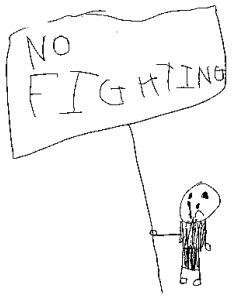
THE STATE OF NEW HAMPSHIRE

GOVERNOR'S COMMISSION
ON DOMESTIC AND SEXUAL VIOLENCE

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE



FIFTH ANNUAL REPORT
May 2005

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

JOHN H. LYNCH
GOVERNOR

KELLY A. AYOTTE
CHAIR

June 2005

His Excellency John H. Lynch and New Hampshire Citizens:

The Domestic Violence Fatality Review Committee is pleased to present its Fifth Annual Report. The Committee was created by Executive Order of Governor Jeanne Shaheen on July 14, 1999. Governor Shaheen was one of the first governors in the country to recognize the value of interdisciplinary collaboration to end domestic violence by supporting a Domestic Violence Fatality Review Committee. We are pleased that Governor Lynch continues to support this important work.

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

1. To continue informing the public about the insidious nature of domestic violence and motivating the public to find solutions to end domestic violence; and

2. To identify systemic changes within all the organizations and agencies that work with domestic violence victims, offenders and families to learn new ways of reducing the number of fatalities by better identification of risk factors and improvement in the coordination of services that our State provides.

Our Fifth Annual Report contains a number of new recommendations for New Hampshire. The response to our first four reports has been exemplary. The three branches of government, together with their agencies and departments, and numerous nongovernmental organizations have implemented many of the Committee's recommendations. The responses are included in this report, in addition to new recommendations from the cases reviewed over the past year.

This year we have also included brief reports on a number of related issues such as elderly abuse, suicide and the Greenbook Project. We encourage everyone to pay special attention to these reports.

The Committee is grateful for the support of all these groups as we work together to provide safety in our communities for all New Hampshire children and adults.

Respectfully submitted for the Committee,

Susan B. Carbon, Chair
Fatality Review Committee

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This project was supported by Grant No. 2003WFBX0178 awarded by the Violence Against Women Grants Office, Office of Justice Programs, US Department of Justice and administered by the New Hampshire Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the US Department of Justice.

DEDICATION

This Fifth Annual Report of the Fatality Review Committee is dedicated to the children and families who lost their lives and their loved ones in the disastrous tsunami in Asia. Many survivors have been further traumatized by violence at the hands of those who lack compassion and understanding of the unspeakable grief they have, and continue to, experience. As we work to promote a culture of safety and nonviolence in New Hampshire, let us remain mindful of victims and survivors throughout the world who share our common goal.

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ACKNOWLEDGMENTS

The Chair wishes to extend sincere appreciation to the Members of the Fatality Review Committee who have worked diligently to find ways, either by maintaining our high standards or finding new and creative solutions, to make New Hampshire a safer community in which to live by examining these excruciatingly difficult homicides.

The entire Committee would also like to extend special appreciation to Elaine de Mello, LISCW, Director of Programs, National Alliance for the Mentally Ill (NAMI), New Hampshire, Dr. James Knoll, Director of Forensic Psychiatry, Dartmouth Medical School, Joe Byron, Deputy Sheriff and Senior Services Coordinator with the Hillsborough County Sheriff's Office and Lynn Koontz, Department of Health and Human Services, Bureau of Elderly and Adult Services for their presentations at our meetings on topics of suicide, filicide, and elder abuse. Linda Griebsch worked especially hard to coordinate and facilitate these presentations.

Finally, we wish to thank Danielle O'Gorman of the New Hampshire Department of Justice for her outstanding administrative support of this project and, in particular, her assistance with preparation of this Fifth Annual Report.

NEW HAMPSHIRE GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

MISSION STATEMENT

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

OBJECTIVES

1. To describe trends and patterns of domestic violence-related fatalities in New Hampshire.

2. To identify high risk factors, current practices, gaps in systemic responses, and barriers to safety in domestic violence situations.

3. To educate the public, policy makers and funders about fatalities due to domestic violence and about strategies for intervention.

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

5. To improve the sources of domestic violence data collection by developing systems to share information between agencies and offices that work with domestic violence victims.

6. To more effectively facilitate the prevention of domestic violence fatalities through multi-disciplinary collaboration.

NEW HAMPSHIRE GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

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I. INTRODUCTION

The Domestic Violence Fatality Review Committee was created by Executive Order of Governor Jeanne Shaheen in July 1999. The Committee has thus been in existence for nearly six years. Four Annual Reports have been issued previously, including nearly 175 recommendations for improved service coordination. The First, Inaugural, Report was issued in June 2001. The Second Report was issued in May 2002, the Third, in May 2003, and the Fourth, in May 2004.

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

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

This Fifth Annual report includes 23 new recommendations from the Committee's review of domestic homicides during its sixth year of operation (2004-2005). We are hopeful that these recommendations will also be considered and implemented over the next year.

II. OVERVIEW OF A DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

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

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

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

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

III. HISTORICAL BACKGROUND

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

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

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

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

IV. FATALITY REVIEW IN NEW HAMPSHIRE

Mission Statement

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

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

Objectives

The Committee has six goals and objectives, as follows:

(1) To describe trends and patterns of domestic violence-related fatalities in New Hampshire.

(2) To identify high risk factors, current practices, gaps in systemic responses, and barriers to safety in domestic violence situations.

(3) To educate the public, policy makers and funders about fatalities due to domestic violence and about strategies for intervention.

(4) To recommend policies, practices and services that will encourage 7collaboration and reduce fatalities due to domestic violence.

(5) To improve the sources of domestic violence data collection by developing systems to share information between agencies and offices that work with domestic violence victims.

(6) To more effectively facilitate the prevention of domestic violence fatalities through multi-disciplinary collaboration.

Executive Order

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

Membership

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

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

Confidentiality Agreement

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

Structure

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

Review Process

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

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

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

V. STATE JUSTICE INSTITUTE GRANT

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

VI. HOMICIDE STATISTICS DATA CHART

From 1990 through 2004, a total of 299 homicides occurred in New Hampshire; 49% were domestic violence-related. In those 15 years, the number of homicides has ranged from a low of 13 (2002) to a high of 35 (1991). The percentage which are domestic violence-related has ranged from a low of 21% in 1997 to a high of 74% in this most recent year (2004). While there was only one more homicide in 2004 than 2003, the percentage that was related to domestic violence rose from 50% to 79%. Obviously, this is disturbing and hopefully does not portend a trend in the wrong direction.

THE STATE OF NEW HAMPSHIRE
HOMICIDE STATISTICS
1990 – 2004 (15 Years)

Year	Total Homicides	Total Domestic Violence	Partner Homicides	Family Members	DV Related Homicides	Total % Domestic Violence
1990	16	8	5	3	0	50%
1991	35	16	9	5	2	46%
1992	20	11	7	1	3	55%
1993	24	8	7	1	0	33%
1994	18	8	4	2	2	44%
1995	18	10	5	4	1	56%
1996	24	14	6	5	3	58%
1997	24	5	4	0	1	21%
1998	15	8	6	0	2	53%
1999	20	12	6	5	1	60%
2000	15	11	4	7	0	73%
2001	20	7	3	4	0	35%
2002	13	6	3	1	2	46%
2003	18	9	3	4	2	50%
2004	19	14	6	7	1	74%
Totals	**299**	**147**	**78**	**49**	**20**	**49%**

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

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

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

VII. SUMMARY OF HOMICIDES WHICH OCCURRED IN 2004

Independent of cases reviewed by the Committee for the Fifth Annual Report, the following is a summary of the domestic violence related homicides that occurred in calendar year 2004.

