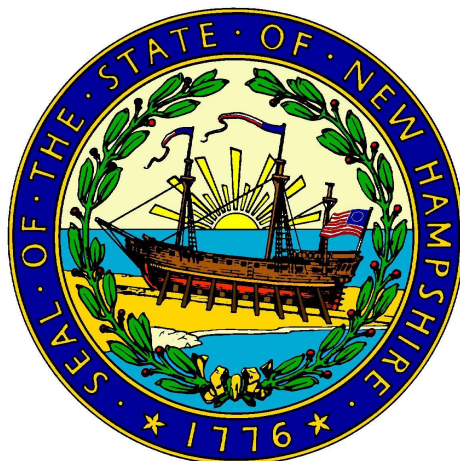


THE STATE OF NEW HAMPSHIRE



GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

EIGHTH REPORT OF THE DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

June 2011

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DEDICATION

GRACE S. MATTERN

The 2011 Domestic Violence Fatality Review Committee (DVFRC) Report is dedicated to **Grace S. Mattern**, who has been a leader in the struggle for victims' rights, women and children's rights and economic justice for the past 30 years. Grace is retiring on June 15, 2011 as the Executive Director of the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV).

Since June 16, 1981, Grace has shaped the way domestic violence and sexual assault are understood and responded to in this state through her commitment to multi-disciplinary collaboration. Because of her work, New Hampshire has among the best domestic and sexual violence statutes in the country. New Hampshire is recognized nationally as a model for protocols, state law and health care initiatives. Thousands of members of the criminal justice system have been trained in the use of well-crafted protocols improving how they respond to victims. Extensive public awareness campaigns have been launched, including a teen dating violence campaign, and a sexual assault awareness campaign that has resulted in a 40% increase in the number of sexual assault victims contacting crisis centers for assistance.

Grace has had a hand in most of the accomplishments in the NHCADSV's 32-year history. Through her leadership, crisis centers throughout the state have been developed to ensure victims have a place to turn for support and assistance, regardless of where they live.

Many people say that Grace's strongest attributes are her ability to work with people and facilitate meetings in a productive way. She has worked tirelessly to dissolve turf and systems culture issues and encourage everyone to work together to strengthen efforts to end domestic violence, sexual assault, and stalking. Her work includes participation in many boards and commissions, including the Governor's Commission on Domestic and Sexual Violence (Governor's Commission), the DVFRC, the Attorney General's Task Force on Child Abuse and Neglect, the AmeriCorps Victim Assistance Program and on the national level, as a board member of the National Network to End Domestic Violence (NNEDV).

Grace's knowledge, vision and selflessness, as well as her ability to facilitate collaboration in the most difficult situations, make her a model of an outstanding and successful leader. She has truly changed the face of domestic and sexual violence in the state of New Hampshire and with that has brought the opportunity for change throughout the country. Grace will be greatly missed by all of us.

ACKNOWLEDGMENTS

Sincere appreciation goes to the members of the DVFRC, 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 DVFRC has worked to honor the lives that have been lost and examine ways to help prevent future fatalities. The DVFRC would like to recognize and thank all of the individuals who have made presentations at DVFRC meetings and who have participated as guests in reviewing the cases. 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 **Danielle Snook** of the Attorney General's Office who throughout the year provides information to Committee members, schedules meetings, coordinates the work, and prepares the DVFRC Reports. We are indebted to Danielle for all her outstanding administrative support for this project.

NEW HAMPSHIRE DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

MISSION STATEMENT

The purpose of the DVFRC 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 DVFRC 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.

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

**DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE
2009-2010 MEMBERSHIP**

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NH Attorney General's Office
{Admin. Assistant to Committee}

****Executive Committee Members***

I. EXECUTIVE SUMMARY

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 often physically abused themselves.

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.

The New Hampshire DVFRC was created by Executive Order of Governor Jeanne Shaheen in July 1999 to reduce domestic violence-related fatalities through systemic multi-disciplinary review of domestic violence fatalities in New Hampshire and to make data-driven recommendations for legislation and public policy.

The DVFRC's goal from the outset has been to generate reports that serve as "revolving documents," intended to be examined and critiqued throughout the year. Over these twelve years, the DVFRC has 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 have built upon New Hampshire's improved multidisciplinary response to domestic violence.

This Report covers the work of the DVFRC during 2009 and 2010. Over the past two years, the three branches of government and many individuals, organizations and agencies have continued to implement the DVFRC's recommendations. The extent to which these bodies have worked together to provide a safer environment for all our citizens is truly remarkable.

In New Hampshire, there were 18 total homicides during each year in 2009 and 2010. In 2009, seven homicides (39%) were domestic violence related. Significantly, in one month there were three domestic violence partner homicides. In 2010, nine homicides (50%) were domestic violence related. This report also provides demographic information and includes data on the county where the homicide occurred, the relationship and the cause of death.

This report includes all of the fatality review recommendations and responses the DVFRC made during 2009 and 2010. The recommendations are sorted into the following categories: Public Relations, Training, Screening and Policy. Each recommendation is then assigned to the appropriate DVFRC member, who is responsible for taking the recommendation back to the agency that is capable of responding to and/or implementing that recommendation.

