BUNCOMBE COUNTY

2023
DOMESTIC VIOLENCE
FATALITY REVIEW REPORT

Buncombe County Family Justice Center

BUNCOMBE COUNTY
PEOPLE TO MATCH OUR MOUNTAINS
NORTH CAROLINA
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INTRODUCTION

The mission of the Buncombe County Domestic Violence Fatality Review Team (DVFRT) is to prevent domestic violence (DV) deaths, increase safety for DV survivors, and increase accountability for perpetrators through systems change.

AUTHORITY AND PURPOSE

In North Carolina, Domestic Violence Fatality Review Teams (DVFRT) are defined by the NC General Assembly in Session Laws 2009-52 and 2013-70. Buncombe County was granted authority to implement a DVFRT by Session Law 2018-116. The DVFRT includes a broad cross section of community service providers who meet quarterly to review domestic violence homicides that have occurred within the County and to improve cross-system communication.

The defined purpose of the DVFRT is to “identify and review domestic violence-related deaths, including homicides and suicides, and facilitate communication among the various agencies and organizations involved in domestic violence cases to prevent future fatalities.” The powers and duties of the Buncombe County DVFRT are outlined in Session Laws 2009-52 and 2013-70 and incorporated herein.
According to Session Laws 2009-52 and 2013-70 the DVFRT shall:

- Study the incidences and causes of death by domestic violence-related behavior in the community. The study shall include an analysis of all community, private, and public agency involvement with the decedent and family members prior to death.
- Develop a system for multidisciplinary review of domestic violence-related deaths.
- Examine the laws, rules, and policies relating to confidentiality.
- Access information that affects the agencies that provide intervention services to determine whether those laws, rules, and policies inappropriately impede the exchange of information necessary to protect victims of domestic violence and recommend any necessary changes.
- Perform any other studies, evaluations, or determinations the Review Team considers necessary to carry out its mandate.
- Make recommendations for system improvements and needed resources where gaps and deficiencies may exist.
In 2013, Buncombe County tied with Wake County, a jurisdiction nearly four times its size, for the second highest number of DV homicides in North Carolina. The eight homicides that occurred in 2013 sparked a conversation among community leaders, advocates, survivors, and service providers, which led to the development of the Coordinated Community Response (CCR) for Domestic Violence and Sexual Assault.

The North Carolina State Bureau of Investigation (SBI) collects data specific to DV related homicides from law enforcement agencies across North Carolina per NC General Statute 143-901. That information is then compiled into a report. The graph below shows the number of DV and intimate partner violence (IPV) related homicides in Buncombe County from 2013 to 2021 according to the SBI report and local law enforcement data. In 2022, no domestic violence homicides occurred in Buncombe County.

![Domestic Violence Related Homicides in Buncombe County](chart)

2023 data per Asheville Police Department and Buncombe County Sheriff’s Office.
Each fatality review culminates with the creation of recommendations about intervention and prevention in future domestic violence cases. These recommendations are presented to the Coordinated Community Response to Domestic and Sexual Violence Leadership Team and Buncombe County Commissioners annually.

This report gives a high-level overview of the findings and recommendations to protect the confidentiality of those involved. From March to August 2023, records were obtained from as many case-involved partners as possible. Once gathered, they were distributed for review. In August of 2023, an intensive 2-day review was facilitated focusing one domestic violence homicide case.
<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>AGENCY/ROLE PER STATUTE</th>
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<tbody>
<tr>
<td>April Baur</td>
<td>Public Health Nurse Supervisor</td>
<td>Buncombe County Health and Human Services</td>
</tr>
<tr>
<td>Tracy Crowe</td>
<td>Sergeant</td>
<td>Asheville Police Department/Local Law Enforcement Officer</td>
</tr>
<tr>
<td>Whitley English</td>
<td>Survivor Representation</td>
<td>Survivor Representation – Community Wellness Educator at WNC Girls and Guys Exercising Mindful Solutions (GEMS)</td>
</tr>
<tr>
<td>Angie Garner</td>
<td>County Relations Regional Director</td>
<td>Vaya Health/Local Mental Health Managed Care Organization</td>
</tr>
<tr>
<td>Kelda Harrison</td>
<td>Survivor Representation</td>
<td>Survivor Representation – Small Business Owner</td>
</tr>
<tr>
<td>Julia Horrocks</td>
<td>Managing Attorney</td>
<td>Pisgah Legal Services/Member At-Large</td>
</tr>
<tr>
<td>Anne Kouri</td>
<td>Obstetrical Care Coordinator</td>
<td>Buncombe County Health and Human Services</td>
</tr>
<tr>
<td>Kyle Sherard</td>
<td>Assistant District Attorney</td>
<td>40th Prosecutorial District Attorney’s Office</td>
</tr>
<tr>
<td>Jackie Latek</td>
<td>Executive Director</td>
<td>SPARC Foundation/Member At-Large</td>
</tr>
<tr>
<td>Paulina Mendez</td>
<td>Family Justice Program Manage</td>
<td>Buncombe County/Coordinator</td>
</tr>
<tr>
<td>Judge Ward Scott</td>
<td>District Court Judge</td>
<td>40th Judicial District/District Court Judge</td>
</tr>
<tr>
<td>Maggie Slocumb</td>
<td>Program Director</td>
<td>Helpmate/Domestic Violence Victim’s Service Group</td>
</tr>
<tr>
<td>Rebecca Smith</td>
<td>Social Work Division Director</td>
<td>Buncombe County Department of Social Services</td>
</tr>
<tr>
<td>Dr. John Stewart</td>
<td>Medical Examiner</td>
<td>Medical Examiner</td>
</tr>
<tr>
<td>Katherine Watkins</td>
<td>Social Work Program Manager</td>
<td>Department of Social Services</td>
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</tbody>
</table>
2023 FINDINGS

