



2021-2022

NEW JERSEY DOMESTIC VIOLENCE FATALITY-NEAR
FATALITY REVIEW BOARD ANNUAL REPORT

When Intimate Partner Violence Ends in Homicide/Suicide

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Introduction

In the 1990's Domestic Violence Fatality Review Boards (DVFRB) were formed to investigate fatalities associated with domestic violence (DV)—generally, and intimate partner violence (IPV) in particular. Their mission was the review of domestic violence-related deaths with the objectives of preventing them in the future, preserving the safety of battered women, and holding accountable the perpetrator of domestic violence and the multiple agencies and organizations that encounter the parties. Throughout the collection and review of data on DV deaths, DVFRBs documented cases, identified problems, and recommended ways to improve systems to better understand, prevent, and intervene in incidents of domestic violence in diverse communities. New Jersey's DVFRB was created by an Executive Order in 2000 and began reviewing cases of DV homicide-suicides. In 2004, the Board expanded its scope, purpose, and membership, and was renamed to the New Jersey Domestic Violence Fatality-Near Fatality Review Board (DVFNFRB or “the Board”), with a focus on reviewing Intimate Partner Violence (IPV) homicides and near-fatalities. For 2022, the Board decided to revisit its original focus by reviewing IPV homicide-suicide cases.

Terminology Distinction

The following terms are often used synonymously; however, they are not interchangeable and have notable differences.

Domestic Violence versus Intimate Partner Violence:

Domestic Violence is violence and/or the pattern of coercive control that takes place within a household and can be between any two people within that household to gain or maintain power and control over another including a partner, parent, child, siblings or even roommates. Intimate Partner Violence specifically occurs between current or past romantic partners who may or may not be living together in the same household. Domestic Violence can be seen as an umbrella term that includes Intimate Partner Violence.

Homicide versus Murder:

Homicide refers to the broad act of killing a human being. Homicide has different levels or degrees which incorporate an individual's specific intentions or circumstances. In contrast, the act of murder includes a specific intent to take another human being's life.¹ "Homicide" and "Murder" are often used synonymously but reports of Homicide-Suicides are often Murder-Suicides.

In the early review process of the DVFRBs, there was a lack of access to data on DV-related deaths in the U.S. The Board's initial data collection methods largely relied on newspaper articles to identify cases, and hence the 2001 and 2003 annual reports were known as the "Newspaper Headlines Reports."^{2,3} The Board then requested and began receiving prosecutors' case files, medical examiners' autopsy and toxicology reports, death certificates, and other data. In addition, the New Jersey State Police (NJSP) began providing annual DV homicide data, which facilitated the Board's case identification. Notably, the NJSP has reported on Domestic Violence as part of its annual Uniform Crime Reports since 1990.

For the 2001 and 2003 DVFRB reports, 67 cases of homicide-suicide were identified between 1994 and 1999, of which 58 were reviewed and reported

¹ <https://criminal.laws.com/murder/murder-vs-homicide>

² 2001 NJ Domestic Violence Fatality Near Fatality Review Board Annual Report

³ 2003 NJ Domestic Violence Fatality Near Fatality Review Board Annual Report

on by the Board. (It is important to note that the Board's focus on DV murder-suicides, at that time, was largely because they were 'closed' cases, meaning the offender was known and dead.) The total number of fatalities were 125: 58 primary victims, 58 perpetrators, and 9 secondary victims. Key findings from the 2001-03 reports of DV homicide-suicide cases include:

- the majority were women killed by men (86%),
- most victims and offenders were White (75%), This is not intended to infer proportionality, however according to the 2000 Census for NJ, 77.4% of the adults (over 18 yrs.) population was White. US Census (2001)
- most cases involved intimate partners (83%),
- of intimate partner cases, most victims were planning on separating or already had left the relationship (67%)
- and lastly, a firearm was used in a majority of the cases (86%).

However, information on these homicide-suicide cases was especially limited because the offender was known and dead, and police investigations were understandably truncated. These cases also represented only a subset of all DV fatalities. With the process for review and data collection established, the Board was prepared to start reviewing IPV homicide-only cases—which it has done for nearly 20 years. For 2022, the Board decided to look at Intimate Partner Murder-Suicides exclusively again, with the goal of seeing what had changed in the last 20 years of review.

