

Virginia Department of Health: Office of the Chief Medical Examiner

Virginia Domestic Violence Fatality Review Newsletter

VAFRIS Update

In June, members of three Virginia Domestic Violence Fatality Review Teams (DVFRTs) received in-depth training on using the new Virginia Domestic Violence Fatality Review Information System (VAFRIS). Participants engaged in detailed discussion on the items captured in the database and on how to code case review information. The group entered mock case data into the database and received a demonstration on the database's reporting capabilities. Eight teams now have active user accounts. Another training will be offered in Fall, 2014.

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2014 General Assembly Update

The following bills related to domestic violence were signed into law and took effect on July 1st, 2014:

HB 335: Where a protective order grants possession or use of a motor vehicle owned jointly by the parties to the petitioner, a court may direct a respondent to maintain insurance, registration, and taxes.

HB 567: A person is guilty of sexual battery punishable as a Class 1 misdemeanor if they sexually abuse more than one victim or one victim more than once in 2 years.

HB 708: Adds unlawful wounding and strangulation to the list of offenses that enhance the penalty for

assault and battery of a family or household member from a Class 1 misdemeanor to a Class 6 felony if a person has been previously convicted of two such offenses within a 20-year period.

HB 972: Allows a protective order to grant possession of family pets to the petitioner.

HB 1233: Makes victims of stalking eligible for the Address Confidentiality Program.

The following bill was vetoed by the Governor:

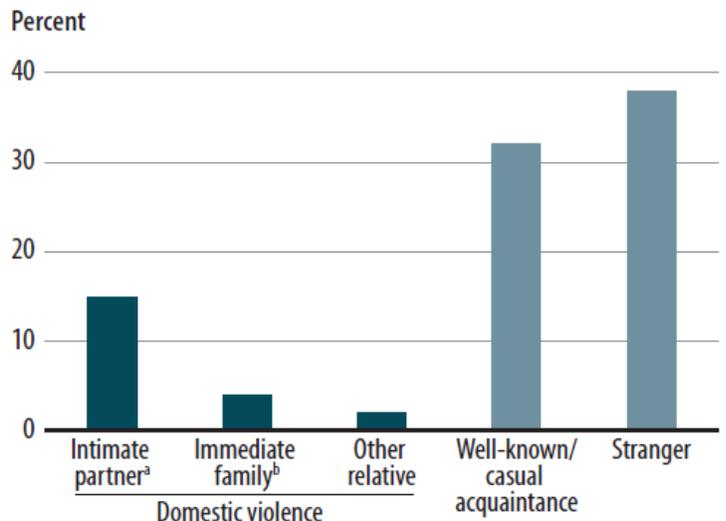
SB 561: Prisoners who were the subject of a protective order at the time of committing a felony against the petitioner are ineligible for conditional release due to age.

U.S. Special Report: Nonfatal Domestic Violence

The U.S. Department of Justice has released a special report on Nonfatal Domestic Violence, 2003-2012. Findings from the National Crime Victimization Survey included:

- Domestic violence accounted for 21% of all violent victimizations, with 15% of the violence occurring between intimate partners (Figure 1).
- 76% of domestic violence victims were female.
- Intimate partner violence more often resulted in physical injury than family violence, but family violence more often involved weapons.

FIGURE 1
Violent victimization, by victim-offender relationship, 2003-2012



New Resources Available

- National Center on Elder Abuse: [Red Flags of Abuse](#) handout covers “What is elder abuse?” “Who is at risk?” and, “What should I do if I suspect abuse?”
- Vera Institute of Justice: [Screening for Human Trafficking](#) for use primarily by victim service agency staff and other social service providers, and to assist law enforcement, health care, and other allied professionals in better identifying victims of trafficking.
- U.S. Department of State: [Trafficking in Persons Report, 2014](#).
- Office of Justice Programs, Office for Victims of Crime: [Guide to Responding to Transgender Victims of Sexual Assault](#) compiles data and other information, including the experiences of transgender survivors who have navigated sexual assault services.
- National Coalition of Anti-Violence Program: [Intimate Partner Violence Action Toolkit](#) for people of color and those who are transgender.
- IPV Prevention Council: [PreventIPV.org](#), a new website for tools and resources.

