

Hawaii State Domestic Violence Fatality Review
Case Information Form

Definition of Terms:

Decedent(s): person(s) whose death is under review. If there are multiple decedents, please fill out a separate decedent information sheet for each person.

Domestic violence perpetrator: person who is identified as the primary abuser in the relationship. This is the person who held the balance of power in the relationship over time, perhaps had a record of assaulting the DV victim, and who otherwise made threats or acted in ways consistent with common definitions of domestic violence. This person may be either the decedent, the person directly responsible for another’s death, or play another role.

Domestic violence victim: person who is identified as the victim of ongoing domestic violence prior to the death under review. This is the person who held the balance of fear in the relationship over time, perhaps had a record of seeking help to end the abuse, and who otherwise had experiences consistent with being abused. This person may be the decedent or the perpetrator of homicide or play another role.

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Hawaii State Domestic Violence Fatality Review

This face sheet to be stored separately from rest of data

Face Sheet

Case # _____

Date review initiated: _____

Date review completed: _____ County review took place: _____

Identifying Information

Decedent name	Aliases	Gender	Date of Death	Date of Birth	Manner of Death	Relationship to DV perpetrator	Person Responsible for death
1.					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other		
2.					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other		
3.					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other		
4.					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other		

Date of review: _____ Domestic Violence Fatality Review Case # _____

Short narrative overview

A. TYPE OF INCIDENT

Deceased	Manner of Death	Person(s) who are the direct cause of death
<input type="checkbox"/> Domestic violence perpetrator	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Domestic violence victim	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Children of domestic violence victim	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Children of domestic violence victim and perpetrator	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Children of domestic violence perpetrator, but not the DV victim's	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Other family of domestic violence victim	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Other family of DV perpetrator	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Friends of domestic violence victim	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> New intimate partner of domestic violence victim	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Advocates/lawyers for domestic violence victim	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Co workers of domestic violence victim	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Police officer	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Bystanders	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> other <input type="checkbox"/> attempted homicide <input type="checkbox"/> attempted suicide	

B. DEMOGRAPHIC INFORMATION

Ethnicity:

Please check all that apply

Domestic violence victim	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian <input type="checkbox"/> P/Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Portuguese <input type="checkbox"/> Guamanian <input type="checkbox"/> Black <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cuban <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Mexican <input type="checkbox"/> Micronesian <input type="checkbox"/> American Indian <input type="checkbox"/> All Others <input type="checkbox"/> Unknown
Domestic violence perpetrator	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian <input type="checkbox"/> P/Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Portuguese <input type="checkbox"/> Guamanian <input type="checkbox"/> Black <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cuban <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Mexican <input type="checkbox"/> Micronesian <input type="checkbox"/> American Indian <input type="checkbox"/> All Others <input type="checkbox"/> Unknown

Immigrant/Refugee/Citizenship Status:

Domestic violence victim	<input type="checkbox"/> Citizen of the United States <input type="checkbox"/> Documented immigrant/refugee <input type="checkbox"/> In the process of attaining documented legal status <input type="checkbox"/> Undocumented immigrant / refugee <input type="checkbox"/> Unknown
Domestic violence perpetrator	<input type="checkbox"/> Citizen of the United States <input type="checkbox"/> Documented immigrant/refugee <input type="checkbox"/> In the process of attaining documented legal status <input type="checkbox"/> Undocumented immigrant / refugee <input type="checkbox"/> Unknown

Gender:

Domestic violence victim	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Domestic violence perpetrator	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Education:

	Highest Grade Completed
Domestic violence victim	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Unknown <input type="checkbox"/> Other_____
Domestic violence perpetrator	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Unknown <input type="checkbox"/> Other_____

Economic status:

	Source of Income
Domestic violence victim	<input type="checkbox"/> Employed <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Food Stamps <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Domestic violence perpetrator	<input type="checkbox"/> Employed <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Food Stamps <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> Unknown

2. Are there any indications that the domestic violence perpetrator prevented the domestic violence victim from succeeding in work environments? yes no unknown

Law Enforcement / Military:

Domestic violence victim	<input type="checkbox"/> Employed in law enforcement, specify position _____ <input type="checkbox"/> Employed in military, specify position _____
Domestic violence perpetrator	<input type="checkbox"/> Employed in law enforcement, specify position _____ <input type="checkbox"/> Employed in military, specify position _____

Was the perpetrator's law enforcement or military experience in another country? Yes No
 If yes, specify country _____.

