

SANTA CLARA COUNTY

***DOMESTIC VIOLENCE
DEATH REVIEW TEAM***



**23rd
ANNUAL
REPORT**

JANUARY 1 – DECEMBER 31, 2017

TABLE OF CONTENTS

OVERVIEW OF THE DVDRT2

DVDRT TEAM MEMBERS.....4

ANNUAL REPORT6

2017 CASE SUMMARIES 8

STATISTICAL ANALYSIS10

RED FLAGS.....15

NON-LETHAL DOMESTIC VIOLENCE 17

RECOMMENDATIONS BY THE DVDRT TO
COMMUNITY LEADERS 18

MESSAGE TO VICTIMS AND TO THEIR
FAMILIES AND FRIENDS.....24

CONCLUSION27

ATTACHMENT 1 – Domestic Violence Related Deaths since 199328

ATTACHMENT 2 – DVDRT’s Confidentiality Agreement29

ATTACHMENT 3 – Police Agencies in Santa Clara County30

ATTACHMENT 4 – Campus Police and Security Agencies31

ATTACHMENT 5 – Crisis Hotlines and Referral Agencies 32

ATTACHMENT 6 – Lethality Assessment Tool34

OVERVIEW OF THE DVDRT

Mandate

The DVDRT investigates and reviews domestic violence related deaths in order to make recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence. The DVDRT examines lives of the victims and perpetrators with a special focus on any contact the individuals may have had with the justice system, mental health services, or other social service programs. The DVDRT has created a comprehensive database of victims, perpetrators, and the circumstances surrounding the deaths to help identify trends and risk factors. The DVDRT has reviewed 288 deaths since 1993.

If problems, gaps or shortcomings are discovered, the team strives to prepare recommendations for effective intervention and prevention strategies. The recommendations are included in the DVDRT's Annual Report, and often inspire changes to the Domestic Violence Law Enforcement Protocol. The Annual Report is given to the Santa Clara County Board of Supervisors and is published on the Santa Clara County Domestic Violence Council's website and on the District Attorney's website.

Information the team uncovers is used to advocate for system-wide change and for the protection of future victims. This work is vital. Lives are at stake.

Creation of the DVDRT

In early 1993, a representative of the United States Department of Justice visited the Santa Clara County Domestic Violence Council and requested that the Council create a domestic violence related death review team. The DVDRT was established by the Santa Clara County Domestic Violence Council in October 1993 in response to this request. Santa Clara County was one of the first counties to establish a death review team.

In 1995, the California Legislature enacted Penal Code section 11163.3 which allowed all California counties to establish an interagency domestic violence death review team. These teams were mandated to coordinate and integrate state and local efforts to address fatal domestic violence incidents and create a body of information which would help prevent domestic violence deaths.

In 1996, the California Legislature expanded Penal Code section 11163.3. As a result of the new legislation, information shared in death review team meetings was to be confidential and not subject to disclosure or discovery by a third party. Recommendations and summary data may be disclosed.

Confidentiality

DVDRT members sign an agreement requiring that all information discussed in team meetings remain confidential. The only agreed upon public disclosure of cases involves statistics and fact patterns. The names of particular victims and perpetrators are removed out of respect for victims, family members, and survivors. The signed agreement is kept on file by

the team chair. The agreement was amended in August 2017. A copy of the agreement is provided in **Attachment 2**.

Membership

DVDRT membership consists of a cross-section of organizations and disciplines in Santa Clara County that interact with domestic violence victims, perpetrators, and their children. Team members come from the Office of the District Attorney, local law enforcement agencies, the therapeutic community, victim advocacy agencies (including Asian Americans for Community Involvement, MAITRI, Next Door Solutions to Domestic Violence, Community Solutions, YWCA Silicon Valley), the Probation Department, the Department of Corrections, Pretrial Services, the Department of Family and Children's Services, Adult Protective Services, Family Court Services, Family Law Bar, Victim Services, County Mental Health, the LGBTQ community, batterer's intervention programs, the Department of Public Health, Veteran's Affairs, and the Medical Examiner/Coroner's Office.

Definition of "Domestic Violence Related Death"

The DVDRT defines a "domestic violence related death" as a death that occurs when the perpetrator and victim were involved in an intimate relationship, either at the time of death or at any time prior to the death, and domestic violence was the catalyst for the death. A domestic violence related death also includes the death of a family member, friend, and community member such as a first responder or innocent bystander, if the motivation for the homicide was domestic violence. Domestic violence related deaths include all homicides: murders, murder/suicides, suicides, fatal accidents, and blue suicides. Blue suicides occur when an individual threatens to kill police officers, verbally or by use of a weapon, and intends that the police will respond by firing upon the individual.

Each decedent is counted separately and given their own number, even if multiple people die during one incident.

**DOMESTIC VIOLENCE DEATH REVIEW TEAM MEMBERS
SANTA CLARA COUNTY, CALIFORNIA
JANUARY 1, 2017 - DECEMBER 31, 2017**

Cindy Seeley Hendrickson, District Attorney's Office, Chair
Alma Tovar, Community Solutions
Ann Horner, Community Solutions
Amy Caffrey, Domestic Violence Council
Brenda Farrell-Thomas, Family Court Services
Sgt. Brian Jeffrey, Los Alto Police Department
Carli White, Department of Family and Children's Services
Carolina Cardoza, Community Solutions
Sgt. Chris King, California Highway Patrol
Christina Graven, District Attorney's Office, Victim Services Unit
Cynthia Guzman, Department of Family and Children's Services
Cynthia Hunter, Office of Women's Policy
Captain Dan Rodriguez, Santa Clara County Sheriff's Office
Daniel Little, Department of Family and Children's Services
Det. Edgar Nava, Los Altos Police Department
Elma Mendoza, YWCA – Silicon Valley
Det. Erin Goodell, Palo Alto Police Department
Geraldine Foley, Adult Probation Department
Giap Le, Adult Probation Department
Det. Greg Dini, Morgan Hill Police Department
Ingrid Infante, Community Solutions
Jeanine McKelvey, Legal Advocates for Children and Youth
Jessica Dominguez, Department of Family and Children's Services
Josephine Suh, Asian Americans for Community Involvement
Julie Saffren, Family Law Attorney
Katelyn Riley-Cook, Pretrial Services
Katherine Webb, Veteran's Affairs Palo Alto Healthcare System
Kim Walker, Adult/Adolescent Sexual Assault Forensic Exam Team
Kimberly Nielsen, Family Court Services
Laura Brunetto, Public Health Department
Linda Hsiao, Department of Family and Children's Services
Lindsey Mansfield, YWCA Silicon Valley
Lynda Flores-Lemus, Adult Probation Department
The Rev. Maly Hughes, Clergy
Maria Rosas, Next Door Solutions
Marla Allen, Domestic Violence Intervention Collaborative
Matthew Breaux, Adult Protective Services
Mayra Sierra, Family and Children's Services of Silicon Valley
Monica Rios, Social Services Agency
Morgan Adkins, Department of Family and Children's Services
Det. Mike Horn, Santa Clara Police Department
Dr. Michelle Jordan, Medical Examiner/Coroner's Office
Dr. Michael Kerner, Psychologist
Nancy Marshall, Domestic Violence Intervention Collaborative

Sgt. Pat Akana, Foothill-DeAnza Community College Police Department
Patty Melenudo, Adult Protective Services
Pearla Cordova, Adult Probation Department
Rachel Arias Busta, Next Door Solutions to Domestic Violence
Rosa Vega, Medical Examiner / Coroner Chief Investigator
Ruth Patrick, WomenSV
Sarah Walls, Veteran's Affairs Palo Alto Healthcare System
Sgt. Shannon Catalano, Santa Clara County Sheriff's Department
Steve Baron, Santa Clara University, Family Court Services (ret.)
Sgt. Steve Slack, San Jose Police Department
Dr. Susan Ditter, Department of Mental Health
Sylvia Mata, District Attorney's Office, Victim Services Unit
Det. Tony Serrano, Sunnyvale Department of Public Safety
Valerie Smith, Adult Protective Services

**ANNUAL REPORT
DOMESTIC VIOLENCE DEATH REVIEW TEAM
JANUARY 1, 2017 – DECEMBER 31, 2017**

The Santa Clara County Domestic Violence Death Review Team (**DVDRT**) is a multi-disciplinary team of experts that investigates and reviews all domestic violence related-deaths that occur in Santa Clara County. The DVDRT provides monthly updates to the Santa Clara County Domestic Violence Council and prepares an annual report that the Domestic Violence Council posts on its website. The annual report contains recommendations to community leaders and messages to victims and community members based upon what DVDRT members have learned from the review process, with the goal of improving system response and preventing future deaths.

