

**PALM BEACH COUNTY DOMESTIC VIOLENCE FATALITY REVIEW TEAM**

**REPORT OF FINDINGS**

**JULY 2001**

**This report is dedicated to the domestic violence victims of Palm Beach County and their families.**

**Special thanks to Charity Almeida of Palm Beach County Sheriff's Office for preparing the graphics.**

### **Table of Contents**

<b>Section 1</b>	<b>Membership List</b>	<b>page 1</b>
<b>Section 2</b>	<b>Description of Team</b>	<b>page 3</b>
<b>Section 3</b>	<b>Summary of Findings</b>	<b>page 7</b>
<b>Section 4</b>	<b>Key Findings</b>	<b>page 20</b>
<b>Appendix A</b>	<b>Comparison Charts</b>	
<b>Appendix B</b>	<b>Lethality Indicators</b>	

**SECTION 1**

**MEMBERSHIP OF PALM BEACH COUNTY FATALITY REVIEW TEAM**

**Co- chairs:**

\*Cynthia Rubenstein, MS, LMHC  
Community Resources Director  
YWCA Harmony House

\*Jeannie Hoban, LCSW  
Therapist

**Team members:**

\*Cindy Bartosek  
Nutrition Program Director  
Palm Beach County Health Department

\*Tani Price Berman  
Office of the Public Defender

\*Katie Bostic, MHRD  
Supervisor, Western County Office  
Palm Beach County Victim Services

Rita Clark  
National Project Coordinator of Project Debby, Inc.

\*Judith Cobb, RN, MSPH  
Community Health Nursing Consultant/Epidemiologist  
Division of Epidemiology & Disease Control

Denise Coffman  
Senior Deputy Court Administrator, 15<sup>th</sup> Judicial Circuit

Kelly Cunningham, MSW  
Victim Advocate  
Boca Raton Police Department

\*Grace Diez Arguelles  
Program Coordinator  
DOVE (Domestic Violence Elimination) Unit  
Office of the State Attorney, 15<sup>th</sup> Judicial Circuit

\*Nancy Dixon, ACSW  
Director  
Palm Beach County Victim Services

Michael Edmondson  
Executive Assistant to the State Attorney  
Office of the State Attorney  
15<sup>th</sup> Judicial Circuit

\*Evelyn Ellison  
Family Services Specialist  
Department of Children & Families

\*Cindy Fakhoury  
Victim Advocate  
Boca Raton Police Department

\*Lisa Flannagan, M.D.  
Chief Medical Examiner  
Palm Beach County Medical Examiner's Office

\*Doris Fouts  
Supervisor, Clerk of the Court  
Domestic Violence Division

Laura Johnson  
Assistant State Attorney  
Office of the State Attorney  
15<sup>th</sup> Judicial Circuit

Wanda Joiner  
Pride Probation

\*Sylvia Keller, MHC  
Facilitator  
D.A.R.T.

The Honorable Barry Krischer  
State Attorney  
15<sup>th</sup> Judicial Circuit

\*Faith Martin, MSW  
Domestic Violence Coordinator  
15<sup>th</sup> Judicial Circuit

\*Deputy Vince Mazzara  
Domestic Violence Coordinator  
Palm Beach Sheriff's Office

\*Lois Messer  
Victim Services Program Specialist  
Office of the Attorney General

Deborah Dale Pucillo  
Senior Judge

\*Lt. Douglas Reece  
Commander, Domestic Violence Unit  
Palm Beach Sheriff's Office

\*Cheryl Rogers, J.D.  
Executive Director  
Aid to Victims of Domestic Abuse, Inc.

Charles Siebert, M.D.  
Palm Beach County Medical Examiner's Office

\*Sgt. Scott Shoemaker  
Supervisor, Domestic Violence Unit  
Palm Beach Sheriff's Office

Robert Templeton  
Manager, Psychological Services  
School District of Palm Beach County  
(\* denotes active member)

## SECTION 2 DESCRIPTION OF THE PALM BEACH COUNTY DOMESTIC VIOLENCE FATALITY REVIEW TEAM

### MISSION STATEMENT:

The purpose of the Palm Beach County Fatality Review Team is to review domestic violence fatalities and to identify any Red Flags that might prevent future fatalities.

### GOALS AND OBJECTIVES:

Review current procedures to reduce and eliminate domestic violence thereby averting future domestic violence fatalities.

Enhance communication and coordination between agencies.

Promote education for the criminal justice system, social services providers and the community as a whole.

Review community services currently available to children and families affected by domestic violence and the community at large.

To identify under served populations including surviving minor children.

To remove barriers to service.

To explore funding sources available for services to meet the diverse needs of domestic violence victims and their families.

To identify the special needs of the Glades Community.

To recognize racial and ethnic diversity of the county demographic population.

To identify lethality factors.

**PHILOSOPHY:**

The Team philosophy is accountability of the "system" without blame. The Palm Beach County Team considers itself to be process and task oriented. While the business of reviews and staying on task is extremely important, it is also believed that the process is equally as important. Cases are reviewed in-depth and several meetings may be spent on each case. The Team will consider the emotional well being of the Team itself when conducting reviews and make appropriate conditions for the environment to be safe and non-traumatic.

**ELIGIBLE CASES FOR REVIEW:**

Closed cases which have exhausted all judicial review including appellate review from 1996-present:

- Domestic Violence homicide/suicides
- Domestic Violence fatalities
- Domestic Violence attempted murder
- Domestic Violence suicides

**TEAM MEMBERSHIP:**

The membership of the Team shall follow F.S. 741.316. Representatives from the following organizations shall be included:

- Law Enforcement Agencies
- The State Attorney
- The Medical Examiner
- Certified Domestic Violence Centers
- Child Protection Service Providers
- The Clerk of the Court
- Victim Services Programs
- Child Death Review Teams
- Members of the Business Community
- County Probation or Corrections Agencies

Other members may be needed as deemed necessary by the Team. The expertise of community representatives will be utilized as needed.

When a team member is no longer able to serve, they shall give notice to the Team and assist in the replacement of a similarly trained individual. An orientation will be prepared and provided to new team members, including copies of all pertinent handouts given to team members by DCF, FDLE or received at conferences and meetings. The team member who invited the new team member shall assist with the orientation process and make sure they have been provided with all materials and information.

**MEETING STRUCTURE:**

The Team meets the third Tuesday of each month from 1:00pm to 4:00pm at the Department of Children and Families. The meetings are structured and task oriented. The agenda consists of business and then followed by case review. Cases will be closed before new ones are presented. Information for a new case may be presented before the previous case is closed. The meetings will end with an open discussion for team members to process their response to the case review.

**CASE REVIEW INFORMATION:**

When a new case is introduced for review by PBSO (Palm Beach Sheriff's Office), the Medical Examiner's Office, or by another team member, each team member shall go back to their respective offices and determine whether their agency had any involvement with the case. If so, that team member shall provide the pertinent information by entering the information on the applicable pages of the Case Review Instrument. Any hard copies of relevant information may also be brought to the Review. This paperwork shall be returned to the Agency immediately following the review. Public records may be copied and distributed to all team members. Extra copies of public documents shall be shredded at the end of each review meeting. Whenever possible, information from non-participating agencies will be obtained per F.S. 741.316.

**CONFIDENTIALITY:**

Each team member will sign the Confidentiality Form at the start of each meeting.

**CONTACTING FAMILY MEMBERS:**

The Team will contact surviving family members when doing so would assist or benefit the review process on a case-by-case basis. Contact will be initiated by the through either phone or letter. The Attorney General's representative to the team, a victim advocate is the designated family contact. The family member's may speak to the advocate over the phone, through a personal interview, or by attending a portion of the review. The appearance of family members at a review will be at their discretion and will consist of sharing their information. Family members will not be permitted to participate in the full review process. Team members will place the privacy and rights of surviving family members above obtaining information.

**HISTORY OF THE TEAM:**

In June 1998, the Governor's Task Force on Domestic and Sexual Violence, under a VAWA grant provided technical assistance to establish four regional Domestic Violence Fatality Review teams in Palm Beach, Miami-Dade, Hillsborough and Volusia-Putnam counties. The original 15 Palm Beach Team Members began meeting to establish protocol and structure. The membership represented the State Attorney's Office, Law Enforcement, Shelters, Victim Services, Attorney General's Office, the Public Defender's Office, Health Department, the Medical Examiner, a Senior Judge, and a Batterer Intervention Provider. In October 1998, most of the Team received training in conducting fatality reviews at a National Fatality Review Summit in Key West. The Team returned from the summit and participated in a mock review, which allowed for familiarization with the review process.

In January 1999, the Palm Beach County Fatality Review Team began reviewing the actual cases included in this report. Only documents of Public Record were used, as there was no statutory mandate exempting the process from the Florida Public Record Laws. The membership also began to grow to include representation from the Boca Raton Police Department, the Domestic Violence Coordinator of the 15<sup>th</sup> Judicial Circuit, the Palm Beach County Child Fatality Review and Prevention Project and the Department of Children & Families.

A statewide training conference occurred in January 2000 at which time the Team received a laptop computer and a standardized reporting form developed by consultants, Byron Johnson, Ph.D. and Neil Websdale, Ph.D., the Project Consultants, in conjunction with the Miami –Dade Team. The Team also gained a representative from the Palm Beach County School District at this time. The Honorable Barry Krischer, State Attorney for the 15<sup>th</sup> Judicial Circuit, worked diligently with the Florida Legislature to enact legislation sanctioning the teams and providing an exemption from the Public Record Laws. The legislation was enacted as of July 2000.

The legislation mandated the Florida Department of Law Enforcement (FDLE) to create an annual report of a compilation of findings from all of the teams throughout the State. The legislation stipulated technical assistance to be provided by the Governor's Task Force on Domestic & Sexual Violence and administrative support coming from the Department of Children & Families. The Governor's Task Force has currently turned over the provision of technical assistance to the Department of Children & Families. Team membership also expanded to include the Clerk of the Court to comply with mandated membership.

