



NEW HAMPSHIRE DOMESTIC FATALITY REVIEW COMMITTEE

2014-2015

BIENNIAL REPORT



24-HOUR DOMESTIC VIOLENCE HOTLINE: 1-866-644-3574

24-HOUR SEXUAL ASSAULT HOTLINE: 1-800-277-5570

TABLE OF CONTENTS

Dedication.....4

Acknowledgements.....4

Introduction.....5

Mission Statement.....5

Objectives.....5

Executive Summary.....6

Recommendations and Responses from the Domestic Violence Fatality Review Committee7

Lethality Assessment Program Report, 2014-2015.....13

New Hampshire Domestic Violence Homicide Data, 2014-2015.....16

New Hampshire Coalition Against Domestic and Sexual Violence Crisis Center Data, 2014-2015.....27

New Hampshire Judicial Branch Violence Against Women Data, 2014-2015.....33

Appendices:

A. Executive Order.....

B. DVFRC Committee Membership List.....

C. LAP Steering Committee List

DEDICATION

This report is dedicated to Elizabeth “Betsy” Paine. Betsy was a founding member of the Domestic Violence Fatality Review Committee and served as its Chair from 2010 to 2014. Betsy worked tirelessly for victims of domestic violence throughout her career, first as a prosecutor, then as the Violence Against Women point of contact for the New Hampshire Judicial Branch. The Committee is indebted to Betsy for her unwavering commitment to ending domestic violence in our state.

ACKNOWLEDGEMENTS

The Domestic Violence Fatality Review Committee would like to acknowledge the hard work and countless hours contributed by a number of people in the effort to produce this report. Particular gratitude is owed to Joelle Donnelly Wiggin and Danielle Snook of the Attorney General’s Office, Attorney Melissa Kowalewski and Jeanette Bilodeau from the New Hampshire Judicial Branch and Maureen McDonald from the New Hampshire Coalition Against Domestic and Sexual Violence.

The Committee would also like to acknowledge Attorney Christopher Keating, who Chaired the Domestic Violence Fatality Review Committee from 2014-2016. Chris had been a long standing member of the Committee.

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

“This report was supported by 2015-GX-K008 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Funds awarded under the Violence Against Women Act, OVW VAWA 2011, 2011-WF-AX-0032, VAWA12 2012-WF-AX-004 and VAWA 2013 2013-WF-AX-0016. The opinions, findings, and conclusions or recommendations expressed in this report are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.”

INTRODUCTION

The Domestic Violence Fatality Review Committee (DVFRC, “Committee”) was created by Executive Order of Governor Jeanne Shaheen in July 1999. Since its inception, the DVFRC has generated recommendations for the state’s three branches of government and the many individuals, agencies, and community organizations which work with domestic violence victims and offenders. These recommendations have generated policies, procedures, and practices to improve New Hampshire's multidisciplinary response to domestic violence. The recommendations contained in this report were developed by the Committee from case reviews during 2014-2015.

This Report also contains an overview of the domestic violence homicide data from 2014-2015. The goal of presenting the data, is to improve the understanding of the context of these homicides and to promote the optimal allocation of resources to help prevent future homicides. Also included in this report are crisis center data from the New Hampshire Coalition Against Domestic and Sexual Violence and Violence Against Women court system data from the New Hampshire Judicial Branch. These represent two additional, individual sets of data separate from the homicide data, and are each based on a two-year period for 2014-2015. Taken together all of the data sets present important and related information about domestic violence in the state.

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

MISSION STATEMENT

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

OBJECTIVES

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

I. EXECUTIVE SUMMARY

In 2014-2015, 18 people in New Hampshire were murdered in a domestic violence homicide. Domestic violence remains one of the most prevalent legal and social problems in the United States. Nationwide, 1 in 3 women and 1 in 4 men have been victims of some form of physical violence by an intimate partner in their lifetime.

The data compiled in this report documents that in New Hampshire, domestic violence related homicides make up 59% of the State's homicides over the last seven years. For the period of this report, 2014-2015, domestic violence homicides represented 62% of all the homicides in the State of New Hampshire.

From 2014-2015, the victims in New Hampshire domestic violence homicides were predominantly women: of the 6 victims murdered by their partners, all of them were women. While men are victims of domestic violence, national research and New Hampshire state data indicate that domestic violence is more lethal for women than for men. In addition, 33% of the victims were under the age of nine. Domestic violence was a causal factor in 83% of the murder/suicides in New Hampshire during this same period.

From 2014-2015, in 44% of the domestic violence homicides, the cause of death was a gunshot wound. In a 2011 FBI Report on homicides, research indicated that across the country in 2010 there were 1,669 women murdered by a male they knew. Where the weapon could be identified, 52% of the women were killed by a firearm. A report published in the American Journal of Public Health found that the presence of a gun in a domestic violence situation increased the risk of homicide for women by 500%. In response to these statistics and information gleaned in case reviews, the Committee has, again, made recommendations about firearms. The DVFRC, in conjunction with the other Fatality Review Committees (Child, Adult and Elderly and Suicide) strongly recommends that everyone be aware of the benefits of limiting access to lethal means, firearms in particular, when there is a risk of harm to others or a risk of self-harm. With the implementation of Joshua's Law in 2015, New Hampshire needs to use and evaluate all of its laws to ensure that firearms are not accessible to those who are subject to a protective order or bail conditions, or who are prohibited from possessing firearms through a qualifying crime of domestic violence.

This report contains a new section that details the work of the Lethality Assessment Program (LAP) Steering Committee. The LAP screen is a critical tool utilized by Law Enforcement to ensure victims of domestic violence, particularly those in serious danger, have access to crisis center services. The data collection, which began in 2015, shows that in that year, 928 LAP screens were completed, with 55% of victims screening in as 'high danger' and 208 utilizing follow-up crisis center services. The DVFRC urges continued implementation of the LAP screen in New Hampshire. This research based intervention used at the time of a response by Law Enforcement has a documented history of saving lives.

This report also provides information and data about the survivors of domestic violence. In 2014-2015, 27,233 people sought services for domestic violence, stalking and sexual assault from the state's 13 crisis centers. The crisis centers report seeing increases in requests for shelter and transitional housing; hospital

calls as the level of the intensity in the violence has escalated; requests for accompaniment to court and requests for advocates at Child Advocacy Centers.

Thousands of people sought protection from domestic violence and stalking in the courts. In 2014-2015, 8,025 people came to court to file domestic violence petitions, and 3,670 civil stalking petitions were filed requesting protection from abuse. In addition, 7,899 Criminal Bail Protective Orders were issued.

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

II. RECOMMENDATIONS AND RESPONSES, 2014-2015

The purpose of recommendations made during a review is to take case specific facts and create broader recommendations for system improvement. In the last several years, the Committee has made a very intentional effort to formulate fewer recommendations but to focus on creating achievable and impactful change. The recommendations are sent from the Committee out to various agencies and partners and then the Committee waits for a response. During the calendar years 2014-2015, the Committee reviewed 10 cases. Included below are the 18 recommendations made by the Committee during that period and the responses to those recommendations. In some instances resource constraints have dampened the ability of the agency to act on the recommendation. The specific recommendations and systemic or institutional responses follow this summary.

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

PUBLIC RELATIONS RECOMMENDATIONS

1. Create an “elevator speech” for social media to be used by law enforcement agencies (i.e. Facebook page, Twitter etc.) to encourage reporting of potential domestic violence situations.	RESPONSE —There are currently two widespread campaigns in New Hampshire related to domestic violence and child sexual abuse (which many times is domestic violence related) that address reporting – <i>NO MORE</i> and <i>Know & Tell – No Excuse End Abuse</i> .
--	---

POLICY RECOMMENDATIONS

1. Update the statewide EMS protocol to address how to handle children at the scene of a domestic violence scene.

RESPONSE—The New Hampshire Bureau of Emergency Medical Services Response to Domestic Violence Protocol was updated in 2015 and the following section was added:

Children on scene:

- Domestic violence is family violence and children and pets are often injured even when they are not the primary target of the abuse. Children should be carefully assessed for physical injury whenever adults are injured in a domestic violence incident, and/or if the scene suggests a mechanism of injury such as broken glass or furniture.
- If physically uninjured, children should be sheltered from further harm on scene, e.g., witnessing patient care, view of the crime scene, police interaction with the suspected abuser.
- Witnessing violence qualifies as child abuse and neglect and therefore mandates a report (see Child Abuse Reporting for more information). A child who has witnessed violence will need care for potential emotional/psychological injuries, even if s/he has not suffered physical injury. The child should be put in the care of Law Enforcement until Child Protective Services (CPS) can be contacted and arrangements can be made for the child's safety. The procedure for contacting CPS can vary by regional office/police department. Discuss this scenario with local law enforcement in advance of an incident.
- An EMS provider may assist law enforcement with caring for the uninjured child/children until appropriate arrangements have been made by law enforcement.

2. Create one protocol/resource/flowchart for first responders to identify appropriate point of contacts and what resources are available.

RESPONSE—No successful action has been taken on this recommendation to date.

3. Track the number of murder/suicides in New Hampshire over the next two years to determine trends and to report back to the fatality review committees.

RESPONSE—The Office of Victim/Witness Assistance at the Attorney General's Office keeps track of the murder suicides that occur in the state. That information is included in this report as part of the data reported starting on page 16.

4. Explore whether or not the Lethality Assessment Program (LAP) screen can be utilized to question children about domestic violence in the home.

RESPONSE—According to Dr. Campbell, the researcher behind the Danger Assessment Tool, which led to the development of LAP, there is a version of the Danger Assessment Tool that is being piloted by a county child protective agency in another state. As of yet, they have not given Dr. Campbell permission to distribute their version to other communities for review or replication. When that happens, Dr. Campbell will share a copy of the tool so that other jurisdictions can consider implementing it. One option that may work for New Hampshire is to train the DVS workers (Domestic Violence Specialists) on the use of that instrument within DCYF offices for their use in domestic violence-related child protective cases.

5. Find out what policies exist for safety planning upon discharge from a psychiatric placement (i.e ensure that safety planning occurs and that it includes questions about firearms).

RESPONSE—An e-mail was sent out to ten inpatient facilities in New Hampshire requesting information about this issue, and whether or not there were any procedures, policies and/or practices addressing this concern. Follow up phone calls were made to those that did not respond to the e-mail. There was a 70% response.

Virtually all of those that responded reported that the exploration of access to firearms occurs either during the assessment prior to admission (and noted on the Emergency Services assessment form), and/or during the admission assessment. This information (often with a notation about how/if removed) is documented in the hospital record.

6. Explore having insurance companies notify the person who has an insurance policy on them about the policy and any changes to it.

RESPONSE—No successful action taken on this recommendation to date.

7. Explore legislation ensuring the issuance of a Criminal Protective Bail Order (CPBO) and that it is tied to a crime of domestic violence.

RESPONSE—A proposal outlining the reasoning for the legislation and potential language changes was drafted and shared with members of the Executive Committee for the Domestic Violence Fatality Review. At the time it was determined that no legislative action could be taken due to the timing of the memo within the legislative calendar and capacity of the organizations to pursue such legislation.

8. Continue training opportunities for judges, on the return of firearms.

RESPONSE—The judicial branch will identify training opportunities, explore developing curriculum and conduct training as appropriate.

9. Ensure proper identification of prosecution and law enforcement parties and provide adequate notice to these parties, regarding hearings pertaining to the return of firearms. **RESPONSE**—The judicial branch will research how notices for return of firearms hearings are generated and identify potential areas of improvement to ensure improved notification.

10. Explore what other states have for laws about mandatory reporting for solicitation of murder. Also explore potential unintended consequences of such legislation. **RESPONSE**—While the solicitation itself is a crime, along with aiding another with the intent that the crime is committed, there are no states that have mandatory reporting laws for solicitation of murder. All states have mandatory reporting laws for child abuse and/or neglect, and many have mandatory reporting laws for suspected domestic violence injuries.

11. Advocate on behalf of the allocation of resources within the judicial branch to protect the integrity and reliability of judicial proceedings. **RESPONSE**—The judicial branch has taken steps to improve time to disposition in all cases, including the implementation of the Felonies First initiative, and Early Case Resolution in certain counties. This allows more time and resources to be devoted to the more serious crimes like domestic violence related felony assaults and homicides.

12. Research how the dangerousness assessment and response is being utilized with suicidal and homicidal ideation in context of domestic violence and make recommendations for practice change. **RESPONSE**—There isn't a standard assessment used by the community mental health centers (CMHCs) to screen for risk of domestic violence in the setting of suicidal and/or homicidal ideation. Information, in the form of sharing the LAP and the Danger Assessment regarding risk of injury and/or death via domestic violence was shared with the CMHCs in September 2014 and in June 2015.

A review of the laws related to those medical and mental health professions in New Hampshire who have privileged communications revealed that generally the requirement for duty to warn follows the same language. The general obligation is to warn if there is a communication, by the client, of “a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims or a serious threat of substantial damage to real property”. An exception is in RSA 328:F, Allied Health Professionals. In that statute there is no duty to warn.

Trainings specific to CMHC staff will be offered to all CMHCs starting in the Fall of 2016; this will be reported in more depth in a subsequent report.

13. Ensure that survivors of murder (and murder suicides) are provided with resources including the availability of mental health services.

RESPONSE—The Bureau of Mental Health Services, with support from the Office of Chief Medical Examiner, and a contract with NAMI NH (National Alliance for Mental Illness) provides Survivor of Suicide Loss packets that are mailed out to the Next of Kin of anyone who dies by suicide in the state of New Hampshire.

In June of 2016 the Office of Victim Witness Assistance added two direct service advocates to its unit, doubling its capacity to provide direct services to family members of homicide victims.

14. Explore providing information to Human Resource managers or Employee Assistance Programs around domestic violence awareness, suicide prevention and resources.

RESPONSE—The State Office of Victim Witness Assistance convened a workgroup that included the State of New Hampshire’s Division of Personnel and Employee Assistance Program. The group was tasked with identifying training needs and developing a strategic plan to provide identified trainings. Due to capacity issues it has been challenging to schedule specific training dates given the daily demands of everyone’s positions. The workgroup acknowledges this is an important issue and is committed to provide training to state employees on the resources and supports available to them. The workgroup will reconvene in the future and revisit training state employees.

TRAINING RECOMMENDATIONS

1. Support on-going public awareness on the dynamics of domestic violence.

RESPONSE—An e-mail was sent out to the community mental health centers in September 2014 reminding them that the risk of domestic violence increases when the relationship is ending and/or there is talk about a separation. The New Hampshire Coalition Against Domestic Violence and Sexual Assault crisis center contacts and catchment areas were shared in this message. A reminder message was sent again in June 2015.

2. Support that children and family members that are exposed to traumatic experience have access to highly qualified mental health providers that use evidence based practice in trauma.

RESPONSE—The list of clinicians who are trained in Evidence Based Practices for children and their families affected by traumatic events, was shared with a variety of collaborative partners who work with children. These clinicians participated in the Dartmouth College, Geisel School of Medicine, Dartmouth Trauma Interventions Research Center, Partners for Change Project, under the leadership of Kay Jankowski, PhD.

