

Contra Costa County Domestic Violence Death Review Team Report

November 2000

Getting Started

Teams or committees to review deaths related to domestic violence have been developed throughout the country. Several states, including California, have established legislation that either mandates or allows such teams (California Penal Code sections 11163.3-11163.5). Three counties in California (Santa Clara, Shasta and Tehama) developed Domestic Violence Death Review Teams (DVDRTs) prior to the passage of such legislation in January 1996. Twelve additional counties have since developed such teams. California's law authorizes but does not mandate DVDRTs, and leaves each county to develop specifics regarding their team's function. To assist counties in DVDRT development, the State Attorney General's Office produced the "California's Domestic Violence Death Review Team Protocol" in 2000, with representatives from Contra Costa participating on the protocol advisory committee. That committee developed the following mission statement:

The purpose of a DVDRT is to review domestic violence-related fatalities, strengthen system policies and procedures and identify prevention strategies to reduce future incidents of domestic violence-related injuries and deaths.

In Contra Costa County, the Superior Court convened the Advisory Council Against Domestic Violence (ACAD) in 1994, which authorized formation of a DVDRT in 1998. Amy Hill, then Violence Prevention Project Coordinator at the Community Wellness and Prevention Program, Public Health Division of Health Services Department, and Joseph Surges, then Sheriff Specialist of Sheriff's Department, organized a series of meetings that eventually led to the formation of the Contra Costa County Domestic Violence Death Review Team. Their efforts and energy were essential to sustaining the process until the protocol was finalized in August 1999 (prior to completion of the state protocol). Contra Costa's DVDRT protocol includes sections on goals, definitions, team membership, confidentiality, case criteria, procedures and reports (see attachment 1). The primary goals of the DVDRT are 1) *generating better domestic violence data* and 2) *improving existing services and policies*, with the hope that achievement of these goals will eventually diminish not only deaths related to domestic violence, but domestic violence itself.

The Process

Case reviews began in October 1999, with Joseph Surges, then Sheriff Specialist of Sheriff's Department, and Dawn Marie Wadle, Family Physician at Richmond Health Center, serving as co-chairs. Other initial team members included representatives from: Family Court Services, District Attorney's Office, Community Wellness and Prevention, Battered Women's Alternatives (now STAND Against Domestic Violence), Contra Costa Crisis Center, Children and Family Services, and Probation. Participation of members of various police departments and health systems was anticipated on an as-needed basis related to individual cases. DVDRT members and their supervisors signed confidentiality agreements, as would any intermittent participants joining the team for particular cases. The team opted not to have team members send a substitute from their organization if someone was unable to attend; there was concern that substitution would alter group dynamics and interfere with group function as well as raise additional confidentiality concerns.

For its initial series of meetings, DVDRT members identified twenty-one cases from all deaths in Contra Costa County in 1997 based on documentation or suspicion that domestic violence may have been involved. The team chose to begin with cases from 1997 as any involving criminal proceedings would likely be adjudicated. From October 1999 to October 2000, the DVDRT reviewed these cases in nine meetings of three hours each. Most cases were discussed at multiple meetings. This occurred for several reasons. Not all cases were recorded in the Sheriff's Department log of Domestic Violence reports because not all Police Departments in the county were reporting to the Sheriff's Department. Requests for records from Police Departments often took several weeks to arrive after being requested, and some were never provided. Often what one team member reported in a meeting led to further investigation by another team member. Frequently, information needed by the team was not located at all, despite creative efforts. Though team members were diligent about attending meetings, absences did occur and this delayed completion of some case reviews. New team members joined after October 1999 because representatives from key organizations became available and because initial team members changed jobs. See attachment 2 for list of current DVDRT members. As was anticipated, actually doing case reviews was educative regarding the appropriate data collection form, and thus team members developed a new data collection form (see attachment 3).

