



Violence At Home:
Remembering, Learning
and Preventing

*A Report from the
Child and Family Violence
Fatality Review Team*

Richmond, Virginia
October 2003



ACKNOWLEDGEMENTS

The Richmond Child and Family Fatality Review Team is a success because its participating agencies have an overwhelming commitment to the fatality review process and to system reform. Those who serve on this team are motivated toward improving the safety of our community by working to understand fatal events in order to improve collaborations and prevent future fatalities. Each member's expertise, vision and dedication serve as a testament to those persons whose lives have been lost and that their deaths were not in vain. Their memories will serve as motivation for change. Special thanks go to the following persons who serve as members of the Richmond Child and Family Violence Fatality Review Team:

Diane Abato, Deputy Commonwealth's Attorney, Office of the Commonwealth's Attorney

Chris Abbey, Parish Nurse, Catholic Diocese

Lynn Anderson, Second Responder Supervisor, Richmond Social Services

Diane Atkins, Director of Shelter Services, YWCA

Arlene Belfield, L.C.S.W., Director Child/Family Health, Richmond Behavioral Health Authority

Gay Cutchin, Sexual Assault Program Director, Virginia Commonwealth University

Robin Foster, M.D., Pediatric ER Chief, VCU Health System

Matthew Sasser, Lieutenant, Richmond Police Department

Jeanine Harper, Director, Greater Richmond SCAN (Stop Child Abuse Now)

Maureen Brown, Magistrate, Richmond City

Julie Hendricks, Chairperson, Domestic Violence Coordinating Committee

Deborah Kay, M.D., Assistant Chief Medical Examiner, Office of the Chief Medical Examiner

William Martin, Lieutenant, Richmond Fire Department

Sue Mayes, Director, 13th District Court Service Unit

Doris Moseley, Child and Family Division, Human Services Manager, Richmond Social Services

Trish Muller, Chief Operating Officer, Richmond Juvenile and Domestic Relations Court

Kent Radwani, Director Batterer Intervention, Commonwealth Catholic Charities

Jo Anne Robertson, Family Violence Prevention Program Supervisor, Richmond Social Services

Cornelius Robinson, Sergeant, Richmond Police Department

Richard Taylor, Judge, City of Richmond

Maura Vilkoski, Case Manager, Richmond CASA

Collectively, we give thanks to the City Attorney's Office and Manoli Loupassi for writing and sponsoring the resolution which the Richmond City Council endorsed supporting the development and work of the Richmond Child and Family Violence Fatality Review Team. We also appreciate the Office of the Chief Medical Examiner for its unending guidance during the team's development.



INTRODUCTION

The Richmond Child and Family Violence Fatality Review Team met from April 2002 to April 2003 and reviewed 8 events that resulted in 10 deaths in the years 2000 and 2001. The events were identified by the Office of the Chief Medical Examiner and the Office of the Commonwealth's Attorney. While much of the Team's organizational structure and meeting protocol was created prior to the first review taking place; the Team continued to improve upon their structure even through the last review. One challenge the Team faced was its uncertainty in knowing what information to collect and how that information would help identify trends.

The Office of the Chief Medical Examiner collects information on fatal family violence in Virginia and publishes an annual report entitled *Family and Intimate Partner Violence Homicide*. The report provides an overview of homicide in the State, with an emphasis on family and intimate partner related deaths. According to the OCME, the two-year average (years 2000 and 2001) of intimate partner homicide for the City of Richmond is 6 deaths, which equals to a rate of 3.88 deaths per 100,000 people. The two-year average of child homicide by caretaker for Richmond is 1.5 deaths, with a rate of 3.47 deaths per 100,000 people. A comparison of Richmond's rates to that of the State's for the same two-year period reveals that Richmond has over twice the rate of intimate partner homicide and child homicide by caretaker than that of the State. The State's rate for intimate partner homicide is 1.43 per 100,000 people; and the rate for child homicide by caretaker is 1.4 per 100,000 people.

