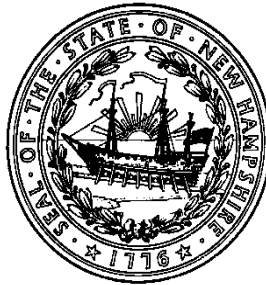
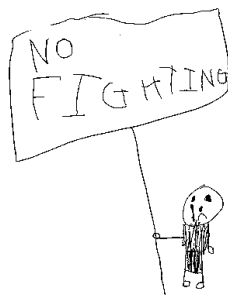


THE STATE OF NEW HAMPSHIRE



GOVERNOR'S COMMISSION
ON DOMESTIC AND SEXUAL VIOLENCE

**DOMESTIC VIOLENCE
FATALITY REVIEW COMMITTEE**



SIXTH ANNUAL REPORT
June 2006

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STATE OF NEW HAMPSHIRE
GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

JOHN H. LYNCH
GOVERNOR



KELLY A. AYOTTE
CHAIR

JUNE 2006

His Excellency John H. Lynch and New Hampshire Citizens:

The Domestic Violence Fatality Review Committee is pleased to present its Sixth Annual Report. The Committee was created by Executive Order of Honorable Jeanne Shaheen on July 14, 1999 and has remained in existence ever since, issuing annual reports and recommendations for improvement in how public and private organizations address domestic violence. Governor Shaheen was one of the first governors in the country to recognize the value of multidisciplinary collaboration to end domestic violence by supporting a Fatality Review Committee. We are grateful Governor Lynch supports this work.

The Fatality Review Committee examines domestic violence homicides with two principal goals:

- (1) To continue informing the public about the insidious nature of domestic violence and motivating the public to find solutions to end domestic violence; and
- (2) To identify systemic changes within all the organizations and agencies that work with domestic violence victims, offenders and families to learn new ways of reducing the number of fatalities by better identification of risk factors and improvement in the coordination of services that our State provides.

This Sixth Annual Report contains 33 new recommendations for your consideration. It also includes responses from last year's recommendations which we encourage you to review. We are pleased and gratified that the three branches of government and many nongovernmental organizations have worked diligently to implement many of the recommendations. In addition to our recommendations for system improvement, we have included some brief reports on elder abuse, the relationship between substance abuse and domestic violence, how domestic violence is handled in New Hampshire's criminal courts.

The Committee is grateful for the support of all New Hampshire's citizens to improve safety in our communities and in our homes.

Respectfully submitted for the Committee,

A handwritten signature in cursive script, appearing to read "Susan B. Carbon".

Susan B. Carbon, Chair

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DEDICATION

This Sixth Annual Report of the New Hampshire Domestic Violence Fatality Review Committee is dedicated to the children of parents who are abused by their intimate partners and who, tragically, are sometimes murdered at the hands of a parent or their deceased parent's partner. The trauma suffered by these children is grave, and often has repercussions beyond our comprehension. By studying these cases and offering recommendations, we hope that other children will be spared the devastation occasioned by abuse towards a loved one.

ACKNOWLEDGMENTS

The Chair wishes to extend sincere appreciation to the members of the Fatality Review Committee who have continued to work diligently and respectfully to study New Hampshire's domestic violence related homicides in an effort to make New Hampshire a safer community in which to live. These cases deal with some of life's worst circumstances, and are difficult and painful to review. The Committee has worked extremely well together to honor the lives lost and examine ways to help prevent future losses.

The Committee would like to recognize and thank various individuals who have made presentations at Committee meetings and who have participated as guests in reviewing the cases. Some of the individuals recognized are also members of the Committee who expended extra effort to make a presentation based upon the work with which they are involved. In alphabetical order, we appreciate the assistance of the following individuals: **Sergeant Mark Armaganian**, New Hampshire State Police, Major Crime Unit; **Attorney Betty Dunn**, Department of Justice; **Ms. Linda Griebisch**, Public Policy Director, New Hampshire Coalition Against Domestic and Sexual Violence; **Ms. Jennifer Hunt**, Victim Advocate, Department of Justice; **Dr. Niki Miller**, Executive Director, New Hampshire Task Force on Women and Addiction; **Sergeant Jeffrey Mutter**, Dover Police Department; **Attorney Peter Odom**, Department of Justice; **Attorney Elizabeth Paine**, Domestic Violence Specialist, New Hampshire Judicial Branch; **Ms. Linda Ruel**, Victim Advocate, Department of Justice; **Ms. Rosemary Shannon**, Administrator, New Hampshire Office of Alcohol and Drug Policy; and **Ms. Jane Stapleton**, Project Coordinator, VAWA Research Project, New Hampshire District Court. We are indebted to these individuals for assisting us in better understanding domestic violence and all of its implications.

Finally, we would like to thank **Ms. Danielle O'Gorman** of the Department of Justice who throughout the year provides information to Committee members, schedules meetings, coordinates the work, and prepares the Annual Reports. We are indebted to Danielle for all her outstanding administrative support for this project.

NEW HAMPSHIRE GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

MISSION STATEMENT

To reduce domestic violence-related fatalities through systemic multi-disciplinary review of domestic violence fatalities in New Hampshire; through inter-disciplinary training and community-based prevention education; and through data-driven recommendations for legislation and public policy.

OBJECTIVES

1. To describe trends and patterns of domestic violence-related fatalities in New Hampshire.
2. To identify high risk factors, current practices, gaps in systemic responses, and barriers to safety in domestic violence situations.
3. To educate the public, policy makers and funders about fatalities due to domestic violence and about strategies for intervention.
4. To recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.
5. To improve the sources of domestic violence data collection by developing systems to share information between agencies and offices that work with domestic violence victims.
6. To more effectively facilitate the prevention of domestic violence fatalities through multi-disciplinary collaboration.

**NEW HAMPSHIRE GOVERNOR'S COMMISSION ON
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I. INTRODUCTION

The Domestic Violence Fatality Review Committee was created by Executive Order of Governor Jeanne Shaheen in July 1999. The Committee has thus been in existence for nearly seven years. Five Annual Reports have been issued previously, including over 200 recommendations for improved service coordination. The First, Inaugural, Report was issued in June 2001. The Second Report was issued in May 2002, the Third, in May 2003, the Fourth, in May 2004 and the Fifth, in May 2005.

The Committee's goal from the outset has been to generate annual reports that serve as "revolving documents," intended to be examined and critiqued throughout the year. Over these six years, we have generated recommendations for the many different agencies and organizations that work with domestic violence victims and offenders in an effort to improve our collective response to this significant social and legal problem. In developing and implementing recommendations, new policies, procedures and practices may be built upon New Hampshire's improved response to domestic violence.

Over the past year, the three branches of government and many individuals, organizations and agencies have continued to implement the Committee's recommendations. This report includes responses to the recommendations contained in last year's report (the Fifth Annual Report). The extent to which these bodies have worked together to provide a safer environment for all our citizens is truly remarkable.

This Sixth Annual report includes 33 new recommendations from the Committee's review of domestic homicides during its seventh year of operation (2005-2006). We are hopeful that these recommendations will also be considered and implemented over the next year.

II. OVERVIEW OF A DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

Domestic violence is one of the most prevalent legal and social problems in the United States. Every year between three and four million women throughout the United States are beaten by their partners (husbands or boyfriends) or ex-partners. When adult women are beaten, frequently children are as well. In approximately 75% of the cases where a couple has children and the female adult is abused, children witness the assaults and are themselves often physically abused.

Domestic violence in its worst, and ultimate, form is homicide. Every year nearly 2,000 people die from domestic violence homicides in the United States, most frequently men causing the death of their female partners. Children are also homicide victims. In over half of all murders of children under 12, parents were the perpetrators. Half of all female homicide victims were killed by their male partners.

Many programs have been developed by victim advocates, law enforcement, courts and other agencies to address this problem. One of the newest programs being developed around the United States, and in other countries including England, France and Australia, is called the "fatality review" process, or Fatality Review Committees.

A fatality review committee is a group of professionals from many different organizations, agencies and branches of government that convenes periodically to review domestic violence homicide (fatality) cases. The theory underlying the fatality review process is that if we are able to understand better why and how a homicide occurred, we can learn important lessons to help prevent future deaths. The core belief underlying the Committee's work is that every death is preventable, and we must work together to make this belief a reality.

III. HISTORICAL BACKGROUND

On July 19, 1999, Governor Jeanne Shaheen created the New Hampshire Domestic Violence Fatality Review Committee. In issuing her Executive Order, she endorsed and encouraged a tradition begun in New Hampshire many years ago of multi-disciplinary collaboration. The Domestic Violence Fatality Review Committee was created as part of the Governor's Commission on Domestic and Sexual Violence, originally created by Governor Stephen Merrill in 1993, to provide systemic review of domestic violence homicides in order to reduce the number of future fatalities.

Approximately two years earlier, a group of representatives from law enforcement, victim services, batterers intervention and the courts was concerned that despite all the good work occurring in New Hampshire, domestic violence fatalities still represented a large portion of our total homicide count. Since 1990, while the total number of homicides has declined, domestic violence-related homicides comprise approximately 48% of all homicides. The Committee learned of a new program begun in a few jurisdictions around the country, called a Fatality Review Committee, or Death Review Team, which was being promoted as another tool to help prevent domestic violence homicides.

This group approached the Governor's Commission on Domestic and Sexual Violence and sought its endorsement to create a Fatality Review Committee and, having obtained it wholeheartedly, this Committee began its work. Coincidentally, the State Justice Institute, together with the United States Department of Justice and the National Council of Juvenile and Family Court Judges, was planning a First National Conference on Fatality Review, and New Hampshire's group was invited to attend. Upon return, the Committee applied for, and soon thereafter received, a Technical Assistance Grant from the State Justice Institute to augment this work. The grant was awarded in June 1999, and continues in effect at this time. Altogether, the committee to create a Fatality Review Committee spent two years developing its structure, mission statement, objectives, protocol and selection of committee members.

All of this information was presented to Governor Jeanne Shaheen, including a proposed list of committee members. As noted above, the Governor formally established the committee in July 1999. It has continued in existence for nearly four years now.

IV. FATALITY REVIEW IN NEW HAMPSHIRE

Mission Statement

The purpose of the Fatality Review Committee is set out in its Mission Statement, which reads:

To reduce domestic violence-related fatalities through systemic multi-disciplinary review of domestic violence fatalities in New Hampshire; through inter-disciplinary training and community-based prevention education; and through data-driven recommendations for legislation and public policy.

Objectives

The Committee has six goals and objectives, as follows:

- (1) To describe trends and patterns of domestic violence-related fatalities in New Hampshire.
- (2) To identify high risk factors, current practices, gaps in systemic responses, and barriers to safety in domestic violence situations.
- (3) To educate the public, policy makers and funders about fatalities due to domestic violence and about strategies for intervention.
- (4) To recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.
- (5) To improve the sources of domestic violence data collection by developing systems to share information between agencies and offices that work with domestic violence victims.
- (6) To more effectively facilitate the prevention of domestic violence fatalities through multi-disciplinary collaboration.

