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

2013 ANNUAL REPORT

NEW HAMPSHIRE DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

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DEDICATION

This report is dedicated to Sandra Matheson, ("Sandi") who served as the State's first Director of the Office of Victim/Witness Assistance at the New Hampshire Attorney General's Office, from 1987 to 2013. Sandi was a founding member of the Domestic Violence Fatality Review Committee. The Committee is incredibly grateful for her commitment and passion for serving the victims of New Hampshire. New Hampshire is a better place because of her years of public service.

ACKNOWLEDGEMENTS

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**Data in this report is from the New Hampshire Attorney General's Office of Victim/Witness Assistance Homicide Database, the New Hampshire Judicial Branch and the New Hampshire Coalition Against Domestic and Sexual Violence.*

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INTRODUCTION

The Domestic Violence Fatality Review Committee (DVFRC, "Committee") was created by Executive Order of Governor Jeanne Shaheen in July 1999. Since its inception, the DVFRC has generated recommendations for the state's three branches of government and the many individuals, agencies, and community organizations which work with domestic violence victims and offenders. These recommendations have generated policies, procedures, and practices to improve New Hampshire's multidisciplinary response to domestic violence. The recommendations contained in this report were developed by the Committee from case reviews during 2011-2013.

This year the DVFRC is pleased to release a report which presents selected aggregated data on domestic violence-related homicides in New Hampshire from 2001 to 2013 (See Appendix C). This Report also contains an overview of the domestic violence homicide data from 2011-2013. The goal of presenting the data, is to improve the understanding of the context of these homicides and to promote the optimal allocation of resources to help prevent future homicides. Also included in this report are crisis center data from the New Hampshire Coalition Against Domestic and Sexual Violence and Violence Against Women court system data from the New Hampshire Judicial Branch. These represent two additional, individual sets of data separate from the homicide data, and are each based on a one-year period for 2013. Taken together all of the data sets present important and related information about domestic violence in the state.

The DVFRC strives to promote greater awareness of domestic violence in New Hampshire and opportunities for building safer communities for all our citizens. The Committee is hopeful that this report may serve as a valuable resource to those who serve victims of domestic violence, decision-makers, and researchers.

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.

EXECUTIVE SUMMARY

In 2013, nine people in New Hampshire were murdered in a domestic violence homicide. Domestic violence is one of the most prevalent legal and social problems in the United States. Every year 1 in 4 women throughout the United States will be abused by their partners (husbands or boyfriends) or ex-partners. In a 2011 FBI Report on homicides, research indicated that across the country in 2010 there were 1,669 women murdered by a male they knew. Where the weapon could be identified, 52% of the women were killed by a firearm.

The data compiled in this report documents that in New Hampshire, domestic violence related homicides make up almost 50% of the State's homicides over the last ten years. For the period of this report, 2011-2013, domestic violence homicides represented 47% of all the homicides in the State of New Hampshire. This is a slight decrease from previous years.

From 2011-2013, the victims in New Hampshire domestic violence homicides were predominantly women: of the victims murdered by their partners, 3 out of 4 were women. While men are the victims of domestic violence, national research and New Hampshire state data indicate that domestic violence is more lethal for women than for men. Domestic violence was a causal factor in 83% of the murder/suicides in New Hampshire during this same period.

From 2011-2013, in 42% of the domestic violence homicides, the cause of death was a gunshot wound. In response to this statistic and information gleaned in case reviews, the Committee has made recommendations about firearms. The DVFRC, in conjunction with the other Fatality Review Committees (Child, Adult and Elderly and Suicide) recommends that everyone be aware of limiting the access to lethal means, firearms in particular, when there is a risk of harm to others or a risk of self-harm. New Hampshire needs to use its existing laws to ensure that firearms are not accessible to those who are subject to a protective order or bail conditions.

DVFRC meets bi-monthly to review closed domestic violence homicides. The Committee has a history of professional collegiality. The recommendations contained in this report represent the thoughtful wisdom of the group as they have scrutinized these tragedies. The Committee honors all of those who have lost their lives as a result of this social epidemic. The Committee calls on the citizens of New Hampshire to learn from this report and consider the ways that the community can bring the domestic violence homicide statistic to zero.

The Committee has made a number of recommendations about the importance of assessing lethality and dangerousness in these cases. The DVFRC urges continued implementation of the Lethality Assessment Program (LAP) in New Hampshire. This research based intervention used at the time of a response by law enforcement, has a documented history of saving lives.

This report also provides information and data about the survivors of domestic violence. In 2013, 15,007 people sought services for domestic violence, stalking and sexual assault from the state's 14 crisis centers. The crisis centers report seeing increases in requests for shelter and transitional housing; hospital calls as the level of the intensity in the violence has escalated; requests for accompaniment to court; requests for advocates at Child Advocacy Centers and an increase in sexual assault services.

Thousands of people sought protection from domestic violence and stalking in the courts. In 2013, 4,301 people came to court to file domestic violence petitions, and 1,807 civil stalking petitions were filed requesting protection of abuse.

I. RECOMMENDATIONS AND RESPONSES, 2011-2013

The purpose of recommendations made during a review is to take case specific facts and create broader recommendations for system improvement. In the last several years, the Committee has made a very intentional effort to formulate fewer recommendations but to focus on creating achievable and impactful change. The recommendations are sent from the Committee out to various agencies and partners and then the Committee waits for a response. The Committee reviewed 14 cases from 2011-2013. Highlighted below are some of the 38 recommendations made by the Committee during that period.; 25 of the 38 recommendations have been acted on by the receiving agency. In some instances resource constraints have dampened the ability of the agency to act on the recommendation. The specific recommendations and systemic or institutional responses follow this summary.

For ease of organization the recommendations from specific case reviews are broken into three areas: training recommendations; public relations recommendations and policy recommendations.

Training Recommendations:

The Committee produced 13 training recommendations from 2011-2013. Some were specific to a particular discipline and include:

Law enforcement receive training on:

- Suicide Risk Factors;
- Awareness of the resources at the Bureau of Elderly and Adult Services;

First Responders receive training on:

- Coordinating a response to domestic violence cases when both 911 and local dispatchers are involved;

Attorneys receive training on:

- Domestic violence awareness, especially for criminal defense attorneys.

The General Public:

The Committee noted in several instances the public awareness of domestic violence continues to be a challenge to victim safety. The Committee has seen instances when a broader awareness and understanding of domestic violence dynamics might have made a lifesaving difference, and continues to recommend that teachers and students receive training on Bystander Interventions and understanding domestic violence. The New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) completed training for approximately 27,000 participants between September 2012 and October 2013. In addition, 65 community awareness events were held by local crisis centers.

The Committee recommended broader awareness and training for reducing access to lethal means in volatile and high risk situations. Access to firearms continues to be a concern to the committee; additionally the Committee has recommended training on the development of local High Risk Teams, a promising national practice that was developed in Massachusetts. The teams are being used at the local level to assess high risk domestic violence cases before they become fatal.

Policy Recommendations:

The Committee developed 24 recommendations and some of them include:

- Support the expansion of the Lethality Assessment Program (LAP);
- As the Lethality Assessment Program is being rolled out develop baseline data;
- Three policy recommendations were focused on safety and firearms. (The article on p. 28 was submitted in response to the committees' concern for more education);
- Improvement in response to children who witness domestic violence homicides;
- Provide information to incarcerated victims of domestic violence;
- Support the expansion of Batterers Intervention Programs within state and county correctional facilities;
- Audit the New Hampshire Coalition Against Domestic and Sexual Violence Crisis Centers to determine what community service partners they provide their outreach materials to;
- Recommend that medical providers at substance abuse treatment centers, emergency rooms and other medical providers provide routine screening for domestic violence and sexual assault (risk assessment by screener that patient is in. "imminent danger");
- Joint recommendation with the other fatality review committees that adequate health care and mental health care should be accessible to all citizens of New Hampshire;
- Seek resources to implement the Bystander Campaign developed by the Public Education Committee of the Governor's Commission; and
- Develop a model protocol for high risk teams.

It is important to note that in September 2013, the Domestic Violence Fatality Committee's Ninth Annual Report was presented on the floor of the New Hampshire House of Representatives. The data and analysis contained in that report were used in Senate and House Hearings on the bill creating a crime of domestic violence. That report has been broadly disseminated and used in a number of policy related discussions.

Note: At the end of 2013, after participation on a national conference for Domestic Violence Fatality Review teams, the committee also began listing "red flags". This process was implemented at the end of 2013 and will not be in this report.

TRAINING RECOMMENDATIONS

1. Address suicide risk factors and screening by law enforcement.	**RESPONSE**– In addition to the 16 hour block of instruction on mental health issues that is offered at the recruit academy, Police Standards and Training Council (PSTC) also offers a class on Prevention/Postvention dealing with suicide. Specific murder/suicide factors in intimate partner relationship are not currently being addressed however, PSTC is exploring how to provide additional training to officers in the future.
2. Conduct a workshop at the 2012 Governor's Commission on Domestic and Sexual Violence Annual Conference on the overlap of domestic violence and the mental health issues of batterers.	**RESPONSE**- Dr. Scott Hampton presented a workshop entitled "The Important Role of Mental Health Workers in Addressing Domestic Violence" which received very positive feedback.
3. Provide training for law enforcement on adult sexual predators.	**RESPONSE**– PSTC is currently providing 2 hours of training on the sexual assault protocols, but will explore additional training options. In the past, PSTC has offered week long trainings on this subject matter from an independent contractor. PSTC has drafted an expanded academy schedule, which would include more training hours allotted for this topic.
4. Present a domestic violence homicide case review at the Governor's Commission on Domestic and Sexual Violence Annual Conference.	**RESPONSE**- A domestic violence fatality case was presented at both the 2012 Governor's Commission on Domestic and Sexual Violence's annual conference, as well as the 2014 Partnering For A Future Without Violence Conference.
5. Increase law enforcement's awareness of Bureau of Elderly and Adult Services (BEAS) and Adult Protective Services. (APS).	**RESPONSE**-The New Hampshire Partnership for the Protection of Older Adults is a multi-disciplinary endeavor initiated by the Department of Justice in 2009 with the purpose of increasing training and awareness of elder abuse to service providers and law enforcement. A training team consisting of a prosecutor, police officer, victim advocate, and an adult protective services worker with the Bureau of Elderly and Adult Services delivers a two-day training to law enforcement in various locations throughout the state. Since 2009, the training team has been directly responsible for training over 250 police officers in the areas of elder abuse, neglect, self-neglect, and financial exploitation. The training emphasizes multi-disciplinary collaboration amongst BEAS, law enforcement, and other public and private agencies that serve the needs of the elderly in New Hampshire. In the Spring of 2011, a two day advance law enforcement training was offered in Plymouth for those officers and detectives that wish to receive advanced training beyond the introductory two-day class.

6. Provide continuing in-service training for existing officers on domestic violence and sexual assault procedures and protocols.	**RESPONSE**- The Governor's Commission Protocol Committee completed updates to both the *A Model Protocol for the Response to Adult Sexual Assault Cases* in 2012 and the *A Model Protocol for Law Enforcement Response to Domestic Violence Cases* n 2013. The Attorney General's Sexual Assault Resource Team (SART) Coordinator has conducted 20 trainings around the state and has so far trained 496 professionals on the sexual assault protocol and these trainings continue. Two workshops at the 2013 "Partnering for a Future Without Violence" conference were offered on the *A Model Protocol for Law Enforcement Response to Domestic Violence Cases* protocol. Additional trainings on this protocol were conducted in the fall of 2013 and PSTC has made that training available on-line. In total, more than 220 professionals have received training on this protocol.
7. Ensure that School Resource Officers (SRO) and D.A.R.E. officers are trained on the Bystander Campaign and the New Hampshire Lethality Assessment Program (LAP).	**RESPONSE**-Prevention, at this time, is not an allowable fundable activity under the VAWA guidelines, therefore VAWA grant dollars are unable to support the Bystander Campaign. While very valuable, the Lethality Assessment Program (LAP), may not be the most appropriate tool for the age group that SROs and D.A.R.E officers work with. The recommendation did raise questions regarding other available programs or tools that may be more age appropriate at identifying potential red flags. Unfortunately at this time there is no centralized list or organization of School Resource officers and those officers trained to specialize in D.A.R.E. have a strict criteria and guidelines specific to the D.A.R.E. program. Identifying officers in these positions at the schools would prove challenging and time consuming. Although the LAP would apply to some of the students, a similar program more age guided may be more successful in preventing future violence among teens.
8. Recommend that the 911 supervisors and local dispatchers review domestic violence fatality cases to potentially enhance their response.	**RESPONSE**- The Committee has reached out to the Department of Safety to include this in dispatcher training.

9. Increase domestic violence awareness and training for mental health providers, private practitioners, Community Mental Health Centers (CMHCs) and Licensed Alcohol and Drug Counselors (LADCs).	**RESPONSE**– The New Hampshire Coalition Against Domestic and Sexual Violence completed community education and training for approximately 27,000 participants (including youth) from September 2012-October 2013. In addition, 65 community awareness activities were sponsored throughout the state. The Coalition staff trained both state and national agencies, including the New Hampshire Bureau of Homeless and Housing Services, Office of Victims of Crime, Carroll County Family Health Services, New Hampshire Children's Trust and Division for Children, Youth and Families staff. Additionally, invitations extended to community based mental health providers to attend the annual 2 day conference presented by the Governor's Commission on Domestic and Sexual Violence. DCYF also held a 2-day conference with specific workshops focusing on family violence prevention, families affected by co-occurring disorders, and trauma treatment interventions. Approximately 700 people were in attendance including mental and behavioral health professionals as well as families and advocates dealing with issues related to sexual, domestic, family and interpersonal violence. Members of the DVFRC from the Bureau of Behavioral Health, Division for Children, Youth and Families and the New Hampshire Coalition Against Domestic and Sexual Violence, as well as Visitation Center staff representation, are discussing updating the *Mental Health: Domestic Violence Protocol* and developing a training plan.
10. Provide domestic violence awareness training to the defender community.	**RESPONSE-** Dr. Paul Noroian, Director of the Forensic Psychiatry Program at UMass Medical School presented "Representing the Abused or Battered Defendant" to the Defender Community in May 2014. He spoke almost exclusively about PTSD, what it is, how it manifests itself, and treatment of it. He was knowledgeable about the criminal justice system and the lawyers had generally positive responses to his presentation. The most common criticism, was that attendees wanted more on how to interact with and represent those defendants suffering from PTSD.
11. Conduct a workshop on Counseling on Access to Lethal Means (CALM) at the 2014 Partnering For A Future Without Violence Conference.	**RESPONSE-**A workshop on CALM was conducted at the 2014 Partnering For A Future Without Violence Conference. The workshop focused primarily on reducing access to firearms – the leading method of suicide and addressed firearm access for anyone for whom there is a concern of harm. Over 30 people attended this session.

12. Support efforts to provide children and teachers with bystander education.	**RESPONSE**-Prevention, at this time, is not an allowable fundable activity under the VAWA guidelines, therefore VAWA grant dollars are unable to support this activity. Due to the current lack of other available funding resources this recommendation has not yet been implemented.
13. Consider conducting training on the Domestic Violence High Risk team model.	**RESPONSE**-The Jeanne Geiger Crisis Center of Newburyport Massachusetts presented "Domestic Violence High Risk Team Model: An Overview of Advanced Coordinated Community Response" at the 2014 Partnering for a Future Without Violence Conference. Over 90 participants attended this workshop.

PUBLIC RELATIONS RECOMMENDATIONS

1. The Domestic Violence Fatality Review Committee (DVFRC) will develop data on the economic impact of a homicide and consult with the Suicide Fatality Review Committee.	**RESPONSE**- The Executive Committee will identify resources and a specific case to analyze.
2. Recommend to the Governor's Commission on Domestic and Sexual Violence, Public Education Committee to work with the New Hampshire Coalition Against Domestic and Sexual Violence around *Frameworks* to develop consistent talking points for the DVFRC.	**RESPONSE**:-Talking points have been drafted and will be circulated to the committee for feedback prior to adoption and implementation.
3. Explore getting statistics from police departments on domestic violence cases for communities to utilize in public awareness campaigns.	**RESPONSE**- The 2012 Domestic Violence Fatality Committee Data Report has been provided to and used extensively by the media and other social services agencies. Limited criminal justice information is included as part of the data report in the form of court filings.
4. Submit an article to the New Hampshire Board of Medicine to broaden awareness for Primary Care Physicians around ensuring that there is a discussion about access to counseling whenever medications for anxiety and/or depression are prescribed.	**RESPONSE**- No successful action taken on this recommendation to date.
5. Support the efforts of the Public Education Committee of the Governor's Commission on Domestic and Sexual Violence to implement a bystander campaign.	**RESPONSE**- Prevention, at this time, is not an allowable fundable activity under the VAWA guidelines, therefore VAWA grant dollars are unable to support the Bystander Campaign. Due to the current lack of other available funding resources this recommendation has not yet been implemented.
6. Use the DVFRC report and the data available to inform public policy and public awareness.	**RESPONSE**- The 2012 Domestic Violence Fatality Data report was presented to the New Hampshire House of Representatives on September 17, 2013. A one page summary of facts was distributed to all the County Attorney's to utilize in creating public awareness of the issues. One County Attorney used the information to send an open letter to a local newspaper.

POLICY RECOMMENDATIONS

1. Support the expansion of the New Hampshire Lethality Assessment Program (LAP).	**RESPONSE-**Before the LAP Coordinator's position ended meetings were set up with County Attorneys, law enforcement and advocates in 7 of the 10 counties to follow-up on the LAP training, to identify what departments have implemented the program, to develop a plan for expansion and sustainability of the LAP in each county and to collect statistics on the program. The Attorney General's Office is working with the County Attorney's to expand the LAP program in all of the 10 counties. Since the funding for the LAP Coordinator ended it has been difficult to achieve this goal.
2. The State should establish baseline information about the use of the LAP in New Hampshire.	**RESPONSE-**The chair of the DVFRC has sent the recommendation to the Attorney General who is establishing a pilot LAP data project to establish baseline information to be used for evaluation purposes.
3. Work with the Child and Elder and Incapacitated Adult Fatality Review Committees to develop a summary on access to lethal means.	**RESPONSE-**This summary was reviewed and approved by all the Fatality Review Committees and is included in the 2014 report.
4. Provide information, services and referrals for incarcerated victims of domestic violence, sexual assault or stalking while they are incarcerated, in addition to when preparing them for release.	**RESPONSE-**In 2011 staff with the Prison Rape Elimination Act (PREA) began training with a number of community based/crisis center advocates for the purpose of providing support to those inmates sexually assaulted while incarcerated. The first training was held on June 14, 2011. This training was mandatory for all volunteers working with inmates. The second training, conducted by DOC staff on *Working Behind the Wall*. was held on September 29-30, 2011. A third training was an advanced two day training taught by DOC staff, SANE staff, a SANE nurse and the PREA Inspector General from Oregon. Crisis Centers provide services to individual victims as well as a range of educational and support groups within local jails. Crisis centers report that they are more likely to be contacted to provide individual services by those institutions where the crisis centers also provides group services than by those who do not. Jails and prisons are also more likely to contact a crisis center to respond to a victim assault perpetrated within the institution, than for support to a victim who experienced an assault or a child sexual abuse prior to incarceration.

5. Support the expansion of Batters Intervention Program (BIP) within county and state correctional facilities.	**RESPONSE-**No successful action taken on this recommendation to date.
6. Examine the response of first responders to child witnesses of domestic violence homicides.	**RESPONSE-**The Governor's Commission and Attorney General's *A Model for Law Enforcement Response to Domestic Violence Cases Protocol* has been updated and these issues have been addressed. A workshop on the draft protocol was presented at the 2012 conference. Two workshops on the finalized protocol were presented at the 2013 conference and 4 regional trainings were conducted that fall. The regional trainings were made available online for officers to participate in through Police Standards and Training Council (PSTC). The Attorney General's Office will also develop a Child Advocacy Center (CAC) Homicide Protocol to address law enforcement's response when responding to homicides where a child is present. The protocol will be distributed to all law enforcement agencies when completed. Additionally, draft changes to address this issue have been submitted for consideration in the next revision of the "New Hampshire EMS Patient Care Protocols", which is scheduled for 2015.
7. Audit the New Hampshire Coalition Against Domestic and Sexual Violence crisis centers (PMC) to determine what community service providers (town offices, food pantries, homeless shelters etc.) they provide their outreach materials to.	**RESPONSE–** The crisis centers each have an annual outreach plan which includes providing materials to such places as: town offices, law enforcement, food pantries, homeless outreach, other social service agencies.
8. Promote routine screening (risk assessment by screener that patient is in imminent danger and appropriate notifications as necessary) for domestic violence and sexual assault, at substance abuse treatment facilities, emergency rooms and other medical providers.	**RESPONSE**- The rule covering Intakes at Community Mental Health Centers requires a history of trauma, including domestic violence, be obtained. Treatment planning, as a result of the Intake, would then determine which, if any, additional services need to be obtained for the consumer and what referrals should be made (food stamps, Primary Care Provider, domestic violence etc.). The 17 Bureau of Drug and Alcohol Services (BDAS) funded substance abuse treatment providers must use the Addiction Severity Index (ASI) or the Global Assessment of Individual Needs (GAIN) to screen for domestic violence. There are questions built into the assessments that trigger a referral if positive for one's safety or mental health needs. These screening/assessments tests are in BDAS contract language so the ASI or GAIN must be completed with all clients.

9. Include data regarding domestic violence homicide cases in the annual report.	**RESPONSE-**The Domestic Violence Fatality Review Committee issued their Ninth Report which includes extensive data and demographics for 10 years of domestic violence homicides in New Hampshire***. http://doj.nh.gov/criminal/victim-assistance/documents/domestic-violence-report-2012.pdf*** Similar data for the report period of 2011-2013 is included as Appendix C in this report.
10. The Governor's Commission should examine current safety plans being used to determine if there are updated safety planning tools available.	**RESPONSE–**Information on the VIGOR Safety Planning Tool was sent in a March 5, 2012 letter to the Attorney General's Office and to the New Hampshire Coalition Against Domestic and Sexual Violence.
11. Encourage the Governor's Commission Public Education Committee to seek funding from governmental and non-governmental sources to implement the *Bystander Campaign* that the Committee has developed.	**RESPONSE-**This recommendation was referred to the Public Education Committee of the Governor's Commission but prevention, at this time, is not an allowable fundable activity under the VAWA guidelines, therefore VAWA grant dollars are unable to support the Bystander Campaign. Due to the current lack of other available funding resources this recommendation has not yet been implemented.
12. Review dispatch protocols regarding assessing the initial safety of the caller.	**RESPONSE–** The committee is collaborating with key stakeholders to complete this recommendation.
13. To prevent the types of death these committees review, adequate health care and mental health care should be accessible to all citizens of New Hampshire.	**RESPONSE-** Medicaid expansion was passed in the 2014 Legislative session.
14 In the next DVFRC Report [2014] include a discussion about the difference between lethality assessment and risk assessment.	**RESPONSE**– No successful action taken on this recommendation to date.
15. The Office of Victim Witness Assistance (OVWA) should track the presence of traumatic brain injuries—of both victims and defendants - in its homicide case management database.	**RESPONSE-** OVWA is exploring how to incorporate this recommendation in its database.

16. The DVFRC will take a position to support Medicaid expansion and Managed Care to cover as broad a population as possible and to ensure that mental health and substance abuse issues are included.	**RESPONSE-** Medicaid expansion was passed in the 2014 Legislative session.
17. Discuss with the Governor's Commission Executive Committee, statewide work and capacity issues for member programs of NHCADSV.	**RESPONSE-**No successful action taken on this recommendation to date.
18. Develop a model or protocol for a triage team that would determine appropriate referrals or services in high risk cases.	**RESPONSE-**The Jeanne Geiger Crisis Center of Newburyport Massachusetts presented "Domestic Violence High Risk Team Model: An Overview of Advanced Coordinated Community Response" at the 2014 Partnering for a Future Without Violence Conference.
19. Develop a policy regarding reporting and/or tracking forensic cases (i.e. cases that start as an assault and eventually the victim dies from injuries).	**RESPONSE-**A committee with representatives from the Domestic Violence and Child Fatality Review Committees and the Attorney General's Office is being formed to examine these issues and develop policy and training recommendations.

TABLED RECOMMENDATIONS AND POLICY STATEMENTS

The following recommendations were also generated from case reviews conducted during the reporting period of this report. Some were immediately tabled due to lack of resources and the inability to implement. Others are policy statements the Committee wanted to issue.

1. Revisit an education campaign for healthcare providers specific to the importance of screening for domestic violence and depression.
2. Develop an education campaign specific to the importance of using universal screening tools for depression.
3. The DVFRC, in collaboration with the Suicide Fatality Review Committee, Child Fatality Review Committee and Elder and Incapacitated Adult Fatality Review Committee will take a position on the importance of the availability of comprehensive mental health services and that the lack of mental health services and resources results in an increased risk for homicides and/or suicides.
4. Support continuing existing funding for domestic violence programs.
5. Discuss changing the New Hampshire's insanity statute (RSA 628:2).
6. Explore providing materials on bystander responsibility through the Department of Motor Vehicles and the Department of Education.
7. Develop materials for methadone clinics and other treatment facilities (including AA and NA meetings or the facilities and community organizations where the meetings occur) on the options available for victims of domestic violence.
8. The Domestic Violence Fatality Review Committee supports the development of a public awareness campaign on domestic violence.
9. The Committee articulates its support of the background check/mental health registry bill.