Also included in this report are also two articles about programs and projects that address a number of cross-agency issues raised in DVFRC reviews. During the past 12 years of case reviews, numerous recommendations have revolved around the role of co-occurring substance abuse and mental health issues and risk assessments in domestic violence fatalities. Linda Douglas, Trauma Specialist for NHCADSV, has submitted an article that outlines efforts being made by advocates to work with both mental health and substance abuse treatment providers. An additional article by (Ret.) Chief Timothy Russell provides an overview of the implementation of New Hampshire's Domestic Violence Lethality Assessment Program (LAP). This project is an effort by first responders, primarily law enforcement, to provide lethality screening during an initial interview with a domestic violence victim. Early evaluative studies suggest the use of this simple screening tool can have a tremendous impact on the future safety of a victim. If the victim screens at high risk on a number of criteria, law enforcement then makes a call to a crisis center advocate and the victim is encouraged to speak to that advocate. This program is a tremendous step forward in the collaborative work various agencies have done around the first response to domestic violence.

II. HISTORICAL BACKGROUND

On July 19, 1999, Governor Jeanne Shaheen created the New Hampshire DVFRC. In issuing her Executive Order, she endorsed and encouraged a tradition of multi-disciplinary collaboration that began in New Hampshire many years ago. The DVFRC was created as part of the Governor's Commission, 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. [See Appendix A.](#)

Approximately two years earlier, a group of representatives from law enforcement, victim services, batterer's intervention and the courts raised concerns 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 homicides comprise approximately 48% of all homicides. The group learned of a new program that had started in a few jurisdictions around the country, called a Fatality Review Committee, or Death Review Team. This program was being promoted as another tool to help prevent domestic violence homicides.

The group approached the Governor's Commission and received its endorsement to create a Fatality Review Committee. Coincidentally, the State Justice Institute, together with the United States Department of Justice and the National Council of Juvenile and Family Court Judges, had been planning a First National Conference on Fatality Review, and New Hampshire's group was invited to attend. Upon return, the DVFRC applied for, and soon thereafter received, a Technical Assistance Grant from the State Justice Institute to augment this work. Altogether, the committee spent two years developing the structure, mission statement, objectives, protocol and selection of committee members to create a Fatality Review Committee.

All of this information was presented to Governor Jeanne Shaheen, including a proposed list of committee members, and she officially created the committee in 1999.

III. DOMESTIC VIOLENCE FATALITY REVIEW PROCESS

Structure

The full DVFRC 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 DVFRC, 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 a Criminal Justice Program Specialist.

Confidentiality Agreement

Because certain information that is shared at committee meetings is confidential, all members have been asked to sign a Confidentiality Agreement. ([Appendix B](#)) This ensures that all information shared during the review process will remain confidential and will not be disseminated outside of the DVFRC. In addition to individual confidentiality agreements, an Interagency 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. ([Appendix C](#))

Review Process

The DVFRC has determined that only closed cases or murder/suicides will be reviewed. This ensures that all appeals have expired and the review will 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. DVFRC 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 DVFRC 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.

IV. HOMICIDE STATISTICS DATA CHART

From 2000 through 2010, a total of 200 homicides occurred in New Hampshire; 44% involved domestic violence. In those 11 years, the number of homicides has ranged from a high of 22 in 2005 to a low of 13 in 2002. The percentage of homicides involving domestic violence has ranged from a low of 26% in 2007 to a high of 73% in 2000.

New Hampshire Homicide Statistics 2000 – 2010 (11 Years)

Year	Total Homicides*	Total Domestic Violence Homicides	Partner Homicides	Family Members	DV Related Homicides	Total % Domestic Violence
2000	15	11	4	7	0	73%
2001	20	7	3	4	0	35%
2002	13	4	3	0	1	31%
2003	19	9	3	3	3	47%
2004	19	13	6	7	0	68%
2005	22	10	5	4	1	45%
2006	18	7	5	1	1	39%
2007	19	5	4	1	0	26%
2008	19	6	3	1	2	32%
2009	18	7	6	1	0	39%
2010	18	9	5	2	2	50%
Totals	200	88	47	31	10	44%

Definitions:

Partner - Homicide in which the defendant and victim have or have had an intimate relationship, are spouse or former spouse, or are unmarried persons who have or are cohabiting.

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

Domestic Violence Related – Homicide in which the perpetrator and victim **ARE NOT** intimate partners and **ARE NOT** family members but in which the homicide 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).

*** This number also includes homicides that were ruled justified, accidental or other.**

V. DOMESTIC VIOLENCE HOMICIDES FROM 2009 AND 2010

2009 DOMESTIC VIOLENCE HOMICIDES

As the related chart depicts, in **2009** there were seven domestic violence homicides, out of a total of 18 homicides. Of the seven domestic violence homicides, six were partner homicides and one involved family members. The seven domestic violence-related homicides comprise 39% of all homicides this year.

Age of Victim and Perpetrator

Of the seven domestic violence homicides, the victims ranged in age from 29 years to 82, with an average age of 56. The perpetrators ranged in age from 32 to 84, with an average age of 57.

Gender of Victim and Perpetrator

Of the seven domestic violence homicides, six victims were female and one victim was male. All seven perpetrators were male.

County of Death

Of the seven domestic violence homicides, one occurred in Carroll County, five occurred in Hillsborough County and one occurred in Grafton.

Cause of Death

Of the seven domestic violence homicides, four involved firearms, two involved beatings, and one involved manual strangulation.

Partner Homicides

Of the six partner homicides, all of the victims were female and all of the perpetrators were male. Three were in current relationships and living with the partners who killed them. One victim had a protective order in effect at the time of the homicide. Three of the homicides involved firearms, two involved beating and one involved manual strangulation. Five of the homicides occurred in Hillsborough County, one homicide occurred in Grafton County.

