

Children Exposed to Violence

Enhancing Responses to Children and Caregivers Affected by Intimate Partner Homicide



Beth Meeks & Ashley Chretien

for the

Louisiana Coalition Against Domestic Violence

This document is intended for use by professionals, primarily first responders dealing with domestic violence related homicides and suicides. It addresses the immediate aftermath of such an event, primarily the first week. It is not intended to be a resource distributed to survivors.

In addition to this protocol there is an accompanying tool kit of resources which includes resources for surviving loved ones. If you would like to receive a copy of this protocol please call the Louisiana Coalition Against Domestic Violence at 225-752-1296 or visit our website at www.lcadv.org. The tool kit is available for free download on the website and a copy of this protocol will be provided free of charge after a written request.

While this document is focused on domestic homicides and suicides we acknowledge that many of the principles in the document may be useful in other crisis situations, including those not specific to domestic violence and those without a fatality.

This document should not be read as a required step by step guide. Rather, it presents many options for what to do and what order to do it in. Keep in mind that many of the choices you make will be circumstance specific and relative to time and case specifics. We acknowledge that many decisions will have to be made intuitively with no time to consult another team member. Do what is best on balance when considering the child's emotional well-being and physical safety as well as the criminal investigation.

This project was supported by Grant No. 2011-WX-AX-K016. Awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions and recommendations expressed in this program are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Acknowledgments

This protocol would not have been possible without the hard work and dedication of the following individuals and agencies. Their continued support of the **Children Exposed to Violence (CEV) Project** throughout its three-year project period is much appreciated. The CEV Project would like to acknowledge the following **Project Partners** and **Advisory Committee Members**.

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Special Thanks

The CEV Project would like to extend special thanks to the following

for their expertise and training;

- **Valerie Bowman**, Director of the Domestic Violence Program and Family Justice Center Ouachita
- **Mitzi Harris**, Executive Director of the Project Celebration, Inc.,
- **Mariah Stidham Wineski**, Project Coordinator of the Louisiana Coalition of Domestic Violence
- **Melissa Williams**, Training Coordinator of The Haven, Inc.

The CEV Project would also like to extend its appreciation to the following

for program support and technical assistance;

- **Nancy Cline**, Consultant of the Alliance of Local Service Organizations
- **Carlee Taggart**, Program Manager of the Alliance of Local Service Organizations,
- **Darla Sims**, Program Specialist of the U.S. Department of Justice, Office on Violence Against Women
- **Alyssa Rheingold**, Associate Professor at the Medical University of South Carolina

Table of Contents

I. About Louisiana Coalition Against Domestic Violence 7

II. Project Overview 8

III. Background 9-11

IV. Case Examples 13-23

V. Purpose 24-26

VI. Preparing Your Community 26-49

- Initial Call 29
- On Scene Procedures 30
- Interviewing the Child 33
- Make Death Notification to the Child 34
- Children Not on Scene 36
- Caregiver Arrangements 37
- Follow-Up (Short Term) 37
- Funeral and Burial 40
- Media 40
- Crime Scene Clean-Up 41

VII. School Issues 42

- Notifying Others at School 43
- If Incident Occurs at School 44
- If Child is Deceased 44
- Reintegrating Child Into School 45

VIII. Alternate Languages 46

IX. Long Term Issues 47

Louisiana Coalition Against Domestic Violence

The Louisiana Coalition Against Domestic Violence (LCADV) is the federally designated statewide coalition of shelters, non-residential programs and individuals working to end domestic violence in Louisiana. Our programs serve people from everywhere in Louisiana and who come from all backgrounds. We oppose violence as a means of control over others and support equality in relationships.

We represent rural, urban and suburban areas. Our programs support and involve battered women and children of all racial, social, ethnic, religious and economic groups, ages and lifestyles.

Coalitions work at the statewide level and serve four main purposes. We provide training and technical assistance to local member programs and allies. In partnership with our programs we create social change around the issue of violence against women through public education, awareness, and task groups. We act as the lead organizer on public policy issues at the state and federal level. We support our programs by advocating for funding and assisting in the administration of funds, primarily those provided by state and federal governments.

Our mission is to eliminate domestic violence through public education, systems change, social change, and public policy. To promote and strengthen quality comprehensive services for member programs and all individuals affected by domestic violence.

LCADV Supporting Children Exposed to Domestic Violence Project

In 2010 LCADV conducted a statewide multi-disciplinary needs assessment survey regarding various topics related to domestic violence. This survey included staff of the Department of Children & Family Services (DCFS), the Department of Health & Hospitals (DHH), law enforcement, and the courts. Of the thirty topics presented, Children & Domestic Violence and the Intersection of Domestic Violence & Mental Health both received rankings of “urgent importance.”

Additionally, the Domestic Violence Fatality Review (DVFR) Project, concluded in 2010, recommended that victim service providers develop best practices for responding to domestic violence fatalities occurring in their service areas.

In an attempt to develop appropriate practices for responding to children throughout Louisiana who have been exposed to domestic violence, LCADV applied to The Children and Youth Exposed to Violence (CEV) Grant Program of the US Department of Justice’s Office on Violence Against Women (OVW), which provides training, coordination, and advocacy for such programs. A grant was awarded in 2011 to meet the following objectives:

1. Provide child welfare workers with training on the dynamics of domestic violence, as well as screening for domestic violence during child protection investigations;
2. Provide behavioral health workers with training on the dynamics of domestic violence, as well as screening for domestic violence in behavioral health and other counseling service systems;
3. Establish best practices for responding to children affected by domestic violence homicides and suicides.

In March of 2014 LCADV convened a two day meeting with stakeholders, officials and experts on children exposed to violence, to outline suggested practices for responding to children who have been exposed to domestic homicide and/or suicide. The results of that meeting comprise the recommendations contained in this document.

Background

Each year, the Violence Policy Center issues a report entitled *When Men Murder Women*, examining FBI Supplemental Homicide Report data detailing homicides committed against women. Since 1997, Louisiana has consistently ranked within the top five states with the highest homicide rates among female victims killed by male offenders in single victim/single offender incidents. In the 2007 analysis Louisiana was ranked first in the nation, with a homicide rate of 2.53 per 100,000 among females murdered by males. Although the data does not focus solely on domestic violence related homicides, the majority of female homicide victims in Louisiana were killed by an intimate partner, and it is probable that the number of females murdered by males is comparable to the number of domestic violence victims murdered by domestic violence perpetrators. It is therefore reasonable to infer that Louisiana also has some of the highest rates of domestic violence related homicides in the nation.

In 2005, LCADV created the Domestic Violence Fatality Review Project (DVFR) to address the need for a community-wide analysis of systemic gaps that hinder victim safety and perpetrator accountability. The goal of the DVFR Project was to reduce domestic violence (DV) in general, and DV related fatalities specifically, throughout Louisiana by using the following methods: promoting cooperation, communication and collaboration among agencies, organizations, and individuals investigating and intervening in DV; identifying patterns in DV related fatalities; formulating recommendations regarding the investigation, intervention, and prevention of DV; and creating a statewide database of information about DV related deaths to identify trends and patterns of perpetrator actions and community responses.