Case Reviews

Basic information on each case was given to DVDRT members who were then asked to seek further information from their respective departments or agencies. Cases were reviewed in meetings. After extensive review, cases were classified into five categories:

- ❑ **Domestic Violence Incident** Domestic violence incidents are cases in which the death occurred while current or former intimate partners were interacting with one another. For example, if one partner killed the other by running over them with a car, it would be considered a *domestic violence incident*.
- ❑ **Domestic Violence Related** Cases were considered domestic violence related if the death occurred in the midst of an episode of domestic violence but did not necessarily involve one partner killing themselves or the other partner. If one partner killed children of the other partner, or if a police officer were killed while responding to a domestic violence call, it would be considered a *domestic violence related death*.
- ❑ **Domestic Violence Motivated** Situations where a person committed suicide after the break up of a relationship involving domestic violence, or when a former partner killed their ex-partner's new partner would be considered to be *domestic violence motivated*.
- ❑ **Not Proven Domestic Violence** The DVDRT reviewed cases in which a current or prior history of domestic violence was documented or reasonably suspected, but the link to the death was not clear. For example, if a person victimized by domestic violence died of a drug over-dose the team classified the death as *not proven domestic violence*.
- ❑ **Not Domestic Violence** In some situations, original suspicions that domestic violence played a role in a person's death proved to be unfounded after further information was available. These cases were classified as *not domestic violence*, and presumably fall into the same category as the deaths in the county not reviewed by the team.

Results

Twenty-one cases were reviewed from all deaths in Contra Costa County in 1997 based on documentation or suspicion that domestic violence may have been involved. Eight were classified as not domestic violence, and four were not proven domestic violence. Nine deaths were domestic violence cases, with six domestic violence incidents, three domestic violence related, and zero domestic violence motivated (Table 1). All decedents were adults, as were those responsible for their deaths. All cases involved opposite sex intimate partners.

Of the nine domestic violence cases, there were five homicides, three suicides, and one accidental death. For 1997, there were 69 homicides and 83 suicides total, thus linking domestic violence to 7.2% of homicides and 3.6% of suicides. Five women died, four by homicide and one by suicide (Table 2). Two women were African American, two were European American, and one was Native American. Four men died, one by homicide, two by suicide and one by accident. Two men were African American and two were

European American (Table 3). Firearms were used in four cases, knives in two, a car and a nail gun in one each. One person drowned.

None of those who committed suicide had previously committed homicide, as sometimes occurs in domestic violence situations. All three who committed suicide were European American, and three of the five homicide victims were African American (Table 4). The two men who committed suicide had been perpetrators of domestic violence. In one case the woman partner had said she was leaving the relationship after several years, and the man walked to the garage and killed himself with a nail gun. In the other, the couple had separated because of the domestic violence, and the man left a note saying he killed himself over the custody dispute. One woman killed herself; she shot her husband as he slept, then shot herself while driving away. Her husband did not die, and no evidence of prior domestic violence between them was discovered.

In five of the nine domestic violence deaths, there was a clear history of prior domestic violence between the intimate partners involved in the incident leading to death. One man drowned while fleeing police responding to a 911 call for domestic violence. There was a warrant for this man's arrest on prior domestic violence charges. Other than the man's contact with law enforcement, there were no known service providers involved with this couple. Neither the man who killed himself with a nail gun nor his family had been in contact with any agencies prior to his suicide, though descriptions of his behavior by family members are consistent with long-term verbal and physical abuse. One man shot himself over a custody dispute, as mentioned above. His woman partner had a restraining order against him, and Children and Family Services, Family Court Services and Probation were involved with this family at the time of the suicide, though only Family Court Services was involved because of domestic violence and clearly aware of it. One woman who was killed by her partner of many years had previously been shot by him. He had been involved in a Batterer's Treatment Program in 1989, and she had made several calls to police and STAND Against Domestic Violence because of domestic violence. Children and Family Services were involved due to the prior shooting incident and the children in the home. The woman had requested a restraining order the same month as the killing, but it was dropped at her request. The final case with a clear history of domestic violence involved a woman killed by her ex-boyfriend who had previously inflicted knife and gunshot wounds upon her. The woman had prior contact with STAND Against Domestic Violence as well as Children and Family Services and Substance Abuse Services.

There were four domestic violence deaths that did not have evidence of prior domestic violence between the partners involved in the death. In one case, a woman shot her husband while he slept and then killed herself. In another, a couple that was intoxicated argued, and then the woman killed the man by running over him with a car. A man killed his partner as she was packing her bags to leave him. He said "she was playing games...so I had to kill her." Finally, a woman who had been abused by previous partners came home to find her current partner in bed with another woman. The two argued and fought, and the woman inflicted a stab wound that was eventually fatal to the

man. It is unclear what role her prior history of victimization played in her behavior during this event.