Executive Order

Both the Mission Statement and Objectives have been incorporated into the Governor's Executive Order authorizing the work of this group. (See Appendix A.)

Membership

The Committee has a very broad-based membership, reflective of the many organizations and agencies that work with domestic violence victims, offenders and children. A review of the membership list, included at the beginning of this report, reflects representation from the following: District and Family Courts, local and state law enforcement, victim services (through the Attorney General's Office and Coalition Against Domestic and Sexual Violence), education, health care (medical and mental health), batterers intervention, visitation network, Division for Children, Youth and Families (DCYF), Elderly and Adult Services, clergy, Employee Assistance Program and others. Attorneys are also represented, including state and federal prosecutors, New Hampshire Public Defenders, and private practitioners. New Hampshire is one of very few jurisdictions in the country that welcomes the defense bar to this discussion. It has been the Committee's belief and experience that domestic violence issues need broad-based perspective, and the goal of homicide prevention is *everyone's* concern.

The Committee, which proposed the Fatality Review Committee to Governor Shaheen, was also careful to identify individuals within each profession listed above who were personally willing to serve, and who were committed to the goals of the Committee. The Committee wanted to ensure that individual members would make the time commitment required to provide consistency and continuity to the review process. Much of the first meeting was devoted to each member discussing why he or she had agreed to serve and what each thought he or she could contribute to the process, individually as well as institutionally. Although there have been some replacement of Committee members due to job changes, the Committee has remained remarkably constant in its membership since its inception.

Confidentiality Agreement

Because certain information which is shared at committee meetings is confidential, all members have been asked to sign a Confidentiality Agreement. (See Appendix B.) This ensures that all information shared during the review process will remain confidential and will not be disseminated outside of the Committee. In addition to individual confidentiality agreements, an Inter-agency Agreement has been signed by the heads of the New Hampshire Department of Justice, the New Hampshire Department of Health and Human Services, and the New Hampshire Department of Safety. (See Appendix C.)

Structure

The full Committee meets bi-monthly, on average, to review one or more homicides. In alternating months, the Executive Committee meets to select cases for review, refine recommendations developed by the full Committee, and attend to other administrative matters. The Executive Committee consists of representatives from the courts, law enforcement, victim services, batterer's intervention, the State's Chief Medical Examiner and an Administrative Assistant.

Review Process

The Committee has determined that only closed cases, or murder/suicides, will be reviewed. This ensures that all appeals have expired and thus not affect the ongoing investigation of an active case.

Each case review begins with a report by the Chief Medical Examiner and the law enforcement agency, which responded to the scene. These reports provide great detail about the homicide as well as the history of the victim and defendant, and where applicable or relevant, the children. Information is also received from the prosecutor and victim advocate involved with the case. Committee members then report on information from their agencies or organizations. For example, court representatives would report on the existence of any civil protection orders, bail conditions, domestic violence convictions, and other civil and criminal case histories of the parties and their children. The medical representatives would report on any known contact seeking health care for injuries sustained as a result of a

domestic violence assault. Following the presentation by all Committee members, the group collectively formulates recommendations for preventing future homicides. Ideas may be related to the particular case, or may germinate from cross-disciplinary discussion and give rise to ideas, which will proactively help prevent domestic violence homicide and other assaults.

V. STATE JUSTICE INSTITUTE GRANT

New Hampshire was awarded a Technical Assistance Grant from the State Justice Institute in 1999. The grant enabled the Committee to consult with and evaluate other teams around the country before beginning its work. The grant has also enabled the Committee to engage Attorney Barbara Hart, widely recognized as one of the nation's leading experts on domestic violence, to serve as a consultant. A final report to the State Justice Institute was completed at the conclusion of the grant in 2003. A copy may be obtained from the Chair or from the State Justice Institute.

VI. HOMICIDE STATISTICS DATA CHART

From 1990 through 2005, a total of 320 homicides occurred in New Hampshire; 48% were domestic violence-related. In those 16 years, the number of homicides has ranged from a high of 35 (1991) to a low of 13 (2002). The percentage which is domestic violence-related has ranged from a low of 21% in 1997 to a high of 74% in 2004. While there were only two more homicides in 2005 than 2004, the percentage that was related to domestic violence went down from 74% to 38%.

**THE STATE OF NEW HAMPSHIRE
HOMICIDE STATISTICS
1990 – 2005 (16 Years)**

Year	Total Homicides	Total Domestic Violence	Partner Homicides	Family Members	DV Related Homicides	Total % Domestic Violence
1990	16	8	5	3	0	50%
1991	35	16	9	5	2	46%
1992	20	11	7	1	3	55%
1993	24	8	7	1	0	33%
1994	18	8	4	2	2	44%
1995	18	10	5	4	1	56%
1996	24	14	6	5	3	58%
1997	24	5	4	0	1	21%
1998	15	8	6	0	2	53%
1999	20	12	6	5	1	60%
2000	15	11	4	7	0	73%
2001	20	7	3	4	0	35%
2002	13	6	3	1	2	46%
2003	18	9	3	4	2	50%
2004	19	14	6	7	1	74%
2005	21	8	4	3	1	38%
Totals	320	155	82	52	21	48%

Partners – Homicide where the perpetrator and victim ARE intimate partners (e.g., husband kills wife).

Family Members – Homicide where the perpetrator and victim ARE NOT intimate partners but ARE family members (e.g., parent kills child).

Domestic Violence Related – Homicide where the perpetrator and victim ARE NOT intimate partners and ARE NOT family members but it is related to domestic violence (e.g., estranged husband kills wife’s current intimate partner, or neighbor dies trying to save child from parental abuse).

VII. SUMMARY OF HOMICIDES WHICH OCCURRED IN 2005

Independent of cases reviewed by the Committee for the Sixth Annual Report, the following is a summary of the domestic violence related homicides that occurred in calendar year 2005.

As the related chart depicts, there were eight domestic violence related homicides in 2005, out of a total of 21 homicides. Of the eight domestic violence related homicides, four were partner homicides, three involved family members, and one was domestic violence related (man killing female friend of his ex-girlfriend). The eight domestic violence related homicides comprise 38% of the total homicides. As compared to the prior calendar year (2005), the total number of homicides increased by only two (from 19 to 21), but the percentage of domestic violence homicides decreased from 74% to 38%, a significant decrease.

Age of Victim and Perpetrator

The victims ranged in age from six years old to seventy-five years old. The average age of the eight victims was 39.5 years. The perpetrators ranged in age from twenty to eighty years old, with six perpetrators in the 20 to 35 age range. The average age of the perpetrators was 37.5 years.

Gender of Victim and Perpetrator

Of the eight domestic violence victims, one was a man and seven were women. Thus, females comprised 88% of the victims. Two of the perpetrators were women and six were men.

County of Death

The homicides occurred throughout the State during calendar year 2005. Two homicides occurred in each of Hillsborough, Rockingham and Sullivan Counties, with one occurring in each of Merrimack and Strafford Counties.

Cause of Death

Of the eight domestic violence related homicides, three were committed by the use of a knife, two by gunshots, one by drowning, one by beating and one cause of death is unknown.

Partner Homicides

Of the four partner homicides in 2005, one victim was a male and three were female and one perpetrator was a female and three were male. All four were in current relationships and living with the partners who killed them. No protective orders were in effect for any of the victims. Two of the homicides occurred by use of guns, and one each by beating and stabbing. The homicides occurred in Hillsborough, Strafford and Sullivan Counties.

VIII. REPORTS

Over the past two years, the Committee has benefited from various presentations on topics related to domestic violence, namely: Abuse of Elderly and Incapacitated Adults, Domestic Violence and Women with Addiction and data collection of Domestic Violence Related Criminal Cases. We thought that those reading this Report might also find brief reports of these presentations to be helpful to their overall understanding of domestic violence and related issues.

Abuse of Elderly and Incapacitated Adults: The Growing Problem (An Update from the Fifth Annual Report)

By: B. Lynn Koontz
Department of Health and Human Services, Bureau of Elderly and Adult Services

They are old, they are frail, they are incapacitated, and they are unable to care for themselves without help. They range from the age of 18 to over 100, and they live in cities and small towns across the State of New Hampshire. They live alone, with their spouses, with their children, and in supervised settings. They are poor, they are wealthy, they live in homes with all the latest gadgetry and they live in one-room huts with no running water or electricity. Who are they? They are our mothers and fathers, our grandparents, our adult disabled children, and our friends and neighbors. What do they have in common? They are the victims of adult abuse.

Like the rest of the country, New Hampshire is experiencing an alarming increase in the abuse of its elderly and incapacitated adult citizens. In the area of elder abuse alone, a national study suggests that only 16 % of abusive situations are reported, leaving 84 % unreported and at risk. The estimate of how many actual victims there might be ranges from 2-5 million each year. In 1980, the first year that New Hampshire collected Adult Protective Services statistics, there were 239 reports of maltreatment and self-neglect received statewide. In State Fiscal Year 2005 (7/1/04-6/30/05), there were 2,222 reports received statewide by the Bureau of Elderly and Adult Services (BEAS), the agency charged to receive and investigate these reports through its 12 regional offices around the state. The 2005 total exceeds 2004's total by 92 reports, and already in this fiscal year, 2006, the number of reports received from 7/1/05-4/30/06 is up 71 reports over last year's reports for the same time period.

Although most of us know that there is a New Hampshire law dedicated to the protection of children, few know that there is a similar law pertaining to the protection of incapacitated and elderly adults. The law (RSA 161-F: 42-57) is entitled "Protective Services to Adults," and was enacted in 1978. One of the first Adult Protection laws in

the country, New Hampshire's law was considered to be model legislation at the time, and remains far-reaching in its scope and impact. The law contains a mandatory reporting section that requires **any person** to make a report to BEAS if he or she suspects that an incapacitated adult has been subjected to abuse, neglect, self-neglect or exploitation.

The law, which is civil and not criminal, is remedial in its focus. The intent of the law is to investigate and make a finding as to the presence of abuse, neglect, self-neglect or exploitation, so that if any of these factors are present, resolution can be sought by providing protective services. The law covers incapacitated individuals aged 18 and over, and attempts to balance the State's commitment to protect its vulnerable citizens with the individual's right to self-determination. The purpose section of the law included below (RSA 161-F: 42) clearly reflects its philosophy and intent.

“The purpose of this subdivision is to provide protection for incapacitated adults who are abused neglected, or exploited. Implicit in this subdivision is the philosophy that whenever possible an adult's right to self-determination should be preserved, and that each adult should live in safe conditions and should live his own (or her) life without interruption from state government. Only when these principles become impossible to follow should legal proceedings be initiated in order to care for and protect such adults.”

It is important to note that the adults covered by this law are considered to be competent unless deemed otherwise by a Probate Court. This assumed competency means that an adult can make his/her own decisions, even if they are thought to be “bad” decisions by others, as long as they are made with informed judgment. It also means that the adult, even when abuse has been verified, has the right to refuse services. The majority (89%) of the adults who are found to be in need of protective services by the BEAS Adult Protective Social Workers (APSW's) are willing to participate in a plan to alleviate the protective issues in their life situations. However, the APSW's still make efforts towards finding the means to engage those adults who initially refuse services.

