

**“IF YOU LEAVE ME I WILL KILL YOU.”**  
**(6/15/11)**

INTERIM REPORT OF THE  
MECKLENBURG COUNTY DOMESTIC VIOLENCE FATALITY PREVENTION  
AND PROTECTION REVIEW TEAM TO THE MECKLENBURG COUNTY  
COMMISSIONERS, THE NORTH CAROLINA DOMESTIC VIOLENCE  
COMMISSION, AND THE GOVERNOR’S CRIME COMMISSION  
JUNE 15, 2011

**INTRODUCTION**

The title for this report was chosen based on a common factor in three of the four cases reviewed by the Mecklenburg Team over the past year. Three of the four women heard this threat before her husband, or boyfriend, killed her.

This threat is often made in cases of domestic violence (DV), to which the Charlotte Mecklenburg Police Department responds some 35,000 times each year. Only a few of these cases end with murder. But each threat to kill may be the one which is carried out. Each should be taken seriously by the agencies coming into contact with the threatened person and/ or the person making the threat.

When a domestic violence death occurs, one expects to learn of numerous prior contacts between the people involved and agencies such as law enforcement, the court system, and domestic violence service providers. That was not what we found in the four cases we have reviewed to date. Not one of the dead women had ever sought a domestic violence protective order against the man who killed her. Only one of the men had been criminally charged with a domestic violence crime against the woman he later killed (although police had been called in two of the cases, and two of the men had been charged with domestic violence crimes against other women). In the only case in which Child Protective Services was involved, the woman did work with a domestic violence counselor as part of her protection plan. None of the other women had been in contact with any type of domestic violence service provider. Family and/or friends, however, were aware of controlling behavior and/or threats of violence by the abuser in all of the four cases.

**BACKGROUND**

The legislation (“the Act”) creating the Mecklenburg Domestic Violence Fatality Prevention and Protection Review Team (hereafter “DVFRT”) was enacted June 1, 2009 as a pilot project. The Act refers to the eighty-one domestic violence-related homicides in North Carolina in 2008, of which eleven were in Charlotte. In 2009 there were seven in Charlotte; in 2010, nine.

Both the Mecklenburg Board of County Commissioners (BOCC) and the Domestic Violence Community Leadership Team (a group of public and private agency leaders committed to zero tolerance for DV), championed the legislation because it provided the legal protection necessary to allow agencies to share information that would enable

meaningful reviews. The DV Community Leadership Team has also supported development of the community's DV Data Warehouse and DV Index to raise awareness of DV, to spot trends, and to monitor progress.

The Act envisions a case review approach similar to that of the North Carolina Child Fatality Prevention System. It named Community Support Services, a Mecklenburg County agency, as the lead agency and required other key public and private agencies to appoint representatives, including the District Attorney's office, Law Enforcement and the Departments of Social Services and Mental Health. The Act also required appointment of DV survivors to the Team.

The Act defined "domestic violence fatality" as "[t]he death of a person, 18 years of age or older, that is the result of domestic violence as defined in G.S. 50B-1." Please see Appendix A-1 for the complete text of The Act and A-2 for the text of G.S 50B-1.

At its core the mission of the Team is to prevent domestic violence deaths. (See Appendix A-3 for the full mission statement.) By statute the Team must meet at least four times a year. In fact, the Team has met eight times in the past year: four times for the fatality reviews and four times for other business, such as selecting cases for review, summarizing findings from the previous review, and developing needed protocols. Before each intensive case review, every team member scheduled to participate is provided a copy of the records collected. At the end of each review, the records are collected and destroyed. At each meeting, all in attendance sign an "Agreement to Maintain Confidentiality." (See Appendix A-4.)

The Act directs the DVFRT to issue this interim report to the BOCC, the North Carolina Domestic Violence Commission and the Governor's Crime Commission by June 15, 2011 and a final report with recommendations for action by June 15, 2014. The North Carolina Domestic Violence Commission requested and received an initial presentation about the Team's work in September 2010 and expressed interest in the creation of Teams in other North Carolina communities, applying lessons learned in Mecklenburg. June 2014 is also the date for the termination of the DVFRT unless the General Assembly reauthorizes it.

## **COMMON FACTORS IN CASES REVIEWED**

### **Gender**

All of the victims were female; all of the abusers were male.

