

# **STATE OF VERMONT**

## **DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION REPORT**



**2012**

**This project was supported by grant number: 2010-WE-AX-0043, awarded by the Office on Violence Against Women, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice.**

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## **DEDICATION**

Noting its Tenth Year Anniversary, the Commission wants to thank all the witnesses, families and state agencies who have worked with us over the last decade to respond to domestic violence fatalities in Vermont. The Commission re-dedicates its efforts to the 108 Vermonters who have died in domestic violence fatalities since 1994 and hopes that our collective efforts will prevent future violence.

## **INTRODUCTION**

On May 2, 2002, then Governor Howard Dean signed into law H.728 which created Vermont's Domestic Violence Fatality Review Commission. See Appendix A for a copy of the bill. The purpose of the Commission is to collect data and conduct in-depth reviews of domestic violence related fatalities in Vermont with the goal of making policy recommendations to prevent future tragedies. Vermont joined 28 other states and the District of Columbia in creating a multi-disciplinary domestic violence fatality review group. The theory behind these review groups is that by examining data and information the Commission will be better able to understand why and how the fatalities occurred and what Vermont can do to prevent future deaths.

The Domestic Violence Fatality Review Commission operates under the auspices of the Office of Attorney General in consultation with the Vermont Council on Domestic Violence pursuant to 15 VSA § 1140.

Under 15 VSA § 1140, the purposes of the Commission are to:

- examine the trends and patterns of domestic violence related fatalities in Vermont;
- identify barriers to safety, the strengths and weaknesses in communities, and systemic responses to domestic violence;
- educate the public, service providers and policymakers about domestic violence fatalities and strategies for intervention and prevention; and
- recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.

This is the Tenth Commission Report. This Report includes data regarding fatalities for 2011 and updates the Commission's statistical information that dates back to 1994. In 2011, the Commission completed one in-depth case review and case recommendations from that review are discussed in this Report. Finally, the Report provides an update on the Commission's earlier recommendations.

The Commission asks all Vermonters to review this report and provide us with comments and suggestions as we embark on a new decade studying the trends and patterns of domestic violence and related fatalities.

## **EXECUTIVE SUMMARY OF COMMISSION DATA**

The Commission data indicates:

- Between 1994 and 2011, 51% of all Vermont homicides were domestic violence related.
- 57% of Vermont's domestic violence related homicides were committed with firearms and 82% of the suicides associated with domestic violence homicides (i.e. murder/suicides) were committed with firearms.
- 84% of Vermont's domestic violence related fatalities were committed by males; 54% of the victims were female and 46% were male.
- Relief from abuse orders were in effect in 16% of the domestic violence related homicides.
- In the 108 domestic violence homicides between 1994 and 2011, 33 children were present at the scene of the crime and 6 were immediately aware of the crime.
- In 2011, of the 8 homicides of adults, 4 were deemed domestic violence related; thus 50% of our adult 2011 homicides were domestic violence related. Of the 4 adult domestic violence related homicides, 3 were committed with firearms and 1 was a stabbing. 2 of the cases were murder/suicides. Also, in 2011 there was 1 suicide that followed a non-fatal domestic violence incident and that suicide was also committed with a firearm.
- Of the 4 domestic violence related homicides of adults, 2 occurred in residences and all 3 suicides occurred in residences.
- According to the 2010 VT Crime Report, approximately 65% of violent crime occurred in Vermont residences making the home the most frequent location for violent criminal incidents.

## **SUMMARY OF COMMISSION'S ACTIVITIES IN 2011**

In 2011, the Commission issued its Annual Report. As required by 15 VSA § 1140, the Commission distributed its report to the General Assembly, the Governor, the Chief Justice of the Vermont Supreme Court and the Council on Domestic Violence.

In the previous year, the Commission membership was expanded by statute to include the Commissioner of Mental Health, or his or her designee, and a Judge appointed by the Vermont Supreme Court's Chief Justice. This amendment was in response to the Commission recognizing the need to have these perspectives at the table. During 2011, these two new members joined the Commission meetings and our case review process and we welcome their important contributions. Appendix C lists the current members of the Commission.

During 2011, the Commission met bi-monthly and the Chair of the Commission and the Coordinator of the Vermont Council on Domestic Violence met monthly to work on recommendation implementation. A copy of the updated 2011 Protocol that outlines these roles is attached as Appendix E.

As noted in the introduction, during 2011, the Commission completed one in-depth case review. In the case review, we heard from a variety of witnesses from the community

and reviewed documents provided by government agencies and private entities. Please note that when conducting our review, we used our lethality assessment form to identify risks present and we have listed those risks below as part of our summary. The case raised issues regarding Vermont's Sex Offender Registry which was a new topic for the Commission.

Pursuant to 15 V.S.A. § 1140, the purpose of the Commission includes identifying strengths and weaknesses in systemic responses to domestic violence and making recommendations that will encourage collaboration, intervention and prevention. Below please find relevant data regarding the completed case review and the Commission's findings regarding strengths in the community and recommendations to improve the response to domestic violence.

## **SUMMARY OF 2011 CASE REVIEW**

### **CASE REVIEW INFORMATION**

In the fatality reviewed, the manner of death was homicide and the cause of death was strangulation. The victim was a 29 year old female and the responsible party was a 32 year old live-in boyfriend. The victim was in the process of ending her seven month relationship with the responsible party. The victim was employed and the responsible party was unemployed. The responsible party had a criminal record and was a felon. He had most recently been incarcerated on sexual assault convictions against a child and he was a registered sex offender who moved to Vermont from another state. He initially failed to register with the Vermont Sex Offender registry upon re-locating to Vermont and he was charged with failure to comply with the registry but the charge was dismissed by the local state's attorney's office. There was a six year old female child in the home at the time of the homicide who was the victim's daughter from a prior relationship. There were no relief from abuse or protection orders in effect. The victim has obtained a relief from abuse order in an earlier relationship and had received training in domestic and sexual violence along with CPR and first aid trainings.

**“Sometimes domestic violence victims feel as if they are hanging on the end of a rope with no safety net.” Witness**

As indicated above, as part of the Commission's Case Review process, the Commission adopted a lethality assessment tool. Below are the factors noted in this case.

The following risk factors were noted:

1. serious physical and sexual violence in responsible party's past;
2. negative controlling attitudes about partner by responsible party;
3. criminal history of responsible party;
4. prior relationship problems;
5. unemployment of responsible party;
6. access to weapons ( knives, crossbow, firearm);
7. recent attempt at separation initiated by victim;
8. stalking behavior by responsible party toward victim;
9. intimate relationship that developed rapidly;

10. child in household that was not related to responsible party; and
11. pet abuse by responsible party.

### **STRENGTHS IN THE COMMUNITY**

As noted above, part of the Commission's statutory role is to identify strengths in addition to barriers in responses to domestic violence cases. During the review, the Commission identified a number of strengths and we note the following positive practices.

1. Co-workers of the victim, who became aware of the responsible party's criminal history through the local press, raised their concerns with the victim regarding her safety and they referred her to local services.
2. Co-workers of the victim were very responsive when she expressed concerns to them and they referred the victim to community and system resources regarding domestic and sexual violence.
3. Vermont's Department for Children and Families (DCF), Family Services Division (FSD) provided support services to the child who was present in the household at the time of the homicide.

### **CASE REVIEW FINDINGS AND RECOMMENDATIONS**

The Commission makes the following findings and recommendations related to this case. We identify relevant professions and agencies that may be able to incorporate our recommendations in their practices and protocols. We encourage these groups to give careful consideration to these recommendations and we welcome the opportunity to discuss our recommendations further.

In no way does the Commission intend to imply that any agency or policy is responsible directly or indirectly for any death. The goal of the Commission in making these recommendations is to increase the safety of all Vermonters. The findings and recommendations are not prioritized and are of equal importance. The recommendations are addressed to the following entities: Sex Offender Registry Division at the Department of Public Safety; Vermont Department of Education; Domestic and Sexual Violence Programs; Agency of Human Services, Department for Children and Families.

#### **Sex Offender Registry at the Department of Public Safety**

The Commission recommends that:

- More financial resources are allocated for the Sex Offender Registry Division to: hire additional staff; continue updating their database; provide the single coordinator a cell phone; explore initiatives to supervise offenders in the community; address homeless sex offenders; and to follow-up in the community on non-compliance issues by sex offenders.
- As part of the regular registry process, the registry staff should be able to have local law enforcement determine the sex offender household status particularly

as it relates to the existence of children, vulnerable adults, weapons and other potential risk factors. This information should be reported to the registry regularly.

- Local prosecutors' offices should communicate with the Sex Offender Registry personnel regarding the circumstance of dismissing a sex offender violation charge before dismissing the matter.
- The registry should keep track of offenders who violate the notification provisions even if their criminal cases are dismissed. The number of sex offender registry violations and convictions should be maintained as a statistic and available on the website. This would enable the registry to identify repeat violators and identify them as needing additional supervision and spot checks by law enforcement officers.
- A protocol be adopted between the Registry and Adult Protective Services (APS) at the Agency of Human Services providing APS notice when a sex offender is residing with vulnerable adults. There is a protocol which allows the registry to provide notification to DCF regarding sex offenders residing with children - DCF child under 18 Notification Protocol – which could be a template for the APS protocol.
- A protocol be adopted between other states' sex offender registries when a sex offender moves to Vermont and fails to contact the sex offender authorities in Vermont.
- That the county based Special Investigative Units (SIUs) coordinate regular supervision of sex offenders in the community who are not being supervised by probation or parole. The supervision of sex offenders in the community should be made more uniform across the state through the SIUs. The sex offender registry could provide training to law enforcement to coordinate this supervision and to determine a statewide protocol for regular compliance checks.

