



**LOUISVILLE METRO DOMESTIC VIOLENCE
PREVENTION COORDINATING COUNCIL**

FATALITY REVIEW COMMITTEE

2011-2012 REPORT

OCTOBER 2013



**LOUISVILLE METRO DOMESTIC VIOLENCE
PREVENTION COORDINATING COUNCIL
FATALITY REVIEW COMMITTEE**

KIM M. ALLEN
CO-CHAIR

JUDGE JERRY BOWLES
CO-CHAIR

October 17, 2013

Dear Reader:

As Co-Chairs of the Fatality Review Committee, we are proud to present the Committee's biennial report for Calendar Years 2011 and 2012. As in previous reports, this publication represents an attempt to document the scope of the committee's efforts by presenting an analysis of data obtained from multidisciplinary cases reviews; a summary of the committee's findings and recommendations; an overview of critical and emerging issues identified by members; and highlights of community domestic violence programs and events that were initiated during the report period. It is the ultimate goal of these efforts to prevent future domestic violence-related fatalities and to improve the overall system response to domestic violence.

The Louisville Metro Domestic Violence Prevention Coordinating Council and its Fatality Review Committee were established in 1996 and have now been in operation for over 17 years. As we reflect back over this time period, it is evident that significant strides have been made in our local efforts to address domestic violence. However, based on the growing body of research in the field, we currently know more about domestic violence than ever before and are beginning to understand the impact of this crime in much greater detail, such as the impact of exposure to domestic violence on children. While proud of its accomplishments to date, the Fatality Review Committee is keenly aware of the work that remains to be done in raising public awareness, continuing to educate key system stakeholders and finding new ways to reach out to victims in crisis.

It is our hope that readers of this report will gain new knowledge about the scope of domestic violence in our community and will rededicate themselves to the important work that needs to be done to eliminate domestic violence and prevent future domestic violence-related fatalities.

Judge Jerry Bowles
Jefferson Family Court
Fatality Review Committee, Co-Chair

Sincerely,

Kim M. Allen, Executive Director
Metro Criminal Justice Commission
Fatality Review Committee, Co-Chair

ACKNOWLEDGEMENTS

Conducting comprehensive reviews of cases involving domestic violence-related fatalities cannot be accomplished without the involvement and dedication of a broad range of system and community stakeholders. The process requires the commitment of a four-hour block of time for review and discussion of cases; presentation of current and historical case information by all agencies that had even tangential contact with the involved parties; and review of recorded court hearings involving Emergency Protective Orders or Domestic Violence Orders.

During Calendar Years 2011 and 2012, Fatality Review Committee members dedicated a total of 324 hours over the course of nine meetings to review the sixteen cases included in this report. Additionally, designated system representatives and community service providers spend countless hours collecting critical data on each case to enhance the quality of the review process and permit the detailed data analysis included within the report.

With a foundation built upon confidentiality and in recognition of the need for a blame-free environment for discussion, the Louisville Metro Domestic Violence Fatality Review Committee is one of only a few groups nationally to review pending cases—an approach that allows for quick responses to system issues requiring immediate attention. The following individuals and organizations are to be thanked and commended for their continued participation and commitment to the Fatality Review Committee.

Fatality Review Committee (FRC) Members

Ms. Kim M. Allen, Co-Chair
Criminal Justice Commission

Ms. Chris Foster
Commonwealth Attorney's
Office

Ms. Chris Owens
Office for Women

Judge Jerry Bowles, Co-Chair
Jefferson Family Court

Ms. Ingrid Geiser
Jefferson County Attorney's
Office

Mr. Kevin Pangburn
Batterer's Intervention
Program

Ms. Jamie Allen
Metro Corrections
Department

Chief Judge Stephen George
Jefferson Family Court

Ms. Kathy Paulin
Citizen Member

Dr. Amy Burrows-Beckham
Office of Chief Medical
Examiner

Mr. Ray Harris
Circuit Court Clerk's Office

Ms. Tamara Reif
Center for Women and
Families

Ms. Michele Butts
KY Probation and Parole
District 4

Colonel Mike Hettich
Jefferson County Sheriff's Office

Ms. Marcia Roth
Mary Byron Project

Ms. Sarah Caragianis
Legal Aid Society

Ms. Debbie Irwin
Jefferson County Public Schools

Judge Ann Shake
Senior Status Judge

Judge Frederic Cowan
Jefferson Circuit Court

Ms. Pamela Johnson
Citizen Member

Dr. Bill Smock
University of Louisville
Emergency Medicine

Ms. Shannon Derrick
Home of the Innocents

Judge Annette Karem
Jefferson District Court

Ms. Leigh Sullivan
KY Cabinet for Health &
Family Services

Ms. Linda Engel, L.C.S.W.
Family and Child Therapist

Lt. Carolyn Nunn
Louisville Metro Police DV Unit

Ms. Kim Tharp-Barrie
Citizen Member

*** We would also like to recognize and thank individuals who served on the Fatality Review Committee during 2011 and/or 2012 who no longer serve as members; *Beth Bacigalupi, John Balliet, Kathy Bingham, Michelle Carle, Susan Ely, Diane Graeter, Bob Knoop, Jackie Muncy, Barbara Sullivan, Judge Jennifer Wilcox, and Pam Workhoven.***



DEDICATION

THE LOUISVILLE METRO FATALITY REVIEW COMMITTEE DEDICATES THE 2011-2012 REPORT TO THE MEMORY OF MARY BYRON

Any domestic violence murder is a tragedy, and that tragedy is compounded by the fact that any domestic violence murder is preventable. A fatality review committee has, as its mission, a duty to walk back through any evidence it can find in order to find out the point in time that, had there been a change in the system, the victim would be alive.



Some homicides that the committee reviews result in small changes, perhaps better communication between agencies or more training for judges, prosecutors, or defense attorneys. The committee's work is defined by recognizing the need for these changes, and obtaining the cooperation to implement these changes to policies, procedures, or laws. The victim is always present in spirit at these meetings, as the committee searches through data, videos and files to ascertain the answer, "If this or that had been done differently, could this victim be alive today?"

This December marks the 20th year since a domestic violence murder resulted in monumental changes in the system, that were so far-reaching that tens of thousands of victims have been made safer.

In December 1993, Mary Byron was murdered at her workplace, by her ex-boyfriend. He had been arrested and incarcerated some weeks prior to her murder for assaulting and raping her. Mary and her family believed she was safe to resume her life, feeling that the man who so severely harmed her was behind bars. Neither Mary nor her parents realized that jails release prisoners before trial if they make bail. When her abuser was released, he was determined to cause her permanent and irrevocable harm.

As Mary left her workplace on a cold December night, she was buoyed by the good wishes of her co-workers. It was her 21st birthday. And as she stepped into her car with her helium balloons wishing her happiness, he approached and shot her with a gun he had purchased.

There was no fatality review committee impaneled at that time to analyze this murder but it was apparent to the community that something had to be done to fix this huge hole within our system. As we know that domestic violence abusers are a threat to their victims, believing that it is the victims' fault that they are jailed.

Taking on the challenge, Jefferson County Government worked ceaselessly to try to find a technological solution to notifying victims. After devising a system that would have victim safety at its core, VINE (Victim Information and Notification Everyday) was installed within the local jail. With the help and support of Pat and John Byron (Mary's parents), a year later it grew to become a statewide system. Today, the company that provides this life-saving and empowering system, Appriss, reports that 47 states and 2,200 communities are using VINE.

Mary's murder, and the subsequent change that resulted is an example, on a large scale, of what system change can mean to providing safety. And 20 years later, we are still committed to the concept that system change can save lives, and that no domestic violence victim's death will be in vain.

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HISTORY OF THE LOUISVILLE METRO FATALITY REVIEW COMMITTEE (FRC)

In January 1996, the Jefferson County Fiscal Court enacted Ordinance No.1, Series 1996, creating the Jefferson County Domestic Violence Prevention Coordinating Council. The Council was formed based on the recognition that domestic violence is a pervasive community problem—one that cannot be solved by a single agency. In 2003, the Council was re-authorized during the merger of the governments of the former City of Louisville and Jefferson County to form Louisville Metro Government. As with the previous Council, the Louisville Metro Domestic Violence Prevention Coordinating Council (DVPCC) was charged by ordinance with the three following general purposes:

- ❖ To improve interagency cooperation and communication in the area of domestic violence;
- ❖ To promote effective prevention, intervention, and treatment techniques which will be developed based upon research and data collection; and
- ❖ To improve the response to domestic violence and abuse in order to reduce incidents thereof.

To assist the Council with its work, standing sub-committees were created. The Mortality Review Committee (renamed the Fatality Review Committee in 2004) was created in 1996 as a result of a growing community awareness regarding the potential lethality associated with domestic violence. In March 1996, there was a high profile case involving a domestic violence fatality in the City of Louisville. As a result of this incident, a multi-agency, multi-disciplinary group was convened to review the case of Karen and Richard Graves. In December 1996, a report with findings from the case was released which contained a series of recommendations. One of the recommendations focused on establishing an ongoing multi-agency, multi-disciplinary review body to examine domestic violence cases resulting in a fatality.

The purpose of the Fatality Review Committee (FRC) is to identify areas and means by which to increase and enhance coordinated agency and community responses to domestic violence through systemic examinations of domestic violence fatalities. The goals of the FRC are focused on prevention, information sharing, accountability and systems improvement:

- ❑ Prevent future domestic violence cases and homicides;
- ❑ Improve interagency communication and coordination;
- ❑ Collect and publish data on domestic violence fatalities in Louisville Metro;
- ❑ Educate the public on the dynamics of domestic violence and related fatalities;
- ❑ Identify gaps and unmet needs in the current domestic violence response systems; and
- ❑ Recommend and assist in implementing system improvements.

The membership of the FRC primarily includes agency representatives with access to case information on local domestic violence fatalities such as social services reports, court documents, police records, autopsy reports, mental health records, hospital or medical-

related data, and any other information that may have a bearing on the case under review. Additionally, the Committee includes citizen members and representatives from agencies with a vested interest in prevention of domestic violence and system improvement. The Committee operates in the following manner:

- The Committee meets for four hours every two months or as needed.
- Prior to each meeting, members receive an agenda and case list containing information on the cases to be reviewed;
- Members are responsible for acquiring and bringing all pertinent agency documents regarding the involved parties and related records to the meeting;
- At the beginning of the meeting, members sign the confidentiality agreement (see Appendix A);
- During the meeting, each member shares the information they have on a particular case; and
- Members discuss the information, identify potential gaps in the local system response, and generate recommendations (members may also request additional data to be presented at the next meeting).

The FRC is authorized by Kentucky Revised Statute (KRS) 403.705, which allows information shared in the review process to be deemed confidential. At every meeting, members are reminded of the importance of confidentiality for all information and opinions expressed during the case reviews. Additionally, members understand that in order to perform at an optimal level, FRC members need to feel comfortable in an open, forthcoming and non-accusatory environment. The FRC has always stressed a “no blame or shame” philosophy in which individuals or agencies are not blamed or singled out. Members recognize that the perpetrator is ultimately responsible for the death, but also recognize that various systems that have contact with the victim and perpetrator may have an opportunity to intervene in a manner that could prevent a death. Therefore, criminal justice system processes, systems and policies are reviewed and improvements recommended when necessary. Since 1999, the Committee has reviewed over 115 cases. Aggregate data from cases reviewed in calendar years 2011 and 2012 is outlined under the Case Review Findings section.

“It really was great to meet the team in Louisville, and you all clearly do function as a team. A real tribute to all of your work – your commitment and dedication to preventing and responding to violence against women in a victim-centered way was evident. Thanks....Most importantly for, the deep commitment you have to making your City a safer place for victims of domestic violence and their children.”

***Bea Hanson, Acting Director
U.S. Department of Justice, Office on Violence Against Women***

STATISTICAL DATA

NATIONAL AND STATE OVERVIEW

According to the National Center for Disease Control and Prevention (2011), approximately one in three women and one in four men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. One in four women and one in seven men report having experienced severe physical violence by an intimate partner in their lifetime. Additionally, every day in the United States, approximately 3.5 individuals are murdered by intimate partners (U.S. Department of Justice, 2012).

From 1994 to 2010, the overall rate of intimate partner violence in the United States declined 64%. However, during the most recent 10 year period from 2001 to 2010, the decline in the overall intimate partner violence rate slowed and stabilized, while the overall violent crime rate continued to decline (Bureau of Justice Statistics, Intimate Partner Violence, 2012). Approximately four out of every five victims of intimate partner violence were women, with those in the age range of 18-34 years experiencing the highest rates of violence (Bureau of Justice Statistics, Intimate Partner Violence, 2012). From 1980 to 2008, among homicides for which the victim/offender relationships were known, 16.3% or approximately one in six murder victims were killed by an intimate partner (Bureau of Justice Statistics, Homicide Trends in the United States, 2011).

According to the Violence Policy Center, in 2010, Kentucky ranked 11th in the nation on the number of females murdered by males in single victim/single offender homicides. In 2010, Kentucky had 35 such homicides which equated to a rate of 1.59 per 100,000 females living in the Commonwealth. In 2012, the Kentucky Administrative Office of the Courts reported that 20,980 petitions were filed by persons seeking domestic violence protective orders (Crime in Kentucky 2012, Kentucky State Police). According to Dr. T.K. Logan (Logan, T.K, 2013), from Fiscal Year 2008 to Fiscal Year 2012, the rate of service for protective orders by state law enforcement was approximately 54%. For Louisville, Jefferson County, the service rate was approximately 78%. In 2012, the Kentucky Cabinet for Health and Family Services investigated 19,705 domestic violence-related incidents. Also in 2012, the domestic violence shelters in Kentucky received 25,302 domestic violence related calls and 4,015 (unduplicated number) individuals were provided with shelter (Crime in Kentucky 2012, Kentucky State Police).

Kentucky ranked 11th in the nation on the number of females murdered by males in a single victim/single offender homicide.

(Violence Policy Center, 2010)

LOCAL OVERVIEW

Louisville-Jefferson County Metro (365 square miles) lies in the north-central part of the state and is located on the Ohio River. Under the auspices of a combined city-county metro government, the county population of 741,096 (2010 U.S. Census) makes Louisville the largest city in Kentucky and one of the largest in the United States. The city includes a mixture of urban and suburban neighborhoods with a population that is 72.6% White, 20.8% African-American, 4.3% Hispanic, and 2.2% Asian. The average age is 37.9 years and 51.7% of the city's residents are female. The average household contains 2.35 individuals and approximately 63% own their own home.

During calendar years 2011 and 2012, there were eleven domestic-violence related homicides in Louisville Metro (these numbers reflect the statutory definition of domestic violence and include more relationships than intimate partner, Kentucky Revised Statutes, 403.720). The 11 domestic violence-related homicides represented 10% of the total number of homicides occurring within the community during this time period (116 total homicides).

From January 2011 through December 2012, Louisville Metro Police Department (LMPD) received over 73,914 domestic violence-related calls for service (an increase of 8% from January 2009 to December 2010).

Additionally, during the same time period:

- ❑ LMPD received 9,110 domestic violence-related offense reports (an increase of 6.5% from January 2009-December 2010);
- ❑ Jefferson District Court (court that processes misdemeanor criminal cases) handled 8,516 new domestic violence cases, prosecuted by the Jefferson County Attorney's Office;
- ❑ Jefferson Circuit Court (court that processes felony criminal cases) handled 967 new domestic violence cases, prosecuted by the Jefferson County Commonwealth's Attorney's Office (an increase of 32% from January 2009 to December 2010);
- ❑ There were 9,389 new Emergency Protective Orders filed in Jefferson Family Court.
- ❑ Adult Protective Services made 7,782 domestic violence referrals; and
- ❑ The Center for Women and Families (agency responsible for the community's domestic violence shelter, counseling, advocacy and other programming) provided 6,152 domestic violence-related legal advocacy services.

A table containing local criminal justice system domestic violence data for years 2005 through 2012 is listed on the following page.

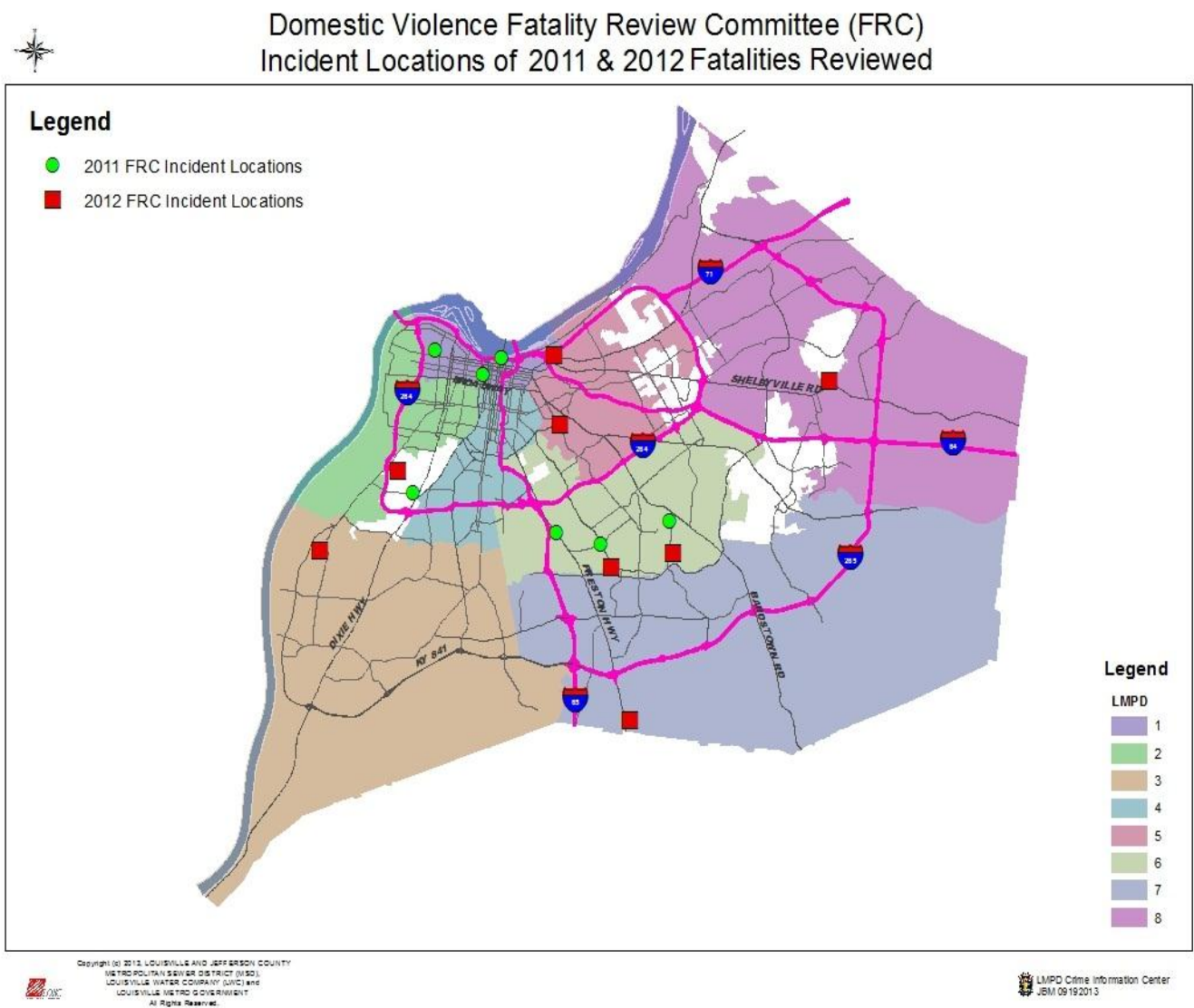
Louisville Metro Domestic Violence Statistics 2005 - 2012

