

STATE OF VERMONT
DOMESTIC VIOLENCE
FATALITY REVIEW COMMISSION
REPORT



2011

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DEDICATION

The Commission dedicates its efforts to make Vermont a safe and peaceful community especially for the most vulnerable and isolated Vermonters.

INTRODUCTION

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

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

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

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

This is the Ninth Commission Report. This Report includes data regarding fatalities for 2010 and updates the statistical information that dates back to 1994. In 2010, the Commission completed one in-depth case review and case recommendations from that review are discussed in this Report. The case review addressed elder abuse issues which were a new topic for the Commission. Because of that the Commission spent additional time studying the issue and this report focuses on the particular nature of elders when faced with abuse. Finally, the Report provides an update on four of the Commission's earlier recommendations.

The Commission asks all Vermonters to review this report and provide us with comments and suggestions as we continue to study the trends and patterns of domestic violence and related fatalities.

EXECUTIVE SUMMARY OF COMMISSION DATA

The Commission data for 2010 indicates:

- Between 1994 – 2010, 51% of all Vermont homicides were domestic violence related.
- 56% of Vermont's domestic violence related homicides were committed with firearms and 80% of the suicides associated with the homicides (i.e. murder/suicides) and domestic violence are committed with firearms.
- In 2010, of the 9 homicides of adults, 3 were deemed domestic violence related thus 33% of our adult 2010 homicides were domestic violence related. Of the 3 adult domestic violence related homicides, one was committed with a firearm, one was a stabbing and the third homicide was the result of blunt trauma. A suicide that followed a domestic violence related firearm homicide was committed with a firearm as well.
- The 3 domestic violence related homicides of adults and the subsequent suicide all occurred in residences. According to the 2009 VT Crime Report, approximately 60% of violent crime occurs in residences making the home the most frequent location for violent criminal incidents.
- Of the 9 adult homicides, 4 involved elder victims with ages ranging from 78 to 89. Of those 4 homicides, only 2 were deemed domestic violence related. The 2 elder deaths that were not domestic violence related occurred at institutional nursing home settings but did not meet the Commission definition of being domestic violence related fatalities. See Appendix B for the definition.
- The Vermont Network Against Domestic and Sexual Violence received and responded to 4000 more hotline and crisis calls in 2010 resulting in a call increase of 37% from 2009.
- Vermont Department for Children and Families, Family Services Division, received an increase of 18% in intake calls of child maltreatment that included co-occurring domestic violence.
- Of the overall population of persons under Corrections' supervision (11,824), the portion of those persons whose most serious charges relate to domestic violence was nearly 11 percent (10.83%).

The majority of violent crimes in Vermont occur in residences.

SUMMARY OF COMMISSION'S ACTIVITIES IN 2010

In 2010, the Commission issued its Annual Report. As required by 15 VSA Sec. 1140, the Commission distributed its report to the General Assembly, the Governor, the Chief Justice of the Vermont Supreme Court and the Council on Domestic Violence.

In 2010, The Commission membership was expanded by statute to include the Commissioner of Mental Health, or his or her designee, and a Judge appointed by the Vermont Supreme Court's Chief Justice. This amendment was in response to the Commission recognizing the need to have these voices at the table. The Commission welcomes these two new members and their important perspectives. Appendix C lists the current members of the Commission.

During 2010, the Commission met bi-monthly and the Chair of the Commission and the Coordinator of the Vermont Council on Domestic Violence met monthly to work on recommendation implementation. A copy of the updated 2011 Protocol that outlines these roles is attached as Appendix E.

Pursuant to the revised 2011 Protocol, the Vermont Council on Domestic Violence and the Commission identified three Commission recommendations to concentrate on: 1. the domestic violence and the workplace initiative; 2. the economic empowerment recommendation and 3. the lethality assessment project (LAP) expansion. This Report highlights the actions taken regarding these three topics along with a Department of Corrections' 2008 recommendation.

In addition, during 2010, the Commission completed one in-depth case review and commenced another which will be finished during 2011. The Commission determined they would report on the completed case review as it addressed issues specific to elder abuse which have not previously been studied by the Commission. Also, given the elder deaths in the 2010 data, the Commission felt that the case review raised timely issues.

In the case review, we heard from a variety of witnesses and reviewed documents provided by government agencies and private entities. Please note that when conducting our reviews in 2010, we used our new lethality assessment form to identify risks present and we have listed those risks below as part of our summary.

Pursuant to 15 V.S.A. Section 1140, the purpose of the Commission includes identifying strengths and weaknesses in systemic responses to domestic violence and making recommendations that will encourage collaboration,

intervention and prevention. Below please find relevant data regarding the completed case review and the Commission's findings regarding strengths in the community and recommendations to improve the response to domestic violence.

SUMMARY OF 2010 CASE REVIEW

CASE REVIEW INFORMATION

In the fatality reviewed, the manner of death was suicide by firearm (.22 Caliber handgun) in the presence of the responsible party's estranged wife in her residence. Four months earlier, the responsible party's wife obtained a relief from abuse order and the responsible party was cited for a criminal domestic assault charge arising from the same incident. In the final relief from abuse order, the firearm restriction section of the order was not completed. The responsible party's firearms (4 total) were mentioned in the plaintiff's affidavit for the temporary relief from abuse order and the responsible party subsequently hid the weapons from the police. In addition, the wife had filed for a divorce after 48 years of a marriage alleging intolerable severity which consisted of years of physical and sexual abuse. Both parties were represented by counsel.

"Many abusers do not pay attention to relief from abuse orders." Case Review Witness

Following these earlier events, the responsible party attempted suicide by an overdose and was hospitalized and subsequently discharged into the community with follow-up medical care and medications. The responsible party had a criminal record and was a felon. He had been convicted of crimes against his children and his spouse. He had been incarcerated in the past and supervised by the Department of Corrections in the community. The Department for Children and Families had also been involved with these prior cases.

The responsible party was prohibited from possessing firearms under the Federal Gun Control Act as he was a felon and subject to a final relief from abuse order.

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

"I want to thank all of you for being willing to listen and I hope my suggestions help save someone else's life someday." Case Review Witness

The following risk factors were noted:

1. serious violent threats, ideation or intent;
2. escalation of physical/sexual violence or threats, ideation, intent;
3. violations of civil and criminal court orders;
4. negative controlling attitudes about partner;
5. criminal history;
6. relationship problems;
7. access to weapons;
8. mental health history;
9. recent separation and divorce proceedings;
10. fear of return to jail;
11. isolation;
12. health issues;
13. pet abuse.

STRENGTHS IN THE COMMUNITY

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

1. Emergency Room personnel were responsive in treating the victim after a domestic assault and identified the need for support services for elders and contacted Adult Protective Services as well as a local domestic violence program.
2. The victim of abuse was able to obtain exemplary legal representation through a local pro bono non-profit legal advocacy group which assisted her admirably in the relief from abuse, divorce and criminal process as well as providing her in-home consultations and transportation.
3. The Court and its personnel were responsive to the issues presented in the relief from abuse and divorce case in the after-hours context as well as during court hours.
4. Emergency mental health services were readily available to the suicidal spouse.