All of the teams throughout the state are currently compiling data using a standardized instrument developed by FDLE for use in the Agency's annual report. The eight cases reviewed for this report reflect local findings that will also be sent to FDLE.

**PURPOSE OF THE REPORT:**

The purpose of this report is to identify both common features in domestic violence homicides and potential points of entry for community intervention so that future deaths may be prevented.

**REPORTING OF FINDINGS:**

An annual report containing aggregate findings will be issued and presented to the Domestic Violence Council of Palm Beach County, the Chief Judge of the 15<sup>th</sup> Judicial Circuit, the State Attorney of the 15<sup>th</sup> Judicial Circuit, the Law Enforcement Planning Council, Superintendent of Palm Beach County Schools, the Palm Beach County Legislative delegation and other key community members. The intention of the Palm Beach County Domestic Violence Fatality Review Team is to provide information that will inspire policy changes that may prevent future homicides. The Team will also prepare reports according to FDLE guidelines. The Team will work toward policy changes on an ongoing basis whenever possible in addition to submitting formal reports of findings.



### SECTION 3 SUMMARY OF FINDINGS

**TOTAL NUMBER OF CASES REVIEWED: 8**

**TOTAL NUMBER OF DECEDENTS INVOLVED: 15**

#### **TYPES OF CASES REVIEWED**

Seven (7) cases were homicide/suicides with male perpetrators and female victims. One (1) case involved a female shooting a male perpetrator in self-defense. A total review of this case was not completed due to lack of information. Two (2) of the decedents were children. Please refer to the Child Fatality Review and Prevention Project 2000 report for information on these homicides.

#### **DESCRIPTION OF CASES REVIEWED**

##### **Male perpetrators**

One (1) case was reviewed involving a man who killed his intimate female partner and her son. The Perpetrator attempted suicide at the time of the fatal incident. The Perpetrator is deceased due to unknown causes.

One (1) case was reviewed involving a male perpetrator who killed the sister and niece of his intimate female partner who was seriously injured at the time of the fatal incident. The Perpetrator committed suicide at the time of the fatal incident.

Five (5) cases were reviewed involving males who killed their intimate female partners and then committed suicide at the time of the fatal incident.

##### **Female perpetrators**

One (1) case was reviewed involving a female perpetrator who killed a former male intimate partner in what was deemed to be self-defense. The case review was not completed due to lack of sufficient information.

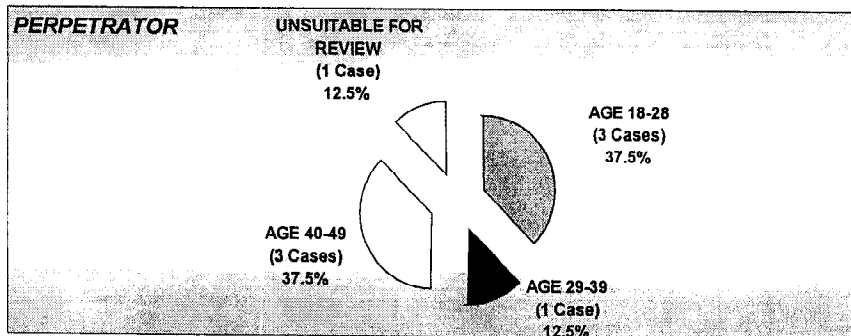
##### **Cohabitation**

Of the six (6) cases reviewed involving the homicides of intimate partners, two (2) (33.3%) were living together at the time of the fatal incident. Four (4) (66.7%) were separated at the time of the fatal incident. In One (1) case involving the deaths of family members and the serious injury of an intimate partner, the perpetrator and partner were separated at the time of the fatal incident.

**Age**

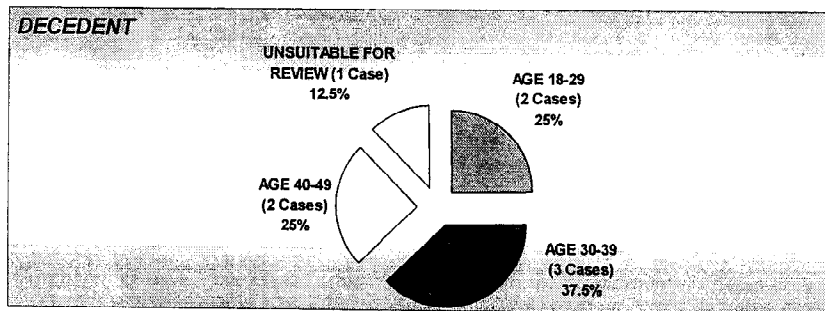
**Perpetrator**

3 (37.5%) were between 18-28, 1 (12.5%) was between 29 –39, 3 (37.5%) were between 40-49 and 1 case (12.5%) was unsuitable for review.



**Decedent**

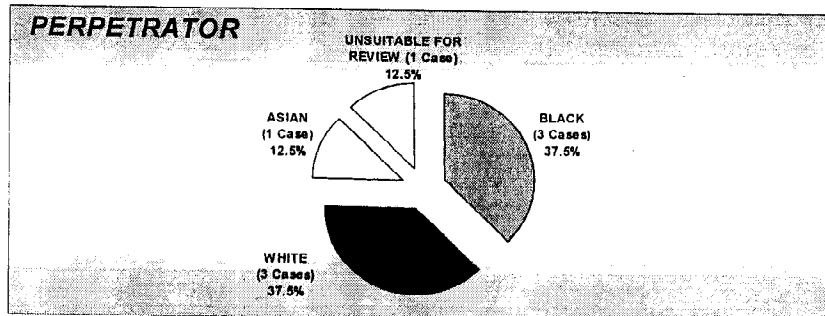
2 (25%) were between 18-29, 3 (37.5%) were between 30-39, 2 (25%) were between 40-49 and 1 case (12.5%) was unsuitable for review.



**Race**

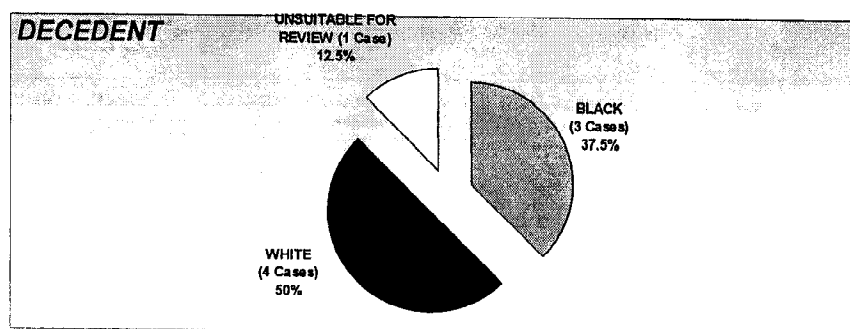
**Perpetrator**

3 (37.5%) were black, 3 (37.5%) were white, 1 (12.5%) was Asian and 1 case (12.5%) was unsuitable for review.



### Decedent

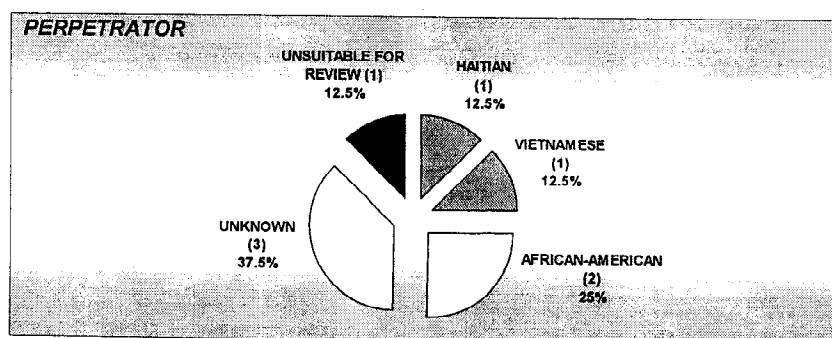
3 (37.5%) were black, 4 (50%) were white and 1 case (12.5%) was unsuitable for review.



### Ethnicity

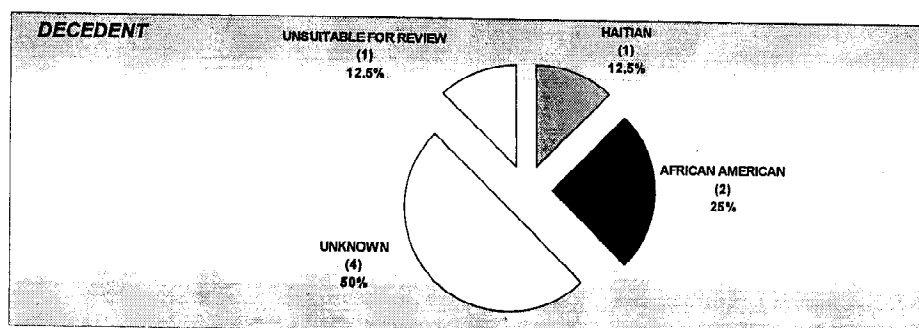
#### Perpetrator

1 (12.5%) involved a Haitian Perpetrator, 1 (12.5%) involved a Vietnamese Perpetrator, 2 (25%) involved African American Perpetrators, 3 (37.5%) were of an unknown ethnicity and 1 case (12.5%) was unsuitable for review.



### Decedent

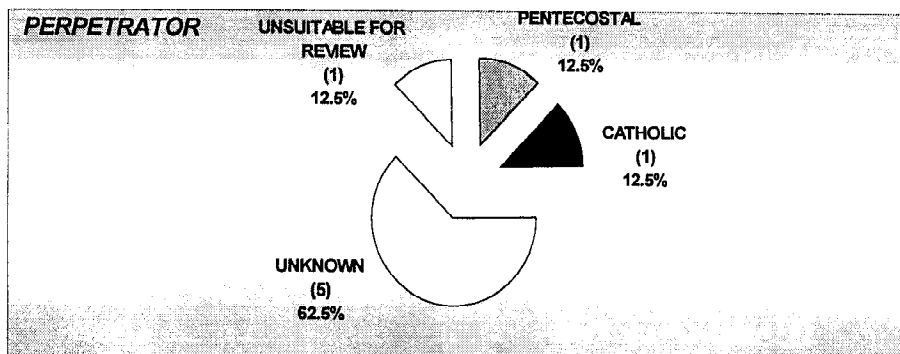
1 (12.5%) involved a Haitian Victim, 2 (25%) involved African American Victims, 4 (50%) were of an unknown ethnicity and 1 case (12.5%) was unsuitable for review.