### **Location of the crime**

All of the murders occurred in the home of the victim. In two of the cases the murderer committed suicide immediately after in the same location.

### **Alcohol/other drugs**

In all four cases the abusers drank large quantities of alcohol before the murders, and, in two cases, they also used illegal drugs. Two of the abusers had extensive histories of alcohol and drug use and related criminal charges.

### **Threats were made**

In three of the four cases it is known that death threats were made. In one, three months earlier, he had threatened to “kill you and your grandparents” and also “the baby.” In another, he showed her his gun, saying “I’ll kill you with this.” In a third, the victim told her friends he had said he would kill her if she left him. In all cases, intimidation, emotional and physical control, economic influence/pressure, and other factors were present.

### **Weapons**

In three of the four cases the abusers had guns. However, only one abuser used a gun to kill the victim. Two of the victims died from strangulation and the fourth from blunt force head trauma.

## **POTENTIAL AVENUES FOR INTERVENTION**

### **Friends and Family**

In all of the cases the ongoing violence, threats and controlling behavior were known to family, friends or co-workers. Some of these contacts expressed their concern to the victim and encouraged her to leave her abuser, but not one person reported the abuse to law enforcement. There was no evidence that any of the contacts referred the victim to appropriate resources.

### **Disclosure to Health Care Providers**

From health care records of the victims, it appears that none of the victims ever disclosed domestic violence to a health care provider, even though DV screenings are provided at the local hospitals. One victim made a number of visits to the emergency department, usually accompanied by her boyfriend. It is unclear whether he was present when she was asked about domestic violence, which she always denied. Another was screened when she went into the hospital for child birth.

The community’s approach to DV screening by health care providers has improved in recent years, but a more strategic approach is needed. The twenty-nine bed Shelter for Battered Women (SBW) strives to find shelter for victims referred from a health care facility. Even when the SBW is full, a safe place is often made available through the scattered site Motel Partnership Program. The new, expanded SBW is scheduled to begin operating in the fall of 2012. It is not clear that all health care providers who screen for DV are fully aware of these resources.

The Team also learned that health care workers are mandated to report certain crimes to police (following NC General Statute 90.21.20), but other injuries are not reported to law enforcement without patient consent. Victims may be unaware that they have a choice in this matter. Fear of reprisals may prevent some victims from disclosing domestic violence; this fear might be alleviated if victims knew, at the outset, under which circumstances a police report would be made.

### **Department of Social Services**

Despite the exposure of small children to ongoing domestic violence in two of the four cases, none of the agency workers, police, family, friends or co-workers who were aware

of the situation made reports to DSS. North Carolina General Statute 7B-301 mandates reporting by “any person or institution who has cause to suspect that any juvenile is abused, neglected or dependent as defined by G.S. 7B-101”. DV exposure is widely considered an “environment injurious to the juvenile’s welfare” which provides grounds for DSS to consider whether the child is at risk of abuse or neglect. According to the Mecklenburg County May 2010 Community Child Fatality Prevention and Protection Team report, DV is the largest risk factor in infant and child deaths.

### **Appropriate Services for Children/Youth**

Child/youth witnesses of domestic violence may need services to help develop resiliency and coping skills and to break free from the cycle of violence when they grow up. It is not clear how consistently these services are court-ordered and/or recommended by health and human services agencies that work with families impacted by DV. The HERO Program, provided through the Women’s Commission Division of Mecklenburg Community Support Services, provides counseling and case management at no cost to DV observers ages five - seventeen.

## **LAW ENFORCEMENT, COURTS AND COMMUNITY SAFETY**

### **Lethality Risk**

In one case, the victim called the police to report a death threat from her abuser. When the two officers responded, she told them she had just seen his car take off. Both officers left to follow the car she described. They left the victim (who was pregnant) and her small children without protection in the home. It turned out that the car had already dropped the abuser in her neighborhood. As soon as the officers left to chase the car, the abuser forced his way in, and shot and killed the victim, her unborn child, and himself.

In another case the police were called by the victim two days before her death. She said the abuser had strangled and hit her. The responding officer saw no signs of injury and did not make an arrest. He offered to transport either of the parties elsewhere to separate them, but both declined the offer. It is unclear whether he provided information about available resources, such as the Shelter for Battered Women. He left them together in their residence.

