



**NEW HAMPSHIRE DOMESTIC VIOLENCE
FATALITY REVIEW COMMITTEE**



**2016-2017
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

Highlighted Recommendation.....16

Lethality Assessment Program Report, 2016-2017.....17

New Hampshire Domestic Violence Homicide Data, 2016-2017.....19

New Hampshire Coalition Against Domestic and Sexual Violence
Crisis Center Data, 2016-2017.....26

New Hampshire Judicial Branch Violence Against Women Data, 2016-
2017.....33

Appendices:

A. Executive Order.....56

B. DVFRC Committee Membership List.....57

C. LAP Steering Committee List59

DEDICATION

~IN MEMORY~

This report is dedicated to Eileen Mullen who was a member of the Domestic Violence Fatality Review Committee from 2012-2018. Eileen was an administrator with the Division for Children, Youth and Families who dedicated her 38 –year career to serving the most vulnerable children in our State. Eileen began as a child protective worker and was dedicated to identifying the immense needs of children and families. She focused her career advocating for children. Eileen will be remembered by the Committee for her passion in identifying solutions, her commitment to collaboration with other stakeholders and her genuine warmth and compassion towards others.

ACKNOWLEDGEMENTS

The accomplishments of the Domestic Violence Fatality Review Committee are only possible through the dedication of all its members. Members participate on the Committee in a voluntary capacity committing to this work above and beyond the responsibilities of their positions. We acknowledge that they could not do so without the support of their respective agencies.

We would like to specifically acknowledge the hard work and countless hours contributed by a number of people in the effort to produce this report—including the members of the Executive Committee:

Jennie Duval, Elizabeth Fenner Lukaitis, Scott Hampton, Patti LaFrance, Lynda Ruel, Lyn Schollett

and

Stacey MacStravic and Danielle Snook of the Attorney General’s Office

Attorney Melissa Kowalewski and Jeanette Bilodeau from the New Hampshire Judicial Branch

Madison Lightfoot from the New Hampshire Coalition Against Domestic and Sexual Violence

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

This project was supported by Grant No. 2017-WF-AX-0007 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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 conducted during 2016-2017.

This Report also contains an overview of domestic violence homicide data, 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 from 2016-2017.

An update on the implementation of the Lethality Assessment Program is also included in this report.

Together all of the data sets present important and related information about domestic violence in New Hampshire. 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. This data is critical in considering recommendations for system analysis, change and improvement.

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 2016-2017, 8 people in New Hampshire were murdered in a domestic violence homicide, representing 32% of all homicides. While this represents a dramatic decrease from the prior reporting period, domestic violence remains one of the most prevalent legal and social problems in the United States. According to the Centers for Disease control, over 10 million women and men in the United States experience physical violence each year by a current or former intimate partner. Further, over 1 in 5 women (22.3%) and nearly 1 in 7 men (14.0%) have experienced severe physical violence by an intimate partner at some point in their lifetime, translating to nearly 29 million U.S. women and nearly 16 million U.S. men.

The data compiled in this report documents that in New Hampshire, domestic violence related homicides make up 53% of the State's homicides over the last nine years. For the period of this report, 2016-2017, domestic violence homicides represented 32% of all the homicides in the State of New Hampshire, the lowest it has been in nine years. For the third reporting period in a row, family related domestic violence homicides outnumbered partner homicides.

From 2016-2017, over 2/3 of the victims in New Hampshire domestic violence homicides were women and 100% of the perpetrators were men. While men are also 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, 3 of the victims were under the age of three.

From 2016-2017, in over a third of the domestic violence homicides, the cause of death was a gunshot wound. The DVFRC, continues to recommend 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. The DVFRC has addressed this continuing issue in its recommendations.

This report 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 for 2016-2017 shows that, 3,147 LAP screens were completed, with 53% of victims screening in as 'high danger'. Of that number, 45% ended up speaking to a crisis center advocate. The DVFRC urges continued implementation of the LAP in New Hampshire. This research based intervention used at the time of a response by law enforcement has a documented history of saving lives.

This report also provides information and data about the survivors of domestic violence. In 2016-2017, 29,943 people sought services for domestic violence, stalking and sexual assault from the state's 13 crisis centers, 91% of those identified as primary/secondary victims and the remaining 9% identified as third party referrals. The data shows that almost three quarters, (71%) of those seeking services as primary and

secondary victims were for domestic violence. The centers also report that with limited space available in New Hampshire’s domestic violence shelters, 4,437 adults and children were turned away in 2016 – 2017.

Thousands of people sought protection from domestic violence and stalking in the courts. In 2016-2017, 8,002 people came to court to file domestic violence petitions, and 3,935 civil stalking petitions were filed requesting protection from abuse. In addition, 7,785 Criminal Bail Protective Orders were issued. The data shows that the percentage of temporary versus final orders granted drops dramatically in all courts.

The DVFRC meets bi-monthly to review closed domestic violence homicides. The Committee has a history of professional collegiality. The recommendations contained in this report represent the thoughtful wisdom of the group as they have scrutinized these tragedies. The Committee honors all of those who have lost their lives as a result of this social epidemic. This report contains a number of recommendations relating to public awareness of issues relating to domestic violence. 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.

To use a familiar refrain: “If you see something, say something”. The simple act of reaching out to someone in crisis could end up saving a life.

II. RECOMMENDATIONS AND RESPONSES, 2016-2017

The purpose of recommendations made during a Fatality Review is to take case specific facts and create broader recommendations for system improvement. The recommendations are issued by the Committee to various agencies and partners to consider for implementation. During the calendar years 2016-2017, the Committee reviewed eight cases. Included below are the 21 recommendations made by the Committee during that period and the systemic or institutional responses to those recommendations. In some instances resource constraints have dampened the ability of the agency to act on the recommendation.

For ease of organization the recommendations from specific case reviews are broken into two areas: Policy and Training/Outreach.

POLICY RECOMMENDATIONS

1. Ensure there is a protocol for law enforcement to seek a search warrant to seize firearms as the result of a protective order.

RESPONSE—The Attorney General’s “*A Model Protocol for Law Enforcement Response to Domestic Violence Cases*” will be revised to include language directing law enforcement officers to seek a search warrant when a defendant does not voluntarily relinquish firearms pursuant to a protective order.

<p>2. Advocate that Electronic Medical Records (EMR) systems include a screen for domestic violence and child abuse and include information on appropriate referrals.</p>	<p>RESPONSE—Discussions occurred with hospital CIOs and Case Managers who confirmed that screening is required in all their settings, though some use paper versus EMR. If a response is positive, hospital Social Workers either make referrals or provide resources for local assistance and support. All New Hampshire hospitals use different EMRs and are in various stages of upgrades, so a standard uniform method of documentation is not achievable at this time. Dartmouth Hitchcock Medical Center is exploring the possibility of piloting a screen for domestic violence and child abuse in its EMR.</p>
<p>3. Research patterns of red flags in murder suicides that occurred from 2010-2015.</p>	<p>RESPONSE—Additional information was provided to the Committee and in response the Committee agreed to utilize Dr. Jacquelyn Campbell’s Danger Assessment during case reviews to help inform the work of the Committee.</p>
<p>4. Explore the need for increased outreach to victims in underserved populations.</p>	<p>RESPONSE— Currently, the 2014 needs assessment is used to determine which training to provide to domestic violence shelter managers and direct service coordinators at their quarterly meetings. Recent training was provided by the local Bureau for Deaf and Hard of Hearing to establish a relationship with them as brokers with the deaf and hard of hearing community and better meet the service needs of this population. In the spring 2018, the New Hampshire Department of Justice partnered with the Coalition Against Domestic and Sexual Violence to identify underserved communities. To aid in this effort, an initial statewide meeting organized by the Women of Color Institute that was held in August 2018.</p>
<p>5. Need to reinforce the message that domestic violence “Is Your Business”.</p>	<p>RESPONSE— The Coalition continues to raise public awareness and elevate victims’ voices by sharing resources on its website (www.nhcadsv.org), responding to the media, implementing statewide awareness campaigns, helping victims to tell their stories, and engaging with community members on social media. The Coalition’s website features relevant media coverage, direct links to its social media platforms and the New Hampshire Says NO MORE campaign, and can now be translated into over 100 languages to increase accessibility.</p>

<p>6. Promote shared reviews when there are cases that overlap (i.e. maternal mortality group, child fatality review committee).</p>	<p>RESPONSE—The Committee agreed that when appropriate, joint reviews will be scheduled. The Committee also discussed the format for joint reviews may need to change to accommodate the size of a larger group, particularly as it relates to the development of recommendations.</p>
<p>7. Include involvement by the family courts in domestic violence fatality reviews.</p>	<p>RESPONSE—Judge John Pendleton, representing the Circuit Court, joined the committee in 2016.</p>
<p>8. Ensure that a referral is made to a community crisis center when either a protective order petition is filed or when there is a violation of a protective order.</p>	<p>RESPONSE—All court counter staff are trained to refer victims to the local crisis center. Whenever anyone files a temporary protective order, court staff are instructed to inform the petitioner of the option of requesting a crisis center advocate to respond to the court to assist and provide support.</p>
<p>9. Explore the needs of general outreach to underserved populations when there is a suicidal ideation or attempt.</p>	<p>RESPONSE—No successful steps have been taken on this recommendation.</p>
<p>10. Revisit the State Policy Action Plan on the intersection of domestic violence and healthcare.</p>	<p>RESPONSE—Best practices have changed since the State Policy Action plan was first developed. The plan should be reviewed, along with existing protocols and policies relative to this issue, to ensure consistency and the promotion of best practices. It is suggested that a small workgroup convene to address this recommendation.</p>
<p>11. Research statutes regarding adding ammunition to the background check process.</p>	<p>RESPONSE—This was not a viable option for the 2017/2018 session. However, Colorado, Delaware, District of Columbia, Illinois, Indiana, Iowa, Louisiana, Minnesota, Nebraska, New Jersey, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Washington, and West Virginia all have laws that prohibit firearm purchase or possession by persons convicted of a misdemeanor domestic violence offense.</p>

12. Pursue making education about the recognition and reporting of child abuse mandatory for professionals as part of their licensure renewal process.

RESPONSE—States receiving federal Child Care Development Funds (CCDF) are now required to have licensed child care staff and any provider receiving CCDF, trained in eleven key health and safety topics including child abuse and neglect focusing on recognizing and reporting. An on-line continuing education module was developed and is now available for child care providers. Additionally, New Hampshire administrative rules now mandate training on recognizing and reporting child abuse and neglect for license-exempt child care providers receiving CCDF funding. (Child Care Enrollment Requirements He-C 6914). Proposed administrative rules mandate training on recognizing and reporting child abuse and neglect for all licensed child care providers and staff providing supervision of children or required to meet child to staff ratios. (Child Care Licensing Rule He-C 4002).

This topic was also discussed within the Commission to Review Child Abuse Fatalities to explore potential state legislation but no successful action steps have been taken.

13. Ensure the availability of secure supervised visitation centers throughout the state.

RESPONSE—The Domestic Violence Advisory Council continues to work with stakeholders including New Hampshire Legal Assistance, Waypoint (formerly operating as Child and Family Services), the DOVE project, and the court system to discuss the existing need around enhancing access to supervised visitation centers across the state.

A workgroup was convened in September 2018 to recommend legislative/policy changes, in part to expand the network of safety-focused supervised visitation services into all 10 New Hampshire counties. Two primary areas of focus for the group will be on ensuring standards of practice (potentially through a certification process) and financial sustainability. Representatives from New Hampshire Legal Assistance, NHCADSV, pro-bono legal services of the New Hampshire bar, the New Hampshire Judicial Branch, current visitation providers, and state legislators are forming the core of the initial work group, with an eye on involving others such as DCYF.

14. Explore conducting screening for domestic violence in divorce cases.

RESPONSE—In September 2018, the Circuit Court began working with the Battered Women's Justice Project (BWJP) to map and assess current court processes in divorce/parenting cases as they relate to people who are experiencing or have experienced intimate partner violence. A workgroup comprised of judges, court clerks, a case manager, mediators, family law attorneys, court administrators, advocates, batterers intervention and supervised visitation providers was convened to work on this initiative. They will focus on the intersection between domestic violence and the divorce/parenting processes, including alternative dispute resolution (ADR) processes. At the end, BWJP will reflect on the strengths and make recommendations for improvements to the divorce/parenting court system.

Additionally, and concurrently, through a Justice for Families Grant, Strafford County is working with the New Hampshire Judicial Branch on modifying both the First Appearance Script and Parenting Plan templates used in divorce and custody cases to take into account the effect of intimate partner abuse and to address the safety needs of vulnerable parents and their families.

15. Ensure the implementation of the Lethality Assessment Program (LAP) in all law enforcement agencies in New Hampshire.

RESPONSE— In 2009 the New Hampshire Attorney's General's Office adopted the LAP as a model response for domestic violence cases in New Hampshire and has encouraged its use by law enforcement agencies throughout the state. There is not an existing mechanism to mandate that law enforcement agencies use LAP. Therefore, currently participation is purely voluntary. In 2014 a LAP Steering Committee was created to assist the efforts of implementing the LAP statewide.

Law enforcement agencies began submitting LAP data on a quarterly basis to the Attorney General's Office in 2015. Additionally the LAP Steering Committee created a survey for prosecutors regarding the use of LAP in criminal proceedings. The data submitted by law enforcement agencies and from the prosecutor survey were used to inform the LAP Steering Committee about what jurisdictions are utilizing the LAP and where additional outreach is be needed.

For more information on the LAP please refer to the New Hampshire Lethality Assessment Program Biennial report, page 17.

TRAINING/OUTREACH RECOMMENDATIONS

1. Enhance efforts to educate the public and professionals on mandated reporting requirements for the elderly and vulnerable adults.

RESPONSE—During calendar year 2016, Adult Protective Services gave presentations to 25 different organizations which included: home care agencies, medical providers, police, fire, nursing facilities, and community agencies such as Meals on Wheels providers, senior centers, Sexual Assault Nurse Examiner (SANE) nurses, a Sexual Assault Resource Team (SART) and a county attorney’s office.

Adult Protective Services also presented a workshop at the 2017 Partnering for a Future Without Violence Conference on “The Role of Adult Protective Services.

2. Increase education to professionals on the importance of referrals to mental health treatment and to domestic violence crisis centers if there is a positive screen for depressive symptoms and a suspicion of Intimate Partner Violence (IPV).

RESPONSE—A reminder that depression is the second most common diagnosis for victims of intimate partner violence was shared with the state’s ten Community Mental Health Centers, the hospitals in New Hampshire that have a psychiatric unit, and staff from the New Hampshire Peer Support Agencies. The contact information for the state’s domestic and sexual violence crisis centers was provided, along with the reminder that individuals receiving services from these crisis centers are less likely to be hurt or killed by their partner.

A message was also shared with the New Hampshire Medical Society members, the state’s school Superintendents, and school nurses that depression in students and/or parents may indicate a need for services with mental health providers and/or crisis centers if there is a suspicion of IPV. Contact information for the Community Mental Health Centers and domestic and sexual violence crisis centers was included, along with a reminder that individuals receiving crisis center services are less likely to be killed or hurt in intimate partner violence and that treatment for depression is less likely to result in a death by suicide.

<p>3. Increase broad based training for medical providers on the impact of trauma on children (i.e. ACE study).</p>	<p>RESPONSE—DCYF, through a contract with Dartmouth Medical School, trained approximately 300 professionals in trauma informed care and clinical treatments for children and families experiencing traumatic events.</p> <p>The New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) regularly trains Sexual Assault Nurse Examiners (SANE) nurses on issues related to children exposed to domestic violence and participated in a web-based training for the International Association for Forensic Nurses. NHCADSV also provides ongoing training for DCYF’s CPSWs on the Accessing the Mental Health Needs of Families, which is derived from the National Childhood Traumatic Stress Network’s Child Welfare Trauma Training Toolkit.</p> <p>Additionally, NHCADSV presented at the School Nurses Association conference in the fall of 2016 and has additional training planned in the future. It is also exploring doing a web-based training for medical providers so that the information is accessible 24/7.</p> <p>Dartmouth Hitchcock Medical Center is also looking for funds to create a web-based training series for providers, as well as members of the multidisciplinary child abuse teams on medical evaluations.</p>
<p>4. Ensure that schools are aware of implementing child abuse awareness curriculum relative to amendments to RSA 189-:10 made during the 2016 legislative session.</p>	<p>RESPONSE—The Coalition Against Domestic and Sexual Violence worked with the Department of Education to assist in the implementation of this mandate. The Sexual Violence Advisory Committee (SVPAC) is continuing to work on outreach and awareness for school administration pertaining to the changes of RSA 189-10 and what materials to post on the new Department of Education Resource Sharing Platform once it is live. The SVPAC is also working on a new 5 year sexual violence prevention plan (to be completed by June 2019) which will address the implementation of this legislative change.</p>
<p>5. Ensure that there is a comprehensive training and public awareness campaign on domestic violence.</p>	<p>RESPONSE—Upon further consideration of this initiative, it was determined that the former “statewide” focus was not possible to recreate due to lack of resources.</p>

6. Continue efforts to educate the public and professionals on the mandated reporting requirements for child abuse, which may include children exposed to domestic violence.

RESPONSE—Training on the mandated child abuse reporting statute, which may include children exposed to domestic violence, is an ongoing effort of many agencies throughout the state.

It is acknowledged that part of this outreach effort must include education on how domestic violence affects children. Highlights of the efforts made in this area include:

- Through a grant funded by HNH Foundation, the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) trained 140 DCYF staff and over 800 other professionals (teachers, school bus drivers, police recruits, school nurses etc.) on children exposed to domestic violence. This included information on the impact of emotional abuse.
- The DCYF Community Guide was updated to include information that assault on family members is the most common type of victimization and disrupts the safety and development of children.
- The NHCADSV wrote an op-ed piece on the Adverse Child Experience (ACE) study and the long term impact exposure to domestic violence has on children.
- The NHCADSV has worked with the media to feature stories during domestic violence and sexual assault awareness months which included collaboration with Senator Shaheen and Glamour Magazine to feature a story about domestic violence in New Hampshire, as well as efforts to end domestic violence.

Highlights of efforts made to increase public and professional awareness of the mandated reporting statute include:

- During fiscal years 2015 and 2016, DCYF conducted twenty six (26) speaking engagements in communities across New Hampshire with a total of one-hundred seventy seven (177) attendees. Audiences have included schools, medical providers, social service agencies and child care providers.

- The mandated reporting guide was provided at the 2016 New Hampshire Celebrate Early Childhood conference.
- DCYF created public service announcements and posted mandated reporting requirements on the DHHS website during April 2016 which is Child Abuse Prevention month.
- The article “Exposure to Domestic Violence Can Hurt Children - It Should be Reported to Child Protection Services” was published in the May/ June 2016 Granite State Pediatrician, newsletter of the New Hampshire Pediatric Society.
- The Granite State Children’s Alliance, through its Know and Tell Campaign has developed public service announcements, and materials and has additionally offered professional development training opportunities regarding mandatory reporting requirements throughout the state.
- Information on mandatory reporting was distributed to school nurses throughout the state on a school nurse listserv.
- Administrative rules were amended in 2016 that now ensure that licensed and license exempt child care environments post the mandated reporting law.
- A one-hour e-module that addresses abusive head trauma, sentinel injuries, Period of PURPLE Crying and reporting child abuse, was developed for child care providers and home visitors.

All entities acknowledged that additional funding would be needed to launch additional public awareness, training and education efforts.

