

# STATE OF VERMONT



## DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION REPORT

2016

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## **DEDICATION**

The Vermont Domestic Violence Fatality Review Commission dedicates this year's report to the many advocates who assist families facing the crisis of domestic abuse. Advocates answer hotline calls; support families in safety planning and finding affordable, safe housing; meet transportation needs; assist with health care; provide safe space and support to children who have witnessed domestic violence; and accompany victims throughout the court process. Advocates truly work on all levels to support those directly affected by domestic violence. It can be exhausting work. We want to honor you and thank you for the many ways you help create a brighter future for Vermont families.

## **INTRODUCTION**

On May 2, 2002, then-Governor Howard Dean signed into law H.728, which created Vermont's Domestic Violence Fatality Review Commission ("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. There are now over 40 states that have active multi-disciplinary domestic violence fatality review teams across the country. The theory behind these review groups is that by examining data and information we can better understand why and how the fatalities occurred and what can be done to prevent future deaths.

Pursuant to 15 V.S.A. § 1140, the Commission operates under the auspices of the Office of Attorney General in consultation with the Vermont Council on Domestic Violence ("Council").

Under 15 V.S.A. § 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 fourteenth Commission Report. This Report includes data regarding fatalities for 2015 and updates the Commission's statistical information that dates back to 1994. In 2015, the Commission completed one in-depth case and recommendations from that review are discussed in this Report. Finally, the Report provides relevant updates on the Commission's previous 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 indicates:

- Between 1994 – 2015, 50% of all Vermont homicides were domestic violence-related.
  - 59% of Vermont’s adult domestic violence-related homicides were committed with firearms.
  - 78% of the suicides associated with the homicides (i.e. murder/suicides) were committed with firearms.
  - 82% of Vermont’s domestic violence-related fatalities were committed by males.
  - 52% of victims of domestic violence-related fatalities were female.
- Of the 16 homicides in Vermont in 2015, six (38%) were deemed domestic violence-related. Please see the Commission’s definition of Domestic Violence Fatality which can be found in Appendix B.
  - Of the six domestic violence-related homicides, all were committed with a firearm.
  - In one case, the responsible party committed suicide within a couple days of committing the homicide.
  - Of the six domestic violence-related homicides, one was a former intimate partner of the responsible party. One was the current male partner of a survivor, and four were family members.
  - Of the six domestic-violence-related homicides, three occurred in the victim’s residence, two just outside the victim’s residence and one outside the responsible party’s residence.

## **SUMMARY OF COMMISSION’S ACTIVITIES IN 2015**

In 2015, the Commission issued its Annual Report. As required by 15 V.S.A. § 1140, the Commission distributed its report to the General Assembly, the Governor, the Chief Justice of the Vermont Supreme Court, and the Vermont Council on Domestic Violence.

The past year saw some changes in the representatives to the Commission. Two of our long-term members retired: Bob Sheil from the Defender Generals’ Office and T.J.

Anderson from the Vermont Criminal Justice Training Council. Both had been long-time members of the Commission and we want to thank them for their many years of service and their dedication to the work of the Commission. We welcomed new members: Emily Hawes from the Department of Mental Health, Rebecca Thomforde-Hauser from the Vermont Coalition of Domestic Violence Accountability Programs and Marshall Pahl from the Defender General's Office.

During 2015 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 implementing recommendations. A copy of the protocol that outlines these roles is attached as Appendix E.

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

### **SUMMARY OF 2015 CASE REVIEW PROCESS**

While the Commission reviews and discusses all domestic violence-related homicides every year, we also select one or two cases to review in depth from among all from previous years. The case review process includes creating a timeline for the case, identifying lethality factors, reviewing all available documents, inviting witnesses to testify, taking testimony from witnesses before the Commission, and discussing at length what can be learned from that case. The proceedings and records of the Commission are confidential to protect the privacy of surviving family members.

It is always our intent to learn as much as possible from direct sources in every case. We attempt to speak directly with police officers and others that were part of the systematic response, as well as family members of the victim and the responsible party. Thank you to all the family members, mental health professionals, advocates and attorneys who shared their experience and perspective with us this year. We hope that we can use this report and our recommendations as a starting point to improve the systemic response and make further strides in our efforts to prevent domestic violence fatalities.

### **2015 CASE REVIEW INFORMATION**

In 2015 the Commission reviewed one fatality in detail. This case represented a departure for us from homicide cases. This case involved a victim of domestic violence who took her own life. The victim experienced emotional, psychological, and physical abuse throughout the course of her marriage of many years. She had a large, extended family, several children and grandchildren, and was in regular close contact with family members. Until just before her death, she had never sought legal intervention. Most family members had been unaware of the abuse. Less than a week before her suicide, she sought help from the police after an assault, and her husband was arrested and

charged with domestic assault. She also obtained a relief from abuse order. Shortly thereafter, she took her own life. Several witnesses shared feelings the victim had shared with them of remorse over the many years she spent with her abusive partner and about the abuse her children had witnessed while growing up.

The following suicidal risk factors were identified by the Commission in this case:

1. serious physical violence currently and in the past;
2. isolation and depression;
3. recent separation from an abusive spouse; and
4. access to weapons.

### **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 the following positive strengths:

- The victim had very strong social supports from her family.
- The advocate and prosecutor from the state's attorneys' office were responsive and supportive of the victim and her family.

### **PART ONE: CASE REVIEW FINDINGS AND RECOMMENDATIONS**

The Commission makes the following findings and recommendations related to our review. 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.

#### **A. Child Witnessing of Domestic Violence**

One of the central issues this case review brought to the attention of the Commission was the very lasting and profound impact that domestic violence has on children who grow up witnessing domestic violence. Traumatic memories can remain quite clear and detailed into adulthood. It is not uncommon for children who grow up witnessing the use of tactics of power and control to emulate them in their own adult relationships, until or unless there is an opportunity to learn the skills necessary to foster a healthy, non-violent relationship. We heard from witnesses about how effective domestic violence

accountability programming can be in achieving this. We heard from witnesses who emphasized the need for resources to help kids learn how to manage conflict in non-violent ways, and that is especially hard for kids who grow up witnessing adults who did not model these skills.

### Vermont Resources for Children and Young People

A team of child advocacy experts recently released a handbook for teachers, Vermont Teacher's Guide: Responding to Domestic and Sexual Violence which can be found <http://www.vtnetwork.org/wp-content/uploads/VT-Teacher-DV.SV-EGuide-5.10.161.pdf> Tools such as this handbook can provide effective resources for teachers and schools. In order to end the cycle of generational violence, we have to find ways to teach kids about healthy relationships. Teachers and schools can have a huge impact with the right tools. Currently this type of content is taught by a patchwork of programs across the state with no unifying structure or content. Generally, schools have reached out to local programs who try to fill this need without any resources other than grants. The guide for teachers is an excellent first step toward a unified and comprehensive curriculum and we hope all of our Vermont schools will make it a priority to include this healthy relationships curriculum in all of our schools, starting in elementary school. Another resource for educators and others about how trauma impacts the classroom and how to address it can be found at [http://education.vermont.gov/documents/EDU-Health\\_Education\\_Trauma\\_Chapter.pdf](http://education.vermont.gov/documents/EDU-Health_Education_Trauma_Chapter.pdf).

The Vermont Network Against Domestic and Sexual Violence ("Network") also has an excellent pamphlet for elementary age children called 'If There Is Fighting In Your Home.' This pamphlet is available to Vermont law enforcement officers to have as a resource for children and families. <http://www.vtnetwork.org/wp-content/uploads/KAK-pamphletfinal6-11.pdf> We would urge that all health care providers, schools, daycare providers have copies of this pamphlet to distribute.