## Findings

Currently there is only one Department of Safety employee who coordinates both the sex offender registry program and the medical marijuana program. In Vermont, there are approximately 2400 sex offenders in the registry with a smaller number (100s) on the internet registry. There are approximately 400 persons registered with the medical marijuana program. This single Vermont state employee does a commendable job in spite of the overwhelming caseload and varied population she is supervising. The Commission notes that the registry will be getting a new software program in the near future that will help with the database. However, the sex offender registry program still needs additional funding and employees to assist her in her critical work.

Currently, if a registered sex offender moves to Vermont and is not on probation or parole, there is no protocol if the offender does not show up to report to our sex offender registry system.

Currently, SIUs, the State Police, the Sheriff's Departments and local law enforcement do conduct county wide sex offender registry checks to see if sex offenders are in compliance. Also, the sex offender registrants residing in the community are spot checked when there are alleged violations or concerns raised as to their residence, whereabouts and behavior. However, there are inconsistencies with the regularity of this supervision across the state. This supervision should be made more regular and

uniform statewide and the SIUs should coordinate this effort by drawing on all their county law enforcement partners. The sex offender registry could provide training and technical assistance to law enforcement to coordinate this supervision and to implement a statewide protocol.

Although there are protocols with the registry and DCF regarding children residing in the household with sex offenders, there are no similar protocols with APS regarding vulnerable adults residing in the household.

Currently, there is no coordination between prosecutors' offices and the registry as to when criminal charges related to the failure to comply with registry requirements are dismissed or not prosecuted. Regular communication would enable better supervision of these offenders and would allow the registry to maintain a record of non-compliance or compliance and it could be available to the public.

### **Department of Education**

The Commission recommends that:

- The Department of Education develop domestic violence support systems for school employees including full, part-time and temporary employees.
- The Department of Education develop domestic violence awareness workshops for all school employees (full, part time and temporary) in consultation with the local domestic and sexual violence programs and task forces.
- The Department of Education develop a protocol with the Employment Assistance Program (EAP) for schools that addresses: "When a school employee is the victim of a domestic violence related homicide."

### **Findings**

Currently, there are on-going school based efforts to educate the students in regards to domestic and sexual violence issues, but no similar systems in place for the staff and employees of the school system. The victim in this case was an employee of a local school system and the Commission concluded from witnesses that no effective support systems were in place for all the employees of the school system when a tragedy like this effects their community.

### **Domestic Violence Programs**

The Commission recommends that:

- There is more funding for safe shelter for domestic and sexual violence survivors in Vermont especially for families with children. In Vermont, there are 40 listed animal rescue shelters while only 10 shelters serve victims of domestic and sexual violence.
- There is more funding for safe transitional housing for victims of domestic violence and their families.
- The community based domestic violence programs in Vermont establish outreach campaigns regarding domestic violence and safety planning.

Campaigns should provide information about lethality risk factors in safety planning and the resources available to them especially when victims first begin to separate from abusers. Funding should be provided to the domestic violence programs to accomplish this outreach campaign.

## **Findings**

Domestic violence victims may be aware of the community and system-based resources but may choose not to access these resources for a variety of reasons. Some victims believe that they can better handle their circumstances themselves and do not necessarily see the police or court systems as a good avenue for relief or as a guarantee of safety. Also, we recognize that sometimes a protection order can trigger the offender and make the situation more dangerous for the plaintiff and the family. Some victims have diminished expectations for the system's response because of prior problems with the system's response. This may make a plaintiff reluctant to file for a protection order or call the police.

An outreach campaign may be one way to assure these courageous and self-sufficient Vermonters that they are not alone and that help is available.

## **Children Exposed To Domestic Violence**

The Commission recommends that:

- More financial resources are provided to the community response to children exposed to domestic violence. This could include additional resources for the Domestic Violence Unit at the Department for Children and Families, Family Services Division, additional funding for Child/Youth Advocates at member programs of the VT Domestic and Sexual Violence Network, specialized children's mental health providers and specialized parenting programs for fathers who batter their partners.
- The Department for Children and Families, Family Services Division, consider implementing batterer intervention strategies, including referrals and consultation with certified batterer's intervention programs as part of ongoing safety assessment and case planning with families.
- More financial resources are provided to batterer's intervention programs if these programs are expanded into Civil and Family Court proceedings.
- More financial resources are provided to the Vermont Criminal Justice Training Council to enable them to offer on-line training regarding domestic violence and child witnessing.

## **Findings**

In Vermont, in the 108 domestic violence homicides between 1994 and 2011, 33 children were present at the scene of the crime and 6 were immediately aware of the crime. Thus, in 36% of our homicides children are witnessing or immediately aware of the violent act. There is a dire need for additional resources and specialized expertise for these children and families.

In the case reviewed in 2011, a child was present and the responsible party also had a documented history of child sexual abuse.

15.5 million U.S. children live in families in which partner violence occurred at least once in the past year and 7 million children live in families in which severe partner violence occurred (Intimate Partner Violence in the US 2006. US Dept of Justice, BJ Statistics at <http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm>)

Currently there are very limited resources in Vermont that specifically address the needs of children exposed to domestic violence. Most of these resources are funded through federal grants. The DCF Domestic Violence Unit still operates as a statewide resource but with a significantly reduced capacity. In this case, the Unit consulted with the district office that was working with the family after the homicide and addressing the domestic violence and the co-occurrence of the child sexual abuse history.

In addition, in those circumstances where children witness domestic violence and the department is attempting to work with the family on services and a case plan for reconciliation, certified batterer intervention programming would be a resource for the battering parent. Currently, this programming is predominantly used within a probationary sentence but could be used in a family court case plan setting as well. Currently, there is a pilot project in Franklin County between DCF's FSD and the local batterer's intervention program run by Spectrum where they are exploring this practice. If successful, this pilot could be expanded statewide and could be a way to reduce violence in families and to keep children safe. Funding for the expansion of these programs would assist in keeping children and families safe.

Of the 13 VT Network domestic violence programs, only 3 have the resources to employ a full time children's advocate dedicated solely to providing children/youth related advocacy and support. The other 10 provide a range of levels of direct service to children/youth who have witnessed domestic violence. Of those that are able to provide more comprehensive services to youth, those services are largely dependent on federal grants that can be unreliable. There is an ongoing and unmet need for advocate positions dedicated to meeting the unique needs of children who witness domestic violence as well as supporting non-offending parents and caregivers.

In 2004, a multidisciplinary group in Vermont wrote a Model Protocol to assist law enforcement officers in their response to children at the scene of domestic violence incidents. The protocol was revised in 2007 and again in 2010 and has been nationally recognized as a comprehensive best practice. The Protocol and resulting training curriculum provide the police the tools to effectively respond to children at the scene of domestic violence incidents. This enhances both the child's safety and the offender's accountability. The multidisciplinary group conducted trainings beginning in 2004 and recently developed an on-line version of the training so it could be sustained and continue to be offered. The Vermont Police Academy is in the process of trying to secure funding to allow for this on-line training opportunity to be distributed to the law enforcement community

The protocol can be found at: Vermont's Model Protocol: Law Enforcement's Response to Children at The Scene Of A Domestic Violence Incident developed by the Training

Council along with DCF and the Network Against Domestic and Sexual Violence  
<http://www.vtnetwork.org/wp-content/uploads/kids-and-cops-Protocol2010.pdf>

In addition in 2010, the Vermont Legislature recognized the importance of domestic violence training for law enforcement and codified mandatory requirements found at 20 VSA § 2635. The Domestic Violence Training Coordinator at the Police Academy subsequently has developed a variety of domestic violence trainings including on-line trainings. These domestic violence investigation training modules would also benefit from the development of more on-line capabilities at the Police Academy.

In the past there were federal dollars that were enabling the on-line training opportunities at the Academy but those funds have been eliminated. Dissemination of these best practices as on-line trainings would assist law enforcement in their interactions with the child witnesses at both homicides and other domestic violence incidents. The training would improve our community response to these tragedies and provide law enforcement the tools to minimize the impact on children and to empower children to heal and thrive.

### COMMISSION DATA FOR 2011

In 2011, there were 9 homicides; 1 is the death of a child. Two of these homicides were murder/suicide cases and there was 1 suicide following a domestic violence related incident.

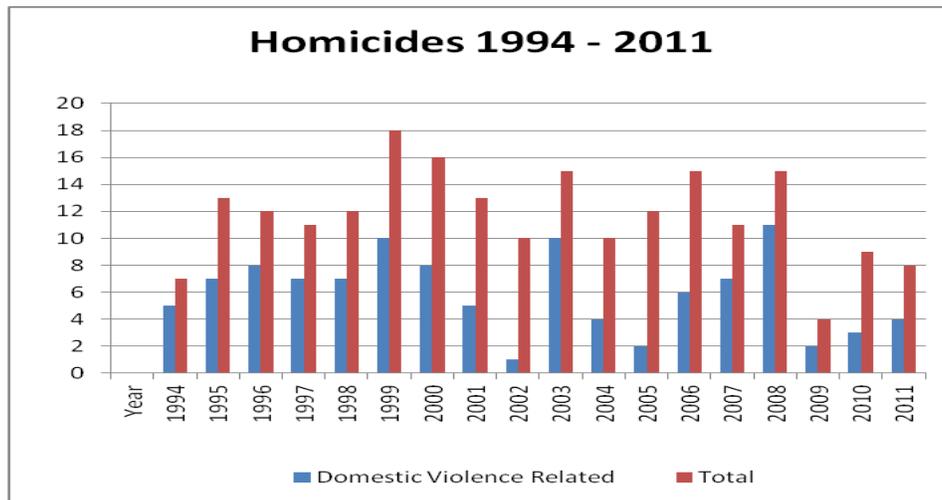
The age of Vermont homicide victims in 2011 ranged from 2 years old to 59 years of age. By Commission protocol, all child deaths are referred to Vermont's Child Fatality Review Team for analysis.

According to Commission data, in 2011, of the 8 homicides of adults, 4 were deemed domestic violence related thus 50% of our adult homicides. Of the 4 adult domestic violence related homicides, 3 were committed with a firearm and 1 was a stabbing. The three suicides were committed with firearms.