Strangulation in Arlington

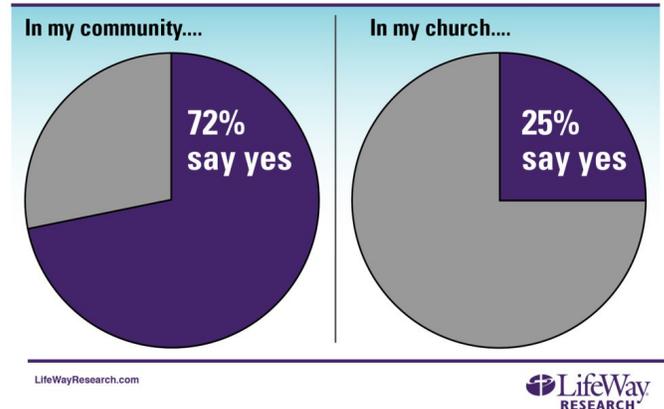
A [recent news report](#) highlighted crime statistics for 2013 in Arlington, VA. A 33% spike in aggravated assaults is thought by law enforcement there to be largely due to increased reports of domestic strangulation since the enactment in 2012 of state code § 18.2-51.6 making strangulation a felony.

Church Pastors Not Discussing Domestic Violence

A survey of senior pastors in Protestant churches in the U.S. by [LifeWay Research](#) found that while 72% of pastors believe domestic violence is a problem in their community, only a quarter believe it is a problem in their church (Figure at right). The majority of pastors rarely or never include messages about domestic or sexual violence in their sermons; 52% said this was because they don't have sufficient training to address the topic.

Among Protestant pastors who speak to their church about the subject:

Is domestic or sexual violence a problem?



New in Research

Impact of DV on Child Witnesses

A [nationwide study](#) found that in cases of domestic violence (DV) witnessed by children, 1 in 3 involved physical injury. In 75% of cases, children saw the violence (an additional 21% heard the injury). More than half of child witnesses reported being afraid or anxious, and were more likely to experience depression, nightmares, teen dating violence, and disruptions at school.

Sexual Assault in Older Women

A [study out of Australia](#) found that women over 65 were particularly vulnerable to sexual assault when they lived in rural areas or were dependent on nursing staff, or had dementia, or were unable to speak. Half of the sexual assault cases documented in the study occurred in health care or nursing home settings, with the other half occurring in the home.

IPV and Smoking Risk

A [study from Columbia University](#) found that women who experienced physical or sexual violence were 58% more likely to be smokers. The authors suggest victims may be self-medicating with cigarettes to cope with stress from intimate partner violence (IPV).

IPV and Postpartum Mental Health

Women who experienced intimate partner violence (IPV) had higher rates of postpartum mental health problems, according to a study published in [Pregnancy and Childbirth](#). Physical assault during pregnancy was associated with the highest rates of symptoms of depression, obsessive compulsive disorder, and post traumatic stress disorder.

IPV Among Men with Disabilities

Data from the CDC's [Behavior Risk Factor Surveillance System](#) indicated that men with disabili-

ties are nearly twice as likely to experience intimate partner violence (IPV) than men without disabilities, and are more likely to report associated problems such as poor mental and physical health.

Childhood Sexual Abuse, PTSD, and IPV in Men

A [study of men in the U.S.](#) found that men who reported a history of childhood sexual abuse or post traumatic stress disorder (PTSD) were more likely to have ever experienced intimate partner violence (IPV) in their lifetime.

Caribbean Women React Differently to Domestic Violence

A paper published in the [American Journal of Public Health](#) discussed findings that Caribbean women were more likely to cope with abuse by binge eating, whereas African American women were more likely to use drugs or alcohol.

