

# A RAISED HAND

*Can a new approach curb domestic homicide?*

BY RACHEL LOUISE SNYDER



*Assessing twenty risk factors can help pinpoint when abuse is likely to escalate.*

Dorothy Giunta-Cotter knew that someday her husband, William, would kill her. They met in 1982, when he was twenty and she was fifteen: a girl with brown eyes and cascading dark hair. Over the course of twenty years, he had kidnapped her, beaten her, and strangled her with a telephone cord. When she was pregnant with their second child, he pushed her down the stairs. After visits to the emergency room, he withheld her pain medicine and, at one point, forbade her to wear a neck brace.

Dorothy and William had two daughters, Kaitlyn and Kristen. Once, in a rage, William sat on Kristen's chest until she couldn't breathe; she was eleven. Another time, angered by what

she was wearing, he hit her repeatedly in the head. That day, Dorothy took Kristen from their home, in Amesbury, Massachusetts, and drove to a shelter for victims of domestic violence in Maine. (Kaitlyn, who was seventeen, stayed behind in order to graduate from high school on schedule.) Dorothy feared that William knew the local network of domestic-violence shelters; in Maine, she felt, she would be safe.

There she filed a restraining order, telling the judge that her husband would kill her when he found her. But the judge denied the order, citing a lack of jurisdiction. So Dorothy returned with Kristen to Massachusetts, where she met Kelly Dunne, who worked at the Jeanne Geiger Crisis Center, a local

domestic-violence agency. The center helped Dorothy file a restraining order and found a room for her and her daughters in a longer-term shelter. But Dorothy refused. She told the center's lawyer, "If I'm going to die, I want to do it in my own house."

Under the terms of the order, William was required to move out. The crisis center changed the locks and gave cell phones to Dorothy and her daughters. Ten days later, William violated the restraining order. He hid in the garage until Dorothy, who was on her way to a job interview at a local supermarket, came in. He grabbed her and put his hand over her mouth. "Stop screaming or I'll shoot you," he told her. Kaitlyn, hearing the struggle, ran downstairs to find her mother being held hostage by her father. "Her mouth was bleeding . . . and she appeared terrified," Kaitlyn later wrote in an affidavit. "I . . . stood with my mom and dad to make sure nothing was going to happen." After two and a half hours, William left; the next day, Dorothy went to the police station and filed a report with a detective named Robert Wile. She told Wile, "Every time I talk to him, he scares me."

Wile issued a warrant for Cotter's arrest, and on March 21, 2002, William, accompanied by his lawyer, turned himself in at the Newburyport District Court. His previous record showed only a few traffic violations and bad checks. He had a steady job as a cable installer and coached a local youth sports team. The judge released him on five hundred dollars' bail.

Five days later, William arrived at Dorothy's house armed with pepper spray, handcuffs, ammunition belts, and a sawed-off shotgun. Kaitlyn was at a friend's house; Kristen opened the front door. William pushed past her, broke down the door to Dorothy's bedroom, and dragged her out. Kristen ran upstairs and called a neighbor, who called 911. The police arrived minutes later. When the dispatcher called Kristen back to confirm their arrival, William picked up the downstairs phone and told her to call off the police or "someone's gonna get hurt real bad." Outside, the police could hear Dorothy screaming. When Officer David Noyes kicked down the

door, William shot Dorothy at close range; it was as if a grenade had gone off in her body, Noyes later said. Then William reloaded the gun and turned it on himself. Kristen had been hiding under her bed, the phone to her ear; the entire episode was captured by the 911 operator.

The Jeanne Geiger Crisis Center is situated in a secured red brick building in downtown Amesbury, an hour north of Boston. To insure the safety of clients and employees, no signs mark its presence. The waiting room provides toothbrushes, toys, secondhand clothes, self-help books, and boxes of Kleenex. Behind the reception desk is a large playroom.

Kelly Dunne, who is forty-two, is the center's chief operating officer. After graduating from college, in 1997, she became a volunteer at the center, working at the district court as an advocate for victims of domestic violence. On her first day, thinking that she might handle one or two cases in the divorce stage, she brought a book to occupy her in her spare time. When she arrived, five women were waiting to file restraining orders. One had spent the weekend locked in the basement; another had been kicked down the stairs. "I remember thinking, Are you kidding me?" Dunne said. "This is what's going on in this town over the weekend?"