	2005	2006	2007	2008	2009	2010	2011	2012
Louisville Metro Police Department								
<i>Calls for Service</i>	31,285	31,008	30,528	30,278	33,988	34,528	36,089	37,825
<i>Offenses *</i>	3,577	3,413	3,729	4,010	3,852	4,700	4,898	4,213
Homicide	8	9	12	21	11	14	3	8
Rape	67	64	52	50	69	84	112	37
Aggravated Assault	549	569	578	647	648	610	785	710
Simple Assault	2,763	2,547	2,721	2,785	2,585	3,287	3,132	2,630
Intimidation	321	335	304	370	366	516	520	439
All Other Offenses	149	49	62	137	174	189	346	389
<i>Arrests</i>	1,715	1,809	1,908	2,106	2,448	2,345	2,408	2,041
<i>* Offenses listed above are not all inclusive, but those reported had a statute-defined DV relationship code</i>								
Jefferson County Attorney's Office								
<i>New DV Cases</i>	4,277	4,174	4,295	4,180	3,794	4,541	4,473	4,043
Commonwealth Attorney's Office								
<i>DV Cases Handled</i>	349	413	460	466	378	356	490	477
Jefferson Family Court								
<i>EPO Filings</i>	5,235	5,012	5,164	5,336	5,407	5,129	4,589	4,800
Adult & Child Protective Services								
<i>APS/DV Referrals*</i>	4,129	3,813	3,740	3,643	3,626	3,852	3,687	4,095
<i>CPS/DV Referrals</i>	795	745	159	473	1,220	1,226	N/A	1,226
<i>* 2011 total reflects January-November 2011</i>								
Jefferson County Sheriff's Office								
<i>EPOs</i>								
Received	7,420	6,965	7,228	7,109	6,794	7,757	5,508	5,571
Served	5,285	5,155	5,246	6,063	6,304	5,894	4,424	4,645
Metro Corrections Department - Court Monitoring Center (CMC)								
<i>DVOT Referrals</i>	1,946	1,721	1,621	1,530	2,575	2,497	2,817	2,239
Center for Women and Families *								
<i>Individual Counseling **</i>	45,494	26,419	20,016	29,491	25,710	22,402	15,691	10,429
<i>Total Number of Residents in Shelter</i>	519	350	337	519	513	450	544	516
<i>Avg Daily Number of Residents in Shelter</i>	35	37	72	80	61	65	79	79
<i>Avg Length of Stay (days) per Resident</i>	65	52	72	54	44	37	53	38
<i>Crisis Calls</i>	4,716	3,997	4,420	5,339	3,214	3,212	3,355	3,344
<i>Legal Advocacy</i>	13,520	9,135	10,066	12,415	7,318	5,970	3,871	2,281
<i>* In 2012, the Center for Women and Families data reflects Calendar Year; previous years pertains to Fiscal Years (7/1 - 6/30)</i>								
<i>** In 2012, Individual Counseling changed from units (one unit = 30 minutes of counseling provided) to individual contacts</i>								

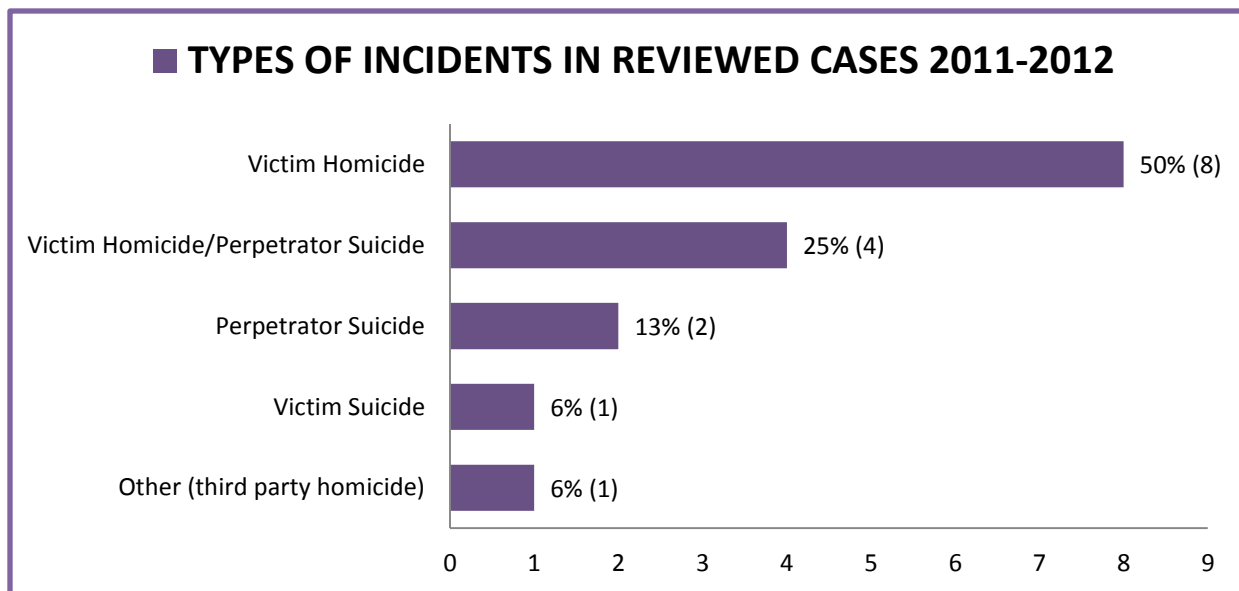
CASE REVIEW FINDINGS: 2011-2012

Overview of Fatality Review Case Data:

From January 2011 through December 2012, the Louisville Metro Domestic Violence Fatality Review Committee reviewed a total of sixteen cases. This was consistent with the Committee's 2009-2010 report, in which fourteen cases were reviewed. Of the total, eight cases occurred in 2011 and eight cases occurred in 2012. As noted on the following map, the incident sites for the cases reflected varying locations across the entire Louisville-Jefferson County community.



Of the 16 cases reviewed in 2011/2012, eight were homicides, four were murder/suicides, two were attempted murder/suicides, and two deaths involved atypical case scenarios.



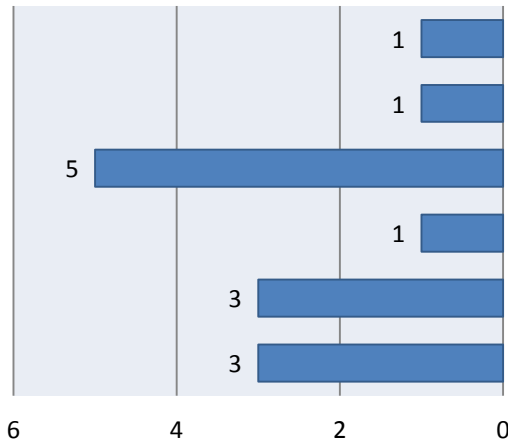
Since the dynamics of the two atypical cases varied dramatically from the other cases reviewed, they will be discussed in a separate section of this report. The following data analyses reflects the remaining fourteen cases.

Of these fourteen cases, six deaths occurred in 2011 and eight in 2012. The demographic breakdown of the victims in these cases, reflects nine female deaths (64%) and five males; eight victims were Caucasian and six were African-American. Of the offenders in the cases reviewed, eleven were male (79%), three were female, eight were Caucasian and six were African-American. A chart detailing demographics by year is listed below.

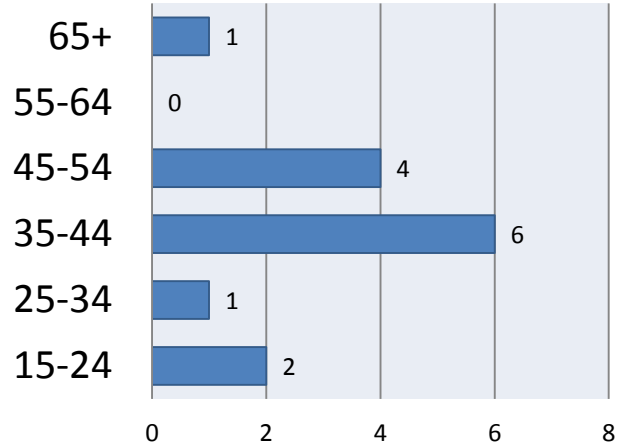
	2011	2012
Offenders		
Caucasian Males	1	5
Caucasian Females	2	0
African-American Males	2	3
African-American Females	1	0
Total	6	8
Victims		
Caucasian Females	1	4
Caucasian Males	2	1
African-American Males	2	0
African-American Females	1	3
Total	6	8

According to national data, females between the ages of 35-39 years and men between the ages of 45-49 years, experience the highest rates of intimate partner homicide (Bureau of Justice Statistics, Homicide Trends in the United States, 2011). In the local cases reviewed, the age of victims ranged from 17-76 years, however, 50% fell between the ages of 30-50 years. The ages of the offenders ranged from 17-82 years, with the majority (eight-57%) within the range of 35-46 years.

Age of Victim



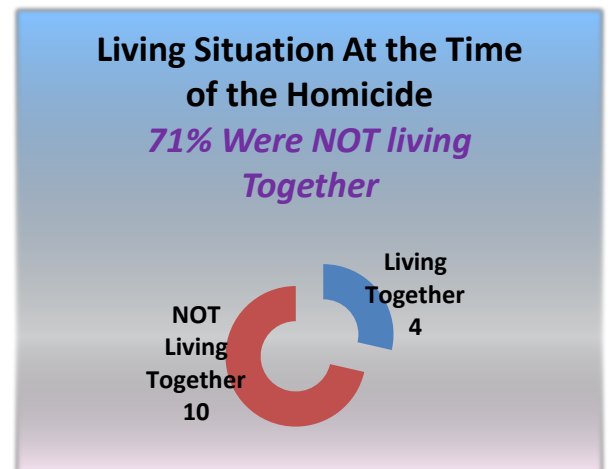
Age of Perpetrator



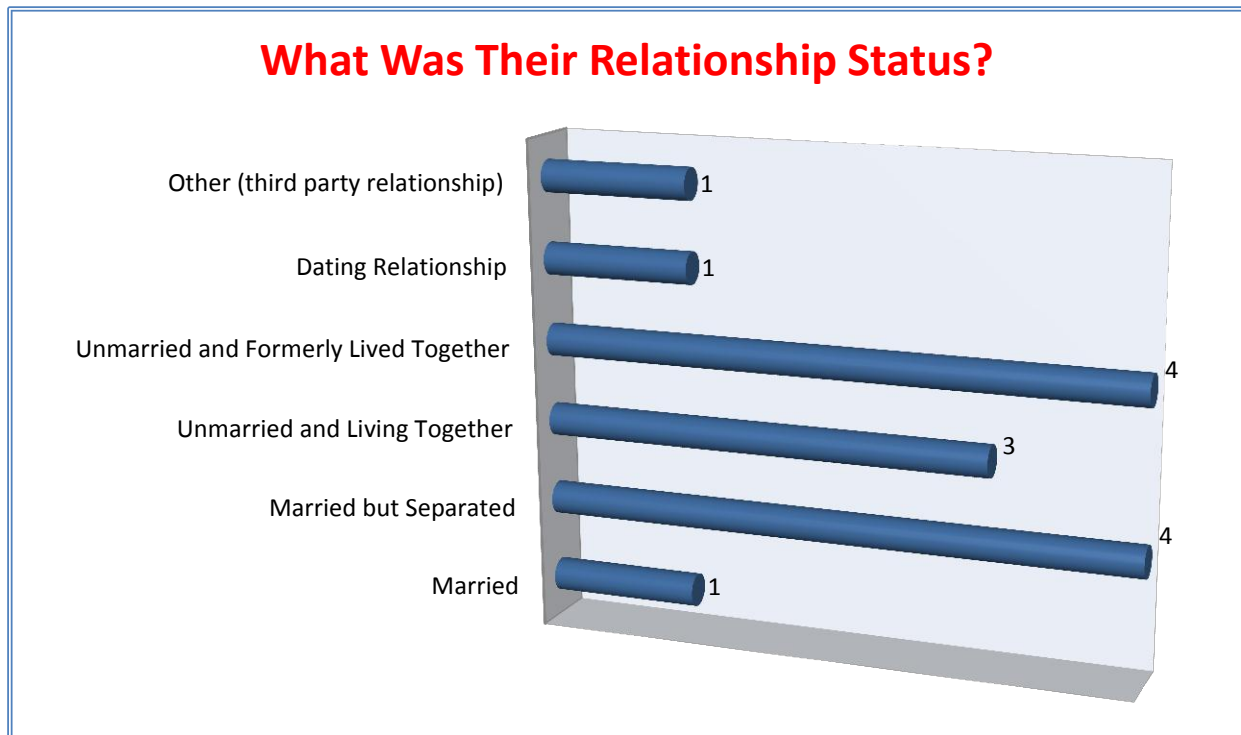
Victim Relationship to Offender:

According to national data, 69.1% of all intimate partner homicides in 1980 were committed by a spouse and 26.8% by a boyfriend or girlfriend. By 2008, these categories had nearly equalized, with 48.6% of homicides involving a boyfriend or girlfriend and 46.7% involving spouses (Bureau of Justice Statistics, Homicide Trends in the United States, 2011). In the local cases reviewed, the victim and offender were living together in 4 or 29% of the cases.

On the local level, findings differed from the national statistics in that the victim and the offender were married in five of the cases (36%). However, in the four of the five cases which involved a marital relationship, the couples were separated at the time of the incident. In seven of the remaining cases, the couples were unmarried. Of these unmarried couples, three were living together at the time of the incident, three had lived together previously and one had lived together previously and had a child in common. One of the



unmarried couples involved a same sex relationship, one involved a couple in a dating relationship, and in one case, the victim was the new boyfriend to the perpetrator's ex-girlfriend. According to the data, the average length of the relationships ranged from one month to nine years.



Victim/Offender Characteristics:

A prior criminal history was documented for ten of the fourteen offenders (71%) and six of the fourteen (43%) victims. In seven cases, the offender had a history of domestic violence in a prior relationship (50%) including six with a prior Emergency Protective Order. In two cases (14%), victims were reported to have a history of domestic violence in a prior relationship.

In four cases, the perpetrator made threats to kill the victim or another person. In three of these cases, the victim disclosed the threats to someone and in one case the perpetrator disclosed the threats.

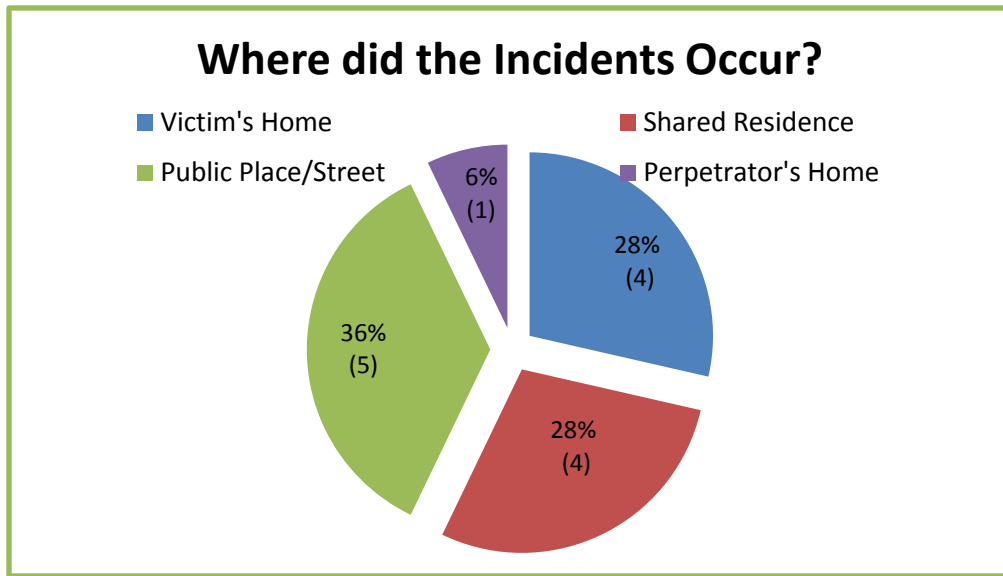
WHAT WAS KNOWN ABOUT THE VICTIM AND PERPETRATOR				
VICTIM			PERPETRATOR	
<i># of cases in which factor was present</i>			<i># of cases in which factor was present</i>	
		Criminal History		
6	Felony Charges/Convictions		Felony Charges /Convictions	9
6	Misdemeanor Charges/Convictions		Misdemeanor Charges/Convictions	10
5	Prior Alcohol Charges/Convictions		Prior Alcohol Charges/Convictions	5
5	Prior Drug Charges/Convictions		Prior Drug Charges/Convictions	5
2	Prior History of DV		Prior History of DV	7
		Substance Abuse/Mental Health History		
3	Prior Substance Abuse		Prior Substance Abuse	6
1	Prior Batterer's Intervention Program		Prior Batterer's Intervention Program	2
1	Prior Mental Health History		Prior Mental Health History	4
0	Prior Suicide Attempts	Prior Suicide Attempts	3	
		Other Factors		
1	Owned a Gun		Owned a Gun	9
0	Jealous Behavior		Jealous Behavior	5
0	Controlling Behavior		Controlling Behavior	5
0	Strangulation		Strangulation	1
0	Threaten to Harm or Kill Victim or Another Person		Threaten to Harm or Kill Victim or Another Person	4
0	Recent loss of Job or Income	Recent loss of Job or Income	1	

Incident Information

Location of Incident

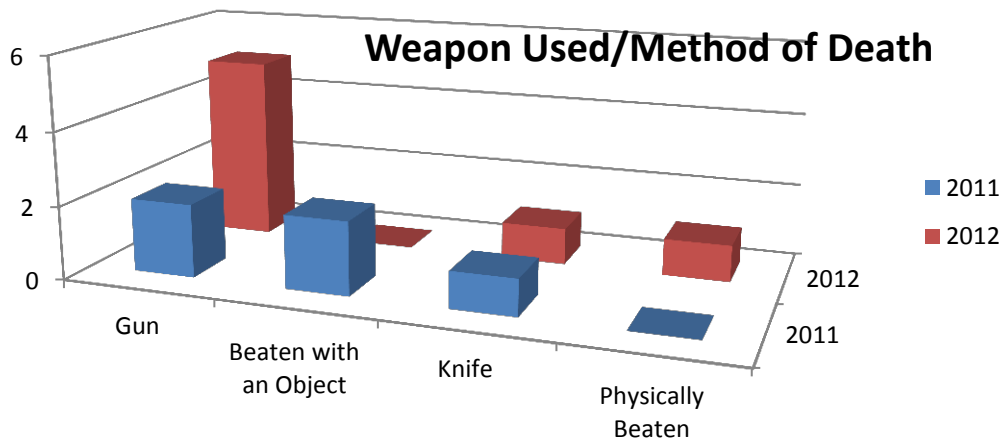
All of the incident locations in the cases reviewed occurred within Louisville-Jefferson County, Kentucky; and one incident occurred in Southern Indiana. In eight of the cases, the incident occurred in the home (either the victim's home or a shared residence); five of the cases occurred in a public place or parking lot, and one of the cases occurred in the home of the perpetrator. This data corresponds with national findings from the Bureau of Justice Statistics (2007) which reports that over 60% of intimate partner violence occurs in the home. Additionally, approximately 12% of intimate violence occurs in public locations (commercial place, street, parking lot, etc.)

According to the case data, six of the incidents occurred between 9 p.m. and 3 a.m. which corresponds with national data indicating that most domestic violence incidents occurred at night between 6 p.m. and 6 a.m. (Bureau of Justice Statistics, 2007). While there was no clear pattern involving day of week, five of the fourteen cases occurred during the month of November (36%).



Weapons/Method of Death

Of the fourteen cases, twelve involved homicides and two victims were shot, but not killed. In determining the method of death for a domestic violence fatality, death is assumed to have been caused by the most lethal weapon used. Of the twelve homicides, a gun was used in seven (58%), a knife in two cases, an object was used to strike the victim in two cases, and one victim was physically beaten. In addition, two of the victims who were shot were also physically beaten, a victim who was stabbed also was physically beaten, and a victim who was physically beaten was also strangled. The number of cases which involved the use of a handgun is higher in 2011/2012 than cases reviewed in 2009/2010, in which only three (21%) involved the use of handgun.



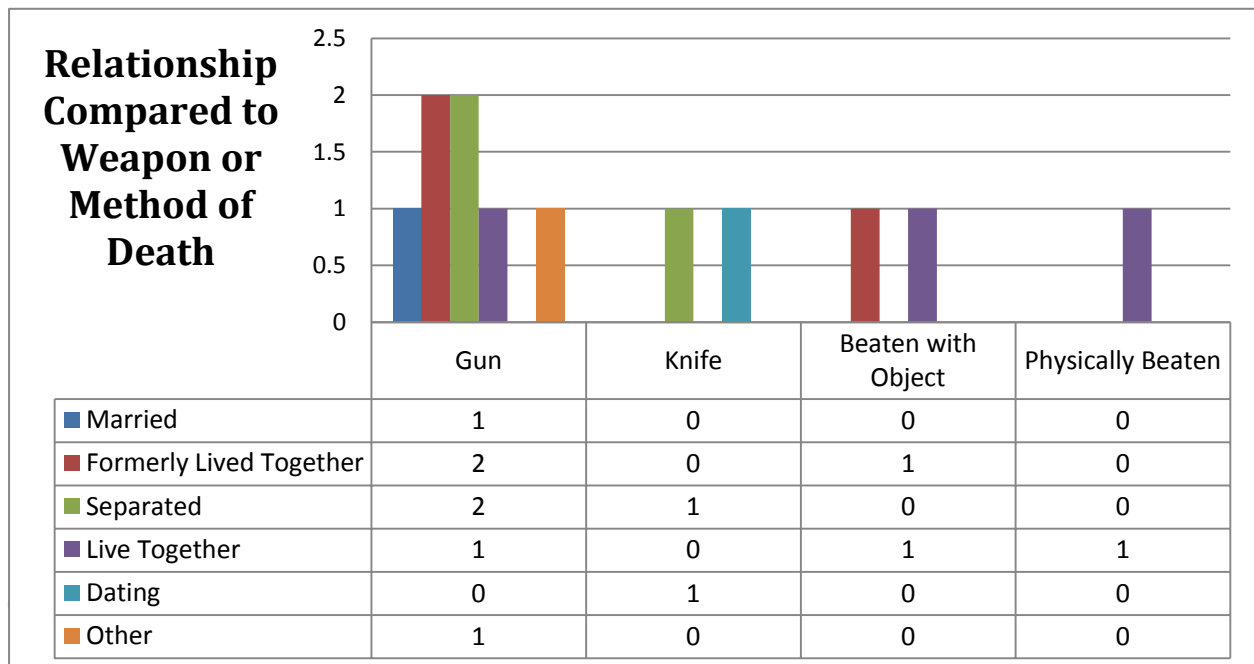
Nationally, according to the Bureau of Justice Statistics, guns are most often used in intimate partner homicide, while the type of weapon varies by relationship.

