

IOWA DOMESTIC ABUSE DEATH REVIEW TEAM

Annual Report

Calendar Year 2000

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Administrative Support Provided by the Iowa Department of Public Health

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December 2000

Everyone has become so used to reading horrific headlines relating to domestic violence and death that all of us are numb to the reality of the stories they represent. In Iowa alone, 120 people have been killed by their partners since 1990. Add that number to the statistics from other states and the problem becomes staggering. These statistics, however, do not even hint at the real lives behind the news stories—the real lives, real families, real pain.

The story of the death of Jennifer Crompton by her abusive boyfriend is not even reflected in the above statistics. She died in 1986, four years before the Iowa Attorney General's Office began collecting data on domestic abuse deaths. The impact of this "silent statistic" has been tremendous. The Crompton Family will never be the same—"Yes, we have survived; yes, we laugh and feel joy again—now we think of her with happy memories, not tears. But she isn't 29 years old—she is forever 15 and we will never know what she might be like today. Would she have graduated from college, would she be married, would she be pursuing that "dream career" in Europe? We will never know. Her little sister is now a "mom"; and her little brother, just 1 year old at her death, says "I don't know her, what was she like?"

While this story is personal to one of us, it could have the face of so many others who have lost a loved one to domestic homicide. Domestic violence changes everything for so many people. Lives are torn apart that may take years to put back together. Some things can never be replaced, and everyone must simply learn to live with them...to live with the pain.

The Iowa Domestic Abuse Death Review Team has just completed its first year of work. The team members are a diverse group of individuals dedicated to understanding the causes of domestic abuse deaths and how they occur. Members have thoughtfully researched and discussed team procedures to develop a process that will encourage careful review of critical information. The team is committed to finding answers that will reduce or prevent future domestic abuse deaths. Members are grateful to the Iowa Legislature for its support in this effort to make Iowa a safer place to live and respectfully present this report to the people of Iowa.

Vicki Crompton-Tetter
Co-Chair

Peggy Clark
Co-Chair

**Iowa Domestic Abuse Death Review Team
Annual Report 2000**

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INTRODUCTION

Domestic violence affects the entire community, including legal and health care systems; social, religious, and educational institutions; as well as workplaces and neighborhoods. It is estimated that in the United States three million to four million women are beaten every year by their intimate partners (spouses or live-in partners) or former intimate partners. Other studies state that one in four women will be physically abused in her lifetime. The Iowa Department of Public Health (IDPH) estimates that 24,618 Iowans experienced some form of physical violence against them by an intimate partner in 1999. In comparison, there were 6,778 incidents of domestic violence reported to police during 1999, and 5,004 of them resulted in arrests. It is obvious from these figures that most cases of domestic abuse are not reported to the authorities.

Women are most at risk for violence by a current or former intimate partner. Additionally, children who witness the assaults are themselves often physically abused. During 1999, there were 15,233 victims served by Iowa's domestic violence projects, and over 5,000 women and children received safe shelter.

Homicide, and in many cases, suicide can be the tragic consequence of domestic abuse. In the United States, nearly 2,000 people die each year from domestic violence homicide. Over the decade from 1990-1999, an average of 12 people per year were murdered in a domestic-violence-related situation. To help deal with this serious community tragedy, fatality review teams have been created across the country to understand more about the contributing factors to these deaths and to identify ways to prevent them.

The Iowa Domestic Abuse Death Review Team was created to review domestic-abuse related homicides and suicides in the state and to recommend changes to community interventions to prevent them. The team has a vision of no more domestic abuse deaths in Iowa, and that every domestic violence death is preventable. This report is the first one produced by the Iowa team.

HISTORY AND ESTABLISHMENT OF THE TEAM

Traci Bray, a probation officer in Scott County, Iowa, initiated efforts to establish a process for review of domestic abuse fatalities in 1996. She conducted extensive research of teams across the country and developed the original legislative proposal. The first Iowa legislation was introduced by the Senate Human Resources Committee in March 1997 (SF 459). It was voted on and passed in the Senate but did not get passed out of the House of Representatives.

During the 1998 legislative session, language was added to the Iowa Department of Public Health's appropriation bill [SF2280, section 5, subsection 4(10)] directing the department to promulgate rules for a domestic abuse death review team modeled after the Iowa child death review team. Those rules were drafted, adopted, and became effective January 6, 1999, (*Iowa Administrative Code* 641-91). (A copy of the rules is located in Appendix C.)

The department proceeded with establishment of the team using the authority of administrative rule. Professional associations and state agencies were asked to submit recommendations for team members to the director of public health. The director then made appointments in December 1999. (The names of team members are included in Appendix A.) The first meeting of the Iowa Domestic Abuse Death Review Team was held on Friday January 28, 2000. Without clear statutory access to confidential records, however, team members had no authority to obtain confidential files and proceeded with development of team procedures.

House File 2362, codifying the Team, was passed by the 78th General Assembly and signed by Governor Vilsack in April 2000 (see Appendix B). The bill became effective July 1, 2000, and the team began reviewing case records after that date. The team is staffed by the Iowa Department of Public Health.

TEAM PROCEDURES

In the first six months of operation, team members reviewed information on procedures and forms used by death review teams across the country. Many of those adopted have been modeled after the ones used by Iowa's Child Death Review Team; however, there are factors unique to domestic abuse that require different information or procedures. The team identified the following issues as central to the operation of most fatality review committees. They have all been discussed and agreed upon by all team members, except for the policy on family contact, which is still in progress.

Purpose

The purpose of the Iowa Domestic Abuse Death Review Team is to aid in the prevention of domestic abuse deaths (homicides and suicides) by accurately identifying the cause and manner of deaths occurring from domestic violence and by making recommendations for changes in policy, practice, and law to improve systems and community interventions for preventing domestic abuse deaths. The powers and duties of the team are those specified in *Code of Iowa* Chapter 135. The death review team is *not* an investigative body.

Team Meetings

The team meets six times per year, on the last Friday of the months of January, March, May, July, September, and November. Meetings are held in Des Moines and include an administrative period that is open to the public. During case review, the meetings are closed. Appointed team members are reimbursed for mileage and per-diem expenses traveling to and from meetings.

