

ANCHORAGE DOMESTIC VIOLENCE FATALITY REVIEW ADVISORY
COMMITTEE

INDIVIDUAL FATALITY REVIEW TEAM
INTERAGENCY CONFIDENTIALITY AND COOPERATION AGREEMENT

To be signed by a representative of each agency agreeing to participate in an Individual Fatality Review Team

Organization: _____

Represented by: _____

This cooperative agreement is made this _____ day of _____ between _____ and all agencies and individuals who serve on the Anchorage Individual Fatality Review Team.

On behalf of _____

I indicate our support of the objectives of the Anchorage Individual Fatality Review Team and Advisory Committee. Through the process of conducting a review of selected fatalities in which domestic violence is considered a significant factor, the Anchorage Domestic Violence Advisory Committee through the Individual Fatality Review Team will:

- Provide a confidential forum for the systematic review of domestic violence-related fatalities;
- Improve communication and collaboration among local agencies and enhance cooperation between public and private entities;
- Identify risk factors, system gaps and shortcomings to facilitate and recommend system improvement;
- Create and maintain data relating to domestic violence-related fatalities;
- Use information and findings from case reviews and investigations to trace patterns and trends, monitor programs and develop/recommend coordinated prevention strategies and long-term interventions;
- Increase public awareness and involvement in the prevention and intervention of domestic violence and improve community intervention;
- Develop a system and protocol that could be adopted and replicated throughout the state.

The Review Team must consider that although confidentiality is essential to the review process, the overall goal is to strengthen system policies and procedures and identify prevention measures to stop future incidents of domestic violence-related injuries and fatalities. The team will accomplish the statute's mandate for confidentiality by observing the following procedures:

- Not disseminate information beyond the purpose of the review process;
- Any information shown or discussed within an Advisory Committee or Individual Fatality Review meeting must not be discussed with anyone outside the group;
- Advisory Committee and Individual Fatality Review recommendations may be discussed with others only if a 51% majority agrees;
- If new information is brought to the attention of a prosecutor during an Individual Fatality Review or Advisory Committee meeting, then the prosecutor may have a constitutionally-mandated duty to disclose this new information to the defense where the perpetrator is either awaiting trial or has been convicted. Aside from recommendations, this is the only exception to the confidentiality requirement permitted;
- Each Review Team member and invitee must sign a confidentiality agreement;
- If any committee or team member violates confidentiality, that person will be removed from the team.

The agreement for agency participation in the Individual Fatality Review Team will include providing an ongoing primary representative and alternate representative on a regular basis as the member of the Individual Review Team and providing necessary information to support the Anchorage Fatality Review Advisory Committee operations.

Because the review process may involve case-specific sharing of information, and confidentiality is inherent in many of the involved reports, each member of the Individual Fatality Review Team will take clear measures to understand the limits of what they may reveal in their capacity as an agency representative. All members will sign a confidentiality agreement that prohibits any unauthorized dissemination of information related to the review process. No material may be used for reasons other than for which they were intended.

By signing below, I additionally agree that no one associate with this agency will represent the views of the Individual Fatality Review Team or Advisory Committee to the media.

In my capacity as its authoritative representative, I commit _____ to attend and participate, support and assist the Anchorage Individual Fatality Review Team.

Signature _____

Title _____

Agency Name _____

Date _____