

Prepared by the Virginia Department of Health, Office of the Chief Medical Examiner, for use by local and regional domestic violence fatality review teams. The information contained here is confidential property of the fatality review team, and cannot be shared or used for any other purpose.

**DVFR Data Collection Form**  
**Section 1: Primary Information**

Answer the following questions about the fatal event that occurred between the Alleged Offender and the Primary Decedent.

**Circumstances of Fatal Event:**

1. Case Name/ID: _____		2. Team: _____	
3. Date of death (mm/dd/yyyy): _____		4. Zip Code where primary decedent was fatally injured: _____	
5. Type of location where fatal event occurred (select one): <input type="checkbox"/> Primary Decedent's residence/home, including yard, driveway, parking lot <input type="checkbox"/> Alleged Offender's residence/home, including yard, driveway, parking lot <input type="checkbox"/> Hotel/motel, including parking lot and lobby <input type="checkbox"/> Primary Decedent's workplace <input type="checkbox"/> Alleged Offender's workplace <input type="checkbox"/> Business/store, including parking lot <input type="checkbox"/> Woods, body of water, clearing/field <input type="checkbox"/> Street, alley, sidewalk <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown			
6. Type of death (select one): <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide-Suicide	7. Number of people that died in fatal event: _____	8. Status of alleged offender at time of review (select one): <input type="checkbox"/> Not charged <input type="checkbox"/> Deceased <input type="checkbox"/> Awaiting trial <input type="checkbox"/> Convicted (go to 8a) <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Acquitted <input type="checkbox"/> Case dismissed/dropped <input type="checkbox"/> Fled <input type="checkbox"/> Unknown	
8a. If convicted, of what charge(s)? (select all that apply) <input type="checkbox"/> Involuntary Manslaughter <input type="checkbox"/> Voluntary Manslaughter <input type="checkbox"/> Second-Degree Murder <input type="checkbox"/> First-Degree Murder <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown			

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**For Suicide Alone:**

9. If suicide alone, decedent's death was the result of abuse in (select one):

- The decedent's intimate partner relationship (IP)*
 *Decedent's Family (Family)*  
 *Another person's intimate partner relationship (IPA)*
 *Other relationship (Other)*

**(If Suicide Alone, skip to 16)**

**For all cases involving Homicide—Relationship between Alleged Offender and Primary Decedent:**

10. Was the primary decedent a past or current intimate partner of the alleged offender?

- Yes: Intimate Partner Homicide*  
 *No (go to 11)*

11. Did this death occur as either a direct or indirect result of the relationship between two intimate partners?

- Yes: Intimate Partner Associated Homicide*  
 *No (go to 12)*

12. Is the decedent a family member of the alleged offender?

- Yes (go to 13)*
 *No (go to 14)*

13. For family members, was the alleged offender a caretaker for the decedent?

- Yes (go to 15)*  
 *No: Family Homicide*

14. For non-family members, was the alleged offender a caretaker for the decedent?

- Yes (go to 15)*  
 *No: Other Domestic Violence Homicide*

15. Was the decedent a minor?

- Yes: Child by Caretaker Homicide*  
 *No: Adult by Caretaker Homicide*

[10-15(a-b)]. The relationship of the decedent to the alleged offender was (select one):