Confidentiality

The team and its liaisons maintains the confidentiality of all information and records used in the review and analysis of domestic abuse deaths, including disclosure of information which is confidential under *Code of Iowa* Chapter 22 or any other provisions of state law. Each team member signs a confidentiality statement for participation (see Appendix D). No information on individual deaths contained in the records being reviewed is disclosed except for the purposes of the team, committee or subcommittee meeting. No confidential information received in

preparation for or during the course of such meeting is removed from the meeting room except for further review as authorized by the team chairpersons.

Access to Records

The team is given statutory access to records that may contain information on a domestic homicide or suicide. These records include medical reports, investigative reports, death certificates, court documents, patient records and other pertinent confidential and public information concerning domestic abuse deaths. Records that are confidential under state or federal law must remain confidential, and all information obtained is to be used only in the administration of the duties of the team. A person or agency that provides confidential information to the department as specified in the statute does not incur legal liability. (The form used to request records is included in Appendix D.)

Immunity and Liability

Under statutory authority, review team members are immune from liability (civil or criminal) which might occur as a result of the actions of the team, provided the actions or recommendations are carried out in good faith. In cases where confidential information may be released in violation of the statute, the person releasing the information would be guilty of a serious misdemeanor.

Scope of Cases Reviewed

The team reviews pertinent records for all domestic abuse-related homicides and suicides in the state of Iowa. Sources of information include: Birth and death certificates, police records, newspaper articles, autopsy reports, court documents, medical and/or mental health and/or substance abuse treatment records, domestic violence shelter records, child protective investigation reports, weapons records, county attorney files, criminal histories, Iowa Department of Corrections' records, Batterer's Education Program records, and Iowa Department of Transportation records.

During the first year of operation, selected cases from 1994 through 1998 were chosen for review, as information became available. Beginning in calendar year 2001, the team will review all cases beginning in 1999 with the initial charge and/or conviction closed or designated "unsolved" (no one arrested or charged). Thereafter, cases reviewed will be at least one year old and closed or unsolved before they will be eligible for review. Any case that meets the criteria for review and has not already been identified can be referred to the team by a local or state law enforcement agency or victim service agency.

Review Procedures

Both appointed team members and designated departmental liaisons will sit on case review. The department of public health staff identifies cases for review a year in advance and requests confidential information on each case from the appropriate departmental liaisons. The person responsible to locate the confidential file brings the case information to the meeting and provides a verbal summary to team members. If team members want to review the specific information in the case files, they may do so at this time. The information that is shared is used to complete a data collection form (Appendix D), which provides the basis for the findings of the team. At the

end of all team discussions, members summarize their findings and identify recommendations specific to the case reviewed.

All data collected during review is entered into a database. Toward the end of each calendar year, a report that summarizes general findings is prepared for the team and is used to generate the specific recommendations made to help prevent future deaths. A summary of the findings and recommendations is compiled for the annual report.

Policy on Family Contact

During the first year of operation, the team members have had lengthy discussion regarding the issue of requesting information from surviving family members. The team believes that family members of decedents may possess information relating to the circumstances of a domestic abuse death that would not be available through public or private record. In some cases where decedents had no prior contact with community agencies, that information would be beneficial to the purpose of the team. Any contact with family members would have to be approached sensitively, given the range of time that may have passed since the death and the coping mechanisms that homicide and/or suicide survivors employ. While some family members might find their contribution to give meaning to the loss of their loved one, others may not wish to be contacted. Because the issue was not defined in Iowa statute, the team is proceeding cautiously with developing a final policy and expects to deal with it during the coming year.

SUMMARY OF DATA PREVIOUSLY GATHERED

The director of the Crime Victim Assistance Division in the Iowa Department of Justice started collecting information on domestic abuse deaths occurring in Iowa from January 1990 forward. The information was obtained through newspaper clippings, Crime Victim Compensation applications, and law enforcement reports. It identified such factors as the gender of the victim and perpetrator, the type of relationship they had, the method of death, the status of the perpetrator, and circumstances that involved children.

The information was cumulatively compiled throughout the decade and summarized annually for distribution to local victim service agencies. While it did not contain near the depth of information that the death review team will be compiling, it still has provided an informative glimpse into the dynamics of domestic abuse deaths in Iowa over the last decade of the 20th century. Please refer to the chart on page 6 that summarizes the information gathered by the Iowa Department of Justice. Some of the salient findings are listed below:

- ◆ Iowa averages 12 deaths per year related to domestic abuse. Forty-two percent of perpetrators from 1990-1999 committed suicide following the murder.
- ◆ The vast majority of victims of domestic abuse homicide are female (83%).
- ◆ The vast majority of perpetrators of domestic homicide are male (92%).
- ◆ Almost half of the murders are committed by the current spouse or live-in partner of the victim; one-third of the remaining murders is committed by a former spouse and/or live-in partner or dating partner/former dating partner.

- ◆ A firearm is the most common method of domestic abuse murder (63 percent of the cases); next most common are stabbing or strangulation.
- ◆ Fifty-three children were present at the scene of a murder.

With just a cursory look at the facts, it is apparent that domestic violence is closely linked with violence against women, suicide, child abuse, and use of firearms. There are many other factors influencing lethality of domestic abuse that will be gleaned from an extensive review of Iowa's cases. In addition, intervention by community professionals may also have a strong impact in the prevention of future deaths. Use of the detailed data collection form will provide the information that will give the team a more complete picture by the end of 2001, as members begin their first full year of case review.

CONCLUDING REMARKS

Domestic violence homicide is a complicated issue. The Iowa Legislature has recognized the importance of fatality review in identifying factors common to these type of deaths, as well as in developing strategies for preventing them. In its first year of operation, members have been appointed and the team established; procedures have been developed; and a system for data collection created. The members are committed to a neutral process that will encourage open discussion of ways community agencies can become more effective to prevent potentially lethal situations where domestic abuse is present.