OTHER COMMITTEE ACTIVITIES

The Chair and a representative from the Attorney General's Office attended the Office on Violence Against Women, "*Driving Change"* Conference in Boston Massachusetts in April 2013. The focus of the conference was on assessing dangerousness and risk. Presentations featured the formation of High Risk Teams and the expansion of the Lethality Assessment Program. The Conference highlighted the High Risk Assessment Teams, from Newburyport Massachusetts. A very grim statistic from the conference was the fact that the United States is second only to South Africa, in those countries that report, in its rate of death by domestic violence homicide. Another tool being used around the country by advocates and investigators is a danger assessment tool. This work is being led by Dr. Jacqueline Campbell.

In May 2013, the Chair and a representative from the Attorney General's Office attended the National Domestic Violence Fatality Review Initiative (NDVFRI) "*Domestic Violence Fatality Reviews: Global Possibilities*" conference in Phoenix, Arizona. The focus of the conference was on Danger Assessment and Safety Audits.

II. SUMMARY OF NEW HAMPSHIRE DOMESTIC VIOLENCE HOMICIDE DATA 2011-2013

This report presents expansive domestic violence homicide data for the report period of **2011-2013**. It also includes both domestic violence and stalking Court data and victim service data from the New Hampshire Coalition Against Domestic and Sexual Violence from **2013**. Some of the available aggregated data on domestic violence-related homicides in New Hampshire for a period from **2001** to **2013** is included as Appendix C.

The goal in presenting the data in this way is to improve the understanding of the context of these domestic violence homicides and to promote the optimal allocation of resources to help prevent future domestic violence homicides. This data is critical in considering recommendations for system analysis change and improvement.

Domestic violence is having a profound effect on the citizens of New Hampshire. In 2013, nine people lost their lives to domestic violence homicide. In the decade from **2001 to 2013** domestic violence has been one of the leading "causes" of death with the domestic violence homicide rate hovering around the **50%** mark; during the last three years the rate fell to an average of **44**%. New Hampshire has a relatively low homicide rate compared to the national average so it is a relatively "safe" place to live, however being in an intimate relationship can prove to be a fatal factor. In the reporting period, domestic violence was a causal factor in **83%** of the state's **murder/ suicides**.

WHERE

The highest domestic violence homicide rates are in Belknap and Sullivan Counties. Sullivan had the highest rate per capita at **2.3 per 100,000K.** Home can be a dangerous place for a domestic violence victim, **83%** of domestic violence homicides occurred in either the victim's residence or a shared residence with the offender.

WHEN

The state of New Hampshire is beginning to develop data on when domestic violence homicides occur. In the past decade, the highest rate of domestic violence homicides have occurred in the summer months and early autumn, in 2011-2013 **64%** occurred between **April** and **July. Sunday** was the day of the week with the highest rate of domestic violence homicides. In a change from the last report, the time of day that domestic violence homicides occurred was evenly distributed throughout the 24 hour day.

HOW

Firearms, which include handguns and long guns, were involved in **42%** of the cases. Of the domestic violence homicide cases where a firearm was used, **80%** involved a handgun. Other causes of death in domestic violence homicides include **stabbing** at **17%** and **blunt force impact** at **25%.**

WHO

Women were victims in 3 out of 5 domestic violence homicides. If the victim was killed by a **partner**, in **75%** of the cases the victim was **female**. If the victim was killed by a family member **50%** of the victims were **male.** In 2013, the victims ranged in age from 10 to 67.

During the most recent reporting period, in **50%** of the cases the **perpetrator** had a known history of domestic violence. Only **4%** of victims had sought crisis center services prior to their death and only **4%** had a protective order in place when they died.

During the time period from 2011-2013, the DVFRC expressed repeated concern about access to treatment for mental illness and substance abuse. Only **8%** of victims had a known history of mental illness and over half had no known history of substance abuse. In this data, there is an increase from the prior report, **46%** of perpetrators of domestic violence homicide had a known history of mental illness and **54%** had a known history of substance abuse. However only **8 %** were impaired at the time they committed the murder.

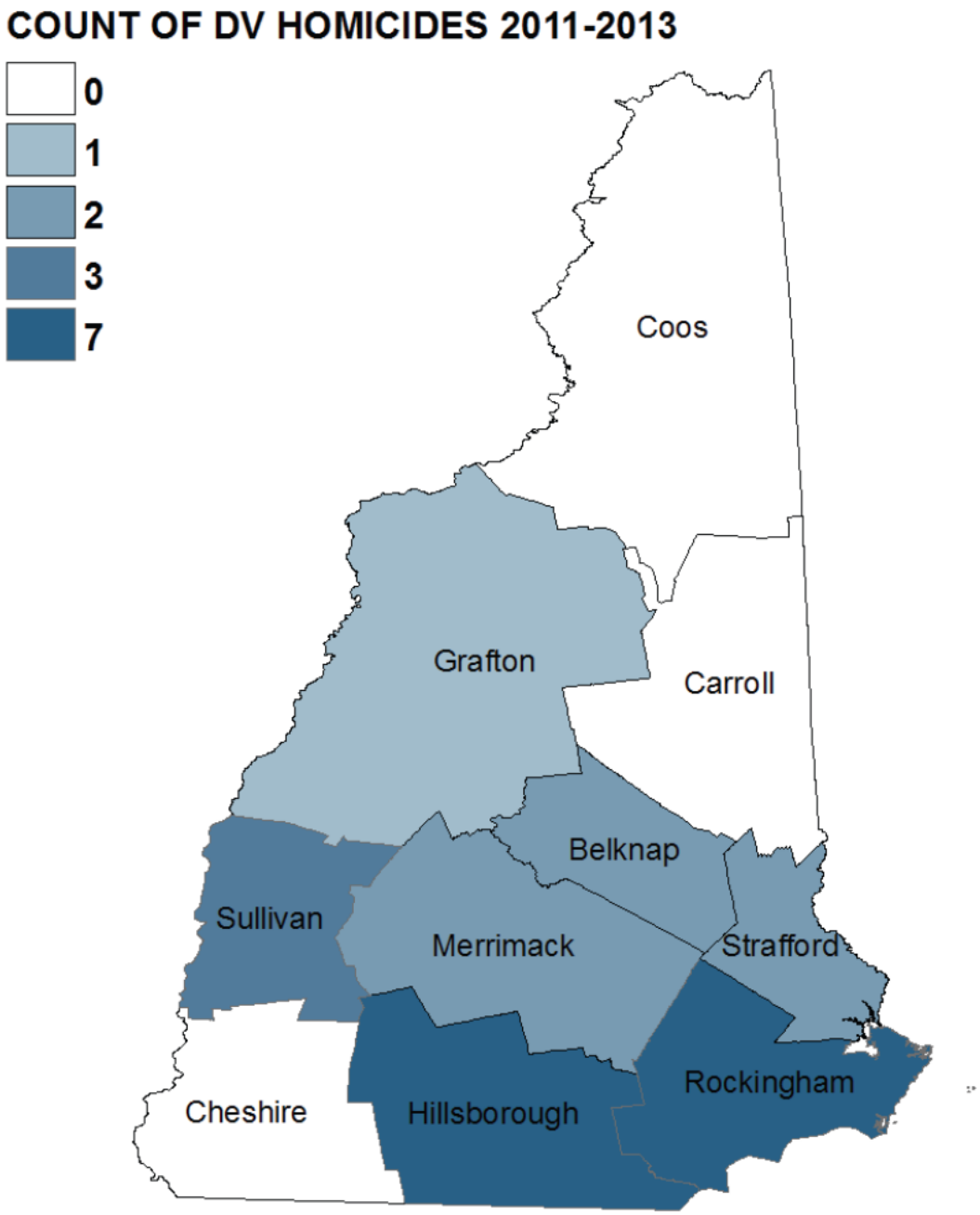
KEY FACTS ABOUT THE DATA

The information presented in this report is from the New Hampshire Attorney General's Office, Office of Victim/Witness Assistance homicide database. *Excluded from this database are deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

Also, keep in mind that the number of perpetrators is different from the number of victims because a homicide incident can have multiple victims and/or multiple offenders. Also, the number of perpetrators does not include unsolved cases where a perpetrator has not been identified.

1 DOMESTIC VIOLENCE HOMICIDES BY COUNTY 2011-2013

How were domestic violence homicides geographically distributed?



KEY POINTS

CHARTS 1& 2

Between 2011 and 2013, there were a total of 24 victim deaths due to domestic violence homicides in New Hampshire. As is seen in Charts 1, 2, 3 & 4, frequencies are greater in areas of our state that have larger populations. Counties with the highest frequencies of domestic violence homicides include Hillsborough and Rockingham Counties. Carroll, Cheshire and Coos Counties did not have any domestic violence homicides during this time. However, this does not mean that these counties are safer, or do not have a domestic violence problem. On the contrary, Chart 4 presents the homicide rates for each county in New Hampshire and shows that when you take into account the population size, some of our most rural counties have a higher rate of domestic violence homicides and non-domestic violence homicides.

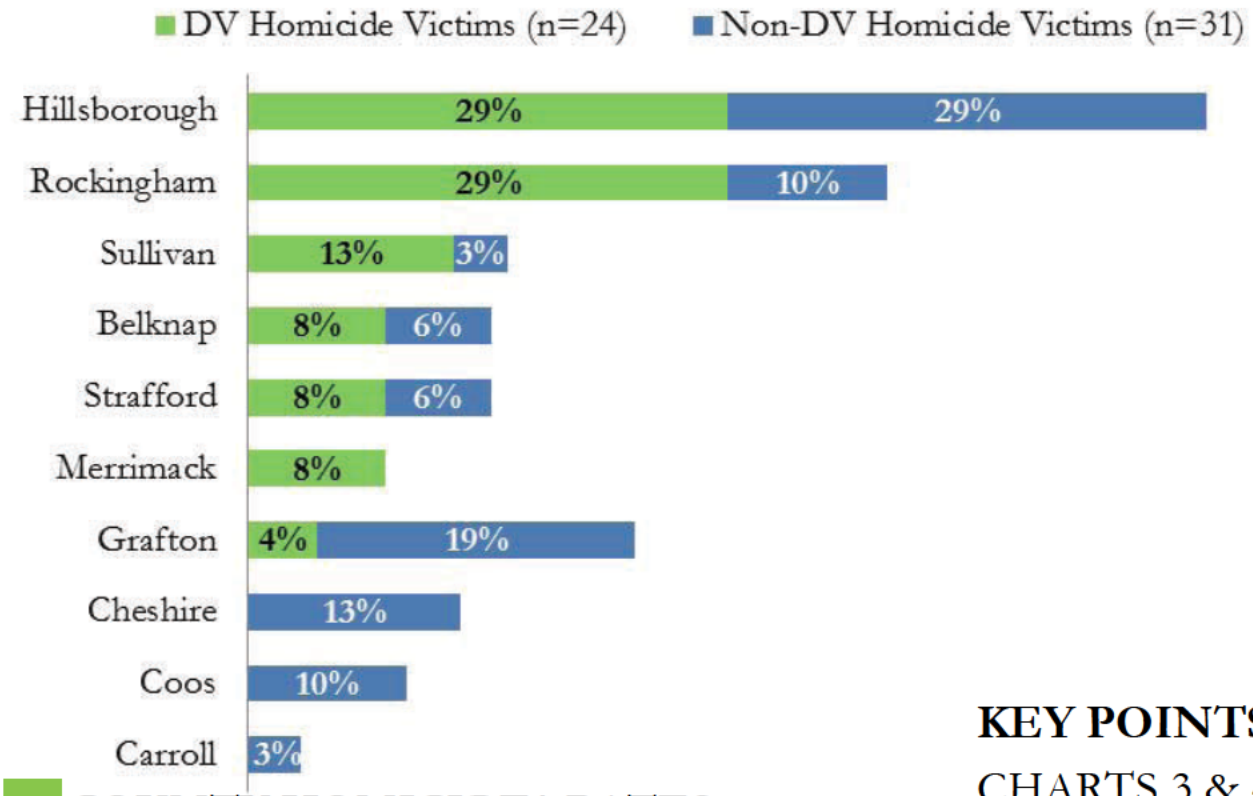
2 DOMESTIC VIOLENCE HOMICIDES BY COUNTY 2011-2013

How many people died in each county from domestic violence over the past few years?

County	2011	2012	2013
Belknap	0	0	2
Carroll	0	0	0
Cheshire	0	0	0
Coos	0	0	0
Grafton	1	0	0
Hillsborough	2	1	4
Merrimack	2	0	0
Rockingham	2	4	1
Strafford	1	0	1
Sullivan	0	2	1
Total	**8**	**7**	**9**
TOTAL NUMBER OF DEATHS			**24**

3 HOMICIDES* BY COUNTY 2011-2013

What percent of DV and Non-DV homicides in New Hampshire were in each county?



4 COUNTY HOMICIDE* RATES 2011-2013

How did counties compare in their rate of DV and Non-DV homi-

County	DV Homicide Rates	Non-DV Homicide* Rates	Overall Homicide* Rate
Coos	0.0	3.1	3.1
Sullivan	2.3	0.8	3.1
Grafton	0.4	2.2	2.6
Belknap	1.1	1.1	2.2
Cheshire	0.0	1.7	1.7
Hillsborough	0.6	0.7	1.3
Rockingham	0.8	0.3	1.1
Strafford	0.5	0.5	1.1
Carroll	0.0	0.7	0.7
Merrimack	0.5	0.0	0.5
NH Rate Total	0.6	0.8	1.4

KEY POINTS

CHARTS 3 & 4

New Hampshire's overall homicide rate seemed to remain fairly stable with between 1 and 2 victims per 100,000 people each year. New Hampshire is well below the national average of 4.7 homicides per 100,000 people, and purports the lowest rates of homicide in the nation in 2011 and 2012 (FBI, 2012).

2011-2013 appear similar in the rates of domestic violence homicides and non-domestic violence homicides as the rates for 2001-2010, with slightly more non-domestic violence homicides than domestic violence homicides.

*Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

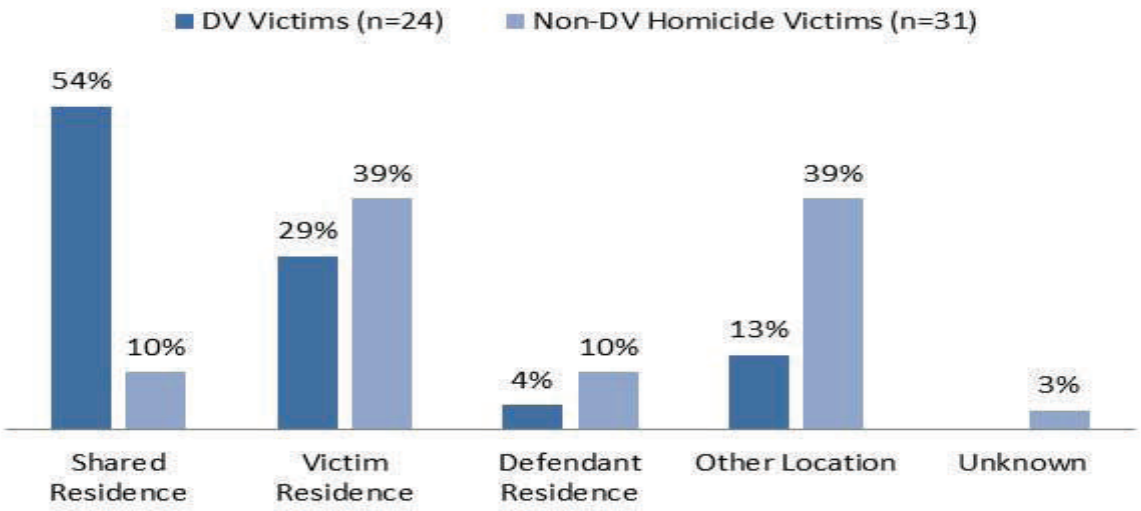
KEY POINTS

CHART 5

Domestic violence homicide victims were murdered predominately in their shared residence with the offender, or at the victim's residence. In comparison, non-domestic violence homicides are frequently in the victim's home or a variety of other locations.

5 LOCATION OF HOMICIDES* 2011-2013

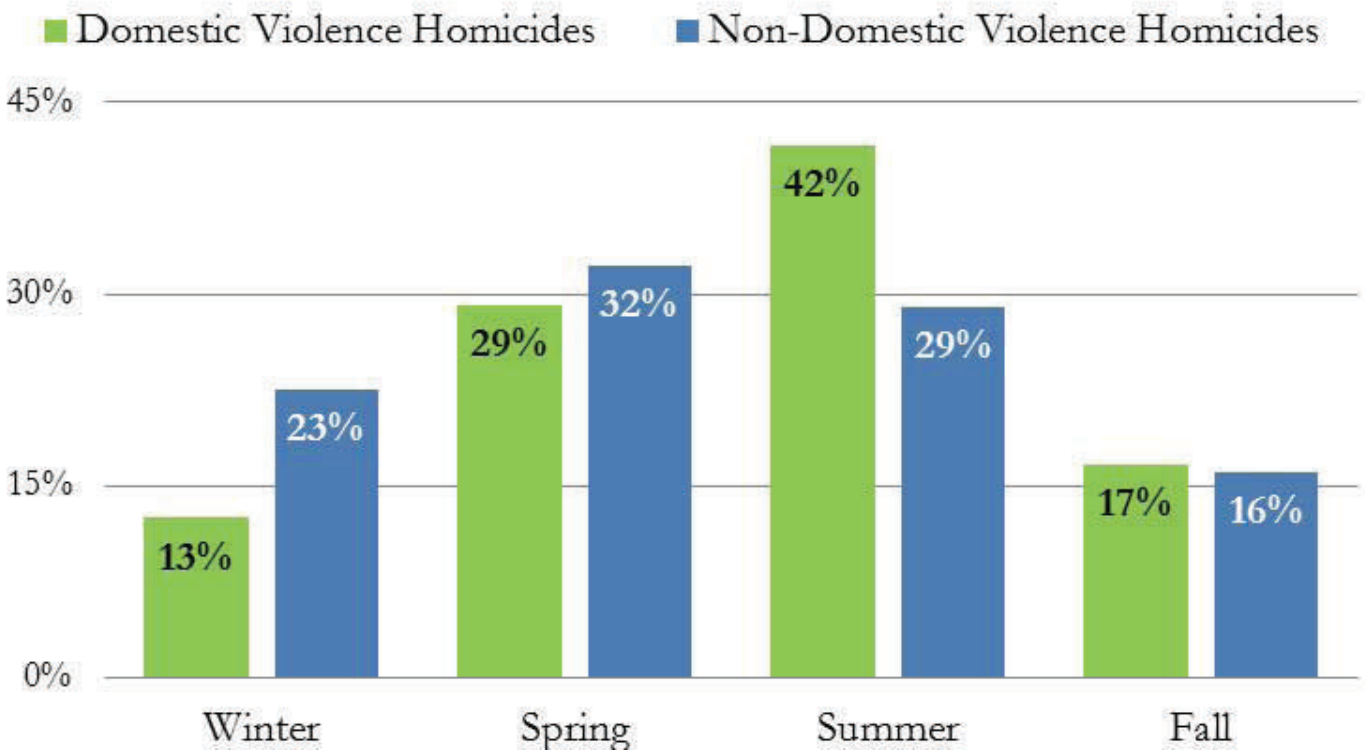
How did the locations of DV and Non-DV homicides vary?



*Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

6 HOMICIDES* BY SEASON 2011-2013

How prevalent were DV and Non-DV homicides during each season?



7 HOMICIDES* BY MONTH 2011-2013

How prevalent were DV and Non-DV homicides during each month of the year?

Month	Domestic Violence Homicides (n=24)		Non-Domestic Violence Homicides (n=31)	
January	2	8%	2	6%
February	0		1	3%
March	1	4%	1	3%
April	3	13%	6	19%
May	3	13%	3	10%
June	4	17%	5	16%
July	5	21%	4	13%
August	1	4%	0	
September	0		1	3%
October	2	8%	4	13%
November	2	8%	0	
December	1	4%	4	13%
Total	24	100%	31	100%

*Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

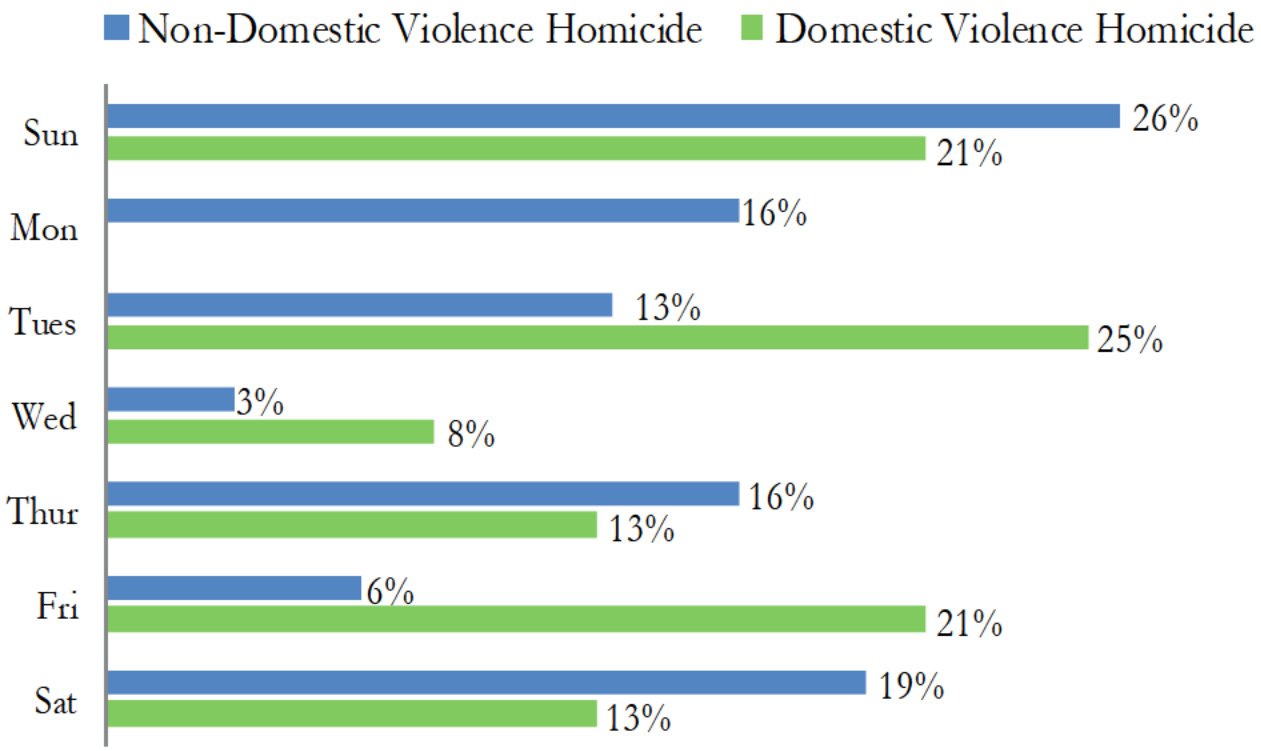
KEY POINTS

CHARTS 6 & 7

Domestic violence and non-domestic violence homicides seem to follow similar patterns in the various times of year. As you can see in Chart 6 domestic violence homicides and non-domestic violence homicides occur more frequently during the spring and summer months.

8 HOMICIDES* BY DAY OF WEEK 2011-2013

How prevalent were DV and Non-DV homicides on each day of the week?



9 HOMICIDES* BY DAY OF WEEK 2011-2013

How frequent were DV and Non-DV homicides on each day of the week?

Day of Week	Domestic Violence Homicide Victims (n=24)	Non-Domestic Violence Homicide Victims (n=31)
Monday		16%
Tuesday	25%	13%
Wednesday	8%	3%
Thursday	13%	16%
Friday	21%	6%
Saturday	13%	19%
Sunday	21%	26%
Total	100%	100%

KEY POINTS

CHARTS 8 & 9

Domestic violence homicides were most prevalent on Tuesdays, Fridays, and Sundays while non-domestic violence homicides tend to occur most on Sundays, Saturdays, Mondays and Thursdays.

*Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

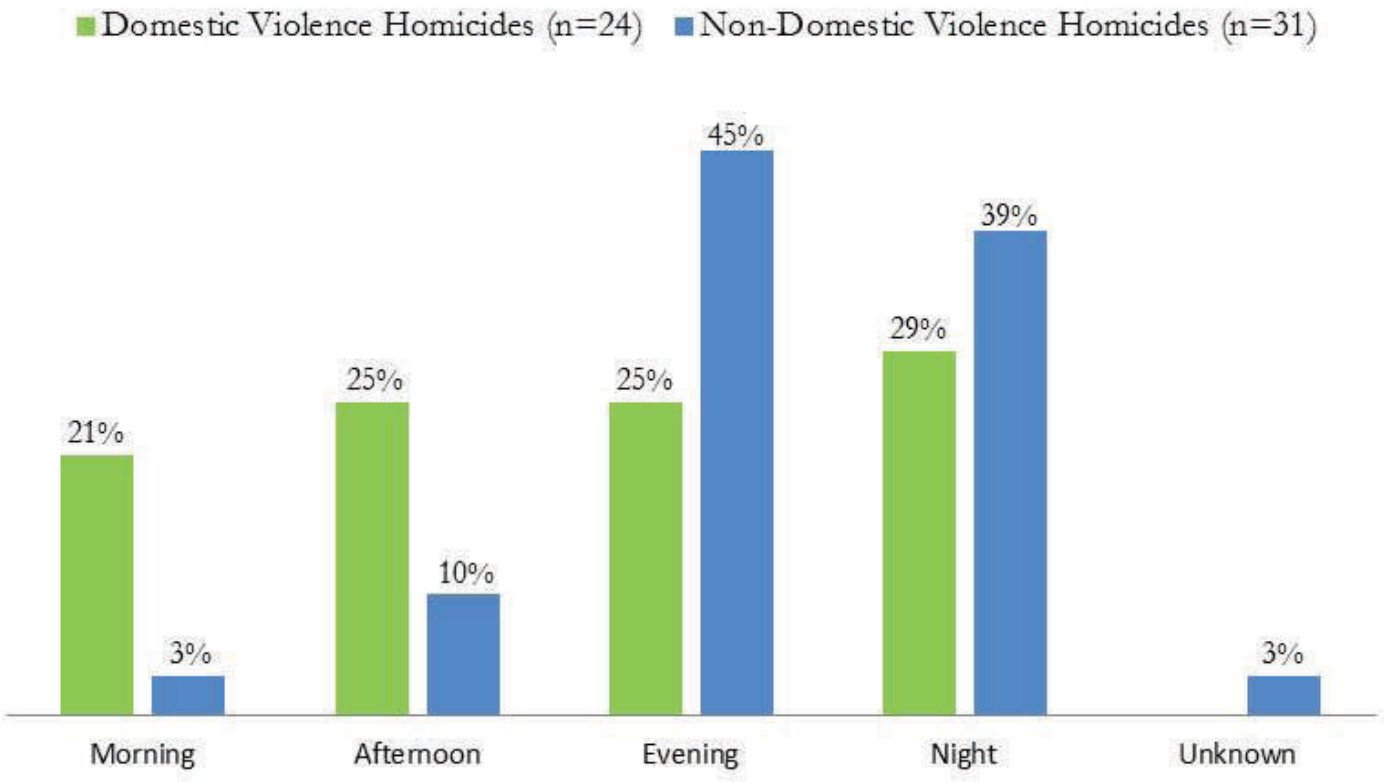
KEY POINTS

CHART 10

Domestic violence homicides are fairly evenly split by time of day with almost equal amounts occurring in the morning, afternoon, evening and night times. However, this pattern does not seem to be evident with non-domestic violence homicides, which tend to occur more in the evening and night. It is an interesting difference, that domestic violence homicides seem to happen at all times of the day, while non-domestic violence homicides seem to occur more in the evening and at night.

10 HOMICIDES* BY TIME OF DAY 2011-2013

What were the differences in when DV and Non-DV homicides occur?



Note. Morning = 6:01 am-Noon;

Afternoon = 12:01pm-6:00 pm;

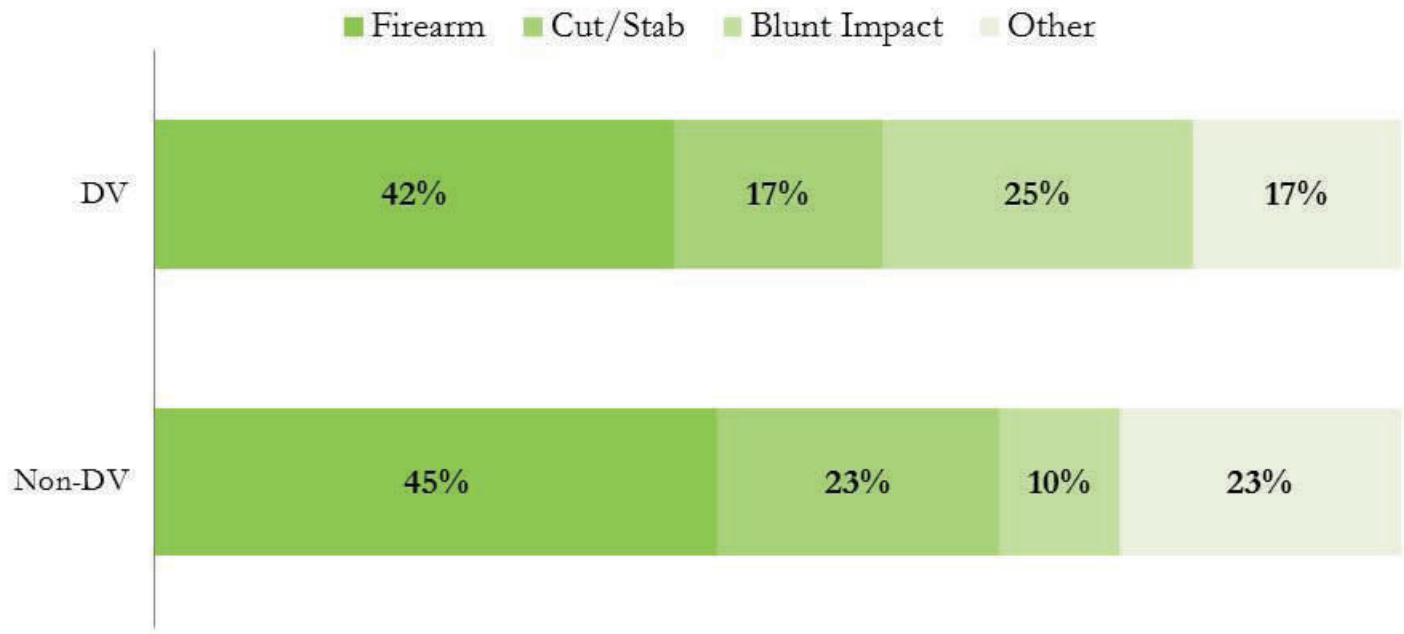
Evening = 6:01 pm-Midnight;

Night = 12:01am-6:00 am.

*Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

11 HOMICIDE* CAUSE OF DEATH 2011-2013

What were the causes of death in DV and Non-DV homicides?



KEY POINTS

CHARTS 11 & 12

Firearms are a common cause of death in both domestic violence homicides and non-domestic violence homicides. About 2 out of 5 domestic violence and non-domestic violence homicides involved a firearm.

Compared with non-domestic violence homicides, domestic violence homicides occur more often by blunt impact.

Cut or stabbing was the cause of death in **17%** of domestic violence homicides and **23%** of non-domestic violence homicides.

12 HOMICIDE* CAUSE OF DEATH 2011-2013

Cause of Death	Domestic Violence Homicide Victims	Non-Domestic Violence Homicide Victims
Hand Gun	8	14
Long Gun	2	0
Firearm	**10**	**14**
Cut/Stab	4	7
Blunt Impact	6	3
Strangulation	0	2
Other	4	5
Total	**24**	**31**

*Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder, and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

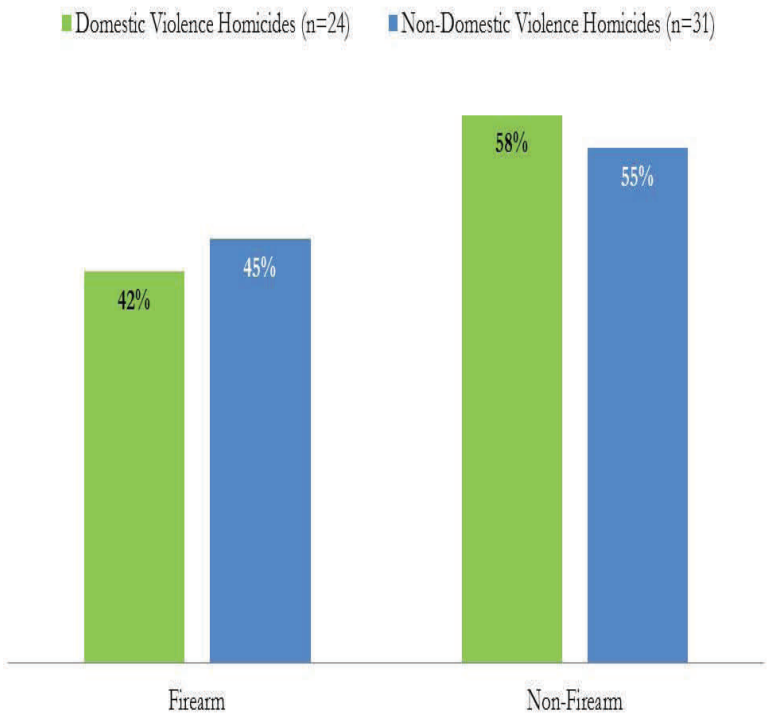
KEY POINTS

CHART 13

Between 2011 and 2013, **42%** of domestic violence and **45%** of non-domestic violence homicides were committed with a firearm. Of those, a handgun was used in **80%** of the domestic violence homicides and **100%** of the non-domestic violence homicides.

13 HOMICIDES* BY FIREARMS 2011-2013

What percent of DV and Non-DV homicides were with a firearm?



Note. Firearm = handgun or long gun.

*Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

Access to Lethal Means: Cross-Fatality Board Recommendation

The expression, "Reducing Access to Lethal Means", is commonly associated with suicide prevention activities. Research has demonstrated that restricting access to lethal means (or method) decreases the incidence of suicide death. (Mann JJ, Apter A, Bertolote J, et al. (2005). Suicide prevention strategies: A systematic review. JAMA, 294, 2064-2074)

Limiting access to lethal means is a recommendation of the National Strategy for Suicide Prevention and the New Hampshire Suicide Prevention Plan. As a result, it is being recommended for all of the State of New Hampshire's Fatality Boards. The goal of this recommendation is not only to reduce the incidence of suicide deaths, but also to reduce suicide/homicide, homicide and unintentional deaths and injuries.

Limiting access to lethal means involves efforts to securely store items that can be used for self harm and/or harm to others. Firearms are the primary focus as they are the most lethal method. Access to medications should also be included as the most frequently used method for suicide attempts. Knives, pesticides, and other potential items for harm should also be addressed when, and where, applicable.

Secure storage means the item(s) is/are consistently locked up and out of sight of the person at risk, the combination or the key is known to only those for whom there is no concern, and/or the item(s) are stored out of the residence. These efforts would include any residence the person of concern frequents.

GUN OWNERSHIP AND HOMICIDE

42% of DV homicides and 45% of Non-DV between 2011-2013 in New Hampshire involved firearms.

The Importance of Gun Safety

New Hampshire, along with the rest of the nation, is engaged in dialogue about gun laws in the wake of the school shooting at Sandy Hook Elementary school in Newtown, Connecticut in December 2012. This article is not about any stance towards more, or fewer, restrictions on gun ownership. Research is mixed and inconclusive as to whether or not stricter gun laws on ownership result in less violence. New and/or existing gun laws apply only to guns legally obtained, not all guns. Instead, this article is about safety of guns in the home. The Domestic Violence Fatality Review Committee is concerned with gun safety and how best to achieve that goal.

The importance of gun safety should be obvious. Sadly, many times the expression "access to lethal means" comes into play for the cases reviewed.

Research (1) has found that guns are involved in more than 31,000 deaths, and an estimated 74,000 nonfatal injuries, among US residents each year. Increased gun safety by all who have guns, wherever they have guns, has the potential to affect over 100,000 individuals each year.

The risks (meaning deaths and injuries) involving guns are more often risks related to suicide and suicide attempts, as opposed to homicides and accidental shooting injuries and deaths. Statistics show that more people die by suicide with a gun each year than are murdered by someone using a gun. In 2010 in the U.S., 19,392 people died by gun suicide compared with 11,078 who were killed by others.

Guns can be lethal, and guns that are not "in use" may be accessible.

Gun owners and their families are much more likely to kill themselves than are non-gun-owners. A 2008 study by Matthew Miller and David Hemenway, both from the Harvard Injury Control Research Center, found that rates of gun suicides in states with the highest rates of gun ownership are 3.7 times higher for men and 7.9 times higher for women, compared with states with the lowest gun ownership— though the rates of non-gun suicides are about the same. For individuals in gun-owning households, compared to individuals in households without guns, there was no difference in rates of mental illness or in terms of serious consideration of suicide. (2) This study suggests that the single factor of a gun is responsible for the difference.

One third of the households in the United States have at least one gun; be it for self-defense, hunting, target shooting, collections, re-enactments, their jobs, etc… The varied purposes and benefits of gun ownership are important to the individuals and their lifestyles. This article is about gun safety for the guns in these households.

Research supports gun safety, regardless of the purpose of the gun(s). Restricting access to lethal means (or method) decreases the incidence of suicide death (3). Suicide, as previously mentioned, is by far the most common occurrence in deaths involving guns. Gun safety, however, is important to prevent deaths and injuries from all events: suicide, murder-suicide, homicide, and unintentional shootings. Gun safety can occur by following the suggestions below for all guns in the residence:

1. Individuals should seek proper instruction before using a gun. This can be done by attending a reputable gun safety-handling course or by seeking private instruction before attempting to use a gun. Individuals are encouraged to learn how it operates before handling a new gun. The safety device can never replace safe gun handling. Knowing how to use each gun properly decreases accidental shootings.

2. Individuals need to be sure of their target—and what's beyond. One must be absolutely sure the target has been identified without any doubt. It is also equally important to be aware of the area beyond the target.
3. It is not advisable to mix alcohol or drugs with shooting.
4. Individuals should store guns safely and securely when not in use. "Secure storage" means the gun(s) is/are consistently locked up. It is suggested that if there is a concern about suicide and an individual, that the gun(s) also be kept out of sight of that individual. Lock all guns unloaded in a safe designed for guns or in a tamper-proof, locked storage place. Lock the ammunition separately. The combination, or the location of key to the lock, should be known only by those for whom there is no concern, and/or the gun(s) is/are stored away from the residence. "Secure storage" would need to occur for any residence a person of concern frequents. Hiding unlocked guns is not advised; children often know their parent's hiding places.
5. Individuals who own guns for self-defense own guns that are always "in use". The responsible gun owner needs to make prudent decisions as to how to balance easy access to the gun for self defense use if, and when, needed with sensible precautions against access to the gun by persons and/or situations that are of concern.
6. Other individuals who come into contact with someone for whom there is concern (e.g. family members, First Responders called for any reason, neighbors and/or co-workers) are encouraged to explore access to firearms and, if necessary, make arrangements for temporary storage away from the individual. Efforts are currently underway to address this issue for First Responders.

References:

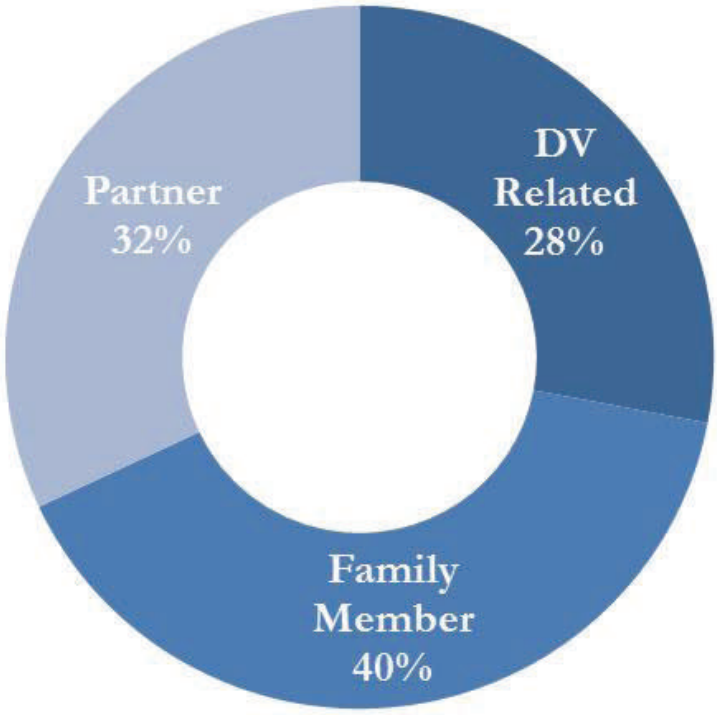
1. Centers for Disease Control and Prevention. Web-based injury statistics query and reporting systems: fatal injury reports. Available at http:/www.cdc.gov/injury/wisquers/fatal-injury-reports.html. Accessed January 9, 2013.

2. Drexler M. Guns and Suicide: the Hidden Toll, *Harvard School of Public Health* newsletter, Spring 2013, 24-35.

3. Mann JJ, Apter A, Bertolote J, et al. (2005). Suicide prevention strategies: A systematic review. *JAMA*, 294, 2064-2074)

14 RELATIONSHIP TYPES IN DV HOMICIDES 2011-2013

What types of relationships were seen between victims and offenders in domestic violence homicides?



Partner homicides are current or prior intimate relationship, including spouses, unmarried cohabitators and ex's.

Family member homicides include incidents committed by and against family members but exclude intimate partners (e.g., when a parent kills a child).

Domestic violence related homicides are neither intimate partners nor family members, but the homicide has some relationship to domestic violence (e.g., estranged husband kills wife's current intimate partner).

KEY POINTS

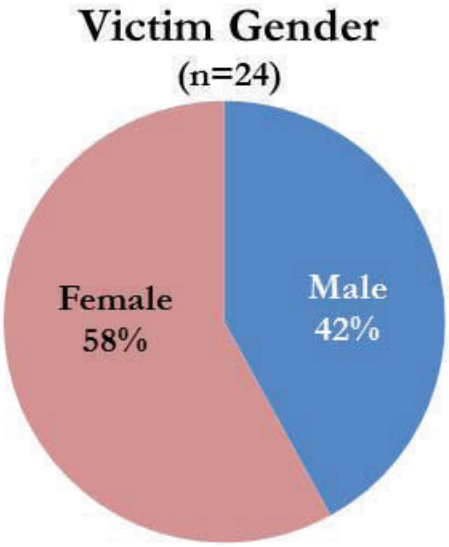
CHART 14

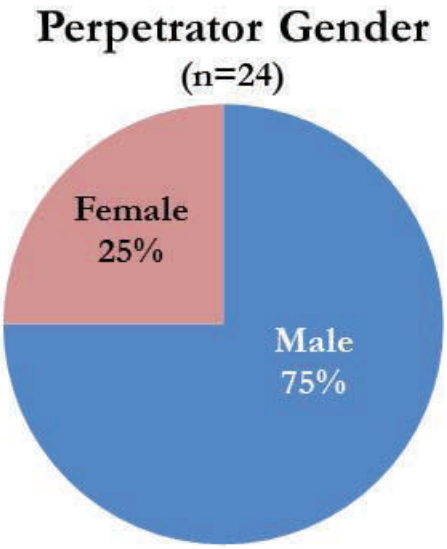
Between 2011 and 2013 the most prevalent relationship type in domestic violence homicides was family members, with partner and DV related homicides each making up about a third of all domestic violence homicide relationship types. This does seem quite a bit different from the 2001-2010 data (NHGCDSV, 2012) and may indicate a shift in types of cases, but it's likely that it is just an anomaly, as the total number of cases between 2011 and 2013 is small.

*The number of relationship types represents the number of these relationships found between victim and offenders in these incidents. Given that incidents often involve multiple victims and offenders, the total numbers may be higher than the count of victims or offenders.

15 OFFENDER & VICTIM GENDER IN DV HOMICIDES 2011-2013

Who were the victims and offenders in domestic violence homicides?





KEY POINTS

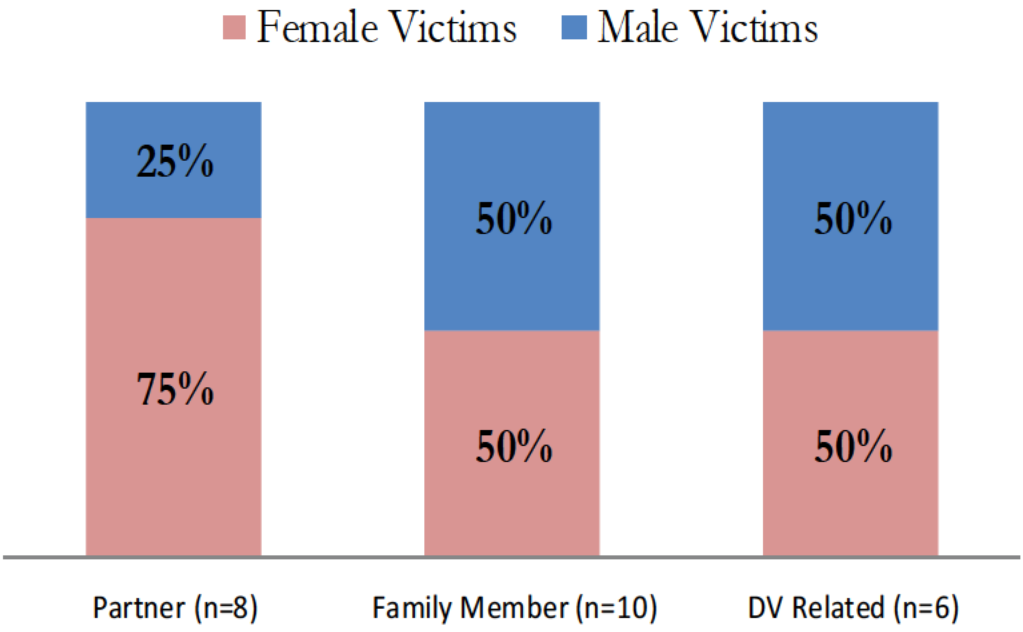
CHART 15

About **3 out of 5** victims in domestic violence homicides between 2011 and 2013 were female and about **2 out of 5** were male. The breakdown of genders in 2011-2013 is slightly more male victims than was evident in the 2001-2010 report (NHGCDSV, 2012). This is likely being driven by the different relationship types seen in Chart 14 (fewer partner homicide and more family member and DV related homicide relationship types). However, this may just be an anomaly due to the small number of victims and offenders over the 3 years this report is examining.

Three out of 4 perpetrators of domestic violence homicides are male and **1 in 4** are female.

16 RELATIONSHIP TYPES BY VICTIM GENDER 2011-2013

What percent of victims were male and female within each relationship type in DV homicides?



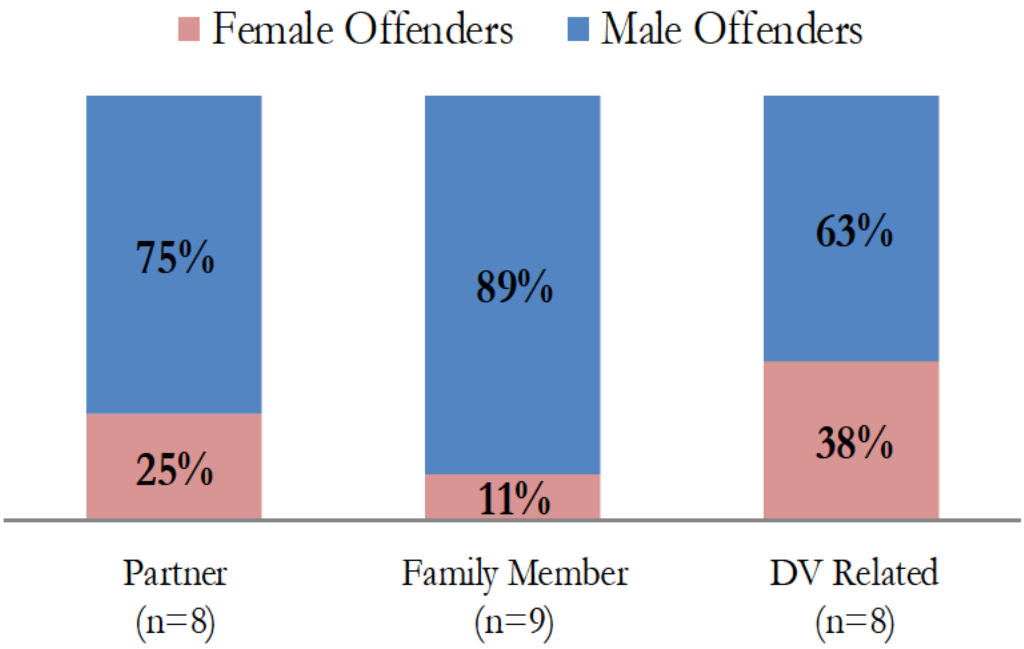
KEY POINTS

CHART 16

Male and female victims were equally prevalent in family member and DV related homicides. However, female victims were more common in partner homicides, with 3 out of 4 victims female.

17 RELATIONSHIP TYPES BY PERPETRATOR GENDER 2011-2013

What percent of offenders were male and female for each relationship type in DV homicides?



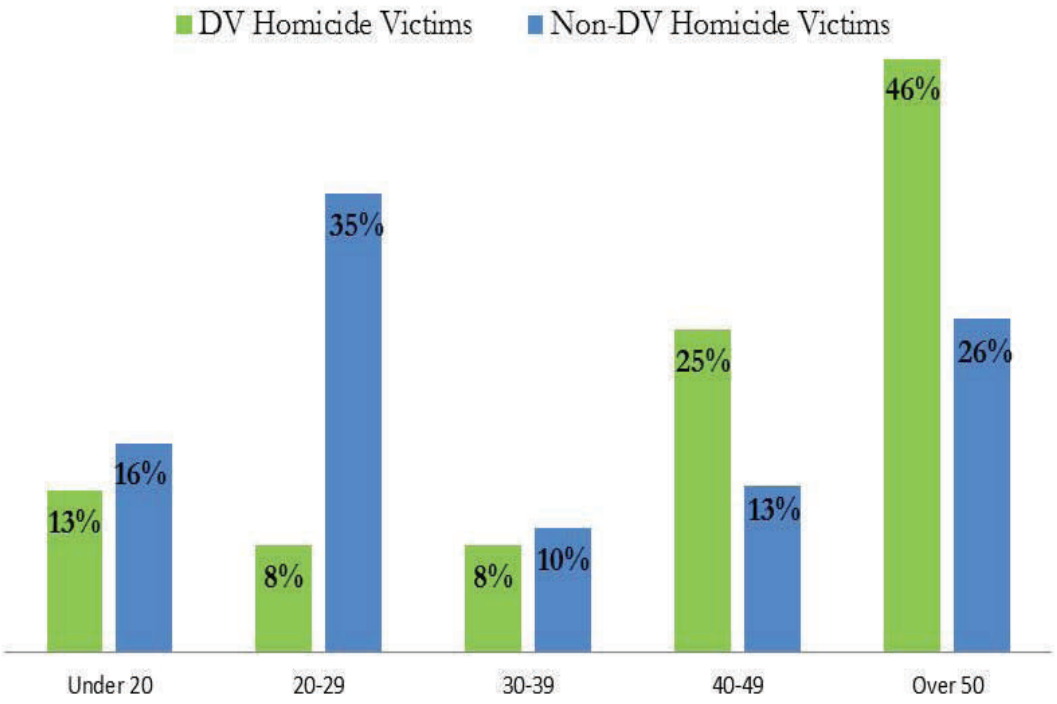
KEY POINTS

CHART 17

Male offenders are more common than female offenders in all relationship types of domestic violence homicides. The majority of offenders in domestic violence homicide incidents with a relationship type of family member were male (**89%**). Three out of 4 partner homicide offenders were male and 3 out of 5 DV Related offenders were male.

