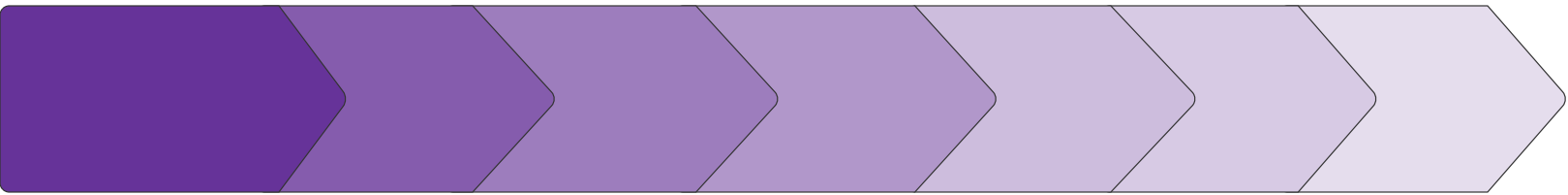


Creating a Community with No Intimate Partner Homicide: *How Do We Get There?*



Pinellas Coalition to End Domestic Violence
Fatality Review Team Annual Report
October 2021





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A Reflection of 20 Years

Beginning in 2000

We started our team 20 years ago following the enactment of Florida State Statute 741.316, which allowed for the creation of confidential fatality review teams. Our team is a subcommittee of the Pinellas Coalition to End Domestic Violence (formerly the Pinellas County Domestic Violence Task Force).

The Fatality Review Team brings together a multidisciplinary group of people that focus on reviewing each intimate partner homicide to identify patterns, risk factors, and missed intervention opportunities. During case reviews, every member contributes based on their expertise. The goal is to uncover ways in which our community can prevent these tragedies. The team meets regularly to review intimate partner homicide cases that occur in Pinellas County.

The team produces annual reports of our findings that often include recommendations for change. Every member of the team works towards ending intimate partner homicide.



Now in 2020

To date, we have diligently reviewed 168 cases. Of those cases, 99 have been homicides, 45 have been homicide/suicides and 24 have been near fatalities.

The criteria for choosing cases to review includes incidents where the violence is between intimate partners; cases that are homicides, homicide/suicides or near fatalities; closed cases (investigated, prosecuted with a resolution if appropriate); and cases that have occurred since 1996.

Of the cases reviewed, we have found very consistent patterns such as history of intimate partner violence, prior criminal history by perpetrator, substance use by perpetrator, friends and family knew of the intimate partner violence, recent discussions of or actual separation of the parties, firearm used as the weapon, no history of contact with a domestic violence center, and no batterer intervention program ordered for the perpetrator (in cases where it could have been ordered).

We have made numerous recommendations for change and a few have been implemented. However, there has still been no significant decrease in intimate partner homicide in Pinellas County.

Vision for 2040

Through a coordinated community response, Pinellas County has **zero** intimate partner homicides.

A county-wide risk assessment program that includes a non-fatal strangulation assessment has been implemented within all law enforcement agencies, hospitals/health departments, domestic violence centers, and the state attorney's office.

The state attorney's office has increased their conviction rates for domestic violence crimes and batterer intervention program (BIP) is consistently ordered where appropriate.

Perpetrator criminal history is a factor when setting bond, determining bond conditions, and sentencing, which has led to greater perpetrator accountability and increased victim safety.

Law enforcement agencies have confiscated guns from domestic abusers and enforced Red Flag Laws.

Domestic violence centers have received an increase in funding for staff and bed space.

There has been an increase in injunctions for protection filed in high lethality cases and BIP is consistently ordered.

Community awareness of how to help others has increased as evidenced by an increase in contact with domestic violence centers.

There is a countywide education effort about intimate partner violence and risk factors that reaches everyone including businesses, government, school systems, neighborhood groups, and spiritual communities.

Remembering Those We Have Lost

"Each person's grief is as unique as their fingerprint. But what everyone has in common is that no matter how they grieve, they share a need for their grief to be witnessed."