Data Collection & Reporting

Today, the annual number of murder-suicides in the U.S. continues to be estimated at 500-600, resulting in 1000-1500 deaths annually. Researchers suggest the number is underestimated, and that the number of murder-suicides may be increasing. The Gun Violence Archive reported 670 murder-suicides for 2022.⁴ While there is no longer a lack of access to data, there is “no comprehensive national data collection system” of murder-suicides, according to the Violence Policy Center’s (VPC) latest edition of “American Roulette: Murder-Suicide in the United States.”⁵ Relying still on media reports, the VPC analyzed news articles for the first six months of 2019, finding 280 murder-suicides, resulting in 620 deaths. Of the murder-suicides, 65% involved intimate partners, in which nearly all (95%) of the victims were women killed by men, and 92% involved a firearm.

Several federal databases have the potential to shed light on murder-suicides however, the most promising is the CDC’s National Violent Death Reporting System (NVDRS) which has data from 48 states, the District of Columbia and Puerto Rico. However, a recent surveillance report of violent deaths based on the NVDRS did not provide any information about homicide-suicides.⁶

In one of the earliest analyses of the NVDRS, in which 17 states participated, 408 homicide-suicide incidents were reported for 2003-2005.⁷ Homicide-suicide incidents included intimate partners, familicide, filicide, and extrafamilial. The researchers found that:

- Perpetrators were mostly male (91.4%), with a median age of 43 years, of white race (77%), and of non-Hispanic ethnic status (89.5%).
- Most incidents were committed with a firearm (88.2%).
- Most incidents (74.5%) involved a current or former intimate partner.
- Among incidents with male perpetrators, the majority of victims were current or former female intimate partners (77.7%)

⁴ [gunviolencearchive.org/](https://www.gunviolencearchive.org/)

⁵ American Roulette: Murder-Suicide in the United States

⁶ Liu GR, Nguyen BL, Lyons BH, et al, Surveillance of Violent Deaths- NVDRS, 48 States 2023;72 (5). National Violent Death Reporting System | NVDRS | Violence Prevention | Injury Center | CDC

⁷ Logan J, Hill HA, Black ML, Crosby AE, Karch DL, Barnes JD, Lubell KM. (2008) Characteristics of Perpetrators in Homicide-Followed-by-Suicide Incidents: National Violence Death Reporting System-17 US States, 2003-2005. Am J Epidemiol 2008;168:1056-1064.

The researchers reported on the demographics of different types of homicide-suicide perpetrators as well as health characteristics, mental health service use, and life-event factors, which include intimate partner conflicts, other relationship problems, and job or financial problems. Among the significant findings: intimate partner violence was the most common preceding life-event factor among perpetrators (53.9%) regardless of the type of homicide-suicide.

More recently, there have been a number of publications in which the VDRS is used to improve the field's understanding of IPV homicide-suicides in particular, and IPV-related violent deaths in general, including IPV-related suicides.^{8, 9, 10, 11, 12} Reports continue to be consistent with previous research in finding similar trends in types of homicide-suicides and proportions of correlation (e.g., gender, race, age, etc), and also that IPV contributed to more violent deaths than previously reported.

In one of these articles, Jordan and McNeil present analyses showing the heterogeneity of homicide-suicides and even the distinctions among IPV murder-suicides.¹³ (Simply, heterogeneity refers to the diversity in a group, whereas homogeneity refers to the sameness.) The researchers analyzed the NVDRS for 2003-2017 in which 27 states participated. Prior to this study, typologies of homicide-suicide were developed theoretically, and here it was developed empirically. They identified eight subtypes of homicide-suicide, which were distinguished by demographic and other characteristics.

The eight Homicide-Suicide subtypes for N=2,447 from largest percentage (in parens) to smallest.

1. Intimate partner - relational (54% to 58%). Nearly all decedent perpetrators had relationship problems with multiple individuals (intimate partner, family, and other relationships).