3. Support the education and training of medical providers on suicide risk screening and assessment, domestic violence and risks of homicide.

RESPONSE—In the 1990s New Hampshire was one of 15 states that participated in a health care project through the Family Violence Prevention Fund. Through this initiative extensive training was conducted for medical providers on screening for domestic violence, making referrals to crisis centers and providing appropriate medical care. This initiative resulted in extensive policy development, including the “Domestic Violence Protocol for Health Professionals: Identification and Treatment of Adult Victims”, which was most recently updated in 2009. Best Practices have changed since this project was first introduced, therefore it is proposed that a multidisciplinary workgroup be identified to review the policies and protocols available, and update them as appropriate. Suggested members of the workgroup would include representatives from the Coalition Against Domestic and Sexual Violence, the Attorney General’s Office and the SANE program.

Members of the Suicide Fatality Review Committee met with members of the New Hampshire Medical Society to discuss the possible training opportunities. The Medical Society will work with NAMI NH to identify and provide training opportunities. Additionally the Medical Society updated their website to include additional information on suicide <https://www.nhms.org/suicide-prevention>.

III. NEW HAMPSHIRE LETHALITY ASSESSMENT PROGRAM REPORT, 2014-2015

BACKGROUND

The Lethality Assessment Program—Maryland Model (LAP) was created by the Maryland Network Against Domestic Violence (MNADV) in 2005 as an evidence based innovative strategy to prevent domestic violence homicides and serious injuries.

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

The goal of the LAP is to connect more victims with crisis center support services, including shelters, counseling services and advocacy services, in order to prevent domestic violence related homicides. Studies have shown that domestic violence crisis center services can save lives and reduce re-assaults, yet these programs continue to be under-utilized. ***One study has shown that only 4% of abused victims had used a domestic violence hotline or shelter within the year prior to being killed by an intimate partner.***

Frequently, law enforcement has had contact with victims and/or perpetrators before the situation turns lethal. ***Another study has shown that in the year prior to the homicide, more than 44% of abusers were arrested, and almost one-third of victims contacted the police.*** It is for this reason that early law enforcement intervention can be critical.

HISTORY IN NEW HAMPSHIRE

In 2009, the New Hampshire Attorney's General's Office was awarded a training and technical assistance grant from MNADV to implement LAP as a pilot project in Merrimack County. Seven law enforcement agencies and the Concord area's crisis center participated for a three month period.

Due to the response of the agencies involved in the pilot, the Attorney General's Office adopted the LAP as a model response for domestic violence cases in New Hampshire and secured additional grant funding to contract with a part-time coordinator in an effort to replicate and implement LAP in the other counties. The LAP Coordinator trained in all 10 of New Hampshire's counties and conducted train-the-trainer sessions with all the domestic violence programs in the state and almost 50% of law enforcement agencies before the grant funding expired in 2011. Also during this time frame the LAP became part of the standard domestic violence curriculum for new law enforcement officers attending the recruit academy at New Hampshire Police Standards and Training Council.

The courts also received training on the LAP and, in acknowledging the valuable insight that the results can provide about a perpetrator's behavior, judges were encouraged to begin asking law enforcement for LAP results in criminal domestic violence related cases.

The Attorney General's "A Model Protocol for Law Enforcement Response to Domestic Violence Cases" was updated in 2013 (<http://doj.nh.gov/criminal/victim-assistance/protocols.htm>) and it in, LAP was promoted as a best practice to be utilized by all law enforcement agencies in the state.

2014-2015 ACTIVITIES

In 2014, a LAP Steering Committee (“Committee”), comprised of representatives from the Attorney General’s Office, law enforcement, the courts and advocacy communities, was created to assist the efforts of implementing the LAP statewide. The Committee met regularly during 2014 and 2015 to assess the status of the program and develop a strategy to move it forward. They focused primarily on outreach, training, and data collection.

Outreach

To assist these efforts, the Attorney General’s Office issued two Memos to Law Enforcement encouraging the use of LAP in law enforcement agencies across the state. Members of the LAP Steering Committee met with County Attorneys, attended county chief’s meetings and provided technical assistance to individual agencies in order to raise awareness about the LAP. The Committee continues to do outreach on the program with Police Chiefs, Court Personnel and other allied professionals.

The Committee approved a sample Standard Operating Procedure (SOP) that they have shared with law enforcement agencies. The Committee also created a page on the Attorney General’s Office website about the LAP <http://doj.nh.gov/criminal/victim-assistance/lethality-assessment-program.htm>.

Training

In the fall of 2014, 23 trainings were held on the LAP and the new criminal domestic violence statute (Joshua’s Law). Over 650 individuals from law enforcement, advocacy and prosecution communities attended those trainings. A workshop on the LAP was also held at the 2015 statewide Partnering for a Future Without Violence Conference.

In 2014 the training offered at the law enforcement recruit academy was revamped to include a lecture based overview of the screening tool and a scenario based training segment. The practical consists of an officer responding to a 911 hang up call. They meet with an alleged victim of domestic violence. Upon investigating the incident they must identify the primary aggressor and obtain sufficient facts to determine if the screening tool would be appropriate. Once that decision is made they then screen the victim and call the advocate on the phone. With the generous help of the AmeriCorps Victim Assistance Program members and advocates from across the state, all full time recruit officers have received the LAP training (approximately 360 officers) during this reporting period.

Data Collection

The LAP Steering Committee decided it was important to collect data from both law enforcement agencies, as well as crisis centers, to get a better picture of how the LAP was working in communities throughout the state. The Committee discussed what data they wanted to collect and created an online data collection tool for law enforcement to report their data on a quarterly basis, effective January 1, 2015.

The crisis centers had already been documenting contacts they had with victims as a result of a LAP screen. The Committee worked with the New Hampshire Coalition Against Domestic and Sexual Violence on a mechanism for the getting aggregate crisis center data, also on a quarterly basis.

Below is the data that was reported for 2015.

New Hampshire Lethality Assessment Program (LAP)					
2015 Data					
	Law Enforcement Data				Crisis Center Data
	# of screens initiated	# of screens completed	# of victims screened in as high danger	# of victims that spoke to advocate	# of victims that utilized follow-up crisis center services
Quarter 1 (1/1 – 3/31/15) 52 towns reporting	459	275 (60%)	153 (56%)	76 (50%)	61
Quarter 2 (4/1-6/30/15) 45 towns reporting	219	197 (90%)	90 (46%)	49 (54%)	51
Quarter 3 (7/1-9/30/15) 54 towns reporting	280	262 (94%)	158 (60%)	77 (49%)	54
Quarter 4 (10/1-12/31/15) 68 towns reporting	265	244 (92%)	139 (57%)	72 (52%)	42
Total	1,223	978 (80%)	540 (55%)	274 (51%)	208

When compared to the Maryland LAP data (*Lethality Assessment Program: Maryland LAP, Maryland Annual Report Summary, January-December, 2015* (<http://mnadv.org/lethality/lap-maryland/>) New Hampshire's overall percentage of victims screening in as high danger (55%) is slightly higher than what Maryland reported (54% and 52% calendar year 2014 and 2015 respectively). New Hampshire's percentage of victims that spoke to an advocate (51%) was comparable to Maryland's 2014/2015 data (51%/45%).

NEXT STEPS

The LAP Steering Committee continues to meet to discuss implementation issues, including outreach to law enforcement agencies that are not currently participating in LAP.

One of the goals for 2016 will be to conduct additional trainings. The Committee will explore providing both in person and online training opportunities for law enforcement and advocates. The Committee will also be looking to expand its training capacity by identifying additional LAP trainers throughout the state.

STEERING COMMITTEE

For a list of the LAP Steering Committee See **Appendix C**.

IV. NEW HAMPSHIRE DOMESTIC VIOLENCE HOMICIDE DATA 2014-2015

This report presents detailed domestic violence homicide data for the report period of **2014-2015**. It also includes both domestic violence and stalking Court data and victim service data from the New Hampshire Coalition Against Domestic and Sexual Violence from **the same time period**. Some of the available aggregate data on domestic violence related homicides in New Hampshire for the period of **2009-2015** is also included.

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

Domestic violence is having a profound effect on the citizens of New Hampshire. Between **2014** and **2015**, eighteen people lost their lives to domestic violence homicide. New Hampshire has a relatively low homicide rate compared to the national average so it is a relatively “safe” place to live, however being in an intimate relationship can prove to be a fatal factor. In the reporting period, domestic violence was a causal factor in **83%** of the state’s **murder/suicides**.

WHERE

The highest domestic violence homicide rates are in Hillsborough, Grafton and Strafford Counties. Hillsborough had the highest rate per capita at **2.7 per 100,000K**. Home can be a dangerous place for a domestic violence victim, **76%** of domestic violence homicides occurred in either the victim’s residence or a shared residence with the offender.

HOW

Firearms, which include handguns and long guns, were involved in **44%** of the cases. Of the domestic violence homicide cases where a firearm was used, **100%** involved a handgun. Other causes of death in domestic violence homicides include **blunt force impact** at **28%** closely followed by **strangulation** in **22%** of the cases.

WHO

Women were victims in roughly 4 out of 5 domestic violence homicides. If the victim was killed by a **partner**, in **all** of the cases the victim was **female**. If the victim was killed by a family member **33%** of the victims were **male**.

KEY FACTS ABOUT THE DATA

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

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

1 NEW HAMPSHIRE HOMICIDES* 2009-2015

Year	# of Homicides Handled by Attorney General's Office ¹	# of Domestic Violence Homicides ²	# Domestic Violence - Partner Homicides ³	# Domestic Violence Family Member Homicides ⁴	# Domestic Violence-Related Homicides ⁵	% of Homicides that are Domestic Violence ⁶	% of Homicides that are Domestic Violence - Partner Only ⁷	# Murder/Suicides	% Murder/Suicides that are Domestic Violence
2009	12	7	6	1	0	58%	50%	4	100%
2010	12	9	5	2	2	75%	42%	3	100%
2011	16	8	4	4	0	50%	25%	2	100%
2012	13	6	3	2	1	46%	23%	6	33%
2013	16	9	4	5	0	56%	25%	2	100%
2014	15	11	5	4	2	73%	33%	8	75%
2015	12	7	2	4	1	58%	17%	4	100%
Total	96	57	29	22	6	59%	31%	29	87%

CHART 1

Chart 1 is intended to provide some historical data for the most recent seven years. In total, there were **98** homicides that occurred in New Hampshire and of those, **58%** were as a result of domestic violence. This percentage has fluctuated from a low of **46%** in **2012** to a high of **75%** in **2010**, followed closely by **73%** in **2014**.

The chart also illustrates that while murder suicides account for only **30%** of the **total** number of homicides in the state between **2009** and **2015**, in **87%** of the **domestic violence homicides** a suicide also occurred.

¹ This number does not include deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside of the jurisdiction of the Attorney General's (AG's) office. The AG's jurisdiction tends to include 1st and 2nd degree murders.

² This number includes all homicides that occurred as a result of domestic violence, including those committed by partners, family members or are otherwise domestic violence related.

^{3,4,5} See page 23 for definitions.

⁶ % of Homicides that are Domestic Violence = Total # Domestic Violence Homicides/ Total Homicides Handled by Office

⁷ % of Homicides that are Domestic Violence - Partner Only = Total # Partner Homicides/ Total Homicides Handled by Office

2 PROPORTION OF DOMESTIC VIOLENCE HOMICIDES* 2014-2015

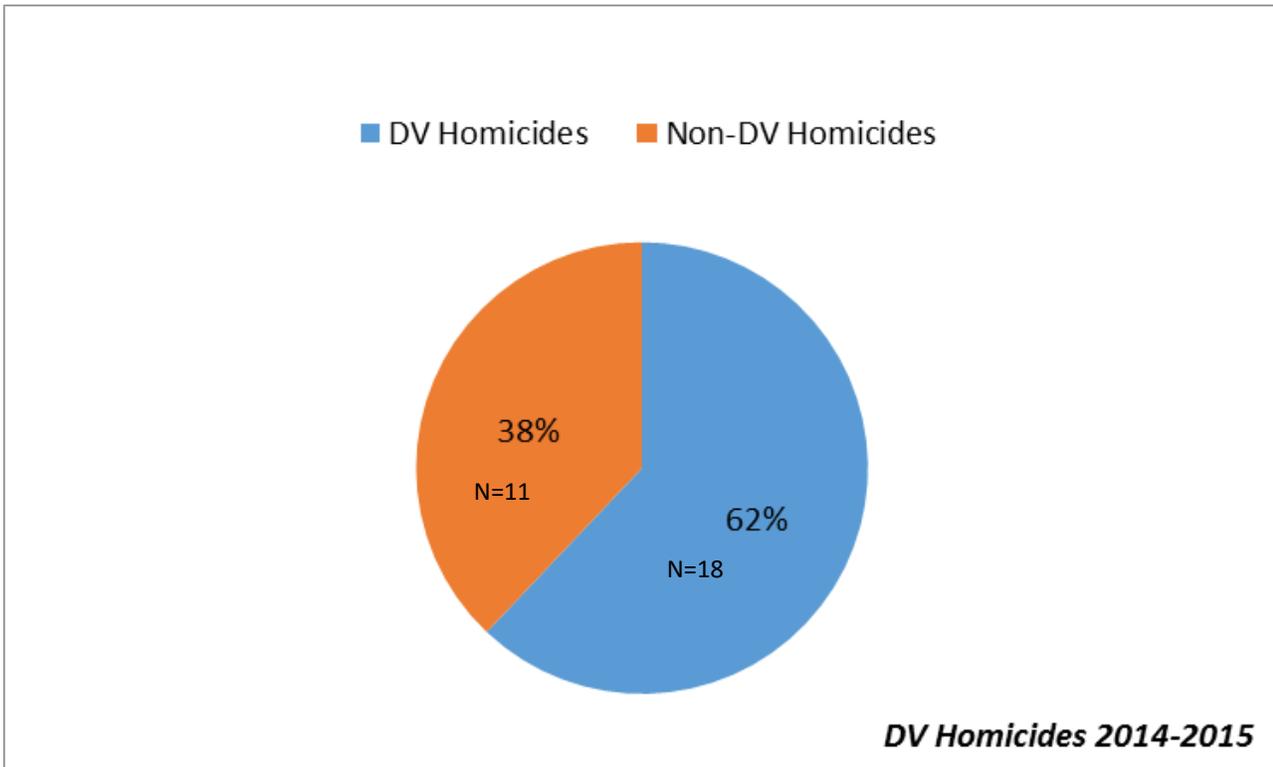


CHART 2

Between **2014** and **2015** there were a total of **29** homicides in New Hampshire. Of those, **18 (62%)** homicides were related to domestic violence, which accounts for almost **two-thirds** of the homicides.