**There were 8 homicides of adults in 2011, 4 of which were domestic violence related (50%). There were at least 3 domestic violence related suicides.**

Two of the domestic violence related homicides of adults and the three suicides all occurred in residences. Two of the homicides occurred in public places. For the 2011 cases, there was one homicide where a relief from abuse order was in effect.

In summary, according to the Commission data covering 1994 – 2011, 51% of all Vermont homicides during the past sixteen years were domestic violence related. 57% of Vermont's domestic violence related homicides were committed with firearms and 82% of the suicides associated with domestic violence homicides (i.e. murder/suicides) were committed with firearms.



### SUMMARY OF 2011 DATA

- 9 total homicides
- Of the total homicides, 8 adult victims
- Of those 8 adult homicides, 4 are domestic violence related or 50%

### DATA REGARDING 2011 DOMESTIC VIOLENCE RELATED HOMICIDES

Gender			
<b>Victims</b>		<b>Responsible Party</b>	
Female victims	3	Male	4
Male Victims	1		
Relationship			
Partner	3	Household Member	0
Ex-Partner	1	Other Domestic Violence Related	0
Family Member	0		
County Distribution			
Addison	0	Lamoille	0
Bennington	0	Orange	0
Caledonia	1	Orleans	1
Chittenden	1	Rutland	0
Essex	0	Washington	0
Franklin	0	Windham	1
Grand Isle	0	Windsor	0
Crime			
Firearm	3	Stabbing	1
Fire	0	Blunt Trauma	0
Strangulation	0	Motor Vehicle	0
Drowning	0		
<b>Children Present</b>			0
Locations of Homicides			
In Residence	2	Outside Residence in Street	0
In Workplace	0	Outside Residence in Hall	0
In Public Place	2		
<b>Domestic Violence Related Homicides</b>			50%

**HOMICIDE AND FATALITY CHART FROM 1994 - 2011**

<b>Year</b>	<b>Total # Adult Homicides</b>	<b>Partner</b>	<b>Ex-Partner</b>	<b>Family Member-non partner</b>	<b>Household Member – non partner</b>	<b>Other DV Related</b>	<b>Total # DV</b>	<b>Total % DV</b>
2011	8 <sup>1</sup>	3	1	0	0	0	4	50%
2010	9 <sup>2</sup>	0	0	2	0	1	3	33%
2009	4 <sup>3</sup>	0	1	0	0	1	2	50%
2008	15 <sup>4</sup>	5	0	3	0	3	11	73%
2007	11 <sup>5</sup>	1	2	2	2	0	7	64%
2006	16 <sup>6</sup>	2	1	2	1	1	7	44%
2005	12 <sup>7</sup>	0	0	0	0	2	2	17%
2004	10 <sup>8</sup>	3	1	0	0	0	4	40%
2003	15	1	2	4	1	2	10	66%
2002	10 <sup>9</sup>	1	0	0	0	0	1	10%
2001	13 <sup>10</sup>	0	0	3	1	1	5	38%
2000	16 <sup>11</sup>	3	1	2	0	2	8	50%
1999	18 <sup>12</sup>	2	1	3	2	2	10	56%
1998	12 <sup>13</sup>	3	2	1	0	1	7	58%
1997	11 <sup>14</sup>	2	1	2	0	2	7	64%
1996	12 <sup>15</sup>	1	2	2	1	2	8	67%
1995	13 <sup>16</sup>	6	0	0	0	1	7	54%
1994	7 <sup>17</sup>	1	1	1	0	2	5	71%
<b>TOTAL</b>	<b>212</b>	<b>34</b>	<b>16</b>	<b>27</b>	<b>8</b>	<b>23</b>	<b>108</b>	<b>51 %</b>

<sup>1</sup>One case involves a child fatality and is not reflected in this total, as the matter is referred to the Child Fatality Review Team.

<sup>2</sup>Two cases involve child fatalities and are not reflected in this total, as the matters are referred to the Child Fatality Review Team. One adult homicide remains under investigation and is reflected in the 9 but the Commission is unable to determine if it is domestic violence related. In addition to the 9, 1 responsible party committed suicide following the homicide.

<sup>3</sup>Four cases involve child fatalities and are not reflected here as the matters are referred to the Child Fatality Review Team. One party committed suicide in the presence of his estranged wife. In addition, one responsible party attempted to commit suicide after the alleged homicide.

<sup>4</sup>Five cases involved child fatalities and are not reflected in the 15 as the matters are referred to the Child Fatality Review Team. One responsible party attempted to commit suicide after the alleged homicide.

<sup>5</sup>One case under investigation involves a child fatality and is not reflected in the 11 as the matter was referred to the Child Fatality Review Team. Also, in addition to the 11, 3 responsible parties committed suicide following the homicides.

<sup>6</sup>One 2006 case under investigation was deemed a homicide and a domestic violence related homicide involving a family member thus the number of overall adult homicides increased to 16 and the DV related increased to 7 or 44%.

<sup>7</sup>1 homicide remains under investigation and is reflected in the total number of homicides but the Commission is unable to determine at this time if it is domestic violence related. The data will be updated when further information is available.

<sup>8</sup>One additional case under investigation involves a child fatality and is not reflected in the 10 as the matter would be referred to the Child Fatality Review Committee per the Commission's protocol. Also, in addition to the 10 cases, 1 responsible party committed suicide following the homicide.

<sup>9</sup>1 case remains under investigation and is reflected in the total number of homicides but the Commission is unable to determine if it is domestic violence related. The data will be updated when further information is available.

<sup>10</sup>1 case remains under investigation and is reflected in the total number of homicides but the Commission is unable to determine if it is domestic violence related. The data will be updated when further information is available.

<sup>11</sup>In addition to these 16 cases, 1 responsible party committed suicide following the homicide.

<sup>12</sup>In addition to these 18 cases, 2 responsible parties committed suicide following the homicides. 1 case remains under investigation and is reflected in the total number of homicides but the Commission is unable to determine if it is domestic violence related. The data will be updated when further information is available.

<sup>13</sup>In addition to these 12 cases, 3 responsible parties committed suicide following the homicides.

<sup>14</sup>In addition to these 11 cases, 2 responsible parties committed suicide following the homicides.

<sup>15</sup>In addition to these 12 cases, 3 responsible parties committed suicide following the homicides. Also, 1 case remains under investigation and is included in the total homicide number but not the domestic violence number. The data will be updated when further information is available.

<sup>16</sup>In addition to these 13 cases, 4 responsible parties committed suicide following the homicides and 2 cases remain under investigation and are included in the total homicide number but not in the domestic violence number. The data will be updated when further information is available.

<sup>17</sup>In addition to these 7 cases, 1 responsible party committed suicide after the homicide.

SUMMARY OF DATA FROM 1994 – 2011			
Homicides	Total – 212		
Domestic Violence Homicides	Total 108 or 51%	Responsible Party	
	• Female victims 58	• Female	17
	• Male Victims 50	• Male	91
Relationship	Partner 34	Household Member	8
	Ex Partner 16	Other Domestic	
	Family Member 27	Violence Related	23
County Distribution	Addison 9	Lamoille	3
	Bennington 8	Orange	4
	Caledonia 10	Orleans	6
	Chittenden 23	Rutland	19
	Essex 2	Washington	6
	Franklin 4	Windham	5
	Grand Isle 1	Windsor	8
Manner of Homicide	Firearm 62	Strangulation	5
	Stabbing 16	Motor Vehicle	1
	Fire 2	Blunt Trauma & Strangulation	1
	Blunt trauma 16	Other	5
Children Present	At crime scene 33	Aware of crime scene immediately before or after	6
Relief From Abuse Orders	17 (17 cases where order was in effect to protect victim vs. responsible party)		
Law Enforcement Related Cases	3 (3 cases where domestic violence suspects were killed by law enforcement)		
Identified Suicides related to domestic violence	Total: 28	Female	2
		Male	26
	Firearm 23	Asphyxia by Fire	1
	Stabbing 1	Asphyxia by Carbon Monoxide	1
	Hanging 1	Jump/Fall	1

## DEFINITIONS

**Children Present** - A child is at the crime scene or aware of the crime scene immediately before or after

**DV** – Domestic Violence

**Partner** – Homicide where the responsible party and victim are intimate or dating partners (e.g. spouse kills spouse, boyfriend kills girlfriend)

**Ex-Partner** – Homicide where the responsible party and victim were intimate partners formerly but are not currently (e.g., divorced spouse kills spouse, ex-girlfriend kills ex-boyfriend)

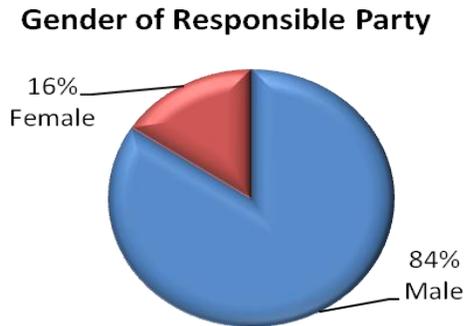
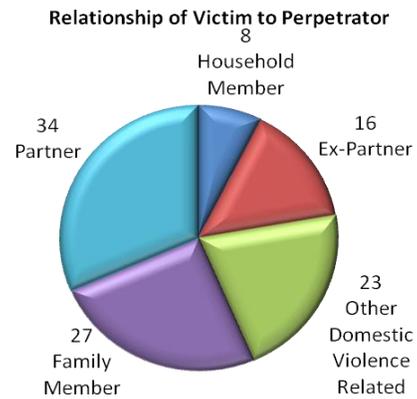
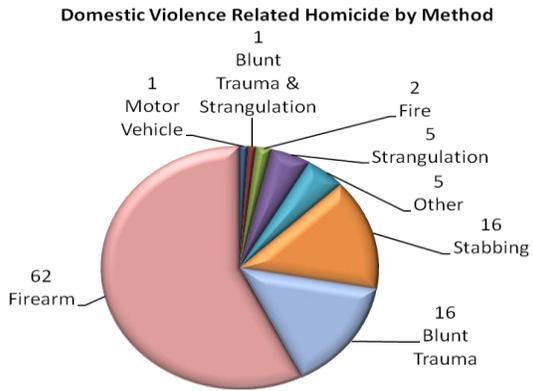
**Family Member** – Homicide where the responsible party and the victim were not intimate partners or dating partners but are family members