2010 DOMESTIC VIOLENCE HOMICIDES

As the related chart depicts, in **2010** there were nine domestic violence homicides, out of a total of 18 homicides. Of the nine domestic violence homicides, five were partner homicides, two involved family members, and two were domestic violence related. The nine domestic violence homicides comprised 50% of the total homicides. As compared

to the prior calendar year (2009), the total number of homicides remained the same at 18, but the percentage of domestic violence homicides increased from 39% to 50%.

Age of Victim and Perpetrator

Of the nine domestic violence homicides, the victims ranged in age from 4 to 65, with an average age of 34. The perpetrators ranged in age from 19 to 67, with an average age of 37.

Gender of Victim and Perpetrator

Of the nine domestic violence victims, seven victims were female and two victims were male. Of the nine domestic violence perpetrators, one perpetrator was female and eight perpetrators were male.

County of Death

Of the nine domestic violence homicides, four occurred in Hillsborough County, four occurred in Rockingham County, and one occurred in Sullivan County.

Cause of Death

Of the nine domestic violence homicides, four involved firearms, two involved blunt impact and three involved stabbings.

Partner Homicides

Of the five partner homicides, all five victims were female and all five perpetrators were male. Four were in current relationships and were living with the partners who killed them. No protective orders were in effect for any of the victims. Three of the homicides involved firearms, one involved blunt trauma and one involved stabbing. Four homicides occurred in Rockingham County and one in Sullivan County.

SUMMARY OF DOMESTIC VIOLENCE HOMICIDES IN 2009 AND 2010

During **2009 and 2010** there were 16 domestic violence homicides, out of a total of 36 homicides. Of the 16 domestic violence homicides, 11 were partner homicides, three involved family members and two were domestic violence related. Domestic violence homicides comprised 44% of the total homicides.

25% of the homicide cases involved women who had children. A total of 20 children lost their mothers, the youngest being four years of age.

Age of Victim and Perpetrator

Of the 16 domestic violence homicides the victims ranged in age from 4 to 82. The average age of the victims was 43. The perpetrators ranged in age from 19 to 84. The average age of the perpetrators was 46.

Gender of Victim and Perpetrator

Of the 16 domestic violence victims, 13 victims or 81% were female and three victims or 19% were male. Of the 16 perpetrators, 15 perpetrators or 94% were male and one perpetrator or 1% was female.

County of Death

Of the 16 domestic violence homicides, nine homicides or 56% occurred in Hillsborough County, four homicides in Rockingham County and one homicide each in Grafton and Sullivan Counties.

Cause of Death

Of the 16 domestic violence homicides, eight involved firearms, three involved stabbing, two involved blunt impact, two involved beatings and one involved manual strangulation.

Partner Homicides

Of the 11 partner homicides, all of the victims were female and all of the perpetrators were male. Seven were in current relationships and living with the partners who killed them. One had a protective order in effect at the time of the homicide. Six (55%) of the homicides involved firearms, one involved stabbing, one involved blunt trauma, two involved beating and one involved manual strangulation. Five of the homicides occurred in Hillsborough County, one each in Grafton and Sullivan Counties and four in Rockingham County.

VI. RESPONSES TO RECOMMENDATIONS FROM DOMESTIC VIOLENCE FATALITY REVIEWS CONDUCTED IN 2009 AND 2010

The DVFRC developed a *Recommendation Development Worksheet Form* ([Appendix E](#)) to record recommendations that are developed as a result of the domestic violence fatality case reviews conducted by the Committee. Once a recommendation is made, it is sorted into the following categories:

- Public Relations
- Training
- Policy

Each recommendation is then assigned to the appropriate Committee member responsible for taking the recommendation back to the agency that is capable of responding to and/or implementing that recommendation.

PUBLIC RELATIONS RECOMMENDATIONS AND RESPONSES

- (1) The Bureau of Elderly and Adult Services should develop trainings along with both print and other media Public Service Announcements, to inform and raise community awareness and understanding of Elder Abuse and the Adult Protection Law, with a focus on the intent of the law, the populations covered by the law, and the law's mandatory reporting section.

RESPONSE: The Attorney General's Office received a US Department of Justice VAWA grant, which created the New Hampshire Partnership for the Protection of Older Adults, under the leadership of the Attorney General. The partnership's goals include enhancing and improving the system's response to recognizing, reporting, providing services, investigating and prosecuting cases involving elder abuse and financial exploitation. The Partnership is focusing on three key areas:

- ***Professional training, which includes regional trainings for law enforcement, victim service providers, prosecutors and others;***
- ***Development of a Model for Coordinating Community Response, which is being implemented in Merrimack County, and enhancing services; and***
- ***Outreach, which will be based on a needs assessment and the creation of a Strategic Plan which will include community outreach efforts and raising public awareness.***

- (2) Support the Governor's Commission Public Education Committee to develop a statewide bystander responsibility campaign.

RESPONSE: The Governor's Commission Public Education Committee is in the process of developing a Statewide Bystander Public Awareness campaign.

TRAINING RECOMMENDATIONS AND RESPONSES

- (1) Develop a multidisciplinary training curriculum on the effects of domestic violence on children and encourage multidisciplinary use of the curriculum.

RESPONSE: The NHCADSV is seeking funding to implement a training curriculum specifically developed for domestic violence advocates to provide trauma-informed supports to children exposed to violence. The curriculum has been developed and tested by the Child Trauma Project of the National Resource Center on Domestic Violence, Trauma and Mental Health. One component of the curriculum is strengthening referral protocols and training for other multidisciplinary providers.