C. SEX INDUSTRY

1. Is there any evidence that the domestic violence victim was involved in the sex industry?	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Is there any evidence that the domestic violence perpetrator encouraged or coerced the domestic violence victim to participate in the sex industry?	<input type="checkbox"/> yes <input type="checkbox"/> no

D. RELATIONSHIP INFORMATION

Date the relationship between domestic violence perpetrator and domestic violence victim started: _____
 unknown

Complete table based on status at time fatality occurred:

Legal status of relationship	Living together status	Emotional status	Children
<input type="checkbox"/> No legal relationship / never married	<input type="checkbox"/> Living together Date first lived together: _____	<input type="checkbox"/> Relationship current at time of death	<input type="checkbox"/> Children in common
<input type="checkbox"/> Marriage Date _____	<input type="checkbox"/> Previously lived together, not living together at time of death	<input type="checkbox"/> In process of breaking up/victim had stated intention of leaving	<input type="checkbox"/> No children, in common or otherwise
<input type="checkbox"/> Legally separated Date _____	<input type="checkbox"/> Never lived together	<input type="checkbox"/> Broken up/separated/divorced at time of death Date of separation: _____	<input type="checkbox"/> Children, not in common
<input type="checkbox"/> Filed for divorce Date _____		<input type="checkbox"/> Dating history existed, but no indicators of a serious reciprocal relationship	
<input type="checkbox"/> Divorced Date _____			<input type="checkbox"/> Pregnant at time of fatality How many months?
<input type="checkbox"/> Reciprocal Beneficiary Relationship Date began: _____ Date ended: _____			<input type="checkbox"/> Other (specify):

E. FAMILY INFORMATION

List all children related to the victim or perpetrator **and** any children (related or not) living with the victim, perpetrator or other at the time of the fatality:

Age	Gender	Related to	Living with
		<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Both	<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Foster care <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Relatives <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Both	<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Foster care <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Relatives <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Both	<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Foster care <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Relatives <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Both	<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Foster care <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Relatives <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Both	<input type="checkbox"/> Domestic violence perpetrator <input type="checkbox"/> Foster care <input type="checkbox"/> Domestic violence victim <input type="checkbox"/> Relatives <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):

Others living in domestic violence victim's home:

Age	Gender	Relationship(s)
		<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Intimate partner (different than abuser)
		<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Intimate partner (different than abuser)
		<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Intimate partner (different than abuser)
		<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Intimate partner (different than abuser)

F. INFORMATION ABOUT THE CIRCUMSTANCES OF DEATH

Where the death occurred:

Decedent	Place	County	Military Land	Specify Military Land
1	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Honolulu <input type="checkbox"/> Hawaii <input type="checkbox"/> Maui <input type="checkbox"/> Kauai	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Honolulu <input type="checkbox"/> Hawaii <input type="checkbox"/> Maui <input type="checkbox"/> Kauai	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Honolulu <input type="checkbox"/> Hawaii <input type="checkbox"/> Maui <input type="checkbox"/> Kauai	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Location where the injuries which resulted in the death occurred:

- Domestic violence victim's home
- Domestic violence perpetrator's home
- Street/parking lot
- Home of friend/family
- Public building (specify):
- Other (specify):
- Hospital
- Public land/park/forest (specify):
- Domestic violence victim's workplace
- Domestic violence perpetrator's workplace

a. If death or the injuries which resulted in death occurred at a home, where?

- Kitchen
- Living room
- Basement
- Barn or other outbuilding
- Yard
- Bathroom
- Bedroom
- Garage
- Other (specify):

Who was present at the scene of the fatal attack / fatality / accident? (on same property, in same house, nearby...)