One in every four women is a victim of domestic physical violence at some point in her life, and the Justice Department estimates that three women and one man are killed by their partners every day. (Roughly eighty-five per cent of the victims of domestic violence are women.) Between 2000 and 2006, thirty-two hundred American soldiers were killed; during that period, domestic homicide in the United States claimed ten thousand six hundred lives. This figure is likely an underestimate, as it was pulled from the F.B.I.'s Supplementary Homicide Reports, which gather data from local police departments, where homicide reporting is voluntary.

Dunne attributes the prevalence of domestic violence, in part, to a deep cultural misunderstanding of how violence operates. We assume that victims incite abuse, or that if the situation at home

was truly threatening they would leave. Restraining orders, when filed, are thought to keep perpetrators away. And, if a woman fails to show up in court to renew a restraining order, the assumption is that the problem has somehow been resolved. "We now know that it means exactly the opposite," Dunne told me.

In 2005, Dunne created the Domestic Violence High Risk Team, coordinating the efforts of her agency with those of local police departments, hospitals, state legislatures, and the courts to prevent domestic-violence homicide. The crisis center is funded by federal and state grants, private foundations, and fund-raising. Last autumn, the center received a four-hundred-and-fifty-thousand-dollar grant from the Department of Justice's Office on Violence Against Women, in Washington, D.C., to help the high-risk team adapt its model to several other communities around the country. Vice-President Joseph Biden has championed the high-risk program; in October of 2010, at an event to mark domestic-violence-awareness month, he said, "We need to replace what we have been doing, and replicate this kind of success." The high-risk team's methodology is simple: it strives to prevent domestic-violence homicide by predicting when it might happen.

After Giunta-Cotter's murder, newspaper editorials skewered the local police and the judge who had released William on bail; Bill O'Reilly, on his Fox News show, called for the judge's resignation. Suzanne Dubus, the chief executive officer of the crisis center, convened a meeting between the district attorney and members of the police department, including Detective Robert Wile, who had taken Dorothy's final police report, in order to analyze why the standard response procedures had failed. Everyone appeared to have done his or her job correctly. The only real digression from protocol came from Dorothy, when she refused to return to a shelter. "This was our 'Oh, shit' moment," Dunne said. The team had no plan besides offering shelter. "Shelter was our plan."

Since the nineteen-seventies, shelters have been viewed as the best protection

for battered women, but they can be profoundly disruptive. Most shelters in Massachusetts are single-family homes in residential areas, where victims and their children are allotted a room and share kitchens, bathrooms, dining, and living rooms with five to seven other families. Historically, boys older than twelve and pets have not been allowed in shelters, and most contact with friends or family, including a victim's employer, has been forbidden. Dunne says that shelters are often, in effect, a "ticket to welfare." Staying in a shelter may mean quitting a job and removing children from school, or being unable to care for elderly parents, or missing a doctor's appointment. Shelters have saved lives, Dunne said, but the burden of change falls on the victim, not the perpetrator.

In the past decade, shelters and clinical-treatment providers have tried to better accommodate the needs of abuse victims. Many now allow teen-age boys to stay with their mother, and families to bring their pets; others permit contact with friends, family, and employers. But most shelters remain chronically underfunded, and advocates like Dunne are criticized for speaking out against the shelter approach. "It's not a popular opinion to be putting forth in the domestic-violence world," she said.

In 2003, Dunne attended a conference on domestic violence in San Diego, where she heard a talk by Jacquelyn Campbell, who teaches at the Johns Hopkins University School of Nursing and is widely recognized as the country's leading expert on domestic homicide. In the nineteen-eighties, for her doctoral dissertation, at the University of Rochester, Campbell interviewed two thousand victims of domestic abuse in Dayton, Detroit, and Rochester, and sifted through police homicide files, looking for patterns. She found that half the women killed by their partners had sought help from the police or the criminal-justice system at least once, and that the single biggest indicator for domestic homicide was a prior incidence of physical domestic violence. The risk of homicide unfolded on a timeline, spiking when a victim attempted to leave an abuser, or when there was a change in the situation at home—a pregnancy, a new job. The danger remained high for three months

after a couple split, dipped slightly for the next nine, and dropped significantly after a year.