**OVERVIEW OF THE DOMESTIC VIOLENCE RELATED DEATHS
IN SANTA CLARA COUNTY IN 2017**

In 2017 there were **13** domestic violence related deaths, including **eight** murder victims and **five** perpetrators who committed suicide or “blue suicide”¹. That number represents an increase from 2016 when 7 deaths occurred. This year’s number of domestic violence-related deaths is more than the average occurring in Santa Clara County over the past 22 years. The number of deaths has been trending downward but continues to have irregular spikes. Since 1994 there have been an average of 11 domestic violence-related deaths every year, down from a previous average of 12 annually. Looking only at the years from 2004 to the present, the average drops even further to eight domestic violence related deaths each year. While this decrease is encouraging, even a single death is too many.

In 2017, **nine** perpetrators killed **eight** victims. Of those nine perpetrators, four survived and have been charged with murder, and five committed suicide or “blue suicide”. In total then, five of nine perpetrators in lethal domestic violence incidents in 2017 – or 56% - committed suicide or “blue suicide”. This is an enduring trend, as noted below. In 2016 that percentage was 40% and in 2015 that percentage was 50%.

Older Generations Remain at Risk

For the fourth year in a row we saw murder/suicide involving a long-married elderly couple. In each of the past three years there was one such incident. In 2017 there were two. These five incidents resulted in a total of 10 deaths. This tragic toll prompted the DVDRT and Elder Death Review Team to release a letter report to members of the professional elder care community highlighting the circumstances in common, the red flags we have identified, and some suggestions for addressing the issue going forward.

Enduring Truths about Domestic Violence Homicide

The deaths in 2017 underscore facts about domestic violence homicide that have been consistent for the entire time that we have been tracking these deaths in our community. They validate what evidence and research tell us about domestic violence deaths nationally.

¹ Blue suicides are those situations where an individual threatens to kill police officers and/or others and advances on the police with a deadly weapon – intending that they respond by shooting him or her.

- The average age of a perpetrator of domestic violence homicide in our County remains well over the age of 30. This year the average age of the perpetrators was 39. Five of the nine perpetrators were over age 32.
- These crimes are not limited to any particular socio-economic group or race. This year, at least four of the nine incidents happened in upscale communities. They involved victims and perpetrators who were Caucasian, Hispanic, East Indian, Asian and Black.
- A study of twenty-five years of domestic violence deaths in our County showed that more than half of the incidents involved a perpetrator killing or trying to kill themselves. This year saw a similar trend. Five of the nine perpetrators in this year's lethal domestic violence incidents committed suicide or "blue suicide".

Attachment 1 shows the domestic violence related deaths since the formation of the Domestic Violence Death Review Team.

2017 Case Summaries
Domestic Violence Homicides/Suicides/Blue Suicides

#276 MURDER

On **February 1, 2017**, the suspect called his mother and said the victim was unconscious and he was trying to administer CPR. Mother called police. The victim was found seated on a toilet, obviously deceased. Investigation revealed that she had been placed there by the suspect after a physical attack. There was a sign of struggle in the bedroom and the victim had multiple injuries consistent with blunt force trauma and strangulation.

#277, #278 and #279 DOUBLE MURDER / “BLUE SUICIDE”

On **May 3, 2017**, the suspect traveled to the victims’ home. He had briefly dated their daughter, who now lived out-of-state. He shot the father at the front door. The suspect then ran through the house and shot the mother. One of the victims’ sons escaped and another was briefly held hostage before the suspect was killed by police.

#280 SUICIDE

On **June 28, 2017**, the suspect fired multiple shots at his girlfriend at point blank range. The shots missed the victim and she was able to run away. The suspect then fatally shot himself.

#281 MURDER

On **July 3, 2017**, police responded to a residence and found the victim suffering from a gunshot wound to the head, fired at close range. Roommates reported seeing the suspect put a gun to his own head, put a gun to his brother’s head, and brandish the gun at other roommates before fleeing the scene.

#282 MURDER

On **July 9, 2017**, the suspect was awoken by her girlfriend and became enraged for an unknown reason. She grabbed two knives and advanced towards her girlfriend and a roommate who tried to intervene. The roommate was stabbed in the hip one time and succumbed to that injury.

#283 and #284 MURDER / SUICIDE

On **July 17, 2017**, the suspect shot to death his wife of 61 years, and then shot himself. Their bodies were found together in their bed. The suspect had recently undergone surgery and was in a lot of pain. The victim suffered from progressive memory loss.

#285 and #286 MURDER / SUICIDE

On **August 8, 2017**, the suspect called 911 and said he had shot his wife and was going to kill himself, so “please send the coroner.” The victim was found lying in her bed; the suspect was found sitting in a chair in the front room, having shot himself. The two had been in a 30-year relationship and married for 23 years. The victim suffered from progressive memory loss.

#287 MURDER

On **October 6, 2017**, the suspect traveled to the home of the mother of his child and let himself into her bedroom through an unlocked door. Other residents heard a single scream. When police responded they found the victim and the suspect both suffering from multiple stab wounds. The victim died. The suspect survived.

#288 “BLUE SUICIDE”

On **October 31, 2017** the suspect traveled to the victim’s residence where they argued. The suspect stabbed the victim with a knife. The victim was able to get away. She called the suspect’s mother to come pick him up. When the suspect’s mother arrived, the suspect refused to leave with her, so the victim called police. When police arrived, the suspect barricaded himself within the residence. He stabbed a police dog and threw a knife at officers. The officers responded with lethal force.

STATISTICAL ANALYSIS

I. OVERVIEW

Decedents:	13
Number of Incidents:	9
Murder Victims:	8
Suicides:	3
“Blue Suicides”:	2
Attempted Suicide:	1

II. MANNER OF DEATHS

Gun Shot:	8
Stabbing:	2
Blunt Force Trauma:	1
Blue Suicide (gunshot):	2

III. LOCATIONS OF DEATHS

Victim’s Residence:	6
Perpetrator’s Residence:	1
Victim and Perpetrator’s Joint Residence:	5
Public Place:	1

IV. POLICE AGENCIES INVOLVED

San Jose Police Department:	6
Santa Clara Police Department:	2
Sunnyvale Dept. of Public Safety:	1

V. OTHER AGENCIES HAVING CONTACT WITH PARTIES

Department of Family and Children’s Services:	7
Family Court:	2
Criminal Court:	7
Victim Advocates:	3
Veteran’s Administration:	1
Behavioral Health:	1
Medical:	4

VI. SOCIAL IDENTIFIERS

1. Ages

Female Homicide Victims:	20,33,40,52,68,87
Male Homicide Victims:	52,60

Male Perpetrators:	19,23*,24*,27,32,35*,75*,81* (*deceased)
Female Perpetrator:	32