8 Chatfield SL, DeBois KA, Evans SD. (2022) Mixed Methods Secondary Analysis of Older Adult Homicide-Suicides from National Violent Death Reporting System (NVDRS) Data. *American Journal of Qualitative Research*. 2022, 6(2):115-132. 2013-2016, 32 states, older adults

9 Jordan JT and DE McNeil. Homicide-Suicide in the United States: Moving Toward an Empirically Derived Typology. *J Clin Psychiatry* 82:2, March/April 2021. NVDRS 2003-2017, 27 states.

10 Shawon RA, Adhia A, DeCou C, Rowhani-Rahbar A. (2021) Characteristics and Patterns of Older Adult homicides in the United States. *Injury Epidemiology* 8(5). NVDRS 2003-2017, 27 states, older adults.

11 Kafka JM, Moracco KE, Graham LM, AbiNadir MA, Fliss MD, Rowhani-Rahbar A. (2023) Intimate Partner Violence for Fatal Violence in the US. *JAMA Network Open* 2023;6(5). NVDRS 2015-2019, IPV homicides + IPV legal intervention deaths + IPV related suicides. Found IPV contributed to more violent deaths in the US than previously reported.

12 Kafka JM, Moracco KE, Taheri C, Young B, Graham LM, Macy RJ, Proescholdbell S. (2022) Intimate Partner Violence victimization and perpetration as precursors to suicide. *SSM - Population Health* 18 (2022).

13 Jordan JT and DE McNeil. Homicide-Suicide in the United States: Moving Toward an Empirically Derived Typology. *J Clin Psychiatry* 82:2, March/April 2021. NVDRS 2003-2017, 27 states

"This group had the highest rate of relationship strain and the lowest prevalence of a known mental health problem/depressed mood. They were more likely to have a recent history of intimate partner violence. There was a higher proportion of African Americans in this group."

***Please note the above research statement specifically indicates "known" mental health problems. This should not be used to infer whether individuals within the studied Black and African American population did or did not have a mental health problem, as support-seeking within that population has historically been negatively impacted by multi-system injustices.*

2. Extrafamilial (10% - 13%) Friends, acquaintances, and strangers only.
3. Intimate partner distress (6% - 8%) Other stressors in addition to relationship problems include mental health, job/financial, alcohol/substances, criminal/civil and legal problems.

Decedent perpetrators in this group "were more likely to be male, Caucasian, and in their forties; to have a history of mental health treatment; to disclose intent...and to be suspected of using alcohol at the time of the incident."

4. Other family (6% - 8%)
5. Intimate partner - physical health (5% - 7%)

Decedent perpetrators in this group were more likely to have a mental health problem/depressed mood and less likely to have a relationship problem. They were more likely to be male, Caucasian, over 50 years of age, and married."

6. Filicide (5% - 6%) Only killed children before self.
7. Familicide (3% - 5%) Multiple victims, including a child, and half included an Intimate Partner.
8. Indiscriminate/rage (3% - 4%) Multiple victims and almost always an Intimate Partner.

One example illustrates the significance of Jordan and McNiel's research: Relationship problems (intimate partner, familial, and other relationships) "precipitated 60%-92% of Homicide-Suicide across subtypes, while mental health problems were recognized in 7%-72% of decedents [i.e., perpetrators] across subtypes." To illustrate what this large range in mental health problems

indicates: Among Group 1 (intimate partner – relational), mental health problems were lowest (7%), but they were highest (72%) for Group 5 (Intimate partner – distress). By identifying the differences in precipitating characteristics of perpetrators, such findings can inform intervention efforts.

There are limitations in using the NVDRS.¹⁴ Data collection relies heavily on the same sources that the Board uses (i.e., law enforcement and medical examiner reports), which means that useful information is too often unknown and/or not collected because it is not relevant for prosecution investigations, especially when the perpetrator is known and dead. Other limits include misclassification of relationships, and even race/ethnicity and gender that can result in undercounts and misleading assessments of rates and risks.