The statewide data in relation to the eight events the Team reviewed illustrates the importance of the fatality review process and the significance of the Team.

SUMMARY OF CASES

The Team reviewed eight events in which a total of ten people lost their lives. Eight were adults and two were children.

- Of the eight events, six were female and four were male.
- The manner of death included four firearms, three instruments such as knives and one death caused by hands.
- Seven of the eight events had a history of prior violence as reported by law enforcement, court records and by family. In six of the events, a public display of violence was reported. And in three of the events, a protective order had previously been issued on the defendant. Also, in three of the eight events, a recent separation between the defendant and victim was reported.
- In half of the events reviewed, family members reported they knew of previous violence by the defendant. In three events, the victim's children reported being aware of the violence.
- Substance abuse by the defendant was reported in over half of the events the Team reviewed. In one of these four, the victim also reported having a substance abuse

The Team's mission is to identify and describe trends and patterns in family violence and child abuse ...



problem. And in one instance, substance abuse was reported yet no referral was made for intervention.

- Five events recorded the victim as unemployed and receiving TANF. In three events, the victim had previously utilized domestic violence shelters and services. Three of the six female victims had received mental health services while three victims also reported having suffered with depression.
- Child protective services had a previous relationship in three of the eight events, while three perpetrators had previously participated in a Batterer Intervention Program.
- Isolation and family were noted as barriers to possible interventions in two of the eight events.

FINDINGS AND RECOMMENDATIONS

After completing each review, the Team asked a series of questions that helped identify interventions that may have prevented the fatal injuries. By examining which prevention strategies flowed from these interventions, which interventions worked, and which needed to be expanded and improved, the Team recognized developing trends and offered recommendation.

The fatality review process enabled the participating agencies within the child and family violence response system to evaluate performances within and between agencies. While system response is not without need for improvement, the process allowed members to see how well agencies within this system work together and evaluate the numerous accomplishments and system changes that have been implemented to date toward improving the safety of family violence victims and children. The cases that posed the greatest challenge to everyone around the table were those in which the adult victim and children were isolated and did not know about or chose not to take advantage of the services available to them.



CRIMINAL JUSTICE RESPONSE RECOMMENDATIONS

We recommend the Juvenile and Domestic Relations Court minimize continuances by hearing domestic violence case when all parties are present.

We recommend the Office of the Commonwealth's Attorney evaluate the defendants' need for substance abuse treatment as early as possible.

We recommend the Office of the Commonwealth's Attorney and the Richmond Police Department initiate referrals for supportive counseling in all cases where a child is a witness or a secondary victim through the loss of a parent.

We recommend the Richmond Police Department continue contacting the Second Responder Program in all homicide and violent crime cases, including events where children may or may not have witnessed the fatal event.



We recommend continued communication among the Department of Social Services, Police Department, VCU Health System's Forensic Nurses and Physicians and the OCME.

SOCIAL SERVICES RESPONSE RECOMMENDATIONS

We recommend the Second Responder Program generate a report and department file on all cases even when all that is provided to the victim is information or referrals.

We recommend the Richmond Department of Social Services provide services as needed on all unfounded CPS complaints and we continue our support of their Differential Response System.

We recommend Richmond Department of Social Services mandate training on the identification of child abuse and neglect for daycare facilities.

ADVOCACY AND OUTREACH RESPONSE RECOMMENDATIONS

We recommend Greater Richmond SCAN and Commonwealth Catholic Charities continue outreach to the Non-English speaking communities.

We recommend a media campaign to raise awareness about child and family violence and its effects on children and adults.

We recommend collaborative referrals among the Office of the Commonwealth's Attorney's Victim Witness Program, Richmond Department of Social Service's Child Protective Services, Family Violence Prevention Program and the Second Responder Program on all appropriate cases.