The Network has excellent materials for middle and high school age children, such as the "Relationship Status" pamphlet that is available to all: <http://www.vtnetwork.org/wp-content/uploads/FINAL-Relationship-Status-UPDATED-9-141.pdf> and <http://www.youblisher.com/p/1030552-Relationship-Status/> (online flip book). Hard copies of these pamphlets are also available from local network programs. We urge all schools, youth sports programs, faith programs, scout programs and youth activity centers to ensure these brochures are available at your location and visibly displayed where kids can easily access them. We also urge all wellness providers in the school to include this topic in general health discussions and let students know how they can get more information confidentially.

### Comprehensive Health Education

Under 16 V.S.A. § 131, the legislature has defined comprehensive health education to include how to recognize and prevent sexual abuse and sexual violence. 16 V.S.A.



## § 131(11).<sup>1</sup>

While this includes “promoting healthy and respectful relationships,” there is no mention specifically of domestic violence. It seems appropriate that Vermont interprets this section of the law to specifically include domestic violence. More than twenty states currently have statutes to implement dating violence prevention in their schools. The Commission urges our legislature to mandate creation and implementation of a model dating violence prevention policy to be implemented in all Vermont public schools. We know that domestic violence is a learned behavior and is often generational. Like sexual abuse, it is a silent epidemic. Kids who have not had adults in their home who model what a healthy relationship looks like are most at risk. Domestic and sexual abuse are strongly correlated. An effective curriculum should address both. We recommend that the legislature amend the statute on comprehensive health education to specifically include a mandate for domestic violence and dating violence prevention education. This would complement and reinforce the work being done as part of ***Vermont’s Plan to Address Sexual Violence Through Primary Prevention 2015-2020*** which is discussed in the Department of Health update later in this report. We commend the Vermont Sexual Violence Prevention Task Force for the hard work that has gone into the Vermont Sexual Violence Prevention Technical Assistance Resource Guide which can be found here: <http://education.vermont.gov/student-learning/content-areas/health-education>

The Commission understands that it is not enough to simply educate our young population. The responsibility to end domestic violence still rests with our community. We must foster cultural norms that embrace and celebrate non-violence, and continue to work on improving the effectiveness of our accountability efforts. Efforts to help our youth recognize and speak out against domestic violence in a bystander role are also important, and will support the interruption of generational habits that foster silence and model violence as a form of conflict resolution.

### Guardian ad Litem

Guardian ad Litem are primarily volunteers and there is a critical shortage of them. Currently the Vermont Judiciary lacks adequate resources to ensure that all Guardian ad Litem have sufficient training around domestic violence. According to the Court Administrator’s Office, there are currently approximately 280 Guardian ad Litem for 1950 children under the court’s jurisdiction as Children in Need of Supervision (CHINS) and for delinquency proceedings alone, not including probate, relief from abuse hearings or other proceedings where the court decides that the appointment of a guardian ad litem is advisable.

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<sup>1</sup> 16 V.S.A. § 131 states that comprehensive health education means... (11) How to recognize and prevent sexual abuse and sexual violence, including developmentally appropriate instruction about promoting healthy and respectful relationships, developing and maintaining effective communication with trusted adults, recognizing sexually offending behaviors, and gaining awareness of available school and community resources.

The Court Administrator's Office should be commended for its efforts to greatly increase the professionalism and amount of training that guardians receive, but the increased amount of training has made it difficult for domestic violence advocates to provide adequate coverage to provide a domestic-violence-related component to these trainings as they did in the past. Moreover, the Court Administrator's Office wishes to avoid placing too great a burden on their volunteers which are already limited in number relative to the increased number of cases, especially CHINS cases, in the past few years. We do hope, as does the Court Administrator's Office, that a solution can be found to increase the number of Guardian ad Litem available and to formalize a new ongoing domestic violence training component for them. We do recognize and commend the Court Administrator's Office for its recognition of this need and its ongoing efforts to find a solution. We would urge the Vermont Bar Association (VBA) to offer assistance in finding a solution. Attorneys in some counties already volunteer as Guardian ad Litem. Perhaps more could be encouraged to provide pro bono representation in this area. We urge the VBA to provide a free training, available to all bar members and carrying professional legal education credits, to encourage more members to provide at least some hours of service in this capacity every year.

### **School/Youth Organization Recommendations**

The Commission recommends that:

- All schools and all teachers in Vermont review the newly developed teacher handbook available online and use staff training to discuss implementation.
- Network pamphlets, including "If there is fighting in your home" and "Relationship Status" should be available at your location and visibly displayed where students will see them.
- Schools incorporate a discussion about domestic violence as part of their comprehensive health education on healthy relationships as mandated by 16 V.S.A. §131.

### **Legislative Recommendation**

The Commission recommends that:

- The legislature should expand 16 V.S.A. § 131 to specifically include developing a model dating violence prevention policy for all middle and high school students and faculty.

### **Vermont Bar Association Recommendation**

The Commission recommends that:

- That the VBA assist the Court Administrator's Office in its ongoing efforts to meet the growing need for Guardian ad Litem and work toward the goal that all GALS are trained in recognizing and addressing the needs of children who have witnessed domestic violence in their homes.

## **B. Enhance Victim Safety in the Civil Protection Process**

The Commission commends the efforts of the Court Administrator's Office to ensure that all judges in Vermont receive regular, on-going training regarding domestic violence. Currently the Court Administrator's Office provides newly-appointed judges with the opportunity to attend an out-of-state training offered by the National Council of Juvenile and Family Court Judges. The judiciary has begun offering once-a-month training for court administration staff, and plan to devote one of these sessions every year to domestic and sexual violence. We also commend and fully support their decision to employ only trained judicial officers on the family court abuse prevention order docket, thus eliminating the use of Acting Judges for this docket. The Commission believes this is an important step for procedural fairness and safety for litigants.

There is a pressing need for courts to allocate resources based on risk level, and many jurisdictions are turning to evidence-based risk assessments to do just that. As the statistics outlined in this report each year remind us, nearly half of our homicides in Vermont historically have been domestic violence cases. The perpetrator is not unknown, and there are often warning signs, but they may not always be identified. Courts face challenges assessing risk due to time constraints and scarce resources. Moreover, risk in a domestic violence case is not static; it fluctuates over time. Judiciary and court staff need an evidence-based risk assessment tool to help identify cases with the greatest risk of lethality. A growing number of states mandate the use of a validated risk assessment tool in domestic violence cases, including Idaho, Illinois, Connecticut, Maine and Colorado.<sup>2</sup> The Center for Court Innovation ("CCI") is an excellent source of information on this topic. The Commission is also willing to help our judiciary identify which tool will best meet the need of Vermonters.

We also hope the judiciary will explore the use of bench cards outlining the types of relief that judges should consider in every relief from abuse hearing. The CCI has an exciting opportunity available to Vermont to help create guides that can be used by judges to craft protection orders. The goal of the project according to the CCI "is to increase the capacity of civil judges and self-represented litigants to identify and respond to domestic violence risk factors in civil protective order hearings."<sup>3</sup> CCI has funding available for technical assistance to help states create and implement a guide. It has created model templates and an implementation guide. We strongly encourage our judiciary to take advantage of this opportunity. CCI helped New York create a Domestic Violence Risk Factor Guide for Family Court Judges in 2013. The project was successful and New York is now expanding it to its other courts.

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<sup>2</sup> "Risk Assessment in Domestic Violence Cases: What Courts Can Learn About the Research," Center for Court Innovation, 2016. Not currently published, but copies can be obtained from the CCI. Many thanks to Rebecca Thomforde-Hauser for educating the Commission about this important topic.

<sup>3</sup> For information about this opportunity, please contact CCI at [www.courtinnovation.org](http://www.courtinnovation.org).

A bench guide would be especially helpful to judges in making determinations about firearms. Firearm storage is still in its infancy in Vermont. As we discussed in last year's report, it is unclear why the firearm storage facilities now available in Vermont are not being used. Law enforcement agencies indicate that the current process is not financially viable for them. Firearm access continues to be a real threat to victim safety. We simply cannot afford to keep ignoring this issue.