CASE REVIEW FINDINGS AND RECOMMENDATIONS

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

In no way does the Commission intend to imply that any agency or policy is responsible directly or indirectly for any death. The goal of the Commission in making these recommendations is to increase the safety of all Vermonters. The findings and recommendations are not prioritized and are of equal importance. The recommendations are addressed to the following entities: elder abuse state agencies and non-profit service organizations; the Vermont legislature; Vermont health care providers; Emergency Management Services; law enforcement and the Vermont Council on Domestic Violence.

1. ELDER ABUSE

FINDINGS

Adult Protective Services (APS), a program under the Division of Licensing and Protection, at the Department of Disabilities, Aging and Independent Living (DAIL), was very responsive to the victim's needs in this case; however, the Commission notes that the APS caseload is increasing in number of cases and severity of abuse. Currently, APS is handling 3000 intakes a year that result in 1000 investigations. According to the 2010 Census data for Vermont, 14.5% of the population is over 65 and 16% of the population has a disability. These numbers represent an increase in comparison to the 2000 Census data which demonstrated that 12.7% of the population was over 65 and 8.3% had a disability. The Commission recognizes that not all of these folks would meet the statutory definition of a vulnerable adult and fall under APS jurisdiction; however, it demonstrates the growing issue of abuse of elders and vulnerable adults in our state. According to the 2010 Census data, Vermont has the second highest median age (41.2), after Maine, which illustrates the aging nature of the Vermont population. Vermont needs to have the resources in place to address this growing portion of our population.

In addition, the Commission concludes based on the evidence presented, that the APS statutes and administrative practice need to be revised in order to assure collaboration with community partners and that APS has the authority to adequately respond to circumstances of abuse and neglect.

ELDER ABUSE RECOMMENDATION #1

The Commission recommends that:

- **Adult Protective Services (APS) at the Department of Disabilities, Aging and Independent Living (DAIL)** should work with **Vermont Domestic Violence Council, and the Network**

against Domestic and Sexual Violence to develop a targeted outreach program for isolated elders who may be victims of violence.

- One opportunity for on-going collaboration is the current pilot project in the Northeast Kingdom between Umbrella, the nonprofit direct service program serving domestic and sexual violence victims, and the Area Agency on Aging for Northeastern Vermont. This pilot project is attempting to expand their capacity to address the service needs of older survivors of domestic and sexual violence. The pilot is also focusing on outreach to elders regarding domestic and sexual violence. APS could support the efforts of the pilot and consider replicating these efforts statewide in the future.

ELDER ABUSE RECOMMENDATION # 2

The Commission recommends that **the Secretary of the Agency of Human Services and the APS program at DAIL:**

- Develop a protocol for automatic referral to a local domestic violence program by APS investigators in order to connect with local services, obtain confidential support and strategize as to the appropriate civil remedy (Title 15 or 33) for the vulnerable adult.
- Develop a protocol for automatic referral to law enforcement by APS investigators who may be working with someone who needs help reporting a crime. The protocol should also include a formal notification by the law enforcement to APS as to whether the case is going to be prosecuted.
- Develop a protocol and resources for a domestic violence public awareness and education plan for vulnerable adults.

ELDER ABUSE RECOMMENDATION #3

The Commission recommends that the **Vermont Legislature** consider enacting legislation to provide APS the following:

- A statutory change that would result in a substantiated perpetrator in the APS registry remaining on the registry pending appeal.
- Access to the Department of Correction's database and for law enforcement to have access to the APS registry.
- Access to other states' abuse registries.
- A review of the APS statute to determine if they currently are able to provide both investigative services and case management services to vulnerable adults. In addition, to consider an expansion of the case management statutory

provisions for APS. For background information, this review should compare the current APS case management capacity with DCF's current case management system.

- Additional financial resources, staff and investigators.

2. HEALTH CARE PROVIDERS

FINDINGS

In the case review, local hospitals were very responsive to the medical needs of both parties but our review identified areas where domestic violence dynamics needed to be explored further by medical professionals.

Professor Jacquelyn C. Campbell is a Professor at the Johns Hopkins University School of Nursing. She worked with the Maryland Network Against Domestic Violence (MNADV) and developed a program over a two year-period from 2003 to 2005 called the Lethality Assessment Program (LAP) for First Responders, a one-of-a-kind program designed to identify victims of domestic violence at the greatest risk of being killed and providing immediate intervention. It uses a first responder screening instrument based on research and a proactive protocol whereby the officer/deputy on the scene uses the telephone to connect the victim to a hotline worker. Maryland fully implemented the LAP statewide and experienced a 41% decline in domestic violence homicides and suicides over three years. The LAP was recognized by Harvard University as a Top 50 Program for 2008. Professor Campbell came to Vermont in 2010 and trained Judges and Court Administrators on lethality assessment.

Prof. Campbell also developed a screening instrument for medical care professionals. Information regarding that screening instrument can be found at:

<http://www.dangerassessment.org/WebApplication1/pages/psychometric.aspx>

and <http://www.musc.edu/vawprevention/research/instrument.shtml>.

As reported by the Commission in prior Reports, the Washington County domestic violence program, Circle, applied for and was selected along with a program in New Hampshire to receive the LAP Training. Washington County has been trained by the national experts and is working on the local implementation of the program. Once the program is established in Washington County, Circle will be making itself available to train other counties and law enforcement on the program.

The Commission concludes that expanding the program and screening instrument to the medical care community first in Washington County and subsequently to other health care facilities in Vermont would benefit medical professionals and patients. The goal of LAP is to prevent domestic violence homicides, serious injury and re-assault by encouraging more victims to utilize the support and shelter services of domestic violence programs. It features a research-based lethality screening tool and an accompanying referral protocol that provide direction for professionals to initiate appropriate action based on the results of the screening process. It enables professionals and domestic violence programs to work hand-in-hand to actively engage high-risk victims who otherwise may not seek the supports available.

HEALTH CARE RECOMMENDATION #1

The Commission recommends:

- that the **Domestic Violence Fatality Review Commission** explore funding and work with **health care providers** to host a conference for medical and mental health providers about domestic violence, risk assessment, discharge plans, Tarassof warnings and the health care professional's overall interactions with victims and alleged perpetrators of domestic and sexual violence. This conference could address the following issues:
 - Whether hospitals should have access to criminal history and protection order databases at the Courts.
 - Whether hospitals should adopt Professor Campbell's health care professionals' lethality assessment instrument tool.
 - The application of Tarassof warnings in domestic violence cases and the interplay between the Tarassof warnings and Professor Campbell's lethality assessment tool.
 - Whether hospitals can notify local law enforcement of the release of a person with significant criminal and mental health history into their community.

HEALTH CARE RECOMMENDATION #2

The Commission recommends that:

- The Washington County domestic violence program, **Circle**, collaborate with the **Commission** on introducing the LAP program and screening instrument to **health care providers in Vermont**.

3. EMERGENCY MANAGEMENT SERVICES AND LOCAL EMERGENCY RESPONSE

FINDINGS

In this case, the response time of the ambulance to a crime scene was thirty minutes when a more local ambulance team was five minutes away. In addition the response time of the police was 45 minutes whereas another law enforcement office was 5 minutes away. The Commission concludes that coordination of the limited resources in rural Vermont allows for a faster response time to a crime scene.

