

WORKING DRAFT

Baltimore County Domestic Violence Fatality Review Team Interview Questionnaire

I. Victim Information(If there is more than one victim, complete section for primary victim, i.e. intimate partner)

Name: _____

Address: _____

DOB (MMDDYY): _____ DOD (MMDDYY): _____

Age: _____ Gender: Female Male

Race: Black White Asian Hispanic Other

Marital Status: Single, never married Married Separated
 Widow Divorced Registered as Domestic Partner

Number of children: _____ Pregnant: No If yes, age of fetus (weeks) _____

Ward: _____

Education: _____ Employment status: Employed (fulltime/part-time)

Income: _____ Occupation: _____

Unemployed Homemaker Public Assistance Student

Retired N/A Child Not School Age

Criminal history: Yes No If yes, check all that apply:

Prior domestic violence arrests Arrested for a CPO violation

Arrested for probation violation Prior arrest for other assault

Harassment/menacing/disturbance Prior arrests for DUI

Prior arrests for drug possession, Prior juvenile record

_____ Total # of arrests for domestic violence offenses

_____ Total # of arrests for other violent offenses

_____ Total # of arrests for non-violent offenses

_____ Total # of CPO violations

_____ Total # of bail condition violations

_____ Total # of probation violations

Family court history: Yes No Unknown

If yes, check all that apply:

Current child custody dispute Prior child custody dispute

Current child welfare case Prior child welfare case

Domestic violence court history: Yes No Unknown

If yes, check all that apply:

Prior Civil Protection Orders # _____ Date of last: _____

Prior CPO Violations Yes No Unknown

By perpetrator: Yes No Unknown Date of last: _____

Child custody dispute

Treatment history: Yes No If yes, check all that apply:
 Prior domestic violence treatment Prior substance abuse treatment
 Prior mental health treatment Anger management
 Other, specify _____

History of Medications:

Taking at time of incident: Yes No Unknown
Prescribed at time of incident: Yes No Unknown
Taking medication at time of incident: Yes No Unknown
List names of medications: _____

History of suicide ideation or attempts prior to incident: Yes No Unknown

Any significant life changes occurred prior to fatality: Yes No Unknown

If yes, check all that apply:

Physical health Mental health Employment Income
 Living conditions Relationship/marriages
 Other, specify _____

Victim of child/adolescent sexual abuse: Yes No Unknown

Victim of child/adolescent physical abuse: Yes No Unknown

Exposed as child/adolescent to domestic violence: Yes No Unknown

II. PERPETRATOR INFORMATION:

Name: _____

DOB (MMDDYY): _____ **DOD (MMDDYY):** _____

Age: _____ **Gender:** Female Male

Race: Black White Asian Hispanic Other

Marital Status: Single, never married Married Separated

Widow Divorced Registered as Domestic Partner

Number of children: _____ **Pregnant:** Yes No If yes, age of fetus (weeks) _____

Address: _____ **Ward:** _____

Education: _____ **Employment status:** Employed (full-time/ part-time)

Income: _____ **Occupation:** _____

Unemployed Homemaker Public Assistance Student

Retired N/A Child Not School Age

Criminal history: Yes No If yes, check all that apply:

Prior domestic violence arrests Arrested for a CPO violation

Arrested for probation violation Prior arrests for other assault

Harassment/menacing/disturbance Prior arrests for DUI

Prior arrests for drug possession, Prior juvenile record

____ Total # of arrests for domestic violence offenses/list years: _____
____ Total # of arrests for other violent offenses/list years: _____
____ Total # of arrests for non-violent offenses/list years: _____
____ Total # of CPO violations/list years and states: _____
____ Total # of bail condition violations
____ Total # of probation violations
Date/Age of 1st Offense: _____ Date/Age of Last offense: _____

Family court history: [] Yes [] No [] Unknown

If yes, check all that apply:

[] Current child custody dispute [] Prior child custody dispute
[] Current child welfare case [] Prior child welfare case

Treatment history: [] Yes [] No If yes, check all that apply:
[] Prior domestic violence treatment [] Prior substance abuse treatment
[] Prior mental health treatment [] Anger management
[] Other, specify _____

History of Medications:

Taking at time of incident: [] Yes [] No [] Unknown
Prescribed at time of incident: [] Yes [] No [] Unknown
Taking medication at time of incident: [] Yes [] No [] Unknown
List names of medications: _____

History of suicide ideation or attempts prior to incident: [] Yes [] No [] Unknown
Any significant life changes occurred prior to fatality: [] Yes [] No [] Unknown

If yes, check all that apply:

[] Physical health [] Mental health [] Employment [] Income
[] Living conditions [] Relationship/marriages
[] Other, specify _____

Victim of child/adolescent sexual abuse: [] Yes [] No [] Unknown
Victim of child/adolescent physical abuse: [] Yes [] No [] Unknown
Exposed as child/adolescent to domestic violence: [] Yes [] No [] Unknown

