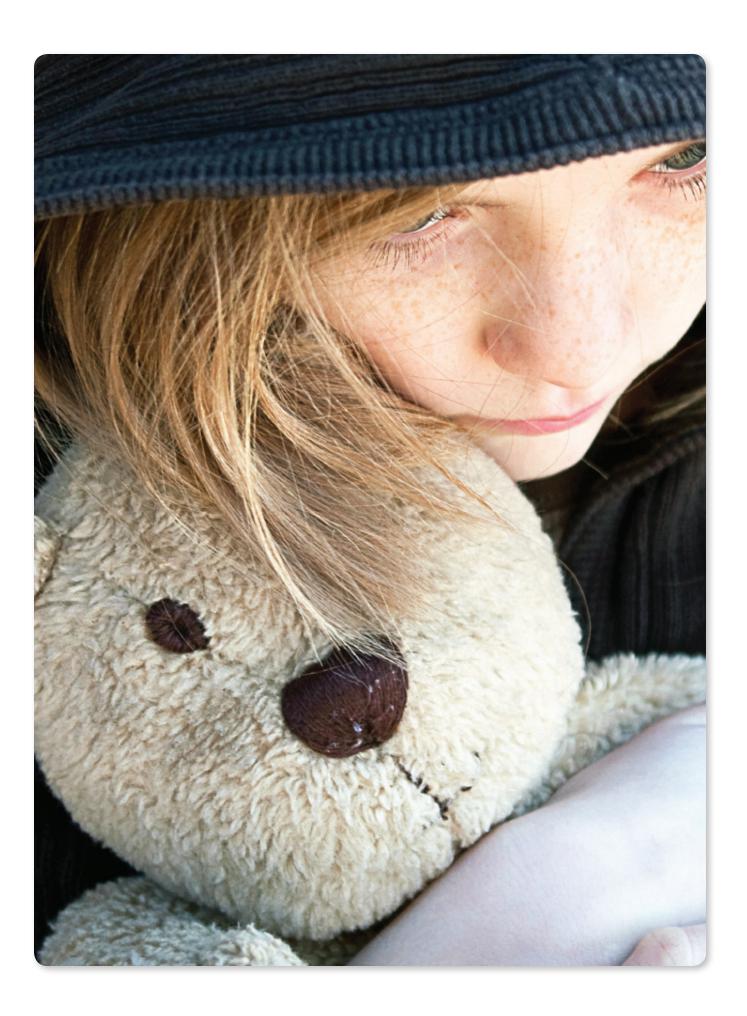


The Protocol When Children Witness Domestic Violence Parental Homicide

Developed by the House Of Ruth Maryland and the Baltimore City Domestic Violence Fatality Review Team with support from Fund for Change.



Introduction

Since its creation in 2007, the Baltimore City Domestic Violence
Fatality Review Team has studied numerous cases of domestic
violence-related fatalities and near fatalities in an effort to reduce
domestic violence-related fatalities through inter-disciplinary
training and community based prevention education; and through
data-driven recommendations for legislation and public policy.

That evaluation process resulted in a critical recommendation pertaining to children. In cases where a child witnessed the murder of one or both parents as a result of domestic violence, no protocol existed to assess their trauma and determine what treatment these children needed or to facilitate access to counseling services. Unless a family member or caretaker independently sought counseling and support for the children, none was ever received.

After studying those cases, a clear pattern emerged. Children who witnessed their parent's murder went on to develop emotional and behavioral problems that resulted in juvenile and eventually adult criminal records. What follows is the Baltimore City Domestic Violence Fatality Review Team's recommended protocol to be used citywide in situations where a child has witnessed the domestic violence-related murder of a parent.

This report and protocol are dedicated to Kate Wood and her family.

