

SANTA CLARA COUNTY

**DOMESTIC VIOLENCE
DEATH REVIEW TEAM**



**24th
ANNUAL
REPORT**

JANUARY 1 – DECEMBER 31, 2018

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ANNUAL REPORT DOMESTIC VIOLENCE DEATH REVIEW TEAM JANUARY 1, 2018 – DECEMBER 31, 2018

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 AND INTRODUCTION

The tragic truths about domestic violence deaths in Santa Clara County stubbornly endure, year after year, murder after murder. Although it is somewhat heartening to point out that domestic violence homicides fell by 46 percent over this last year, a single death is destructive and devastating. In 2018, seven people tragically died at the hand of a spouse or a partner or by suicide after a murder. The victims and their killers were diverse, ethnically and socioeconomically. We cannot stress enough that we see domestic violence in every neighborhood in this county. It is pervasive geographically, among the poor and the rich, and in immigrant and non-immigrant communities. The only monolithic facet of domestic violence is the face of its perpetrators are virtually always that of a man. The perpetrators were often actively suicidal and most used a gun to kill their victims.

For close to a quarter of a century, we have closely probed these terrible crimes as a community of law enforcement professionals and advocates to tease out patterns, strengthen weaknesses in our systems, and to discover powerful tools of prevention. With such innovative approaches as the Family Justice Centers and our increasing use of gun restraining orders, we have gotten better at protecting survivors so that they do not join these annually collated statistics. There is much work to be done. This year, for the first time, we did a “deep dive” on a single case to see if we could find out more than revealed by our annual survey. That probe led to series of new insights and recommendations.

What follows is a grim recitation of statistics and analyses. We have not forgotten that behind all of these statistics were individuals, men and women with vibrant lives cut short. We dedicate this report and devote our ongoing efforts to find better practices to them and their loved ones.

In 2018, there were **seven** domestic violence-related deaths, including four murder victims, a suicide victim, and **two** perpetrators who committed suicide or “blue suicide”¹. That

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.

number represents a decrease from 2017 when 13 deaths occurred. This year's number of domestic violence-related deaths is less than the average occurring in Santa Clara County over the past 22 years, a figure that has been trending downward. 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.

In 2018, 5 perpetrators were responsible for seven deaths. Of those five perpetrators, two survived and have been charged with murder, one is not facing criminal charges for a domestic violence incident that was close in time to the suicide of one of the deceased. Two perpetrators committed suicide or "blue suicide". In total, two of the five perpetrators in lethal domestic violence incidents in 2018 – or 40% - committed suicide or "blue suicide". This is an enduring trend, as noted below. In 2017 that percentage was 56%. In 2016 that percentage was 40%, and in 2015 that percentage was 50%.

Enduring Truths about Domestic Violence Homicide

The deaths in 2018 underscore facts about domestic violence homicide that have been true for the entire time that we have been tracking these deaths in our community, and validate what evidence and research tell us about domestic violence deaths nationally.

- 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 44.
- These crimes are not limited to any particular socio-economic group or race. This year the deaths involved victims who were Caucasian, Asian, and Latino.
- 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. 40% of 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.

DVDRT “Deep Dive” Case:

This year, the Santa Clara County Domestic Violence Death Review Team (DVDRT) conducted a “deep dive” examination of an intimate partner homicide (IPH) that occurred several years ago. This deep dive approach was inspired by other fatality review teams across the country, where in which extensive information is gathered about the participants via public records search, interviews with friends, family, co-workers, or other system partners who interacted with the participants. Our in-depth review revealed important lessons for the community about intimate partner violence and highlighted ongoing challenges to the systems that are working to prevent IPH’s.

Due to the confidential nature of work conducted by the DVDRT, we offer the following synopsis while respecting the privacy and confidentiality of those individuals involved:

The offender and the victim were in a dating relationship for four years and had a child together. Throughout the course of their relationship, there was physical, emotional, verbal, and psychological abuse. While much of the abuse was unreported, two incidents involved intervention by bystanders or system partners. These incidents resulted in two misdemeanor convictions of domestic violence for the offender. The offender was placed on formal probation and ordered to participate in a Batterer’s Intervention Program (BIP).