Iowa Deaths Due to Domestic Abuse 1990-1999*

(Data is limited to information on cases where a survivor applied for Crime Victim Compensation or the information was provided by an Iowa domestic abuse program, prosecutor's office or the media.)

Total Deaths: 121
FEMALES MURDERED: 100 (83%)
MALES MURDERED: 21 (17%)

Average # of Deaths per year: 12.1

Age ranges of victims:

Under 18	14 (11%)
18-25	23 (19%)
26-35	31 (26%)
36-45	29 (24%)
46-55	15 (12%)
55-65	7 (6%)
Over 65	2 (2%)

TOTAL PERPETRATORS: 101

Male perpetrators: 93 (92%)
 Female perpetrators: 8 (8%)

Age ranges of perpetrators (documented after 1997):

Under 18	0
18-25	3
26-35	9
36-45	3
46-55	2
56-65	3
Over 65	1

Relationship of Victim or Bystander to Perpetrator:

Spouse/live-in partner	54 (45%)
Former spouse/live-in partner	21 (17%)
Dating/former dating partner	20 (16%)
Child	11 (9%)
Other family member	5 (4%)
Other bystander	11 (9%)

WEAPON/METHOD OF DEATH:

Gunshot	76 (63%)
Stabbing	15 (13%)
Strangulation	10 (8%)
Beating	16 (13%)
Other	4 (3%)

**CHILDREN PRESENT AT MURDER:
53**

PERPETRATOR OUTCOME:

Committed suicide	42 (42%)
Attempted suicide	4 (4%)
Convicted for murder	33 (33%)
Unknown/other	22 (21%)

* Data compiled from information provided by the Iowa Department of Justice.

Appendices

- A. Team members**
- B. Legislation**
- C. Administrative Rules**
- D. Forms**
 - 1. Confidentiality statement**
 - 2. Request for information**
 - 3. Data collection form**

Iowa Domestic Abuse Death Review Team

APPENDIX A

TEAM APPOINTEES

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House File 2362

Partial Bill History

- Bill Introduced: H.J. 366
- Committee Report Issued: S.J. 702
- Passed House: H.J. 489 H.J. 1209
- Passed Senate: S.J. 960
- Signed by Governor: H.J. 1769
- Complete Bill History

Bill Text

PAG LIN
1 1 HOUSE FILE 2362
1 2
1 3 AN ACT
1 4 RELATING TO THE ESTABLISHMENT OF A DOMESTIC ABUSE DEATH REVIEW
1 5 TEAM AND PROVIDING A PENALTY.
1 6
1 7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
1 8
1 9 Section 1. NEW SECTION. 135.108 DEFINITIONS.
1 10 As used in this division, unless the context otherwise
1 11 requires:
1 12 1. "Department" means the Iowa department of public
1 13 health.
1 14 2. "Director" means the director of public health.
1 15 3. "Domestic abuse death" means a homicide or suicide that
1 16 involves or is a result of an assault as defined in section
1 17 708.1 and to which any of the following circumstances apply to
1 18 the parties involved:
1 19 a. The alleged or convicted perpetrator is related to the
1 20 decedent as spouse, separated spouse, or former spouse.
1 21 b. The alleged or convicted perpetrator resided with the
1 22 decedent at the time of the assault that resulted in the
1 23 homicide or suicide.
1 24 c. The alleged or convicted perpetrator and the decedent
1 25 resided together in the past but did not reside together at
1 26 the time of the assault that resulted in the homicide or
1 27 suicide.
1 28 d. The alleged or convicted perpetrator and decedent are
1 29 parents of the same minor child, whether they were married or
1 30 lived together at any time.
1 31 e. The alleged or convicted perpetrator was in an ongoing

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- 1 32 personal relationship with the decedent.
- 1 33 f. The alleged or convicted perpetrator was arrested for
- 1 34 or convicted of stalking or harassing the decedent, or an
- 1 35 order or court-approved agreement was entered against the
- 2 1 perpetrator under chapter 232, 236, 598, or 915 to restrict
- 2 2 contact by the perpetrator with the decedent.
- 2 3 g. The decedent was related by blood or affinity to an
- 2 4 individual who lived in the same household with or was in the
- 2 5 workplace or proximity of the decedent, and that individual
- 2 6 was threatened with assault by the perpetrator.
- 2 7 4. "Team" means the domestic abuse death review team
- 2 8 established in section 135.109.
- 2 9 Sec. 2. NEW SECTION. 135.109 IOWA DOMESTIC ABUSE DEATH
- 2 10 REVIEW TEAM MEMBERSHIP.
- 2 11 1. An Iowa domestic abuse death review team is established
- 2 12 as an independent agency of state government.
- 2 13 2. The department shall provide staffing and
- 2 14 administrative support to the team.
- 2 15 3. The team shall include the following members:
- 2 16 a. The state medical examiner or the state medical
- 2 17 examiner's designee.
- 2 18 b. A licensed physician who is knowledgeable concerning
- 2 19 domestic abuse injuries and deaths, including suicides.
- 2 20 c. A licensed mental health professional who is
- 2 21 knowledgeable concerning domestic abuse.
- 2 22 d. A representative or designee of the Iowa coalition
- 2 23 against domestic violence.
- 2 24 e. A certified or licensed professional who is
- 2 25 knowledgeable concerning substance abuse.
- 2 26 f. A law enforcement official who is knowledgeable
- 2 27 concerning domestic abuse.
- 2 28 g. A law enforcement investigator experienced in domestic
- 2 29 abuse investigation.
- 2 30 h. An attorney experienced in prosecuting domestic abuse
- 2 31 cases.
- 2 32 i. A judicial officer appointed by the chief justice of
- 2 33 the supreme court.
- 2 34 j. A clerk of the district court appointed by the chief
- 2 35 justice of the supreme court.
- 3 1 k. An employee or subcontractor of the department of
- 3 2 corrections who is a trained batterers' education program
- 3 3 facilitator.
- 3 4 l. An attorney licensed in this state who provides
- 3 5 criminal defense assistance or child custody representation,
- 3 6 and who has experience in dissolution of marriage proceedings.
- 3 7 m. Both a female and a male victim of domestic abuse.
- 3 8 n. A family member of a decedent whose death resulted from
- 3 9 domestic abuse.
- 3 10 4. The following individuals shall each designate a
- 3 11 liaison to assist the team in fulfilling the team's duties:
- 3 12 a. The attorney general.
- 3 13 b. The director of the Iowa department of corrections.
- 3 14 c. The director of public health.
- 3 15 d. The director of human services.
- 3 16 e. The commissioner of public safety.
- 3 17 f. The administrator of the bureau of vital records of the
- 3 18 Iowa department of public health.
- 3 19 g. The director of the department of education.
- 3 20 h. The state court administrator.
- 3 21 i. The director of the department of human rights.
- 3 22 5. a. The director of public health, in consultation with
- 3 23 the attorney general, shall appoint review team members who
- 3 24 are not designated by another appointing authority.
- 3 25 b. A membership vacancy shall be filled in the same manner