	Present?	Injured?	Witnessed?
Domestic violence perpetrator			
Domestic violence victim			
New partner of domestic violence victim			
Child(ren) [list by age and gender]:			
Others (indicate number of people for each category):			
Other family			
Friends			
Acquaintances			
Strangers / Bystanders			
Co-workers			
Helping professional / Advocate			
Emergency medical personnel			
Fire Department personnel			
Law Enforcement			
Other			

Medical Care:

Decedent 1

<p>1. Did the death occur under medical care? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify (hospital, trauma center, private doctor): _____</p> <p>2. Did the decedent receive any medical attention for the fatal injurie(s) prior to death? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>3. Who provided medical intervention: <input type="checkbox"/> Emergency Medical Team <input type="checkbox"/> Fire Department personnel <input type="checkbox"/> Regional trauma center emergency room personnel <input type="checkbox"/> Police <input type="checkbox"/> Local hospital emergency room personnel <input type="checkbox"/> Other (specify): _____</p> <p>4. What sort of medical intervention took place? _____ <input type="checkbox"/> none; was pronounced at the scene</p> <p>5. Did the decedent have to be transported to a regional trauma center (i.e., Queens)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. By what means? _____ How long did this take? _____</p>

Decedent 2

<p>1. Did the death occur under medical care? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify (hospital, trauma center, private doctor): _____</p> <p>2. Did the decedent receive any medical attention for the fatal injurie(s) prior to death? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>3. Who provided medical intervention? <input type="checkbox"/> Emergency Medical Team <input type="checkbox"/> Fire Department personnel <input type="checkbox"/> Police <input type="checkbox"/> Local hospital emergency room personnel <input type="checkbox"/> Regional trauma center emergency room personnel <input type="checkbox"/> Other (specify): _____</p> <p>4. What sort of medical intervention took place? _____ <input type="checkbox"/> none; was pronounced at the scene</p> <p>5. Did the decedent have to be transported to a regional trauma center (i.e., Queens)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. By what means? _____ How long did this take? _____</p>

Decedent 3

<p>1. Did the death occur under medical care? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify (hospital, trauma center, private doctor): _____</p> <p>2. Did the decedent receive any medical attention for the fatal injurie(s) prior to death? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>3. Who provided medical intervention: <input type="checkbox"/> Emergency Medical Team <input type="checkbox"/> Fire Department personnel <input type="checkbox"/> Police <input type="checkbox"/> Local hospital emergency room personnel <input type="checkbox"/> Regional trauma center emergency room personnel <input type="checkbox"/> Other (specify): _____</p> <p>4. What sort of medical intervention took place? _____ <input type="checkbox"/> none, was pronounced at the scene.</p> <p>5. Did the decedent have to be transported to a regional trauma center (i.e., Queens)? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>6. By what means? _____ How long did this take? _____</p>
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G. ACCESS TO / USE OF FIREARMS AND/OR OTHER WEAPONS

1. What weapons were used? (check all that apply):
 gun knife blunt weapon motor vehicle other (specify): _____

The following questions are in reference to the gun used:

2. If a gun was used, where was it kept? (check all that apply):
 home car friend/family home Other (specify): _____ Additional info: _____
3. Who owned the gun? (check all that apply):
 domestic violence perpetrator domestic violence victim unknown
 Other (specify) _____ Additional info: _____
4. Who possessed the gun at time of incident? _____
5. When was it acquired? Date: _____

- 6. Was the gun stolen? yes no N/A
- 7. If stolen, when was it stolen? ____ (Date) From where was it stolen? ____ N/A
- 8. Were all required registrations in place? yes no unknown N/A

The following questions are in reference to past events pertaining to guns:

- 9. Did the domestic violence victim or perpetrator ever request on a court order that guns be surrendered or destroyed? yes no
- 10. Did a court ever order that the guns be surrendered or destroyed? yes no
- 11. Were they? yes no unknown N/A
- 12. Did law enforcement ever have the legal authority to remove guns from the home? yes no
- 13. If the domestic violence victim and perpetrator lived together, did the domestic violence victim ever request directly to the police that guns be removed from the home? yes no unknown
- 14. Were they removed? yes no N/A Date of removal: _____
- 15. Were they returned? yes no N/A Date of return: _____

Federal prohibitions on gun ownership/possession:

- 16. Had the person in possession of the gun ever been convicted of a domestic violence misdemeanor or felony? yes no N/A
- 17. Had the person in possession of the gun ever been a respondent to a domestic violence protection order (not NCO or RO)? yes no N/A

H. MOTOR VEHICLE INVOLVEMENT

- 1. Was a motor vehicle involved in the fatal incident? yes no
- 2. If this was a motor vehicle incident/crash, check all that apply:

		Complete for Children	
		Age	Gender
Driver	<input type="checkbox"/> DV perpetrator <input type="checkbox"/> DV victim <input type="checkbox"/> child <input type="checkbox"/> other family <input type="checkbox"/> other :		
Passenger (1)	<input type="checkbox"/> DV perpetrator <input type="checkbox"/> DV victim <input type="checkbox"/> child <input type="checkbox"/> other family <input type="checkbox"/> other :		
Passenger (2)	<input type="checkbox"/> DV perpetrator <input type="checkbox"/> DV victim <input type="checkbox"/> child <input type="checkbox"/> other family <input type="checkbox"/> other :		
Pedestrian (1)	<input type="checkbox"/> DV perpetrator <input type="checkbox"/> DV victim <input type="checkbox"/> child <input type="checkbox"/> other family <input type="checkbox"/> other :		
Pedestrian (2)	<input type="checkbox"/> DV perpetrator <input type="checkbox"/> DV victim <input type="checkbox"/> child <input type="checkbox"/> other family <input type="checkbox"/> other :		

- 3. Who investigated the scene of the accident: Local Law enforcement agency Other _____
- 4. Was the vehicle in good operating condition? yes no unknown
- 5. Was there any history of "crazy driving" as an abusive tactic? Yes No Unknown

I. PRIOR THREATS TO KILL / KNOWLEDGE OF LEVEL OF DANGEROUSNESS

Known prior history of domestic violence? Yes No (If no, go to Section J)

	Law Enforcement Reports	Court Documents	Medical Documents	Reported in Counseling / Advocacy
Victim tried to leave within the last year				
Separation violence				
Perpetrator had access to victim				
Perpetrator made threats to kill victim				
Perpetrator made threats to kill children, family members or friends				
Perpetrator made suicide threats or suicide attempts				
Perpetrator strangled victim				
Perpetrator threatened victim /other with weapon, i.e., knife, gun or blunt weapon object				
Perpetrator physically abused victim /others, i.e., shoving, hitting, slapping, kicking, etc.				
Perpetrator used blunt object on victim and/or others				
Perpetrator suspected or charged in death of former intimate partner				
Perpetrator's former intimate partner died in an accident				
Perpetrator abused victim emotionally/psychologically				
Perpetrator threatened harm to or harmed pets and property				

	Law Enforcement Reports	Court Documents	Medical Documents	Reported in Counseling / Advocacy
Perpetrator sexually abused victim				
Perpetrator kidnapped victim				
Perpetrator isolated victim <u>i.e.</u> , controlling daily activities, held passport				
Perpetrator was obsessively jealous				
Perpetrator abused/used substances				
Perpetrator was diagnosed with psychological problems				
Other (specify):				

J. CRIMINAL JUSTICE SYSTEM RESPONSE TO THE FATALITY (HPD)

Law Enforcement:

- Which agency(s) responded to the fatality (or incident which resulted in a fatality)?
- Did law enforcement arrive before or after the fatal injury occurred?
- What sort of calls were law enforcement responding to:
 domestic violence barricaded possible suicide possible DOA suspicious circumstances
 shots fired hostage other (specify):
- If the situation was a barricade or hostage situation, were negotiators brought in? yes no N/A
- Were police forced to defend themselves or otherwise act with deadly force? (suicide by police) yes no
- Was there enough information to immediately identify a suspect? yes no
- If no, how long did it take to identify a suspect? Date suspect identified: _____
- Was an arrest made at the scene of the fatality/fatal injury/attack? yes no
- Was there a tentative identification of a suspect or identification of a person of interest? yes no
- How much time elapsed between the fatality and arrest of suspect? Date of arrest: _____
- Did law enforcement investigations identify enough information to charge the suspect? yes no

Prosecution and Courts (PA):

- Were criminal charges filed related to the fatality? yes no N/A Date: _____
- If no, were charges not filed because: it was a suicide/homicide it was a suicide (no homicide involved)
 it was ruled self-defense no other reasons, explain: _____

3. Against whom were charges filed? Domestic violence perpetrator Domestic violence victim
 Other (specify): _____

Original charges	Final charges:
1)	1)
2)	2)
3)	3)
4)	4)

4. At what amount was bail set? _____
 5. Did the suspect make bail? _____
 6. Was the suspect offered a plea bargain? _____
 7. What factors impacted the decision to offer a plea bargain:

8. If defendant did not plea, was the case tried before a jury?

Trial date:	Length of trial:	Sentencing date:
Disposition:	<input type="checkbox"/> Acquitted <input type="checkbox"/> Found guilty <input type="checkbox"/> Pleaded guilty <input type="checkbox"/> Dismissed	<input type="checkbox"/> Mistrial <input type="checkbox"/> Other (specify): Sentence detail: _____

9. If on probation, what were the conditions of release?
 10. Was there a "No Contact Order?" yes no N/A
 11. Were any other court orders issued? yes no N/A
 12. Were parental rights severed? yes no N/A Date: _____
 13. Date probation/parole scheduled to end: _____
 14. Date paroled: _____

K. CHILD WELFARE SERVICES (CWS) INVOLVEMENT PRIOR TO THE FATALITY (DHS): Yes No N/A

1. According to CWS, were there any confirmed, unconfirmed, or unsubstantiated (in CWS terms) allegations of child abuse filed against the domestic violence victim? Yes No

Date	Allegation	Child involved	Did CWS find the allegation to be confirmed or unconfirmed ?	Consequences / follow-up

2. According to CWS, were there any confirmed or unconfirmed (in CWS terms) allegations of child abuse filed against the domestic violence perpetrator? Yes No

Date	Allegation	Child involved	Did CWS find the allegation to be confirmed or unconfirmed ?	Consequences / follow-up

3. Had the CWS worker received training regarding the identification of domestic violence and its role in child abuse?
 yes no unknown
4. Did the CWS worker screen for domestic violence? yes no unknown
5. Did the CWS worker identify domestic violence as an issue? yes no unknown
6. Was the domestic violence victim given referrals to a domestic violence program or legal advocacy by the CWS worker? yes no unknown
7. Did domestic violence victim safety figure into the CWS plan for the family? (specify) yes no unknown

8. According to CWS, had either the victim or perpetrator of domestic violence received services as victims of abuse when they were children? yes no unknown

If yes, check off boxes below:

	Domestic violence perpetrator	Domestic violence victim
Unfounded reports filed (specify year)		
Founded reports filed (specify year and nature of report)		
Was removed from home		
Placed in foster care?		
If yes, specify years in foster care		

Date	Source of information	Type of incident	Was an agency involved? If so, specify	Outcome