Not long after, the offender violated the terms of his probation on three occasions, some of which involved his failure to actively engage and complete the BIP. Other violations included being in possession of weapons in the same home he shared with the victim. Ultimately, the court found multiple violations of probation and sentenced him to a year in local county jail for his non-compliance with probation. Upon the completion of his sentence, his probation was terminated, and he was no longer under formal supervision.

In addition to a criminal protective order, a civil restraining and child custody order through family court was obtained. In family court, the offender made allegations against the victim, claiming that he had been victimized by her. The offender filed his own request for a restraining order and a temporary order was granted. This resulted in two competing orders in which both parties had restraining orders against each other. Both parties were represented by private attorneys and agreed to a mutual no contact agreement and agreed it would not be entered into the state-wide system (CLETS) which helps inform law enforcement of the existence and enforcement of the order.

Upon the termination of their relationship, the offender became very jealous and a short time later went on to kill the victim’s new love interest.

Our review of this case echoed what we know about intimate partner violence and highlighted areas in need of improvement.

The offender in this case was exposed to domestic violence as a child. Additionally, he endured physical violence by his biological father and was raised in a home with drug and alcohol dependency. The overwhelming majority of the abuse endured by the victim was

unreported. When a victim ends a relationship involving abuse, it is the most dangerous time and their life may be at risk.

Our intensive review of this case, lead us to offer the following **recommendations** to improve our response to intimate partner violence:

- Criminal and Family Courts are often unaware and have little mechanism to find out about adverse childhood experiences (ACE scores). Knowledge of an offender's exposure to domestic violence as a child or being a child victim of abuse can inform the kinds of probation conditions and other interventions that would be both trauma-informed and may better prevent future violence.
- Criminal and Family Courts and the systems and agencies supporting them should provide sufficient information and education to victims of domestic violence on the dangers to victims, aid in personalized safety planning, and inform them of available resources. That education should include information about CLETS orders and "non-CLETS" no contact orders.
- Family Court Services: All agreements/screenings should include a danger assessment. All mediation agreements and emergency screening or evaluation recommendations in cases with a history of any allegation of intimate partner violence should be reviewed by a supervisor to ensure that they incorporate appropriate safety measures as required by law, i.e., "in a manner that ensures the health, safety, and welfare of the child and the safety of all family members," and protect children from exposure to domestic violence.
- Once the Court has made a finding of Domestic Violence in a case, the Family Court should ensure that all mediation agreements, emergency screening recommendations, evaluation recommendations, submitted stipulations, and subsequent court orders are consistent with the requirements of Family Code section 3044, and that unsupervised visitation is not granted until all requirements for overcoming the presumption as defined in section 3044 have been met and it is otherwise safe for the child and all family members to do so.
- Batterer's Intervention programs should be in communication with victims to let them know about the performance of the batterer in class and if they are failing to attend. The Programs should also communicate with the court and/or the Probation Department if they learn of violations of no contact or peaceful contact restraining orders.

- The Probation Department should have regular communication with the victim of IPV to learn of and bring to the court's attention concerns about the victim's safety related to probation conditions.
- There is a need for better coordinated and regularly scheduled communication between the Family and Criminal Courts about events in the two courts. More and more regular communication will help to protect victims.
- Family judges evaluating restraining order requests should have guidelines to help prevent/reduce the issuance of retaliatory restraining orders to known perpetrators, and to prevent mutual, non-CLETS restraining orders when not warranted.
- Domestic violence cases in which there is a dominant aggressor: The court should not grant or otherwise approve mutual restraining or no contact orders, which are considered to be difficult to enforce, unless convinced by the evidence that such orders are the safest available alternative and that other orders of protection aimed at protecting the victim of the dominant aggressor are not warranted or would not provide an additional measure of safety and enforceability.
- All children exposed to domestic violence should be referred to mental health counseling, and the Family Court and Criminal Court should consider mandating that a perpetrator who is the legal guardian of a child be ordered to have his children attend such counseling.
- All systems and partners should encourage widespread and inclusive outreach on healthy relationships, as well as information about resources for families. Teachers, teacher assistants, and school principals should also receive inclusive outreach on the signs that children may be exhibiting (lashing out, physical violence, etc.) indicating possible exposure to IPV in the home, so that those children can be referred to school nurses or other school or County resources.
- As the County and partners move toward establishing a Child Advocacy Center, mental health services for child victims of abuse should be among the services housed there.