2. **Race/Ethnicity of Decedents**

Caucasian:	6
White Hispanic:	3
East Indian:	2
Asian:	1
Black:	1

3. **Race/Ethnicity of Victims**

Caucasian:	3
White Hispanic:	1
East Indian:	2
Asian:	1
Black:	1

4. **Race/Ethnicity of Perpetrators**

Caucasian:	3
White Hispanic:	3
East Indian:	1
Black:	1
Indian:	1

5. **Gender of Decedents**

Female:	6
Male:	7

6. **Gender of Perpetrators**

Female:	1
Male:	8

7. **Same Gender Couples**

1

VII. CHILDREN

1. **Number of Biological Children Perpetrator and Victim had in Common**

4

2. **Number of Children who were Homicide Victims**

0

3. **Minor Children Present at Time of Incident**

1

4. **Children Whose Parents were Decedents**

a. Minors: 2

b. Dependent Adults: 0

c. Non-Dependent Adults: 2

5. **Children Orphaned**

a. Minors: 0

b. Dependent Adults: 0

c. Non-Dependent Adults: 2

VIII. RELATIONSHIP HISTORY AND CURRENT STATUS OF PARTIES²

1. **Type of Relationship at Time of Death (Recorded per Incident)**

Married: 3

Divorced: 0

Married and filed for divorce: 0

Married and discussed separation: 0

Married and separated: 0

Unmarried cohabitant: 0

Dating: 1

No longer dating: 3

No longer dating but living together: 0

Dating but in the process of breaking up: 2

2. **Length of Pre-Separation Relationship³**

Less than one year: 3

One year: 2

1-3 years: 0

4-15 years: 2

Over 15 years: 0

Over 20 years: 0

² The relationship at issue is the intimate relationship, past or present, that the perpetrator was in, regardless of whether the ultimate victim was a partner in that relationship. Most years there has been at least one incident where domestic violence resulted in the death of a family member, friend or first responder. This year was no exception.

³ The numbers in this section reflect the lengths of all 9 relationships, regardless of whether there was a separation.

Over 30 years:	1
Over 40 years:	0
Over 50 years:	1

3. **Length of Post-Separation Relationship**

No separation:	3
Less than one year:	5
One year:	0
1-4 years:	1
Over 5 years:	0

4. **Prior Police Reports of Domestic Violence**

In at least six of the nine relationships there had been prior domestic violence. Domestic violence had been reported to police in only two of those relationships. In a third relationship, the child disclosed but the victim parent denied, and the matter was never referred to police.

5. **Restraining Orders**

There was a Criminal Protective Order in place in two of the incidents.

6. **Employment Status of Homicide Victims**

Full-time Employment:	2
Full-time Student:	1
Part-time Employment:	0
Retired:	2
Unemployed:	3 ⁴

7. **Employment Status of Perpetrators**

Full-time Employment:	0
Part-time Employment:	0
Retired:	2
Unemployed:	8

8. **Immigrant Victim**

None.

Note: The DVDRT defines an immigrant as a person who has been in the United States for 10 years or fewer. We do not look at legal status.

⁴ Included in this figure are a licensed physician who had recently lost her job and a stay-at-home parent.

9. **Chronic Health Conditions**

a. **Mental Health Issues**

Victim: 0
Perpetrator: 2*

*This figure only includes documented mental health issues.

b. **Physical Health Issues**

(i) **Debilitating Physical Condition**

Victim: 2
Perpetrator: 1

(ii) **Neuro-Cognitive Impairment (age 65 and older)**

Victim: 2
Perpetrator: 0

(iii) **Developmental Disability (under age 65)**

Victim: 0
Perpetrator: 0

RED FLAGS

The DVDRT has previously identified numerous “red flags,” or factors that may precede a domestic violence related death. These factors have been reported and discussed in multiple studies.⁵ These red flags may not apply in every situation but may signal that a person is at risk. We hope that people will recognize these risk factors and seek help before it is too late.

Risk factors may include:

- (1) Prior acts of intimate partner violence.
- (2) Resistance to separation or ending the relationship.
- (3) Access to firearms.
- (4) Controlling behaviors which may include social isolation, financial dependency by restricting access to money and information about finances, threats to take away children, or threats involving deportation.
- (5) Stalking behavior including monitoring of daily activities.
- (6) Threats of suicide and/or homicide.
- (7) Kidnapping or imprisoning someone against their will.
- (8) Lack of any, or very few, friends outside the relationship.
- (9) Untreated and inadequately treated mental health conditions or illnesses including depression, anxiety, and related conditions. Issues may stem from early childhood trauma, abuse, neglect or abandonment.
- (10) Previous use of weapons or threat of using weapons.
- (11) Extreme jealousy and/or possessiveness.
- (12) Prior strangulation.
- (13) Aging related diseases (like dementia) which may exacerbate abusive or violent behavior.
- (14) A sense of entitlement, self-centeredness, or a lack of empathy for others (including children).
- (15) Illegal drug use or undue alcohol consumption.
- (16) Unemployment or under-employment.
- (17) Public display of aggression/violence towards partner.

A review of our 2017 cases validated the prevalence of these known risk factors:

- (16) Unemployment or under-employment – 9 of 9 perpetrators.**
- (3)/(10) Weapon use/access – 8 of 9 perpetrators.**
- (8) Few friends outside the relationship – 7 of 9 perpetrators.**
- (1) Prior domestic violence - 6 of 9 perpetrators.**
- (7) Threats of suicide or homicide – 6 of 9 perpetrators.**
- (11) Jealous/controlling behavior – 6 of 9 perpetrators.**

⁵ See:

Campbell J.C. (2005) Assessing dangerousness in domestic violence cases: history, challenges and opportunities. *Criminology and Public Policy*, 4 (4), 653-672;

Campbell, J.C., Glass, N., Sharps, P.W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence, & Abuse*, 8, 246-269;

Knopp, P.R., & Gibas, A. (2010) The spousal assault risk assessment guide (SARA). In R.K. Otto & K.S. Douglass (Eds.), *Handbook of Violence Risk Assessment*, 227-250.

- (12) **Prior strangulation – 5 of 9 perpetrators, 2 of 2 involving “blue suicide”.**
- (5) **Stalking behavior – 3 of 9 perpetrators.**

It is important to note that these numbers necessarily reflect documented information. True numbers could be higher. Moreover, if we exclude this year’s elder perpetrators, whose cases are atypical of the others in myriad ways, we note that there was confirmed prior domestic violence by 6 of 7 perpetrators, confirmed jealous/controlling behavior by 6 of 7 perpetrators, confirmed suicidal or homicidal ideation by 6 of 7 perpetrators, and confirmed prior strangulation by 5 of 7 perpetrators.

One thing we learned loud and clear this year is that when danger is present, the victim and their family and friends need to understand and accept that it may be beyond their ability to control the actions of the perpetrator. They must seek help. People often fear “making things worse.” *Without intervention, the danger always gets worse.*

**STATISTICS REGARDING THE PROSECUTION OF NON-LETHAL DOMESTIC
VIOLENCE IN SANTA CLARA COUNTY
2017**

The vast majority of domestic violence incidents do not result in fatalities. Domestic violence will often come to the attention of the criminal justice system through calls or reports made to law enforcement, including when victims, family/household members or neighbors call 911. From those calls or reports, the thirteen different law enforcement entities in Santa Clara County respond, often leading to investigation and arrest of suspected perpetrators of non-lethal domestic violence.

