



“Slipping through the Cracks”

First Annual Buncombe Domestic Violence Fatality Review Team (DVFRT) Report
(9/15/2021)

Introduction

The mission of the Buncombe Domestic Violence Fatality Review Team (DVFRT) is to prevent domestic violence (DV) deaths, increase safety for DV victims, and increase accountability for abusers through systems change. This is the team’s first case review, and the focus was to look at improving interagency and intra-agency practices that impact victim safety.

This report, the team's first, will look at one domestic violence homicide reviewed in January of 2020. The report was made final September of 2021. Finalization of the report was impacted by COVID-19. Some recommendations made because of the review process were put in place following the review but before finalizing the report.

From this victim’s story, we learn ways in which we can improve the County's coordinated response to intimate partner violence. Though this story is tragic and unique, we will focus on offering recommendations that can be applied systematically.

Summary of Intensive Review

The team focused on one domestic violence-related murder. The one homicide victim was a 61-year-old woman with 2 adult children. She was in active duty in the Navy for almost 4 years and went to Warren Wilson college for a year. She had a history of an abusive alcoholic father. She also had a criminal and civil history which includes some misdemeanors and involuntary commitments. She did work to address her mental health issues through treatment, regular follow-up, and taking her medications. She was married 3 times and was not married to her murderer. The victim survived multiple assaults, one which resulted in a broken upper humerus bone in her arm. The recorded incidents of violence increased the year before her death.

The person who committed the murder is a 54-year-old man who was born and raised in Asheville. He has 2 grown children and has no recorded history of abuse in his childhood. He has a long history of substance misuse and has one suicide attempt. He has a mood disorder but no other psychiatric disorders. He has a long history with involvement in the criminal legal system including felonies, incidents of sexual violence, domestic violence, and other charges. There were two recorded incidents the year before the murder where he assaulted the victim with a deadly weapon. The murder was committed with a knife.

Findings

- There is a link between people with disabilities and being victims of abuse and DV
- The person who committed the murder has a consistent history of violence (e.g., knives, threats, strangulation, disregard of people, took possessions of victims, drug addiction, suicidal tendencies, lack of remorse)
- Incarceration did not help prevent him from future crime
- Poverty, race, education, and socio-economic status has a significant impact on resources and opportunities
- The person who committed the murder has characteristics that were indicative of a batterer (e.g., isolation, disregard, escalation)
- Isolation, through limited phone access, was a [Power and Control](#) tool employed by the murderer
- The consequences of the school-to-prison pipeline are significant and early intervention and engagement of youth are important
- There was consistent engagement with the medical sector
- There were numerous system failures for both the victim and offender (e.g., lack of follow through with referrals)

Recommendations

1. The Magistrate Recommendation for Domestic Violence Bond form should be revised to move “Multiple Domestic Violence warrants by same complainant” as an aggravating factor instead of mitigating factor and to add an option for aggravating factor of isolation/lack of ability to call for help. The form should also be reviewed for additional revisions. More research is needed to identify best practices.
(High Impact, moderate difficulty)
2. Inter-agency training trauma-informed and DV focused for law enforcement, magistrates, judges, prosecutors, victim-witness assistance personnel, school personnel and social services employees.
 - a. Ongoing training for smaller law enforcement agencies: Weaverville, Woodfin, Black Mountain, Biltmore Forest, Montreat
(High Impact, more difficult)
3. Create Workgroups:
 - a. Lethality Assessment Protocol (LAP) workgroup to increase accountability and accurate use of the protocol
(High Impact, low difficulty)
 - b. Courthouse workgroup to remove barriers to court access and reduce unnecessary court appearances for both civil and criminal courts
(High Impact, low difficulty to create workgroup, difficult to achieve goals)

- c. Protocol workgroup tasked with identifying and educating the team about the current protocols for responding to DV offenders (e.g., bail, the 48-hour hold, and electronic monitoring), to what extent they are implemented, identifying best practices, and considering the possible benefits or drawbacks of additional or alternative protocols.

(High Impact, low difficulty to create workgroup, difficult to achieve goals)

- 4. Strengthen efforts/interventions/supports regarding trauma-informed, early childhood/school age program and increase access to services

(High Impact, mid-moderate difficulty)

- 5. Acknowledge the intersection of poverty, race, mental health (MH) and substance use disorder (SUD) and the impacts on DV.

- a. Provide pathways for housing stability for adults with significant MH/SUD/Justice Involvement to include services for offender accountability. Lack of affordable housing in Asheville has an impact on DV.

(High Impact, difficult to achieve goals)

- b. Training for healthcare/mental health/substance abuse providers re: domestic violence (e.g., data collection, inventory of what training already exists vs. what is needed, bringing awareness)

(High Impact, mid-moderate difficulty)