III. HIGHLIGHTED RECOMMENDATION

A recommendation in the 2016 report was made to explore how (and if) the Danger Assessment was being used in conjunction with a presentation of suicidal and/or homicidal ideation by Community Mental Health Center (CMHC) staff. The DVFRC would often hear of cases whereby the victim and/or the perpetrator had recent contact with the CMHC. This Committee's observation is consistent with the research findings of Dr. Campbell, the primary architect of the Danger Assessment Tool. For example, she found that in the year prior to homicides, 40 – 47% of victims received health care. In addition, 12% of perpetrators received mental health treatment while six percent of both victims and perpetrators had received substance abuse treatment. In homicide/suicide cases, 40% of perpetrators had a history of poor mental health. These statistics underscore the vital role of CMHCs and other mental health providers in responding to domestic violence.

A two-hour training, with Continuing Education Units authorized by the New Hampshire Chapter of the National Association of Social Workers, was developed with support from the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV).

Three members of the DVFRC joined a representative from NHCADSV to provide the training to nine of the 10 CMHCs, with an additional training provided to a similar agency. A total of 418 clinicians were trained on how the Danger Assessment Tool could be used proactively to identify possible perpetrators and/or victims of domestic violence and guide them toward appropriate services.

The training consisted of an overview of the Lethality Assessment Program (a collaborative effort between law enforcement and victim services), with pointed discussion on how the Danger Assessment Tool was more applicable to the population and the context in which CMHC staff provide services. A case vignette, based on a true event, was used to demonstrate some of the risk factors. A representative from each of the local domestic/sexual violence crisis centers was part of the training in order to increase referrals and collaboration between the agencies.

Feedback from the trainings was incredibly positive and the possibility of providing additional trainings may be explored.

"There are things I learned today that I have never learned before—pet abuse, strangulation and sexual assault being huge indicators [for domestic violence lethality]. The link between substance abuse and domestic violence. Additionally, the fact that there is sudden improvement in domestically violent relations is a dangerous sign. I am very passionate about this topic and thought this training was very well done!!"

~ Attendee from the mental health training

IV. NEW HAMPSHIRE LETHALITY ASSESSMENT PROGRAM REPORT, 2016-2017

BACKGROUND AND HISTORY

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 domestic violence related injuries. The LAP is an 11 question intimate partner homicide screening tool designed for law enforcement to identify domestic violence victims who are at the greatest risk of being seriously injured or killed and to immediately connect them with crisis center services.

In 2009, the New Hampshire Attorney's General's Office was awarded a training and technical assistance grant from MNADV to implement the LAP as a pilot project in Merrimack County. Due to the response of the agencies involved in the pilot, the Attorney General's Office secured additional grant funding to contract with a part-time coordinator in an effort to implement LAP in other counties. The LAP Coordinator trained in all 10 of New Hampshire's counties before that grant funding expired in 2011. Also during this time, 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 Attorney General's "*A Model Protocol for Law Enforcement Response to Domestic Violence Cases*" was updated in 2013 and it promoted the LAP as a best practice to be utilized by all law enforcement agencies in the state.

In 2014, a LAP Steering 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 (*LAP Steering Committee List is Appendix A*). Effective January 1, 2015, law enforcement began reporting their LAP data to the Attorney General's Office on a quarterly basis. The LAP Steering Committee continues to meet to assess the status of the LAP and develop strategies to continue implementing and monitoring LAP in New Hampshire.

2016-2017 ACTIVITIES

Training

In this reporting period, the Steering Committee conducted 18 in person trainings that were attended by over 230 attendees.

In 2016, members of the LAP Steering Committee created an online LAP training for crisis center advocates. The training was conducted live and over 20 advocates participated. The training was recorded and archived at the New Hampshire Coalition Against Domestic and Sexual Violence for additional advocates to watch at their convenience.

Data Collection

Below is the data reported for 2016-2017.

New Hampshire Lethality Assessment Program (LAP)					
2016-2017 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
2016	2,196	1,660 (76%)	857 (52%)	407 (48%)	199
2017	2,329	1,487 (64%)	809 (54%)	342 (42%)	246
Total	4,525	3,147 (70%)	1,666 (53%)	749 (45%)	445

When compared to the most recent publicly available Maryland LAP data (*Lethality Assessment Program—The Maryland Model, 2017 Maryland LAP Data Report, January-December 2017* (<https://mnadv.org/2017-md-lap-data/>), New Hampshire came in slightly lower for victims who screened in as high danger (Maryland is 54%) and percentage of victims that spoke to an advocate (45% versus 51%). The number of victims that utilized follow-up crisis center services include victims that reached out to the crisis center as the result of a LAP call—regardless if they spoke to an advocate the night of the incident or not.

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.

Upcoming goals for the Steering Committee include developing an online LAP training for law enforcement officers; expanding training capacity by identifying additional LAP trainers throughout the state and conducting an in-depth analysis of New Hampshire’s LAP data.

One Survivor’s LAP Experience

State Police called the crisis center in the middle of the night when a victim screened in as high danger. The survivor had been assaulted by her partner, who is a veteran, works in law enforcement and had several weapons in the house. This was a violent assault, which was witnessed by their young son. When police arrived, they did a LAP screen, called the crisis center and connected her to an advocate, who was able to quickly assess that the survivor needed a place to go for the night. The survivor had no friends or family in the area, no access to a vehicle and needed to get out fast. The advocate made arrangements for her and her son to stay at a hotel and police transported them there. The perpetrator was arrested and advocates assisted the survivor with a protective order, which gave her custody and use of the home. She returned to her home the next day. Today, she has relocated, has custody of her children, is successful in her career, and most importantly, is safe. Without the LAP and the quick response of everyone involved, the outcome may have been very different.

V. NEW HAMPSHIRE DOMESTIC VIOLENCE HOMICIDE DATA 2016-2017

This section presents detailed domestic violence homicide data for the reporting period of 2016-2017, as well as highlights of aggregate data on domestic violence homicides from 2009-2017.

Domestic violence continues to have a significant impact on the citizens of New Hampshire. Between 2016 and 2017, eight people lost their lives to domestic violence. While this reporting period represents the lowest percentages of domestic violence homicides (29% and 36% respectively) since 2009, it is worth noting that for the third consecutive report, the number of victims killed by a family member is higher than intimate partner and domestic violence related homicides.

WHERE

Domestic violence homicides occurred in all but 3 counties between 2016-2017. Home can be a dangerous place for a domestic violence victim as 7 out of the 8 domestic violence homicides occurred in the victim's residence.

HOW

Firearms and blunt force trauma were the leading causes of domestic violence homicide during this reporting period. In all the homicide cases where a firearm was used, they were all handguns.

WHO

Nearly two-thirds of victims in domestic violence homicides between 2016 and 2017 were female. All of the perpetrators of domestic violence homicides were male.

KEY FACTS ABOUT THE DATA

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

It is worth noting that the number of perpetrators may be 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.

CHART 1: NEW HAMPSHIRE HOMICIDES* 2009-2017									
Year	# of Homicides Handled by Attorney General's Office ¹	# Domestic Violence Homicides ²	# Domestic Violence - Partner Homicides ³	# Domestic Violence Family Member Homicides ⁴	# Domestic Violence - Related Homicides ⁵	% Homicides that are Domestic Violence ⁶	% Homicides that are Domestic Violence - Partner Only ⁷	Total # Murder/ Suicides	% Domestic Violence Murder/ Suicides
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	14	7	2	4	1	50%	14%	4	100%
2016	14	4	1	3	0	29%	7%	1	0%
2017	11	4	1	3	0	36%	9%	1	100%
Total	123	65	31	28	6	53%	25%	31	79%

CHART 1

Chart 1 is intended to provide some historical data for the most recent nine years. In total, there were **123** homicides that occurred in New Hampshire and of those, **53%** were as a result of domestic violence. This percentage has fluctuated from a low of **29%** in **2016** to a high of **75%** in **2010**, followed closely by **73%** in **2014**.

The chart also illustrates that while murder/suicides account for only **25%** (31 of 123) of the **total number** of homicides in the state between **2009** and **2017**, in **79%** of the murder/suicides, **domestic violence was a factor**.

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 Attorney General's Office

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

CHART 2: DOMESTIC VIOLENCE HOMICIDES* BY COUNTY 2016-2017	
County	
Belknap	0
Carroll	0
Cheshire	1
Coos	1
Grafton	2
Hillsborough	1
Merrimack	1
Rockingham	1
Strafford	1
Sullivan	0
Total	8

CHART 2

Between 2016 and 2017, there were a total of **8** victim deaths due to domestic violence in New Hampshire. As is seen in Chart 2, the frequencies of homicides are distributed fairly evenly throughout the State for the years 2016-2017.

CHART 3: COMPARISON OF MURDER SUICIDES* 2016-2017				
Year	Total # of Homicides	Total # of Murder/ Suicide Victims	# of Domestic Violence Murder/ Suicide Victims	# of Non-Domestic Violence Murder/ Suicide Victims
2016	14	1	0	1
2017	11	1	1	0
Total Victims	25	2	1	1

CHART 3

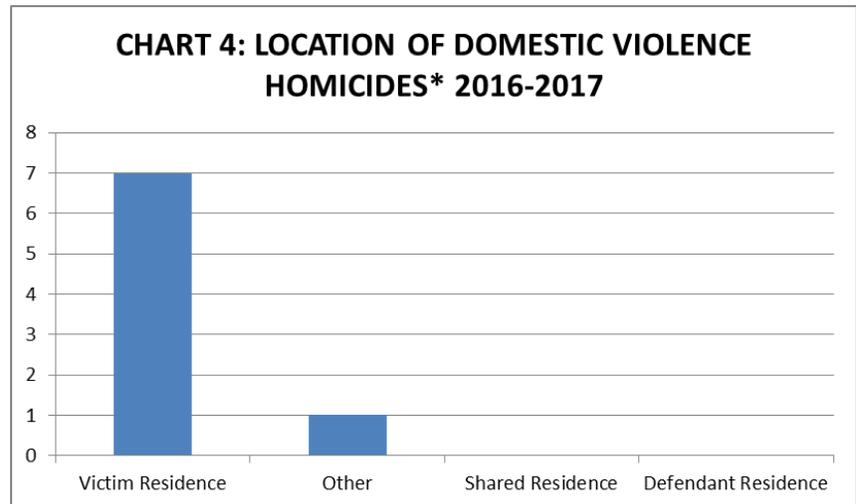
For the purposes of Chart 3, only the homicide victims are counted.

For the reporting period of 2016 and 2017, murder-suicides made up **8%** (2 of the 25) of the homicides that occurred.

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

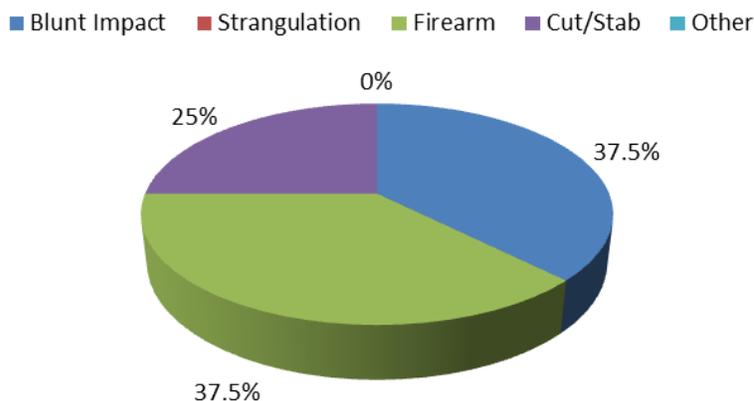
CHART 4

Domestic violence homicide victims were murdered predominately in their residence. In comparison, non-domestic violence related homicides are frequently in a variety of other locations.



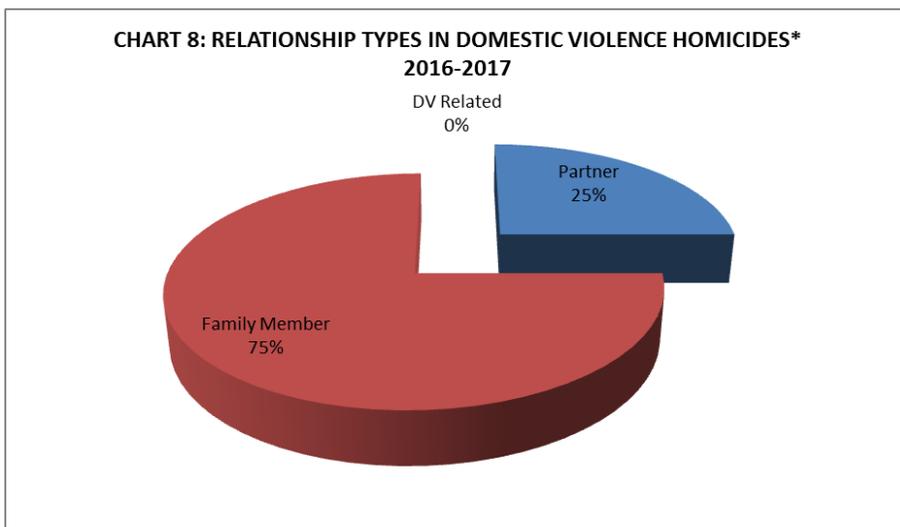
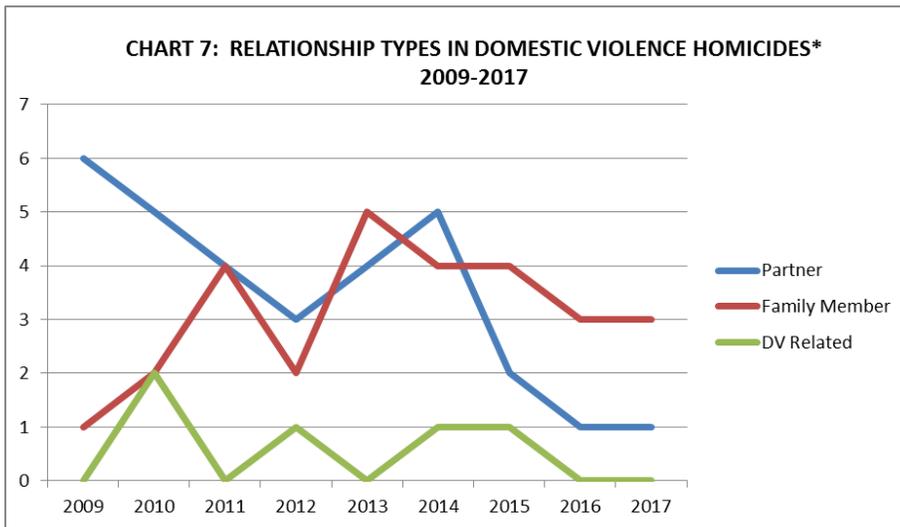
Cause of Death	Domestic Violence Homicide Victims	Non-Domestic Violence Homicide Victims
Firearm	3	9
<i>Hand Gun</i>	3	9
<i>Long Gun</i>	0	0
Cut/Stab	2	3
Blunt Impact	3	4
Strangulation	0	1
Other	0	0
Total	8	17

CHART 6: DOMESTIC VIOLENCE HOMICIDES CAUSE OF DEATH* 2016-2017



CHARTS 5 & 6

Blunt force impact and the use of firearms were the leading causes of death in domestic violence homicides, compared to non-domestic violence homicides where firearms were the leading cause at **53%**. A handgun was used in all homicides where a firearm was used.



Partner: homicides committed by current or prior intimate relationship, including spouses, unmarried cohabitants and exes.

Family member: homicides 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, dad’s girlfriend, etc.)

Domestic violence related: homicides not committed by intimate partners or family members, but the homicide has some relationship to domestic violence (e.g., estranged husband kills wife’s current intimate partner).

CHARTS 7 & 8

Between 2016 and 2017, 75% of the domestic violence homicide victims were killed by a family member, with the remaining 25% killed by a partner.

This is quite different from the 2001-2010 data (NHGCDV, 2012) but is consistent with the data reported in the 2013 and 2016 Domestic Violence Fatality Review Committee Reports, which show an increase in homicides caused by family members.

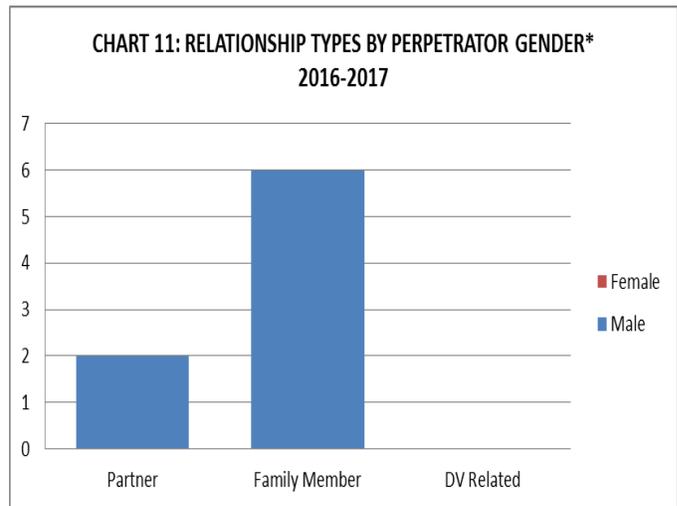
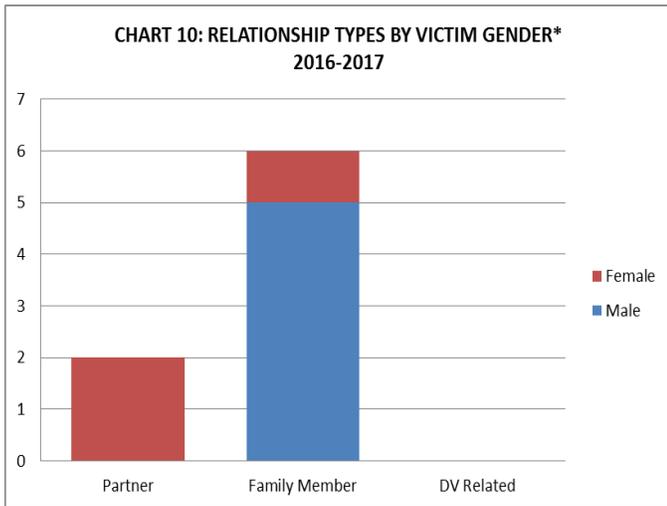
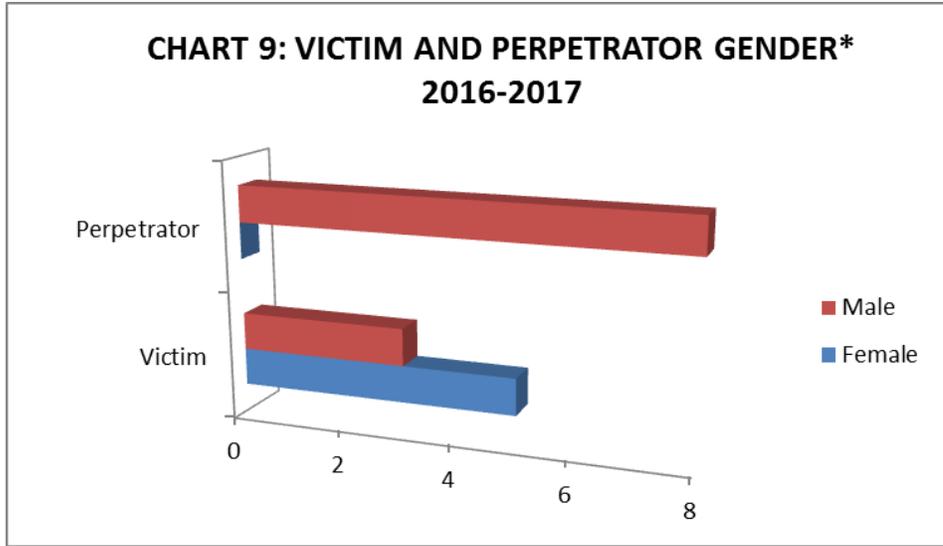
The number of relationship types represents the number of relationships found between victim and offenders in these incidents. Given that incidents can involve multiple victims and offenders, the total numbers may be different than the count of victims or offenders.