-David Kessler

We stand as witnesses to the grief of those left behind as a result of intimate partner homicide. Each loss is unique but the magnitude of the pain is the same. As a community, we also feel the loss. Each person leaves a void that cannot be filled - the teacher, the mother, the bus driver, the daughter, the realtor, the best friend, the nurse, the veteran, the neighbor, the student - all irreplaceable. Since 2000, Pinellas County has lost too many community members to intimate partner homicide. Even one is too many. For every one person who is murdered, at least five others are directly impacted. These deaths send ripples of pain into our community. As a result, our community as a whole, shares and witnesses that grief and loss.

We chose to use the image of the dove as it symbolizes peace and love. We wish peace and love for those who grieve and for our community at large.



Impact of the Losses: Cost of Intimate Partner Homicide to the Community

There is no way to put a cost to the value of a loved one. Some impacts can be measured as we have addressed on the left side below. Those impacts are direct and tangible, to include such items as legal, law enforcement, and prison costs. However, it's important to remember that losing a community member impacts each and every one of us in ways we cannot measure. These indirect costs include pain and suffering by the victim's family, lost wages and tax revenue, and lost opportunities. The person killed may have been the nurse who could have saved your life, or the teacher who could have helped your child find a promising career, or the single mother who could have been the banker who helped you obtain a loan when others could not help you. We will never know the extent that these individuals could have contributed to our lives, but we do know the loss is tragic and preventable.

Police Response \$2,922
 Scene Clean Up \$2,500
 Fire/EMT Transport \$1,279
 Coroner/Medical Examiner \$2,500

Crime Scene
\$9,201

A social worker described as a humanitarian who was passionate about helping others.

A probation officer who was the glue that held a courtroom together.

Police Investigation \$6,500
 Court Process \$7,084
 State Attorney & Public Defender \$100,487

Criminal Justice
\$114,071

A woman who would give you the shirt off her back and then go to the store and buy you a whole outfit.

A retired government employee who had a sterling reputation and was beloved.

A thoughtful and kind university student.

Pre-trial Incarceration \$98,550
 Prison Placement \$536,221

Incarceration
\$634,771

A man who regularly shared life advice and positive quotes to others.

An attorney who volunteered for a local domestic violence center.

A retail worker who was a second mom to the kids in her apartment complex and opened her home to everyone.

Social Services Assistance \$18,768
(one year TANF benefit for a two person household)
 Victim Compensation \$5,389

Victim Support
\$24,157

A nurse who preached at area churches in her spare time.

A bank employee who was loving, caring, and made the darkest day bright.

\$782,200

=

Priceless

Source: National Institute for Criminal Justice Reform. (2019). *The Cost Per Shooting - Miami Gardens, FL*. Cost of violence – MIAMI GARDENS, FL. Retrieved July 2, 2021, from <https://costofviolence.org/reports/miami-gardens/>.

Our Actions Through the Years

Pinellas county has one of the longest standing and continuously active fatality review teams in the state and in the country. Over the last twenty years, our team has been focused on developing the best process to collect detailed and comprehensive information in order to identify patterns and risk factors. We have strived to make meaningful change and to prevent further tragic deaths.



2000
Pinellas County Fatality Review Team established in response to a national movement to understand and prevent intimate partner homicide and following the creation of FL Statute 741.316 providing confidentiality and exemption from public record.



2002
In response to seeing an increase in intimate partner homicide of elder victims and the realization that in a majority of cases, friends and family were aware of the violence prior to the murder, we created two brochures to address these issues. One for the senior community and one for friends and family. They highlighted risk factors and resources.



2005
Created a standardized list of questions that detectives could use to present the case to the team. This allowed us to ensure we were gathering the same type data in each case.



2008
Based on our case reviews to date, we found that there was a higher incidence of Black women being murdered. As a result, we created a brochure specifically for Black women to provide information about risk of DV homicide.



2010
Held first candlelight vigil to honor victims and to bring awareness to the prevention of intimate partner homicide.



2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2001
Created our first annual report to show what we had found.



2003
Recognized that near fatalities were occurring and that because we had living victims, we could gather important information. In response, we began reviewing near fatality cases. We invited victims to share their experiences if they were comfortable doing so.

We also began tracking stalking behaviors during this year. We found that several cases included this element.



2005
Created our mission statement to guide our team efforts.



2006
Began tracking additional information about perpetrators like employment status, criminal history, and mental health.

We also added a summary of risk indicators to the annual report with the goal of helping community members understand how they could help.