- (2) After conducting specific fatality reviews, the DVFRC should provide recommendations to the stakeholders in the community where the homicide occurred.

RESPONSE: Under the confines of the confidentiality of the case review process, the 2011 DVFRC Report will be distributed to the identified stakeholders.

- (3) Train the courts, prosecutors, law enforcement and health care providers on how much freedom the Health Insurance Portability and Accountability Act (HIPAA) provides them to obtain medical records for law enforcement purposes.

RESPONSE: Among the purposes of the HIPAA Act of 1996, was an effort to safeguard the privacy of personal health information in an era of rapidly expanding technologies. The law and the corresponding federal regulations are often mistaken as posing obstacles to law enforcement seeking to obtain information necessary to an investigation or necessary to identifying someone who is at risk of serious harm. On the contrary, HIPAA permits disclosure of otherwise protected health information under various circumstances in the context of treating victims of domestic and sexual violence. These circumstances include the response to a subpoena, a warrant, or an administrative request by law enforcement.

Law enforcement would benefit by having clear guidance about permissible disclosures of protected health information for the purpose of investigating or preventing acts of domestic violence and sexual abuse. Likewise, health care providers would benefit by having clear guidance about permissible disclosures to notify the authorities that someone is at risk of serious harm or to respond to requests for information from law enforcement.

The Attorney General's Office, in conjunction with the NHCADSV, will develop a written summary of the considerations involved in, and the requirements for obtaining,

protected health information from a covered entity under HIPAA. This summary will be widely distributed and will be available on their web sites. In addition, the DVFRRC will work with New Hampshire Police Standards and Training (PS&T) to include ongoing trainings for law enforcement on this issue

- (4) Work with the New Hampshire Network of Child Advocacy Centers (CACs) to do outreach and education with law enforcement regarding their services and availability.

RESPONSE: The New Hampshire Network of CACs has developed a standardized outreach and training program that will be used statewide by all of the CACs.

- (5) Explore alternative ways to do training and outreach such as web-based trainings for law enforcement.

RESPONSE: The New Hampshire Police Standards and Training (NHPS&T) and the Attorney General's Office are working on developing web based and DVD trainings on issues relating to domestic and sexual violence and stalking, which will be distributed statewide.

- (6) Provide training and information on gaining access to and the use and preservation of digital evidence for law enforcement and prosecutors, including a list of contacts of all major carriers and distribute to law enforcement.

RESPONSE: NHPS&T is compiling a list of resources from search.org that will be distributed through its monthly bulletin newsletter found online. PS&T currently hosts an Introduction to Cybercrime Fundamental online course for law enforcement.

- (7) Support and promote the statewide implementation of the New Hampshire Lethality Assessment Program (LAP).

RESPONSE: The Attorney General's Office is in the process of implementing the New Hampshire LAP statewide. The "Train the Trainer" program has been instructed to law enforcement agencies, crisis centers and prosecutors' offices in every county in the State, as well as to New Hampshire Bureau of Elderly and Adult Services staff. The LAP Coordinator in conjunction with the NHCADSV has developed a strategic plan for further LAP implementation, which includes additional trainings, follow-up and county coordination of this program.

The NHPS&T continues to support the implementation of the LAP by hosting the introductory trainings and supplementary meetings, and by including LAP training at both the Full and Part Time Recruit Academy.

- (8) Revise and update relevant training to include new technology and the safety concerns related to the technology.

RESPONSE: The Governor's Commission annual conference will continue to include workshops on technology.

The Attorney General's Office held two regional trainings on the Stalking Protocol and the Use of Technology in April 2011.

The Domestic Violence Law Enforcement Protocol Revision Committee is in the process of updating the 2004 Protocol, which will include information on the impact of technology in these cases.

- (9) Increase awareness of private investigators on risk assessment and domestic violence.

RESPONSE: Efforts are being made to identify and contact the President of the New Hampshire Private Investigators Association to discuss presenting the Association with an overview of the LAP.

- (10) Recommend that all law enforcement, including command staff, receive training on issues of domestic and sexual violence and stalking.

RESPONSE: NHPS&T, through the LAP Coordinator, has updated an on-line domestic violence training course available to all law enforcement. Other training opportunities include the Governors Commission annual conference, regional Stalking Protocol Trainings and sexual assault trainings offered by the New Hampshire Sexual Assault Resource Team Project (SART).

PS&T and the Attorney General's Office are also working on developing web based and DVD trainings on issues relating to domestic and sexual violence and stalking, which will be distributed statewide

- (11) Educate the courts, the New Hampshire Department of Corrections and county correctional facilities on the dangers that anger management programs pose to victims of domestic and sexual violence and stalking.

RESPONSE: The Governor's Commission Batterer Intervention Committee is preparing a Community-Defined Solutions grant application that would address consistency in programs and educate communities state-wide about what is considered best-practice for batterer intervention (which does not include anger management).

- (12) Review, update and revise the *Law Enforcement: A Model Protocol for Police Response to Domestic Violence Cases, 2004 Edition* by the Governor's Commission, and develop and implement training for law enforcement on the protocol.

RESPONSE: The Domestic Violence Law Enforcement Protocol Revision Committee is in the process of updating the 2004 Protocol and will ensure that the updates include the Lethality Assessment Program, criminal bail orders, clarification on

relinquishment of firearms, use of technology and revised officer checklist or flowchart. It will also include best practice recommendation for law enforcement that there be an emergency protective order and criminal bail order sought at a domestic violence arrest and will contain a section on a coordinated response to the media in the event of a domestic violence incident, especially when the incident is multi-jurisdictional.