United Nations: Global Study on Homicide

The United Nations Office on Drugs and Crime released their report, [Global Study on Homicide](#) detailing country and region-specific homicide profiles. In 2012, the Americas (North, Central, and South) overtook Africa as the region with the most murders in a single year, despite the number of ongoing conflicts in various African nations. Of the 437,000 homicides worldwide in 2013, 36% occurred in the Americas. Homicides between intimate partners and family members effect every country, accounting for 1 in 7 of all homicides worldwide in 2012. Intimate partner and family-related homicide occurred in the Americas at a rate of 1.4, compared to the global rate of 0.9 (Figure 2.2.1). However, in countries outside the Ameri-

cas, family and intimate partner homicide accounted for a greater proportion of all homicides. These deaths remained at a very stable rate from 2006-2011, compared to the general downward trend in overall homicides worldwide (Figure 2.2.3). The report also illustrated that rates of family and intimate partner homicide increased in the Americas between 2010-2011, compared to decreases in other regions of the world.

Fig. 2.2.1: Intimate partner/family-related homicide rate, by region (2012 or latest year)

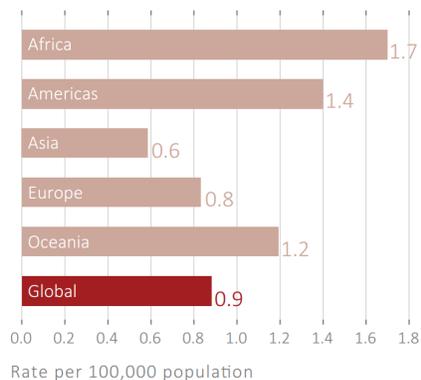
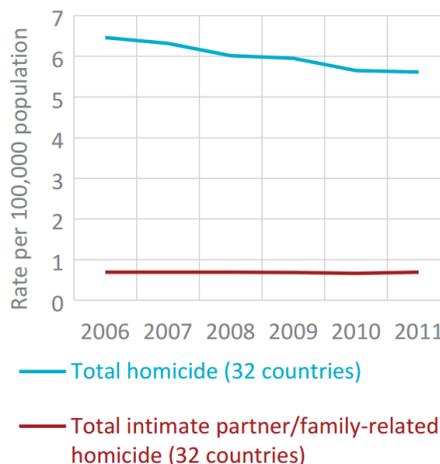


Fig. 2.2.3: Total homicide rate and intimate partner/family-related homicide rate, selected countries (2006-2011)



Fairfax County DVFRT 2013 Annual Report

Fairfax County Domestic Violence Fatality Review Team released their [2013 annual report](#), reviewing 2010 intimate partner homicides and homicide-suicides in that locality. Highlights from the report include:

- Six offenders killed a total of seven victims.
- 86% of the homicide victims were female and 83% of the homicide offenders were male.
- Four (57%) of the domestic violence-related homicides involved a firearm as the fatal agent. Two (29%) of the homicides involved strangulation.
- Five cases (71%) involved either a separation or termination (break-up) of the intimate partner relationship and/or a belief or perception that the victim had a new intimate partner.
- Five of the six offenders (83%) had a history of alcohol abuse, though alcohol was only a factor in two of the seven (29%) homicides.
- Four of the seven homicides (57%) involved bystanders – people who either directly heard threats to kill or knew about ongoing violence in the relationship but felt they could not intervene.

Upcoming Events

August

- August 5-8, Washington, DC [National Institute on the Prosecution of Elder Abuse](#)
- August 11 (webinar) [Best Practices & Helpseeking Obstacles: Law Enforcement and Advocacy](#)
- August 26 (webinar) [Compassion Fatigue and Vicarious Trauma](#)
- August 26 (webinar) [Safety Planning for Survivors with Disabilities](#)
- August 26 [Women's Equality Day](#)
- August 28 (webinar) [Military Personnel and Veterans and Intimate Partner Violence Offender Intervention](#)