**Household Member** – Homicide where responsible party and victim currently or formerly lived in the same household but were not intimate or dating partners or family members (e.g., child living with non-related caregiver)

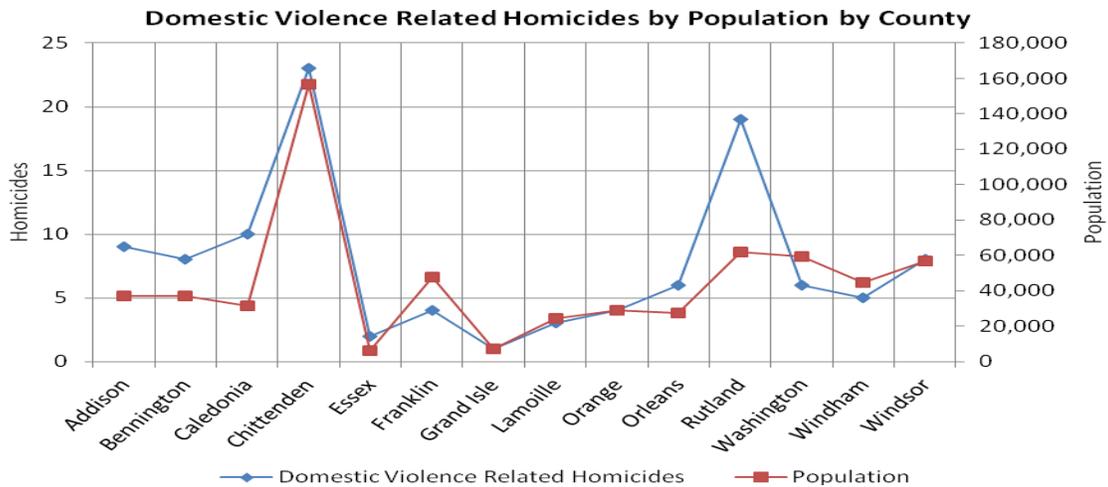
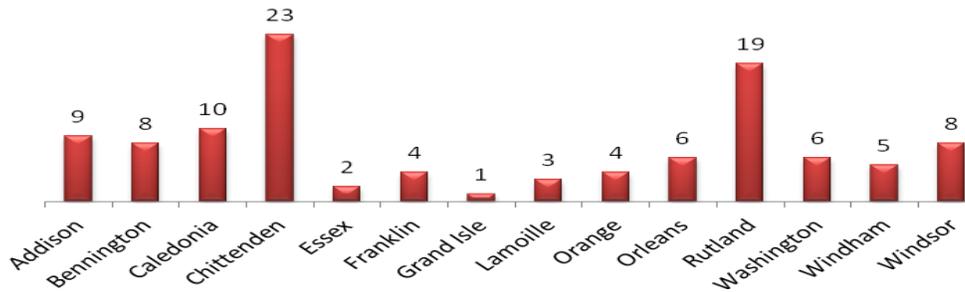
**Other Domestic Violence (DV) Related** – Homicide where the responsible party and the victim fit none of the above relationships but the fatality is related to domestic violence (e.g. estranged spouse kills ex-spouse's current intimate partner, law enforcement officer kills person while responding to a domestic violence incident)

**Responsible Party** – The responsible party is the person to whom the fatality can be attributed. It is a broader term than defendant or perpetrator. For example, it may include a convicted defendant, a battered spouse who was not charged with the fatality due to self-defense, a person who perpetrated the murder who then commits suicide, or a police officer responding to a domestic violence incident that kills one of the parties in the course of his/her duty.

## DOMESTIC VIOLENCE RELATED HOMICIDES 1994 – 2011



### Domestic Violence Related Homicides By County 1994 - 2011



## OTHER VERMONT DATA FOR 2011

### VERMONT CRIME REPORT

Domestic violence continues to be an on-going problem in Vermont communities. According to the most recent Vermont Crime Report compiled by the Department of Public Safety, the Vermont Violent Crime Index for 2010 illustrates that 83% of the violent crime cases involve intimate partners, family members or acquaintances.

56% percent of the victims of violent crimes were women which is an increase as this percentage has been 53% since 2007. Men and women in the age group 21- 29 were more frequently the victims of violent crime than any other age group. In 2010, 65% of violent crime in Vermont occurred in residences. This statistic has remained constant or close to this level since 2007.

**Since 2007, the majority of violent crime cases involved intimate partners, family members or acquaintances.**

Additional information about the Vermont Crime Report can be found at:

[www.vcic.vt.gov](http://www.vcic.vt.gov)

### VERMONT DEPARTMENT OF HEALTH

In 2011, the Vermont Department of Health's, Youth Risk Behavior Survey, surveyed 22,723 students (grades 9 to 12) in 66 high schools. In 2011 seven (7) percent of high school students reported that they were hit, slapped, or physically hurt by a boyfriend or girlfriend—this represents no change since 2007 and 2009. Of all high school students, six (6) percent reported being physically forced to have sexual intercourse when they did not want to; this ranges from 4% among 9<sup>th</sup> graders to 7% among 12<sup>th</sup> grades. Girls (8%) are twice as likely as boys (4%) to be victims of this type of sexual violence.

**Since 2007, 7% of Vermont middle and high school students reported that they were hit, slapped or physically hurt by a boyfriend or girlfriend.**

The Youth Risk Behavior Survey is conducted every two years in Vermont; the next survey will be conducted in 2013. More information about Vermont's Youth Risk Behavior Survey is found at:

<http://healthvermont.gov/research/yrbs.aspx>.

**14 % of Vermont adults (ages 18+) reported that they were hit, slapped, pushed, kicked or physically hurt by an intimate partner.**

According to the 2009 Vermont Department of Health Behavior Risk Factor Surveillance System (BRFSS), fourteen (14) percent of Vermont adults (18 years of age and older) reported that an

intimate partner hit, slapped, pushed, kicked or physically hurt them in any way; 12% reported that an intimate partner threatened them or made them feel unsafe in some way; and 15% said an intimate partner tried to control their daily activities. The BRFSS is conducted annually in Vermont; for more information on BRFSS, please visit:

<http://healthvermont.gov/research/brfss/brfss.aspx>

## **VERMONT DEPARTMENT OF CORRECTIONS**

According to the Vermont Department of Corrections, one thousand three hundred thirty eight (1,338) persons were under the supervision of Corrections<sup>18</sup> as of June 30, 2011 for domestic violence related offenses<sup>19</sup>. Of those offenders, three hundred thirty eight (338) were incarcerated, six hundred seventy seven (677) were on probation, seventy six (76) were on parole, and two hundred forty seven (247) were on furlough status. These numbers represent an increase of one person incarcerated and 57 persons under community supervision over last year's numbers.

Of the overall population of 2092 offenders incarcerated on 6/30/2011, 455 or 21.75% were incarcerated for a domestic violence related offense (all violent offenders accounted for 1,281 or 61.23% of the incarcerated population).<sup>20</sup>

Of the overall population of 9111 offenders under community supervision on 6/30/2011, 1,233 or 13.53% were under supervision for a domestic violence related offense (all violent offenders accounted for 2752 or 30.21% of the community population).

Importantly, these numbers only reflect persons for whom the designated domestic violence offense is the most serious offense. The Department cautions that there are domestic violence offenders with other charges which are deemed more serious by Corrections for classification purposes (e.g. sexual assault, kidnapping, homicide). Thus, the numbers given here are somewhat lower than the actual numbers.

## **VERMONT NETWORK AGAINST DOMESTIC AND SEXUAL VIOLENCE**

During 2011, the fifteen member programs of the Vermont Network Against Domestic and Sexual Violence (the Network) received and responded to 10,250 hotline and crisis calls.

The Network's member programs statewide saw 22,392 person nights in shelters and safe homes for 2011. This represents an increase from 2010; this number has been steadily rising over the past few years as survivors and their children need to stay in shelter for longer periods of time. In all, seven hundred forty seven (747) survivors were housed in shelters and safe homes statewide. An additional 69 people were turned away in 2011 because of lack of room at shelters.

Altogether, 7,313 victims of domestic violence and 1,025 victims of sexual violence reached out to the Member Programs of the Network over the course of the year.

354 children were housed in Network shelters or safe homes in 2011 which is a 15% increase since 2010. 1,212 children received services other than shelter, and Network Programs served two hundred fifty eight (258) child victims of sexual violence.

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<sup>18</sup> Under the supervision of the Department of Corrections includes: prison; reentry; pre-approved furlough; home detention; home confinement; supervised community sentence; parole; and probation.

<sup>19</sup> The offenses include misdemeanor domestic assault; misdemeanor and felony violations of abuse prevention orders; 1<sup>st</sup> and 2<sup>nd</sup> degree aggravated domestic assault; and misdemeanor and felony stalking.

<sup>20</sup> The percentages given for incarcerated violent and DV offenders are somewhat low, because the total population count is a bit inflated in that it includes federal detainees and others not held in connection with Vermont Charges.

184 Vermonters over the age of 60 received services from Network Programs. 1,107 Vermonters with disabilities received services from the Network Programs in 2011.

On a bright note, Network Member Programs' prevention and education work throughout the state reached 7,654 children and 7,098 adults. These numbers continue to rise.