2018 CASE SUMMARIES

Domestic Violence-Related Deaths

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 fatality is counted separately and given their own number, even if multiple people die during one incident. The numbers begin this year with #289, which marks the 289th domestic violence-related death since the formation of DVDRT in Santa Clara County in 1993.

#289 MURDER

On November 10, 2017, the perpetrator was at his ex-girlfriend’s apartment that she shared with her brother. The perpetrator had a history of violence against her and against other women he had dated. On this day, after arguing with her, and kicking in her bedroom door after she had locked herself in, neighbors called the police. The perpetrator’s ex-girlfriend’s brother told the perpetrator he had better leave the area, and the perpetrator beat him with fists, and then fled. The brother victim was hospitalized with severe head trauma and passed away from his injuries on **January 13, 2018**. The perpetrator was convicted of murder and of an earlier domestic violence attack on his ex-girlfriend at jury trial and was sentenced to 45 years to life in prison. It should be noted that this sentence was enhanced by two “strike” prior convictions, one being the non-fatal stabbing of a previous girlfriend.

#290 and #291 MURDER / SUICIDE

On **February 5, 2018**, the perpetrator and his cohabitant girlfriend were seen getting out of a van in a Denny’s parking lot in San Jose. The perpetrator who had a history of domestic violence against the victim and was on probation, quickly approached the victim, and shot her multiple times with a semi-automatic rifle, killing her. He then turned the gun on himself and killed himself with it. The perpetrator was the subject of a no-contact restraining order protecting the victim at the time of the killing and had been ordered not to possess firearms.

#292 MURDER

On **August 8, 2018**, the perpetrator argued with his wife of fifteen years in their home, while their two children were upstairs, about the fact that she had unplugged his electric guitar while he was playing it loudly. The perpetrator then hit his wife in the head with the guitar, causing a serious injury to her, to which she later succumbed. He is charged with murder. The perpetrator had been convicted of a disturbing the peace misdemeanor in relation to previous threatening behavior and had completed a 16- week program in 2010.

#293 and #294 MURDER/SUICIDE

On **November 18, 2018**, the perpetrator and victim were heard arguing in the room they shared in the perpetrator's parents' home. The victim had moved to the United States from Northern Ireland after meeting the perpetrator online, to be with him, and had been in the United States for approximately one year. The perpetrator shot the victim in the head, and then shot himself in the head with a gun.

#295 SUICIDE

On **November 26, 2018**, the deceased committed suicide by overdosing on drugs. In the days before her death, she had been taken to VMC for an emergency hold for mental health issues, and she had reported that she had been the victim of domestic violence by her boyfriend. While the domestic violence incident was not deemed by the committee to be the only factor related to her suicide, it was one of the factors, and therefore this suicide is classified as domestic violence-related.

STATISTICAL ANALYSIS

I. OVERVIEW

Decedents:	7
Number of Incidents:	5
Murder Victims:	4
Suicides:	3
“Blue Suicides”	0

II. MANNER OF DEATHS

Gun Shot:	4
Stabbing:	0
Blunt Force Trauma:	2
Intentional Overdose:	1

III. LOCATION OF DEATHS

Victim’s Residence:	1
Victim & Perpetrator’s Joint Residence:	4
Public Place:	2

IV. POLICE AGENCIES INVOLVED

San Jose Police Department:	6
Milpitas Police Department:	1

V. SOCIAL IDENTIFIERS

1. Ages

Female Homicide Victims:	22, 37, 50
Female Suicide:	38
Male Homicide Victims:	65
Male Perpetrators:	29*, 47, 47*, 49, 50 (*deceased by suicide)