Homicides in the United States, by Intimate Relationship & Type of Weapon, 1980-2008							
Victim's Relationship to Offender	Total	Gun	Knife	Blunt Object	Force*	Other Weapon	Unknown Weapon
Husband	100%	66.1%	27.6%	2.1%	1.0%	1.3%	1.8%
Ex-Husband	100%	83.6	10.9	1.6	0.4	1.3	2.2
Wife	100%	66.7	14.5	4.7	10.3	1.1	2.7
Ex-Wife	100%	75.0	13.2	2.7	6.4	0.7	2.1
Boyfriend	100%	44.8	49.7	1.2	1.3	0.9	2.1
Girlfriend	100%	54.5	20.4	5.0	15.2	1.1	3.8
Same-Sex Relationship	100%	30.8	41.1	10.3	14.1	1.4	2.4

Note: Percentages are based on the 63.1% of homicides from 1980 through 2008 for which the victim/offender relationships were known. See section on intimate partner violence. *Includes hands, fists, or feet.

From 1980-2008, two thirds of spouses/ex-spouses were more likely to be killed by guns. According to the 2011-2012 local case review data, in three of the four cases involving married and/or separated couples, a firearm was used. In one case involving a separated couple, a knife was used. Of the remaining cases involving those who were living together or who had previously lived together, three of the cases involved a firearm, two victims were beaten with an object, and one was physically beaten to death. Also, in one of the cases, a gun was used by a perpetrator against the new boyfriend of his ex-girlfriend and in a remaining case, involving a couple in a dating relationship, the victim was stabbed.

As noted above, twelve of the fourteen cases were homicides and two victims were shot, but not fatally wounded. A chart detailing the method of death/weapon used in the twelve cases, by relationship type, is included below.

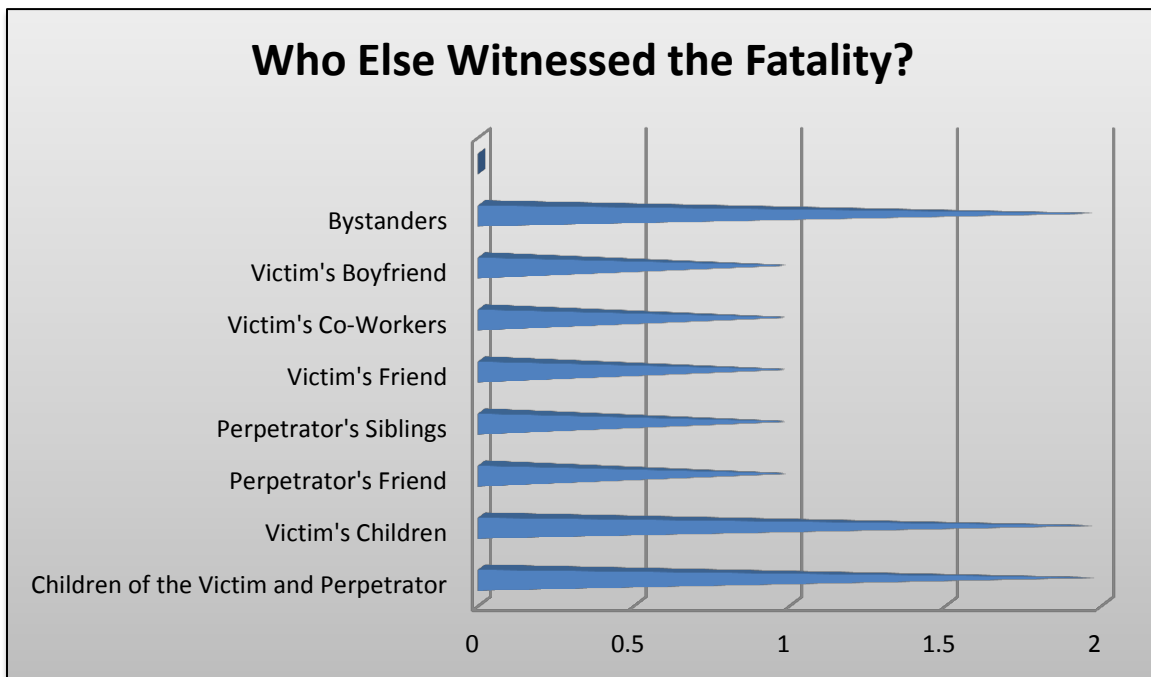


In the cases reviewed:

- ❖ Seven had prior police runs involving the couple
- ❖ Five had prior police reports involving the couple
- ❖ Five had active protective orders involving the couple at the time of the incident
- ❖ Three had prior protective orders involving the couple
- ❖ One couple had both a past and current protective order
- ❖ In seven of the cases, the perpetrator had used alcohol and/or drugs prior to the incident
- ❖ In five of the cases, the victim had used alcohol and/or drugs prior to the incident
- ❖ In two of the cases, neighbors reported hearing or seeing prior domestic violence involving the couple
- ❖ In one case, a third party homicide (new boyfriend) was sustained
- ❖ In eight of the cases, there were witnesses to the incident

Witnesses

In eight of the fourteen cases, there was a witness or witnesses present who saw the fatality occur. In two of the eight cases, due to the incident location, bystanders were present. In two of the eight cases, children of the couple were present during the incident. In six cases, the witnesses were comprised of the victim’s children, the victim’s friend, the victim’s new boyfriend, co-workers of the victim, the perpetrator’s siblings, and the perpetrator’s friend. The following witness categories total more than eight due to the presence of multiple witnesses in some cases.



Children Present and/or Harmed in Incident

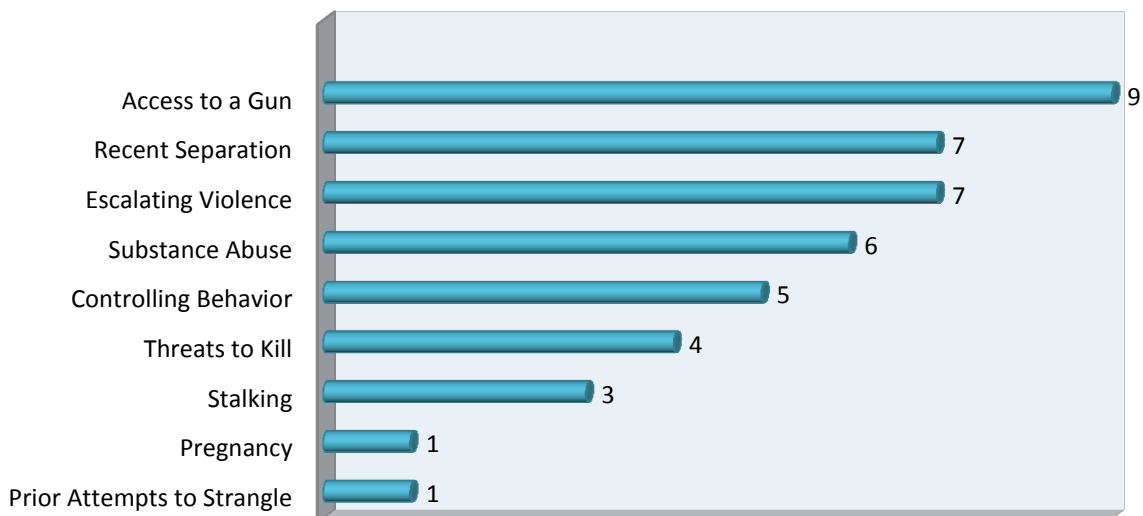
In five of the cases, a child or children were present during the incident (nine children total). Ages of the children ranged from one year to twelve years. According to national research, children were living in the home during 38% of the domestic violence incidents against women and 21% of the incidents against men (Catalano, S., et al 2009). Locally, children were present in approximately 33% of cases.

In one of the cases reviewed, two children under the age of seven, were killed along with their mother. National FBI homicide data indicates that approximately 4% of all homicides involve a son/daughter (Crime in the United States, 2012). In 1997, 6% of homicides of children and youth were committed as part of a multiple-victim family murders in which a family member killed a child along with other victims. Of these children killed, three-fourths were under age 12 (Finkelhor, D. and Ormrod, R., 2001). Fathers and stepfathers were responsible for the majority of these multiple victim family homicides (60%). Perpetrators commit suicide in approximately 40% of these types of cases. A special section on Children Exposed to Domestic Violence is included on page 18.

Lethality Factors

The Danger Assessment Tool, developed by Jacquelyn C. Campbell, Ph.D., R.N., in 1985 and revised in 1988, provides assistance in evaluating the degree of danger faced in a in a relationship characterized by domestic violence. The tool helps identify risk factors that have been associated with an increased likelihood of domestic violence lethality. In national studies, selected lethality markers have been found to multiply the odds of homicide over nonfatal abuse. A list of these factors and their prevalence within the cases reviewed is detailed in the chart below.

Lethality Factors Noted in Reviewed Cases



(Klein, 2009; McFarlane, J.M. et al, 1999; Campbell, J. et al, 2003)

Additionally, in three of the cases, the separated victims were in new relationships and in three cases, there were recent changes in the relationship such as a filing for divorce or service of an EPO. One victim was also pregnant at the time of the incident.

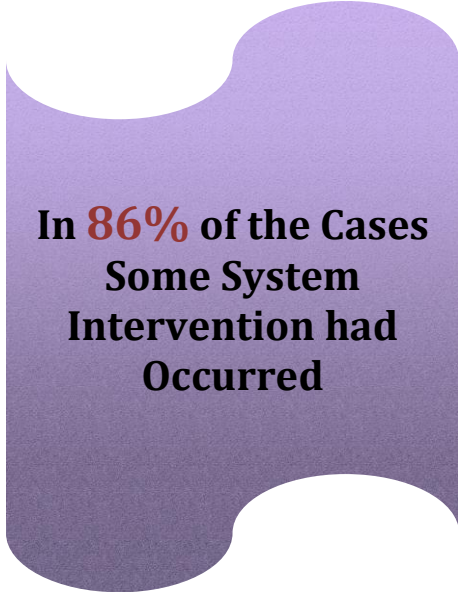
Expectant mothers are more likely to die from murder or suicide than from the most common pregnancy-related medical problems. Approximately three out of every 100,000 women who are pregnant or have a child less than one-year-old are murdered while fewer than two out of every 100,000 women died from pregnancy-related bleeding, preeclampsia or improper development of the placenta. Approximately one half of those women who died violently had some sort of conflict with their current or former partners leading up to the death. Approximately 42.4% of the suspects in pregnancy associated homicides were a current or former intimate partner of the victim. Victims of pregnancy-associated intimate partner homicide are more likely to be unmarried, younger (age 24 and below) and African-American (Palladindo, CL. Et al. 2011).

Prior Court/Criminal Justice System Contact:




In twelve of the fourteen cases (86%), either the victim and/or the offender had prior contact with the local courts or criminal justice system. For the 2011-2012 cases reviewed, the average number of agency contacts was 4.7 (down from 6.4 agency contacts in 2009-2010). Cases reviewed in 2012 had somewhat fewer contacts (average of 3) than cases reviewed in 2011 (average of 4.3).

In seven of the cases, the police were contacted and/or involved. In seven of the cases, agencies within the Emergency Protective Order process were involved (Jefferson County Sheriff's Office, Family Court, and Circuit Court Clerk's Office). Adult Protective Services had contact in six of the cases.

In three of the cases, there was involvement in the criminal process through the Jefferson County Attorney's Office and Jefferson District Court. Probation and Parole and the Center for Women and Families were involved in three cases. In four cases, it was reported by Metro Corrections that either the victim and/or the perpetrator had been ordered to attend the Batterer's Intervention Program. In three cases, either the victim or the perpetrator had been ordered by the court to attend substance abuse treatment.



**In 86% of the Cases
Some System
Intervention had
Occurred**

PRIOR CONTACT WITH GOVERNMENTAL, NONPROFIT OR COMMUNITY AGENCIES		
 Justice System Agencies	Jefferson County Commonwealth's Attorney	0
	Jefferson County Circuit Court Clerk's Office	7
	Jefferson County Sheriff's Office	7
	Jefferson District Court	3
	Jefferson Circuit Court	0
	Jefferson Family Court	7
	Louisville Metro Corrections	4
	Court Monitoring Center – Batterer's Intervention Program	4
	Other Court-Ordered Treatment	3
	Louisville Metro Police/Law Enforcement	7
	Jefferson County Attorney	3
Kentucky Probation and Parole	3	
 Social Service Agencies	Adult Protective Services	5
 Community Based Programs	Center for Women and Families	3

Case Outcomes/Dispositions:

Unlike many other jurisdictions throughout the country that conduct multidisciplinary case reviews, the Louisville Metro Fatality Review Committee reviews open cases. This is done so that efforts can be initiated more immediately to correct issues that may be identified in an attempt to prevent similar fatalities. As a result of reviewing current cases, final dispositions are not available for a number of the cases.

Of the fourteen cases, six perpetrators committed suicide. Of the six perpetrators who committed suicide, all used a handgun. Five of the suicides occurred during the incident and one occurred immediately after the incident at a nearby location.

In seven cases, a perpetrator was arrested. Of this number, seven cases are being prosecuted and six are pending within the local court system. Of the single case in which a disposition is known, the case went to trial, the jury found the perpetrator guilty, and the perpetrator received a 65-year sentence. In one case no arrest was made because the homicide was ruled to be in self-defense.

ATYPICAL CASE SCENARIOS:

As mentioned earlier, the Fatality Review Committee reviewed two cases in 2011 in which the dynamics varied significantly from the other cases reviewed. One case involved a victim who committed suicide. This victim had a prior history of domestic violence with a perpetrator but at the time of the suicide, the couple was not living together or involved in a relationship. According to national research, approximately 26.1% of suicides in female victims were related to intimate partner problems (Palladindo, CL. Et al. 2011).

The former boyfriend in this case had a prior history of domestic violence with other victims including previous protective orders. He also had a previous criminal history which involved felony and misdemeanor convictions. At the time of the victim's suicide, there were domestic assault charges pending against the perpetrator with the victim which resulted in a conviction on a plea agreement and a sentence to five years probation.

The second case involved the death of a three-year-old boy who was killed by the new boyfriend of the child's mother. The child's mother had a history of domestic violence with the child's biological father, but no documented domestic violence history with the new boyfriend. The child's death occurred while the mother was at work and the new boyfriend was watching the child. The perpetrator had a prior history of domestic violence with other victims including previous protective orders. He also had a previous criminal history which involved felony and misdemeanor convictions. The perpetrator in this case was arrested, convicted on a plea agreement and sentenced to twenty years.

CHILDREN EXPOSED TO DOMESTIC VIOLENCE

The issue of children exposed to domestic violence is not a new issue, however, new research findings are beginning to reveal the long-term impact of the exposure on children. According to a report of the Attorney General's National Task Force on Children Exposed to Violence, released in December 2012, exposure to violence is a national crisis that affects approximately two out of every three children. Approximately 15.5 million U.S. children live in families in which partner violence occurred at least once within the past year, and seven million children live in families in which severe partner violence occurred (McDonald, R., Ernest, J., & Suhasini, R.M., et al, 2006). Research indicates that children were living in the home during 38% of the domestic violence incidents against women and 21% of the incidents against men (Catalano, S., et al 2009). Most children exposed to family violence, including the 90% exposed to intimate partner violence, saw the violence as opposed to hearing it or other indirect forms of exposure (Hamby, S. et al 2011).

Children exposed to intimate partner violence, especially repeated incidents of violence, are at risk for difficulties with interpersonal skills, psychological and emotional problems such as depression and anxiety, problems with attention and concentration and externalizing behavior problems such as aggressiveness and problems with school performance. Children in these families often experience a sense of terror and dread that they will lose an essential caregiver due to injury or death and they will lose their relationship with the offending parent. According to the Attorney General's Report, the financial costs of children's exposure is "astronomical." Many of the financial costs are incurred by the public/government through child welfare and protection agencies, law enforcement, juvenile justice, and education. Of note, these costs do not include the long term expenditures incurred by these children as they grow, such as loss of educational opportunities, counseling costs, impact to personal relationships, etc. Although it should be noted that children exposed to violence react in

Intimate partner violence within families puts children at high risk for severe and potentially lifelong problems with physical health, mental health and school and peer relationships as well as for disruptive behavior.

2012 Attorney General's
National Task Force on
Children Exposed to Violence



different ways and have significant resiliency capabilities. Children can heal if they are identified and given specialized services, treatment, support and care.

According to local police data, it is estimated that a child is present in approximately one in every three domestic violence incidents within Louisville-Jefferson County Metro. In order to address the issue of children who are exposed to or witness to domestic violence, the local Domestic Violence Prevention Coordinating Council (DVPCC) formed a Children Who Witness Domestic Violence Committee in 2002. The Committee primarily focused on training and awareness initiatives and on developing pilot projects. Legislation advocating for the development of a Kentucky Task Force on Children Exposed to Domestic Violence has also been filed during recent sessions of the Kentucky General Assembly by a member of the local legislative delegation. The stated purpose of this task force was to collect data and to document the scope of the problem and its costs to public systems in the Commonwealth of Kentucky. While the legislation has yet to pass, it has assisted in the education of state and local leaders on the issue.

In 2011, a new initiative focusing on this issue was launched, the Children Exposed to Violence Collective Impact Initiative (CEVCII). The Center for Women and Families, the community's shelter and primary site for victim assistance and domestic violence programming, raised the issue and the need for a comprehensive community-wide approach during a meeting of the Domestic Violence Prevention Coordinating Council. The CEVCII is a secondary violence prevention initiative using collective impact as a model for leveraging expertise, skills and resources to interrupt the cycle of violence and implement a community-wide, multi-system response to children's exposure to violence in Louisville. The goal of this community intervention is to mitigate the effects of violence exposure and prevent future victimization and perpetration of violence, thereby creating a safer community. The CEVCII consists of a diverse group of over 40 partners, including non-profit agencies, private practices, law enforcement, higher education, and the school and court systems. The CEVCII has been steadily making progress and developing a strong collaborative strategic plan to move the community forward. This includes coordinated and collaborative "asks" to local, state and federal funders, increasing awareness through events and conferences, and development of a plan supported by research and by all agencies involved that will help guide this community in its development of programs and services for this population.

TRAUMA-INFORMED CARE

Traumatic experiences can be shocking or terrifying and can involve a single event or multiple events that compound over time. Often these experiences include betrayal by a trusted person and a feeling of loss such as a loss of safety, loss of self or a loss of identity. Trauma can be the result of an act of violence, such as a sexual assault, a physical assault, or other abuse that induces feelings of powerlessness, fear, hopelessness, anger, guilt, shame and a state of constant vigilance. Trauma impacts an individual's core sense of being as well as their relationships. Trauma-informed care is an approach to engage people with histories of trauma by recognizing the presence of trauma symptoms and acknowledging the role that trauma may be playing in their lives. Trauma-informed care is a new type of evidence-based intervention and service delivery that has been adopted nationally in many environments including the delivery of mental health services, substance abuse treatment services, domestic violence programs and victim assistance. It assists in identifying, assessing and healing people injured by, or exposed to, violence and other traumatic events (Attorney General's National Task Force on Children Exposed to Violence, 2012). At its most basic level, the incorporation of trauma-informed care changes the paradigm from one that asks "What is wrong with you?" to one that asks "What has happened to you?" (Substance Abuse and Mental Health Services Administration, 2013)." Organizations that have incorporated trauma-informed care have modified all aspects of their service delivery and administration to include a basic understanding of how trauma effects the lives of those individuals who seek their services. This allows these organizations to be more supportive to those they serve and avoid re-traumatization.

Trauma-specific interventions are designed to address the consequences of trauma and to facilitate healing. Every survivor is different and therefore their individual needs are different. What one person may find to be traumatic, another may not. Many individuals seeking services for domestic violence have experienced traumatic events in their lives such as histories of past physical and/or sexual abuse. A trauma-informed care approach allows those assisting these individuals to better understand a survivor's vulnerabilities or "triggers." Many behaviors and responses expressed by survivors are directly related to traumatic experiences. Implementing a trauma-informed approach involves utilizing the trauma lens to share services and interactions with the goal of minimizing trauma "triggers." This recognition is not found in the traditional service delivery approaches, so personnel may be unaware of responses or behaviors that "triggers" a response in a survivor – perhaps causing them to not pursue assistance. Staff may be left wondering why this individual stopped coming to counseling or participating in their court case.

Trauma-informed care can be provided to adults and children. To provide trauma-informed care to children, youth and families, professionals must understand the impact of trauma on child development and learn how to effectively minimize its effects without causing additional trauma (Administration for Children & Families, 2013). Untreated child trauma can be the root cause of many of problems, including low academic achievement, mental health problems, addiction, poor health, and crime (The National Child Traumatic Stress Network, 2013). A number of recommendations within the 2012 Attorney General's National Task Force on Children Exposed to Violence contain the use of trauma-informed

principles and care to assist with the healing process and hopefully prevent many of the long-term negative effects that may occur in their lives.

