go on without them; and to victims who struggle to stay alive every day.

Regarding Gender Language in this Report

According to the Bureau of Justice, women account for 85% of victims of intimate partner violence and men account for the remaining 15% (Bureau of Justice Statistics, 2015). The majority of domestic violence homicides in Georgia tracked by the Project involve men killing women in heterosexual relationships. Language we use in this report reflects these realities. However, it should not be construed to suggest all victims are women and all perpetrators are men. We acknowledge men are abused in intimate partner relationships and are sometimes killed.

About Our Theme

Images of sound waves appear within these pages as a visual representation of amplification. These sound waves represent connectivity between domestic violence and suicide. As sound waves grow, their impact grows. As our awareness of the interconnectivity of these issues increases, our own impact can be amplified. Sound waves also represent the invisible connections we all have to these topics, as many of us have either experienced domestic violence and suicide personally, or know someone who has been affected. Sound waves also represent our ability to break silences imposed by the stigmas surrounding these issues and enhance our efforts to address and prevent tragedies within our communities.

A series of white and red sound waves, with the red wave being the most prominent, flowing across the lower half of the page.

24-HOUR STATEWIDE DOMESTIC VIOLENCE HOTLINE:
1-800-33-HAVEN (1-800-334-2836) SE HABLA ESPAÑOL
GEORGIA CRISIS AND ACCESS LINE (GCAL): 1-800-715-4225

INTRODUCTION

Welcome to the 2016 Georgia Domestic Violence Fatality Review Annual Report. This is the 13th Annual Report released by the Georgia Domestic Violence Fatality Review Project (“the Project”). The Project is a statewide initiative that closely examines domestic violence-related fatalities. Since 2004, we have worked with 24 communities statewide to conduct fatality reviews with goals of learning ways to more fully address the problem of domestic violence and to seek solutions to reduce the number of domestic violence-related deaths and injuries. We issue an Annual Report to highlight important issues and trends found through the review process and put forth concrete recommendations for change. Recommendations offered in this Annual Report address changes to services, policies, practices, training, information sharing, communication, collaboration and resources. This Annual Report is intended to build on past reports, not replace them.

In 2013, the Project’s Annual Report summarized 10 key findings drawn from our first 10 years of conducting fatality reviews. These key areas were repeatedly identified as significant in reviewed cases and we strongly believe focusing on these areas could improve the lives of domestic violence victims and reduce domestic violence-related deaths in Georgia. These key findings include: Children Exposed to Domestic Violence; Teen Dating Violence; Economic Abuse; the Role of the Criminal Legal System; Civil Protective Orders and the Courts; Firearms and Domestic Violence Fatalities; Family, Friends and the Faith Community; Detachment, Separation and the Risks of Leaving; the Suicide-Homicide Connection; and Barriers to Accessing Services.

Last year, our Annual Report focused on our first key finding: Children Exposed to Domestic Violence. We covered this topic extensively, addressing effects of exposure to domestic violence on children and struggles families and children continue to face after a domestic violence-related homicide. In the last section of 2015’s Annual Report, we highlighted murder-suicide and familicide trends in Georgia. We further identified the suicide-homicide connection as a special area of focus of the Project for 2016. In response, we requested Fatality Review Teams specifically engage in reviews of domestic violence-related murder-suicide and familicides in an effort to expand our understanding of these cases. In 2016, six Fatality Review Teams reviewed cases of suicide-homicide and familicide.

This year’s Annual Report focuses on our Project’s key finding regarding the suicide-homicide connection. This finding is driven by perpetrators attempting or completing suicide in 38% of the 105 domestic violence homicide cases reviewed by the Project. A domestic violence abuser’s level of depression as well as suicide threats and attempts are known to increase risk of injury for intimate partners, children and others. Evaluation of the Project’s 105 reviewed cases further revealed 37% of perpetrators had threatened or attempted suicide in incidents which occurred prior to the homicide.

In an effort to broaden our understanding of connections between domestic violence homicide and suicide, we analyzed data collected by the Project by separating it into two groups: reviewed cases ending in attempted or completed suicide (referred to as “murder-suicide cases”), and reviewed cases with no known suicide attempt or completed suicide after the homicide (referred to as “homicide cases”).

Cases designated as murder-suicides for this purpose include circumstances where a suicide attempt was successful, as well as those where perpetrators attempted suicide unsuccessfully. Five familicide cases which ended with the perpetrator’s suicide are also included as murder-suicide cases.

By looking at data in this way, we hope to answer some key questions: What is different about domestic violence murder-suicides as compared to domestic violence homicides? If there is something different, how can we make changes to prevent future deaths? Are we missing opportunities to intervene with suicidal abusers? If so, how can we fill these gaps to provide interventions and services before situations escalate?

Our analysis revealed seven significant trends which contribute to our ability to address these questions.

TREND 1: RELATIONSHIP DYNAMICS AND TACTICS OF ABUSE **7**

A majority of victims had recently left their abusive relationship and were navigating divorce proceedings, accusations of affairs, and stalking.

TREND 2: MENTAL HEALTH OF THE ABUSER **12**

Abusers who committed murder-suicide were dealing with complex issues in their personal lives, including suicidal threats and attempts, depression, recent loss, mental health issues and looming civil and criminal accountability.

TREND 3: CRIMINAL INTERVENTIONS **19**

Victims were in contact with law enforcement and prosecution prior to the murder-suicide, but charges against the perpetrator were more likely to be reduced and supervision of abusers was less common.

TREND 4: CIVIL INTERVENTIONS **27**

Many victims had Temporary Protective Orders (TPOs) against their abusers and were more likely to be going through a divorce. Their safety was complicated by child custody issues and child support orders.

TREND 5: FAMILY, FRIENDS AND FAITH **34**

Victims and perpetrators of murder-suicide were in contact with their faith community and employed at higher rates than homicide cases.

TREND 6: FIREARMS **42**

Firearms were used by perpetrators in murder-suicides at nearly twice the rate as homicides.

TREND 7: ADVOCACY **53**

Victims were receiving legal advocacy services but additional advocacy and ongoing safety planning services could have been beneficial, particularly in cases where victims continued contact with abusers.

Historically, the Project has addressed the suicide-homicide connection from the lens of a suicidal abuser as an indicator for increased risk of serious injury or death for intimate partners.

This year, our analysis goes deeper to address the larger issue of suicide in our society and how suicide intervention for perpetrators could also be considered domestic violence homicide prevention.

The Project hopes for this Annual Report to be an important part of other efforts, both nationally and in Georgia, to address often-overlapping issues of suicide and domestic violence.



SUICIDE IS CURRENTLY THE **10TH LEADING CAUSE** OF DEATH NATIONALLY

(Centers for Disease Control and Prevention, 2013)

SUICIDE WAS RESPONSIBLE FOR **THE DEATHS OF 42,000 PEOPLE** IN THE UNITED STATES IN 2014

(National Violent Death Reporting System, 2014)



SUICIDE IS THE **11TH LEADING CAUSE** OF DEATH IN GEORGIA

(Centers for Disease Control and Prevention, 2016)

1,306 GEORGIANS DIED BY SUICIDE IN 2014

(Georgia Violent Death Reporting System, personal communication, Dec. 22, 2016)

OF 1,306 SUICIDE CASES IDENTIFIED BY THE GEORGIA VIOLENT DEATH REPORTING SYSTEM IN 2014, **20%** INCLUDED EVIDENCE OF AN INTIMATE PARTNER PROBLEM AS A CIRCUMSTANCE CONTRIBUTING TO THE SUICIDE

(Georgia Violent Death Reporting System, personal communication, Dec. 22, 2016)

Despite these staggering figures, suicide is generally hidden in the same silence and stigma surrounding domestic violence, allowing both issues to persist in our communities — often unaddressed. Both of these issues may feel confusing and overwhelming for many people. It can be challenging to know what to say to a friend or family member who is suicidal and abused or abusive, especially without knowing warning signs or understanding the dynamics of these issues. Several warning signs of suicide closely mirror indicators which are commonly viewed as posing an increased risk in domestic violence cases, as outlined in the chart on page 14. These similarities underscore the need to expand our domestic violence intervention efforts to include suicide prevention.

Domestic violence and suicide are not easy topics to write about, just as they are not easy topics to read or talk about. However, when it comes to our shared goal of preventing domestic violence-related deaths, silence is not an option.

When we remain silent, we do so at the peril of families and communities.

Solutions offered within these pages are the place where hope lives; hope for changing outcomes for another person, another family and another community. Now is the time to amplify our voices, amplify our hope and amplify our impact.

1 DOMESTIC VIOLENCE-RELATED DEATHS IN GEORGIA | 2016

COUNTY	NUMBER OF DEATHS	COUNTY	NUMBER OF DEATHS
Baldwin	2	Glynn	4
Barrow	1	Gordon	2
Bartow	1	Gwinnett	2
Ben Hill	1	Hall	3
Bibb	3	Henry	5
Bulloch	1	Houston	2
Butts	1	Long	2
Camden	1	Lumpkin	1
Carroll	2	McDuffie	1
Catoosa	1	Mitchell	1
Chatham	6	Muscogee	4
Chattooga	1	Newton	1
Cherokee	3	Paulding	1
Clarke	2	Richmond	1
Clayton	6	Spalding	1
Cobb	4	Sumter	7
Columbia	8	Terrell	1
DeKalb	6	Thomas	1
Dougherty	2	Tift	2
Douglas	4	Toombs	2
Elbert	2	Twiggs	2
Floyd	1	Ware	1
Fulton	13	Wayne	2

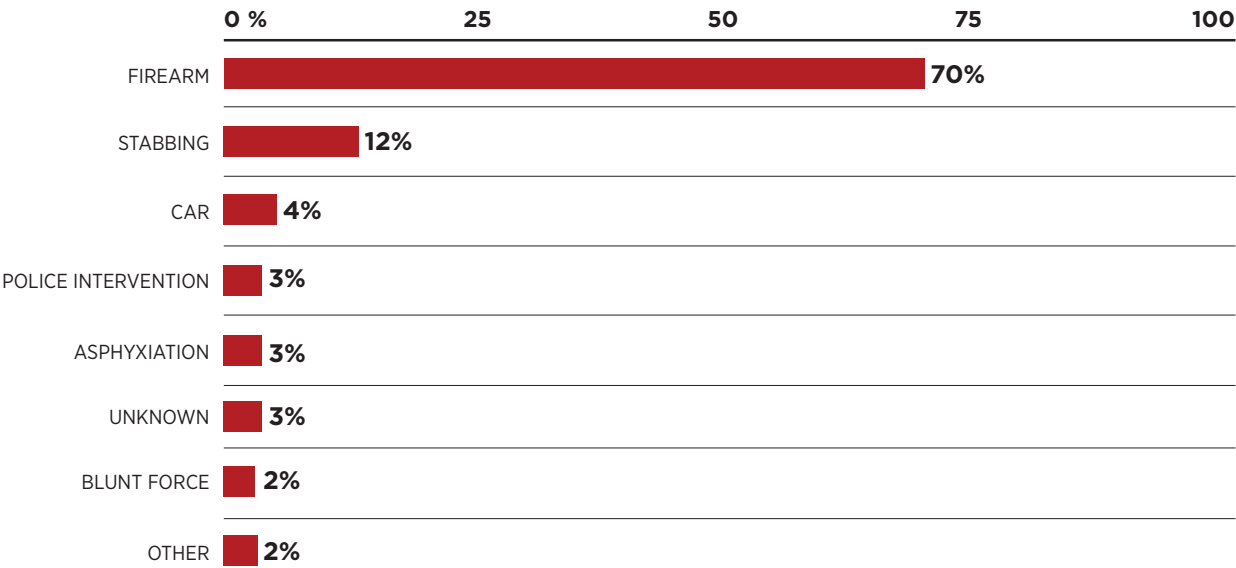
Key Points: Chart 1 includes only Georgia counties in which a domestic violence-related death is known to have occurred in 2016. Chart 2 captures the cause of death in those incidents. Previous versions of this chart included a category called “suicide by cop.” The category is now called “police intervention” and includes instances where abusers were killed by law enforcement officers responding to a domestic violence assault, homicide threats or hostage situations. Most incidents are consistent with “suicide by cop,” in which abusers threaten officers or victims with deadly violence to provoke a lethal response. This year we also included “medical neglect” as a category. In general, medical neglect cases include situations where harm was caused to a person’s health or welfare by the person who was responsible for care — which includes failure to provide food, clothing, shelter or medical care.

A note on undercounts: We do not have complete information for all cases and acknowledge our data is an undercount of the true number of domestic violence-related fatalities in our state, particularly in these areas: children killed by domestic violence abusers as part of an ongoing pattern of abuse in the home, same-sex relationships, homicides mistakenly classified as suicides or accidents, missing women and unsolved homicides, victims who lived in Georgia and were killed in a different state and suicides of domestic violence victims.

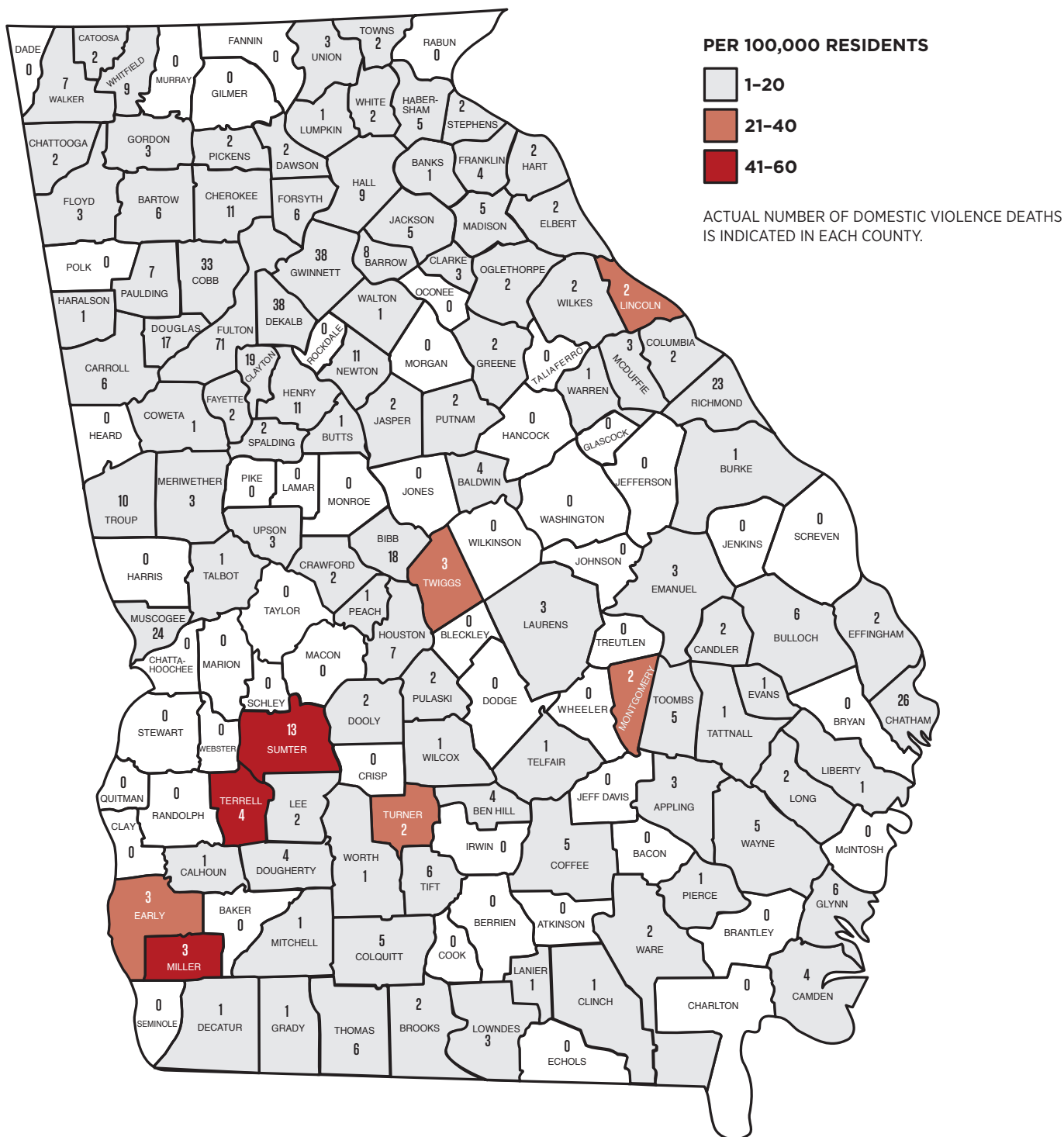
We welcome new sources of information on domestic violence-related deaths known to our readers and encourage you to contact the Project to contribute information from your area.

TOTAL: 121

2 CAUSE OF DEATH IN DOMESTIC VIOLENCE-RELATED DEATHS IN GEORGIA | 2016



3 DOMESTIC VIOLENCE-RELATED DEATHS IN GEORGIA BY COUNTY | 2012-2016 PER CAPITA



Key Points: Chart 3 shows both the per capita homicide rate and actual numbers of deaths by county known to have occurred from 2012–2016. The Georgia Coalition Against Domestic Violence and the Georgia Commission on Family Violence compiled statistics using media monitoring and reports from domestic violence programs and District Attorney’s offices statewide; information was normalized using 2010 census data. This count represents all domestic violence-related deaths known to us at the time of the Report, including

intimate partners and related persons, such as new relationship partners, children and other family members. To show the full scope of lives lost due to domestic violence, statistics also include deaths of alleged perpetrators, most of whom committed suicide after killing or attempting to kill the victim(s). Numbers in these charts are subject to change slightly from year to year as new information on individual cases is reported or becomes known to us.

Carla's Story



Carla was married to Lamar for just under one year. Carla was known as a model employee and had recently received a promotion; Lamar lost his job two months before the murder-suicide. Lamar was known to have a problem with authority and hated police; he told a friend he would “never go to jail” because he would not survive. Carla was close with her extended family, whereas Lamar had “shut off” relationships with several of his relatives.

Lamar had adult children from previous relationships, including a marriage. Lamar was physically abusive towards his ex-wife and had threatened her while they were divorcing. Carla also had children of her own, one who was still a minor at the time of her death and who had a strained relationship with Lamar. There was no known history of physical abuse between Lamar and Carla prior to the murder-suicide. Carla had told her family Lamar threatened her, but did not share any specifics.

In the short time they were married, Lamar suffered from depression and several advanced medical issues, including cancer. At the time of the murder-suicide, he was facing a potential amputation. Lamar told his family medications he was taking made him feel sick and he stopped taking them. He was receiving counseling from a faith-based counseling center.

One month before the murder-suicide, Lamar told his son he had recently reacquired his firearm, which he had previously pawned. A week later, Lamar checked himself into a mental health facility after attempting suicide. While he was there, Carla moved into a new home on the other side of town. When Lamar left the facility, he returned home to find Carla gone. Lamar was left homeless.

Lamar found comfort in talking to a family member, whom he called immediately after he checked himself out of the mental health facility. The family member encouraged him to “think positive” and get back into church. Over the next few weeks, he called the family member several times when he was upset about Carla leaving him, saying he felt Carla was belittling him. Lamar also called Carla on several occasions. A witness overheard Carla tell Lamar she didn’t want to be with him anymore and Lamar responded, “I’m just going to kill you.” Carla would not tell Lamar where she now lived, but he knew where she worked. He stalked her at work, driving through the parking lot on at least two occasions with his gun on him. Carla notified security officers at her office of his behavior.

One morning, shortly after Carla arrived to work, Lamar approached her in the parking lot and shot her and then himself.



1 | RELATIONSHIP DYNAMICS AND TACTICS OF ABUSE

Often, systems only see a glimpse of the lives of victims and perpetrators when a violent episode takes place. A limited view of individual, isolated abuse incidents obscures the context in which violence and threats are happening and many risk factors in the relationship. While our interventions may mitigate violence in the short-term, they cannot provide long-term safety to victims and their children unless we do a more thorough job of asking questions about relationship dynamics and risk. We must take time to examine patterns of ongoing coercion, intimidation and violence to get a full picture of the relationship. Systems must build on our existing practices to address the range of complicated ongoing issues for the victim and perpetrator. The following relationship dynamics and tactics of abuse were present in reviewed murder-suicide cases, and illustrate the multifaceted nature of these relationships.

SEPARATION

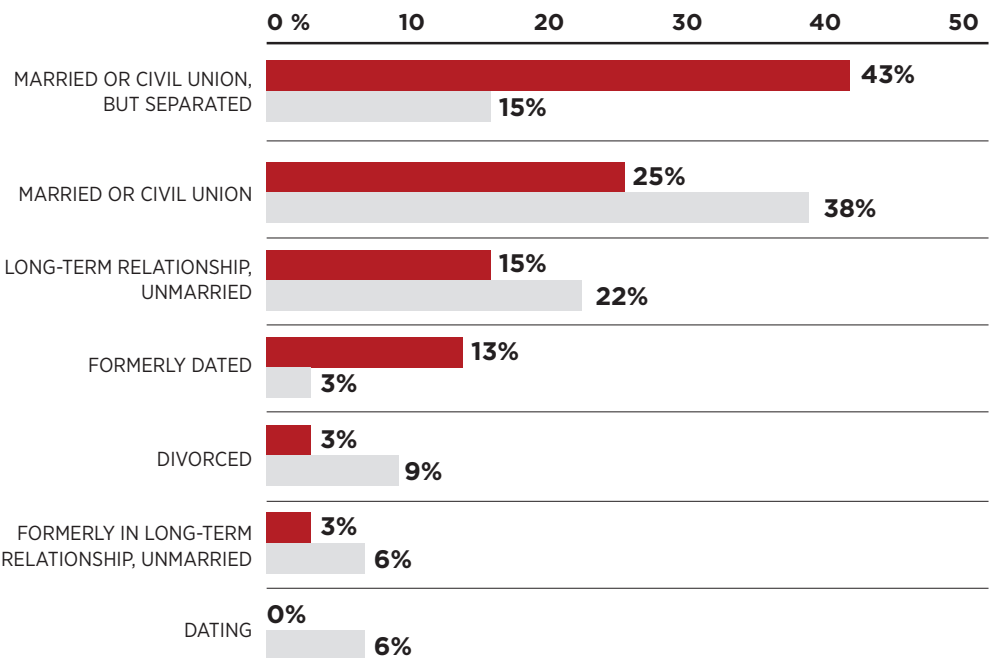
In 62% of murder-suicide cases, the victim and perpetrator were no longer in a relationship together, compared to 33% in reviewed homicide cases. Leaving an abusive relationship is a complicated and often dangerous process. Fatality reviews have uncovered myriad forms “leaving” a relationship takes and how the process looks different in every relationship. In murder-suicide cases reviewed by the Project, most victims were in various stages of leaving or had left the relationship; in every case, there was an indication relationship dynamics were changing in some way.