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

3 DOMESTIC VIOLENCE HOMICIDES BY COUNTY* 2014-2015

County	2014 -2015
Belknap	0
Carroll	0
Cheshire	0
Coos	0
Grafton	2
Hillsborough	12
Merrimack	0
Rockingham	2
Strafford	2
Sullivan	0
Total	18

4 DOMESTIC VIOLENCE HOMICIDES BY COUNTY PER CAPITA* 2014-2015

County	Rate per Capita (100,000)
Belknap	0.0
Carroll	0.0
Cheshire	0.0
Coos	0.0
Grafton	2.2
Hillsborough	2.7
Merrimack	0.0
Rockingham	0.7
Strafford	1.6
Sullivan	0.0

CHARTS 3 & 4

Between **2014** and **2015**, there were a total of **18** victim deaths due to domestic violence in New Hampshire. As is seen in **Charts 3 and 4**, the frequency of homicides are concentrated in **four** counties of New Hampshire, the most occurring in Hillsborough County which has the highest population. There were **6** counties that did not have any domestic violence homicides during this time.

CHARTS 5&6

For the purposes of **Charts 5 & 6**, only the victims of the homicide are counted.

For the reporting period of **2014** and **2015**, murder-suicides made up **41%** (12 of the 29) of the homicides that occurred. Whereas only **18%** of non-domestic violence homicide victims were victims of murder-suicides in New Hampshire between **2014-2015** (2 non-domestic violence murder/suicide/11 non-domestic violence homicide victims), **56%** of victims of domestic violence homicides were murder-suicide victims during this same time frame (10 domestic violence murder/suicide victims of 18 domestic violence victims).

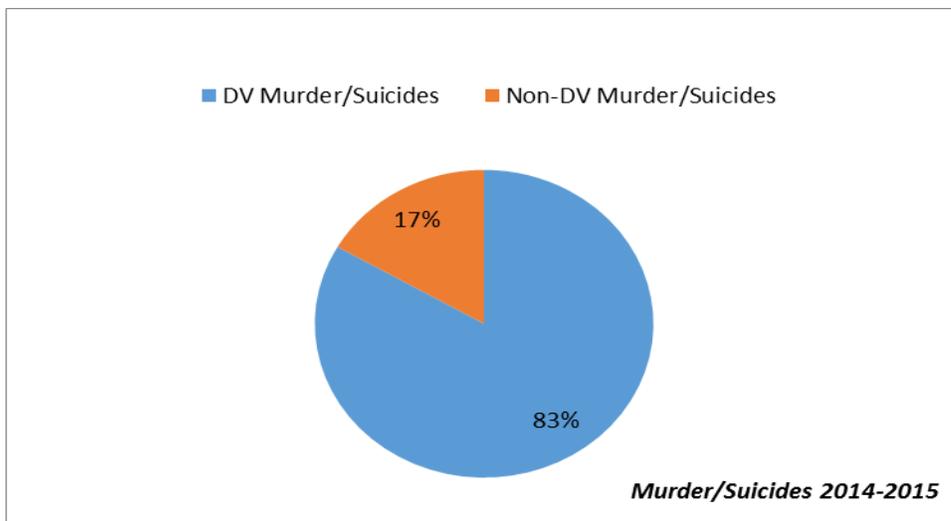
Additionally, as is seen in **Chart 6**, **83%** of murder-suicide victims in New Hampshire between **2014** and **2015** were killed by a partner, family member or were domestic violence related.

The overwhelming majority of offenders of murder-suicides in New Hampshire were **male (10)**, with only **one** of offenders of these types of homicides in **2014-2015** being **female**.

5 COMPARISON OF MURDER- SUICIDES* 2014-2015

Year	Total # of Homicides	Total Number of Murder/Suicide Victims	# of Domestic Violence Murder/ Suicide Victims	# of Non-Domestic Violence Murder/ Suicide Victims
2014	15	8	6	2
2015	14	4	4	0
Total Victims	29	12	10	2

6 MURDER SUICIDES* 2014-2015



7 LOCATION OF DOMESTIC VIOLENCE HOMICIDES* 2014-2015

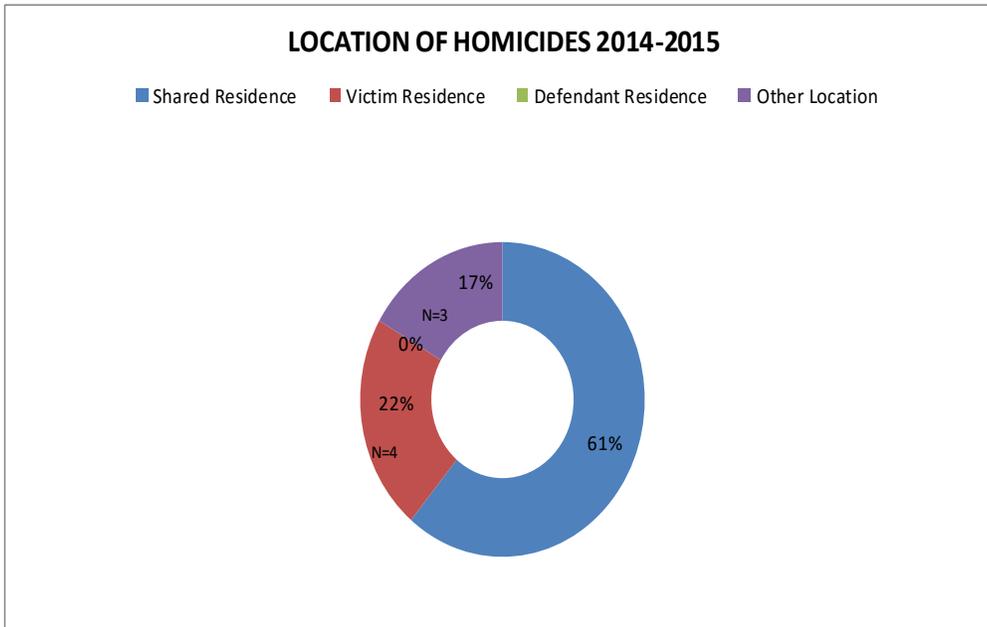


CHART 7

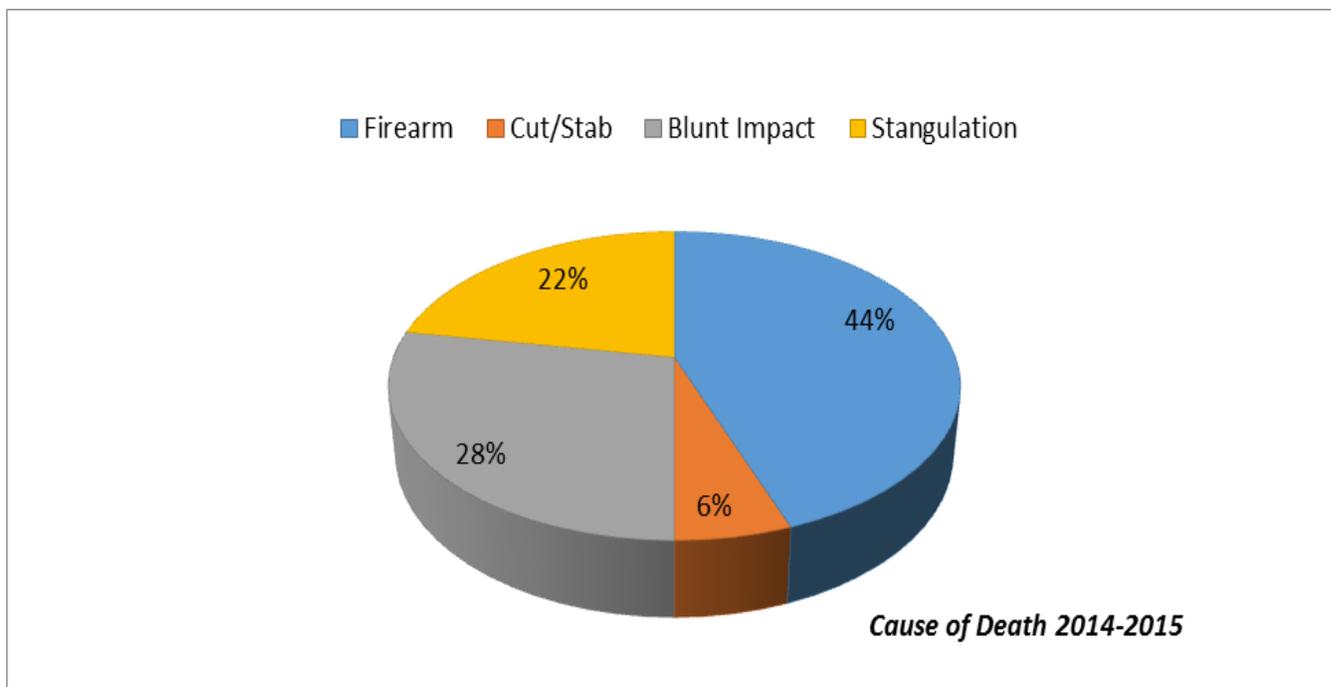
Domestic violence homicide victims were murdered predominately in their shared residence with the offender, or at the victim's residence. In comparison, non-domestic violence homicides are frequently in the victim's home or a variety of other locations.

8 HOMICIDE CAUSE OF DEATH* 2014-2015

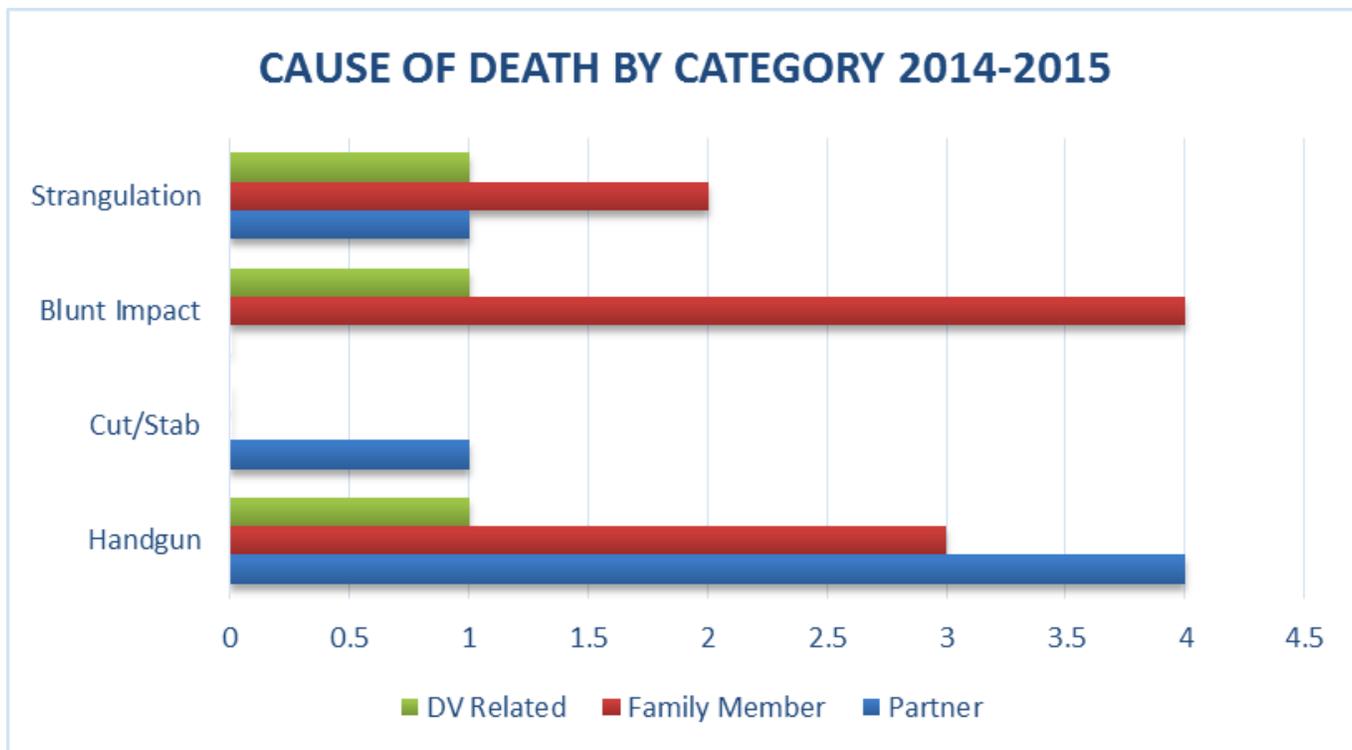
Cause of Death	Domestic Violence Homicide Victims	Non-Domestic Violence Homicide Victims
Firearm	8	7
<i>Hand Gun</i>	<i>8</i>	<i>5</i>
<i>Long Gun</i>	<i>0</i>	<i>2</i>
Cut/Stab	1	3
Blunt Impact	5	0
Strangulation	4	1
Total	18	11

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

9 DOMESTIC VIOLENCE HOMICIDES CAUSE OF DEATH* 2014-2015



10 CAUSE OF DEATH BY CATEGORY 2014-2015



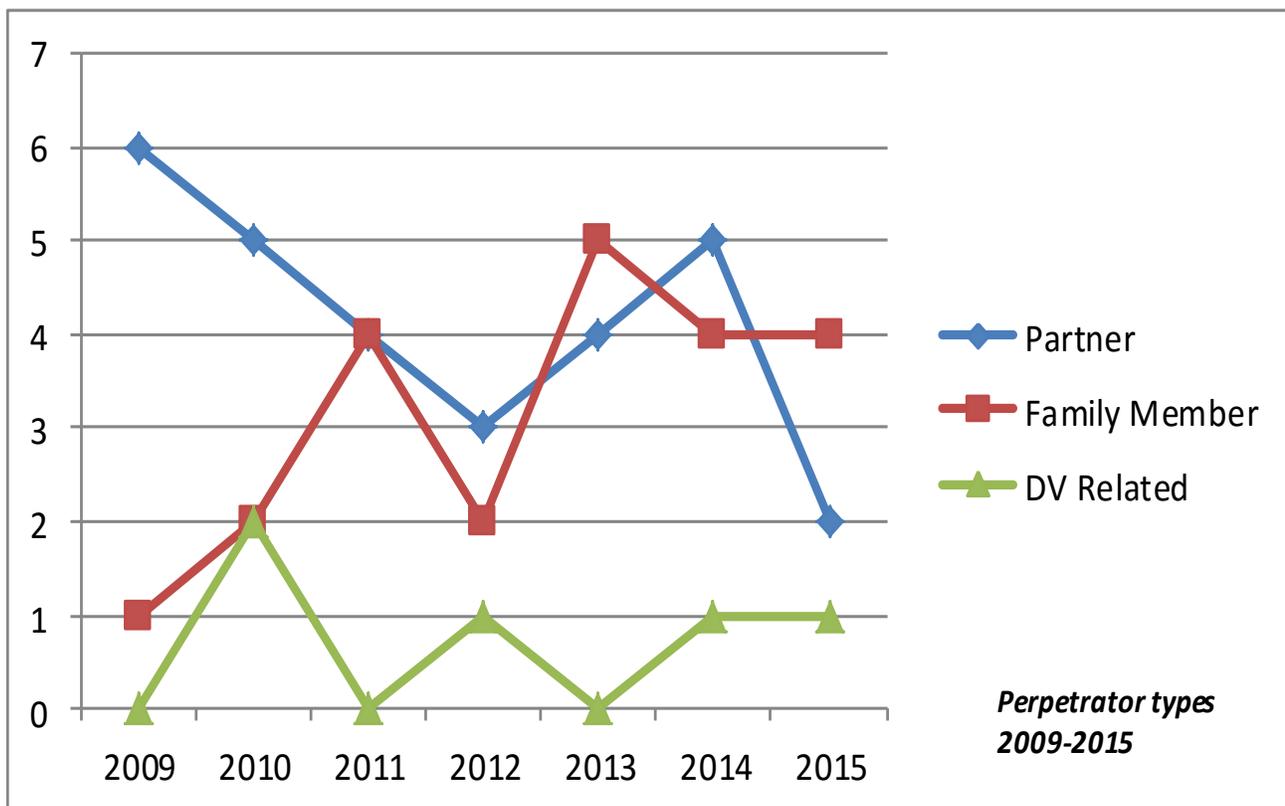
CHARTS 8,9&10

Firearms are the most common cause of death in both domestic violence homicides and non-domestic violence homicides. **44%** of domestic violence and **64%** of non-domestic violence homicides involved a firearm.

