

Virginia Department of Health: Office of the Chief Medical Examiner

Virginia Domestic Violence Fatality Review Newsletter

Save the Date!

The Virginia Sexual and Domestic Violence Action Alliance is hosting two conferences:

The Heart is a Muscle: Trauma-Informed Approaches to Sexual & Intimate Partner Violence

May 4-5, 2016

Charlottesville, VA

The Warmth of Other Suns: Multi-Disciplinary Strategies to Prevent and Respond to Sexual & Intimate Partner Violence in African-American Communities

August 10-12

Richmond, VA

More information on these and other trainings hosted by the Alliance can be found in their 2016 [Training Calendar](#).

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Family and Intimate Partner Homicide in Virginia: 2014 Annual Surveillance Report

The Office of the Chief Medical Examiner released the **2014 Annual Report** on *Family and Intimate Partner Homicide: A descriptive analysis of the characteristics and circumstances surrounding family and intimate partner homicide in Virginia*.

This report contains an overview of 2014 data from the Family and Intimate Partner (FIP) Homicide Surveillance Project. Highlighted findings include:

- 31% of all homicides in 2014 in Virginia were attributed to family and intimate partner violence. FIP Homicides decreased from 122 in 2013 to 112 in 2014: an 8% decrease and the lowest number recorded since surveillance began in 1999.

- Firearms were used in 54% of FIP Homicides, a 5% decrease from 2013.
- Despite the majority of FIP Homicide victims being white and female, the highest death rate was among blacks (2.9), with black females dying at a higher rate than any other group (3.3).
- The highest number of FIP Homicides occurred in the Eastern Health Planning Region (31); Richmond City had the highest number of deaths (12) for any one locality.

We invite your review of the full report, which is available at: <http://www.vdh.virginia.gov/medExam/documents/pdf/2014%20FIPS%20Report%20FINAL.pdf>

Statewide Needs Assessment Report

In 2014-2015, the Partnership for Community Defined Solutions* conducted a statewide needs assessment which included a survey of service providers and a series of focus group interviews with service providers and survivors of sexual and domestic violence (SDV) in Virginia. The purpose of these activities was to assess the needs of underserved victims and the barriers they face to accessing services that increase victim safety and offender accountability.

Focusing on African American, Immigrant/Limited English Proficient (LEP), and Older Adult victims of sexual and domestic violence, the findings were organized under the following broad categories of barriers:

- Distrust of the SDV Response System due to adverse personal or historical experiences with

service providers.

- Lack of coordinated, consistent, reliable, accessible, affordable, comprehensive, and culturally appropriate services to ensure access to timely and accurate information about SDV, victims' rights, and available services.
- Perceived or actual consequences for disclosing SDV result in pressure not to disclose or seek help.
- Community, familial, and/or provider minimization of SDV.

In 2016 the Partnership will be working to introduce statewide trainings and resources to address these barriers, with special attention

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Lethality Assessment in Virginia

Attorney General Mark Herring hosted a training conference in October on the Lethality Assessment Protocol (LAP) for 10 domestic violence programs and 17 law enforcement agencies from across Virginia. Facilitators included a training team from the Maryland Network Against Domestic Violence, and sexual and domestic violence prevention training consultant Mark Wynn. Trained community teams are now authorized to implement the Maryland Model LAP in their respective jurisdictions. The Office of the Attorney General will provide ongoing technical assistance in these efforts.

Firearms and Fatal Domestic Violence in Virginia

The Educational Fund to Stop Gun Violence released a new report titled "[Virginia's Lethal Loopholes: Policy Solutions to Domestic Homicide Committed with Firearms.](#)" The report features data from the [Virginia Family and Intimate Partner Homicide Surveillance Project](#), including the following highlights:

- Of the 72 people who died in Virginia from Intimate Partner Related Homicide (IPRH) in 2014, two-thirds (48) were killed with a firearm.
- In 2014, more than a third (27) of all IPRH offenders had a history of violence or threats of violence against an intimate partner. Of these offenders, 74% used a firearm to commit the homicide.

Richmond Metro Explores Adult Fatality Review

Service providers from the City of Richmond and Counties of Hanover, Henrico, and Chesterfield are meeting to discuss the possibility of forming an Adult Fatality Review Team to review fatalities in central Virginia. Representatives from local law enforcement agencies, Commonwealth's Attorneys' offices, adult protective services, and first responders have met with staff from the Senior Connections agency on aging and Virginia Commonwealth University's Center on Aging to explore the parameters of the team and draft a team mission statement and guiding principles.

Team organizers point to the area's strong foundation in fatality review as one of the driving forces behind the decision to consider an Adult Fatality Review Team. Three out of the four jurisdictions involved in the discussion have established Domestic Violence Fatality Review Teams. The Central Virginia Task Force on Domestic Violence in Later Life also operates in the region, bringing together government and nongovernmental entities to address abuse among older adults.