2. Race/Ethnicity of Decedents

Caucasian:	3
Hispanic:	3
Asian:	1

3. Race/Ethnicity of Perpetrators

Caucasian:	2
Hispanic:	2
Asian:	1

4. Gender of Decedents

Female: 4²
Male: 3

5. Gender of Perpetrators

Female: 0
Male: 5

6. Same Gender Couples 0

VI. CHILDREN

1. Number of Biological Children Perpetrator & Victim had in Common 4

2. Number of Children who Were Homicide Victims 0

3. Minor Children Present at Time of Incident 2

4. Children Whose Parents Were Decedents

a. Minors: 2
b. Dependent Adults: 0
c. Non-Dependent Adults: 0

5. Children Orphaned

a. Minors: 2
b. Dependent Adults: 0
c. Non-Dependent Adults: 0

VII. RELATIONSHIP HISTORY AND CURRENT STATUS OF PARTIES³

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

Married: 1
Divorced: 0
Married and filed for divorce: 0

² Note that one of the decedents was a trans woman. This fact, while not a known factor in the death, is noted here to ensure that we track and pay attention to domestic violence deaths in the trans community.

³ 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.

Married and discussed separation:	0
Married and separated:	0
Unmarried cohabitant:	0
Dating:	2
No longer dating:	2
No longer dating but living together:	0
Dating but in the process of breaking up:	0

2. Length of Pre-Separation Relationship⁴

Less than one year:	1
One year:	0
1-3 years:	3
4-15 years:	1
Over 15 years:	0
Over 20 years:	0
Over 30 years:	0
Over 40 years:	0
Over 50 years:	0

3. Length of Post-Separation Relationship

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

4. Prior Police Reports of Domestic Violence

Domestic violence had been reported to police in three of the relationships.

5. Restraining Orders

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

6. Employment Status of Homicide Victims

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

7. Employment Status of Perpetrators

Retired:	0
Full-time Employment:	3

⁴ The numbers in this section reflect the lengths of all 5 relationships, regardless of whether there was a separation.

Unemployed: 1
Part-time Employment: 1

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.

9. **Chronic Health Conditions**

a. **Mental Health Issues**

Victim: 1*
Perpetrator: 1

*This figure only includes documented mental health issues.

b. **Physical Health Issues**

(i) **Debilitating Physical Condition**

Victim: 1
Perpetrator: 0

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

Victim: 0
Perpetrator: 0

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

Victim: 0
Perpetrator: 0

NON-LETHAL DOMESTIC VIOLENCE IN SANTA CLARA COUNTY

2018

➡ In 2018, there were 5,519 domestic violence cases referred to the District Attorney's Office for review. This number held steady with the number of cases referred in 2017, which was 5,524. Of the 5,519 cases referred in 2018, 3,249 (58.8%) supported the filing of criminal charges. This number is consistent with the historical 60% filing rate.

➡ At the same time, we have seen an increase in the percentage of cases filed as felonies over the last five years. We suspect this is due to our increased recognition that strangulation cases and cases involving blows to the head indicate high lethality and can result in serious injury with or without visible injury.

➡ In 2018, 1,433 (44%) of filed cases resulted in felony charges, and 1,816 (56%) of filed cases resulted in misdemeanor charges. In 2018, there were 2,270 cases (41.2%) where no criminal charges were filed.

Year	Referrals	Filed	Felonies	Misdemeanors	Rejected
2014	3,873	2,463	662	1,801	1,410
2015	4,286	2,686	757	1,929	1,660
2016	5,101	2,314	981	1,333	2,797
2017	5,524	2,759	1,430	1,329	2,765
2018	5,519	3,249	1,433	1,816	2,270

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 fine work already underway.

Lethality Assessment Tool

The significance of this Tool, attached to this report as Attachment 6, cannot be overstated. It provides a succinct script to elicit the level of danger. It focuses the questioner's inquiry in a situation where the victim is likely feeling overwhelmed and unable to independently identify the most important information to share.

The Lethality Assessment Tool continues 1) to assist law enforcement in knowing which cases warrant immediate referral to a domestic violence agency, 2) to inform prosecutors' decisions regarding filing charges, and 3) to 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 Lethality Assessment Tool, which the Santa Clara County 'Domestic Violence Protocol for Law Enforcement' requires be administered at the scene of every domestic violence incident, and is used by advocates and prosecutors as well, assists us in 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 factors exist in their relationship.