2008
Recognizing the need for risk assessment on the street, we created and disseminated pocket size risk assessment cards to law enforcement. We also provided roll call training sheets to help train law enforcement on its use.




2009
Up until this date, our annual reports provided data based on case reviews. We shifted the reports' focus to better engage the community. As an example, our messaging changed to include themes that would invite curiosity and ask community members to be part of the solution.



Our Actions Through the Years




2011
We increased the circulation of the annual report to a wider audience and as a result wanted to make sure we provided resources. The final page of our report started to be a "tear off" page that could be copied and shared.



2013
In order to spread the message about the impact of violent language, the "Say This Not That" booklet was published.


In response to recommendations from the Fatality Review Team, PERC and Westcare created a substance abuse curriculum, published by St. Petersburg College, for clients in an inpatient substance treatment center who had admitted to domestic violence backgrounds with no criminal charges.

2015
Two members of the team presented at the National Fatality Review Team Conference. Our members presented on "Using Fatality Review for Social Change"



2017
As we prepared for the annual report, we started to realize the patterns and risk factors were always very similar. Instead of repeating the information, we decided to highlight a specific issue that could be easily shared on social media.

We created our first infographic, "Danger in the Home", that highlighted the specific risk factors of intimate partner homicide. Our infographic format helped reach a larger number of community members.



2018
A risk factor that we have seen over and over is that friends and family knew there was intimate partner violence. We improved our website to include a section called "How to Help Someone" in hopes we can be a better resource for those in need.

We created our second infographic, titled "Is Someone You Know at Risk?"

Additionally, we started tracking patterns of cyberstalking by the perpetrator.

2011

2012

2013

2014

2015


2016

2017


2018

2019

2020




2011
The first "Be a Better Bystander" panel was held in the community as a response to the recommendations from the Fatality Review Team. The panel focused on educating friends and family on how to intervene when a loved one was experiencing intimate partner violence.




2013
We held a candlelight vigil in response to a tragic increase in intimate partner homicides in Pinellas County in the previous year.


2015
We revised our mission statement to better focus our efforts.



2019
Seeking to share the risk factors of intimate partner homicide in ways that could create a greater impact, we created palm cards. The cards listed the risk factors and "safety steps" intended for friends and family to better understand. They also included information on how to get help.



2012
We began tracking likely personality disorder in the perpetrator. Both neuroscience and improved clinical understanding have helped to identify dangerous personality disorders as a factor in intimate partner homicide.



The mission of the multidisciplinary Pinellas County Fatality Review Team is to review intimate partner fatalities and near fatalities, to identify patterns and trends, and to generate a report for the community with the goal of ending intimate partner violence.





Risk Factors Found Among Our Cases

Risk factors of intimate partner homicide have been consistent for decades. Risk factors do not mean that murder is inevitable, but they do mean that the situation is serious and that precautions should be taken to prevent harm. The more risk factors present, the more likely that harm is imminent.

Prior Domestic Violence, Separation, and/or Firearm as Weapon

A 46 year old mother and CEO of a non profit agency was killed by her ex-boyfriend. He had been abusive many times in the past. They were separated and the victim had started a new relationship. She also had told her ex she would no longer financially support him. He shot her multiple times with one firearm and then used another firearm to kill himself.

In 58% of Pinellas cases there was a documented history of prior domestic violence (DV). Research shows that prior DV is the single largest risk for intimate partner homicide. In 42% of Pinellas cases the parties were separating or had separated. When the perpetrator believes they have lost control they will choose new, more dangerous tactics that they may not have used before to regain control. As a result, the risk of lethality increases. In 46% of cases a firearm was used. Research shows that when a gun is in the house, an abused woman is 6 times more likely be killed.

Likely Dangerous Personality Disorder

A 24 year old daughter and recovering addict was stabbed by her boyfriend, stuffed into a plastic storage bin, and buried in his back yard. He was a sex offender who was described by a local assistant state attorney as "one of the scariest individuals that we've had in this county". He was also referred to as a sexual monster.

Since we began tracking the likely presence of a dangerous personality disorder of the perpetrator, 40% of the cases have met that criteria. The ability to see a pattern of behavior that demonstrates a lack of empathy is fundamental in understanding what type of perpetrator would be more likely to murder the victim. This has become an important risk factor as we seek to further understand coercive control and imminent danger.