We recommend that court clerks in every county convene a task force to establish a workable firearm surrender protocol for their county. Like the "stand-by" process discussed in last year's report, the Commission believes that a local task force is the best means to identify what works for each community. Once a protocol has been established, law enforcement, advocates, court staff and judges, and the family law attorneys will need training in how the protocol should work. The Fatality Review Commission hopes to work closely with these task forces, once established, to determine what is and what is not working with the firearm surrender protocols and to outline what we learn in a future report.

We also recommend that the court administrator's office establish a safety protocol for relief from abuse order hearings in every county, including what opportunities exist to keep the parties separated inside and outside the courthouse. The IDV court in Brattleboro has made important steps to address court house safety which could be replicated by other courts, many at little to no cost. Examples include staggering the arrival time for plaintiffs and defendants, and having the parties leave the courtroom at different times.

Many plaintiffs still do not have access to all the information they need related to the abuse protection order process, especially about the temporary order. The Commission encourages court staff to refer all plaintiffs to Network advocates who can help with safety planning and drafting petitions. Greater effort should be made to have information, both on the judiciary's website and in pamphlets available at the courthouse, about the types of assistance available to the parties and how to access it. This is also an ideal place to include information about the types of orders available and the differences between them, such as the difference between a stalking order and an abuse prevention order. Information for specific populations such as the elderly, LGBTQ, non-english speakers should also be available.

We encourage family courts to establish a process for keeping the state's attorneys victim advocate apprised of the outcome of any final relief from abuse proceedings. It is also critically important that the courts ensure that all litigants understand the distinctions between family court and criminal court orders. The overlap between these two courts is poorly understood by most litigants and current family court orientation does not sufficiently address this topic.

### **Judiciary Recommendations**

The Commission recommends that:

- The Court Administrator's Office continue efforts to provide all judges and staff, including after hour workers with annual domestic violence training.

- The Judiciary explore the use of an evidence-based lethality assessment tool for all domestic violence cases.
- The Judiciary take advantage of the free technical assistance offered by CCI to create a guidebook for assessing risk for all family court judges and explore the use of bench cards outlining the types of relief available in RFA hearings and firearm storage options.
- Each court clerk, in partnership with law enforcement, advocates and the state's attorney convene a county-wide task force to establish a firearm storage protocol for their community.
- The Court Administrator's Office adopt a courtroom safety protocol to protect all litigants in RFA proceedings.
- When dealing with victims of domestic violence, court staff regularly refer survivors to Network advocates who can assist with safety planning and crafting petitions.
- The courts provide greater access to information, especially at the temporary order stage, by providing pamphlets and other materials at the courthouse and links to such materials online.
- The Courts establish a protocol to inform state's attorney victim advocates of the outcome of any RFA proceeding when the litigants also have criminal cases pending and increase efforts to educate litigants about differences between the criminal and civil process.

### **Legislative Recommendation**

The Commission recommends that:

- The legislature mandates that the courts use an evidence-based lethality risk assessment tool in domestic violence cases.

### **C. Suicide Prevention**

Given the high correlation between domestic violence homicide and suicide, we believe that a greater awareness of this connection is an important factor in risk reduction. Access to firearms increases the risk of suicide as well as domestic violence homicide. In fact, national studies show that the biggest category of firearm deaths are suicides.<sup>4</sup> Nationally about 20,000 people, or two-thirds of the people who die from firearms, kill themselves.<sup>5</sup> And unlike suicide by drug overdose of which only 3% end in death,

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<sup>4</sup> Centers for Disease Control, Web-based Injury Statistics Query and Reporting System

<https://www.cdc.gov/injury/wisqars/>

<sup>5</sup> *Ibid.*

suicide by gun has an 85% rate of completion. Studies have also shown that 1 in 4 women who attempt suicide are victims of abuse. "Survivors of intimate partner violence are twice as likely to attempt suicide multiple times... and cases of murder-suicide are most likely to occur in the context of abuse."<sup>6</sup> "Domestic violence is a factor in up to one-quarter of female suicide attempts. Female victims of domestic violence have eight times the risk for suicide compared with the general population. Fifty percent of battered women who attempt suicide undertake subsequent attempts."<sup>7</sup> In 2015, there were 103 suicides in Vermont and 59 (57%) involved a firearm.

The Commission was fortunate enough to have Dr. Jaskanwar Batra, a board-certified psychiatrist and Medical Director of the Vermont Department of Mental Health, attend a Commission meeting to educate us about suicide prevention efforts in Vermont. Dr. Batra informed us that Vermont is the seventh highest state for rate of death by suicide, and Vermont has the highest rate in New England. Vermont's suicide coalition has chosen to focus on the Zero Suicide Initiative, a program for health and behavioral health systems to shift their focus to view suicide as preventable and treatable. The main components are gatekeeper screening for depression, and if positive, then screen for suicide; assessment; suicide-focused care (including addressing access to lethal means like firearms); and follow up care that may involve caring interventions rather than clinical intervention. We discussed how these approaches might intersect with domestic violence concerns; for instance, while a best practice in suicide prevention might be to encourage family members not to leave a loved one alone who is being treated for suicidal issues, that would be the wrong message to give to a victim of domestic violence and could inadvertently reinforce a batterer's threats and control over a victim. We discussed that screening for domestic violence issues needs to be addressed as a critical component of suicide screening and treatment.

The Commission also heard from Alexander Potter, Program Specialist with the Center for Health and Learning. We are pleased that Vermont has joined New Hampshire's effort to curb suicide with the Gun Shop Project (GSP). The GSP is a suicide-awareness-and-prevention program that targets gun shops and ranges with tip sheets and posters to help gun owners recognize the warning signs and risk factors of suicide, talk about suicide openly and offer to hold firearms for a person at risk. Alex talked about the important role that the Vermont Federation of Sportsmen's Club and Gun Owners of Vermont played in designing and implementing this program. This is an important step in creating a greater awareness among the gun-purchasing population about how to recognize and intervene when a friend, loved one or family member may be at risk of suicide.

The Commission is encouraged that suicide prevention efforts in Vermont are beginning to address domestic violence and the prevalence of homicide/suicide. We are encouraged that the 2016 Suicide Prevention Symposium included a presentation by nationally-known researcher and presenter Catherine Cerulli entitled "Understanding the

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<sup>6</sup> Suicide and intimate partner violence: A federal initiative aims to bring experts from the two fields closer together in an effort to save lives." Rebecca A. Clay, *Monitor on Psychology*, November 2014, Vol 45, No. 10, p.30

<sup>7</sup> Nicky Ali Jackson, ed. *Encyclopedia of Domestic Violence* (Routledge, Feb. 2007), p. 319.

Intersectionality Between Intimate Partner Violence and Suicide: Can we Prevent Both Better by Working Together?” We wish to commend the Center for Health and Learning for making this opportunity possible and hope we can continue to build on these efforts.

The Commission also had the opportunity to view a webinar sponsored by the Battered Women Justice Project given by Dr. Jackie Campbell and Dr. Kate Cerulli entitled, “Suicide and Domestic Violence: Where Science and Practice Meet” from April 2015. This webinar explored the risk of domestic violence homicide followed by the suicide of a perpetrator, and Dr. Campbell also talked about specific findings regarding the African American population. Dr. Cerulli talked about a suicide prevention project in connection with the National Domestic Violence Hotline. This webinar is available for free at [www.bwjp.org](http://www.bwjp.org).

The Commission believes future efforts could partner domestic violence advocates with suicide prevention experts to create additional materials on gun safety, including the firearm restrictions and storage available through the protection order process. This partnership will hopefully lead to additional resource materials for suicide prevention. It would be especially helpful to have a guide tailored to the special needs of elderly persons who may be at an increased risk of suicide due to unique factors of isolation and depression as a result of coming to terms with what in some circumstances may amount to an entire lifetime of abuse. The Commission also hopes that advocates can be trained as gatekeepers for the zero suicide initiative and have access to a screening tool for depression and suicide risk. There may also be an opportunity to use court monitors, currently employed by the court to assess substance abuse needs, to conduct gatekeeper screening for domestic abuse and suicidality.