- |                                                                                  |                                                         |
|----------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> <i>Dating partner</i>                                   | <input type="checkbox"/> <i>Foster parent</i>           |
| <input type="checkbox"/> <i>Current Girlfriend/Boyfriend, never married</i>      | <input type="checkbox"/> <i>Step-parent</i>             |
| <input type="checkbox"/> <i>Current Girlfriend/Boyfriend, previously married</i> | <input type="checkbox"/> <i>Adopted parent</i>          |
| <input type="checkbox"/> <i>Ex-Girlfriend/Boyfriend, never married</i>           | <input type="checkbox"/> <i>Biological child</i>        |
| <input type="checkbox"/> <i>Fiancé</i>                                           | <input type="checkbox"/> <i>Step-child</i>              |
| <input type="checkbox"/> <i>Spouse, separated</i>                                | <input type="checkbox"/> <i>Adopted child</i>           |
| <input type="checkbox"/> <i>Spouse, not separated</i>                            | <input type="checkbox"/> <i>Foster child</i>            |
| <input type="checkbox"/> <i>Ex-Spouse</i>                                        | <input type="checkbox"/> <i>Biological sibling</i>      |
| <input type="checkbox"/> <i>Desired partner (unrequited love)</i>                | <input type="checkbox"/> <i>Step-sibling</i>            |
| <input type="checkbox"/> <i>Friend</i>                                           | <input type="checkbox"/> <i>Adopted sibling</i>         |
| <input type="checkbox"/> <i>Co-worker</i>                                        | <input type="checkbox"/> <i>Foster sibling</i>          |
| <input type="checkbox"/> <i>Neighbor</i>                                         | <input type="checkbox"/> <i>Grandparent</i>             |
| <input type="checkbox"/> <i>Bystander</i>                                        | <input type="checkbox"/> <i>Aunt/uncle</i>              |
| <input type="checkbox"/> <i>Law Enforcement Officer</i>                          | <input type="checkbox"/> <i>Niece/nephew</i>            |
| <input type="checkbox"/> <i>Former/current IP of the AO's former/current IP</i>  | <input type="checkbox"/> <i>Cousin</i>                  |
| <input type="checkbox"/> <i>Friend of AO's former/current IP</i>                 | <input type="checkbox"/> <i>Babysittee</i>              |
| <input type="checkbox"/> <i>Co-worker of AO's former/current IP</i>              | <input type="checkbox"/> <i>Day Care Client</i>         |
| <input type="checkbox"/> <i>Child of AO's former/current IP</i>                  | <input type="checkbox"/> <i>Patient of in-home care</i> |
| <input type="checkbox"/> <i>Subject of Law Enforcement</i>                       | <input type="checkbox"/> <i>Nursing home resident</i>   |
| <input type="checkbox"/> <i>Acquaintance</i>                                     | <input type="checkbox"/> <i>Stranger</i>                |
| <input type="checkbox"/> <i>Biological parent</i>                                | <input type="checkbox"/> <i>Stalking victim</i>         |
| <input type="checkbox"/> <i>Other (specify: _____)</i>                           |                                                         |

16. Who was the victim and who was the perpetrator of the abusive relationship?	
<u>Alleged Offender (Homicides Only) (select one):</u>	<u>Primary Decedent (select one):</u>
<input type="checkbox"/> <i>Perpetrator</i>	<input type="checkbox"/> <i>Perpetrator</i>
<input type="checkbox"/> <i>Victim</i>	<input type="checkbox"/> <i>Victim</i>
<input type="checkbox"/> <i>Other/3<sup>rd</sup> Party</i>	<input type="checkbox"/> <i>Other/3<sup>rd</sup> Party</i>
16a. The type of fatality for this case is (select one):	
<input type="checkbox"/> <i>Intimate Partner Homicide</i>	<input type="checkbox"/> <i>Other Domestic Violence Homicide</i>
<input type="checkbox"/> <i>Intimate Partner Associated Homicide</i>	<input type="checkbox"/> <i>Intimate Partner Violence Suicide</i>
<input type="checkbox"/> <i>Other Family Homicide</i>	<input type="checkbox"/> <i>Intimate Partner Violence Associated Suicide</i>
<input type="checkbox"/> <i>Child by Caretaker Homicide</i>	<input type="checkbox"/> <i>Family Violence Suicide</i>
<input type="checkbox"/> <i>Adult by Caretaker Homicide</i>	<input type="checkbox"/> <i>Other Domestic Violence Suicide</i>
(16a.) Involved Parties Include (select all that apply):	
<input type="checkbox"/> <i>Alleged Offender/Perpetrator</i>	<input type="checkbox"/> <i>3<sup>rd</sup> Party/Perpetrator</i>
<input type="checkbox"/> <i>Alleged Offender/Victim</i>	<input type="checkbox"/> <i>3<sup>rd</sup> Party/Victim</i>
<input type="checkbox"/> <i>Primary Decedent/Perpetrator</i>	<input type="checkbox"/> <i>Secondary Decedent(s)</i>
<input type="checkbox"/> <i>Primary Decedent/Victim</i>	

**Use this space to add any information pertaining to the event that was not captured in this section:**

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**DVFR Data Collection Form**

**Section 2: Event Factors**

Answer the following questions about the fatal event that occurred between the Alleged Offender and the Primary Decedent.