With these relationships and expertise already in place, the opportunity to expand fatality

review in the region to better address elder abuse came with legislation effective July 1, 2015. Virginia code [32.1-283.6](#) supports the establishment of Adult Fatality Review Teams which focus on deaths among older and incapacitated adults involving abuse, neglect, or exploitation.

The Virginia Office of the Chief Medical Examiner has made resources available on its [website](#), including a [Team Protocol and Resource Manual](#) to assist communities across Virginia in starting local or regional Adult Fatality Review Teams.

Upcoming Events

January

National Stalking Awareness Month

January 20-21 in Richmond, VA **DO YOU Certification Training, Virginia Sexual and Domestic Violence Action Alliance (VSDVAA)**

January 26 (webinar) **The Impact of Self-Care Practices at the Individual & Organizational Level, VSDVAA**

January 26 (webinar) **Stalking: A Qualifying Crime for a U Visa, National Latin@ Network**

February

Teen Dating Violence Awareness Month

February 11 (webinar) **Enhancing Your Domestic Violence Court ~ How Do We Get Offenders to Comply? (part 3 of 3), Center for Court Innovation**

February 14 (worldwide) **1 Billion Rising Revolution, V-Day**

February 16 (webinar) **How Racial Justice is Integral to Trauma-Informed Advocacy, VSDVAA**

February 25 in Richmond, VA **Reproductive & Sexual Coercion—Continuing Advocacy Training, VSDVAA**

March

March 10 in Richmond, VA **Cultural Competency—Basic Advocacy Training, VSDVAA**

March 16 (webinar) **Creating a Community of Support for Survivors with Disabilities, VSDVAA**

March 22-24 in Washington, DC **International Conference on Sexual Assault, Domestic Violence and Engaging Men and Boys, End Violence Against Women International**

April

National Child Abuse Prevention Month

April 10-16 (nationwide) **2016 National Crime Victims' Rights Week, Office for Victims of Crime**

May

May 4-5 in Charlottesville, VA **The Heart is a Muscle: Trauma-Informed Approaches to Sexual & Intimate Partner Violence, VSDVAA**

May 11 (webinar) **Why Age Matters (And Why it Totally Doesn't): Meeting the Needs of Elder Survivors, VSDVAA**

May 18 in Richmond, VA **Domestic Violence—Basic Advocacy Training, VSDVAA**

June

June 7 (webinar) **The Domestic Violence and Sexual Assault Movement History, and Why it Matters, Michigan Coalition to End Domestic and Sexual Violence**

New in Research

- A survey published in [The Journal of Sex Research](#) of men aged 18-25 compared intimate partner violence perpetration to sexual risk behaviors. Men reporting both physical and sexual abuse against an intimate partner also reported significantly higher numbers of lifetime sexual partners, higher rates of non-monogamy, higher sexually transmitted infection exposure, and less frequent condom use than nonabusive men.
- [Two recent studies](#) looked at the effectiveness of intimate partner violence screening interventions in health care settings, finding neither to significantly reduce domestic violence or its impacts. The first intervention conducted a brief screening in a hospital setting, and provided video and paper resources on intimate partner violence. At one and three year follow-ups women reported being hospitalized, going to the emergency room, and visiting their doctors at the same rates, regardless of what resources they'd been given. The second intervention provided a motivational interview session to women presenting in emergency departments who had been involved in an incident of intimate partner violence. During the session, therapists encouraged study participants to consider links between intimate partner violence and alcohol, while also helping them re-think ambivalence about changing their circumstances. Researchers concluded that the motivational intervention had no effect on either drinking habits or incidents of intimate partner violence.
- A [review of current research](#) on reproductive coercion found that 15-25% of women may experience this type of intimate partner abuse at some point. Birth control sabotage and pregnancy pressure or coercion can have devastating consequences including unintended pregnancy, abortion and psychological trauma. The study authors propose that future research investigate how men or people who identify as LGBT experience reproductive coercion.
- A [recent study](#) of hospital evaluation for child abuse injuries found that among visits for children less than 24 months old, the rate of abuse diagnosis was 0.17%. Rates of abuse diagnosis for children with at least one sentinel injury (e.g., head trauma, cracked ribs, or abdominal injuries) ranged from 3.5% to 56.1% across different hospitals and among different patient categories. Rates of skeletal survey and other testing were also highly variable between hospitals and for different presenting injuries. The study concluded that routine evidence based testing for abuse in children with sentinel injuries can improve early recognition of child abuse.
- A [review of current research](#) on elder abuse summarized consensus on five major types of abuse impacting older adults: physical abuse, psychological or verbal abuse, sexual abuse, financial exploitation, and neglect. Prevalence of elder abuse was estimated between 7.6% and 10%, depending on the study. Most studies indicated that older women were more likely than older men to be victims of abuse. A shared living environment, lower income, isolation and lack of social support were also associated with higher rates of abuse. Dementia was a documented risk factor for financial exploitation. Functional impairment and poor physical health were shown to be associated with greater risk of elder abuse. A limited number of studies examined the characteristics of abuse perpetrators. Perpetrators were more likely to be male and to have a history of substance abuse, mental or physical health problems, criminal history, social isolation, unemployment or financial problems, or major stress.
- A [study of 15,000 children](#) younger than 16 years of age who were treated for severe injuries at hospitals in England and Wales found that of those injuries, 92% were accidental, 2.5% were the result of fights, and 5% were caused by abuse. Among children with abuse injuries, 98% were younger than age 5, and 76% were less than a year old. Abuse injuries were more severe and more likely to involve the head or brain than accidental injuries. Abused children were also three times more likely to die of their injuries than other children in the study (7.6% vs. 2.6%).

