A Blueprint for Domestic Violence Homicide Prevention

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Our sincerest condolences go out to the family and friends of Jennifer Martel who was stabbed to death by Jared Remy, her boyfriend and father of their child, on Thursday, August 15, 2013 in their home in Waltham. This is the tenth known domestic violence homicide in Massachusetts since January of this year. Julie Treadwell, Rebecca Felteau, Glomerys Martinez, Anita Clark, Kevin Paul, Donna Zollo Pisarczyk, Melissa Hardy, Tyshiana J. Atkins, and Ellen Maher and Jennifer Martel ranged in age from 19 to 71. They lived in seven different counties in rural, suburban, and urban communities across the Commonwealth. Their deaths remind us that domestic violence knows no boundaries.

Their deaths also compel those of us who do this work — whether we are domestic violence advocates, law enforcement officers or prosecutors — and the general public to ask ourselves: What was missed? What could we be doing better? What changes to practice must be implemented? What else do we need to know to accurately identify high risk cases of domestic violence so that we can enhance safety for victims and accountability for offenders? How can we prevent domestic violence and domestic violence homicides?

In all these cases, three commonalities emerge. First, while systems and services may have failed some victims, the only person ultimately responsible for the abuse, violence and homicide is the perpetrator. Similarly, regardless of what actions these domestic violence victims may or may not have taken, they are not responsible for the abuse and are not to be blamed. Second, our law enforcement, judicial and other systems as well as services have not all adopted current best practices for holding perpetrators accountable and predicting and preventing domestic violence homicides. Third, the lack of connection between the domestic violence victim and a trained domestic violence advocate from a local community (or health-care) based domestic violence program is consistently a missing link in these cases, a practice that research tells us can make the difference between life and death.

We’ve been here before. Ten years ago after the murder of Dorothy Giunta Cotter in Newburyport, the leadership of Jeanne Geiger Crisis Center, a JDI member local domestic violence program, invited other systems to come together to think about a new way to address this issue and prevent these homicides in the future. They looked to the available research and created something important. We believe the model they created, the Jeanne Geiger Crisis Center Domestic Violence High Risk Team, is a successful and promising practice. This victim-advocacy led model should be replicated in every community in the Commonwealth.
Today, in the aftermath of the murder of Jennifer Martel we are faced with the same choices. Do we look for fault with one system or do we take the time for a transparent and comprehensive conversation that looks at all the opportunities for intervention and prevention?

The tendency to play Monday Morning Quarterback will not provide the clarity or encourage the collaboration needed to move this conversation forward toward viable solutions. We appreciate the journalists and others who are asking questions about how the system works, what domestic violence looks like, and what we know about what works to keep people safe. At Jane Doe Inc., we try hard to not be reactionary but rather to approach these issues with thoughtful, research-based analysis that is supported by our own authority earned through decades of collective experience and the wisdom of our member programs, and the survivors with whom they work.

One evolution is that while it was once believed that all victims of domestic violence are always the best gauge of the violence and danger they face, we now know that is not completely true. A study conducted by Jacquelyn C. Campbell, PhD, RN, a leading researcher on domestic violence homicides and homicide prevention, found that for those victims facing grave danger, only about 50% of them were found to accurately assess the danger and risks they were facing. Does that mean that we take all decisions out of their hands? NO! Taking away this control would merely further isolate, alienate and endanger them. Instead, the antidote is more contact from trained advocates from local domestic violence programs who can engage and build rapport, and thus trust, with these victims who may not be able – due to the violence, shame, fear, trauma and constant abuse – to accurately read the signs of increasing violence. This would also make a difference for victims like Martel, who wanted to extricate herself from the relationship, who said things were getting worse, who had hopes and a plan for a different future, and whose choice to drop a restraining order was due to pressure and promises that weren’t kept; not because all was fine.

What does this experience tell us?

**First, a key component of the solution in preventing any domestic violence homicide is ensuring that all victims are provided with a connection to a trained local domestic violence advocate.** Without a domestic violence program advocate, victims are left alone to sort through all of the harm, options, emotions and decisions. For victims, the most reliable actor is the perpetrator, who can be counted on to do what he threatens to do and most often continues to be left free. Perpetrators rely on the lack of coordination, the lack of information, their ability to continue to ‘manage’ the ‘truth’ and manipulate the various systems as well as the victim, through threats or promises – their currency; often through the actions of others. For instance, victims often feel tremendous pressure to not obtain or drop restraining orders and not participate with the criminal justice system. This pressure from the perpetrator or an agent of the perpetrator can be like having a virtual or real gun held to their heads threatening them if they don’t comply or promising that the violence and abuse will stop.

We must ask ourselves why any victim would trust the system to protect them when their experience is that the perpetrator calls all of the shots and they’ve not been protected, asked the critical questions, or given the sort of assurance any of us would need to feel safe enough to put our lives in their hands?
Any of us would want a trusted confidante who understands the dynamics of domestic violence and whose only interest is our welfare in such a moment. Trained domestic violence advocates provide confidential support for victims who are injured, traumatized, and exhausted by the taunting and abuse and faced with a deadline for making decisions that affect the rest of their lives. They work with victims to untangle the history of abuse from other compelling and competing interests (the desire to leave, the pressure to stay, the lack of options, the likelihood of being linked to the perpetrator through a custody order from the family court, the loss of hopes and dreams, the heartbreaking of continuing to face children exposed to a battering parent, the past threats to herself or other family and friends if she doesn’t drop the restraining order, the confusion about how to move forward, the fear of losing her job, etc.) and help victims to accurately assess the real level of danger they are facing and the real options they may or may not have.