What is adult abuse? The New Hampshire law (RSA 161-F: 43) contains and defines the following types of abuse:

Section 43, II (a) defines “*Emotional Abuse*” as “*the misuse of power, authority, or both, verbal harassment, or unreasonable confinement which results or could result in the mental anguish or emotional distress of an incapacitated adult.*” Examples of this type of insidious abuse include verbal attacks, name calling, demeaning language, intimidation and threats such as, “If you cause any more problems, you're going into a home!” or, “I wish you were dead, and if you don't behave I may have to hurt you!” Emotional abuse can also mean force-feeding an adult, or isolating the adult by not allowing him/her to leave the premises, receive visitors, talk on the phone, or receive mail. It can also mean restraining an adult by tying him/her to a bed or chair, locking him/her into a room, or the use of chemical restraints.

Section 43, II (b) defines “*Physical Abuse*” as “*the use of physical force which results or could result in physical injury to an incapacitated adult.*” Examples of physical abuse include punching, slapping, hitting, biting, pinching, twisting, burning, kicking, and cutting.

Section 43, II (c) defines “Sexual Abuse” as “contact or interaction of a sexual nature involving an incapacitated adult without his or her informed consent.” *Examples of sexual abuse include physical interactions such as kissing, fondling, masturbation, intercourse, fellatio and rape, as well as non-physical interactions, such as forcing an adult to watch pornography and manipulating him/her into performing sexual acts with others.*

Section 43, III defines “Neglect” as “an act or omission which results or could result in the deprivation of essential services or supports necessary to maintain the minimum mental, emotional or physical health and safety of an incapacitated adult.” *Examples of neglect include the failure of a caregiver/responsible party to provide or arrange for the basics, such as shelter, food, water, clothing, medical treatment, and/or medication. Neglect can mean the failure to provide the supervision necessary for an adult to be safe; for instance, leaving adults with Alzheimer’s Disease or other dementias alone, with the result that they wander and become lost. Neglect can also mean leaving a bed-bound elder unchanged for days, resulting in the elder lying in his/her own urine and feces, and subsequently suffering irreversible skin damage and hospitalization.*

Section 43, IV defines “Exploitation” to mean “the illegal use of an incapacitated adult’s person or property for another person’s profit or advantage, or the breach of a fiduciary relationship through the use of a person or a person’s property for any purpose not in the proper and lawful execution of a trust, including, but not limited to, situations where a person obtains money, property, or services from an incapacitated adult through the use of undue influence, harassment, duress, deception, or fraud.” *Examples of exploitation include an adult child coercing an elderly parent to hand over a Social Security or pension check, a family guardian depleting a person’s life savings, or a trusted provider deceiving an elderly client into signing over his home.*

Section 43, VI defines “Self-Neglect” as “an act or omission by an incapacitated adult which results or could result in the deprivation of essential services or supports necessary to maintain his or her minimum mental, emotional or physical health and safety.” *Examples of self-neglect include an adult’s inability to use appliances safely by consistently leaving the stove on and being at risk of a fire. It may mean that an adult no longer has the ability to provide personal care to himself/herself, and therefore neither bathes, uses the toilet, or cleans up. Self-neglect can also mean that an adult is a “hoarder,” whose collection of “stuff,” such as magazines, newspapers, paper bags, and Styrofoam trays block the adult’s access to a bathroom, a bedroom, or to the outside.*

The numbers by report type received in 2005 were:

Self-Neglect: 1,030
Neglect: 357
Emotional Abuse: 340
Physical Abuse: 246
Exploitation: 210
Sexual Abuse: 39

Perpetrator-related abuses, i.e., harm at the hands of others, totaled 1,192, equaling 53.6% of the total reports received.

What is the age of the alleged victim? In 2005, 1,460 of the 2,222 reports received involved alleged victims over 60 years of age (65.7%). The most frequently reported age ranges of the alleged victim were:

70-79: 522
80-89: 486
60-69: 328

There were also six alleged victims over the age of 100.

Who are the abusers? In 2005, the most frequently reported perpetrator was related to the alleged victim. The most frequently reported relative perpetrators were:

Adult daughters: 127; Adult sons: 127
Husbands: 110
Wives: 42

Where do the alleged victims live? The majority of the reported alleged victims in 2005 were living alone in their own homes or apartments (680), followed by those living at home with spouses or partners (327), by those living in their own homes with relatives (287), and by those living in relatives' homes (210). Reports of alleged victims residing in nursing facilities totaled 185.

It will come as no surprise that there are more female alleged victims reported than male alleged victims. In 2005, 1,385 female alleged victims were reported, as compared to 819 males. However, the number of reported male victims is also on the increase; female alleged victims are up by 6 reports over last year, while male alleged victims are up 90 reports over last year.

As we consider the above information, we need to become aware of a number of issues that this information represents. As we all know, the population is aging, and people are living longer and staying home longer. They are often living alone, and have outlived their spouses as well as their contemporaries. In this mobile society, their families may be spread throughout the country, and therefore not immediately available in times of need. Also, in living alone and often lacking transportation and opportunities

for socialization, they become isolated, and often become easy prey to those who would exploit or mistreat them.

Other considerations include the increase in violence in general, and the increase in domestic violence in particular. When individuals have been living in a domestic violence situation for years, the domestic violence doesn't disappear with age. A relationship that has been steeped in violence from the beginning, with no interruptions to the cycle, is likely to continue, causing more danger and risk to the victim as the victim's frailty increases with age. If you add to the conventional domestic violence relationships between partners, the relationships between adult children and their aging parents when the adult children are substance abusers, out of work, and financially dependent on their parents, you are able to see another example of domestic violence. The factors of power, control, manipulation, and threat are all present in these relationships, and in addition, can and do extend to relationships involving siblings, cousins, in-laws, and grandchildren. Unfortunately, almost any familial or familiar relationship has the potential to become a relationship that includes domestic violence.

We also need to be aware of abuse, neglect and exploitation in facilities. Although our statistics are highest in domestic violence in the community, there is also abuse, neglect, and exploitation occurring in facilities. We must be vigilant when entrusting our elders and incapacitated adults to the care of others, and must do whatever necessary to facilitate and support safe care.

What can we do? Now that we're aware of some of the problems and dynamics of these situations, what steps can we take? The following are only a few suggestions:

- We need to expand the awareness of Adult Abuse and the Adult Protection Law.
- We need to ensure that the legal obligation that all citizens have to report suspected abuse and neglect to the Bureau of Elderly and Adult Services is well known.
- We need to educate others to look for indicators of abuse and neglect, so that if mistreatment is occurring, intervention can occur as early as possible.
- We need to develop more prevention interventions, so that whenever possible, abuse and neglect can be averted.
- We need to pay attention to care givers, and make sure that their needs are addressed so as to avoid burnout.
- We need to collaborate; the abuse of elderly and incapacitated adults is a community problem, and it will take the community working together to find resolution.

In March of 2005, the Commissioner of Health and Human Services, John Stephen, established the Elder Abuse Advisory Council. Comprised of representatives from numerous organizations and disciplines, including the New Hampshire Legislature, local, County, and State law enforcement, the Probate Court System, the University of New Hampshire Social Work Department, AARP, Home Care Agencies, and BEAS administrative and direct line staff, the Council recently marked its first year anniversary. The Council's accomplishments have been many, including an aggressive campaign to educate the public and raise the awareness of elder abuse throughout the state. Through the creation and distribution of posters, brochures and referral cards, community service announcements, collaboration with law enforcement and other critical community partners, legislative efforts, and media coverage, the problem of elder abuse is finally beginning to receive the attention it needs and deserves. As the Council enters its second year with returning and new members, it will carry on its work by ensuring the continuation and enhancement of the advancements it effected in its first year, and by establishing new initiatives to further its mission to improve the protection of New Hampshire's elders from abuse, neglect and exploitation.

Finally, at a time when age is more often disparaged than revered, when disability is seen as an impediment and not a challenge that can be overcome, we need to demonstrate to the elderly and incapacitated adults of New Hampshire that they are valuable citizens of the State, and valuable members of their communities. They need to know that they do not deserve mistreatment, and that they have a right to be treated with dignity and respect. Above all, they need to know that they have a right to be safe, and a right to be free of abuse, neglect and exploitation.

When All Doors Close: Domestic Violence and Vulnerability Among New Hampshire Women With Co-occurring Disorders

By: Niki Miller, MS

Executive Director, New Hampshire Task Force on Women & Addiction

“I was so resentful for a long time. All those years he beat me and he never got arrested. But I did.” – Battered Woman in Recovery

There are many articles that examine alcohol and other drug (AOD) use and domestic violence. Most of them focus on the perpetrator’s use of substances. Far less is known about the victim’s use and the increased likelihood of domestic violence fatality among women with alcohol or drug dependency or addiction. New research reveals that histories of violence, trauma and mental health issues frequently co-occur with addictive illness in women (CASA, 2006). Domestic violence fatality risk then becomes a question of multiple vulnerabilities. Tacked on to this dangerous triad of domestic violence, alcohol and drug use and mental illness among women are a host of other vulnerabilities that can come into play such as poverty, homelessness, health status, criminal justice and child protective service involvement.

Studies indicate a range from 55% to 99% of women seeking AOD services report a history of violent or sexual victimization (Covington, 2001). Data on New Hampshire women seeking services through Task Force on Women & Addiction programs is now available. Participating recovering women in New Hampshire (n=63) report a domestic violence history at the rate of 73%.

Rates of alcohol and other drug use among domestic violence victims in New Hampshire are unknown, but national estimates range from 45%-80% (Research Institute on Addictions, 1997). Victimization increases the likelihood of developing alcohol and drug problems even among those who have never had a problem in the past (Silverman, Raj, Mucci and Hathaway, 2001). Women who have a history of mental illness and alcohol and other drug use experience domestic violence at a higher rate than either group alone (Institute of Health Recovery, 2005). The biggest predictor of future victimization is past victimization (Council of State Governments, 2006), and alcohol and drug use places women and children at a higher risk for victimization.

The cyclical and intergenerational nature of this constellation is well documented in the literature (CSAT, 2002; WCDV, 2002). Domestic violence, childhood physical and sexual abuse, mental illness and addiction are often a part of the lives of these women beginning in childhood, a part of the lives of their parents, and likely to shape the lives of their children. Teen pregnancy, fetal alcohol spectrum disorders, premature death, intergenerational incarceration and foster placement are some of the results.

A female domestic violence victim who is alcohol or drug addicted is not only practically guaranteed to have mental health issues, but in New Hampshire she is more likely to have sought mental health services than either domestic violence or AOD services. Of recovering women participating in NHTFWA programs, 80% have sought mental health services, while only 39% have sought domestic violence services.