Blunt impact was the second leading cause of death, accounting for **28%** of the domestic violence homicides followed closely at third with **strangulation** at **22%**.

Chart 10 shows that for partner homicides, the manner of death by both blunt impact and firearms were equal at 4 each. Strangulation was the leading cause of death in family member homicides.

11 RELATIONSHIP TYPES IN DV HOMICIDES 2009-2015



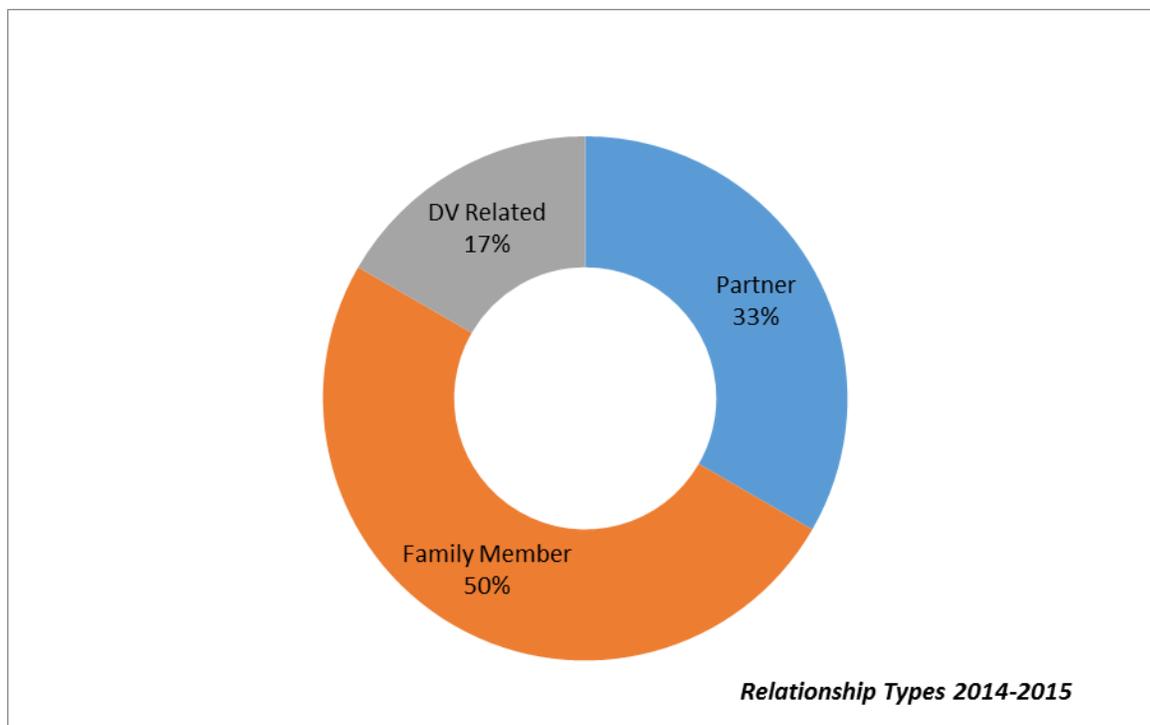
Partner homicides are current or prior intimate relationship, including spouses, unmarried cohabitators and ex's.

Family member homicides include incidents committed by and against family members but exclude intimate partners (e.g., when a parent kills a child). This also includes people not biologically related but function in a role as a family member in the victim's life (i.e. step-parent, mother's boyfriend etc.)

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

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

12 RELATIONSHIP TYPES IN DV HOMICIDES * 2014-2015



CHARTS 11&12

Between **2014** and **2015**, **50%** of the domestic violence homicide victims were killed by a family member, with partner making up over a **third** of all domestic violence homicide relationship types. This does seem quite a bit different from the **2001-2010** data (*NHGCDV, 2012*) but is consistent with the **2011-2013** data reported in the **2013** Domestic Violence Fatality Review Committee Report. This may indicate a shift in types of cases, but is just as likely that it is just an anomaly, as the total number of cases between **2014** and **2015** is small.

Chart 11 shows that homicides committed by family members peaked in **2013** with **5** and remained steady in **2014** and **2015** with **4** each year. In both **2013** and **2015** there were more homicides committed by families members than partners.

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

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

13

VICTIM AND PERPETRATOR GENDER* 2014-2015

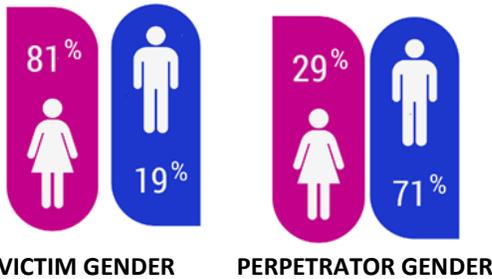


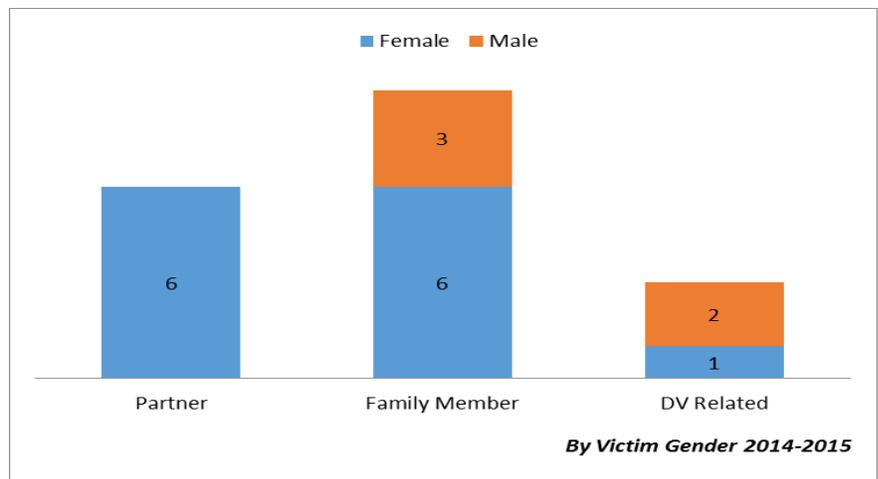
CHART 13

Roughly **4 out of 5** victims in domestic violence homicides between **2014** and **2015** were female. Nearly **3 out of 4** perpetrators of domestic violence homicides are male.

14 RELATIONSHIP TYPES BY VICTIM GENDER* 2014-2015

CHART 14

During this reporting period all the victims in partner homicides were female. Females were twice as likely to be a victim of a family member homicide, where male victims doubled female victims in domestic violence related homicides.



15 RELATIONSHIP TYPE BY PERPETRATOR GENDER * 2014-2015

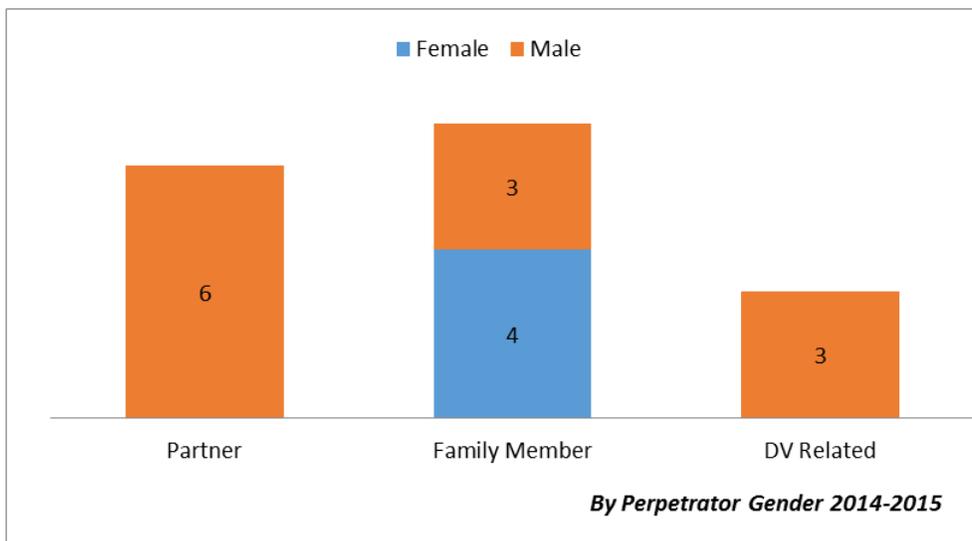
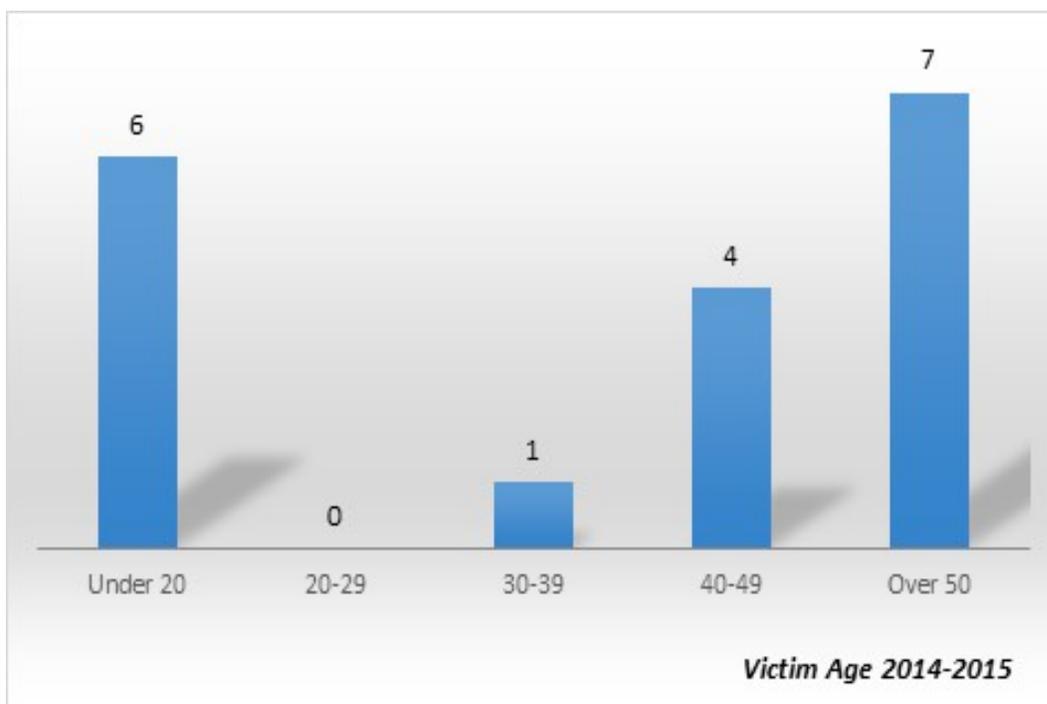


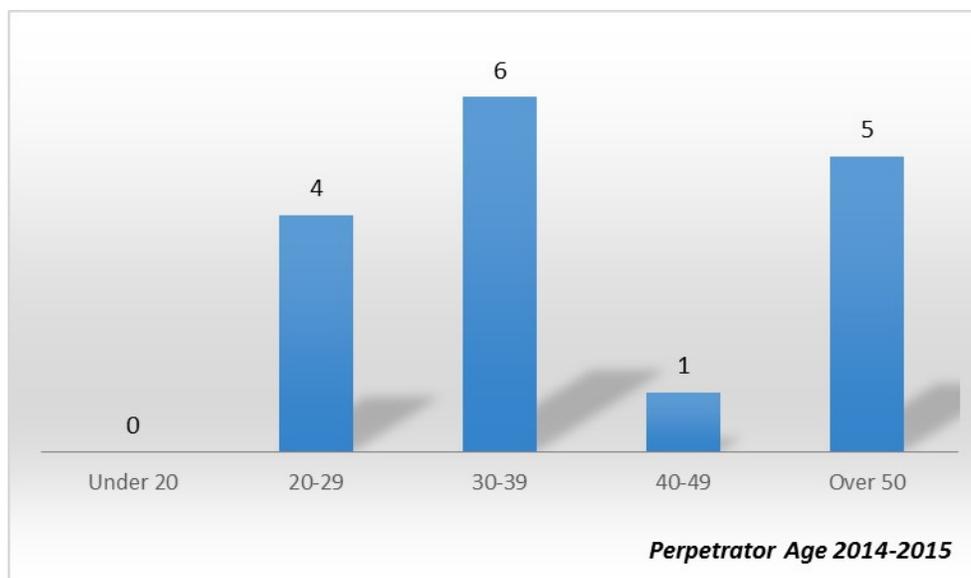
CHART 15

Male offenders are solely responsible for the partner and domestic violence related homicides in **2014** and **2015**. The majority of offenders in domestic violence homicide incidents with a relationship type of family member were female (**57%**).

16 VICTIM AGE * 2014-2015



17 PERPETRATOR AGE * 2014-2015



CHARTS 16&17

For this reporting period, domestic violence homicide victims tend to be either over 50 or under 20 years old. All of the 6 victims in the under 20 category, were under the age of 9. The age group most responsible for domestic violence homicides is 30-39, accounting for 38% of the perpetrators.