In 68% of murder-suicide cases, the couple was married or in a civil union at the time of the fatal incident. For numerous

victims, longstanding relationships can be more complicated to end, particularly because they may require a legal dissolution of the relationship. In fact, 34% of reviewed murder-suicide cases were in process of divorce — substantially higher than the 15% divorcing in reviewed homicide cases. The average time in those cases between filing for divorce and the murder-suicide incident was only eight weeks. This finding supports the need for increased safety planning and resources for victims of domestic violence filing for divorce.

In some murder-suicide cases, it was hard to determine whether the couple was together or separated at the time of their deaths due to the “on-again, off-again” nature of the relationship. Such a dynamic is especially confusing for systems, including friends and family. However, fluctuations in abusive relationships

4 RELATIONSHIP STATUS AT TIME OF INCIDENT MURDER-SUICIDE HOMICIDE



5 DIVORCE IN PROCESS AT TIME OF INCIDENT ■ MURDER-SUICIDE ■ HOMICIDE



happen for a multitude of understandable reasons. For most victims, abuse is intermittent; there are times in the relationship when they are not experiencing violence. However, victims do want emotional abuse and violence to stop, but do not necessarily want to end the relationship.

Abusive relationships are complex and “on-again, off-again” dynamics are influenced by the history of the relationship, mental health of the abuser and existence of shared children. Some victims remain in the relationship out of concern for the welfare of their partner, who is the other parent of their children. Concern often affects decisions victims make in accessing help for abuse. In one reviewed case, the victim decided not to call police after her abuser, the father of her child, came to her house and threatened to kill himself. She felt bad for him because he was out on bond for a prior assault against her and was still dealing with court proceedings. She tried to calm him down and he fell asleep on her bed.

ACCUSATIONS OF AFFAIRS

Perpetrators accused victims of having affairs in 48% of reviewed murder-suicides cases. Notably, any evidence the victim was actually engaged in an affair was rarely uncovered by Fatality Review Teams. An abuser’s accusations may be connected to a victim’s attempts to leave the relationship or the perpetrator’s loss of control over the victim may have prompted his belief she was cheating. In his book *Understanding Domestic Homicide*, Neil Websdale’s research revealed almost half of male perpetrators displayed obsessive-possessive beliefs about their partners or former partners. He refers to this as a sort of morbid jealousy about the partner’s real or perceived affairs with other men (Websdale, 1999). In one reviewed case, the perpetrator regularly accused his wife of having affairs with male coworkers and clients at the shop he owned. He was so convinced of her infidelity, he recorded her phone conversations.

In 18% of reviewed murder-suicide cases, victims were known to be in new relationships at the time of the lethal incident. Accusations of affairs were often reported even after the victim had long been out of the relationship and had moved

on to a relationship with a new partner. It appears the new relationship, coupled with the perpetrator’s loss of control, was part of the perpetrator’s motivation for some of the murder-suicide cases. In one reviewed case, the victim and perpetrator were divorcing and had been separated for four months. The perpetrator left a suicide note addressed to his mother and revealed his state of mind prior to the murder-suicide: “I am still in love with her and when I think of them in our bed together, I can’t go on. This is all too much for me to handle, I can’t stop thinking about them together.”

SHARED CHILDREN

In 48% of reviewed murder-suicide cases, the couple shared minor children. While some victims experience their abuser using the children as a tool to manipulate or control them, the most common issue shared children present for victims is the need or pressure to allow children to have contact and ongoing interaction with the abuser. We explore how this contact was often mandated by the Court in reviewed murder-suicide cases in the Civil Interventions section on page 27.

Balancing the child’s best interests against risk of further abuse brought by ongoing contact is a constant battle for victims who are parents. For parents with older children, they may stay in the relationship until all of their children finish high school. For other parents with younger children, they must navigate the possibility their children will miss the other parent if they leave the relationship. Children may make special requests of victims, such as allowing them to see the other parent or not reporting abusive incidents. In one reviewed case, the victim and child relocated while the perpetrator was incarcerated on domestic violence charges. She remained in contact with the perpetrator once he was released. Six weeks prior to the murder-suicide, he held the victim at gunpoint during a visitation with their daughter. The child was in the car’s backseat and begged her mother not to call the police because “Daddy would go back to jail.” Impacts of domestic violence on children are explored more fully in 2015’s Annual Report, which is available at www.georgiafatalityreview.com.

STALKING

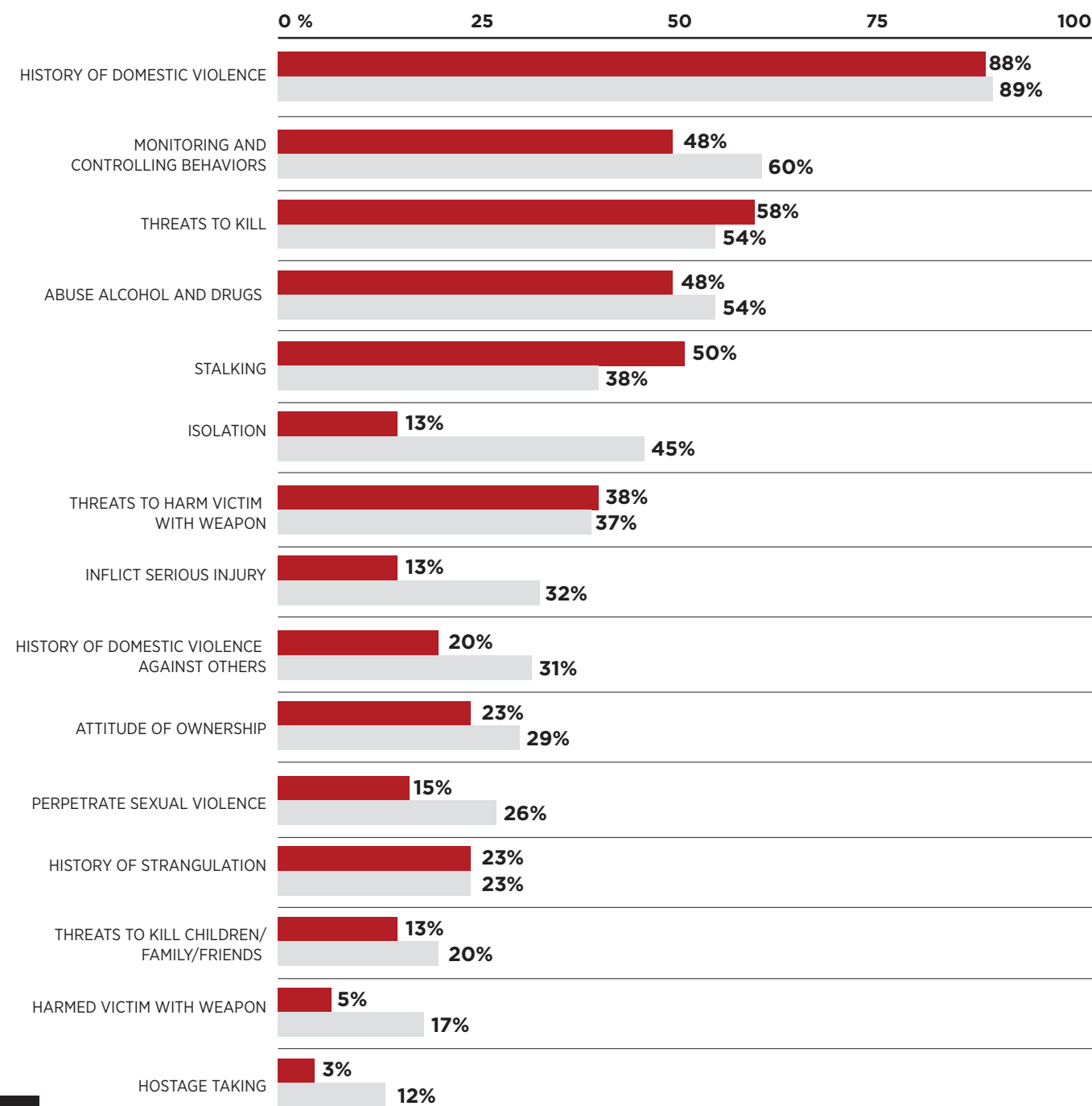
Perpetrators of murder-suicides stalked their victim in 50% of reviewed cases before killing them, as opposed to 38% of homicide cases. In many instances, stalking escalated after the victim separated from the abuser. Victims’ responses to stalking incidents varied significantly. One victim, who was going through a divorce, told her attorney her soon-to-be ex-husband was stalking her, but she did not want to report it because she feared he would contest the divorce. In Carla’s story on page 6, she notified onsite security officers at her office that her abuser

was stalking her. She had relocated and the perpetrator had few other options for points of contact with her.

SUBSTANCE ABUSE

The perpetrator had a history of drug and alcohol abuse in 48% of reviewed murder-suicide cases. This percentage does not differ drastically from homicide cases, where 54% of perpetrators abused drugs and alcohol. However, when substance abuse is combined with suicidal threats and ideations, plus access to a firearm, risk of murder-suicide goes

6 PERPETRATOR’S HISTORY OF KNOWN ABUSIVE BEHAVIORS MURDER-SUICIDE HOMICIDE



up exponentially. The lethal combination of firearm access and suicidal perpetrators is fully explored in the Firearms section, starting on page 42.

The co-occurrence of domestic violence with other issues, such as mental health or substance abuse, further complicates relationship dynamics between a victim and her abuser. It is easy for the seriousness of violence to get “lost” when the abuser also has a substance abuse problem and/or mental health issue. For some victims, their abusive partner’s mental health and/or substance abuse issue caused them to feel sorry for their abuser.

Perpetrators often use alcohol or drug abuse as an excuse for their violence and claim they did not know what they were doing during an incident because they were drunk or high. It can be confusing for victims, because they may believe abusers who claim substance abuse is the cause of abuse. One woman who survived an attempted murder-suicide told us she knew she was in trouble the day her abuser attacked her even though he was sober — because she always believed alcohol caused him to be violent. We also saw some victims gave their abusers “another chance” when they promised to seek help for mental health or substance abuse issues.

RECOMMENDATIONS

Many systems in Georgia are already employing best practices to improve victim safety and offender accountability. Those systems should continue their work and mentor others who are seeking to enhance and strengthen their own responses. We encourage systems seeking ongoing improvement to incorporate the following recommendations into their work.



MENTAL HEALTH PROVIDERS, MEDICAL PROVIDERS, SUBSTANCE ABUSE PROVIDERS, FAMILY VIOLENCE INTERVENTION PROGRAMS, CHILD SUPPORT SERVICES, DOMESTIC VIOLENCE PROGRAMS

- Request and attend training on recognizing signs and symptoms of both domestic violence and suicidal ideation as well as how to respond when indicators are present.



DOMESTIC VIOLENCE PROGRAMS

- Integrate stalking awareness materials into safety planning resources for victims.
- Discuss with victims how mental health and substance abuse are co-occurring issues with domestic violence. Addressing this co-occurrence often requires partnering treatment interventions with Family Violence Intervention Programs.
- Integrate awareness of risk factors — such as accusations of infidelity, separation, stalking, shared parenting, and mental health or substance use of the abuser — into advocacy, risk assessments and safety planning with survivors.



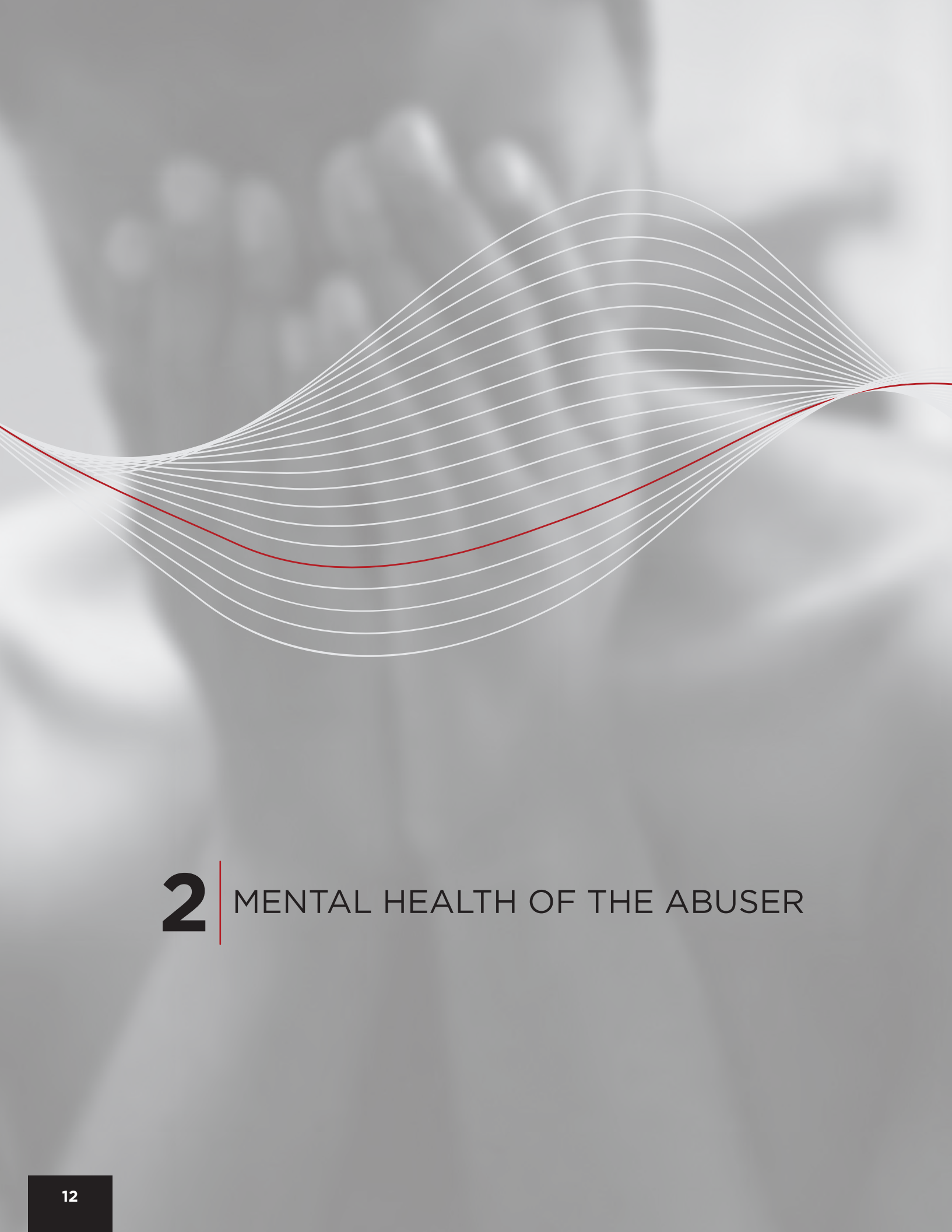
FAMILY VIOLENCE INTERVENTION PROGRAMS

- Ensure all facilitators are trained on and aware of connections between domestic violence and mental health issues or suicidal ideations and how this can increase risk for victims.
- Discuss with participants how mental health and substance abuse are co-occurring issues which often require partnering treatment interventions with Family Violence Intervention Program.

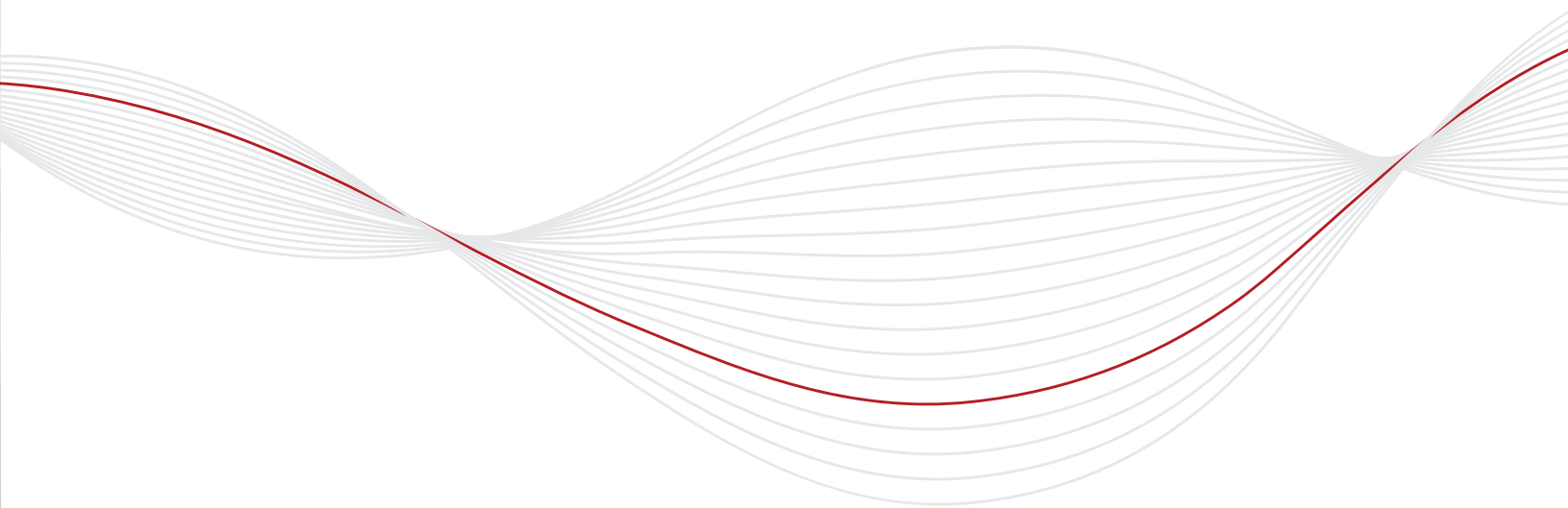


MENTAL HEALTH PROVIDERS, MEDICAL PROVIDERS, SUBSTANCE ABUSE PROVIDERS

- Arrange to receive ongoing training on domestic violence, including signs of increased risk, through your local domestic violence program.
- Evaluate current policies and protocols to identify where domestic violence information can be incorporated.
- Incorporate screenings for both domestic violence and suicide indicators into patient assessments and patient education materials.
- Provide referral information for victims to a local domestic violence program and the Georgia Domestic Violence Hotline, which can be reached at **1-800-33-HAVEN**.
- Provide referral information for abusers to Family Violence Intervention Programs. A list of local programs can be accessed at www.gcfv.georgia.gov



2 | MENTAL HEALTH OF THE ABUSER



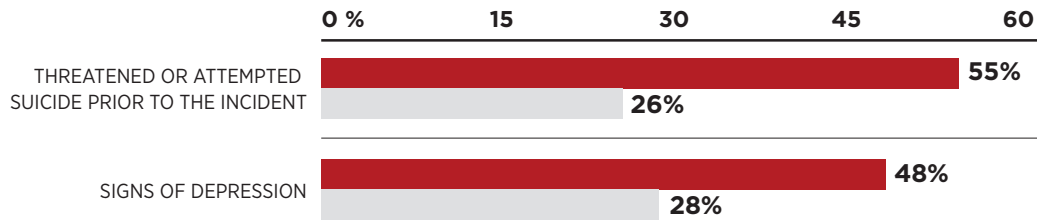
Perhaps the most important way to reduce domestic violence-related murder-suicides in our state is to address the needs of domestic violence perpetrators who have a co-occurring mental health issue. Despite clear connections between suicidal threats or attempts among domestic violence perpetrators and increased risk of murder-suicide, depression and suicidal ideation in domestic violence perpetrators are often overlooked by helping professionals as a serious indicator of danger. It also appears screening for depression and suicidal ideation in abusers is not routine. Moreover, our reviews of murder-suicide cases have revealed those helping professionals working with suicidal and depressed individuals are not screening for domestic violence indicators. Increasing screening and supportive services for suicidal domestic violence perpetrators could prevent suicides, murder-suicides and domestic violence-related homicides.

7 OVERLAPPING INDICATORS OF INCREASED RISK OF SUICIDE AND DOMESTIC VIOLENCE HOMICIDE

A review of indicators of increased risk of suicide and increased risk of domestic violence homicide reveal overlapping factors. All bolded indicators outlined in the chart below appeared in murder-suicide cases reviewed by the Project. Given the duplicative nature of these indicators, it is clear more can be done to integrate suicide prevention work into domestic violence work and vice versa.

INCREASED SUICIDE RISK	INCREASED DOMESTIC VIOLENCE HOMICIDE RISK
History of mental disorders, particularly clinical depression	History of domestic violence
Previous suicide threats or attempts	Previous suicide threats or attempts
Acquiring a firearm	Presence of a firearm
Feelings of hopelessness	Prior use of weapons or threats to kill
Depression, alcohol or substance abuse	Co-occurring depression, drug or alcohol abuse
Impulsive or aggressive tendencies	Increasing severity or frequency of abusive incidents
Loss of any major relationship	Change in relationship status (i.e. separation or divorce)
Diagnosis of a serious or terminal illness	Diagnosis of a serious or terminal illness
Anticipated loss of financial security	Anticipated loss of financial security; job loss
Sudden unexpected loss of freedom or fear of punishment	Looming accountability related to criminal charges or civil matters, such as child support
Recent death of a loved one	Recent death of a loved one
Family history of suicide	Threats to harm victim's children
Isolation, feeling cut off from other people	Use of strangulation
Family history of child maltreatment	Abuse during pregnancy
	Stalking
	Possessiveness over victim or severe jealousy, morbid jealousy

Chart note: This is not intended to be a comprehensive list; instead, it is intended to show indicators common to both suicide and domestic violence-related homicide. For more comprehensive lists of suicide risk factors and domestic violence risk factors, please refer to the Centers for Disease Control and Prevention (www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html), the QPR Institute (www.qprinstitute.com) and Jacqueline Campbell's Lethality Assessment (www.dangerassessment.org/uploads/pdf/DAEnglish2010.pdf).