Risk of domestic violence fatality among women with alcohol and drug problems involves consideration of three areas of vulnerability:

1. Impairment

The impairment of women as a result of alcohol and other drugs is grossly underestimated by researchers, police, physicians, addiction professionals, and by the women themselves. All drugs and alcohol have a far greater potency in the female body. This is especially true of girls and of women over 55 years. Alcohol is the third leading cause of death among women 35-45 (Alexander, 1997). Levels of estrogen, stomach enzymes, brain volume, liver function, body weight, menstrual cycles and body fat all are implicated in this increased potency (CASA, 2006). This can impair victims' gait, memory, judgment, endurance and strength. This increased impairment is sometimes compounded by the consequences of head trauma, and other physical injuries. Psychological trauma and impairment is also a part of the picture. Women who have been victimized in childhood are at a high level of risk for becoming victims of domestic violence (Council of State Governments, 2006) and for becoming alcoholic and drug addicted (Clark, 2001). Histories of abuse and trauma result in an array of adaptations that includes addictive illness. Dissociation is often an automatic survival response to perceived danger, learned early in life. This can affect memory and the individual's ability to stay present and to learn. They simply are not available to the experience. Other trauma responses such as submit, freeze, fight or flight also become operative. Whatever the response, the traumatized individual's feelings and thoughts originate in a different area of the brain. Defenses and actions are no longer mediated by the frontal cortex and the victim is deprived of the benefit of rational thought, putting her at increased risk.

2. Societal Perception

Societal perceptions, stereotypes and stigma all work against women who drink or use drugs. This is especially true for parenting and pregnant women. The pejorative view of a mother who drinks is a stigma so great and so unique to one gender that law enforcement, the judiciary, and even clinicians may harbor the unconscious belief that the victim deserves some of the blame for her own situation. Yet, traditionally, intoxication has been used to excuse the violent behavior of husbands and fathers. The discounting of women's experiences of victimization is often mediated by the worthiness of the victim (Smart, 1995). Those victims who are beyond reproach are worth believing and protecting. But, women who are alcohol and drug dependent or mentally ill, or both may not be deemed credible or worthy. They are easily controlled and discredited by batterers and often move from putative victim to perpetrator in the minds of law enforcement,

child protective services and the courts. If domestic violence and substance dependence are not considered by clinicians, victims' behavior can be labeled as histrionic or borderline. They may be ascribed to a category of high maintenance clients with little credibility and poor prognoses. Survival mechanisms and adaptations are branded manipulative. Some psychologists will even imply that these women seek out or remain in violent relationships because they are used to it, or because they enjoy chaos. Active addiction often precludes them from admission to shelters or is the reason they are asked to leave. Their status as mothers or as domestic violence victims is seldom taken into account in New Hampshire's over crowded AOD treatment facilities. If they are able to leave their families and seek treatment, they must deal with wait times for residential programs that average 33 days (NHTFWA, 2003).

3. Self Efficacy

For addicted women the negative labels and blame that perpetrators level against their victims is supported by societal labels and sometimes by the judgments and actions of those who comprise the safety net for victims of domestic violence. When these messages have been repeatedly conveyed to the victim she not only internalizes them, she understands them in very pragmatic terms. She may minimize her injuries and will surely hide her alcohol and drug involvement. She may start to view physical abuse as a well deserved punishment for her own failure and guilt with regard to alcohol and drugs. She may be unable to remember sequences or organize her narrative due to the overlay of substance induced and psychologically induced memory lapse. She may become completely disillusioned with attempts to procure help from law enforcement or others. She is likely to fear the police, and may be discredited to the point that she is arrested along with the perpetrator or instead of the perpetrator. She may attempt to flee in a vehicle and while intoxicated and get arrested for drunk driving or may commit other substance related crimes. Fear of prosecution for illicit drug use, including prescription drug procurement, may be operative. The perpetrator's threats of exposure, deportation, loss of child custody etc. all may add to her hopelessness and resignation. If the perpetrator is her supplier, he may control her by withholding her substance. If she loses her driver's license and is court ordered to a regime of meetings and other probation requirements this may increase her dependence on the batterer. She may need to rely on him for transportation rather than face jail time. Suicidality is extremely high among drug and alcohol dependent women who are battered (Bland, 2004). The victim may have Post Traumatic Stress responses and primitive reactions that bypass rational and protective thoughts. She may begin to hit, run, hide or fight back with complete abandon due to advanced addictive illness, withdrawal or an array of trauma responses. Many studies classify addicted women as extremely marginalized and isolated individuals completely cut off from social support (Inciardi, Lockwood, and Pottieger, 1993; Liebschultz et al., 2002).

Recommendations

The first instinct for professionals may be to implement screening and assessment protocols for battered women to determine if alcohol and other drugs are part of her profile. This measure, while appropriate if the intervention is aimed at bringing her into a continuum of care that treats these problems, is not useful when there is no system in place to help her. Since New Hampshire has no shelters that can take and treat addicted women and AOD treatment seldom affords safety and shelter to women with children, assessment will place the victim in a more vulnerable position. To be exposed as addicted or alcoholic drops her status as a true “victim” and provides her batterer with documentation of her unreliability. Since the co-occurrence of substance dependence in victims is present for the majority of battered women, and the increased risk is universal for all victims, interventions should be couched as preventative. Assuming universal risk, as in the public health model for HIV/AIDS prevention and harm reduction, is more appropriate. The provision of information and resources, options and connections can be achieved without confronting denial, implementing assessment protocols and forcing individual women to be singled out. Confidential self screening materials are appropriate.

- All females seeking mental health services should be screened for domestic violence and should be connected with domestic violence service providers. They should also undergo prophylactic alcohol and drug intervention education aimed at familiarizing them with services and connecting them with confidential women’s recovery peer support and other resources.
- All domestic and sexual violence providers should implement a universal alcohol and drug education prevention and intervention program that includes resource and referral education. All DV services should ensure recovering women are visible leaders, target outreach efforts toward alcohol and drug involved women, and provide venues for women’s peer recovery support efforts.
- All substance abuse service providers should be cross trained extensively by domestic violence providers. A domestic violence specialist should work with all women accessing services. Safety planning should be a part of treatment and discharge planning. Universal violence prevention education should be a part of treatment for males and females.
- Children’s mental health services, entitlement programs, anti-poverty programs, at-risk youth services and elementary educational systems should bring mothers into this universal prevention and intervention net through referrals or by disseminating information and services.
- Multi-disciplinary teams of law enforcement, domestic violence, criminal justice, housing, mental health, alcohol and drug prevention and intervention, and children and youth service providers should convene at the local level to plan and implement the most effective community-based efforts and to increase resources.
- A trauma informed and trauma specific continuum of integrated alcohol and drug treatment and mental health services should become a reality. The concurrent treatment of trauma and alcohol and drug dependency for recovering domestic violence survivors will synergistically strengthen long term recovery from both.

- Empowerment models that designate consumers as the pivotal resource should drive all planning and implementation. Unless recovering consumer survivors are at the center of efforts to address this complex network of problems and solutions, systems will remain hopelessly fragmented. The woman herself is the only holistic resource available. She transcends the silos, systems, competing paradigms and turf wars.

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Domestic Violence Related Criminal Cases in New Hampshire Courts – A Research Sample

**By: Jane G. Stapleton, MA, Project Director and Elizabeth Paine, J.D.,
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One of the continuing challenges faced by the New Hampshire District Court is the development of accurate information about current practice in criminal domestic violence cases and the impact of existing domestic violence protocols. Currently the Court is unable to systematically track the outcome of criminal domestic violence cases. Through a process of internal institutional reviews and external recommendations from the State of New Hampshire Governor's Commission on Domestic and Sexual Violence Domestic Violence Fatality Review Committee and Protocol Committee, the Court has identified continuing gaps in the system especially with respect to the processing of criminal domestic violence cases.

With funding through the Administrative Office of the Court's (AOC) S.T.O.P. subgrant, the District Court completed a research project to analyze the nature and extent of criminal domestic violence cases and evaluate the Court's response to existing protocols.

Research Goals

- Determine the nature of and extent to which criminal cases are domestic violence related;
- Enhance judicial awareness of current sentencing practices;
- Evaluate the response to the existing domestic violence protocol;
- Develop recommendations for better use of the court's new case management system; and
- Define future analysis of centralized data.

Key Findings

Criminal Domestic Violence Cases

The sample includes 2,223 domestic violence related criminal cases. These cases represent 9% of all criminal complaints, excluding motor vehicle and DWI offenses, in the four courts. Characteristics of defendants in these cases include:

- 78% are male defendants
- 22% are female defendants
- 97% of defendants are white
- The average age of defendants is 33

The majority of cases are charged as Class A Misdemeanors. Fifty-two percent of incidents include multiple complaints on the same date. In violations of 173-B: 9, 86% of defendants are detained until arraignment. Fifteen percent of incidents have all charges are

dropped. Of these cases, 85% are nol prossed.

Eighty-three percent of these cases have the Domestic Violence Related Box checked on the complaint form. Fifty-five percent of cases in the sample involve a Protection from Abuse Order in conjunction with current criminal charges and 15% involve a Protection from Abuse Order not in conjunction with current criminal charges. This information is taken directly from the Police Department's statement in the case file and often refers to emergency orders that are granted as a result of the current criminal charge(s).

Bail

- 60.3% of defendants are ordered to have no contact with the victim.
- 51.9% of defendants are ordered to refrain from excessive alcohol use.
- 38.7% of defendants are ordered to refrain from possessing a firearm.

Pleas

- 65% of defendants enter a not guilty plea.
- 24% of defendants enter a guilty plea.
- 10.9% of defendants enter a Nolo Contendere plea.

RECOMMENDATIONS

Bail and Sentencing Practices

- Increase adherence to federal firearms laws.
- Move the determination of whether a criminal case is domestic violence related to the sentencing stage. While this will only capture convictions and not charged cases, it will increase the accuracy of domestic violence related designations.
- Focus on sentencing tools that increase batterer accountability, and are case appropriate.

Response to Domestic Violence Protocol

- Increase sentence conditions that are designed to hold batterers accountable.
- Increase adherence to federal firearms laws.

AOC's Case Management System

- Increase the reliability and quality of data.
- Develop a domestic violence reporting and dissemination plan that will provide the AOC, New Hampshire Legislators, stakeholders, funders and citizens with information on civil and criminal domestic violence cases.

Future Analysis

- Report statewide data on criminal domestic violence related cases on an annual basis.
- Explore the connection(s) between civil and criminal domestic violence related cases.
- Study the nature and impact of de novo appeal to Superior Court in domestic

violence related cases.

- Study the extent to which domestic violence related criminal cases are co-incident with child abuse and neglect.
- Establish a bail order registry. Bail orders in criminal cases should be entered into a statewide database similar to the process used with the domestic violence registry.

RESEARCH PROJECT STAFF: Jane Stapleton, MA, Project Director and Elizabeth Paine, JD, Domestic Violence Specialist. Research project oversight: Honorable Edwin W. Kelly, Honorable Susan B. Carbon and Donald D. Goodnow, Esq., Director of the Administrative Office of the Courts. File abstraction: Grace Smith, Samuel Sargent, Lori Dionne, and Ray Beeson. Data entry: Roberta Morrell, Leslie McGowen and Emily Olsen.