Information on perpetrators does not include unsolved cases where a perpetrator has not been identified.

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

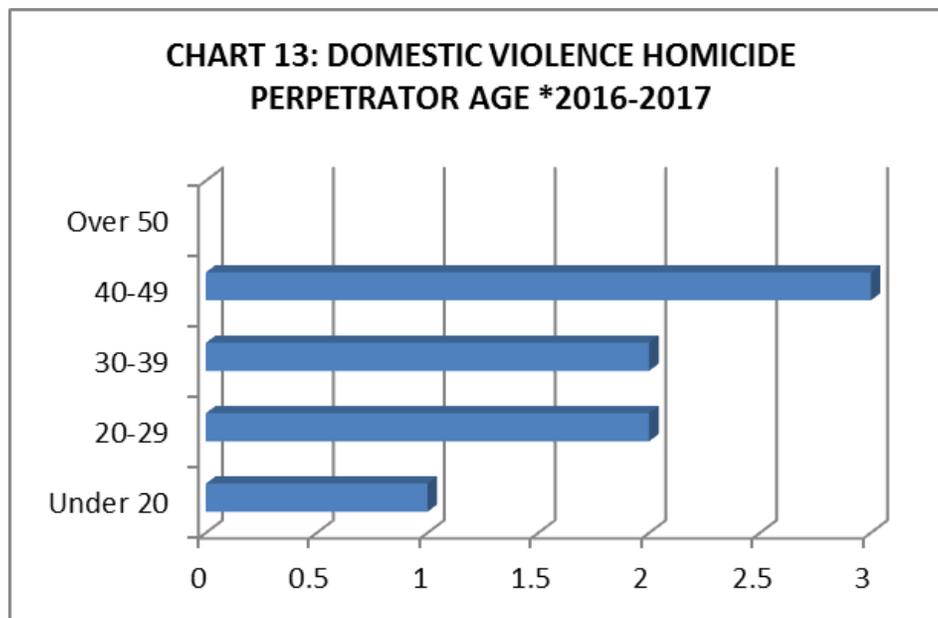
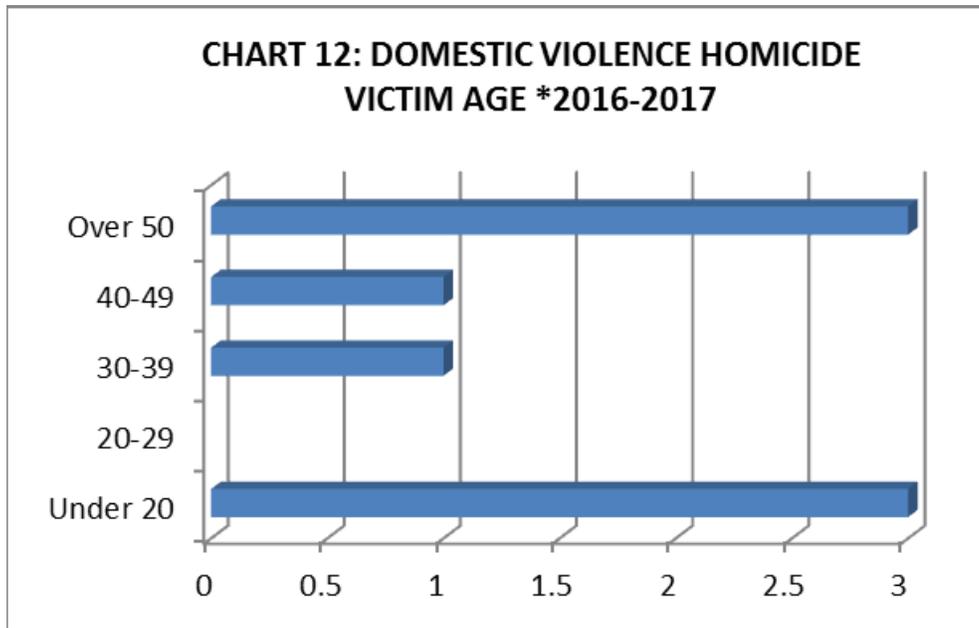
CHART 9

Nearly two-thirds of victims in domestic violence homicides between 2016 and 2017 were female. **100%** of the perpetrators of domestic violence homicides were male.



CHARTS 10 & 11

During this reporting period, **both victims in partner homicides were female** but males were more likely to be a victim of a homicide perpetrated by a family member. All the perpetrators during this reporting period were males.



CHARTS 12 & 13

Both victims and perpetrators come from a wide range of ages.

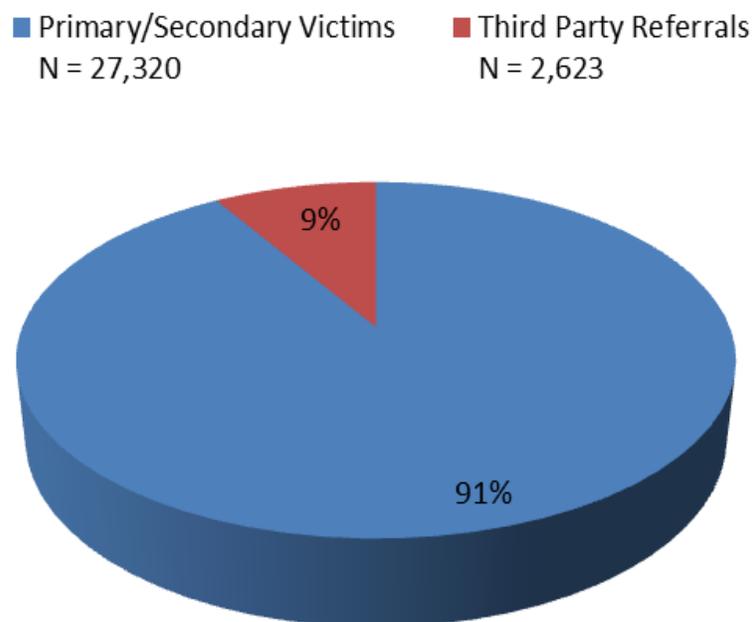
**Excludes deaths caused by negligence, suicide or accidents, and justifiable homicides, attempted murder and homicides outside the jurisdiction of the Attorney General's Office. The Attorney General's jurisdiction tends to include 1st and 2nd degree murders.*

VI. NEW HAMPSHIRE COALITION AGAINST DOMESTIC & SEXUAL VIOLENCE CRISIS CENTER DATA, 2016-2017

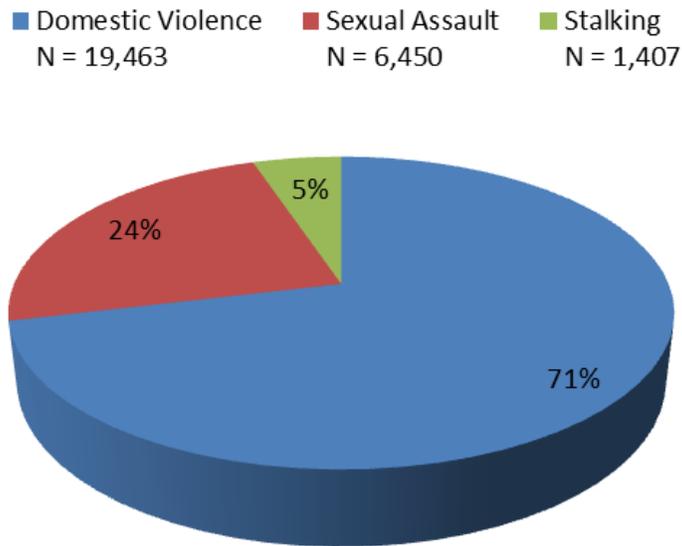
The New Hampshire Coalition Against Domestic and Sexual Violence (The Coalition) is the statewide umbrella organization for 13 crisis centers that provide free and confidential services to victims of domestic violence, sexual assault, human trafficking, and child abuse. The Coalition's member programs offer crisis services, emergency shelter, court advocacy, hospital accompaniment, assistance with safety planning, and referrals to additional community resources. In addition to providing direct services to victim/survivors, crisis centers also facilitate outreach and prevention education

programming in local schools and communities in an effort to raise awareness about interpersonal violence and stop cycles of abuse. The Coalition partners with law enforcement, prosecutors, state and local agencies, and social service support systems to create safe and just communities throughout New Hampshire. The following data was compiled by The Coalition, derived from its victim services database.

CHART 14: VICTIMS SERVED AT NEW HAMPSHIRE CRISIS CENTERS & SHELTERS 2016-2017



**CHART 15: ABUSE TYPES OF PRIMARY/SECONDARY VICTIMS
2016-2017**



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

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.

CHARTS 14 & 15

Domestic violence, or interpersonal violence, is defined as an ongoing pattern of abusive, coercive behavior used by one partner against another, in the context of an intimate relationship. While we most often think of domestic violence as physical abuse, it can also include emotional and verbal abuse, sexual assault, stalking, or financial abuse.

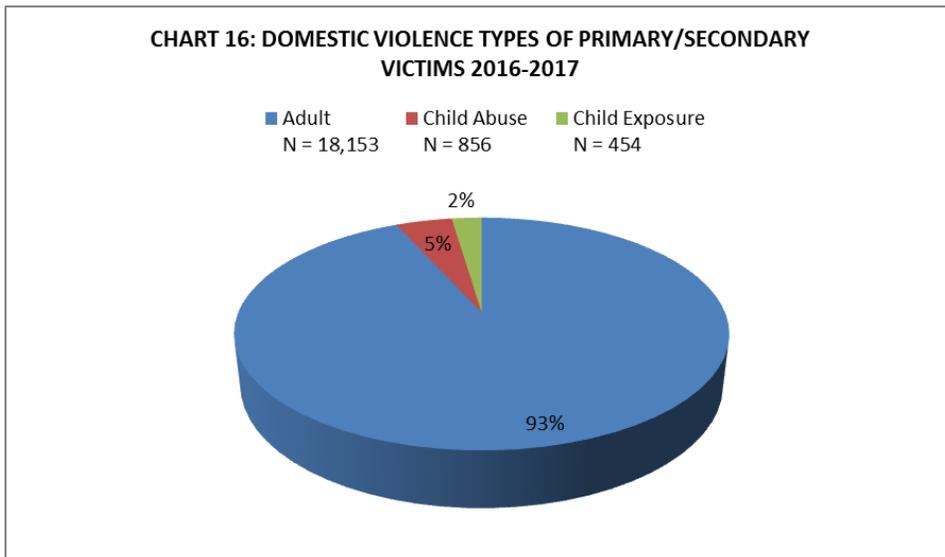


CHART 16

The majority of domestic violence victims receiving crisis center services are adults. However, children who have experienced, witnessed, or been at all exposed to domestic violence also receive services from New Hampshire’s crisis centers. This is especially important, as the detrimental effects of untreated trauma, especially in children, are staggering, with adverse results throughout their lives.

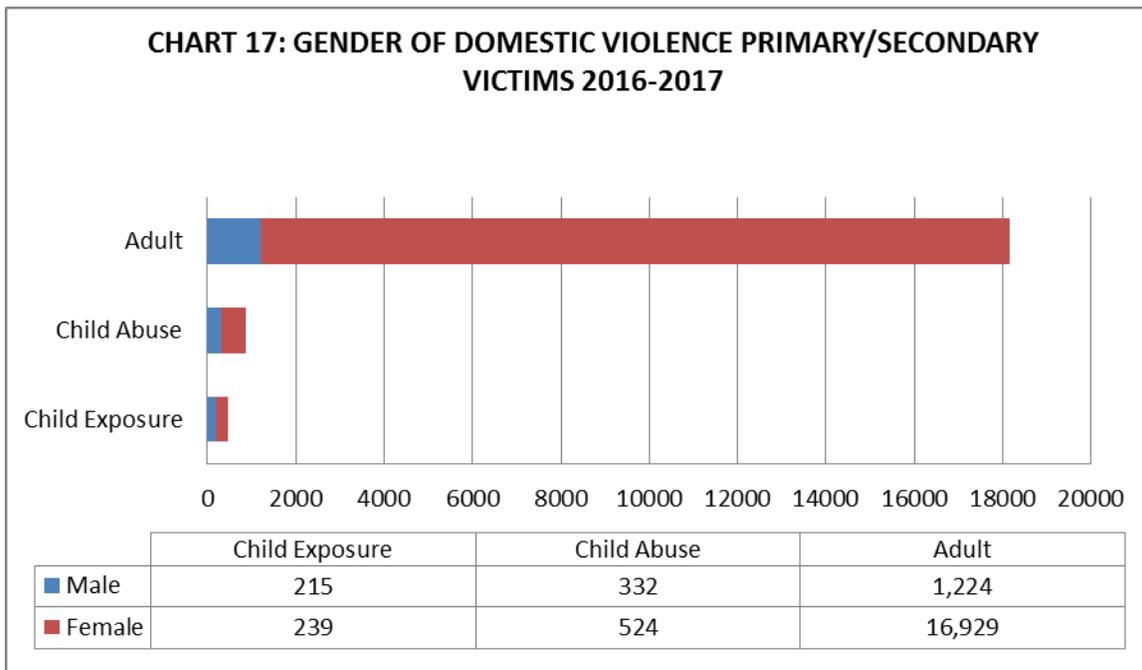


CHART 17

While women are statistically more likely to be victims of domestic violence, it is important to remember that domestic violence can and does affect anyone: regardless of gender identity. The warning signs and barriers to escaping are largely the same for all victims and they may not report intimate partner violence or seek services for a variety of overlapping reasons including but not limited to stigmas and the fear of not being believed.

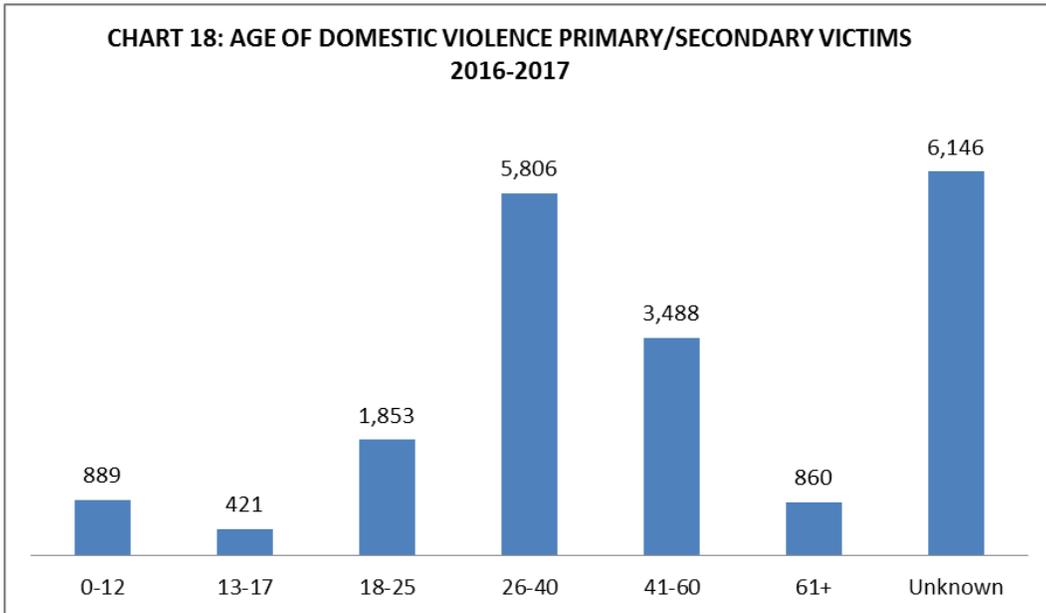


CHART 18

While the majority of victims served by crisis centers are adults, we know that 4.6% of primary victims were under the age of 12 and 2.1% were between the ages of 13 and 17.

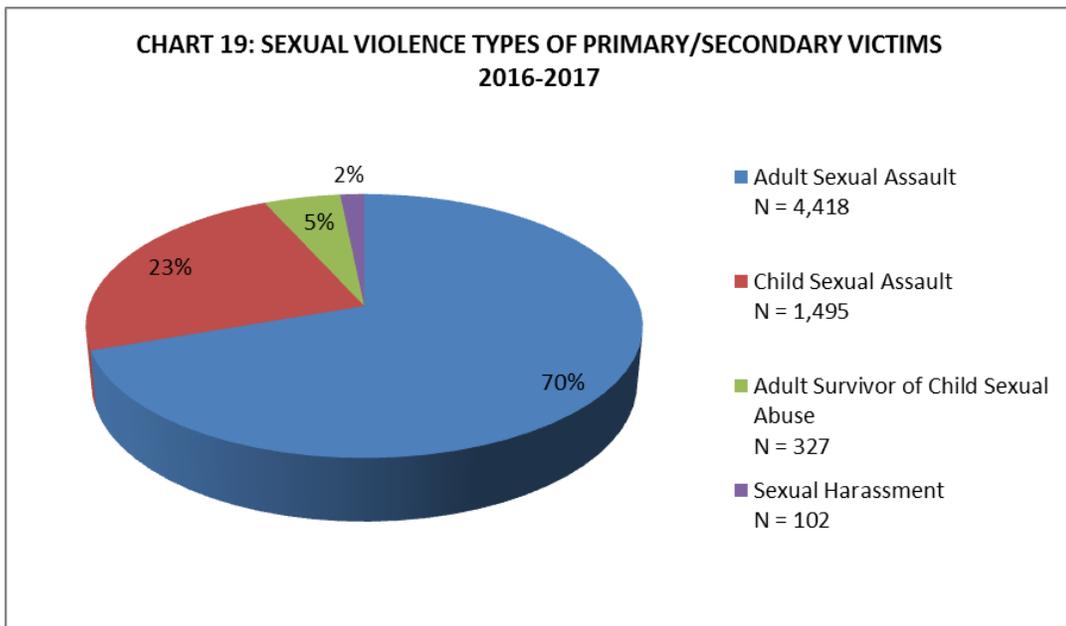


CHART 19

There is a large body of research indicating the links between sexual assault and long-term health effects. Most notably, the Adverse Childhood Experiences (ACE) Study found that adverse childhood experiences, including physical and sexual abuse, increase a child’s risk for physical and mental health problems, as well as substance abuse. The ACE Study findings suggest that childhood abuse, and even exposure to violence, is a major risk factor for poor quality of life, especially when not adequately responded to in a trauma-informed way.