8 PERPETRATOR'S KNOWN SUICIDE AND DEPRESSION HISTORY ■ **MURDER-SUICIDE** ■ **HOMICIDE**

Cases in which prior known suicide threats or attempts existed before the perpetrator went on to attempt to kill another person represent missed opportunities to intervene before escalation to murder-suicide. In the Project's reviewed murder-suicide cases, 55% of perpetrators threatened or attempted suicide prior to the murder-suicide as compared to 26% of perpetrators in other cases. In essence, these individuals made clear their intentions to injure themselves and later followed through with these threats, which in turn put their partners at an increased risk.

While threats of suicide are a tactic used by abusers to manipulate victims, all threats of suicide should be taken seriously.

Suicidal threats and attempts were much higher in cases resulting in murder-suicide; however, this factor was still present in a significant number of reviewed homicide cases. Abusers who make threats of suicide are indeed an increased risk for murder-suicide (Sillito & Salari, 2011), as well as domestic violence homicides (Campbell, Glass, Sharps, Laughon, & Bloom, 2007).

Depression is another risk factor for suicide and domestic violence homicide: 48% of murder-suicide perpetrators in reviewed cases showed signs of depression prior to committing murder-suicide, as compared to 28% of cases where there was no suicide following the homicide. In one reviewed case, the perpetrator, who had a history of threatening suicide, moved into his mother's house after separating from the victim. He was depressed and refused to eat. His mother overheard him crying and stating, "I just want my family back."

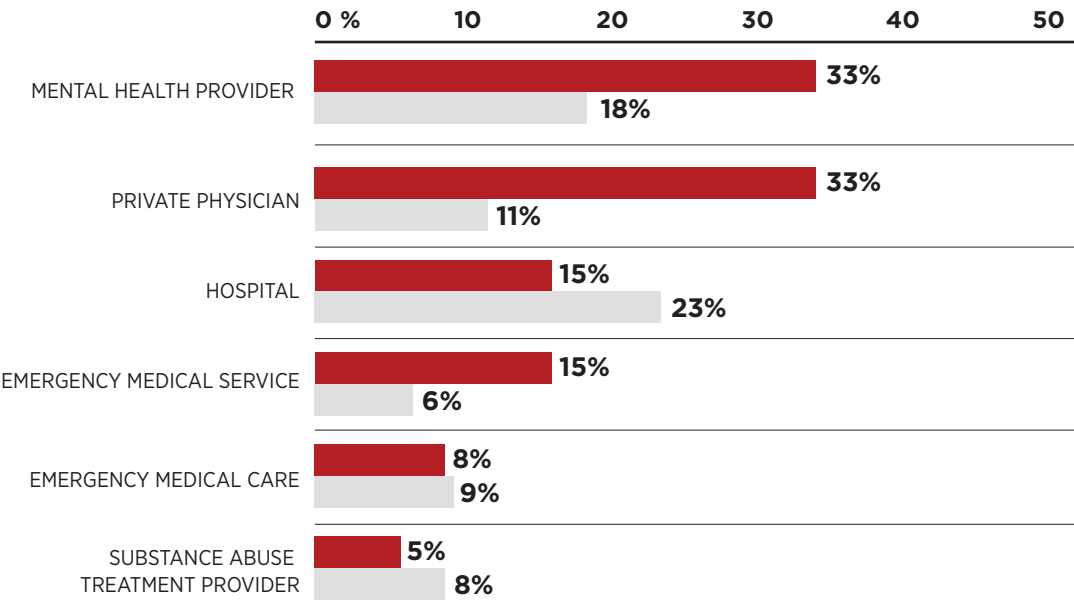
In several reviewed murder-suicide cases, perpetrators who were depressed and suicidal were in contact with the medical and mental health community — sometimes just days before the fatal incident. Specifically, 33% of murder-suicide perpetrators were in contact with a mental health provider within five years of the fatal incident, as compared to 18% who made contact in

homicide cases. Similarly, 33% of murder-suicide perpetrators were in contact with a private physician, as compared to 11% of perpetrators in reviewed cases where suicide was not a factor. Further analysis of the Project's murder-suicide cases reflects that only 15% of those perpetrators were in contact with both a private physician and mental health provider. Over half of murder-suicide perpetrators (68%) were only in contact with either a private physician or a mental health provider, revealing a need to ensure suicidal perpetrators are receiving the correct referrals for additional services. In one reviewed case, the perpetrator had been seeing a physician in the months leading up to the murder-suicide. He was prescribed medications but did not take them as directed due to physical and mental side effects. Ultimately, he was taken off one medication due to mood changes. Just a few days later, the doctor adjusted his medications again, adding two prescriptions for depression and anxiety. Five days later, he killed his family and then himself.

Due to protections under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are unable to know exactly what kind of conversations mental health and medical providers had with perpetrators in reviewed murder-suicide cases. However, screening for co-occurring domestic violence and mental health issues does not appear to be common practice. We can assume, in a majority of reviewed murder-suicide cases where the perpetrator was in contact with mental health and medical providers, the connection between suicidal ideations, depression and increased risk to intimate partners and family members went unaddressed.

Additional screening processes will enhance services already being provided by domestic violence programs, family violence intervention programs, and mental health and medical providers, and will strengthen opportunities for intervention and prevention.

9 PERPETRATOR’S MENTAL HEALTH AND MEDICAL CONTACT ■ MURDER-SUICIDE ■ HOMICIDE



The perpetrator in the case referenced on the previous page had past struggles with depression. Unbeknownst to the doctor, several additional indicators of increased suicide and domestic violence homicide were present. For example, the perpetrator had just been to church that morning to pray about his worsening depression; he had made arrangements for someone to take care of his ailing father as he was unable; he was making the victim pay off financial obligations and loans; he was worried about missing work and thought he was going to be fired; he had stopped bathing; and he was generally acting as if he did not think he was going to be around much longer.

Ninety-one percent of perpetrators in reviewed murder-suicide cases, who were known to make suicidal threats prior to the fatal incident, used a firearm to kill their partner before completing or attempting suicide.

Essentially, these suicidal perpetrators still had access to a firearm, even after making a suicide threat or attempt. Acquiring a firearm increases risk for suicide and access to a firearm is considered a red flag for domestic violence-related murder-

suicide. When the perpetrator is suicidal and depressed and has access to lethal means such as a firearm, danger is increased for everyone — especially when a cluster of factors is present, like depression, substance abuse and a recent personal loss.

In one reviewed case, the perpetrator had a history of suicidal threats and attempts. He had been to a mental health facility for a suicide attempt once before and was given medication for anxiety. In the months before the murder-suicide, he suffered a heart attack and was prescribed medication for high blood pressure. The medication caused some level of sexual dysfunction. He began to think his wife was cheating on him with their friend. One month before the murder-suicide, the friend he believed his wife was having an affair with overheard the victim ask her husband why he was holding a gun to his head. The friend then heard a click, like the trigger had been pulled. The perpetrator later apologized to the friend for this behavior and blamed his medication for making him act “crazy.” The friend later overheard the perpetrator apologizing to the victim for all the mistakes he had made in his life. Days later, the perpetrator used his “favorite pistol” to kill his wife and then himself. Read more about our findings on firearms and the need to restrict firearm access for suicidal abusers in the Firearms section, starting on page 42.

As mentioned in the previous example, prescribed medication can have a significant effect on a person's mood and behavior. In some reviewed cases, perpetrators were prescribed medication and stopped taking it as directed just prior to the murder-suicide. One perpetrator was diagnosed with schizophrenia. He had surgery to remove a brain tumor less than a year before the murder-suicide. After surgery, he stopped taking his medication — which caused his mental health to deteriorate. Another perpetrator specifically stopped taking his antidepressant shortly before the murder-suicide because he did not like how it made him feel. In other cases, perpetrators began taking medication for their depression and/or anxiety just weeks before killing their partner and themselves. Another perpetrator began experiencing anxiety and changes in his sleep and mood two weeks prior to the attempted murder-suicide. His family doctor prescribed him an antidepressant. Around this same time, the victim said she wanted a divorce and moved out of the house. Two weeks later, he showed up at her workplace, crying, and asked her to come over when she got off work to talk about their relationship. Her friend offered to go home with her, but the victim did not accept her offer. Shortly after the victim arrived at the house, he shot and killed her with a shotgun before fatally shooting himself.

Loss is another indicator of increased risk of both suicide and domestic violence homicide. Loss can contribute to feelings of depression and lack of hope and can leave abusers feeling like they have nothing left to lose. Loss can take numerous forms, including the death of a loved one or the end of an important relationship in someone's life. As previously discussed, the relationship status for most victims and perpetrators in murder-suicide cases was in flux. Loss of the relationship showed up for perpetrators in the form of the victim filing a Temporary Protective Order (TPO), a divorce proceeding, or separation from their partner. When shared children were involved, perpetrators may also experience a dramatic change in access and relationships to children, another form of loss, as illustrated in Tiara's story on page 26. Jared lost access to Tiara and to their shared child when they moved into the domestic violence program's shelter. Jared used his relationship with the child to manipulate Tiara into meeting with him, which is when the murder-suicide occurred. His loss was compounded by his inability to afford rent at their shared residence on his income alone and she gave no indication she planned to reconcile with him.

The loss of health or physical abilities, in addition to other incarnations of loss, commonly appeared for perpetrators in reviewed murder-suicide cases. This most often involved recent diagnosis of a serious physical illness, such as cancer or diabetes, but also included incidents where perpetrators lived with a disability due to an injury or accident. In one reviewed case, the perpetrator was diagnosed with thyroid disease a few weeks after the victim filed a TPO. She requested a dismissal of the order because of his diagnosis. Her fear in the relationship was evident because she hid his guns from him around the same time. The murder-suicide occurred five months later, one week after she filed for divorce.

Another form of loss which contributes to both suicide and domestic violence homicide risk is financial loss. Financial loss presented itself in multiple ways in reviewed murder-suicide cases, but most commonly appeared as impending job loss by the perpetrator. While 50% of perpetrators held full-time jobs at the time of the murder-suicide, Fatality Review Teams noted in multiple case reviews there was a real or perceived impending loss of employment by the perpetrator.

Lastly, looming accountability or fear of punishment are significant overlapping factors which also often tie into feelings of loss. For domestic violence perpetrators, accountability often takes the form of a criminal court date, a TPO hearing or a child support hearing. For example, criminal hearings may result in loss of freedom through incarceration or probation. All three of these accountability measures can lead to financial stress, either in the form of job loss, orders to pay child support, or making a ruling on child support arrearage, which can add to pressure the domestic violence perpetrator may feel.

RECOMMENDATIONS

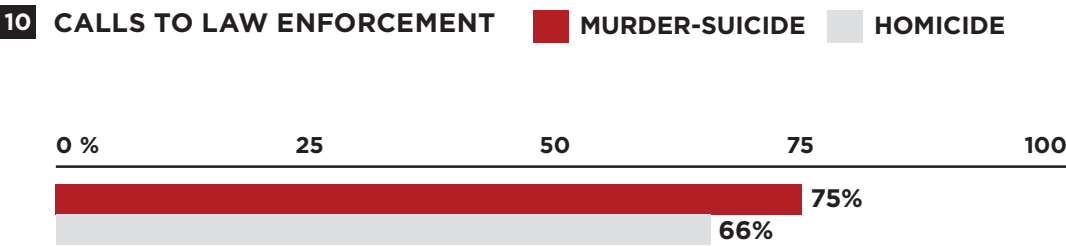
Many systems in Georgia are already employing best practices to improve victim safety and offender accountability. Those systems should continue their work and mentor others who are seeking to enhance and strengthen their own responses. We encourage systems seeking ongoing improvement to incorporate the following recommendations into their work.

	MENTAL HEALTH PROVIDERS, MEDICAL PROVIDERS, SUBSTANCE ABUSE PROVIDERS, FAMILY VIOLENCE INTERVENTION PROGRAMS, CHILD SUPPORT SERVICES, DOMESTIC VIOLENCE PROGRAMS	<ul style="list-style-type: none"> • Develop partnerships to link victims and abusers with assistance they need. In communities where substance abuse and mental health services do not exist or are inaccessible, increase advocacy for more funding to expand services. • Collaborate to develop screening tools to routinely assess depressed and suicidal men for abusive and dangerous behaviors. • Work together to develop agency protocols for referrals, treatment and disclosure to family members. Know the resources in your community and be prepared to provide mental health and Family Violence Intervention Program referrals.
	EMPLOYERS	<ul style="list-style-type: none"> • Ensure employees are aware of services afforded to them through Employee Assistance Programs (EAPs). • Ensure employee health insurance plans include adequate coverage for mental health and substance abuse treatment. • Reduce the stigma of both domestic violence and mental health issues by posting information about resources, publishing information in employee newsletters or inviting guest speakers for “lunch and learn” sessions. • Implement personnel policies and leave benefits which show a commitment to employees’ well-being and health, such as flexible schedules and time off that allows employees to address mental health and personal needs.
	911 DISPATCHERS	<ul style="list-style-type: none"> • Routinely ask callers about abusers’ history of depression or suicidal ideation. Relay noted concerns to responding officers.
	LAW ENFORCEMENT	<ul style="list-style-type: none"> • Take additional precautions when responding to domestic violence incidents where either depression or suicidal ideation is known to be present. • Routinely ask all parties and witnesses about depression and suicidal ideation of abusers to increase officer and victim safety. • Relay concerns about a suicidal and depressed perpetrator to the victim, along with a referral to a domestic violence program, to improve her safety.
	PROBATE COURT	<ul style="list-style-type: none"> • Provide information on the intersection of suicide and domestic violence to people requesting involuntary commitments.
	DOMESTIC VIOLENCE PROGRAMS	<ul style="list-style-type: none"> • When working with victims and their support systems, actively screen for indicators of depression and suicide in abusers. Talk with them about how these factors may affect their safety and conduct safety planning accordingly. Refer to “Intervention Strategies When Working with Victims” on page 61 of the 2014 Annual Report, available at www.georgiafatalityreview.com
	FAMILY VIOLENCE INTERVENTION PROGRAMS	<ul style="list-style-type: none"> • Review and follow the FVIP Suicide Protocol available from the Georgia Commission on Family Violence for instructions on notifying victim liaisons when safety concerns arise. Refer to “Intervention Strategies When Working with Abusers” on page 60 of the 2014 Annual Report, available at www.georgiafatalityreview.com



3 | CRIMINAL INTERVENTIONS

Highlighting the need for improved criminal justice response, fatality reviews revealed 75% of murder-suicides involved previous calls to law enforcement; however, perpetrators were charged in fewer than a third of these incidents. A continuum of responses was noted in reviewed cases with calls to law enforcement, including responses with no police action taken, responses with a warrant referral, and responses with a warrant issued.



Situations in which calls to law enforcement result in no police action taken include incidents when the primary physical aggressor cannot be determined, when no violation of the law is alleged, and when officers find no probable cause to make an arrest.

Many victims rely on law enforcement strictly as a mechanism to stop violence and do not intend to leave their abuser nor want him incarcerated.

In those circumstances, victims may appear uncooperative to law enforcement or may change their account of what took place by minimizing or recanting. Victims may fear that working with law enforcement or giving the appearance they want their abuser arrested will prove more dangerous upon his release, particularly if their abuser has previously been arrested and they have not found the criminal justice system successful in improving their safety. Victims may also fear the implications of their abuser’s arrest on their own lives. Anticipating the loss of their abuser’s financial support to the household, his participation in parenting and assistance with other daily

activities may factor heavily into a victim’s attitude towards law enforcement’s response.

Perhaps the most common reason no action is taken by officers responding to domestic violence incidents is because the abuser has fled the scene. In those circumstances, also known as “gone on arrival” cases, law enforcement follow-up is paramount to victim safety. According to the Georgia Bureau of Investigation, there were 65,487 family violence incidents reported statewide in 2015. Multiple studies have reported more than 50% of abusers leave before law enforcement arrives on the scene of a domestic violence incident (Hirschel & Buzawa, 2013). In one reviewed murder-suicide case, the parties’ child called 911. The perpetrator had previously been arrested for violations of the Family Violence Act and had pending criminal charges at the time of the incident. As is common in domestic violence situations, the abuser fled the home before law enforcement arrived.

The abuser leaving the scene before officers arrive, captured in Georgia’s Family Violence Incident Forms as “primary physical aggressor not on-scene,” may reduce the victim’s perception of the abuser as an immediate threat and may play a role in her minimizing the incident so further action is not taken. In the case discussed above, the victim told police she was afraid of her husband, but denied he had gotten physical with her that

night; she said he had only been yelling at her. The officers searched around the home for the perpetrator but were unable to locate him. Before leaving, they encouraged the victim and child to call if they needed further assistance and encouraged the victim to look into applying for a TPO. Within hours, officers were again dispatched to the home. They found the perpetrator had committed suicide after shooting the victim and their child. Similar circumstances and corresponding law enforcement response were noted in multiple reviewed cases.

While the scenes are left temporarily safe, risk for future violence in “gone on arrival” cases remains high.

Abusers in “gone on arrival” cases are typically more violent than those who stay and they are more likely to have prior records of abuse (Hirschel & Buzawa, 2013). Abusers who flee are more likely to reoffend and to commit other crimes than abusers who are arrested on-scene (Eng, Adams-Bills, & Patet, 2015). In fact, an abuser’s presence at the scene appears to be a significant factor in his arrest. Research indicates the odds of an arrest decrease by five-and-a-half times when an abuser leaves the scene (Hirschel & Buzawa, 2013).

Given these statistics, it is especially troublesome that most law enforcement agencies lack policies mandating follow-up in “gone on arrival” cases. In domestic violence incidents, law enforcement personnel typically face fewer barriers to locating abusers than they do in locating offenders of other crimes. They are more likely to have access to the abuser’s residential and employment information, and to have contact numbers for family members and witnesses from past incidents already in their reporting system (Hirschel & Buzawa, 2013).

In 2016, the Department of Justice published a study of law enforcement officer deaths in the line of duty. Findings confirm that response to domestic violence incidents represented the highest number of fatal types of calls for service, and were also the underlying cause of law enforcement fatalities for several other calls for service — accounting for 22% of deaths which occurred in the line of duty between 2010 and 2014 (Breul & Keith, 2016).

Keeping an offender out of the home reduces opportunity to abuse the victim and simultaneously reduces the need for

officers to respond to these dangerous calls. Given that abusers who flee are both more dangerous and more likely to reoffend, implementing “gone on arrival” protocols therefore increases likelihood of offender arrest and increases officer safety.

Instead of mandated follow-up, officers sometimes refer victims to seek their own criminal action in “gone on arrival” cases. Referring a victim to seek her own warrant presents numerous safety issues. The pre-warrant process required when a civilian applies for an arrest warrant eliminates the safety framework Georgia’s criminal justice system allows. For example, in Georgia, the burden of proof that a crime has occurred is removed from the victim and placed with the State. Under Georgia law (O.C.G.A. § 17-4-40), the Court is required to schedule a hearing when someone other than a POST-Certified Officer applies for a criminal warrant, and the Court must provide notice of the hearing to the person whose arrest is requested. The burden then falls to the person seeking the warrant to present evidence of the alleged crime to the Court to satisfy probable cause during the hearing.

In one reviewed murder-suicide case, the victim applied for a warrant against her new husband the day after a violent incident: He punched her face, strangled her and threw her around the room. Visibly injured, she was not referred to victim assistance for services nor to law enforcement for evidence collection. While the code section allows judges to forego the pre-warrant hearing in family violence cases, there is no requirement to do so. In this case, the perpetrator was provided notice of the hearing. A judge issued a warrant days later when the perpetrator, who was on probation at the time of the incident, failed to show up for the pre-warrant hearing.

State law (O.C.G.A. § 17-4-20.1) authorizes law enforcement to take criminal charges against an abuser without the victim’s consent, a safety measure that encourages the perpetrator to place his blame for his arrest on the State, rather than the victim.

Warrants sworn out by law enforcement, rather than by the victim, should be the preferred practice of the courts in domestic violence cases, as it reduces perception that the victim is determining the fate of her abuser.

In addition, the process of obtaining a warrant against an abuser is expedited when taken by a law enforcement officer, as victims who seek warrants experience additional wait time before justice in the pre-warrant hearing process. In the example on the previous page, this time was precious. As law enforcement attempted to serve the perpetrator the day after the victim's requested warrant was issued, they were informed by one of the perpetrator's family members that he was dead. The same day they attempted to serve the warrant, the perpetrator stalked the victim at her school before fatally shooting her and then turning the gun on himself.

The victim in this case had recently informed the perpetrator she was leaving their relationship. She had been collecting her belongings to relocate when the incident she described in her warrant application occurred. As discussed in the Mental Health of the Abuser section starting on page 12, the looming accountability of court proceedings, an abuser's impending loss of control over the victim, loss of family, loss of financial stability and, in this perpetrator's case, impending loss of freedom due to his probable incarceration, significantly increases danger to a victim.

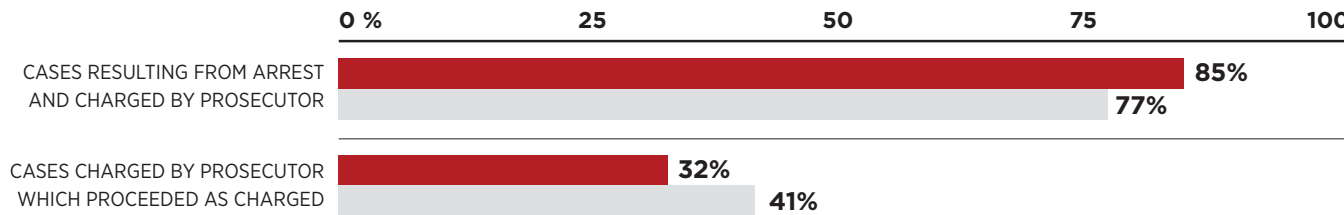
Amplifying those issues, an abuser is increasingly likely to place the blame for his arrest on the victim if she was the one who initiated the warrant rather than the State. Victims therefore may choose not to pursue their cases through the criminal legal system or, once engaged in the process, victims may attempt to have their warrant applications dismissed, change their stories or recant. In any of these events, an opportunity exists for the Court to request more information about circumstances surrounding the dismissal and to provide a referral to victim services.

The pre-warrant hearing process is not a factor in cases where law enforcement seeks a warrant for the abuser. In reviewed murder-suicide cases, arrest warrants were secured in only 42% of previous incidents between the parties which were reported to law enforcement and for which the case outcomes were known. This statistic represents a 10% decrease over the rate of arrest for prior incidents in reviewed cases which did not subsequently involve suicide. Fortunately, a higher percentage of warrants which were taken were charged by the prosecutor than were charged in homicide cases.