A DVD training, including the issue of domestic violence and firearms, is being developed for law enforcement agencies to use at roll-call or other department trainings.

The Revised Protocol will be distributed by the Attorney General through the New Hampshire Chiefs of Police Association, along with the accompanying training DVD.

The NHPS&T has updated an on-line domestic violence training which is available for all law enforcement agencies and in the past year they have hosted several in-service domestic violence related trainings including Domestic Violence: Identifying the Batterer and Response to Strangulation.

- (13) Update the New Hampshire Department of Justice website to make it easier to access the Attorney General's protocols on domestic and sexual violence, stalking and child abuse.

RESPONSE: The New Hampshire Department of Justice launched a new website in May 2011 with the link to the Attorney General's Protocols located on the Home Page.

- (14) Educate local and municipality officials on the civil liability for failure to comply with statutory mandates and Protocols.

The DVFRC has raised this issue with municipal insurance providers.

- (15) Provide training for court staff and bail commissioners related to stalking offenses and the importance of having bail conditions in stalking offenses.
(See Response to recommendation 16)

- (16) Recommend that there be comprehensive, consistent judicial training for judicial personnel on domestic violence, sexual assault and staking. Create interactive web based training that judicial personnel can easily access.

RESPONSE: The Judicial Branch supports the recommendations made by the Domestic Violence Fatality Committee and recognizes the value of both ongoing training for judges and staff, and consistent, system-wide protocols. At the same time however, the court system's ability to act in the near future on these recommendations is impacted by two key developments: a statewide reduction in staff resources, mandated by the FY12-13 budget, and accelerated implementation of the new Circuit

Court, which will completely restructure the District and Probate Courts and the Family Division.

Until the Circuit Court restructuring is completed, some training initiatives will be postponed. The demands on existing staff during the restructuring, while they are also continuing service to the public on a day to day basis, also require delaying action on the recommendation that the Superior Court to begin work on domestic violence protocols consistent with those that will apply in the new Circuit Court. No doubt this consistency in practice is important, but, in current circumstances, the court system is simply unable to commit staff resources to this project.

Similar constraints, both in staff and technical capability, preclude moving forward at this time with development of web-based training for judicial personnel. While this proposal is endorsed, at this time the demands of launching the new e-Court system, beginning July 1, 2011, will exhaust all resources available in the Judicial Branch IT department. At this time, the Judicial Branch does not have access to the necessary equipment to support a web based training system.

The DVFRC supports the adequate funding of the Judicial Branch as access to justice is tied to public safety.

POLICY RECOMMENDATIONS AND RESPONSES

- (1) Universal screening for domestic violence and substance abuse should also apply to court ordered evaluations of defendants. The court should develop an evaluation addendum to the sentencing form in cases where there could be a referral to substance abuse and/or mental health treatment.

RESPONSE: The DVFRC is currently looking into this issue. The current evaluation used in Nashua District Court requires that the evaluation include, at a minimum, Social/Family History, Criminal History (including current and pending charges and a review of accompanying police reports) Cognitive Functioning, Diagnosis and recommendations. Until the Circuit Court structure is in place additional new practice changes and statewide implementation of local pilot projects will be postponed.

- (2) When a mental health or substance abuse evaluation is ordered by the court, the defendant should provide the name of evaluator to the prosecutor who should then ensure that the evaluator is given a copy of the police reports containing the information they may need to conduct a thorough evaluation.

RESPONSE: Nashua District Court is using a sentencing process that includes the provision for a mental health/LADAC evaluation of the defendant. The court does not currently include the name of a particular provider. Sentence reviews are scheduled by the court.

Until the Circuit Court restructuring is completed, and staff are fully oriented with that new structure, some initiatives will be postponed

- (3) The court should develop an evaluation addendum to the sentencing form in cases where there could be a referral to substance abuse and/or mental health treatment.

RESPONSE: The Judicial Branch supports the recommendations made by the Domestic Violence Fatality Committee and recognizes the value of consistent, system-wide protocols. At the same time however, the court system's ability to act in the near future on these recommendations is impacted by two key developments: a statewide reduction in staff resources, mandated by the FY12-13 budget, and accelerated implementation of the new Circuit Court, which will completely restructure the District and Probate Courts and the Family Division.

Until the Circuit Court restructuring is completed, and staff are fully oriented with that new structure, additional new policy initiatives will need to be postponed. The demands on existing staff during the restructuring, while they are also continuing service to the public on a day to day basis, require delaying action on recommendations that make changes to the current domestic violence protocols. No doubt these are important initiatives, but, in current circumstances, the court system is simply unable to commit staff resources to this project.

The DVFRC supports the adequate funding of the Judicial Branch. Access to justice is tied to public safety.

- (4) Identify and document the incidences of untreated mental health issues in domestic violence homicides in New Hampshire.

RESPONSE: The Attorney General's Office of Victim/Witness Assistance has added questions on mental health issues to its Homicide Database and will review all domestic violence homicides that occurred between 2005 and 2010 to determine the number of homicides that involved mental illness. The findings will be reported back to the DVFRC.

- (5) Upon termination of employment, information on community services (including mental health and medical services) should be provided to the employee. The State of New Hampshire State Employee Assistance Program should be encouraged to develop a comprehensive resource guide on resources available to mitigate loss that can be provided to Human Resource departments.