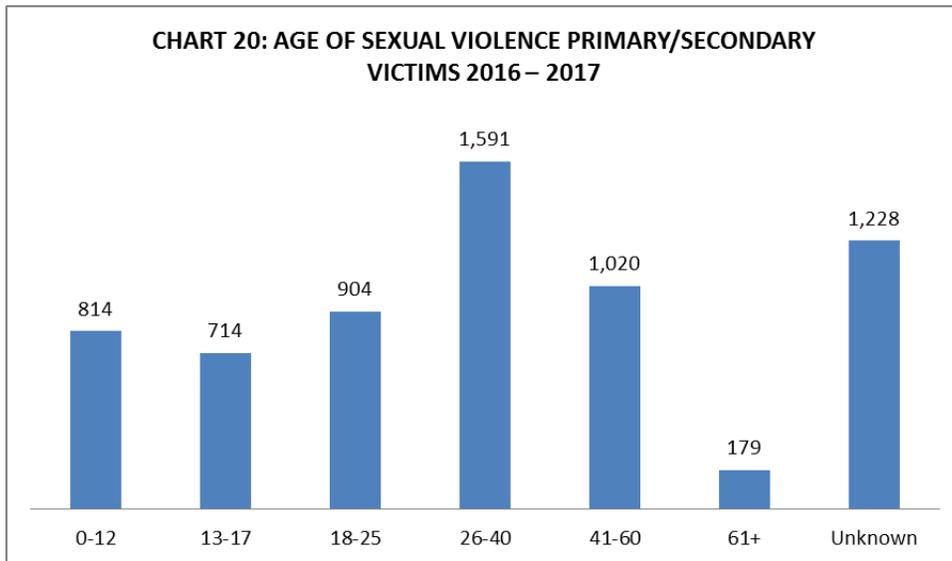


CHART 20

Sadly, we know that younger individuals have an increased risk of being sexually assaulted. Based on The Coalition’s most recent reports evaluating the prevalence of sexual assault in New Hampshire, we know that the majority of victims report that the first sexual assault happened before the age of 24.

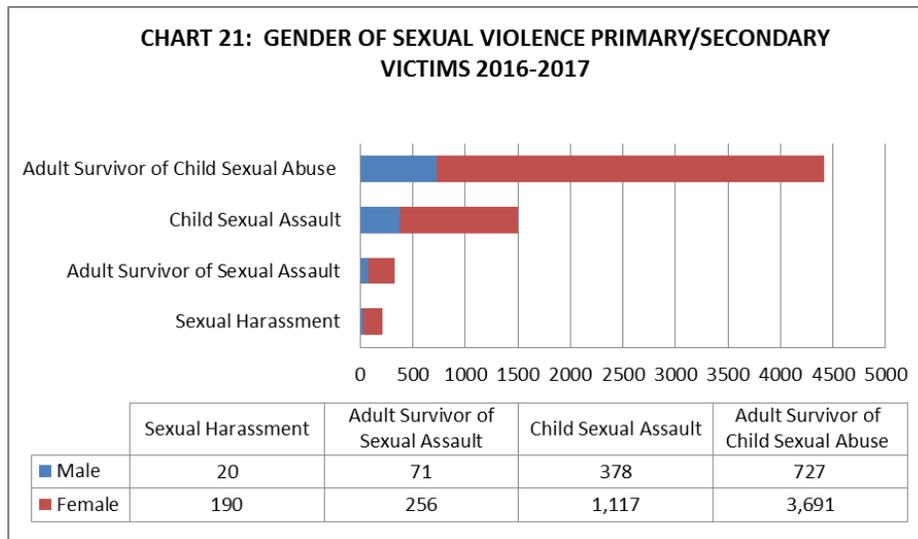
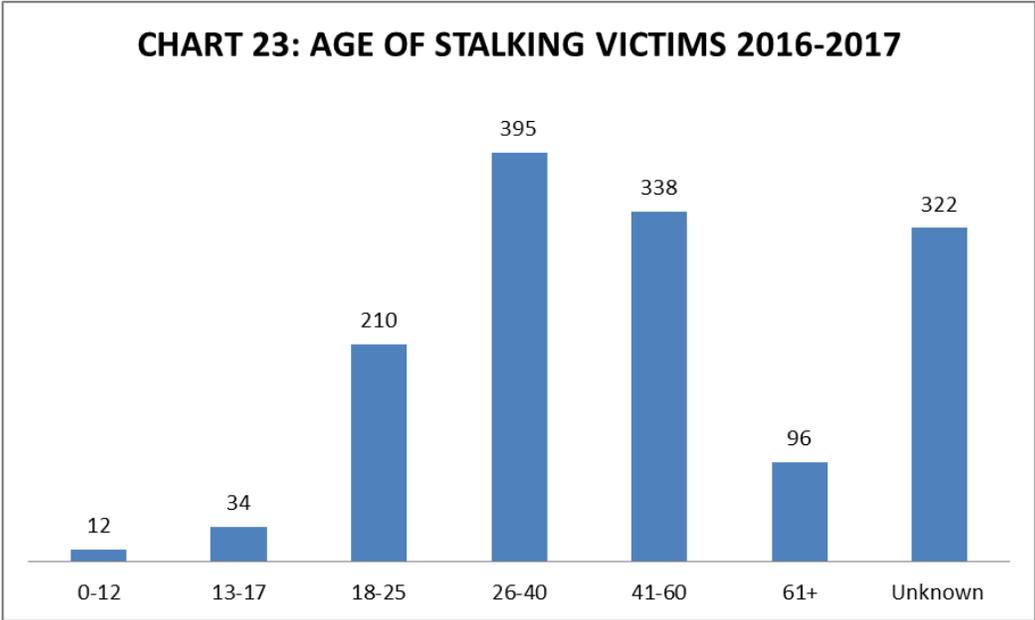
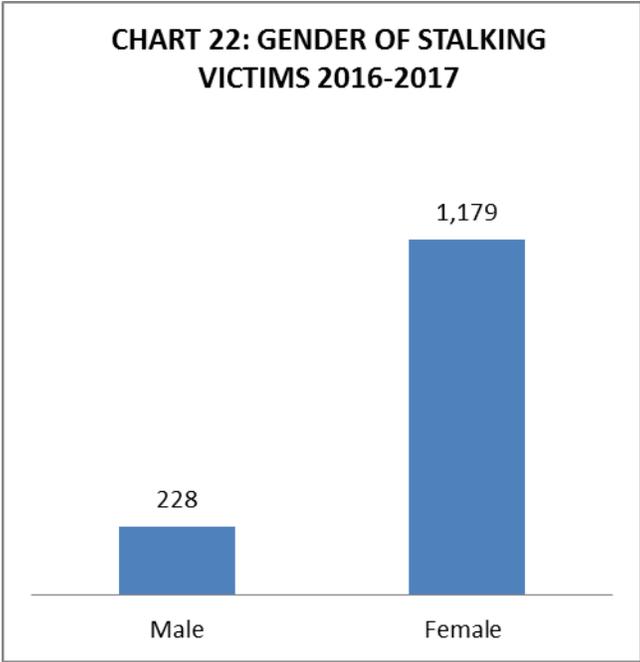


CHART 21

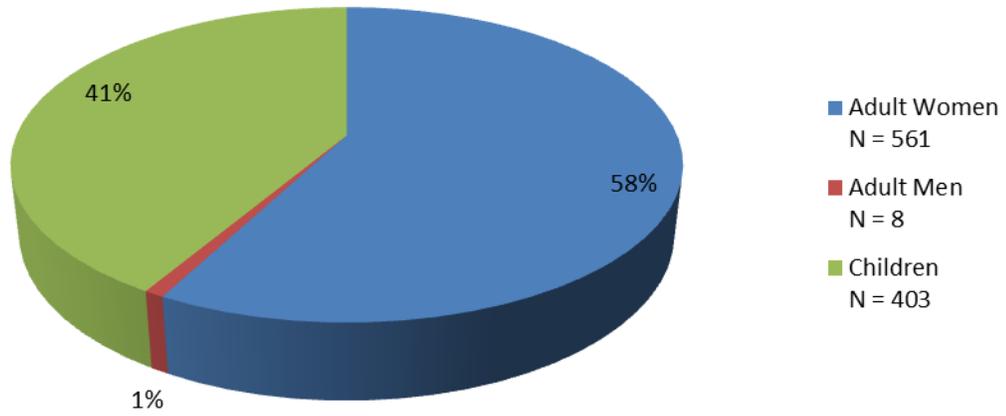
Sexual assault is a devastating experience with significant impact, regardless of a victim’s gender. It is important to note that male and female victims are afforded the same protections under the law. Crisis centers provide free, confidential support services to anyone who has experienced violence regardless of gender identity, and will work with victims to overcome the myriad barriers they face.



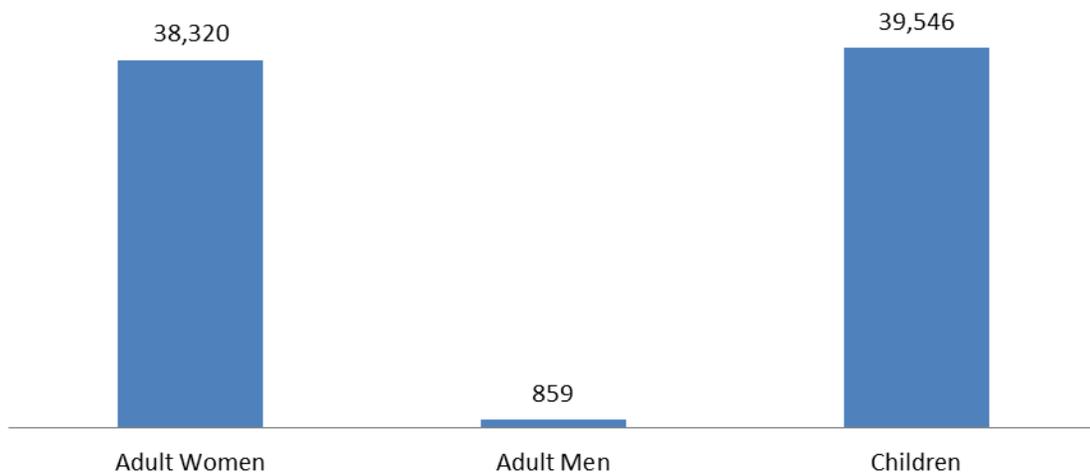
CHARTS 22 & 23

Based on The Coalition’s 2016 – 2017 data, adults face a higher likelihood of being stalked than children, particularly adults between the ages of 26-40 are at the greatest risk. While both men and women can be victims of stalking, the majority of victims who present at New Hampshire’s crisis centers are women. Oftentimes victims of stalking know their perpetrator – they may be a current or former intimate partner, coworker, or an acquaintance.

**CHART 24: INDIVIDUALS PROVIDED SHELTER
2016-2017**



**CHART 25: NUMBER OF NIGHTS SPENT IN
SHELTER 2016-2017**



CHARTS 24 & 25

During this reporting period, the majority of victims seeking shelter were women. Families often stay in emergency shelter for several months and there is limited space available in New Hampshire’s 12 domestic violence shelters – resulting in 4,437 adults and children being turned away from shelter from 2016 – 2017 due to lack of capacity.

VII. NEW HAMPSHIRE JUDICIAL BRANCH VIOLENCE AGAINST WOMEN DATA, 2016-2017

KEY FACTS ABOUT CIVIL DOMESTIC VIOLENCE CASES

Civil Restraining orders can be sought through two different mechanisms: an Emergency/Telephonic Order of Protection and a Temporary Civil Order of Protection. While the nature of the protections offered are similar, the process surrounding each mechanism and length of time the protections are in effect look very different.

At times when the courts are closed, victims may request a civil **emergency/telephonic protective order** with the assistance of the police department. These orders remain in effect until the end of the next court business day.

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 immediately 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, or 3-5 days if the defendant requests an earlier hearing);
- 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** (the person who an order is requested against) is notified by the court regarding the allegations, the date of the final hearing and will be provided a copy of the temporary order of protection if one has been issued. At the final hearing, the judge hears evidence (usually in the form of testimony) and arguments from both parties, and then typically issues a final order either dismissing the case or granting a **final order of protection** (which can last for up to 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.

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

There are ten Circuits in the State of New Hampshire. Each Circuit Court is broken down further into different physical locations with most locations having both a Family Division and a District Division. In this section of the report, the data is presented by Circuit Court Division. For instance, Civil Stalking Orders issued pursuant to RSA 633:3-a and Criminal Bail Protective Orders are reported by the Circuit Court District Division while Domestic Violence Related Orders issued pursuant to RSA 173-B are reported by the Circuit Court-Family Division. The Superior Courts also reported data related to Criminal Bail Protective Orders.

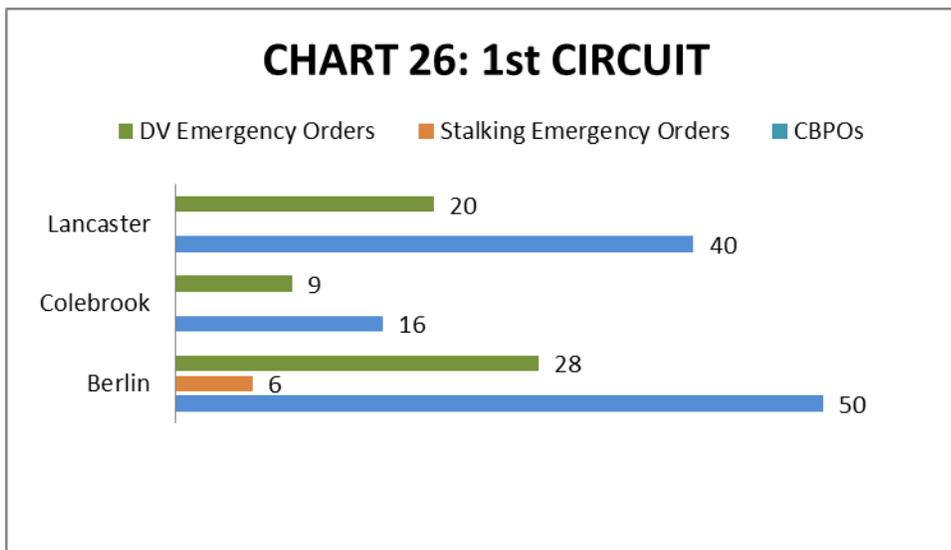
CHARTS 26-36: EMERGENCY PROTECTIONS FOR VICTIMS

If an arrest is made in a domestic violence or stalking related case, the possibility exists for there to be both a Criminal Bail Protective Order (CBPO) as well as a Telephonic Emergency Order of Protection in effect, as one relates solely to criminal cases and the other relates solely to civil cases.

In the data below, where there were no stalking emergency orders issued, no number is indicated. (Most courts did not issue telephonic emergency protective orders in stalking cases). A number only appears where there were emergency stalking orders granted.

There is no way to distinguish if a CBPO was issued in a domestic violence case or a stalking case.

**A CBPO can be present on multiple cases, and in in multiple jurisdictions. The total is a count of unique Protective Order Numbers (hereinafter "PNO" numbers) found statewide, and may not be equal to the sum of the unique PNO numbers found in each court.*



CHARTS 26& 27

DV Emergency Order data comes from the Circuit Court - Family Division while Stalking Emergency Order and CBPO data come from the Circuit Court - District Division.

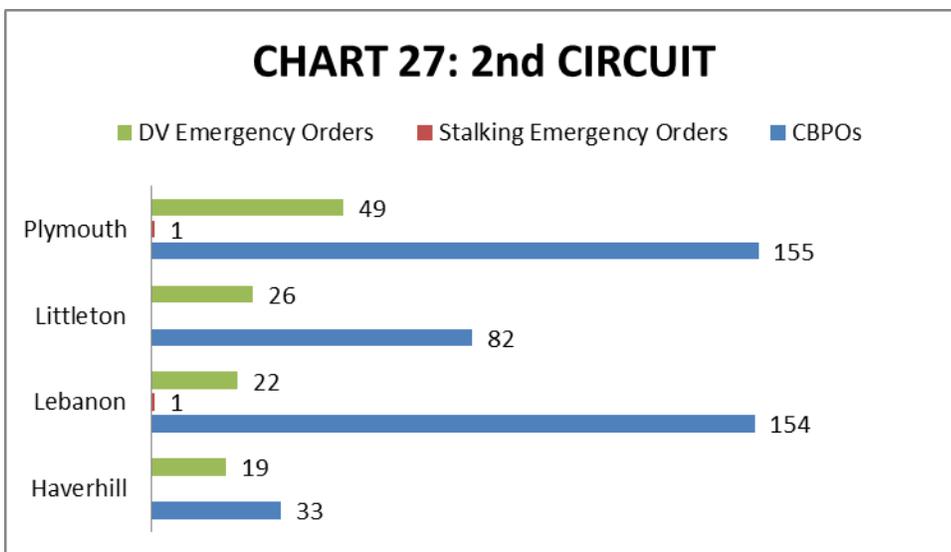
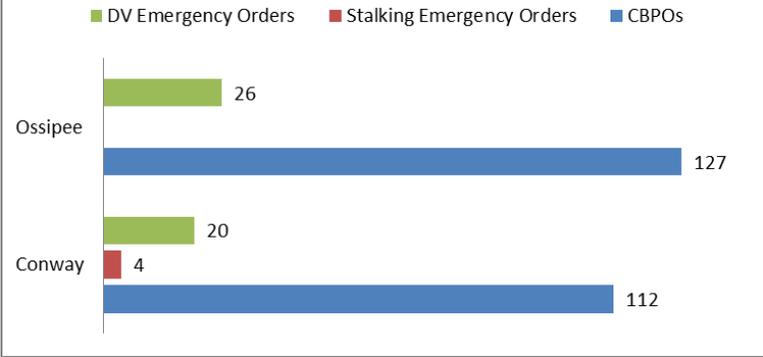


CHART 28: 3rd Circuit



CHARTS 28-31

DV Emergency Order data comes from the Circuit Court - Family Division while Stalking Emergency Order and CBPO data come from the Circuit Court - District Division.

CHART 29: 4th CIRCUIT

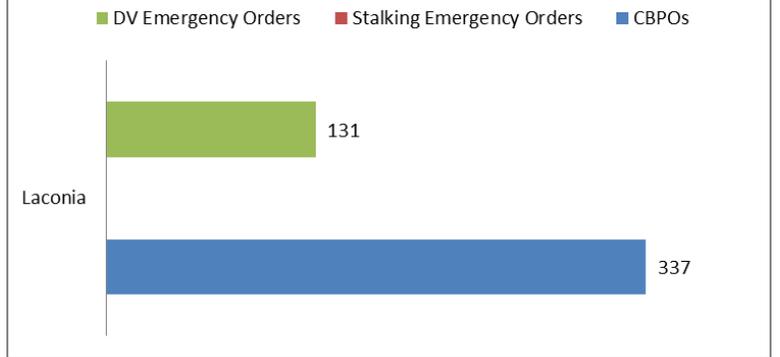


CHART 30: 5th CIRCUIT



CHART 31: 6th CIRCUIT

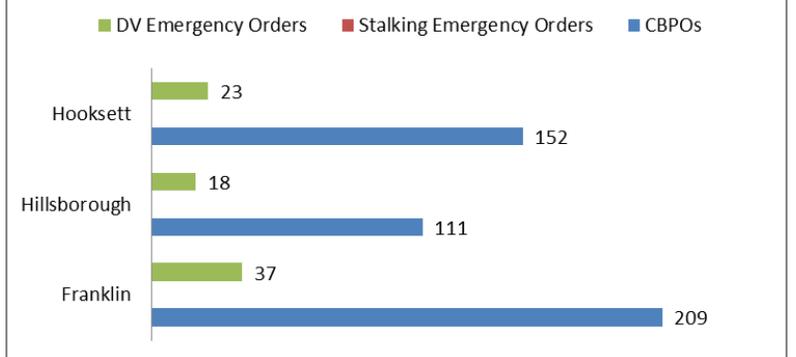
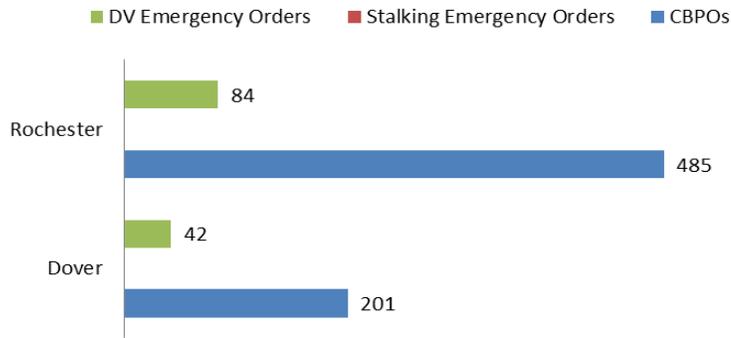


CHART 32: 7th CIRCUIT



CHARTS 32-33

DV Emergency Order data comes from the Circuit Court - Family Division while Stalking Emergency Order and CBPO data come from the Circuit Court - District Division.

