

### MULTIPLE PERPETRATOR FORM

Complete this form if the secondary victim is involved in the domestic violence incident in a capacity which renders him and/or her as a victim of domestic violence. Note: this form should be used to record both juvenile and adult victims.

Victim # \_\_\_\_\_ of \_\_\_\_\_

Reference Fatality Review Control Number: \_\_\_\_\_ Check if revision to a previously submitted report.

#### Fatality Review Questionnaire

EVENT INFORMATION	
1) Event Type(s):	<input type="checkbox"/> Intimate Partner <input type="checkbox"/> Ex-Intimate Partner <input type="checkbox"/> Familicide <input type="checkbox"/> Parricide <input type="checkbox"/> Killing the Competition <input type="checkbox"/> Killing of Children by Parents <input type="checkbox"/> Suicide Pact <input type="checkbox"/> Mercy Killing <input type="checkbox"/> Fratricide and/or Sororicide <input type="checkbox"/> Perpetrator Kills Batterer
2) Injuries sustained during fatality:	<input type="checkbox"/> Blunt trauma <input type="checkbox"/> Stab/Puncture wounds <input type="checkbox"/> Gunshot wounds <input type="checkbox"/> Strangulation <input type="checkbox"/> Poison <input type="checkbox"/> Burns <input type="checkbox"/> Other (specify): _____
3) Perpetrator injured by:	<input type="checkbox"/> Decedent <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Decedent's family member <input type="checkbox"/> Witness <input type="checkbox"/> Self <input type="checkbox"/> Perpetrator not injured <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
4) Officer/perpetrator interaction / Law Enforcement: (check all that apply)	<input type="checkbox"/> No interaction between perpetrator and law enforcement <input type="checkbox"/> Used force against the perpetrator <input type="checkbox"/> Used deadly force against the perpetrator <input type="checkbox"/> Made an arrest at the scene of the fatality <input type="checkbox"/> Made an identification of a suspect where the fatality occurred
5) Time lapse between the fatality and the arrest of the suspect:	<input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Unknown <input type="checkbox"/> Perpetrator at-large <input type="checkbox"/> Suicide/death of perpetrator
6) Status of perpetrator:	<input type="checkbox"/> Perpetrator at-large <input type="checkbox"/> Arrested <input type="checkbox"/> Currently incarcerated for fatality <input type="checkbox"/> Committed suicide during (timeframe) of fatality <input type="checkbox"/> Perpetrator killed by law enforcement during arrest <input type="checkbox"/> Committed suicide as a separate and distinct incident from fatality (this means that suicide was not part of the fatality) <input type="checkbox"/> Other (specify): _____
ENVIRONMENT PRIOR TO FATALITY	
<b>Injunction History on Perpetrator</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, if no skip to question 36.	
7) At time of fatality, the perpetrator was respondent of:	<input type="checkbox"/> Active injunction(s) <input type="checkbox"/> Previous injunction(s) <input type="checkbox"/> Unknown
8) Number of <b>previous</b> injunctions: _____	Month/Year issued: _____
9) Previous injunction on perpetrator:	<input type="checkbox"/> None <input type="checkbox"/> By decedent <input type="checkbox"/> Other: (specify) _____ <input type="checkbox"/> Unknown
10) Other injunction information: (Check all that apply)	<input type="checkbox"/> Injunction served on perpetrator <input type="checkbox"/> Previous injunction violated by perpetrator <input type="checkbox"/> Current injunction violated by perpetrator <input type="checkbox"/> Effort made by decedent to withdraw or remove an injunction <input type="checkbox"/> Unknown
11) Conditions of injunction:	<input type="checkbox"/> Standard conditions <input type="checkbox"/> Special Conditions (specify) _____ <input type="checkbox"/> Unknown
12) Perpetrator returned to <b>previous</b> relationship with decedent while active injunction on file:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**PERPETRATOR INFORMATION**

13) Sex:  Male  Female      14) DOB: \_\_\_\_\_ (MMDDYYYY)      15) Age: \_\_\_\_\_ Years

16) Current Marital Status:  
 N/A, perpetrator underage       Never married       Widowed  
 Married to decedent       Married to Other  
 Separated from decedent       Separated from other  
 Divorced from decedent       Divorced from other

17) Race:  
 White       Black       American Indian or Alaskan Native       Asian or Pacific Islander  
 Other (specify): \_\_\_\_\_       Unknown

18) Ethnicity:  
 Hispanic (Country \_\_\_\_\_)       Non-Hispanic       Unknown

19) Religious Affiliation: (specify) \_\_\_\_\_       None       Unknown

20) Education:  
 Decedent is a minor       Elementary       High School/GED  
 Some College       Completed College       Graduate School  
 Vocational/Job Training       Other: (specify) \_\_\_\_\_  
 Unknown