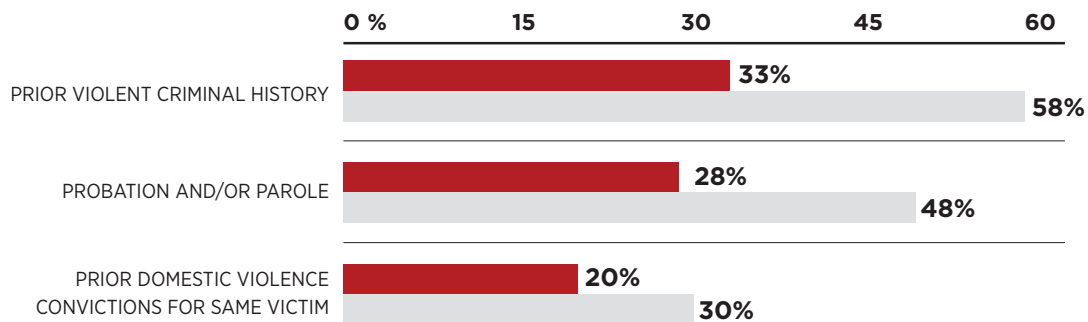
It is paramount prosecutors and judges understand that mental health concerns and domestic violence are dual issues and should be treated as such. In reviewed murder-suicide cases, it appears the existence of mental health concerns may have tempered justice with regard to domestic violence charges. Only 32% of reviewed cases pursued by prosecutors proceeded as charged, a reduction from the 41% which proceeded as charged in reviewed homicide cases. Using mental health as a mitigating factor for reduction in sentencing or dismissal of a Family Violence Act charge in favor of mental health assessments and counseling will not necessarily reduce the likelihood of abuse in the future. Much like substance abuse, mental health rarely acts as a cause for abuse, but rather as an excuse for it.

Victims may also struggle to recognize that domestic violence and mental health issues are not mutually exclusive. They may pressure prosecutors to drop charges or request a judge modify a bond order to allow contact. While victims should be empowered to voice their opinions and participate in the judicial process, the judiciary must also be aware, in cases where suicide indicators are present, lethal violence in domestic violence cases is a significant risk.

11 PROSECUTION OUTCOMES ■ MURDER-SUICIDE ■ HOMICIDE



12 PERPETRATOR'S CRIMINAL HISTORY ■ MURDER-SUICIDE ■ HOMICIDE



Abusers who present warning signs of suicide or lethal violence should be referred and required to seek mental health treatment as well as complete a Family Violence Intervention Program prior to relaxing orders or dismissing actions.

Victims should be referred by the Court to an advocate for safety planning, and orders should minimize barriers to accountability for the abuser and safety for the victim if the situation degrades.

Lack of past domestic violence convictions or a violent criminal history, which are often used by the judicial system as a factor in sentencing, should not be viewed as an indicator that lethal violence is less likely in domestic violence cases where suicide factors are also present. As previously discussed, research shows that abusers who flee are less likely to be arrested and reviewed murder-suicide cases indicate only 33% of abusers had a violent criminal history prior to the lethal incident. Only 20% of murder-suicide perpetrators had prior domestic violence convictions pertaining to the same victim, lower than the 30% of perpetrators

in reviewed homicide cases. The reduction in cases proceeding as charged through prosecution naturally results in fewer cases which involve probation and parole; 28% of perpetrators in reviewed murder-suicide cases were involved with probation or parole, as opposed to 48% of perpetrators in reviewed homicide cases.

Domestic violence lethality assessments and suicide assessments should be incorporated into the criminal justice response from first responders through corrections. While some communities are providing training for law enforcement in crisis response or are developing mental health incident response teams, developing responses which also address domestic violence when mental health is present should be prioritized. In many circumstances, domestic violence, like mental health issues, is not documented formally and may not show up on a criminal history. For agencies already trained to assess and intervene in mental health crises, incorporating new responses in domestic violence cases should come easily. Additional mental health training for stakeholders should be pursued, and first responders and court staff should expand their understanding of how passive mental health indicators by abusers, including statements such as, “I can’t seem to catch a break” or “I am feeling drained,” could actually signal danger to the victim.

RECOMMENDATIONS

Many systems in Georgia are already employing best practices to improve victim safety and offender accountability. Those systems should continue their work and mentor others who are seeking to enhance and strengthen their own responses. We encourage systems seeking ongoing improvement to incorporate the following recommendations into their work.



**LAW ENFORCEMENT AGENCIES,
JUDGES, PROSECUTORS, VICTIM WITNESS
ASSISTANCE PROGRAMS**

- In cases where the victim recants or seeks to dismiss an action, refer the victim to a domestic violence program for safety planning, counseling and resources. However, do not mandate contact or participation.
- Minimize how often a victim has to tell her story, particularly when she has just experienced a traumatic event.
- Partner with your domestic violence program to obtain training on the dynamics of domestic violence and lethality indicators, impact of trauma, identifying mental health issues and intervention strategies.
- Obtain training on mental health and suicide to assist in identifying needed interventions for suicidal perpetrators.
- Develop a response model or protocol within the Court to address abusers who display passive mental health status identifiers; this can include making statements such as “I can’t seem to catch a break” or “I am feeling hopeless and drained.”



**LAW ENFORCEMENT AGENCIES,
COURTS, PROSECUTORS**

- In communities where the caseload is large enough to warrant it, specialized units and dockets should be created using national models for detectives, prosecutors and judges. This approach should focus expertise, improve interagency cooperation and provide a system that’s better prepared to hold offenders accountable.
- Learn more about other Georgia Domestic Violence Courts in “Domestic Violence Court Best Practices Guide” created by the Judicial Council — Administrative Office of the Courts and the Georgia Commission on Family Violence.



LAW ENFORCEMENT AGENCIES

- Document complete reports for all family violence calls, including calls during which there is no probable cause to arrest, as mandated.
- Ensure all parties involved have a private interview and are separated for questioning to ensure neither party can see nor hear the other.
- Rather than refer a victim to seek warrants for the arrest of her abuser, take warrants yourself in any circumstance where probable cause exists. This not only reduces the level of danger to the victim, but also increases likelihood the case will be successfully prosecuted due to your experience in evidence documentation and collection.
- Develop “gone on arrival” protocols like those implemented in the Blueprint for Safety to ensure officers are following up on cases where the abuser fled the scene prior to law enforcement response. These protocols should include both provisions for swift apprehension of an abuser who fled when a warrant was issued, and follow-up with parties in circumstances where the abuser fled and no probable cause was determined. Access Blueprint for Safety information at <http://praxisinternational.org/blueprint-home>
- Develop specialized protocols for response to domestic violence incidents in which mental health is a factor, like those developed for Crisis Intervention Teams (CITs) by the partnership between the Georgia Bureau of Investigation and the Georgia Chapter of National Alliance on Mental Illness. Information about training can be accessed by visiting <http://investigative.gbi.georgia.gov/crisis-intervention-team>
- If departmental protocols for mental health response exist, incorporate screening for domestic violence lethality indicators into the protocol.

**MAGISTRATE COURTS**

- When a victim requests a warrant application, escort her to victim services for safety planning and information regarding safety implications filing a warrant may present. If the best practice model of escorting the victim is not appropriate, provide a warm referral to victim services before the warrant is filed.

**PROSECUTORS, VICTIM WITNESS ASSISTANCE PROGRAMS**

- Provide contact information to the victim for all staff who will be handling the case, but identify a point person who will be the best contact.
- Mandate completion of Family Violence Intervention Program for abusers prior to dismissal or reduction of charges in plea negotiations.
- Despite the usual efforts to reduce their time in court, in those cases where children are also primary victims, consult them about their desire to participate in the court process.
- Avoid making statements to child victims like “This is already hard enough on your mom.” Remarks similar to those may imply to the child victim that trauma they have experienced is less important than that of the adult victim.
- Use evidence-based prosecution techniques to increase viability of a case, even when a victim recants, minimizes what took place during the incident, or otherwise does not participate in the prosecution process.
- Work collaboratively with domestic violence programs to implement measures to hold offenders accountable and increase victim safety.

**JUDGES**

- Do not require the defendant/abuser to receive notice in pre-warrant hearings in domestic violence incidents, which is allowed in Georgia law and minimizes safety concerns for victims in your court.
- Pay particular attention to suicide indicators and safety issues, which require assessment throughout the pre-warrant process.
- Employ consecutive sentences for abusers who commit crimes during multiple incidents. Allowing concurrent sentences sends a clear message to perpetrators that they can get away with committing crimes, free from accountability.
- Carefully consider the private, repetitive and escalating nature of domestic violence when setting bond, rendering sentences and imposing post-sentencing sanctions. Look for risk indicators in every case, including those appearing to be lower-level violence.

**PROBATION DEPARTMENTS, COMMUNITY SUPERVISION**

- Expedite enforcement of technical violations completed by violent offenders.
- Obtain training on the dynamics of domestic violence and lethality indicators, victim behavior, impact of trauma, identifying mental health issues and intervention strategies.

Tiara's Story

Tiara and Jared were in a relationship for six years. They shared a 6-year-old son, Jeremy, and Tiara had a teenage daughter from a previous relationship. Throughout their relationship, Jared was abusive towards Tiara. The first known incident of domestic violence occurred two years into their relationship. Tiara filed for a TPO against Jared, which was granted. Three months later, she asked a judge to rescind the order.

The following year, Jared threatened to kill Tiara and told her he wanted to see her die. He also stated, "If I can't have you, nobody can." Jared also made suicidal comments such as "This will end with one of us dying... It's my only way out" and said he was "ready to die." Tiara called the police but no arrest was made because Jared did not physically harm her. Instead, officers referred Tiara to the local domestic violence program to stay for the night and advised her to apply for a TPO. Seven days after a judge granted her order, a dismissal order was filed.

Two years later, Tiara called the police from her friend's house. Jared had called her repeatedly during the evening and threatened to hurt her if she returned home too late; Jared made both homicidal and suicidal threats. Officers were able to help Tiara relocate to a friend's home for the night and she was advised to seek a TPO. The next day, Tiara was granted an Ex Parte Order; the 12 Month hearing was scheduled for a week later, the same day a dismissal order was issued.

Nine months later, Tiara called the police after she and Jared got into a fight about their relationship, during which Jared strangled Tiara and struck her in her face over a four-hour period. Officers observed visible injuries on her body and applied for an arrest warrant; Jared was taken into custody at their home the next day without incident. His bond was set at \$5,000 and he was to have no violent contact with Tiara. The following day, Tiara filed for a TPO and was later awarded a 12 Month Order. Two months later, a dismissal order was issued.

Tiara and Jared continued their relationship and episodes of abuse occurred every three to six months. Tiara assisted prosecutors despite Jared's attempts to get her to recant. Jared was declared indigent by the Court and worked with a public defender. He eventually entered a plea of guilty to Battery-Family Violence and Simple Battery. He was sentenced to complete one year of probation, five days of community service, pay a \$300 fine and complete a Family Violence Intervention Program. The Court also granted Tiara's request that Jared be allowed no violent contact with her.

Five months later, Jared was angry with Tiara after he demanded a "sexual favor" and she refused to comply. She went upstairs to get ready for bed when Jared attacked her again; grabbing her by her throat two more times and throwing her to the ground. The following day, Tiara contacted a domestic violence program and entered a shelter.

Tiara told advocates at the domestic violence program she would have left Jared long before, had she known about supportive services available to her and her family.

These services included transitional housing options, for which advocates helped her apply. The advocates also assisted Tiara in applying for a TPO, which alleged Jared kept a loaded firearm in the house. The Order indicated visitation was not to occur until Jared legitimized their son and there was to be no contact between the parties except "phone communication regarding the minor child." Jared was to surrender his firearm and ammunition to the Sheriff's Office, enroll in a Family Violence Intervention Program within two weeks and pay monthly child support.

Tiara continued to reside in the local domestic violence program's shelter. She changed her phone number but emailed with Jared several times about financial and child visitation matters. Jared wanted to see Jeremy, but Tiara told him Jeremy and her daughter did not want to see him. At the time, Jared was unable to afford to stay in the residence with just his income. Additionally, he was out of compliance with his probation requirements, having provided a certificate for Anger Management while his sentence required he complete a Family Violence Intervention Program.

A week later, Tiara and Jared agreed to meet at the home they shared so Jeremy could visit his father. There, Jared shot and killed Tiara before turning the gun on himself. Jeremy witnessed the incident; he ran to a neighbor's house to call the police. During the investigation, Jeremy told officers his father was aware his mother was planning to leave the relationship and his father had a history of getting "mad." Friends said Jared had been leaving suicidal messages for Tiara, including one note indicating he had lost his job. They also revealed Tiara had specific plans to permanently move out of the residence two days after the murder-suicide occurred.

4 | CIVIL INTERVENTIONS



Victims often pursue safety and accountability for their abuser through civil remedies. Civil interventions may represent a victim's only course of relief through the court system due to a lower percentage of perpetrators in murder-suicide cases having a violent criminal history prior to the fatal incident (refer to the chart on page 23). In reviewed cases ending in a murder-suicide or an attempted murder-suicide, 33% victims were involved with civil or juvenile court systems five years before the incident, a significant increase from the 18% in reviewed homicide cases. In 34% of reviewed murder-suicide cases, the parties were in the process of divorce. Additionally, 30% of victims in reviewed murder-suicide cases accessed relief via a TPO, higher than the 20% who filed for a TPO in reviewed homicide cases.

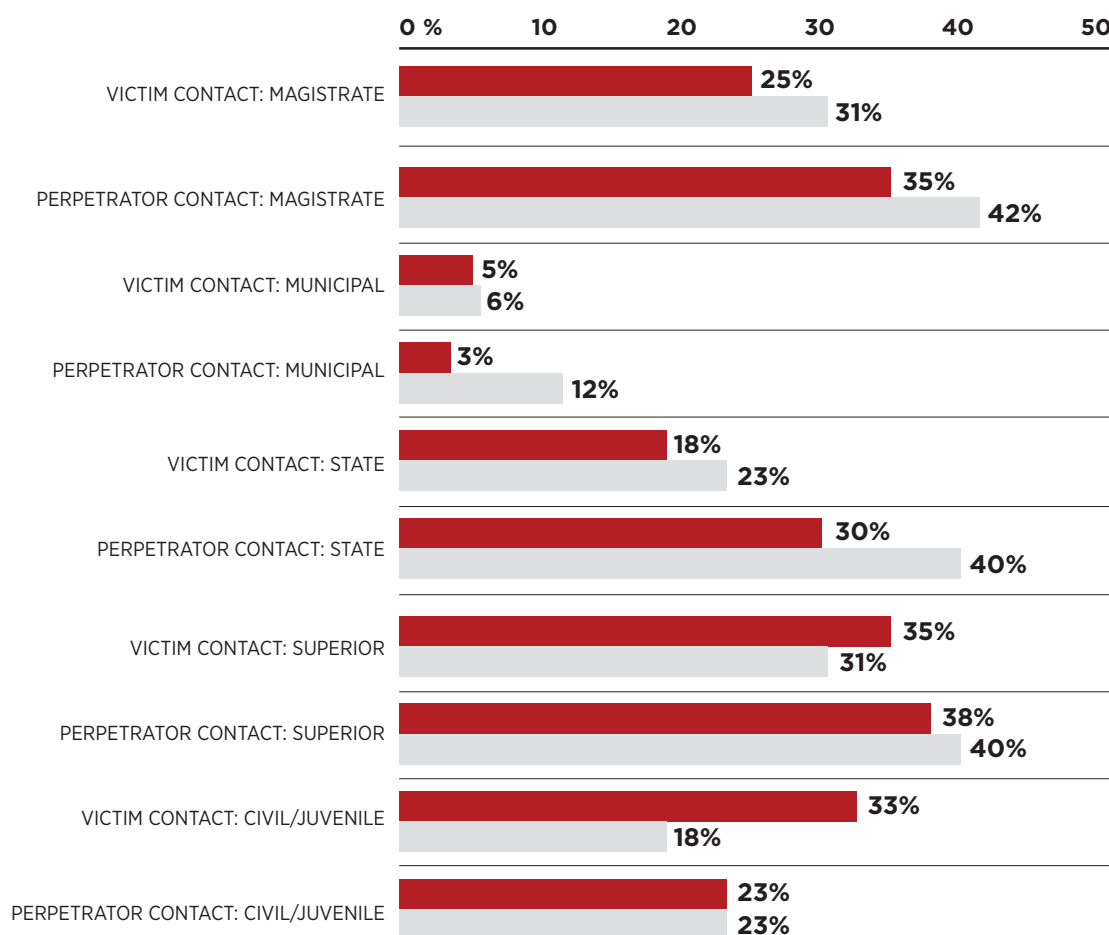
13 COURT CONTACT



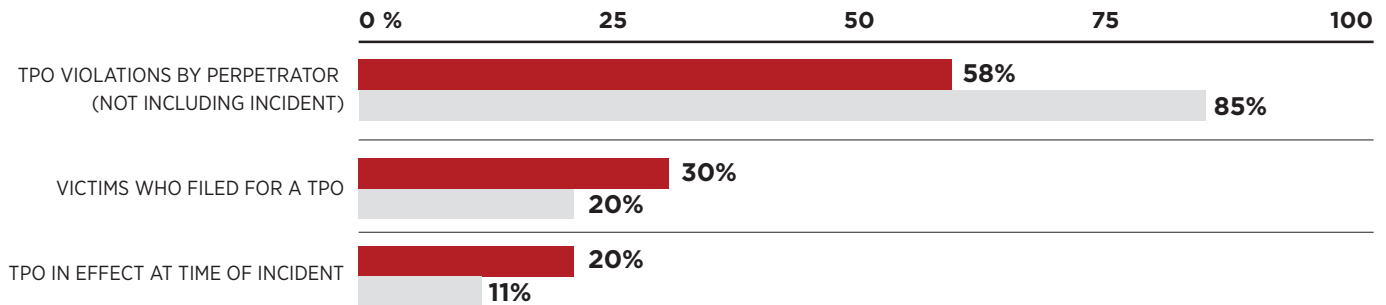
MURDER-SUICIDE



HOMICIDE



14 TEMPORARY PROTECTIVE ORDER ■ MURDER-SUICIDE ■ HOMICIDE



TPOs represent an effective tool which can significantly reduce danger to victims. Research found between 30% and 77% of victims who obtain an order of protection report the TPO ended the violence they experienced (Logan & Walker, 2009). Even in cases where violations of the order occurred, the majority of victims report a decrease in severity and frequency of violence and a reduction in their fear of harm (Logan & Walker, 2009).

While a TPO remains a great resource for increasing victim safety, simple access to a TPO is not enough.

In a case where risk of suicide is present, additional measures must be incorporated into the standard language of an order to increase opportunities for enforcement and reduce the likelihood of future, possibly lethal, violence.

In one reviewed murder-suicide case, the victim obtained a TPO against her abusive ex-husband. They had been divorced for nearly 10 years when she filed her TPO petition. After learning the victim was in a new relationship, the perpetrator showed up at her home several times. The victim's TPO required the perpetrator to stay away from her residence, workplace and school and he was restrained from coming around the victim. The perpetrator was ordered to refrain from any contact with

the victim — direct, indirect, or through another person. Despite the victim's request, the Judge did not include custody, visitation or child support provisions from the parties' divorce decree in the TPO, but did change the location of the custody exchanges to a police station. The children were not listed as protected parties on the TPO. All of those factors became an issue during the life of the Order when the perpetrator refused to return the children home after his scheduled visitation.

Enforcing TPOs is paramount to victim safety; victims must feel confident their order will be enforced or the safety benefits are less likely to outweigh the costs. Research shows protective orders have a violation rate of approximately 60% (Logan & Walker, 2009). In the previously mentioned case, the victim called the Sheriff's Office for enforcement after the perpetrator failed to return their children. A deputy reviewed the TPO documents and told the victim all he could do was document what she said happened. The deputy informed her the Sheriff's Office did not know who was supposed to be in control of the children or when, based on the language of the TPO. Further, the deputy told her the Sheriff's Office could not force the perpetrator to return the children if they were not in immediate danger while in his care.

As stated before, simple access to a TPO is not enough to ensure the safety of a victim; additional measures must be incorporated into standard language of an order to increase opportunities for enforcement and reduce likelihood of future incidents. In this example, law enforcement could have arrested the perpetrator

for violations of the Order, had the visitation schedule been clearly outlined in the TPO. As written, deputies felt they were limited in the action they could take; the TPO failed to improve accountability for the perpetrator or safety for the victim.

The perpetrator continued to cause issues for the victim, perhaps because he could get away with violating the Order without enforcement or accountability. The following month, she again met with a deputy about another custody exchange where the perpetrator failed to return the children as scheduled. The deputy did not acknowledge any violation of her Order and asked the victim, “This man got his kids and you’re calling the police on him?” Despite her best efforts to hold the perpetrator accountable for his choices, the victim’s TPO expired without enforcement and, just months later, the perpetrator shot her and their children before turning the gun on himself.

While the victim’s TPO had expired at the time of her death, 20% of victims in reviewed murder-suicide cases were killed while a TPO was in effect against the perpetrator, whereas 11% of victims in reviewed homicide cases were killed while the TPO was in effect. This increased likelihood of a murder-suicide incident occurring while the TPO is in effect beckons us to take a closer look at dynamics at play in TPO cases.

While a TPO does not mandate a victim’s conduct, many victims alter their day-to-day lives to accommodate its provisions. For example, in cases where child custody exchanges are taking place, victims often arrange third parties to conduct exchanges or move them to a neutral, and often less convenient, location. When contact in violation of the order is occurring and the order is not being enforced, the TPO itself may begin to feel burdensome to the victim. A victim may choose to disregard the order to avoid additional obligations on her own time or, alternatively, may choose to allow additional contact which falls outside of the constructs of the order, a practice known as “bending” the TPO. “Bending” the TPO may offer a level of convenience to the victim, but comes at the expense of safety.

In one reviewed case, the victim obtained a TPO against her husband of 20 years after a particularly violent incident during which he held a knife to her throat and threatened to kill her. The perpetrator beat and sexually assaulted her, then forced the victim and their two children to watch him while he took an overdose of prescription pills. The perpetrator had previously

been diagnosed with bipolar disorder and was sent to medical and mental health treatment after the incident and, upon his release, was arrested.