**Child and Firearm Involvement**

17. How many children were present during the fatal assault?		
17a. If children present, describe each child's exposure (select all that apply): (Record additional children on a separate sheet or at the end of this form.)		
<p><i>Child #1</i></p> <input type="checkbox"/> Injured during the fatal event <input type="checkbox"/> Was within visual range of the assault <input type="checkbox"/> Was within hearing range of the assault <input type="checkbox"/> Found the decedent injured or dead <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown	<p><i>Child #2</i></p> <input type="checkbox"/> Injured during the fatal event <input type="checkbox"/> Was within visual range of the assault <input type="checkbox"/> Was within hearing range of the assault <input type="checkbox"/> Found the decedent injured or dead <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown	<p><i>Child #3</i></p> <input type="checkbox"/> Injured during the fatal event <input type="checkbox"/> Was within visual range of the assault <input type="checkbox"/> Was within hearing range of the assault <input type="checkbox"/> Found the decedent injured or dead <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown
18. Was a firearm involved in the fatal event (select all that apply)?		
<input type="checkbox"/> Not involved <input type="checkbox"/> Used as fatal agent <input type="checkbox"/> Used to threaten an involved party <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Subject of an argument/conflict <input type="checkbox"/> Present in the home where injury occurred <input type="checkbox"/> Unknown		
18a. If a firearm was involved, how did the owner come to possess it (select one)?		
<input type="checkbox"/> Owned it legally <input type="checkbox"/> Owned it illegally <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Borrowed it from family/friend <input type="checkbox"/> Stole it from family/friend <input type="checkbox"/> Stole it from other		
18b. If a firearm was involved, what kind (select all that apply)?		
<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Automatic <input type="checkbox"/> Semi-Automatic <input type="checkbox"/> Unknown		

**Precipitating Factors**

19. What factors (perceived or actual) characterize the motive or argument/conflict that immediately precipitated the fatal event (select all that apply)?

**Intimate Partner and Intimate Partner Associated Homicide Only:**

- Disparaging past or current partner*
- Infidelity*
- Existence/perception of a new partner*
- Termination of relationship/break up*
- Two persons fighting over the same intimate partner*
- Non-biological child/children*
- Pregnancy/Addition of new child*

**Child by Caretaker Homicides Only:**

- Neglect by caretaker*
- Difficulty with child's needs (crying, not eating, hygiene)*
- Disciplining a child*

**Adult by Caretaker Homicides Only:**

- Neglect by caretaker*
- Difficulty with adult's needs (hygiene, support)*

**All Homicides:**

- Topic not specified by source*
- Party felt "disrespected"*
- Existing mental health issues*
- Drugs*
- Money*
- Property*
- Sexual assault/attempted sexual contact*
- Child custody, visitation, or support*
- Civil/criminal court proceedings (divorce, custody, battery)*
- 3<sup>rd</sup> party intervention, including law enforcement*
- Financial issues*
- Assisted death (i.e., mercy killing)*
- Commission of a crime (e.g., burglary)*
- Self defense*
- Alcohol/Substance Use/Abuse*
- Unknown*
- Other (specify: \_\_\_\_\_ )*

**Use this space to add any information pertaining to the event that was not captured in this section:**



24. Indicate which lethality factors were present in the relationship before the fatal event (select all that apply):

- Increased severity or frequency of physical violence over the year leading up to the event
- Perpetrator owned or had access to a firearm at time of the event
- Victim left Perpetrator after living together during the year leading up to the event
- Perpetrator was unemployed at time of event
- Perpetrator ever used/threatened victim with a weapon
- Perpetrator ever threatened to kill victim
- Perpetrator ever avoided being arrested for domestic violence
- Victim had a child(ren) not in common with perpetrator
- Perpetrator ever sexually assaulted victim
- Perpetrator ever tried to strangle victim
- Perpetrator abused illegal or prescription drugs
- Perpetrator abused alcohol
- Perpetrator was controlling of victim
- Perpetrator was jealous toward victim
- Perpetrator ever beat victim while pregnant
- Perpetrator ever threatened or tried to commit suicide
- Perpetrator threatened to harm victim's children
- Victim believed he/she was capable of killing him/her
- Perpetrator stalked victim
- Victim ever threatened or tried to commit suicide
- None
- Unknown

**For all cases:**

25. What other factors were ever present in the relationship between the Perpetrator and the Victim before the fatal event (select all that apply)?