As the related chart depicts, there were fourteen domestic violence related homicides in 2004, out of a total of 19 homicides. Of the fourteen domestic violence related homicides, six were partner homicides, seven involved family members, and one was domestic violence related (two men arguing over a female friend). The fourteen domestic violence related homicides comprise 74% of the total homicides. As compared to the prior calendar year (2003), the total number of homicides increased by only one (from 18 to 19), but the percentage of domestic violence homicides increased from 50% to 74%, a significant increase.

Age of Victim and Perpetrator

The victims range in age from two years old to eighty-five years old. The average age of the fourteen victims was thirty-nine. The perpetrators range in age from sixteen to seventy-four years old, with the average age of perpetrators being thirty-seven.

Gender of Victim and Perpetrator

Of the fourteen domestic violence victims, four were men and ten were women. Thus, females comprised 71% of the victims. All of the perpetrators were men.

County of Death

The homicides occurred throughout the State during calendar year 2004. One homicide occurred in each of Belknap, Coos, Merrimack, Strafford and Sullivan Counties, with three occurring in Rockingham and the greatest number, six, occurring in Hillsborough County. The reader should be cautioned that Hillsborough County is the most populist county in the State.

Cause of Death

Of the fourteen domestic violence related homicides, five were committed by the use of handguns. Four occurred by stabbings, four by beatings and one by strangulation.

Partner Homicides

Of the six partner homicides in 2004, all six victims were female and all six perpetrators were male. Two of the couples had previously been legally related, but were post-separation, with the remaining four still in a current relationship. No protective orders were in effect for any of the victims. Three of the homicides occurred by use of handguns, and one each by beating, stabbing and strangulation. The homicides occurred in Belknap, Hillsborough, Rockingham and Strafford Counties.

VIII. REPORTS

Over the past two years, the Committee has benefited from various presentations on topics related to domestic violence, namely: Abuse of Elderly and Incapacitated Adults, Suicide, and Filicide. We thought that those reading this Report might also find brief reports of these presentations to be helpful to their overall understanding of domestic violence and related issues. Additionally, we have included a short report on the federally funded Greenbook Project in Grafton County, a project which seeks to improve service delivery for families experiencing both domestic violence and child abuse and neglect.

Abuse of Elderly and Incapacitated Adults: The Growing Problem

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

Like the rest of the country, New Hampshire is experiencing an alarming increase in the abuse of its elderly and incapacitated adult citizens. In the area of elder abuse alone, a national study suggests that only 16% of abusive situations are reported, leaving 84% unreported and at risk. The estimate of how many actual victims there might be ranges from two to five million each year. In 1980, the first year that New Hampshire collected Adult Protective Services statistics, there were 239 reports of maltreatment and self-neglect received statewide. In State Fiscal Year 2004 (7/1/03--6/30/04), there were 2,130 reports received statewide by the Bureau of Elderly and Adult Services (BEAS), the agency charged to receive and investigate these reports through its 12 regional offices around the state. Already in this fiscal year, 2005, the number of reports received from 7/1/04--3/31/05 is up by 121 reports over last year at this time.

Although most of us know that there is a New Hampshire law dedicated to the protection of children, few know that there is a similar law pertaining to the protection of incapacitated and elderly adults. The law (RSA 161-F:42-57) is entitled "Protective Services to Adults," and was enacted in 1978. One of the first Adult Protection laws in the country, New Hampshire's law was considered to be model legislation at the time, and remains far-reaching in its scope and impact. The law contains a mandatory reporting section that requires **any person** to make a report to BEAS, if he or she

suspects that an incapacitated adult has been subjected to abuse, neglect, self-neglect or exploitation.

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

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

It is important to note that the adults covered by this law are considered to be competent unless deemed otherwise by a Probate Court. This assumed competency means that an adult can make his/her own decisions, even if they are thought to be "bad" decisions by others, as long as they are made with informed judgment. It also means that the adult, even when abuse has been verified, has the right to refuse services. The majority (91%) of the adults who are found to be in need of protective services by Adult Protective Social Workers (APSWs) are willing to participate in a plan to alleviate the protective issues in their life situations. However, the APSWs still make efforts towards finding the means to engage those adults who initially refuse services.

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

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

Section 43, II (b) defines <u>*Physical abuse*</u> as *"the use of physical force which results or could result in physical injury to an incapacitated adult."* Examples of

physical abuse include punching, slapping, hitting, biting, pinching, twisting, burning, kicking, and cutting.

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

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

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

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

The numbers by report type received in 2004 were:

Self-Neglect: 962
Neglect: 340
Emotional Abuse: 321
Physical Abuse: 244

Exploitation: 220
Sexual Abuse: 43

These figures represent an increase in perpetrator-related abuses, i.e., inflicted harm, which represents 54.8% of the total reports received.

What is the age of the alleged victim? In 2004, 1,470 of the 2,130 reports received involved alleged victims over 60 years of age (69%). The most frequently reported age ranges of the alleged victim were:

80-89: 470
70-79: 473
60-69: 336
There were also four alleged victims over 100.

Who are the abusers? In 2004, the most frequently reported perpetrator was related to the alleged victim. The most frequently reported relative perpetrators were:

Adult daughters: 141
Adult sons: 125
Husbands: 93
Wives: 45

Where do the alleged victims live? The majority of the reported alleged victims in 2004 were living alone in their own homes or apartments (577), followed by those living at home with spouses or partners (229), and by those living in relatives' homes (215). Residents of nursing facilities totaled 176 reports involving alleged victims and 117 reports came out of homes for adults with developmental disabilities.

There are more female alleged victims reported than male alleged victims. In 2004, 1,379 female alleged victims were reported, as compared to 723 males.

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

Other considerations include the increase in violence in general, and the increase in domestic violence in particular. When individuals have been living in a domestic violence situation for years, the domestic violence doesn't disappear with age. A relationship that has been steeped in violence from the beginning, with no interruptions to the cycle, is likely to continue, causing more danger and risk to the victim as the victim's

frailty increases with age. If you add to the conventional domestic violence relationships between partners, the relationships between adult children and their aging parents when the adult children are substance abusers, out of work, and financially dependent on their parents, you are able to see another example of domestic violence. The factors of power, control, manipulation, and threat are all present in these relationships and, in addition, can and do extend to relationships involving siblings, cousins, in-laws, and grandchildren. Unfortunately, almost any familial or familiar relationship has the potential to become a relationship that includes violence.

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

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

- We need to expand the awareness of Adult Abuse and the Adult Protection Law.
- We need to ensure that the legal obligation that all citizens have to report suspected abuse and neglect to the Bureau of Elderly and Adult Services is well known.
- We need to educate others to look for indicators of abuse and neglect, so that if mistreatment is occurring, intervention can occur as early as possible
- We need to develop more prevention interventions, so that whenever possible, abuse and neglect can be avoided.
- We need to pay attention to care givers, and make sure that their needs are addressed, so as to avoid burnout.

According to Joe Byron, Deputy Sheriff and Senior Services Coordinator with the Hillsborough County Sheriff's Office, not only do we need to educate the public, but we also need to focus on agencies that interact with these populations, such as law enforcement and care giving agencies. And we need to collaborate. Abuse of elderly and incapacitated adults is a community problem, and it will take the community to work on its resolution.

