INDIANA DOMESTIC VIOLENCE FATALITY REVIEW TEAM

ICADV Indiana Coalition Against Domestic Violence

REPORT ON 2021-22 DOMESTIC VIOLENCE FATALITIES

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INTRODUCTION

DOMESTIC VIOLENCE REMAINS A PERVASIVE AND DEVASTATING ISSUE THAT TRAGICALLY CLAIMS LIVES AND SHATTERS FAMILIES IN COMMUNITIES ACROSS THE STATE OF INDIANA.

Each fatality leaves a profound impact — not only on those who knew and loved the victim, but also on the broader community and the systems tasked with ensuring safety and justice.

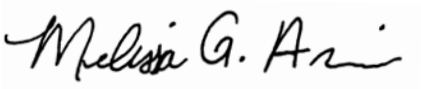
This Domestic Violence Fatality Review Report represents a collective effort to understand the circumstances surrounding these tragic losses. By examining individual cases in depth, we uncover critical insights into patterns, risk factors, and systemic gaps that may contribute to fatal outcomes. Our goal is not only to honor the lives lost, but also to inform prevention, intervention, and policy strategies that can save lives in the future.

This report is the product of multidisciplinary collaboration, bringing together professionals from law enforcement, healthcare, social services, advocacy, and the legal system. We are grateful for their commitment, expertise, and compassion. We also extend our deepest condolences to the families and loved ones of the victims, whose experiences drive our ongoing efforts to prevent further tragedies.

It is our hope that the findings and recommendations in this report will inspire renewed commitment, foster cross-sector collaboration, and catalyze real change. Ending domestic violence fatalities requires vigilance, innovation, public investment, and a shared sense of responsibility.

With respect and resolve,

Melissa Arvin



Chair, Indiana Statewide Domestic Violence Fatality Review Team
Family Violence Resource Attorney
Indiana Office of Court Services

GLOSSARY OF TERMS

INTIMATE PARTNER
A person in a close, personal, and often romantic or sexual relationship with another.

DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE
A pattern of abusive and coercive behavior within an intimate partner relationship that allows one partner to gain and maintain control over the other partner. It includes multiple forms of harmful/violent behavior including emotional, psychological, financial, sexual and physical violence. The terms domestic violence and intimate partner violence have nuanced differences in their specific meanings but are often, and specifically in the text of this report, used interchangeably.

DOMESTIC VIOLENCE RELATED FATALITY
A death that occurs when, but for a history or act of intimate partner violence, the individual would still be alive.

SYSTEMS RESPONSE TO DOMESTIC VIOLENCE
In the context of domestic violence and this report, "systems response" refers to the coordinated actions taken to address both individual incidents of intimate partner violence and intimate partner violence as a broader public health issue. This response involves government agencies and service providers that support individuals effected by domestic violence. It typically includes criminal justice agencies such as law enforcement, prosecutors, courts and corrections, as well as social service providers, including advocacy programs, shelters, and counseling services. State government departments and divisions that provide services to crime victims are also a part of the systems response.

MANNER OF FATAL INJURY
Method by which the injury that caused death was inflicted.

LACK OF MATERNAL SUPPORT
The formal language used to describe the manner of death where a fetus dies because the pregnant individual is killed.

PERPETRATOR
In the context of this report, this refers to the person who caused the fatality or fatalities in question.

PARTNER CAUSING HARM
The individual in the relationship who exercises power and control over their partner using coercive or abusive acts to elicit a change in behavior from the survivor/victim.

CHILD
Individual under the age of 18 either biologically related to or under the care of the intimate partner and/or the partner causing harm.

SINGLE FATALITY
Incident where one individual dies, either by suicide or by the actions of another person. In DV-related fatalities, that is typically the partner causing harm.

MULTIPLE FATALITY
Incident where more than one individual dies due to the actions of another person. In DV-related fatalities, that is typically the partner causing harm.

HOMICIDE SUICIDE
Incident where a partner causing harm kills the victim before dying by suicide.

MULTIPLE HOMICIDE SUICIDE
Incident where the partner causing harm kills more than one person before dying by suicide.

BYSTANDER DEATH
Incident involving the death of an individual(s) other than the intimate partner occurring in the context of an intimate partner assault; such deaths occurring during the period of this report include the deaths of strangers, friends, family members, and intervening law enforcement.