Advocates also provide the antidote that can neutralize the impact of perpetrators’ realm of control of, not just victims, but the systems. They are the path to the information that District Attorney’s need to make informed decisions, like the long history of violence, including past convictions, that might only live in the archives, or in another jurisdiction. Without looking at history, DA’s and courts are left with an incomplete picture. However, without understanding that victims need help (from someone who does not have an interest other than the safety and welfare of the victim and who will stand by victims, regardless of the decisions they make), the complete picture often cannot be obtained. There is no doubt that Remy’s history demanded a different decision; 14 arrests; multiple female victims and multiple restraining orders. We know, from the nearly 40 years of working with victims and confirmed by research, that a domestic violence advocate who could have established trust with Martel; could have neutralized Remy’s range of influence.

Second, a victim-centered approach is essential. A victim-centered approach considers the victim’s safety in light of the range of options available and other information at hand. At minimum, this should include taking the wishes of the victim, at that time, into account. Being victim-centered and taking an empowerment approach has been misconstrued and distorted to suggest that victims dictate all the actions of any agency. The result is a tendency to lay all of the responsibility for a victim’s safety and the offender’s accountability with the victim. The police officer can make an arrest, the prosecutor can request various legal proceedings and options, a dangerousness hearing or stay away order, and the judge can act accordingly.

A victim-centered approach requires understanding the dynamics in which victims – and any of us – make decisions and might respond given the fear, confusion, and various interests that weigh on a victim at any point in time during the process. It also means that the welfare and integrity of victims is the goal; not prosecution, not the dictates of yet someone new to take over from the batterer to control the decision and actions of the victims. Rather, the role of the prosecution and other systems) is to engage victims from a place of understanding each individual victim’s circumstances, needs, resources and options and working to help each individual victim to be able to make decisions that are informed and truly in their best interests. A victim-centered lens would account for the existence of other risk factors. Dropping a restraining order or not participating in the criminal justice system could be an indicator of
increased risk of lethality rather than being interpreted as a low-risk case or an uncooperative or irresponsible victim.

Before prosecutorial and investigative procedures were changed as a result of the Crawford decision, around the country it was common practice for prosecutions to proceed by using victim, family and neighbor statements and other documentation about the history of abuse as evidence, without requiring the presence of victims and others to testify or appear to be cross-examined by perpetrators’ lawyers at trial. This arrangement allowed prosecutors and courts to ‘protect’ victims by truly standing between them and perpetrators. Post-Crawford, victims, friends, and family who can attest to the continuum of violence and abuse must do so in front of the perpetrator, in the courtroom, allowing weeks and months for the perpetrator to pressure, intimidate and control victims, sometimes directly, sometimes thru the employment of other means or people. Under the current rules, it is imperative that prosecutors have access to the history of violence that extends beyond the specific incident and criminal acts.

We know ourselves and hear regularly from our member programs that there are wonderful people in law enforcement and the criminal justice system throughout the Commonwealth whose desire is to do everything they can to prevent this violence and to hold perpetrators accountable. Too often, the prosecutors are left with an incomplete picture of the extent of the abuse. We also hear that the response of these systems is not consistent and therefore the outcomes are not reliable. Victims know this too, which contributes to their reluctance to engage with these systems. That’s where the role of the advocate comes in to help the victim navigate these systems and to ensure that their best interests are front and center. The shift must also be made by law enforcement and the criminal justice system from an incident based response to a response that assumes there is more history to consider; that only in understanding the continuum of abuse that the victim has endured and the particular perpetrator’s range of tactics can the risk and dangerousness posed by the perpetrator truly be gauged.

Whether or not an individual victim is able to assess the degree of danger they are in, they are fully aware of the tactics that their abusers use that others appear to not see or ignore and which act as invisible ongoing taunts and reminders to victims of who really holds the reins. The support of a trained domestic violence advocate, who will support a victim before, during and years after such an arduous undertaking, regardless of the victim’s decision to testify or obtain a restraining order, is the variable that has been missing.

**Third, best practices exist.** Informed by our member programs and their work with victims, our work with systems and survivors, and national research on best practices, we put forth the following recommendations to move forward with truly victim-centric systems and practices:

1) Every law enforcement agent, victim witness advocate, prosecutor and domestic violence advocate in Massachusetts must receive regular training on identifying high risk factors for domestic violence homicide such as extremely controlling behavior, threats to kill themselves or others, prior assaults, strangulation and sexual violence. Knowledge about dangerousness and lethality must be incorporated to transform the cultures and practices of the respective organizations and agencies.
2) Law enforcement must adopt the practice of on-scene screening for high risk cases and connect all domestic violence victims to an advocate at a local domestic violence program.
3) Information on any history of domestic violence must be immediately available to police and prosecutors so that arrest and prosecution decisions are not based on incident information alone.
4) The Jeanne Geiger Crisis Center Domestic Violence High Risk Team model, led or co-led by a local domestic violence program advocate, should be established universally; in every community. Other configurations do not offer the same result.

**Fourth, prevention is possible.** It has become our mantra here at JDI that because domestic violence homicides are among the most predictable of all murders, they are preventable. We believe that the Commonwealth would be transformed with the above recommendations. We must raise awareness and broadly share this information and at the same time make clear that violence is unacceptable.

We implore anyone and everyone to call a domestic violence program for yourself or if you suspect someone you know is not safe in their relationship (link to website, program locator page). Domestic violence programs’ support and services are free, confidential and available 24 hours/day throughout the Commonwealth. Trust your gut and reach out for help. You are not alone.