In this vein, the Commissioner of Health and Human Services, John Stephen, has recently convened the Elder Abuse Advisory Council. Comprised of representatives from the New Hampshire Legislature, local, County, and State law enforcement, the Probate Court System, the University of NH Social Work Department, AARP, Home Care Agencies, BEAS administrative and direct line staff, the State Medical Director, and several other agencies and disciplines, this is the first time that elder abuse has received

this level of attention in New Hampshire. With the attention, energy and interest expressed by the Council members, only benefits can result.

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

Suicide: The Social and Clinical Implications of Domestic Violence

By: Elaine de Mello, LISCW
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"I couldn't take it anymore. I couldn't take the sleepless nights, the days of looking over my shoulder, waiting for another attack." This was the mental state that led this 46-year-old woman to seek a loaded gun to finish her life. Her plan was interrupted by family and friends who came unexpectedly to her house because of their concern for her. They literally wrestled the gun from her, and she admitted later: "Had they not shown up, I would not be here".

She had been gang raped four nights earlier by three male strangers in a parking lot outside of work. Having a history of physical and sexual abuse and rape starting with betrayal by her father at age six and subsequent relationships and marriages filled with domestic violence and abuse, she felt so ashamed by this most recent incident that she told no one, never returned to work, and suffered immense emotional grief for several days until she finally decided to end what she felt was a worthless life. Earlier that day she ventured to the office of her primary care provider to seek an HIV test, and disclosed the rape to the physician's assistant who then turned her away, telling her they could not offer such a test. At that point she did not consider seeking further help or going to the police because "my mother ignored me when I told her about my father; so why would anyone else bother to help me?"

In another situation, a 28-year-old woman held police at bay for several hours while she kept a gun pointed at her chest, clutching a photograph of her children in the other hand. Her estranged husband and a recent sexual assault by a group of men in revenge for leaving him had subjected her to extensive emotional abuse. The ultimate issue that led to her suicidal intent was his convincing threat to take custody of the children and remove them from her permanently.

After several hours of communication by cell phone, police were able to talk her into releasing the gun and the incident was resolved safely. She shared that her dwindling hope of remaining united with her children and the connection with others by cell phone kept her from pulling the trigger.

Nationally, about 30,000 people die by suicide every year. Who are the people who attempt or end their lives, and is domestic violence a significant factor with some of them? These are difficult questions to answer, but there are some patterns that appear with both domestic violence and suicide. The following trends are based on national data and research collected over a number of years:

- Women attempt suicide twice as often as men, but men complete at a rate four times higher than women.

- Women exposed to acute or prior domestic violence were more likely than unexposed women to have made suicide attempts.
- In one study, 65% of female survivors of a spouse who had died by suicide had experienced some form of abuse.
- Violent family interactions are a significant variable in youth suicide.
- Bitter conflict, morbid jealousy, verbal abuse and sub-lethal violence typically precede murder-suicide.
- Recent suicidal behavior is often an indication of pending violence towards others.
- Separation was a factor in more than 57% of male-perpetrated acts of domestic violence which preceded murder-suicide.

There are multiple risk factors for suicide. Some of them reflect trends in social and clinical circumstances that can be associated with domestic violence:

- Males are at higher risk right after the loss of a relationship.
- Social isolation, including new or worsening estrangement and rural location, contribute to increased risk for suicide.
- Past or current major psychiatric illness, especially depression, increases risk (an estimated 90% of people who die by suicide have some type of psychiatric or substance abuse disorder).
- A history of violent or impulsive traits increases risk, as does use of alcohol or other substances.
- Perceived or real humiliation or loss of status can be risk factors.
- The presence of a firearm in a home increases the risk of a death by suicide by five times when risk factors are present.

We know that particular resources and individual characteristics will help to mitigate these risks, such as access to mental health care, help seeking behaviors, a connection with others who are supportive, and the skills to cope and problem solve even in the face of overwhelming circumstances. Research indicates that women are more likely than men to have stronger social supports and to seek medical and psychiatric intervention, which may contribute to their lower rate of completed suicides.

However, domestic violence can contribute to, if not cause, some of the risk factors for suicide and interfere with protective factors. An environment of prolonged or extreme domestic violence can create a dynamic that isolates individuals and impairs their sense of control and self worth so that it is difficult for them to explore any options or access to help or even feel that they are entitled to getting help. For those who have been traumatized by domestic violence, a sense of hopelessness or powerlessness can be significantly increased, as will be the symptoms of depression and post-traumatic stress. Such trauma can occur with adults subjected to domestic violence, but may also have started with children who were victims of abuse or witnesses of domestic violence. These experiences can perpetuate the risk factors and lead to mental health disorders. Between 50-90% of people with mental illness have suffered some type of psychological trauma. To complicate this picture, about half of persons with mental health disorders struggle

with co-occurring substance abuse which then creates further social, medical, and legal problems, and may increase the risk of violence towards self and/or others and exacerbate symptoms of depression. The interplay of all of these factors could, in some cases, be the formula that leads to suicidal thinking and behavior. Suicide is an endpoint in a continuum of risk factors, and domestic violence is associated with many of the high-risk elements.

In New Hampshire, the suicide rate continues to be higher than the national average. Along with other states with high rates of suicide, demographics compare: a rural nature, long winters, high rate of alcohol use, and access to firearms. The primary method used in suicides in New Hampshire is firearms, with long guns used in about half of the cases. For New Hampshire youth aged 24 and under, suicide is second to accidents for cause of death, as compared to the national average where suicide is the third leading cause for youth under 24. In an anecdotal review of young lives lost to suicide in New Hampshire during 2004, over half of these suicides had identified relationship issues involving either a fight, break up and/or domestic violence incident with an intimate partner just prior to the death. With many, a suicide note left behind expressed the emotional turmoil felt towards the partner. One victim, who had recently broken up with his girlfriend, absolved everyone of responsibility for his death except his girlfriend, for "not being there for me". Another expressed her love for her boyfriend and then stated: "You'll be better off without me." Another male killed himself after his girlfriend left for the evening. In his suicide note, he accused her of infidelity and concluded with: "I hope you're happy. This is your fault", clearly expecting that she would find him dead upon her return. She did. We all know of other cases, predominately conducted by males, where the suicidal person shot himself in the presence of his partner, or killed his partner and then himself, some of these incidents occurring when the children were in the home.

Suicide is a complex issue and each incident is unique. We cannot expect to find a single cause or explanation. However, we can conclude that in addressing domestic violence we can, in some cases, have an impact on preventing suicides. There are a number of ways that we can further understand the relationship between domestic violence and suicide, and hopefully begin to reduce the human losses that result from both.

Recommendations:

We must help to identify and treat suicide as a public health issue that is preventable. Like domestic violence, there has been a culture and stigma related to suicide that has left it shrouded in secrecy and shame. Recognizing and preventing suicide is possible, but often inhibited by avoidance, fear, embarrassment, and a hesitance on the part of others to get involved, even when the warning signs are evident.

Yet, we know that suicide is preventable: people who have attempted have expressed ambivalence and/or relief when someone intervened. In most of the acute and chronic situations, risk factors and warning signs are expressed in advance of an attempt,

allowing an opportunity for intervention. Recognizing and connecting with the suicidal person is a first step in preventing suicide.