In a third case the husband called 911 alleging his wife had assaulted him, even though he was the abuser in the relationship. The responding officer saw no signs of injury and made no arrest. The husband later went to the Magistrate’s Office and requested a warrant against his wife, which was granted. She had no prior criminal record, but was arrested and spent a day in jail before having the opportunity to bond out. According to her family, the arrest and incarceration were traumatic for her and appeared to increase the power and control her husband had over her. It is unclear whether the magistrate reviewed the Police report before issuing the warrant.

### **Couples Counseling**

In two of the cases couples counseling was recommended, once by a patrol officer and once by a private therapist provided through DSS. In general, couples counseling is inappropriate in cases of domestic violence. As noted in Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy & Practice.

Recommendations from the National Council of Juvenile and Family Court Judges, “Where there has been violence between the parties...couples counseling can be unfair to the victim of the violence and even dangerous.”<sup>1</sup> Similarly, the Minnesota Center Against Violence and Abuse, in an article entitled *The Probation Response to Supervision of Women Who Are Abused* notes that “Because of the inherent imbalance of power between an abuser and a woman who is abused, mediation and couples counseling are inappropriate in domestic violence cases. A victim of domestic violence who, by definition, is being controlled by her partner is significantly compromised in her ability to negotiate freely and is not on an equal footing with her partner.”<sup>2</sup>

## **RECOMMENDATIONS FOR AGENCIES**

### **Law Enforcement: Police**

Increase the amount of training for new recruits and require additional training for experienced officers on several DV topics including:

- Strangulation
  - Frequent lack of physical evidence
  - Likelihood of lethality
  - On-going damage to victim’s health and functioning
- Identification of primary aggressor in DV situations
- Available resources for victims and abusers
- Inappropriateness of couples counseling in DV situations
- Staying with the victim until safety is reasonably assured
- Temporarily seizing weapons in the home

The Charlotte-Mecklenburg Police Department currently requires twelve hours of DV training for recruits and two hours of DV training every other year thereafter (may be taken on line). Similar requirements are in effect for Huntersville and Pineville Police Departments. This is insufficient training to keep officers current with DV issues and community resources. Additional DV training opportunities are offered, but are not currently required for patrol officers.

Require that police officers routinely provide a lethality assessment to the victim when called to a DV incident. This should be done privately with the victim and followed up with provision of resource and contact information (which is supposed to be provided under current policy and procedures). The lethality assessment helps the officer to assess the dangers and helps the victim to understand the level of danger she faces. The lethality assessment paperwork should be forwarded to the District Attorney’s office to support prosecution.

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<sup>1</sup> This report, initially published in 1999 was funded by the U.S. Dept. of Health and Human Services, the U. S. Department of Justice, the David and Lucile Packard Foundation, and the Johnson Foundation. Retrieved April 2011, page 111.

<http://www.thegreenbook.info/documents/Greenbook.pdf>

<sup>2</sup> This article was authored by Sherry Frohman, LMSW, and Connie Neal, MPA, June 2005 for Violence Against Women Online Resources. Retrieved April 2011.

<http://www.mincava.umn.edu/documents/commissioned/probationanddv/probationanddv.html#id430290>

**Law Enforcement: Magistrate's Office**

Provide periodic training to magistrates on:

- Strangulation ( as above)
- Primary aggressor training
- Importance of reviewing Police incident reports when issuing warrants, summons, and restraining orders.

**The Courts:**

Educate prosecutors to seek out defendants' military records (when applicable) to strengthen DV cases—both homicide and non-homicide. Military records may contain information that could support stiffer sentencing. In one of the cases reviewed the military records showed that the defendant had a history of serious DV assaults on his spouse at the time.

Educate prosecutors and the judiciary to order batterer intervention treatment for persons convicted of DV crimes. Such treatment is available on a limited basis in North Carolina prisons, but it must be court-ordered. Ensure funding for these services is maintained.

Educate the judiciary regarding the inappropriateness of couples counseling in domestic violence situations.

**Social Services:**

Increase public awareness about the statutory mandate for reporting to Child Protective Services when a juvenile has been exposed to domestic violence.

**Health Care Providers:**

Continue to provide domestic violence screenings during routine visits, and expand the practice to all obstetric/gynecological and primary care providers. Ensure that staff is trained to: provide full patient privacy and confidentiality, offer immediate contact and resource information, and inform the patient which injuries are required by law to be reported to police. (If there is a Child Protective Services issue, however, the health care provider is mandated to report to DSS).