No entity had previously maintained a statewide database of information relating to domestic violence related fatalities, so it was impossible to accurately describe the impact of domestic violence fatalities in Louisiana. The DVFR Project turned to Supplemental Homicide Report data, reports submitted by Louisiana's Family Violence Programs, and media accounts to identify domestic violence related fatalities occurring between January 1997 and December 2007. The number of domestic violence related fatalities compiled by the DVFR Project is staggering.

For the years 1997 through 2009, the DVFR Project identified 797 incidents resulting in at least one domestic violence related fatality. In total, 892 individuals died in these incidents, including 64 children (under 17). The DVFR Project defines a domestic violence fatality as a fatality that arises from

an abuser's efforts to seek power and control over their intimate partner. Using this broad definition, domestic violence fatalities would include: (1) all homicides in which the victim was a current or former intimate partner of the perpetrator; (2) homicides in which the victim was someone other than the perpetrator's intimate partner, but which occur in the context of domestic violence or in the context of a perpetrator attempting to kill an intimate partner (i.e., friend, family member, new intimate partner, law enforcement); (3) homicides occurring as an extension of or in response to ongoing intimate partner abuse (i.e., revenge killing of children); and (4) suicides, other than the abuser's, which may be a response to domestic violence. During this period, Louisiana averaged 69 domestic violence related fatalities annually. The majority of domestic violence related fatalities occurred in Louisiana's three largest metropolitan areas—Baton Rouge, New Orleans-Metairie-Kenner, and Shreveport-Bossier City. The most common scenario for a domestic violence fatality was identified as: Male perpetrator, age 18-30, kills his current intimate partner or spouse, a female, age 18-30, with a firearm.

While the DVFR completed the objectives set forth in its original project, much remains to be done before the ultimate goals of reducing the incidence of domestic violence in general, and decreasing domestic violence fatalities in particular, throughout Louisiana can be achieved. The DVFR was able to provide six parishes with the opportunity to conduct a fatality review and to collaborate with local agencies, organizations, and individuals investigating and intervening in domestic violence. Ideally, all parishes would have the opportunity to establish a Coordinated Community Response Team, and a state-level DVFR Panel would also be established to develop and promote policies designed to reduce DV fatalities. The development of a data collection system to track DV related fatalities would also assist in the development of targeted legislative policies and prevention strategies. Training and education opportunities were provided for a small number of statewide system representatives, but a multi-disciplinary training curriculum on the best practices for responding to and providing services to victims of domestic violence is needed to ensure that system representatives are uniformly trained throughout the state.

To date, few studies have been conducted on children exposed to violence (CEV). The National Survey of Children's Exposure to Violence, conducted between January and May 2008, found that more than 60 percent of children surveyed were exposed to violence in the past year, either directly or indirectly. A limited study was conducted by Louisiana State University Health Sciences Center in 1993 and revealed that 51 percent of the children interviewed in two urban elementary schools in New

Orleans reported they had been direct targets of violence and 91 percent had witnessed some type of violence. There have been no statewide studies of Louisiana children and their exposure to violence, and LCADV is unaware of any resources or services specifically developed to address the needs of children who have been exposed to incidents of DV homicides. Louisiana does not maintain a formal statewide database of DV fatalities, so data on the number of children who witness DV homicides and suicides is not available. Murder-suicides accounted for one-third (1/3) of all identified incidents, however, which indicates that a significant number of children have been left orphaned as a result of DV homicides and suicides in Louisiana. LCADV estimates that as many as 100 children lose at least one parent in a DV related homicide every year in Louisiana.

As the statewide DV coalition, LCADV provides training and technical assistance to state and local entities engaged in violence against women activities to enhance their responses to victims of DV. To better access the needs of these entities, LCADV conducted a statewide multi-disciplinary needs assessment survey in 2010. The results of this survey served as a catalyst for the development of the training objectives of the present Children Exposed to Violence project of LCADV.

Staff of the Department of Children and Family Services and the Department of Health and Hospitals, as well as law enforcement officers and court staff were surveyed on various topics related to DV. Of the thirty (30) topics presented, “Children and Domestic Violence” and “Intersection of Domestic Violence and Mental Health” both received ratings of “Urgent Importance” and ranked within the top ten (10) most needed trainings across the state.

According to the 2008 U.S. Census data, Louisiana had the 2nd highest poverty rate in the United States (17.6%). According to 2008 American Community Survey, the poverty rate among children is even higher (25%). Rural poverty is always more severe than urban poverty and more than one-half (35 of 64) of the parishes in Louisiana are classified as rural or non-metro. Of these, 24 parishes are defined as persistent poverty parishes by the USDA.

Louisiana is ranked 49th among states in overall child well-being. The KIDS COUNT Data Book from the Annie E. Casey Foundation ranks states on ten basic measures of child well-being, assessing children’s health, economic status, family structure and education. Louisiana ranked among the bottom ten states on every measure included in the 2010 report, and that is still true in the 2014 report.

Why you? Because there's no one better.
Why now? Because tomorrow isn't soon enough.
-Donna Brazile



January 16, 2014
Denham Springs, LA
Livingston Parish

DENHAM SPRINGS, La. Authorities are investigating a possible murder-suicide of an estranged couple in which a man apparently shot his wife and then killed himself.

Around 7 p.m. Wednesday, Livingston Parish deputies were called to a home on Grand Turk Drive in the Denham Springs.

'My deputies discovered the bodies of a male and a female, both deceased from apparent gunshot wounds,' Sheriff Jason Ard said.

Detectives identified the man as 38-year old Marlon Reed Sr. and the woman was identified as 35-year old Aleria Cyrus Reed. The couple was married but currently separated. They have two small children.

'We've learned Marlon J. Reed, Sr. was staying at the Denham Springs residence with the couple's children. Aleria Cyrus Reed was residing with relatives in Baton Rouge. Through our investigation, we've learned that she was at the Denham Springs residence to visit the children. That's when the shooting occurred. We believe through the facts gathered that Marlon J. Reed Sr. shot his wife and then turned the handgun on himself,' Ard said.

Ard said deputies had been called to home before for alarm activation-type calls, not 'for any type of domestic-related issues or for incidents of violence.'

Aleria Cyrus Reed had filed a petition for a protective order in Livingston Parish, alleging domestic abuse involving her husband, and the order was active, Ard said.

The deaths remain under investigation and post exams are being conducted on the deceased under the direction of the Livingston Parish Coroner.

This story is from WWLTV.com:

<http://www.wwltv.com/story/news/2014/09/04/14657200/>

December 23, 2013
Harahan, LA
Jefferson Parish

Man dead after alleged attacks on ex-girlfriend, her son

Woman shot ex-boyfriend

By Danny Monteverde

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In a domestic argument turned deadly, a woman shot her former boyfriend in Harahan on Saturday night after he allegedly attacked her and her teenage son, authorities said.

The shooting happened a little before 6 p.m. in the 8200 block of Ferrera Drive.

Deputies have questioned Deborah Zito, 53, but have not arrested her in the death of Milton Schoen, 50. The death has been ruled a homicide, however, and police are consulting with the Jefferson Parish District Attorney's Office.

Officers were alerted to the shooting after a man called to report that his daughter had come to his house to tell him she shot her ex-boyfriend after the man abused her and her son, according to interim Harahan Police Chief Joe Lorenzo.

Cops rushed to the Ferrera Drive home and found Schoen's body inside the master bedroom. He was dead from a single gunshot wound to his abdomen, Lorenzo said.