Multiple studies measuring the impact of protective orders on victim safety have found most TPO violations occur within the first three months of the order (Russell, 2012).

In line with the research, even before her final TPO hearing, the victim in our example case filed a motion for contempt alleging that, since obtaining the Ex Parte TPO, the perpetrator was calling her constantly, had stalked her on multiple occasions and had been contacting her family members to relay messages to her. In response, the perpetrator filed his own motion for contempt alleging the victim had called him on one occasion while the TPO was in effect, telling him she needed money for their children. Upon final hearing, the Judge cited mutual contact between the parties and found neither to be in contempt but granted a 12 Month TPO against the perpetrator.

The TPO prevented the perpetrator from having contact with their children, but may have left the victim feeling incapable of meeting her financial obligations for them and grappling with suddenly parenting them on her own. Child support was not included in the order. The victim eventually allowed the perpetrator to have contact with their family. The perpetrator filed a motion to modify the TPO but dismissed it just a week later. During this time, the parties continued contact and began to work on the relationship, hoping the reunion would benefit their children. Eventually, the couple returned to living together while the 12 Month Order remained in effect, unchanged.

“Bending” orders presents an enforcement issue should future, unwanted violations occur. Only in the rare circumstance, when a Mutual Family Violence TPO has been properly requested by the abuser and specific language prohibiting the victim from making contact is included in the Order, can a victim be found in contempt for having contact with her abuser. However, a victim’s willingness to have contact with her abuser appears to have an influence on whether or not the Court will address the

Respondent's violations of the order in cases where no Mutual Family Violence TPO is present. Returning to the example, when the perpetrator again became abusive, threatening the victim and often harassing her at work, the victim did not report the incidents; she had learned through the contempt process that any contact she made with the abuser essentially cancelled out his abusive behaviors in the eyes of the Court. As the perpetrator's behavior continued to escalate, one of the victim's coworkers overheard a phone call during which she told the perpetrator she planned to move out and file for divorce. The same day, as she was leaving her office, the perpetrator shot her before turning the gun on himself, fatally wounding both.

A victim who "bends" the parameters of a TPO may lead others, including her attorney or advocate, a responding officer, or a judge to believe she is not in fear for her safety. This is not necessarily true. "Bending" the order may simply be a survival mechanism for a victim. It may also be in response to violations of the TPO, such as the abuser not paying child support. These issues provide an opportunity for judges, law enforcement, advocates and attorneys to have a supportive conversation with a victim to include her right to dismissal, modification or contempt of the order. Asking open-ended questions regarding causes for the change may lead to new information about violations or manipulations of the order by the abuser, or may allow for an opportunity to connect the victim with additional resources.

In 48% of reviewed murder-suicide cases, the victim and perpetrator shared children. Often representing the only tie that binds parties together post-Order, particular care must be paid to minimizing safety issues while establishing visitation and child support.

Custody exchanges provide a prime opportunity for an abuser with lethal intent to exercise ultimate control over his victim, as highlighted in Tiara's story on page 26. Additionally, attempts to collect child support appear to be highly correlated to lethal incidents in a handful of reviewed murder-suicide cases.

One victim filed a TPO and divorce against her husband when she felt threatened by a message he left on her cellphone. On the voicemail, the perpetrator told the victim she needed to take him seriously and "stop playing games because women have gotten hurt or killed" for conduct similar to hers. A judge eventually denied the victim's request for a 12 Month TPO, but the victim was determined to remain separated from her husband. As is the case with many victims who are seeking economic independence from their abuser, the victim filed a case requesting child support from the perpetrator months later.

While we are not suggesting child support is the cause of a lethal domestic violence incident, the connection cannot be ignored. The day the victim's child support case was scheduled to be heard, the perpetrator went to her home and forced her into his vehicle at gunpoint in front of her teenage son. He later shot her and himself, killing them both. These circumstances are mirrored in other reviewed cases and highlight the need for safety planning with victims pursuing child support, in an effort to mitigate the increased risk an abuser's loss of financial control poses to her.

Establishment of paternity and legitimation proceedings also provide new opportunities to intervene when allegations of domestic violence are made known to the Court. In one reviewed murder-suicide case, the perpetrator was hospitalized for depression between the case filing and the temporary hearing. The judge indicated more evidence regarding the perpetrator's mental health should be presented at the final hearing. Sadly, the parties in our example never made it to the hearing. As mentioned in the Mental Health of the Abuser section starting on page 12, dynamics including impending loss of family and looming accountability presented by court proceedings are highly correlated to lethal violence in reviewed murder-suicide cases. Integration of lethality and suicide assessments into the court process is vital to both victim and perpetrator safety.

RECOMMENDATIONS

Many systems in Georgia are already employing best practices to improve victim safety and offender accountability. Those systems should continue their work and mentor others who are seeking to enhance and strengthen their own responses. We encourage systems seeking ongoing improvement to incorporate the following recommendations into their work.



JUDGES, COURTS, ATTORNEYS, DOMESTIC VIOLENCE PROGRAMS

- Provide Pro Se resources so a victim can file for contempt on a civil action if criminal charges have not been filed against the abuser.
- Ensure victims seeking to file for contempt have been referred to a domestic violence program for safety planning and advocacy.
- Clearly enumerate dates, times and locations for child visitation along with special circumstances such as third-party assistance. If any contact is allowed within the Order, set clear parameters, such as the time of calls or texts for allowed contact from abuser to victim.



ATTORNEYS

- Construct divorce documents and other civil filings with the level of clarity recommended for TPOs to bolster victim safety. This is particularly important in cases where parties share children.
- Discuss pros and cons of child support collection options, including clearinghouses and income deduction orders with victims. Ensure the method of child support collection is made clear in court orders.



CHILD SUPPORT SERVICES

- Inform victim about increased risk correlated with filing for child support and provide a referral to a domestic violence program or hotline for assistance with safety planning. The Georgia Domestic Violence Hotline is **1-800-33-HAVEN**.
- Provide advance notice of hearings to victims and encourage victims of abuse to receive safety planning around increased risk associated with the looming accountability of court.



JUDGES

- Directly state arrangements for child support and visitation. If your order references or incorporates a prior order, it should be attached.
- Require appropriate mental health assessments for parties who are alleged to have co-occurring mental health and domestic violence issues.
- When the Court determines mental health issues should be addressed, clarity of language is paramount. Provide a clear method of achieving completion of the provisions; add to standard language the specific type of evaluation that should be completed, in what time frame it should be completed and how the abuser can provide proof of compliance with the provision.
- List children as protected parties on the order, so they are entitled to protection during the victim's custodial time.
- From the bench, inform abusers of enforcement by criminal action or contempt if the TPO is violated.
- Inform victims of the process for taking action when a violation occurs. Additionally, inform victims of the process to apply for a Three Year/ Permanent Protective Order, prior to the expiration of the 12 Month Order, if the perpetrator violates the 12 Month Order.
- Never require or suggest victims file for divorce or combine a divorce with a TPO.
- Ensure all victims of domestic violence seeking relief from the courts under the Family Violence Act receive a referral to a domestic violence program to complete a safety plan.
- Set timely compliance hearings for TPO Respondents. Refer to the National Council of Juvenile and Family Court Judges' "Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence," available at www.ncjfcj.org/



DOMESTIC VIOLENCE PROGRAMS

- Offer services beyond the TPO and check in with victims during the course of their TPO to determine if emerging safety issues have developed, if contempt or violations have occurred and whether the victim would like to extend the order.
- Provide an adequate number of legal advocates to assist victims who wish to file a TPO and conduct survivor-centered safety planning and risk assessment that incorporates suicide indicators.
- Provide legal advocates with additional training on intersections of domestic violence and suicide, including strategies for working with victims who are suicidal.
- Partner with law enforcement agencies to develop materials about services, which can be distributed to victims on-scene.



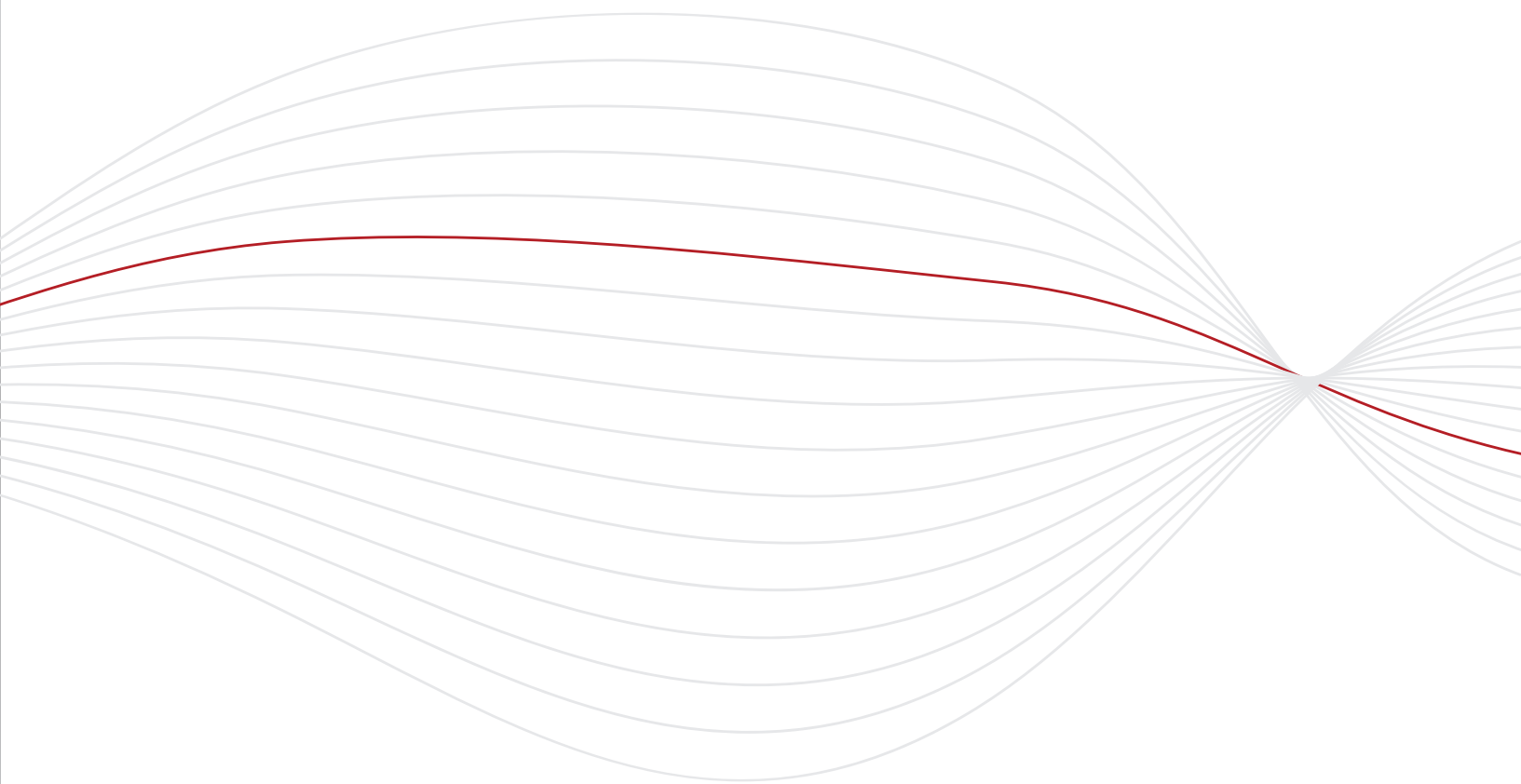
LAW ENFORCEMENT AGENCIES

- Never mediate an alternative to an existing order. If an abuser violates an order, immediately take action to arrest when probable cause exists.
- Receive training on where/how victims can obtain a TPO and on procedures and safety considerations when serving and enforcing them.
- Ensure all officers are aware of the breadth of local domestic violence resources, particularly services beyond shelter.
- Provide information to victims about local domestic violence resources when responding to a domestic violence incident. Partner with your local domestic violence agency to develop materials.
- Prioritize service and enforcement of TPOs.
- Ensure all officers know any sworn officer can serve a TPO.



5 | FAMILY, FRIENDS AND FAITH

One essential key to addressing problems of domestic violence and suicide is to build capacity of friends, family members, members of the faith community, employers and coworkers to support people who are abused or abusive and suicidal. Time and again, fatality reviews reveal that members of the support system surrounding victims and perpetrators know more than anyone else about the history of abuse and dynamics in the relationship. This is also true for individuals who are suicidal; often, their family and friends are in the best position to recognize and address red flags and indicators of suicidal ideation.



FAMILY, FRIENDS

Due to the complex nature of domestic violence and suicide, persistent myths about danger and risk relating to these issues, and a lack of available information, it is often difficult for friends and family to fully grasp the severity of the situation their loved one is in. Interviews with family and friends of deceased victims revealed when they observed violent and controlling behaviors in the relationship, they did not always connect these behaviors with their concept of domestic violence. Family and friends are often unable to put certain behaviors in context of domestic violence due to a lack of knowledge about dynamics of abuse; therefore, it does not occur to them to find out what help is available. Even when family and friends recognize their loved one is in an abusive relationship, they often do not know where to turn for help. In one reviewed murder-suicide case, a victim's sister told the Fatality Review Team the perpetrator texted the victim frequently and it seemed like they were "always" on the phone. She interpreted the behavior as "kid-ish stuff" at the time, but later realized it was related to control and jealousy.

In most reviewed murder-suicide cases, it appeared no one in the victim's life knew the complete story of the abuse they were experiencing, even when the victim chose to share information about the abuse. It is possible victims chose not to disclose the entire story of what was going on to a specific person; rather, they told one person about one aspect of the abuse, another person about another incident of abuse and so on. Different people knew different parts of the story, but those people rarely shared information with each other. Whether or not limiting information to their friends and family was an intentional choice by the victim or simply a coping mechanism in the wake of trauma, there was a lack of coordination among the various people who were trying to support her. One victim's friend, a survivor of domestic violence herself, told the Fatality Review Team she felt the victim specifically withheld certain information from their conversations to keep her from getting too involved or concerned. Further complicating the matter, victims rarely come right out and say "I am a victim of domestic violence." More often, victims will give their loved ones subtle clues; one woman told her friend at work, "If you only knew what he's like when he's mad."

It is also confusing for the victim's support system when the victim repeatedly leaves and returns to an abusive relationship. As discussed in the Relationship Dynamics and Tactics of

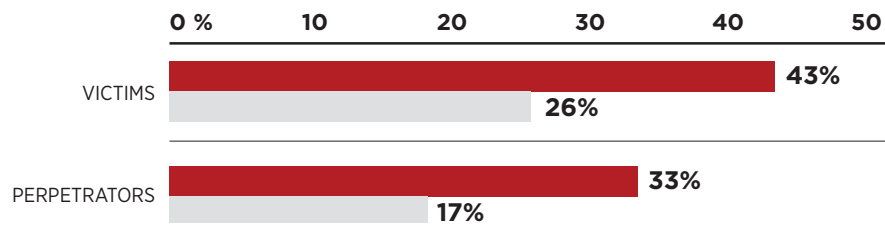
Abuse section starting on page 7, the reasons why a victim chooses to remain with her abuser, or leave and then return to the relationship, are complex, and victims may not disclose all circumstances surrounding their decisions. The confusion experienced by friends and family can lead them to dismiss abuse or doubt it even happened, a factor which may further isolate a victim in the future should she want to discuss the abuse again. One victim's sister revealed to the Fatality Review Team she was confused by the "mixed signals" the victim was sending to the perpetrator by reconciling with him following a violent episode. She thought the violence must not be very bad or it may not have happened at all, particularly because the perpetrator denied it had ever taken place.

Additionally, there were multiple instances where the murder-suicide perpetrator actively sabotaged the victim's relationship with her support network, often through strategic arguments. These tactics of abuse exacerbated the victim's isolation and only confused and frustrated the family about how to support the victim. One perpetrator, for example, started a fight with the victim while she was on the phone with a friend so she would have to end her phone call. Covert attempts to sabotage the victim's relationships were also noted. In one instance, the victim's family told the Fatality Review Team the perpetrator slowly isolated the victim because he felt her family did not support their biracial relationship. In another, the victim told her sister her husband would "cuss her out" and call her names after family events, until she skipped gatherings to avoid the inevitable verbal attack upon her return.

FAITH COMMUNITY

While the Project has long known that in reviewed cases victims turned to their faith community for support, murder-suicide victims were in contact with the faith community at a much higher rate (43%) than victims from reviewed homicide cases (26%). Additionally, perpetrators of murder-suicide were in contact with the faith community at a much higher rate (33%) than perpetrators of other domestic violence homicides (17%).

The Project has found that victims and perpetrators of domestic violence often turn to their faith community for support first, whether or not they disclose the abuse, before they turn to traditional systems for help. For most victims seeking help from their faith community, contact does not involve a direct disclosure of abuse. Instead, they are listening for theological direction by leadership in their faith community and applying

15 CONNECTED TO FAITH COMMUNITY
■ **MURDER-SUICIDE**
■ **HOMICIDE**


those messages to their situation. Victims are often struggling with topics including divorce, forgiveness and their role in the family and turn to their faith community for direction.

Unfortunately, faith communities often fail to speak directly about domestic violence, mental health or suicide; this silence speaks volumes to victims and survivors.

Like domestic violence, suicide may contradict the tenets of some faiths, causing a special need to hear messages on the subjects from their faith community as they navigate the issues. The church setting provides multiple opportunities for information about domestic violence, mental health and suicide to be shared, including weekly sermons, gender- and age-specific groups or ministries, health fairs or seminars, and written communications such as church bulletins.

Many victims turned to the faith community for help by taking their partners to clergy for assistance. In one reviewed murder-suicide case, the victim contacted the family pastor four days before the murder-suicide and asked him to meet with her and her husband as a couple. The pastor met with her husband for two hours. No other recommendations were made to them in addition to the pastoral counseling. The pastor later told the homicide investigators he thought the perpetrator was having a nervous breakdown. In another reviewed murder-suicide case, the pastor provided couples counseling for a year, even after the perpetrator had made several homicidal threats and suicide

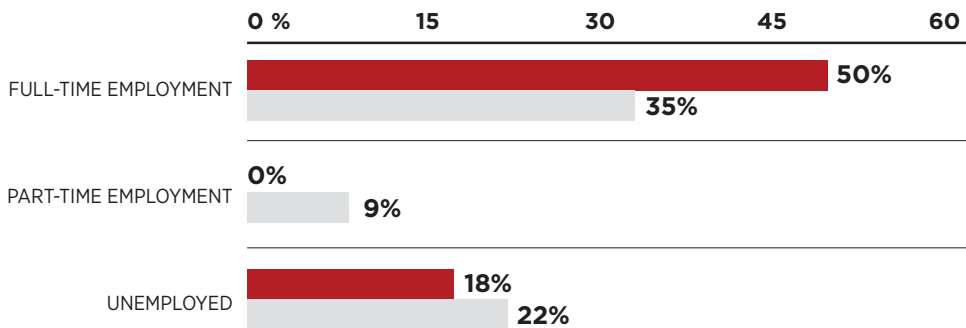
attempts, including running the car off the road with the victim in the passenger seat. In a different case, the victim's family continued to support the perpetrator, even though the victim had separated from him. He continued attending the family's longtime church with the victim's sister. The victim's family thought he had turned his life around after "he gave his life to the Lord" and "shook the Pastor's hand."

Because of abuse and suicidal ideation, victims and perpetrators may also be experiencing a spiritual crisis. For victims, faith can be a critical resource and can assist them in making sense of their situation and in achieving safety within the context of their faith. For suicidal perpetrators, their faith may offer them a sense of hope and purpose to contradict the sense of loss they are experiencing in their relationship. Given that, the faith community is uniquely positioned to provide both safety and support. In order to provide the theological or spiritual support victims and suicidal perpetrators need, faith communities must receive training on how to identify the issues, respond to them and safely refer individuals for help. Additionally, families of victims of homicide, suicide and murder-suicide may also experience a spiritual crisis following the death(s) of their loved one(s) and the faith community may provide additional support and guidance to them.

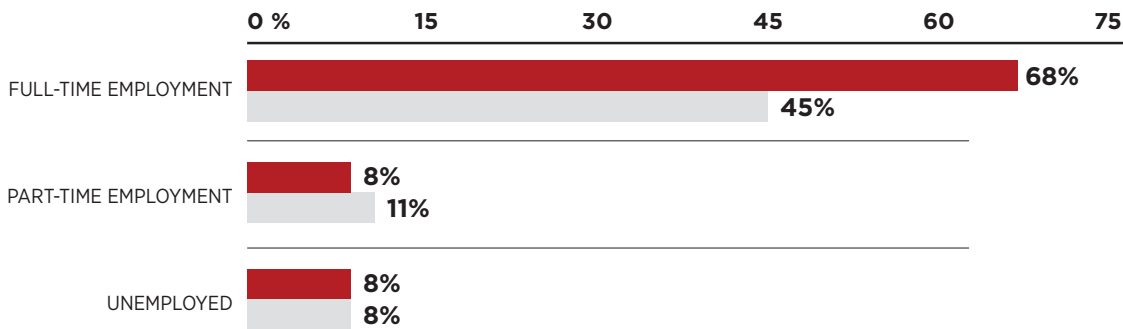
EMPLOYERS, COWORKERS

In reviewed murder-suicide cases, both victims and perpetrators were more likely to be employed at the time of the incident, drawing further attention to the need for employers and coworkers to recognize warning signs of both suicide and domestic violence. Fifty percent of murder-suicide perpetrators

16 PERPETRATOR’S EMPLOYMENT STATUS ■ MURDER-SUICIDE ■ HOMICIDE



17 VICTIM’S EMPLOYMENT STATUS ■ MURDER-SUICIDE ■ HOMICIDE



held full-time jobs at the time of the incident, as opposed to 35% of perpetrators in reviewed homicide cases. Sixty-eight percent of murder-suicide victims were employed, much higher than 45% of victims in reviewed homicide cases.

The high percentage of both employed victims and perpetrators points to workplaces as a necessary target for stakeholders engaged in preventing future suicide and domestic violence.

We have highlighted in previous Annual Reports the unique opportunity employers and coworkers have to identify signs of domestic violence and to provide intervention. Our findings from reviewed murder-suicide cases suggest coworkers and employers may also have an opportunity to intervene when someone at their workplace is exhibiting signs of depression and suicidality.