18 VICTIM AGE 2011-2013

Were DV homicide victims' ages different than non-DV homicide victims' ages?



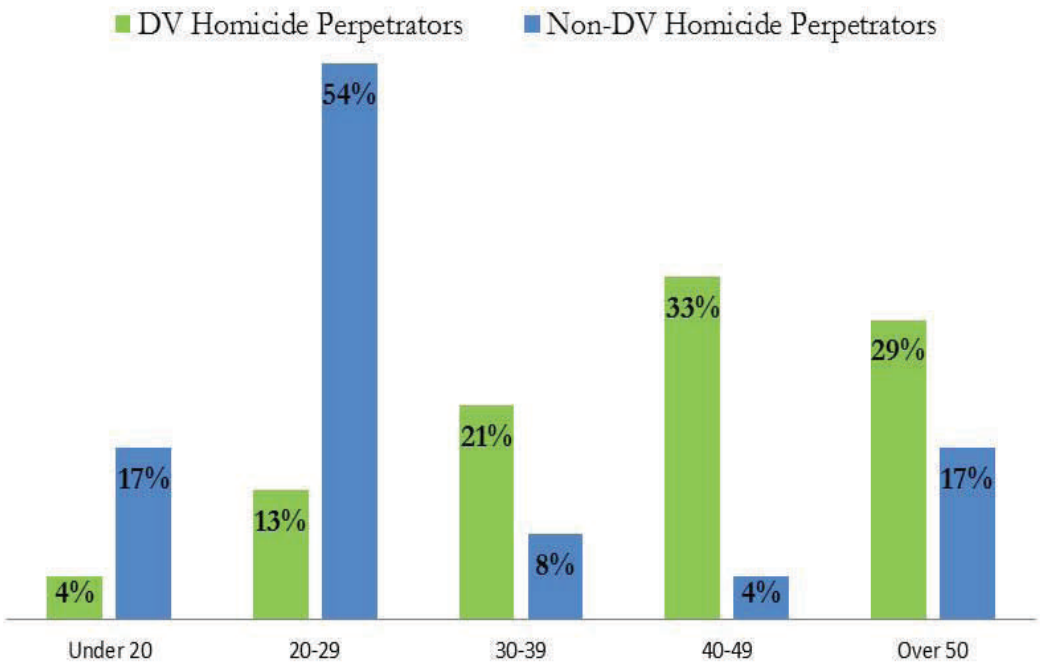
KEY POINTS

CHART 18

Domestic violence homicide victims tend to be over 30 while non-domestic violence homicide victims are a mix of ages.

19 PERPETRATOR AGE 2011-2013

Were DV homicide perpetrators' ages different than non-DV homicide perpetrators' ages?



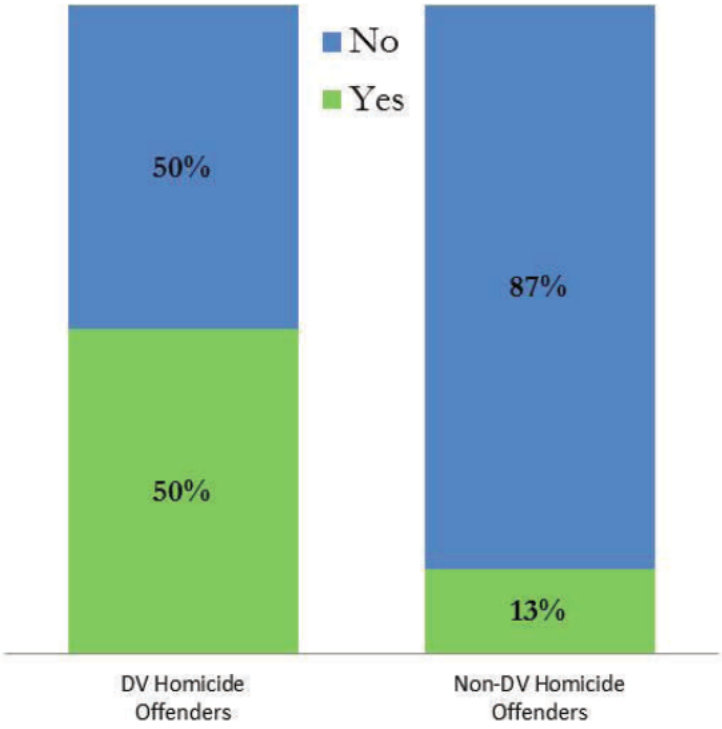
KEY POINTS

CHART 19

Domestic violence homicide perpetrators tend to be older than non-domestic violence homicide perpetrators.

20 PERPETRATORS' HISTORY OF DOMESTIC VIOLENCE 2011-2013

Half of all domestic violence homicide perpetrators (n=24) had a history of domestic violence, compared to only 13% of non-domestic violence homicide perpetrators (n=24).



VICTIMS' USE OF PROTECTIVE ORDERS & CRISIS CENTER SERVICES 2011-2013

Very few of the victims of domestic violence homicides had a protective order in place at the time of the homicide or accessed crisis center services. Only 1 out of 24 victims (**4%**) had a protective order and 1 defendant had a protective order against him, by a related party. Only 1 (**4%**) had accessed crisis center services. This is consistent with national research (Jacquelyn, Cambell, 2004).

NEW HAMPSHIRE LETHALITY ASSESSMENT PROGRAM (LAP)

The New Hampshire Attorney General's Office has adopted the research/evidence based Maryland Lethality Assessment Program (LAP) as a model response for domestic violence cases.

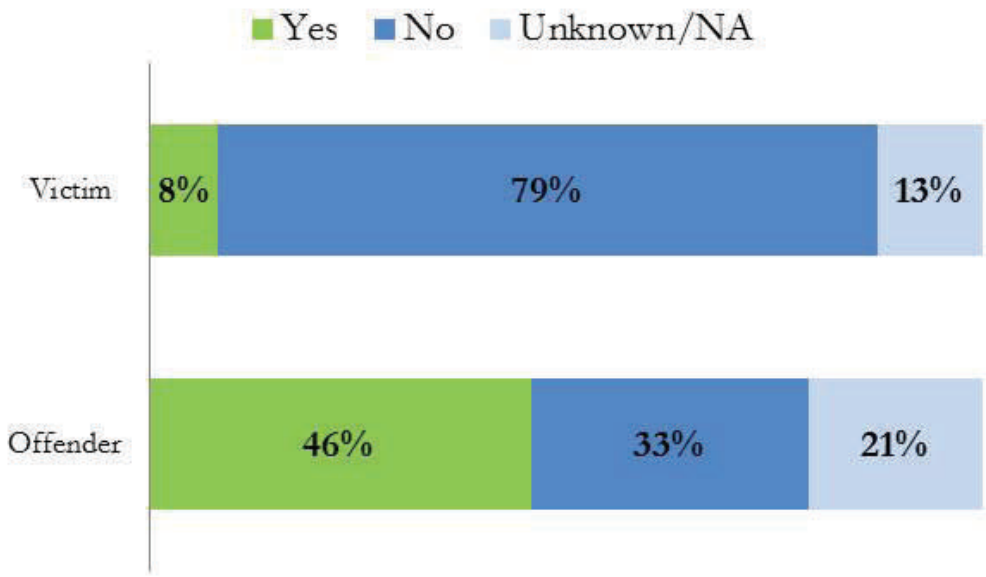
The LAP is an 11 question intimate partner homicide screening tool and an accompanying response and referral protocol designed to identify high risk domestic violence victims who are at the greatest risk of being seriously injured or killed and to immediately connect them with crisis center services for safety planning, information and resources.

The goal of LAP is to prevent domestic violence homicides, serious injury and re-assault by encouraging more victims to use the services of domestic violence crisis centers.

Studies have shown (9th International Family Violence Research Conference, 2005) that the support services of crisis centers can save lives and reduce re-assaults, yet these programs continue to be under-utilized. There is a 60% reduction in risk of severe assault when victims utilize domestic violence services (9th International Family Violence Research Conference, 2005). Studies show abused women who used domestic violence services are much less likely to be the victim of murder or attempted murder. A comprehensive, nationwide, domestic violence study found only 4% of actual or attempted intimate partner homicide victims utilized domestic violence services ("Missed Opportunities for Prevention of Femicide by Health Care Providers", Jacquelyn Cambell et. al., Preventive Medicine, 2004).

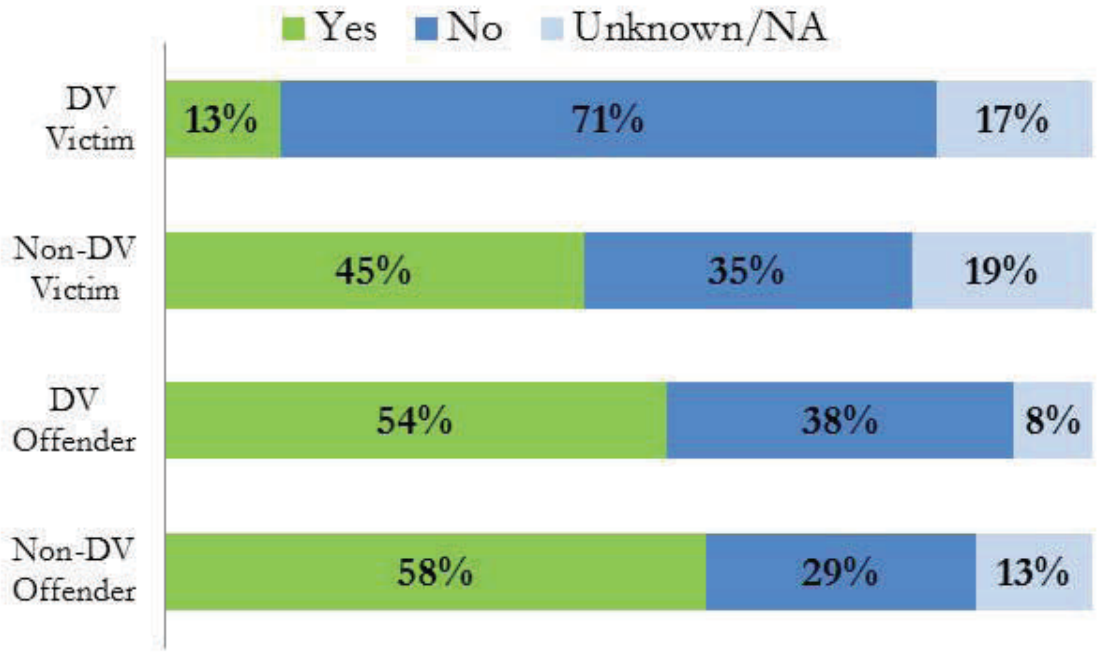
21 KNOWN HISTORY OF MENTAL ILLNESS IN DV HOMICIDES 2011-2013

In domestic violence homicides, was there a history of mental illness with victims or offenders?



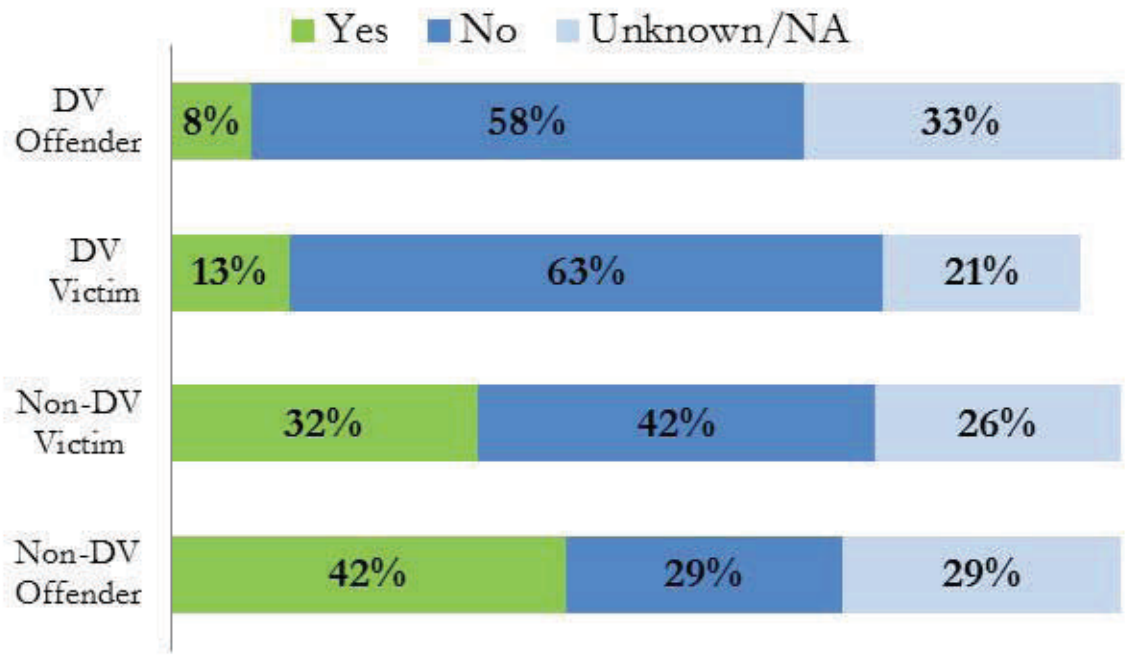
22 KNOWN HISTORY OF SUBSTANCE ABUSE 2011-2013

Were DV homicide victims and offenders similar in their histories of substance abuse as non-DV homicide victims and offenders?



23 IMPAIRED AT TIME OF HOMICIDE INCIDENT 2011-2013

Were DV homicide victims and offenders as likely to be impaired at the time of the homicide incident as non-DV homicide victims and offenders?

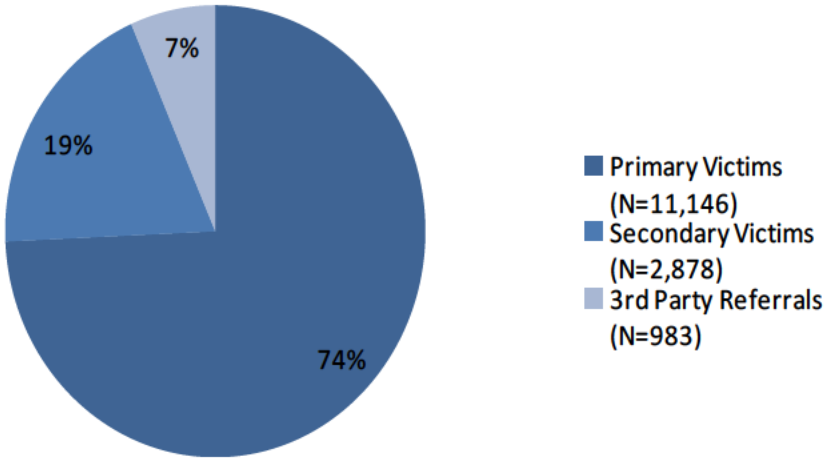


III. NEW HAMPSHIRE COALITION AGAINST DOMESTIC & SEXUAL VIOLENCE 2013 CRISIS CENTER DATA REPORT

The New Hampshire Coalition Against Domestic and Sexual Violence ("Coalition") is made up of an administrative office and 14 member programs which run crisis centers and emergency shelters for victims and their children of domestic violence, sexual assault and stalking across the state of New Hampshire. The crisis centers and emergency shelters provide direct services, support and advocacy to victims of abuse and their children. Also, in an effort to be proactive and stop violence before it occurs, the Coalition member programs develop and deliver prevention initiatives to the citizens of New Hampshire, through outreach and educational programs. The Coalition partners with law enforcement, prosecution, state and local agencies, and social service and community-based support systems to promote safety and well-being in our New Hampshire communities. The following data was compiled by the Coalition, derived from its victim database.

24 VICTIMS SERVED AT CRISIS CENTERS & SHELTERS 2013

How many individuals were served in 2013 at Coalition crisis centers & emergency shelters?



KEY POINTS

CHARTS 24 & 25

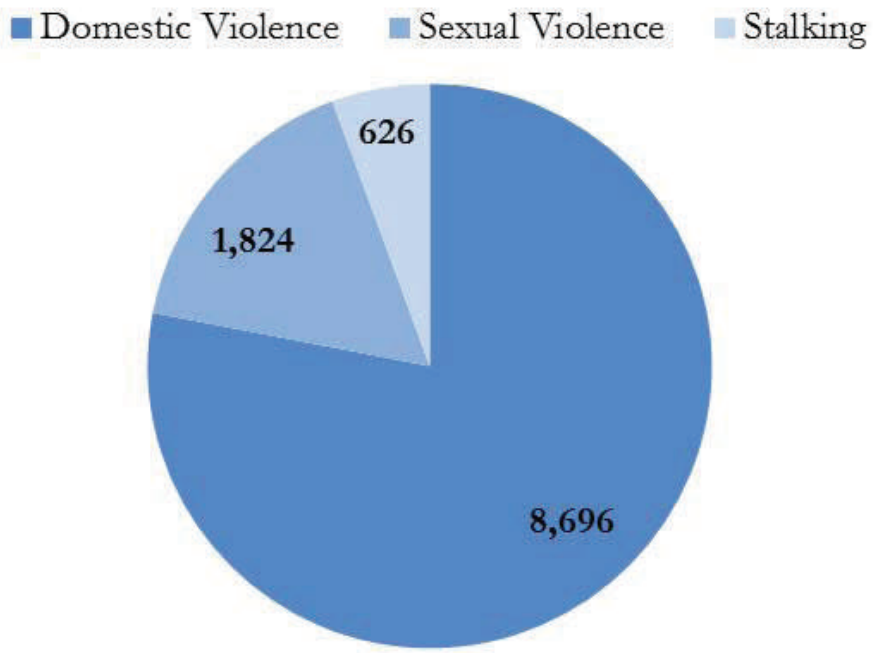
Primary Victim is a person, of any age or gender, who self identifies as having experienced domestic violence, sexual violence, stalking, or bullying or is determined to be a victim through member program screening. This includes adult intimate partner abuse, child abuse and child exposure. Three out of four people that were served in 2013 were primary victims.

Secondary Victim is a person who is emotionally affected by the primary victim's situation by virtue of having a close relationship/attachment, e.g. intimate partner, family member, friend, teacher, etc.

3rd party referral is any person, who is determined not to be a primary or secondary victim e.g. doctor's office, DCYF/DHHS staff, schools, courts, hospitals, police, etc.

25 ABUSE TYPE OF PRIMARY VICTIMS 2013

What types of abuse did primary victims experience?



KEY POINTS

CHART 25

Intimate partner violence or domestic violence is defined as on ongoing pattern of coercive behaviors used by one partner against another, in the context of an intimate relationship, in order to gain power and control over the other person.

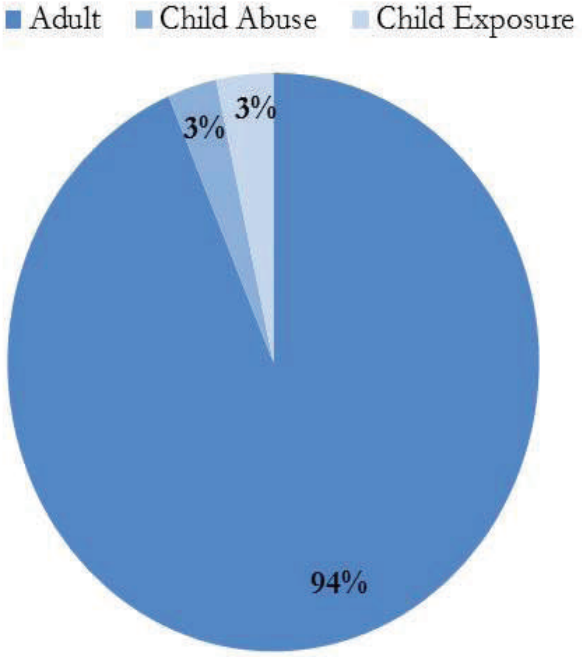
The coercive behaviors may include physical assault, sexual assault, stalking or economic abuse. Emotional abuse is virtually always present.

The member programs of NHCADSV report seeing an increase requests for:

- Shelter and transitional housing
- Hospital calls as the level of intensity in the violence has escalated
- Accompaniment at court
- Advocates at the Child Advocacy Centers
- Sexual assault services

26 DOMESTIC VIOLENCE TYPES OF PRIMARY VICTIMS 2013

Of primary victims who experienced domestic violence, what type of DV did they experience?



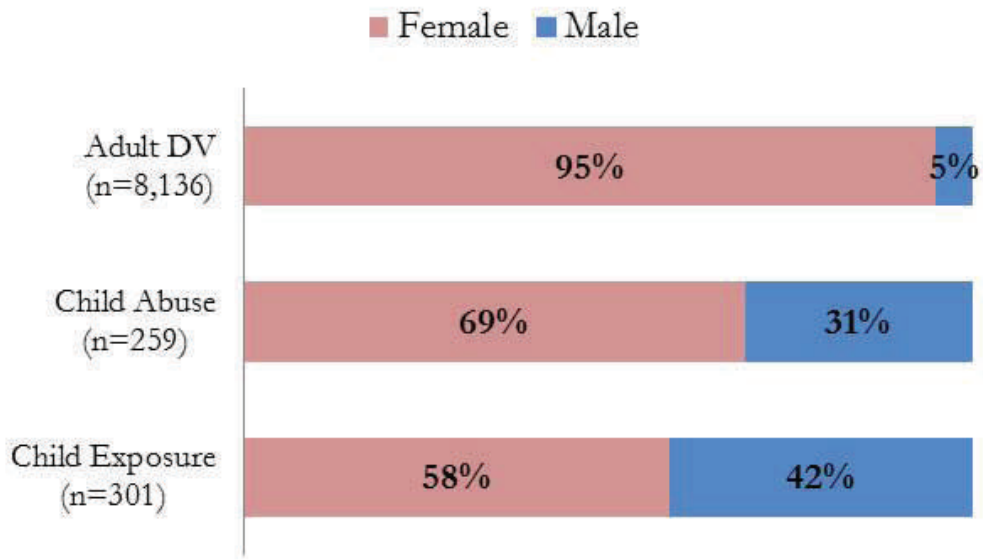
KEY POINTS

CHART 26

The majority of domestic violence victims receiving services are adults, however many children are also receiving services because of the violence they experienced and/or witnessed. Healing begins with compassionate, healthy, loving relationships. A nurturing relationship with a supportive adult is the most powerful tool we have to help children heal from traumatic events.

27 GENDER OF DOMESTIC VIOLENCE PRIMARY VICTIMS 2013

What percent of victims of each type of domestic violence were male and female?



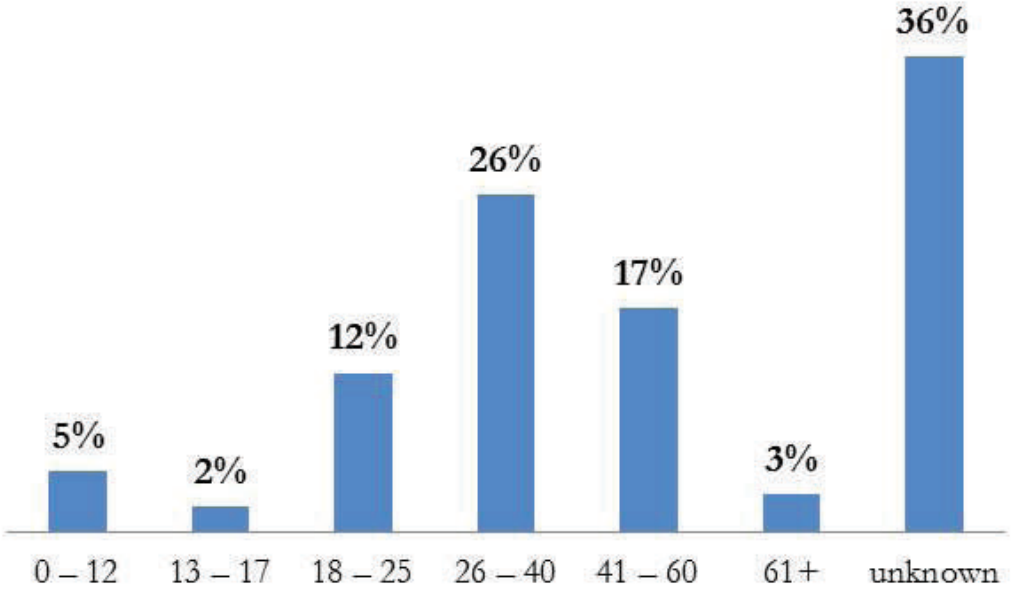
KEY POINTS

CHART 27

Women are more likely to be victims of domestic violence, which is reflected in the number of female victims served; however, there are male victims of domestic violence. The abuse can be physical violence, sexual violence, stalking, verbal, emotional, mental/psychological, and economic. The warning signs and barriers that keep victims from leaving their batterers are similar in both genders, however men are less likely to report the intimate partner violence and seek services due to several factors including stigma and fear of not being believed.