There were four cases classified as not proven domestic violence. A woman with a history of domestic violence as a victim died of an accidental drug overdose. What role domestic violence played in her substance use and her death cannot be proven, but DVDRT members believe it played a role. A man killed himself in front of his partner after arguing with her about her going out with friends. She denies domestic violence, but neighbors claim to have heard verbal and physical abuse. A man killed himself alone in his apartment, leaving a message on his computer that it was a reaction to a breakup with his most recent, short-term partner. Six months prior, his long-term partner had left him because of domestic violence, and restraining orders and custody battles ensued. DVDRT members believe these events may have played more of a role in the suicide than his note indicated. Finally, a woman was strangled and dumped in the Richmond Harbor. It is suspected that her husband was responsible for her death, but could not be proven. The couple had a prior history of domestic violence.

Table 1
Classification of Cases

Classification	Number of cases
DV Incident	6
DV Related	3
DV Motivated	0
Not Proven DV	4
Not DV	8
Total	21

Table 2
Cause of Death by Gender

Cause	Male	Female	Total
Homicide	1	4	5
Suicide	2	1	3
Accident	1	0	1
Total	4	5	

Table 3
Ethnicity of Decedent by Gender

Ethnicity	Male	Female	Total
African American	2	2	4
European American	2	2	4
Native American	0	1	1
Total	4	5	

Table 4
Cause of Death by Ethnicity

Cause	African American	European American	Native American	Total
Homicide	3	1	1	5
Suicide	0	3	0	3
Accident	1	0	0	1
Total	4	4	1	

Conclusions

Due to the small number of cases reviewed thus far, few definitive conclusions can be reached. With a computerized database and the compilation of these results with those from future reviews, subsequent DVDRT reports will provide more in depth analysis to

identify trends, specific gaps in services, and appropriate system responses. At this time the DVDRT concludes:

- Domestic Violence contributes significantly to the homicide and suicide rates in Contra Costa County.
- We need access to more information, and the information should be easier to obtain.
- Deaths of men by suicide are a larger proportion of total domestic violence deaths than initially anticipated.

Recommendations

- Determine which police departments are not using the *Domestic Violence Report/Supplemental* developed by the Advisory Council Against Domestic Violence' Police/Victims Committee in January 1998, and encourage their Chief to require its use (attachment 4).
- Have Coroner's Deputies investigate for possible history of domestic violence for all deaths.
- Have detectives investigating domestic violence homicides use the new DVDRT data collection form (attachment 3).
- Have a countywide data collection and collation center to which all law enforcement agencies send Domestic Violence Report/Supplemental forms in a timely fashion. Adequate staffing for data entry and systems for data retrieval are essential. The statewide CLETS system for restraining orders could serve as a model.
- Encourage all government and private agencies to develop methods for identifying and coding cases involving domestic violence.
- Develop multidisciplinary case conferences for current cases to maximize treatment and intervention to prevent escalation of domestic violence and/or deaths. Representatives from Child Welfare, District Attorney, Domestic Violence Agencies, Family Court, Law Enforcement, and Probation are essential. Ideally, representatives from Mental Health and Substance Abuse would also participate.
- Review County agencies' and departments' record retention policies for minors and set time standards that allow retrospective review in the event of death or criminal activity involving domestic violence. This will allow risk factors for involvement in and prevention of domestic violence to be further explored and better understood.
- Ask representatives from Mental Health and Substance Abuse to participate on the DVDRT.

Respectfully submitted by Dawn Marie Wadle, MD, Co-Chair of Contra Costa County Domestic Violence Death Review Team

Contra Costa County Domestic Violence Death Review Team

Data Collection Form

DVDRT # _____

Date Case Review Completed _____

Team Members Contributing Information:

- Children & Family Services
- Concord PD Contra Costa Crisis
- District Attorney
- Family Court Services
- Hospitals & Health Centers Kaiser
- Mental Health Probation
- Public Health Sheriff STAND!
- Substance Abuse
- Other _____

CONFIDENTIALITY

All information contained herein is collected and documented pursuant to California Penal Code Sections 11163.3-11163.6, the legislation that allowed for the creation of Domestic Violence Death Review Teams. This information is confidential, and to be shared among team members only.