Jefferson Parish deputies, who assisted in the investigation, then interviewed Zito, her 16-year-old son and a 15-year-old friend.

Zito, who appeared to be intoxicated, complained of pain to her head, neck and arm, Lorenzo said. She told authorities that Schoen was responsible for the injuries.

Zito was treated at Ochsner Medical Center while the teens were being questioned.

During an interview with homicide detectives, Zito's son said that Zito and Schoen had dated off and on for the past three years and that he saw Schoen physically abuse his mother several times. Some of those attacks were reported to police but most were not, the youth said.

Zito's son told detectives he arrived home Saturday with a friend about 15 minutes before the shooting happened. He walked into the darkened home, flipped on the lights and saw Schoen standing in front of his mother's bedroom door, which was closed.

The youth said he greeted Schoen, who seemed angry but did not say much. Zito's son then called to his mother that he was home. She acknowledged him but did not leave the room, he told detectives.

At that point, the teen said, Schoen went into Zito's room. About 10 minutes later, a gun went off.

"Son, get in here," Zito shouted, according to Lorenzo.

The teen ran into the bedroom, where he found Zito, seated on the bed, pointing a handgun at Schoen, who stood at the foot of the bed. Zito looked frightened, the teen told detectives, while Schoen looked angry.

Zito's son told Schoen to leave his mother's room, at which point the man shoved the boy with both hands, sending him tumbling into a wall, Lorenzo said.

Zito fired the gun a second time, hitting Schoen, who fell to the floor.

Zito ordered her son out of the room and then drove to her father's home in River Ridge to report the shooting, Lorenzo said.

At the hospital, doctors found Zito had several contusions to her neck and arm, in addition to a strained neck muscle.

According to authorities, Zito had filed reports against Schoen in January, May and August 2012. Each report was for domestic battery, Lorenzo said.

Zito has no criminal history. Schoen had previous arrests for aggravated battery and simple battery, among other charges, Lorenzo said.

November 14, 2013
Baton Rouge, LA
East Baton Rouge Parish

Man Charged With Attempted Murder After Shooting at Car Containing 3 Children

Posted on November 14, 2013

The Baton Rouge Police Department has arrested 30-year-old Demetrice Johnson, 2748 Lupine, Baton Rouge, and charged him with 4 counts of attempted 1st degree murder among other charges.

According to a report, officers were contacted around 7:00 AM on Thursday, November 14th in reference to a shooting incident that took place on Varsity Street. The complainant told officers that Johnson shot at her vehicle which was occupied by her and her 3 juvenile children at the time.



Investigating officers found a bullet hole in the rear of the vehicle. The slug from the gunshot was found lodged inside of the car "approximately 6 inches away from both (rear seat passenger's) heads," according to the report.

While officers were speaking with the victim, Johnson repeatedly called her asking for his belongings to be returned. The victim agreed to meet him at an apartment on Blount Rd. and arranged to have investigators follow her.

When investigators arrived at the apartment they were met by a female, later identified as Cynthia Moore, who told officers that Johnson was at the residence earlier, but left. Moore gave investigators consent to search the apartment and they located Johnson hiding in a hall closet.

Johnson was taken into custody and a search of his person produced 6 and a half doses of Hydrocodone, which were located in his pocket. He showed investigators where the gun used in the shooting was located, which was a closet inside a child's bedroom.

Investigators learned that Johnson had a lengthy history of violence towards the victim and in this incident he told her that he was going to kill her.

The report notes that Johnson also has been arrested on numerous violent charges including Armed Robbery, Burglary and numerous narcotics charges.

Johnson told officers that when he bonded out of jail, he was going to "take care of" the victim.

Investigators charged Johnson with Attempted 1st Degree Murder (4 counts), Illegal Use of a Weapon, Possession of Schedule III Narcotics, Possession of a Firearm with a Controlled Dangerous Substance and Possession of a Firearm by a Convicted Felon.

He was transported to EBR Parish Prison where he is being held in lieu of a \$290,000 bond.

Natchitoches Parish Sheriff's Office Press Release

http://www.npsheriff.org/News_Article.aspx?ArticleID=199

Natchitoches, LA

Natchitoches Parish

April 3, 2013

Title: Natchitoches Man Arrested after Firing Shots into Ex-Girlfriend's Residence near Natchitoches;
Children Present

Date: 04/03/2013

Natchitoches Parish Sheriff's Deputies have arrested a Natchitoches man on Attempted Murder charges in connection with a domestic disturbance that resulted in shots being fired into a Payne Sub-Division residence near Natchitoches on Tuesday night according to Natchitoches Parish Sheriff Victor Jones Jr.

The incident began on Tuesday evening at approximately 11:04pm, when the Natchitoches Parish Sheriff's Office received a complaint call from a female in the 100 block of John Drive, in Payne Sub-Division near Natchitoches reporting that her ex-boyfriend (Andre D. Sowell) had allegedly been harassing her by driving past her residence blowing the vehicle horn, and making harassing telephone calls.

Deputies responded to the scene and while interviewing the complainant, the ex-boyfriend called the complainant's cellular telephone. Deputies at that time, instructed the ex-boyfriend not to contact the complainant again or criminal charges would be obtained through the Tenth Judicial District Court.

Deputies cleared the scene, checking the area for the suspect.

Approximately 20 minutes later, the complainant contacted deputies reporting that several shots had been fired into her residence through the bedroom window while she was allegedly lying on the bed.

Two children ages: 5 & 7 along with another adult were also present in the residence.

Deputies responded to the scene again, and learned during the investigation that Sowell was a suspect in the case. After determining that there were no injuries, deputies issued a BOLO for the suspect and 1995 GMC Suburban, Red in color, believed to be in the Natchitoches area.

Deputies discovered several bullet holes in the residence.

At approximately 2:20am, Natchitoches deputies assisted by Natchitoches Police Department, Patrol Shift C, took the suspect into custody without incident while at a apartment in the 700 block of Bossier Street, in Natchitoches



Andre D. Sowell, 32 of the 700 block of Bossier Street, Natchitoches, La., was booked into the Natchitoches Parish Detention Center charged with 2-Counts of Attempted Second Degree Murder, and Domestic Abuse-Child Endangerment.



Mom recounts saving unborn child from shooting spree

Her father-in-law killed her husband and 2-year-old son: 'System does not protect wives'

Six months pregnant and clutching her 2-year-old son in her right arm, Amber Carter had a harrowing decision to make as her estranged father-in-law burst into the room with a gun after having already fatally shot her husband and mother-in-law.

She could either face a man who had violated a protection order from her mother-in-law multiple times and was now carrying through on the threats of violence that he had hinted at for two years — or leap out a second-story window.

"I'm thinking, 'This is it,'" Carter told NBC News. "He's going to kill us."

Carter took eight gunshots to her left leg while straddling the window sill, and her son, Mason, was also hit four times before Carter leaped out the window to try to save her son and her unborn child. She and her son landed on the sidewalk on the side of the house. Her father-in-law, 50-year-old Dennis Carter Sr., then came downstairs and shot her in the back at close range before fleeing the scene.

During that time, 2-year-old Mason died in her arms from his wounds. An hour later, Carter Sr. shot himself during the police chase that followed the shooting spree in which he took the lives of his own son, Dennis Carter Jr., 26, his estranged wife, Donna, 49, and his grandson Mason.