Trauma-informed care also recognizes that secondary trauma can also impact those providing services to survivors and their families, such as victim advocates, law enforcement and those who work in social services or within the court system. Implementation of a trauma-informed care model within an organization will educate the administration and personnel on how to identify and recognize compassion fatigue as well as utilize strategies to decrease the risk for developing trauma-related symptoms.

Locally, the Center for Women and Families (CWF) has incorporated Trauma-Informed Care as a core goal within its five year strategic plan. The CWF applied for and received a grant for funds that will allow them to partner with national experts to help guide the organization through the process. A small workgroup of staff and clients has been formed to help develop an implementation plan which includes an agency self-assessment, training, changes to policies and procedures, adoption of trauma-specific tools and interventions for work with clients, changes to their space/environment, and a greater focus on vicarious trauma. This implementation of trauma-informed care will represent a paradigm shift for the CWF – changing the very core of the organization. Once the transition is completed, the CWF will be empowered with cutting edge education, skills and trauma-specific tools to meet clients right where they are and partner with them toward healing. Staff and clients will be able to understand the full scope of trauma histories and how it impacts client's lives, behaviors, ways of coping, and needs for support and healing.

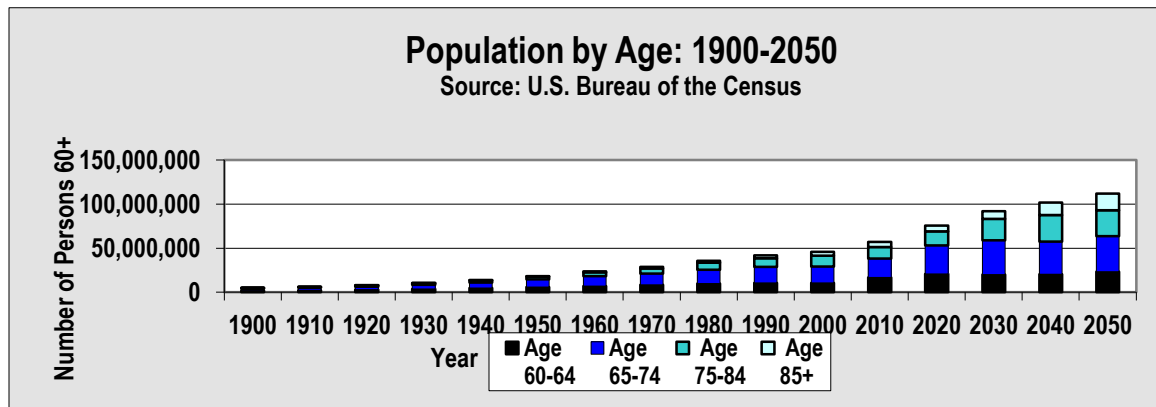
Additionally, in order to help create awareness of the need for trauma-informed within the local community, the Domestic Violence Prevention Coordinating Council has scheduled two upcoming seminars on the issue in October 2013. One session entitled *“Creating a Trauma-Informed System to Work with the Public: Why We Should and How to Get Started”*, is being offered to those working within the local criminal justice and social services systems. A second training session on the issue, entitled *“What is Trauma-Informed Care and How Can it be Used within the Court System”*, is being offered to members of the local judiciary, judicial support staff and court administration personnel. It is hoped that these trainings will prompt a larger community discussion on trauma-informed care and how it can be used to assist victims of domestic violence, children exposed to domestic violence and others within the local court and criminal justice systems.

A judicial system that understands the effects of trauma will render very different disposition decisions and effect different and individualized services at an early point of contact.”

*Tadarial Sturdvant, Director,
Wayne County (Michigan)
Child and Family Services;
from the 2012 Attorney
General's National Task
Force on Children Exposed
to Violence*

DOMESTIC VIOLENCE HOMICIDES INVOLVING SENIORS

According to the Centers for Disease Control and Prevention, the growth in the number and proportion of older adults is unprecedented in the history of the United States. Longer life spans and aging baby boomers will combine to double the population of Americans aged 65 years or older during the next 25 years, to about 72 million. By 2030, older adults will account for approximately 20% of the U.S. population (Administration on Aging, 2008). In Kentucky, this percentage is estimated to be 25.6%.



As a result of this population shift, those who work with victims of domestic violence will likely see an increase in the number of senior victims entering the criminal justice or civil protection system. Repeated research shows that domestic violence can occur within relationships at any stage of life, but domestic violence experienced by older individuals can be a product of a long-term abusive relationship or it can occur later in life as a result of changes within the couple's health or financial situation. Most states statutorily define domestic violence within relationships such as married couples, couples who live together, dating relationships, children in common, etc. According to the Administration on Aging, over half (55.1%) of older non-institutionalized persons lived with their spouse in 2010. Due to the statutory definition of domestic violence, communities may encounter fatalities categorized as domestic violence homicides that do not reflect the traditional dynamics of intimate partner violence. These cases may have no history of domestic abuse or violence, but instead encompass a myriad of elderly aging issues such as chronic health problems, cognitive disease, lack of family or caretaking support, risk of institutionalization, and lack of financial means. These cases may involve murder/suicides in which one spouse kills the other and then themselves or attempted murder suicides. According to national data, only 4% of known homicide offenders are 55 years of age or older (Crime in the United States 2012), but approximately 31.6 % of suicide victims are 55 years of age or older (Violence Policy Center, 2012). Older individuals are disproportionately likely to die by suicide. Suicide rates for adults who are 75 years of age and older was 16.3 per 100,000 and for males in this age group it was 36 per 100,000. (Centers for Disease Control and Prevention, 2012).

According to the Violence Policy Center, approximately 25% of murder/suicides involved a murderer who was 55 years of age or older. Although there is little conclusive research

available, some studies indicate that terminal illness in a spouse (usually the victim) and depression in the other spouse (typically the perpetrator) may be risk factors for homicide/suicide in an older couple (Bell, C.C. and McBride, D.F., 2010). Additionally, one study, which tracked homicide/suicides over a seven-year-period in Florida, reported that annual incident rates for homicide/suicides ranged from .4-.9 per 100,000 for persons age 55 and older and from .3-.7 per 100,000 for persons under age 55 (Cohen, D., Liorente, M., and Eisdorfer., C., 1998). Perpetrators in the older age group were found to be male and the majority of the cases involved spouses or those in long-term relationships. Data from the study also indicates the presence of mental health problems in the perpetrators, such as depression, abuse of alcohol or drugs, threats of suicide or attempted suicide. Depression has been implicated in homicide, suicide of older men, and homicide/suicide of couples. As people continue to live longer, with the greater likelihood of frailty and disability (including Alzheimer's disease and related disorders), spouse caregivers will continue to be at high risk for depression and other psychiatric disorders.



For this small subset of domestic violence homicides, the motive for these crimes may be related to fear of taking care of (or not being able or wanting to take care of) a loved one who suffers from a disabling disease, not wanting to be a burden to family, not wanting to live in a long-term care facility as well as untreated mental health issues, primarily depression, in the perpetrator. While considered domestic violence, these cases may best be reviewed or referred to a multi-disciplinary group of stakeholders whose focus is elder abuse, neglect and exploitation who have the knowledge and expertise to determine what community services could have been offered or provided that might have changed the outcome for this couple. Additionally, these cases focus attention on the larger issue of elder suicide and whether current community awareness and prevention programs address the specific needs of a population which is aging.

Locally, there have been a small number of cases within the past several years involving seniors. When the initial cases came to the attention of the Fatality Review Committee (FRC), members found them particularly challenging since the dynamics were significantly different from other more traditional cases reviewed by the Fatality Review Committee. Members were unsure what recommendations to make that might help prevent future, similar incidents. Based on a recommendation of the Fatality Review Committee, the Chair of the local Elder Abuse Services Coordinating Committee is invited to participate in all case reviews involving seniors and share his/her specialized knowledge and experience with members. Recommendations or suggestions that arise during meetings are often referred to the Elder Abuse Services Coordinating Committee to implement, since the Committee has the key stakeholders at the table to refine the recommendations, work through any barriers, and develop an action plan for implementation.

66% of female victims
or former intimate partner
National Center for Victims of Crime

66% of female victims and 41% of male victims of stalking are stalked by a current or former intimate partner.

National Center for Victims of Crime – Stalking Resource Center

STALKING AND DOMESTIC VIOLENCE

According to the national Stalking Resource Center, approximately one in six women and one in nineteen men will be victimized by stalking at some point during their lifetime in which they will feel fearful or believe that they or someone close to them will be harmed or killed. Of these victims, 46% will experience at least one unwanted contact per week.

A question related to stalking behavior, “does he follow or spy on you....,” is included in Jacquelyn Campbell’s Danger Assessment form since stalking is associated with increased risk of homicide for women and men in violent relationships. More than half of partner violence victims are stalked by their partners and the vast majority (90%) of partner violence victims who report ever being stalked by a violent partner, report being stalked the year prior to obtaining a protective order (Logan, T., L. Shannon and J. Cole, 2007). The average duration of partner stalking appears to be just over two years (Logan, T.K. and Walker R., 2010). In one study, over 51% of stalking victims indicated that it had occurred at least once on work premises (Reeves, C.A. and O’Leary-Kelly, A., 2009). Additionally, 30% of domestic violence offenders in offender treatment reported stalking behaviors towards their victim (Buhi, E et al, 2009).

Intimate partner stalkers approach their targets frequently and their behaviors escalate quickly (Mohandie, K. et al, the RECON Typology of Stalking: Reliability and Validity Based upon a Large Sample of North American Stalkers”, 2006). Research suggests that abusive partners who stalk are more violent than those who do not stalk (Klein, A.K., 2009). Approximately 90 percent of actual or attempted lethality victims who experienced a physical assault in the preceding year were also stalked by the violent partner (McFarlane, et al, 1999). The most frequently cited tactic used by stalkers is physical surveillance, such as following or spying on their victim or showing up at places that the victim frequents.

Stalking has been identified as a crime in all 50 states as well as the District of Columbia, U.S. Territories, and by the federal government. In more than half of these states, stalking is classified as a felony only upon second or subsequent offense or when the crime involves an aggravating factor, such as possession of a deadly weapon, violation of a court order, etc. In Kentucky, stalking is defined as.... “to engage in an intentional course of conduct, directed at a specific person or persons, which seriously alarms, annoys, intimidates, or harasses the person or persons and which serves no legitimate purpose. The course of conduct shall be that which would cause of reasonable person to suffer substantial mental distress and means a pattern of conduct composed of two or more acts evidencing a continuity of purpose (Kentucky Revised Statutes 508.130-150; Kentucky Legislative Research Commission, 2013).”

A person is guilty of Stalking in the First Degree when he intentionally stalks another person and makes an explicit or implicit threat with the intent to place that person in reasonable fear of: sexual contact as defined in KRS 510.010; serious physical injury or death AND a protective order has been issued by the court to protect the same victim(s), or a criminal complaint is currently pending with a court with the same victim(s), or the defendant has been convicted/pled guilty within the previous five years to a felony or a Class A misdemeanor against the same victim(s), or the act(s) were committed while the defendant had a dead weapon on or about his person. Stalking the First Degree is a Class D felony (lowest felony level). An individual is guilty of Stalking in the Second Degree when he intentionally stalks another person AND makes an explicit or implicit threat with the intent to place that person in reasonable fear of sexual contact as defined in KRS 510.010; serious physical injury or death. Stalking in the Second Degree is a Class A misdemeanor (highest misdemeanor level). (Kentucky Revised Statutes 508.140-150)

Case reviews during 2011-2012 identified the need for greater attention to and awareness of the crime of stalking. Anecdotal information provided to FRC members indicated that throughout the Commonwealth, law enforcement understanding of the evidence needed to support a stalking charge is limited and as a result, it is not being charged as frequently as indicated in cases of domestic violence, even when the circumstances of a case suggest that it could be charged. The Louisville Metro Police Department received 46 Stalking Reports in 2011 resulting in 22 arrests. In 2012, they received 62 Stalking Reports resulting in 26 arrests. In 2011, Jefferson County Courts handled 32 cases of Stalking 1st Degree and 45 cases of Stalking 2nd Degree. In 2012, local courts handled 34 Stalking 1st Degree and 28 cases of Stalking 2nd Degree. Statewide, courts throughout the Commonwealth handled 97 cases of Stalking 1st Degree and 137 cases of Stalking 2nd Degree in 2011. In 2012, statewide courts handled 105 Stalking 1st Degree and 130 cases of Stalking 2nd Degree. For 2011-2012, Jefferson County cases represented 27% of the total number of Stalking 1st Degree cases and 27% of the Stalking 2nd Degree cases.

A recommendation was made by the FRC to increase awareness of stalking and to encourage law enforcement use of the law whenever evidence supports it charge. This recommendation was not limited to local law enforcement but intended to promote statewide training and education efforts.

Approximately One in Six (16.2%) women nationally will become a victim of stalking, in Kentucky this rate is about One in Four (24.7%), the highest in the country.

*National Center for Disease Control and Prevention,
2010 National Intimate Partner and Sexual Violence Survey*

CROSS-JURISDICTIONAL ISSUES

Since Louisville-Jefferson County, Kentucky is located on the Ohio River, many individuals who work in Louisville may live in Southern Indiana and a number of those who live in Louisville may work in Indiana. This close proximity to an adjoining state creates numerous challenges when cases cross jurisdictions. Additionally, Kentucky ranks within the top five states with the most counties (120). As a result, cross-jurisdictional issues can arise within the Commonwealth as well. Citizens frequently do not understand the laws mandating where charges or a protective order may be filed. Sometimes individuals may live within the Commonwealth, but are victimized in Indiana. Judges reviewing a protective order filed in Louisville will not know the court history of a couple who until recently, had lived in Indiana. Those who perpetrate domestic violence and other crimes regularly cross jurisdictional boundaries. Law enforcement records systems and state court systems do not contain the criminal histories or court histories from other states



since most checks are limited to in-state history information. Therefore, justice system officials often do not have the information they need to make informed decisions. This can result in inappropriate charging, plea agreements, dispositions, sentencing, classification, treatment, and placement. It may also indirectly lead to additional victimizations. Since full criminal history of an offender may only become available upon arrest, law enforcement or judges may be limited in proactive attempts to protect victims.

Ready access to criminal/civil historical information is needed on a national basis, not just county-wide or statewide. Some

states have developed regional information sharing goals and policies. Washington, D.C., New York, Maryland, Delaware, Pennsylvania and Virginia have developed a Mid-Atlantic Collaborative Multi-Jurisdictional Information Sharing Infrastructure to support police and public safety professionals. These states routinely share arrest information, warrants, and protective orders and link specialized information systems, including license plate readers, pawn dealer databases, offender GPS data, and others, which ultimately helps to enhance offender accountability between states. Similarly, the Connect Consortium involves a group of states dedicated to working closely together to better solve information sharing challenges facing the criminal justice community. There are many challenges to developing these systems, including funding, developing system technology linkages, security, and data definitions.

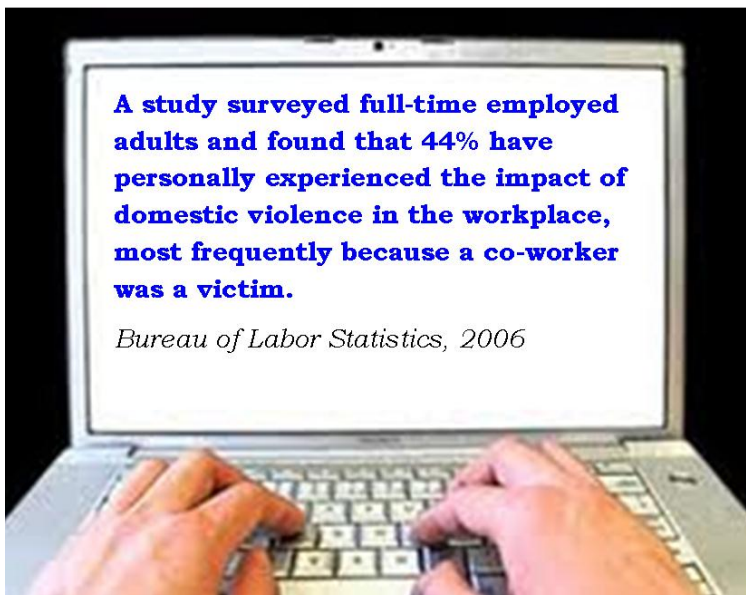
To assist with the challenges noted above, local public safety officials including law enforcement and those within the courts are working to overcome the barriers in interstate information sharing through increased communication and collaboration with Indiana. Through the use of Urban Area Security Initiative Homeland Security funds, Louisville's new radio system (implemented in 2010) and 911 Call-Taking/Dispatch Center (MetroSafe) were developed with a regional focus. Southern Indiana public safety officials regularly meet with Louisville officials as well as representatives from the surrounding counties to discuss communications. After several of the recent cases reviewed by the Fatality Review Committee indicated the need for better information sharing, Louisville Metro Police representatives and representatives from the courts will be working together to convene a meeting of law enforcement, prosecutors, and court personnel to discuss these issues. An objective for the group will be to schedule regular meetings to facilitate ongoing communication, develop protocols and strategies and make recommendations to improve information sharing, such as technology enhancements. Another objective is to develop a regional contact list of agencies and services that can be maintained and provided to citizens as needed. The goal is that if a victim calls a Louisville public safety agency to request assistance on a crime that occurred in a surrounding county (or vice versa), the person on the other end will know how to assist and ensure that they are directed to someone who can help them. It is not just information that is getting lost between jurisdictions, citizens and victims are also getting lost.



Additionally, FRC members have been encouraged to communicate with their counterparts in Southern Indiana, to educate them about the committee and its mission. While this is a small step, it is one that must be taken to build trust and relationships that can be used as a foundation for future efforts to bridge responses to cross-jurisdictional cases.

DOMESTIC VIOLENCE IN THE WORKPLACE

Domestic violence doesn't always occur in the home, sometimes it follows a victim into the workplace. Domestic violence should be a concern for every employer. Approximately 24% of workplace violence is related to personal relationships, which involve situations in which an individual gains access to a workplace and commits a crime targeting an employee or customer who is a current or former intimate partner (Workplace Respond to Domestic and Sexual Violence: A National Resource Center, 2013). Additionally, a study found that 21% of full-time employed adults were victims of domestic violence and 44% of those surveyed have personally experienced the impact of domestic violence in the workplace, most frequently because a co-worker was a victim (Bureau of Labor Statistics, 2006; Corporate Alliance to End Partner Violence, 2007). Another study found that over 75% of domestic violence perpetrators used workplace resources to express remorse or anger, check up on, pressure, or threaten their victim (Family Violence Prevention Fund, 2007). Between 2003-2008, nearly 33% of women killed in a U.S. workplace were killed by a current or former intimate partner (Tiesman, H. et al., 2012). One study found that there were over 33 workplace domestic violence homicides in 2011 (Workplace Respond to



Domestic and Sexual Violence: A National Resource Center, 2013).

Domestic violence in the workplace can involve threatening phone calls to a victim or in some instances, a perpetrator follows his/her victim into the workplace to perpetrate the abuse. An employee who is a victim of domestic violence is often less productive due to stress and fear or may be absent from work due to injuries. The Centers for Disease Control and Prevention

estimates that the annual cost of lost productivity due to domestic violence totals over \$727 million. Domestic violence victims lose nearly eight million days of paid work and nearly 5.6 million days of household productivity as a result of domestic violence (Bureau of Labor Statistics, 2006). The costs of domestic violence in the workplace include the costs of hospitalization and medical care provided to victims, often paid in part by employer health insurance programs.

Many employers do not believe that they should play a role in addressing domestic violence. A survey revealed that only 12% of corporate leaders believed that corporations should play a major role in addressing domestic violence (Corporate Alliance to End Partner Violence, 2007). While employers may want to help an employee, they may not

know what to do. Nearly one in five individuals work in firms that have fewer than twenty employees and small businesses account for the vast majority of employers in the United States (Federal Bureau of Investigation, 2004). Small business owners and managers typically lack specialized knowledge or skills in legal or human resources issues related to workplace violence and may not be aware of resources available to help them deal with a violence-related problem impacting their business. Civil litigation and resulting large jury awards, however, have penalized employers who do not protect their employees. While model workplace domestic violence policies are available for employers to use, more than 70% of the United States workplaces do not have a formal program or policy that addresses violence in the workplace (Bureau of Labor Statistics, 2006). Having a policy will not necessarily prevent an incident from occurring, however, these policies can provide clear guidelines on how employers can try to prevent these dangerous and damaging forms of violence in the workplace.

Many states have enacted mandatory or suggested workplace policies that require employers to assist victims of domestic violence by granting them leave or protecting them from being fired. Additionally, some states have allowed employers to take out restraining orders for their businesses to protect their employees. This would allow a business to bar an individual from coming onto the premises to harass or abuse an employee. These orders could be obtained by the employer with input and involvement from the victim. This type of legislation has been recommended by the Fatality Review Committee and it received prior consideration by the Kentucky General Assembly. It is also important that victims of domestic violence be encouraged and welcomed to talk to their employers about the protective orders they may take out for their personal safety. Knowing about a protective order allows an employer to alert security personnel regarding the requirements of the order and allows for better protection for the victim and for the workplace.