In 2017, there were 5,524 domestic violence cases referred by law enforcement to the District Attorney’s Office for review and consideration as to whether criminal charges would be filed. This number represents an increase of 413 cases from the number of cases referred by law enforcement in 2016. Of the 5,524 cases referred in 2017, 2,897 (52%) supported the filing of criminal charges. For the second year in a row, this percentage is a decrease from previous years, where the District Attorney’s Office averaged a 60% filing rate. The District Attorney’s Office is examining the data and the cases but have not yet determined a cause for this change. Despite this difference, the number of DV cases where charges were filed increased in 2017, as shown by the chart below.

In 2017, 1,430 (49%) of filed cases resulted in felony charges, and 1,467 (51%) of filed cases resulted in misdemeanor charges. The data below also reflects an increase in both the number and the percentage of cases that are filed as felonies. It is believed this is due at least in part to the increased recognition that strangulation cases and cases involving blows to the head indicate high lethality and these crimes can result in serious injury with or without these injuries being visible. Therefore, in cases involving strangulation or blows to the back or side of the head where no visible injury results and where previously the District Attorney’s Office would have felt limited to filing a misdemeanor charge of PC 243(e) (*domestic battery*), the Office is now more likely to file a felony charge of PC 273.5 (*assault likely to cause great bodily injury*).

In 2017, there were 2,627 cases (48%) where criminal charges were not filed. The reasons for not filing criminal charges are fact dependent in each and every case. Each case involves an analysis of whether a crime was committed, what evidence is available and admissible to support a prosecution, whether there is a likelihood of obtaining a guilty verdict from a jury, and whether charging an individual is the right thing to do. Decisions to not file are generally reviewed by supervising attorneys at the District Attorney’s Office.

Year	Referrals from law enforcement	Cases filed by the District Attorney	Cases filed as felonies	Cases filed as misdemeanors	Cases not filed
2014	3,873	2,463	662	1,801	1,410
2015	4,286	2,686	757	1,929	1,660
2016	5,111	2,505	981	1,524	2,606
2017	5,524	2,897	1,430	1,467	2,627

RECOMMENDATIONS BY THE DVDRT TO COMMUNITY LEADERS

The DVDRT has compiled a list of recommendations for agencies throughout Santa Clara County. There are myriad government, private, non-profit and other groups working to end domestic violence. We trust that they will continue their excellent efforts. The recommendations for 2018 are intended to be incorporated into the work already underway.

Lethality Assessment Tool

The Lethality Assessment Tool has been applied to every death the DVDRT reviews. With respect to each lethal incident, we look to see which factors were present. We then apply these lessons to non-lethal cases. The Tool has been invaluable in helping us identify cases where the victim may be most at risk, and to respond accordingly. **We recommend that the Lethality Assessment Tool, attached to this report as Attachment 6, be used more widely and more consistently not just by law enforcement, but by other individuals and agencies such as Pretrial Services, Judicial Officers, Prosecutors and Victim Advocates.**

The Lethality Assessment Tool can 1) assist law enforcement in knowing which cases warrant immediate referral to a domestic violence agency, 2) inform prosecutors' decisions regarding filing charges, and 3) provide information helpful to the issue of custody status in cases where charges are filed. **Perhaps the single most informative factor appears to be whether or not the victim answers "yes" to the question "Do you think your current or previous partner might try to kill you?"**

We know that perpetrators do not all present the same lethality risk and that victims do not always reliably detect the degree of danger posed by their perpetrators. Domestic violence often occurs gradually and in a manner that normalizes it for victims. The Tool provides officers with a succinct script to quickly elicit the level of danger. It focuses the officer's inquiry in a situation where the victim is likely feeling overwhelmed and unable to independently identify the most important information to share. The Tool can be used by advocates⁶ and prosecutors as well, by immediately identifying those cases where a victim's safety is most at risk and where maximum resources need to be brought to bear to keep the victim safe. It can be revealing for a victim as well, to go through the questions and reflect on how many risk factors exist in their relationship.

Use of the Tool has been made mandatory in the Domestic Violence Law Enforcement Protocol, but challenges remain in making sure that the tool is used consistently by every law enforcement agency in every domestic violence incident to which they respond. Investigating officers should use the results to determine which victims need to be referred immediately to confidential advocates. Investigating officers should list in their felony affidavits those risk factors found to be present. Pretrial services officers and judicial officers should refer to the results of the Tool in deciding whether a perpetrator can be safely released. Prosecutors should use the results of the Tool in deciding whether and how to charge a case and to advise the Court with respect to setting bail.

⁶ Victim Advocates are encouraged to use The Danger Assessment, a longer and more comprehensive tool.

Strangulation and Traumatic Brain Injuries

We continue to learn more about the severity and significance of the injuries caused by strangulation and blows to the head, regardless of visible injury. **We recommend that agencies and individuals responding to domestic violence always inquire whether traumatic brain injury (TBI) is possible, and if so to strongly encourage victims to seek medical attention.**

Traumatic brain injuries (TBI) account for significant morbidity and mortality. Studies on traumatic brain injury and intimate partner violence have shown that up to 30-75% of women in physically abusive relationships suffer at least one traumatic brain injury resulting from abuse. Traumatic brain injury can result from blunt trauma to the head (i.e. being slapped, punched, kicked, and struck with an object) or decreased oxygen delivery to the brain during episodes of strangulation. *Visible physical injuries may be absent in TBI.* Symptoms of TBI include seeing stars or spots, feeling dizzy, feeling dazed or confused, feeling stunned or disoriented or having loss of memory about what happened. TBI may or may not result in loss of consciousness (being aware of one's surroundings) and can occur with a single hard hit to the head or repetitive blows to the head. TBI does not discriminate in Intimate Partner Violence (IPV) making both men and women of all ages vulnerable when sustaining a head injury. We do not know the long-term effects of TBI in IPV, but current literature suggests that survivors of IPV with TBI have cognitive and neuroimaging abnormalities.

TBI should be assessed in every IPV encounter and especially in any survivor of IPV who has obvious injuries to the head or is appearing to have difficulty comprehending questions pertaining to the violent encounter (injuries may be absent in TBI):

1. Did you see stars or spots (proceed to ask about loss of consciousness)?
2. Did you feel dizzy?
3. Did you feel dazed or confused?
4. Did you feel stunned or disoriented?
5. Do you have memory loss about what happened?

If any of the five above questions were answered as yes, proceed to ask the following:

6. When did the incident occur (day and time of day)?
7. Did you black out or lose consciousness?

We recommend that law enforcement strongly encourage victims to seek immediate medical attention or call 911 if they experience any of these symptoms: difficulty breathing, speaking or swallowing, or if they experience nausea, vomiting, lightheadedness, headache, or involuntary urination and/or defecation. If TBI is suspected in a pregnant victim, they should seek medical assistance regardless of the symptoms.

Victim Outreach

The DVDRT has many members who work closely with survivors of domestic violence. Viewing the issue of domestic violence through that lens is crucial. It teaches us how to respond more compassionately and productively. **The DVDRT recommends that**

community leaders incorporate trauma-informed practices in their response to domestic violence.

This year we reviewed cases where victims had been referred for domestic violence-related services but never connected with an advocacy group. The DVDRT recognizes that more proactive efforts might be needed to ensure that each victim is connected with domestic violence services. For example, we recommend that the referring party, with victim permission, assist in actually making the call rather than simply providing contact information for a confidential advocate. The District Attorney's Office has an in-house Victim Services Unit which is enabling more contact with more victims. **The DVDRT recommends that VSU and the community-based domestic violence advocacy groups continue to explore how they can better partner to reach and assist victims.**

Cases reviewed this year included one where the parties had been separated for years, underscoring the need for continued vigilance. Safety planning should never cease. We also saw language barrier issues. One partner's superior language facility can increase their power and control over the other and intensify a victim's feelings of isolation. We saw instances where parties used immigration status to wield control over their partners. In one case we realized that immigration status and its attendant fears may have caused a delay in calling police. **We recommend that community leaders in this field incorporate into their prevention strategies public awareness campaigns that promote continued safety planning and resources available to address language barrier and immigration issues.**

Cases reviewed by DVDRT in detail and with the benefit of hindsight can be very revealing. Even the most seemingly straight-forward domestic violence case necessarily has layers of complexity due to the relationship of the parties. Eliciting the full story is crucial, but for officers in the field it is not easy and sometimes impossible. It requires time, patience and skill. Seeing only a tip of the iceberg can be confusing. It may cause us to focus on the wrong issues and ask inappropriate questions. For example, we hear that a victim has reported being shoved by their partner. During the taking of that report, the victim reveals they were strangled by their partner a month ago. The victim is asked why they are coming forward now to report relatively minor conduct when they didn't report the earlier, more serious conduct. This question inappropriately focuses on the victim's conduct rather than that of the abuser.