**Intimate Partner and Intimate Partner Associated Homicides Only:**

- Infidelity (perceived or actual)
- Two persons fighting over the same intimate partner
- Victim tried/did leave relationship

**Child Homicide by Caretaker Risk Factors Only:**

- Caretaker not biologically related to child
- Child under age 5
- Child with special needs
- Difficulty with child's needs (crying, not eating, hygiene)
- Lack of suitable childcare
- Lack of support/social isolation
- Low income of parents/caretakers
- Parent/caretaker is young
- Parent/caretaker unable to care for too many children in household
- Prior reported or investigated neglect/abuse by caretaker
- Single parenthood
- Unstable housing

Item 25, Continued

**Adult Homicide by Caretaker Homicide Only:**

- Assumption of care-giving responsibility
- Caretaker is young
- Difficulty with adult's needs (hygiene, support)
- Adult with special needs
- Financial exploitation
- Inadequate training on care for the adult
- Lack of support/social isolation
- Prior reported neglect/abuse by caretaker
- Professional care not affordable
- Professional care unavailable

**All Homicides:**

Prior violence against victim:

- Domestic violence incidents between the perpetrator and victim, including physical and verbal abuse
- Perpetrator held victim against his/her will
- Perpetrator sexually assaulted victim
- Perpetrator strangled or choked victim
- Perpetrator threatened victim with a weapon (including firearms)
- Perpetrator threatened to kill victim
- Perpetrator used suicide threats
- Increased physical violence over past year (frequency and/or severity)
- Perpetrator dominance or control in relationship

Violence against domestic violence victim's associates/property

- Perpetrator attempted/threatened/did break and enter into victim's home
- Perpetrator attempted/threatened/did harm victim's children
- Perpetrator attempted/threatened/did destroy victim's property
- Perpetrator attempted/threatened/did harm victim's pet (not livestock)
- Perpetrator attempted/threatened/did harm victim's family or friends

Victimization History

- Perpetrator was a victim of child abuse (including sexual abuse)
- Perpetrator was witness to violence in household as a child
- Victim experienced prior physical or psychological abuse by another person
- Victim was a victim of child abuse (including sexual abuse)
- Victim was witness to violence in household as a child

Item 25, Continued

Other factors

- Child custody, visitation, and/or support issues*
- Financial issues*
- Relationship instability*
- Victim believed perpetrator was capable of killing her/him*
- Victim was dependent on perpetrator*
- Victim was emotionally insecure*
- Substance or alcohol abuse/use*
- Family dissolution/violence*
- Perpetrator owned or had access to a firearm*
- History of resentments or conflicts*
- Property in dispute*
- History of violent behavior toward self/others*
- Other factor not listed (specify: \_\_\_\_\_)*
- Unknown*

**Use this space to add any information pertaining to the event that was not captured in this section:**

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**Section 4: Demographic Information**

Answer the following questions for each involved person (including each secondary decedent) at the time of the incident. Use a separate copy of this form for each involved person.

**Involved Person (From 16a in Section 1):** \_\_\_\_\_

**Personal Information and History:**

26. Sex (select one): <input type="checkbox"/> Male <span style="margin-left: 200px;"><input type="checkbox"/> Female</span> <input type="checkbox"/> Transgender/transitioning (male to female) <span style="margin-left: 20px;"><input type="checkbox"/> Other (specify: _____)</span> <input type="checkbox"/> Transgender/transitioning (female to male) <span style="margin-left: 20px;"><input type="checkbox"/> Unknown</span>	
27. Age (in years) at last birthday:	28. Race/ethnicity (select all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown
29. Employment status (select one): <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> More than one job <input type="checkbox"/> Not employed (go to 29a) <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown	29a. Reason for "not employed" (select one): <input type="checkbox"/> Child <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Laid off, terminated, or in between jobs but actively seeking employment <input type="checkbox"/> Not seeking employment (e.g., homemaker) <input type="checkbox"/> Student <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown
30. Military status (select one): <input type="checkbox"/> None/Civilian (never served) <span style="margin-left: 150px;"><input type="checkbox"/> Veteran, discharged before retirement</span> <input type="checkbox"/> Active <span style="margin-left: 150px;"><input type="checkbox"/> Dependent of military personnel</span> <input type="checkbox"/> Retired <span style="margin-left: 150px;"><input type="checkbox"/> Unknown</span> <input type="checkbox"/> Other (specify: _____)	