Criminal History and/or Strangulation

A 22 year old mother of a toddler was killed by her boyfriend and father of the child. He later killed himself. He had previously strangled her to unconsciousness. He also had an extensive criminal history to include previous domestic violence arrests involving a different victim.

Women strangled by their partner are 7½ times more likely to be killed and 6 times more likely to be the victim of an attempted homicide. In 72% of Pinellas cases the perpetrator had been arrested and/or convicted of crimes in the past. It is important to consider all criminal history when assessing for danger, not just DV crimes. Research shows a history of prior arrest for any offense is associated with psychological and physical aggression perpetration. A pattern of criminal behavior demonstrates a lack of regard for rules and others.

Non-biological children in the home and/or Suicide & Firearms

A 49 year old mother of two children from a prior marriage had been talking with others about leaving. Her husband was abusive to her and one of her sons. He always kept a gun under his pillow. He shot her and then himself.

National research shows a child living in the home who is not the biological child of a perpetrator increases the risk of homicide. Of the cases we have reviewed, 27% of our cases have been homicide/suicides. And of those, 84% were with a firearm. The presence of a gun alters the outcome, increasing the risk of a homicide/suicide.

A Look at Two Decades....



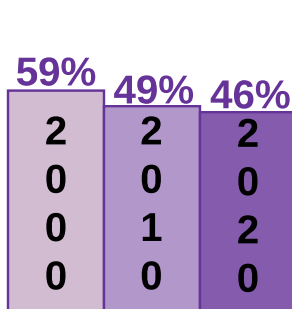
We've noticed something over the years that is quite disturbing. We have been reviewing cases for 20 years now in Pinellas County, totalling 168 cases. We have been identifying patterns and risk factors for each case. We've made recommendations based on our findings. Yet, there has not been a significant decrease in intimate partner homicide. Community members are still being murdered. It is clear that we need to take a step back and reflect on what we are missing.

The patterns below reflect small improvements in these particular areas. For example, an increase in "others knew" could mean that family and friends are more aware which could lead to more opportunities for victims to get help. A decrease in "no batterer intervention program (BIP) ordered" indicates that the judiciary is ordering BIP in a few more criminal and injunction for protection cases, thus holding more batterers accountable. The decrease in "no contact with domestic violence (DV) center" shows that more victims reached out for help from a DV center prior to the homicide. A decrease in "guns as weapons" could indicate improvement in getting firearms out of the hands of abusers. These factors all represent opportunities for increased interventions to prevent intimate partner homicide.

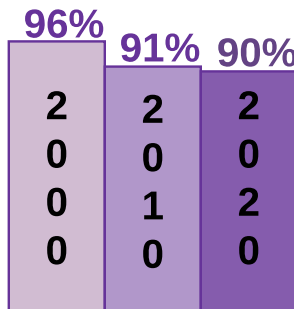
Increased percentages of cases involving substance abuse by the perpetrator and prior criminal history (not just DV) of the perpetrator is partly the result of better tracking (by law enforcement and our team) and emphasizes the need for our community to pay closer attention. It also alerts our judiciary and social service agencies to screen for substance use and DV as well as to recognize that ANY criminal history, not just DV related, is an indicator of non-compliance and something to be taken into consideration. The awareness of these factors is critical in holding batterers accountable and preventing intimate partner homicide.

As we analyze these patterns, several questions arise. What is our community NOT doing that needs to be done? Who are we not engaging that we need to engage? Where can we look to find new solutions? *We all have more work to do.*