### **Vermont Suicide Prevention Coalition and the Vermont Network Against Domestic and Sexual Abuse Recommendation**

The Commission recommends that:

- A joint working group be established to continue exploring the connection between domestic abuse and suicide, and work toward creating additional resource materials for gatekeepers that discuss the need and method of screening for domestic violence and suicidality together.

### **D. Increasing Domestic Violence Offender Accountability**

Increasing domestic violence offender accountability is a critical step toward ending domestic violence. Too often offender accountability comes too little and too late. To be effective we need to find ways to address batterer accountability early and often. In the reviewed case, we know the battering went on for many years unnoticed. Once it came to the attention of police and courts, it was simply too late. The batterer, accustomed to getting away with it, simply didn’t come to court after the victim’s death, presumably because he believed that the case would simply be dropped. This type of “privilege” mindset of believing that the violence will be tolerated and overlooked is typical of batterer behavior. We wish to highlight the good work of the local prosecutor’s office who continued to prosecute the case even after the victim’s death. An arrest

warrant was issued for the defendant when he did not appear, and he was later convicted of simple assault.

The Department for Children and Families (“DCF”) Family Services Division continues to make referrals to domestic violence offender accountability programs as part of parenting plans whether or not an offender has a criminal case. The referrals are based on behaviors by the abusive parent that pose safety concerns to children and that negatively impact the family ecology and well-being. This is an important step. However, more can be done. In order to sustain these important programs, the legislature must establish stable state funding for a domestic violence accountability coordinator in a state level position to ensure that these programs continue to abide by the high standards that the Council on Domestic Violence has set for programs. Offenders must be referred to domestic violence accountability programs earlier. The violation of abuse prevention order statute, 13 V.S.A. § 1030, mandates that offenders who are convicted of a violation be sent to an offender accountability program. The statute provides that the court shall “order the defendant to participate in domestic abuse counseling or a domestic abuse program approved by the Department of Corrections” at the defendant’s expense. 13 V.S.A. § 1030(c). Despite the statutory language, this does not always happen in practice. We need prosecutors and courts to ensure that the condition is mandated for every violation of abuse prevention order conviction.

### **Legislative Recommendation**

The Commission recommends that:

- The Legislature commit the resources needed for a statewide domestic violence accountability coordinator as part of our commitment to public health and safety.

### **Prosecutor & Judiciary Recommendation**

The Commission recommends that:

- Every defendant convicted of violating an abuse prevention order be placed on probation and mandated to attend a community domestic violence accountability program as part of the probationary sentence, including any deferred sentences.

## **PART TWO: COMMISSION STATISTICAL DATA**

In 2015 there were sixteen homicides. Of those, six of the sixteen (38%) were related to domestic violence. Victims of domestic violence homicide ranged from 21 to 73 years old. By Commission protocol, all child deaths are referred to Vermont’s Child Fatality Review Team for analysis.

**There were 16 homicides in 2015, 6 of which were domestic violence related (38%).**

There was one suicide of a responsible party. This suicide involved a firearm, and 100% of the domestic violence homicides in 2015 involved the use of a firearm. Of the total sixteen homicides, thirteen (81%) involved the use of a firearm.



Three of the six domestic-violence-related homicides occurred in the home, two were killed just outside their homes and one was killed at the responsible party's residence. There were no homicides where a relief from abuse order was in effect, though one victim was reportedly on her way to obtain an order on the day she was killed.

**A. Data For 2015**

- 16 total homicides
- All homicides involved adult victims
- Of the 16 homicides, 6 are domestic-violence-related

**DATA REGARDING 2015 DOMESTIC VIOLENCE RELATED HOMICIDES**

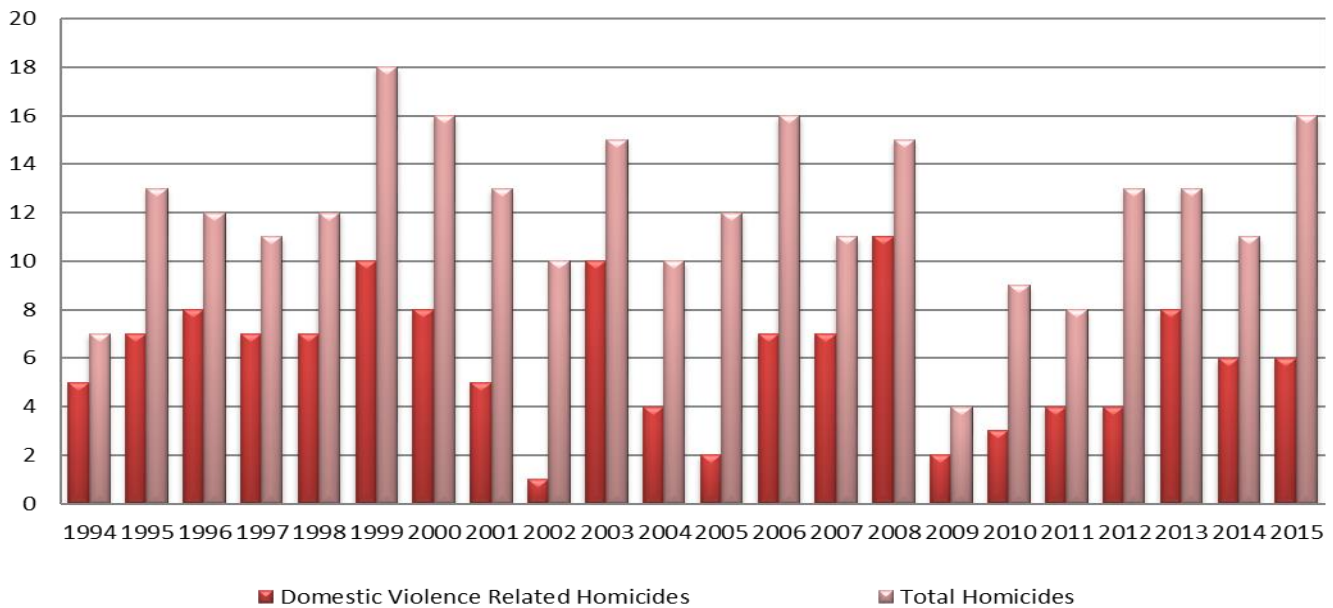
<b>Gender</b>			
<b>Victims</b>		<b>Responsible Party</b>	
Child	0		0
Female	4		1
Male	2		3
<b>County Distribution</b>			
Partner	0	Household Member	0
Ex-Partner	1	Other Domestic Violence Related	1
Family Member	4		
Addison	0	Lamoille	0
Bennington	0	Orange	0
Caledonia	1	Orleans	1
Chittenden	0	Rutland	0
Essex	0	Washington	3
Franklin	0	Windham	0
Grand Isle	0	Windsor	1
<b>Crime</b>			
Firearm	6	Stabbing	0
Fire	0	Blunt Trauma	0
Strangulation	0	Motor Vehicle	0
Drowning	0	Alcohol Toxicity	0
Asphyxiation		Struck with an Object	0
<b>Children Present</b>			1
<b>Locations of Homicides</b>			
In Residence	3	Outside Residence	3
In Workplace	0	In Public Place	0
<b>Total Domestic Violence Related Homicides for 2015</b>			38%

**B. Historical Data on Adult Domestic Violence Homicide 1994-2015**

- As discussed previously, the historical data does not include domestic violence homicide of children. We hope to capture that data eventually. In order to be consistent with data from past reports, we have **not** included 2013 and 2014 child homicides in the historical charts.

- For 2015, there were a total of 16 **adult** homicides. Of those, six are domestic-violence-related or 38%.
- Of the six adult, domestic-violence-related homicides, all were committed with a firearm. The suicide that occurred in connection with a homicide was committed with a firearm.
- In summary, according to Commission data covering 1994 – 2015, 50% of all Vermont adult homicides were domestic-violence-related. Fifty-nine (59%) of Vermont’s domestic-violence-related adult homicides were committed with firearms and seventy-eight (78%) of the adult suicides associated with domestic violence homicides (i.e. murder/suicides) were committed with firearms.