DOMESTIC VIOLENCE FATALITIES

OVERALL FATALITY STATISTICS 2021-22

Each year, the Indiana Coalition Against Domestic Violence (ICADV) and the Indiana Domestic Violence Fatality Review Team (INDVFRT) research and publish a summary of the deaths across Indiana that are identified as related to intimate partner violence. This means that but for a history or act of intimate partner violence, the individual(s) would still be alive. It is done as both an acknowledgment of the highest cost of intimate partner violence and as a continuing effort to prevent similar deaths in the future.

Without any organized data collection system, identifying and confirming these deaths as related to intimate partner violence is a difficult task. And, while the professionals involved in those processes work tirelessly to ensure the accuracy of the information, they are very aware that there are cases that go unidentified and often end up being added to our list after the fact. Accordingly, we want to open this report with an updated summary of information about the fatalities that occurred between January 1, 2021 and December 31, 2022 where intimate partner violence played a role.

200 FATALITIES RESULTING FROM **144 INCIDENTS**

GENDER OF DECEDENT

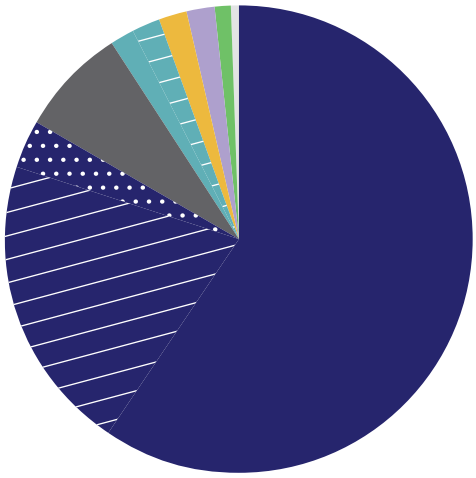
FEMALE 106

MALE 93

UNDISCLOSED 1

*Please note; the gender reported is based on publicly available sources and typically corresponds to the gender assigned at birth.

MANNER OF FATAL INJURY



- FIREARM — **167**
  - SELF-INFLICTED GUNSHOT — **41**
  - POLICE INVOLVED SHOOTING — **7**
- STABBING — **15**
- BLUNT FORCE TRAUMA — **7**
  - AUTOMOBILE AS WEAPON — **4**
- STRANGULATION — **4**
- MULTIPLE INJURY TYPE — **4**
- LACK OF MATERNAL SUPPORT — **2**
- POISONED – OVERDOSE — **1**