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3 26 as the original appointment.

3 27 c. The membership of the review team is subject to the
3 28 provisions of sections 69.16 and 69.16A, relating to political
3 29 affiliation and gender balance.

3 30 d. A member of the team may be reappointed to serve
3 31 additional terms on the team, subject to the provisions of
3 32 chapter 69.

3 33 6. Membership terms shall be three-year staggered terms.

3 34 7. Members of the team are eligible for reimbursement of
3 35 actual and necessary expenses incurred in the performance of
4 1 their official duties.

4 2 8. Team members and their agents are immune from any
4 3 liability, civil or criminal, which might otherwise be
4 4 incurred or imposed as a result of any act, omission,
4 5 proceeding, decision, or determination undertaken or
4 6 performed, or recommendation made as a team member or agent
4 7 provided that the team members or agents acted reasonably and
4 8 in good faith and without malice in carrying out their
4 9 official duties in their official capacity. A complainant
4 10 bears the burden of proof in establishing malice or
4 11 unreasonableness or lack of good faith in an action brought
4 12 against team members involving the performance of their duties
4 13 and powers.

4 14 Sec. 3. NEW SECTION. 135.110 IOWA DOMESTIC ABUSE DEATH
4 15 REVIEW TEAM POWERS AND DUTIES.

4 16 1. The review team shall perform the following duties:

4 17 a. Prepare an annual report for the governor, supreme
4 18 court, attorney general, and the general assembly concerning
4 19 the following subjects:

4 20 (1) The causes and manner of domestic abuse deaths,
4 21 including an analysis of factual information obtained through
4 22 review of domestic death certificates and domestic abuse death
4 23 data, including patient records and other pertinent
4 24 confidential and public information concerning domestic abuse
4 25 deaths.

4 26 (2) The contributing factors of domestic abuse deaths.

4 27 (3) Recommendations regarding the prevention of future
4 28 domestic abuse deaths, including actions to be taken by
4 29 communities, based on an analysis of these contributing
4 30 factors.

4 31 b. Advise and consult the agencies represented on the team
4 32 and other state agencies regarding program and regulatory
4 33 changes that may prevent domestic abuse deaths.

4 34 c. Develop protocols for domestic abuse death
4 35 investigations and team review.

5 1 2. In performing duties pursuant to subsection 1, the
5 2 review team shall review the relationship between the decedent
5 3 victim and the alleged perpetrator from the point where the
5 4 abuse allegedly began, until the domestic abuse death
5 5 occurred, and shall review all relevant documents pertaining
5 6 to the relationship between the parties, including but not
5 7 limited to protective orders and dissolution, custody, and
5 8 support agreements and related court records, in order to
5 9 ascertain whether a correlation exists between certain events
5 10 in the relationship and any escalation of abuse, and whether
5 11 patterns can be established regarding such events in relation
5 12 to domestic abuse deaths in general. The review team shall
5 13 consider such conclusions in making recommendations pursuant
5 14 to subsection 1.

5 15 3. The team shall meet upon the call of the chairperson,
5 16 upon the request of a state agency, or as determined by a
5 17 majority of the team.

5 18 4. The team shall annually elect a chairperson and other
5 19 officers as deemed necessary by the team.

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5 20 5. The team may establish committees or panels to whom the
5 21 team may assign some or all of the team's responsibilities.

5 22 6. Members of the team who are currently practicing
5 23 attorneys or current employees of the judicial branch of state
5 24 government shall not participate in the following:

5 25 a. An investigation by the team that involves a case in
5 26 which the team member is presently involved in the member's
5 27 professional capacity.

5 28 b. Development of protocols by the team for domestic abuse
5 29 death investigations and team review.

5 30 c. Development of regulatory changes related to domestic
5 31 abuse deaths.

5 32 Sec. 4. NEW SECTION. 135.111 CONFIDENTIALITY OF DOMESTIC
5 33 ABUSE DEATH RECORDS.

5 34 1. A person in possession or control of medical,
5 35 investigative, or other information pertaining to a domestic
6 1 abuse death and related incidents and events preceding the
6 2 domestic abuse death, shall allow for the inspection and
6 3 review of written or photographic information related to the
6 4 death, whether the information is confidential or public in
6 5 nature, by the department upon the request of the department
6 6 and the team, to be used only in the administration and for
6 7 the official duties of the team. Information and records
6 8 produced under this section that are confidential under the
6 9 law of this state or under federal law, or because of any
6 10 legally recognized privilege, and information or records
6 11 received from the confidential records, remain confidential
6 12 under this section.

6 13 2. A person does not incur legal liability by reason of
6 14 releasing information to the department as required under and
6 15 in compliance with this section.

6 16 3. A person who releases or discloses confidential data,
6 17 records, or any other type of information in violation of this
6 18 section is guilty of a serious misdemeanor.

6 19 Sec. 5. NEW SECTION. 135.112 RULEMAKING.

6 20 The department shall adopt rules pursuant to chapter 17A
6 21 relating to the administration of the domestic abuse death
6 22 review team and sections 135.108 through 135.111.