- The perpetrator had multiple contacts with both civil and criminal legal systems in multiple jurisdictions over a span of 8 years.
- There were civil complaints filed and temporary civil ex parte orders granted, as well as criminal charges, but no permanent civil orders granted or criminal convictions.
- Perpetrator had history of complaints and temporary orders from multiple intimate partners and legal access to firearms was nearly uninterrupted.
- Prior partners of perpetrator who accessed community-based victim advocacy and civil legal services at no cost and Child Protective services achieved safety. It is unclear whether victim knew how, where, or when to access services.
- It is unknown how the perpetrator obtained the handgun used in the murder.
- Multiple bullet holes were reported and present in the home prior to the murder.
- Throughout the history of the perpetrator's intimate partner relationships, partners reported high lethality indicators including access to a gun, controlling of most or all of the victims’ daily activities (e.g. taking phone), and escalation to physical violence.
- Friends and co-workers described jealousy, control of person, money, & phone of the victim, access to firearms which are consistent with increased risk of lethality.
- The perpetrator used his position of power in the workplace and knowledge of the court system, including access to private attorneys, to intimidate and control his partners and ex-partners.
- His financial power and community status played a significant role in the intimidation he displayed towards his partners in his relationships.
- There is no indication the perpetrator ever received mental health services, even after connections with the court system and Child Protective Services.
- Although there is a reported history of perpetrator substance misuse, there was no testing for substances besides alcohol during the autopsy.
- Colleagues noted changes in perpetrator's behavior leading up to the murder-suicide, including increasing paranoia, depression, being in a dark place, and expressing homicidal thoughts towards colleague.
- Systemic barriers to accessing information (e.g., reports from other states) to understand patterns and trends.
2023 RECOMMENDATIONS

- Community Connection and Prevention
  - Fund age-appropriate education on healthy relationships and warning signs of danger in an intimate partner relationship in the schools and workplaces using inclusive language.
  - Create a community campaign on recognizing danger signs of intimate partner violence and providing intervention such as a safety plan, referral to services, and support to friends, family members, colleagues, etc.

- Legislation and Advocacy
  - Continue implementation of a behavioral, whole of family approach and a Perpetrator Pattern-Based Framework encouraging interventions with perpetrators as parents and partnering with adult survivors in Child Protective Services.
  - Promote accurate shared data, including but not limited to domestic violence-related civil complaints and criminal charges, expungements, across systems and jurisdictions.
  - Acknowledge the connection between firearms to DV homicides, child fatality, and suicide and revisit the adoption of House Bill 525, as well as any other legislation that limits access to firearms of violent DV offenders and consider introducing Emergency Risk Protection Order legislation. (expanded recommendation from 2022[1])
  - More efficient systems for appearance and attendance of witnesses in domestic violence cases, including only requiring attendance at hearings where a disposition is likely to occur and utilization of eCourts.

- Cross System Opportunities
  - Create a DV Multidisciplinary Team (MDT) to include Pisgah Legal Services, District Attorney’s Office, Helpmate, Law Enforcement, Pretrial Services, SPARC Foundation, Veterans Affairs, and Probation. (2022)[T11]
  - Expand funding and support for service providers and prevention programs in schools and organizations.

Recommendations with dates were recommended in previous reviews. For detailed information, refer to the appendix.
2023 RECOMMENDATIONS CONT.