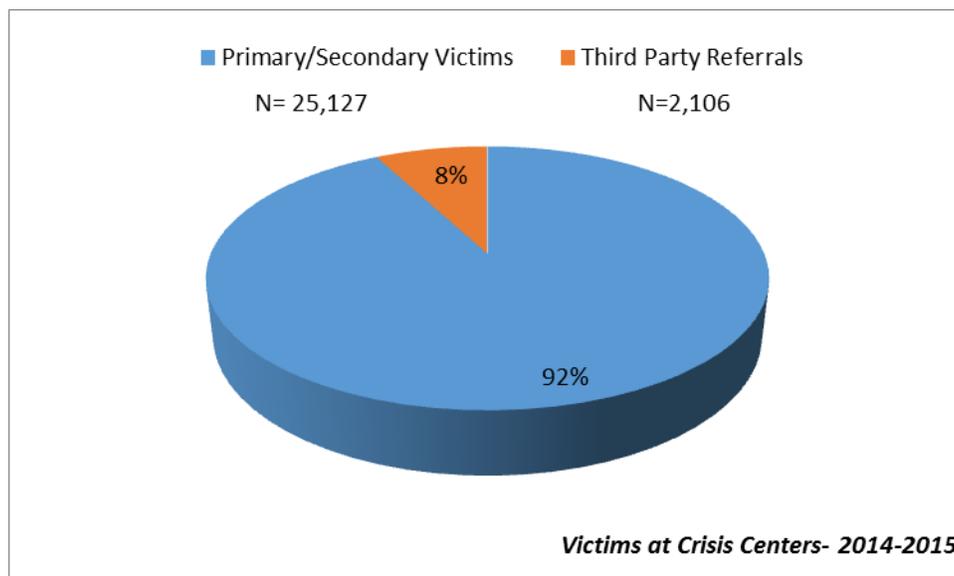
V. NEW HAMPSHIRE COALITION AGAINST DOMESTIC & SEXUAL VIOLENCE CRISIS CENTER DATA, 2014-2015

The New Hampshire Coalition Against Domestic and Sexual Violence (“Coalition”) is made up of an administrative office and 13 member programs which run crisis centers and emergency shelters for victims and their children of domestic violence, sexual assault and stalking across the state of New Hampshire. The crisis centers and emergency shelters provide direct services, support and advocacy to victims of abuse and their children. Also, in an effort to be proactive and stop violence before it occurs, the Coalition member

programs develop and deliver prevention initiatives to the citizens of New Hampshire, through outreach and educational programs. The Coalition partners with law enforcement, prosecution, state and local agencies, and social service and community-based support systems to promote safety and well-being in our New Hampshire communities. The following data was compiled by the Coalition, derived from its victim database.

18

VICTIMS SERVED AT NEW HAMPSHIRE CRISIS CENTERS & SHELTERS 2014-2015



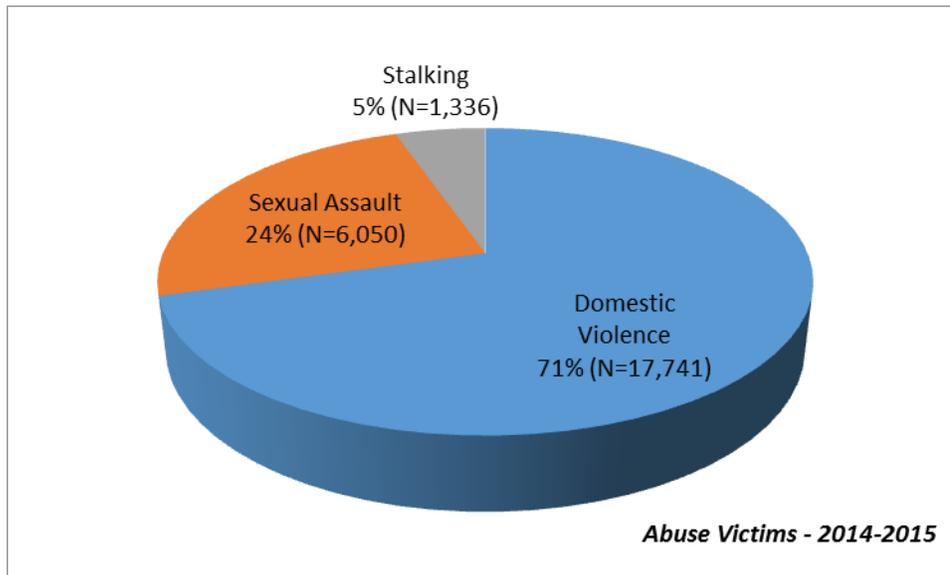
Primary Victim is a person, of any age or gender, who self identifies as having experienced domestic violence, sexual violence, stalking, or bullying or is determined to be a victim through member program screening. This includes adult intimate partner abuse, child abuse and child exposure.

Secondary Victim is a person who is emotionally

affected by the primary victim’s situation by virtue of having a close relationship/attachment, e.g. intimate partner, family member, friend, teacher, etc.

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

19 ABUSE TYPES OF PRIMARY/SECONDARY VICTIMS 2014-2015



CHARTS 18&19

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

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

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

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

20 DOMESTIC VIOLENCE TYPES OF PRIMARY/SECONDARY VICTIMS 2014-2015

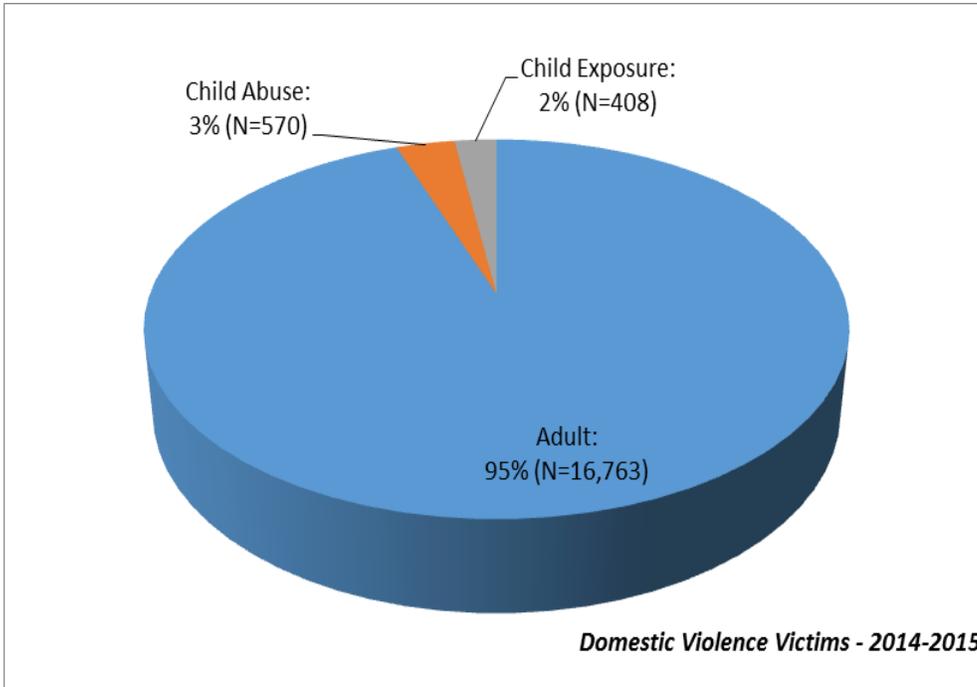


CHART 20

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

21 GENDER OF DOMESTIC VIOLENCE PRIMARY/SECONDARY VICTIMS 2014-2015

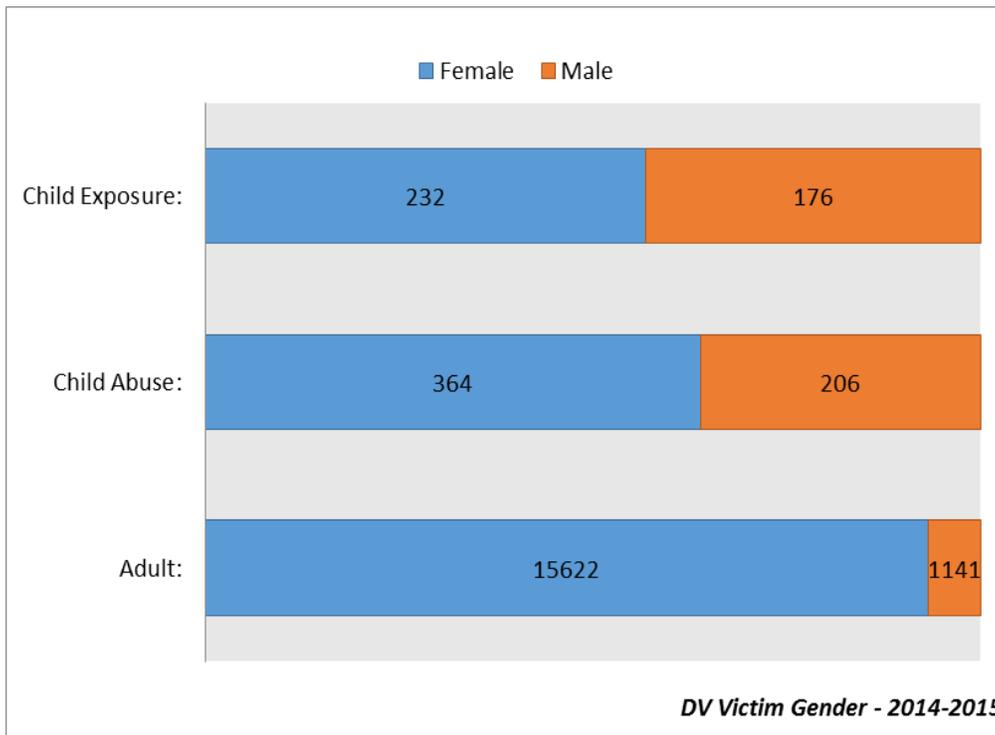


CHART 21

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

22 AGE OF DOMESTIC VIOLENCE PRIMARY/SECONDARY VICTIMS 2014-2015

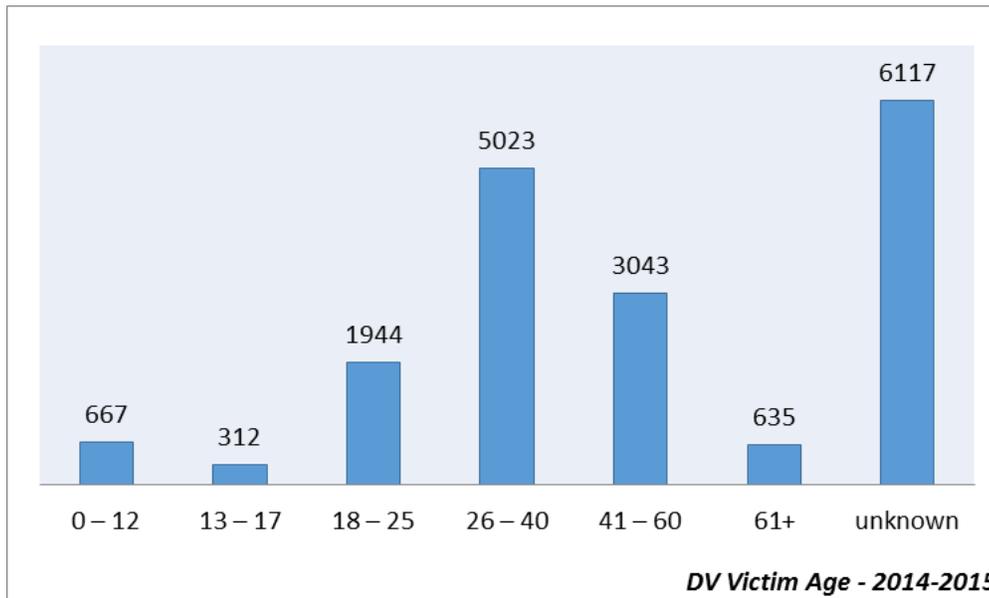


CHART 28

While we do not know the ages of about one-third of primary victims, of those we do, most are in their adult years. However, **6%** of primary victims were under the age of **12** and **2%** were between the ages of **13 & 17**.