28 AGE OF DOMESTIC VIOLENCE PRIMARY VICTIMS 2013

What were the ages of primary victims of domestic violence?



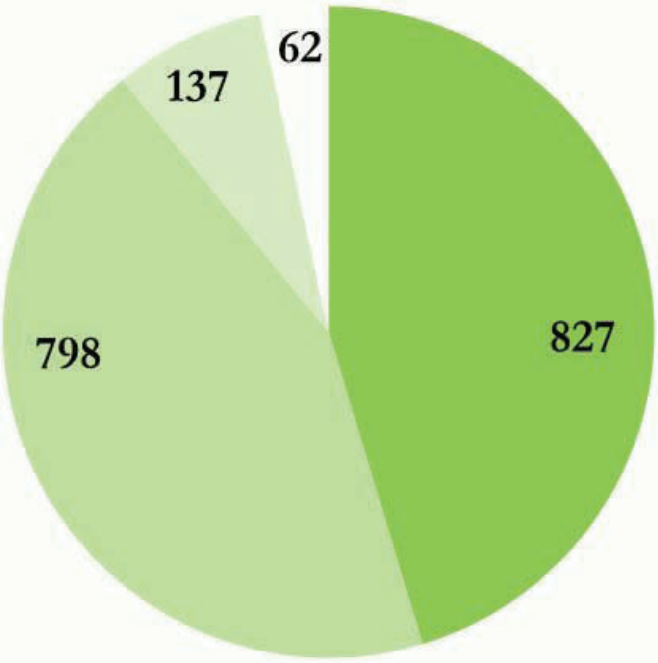
KEY POINTS

CHART 28

While we do not know the ages of about one-third of primary victims, of those we do, most are in their adult years. However, **5%** of primary victims were under the age of 12 and **2%** were between the ages of 13 & 17.

29 SEXUAL VIOLENCE TYPES OF PRIMARY VICTIMS 2013

Of primary victims who experienced sexual violence, what types did they experience?



- Adult Sexual Abuse
- Child Sexual Abuse
- Adult Survivor of Child Sexual Abuse
- Sexual Harassment

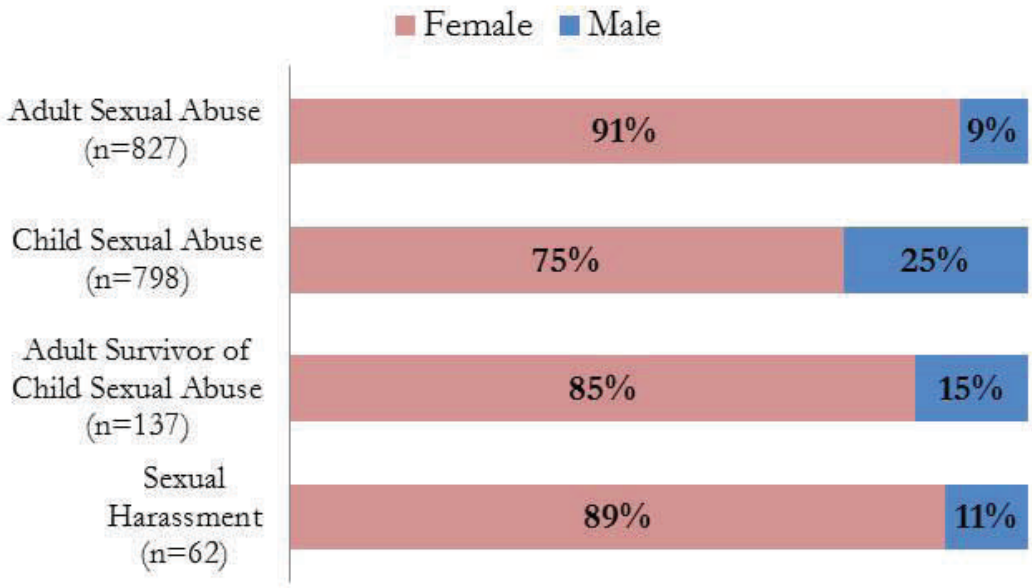
KEY POINTS

CHART 29

Numerous studies have found links between sexual assault and long-term health effects. The Centers for Disease Control and Prevention-funded Adverse Childhood Experiences (ACE) Study found adverse childhood experiences, including physical and sexual abuse, increase the victim's risk for physical and mental health difficulties and substance abuse problems. The ACE Study findings suggest childhood abuse is a major risk factor for poor quality of life and the leading causes of illness and death in the United States.

30 GENDER OF SEXUAL VIOLENCE PRIMARY VICTIMS 2013

What percent of victims of each type of sexual violence were male and female?



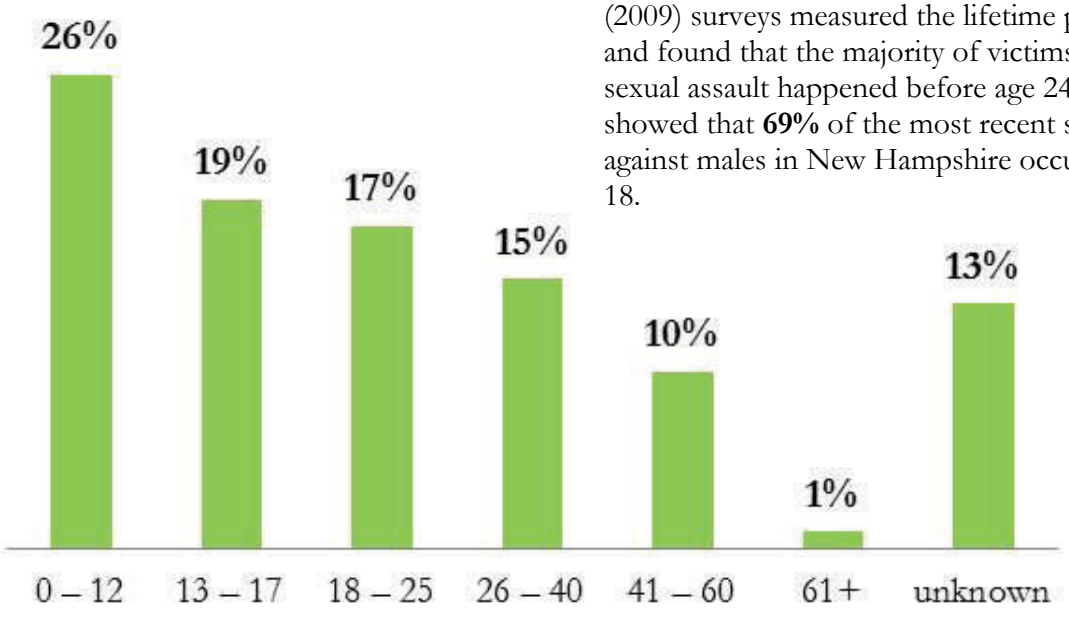
KEY POINTS

CHART 30

When sexual assault occurs, it is devastating to the victim regardless of gender. Male victims have the same rights under the law as female victims and are entitled to the same services and support following a sexual assault. Male victims may face unique hurdles to reporting the crime and to getting the medical assistance and emotional support they need and deserve. The coalition crisis centers can provide referrals for counselors and/or support groups that can help victims deal with their experiences.

31 AGE OF SEXUAL VIOLENCE PRIMARY VICTIMS 2013

What were the ages of primary victims of sexual violence?



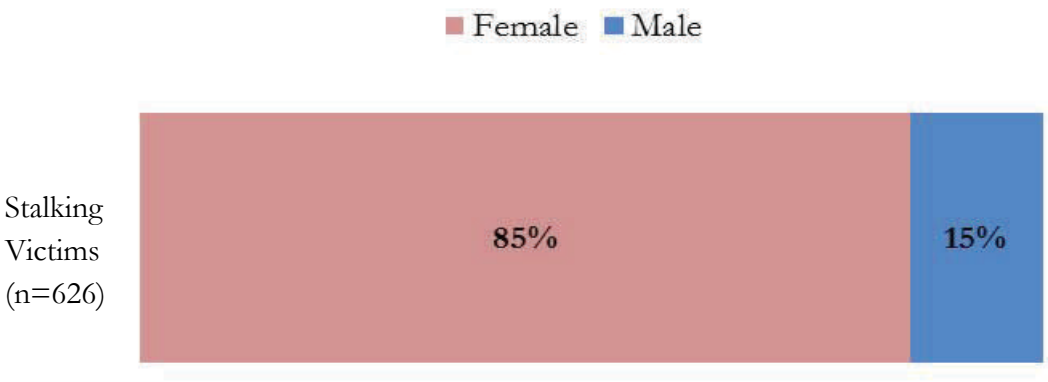
KEY POINTS

CHART 31

Sexual violence is a crime in which youth are particularly at risk. The *Violence Against Women in New Hampshire: A Report from NHCADSV* (2007), and *Violence Against Men in New Hampshire* (2009) surveys measured the lifetime prevalence of sexual assault and found that the majority of victims reported that the first sexual assault happened before age 24. More specifically, this showed that **69%** of the most recent sexual assaults committed against males in New Hampshire occurred before the victim was 18.

32 GENDER OF STALKING PRIMARY VICTIMS 2013

What percent of stalking victims were male and female?



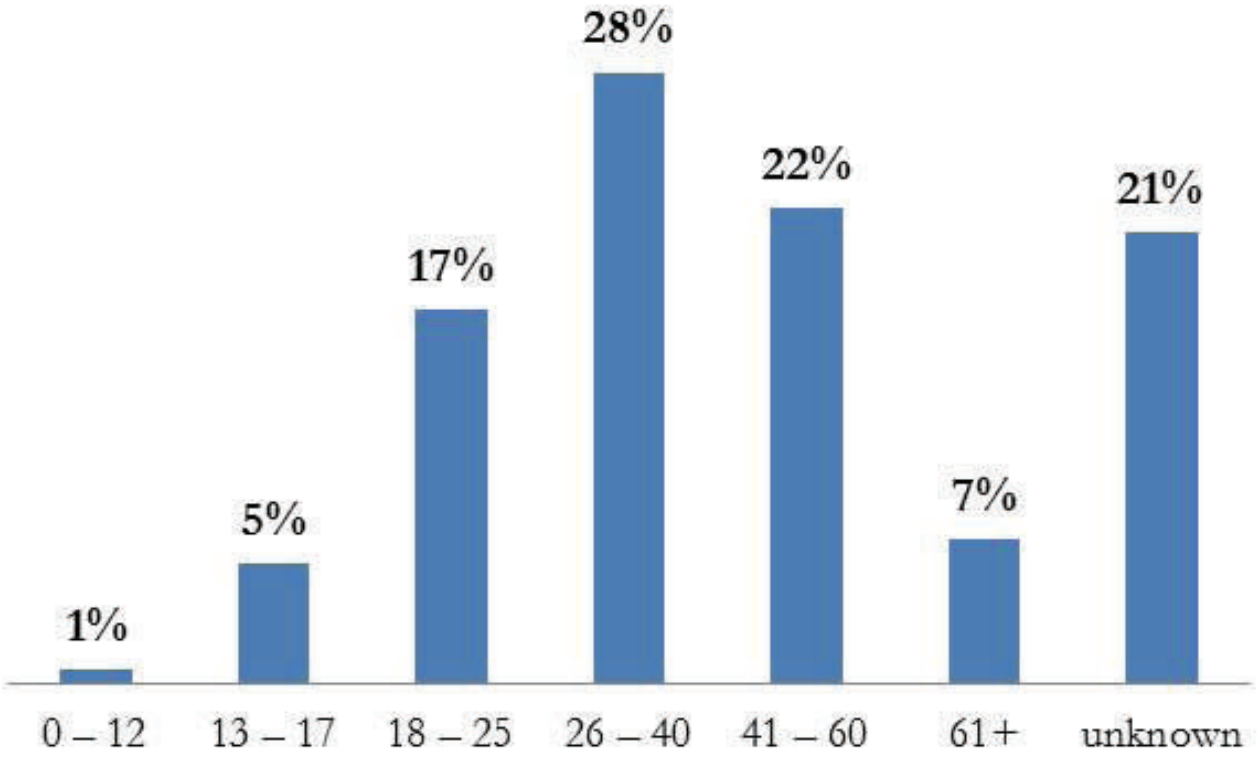
KEY POINTS

CHARTS 32 & 33

A stalker isn't always a stranger. The stalker may be a current or former intimate partner, a friend, customer, coworker, or an acquaintance. Some individuals may use stalking as a way to try to re-establish a former intimate relationship or to feel connected to a person with whom they do not and/or cannot have a relationship.

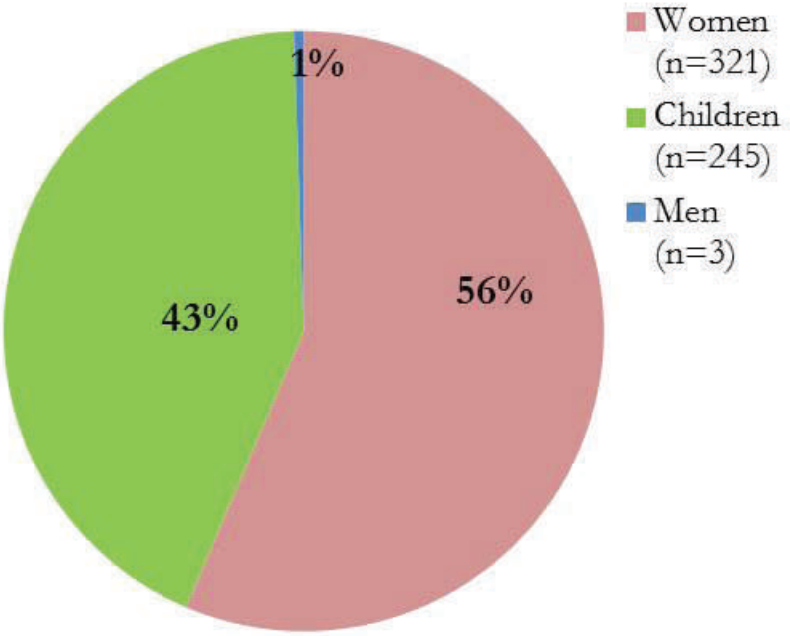
33 AGE OF STALKING PRIMARY VICTIMS 2013

What were the ages of primary victims of stalking violence?



34 INDIVIDUALS PROVIDED SHELTER 2013

What percent of individuals provided shelter in 2013 were adult males, adult females and children?



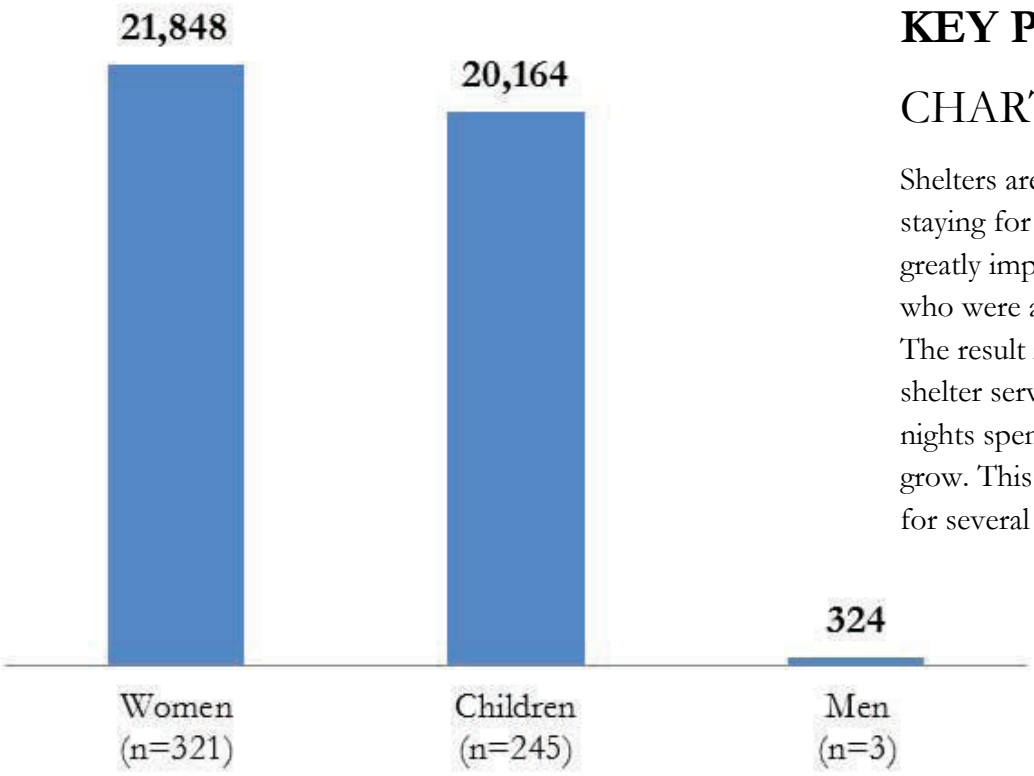
KEY POINTS

CHART 34

During a one year period ending on September 30, 2013, the member programs of the New Hampshire Coalition Against Domestic and Sexual Violence had to turn away **664** adults who requested shelter due to lack of capacity.

35 NUMBER OF NIGHTS SPENT IN SHELTER 2013

How many nights were individuals provided housing/shelter in 2013?



KEY POINTS

CHART 35

Shelters are often full, and families are staying for several months. This has greatly impacted the number of people who were able to receive shelter in 2013. The result is fewer people receiving shelter services, while the number of nights spent in shelter continues to grow. This has been an ongoing trend for several years.

IV. NEW HAMPSHIRE JUDICIAL BRANCH 2013 VIOLENCE AGAINST WOMEN DATA REPORT

KEY FACTS ABOUT CIVIL DOMESTIC VIOLENCE CASES

Seeking a protective order can happen in one of two ways: an **Emergency/Telephonic Order** and a **Temporary Order.**

At times when courts are closed, victims may request a civil **emergency/telephonic protective order** through the police department. These orders remain in effect until the end of the next court business day, at which time the victim may file a civil domestic violence petition to request continued protection.

The court typically only receives copies of the orders that have been granted by an on call judge; data regarding those that may have been requested and denied are not available.

A civil protective order case is created when a person requesting relief, a **plaintiff,** comes to the court during regular business hours to request immediate relief from abuse (RSA 173-B) or stalking (633:3-a). The plaintiff files a **petition** describing what occurred to cause them to fear for their safety, then waits while the judge reviews the request. The judge may or may not speak with the plaintiff before issuing a decision.

The decision may be to either:

- Grant a **temporary order of protection** (valid until the final hearing is held within 30 days);
- Deny temporary orders but schedule a hearing for a later date at which both parties may present their case to the court; or
- Deny the request completely.

If a final hearing is scheduled, the **defendant** (person against whom the order is issued) is notified by the court regarding the allegations and that a temporary order has been issued. At the final hearing, the judge hears arguments from both parties, and then typically issues a final order either dismissing the case or agranting a **final order of protection** (which will expire in one year).

The plaintiff may file a **request to withdraw** the petition at any time during this process. Withdrawal or dismissal of a petition does not prevent a plaintiff from filing a new petition should new incidents occur.

The data presented in Chart 46 through Chart 54 and Chart 57 through Chart 65 reflects information from civil domestic violence or civil stalking protective order cases.

PROTECTIVE ORDERS IN CRIMINAL CASES

In certain domestic violence criminal cases the police may request a **Criminal Bail Protective Order**. These orders may be issued by a bail commissioner or a judge.

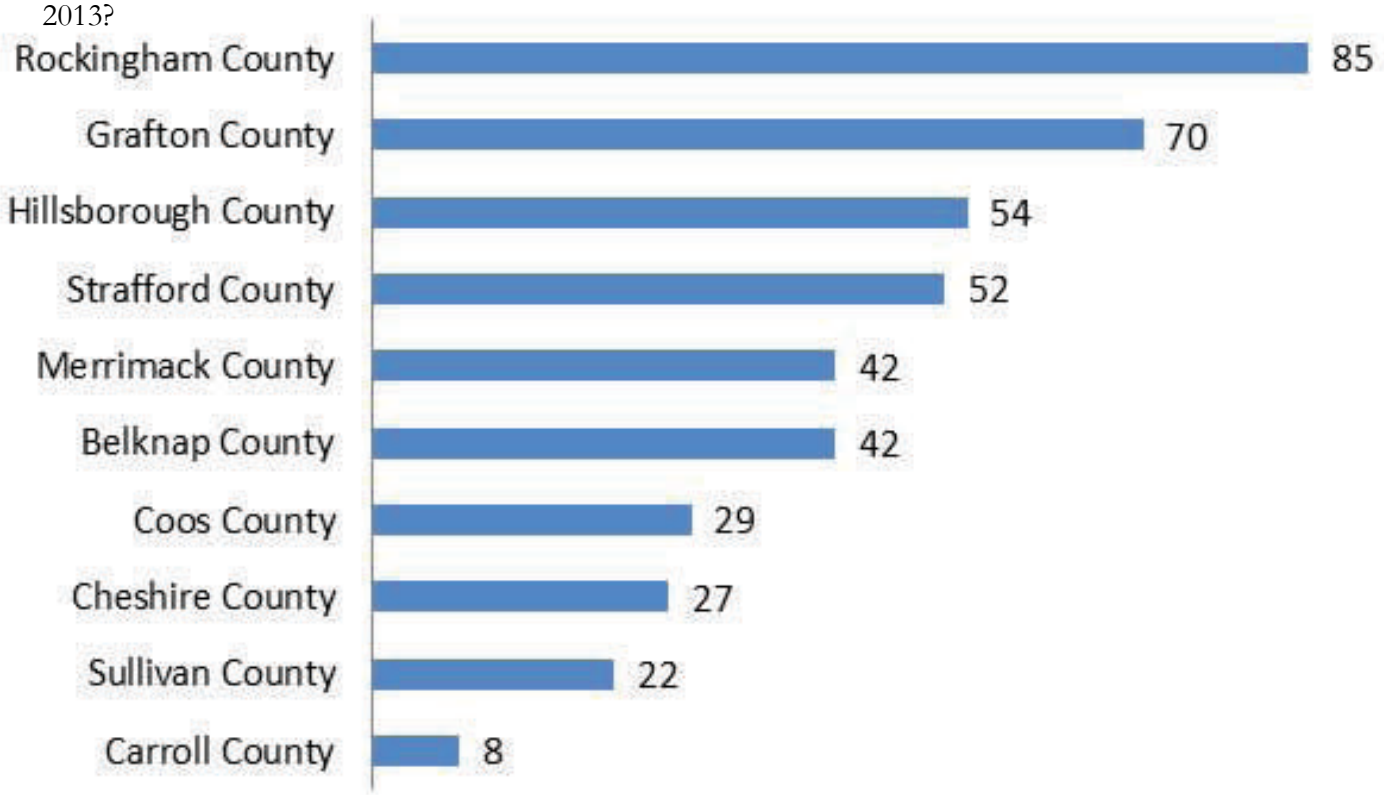
KEY POINTS ABOUT THE DATA

County locations are determined by the case's current location. In most circumstances this will also be the location where the case was originally filed, but for a very small number of transferred cases, this will reflect only the court to which the case was transferred.

Merrimack County data includes cases from the 6th Circuit Court in Franklin. This court's jurisdiction extends to Tilton and Sanbornton, towns physically located in Belknap County.

36 DV EMERGENCY/TELEPHONIC PROTECTIVE ORDERS

How many emergency/telephonic protective orders were granted in each New Hampshire county in 2013?



KEY POINTS

CHARTS 36 & 37

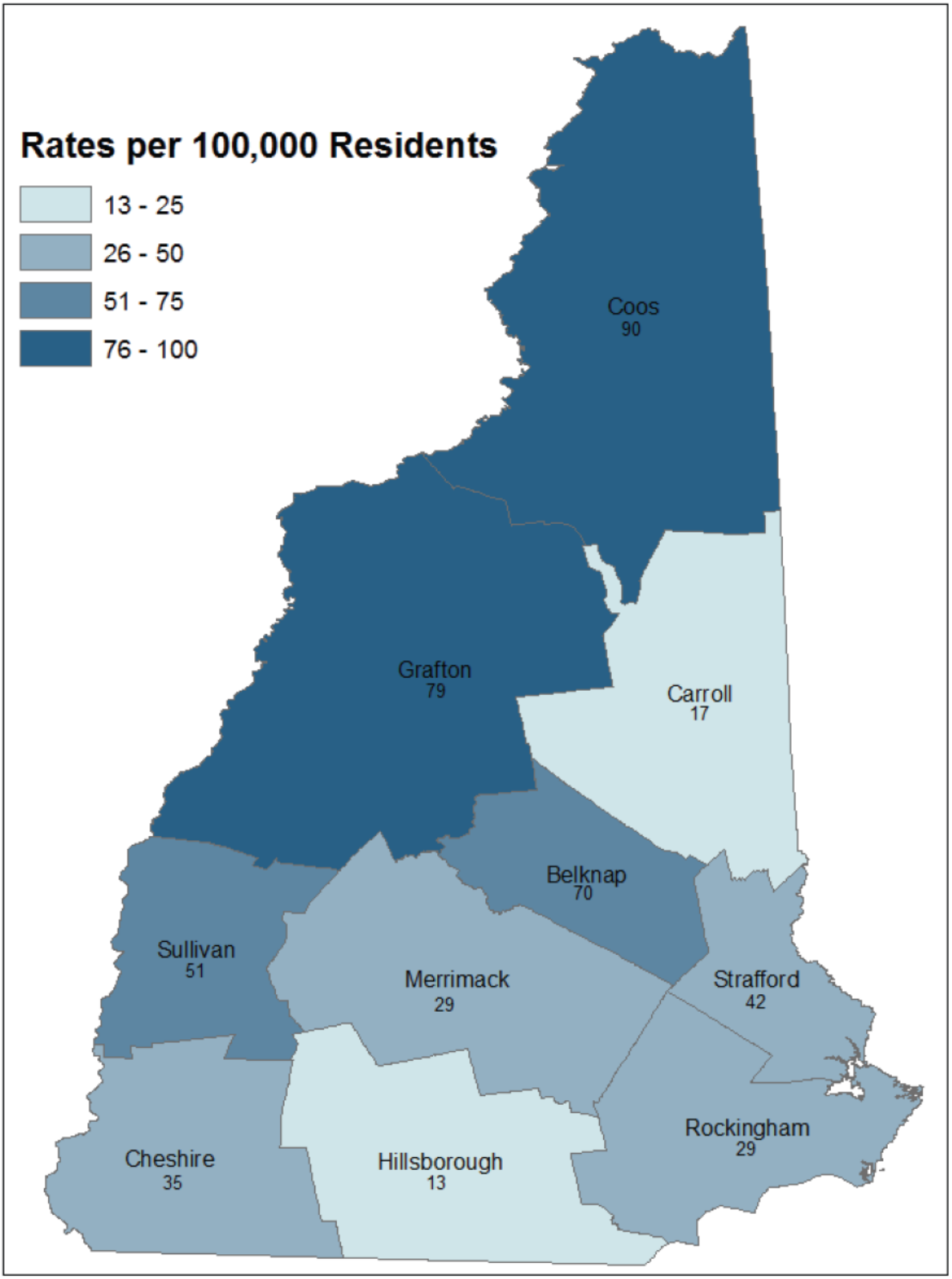
There were 431 domestic violence emergency/telephonic protective orders granted in New Hampshire in 2013. The frequency of these orders varies considerably by county.