Challenges remain in the application and making sure that the tool is used consistently, and the results shared with agencies and individuals caring for the victim and working to hold the abuser accountable. We encourage law enforcement, pretrial services officers and judicial officers to make good use of the tool in deciding whether to arrest, and whether a perpetrator can be safely released. We encourage prosecutors to use the tool in deciding whether and how to charge a case and to advise the Court with respect to setting bail. We encourage victim advocacy groups to use the tool with their clients to assist in safety planning.

Strangulation and Traumatic Brain Injuries Mental Health Prevalence and Intervention

Though only one victim in 2018 had documented mental health symptoms, mental health issues come up frequently in domestic violence homicides. Mental health and substance abuse disorder do not cause and do not excuse domestic violence. However, both perpetrators and victims of domestic violence are at increased risk to have significant mental health disorders. Victims are more likely than non-victims to suffer from depression, anxiety,

suicidal thoughts, and post-traumatic stress disorder (PTSD) as a result of the domestic violence. In addition, research shows that persons with bipolar disorder, schizophrenia, and eating disorders are at higher risk to become victims of domestic violence.

In perpetrators, the main psychological issues seen are personality disorders, primarily antisocial and borderline personality disorder. However, perpetrators are also at higher risk to suffer from depression, anxiety, suicidal thoughts, and PTSD. In addition, they are much more likely to abuse alcohol and drugs, and often use this as an excuse for their behavior. In 2018, 40% of the domestic violence death incidents involved a murder-suicide and this behavior has been seen in previous years. When a perpetrator threatens suicide, this increases the chance that the domestic violence will become lethal, even though the perpetrator may do this to control the victim's behavior and may not be initially viewed by the victim as a real threat.

We would like to see greater education of the mental health system regarding domestic violence and the resources available to victims, including referrals to advocates. Our experience has shown that perpetrators and victims are more likely to interact with the mental health system prior to the homicide, including being placed on a 5150 hold. We would like to investigate collaborating with mental health and professional agencies, especially emergency services, so they are more likely to ask persons with mental health symptoms if they have been a victim or perpetrator of domestic violence and make a referral.

The primary persons executing 5150 holds are law enforcement. We would like to explore ways to have law enforcement and agencies referring to emergency services, alert the psychiatric facility when the individual is the subject of the restraining order, had been violent toward others in the past, or has obtained a restraining order against a perpetrator. In addition, the DVDRT proposes that, whenever law enforcement writes a 5150 hold, they also cross-check the individual's probation and parole status and notify those agencies when applicable. This practice already exists among some law enforcement agencies but should be a widespread and consistent practice. We will also explore the feasibility of having law enforcement check if the person on a 5150 hold is the subject of a protective order and, if so, take steps to notify the protected person of the hold.

Adverse Childhood Experiences and Domestic Violence

We have repeatedly noted throughout the years that, as children, domestic violence perpetrators have (1) witnessed domestic violence against their mother and parental substance abuse, (2) were subjected to childhood physical, emotional, and sexual abuse, and/or (3) had a parent who went to prison, often for violent reasons. These experiences are designated as Adverse Childhood Experiences or ACEs. ACEs science provides the team an approach to a case by assessing the presence of childhood abuse (emotional, physical and sexual), neglect (physical and emotional) and household dysfunction (mental illness, incarcerated relative, violence toward mother, substance abuse and divorce) during the course of the victim and perpetrator's lives. A child subjected to these ACEs is more likely to become a perpetrator of domestic violence. Research has shown that a child exposed to the three ACEs of physical abuse, sexual abuse, and growing up with a battered mother, were at a greatly increased risk of becoming a domestic violence perpetrator as an adult. That child is also at higher risk for depression, anxiety, suicide, substance abuse, and being a victim of violence. The more ACEs a child experiences, the higher the risk of becoming a batterer, and experiencing mental health problems and decreased life expectancy. Thus, it is extremely important that the agencies and

individuals who encounter children and individuals with mental health disorders are aware of these risks. Similar for the mental health interventions, we would like to collaborate to educate mental health professionals, agencies, primary care physicians and pediatricians to recognize and try to intervene early for children subjected to these ACEs.