RESPONSE: Due to the current economic conditions within state government, there are anticipated layoffs in the near future. Materials have been produced that provide information and phone numbers for support services. Research has been and continues to be pursued to locate networking and support groups for those affected. Resource Centers have been developed that include specialists in each of the benefit

areas so that individuals can meet with, have questions answered and receive pertinent information at one location.

- (6) Community service providers working with aging and developmental disabilities should develop a mechanism to coordinate services when one or more risk factors/stressors are identified.

RESPONSE: The Bureau of Elderly and Adult Services (BEAS) is pursuing the coordination of services for the elderly and for persons with developmental disabilities. BEAS is available for consultation when a case involves a client with developmental disabilities.

- (7) Area agencies should incorporate into the annual service plan whether or not there are any stressors regarding future care that need to be addressed; the status of life planning and that it is reviewed on an annual basis.

RESPONSE: Recommendation has been forwarded to the Elder and Incapacitated Adult Fatality Review Committee.

- (8) Develop a resource list for drafting subpoenas for digital evidence and make it readily available to law enforcement.

RESPONSE: The New Hampshire Internet Crimes Against Children Task Force in conjunction with the Attorney General's Internet Crime Unit, is currently in the process of developing a standardized preservation letter and grand jury subpoena for digital evidence, which will be distributed to law enforcement statewide.

- (9) Revise and update Attorney General's Protocols to include new technology and the safety concerns related to the technology.

RESPONSE: The Governor's Commission Protocol Committee is in process of revising both the Domestic Violence and Sexual Assault Protocols to include the use of technology and safety concerns related to the technology.

- (10) Revise and update the NHCADSV and the member crisis center's outreach and resource materials to include new technology and safety concerns related to the technology.

RESPONSE: The NHCADSV sends appropriate staff to annual national trainings to gather the most current information available on technology and stalking. Information is shared with member programs, but not with the public, in order to prevent stalkers/abusers from learning about techniques to counter abuse through technology

- (11) Continue to promote victim advocacy services in law enforcement agencies.

RESPONSE: DVFC Executive Committee members participate on the AmeriCorps Victim Assistance Program Partnership and the Violence Against Women Act Implementation Team and provide input on advocacy needs

- (12) Expand jurisdiction over stalking cases to all courts.

RESPONSE: The jurisdiction over stalking cases will likely be addressed in the implementation of the Circuit Court effective July 1, 2011. Additional statutory initiatives will be considered in the future once the Circuit Court is in place.

- (13) Promote and support the implementation the New Hampshire Lethality Assessment Program (LAP) statewide.

RESPONSE: The Attorney General's Office is in the process of implementing the LAP statewide. The "Train the Trainer" program has been instructed to law enforcement agencies, crisis centers and prosecutors' offices in every county in the State, as well as to investigators from NH Elderly and Adult Services. The LAP Coordinator has developed a strategic plan for implementation which includes additional trainings, follow-up and coordination of this program.

- (14) The State of New Hampshire needs to develop a mechanism to certify and monitor Batterer's Intervention Standards.

RESPONSE: The Governor's Commission Batters Accountability Committee is conducting a comprehensive survey of all the New Hampshire providers to determine (1) the extent to which providers are complying with the elements of the 2002 Governor's Commission Standards of Practice for Batterer Intervention Programs; (2) the technical assistance needs of those providers in helping them comply with the Standards; (3) training needs; and (4) areas in New Hampshire that do not have any or have inadequate coverage by providers.

- (15) The DVFRC will recommend that the Attorney General issue a Law Enforcement Memo addressing specific policy concerns raised as a result of the fatality reviews.

RESPONSE: The DVFRC has identified specific issues to be addressed in a memorandum which will be conveyed to the Attorney General.

- (16) The Superior Court should work with the Governor's Commission Protocol Committee to develop a domestic violence protocol that is consistent with the district and family courts domestic violence protocols.

- (17) The New Hampshire Courts should consider revising the protective order form to include a signature in the return of service for the defendant to sign regarding relinquishment of firearms

RESPONSE: The Judicial Branch supports the recommendations made by the Domestic Violence Fatality Committee and recognizes the value of both ongoing updates to practice, and consistent, system wide protocols. At the same time however, the court system's ability to act in the near future on these recommendations is impacted by two key developments: a statewide reduction in staff resources, mandated by the FY12-13 budget, and accelerated implementation of the new Circuit Court, which will completely restructure the District and Probate Courts and the Family Division.

Until the Circuit Court restructuring is completed, and staff are fully oriented with that new structure, some training initiatives will be postponed. The demands one existing staff during the restructuring, while they are also continuing service to the public on a day to day basis, also require delaying action on policy and practice changes. No doubt this consistency in practice is important, but, in current circumstances, the court system is simply unable to commit staff resources to this project.

The DVFRC supports the adequate funding of the Judicial Branch. Access to justice is tied to public safety.

- (18) Support the implementation of the NH J-One Project.

RESPONSE: Members of the DVFRC are a part of the J-One implementation team. The protective order phase of J-One is going active effective January 2012.

- (19) Whenever a protective order is served, the serving agency should notify all local jurisdictions that the service has taken place. Such a notification could be given via the SPOTS system.

RESPONSE: A notification system design is being considered as part of the J-One Protective Order Project. This capability may be implemented if sufficient funding is available.

VII. ARTICLES OF INTEREST

The DVFRC would like to highlight several key issues that have been discussed over the past two years of fatality reviews, both of which are referenced in the DVFRC's recommendations.