The array of perspectives sitting around the table at DVDRT meetings yields valuable insights that can help us answer this question, increase our sensitivity to unique aspects of domestic violence, and improve our response in other cases. For example, we discuss the fact that victims rarely report the first instance of abuse, even when it is severe. Many times they are persuaded the abuser is truly sorry and it will never recur. Sometimes the abuse does subside or even end for a while. But eventually the victim will perceive signs of impending violence. This time, knowing what will come next, maybe they will call for help after a shove, fearing that the violence will increase. Now the timing of the report makes sense, and hopefully we have learned that next time we should first seek answers by asking more questions about the perpetrator's past conduct rather than by cross-examining the victim about theirs. **We recommend that agencies and individuals responding to domestic violence avoid practices that may re-traumatize the victim.**

5150 Holds

Mental health issues are suspected in some, but not all, domestic violence-related death incidents. Often folks with suspected mental health issues are also abusing alcohol or drugs which makes diagnoses difficult to confirm without formal assessment, which is rarely available. Moreover, mental health issues and substance abuse do not cause and certainly do not excuse domestic violence in any form. This year we looked at instances where perpetrators were held on 5150 holds and asked whether more could be done to alert their victims. **We recommend that in 2018 the DVDRT continue to look for opportunities for greater collaboration when it comes to perpetrators placed on 5150 holds.**

For example, HIPAA regulations preclude medical providers from alerting domestic violence victims or persons protected by restraining orders or even the probation department when a perpetrator who is a probationer or restrained person is placed on a 5150 hold. However, referring agencies such as law enforcement may not be similarly constrained. In the coming year we will be looking to those referring agencies for assistance in alerting those who need to know that an individual has been placed on such a hold, particularly when the reason for the hold includes threats of self-harm, when the person has harmed others in the past, and/or when the person is the subject of a restraining order.

Threatening self-harm can be a factor suggesting lethality for others. Suicidal ideation or actual or attempted suicide is a trait shared by seven of the nine perpetrators in 2017. One idea the DVDRT proposes is for law enforcement to check probation and parole status and notify those agencies when applicable. This practice already exists among some law enforcement agencies but should be widespread. In 2018, we hope to explore the efficacy and feasibility of asking law enforcement to check whether the subject of the 5150 hold is a restrained person in a protective order and if so, to take steps to try to notify the protected person of the hold.

Children Affected by Domestic Violence

This year we reviewed cases that highlighted the effect domestic violence has on children, and potential opportunities for intervention when children report domestic violence. Our conversations on this topic inspired a panel at the Child Abuse Prevention Council's annual symposium in April 2018 to examine what schools and medical providers can do to assist with recognizing, reporting and responding to children affected by domestic violence. **We recommend that the Department of Family and Children's Services (DFCS) and Law Enforcement explore ways to work more closely together in domestic violence cases involving children.** Their partnership can help ensure that the right questions are asked, and necessary follow-up is undertaken.

For example, law enforcement already notes when children are present at the scene of a domestic violence incident and the report is eventually forwarded to DFCS. The DVDRT proposes that even in instances where children are not present, parties to a domestic violence incident should be asked by responding law enforcement if either of them has children that spend time with the couple. If so, this fact should be noted in the report, and the report forwarded to DFCS. Conversely, when DFCS becomes aware from a non-law enforcement source that a child is reporting domestic violence in their home but the victim parent denies, this allegation may benefit from further law enforcement investigation.

In 2017, the DVDRT reviewed cases where we learned that a family had prior allegations of abuse that were reported to child welfare but evaluated as inconclusive or in some cases, unfounded. Evaluation of abuse allegations is a complex and nuanced process, and may often turn on the statements of young children. With the benefit of hindsight, the DVDRT urges child welfare (and law enforcement) professionals evaluating abuse allegations to give appropriate scrutiny to families with a history of inconclusive allegations, since the children in those families may be trying to reveal abuse while adults in the family may be actively trying to conceal it.

Elder Murder/Suicides

As noted above, this year for the 4th year in a row the DVDRT reviewed cases involving elder murder/suicides. These cases have not fit the pattern of other domestic violence-related deaths but remain deeply concerning. The team was struck by similarities among the five cases occurring over the past four years:

- 1) **Change in social situation that leads to increased isolation;**
- 2) **Perpetrator with inflexible personality;**
- 3) **Perpetrator with access to lethal means;**
- 4) **Debilitating medical conditions;**
- 5) **Perpetrator with feelings of hopelessness;**
- 6) **Inability or unwillingness to ask for help;**
- 7) **History of depression.**

All of these factors appear to have been present in the elder murder/suicides that occurred in 2017. Because the risk factors are different in these cases than the other cases the DVDRT reviewed, our suggestions for addressing these situations are different as well.

The Elder and Domestic Violence Death Review Teams respectfully proffer ten suggestions for ways the medical community and the community at large might be able to assist in identifying at-risk individuals and providing them with support that might help avert further tragedy.

- 1) **Recognize that when one partner receives a terminal diagnosis, there needs to be a support plan in place for the other for after the partner dies,** particularly if the surviving partner requires some level of care and the terminal partner is male. A support plan might include integrating more family members, grief counseling, behavioral health counseling, and referrals to agencies that can assist with social and psychological support.
- 2) **Consider expanding assessments in geriatric clinics and during other medical visits for senior patients to include assessment of the caregiver.** Ideally the assessment would also include conferences with family members. Even in cases that involve victims and perpetrators with strong family ties, the family members reported being unaware of perpetrator's extreme stress and despair. Moreover, they felt powerless to ameliorate any stress they did observe. In appropriate cases, medical professionals should consider asking senior patients if it is ok to reach out to adult family members.

- 3) **Extend the scope of medical visits for senior patients.** More comprehensive visits may reveal issues and challenges that are not readily apparent (e.g., cultural issues, increasing isolation, deterioration of mood, increased level of stress) and enable medical providers to assess whether any of the above-listed red flags exist. Medical appointments provide an opportunity for proactive intervention and referrals for supportive care. Such opportunities exist also in the creation of hospital discharge plans, especially if the person being discharged is also a caregiver. Ask: “Do you have help?” and “What is your plan?” Ensure that pain and anxiety relief medications are available to both partners. If possible, consider including family members in the visits, and making sure they are aware of the need for respite care and other supportive services.
- 4) **Proactively address the topic of suicide.** Studies have shown that medical professionals asking about suicide decreases the risk for their patients. Look for signs of isolation, extreme stress, and access to weapons, particularly among male patients or caregivers previously accustomed to success and independence. Make proactive referrals to suicide prevention teams and suggest suicide awareness and prevention training for caregivers and their families. In appropriate cases, discuss with patients the negative impact that suicide and mercy killings will have on their children and grandchildren. In appropriate cases, ask the partner requiring care whether they fear that their partner might try to kill them or themselves. Ask whether there are firearms stored in the home.
- 5) **Proactively refer caregiving partners to support services, even if it appears that they are capable of seeking services on their own.** Understand that partners living independently are at increased risk if one person deteriorates. Remain mindful of the need for independent seniors to retain a sense of control.
- 6) **Be on alert for mental health issues that can appear or re-appear later in life.** Consider referrals to specialists rather than relying on a general practitioner.
- 7) **Encourage residents to specialize in Gerontology.** Seniors often have different mental health issues and medications are likely to affect them differently from the general population. For example, anxiety drugs for elders can cause confusion. There are too few doctors specializing in Gerontology who are familiar with these and other unique senior issues.
- 8) When encouraging or assisting in referrals for respite care, **remain mindful that asking for assistance or contemplating a care facility can trigger intense feelings of guilt and loss of control** in and for the caregiving partner. Respite care is not a simple solution.
- 9) **Spread the message to family and friends encouraging them to stay engaged with the caregiving partner and involve them in social activities.** Caregiving can be isolating. Encourage a more overt discussion about end-of-life planning that might provide the opportunity to provide alternatives to desperate measures.
- 10) **Medical providers for *healthy* seniors should encourage them to maintain a social circle and meaningful activities in retirement.**