In 2009, the Board collaborated with the NJ VDRS to publish a brief on “Deaths Associated with Intimate Partner Violence, New Jersey, 2003-2007.”¹⁵ In regard to murder-suicides, we reported: “One type of intimate partner homicide is dominated by the use of firearms. Firearms were used in 70% of murder-suicides perpetrated by intimate partners. Of the 43 victims killed by their intimate partners who then completed suicide, 30 were shot. All but one of the 43 victims of intimate partner murder-suicide were women killed by men.”

In sum, data collection and reporting are important for the work of the Board because violent deaths are related fatalities; however, more research, practice, and policy are needed. Improvements in data collection and analyses can enable better descriptions of DV/IPV-related deaths and enhance society’s understanding of how to prevent them. States and communities can use this information to guide public health policy and action.

14 Messing JT, AbiNadir M, Bent-Goodley T, Campbell J. (2022) Preventing Intimate Partner Homicide: The Long Road Ahead. *Homicide Studies* 26(1): 91-105.

15 Deaths Associated with intimate partner violence, New Jersey, 2003-2007. (2009) OISP Brief.

Risk Factors

As to the research on risk factors for IPV murder-suicides, Jacqueline Campbell's pioneering work on risk assessment from the 1990s continues to provide guidance for research, policy, and practice.¹⁶ Identified risk factors are "an increase in the frequency or severity of violence, perpetrator gun ownership, recent separation, perpetrator unemployment, past use of threats with a weapon, threats to kill, avoiding arrest, presence of non-biological children of the perpetrator, forced sex, strangulation, perpetrator drug use, perpetrator alcoholism, coercive control, extreme jealousy, beating while pregnant, perpetrator suicide threats or attempts, survivor belief that the perpetrator could kill them, and stalking."

Like others, New Jersey's Board continues to utilize these risk factors in reviewing cases. Importantly, Messing, Abi Nadir, Bent-Goodley, and Campbell are now conducting research to update these risk factors by taking into account structural racism, among other issues, for culturally appropriate risk assessments and the prevention of intimate partner homicide.

In 2021, the team of researchers presented their research at the Board's February meeting. The study will look at six designated states with New Jersey being one of the states. Dr Campbell discussed the limitations of her original Danger Assessment study which was restricted to only women in 12 urban cities. The current research is more comprehensive, looking qualitatively and quantitatively at DV cases. The study is more expansive, including women, men, LGBTQ+, a greater number of people of color, indigenous people, immigrant populations, and individuals that reside in urban cities and also in rural and suburban settings. They will also review contrasting gun laws among the six states.

¹⁶ Jacquelyn C. Campbell, Daniel Webster, Jane Koziol-McLain, Carolyn Rebecca Block, Doris Campbell, Mary Ann Curry, Faye Gary, Judith McFarlane, Carolyn Sachs, Phyllis Sharps, Yvonne Ulrich, Susan A. Wilt-Assessing Risk Factors for Intimate Partner Homicide, NIJ JOURNAL / ISSUE NO. 250