We recommend Richmond Social Services Family Violence Prevention Program and the Office of the Commonwealth's Attorney's Victim Witness Program follow up with surviving victims or witnesses of child and family violence within 72 to 96 hours of the event.

TEAM HISTORY

In 1999, Virginia expanded its fatality review team legislation by giving localities the authorization to establish local or regional family violence fatality review teams. Virginia is one of a handful of states across the nation to enact such legislation. Virginia's Office

The Team's mission is to increase safety for victims and accountability for perpetrators of family violence and child abuse and neglect by promoting cooperation and communication among agencies investigating and intervening in family violence and child abuse.

of the Chief Medical Examiner (OCME) has provided training and guidance to localities interested in conducting fatality review. In 2001, with the help of the OCME, Richmond took steps to establish a combined Child and Family Violence Fatality Review Team.



In April 2001, David M. Hicks, Commonwealth's Attorney for the City of Richmond, Cathy Pond, Executive Director of the YWCA, and Richard Taylor, then Chief Judge of the Juvenile and Domestic Relations Court, invited local non-profits and government agencies to participate in an organizational meeting. Each agency that attended the initial meeting signed a collaborative agreement (See Appendix I) agreeing to participate in creating the Team's mission statement, protocols, reviews, findings and recommendations. The Office of the Commonwealth's Attorney agreed to be the lead agency.

The following are members of the Richmond Child and Family Violence Fatality Review Team: YWCA of Richmond, Richmond Juvenile and Domestic Relations Court, Department of Criminal Justice Services, Richmond Behavioral Health Authority, VCU Sexual Assault Program, Richmond City Department of Social Services, VCU Health System, Greater Richmond SCAN, Virginia Department of Social Services, Richmond's Court Services Unit, Richmond Police Department, Commonwealth Catholic Charities, Richmond Magistrate's Office, Richmond Fire Department, Office of the Chief Medical Examiner, Richmond CASA and the Office of the Commonwealth's Attorney (Chair).

The Virginia Code § 32.1-283.3 (C) requires family violence fatality review teams have the endorsement of their local government. The Team met monthly to prepare a resolution for Richmond City Council asking for its endorsement of the fatality review process. A mission statement was developed and the team outlined review procedures. Participating agencies signed cooperative and confidentiality agreements, as well as committed to a consensus decision-making process. On October 8, 2001 the Richmond City Council passed the resolution establishing the Team and supporting the Team's recommendation that the Office of the Commonwealth's Attorney chair the team. (See Appendix II)

The Team's mission is to formulate recommendations for policies, services, resources and legislation designed to keep families and children safe.

The purpose of local fatality review is for Team members to gain a better understanding of the events that led up to the fatality, evaluate how the system responded to the case and take part in a discussion about recommendations to prevent future child and family violence fatalities. The Team's protocol includes the following elements:

- Team members sign a confidentiality agreement (See Appendix III) at the beginning of each review meeting and present their agency's information about the case.
- The chairperson takes notes and fills out an assessment tool (See Appendix IV) during the Team's discussion and keeps the records for the Team.
- The Team does not copy or duplicate any individual agency file information.
- Team members return their files back to their agency.
- Team members not leave the meeting with any written information.
- Decisions are made by consensus.



In April 2002, one year after the first organizational meeting, the Team reviewed its first case. The Team's mission is to prevent future deaths from family and child abuse by examining the circumstances surrounding each case by making recommendations to increase coordination and communication between agencies. Using the OCME's definition of fatal family violence, the Team reviewed only Richmond cases that had been fully adjudicated or cases that would never be adjudicated (like cases of homicide/suicide). At all times the privacy of the victim and the confidentiality of the information are maintained.

Fatal Family Violence is any fatality, whether homicide or suicide, occurring as a result of abuse between family members or intimate partners.

