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

**Martial 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
**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 |