Substance Abuse Treatment and Domestic Violence

**By: Rosemary Shannon, Administrator,
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Health Services (DPHS)**

The Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) Series 25 provides an excellent overview and summary of the intertwining issues of substance abuse and domestic violence. The following is an excerpt of some of the highlights of a presentation from this valuable resource to the New Hampshire Domestic Violence Fatality Review Committee on July 8, 2005.

The fields of substance abuse treatment and domestic violence have worked largely in isolation from each other, despite the considerable overlap in their client populations. Between one-fourth to one half of men who commit acts of domestic violence also have substance abuse problems (Goldolf, 1995; Leonard and Jacob, 1987; Kantor and Straus, 1987 et al.). A sizable percentage of convicted batterers were raised by parents who abused drugs or alcohol (Bureau of Justice Statistics, 1994). Studies also show that women who abuse alcohol and other drugs are more likely to be victims of domestic violence (Miller et al., 1989). While there is no direct cause-and-effect link, the use of alcohol and other drugs by either partner is a risk factor for domestic violence. Failure to address domestic violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse. The Consensus Panel developing TIP 25 recommended that substance abuse treatment programs screen all clients for current and past domestic violence, including childhood physical and sexual abuse. When possible, domestic violence programs should also screen clients for substance abuse. TIP 25 provides examples of screening instruments and techniques for identifying domestic violence.

The publicly funded treatment system in New Hampshire is increasing its effort to address issues of trauma through funds awarded by the Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment. Contracts, administered by DPHS, with the New Hampshire Task Force on Women and Addiction, and a batterer's intervention program at Horizon's Counseling Center in Belknap County specialize in trauma and batterer's issues. Other DPHS substance abuse treatment providers work with their local domestic violence providers, but these collaborations could, and should be, strengthened.

Copies of this Treatment Improvement Protocol, and many others, are available free of charge from the New Hampshire Alcohol, Tobacco and Other Drug Abuse Prevention Clearinghouse/Partnership for Drug Free New Hampshire, toll free (in state) at 1-800-804-

0909.

IX. RECOMMENDATIONS FROM 2005-2006

The following recommendations, 33 in all, were developed as a result of the case reviews conducted during the 2005/2006 work-year of the Committee. We hope the relevant professions and agencies give as careful and thoughtful consideration to these recommendations as they have with the recommendations issued in the previous five reports.

SYSTEM-WIDE RECOMMENDATION

- (1) All professions involved with domestic violence should encourage the work and outreach efforts of the Elder Abuse Advisory Council.

Comment: The Elder Abuse Advisory Council is newly formed and is well-suited to provide information, education and training to the public and many professionals who interface with disabled and incapacitated individuals. Virtually every profession that works with victims of domestic violence should be informed about how to recognize abuse and provide appropriate responses consistent with their ethical and professional duties, including making mandatory reports where warranted.

BUREAU OF BEHAVIORAL HEALTH

- (1) Women seeking mental health services should be screened for trauma and domestic violence, and offered confidential referral information on domestic violence and substance abuse prevention programming.

BUREAU OF ELDERLY AND ADULT SERVICES

- (1) The Elder Abuse Advisory Council should expand its scope to include incapacitated adults and persons with disabilities. In particular, a public education campaign should be instituted to inform New Hampshire's citizens about identifying signs of abuse and the mandatory reporting law regarding the suspected abuse or neglect of disabled or incapacitated persons.
- (2) The Bureau of Elderly and Adult Services should submit articles/series of articles in "*Articulable Suspicion*" on the Bureau and the mandatory reporting law regarding suspected abuse/neglect of the elderly and incapacitated adults.

- (3) The Bureau of Elderly and Adult Services should submit articles/series of articles in the *New Hampshire Bar News* on the Bureau and the mandatory reporting law regarding suspected abuse/neglect of the elderly and incapacitated adults.

COURTS

- (1) In domestic violence related criminal cases, batterer intervention should be considered as part of the sentence. If it is not ordered, the court should engage in a dialogue with the state as to why it was not recommended.

Comment: If domestic violence is the underlying criminal offense, appropriate interventions should be ordered. The court should not order alcohol or substance abuse interventions as a substitute for batterer intervention if it is the former that is necessary. It may be appropriate, however, to order both a batterer intervention program and a substance abuse treatment program if they are co-occurring issues.

- (2) District courts should consider the feasibility of scheduling earlier arraignment dates and trial dates for domestic violence criminal offenses.

Comment: Public safety and offender accountability can be enhanced if there is prompt official response to these offenses.

- (3) Continuances should be strongly discouraged in domestic violence cases. If granted, the court should require that the party requesting the continuance obtain a new date agreeable to all other parties and coordinate the rescheduling with the clerk's office, all within 10 days of the court granting a motion to continue. Once such a motion is granted, no further continuances should be granted except for extraordinary good cause (such as serious illness).

Comment: Continuances, which have historically been granted liberally, should be discouraged. Public safety and offender accountability are compromised when multiple continuances are granted.

- (4) The District Court should consider instituting compliance review hearings in criminal domestic violence cases when batterer intervention programs have been ordered.

Comment: Compliance hearings have been shown to increase offender compliance with entrance into and completion of batterer intervention programs. Although the research is limited, studies have demonstrated that oversight with participation in such programs reduces recidivism and severity of violence.

- (5) Victim advocates should be available in all courts to help victims in civil and criminal matters pertaining to domestic violence.

Comment: It is important that victims who are disabled or incapacitated have access to victim advocacy services to ensure that they make informed decisions when they are involved in civil and criminal proceedings regarding domestic violence.

- (6) Judges and masters should receive training in some fashion on recognizing instances of neglect or abuse of incapacitated and disabled adults, and understand their obligation to make appropriate reports if warranted.

- (7) The Administrative Judge of the District Court should be requested to issue an Administrative Order or other appropriate memorandum to all clerks, requiring the use of both the short form and long form bail orders by bail commissioners. The order/memo will also include a reminder that this will be addressed each fall at the annual bail commissioner trainings conducted by clerks in each of their respective courts.

- (8) The District Court should amend the Criminal Complaint Form to include a provision regarding the removal/surrender of firearms. Possible language would include the following:

The Defendant is required to surrender all firearms and ammunition and is subject to a lifetime ban against possession based upon the conviction being a qualified misdemeanor crime of domestic violence as defined by the Federal Gun Control Act.

- (9) The District Court should develop a criminal court order form to be given to defendants at the time of conviction (or acquittal). The form would include the firearms language referenced above.

Comment: Currently in District Court, upon a conviction, the Court records the sentence on the back of the Criminal Complaint Form. A copy is then sent to the Department of Safety. The Defendant is never given a copy and thus has no written documentation of the terms of his or her sentence. Thus, it is not surprising that a Defendant might not remember specific language included in the terms of the sentence. Developing such a form would provide such written confirmation, ensuring that the Defendant has adequate knowledge of the binding legal requirements of his or her sentence.

- (10) The District Court and Family Division Education Committees shall work jointly on the preparation of training for judges, marital masters and staff on the differences between domestic violence and stalking petitions, including the

difference in enforcement and reporting. This training should be offered routinely (at least once each year) and should be required for all new employees and judges.

Comment: The Administrative Council and Supreme Court recently established individual educational committees by level of court and generically for staff (at the AOC). This topic is ideal for the district court and family division to address together in the coming months, especially as the family division rolls out. It will help district courts better understand when a stalking petition is not appropriate and referral should be made to the family division for a domestic violence petition. Ongoing training in this area will be important as district court staff will no longer be processing domestic violence cases as those will be transferred to the family division.

- (11) The District Court Administrative Justice shall issue a memorandum to all district court judges, clerks and staff that the domestic violence protocols should routinely be followed in all civil stalking cases. Judges and staff should be reminded of the special emphasis for referring petitions to the local crisis centers when presenting stalking petitions.

Comment: Court staff routinely refer petitions in civil protection order cases to the local crisis centers. It is important that petitioners in stalking cases also have access to these resources.

CRISIS CENTERS

- (1) Crisis centers should screen victims for alcohol and drug involvement and offer confidential intervention and referral options as well as universal prevention education for women and families.
- (2) Crisis centers should begin to establish linkages with homeless shelters to provide information about their services and resources.

Comment: Many victims of domestic violence seek assistance from homeless shelters after being displaced from their homes. Beginning to establish linkages between these services may prove to be of great assistance to victims of domestic violence.

DEPARTMENT OF CORRECTIONS

- (1) The Department of Corrections should work with the Interstate Compact to tighten the sanctions for violent offenders transferred under the Interstate Compact Agreement when violations are reported.

Comment: The Committee recognizes the difficulty of implementing this recommendation. Nonetheless, the Committee believes this is an important issue to raise and encourages the Department to give it serious consideration.

DIVISION FOR CHILDREN YOUTH AND FAMILIES

- (1) When DCYF Central Intake is informed of a domestic violence fatality, and children are in the household, DCYF will initiate an assessment if the report contains credible information that the children were abused or neglected. If the report does not contain credible information alleging abuse or neglect of the children, DCYF will provide the reporter with information about supportive, voluntary services available. If the current caretakers, parents or guardians wish to access these voluntary services on behalf of the children, they will need to contact DCYF Central Intake.

GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

- (1) The Governor's Commission on Domestic and Sexual Violence should include a workshop at the annual Statewide Conference on Domestic and Sexual Violence and Stalking on the mandatory reporting law regarding suspected abuse and/or neglect of the elderly and incapacitated adults. The Commission should extend the invitation to the conference to VNAs and other related professionals who may not have been specifically targeted in previous years.
- (2) Information on the Bureau of Elderly and Adult Services and the mandatory reporting law should be included with materials related to the annual domestic and sexual violence and stalking conference. Information could be included either in the conference registration brochure or in the portfolios that attendees receive at the conference.
- (3) The Governor's Commission on Domestic and Sexual Violence should revise and expand the mental health protocol to emphasize the BEAS and the mandatory reporting law. After the revision, statewide trainings should be conducted on the protocol.

Comment: An effective way to encourage mental health professionals to attend the training is to offer continuing education credits in ethics. There is a logical nexus between this field and the ethical implications for mental health professionals.

- (4) The Governor's Commission on Domestic and Sexual Violence should conduct statewide training for community mental health centers and private mental health providers on the screening, risk assessment, safety planning, management, referrals, intervention and services for victims of domestic violence.
- (5) The Governor's Commission on Domestic and Sexual Violence should revise and expand the Community Response protocol.

Comment: The University of New Hampshire has recently completed a Bystander Intervention Curriculum that may be useful for purposes of modeling similar guidelines in the protocol. The Commission is encouraged to review the University of New Hampshire's Bystander Intervention curriculum prior to revising the protocol.