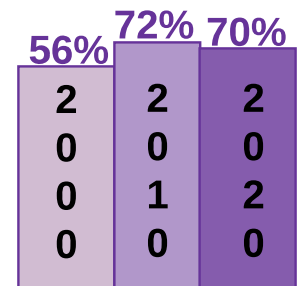
Use of Gun as Weapon



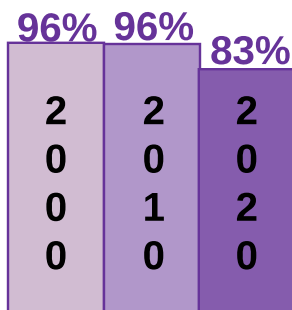
No BIP ordered



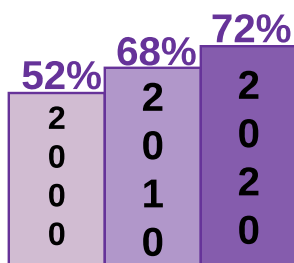
Substance Abuse by Perpetrator



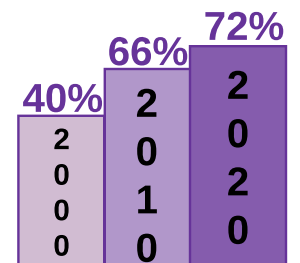
No contact with DV Center



Others Knew



Criminal History of Perpetrator



Actions We Need to Take

Our twentieth year of intimate partner homicide case reviews brought forward a truth for our community...not much has changed. We have been working hard in the last two decades to eliminate intimate partner homicide, but clearly we are missing something. We knew we needed to find a different perspective to answer our question "How do we get there?" So we reached out to researchers whose expertise is intimate partner homicide and commissioned them to prepare a report regarding what actions we need to take to end intimate partner homicide.

Bethany Backes, Ph.D., MSW, MPH, is an Assistant Professor in the Violence Against Women Faculty Cluster Initiative at the University of Central Florida and holds a joint appointment in the Department of Criminal Justice and School of Social Work. Amy Reckdenwald, PhD, is an Associate Professor in the Department of Sociology at the University of Central Florida, a member of the Violence Against Women Cluster and a member of the Training Institute on Strangulation Prevention's National Advisory Committee. In response, Dr. Backes and Dr. Reckdenwald wrote the report below which outlines current research based strategies that have led to a decrease in intimate partner homicide.

Addressing the Major Risk Factors of Domestic Violence Homicide Through Coordinated Intervention

Dr. Bethany Backes & Dr. Amy Reckdenwald

Introduction

In the United States, 32.9% of women are physically abused by an intimate partner in their lifetimes, and one-quarter of women report severe intimate partner violence (IPV), also called Domestic Violence (DV) in their lifetimes¹. DV leads to physical injury, ongoing physical and mental health problems, and homicide². DV is the single largest risk factor for intimate partner homicide (IPH) of women, preceding 65-80% of these cases³. Recent analyses of administrative data indicate that, in the three years prior to a DV homicide, police officers had been in contact with the victim for a DV complaint in 91% of cases (with an average of 6.2 visits / victim)⁴. In addition, more than half of intimate partner homicides are committed with a firearm and firearm availability is associated with a greater risk of DV homicide⁵.

Non-fatal strangulation (NFS) is one of the most recognized risk factors for homicide in violent relationships with approximately 10% of women experiencing NFS by an intimate partner at least once in their lifetime⁶. NFS is a severe form of IPV, used as a method of coercive control "to immobilize and terrorize a partner"⁷ and associated with many long-term consequences⁸. NFS has also been identified as a serious risk factor for the homicide of women with research showing that women who have been strangled and survived are at a 750% greater risk of being killed by their abusive partner than women who have not been strangled in the past⁹.

The initial and subsequent reauthorizations of the Violence Against Women Act (VAWA) have been critical to improving responses to domestic violence. VAWA has created and supported comprehensive and cost-effective responses to domestic violence and has led to vast improvement in how community- and systems-based organization respond to domestic violence victims and abusers. Examples of programs and services VAWA has supported to address domestic violence include:

- expansion of civil legal services for victims including protective orders/injunctions, medical, landlord/tenant, and family legal needs
- culturally specific services to support communities of color who often experience much higher rates of domestic violence
- emergency shelter and extended housing programs such as transitional housing and rapid rehousing
- coordinated community responses to domestic violence that brings together key criminal justice, community-based, and health services to collaboratively respond to domestic violence
- implementation of domestic violence risk assessments aimed at reducing lethality including training and technical assistance for established DV risk assessments and strangulation screenings
- specialized court programs such as fast track domestic violence courts to streamline case flow and decisions
- training for criminal justice personnel on evidence-based practices and policies to effectively address domestic violence
- creation of programs to remove firearms from offenders and support implementation of red flag gun laws

Actions We Need to Take, Cont'd.