In Louisville, the Center for Women and Families has staff that works with employers to train agency personnel and leadership to better understand domestic violence in the workplace and how to respond. This includes training on dynamics of abuse, how domestic violence shows up in the workplace, bystander intervention strategies, employer safety responsibilities, model workplace policies, and options/resources for victims. The CWF provides individual consultation to help employers develop policies to make victims safer. Policy consultation is based on the evidence-based recommendations of the National Resource Center on Domestic and Sexual Violence in Workplaces, housed in the federal Office on Violence Against Women. The CWF provides approximately 10-12 trainings per month, reaching approximately six agencies. In 2011 the CWF provided services to 127 area employers and trained 2,385 participants. In 2012, the CWF provided services to 117 area employers and trained over 1,638 participants. These numbers do not include the number of hours spent by CWF staff providing follow-up consultation services on agency policy development. A large percentage of the employers trained are healthcare providers such as nursing homes as well as social service providers, attorneys, and salon professionals. Few employers within the for-profit business community, however, have sought assistance from the CWF. This will continue to be a focus for the local community, to try to engage these business leaders and help them understand the importance of becoming more aware and involved in this issue.

Additionally, a local foundation, The Mary Byron Project, recently launched a new initiative to promote employers' involvement in the issue of domestic violence. The Mary Byron Project was created to find innovative solutions to domestic violence. As noted in the dedication page, Mary Byron was a local young woman who lost her life twenty years ago due to domestic violence. Like many others, Mary's death occurred at her place of work. The Mary Byron Project is working to bring workplaces into the conversation, making employers realize that they can create safer working environments for victims and their co-workers. In partnership with the Kentucky Commission on Women, the Kentucky State Police and First Lady Jane Beshear, Mary Byron Project leaders are developing a program that will use Kentucky State Police Officers as ambassadors to speak to employers across the state about the importance of addressing domestic violence in the workplace. The program was launched in August 2013 with training for involved agency personnel. The next steps for this collaboration will include conducting webinars and further training, and developing resource lists for employers. The second phase of this initiative is called, "WorkSafe." "WorkSafe" is focused on connecting employers with trained professionals in the area of safety, advocacy, and legal services to help address domestic violence. The vision is to create a premier curriculum for human resource professionals, provide training to them, and then connect them with employers so that they can train employers, their management teams and workforces as well as be available for assistance should issues arise. It is anticipated that the implementation of "WorkSafe" will occur in late 2014.

**MANY WORKPLACES FAIL TO RECOGNIZE HOW
DOMESTIC VIOLENCE AND STALKING AFFECT THEIR
WORKPLACES UNTIL A TRAGEDY OCCURS.**

WORKPLACES RESPOND, 2013

IDENTIFIED GAPS AND NEEDS IN LOCAL SYSTEM RESPONSE

During the course of conducting case reviews, the following systemic gaps and needs were identified by members of the Fatality Review Committee. Many of these items were the subject of lengthy discussion and the focus of specific recommendations, which are addressed in the FRC Recommendations section. While some of the items were noted in previous reports, others were identified for the first time during the review of cases involving domestic-violence related fatalities that occurred during Calendar Years 2011 and 2012.

(1) Victim Safety Information

- Ongoing need to educate victims on lethality factors and potential risks
- Need to ensure that victims receive information on the risk to children living in homes with abusive partners, especially when the partner is not the biological father
- Limited access to classes in the “Choices” Program (Center for Women and Families)

(2) Workplace Security

- Lack of comprehensive workplace training on domestic violence, especially for community agencies that provide direct services to victims
- Legislative consideration of workplace violence restraining orders

(3) Batterers’ Intervention Programs (BIP)

- Lack of consistency in referrals to BIP, especially if substance abuse is a presenting issue
- Need for a centralized and objective assessment process to guide court referrals
- Lack of consistency in community approaches to BIP treatment and need for options for indigent and reduced pay clients

(4) System Response/Procedural

- Lack of common protocols to promote information sharing and coordination of domestic violence-related cases that cross jurisdictional and geographical boundaries
- Need for judges to consistently receive all relevant information on criminal and civil history and pertinent lethality factors prior to setting bonds
- Need for consistent monitoring of respondent compliance with court orders
- Lack of documentation within the final judgment to reflect that a case involves domestic violence
- Need for an appropriate mechanism to ensure timely communication of supervision orders to Probation and Parole
- Lack of compliance with KRS 403.735(4) as it relates to documenting grounds for denial of an Emergency Protective Order on the record

- Need for respondents to stipulate on the record to acts of domestic violence following an agreement to enter a Domestic Violence Order without a hearing
- Need for consistent notification to prosecutors and the court when pretrial violations occur in supervision programs operated by Metro Corrections and when program compliance conflicts with BIP orders
- Lack of access to Court Monitoring Center records by Family Court Judges
- Need to continue and expand the Domestic Violence Advocacy Program operated by the Legal Aid Society
- Legislative consideration of amendment permitting victim to file for protection in either the county of residence or county in which the offense occurred

(5) System Response/Stakeholder Training

- Ongoing need for statewide law enforcement training on stalking
- Need for judicial training on lethality factors and assessment of risk and the definition of “imminent risk” as it pertains to cases involving intimate partners
- Need for training of pro bono attorneys on the importance of making a closing statement and advocating on behalf of victims
- Need for training on lethality factors for domestic relations attorneys
- Need for training of Child and Adult Protective Services Workers on new research involving children exposed to violence

(6) Public Education

- Need to raise awareness about the incidence of elder suicide occurring within the context of domestic violence
- Ongoing need to explore opportunities to educate the public and raise awareness about domestic violence and related fatalities

On average, three women are murdered every day in this country by a boyfriend, husband, or ex-husband. Experts estimate that, for every victim of domestic violence who is killed, an additional nine nearly lose their lives. And many others – including children, coworkers, neighbors, and police officers – are injured or killed while trying to stop violent acts, or simply because they’re in the wrong place at the wrong time.

Eric Holder, US Attorney General 3-13-2013

LOUISVILLE METRO FATALITY REVIEW COMMITTEE (FRC)
2011-2012 Committee Recommendations/Implementation Status

	RECOMMENDATION	FRC ACTION	STATUS OF IMPLEMENTATION
	LAW ENFORCEMENT		
1	Recommend that law enforcement and the courts establish a new protocol and related personnel training on handling cases of domestic violence that involve multiple jurisdictions.	Action: Referred to the Louisville Metro Police Department (LMPD), Circuit Court Clerk's Office and the Chief Judges of District, Circuit and Family Courts	LMPD is working with local agencies to address this issue by presenting information at a standing regional public safety communications meeting. The Circuit Court Clerk's Office is assisting with this initiative so that court information may also be included.
2	Encourage statewide law enforcement training on stalking to increase awareness and to promote appropriate identification and charging.	Action: Referred to the Louisville Metro Police Department (LMPD) and the Kentucky Department of Criminal Justice Training (DOCJT)	LMPD is working with the DOCJT, regional law enforcement agencies, and area prosecutors to host a Stalking Seminar. It is hoped that this Seminar can be held in early 2014.
	COURTS		
3	Since the Batterers Intervention Program (BIP) assessment includes an evaluation of substance abuse-related issues, encourage judges to refer all appropriate cases to BIP rather than a referral solely for substance abuse screening.	Action: Referred to Chief Judges of District, Circuit and Family Courts	The District Court Judges routinely refer defendants to BIP as part of the sentence unless contraindicated by the parties and explained on the record. While the Circuit Court Judges may order a general form of treatment, the prosecution, defense or probation and parole are encouraged to suggest/recommend BIP explicitly to the judge. The Family Court Judges discussed this recommendation and the reasons for its development at a recent term meeting.
4	Research other jurisdictions and consider creation of a centralized mechanism for assessment within the courts, i.e. if a judge makes a finding of domestic violence, refer the individual for assessment. This would allow a neutral assessment process to guide judicial referrals.	Action: Referred to Chief Judge of Family Court	This recommendation and the reasons for its development were discussed by the Family Court Judges at their recent term meeting. Additionally, the Louisville Metro Criminal Justice Commission (LMCJC) researched the issue and compiled a summary of findings. The challenges identified include the volume of cases and having sufficient personnel to conduct assessments and make findings back to the court in a timely manner. The LMCJC is exploring funding options for this initiative.

5	Request that Pretrial Services check both civil and criminal histories of defendants and communicate all information to the judge for consideration in making bond decisions. Recommend use of a domestic violence lethality assessment checklist so that any lethality factors can also be relayed to the judge.	Action: Referred to Pretrial Services	Pretrial Services provides both civil and criminal histories to local judges for consideration during bond decisions. Additionally, Louisville Metro was selected to serve as the national pretrial demonstration site for the Laura and John Arnold Foundation. It is anticipated that the demonstration work will include testing of a domestic violence-specific risk assessment tool.
6	Encourage District and Family Court Judges to monitor respondent compliance with court orders, i.e. treatment compliance and surrendering weapons.	Action: Referred to the Chief Judges of District and Family Courts	Any defendant referred by District Court for treatment is monitored by the Court Monitoring Center. Any weapon(s) surrendered on an Emergency Protective Order would be addressed by Family Court. This issue was discussed by the Family Court Judges at their recent term meeting.
7	Since some victims may focus on issues related to property rather than their personal safety, it is recommended that Family Court Judges be aware of domestic violence lethality factors and ask specific questions to assess the potential risk and danger to victims when reviewing petitions or holding EPO/DVO hearings.	Action: Referred to the Chief Judge of Family Court	This recommendation and the reasons for its development were discussed by the Family Court Judges at their term meeting.
8	In order to ensure an accurate assessment is performed by the Kentucky Department of Corrections for classification purposes and to ensure documentation for potential future case enhancement, it is recommended that judges note within the final judgment that a case involves acts or issues of domestic violence. Plea sheets should also contain this information.	Action: Referred to the Chief Judge of District Court and the Jefferson County Attorney's Office (JCAO)	In District Court, the majority of domestic violence cases are resolved with a plea of guilty. There is a plea sheet that indicates if a defendant is entering a plea to a domestic assault and this form also addresses collateral consequences to a plea of guilty to a domestic violence charge. Since KY does not have a statutorily defined domestic assault charge, if the case goes to trial and a defendant is found guilty, it is more difficult. The jury would not be asked to make that finding since it is not an element of the crime. Without agreement of the parties, a case could not be designated as domestic. However, because of the way domestic violence cases are handled in Jefferson County, the Commonwealth should easily be able to determine the domestic nature of a crime.

9	Encourage the Jefferson County Attorney's Office to create a separate supervised probation form to use in lieu of the current combined supervised probation and conditional release form. It is recommended that the new form contain the wording "Must Report Within 24 Hours" to promote accountability and ensure timely communication of supervision orders to Probation and Parole.	Action: Referred to the Jefferson County Attorney's Office (JCAO) and the Office of the Jefferson County Circuit Court Clerk's Office (JCCCO)	The language for the new form was provided by the JCAO to the JCCCO. The form is pending approval by the Administrative Office of the Courts, the agency who has the authority to make the requested changes to the court form.
10	Encourage District and Family Court Judges and Trial Commissioners to state grounds for denial of an emergency protective order on the record, as required by KRS 403.735(4).	Action: Referred to the Chief Judges of District and Family Courts and Trial Commissioners	This recommendation was relayed to all District Court Judges and the Trial Commissioners. This recommendation and the reasons for its development were discussed by the Family Court Judges at their recent term meeting.
11	When an agreement to enter a DVO without a hearing is reached between parties and/or their counsel, it is recommended that the Family Court Judges specifically require the Respondent to stipulate on the record to an act of domestic violence, and to require their completion of a state approved Batterer's Intervention Program, as well as make an inquiry regarding the respondent's possession or access to firearms.	Action: Referred to the Chief Judge of Family Court	This recommendation and the reasons for its development were discussed by the Family Court Judges at their recent term meeting.
12	Educate judges on the definition of "imminent risk" (KRS Chapter 403) as it pertains to intimate partner cases and how this differs from stranger assault cases.	Action: Referred to the Chief Judges of District and Family Courts and Trial Commissioners	This issue has been addressed at the District Court Judicial College during domestic violence training. It was also relayed to the Trial Commissioners. This recommendation and the reasons for its development were discussed by the Family Court Judges at their recent term meeting.
	CORRECTIONS		
13	Request that the Louisville Metro Department of Corrections notify prosecutors and the courts of pretrial violations of those under its supervision.	Action: Referred to Louisville Metro Department of Corrections (LMDC)	LMDC currently provides notice of a violation to the Court by providing notices to the Judge. If an individual commits a program violation while under supervision from the Home Incarceration, Work Release, and Day Reporting

			Programs, LMDC will send an email to the designated individual within the County Attorney's Office and the Commonwealth Attorney's Office which includes the defendant name, date of birth, case number and nature of the violation.
14	Request that the Louisville Metro Department of Corrections notify the courts if compliance with the Home Incarceration Program (HIP) conflicts with an order to attend Batterers Intervention Program (BIP) so that the order can be modified to permit treatment attendance.	Action: Referred to Louisville Metro Department of Corrections (LMDC)	LMDC's Court Monitoring Center (CMC) and the HIP Court Liaison will work together to ensure that offenders who have been court-ordered to home incarceration as well as BIP will obtain a court order modification to permit treatment attendance and promote compliance. In the event there are conflicting orders, this information will be provided to the court for action.
15	Allow Family Court Judges access to Court Monitoring Center (CMC) records for the purpose of reviewing treatment compliance and provider input.	Action: Referred to Louisville Metro Department of Corrections (LMDC)	After discussing the issue with the Family Court Judges, LMDC will provide access to XJail Court Monitoring data via its website system. This will give the Family Court Case Specialists the ability to review cases for court, including show cause hearings. Additionally, LMDC will make hard copies available at the Court's request and/or any information within the Court Monitoring Center (CMC) files, on any defendant registered with the CMC Office.
ADVOCACY/EDUCATION			
16	Provide training for the volunteer attorneys working in the Legal Aid Society's "Domestic Violence Advocacy Program" regarding the importance making a closing statement and providing advocacy on behalf of victims during EPO/DVO hearings.	Action: Referred to Legal Aid Society (LAS)	The LAS has incorporated a section on the importance of giving closing arguments into the trainings on Domestic Violence Order (DVO) practice, which is provided twice a year.
17	Ensure that safety planning and awareness education for victims includes information on the risk to children living in homes with abusive partners, especially new boyfriends that are not the biological father.	Action: Referred to the Center for Women and Families (CWF) and the Domestic Violence Intake Center (DVIC)	The CWF completes a safety screening for every caller on the crisis line. Based on the answers to those questions, staff create a safety plan with the help of the victim. The plan includes all factors in the recommendation. Advocates within the DVIC interview every victim as part of the safety planning process and address the adverse effects to children from exposure to violence. In addition to what the victim reports, the advocate also reviews the perpetrator's record, and advises the

			victim on how the perpetrator's record of violence might create a substantial risk of harm to children in the home.
18	Encourage employers to provide domestic violence awareness training to all personnel, especially in community agencies that provide direct services to victims, such as the Center for Women and Families and the Home of the Innocents.	Action: Referred to the Center for Women (CWF) and Families and the Home of the Innocents (HOI)	The CWF currently provide 40 hours of training to staff within the first few months of being hired and then 12 hours of ongoing training throughout the year. Since 2011, the HOI has increased training available to staff on domestic abuse. Staff now has the opportunity to attend trainings specifically on domestic abuse by in-house and outside providers at least four times a year. HOI also has decided to include information on domestic abuse through the check distribution process for those who do not regularly attend trainings as part of their job to make sure all employees are reached. HOI is working on the first informational letter to be attached to paychecks which should be distributed in the next two to three months.
19	Encourage the Louisville Bar Association to offer training on domestic violence lethality factors for members of the bar practicing domestic relations law.	Action: Referred to the Louisville Bar Association	The Co-Chairs of the Louisville Metro Domestic Violence Prevention Coordinating Council, with assistance from the Louisville Metro Criminal Justice Commission, are working on developing a continuing legal education (CLE) program to address this recommendation. It is hoped this training can be offered by early 2014.
20	Encourage the Center for Women and Families and the Domestic Violence Intake Center to continue efforts to educate victims on lethality factors and their potential risks.	Action: Referred to the Center for Women and Families (CWF) and the Domestic Violence Intake Center (DVIC)	The CWF does a safety screening with every victim who calls or comes in to The Center. With the implementation of the Maryland Lethality Assessment Program, staff have learned to assist victims in recognizing their safety risks. Advocates within the DVIC conduct a risk assessment of victims and educate victims of the high risk of lethality as a result of certain behaviors of the perpetrator (for example, if victim is pregnant; strangulation has been used; perpetrator engages in pet abuse). In strangulation cases, DVIC advocates will advise victims of the high risk of lethality when strangulation occurs. The LMPD is contacted in serious cases involving strangulation and advocates use a special strangulation questionnaire.

21	Request that the local Elder Abuse Services Coordinating Committee raise awareness about the incidence of elder suicide.	Action: Referred to the Elder Abuse Services Coordinating Committee (EASCC)	The EASCC is working with the Greater Louisville Medical Society to develop training and awareness materials on suicide awareness and prevention for physicians, seniors, and caregivers.
22	Recommend that the Metro Criminal Justice Commission, in conjunction with Metro TV, develop a domestic violence segment for the "Justice For All: Louisville's Criminal Justice System" public educational series.	Action: Referred to the Metro Criminal Justice Commission (LMCJC)	The LMCJC will be dedicating a segment of its "Justice for All" public educational series to domestic violence. The segment should be completed by early 2014.
23	Encourage the Center for Women and Families to expand access to the "Choices" Program by training qualified Mental Health Providers within the community to provide the classes.	Action: Referred to the Center for Women and Families (CWF)	A letter was sent out to judges and community partners informing them that if they were interested in learning how to lead CHOICES, the CWF would train them. At this time one community agency has accepted this offer, and has been trained.
24	Encourage the Kentucky Cabinet for Health and Family Services to provide training to personnel within its Child and Adult Protection Branches on the latest research involving children exposed to violence and its impact.	Action: Referred to the Cabinet for Health and Family Services	A letter from the Fatality Review Committee Co-Chairs was drafted and sent to the Commissioner of Community Based Services. The Co-Chairs encouraged the Commissioner to provide training to Cabinet personnel and to review current policies and procedures in light of the new research that indicates that a "at risk" children include those exposed to domestic violence, not just those who directly witness a domestic violence incident. A response to this letter was requested.
25	In an effort to ensure continuation of the Legal Aid Society's "Domestic Violence Advocacy Program," the Fatality Review Committee should receive regular updates from the Legal Aid Society and provide assistance on an as-needed basis.	Action: Referred to the Legal Aid Society (LAS)	The LAS will continue to provide statistical updates to the FRC. Also, LAS has developed new internal procedures to help ensure that every applicant who qualifies is given assistance. The new procedures ensure that clients who are declined due to insufficient staff/volunteers are given advice specific on their case from an attorney. It is the hope of LAS that the number of cases handled by volunteer attorneys will increase significantly next year.
	TREATMENT/INTERVENTION		
26	Encourage the development of standardized approaches to treatment and access to sliding	Action: Referred to Jean Keene, Batterer Intervention Program	According to 920 KAR 2:020; Section 8 (a)3; <i>eligibility for participation in BIP shall not be based solely on the batterer's</i>

	scale fee plans for Batterers Intervention Program (BIP) Providers.	Administrator, Kentucky Cabinet for Health and Family Services	<i>ability to pay for services.</i> Given this requirement, providers cannot refuse to accept an individual and do have the discretion to set fees based upon an individual's ability to pay. Also Section 10 (Intervention Procedures) of the KAR provides specific information to the BIP provider on how the program must be implemented and administered and curriculum requirements.
	LEGISLATIVE		
27	Amend the Kentucky Revised Statutes to allow individuals to file for protective orders in the county in which either the petitioner or respondent lives and/or where the violence occurred.	Action: Referred to the Metro Criminal Justice Commission's Legislative Committee	This proposed legislation is being reviewed for possible filing during the 2014 Legislative Session.
28	Work with members of the Jefferson County Delegation to discuss potential legislation that would allow area employers to obtain a workplace violence restraining order.	Action: Referred to the Metro Criminal Justice Commission's Legislative Committee	Legislation was filed during the 2011 Kentucky General Assembly. This proposed legislation is being reviewed for possible filing during the 2014 Legislative Session.

“Justice Partners, I continue to be so proud of our high impact due to leveraging our expertise and resources for the purpose of eliminating violence, protecting victims and holding perpetrators accountable. I say it often, in 37 years of doing this work, I have never been in a community where the common good and servant leadership trumps turf and personal agenda. I could not be more proud of our work together. As a new member of the community, I thank you for including me and for all of the support and advocacy you give our mission.”