"On a scale of one to 10, 10 being the worst, this was absolutely the worst I have ever seen," Perry Rushing of the Livingston (La.) Parish Sheriff's Office told NBC News.

[Video: Mom jumps out window to save unborn baby](#) (on this page)

But while Carter lost her husband, her mother-in-law, and her young son that horrific day at her mother-in-law's home in Holden, La., one member of her family was saved. Amber underwent an emergency caesarean section that day and gave birth three months prematurely to her daughter, Aubrey Marie Carter.

That was September 2009. Only now, nearly two years later, is Carter able to speak comfortably about the rampage that put her in the hospital for 78 days, where she underwent 10 operations that were followed by

months of rehabilitation. Partially paralyzed and confined to a wheelchair, she lives with her mother and daughter in Springfield, La., and is unable to work, subsisting on Social Security checks in the face of daunting medical bills.

No protection

Carter said she was appearing on TODAY to point up the failings of a judicial system that did not stop her father-in-law, who had previously been arrested three times for domestic abuse and violating a protection order. In March of 2009, he had threatened his estranged wife with a machete and tried to kill her, according to Livingston Parish police records. A day before his actions made national headlines, Carter Sr. had called his son with another death threat.

"The judicial system does not protect wives in domestic violence situations," Carter told TODAY's Meredith Vieira. "The restraining orders aren't worth the paper they're written on."

While holding Aubrey, a healthy 20-month-old, in her lap, Carter admitted that even though her father-in-law had made threats, his eventual rampage still seemed unthinkable at the time. She stressed that the local police "did a wonderful job" — but the failings of the court system allowed her father-in-law to pursue his murderous intent.

"We didn't think he was capable of that at all," Carter told Vieira. "No way [was he] capable of doing something that extreme and hurting us that badly. We did everything we were supposed to do. We called the police every time. We did the right thing."

While Carter put on a brave face on the aftermath of the incident, it still looms heavily in her family's life. She lives on a 20-acre spread owned by her grandparents where she had planned to move with her husband and children. Her mother is unable to work because she is taking care of Amber and Aubrey.

Sometimes, Carter said, the only thing keeping her going after having watched one child die in her arms and seeing her mother-in-law murdered in front of her is knowing that she still has a daughter to care for.

'Get help'

"People ask us all the time, 'Oh, how are you doing?'" Carter said. "We used to say, 'Just fine,' and honestly, we're not at all. It's extremely difficult emotionally, and it's sometimes unbearable financially. It's brought us so much grief, but we have Aubrey and she's doing well. That makes us happy."

Carter said she hopes to find medical assistance that can help her walk again so she can be more independent and care for Aubrey on her own. In the meantime, she wants her story to serve as a reminder of the threat of domestic violence and the problematic nature of the court system when it comes to that issue.

"It is very important to get help," she said. "Don't ever think that someone isn't crazy enough to do something like that, because that's exactly what we thought."

But despite the physical, emotional and financial challenges she still struggles with every day, Carter said she has one great compensation.

"I get to see my little girl grow up," she said.



Destrehan couple's death ruled murder-suicide

By [Lori Lyons](#),

The St. Charles Parish Sheriff's Office spent Friday investigating the deaths of two Destrehan residents, one a seventh grade teacher, in what investigators have classified a [murder-suicide](#).



Fenisha Charles, left, and Carroll Charles Jr.

The bodies of Carroll Charles Jr., 40, and Fenisha Charles, 38, 17 Trepagnier Drive in Ormeau Estates, were discovered by the couple's 15-year-old daughter Thursday about 7:35 p.m. Both had suffered gunshot wounds.

According to a Sheriff's Office report, the daughter said she was awakened by the sound of gunshots and a short time later, discovered the bodies of her parents on the floor in their bedroom. She ran to the house of a neighbor, who called authorities.

An investigation later determined that Carroll Charles Jr. used a handgun to shoot his wife twice and then himself. The couple's other daughter, a 19-year-old college student, was not at home at the time of the shooting.

According to St. Charles Parish Sheriff's Office spokesman Capt. Pat Yoes, investigators learned that the couple had been experiencing marital problems.

Fenisha Charles, a 1990 graduate of Destrehan High was an educator in St. Charles Parish for more than eight years. She began her career in 2000 at Norco 4-6 and was a science teacher at R.K. Smith Middle School in Luling.

"Fenisha was always positive and upbeat for the kids and the staff," said R.K. Smith principal Harold Blood. "She was respected by all and loved by all. This is a tremendous loss for our R.K. Smith family."

Counselors were sent to the school Friday to help students and faculty.

KTBS.com
<http://www.ktbs.com/story/22364543/bienville-police-juror-accused-of-domestic-violence>
Shady Grove
Bienville Parish

Bienville Police Juror Accused Of Domestic Violence

A Bienville Parish police juror was arrested early today on domestic violence charges involving his wife. Raymond Earl Malone, 53, of Shady Grove was held in the parish jail in Arcadia this morning pending a bond setting. He was booked on a charge of second-degree battery/domestic violence. Malone is accused of dragging his wife, Lekicia Loyd, from a vehicle and choking her. Bienville Sheriff John Ballance said sheriff's deputies on Sunday were called to the hospital in Jonesboro, where Malone's wife had gone for treatment. Deputies interviewed her and obtained an arrest warrant, Ballance said. Malone was arrested early today as he headed home from work, Ballance said. The alleged incident happened in front of a 2-year-old child, Ballance said.

Denham Springs man held in death of girlfriend

Woman's three young children at home during homicide

By Ben wallace and RYAN BROUSSARD

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A Denham Springs man with a history of domestic violence admitted beating his girlfriend to death with a metal pipe — a crime witnessed by at least one of the three young children in their house, authorities said Tuesday.



Jerry J. Pinestraw Jr., 37, told investigators he fatally struck his live-in girlfriend, Nicole M. Ozment, 29, during a heated argument either late Monday or early Tuesday at their Denham Springs home, Sheriff Jason Ard said.

A woman living nearby called 911 early Tuesday to notify deputies they were needed at the couple's home in the 8600 block of Chickasaw Street. At the home, deputies found Ozment's three children, all under the age of 10, and Pinestraw, who cooperated fully with investigators, Ard said.

Investigators are in the process of interviewing the children, who are now in state custody, the sheriff said.

The children, whose specific ages were not released, are Ozment's — Pinestraw is not their father, Ard said.

"At least one of them did witness and see the actual crime," Ard said. He would not say where in the house the fatal beating took place or what rooms the children were in at the time.

"I think it was all over (the house)," Ard said of the fight. "I don't think it was in one particular room."

It was unclear Tuesday what prompted the neighbor to call deputies to the couple's home at 8661 Chickasaw St., just north of Vincent Road near its intersection with Pete's Highway.

Ard said he didn't know what the couple was arguing about.

Investigators reported Ozment suffered severe facial trauma, Ard said, but they're awaiting results of an autopsy scheduled Wednesday morning to determine the mother's official cause of death.

He added it may take a few days before his office receives those results.

Pinestraw has a history of domestic violence, Ard said, although he could not provide details about specific instances other than to say his deputies arrested Pinestraw at least once after a domestic incident.