<p>31. Highest level of educational attainment (select one):</p> <p><input type="checkbox"/> Not Applicable (e.g., a child)</p> <p><input type="checkbox"/> Elementary School (K-5)</p> <p><input type="checkbox"/> Middle School (6-8)</p> <p><input type="checkbox"/> High School (9-12)</p> <p><input type="checkbox"/> Vocational trade/services school (e.g., electrical, cosmetology, nursing assistance)</p> <p><input type="checkbox"/> College or graduate school</p> <p><input type="checkbox"/> Post graduate school (e.g., medical, law, seminary)</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>	
<p>32. Pregnant at the time of the fatality?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not Applicable</p>	<p>33. Described as disabled at the time of the fatality?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>34. Parenting Status (including step, biological, adopted, and foster children) (select all that apply):</p> <p><input type="checkbox"/> No living children</p> <p><input type="checkbox"/> Minor children</p> <p><input type="checkbox"/> Adult children</p> <p><input type="checkbox"/> Not applicable (e.g., child)</p> <p><input type="checkbox"/> Unknown</p>	<p>35. Marital status at time of event (select one):</p> <p><input type="checkbox"/> Not applicable (e.g., a child)</p> <p><input type="checkbox"/> Single, never married</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Civil Union/Domestic Partnership</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Legally Separated</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Unknown</p>
<p>36. United States citizenship status:</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Not a U.S. Citizen</p> <p><input type="checkbox"/> Unknown</p>	<p>37. Any history of substance abuse (select all that apply):</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Illegal drugs</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>
<p>38. Any history of mental health issues (select all that apply):</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Post traumatic stress</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Bipolar disorder</p> <p><input type="checkbox"/> Schizophrenia</p> <p><input type="checkbox"/> Attempted Suicide</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>	<p>39. Any history of criminal activity prior to the fatal event (select all that apply):</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Arrests</p> <p><input type="checkbox"/> Charges</p> <p><input type="checkbox"/> Convictions</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>

**Event Information:**

<p>40. Alcohol or substance use at time of fatal event (select all that apply):</p> <p><input type="checkbox"/> No evidence/suspicion of use</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Opiates/Opioids</p> <p><input type="checkbox"/> Benzodiazepine</p> <p><input type="checkbox"/> Amphetamine</p> <p><input type="checkbox"/> Alcohol (go to 41: _____)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Unknown</p>	
<p>41. If BAC was tested, indicate BAC level (0.000-1.000):</p>	
<p>42. Was victim of a sexual assault during the fatal event:</p> <p><input type="checkbox"/> No Evidence</p> <p><input type="checkbox"/> Suspected</p> <p><input type="checkbox"/> Confirmed</p> <p><input type="checkbox"/> Unknown</p>	<p>43. Received a Sexual Assault PERK exam:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>

**For Decedent(s) Only:**

<p>44. Fatal agent, as indicated in the medical examiner's report (select all that apply).</p> <p><input type="checkbox"/> Firearm</p> <p><input type="checkbox"/> Sharp instrument</p> <p><input type="checkbox"/> Blunt instrument</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Poison/drugs/carbon monoxide</p> <p><input type="checkbox"/> Fire/smoke inhalation</p> <p><input type="checkbox"/> Strangle/choke/hang</p> <p><input type="checkbox"/> Smother/suffocate</p> <p><input type="checkbox"/> Drown</p> <p><input type="checkbox"/> Personal weapon (hand, foot, other body parts used to strike, kick, or shake)</p> <p><input type="checkbox"/> Push/slam/throw to ground or against wall or object</p> <p><input type="checkbox"/> Undetermined</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>
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**Section 5: Perpetrator Criminal History**

Answer the following questions about the Domestic Violence Perpetrator (and the Perpetrator's history with the Domestic Violence Victim).