23 SEXUAL VIOLENCE TYPES OF PRIMARY/SECONDARY VICTIMS 2014-2015

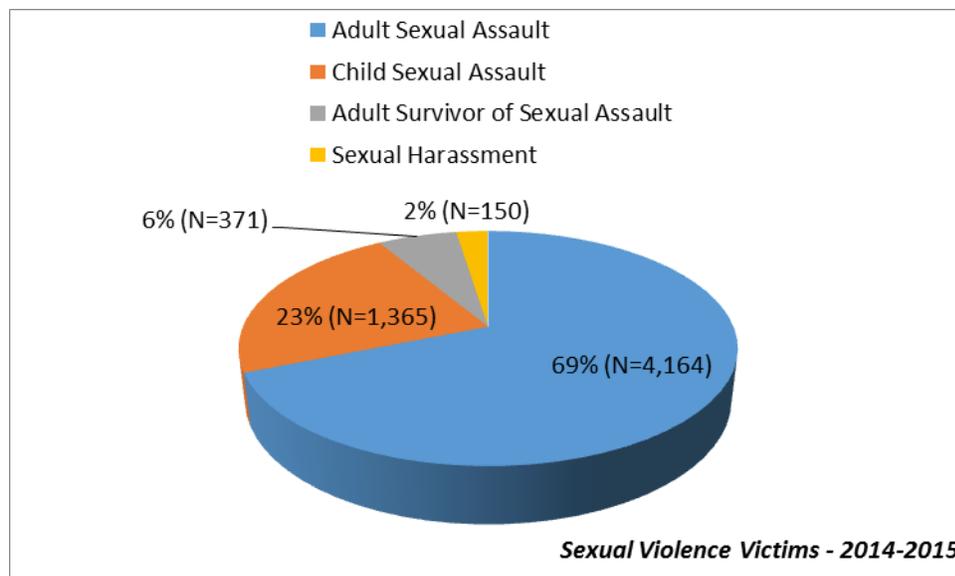


CHART 23

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

24 AGE OF SEXUAL VIOLENCE PRIMARY/SECONDARY VICTIMS 2014 - 2015

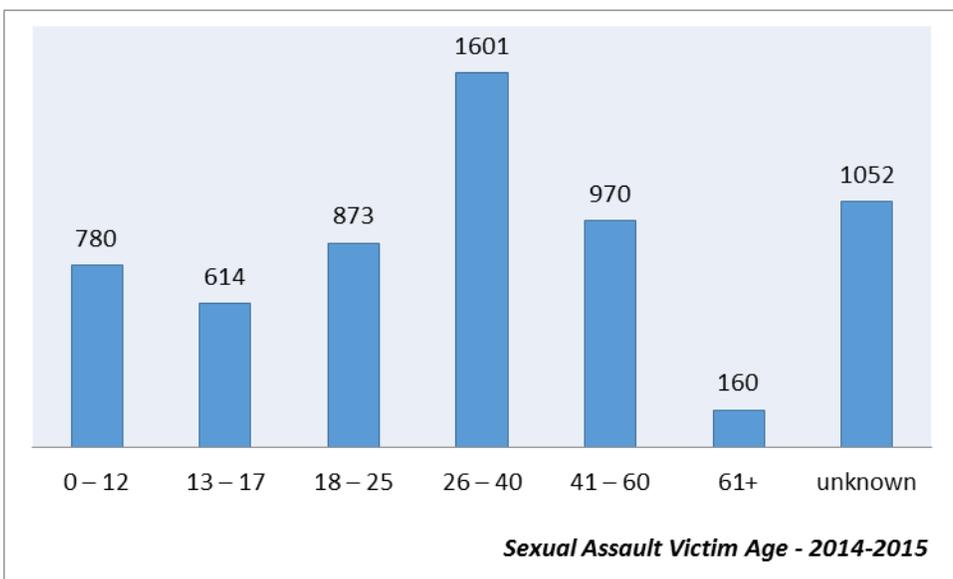


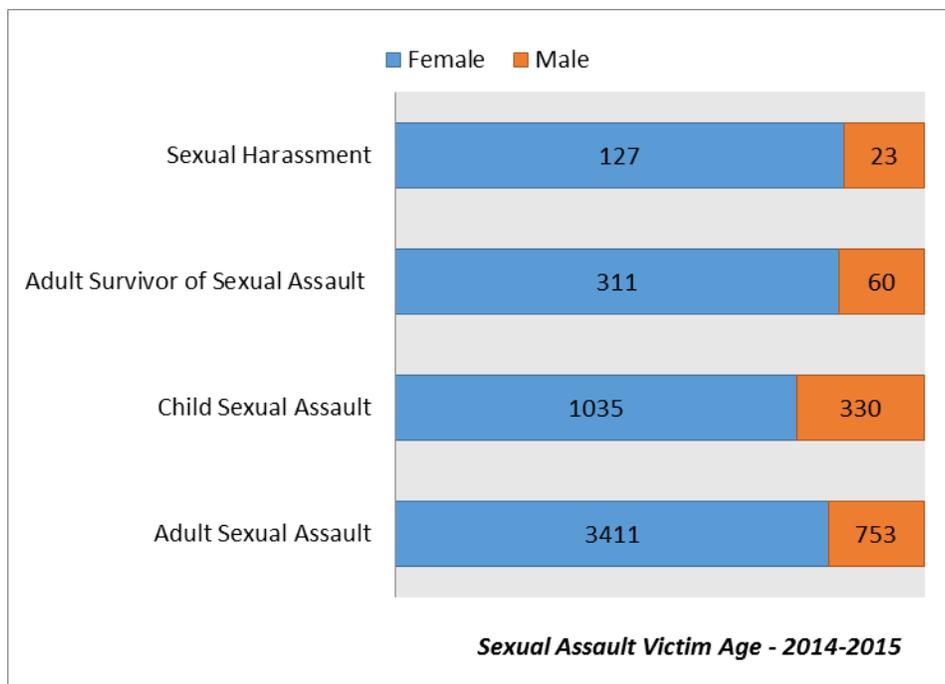
CHART 24

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

25 GENDER OF SEXUAL VIOLENCE PRIMARY/SECONDARY VICTIMS 2014-2015

CHART 25

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



26 GENDER OF STALKING VICTIMS 2014-2015

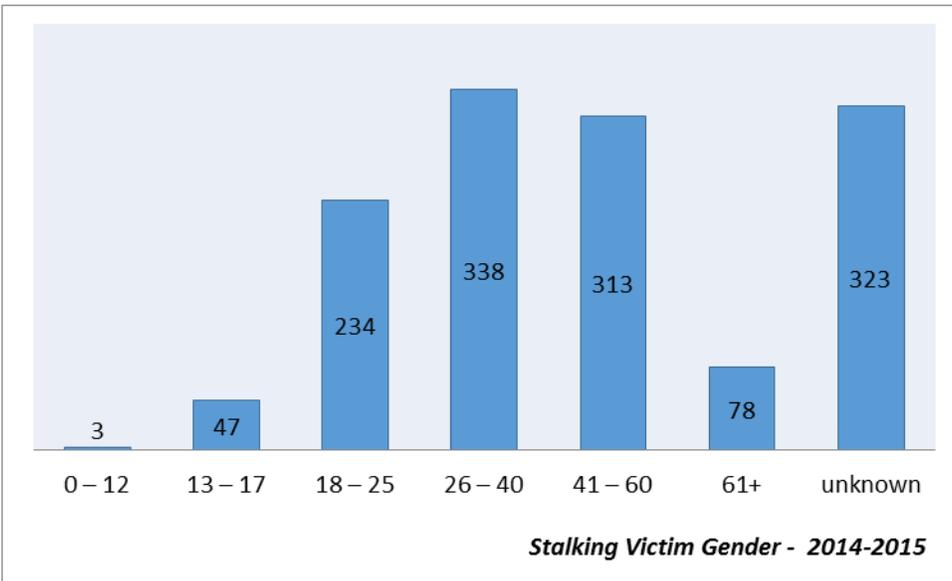
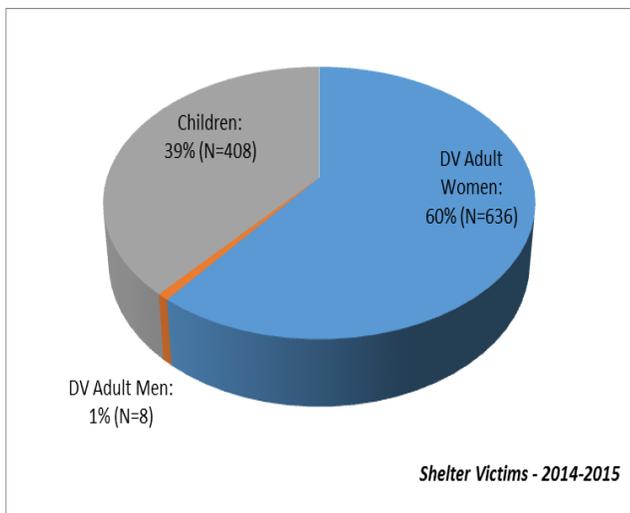


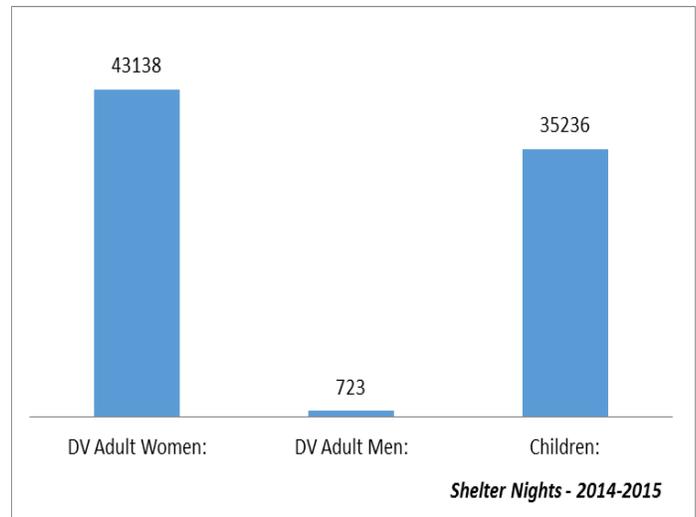
CHART 26

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

27 INDIVIDUALS PROVIDED SHELTER 2014-2015



28 NUMBER OF NIGHTS SPENT IN SHELTER 2014-2015



CHARTS 27&28

During this reporting period, the majority of victims seeking shelter were women. Shelters are often full, and families are staying for several months. This can impact the number of people who are able to receive shelter. The number of nights spent in shelter continues to grow. This has been an ongoing trend for several years.

VI. NEW HAMPSHIRE JUDICIAL BRANCH VIOLENCE AGAINST WOMEN DATA, 2014-2015

KEY FACTS ABOUT CIVIL DOMESTIC VIOLENCE CASES

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

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

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

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

The decision may be to either:

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

If a final hearing is scheduled, the **defendant** (person against whom the order is issued) is notified by the court regarding the allegations and that a temporary order has been issued. At the final hearing, the judge hears arguments from both parties, and then typically issues a final order either dismiss-

ing the case or granting a **final order of protection** (which will expire in one year).

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

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

PROTECTIVE ORDERS IN CRIMINAL CASES

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

KEY POINTS ABOUT THE DATA

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

Merrimack County data includes cases from the 6th Circuit Court in Franklin. This court's jurisdiction extends to Tilton and Sanborton, town physically location in Belknap. Cheshire County data includes cases from the 8th Circuit Court in Jaffrey, which includes Temple, Greenville, Greenfield, New Ipswich and Peterborough, towns in Hillsborough County. Rockingham County data includes cases from the 10th Circuit Court in Salem, which also includes Pelham, a town in Hillsborough county.

29 DV EMERGENCY/TELEPHONIC PROTECTIVE ORDERS GRANTED 2014-2015

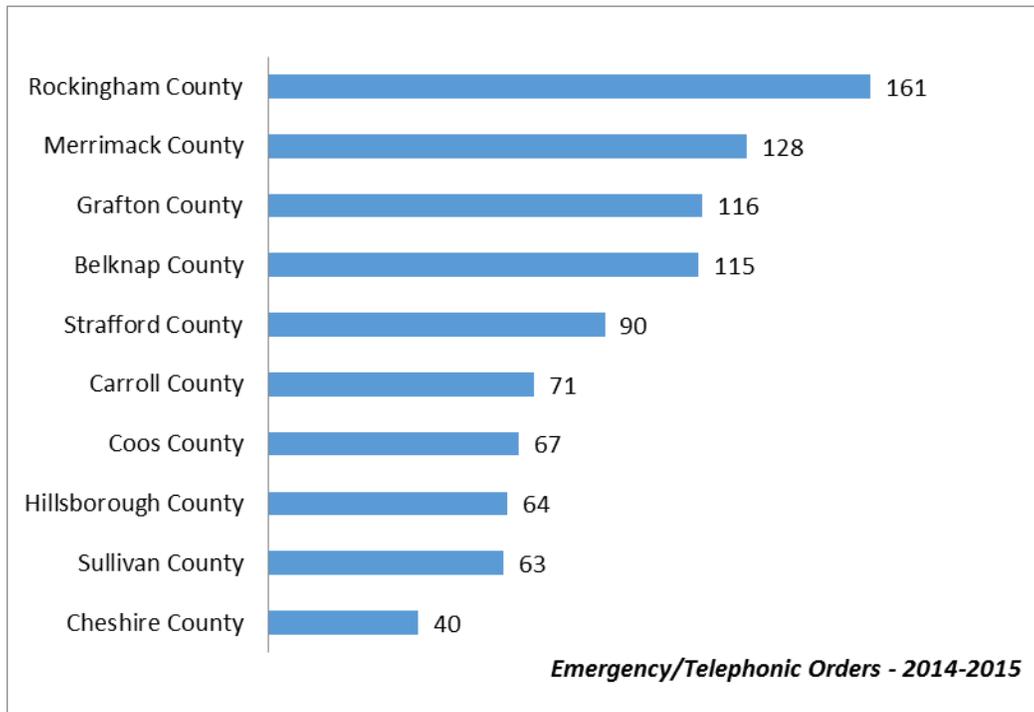


CHART 29

There were **443** domestic violence emergency/telephonic protective orders granted in New Hampshire in **2014** and **472** in **2015**, for a total of **915**. The frequency of these orders varies considerably by county.

It should be noted, in addition to this civil option for protection, a criminal bail protective order (CBPO) may also be issued following a domestic violence incident. This may account for the low rates of emergency protective orders in some counties (see **Chart 43** for rates of CBPOs).

30 DV PETITIONS FILED 2014-2015

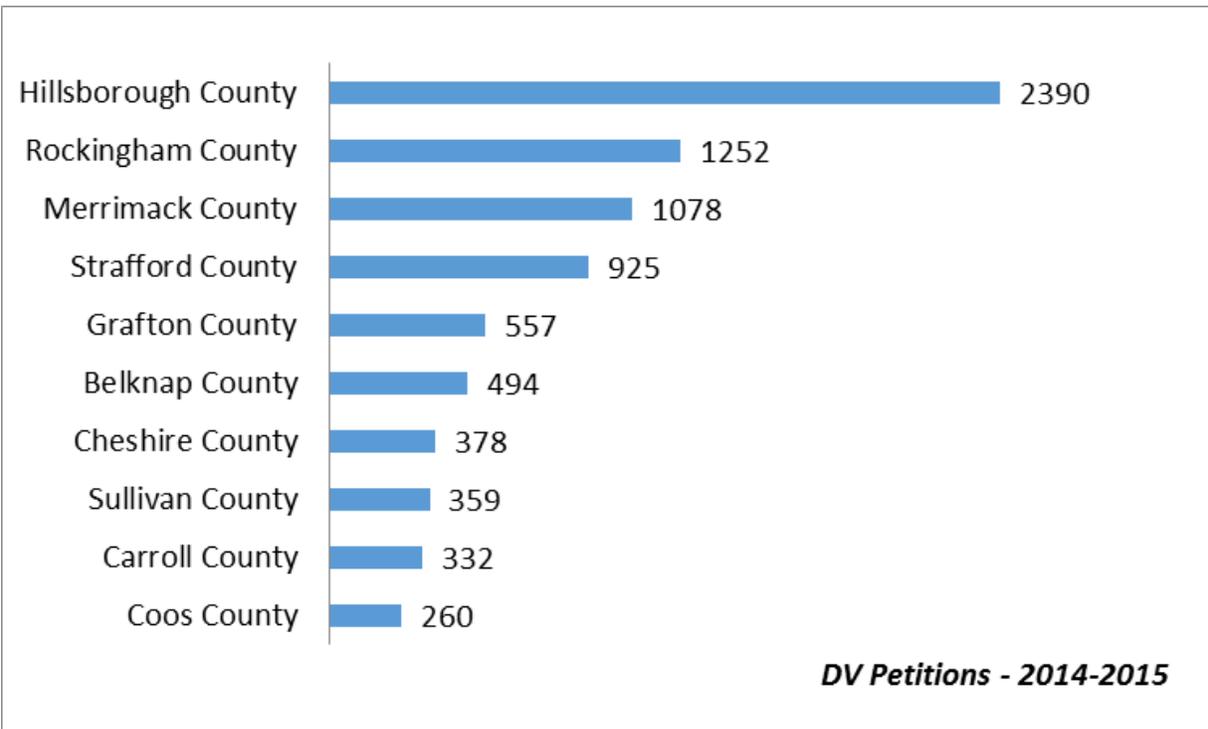


CHART 30

There were **3,963** civil domestic violence petitions filed in New Hampshire courts in **2014** and in **2015 4,062** were filed, for a total of **8,025**. **Chart 30** shows the highest number of petitions were filed in Hillsborough and Rockingham Counties, which are the more heavily populated areas of the state. The fewest petitions were filed in Coos and Carrol.

