



COMMISSION ON SEXUAL & DOMESTIC VIOLENCE

Inspiring and coordinating community efforts to address sexual and domestic violence

Bellingham-Whatcom County Commission on Sexual & Domestic Violence

Thursday, January 25, 2024

8:30 – 10:00 am

Whatcom Community College

Members Attending: Greg Baker (Bellingham Public Schools), Christina Byrne (Western Washington University), Tammy Cooper-Woodrich (Nooksack Tribal Elder), Greg Hansen (City of Ferndale), Chris Kobdich (Unity Care NW), Ken Levinson (Ken Levinson Law LLC), Rebecca Mertzig (Bellingham Police Department), Jessyca Murphy (Make.Shift Art Space), Katie Olvera (KPO Counseling), Chris Roselli (Western Washington University), Garret Shelsta (Stuff You Can Use), Bruce Van Glubt (Whatcom County District Court and Probation), David VanderYacht (Lynden Public Schools), Rocky Vernola (Whatcom Community College)

Members Absent: Beth Boyd (PeaceHealth St. Joseph Medical Center), Starck Follis (Whatcom County Public Defender), Stephanie Kraft (Whatcom County Superior Court Administrator), Erika Lautenbach (Whatcom County Health & Community Services), Alan Marriner (City of Bellingham), Jason McGill (Northwest Youth Services), Diane Miltenberger (Department of Social & Health Services), Moonwater (Whatcom Dispute Resolution Center), Darlene Peterson (Bellingham Municipal Court), Adrienne Renz (Domestic Violence & Sexual Assault Services), Eric Richey (Whatcom County Prosecutor’s Office), Donnell Tanksley (Blaine Police Department), Krista Touros (PeaceHealth), Pamela Wheeler (Opportunity Council)

Guests Present: Jackie Brawley (Bellingham Public Schools), Lt. Brent Greene (Blaine Police Department), Amber Ica-y-Creelman (DVSAS), Rachel Krinsky (RK Advising), Rosemarie Tom (Lummi Victims of Crime)

Staff Present: Susan Marks, Nikki D’Onofrio

Agenda Item	Discussion
<p>Welcome</p> <ul style="list-style-type: none"> Acknowledgement of Tribal lands Introductions: name, gender pronouns, title/agency, and one thing you do for self-care Be present and focused, restrooms, coffee and tea 	<p>Commission chair Chris Roselli opened the meeting at 8:39 am. Chris shared a land acknowledgement and briefly talked about this group’s work in Missing and Murdered Indigenous Women & People (MMIWP).</p> <p>Attendees introduced themselves, sharing one thing they do for self-care.</p> <p>Chris asked everyone to please sign the thank you cards for Asa Washines and Rep. Lekanoff, who joined us for meetings on MMIWP late last year.</p>
<p>CONSENT AGENDA</p> <ul style="list-style-type: none"> Minutes: November 30, 2023 Commission meeting minutes 	<p>Ken Levinson moved to approve the consent agenda. Chris Kobdich seconded. The consent agenda was approved unanimously.</p>