Domestic and Sexual Violence, Trauma and Co-Occurring Issues: Enhancing Services to Survivors of Domestic and Sexual Violence in New Hampshire

Linda Douglas, MEd, LADC

In April of 2009, the NHCADSV implemented the Open Doors to Safety Project. The primary mission of the project is to enhance domestic violence and sexual assault programs' response to survivors who have substance abuse and mental health issues due to the impact of experiencing complex trauma. Over the past two years, Linda Douglas, the Trauma Specialist for the project, has provided training to advocates and volunteers at the fourteen domestic and sexual assault programs in the state, provided consultation regarding individual cases or program policies that affect this population, and met with survivors to help them understand that the emotional and physical responses that are a part of their daily lives are not due to something being wrong with them, but are reactions to something that happened to them. In other words, they are having normal responses to abnormal experiences.

Information about providing trauma informed services has been provided one on one, in group discussions, formalized trainings, and via the project blog at <http://opendoorsnh.blogspot.com/>. In addition, training has been provided at district offices of the Department of Health and Human Services, mental health centers, the National Guard, and the Bureau of Homeless and Housing Services.

This project came about due to the desire of the NHCADSV and its member programs to meet the needs of survivors where they are and understanding that there have been failures in the past to address issues of mental health and substance abuse. The response to the project by program advocates has been very positive as shown in the most recent evaluation of the Open Doors to Safety Project being conducted by Prevention Innovations, a research program out of the University of New Hampshire. A survey was conducted in June of 2009 to determine a baseline of attitudes and knowledge in regards to the issues of substance abuse and mental health. It was determined at that time that advocates generally were concerned about their ability to address the issues of substance abuse and mental health and lacked confidence in being able to facilitate change in an empowering way. The survey was conducted again in June of 2010 to determine if the project had impacted programs' and advocates' knowledge and attitudes, thereby enhancing services to victims. Key findings of the report include:

- Nearly three-quarters of advocates who returned surveys believed that helping clients with substance abuse and mental health issues is *the responsibility* of direct service staff. This represents a positive change in the responses from 2009 to 2010.
- The percentage of advocates who *disagreed* that there is not much they can do to help clients with substance abuse problems or mental health issues increased substantially from 2009 to 2010.
- Almost two-thirds of the advocates *agreed* that they could help clients with their mental health issues. This represents a substantial increase in agreement from the percentage in 2009 when slightly over 55% of the advocates answered that they believe they could be of help to clients who struggle with mental health issues.
- Based on the outcome of the 10-item true/false “quiz” related to mental illness, substance abuse, and trauma, advocates’ knowledge of issues in 2010 showed an overall increase compared to advocates’ overall knowledge in 2009.
- A higher percentage of advocates in 2010 had attended trainings more often with a trauma-informed specialist or consulted with a trauma-informed specialist about issues of substance abuse, mental health, or trauma and its relation to domestic and sexual violence compared to advocates in 2009.
- Advocates’ *level of uncertainty* regarding how to address clients with mental health issues, substance abuse, and/or trauma decreased substantially from 2009 to 2010.
- In 2010, advocates who reported that they had the opportunity to consult with the NHCADSV Trauma Specialist were significantly more likely to indicate that they had the skills and resources to work with clients regarding substance abuse, mental health issues, and effects of trauma compared with advocates who answered that they had not had the opportunity to consult with the Trauma Specialist.
- In 2010, advocates who reported that they had read one or more of the Open Doors to Safety Blog postings were significantly more likely to indicate that they had the skills and resources to work with clients regarding substance abuse, mental health issues, and effects of trauma compared with advocates who answered that they had not had the opportunity to read any of the Open Doors to Safety Blog postings.

The NHCADSV expects its member programs to provide services to survivors regardless of any substance abuse or mental health issues. The primary concern of programs has been its ability to provide these services within shelter programs due to the issues of housing persons with multiple issues in programs that do not have 24 hour staff and inadequate access to community services that are meant to provide care to those persons who have more severe substance abuse and mental health issues. By enhancing skills, increasing confidence, developing collaboration, finding common ground, and

understanding the complex needs of survivors with these issues, programs and their advocates are now more confident of their ability to meet these needs.

The NHCADSV is also aware of the need for this project to be sustainable. Funds are being sought to maintain the project while training modules and a toolkit are being developed to provide ongoing training and support to programs.

New challenges have arisen since the implementation of the program. In the midst of collaborative efforts with the Bureau of Behavioral Health and community mental health programs, organization and funding issues became primary concerns and collaboration was less formal. With possible cuts to both mental health and domestic violence programs' funds in the state budget, services will be fewer while the needs of trauma survivors will stay the same or increase. It is also likely that survivors who are confronted by long wait times at community mental health centers will need more services at domestic violence and sexual assault programs. Due to the efforts of the Open Doors to Safety Project, advocates now have more skill and knowledge to assist them in meeting the needs of survivors; however, the need of the community may be greater than the capacity of the programs to provide the services.

NHCADSV remains committed to enhancing its services to all survivors of domestic and sexual violence and will continue to ensure that advocates are prepared to meet the needs of survivors by being trauma informed in their practices and policies.