Category

- DV Incident
- DV Related
- DV Motivated
- Not Proven DV
- Not DV

Circumstances of Death

1. Decedent: _____ AKA: _____

2. Responsible for death: _____ AKA: _____

Referred to as "Responsible" throughout the remainder of form

Relationship to Decedent: Self Intimate Partner Parent Law Enforcement Other _____

Unintentional

3. Coroner Case #: _____ DV Death #: _____ DV Incident #: _____

Did coroner's report identify possible link between DV & death? Y N

4. Police Jurisdiction: _____ Report #: _____

Was DV Supplemental report used? Y N

5. Location of DV Incident--Address: _____ Zip: _____

Description: decedent's residence responsible's residence public location _____

other _____

6. Location of Death--Address: _____ Zip: _____

Description: decedent's residence responsible's residence public location _____

hospital other _____

7. Manner: suicide homicide accident undetermined

8. Method: Blunt object Firearm Hands/fist/feet Strangulation Other _____

9. Decedent intoxicated at time of death? Y N Unknown

Toxicology Screen Results: _____ Not Tested

10. Responsible intoxicated at time of death? Y N Unknown

Toxicology Screen Results: _____ Not Tested

11. Adults present at incident Total number of adults present: _____

Name	Relationship to Decedent?	Relationship to Responsible?	Witness?
1. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
2. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
3. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
4. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown

12. Children present at incident Total number of children present: _____

Name	Relationship to Decedent?	Relationship to Responsible?	Witness?
1. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
2. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
3. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
4. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown

Decedent Information

- 1. Name: _____ AKA: _____
- 2. Date of Birth: ___/___/___ Date of Death: ___/___/___ Age at Death: _____
- 3. Gender: M F Trans
- 4. Pregnant: Y N Expected Date of Delivery: ___/___/___
- 5. Race/Ethnicity (check all that apply):

- African American Asian Black Caucasian East Indian Filipino
- Hispanic Mixed race/ethn Native American Pacific Islander Other _____

- 6. English speaker: Y N Unknown Primary Language: _____
- 7. Home Address: location of incident location of death
- other: _____ Zip: _____

Others living at this address:	Name	Relationship to Decedent?	Relationship to Responsible
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

- 8. Current Intimate Partner(s): _____
- 9. Past Intimate Partner(s): _____

10. Dependents/Parents:		Total number of dependents: _____	
Name	Relationship to Decedent	Birth Date	Living with Decedent?
1. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
2. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
3. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
4. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
5. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N

- 11. Employed: Y N Unknown Not apply
- 12. Occupation: _____ Retired Disabled, unable to work

- 13. Abuse History: Y (check all that apply) N Unknown
- | | | |
|---|--|---|
| As a Victim <input type="checkbox"/> Y <input type="checkbox"/> N | As a Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> N | Family Violence in childhood home |
| <input type="checkbox"/> DV-current partner(s) | <input type="checkbox"/> DV-current partner(s) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> DV-past partner(s) | <input type="checkbox"/> DV-past partner(s) | |
| <input type="checkbox"/> DV-Childhood home | <input type="checkbox"/> Child sexual abuse | |
| <input type="checkbox"/> Childhood sexual abuse | <input type="checkbox"/> Child physical abuse | |
| <input type="checkbox"/> Childhood physical abuse | <input type="checkbox"/> Adult physical abuse | |
| <input type="checkbox"/> Adult Physical Abuse | <input type="checkbox"/> Adult Sexual Abuse/Rape | |
| <input type="checkbox"/> Adult Sexual Abuse/Rape | <input type="checkbox"/> Abuse of animals/pets | |

Dates/Details:

14. Mental Health History (check all that apply):

- Y N Behavioral Indicators Unknown Not apply
- Affective Disorder-Bipolar Aggressive Behavior/Impulse Disorder
- Anxiety Disorder Attention Deficit Disorder Depression Developmental Disorder
- Eating Disorder Organic Mental Disorder Psychosis Suicide Attempt(s)
- Other _____

Dates/Details: _____

15. Substance Use History (check all that apply):

- Y N Behavioral Indicators Unknown Not apply Alcohol Illicit Other
- Alcohol Amphetamine Cocaine Heroin IVDU Marijuana
- Prescription medications Tobacco Other _____

Abuse/Addiction Issues: Y N Unknown

Dates/Details: _____

16. Stressors (check all that apply):

- Y N Unknown Chronic disease/disability Death of loved one Divorce/Break-up
- Financial Immigration Legal Major changes in social environment
- Onset of psychiatric illness Recent illness/injury Recent move Single Parent
- Un/underemployment Other _____