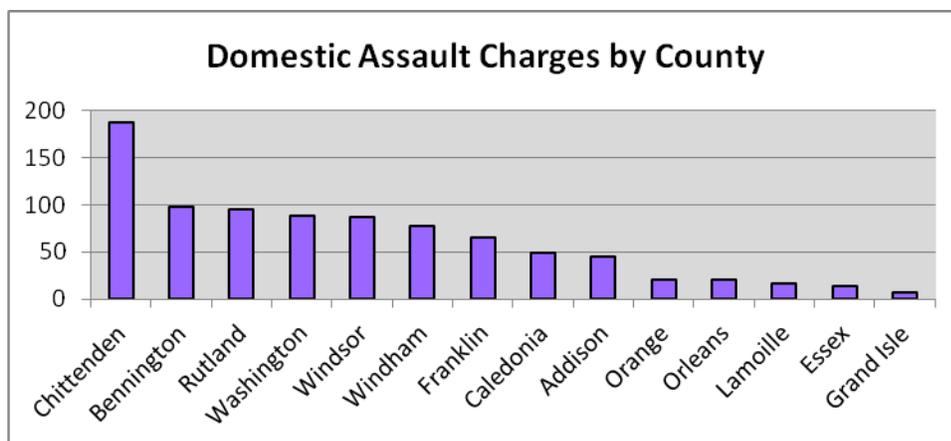
## VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES

During 2011, the Vermont Department for Children and Families, Family Services Division received two thousand two hundred and six (2,206) intake calls that identified co-occurring domestic violence and child maltreatment. Seven hundred twenty five (725) of these intakes were accepted and opened for assessments or investigations resulting in eight-four (84) substantiations of child maltreatment.

## VERMONT CENTER FOR JUSTICE RESEARCH AND OFFICE OF COURT ADMINISTRATOR

According to the Office of Court Administrator, from July of 2010 through June of 2011, 3,244 felony criminal cases were filed in the District Court statewide and 409 or 13% were domestic violence charges. During the same time period, 13,646 non-felony cases were filed and 884 or 6.5% were domestic violence charges.

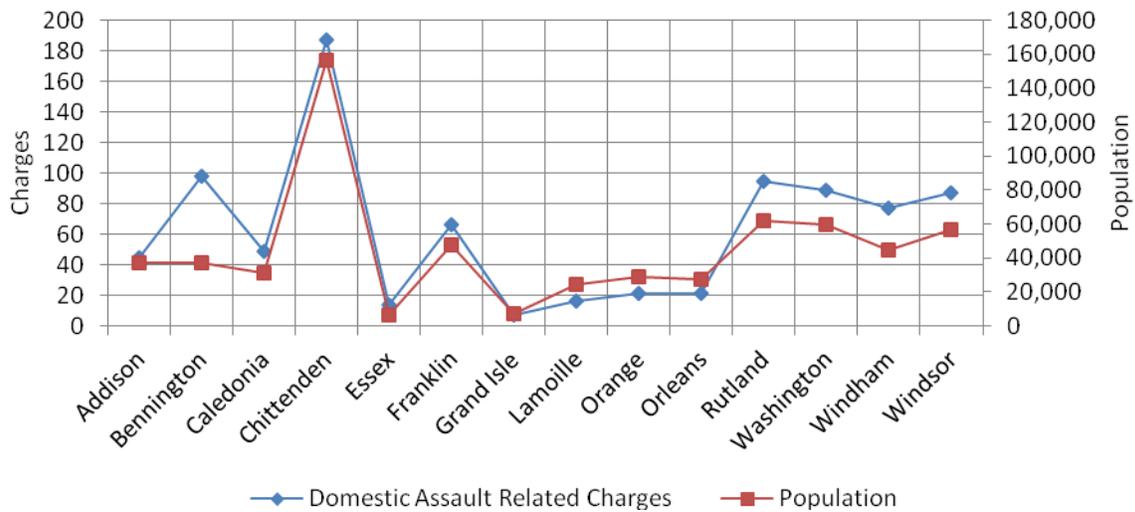
According to the Vermont Center for Justice Research, from July of 2010 through June of 2011, eight hundred seventy eight (878) domestic assault charges were resolved by plea or trial. Of the 878, seven hundred (700) were misdemeanors and one hundred seventy eight (178) were felonies. The vast majority of the cases were resolved by plea with twenty (20) felonies and twenty two (22) misdemeanors going to trial which represents 12% of the felonies and .03% of the misdemeanors.



The counties with the highest numbers of domestic assault charges from July 2010 through June of 2011 were: Chittenden 187 charges or 22%; Bennington 98 charges or 11%; Rutland 95

charges or 10.8%; Washington 89 charges or 10.1%; Windsor 87 charges or 9.9%; Windham 77 charges or 8.7%; Franklin 66 charges or 7.5%. The remaining counties cases were in descending order: Caledonia 49 charges or 5.5%; Addison 45 charges or 5.1%; Orange and Orleans both with 21 charges or 2.4%; Lamoille 16 charges or 1.8%; Essex 14 charges or 1.5%; Grand Isle 7 charges or .08%.

### Domestic Assault Related Charges by Population by County



The county domestic assault charge data when compared with 2010 Census County population data demonstrates some variations and some consistencies:

- Chittenden: 25% of VT population / 22% VT cases
- Bennington: 6% of VT population / 11% VT cases
- Rutland: 9.8% of VT population / 10.8% of VT cases
- Washington: 9.5% of VT population / 10.1% of VT cases
- Windsor: 9% of VT population / 9.9% of VT cases
- Windham: 7.1% VT population / 9.9% of VT cases
- Franklin: 8% of VT population / 7.5% of VT cases
- Caledonia: 4.9% of VT population / 5.5% of VT cases
- Addison: 5.7% of VT population / 5.1% of VT cases
- Orange: 4.5% of VT population / 2.5% of VT cases
- Orleans: 4.1% of VT population / 2.4% of VT cases
- Lamoille: 3.9% of VT population / 1.8% of VT cases
- Essex: 1% of VT population / 1.5% of VT cases
- Grand Isle: 1.1% of VT population / .08% of VT cases.

In terms of sentencing, for the misdemeanor domestic assault charges, from July of 2010 through June of 2011, 42% of the defendants received probation, 24% of the charges were resolved with deferred sentences, 19% received straight incarceration sentences and 13% received a split sentence with incarceration followed by probation and 2% resolved with a fine.

**From 7/10 – 6/11, 62% of the defendants convicted of felony domestic assault received prison sentences.**

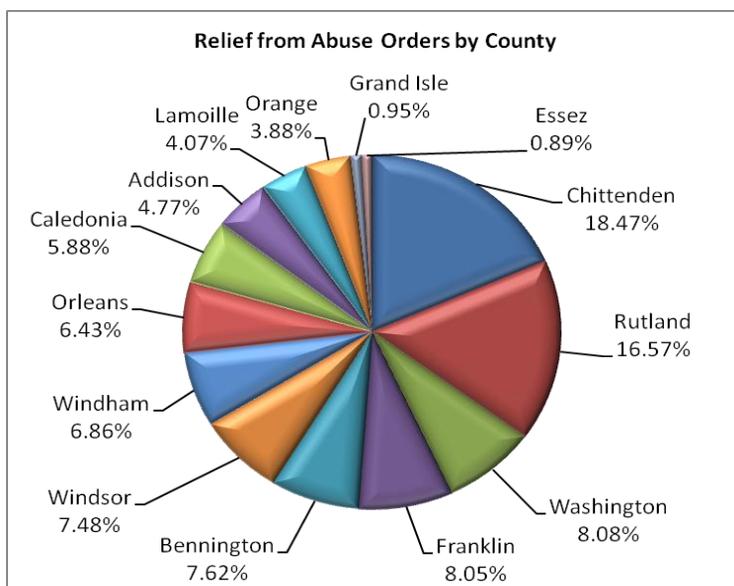
Regarding felony domestic assault convictions from July of 2010 through June of 2011, 62% of the defendants received incarcerative sentences. 20% of the defendants received a split sentence of incarceration and probation and 11% received straight probation. Of the felonies, 6% resulted in a deferred sentence and 1% were identified as unknown.

## RELIEF FROM ABUSE ORDERS

From July of 2010 through June of 2011, according to the Office of Court Administrator, three thousand six hundred eighty eight (3,688) petitions for relief from abuse and exploitation orders were filed with one thousand two hundred forty seven (1,247) final orders granted, one thousand six hundred forty four (1,644) temporary orders issued without a final order, seven hundred ninety four (794) matters resulting in no order and twelve (12) cases being transferred to another court.

**Of the 3,688 petitions for relief from abuse and exploitation filed last year, 34% resulted in a final order issued by Vermont Courts.**

From July of 2010 through June of 2011, the counties with the highest percentages of relief from abuse and exploitation order petitions filed were:



Chittenden 18.47%; Rutland 16.57%; Washington 8.08%; Franklin 8.05%; Bennington 7.62%; Windsor 7.48%; Windham 6.86%; Orleans 6.43%; Caledonia 5.88%; Addison 4.77%; Lamoille 4.07%; Orange 3.88%; Grand Isle .095%; Essex .089%

When comparing these percentages to Vermont's population the percentages are noteworthy. According to the 2010 Census Data, for instance, Rutland County contains 10% of

the State's population but its relief from abuse docket represents 16.6%. Chittenden County represents 25% of the population and 18.5% of the orders. Finally, Franklin County numbers are more in line with their population as Franklin's census count is 8% and 8.05% of the orders. There is variance in the next set for instance, Washington County has 9.5% of the state population and 8.08% of the orders, Bennington has 5.9% of population and 7.6% of the orders and Windsor has 9.05% by population and 7.5% of the orders.

## STALKING AND SEXUAL ASSAULT ORDERS

Title 12 provides for protection orders for non-household and non-family members regarding stalking and sexual assault. From July of 2010 through June of 2011, according to the Office of Court Administrator, in Superior Courts statewide, one hundred fifty one (151) stalking **final** orders were granted and three hundred ninety six (396) **temporary** stalking orders were granted. In Superior Courts statewide, there were nineteen (19) sexual assault **final** orders and twenty two (22) **temporary** sexual assault orders issued.