LAW ENFORCEMENT

- (1) The New Hampshire Police Standards and Training Council should continue to provide training to all new law enforcement officers regarding evidence-based prosecution, and, to the extent possible, encourage police departments to conduct additional/ongoing training and to revisit their protocols regarding the implementation of evidence-based prosecution.
- (2) The New Hampshire Police Standards and Training Council should conduct training for law enforcement regarding their role as secondary (back-up) recipients to the Bureau of Elderly and Adult Services for any reports of suspected neglect or abuse of an incapacitated adult.

Comment: It is the responsibility of the law enforcement agency to investigate the case if they receive a report and the BEAS office is closed.

LEGISLATURE

- (1) Legislation should be explored regarding failure to render aid, such as seeking medical assistance when asked.

Comment: Currently when a victim of domestic violence is injured and requests assistance from the person who committed the injury to take her/him for medical care and that person declines to do so,

such lack of assistance is not a crime. Some potential issues to consider in drafting possible legislation include considering who is going to be held criminally liable (for instance any “reasonable person”) and what the penalties should be (for example the circumstances of the case could dictate whether it should be a misdemeanor or a felony).

- (2) The legislature should provide the Department of Corrections with increased resources to augment Field Services for pre-trial supervision in district court cases. This would allow for uniform statewide provision of services in misdemeanor cases in addition to felony cases.

Comment: Most of the domestic violence criminal cases are misdemeanors, which are heard in district court. Currently there are minimal field services available at the district court level

- (3) New Hampshire should adopt legislation allowing individuals whose licenses are suspended, a limited license for employment, counseling and/or child care purposes upon a showing of legitimate need for this license.

Comment: Victims of domestic violence face economic, emotional and practical hurdles in terminating abusive relationships. The Committee is concerned that an unintended consequence of a license suspension for a victim of domestic violence is that s/he will be forced to remain with or depend on the perpetrator of domestic violence. Similarly, a victim may be affected adversely if the perpetrator, who has been providing financial support for the victim and/or child, is unable to work because of the license suspension. If a limited license were allowed for purposes of employment, counseling or child care, the danger of this dependence could be lessened and could provide an opportunity for victims to be independent of the perpetrator of domestic violence.

MENTAL HEALTH PROFESSIONALS

- (1) Mental health professionals should be educated about the need to do safety planning with victims and potential domestic violence offenders, and provide services appropriate to their respective needs. County by county training at local community mental health centers should be provided on screening, assessment, referrals, intervention and safety planning.

PROSECUTORS

- (1) In domestic violence related criminal cases, prosecutors should not negotiate a plea without recommending batterers intervention as part of the sentence. If batterer intervention is not requested, they should be prepared to explain why not.

Comment: Anger management should not be ordered as a substitute for a batterer intervention program.

SUBSTANCE ABUSE TREATMENT FACILITIES

- (1) Substance abuse facilities must begin to screen for domestic violence and work in conjunction with domestic violence services to integrate safety planning as part of treatment planning, case management and discharge planning.

Comment: Failure to do so tends to lead to relapse and other poor outcomes for abused women.

X. RESPONSES TO RECOMMENDATIONS FROM 2004-2005
[Recommendations contained in the Fifth Annual Report]

Twenty-three (23) recommendations were developed as a result of the case reviews conducted during the 2004/2005 Committee year (some appear more than once, under multiple professions). As we have done in previous years, the Committee this Spring (2005) surveyed the respective organizations indicated below to see how the recommendations had been implemented. The responses follow in *bold italics*. The Committee continues to be pleased with the impact of its recommendations in New Hampshire. Developing recommendations and reporting responses to the recommendations each year is an important part of the accountability of the Committee and demonstrates that New Hampshire remains committed to improving its systemic response to domestic violence.

SYSTEM-WIDE RECOMMENDATIONS:

- (1) An effort should be made to begin using the term “domestic abuse” wherever “domestic violence” is currently used. Some examples include at the recruit academy, in the various protocols, brochures and pamphlets that are produced, on court forms or in the naming of conferences and committees.

RESPONSE: Based on the far-reaching impact of this recommendation, and the fact that it would impact every aspect of the work of the Governor’s Commission, it was referred to the full Commission for review and input.

- (2) This Committee strongly endorses and supports the continuation of the statewide multi-disciplinary training conferences on domestic and sexual violence and child abuse issues. New Hampshire’s efforts to educate and improve the effectiveness of people who work to stop family violence has consistently led to a high degree of competence and professionalism, which in turn helps to promote safety and well being for all New Hampshire’s citizens.

RESPONSE: The Governor’s Commission on Domestic and Sexual Violence and the Attorney General’s Office are continuing their efforts to provide advanced multidisciplinary training through sponsoring annual statewide conferences on domestic and sexual violence, stalking and child abuse and neglect.

BATTERER INTERVENTION SUB-COMMITTEE OF THE GOVERNOR'S COMMISSION:

- (1) Batterer Intervention Programs should incorporate the topics of parenting and the impact of spousal violence on children into their curriculum. The Standards Committee should add these pieces to the BIP Standards.

Comment: Many abusers believe that if the violence is not directed toward the child, then the child is not harmed. They also may believe that because they do not intend to harm the child, they are not culpable for the emotional and psychological damage caused by killing the other parent. By making abusers aware of the harm experienced by their children when violent and abusive acts are perpetrated on a parent, or with a murder-suicide of both parents, it may prevent a tragedy.

RESPONSE: *The current standards of practice for BIPs published in 2002 by the Governor's Commission lists "the impact of domestic violence on children" in the section on BIP curricula. However, the BIP Subcommittee is planning on drafting several addenda to the Standards, the first of which is a more thorough treatment of batterers' impact on their children including teaching non-abusive parenting of their children and non-abusive co-parenting with their partners or ex-partners.*

BUREAU OF ELDERLY AND ADULT SERVICES:

- (1) The Bureau of Elderly and Adult Services and the Division for Children, Youth and Families should review and evaluate their policies relating to the sharing of information between the two agencies.

RESPONSE: *Although the Adult Protective Services Law, RSA 161: 42-57 and the Adult Protection Program Administrative Rule, He-E 700 do not specifically reference information sharing between the Bureau of Elderly and Adult Services (BEAS) and the Division for Children, Youth and Families (DCYF), BEAS staff are mandated reporters under RSA 169-C, the Child Protection Act, and must report suspected abuse or neglect of a child to DCYF. DCYF staff have similar responsibilities to report to BEAS under its Adult Protection Law. BEAS and DCYF staff, who are co-located in 12 Department of Health and Human Services District Offices situated throughout the state, report to each other as required, and*

collaborate when they are aware of or become involved in protective situations that include both children and incapacitated adults/elders. In addition, BEAS is in process of drafting a revision to its Administrative Protection Program Rule. Subsequent to the draft Rule's completion, BEAS will develop, update, and /or revise program policies and procedures to conform to legal and/or Administrative Rule changes. At that time, BEAS and DCYF will have the opportunity to confer and determine the need to include in their policies and rules, enabling language or a formal protocol pursuant to the sharing of information between their two agencies.

- (2) The Division for Children, Youth and Families should expand the social intake history to include screening for elder abuse when conducting a family assessment and the Bureau of Elderly and Adult Services should do the same for child abuse and neglect when conducting their investigations of elder abuse.

RESPONSE: *At present, the Bureau of Elderly and Adult Services District Office and Central Office Adult Protective Services (APS) units report to the appropriate office of the Division for Children, Youth and Families whenever information that is obtained through the APS intake or investigative process suggests that a child covered under the Child Protection Act has been abused or neglected. As BEAS develops new tools and processes to strengthen and enhance its Adult Protective Services System, it will attempt to include relevant techniques and methods by which to identify and then address other victim populations, such as those under the auspices of DCYF, in order to ensure that.*

- (3) The Governor's Commission, in conjunction with the Bureau of Elderly and Adult Services, should update the 1999 Elder Abuse Protocol and develop and implement a training curriculum on the issue.

RESPONSE: *The Protocol Committee of the Governor's Commission along with the Bureau of Elderly and Adult Services are in the process of updating the 1999 Elder Abuse Protocol. The scope of the Protocol will be expanded to include more information about Adult Protective Services. In addition to domestic violence, all types of abuse and neglect under the Adult Protective Services Law will be addressed more fully, including self-neglect. Mandated reporting will be emphasized by being highlighted in a specific section. Interactions with law enforcement, which have increased dramatically, will be described in more detail, and the incapacitated/disabled adult between 18 and 59 will receive more attention. In addition to these and other enhancements, national and state statistics will be updated, and trends and good practice*

explored. As subject experts, BEAS Supervisors and Adult Protective Social Workers will also be involved with the Protocol Update by reviewing material as it is developed, providing feedback, and making recommendations. It is anticipated that by making this protocol a more comprehensive document, it will not only broaden the awareness of adult and elder abuse, but also increase the understanding of the need to report, and result in more reporting.

DEPARTMENT OF EDUCATION:

- (1) The Department should continue to support the expansion and sustainability of Peer Outreach Programs in all schools to provide outreach and peer support for at risk students.

RESPONSE: *The Department supports Peer Outreach within the scope of approvable activities in the Safe and Drug-Free Schools State Grant Program. Decisions for programming with SDFS funds are made at the local level.*

This response comes from the Bureau of Integrated Programs. There may be other programs within the Department that could also speak to this recommendation. The Bureau doesn't foresee having the resources to support expansion and sustainability in all schools as the recommendation is currently written.

DEPARTMENT OF HEALTH AND HUMAN SERVICES:

- (1) Contracts issued by DHHS (through its divisions and bureaus) to community based agencies providing social services need specific language requiring that, in order to maintain eligibility, these agencies that are contracted must:
 - a. Be familiar with and follow domestic violence protocols; and
 - b. Demonstrate involvement with local domestic violence crisis centers with regard to curricula and programs where education about healthy relationships, prevention of domestic abuse/violence and access to information and support from crisis centers can be provided.

RESPONSE: *Based on the far-reaching impact of this recommendation, and the fact that it crosses bureau and division lines, it was referred to the Department of Health and Human Services Comptroller for his*

review and consideration.

- (2) The Department should encourage the enhancement of training and information for parents who adopt young children from other countries, particularly countries known to “warehouse” infants and young children in orphanages. Information would include warning signs of developmental and mental health problems often associated with early maltreatment.

RESPONSE: *New Hampshire Department of Health and Human Services is actively working with adoption agencies regarding education and training for people interested in adopting children from other countries. The directors of the New Hampshire Adoption Child Placing Agencies meet every two months. International adoption is a topic that is discussed often, as most of the private agencies provide services for this population. Agencies are consistently concerned about how to help prospective adoptive families understand the complex issues involved in adopting a child from another country. The training and home study process is the forum for discussing issues and helping families determine what type of child will be a good match for the family. Post adoption services are discussed with the family. The New Hampshire Child Placing Rules (He-C 6448) support good practice in this area. Specifically, under He-C 6448.12, Provision of Adoption Services, the rules assert: “The primary focus of adoption services shall be to protect the rights and meet the needs of the children for whom it accepts responsibility by offering services to the child, biological and legal parents, and the adoptive parents.” The rules mandate training that includes education for people planning to adopt so that they understand as much as possible the implications of adoptions and special issues that children may have as a result of events that may have occurred prior to the adoption. In the case of international adoptions this training can include information about issues that children may have experienced in their home countries that may result in individual needs that can emerge later in childhood.*

DEPARTMENT OF JUSTICE:

- (1) The Department of Justice should develop and implement in-service training for Police Chiefs and County Attorneys on the importance of the issue of elder abuse.