September

- [National Campus Safety Awareness Month](#)
- September 3 (webinar) [The Ins and Outs of the Protective Order Service Notification Program](#)
- September 10 (webinar) [Neurobiology of Trauma: Understanding Traumatic Memory and Victim Behavior](#)
- September 10 (webinar) [Presenting the Domestic Violence Case: Best Practices in Prosecution Charging Decisions](#)
- September 17-19, Williamsburg, VA [Virginia Domestic Violence Homicide Reduction Conference](#)
- September 25 (webinar) [Building Partnerships to End Domestic Violence within your Church and your Community](#)

October

- [National Domestic Violence Awareness Month](#)
- October 4 [5th Annual National Shelter Animals & Families Together \(SAF-T\) Day.](#)
- October 7 (TA call) [Housing Laws and Options for Survivors \(VSDVAA\)](#)
- October 15 (webinar) [Incapacitated & Deceased Victims Have Rights Too: But What Are They?](#)
- October 15, Richmond, VA [Working with Survivors Who are Immigrants \(VSDVAA\)](#)

Virginia DV Homicide Reduction Conference: September 17-19, 2014

Registration is now open for the Virginia Domestic Violence Homicide Reduction Conference. The conference will offer plenary sessions on best and promising practices used around the country for reducing domestic violence-related homicides.

Agenda Highlights

Wednesday: Training on the Lethality Assessment Program (LAP) Maryland Model for First Responders.

Thursday: Training on Domestic Violence High Risk Teams (DVHRT) as they have been piloted in Massachusetts. The afternoon will feature a presentation of data from the 2013 Family and Intimate Partner Homicide Surveillance Project, and a panel of DVHRT members from the Colonial Area, Henrico County, Fairfax County, and Norfolk teams.

Friday: Keynote address from nationally-known trainer, David Adams, who will present on his research into offenders of domestic violence homicides and will include information on profiling abusers and killers and managing risk.

Mark Wynn, former law enforcement officer and internationally recognized trainer, will then give a two-part presentation on strategies to reduce domestic and sexual violence-related homicides.

Who Should Attend?

Participants that want to attend the entire conference must register IN TEAMS, with at least one law enforcement officer and one community-based domestic violence advocate as the core team. Other community members, such as victim-witness advocates, local probation/parole/pre-trial, DSS workers, prosecutors, judges, and sexual violence advocates are encouraged to attend with the core law enforcement/advocate team from their locality.

Partial In-Service Credit

In-service credit and MCLE credits will be offered pending approval.

Cost and Registration

Pre-registration is required for all participants and must be a part of a law enforcement/community-based DV advocate team to attend the entire conference. The training registration fee is \$100.00 per person to attend the entire event. The training registration fee is \$35.00 per person to attend just the Domestic Violence High Risk Team training on Thursday, September 18, 2014.

Travel, Lodging & Meals

Lodging will be at the Great Wolf Lodge, located at 549 E. Rochambeau Drive in Williamsburg, Virginia. Rooms are offered at the State government rate of \$83/night + tax. Up to six wristbands to the Lodge's indoor water park will be included with your room reservation.

Lodging Scholarship Information

Limited lodging scholarships will be available on a first come, first serve basis. Scholarships are limited to one law enforcement officer and one community-based domestic violence advocate per team.

Training Dates & Locations

September 17, 2014 - September 19, 2014
Great Wolf Lodge
549 E. Rochambeau Drive
Williamsburg, VA 23188

Registration (Pre-registration is required.)

[Register for the September 17, 2014 session in Williamsburg \(Group Event - Sept. 17th-19th\)](#)

[Register for the September 17, 2014 session in Williamsburg \(Day 2 Only\)](#)

For complete details, see the announcement at the Department of Criminal Justice Services' website:

<https://www.dcjs.virginia.gov/trainingEvents/victims/dvhReductionConf/2014/index.cfm>

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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 provides for the establishment of local and regional DVFRs. It provides important statutory confidentiality protection, and directs the Office of the Chief Medical Examiner to provide technical assistance and training.