Campbell identified twenty risk factors for homicide, which she used to develop what she called a Danger Assessment tool. Some risk factors were obvious: substance abuse, gun ownership, a record of violence. Others were more specific: forced sex, threats to kill, choking. The sole demographic factor Campbell identified was chronic unemployment; poverty alone is not a risk factor. Campbell then devised a weighted scale based on the risk indicators. A score of eighteen or more represented extreme danger; fourteen to seventeen was severe; eight to thirteen indicated increased danger; and anything less than eight signified variable danger. In San Diego, as Dunne listened to Campbell speak she realized that Dorothy Giunta-Cotter would have scored an eighteen.

Dunne and Dubus began to outline how they might use Campbell's work to predict which domestic-abuse cases were most likely to end in homicide. During the following year, Dunne and her staff met with police officers in Amesbury and Newburyport; district attorneys; probation and parole officers; batterers-intervention group counselors; and hospital representatives in order to devise a program that would identify potentially lethal cases. Their first meeting, in 2002, revealed that each department had operated in isolation. Neither the judge nor the hospitals were aware of Dorothy Giunta-Cotter's history of abuse. The police knew about the restraining order against William, but the judge and the prosecutor handling the hearing didn't have access to his file, or to Dorothy's affidavit, which chronicled the two decades of abuse. "It's in the cracks that murders happen," Dunne told me. Her goal was to identify high-risk cases and create a plan of action to keep victims safe and out of shelters; the crisis center would serve as the central point of communication. In early 2005, the Domestic Violence High Risk Team began accepting cases.

One morning last fall, Dunne met with three staff members from the crisis center: Sara Hammond, a case manager; Kate Johnson, the community-services coordinator; and Connie

Martyn, an advocate and a counsellor. The day before, Lisa Morrison had called. She had first come to the center several years earlier, when she was married to a man named Glenn. (These are not the couple's real names, and the details of the case have been modified slightly in order to protect Lisa's identity. She was frightened at the prospect of being quoted; the details that were included are common to many of the cases that Dunne and her colleagues see.)

Over the years, Glenn had pushed Lisa repeatedly, once shoving her into a wall as their children watched; on another occasion, he twisted her leg as she tried to run away from him. After a tour with the military, he was given a diagnosis of post-traumatic stress disorder. Lisa considered a divorce, but she feared his response; he was an alcoholic and had begun monitoring her whereabouts. The crisis center provided her with an attorney and a clinical social worker, and, two years ago, helped negotiate an end to the marriage. Lisa got a full-time job and now had a boyfriend, whom I'll call Thomas. She maintained a cordial relationship with Glenn, who had visitation rights with the children every other weekend. But Lisa and Thomas had decided to move in together, and when Lisa told Glenn he began calling her repeatedly. When she stopped answering, he left messages warning that he would take his own life, that everything would soon be over, that he didn't know what he was capable of doing. He asked Lisa to send him recent pictures of the children, and told her to take good care of the family. One day, he left more than forty messages.

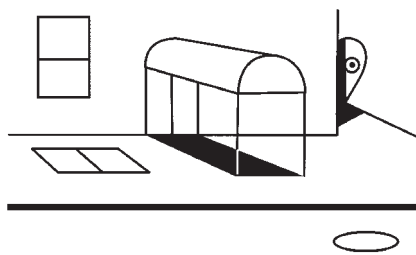
Although Morrison's case hadn't made the high-risk roster during her divorce, Dunne and her colleagues were now concerned. Lisa's children were due to spend the upcoming weekend, unsupervised, with Glenn. Pickups and drop-offs are particularly dangerous times for victims and their children. Several years earlier, a victim and her abuser, who had been divorced for years, met for a routine child visitation, and the ex-husband locked the children in the car, then bashed their mother's face into a wall as they watched.

Dunne asked Johnson whether they

had grounds to suspend Glenn's visitation rights. They didn't, and Johnson reminded her that Lisa felt that the children's presence would help Glenn control his behavior. Dunne asked if an unmarked police car could be stationed in front of Glenn's house, but he lived outside the team's jurisdiction. She asked whether there were guns in the house; no one knew of any. Reviewing the couple's history, the team noted that Glenn was supposed to be seeing a psychologist but had stopped. Dunne and Johnson conducted a risk assessment using Campbell's research, and Lisa scored an eight. She wasn't in the most hazardous bracket, but Dunne knew that situations can change rapidly.

Dunne said, "This is really provocative behavior on his part," and again argued that the team should find a way to stop the visitation. But Lisa didn't want to file a restraining order, fearing that it would exacerbate Glenn's erratic behavior, and there was no other legal recourse. So, on Friday afternoon, Lisa dropped the children off at Glenn's house. On Saturday, Glenn stopped taking Lisa's calls.