21) Occupation skill level:  
 Decedent is a minor       Professional       Clerical       Laborer  
 Technician       Military       Skilled Worker       Homemaker  
 Other: (specify) \_\_\_\_\_       Unknown

22) Employment:  
 Decedent is a minor       Employed       Unemployed       Retired       Unknown

23) Criminal History:  
 Decedent is a minor       No arrests recorded       Unknown  
 Non-violent crime arrest (s)       Domestic Violence crime arrest(s)       Other Violent crime arrest(s)  
 # with guilty conviction \_\_\_\_\_       # with guilty conviction \_\_\_\_\_       # with guilty conviction \_\_\_\_\_  
 # without conviction \_\_\_\_\_       # without conviction \_\_\_\_\_       # without conviction \_\_\_\_\_  
 # with conviction with/held \_\_\_\_\_       # with conviction with/held \_\_\_\_\_       # with conviction with/held \_\_\_\_\_  
 # without disposition \_\_\_\_\_       # without disposition \_\_\_\_\_       # without disposition \_\_\_\_\_  
 Unknown       Unknown       Unknown

	Yes	No	Unknown	Source
24) Previous incidents of Domestic Violence with different partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25) Previous history of suicide attempt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26) Known allegations of stalking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27) Previous participation in batterer's intervention program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28) Previous abuse of drugs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29) Previous abuse of alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30) Under medication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31) Previous incident(s) of animal abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32) Appeared in court for Domestic Violence offense:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33) Domestic violence related charges were dismissed against perpetrator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34) Suspected or charged in death of former intimate partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35) Former intimate partner died in accident/mysterious manner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
36) History of Domestic Violence known to other entities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37) Known incidents of prior child abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**PERPETRATOR AS BATTERED VICTIM**

If the perpetrator was a victim of battery by the decedent, complete this section.

- 38) Reported prior threats made to perpetrator by decedent (check all that apply):
- |  |       |        |
|--|-------|--------|
| Threat to kill perpetrator               | _____ | Source |
| Threat to kill children or family member | _____ |        |
| Threat to commit suicide                 | _____ |        |
| Threat to harm animals/pets              | _____ |        |
| Other: (specify) _____                   | _____ |        |
- 39) Domestic Violence related charges were dismissed against the decedent:     Yes     No     Unknown    \_\_\_\_\_ Source
- 40) Decedent suspected or charged in death of former intimate partner:     Yes     No     Unknown    \_\_\_\_\_ Source
- 41) Former intimate partner of decedent died in accident/mysterious manner:     Yes     No     Unknown    \_\_\_\_\_ Source

**PERPETRATOR SUICIDE**

If perpetrator committed suicide after the fatality, complete this section.

If Suicide occurred as a distinct incident separate from the time frame of the fatality, skip to question 93.

- 42) Cause of death: \_\_\_\_\_  
Suicide note left:     Yes     No     Unknown
- 43) Suicide appeared to be a part of the original homicide: (e.g., suicide pact, note indicated prior plan, etc)  
 Yes     No     Unknown

**RELATIONSHIP ISSUES**

- 44) Relationship of decedent to perpetrator:
- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Spouse                 | <input type="checkbox"/> Ex-spouse     | <input type="checkbox"/> Brother/Sister      | <input type="checkbox"/> In-law             |
| <input type="checkbox"/> Parent                 | <input type="checkbox"/> Step-parent   | <input type="checkbox"/> Co-habitant         | <input type="checkbox"/> Ex-co-habitant     |
| <input type="checkbox"/> Child                  | <input type="checkbox"/> Step-child    | <input type="checkbox"/> Child of girlfriend | <input type="checkbox"/> Child of boyfriend |
| <input type="checkbox"/> Girlfriend             | <input type="checkbox"/> Ex-girlfriend | <input type="checkbox"/> Boyfriend           | <input type="checkbox"/> Ex-boyfriend       |
| <input type="checkbox"/> Other: (specify) _____ |  |  |   |
- 45) Reported prior threats made to decedent by perpetrator: (check all that apply)
- |  |       |        |
|--|-------|--------|
| Threat to kill decedent                  | _____ | Source |
| Threat to kill children or family member | _____ |        |
| Threat to commit suicide                 | _____ |        |
| Threat to harm animals/pets              | _____ |        |
| Other (specify) _____                    | _____ |        |
- 46) Circumstances that apply to decedent's and perpetrator's relationship:
- |   |                              |                             |                                  |
|---|------------------------------|-----------------------------|----------------------------------|
| They lived together at some point                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| They lived together at the time of the fatality           | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>         |
| There were intimate prior to the fatality                 | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>         |
| They had a child(ren) in common                           | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>         |
| They had child(ren) in household, but not in common       | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>         |
| They always maintained separate dwellings                 | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>         |
| They had previous reported incidents of domestic violence | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>         |
| They had a significant change in relationship             | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>         |