CHART 33: 8th CIRCUIT

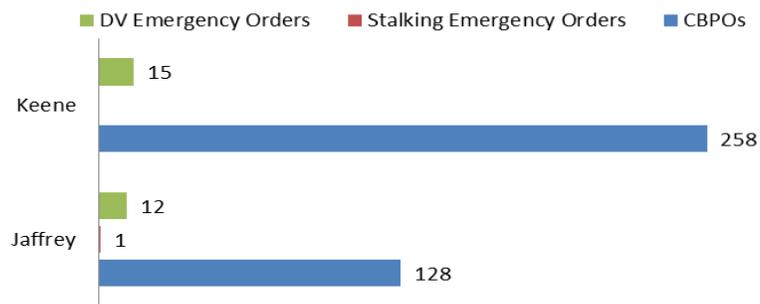


CHART 34: 9th CIRCUIT

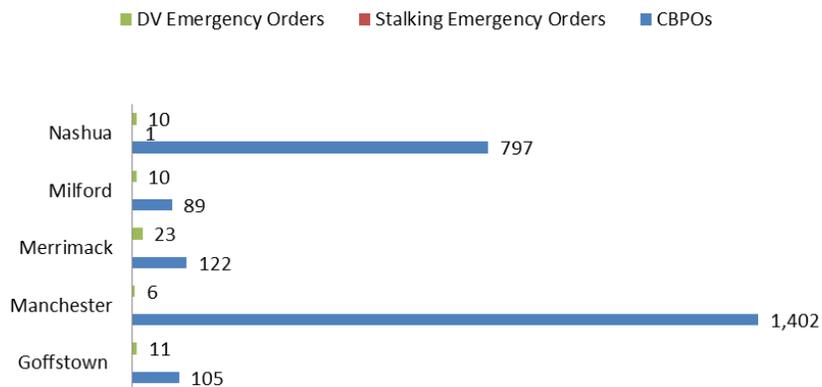


CHART 34

DV Emergency Order data comes from the Circuit Court - Family Division while Stalking Emergency Order and CBPO data come from the Circuit Court - District Division. The exception is Milford, in which all data came from the Circuit Court-District Division.

CHART 35

DV Emergency Order data comes from the Circuit Court - Family Division while Stalking Emergency Order and CBPO data come from the Circuit Court - District Division. The exceptions are Candia, Plaistow, and Seabrook, in which all data came from Circuit Court - District Division.

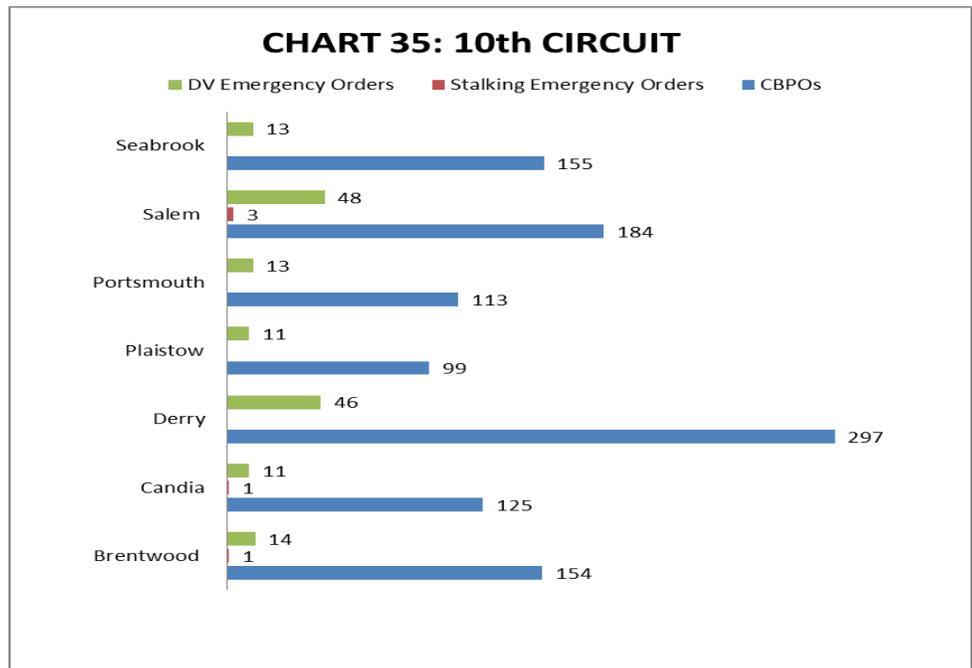
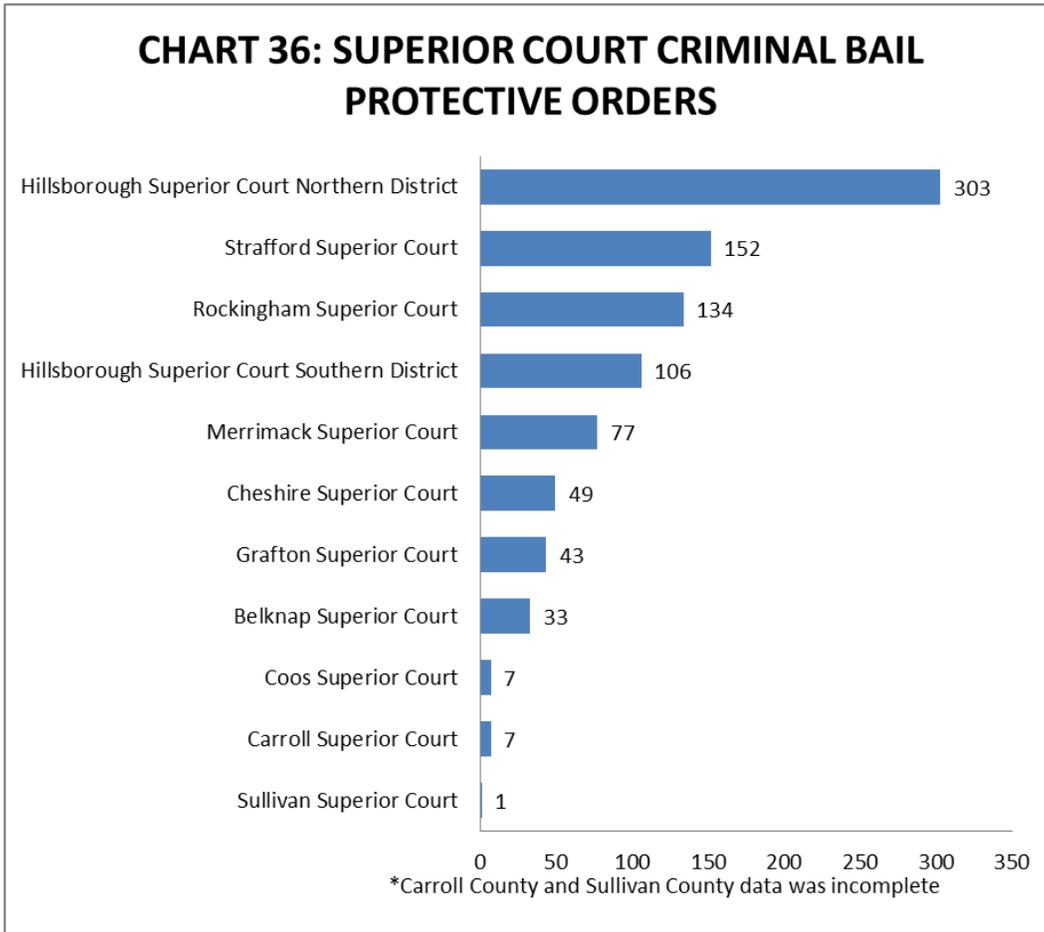


CHART 36: SUPERIOR COURT CRIMINAL BAIL PROTECTIVE ORDERS



CHARTS 37—46: DOMESTIC VIOLENCE TEMPORARY PROTECTIVE ORDERS

RSA 173-B:4 describes the process for the procurement of a protective order and includes the types of relief that a Court may order as well as what the Plaintiff needs to establish in order to successfully request a temporary order of protection.

In order to obtain a temporary order of protection under RSA 173-B:4, a plaintiff must show that they are in immediate and present danger of abuse at the hands of the defendant. RSA 173-B:1 defines abuse as the commission of certain acts, including but not limited to assault or reckless conduct as defined by RSA 631:1 through 631:3 and harassment as defined in 644:4, by an intimate partner, former or current sexual partner or household member. The plaintiff begins the process of requesting a temporary order of protection by filling out and swearing to the truth of a written petition requesting temporary protection. The plaintiff must file the completed petition with the appropriate Family or District Division of the Circuit Court. The plaintiff may file the petition in the county or district where they are temporarily residing if they have left the household to avoid the abuse, the county or district where the plaintiff is residing if they have not left the residence or the county or district where the defendant is currently residing. Courts will transfer cases to the appropriate Circuit Court where appropriate. The request will be presented to a Judge who will make a determination as to whether to issue a temporary order of protection and what conditions to include in the order of protection. Examples of available protections include, but are not limited to, defendant's relinquishment of firearms and ammunition, prohibition of contact between the defendant and the plaintiff and a prohibition on further abuse of the plaintiff by the defendant.

In comparing the number of emergency orders issued to the number of temporary orders of protection issued, there is a noticeable difference in numbers. This difference can be attributed to a number of factors including, but not limited to, the impact of trauma on the plaintiff and the existence of a criminal bail protective order or standard bail order that provides protection in lieu of an emergency telephonic orders of protection.