**Criminal History:**

<p>51. History of criminal offenses (select all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> None (go to 53)</td> <td><input type="checkbox"/> Public Intoxication</td> </tr> <tr> <td><input type="checkbox"/> Abduction</td> <td><input type="checkbox"/> Sexual assault</td> </tr> <tr> <td><input type="checkbox"/> Assault/Battery</td> <td><input type="checkbox"/> Stalking</td> </tr> <tr> <td><input type="checkbox"/> Breaking and Entering</td> <td><input type="checkbox"/> Status offence (e.g. underage smoking)</td> </tr> <tr> <td><input type="checkbox"/> Burglary/Theft/Robbery</td> <td><input type="checkbox"/> Strangulation</td> </tr> <tr> <td><input type="checkbox"/> Destruction of Property</td> <td><input type="checkbox"/> Substance abuse/possession</td> </tr> <tr> <td><input type="checkbox"/> DUI</td> <td><input type="checkbox"/> Trespassing</td> </tr> <tr> <td><input type="checkbox"/> Larceny</td> <td><input type="checkbox"/> Truancy</td> </tr> <tr> <td><input type="checkbox"/> Malicious/Unlawful wounding</td> <td><input type="checkbox"/> Violation of Protective Order</td> </tr> <tr> <td><input type="checkbox"/> Manslaughter</td> <td><input type="checkbox"/> Weapons-related</td> </tr> <tr> <td><input type="checkbox"/> Murder</td> <td><input type="checkbox"/> Other (specify: _____)</td> </tr> <tr> <td><input type="checkbox"/> Neglect/Abuse</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>		<input type="checkbox"/> None (go to 53)	<input type="checkbox"/> Public Intoxication	<input type="checkbox"/> Abduction	<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Assault/Battery	<input type="checkbox"/> Stalking	<input type="checkbox"/> Breaking and Entering	<input type="checkbox"/> Status offence (e.g. underage smoking)	<input type="checkbox"/> Burglary/Theft/Robbery	<input type="checkbox"/> Strangulation	<input type="checkbox"/> Destruction of Property	<input type="checkbox"/> Substance abuse/possession	<input type="checkbox"/> DUI	<input type="checkbox"/> Trespassing	<input type="checkbox"/> Larceny	<input type="checkbox"/> Truancy	<input type="checkbox"/> Malicious/Unlawful wounding	<input type="checkbox"/> Violation of Protective Order	<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Weapons-related	<input type="checkbox"/> Murder	<input type="checkbox"/> Other (specify: _____)	<input type="checkbox"/> Neglect/Abuse	<input type="checkbox"/> Unknown
<input type="checkbox"/> None (go to 53)	<input type="checkbox"/> Public Intoxication																								
<input type="checkbox"/> Abduction	<input type="checkbox"/> Sexual assault																								
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<input type="checkbox"/> Murder	<input type="checkbox"/> Other (specify: _____)																								
<input type="checkbox"/> Neglect/Abuse	<input type="checkbox"/> Unknown																								
<p>52. Of these offenses, what percentage was related to domestic violence? (If none, skip to 53)</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Most</p> <p><input type="checkbox"/> Some</p> <p><input type="checkbox"/> Few</p> <p><input type="checkbox"/> None (go to 53)</p> <p><input type="checkbox"/> Unknown</p>																									
<p>52a. What were the results of any history of DV-related criminal offenses (select all that apply)?</p> <p><input type="checkbox"/> Convicted of DV-related offense (go to 52b)</p> <p><input type="checkbox"/> Convicted of lesser charge</p> <p><input type="checkbox"/> Dismissed (never proceeded to trial)</p> <p><input type="checkbox"/> Nolle Prossed</p> <p><input type="checkbox"/> Not guilty (proceeded to trial)</p> <p><input type="checkbox"/> Dismissed (deferred disposition)</p> <p><input type="checkbox"/> Treated as 1st Offender</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>	<p>52b. If ever convicted of DV, what sentence or treatment were ever mandated (select all that apply):</p> <p><input type="checkbox"/> Jail or prison time (go to 52c)</p> <p><input type="checkbox"/> Anger management program</p> <p><input type="checkbox"/> Batterer intervention program</p> <p><input type="checkbox"/> Counseling/mental health therapy</p> <p><input type="checkbox"/> Domestic violence program/therapy</p> <p><input type="checkbox"/> Probation</p> <p><input type="checkbox"/> Substance abuse therapy/treatment</p> <p><input type="checkbox"/> Community Service</p> <p><input type="checkbox"/> Restitution</p> <p><input type="checkbox"/> Firearm Restrictions</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>																								