Emergency Management Services and Local Emergency Response Recommendation #1

The Commission recommends that:

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

4. LAW ENFORCEMENT TRAINING

FINDINGS

In this matter, there was a delay in service of the protection order and the plaintiff had to avoid returning home during that time frame. Also, neither the plaintiff nor the plaintiff's attorney were notified that the responsible party was being served with a citation for criminal charges involving her. Had they been notified, the plaintiff might have been housed in a shelter for her safety. The night in question was the night that the responsible party committed suicide at the plaintiff's residence in front of her. Finally, prior to serving the protection order, the police called the responsible party's family and advised them of the fact that they were looking for him to serve him with a protection order. The responsible party responded by hiding the firearms that had been mentioned in the temporary order affidavit. One of these firearms was used in the suicide.

15 VSA Section 1105 provides that abuse prevention orders "shall be served at the earliest possible time and shall take precedence over other summonses and orders." Importantly, "[o]rders shall be served in a manner

calculated to insure the safety of the plaintiff” and “[m]ethods of service which include advance notification to the defendant shall not be used.” 15 VSA Section 1105. The Commission recommends that law enforcement receive additional training on service of abuse prevention orders in order to address these issues.

LAW ENFORCEMENT TRAINING RECOMMENDATION #1

The Commission recommends that **law enforcement** receive training on the issue of service of court paperwork as defined by Vermont statutes. The training should address:

- Prompt service of protection order paperwork and prompt notice to plaintiff to ensure the plaintiff's safety especially in rural isolated areas.
- When serving a protection order, that notice not be provided to the alleged defendant's family beforehand.
- A recommendation that the plaintiff or the plaintiff's attorney be advised of the fact that the defendant is going to be cited for a criminal charge when the plaintiff is the victim in the criminal matter.

5. FIREARMS

FINDINGS

In this matter, the temporary order required the defendant to turn over his firearms to the police. The defendant received notice that the police were trying to serve the order on him and hid the weapons and then lied to the police about not having access to the weapons. The weapons were not part of the final order as parties thought the issue had been resolved. The police had no way to inventory or verify the defendant's statements. In addition, in this case, the defendant was a felon and thus a prohibited person under the federal gun control laws and was violating the federal law by being in possession of firearms and ammunition.

Previously, the Commission has recommended that the Vermont legislature consider adoption of a law that would govern the relinquishment, inventory, storage and return of guns for defendants subject to final relief from abuse orders.

At the September 2009 Commission Conference at the Vermont Statehouse, New Hampshire Assistant Attorney General Ann Rice and the Honorable Judge Susan Carbon presented on the New Hampshire gun storage statute and practice. The New Hampshire statute governs the relinquishment,

inventory, storage and return of guns. Vermont legislators were present and interested in the topic and the Commission hopes to re-ignite that interest.

The 2010 Civil Protection Order Guide published by the National Council of Juvenile and Family Court Judges provides guidance for professionals working together to ensure the promise of the civil protection order is realized. The Guide contains specific recommendations regarding firearms and the interplay between the federal and state laws and presents a variety of best practices regarding firearm relinquishment. The Commission concludes that the Guide provides a framework for consideration of gun relinquishment issues in Vermont.

FIREARM RECOMMENDATION # 1

The Commission recommends:

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

COMMISSION DATA FOR 2010

In 2010, there were 11 homicides; 2 are deaths of children and 4 are deaths of elders in their 80s. One domestic violence related murder was followed by a suicide.

The age of Vermont homicide victims in 2010 ranged from 3 months old to 89 years of age. By Commission protocol, all child deaths are referred to Vermont’s Child Fatality Review Team for analysis. The Commission reviews elder deaths if the cases meet the Commission’s definition of being domestic violence related. For 2010, of the 4 elder deaths, only 2 met the Commission definition for being domestic violence related.

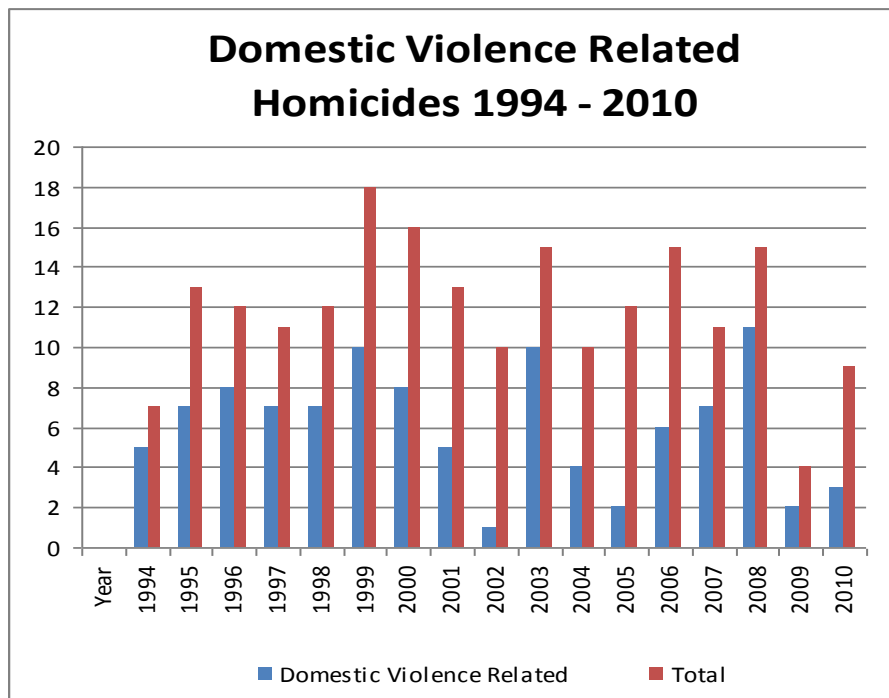
According to Commission data, in 2010, of the 9 homicides of adults, 3 were deemed domestic violence related thus 33% of our homicides. Of the 3 adult domestic violence related homicides, one was committed with a firearm, one was a stabbing and the third homicide was blunt trauma. The suicide that followed a murder was committed with a firearm as well.

There were 9 homicides of adults in 2010, 3 of which were domestic violence related (33%). There was at least 1 domestic violence related suicide.

The three domestic violence related homicides of adults and the subsequent suicide all occurred in residences. The Commission is particularly concerned with the 4 elder deaths and notes that 2 of them occurred in an institutional nursing home setting although those deaths were not deemed domestic violence related under the Commission’s criteria. Given the aging nature of Vermont’s population, the Commission will continue to scrutinize elder deaths closely. According to 2010 Census data, the median age for Vermonters is 41.2 older than the national median age of 36.8.

For the 2010 cases, no relief from abuse orders were in effect.

In summary, according to the Commission data covering 1994 – 2010, 51% of all Vermont homicides during the past sixteen years are domestic violence related. 56% of Vermont’s domestic violence related homicides are committed with firearms and 80% of the suicides associated with domestic violence homicides (i.e. murder/suicides) are committed with firearms.