Chart 37 illustrates the geographic distribution of domestic violence emergency/telephonic protective orders by presenting the rates per 100,000 residents. This is a fairer comparison than comparing the frequencies, as it takes into account the population size. This Chart illustrates that some of our most rural counties (e.g. Coos and Grafton) have higher rates of domestic violence emergency/telephonic protective orders granted than the more densely populated counties (e.g. Hillsborough and Rockingham). The statewide rate is 33 per 100,000 residents, meaning that for every 100,000 people there are 33 emergency/telephonic protective orders granted.

It should be noted, in addition to this civil option for protection, a criminal bail protective order (CBPO) may also be issued following a domestic violence incident. This may account for the low rates of emergency protective orders in some counties (see Chart 59 for rates of CBPOs).

37 DV EMERGENCY/TELEPHONIC PROTECTIVE ORDERS GRANTED 2013

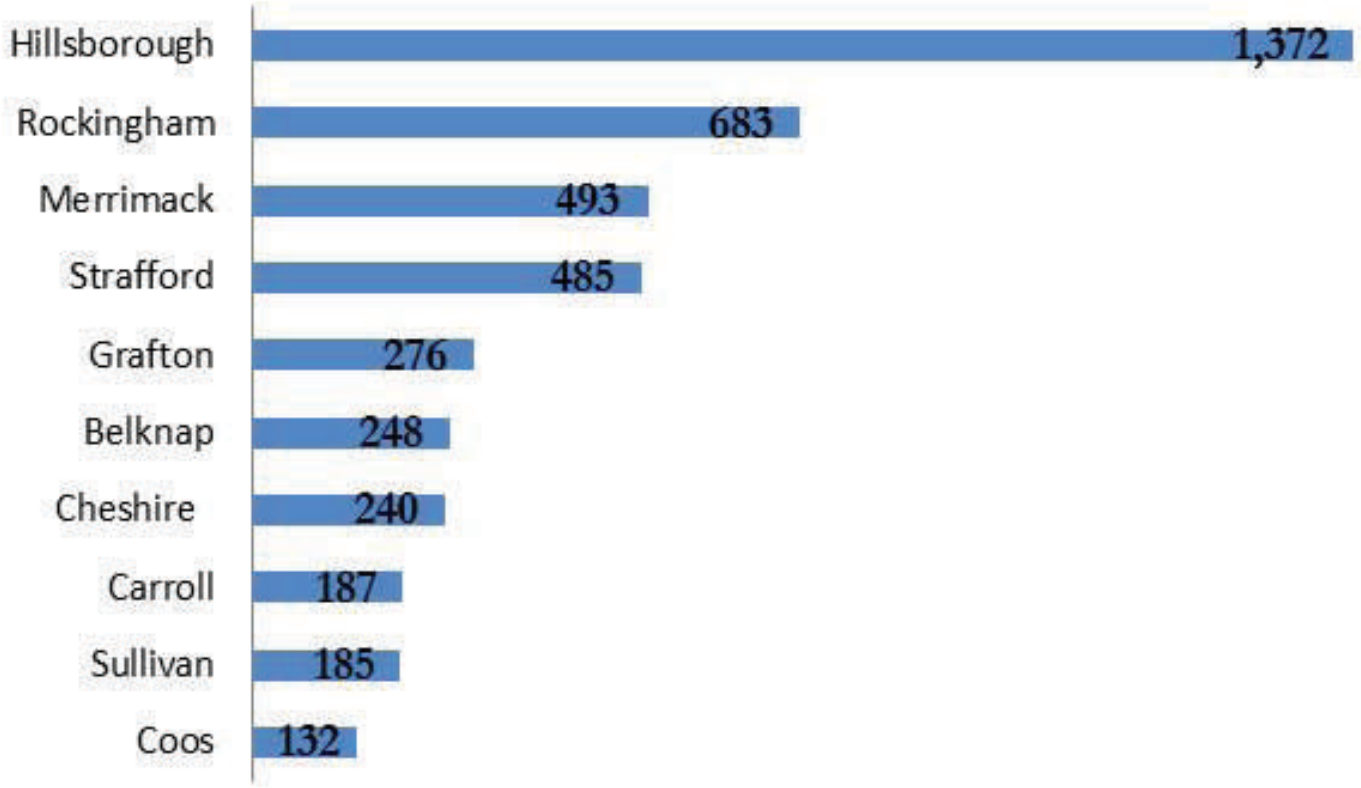
Taking into account population size, how did counties differ in their rates of emergency/telephonic protective orders?



Note. U.S. Census population estimates were used to calculate rates (U.S. Census Bureau, 2013)

38 DV PETITIONS FILED 2013

How many domestic violence petitions were filed in each New Hampshire county in 2013?



KEY POINTS

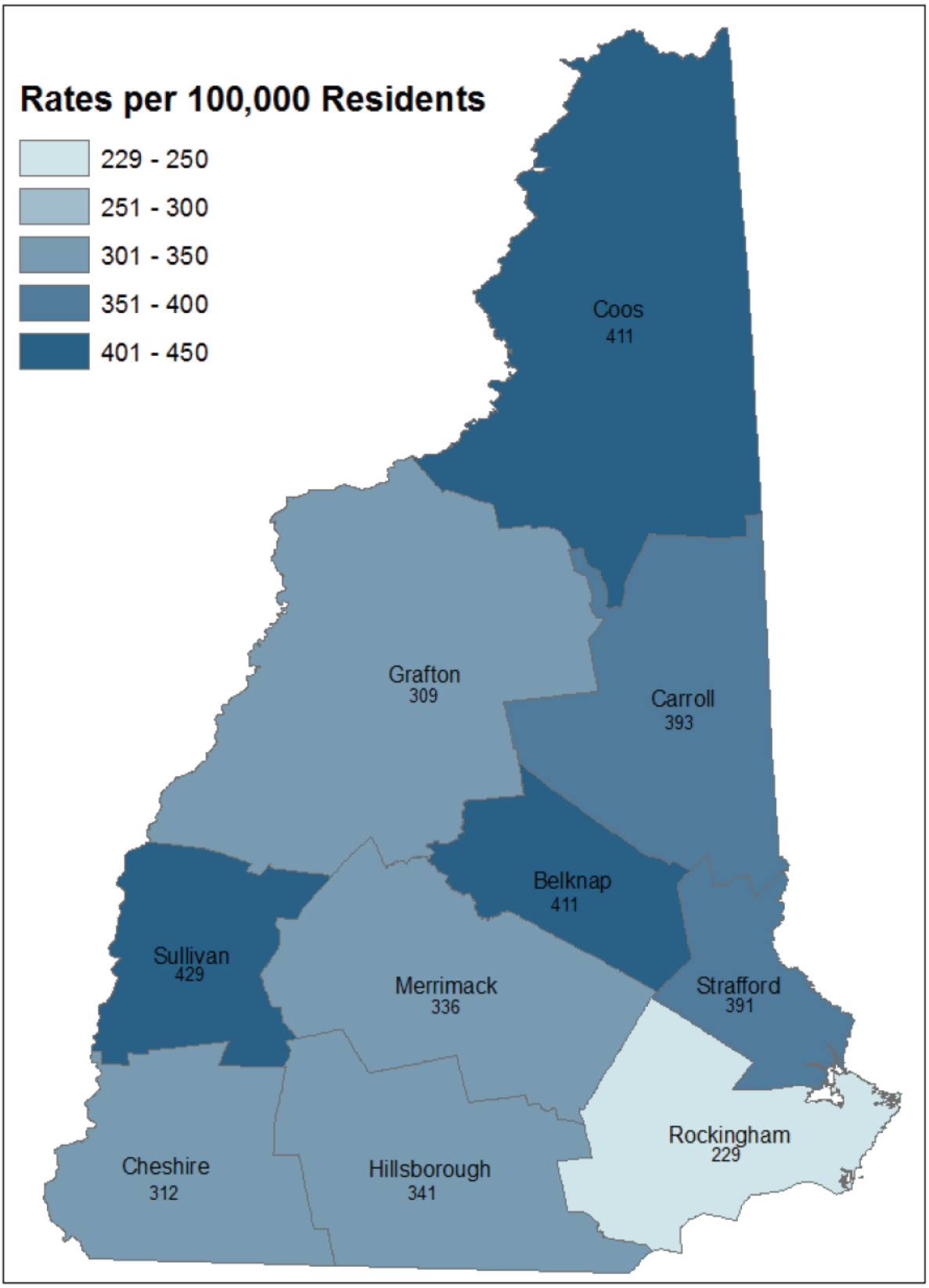
CHARTS 38 & 39

There were 4,301 civil domestic violence petitions filed in New Hampshire courts in 2013. Chart 38 shows the highest number of petitions were filed in Hillsborough and Rockingham Counties, which are the more heavily populated areas of the state. The fewest petitions were filed in Coos and Sullivan, which are less populated counties.

Taking into account the population size of each county, Chart 39 presents the rates of domestic violence petitions by county. This Chart indicates that while there are fewer civil domestic violence petitions filed in the more rural counties of the state, they often have a higher rate of occurrence, especially in Sullivan, Coos and Belknap Counties. The statewide rate is 326 petitions per 100,000 residents.

39 DV PETITIONS FILED 2013

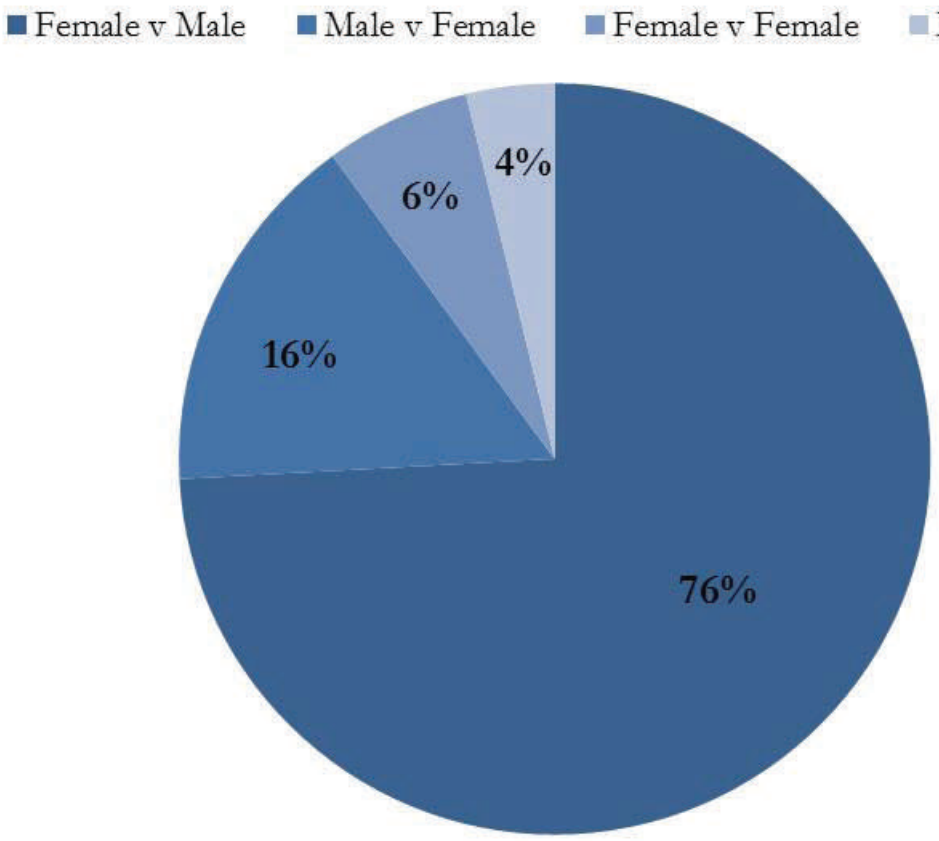
Taking into account the population size, how did counties differ in their rates of DV petitions?



Note. U.S. Census population estimates were used to calculate rates (U.S. Census Bureau, 2013)

40 DV PETITIONS BY PLAINTIFF & DEFENDANT GENDER 2013

What were the genders of plaintiffs and defendants in civil domestic violence cases in 2013?



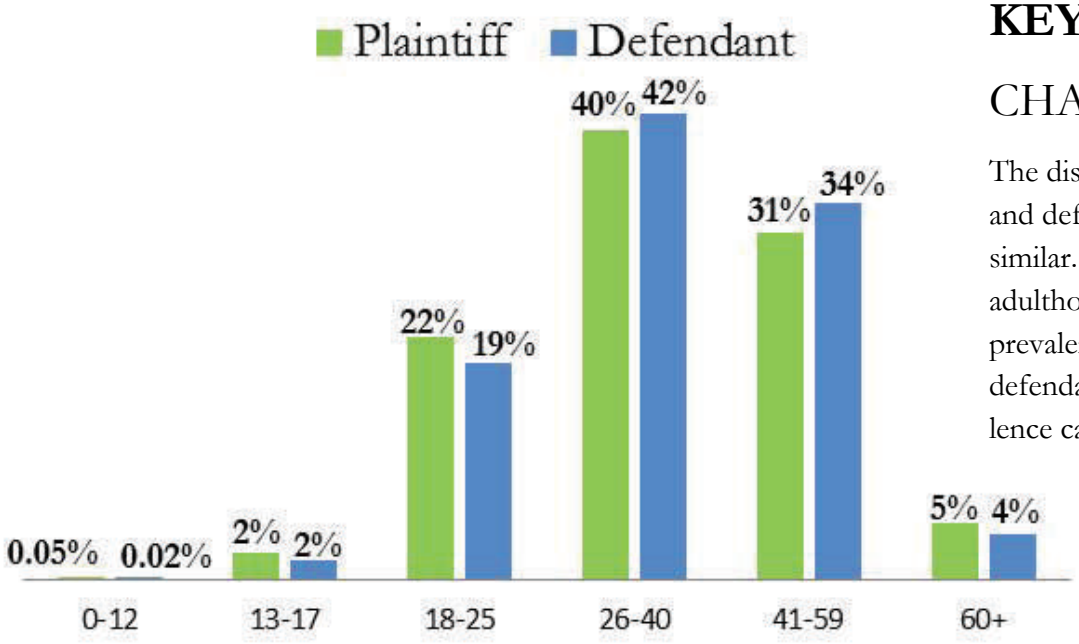
KEY POINTS

CHART 40

Three out of four civil domestic violence petitions filed in the New Hampshire courts were by a female against a male. However, **16%** of plaintiffs were a male filing a petition against a female. Additionally, **6%** were a female filing a petition against a female and **4%** were a male filing against a male.

41 DV PETITIONS BY PLAINTIFF & DEFENDANT AGE* 2013

What were the ages of plaintiffs and defendants in civil domestic violence cases in 2013?



KEY POINTS

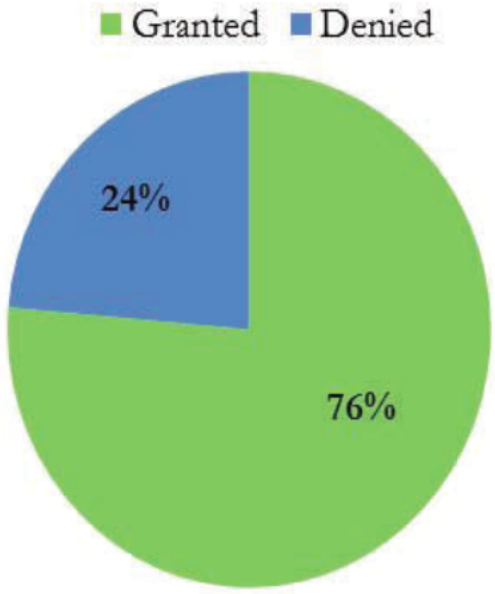
CHART 41

The distribution of plaintiff and defendant ages appear similar. Early to mid-adulthood include the most prevalent ages of plaintiffs and defendants in domestic violence cases in 2013.

*The plaintiffs' and defendants' date of birth were unavailable in 1% and 3% of cases respectively (N=4301 petitions). Birthdate information is primarily provided by the plaintiff, and sometimes the plaintiff does not know the defendant's birthdate.

42 DV PETITIONS GRANTED & DENIED 2013

How many domestic violence petitions were granted and denied in 2013?



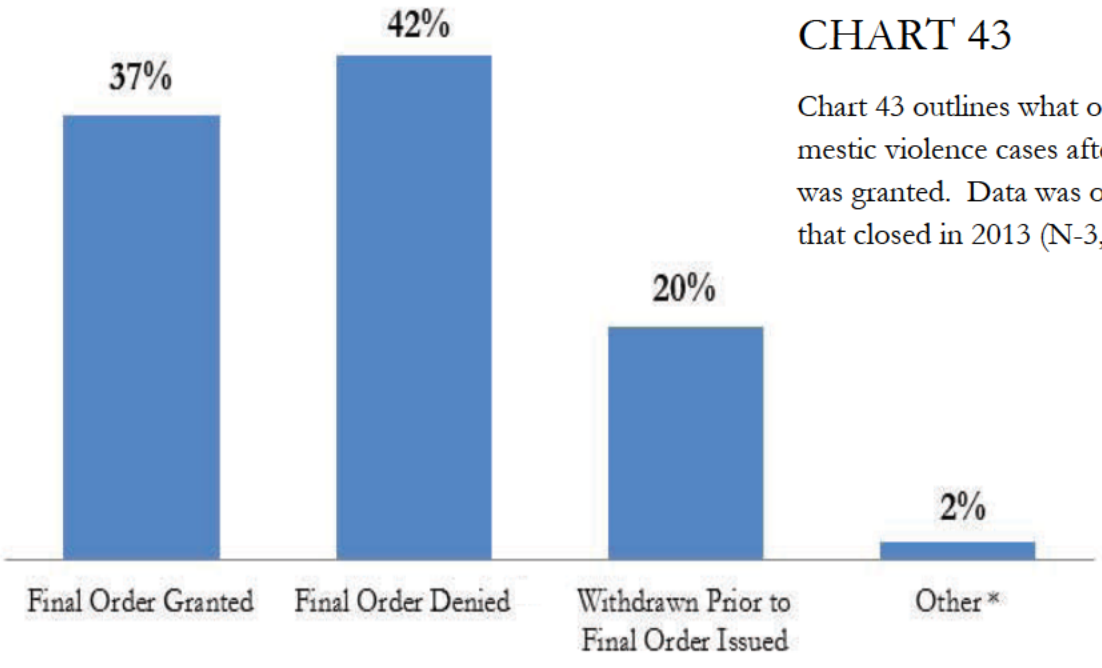
KEY POINTS

CHART 42

Three out of four civil domestic violence petitioners in 2013 were granted a temporary order of protection. Of the **24%** that were denied temporary orders, **49%** were offered a final hearing and **51%** were denied completely. After a temporary order has been granted, a final hearing is held within 30 days to determine if the order should remain in effect. The defendant may also request a final hearing within 3-5 days.

43 OUTCOMES WHEN DV TEMPORARY ORDERS ARE GRANTED 2013

What were the outcomes in civil DV cases when an initial ruling was made and a temporary order granted?



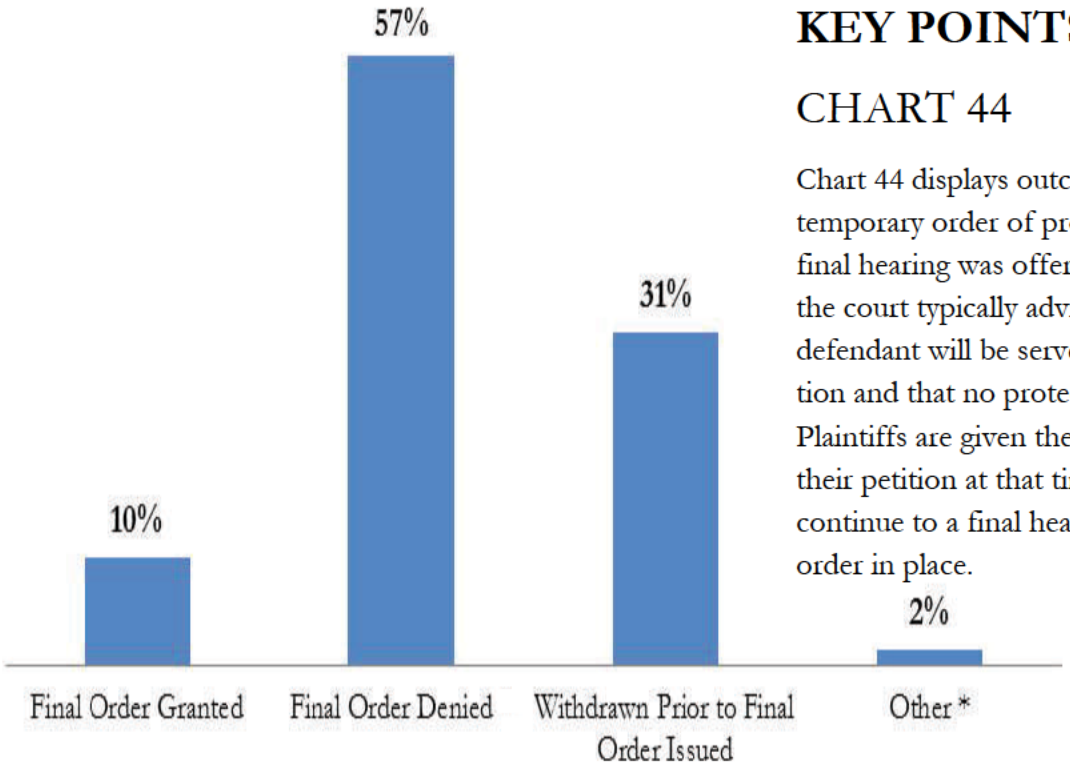
KEY POINTS

CHART 43

Chart 43 outlines what occurred in civil domestic violence cases after the temporary order was granted. Data was obtained from cases that closed in 2013 (N-3,304).

44 OUTCOMES OF DV CASES WITH NO TEMPORARY ORDER GRANTED BUT A FINAL HEARING OFFERED 2013

What were the outcomes in civil DV cases when a temporary order was not granted but a final hearing was offered?



KEY POINTS

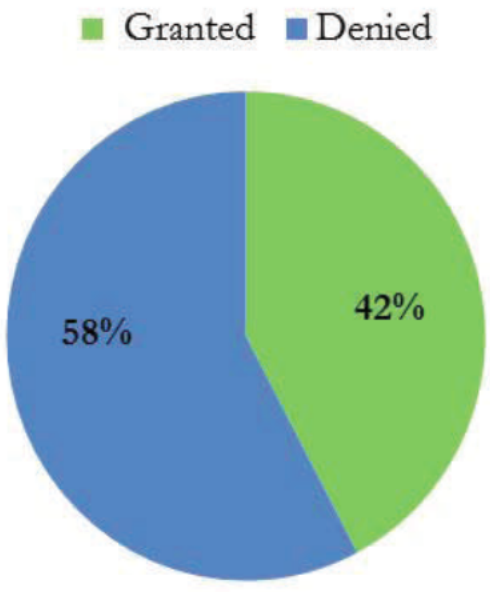
CHART 44

Chart 44 displays outcomes of cases in which a temporary order of protection was denied, but a final hearing was offered. In this circumstance, the court typically advises the plaintiff that the defendant will be served with notice of the petition and that no protective order is in place. Plaintiffs are given the opportunity to withdraw their petition at that time if they do not wish to continue to a final hearing without a temporary order in place.

*An outcome will be counted as "Other" if the case contains neither a final order nor a withdrawal. The most common reasons for this include: case was closed after judge approved parties' stipulated agreement; case was manually transferred to another court prior to a final order or withdrawal; and data entry error/omission.

45 DV FINAL ORDERS 2013

Of domestic violence cases with a final hearing, how many were granted and denied in 2013?