**From 7/10 through 6/11, Vermont Superior Courts issued 19 final sexual assault orders and 151 final stalking orders.**

Of the stalking orders issued, the counties with the highest percentages were as follows: Franklin 18.5%; Rutland 15%; Chittenden 10.5%; and Bennington 9.9%. These percentages vary significantly with the 2010 State population data which is: Franklin 8%; Rutland County 10%; Chittenden 25%; and Bennington 6%.

## **BATTERER INTERVENTION PROGRAMS**

As part of the statewide standards and certification process adopted by Vermont's Domestic Violence Council, as of January 2012, every county is now served by at least one certified batterer intervention program. Certified programs will need to be reviewed at least every other year to remain certified.

**As of January 2012, every Vermont county has a certified batterer intervention program.**

The 2011 enrollment data for the Vermont Coalition of Batterer Intervention Services (VCBIS) indicates that there were 438 new participants in 2011 and 216 who completed the batterer intervention programming.

## **RESPONSES TO PREVIOUS RECOMMENDATIONS**

The Commission has been conducting case reviews and making recommendations since 2003. These recommendations were published in the prior Commission Reports and presented to the respective agencies and organizations by Commission members.

### **1. ELDER ABUSE 2011 Recommendations**

The Commission recommends that:

- Adult Protective Services (APS) at the Department of Disabilities, Aging and Independent Living (DAIL) should work with Vermont Domestic Violence Council, and the Network against Domestic and Sexual Violence to develop a targeted outreach program for isolated elders who may be victims of violence.
- The Secretary of the Agency of Human Services and the APS program at DAIL develop a protocol for automatic referral to a local domestic violence program by APS investigators in order to connect with local services, obtain confidential support and strategize as to the appropriate civil remedy (Title 15 or 33) for the vulnerable adult.
- Develop a protocol for automatic referral to law enforcement by APS investigators who may be working with someone who needs help reporting a crime. The protocol should also include a formal notification by the law enforcement to APS as to whether the case is going to be prosecuted.
- Develop a protocol and resources for a domestic violence public awareness and education plan for vulnerable adults.
- The Vermont Legislature consider enacting legislation to provide APS the following:

- A statutory change that would result in a substantiated perpetrator in the APS registry remaining on the registry pending appeal.
- Access to the Department of Correction's database and for law enforcement to have access to the APS registry.
- Access to other states' abuse registries.
- A review of the APS statute to determine if they currently are able to provide both investigative services and case management services to vulnerable adults. In addition, to consider an expansion of the case management statutory provisions for APS. For background information, this review should compare the current APS case management capacity with the DCF Family Services Division's current case management system.
- Additional financial resources, staff and investigators.

### **Actions Taken**

The Agency of Human Services (AHS) and the Department of Disabilities, Aging and Independent Living (DAIL) have engaged with the Secretary's Domestic Violence Steering Committee to begin a process of action planning as one strategy to address the concerns outlined in the 2011 recommendations. A preliminary discussion with the AHS DV Steering Committee included actions such as; sharing existing domestic violence protocols from other AHS Departments, exploring internal collaboration with the Department of Corrections and developing specialized domestic violence training for APS staff. The AHS DV Steering Committee will continue to provide support to APS as needed.

## **2. HEALTH CARE PROVIDERS 2011 Recommendations**

The Commission recommends that:

- The Domestic Violence Fatality Review Commission explore funding and work with health care providers to host a conference for medical and mental health providers about domestic violence, risk assessment, discharge plans, Tarassof warnings and the health care professional's overall interactions with victims and alleged perpetrators of domestic and sexual violence.
- The Washington County domestic violence program, Circle, collaborate with the Commission on introducing the LAP program and screening instrument to health care providers in Vermont.

### **Actions Taken**

The Commission is still exploring expansion of the LAP program to health care settings. Unfortunately, the Washington County Program was not successful in its attempts to secure a federal grant to support these efforts so securing the funding is still an obstacle to accomplishing these recommendations.

### **3. EMERGENCY MANAGEMENT SERVICES AND LOCAL EMERGENCY RESPONSE**

#### **2011 Recommendation**

The Commission recommends that:

- The Emergency Management Services and local emergency authorities (police, fire, EMS) coordinate their response to medical emergencies and crime scenes so that the closest resource is sent to respond to the emergency. This coordination could be accomplished by a dispatcher protocol.

#### **Action Taken**

The Emergency Management Services was advised of this recommendation and are working on coordination efforts with local authorities.

### **4. LAW ENFORCEMENT TRAINING**

#### **2011 Recommendation**

The Commission recommends that:

- Law enforcement receives training on the issue of service of court paperwork as defined by Vermont statutes. The training should address:
  - Prompt service of protection order paperwork and prompt notice to plaintiff to ensure the plaintiff's safety especially in rural isolated areas.
  - When serving a protection order, that notice not be provided to the alleged defendant's family beforehand.
  - A recommendation that the plaintiff or the plaintiff's attorney be advised of the fact that the defendant is going to be cited for a criminal charge when the plaintiff is the victim in the criminal matter.

#### **Action Taken**

The Domestic Violence trainer at the Vermont Criminal Justice Training is aware of the recommendation and is reviewing the current domestic violence training curriculum to implement these recommendations.

### **5. FIREARMS**

#### **2011 Recommendation**

The Commission recommends that:

- The Commission in collaboration with the Vermont Council on Domestic Violence, the Council's Judicial Caucus and the Protection Order Work Group review the firearm relinquishment recommendations in the 2010 Civil Protection Order Guide published by the National Council of Juvenile and Family Court Judges and work on drafting a feasible implementation plan.

## **Action Taken**

The entities identified above along with the Center for Crime Victim Services are working collaboratively to establish a pilot storage facility in one county. Discussions have commenced regarding the necessary protocols with the courts and law enforcement as to relinquishment, storage and eventual return of the weapons.

## **6. DEPARTMENT OF CORRECTIONS**

### **2008 Recommendation:**

- Communication between law enforcement and probation and parole should be improved when a defendant is being supervised in the community and when DOC is contemplating a discharge of the defendant from supervision.
- Before considering submitting a petition for a defendant's discharge from supervision, the DOC officer should run criminal record checks (Vermont, New England and Federal), review the CAD system and local police logs for entries in the involvement and names tables and review VLETS for motor vehicle incidents.

## **Action Taken**

The Department has worked to implement this recommendation for the last three years, and can now report that it has successfully completed a pilot project of open access to the Vermont Justice Information Sharing System (VJISS), Vermont's law enforcement database network.

The Commission recommends that the Department of Corrections sustain and expand this successful pilot project. Access to this information has resulted in more accurate and comprehensive supervision of defendants by DOC. This efficient supervision is critical to public safety and offender rehabilitation and reintegration into the Vermont community.

## **7. ECONOMIC BARRIERS TO SAFETY**

### **2010 Recommendation:**

- Poverty hinders victims and their families from leaving abusive situations. Countywide financial support services for victims of domestic abuse (e.g., childcare, emergency funds, transportation, food, jobs, education, housing, health care, etc.) need to be expanded. The local domestic violence programs, the Network's Economic Justice Specialist and local domestic violence task forces and legislators should work together to address immediate economic issues for victims and their families and explore federal, state and charitable funding sources for this critical need.

## **Action Taken**

The Judicial Caucus of the Council on Domestic Violence is studying the use of the protection order process as a way to order financial support. This practice is also recommended in the 2010 Civil Protection Order (CPO) Guide published by the National Council of Juvenile and Family Court Judges.

In addition, the issue of emergency discretionary funds was also discussed at the Protection Order Work Group and the issue was referred to the Legislative Committee of the Council. The Secretary of Human Services was also approached about the need to access discretionary funds and to prioritize local community needs.

## **8. VERMONT EMPLOYERS**

### **2008 Recommendation:**

The Commission encourages all Vermont employers to review their existing workplace and domestic violence policies and to consider adopting policies if none exist and train all employees.

### **Actions Taken**

The Commission and the Vermont Council on Domestic Violence convened a multi-disciplinary work group.

The work group accomplished the following goals:

- The group created an employer education packet which includes brochures, model policies and information about available training resources which can be found at [atg.state.vt.us/issues/criminal-law/domestic-violence](http://atg.state.vt.us/issues/criminal-law/domestic-violence).
- The group replicated a 2006 study conducted by the Maine Department of Labor and Family Crisis Services that researched the effects of domestic violence in the workplace through the perpetrator's harassment of victims at work. The Vermont study's findings are similar to the Maine study and in particular demonstrate that domestic violence is having a quantifiable effect in Vermont workplaces and that domestic violence policies and resources would be effective in preventing domestic abuse from affecting the business community. In fact, 73% of the offenders who participated in the study stated that domestic abuse posters and brochures in the workplace would help prevent abuse from affecting the workplace.

The Vermont Study can be found at:

Schmidt, M.C. and Barnett, A. (2012, January). Effects of Domestic violence in the Workplace: A Vermont survey of male offenders enrolled in batterer intervention programs in Vermont. Burlington, VT: University of Vermont, Center for Rural Studies.

Full Report available at this link:

[http://www.uvm.edu/crs/reports/2012/VTDV\\_WorkplaceStudy2012.pdf](http://www.uvm.edu/crs/reports/2012/VTDV_WorkplaceStudy2012.pdf)

Executive Summary available at this link:

[http://www.uvm.edu/crs/reports/2012/VTDV\\_WorkplaceStudy2012\\_ExecSummary.pdf](http://www.uvm.edu/crs/reports/2012/VTDV_WorkplaceStudy2012_ExecSummary.pdf)

- During the reporting period, the Commission Chair and the Council Coordinator consulted with the state of Vermont and private companies about adopting a

domestic violence work place policy. The Commission Chair and Coordinator additionally met with the Vermont State Employees Association about the adoption of a domestic violence in the workplace personnel policy.