RESPONSE: *The Department of Justice in collaboration with the Governor’s Commission will conduct a daylong training for law enforcement and prosecutors on abuse and exploitation of the elderly and*

incapacitated adults, designed to enhance the investigation and prosecution and promote mandatory reporting of these cases. In addition, the Department of Health and Human Services' (DHHS) Elder Abuse Advisory Council has developed Law Enforcement Elder Abuse Resource Cards and distributed them to every officer in the state. The Task Force has also created a training curriculum for the New Hampshire Police Academy and for in-service law enforcement training. An article was printed in the Articulate Suspicion Police Newsletter on elder abuse reporting and the work of the Task Force.

- (2) Updated Victim Notification forms should be developed and distributed to all law enforcement agencies, to be given to victims at the time of a domestic violence incident. A compliance mechanism should be developed to see that the new forms are being utilized.

RESPONSE: *Updated Victim Notification Forms have been printed and are in the process of being disseminated to law enforcement agencies statewide. They are also available to be downloaded and printed on the New Hampshire Department of Justice website at <http://doj.nh.gov/victim/index.html>.*

DEPARTMENT OF PUBLIC HEALTH:

- (1) Existing efforts by agencies such as the New Hampshire Department of Public Health and the Frameworks Suicide Project should be coordinated to provide universal "Gatekeeper" training on how to respond to disclosures of significant risk, such as child abuse and neglect, suicidality, domestic violence, eating disorders, substance abuse, sexual assault and firesetting.

RESPONSE: *In April 2005, Commissioner of the New Hampshire Department of Health and Human Services John Stephen designated NAMI New Hampshire (New Hampshire Chapter of the National Alliance for Mental Illness) as the state's designee in applying for the Garrett Lee Smith Grant. This grant was to implement the New Hampshire Suicide Prevention Plan. The application focused coordination of suicide prevention among state agencies, NAMI (the sponsor of the Frameworks Project), the Division of Public Health Services Strategic Prevention Framework, and community stakeholders. The Project was funded and a Suicide Prevention Council has been meeting while NAMI's Frameworks staff have been convening meetings with Health and Human Services programs such as the Adolescent Health Program, Strategic Frameworks Project, Department of Juvenile Justice, Medical Examiner's Office, Statistics and Data Management,*

Bureau of Elderly and Adult Services, and others. A work plan including specific objectives under Education and Training, Data Collection, Stigma Reduction, and Care Coordination has been developed and is overseen by the Suicide Prevention Council.

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF):

- (1) The Bureau of Elderly and Adult Services and the Division for Children, Youth and Families should review and evaluate their policies relating to the sharing of information between the two agencies

RESPONSE: *Although the Adult Protective Services Law, RSA 161: 42-5, and the Adult Protection Program Administrative Rule, He-E 700 do not specifically reference information sharing between the Bureau of Elderly and Adult Services (BEAS) and the Division for Children, Youth and Families (DCYF), BEAS staff are mandated reporters under RSA 169-C, the Child Protection Act, and must report suspected abuse or neglect of a child to DCYF. DCYF staff has similar responsibilities to report to BEAS under its Adult Protection Law.*

BEAS and DCYF staff, who are co-located in 12 Department of Health and Human Services District Offices situated throughout the state, report to each other as required, and collaborate when they are aware of or become involved in protective situations that include both children and incapacitated adults/elders. In addition, BEAS is in process of drafting a revision to its Administrative Protection Program Rule. Subsequent to the draft Rule's completion, BEAS will develop, update, and /or revise program policies and procedures to conform to legal and/or Administrative Rule changes. At that time, BEAS and DCYF will have the opportunity to confer and determine the need to include in their policies and rules, enabling language or a formal protocol pursuant to the sharing of information between their two agencies.

DCYF and BEAS will explore district office centered cross training and awareness building about safety assessment and information sharing.

- (2) The Division for Children, Youth and Families should expand the social intake history to include screening for elder abuse when conducting a family assessment and the Bureau of Elderly and Adult Services should do the same for child abuse and neglect when conducting their investigations of elder abuse.

RESPONSE: *At present, DCYF assessment policy 681 directs that the assessment of alleged child abuse or neglect include “assessing safety of all children and family members.” The policy also directs that DCYF gather and document information that includes “Factual information about the family: such as names; address; dates of birth; sex; occupations of immediate family members and all household members, existence of extended family; and their ability to act as a resource; (RSA 169-C: 34,II)”, presence and/or history of domestic violence and/or substance abuse, and “any apparent disabilities or special needs of the children or household members.” DCYF Child Protection Service Workers and their supervisors report to BEAS or any other appropriate state agency or to law enforcement any situation in which there is reason to suspect that a household member is in danger of abuse or imminent harm.*

The Bureau of Elderly and Adult Services District Office and Central Office Adult Protective Services (APS) units report to the appropriate office of the Division for Children, Youth and Families whenever information that is obtained through the APS intake or investigative process suggests that a child covered under the Child Protection Act has been abused or neglected. As BEAS develops new tools and processes to strengthen and enhance its Adult Protective Services System, it will attempt to include relevant techniques and methods by which to identify and then address other victim populations, such as those under the auspices of DCYF, in order to ensure that they are reported as mandated, or referred to other appropriate resources.

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE:

- (1) The Committee should invite a representative from the Police Standards and Training Council to participate on the Domestic Violence Fatality Review Committee to aid in the development and implementation of recommendations regarding the training and curricula offered to law enforcement personnel through the Council.

RESPONSE: *The Committee extended an invitation and request to the New Hampshire Police Standards and Training Council to add a representative. We were fortunate to have Major Robert J. Stafford, Jr., Assistant Director, join the Committee in 2006.*

GOVERNOR’S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE:

- (1) The Governor’s Commission, in conjunction with the Bureau of Elderly and Adult Services, should update the 1999 Elder Abuse Protocol and develop and implement a training curriculum on the issue.

RESPONSE: *The Protocol Committee of the Governor’s Commission along with the Bureau of Elderly and Adult Services has started their work to update the 1996 Elder Abuse Protocol. At an initial planning meeting, a decision was made to expand the scope of the Protocol in order to include more information about Adult Protective Services. For example, in addition to domestic violence, all types of abuse and neglect under the Adult Protective Services Law will be addressed more fully, including self-neglect. Mandated reporting will be emphasized by being highlighted in a specific section. Interactions with law enforcement, which have increased dramatically, will be described in more detail, and the incapacitated/disabled adult between 18 and 59 will receive more attention. In addition to these and other enhancements, national and state statistics will be updated, and trends and good practice explored. As subject experts, BEAS Supervisors and Adult Protective Social Workers will also be involved with the Protocol Update by reviewing material as it is developed, providing feedback, and making recommendations. It is anticipated that by making this protocol a more comprehensive document, it will not only broaden the awareness of adult and elder abuse, but also increase the understanding of the need to report, and result in more reporting.*

- (2) The Governor’s Commission should develop a public awareness campaign to increase the awareness of the mandatory reporting law in cases of the abuse of the elderly and incapacitated adults.

RESPONSE: *The New Hampshire Department of Health and Human Services established The Elder Abuse Advisory Council in 2005 “to improve the protection of New Hampshire seniors from abuse, neglect and exploitation.” The Council developed and implemented the “IT’S THE LAW” education and awareness campaign, which distributed posters, brochures and referral cards throughout the state, designed to promote the mandatory reporting of elder and incapacitated adult abuse. The Task Force also developed and placed educational public service announcements and received media coverage from a variety of sources on the mandatory reporting law.*

- (3) The Public Education Committee should develop a public awareness campaign to increase the awareness of the importance of reporting incidents of domestic violence and child abuse and neglect. The focus of this campaign should emphasize that bystanders should not assume that the incident has already been reported.
- (4) The Public Education Committee should develop a public awareness campaign from a positive standpoint, one that focuses on aspects of a healthy relationship as opposed to focusing on violent behaviors.

RESPONSE: *These recommendations have been referred to the Public Education Committee of the Governor's Commission and they are in the process of discussing ideas for addressing them. The Committee has added new members who were involved in the University of New Hampshire's public awareness campaign that focused on the bystander response to domestic and sexual violence.*

- (5) The Public Education Committee should develop a media guide on issues relating to violent crime.

RESPONSE: *The Public Education Committee has developed an Interpersonal Violence Resource Guide for New Hampshire Media, which addresses the issues of domestic and sexual violence, stalking and other violent crimes. The goal of the Handbook is to increase the media's understanding of these issues and their ability to report on them in a way that educates the public while avoiding secondary harm to victims and their families. It is also available to be downloaded and printed on the New Hampshire Department of Justice website at <http://doj.nh.gov/victim/index.html>.*

GUARDIAN AD LITEM BOARD:

- (1) The Guardian ad Litem Board should develop a protocol for GALs for conducting universal screening of children for child abuse and neglect, domestic violence and suicidality. This protocol should incorporate indicators at different levels of risk assessment.

RESPONSE: *By statute, the Guardian ad Litem Board has very specific duties and limited authority. The Board does not function as a GAL program, but as a certification and disciplinary board. Therefore it would not be appropriate for the Board to generate this kind of protocol. These protocols would more likely fall under the purview of and could be generated by the Governor's Commission on Domestic and Sexual Violence, DCYF and the*

courts. This recommendation will be referred to the Protocol Committee of the Governor's Commission.

- (2) The Guardian ad Litem Board should ensure that domestic violence is covered in the curriculum for new GALs in both the initial training, and in on-going, updated certification programs for GALs who will be participating in family law cases.

RESPONSE: *Training for Board certified GALs currently includes one class in family violence as part of the required course for certification and a class on co-occurrence of domestic violence and child abuse that is required for GALs practicing in child abuse and neglect cases. The requirements for continuing education credits have not yet been determined by the board.*

HEALTH CARE PROVIDERS:

- (1) All health care providers should be encouraged to conduct universal screening of all teenagers for child abuse and neglect, domestic violence and suicidality.
- (2) In a situation where a partner is going to be the primary caregiver for someone with a medical condition or disability, the health care provider should screen for indicators of violence before allowing the partner to provide the necessary care.

RESPONSE : *The New Hampshire Health Care Initiative has continued to offer educational opportunities for New Hampshire Health Care Providers to learn about screening techniques for domestic abuse.*

The 2005 Joint Commission on Accreditation of Healthcare Organization standards state:

"The hospital addresses how it will, to the best of its ability, protect patients from real or perceived abuse, neglect, or exploitation from anyone. Victims of abuse or neglect may come to a hospital through a variety of ways. The patient may be unable or reluctant to speak of the abuse and she may not see herself as 'abused'. The abuse may not be obvious to the casual observer. Staff needs to know if a patient has been abused, as well as the extent and circumstances of the abuse, to give the patient appropriate care."