RELATIONSHIP TO PERPETRATOR

INTIMATE PARTNER (DESIRED, CURRENT, OR FORMER) — **110**

SELF/PARTNER CAUSING HARM — **62**

CHILD OF EITHER OR BOTH PARTIES — **10**

FAMILY MEMBER OR FRIEND OF INTIMATE PARTNER — **8**

PREVIOUS OR NEW PARTNER OF INTIMATE PARTNER — **7**

BYSTANDER (NO KNOWN RELATIONSHIP TO ANY PARTY) — **3**

TYPE OF FATAL INCIDENT

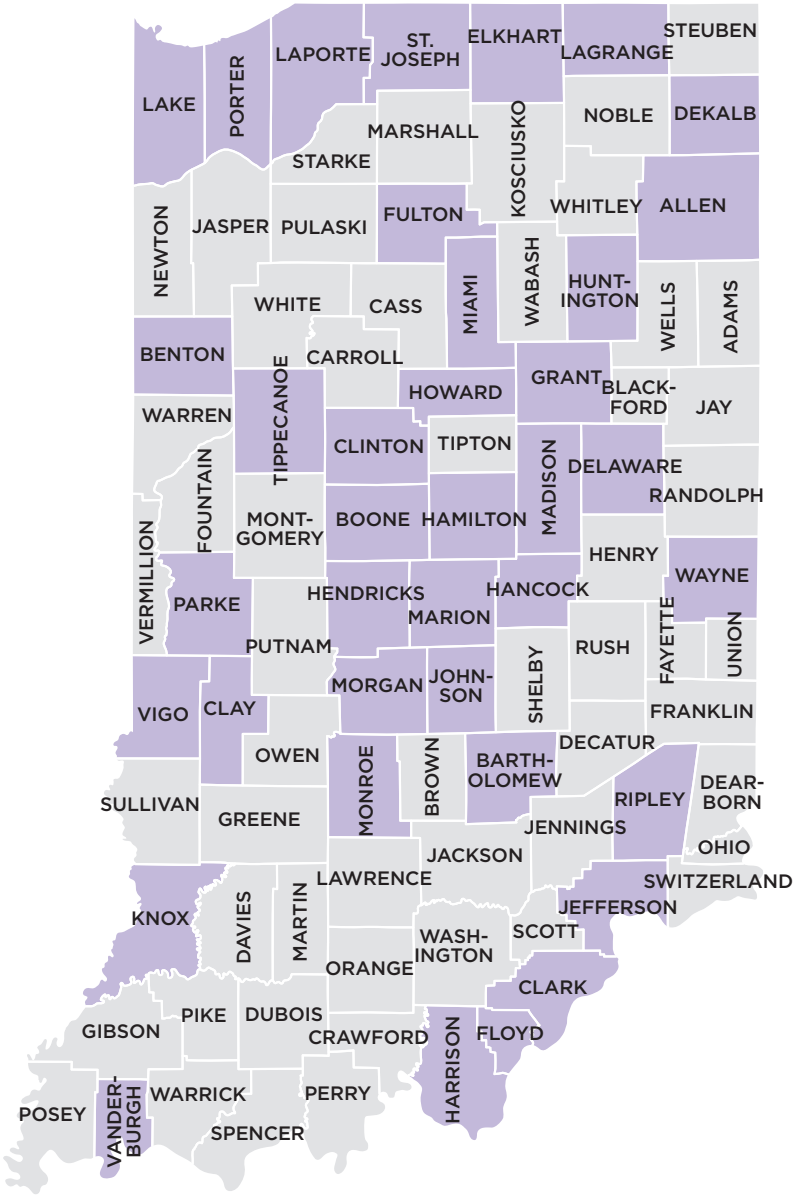
SINGLE FATALITY — **96**

HOMICIDE SUICIDE — **36**

MULTIPLE FATALITY — **9**

MULTIPLE HOMICIDE SUICIDE — **3**

FATALITIES BY COUNTY



In addition, one Indiana resident was killed outside of the state after fleeing to find safety.

Highlighted counties have at least one REPORTED fatality. Counties in grey indicate zero reported deaths, not that zero deaths occurred.

HISTORY & METHODOLOGY

Domestic violence fatality review is a deliberative process for identifying deaths caused by intimate partner violence and then engaging in an in-depth examination of the dynamics of the relationship, prior incidents of violence, and any systems engagement the parties had prior to their death. The original iteration of statewide domestic violence fatality review in Indiana occurred before its integration into the original statute, which only created the blueprints for local or regional teams. ICADV convened a committee of experts from diverse professional settings and used the infrastructure provided by that original legislation to conduct reviews, subsequently publishing the first statewide domestic violence fatality review report in 2013.

While so much has changed in the intervening years, the aim of domestic violence fatality review is still the same; learn from the tragic past to create a better future.

The Indiana Domestic Violence Fatality Review Team (INDVFRT) was created by statute in 2017 and officially convened in November of 2019.

PER HOUSE ENROLLED ACT 1516, THE INDVFRT IS TASKED WITH THREE PRIMARY RESPONSIBILITIES:

1. Identify trends and fact patterns concerning deaths due to domestic violence in Indiana,
2. Use the data gathered in identifying trends and patterns to recommend strategies for the prevention of injuries to and deaths of domestic violence victims, and
3. Advise and educate the general assembly, governor, and public on the status of domestic violence fatalities in Indiana.

Membership of the INDVFRT is guided by state statute with individual members appointed by the Office of the Governor based on recommendations from ICADV. Appointment to the INDVFRT is on a two-year cycle, which means that a few of the members who contributed to the content of this report are not among the currently active cohort. A complete list of contributing and current INDVFRT members is included in the acknowledgments of this report.

Just as the appointment cycle for each membership cohort is two years, so is our review cycle. Over the course of those two years, fatal incidents occurring within a two-calendar year period of time are identified and reviewed, generating recommendations for systemic change that could prevent potential deaths in similar situations. The focus for this review cohort is fatalities occurring from January 1, 2021 through December 31, 2022.

One of the tasks ICADV takes on, both as the state leadership organization for domestic violence services and as the legislatively-appointed coordinating agency for the INDVFRT, is the continual process of identifying and recording domestic violence fatalities. Because there is no single system to collect this information or any mandate to report fatalities identified as DV-related, this task is a challenging one with few direct sources. However, ICADV staff work continuously to improve our practice of identifying potential incidents that fall under our definition of domestic violence related fatality.