The State of New Hampshire Domestic Violence Lethality Assessment Program (LAP)

(Retired) Chief Timothy Russell, LAP Coordinator

The Bureau of Justice Statistics report "Homicide Trends in the U.S." show that women are particularly at risk for homicide by an intimate partner and people they know. In the years 1976-2005, only 23.5% of all murder victims were women, but 64.8% of victims murdered by intimate partners were women.¹ Domestic violence is the 7th leading cause for premature death in women² and is responsible for approximately 50% of the homicides that occur here in New Hampshire. In an effort to help understand the dynamics of domestic violence homicides, Dr. Jacquelyn Campbell, of The Johns Hopkins University School of Nursing, conducted extensive research on domestic violence homicide that spanned 25 years. The result of this research was the development of the Danger Assessment tool, which is intended to help victims assess the risk of lethality in their abusive intimate partner relationships.

¹ Fox, J & Zawitz, M. (2006). Homicide Trends in the United States. Retrieved from <http://www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm#contents>.

² Office of Justice Programs. *Bureau of Justice statistics factbook: Violence by intimates – analysis of data on crimes by current or former spouses, boyfriends, and girlfriends*. Washington, D.C.: Department of Justice, March 1998. (NCJ no. 167237)

In 2005, the Maryland Network to End Domestic Violence established a statewide Lethality Assessment Committee to address the issues of domestic violence homicides. Additional research had shown there was a 60% reduction in risk of severe assault when victims utilize domestic violence services.³ Yet, despite these good outcomes, only 4% of victims of actual or attempted intimate partner violence utilize the services of community-based domestic violence programs.⁴ Based on this research, the work of Dr. Campbell and the creation of the Danger Assessment tool, the Maryland Lethality Assessment Program (LAP) was created.

The LAP is an easy and effective method to identify victims of domestic violence who are at high risk of being seriously injured or killed by their intimate partners and immediately connects them to the domestic violence service provider in their area. It features a short lethality screening tool and an accompanying response and referral protocol. It is used by law enforcement officers, other first responders and other professionals to identify high risk domestic violence victims. If a victim screens in at high risk of being seriously injured or killed, a phone call is immediately made to the local 24-hour domestic violence hotline. The victim is encouraged to speak on the phone to a crisis center advocate who can then provide them with information and safety planning and to access to the crisis center for additional services.

The goal of the program is to prevent domestic violence homicides, serious injury and re-assault by encouraging more victims to use the shelter, counseling, advocacy, and support services of domestic violence programs.

For the past seven years, the State of Maryland has been using the LAP. Nearly all of the law enforcement agencies and crisis centers in Maryland actively participate in and utilize this program. In 2008, the Maryland LAP was recognized by Harvard University's Ash Institute as one of the "Top 50" Innovations in American government programs.

Many of the risk factors identified in Dr. Campbell's study echoed issues and themes that the DVFRC was seeing in their case reviews and the Committee explored the idea of implementing the program in New Hampshire.

In June of 2009, after working with the Maryland Program, the New Hampshire Attorney General's Office began a LAP pilot project in Merrimack County. The office contracted with Retired Chief of Police Tim Russell to serve as the Coordinator and principal trainer for the program. Participating agencies send a representative to the "Train the Trainer" class where they receive the training and the accompanying materials and then go back and train the rest of the personnel at their respective agency.

Feedback from the pilot project was very positive. Some of the additional benefits of the program are that it is an educational tool for victims and screeners to understand and

³ *9th International Family Violence Research Conference, 2005*

⁴ *Jacquelyn Campbell, 2004*

recognize the potential for danger. It empowers victims to take positive action to protect themselves and it provides early planning, information and resources. The LAP enables high risk victims to receive critical safety planning help. The program also has shown to improve collaboration and services provided by first responders, domestic violence programs and other professionals.

Efforts are being made to implement the LAP statewide. To date, many law enforcement agencies, all 14 crisis centers and many prosecuting offices in all 10 counties have sent people to the “Train the Trainer” program. The Attorney General’s Office is committed to continuing to provide additional training, technical assistance and consultation to all law enforcement agencies, crisis centers and prosecuting offices to ensure consistent use of the LAP statewide and to expand the LAP to other professionals who have direct contact with victims of domestic violence.

VIII. CONCLUSION

The New Hampshire Domestic Violence Fatality Review Committee may not be the solution to preventing domestic violence, but it is one very important resource. The work of the Committee 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 have a positive impact on the safety and well-being of all our citizens.

APPENDIX A EXECUTIVE ORDER

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

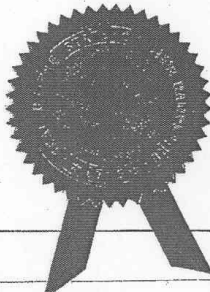
WHEREAS, the New Hampshire Domestic Violence Fatality Review Committee will enhance our effort to provide comprehensive services for victims of domestic violence throughout the State of New Hampshire;

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
CONFIDENTIALITY AGREEMENT**

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

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 with case identifying information will be taken from the meeting.

Print Name _____

Authorized Signature _____

Witness _____

Date _____

APPENDIX C

INTERAGENCY AGREEMENT

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; and
- 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, education, 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

Date

Commissioner, Health and Human Services

Date

Commissioner, Department of Safety

Date

**APPENDIX D
COMMITTEE PROTOCOL**

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

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

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.

**APPENDIX E
RECOMMENDATION DEVELOPMENT WORKSHEET**

**NEW HAMPSHIRE DOMESTIC VIOLENCE FATALITY REVIEW
COMMITTEE**

RECOMMENDATION (S) AND IMPLEMENTATION PLAN

	Recommendation: (Outcome, goal or purpose of recommendation)	Steps to implement recommendation:	Person(s) responsible for implementing recommendation steps:	Timeline:	Additional Follow-Up:	Current Status:	Category Training Public Awareness Policy
1)							
2)							
3)							
4)							