Among the efforts that will further address domestic violence and suicide are the partnerships that can be built throughout the system, the implementation of protocols, and the enhancement of skills of providers as well as gatekeepers in every community. A list of nine goals are cited in a State Suicide Prevention Plan, that was adopted in fall of 2004 by the NH Commissioner of Health and Human Services. In the plan, outreach, education, collaboration, and collection and review of data are emphasized. With many effective initiatives under way, there are a variety of ways in which the domestic violence system in NH can help to promote efforts to reduce suicide, such as to:

- Educate key persons about suicide risk factors and warning signs, how to respond and where to get help. Key persons includes service providers, clients who use the services, persons working in the legal system, volunteers and other gatekeepers.
- Address the issue of stigma and its impact on help seeking behavior and access to mental health services and substance abuse services and supports, as well as domestic violence services.
- Collaborate and cross train with mental health, substance abuse, and domestic violence providers to utilize best practices that identify and address suicide potential and related risk issues in an integrated delivery system approach.
- Promote efforts to reduce access to lethal means and methods of self-harm.
- Develop methods for comprehensive data collection and cross-system review. Utilize key information and trends in suicide prevention and ostentation work.
- Maintain a multi-system approach, such as through the establishment of a task force on Mental Health, Domestic Violence and Substance Abuse.

Just as leaders in domestic violence worked to bring systems together with protocols and educate citizens about responding to and preventing domestic violence, so can similar efforts continue the next steps in addressing and preventing domestic violence related suicide.

For additional information, the author can be reached at (603) 225-5359 (NAMI Offices).

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New Hampshire State Plan for Suicide Prevention
Office of the Chief Medical Examiner, New Hampshire; with special thanks to Dr. Thomas Andrew for his ongoing support of suicide prevention and postvention efforts.

Paternal Filicide

By: James Knoll, M.D., Director of Forensic Psychiatry
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Statement of Purpose

This report was prepared at the request of Judge Susan Carbon and the New Hampshire Fatality Review Committee. It is a synopsis of a presentation given by the author at a joint committee meeting with the Child Fatality Review Committee in 2004.

Filicide

Filicide refers to murder in which the perpetrator kills his or her children. In the United States, filicide comprises two to three percent of all homicides and 29% of all child homicides.[1] It was estimated that between 1976 and 1985, an average of 384 filicides of children up to age 18 were reported annually.[2] The risk of being killed by one's parents is greatest within the first year of life. Among infants in the first week of life, mothers are usually the perpetrators. Among 16 to 18 year old victims, fathers committed 80% of the homicides

In his classic 1969 study, Dr. Phillip Resnick proposed a classification wherein "neonaticide" was defined as the killing of a neonate on the day of its birth. "Filicide" was operationally defined as the murder of a son or daughter older than 24 hours. The motives of parents who commit filicide were categorized into five typologies: (1) "altruistic" filicide; (2) "acutely psychotic" filicide; (3) "unwanted child" filicide; (4) "child maltreatment" filicide; and (5) "spouse revenge" filicide.[3, 4]

Altruistic filicides occur when the parent is suicidal, and views the child as an extension of him or herself. Such "extended suicides" may be motivated by the parent's reluctance to "abandon" the child when they commit suicide. Others kill their children to relieve their "suffering," which may be real or imagined.

Acutely psychotic filicides include those parents who kill under the influence of a severe psychosis. A typical example is the mother who suffers from a post-partum psychosis, and kills her children due to a delusional belief that they are "possessed" by demons. Typically, no identifiable motive can be established in these cases.

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[1] Campion, J.F., Cravens, J.M., and Covan, F.: "A Study of Filicidal Men," Am J Psychiatry, 145:1141-1144, 1988.
[2] Kunz, J. and Bahr, S.J.: "A Profile of Parental Homicide Against Children, Journal of Family Violence, 11:347-362, 1996.
[3] Resnick, P.J., "Child Murder By Parents: A Psychiatric Review of Filicide," American Journal of Psychiatry, 126:73-83, 1969.
[4] Resnick, P.J.: Personal communication, 2005.

For both the altruistic and acutely psychotic filicides, there is immediate relief of tension after the killings, which may account for the failure of some parents to complete their suicide.

Unwanted child filicides are those committed because the children are not wanted by the parent. Common motives include illegitimacy of the child or other social circumstances such as family disapproval or emotional immaturity of the parent.

Child maltreatment filicides are usually the result of child abuse that turned fatal. Homicidal intent is usually lacking, and children are killed during violent outbursts and/or excessive use of corporal punishment. In both the unwanted child and child maltreatment filicides, the perpetrators usually make attempts to conceal their crime.

Spouse revenge filicides involve parents who kill their children in a deliberate attempt to make their spouses suffer. Suspicion or proof of infidelity is a common precipitant in these cases, and anger towards the spouse is displaced onto the child victim.[5]

Paternal Filicide

While female perpetrators often suffer from psychotic mental illnesses, male perpetrators are usually not psychotic. Men are also far more likely to kill their children *and* spouses (familicide) than women are. This may be partly due to the fact that some men have a tendency to develop a proprietary attitude toward their wife and children. Familicides by men are often planned acts. They most frequently use lethal methods such as firearms to inflict a swift and sure death.

Men, as opposed to women who kill their children, are more likely to kill older children. They are more likely to be unemployed and facing separation from their spouse. They are also more likely to be abusing alcohol or drugs around the time of the killings.[6] In many cases of paternal filicide, there is evidence that the aggression acted out on the child was displaced hostility towards the murderer's mother, father, spouse, or sibling.

Research and literature on paternal filicide has been relatively sparse. A study by Rodenburg found that 60% of fathers successfully committed suicide after killing their children.[7] The suicide rate for mothers in this situation is four times lower than for fathers.[8]

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[5] Haapasalo, J. and Petäjä, S.: "Mothers Who Killed or Attempted to Kill Their Child: Life Circumstances, Childhood Abuse, and Types of Killing," Violence and Victims, 14:219-239, 1999.
[6] Campion, J.F., Cravens, J.M., and Covan, F.: "A Study of Filicidal Men," Am J Psychiatry, 145:1141-1144, 1988.
[7] Rodenburg, M.: "Child Murder by Depressed Parents," Canadian Psychiatric Association Journal, 16:207-217, 1971.
[8] Daly, M. and Wilson, M.I.: Homicide: New York: Aldine de Gruyter, 1988.

Marleau described the profiles of 10 filicidal men admitted to a psychiatric hospital.[9] The average age of these men was 32 years with a range of 21-42 years. Most were of low socioeconomic status and were unemployed at the time of the crime. More than half of the men tried to commit suicide shortly after the offense. Perpetrators tended to have poor social support networks, and interpersonal contacts were mostly restricted to the spouse and children. Marital distress appeared to be related to the offense, with the fear of losing their wives triggering the crime in half of the subjects.

A very careful forensic examination is required if there are elements of both spouse revenge and altruistic “extended suicide" in a single case of filicide. Where there is evidence of hostility toward the favorite child of a loathed spouse, there is cause for concern about potential filicide of the spouse revenge type.

[9] Marleau, J.D., Poulin, B., Webanck, T., Roy, R. and Laporte, L.: "Paternal Filicide: A Study of 10 Men," Canadian Journal of Psychiatry, 44:57-63, 1999.

The Grafton County Greenbook Project

By: Katja Fox, Program Coordinator
The Greenbook Project

The Grafton County Greenbook Project, a five-year, federally-funded initiative, has been developing new protocols and guidelines to address the unique aspects of cases involving the co-occurrence of domestic violence and child abuse and neglect. The partners in Greenbook are the Grafton County Family and District Courts, DCYF, New Hampshire Coalition Against Domestic and Sexual Violence, the four domestic and sexual violence crisis centers serving Grafton County, and CASA of New Hampshire.