SUMMARY OF 2010 DATA

- **11 total homicides**
- **Of the total homicides, 9 adult victims**
- **Of those 9 adult homicides, 3 are domestic violence related or 33%**

DATA REGARDING 2010 DOMESTIC VIOLENCE RELATED HOMICIDES

Gender			
Victims		Responsible Party	
Female victims	0	Male	3
Male Victims	3		
Relationship			
Partner	0	Household Member	0
Ex-Partner	0	Other Domestic Violence Related	1
Family Member	2		
County Distribution			
Addison	0	Lamoille	0
Bennington	2	Orange	0
Caledonia	0	Orleans	0
Chittenden	1	Rutland	0
Essex	0	Washington	0
Franklin	0	Windham	0
Grand Isle	0	Windsor	0
Crime			
Firearm	1	Stabbing	1
Fire	0	Blunt Trauma	1
Strangulation	0	Motor Vehicle	0
Drowning	0		
Children Present			0
Locations of Homicides			
In Residence	3	Outside Residence in Street	0
In Workplace	0	Outside Residence in Hall	0
In Public Place	0		
Domestic Violence Related Homicides			33%

Definitions:

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

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

DV – Domestic Violence

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

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

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

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

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

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

HOMICIDE AND FATALITY CHART FROM 1994 - 2010

Year	Total # Homicides	Partner	Ex-Partner	Family Member- non partner	Household Member – non partner	Other DV Related	Total # DV	Total % DV
2010	9 ¹			2		1	3	33%
2009	4 ²	0	1	0	0	1	2	50%
2008	15 ³	5	0	30	0	3	11	73%
2007	11 ⁴	1	2	2	2	0	7	64%
2006	15	2	1	1	1	1	6	40%
2005	12 ⁵	0	0	0	0	2	2	17%
2004	10 ⁶	3	1	0	0	0	4	40%
2003	15	1	2	4	1	2	10	66%
2002	10 ⁷	1	0	0	0	0	1	10%
2001	13 ⁸	0	0	3	1	1	5	38%
2000	16 ⁹	3	1	2	0	2	8	50%
1999	18 ¹⁰	2	1	3	2	2	10	56%
1998	12 ¹¹	3	2	1	0	1	7	58%
1997	11 ¹²	2	1	2	0	2	7	64%
1996	12 ¹³	1	2	2	1	2	8	67%
1995	13 ¹⁴	6	0	0	0	1	7	54%
1994	7 ¹⁵	1	1	1	0	2	5	71%
TOTAL	203	31	15	26	8	23	103	51 %

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

² Four cases involve child fatalities and are not reflected here as the matters are referred to the Child Fatality Review Team. One party committed suicide in the presence of his estranged wife. In addition, one responsible party attempted to commit suicide after the alleged homicide.

³ Five cases involved child fatalities and are not reflected in the 15 as the matters are referred to the Child Fatality Review Team. One responsible party attempted to commit suicide after the alleged homicide.

⁴ One case under investigation involves a child fatality and is not reflected in the 11 as the matter was referred to the Child Fatality Review Team. Also, in addition to the 11, 3 responsible parties committed suicide following the homicides.

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

⁶ One additional case under investigation involves a child fatality and is not reflected in the 10 as the matter would be referred to the Child Fatality Review Committee per the Commission's protocol. Also, in addition to the 10 cases, 1 responsible party committed suicide following the homicide.

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

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

⁹ In addition to these 16 cases, 1 responsible party committed suicide following the homicide.

¹⁰ In addition to these 18 cases, 2 responsible parties committed suicide following the homicides. 1 case remains under investigation and is reflected in the total number of homicides but the Commission is unable to determine if it is domestic violence related. The data will be updated when further information is available.

¹¹ In addition to these 12 cases, 3 responsible parties committed suicide following the homicides.

¹² In addition to these 11 cases, 2 responsible parties committed suicide following the homicides.

¹³ In addition to these 12 cases, 3 responsible parties committed suicide following the homicides. Also, 1 case remains under investigation and is included in the total homicide number but not the domestic violence number. The data will be updated when further information is available.

¹⁴ In addition to these 13 cases, 4 responsible parties committed suicide following the homicides and 2 cases remain under investigation and are included in the total homicide number but not in the domestic violence number. The data will be updated when further information is available.

¹⁵ In addition to these 7 cases, 1 responsible party committed suicide after the homicide.

SUMMARY OF DATA FROM 1994 – 2010			
Homicides	Total – 203		
Domestic Violence Homicides	Total 103 or 51%		Responsible Party
	• Female victims 54		• Female 16
	• Male Victims 49		• Male 87
Relationship	Partner 31		Household Member 8
	Ex Partner 15		Other Domestic
	Family Member 26		Violence Related 23
County Distribution	Addison 9	Lamoille 3	
	Bennington 8	Orange 4	
	Caledonia 9	Orleans 5	
	Chittenden 21	Rutland 19	
	Essex 2	Washington 6	
	Franklin 4	Windham 4	
	Grand Isle 1	Windsor 8	
Manner of Homicide	Firearm 58	Strangulation 5	
	Stabbing 15	Motor Vehicle 1	
	Fire 2	Blunt Trauma & Strangulation 1	
	Blunt trauma 16	Other 5	
Children Present	At crime scene 33	Aware of crime scene immediately before or after 6	
Relief From Abuse Orders	16 (16 cases where order was in effect to protect victim vs. responsible party)		
Law Enforcement Related Cases	3 (3 cases where domestic violence suspects were killed by law enforcement)		
Suicides related to domestic violence	Total: 25	Female 2	
		Male 23	
	Firearm 20	Asphyxia by Fire 1	
	Stabbing 1	Asphyxia by Carbon Monoxide 1	
	Hanging 1	Jump/Fall 1	

DEFINITIONS

DV – Domestic Violence

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

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

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

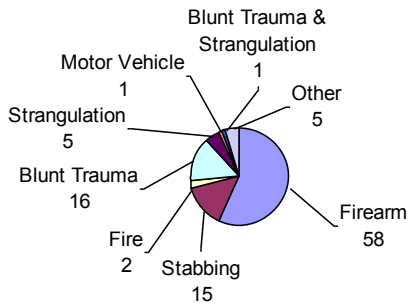
Household Member – Homicide where responsible party and victim currently or formerly lived in the same household but were not intimate or dating partners or family members (e.g., child living with non-related caregiver)

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

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

DOMESTIC VIOLENCE RELATED HOMICIDES 1994 – 2010

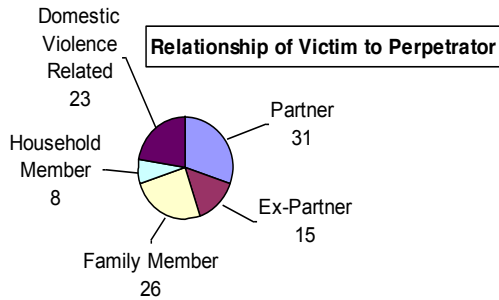
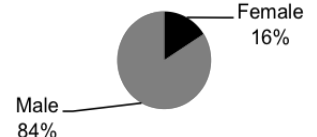
Domestic Violence Related Homicide by Method