Alarmed, Lisa drove to the police station and filed a restraining order. The police went to Glenn's house to serve him with papers, and Lisa retrieved the children and went home. Later that weekend, Glenn sent Lisa several e-mails in which he alluded to



an impending death. The e-mails were a violation of the restraining order, so the police arrested Glenn, and held him in custody, pending what in Massachusetts is called a "dangerousness hearing."

The dangerousness hearing is one of the most effective tools available to the high-risk team. A standard hearing determines bail based largely on flight risk. With a dangerousness hearing, even defendants who have clean records can be

held until trial if they are deemed to be a sufficient threat to their victims or to their community. At the time of William Cotter's threats to Dorothy, the statute was seldom used in cases involving domestic violence. Although many states have some version of preventive detention, very few advocates are aware of it, Dunne said.

Historically, such statutes have been used in gang or drug cases, though Massachusetts has seen a marked increase in their application to domestic violence. Viktoria Kristiansson, a legal adviser for AEquitas, a Washington, D.C.-based organization that supports the prosecution of violent crimes against women, noted that a dangerousness hearing "automatically provides a different context for a judge to analyze the evidence."

Nevertheless, advocates have to contend with the difficult legal issue of preventive detention. "The Constitution tends to frown upon punishing prospective behavior," Ronald S. Sullivan, Jr., the director of the Harvard Criminal Justice Institute, told me. Randy Gioia, the deputy chief counsel of the Massachusetts Public Defender Division, says that his office tries to fight dangerousness hearings because people who are held don't benefit from the rights that someone accused of a crime would get at trial. He said, "Our system is set up to decide what happened as best it can; it's not set up to decide what will happen in the future."

Holding an abuser before trial provides victims with time to relocate, save some money, and seek counselling and perhaps find a job. Dunne told me, "We know that arrest, in and of itself, is protective. You're trying to disrupt that escalating cycle of violence." Before Dorothy Giunta-Cotter's murder, Dunne said, the statute was employed "maybe five times in three years" at the local district court. She added, "Now we see an average of two a month."

The day after Glenn's arrest for violating his restraining order, he appeared at his dangerousness hearing. The judge ordered him held until his pretrial date the following month. Typically, offenders are held in jail, but because Glenn had a history of threatening suicide he was transferred to a psychiatric ward for evaluation. For Lisa, the

team, and even Glenn, this offered the one crucial element that was impossible to adjudicate: time.

Dunne's team, through the courts, often requires that, as a condition of probation, abusers attend forty weeks of specialized group counselling. In the past two decades, batterers-intervention groups have proliferated. The first, Emerge, a counselling and education center in Cambridge, was founded in 1977; there are now fifteen hundred nationwide.

David Adams, a co-founder of Emerge, told me that abusers seldom appear to be angry people, because they reserve their anger for the partner or the partner's immediate family. "The average batterer is more likable than his victim, because domestic violence affects victims a lot more than it affects batterers," he said. "Batterers don't lose sleep like victims do. They don't lose their jobs, they don't lose their kids." In contrast, "a lot of victims come across as messed up."

Often, victims are substance abusers, or they live in extreme poverty. Many have suffered traumatic, abusive childhoods. These cases are the most difficult to prosecute, not least because the victims can be unreliable witnesses. "This is why batterers are so often able to fool the system," Dunne told me. "They're so charming, and the victim comes off as very negative."

Batterers-intervention groups typically provide the court with information about an abuser's compliance and willingness to change. They file a monthly report with probation officers and are in regular contact with victims about a batterer's participation in the group. "We can be the eyes and ears of the court," Adams said. "Victims are trying to make decisions about staying or leaving; if she's hearing back from us that he's still blaming her, that's useful to know."

In addition to preventing abuse and intimidation, intervention groups try to help an abuser recognize his own dangerous tendencies. One day, I had lunch with a man who had been ordered by the court to complete Adams's program. He admitted that he had lied to his group the night before about drinking alcohol—a violation of his probation. Yet he told me that the program had helped him. "When you find yourself in a class like that, you can't lie to yourself



*"Sure, money may be imaginary—but at least it's got everybody imagining it."*

about the decisions you made," he said. "My life has taken me to a point where I can't tell myself I'm not that bad."