**Religious Affiliation**

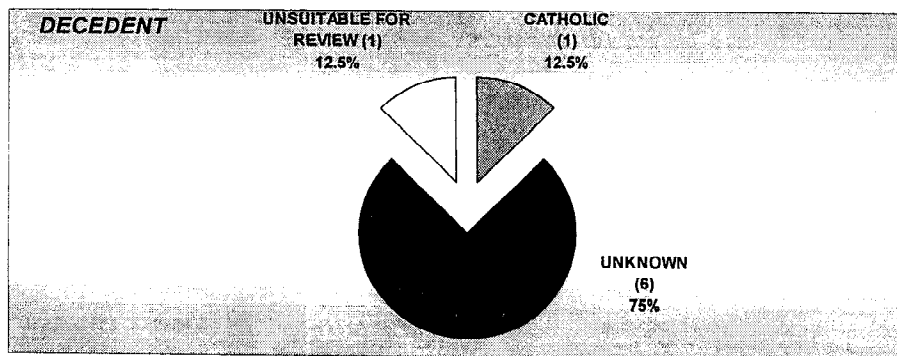
**Perpetrator**

1 (12.5%) was Pentecostal, 1 (12.5%) was Catholic, 5 (62.5%) the religious affiliation was unknown and 1 case (12.5%) was unsuitable for review.



**Decedent**

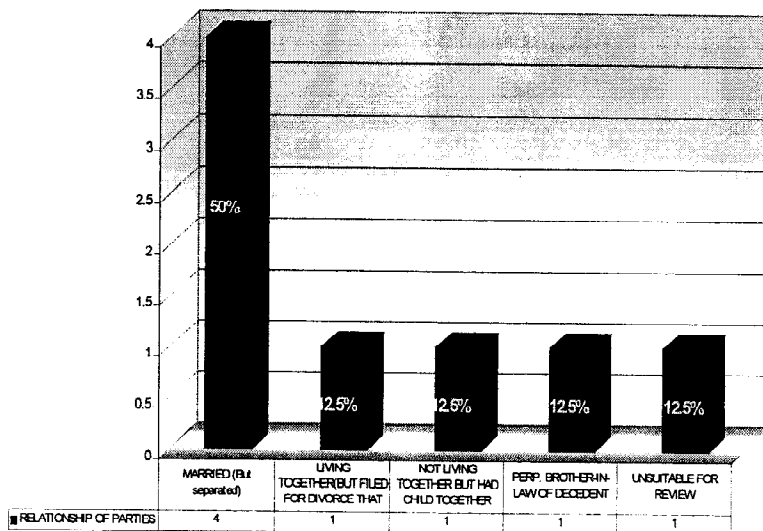
1 (12.5%) was Catholic, 6 (75%) the religious affiliation was unknown and 1 case (12.5%) was unsuitable for review.



**Relationship of the parties**

4 (50%) were married but separated at the time of the incident. 1 (12.5%) were living together but had filed for divorce the day of the fatal incident. 1 (12.5%) the Perpetrator and Victim had a child in common, but were single and not living together at the time of the fatal incident. The Victim had recently ended the relationship with the Perpetrator. 1 (12.5%) the Perpetrator was the decedent's brother-in-law. His wife was severely injured at the time of the fatal incident. 1 case (12.5%) was not suitable for review.

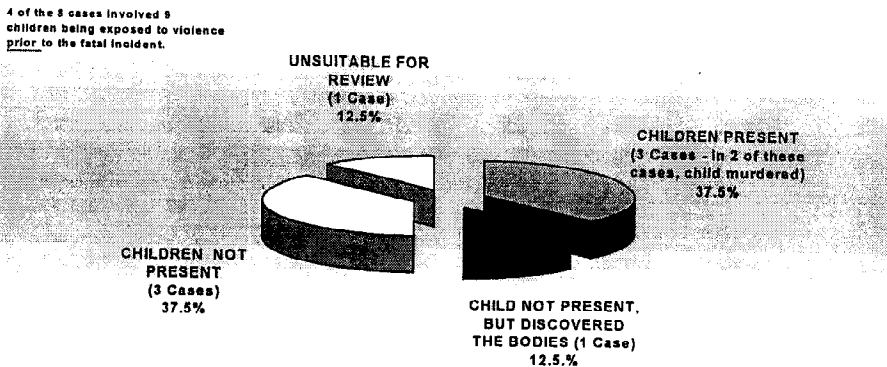
Palm Beach County Domestic Violence Review Team  
8 Cases Reviewed  
Relationship Of The Parties



**Children present at the time of the fatal incident**

3 (37.5%) involved children present at the time of the fatal incident. In two of these cases a child was also murdered. 1 (12.5%) a child was not present at the time of the fatal incident, but discovered the bodies. 3 (37.5%) children were not present at the time of the fatal incident and 1 case (12.5%) was unsuitable for review.

Palm Beach County Domestic Violence Fatality Review Team  
8 Cases Reviewed  
Children Present at the time of Fatal Incident



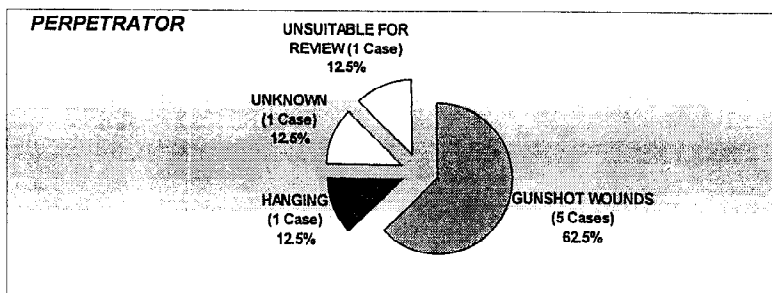
**Children exposed to violence prior to the fatal incident**

4 (50%) involved 9 children exposed to violence prior to the fatal incident. Out of these 9 children 1 (11%) had mental health problems including psychiatric hospitalization and runaway history, 1 (11%) had a criminal history and was named as a respondent in a repeat violence injunction for protection, 1 (11%) had chronic health complaints and 6 (67%) have unknown histories.

**Cause of death**

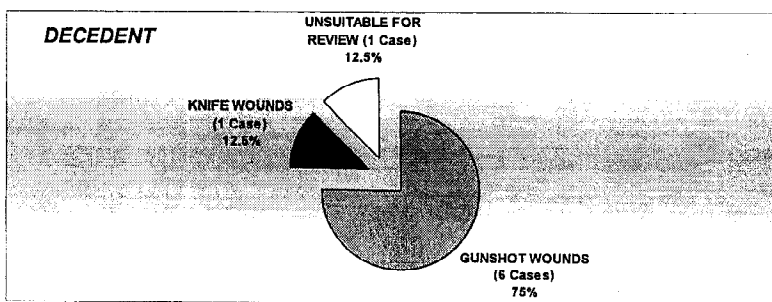
**Perpetrator**

5 (62.5%) of the suicides resulted from gunshot wounds. 1 (12.5%) suicide was a result of hanging, 1 (12.5%) the cause of death is unknown. 1 case (12.5%) was unsuitable for review.



**Decedent**

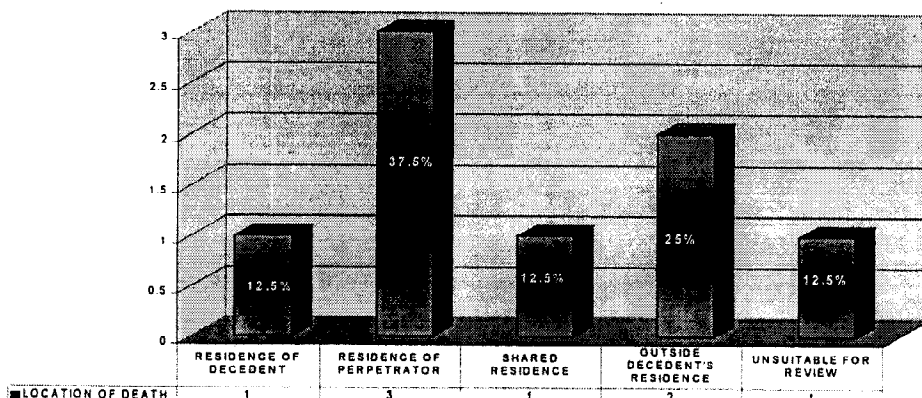
6 (75%) of the suicides resulted from gunshot wounds. 1 (12.5%) of the homicides was a result of knife wounds and 1 case (12.5%) was unsuitable for review.



**Location of death**

1 (12.5%) of the homicides occurred in the residence of the decedent. 3 (37.5%) of the homicides occurred in the residence of the perpetrator. 1 (12.5%) occurred in the shared residence. 2 (25%) occurred outside the decedent's residence and 1 case (12.5%) was unsuitable for review.