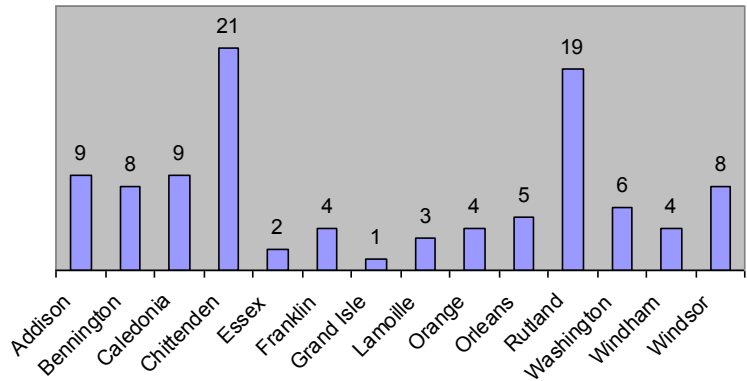
Gender of Victim



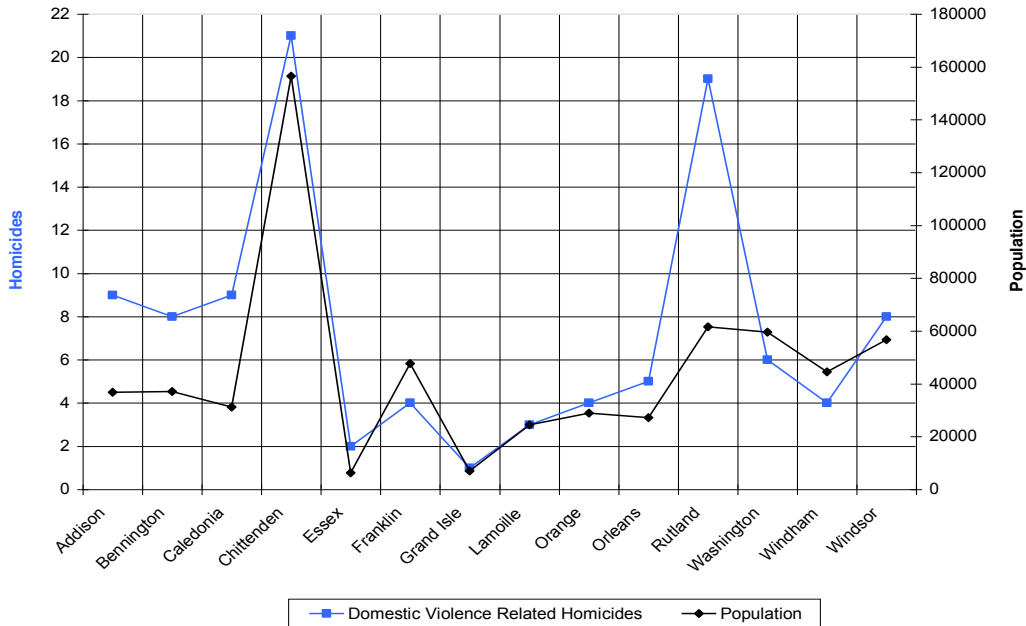
Gender of Responsible Party



Domestic Violence Related Homicides per County



Domestic Violence Related Homicides by Population by County



OTHER VERMONT DATA FOR 2010

VERMONT CRIME REPORT

Domestic violence continues to be an on-going problem in Vermont communities. According to the most recent Vermont Crime Report compiled by the Department of Public Safety, the Vermont Violent Crime Index for 2009 illustrates that 93% of the violent crime cases involve intimate partners, family members or acquaintances. This troubling percentage has remained constant (93%) since 2007 while the other crime data has fluctuated during that same time period.

Since 2007, 93% of the violent crime cases involved intimate partners, family members or acquaintances.

53% percent of victims of violent crimes were women which is also a constant percentage since 2007. Men and women in the age group 21- 29 were more frequently the victims of violent crime than any other age group. In 2009, 60% of violent crime in Vermont occurred in residences. In both 2007 and 2008, 65 % of violent crime in Vermont occurred in residences demonstrating a slight decrease in this statistic in 2009. Additional information about the Vermont Crime Report can be found at: www.vcic.vt.gov

VERMONT DEPARTMENT OF HEALTH

In the most recent Vermont Department of Health Youth Risk Behavior Survey in 2009, the dept. surveyed 29,303 Vermont students at 141 schools in eighth through twelfth grade representing 55 supervisory unions. In the 2009 survey, seven percent (7%) of the students reported that they were hit, slapped or physically hurt by a boyfriend or girlfriend. Eleven percent (11%) of the students reported that they have been touched against their wishes or forced to touch someone else sexually. These results are identical to the 2007 percentages for these questions. The Vermont Department of Health conducts this survey every two years and in 2011 a new survey will be published. More information about Vermont's Youth Risk Behavior Survey is found at: www.healthvermont.gov/pubs/publications.aspx.

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

VERMONT DEPARTMENT OF CORRECTIONS

According to the Vermont Department of Corrections, one thousand two hundred eighty (1280) persons were under the supervision of Corrections¹⁶ as of June 30, 2010 for domestic violence related offenses¹⁷. Of those offenders, three hundred thirty nine (339) were incarcerated, six hundred forty six (646) were on probation, seventy two (72) were on parole, and two hundred and twenty three (223) were on furlough status.

Of the overall population of persons under Corrections' supervision (11,824), the portion of those persons whose charges relate to domestic violence is nearly eleven percent (10.83%). Of the overall population of persons under Corrections' supervision who are convicted of a violent offense (3821), the portion of those persons whose charges relate to domestic violence is 33.5% of the overall violent offender population (for comparison, sex offenders account for 1151 of the total violent offenders, or 30.1%).

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

Below are figures for domestic violence cases from 1992 to the present. Data from 1992 to 2002 captures only new convictions in that year. From 2003 forward, data captures all offenders under supervision as of June 30 of the given year.

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Probation	40	103	125	458	411	400	458	457	423	472	534	1036	1060	975	814	737	743	664	646
Intermediate Sanctions					257	133	154	157	154	214	116	253	266	290	269	243	235	243	295
Incarcerated	46	75	76	264	154	145	164	187	159	236	336	285	288	266	287	292	300	333	339
Total	86	178	201	722	822	678	776	801	736	922	986	1574	1614	1531	1370	1272	1278	1240	1280

¹⁶ Under the supervision of the Department of Corrections includes: prison; reentry; pre-approved furlough; supervised community sentence; parole; and probation.

¹⁷ The offenses include misdemeanor domestic assault; misdemeanor and felony violations of abuse prevention orders; 1st and 2nd degree aggravated domestic assault; and misdemeanor and felony stalking.

VERMONT NETWORK AGAINST DOMESTIC AND SEXUAL VIOLENCE

During 2010, the fifteen member programs of the Vermont Network Against Domestic and Sexual Violence (the Network) received and responded to fourteen thousand six hundred twenty one (14,621) hotline and crisis calls. This is approximately 4000 more calls than 2009 and represents a 37% increase in calls.

**201 Vermonters over the age of 60 received Network services, a 50% increase from 2009.
1,230 Vermonters with disabilities received services, a 62% increase.**

The Network's member programs statewide saw twenty one thousand six hundred forty two (21,642) person nights in shelters and safe homes for 2010. This represents an increase from 2009 of 14% (2690). Seven hundred seventy three (773) survivors were housed in shelters and safe homes statewide, an increase of 20% (132 persons) since 2009. In addition, in 2010, 244 persons were turned away because of lack of room at shelters. Seven thousand thirty seven (7037) victims of domestic violence and one thousand two hundred sixty one (1261) victims of sexual violence reached out to the Member Programs of the Network.

Three hundred three (303) children were housed in Network shelters or safe homes in 2010 which is a 62% increase since 2009. One thousand sixty eight (1068) children received services other than shelter, and Network Programs served two hundred eighty (280) child victims of sexual violence which is an increase of 46% since 2009.

Two hundred one (201) Vermonters over the age of 60 received services from Network Programs which is a 50% increase from 2009. One thousand two hundred thirty (1230) Vermonters with disabilities received services from the Network Programs in 2010 which represents a 62% increase from 2009.