L. STATUS OF CHILDREN AFTER THE FATALITY N/A

1. Who made the decision about where children went immediately after the fatality?
 DV victim DV abuser DV victim's family DV abuser's family Law Enforcement CWS
 Other (specify): _____
2. With who were children placed immediately after the fatality?
 DV victim DV abuser DV victim's family DV abuser's family Foster care
 Group home Other (specify): _____
3. Following the fatality:
 - a. Were the children ever placed with the domestic violence abuser? yes no
 - b. Was this a court-ordered placement? yes no
 - c. Were the children ever placed with the domestic violence abuser's family? yes no
 - d. Was this a court-ordered placement? yes no
 - e. Were the children moved multiple times (more than once)? yes no unknown
 - f. If children were placed in foster care, was a relative ever identified for permanent placement? yes no N/A
 1. How long did it take to identify a relative for placement? _____
 2. What factors influenced the placement decision? _____
 - i. Were children expected to testify at a trial? yes no N/A
 - j. What counseling / support did children receive after the fatality? _____

M. CRIMINAL JUSTICE SYSTEM INVOLVEMENT PRIOR TO THE FATALITY (Please complete for each contact)

Pending criminal actions at time of the fatality in which domestic violence abuser was defendant: N/A

	Court date		Court date
Protection order violation		Stalking	
No contact order in place		Sexual abuse of domestic violence victim	
No contact order violation		Sexual abuse of children	
Abuse of Family or Household Member		Weapons ordered to be surrendered or removed	
Assault		Other	

Pending criminal actions at time of the fatality in which domestic violence victim was defendant: N/A

	Court date		Court date
Protection order violation		Stalking	
No contact order in place		Sexual abuse of domestic violence victim	
No contact order violation		Sexual abuse of children	
Abuse of Family or Household Member		Weapons ordered to be surrendered or removed	
Assault		Other	

1. Were domestic violence-related charges ever dismissed against this domestic violence abuser with this domestic violence victim? yes no unknown
2. How many times? _____ Official reason for dismissal _____
3. Did the domestic violence abuser have a prior history of domestic violence towards other victims?
 yes no unknown
4. How many? _____
5. Was there ever any indication that the domestic violence perpetrator pressured the domestic violence victim to refuse cooperation with the prosecution, or to change the story from the initial statements? yes no unknown

N. BATTERER’S INTERVENTION PROGRAMS (Courts)

1. Had the domestic violence perpetrator ever been ordered to batterer’s intervention? yes no n/a
a. If yes, how many times? _____
2. Were the intervention services available? yes no
a. In the abuser’s first language? yes no unknown
3. Was the domestic violence victim contacted by the program? yes no unknown
a. If yes, how? mail phone other _____ unknown
b. By whom? victim advocate intervention provider other (specify): _____ Unknown
4. Was the domestic violence perpetrator ordered to batterer’s intervention by more than one jurisdiction?
 yes no unknown
5. Had the domestic violence perpetrator completed batterer’s intervention? yes no unknown
a. If yes, how many times successfully completed? _____
b. If no, how many times attempted?

9. If the domestic violence perpetrator was in batterer’s intervention, was there ever any talk of homicide or suicide?

Yes No unknown

a. If yes, explain:

b. If yes, what actions were taken with reference to victim safety?

- Domestic violence perpetrator expelled from program Victim contacted and warned
 Law Enforcement notified Other (specify)

O. CIVIL ACTIONS (Courts) N/A

Past, disputed, and pending Civil Actions:

	Against whom? (if applicable)	In place (date)	Being disputed? (Y/N)	Pending action/decisions (date)
Divorce				
Parenting plan (temporary)				
primary physical custody				
visitation				
parenting evaluation				
Parenting plan (permanent)				
primary physical custody				
visitation				
parenting evaluation				
Paternity				
Child support collection				
Civil orders (temporary)				
restraining order				
anti-harassment order				
Civil orders (permanent)				
protection order				
anti-harassment order				
Other (specify; <i>i.e.</i> , No Contact Order): _____				

Custody: NA

For children of both the domestic violence perpetrator and domestic violence victim (children in common), what were the actual custody arrangements? (check all that apply):

Domestic Violence Victim		Domestic Violence Abuser
	Had sole physical custody	
	Joint custody	
	Unsupervised visitation	
	Supervised visitation*	
	Overnight visits	
	No visitation	

1. If supervised visitation, supervised by whom? Visitation center Abuser's family Victim's family
 Counselor Clergy Other (specify): _____ Unknown