Ard also said a warrant is still outstanding for Pinestraw's arrest on misdemeanor domestic abuse battery, though the sheriff could not recall late Tuesday which agency issued the warrant.

Deputies booked Pinestraw into the Livingston Parish Detention Center on a count of second-degree murder and three counts of child desertion. Under Louisiana law, child desertion involves either intentionally or negligently exposing children under the age of 10 to dangerous circumstances where they cannot reasonably be expected to protect themselves.

Pinestraw's bail was set at \$500,000, booking records show.

Deputies do not expect to make additional arrests, Ard said, although the counts against Pinestraw could change as the investigation continues.

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Purpose

Few things are more traumatic than losing a parent. The trauma of such a loss can be compounded when it occurs at the hand of a family member, worse yet, in the presence of the child. Louisiana has a well-documented history of staggering rates of domestic homicide. Many of these incidents occur in the presence of children and virtually all affect children directly. For the years 1997 through 2009, the Domestic Violence Fatality Review Project (DVFR) of the Louisiana Coalition Against Domestic Violence (LCADV) identified 797 incidents resulting in at least one domestic violence related fatality. In total, 892 individuals died in these incidents, including 64 children (under 17). During this period, Louisiana averaged 69 domestic violence related fatalities annually. Based on these numbers and anecdotal evidence it is reasonable to estimate that 100 children per year in Louisiana are affected by the loss of at least one parent in a domestic homicide or related suicide.

What is evident is that there are very few resources for these children. The work contained in this document intends to serve as a catalyst for communities who seek to support these children and thereby break the cycle of violence. In order for these children to have a chance at a secure and emotionally balanced life, we acknowledge that the children need specialized trauma care and their guardians and caregivers need specialized supports in managing the immediate aftermath and long-term effects of the crisis.

This document seeks to assist communities in beginning a dialogue about ways to care for children exposed to homicides and suicides rooted in domestic violence. It is intended for use by professional first responders and advocates working in teams. It is not meant to be an all-encompassing document. It does not seek to provide answers to every need a community will encounter when dealing with such situations. Each situation is unique and it would be impossible to offer such detailed insight.

It does focus on the mental well-being of the child. It offers practices which might serve to stabilize the mental wellness of the children affected. It does not seek to manage the death investigation and we acknowledge that when the two goals are in conflict decisions regarding the criminal investigation are paramount.

Children bear witness to domestic violence in a number of ways. They may be physically present when it occurs. They may be in the actual room or in the location, apart from eyesight but within hearing range. They may have been injured but survived. They may try to intervene and protect a parent. They may have been part of a hostage standoff and been rescued before the death event. They may have been in remote contact with the victim or offender during the incident and thereby witnessed the event unfold over social media or by telephone or other means. While not all of the protocol will be useful in every situation, there are likely pieces of the protocol that will be helpful regardless of the way in which the child has experienced the event.

This protocol generally covers the initial stages of the response, most likely to occur in the first week after the incident. It is organized chronologically because it is nearly impossible to separate roles and maintain the integrity of the processes. It is designed to be an integrated response and is written from that perspective.

We acknowledge that either gender can be a perpetrator or victim of family violence. Throughout this document we have chosen to refer to perpetrators as male and victims as female because the statistical evidence is clear that this is most likely scenario.

While this document is focused on domestic homicides and suicides we acknowledge that many of the principles in the document may be useful in other crisis situations, including those not specific to domestic violence and those without a fatality.

This document should not be read as a required step by step guide. Rather, it presents many options for what to do and what order to do it in. Keep in mind that many of the choices you make will be circumstance specific and relative to time and case specifics. We acknowledge that many decisions will have to be made intuitively with no time to consult another team member. Do what is best on balance when considering the child's emotional well-being and physical safety as well as the criminal investigation.

Preparing Your Community

Community partners should meet to develop formal partnerships and convene response teams who are willing to have formal training and be called upon to assist if a circumstance arises where a child has been exposed to a domestic homicide and/or suicide.

At a minimum the initial meeting of community partners should include:

- 1) law enforcement who investigate these crimes and/or preferably trained to deal with juveniles,
- 2) domestic violence advocates
- 3) representatives from district attorneys' offices,
- 4) school personnel, and
- 5) a representative from the Coroner's office.

It is preferable if one of these partners assumes the lead in coordinating the response team and an initial meeting can be coordinated by any of these team members, even if the group chooses a different lead agency during planning phases. It is important that the team is comprised of members who have legal authority over such events and can address policy as well as procedural issues.

The team should first review the protocol and discuss their impressions of the recommendations contained herein and then evaluate the ability of their community to implement the recommendations.

Make preliminary determinations of which community partners might be able to handle each activity and what training might be necessary to do that. At subsequent meetings invite in other community partners that may be relevant to your community and make plans to engage the group in training opportunities.

Examples of other community partners you may wish to include are:

Hospice
Hospitals
Child Welfare
Grief Counselors
Child Advocacy Centers
Victims Advocacy Coordinators
Chaplains assigned to law enforcement
People experienced with death notifications

LCADV is available to offer support as you walk through this evaluation and training phase. Often local service providers can link you to training for no or low cost. LCADV can also provide or recommend appropriate training on a number of topics at low or no cost.

All members of the team should have basic training in the dynamics of domestic violence as understanding this is essential in dealing with the child's response and effectively supporting the child's caregiver. This training is best provided by your local domestic violence program. For a list of state approved providers see the appendix or contact LCADV.

Even if the members of the group think they have had basic DV training, they should go through a refresher as a group to make sure that they are all operating from the same philosophical understanding of current theory and interventions in the field of domestic violence.

Additionally, training as a group allows the opportunity for more seasoned members to give examples and feedback to members of the team who may be newer to dealing with issues of domestic violence.

All team members should have training in death notification and, ideally, training in mental health first aid that specifically builds empathy and sensitivity awareness. All members of the team, especially first responders, should have grief and trauma education.

Once the team has developed an initial plan it is ideal to create a collaboration agreement that outlines which partners have agreed to take which tasks. If the team reaches a phase where they feel they have finished initial training and coordination, they should agree to meet and review roles and have refresher training at least once a year.

Communities should consider having more than one team member capable of filling each role. This provides multiple options for responding in case a team member is unavailable when the event occurs.

It is also helpful to have duplicate team members as they can serve as support persons who debrief team members in an attempt to mitigate secondary trauma that the team members are likely to experience.

After each death incident the team should consider meeting to debrief. Team members should always be offered the opportunity but never required to participate. This must be done carefully, in a limited group and shared information must be managed in a way that does not compromise the investigation or violate any confidentiality laws. Immediate debrief should be limited to emotional debrief of responding team members, no specific information about

process should be analyzed. For a full technical procedural debrief about processes it is recommended that the group wait until the criminal case is closed. In the event of a homicide/suicide a full debrief can happen in the days immediately following the event.

The team should include members who are trained in critical incident debriefing. Employees of Child Advocacy Centers as well as Victims Advocates, Domestic Violence Advocates and mental health workers are often already trained and possess skills that make them good candidates to fill such a role.

Initial Call

Make sure that all law enforcement dispatchers have training not only in regular 911 procedures but specifically how to handle DV calls and interviewing children. There are specific questions that are critical for responding officers when they are determining how to proceed and whether or not to prepare for the presence of children.