On a bright note, Network Member Programs' prevention and education work throughout the state reached seven thousand one hundred thirty three (7133) children and six thousand eight hundred ninety (6890) adults. 90% of the participants reported increased awareness of community resources and 88% reported increased awareness of safety measures as a result of the presentations.

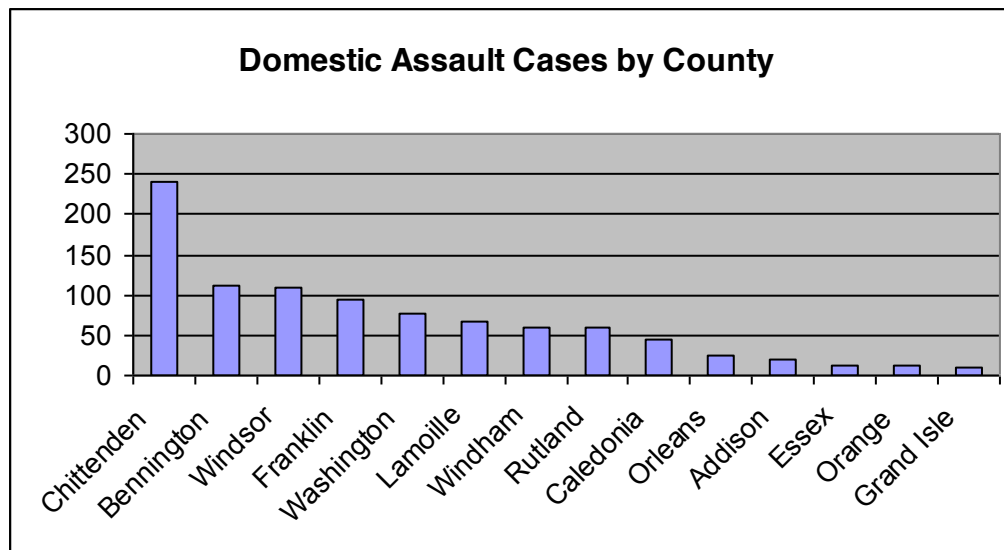
VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES

During 2010, the Vermont Department for Children and Families, Family Services ("DCF") Division received one thousand nine hundred seventy seven (1,976) intake calls that identified co-occurring domestic violence and child maltreatment - an increase in 18% from 2009. Six hundred twenty one (621) of these intakes were accepted and opened for assessments or investigations resulting in sixty nine (69) substantiations of child maltreatment.

In 2010, DCF saw an increase of 18% in intake calls of child maltreatment that included co-occurring domestic violence.

VERMONT CENTER FOR JUSTICE RESEARCH

According to the Vermont Center for Justice Research, from 2008 through June of 2009, eight hundred ninety five (895) domestic assault charges were resolved by plea or trial. Of the 895, seven hundred five (705) were misdemeanors and one hundred ninety (190) were felonies. The vast majority of the cases were resolved by plea with only nineteen (19) felonies and twenty four (24) misdemeanors going to trial which represents .1 % of the felonies and .03 % of the misdemeanors.



The counties with the highest numbers of domestic assault cases from 2008 through June of 2009 were:
Chittenden: 240 charges or 27%;
Bennington: 111 charges

or 13%; Windsor: 109 charges or 12%; Franklin: 94 charges or 11%; and Washington: 76 charges or 8%. The remaining counties cases were in descending order: Lamoille 67 charges or 7.8%; Windham 60 charges or 7 %; Rutland 59 charges or 6.9%; Caledonia 44 charges or 5%; Orleans 25 charges or 2.9 %; Addison: 20 charges or 2%; Essex 13 charges or 1.5%; Orange 12 charges or 1.4%; Grand Isle 10 charges or 1.1%;

In terms of sentencing, for the misdemeanor domestic assault charges, from 2008 through June of 2009, 42 % of the defendants received probation, 21% of the charges were resolved with deferred sentences, 19% received a split sentence with incarceration followed by probation and 18% received straight incarceration sentences.

From 2008 – June of 2009, 64% of the defendants convicted of felony domestic assault received prison sentences.

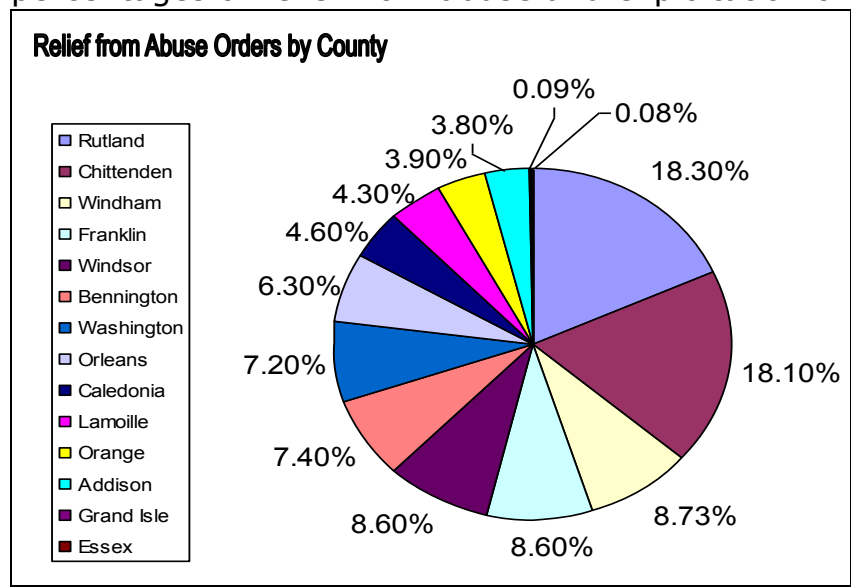
Regarding felony domestic assault convictions from 2008 through June of 2009, 64% of the defendants received incarcerative sentences. 17% of the defendants received a split sentence of incarceration and probation and 10 % received straight probation. Of the felonies, 7 % resulted in a deferred sentence.

RELIEF FROM ABUSE ORDERS

From July of 2008 through June of 2009, according to the Office of Court Administrator, three thousand six hundred seventy two (3,672) petitions for relief from abuse and exploitation orders were filed with one thousand two hundred thirty one (1231) final orders granted, one thousand six hundred fifty (1650) temporary orders issued without a final order, seven hundred seventy eight (778) matters resulting in no order and thirteen (13) cases being transferred to another court. This represents a slight decline, 1% in the number of overall petitions filed and orders issued from the 2008 petitions and orders.

Of the 3,672 petitions for relief from abuse and exploitation filed last year, 34% resulted in a final order issued by Vermont Courts.

From July of 2008 through June of 2009, the counties with the highest percentages of relief from abuse and exploitation order petitions were:



Rutland 18.3%; Chittenden 18.1 %; Franklin 8.6 % and Windsor 8.6%. When comparing these percentages to Vermont's population the percentages are noteworthy. According to the 2010 Census Data, for instance, Rutland County contains 10% of the State's population but

its relief from abuse docket represents 18.3%. Chittenden County represents 25% of the population and 18.1% of the orders. Finally, Franklin and Windsor County numbers are more in line with their population as Franklin's census count is 8% and 8.6% of the orders and Windsor County is 9% of the Vermont population and had 8.6 % of the relief from abuse and exploitation orders in the last calendar year.