In addition to holding keys to supportive services offered by Employee Assistance Programs, and potentially offering flexible leave for medical, mental health, family reasons or court appearances, employers and human resources administrators

may also be aware of changes in employee behaviors. This perspective places them in a unique position to take note of risk factors for suicide or domestic violence. For example, as discussed in the Mental Health of the Abuser section starting on page 17, 50% of perpetrators were employed at the time of the murder-suicide but some were facing the loss of their job due to effects their mental health and/or abuse had on their ability to come to work or perform duties satisfactorily. Proactively, employers can incorporate lethality, suicide and domestic violence assessments into normal conversations about employee performance and can offer referrals for intervention and supportive services.

The workplace can provide a safe space for victims to maintain some distance from abusers if the victim and perpetrator are not employed by the same company. A victim's coworkers

may be in a good position to take note of fluctuations in the victim's relationship with her abuser and may even observe visual indicators abuse may be present. In those circumstances, private and supportive conversations with the victim, during which assistance and referrals are offered, may empower an otherwise isolated victim to increase her level of safety. Employers should be cognizant of their ability to empower a victim's safety through allowances such as on-the-clock time to address her safety issues. For victims who are contemplating leaving a relationship and becoming a primary provider for themselves or their children, concern over job loss often is prioritized over safety implications. Employers who support workers experiencing domestic violence actually provide more than crisis intervention — they help build a framework for the victim to establish long-range safety.

RECOMMENDATIONS

Many systems in Georgia are already employing best practices to improve victim safety and offender accountability. Those systems should continue their work and mentor others who are seeking to enhance and strengthen their own responses. We encourage systems seeking ongoing improvement to incorporate the following recommendations into their work.



DOMESTIC VIOLENCE PROGRAMS, FAMILY
VIOLENCE TASK FORCES

- Include messages in public education and outreach efforts directed to family members and friends. Incorporate tips for ways to support a victim, where to call for help and how to recognize signs of escalating danger — including suicidal thoughts or threats and other lethality indicators.
- Assist family members, friends and other supporters of a domestic violence victim, either on the crisis line or in a community outreach setting, in the following ways: Help them identify their own risks and make safety plans accordingly; ask about suicidal threats and depression; provide information about appropriate ways to support the victim; and help them link the victim to appropriate resources.
- When it is safe to do so, help survivors rebuild connections with their support system. Evaluate programmatic policies and practices that may hamper the victim's ability to stay connected or reconnect with these key supporters, especially when she is utilizing shelter services.
- Partner with the Chamber of Commerce to sponsor Domestic Violence in the Workplace Training sessions for employers. Download the Domestic Violence in the Workplace toolkit from www.georgiafatalityreview.com
- Provide domestic violence training to faith leaders and engage them in work to end domestic violence. Download the new Safe Sacred Space Training and request the Safe Sacred Space Faith Manual at www.georgiafatalityreview.com

RECOMMENDATIONS



FAITH LEADERS

- Get to know your community's domestic violence program and mental health providers and create a resource referral network.
- Let congregants know it is safe to discuss domestic violence-related issues by providing information through sermons, newsletter articles/bulletins and in premarital counseling.
- Avoid counseling couples together when allegations of domestic violence are present.
- Work with domestic violence advocates to train staff about domestic violence and suicide intervention. Make an organizational plan for responding to abuse within congregations, prioritizing victim safety and abuser accountability.



EMPLOYERS, COWORKERS

- With the victim's permission, consider keeping a log of incidents that you become aware of and document any suspicious injuries the victim may have. This information may prove helpful to a victim when she is ready to take action against her abuser.
- Provide the number for the domestic violence hotline (**1-800-33-HAVEN**) or mental health crisis line (**1-800-715-4225**) to coworkers who are in need of specialized support.
- Ask clarifying questions to human resources personnel about how an individual can access an Employee Assistance Program (EAP) or other supportive resources offered by the employer.
- Conduct regular, mandatory domestic violence and suicide intervention training for managers, supervisors, HR professionals and Employee Assistance Programs.
- In collaboration with experts, develop a plan for addressing domestic violence which makes sense for your company. Plans may include development of a model policy regarding domestic violence in the workplace. Access model policies at www.workplacesrespond.org
- Become a gatekeeper to suicide prevention by providing a QPR workshop to employees (as detailed on page 41).



FRIENDS, FAMILY

- Contact a domestic violence program for support and guidance as you provide assistance to a friend or family member who is experiencing abuse.
- Remind the victim you are there for her, even if you do not understand all her choices.
- Do not attempt to limit the victim's contact with her abuser, even if you do not approve of the relationship. Hard-line rules about contact may add to feelings of isolation for the victim and may reduce the likelihood she will share information about future abusive incidents.
- Encourage the victim to contact a domestic violence program for safety planning and supportive services.



GEORGIA COALITION AGAINST DOMESTIC VIOLENCE, GEORGIA COMMISSION ON FAMILY VIOLENCE

- Provide training to domestic violence advocates, Family Violence Task Forces, and Family Violence Intervention Programs on the intersection of domestic violence and suicide.
- Provide training and technical assistance to programs and task forces as they implement training for faith leaders.

SUICIDE PREVENTION + INTERVENTION

Suicide prevention work aligns with advocacy efforts to prevent further loss of life due to domestic violence.

Providing more intensive interventions for suicidal and depressed domestic violence perpetrators not only improves their mental health but has a positive impact on the safety of intimate partner victims, children and bystanders. In order to link suicidal individuals with more intensive services, bystanders must be trained to recognize signs and be ready to make referrals to supportive interventions. One of the recommendations to address the intersection of domestic violence and suicide is to increase training for bystanders on effective intervention strategies.

By incorporating suicide prevention work into domestic violence advocacy and intervention, our impact is amplified and we may save additional lives. Suicide intersects with domestic violence in many ways, including victims who die by suicide as a last effort to escape an abusive relationship and youth who face an increased risk of suicide after they witness domestic violence or lose someone to domestic violence homicide or murder-suicide. Research shows women who have experienced intimate partner violence are twice as likely to attempt suicide multiple times (Clay, 2014). One Canadian study of 22,500 adults found that 17% of those who were exposed to chronic domestic violence as children had attempted suicide while only 2% of those not exposed to parental domestic violence had attempted suicide (Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016).

An example of an intervention strategy promoted in our state by the Georgia Department of Behavioral Health and Developmental Disabilities' Office of Behavioral Health Prevention is QPR Gatekeeper Training for Suicide Prevention. QPR, which stands for "Question, Persuade and Refer," is an educational program

designed to teach "gatekeepers" some warning signs of a suicide crisis and how to respond. Gatekeepers can include anyone who is strategically positioned to recognize and refer someone at risk of suicide, such as parents, friends, neighbors, teachers, coaches, caseworkers and police officers.

The process follows three steps:

1. Question the individual's desire or intent regarding suicide
2. Persuade the person to seek and accept help
3. Refer the person to appropriate resources

Project staff are certified to conduct QPR Gatekeeper Training and plan to conduct them in partnership with domestic violence programs, Family Violence Task Forces and Fatality Review Teams across the state in 2017. Please contact the Georgia Coalition Against Domestic Violence or the Georgia Commission on Family Violence for more information.

LEARN MORE ABOUT SUICIDE INTERVENTION + PREVENTION INITIATIVES

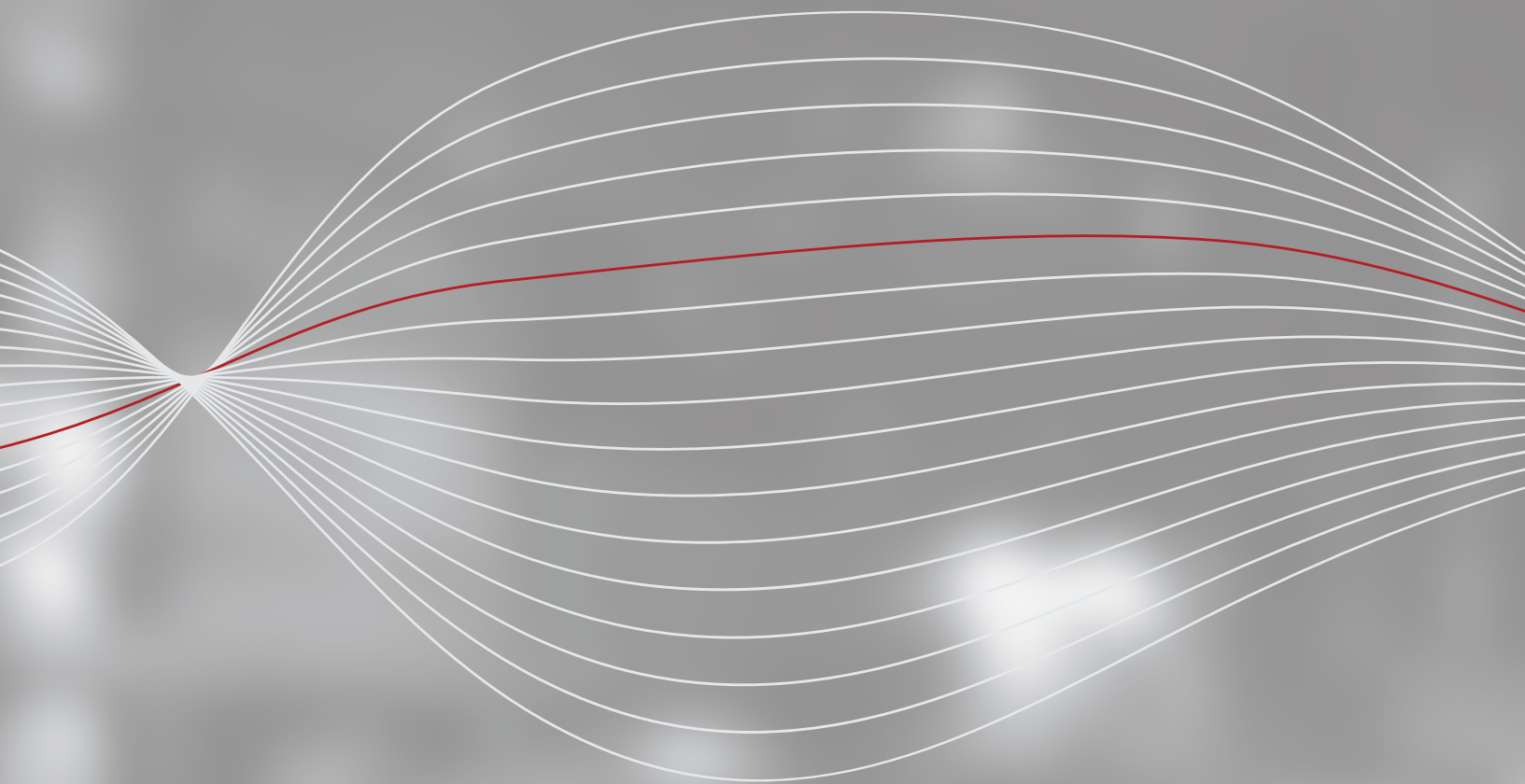
QPR Institute: www.qprinstitute.com

Georgia Crisis and Access Line: www.mygcal.com

Suicide Prevention Action Network, Georgia: www.span-ga.org

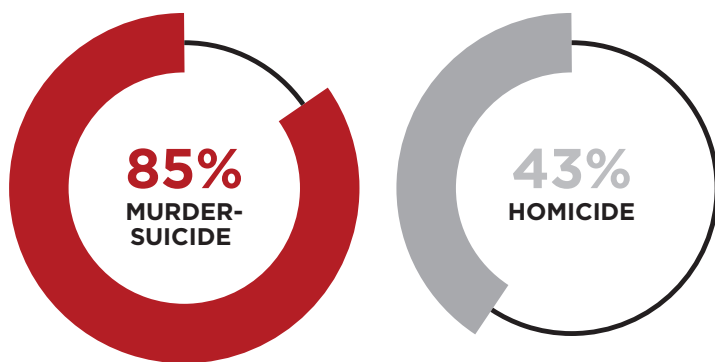
Georgia Suicide Prevention Information Network: www.gspin.org

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

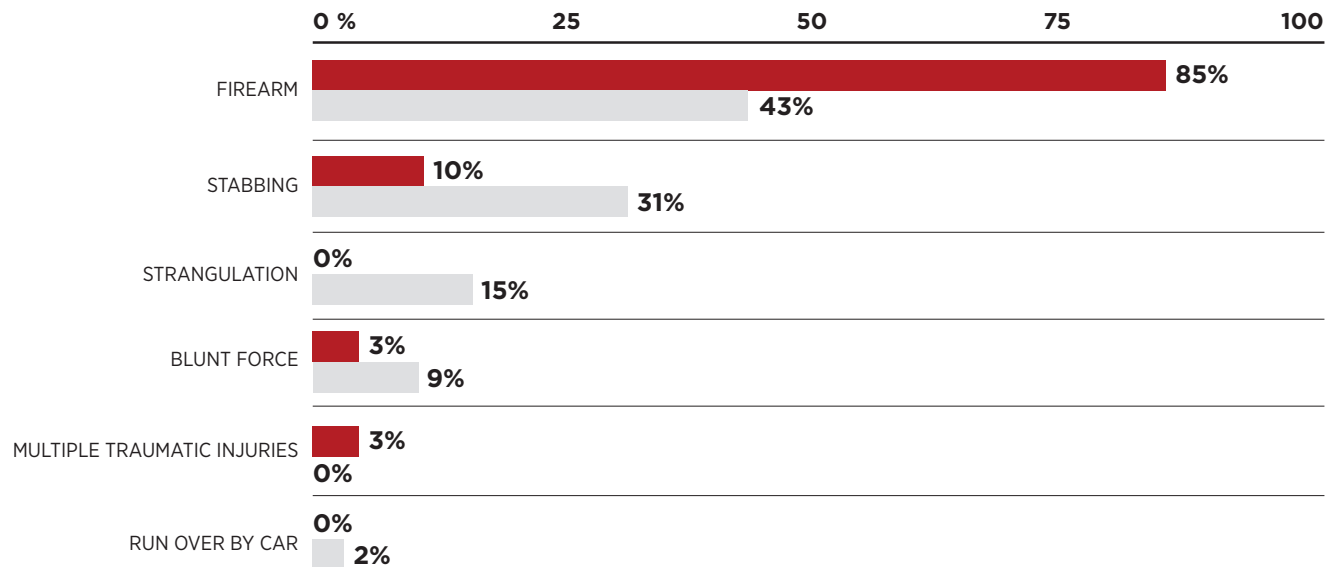


6 FIREARMS

POLICE LINE DO NOT CROSS



Firearms were used in 85% of murder-suicide cases reviewed by the Project, nearly twice the rate of reviewed homicide cases which did not involve suicide (43%). While the lethal combination of domestic violence and firearms has long been a finding of the Project, our closer examination of cases resulting in attempted and completed murder-suicide found firearms are used at higher rates in these incidents than homicide cases resulting in domestic violence-related deaths. Further, an analysis of domestic violence-related deaths in Georgia occurring between January 2012 and December 2016 shows that 98% of all murder-suicide incidents were committed using firearms. In 2016, 95% of murder-suicides involved use of a firearm.

18 CAUSE OF DEATH OF PRIMARY VICTIM ■ MURDER-SUICIDE ■ HOMICIDE

Firearms are disproportionately used in murder-suicide cases and the trends found in our data mirror trends on a national scale. A study published in 2015, *American Roulette: Murder-Suicide in the United States*, analyzed news reports of murder-suicides for a six-month period (Violence Policy Center, 2015). The study found there were 282 murder-suicide events nationwide between Jan. 1, 2014 and June 30, 2014: approximately 11 per week, resulting in 617 deaths. Seventy two percent involved an intimate partner and 93% were women killed by their intimate partners. Among the murder-suicide incidents where women were killed by intimate partners, 94% involved a firearm.

Domestic violence perpetrators with firearms pose an increased risk not only to their intimate partners, but to their families and bystanders as well. An analysis of the 133 mass shooter incidents in the United States between January 2009 and July 2015 revealed that in 76 cases (57%), the shooter killed a current or former intimate partner or family member and in 21 incidents (16%) the shooter had a prior domestic violence charge (Everytown for Gun Safety, 2016). Between January 2009 and July 2015 in Georgia, the study recorded five mass shootings in which four or more people were shot and killed, not including the perpetrator. All five were domestic violence-related shootings. They resulted in 21 deaths by firearms and two firearm-related injuries (Everytown for Gun Safety, 2016).

In 2016, the Project recorded an additional mass shooting in Georgia by a domestic violence perpetrator: A man shot five family members of the victim before shooting himself. More information on these mass shootings, termed “familicides” by the Project, is available in our 2015 Annual Report available at www.georgiafatalityreview.com

Although not all murder-suicides involve a firearm, firearms are more lethal than most other methods used to commit a homicide and/or suicide, and those who are injured by a firearm in those incidents are less likely to survive. Specifically in cases of suicide, research shows that acts which involve guns are fatal in 83% of incidents (Spicer & Miller, 2000). Research shows people who attempt suicide by firearm are disproportionately successful over other means, including drug ingestion/overdose and cutting, both of which have a success rate at less than 2% (Harvard T.H. Chan School of Public Health, n.d.b). The Project’s data is in line with these findings, as 94% of completed suicides in murder-suicide cases were due to firearms. Two successful suicides not due to firearms were due to asphyxiation and drowning. One perpetrator was killed by law enforcement after killing his intimate partner and shooting at responding officers. Four perpetrators survived their suicide attempts after killing their intimate partners: one survived an overdose, one survived a poisoning, and two survived self-inflicted stab wounds and cuts.

Firearms deliver deadly response without delay, a fatal consequence for many — as research shows a suicidal individual is likely to act in a moment of brief but heightened vulnerability (Drexler, n.d.). One study of individuals who attempted but survived suicide revealed that the amount of time between the decision to take their lives and the suicide attempt was startlingly short. In fact, 24% said their attempts came within five minutes of the decision. Forty-seven percent attempted suicide within an hour. Sixteen percent made the attempt within two to eight hours. The impulsive nature of suicide seems to dispel the common perception that suicides are typically long-planned. In the study referenced above, only 13% of individuals who survived their suicide attempts reported more than one day lapsed between the time they considered suicide and attempted it (Harvard T.H. Chan School of Public Health, n.d.a). Suicide indicators are often present in the days, weeks and months before a decision to act on these thoughts is made. Therefore, efforts to prevent suicide and to improve victim safety can be increasingly effective when an emphasis is placed on identifying suicide indicators and conducting early intervention, in addition to intervening in a quick-onset suicidal incident.

Access to firearms, especially when they are in the home or easily obtainable, can put victims, children, bystanders and abusers themselves at an increased risk of being killed. In homes where domestic violence is present, the additional presence of a firearm, no matter who owns the weapon, increases risk of a victim being killed by 500% (Campbell, Webster, & Koziol-McClain, 2003.) Further, “domestic assaults involving a firearm are 12 times more likely to result in death than those involving other weapons or bodily force” (Saltzman, Mercy, O’Carroll, Rosenberg, & Rhodes, 1992). Similarly, research on suicide has concluded firearms in the home are highly associated with significantly higher rates of suicide, finding access to firearms increases risk of suicide more than three times (Anglemyer, Horvath & Rutherford, 2014). People in homes with firearms are not more likely to be suicidal; instead, when people in homes with firearms are suicidal, they more often plan their suicides by firearm (Betz, Barber, & Miller, 2011).

According to Harvard Injury Control Research Center, “ecologic studies that compare states with high gun ownership levels to those with low gun ownership levels find that in the U.S., where there are more guns, there are more suicides. Higher suicide rates result from higher firearm suicides; the non-firearm

suicide rate is about equal across states” (Harvard T.H. Chan School of Public Health, n.d.c). These statistics should be more troublesome to Georgia residents, as 41% of adults in our state have a household firearm, higher than the national rate of 30% (Brady Center to Prevent Gun Violence, 2016).

Limiting firearms access for domestic violence abusers, specifically those who have threatened or attempted suicide in the past, may save the lives of victims, abusers themselves, their children and bystanders. According to David Adams, author of the book *Why Do They Kill? Men Who Murder Their Intimate Partners*, three main reasons firearms are used frequently in murder-suicide cases are: They are more efficient than other weapons; they can be used impulsively; and they can be used to terrorize and threaten. Adams suggests, given the totality and complexity of domestic violence homicide and murder-suicide prevention, firearms restriction serves as the most obvious point of entry into reducing these tragedies (Auchter, 2010).

For several years, the Project has advocated limiting firearms access for domestic violence abusers, including TPO Respondents and those convicted of a domestic violence-related misdemeanor. While Georgia law remains limited on direct provisions for firearms restrictions, federal firearms provisions restrict the ability of some abusers to legally possess firearms. Clarifying the federal statute for our purposes, provisions are in place to restrict gun ownership for individuals who have been convicted of a felony, convicted of a misdemeanor crime of domestic violence, or are subject to a qualifying protective order. Removing firearms from the hands of abusers can have a big impact on victim safety. Research shows states with laws which restrict access to firearms by individuals subject to domestic violence restraining orders see an 8–13% reduction in intimate partner homicide rates (Vigdor & Mercy, 2006) and a 25% reduction in intimate partner gun homicides in their cities (Zeoli & Webster, 2010).

In lieu of state law, applying the federal firearms provisions in Georgia requires a savvy approach and a community dedicated to reducing the likelihood of lethal domestic violence incidents.

For example, Georgia law does not directly prohibit an abuser subject to a TPO from possessing a firearm. However, some communities throughout our state incorporate relief into the TPO process. Victims applying for a TPO may ask for prohibitions pertaining to firearms in their petitions. In those circumstances, judges may order the Respondent not to purchase or possess firearms or ammunition while the TPO is in effect. In cases where firearms are being removed from the abuser, clear language regarding the abuser’s inability to possess or be in contact with firearms or ammunition, and the manner in which they are to turn over those objects which they do possess, increases the likelihood those materials will actually leave the abuser’s possession.

Many courts include language in TPOs which authorizes local law enforcement agencies to store weapons during the course of a TPO. Specific language in the TPO allows for abusers to turn their weapons over to officers for safekeeping at the time of service. A “take and maintain” practice allows law enforcement agencies to hold weapons and ammunition, reducing the likelihood of violence against the Petitioner, as well as any law enforcement personnel responding to any future incidents. Most commonly, “take and maintain” language is included on the standardized TPO form under the “It is further ordered” paragraph (O.C.G.A. §19-13-53). The following statements align with best practices regarding this section:

“It is further ordered the Respondent shall not possess any firearm or ammunition during the effective period of this Order” and “It is further ordered law enforcement shall take and maintain possession of all firearms and ammunition in possession of the Respondent until the expiration of this Order.”