*Marta Miranda, President
Center for Women and Families*

HIGHLIGHTS OF SIGNIFICANT COMMUNITY EVENTS/INITIATIVES

In addition to the work of the Louisville Metro Domestic Violence Prevention Coordinating Council (DVPCC) and the Fatality Review Committee (FRC), a number of significant events and initiatives have occurred within the community over the past two years. These activities have served to increase awareness regarding the prevalence of domestic violence as well as to improve the system response to victims of domestic violence. The activities listed below serve to document the ongoing commitment of Louisville Metro to provide a safety net for survivors and to ultimately prevent the escalation of domestic violence cases into fatalities:

- ❖ In March 2011, the Louisville Metro Police Department (LMPD) formed a centralized Domestic Violence Unit under a single commander. The Unit is comprised of nine Division Domestic Violence Detectives that work out of their respective divisions and six felony Domestic Violence Detectives and three Center for Women and Families victim advocates that work from the same location. In October 2012, LMPD formed a Special Victims Unit under the command of the Domestic Violence Unit Commander. The new Unit now is comprised of the Domestic Violence Unit, Sex Crimes Unit and the Crimes Against Seniors Units. The Division Domestic Violence Detectives still primarily work out of their respective divisions in an effort to maintain a more cohesive relationship with patrol officers, as domestic violence is one of the highest calls for service.
- ❖ In April 2011, Dr. Barbara Burns from the University of Louisville's Department of Psychological and Brain Sciences Early Intervention for Families Lab presented to the DVPCC on "Exposure to Domestic Violence and Children's Brain Development".
- ❖ In 2011, Marta Miranda, President of the Center for Women and Families proposed the development of a "Children Exposed to Violence Collective Impact Initiative (CEVCII)" to assist the community's children exposed to violence. While the Domestic Violence Prevention Coordinating Committee had formed a Children Who Witness Violence Committee in 2002, it was felt that a new initiative with a new focus might serve to reenergize the community and help move the issue of children exposed to violence forward. The CEVCII is a secondary violence prevention initiative using collective impact as a model for leveraging expertise, skills and resources to interrupt the cycle of violence and implement a community-wide, multi-system response to children's exposure to violence in Louisville. The goal of this community intervention is to mitigate the effects of violence exposure and prevent future victimization and perpetration of violence, thereby creating a safer community. CEVCII has built upon the foundation of work done in the area of children's exposure to violence over the past ten years and now consists of a diverse group of over 40 partners. The partners include nonprofit agencies, private practices, law enforcement, higher education, and the school and court systems. The CEVCII partners meet the second Friday of each month at The Center for Women and Families.

- ❖ On August 9, 2011, several members of the Louisville Metro Fatality Review Committee were asked to participate in Kentucky Attorney General's Summit on Domestic Violence Fatality Review. The focus of the Summit included creation of a state fatality review team and standardizing data collection to permit compilation of information on a statewide basis. Following the Summit, the Kentucky Attorney General's Office formed two working groups "Model Policies and Procedures" and "Data Collection and Analysis." Several members have continued to participate in these working groups.
- ❖ In early 2012, as a result of the Attorney General's Summit, members of the Fatality Review Committee (FRC) formed a task group to review data collection instruments used by fatality review committees throughout the country in order to develop a specialized form for the Louisville FRC. After many months of review and discussion, the Louisville FRC approved a data collection instrument and a new data collection protocol to be used for all cases. The form was modeled from the form used by the Lexington, Kentucky Fatality Review Committee. A few changes were made in the form, which were shared with the Lexington FRC staff. It was felt that having the two largest jurisdictions using the same form would assist in state-wide data collection efforts. Members were asked to go back and use the form for previously reviewed 2011 cases and for new 2012 cases. Data from the new form, included in the report appendices, was used to provide the statistical information contained in this report.
- ❖ In October 2011, the Louisville Metro Police Department received a \$750,000 award from the Office for Violence Against Women, Grants to Encourage Arrest Program. The funding provided support to the centralized domestic violence unit and included funding for two domestic violence advocates for the Center for Women and Families and two domestic violence advocates through the County Attorney's Office to work within the Domestic Violence Intake Center. Additionally, the grant funded officer overtime to assist domestic violence detectives with a variety of initiatives and needs, including enhanced investigations, increased support to repeat victims, and follow-ups on pretrial release orders.
- ❖ In May of 2011, the Mary Bryon Project hosted a forum to introduce a team from Maryland to Louisville Metro Police Department (LMPD) and Center for Women and Families (CWF) representatives, to explain the Lethality Assessment tool that they were using and that had been successful in reducing domestic violence homicides in their jurisdiction. The Maryland Lethality Assessment Project (LAP) team trained the LMPD Domestic Violence Unit and CWF workers in April 2012 in the functionality and steps for implementation of the LAP program. The Center now has a dedicated line for patrol officers to call when on the scene of an intimate partner assault. If an officer assesses a victim as being in high danger, the officer calls the crisis counselor and gives them the answers from the victim that triggered a protocol referral and then has the victim speak to the counselor. The LAP program is designed to offer immediate services to victims of domestic violence during their crisis. This includes safety planning, shelter services and resource

information. After the victim speaks to the counselor, the patrol officer again speaks to the counselor and may be instructed to transport the victim to shelter or will merely end the call. LMPD started roll call trainings in July 2012 to begin training the departments patrol officers on use of the Lethality Assessment questionnaire and by October 2012, all LMPD patrol divisions and CWF workers were trained and officially started tracking the use of the LAP tool. From July 2012 – August 2013 there have been 2,412 lethality screens performed and of these 66% were assessed as high danger. Of those assessed high danger, 65% spoke to a Center for Women and Families hotline worker at the scene. Fewer than 5% refused to answer the screening questions.

- ❖ In 2011 and 2012, the Louisville Metro Police Department’s Domestic Violence Unit implemented “Bring Peace Home” events. These events, two in 2011 and two in 2012, were held within the community to educate the public and create awareness in an attempt to end family violence. The events were held within the boundaries of locations that were generating the highest number of domestic violence calls for service and reports. The “Bring Peace Home” initiative include partner-based events that bring information and resources to attendees. The events begin with a brief program that highlight a few domestic violence fatalities across the state, a keynote speaker to highlight warning signs and what to do if you know someone or are a victim of domestic violence. Each event ends with an auditorium filled with partners to discuss resources, and provide information. The University of Louisville Athletic Department sponsored one of these events and local college athletes were on hand to interact with any children present so that parents could gather information or talk with someone on a one-on-one basis.
- ❖ During 2011 and 2012, the Louisville Metro Police and the Jefferson County Attorney’s Office provided domestic violence training to six police recruit classes; provided mandatory domestic violence training for law enforcement and trained MetroSafe 911 call takers and dispatchers. Domestic violence information was also presented to Bellarmine College, Seven Counties Services, and the University of Louisville. Additionally, specialized strangulation trainings were provided to members of the local judiciary.
- ❖ The Legal Aid Society’s Domestic Violence Advocacy Program, created to provide free legal representation to low income victims of domestic violence seeking protective orders from court, continued to provide assistance to victims. From January 2011 to December 2012, the program assisted 1,042 clients with 912 protective order hearings.
- ❖ Compared to 2009 and 2010, the Jefferson County Commonwealth Attorney’s Office saw an increase of 32% in new felony domestic violence cases in Jefferson Circuit Court in 2011 and 2012. This increase can be attributed to increased training and awareness by Louisville Metro Police Domestic Violence Detectives and specialized prosecutors within the Commonwealth Attorney’s Office on proper charging and prosecution of cases of domestic violence, particularly cases involving strangulation.

- ❖ In April 2012, Justin Scally, the former Louisville Metro Animal Services Director, provided a presentation to the Domestic Violence Prevention Coordinating Council that focused on domestic violence and pets. He discussed the link between domestic violence and animal abuse. Many women entering shelters report that their batterer also threatened, injured or killed their family pet. The investigation of animal abuse may often be the first indication to social services providers that a family is in trouble. The presentation confirmed the need for legislation that had been initially filed in 2011 to amend the state's emergency protective order statutes to allow a judge to give custody of a pet to an individual. Currently under Kentucky law pets are considered property and a judge is not allowed to distribute property in a protective order. The legislation was also filed in 2012 and 2013, but did not pass. Advocates for the legislation plan to file it again during the 2014 legislative session.

- ❖ In May 2012, Norton Healthcare, one of the area's largest healthcare providers, initiated a Sexual Assault Nurse Examiner (SANE) Program. Currently three individuals have obtained their SANE certifications and two Norton nurses are presently earning their certifications. Kim Tharp-Barrie, FRC member, obtained her SANE certification and helped champion this program to increase the level of care provided to victims of domestic violence. These nurses are specially trained in forensic evidence collection, sexual assault trauma response, forensic techniques, use of specialized equipment, assessment of injuries, sexually transmitted infections treatment, and pregnancy evaluation and treatment. Before development of this program, Norton Hospital previously deferred patients who experienced sexual abuse to The Center for Women and Families (CFW) for their examinations. During Nurses Week held in May 2013, the Norton Healthcare (NHC) Institute for Nursing presented four classes to educate staff regarding the Sexual Assault program at NHC. As a follow up to this program, all ED Directors, ED Medical Directors, ED Nurse Managers, and ED Nurse Educators were provided the same information to ensure the procedure was clear. An ongoing effort is being made to contact all facilities and schedule time to meet with care providers to answer any questions they might have regarding care of the forensic patient population. The SANE-certified nurses serve Norton Hospital (and all other Norton Healthcare facilities) on an on-call basis when exams are needed.

- ❖ In August 2012, Chris Foster, Assistant Commonwealth's Attorney, and Dr. Bill Smock, LMPD Police Surgeon, attended a two-part strangulation training at the National Family Justice Center. The first component was a two-day Train the Trainer course. The second component was a two-day Developing Your Expert course. These were multi-disciplinary training courses that addressed domestic violence and sexual assault strangulation crimes. The goal was to increase the number of qualified faculty and trainers in the field and to develop testimony expertise among expert witnesses. After returning from this conference, Ms. Foster and Dr. Smock have co-presented on strangulation to law enforcement and medical school residents.

- ❖ During the 2011, 2012, and 2013 legislative sessions, many domestic violence-related bills were filed including those directed at workplace violence, allowing a victim of domestic violence to break a lease if needed, and expanding the state's protective order statutes to include those within a dating relationship. The Dating Violence expansion has been a priority for advocates since Kentucky is one of only a few states which does not provide for this protection. The legislation made progress in 2013 and it is hoped that it will pass in 2014, giving victims within a dating relationship the same protections afforded to other victims of domestic violence.

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APPENDICES

Appendix A: FRC Confidentiality Statement

DOMESTIC VIOLENCE PREVENTION COORDINATING COUNCIL
Louisville Metro Domestic Violence Fatality Review Committee
SIGN-IN CONFIDENTIALITY STATEMENT

The purpose of the Louisville Metro Domestic Violence Fatality Review Committee (FRC) is to identify areas and means by which to increase and enhance coordinated agency and community responses to domestic violence through a systems-review approach by conducting multidisciplinary and multi-agency examinations of domestic violence fatalities. In order to assure a coordinated response that fully addresses all systemic concerns surrounding domestic violence fatality cases, the FRC must have access to all existing records on each case. This includes, among others, social services reports, court documents, police records, autopsy reports, mental health records, hospital or medical related data, and any other information that may have a bearing on the case under review. The FRC has adopted and maintains a “no blame or shame” culture which respects the input of all members and provides for a safe environment in which the ultimate goal of improving the community response to domestic violence is held as the highest priority. The information shared of all cases and member input during review meetings is protected by ordinance and statute. All members and guests of the FRC must respect the privacy and confidentiality of this process for its guaranteed success.

With this purpose in mind, I, the undersigned, agree that all information secured in this review, written or verbal, will remain confidential.

Appendix B: FRC Protocol

Louisville Metro Domestic Violence Fatality Review Committee (FRC)

PURPOSE

The purpose of the FRC is to identify areas and means by which to increase and enhance coordinated agency and community responses to domestic violence through a systems-review approach by conducting multidisciplinary and multi-agency examinations of domestic violence fatalities.

GOALS

The goals of the FRC are focused on prevention, information sharing, accountability and systems improvement:

- Prevent future domestic violence cases and homicides;
- Improve interagency communication and coordination;
- Collect and produce data on domestic violence fatalities in Louisville Metro;
- Educate the public on the dynamics of domestic violence and related fatalities;
- Identify gaps and unmet needs in the current domestic violence response systems; and
- Recommend and assist in implementing system improvements.

OPERATIONAL DEFINITIONS

In an effort to facilitate communication and minimize misunderstanding, the FRC will adopt certain standard operational definitions to be used for the purposes of the case reviews.

Domestic Violence: A pattern of abusive behavior by an intimate partner or a family or household member against another family or household member that can be physical, sexual, verbal, psychological, and/or economic, and is intended to establish and maintain control over another individual. The Committee focus shall be on:

1. persons who are current or former spouses
2. persons who are current or former intimate partners
3. persons who have a child in common;
4. dependents or persons in the custodial care of a person in a relationship that is described in paragraphs 1 through 3 above.

Preventability: “A death [is] considered preventable if reasonable medical, educational, social, legal or psychological intervention could have prevented this death from occurring. A “reasonable” intervention is one that would have been possible given known circumstances and resources available.” (From Washington State Child Death Review Program Report, 1998-2000)

Because domestic violence is preventable, domestic violence fatalities are preventable as well. The role of the review committee is to identify means by which to decrease the incidence of these preventable fatalities through a systems analysis and improvement process.

Domestic Violence Fatality: Deaths caused directly and indirectly by the manifestations of domestic violence. Domestic violence fatalities potentially include the intended victim, the perpetrator, and third-parties involved through intervening in the incident, as by-standers, or as secondary victims as a means of the perpetrator hurting the primary domestic violence victim. The Committee may hear other domestic violence cases that members feel further the mission and purpose of the Committee. These cases can be added to the agenda by a majority vote and approval by the members present.

Member: The term member refers to the agency represented on the committee and not the individual representing the agency. This distinction clarifies the role and commitment of agencies in the fatality review process.

STATEMENT OF CULTURE AND PHILOSOPHY

The FRC has adopted a “no blame or shame” philosophy. In order for the FRC to perform at an optimal level, members should feel comfortable in an open, forthcoming and non-accusatory environment. Further, the FRC recognizes that the perpetrator is the ultimate responsible party for the death. However, we also recognize that various systems that have contact with the victim and perpetrator may have an opportunity to become involved in a manner that could prevent a death. Individuals **will not be blamed** or singled out, rather processes, systems and policies will be reviewed and improvements will be recommended when necessary.

The committee will work to balance the “no blame or shame” approach with the need for agency accountability. To this end, **confidentiality must be maintained** at all times regarding all information and opinions expressed during the case reviews.

CASE REVIEW PROCESS

Cases Reviewed: Cases in which fatalities resulted from domestic violence. (See operational definition section above).

Criteria for Inclusion:

- ❑ Open and closed cases
- ❑ Age of fatalities: Adults, 18 and older. Children will be included when children are injured as a means to control, coerce, or hurt primary adult domestic violence victim since review of such cases will glean information about the domestic violence response and systems.

- Geography: Residence of any party in Louisville Metro or incident occurring in Louisville Metro regardless of residence of parties.
- Time Frame: Deaths that occur during the current calendar year (January 1 – December 31).

Case Selection: Cases are selected through a number of mechanisms:

- Agency Request for a review
- Member request for a review
- Media reports

Once identified, these cases are referred to the co-chairs of the committee and if they fit the case review criteria, they are added to the next meeting's agenda.

Agency Coordination: Each FRC member will receive a copy of the agenda with a list of the cases that will be reviewed at the next meeting and is asked to bring all pertinent agency documents regarding the involved parties and related records to the meeting. Each agency is responsible for acquiring and bringing to the next meeting all pertinent records.

Review of Case File/Information: As part of the fatality case review process, designated agency representatives are responsible for seeking and obtaining all available information as identified in the following. The agency representatives are asked to bring a hard copy of specific case information to the committee meeting including the police report, JC-3 or criminal complaint and the EPO petition along with any EPOs/DVO that were issued for the current case. Any case information related to the prior history between the same parties will be brought to the initial review.

Prior to the meeting, agency representatives are also asked to review case files and relevant criminal history records to identify any related cases and associated timelines. During the meeting, each agency representative will be responsible for presenting any case information obtained. Information may be presented orally by members during the meeting in lieu of providing hard copies. Based upon a consensus of the committee that information on related cases would be helpful or germane to the discussion, hard copies of related case information will be brought to the next meeting.

The following list was compiled to identify the broad scope of information that is potentially available for fatality review case reviews. Based on the committee protocol, information may be presented orally by members during the meeting in lieu of providing hard copies. In order to avoid duplication, members are asked to coordinate data collection efforts.

Law Enforcement

- 911 calls for service
- CAD runs and dispatch information
- Previous domestic violence case information (prior JC3s, incident reports, arrests, etc.)
- Homicide case information
- Autopsy information

Sheriff's Office

- Service of EPO
- Firearms confiscation

Jefferson County Circuit Court Clerk's Office

- Audio/Video Tapes
- EPO/DVO records
- Other family court records if applicable
- Criminal/District Court information, if applicable

Family Court

- EPO/DVO records, related cases and individuals if applicable
- Records checks
- Hard copies of relevant case information
- CD of EPO/DVO hearings

Jefferson County Attorney's Office

- District Court case dispositions
- Criminal histories of offender and victim
- Victim and witness interviews

District Court

- District Court case hearings such as arraignment, bond hearings, pretrial conferences, miscellaneous evidentiary hearings, trial proceedings
- District Court case dispositions
- Criminal histories of offender and victim

Commonwealth's Attorney's Office

- Criminal histories of offender and victim
- Family Court history
- Circuit Court case dispositions
- Victim and witness interviews

Circuit Court

- Criminal histories of offender and victim
- Circuit Court case hearings such as arraignment, bond hearings, pretrial conferences, miscellaneous evidentiary hearings, trial proceedings
- Circuit Court case dispositions

University Hospital

- Medical records regarding treatment at University Hospital

Medical Examiner

- Autopsy report
- Police report, if available
- Medical records of victim, if available

Metro Corrections

- Jail records on bookings and arrests
- HIP or Work Release supervision histories of victim and/or perpetrator
- Court Monitoring Center records

Kentucky Probation and Parole

- Supervision histories of victim and/or perpetrator
- Corrections incarceration information
- Presentence Investigation Reports

Adult Protective Services/Child Protective Services

- Case investigation reports involving child protection (including disposition of cases, interviews, services provided, referrals, etc.)
- Case investigation reports involving adult protection (including disposition of cases, interviews, services provided, referrals, etc.)

Center for Women and Families

- Information related to shelter, counseling/therapy, DV education, group counseling, legal advocacy, hospital advocacy, and crisis counseling (by phone and/or in-person)

Home of the Innocents

- Applicable case information such as if children involved in the incident were placed at the Home or used Safe Exchange

Legal Aid

- Case information from clients, if applicable

Jefferson County Public Schools

- Attendance reports, report cards, behavior on students as needed and applicable

External Agencies or Practitioners

- Additional reports and data as applicable, appropriate and available.

Review of Video/Audio Tapes: As a component of the fatality review process, the most recent video tapes of EPO hearings along with audio tapes of the 911 call and District Court proceedings of any prior history between the same parties will be brought to the meeting and reviewed by the committee. The committee will utilize the agreed upon criteria (see below) along with established best practice guidelines and checklists (see Appendices) to guide the review process and ensure that questioning remains focused on systemic issues and identifying opportunities to promote optimal case processing.

Based upon a consensus of the committee members that information on related cases would be helpful or germane to the discussion, additional video and audio tapes will be brought to the next meeting.

Video/Audio Tape Review Criteria: The purpose of reviewing any case-related video/audio tape is to promote best practices and procedures in cases of domestic violence and to ensure that elements of optimal case processing are encouraged and supported. In conducting the preliminary review, members are requested to take the specific items listed below into consideration along with all discipline-specific guidelines and procedures (see Appendices.)

911 Calls

- Did call taker ask the caller to identify type of emergency?
- Did dispatcher ask questions and/or allow individual to clearly identify the circumstances related to the need for emergency services?
- Did the call taker handle the call and the caller according to agency policies and procedures?
- **Prior Calls/Runs** – For calls/runs prior to homicide: Was the call for assistance identified as domestic violence? Was the dispatched run identified as domestic violence so that emergency responders were aware? Depending upon the call, were appropriate resources dispatched for assistance? How long did it take emergency responders to arrive on the scene after the call was dispatched? Did they have all of information available at the time - related to the call for assistance?
- **Homicide Call/Run:** How was run received? (911 call, officer flagged down, any motorist flagged down) Who called the police? Was the individual who called at the scene when police arrived?

EPO/DVO Hearings

- Were parties represented by counsel? Did counsel participate on behalf of the parties in the proceeding?
- Was a victim advocate present? Did the victim advocate provide assistance and information to the respondent?

- Were parties informed about the purpose of the proceeding, process and options?
- Was consideration given to victim dynamics and best practices?
- Was there evidence/recognition of lethality indicators?
- If applicable, was the plaintiff informed regarding firearms confiscation?