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. Traumatic brain injuries (TBI) account for significant morbidity and mortality. Studies on traumatic brain injury and intimate partner violence has shown that up to 30-75% of women in physically abusive relationships suffer at least one (1) 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. ***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 5 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 urge law enforcement, advocacy groups, and medical personnel to assess for traumatic brain injury in any domestic violence victim as presentation for TBI, especially in strangulation cases, may vary greatly and not be immediately identified.

Victim Outreach

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 warmer hand-offs are required. The District Attorney's Office has an in-house Victim Services Unit (VSU) which is enabling more contact with more victims. The DVDRT is looking for ways the VSU and community based domestic violence advocacy services can better partner to reach 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 heart-breaking case we realized that immigration status and attendant fears may have caused a delay in calling police. We need to continue searching for ways to overcome language barriers in domestic violence matters.

Cases reviewed by DVDRT in detail and with the benefit of 20-20 hindsight reveal the complexity of even the most seemingly straight-forward case. Unveiling a victim's entire story requires patience and skill. Seeing only a tip of the iceberg can be confusing. For example, why is the victim reporting seemingly de minimis conduct now, and alleging far more serious unreported conduct in the past? The array of perspectives sitting around the table at DVDRT meetings yields valuable insights. Someone points out that victims rarely report the first instance of abuse, even when it is severe. We discuss the fact that many times they are persuaded the abuser is truly sorry and it will never recur. Perhaps 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 when the abuser shoves them, not waiting to be strangled again. Once we hear the full story, we no longer need to ask the question that begets more self-blame than helpful information: "Why didn't you report earlier?" We must make sure our interactions with victims are always trauma-informed.

Gun Violence Restraining Orders

There may be situations where an intimate partner or another person has information that another person is an immediate danger to him or herself or others and has custody or control of a firearm.

In those situations, law enforcement should be called immediately to consider a Gun Violence Restraining Order (GVRO) when less restrictive alternatives are inadequate. Law enforcement can call the on-call prosecutor after business hours through County Communications for assistance with obtaining a GVRO or call the DA's Office's main number during the day (408-299-3099).

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, our study of cases revealed opportunities for greater collaboration when it comes to perpetrators placed on 5150 holds. For example, HIPPA regulations preclude medical providers from alerting domestic violence victims or persons protected by a restraining order 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 a particular 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 suicide is a trait **2 of the 5** of the perpetrators in 2018 share. 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. 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 Violenceⁱ

Law enforcement and the Department of Family and Children's Services (DFCS) should work 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.

ⁱ Vincent J Felitti, Robert F Anda, Dale Nordenberg, David F Williamson, Alison M Spitz, Valerie Edwards, Mary P Koss, James S Marks. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, Volume 14, Issue 4, Pages 245-258 (May 1998)

RECOMMENDATIONS TO VICTIMS AND TO THEIR FAMILIES AND FRIENDS

Love, dependence and sometimes even 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 that says there may be a problem.

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. 31-32.) 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.

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 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.

- (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.

One thing we learned loud and clear this year is that when danger is present, a victim and their family and friends should understand that it may be beyond their ability to control the actions of the perpetrator and they must seek help. People often fear “making things worse.” But sometimes friends and family are aware of these red flags from social media, and other interactions. ***Without intervention, the danger always gets worse.***

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 are 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 31-32 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 24th 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, 3 paralegals, 4 Victim Service Advocates, 3 legal secretaries and 3 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 4 judges and 4 courtrooms full time.

In 2018, Santa Clara County has at least 5 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 3 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 socio-economic 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 2018

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 in general. 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. A comprehensive database of victims, perpetrators, and the circumstances surrounding the deaths is created to help identify trends and risk factors. The DVDRT has reviewed 295 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 as well. 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 only to accomplish the constructive work of advocating for system-wide change and protecting future victims. The team's job is not to point fingers or place blame. The members of the DVDRT firmly believe that lives have been saved as a result of the team's work.