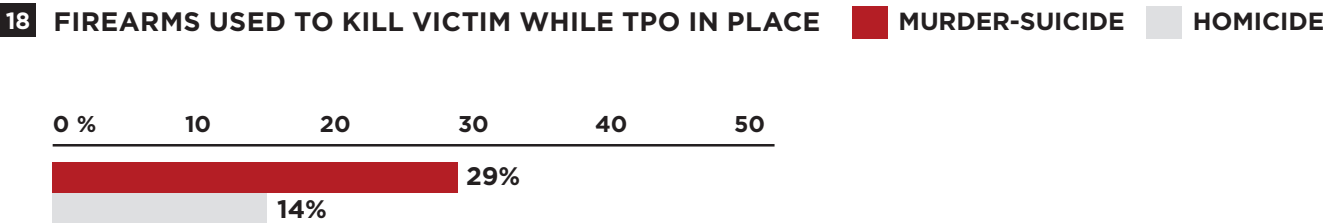
In several cases, language within a TPO was “rolled into” divorce decrees, dismissing the TPO in favor of longer-term orders of divorce. There are many safety concerns surrounding this practice. Divorce orders are not considered a “qualifying order of protection” and are therefore not subject to federal firearms

prohibition, nor are they subject to full faith and credit. While a judge may still order firearms be removed from the perpetrator during a divorce proceeding, such an order could be challenged in court.

In one reviewed murder-suicide case, the victim obtained an Ex Parte TPO against the perpetrator in response to an incident where he slapped her. She also filed for divorce before the 12 Month hearing. Both parties were represented by counsel and reached a consent agreement at the 12 Month hearing. Rather than a 12 Month Family Violence TPO, the parties agreed to a Temporary Order which allowed the perpetrator to retrieve certain personal effects from the marital residence, excluding his firearms. No other safety provisions were known to be incorporated into the Order, and it appears the parties utilized it as a bridge to the divorce order. A month later, the victim and perpetrator finalized their divorce. The perpetrator was granted possession of the marital residence, which was for sale. We assume at this time, the perpetrator reacquired his weapons. He later used a firearm to shoot the victim and himself.

In another case, the victim filed a complaint for divorce after two-and-a-half years of marriage. The Court ordered the perpetrator to remove himself from the marital residence, only taking with him his clothes and personal property. It was further ordered that the perpetrator be restrained from threatening or harassing the victim in any manner, or going to the marital residence or the victim’s place of employment. The next day, he moved across the street into his mother’s house. The following day, he killed the victim and himself.

In addition to the loss of firearms enforcement in cases where a TPO is used as a bridge to another order, or is dismissed in favor of an order of another type, the ability to enforce no-contact restrictions with criminal actions is limited. Further, without a TPO in place, safety issues pertaining to the presence of firearms are often unaddressed.



Even when best practices are followed and every effort to prohibit dangerous individuals from possessing firearms is made, some abusers will still obtain access. In fact, a TPO was in place at the time of homicide in 29% of reviewed murder-suicide cases in which a firearm was used. This occurred more than twice as often as in reviewed homicide cases (14%). In order to avoid similar access despite prohibitions, we must cast a wider net to locate and remove firearms from those individuals and enhance enforcement of the law as it pertains to their possession. To accomplish this, some communities within Georgia utilize Fourth Amendment waivers to ensure abusers are not in possession of firearms. Those jurisdictions incorporate a waiver for a probationer at time of sentencing, which indicates they give up the right to law enforcement's requirement of reasonable suspicion or a warrant before legal search. The waiver allows for search of the probationer's personal property without his consent and may provide a rare opportunity to locate firearms illegally in possession of abusers.

In one case, the murder-suicide perpetrator was sentenced for felony aggravated assault for holding a gun to his former partner's pregnant abdomen. He already had a violent history. In an earlier incident, he shot the ground next to his ex-wife and told her he "meant business." While he was on probation for this incident against his ex-wife, the perpetrator and victim began their relationship. She soon became aware of his violent criminal past, possibly due to escalating abuse she was experiencing. As someone already convicted of another felony, the perpetrator was prohibited from possessing firearms, but obtained them nonetheless. On one occasion, the perpetrator threatened to kill them both and, soon after, the victim notified the perpetrator's probation officer he had guns at home.

In this case, the victim told the probation officer about possession of firearms by an abuser who was prohibited access. We are not aware of what provisions were ordered to allow search or recovery in this case, but we assume those efforts would have been fruitful. The perpetrator's firearms were not

removed by law enforcement; rather the victim, in fear for her safety, removed them herself. Upon discovering that, the perpetrator demanded the victim return them, saying he needed guns to protect himself from the law. He elaborated he would shoot at police and die before he would go back to jail. He later shot her with another firearm he kept under his car seat.

Law enforcement-forced-assisted suicide, a phenomenon more commonly dubbed "suicide by cop" or "law enforcement intervention," has strong ties to both firearms access and to domestic violence. In Georgia between 2012–2016, the Project recorded 20 of these cases. Research shows 39% of reported cases of law enforcement-forced-assisted suicides involved domestic violence and further, 48% of weapons possessed by suicidal individuals in those cases were firearms (Hutson et al., 1998).

In another reviewed case, the victim dialed 911 to report her abuser was holding her at gunpoint and had threatened to kill her, himself and any officer who responded. As in the previous example, the perpetrator was in possession of a firearm despite a prior conviction for aggravated assault and prior arrests for domestic violence. When law enforcement responded, the perpetrator fatally shot the victim and then fired on a deputy who ultimately returned fire, killing the perpetrator.

Removing firearms from domestic violence offenders may hold the key to significantly reducing domestic violence murder-suicide and other lethal domestic violence incidents.

In researching his book on men who murdered their partners, Adams asked those who killed with firearms if they would have used another weapon if a gun were not available. Most said no (Auchter, 2010).

RECOMMENDATIONS

Many systems in Georgia are already employing best practices to improve victim safety and offender accountability. Those systems should continue their work and mentor others who are seeking to enhance and strengthen their own responses. We encourage systems seeking ongoing improvement to incorporate the following recommendations into their work.



GUN OWNERS

- Store firearms unloaded and locked. If possible, store ammunition in a separate location.



GUN SHOP, FIRING RANGE OWNERS

- Obtain training and know warning signs of suicide and domestic violence, then develop a policy for refusing to sell firearms to anyone determined to be exhibiting them.
- Consider putting up awareness posters and displaying brochures, such as those available through the New Hampshire Gun Shop Project mentioned on page 51.
- Perform comprehensive background checks before transactions.



COURTS, PROSECUTORS, PROBATION DEPARTMENTS, COMMUNITY SUPERVISION, LAW ENFORCEMENT AGENCIES

- Develop countywide protocols to establish how each agency will cooperate to restrict access to firearms by domestic violence offenders and protective order Respondents.
- Prioritize removing firearms from abusers who have made homicidal or suicidal threats.



COURTS

- Superior Courts and Magistrate Courts: Send names and other identifying information of abusers subject to a TPO to Probate Courts in your circuit in order to enforce existing Georgia law prohibiting those subject to a TPO from obtaining or maintaining a Concealed Weapons Carry permit.
- State Courts and other courts handling domestic violence-related misdemeanors: Send names and other identifying information of perpetrators convicted of a domestic violence-related misdemeanor to Probate Courts in your circuit in order to enforce existing Georgia law prohibiting those convicted of domestic violence-related misdemeanors from obtaining or maintaining a Concealed Weapons Carry permit.
- Ensure criminal judgments are entered into the Georgia Crime Information Center and TPOs are entered into the Georgia Protective Order Registry.



JUDGES

- Ask victims about the presence of firearms during the Ex Parte TPO process.
- Notify law enforcement of any abusers believed to have possession of firearms in violation of the law, so their presence can be addressed at time of service.
- Provide abusers with notice of federal firearms prohibitions upon issuance of a protective order and at time of sentencing in criminal cases.
- Develop policies that ensure firearms are removed from domestic violence offenders. These may include incorporating “take and maintain” or prohibitive language in special conditions of bond orders.
- When determining bond, take into account a perpetrator’s possession of firearms and consider ordering surrender of weapons and ammunition as a condition of release.
- Set compliance hearings to ensure abusers have surrendered firearms and ammunition.
- Ensure protective order forms include language explicitly requiring removal of firearms and ammunition from the abuser and sign the TPO provision confirming the case meets federal firearm prohibition requirements.

	JUDGES	<ul style="list-style-type: none"> • In TPO cases where weapons are seized, notify offenders of the process for retrieving them upon expiration of the order. • Ensure victims are aware of the risk of using a TPO as a bridge to another order (e.g., a divorce decree), or relying on other types of orders (perhaps a Domestic Standing Order, a Temporary Order or a divorce decree) for protective provisions such as reduced contact with the abuser or removal of firearms. These orders often do not satisfy requirements for immediate criminal enforceability, nor do they trigger federal firearm prohibitions or full faith and credit enforcement.
	PROSECUTORS	<ul style="list-style-type: none"> • Incorporate Fourth Amendment Waivers into plea offers and recommended sentencing. • Send names and other identifying information for perpetrators convicted of a domestic violence-related misdemeanor to Probate Courts in your circuit in order to enforce existing Georgia law prohibiting those convicted of domestic violence-related misdemeanors from obtaining or maintaining a Concealed Weapons Carry permit. • Include removal of firearms in sentencing orders.
	PROBATION DEPARTMENTS, COMMUNITY SUPERVISION	<ul style="list-style-type: none"> • Conduct immediate search for firearms in cases that have a Fourth Amendment Waiver, where possession is restricted and guns are believed to be present. • Ensure firearms restrictions and surrender are specifically incorporated into terms of probation and enforced. • File a petition to revoke probation when an offender refuses or fails to surrender firearms or ammunition, or is found with a firearm or ammunition in his possession.
	PROSECUTORS, PROBATION DEPARTMENTS, COMMUNITY SUPERVISION	<ul style="list-style-type: none"> • Collaborate to initiate contempt of court proceedings upon an abuser's refusal or failure to surrender firearms and ammunition.
	LAW ENFORCEMENT AGENCIES	<ul style="list-style-type: none"> • When responding to domestic violence incidents and while parties are separated, ask victims about perpetrators' access to and possession of firearms, including firearms the perpetrator owns, shares with others, or otherwise has access to; specific make, model and caliber of firearms; and the specific location and how to access the firearms. Include these details in your incident report. • Develop "take and maintain" relationships with your court and domestic violence programs to safely store firearms for the duration of a TPO. • If a TPO prohibits possession of a firearm and an abuser/Respondent is found in possession of a firearm, arrest him on either an aggravated stalking charge, if appropriate, or Violation of a Family Violence Order. Seize the weapon and notify the U.S. Attorney's Office. • If an officer finds an abuser to be in possession of a weapon after being convicted of a qualifying misdemeanor family violence offense, seize the weapon and notify the U.S. Attorney's Office.

RECOMMENDATIONS



DOMESTIC VIOLENCE PROGRAMS

- Ask victims about presence of firearms at home and develop safety plans specific to the presence of weapons. Work with victims to document perpetrators' access to and possession of firearms, including firearms the perpetrator owns, shares with others, or otherwise has access to; specific make, model and caliber of firearms; and the specific location and how to access the firearms.
- Ensure victims who are seeking a TPO include relief specific to firearms in their Petitions.
- Routinely ask victims about abusers' access to firearms and help victims understand the Court's ability to restrict access to firearms.



MENTAL HEALTH PROVIDERS, SUBSTANCE ABUSE PROVIDERS, MEDICAL PROVIDERS, FAMILY VIOLENCE INTERVENTION PROGRAM PROVIDERS

- Receive training on how to help clients at risk of suicide and their families reduce access to lethal means, particularly firearms. Consider the free, two-hour course through the Suicide Prevention Resource Center on Counseling on Access to Lethal Means (CALM) by registering at www.training.sprc.org



FAMILY VIOLENCE INTERVENTION PROGRAMS

- Ask participants about their access to firearms and include questions about access on your intake paperwork. Share concerns about abusers' access with your victim liaison.
- Participants must sign a contract including a provision they will remove all weapons from their home. Assist the participant with locating safe alternatives, such as safekeeping with a local law enforcement agency, or selling weapons.



GEORGIA STATE LEGISLATORS

- Align state firearm forfeiture laws with federal law to clarify law enforcement's authority to remove weapons and establish penalties for the possession of firearms by TPO Respondents and those convicted of domestic violence misdemeanors.

NEW HAMPSHIRE GUN SHOP PROJECT

In 2009, an organization called Means Matter began working on a project in New Hampshire to reach out to gun shops regarding the role they can play in suicide prevention.

The work is guided by the New Hampshire Firearm Safety Coalition, a group of mental health and public health practitioners, firearm retailers and firearm rights advocates. The project developed materials with and for firearm retailers and range owners on ways they can help prevent suicide. Its objectives are to share guidelines on how to avoid selling or renting a firearm to a suicidal customer; and to encourage gun stores and firing ranges to display and distribute suicide-prevention materials tailored to their customers. Within three years, half of gun shops in New Hampshire were disseminating materials. The project is now nationwide, but no known gun shops in Georgia are participating.

Materials include:

- Posters targeted towards family members of suicidal people,
- Brochure with 11 gun safety commandments, including off-site storage of firearms if a family member is suicidal, and
- Tip sheet for gun store and firing range owners including information on signs a potential buyer could be suicidal, options for how to respond and other ways they can get involved in suicide prevention.

Find out more by visiting www.theconnectprogram.org/firearms-safety-coalitions-role-nh-suicide-prevention

Ashley's Story

Ashley and Jason attended high school together in another state. Both eventually moved to Georgia where they reconnected and dated for three years. They lived together off and on throughout their relationship, sharing the home with Ashley's daughter from a previous relationship. Jason did not have children of his own.

Ashley and Jason were known to have "lots of disagreements." Their neighbors regularly heard screaming and yelling coming from their apartment. Ashley was successful in her marketing career while Jason struggled to hold a steady job. Jason was controlling of Ashley and insisted he take her to and from work every day. Ashley told her friends and family that Jason was bipolar and was on medication for depression. When he entered a "bipolar state," Ashley would call Jason's cousin and Jason would typically stay with his cousin for a couple days before returning home.

Jason threatened Ashley on multiple occasions, telling her he had a gun. Jason also slapped Ashley and hit her with a belt; she would sometimes slap him back. Jason smoked marijuana and drank alcohol regularly, which were sources of tension in their relationship.

The police were contacted multiple times about the abuse. Once, when Ashley and Jason were not living together, he went to her apartment and they had an altercation. Things turned physical prior to law enforcement's arrival at Ashley's home. The officer noted that Jason had a bite mark on his lower back and Ashley had a busted lip. The responding officer indicated that because Jason and Ashley did not reside together at the time and had no children together, no action would be taken. They were referred to seek their own warrants. The officer filled out two different versions of the incident report, each version alternated Jason and Ashley as the victim and perpetrator of the incident.

Just a few months later, Ashley called the police because Jason would not leave her apartment. She told the officer that Jason

pulled her hair and pushed her in the face, causing a cut inside her lip. She picked up a knife to defend herself and Jason knocked it out of her hand, cutting himself in the process. When officer arrived, Jason had scratches on his upper and lower back, a scratch mark on his chest, and a cut to his hand. Ashley and Jason were both arrested and charged with Simple Battery. As a condition of their Bond Orders, they were each restricted from having violent contact with the other.

Ashley and Jason broke up after their arrests, but eventually reconciled and moved in together. Jason continued to struggle with alcohol abuse and was arrested for DUI. Three days after his arrest, Jason threatened Ashley while holding a gun and stated, "I am going out with a bang." Ashley called the police but Jason fled on foot before they arrived. She told the officers that Jason was depressed and she was in fear for her life. Officers conducted a search for Jason but were unable to locate him. Ashley was again given instructions to apply for her own warrant.

A month later, Ashley called the police again. Jason returned home drunk at 2:30 a.m. and tried to force her to have sex but she fought him off. Ashley's daughter overheard the commotion and called 911. Officers again made Ashley aware of how to seek her own warrant and Jason's cousin picked him up for the night. At some point later in the morning, Jason returned home and took Ashley's car keys, a check made out to her, her ATM card, and her computer. Ashley called the police again and told the officers that she was in the process of breaking up with Jason and he would be moving out of the apartment. The officers made a report and advised Ashley of how to seek a warrant.

Six weeks later, following an argument in Ashley's apartment, Jason shot Ashley twice before attempting to kill himself with a knife. His injuries required surgery and he survived. Jason took a negotiated plea to involuntary manslaughter and was sentenced to 10 years in prison.



7 | ADVOCACY

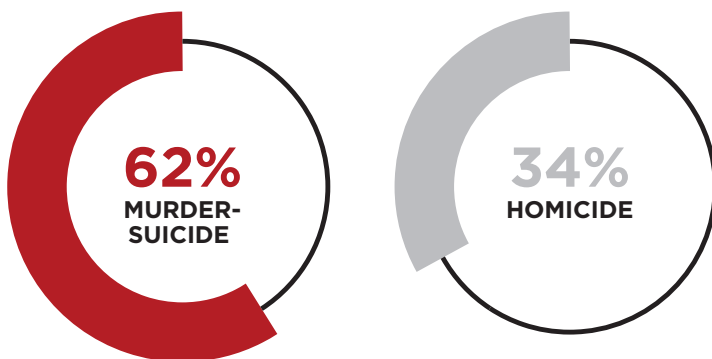
Advocates have a critical role to play when it comes to safety for victims of domestic violence. Most importantly, advocates provide victims with risk assessment and safety planning, two important services most other helping professionals do not provide. Usually these services are offered during a time of acute crisis, such as when someone contacts the hotline for assistance, enters shelter, or files a TPO. However, fatality reviews reveal that levels of risk and safety fluctuate for victims over time. These variations point to a need for ongoing risk assessment and safety planning to address the twists and turns of life, outside of acute crises.

Discussing the suicide-homicide connection is a vital part of safety planning with victims. More often than not, victims do not realize their partner's suicidal threats or attempts can directly impact their personal safety. As in all areas of safety planning, the wide range of victim responses to an abuser's suicide threats requires an individualized approach. Some victims may be concerned about the abuser's threats to commit suicide and may feel reluctant to leave the relationship for fear he will follow through on them. For other victims who have experienced an abuser's suicide threats over a longer time frame, concern may have dulled and been replaced with feelings of resentment over his perceived attempts to manipulate them through fear or sympathy for him. Regardless of the victim's thoughts on the likelihood her abuser will follow through on the act of suicide, each contact with her represents

an important opportunity for an advocate to provide assistance in making an informed decision about her safety.

Another key way advocates can assist victims when mental health issues are a factor is to provide resources for the perpetrator, when asked. It is not uncommon for victims to ask advocates for referrals for their abusive partner; however, there can be a tendency for advocates to focus solely on connecting victims to services and not address the victim's request for referrals for her abuser. This might be a missed opportunity to provide intervention to the abuser for depression and suicidal ideation. When advocates are comfortable talking about suicide and are knowledgeable about appropriate resources in the community, even when those skills are applied to the needs of the abuser, they can more fully address safety of the victim.

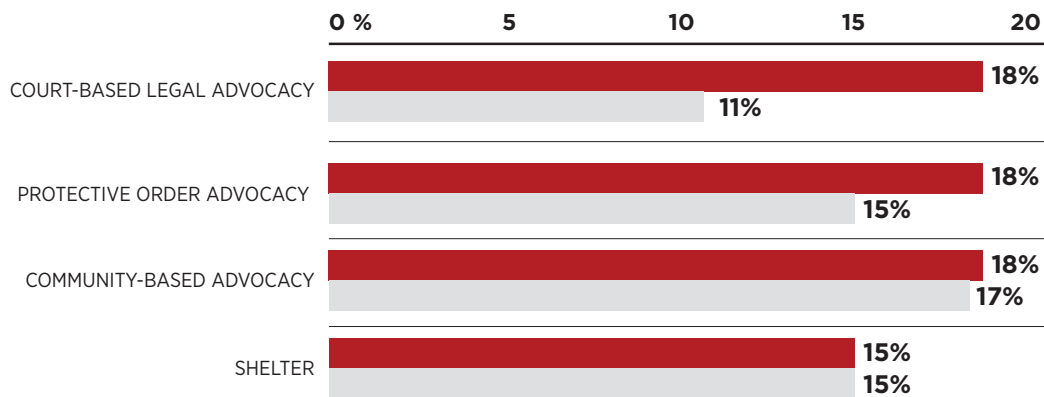
20 RELATIONSHIP STATUS: OUT OF RELATIONSHIP ■ MURDER-SUICIDE ■ HOMICIDE



21 VICTIM'S ADVOCACY PROGRAM CONTACT

MURDER-SUICIDE

HOMICIDE



Traditionally, advocates have focused on risk factors known to be associated with a victim leaving an abusive relationship, but trends in reviewed murder-suicide cases support a new emphasis for safety planning, both while the victim remains in the relationship and also beyond her leaving. While 62% of victims killed in reviewed murder-suicide cases were no longer involved in a relationship with their abusers (a much higher percentage than the 34% who were out of the relationship in reviewed homicide cases), 13 victims were known to still be in the relationship with their abusers at the time of the murder-suicide. In addition, when parties were known to be separated in murder-suicide cases, the average length of time between separation and the fatal incident was five months.

Advocates often walk the path of various states of separation with their clients. They must be adept at working with victims across those states of separation to successfully develop strategies for safety planning with them, as boundaries of safety planning while in and out of a relationship are often blurred.

In one reviewed case, the victim and her abusive husband divorced after several years together but reunited less than a year later. They continued to move back and forth on the continuum of separation due to military enlistment, incarceration and a TPO.