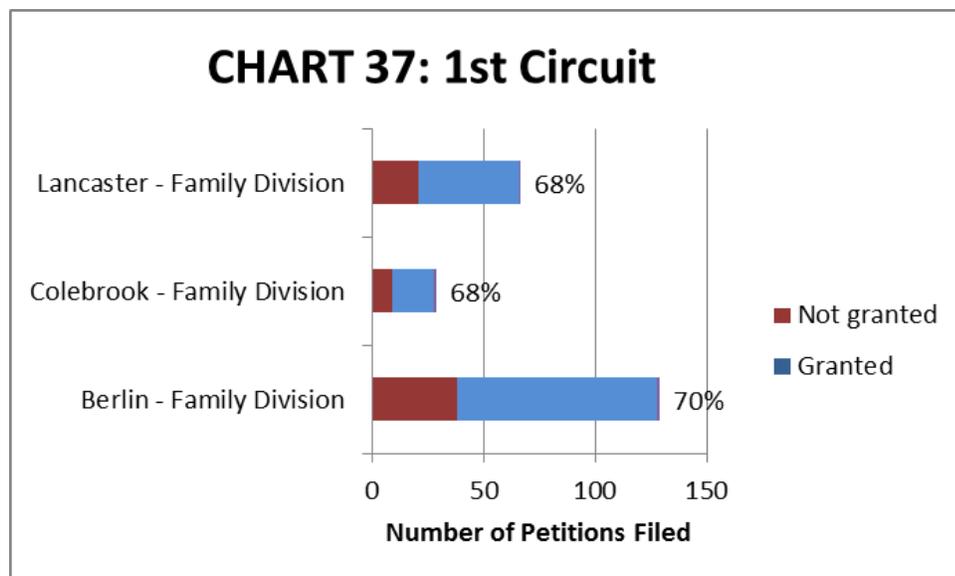


CHART 38: 2nd Circuit

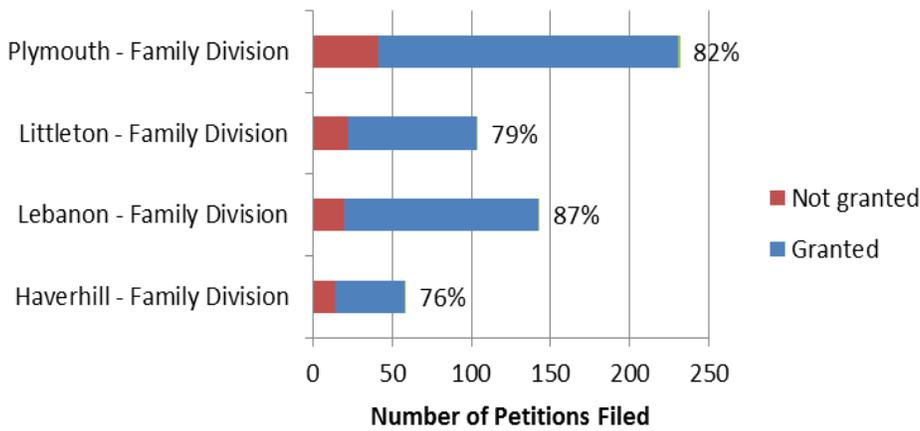


CHART 39: 3rd Circuit

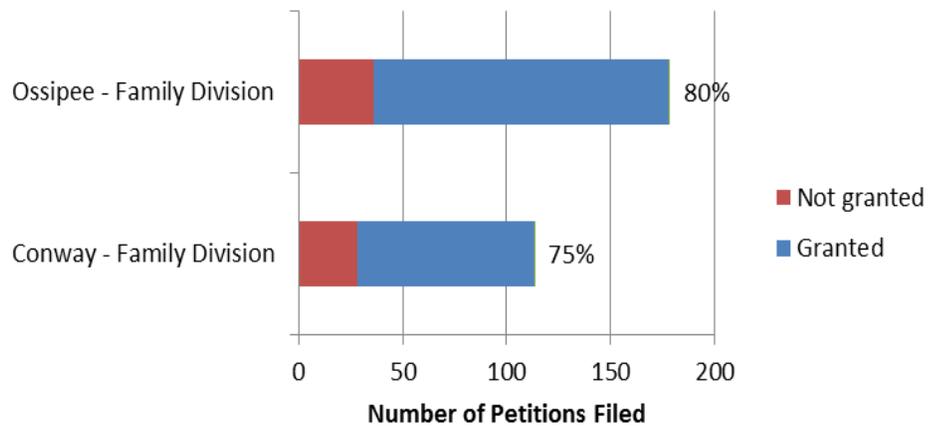


CHART 40: 4th Circuit

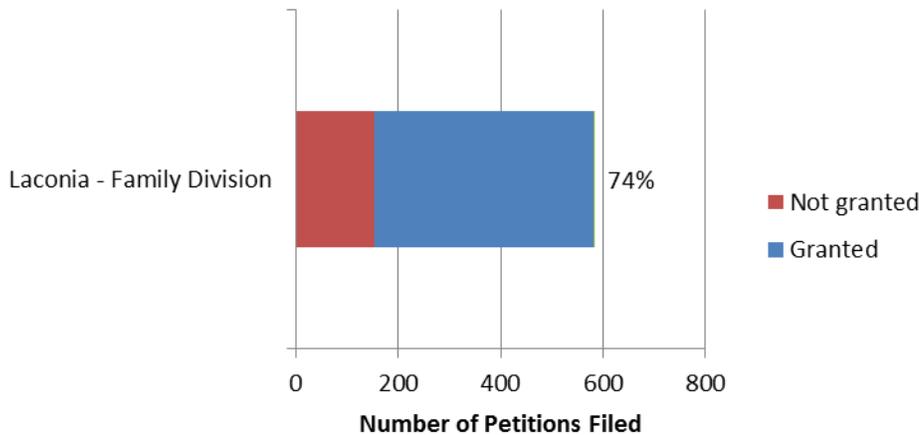


CHART 41: 5th Circuit

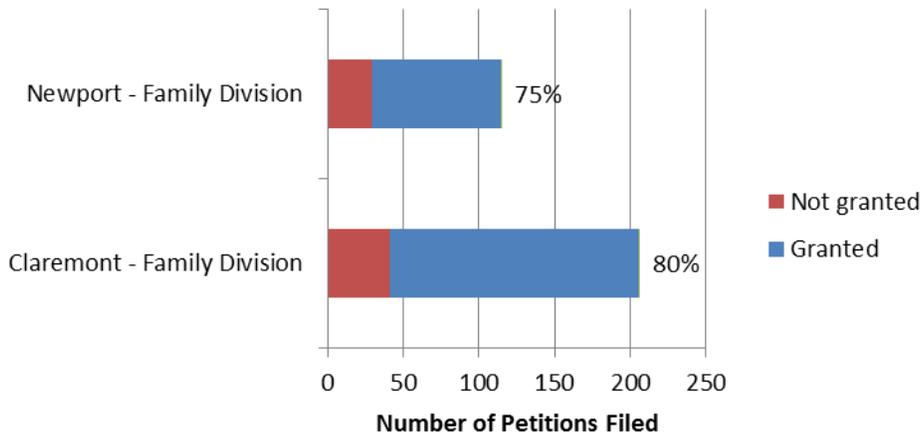


CHART 42: 6th Circuit

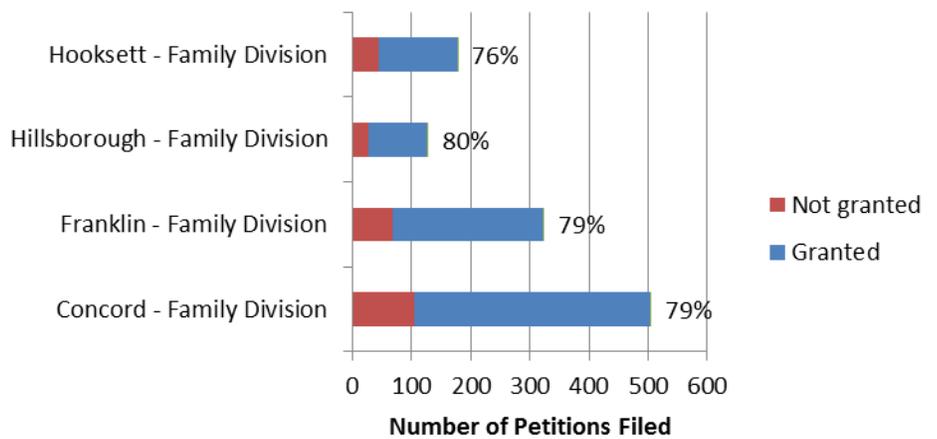
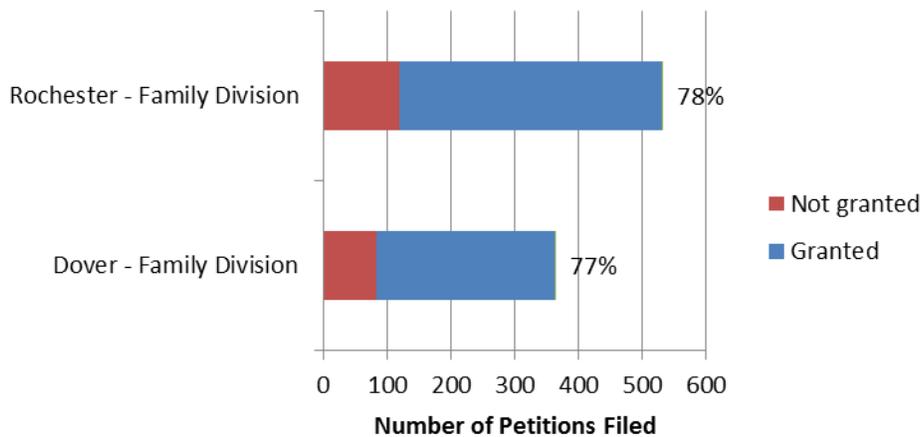
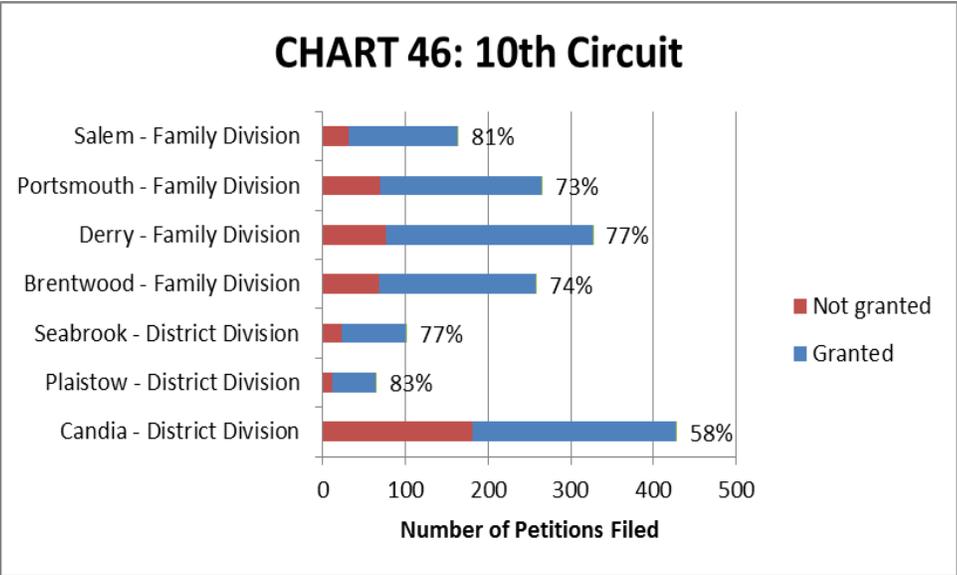
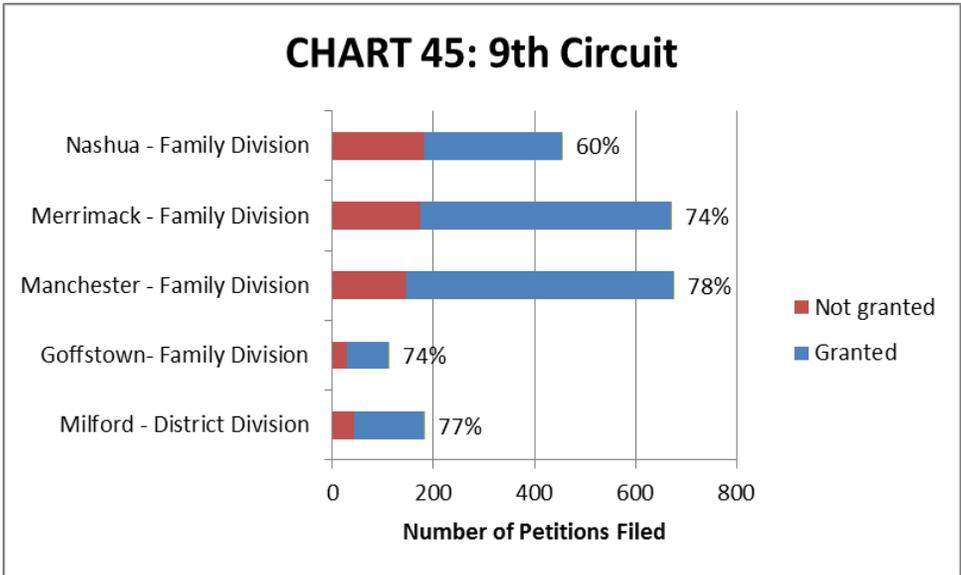
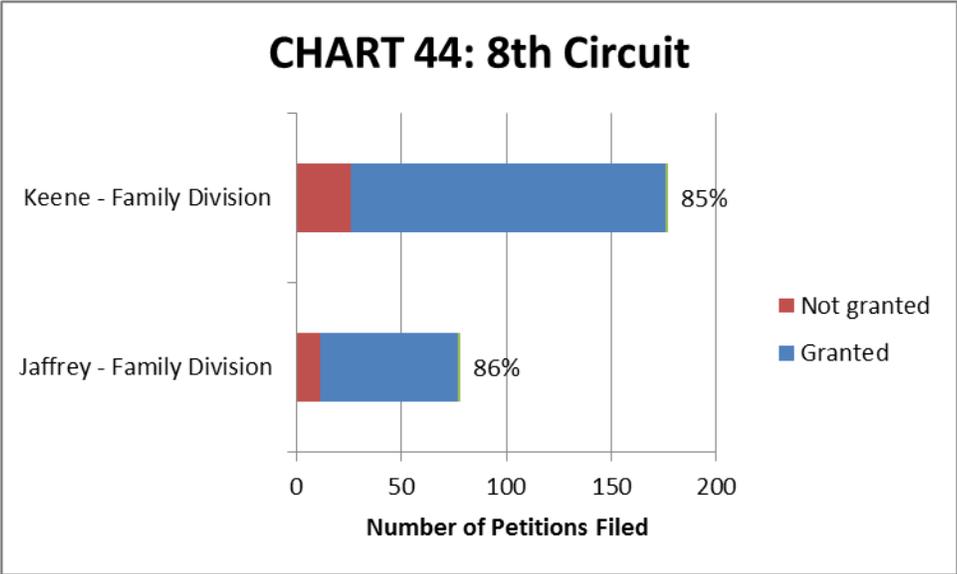


CHART 43: 7th Circuit





CHARTS 47-58: DOMESTIC VIOLENCE FINAL PROTECTIVE ORDERS

Charts 47-56 relate to the number of Final Domestic Violence Orders issued. The data reflects the number of final orders that were issued either as a result of temporary Domestic Violence orders that were ultimately presented to the Courts for continuation as Final Domestic Violence Orders of Protection or in hearings that were scheduled without a Temporary Order being filed.

The reasons for final orders not being granted vary and include, but are not limited to, the parties' non appearance at the final hearing or the inability to find that abuse occurred as defined in RSA 173-B. These charts do not reflect the cases that may have been withdrawn prior to the final hearing.

Charts 57 and 58 provide information on protective orders requested for 1 and 5 year extensions.

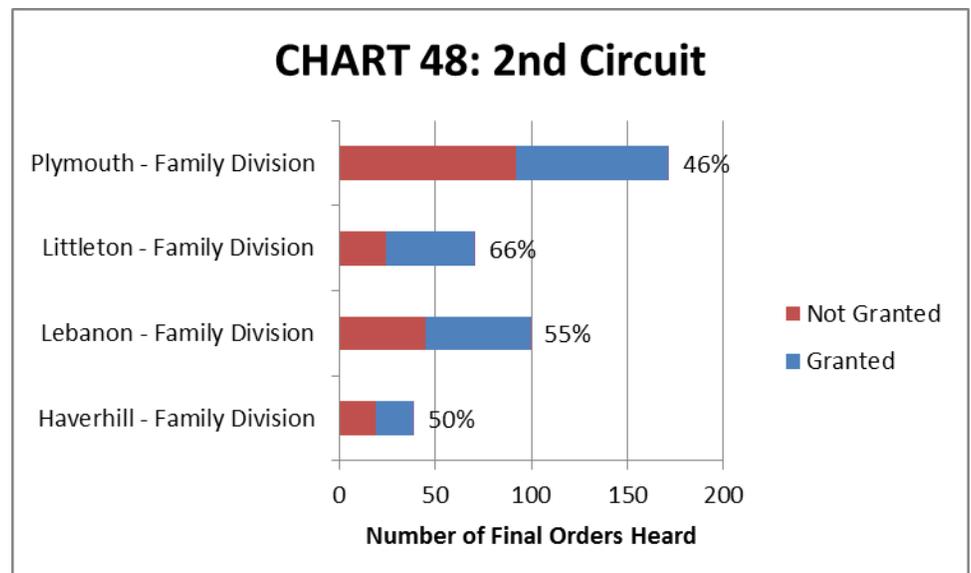
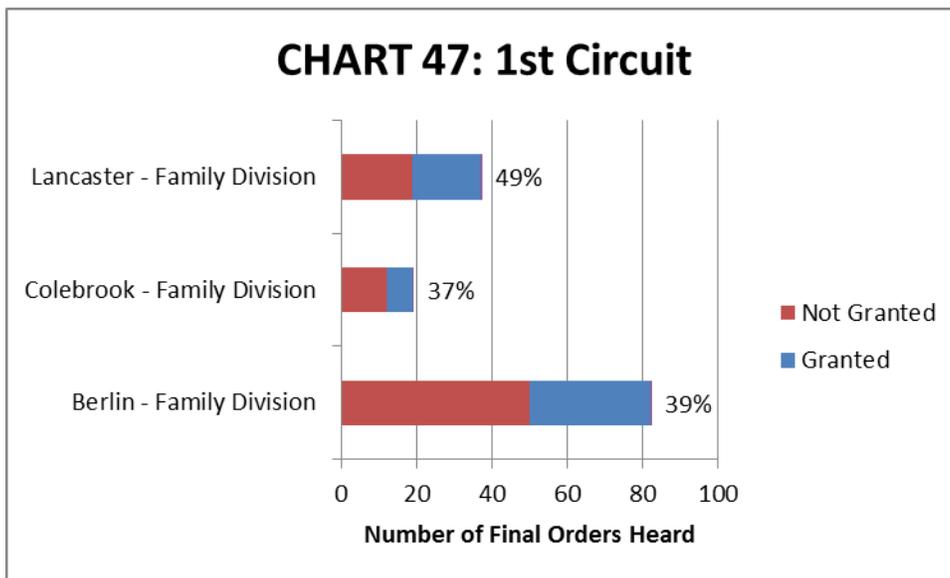


CHART 49: 3rd Circuit

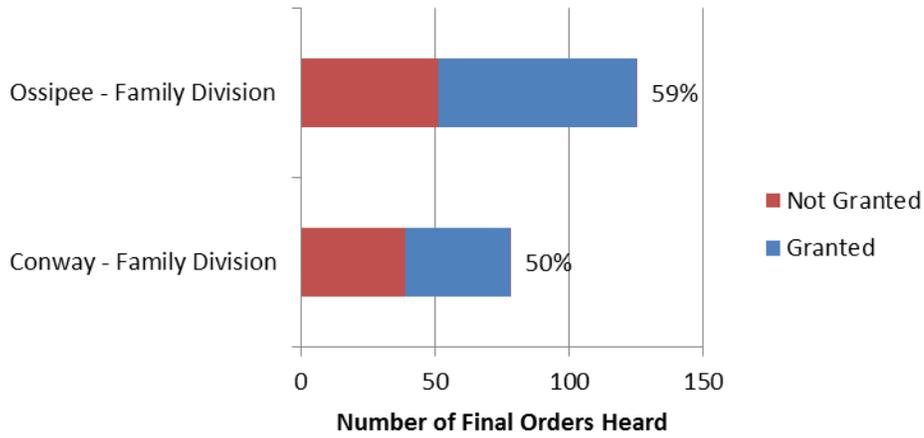


CHART 50: 4th Circuit

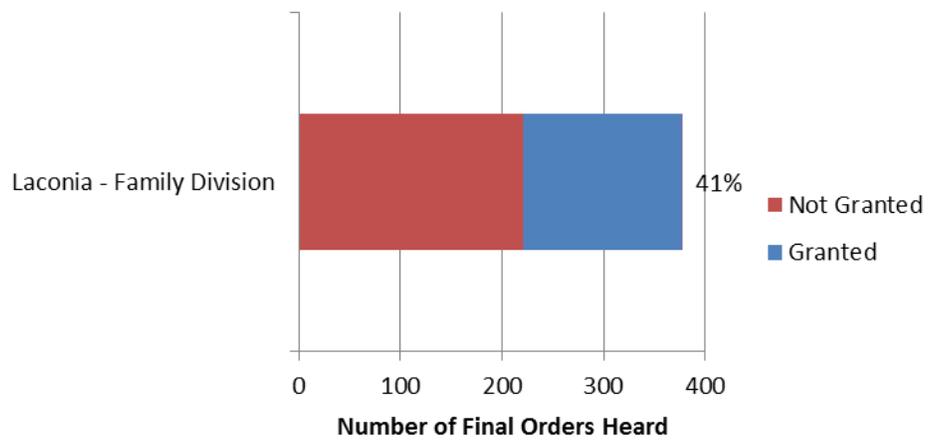


CHART 51: 5th Circuit

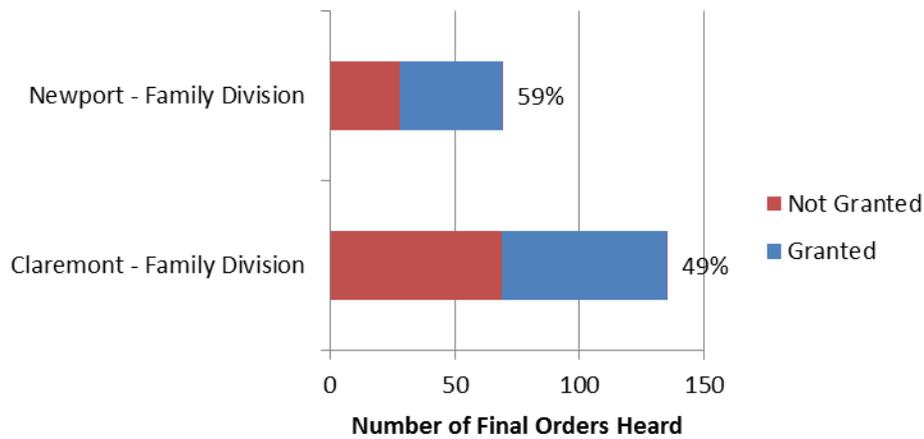


CHART 52: 6th Circuit

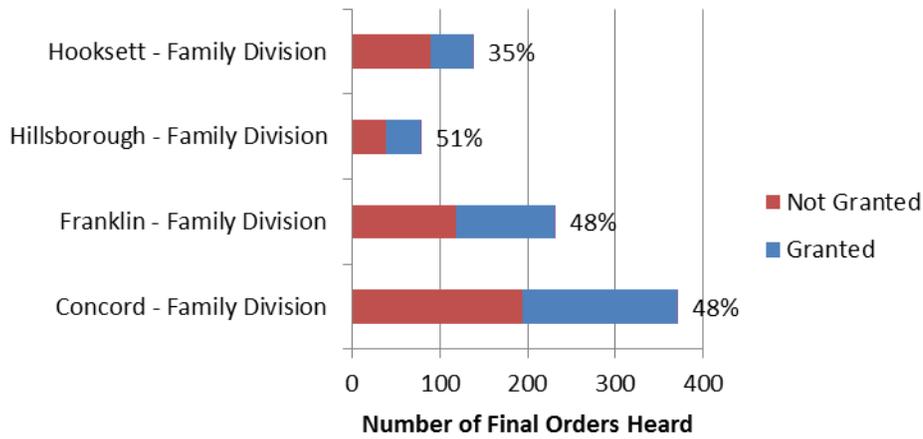


CHART 53: 7th Circuit

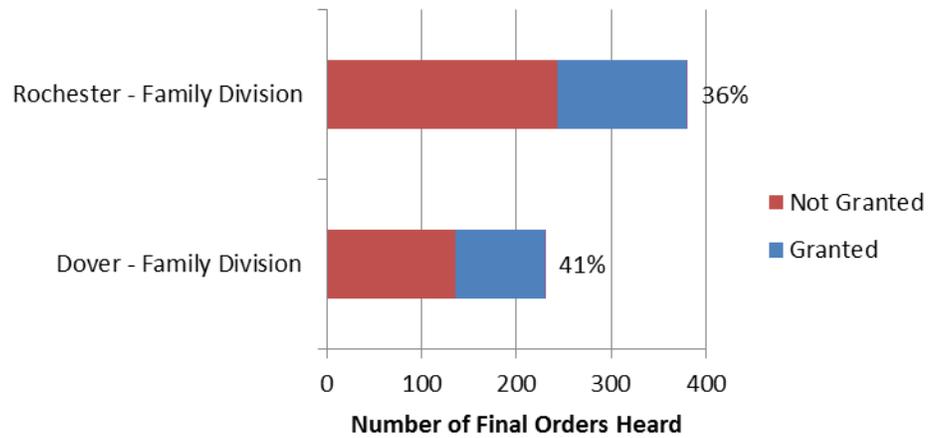


CHART 54: 8th Circuit

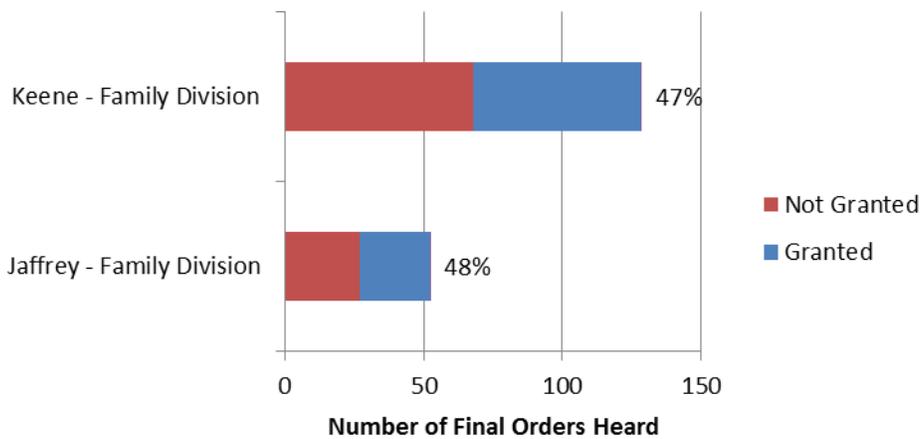


CHART 55: 9th Circuit

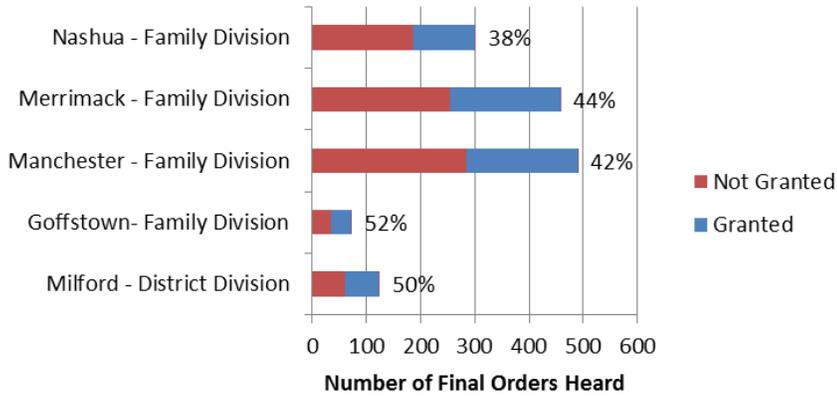


CHART 56: 10th Circuit

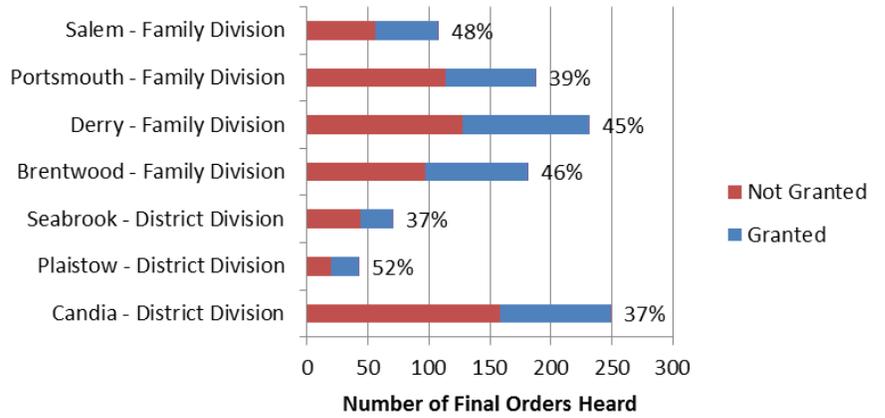


CHART 57: DOMESTIC VIOLENCE PROTECTION ORDERS 1 YEAR EXTENSIONS - 2016-2017

■ 1 Year Extensions Granted ■ 1 Year Extensions Denied

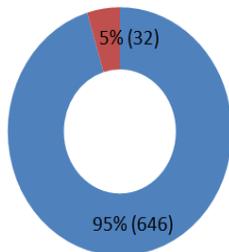
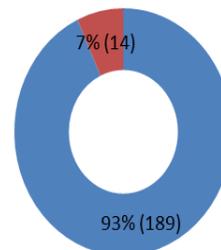


CHART 58: DOMESTIC VIOLENCE PROTECTION ORDERS 5 YEAR EXTENSIONS- 2016-2017

■ 5 Year Extensions Granted ■ 5 Year Extensions Denied



CHARTS 59-68: STALKING TEMPORARY ORDERS

RSA 633:3-a defines stalking and provides some guidance as to what a plaintiff must do to procure a temporary stalking order of protection. In essence, a plaintiff that seeks a temporary stalking order of protection must follow the same process as a plaintiff that is seeking a domestic violence order of protection. **See RSA 633-3:a, III-a.**

In order to obtain a temporary stalking order of protection, a plaintiff must show that they are in immediate and present danger of stalking. Examples of stalking include, but are not limited to, purposely, knowingly or recklessly engaging in a course of conduct targeted at a specific person which would cause a reasonable person to fear for their safety or the safety of a member of that person's immediate family and the person is actually placed in fear. It also includes, but is not limited to, a defendant purposely, knowingly or recklessly engaging in a course of conduct targeted at a specific individual which the actor knows will place that individual in fear.