Overview of Evidence-Based Practices

DV risk assessment has been proposed as a means by which to identify high risk cases at the scene of DV incidents, and the 2013 reauthorization (Pub. L. 113-4, 127 Stat. 54) of the Violence Against Women Act (VAWA) prioritizes funding for police departments that use evidence-based lethality (or risk) assessments. As a result, the U.S. has seen an increasing number of states mandating the use of DV-specific risk assessments by frontline police officers and such assessments are in use in over 40 states¹⁰. Used along with a coordinated community response such as a high risk team or specialized response team, risk assessments can greatly impact survivor safety and accountability for DV offenders.



If jurisdictions in the U.S. assess risk in DV incidents, they generally do so by using one of four DV risk assessment instruments including:

- 1. Ontario Domestic Assault Risk Assessment (ODARA)** is typically used by frontline police officers to assess risk for future DV offenses at up to 5 years post-assessment. The ODARA has also been used in corrections, victim services, and health settings and is comprised of 13 dichotomous questions. Results indicate a DV offender's likelihood to commit another DV offense, with higher scores indicating an increased risk of frequency/severity of violence.
- 2. The Lethality Screen (LS)** is an 11-item version of the original Danger Assessment (DA). The LS is generally used in conjunction with the Lethality Assessment Program (LAP; <https://lethalityassessmentprogram.org/>), which places victims assessed at high danger in telephone contact with DV advocacy services at the scene of a police-involved DV incident¹¹.
- 3. The DA for Law Enforcement (DA-LE)** is also a version of the DA with 11-items that have been identified as significant predictors of repeat, severe, and fatal DV. The DA-LE is used in conjunction with the Domestic Violence High Risk Team (DVHRT) model (<http://www.dvhrt.org>). In the DVHRT model, law enforcement officers implement the DA-LE and cases identified as high risk are referred to the DVHRT, a multidisciplinary team that meets to discuss interventions to reduce victim risk.
- 4. The DA-5** is a 7-item version of the DA that scores victims of DV into three categories: risk, elevated risk, and high risk. Elevated or high-risk victims are referred to DV advocacy services at the scene of the DV incident and receive police follow-up.

DV risk assessments often screen for past strangulation, however, the incorporation of specific tools and training to identify and document strangulation is emerging as a promising practice to identify high risk cases and enhance evidence available to police and prosecutors. Information provided through both risk assessments and on-the-scene strangulation screens can inform investigation efforts and prosecutorial decisions.



Coordinated responses between multiple agencies can be effective in improving the criminal justice response to NFS¹². An example of a successful response, the Brevard County Strangulation Prevention Project (BCSPP), was in existence from 2014-2016 in Brevard County Florida, with the guidance of the Training Institute on Strangulation Prevention (<https://www.strangulationtraininginstitute.com/>). The BCSPP was a coordinated response between the county Sheriff's Office, the Health Department, the State Attorney's Office, domestic violence shelters, and researchers at the University of Central Florida.

Actions We Need to Take, Cont'd.

Under the BCSP, law enforcement officers were trained to identify and document NFS and refer victims to a forensic medical examination by a specially trained forensic nurse examiner (FNE), who would further collect valuable medical evidence to mitigate negative health consequences as well as to support court proceedings. Evaluation of the BCSP showed that a coordinated response between law enforcement, health care personnel (i.e., FNEs), and the State Attorney's Office (SAO) had a significant impact on holding offenders accountable of NFS. Specifically, more cases with corroborating forensic evidence of the attack were filed by the SAO and were charged with felony battery by strangulation¹³.

Addressing the major risk factors of DV homicide through coordinated intervention like the BCSP, and the use of research-backed DV risk assessments, can reduce DV homicides within communities.

Footnotes

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^{12,13}Reckdenwald, A., Fernandez, K., & Mandes, C. (2019). Improving law enforcement's response to non-fatal strangulation. *Policing: An International Journal of Police Strategies & Management*, 42(6), 1007-1021. doi:10.1108/PIJPSM-12-2018-0186



Creating a Community with No Intimate Partner Homicide: *How Do We Get There?*

Based on a review of the most recent research included in this report by Dr. Bethany Backes and Dr. Amy Reckdenwald as to what reduces intimate partner homicide, and after our Fatality Review Team reviewing patterns and trends in Pinellas county for the past twenty years, we are recommending the following actions be taken to reach the goal of zero intimate partner homicides.