Court Hearings

- Bond hearings - Did prosecutor make appropriate arguments regarding seriousness of incident, defendant's criminal record, and safety of victim; did the Judge discuss factors used to make his or her decision regarding bond; was a pre-trial no contact order entered? If not, why?
- Plea agreements- was Batterers Intervention Program (BIP) and/or substance/alcohol treatment ordered? Was there a no contact order or no unlawful contact order entered? Was there jail time? Misdemeanant Intensive Probation (MIP)? Supervised probation? Conditional Discharge time? Did judge explain sentence and conditions of sentence clearly to the defendant? Was the victim present? Was a victim advocate present?
- Trials- What was the disposition? If conviction, what is the sentence? Was defendant taken into custody the same day verdict returned?
- Revocation hearings- Was the motion to revoke granted? If so, what is the sentence? Was the defendant granted release? What was the prosecutor's position?
- Post-disposition motions (shock probation, Home Incarceration Program (HIP), releases, etc) - What was the prosecutor's position? What was the judge's decision? What factors did judge consider in his or her decision? Was victim present or aware of motion?

Data Sharing: When appropriate, a memorandum of agreement for data sharing and access to information should be arranged to assure for a timely and clear mechanism for obtaining information from necessary agencies.

Record Keeping: Case review sessions will be documented at every FRC meeting by member completion of any case review data form(s) for each case, noting when information is not available and whether it will be sought further. Each case will have its own file with any completed case review data form(s). These files will provide the basis for reports. Staff will document recommendations and follow up suggestions for each case. Relevant recommendations and follow up will be first order of business at the next FRC meeting.

Any agency documents with identifying information distributed during the meetings other than the records kept in the case files will be collected by the co-chairs or staff at the end of each FRC meeting. Any documents not kept in the case file will be destroyed. It is the responsibility of each member to make sure that they do not leave a meeting with documents containing identifying information. Kentucky State Statute (KRS 403.705) and local ordinance LMCO

32.975 et seq. provide that FRC information is protected information and not subject to open records.

Recommendations/Observations: FRC members will be invited to share their views on each case and provide observations of systems involvement. Formal recommendations from the Committee are those voted on and approved by the majority of members present at the FRC meeting. These formal recommendations will be disseminated to members and forwarded to the Louisville Metro Domestic Violence Prevention Coordinating Council (DVPCC) for their review and potential implementation.

Appropriate Action/Disposition for Committee Recommendations:

Since the overall purpose of conducting multidisciplinary fatality case reviews is focused on prevention and improving the community and system response to domestic violence, findings and recommendations generated by the FRC may address a broad range of processes, issues and activities. In making recommendations to the DVPCC, the FRC will take into account the type of action and level of authority required to implement each draft recommendation in accordance with the following dispositional options:

<u>Level of Authority Required for Implementation</u>	<u>Appropriate Response Disposition</u>
(1) Committee Member	Recommended Action by Member
(2) Local Criminal Justice/Social Service Agency	Recommended Action by Agency
(3) External Community Organization	Notification/Sharing of Information with External Organization(s)
(4) State Policy/Practice	Notification/Sharing of Information with State Agency
(5) Kentucky Revised Statute	Referral of Issue to Louisville Metro Criminal Justice Commission Legislative Committee

Conflict of Interest: It is the responsibility of each FRC member to note any potential conflict of interest prior to the start of the case review.

Confidentiality: FRC members respect the privacy of the individuals in the cases reviewed. Committee members and attendees are required to sign a confidentiality agreement at the beginning of each and every FRC meeting.

Kentucky State Statute KRS 403.705 provides that FRC information is protected information.

Files: All FRC files and notes will be maintained together in a locked location with access only for FRC purposes. All recommendations and any completed data form(s) from each meeting will be kept along with each case file. FRC files will be kept at the Louisville Metro Criminal Justice Commission.

FRC STRUCTURE

Membership: FRC is a multi-agency and multi-disciplinary body with broad representation from various sectors of the community involved in domestic violence and related fields. The committee is authorized by the DVPCC and is protected by KRS 403.705.

Primary Agencies:

- | | |
|--|---|
| 1. Louisville Metro Police Department (LMPD) | 14. Louisville Metro Department of Corrections |
| 2. Jefferson County Attorney's Office (JCAO) | 15. Batterer's Intervention Program (BIP) |
| 3. Commonwealth's Attorney Office | 16. Emergency Medical Field |
| 4. Jefferson Circuit Court Clerk's Office | 17. Louisville Metro Office for Women |
| 5. Center for Women and Families | 18. Exchange/Supervised Domestic Violence Visitation |
| 6. Jefferson County Sheriff's Office | 19. Three Domestic Violence Community Organizations at Large |
| 7. Probation and Parole | 20. Three Citizens at Large (to include one domestic violence survivor) |
| 8. Cabinet for Health and Family Services | 21. Co-Chair Designee |
| 9. Jefferson County Public Schools (JCPS) | |
| 10. Jefferson District Court | |
| 11. Jefferson Circuit Court | |
| 12. Jefferson Family Court | |
| 13. Medical Examiner | |

Ancillary Memberships:

- | | |
|--------------------|--|
| 1. Mental Health | 7. Child Fatality Review |
| 2. Substance Abuse | 8. Forensic/SANE Nurses |
| 3. EMS | 9. Catholic Charities/Immigrant Services |
| 4. Fire/Arson | 10. Pretrial Services |
| 5. MetroSafe | |
| 6. Animal Control | |

Structure:

- *Member:* The term member refers to the agency represented on the committee and not the individual representing the agency. This distinction clarifies the role and commitment of agencies in the fatality review process.
- *Member terms:* Individuals will be asked to serve based upon the approved membership structure. Primary members are those agencies or individuals that regularly attend FRC meetings and may have information pertinent to case review. Ancillary members are those agencies or individuals who do not attend FRC meetings regularly, but may be invited to attend on a case-by-case basis in order to share pertinent information. The structure of the membership will be reviewed every two years.
- *Chairs:* Two co-chairs will be nominated by the FRC Committee and approved by the Domestic Violence Prevention Coordinating Council (DVPCC).
- *Staffing:* Will be provided by the Louisville Metro Criminal Justice Commission with support by FRC Committee members.

Meetings: FRC committee will meet on a bi-monthly basis. Reminders of meetings will be sent to all members via e-mail at least one week in advance and at each meeting the next meeting date will be announced as well. Location of meetings may be variable. Meetings will last four (4) hours; on occasion, special all day meetings may be called.

Coordination: One of the primary purposes of fatality review is to increase and improve coordination and collaboration among agencies and organizations and to strengthen the coordinated community response to domestic violence. The FRC will coordinate with other committees and task forces as appropriate to reduce duplication of efforts, maximize resources, and share knowledge and findings.

DISSEMINATION OF DATA AND FINDINGS

FRC Reports: The FRC will develop and submit a report to the DVPCC on an annual or biennial basis. The report will be based on a statistical and systems review analysis of the cases reviewed within the calendar years. The DVPCC will in turn approve the report or suggest changes to the report and make the report available pursuant to LMCO 32.975.

The DVPCC may choose to use data from the FRC report to create educational briefs for professionals in the community on working with domestic violence victims and lessons learned for preventing domestic violence fatalities. Other publications, trainings or efforts may be recommended by the FRC in their reports.

Media Communications: All media communications regarding the FRC should be conducted through the FRC co-chairs. The annual/biennial report and recommendations generated by FRC are the only items to be released to the media. Inappropriate release of information is considered a breach of confidentiality which may result in a member's removal from the FRC. When FRC members are contacted by the media with questions regarding cases reviewed by the FRC, the member shall refer

them to one of the FRC co-chairs. FRC co-chairs shall advise media contacts that information discussed in the case review process is confidential and protected information.

Standardized Forms:

- *Confidentiality Form*
- *Case Review Data Form(s)*
- *Recommendation(s)*

Database: In order to effectively track patterns and trends of domestic violence fatalities and facilitate statistical analysis of cases, a database may be created. The FRC will evaluate the need for and feasibility of a database to store and analyze FRC data. If determined to be feasible and beneficial, the FRC will seek funding to support development of a database. During the development phase, the FRC will seek input from community partners. Similar to case reviews, this database would be protected by KRS 403.705, and ordinance LMCO 32.975 et seq. and would be secured under password protection.

TRAINING AND ORIENTATION

All new FRC members will receive orientation materials that will include a copy of KRS 403.705 and ordinance LMCO 32.975 et seq.; a copy of the Committee policies and procedures; a copy of all FRC forms; a list of all FRC members with contact information; and other criminal justice system review materials. The new member will meet with staff and/or a FRC member to have any questions answered and have the process of FRC explained.

The purpose of this orientation is to:

- (1) Provide members with the knowledge and skills needed to perform a comprehensive review of the available case information in order to identify possible opportunities for earlier intervention or system improvement;
- (2) Allow members to utilize standard criteria to guide their review process and therefore promote a neutral and objective forum for discussion of case information;
- (3) Provide members with the information needed to better understand the proceedings and events impacting the victim and resulting in a domestic violence fatality and allow for a member's active participation in Committee discussions.

As a condition of participation, at every meeting, members must sign the confidentiality agreement on behalf of themselves and their agency. All member and ad hoc member/guest signed confidentiality agreements will be kept in a file along with the case files.

Appendix C: FRC Data Collection Form

Jefferson County
Domestic Violence Fatality Review Committee
Data Collection Sheet
08/2013



Jefferson County
Domestic Violence Fatality Review Committee
Data Collection Sheet

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POLICE:	PAGES 4-16; 19-27; 29 & 30
COUNTY ATTORNEY:	PAGES 11-27; 29 & 30
FAMILY COURT:	PAGES 11-16; 19-27; 29 & 30
APS/CPS:	PAGES 11-16; 19-27; 29 & 30
CWF:	PAGES 11-16; 19-27; 29 & 30
CORRECTIONS:	PAGES 11-16; 19-22; 25-27; 29 & 30
OTHER AGENCIES:	PAGES 19-22; 25-27; 29 & 30; (JCPS: Also complete pages 23-24, if needed to add appropriate information)

Date of Fatality Review: _____ County: _____

Case # (unique case number assigned by fatality review group): _____

Reviewer: _____

Documents Reviewed (Circle yes or no for each category):

Source 0=NO 1=YES 2=Not reviewed but should have been/might have been helpful	Reviewed:			Comment
Media reports (if yes, attach to this form)	0	1	2	
Criminal & Civil Justice System Records				
Coroner report	0	1	2	
Police records (specify what records: dispatch, JC3, investigation, other)	0	1	2	
Sheriff's office records	0	1	2	
Protective order petitions and DVOs	0	1	2	
Court records	0	1	2	
Civil action history	0	1	2	
Jail/prison history	0	1	2	
Criminal history	0	1	2	
Prosecutor records	0	1	2	
Probation or pre-sentence investigation reports	0	1	2	
Parole information	0	1	2	
Legal aid	0	1	2	
Family court social worker/FOC	0	1	2	
Court records from other jurisdictions	0	1	2	
Other Public Service Agency Records				
Fire department records	0	1	2	
Child Protective Services	0	1	2	
Adult Protective Services	0	1	2	
Victim Services				
VINE registration	0	1	2	
VINE PO registration	0	1	2	
Advocate (specify agency):	0	1	2	
Shelter records	0	1	2	
Rape crisis records	0	1	2	
Medical/Mental Health Records				
Medical data/reports (from hospital or emergency rooms)	0	1	2	
Psychological evaluations/other mental health records (specify):	0	1	2	
DV offender treatment records	0	1	2	
Information regarding substance abuse or substance abuse treatment	0	1	2	
Other Records				
School data/records/contacts	0	1	2	
Other (specify):	0	1	2	

Reviewer name and phone number: _____

Section I. Incident (Police and ME)

* *Please fill out separate form for each victim*

1. Victim Name: _____
AKA other names: _____
2. Type of case: 1=Murder 2=Murder/suicide 3=Attempted murder/suicide 4=Assault/suicide
5=Other (specify): _____
3. Date of death/near death: _____
4. Date of incident: _____
5. Location/Address of Incident: _____
6. Place of death
 - a. Victim home
 - b. Perpetrator home
 - c. Their shared residence
 - d. Public place
 - e. Street
 - f. Automobile
 - g. Victim relatives/friends home
 - h. Victim relatives/friends home
 - i. Other (specify): _____
7. Location of body: _____
8. Time complaint was received: _____
9. Day of week complaint was received: _____
10. Who called the police?
 - a. Children 1=their children 2=victim children 3= perpetrator children
4=other children (specify): _____
 - b. Victim other partner
 - c. Victim friend/acquaintance 1=male 2=female
 - d. Perpetrator friend/acquaintance 1=male 2=female
 - e. Victim coworkers/supervisor/someone at the job site
 - f. Perpetrator coworkers/supervisor/someone at the job site
 - g. Neighbors
 - h. Bystanders
 - i. Other (specify): _____
11. From where were police called? _____
12. Call was received: 1=After death 2=During incident

13. Estimated time of death: _____
14. Time lapse between murder and discovery of the body? 0=NO 1=YES; Estimated hours: _____
15. Mode of killing
- Gunshot 1=handgun 2=rifle 3=shotgun
 - Stabbing
 - Beat with an object
 - Physical beating, pushing, etc
 - Strangulation
 - Other (specify): _____
16. During the incident, victim was also:
- Physically beaten
 - Strangled
 - Sexually assaulted
 - Pregnant
 - Other (specify): _____
17. Official cause of death: _____
18. Total number of victims died (including victim): _____
19. Other deaths
- Children 1=their children 2=victim children 3= perpetrator children
4=other children (specify): _____
 - Victim other partner
 - Victim friend/acquaintance 1=male 2=female
 - Perpetrator friend/acquaintance 1=male 2=female
 - Victim coworkers/supervisor/someone at the job site
 - Perpetrator coworkers/supervisor/someone at the job site
 - Neighbors
 - Bystanders
 - Other (specify): _____
20. Total number of victims non-fatally wounded (including victim): _____
21. Non-fatal wounding of others :
- Children 1=their children 2=victim children 3= perpetrator children
4=other children (specify): _____
 - Victim other partner
 - Victim friend/acquaintance 1=male 2=female
 - Perpetrator friend/acquaintance 1=male 2=female
 - Victim coworkers/supervisor/someone at the job site
 - Perpetrator coworkers/supervisor/someone at the job site
 - Neighbors
 - Bystanders
 - Victim
 - Other (specify): _____

22. Total number of witnesses (not deceased or non-fatally wounded): _____
23. Witnesses
- a. Children 1=their children 2=victim children 3= perpetrator children
4=other children (specify): _____
 - b. Victim other partner
 - c. Victim friend/acquaintance 1=male 2=female
 - d. Perpetrator friend/acquaintance 1=male 2=female
 - e. Victim coworkers/supervisor/someone at the job site
 - f. Perpetrator coworkers/supervisor/someone at the job site
 - g. Neighbors
 - h. Bystanders
 - i. Other (specify): _____
24. Involvement of drugs or alcohol during or immediately preceding the fatal episode:
- | | | | |
|----------------|------|-------|------------|
| A. Perpetrator | 0=NO | 1=YES | 2=POSSIBLY |
| B. Victim | 0=NO | 1=YES | 2=POSSIBLY |
25. Child(ren): 1=Minor children living in the household in common; 2=Adult children living in the household in common; 3=Minor children living in the household, but not in common; 4=Adult children living in the household, but not in common
26. Relationship to perpetrator
- 1=Married
 - 2=Divorced
 - 3=Separated (not yet divorced)
 - 4=Living together at the time of incident but were never married
 - 5=Had lived together in the past, but were never married
 - 6=Had lived together in the past, never married, child in common
 - 7=Dating
 - 8=Other (Specify): _____
27. Perpetrator/victim living together:
- 0=Never
 - 1=In the past but not at the time of the incident
 - 2=Living together at the time of incident
 - 3= Other (Specify) _____
28. Same sex relationship: 0=NO 1=YES
29. Others help commit the murder? 0=NO 1=YES 2=POSSIBLY
- If Yes, who: _____
30. Others help cover up the murder? 0=NO 1=YES 2=POSSIBLY
- If Yes, who: _____

31. Prior domestic violence related police runs to this address? 0=NO 1=YES
Prior domestic violence related police runs to any address involving the primary victim and perpetrator in this incident? Please Explain.

32. Prior domestic violence reports (JC3) taken by police involving the primary victim and perpetrator in this incident? Please Explain.

33. Was there an active EPO or DVO between the parties involved in this incident? 0=NO 1=YES
Was there a prior EPO or DVO between the parties involved in this incident? 0=NO 1=YES
Please Explain and include dates.

35. Other notes regarding crime scene or incident?

Reviewer name and phone number: _____

Section II. Investigation (Police and ME)

1. Initially investigated as:
1= A homicide
2=Murder/suicide
3=Attempted murder/suicide
4=Other (specify): _____

2. Perpetrator was (*circle all that apply*):
0=Not originally suspected
1=Committed suicide, *If committed suicide (answer questions 2d-2f)*
2=Arrested, *If arrested (answer questions 2a-2c)*:
3=Other (Specify) _____

IF arrested:

- A. How long did it take to arrest perpetrator? _____ days
B. Where was perpetrator arrested? _____
C. What were the initial charges? _____

IF committed suicide:

- D. Cause of death:
a. Gunshot wound
b. Drug overdose Toxicology report: _____
c. Other (Specify): _____
E. Suicide note left: 0=NO 1=YES
F. Suicide was: 1=During the incident
2=Close after the incident, specify where: _____
3= _____ days after the incident

3. Who was interviewed in the investigation or prosecution of the incident?
a. Children 1=their children 2=victim children 3= perpetrator children
4=other children (specify): _____
b. Victim other partner
c. Victim friend/acquaintance 1=male 2=female
d. Perpetrator friend/acquaintance 1=male 2=female
e. Victim coworkers/supervisor/someone at the job site
f. Perpetrator coworkers/supervisor/someone at the job site
g. Neighbors
h. Bystanders
i. Victim Family
j. Perpetrator Family
k. Other (specify): _____

4. Summary of interviews:

A large, empty rectangular box with a double-line border, occupying most of the page. It is intended for the user to write a summary of interviews.

5. Other notes regarding investigation:

A large, empty rectangular box with a double-line border, intended for handwritten notes regarding the investigation.