RECOMMENDATIONS TO VICTIMS AND TO THEIR FAMILIES AND FRIENDS

Love, dependence and disbelief can cause victims and their families and friends to explain away or ignore troubling signs of abuse and potential lethality. Here are lessons learned from decades of studying domestic violence cases, both lethal and non-lethal, including signs to look for and actions that can be taken to save lives.

Warning Signs for Victims

The DVDRT studies domestic violence-related deaths within the context of both lethal and non-lethal acts of domestic violence. The Domestic Violence Death Review Team discussed numerous controlling behaviors that are commonly seen in these domestic violence incidents and encourage individuals to reach out for advice and assistance if your partner:

- (1) Physically abuses you in any way.
- (2) Threatens you.
- (3) Makes you afraid they will follow through with their threats.
- (4) Isolates you from friends and family members.
- (5) Becomes emotionally intense and frightening.
- (6) Keeps you on an emotional roller coaster.
- (7) Does not, cannot, or will not accept you ending the relationship.
- (8) Uses force, coercion, or threats to control you.
- (9) Apologizes profusely for “bad” conduct but then repeats the conduct on other occasions.
- (10) Shows anger that is out of proportion to the incident.
- (11) Never takes responsibility for the problems in the relationship and minimizes, denies, or blames you for the partner’s behavior.
- (12) Often or always has access to firearms or other deadly weapons.
- (13) Monitors your phone calls, text messages, emails, letters, and computer usage, or uses social media to detect and follow your daily activities.
- (14) Is extremely jealous and always wants to know your location.
- (15) Wants to have control over your financial situation and restricts your financial independence, keeps important documents and other information from you.
- (16) Wants to know everything about you from the very beginning of the relationship, including phone numbers, access codes, and computer passwords.
- (17) Abuses alcohol or prescription drugs or uses illegal drugs.

All threats must be taken seriously, whether or not you feel the perpetrator has the means to follow through on them and whether or not the perpetrator later says that the threats were just a joke. Listen to your inner voice.

If you find yourself in a relationship with someone who displays any of the above-referenced behaviors, REACH OUT to one of the advocacy groups listed in **Attachment 5** (pp 32-33.) A new resource is Safe Chat Silicon Valley at www.safechatsv.com where you can have a secure one-on-one chat with a trained advocate. Help is available! Contacting one of the listed resources can be a first step toward safety planning, understanding your legal options, and obtaining a wide range of supportive services including shelter and counseling. Culturally competent help is available. You do not need to go through this alone!

Warning Signs for Family Members and Friends

The National Domestic Violence Hotline lists some warning signs often apparent to the families and friends of domestic violence victims:

- 1) Their partner puts them down in front of other people;
- 2) They are constantly worried about making their partner angry;
- 3) They make excuses for their partner's behavior;
- 4) Their partner is extremely jealous or possessive;
- 5) They have unexplained marks or injuries;
- 6) They've stopped spending time with friends and family;
- 7) They are depressed or anxious, or you notice changes in their personality.

The National DV Hotline suggests the following ways in which a family member or friend can support a person in an abusive relationship:

- 1) Be supportive and listen;
- 2) Be non-judgmental;
- 3) Encourage them to participate in activities outside the relationship;
- 4) Help them develop a safety plan;
- 5) Encourage them to talk to people who can provide support and guidance.

Pressuring a person to leave a relationship when they are not ready may silence victims and further isolate them, which puts them at greater risk. Be a supportive, non-controlling, encouraging person they can turn to when they are ready.

What Else Can be Done?

Numerous fatalities studied by the DVDRT since 1994 have involved situations where family members, co-workers, friends, and community members were aware of serious problems in a relationship but did not intervene. Intervention and support is necessary when someone may be a victim of domestic violence. Domestic violence does not get better on its own, in fact it usually escalates without intervention. Calling 911 or seeking professional assistance could save a life!

Moreover, children, other family members, other household residents, neighbors, co-workers, innocent bystanders and first responders are all put at risk if they are nearby when the violence erupts. Almost every year, including this year, one or more of the victims listed in our report is a family member, friend or first responder. We must continue to educate the public on vicarious victim violence and how these issues affect all those who surround the primary victims.

The DVDRT recognizes that a person may not know what to do when they suspect a person is a victim of domestic violence or if a child is at risk. The DVDRT recommends that one or more of the following actions be taken:

- (1) Call 911.
- (2) Contact a victim advocacy agency and inquire about ways to help the victim. The names and numbers of local agencies can be found on pages 32-33 of this report.
- (3) Ask victims if they are fearful of the perpetrator and why. Let them know that you are there for them.
- (4) Determine if there are deadly weapons in the home and contact local law enforcement or advocacy agencies about the threat of the use of these weapons.
- (5) Assist victims in calling a domestic violence advocacy agency to create a safety plan, obtain a restraining order, or seek domestic violence counseling. This is especially important if the victim wishes to end the relationship.
- (6) Take all threats seriously even if the victim says that the perpetrator is just “blowing off steam.”
- (7) Protect children. Do not be afraid to tell victims that domestic violence is harming their children. When necessary, contact the Child Abuse Hotline at the Department of Family and Children’s Services.
- (8) Learn about domestic violence and share the information with others.
- (9) Encourage people to seek mental health help if they are suffering from the loss of a relationship.
- (10) Reach out to a person who may be depressed or upset about the end of a relationship. Attempt to guide them into counseling or to seek professional help.

CONCLUSION

Though this is only our 23rd annual report, the year 2018 marks the 25th anniversary of the DVDRT in Santa Clara County. It is therefore fitting that we pause and acknowledge great strides that have been made during that time. The Santa Clara County District Attorney's Office which had one lawyer and one paralegal prosecuting domestic violence cases in 1993 now has a Family Violence Team consisting of 17 attorneys, three paralegals, four Victim Service Advocates, three legal secretaries and three legal clerks. The Santa Clara County Superior Court which had one courtroom one-half day a week devoted to domestic violence in 1993 now dedicates four judges and four courtrooms full time.