1

Pinellas law enforcement agencies, State Attorney's Office, hospitals/health departments, and certified domestic violence centers begin using research backed domestic violence risk assessments.

2

Pinellas law enforcement agencies begin utilizing an on scene strangulation screening form (example: the Strangulation/Suffocation Investigative Worksheet from the Training Institute on Strangulation Prevention).

3

Pinellas Coalition to End Domestic Violence collaborate with criminal justice agencies and certified domestic violence centers to create an intimate partner high risk response team.

4

Pinellas Coalition to End Domestic Violence coordinate key criminal justice, community based, and health services agencies to collaboratively respond to intimate partner violence.

Resources

Tear Off Here

For more information regarding **shelter services, support groups, safety planning and general information** about intimate partner violence, there are two domestic violence centers:

The Haven of Hope Villages of America:
www.hopevillagesofamerica.org
PH: 727-442-4128 (24 hours)
PH: 727-441-2029 (outreach)

CASA (Community Action Stops Abuse)
www.casa-stpete.org
PH: 727-895-4912 (24 hours)

FL DV Hotline: 800-500-1119

To **search criminal history records free of charge**, Pinellas County has two ways to access information:

Pinellas County Sheriff's Department-Jail Intake
http://pcsoweb.com/InmateBooking/Pinellas

County Clerk of Court: www.pinellasclerk.org

For assistance regarding **mental health issues and support**, contact:

Suncoast Center Inc.: www.suncoastcenter.org
PH: 727-388-1220
Directions for Living: www.directionsforliving.com
PH: 727-524-4464
Gulfcoast Jewish Family and Community Services
www.gcjfc.org PH: 727-479-1800
Personal Enrichment Through Mental Health Services (PEHMS) 24-hour mental health assistance line:
PH: 727-541-4628
24-hour suicide hotline: 727-791-3131

For **legal assistance**, contact:

Gulfcoast Legal Services: www.gulfcoastlegal.org
PH: 727-821-0726
Community Law Program: www.lawprogram.org
PH: 727-582-7480

For assistance following a **sexual assault**, contact:

Suncoast Center Inc.: www.suncoastcenter.org
PH: 727-530-7273



For **information and assistance with substance abuse treatment**, contact:

Operation PAR: www.operationpar.org
PH: 888-727-6398
Westcare of Florida: www.westcare.com
PH: 727-490-6768

For **information and support for seniors** who are being impacted by crime and intimate partner violence, contact:

Senior Victim Advocate Program
Area Agency on Aging of Pasco-Pinellas, Inc.
www.agingcarefl.org
PH: 727-570-9696 ext.259

For **reporting abuse of animals**, contact Pinellas County Animal Services at 727-582-2600

Injunctions for protection can be filed at one of three court buildings in Pinellas County. You may also call them at 727-464-7000 or visit their website at

www.pinellasclerk.org
-Civil Court Records
315 Court Street, Room 170
Clearwater, FL 33756
-County Justice Center
14250 49th Street North, 2nd Floor Clearwater, FL 33762
-St.Petersburg Branch Office
545 First Avenue North, Room 101 St.Petersburg, FL 33701

For **reporting and addressing child abuse**

contact: Abuse hotline 1-800-96-ABUSE
Child Protection Investigation Division, Pinellas County Sheriff's Office 727-582-3800
www.pcsoweb.com

For **information about Batterer Intervention Programs**

contact The Haven of Hope Villages of America, CASA or your local Victim Advocate associated with your law enforcement agency.

For more information on intimate partner homicide or this report, please contact:

Frieda Widera, Chairperson, Fatality Review Team - Largo Police Department, 201 Highland Avenue, Largo, FL 33770 PH: 727-586-7481 Email: fwidera@largo.com

Scan to visit our website



Join the Pinellas County Coalition to End Domestic Violence (formerly Pinellas County Domestic Violence Task Force)- We meet odd months of the year, the 3rd Tuesday of the month from 2-4 pm. We are currently meeting virtually. Email our chairperson Jennifer Young at jennifer@counselingforyourself.com to attend our meetings.