- Train embedded community members, such as community health workers, peer supports, family partners, to recognize danger signs of intimate partner violence/lethality, and to have the tools to respond to these concerns.
- Increase utilization of existing resources, such as domestic violence intervention programs for those at risk of utilizing power, control, and violence in their intimate relationships. Increase opportunities for access to individual case management and therapeutic services for these individuals before escalation of behaviors.

- Equity and Inclusion
  - Support people with lived experience or who have established trust within the community with resources. (2022)
  - Provide support to victims who are not US citizens to meet their specific needs, such as language access, legal services and protections and other social determinants of health.
  - Ensure assessment of parenting skills for all parties involved in child protection services cases, regardless of gender or perception as primary caregiver.

Recommendations with dates were recommended in previous reviews. For detailed information, refer to the appendix.
THREE YEAR SUMMARY

Per Session Laws 2009-52 and 2013-70 the team shall issue a report to the Buncombe County Commissioners, Governor’s Crime Commission and NC Domestic Violence Commission every three years. Over the last three year, the Buncombe County Domestic Violence Fatality Review Team has conducted three case reviews. While the details of each case have been vastly different, a number of common themes have emerged throughout the team’s findings and recommendations.

Common Themes: Findings

- **Systems issues**, such as:
  - The accessibility of services and the lack of information sharing and issuing permanent protective orders, contributed to the victims and perpetrators being unable to access the supports they needed. This was true for those individuals who had numerous interactions with the civil and criminal legal systems as well as those who did not.
  - The lack of record sharing between jurisdictions, i.e., states, makes it difficult to identify history of violence or other historical indicators of domestic violence.
  - When Child Protective Services was involved, victims/survivors were the focus of assessment and intervention while the perpetrators were not held accountable for their behavior.
- Cases in which a **firearm** was used, the perpetrator had legal access.
- Community members (employers, friends, co-workers, family members) who interacted with the victim prior to the homicide and had knowledge of their relationship dynamics **did not report concerns** or support the victim in accessing formal resources or services.
- Finances were a common way in which perpetrators exercised **power and control** over the victims, and friends and co-workers often described jealousy; control of person and money; and access to firearms which are consistent with increased risk of lethality.
- **Inequities** around poverty, race, education, and socio-economic status have a significant impact on resources and opportunities.
Common Themes: Recommendations

In several instances, the DVFRT felt recommendations from previous years were applicable to more recent cases reviewed. Across the three reviews, recommendations can be bucketed into four categories: Legislation & Advocacy, Cross System Opportunities, Community Connection & Prevention, and Equity & Inclusion. A complete list of recommendations across the three reviews is provided in the Appendix; however, overlapping recommendations include the following:

- Acknowledge the connection between firearms to DV homicides, child fatality, mass shootings and suicide and revisit the adoption of House Bill 525, as well as any other legislation that limits access to firearms of violent DV offenders.
- Create a DV Multidisciplinary Team (MDT) to include Pisgah Legal Services, DA’s Office, Helpmate, Law Enforcement, Pretrial, SPARC, VA, and Probation.
- Expand funding and support for service providers and prevention programs in schools and organizations.
- Continue to support full implementation and sustainability of a perpetrator-pattern based behavior model for Child Protective Services, such as the Safe & Together Model.

Multi-year recommendations also include support for community education and prevention efforts, including trauma-informed, early childhood/school age programs, increasing funding for prevention programs, and creating community campaigns to help people recognize danger signs of intimate partner violence.
Since its founding in 2014, Buncombe County’s Coordinated Community Response has implemented numerous interventions and efforts to reduce domestic violence homicides. Those include:

- **Community Engagement**
  - eNOugh
  - Still Standing
  - U&T Visas
  - PorchLight Project
  - Pathways to Prevention
  - Community Health Workers Violence Prevention Professionals

- **High Risk Interventions**
  - Lethality Assessment Protocol
  - Danger Assessment
  - Domestic Violence Fatality Review Team

- **Offender Accountability**
  - Trauma-Informed Domestic Violence Intervention Program
  - Specialized Prosecution and Law Enforcement Units
  - Perpetrator Pattern Based Behavior Framework for Child Protective Services Intervention (The Safe & Together Model and Choose to Change Campaign)

