

## Lessons from Cotter tragedy keep others safe

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Carrying a shotgun, on March 26, 2002, William Cotter forced his way into the Amesbury home he was forbidden to enter. He pushed past his 12-year-old daughter into his wife's bedroom. Shortly after, Dorothy Cotter's screams shattered the night, and while both her daughter and William Cotter were on the phone with a 911 dispatcher, Amesbury police entered the house to rescue Dorothy.

Instead, they had to watch William Cotter shoot his wife in the back with a sawed-off shotgun as she ran for her life. After shooting at an officer trying to reach Dorothy's body, William Cotter turned the gun on himself. William and Dorothy Cotter were both pronounced dead at Anna Jaques Hospital.

The murder/suicide brought to a tragic end more than three months of work by domestic violence prevention advocates from several agencies and decades of unreported, physical abuse by William Cotter against Dorothy Cotter. Local advocates were aware William Cotter was a serious threat to his wife in the months prior, but in the end they couldn't stop him.

Looking back at what went wrong, they saw a system with the right people in place but not always working together to fight the problem.

"What was missing in Dorothy's case was the sharing of information across the disciplines," said Kelly Dunne, association director of the Jeanne Geiger Crisis Center. "... We discovered the gaps in the system, and we decided we're going to work together to close the gaps. ... We learned to use and share risk assessment information to identify and address women in domestic violence situations who - like Dorothy - are at the highest risk."

To address the issue, the network of agencies that fight domestic violence every day put together the Greater Newburyport Domestic Violence High Risk Case Response Team. But to find a better way to combat domestic violence, they first had to identify those gaps.

### Lessons learned

Dorothy Cotter's case was not an example of the system turning its back on the victim, Dunne said, noting the Crisis Center and its attorney, Mardi Chadwick, worked for months to protect Dorothy Cotter.

Dunne said the police were not at fault. Amesbury's domestic abuse Detective Robert Wile searched tirelessly for nine days to find William Cotter after he strangled and threatened Dorothy, violating the restraining order issued from Salem's family court less than a month before her death. Wile counseled Dorothy for hours only two days before her murder.



BRYAN EATON/Staff photo - Salisbury police Sgt. Chuck Scione patrols Salisbury Beach.

Nor, she said, did Newburyport District Court Judge Peter Doyle act improperly in releasing William Cotter on March 21 after he turned himself in for the restraining order violation. Doyle didn't have the affidavit documenting 20 years of beatings, strangulations and death threats against Dorothy Cotter. That was at Salem Family Court, which issued the original order allowing William Cotter limited access to his estranged wife. Doyle released William Cotter, ordering him to abide by the Salem judge's order.

"Each part of the system did its job adequately given the information each had at the time," Dunne said. "... I wish we could clone (Detective) Bob Wile. He gets (domestic violence). He did everything he could. ... Judge Doyle was the catalyst that brought the community together. He invited the community to a meeting to find a better way to identify high risk domestic violence cases sooner."

From that meeting came the High Risk Case Response Team, a multidisciplinary domestic violence prevention model that monitors hundreds of cases in the region. Started in April 2005, the team is made up of professionals from the Jeanne Geiger Crisis Center; Amesbury, Newburyport, Newbury and Salisbury police departments; Newburyport Probation Department; Anna Jaques Hospital; and the Family Safety Project from Methuen's Holy Family Hospital.

A better way

Domestic violence prevention professionals use assessments to identify high-risk cases, Dunne said, because "the best predictor of future behavior is past behavior." Before the high-risk team, however, there wasn't a regular sharing of assessment techniques nor its benefits to police or others involved in the domestic violence prevention network.

Now, at monthly meetings at the Newburyport police station, the group plots the history of abusive households in Amesbury, Newburyport, Newbury and Salisbury, sharing information that can change quickly in these cases. By connecting the informational dots of domestic violence, the group has better monitoring techniques to ferret out and protect victims from the most dangerous offenders before violence escalates.

"When the high risk team began, we thought we at the center would bring up all the cases." Dunne said. "It's actually been the police who propose most of the high risk cases."

Using criteria developed by Jacqueline Campbell, Ph.D., of Johns Hopkins Hospital, the group doesn't wait for victims to reveal risky behaviors. They've learned what questions to ask.

"After an incident, the police have always asked, 'What did he do?' The victim might have responded, 'He beat me and slammed me up against the wall,'" Dunne said. "Now the officers continue: 'Where were his hands?' they ask. 'Around my neck,' the victim answers. 'What did he say?' police ask. 'He said he was going to kill me,' she might answer."

In that short dialogue, police revealed two of the biggest red flags in domestic violence, Dunne said: strangulation and threats to kill.

"Women say after strangulation, their lives are never the same," Dunne said. "It means to her that her abuser doesn't need a weapon to kill her. He can just reach over and kill her any time he wants, with his bare hands."

Oddly, an abuser's threat to kill himself is another huge red flag.

"When a batter says he's going to kill himself, the victim needs to pay attention," Dunne said, "because most of the time he doesn't intend to go down alone."

"If someone's threatening, strangling or stalking, the high-risk team's going to take that case," said Chadwick, the Crisis Center's attorney.

A system that's working

After 19 years working in the field, Wile said the sharing, monitoring and strategy development that comes from the high risk team's cooperative nature makes a difference in Amesbury, a community with a significant, long and deadly history of domestic violence.

Sgt. Kevin Sullivan, Salisbury's high-risk team member, agrees.

"The high risk checks work," said . "I was a little skeptical at first, but they really work."

Training doesn't stop with the high-risk police team members. Others in their departments are trained to know the indicators. Salisbury's midnight shift supervisor Sgt. Chuck Scione said officers in the department regularly monitor high-risk households in town to prevent further violence.

"If I see something I don't like when I go by, I get out of my cruiser, knock on the door and ask if everything's all right," Scione said. "And I can tell if something's wrong."

As this new model becomes better known, other communities with serious domestic abuse issues - like New Bedford - are coming forward, wanting to bring it to their communities. The problem, Dunne said, is finding the time or funding for the training sessions needed to implement it elsewhere.

The hope is funding will be found for this model to spread, for members of the high risk team feel they now have a better way to help women like Dorothy Cotter.

"What I know after eight years of working with domestic abuse," Dunne said, "is you can't do this well unless you do this with a system that's linked together."