**DV and other Health and Human Services Agencies:**

Continue to educate staff and the public about the lethality of domestic violence situations.

- Encourage victims to report domestic violence crimes to the police, unless doing so would endanger the victim.
- Offer to assist victims in making a report to the police.
- Take seriously all threats to kill or harm an intimate partner or family member.
- Continue to train staff to identify and appropriately refer DV victims to appropriate community resources, including United Family Services and Mecklenburg Community Support Services Women's Commission Division programs.

- Continue to train staff about the inappropriateness of couples counseling in domestic violence situations.
- Expand the posting of information about DV safety planning in locations that are frequented primarily by women, such as hairdressers, nail salons, child care centers, etc.
- Strengthen relationships with immigrant groups to learn how to broach the topic of domestic violence, how to educate about DV law, how to educate about available resources, and how to offer training to individuals who are in a position to offer guidance about resources and options available in the United States.

### **RECOMMENDATIONS FOR THE PUBLIC, FAMILY, FRIENDS, AND CO-WORKERS**

Take seriously threats to kill or do harm between intimate partners. If one becomes aware of such threats, or becomes aware of controlling or abusive behaviors, one should contact a DV resource in the community, such as United Family Services Victim Assistance, the Women’s Commission Division of Community Support Services, or law enforcement for guidance on how to proceed. One should NOT ignore the situation.

Reach out repeatedly to an individual who appears to be a victim of domestic violence. A victim may not feel safe enough to respond to initial overtures, but the overtures may help her to feel less isolated. Offer contacts and resource information.

Do not recommend couples counseling in DV situations.

### **TEAM ACCOMPLISHMENTS IN FIRST YEAR:**

- The Team approached case reviews in a “learning” rather than a “blaming” mode. Consistent with this approach, family members of the victim were invited to share their perspectives, and others who had relevant insights were invited to join the intensive review process on several occasions. As a result, Team members were able to interact in an open and non-defensive manner. This improved the quality of the findings and also enhanced working relationships among some Team members outside of the reviews.
- The Team identified a need for representation from the Sheriff’s Office, the Magistrate’s office and from the faith community, and added those members. See Appendix A-5 for a complete list of Team members.
- The representative from the District Attorney’s office reported that as a result of his participation on the Team he has become a more seasoned prosecutor of DV cases, and he has been able to share what he has learned with other homicide prosecutors who have DV homicide cases.
- The Team increased its understanding of the interplay between various components of the community’s DV response system, and identified areas where it needed additional information, such as Charlotte-Mecklenburg Police Department protocols for responding to domestic violence calls.





## **APPENDICES**

- A-1 Session Law 2009 -52**
- A-2 G.S. 50B – 1**
- A-3 Mission Statement**
- A-4 Confidentiality Statement**
- A-5 List of Team members**

**Appendix A-1 Session Law 2009 - 52**

**GENERAL ASSEMBLY OF NORTH CAROLINA**

**SESSION LAW 2009-52**

**SENATE BILL 381**

**AN ACT ESTABLISHING A DOMESTIC VIOLENCE FATALITY  
PREVENTION AND PROTECTION REVIEW TEAM.**

Whereas, the General Assembly finds that it is the public policy of this State to prevent domestic violence fatalities; and

Whereas, the General Assembly further finds that the prevention of these fatalities is a community responsibility, and professionals from disparate disciplines have expertise that can promote the safety and well-being of victims of domestic violence; and

Whereas, multidisciplinary reviews of these deaths can lead to a greater understanding of the causes and methods of preventing these deaths; and

Whereas, according to the North Carolina Coalition Against Domestic Violence, there were 81 domestic violence-related homicides in the State in 2008; and

Whereas, according to the Charlotte Mecklenburg Police Department, there were 11 domestic violence-related homicides in Charlotte, North Carolina, in 2008; and

Whereas, the Charlotte Mecklenburg area is a leader throughout the State with its innovative domestic violence programming and services, yet there remains a disconnect when it comes to the rate of domestic violence-related homicides; and

Whereas, there is a need to increase safety of citizens with one strategy mitigating the effect of abuse by increasing the safety of victims of domestic violence, exploring circumstances from a strengths perspective to allow professionals to gain clarity in the continued needs of the community; and