III. AUTOPSY/CIRCUMSTANCES SURROUNDING DEATH/INVESTIGATION

Cause of death: _____

Manner of Death: [] Homicide [] Suicide [] Homicide/suicide
[] Multiple homicide [] Multiple homicide/suicide

Type of injuries (check all that apply): [] Gunshot [] Stabbing
[] Asphyxiation [] Beating [] Strangulation
[] Other, specify _____

Other evidence of excessive violence: [] Yes [] No

Evidence of elderly neglect: [] Yes [] No

Evidence of mutilation: [] Yes [] No

Victim sexually assaulted: [] Yes [] No

If yes, describe (Sexual assault, sexual mutilation, both)

Condition of body: [] Nothing unusual [] Nude [] Partially unclothed

Positioned sexually

Results of Toxicology Screen:

Drugs Positive, specify _____ Negative
Alcohol Positive Negative

Date of incident (MMDDYY): _____ **DOD (MMDDYY):** _____

Date report received: _____ **Time call received:** _____

Incident reported by: Victim Perpetrator Children of victim/perpetrator

Victim family member Perpetrator family member
 Victim friend/acquaintance Perpetrator friend/acquaintance
 Neighbor Co-worker Other

Total number of victims: _____ Not including perpetrator if suicide

Other homicides: Yes No Relationship to Primary Victim: _____

Suicides: Yes No Relationship to Primary Victim: _____

Other non-fatal injuries: Yes No Describe _____

Perpetrator injured during incident: Yes No Describe _____

Who injured perpetrator: Victim Witnesses Law enforcement

Address of Incident: _____ **Ward:** _____

Location: Victim/perpetrator's home Victim's home Perpetrator's home
 Residence of other family member Victim's workplace
 Other home Vehicle Street/sidewalk/roadside
 Park or other public open space Restaurant or place of leisure/entertainment
 Hotel/motel Other, specify _____

If residence, what type: Single family home Townhouse Apartment
 Rooming/boarding house Other, specify _____

If residence, where was victim found: Bedroom Kitchen Other room
 Porch Garage Yard

Reports indicated victim intoxicated prior to fatal incident:

None Alcohol Drugs Both

Reports indicated perpetrator intoxicated at time of fatal incident:

None Alcohol Drugs Both

Weapon Use: Yes No If weapon used, type: Handgun Rifle
 Shot gun Knife/other blade weapon Other sharp instrument
 Bar/bat/stick or other blunt object Hands/fist/feet
 Other, specify: _____

If gun, who owned it: Perpetrator Victim Other, specify _____

Gun acquired legally: Yes No Unknown

If yes, date acquired: _____

IV. Witness Information

Others present at scene of fatality: No Children of victim/perpetrator
 Children of victim Children of perpetrator Other family
 Friend Acquaintance Stranger/bystander
 New intimate partner Co-worker Law enforcement
 Other helping professional Other specify _____

Who discovered the body: Relationship: _____ **Age:** _____

If children were present, how many: _____ **Ages:** _____

Were children directly involved: Yes No (i.e., held by parent, called 911)
Did they hear the fatal incident: Yes No **Observe the fatal incident:** Yes No
Describe type of intervention that occurred as a result: _____

V. Perpetrator Actions After Fatality

Did perpetrator attempt/commit suicide following the incident?

Attempted Committed No

If attempted/committed suicide, how: Gunshot Stabbing Drug overdose
 Hanging/strangulation Drug overdose Vehicular suicide
 Other, specify: _____

Did suicide appear to be part of original homicide: Yes No

How long after the killing did suicide occur:

N/A Immediately Within week Over a week

Was perpetrator in custody when attempted/committed suicide: Yes No N/A

Was a suicide note left: Yes No N/A

If yes, was precipitating factor identified: Yes No N/A

Describe: _____

If perpetrator did not commit suicide, did she/he leave scene: Yes No

Where was perpetrator arrested/apprehended: At scene Turned self in

Apprehended later Still at large Other, specify: _____

How much time passed between the fatality and arrest of perpetrator: Hours

Days Weeks Months Unknown N/A, still at large

VI. VICTIM/PERPETRATOR RELATIONSHIP HISTORY

Relationship of victim to perpetrator: Legal spouse Common-law partner

Estranged legal spouse Estranged common-law partner Divorced

Boyfriend/girlfriend Estranged boyfriend/girlfriend Same-sex partner

Ex-same-sex partner Child Parent Sibling Other relative

Other, specify: _____

Length of relationship (years/months): _____

If divorced, how long: Less than 1 month 1 Month to year

Over 1 year Unknown

If separated, how long: Less than 1 month 1 Month to year

Over 1 year Unknown

If no, did evidence indicate separation/divorce was imminent: Yes No Unknown

Did victim begin relationship with a new partner: Yes No Unknown

Is there a history of separation in relationship: Yes No Unknown

If yes, how many previous separations were there: _____

If not separated, had victim tried to leave relationship: Yes No Unknown

If yes, what steps had victim taken in past year to leave relationship (check all that apply):