Dates/Details: _____

17. Counseling/Treatment: Y N Unknown Not apply Was treatment voluntary? Yes No Unknown

Length of time in treatment: _____

Agencies: _____

Dates/Details: _____

18. Known contact with:

- Children & Family Services Court Services DV Services Hospitals & Health Centers
- Law Enforcement Mental Health Probation Work Force Services
- Substance Abuse Treatment Other _____

Was contact voluntary? Y N Unknown

Dates/Details: _____

19. History of criminal record? Y N Unknown Not apply

Dates/Details: _____

Additional comments (use back if further space needed): _____

Intimate Partner Information

Responsible? Y No (Use this space for parent if decedent is child)

Relationship to decedent: Current partner Past partner Parent Other: _____

1. Name: _____ AKA: _____

2. Date of Birth: ___/___/___ Age at time of decedent's death: _____

3. Gender: M F Trans

4. Pregnant: Y N Expected Date of Delivery: ___/___/___

5. Race/Ethnicity (check all that apply):

- African American Asian Black Caucasian East Indian Filipino
 Hispanic Multiple race/ethn Native American Pacific Islander Other _____

6. English speaker: Y N Unknown Primary Language: _____

7. Home Address: location of incident location of death decedent's home address
 other: _____ Zip: _____

Others living at this address: Name Relationship to Decedent? Relationship to Suspect?

1. _____
 2. _____
 3. _____
 4. _____

8. Current Intimate Partner(s): _____

9. Past Intimate Partner(s): _____

10. Dependents: _____ Total number of dependents: _____

Name	Relationship to Decedent	Birth Date	Living with Intimate Partner?
1. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
2. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
3. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
4. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
5. _____	_____	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N

11. Employed: Y N Unknown Not apply

12. Occupation: _____ Retired Disabled, unable to work

13. Abuse History: Y (check all that apply) N Unknown

- | | | |
|---|--|---|
| As a Victim <input type="checkbox"/> Y <input type="checkbox"/> N | As a Perpetrator <input type="checkbox"/> Y <input type="checkbox"/> N | Family Violence in childhood home <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> DV-current partner(s) | <input type="checkbox"/> DV-current partner(s) | |
| <input type="checkbox"/> DV-past partner(s) | <input type="checkbox"/> DV-past partner(s) | |
| <input type="checkbox"/> DV-Childhood home | <input type="checkbox"/> Child sexual abuse | |
| <input type="checkbox"/> Childhood sexual abuse | <input type="checkbox"/> Child physical abuse | |
| <input type="checkbox"/> Childhood physical abuse | <input type="checkbox"/> Adult physical abuse | |
| <input type="checkbox"/> Adult Physical Abuse | <input type="checkbox"/> Adult Sexual Abuse/Rape | |
| <input type="checkbox"/> Adult Sexual Abuse/Rape | <input type="checkbox"/> Abuse of animals/pets | |

Dates/Details: _____

Additional Information (use back if necessary):

14. Mental Health History (check all that apply):

- Y N Behavioral Indicators Unknown Not apply
- Affective Disorder-Bipolar Aggressive Behavior/Impulse Disorder
- Anxiety Disorder Attention Deficit Disorder Depression Developmental Disorder
- Eating Disorder Organic Mental Disorder Psychosis Suicide Attempt(s)
- Other _____

Dates/Details: _____

15. Substance Use History (check all that apply):

- Y N Behavioral Indicators Unknown Not apply Alcohol Illicit Other
- Alcohol Amphetamine Cocaine Heroin IVDU Marijuana
- Prescription medications Tobacco Other _____

Abuse/Addiction Issues: Y N Unknown

Dates/Details: _____

16. Stressors (check all that apply):

- Y N Unknown Chronic disease/disability Death of loved one Divorce/Break-up
- Financial Immigration Legal Major changes in social environment
- Onset of psychiatric illness Recent illness/injury Recent move Single Parent
- Un/underemployment Other _____

Dates/Details: _____

17. Counseling/Treatment: Y N Unknown Not apply Was treatment voluntary? Yes No Unknown

Length of time in treatment: _____

Agencies: _____
Dates/Details: _____

18. Known contact with:

- Children & Family Services Court Services DV Services Hospitals & Health Centers
- Law Enforcement Mental Health Probation Work Force Services
- Substance Abuse Treatment Other _____