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, 2018 - DECEMBER 31, 2018**

James Gibbons-Shapiro, District Attorney's Office,
Chair

Alma Tovar, Community Solutions

Ann Horner, CASA

Amy Caffrey, Domestic Violence Council

Brenda Farrell-Thomas, Family Court Services

Sgt. Brian Jeffrey, Los Altos 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

Sylvia Mata, District Attorney's Office,
Victim Services Unit

Cynthia Hunter, Office of Women's Policy

Kim Walker, Adult SART

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

Det. Greg Dini, Morgan Hill Police Department

Ingrid Infante, Community Solutions

Jessica Dominguez, Department of Family and
Children Services

Josephine Suh, Asian Americans for Community
Involvement (AACI)

Julie Saffren, Family Law Attorney

Matthew Breaux, Adult Protective Services

Kimberly Nielsen, Family Court Services

Monica Rios De La Flor, Department of Family
and Children's Services

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

Laura Brunetto, Department of Public Health

Marla Allen, Domestic Violence Intervention
Collaborative

Pearla Cordova, Adult Probation Department

Rosa Vega, Medical Examiner / Coroner's Office

The Rev. Maly Hughes, Clergy

Jeanine McKelvey, Legal Advocates for Youth
and Children

Ruth Patrick, WomenSV

Steve Baron, Santa Clara University, Family
Court Services (ret.)

Lindsey Mansfield, YWCA – Silicon Valley

Sgt. Steve Slack, San Jose Police Department

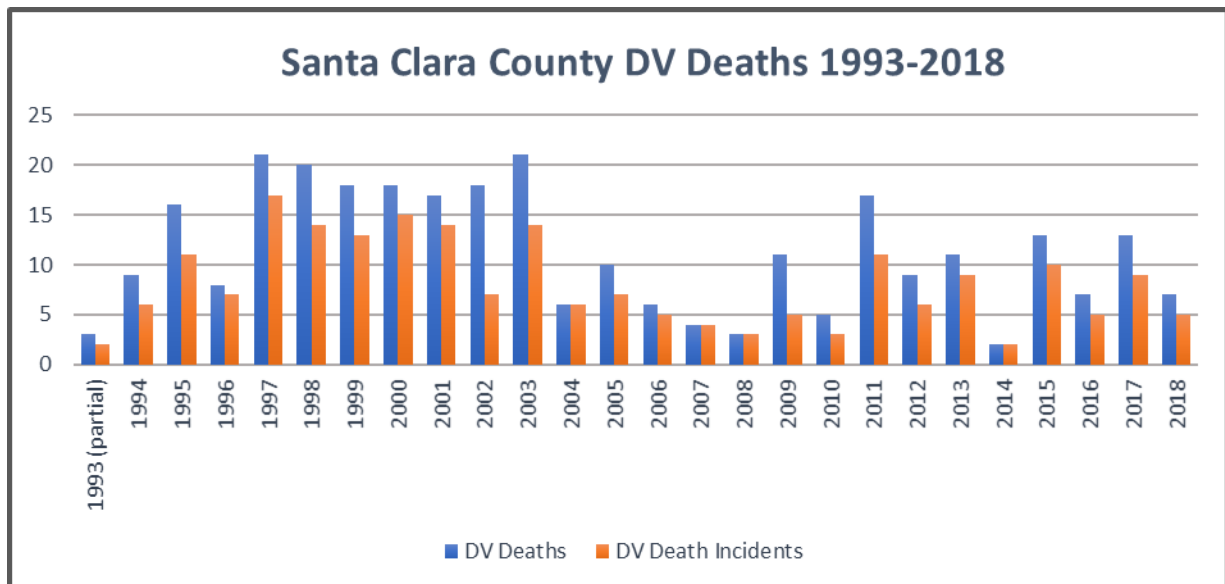
Dr. Susan Ditter, Department of Mental Health

Valerie Smith, Adult Protective Services

Linda Hsiao, Department of Family and
Children's Services

Attachment 1: Domestic Violence Related Deaths Since 1993

YEAR	DOMESTIC VIOLENCE RELATED DEATHS	D.V. DEATH INCIDENTS
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
2018	7	5



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 (please check one) 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
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 3:00 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 7:00 a.m. – 11:00 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 Eng / Span 1-800-572-2782
<http://ywca-sv.org/our-services/support-services/> 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.