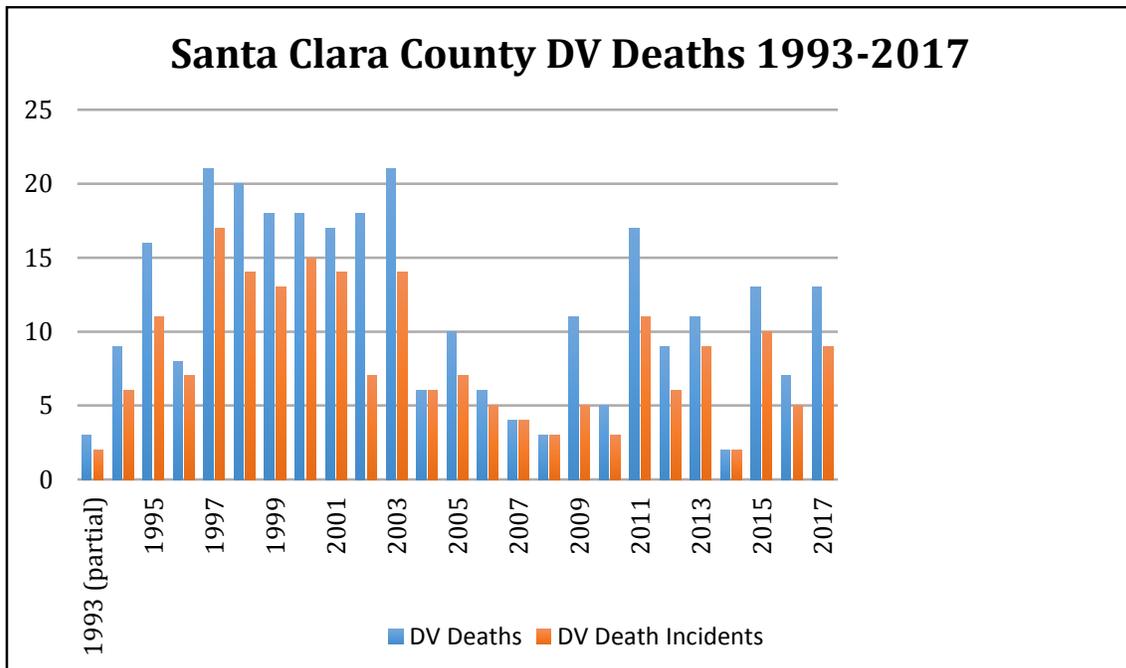
In 2018, Santa Clara County has at least five advocacy groups serving victims of domestic violence: Asian Americans for Community Involvement (AACI), Community Solutions, Next Door Solutions, Maitri and The YWCA – Silicon Valley. Most law enforcement agencies have specialized units investigating domestic violence cases. There are now three Family Justice Centers operating throughout the County and serving the victims of domestic violence. In 2014, the Santa Clara County Board of Supervisors convened an Intimate Partner Violence Task Force and the resulting recommendations have been adopted by the Board of Supervisors, creating the hope of even more resources to address comprehensively the issue from education and prevention, to safety and accountability.

Domestic Violence is everybody's problem. No socioeconomic group, racial group, ethnicity, gender or orientation is immune. Similarly, no one agency can solve the problem. Collaboration is the key to a comprehensive response. Law enforcement, advocacy groups and county agencies must continue to work together to share information and resources. But we also need to work on prevention through education, and empowerment of the public, whom we rely on to recognize and report domestic violence. We have made great strides in the past 25 years, but much remains to be done.

Respectfully Submitted: The Domestic Violence Death Review Team 2017

Attachment 1: Domestic Violence Related Deaths Since 1993

<u>Year</u>	<u>Domestic Violence Related Deaths</u>	<u>D.V. Death Incidents</u>
1993 (partial)	3	2
1994	9	6
1995	16	11
1996	8	7
1997	21	17
1998	20	14
1999	18	13
2000	18	15
2001	17	14
2002	18	7
2003	21	14
2004	6	6
2005	10	7
2006	6	5
2007	4	4
2008	3	3
2009	11	5
2010	5	3
2011	17	11
2012	9	6
2013	11	9
2014	2	2
2015	13	10
2016	7	5
2017	13	9



Attachment 2: DVDRT's Confidentiality Agreement

**CONFIDENTIALITY AGREEMENT
SANTA CLARA COUNTY
DOMESTIC VIOLENCE DEATH REVIEW TEAM**

As a participant in the Santa Clara County Domestic Violence Death Review Team (DVDRT) I understand that all cases discussed, information received, and all documents reviewed pertaining to cases presented to the DVDRT, are strictly confidential.

I agree that I will not discuss, disseminate in any manner, nor otherwise cause dissemination of such information, to any non-member unless otherwise provided by law.

In order to safeguard the confidentiality of DVDRT case discussions, I hereby agree that I will not work as an expert, whether paid or unpaid, for either the plaintiff/prosecution or for the defense, in any case where I was present for the DVDRT case discussion.

I further understand, and agree, that my duty to preserve and protect the confidentiality of all information received as a team member, is a continuing and permanent duty, and is not contingent upon my status as a team member and is not terminated upon conclusion of membership.

Name _____ (Please Print)

(First, Last and Title)

Signature _____

Date _____

Agency Name _____ (Please Spell Out)

Agency Address _____

Street

Suite or bldg #

City

Zip

Email Address _____ (Please print clearly)

Telephone _____

Replacing or Filing in for Current Member _____

(Please Print current member's name you are replacing or filling in for)

Guest Only (Please check)

Rev. 08/16/17

Attachment 3: Police Agencies in Santa Clara County

California Highway Patrol	(408) 467-5400
Campbell Police Department	(408) 866-2121 (408) 378-8161*
Gilroy Police Department	(408) 846-0350
Los Altos Police Department	(650) 947-2770 (650) 947-2779*
Los Gatos-Monte Sereno Police Department	(408) 354-8600
Milpitas Police Department	(408) 586-2400 (408) 263-1212*
Morgan Hill Police Department	(408) 776-2101 (408) 799-2102*
Mountain View Police Department	(650) 903-6395 (650) 903-6922*
Palo Alto Police Department	(650) 329-2413 (650) 321-4433*
Santa Clara County Sheriff's Office	(408) 299-2311
San Jose Police Department	(408) 277-8900 (408) 277-8911*
Santa Clara Police Department	(408) 615-5580
Sunnyvale Department of Public Safety	(408) 730-7180 (408) 736-2644*
Santa Clara County Adult Probation Department	(408) 435-2100

CALL 911 FOR ALL EMERGENCIES

* Some of the Law Enforcement Agencies in Santa Clara County have direct emergency telephone numbers that can be programmed into a person's cellular telephone. These numbers are provided by the DVDRT for those individuals who may need these numbers as part of their safety planning. The DVDRT recommends that individuals call 911 for all emergencies.

Attachment 4: Campus Police and Security Agencies

Evergreen Valley Community College Police Department 8:00 a.m. – 11:00 p.m. Monday-Friday business line (After hours call 911)	(408) 270-6468
Foothill - DeAnza Community College Police Department 7:00 a.m. – 11:00 p.m. Monday-Friday business line 24-hour dispatch/emergency line	(650) 949-7313 (408) 924-8000
Gavilan College Security Department 8:00 a.m. – 11:00 p.m. Monday-Friday business line 8:00 a.m. - 11:00 p.m. Urgent matters (After hours call 911)	(408) 848-4703 (408) 710-7490
Mission Community College Police Department 7:00 a.m. – 11:00 p.m. business line After hours dispatch line	(408) 748-2797 (408) 299-2311
San Jose City College Police Department 7:00 a.m. – 3:00 p.m. dispatch line only; will connect to Evergreen Police Department after 3 p.m.	(408) 288-3735
San Jose State University Department of Public Safety 8:00 a.m. – 5:00 p.m. business line 24-hour dispatch line	(408) 924-2185 (408) 924-2222
Santa Clara University Department of Public Safety 24-hour business and dispatch line	(408) 554-4441
Stanford University Department of Public Safety 8:00 a.m. – 5:00 p.m. Monday-Friday business line 24-hour non-emergency dispatch line	(650) 723-9633 (650) 329-2413
West Valley Community College Police Department 7 a.m. – 11 p.m. business line After hours dispatch line Investigations Bureau	(408) 741-2092 (408) 299-2311 (408) 741-2068