In 2003-04, Greenbook provided technical assistance for the revision of the DCYF Domestic Violence Protocol. This revised publication addresses the comprehensive assessment and case planning for cases involving domestic violence, including safety planning with the adult and child victims, the impact of exposure to battering on children, batterer accountability, and parental protective efforts.

In 2004-05, The Greenbook Project embarked on a year-long, multi-disciplinary process to develop a draft co-occurrence protocol for CASA of New Hampshire. The protocol, which is believed to be the first among CASA organizations nationwide to address the co-occurrence of domestic violence and child abuse and neglect, includes educational information and provides direction to CASA/Guardians *ad Litem* in child protection cases where domestic violence is a factor.

In 2005, a court guide on co-occurrence cases for Family Division judges and court personnel will be disseminated in draft form. A multi-disciplinary group has been establishing guidelines for the document, which addresses child protection cases in a hearing-by-hearing format. The guide also will include background material on various aspects of co-occurrence, including batterer accountability, children's exposure to battering, assessments and services for family members, and other considerations. In addition to providing training on the guide, Greenbook will be tracking its usage and soliciting input before finalizing it in 2006.

In 2005, a co-occurrence guidebook for crisis center advocates will be completed and disseminated. The booklet provides educational information to advocates on DCYF and court processes in child protection cases, children's exposure to battering, safety planning for adult and child victims, and linking children to community services. Similar to the court guide, the advocates guide will first be circulated in draft form and then finalized in 2006.

For more information on The Greenbook Project, visit www.thegreenbook.info or contact the Greenbook office at 603-536-7719 or nhgreenbook@verizon.net.

IX. RECOMMENDATIONS FROM 2004-2005

The following recommendations, 23 in all, were developed as a result of the case reviews conducted during the 2004/2005 work-year of the Committee. We hope the relevant professions and agencies give as careful and thoughtful consideration to these recommendations as they have with the recommendations issued in the prior four reports.

SYSTEM-WIDE RECOMMENDATIONS:

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

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

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

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

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

BUREAU OF ELDERLY AND ADULT SERVICES:

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

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

(3) The Governor's Commission, in conjunction with the Bureau of Elderly and Adult Services, should update the 1996 Elder Abuse Protocol and develop and implement a training curriculum on the issue.

DEPARTMENT OF EDUCATION:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES:

(1) Contracts issued by DHHS (through its divisions and bureaus) to community based agencies providing social services need specific language requiring that, in order to maintain eligibility, these agencies that are contracted must:

a. Be familiar with and follow domestic violence protocols; and

b. Demonstrate involvement with local domestic violence crisis centers with regard to curricula and programs where education about healthy relationships, prevention of domestic abuse/violence and access to information and support from crisis centers can be provided.

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

DEPARTMENT OF JUSTICE:

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

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

DEPARTMENT OF PUBLIC HEALTH:

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

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF):

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

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

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE:

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

GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE:

(1) The Governor's Commission, in conjunction with the Bureau of Elderly and Adult Services, should update the 1996 Elder Abuse Protocol and develop and implement a training curriculum on the issue.

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

(3) The Public Education Committee should develop a public awareness campaign to increase the awareness of the importance of reporting incidents of domestic violence and child abuse and neglect. The focus of this campaign should emphasize that bystanders should not assume that the incident has already been reported.

(4) The Public Education Committee should develop a public awareness campaign from a positive standpoint, one that focuses on aspects of a healthy relationship as opposed to focusing on violent behaviors.

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

GUARDIAN AD LITEM BOARD:

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

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

HEALTH CARE PROVIDERS:

(1) All health care providers should be encouraged to conduct universal screening of all teenagers for child abuse and neglect, domestic violence and suicidality.

(2) In a situation where a partner is going to be the primary caregiver for someone with a medical condition or disability, the health care provider should screen for indicators of violence before allowing the partner to provide the necessary care.

LAW ENFORCEMENT:

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

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

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

X. RESPONSES TO RECOMMENDATIONS FROM 2003-2004 [Recommendations Contained in the Fourth Annual Report]

Approximately 18 recommendations were developed as a result of the case reviews conducted during the 2002/2003 Committee year. As we have done in previous years, the Committee this Spring (2004) surveyed the respective organizations indicated below to see how the recommendations had been implemented. The responses follow in ***bold italics***. The Committee continues to be pleased with the impact of its recommendations in New Hampshire. Developing recommendations and reporting responses to the recommendations each year is an important part of the accountability of the Committee and demonstrates that New Hampshire remains committed to improving its systemic response to domestic violence.

BOARD OF BAR EXAMINERS:

(1) The Board should routinely draft and use questions on the New Hampshire Bar Exam dealing with the substantive and procedural issues arising out of domestic violence related cases. The task of drafting such questions for the Board could be given to the Governor's Commission, the Family Law Section of the New Hampshire Bar Association, the faculty on domestic relations at Franklin Pierce Law School, or to this committee itself.

Comment: The Committee recognizes that often the best way to ensure education for professionals is to include a question on the professional examination regarding the particular topic. By suggesting that there be a question on the Bar Examination, the Committee hopes that law schools will begin educating attorneys in various subject matter areas so that they will be exposed to domestic violence in many different professionals arenas. This is similar to what the medical profession did, successfully, several years ago.

RESPONSE: ***The issue was discussed with the New Hampshire Bar Association during the past year. More work needs to be done addressing the matter with the Board of Bar Examiners, however. The Board of Governors of the Bar Association was receptive to the idea, and expressed no objections to referring the matter to the Family Law section of the New Hampshire Bar Association if the Board of Bar Examiners was receptive to including a question on the issue.***

The Bar Association did address the concerns expressed by the Committee by holding a Bar Advanced CLE program covering

Domestic Violence and by incorporating domestic violence sections into its divorce camp CLEs. The DOVE program continues to work within the Bar Association to raise awareness of domestic violence issues in the practicing bar.

COURTS:

(1) Domestic violence protection order petitions should be revised to allow more space for petitioners to describe the history of their relationship with the defendant.

Comment: The present form only allows room for a small paragraph or brief statement (with additional pages available if needed). It has become necessary for petitioners to be as detailed as possible because some courts will only allow information included in the original petition to be addressed at the time of the final hearing.

RESPONSE: ***The forms are in the process of being redesigned. This recommendation has been submitted to the Administrative Office of the Courts for the Forms Forum committee to address as the forms are being revised. We caution, however, that a petitioner may still need to use additional sheets to provide the information. Furthermore, the recommendation begs the issue that petitioners nonetheless often need some help in filling out the form, and the assistance of an advocate in this regard should not be overlooked. This would better facilitate eliciting clearer information on the history and nature of the relationship that this recommendation seeks to improve.***

(2) Courts should not administratively grant a waiver of arraignment in domestic violence related cases.

Comment: Defendants frequently enter pleas of not guilty and request trial dates in lieu of appearing for arraignment. In such cases, courts lose the opportunity to address myriad other bail conditions that may be warranted to protect the victim and the community.

RESPONSE: ***The issue will be raised with the administrative judges of the district and superior courts with a request for training and direction on the issue.***

(3) Courts should create a training for bail commissioners to address domestic violence issues and the importance of their role at the initial encounter with the defendant, and options they have in setting bail. The training should be conducted annually.

Comment: Also discussed was the possibility of creating a statewide certification for all bail commissioners as a mandatory requirement of serving in that capacity.