KEY POINTS

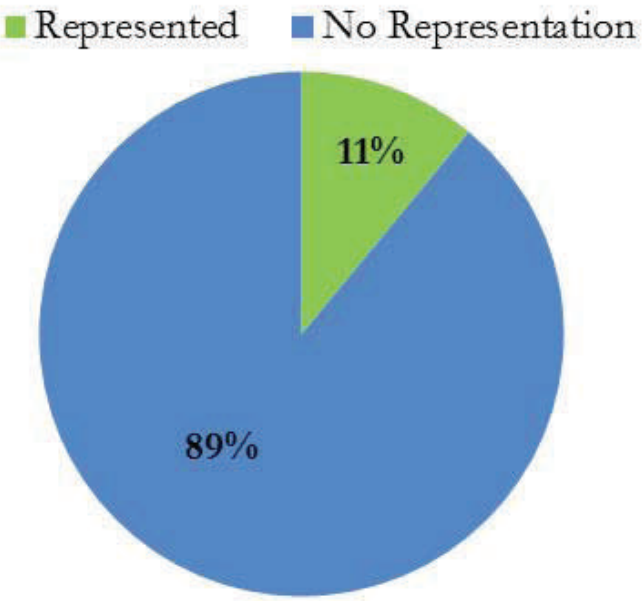
CHART 45

Of all the civil domestic violence cases containing a final hearing, **42%** were granted a final order of protection for 1 year. Reasons for denial vary and may include parties' not appearing at the final hearing and failure to find that abuse occurred as defined by RSA 173-B.

This Chart does not take into account whether the case had a temporary order in place at the time the final order was granted, nor does it reflect the cases that may be withdrawn prior to a final hearing.

46 DV PLAINTIFF REPRESENTATION 2013

How many civil domestic violence plaintiffs in 2013 had representation?



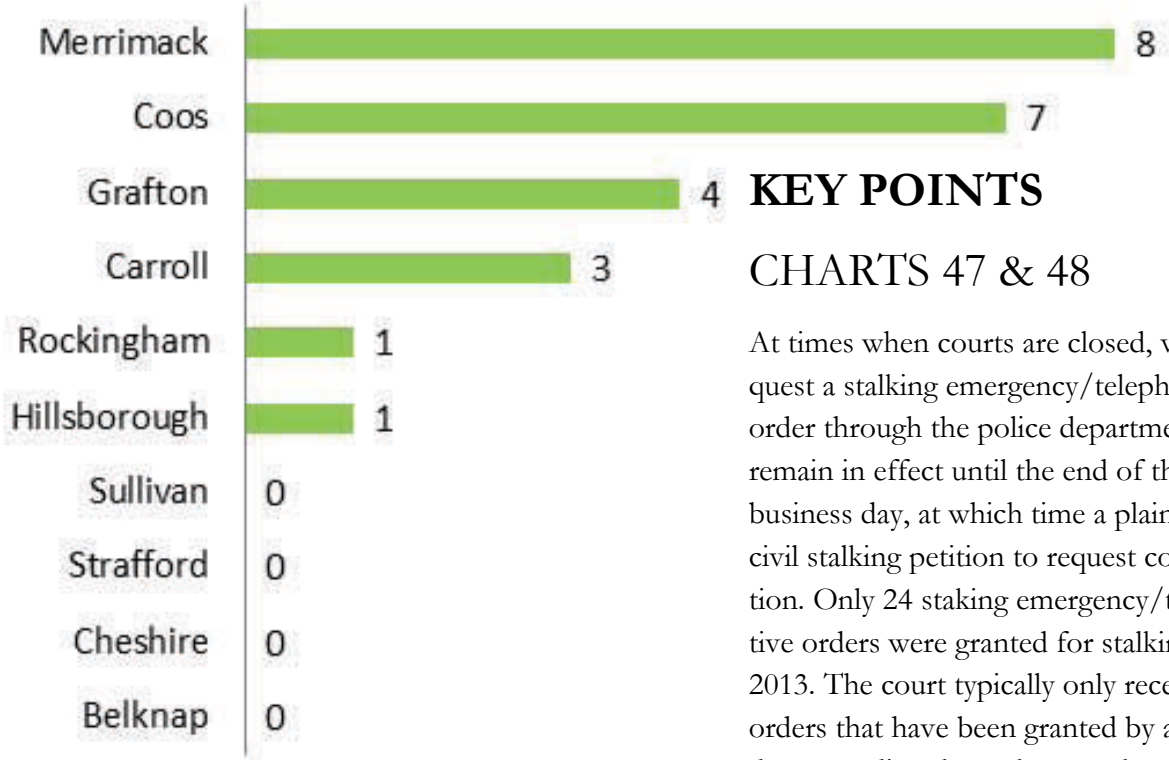
KEY POINTS

CHART 46

Only 1 in 10 plaintiffs in civil domestic violence cases have attorney representation at some point during their court process.

47 STALKING EMERGENCY/TELEPHONIC ORDERS GRANTED 2013

How many stalking emergency/telephonic orders were granted in each New Hampshire county in 2013?



KEY POINTS

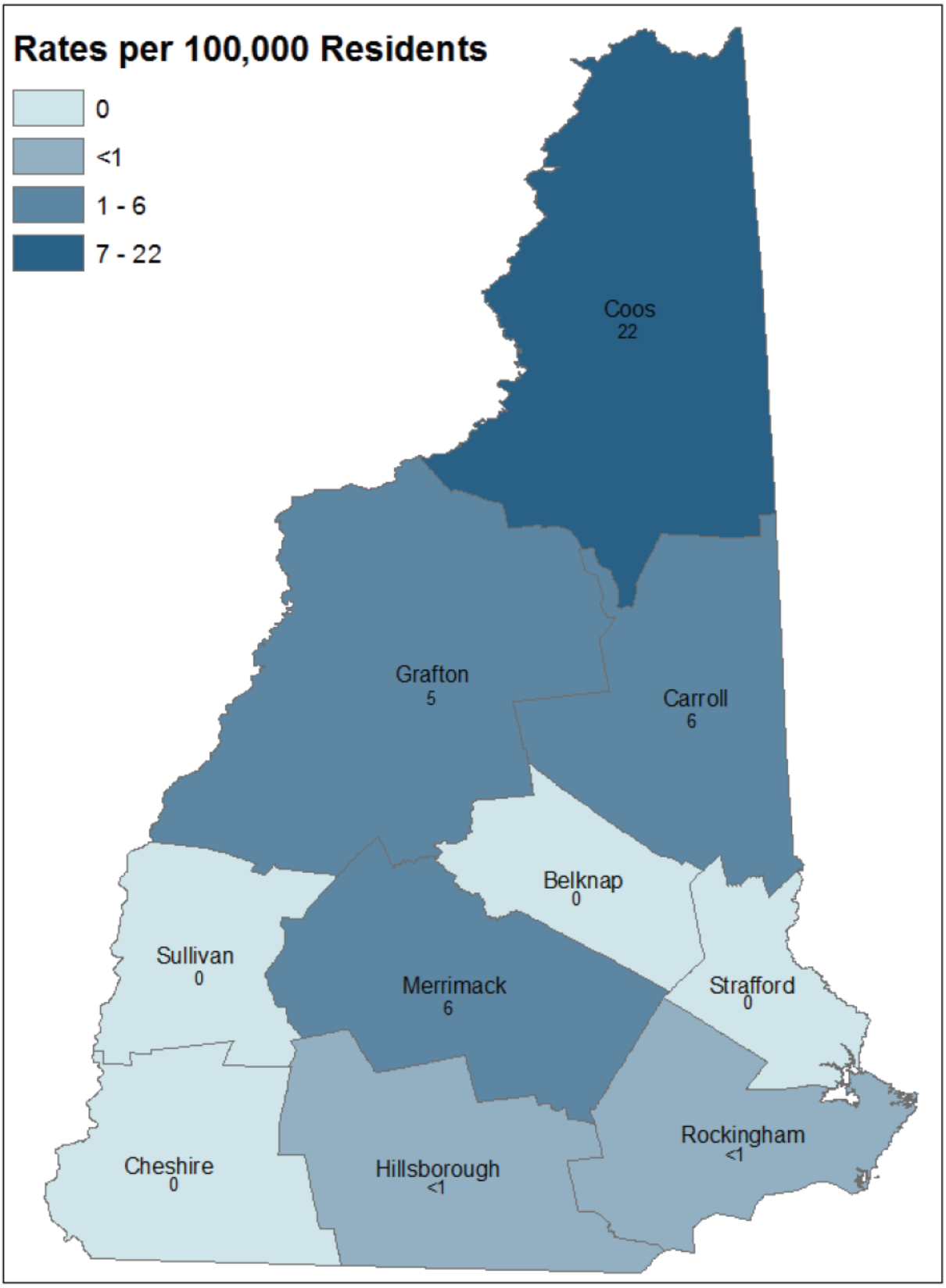
CHARTS 47 & 48

At times when courts are closed, victims may request a stalking emergency/telephonic protective order through the police department. These orders remain in effect until the end of the next court business day, at which time a plaintiff may file a civil stalking petition to request continued protection. Only 24 staking emergency/telephnic protective orders were granted for stalking plaintiffs in 2013. The court typically only receives copies of the orders that have been granted by an on call judge; data regarding those that may have been requested and denied are not available.

Taking into account the population size of each county, Chart 48 illustrates the rates of emergency/telephonic orders for stalking. This Chart indicates that Coos, Grafton and Merrimack counties have a higher rate of occurrence. The statewide rate is 2 stalking emergency orders per 100,000 residents.

48 STALKING EMERGENCY/TELEPHNIC ORDERS GRANTED 2013

Taking into account population size, how did counties differ in the rate of stalking emergency/telephonic orders?

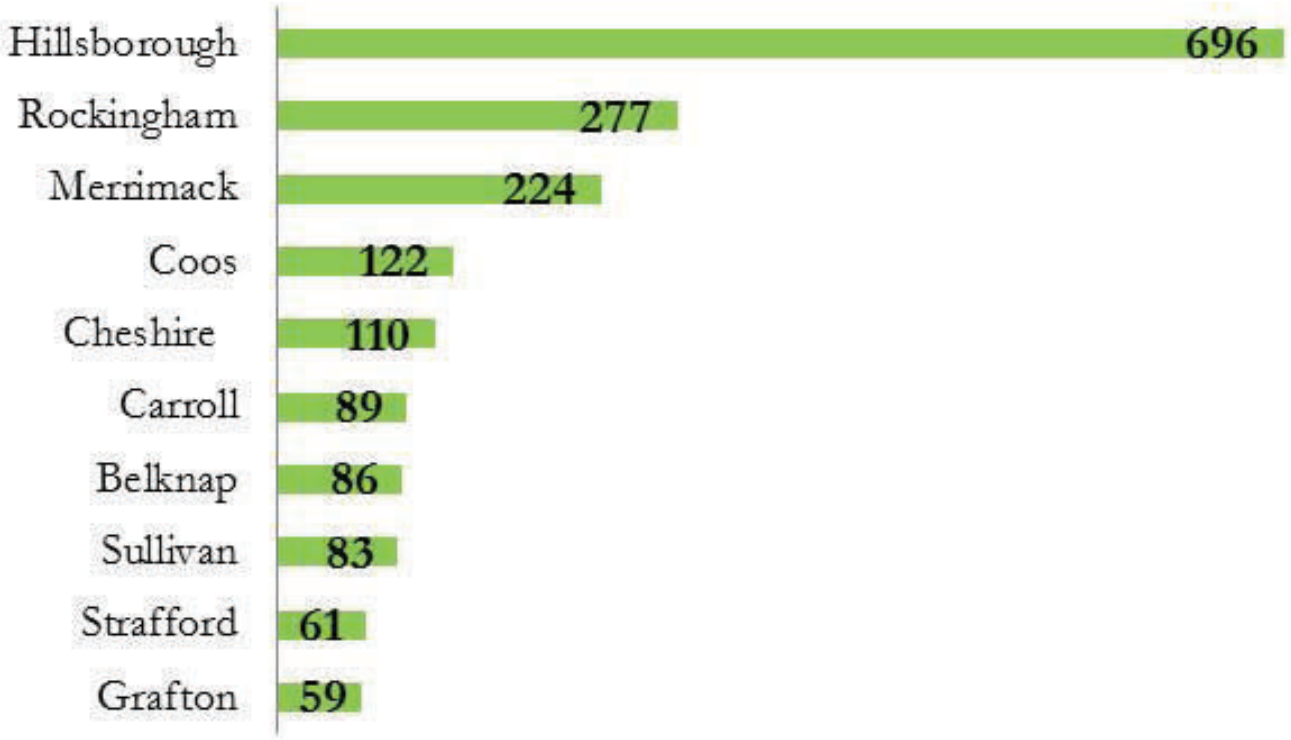


Note. U.S. Census population estimates were used to calculate rates (U.S. Census Bureau, 2013)

Statewide rate = 2 per 100,000 residents

49 STALKING PETITIONS FILED 2013

How many stalking petitions were filed in each New Hampshire county in 2013?



KEY POINTS

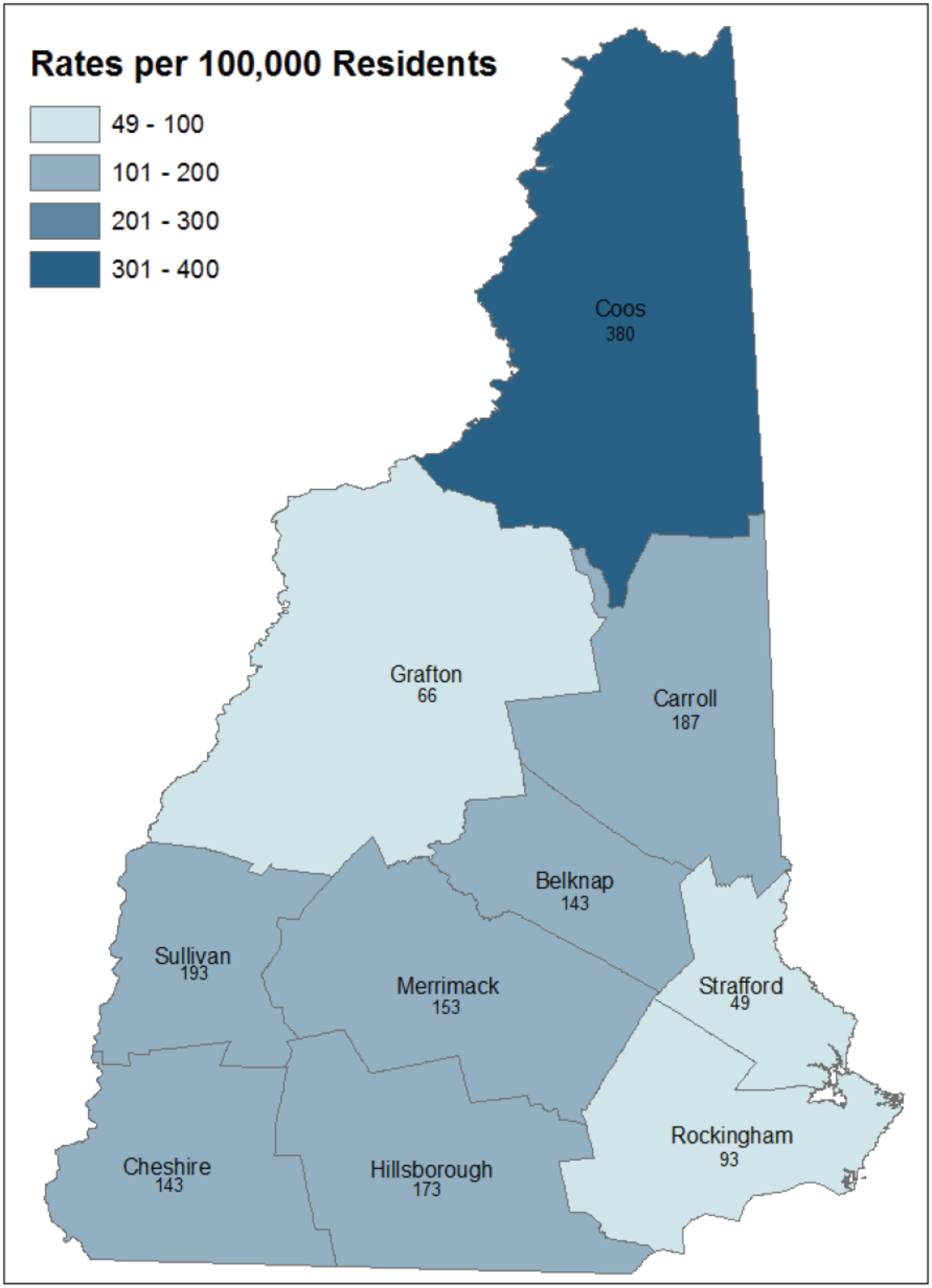
CHARTS 49 & 50

There were 1,807 civil stalking petitions filed in New Hampshire courts in 2013. Chart 49 shows the highest number of petitions were filed in Hillsborough and Rockingham Counties, which are the more heavily populated areas of the state. The fewest petitions were filed in Grafton and Strafford counties.

Taking into account the population size of each county, Chart 50 presents the rates of stalking petitions by county. This Chart indicates that while there are fewer civil stalking petitions filed in the more rural counties of the state, they often have a higher rate of occurrence, especially in Coos county. The statewide rate is 137 petitions per 100,000 residents.

50 STALKING PETITIONS FILED 2013

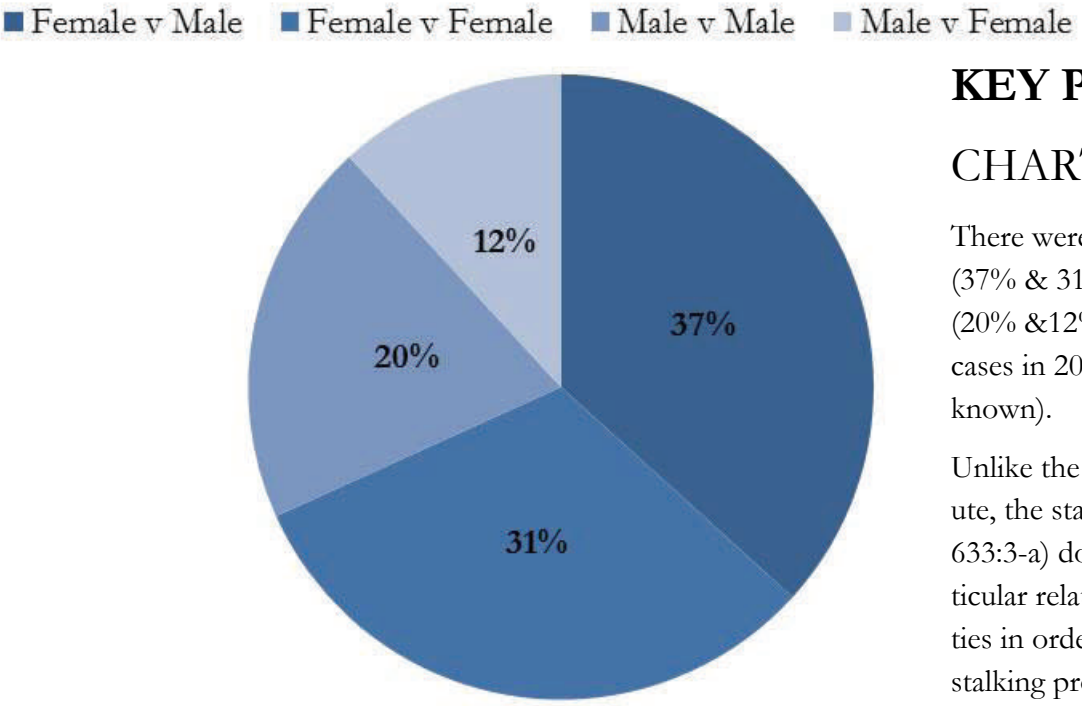
Taking into account population size, how did counties differ in the rate of stalking petitions?



Note. U.S. Census population estimates were used to calculate rates (U.S. Census Bureau, 2013)

51 STALKING PETITIONS BY PLAINTIFF & DEFENDANT GENDER 2013

What were plaintiffs' and defendants' genders in civil stalking cases in 2013?



KEY POINTS

CHART 51

There were more female plaintiffs (37% & 31%) than male plaintiffs (20% &12%) in civil stalking cases in 2013 (N=1,807, .4% unknown).

Unlike the domestic violence statute, the stalking statute (RSA 633:3-a) does not require a particular relationship between parties in order to qualify for a civil stalking protective order.

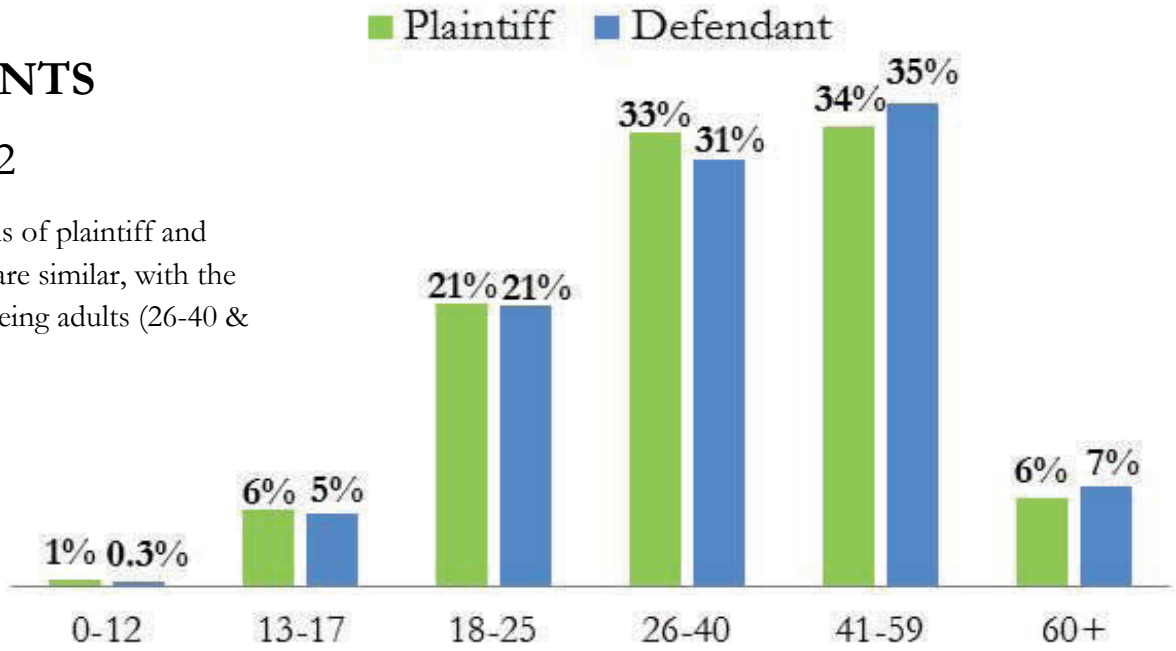
52 STALKING PETITONS BY PLAINTIFF & DEFENDANT AGE 2013

What were the ages of plaintiffs and defendants in civil stalking cases in 2013?

KEY POINTS

CHART 52

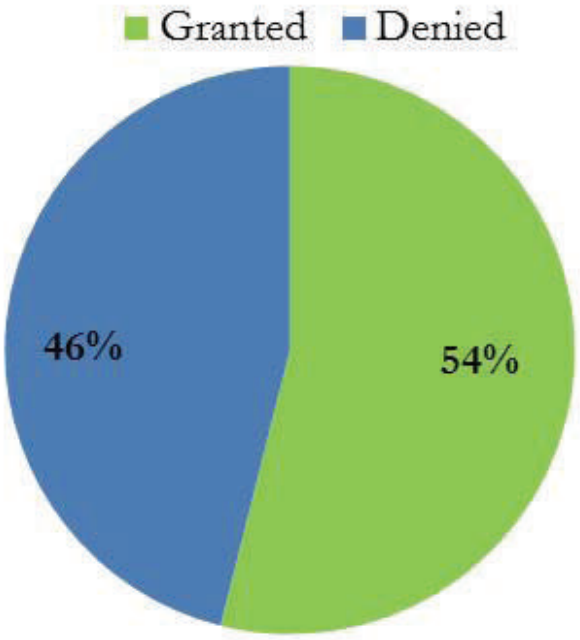
The distributions of plaintiff and defendant ages are similar, with the largest groups being adults (26-40 & 41-59).



The information here is based on ages at the time of filing the petition. Birthdate information was unknown for 1% of plaintiffs and 23% of defendants. Plaintiffs often provide birthdate information and this is often unknown by plaintiffs in stalking cases (N=1,807).

53 STALKING PETITIONS GRANTED & DENIED 2013

What percent of civil stalking temporary orders were granted and denied in 2013?



KEY POINTS

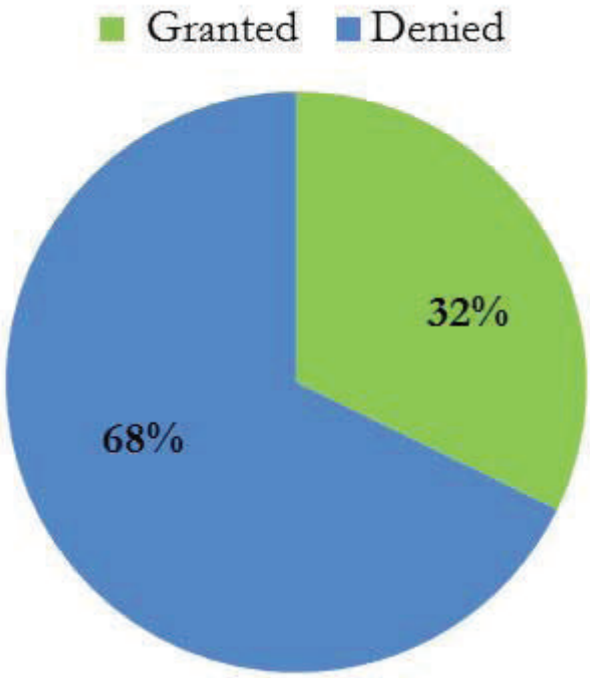
CHART 53

Of the 1,807 civil stalking petitions filed in 2013, **54%** were granted a temporary order of protection. Of the **46%** of petitions that were denied temporary orders, 52% were offered a final hearing and 48% were denied completely.