31 DV PETITIONS GRANTED AND DENIED 2014-2015

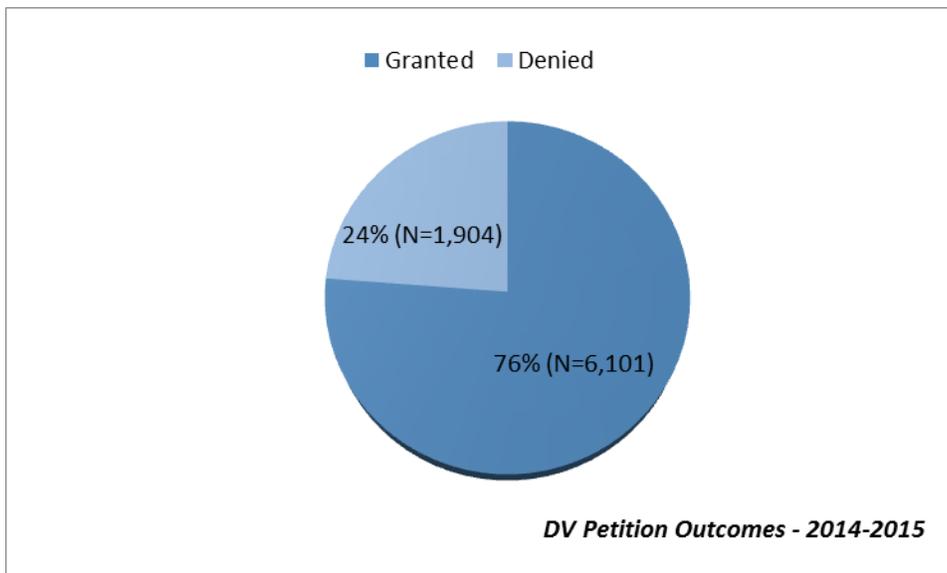


CHART 31

Three out of **four** civil domestic violence petitioners in **2014** and **2015** were granted a temporary order of protection.

32 DV FINAL ORDERS 2014-2015

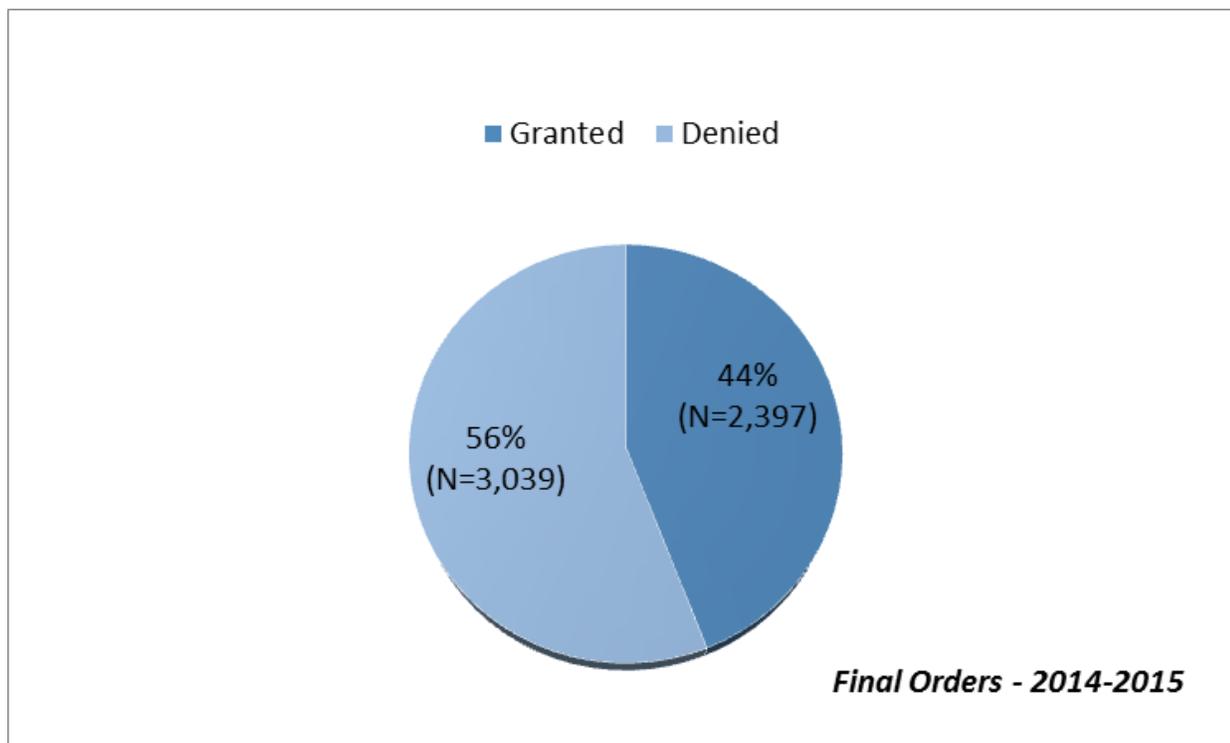
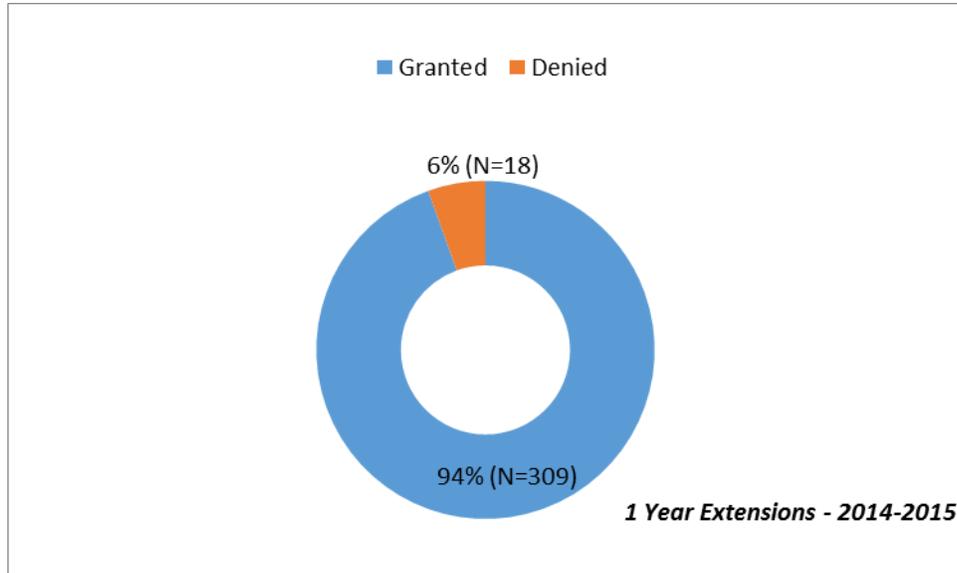


CHART 32

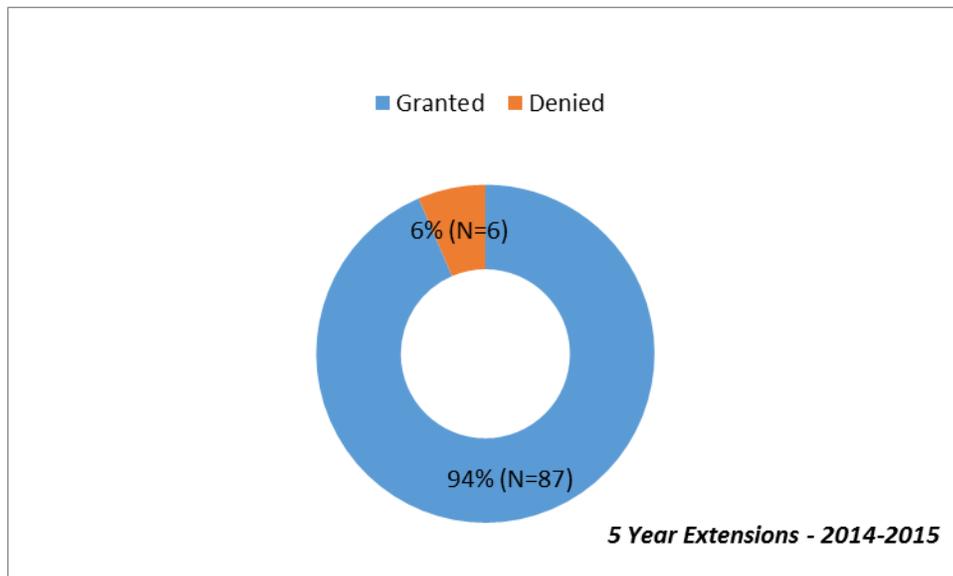
Of all the civil domestic violence cases containing a final hearing, **44%** were granted a final order of protection for **1 year**. Reasons for denial vary and may include parties' not appearing at the final hearing and failure to find that abuse occurred as defined by RSA 173-B.

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

33 DV 1 YEAR EXTENSION GRANTED & DENIED 2014-2015



34 DV 5 YEAR EXTENSION GRANTED & DENIED 2014-2015



CHARTS 33&34

During this reporting period **309** domestic violence civil protection orders were extended for **1 year** and only **18** were denied. **87** orders were granted a **5 year** extension and **6** were denied.

35 PLAINTIFF REPRESENTATION IN DV CASES 2014-2015

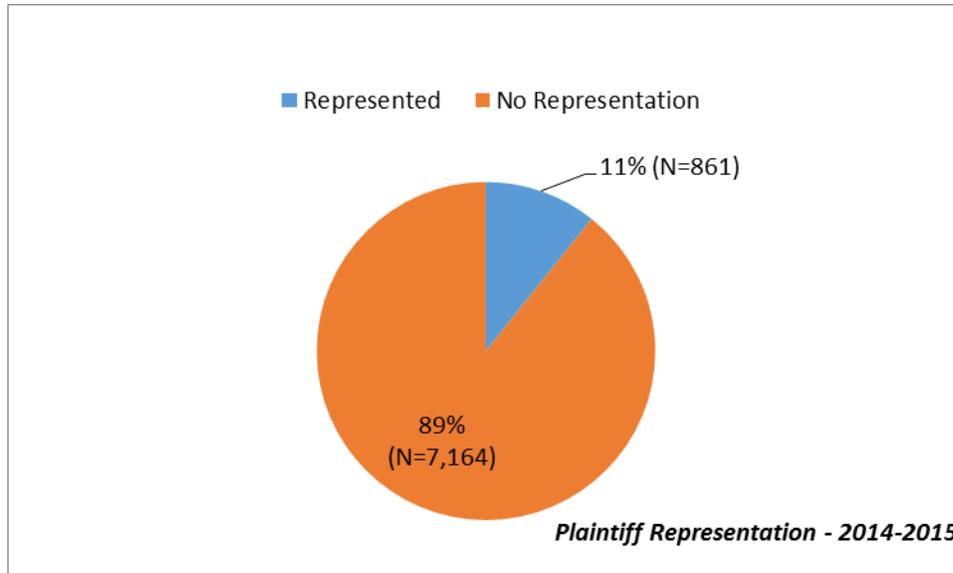
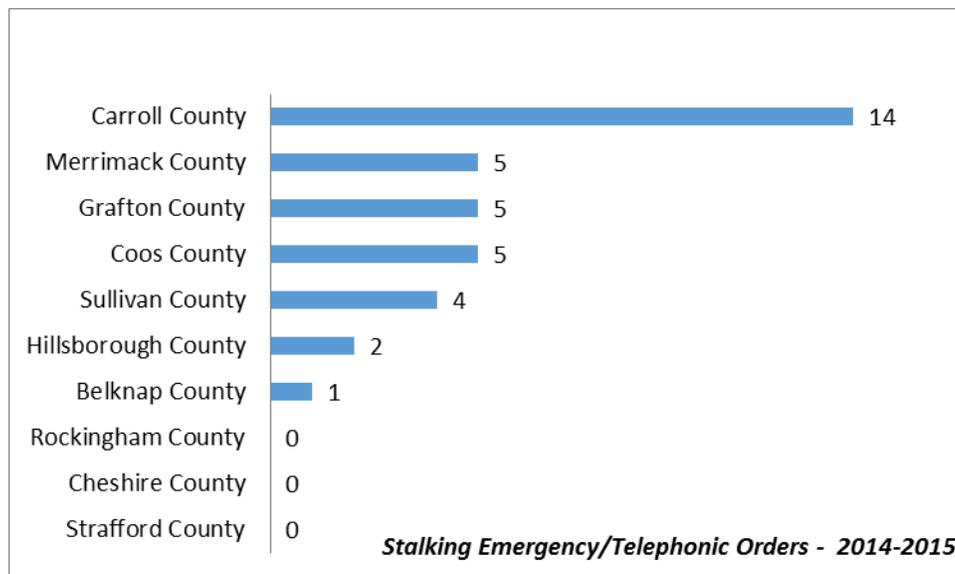


CHART 35

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

36 STALKING EMERGENCY TELEPHONIC ORDERS GRANTED 2014-2015



At times when courts are closed, victims may request a stalking emergency/telephonic protective order through the police department. These orders remain in effect until the end of the next court business day, at which time a plaintiff may file a civil stalking petition to request continued protection. There were **21** staking emergency/telephonic protective orders granted for stalking plaintiffs in **2014** and **15** in **2015**. The court typically only receives copies of the orders that have been granted by an on call judge; data regarding those that may have been requested and denied are not available.

37 STALKING PETITIONS FILED 2014-2015

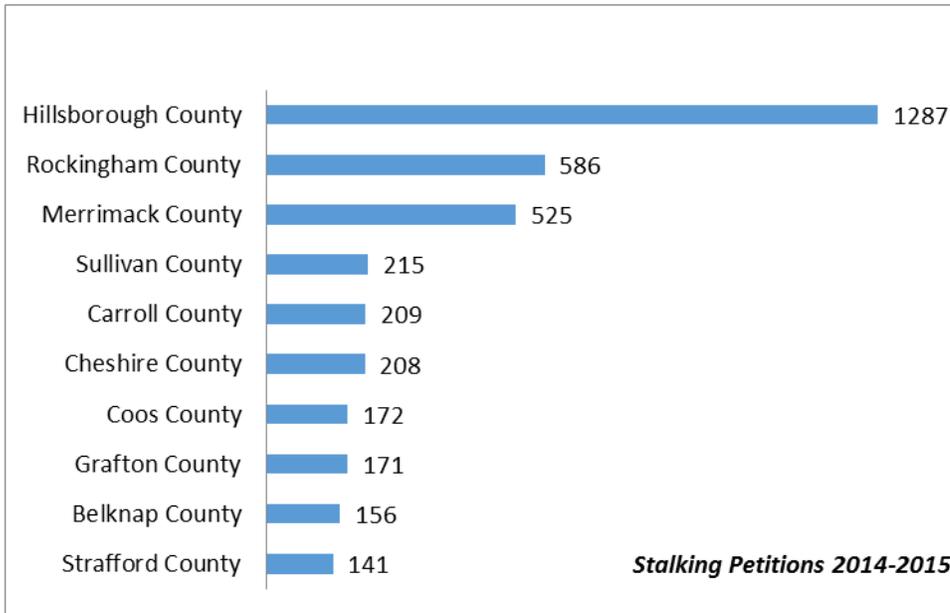


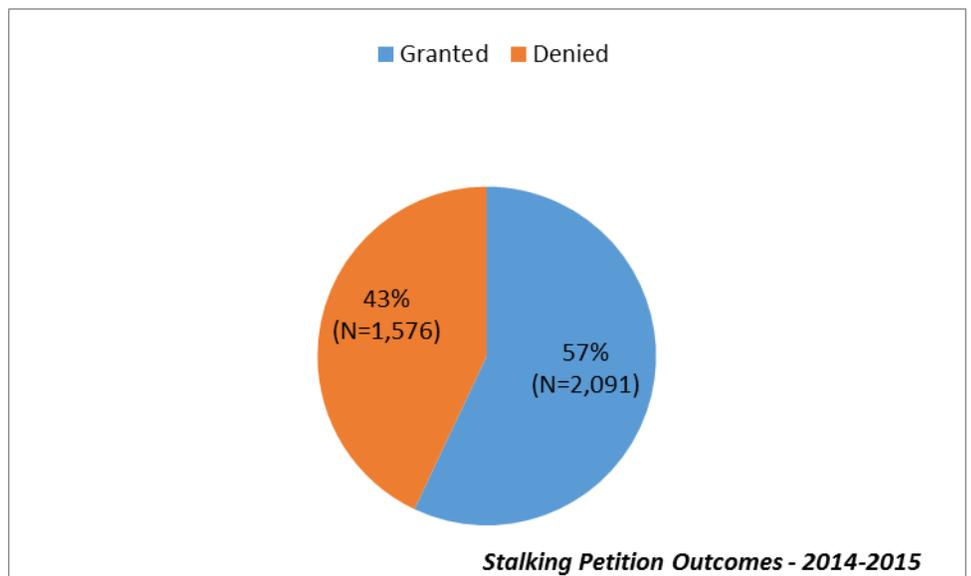
CHART 37

There were **3,670** civil stalking petitions filed in New Hampshire courts between **2014** and **2015**. **Chart 37** shows the highest number of petitions were filed in Hillsborough and Rockingham Counties, which are the more heavily populated areas of the state. The fewest petitions were filed in Strafford and Belknap counties.