**Health / Mental Health Factors**

61) Perpetrator taking a nonprescription medication at the time of the fatality:							
62) Medication prescribed for perpetrator at time of fatality:							
63) Perpetrator taking prescribed medication at time of fatality:							
64) Perpetrator taking psychiatric medication at time of fatality:							
65) Perpetrator had/has mental health problems:							
66a) Perpetrator attempted to commit suicide, within a week of the fatality:							
66b) Perpetrator attempted to commit suicide, prior to fatality:							

**Other Factors**

67a) Perpetrator alleged to have committed act to avenge a perceived wrongdoing by decedent:							
67b) Perpetrator alleged to have committed act to avenge a perceived wrongdoing by decedent's family member:							
67c) Perpetrator alleged to have committed act to avenge a perceived wrongdoing by another party:							
68) Immigration Status was in question pertaining to the Perpetrator:							
69) Other factor(s): (specify) _____							

**ESCALATING CIRCUMSTANCES**

If N/A is selected; a brief explanation MUST be provided.

Did the Perpetrator:	N/A			Provide brief explanation	Source
	Yes	No	Unk		
70) Abuse the decedent in public:					
71) Keep tabs on or stalk decedent:					
72) Put down the decedent's friends and family:					
73) Tell the decedent, jealousy is a sign of love:					
74) Make all decisions in the relationship (including finances):					
75) Blame decedent for abuse:					
76) Use intimidation by instilling fear through looks and gestures:					
77) Smash objects and destroy property:					
78) Tell the decedent their fears about the relationship were not important:					

**SERVICES REQUESTED, ORDERED, OR OBTAINED**

Indicate only services requested, ordered, or obtained that are related to incidents of domestic violence.

	Requested			Received		
	Yes	No	Unk	Yes	No	Unk
<b>Domestic Violence Services</b>						
79) Domestic Violence counseling services:						
80) Domestic Violence center:						
81) Religious community/church:						
82) Children services:						
83) Supervised visitation center:						
84) Other (specify) _____						
<b>Criminal Justice/Legal Assistance</b>						
85) Law Enforcement:						
86) Legal assistance/attorney:						
87) State Attorney/Prosecutor:						
88) Court/Judges:						
89) Family court:						
90) Probation/Parole:						
91) Other: _____						
<b>Health Care Provider</b>						
92) EMT/Paramedics:						
93) Ambulance service:						
94) Emergency room:						
95) Physician:						
96) Mental health clinic:						
97) Mental health program:						
98) Other: _____						
<b>Children Services</b>						
99) Dept Children & Family involvement:						
100) School involvement:						
101) Other: _____						

102) Provide the number of prior calls for service to Domestic Violence Centers: \_\_\_\_\_

103) Provide the number of prior calls for service to Law Enforcement: \_\_\_\_\_

104) Provide the number of prior calls for service concerning Child Abuse: \_\_\_\_\_

	Requested			Received		
	Yes	No	Unk	Yes	No	Unk
105) Anger Management Program: Perpetrator completed:						
106) Batterer's Intervention Program: Perpetrator completed:						
107) Substance Abuse Program: Perpetrator completed:						
108) Other Court Ordered Program(s): Perpetrator completed:						

109) Provide the number of times Anger Management Program was attended: \_\_\_\_\_

110) Provide the number of times Batterer's Intervention Program was attended: \_\_\_\_\_

111) Provide the number of times Substance Abuse Program was attended: \_\_\_\_\_

**LETHALITY INDICATORS**

*This section should reflect if the perpetrator displayed any of the following factors during the relationship, prior to the fatality.*

- 112) Emotional/Mental Deterioration
  - Suicidal
  - Loss of day to day function
  - Poor compliance with taking medication
  - Economic loss
  - Homicidal
  - History of psychiatric problems
  - Depression
  - Loss of family support
- 113) Ownership/Centrality of Decedent to Perpetrator
  - Obsessiveness about partner or family
  - Access to victim and/or family members
  - Perceived betrayal
  - Extreme jealousy
  - Rage and/or depression over separation
  - Perceived rejection after attempt to reconcile
- 114) Antisocial Behavior
  - History of domestic violence
  - History of criminal activity
  - History of substance abuse
  - History of abusing children (physically and/or sexually)
  - History of assaults on others
  - History of stalking
  - Possession of weapons
  - History of childhood abuse or witnessing violence
- 115) Failure of Community Control
  - Violation(s) of restraining order
  - Arrest(s) for domestic violence
  - Failure to complete Substance Abuse Treatment
  - Violation(s) of probation
  - Failure to complete Batterer's Intervention Program
  - Failure to complete Anger Management Program
- 116) Severity of Violence
  - Used a weapon
  - Unwanted sexual contact
  - Hurt pet
  - Sadistic/Threatening act
  - Death threat
  - Strangulation
  - Severe injury
  - Expressed concerns that she/he would be killed