LAW ENFORCEMENT:

- (1) The New Hampshire Police Standards and Training Council should expand the time allotted at the Recruit Academy for the training sessions on elder abuse and child abuse and neglect. Additionally, the two issues should be separated into two classes instead of being combined into one.

RESPONSE: *The Police Standards and Training Council is studying plans to increase the Academy from its present 12 weeks. The Council is aware that there is a need to increase the amount of time devoted to certain topics, which includes domestic violence and child and elder abuse.*

- (2) A member of the New Hampshire Police Standards and Training Council should be added to the Domestic Violence Fatality Review Committee.

RESPONSE: *The Committee extended an invitation and request to the New Hampshire Police Standards and Training Council to add a representative. We were fortunate to have Major Robert J. Stafford, Jr., Assistant Director, join the Committee in 2006.*

- (3) As the recruit training becomes more “hands on” through the use of interactive scenarios, more abuse-oriented scenarios should be utilized rather than focusing just on violence-based scenarios.

RESPONSE: *The Police Standards and Training Council is studying plans to increase the Academy from its present 12 weeks. The Council is aware that there is a need to increase the amount of time devoted to certain topics. The Council realizes that as we increase the length of the Academy, we will be able to provide more hands on scenarios.*

XI. CONCLUSION

The New Hampshire Domestic Violence Fatality Review Committee may not be the solution to preventing domestic violence but is one very important resource. The work of the Committee over the past six years represents one more significant effort to bring multiple community organizations together to prevent unnecessary fatalities and to promote safety for all New Hampshire citizens. The Committee stands for the proposition that domestic violence is a community problem which requires multi-disciplinary community intervention.

The Committee continues to be gratified by the reception to the recommendations contained in the reports. Many organizations and individuals have taken great strides to improve our collective, systemic response to domestic violence. The Committee hopes that the recommendations contained in this report will likewise have a positive impact on the safety and well-being of all our citizens.

APPENDIX A

*State of New Hampshire
By Her Excellency
Jeanne Shaheen, Governor*

A Proclamation

EXECUTIVE ORDER 99-5

An order establishing a New Hampshire Domestic Violence Fatality Review Committee under the Governor's Commission on Domestic and Sexual Violence

WHEREAS, as Governor I have a deep commitment to improving services to victims of domestic violence; and

WHEREAS, the Commission on Domestic and Sexual Violence has recommended that efforts be made to address the issue of domestic violence-related fatalities; and

WHEREAS, the formation of a standing team composed of representatives of state agencies and relevant professional fields of practice will establish a useful repository of knowledge regarding domestic violence-related deaths; and

WHEREAS, in order to ensure that New Hampshire can provide a continuing response to domestic violence fatalities, the Fatality Review Committee must receive access to all existing records on each domestic violence-related fatality. The records may include social service reports, court documents, police records, medical examiner and autopsy reports, mental health records, domestic violence shelter and intervention resources, hospital and medical-related data, and any other information that may have a bearing on the victim, family and perpetrator; and

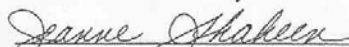
WHEREAS, the comprehensive review of such domestic violence-related fatalities by a New Hampshire Domestic Violence Fatality Review Committee will result in recommendations for intervention and prevention strategies with a goal of improving victim safety; and

WHEREAS, the New Hampshire Domestic Violence Fatality Review Committee will enhance our effort to provide comprehensive services for victims of domestic violence throughout the State of New Hampshire;

NOW, THEREFORE, I, Jeanne Shaheen, Governor of the State of New Hampshire by virtue of the authority vested in me pursuant to Part II, Article 41 of the New Hampshire Constitution, do hereby establish a multi-disciplinary Domestic Violence Fatality Review Committee. The objectives of this committee shall be:

1. To describe trends and patterns of domestic violence-related fatalities in New Hampshire.
2. To identify high risk factors, current practices, gaps in systemic responses, and barriers to safety in domestic violence situations.
3. To educate the public, policy makers and funders about fatalities due to domestic violence and about strategies for intervention.
4. To recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.
5. To improve the sources of domestic violence data collection by developing systems to share information between agencies and offices that work with domestic violence victims.
6. To more effectively facilitate the prevention of domestic violence fatalities through multi-disciplinary collaboration.

Given under my hand and seal at the Executive Chambers in Concord, this sixteenth day of July in the year of our Lord, one thousand nine hundred and ninety-nine.


Jeanne Shaheen
Governor of New Hampshire



APPENDIX B

**NEW HAMPSHIRE GOVERNOR'S COMMISSION ON
DOMESTIC AND SEXUAL VIOLENCE**

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

**CONFIDENTIALITY AGREEMENT FOR
THE NEW HAMPSHIRE DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE**

The purpose of the New Hampshire Domestic Violence Fatality Review Committee is to conduct a full examination of domestic violence fatalities. To ensure a coordinated response that fully addresses all systemic concerns surrounding domestic violence fatalities, the New Hampshire Domestic Violence Fatality Review Committee must have access to all existing records on each case. This includes, but is not limited to, social service reports, court documents, police records, medical examiner and autopsy records, mental health records, domestic violence shelter and intervention resources, hospital and medical related data, and any other information that may have a bearing on the involved victim, family and perpetrator.

With this purpose in mind, I, the undersigned, as a representative of _____ agree that all information secured in this review will remain confidential and will not be used for reasons other than those which were intended by the creation of this Committee. No material will be taken from the meeting with case identifying information.

Print Name _____

Authorized Signature _____

Witness _____

Date _____

APPENDIX C
ATTORNEY GENERAL
DEPARTMENT OF JUSTICE

33 CAPITOL STREET
CONCORD, NEW HAMPSHIRE 03301-6397

KELLY A. AYOTTE
ATTORNEY GENERAL



MICHAEL A. DELANEY
DEPUTY ATTORNEY GENERAL

**INTERAGENCY AGREEMENT TO ESTABLISH THE NEW HAMPSHIRE
DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE**

This cooperative agreement is made between the New Hampshire Department of Justice, the New Hampshire Department of Health and Human Services and the New Hampshire Department of Safety.

WHEREAS, the parties hereto are vested with the authority to promote and protect the public health and to provide services which improve the well-being of children and families; and

WHEREAS, under RSA 125:9 II, the Department of Health and Human Services – Division for Public Health has the statutory authority to: “Make investigations and inquiries concerning the causes of epidemics and other diseases; the source of morbidity and mortality; and the effects of localities, employment, conditions, circumstances, and the environment on the public health;” and

WHEREAS, under RSA 169-C, the Department of Health and Human Services – Division for Children, Youth and Families has the responsibility to protect the well-being of children and their families; and

WHEREAS, the objectives of the New Hampshire Domestic Violence Fatality Review Committee are agreed to be:

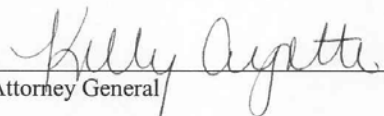
1. To describe trends and patterns of domestic violence-related fatalities in New Hampshire.
2. To identify the high risk factors, current practices, gaps in systemic responses, and barriers to safety in domestic violence situations.
3. To educate the public, policy makers and funders about fatalities due to domestic violence and about strategies for intervention.
4. To recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.

5. To improve the sources of domestic violence data collection by developing systems to share information between agencies and offices that work with domestic violence victims.
6. To more effectively facilitate the prevention of domestic violence fatalities through multi-disciplinary collaboration.

WHEREAS, all parties agree that the membership of the New Hampshire Domestic Violence Fatality Review Committee needs to be comprehensive and to include at a minimum, representation from the following disciplines: law enforcement, judiciary, medical, mental health, public health, child protection services, with specific membership from designated agencies to include, but not to be limited to: the Office of the Chief Medical Examiner, the New Hampshire Department of Justice, the New Hampshire Department of Safety and the New Hampshire Department of Health and Human Services; and

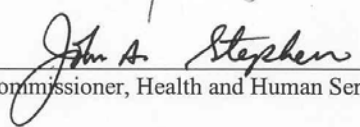
WHEREAS, the parties agree that meetings of the New Hampshire Domestic Violence Fatality Review Committee will be held no fewer than six (6) times per year to conduct reviews of fatalities:

NOW, THEREFORE, it is hereby agreed that the following agencies will cooperate with the New Hampshire Domestic Violence Fatality Review Committee under the official auspices of the New Hampshire Governor's Commission on Domestic & Sexual Violence, subject to the renewal of this Interagency Agreement. All members of the New Hampshire Domestic Violence Fatality Review Committee will sign a confidentiality statement that prohibits any unauthorized dissemination of information beyond the purpose of the review process. The New Hampshire Domestic Violence Fatality Review Committee shall not create new files with specific case-identifying information. Non-identified, aggregate data will be collected by the Committee. Case identification will only be utilized in the review process in order to enlist interagency cooperation. No material may be used for reasons other than that for which it was intended. It is further understood that there may be individual cases reviewed by the Committee which will require that a particular agency be asked to take the lead in addressing a systemic or quality of care issue based on that agency's clear connection with the issue at hand.



 Attorney General

_____ 5/6/05
 Date



 Commissioner, Health and Human Services

_____ 5/1/05
 Date



 Commissioner, Department of Safety

_____ 4/28/05
 Date

APPENDIX D

NEW HAMPSHIRE GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

PROTOCOL

1. The Fatality Review Team will operate under the auspices of the Governor's Commission on Domestic and Sexual Violence.
2. The Committee will review all deaths of domestic violence victims in New Hampshire from 1990 forward.
3. Domestic violence victims will be identified as guided by the relationship criteria specified under New Hampshire RSA 173-B.
4. Comprehensive, multi-disciplinary review of any specific cases can be initiated by any member of the New Hampshire Fatality Review Team or any individual or agency request presented to a member of the team.
5. An executive committee of the Fatality Review Team shall screen cases to be submitted for full case review. This committee shall coordinate invitations to participate in the review, and shall request that all relevant case materials be accumulated by the committee or other designated members of the Fatality Review Team for distribution.
6. The Fatality Review Team will convene as needed, with the expectation that it shall meet bi-monthly.
7. Each team member shall serve a minimum two year term. The member shall select an alternate member from their discipline and will ensure that the member or the alternate will be present at every meeting of the Fatality Review Team.
8. All team members, including alternates, shall be required to sign a Confidentiality Agreement. Furthermore, Confidentiality Agreements will be required of any individual(s) participating in any domestic violence fatality review.

9. The team will provide periodic reports of its findings and recommendations to the Governor and other relevant agencies and individuals.

10. The following agencies and offices shall be represented on the Fatality Review Team: corrections; law enforcement; judiciary; clergy; mental health (administration and practitioner); medical examiner; ER services; education; prosecution; victim services; drug/alcohol; EAP; DCYF; DOVE; and others as needed.