Whereas, precedence has been established in this area as similar statutes are already in existence, such as the North Carolina Child Fatality Prevention System, which outlines the course of action for a statewide disciplinary team to review child fatalities; and

Whereas, establishing a Domestic Violence Fatality Prevention and Protection Review Team will be modeled after the North Carolina Child Fatality Prevention Team, with potential members representing a cross section of community service providers, including health, mental health, social services, law enforcement, courts, school professionals, and other domestic violence service providers; and

Whereas, by creating legislation that protects professionals from confidentiality violations in specific cases where domestic violence-related homicides have occurred, the effectiveness of this project will be increased; Now, therefore,

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** Domestic Violence Fatality Prevention and Protection Review Team. – A county may establish a multidisciplinary Domestic Violence Fatality Prevention and Protection Review Team 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.

**SECTION 1.(b)** Definitions. – The following definitions apply in this act:

- (1) Domestic violence fatality. – The death of a person, 18 years of age or older,

that is the result of an act of domestic violence as defined in G.S. 50B-1.

- (2) Review Team. – The Domestic Violence Fatality Prevention and Protection Review Team.

**SECTION 1.(c)** Composition. – The Review Team shall consist of a lead agency, Community Support Services of Charlotte, North Carolina, and representatives of public and nonpublic agencies in the community that provide services to victims or families of domestic violence, including:

- (1) A representative from a domestic violence victim's service group.
- (2) An attorney from the local district attorney's office.
- (3) Local law enforcement personnel.
- (4) A representative from the local medical examiner's office.
- (5) A representative from the local department of social services.
- (6) A representative from the local health department.
- (7) A representative from an area mental health authority.
- (8) A representative from the local public schools.
- (9) A representative from a health care system.
- (10) Local medic or emergency services personnel.
- (11) A survivor of domestic violence.

**SECTION 1.(d)** Powers and Duties of the Review Team. – The Review Team shall meet at least four times each year. To accomplish the purposes of this act, the Review Team shall:

- (1) 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.
- (2) Develop a system for multidisciplinary review of domestic violence-related deaths.
- (3) Examine the laws, rules, and policies relating to confidentiality.
- (4) 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.
- (5) Perform any other studies, evaluations, or determinations the Review Team considers necessary to carry out its mandate.
- (6) Make recommendations for system improvements and needed resources where gaps and deficiencies may exist.
- (7) In addition to any other duties outlined in this act, the lead agency shall develop a written plan outlining standard operating procedures for the following:
  - a. Appointing Review Team members and a chair.
  - b. Establishing other Review Team duties and responsibilities.
  - c. Establishing terms of service for Review Team members.
  - d. Establishing the procedure for filling vacancies.
  - e. Maintaining confidentiality policies consistent with applicable laws.
  - f. Training Review Team members.
  - g. Establishing a meeting schedule.
  - h. Maintaining a record of official meetings, including minutes and those in attendance.
  - i. Establishing a process to initiate case review.
  - j. Reporting annually to the local board of county

commissioners and the Governor's Crime Commission.

**SECTION 1.(e)** Access to Records. – The Review Team, during its existence, shall have access to all medical records, hospital records, and records maintained by the county or any local agency as necessary to carry out the purposes of this act, including police investigations data, medical examiner investigative data, health records, mental health records, and social services records. Any member of the Review Team may share relevant information in an official Review Team meeting only. Unless the personal representative of the estate of the deceased has been charged with or convicted of a crime in connection with the death of the victim of domestic violence, the Review Team shall notify the personal representative that the records will be reviewed by the Review Team at least 30 days before the records are reviewed. If the estate is closed, the next of kin shall be notified, unless the next of kin was charged or convicted of a crime in connection with the death of the victim.

**SECTION 1.(f)** Limitation on Access. – Notwithstanding any provision in the law that allows the Review Team to access records, no member of the Review Team shall be authorized to review a domestic violence fatality case while the case is under investigation by any law enforcement agency, or if an action is pending in any criminal or civil court in the State, except as provided in this section. A Review Team member may review and have access to records in a domestic violence fatality case only if:

- (1) A district attorney has given written approval for access due to the completion of the investigation or court proceedings; or
- (2) A district attorney has given written approval for access, stating that access by the Review Team will not have any negative or adverse effects on the investigation or completion of a pending case.