The majority of these cases are initially identified through media research and stakeholder reports. ICADV utilizes a variety of media search services, receiving regular notifications of all web-based reports that include key words related to intimate partner or domestic violence. Additionally, community-based advocates working in domestic

FOR THE 2021-22 REVIEW COHORT, A TOTAL OF 25 CASES ACCOUNTING FOR 37 DEATHS WERE SELECTED FOR REVIEW.

violence service agencies notify ICADV when deaths related to intimate partner violence occur in their service areas. ICADV staff members compile a list of these deaths annually and submit that draft list to service providers statewide for review, correction, and addition if needed. The final list is reviewed and revised by ICADV staff and provided to the INDVFRT as an initial data-gathering tool.

Using that final list of domestic violence related deaths, ICADV staff and INDVFRT members work to collect official data sources to validate information about the dynamics and circumstances around each incident provided by media accounts. ICADV staff conduct internet searches for public records and solicit case information from key informants. Specific data sources used in the compilation of this report include coroners' verdicts, autopsy reports, law enforcement reports, court records, appellate records, community fatality review team records, and information provided by community domestic violence advocates.

Following comprehensive discussion focused on various trends and factors identified in the relationships and/or incidents, the INDVFRT selects certain incidents for in-depth review. Surviving family members can request that a specific incident be added to the review list for that cohort. Following case selection, additional information and documentation is collected to establish a robust record of each incident and the antecedent relationship for the team to examine and discuss. It is at this time that ICADV staff may reach out to victims' next of kin or surviving family members to provide the opportunity to participate in the review process if they are comfortable.

The intent of case review is to examine circumstances that led to a fatal incident while looking for opportunities for intervention that might have changed the ultimate outcome. Discussion of those opportunities ultimately leads to the crafting of recommended actions at all levels of our public lives to prevent future deaths.

For the 2021-22 review cohort, a total of 25 cases accounting for 37 deaths were selected for review. Those cases came from 19 counties across Indiana. However, during the process of preparing for review, two cases originally selected were later removed from the review list. One case was removed from the state team list because it was later confirmed that the case was slated for review by the local team in the area where the death occurred.

For the second case removed, ICADV staff and INDVFRT members struggled significantly to obtain necessary documents to inform the review and determined that it was inappropriate to review the case at that time. For each of the cases that were reviewed, an average of 172 pages of records were reviewed by team members. Although, it must be clearly stated that there were cases where requested records were a challenge to obtain. And, not only led to delays in the review process, but the inability to review one case. In the course of those 23 reviews over a two-year period ending in December of 2025, the INDVFRT generated a total of 45 recommendations we believe can prevent future deaths across Indiana.

RECOMMENDATIONS

The Indiana Domestic Violence Fatality Review Team (INDVFRT) examines domestic violence-related fatalities in a holistic, multi-faceted way. This approach to exploring how a relationship can end in the most tragic way allows the team to generate recommendations from our combined expertise. When promulgating these recommendations, we believe it is critical to focus on strategies that are survivor centered and trauma informed. That means that any prevention or intervention approach that is suggested will focus on addressing the needs and/or reducing the harm done to those most directly impacted by intimate partner violence. We believe that by focusing on community and systems level changes, we can provide better and safer options and outcomes for survivors of intimate partner violence and the broader community.

The recommendations generated from the reviews that informed this report can be categorized by the system or community where that strategy should be implemented or that might be best positioned to lead implementation efforts. Those systems are: Indiana Legislature; State Agencies; Criminal Justice System, Domestic Violence Service Providers, Health Care Providers, and Communities. However, while each recommendation is based on factors specific to each of the reviewed cases, there are some strategies that appeared repeatedly as a part of multiple review conversations. Those recommendations are highlighted and listed first under each category.