How Many Children Are Affected



There are about 4,000 intimate partner homicides in the United States each year, of which approximately 90% are of women by men. As a result of these homicides it is estimated that between 2,000 and 3,000 children a year in the U.S. are affected because the victim and/or the perpetrator are their parents. It is just as common, for example, as childhood leukemia (2700 in 2001) or Sudden Infant Death Syndrome (SIDS) (3,000 annually). In the case of intimate partner homicide, a child loses at least one parent to a violent death and sometimes two. Significantly, approximately one-third are homicide-suicides in which the parent kills their spouse and then themselves. In most of the remaining cases, the assailant is convicted and spends many years incarcerated so the child has one parent dead and one in prison.

What The Children Told Us

Thank you to Barbara
J. Parker, RN, PhD, FAAN,
Theresa A. Thomas
Professor of Nursing,
University of Virginia
for writing this section
of the report.

Given that little information is available about this group of children, a research team from the University of Virginia, School of Nursing undertook a study about the experiences of children who survived an uxoricide (the death of one parent at the hand of the other). To this end, 89 individuals were recruited in several major cities. Additionally, many participants referred their siblings. Participants had to be over 18 years of age at the time of the interview, and aged 19 or younger at the time of the homicide.

The team of investigators grouped the data into themes to create a qualitative description of the participants' experiences. A major theme, which almost all participants described, was when, how and with whom to talk about the homicide. Some participants were implicitly discouraged by their families to speak about the homicide at all. As one man said, "You would try to bring it up and somebody would shut it down like you had to move on." An explanation for the family's reluctance to talk is contained in this quote: "My family certainly didn't want to talk about what happened because they were still exhibiting trauma over what happened, even though they wouldn't admit it."

Others reported explicitly being told not to talk: "I remember my uncle saying stuff like, that's over with; you've got to put that behind you. You've got to stop acting like a little crybaby and a little sissy, and you've got to move on."

Sometimes the participant understood that fear of pain was the reason for not wanting to talk: "I really didn't sit down and talk to them (his siblings). I guess we just wanted to keep from feeling the hurt. It



"What really happened was I lost both of them that day, your mother is dead and you never get your real dad back."

was like busting a balloon with water in it. You didn't want to break it and let all that out." These siblings were able to talk about the homicide years later but when they were young and close to it, they could not console each other. They were all too badly hurt to help each other.

Sometimes family members gave double messages. For instance one participant reported that a relative expressed fury when asked to talk about the participant's father. The son related that he was sure that his dad was a terrible man but he had difficulty hearing about it. He summarized the following advice to family members. "No matter how hard your feelings are towards that person try not to express it to them. No matter how bad your parents are, you don't really want to hear it when you're little. You want to hear that your parents had some good ways about them, not everything about them was bad."

Surviving children often were made to feel conflicting loyalties. With the father's family, often the victim was portrayed as an evil person who "caused" the assailant to lose control and kill her. With the mother's family there was barely concealed hatred toward the assailant and often reluctance to allow the child to have any interactions with their father. This caused the children to feel confused and constantly needing to explain and defend their parent(s) to the rest of the family. Often, the only people that they felt understood this issue was their siblings.

What Happens When We Don't Respond



Tony was 11 years old when a gunshot changed his life. Just minutes before, he, his mother and 16-month old brother had returned home after visiting with his grandparents. Waiting for them was the man that Tony's baby brother called Dad. The man was angry and they all knew what that meant, so his mother grabbed his arm and the three of them ran. The first bullet hit his mother in the shoulder, the second in the hip. She fell to the ground and Tony kneeled at her side.

The man walked up, took the baby out of her arms and then shot her through the throat. He then pointed the gun at Tony, but there were no more bullets in the chamber so instead, he kicked the 11 year old in the stomach and ran. In a period of less than ten minutes, Tony became one of the hapless victims that our society often overlooks — children who witness their parent being murdered and are then left to deal with the emotional ramifications.

No protocol or resource manual existed in 1997 when Tony's mother was gunned down. The onus fell solely on Kate Wood and her husband, the maternal grandparents of both Tony and 16-month old Joshua, to pick up the pieces and find their way through the maze of red tape. "Because I was a police officer at the time," says Wood, "there were a lot of people willing to guide us through the process, but if you don't have those kind of contacts, there's not really a program or a place you can turn to for help."