### Homicides 1994 - 2015



HOMICIDE AND FATALITY CHART FROM 1994 - 2015									
Year	Total # Adult Homicides	Partner	Ex-Partner	Family Member - non partner	Household Member - non partner	Other DV Related	Total # DV	Total % DV	RP Suicide / Att Suicide
2015	16	0	1	4	0	1	6	38%	1 / 0
2014	11	3	0	1	1	1	6	55%	1 / 0
2013	12	3	1	1	0	2	7	58%	3 / 2
2012	13	0	1	3	0	0	4	31%	1 / 0
2011	8	3	1	0	0	0	4	50%	0 / 0
2010	9	0	0	2	0	1	3	33%	1 / 0
2009	4	0	1	0	0	1	2	50%	1 / 1
2008	15	5	0	30	0	3	11	73%	0 / 1
2007	11	1	2	2	2	0	7	64%	3 / 0
2006	16	2	1	2	1	1	7	44%	0 / 0
2005	12	0	0	0	0	2	2	17%	0 / 0

2004	10	3	1	0	0	0	4	40%	1 / 0
2003	15	1	2	4	1	2	10	67%	0 / 0
2002	10	1	0	0	0	0	1	10%	0 / 0
2001	13	0	0	3	1	1	5	38%	0 / 0
2000	16	3	1	2	0	2	8	50%	1 / 0
1999	18	2	1	3	2	2	10	56%	2 / 0
1998	12	3	2	1	0	1	7	58%	3 / 0
1997	11	2	1	2	0	2	7	64%	2 / 0
1996	12	1	2	2	1	2	8	67%	3 / 0
1995	13	6	0	0	0	1	7	54%	4 / 0
1994	7	1	1	1	0	2	5	71%	1 / 0
<b>TOTAL</b>	<b>264</b>	<b>40</b>	<b>19</b>	<b>63</b>	<b>9</b>	<b>27</b>	<b>131</b>	<b>50%</b>	<b>28/ 4</b>

SUMMARY OF DATA FROM 1994 – 2015			
Homicides (Adult)	Total – 264		
Domestic Violence Homicides (Adult)	Total 131 or 50%	Responsible Party	
	• Female victims 66	• Female	23
	• Male Victims 63	• Male	105
Relationship	Partner 40	Household Member	9
	Ex Partner 19	Other Domestic	
	Family Member 36	Violence Related	27
County Distribution	Addison 9	Lamoille	5
	Bennington 8	Orange	6
	Caledonia 13	Orleans	8
	Chittenden 23	Rutland	23
	Essex 2	Washington	9
	Franklin 4	Windham	7
	Grand Isle 2	Windsor	12
Manner of Homicide	Firearm 77	Strangulation	5
	Stabbing 17	Motor Vehicle	1
	Fire 2	Blunt Trauma & Strangulation	1
	Blunt trauma 21	Other	7
Children Present	At crime scene 42	Aware of crime scene immediately before or after	6
Relief From Abuse Orders	18 (18 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: 36	Female	4
		Male	32
	Firearm 28	Asphyxia by Fire	1
	Stabbing 1	Asphyxia by Carbon Monoxide	3
	Hanging 2	Jump/Fall	1

## **C. Definitions**

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

**DV** – Domestic Violence

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

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

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

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

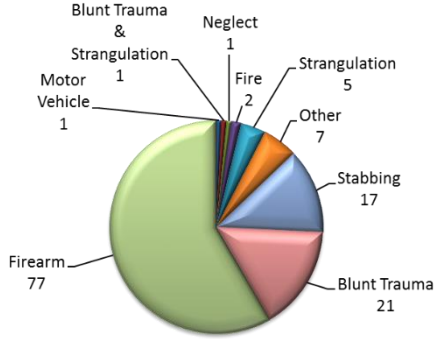
**Other Domestic Violence (DV) Related** – Homicide where the responsible party and the victim fit none of the above relationships but the fatality is related to domestic violence (e.g. estranged spouse kills ex-spouse's current intimate partner, law enforcement officer kills person while responding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

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

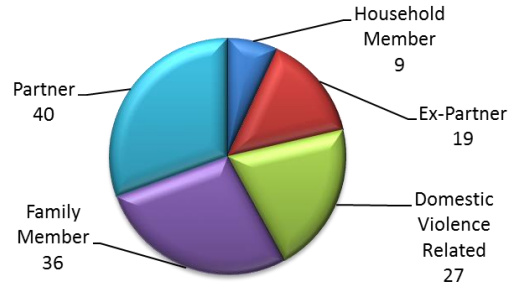
**Suicides Related to Domestic Violence** – This category includes suicides by a responsible party or victim where there is a documented history of domestic violence and an indication that the suicide was prompted by the effects of violence. Given that the reasons for a suicide are often unknown, this is a very conservative number. This category also includes murder-suicides, but does not include attempted suicides.

## DOMESTIC VIOLENCE RELATED HOMICIDES 1994 – 2015

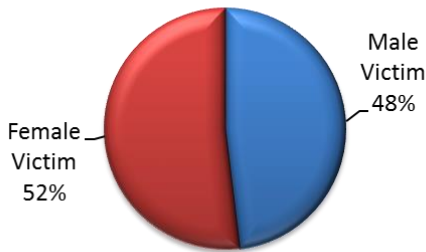
**Domestic Violence Related Homicide by Method**



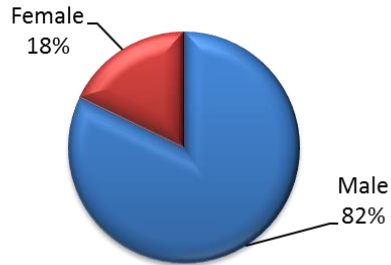
**Relationship of Victim to Perpetrator**