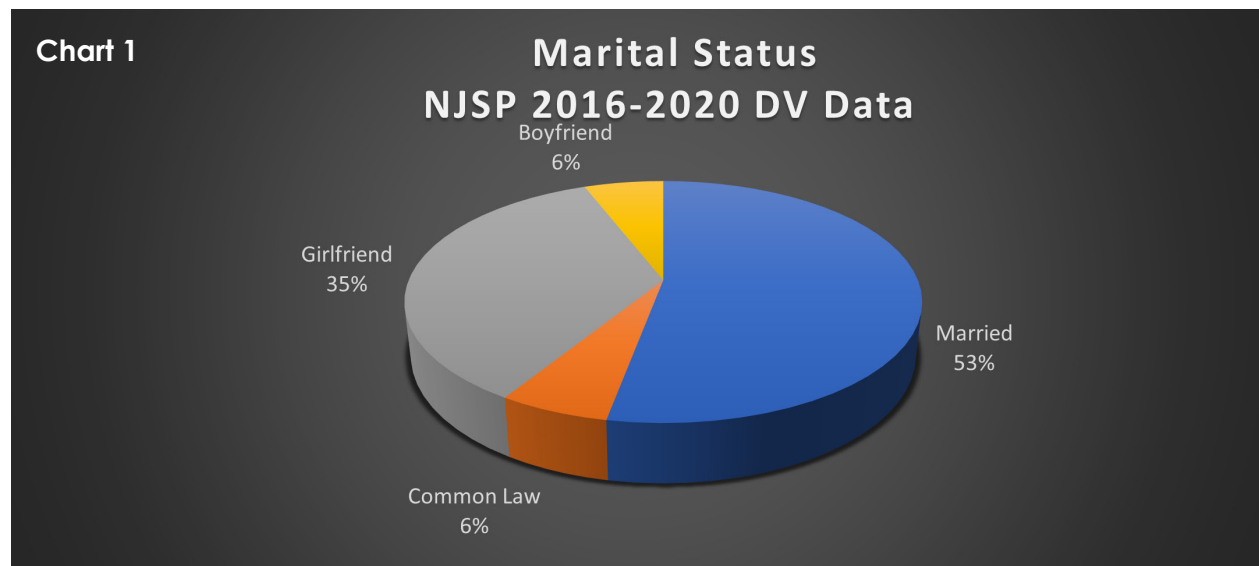
Work of the Board

The Board meets ten times a year. The Program Coordinator of the Board collects and compiles all the case material and data on domestic violence fatalities, which the Board closely examines, including law enforcement and prosecutor reports, medical examiner/autopsy reports, witness statements, and—when available—criminal histories and restraining orders. Typically, one case is selected for review and discussed per the monthly meeting. Prior to the meeting, Board members review the case material, frequently consisting of hundreds of pages, in order to prepare for a discussion of the case. Members share their professional knowledge about the many aspects of domestic violence to analyze the cases and offer recommendations to various government and community-based systems designed to increase victim awareness and safety, with the ultimate goal of preventing future intimate partner violence.

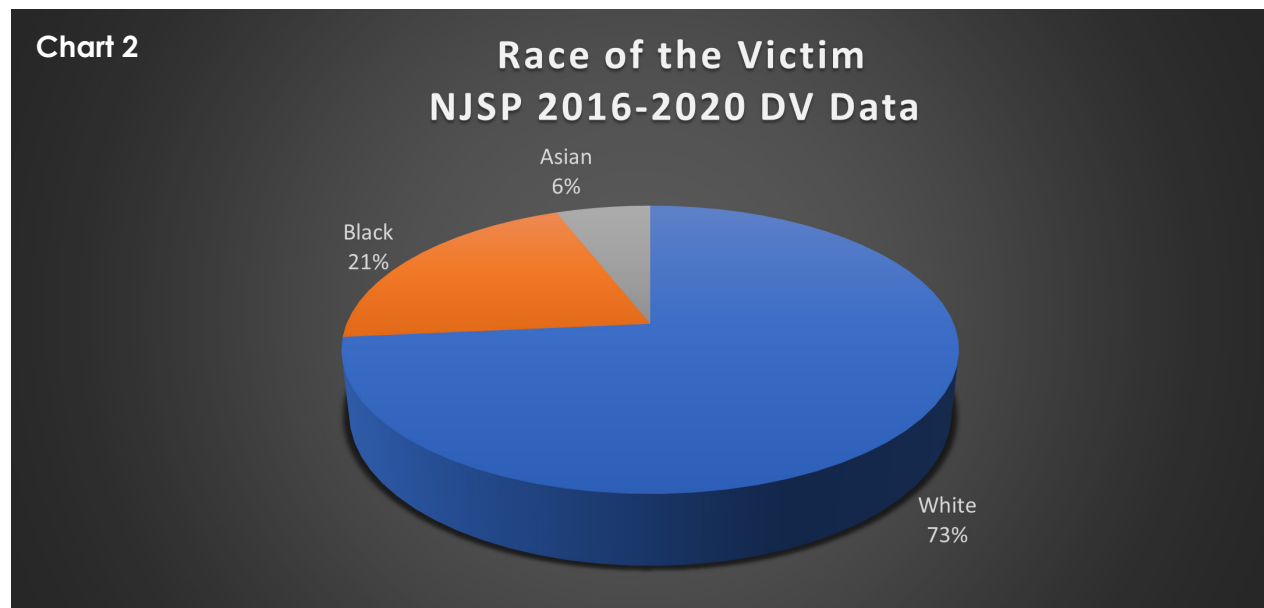
The Case Selection Process

The Board's Steering Committee reviews data provided by the New Jersey State Police (NJSP) and the New Jersey Violent Death Reporting System (NJVDRS) to determine which cases to select for in-depth review by the full Board.