6 23 Sec. 6. INITIAL TERMS. Notwithstanding any contrary
6 24 provision of section 135.109, as enacted by this Act, the
6 25 director of public health shall designate initial terms of
6 26 team members as follows: approximately one-third of the total
6 27 number of members of the Iowa domestic abuse review team, of
6 28 those members first listed in section 135.109, subsection 3,
6 29 as enacted by this Act, shall initially serve terms of three
6 30 years; approximately one-third of the total number of members
6 31 of those members next listed shall initially serve terms of
6 32 two years; and approximately one-third of the total number of
6 33 members of those members finally listed shall serve terms of
6 34 one year.

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BRENT SIEGRIST
Speaker of the House

MARY E. KRAMER
President of the Senate

7 11 I hereby certify that this bill originated in the House and
7 12 is known as House File 2362, Seventy-eighth General Assembly.
7 13

PUBLIC HEALTH DEPARTMENT [641]

Adopted and Filed

Pursuant to the authority of 1998 Iowa Acts, Chapter 1221, section 5, subsection 4(10), the Iowa Department of Public Health adopts Chapter 91, "Iowa Domestic Abuse Death Review Team," Iowa Administrative Code.

This chapter creates a domestic abuse death review team pursuant to 1998 Iowa Acts, Chapter 1221, section 5, subsection 4(10). The purpose of the team is to aid in the reduction of the incidence of domestic abuse deaths by identifying the cause and manner of deaths occurring from domestic violence and to make recommendations for changes in policy and practice to improve community interventions for preventing domestic abuse deaths.

Notice of Intended Action was published in the Iowa Administrative Bulletin on September 9, 1998, as ARC 8317A. After receiving oral and written comments from interested parties, the Department has decided to add several members to the team and to increase the number of departmental liaisons. The changes were made to ensure representation by all parties involved in domestic abuse identification, investigation, prosecution, and intervention and to increase team membership to the same number as the child death review team.

These rules were adopted by the Board of Public Health on November 4, 1998.

These rules shall become effective January 6, 1999.

These rules are intended to implement 1998 Iowa Acts, chapter 1221, section 5, subsection 4(10).

The following new chapter is adopted.

CHAPTER 91

IOWA DOMESTIC ABUSE DEATH REVIEW TEAM

41—91.1 (77GA, Ch1221) Purpose. The purpose of the domestic abuse death review team is to aid in the reduction of the incidence of domestic abuse deaths by accurately identifying the cause and manner of deaths occurring from domestic violence and by making recommendations for changes in policy and practice to improve community interventions for preventing domestic abuse deaths.

41—91.2 (77GA, Ch1221) Definitions.

"Team" means the Iowa domestic abuse death review team.

"Unexcused absence" means failure by a team member to notify the chairperson of an anticipated absence from a team meeting.

ADMINISTRATIVE RULES

641—91.3 (77GA, Ch1221) Agency. The Iowa domestic abuse death review team is established as an independent agency of state government. The Iowa department of public health shall provide staffing and administrative support to the team.

641—91.4 (77GA, Ch1221) Membership. The membership of the team is subject to the provisions of Iowa Code sections 69.16 and 69.16A, relating to political affiliation and gender balance. Team members who are not designated by another appointing authority shall be appointed by the director of public health. At least one member shall also be a member of the Iowa child death review team. Membership terms shall be for three years. One-third of the initial members shall serve for three years, one-third of the initial members shall serve for two years, and one-third of the initial members shall serve for one year, as designated by the appointing authority.

91.4 (1) The team shall include the following:

- a. The state medical examiner or the state medical examiner's designee.
- b. A licensed physician who is knowledgeable concerning domestic abuse deaths, suicide, and child deaths by homicide.
- c. A licensed mental health professional who is knowledgeable concerning domestic abuse.
- d. A representative or designee of the Iowa coalition against domestic violence.
- e. A certified or licensed professional who is knowledgeable concerning substance abuse.
- f. A law enforcement official who is knowledgeable about domestic abuse and is a member of a state law enforcement association.
- g. A law enforcement investigator experienced in domestic abuse investigation.
- h. A prosecuting attorney experienced in prosecuting domestic abuse cases.
- i. A member of the judiciary appointed by the chief justice of the supreme court.
- j. A clerk of the district court appointed by the chief justice of the supreme court.
- k. A department of correctional services' employee or subcontractor who is assigned batterers' treatment program responsibilities and is knowledgeable about risk level assessment.
- l. An attorney licensed in this state who provides criminal defense assistance or child custody representation and who is experienced in dissolution of marriage proceedings.
- m. A former victim of domestic abuse.
- n. A family member of a decedent whose death resulted from domestic abuse.

91.4(2) Vacancies shall be filled in the same manner in which the original appointments were made. An appointee shall complete the original member's term.

91.4(3) Three consecutive unexcused absences shall be grounds for the director to consider dismissal of the team member and the appointment of another. The chairperson of the team is charged with providing notification of absences.

91.4(4) The department may temporarily appoint other members to serve as experts, as needed, on a case-by-case basis.

641—91.5 (77GA, Ch1221) Officers. Officers of the team shall be a chairperson and a vice chairperson and shall be elected at the first meeting of each fiscal year unless designated at the time of appointment. Vacancy in the office of chairperson shall be filled by elevation of the vice chairperson. Vacancy in the office of vice chairperson shall be filled by election at the next meeting after the vacancy occurs. The chairperson shall preside at all meetings of the team, appoint such subcommittees as deemed necessary, and designate the chairperson of each subcommittee. If the chairperson is absent or unable to act, the vice chairperson shall perform

ADMINISTRATIVE RULES

the duties of the chairperson. When so acting, the vice chairperson shall have all the powers of and be subject to all restrictions upon the chairperson. The vice chairperson shall also perform such other duties as may be assigned by the chairperson.

641—91.6 (77GA, Ch1221) Meetings. The team shall meet upon the call of the chairperson, upon the request of a state agency, or as determined by the team. Robert's Rules of Order shall govern all meetings.

641—91.7 (77GA, Ch1221) Expenses of team members. The members of the team are eligible for reimbursement of actual and necessary expenses incurred in the performance of their official duties.