Statewide Needs Assessment Report, Continued

to culturally responsive services that address the unique needs of African American, Older Adult, and Immigrant/LEP victims of SDV. The wealth of information collected through the Needs Assessment will form the basis for future collaborative projects to improve services and systems that impact victims of sexual and domestic violence. Examining and

making efforts to improve the cultural responsiveness of Virginia's services for victims of SDV is an ongoing process that the GEAP partnership hopes to support at both the state and local levels.

For more information, see the full report summarizing the Needs Assessment and its findings [here](#).

*The Virginia Partnership for Community Defined Solutions to Violence Against Women is a statewide partnership between the Virginia Office of the Attorney General, the Office of the Chief Medical Examiner, the Department of Criminal Justice Services, the Virginia Sexual and Domestic Violence Action Alliance, and the Virginia Poverty Law Center.

National Survey on Policing and Domestic Violence

The American Civil Liberties Union reported on their [findings from a survey](#) of 900 advocates, service providers, attorneys, and people working in membership-based organizations on their experience and recommendations regarding policing and domestic violence. Highlights included:

- **Police inaction, hostility, and dismissiveness:** An overwhelming majority of the respondents (88%) reported that police “sometimes” or “often” do not believe victims or blamed victims for the violence. A similarly large majority (83%) reported that police “sometimes” or “often” do not take allegations of sexual assault and domestic violence seriously.
- **Police bias against marginalized communities affects response to domestic violence & sexual assault:** A majority (55%) of respondents said that police bias or discrimination against particular groups or with regard to domestic violence/sexual assault claims

was a problem in their community. Over 80% believed that police relations with marginalized communities influenced their clients’/members’ willingness to call the police.

- **Survivors are concerned that police involvement will trigger collateral consequences:** Eighty-nine percent reported that contact with the police resulted in involvement with child protective services “sometimes” (47%) or “often” (42%). Sixty-one percent of respondents reported that contact with the police “sometimes” (43%) or “often” (18%) leads to criminal charges that could then trigger immigration/deportation proceedings. Seventy percent of respondents said that contact with the police “sometimes” (44%) or “often” (26%) results in the loss of housing/employment/welfare benefits of either the victim or abuser.

For more information on Virginia DVFR:

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In 1999, the Virginia General Assembly enacted legislation authorizing family and intimate partner fatality review. The [Code of Virginia §32.1-283.3](#) allows for the establishment of local and regional DVFRs. The statute includes important confidentiality protection, and directs the Office of the Chief Medical Examiner to provide technical assistance and training.

Intimate Partner Violence Among LGBTQ

The National Coalition of Anti-Violence Programs’ report [Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Intimate Partner Violence in 2014](#) summarized reports received from member organizations. In 2014 these agencies received 2,166 reports of intimate partner violence (IPV) and collected information on 15 IPV related homicides involving lesbian, gay, bisexual, transgender, and queer (LGBTQ) survivors. People of color made up 51% of reporting victims. The percentage of survivors who reported experiencing IPV to law enforcement increased from 35% in 2013 to 55% in 2014. The percentage of survivors successfully seeking a protective order also increased from 58% in 2013 to 85% in 2014. The report highlighted the dispro-

portionate experiences of IPV among LGBTQ survivors:

- There was an increase in the percentage of gay identified survivors from 2013 to 2014 (43% to 49%, respectively). Lesbian survivors accounted for 20% of reports and bisexual survivors accounted for 12% of survivors.
- People who identified as bisexual were 2.02 times more likely to experience sexual violence than people who did not identify as bisexual.
- LGBTQ Black/African American survivors were 1.47 times more likely to be injured as a result of IPV than people who did not identify as LGBTQ and Black/African American.

When Men Murder Women: 2013 National Homicide Data

The Violence Policy Center has released its [2015 report](#) examining 2013 homicides involving a woman killed by a man in single-victim single-offender incidents. As in previous years, the majority of 2013 victims were killed by someone they knew—most often a spouse or intimate acquaintance (62%). The report highlights state rankings for female homicide rates, with South Carolina ranking 1st in the nation at a rate of 2.32 homicides per 100,000 females in the population, compared to the national average of 1.09. Virginia had a rate of 1.12, ranking 19th in the country.