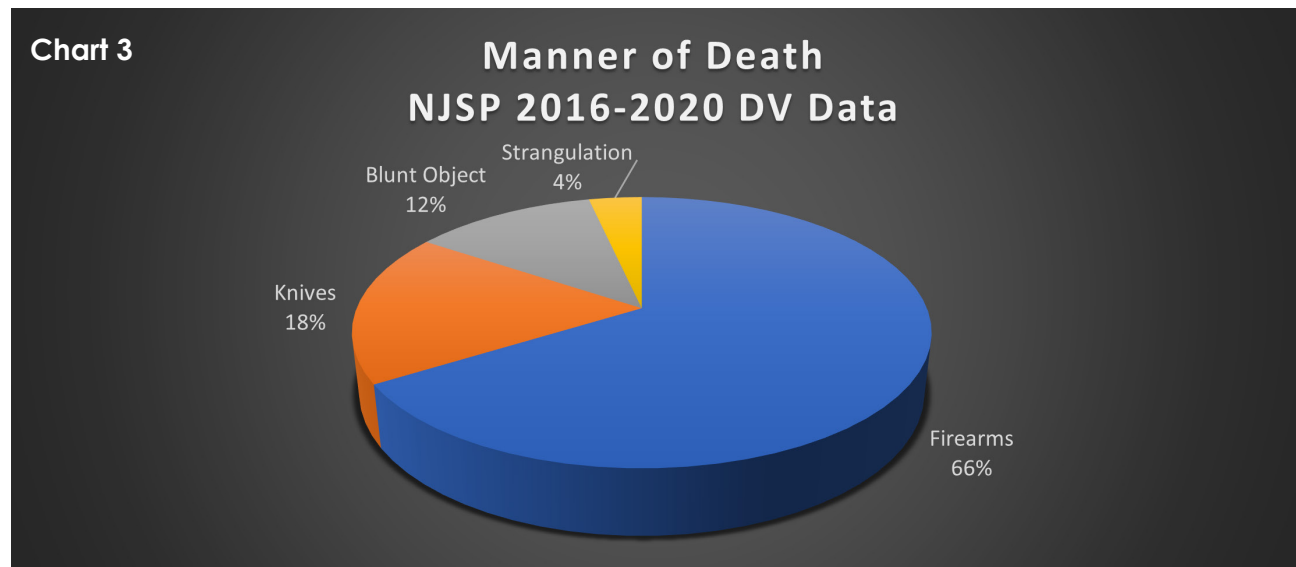
For this report, NJSP data from 2016 through 2020 provided 199 Domestic Violence (DV) fatality cases, of which 118 were Intimate Partner Violence (IPV). Of the DV cases, there were 37 murder-suicide (MS) cases, of which 34 (91.8%) were IPV. According to these counts, murder-suicides in New Jersey appear more likely in IPV cases than other DV cases (28.8% v 3.7%). Women accounted for 32 of the 34 (94.1%) murder victims killed by men. Of the 32, 18 (56.25%) were listed in the UCR as wives, 12 were girlfriends (35.3%) and two were described as "common-law wives". For the two male victims, there was one boyfriend and one husband. See Chart 1.



NJSP data on victims identified 25 of 34 (73.5%) as White, 7 (20.6%) as Black, and two (5.9%) as Asian. It is important to note that NJSP's race designations may be inaccurate as determinations may have been observation-based. Further, information regarding Hispanic ethnicity was not provided. Due to these data challenges and the lack of adult-specific demographic data, proportionality cannot be confidently assessed regarding the often-disproportionate number of victims of color. Outside of the 25 identified victims, four children were also killed.