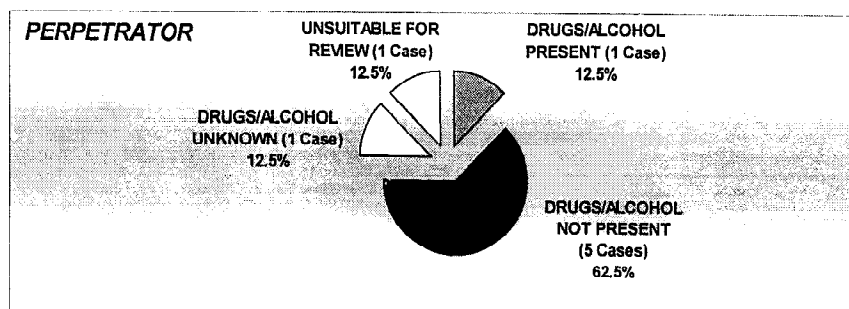
Palm Beach County Domestic Violence Fatality Review Team  
8 Cases Reviewed  
Location of Death



## Drugs/Alcohol at time of fatal incident

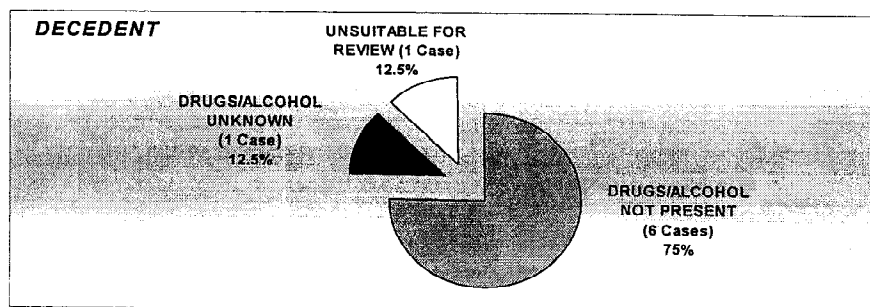
### Perpetrator

1 (12.5%) revealed the presence of drugs or alcohol at the time of the fatal incident 5 (62.5%) revealed no presence drugs or alcohol at the time of the fatal incident. 1 (12.5%) the presence of drugs or alcohol was unknown and 1 case (12.5%) was unsuitable for review.



### Decedent

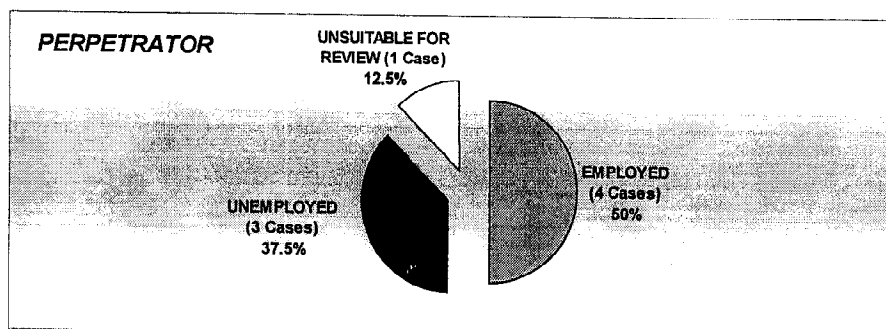
6 (75%) revealed no presence of drugs or alcohol at the time of the fatal incident. 1 (12.5%) was unknown and 1 case (12.5%) was unsuitable for review.



## Employment Status

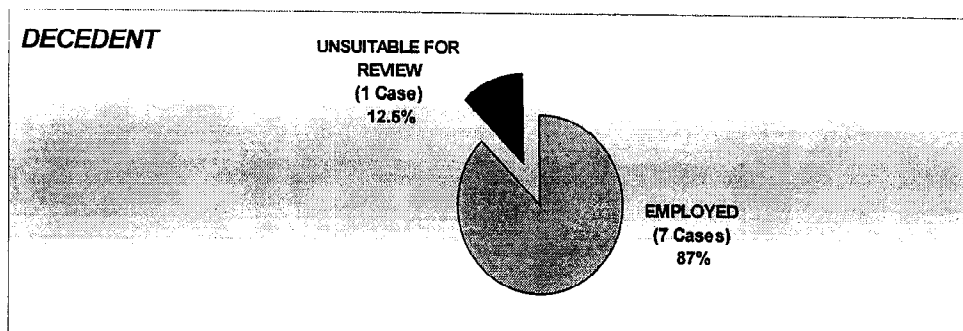
### Perpetrator

4 (50%) were known to be employed and 3 (37.5%) were unemployed. One of the unemployed cases involved a long history of unemployment. 1 case (12.5%) was unsuitable for review.



**Decedent**

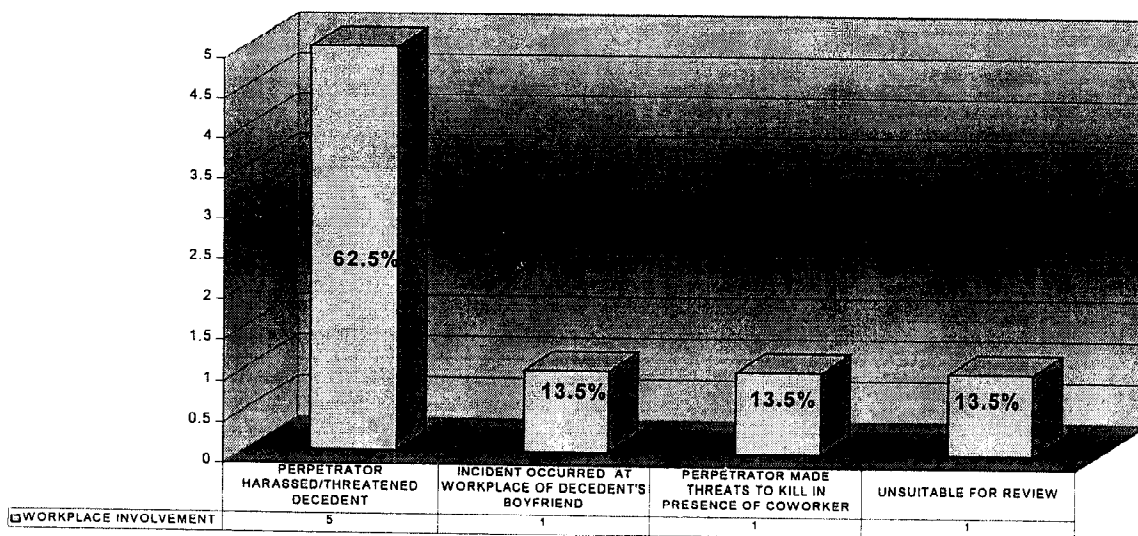
7 or (87.5%) were known to be employed. 1 case (12.5%) was unsuitable for review.



**Workplace involvement**

5 (62.5%) of the decedents had been harassed or threatened by the perpetrator at the workplace. In 2 of these cases the decedent and perpetrator shared the same employer. 1 (12.5%) incident occurred at the workplace of the decedent's boyfriend. In 1 case (12.5%) the perpetrator made threats to kill the decedent in the presence of a coworker. 1 case (12.5%) was unsuitable for review.

Palm Beach County Domestic Violence Fatality Review Team  
8 Cases Reviewed  
Workplace Involvement Breakdown

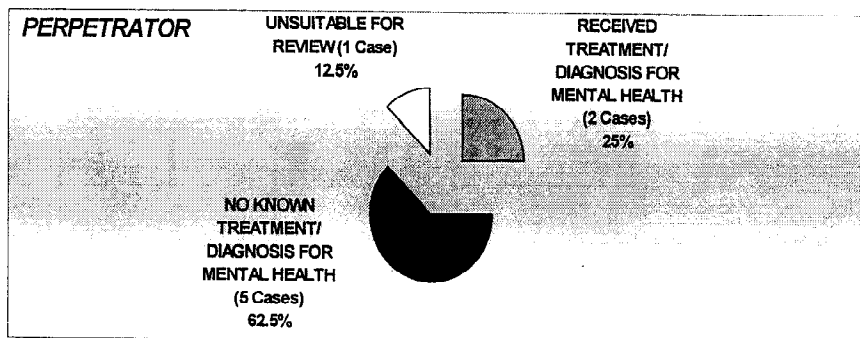




**Mental health history**

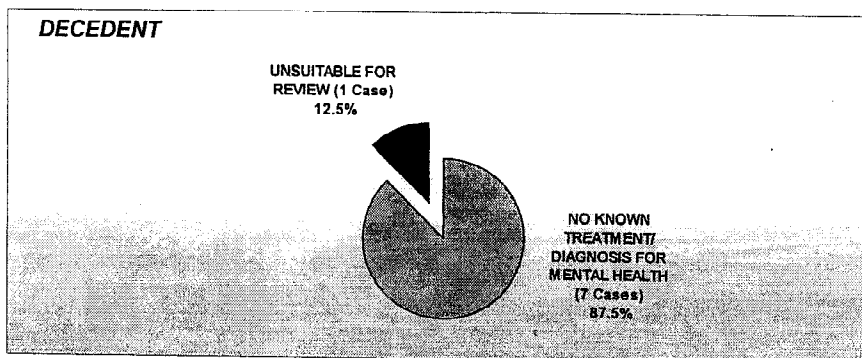
**Perpetrator**

2 (25%) were reported to have received a diagnosis or treatment for mental health, 5 (62.5%) had no known diagnosis or treatment for mental health. 1 case (12.5%) was unsuitable for review.



**Decedent**

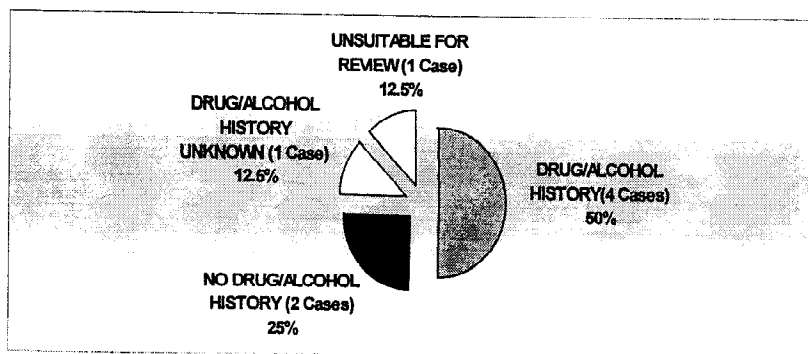
7 (87.5%) had no reported diagnosis or treatment for mental health. 1 case (12.5%) was unsuitable for review.