Some examples include:

Who is on scene?

Is a child on scene?

If yes, where are you?

Are you safe?

Can you hide?

If a child is the caller it is important to attempt to specifically identify the known threat. If a child does not use a formal name the dispatcher should attempt to clarify. This is a critical component of securing the scene, and protecting the child from harm.

Who is daddy? - Who is Mommy's boyfriend? - What is his name?

In other emergency circumstances it is standard practice to tell a child to go to an adult. In a domestic incident it is imperative that the dispatcher ID the known threat before issuing such instructions so that you do not direct the child into harm's way. Dispatchers may need to instruct the child to hide from an adult.

On Scene Procedures

The surviving child's immediate safety is always the first concern. If the child was present during the incident he should be evaluated for any possible injuries. Physical injuries should be treated immediately.

If a child is on scene at the homicide an officer trained to deal with juveniles, who has been on the team and knows the protocol, should be immediately dispatched to the location. Ensure that these officers have training in death notification, specifically notification to juveniles.

Many jurisdictions have detectives who are specially trained to respond to juveniles or investigate and interview children in criminal cases. This officer is a likely candidate for these tasks. Other good options include juvenile probation officers and school resource officers.

The designated officer should REMOVE THE CHILD FROM THE SCENE as soon as is safely possible and stay with the child AT ALL TIMES until a suitable caregiver assumes care of the child.

Often a child is found at the scene with the decedent's body. If a child is having a difficult time separating from their parent, be very reassuring and gentle. Explain to the child that you need to have him come with you so that you can make sure he is okay and so that you can call someone in his family to come and be with him.

It is helpful if possible, especially for small children, that they be able to take a comfort item from the home. This might be a blanket or favorite toy. Frequently these items can be removed without disturbing the integrity of the crime scene. If the item is contained in a room where none of the incident occurred or you can document that the item was covered or otherwise contained in something like furniture, a storage container, or under a bed, officers processing the crime scene should document that. They should note that the item was removed and articulate the need for removing the item, including any signs that the child was in distress and in need of comforting.

You may also ask the assigned caregiver to bring an item of comfort with them when they pick up the child. Law Enforcement or DAs have final authority over whether or not to allow removal of such an item from a crime scene.

You may ask the child if there is particular item they would like to take with them. If there is a pet on scene the child would like to take try to make arrangements to do that and request that the person who takes guardianship of the child takes the pet as well. Pets can be very soothing for children in such a crisis and if they are separated from the animal they may worry about its safety.

Remember to determine, if possible, whether the child has any necessary medication at the scene and bring that with the child.

This officer should be plain clothed and in an unmarked car. Avoid transporting the child in a marked car by a uniformed officer if at all possible. This applies not only to police cruisers but other official vehicles with lights or insignia. Transporting a child in an official vehicle can lead the child to believe they are at fault for the incident and are being transported to jail or that they are somehow sick or injured. The appearance of lights, sirens and radios can also provoke or increase a child's anxiety or fear. When transporting the child the assigned officer should be as comforting as possible, telling the child you are taking him somewhere safe where he can be

comfortable until the assigned adult guardian arrives. If possible avoid transporting the child in the back seat of the car.

Move the child to a second location, away from sight and hearing distance of the homicide scene. This location should be safe and preferably as homelike as possible. Be careful not to take the child to a heavily secured section of a law enforcement facility. The area should be a low traffic area where the child will not see other uniformed officers or overhear investigative conversations.

If possible the room should have inviting, comforting furniture, a couch, low noise and soft lighting. Options include a room at a counseling center, supervised visitation center, church, children's advocacy center, domestic violence shelter or any room specifically designed for this sort of purpose at a law enforcement office or child welfare office. The team should determine several suitable locations during their planning phase. The child may be in this location for an extended period of time and might need food, drink and bathroom facilities available.

Domestic violence shelters can be good options for such a location. They are typically well stocked with diapers, bottles, food and toys. They may also have pajamas or children's clothing. They are open and staffed 24 hours a day and typically in a well secured facility. They also have trauma trained staff and access to sleeping facilities.

If the child has access to a cell phone, tablet or other media devices try to remove them temporarily. Tell the child you will be holding it temporarily and will return it as soon as you fully understand what is going on and determine everyone is safe. These devices may contain evidence or could receive/transmit information that would compromise the investigation or the child's witness statement. If you have not yet notified the child of the incident they may inadvertently receive the news. Most importantly if the offender is not yet in custody it can be used to locate the child or otherwise put them in danger.

When determining who to contact to take custody of the child it is helpful if you ask the child who they would like you to call. This may be a person other than the legally next of kin. Take care to evaluate these relationships. If no next of kin is available or the child has a close relationship to someone not a legal relative you may consider contacting that person to comfort the child or assume guardianship. The next of kin with legal standing may also voluntarily defer guardianship to someone with whom the child has a closer relationship.

Try to keep the child, family and caregivers from viewing any bodies on scene. This avoids exposing the family to sensory imprints such as graphic sights or smells. This can compromise testimony and add an element of recurring trauma. Identification of any decedents can be done in other places and by other means and should be done by adults.

In the case of an attempted homicide, where the parent is surviving but transported to the hospital, it is recommended that you follow these same procedures for younger children and do not transport them to the hospital. Older children should be allowed to go to the hospital if they choose, provided that the offender's location is known and it is safe to do so.

If the incident occurs at a location other than the home, locate the children and then follow the procedures listed here for transporting a child to a safe location. Do not turn them over to relatives without child protection screening and approving that placement. This is especially critical if the location of the offender is unknown.

Interviewing the Child

Never let the child leave the second or safe location before a child protective services assessment of caregiver and a law enforcement interview of child.

Any child so traumatized that their communication is hampered should receive stabilizing mental health intervention by a trained member of the team before any interviewing related to the investigation.

If at all possible the child should be interviewed by law enforcement before leaving for placement with the caregiver. The interviewer should be trained in the dynamics of DV, how to interview children and psychological 'first aid'.

The investigator should get permission from the child's caregiver to interview the child. Any spontaneous statements or excited utterances from the child that occur apart from the interview should be documented.

If at all possible it is the preferred course of action that this forensic interview of the child should occur before the death notification.

If there is more than one surviving child it is preferable to keep sibling groups together during this process.

Making Death Notification to the Child

This officer will likely have to make formal notification to the child of the death; even if it seems obvious the child should know the parent is deceased the child will likely need formal notification from an adult. The child may be too young to completely understand that the injury resulted in death or may be in shock and not completely processing the outcome of the incident.

All adults should be notified apart eyesight and hearing distance of the children so that the adult has time to process their reaction and compose themselves to provide support to the child. If the child have not been notified before his caregiver arrives you should try to have the caregiver in the room during the notification to the child. The caregiver can be the person who

makes the formal notification to the child if they feel comfortable doing that. If not the team member should make the notification as described above. Follow the preference of the caregiver in this decision.

Be aware of social media. If a child already knows what has happened and questions you, even if it is before the interview, be candid and honest. Similarly, if the child interrupts you mid interview and asks if his parent is deceased, confirm what the child suspects and make the full notification at that time.

Follow the child's lead during this conversation. Do not drag it out or soften it too much, as this can cause confusion. Being short and direct is the best option. Understanding the nature or manner of death may help them process what has happened. Do not stray from known facts. For anything you are unsure about, be honest; tell the child 'we are still trying to figure that out'.