The plaintiff begins the process of requesting a temporary order of protection by filling out a written and sworn petition requesting temporary protection. The plaintiff must file the completed petition at the appropriate Circuit Court District Division location. The plaintiff may file the petition in the district where either they or the defendant resides. The request will be presented to a Judge who will make a determination as to whether to issue a temporary order of protection and what conditions to include in the order of protection. Examples of protections include, but are not limited to, the defendant's relinquishment of firearms and ammunition, prohibition of contact between the defendant and the plaintiff and a prohibition on further acts of stalking by a defendant against a plaintiff.

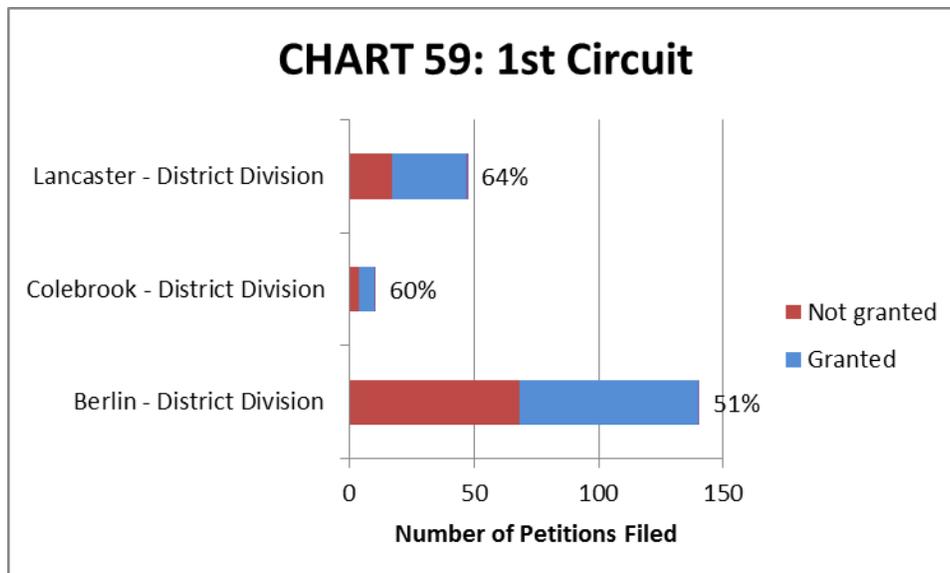


CHART 60: 2nd Circuit

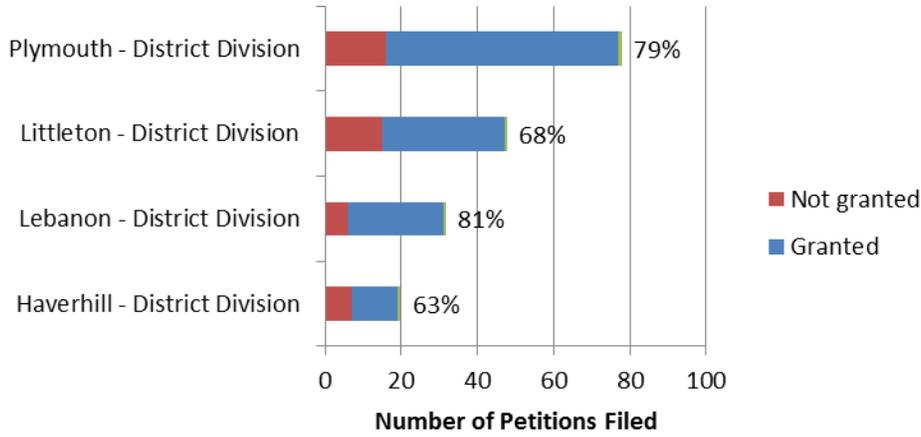


CHART 61: 3rd Circuit

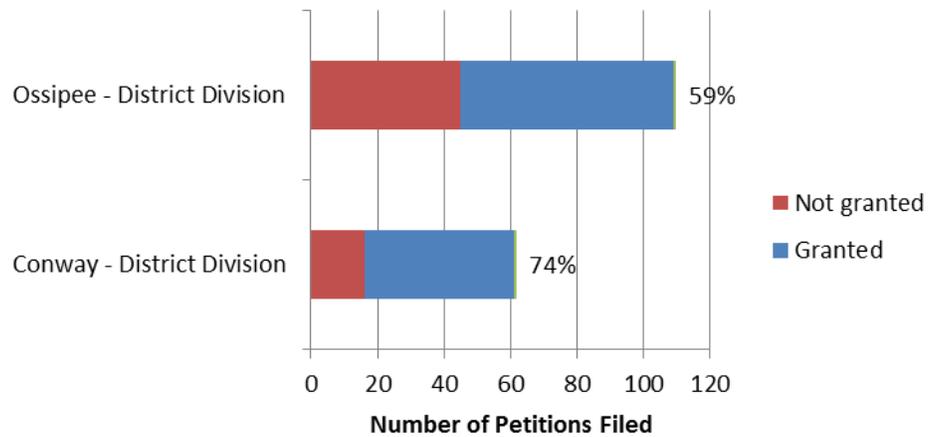


CHART 62: 4th Circuit

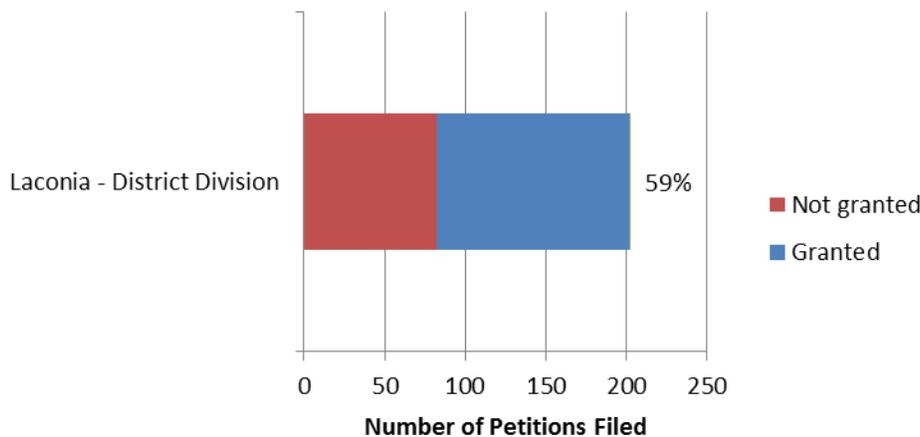


CHART 63: 5th Circuit

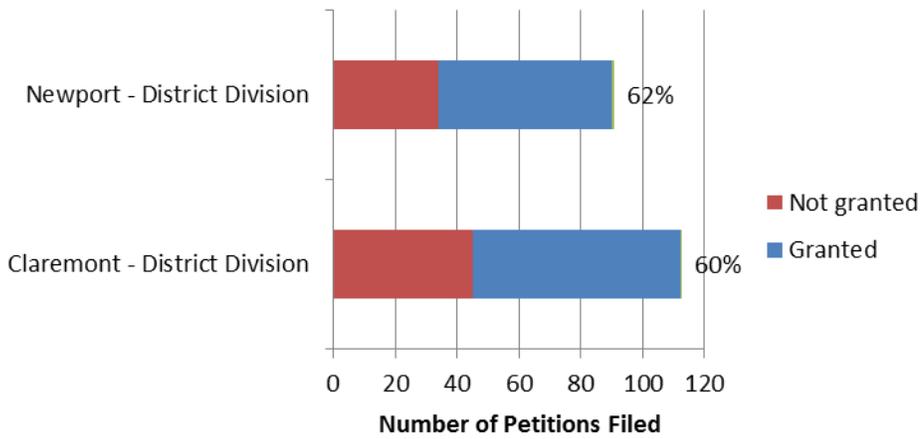


CHART 64: 6th Circuit

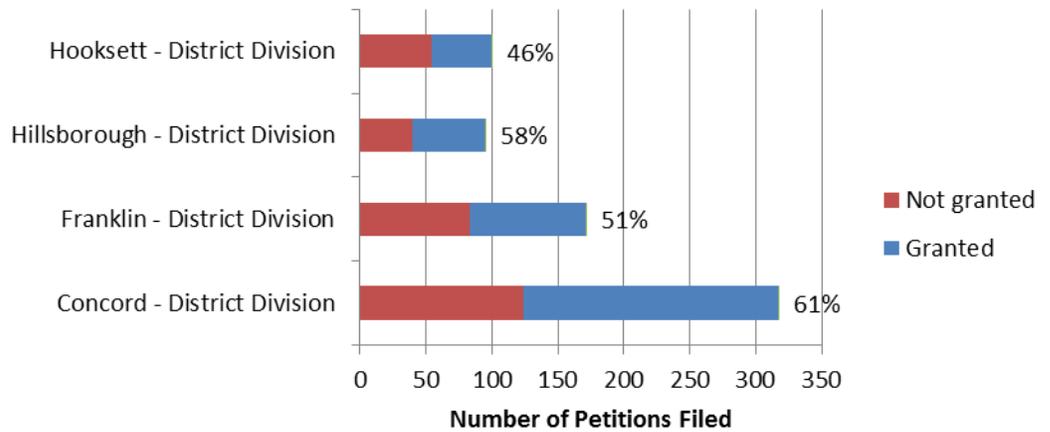


CHART 65: 7th Circuit

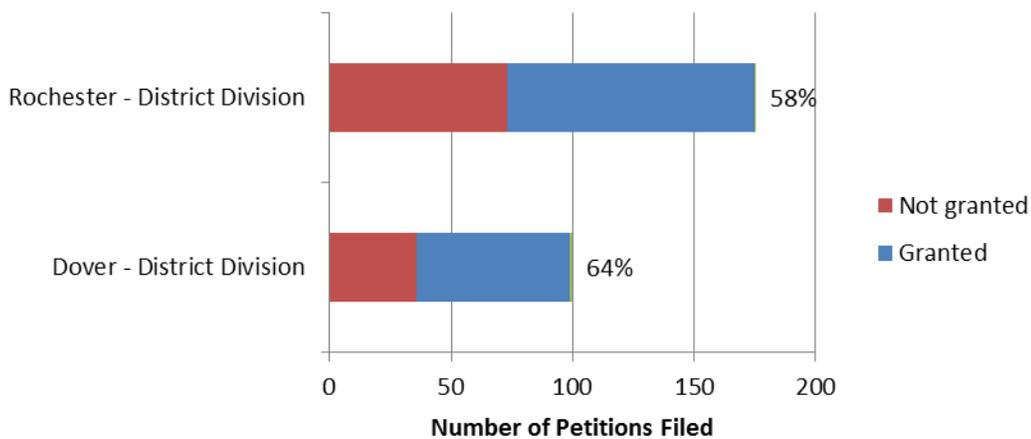


CHART 66: 8th Circuit

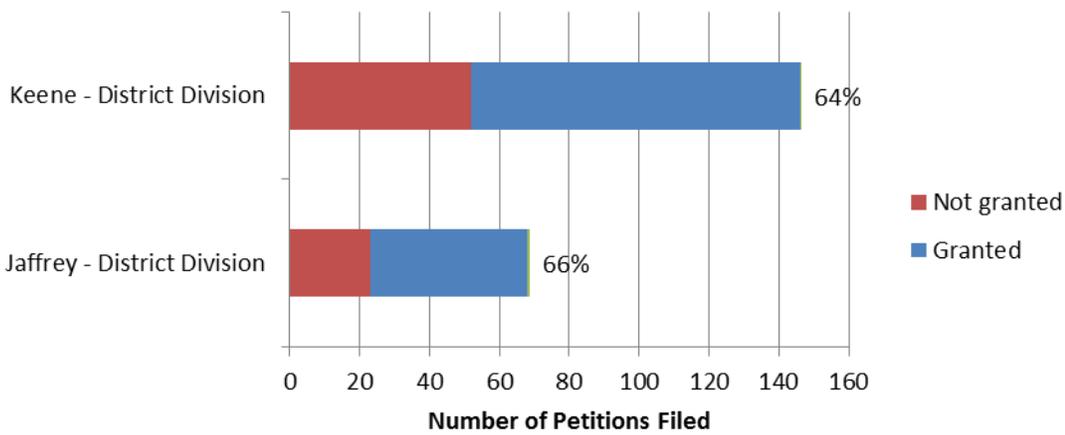


CHART 67: 9th Circuit

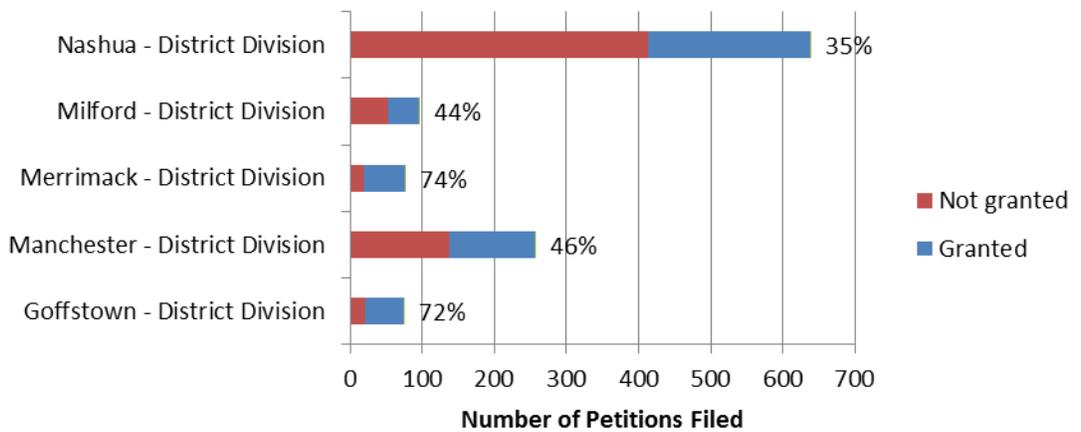
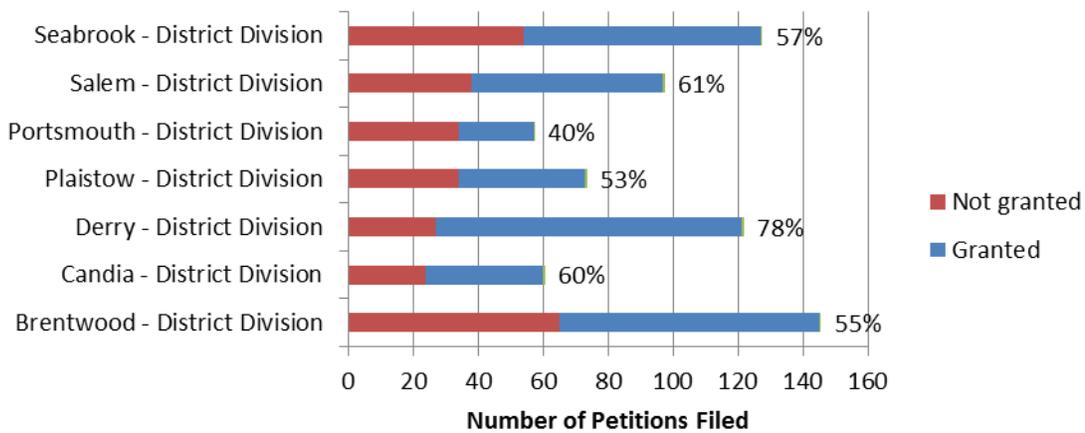


CHART 68: 10th Circuit



CHARTS 69-80: STALKING FINAL ORDERS

Charts 69-78 relate to the number of Final Stalking Orders issued. The data reflects the number of final orders that were issued as a result of temporary Stalking Orders that were ultimately presented to the Courts for continuation as Final Stalking Orders of Protection .

As noted in the section on Domestic Violence Final Orders of Protection, the reasons why temporary stalking orders are not converted into final orders of protection are varied and can include, but are not limited to, the parties' non-appearance at the Final Hearing and the Court's inability to make a finding that stalking as defined by RSA 633:3-a has occurred. These charts do not reflect the cases that may have been withdrawn prior to the final hearing.

Charts 79-80 provide information on protective orders requested for 1 and 5 year extensions.