**Substance abuse history**

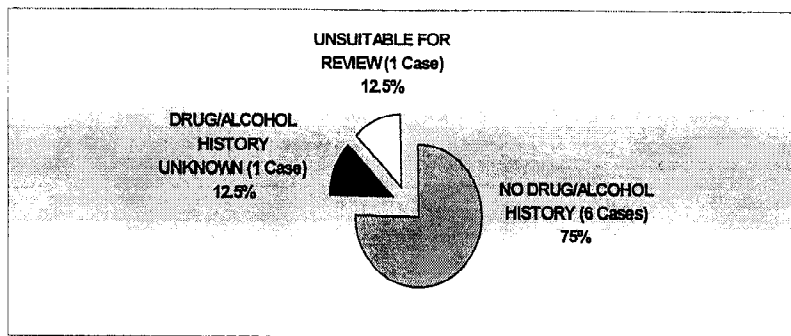
**Perpetrator**

4 (50%) were reported to have a history of drug or alcohol use. 2 (25%) of the cases there was no reported history of drug or alcohol use. 1 (12.5%) of the cases the substance abuse history was unknown. 1 case (12.5%) was unsuitable for review.

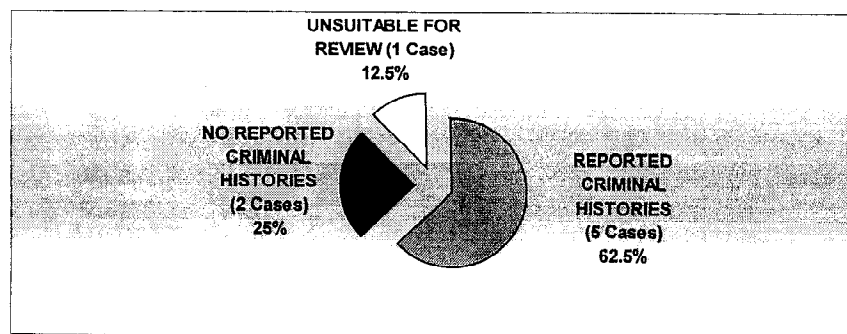


**Decedent**

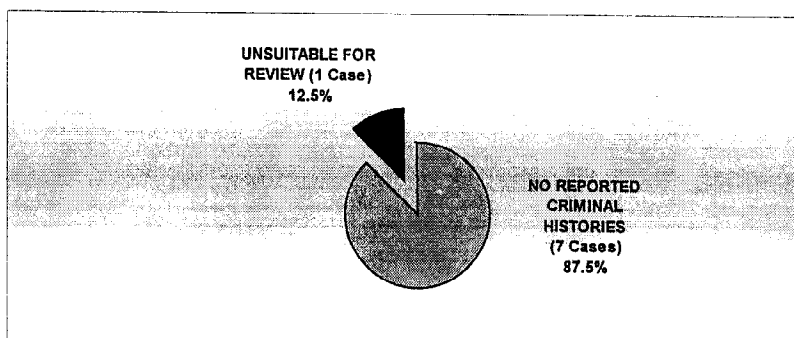
6 (75%) had no reported history of substance abuse. 1 (12.5%) the substance abuse history was unknown. 1 case (12.5%) was unsuitable for review.

**History of criminal activity****Perpetrator**

5 (62.5%) had reported criminal histories, 2 (25%) had no reported criminal histories. 1 case (12.5%) was unsuitable for review.

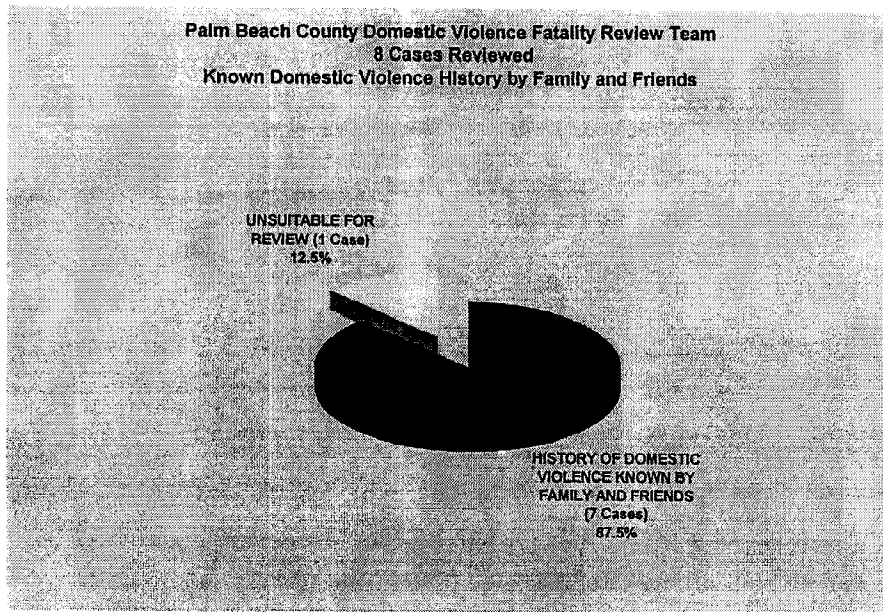
**Decedent**

7 (87.5%) had no reported criminal histories. 1 case (12.5%) was unsuitable for review.



**History of domestic violence known by family and friends**

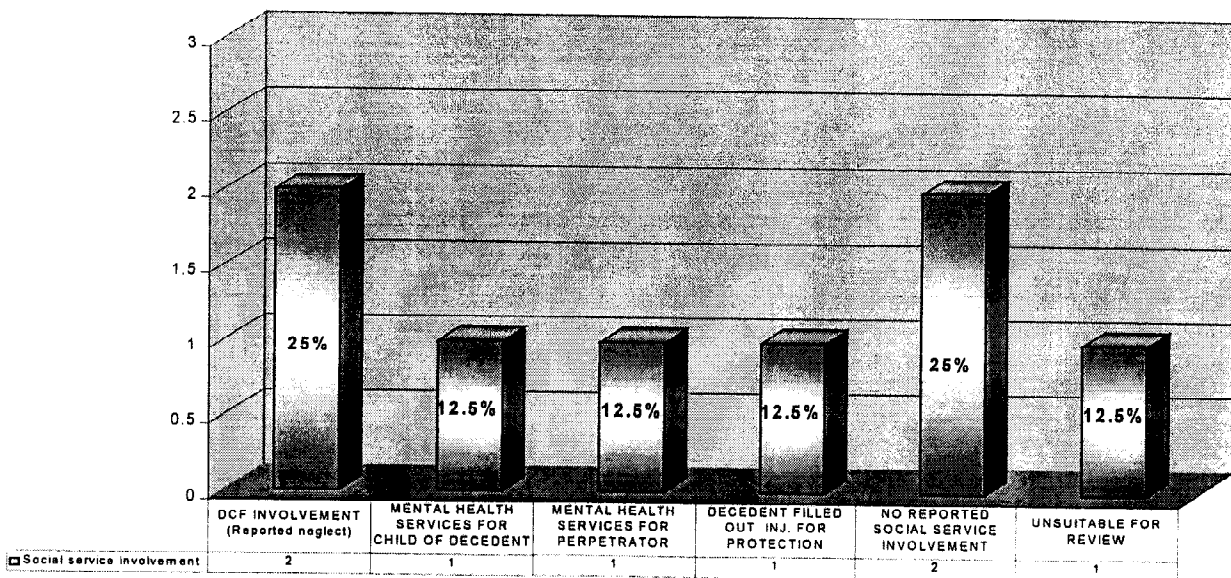
7 (87.5%) had a history of domestic violence that was known by family and friends. 1 case (12.5%) was unsuitable for review.



**Social service involvement**

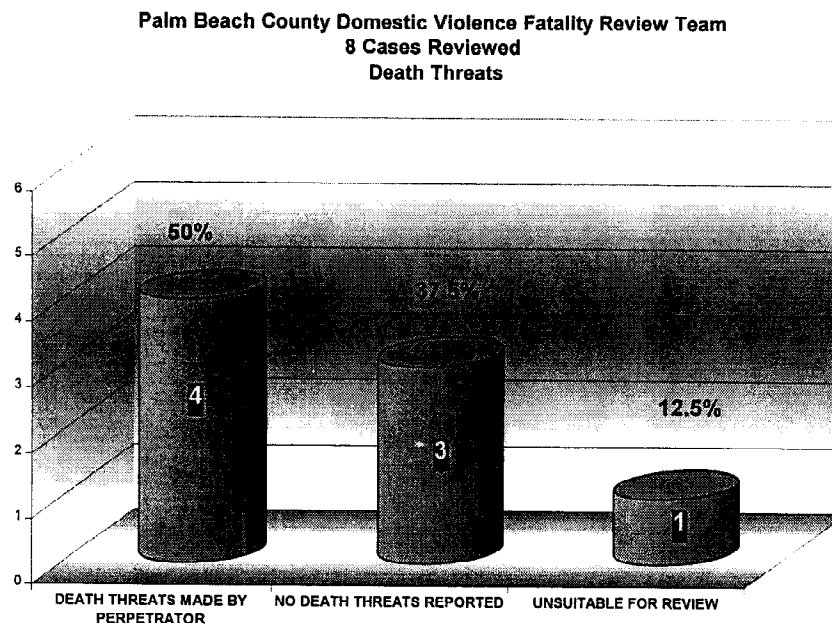
4 (50%) had involvement with social services. Of these 4 cases, 2 (25%) had DCF involvement as a result of reported neglect. 1 (12.5%) had mental health services for a child of the decedent, 2 (25%) involved mental health services for the perpetrator. 1 decedent (12.5%) received assistance in filling out a petition for an injunction for protection, 2 (25%) had no reported social service involvement and 1 case (12.5%) was unsuitable for review.