Avoid jargon and professional lingo such as victim, offender, suspect, and decedent. Call the people involved by name – mom, dad, Sue, Bill.

Mirror back to the child the language they use. If it is a step parent and they refer to that person by his or her first name, you should as well. If they refer to that person as dad or mom, you should as well.

Do not tell them death is sleep – they'll be afraid to go to bed. Do not tell them the parent left and is not coming back. This gives the impression of voluntary abandonment or false hope of the parent's eventual return. Avoid details such as what part of the body was injured and how many times the injury occurred. For young children you can use phrases like 'her body is not working any more' to explain death.

Respect the child's initial denial response. Do not bad mouth the offender. Do not push the child to accept your reality or narrative. Do not try to convince the child about opinions of the offender or the victim.

Use age appropriate words that are real. Avoid childlike non-specific terms such as boo-boo. Please see resources within the appendix for further information on death notification to children.

If there is more than one child, death notification should be made to the sibling group together at the same time.

Children Not on Scene

Children who are not on scene should be located immediately. If they are old enough to drive, try to prevent them from doing so. Mobile older children could seek revenge, self harm, or be emotionally distraught and get in an accident.

When located they should be evaluated for any alternate method of witnessing, such as having heard the incident during a phone call. If at all possible keep them away from the crime scene.

As with a child present on scene, once this child is located take them to the predetermined safe location. If there are multiple children locate them all and reunite them at that location. Follow the same procedures detailed earlier. If it is determined that they did not witness any portion of the event in any way they can then be released to a caregiver.

Law enforcement may choose to interview them at a later time if they determine that is necessary. The time frame for the interview will depend on the child's proximity to the event and potential amount of background information or witnessing of prior events.

Caregiver Arrangements

Child Protection Services should be called and will evaluate possible placements for the child. Any potential family members considered as possible caregivers should be notified of the death and its circumstances. They should be interviewed to determine their prior knowledge of any DV in the family and their level of investment or opinion about that.

Be careful not to place a child with a family member who has a vested interest in protecting or harming a particular party in the incident. As an example, if the family of the alleged offender immediately defends his innocence you may want to consider a placement for the child who can agree to be more neutral and not influence any testimony the child may give at a later date.

Additionally, if the alleged offender came from an abusive home, refrain from placing the child in that home if it is still intact.

Complete basic screening to assure that the child is not being placed with someone who has a history of sex offenses or violence against a family member.

If the offender is in custody and cooperative it is preferable to have him to sign over guardianship of any surviving children to this screened and predetermined guardian.

Before the caregiver leaves with the child, law enforcement should tell the family that since a child has been affected there will be follow-up contact. They should let the family know who will do that follow-up and give the family a pamphlet with that basic information.

Follow-Up Post Incident (short term)

Teams should determine who does the follow-up with the family and who links the family to resources. This should ideally be done within 36 hours of the initial incident.

Again, any number of people could be assigned to this task. The most likely candidate is an advocate who understands the justice system and can walk the family through that process and other potential issues. An advocate from a domestic violence agency is well positioned to do this work whether or not the case results in prosecution. If a prosecutor-based victim advocate is assigned this task, they should be prepared to complete follow up activities with families even if no prosecution will occur, as in the event of a homicide/suicide. In many communities if a homicide/suicide occurs, law enforcement do not make notification to the prosecutor, therefore teams need to predetermine how to handle the communication and response to these cases.

The team should predetermine several points of follow-up contact. It is suggested that follow-up occur generally within 36 hours, at 2 weeks, and at 30 days. The team should be prepared to adjust the level of follow-up in any case depending on the needs of the family. They may need more frequent contact or less. You should not ask the family to commit to the follow-up; simply notify them that it will occur. Many families do not realize that they will need follow-up. They have not yet contemplated all the questions they will have and often tell first responders not to bother with follow-up, so as not to inconvenience anyone. If follow-up is an assumed usual procedure, they are likely to accept the assistance. However, if at any time the family requests follow-up to stop, you should adhere to their wishes.

Follow-up will include providing resources and information about a variety of things including; burial plans, media intervention, support groups, criminal justice system, basic needs, and long term mental health care.

Teams should determine who will hand off the information necessary for follow-up. There should be as few people in this chain of communication as possible. For example, the coroner can give the follow-up advocate next of kin information, rather than law enforcement retrieving

it from the coroner to pass to an advocate. Or law enforcement can give the information directly to the assigned advocate if they have it.

Leave written information, preferably a short pamphlet. The family will not remember everything they were told in the aftermath of the incident and can be easily overwhelmed. A simple pamphlet that all team members have access to and offer the family is the best way for the family to have basic information about who to contact with questions.

The list of resources that should be prepared for the caregiver and/or family and offered in follow-up contact includes:

- Reading materials – including those particularly tailored to children
- Mental Health referrals
- Options for support groups:
 - Homicide survivor support groups - domestic violence agencies
 - parents of murdered children groups - victim advocates
 - trauma and grief groups – hospice
 - older caregiver support groups – senior centers
- Facilitated Family meetings
- Resources to assist with basic needs (as parent murdered or incarcerated offender may have been breadwinner and caregiver is taking on new child to care for)
- Resources to assist with court procedures
- Resources to assist with custody procedures
- Legal Aid

Please refer to the tool kit that accompanies this protocol for examples of resources.

Funeral and Burial Issues

The family will quickly be faced with burial issues. They may have to determine whether to have an open casket or not. They must determine what type of service to have and what, if any, religious institution to use for such arrangements.

In the case of a multiple death incident they will have to determine if there will be one service or multiple. You should prepare the caregiver or family for conflicts to arise between the victim's family and perpetrator's family whether one or both are deceased. Grief workers can help the family through some of these very complicated questions.

Encourage the family or caregiver to consider assigning an advocate or grief worker to children during the funeral to assist them in getting from one place to another and be available to remove them for individual support if necessary.

The family may need assistance with burial funds. The follow-up advocate should inquire that is the case. It is likely that local advocates can direct them to financial resources.

Media

You should alert the family that these cases often attract media attention. Remind them that they are under no obligation to talk to any media. If there is an active criminal investigation, make sure that prosecution will not be compromised by any information they release. Law enforcement or DAs might want to caution the family against speaking to the media.

They may wish to assign a spokesperson who can speak for them. Again, this is best handled by an extended family member or close family friend but could also be an advocate, clergy person or, other support person of the family's choosing.

In any case they should be supported by a professional with media experience who can assist them in crafting statements and prepare them for what they are going to see in the news. Advocates may be able to provide tip sheets for dealing with the media after a domestic homicide.

Prepare them for how the media might portray the victim and the offender. The family can help control the media perception of the victim by providing media outlets a photograph chosen by the family, rather than relying on the media to use what they may find on line or from other family or friends.

The family may want to set up a fund for care of the children or burial arrangements and it can be helpful to let the media know this.

The family may want to be alerted to shield the child from seeing media coverage. This may require that they closely monitor the child's social media.

Crime Scene Clean-Up

Alert the next of kin or child's caregiver that the home will likely be off limits for as long as one week. After that time the family will have the responsibility for crime scene clean-up before the location is useable again. Often law enforcement will notify the family when the family may return to the house.