641—91.8 (77GA, Ch1221) Team responsibilities. The team shall perform the following responsibilities.

1. Collect, review, and analyze death certificates and death data, including investigative reports, medical and counseling records, victim service records, child abuse reports, or other confidential information concerning domestic abuse deaths, survivor interviews and surveys, and other information deemed by the team as necessary and appropriate concerning the causes and manner of domestic abuse deaths.
2. Prepare an annual report to the governor, supreme court, attorney general, and the general assembly concerning the contributing factors of domestic abuse deaths.
3. Recommend community interventions to prevent domestic abuse deaths based on an analysis of the contributing factors to such deaths.
4. Recommend to the agencies represented on the review team and to other agencies changes which may prevent domestic abuse deaths.
5. Maintain the confidentiality of any patient records or other confidential information reviewed.
6. The team may establish subcommittees to which the team may delegate some or all of the team's responsibilities set out in this rule.

641—91.9 (77GA, Ch1221) Liaisons. The following individuals shall each designate a liaison to assist the team in fulfilling its responsibilities.

1. Director of public health.
2. Director of human services.
3. Commissioner of public safety.
4. Director of corrections.
5. Attorney general.
6. Director of education.
7. State court administrator.
8. Director of the law enforcement academy.

641—91.10 (77GA, Ch1221) Confidentiality and disclosure of information. The team and liaisons shall maintain the confidentiality of all information and records used in the review and analysis of domestic abuse deaths, including disclosure of information which is confidential under Iowa Code chapter 22 or any other provisions of state law. No information on individual deaths contained in the records described in this rule shall be disclosed except for the purposes of

ADMINISTRATIVE RULES

the team, committee or subcommittee meeting, and no confidential information received in preparation for or during the course of such meeting shall be removed from the meeting room except for further review as authorized by the team chairperson.

In preparation for review of an individual death by the team or its authorized committee or subcommittee, the chairperson of the team or the chairperson's designee is authorized to gather all information pertinent to the review. This information may include, but is not limited to, hospital records, physician's records, school records, day-care records, autopsy records, child abuse registry, investigation or assessment records, state public assistance records, traffic records, public safety records, law enforcement records, fire marshal's records, birth records, death records, and other relevant records necessary to conduct a complete review.

A person in possession or control of medical, investigative or other information pertaining to a domestic abuse death and domestic abuse death review shall allow the inspection and reproduction of the information by the department upon the request of the department to be used only in the administration and for the duties of the Iowa domestic abuse death review team. Information and records which are confidential under Iowa Code section 22.7 and chapter 235A, and information or records received from the confidential records, remain confidential under this rule. A person does not incur legal liability by reason of releasing information to the department as required under and in compliance with this rule.

641—91.11(77GA, Ch1221) Immunity and liability. Review team members and their agents are immune from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of any act, omission, proceeding, decision, or determination undertaken or performed, or recommendation made as a review team member or agent provided that the review team members or agents acted in good faith and without malice in carrying out their official duties in their official capacity. A complainant bears the burden of proof in establishing malice or lack of good faith in an action brought against review team members involving the performance of their duties and powers.

These rules are intended to implement 1998 Iowa Acts, Chapter 1221, section 5, subsection 4(10).

DOMESTIC ABUSE DEATH REVIEW TEAM

Lucas State Office Building, 5th Floor
Des Moines, IA 50319-0075
(515) 281-5032

CONFIDENTIALITY STATEMENT

I, _____, agree to abide by

the following terms of confidentiality in participating on the Iowa Domestic Abuse Death

Review Team:

- ◆ Team members shall keep confidential all information and records that are confidential under state and federal law. However, information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence through those sources solely because they were presented to or reviewed by a team.
- ◆ Members of a team, persons attending a team meeting, and persons who present information discussed in a team may not be questioned in any civil or criminal proceeding regarding information in or opinions formed as a result of a meeting. Nothing in this subsection shall be construed to prevent a person testifying to information obtained independently of the team or which is public information.
- ◆ A member of the team shall not contact, interview, or obtain information by request or subpoena from a member of deceased's family, except that a member of the team who is otherwise a public officer or employee may contact, interview, or obtain information from a family member if necessary as part of that person's official employment duties.
- ◆ In the event that any team member is contacted by an outside party for information about a given case that is being reviewed or has been reviewed by the team, the team member will decline to offer case-specific information.

I understand the above and agree to maintain the confidentiality of certificates, records, and other data and that no materials will be taken from the meetings with names or other identifying information unless directed by the team chair. I also agree to adhere to the ethical standards of the professional discipline in which I practice.

Print Name _____

Signature _____ Date _____

Witness _____ Date _____

DOMESTIC ABUSE DEATH REVIEW TEAM

Lucas State Office Building, 5th Floor
Des Moines, IA 50319-0075
(515) 281-5032

Peggy Clark, Co-Chair	Dianne Fagner, LISW	Lynnette Irlmeier	Jane E. Rosien
Vicki Crompton-Tetter, Co-Chair	Jill France	Jennifer Juhler	Marvin Van Haaften
John Blessman	Julia Goodin, M.D.	Sally Kreamer	Mary Wiberg
Joseph Cowley, Ph.D.	Judge Albert Habhab	Roger Littlefield	
Rep. Galen Davis	Randall Hanssen	Wayne McCracken	
Barbara Edmondson	Janet Harris	Laura Roan	Binnie LeHew, staff

Date: _____

To: _____

From: Binnie LeHew
DADRT Coordinator

RE: _____
DOB _____ DOD _____ at _____

Home address: _____

Please send all _____ records pertaining to this person.

The Domestic Abuse Death Review Team was established by the 78th General Assembly in 2000. It is charged with developing recommendations for the prevention of future domestic abuse deaths through the review of records of all people who died in circumstances involving domestic abuse. Authorization for individual record review is established in *Iowa Code* section 135.08 and *Iowa Administrative Code* 641-91.10.

Pursuant to this authority, we request that you send to us within 30 days all records in your possession relating to services given or contacts made during the year preceding or at the time of death of the person named above. The Domestic Abuse Death Review Team operates under rules of confidentiality defined in the *Iowa Code* and individual client information will not be made public.