RESPONSE: ***RSA 597:18-a governs the educational requirements of bail commissioners. The statute currently provides for annual training for the purpose of educating bail commissioners on the laws concerning their powers and duties. The statute also provides that all laws concerning bail commissioners and a copy of the latest edition of the bail commissioner's handbook shall be provided to each bail commissioner at this annual meeting. When the bail statute and RSA 173-B were revised in 2000, the bail commissioners were given specific training on domestic violence. This training can be updated and included in the annual training guide. Training of bail commissioners falls to the clerk and judge of each of the courts under which the bail commissioners are commissioned. However, the training manual is developed in the office of the administrative judge of each the courts***.

(4) Bail orders issued from the courts should be entered into a statewide database similar to the process used in domestic violence cases where the courts faxes all orders to a central location for entry into NCIC.

RESPONSE: ***A bail registry could be developed by the Administrative Office of the Courts in conjunction with the implementation of the J-One Project. Unresolved challenges include personnel and funding of this resource. Other issues include the determination of whether this is a statewide database only, or whether it can be connected to NCIC, and tracking and entering conditions of bail in cases where there is PR bail.***

(5) Judges should receive training on the specific criteria, emotional and legal, as to when batterers' intervention should be used as part of sentencing in criminal cases, and as part of the court's order in civil orders of protection.

RESPONSE: ***Some training has been made available through the Greenbook Project. Barriers to this include funding and judge time for training. Alternative delivery of training such as an on-line curriculum might be the most cost efficient and effective training.***

CRISIS CENTERS:

(1) Encourage the Survey Committee to assess the need for 24 hour staffed crisis lines, along with other priority direct service needs.

RESPONSE: ***The Survey Committee has been approached and will look into including this as part of the needs survey within the restrictions of the resources available. The topic has been raised with the crisis center directors and there is interest, but also recognition of the current lack of available funds for an on-going project such as this one***.

(2) The Bar Association should collaborate with the Governor's Commission on Domestic and Sexual Violence, the Coalition Against Domestic and Sexual Violence, and with the various domestic violence advocates experienced in the criminal justice system, to conduct a training or symposium for the media regarding the differences in reporting of high profile cases, and the need to be informative rather than intrusive.

RESPONSE: ***Currently, the Governor's Commission's Public Education Committee is working on a media handbook which will address high profile cases as well as less prominent ones. It will focus primarily on the sensitivity required and the basic information on domestic and sexual violence needed for objective and accurate reporting of these events. At the completion of this project, a symposium to introduce the handbook will be considered***.

DEPARTMENT OF CORRECTIONS:

(1) Each county should be encouraged to create a program allowing for pre-trial supervision through the County Department of Corrections as a condition of bail and/or release ordered at arraignment**.**

Comment: Such a model is currently being used in Merrimack County and in Strafford County. The Committee recognizes, however, that there is currently a lack of resources available at the local probation field offices as well as the fact the most of the state-level "supervisors" assigned to pre-trial defendants are unarmed case technicians.

Comment: Such an arrangement would enable the Department of Corrections to initiate useful programs such as AA and Batterers Intervention

earlier in the process. Earlier initiation also enhances the likelihood of completion of such programs.

RESPONSE*: *The county Departments of Corrections are considering pretrial services; however, the lack of resources is an obstacle to implementation.

DEPARTMENT OF SAFETY:

(1) Bail orders issued from the courts should be entered into a statewide database similar to the process used in domestic violence cases where the courts faxes all orders to a central location for entry into NCIC**.**

RESPONSE*: *A bail registry could be developed by the Administrative Office of the Courts in conjunction with the implementation of the J-One Project. Unresolved challenges include personnel and funding of this resource. Other issues include the determination of whether this is a statewide database only, or whether it can be connected to NCIC, and tracking and entering conditions of bail in cases where there is PR bail.

GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE:

(1) The new revision of the Domestic Violence Protocol for Law Enforcement should capture the "when, how and where" of making arrests on violations of protective orders (i.e., making warrantless arrests with the twelve hour period). Additional training on inter-jurisdiction enforcement of protective orders may be warranted.

Comment: There was much discussion and some confusion about one jurisdiction's ability to arrest on a violation of a protective order if the violation OR the original order came out of another jurisdiction. An arrest can be made anywhere, by any jurisdiction, regardless or where the violation took place.

RESPONSE*: *The language in the current protocol entitled "The Arrest Decision" closely mirrors the statutory language found in RSA 173-B:9. Either bold type or underlining the mandatory arrest requirements creates emphasis on mandatory arrest actions in this section. A thorough reading of this section will provide officers with the tools they need to make statutorily correct

decisions regarding arrest. Jurisdictional issues are currently being taught in both the recruit academy and at in-service trainings. The only adverse decision the committee is aware of regarding jurisdictional issues was when a district court judge ruled that a neighboring agency could not arrest for a violation of the protective order without a warrant (12 hour rule) when the infraction did not occur in the arresting agency's jurisdiction. A casual check with other law enforcement agencies throughout the state indicates that this one ruling is not in keeping with the views of most district courts. It is felt that the current language in the law enforcement protocol is thorough enough as to <u>not require</u> any change at this time.

(2) Public outreach campaigns should stress the fact that domestic violence exists across all socio-economic levels. Since no group is immune from domestic violence, care should be taken to include everyone, regardless of income, race or other group affiliation. For example, middle and upper income families are as subject to domestic violence as are lower income families. Outreach to all socio-economic groups for the purposes of education and referrals is essential.

<u>RESPONSE</u>: Crisis centers have long held that domestic or sexual violence can touch everyone, regardless of class, creed or race. Our most recent example of this philosophy is the Coalition's new sexual assault campaign theme, "It can happen to anyone." All advocacy trainings include the message that everyone can be a victim of domestic violence or sexual abuse and the expectation is that advocates will apply this premise in their daily work and their many outreach programs.

(3) Encourage the Survey Committee to assess the need for 24 hour staffed crisis lines, along with other priority direct service needs.

<u>RESPONSE</u>: The Survey Committee has been approached and will look into including this as part of the needs survey within the restrictions of the resources available. The topic has been raised with the crisis center directors and there is interest, but also recognition of the current lack of available funds for an on-going project such as this one.

(4) The Bar Association should collaborate with the Governor's Commission on Domestic and Sexual Violence, the Coalition Against Domestic and Sexual Violence, and with the various domestic violence advocates experienced in the criminal justice system, to conduct a training or symposium for the media regarding the differences in reporting of high profile cases, and the need to be informative rather than intrusive.

RESPONSE: ***Currently, the Governor's Commission's Public Education Committee is working on a media handbook which will address high profile cases as well as less prominent ones. It will focus primarily on the sensitivity required and the basic information on domestic and sexual violence needed for objective and accurate reporting of these events. At the completion of this project, a symposium to introduce the handbook will be considered***.

LAW ENFORCEMENT:

(1) The new revision of the Domestic Violence Protocol for Law Enforcement should capture the "when, how and where" of making arrests on violations of protective orders (i.e., making warrantless arrests with the twelve hour period). Additional training on inter-jurisdiction enforcement of protective orders may be warranted.

Comment: There was much discussion and some confusion about one jurisdiction's ability to arrest on a violation of a protective order if the violation OR the original order came out of another jurisdiction. An arrest can be made anywhere, by any jurisdiction, regardless or where the violation took place.