- **Survivor Services**
  - Co-locating and integrating victim services at the Buncombe County Family Justice Center
  - Expansion of Helpmate’s Shelter
<table>
<thead>
<tr>
<th>Legislation &amp; Advocacy</th>
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<tr>
<td><strong>2021</strong></td>
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<tr>
<td>Revised Magistrate Recommendation for DV Bond form to include “Multiple DV warrants by same complainant” as an aggravating factor, add option for aggravating factor of isolation/lack of ability to call for help.</td>
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<tr>
<td>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.</td>
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| **2022** |
| Expand upon efforts to increase affordable housing stock and access to high-quality childcare. |
| Create accountability workgroup for following up on how recommendations are implemented in legislation on local and state levels. |
| Automatic expunctions of DV records significantly inhibit the ability of courts and prosecutors to consider prior incidents of violence when addressing future charges. It also impacts the ability to review bodies like ours to analyze possible prevention measures to reduce future violence. |

| **2023** |
| More support for individuals affected by domestic violence in DSS cases, such as in the Safe and Together model. |
| Promote accurate shared data, including but not limited to domestic violence-related civil complaints and criminal charges, expungements, across systems and jurisdictions. |

**Acknowledge the connection between firearms to DV homicides, child fatality, and suicide and revisit the adoption of House Bill 525, as well as any other legislation that limits access to firearms of violent DV offenders** and consider introducing Emergency Risk Protection Order legislation. (expanded on 2022)

| **2023** |
| More efficient systems for appearance and attendance of witnesses in domestic violence cases, including only requiring attendance at hearings where a disposition is likely to occur and utilization of eCourts. |
# Cross System Opportunities

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<tr>
<th>2021</th>
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| Inter-agency training trauma-informed and DV focused for LEO, magistrates, judges, prosecutors, victim-witness assistance personnel, school and social service employees.  
Create LAP Workgroup to increase accountability and accurate use.  
Create Courthouse Workgroup to remove barriers to court access and reduce unnecessary court appearances for civil and criminal courts.  
Create 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.  
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). | Develop a multi-faceted approach to remove barriers to accessing and navigating court systems and resources, including peer support navigator, social work access on site, and funding for community organizations that provide services.  
Review and improve screening protocols at provider agencies so that the discloser feels safe and encourages disclosure through providing safety and security.  
Create a DV Multidisciplinary Team (MDT) to include Pisgah Legal Services, DA’s Office, Helpmate, Law Enforcement, Pretrial, SPARC, VA, and Probation.  
Expand funding and support for Helpmate, Our VOICE, SPARC, and prevention in schools and organizations.  
Train embedded community members, such as community health workers, peer supports, family partners, to recognize danger signs of intimate partner violence/lethality, and to have the tools to respond to these concerns.  
Increase utilization of existing resources, such as domestic violence intervention programs for those at risk of utilizing power, control, and violence in their intimate relationships.  
Increase opportunities for access to individual case management and therapeutic services for these individuals before escalation of behaviors. |
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<tr>
<th>Community Connection &amp; Prevention</th>
<th>2021</th>
<th>2022</th>
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<td></td>
<td>Strengthen efforts, interventions, and supports regarding trauma-informed, early childhood/school age program and increase access to service.</td>
<td>Expand funding and support for Helpmate, Our VOICE, and prevention in schools and organizations.</td>
<td>Support and strengthen educational/career development opportunities to provide hope and pathways out of generational poverty.</td>
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<td>Support people with lived experience or who have established trust within the community with resources.</td>
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<td>Include domestic violence (DV) education, resources, and resiliency skill building.</td>
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<td>Link to Buncombe County Communications and Public Engagement (CAPE) Department, Community Centers, Faith Communities, Nurse Family Partnership, the Department of Social Services Prevention Team, 211, NC Care 360.</td>
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<td>Fund age-appropriate education on healthy relationships and warning signs of danger in an intimate partner relationship in the schools and workplaces using inclusive language. Local organizations currently doing this work include SPARC, Helpmate, Mountain Child Advocacy Center, Pisgah Legal Services and Our Voice.</td>
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<td>Create a community campaign on recognizing danger signs of intimate partner violence and providing intervention such as a safety plan, referral to services, and support to friends, family members, colleagues, etc.</td>
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<tr>
<td>Equity and Inclusion</td>
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<td>Strengthen efforts, interventions, and supports regarding trauma-informed, early childhood/school age program and increase access to service.</td>
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<td>2021</td>
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<td>2022</td>
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<td>Be intentional to include members with representation from different backgrounds with different lived experiences through engaging with the Coordinated Community Response (CCR) Leadership Team Equity and Inclusion Subcommittee, doing outreach to area communities, and interviewing community members in communities where the incident occurred.</td>
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<tr>
<td>2023</td>
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<td>Support people with lived experience or who have established trust within the community with resources.</td>
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<td>Increase the number of at-large members for the DVFRT so that other skillsets can be represented on review teams longer term and not just when reviewing certain cases.</td>
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