Guardian Ad Litem: NA

1. Had a guardian ad litem or Volunteer Guardian Ad Litem been appointed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
2. Had this person received training in identifying and responding to domestic violence?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

Parenting Evaluations: N/A

1. Had a parenting evaluation taken place?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
If yes, by whom? <input type="checkbox"/> CWS <input type="checkbox"/> Family Court Services <input type="checkbox"/> Independent <input type="checkbox"/> Other (specify): _____	
2. Did the evaluator identify domestic violence?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
3. Were considerations for the domestic violence victim and children's safety built into the recommended plan?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

Visitation: NA

1. Had the victim indicated fear or reluctance for an arrangement including unsupervised visitation?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
2. Did affordable supervised visitation centers exist in the domestic violence victim's or the domestic violence perpetrator's community?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

P. THREATS N/A Unknown

Domestic Violence Perpetrator	Threatened to	Actually did
Take the children to a location unknown by the other for reasons other than their own or the parent's safety. Please make a distinction between seeking safe shelter and "kidnapping":		
Harm the children		
Kill the children		
Otherwise deny the other person contact with the children		
Harm family members, new love interests, or friends		

Domestic Violence Victim	Threatened to	Actually did
Take the children to a location unknown by the other for reasons other than their own or the parent's safety. Please make a distinction between seeking safe shelter and "kidnapping":		
Harm the children		
Kill the children		
Otherwise deny the other person contact with the children		
Harm family members, new love interests, or friends		

Q. ACCESS TO HELPING / ACCOUNTABILITY RESOURCES

1. Did the domestic violence victim have access to a working telephone? yes no
 If yes, where? In the domestic violence victim's home At the domestic violence victim's place of work
 At friend/family/neighbor's Cell phone Other (specify)
2. Did the domestic violence victim have access to transportation? yes no unknown
 If yes, specify: own car borrowed car public transportation other (specify):

Were any of the following agencies involved with the domestic violence victim or the domestic violence perpetrator in the past 5 years prior to the fatality? Check all that apply and list specific names:

Domestic violence victim	Domestic violence perpetrator	Organization	Domestic violence victim	Domestic violence perpetrator	Organization
		Law Enforcement			Daycare
		Prosecutor			Domestic violence victim shelter / safehouse
		Court/Judges (specify) <input type="checkbox"/> Family <input type="checkbox"/> District <input type="checkbox"/> Circuit			Religious community / church / temple / mosque
		Probation			Community-based legal advocacy
		Parole Officer			Court-based legal advocacy
		Anger Management Program			Protection order advocacy program
		Batterer's Intervention Program			Immigrant advocacy organization
		Substance Abuse Assessment			Animal control/humane society
		Substance Abuse Treatment			Dept. of Human Services
		Mental Health			Culturally specific organization
		Health Care Provider			Homeless shelter
		Supervised Visitation/Drop Off Center			Sexual assault program
		Regional Trauma Center			Emergency Medical Services
		Local Hospital			Other social services agency: specify
		Fire Department			Other domestic violence victim services (i.e., support group, one-to-one counseling, etc.)
					Other (specify)

R. COMMUNICATION, TRANSLATION, AND ACCESSIBILITY

Disability: unknown N/A

	Domestic violence perpetrator	Domestic violence victim
Physical disability (specify)		
What sorts of accommodations were required for accessibility?		
Cognitive disability (specify)		
What sorts of accommodations were required for accessibility?		
Mental disability (specify)		
What sorts of accommodations were required for accessibility?		