(Family and Intimate Partner Violence Fatality Review Team Protocol, March 2001)

NEXT STEPS

The City of Richmond's Child and Family Fatality Review Team is a work in progress. After each review, members often made recommendations to improve the Team's protocol. Based on these recommendations, the Team has agreed to increase its membership and expand the types of cases it reviews.

- The Team plans to recruit regular participation from the Sheriff's Department, VCU Health Systems Social Work Department, Richmond Health Department, Adult Probation and Parole, Richmond's Office of Community Corrections, Richmond's Ambulance Authority and Richmond City Schools. Several Team members have identified contacts for the various agencies and the chairing agency will extend the invitations to join the Team. Furthermore, the Team will work through local non-profit agencies that focus on the health and safety of children.
- The Richmond Child and Family Violence Fatality Review Team will expand its review to include any violent death of a child under 18.

When suggestions to improve prevention strategies through policy or procedure were offered, many were also immediately implemented.

- Greater Richmond SCAN and the Catholic Diocese began working together to reduce the communication barrier by creating materials and brochures in Spanish aimed to help victims of child and family violence.
- The Office of the Commonwealth's Attorney was instrumental in the development of a training video for mandated reporters of child abuse and neglect, such as day care workers.
- Greater Richmond SCAN lobbied the General Assembly to extend the length of time the Department of Social Services is to maintain a record of unfounded Child Protective Service Complaints from one year to three years.

The Richmond Child and Family Violence Fatality Review Team will continue to recommend the integration of services and communication among different agencies and different programs within agencies to reach more potential victims resulting in fewer child and family violence fatalities.

APPENDIX I

RICHMOND CHILD AND FAMILY VIOLENCE FATALITY REVIEW TEAM INTERAGENCY COOPERATION AGREEMENT

Organization: _____

Represented by: _____

This cooperative agreement is made this _____ day of 2001 between the _____ and all agencies and individuals who serve on the Richmond Child and Family Violence Fatality Review Team.

On behalf of the _____ I indicate support of the objectives of the Richmond Child and Family Violence Fatality Review Team:

Through the process of conducting a formal review of selected fatalities in which family violence or child neglect or abuse is considered a significant factor, the Richmond Child and Family Violence Fatality Review Team will:

1. Identify and describe trends and patterns in family violence or child abuse related fatalities by:
documenting trends and patterns in periodic reports which present aggregate findings of the death reviews conducted over the course of a year.
2. Increase safety for victims and accountability for perpetrators of family violence and child abuse and neglect by:
promoting cooperation and communication among agencies investigating and intervening in family violence and child abuse and
formulating recommendations for policies, services, resources and legislation designed to keep families and children safe.
3. Formulate recommendations for collaboration on family violence and child abuse investigation, intervention and prevention.

The _____ agrees that membership of the Richmond Child and Family Violence Fatality Review Team should be comprised of (but not limited to) the following disciplines: advocates, law enforcement, judiciary, medical, public health, social services, medical examiners, prosecution, probation, batterer's treatment, behavioral health.

This participation will include providing an ongoing primary representative and alternate representative on a regular basis as the member of the Review Team and providing necessary information to support the Review Team's operations. All information and records obtained or created regarding the review of a fatality shall be confidential in accordance with Va. Code Section 32.1-283.2 (D).

I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation materials and information may result in criminal liability.

Because the review process may involve case specific sharing of information, and confidentiality is inherent in many of the involved reports, each member of the Review Team shall agree to the limits of what they may reveal in their capacity as an agency representative. All members will sign a confidentiality agreement that prohibits any unauthorized dissemination of information related to the review process. No material may be used for reasons other than which was intended.

The _____ agrees that no one associated with this agency will represent the views of the Richmond Child and Family Violence Fatality Review Team to the media.

In my capacity as authorized representative, I commit the _____'s participation, support and assistance to the Richmond Child and Family Violence Fatality Review Team.