A week after Lisa Morrison's case came to Dunne's office, the high-risk team gathered for its monthly meeting at the police headquarters in Newburyport. The meeting brings together Dunne and Johnson, from the Jeanne Geiger Crisis Center; Wile and other police-department representatives from Amesbury, Merrimac, and Newburyport; parole and probation officers; an Essex County batterers-intervention group; and a nurse from the local hospital. The cases are referred largely by the crisis center or by one of the local police departments.

Fewer than five per cent of the cases from Dunne's center make it onto the high-risk roster, but, once they do, a response strategy is put in place. Because each office has slightly different legal restrictions, one challenge is to maintain a client's confidentiality. The district attorney's office can share basic information about a case, such as a pending court date, but nothing more.

Probation officers can suggest terms of supervision, which might include measures like drug and alcohol testing or psychiatric counselling, but they cannot disclose anything about an offender's private life—a job, where he lives, the results of a drug test. Parole officers can provide information only about when an abuser is on or nearing parole. Dunne and the crisis center can discuss cases with the team only after getting written permission from the victims.

Dunne's office now sees police reports on the cases that the center has accepted, and they are often chilling. In one report, a woman told officers that her husband "made threats to me in the past about killing me, putting me in the chest freezer, and then taking my body out onto his boat and chumming me into the ocean. He also stated that he could kill me and put my body in his septic tank."

As team members went down the list of cases, they looked for changes that might indicate trouble: a victim's attempt to leave, an abuser going off probation or parole, the violation of a restraining order, the loss of a job, an

incendiary Facebook post. In one case, a man assaulted his partner on the way to his batterers-intervention meeting, and was arrested again. In another, a man who had tried to stab his wife with a fork and then threatened to kill her was arrested and held without bail; he had a history of violating restraining orders and probably would be monitored by G.P.S. upon his release from prison. (Domestic abusers violate restraining orders forty per cent of the time.) One team member noted that the G.P.S. was not likely to stop the man. Dunne said the crisis center would try to make sure that the charges weren't dropped, and organize a plan of action when he was released, in eighteen months.

Team members reviewed their options in each case. Police officers can conduct extra drive-bys or home visits to check for signs of unusual behavior. In Massachusetts, as in most states, if the abuser has a gun it can be confiscated when a restraining order is issued. Time can be added to an abuser's sentence by combining domestic-violence charges with other criminal charges, such as theft or the possession of illegal drugs. Visitation with children can be supervised or suspended, or the judge can refer cases to the crisis center's attorney in order to craft visitations that take into account the individual risks.

The team also helps victims find transitional housing and free legal assis-

tance. Team members work with clients to improve their safety; this can involve rehearsing emergency situations, erasing their profiles on Facebook, Twitter, and other social-media outlets, and even changing daily habits, such as where they shop or the route they take to work. In rare instances, the team places victims in a kind of state-sponsored identity-protection program, in which the residential address is kept secret and mail is delivered to a post-office box.

All but seventeen states have passed or introduced legislation to allow the use of G.P.S. in cases of domestic violence. If an offender enters certain "exclusion zones"—ranging in size from a few blocks to an entire township—an alert is sent to the local police and an arrest warrant is issued. "We contain the offender so the victim doesn't have to be contained," Dunne told me.

The Morrisons were the final case of the morning. Some troubling facts had emerged. Before Glenn entered the psychiatric ward, he had repeatedly called Lisa's boyfriend, Thomas; one morning, he drove to Thomas's house and parked his car out front, where he sat for hours. Moreover, Dunne and her team had learned from Lisa's counsellor that Glenn had been released by the ward; strict confidentiality laws had barred the hospital from informing them or the court.

But, by the time of his pretrial hearing, he had been readmitted and the case was extended to the following month. In the meantime, the police had begun stopping by Lisa's house once or twice a day to walk around and make sure nothing was amiss. Dunne was frustrated by the gaps in the system, but by now nearly three months had passed and, statistically, at least, Lisa and her children were safer. "Think about where we were originally," Dunne said. "What increases safety is you go from no containment options to all kinds of people having their eyes on this case regularly, so if there's any escalation there's an ability to react."

Late last fall, just before his upcoming court date, Glenn broke his restraining order again and followed Lisa in her car. He was charged for the second time with violating an order. Finally, eight months after the first call came in to the crisis center, the court gave Glenn eighteen months' probation and required him to attend psychiatric counselling. Visitations with the children could continue, but only under third-party supervision.