Crime scene clean-up is handled differently from one community to the next. Discuss the normal procedures with your team. Sometimes there are commercial cleaning companies that do this work, in more rural communities it may be done by volunteer firefighters. The team should locate the information for these procedures in your community and publish them in the follow-up materials provided for the families.

School Issues

There are multiple ways that schools often end up being impacted by a domestic homicide/suicide: A child may be at school when the incident occurs, the incident may occur on school grounds, the victim of the homicide/suicide may be a school employee, the perpetrator may be a school employee.

Schools should consider reviewing their crisis response plans to add a component for handling the various ways they might be impacted by a domestic homicide/suicide.

If the incident occurs while the child is at school the law enforcement officer trained to remove children from the scene should go to the school and treat the school as the second safe location. They should make notification to the principal and then follow the procedures outlined earlier. The principal may move the child to the office but they should be told not to release the child, even to a family member, until law enforcement arrives. Again, this is extremely important for two reasons. The placement must be screened and in the event that the offender is not in custody it should be determined whether it's safe to release the child at all. If the child is at school and the offender whereabouts are unknown the law enforcement officer should alert the principal to that.

In the event the children were not home and were at school, the caregiver can be sent directly to the school. If it is an older child who drives to school should try to keep them at school until the caregiver arrives there. They may need to make the notification there at school. Law enforcement should offer a support person trained in death notification to go with them.

Notifying Others at School

No matter the circumstances of the incident, if a school aged child is involved the school should be notified. Do not pretend like it didn't happen, notify someone. A member of the team should be prepared to make death notification to school officials, teachers and possibly students. No notification should EVER be made over the loud speaker. Also, mass notifications in the gym should be avoided as it encourages a group emotional response. This becomes difficult to manage and makes it hard to attend to students' individual needs.

Always make notification to adults first, start with the child's primary teachers. Consider whether the child's classmates need to be told and what they need to be told. Try to make notification with basic information. They will likely hear details on TV, social media, and through other people. The school may choose to make notification to the classroom and send letters home to parents. The response team should be available to help the school work through these decisions and carry out the notifications if necessary.

In any incident, there should be a team that pre-plans notification at schools and guides school personnel in these process. Determine:

- Who makes the notification?
- Who gets the notification?
- When do they get notified?
- What is the script for notification?

Questions you will want to consider when making these determinations include;

- Was the victim or perpetrator a school employee or volunteer?
- Who are the children closest to the affected child or deceased employee/volunteer?
- Is the child deceased?
- What is the size of your community?
- What is the likely impact on fellow students?
- Do other parents need to be notified?

If the child is surviving but one or more parent is deceased with no other connections to the school, notification should be limited to the Principal, School Counselor and the child's direct teachers.

If the incident happens at the school or the victim or perpetrator is a school employee/volunteer;

First, make notification to the principal. Determine if the school has a crisis response plan that applies to this incident. If it does, use this as your primary guide for response.

Notify counselors and other school personnel. When they have stabilized, determine which children need to be notified. Determine if letters need to be sent home to parents.

If the Child is Deceased

As above, notify the principal and school counselor first. Determine which teachers need to be notified immediately.

Determine if there are other relatives or close friends of the child in the school that need to be notified immediately. A review of the child's class schedule and extra-curricular activities may help you determine who to notify and in what order. You may need to make a notification class to class following that schedule.

Limit notifications to people who had first-hand contact with the child. Do not increase secondary trauma with unnecessary notifications.

Support and equip school personnel to do as much notification as possible. Notification, whenever possible, especially with children, should come from someone they trust. If you have

teachers notify children, prepare a letter for the teachers that they can read to the class. Prepare them with some basic answers to common questions.

Have a clinician on site to walk them through notifications. If possible have a team of two, including one to observe and intervene with anyone who needs to be removed from the environment for individual support.

Consider the culture of the school when determining who and how to make notification. In larger urban settings notifications may be limited to one class or a few key personnel. In rural environments where social circles are typically smaller and more people in the school are affected you may wish to broaden the circle of notifications.

If a uniformed officer is on campus for any reason, explain why in the notification script.

Re-integrating the Surviving Child

It will be critical for the child to return to school as this sense of normalcy and routine will help lessen trauma. Teachers should be briefed on common grief and trauma reactions the child may display. There should be a process for temporary in class support if the child needs it as well as a larger plan, preferably lead by the school counselor, to provide the child intensive support in the event that need arises during school hours. Be vigilant for other children making comments to the surviving child, encourage them to be respectful. Intervene immediately in any bullying about the incident.

The child and school should be supported during re-integration – consider meeting with teacher, guidance counselor, social worker, principal, and nurse. To assist in the child's re-entry to school, consider creating an individual case plan. Pre-plan with school officials which school employees are most likely to need some training on supporting the child as he returns.

Schools may want to consider a project to honor the person and assist children in working through their grief. Good options include: tree or garden planting, making a collage of happy memories or a memorial service.

Use collaborative partners to assist in notifications and grief support. Some options include:

- College faculty
- Nurses
- ER docs
- SANE nurses
- Hospice workers
- Hospital social worker
- Pastors
- Non-uniformed law enforcement
- DV program workers
- Mental Health Providers

Formal support should be available on campus for the first one or two weeks after the homicide. The team should be available to offer supports on campus for students, faculty and staff.

The team should debrief after notification and determine who will follow-up with the school. Leave contact information for a crisis worker with each teacher.

Alternate Languages

Each jurisdiction should have a plan in place for dealing with persons who have a primary language other than English. Develop a partnership with a list of viable translators – train them ahead of time. It is helpful if the team reviews the most prominent languages other than English in their jurisdiction and recruits team members that speak those languages.

In an emergency with no translators available you can use the Google translator app or something similar to relay basic information until a translator arrives.

Long Term Issues

Although this document primarily deals with the events in the immediate aftermath of a homicide/suicide we acknowledge that children in such circumstances, and their caregivers, will have long term needs.

The caregiver needs special support as they are grieving as well as adjusting to this child. This can be difficult depending on the caregiver age, economic status, and familial status. We best support caregivers by telling them it's ok for them to grieve and for the child to see them grieving. A caregiver should always be encouraged to get support. Just like an oxygen mask on a plane – they must have their support in place before they can assist the child. It's critical for the child's stability and on-going well-being that the caregiver has adequate support.

Advocates such as those at domestic violence agencies and district attorney's offices are going to be critical in providing the family follow-up support and referrals.

Families will likely need assistance working through victim compensation claims, custody issues, basic needs, and ongoing mental health support.

Victims' advocates may be able to help guardians get protective orders for temporary custody of surviving children and make referrals to pro bono legal services or legal aid.

They may guide the family through decisions about contact between the children and the offender. If a child refuses to see a perpetrator, that should be supported. If a child chooses to see the parent they may need referrals to supervised visitation centers that offer both

observational and therapeutic visits to re-introduce the child to the parent in a planned process.

Advocates can also provide guidance and lists of resources for the basic needs a guardian will incur in raising the child such as housing, clothing, food, and financial assistance.

They will also be able to provide referrals to clinicians with trauma experience for long term work with the family and other options for assistance such as respite care, support groups for grandparents raising grandkids and grief or trauma camp for the children.

For further information on this project, please contact:

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