In this case, the help necessary was not only complicated, but also crossed state lines. After a car chase, police in New York apprehended their daughter's killer and recovered 16-month old Joshua, however, both were recuperating in the hospital. "They told us one of his brothers wanted to take Joshua so we begged them to keep him in the hospital until we could get there. We, literally, had to bury our daughter and

Families should be advised not to hide information and to be open to talking anytime the child wants to, but they should not force the children to talk.



drive directly to New York. Neither the police, nor social services knew who they should give the baby to and I truly believe if I hadn't been a police officer, we would have never seen Joshua again."

Now, even 14 years later, Kate finds it difficult to talk about that time in her life. "I'm sure the boys had a hard time," said Wood. "It's not just like they walk out of their home and into yours and it's all okay. On top of it all, you're dealing with this loss — one minute Fran is in your life and the next minute, she's gone. All you can think about is trying to help the people who survived."

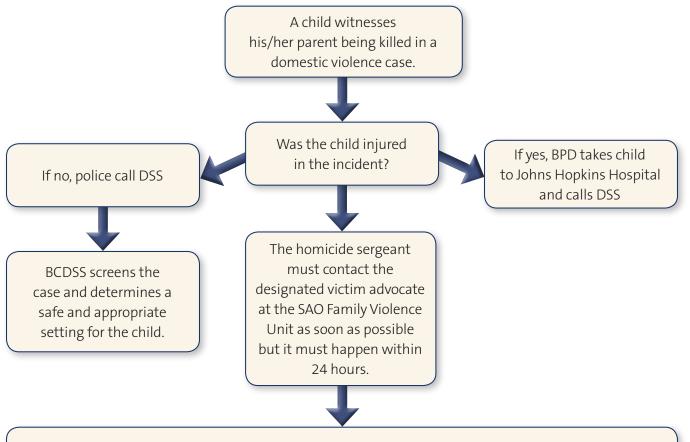
Tony's refusal to even discuss the events of that fateful day led Kate to get him into therapy. He went for a few visits, then refused to go back. He told his grandmother he couldn't keep going there and talking about the same thing over and over again. "I understood because I hated it, too. I didn't want somebody telling me they knew how I felt," said Wood, "They didn't know how I felt and they couldn't possibly understand. All I wanted to hear was how they could help me."

For Joshua, the issues were more pronounced. "We would take him to cemetery, but he couldn't handle it - looking down at somebody he didn't remember and with a Grandma who couldn't keep her composure," recalls Wood. She also confided that Tony sometimes felt that Joshua was to blame because it was his father who killed her. Over the years, both boys experienced severe ups and downs. Today Joshua is in a group home preparing to eventually live with Tony. "There was a time that Tony wasn't doing so well," confided Wood, "but he's made a lot of changes and is doing dynamite now."



Response to Children
Witnessing Their Parents
Being Killed in Domestic
Violence Cases

Response to Children Witnessing Their Parents Being Killed in Domestic Violence Cases



SAO Victim Advocate calls HRM Community Child and Family Therapist and the DSS Administrator on Call for Safety to tell them when the Victim Advocate is meeting with the child and caretaker. If the child is in Foster Care, DSS will coordinate with the Police to arrange to bring the child and caretaker to the meeting. If the child is not in Foster Care, the Police will bring the child and the caretaker to the meeting. HRM Community Child and Family Therapist attends meeting and meets with caretakers while victim advocate is interviewing the child. HRM Community Child and Family Therapist attempts to connect with the caretakers by providing information and resources. HRM Community Child and Family Therapist hopes to get family to agree to bring child for a trauma assessment and counseling.





Memorandum of Understanding



2201 Argonne Drive

Baltimore, Maryland 21218-1627

Administrative Office: 410-889-0840

24-Hour Hotline: 410-889-RUTH

www.hruth.org