Imagine if an advocate was able to establish a relationship with that victim throughout all of those changes in the victim's relationship status. How would the victim's safety plan have changed over time? How could the advocate have acted in

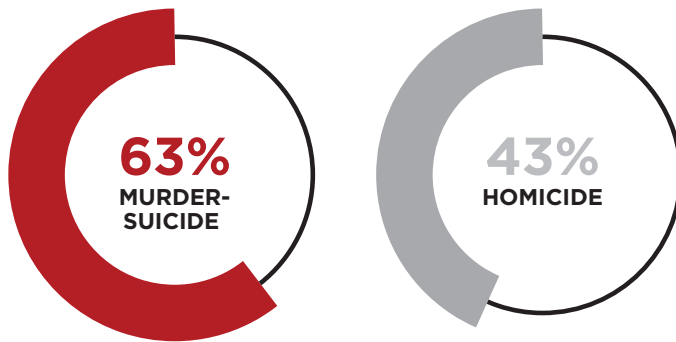
both a supportive and motivational way along the continuum of separation? What follow-up measures could be planned for check-ins with the victim to increase likelihood for safety planning before returning to the relationship?

Determining responses to questions like these should become a priority for domestic violence agencies in hopes of avoiding the tragedy that befell the victim in our example. She was killed by the perpetrator after they had been out of the relationship for nearly five years. Both the victim and perpetrator were in new relationships at the time of the fatal incident.

In reviewed murder-suicide cases, victims were more likely to have made contact with court-based legal advocacy services than those killed in reviewed homicide cases (18% vs. 11%).

Research shows victims in contact with legal advocates report less physical and psychological re-victimization, have better emotional support and are more likely to follow through with a final order (Russell, 2012).

Such positive impact on victims' safety can remain in effect by extending advocates' contact with victims beyond the TPO. Advocates should initiate follow-up contacts with victims who have obtained a TPO to ensure abusers are in compliance and other issues have not developed. Victims should also be advised of their rights to modify or extend their orders. Criminal actions

22 WITNESSES TO INCIDENT ■ **MURDER-SUICIDE** ■ **HOMICIDE**


should be pursued when violations of the order occur or, in the event a new incident fails to rise to the level of criminal intervention, victims should be advised of their right to pursue a contempt action in civil court.

In reviewed murder-suicide cases, 81 individuals were killed, and the impact of these incidents extends far beyond the incident itself. During these incidents, there were 141 individuals, including 36 children, who witnessed the murder-suicide. Interviews with family and friends reveal follow-up services for families, friends and surviving children are woefully inadequate. This is especially true for children, who are likely suffering from complex trauma. Please refer to page 23 of the 2015 Fatality Review Annual Report for a list of Resources for Supporting Children and Families Who Survive Domestic Homicide, available for download at www.georgiafatalityreview.com

In the previous section on firearms, we discussed the most obvious point of entry to reducing these tragedies was through firearm restrictions. Here, the obvious point of access is through child advocacy and bystander engagement. In closing their study on child outcomes and risk factors in murder-suicide cases in the United States, Sillito and Salari (2011) conclude:

It is interesting that children are taught “safety plans” on how to escape a house fire, what to do in a natural disaster, and the importance of “stranger danger,” but domestic violence safety plans are often overlooked. Shelters are the most likely place a child would hear about safety in the event of household violence. Waiting until a child is in shelter to convey the message denies protection to children whose parent does not seek shelter. Instead, this information should be taught to children everywhere so they are better prepared to protect themselves against potential family violence.

Shelter, community and prosecution-based advocates also serve as key liaisons to Georgia’s Crime Victims Compensation Program. Advocates should be intimately familiar with the application and referral process to better serve victims — particularly those who are filing after some time has passed. Special attention should be paid to child victims and family members who have survived lethal incidents to ensure counseling and medical services are provided. This is of particular importance, given that many survivors who fall into those categories are reluctant to file for assistance at the time of the incident due to trauma they have experienced.

RECOMMENDATIONS

The following recommendations are for domestic violence shelter, outreach, community and prosecution-based advocates. However, many of us come into contact with domestic violence victims as part of our work life and personal life. Knowing these situations can be complex and dangerous, sometimes we struggle with what it is we can do. No matter whether you are reading this report as someone who regularly works with domestic violence victims or as a support person for someone who is being abused, there is much that can be done. We encourage you to use these recommendations to determine ways you can support victims of domestic violence.

	INCORPORATE MENTAL HEALTH FACTORS IN SAFETY PLANS	<ul style="list-style-type: none"> • Incorporate suicide risk factors into existing domestic violence lethality assessments and intake questions about history of abuse. • Ask direct questions about threats to kill or cause harm, recent financial or employment changes, looming court dates, declining health and any changes in the abuser's perception of reality. • Educate victims on homicide-suicide connections and additional safety risks when mental health issues are present.
	PROVIDE RESOURCES FOR MENTAL HEALTH INTERVENTION	<ul style="list-style-type: none"> • Provide access to in-house counseling or a list of local mental health resources available. Include varied options for assistance and include phone numbers such as the Georgia Crisis and Access Line (1-800-715-4225 or www.mygcal.com). • Draw awareness to walk-in clinics or hospitals, which provide emergency mental health intervention and treatment.
	COLLABORATE WITH LOCAL MENTAL HEALTH PROGRAMS AND COUNSELORS	<ul style="list-style-type: none"> • Cross-train with mental health providers and develop a network of referrals to further benefit victims. • Provide a copy of a TPO or other relevant court orders that address the abuser's conduct to the abuser's counselors and to the discharge planner if the abuser is receiving in-patient treatment. • Become familiar with local protocols on release from mental health treatment and establish contacts who can act as your liaison should safety measures need to be addressed prior to a patient's discharge.
	IMPLEMENT LONG-TERM SAFETY PLANNING AND ADVOCACY BEYOND LEAVING	<ul style="list-style-type: none"> • Ensure victims who remain in the relationship or who remain in contact with their abusive partner receive a safety plan. For a sample safety planning template for victims who remain in contact, refer to <i>Advocacy Beyond Leaving: Helping Battered Women in Contact With Current or Former Partners: A Guide for Domestic Violence Advocates</i> (Jill Davies, 2009). • TPOs are a part of a process for increasing victim safety and not a single event; implement procedures to follow-up with victims while their TPO is in place. • Make follow-up contacts with victims to determine if new safety issues have emerged and assess additional services which may benefit victims. • Document issues of contempt or violations of TPOs. • Explain the victim's rights, including modifying or extending the order. • Assess the ease of access to not only the TPO process for victims, but also the contempt process. • Ensure the Court provides forms for victims interested in self-petitioning for contempt issues, along with referral information for victim services to be distributed by court staff.

RECOMMENDATIONS


COLLABORATE WITH OTHER VICTIM SERVICES PROGRAMS

- In communities where multiple agencies provide similar services to victims, develop partnerships and conduct assessments of strengths and needs together.
- Collaborate and share referral and resource information to ensure barriers for victims are minimized, regardless of their point of entry into the judicial process.
- Cross-train on services provided and utilize each other's expertise to improve all services.
- Encourage victims to seek follow-up through personal referrals between agencies. Use existing relationships with other advocates and service navigators to provide warm referrals and "pass the torch" between agencies.


DEVELOP EXPERTISE IN CRIME VICTIMS' COMPENSATION

- Provide referrals to and assistance with filing for Crime Victims' Compensation through the Criminal Justice Coordinating Council (CJCC). Information about the program can be obtained at www.cjcc.georgia.gov/victims-compensation
- Contact victims intermittently to determine whether claims have been resolved or whether follow-up with CJCC is needed.
- Encourage victims to send a letter to CJCC with their application, allowing advocates who work at domestic violence programs to discuss their claim status or file an appeal on their behalf. The victim must place their original signature and date on the letter with suggested text: "I, [victim name], hereby give my permission to [domestic violence program name] to file an appeal on my behalf and discuss my claim status with the Georgia Crime Victims Compensation Program and the staff of the Criminal Justice Coordinating Council with regard to my compensation benefits."
- Cultivate resources that can fill gaps in what Crime Victims' Compensation can pay, such as relocation expenses and safety improvements.


MEET THE NEEDS OF CHILD VICTIMS

- Ensure child victims perceive their victimization to be of equal importance as the adult victim. If they have experienced a traumatic event, making statements like "This is already hard enough on your mother" minimizes the impact the event has had on them and eliminates opportunities to discuss ways you could help them feel supported.
- Children exposed to violence, particularly those who have been impacted by a lethal incident of violence, may experience a delayed processing of events. Conduct follow-up with child victims or their guardians six months to a year later, to determine if emerging needs for services exist.
- Provide referrals to additional resources if a victim has not been satisfied with the services they received from prior referrals. This is especially important if a victim did not bond with a counselor.
- Consider linking the child to peer support as a supplement to traditional counseling.


ENGAGE WITH YOUR COMMUNITY TO ADDRESS SAFETY

- Provide supportive intervention models such as QPR (as discussed on page 41).
- Provide materials such as the brochure, "What to do if Friends and Family Members are Being Abused," available at www.gcadv.org/resources-and-brochures

MURDER-SUICIDES STATEWIDE

Murder-suicides account for roughly 30% of statewide domestic violence-related incidents tracked annually by the Project.

The Project has identified 120 murder-suicides in our state from 2012-2016, resulting in 263 deaths. In 2016, the Project recorded 20 murder-suicides resulting in 46 deaths in our state.

From 2012-2016, there were 30 attempted murder-suicides in which either the intended victims and/or perpetrators survived their injuries, resulting in 30 deaths. In 2016, there were six attempted murder-suicides resulting in six deaths.

Men commit a majority of murder-suicides, usually with a firearm; in 2016, men were responsible for 95% of murder-suicides and in those incidents, 95% involved the use of a firearm.



30%

NEXT STEPS

Throughout this Report, we have highlighted many connections between domestic violence and suicide, drawing attention to key trends which have emerged within our reviews of murder-suicide cases. We know this content is heavy and may have reminded many of our readers about personal experiences involving domestic violence and suicide. We honor not only lives lost to domestic violence and suicide, but experiences of family members and friends who survive these terrible events.

A true tragedy of domestic violence and suicide is they continue to persist in silence. We must give voice to these issues within our communities, and combat stigma and shame surrounding them. We must tune in to intersections of domestic violence and suicide, and work together to implement necessary changes for prevention and intervention. This work requires a coordinated community response. We must come together to implement recommendations and resources listed in this Report, which are rooted in findings of Fatality Review Teams across Georgia and highlight best practices to reduce future tragedies in our communities.

We must also change the narratives around domestic violence and suicide; tragedies can be prevented with appropriate intervention strategies.

The more people who are trained and ready to respond when risk factors of suicide and domestic violence lethality appear around us, the more lives we can save. We can amplify our impact by using our voices and our willingness to speak out, to ask more questions and to address these issues in the lives of victims and perpetrators who are most at risk.

Your local Family Violence Task Force and your agency can be a loudspeaker for calls to action to address suicide and domestic violence. We encourage you to expand your outreach so everyone, from victims and families, doctors and lawyers, barbers and hairdressers, law enforcement and courts all understand risk can be mitigated with swift and proper response incorporating mental health interventions and safety planning. Share information about resources, make people aware of the added risk firearms access brings, engage in targeted discussions about civil and criminal justice system responses and welcome new partners to the table. When it comes to our shared goal of preventing domestic violence-related deaths, silence is not an option.

Please share this report within your professional network and use it to begin a conversation around local changes you can implement to make a difference in your community. Digital copies are accessible on our website along with our full data set of reviewed cases. To aid you in your work, we have assembled a document which includes all charts typically included in past Fatality Review Annual Reports and all 105 cases reviewed by the Project, available for download at www.georgiafatalityreview.com

ACKNOWLEDGMENTS

The Georgia Commission on Family Violence (GCFV) and the Georgia Coalition Against Domestic Violence (GCADV) are grateful to the many individuals who continue to make Georgia's Domestic Violence Fatality Review Project possible.

Fatality Review Project Staff

The 2016 Georgia Domestic Violence Fatality Review Annual Report is written by Project Coordinators Niki Lemeshka, GCFV, and Taylor Thompson Tabb, GCADV, along with Jenny Aszman, Program Manager, GCFV.

Fatality Review is difficult work, both for the Review Teams and for the Project staff. We want to acknowledge the Project staff could not have successfully conducted our work and completed this report without support, analysis and feedback from our colleagues. Special thanks to our co-workers for assistance on this Project:

GCFV

Jennifer Thomas, Executive Director

Jameelah Ferrell, Family Violence Intervention Program Certification Coordinator

Stacey Seldon, Family Violence Coordinator

GCADV

Jan Christiansen, Executive Director

Alexis Champion, Training Manager

Adrienne Hamilton-Butler, Director of Finance and Development

Trish Hardy, Capacity and Technical Assistance Manager

Deborah Monley, Operations Manager

Hannah Morgan, Communications Coordinator

Shenna Morris, Director of Policy and Community Engagement

Christy Showalter, Associate Director

Allison Smith-Burk, Director of Public Policy

Special Thanks

We deeply appreciate participation by family members and friends of homicide victims, who were willing to share with us the struggles their loved ones faced.

We are grateful to Allison Smith-Burk, GCADV, who conducted data analysis and editing for the Project.

We are thankful for Jennifer Thomas, GCFV, Holly Tuchman, YWCA of Northwest Georgia and GCFV, and Christy Showalter, GCADV, for their contributions to and editing of the Annual Report.

Our gratitude also goes to Debbie Liam, LCSW, Mosaic Counseling, Inc., who provided the Project with trauma expertise.

Review Teams

We acknowledge the commitment of the Fatality Review participants from around the state who devoted time, energy and expertise toward creating safer communities. These teams reviewed a case this year:

Blue Ridge Judicial Circuit

Chattahoochee Judicial Circuit, Muscogee County

Cobb Judicial Circuit

Conasauga Judicial Circuit

Douglas Judicial Circuit

Southern Judicial Circuit, Lowndes County

Production Support

Printing: H&W Printing, Inc., Marietta, GA

Creative: Two Way Dialogue, LLC, Atlanta, GA

Financial Support

The Project was supported by Subgrant Numbers W15-8-055 and W15-8-019 awarded by the Criminal Justice Coordinating Council administering office for the STOP Formula Grant Program. The opinions, findings, conclusions and recommendations expressed in this publication are those of

the authors and do not necessarily reflect the views of the Criminal Justice Coordinating Council or the U.S. Department of Justice, Office on Violence Against Women.

The Georgia Coalition Against Domestic Violence (GCADV) brings together member agencies, allied organizations and supportive individuals who are committed to ending domestic violence. Guided by voices of survivors, we work to create social change by addressing the root causes of this violence. GCADV leads advocacy efforts for responsive public policy and fosters quality, comprehensive prevention and intervention services throughout the state. Being a coalition means working together for a common cause. We know that now and in years to come, we will be up against enormous challenges which promise to test our capacity for conviction and perseverance. It is as vital as ever to remember the foundation for future success of this Coalition lies in our hands, all of us, collectively. As we coalesce around our common cause, we do so with the voices of domestic violence survivors and their needs for safety always in the forefront of our minds. To learn more or get involved, visit www.gcadv.org

The Georgia Commission on Family Violence (GCFV) is a state agency created by the Georgia General Assembly in 1992 to develop a comprehensive state plan for ending family violence in Georgia. GCFV works throughout the state to help create and support task forces made up of citizen volunteers working to end domestic violence in their communities. In addition, GCFV conducts research and provides training about domestic violence, monitors legislation and policies affecting victims of domestic violence, certifies all of Georgia's Family Violence Intervention Programs and coordinates the statewide Domestic Violence Fatality Review Project with GCADV. GCFV is administratively attached to the Department of Community Supervision (DCS). Please visit www.gcfv.georgia.gov for more information.

Disclaimer: Views, opinions, findings and recommendations expressed in the Georgia Domestic Violence Annual Report do not necessarily reflect the views of individual GCFV Commission members, all GCADV member programs, funders or individual team members, and are the product of analysis by the joint GCFV and GCADV Project Team.

“ I alone cannot
change the world,
but I can cast a
stone across the
waters to create
many ripples. ”

MOTHER TERESA

REFERENCES

- Anglemyer, A., Horvath, T., & Rutherford, G. (2014). "The accessibility of firearms and risk for suicide and homicide victimization among household members: A systematic review and meta-analysis." *Annals of Internal Medicine*, 160(2), 101–110.
- Auchter, B. (2010). "Men Who Murder Their Families: What the Research Tells Us." *NIJ Journal*, no. 266. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/230412.pdf>
- Betz, M. E., Barber, C., & Miller, M. (2011). "Suicidal behavior and firearm access: results from the second injury control and risk survey." *Suicide & Life-Threatening Behavior*, 41(4), 384–391. doi:10.1111/j.1943-278X.2011.00036.x
- Brady Center to Prevent Gun Violence (2016). "The Truth About Suicide & Guns." Retrieved from <http://www.bradycampaign.org/sites/default/files/Brady-Guns-Suicide-Report-2016.pdf>
- Breul, N., & Keith, M (2016). "Deadly Calls and Fatal Encounters: Analysis of U.S. law enforcement line of duty deaths when officers responded to dispatched calls for service and conducted enforcement (2010–2014)." Retrieved from http://www.nleomf.org/assets/pdfs/officer-safety/Primary_Research_Final_11-0_updated_8_31_16.pdf
- Bureau of Justice Statistics (2015). "Special Report Intimate Partner Violence, 1993–2010." Retrieved from <https://www.bjs.gov/content/pub/pdf/ipv9310.pdf>
- Campbell, J. (2003). "Danger Assessment." Retrieved from <https://www.dangerassessment.org/uploads/pdf/DAEnglish2010.pdf>
- Campbell, J. C., Glass, N., Sharps, P. W., Laughon, K., & Bloom, T. (2007). "Intimate Partner Homicide: Review and Implications of Research and Policy." *Trauma, Violence, & Abuse*, 8(3), 246–269.
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., ... Laughon, K. (2003). "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study." *American Journal of Public Health*, 93(7), 1089–1097.
- Centers for Disease Control and Prevention (2013). "10 Leading Causes of Death by Age Group, United States." Retrieved from https://www.cdc.gov/injury/wisqars/pdf/leading-causes_of_death_by_age_group_2013-a.pdf
- Centers for Disease Control and Prevention (2016). "Risk Factors for Suicide." Retrieved from <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>
- Clay, R. (2014). "Suicide and intimate partner violence." *Monitor on Psychology*, American Psychological Association, 45(10), p.30. Retrieved from <http://www.apa.org/monitor/2014/11/suicide-violence.aspx>
- Drexler, M. (2014). "Guns & Suicide: The Hidden Toll." *Harvard Public Health*. Retrieved from https://www.hsph.harvard.edu/magazine/magazine_article/guns-suicide/
- Eng, D., Adams-Bill, B., & Patet, T. (2015). "Offenders Who Flee the Scene: What Have We Learned?" webinar. Battered Women's Justice Project. Retrieved from <http://www.bwjp.org/resource-center/resource-results/offenders-who-flee.html>
- Everytown for Gun Safety (2016). "Analysis of Recent Mass Shootings." Retrieved from <https://everytownresearch.org/reports/mass-shootings-analysis/>
- Fuller-Thomson, E., Baird, S.L., Dhrodia, R. & Brennenstuhl, S. (2016). "The association between adverse childhood experiences (ACEs) and suicide attempts in a population-based study." *Child: Care, Health and Development*, 42(5), 725–734. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/cch.12351/full>
- Harvard T.H. Chan School of Public Health. (n.d.a). "Duration of Suicidal Crises." Means Matter campaign of the Harvard Injury Control Research Center. Retrieved from <https://www.hsph.harvard.edu/means-matter/means-matter/duration/#Simon>
- Harvard T.H. Chan School of Public Health. (n.d.b). "Lethality of Suicide Methods."
- Means Matter campaign of the Harvard Injury Control Research Center. Retrieved from <https://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/>

- Harvard T.H. Chan School of Public Health (n.d.c). "Firearm Access is a Risk Factor for Suicide." Means Matter campaign of the Harvard Injury Control Research Center. Retrieved from <https://www.hsph.harvard.edu/means-matter/means-matter/risk/>
- Hirschel, D., & Buzawa, E. (2013). "The Impact of Offenders Leaving the Scene on the Police Decision to Arrest in Cases of Intimate Partner Violence." *Violence Against Women*, 19(9), 1096. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/1077801213501843>
- Hutson, H. R., Anglin, D., Yarbrough, J., Hardaway, K., Russell, M., Strote, J., & Blum, B. (1998). "Suicide by cop." *Annals of Emergency Medicine*, 32(6), 665–669. Available from [http://www.annemergmed.com/article/S0196-0644\(98\)70064-2/abstract](http://www.annemergmed.com/article/S0196-0644(98)70064-2/abstract)
- Logan, T., & Walker, R. (2009). "Civil Protective Order Outcomes: Violations and Perceptions of Effectiveness." *Journal of Interpersonal Violence*, 24(4), 675, 677. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0886260508317186>
- Russell, B. (2012). "Effectiveness, victim safety, characteristics, and enforcement of protective orders." *Partner Abuse*, 3(4), 531–552.
- Saltzman, L. E., Mercy, J. A., O'Carroll, P. W., Rosenberg, M. L., & Rhodes, P. H. (1992). "Weapon involvement and injury outcomes in family and intimate assaults." *JAMA*, 267(22), 3043–3047.
- Sillito, C., & Salari, S. (2011). "Child Outcomes and Risk Factors in U.S. Homicide-Suicide Cases 1999–2004." *Journal of Family Violence*, 26(4), 295. doi:10.1007/s10896-011-9364-6
- Spicer, R. S., & Miller, T. R. (2000). "Suicide Acts in 8 States: Incidence and Case Fatality Rates by Demographics and Method." *American Journal of Public Health*, 90(12), 1885–1891.
- Vigdor, E., & Mercy, J.A. (2006). "Do laws restricting access to firearms by domestic violence offenders prevent intimate partner homicide?" *Evaluation Review*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16679499>
- Violence Policy Center (2015). "American Roulette: Murder-Suicide in the United States." Retrieved from <http://www.vpc.org/studies/amroul2015.pdf>
- Websdale, N. (1999). *Understanding Domestic Homicide*. Boston, MA: Northeastern University Press.
- Zeoli, A., & Webster, D. (2010). "Effects of domestic violence policies, alcohol taxes and police staffing levels on intimate partner homicide in large U.S. cities." *Journal of Injury Prevention*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2913578/pdf/nihms213193.pdf>





114 New Street, Suite B, Decatur, GA 30030
404.209.0280 | www.gcadv.org



Georgia
Commission on
Family
Violence

270 Washington Street, SW, Suite 5145, Atlanta, GA 30334
404.657.3412 | www.gcfv.georgia.gov

www.georgiafatalityreview.com