If your office has no records on this person, please complete the section at the bottom of this page and return it to us.

All information should be marked confidential and sent to **Binnie LeHew, Iowa Department of Public Health, Lucas State Office Bldg., 5th Floor, Des Moines, IA 50319-0075**. Please call 515/281-5032 with any questions about this request. Thank you for your cooperation in this important matter.

This office has no record of service to or contact with the above-named person.		
Agency representative	Phone	Date

MAIN CASE NAME _____
DATE OF DEATH(S) _____

IOWA DOMESTIC ABUSE DEATH REVIEW TEAM
Fatality Review Data Collection Form

Case ID#: _____

Date Reviewed: _____

Reviewed By: _____

Chart Includes:

Autopsy _____
Toxicology _____
Crime Victim Comp. App. _____
Police Report _____

PSI _____
Other _____
Other _____
Other _____

II. DEMOGRAPHICS

PRIMARY VICTIM

Full name: _____

County of residence: _____

County of death: _____

Date of birth: _____

Date of death: _____

Age at death: _____

Gender: Female Male

Race:

African American Asian American Caucasian
 Hispanic Native American Other: _____

IF OTHERS DIED WITH VICTIM, INDICATE RELATIONSHIP TO VICTIM (*exclude perpetrator suicides*):

intimate partner/ex child/grandchild parent/grandparent
 other family member: _____ non family member _____

ALLEGED PERPETRATOR

Full name: _____

County of residence: _____ County of death (if applicable): _____

Date of birth: _____ Date of Death (if applicable): _____

Age: _____

Gender: Female Male

Race:

African American Asian American Caucasian
 Hispanic Native American Other: _____

WHAT WAS THE ALLEGED PERPETRATOR'S RELATIONSHIP TO THE PRIMARY VICTIM:

spouse (*include common-law*) ex-spouse intimate partner
 ex-intimate partner friend family member neighbor
 employment-related stranger other _____

Length of relationship: _____ Length of separation: _____

MAIN CASE NAME _____
DATE OF DEATH(S) _____

BYSTANDER

Full name: _____
County of residence: _____ County of death: _____
Date of birth: _____ Date of death: _____
Age at death: _____
Gender: Female Male
Race:
 African American Asian American Caucasian
 Hispanic Native American Other: _____
Relationship to Victim or Perpetrator: _____

BYSTANDER

Full name: _____
County of residence: _____ County of death: _____
Date of birth: _____ Date of death: _____
Age at death: _____
Gender: Female Male
Race:
 African American Asian American Caucasian
 Hispanic Native American Other: _____
Relationship to Victim or Perpetrator: _____

CHILD

Full name: _____
County of residence: _____ County of death: _____
Date of birth: _____ Date of death: _____
Age at death: _____
Gender: Female Male
Race:
 African American Asian American Caucasian
 Hispanic Native American Other: _____
Relationship to Victim or Perpetrator: _____

CHILD

Full name: _____
County of residence: _____ County of death: _____
Date of birth: _____ Date of death: _____
Age at death: _____
Gender: Female Male
Race:
 African American Asian American Caucasian
 Hispanic Native American Other: _____
Relationship to Victim or Perpetrator: _____

MAIN CASE NAME _____
DATE OF DEATH(S) _____

II. INFORMATION ABOUT THE INCIDENT

LAW ENFORCEMENT AGENCY/AGENCIES INVOLVED: _____

FULL NAME OF OFFICER/AGENT ASSIGNED TO CASE: _____

WHAT WAS THE METHOD OF DEATH: _____

WHAT WEAPON/S WAS/WERE USED? _____

WHERE DID THE CRIME OCCUR? _____

WHAT OTHER WITNESSES WERE INTERVIEWED? _____

WHO REPORTED THE DEATH: Stranger
 Intimate partner – relationship _____
 Family member – relationship _____
 Other _____
 Unknown

WITH WHOM DID THE VICTIM LIVE? *(Include foster/adopted/step/half; check all that apply)*

spouse/common-law spouse intimate partner child/ren < 18 child/ren > 18
 roommate/friend parent(s) alone other family member
 other *(specify)* _____ unknown

IF VICTIM LIVED WITH CHILDREN < 18 YEARS OLD, HOW MANY? _____

IS ALLEGED PERPETRATOR PARENT OF CHILDREN < 18?

yes (# _____) no unknown

DID CHILD(REN)..... find body witness murder/present at time of murder
 unknown not present at time of murder

DESCRIBE CIRCUMSTANCES SURROUNDING DEATH: _____

VICTIM-RELATED FACTORS TO THE HOMICIDE: *(check all that apply):*

alcohol drug gambling robbery
 gang involvement burglary sexual assault homicide/suicide
 separation custody battle divorce rejection
 dispute/argument self-defense service of protection order
 unknown other _____

MAIN CASE NAME _____
DATE OF DEATH(S) _____

PERPETRATOR-RELATED FACTORS TO THE HOMICIDE: *(check all that apply):*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> alcohol | <input type="checkbox"/> drug | <input type="checkbox"/> gambling | <input type="checkbox"/> robbery |
| <input type="checkbox"/> gang involvement | <input type="checkbox"/> burglary | <input type="checkbox"/> sexual assault | <input type="checkbox"/> homicide/suicide |
| <input type="checkbox"/> separation | <input type="checkbox"/> custody battle | <input type="checkbox"/> divorce | <input type="checkbox"/> rejection |
| <input type="checkbox"/> dispute/argument | <input type="checkbox"/> self-defense | <input type="checkbox"/> service of protection order | |
| <input type="checkbox"/> unknown | <input type="checkbox"/> other _____ | | |

IF ALLEGED PERPETRATOR IS DEAD, HOW?