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<ul style="list-style-type: none"> Budget: January 2024 Commission operational budget 	<p>Chris Roselli recognized the executive committee members: Chris Roselli, Ken Levinson, Rocky Vernola, Garret Shelsta, Chris Kobdich, Erika Lautenbach, Donnel Tanksley, Beth Boyd, and Katie Olvera.</p> <p>Chris reminded the group that the Executive Committee does listen to meeting evaluations.</p>
<p>Case reviews of intimate partner homicides</p> <ul style="list-style-type: none"> Presentation/overview Sharing by panel members Questions/comments Mock case review Final reflections 	<p>Susan Marks brought our attention to the January 2024 activity report in the meeting packet—we'll have these updates at each meeting to show the work the Commission is doing between meetings.</p> <p>Susan introduced the topic of the three intimate partner violence fatality case reviews that the Commission hosted in 2023. The purpose of these case reviews is to remember and honor victims and to dive deeply into individual cases to learn about what survivors are experiencing and need by identifying strengths and gaps in community interventions and prevention. The focus is on moving forward, not blaming. The case reviews also identify recommendations to enhance community interventions and prevention.</p> <p>Susan invites participants across disciplines, representing advocates (including advocates from Lummi Victims of Crime and DVSAS, prosecution-based advocates, and civil legal attorneys), the criminal legal system (law enforcement, prosecution, probation, and public defense), child welfare, faith communities, schools (K-12 and college/university), communications specialists, and healthcare (including mental health and forensic nurses).</p> <p>To prepare for the case reviews, Susn gathers documents from the public record including media reports, law enforcement files, prosecution files, and court files (protection orders, criminal history, family law). She then compiles a narrative timeline of relevant information. This is included in a packet sent to all participants for review.</p> <p>Each case review is a 2–3-hour meeting. We begin with a grounding in self-care, the impacts of vicarious trauma, talking about people in our community, and relationship building. We then discussed: What stood out? What questions remain? What were strengths, gaps, and recommendations for: Family, friends, neighbors, coworkers; Community systems (schools, healthcare, faith community, media, workplaces); Legal</p>



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systems? We start with discussing the survivor's inner circle (family and friends), then community systems, then law enforcement and the legal system because that's often the last resort for people.

Some of the key fact patterns in the cases reviewed last year included: a relationship with no signs of physical abuse; relationships with no criminal legal history; offenders with untreated mental health concerns; a victim with professional leadership status in community; offenders with significant drug use; long-term, high lethality violence used against victims; criminalized victims; offenders with limited parent involvement when they were children/youth; an offender with significant criminal legal involvement; and a new partner targeted for homicide.

Some of the recommendations that came out of last year's case reviews include:

- community education: language for what abuse is, what abuse can look like (e.g. difference between abuse and mutual conflict), how to ask about abuse, what to say/do when someone says "yes"
- media: reach out to local DV agencies for accurate background information about major DV news stories
- faith communities: host networking gatherings to build trust and connection with domestic violence advocacy agencies and other social services
- healthcare: providers (traditional and non-traditional, including mental health) need effective screening, follow-up, and referral tools; particularly for prenatal, postnatal, and pediatric care
- children impacted by DV: community needs more coordination, focus, and leadership for prevention and intervention for children impacted by DV
- early childhood: maternal and child health, childcare, early childhood education, and before/after school childcare providers need education and resources to understand what they are seeing with families and provide support and referrals
- workplaces/employers: all types need tools for responding to domestic violence when it impacts the workplace
- legal system: community partners revamp and increase effectiveness of community responses to high lethality intimate



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partner violence; increase understanding and identification of and support for criminalized survivors

- all stakeholders refer survivors for advocacy (DVSAS, LVOC, WWU) and provide a warm hand off whenever possible
- all agencies should review and implement policies and practices to support vicarious trauma and burnout experienced by staff

Up to three more case reviews are planned for 2024. We will analyze themes from all case reviews (strengths, gaps, and recommendations) and present findings to S/DV Commission members and other community partners, then support the implementation of recommendations.

Case review team members shared: what has been most interesting and most challenging and what they learned.

Nikki D’Onofrio shared about the difficulty of examining such tragic cases, particularly where one of the victims was the same age as her son. She appreciated the interdisciplinary approach and learned a lot from those representing law enforcement, prosecution, child welfare, juvenile justice, education, faith communities and medical providers. One challenge was recognizing that none of the cases had “one thing” that could have prevented the death(s), so it can feel overwhelming to know how to intervene. However, that also strengthens the approach this Commission has: it takes all of us, in every system, to address sexual and domestic violence. We don’t know how many homicides we have prevented from the interventions we’re already doing.

Rosemarie Tom noted that the cases she participated in had a pattern of violence that was tolerated in a community/society and that other crimes led up to the homicide. There’s a feeling of being overwhelmed—these problems are vastly systemic on a national level. We’ve also been really productive, and we have had more impact than we realize. Consistency is key in our responses.

Jackie Brawley shared that it was interesting to see similarities and differences between the three cases. She noticed all the preparations that went into the case reviews and the diversity in the groups. The reviews are really intense, and everyone comes with strong backgrounds and



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experiences. She is in awe of the expertise and care that goes into these professions.