Firearms were the primary weapon used in 22 of the 34 cases (65.7%), with knives or cutting instruments used in six cases (17.65%), blunt objects in four cases (11.76%), and strangulation in one case (3.4%). There is also one case in which the victim was not found for a year and no weapon was reported. Notably, firearms were used almost exclusively in 2016 and 2017 (13 of 15), but less so in 2018, 2019, and 2020 (7 of 18). See Chart 3.



In summary, like homicide-only IPV cases, in the murder-suicide cases reported here, it is nearly always men killing women. Unlike homicide-only cases, here most victims and offenders are White. New Jersey's data is similar to other researchers' findings about murder-suicides.

Results of the Board's Review

Of the 10 homicide-suicide cases reviewed by the Board, most had at least some of the risk factors that researchers have identified. Cases selected for review each year are NOT randomly selected or representative of all cases. They are selected based on the availability of the case file, the amount of data in the file, and sometimes if particular aspects of the case are of interest for review. Nonetheless, the cases reflect the risk factors reported previously and by other researchers.

For 2022, the Board has continued to utilize Campbell's Danger Assessment tool as a guide in identifying risk factors. The Table below presents four risk factors, which have been presented in prior reports from annual Board reviews: For the 10 cases reviewed in 2022, these risk factors were found with the percentage of each in parens: leaving or ending the relationship (60%), histories of domestic and criminal violence (50% and 60%), and past or present restraining orders (40%). It is well known that the first factor, when a victim leaves, is considered the most dangerous time for a victim—typically a woman—because the man fears losing his power and control over her. As stated previously, these four factors were selected because they are most likely to be available in the data for review. Other factors, such as if the perpetrator owns a gun, has threatened to kill the victim, and/or uses illicit drugs, among others, are less likely to be consistently and reliably available in the review data. Evident in the Table, these four risk factors have appeared consistently in the Board's case reviews over the three years (2020, 2021, and 2022) since tracking began.

2020, 2021, 2022 Risk Factors	20	21	22
Leaving or Ending the Relationship	89%	33%	60%
Criminal History	44%	44%	50%
Past or Present Restraining Order	44%	44%	40%
Domestic Violence History	89%	78%	60%

In New Jersey, and nationally, the data continues to validate that, in domestic violence homicide-suicides, most decedent victims and perpetrators were in past or present intimate partner relationships, and nearly all victims are women, and the perpetrators are men.

Moreover, the Board's most recent case reviews continue to show that being in an intimate partner relationship in which 1) there is a history of domestic violence, 2) the perpetrator has a criminal history, 3) there's a need for a restraining order, or 4) the abusive relationship is ended by the victim, increases the possibility of becoming a victim of a domestic violence homicide. Risk factors identified years ago are still relevant today and need to be addressed to ameliorate the potential for fatal outcomes.

Conclusion

In the more than two decades since the Board was mandated, hundreds of cases have been reviewed. Beginning in 2000 with the Board's initial identification of homicide-suicide cases, intimate partner-related fatalities in New Jersey have been enumerated, reviewed, and reported on, resulting in hundreds of recommendations. However today, research for this report suggests that the number of homicide-suicides nationally may be on the rise. More research is needed to document and make sense of this likely increase and these heinous crimes. New Jersey's Domestic Violence Fatality and Near Fatality Review Board's continuing efforts to provide guidance for domestic violence policies and practice demonstrates the state's commitment to reducing these deaths.

Recommendations

1. The Board recommends the New Jersey Coalition to End Domestic Violence create and initiate a public awareness campaign highlighting what coercive control and abuse looks like outside of physical violence and how there is a connection of low and moderate risk factors to high-risk situations.
2. The Board recommends the New Jersey Coalition to End Domestic Violence train domestic violence advocates on the most utilized risk and safety assessments available such as the Danger Assessment, Ontario Domestic Assault Risk Assessment (ODARA), etc. The training would allow the advocates to better educate survivors they are serving on their level of safety and risk. The training should be completed within a year of the 2022 annual report's publication.
3. The Board recommends the Administrative Office of the Courts work in conjunction with the Coalition to End Domestic Violence to provide judges of the Municipal and Superior Court-Criminal and Family Divisions more in-depth domestic violence trainings to advance procedural justice that allows for a more informed court decision for the victims and offenders.
4. The Board recommends that the NJ Division of Criminal Justice, the County Prosecutor's Association of NJ, and the NJ Association of Chiefs of Police create a process for reviewing and evaluating police responses to domestic violence incidents resulting in homicide and/or suicide, where the death was caused by one of the domestic parties and not by a police officer involved the use of force. A comprehensive review may assist in identifying areas that can enhance victim safety and promote improved responses to future calls for service.
5. The Board recommends the New Jersey Supreme Court require any newly admitted New Jersey attorney who takes the required New Jersey Family Law Practice core subject area, or experienced attorney certified in matrimonial law, complete Continuing Legal Education (CLE) courses in the concentration of domestic violence to gain better knowledge in identifying and safety planning for clients/survivors who have experienced violence.