**Palm Beach County Domestic Violence Fatality Review Team  
8 Cases Reviewed  
Social Service Involvement**



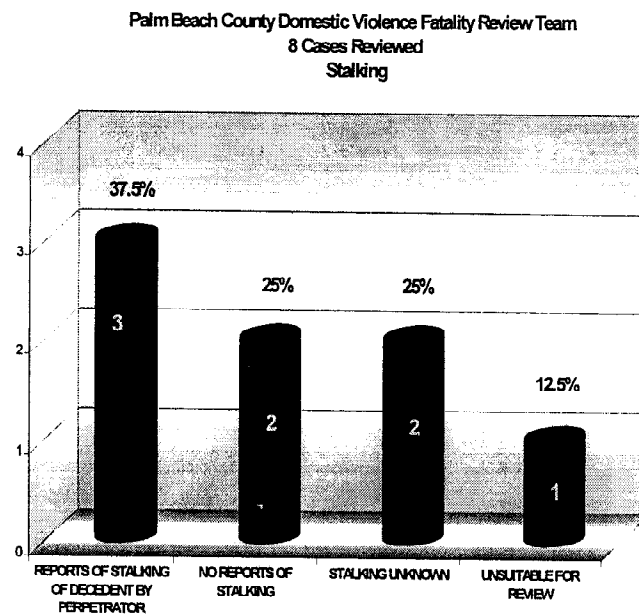
### Death threats

4 (50%) of the cases included reports of death threats made by the perpetrator. 3 (37.5%) had no reported death threats. 1 case (12.5%) was unsuitable for review.



### Stalking

3 (37.5%) included reports of stalking of the decedent by the perpetrator. 2 (25%) did not include reports of stalking and in 2 (25%) stalking was unknown. 1 case (12.5%) was unsuitable for review.

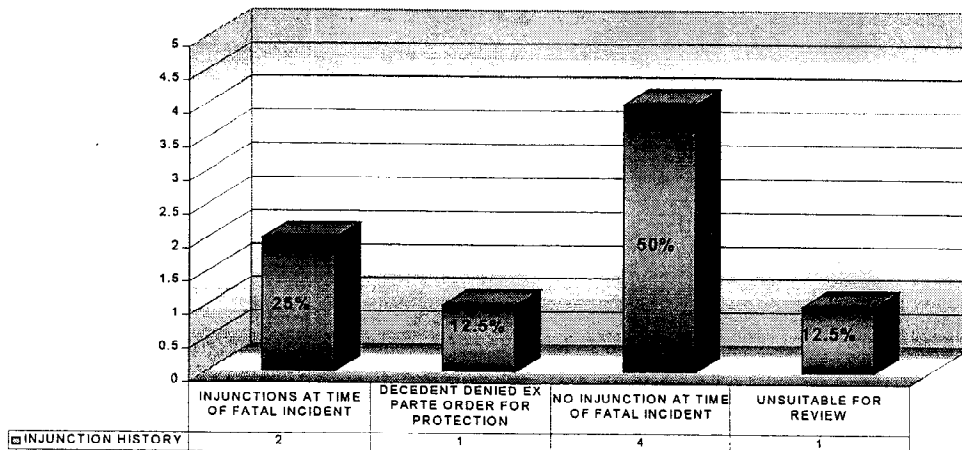


**Injunction History**

**Injunction in place at time of the fatal incident**

2 (25%) had injunctions in place at the time of the fatal incident. One of these cases had a mutual order of protection as part of a divorce proceeding. One of these cases had an active injunction with three previous violations, which resulted in no action taken by law enforcement. In 1 case (12.5%) the decedent had been denied an ex parte order for protection and the case was set for hearing, which the decedent did not attend. The perpetrator was unable to be served with the notice for hearing. 4 (50 %) had no injunction in place at the time of the fatal incident. 1 case (12.5%) was unsuitable for review.

Palm Beach County Domestic Violence Fatality Review Team  
 8 Cases Reviewed  
 Injunction In Place at time of Fatal Incident



**Prior injunctions**

7 (87.5%) had no reported prior injunctions between the perpetrator and decedent or with other partners. 1 case (12.5%) was unsuitable for review.

**SECTION 4**  
**SUMMARY OF KEY FINDINGS**

The following findings indicate lethality Red Flags and potential points of entry for intervention in domestic violence cases that may serve to prevent future homicides.

1. Friends, family members and co-workers of domestic violence victims and perpetrators, knew about the violence and did not notify law enforcement or refer to service providers.
2. Lethality Factors and Safety Plans were not assessed or shared with victims consistently throughout the law enforcement, criminal justice, or service providers systems.
3. There was and continues to be no mechanism to prevent a homicidal/suicidal person from legally obtaining firearms.
4. Problems with either obtaining restraining orders as per Florida Statutes or enforcing violations of restraining orders occurred.
5. There was and continues to be no standard school system policies or programs for identifying and providing services to children exposed to domestic violence.
6. Many people believe that victims of domestic violence would be safe once they separate from the perpetrator. The cases reviewed evidenced the gravity of separation violence.

**Appendix A Comparison Charts**

**Appendix B Lethality Factors**

Perpetrator	Gender	Race	Age	Ethnicity	Religion	Relationship	Cause of Death	Location of Death	Drugs/Alc. In incident	Employed	Work Incidents
Case #1	M	B	22	Hispanic	Unknown	Separated	Gunshot	Decedent's resd.	No	Yes	Yes
Case #2	M	W	38	Unknown	Pentacost	Separated	Unknown	erpetrator's resd.	No	Yes	Yes
Case #3	M	W	47	Unknown	Catholic	Divorce filed	Gunshot	Perpetrator's resd.	Unknown	No	Unknown
Case #4	M	W	43	Asian	Unknown	Divorce filed	Gunshot/Hanging	Residence/Roof	No	Yes	Yes
Case #5	M	B	28	Afr. Amr.	Unknown	Bro. In law	Gunshot	Perpetrator's resd.	Yes	Yes	No
Case #6 Not Suitable for Review											
Case #7	M	W	49	Unknown	Unknown	Divorce filed	Gunshot	Outside Dec. apt.	No	No	Yes
Case #8	M	B	24	Afr. Amr.	Unknown	bf/gf w/ child	Gunshot	Hospital	No	No	Unknown



Decedent	Gender	Race	Age	Ethnicity	Religion	Relationship	Cause of Death	Location of Death	Drugs/Alc. In incident	Employed	Work Incidents
Case #1	F	B	20	H	Unknown	Separated	Gunshot	Decedent's resd.	No	Yes	Yes
Case #2	F	W	32	Unknown	Pentacost	Separated	Knife wounds	perpetrator's resd.	No	Yes	Yes
Case #3	F	W	46	Unknown	Catholic	Divorce filed	Gunshot	Perpetrator's resd.	Unknown	Yes	Unknown
Case #4	F	W	38	Unknown	Unknown	Divorce filed	Multiple gunshots	Marital residence	No	Yes	Yes
Case #5	F	B	36	Afr. Amr.	Unknown	Sister in law	Multiple gunshots	Perpetrator's resd.	No	Yes	No
Case #6 Not Suitable for Review											
Case #7	F	W	40	Unknown	Unknown	Divorce filed	Multiple gunshot	Outside Dec. apt.	No	Yes	Yes
Case #8	F	B	19	Afr. Amr.	Unknown	bf/gf w/ child	Gunshot	Dec. Family resd.	No	Yes	Unknown

LETHALITY INDICATORS

Type of Indicator	Case # 1	Case # 2	Case # 3	Case # 4	Case # 5	Case # 6	Case # 7	Case # 8
<b>Decompensation</b>								
Suicidal		X	X			N/A	X	X
Homicidal	X	X	X		X	N/A	X	X
Loss of Function			X			N/A	X	X
History of psychiatric problems			X			N/A	X	
Poor comp. W/ meds.			X			N/A	X	
Depression			X			N/A	X	X
Economic Loss						N/A	X	
Loss of family support			X			N/A		
<b>Ownership/Centrality</b>						N/A		
Obsessiveness of partner/family	X	X		X	X	N/A	X	X
Extreme jealousy		X	X	X		N/A	X	X
Access to victim	X	X	X	X	X	N/A	X	X
Rage over separation		X		X	X	N/A	X	X
Perceived betrayal		X		X	X	N/A	X	X
<b>Antisocial Behavior</b>						N/A		
History of domestic violence	X		X	X	X	N/A		X
History of assaults on others			X		X	N/A		
History of criminal activity				X	X	N/A		X
History of stalking	X					N/A	X	
History of substance abuse				X	X	N/A	X	X
<b>Failure of Community Control</b>						N/A		
Violation of restraining order	X				X	N/A		
Violation of probation					X	N/A		
Arrest for domestic violence					X	N/A		
Failure to complete BIP						N/A		
Failure to complete sub. Abuse						N/A		
<b>Severity of Violence</b>						N/A		
Used weapon			X			N/A		
Death threat	X		X		X	N/A		X
Unwanted sexual contact	X					N/A		
Strangulation						N/A		
Hurt pet			X			N/A		
Severe injuries						N/A		

LETHALITY INDICATORS

Sadistic/terroristic acts									N/A	
<b>Other</b>									N/A	
Documented threats in journal	X								N/A	
History of violence towards child	X								N/A	
Possesses firearm		X							N/A	X
Chronic unemployment									N/A	X
Argument over child custody									N/A	X
Threats to children									N/A	X
* These lethality indicators were derived from the information that was available to the Fatality Review Team.										
Any exclusion of these indicators, is not necessarily indicative of them not being present, only that no information was available to support this finding.										
* In case # 5, this decedent was related to the perpetrator's intimate partner, who was severely injured at the time of the incident.										
* In case # 6, this case was unsuitable for review.										