Signature: _____

Title: _____

Date: _____

APPENDIX II

A RESOLUTION

To establish the Richmond Family Violence Review Team for the purposes of examining fatal family violence incidents, creating a body of information to help prevent future family violence fatalities, and reviewing the facts and circumstances of fatal family violence incidents that occur within the City of Richmond.

Patron- Mr. Loupassi

Approved as to form and legality

By the City Attorney

WHEREAS, family violence has destructive consequence upon individuals and families within the City of Richmond;

WHEREAS, careful examination of family violence fatalities can help prevent similar tragedies from recurring;

WHEREAS, a thoughtful and non-judgmental method of evaluating the events that lead to family violence fatalities can create a safer community; and

WHEREAS, the General Assembly enacted section 32.1-283.3 of the Code of Virginia (1950), as amended, to permit the City of Richmond to establish a family violence fatality review team to examine fatal family violence incidents and to create a body of information to help prevent future family violence fatalities; NOW, THEREFORE,

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF RICHMOND:

That the Richmond Family Violence Fatality Review Team is hereby established pursuant to section 32.1-283.3 of the Code of Virginia (1950), as amended.

BE IT FURTHER RESOLVED BY THE COUNCIL OF THE CITY OF RICHMOND:

That a representative of the Richmond Commonwealth's Attorney's Office shall serve as chairperson of the Richmond Family Violence Fatality Review Team and shall appoint members of the team pursuant to section 32.1-283.3 of the Code of Virginia (1950), as amended.

BE IT FURTHER RESOLVED BY THE COUNCIL OF THE CITY OF RICHMOND:

That the Richmond Family Violence Fatality Review Team shall examine fatal family violence incidents, shall create a body of information to help prevent future family violence fatalities, and shall have the authority to review the facts and circumstances of all fatal family violence incidents that occur within the City of Richmond.

BE IT FURTHER RESOLVED BY THE COUNCIL OF THE CITY OF RICHMOND:

That the Richmond Family Violence Fatality Review Team shall establish rules and procedures to govern the review process prior to the first fatal family violence incident review that it conducts.

BE IT FURTHER RESOLVED BY THE COUNCIL OF THE CITY OF RICHMOND:

That the Council of the City of Richmond encourages the Richmond Family Violence Fatality Review Team to also review child fatalities resulting from violence and to engage agencies, organizations and systems that provide services to victims and perpetrators of violence against children in order to identify gaps in system responses and in order to improve coordination among the agencies involved.

APPENDIX III

RICHMOND CHILD AND FAMILY VIOLENCE FATALITY REVIEW TEAM INTERAGENCY CONFIDENTIALITY AGREEMENT

To be signed by each person in attendance at each Family Violence and Child Fatality Review Team Meeting.

By signing this form, I do hereby acknowledge and agree to the following:

I agree to serve as a member of the Richmond Family Violence and Child Fatality Review Team. I acknowledge that the effectiveness of the fatality review process is dependent on the quality of trust and honesty team members bring to it. Thus, I agree that I will not use any material or information obtained during the Family Violence and Child Fatality Review Team's closed death review meetings for any reason other than that which it was intended.

I further agree to safeguard from unauthorized disclosure all records, reports, investigation material, and information I receive as part of a death review. I will not take any case identifying material from a closed meeting other than that which originated in the agency I represent. Thus, I will not make copies or otherwise document/record material made available in these reviews, including electronically. I will return all material shared by others at the end of each meeting.

I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation materials and information may result in criminal liability and exclusion from the Family Violence and Child Fatality Review Team.

I agree to refrain from representing the views of the Family Violence and Child Fatality Review Team to the media.

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX IV

Child and Family Violence Fatality Review Form

Child and Family Violence Fatality Review Case # _____

Date review initiated: _____ Date review completed: _____

I. Background

Case Type:

- Homicide
 Suicide
 Multiple Homicide
 Murder Suicide

What was the nature and history of the violence and abuse in relationships between the victim, perpetrator and children?