The remaining counties are listed in descending order: Bennington - 275 orders, 7.4%; Washington - 267 orders, 7.2%; Orleans - 232 orders, 6.3%; Caledonia 167 orders, 4.6%; Lamoille - 159 orders, 4.3%; Orange 145 orders, 3.9%; Addison - 141 orders, 3.8%; Grand Isle - 36 orders, .09 %; Essex - 31 orders, .08%.

SEXUAL ASSAULT AND STALKING ORDERS

Title 12 provides for protection orders for non-household and non-family members regarding stalking and sexual assault. From January through June of 2009, according to the Office of Court Administrator, in Superior Courts statewide, one hundred thirty one (131) stalking final orders were granted and three hundred thirty seven (337) temporary stalking orders were granted. In Superior Courts statewide, there were fourteen (14) sexual assault final orders and twenty three (23) temporary sexual assault orders issued.

**From 1 - 6/09,
Vermont Superior
Courts issued 14
final sexual assault
orders and 131 final
stalking orders.**

Of the stalking orders issued, the counties with the highest percentages were as follows: Rutland 32%; Franklin 14%; Bennington 13%; and Chittenden 11%. These percentages vary significantly with the 2010 State population data which is: Rutland County: 10%; Franklin: 8%; Bennington: 6%; and Chittenden 25%.

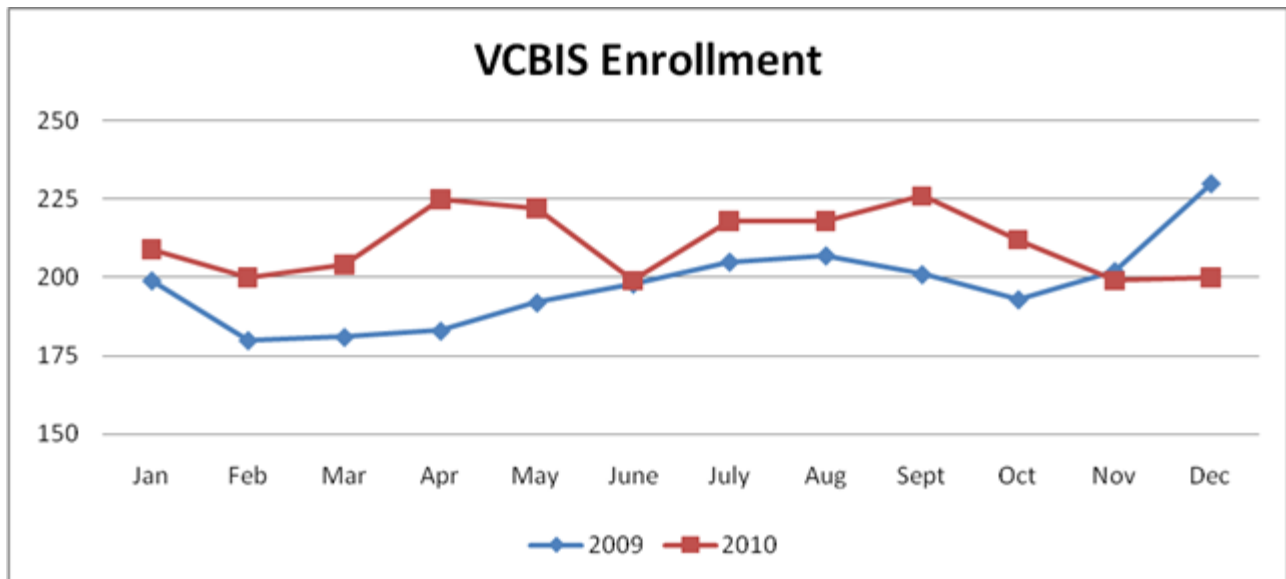
BATTERER INTERVENTION PROGRAMS

As part of the statewide standards and certification process adopted by the Council, as of January 2011, the Vermont Council on Domestic Violence reviewed the thirteen batterer intervention programs which serve the fourteen counties of Vermont. Every county is now served by at least one certified batterer intervention program. Certified programs will need to be reviewed at least every other year to remain certified.

**As of January 2011,
the Vermont Council
on Domestic Violence
reviewed the 13
batterer intervention
programs which serve
all of Vermont.**

Below is 2009 and 2010 enrollment data for the Vermont Coalition of Batterer Intervention Services (VCBIS). Priors are the number of attendees that are enrolled at the beginning of the month. Continuing is the number of attendees enrolled at the end of the month. Referrals are clients referred during the month and starts are the number of attendees that are assigned to their first group during the month. Completions represent clients who complete the program and dismissals represent attendees who are asked to leave the program.

VCBIS Statewide



RESPONSES TO PREVIOUS RECOMMENDATIONS

The Commission has been conducting case reviews and making recommendations since 2003. These recommendations were published in the prior Commission Reports and presented to the respective agencies and organizations by Commission members. This year the Commission will be highlighting four recommendations where significant steps have been taken by our partners in the community.

DEPARTMENT OF CORRECTIONS

2008 Recommendation:

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

Actions Taken

The Department has worked to implement this recommendation for the last three years, and can now report that it has successfully completed a six month pilot project of open access to the Vermont Justice Information Sharing System (VJISS), Vermont's law enforcement database network. A presentation was made to the Commission, and in 2011 presentations will be made to the Department of Public Safety and to the Executives of the Department of Corrections as to a possible expansion of this pilot project.

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

ECONOMIC BARRIERS TO SAFETY

2010 Recommendation:

- Poverty hinders victims and their families from leaving abusive situations. Countywide financial support services for victims of domestic abuse (e.g., childcare, emergency funds, transportation,

food, jobs, education, housing, health care, etc.) need to be expanded. The local domestic violence programs, the Network's Economic Justice Specialist and local domestic violence task forces and legislators should work together to address immediate economic issues for victims and their families and explore federal, state and charitable funding sources for this critical need.

Actions Taken

In October of 2010, the Vermont Council on Domestic Violence Coordinator, the Network's Economic Justice Coordinator and the Commission chair convened a statewide roundtable discussion at the domestic violence task force committee meeting and invited representatives of the Agency of Human Services to present on existing financial services and supports for victims of domestic abuse. The group collaboratively identified the top economic priorities as: 1. housing; 2. transportation; 3. access to emergency funds; and 4. food.

The next steps for the Commission, Council and Network are as follows:

1. Build on the connection between the Task Forces and AHS developed at the October meeting by connecting with the 8 AHS field directors regarding access to discretionary funds and prioritizing local community needs;
2. Recommend to the Judicial Caucus of the Council on Domestic Violence that they study the use of the protection order process as a way to order financial support. This practice is also recommended in the 2010 Civil Protection Order Guide published by the National Council of Juvenile and Family Court Judges discussed above;
3. Work with the Legislative Committee of the Council to craft a recommendation to the Legislature regarding an allocation of state money for emergency discretionary funds as well as funding for local domestic violence task forces.

VERMONT EMPLOYERS

2008 Recommendation:

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

Actions Taken

The Commission and the Vermont Council on Domestic Violence convened a multi-disciplinary work group that met from 2008 to the present. The group

is drawing on the work accomplished by the Vermont Attorney General's Office Domestic Violence and the Workplace Initiative, the Agency of Human Services Domestic Violence Initiative as well as the City of Burlington's domestic violence training and workplace policy work. The group is focusing on the following areas: employer education and policies, collection of Vermont data, and workplace legal protections.