SYSTEM CATEGORIES

- INDIANA LEGISLATURE
- STATE AGENCIES
- CRIMINAL JUSTICE SYSTEM
- DOMESTIC VIOLENCE SERVICE PROVIDERS
- HEALTH CARE PROVIDERS
- COMMUNITIES

INDIANA LEGISLATURE

1. Increase funding levels for domestic violence services to offset the substantial ongoing cuts to federal funding sources.
2. Increase funding to support greater access to mental health and addiction services and treatment providers for all citizens.
3. Enact legislation to fund and support the use of medical forensic exams in intimate partner violence cases.
4. Expand existing statutes mandating participation in certified abuse intervention programs (also commonly known as batterer intervention programs) as a part of sentencing when convicted of crimes of domestic violence to include cases where a plea bargain leads to dismissal of domestic violence related crimes.
5. Enact legislation requiring a complete investigation of all violent deaths regardless of presenting circumstances.
6. Enact legislation requiring all Indiana gun owners to securely store firearms in the home using approved safe-storage methods, and provide funding to support coordination among state and local agencies responsible for implementing and enforcing the law.
7. Enact legislation that explicitly provides access to all investigative and other records to surviving family members in cases of co-occurring homicide suicide.
8. Expand existing statutes regarding civil protective orders and criminal no contact orders to include mandates for formalized firearm surrender protocols as an integrated part of those orders.
9. Revise the current stalking statute to clarify the pattern and course of behavior that meets statutory definitions of stalking.
10. Expand existing stalking statute to create an alert system that identifies patterns of stalking behavior across jurisdictions and assists in communication between multiple law enforcement and prosecutor agencies in stalking cases.

STATE AGENCIES

DEPARTMENT OF CHILD SERVICES

1. Mandate appropriate use of evidence-based danger or lethality assessment tools when the Department of Child Services is investigating or intervening where allegations include domestic violence.
2. Expand access to non-contracted domestic violence advocacy services for survivors working with the Department of Child Services.

INDIANA SUPREME COURT

1. Update protective order e-filing website to include information about speaking with employers about protective or no contact orders and other safety needs.
2. Develop and implement a public awareness campaign to increase public knowledge and utilization of MyCase and Protective Order Registry as sources of protective information.

DEPARTMENT OF CORRECTIONS

1. Expand the use of certified abuse intervention programs for offenders convicted of crimes of domestic violence during incarceration in Department of Correction facilities, or when their term is served in a contracted local facility.

INDIANA PUBLIC LICENSING AGENCY

1. Require professionals licensed under Behavioral Health and Human Services licensure categories to receive ongoing training on Indiana's red-flag laws regarding the removal of firearms from individuals who pose a risk to self or others.
2. Require professionals licensed under Behavioral Health and Human Services licensure who work with children to receive ongoing education about signs and indicators of intimate partner violence and available resources.

CRIMINAL JUSTICE SYSTEM

1. Seek the highest level of accountability in charging and sentencing for domestic violence cases involving allegations of strangulation or suffocation.
2. Ensure strict enforcement of existing firearm restrictions and removal laws.
3. Mandate the creation and submission of a complete report for every response by law enforcement officer(s) to a call for assistance.
4. Improve collaboration, coordination and communication between county criminal justice response agencies and systems in domestic violence cases.

LAW ENFORCEMENT AGENCIES

1. Develop and implement a system for 911 dispatch centers to flag individuals with a history of domestic violence perpetration and/or active protective or no contact orders.
2. Enact policies mandating a complete investigation of all violent deaths regardless of presenting circumstances.
3. Assign an officer or detective with specialized training in domestic violence investigations to all death investigations where intimate partner violence is identified as an issue or the suspect is a former intimate partner.
4. Broaden implementation and use of trained mental health crisis intervention teams.

PROSECUTORS

1. Mandate a minimum appropriate period of time for victim consultation prior to accepting a plea agreement in domestic violence cases.
2. Encourage use of domestic violence, trauma and strangulation subject matter expert witnesses in domestic violence prosecutions.
3. Draft and adopt policies that strictly limit the use of diversion programs in cases involving crimes of domestic violence. Policies should account for formal evidence-based risk assessment, determination of predominant aggressor, use of certified abuse intervention and other best-practice services.

PROBATION/COMMUNITY CORRECTIONS

1. Mandate timely follow-up on probation violations, especially in cases where the supervisee has a history of domestic or family violence.

COURTS/JUDICIAL OFFICERS

1. Indiana judicial officers who hear protective order petition cases should receive ongoing training on the dynamics of domestic violence,, sexual violence and stalking.
2. Implement the use of evidence-based domestic violence-specific risk assessment tools in domestic violence cases where a warrant is issued or bail is revoked to identify high-risk cases where higher priority and engagement are warranted.