- Presently, the Vermont State Employees Association, the Vermont Department of Human Resources and the Governor's Office are reviewing the sample policies provided to them and are considering adoption of a policy in 2012.

## **9. LETHALITY ASSESSMENT AND LAW ENFORCEMENT 2009 Recommendation**

The Commission recommends that law enforcement consider using risk or danger assessment tools when responding to intimate partner violence cases in order to assess the dangerousness of the defendant and the victim's need for services.

### **Action Taken**

The Commission Chair has confirmed the availability of a training team from Maryland, Dr. Campbell, Dr. Webster and Officer Dave Sergeant coming to Vermont to train law enforcement and other stakeholders and is in the process of exploring funding for this training. Additionally, the Commission Chair is working with an elder abuse project in the Northeast Kingdom to consider the adoption of a risk assessment tool in their work with elders.

## **CONCLUSION**

Vermont's Domestic Violence Fatality Review Commission wants to thank all of our witnesses, family members, state agencies and community partners for their collaboration and conscientious efforts over these past ten years. We are humbled by the steps taken in response to our recommendations. We encourage community members to continue to provide us suggestions and to refer cases for the Commission to review. A case referral form is attached as Appendix D. The Commission looks forward to another productive decade working together to keep Vermonters safe in our community.

## APPENDIX A

### NO. 88. AN ACT RELATING TO THE DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION. (H.728)

It is hereby enacted by the General Assembly of the State of Vermont:

§ 1. 15 V.S.A. chapter 21, subchapter 2 is added to read:

#### Subchapter 2. Domestic Violence Fatality Reviews

#### § 1140. DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION

(a) The domestic violence fatality review commission is established within the office of the attorney general, in consultation with the council on domestic violence, for the following purposes:

(1) To examine the trends and patterns of domestic violence-related fatalities in Vermont.

(2) To identify barriers to safety, the strengths and weaknesses in communities and systemic responses to domestic violence.

(3) To educate the public, service providers and policymakers about domestic violence fatalities and strategies for intervention and prevention.

(4) To recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.

(b) The commission shall be comprised of 15 members, consisting of the following:

(1) the attorney general, or his or her designee;

(2) the commissioner of the department of health, or his or her designee;

(3) the commissioner of social and rehabilitation services, or his or her designee;

(4) the commissioner of the department of corrections, or his or her designee;

(5) the commissioner of the department of public safety, or his or her designee;

(6) the chief medical examiner, or his or her designee;

(7) a state's attorney with experience prosecuting domestic violence cases, appointed by the executive director of the Vermont state's attorneys' association;

(8) the defender general, or his or her designee;

(9) a member of the Vermont coalition of batterer intervention services;

(10) a member of the Vermont network against domestic violence and sexual assault;

(11) a representative of the Vermont council on domestic violence;

(12) a representative of local law enforcement, appointed by the governor;

(13) a victim or survivor of domestic violence, appointed by the Vermont network against domestic violence and sexual assault;

(14) a physician, appointed by the governor; and

(15) the executive director of the Vermont criminal justice training council, or his or her designee.

(16) the commissioner of the Department of Mental Health, or his or her designee;  
and

(17) one judge, appointed by the Chief Justice of the Vermont Supreme Court.

(c) In any case subject to review by the commission, upon written request of the commission, a person who possesses information or records that are necessary and relevant to a domestic violence fatality review shall, as soon as practicable, provide the commission with the information and records. A person who provides information or records upon request of the commission is not criminally or civilly liable for providing information or records in compliance with this section. The commission shall review

fatalities which are not under investigation and fatalities in cases that are post adjudication which have received a final judgment.

(d) The proceedings and records of the commission are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commission shall disclose conclusions and recommendations upon request, but may not disclose information, records or data that are otherwise confidential, such as autopsy records. The commission shall not use the information, records or data for purposes other than those designated by subsections (a) and (g) of this section.

(e) The commission is authorized to require any person appearing before it to sign a confidentiality agreement created by the commission in order to maintain the confidentiality of the proceedings. In addition, the commission may enter into agreements with nonprofit organizations and private agencies to obtain otherwise confidential information.

(f) Commission meetings are confidential, and shall be exempt from chapter 5, subchapter 2 of Title 1 (open meetings law). Commission records are confidential, and shall be exempt from chapter 5, subchapter 3 of Title 1 (public access to records).

(g) The commission shall report its findings and recommendations to the governor, the general assembly, the chief justice of the Vermont supreme court, and the Vermont council on domestic violence no later than the third Tuesday in January of the first year of the biennial session. The report shall be available to the public through the office of the attorney general. The commission may issue data or other information periodically, in addition to the biennial report.

## § 2. EFFECTIVE DATE

This act shall take effect upon passage, and shall terminate upon termination of grant funding, administered by the Vermont center for crime victim services, from the Violence Against Women office of the United States Department of Justice for an assistant attorney general assigned to the criminal division and designated as a domestic violence coordinator.

Approved: May 2, 2002

## APPENDIX B - COMMISSION DEFINITION OF DOMESTIC VIOLENCE RELATED FATALITY

When determining whether a fatality is domestic violence related for data collection and/or full case review, the Executive Committee and the full Commission may consider the following criteria.

Whether:

- a. the responsible party was related to the victim as a "family member" according to the "plain and commonly accepted meaning" of the term. Donley v. Donley 165 Vt. 619 (1996);
- b. the responsible party and victim qualify as having a reciprocal beneficiaries relationship as defined at 15 VSA Section 1303<sup>1</sup> and as noted as "family" in the Abuse Prevention statute at 15 VSA Sec 1101(6)<sup>2</sup>;
- c. the responsible party and victim were related as "household members" under the Abuse Prevention Act at 15 VSA Sec 1101(2)<sup>3</sup>;
- d. the responsible party killed an estranged partner's current "household member"<sup>4</sup>;
- e. the responsible party killed a current partner's estranged "household member"<sup>5</sup>;
- f. the responsible party killed a family member's current or estranged "household member";<sup>6</sup>
- g. the responsible party killed bystander(s) while attempting to harm family or "household members";
- h. the responsible party is a law enforcement officer forced to kill in the line of duty when responding to a domestic violence incident;
- i. a law enforcement officer is killed in the line of duty when responding to a domestic violence incident;
- j. the fatality is domestic violence related but is ruled a justifiable homicide;
- k. the fatality is a murder-suicide matter involving family or household members;
- l. the fatality is a suicide where there is documented history of domestic violence to include victim suicide; alleged perpetrator suicide (as violent act in front of family or household members); alleged perpetrator suicide by law enforcement and teen suicide;
- m. the fatality is a substance abuse related death (chronic abuse, suicide, overdose) that is related to domestic violence.

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<sup>1</sup> For a reciprocal beneficiaries relationship to be established in Vermont, it shall be necessary that the parties satisfy all of the following criteria: (1) be at least 18 years of age and competent to enter into a contract; (2) Not be a party to another reciprocal beneficiaries relationship, a civil union or marriage; (3) Be related by blood or by adoption and prohibited from establishing a civil union or marriage with the other party to the proposed reciprocal beneficiaries relationship; (4) Consent to the reciprocal beneficiaries relationship without force, fraud or duress. 15 VSA § 1303

<sup>2</sup> "Family" shall include a reciprocal beneficiary. 15 VSA § 1101 (6)

<sup>3</sup> "Household members" means persons who, for any period of time, are living or have lived together, are sharing or have shared occupancy of a dwelling, are engaged in or have engaged in a sexual relationship, or minors or adults who are dating or who have dated. "Dating" means a social relationship of a romantic nature. Factors that the court may consider when determining whether a dating relationship exists or existed include: (a) the nature of the relationship; (b) the length of time the relationship existed; (c) the frequency of interaction between the parties; (d) the length of time since the relationship was terminated, if applicable. 15 VSA § 1101 (2)

<sup>4</sup> See footnote 3 for definition of "household member"

<sup>5</sup> See Footnote 3 for definition of "household member"

<sup>6</sup> See Footnote 3 for definition of "household member"

## APPENDIX C - DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION MEMBERS

Pursuant to 15 VSA § 1140(b), the Commission is comprised of 15 members, consisting of the following:

- The Attorney General, or his or her designee;

Amy S. FitzGerald  
Assistant Attorney General  
Office of Attorney General  
109 State Street  
Montpelier, VT 05609  
802-828-5520 phone  
802-828-2154 fax  
[afitzgerald@atg.state.vt.us](mailto:afitzgerald@atg.state.vt.us)

- The Commissioner of the Department of Health, or his or her designee;

Ilisa Stalberg, MSS, MLSP  
Public Health Programs Administrator  
Vermont Department of Health  
108 Cherry St., PO Box 70  
Burlington, VT 05402  
802-865-1338 (office)  
[ilisa.stalberg@state.vt.us](mailto:ilisa.stalberg@state.vt.us)

Alternate:  
Sally Kerschner, RN, MSN  
Vermont Department of Health  
108 Cherry St., PO Box 70  
Burlington, VT 05402  
802-652-4179 phone  
[skersch@vdh.state.vt.us](mailto:skersch@vdh.state.vt.us)

- The Commissioner of Department for Children and Families, or his or her designee;

Ellie Breitmaier  
Coordinator of the Domestic Violence Unit  
Department For Children and Families  
103 S. Main St.  
Waterbury, VT 05671  
802-769-6314 phone  
[ellie.breitmaier@state.vt.us](mailto:ellie.breitmaier@state.vt.us)

- The Commissioner of the Department of Corrections, or his or her designee;

Rick Bates  
District Manager  
VT Department of Corrections  
Brattleboro, VT  
[Rick.Bates@ahs.state.vt.us](mailto:Rick.Bates@ahs.state.vt.us)

- The Commissioner of the Department of Public Safety, or his or her designee;

Captain David Covell  
Chief Criminal Investigator - BCI  
Department of Public Safety  
103 S. Main St.  
Waterbury, VT 05671  
(802)241-5566  
dcovell@dps.state.vt.us