<p>52c. If sentenced to jail or prison time, was time served ever suspended or commuted?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>52d. For any history of sentencing or treatment mandate, was the Perpetrator compliant with these mandates as of the date of the fatal event?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>																
<p>53. Any history of calls for service (emergency and non-emergency) involving the perpetrator, prior to fatal event (select all that apply):</p> <p><input type="checkbox"/> Calls for service</p> <p><input type="checkbox"/> Calls for service related to DV</p> <p><input type="checkbox"/> Calls for service involving victim</p> <p><input type="checkbox"/> Calls for service related to DV involving the victim (go to 53a)</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> Unknown</p>																	
<p>53a. For any DV-related calls for service involving the victim, indicate what actions were ever taken as a result (select all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Victim was provided information on POs</td> </tr> <tr> <td><input type="checkbox"/> Perpetrator was arrested on DV charges</td> <td><input type="checkbox"/> Victim was informed of victim rights</td> </tr> <tr> <td><input type="checkbox"/> Perpetrator was arrested on non-DV charges</td> <td><input type="checkbox"/> Medical assistance was offered/provided</td> </tr> <tr> <td><input type="checkbox"/> Victim was arrested on DV charges</td> <td><input type="checkbox"/> Transported victim to hospital, shelter, or magistrate</td> </tr> <tr> <td><input type="checkbox"/> Victim was arrested on non-DV charges</td> <td><input type="checkbox"/> EPO was issued on behalf of victim</td> </tr> <tr> <td><input type="checkbox"/> Perpetrator was identified as predominant physical aggressor</td> <td><input type="checkbox"/> Incident report</td> </tr> <tr> <td><input type="checkbox"/> Victim was referred to DV/other resources</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Other (specify: _____)</td> <td></td> </tr> </table>		<input type="checkbox"/> None	<input type="checkbox"/> Victim was provided information on POs	<input type="checkbox"/> Perpetrator was arrested on DV charges	<input type="checkbox"/> Victim was informed of victim rights	<input type="checkbox"/> Perpetrator was arrested on non-DV charges	<input type="checkbox"/> Medical assistance was offered/provided	<input type="checkbox"/> Victim was arrested on DV charges	<input type="checkbox"/> Transported victim to hospital, shelter, or magistrate	<input type="checkbox"/> Victim was arrested on non-DV charges	<input type="checkbox"/> EPO was issued on behalf of victim	<input type="checkbox"/> Perpetrator was identified as predominant physical aggressor	<input type="checkbox"/> Incident report	<input type="checkbox"/> Victim was referred to DV/other resources	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify: _____)	
<input type="checkbox"/> None	<input type="checkbox"/> Victim was provided information on POs																
<input type="checkbox"/> Perpetrator was arrested on DV charges	<input type="checkbox"/> Victim was informed of victim rights																
<input type="checkbox"/> Perpetrator was arrested on non-DV charges	<input type="checkbox"/> Medical assistance was offered/provided																
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<input type="checkbox"/> Victim was arrested on non-DV charges	<input type="checkbox"/> EPO was issued on behalf of victim																
<input type="checkbox"/> Perpetrator was identified as predominant physical aggressor	<input type="checkbox"/> Incident report																
<input type="checkbox"/> Victim was referred to DV/other resources	<input type="checkbox"/> Unknown																
<input type="checkbox"/> Other (specify: _____)																	

**Use this space to add any information pertaining to the event that was not captured in this section:**



<p>59. Was the perpetrator deployed on active military duty for 6 months or longer within a year of the fatality?</p> <p><input type="checkbox"/> <i>Yes (go to 59a)</i></p> <p><input type="checkbox"/> <i>No</i></p> <p><input type="checkbox"/> <i>Unknown</i></p>	<p>59a. If yes, was the perpetrator an abuser prior to active duty deployment?</p> <p><input type="checkbox"/> <i>Yes</i></p> <p><input type="checkbox"/> <i>No</i></p> <p><input type="checkbox"/> <i>Unknown</i></p>
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**Use this space to add any information pertaining to the event that was not captured in this section**

*Prepared by the Virginia Department of Health, Office of the Chief Medical Examiner, for use by local and regional domestic violence fatality review teams. The information contained here is confidential property of the fatality review team, and cannot be shared or used for any other purpose.*

**DVFR Data Collection Form**  
**Section 6: System Assessment**

Answer the following questions about the community response to this fatal event, including the Domestic Violence Perpetrator and Victim’s history of contact with community services and resources.

**Case Review:**

60. Date of first review meeting:	61. Date of final review meeting:
62. Total number of meetings to review this case:	
63. Challenges/barriers encountered during this review (select all that apply): <input type="checkbox"/> Attendance <input type="checkbox"/> Continuity of membership <input type="checkbox"/> Scheduling <input type="checkbox"/> Time management <input type="checkbox"/> Engagement <input type="checkbox"/> Conflict of interest <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Complex timeline/relationship tree <input type="checkbox"/> Access to records/information <input type="checkbox"/> Stakeholder buy-in <input type="checkbox"/> Participation of necessary entities <input type="checkbox"/> Focus/Distractions <input type="checkbox"/> None	

**Community Response:**

64. What types of community services did the victim and/or perpetrator receive prior to the fatal event? Select who ever received services, and whether they were being received at the time of the fatal event or within the year prior (select all that apply for each applicable agency category).