HEALTH CARE PROVIDERS

1. Advocate for and support through policy and budget allocation the use of medical forensic exams in intimate partner violence cases.
2. Increase collaboration with victim assistance and victim advocacy agencies to facilitate survivors connecting with advocacy earlier and in more supportive environments.
3. Increase use of lethality or danger assessment protocol for all obstetric and gynecology appointments in collaboration with local domestic violence service agencies.
4. Require all medical providers involved in trauma response to receive training in identification and evaluation of strangulation.
5. Require all medical practitioners who provide care to pregnant individuals to be educated on and encouraged to discuss long acting contraception with all patients.

DOMESTIC VIOLENCE SERVICE AGENCIES

1. Standardize assessment tool used to determine risk level for all callers/clients who reach out to domestic violence service providers for assistance.
2. Increase collaboration with health care systems/providers to facilitate survivors connecting with advocacy earlier and in more supportive environments.
3. Create collaborations between bar associations and other access point agencies to provide training for civil law attorneys on risk assessment and safety planning.
4. Provide education and outreach to local and regional media on narrative discussion of domestic violence cases.
5. Expand collaboration with employee assistance programs in local businesses to increase access to safety and resources for help.
6. Expand use of the peer recovery model with survivors who indicate comorbidity of substance use/abuse.

COMMUNITIES

1. Increase the use of trauma-informed services specific to adverse childhood experiences for all children experiencing violence.
2. Support access to and use of trauma-informed supportive recreational treatment programs for children experiencing violence.
3. Participate in stigma reduction campaigns specifically addressing misinformation and stigma associated with intimate partner violence.

IMPLEMENTATION OF PREVIOUS RECOMMENDATIONS

In addition to the responsibilities of identifying and reviewing cases to promulgate recommendations for systems change, the INDVFRT has taken on the additional responsibility of championing and operationalizing at least one recommendation that comes out of each report. As the members of INDVFRT are individually and collectively in positions of influence, we believe that it is critical not just to theorize about what could reduce IPV-related fatalities but to operationalize those strategies to the best of our abilities. In the Report on 2011-12 Domestic Violence Fatalities, ICADV's Fatality Review Advisory Council issued the following recommendation: "A strangulation response protocol should be a standard part of every community's collaborative response to intimate partner violence." They included the following strategies for implementation:

- **2.1 A** — ICADV collaborates with communities with existing strangulation protocols to draft a model protocol for dissemination to statewide leadership organizations.
- **2.1 B** — Law enforcement, emergency departments, prosecutor's offices and advocates collaborate to implement evidence-informed strangulation response protocols in their own jurisdictions.

Throughout subsequent reviews, reports, and years of case analysis, the INDVFRT and ICADV have been consistently reminded of the extreme danger posed by non-fatal strangulation. According to research, a survivor of a single non-fatal strangulation assault is 750% more likely to become the victim of an attempted or completed homicide[1]. Ensuring that survivors who are strangled receive survivor-centered, trauma-informed and collaborative supportive services is life-saving. Data continuously reported from jurisdictions across Indiana with formal Lethality Assessment Protocol collaborations shows that incidents of non-fatal strangulation reported by survivors continue to rise. For the year that recommendation was published, 2016, the percentage of survivors who were answering yes to the question, "has your partner ever tried to choke you?" was 60.3%. In 2025, using the updated language of, "has your partner ever tried to choke or strangle you or cut off your breathing?," that percentage was up to 67.2%. With those facts in mind, the INDVFRT selected the creation of a model strangulation protocol as the strategy recommendation we would work to bring to fruition.

Work on the Model Collaborative Strangulation Response Protocol for Indiana Jurisdictions began in earnest in 2019. Among the agenda

A SURVIVOR OF A SINGLE NON-FATAL STRANGULATION ASSAULT IS 750% MORE LIKELY TO BECOME THE VICTIM OF AN ATTEMPTED OR COMPLETED HOMICIDE[1]

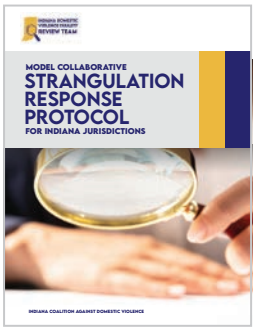
[1]Glass, N., et al. (2008). "Non-fatal Strangulation is an Important Risk Factor for Homicide of Women," *The Journal of Emergency Medicine*, 35(3). 329-335.