- The Chief Medical Examiner, or his or her designee;

Dr. Steve Shapiro  
Office of Medical Examiner  
Department of Health  
111 Colchester Ave. Baird 1  
Burlington, VT 05401  
863-7320 phone  
sshapir@vdh.state.vt.us

- A State's Attorney with experience prosecuting domestic violence cases, appointed by the Executive Director of the Vermont State's Attorneys' Association;

Megan Campbell  
Washington County State's Attorney's Office  
255 North Main Street  
Barre, VT 05641  
802-479-4220 phone  
802-479-4408 fax  
Megan.campbell@state.vt.us

- The Defender General, or his or her designee;

Matthew Valerio  
Defender General's Office  
6 Baldwin Street, 4<sup>th</sup> Floor  
Montpelier, VT 05620-3301  
828-3191/786-3803 phone  
matthew.valerio@state.vt.us

Alternate:  
Robert Sheil  
Defender General's Office  
6 Baldwin Street, 4<sup>th</sup> Floor  
Montpelier, VT 05620-3301  
802-828-3168 phone  
802-828-3163 fax  
bob.sheil@state.vt.us

- A member of the Vermont Coalition of Batterer Intervention Services;

Paul Hochanadel  
Vermont Coalition of Batterer Intervention Services  
Director, Violence Intervention & Prevention Programs  
Spectrum Youth & Family Services  
31 Elmwood Avenue  
Burlington, VT 05401  
(802) 864-7423 ext 217  
fax (802) 540-0116  
phochanadel@SPECTRUM.org

- A member of the Vermont Network Against Domestic and Sexual Violence;

Sarah Kenney  
Public Policy Coordinator  
The Vermont Network Against Domestic and Sexual Violence  
PO Box 405  
Montpelier, VT 05601  
802-223-1302 phone  
802-223-6943 fax  
sarahk@vtnetwork.org

- A representative of the Vermont Council on Domestic Violence;

Heather Holter  
Coordinator  
Vermont Council on Domestic Violence  
Montpelier, VT  
heather\_holter@tds.net

- A representative of local law enforcement, appointed by the Governor;

W. Samuel Hill, Sheriff  
Washington County Sheriff's Department  
10 Elm Street  
Montpelier, VT 05602  
802-223-3001 phone  
[shill@dps.state.vt.us](mailto:shill@dps.state.vt.us)

- A victim or survivor of domestic violence, appointed by the Vermont Network Against Domestic and Sexual Violence;

Susan Hardin

- A physician, appointed by the Governor;
 

Dr. Gail Yanowitch  
Associates on Gynecology and Obstetrics  
Berlin, VT 05602
- The Executive Director of the Vermont Criminal Justice Training Council, or his or her designee;
 

TJ Anderson  
Training and Curriculum Coordinator  
Vermont Criminal Justice Training Council  
Vermont Police Academy  
317 Academy Road  
Pittsford, VT 05763-9712  
483-6228 ext 13 phone  
483-2343 fax  
[tj.anderson@state.vt.us](mailto:tj.anderson@state.vt.us)
- The Commissioner of the Department of Mental Health, or his or her designee;
 

Kristin J. Chandler  
Assistant Attorney General  
Attorney General's Office  
Department of Mental Health- Legal Division  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671  
802-241-4051 phone  
[Kristin.chandler@ahs.state.vt.us](mailto:Kristin.chandler@ahs.state.vt.us)
- One Judge, appointed by the Chief Justice of the Vermont Supreme Court.
 

The Honorable Cortland Corsones  
Rutland Superior Court  
Family Division  
9 Merchants Row  
Rutland, VT 05701  
[Cortland.corsones@state.vt.us](mailto:Cortland.corsones@state.vt.us)

**APPENDIX D: COMMISSION CASE REFERRAL FORM**

	<b>DOMESTIC VIOLENCE FATALITY REFERRAL FORM</b> Domestic Violence Fatality Review Commission Office of the Attorney General - Criminal Division 109 State Street - Montpelier, VT 05609	<b>OFFICIAL USE ONLY</b>	
		Received	By

**INSTRUCTIONS**

Please answer the questions below as completely as possible to assist the Commission in determining whether we are able to review this death. Please note that you can refer this case to the Commission but, by statute, we cannot review a case until the court proceedings are over and the investigation is closed. In the meantime, we can include the case for statistical purposes. But depending upon the legal status of your referred case there may be a significant delay before the Commission could consider it for review.

Additionally, if you need assistance completing this form or would like to communicate the information in a different manner please call the Office of Attorney General, Criminal Division, at (802) 828-5512. This form is also available on the Office of Attorney General's web page at <http://www.state.vt.us/atg/>.

**PLEASE PRINT ALL INFORMATION**

Name of Victim (including aliases)		Name of Parent/Guardian (if under 18)	
Date of Birth (or approximate age)		Date of Death	Town/City where death occurred
Address of Victim (if known)	Street	City	State
Describe how death occurred including any history of domestic violence or abuse (please note that the abuse does not have to be documented through official sources such as the police or courts):			
Person you believe is responsible for this death (including aliases)			
Date of Birth or approximate age of person you believe is responsible		Relationship of the victim to the person you believe is responsible	
Other people having information about this death: (use another sheet if necessary)			
Name	Address	Phone	
Name	Address	Phone	
Was this death investigated and if so by whom:			
A short explanation why you want the death reviewed (use additional pages if necessary.)			
The Commission welcomes any other information you may wish to provide which would help us understand the history and circumstances of the fatality. Anonymous referrals can be made as long as there is sufficient information to be able to identify the fatality; however, if possible, contact information for the person making the referral would be appreciated.			
<b>SUBMITTED BY</b>			
Name			
Address	Town/City	State	
Contact Phone 1		Contact Phone 2	
<b>Send completed forms to:</b> Office of Attorney General, 109 State Street, Montpelier, VT 05609 ATT: Criminal Division/Domestic Violence Fatality Review Commission			



STATE OF VERMONT  
OFFICE OF THE ATTORNEY GENERAL  
**DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION**

The Domestic Violence Fatality (Death) Review Commission is established in the Office of Attorney General in consultation with the Council on Domestic Violence under 15 VSA § 1140.

The purposes of the Commission are (A) to examine the trends and patterns of domestic violence-related deaths in Vermont; (B) to identify barriers to safety, and strengths and weaknesses in communities and systemic responses to domestic violence; (C) to educate the public, service providers and policymakers about domestic violence deaths and strategies for intervention and prevention; and (D) to recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.

All proceedings and records of the Commission are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. Records include oral and written communications.

The Commission shall report its findings and recommendations in a public report. The Report shall contain general statistical data regarding deaths as well as findings and recommendations related to case reviews but will not contain case specific information. The report shall examine general trends and patterns with the goal of reducing domestic violence related deaths.

Questions or comments concerning the Commission can be directed to:

Office of the Attorney General  
Criminal Division  
109 State Street  
Montpelier, Vermont, 05609.  
Telephone (802) 828-5512

On the Web - <http://www.atg.state.vt.us/>

## APPENDIX E

### **2011 PROTOCOL between VERMONT COUNCIL ON DOMESTIC VIOLENCE and VERMONT DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION**

#### Background

Pursuant to H.278, the Domestic Violence Fatality Review Commission was established in May of 2002 within the Office of the Attorney General, in consultation with the Council on Domestic Violence, now the Vermont Council of Domestic Violence, for the following purposes:

1. To examine the trends and patterns of domestic violence-related fatalities in Vermont.
2. To identify barriers to safety, the strengths and weaknesses in communities and systemic responses to domestic violence.
3. To educate the public, service providers and policymakers about domestic violence fatalities and strategies for intervention and prevention.
4. To recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.

See, Sec. 1. 15 VSA chapter 21, subchapter 2.

The Statute as enacted does not define the term “in consultation with the Council on Domestic Violence”.

The Council had been created in 1993 by Executive Order and was codified in 2008 and re-named the Vermont Council on Domestic Violence at 15 VSA §§ 1171 – 1173. The Vermont Council provides leadership for Vermont’s statewide effort to eradicate domestic violence. In the Vermont Council’s statute one of its responsibilities is to “collaborate with the Vermont Fatality Review Commission to develop strategies for implementing the Commission’s recommendations.” 15 VSA § 1172(b).

#### **Agreement**

In an effort to promote statewide coordination of advocacy and public awareness, the Council and the Commission will work in consultation with each other. In addition, the Council and Commission will collaborate on developing strategies for the implementation of the Commission’s recommendations. To meet these ends, the Council and the Commission adopt the following agreement.

1. The Council Coordinator will serve as the Council Representative to the Commission (the Council Representative).
2. The Council Representative will serve with the Chair of the Commission as the Executive Committee of the Commission.
3. The Council Representative will be authorized by the Council to represent the Council's position on any aspect of the Commission's work.
4. The Council Representative will report to and obtain guidance from the Council related to the ongoing work of the Commission. This discussion may, but will not be required to, include providing drafts of Commission reports to the Council, information regarding the collection of statistical data and general information regarding the review of individual cases.
5. The Council Representative is subject to the signed Commission Member confidentiality agreement and cannot report confidential information to the Council.
6. The Council Representative will draw on the collective expertise of the Council to help the Commission draft its recommendations and conclusions.
7. Prior to endorsing a Commission recommendation that refers specifically to an individual member of the Council or an agency represented by a Council member, the Council Representative will review it with the relevant Council member(s). That review may include: the likely impact of the recommendation, the feasibility of its implementation and any potential consequences that may not have been foreseen by the Commission.
8. The Council will work with the Commission to develop strategies to implement Commission recommendations from the annual reports. The Council Representative will oversee relevant implementation plans and will report to the Commission on progress towards and/or barriers to implementing Commission recommendations.
9. The Council and the Commission agree to resolve any differences respectfully and promptly by way of the Council Consultation Committee and the Office of the Attorney General.