- Nature: Physical abuse Emotional Abuse Sexual Abuse No Abuse
 History: < 30 days 1-6 months 7 -12 months 1-2 years > 2 years

Do any law enforcement reports, charging papers or protection order narratives include descriptions of the following (if yes, indicate date if possible):

	Law Enforcement Reports	Charging Papers	Protection Order Narratives	Reported in counseling/ advocacy	Reported to/ witnessed by family/friends
Previous episodes of violence	<input type="checkbox"/> V <input type="checkbox"/> P				
Public display of violence	<input type="checkbox"/> V <input type="checkbox"/> P				
Separation	<input type="checkbox"/> V <input type="checkbox"/> P				
Depression	<input type="checkbox"/> V <input type="checkbox"/> P				
Acute Mental Health problems	<input type="checkbox"/> V <input type="checkbox"/> P				
Sexual violence	<input type="checkbox"/> V <input type="checkbox"/> P				
Threats to kill dv victim	<input type="checkbox"/> V <input type="checkbox"/> P				
Threats to kill children, family member or friends	<input type="checkbox"/> V <input type="checkbox"/> P				
Suicide threats	<input type="checkbox"/> V <input type="checkbox"/> P				
Suicide attempts	<input type="checkbox"/> V <input type="checkbox"/> P				
Choking	<input type="checkbox"/> V <input type="checkbox"/> P				
Stalking	<input type="checkbox"/> V <input type="checkbox"/> P				
Hostage Taking	<input type="checkbox"/> V <input type="checkbox"/> P				
Knife brandished	<input type="checkbox"/> V <input type="checkbox"/> P				
Knife used	<input type="checkbox"/> V <input type="checkbox"/> P				
Gun brandished	<input type="checkbox"/> V <input type="checkbox"/> P				
Gun used	<input type="checkbox"/> V <input type="checkbox"/> P				
Blunt object brandished	<input type="checkbox"/> V <input type="checkbox"/> P				
Blunt object used	<input type="checkbox"/> V <input type="checkbox"/> P				
Other: _____	<input type="checkbox"/> V <input type="checkbox"/> P				

II. Systems Response

Who knew of or suspected violence?

- Relative Child Friend Neighbor Employer Co-worker
 Other

To the team's knowledge, were any of the following agencies involved with the family violence victim, perpetrator and children in the past five years prior to the fatality? And if so, does the organization have a DV assessment tool in place?

DV Victim	DV Perpetrator	Children	Organization	DV Assessment Used
			Law enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Magistrate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Bondsman	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Probation/Parole	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Community Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Criminal Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Civil Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Court Services Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Hospital/Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Ambulance Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Fire Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Private HMO Dr.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			DSS: CPS, Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			DSS: TANF employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			BIP, Anger Mgmt, S/A program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Immigrant Advocacy Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Animal Control	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Homeless shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			DV Victim services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			DV Victim shelter/ safehouse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Sexual Assault Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Day care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Church/Temple/Mosque/religious community	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Culturally specific organization: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
			Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

Of the persons who knew/suspected violence and of the organizations involved, were interventions offered, provided or declined?

- Offered Type of intervention and to whom it was offered?
 Provided Type of intervention and to whom it was offered?
 Declined Why?

Of the persons who knew/suspected violence and of the organizations that offered and provided interventions, when did they occur?

Which agencies **were not** involved but needed to be?