38 STALKING PETITIONS GRANTED AND DENIED 2014-2015

CHART 38

Slightly over half of the of the stalking petitioners in **2014** and **2015** were granted a temporary order of protection.

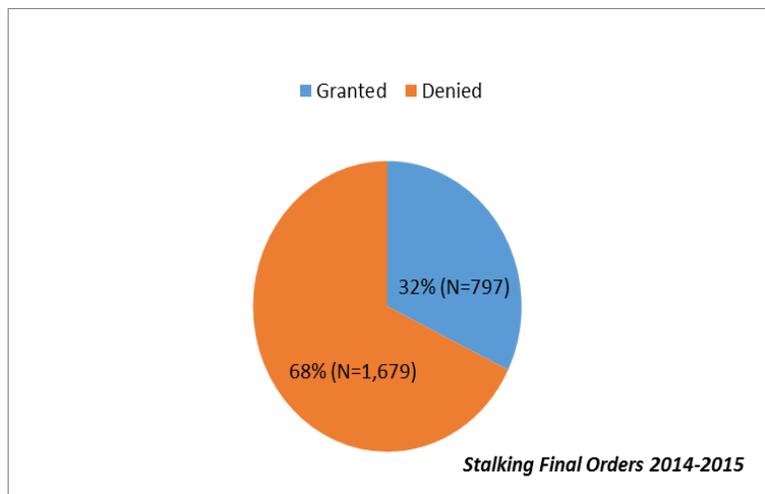


39 STALKING FINAL ORDERS GRANTED AND DENIED 2014-2015

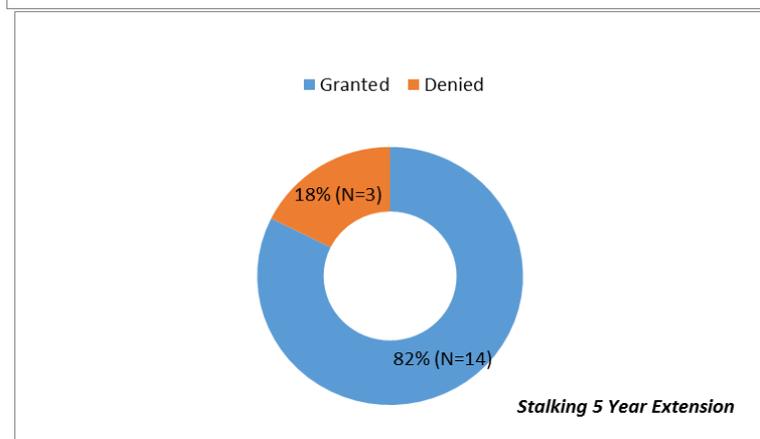
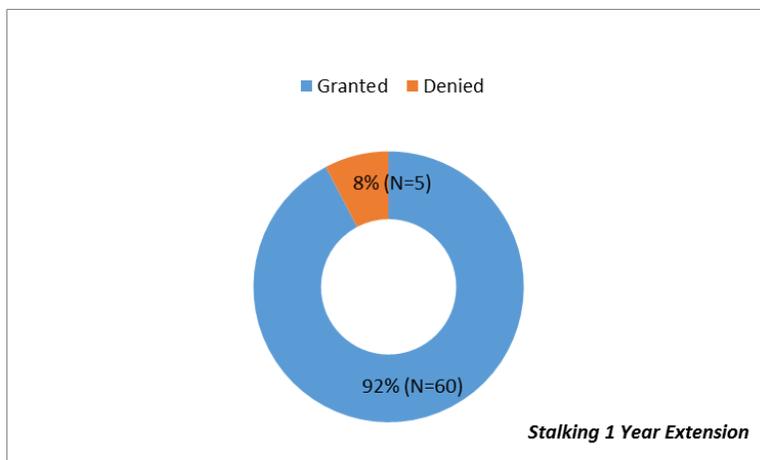
CHART 39

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

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



40 & 41 STALKING 1 & 5 YEAR EXTENSION GRANTED & DENIED 2014-2015



CHARTS 40 & 41

During this reporting period, **60** stalking violence civil protection orders were extended for **1 year** and only **5** were denied. **14** orders were granted a **5 year** extension and **3** were denied.

42 STALKING PLAINTIFF REPRESENTATION 2014-2015

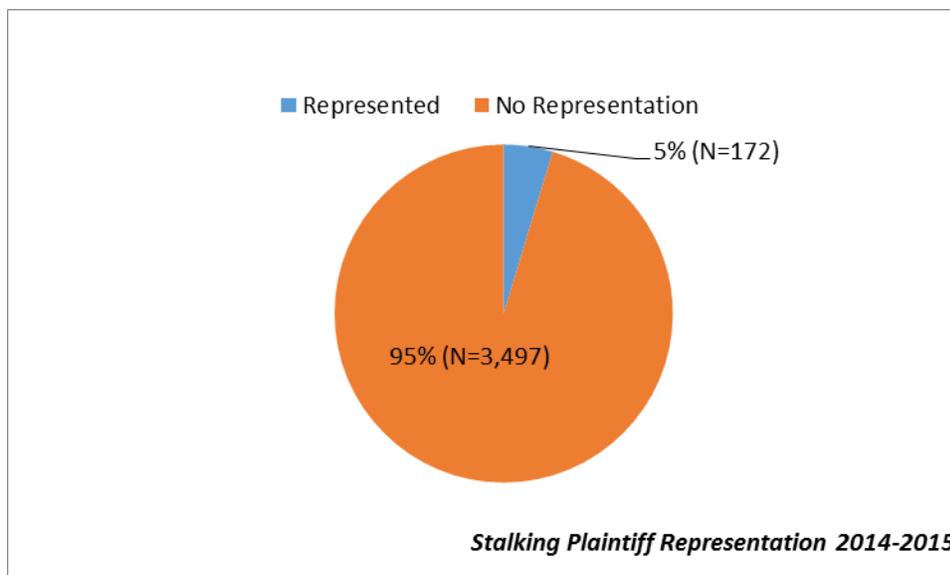


CHART 42

Only 5% of plaintiffs who filed a civil stalking petition were represented by an attorney at some point during the process.

43 CRIMINAL BAIL PROTECTIVE ORDERS 2014-2015

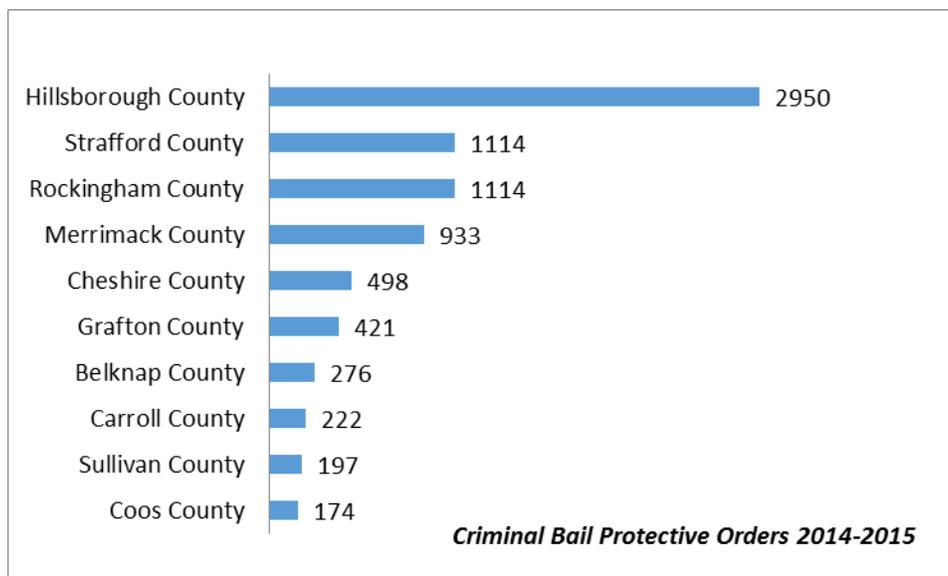


CHART 43

There were 7,899 criminal bail protective orders (CBPOs) issued in between 2014 and 2015 in New Hampshire. Chart 43 shows that Hillsborough County had the highest number of CBPOs issued in the state, with Coos having the fewest.

Criminal bail protective orders, unlike civil domestic violence protective orders, are initiated by a bail commissioner or judge (rather than by the victim) following an arrest for a domestic violence-related crime. The CPBO is considered "in full force" when issued by a bail commissioner or by a judge at arraignment. The order remains in effect until vacated or the criminal case is disposed.

APPENDICES

- A. Executive Order
- B. DVFRC Membership List
- C. LAP Steering Committee List

APPENDIX A: EXECUTIVE ORDER

APPENDIX A

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

A Proclamation

EXECUTIVE ORDER 99-5

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

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

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

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

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

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

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

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

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

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


Jeanne Shaheen
Governor of New Hampshire



APPENDIX B: DVFRC MEMBERSHIP LIST

DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE MEMBERS WHO SERVED DURING REPORTING PERIOD (2014-2016)

***Patricia Lafrance JD, Chair**

Deputy County Attorney
Rockingham County Attorney's Office

***Thomas Andrew, MD**

Chief Medical Examiner
Office of the Chief Medical Examiner

Vicki Blanchard

Advanced Life Support Coordinator
Department of Safety, Bureau of EMS

Captain Mark G. Bodanza

Law Enforcement Training Specialist
New Hampshire Police Standards
and Training Council

Ms. Paula N. Booth, ACSW, CEAP

Director, State of New Hampshire
Employee Assistance Program

Stephanie Callahan

Victim/Witness Coordinator
Rockingham County Attorney's Office

Janet Carroll, RN, CEN, SANE-A

NHCADSV

Attorney Alan Cronheim

Sisti La Offices

Dr. Jennie V. Duval [alt.]

Deputy Chief Medical Examiner
Office of the Chief Medical Examiner

***Elizabeth Fenner Lukaitis [alt.]**

Acute Services Care Coordinator
Bureau of Behavioral Health

Detective Robert Frechette

Rochester Police Department

Michelle Goings

Warden of NCF
New Hampshire Department of Corrections

Ms. Amanda Grady [alt.]

Public Policy Director
New Hampshire Coalition Against Domestic
And Sexual Violence

Lieutenant Jill Hamel [alt.]

New Hampshire Police Standards
and Training Council

***Dr. Scott Hampton**

Ending the Violence

***Sergeant Sara Hennessey**

New Hampshire State Police
Family Services Unit

Melissa Kowelewski, JD

Domestic Violence Project Manager
New Hampshire District Court

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

Lisa Lamphere
Coordinator
Victims' Compensation Program

Bernadette Melton-Plante
Senior CASA/GAL Supervisor
CASA of NH

Ms. Deborah J. Mozden
Executive Director
Turning Points Network

Eileen Mullen
Administrator
Division for Children Youth and Families

Peggy O'Neil [alt]
Executive Director
Women's Information Service, Inc.

Linda Parker
Program Specialist
Bureau of Drug and Alcohol Services

Attorney Raymond Perry, Jr.
Director
Office of Client and Legal Services
Department of Health and Human Services

***Lynda Ruel,**
Director
State Office of Victim/Witness Assistance
New Hampshire Attorney's Office

***Lyn Schollett**
Executive Director
New Hampshire Coalition Against Domestic
And Sexual Violence

Mr. Stephen J. Shurtleff
State Representative

***Danielle Snook**
Program Specialist
State Office of Victim/Witness Assistance
New Hampshire Attorney's Office

Chief Donald Sullivan
Alexandria Police Department

**denotes Executive Committee Member*

APPENDIX C: LETHALITY ASSESSMENT PROGRAM

STEERING COMMITTEE LIST

April Aucoin

AVAP Manager
New Hampshire Coalition Against Domestic
and Sexual Violence

Shanna Beckwith

Assistant Director
Monadnock Center for Violence
Prevention

Captain Mark G. Bodanza

Law Enforcement Training Specialist
Police Standards and Training Council

Detective Robert Frechette

Rochester Police Department

Betsy Haley

Program Director
HAVEN

Sergeant Sara Hennessey

NH State Police
Family Services Unit

Chief David B. Goldstein, PhD

Franklin Police Department

Kathy Kimball

SART Coordinator
Attorney General's Office

Melissa Kowelewski , JD

Domestic Violence Project Manager

Stacey MacStravic

Administrative Assistant
Office of Victim/Witness Assistance
Attorney General's Office

Detective Sergeant Justin Rowe

NH State Police
Major Crime Unit

Lynda Ruel

Director
Office of Victim/Witness Assistance
Attorney General's Office

Amanda Grady Sexton

Public Policy Director
New Hampshire Coalition Against Domestic
and Sexual Violence

Danielle Snook

Program Specialist
Office of Victim/Witness Assistance
Attorney General's Office

Chief Donald Sullivan

Alexandria Police Department

Detective Tammy Thorpe

Franklin Police Department

Chief Investigator Richard C. Tracy

Attorney General's Office

Joelle C. Donnelly Wiggin

Victim/Witness Advocate
Office of Victim/Witness Assistance
Attorney General's Office