The work group accomplished the following goals:

- In October 2010 for Domestic Violence Awareness Month, the group created an employer education packet which includes brochures, model policies and information about available training resources which can be found at atg.state.vt.us/issues/criminal-law/domestic-violence/
- The group distributed the packet to private and public employers, businesses, and regional organizations including the Chamber of Commerce, regional development councils, Domestic Violence Task Forces, and other business groups.
- The group replicated in Vermont a 2006 study conducted by the Maine Department of Labor and Family Crisis Services that researched the effects of domestic violence in the workplace through the perpetrator's harassment of victims at work. The Vermont study will be finalized in the summer of 2011 and distributed in October of 2011 for Domestic Violence awareness month. The Vermont study's preliminary findings are similar to the Maine study and in particular demonstrate that domestic violence is having a quantifiable effect in Vermont workplaces and that domestic violence policies and resources would be effective in preventing domestic abuse from affecting the business community. The Maine Study can be found at: www.familycrisis.org/impact2004.pdf

LETHALITY ASSESSMENT AND LAW ENFORCEMENT

2009 Recommendation

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

Actions Taken

As discussed above, The Washington County domestic violence program, Circle, applied for and was selected along with a program in New Hampshire to receive the Maryland Lethality Assessment Program (LAP) Training. Circle initially implemented the LAP with one municipal Washington County law enforcement agency and is now in the process of expanding the program. A

police trainer from the Maryland Coalition co-facilitated LAP trainings with local police in March. Police chiefs from all Washington County Departments have now been trained and added the LAP to their protocols. Circle is in the process of training of the additional law enforcement in Washington County on the use of the LAP. Once the County based training is completed, the program will make itself available to train other counties and law enforcement on the program.

Circle reports that advocates and officers both are extremely pleased at how well the screening process is working. Victims are seeing an immediate and positive collaboration between the two entities. A high number of victims, 2/3rds, are willing to participate in the program resulting in them accepting support and services that they may not otherwise have known existed or trusted would be of help. Furthermore, 2/3rds of these victims had never previously accessed services. Follow-up services included shelter, assistance with permanent housing, court accompaniment, assistance with court and community paperwork and referral to civil legal representation.

In addition, Circle is focusing on the expansion of the LAP to health care settings and has received a federal grant to allow for this expansion. Currently, Circle is working with a Commission member to institute the LAP program in Washington County hospital. This health care LAP effort is also a Commission recommendation and is discussed above in the case review section.

CONCLUSION

Vermont's Domestic Violence Fatality Review Commission is gratified by the steps taken in response to our recommendations. We thank all of our community partners for their conscientious efforts. We encourage community members to provide us suggestions and to refer cases for the Commission to review. A case referral form is attached as Appendix D. The Commission looks forward to continuing this critical work together to improve the safety and well being of all Vermonters especially the most vulnerable and isolated.

APPENDIX A

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

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

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

Subchapter 2. Domestic Violence Fatality Reviews

§ 1140. DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 2. EFFECTIVE DATE

This act shall take effect upon passage, and shall terminate upon termination of grant funding, administered by the Vermont center for crime victim services, from the Violence Against Women office of the United States

Department of Justice for an assistant attorney general assigned to the criminal division and designated as a domestic violence coordinator.
Approved: May 2, 2002

APPENDIX B - COMMISSION DEFINITION OF DOMESTIC VIOLENCE RELATED FATALITY

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

Whether:

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

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

² "Family" shall include a reciprocal beneficiary. 15 VSA 1101 (6)

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

⁴ See footnote 3 for definition of "household member"

⁵ See Footnote 3 for definition of "household member"

⁶ See Footnote 3 for definition of "household member"

- l. the fatality is a suicide where there is documented history of domestic violence to include victim suicide; alleged perpetrator suicide (as violent act in front of family or household members); alleged perpetrator suicide by law enforcement and teen suicide;
- m. the fatality is a substance abuse related death (chronic abuse, suicide, overdose) that is related to domestic violence.

APPENDIX C - DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION MEMBERS

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

- The Attorney General, or his or her designee;

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

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

Sally Kerschner, RN, MSN
Department of Health
108 Cherry St., PO Box 70
Burlington, VT 05402
802-652-4179 phone
skersch@vdh.state.vt.us

Alternate:

Emily Pastore, RN, BSN
Vermont Department of Health
State School Nurse Consultant
802-863-7348
emily.pastore@ahs.state.vt.us

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

Ellie Breitmaier
Coordinator of the Domestic Violence Unit
Department For Children and Families
103 S. Main St.
Waterbury, VT 05671
241-1206 phone
ellie.breitmaier@ahs.state.vt.us

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

Rick Bates
District Manager
VT Department of Corrections
Brattleboro, VT
Rick.Bates@ahs.state.vt.us

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

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

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

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

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

Rosemary Gretkowski (Commission Member until December of 2010)
Chittenden County State's Attorney's Office
32 Cherry Street
Burlington, VT 05401
802-863-2865 phone
802-863-7440 fax
rosemary.gretkowski@state.vt.us

- The Defender General, or his or her designee;

Matthew Valerio

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

Alternate:

Robert Sheil
 Defender General's Office
 Baldwin Street, 4th Floor
 802-828-3168 phone
 802-828-3163 fax
 bob.sheil@state.vt.us

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

Mark Larson
 Vermont Coalition of Batterer Intervention Services
 64 Temple Street
 Burlington, VT 05401
 862-7596 phone
 marklvt@verizon.net

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

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

- A representative of the Vermont Council on Domestic Violence;

Heather Holter
 Coordinator
 Vermont Council on Domestic Violence
 Montpelier, Vermont
 heather_holter@tds.net

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

W. Samuel Hill, Sheriff
 Washington County Sheriff's Department
 10 Elm Street
 Montpelier, Vt 05602
 802-223-3001 phone
 shill@dps.state.vt.us

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

Susan Hardin
P.O. Box 328
Chelsea, VT 05038
susanhardin@charter.net

- A physician, appointed by the Governor;

Dr. Gail Yanowitch
Associates on Gynecology and Obstetrics
Berlin, Vermont 05602

- The Executive Director of the Vermont Criminal Justice Training Council, or his or her designee;

TJ Anderson
Training and Curriculum Coordinator
Vermont Criminal Justice Training Council
Vermont Police Academy
317 Academy Road
Pittsford, VT 05763-9712
483-6228 ext 13 phone
483-2343 fax
tj.anderson@state.vt.us

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

Kristin J. Chandler
Assistant Attorney General
Attorney General's Office
Department of Mental Health- Legal Division
103 South Main Street, Ladd Hall
Waterbury, VT 05671
802-241-4051 phone
Kristin.chandler@ahs.state.vt.us

- One Judge, appointed by the Chief Justice of the Vermont Supreme Court.

The Honorable Cortland Corsones
Rutland Superior Court
Family Division
9 Merchants Row
Rutland, VT 05701
Cortland.corsones@state.vt.us

APPENDIX D: COMMISSION CASE REFERRAL FORM

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

INSTRUCTIONS

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

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

PLEASE PRINT ALL INFORMATION

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



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

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

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

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

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

Questions or comments concerning the Commission can be directed to:

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

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

APPENDIX E

2010 PROTOCOL between VERMONT COUNCIL ON DOMESTIC VIOLENCE and VERMONT DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION

Background

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

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

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

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

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

Agreement

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

1. The Council Coordinator will serve as the Council Representative to the Commission (the Council Representative).

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