6. The Board recommends the Administrative Office of the Courts provide all court-appointed/contracted translators an introductory training in domestic violence to assist plaintiffs and defendants in having a better understanding of the terminology used in court cases involving criminal complaints, detention, and restraining order hearings and family court proceedings.
7. The Board recommends Criminal, Family, and Municipal Court judges attend trauma-informed training to learn improved methods of communicating with victims and defendants. Being able to interact with the involved parties in a more empathetic manner could improve dialogue with the parties involved, prevent re-traumatization, promote safety, and lead to increased satisfaction with the outcome of the judicial proceeding.
8. The Board recommends that the New Jersey Department of Health's Center for Health Statistics and Informatics (NJDOH-CHSI) examine data from the New Jersey Violent Death Reporting System and report on DV/IPV-related deaths, including homicide-suicides and suicides, to support state and community efforts to reduce these deaths.
9. The Board recommends that the New Jersey State Police resume its annual reporting of Domestic Violence crimes. These reports provided counts and characteristics about DV murders; however, they did not indicate which were homicide-suicides and this would be important for prevention efforts. In addition, prior to 2017, the reports were more substantial, including breakdowns by county, which would also be important for prevention efforts.

Acknowledgments

**The Board would like to acknowledge the NJDOH-CHSI for the previous collaboration in the 2009 brief: "Deaths Associated with Intimate Partner Violence, New Jersey, 2003-2007."

** The Board acknowledges the New Jersey State Police for providing the Board with annual lists of Domestic Violence homicides which has significantly helped the Board identify cases for review.

2022 Board Members		
NAME	AFFILIATION	POSITION
Asia Smith	Newark City Police Department	Chairperson
Hon. Thomas Dilts	Retired New Jersey Superior Court	Co-Chairperson
John Nardi	DCF-Division On Women	Coordinator of NJDVFNFRB
Mildred Mendez	Department of Health	Government Representative
SFC JamieAnne Champ	New Jersey State Police	Government Representative
Jason Chessman	Office of the Attorney General	Government Representative
Craig Robin	Office of the Public Defender	Government Representative
Dawn Roane	Div. of Child Protection & Permanency	Government Representative
Dr. Kevin Wilder	Office of the State Medical Examiner	Government Representative
Monthly Representation	Child Fatality & Near Fatality Review Board	Government Representative
Anna Martinez	DCF-Division On Women	Government Representative
Nelson Troche'	Department of Human Services	Government Representative
Hon. Robert Zane	Retired Municipal Court Judge	Government Representative
Robert Laurino	County Prosecutor's Association	Public Member
Patricia Baitinger	Deputy Chief County Probation Officer	Public Member
Lt. Dan Long	Gloucester Twp. Police Department	Public Member
Dr. Cynthia Lischick PhD	Licensed Forensic Psychologist	Public Member
Nicole Morella	NJ Coalition to End Domestic Violence	Public Member
Christine Ruggiero	Licensed Health Care Provider	Public Member
Sue Rovi, Ph.D.	Rutgers- NJ Med School-Ret Researcher	Resource Member
William Zaorski	Retired Deputy Attorney General	Resource Member
Will DuBose	NJ Coalition to End Domestic Violence	Resource Member
Beatriz Oesterheld	Comm. Affairs and Resource Center CEO	Resource Member
Trish Perlmutter	Partners- Policy Legal Counsel	Resource Member