**SECTION 1.(g)** Confidentiality; Immunity. – All otherwise confidential information and records acquired by the Review Team, during its existence and in the exercise of its duties, shall: (i) be confidential; (ii) not be subject to discovery or introduction into evidence in any proceedings; and (iii) only be disclosed as necessary to carry out the purposes of the Review Team. No member of the Review Team or any person who attends a meeting of the Review Team may testify in any proceeding about what transpired at a particular meeting, information presented at the meeting, or opinions formed by a person as a result of the meeting. This section shall not prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge. Each member of the Review Team and any invited participants shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality. Persons disclosing or providing information or records pursuant to this act are not criminally or civilly liable for disclosing or providing the information. Except for possible civil or criminal liability for breach of confidentiality, Review Team members are immune from claims of liability, and confidential information gathered pursuant to this act is not subject to subpoena or discovery. Access to criminal investigative reports and criminal intelligence information of public law enforcement agencies and confidential information in the possession of the Review Team shall be governed by G.S. 132-1.4. Nothing herein shall be deemed to require the disclosure or release of any information in the possession of a district attorney. Meetings of the Review Team are not subject to the provisions of Article 33C of Chapter 143 of the General Statutes. However, the Review Team may hold periodic public meetings to discuss, in a general manner not

revealing confidential information, the findings of its reviews and its recommendations for preventive actions. Minutes of all public meetings shall be kept in compliance with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other information generated during any closed session of a public meeting shall be sealed from public inspection.

**SECTION 2.** A Review Team established by a county pursuant to this act shall terminate upon the earlier of its filing its final report, or June 15, 2014.

**SECTION 3.** Each Review Team established pursuant to this act shall issue an interim report to the local board of county commissioners, the North Carolina Domestic Violence Commission, and the Governor's Crime Commission summarizing its findings and activities by June 15, 2011, and a final report with recommendations for action by June 15, 2014. The reports shall not identify the specific cases or case reviews that led to the individual Review Team's findings and recommendations.

**SECTION 4.** This act shall not be construed to obligate the General Assembly to appropriate funds to implement the provisions of this act.

**SECTION 5.** This act applies to Mecklenburg County only.

**SECTION 6.** This act is effective when it becomes law.

In the General Assembly read three times and ratified this the 1st day of June, 2009.

s/ Walter H. Dalton  
President of the Senate

s/ Joe Hackney  
Speaker of the House of  
Representatives

**Appendix A-2 G.S. 50B - 1**  
**Chapter 50B. Domestic Violence.**

**§ 50B-1. Domestic violence; definition.**

(a) Domestic violence means the commission of one or more of the following acts upon an aggrieved party or upon a minor child residing with or in the custody of the aggrieved party by a person with whom the aggrieved party has or has had a personal relationship, but does not include acts of self-defense:

- (1) Attempting to cause bodily injury, or intentionally causing bodily injury; or
- (2) Placing the aggrieved party or a member of the aggrieved party's family or household in fear of imminent serious bodily injury or continued harassment, as defined in G.S. 14-277.3, that rises to such a level as to inflict substantial emotional distress; or
- (3) Committing any act defined in G.S. 14-27.2 through G.S. 14-27.7.

(b) For purposes of this section, the term "personal relationship" means a relationship wherein the parties involved:

- (1) Are current or former spouses;
- (2) Are persons of opposite sex who live together or have lived together;
- (3) Are related as parents and children, including others acting in loco parentis to a minor child, or as grandparents and grandchildren. For purposes of this subdivision, an aggrieved party may not obtain an order of protection against a child or grandchild under the age of 16;
- (4) Have a child in common;
- (5) Are current or former household members;
- (6) Are persons of the opposite sex who are in a dating relationship or have been in a dating relationship. For purposes of this subdivision, a dating relationship is one wherein the parties are romantically involved over time and on a continuous basis during the course of the relationship. A casual acquaintance or ordinary fraternization between persons in a business or social context is not a dating relationship.

(c) As used in this Chapter, the term "protective order" includes any order entered pursuant to this Chapter upon hearing by the court or consent of the parties. (1979, c. 561, s. 1; 1985, c. 113, s. 1; 1987, c. 828; 1987 (Reg. Sess., 1988), c. 893, ss. 1, 3; 1995 (Reg. Sess., 1996), c. 591, s. 1; 1997-471, s. 1; 2001-518, s. 3; 2003-107, s. 1.)