Reviewer name and phone number: _____

Section III. Perpetrator Status and History (Police)

1. Perpetrator Name: _____ Perpetrator DOB: _____
Perpetrator age at the time of the incident: _____
2. Gender of perpetrator: 1=Female 2=Male
3. Race/Ethnicity: 1=White 2=Black 3=Hispanic
4=Other (Specify): _____
4. Immigration status: 1=Legal 2=Illegal 3=Temporary status
4=In process of becoming legal 5=Other (Specify): _____
5. Language spoken at home: 1=English 2=Hispanic
3=Other (Specify): _____
6. Address: _____
7. Total number of children: _____
8. Disabled: 0=NO 1=YES,
A. If yes, specify type(s) of disability: _____
9. Employment status at the time of the incident:
1=part time/seasonal 2=full time
3=Employed but was on leave for: _____
9=Unknown

0=No, If no specify: _____
 a=Retired
 b=Disability
 c=Social security
 d=other: _____

Employed where? _____
10. Ever in the military? 0=NO 1=YES

If Yes, status at the time of the incident:
0=Honorably discharged 1=Dishonorably discharged
2=Active 3=Inactive reserved 4=Retired
11. Current residence: 1=Prison 2=Jail
3=Other (specify): _____

12. Other information:

0=NO 1=YES 9=D/K		Comments
Weapons		
Owned guns	0 1 9	
Licensed to carry a concealed weapon?	0 1 9	
Owned more than one or two guns	0 1 9	
Very interested in other weapons (knives, swords, other)	0 1 9	
DV history		
Prior history of domestic violence with other victims	0 1 9	
EPOs/DVOs with other victims	0 1 9	
Ever participate in batterers treatment	0 1 9	
Perpetrator characteristics		
History of substance abuse	0 1 9	
On prescription medication for health reasons	0 1 9	
On prescription medication for mental health reasons	0 1 9	
History of animal cruelty or abuse	0 1 9	
History of severe mental health problems	0 1 9	
Severe depression	0 1 9	
Suicide attempts/ideation	0 1 9	
Perpetrator family of origin		
History of child abuse in family of origin	0 1 9	
History of perpetrator experience of child abuse	0 1 9	
History of DV in family of origin	0 1 9	
Other (describe):	0 1 9	

13. Criminal history:

Criminal history prior to incident:	0=NO 1=YES	Number 1=1; 2=2+	Comments
Felony charges	0 1	1 2	
Misdemeanor charges	0 1	1 2	
Felony convictions	0 1	1 2	
Misdemeanor convictions	0 1	1 2	
Traffic violations	0 1	1 2	
Probation/parole violations	0 1	1 2	
Other violations	0 1	1 2	
Other (specify):	0 1	1 2	

14. Specific crimes:

Specific crimes 0 = NO 1=YES	Charges		Convictions		Comments
Non-violent crimes	0	1	0	1	
Violent crimes (non DV-related)	0	1	0	1	
Alcohol use/abuse related crimes (including DUI, AI)	0	1	0	1	
Drug use/abuse related crimes (including paraphernalia)	0	1	0	1	
Sex offenses	0	1	0	1	
Child abuse	0	1	0	1	
DV related crimes	0	1	0	1	
PO violation	0	1	0	1	
Stalking	0	1	0	1	
Assault 4 th	0	1	0	1	
Other (specify):	0	1	0	1	

15. Other comments about perpetrator information/history:

Reviewer name and phone number: _____

Section IV. Victim Status and History (Police)

1. Victim Name: _____ Victim DOB: _____
Victim age at the time of the incident: _____
2. Gender of victim: 1=Female 2=Male
3. Race/Ethnicity: 1=White 2=Black 3=Hispanic
4=Other (Specify): _____
4. Immigration status: 1=Legal 2=Illegal 3=Temporary status
4=In process of becoming legal 5=Other (Specify): _____
5. Language spoken at home: 1=English 2=Hispanic
3=Other (Specify): _____
6. Address: _____
7. Phone in the home: 0=NO 1=YES
8. Victim was pregnant at the time of the incident? 0=NO 1=YES
2=Gave birth within the 12 months prior to the incident
9. Disabled: 0=NO 1=YES
A. If yes, specify type(s) of disability: _____
10. Employment status at the time of the incident:
1=part time/seasonal 2=full time
3=Employed but was on leave for: _____
9=Unknown

0=No, If no specify: _____
a=Retired
b=Disability
c=Social security
d=other: _____

Employed where? _____
11. Ever in the military? 0=NO 1=YES

If Yes, status at the time of the incident:
0=Honorably discharged 1=Dishonorably discharged
2=Active 3=Inactive reserved 4=Retired

12. Length of relationship with perpetrator _____ Years

13. Other information:

0=NO 1=YES 9=D/K		Comments
Weapons		
Owned guns	0 1 9	
Licensed to carry a concealed weapon?	0 1 9	
Other characteristics		
History of substance abuse	0 1 9	
On prescription medication for health reasons	0 1 9	
On prescription medication for mental health reasons	0 1 9	
History of severe mental health problems	0 1 9	
Severe depression	0 1 9	
Suicide attempts/ideation	0 1 9	

14. Victim criminal history:

Criminal history prior to incident:	0=NO 1=YES	Number 1=1; 2=2+	Comments
Felony charges	0 1	1 2	
Misdemeanor charges	0 1	1 2	
Felony convictions	0 1	1 2	
Misdemeanor convictions	0 1	1 2	
Traffic violations	0 1	1 2	
Probation/parole violations	0 1	1 2	
Other violations	0 1	1 2	
Other (specify):	0 1	1 2	

Specific crimes 0=NO 1=YES	Charges	Convictions	Comments
Non-violent crimes	0 1	0 1	
Violent crimes (non DV-related)	0 1	0 1	
Alcohol use/abuse related crimes (including DUI, AI)	0 1	0 1	
Drug use/abuse related crimes (including paraphernalia)	0 1	0 1	
Sex offenses	0 1	0 1	
Child abuse	0 1	0 1	
DV related crimes	0 1	0 1	
PO violation	0 1	0 1	
Stalking	0 1	0 1	
Assault 4 th	0 1	0 1	
Other (specify):	0 1	0 1	

Personal history 0=NO 1=YES 9=D/K		Comments
Victim of other crimes (not related to perpetrator)	0 1 9	
Previous incidents of DV with other partner	0 1 9	
EPOs/DVOs with other partners	0 1 9	
Ever participate in batterers treatment	0 1 9	
History of DV in family of origin	0 1 9	
History of victim experience of child abuse	0 1 9	
Other		
Other (specify):	0 1 9	

16. Other comments about victim information/history:

Reviewer name and phone number: _____

Section V. Prosecution & Conviction/Sentencing (Prosecutors)

1. Is case being prosecuted? 0=NO 1=YES

If no, why not? _____

2. If prosecuted, what were the charges? _____

3. Is the case pending? 0=NO 1=YES

4. Convicted: 0=NO 1=YES

Convicted of: _____

5. Convicted by: 1=jury trial 2=Judge 3=Plea
4=Other (specify): _____

6. Convicted of: _____

7. Sentence: _____

8. Sentence Date: _____

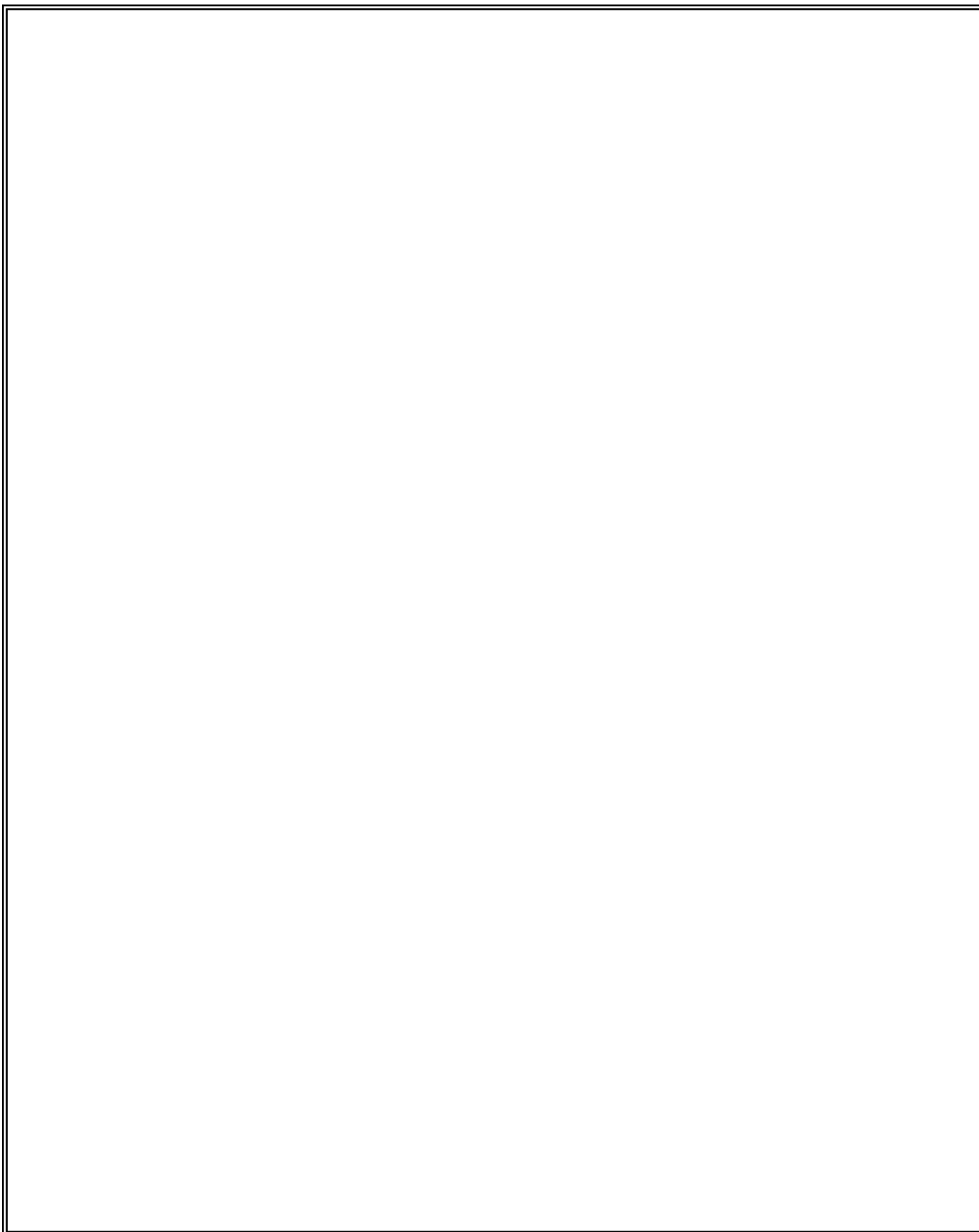
9. US attorney office involved? 0=NO 1=YES, If YES explain

10. Victim Impact Statement ? 0=NO 1=YES

11. Where currently ? _____

12. Immigration (ICE) involved? 0=NO 1=YES, If YES explain

13. Other notes regarding prosecution:

A large, empty rectangular box with a double-line border, occupying most of the page. It is intended for the user to provide notes regarding prosecution.

Reviewer name and phone number: _____

Section VI. Relevant Relationship History (All agencies)

1. Any of the following present in the case:

0=NO 1=YES 9=D/K or not sure		Comments
Relationship		
Divorce (dates):	0 1 9	
Recent separation	0 1 9	
Perpetrator was stalking or keeping tabs on victim	0 1 9	
Abused the victim in public	0 1 9	
Perpetrator came to victim work	0 1 9	
Perpetrator interfered with victim employment	0 1 9	
Perpetrator was very controlling	0 1 9	
Perpetrator was very jealous	0 1 9	
Recent escalation of violence	0 1 9	
Sexual assault/abuse	0 1 9	
Stalking	0 1 9	
Strangulation	0 1 9	
Other (specify):	0 1 9	
Threats by Perpetrator		
Comments		
Threat to commit suicide Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Threats to abduct children	0 1 9	
Actual abduction of children	0 1 9	
Threats to harm children	0 1 9	
Actual harm to children	0 1 9	
Threats to harm others, inc. property destruction or other implicit threats (family/friends/coworkers)	0 1 9	
Actual harm to others (family/friends/coworkers)	0 1 9	
Threats to harm new partner or perceived romantic interest, inc. property destruction or other implicit threats	0 1 9	
Actual harm new partner or perceived romantic interest	0 1 9	
Threats or actual harm of family pets Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	

0=NO 1=YES 9=D/K or not sure		Comments
Reports of threats to seriously harm or kill victim Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Victim disclosed the threats to others	0 1 9	
Victim disclosed details of how he said he would harm or kill her	0 1 9	
Perpetrator disclosed threats to harm or kill her to others	0 1 9	
Perpetrator disclosed threats to harm or kill her with details to others	0 1 9	
Other (specify):	0 1 9	

2. Prior to the incident was there any indications that the level of abuse/jealousy/controlling behavior was increasing? 0=NO 1=YES

3. Other evidence of domestic violence:

0=NO 1=YES		Comments
Documented police response to any victim residence with perpetrator involved	0 1	
Document police response to DV with perpetrator at any residence	0 1	
Document police response to DV with perpetrator at any place of employment	0 1	
Document police response to DV with perpetrator at any other public place (specify):	0 1	
Others reported hearing or seeing DV or abuse/violence (physical and emotional abuse or symbolic violence like destruction of property)	0 1	
Neighbors	0 1	
Co-workers	0 1	
Supervisor	0 1	
Friends	0 1	
Relatives	0 1	
Children	0 1	
Others (specify):	0 1	

4. Contributing factors:

0=NO 1=YES 9=D/K or not sure		Comments
Relationship		
Victim had new relationship	0 1 9	
Recent divorce	0 1 9	
Served with divorce papers	0 1 9	
Child support disputes	0 1 9	
Custody/visitation disputes	0 1 9	
Pregnancy	0 1 9	
Jealous of mother/child relationship	0 1 9	
Child from previous relationship joined the household recently	0 1 9	
Other significant change in relationship (specify):	0 1 9	
Other (specify):	0 1	
Abuse		
Violation of protective order	0 1 9	
Violation of court order	0 1 9	
Other (specify):	0 1	
Criminal Justice Factors		
Recent arrest for DV	0 1 9	
Recent arrest for other reasons	0 1 9	
Recently released from jail or prison	0 1 9	
Police confronted perpetrator but no arrest was made	0 1 9	
Served with EPO	0 1 9	
Served with other court orders	0 1 9	
Other (specify):	0 1	
Other system intervention		
Recent allegations of child abuse	0 1 9	
Investigation by CPS	0 1 9	
Investigation by APS	0 1 9	
Recent concern of deportation or other immigration issues	0 1 9	
Other (specify):	0 1	

Contributing factors (continued):

0=NO 1=YES 9=D/K or not sure		Comments
Perpetrator		
Recent loss of employment	0 1 9	
Recent loss of income	0 1 9	
Other significant loss (specify):	0 1 9	
Unemployment	0 1 9	
Blamed victim for life problems	0 1 9	
Avenged perceived wrong doing	0 1 9	
Other		
Other (specify):	0 1	

5. Other notes regarding relationship:

Reviewer name and phone number: _____

Section VII. Children (Police, Social Services, Other Agencies)

1. Children 0=NO, if No skip to next section 1=YES

2. Total number of children: _____

(Start with youngest and work to the oldest)

Child age at the time of incident	Child in common with perpetrator 0=NO 1=YES	Victim 0=natural child/adopted 1=stepchild 2=other (specify):	Child witness incident 0=NO 1=YES	Child harmed during incident 0=NO 1=YES	Comments
1	0 1	0 1	0 1	0 1	
2	0 1	0 1	0 1	0 1	
3	0 1	0 1	0 1	0 1	
4	0 1	0 1	0 1	0 1	
5	0 1	0 1	0 1	0 1	
6	0 1	0 1	0 1	0 1	
7	0 1	0 1	0 1	0 1	
8	0 1	0 1	0 1	0 1	
9	0 1	0 1	0 1	0 1	
10	0 1	0 1	0 1	0 1	

3. Any of the following present in the case:

0=NO 1=YES 9=D/K or not sure		Comments
Regarding Children		
Child support disputes Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Child custody/visitation disputes Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Victim expressed concern about losing custody or abduction	0 1 9	
Perpetrator expressed concern about losing custody or abduction	0 1 9	
Victim expressed fear if physical danger to child(ren)	0 1 9	
Victim made allegations of perpetrator abuse toward child(ren) Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Other (specify):	0 1 9	

4. Child abuse/neglect
 0=No allegations, *If No allegations skip to question 8*
 1=Allegations
 2=investigated but unsubstantiated
 3=Substantiated

5. Specifics: *(Start with youngest and work to the oldest)*

Child Age	Child physical abuse	Child sexual abuse	Neglect	Against 1=victim 2=perpetrator	Comments
1	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
2	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
3	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
5	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
6	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
7	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
8	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
9	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
10	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	

6. Placement of children:
 0=Ward of the state
 1=Victim relatives
 2=Perpetrator relatives
 3=Other (specify): _____

7. Did children receive counseling? 0=NO 1=YES

If Yes, where?

8. Were children home schooled? 0=NO 1=YES (if Yes, detail in Comments below)

9. Comments about children:

Reviewer name and phone number: _____

Section VIII. System Intervention

1. Services requested, ordered, or obtained:

	0=No 1=requested or ordered but not received 2=received	#	0=within 1 mth 1=within 12 mths 2=greater than 12 mths preceding incident	Did services/entities have knowledge of DV in relationship before the incident? 0=NO 1=YES 9=D/K	Comments
Police	0 1 2		0 1 2	0 1 9	
EPO petitions	0 1 2		0 1 2	0 1 9	
DVOs	0 1 2		0 1 2	0 1 9	
Sheriff's office	0 1 2		0 1 2	0 1 9	
Prosecutor	0 1 2		0 1 2	0 1 9	
Probation/parole	0 1 2		0 1 2	0 1 9	
Court (civil actions besides protective orders)	0 1 2		0 1 2	0 1 9	
Legal aid	0 1 2		0 1 2	0 1 9	
Private Attorney	0 1 2		0 1 2	0 1 9	
Family court social worker/ FOC	0 1 2		0 1 2	0 1 9	
Fire department	0 1 2		0 1 2	0 1 9	

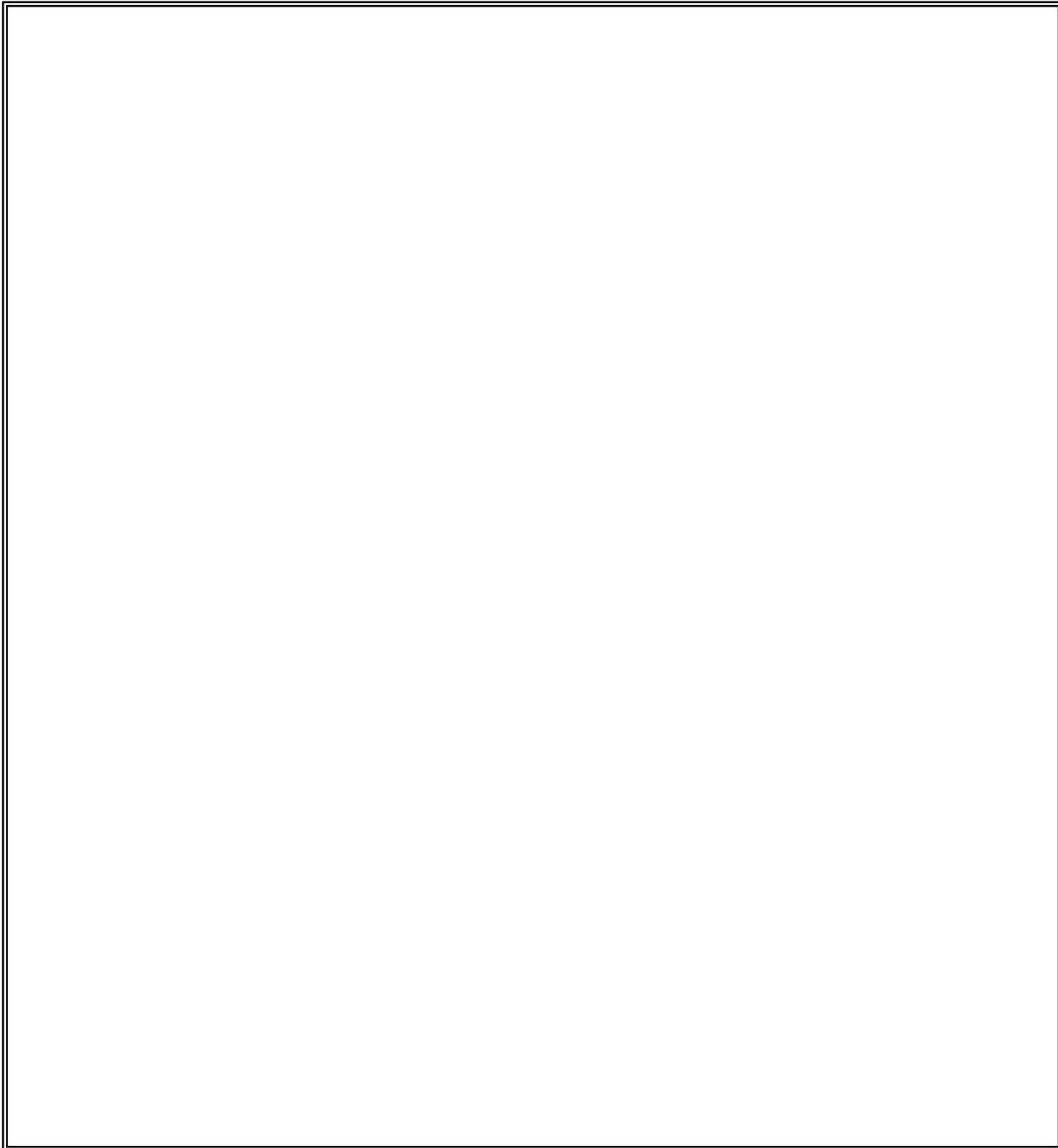
Services requested, ordered, or obtained (Continued)

	0=No 1=requested or ordered but not received 2=received	#	0=within 1 mth 1=within 12 mths 2=greater than 12 mths preceding incident	Did services/entities have knowledge of DV in relationship before the incident? 0=NO 1=YES 9=D/K	Comments
Child protective services	0 1 2		0 1 2	0 1 9	
Adult protective services	0 1 2		0 1 2	0 1 9	
VINE notification	0 1 2		0 1 2	0 1 9	
VINE PO notification	0 1 2		0 1 2	0 1 9	
Advocate	0 1 2		0 1 2	0 1 9	
Spouse abuse center	0 1 2		0 1 2	0 1 9	
Rape crisis center	0 1 2		0 1 2	0 1 9	
Medical/doctor/ ER/Hospital	0 1 2		0 1 2	0 1 9	
Mental health	0 1 2		0 1 2	0 1 9	
DV offender treatment Not completed = 1 Completed = 2	0 1 2		0 1 2	0 1 9	
Other court ordered program/treatment/ stipulations (specify) Not Completed =1 Completed=2	0 1 2		0 1 2	0 1 9	

DV counseling or treatment for victim	0 1 2		0 1 2	0 1 9	
Substance abuse treatment	0 1 2		0 1 2	0 1 9	
School contacts	0 1 2		0 1 2	0 1 9	
Other (Specify):	0 1 2		0 1 2	0 1 9	

Section IX. Summary of case

1. Case summary:



2. Unique aspects of the case:

A large, empty rectangular box with a thin black border, intended for the user to write the unique aspects of the case.

3. Other remarks:



For questions, or for more information regarding this report, please contact:

The Louisville Metro Domestic Violence Prevention Coordinating Council
Fatality Review Committee
c/o Louisville Metro Criminal Justice Commission
514 West Liberty Street, Suite 106
Louisville, KY 40202
(502) 574-5088

www.louisvilleky.gov/CriminalJusticeCommission/contactus.htm