Was contact voluntary? Y N Unknown

Dates/Details: _____

19. History of criminal record? Y N Unknown

Details: _____

Issues for follow-up at next meeting

Issue	Responsible Agency	Completed
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>
8.		<input type="checkbox"/>
9.		<input type="checkbox"/>
10.		<input type="checkbox"/>
11.		<input type="checkbox"/>
12.		<input type="checkbox"/>
13.		<input type="checkbox"/>
14.		<input type="checkbox"/>
15.		<input type="checkbox"/>

Additional Risk Factors

Characteristics Of Abuse

This section refers to: Person one: _____ <input type="checkbox"/> decedent <input type="checkbox"/> intimate partner <input type="checkbox"/> responsible <input type="checkbox"/> parent <input type="checkbox"/> other Person two: _____ <input type="checkbox"/> decedent <input type="checkbox"/> intimate partner <input type="checkbox"/> responsible <input type="checkbox"/> parent <input type="checkbox"/> other	YES	NO	UN K N O W N	Not A P P L Y
1. Did the abuse occur more frequently?				
2. Did the abuse become more severe?				
3. Did P1 threaten to kill P2?				
4. Did P2 threaten to kill P1?				
5. Did P1 threaten to hurt P2's children or other family members?				
6. Did P2 threaten to hurt P1's children or other family members?				
7. Did P1 threaten to &/or actually abduct P2's children?				
8. Did P2 threaten to &/or actually abduct P1's children?				
9. Did P1 have homicidal ideation?				
10. Did P2 have homicidal ideation?				
11. Did P1 force sex on P2?				
12. Did P2 force sex on P1?				
13. Did P1 stalk P2?				
14. Did the P2 stalk P1?				
15. Was there physical &/or sexual abuse during pregnancy?				
16. Was P2 seriously injured so as to require medical treatment during prior events?				
17. Was P1 seriously injured so as to require medical treatment during prior events?				
18. Did P2 apply for a restraining order against P1? A. Was the restraining order in effect at the time of death? B. Had the restraining order been violated?				
19. Did P1 apply for a restraining order against P2? A. Was the restraining order in effect at the time of death? B. Had the restraining order been violated?				
20. Did P1 threaten P2 regarding immigration issues?				
21. Did P2 threaten P1 regarding immigration issues?				
22. Did P1 threaten &/or injure or kill family pets?				
23. Did P2 threaten &/or injure or kill family pets?				
24. Did P1 destroy personal property?				
25. Did P2 destroy personal property?				
26. Did P1 have a history of committing other types of violence?				
27. Did P2 have a history of committing other types of violence?				

This section refers to: Person one: <input type="checkbox"/> decedent <input type="checkbox"/> intimate partner <input type="checkbox"/> responsible <input type="checkbox"/> parent <input type="checkbox"/> other Person two: <input type="checkbox"/> decedent <input type="checkbox"/> intimate partner <input type="checkbox"/> responsible <input type="checkbox"/> parent <input type="checkbox"/> other	YES	NO	UN K N O W N	Not A P P L Y
28. Did P1 try to control P2's daily activities?				
29. Did P2 try to control P1's daily activities?				
30. Did P1 exhibit obsessive, possessive beliefs/behaviors?				
31. Did P2 exhibit obsessive, possessive beliefs/behaviors?				
32. Did P1 perceive that he/she had been betrayed by P2?				
33. Did P2 perceive that he/she had been betrayed by P1?				
34. Was P2 in the process of leaving P1 &/or had he/she left the relationship?				
35. Was P1 in the process of leaving P2 &/or had he/she left the relationship?				
36. Did the P1 control P2's finances &/or access to income?				
37. Did P2 control P1's finances &/or access to income?				

Weapons

This section refers to: Person one: <input type="checkbox"/> decedent <input type="checkbox"/> intimate partner <input type="checkbox"/> responsible <input type="checkbox"/> parent <input type="checkbox"/> other Person two: <input type="checkbox"/> decedent <input type="checkbox"/> intimate partner <input type="checkbox"/> responsible <input type="checkbox"/> parent <input type="checkbox"/> other	YES	NO	UN K N O W N	Not A P P L Y
38. Did P1 possess and/or have firearms in the home?				
39. Did P2 possess and/or have firearms in the home?				
40. Did P1 threaten P2 with weapons?				
41. Did P2 threaten P1 with weapons?				
42. Did P1 use weapons during prior DV incidents?				
43. Did P2 use weapons during prior DV incidents?				