<input type="checkbox"/>	Law enforcement	<input type="checkbox"/>	Ambulance Service	<input type="checkbox"/>	DV Victim services
<input type="checkbox"/>	Magistrate	<input type="checkbox"/>	Fire Dept.	<input type="checkbox"/>	DV Victim shelter/ safehouse
<input type="checkbox"/>	Bondsman	<input type="checkbox"/>	Private HMO Dr.	<input type="checkbox"/>	Sexual Assault Program
<input type="checkbox"/>	Probation/Parole	<input type="checkbox"/>	DSS: CPS, Foster Care	<input type="checkbox"/>	Day care
<input type="checkbox"/>	Community Corrections	<input type="checkbox"/>	DSS: TANF employment	<input type="checkbox"/>	Church/Temple/Mosque/religious community
<input type="checkbox"/>	Criminal Courts	<input type="checkbox"/>	BIP, Anger Mgmt, S/A program	<input type="checkbox"/>	Culturally specific organization:
<input type="checkbox"/>	Civil Courts	<input type="checkbox"/>	Immigrant Advocacy Organization	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Animal Control	<input type="checkbox"/>	DV Victim services
<input type="checkbox"/>	Court Services Unit	<input type="checkbox"/>	School	<input type="checkbox"/>	DV Victim shelter/ safehouse
<input type="checkbox"/>	Hospital/Medical	<input type="checkbox"/>	Homeless shelter	<input type="checkbox"/>	Sexual Assault Program

What barriers existed obtaining and/or maintaining services for the victim, perpetrator and children?

	Barrier	Victim	Perpetrator	Child(ren)
<input type="checkbox"/>	Income			
<input type="checkbox"/>	Familial support			
<input type="checkbox"/>	Medical needs			
<input type="checkbox"/>	Phone			
<input type="checkbox"/>	Housing			
<input type="checkbox"/>	Literacy			
<input type="checkbox"/>	Access to community resources			
<input type="checkbox"/>	Substance abuse			
<input type="checkbox"/>	Mental illness			
<input type="checkbox"/>	Access to transportation			
<input type="checkbox"/>	Non-Compliance			
<input type="checkbox"/>	Coordination of Services			
<input type="checkbox"/>	Other: _____			

III. Family Violence Review Team Summary

Of the interventions that worked, what needed to be expanded and improved?

What interventions could have resulted in a better outcome?

What does a review of various agency policies, protocols reveal?

Were policies followed? Yes No Unk

Are current polices adequate? Yes No Unk

Were relevant statutes regarding family abuse, P.O and stalking enforced? Yes No Unk

What interagency communications/collaboration was initiated in response to the case?

What does the event timeline tell the team?

Does the team have all the pertinent information needed to complete the review? Yes No

If not, what is missing?

What prevention strategies flow from these interventions?

<input type="checkbox"/> Increase existing services for DV victims	<input type="checkbox"/> Changes in government agency practice
<input type="checkbox"/> Create new services for DV victims	<input type="checkbox"/> Changes in non-profit agency practice
<input type="checkbox"/> Increase services for DV perpetrators	<input type="checkbox"/> Changes in other agency/organization practice (specify)
<input type="checkbox"/> Create new services for DV perpetrators	<input type="checkbox"/> New programs
<input type="checkbox"/> Legislation change	<input type="checkbox"/> Increased coordination/ cooperation/ communication between _____ and _____
<input type="checkbox"/> Community safety project	<input type="checkbox"/> Increased training for _____ on _____
<input type="checkbox"/> Public forum	<input type="checkbox"/> Changes in TANF policy/implementation
<input type="checkbox"/> Education activities in schools	<input type="checkbox"/> Education through media

What if any, recommendations does the team make as a result of the case review?

Which agencies were present and participated in the review?

<input type="checkbox"/>	Safehouse/shelter	<input type="checkbox"/>	BIP
<input type="checkbox"/>	Law enforcement	<input type="checkbox"/>	Court advocate
<input type="checkbox"/>	City prosecutor	<input type="checkbox"/>	DSS
<input type="checkbox"/>	JD& R Court	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Magistrate	<input type="checkbox"/>	Court/Judge
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Educator
<input type="checkbox"/>	Victim Witness	<input type="checkbox"/>	Other
<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Other social services agency (specify) _____
<input type="checkbox"/>	Medical Examiner		

For additional copies contact:
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