Communication and access to information: unknown N/A

	Domestic violence perpetrator	Domestic violence victim
First Language	<input type="checkbox"/> English <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Other _____
Degree of literacy in written 1 st language	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown
Degree of fluency in spoken English	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown
Degree of literacy in written English	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown

Could speak/vocalize enough English to do the following without a translator/signer? unknown N/A

	Domestic violence perpetrator	Domestic violence victim
Give a statement to law enforcement	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Understand spoken instructions or questions from law enforcement	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Receive meaningful counseling/advocacy in spoken English	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Translation:

If the **domestic violence victim** had a limited capacity in spoken English, who provided translation in the following circumstances? unknown N/A

	With law enforcement	For protection orders	In criminal hearings	In probation meetings
No one				
Children				
Neighbor				
Relative				
Domestic violence perpetrator				
Professional translator				
Bilingual law enforcement officer or court personnel				
Language bank				

If the **domestic violence perpetrator** possessed a limited capacity in spoken English, who provided translation in the following circumstances? unknown N/A

	With law enforcement	For protection orders	In criminal hearings	In probation meetings
No one				
Children				
Neighbor				
Relative				
Domestic violence victim				
Professional translator				
Bilingual law enforcement officer or court personnel				
Language bank				

S. SUBSTANCE ABUSE / MENTAL HEALTH N/A

	Domestic violence perpetrator	Domestic violence victim
Affected by drugs or alcohol at the time of the fatality?	<input type="checkbox"/> unknown <input type="checkbox"/> alcohol <input type="checkbox"/> drugs, specify:	<input type="checkbox"/> unknown <input type="checkbox"/> alcohol <input type="checkbox"/> drugs, specify:
Has a history of substance abuse?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Indicated by:		
Enrollment in substance abuse treatment	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> police reports <input type="checkbox"/> convictions <input type="checkbox"/> self-identification <input type="checkbox"/> other:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> police reports <input type="checkbox"/> convictions <input type="checkbox"/> self-identification <input type="checkbox"/> other:
If yes, specify program:		
Had history of mental illness indicated by: (specify clinic, program or doctor)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> crisis mental health <input type="checkbox"/> inpatient treatment <input type="checkbox"/> outpatient treatment <input type="checkbox"/> other: Prescriptions for: _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> crisis mental health <input type="checkbox"/> inpatient treatment <input type="checkbox"/> outpatient treatment <input type="checkbox"/> other: Prescriptions for: _____

If the victim or perpetrator has or had substance abuse providers: N/A

	DV perpetrator	DV victim
1. Did substance abuse provider have a domestic violence assessment tool in place?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
2. Did the substance abuse counselors receive training regarding domestic violence?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

If the victim or perpetrator has or had mental health providers: N/A

	DV perpetrator	DV victim
1. Did mental health programs have a domestic violence assessment tool in place?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
2. Did mental health providers receive training regarding domestic violence?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

T. DOMESTIC VIOLENCE VICTIM'S EFFORTS TO LEAVE / END THE VIOLENCE

1. Had domestic violence victim attempted to move out and/or leave the relationship at a prior time?
 yes no unknown

a. If yes, how many times? _____

Housing unknown

Type of program:	Sought out and succeeded in obtaining shelter	Sought out and did not succeed in obtaining shelter	Reason for not obtaining shelter
Domestic violence shelter			
Homeless shelter			
Transitional/long-term shelter			
Subsidized housing			
Other:			

U. WHICH AGENCIES WERE PRESENT AND/OR PARTICIPATED IN THE REVIEW?

Please check all that applies:

- Department of Human Services
- Law Enforcement
- Prosecutor
- Emergency Medical Services
- The Judiciary
- Medical Examiner
- Medical Consultant
- Department of Health
- Hawai'i State Coalition Against Domestic Violence
- Domestic Violence Action Center
- Other

Ad Hoc:

- Batterer's intervention program
- Other social services agency: specify
- Domestic Violence Advocate
- Animal control/humane society
- Shelter/Safehouse
- Probation
- Parole
- Court/Judges
- Medical Health Provider
- Victim Witness Advocate, Prosecuting Attorney Office
- Other

V. DOMESTIC VIOLENCE FATALITY REVIEW TEAM SUMMARY

1. Based on the information available to the Domestic Violence Fatality Review Team, does the team agree that this is a domestic violence-related death? yes no

If not, please note why:

2. What barriers were identified and recommendations made to prevent future fatalities and improve the domestic violence system?