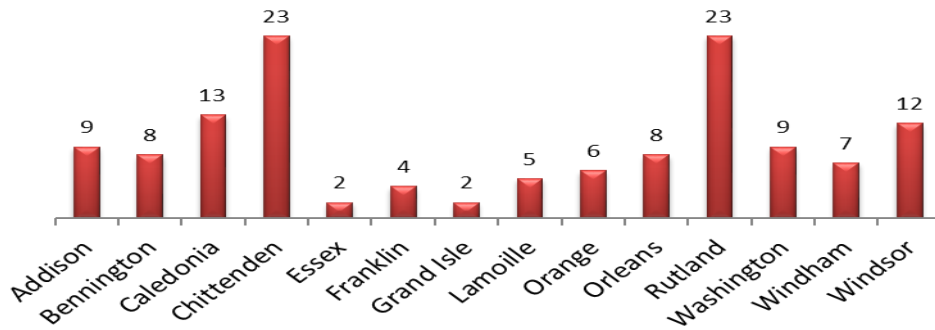
**Gender of Victim**



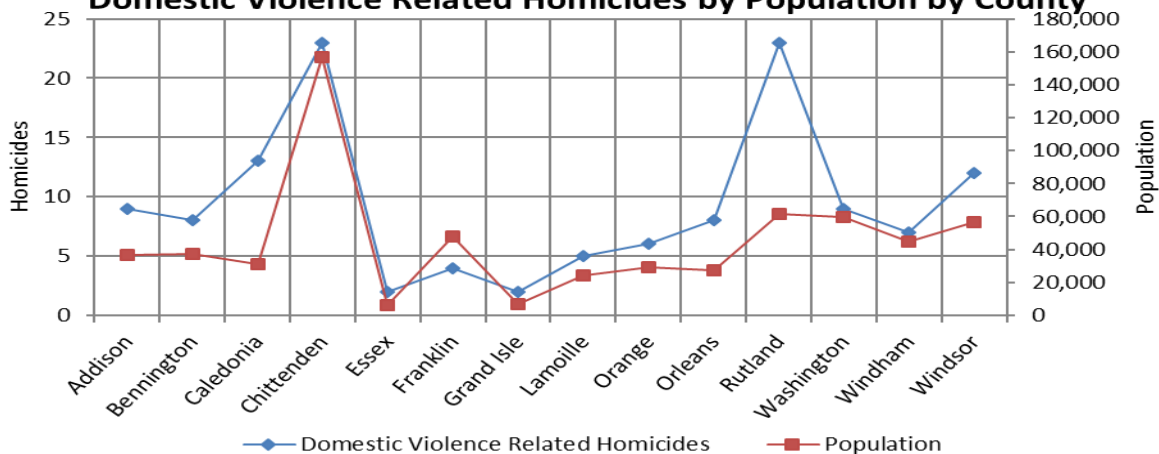
**Gender of Responsible Party**



**Domestic Violence Related Homicides By County  
1994 - 2015**



**Domestic Violence Related Homicides by Population by County**



## PART THREE: OTHER VERMONT DATA FOR 2015

### A. Vermont Department of Health (VDH)

In May, 2015, more than 100 home visitors, domestic violence advocates, family support workers, and Agency of Human Services staff from across Vermont participated in a statewide domestic violence training opportunity. [Healthy Moms, Happy Babies](#), a nationally recognized trauma informed curriculum created by [Futures Without Violence](#), was delivered by national expert, Rebecca Levenson. The curriculum supports home visitation programs in developing core competency strategies and offers tools, knowledge and resources to help home visitors effectively support women and children living in homes with domestic violence. The training includes modules which address universal education, screening, safety planning, referral systems, as well as effective supervision, and self-care. A select group of 40 home visitors and advocates received additional training that enabled them to deliver the curriculum to home visitors and partners in regions across Vermont over the next year.

In the year following the initial training and with state level technical support, nine regional training teams worked to bring the *Healthy Moms, Happy Babies* training to their local communities. By the end of April 2016, multidisciplinary teams primarily consisting of home visitors, Department for Children and Family staff and domestic violence advocates, delivered over 42 hours of *HMHB* training material to 104 participants across the state. Training participants included visiting nurses, child care providers, Head Start home visitors, mental health practitioners, early interventionists and staff from Children's Integrated Services, supervised visitation programs, parent/child centers and other interested community partners.

Many regional teams are continuing their work actively training and engaging their communities and have scheduled trainings for the spring and summer of 2016. As a result of this regional training structure, home visitors statewide continue to build relationships with their local domestic and sexual violence programs and are better equipped with critical skills to effectively assess and respond to domestic violence.

In addition, the state planning team created the ***Vermont Home Visitation Guide on Screening, Assessment & Response to Domestic Violence***. This guide, adapted from similar guides from Texas and Arizona, is meant to serve as an additional resource for home visitors working in maternal, infant and early child home visitation programs with the aim of supporting home visitors to screen mothers/women for domestic violence (DV) using evidence-based tools. The information in the guide will also serve as a resource for others engaged in home visiting across the state. A downloadable version of the Guide can be found here: <http://www.vtnetwork.org/wp-content/uploads/HV-DV-VTGuide-March-2016-FINAL.pdf>.

The Vermont Department of Health receives funding from the Centers for Disease Control and Prevention (CDC) to support the implementation of the Rape Prevention and Education Program. This work is carried out with the Vermont Network Against Domestic and Sexual Violence, the statewide domestic and sexual violence coalition. As part of these efforts, a state plan was created in 2015: ***Vermont's Plan to Address***

***Sexual Violence Through Primary Prevention 2015-2020.*** The plan is guided by the CDC public health approach to prevent sexual violence by encouraging comprehensive, innovative strategies, with a focus on primary prevention, which aim to address the individual, relationship, community and societal factors that create conditions that lead to sexual violence, and other interrelated forms of violence. The overall vision of the state plan was informed by a year of data collection and planning sessions, and is framed around five goals: 1) Youth and young adults ages 14-24 in schools, colleges, and community settings gain skills to prevent sexual violence; 2) Communities employ positive social norms that deter and prevent sexual violence; 3) Communities engage in sexual violence primary prevention; 4) Vermont's sexual and domestic violence system strengthens its capacity for effective prevention programming; 5) Vermont colleges, universities and educational institutions have resources and leadership to engage in primary sexual violence prevention. While the focus of the plan is largely on sexual violence prevention, there are many elements which can also inform domestic violence prevention as well. Because of the focus on youth, there are also prevention strategies being implemented aimed at preventing teen dating violence. A copy of the plan can be found here: <http://www.vtnetwork.org/wp-content/uploads/State-SV-Prevention-Plan-Final-3.11.16.pdf>.

In other news, the State of Maine has received funding from the federal Centers for Disease Control and Prevention to gather critical data on violent deaths in Maine using the National Violent Death Reporting System (NVDRS) over the next five years. Among other things, this grant will allow the state to gather detailed information about the relationship between domestic abuse, homicide and suicide. Under the new grant, Maine will receive \$194,347 each year for five years for data collection and analysis and will compare its data with similar information from the State of Vermont. This effort dates back to 2002 when the Centers for Disease Control and Prevention (CDC) began implementing the National Violent Death Reporting System (NVDRS). NVDRS is a state-based surveillance system that links data from law enforcement, coroners and medical examiners, vital statistics, and crime laboratories to assist each participating state in designing and implementing tailored prevention and intervention efforts. NVDRS provides data on violence trends at national and regional levels; each state can access all of these important data elements from one central database. States that are funded for NVDRS operate under a cooperative agreement with CDC, to which all violent deaths are voluntarily reported. NVDRS funded six states initially. In 2014, CDC received funding to expand the system to a total of 32 states, and Vermont was one of the states added to the list. The goal is to include eventually all 50 states, all U.S. territories, and the District of Columbia in the system.

The Project Director, Marci Sorg, visited with the Vermont Child Fatality Review Board in May 2015 and with the Domestic Violence Fatality Review Board in October 2015, and shared that data will be available in approximately 18 months and that a regional report will be released. This project is especially interested in examining suicides that are connected to domestic violence. Like the Commission, they use a broad definition of domestic-related suicides, not just those in a "murder-suicide" incident. The Commission looks forward to learning more from their data.

The Vermont Department of Health also conducts the Youth Risk Behavior Survey every two years in Vermont. Reports for the 2015 survey are available at [http://healthvermont.gov/research/yrbs/data\\_briefs.aspx](http://healthvermont.gov/research/yrbs/data_briefs.aspx). According to the 2015 YRBS, 7% of students have been physically forced to have sexual intercourse and 9% of students who dated were physically hurt by someone they were dating in the past year. The health department also conducts the annual Behavior Risk Factor Surveillance System (BRFSS) and included questions regarding sexual violence on the 2015 survey. According to the 2015 BRFSS, 7% of adults overall said someone had had sex with them without their consent. This was reported by 2% of males and 11% of females, a statistically significant difference.

The 2014 BRFSS included three questions about domestic violence, specifically physical harm, as well as threatening and controlling behavior. According to the findings, two in ten (19%) Vermont adults have experienced some type of Intimate Partner Violence (IPV) in their lifetime. Thirteen percent (13%) have been physically harmed by a partner. Twelve percent (12%) said a partner had threatened them or tried to control their activities. A data brief examining the relationship between intimate partner violence and other public health issues in Vermont was prepared in 2015 and is available here: <http://healthvermont.gov/research/brfss/reports.aspx#briefs>. For more information on BRFSS, please visit: <http://healthvermont.gov/research/brfss/brfss.aspx>.

## **B. Vermont Department of Corrections**

According to the Vermont Department of Corrections, 1,813 persons were in the custody of or under the supervision of<sup>8</sup> the Department of Corrections as of December 31, 2015, for domestic-abuse-related offenses<sup>9</sup>. Of those offenders, 409 were incarcerated and 1,404 were under some form of community supervision. These numbers represent an increase of 435 persons over the June 2014 numbers, an increase of 39 incarcerated and 396 under community supervision.<sup>10</sup>

Of the overall population of 1,811 offenders incarcerated on December 31, 2015, 409 or 22.6% were incarcerated for a domestic-abuse-related offense (all violent offenders accounted for 1,245 or 68.7% of the incarcerated population). The 409 incarcerated offenders were charged with or convicted of a total of 647 domestic related offenses.<sup>11</sup>

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<sup>8</sup> Under the supervision of the Department of Corrections includes: incarceration; furlough; pre-approved furlough; home detention; home confinement; supervised community sentence; parole; work crew; and probation.