In the Morrison case, Dunne's team managed to intervene while the situation was still in the misdemeanor phase. Without the high-risk team, Lisa told me, "I honestly don't know if I would be where I am." But she and Thomas feel uneasy much of the time: "We say to each other, 'Always be on the lookout.'" Unlike other crimes, in domestic violence the abuser maintains a presence in the life of his victim, and remains a potential threat, especially when children are involved.

I spoke to a woman whose husband had abused her for years. At one point, he threatened to slit her throat with broken CDs. She is divorced now, lives in a secured, secret location, and has a lifetime restraining order against him; he is not allowed to enter the town limits. Finally, she feels safe enough to go jogging—but she would not speak on the record, fearing that he would somehow find her and retaliate. She said that "the only way to describe what happened to me is like part of me died. It was just about survival."

In the decade before Dorothy Giunta-Cotter's murder, in 2002, a domestic-violence-related death occurred nearly every year in Amesbury. Since the formation of the high-risk



*"You never call, and the federal government will back me up on that."*

team, in 2005, Dunne has not had a single case end in homicide. “When I listen to the stories of the victims who have been involved with the high-risk team, there is no question that many of them would have been killed,” Mary Lauby, the executive director of Jane Doe Inc., a domestic-violence advocacy organization in Boston, told me. Of the offenders now monitored by G.P.S., not one has committed another act of domestic violence; nearly sixty per cent were held before trial using a dangerousness hearing. Dunne also notes that, of the hundred and six high-risk cases documented in the team’s most recent report, only eight women were forced to seek refuge in shelters. She estimated that, before the formation of the high-risk team, ninety per cent of similar cases would have resulted in the women’s going into shelters.

Dunne and Wile have trained more than five thousand people from thirty states, including three thousand in Massachusetts. Groups from California, Louisiana, Florida, Illinois, and more than a dozen other states have contacted them. Framingham, Massachusetts, was the first to replicate the high-risk team based on Dunne’s model. Mary Gianakis, the director of Voices Against Violence, a Framingham crisis center, and a lead member of the area’s high-risk team, told me that, previously, shelters were the primary resource available to victims. “Now we can say, ‘Look, we’re going to bring the full power of all these resources to keep you safe and monitor your partner,’” she told me. To Suzanne Dubus, the need to create a model in which victims are protected, rather than isolated, seems obvious. “Here’s the outrage,” she told me. “It’s really cheap to do what we’re doing. It’s a lot cheaper than murder investigations and prosecutions and jail time.”

In their training sessions, Wile and Dunne walk through the timeline of Dorothy and William Cotter’s relationship. The violence began within a year of their meeting; each time that Dorothy threatened or tried to leave, William increased the degree of abuse—what experts call “retribution violence.” In 1996, she married him, a fact that

often baffles Dunne’s trainees. “It’s counterintuitive,” Dunne says. “He strangled her, held her hostage. Why would she ever marry him?” But, she adds, “William showed her he would never let her go. So she thinks if she marries him he’ll get less violent.” In its way, it was a rational response to a support system that offered her little means of escape; her final attempt to leave failed when her request for a restraining order in Maine was refused. “We give them this message that the system won’t protect them,” Dunne says.

One evening, I drove around Amesbury with Officer David Noyes, who had broken down Dorothy’s door on the night of the murder. In his cruiser, we passed open fields and low-income apartments near the baseball diamonds of Amesbury Town Park, lakeside mansions, and the Amesbury Golf and Country Club. Green Street, where the Cotters lived, is a single block of lower-middle-class homes built so close together that there is barely room for someone to squeeze between them.

Noyes parked in the small lot beside Dorothy’s old house. A tricycle was on the lawn next door. Noyes said that it was so quiet when he and his team first arrived that he walked around the driveway with the other officers trying to figure out if they had the right house. Then he heard Dorothy: “No, he’s gonna kill me!” Noyes ran up the front stairs, and he heard her struggling with the door lock and the sound of William hitting her several times. When Noyes broke in, Cotter fired, and Noyes was blinded for a moment—a sawed-off shotgun emits a dazzling muzzle flash. Then he saw Dorothy fall. “I had trouble sleeping for years after,” he said.

Dorothy was thirty-five years old. In the days before her death, she had told Detective Wile that if she and the girls moved to a shelter William would find them and kill them all. She attempted to avert the worse of two terrible outcomes: the loss of her daughters’ lives along with her own. “If I’m over there,” she told Wile, referring to her house, “there’s a better possibility that it’s just going to be me.” ♦