After a temporary order has been granted, a final hearing is held within 30 days to determine if the order should remain in effect. The defendant may request that the final hearing be held within 3-5 days.

54 STALKING FINAL ORDERS 2013

Of stalking cases with a final hearing, how many were granted and denied in 2013?



KEY POINTS

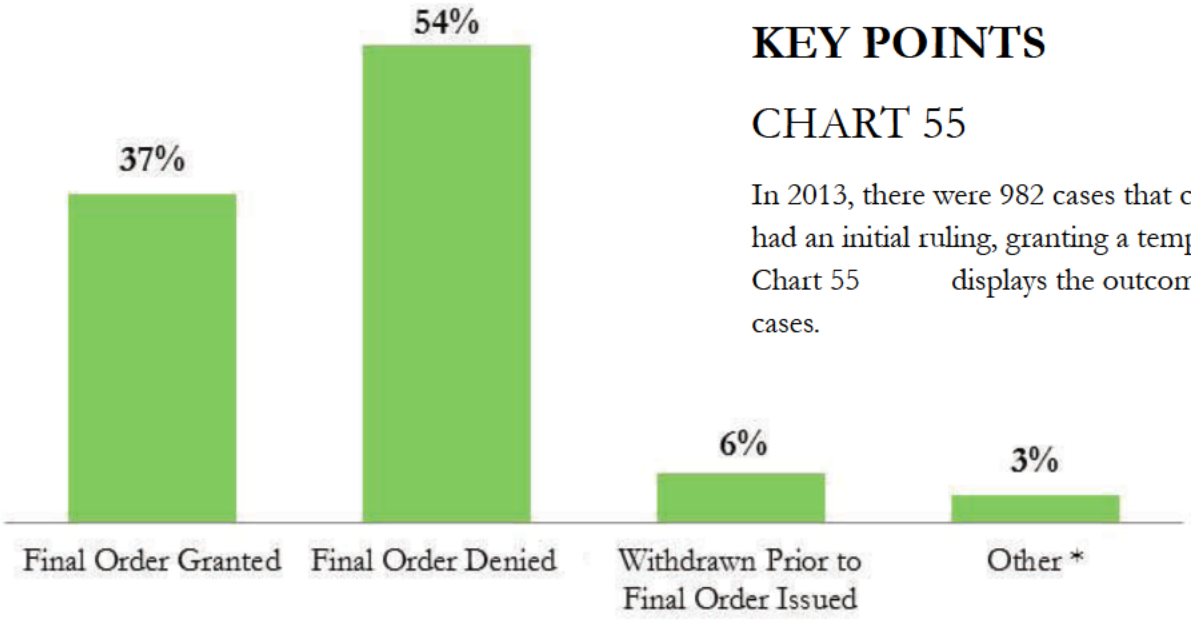
CHART 54

Of all civil stalking cases containing a final order, **32%** were granted a final order of protection for 1 year. Reasons for denial vary and may include parties' not appearing at the final hearing and failure to find that abuse occurred as defined by RSA 633:3-a.

This Chart does not take into account whether the case had a temporary order in place at the time the final order was granted, nor does it reflect the cases that may be withdrawn prior to a final hearing.

55 OUTCOMES OF STALKING TEMPORARY ORDERS 2013

What were the outcomes in civil stalking cases with an initial ruling and a temporary order granted?



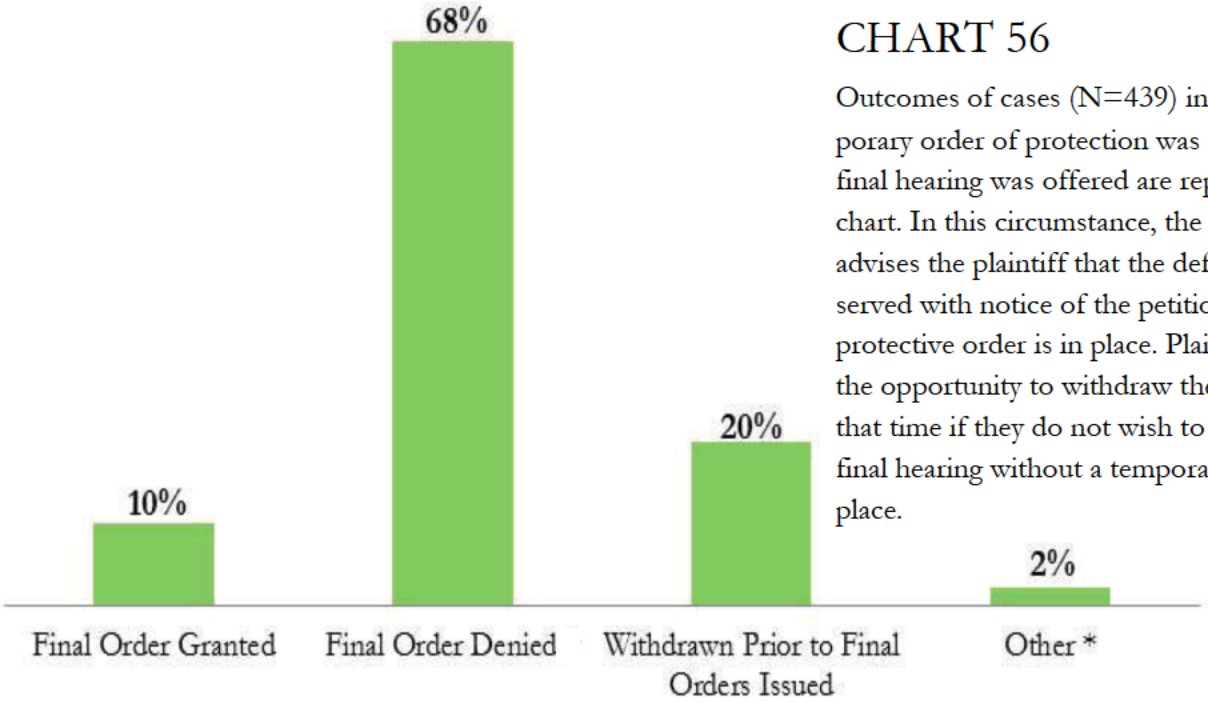
KEY POINTS

CHART 55

In 2013, there were 982 cases that closed which had an initial ruling, granting a temporary order. Chart 55 displays the outcomes of these cases.

56 OUTCOMES OF STALKING CASES WITH FINAL HEARING OFFERED BUT NO TEMPORARY ORDER GRANTED 2013

What are the outcomes in civil stalking cases when a temporary order was not granted but a final hearing was offered?



KEY POINTS

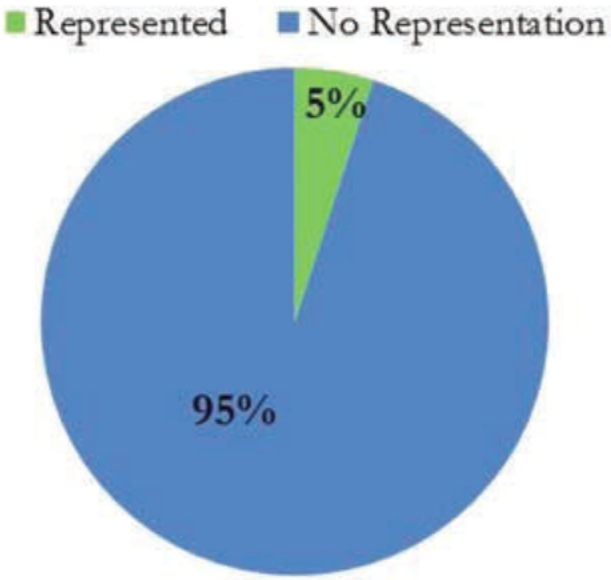
CHART 56

Outcomes of cases (N=439) in which a temporary order of protection was denied, but a final hearing was offered are represented in this chart. In this circumstance, the court typically advises the plaintiff that the defendant will be served with notice of the petition and that no protective order is in place. Plaintiffs are given the opportunity to withdraw their petition at that time if they do not wish to continue to a final hearing without a temporary order in place.

*An outcome will be counted as "Other" if the case contains neither a final order nor a withdrawal. The most common reasons for this include: case was closed after judge approved parties' stipulated agreement; case was manually transferred to another court prior to a final order or withdrawal; and data entry error/omission.

57 STALKING PLAINTIFF REPRESENTATION 2013

What percent of civil stalking plaintiffs were represented by an attorney in 2013?



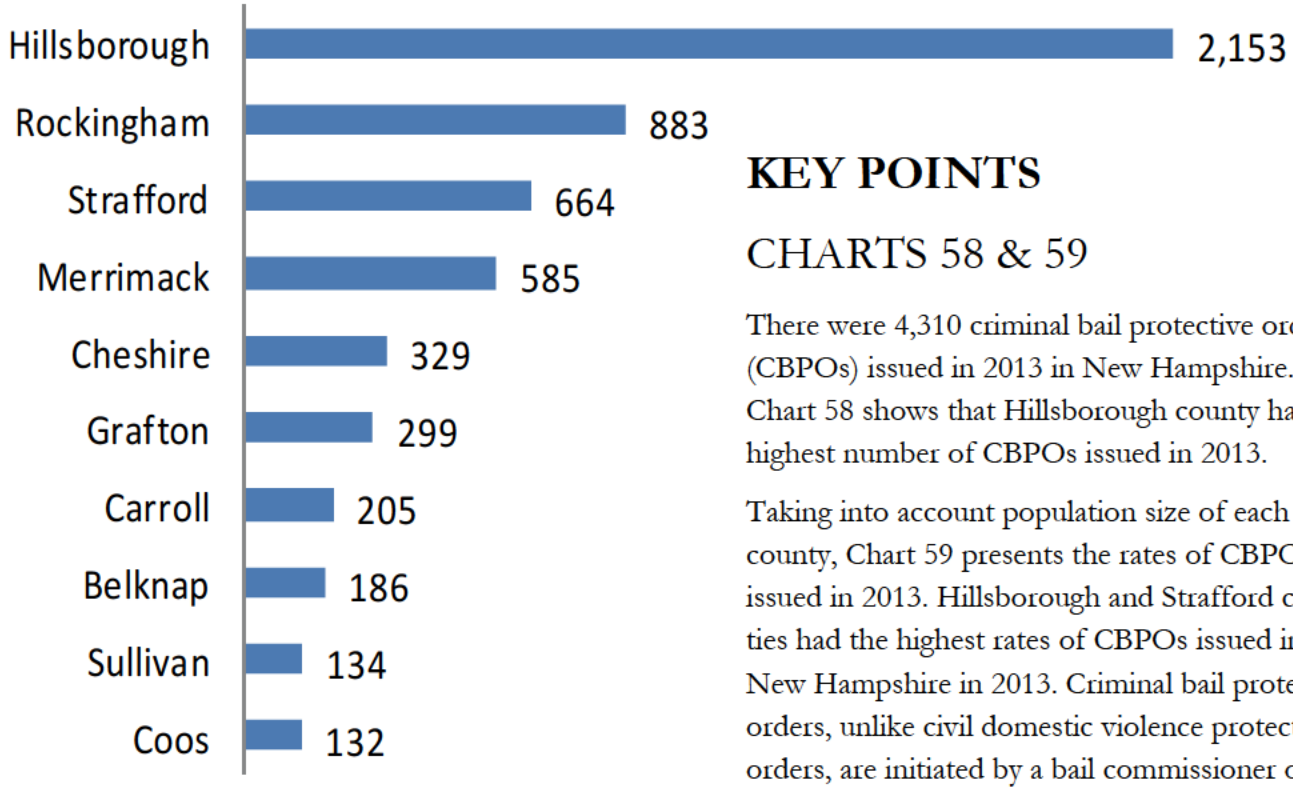
KEY POINTS

CHART 57

Only **5%** of plaintiffs who filed a civil stalking petition were represented by an attorney at some point during the process (N=1,807).

58 CRIMINAL BAIL PROTECTIVE ORDERS 2013

How many criminal bail protective orders were granted in each NH county in 2013?



KEY POINTS

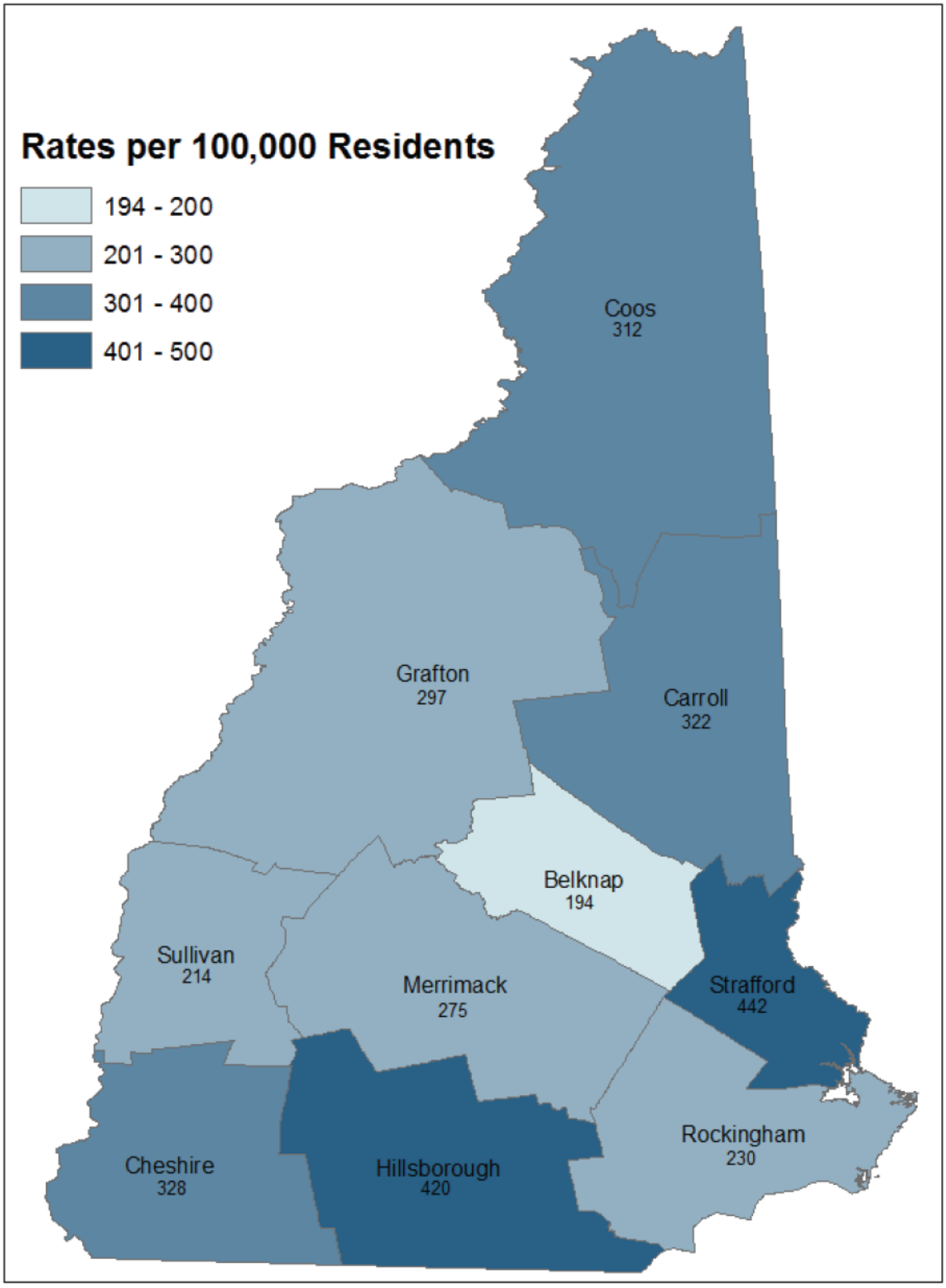
CHARTS 58 & 59

There were 4,310 criminal bail protective orders (CBPOs) issued in 2013 in New Hampshire. Chart 58 shows that Hillsborough county had the highest number of CBPOs issued in 2013.

Taking into account population size of each county, Chart 59 presents the rates of CBPOs issued in 2013. Hillsborough and Strafford counties had the highest rates of CBPOs issued in New Hampshire in 2013. Criminal bail protective orders, unlike civil domestic violence protective orders, are initiated by a bail commissioner or judge (rather than by the victim) following an arrest for a domestic violence-related crime. The order becomes "final" when adopted by a judge at arraignment. The order remains in effect until vacated or the criminal case is disposed.

59 CRIMINAL BAIL PROTECTIVE ORDERS 2013

Taking into account population size, how did counties differ in the rate of criminal bail protective orders?



Note. U.S. Census population estimates were used to calculate rates (U.S. Census Bureau, 2013)

APPENDICES

A. Executive Order
B. Membership list
C. Summary of homicide data 2001-2013

APPENDIX A: EXECUTIVE ORDER

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

Jeanne Shaheen
Governor of New Hampshire

APPENDIX B: MEMBERSHIP LIST

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE MEMBERS WHO SERVED DURING REPORTING PERIOD (2011-2013)

Elizabeth Paine, JD, Chair
Domestic Violence Specialist
NH District Court and Family Division

Thomas A. Andrew, MD
Chief Medical Examiner
NH Office of the State Medical Examiner

Detective Jeffrey A. Ardini
NH State Police – Major Crime Unit

Vicki Blanchard
Advanced Life Support Coordinator
Dept of Safety, Bureau of EMS

Captain Mark G. Bodanza
Law Enforcement Training Specialist
NH Police Standards and Training Council

Paula Booth, ACSW, CEAP
Executive Director
State Employee Assistance Program

Alan Cronheim, JD
Sisti Law Offices

Donna Cummings, MS [alt.]
Executive Director
RESPONSE

Jennie V. Duval, MD [alt.]
Deputy Chief Medical Examiner
NH Office of the State Medical Examiner

Elizabeth Fenner-Lukaitis
Acute Care Service Coordinator
Bureau of Behavioral Health

Kim France
Executive Director
NH Coalition Against Domestic and Sexual Violence

Joanne Fortier
Warden NHSP-Women
NH Department of Corrections

Detective Robert Frechette
Rochester Police Department

Clyde R.W. Garrigan, JD
U.S. Attorneys Office

Robert Gougelet, MD
Medical Director Emergency Response
Dartmouth Hitchcock Medical Center

Michelle Goings
Captain
NH Department of Corrections NHSP/W

Andrea Goldberg
Family Preservation Manager
NH Division for Children, Youth and Families

Amanda Grady Sexton [alt.]
Public Policy Director
NH Coalition Against Domestic and Sexual Violence

Lieutenant Jill Hamel [alt.]
NH Police Standards and Training Council

Scott Hampton, PsyD
Ending the Violence

Debra Hastings, PhD, RN-BC, CNOR
Director of Continuing Nursing Education
Dartmouth Hitchcock Medical Center, CCEHS

Sergeant Sara Hennessey
NH State Police
Family Services Unit

Christopher Keating, JD
Director
NH Judicial Council

Rev. Rebecca Werner Maccini
Congregational Church of Henniker

Patricia Lafrance, JD
County Attorney
Hillsborough County Attorney's Office

Rachel Lakin
APS Program Operations Administrator
DHHS, Bureau of Elderly and Adult Services

Sandra Matheson
Director, Office of Victim/Witness Assistance
NH Attorney General's Office

Bernadette Melton-Plante
Senior CASA Supervisor
CASA of NH

Peter A. Michaud
Director, Victim Services
NH Department of Corrections

Deborah J. Mozden
Executive Director
Turning Points Network

Eileen Mullen, MSW
Administrator
NH Division for Children, Youth and Families

Linda Parker
Program Specialist
Bureau of Drug and Alcohol Services

Jessica Parent
Administrator of Victim Services
NH Department of Corrections

Raymond Perry, Jr., JD
Director
Office of Client and Legal Services
NH Dept. of Health and Human Services

Sergeant Jill C. Rockey
NH State Police

(Ret.) Chief Timothy Russell
Henniker Police Department

Rosemary Shannon
Administrator I
Alcohol and Other Drug Abuse Treatment
NH Division of Public Health

Honorable Stephen J. Shurtleff
State Representative

Ms. Barbara A. Sweet [alt]
NH Judicial Branch

Danielle Snook
Program Specialist
NH Attorney General's Office
{*Administrative Assistant to Committee*}

APPENDIX C: SUMMARY OF HOMICIDE DATA 2001-2013

THE NEW HAMPSHIRE ATTORNEY GENERAL'S OFFICE OF VICTIM/WITNESS ASSISTANCE HOMICIDE DATA SUMMARY 2001-2013

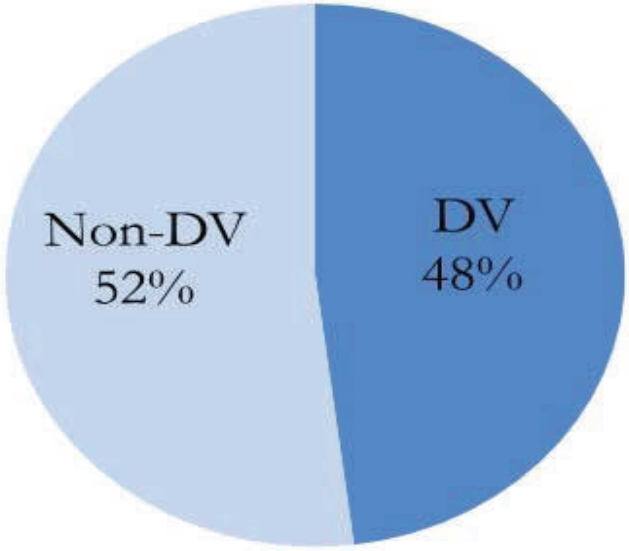
KEY POINTS

CHART 1

Overall, from 2001-2013, domestic violence homicides made up about half, **48%**, of all homicides*. The proportion of homicides that are domestic violence related varies from year to year with highs in 2004 and 2010 (68% and 63%, respectively) and lows in 2001 and 2007 (37% and 38%, respectively). 2013 was average, with 47% of homicides domestic violence related.

1 PROPORTION OF HOMICIDES* DV RELATED 2001-2013

What percent of homicides in New Hampshire are domestic violence homicides?



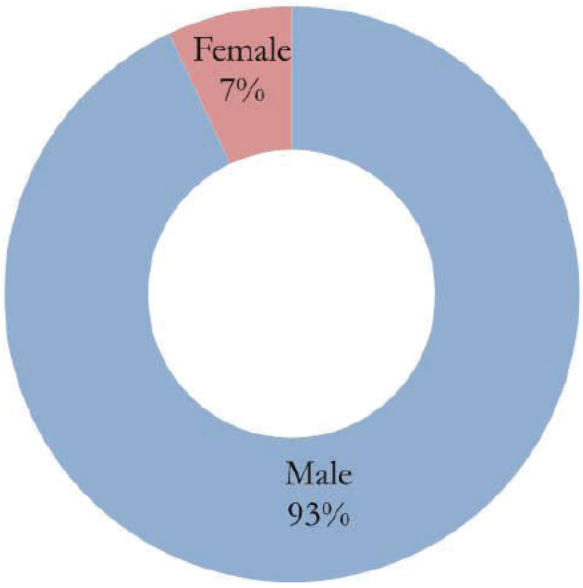
2 MURDER-SUICIDES* (M-S) IN NEW HAMPSHIRE 2001-2013

What percent of murder/suicides in NH are domestic violence related?

Year	# of DV M-S Victims	# of Non-DV M-S Victims	Total Number of M-S Victims
2001	3	0	3
2002	0	1	1
2003	5	0	5
2004	1	0	1
2005	3	1	4
2006	1	0	1
2007	3	0	3
2008	1	0	1
2009	4	0	4
2010	3	0	3
2011	2	0	2
2012	2	4	6
2013	2	0	2
Total Victims	30 83%	6 17%	36 100%

3 OFFENDER GENDER IN DV M-S 2001-2013

What percent of DV homicide-suicide perpetrators are male and female?



KEY POINTS

CHARTS 2 & 3

While murder-suicides seem to be a relatively small part of the state's homicide problem, it does seem to be a big part of the domestic violence homicide problem. For instance, only **5%** of non-domestic violence homicide victims were victims of murder-suicides in New Hampshire between 2001 and 2013 (6 non-DV M-S victims/111 non-DV homicide victims). However, **29%** of victims of domestic violence homicides were murder-suicide victims during this same time frame (30 DV M-S Victims/103 DV victims).

Additionally, as is seen in Table 2, **83%** of murder-suicide victims in New Hampshire since 2001 were domestic violence related.

The majority of offenders of murder-suicides in New Hampshire were male (93%), with only **7%** of offenders of these types of homicides in 2001-2013 being female.

*Excludes deaths caused by negligence, suicide or accidents, justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

References

FBI (2013). Crime in the Unites States, 2012. United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Retrieved 4/16/2014 from: http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/4tabledatadecoverviewpdf

NHGCDSV, NH Governor's Commission on Domestic and Sexual Violence. (2012). Ninth Report of the Domestic Violence Fatality Review Committee. Domestic Violence Fatality Review Committee, NH Department of Justice, Office of the Attorney General. Retrieved 4/16/2014 from: http://doj.nh.gov/criminal/victim-assistance/documents/domestic-violence-report-2012.pdf

U.S. Census Bureau. (2012). Table 1. Annual estimates of the resident population for counties of New Hampshire: April 1, 2010 to July 1, 2011 (CO-EST2011-01-33). U.S. Census Bureau, Population Division.