<sup>9</sup> The offenses include 1<sup>st</sup> and 2<sup>nd</sup> degree aggravated domestic assault, misdemeanor domestic assault, felony and misdemeanor stalking, and felony and misdemeanor violations of abuse prevention orders.

<sup>10</sup> According to Commission member Rick Bates, the dramatic increase between 2014 and 2015 may be due, in part, to a new DOC database which provides more accurate and more detailed data than has been previously available.

<sup>11</sup> The raw numbers and percentages given for incarcerated violent and DV offenders are slightly low, because there are domestic abuse offenders with other charges deemed more serious by Corrections for classification purposes (e.g., sexual assault, kidnapping, homicide). Thus, the domestic abuse numbers given here are somewhat lower than the actual numbers. In addition, the total population count is a bit inflated in that it includes federal detainees and others not held in connection with Vermont Charges. Thus, DV offenses appear to represent a marginally smaller portion of the VT offender population than in fact they do.



Of the overall population of 8,843 offenders under community supervision on December 31, 2015, 1,404 or 15.9% were under supervision for a domestic abuse related offense (all violent offenders accounted for 3,284 or 37.1% of the community population). These 1,404 domestic offenders were convicted of a total of 2033 DV related offenses.

The 1,404 DV offenders in the community are broken down as follows: 935 were on probation, 115 were on parole, 98 were on furlough status, 9 were on intermediate sanctions, 13 were held under home confinement, 35 were of unknown status, and 199 were listed as work crew, which means that they had both a work crew sentence and some other form of supervision which was DV related, but the database regards any furlough, including work crew, as a more important status than parole or probation, and thus categorizes the person by the work crew offense. Within the 935 probationers, 47 were sentenced to administrative probation and 36 received deferred sentences.

As the above numbers show, the DOC's total population rose from 10,417 to 10,654, with facilities seeing a decrease of 251 offenders and field offices seeing an increase of 488.

### **C. Vermont Network Against Domestic and Sexual Violence**

During 2014<sup>12</sup> the fourteen member programs of the Vermont Network Against Domestic and Sexual Violence (the Network) received and responded to 16,384 hotline and crisis calls.

The Network's member programs statewide saw 35,218 person nights in shelters and safe homes for 2014. This number continues to climb as survivors and their children need to stay in shelter for longer periods of time due to a lack of safe, affordable housing options. In all, 773 survivors were housed in shelters and safe homes statewide. The Network provided almost \$60,000 directly to survivors in 2014 – this included \$19,176 in rental assistance, \$13,037 in utility assistance, \$700 in moving expenses and \$25,963 in funds for security deposits.

The Network has continued its work as a statewide leader on homicide prevention, and looks forward to additional opportunities to work with the Commission to strengthen this work.

### **D. Vermont Department for Children and Families**

During 2015, the Vermont Department for Children and Families, Family Services Division received 2,888 intake calls that included domestic violence. 954 of these reports were accepted for a child safety response (investigation or assessment).

181 of these child safety interventions resulted in a substantiation of child maltreatment. These numbers reflect a slight decrease from last year.

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<sup>12</sup> The 2014 data reported is the most current available at this time. 2015 data will be included in the Network's upcoming 2016 annual report.

## **E. Criminal Charges for Vermont District Court**

According to the Appendix to Vermont Judiciary Annual Statistical Report (“Judiciary Report”) for FY 2015, there were 3,110 felony criminal cases filed in the District Court statewide and 481 (or 15%) were felony domestic violence charges. For misdemeanors, there were 12,761 cases total filed and of those 777, or .06%, were misdemeanor domestic violence charges.

The Judiciary Report notes that the total number of felony cases declined again, but the number of domestic violence felonies has continued to steadily increase, and is up 18% from five years ago.

Most all of the cases filed in Vermont are resolved by plea. Very few go to trial. Although statistics provided by the judiciary do not breakdown the numbers by type, out of the 3,212 felony cases disposed in FY2015, only 60 were resolved by jury trial. Of those 3212 felonies, 2431 (76%) resolved by plea and 673 (21%) were dismissed. For misdemeanor cases, out of the 12,139 cases disposed, only 57 resolved by jury trial. Of the total 12,139 misdemeanors, 7821 (64%) resolved by plea and 4125 (34%) were dismissed.

## **F. Civil Relief from Abuse Orders in Vermont Family Court**

For FY 2015, according to the Office of Court Administrator, plaintiffs filed 3,202 petitions for relief from abuse orders. Of the 3,175 orders disposed in this time period, Vermont Family Courts granted 2378 (or 75%) of temporary orders requested. Of those, courts granted 1,104 (or 46%) final orders.

**Of the 3,175 petitions for relief from abuse disposed of in FY 2015, 46% resulted in a final order issued by Vermont Courts.**

Unfortunately, statistics regarding the number of relief from abuse order petitions filed broken down by county were not available this year from the Court Administrator’s Office. We hope to be able to provide this data in future reports.

According to the Judiciary Report, relief from abuse protection orders comprise 16% of the domestic docket based on the case groupings used by the family division. The report notes that with the exception of FY 2012, the number of protection orders filed has gradually declined over the past five years; there were 12% less orders filed in 2015 than in 2011. The vast majority of these cases (3160 out of 3202) were resolved in six months or less.

The report also contains data about the methods of disposition for relief from abuse protection orders. The largest number of cases were dismissed by the court (912), followed by the number denied (773), and withdrawn (362). Of the number of cases that do go forward, the number that were entered by consent (422) slightly outnumbered the cases that are contested (367), followed closely by the number entered by default (315) (i.e., in which the defendant failed to appear and the plaintiff was present and wished to go forward).

## G. Civil Stalking and Sexual Assault Orders in Vermont Superior Court

Title 12 provides for protection orders for non-household and non-family members regarding stalking and sexual assault. According to the Judiciary Report, civil protection orders against stalking and sexual assault account for only 3% of the total filings in civil division. There were 708 cases involving civil protection orders disposed of in Superior Court statewide in FY15. Of those 708, 663 were protection orders against stalking and 45 were protection orders against sexual assault. Overall Vermont Superior Courts granted 435 temporary orders (62%) and denied 270 (38%)<sup>13</sup>. Of final orders, the Courts granted 176 (40%) and denied 258 (59%)<sup>14</sup>.

**For FY 2015, Vermont Superior Courts issued 663 civil protection orders for stalking and 45 for sexual assault.**

According to the Judiciary Report, the number of requests for civil protection orders against stalking and sexual assault has remained fairly constant for the last five years, averaging 700 filings per year.

## H. Domestic Violence Accountability Programs

As part of the Vermont Statewide Standards for Domestic Violence Accountability Programs and the certification process adopted by Vermont's Council on Domestic Violence, as of January 2015, every county had access to at least one certified domestic violence accountability program (Lamoille County sends mandated defendants to neighboring counties, in Orange County defendants are mandated to Clara Martin Center in Windsor County). In an effort to enhance the coordinated community response to victim safety and offender accountability, certified programs are reviewed every two years to maintain their certification and are required to actively participate in their community domestic violence task forces.

2015 was a challenging year for domestic violence programs in VT. Due to budget cuts, DVAPS did not receive their annual statewide allocation of \$50,000 to support the programming they provided to over 300 participants each year. This funding supported compliance efforts to ensure domestic violence accountability programs met statewide standards, such as co-facilitation, attendance at task force meetings, coalition meetings, statistical analysis, representation at Council and Fatality Review Committee meetings, and on-going training requirements. Additionally, Spectrum Youth and Family Services discontinued providing domestic violence accountability programming in the six sites around the state where the organization has been providing DV Solutions groups for domestic violence offenders. Addison, Chittenden, Caledonia, Franklin/Grand Isle, Orleans/Northern Essex, and Rutland counties were directly impacted by this decision. Finally, funding for the Domestic Violence Accountability Coordinator will be fully

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<sup>13</sup> The total number of dispositions reported in chart C "Civil Protection: Method of Disposition" is 705. This differs from the 708 total found in chart B "Civil Protection by Case Type." The reason for this discrepancy is unknown.