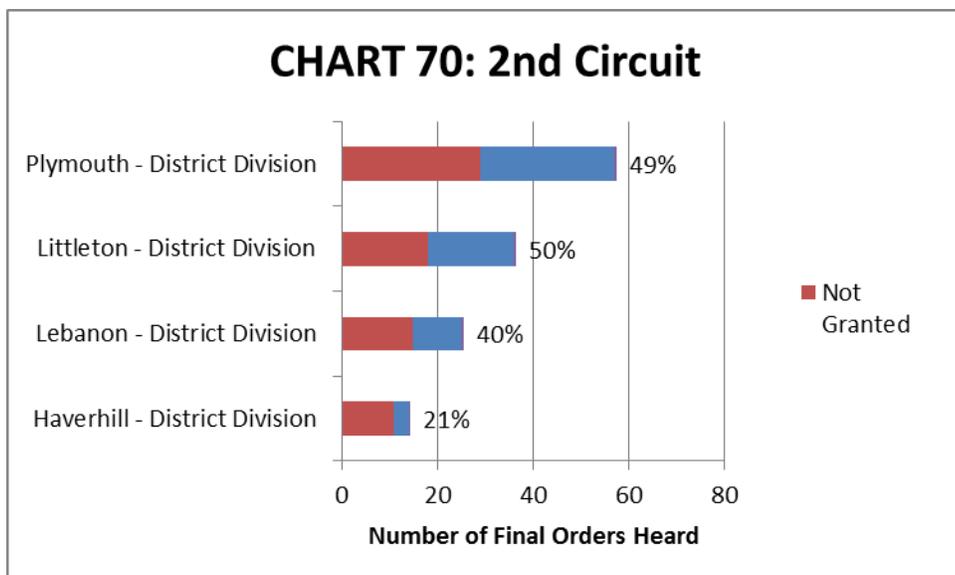
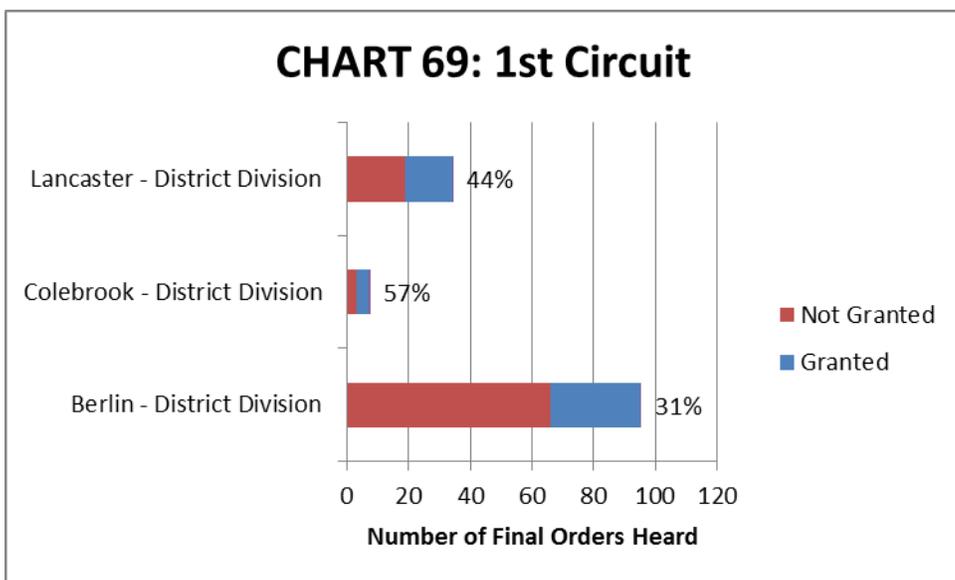


CHART 71: 3rd Circuit

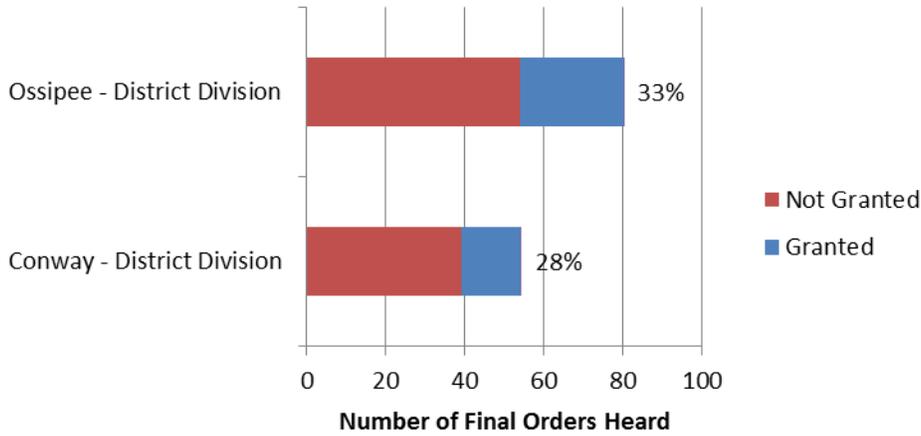


CHART 72: 4th Circuit

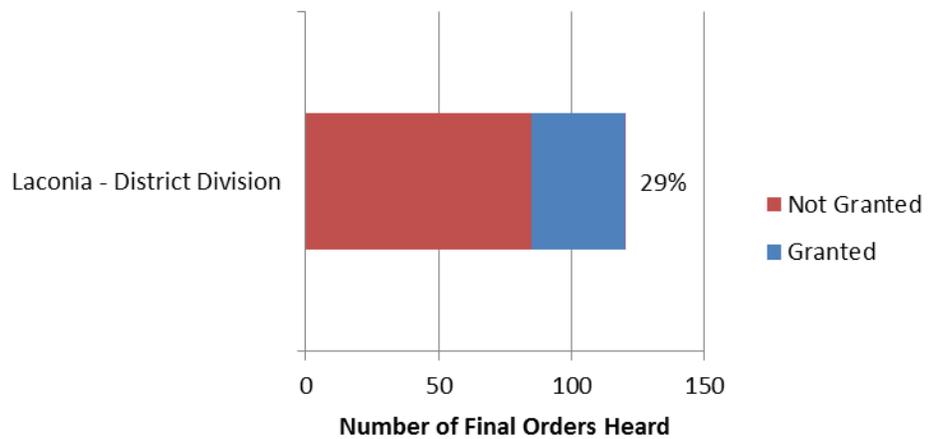


CHART 73: 5th Circuit

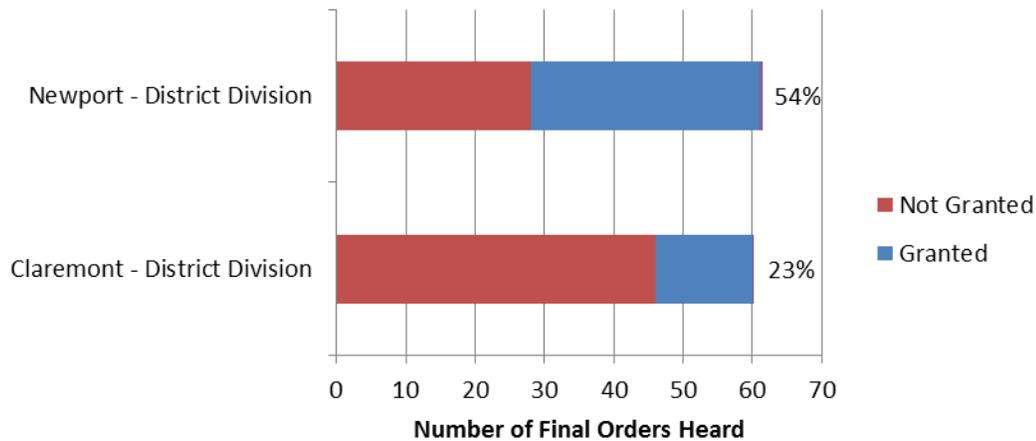


CHART 74: 6th Circuit

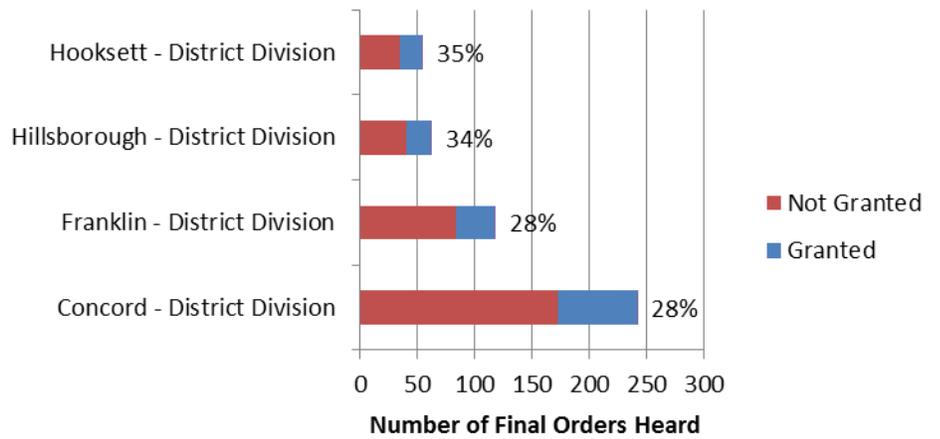


CHART 75: 7th Circuit

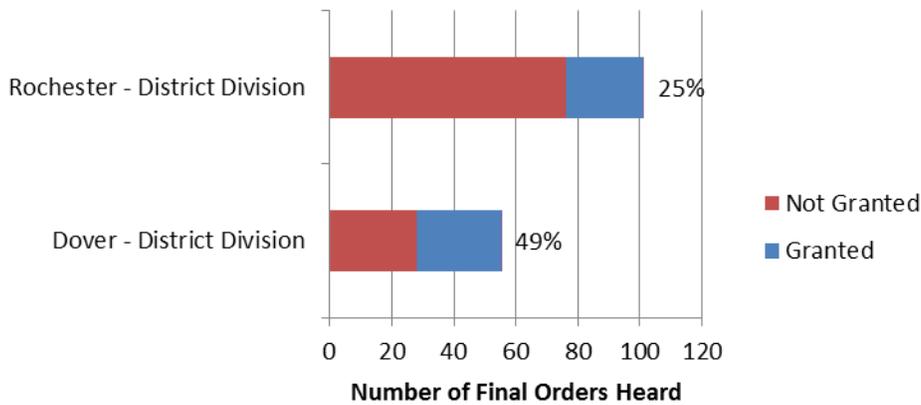


CHART 76: 8th Circuit

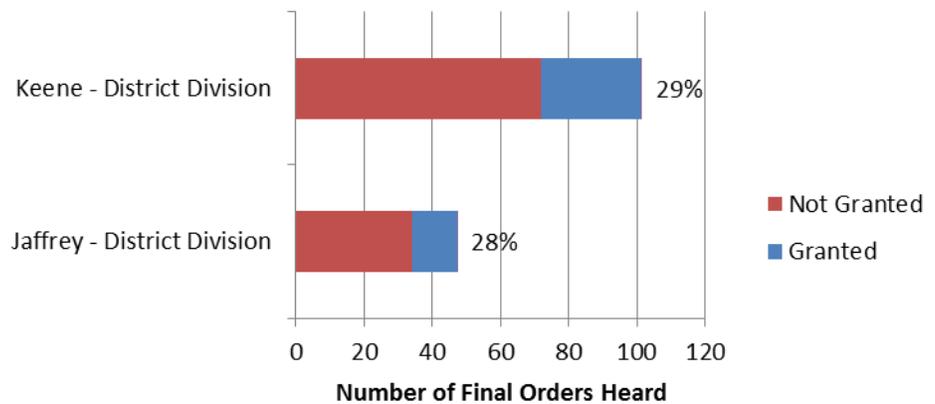


CHART 77: 9th Circuit

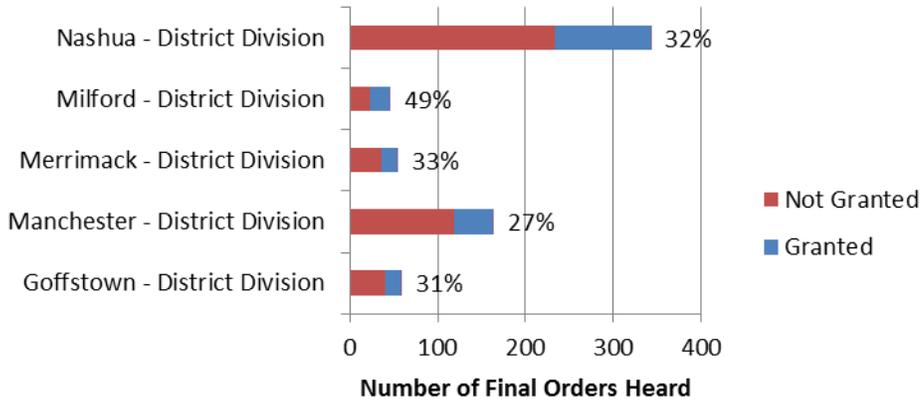


CHART 78: 10th Circuit

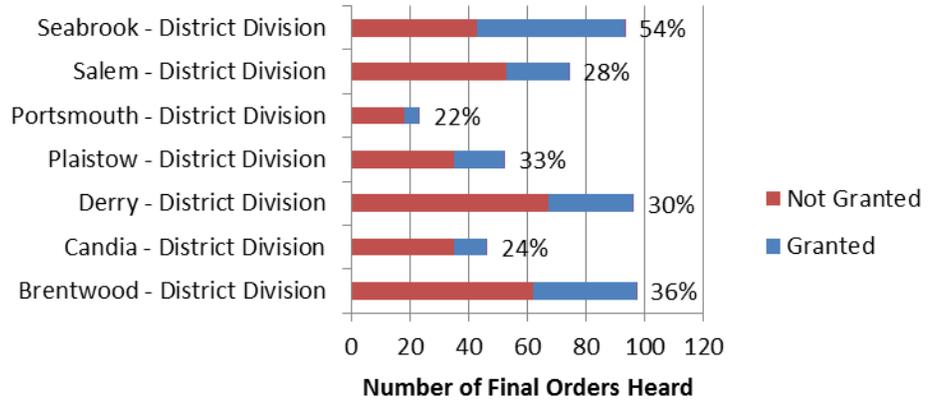


CHART 79: STALKING 1 YEAR EXTENSIONS 2016-2017

■ 1 Year Extensions Granted ■ 1 Year Extensions Denied

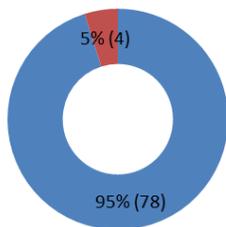
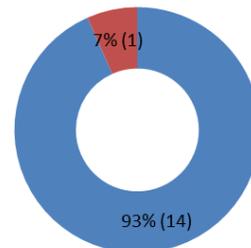


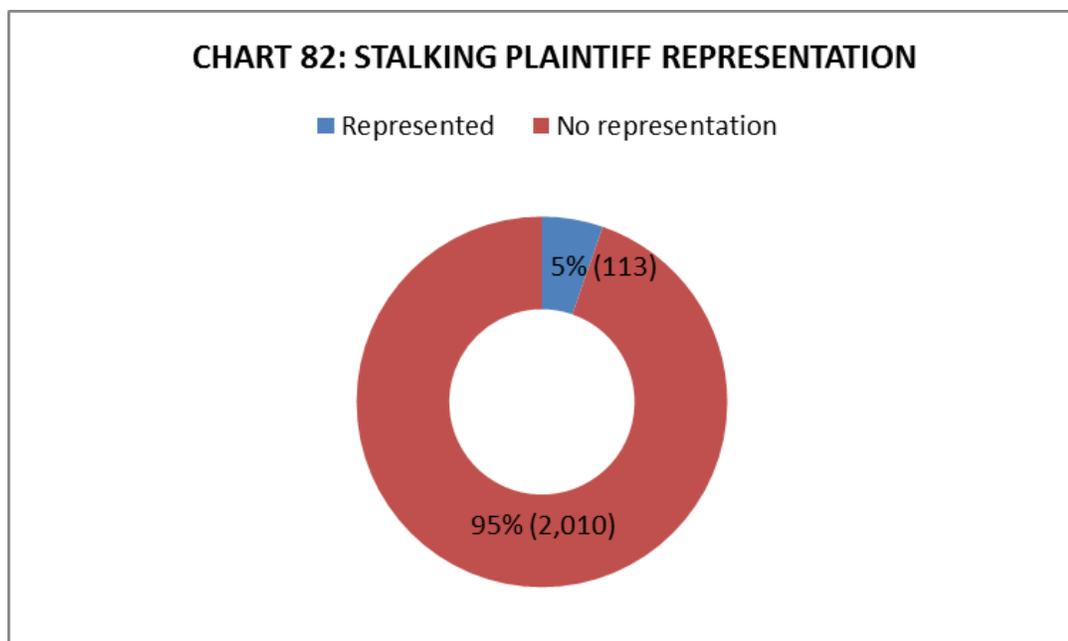
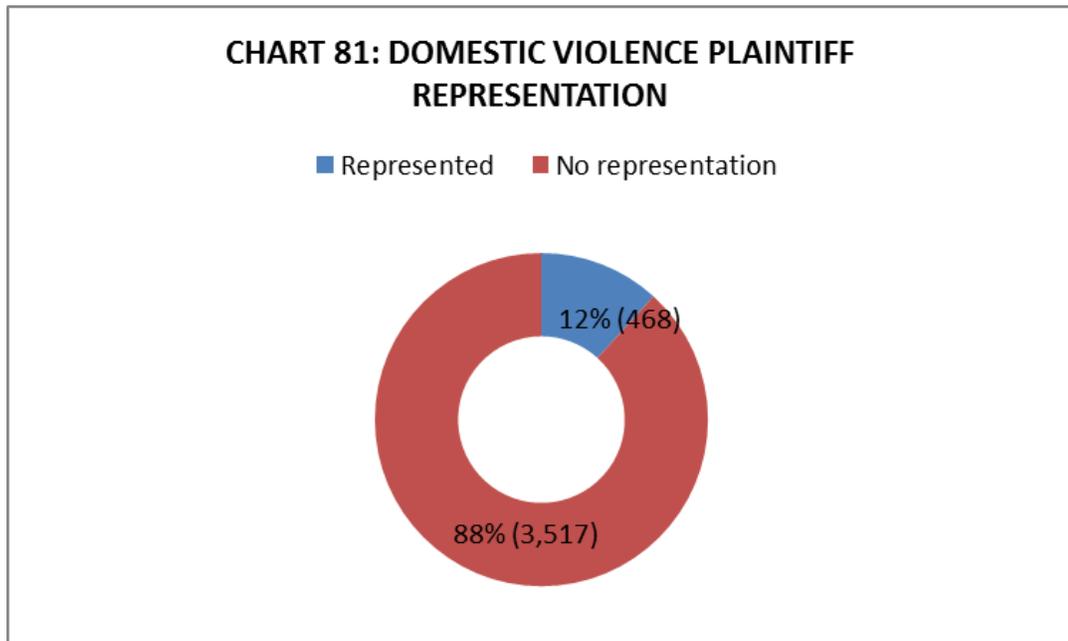
CHART 80: STALKING 5 YEAR EXTENSIONS 2016-2017

■ 5 Year Extensions Granted ■ 5 Year Extensions Denied



CHARTS 81-82: PLAINTIFF REPRESENTATION

Charts 81 and 82 provide information regarding plaintiffs represented by an attorney at some point during the protective order process.



APPENDICES

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 (2016-2017)

***Patricia LaFrance JD, Chair**
The Black Law Group

***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 Law Offices

Dr. Jennie V. Duval [alt.]
Deputy Chief Medical Examiner
Office of the Chief Medical Examiner

Michelle Edmark
Warden of NCF
New Hampshire Department of Corrections

***Elizabeth Fenner Lukaitis [alt.]**
Acute Services Care Coordinator
Bureau of Behavioral Health

Detective Robert Frechette
Rochester Police Department

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

Deborah Madigan
Bureau of Elderly and Adult Services

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

Judge John T. Pendleton
10th Circuit Family Division Court

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 (12/1/2018)

Captain Mark Bodanza

Assistant Director
Hanover Police Department

Shanna Beckwith

Assistant Director
MCVP

Detective Robert Frechette

Rochester Police Department

Chief David B. Goldstein, PhD

Franklin Police Department

Sergeant Sara Hennessey

NH State Police
Family Services Unit

Kathy Kimball

SART Coordinator
Attorney General's Office

Melissa Kowelewski

Domestic Violence Project Manager
New Hampshire District Court

Lynda Ruel

Director, Office of Victim/Witness Assistance
Attorney General's Office
Lynda.ruel@doj.nh.gov

Natalie Ryckman

New Hampshire Coalition Against Domestic and
Sexual Violence
224-8893
natalie@nhcadsv.org

Joi Smith

Client Services Manager
HAVEN

Danielle Snook

Program Specialist
Attorney General's Office

Chief Donald Sullivan

Alexandria 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

Detective Kendall Wolfson

Franklin Police Department

Staff Assistant

Stacey MacStravic

Administrative Assistant, OVWA
Attorney General's Office