RESPONSE: ***The language in the current protocol entitled "The Arrest Decision" closely mirrors the statutory language found in RSA 173-B:9. Either bold type or underlining the mandatory arrest requirements creates emphasis on mandatory arrest actions in this section. A thorough reading of this section will provide officers with the tools they need to make statutorily correct decisions regarding arrest. Jurisdictional issues are currently being taught in both the recruit academy and at in-service trainings. The only adverse decision the committee is aware of regarding jurisdictional issues was when a district court judge ruled that a neighboring agency could not arrest for a violation of the protective order without a warrant (12 hour rule) when the infraction did not occur in the arresting agency's jurisdiction. A casual check with other law enforcement agencies throughout the state indicates that this one ruling is not in keeping with the views of most district courts. It is felt that the current language in the law enforcement protocol is thorough enough as to not require any change at this time.***

(2) The Domestic Violence protocol for Law Enforcement should be incorporated into the regular training programs of New Hampshire Police Standards and Training.

RESPONSE: ***Since the publication of the new protocol, it has been incorporated into the recruit academy and the in-service trainings. Each officer attending these trainings is provided with a hard copy of the protocol. The protocol is thoroughly reviewed at the recruit training classes with explanations and examples as to how each section should be properly applied. During in-service training to veteran police officers, again a copy is issued to each officer and the emphasized points (identified by bold or underlined print) in each section of the protocol are reviewed and discussed during the training.***

(3) All domestic violence cases should be thoroughly investigated so that if appropriate, the law enforcement agency could proceed without the victim's participation at trial.

Comment: The United States Supreme Court recently issued a decision in the matter of Crawford vs. Washington that may have an impact on this recommendation.

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RESPONSE: ***Law Enforcement should continue to make every effort to investigate cases of domestic violence as thoroughly as possible using the Law Enforcement Protocol as a guide. If the best practices that are recommended in the Protocol are followed, the best possible case can be put together for prosecution, with or without the victim's participation at trial. However, there are many unanswered questions that remain on how these cases may play out in court as a result of Crawford.***

Domestic violence cases can involve a variety of criminal behavior and subsequent charges. In the case of a domestic assault, non-testimonial evidence, in the form of business and official records, may still be admissible if they bear sufficient indication of trustworthiness. This may include medical records if the victim seeks medical treatment for injuries. It is still unclear as to the status of 9-1-1 recordings but law enforcement is still encouraged to obtain this evidence in order to put together a thorough case. Since 9-1-1 Operators in New Hampshire are civilian employees separate from Law Enforcement, information obtained by them regarding an incident may be more readily admissible for its trustworthiness. However, two other recent lower court decisions in other parts of our country (Hammon v. State and Lopez v. State) have resulted in divided opinions on the admissibility of an excited utterance. In the case of a criminal threat when no other witnesses are present to hear the

threat, the <u>Crawford</u> decision may severely complicate the prosecution of such a case.

Until there is guidance from the Supreme Court on what evidence is admissible and what is not, Law Enforcement should follow the existing Protocol as closely as possible. If guidance is forthcoming from the Court and the Protocol needs to be adjusted in the future, that can be done.

<u>LEGISLATURE:</u>

(1) New Hampshire should consider enacting criminal protection orders that would be issued in domestic violence related cases, and provided to victims.

<u>Comment:</u> The Legislature should consider whether this might create a need for appointment of counsel at arraignment, and the fiscal implications of this recommendation. We should also consider whether, in the alternative, bail orders could be sent to victims, thus serving a similar function.

<u>RESPONSE</u>: After review, it would appear that the suggestion to notify the victims of the crime about bail orders that have been issued would be a more prudent way to proceed than creating criminal orders. This recommendation will be referred to the courts for implementation.

(2) Legislation should be drafted requiring insurance companies to fully cover property damage done during the course of a domestic violence incident. The surviving victim should not suffer financially as a result of losing property or homestead due to the act of a violent spouse or partner.

<u>Comment</u>: The discussion around this recommendation also involved talking directly to insurance companies and encouraging them to provide 100% coverage to surviving partners, regardless of whose name in which the property is held.

<u>RESPONSE</u>: This recommendation is currently in discussion in the legislative committee of the Coalition. Insurance companies are concerned with protection from fraudulent claims, where one party will deliberately set fire to a house for the insurance money. The work will be to set reasonable parameters for the insurance companies to use to determine when a claim is legitimate. Some more discussion with insurance companies is needed, because

without their input and agreement, very little is likely to be accomplished legislatively.

(3) Legislation should be drafted with respect to protecting the identity of victims in hiding or who are being "safe-housed" in a public inn, hotel or motel. This protection could be made available to those in possession of a protective order or those who are being referred for lodging by a crisis center or law enforcement agency.

RESPONSE: ***This recommendation is currently being discussed in the legislative committee of the Coalition. Issues of liability must be considered in the event of criminal activity. There is also a backlash potential if public accommodations will not provide rooms to victims of domestic violence for fear of violence on the premises and the safety of other guests. The decision is not to propose a statute at this time, but rather to seek the input of the New Hampshire Hospitality Association and possibly drawing up a list of public accommodations that would be user friendly to victims fleeing abuse. This list would be distributed to law enforcement agencies and crisis centers.***

MENTAL HEALTH:

(1) Mental health professionals who advertise family or domestic counseling in their advertisements should be trained and regularly re-certified in domestic violence**.**

Comment: Any counseling and/or training should include active participation of local crisis centers or the New Hampshire Coalition Against Domestic and Sexual Violence.

RESPONSE: ***After review of RSA 330-A, the administrative rules related to Mental Health Practice, and consultation with the Board of Mental Health Practice, it is confirmed that at the present time there exists no statutory or administrative rules which govern advertising by mental health practitioners. Furthermore, there are no specific requirements for training in domestic violence. RSA 330-A, which regulates mental health practitioners in the state, provides that the Board of Mental Health Practice has the responsibility to adopt rules relative to qualification of applicants, including ethical standards and continuing education requirements. The Board, which is presently reviewing its***

administrative rules, will consider amending any rule upon petition to the Board.

NEW HAMPSHIRE BAR ASSOCIATION:

(1) The New Hampshire Bar Association should create and conduct advanced level trainings for lawyers who will handle domestic violence cases. The purpose is to educate attorneys about the many ways in which domestic violence impacts their clients beyond conventional domestic violence cases. It would also help create a cache of attorneys who could help victims when they are in deep and immediate crisis.

Comment: It is important to stress that the primary reason for making this "crisis component" recommendation is to create a pool of trained and highly qualified attorneys who would make themselves immediately available to clients in crisis. The New Hampshire Bar Association DOVE program is already doing an excellent job of addressing these concerns. The goal of the Fatality Review Committee is to ensure that all attorneys, not just those participating in DOVE, understand these issues. The New Hampshire Bar Association is conducting specialized training for lawyers who handle domestic violence cases. The Bar Association continues to offer free continuing legal education courses for those individuals who wish to accept pro bono domestic violence cases through the DOVE program. The Bar is also expanding its domestic violence training into the new lawyers training program which is offered twice a year to those new members and required of all new members of the New Hampshire Bar.

RESPONSE: ***The New Hampshire Bar Association prides itself on conducting a wide array of programmatic trainings for lawyers to help them address the domestic violence issues facing their clients. In the coming years, the Bar will remain committed to its efforts to ensure that the lawyers practicing in the State of New Hampshire are educated and properly trained in the areas of domestic violence. In the past year, these efforts have included:***

(a) Thanks in no small part to support from the Bar Foundation's IOLTA Program, the Bar Association's DOVE Project is considered a national model for private attorney involvement in delivering legal services to survivors of domestic abuse. The DOVE Program responds to the pervasive issues of domestic violence through constant attention to updating systems

and services to remain responsive and relevant to practitioners in this field.