Attachment 5: Crisis Hotlines and Referral Agencies

EMERGENCY POLICE RESPONSE - 911

Adult Protective Services www.sccgov.org/aps	(800) 414-2002
Asian Americans for Community Involvement (AACI) www.aaci.org	(408) 975-2739
Bay Area Legal Aid www.baylegal.org	(888) 330-1940
Billy DeFrank Center www.defrankcenter.org	(408) 293-3040
Child Abuse Neglect and Reporting Hotline www.sccgov.org	(833) SCC-KIDS (833) 722-5437
Community Solutions (South County) www.communitysolutions.org	(877) 363-7238
CONTACT (Hotline for all hotlines) www.BillWilsonCenter.org	(408) 850-6125
Domestic Violence Intervention Collaborative www.dvintervention.org	(408) 294-0006
Family and Children Services of Silicon Valley www.fcservices.org	HQ (650) 326-6576
Family Court www.sccourt.org	(408) 534-5600
Family Court Self Help Center www.courtinfo.ca.gov	(408) 882-2900
Family Justice Centers www.santaclara-da.org	
San Jose – Open Thursdays 9:00 a.m. -12:00 p.m. and 1:00 p.m. – 5:00 p.m.	(408) 975-2739
North County – Open Fridays 9:00 a.m. – 5:00 p.m.	(408) 749-0793
South County – Open Wednesdays 9:00 a.m. – 5:00 p.m.	(408) 779-2113
Legal Advocates for Children and Youth (LACY) www.lawfoundation.org	(408) 280-2416

MAITRI www.maitri.org	(888) 862-4874
National Domestic Violence Hotline www.thehotline.org	(800) 799-7233 (SAFE)
Next Door Solutions to Domestic Violence www.nextdoor.org	(408) 279-2962
Pro Bono Project www.probonoproject.org	(408) 998-5298
Restraining Order Self Help Center www.courts.ca.gov	(408) 534-5709
San Jose State Counseling Service (SJSU students) www.sjsu.edu/counseling	(408) 924-5910
Santa Clara County Mental Health	(800) 704-0900
Senior Adult Legal Services www.sala.org	(408) 295-5991
SJPD Family Violence Center www.sjpd.org/boi/fvc	(408) 277-3700
Suicide Crisis Service www.suicide.org/hotlines/california-suicide-hotlines.html	(408) 279-3312
	North County (650) 494-8420
	South County (408) 683-2482
Victim Services Unit – District Attorney’s Office www.santaclara-da.org	8:30 a.m. – 5:00 p.m. (408) 295-2656
Victim Notification System (Victims can register and be informed when a defendant is to be released.) www.vineline.com	(877) 411-5588
WomenSV www.womensv.org	(650) 996-2200
YWCA Silicon Valley 24-hour Domestic Violence and Sexual Assault Support Line http://ywca-sv.org/our-services/support-services/	Eng / Span 1-800-572-2782 Business Line (408) 295 4011

**Attachment 6: SANTA CLARA COUNTY DOMESTIC VIOLENCE
LETHALITY ASSESSMENT FOR FIRST RESPONDERS**

Date:	Case #:
Officer:	Agency:
Victim:	Offender:
Victim's Safe Numbers to Call: Home: Cell: Work:	Would you like to provide names/phone numbers of 2 people that can reach you? 1. 2.
Is the victim monolingual/limited English proficient? If yes, what language do they speak?	
<input type="checkbox"/> Check here if the victim did not answer any of the questions.	
<i>If the victim answers YES to any questions 1-3, please call the appropriate domestic violence crisis hotline and have the counselor speak with the victim.</i>	
1. Has your current or previous partner ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
2. Have they threatened to kill you or someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
3. Do you think your current or previous partner might try to kill you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
<i>If the answers to the above questions are NO but at least 4 of the questions below are YES please contact the hotline. ("They" refers to the current or previous partner.)</i>	
4. Do they have a gun or can they easily get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
5. Have they ever tried to choke /strangle you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
6. Are they violently or constantly jealous or try to control most of your daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
7. Have you left or separated from your partner after living together or being married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
8. Are they unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
9. Have they tried to commit suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
10. Do you have a child that they know is not theirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
11. Do they follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
12. Is there anything else that worries you about your safety? If yes, what concerns do you have?	
<i>Officers are encouraged to call the hotline whenever they believe the victim is in a potentially lethal situation regardless of the victim's responses to the questions above.</i>	
Check one:	<input type="checkbox"/> Victim screened in based on responses <input type="checkbox"/> Victim did not screen in <input type="checkbox"/> Victim screened in based on the belief of officer
Did the victim speak with the hotline counselor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
San Jose, Mountain View, Palo Alto, Los Altos, Sunnyvale, Milpitas, YWCA Silicon Valley: 1-800-572-2782 / FAX: 408-293-9696	Sheriff's Office, Campbell, Santa Clara, Los Gatos-Monte Sereno, Next Door Solutions: 408-279-2962 / FAX: 408-279-7577
Morgan Hill, Gilroy, South County Sheriff, Community Solutions: 1-877-363-7238 / FAX: 408-778-9672	
PLEASE FAX THIS DOCUMENT TO THE APPROPRIATE DOMESTIC VIOLENCE AGENCY	

Conducting the Lethality Assessment:

This evidence-based Lethality Assessment tool is a user-friendly, straightforward instrument that predicts danger and lethality in domestic incidents between intimate or former intimate partners to a high degree. Research shows that only 4% of abused victims had used a domestic violence hotline or shelter within the year prior to being killed by an intimate partner. This Assessment encourages victims in high danger to seek domestic violence program services to prevent serious injury or death.

Purpose:

- a. To improve the way law enforcement and the community respond to victims;
- b. To educate and empower victims;
- c. To respond more strategically to high danger or lethal situations; and
- d. To enhance cooperation, communication and collaboration among law enforcement and domestic violence service providers.

Step 1 – Fill out the Lethality Assessment form with the victim.

The officer should advise the victim that **they** will ask a short series of questions to help the officer determine how much immediate danger the victim is in. The assessment questions should be asked in the order they are listed on the form.

Ask all the questions, even if the victim responds positively to questions 1-3, which triggers a hotline call. The more questions the victim responds to positively, the clearer and more immediate it is that the victim is in danger.

Step 2 – Assess the responses to the lethality assessment.

“Yes” to Questions 1, 2 or 3 = Call Hotline

“No” to Questions 1-3 but “Yes” to four of Questions 4-11 = Call Hotline

*“No” responses may still warrant a hotline call if the officer believes it is appropriate. An officer may call the hotline and assess the victim as being in high-danger whenever **they** believe the victim is in a potentially lethal situation.*

Step 3 – Victim is Assessed as High-Danger – Referral Process.

1. Explain assessment to victim.
2. Advise that you need to call hotline and you would like for victim to speak with an advocate. (Remember: You are seeking the victim’s permission.)
3. If victim does not want to speak with an advocate, tell victim you need to speak with an advocate to seek guidance and gently ask victim to reconsider.
4. Call the hotline and give them the basic facts.
5. If victim still does not want to speak with an advocate, follow procedures under step 4 below.

Step 4 – Victim is assessed as non-high danger, or the victim did not/could not participate in assessment or hotline call:

1. Advise of dangerous situation.
2. Advise to watch for signs of danger.
3. Refer to providers on DV resource card.

Step 5 – Provide the victim with the DV resource card, case number and Marsy’s card as per the DV protocol.

Step 6 – Please fax all Lethality Assessment forms to the appropriate DV organization listed on the bottom of the form regardless of the answers or whether or not the victim answered any of the questions.