500+ PROFESSIONALS ATTENDED 11 ONE-DAY CONFERENCES INCLUDING PROSECUTORS, LAW ENFORCEMENT, IPV SERVICE PROVIDERS, AND FORENSIC NURSES

items at the inaugural team's first meeting was identifying the strategy that we would work on and a strangulation protocol was the unanimous choice. What we thought might be an 18-month process was first derailed when the COVID-19 pandemic changed the landscape of the world and the ways in which we work. We stopped, started, re-evaluated, planned, reviewed and wrote for the next four years. We pulled together existing protocols from other states, municipalities, leadership organizations, and even professional communities. We worked with several organizations from Marion County who had already begun working on a local protocol. We integrated the pieces that felt most critical to our team. And in 2023, the Model Collaborative Strangulation Response Protocol for Indiana Jurisdictions was published.

The final document was submitted to the Training Institute for Strangulation Prevention, who have continued to uplift it as a model collaborative effort. Our model protocol has been used as a foundational document for the strangulation response protocol implemented for the territory of Puerto Rico. It was disseminated to stakeholder and collaborating agencies, and to individual professionals who attended trainings on strangulation response through ICADV and other partners. Over the last two plus years, we have collaborated with the various chapters of the Indiana Emergency Nurses Association to facilitate 11 one-day conferences across the state with target audiences of the collaborating agencies critical to strangulation response including prosecutors, law enforcement, IPV service providers, and forensic nurses. Those trainings have been attended by over 500 professionals. Through those trainings and ongoing consultation, training and technical assistance, six counties across the state — Allen, Bartholomew, Delaware, Hendricks, Lawrence and Madison — have implemented some version of their own strangulation response protocol.

Work on this strategy will not ever be complete. First and foremost, the Model Response Protocol is a living breathing document and we learn new things and find new resources every day. So the INDVFRT will undertake a revision of the existing document to update and expand it. Specifically, we intend to add a chapter on involvement of Department of Child Services in adult strangulation cases. And it is possible that information on pediatric strangulation may be added. But the model protocol will continue to be an active resource for jurisdictions and an accomplishment of which we are very proud.



Scan this code to access the Strangulation Protocol and other resources.

ACKNOWLEDGMENTS

As the coordinating agency for the Indiana Domestic Violence Fatality Review Team, ICADV expresses our deepest gratitude to all past and present members of the INDVFRT. The work of domestic violence fatality review is difficult and the conversations heavy. For all of your contributions, we are eternally grateful.

MEMBERS OF 2024/25 REVIEW TEAM

- **Melissa Arvin**, JD – Indiana Supreme Court Office of Court Services (Team Chair)
- **Barbra Bachmeier**, JD, MSN, APRN, NP-C – Medical Practitioner
- **Amy Blackett**, JD – Indiana Prosecuting Attorneys Council
- **Kim Bohman** – Safe Passage, Inc
- **Caryn C Burton, MS** – Indiana Coalition Against Domestic Violence (Team Coordinator)
- **Ed Cripe** – Clinton County Coroner
- **Kelly Grey** – Indiana Coalition Against Domestic Violence
- **Kim Lambert** – Indiana Criminal Justice Institute – Victim Services Division
- **Kelly L Owens** – Indiana Department of Child Services
- **Jamie Smith**, MS, MPH – Indiana Department of Health – Division of Fatality Review and Prevention
- **Cory Whaley** – Lawrence Police Department

WELCOME TO THE NEWLY APPOINTED MEMBERS OF THE INCOMING 2026/27 INDVFRT

- **Leslie Cook**, RN, MDI, SANE–A, SANE-P – Medical Practitioner
- **Robin Cruz**, MSW, LCSW – Mental Health/Abuse Intervention Practitioner
- **Joseph Sims** – Indiana Department of Child Services

We look forward to working with you.

SPECIAL THANKS

ICADV and the INDVFRT want to extend a special thank you to two exiting members of our team, both of whom have served since being appointed to the original iteration of the team in 2019. Kelly Owens, the team's long-time representative from DCS has been a steady constant presence, always willing to encourage the team to stop and consider different paths of discussion. We thank her for her service and her wisdom.

And then there is Barb Bachmeier. Barb has also been an appointed member of the team since its inception in 2019. However, Barb started her work in this space as a member of ICADV's fatality review council, the volunteer group of experts convened by ICADV doing the work because the work is important, longer ago than this author can find record of. Barb has been a voice for survivors and a force for good in so many capacities for decades. We are especially grateful for her energy, her leadership, and her driving need to speak nothing but truth even when the truth is spoken in creative trucker.

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REVIEW TEAM

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Domestic Violence