# PALM BEACH COUNTY FATALITY REVIEW TEAM

## CONFIDENTIALITY AGREEMENT

1. The effectiveness of the work of Palm Beach County's Domestic Violence Fatality Review Team in examining all existing records regarding each death and improving the system's response to domestic violence is conditioned upon the confidentiality of the review process and the information shared therein. This includes information obtained from social service reports, court documents, police records, autopsy reports, mental health records, hospital or medical related data and any other information that may have a bearing on the involved decedent or decedents and family. I therefore agree that all discussions and information obtained in the review process will remain strictly confidential and will not be used for any purpose outside the purpose of this review process.
2. I agree to follow a policy of "no blame no shame" while engaged in the review process or in any capacity with my involvement with the Fatality Review Team. The review process is not designed to result in administrative sanctions to individual agencies or programs.
3. I will notify the Fatality Review Team Chairs if I am subpoenaed or court ordered for information in my capacity as a member of the Fatality Review Team.
4. I agree that information will only be discussed or released in aggregate form outside of review Team process, in accordance with established guidelines. Communications, oral and written, and documents relating to the review process shall remain confidential and not subject to disclosure.
5. I agree that any public presentation of case illustrations will have all identifiable characteristics removed in accordance with established guidelines.
6. I agree that any person other than whose agency provided the data will not take any case identifying materials that are not public record documents from the review process.
7. I agree to return all outside case information received from the review process upon my resignation from the Review Team, if such should transpire for any reason.
8. I agree that if in the course of the review, there is information that may be indicative of a new crime, the Fatality Review Chairs are to report it promptly to the most appropriate authority. The team will decide whether the review should be suspended as a result of these actions.
9. I agree that information is to be released only in aggregate form outside of committee meetings.
10. I agree that violation of this agreement may result in my removal from the Review Team.

Name/Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form is based on an instrument developed by the Miami-Dade Fatality Review Team



## Florida Domestic Violence Fatality Review Team Data Submission Form



The following questionnaire has been provided for the submission of Fatality Review incident information to the Florida Department of Law Enforcement's Domestic Violence Data Resource Center (DVDRC) as required by Florida Statute s. 741.316. If you have any questions about completing the information requested, call the DVDRC staff at (850) 410-7122 for assistance.

Once this form is completed, please mail to: **Florida Department of Law Enforcement  
Domestic Violence Data Resource Center  
P.O. Box 1489, Tallahassee, FL 32302-1489**

FATALITY REVIEW TEAM: \_\_\_\_\_

FATALITY REVIEW TEAM RECORDER: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_ (MMDDYYYY)

FATALITY REVIEW CONTROL NUMBER: \_\_\_\_\_

### FATALITY REVIEW QUESTIONNAIRE

<b>COMPLAINANT INFORMATION FROM LAW ENFORCEMENT</b>	1) Date Received: _____ (MMDDYYYY)		2) Time Received (Military Time): _____ Hours				
	3) Day of the week: <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WE <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/> SA <input type="checkbox"/> SU						
	4) Call Received: <input type="checkbox"/> After Event? <input type="checkbox"/> During Event?		5) When the call was made, what was the Complainant's (Check all that apply):				
			High	Medium	Low	Unknown	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Apparent Fear Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Apparent Threat Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6) Was a 911 tape available: <input type="checkbox"/> Yes <input type="checkbox"/> No		7) When the call was made, did the dispatcher address the following:		Yes	No	Unknown
		Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Language Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8) When the call was made, did complainant mention the following (Check all that apply):		9) Was the complainant the (Check all that apply):		Yes	No	Unknown	
	Yes	No	Unknown				
Weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible Death or Murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family member to decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family member to perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acquaintance to the decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acquaintance to the perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Co-worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				School Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Medical Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EVENT INFORMATION</b>	10) Investigating Agency ORI: _____		11) Date of Death/Homicide: _____ (MMDDYYYY)				
	12) Offense type: <input type="checkbox"/> Homicide <input type="checkbox"/> Homicide/Suicide <input type="checkbox"/> Multiple Homicides <input type="checkbox"/> Multiple Homicides/Suicide <input type="checkbox"/> Hostage/Homicide <input type="checkbox"/> Hostage/Suicide <input type="checkbox"/> Hostage/Multiple Homicides		13) Event type: <input type="checkbox"/> Intimate Partner <input type="checkbox"/> Familicide <input type="checkbox"/> Paracide <input type="checkbox"/> Killing the Competition <input type="checkbox"/> Killing of Children by Parents <input type="checkbox"/> Suicide Pact <input type="checkbox"/> Mercy Killing <input type="checkbox"/> Fratricide and Sorocide <input type="checkbox"/> Perpetrator Kills Batterer				

EVENT INFORMATION Continued

14) What was the certified cause of death:

\_\_\_\_\_

15) Who certified the death:

- Medical Examiner
- Medical Doctor
- Fire Rescue
- Other (specify): \_\_\_\_\_

16) Did Law Enforcement arrive:

- Before the fatality occurred
- After the fatality occurred

17) Location type:

- Residence of decedent
- Residence of perpetrator
- Residence of other family members
- Workplace of decedent
- Workplace of perpetrator
- School
- Other residence
- Commercial
- Other (specify): \_\_\_\_\_

18) Decedent activity prior to offense

- In transit to work
- At work
- In transit to home
- Leisure activity
- School activity
- Activity related to child care
- Household activities
- At home
- Asleep
- Other (specify): \_\_\_\_\_

19) Others present at the scene of the fatal attack:

- None
- Other family (adult)
- Other family (child/ren)
- Friend
- Acquaintance
- Stranger/bystander
- New intimate partner
- Co-worker
- Help professional/advocate
- Law Enforcement (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

20) Were children present during fatal incident:

- Yes If yes, what ages: \_\_\_\_\_
- No

21) If children were present:

- |  | Yes                      | No                       | Unknown                  |
|--|--------------------------|--------------------------|--------------------------|
| Did children hear the fatal incident occurring?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did children observe the fatal incident occurring? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22) Weapon type used during incident:

	Decedent		Perpetrator		Multiple
	1	2	1	2	
Handgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firearm (other/unknown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife/Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Incendiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunt Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands/Fist/Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23) Injuries sustained during incident:

	Decedent		Perpetrator		Multiple
	1	2	1	2	
Blunt trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stab/Puncture wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gunshot wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24) If perpetrator injured, by who:

- Decedent
- Law Enforcement officer
- Decedent's family member
- Witness
- Self
- Other (specify): \_\_\_\_\_

25) Officer/perpetrator interaction (Law Enforcement's response)

- Did Law Enforcement:
- |   | Yes                      | No                       | Unknown                  |
|---|--------------------------|--------------------------|--------------------------|
| Use force against the perpetrator?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use deadly force against the perpetrator?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Make an arrest at the scene of the fatality/attack?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Make an identification of a suspect where the fatality/attack occurred? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

26) How much time lapsed between the fatality and the arrest of the suspect:

- Hours
- Days
- Weeks
- Months
- Unknown / N/A

27) Status of perpetrator:

- Arrested
- Location unknown
- Deceased
- Committed suicide

ENVIRONMENT PRIOR TO FATALITY

**Custody of Children**

If children were involved

28) At time of the fatality who had:	Decedent	Perpetrator	Both	Other	Unknown
Physical custody of children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal custody of children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Custody agreement, who had:	Decedent	Perpetrator	Other Family	Other	Unknown
Sole parental responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared parental responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A restraining order for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Injunction History**

On Perpetrator

30) At time of homicide, the perpetrator was respondent of:	Yes	No	Unknown	31) If there were previous injunctions:
Active injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____
Expired injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When? _____
Previous injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

32) If previous injunction on perpetrator:	33) Other injunction information:	Yes	No	Unknown
<input type="checkbox"/> By decedent	Was injunction served on perpetrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____	Had previous injunction been violated by perpetrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unknown	Had current injunction been violated by perpetrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was an effort made by decedent to withdraw or remove the injunction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34) Conditions of injunction:	35) Had perpetrator returned to previous relationship with decedent while active injunction on file:
<input type="checkbox"/> No conditions	<input type="checkbox"/> Yes
<input type="checkbox"/> Conditions _____	<input type="checkbox"/> No
_____	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unknown conditions	

On Decedent

36) At time of homicide, the decedent was respondent of:	Yes	No	Unknown	37) If there were previous injunctions:
Active injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____
Expired injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When? _____
Previous injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

38) If previous injunction on decedent:	39) Other injunction information:	Yes	No	Unknown
<input type="checkbox"/> By perpetrator	Was injunction served on decedent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____	Had previous injunction been violated by decedent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unknown	Had current injunction been violated by decedent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was an effort made by perpetrator to withdraw or remove the injunction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40) Conditions of injunction:	41) Had decedent returned to previous relationship with perpetrator while active injunction on file:
<input type="checkbox"/> No conditions	<input type="checkbox"/> Yes
<input type="checkbox"/> Conditions _____	<input type="checkbox"/> No
_____	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unknown conditions	

DECEDENT INFORMATION

42) Sex:  Male  Female      43) DOB: \_\_\_\_\_ (MMDDYYYY)      44) Age: \_\_\_\_\_ Years

45) Number of living Children: \_\_\_\_\_      46) Marital status:  Never Married  
 Married  
 Separated  
 Widowed  
 Divorced

47) Race:  White  
 Black  
 American Indian  
Tribe: \_\_\_\_\_  
 Oriental/Asian  
 Chinese  
 Japanese  
 Hawaiian  
 Filipino

48) Ethnicity:  Hispanic  Non-Hispanic  
 Mexican  
 Puerto Rican  
 Cuban  
 Central/South American  
 Other/Unknown Hispanic  
 Haitian  
 Non-classified

49) Religion:  Protestant  
 Catholic  
 Jewish  
 Muslim  
 Budist  
 None  
 Unknown  
 Other (specify) \_\_\_\_\_

50) Education:  Elementary  
 High School/GED  
 Some College  
 Completed College  
 Graduate School  
 Vocational/Job Training  
 Unknown

51) Occupation skill level:  Professional  
 Clerical  
 Laborer  
 Technician  
 Skilled Worker  
 Homemaker  
 Unknown

52) Employment:  Employed  
 Unemployed  
 Unknown

53) Other source of income:  No current  
 Government Assistance  
 Current partner support  
 Spousal Support  
 Other  
 Unknown