Moved out of residence Initiated defendant moving out

Sought safe housing Initiated legal action

Other, specify: _____

VII. CHILDREN INFORMATION

Did victim/perpetrator have children in common: Yes No Unknown

If yes, how many children in common: _____ **Ages:** _____

If separated, who had legal custody of children: Victim Perpetrator
 Other, specify: _____

If separated, who had physical custody of children at time of incident:
 Victim Perpetrator Other, specify: _____

Which of the following best describes custody agreement:
 Victim sole parental responsibility Perpetrator sole parental responsibility
 Shared parental responsibility Victim had unsupervised visitation rights
 Perpetrator had unsupervised visitation rights
 Victim had supervised visitation Perpetrator had supervised visitation

Victim had no visitation Perpetrator had no visitation
 Other, specify: _____

Did victim have children from previous relationship: Yes No
If yes, number: _____ **Ages:** _____

VIII. HISTORY OF DOMESTIC VIOLENCE

Were there prior reports of domestic violence in victim / perpetrator relationship:

Yes No Unknown

Type of Violence: Physical Verbal Other, specify: _____

If yes, were complaints/reports made to (check all those that apply):

Police Courts Medical Family members
 Clergy Friends Co-workers Neighbors
 Social services Shelter/other domestic violence program
 Child protection Family court (divorce/custody/restraining order proceedings)
 Legal counsel/legal services Other, specify: _____

Historically, was the victim ever the perpetrator of abuse: Yes No Unknown

If yes, describe how known: _____

Was there evidence of escalating violence: Yes No Unknown

If yes, check all that apply:

Prior attempts or threats of suicide by perpetrator
 Prior threats with weapon
 Prior threats to kill
 Perpetrator abused the victim in public
 Perpetrator stalking/monitored victim's whereabouts
 Blamed victim for abuse
 Destroyed victim's property and/or pets
 Prior medical treatment for domestic violence related injuries reported
 Other, specify: _____

IX. PUBLIC/PRIVATE AGENCIES INVOLVEMENT

Did victim have access to working telephone: Yes No Unknown

Estimate distance victim had to travel to access helping resources: _____

Did the victim have access to transportation: [] Yes [] No [] Unknown

Did the victim have a Safety Plan: [] Yes [] No [] Unknown

Did the victim have opportunity to act on a Plan: [] Yes [] No [] Unknown

Were any of the following agencies involved with the victim or the perpetrator during the past two years prior to the fatality:(Circle who had contact, describe date, type and outcome)

MPD (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Court services (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Defense counsel (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Criminal justice system (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Probation (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Parole (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Family court (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Domestic violence court (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Legal services (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Court-based legal advocacy (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Victim-witness assistance program (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Victim services including domestic violence shelter/safe house (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Sexual assault program (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Other domestic violence victim services (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Community based legal advocacy (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Educational services (Victim, perpetrator, or both)

Describe: (Did school know of DV? Did school provide counseling?)

Outcome: _____

Supervised visitation/drop off center (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Child protection services (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Mental health provider (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Mental health program (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Health care provider (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Regional trauma center (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Local hospital (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Ambulance services (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Other Community Services

Anger management program (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Batterer's intervention program (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Marriage counseling (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Substance abuse program (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Religious community (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Immigrant advocacy program (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Cultural organization (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Fire department (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

Homeless shelter (Victim, perpetrator, or both)

Describe: _____

Outcome: _____

X. RISK ASSESSMENT

Was a risk assessment done? (Yes / No)

If yes, by whom? _____

When was the risk assessment done: _____

What was the outcome of the risk assessment: _____

Summary of Risk Lethality Indicators

(Check all the risk indicators that were present in this case)

- Prior domestic violence history Actual or pending separation
- Escalation of violence Prior threats to kill or harm victim
- Prior threats with weapon Prior suicide threats/attempts by perpetrator
- Obsessive behavior (including stalking the victim)
- Access to or possession of firearms Excessive alcohol and/or drug use
- Depression (or other mental health or psychiatric problems)
- Isolation of or attempts to isolate victim
- Forced sexual acts or assaults during sex
- New partner in victim's life Child custody dispute
- Presence of stepchildren in the home Perpetrator unemployed
- Hostage-taking Victim/perpetrator living common-law
- Violence against family pets Destruction of victim's property
- Extreme minimization or denial of partner/spouse assault history
- Controls most of or all of victim's daily activities
- Assaulted victim while pregnant
- Chokes victim Youth of couple
- Perpetrator witnessed domestic violence as child
- Other factors that increased risk, specify: _____

XI. Was the death preventable in retrospect: Yes No Unknown

If yes, what would have prevented this tragedy: _____

What issues are raised by this tragedy that should be highlighted with recommendations:

Would you like to speak with the Baltimore County Fatality Review Team?

(Yes)_____ (No)_____

Additional comments: _____

Signature of Interviewer

Date Completed