- suicide killed by police killed by other not applicable

CASE DISPOSITION: _____

MAIN CASE NAME _____
DATE OF DEATH(S) _____

Section III, IV, V information is about:

VICTIM ALLEGED PERPETRATOR BYSTANDER _____ CHILD _____

III. MEDICAL INJURIES/AUTOPSY FINDINGS

CAUSE OF DEATH RECORDED IN THE AUTOPSY REPORT: _____

WHAT WEAPON(S) WAS WERE USED: _____

IF A FIREARM WAS USED. WHAT WAS THE RANGE: _____

WHAT INJURIES DID THE DECEDENT/INDIVIDUAL SUFFER? (check all that apply)

- gunshot/s stab/incised wounds broken bones/cartilage burns
 cuts/abrasions strangulation lacerations/slashes/gashes asphyxiation
 smoke inhalation bruises/contusions/hematomas punctured/lacerated organs/tissue
 unknown other _____

of wounds? _____ time of injury: _____ Unknown
ISS Score: _____ date of injury: ____ / ____ / ____ Unknown
AIS Score: _____ date & time pronounced dead: _____

WAS A SEXUAL ASSAULT ANALYSIS CONDUCTED? yes no unknown
If yes: positive negative

WHERE BODY WAS FOUND: _____

PRIOR CONTACT WITH MEDICAL COMMUNITY:

Was decedent/individual pregnant at time of death/injury? yes no Trimester: 1 2 3

Was there evidence of previous injury: yes no

If yes, nature of injuries and estimation of when injuries occurred: _____

Chronic medical conditions yes no unknown Type _____

Medications yes no unknown Type _____

Medical history yes no unknown Type _____

MAIN CASE NAME _____
DATE OF DEATH(S) _____

Section III, IV, V information is about:

VICTIM ALLEGED PERPETRATOR BYSTANDER _____ CHILD _____

III. MEDICAL INJURIES/AUTOPSY FINDINGS

CAUSE OF DEATH RECORDED IN THE AUTOPSY REPORT: _____

WHAT WEAPON(S) WAS WERE USED: _____

IF A FIREARM WAS USED. WHAT WAS THE RANGE: _____

WHAT INJURIES DID THE DECEDENT/INDIVIDUAL SUFFER? (check all that apply)

- gunshot/s stab/incised wounds broken bones/cartilage burns
 cuts/abrasions strangulation lacerations/slashes/gashes asphyxiation
 smoke inhalation bruises/contusions/hematomas punctured/lacerated organs/tissue
 unknown other _____

of wounds? _____ time of injury: _____ Unknown
ISS Score: _____ date of injury: ____ / ____ / ____ Unknown
AIS Score: _____ date & time pronounced dead: _____

WAS A SEXUAL ASSAULT ANALYSIS CONDUCTED? yes no unknown
If yes: positive negative

WHERE BODY WAS FOUND: _____

PRIOR CONTACT WITH MEDICAL COMMUNITY:

Was decedent/individual pregnant at time of death/injury? yes no Trimester: 1 2 3

Was there evidence of previous injury: yes no

If yes, nature of injuries and estimation of when injuries occurred: _____

Chronic medical conditions yes no unknown Type _____
Medications yes no unknown Type _____
Medical history yes no unknown Type _____

MAIN CASE NAME _____
DATE OF DEATH(S) _____

IV. LAW ENFORCEMENT INFORMATION

AGENCY/AGENCIES INVOLVED: _____

HISTORY OF RESTRAINING ORDERS:

Was there a valid no-contact order at the time of death? yes no
Against whom? perpetrator victim other _____
What kind of order? criminal (Ch. 811) pro se (Ch. 236) divorce (Ch. 598)

HISTORY OF PRIOR ORDERS:

Were there prior arrests for violations? yes no unknown
Was there evidence of prior stalking? yes no unknown conviction sentence

PRIOR CRIMINAL HISTORY:

Prior DV arrests DV convictions Jail (how long _____)
 Prior assault-related arrests Assault convictions Jail (how long _____)
 Other arrests Other convictions Jail (how long _____)
(burglary, trespass, criminal mischief, harassment)

WAS INDIVIDUAL ON PAROLE / PROBATION AT THE TIME? yes no unknown

If yes, what level _____
Supervision conditions _____

WAS INDIVIDUAL IN A BATTERS EDUCATION PROGRAM? yes no

If yes, had attendance been regular? yes no
How many times had individual been referred to program? _____

V. OTHER SERVICES

WERE D.V. SERVICES/SHELTERS USED? yes no

If yes, how many times? _____ During what time frame? _____
Comments: _____

WAS THERE PRIOR MENTAL HEALTH TREATMENT? yes no unknown

If yes, with whom? _____

WAS THERE A HISTORY OF PRIOR MENTAL HEALTH COMMITMENTS? yes no unknown

If yes, where and by whom? _____

MAIN CASE NAME _____
DATE OF DEATH(S) _____

WERE **THERE PRIOR** SUICIDE THREATS? yes no unknown

If yes, were threats made to victim? yes no unknown

To others? yes no unknown

WERE **THERE PRIOR** HOMICIDE THREATS? yes no unknown

If yes, were threats made to victim? yes no unknown

To others? yes no unknown

WAS THERE A HISTORY OF PRIOR SUBSTANCE ABUSE TREATMENT? yes no unknown

If yes, where and with whom? _____

WAS THERE A HISTORY OF PRIOR SUBSTANCE ABUSE COMMITMENT? yes no unknown

If yes, where and with whom? _____

WERE THERE PRIOR SUBSTANCE ABUSE-RELATED ARRESTS? yes no unknown

WAS THERE A HISTORY OF JUVENILE COURT INVOLVEMENT? yes no unknown

WERE THERE PRIOR CHILD PROTECTIVE INVESTIGATIONS? yes no unknown

MAIN CASE NAME _____
DATE OF DEATH(S) _____

VI. CASE SUMMARY

AT RISK IDENTIFIERS:

SYSTEM INTERVENTION/FAILURES:

PREVENTION ISSUES:

OTHER COMMENTS:

Further information about the Iowa Domestic Abuse Death Review Team may be obtained by writing or calling.
The contact information is as follows:

Domestic Abuse Death Review Team

Lucas State Office Building, 5th Floor
321 East 12th St.

Des Moines, Iowa 50319-0075

515/281-5032

515/242-6579 (fax)

blehew@idph.state.ia.us