(b) On May 13, 2004, the DOVE Project presented a new Continuing Legal Education program it developed entitled "Domestic Violence in Divorce Cases: Maneuvering through the Complexities". This advanced CLE program specifically addressed the means by which victims can obtain restraining orders pursuant to NH RSAs 173:B, 458, and 633:3-a, and through restraining orders issued under common law equity procedures. The program was designed for the family law practitioner and focused on issues in highly contested cases. The program offered insight into the implications for family law practice where both partner violence and child abuse and neglect are prevalent.

(c) The DOVE Project was instrumental in providing information to lawyers on domestic violence issues during its Divorce Camp trainings. Held in December of 2004, Divorce Camp featured specialized trainings for new family law practitioners.

(d) During the Bar Association's January 2005 training on family law practice, the program offered lawyers the chance to participate in a panel discussion, led by attorneys David Bailinson and Valerie Reed, on the impact of domestic violence on family law cases.

(e) Through their attendance at the Practical Skills Course each fall, required of each new member of the Bar, attorneys receive information about how to involve themselves in the DOVE Project and information directly related to providing representation to victims seeking protective orders through the courts. In addition, the Bar Association's New Lawyers Committee encourages and promotes participation by new attorneys in the DOVE Project.

(f) The Bar Association continues to use its widely-distributed publication, the NH Bar News, to educate its members in areas of domestic violence, and to encourage their participation in programs such as the DOVE program, assisting victims of domestic violence on a pro bono basis.

(2) The Bar Association should create a packet or brochure dealing with the handling of high profile domestic violence cases. It was noted that due to the very volatile nature of these cases, almost any case could become high profile at any point during

the legal process. The Bar Association should also include a specific domestic violence category under its lawyer referral system, the reduced fee system and the pro bono system, requiring the attorneys to complete an affidavit before accepting such cases that they are competent to handle such cases pursuant to Rule 1.1 of the Professional Rules of Conduct.

Comment: The Bar Association continuing legal education materials are available to all members of the Bar at minimal cost, as are rebroadcast of trainings. The Bar Association, in May of 2004, is offering a specialized advanced domestic violence training continuing legal education program. The Bar Association has previously created domestic violence packets and incorporated domestic violence packets and information in free materials available to members upon request at the Bar Association, and certain materials that are available to Bar members through the New Hampshire Bar Association's website.

RESPONSE: ***In order to participate in the Bar Association's DOVE Project and provide representation to victims in domestic violence matters on a pro bono basis, attorneys must participate in the specialized DOVE Project training.***

Attorneys who wish to become members of the Bar's Lawyer Referral Service and/or the Reduced Fee Referral Program may indicate to the Bar that they will accept cases specifically involving domestic violence. All attorneys who participate in these programs must certify in writing that they are competent to handle cases in the field in which they indicate a willingness to accept cases. Therefore, all attorneys who accept domestic violence cases through the Lawyer Referral Service or the Reduced Fee Referral Program have certified in writing to the Bar that they possess the professional competency and experience to handle these types of cases.

(3) The Bar Association should collaborate with the Governor's Commission on Domestic and Sexual Violence, the Coalition Against Domestic and Sexual Violence, and with the various domestic violence advocates experienced in the criminal court system, to conduct a training or symposium for the media regarding the difference in reporting on high profile cases, and the need to be informative rather than intrusive.

RESPONSE: ***See the Response for Recommendation #4 of the Governor's Commission on Domestic and Sexual Violence page 34.***

(4) The Bar Association should include training that explains and distinguishes domestic violence protective orders issued under RSA 173-B and civil restraining orders issued under RSA 458 in their various CLE trainings.

Comment: Reference is made to the comment to the Third Annual Report, May 2003 (Recommendation 3, page 16).

Comment: In order for attorneys to be capable of explaining to their clients the nuances between RSA 173-B and RSA 458, they must first be provided adequate training in such matters or have adequate experience in dealing with clients and the courts within the frameworks of both statutes.

RESPONSE: ***The Bar Association supports the goal of ensuring that victims who are clients understand the differences between domestic violence protective orders issued under RSA 173-B and civil restraining orders issued under RSA 458 in marital actions, and that victims be made aware of the very important distinctions between the protections provided under each statute. The Bar will take steps through its Practical Skills Course for new lawyers, through the New Hampshire Bar News, and through other means at its disposal to increase awareness among members of the bar of the differences in procedure and practice between these two statutes.***

XI. CONCLUSION

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

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

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

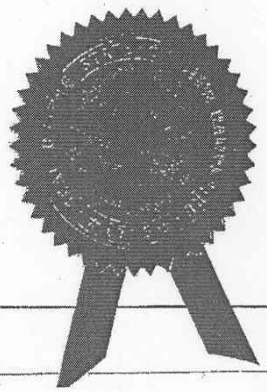
WHEREAS, in order to ensure that New Hampshire can provide a continuing response to domestic violence fatalities, the Fatality Review Committee must receive access to all existing records on each domestic violence-related fatality. The records may include social service reports, court documents, police 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

NEW HAMPSHIRE GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

CONFIDENTIALITY AGREEMENT FOR THE NEW HAMPSHIRE DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

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

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

Print Name_____

Authorized Signature_____

Witness_____

Date_____

ATTORNEY GENERAL
DEPARTMENT OF JUSTICE
33 CAPITOL STREET
CONCORD, NEW HAMPSHIRE 03301-6397

KELLY A. AYOTTE
ATTORNEY GENERAL

MICHAEL A. DELANEY
DEPUTY ATTORNEY GENERAL

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

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

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

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

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

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

1. To describe trends and patterns of domestic violence-related fatalities in New Hampshire.

2. To identify the high risk factors, current practices, gaps in systemic responses, and barriers to safety in domestic violence situations.

3. To educate the public, policy makers and funders about fatalities due to domestic violence and about strategies for intervention.

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

5. To improve the sources of domestic violence data collection by developing systems to share information between agencies and offices that work with domestic violence victims.

6. To more effectively facilitate the prevention of domestic violence fatalities through multi-disciplinary collaboration.

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

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

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

Kelly Ayotte — 5/6/05

Attorney General — Date

John A. Stephen — 5/1/05

Commissioner, Health and Human Services — Date

Richard M. Flynn — 4/28/05

Commissioner, Department of Safety — Date

APPENDIX D

NEW HAMPSHIRE GOVERNOR'S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE

PROTOCOL

1. The Fatality Review Team will operate under the auspices of the Governor's Commission on Domestic and Sexual Violence.

2. The Committee will review all deaths of domestic violence victims in New Hampshire from 1990 forward.

3. Domestic violence victims will be identified as guided by the relationship criteria specified under New Hampshire RSA 173-B.

4. Comprehensive, multi-disciplinary review of any specific cases can be initiated by any member of the New Hampshire Fatality Review Team or any individual or agency request presented to a member of the team.

5. An executive committee of the Fatality Review Team shall screen cases to be submitted for full case review. This committee shall coordinate invitations to participate in the review, and shall request that all relevant case materials be accumulated by the committee or other designated members of the Fatality Review Team for distribution.

6. The Fatality Review Team will convene as needed, with the expectation that it shall meet bi-monthly.

7. Each team member shall serve a minimum two year term. The member shall select an alternate member from their discipline and will ensure that the member or the alternate will be present at every meeting of the Fatality Review Team.

8. All team members, including alternates, shall be required to sign a Confidentiality Agreement. Furthermore, Confidentiality Agreements will be required of any individual(s) participating in any domestic violence fatality review.

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

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