## **Appendix A-3 Mission Statement**

### **Mission Statement for Mecklenburg County Domestic Violence Fatality Review Team**

The mission of this team is to prevent domestic violence deaths. The team will review domestic violence fatalities in accordance with North Carolina Session Law 2009-52 in order to increase safety for victims and accountability for perpetrators of domestic violence. The intent is not to lay blame, but rather to actively improve all systems that serve persons involved with domestic abuse in order to prevent violence and fatalities.

Through the process of conducting reviews of selected fatalities, the team will:

- Promote cooperation and communication among agencies investigating and intervening in domestic violence
- Identify gaps in services, policies, and accountability structures and formulate recommendations to fill those gaps
- Formulate recommendations for collaboration on domestic violence investigation, intervention and prevention, and
- Develop and propose legislative changes, if needed.

**Appendix A-4 – Confidentiality Agreement**

**Mecklenburg Domestic Violence Fatality Review Team Agreement to Maintain Confidentiality**

To be signed by each person in attendance at each **Mecklenburg Domestic Violence Fatality Review Team** meeting.

**By signing this form, I hereby acknowledge and agree to the following:**

I agree to serve as a member of the Mecklenburg Domestic Violence Fatality Review Team. I acknowledge that the effectiveness of the review process is dependent on the trust and honesty that Team members bring to it. Therefore, I agree that I will not use any material or information obtained during any Fatality Review Team meeting for any reason other than that for which it was intended.

I further agree to safeguard the records, reports, investigation material, and information I receive from unauthorized disclosure. I will not take any case identifying material from a meeting other than that which originated in the agency I represent. I will not make copies or otherwise document or record material made available in these reviews, including any information made available electronically. I will return all material shared by others at the end of each meeting.

I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation materials and information may result in civil or criminal liability and in exclusion from the Fatality Review Team.

I agree to refrain from representing the views of the Fatality Review Team to the media.

**Printed Name**

**Signature**

**Date**

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## **Appendix- A-5 - Mecklenburg Domestic Violence Fatality Review Team Members**

Honorable Jane Harper, Chair  
Retired District Court Judge

Patrick Chang, Vice-Chair  
Multicultural Advocate  
Mental Health Association of Central Carolinas, Inc.

Jay Ashendorf, Mecklenburg District Attorney's Office

Kimberly Barker, Presbyterian Hospital

Honorable Ronald L. Chapman, Mecklenburg District Court

Administration Lieutenant W. E. Connell, Pineville Police Department (began his term in November 2010)

Christa Cox Sumwalt, Mecklenburg District Attorney's Office (served through December 2010)

Donna Dukes, Community Volunteer (served through May 2011)

Jennifer Moore Fowles, Domestic Violence Healthcare Project, Carolinas Medical Center (served through February 2011)

Carolyn Gaither, Charlotte-Mecklenburg Public Schools

Rebekah Gardner, Community Volunteer (served through May 2011)

Kellie Harney, Presbyterian Hospital

Sergeant Angela Haywood, Charlotte-Mecklenburg Police Department

Betty J. Hooper, Mecklenburg Department of Social Services

Janice Jefferis, Community Volunteer (served through May 2011)

Pat Kelly, United Family Services Domestic Violence Victim Assistance

Detective Tim Lesser, Huntersville Police Department (began his term in September 2010)

Kimberly Livingston, Community Support Services Women's Commission Division

Tommy Lopez, Community Volunteer

Sara Lovett, Mecklenburg Health Department

LaTonya Lynch, North Carolina Department of Probation

Linda Margerum, Mecklenburg Area Mental Health Department

Captain W. Steven Mull, Mecklenburg Sheriff's Office (began his term in January 2011)

Nikkie Perry, MEDIC

Erin Pettit, Domestic Violence Healthcare Project, Carolinas Medical Center (began her term in February 2011)

Dr. James M. Sullivan, Mecklenburg Medical Examiner

Jane Taylor, United Family Services, Shelter for Battered Women

Stacy Wright, Presbyterian Hospital

Staff support: Helen Lipman, Mecklenburg Community Support Services

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