Garret Shelsta noticed that the case review participants really care because they ask authentically difficult questions of one another. They did not tiptoe around hard conversations. He was asked “did you know that pastors are saying these things that keep people in DV situations?” and Garret was able to say, “Let me help you look at what it looks like from the back end of that—there are diverse faith communities, they are not a monolith.” The participants cared a lot and that’s what mattered.

Jackie pointed out the importance of being in the room together. It would have been very different than if we read our reports and gave our opinions. When Sgt. Crawford was in the room, he was able to describe how law enforcement’s view of strangulation crimes have changed with training, helping those from other disciplines better understand that perspective.

Amber Icaj-Creelman shared that one thing she really appreciates in our community is that we all come together, and we were able to dissect the case. Some of this was really challenging to read the history, when you dig deep into a case you do feel compassionate for both parties. Doing these case reviews can prevent future homicides. Amber is grateful that Susan asks us to think about self-care because it’s important.

Greg Baker shared about just how hard it was. To have a couple of close colleagues murdered because of domestic violence has been incredibly difficult. If you’re intimately involved, that’s different than if you’re looking at it analytically. He’s glad he participated and hopes it was worth the effort. He did it because he wanted it to help.

Susan noted that the Domestic Violence High Risk Team (DVHRT) was started after we did case reviews in the early 2010s and a school counselor said “everyone knew this was going on. Why didn’t I know this?” But everyone didn’t know, people had only pieces of the story. DVHRT is a way for practitioners to share about those high-risk cases.

Attendees participated in a mock case review, reading a summary and then discussing: What stood out to you? What questions do you have?



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What strengths, gaps, or recommendations do you have for: Family, friends, neighbors, coworkers; Community systems (schools, healthcare, faith community, media, workplaces); and Legal systems?

Christina Byrne noticed that it looks like there were multiple points where the victim could have been referred to DVSAS.

Katie Olvera pointed out the common theme of having to be reliant on the perpetrator (for transportation, winter clothes). As a community/society how do we build those safety nets?

Rocky pointed out the age difference between the victim and the abuser. There wasn't evidence that the victim's parents or school noticed this or that it raised any red flags for them.

Chris Roselli pointed out that when you're looking at a case summary and it's bulleted, you can see all these warning signs, but looking at a life over many years, it's so complex.

Rosemarie added that a lot of the victim's reasoning for her behavior, it has a logical basis "this is why I can't visit, this is why I can't drive." How can family/friends notice how someone's appearance changing, noticing what's happening, wonder why they couldn't save up for a car in 3 years?

Rachel Krinsky noticed the potential to offer help, but how hard it is to offer help to someone who maybe didn't want it. How do you offer help in a way that's respectful and is survivor-driven? Someone with the right language and right attitude may have been able to provide the support the victim needed.

Ken Levinson observed that the age difference is a red flag, the lack of an advocate is a danger sign. Her coworkers saw she was being controlled and it is hard to ask a coworker about this, but maybe we can change that.

Rocky shared her own story of experiencing an abusive relationship as a 16-year-old. When she sees this, she thinks that those of us who have not experienced it, we think these things are options, but when you are in it, it is not that clear, the fog is thick.



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	<p>Chris Kobdich identified that the biggest red flag for her was strangulation. The probability of a homicide after strangulation is huge.</p> <p>Chief Rebecca Mertzig shared that after an incident of strangulation, a person is 7x more likely to be killed. She wonders how we could have intervened.</p> <p>Lt. Brent Greene works in Blaine and shared that he knows the families, he is repeatedly responded to the same homes. It takes a long time and a lot of resources to get out of that cycle.</p> <p>Amber thanked Rocky for sharing her story. Sometimes we sit in rooms and think this happens to other people, but we are always sitting in rooms with survivors of DV/SA. It was powerful to hear each other's stories.</p>
<p>Closing</p> <ul style="list-style-type: none">• Meeting evaluations	<p>Participants completed meeting evaluations and the meeting adjourned at 10:00.</p>