54) Criminal History:  
 No arrests recorded  
 Unknown  
 Non-violent crime arrest  
 with guilty conviction # \_\_\_\_\_  
 without conviction # \_\_\_\_\_  
 with conviction with/held # \_\_\_\_\_  
 without disposition # \_\_\_\_\_  
 Unknown  
 DV crime arrest  
 with guilty conviction # \_\_\_\_\_  
 without conviction # \_\_\_\_\_  
 with conviction with/held # \_\_\_\_\_  
 without disposition # \_\_\_\_\_  
 Unknown  
 Other violent crime arrest  
 with guilty conviction # \_\_\_\_\_  
 without conviction # \_\_\_\_\_  
 with conviction with/held # \_\_\_\_\_  
 without disposition # \_\_\_\_\_  
 Unknown

55) Any documented police response to residence:	Yes	No	Unknown	If yes Call code: _____
56) Victim of other offenses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57) Previous incidents of DV with different partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58) Was there a history of DV known to family members friends or co-workers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERPETRATOR INFORMATION

59) Sex:  Male  Female      60) DOB: \_\_\_\_\_ (MMDDYYYY)      61) Age: \_\_\_\_\_ Years

62) Number of living Children: \_\_\_\_\_      63) Marital status:  Never Married  
 Married  
 Separated  
 Widowed  
 Divorced

64) Race:  White  
 Black  
 American Indian  
Tribe: \_\_\_\_\_  
 Oriental/Asian  
 Chinese  
 Japanese  
 Hawaiian  
 Filipino

65) Ethnicity:  Hispanic  Non-Hispanic  
 Mexican  
 Puerto Rican  
 Cuban  
 Central/South American  
 Other/Unknown Hispanic  
 Haitian  
 Non-classified

66) Religion:  Protestant  
 Catholic  
 Jewish  
 Muslim  
 Budist  
 None  
 Unknown  
 Other (specify) \_\_\_\_\_



PERPETRATOR INFORMATION Continued

- |  |   |   |  |
|--|---|---|--|
| 67) Education:<br><input type="checkbox"/> Elementary<br><input type="checkbox"/> High School/GED<br><input type="checkbox"/> Some College<br><input type="checkbox"/> Completed College<br><input type="checkbox"/> Graduate School<br><input type="checkbox"/> Vocational/Job Training<br><input type="checkbox"/> Unknown | 68) Occupation skill level:<br><input type="checkbox"/> Professional<br><input type="checkbox"/> Clerical<br><input type="checkbox"/> Laborer<br><input type="checkbox"/> Technician<br><input type="checkbox"/> Skilled Worker<br><input type="checkbox"/> Homemaker<br><input type="checkbox"/> Unknown | 69) Employment:<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Unknown | 70) Other source of income:<br><input type="checkbox"/> No current<br><input type="checkbox"/> Government Assistance<br><input type="checkbox"/> Current partner support<br><input type="checkbox"/> Spousal Support<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown |
|--|---|---|--|

- 71) Criminal History:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No arrests recorded<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Non-violent crime arrest <ul style="list-style-type: none"> <li><input type="checkbox"/> with guilty conviction # _____</li> <li><input type="checkbox"/> without conviction # _____</li> <li><input type="checkbox"/> with conviction with/held # _____</li> <li><input type="checkbox"/> without disposition # _____</li> <li><input type="checkbox"/> Unknown</li> </ul> | <input type="checkbox"/> DV crime arrest <ul style="list-style-type: none"> <li><input type="checkbox"/> with guilty conviction # _____</li> <li><input type="checkbox"/> without conviction # _____</li> <li><input type="checkbox"/> with conviction with/held # _____</li> <li><input type="checkbox"/> without disposition # _____</li> <li><input type="checkbox"/> Unknown</li> </ul> | <input type="checkbox"/> Other violent crime arrest <ul style="list-style-type: none"> <li><input type="checkbox"/> with guilty conviction # _____</li> <li><input type="checkbox"/> without conviction # _____</li> <li><input type="checkbox"/> with conviction with/held # _____</li> <li><input type="checkbox"/> without disposition # _____</li> <li><input type="checkbox"/> Unknown</li> </ul> |
|--|---|--|

	Yes	No	Unknown	Source
72) Previous incidents of DV with different partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
73) Previous history of suicide attempt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
74) Known allegations of stalking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
75) Previous participation in batterer's intervention program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
76) Previous use of drugs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
77) Previous use of alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
78) Under medication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
79) Previous incident(s) of animal abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
80) Ever appeared in court for DV offense:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
81) Were DV related charges ever dismissed against the perpetrator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
82) Suspected or charged in death of former intimate partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
83) Former intimate partner died in accident/mysterious manner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
84) Was there a history of DV known to family members friends or co-workers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
85) Are there any known incidents of prior child abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERPETRATOR AS BATTERED VICTIM

If the perpetrator was a victim of Battery from the decedent, complete this section.

86) Reported prior threats made to perpetrator by decedent (check all that apply):

- |   |        |
|---|--------|
|   | Source |
| <input type="checkbox"/> Threat to kill perpetrator               | _____  |
| <input type="checkbox"/> Threat to kill children or family member | _____  |
| <input type="checkbox"/> Threat to commit suicide                 | _____  |
| <input type="checkbox"/> Threat to harm animals/pets              | _____  |

	Yes	No	Unknown	Source
87) Were DV related charges ever dismissed against the decedent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
88) Decedent suspected or charged in death of former intimate partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
89) Former intimate partner of decedent died in accident/mysterious manner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERP SUICIDE

If perpetrator attempted or committed suicide after the homicide, complete this section.

90) Cause of death: \_\_\_\_\_ 91) Was a suicide note left:  Yes  No  Unknown

92) Did suicide appear to be a part of the original homicide (i.e., suicide pact, note indicated prior plan etc...):  Yes  No  Unknown











SERVICES REQUESTED, ORDERED OR OBTAINED Continued

	Requested							Received						
	Wk	Mo	6 Mo	1 Yr	1 Yr +	None	Unkwn	Wk	Mo	6 Mo	1 Yr	1 Yr +	None	Unkwn
<b>Criminal Justice/Legal Assistance, Cont</b>														
162) Probation/Parole:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163) Other: _____														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Provider</b>														
164) EMT/Paramedics:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165) Ambulance service:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166) Emergency room:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167) Physician:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168) Mental clinic:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169) Mental health program:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170) Other: _____														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Children Services</b>														
171) DCF involvement:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child of Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child of Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172) School involvement:														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child of Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child of Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173) Other: _____														
Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child of Decedent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child of Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

174) Number of prior calls for service to Domestic Violence Centers: \_\_\_\_\_

175) Number of prior calls for service to Law Enforcement: \_\_\_\_\_

176) Number of prior calls for service concerning Child Abuse: \_\_\_\_\_

SERVICES REQUESTED OR OBTAINED Continued

	Yes	No	Week	Month	6 Month	1 Year	1 Year +	None	Unkown
<b>Anger Management Program</b>									
177) Decedent completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178) Perpetrator completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Batterer's Intervention Program</b>									
179) Decedent completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180) Perpetrator completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Abuse Program</b>									
181) Decedent completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182) Perpetrator completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Court Ordered Program</b>									
183) Decedent completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184) Perpetrator completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Decedent	Perpetrator
185) Number of times Anger Management Program was attended:		
186) Number of times Batterer's Intervention Program was attended:		
187) Number of times Substance Abuse Program was attended:		

LETHALITY INDICATORS

	Decedent	Perpetrator
188) Emotional / Mental Deterioration		
<input type="checkbox"/> Suicidal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homicidal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Loss of function (not eating, sleeping, working)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> History of psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Poor compliance with taking medication	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Economic loss	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Loss of family support	<input type="checkbox"/>	<input type="checkbox"/>
189) Ownership / Centrality of Victim to Perpetrator		
Obsessiveness about partner or family	<input type="checkbox"/>	<input type="checkbox"/>
Extreme jealousy	<input type="checkbox"/>	<input type="checkbox"/>
Access to victim and/or family members	<input type="checkbox"/>	<input type="checkbox"/>
Rage and/or depression over separation	<input type="checkbox"/>	<input type="checkbox"/>
Perceived betrayal	<input type="checkbox"/>	<input type="checkbox"/>
Perceived rejection after attempt to reconcile	<input type="checkbox"/>	<input type="checkbox"/>
190) Antisocial Behavior		
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
History of assaults on others	<input type="checkbox"/>	<input type="checkbox"/>
History of criminal activity	<input type="checkbox"/>	<input type="checkbox"/>
History of stalking	<input type="checkbox"/>	<input type="checkbox"/>
History of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Possession of weapons	<input type="checkbox"/>	<input type="checkbox"/>
History of abusing children (physically or sexually)	<input type="checkbox"/>	<input type="checkbox"/>
History of childhood abuse or witnessing violence	<input type="checkbox"/>	<input type="checkbox"/>



LETHALITY INDICATORS Continued

	Decedent	Perpetrator
191) Failure of Community Control		
<input type="checkbox"/> Violation(s) of restraining order	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Violation(s) of probation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arrest(s) for domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Failure to complete Batterer's Intervention Program	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Failure to complete Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
192) Severity of Violence		
Used a weapon		
<input type="checkbox"/> Death threat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unwanted sexual contact	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Strangulation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hurt pet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Severe injury	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sadistic / Terrorist act	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Expressed concerns that she/he would be killed	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY

193) Prior to the fatality, were there any indications that the level of abuse was increasing?

---

---

---

---

---

---

---

---

194) During the relationship of decedent and perpetrator, which entities had knowledge of domestic violence?

---

---

---

---

---

---

---

---

195) What if any, findings would this team make as a result of the case review?

---

---

---

---

---

---

---

---

196) Are there any significant factor your team came up with that were not addressed in this form?

---

---

---

---

---

---

---

---

SUMMARY Continued

197) Were any policies or procedures changed as a result of the review of this incident?

---

---

---

---

---

---

---