<sup>14</sup> One disposition is noted as invalid or missing in the Judiciary Report.

expended in May 2016, leaving the state without the resources to support the certification process.

The Domestic Violence Accountability Committee of the Council worked tirelessly throughout 2015 with the domestic violence task forces in the affected communities in order to support the process of determining next steps for domestic violence accountability programming in their counties. As of the end of 2015, Addison, Chittenden, Franklin, Grand Isle, Orleans and Rutland Counties have new DVAPS in the process of certification.

Additionally, partners on the statewide level worked together to formulate a statewide response to this crisis for our domestic violence accountability programs around the state. Requests for immediate and long-term funding were made to the state legislature and a statewide summit was held in November 2015. As of the writing of this report, there is no funding secured for programs or for the Domestic Violence Accountability Coordinator.

## **CONCLUSION**

Vermont's Domestic Violence Fatality Review Commission wants to thank all of our witnesses, family members, state agencies, and community partners for their collaboration and conscientious efforts over the past years. We are inspired by the steps taken in response to our recommendations and hope to have more progress to report next year toward our goal of ending domestic violence in Vermont. We encourage community members to continue to provide us suggestions and to refer cases for the Commission to review. A case referral form is attached as Appendix D. The Commission looks forward to continuing our work together to keep Vermonters safe.

## APPENDIX A

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

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

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

#### Subchapter 2. Domestic Violence Fatality Reviews

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## § 2. EFFECTIVE DATE

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

Approved: May 2, 2002

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

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

Whether:

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

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

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

<sup>3</sup> "Household members" means persons who, for any period of time, are living or have lived together, are sharing or have shared occupancy of a dwelling, are engaged in or have engaged in a sexual relationship, or minors or adults who are dating or who have dated. "Dating" means a social relationship of a romantic nature. Factors that the court may consider when determining whether a dating relationship exists or existed include: (a) the nature of the relationship; (b) the length of time the relationship existed; (c) the frequency of interaction between the parties; (d) the length of time since the relationship was terminated, if applicable. 15 V.S.A. § 1101 (2) If the nature of the relationship is not immediately apparent, the Commission gives considerable weight to these same factors in deciding whether a homicide should qualify as a domestic.

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

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

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

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 V.S.A. § 1140(b), the Commission is comprised of 17 members, consisting of the following:

- The Attorney General, or his or her designee;

Carolyn Hanson  
Assistant Attorney General  
Office of Attorney General  
109 State Street  
Montpelier, VT 05609  
802-828-5512 phone  
802-828-2154 fax  
[carolyn.hanson@vermont.gov](mailto:carolyn.hanson@vermont.gov)

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

Kimberly Swartz, MHS  
Director, Preventative Reproductive Health  
Division of Maternal and Child Health  
Vermont Department of Health  
108 Cherry St., PO Box 70  
Burlington, VT 05402  
802-865-1338 phone  
[kimberly.swartz@vermont.gov](mailto:kimberly.swartz@vermont.gov)

Alternate:  
Sally Kerschner, RN, MSN  
Vermont Department of Health  
108 Cherry St., PO Box 70  
Burlington, VT 05402  
802-652-4179 phone  
[sally.kerschner@vermont.gov](mailto:sally.kerschner@vermont.gov)

- 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  
HC2 North  
280 State Drive  
Waterbury, VT 05671-2080  
802-769-6314 phone  
[ellie.breitmaier@vermont.gov](mailto:ellie.breitmaier@vermont.gov)

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

Rick Bates  
District Manager  
VT Department of Corrections  
Brattleboro, VT  
[roderick.bates@vermont.gov](mailto:roderick.bates@vermont.gov)

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

Lt J.P. Sinclair  
Chief Criminal Investigator - BCI  
Department of Public Safety  
45 State Dr.  
Waterbury, VT 05676  
802-241-5566 phone  
[jean-paul.sinclair@vermont.gov](mailto:jean-paul.sinclair@vermont.gov)

- 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  
802-863-7320 phone  
[steven.shapiro@vermont.gov](mailto:steven.shapiro@vermont.gov)

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

Deb Celis  
Deputy State's Attorney  
Franklin County State's Attorney's Office  
5 Lemnah Drive  
St. Albans, VT 05478  
802-524-7920 phone  
802-754-7964 fax  
[deb.celis@vermont.gov](mailto:deb.celis@vermont.gov)

- The Defender General, or his or her designee;

Matthew Valerio  
Defender General's Office  
6 Baldwin Street, 4<sup>th</sup> Floor  
Montpelier, VT 05620-3301  
802-828-3191 phone  
802-786-3803 Alt. phone  
[matthew.valerio@vermont.gov](mailto:matthew.valerio@vermont.gov)

Alternate:  
Marshall Pahl  
Defender General's Office  
6 Baldwin Street, 4<sup>th</sup> Floor  
Montpelier, VT 05620-3301  
802-828-3168 phone  
802-828-3163 fax  
[marshall.pahl@vermont.gov](mailto:marshall.pahl@vermont.gov)

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

Rebecca Thomforde Hauser  
Vermont Coalition of Batterer Intervention Services  
Spectrum Youth & Family Services  
1386 Fish Hill Rd.  
Randolph, VT 05060  
802-728-5776 phone  
[rebthomforde@hotmail.com](mailto:rebthomforde@hotmail.com)

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

Sarah Robinson  
Special Initiatives Coordinator  
The Vermont Network Against Domestic  
and Sexual Violence  
PO Box 405  
Montpelier, VT 05601  
802-223-1302 phone  
802-223-6943 fax  
[sarahkr@vtnetwork.org](mailto:sarahkr@vtnetwork.org)

- A representative of the Vermont Council on Domestic Violence;

Heather Holter  
Coordinator  
Vermont Council on Domestic Violence  
Montpelier, Vermont  
[vtdvcouncil@gmail.com](mailto:vtdvcouncil@gmail.com)

- 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  
[samuel.hill@vermont.gov](mailto:samuel.hill@vermont.gov)

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

Susan Hardin

- A physician, appointed by the Governor;  
vacant
- The Executive Director of the Vermont Criminal Justice Training Council, or his or her designee;

Jennifer Firpo  
Training and Curriculum Coordinator  
Vermont Criminal Justice Training Council  
Vermont Police Academy  
317 Academy Road  
Pittsford, VT 05763-9712  
802-483-2734 phone  
802-483-2343 fax  
[jennifer.firpo@vermont.gov](mailto:jennifer.firpo@vermont.gov)


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

Emily Hawes  
Dept. of Mental Health  
HC 2 North, 280 Drive  
Waterbury, VT 05671-2080  
[emily.hawes@vermont.gov](mailto:emily.hawes@vermont.gov)

- 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@vermont.gov](mailto:cortland.corsones@vermont.gov)

**APPENDIX D: COMMISSION CASE REFERRAL FORM**

	<b>DOMESTIC VIOLENCE FATALITY REFERRAL FORM</b> Domestic Violence Fatality Review Commission Office of the Attorney General - Criminal Division 109 State Street - Montpelier, VT 05609	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.ago.vermont.gov>.

**PLEASE PRINT ALL INFORMATION**

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



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

The Domestic Violence Fatality (Death) Review Commission is established in the Office of Attorney General in consultation with the Council on Domestic Violence under 15 V.S.A. § 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, VT 05609-1001  
Telephone 802-828-5512

On the Web - <http://www.ago.vermont.gov>

## APPENDIX E

# 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 V.S.A. 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 V.S.A. §§ 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 V.S.A. § 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.