	<i>Victim</i>		<i>Perpetrator</i>	
	<i>Within 1 year of fatal event</i>	<i>At the time of fatal event</i>	<i>Within 1 year of fatal event</i>	<i>At the time of fatal event</i>
<i>Domestic/Sexual violence program/shelter</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Batterer intervention program</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Legal Aid/Court Services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Community Corrections (probation, parole)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Victim/Witness Services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Health/Emergency medical care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mental health care</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Substance abuse treatment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Schools/Educational program</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Housing/Shelter program</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Workforce development/job placement services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Financial assistance program (e.g., general, energy, childcare)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Public Assistance (e.g., TANF, Medicaid, SNAP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Homeless services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Immigrant/Refugee services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Veteran Affairs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Disability services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Church/Religious program</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Neighborhood/Community Center</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Unknown</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Which entities provided information on this case at the fatality review team meeting (select all that apply)?

- Family/friend of perpetrator
- Family/friend of victim
- Witness/bystander
- Domestic/Sexual violence program/shelter
- Sexual Assault or Coordinated Community Response Team (SART/CCR)
- Batterer intervention program
- Law Enforcement
- Courts
- Magistrate's Office
- Commonwealth's Attorney
- Community Corrections (Probation, Parole)
- Victim/Witness Services
- Health care professionals/emergency medical services
- Mental health professionals
- Substance Abuse Services
- Schools/educational facilities/institutions
- Other (specify: \_\_\_\_\_)

66. Did purged or destroyed records reduce the Team's access to information in this case?

- Yes (go to 66a)
- No
- Unknown

66a. If yes, which entity's records were purged or destroyed (select all that apply)?

- Family/friend of perpetrator
- Family/friend of victim
- Witness/bystander
- Domestic/Sexual violence program/shelter
- Sexual Assault or Coordinated Community Response Team (SART/CCR)
- Batterer intervention program
- Law Enforcement
- Courts
- Magistrate's Office
- Commonwealth's Attorney
- Community Corrections (Probation, Parole)
- Victim/Witness Services
- Health care professionals/emergency medical services
- Mental health professionals
- Substance Abuse Services
- Schools/educational facilities/institutions
- Other (specify: \_\_\_\_\_)

67. Was a lethality assessment ever conducted?

- Yes (go to 67a)     No     Unknown

67a. If yes, by which entity (select all that apply)?

- Family/friend of perpetrator  
 Family/friend of victim  
 Witness/bystander  
 Domestic/Sexual violence program/shelter  
 Sexual Assault or Coordinated Community Response Team (SART/CCR)  
 Batterer intervention program  
 Law Enforcement  
 Courts  
 Magistrate's Office  
 Commonwealth's Attorney  
 Community Corrections (Probation, Parole)  
 Victim/Witness Services  
 Health care professionals/emergency medical services  
 Mental health professionals  
 Substance Abuse Services  
 Schools/educational facilities/institutions  
 Other (specify: \_\_\_\_\_)

68. Did jurisdictions outside of the team's locality have records pertinent to the review (select one)?

- Yes, able to get all records  
 Yes, able to get some records  
 Yes, unable to get records  
 No  
 Unknown

<p>69. Did a third party know prior to the fatal event about past violence or the threat of future violence (select all that apply)?</p> <p><input type="checkbox"/> Adult family/friend of victim</p> <p><input type="checkbox"/> Adult family/friend of perpetrator</p> <p><input type="checkbox"/> Minor child of victim/perpetrator</p> <p><input type="checkbox"/> Neighbor</p> <p><input type="checkbox"/> Co-Worker</p> <p><input type="checkbox"/> Church/clergy</p> <p><input type="checkbox"/> Domestic/Sexual violence program</p> <p><input type="checkbox"/> Sexual Assault or Coordinated Community Response Team (SART/CCR)</p> <p><input type="checkbox"/> Batterer intervention program</p> <p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> Courts</p> <p><input type="checkbox"/> Magistrate's Office</p> <p><input type="checkbox"/> Commonwealth's Attorney</p> <p><input type="checkbox"/> Community Corrections (Probation, Parole)</p> <p><input type="checkbox"/> Victim/Witness Services</p> <p><input type="checkbox"/> Health care professionals/emergency medical services</p> <p><input type="checkbox"/> Mental health professionals</p> <p><input type="checkbox"/> Substance Abuse Services</p> <p><input type="checkbox"/> Schools/educational facilities/institutions</p> <p><input type="checkbox"/> Other (specify: _____)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Unknown</p>	
<p>70. In the team's opinion, did the availability or coordination of community services contribute to the cause of death (select one)?</p> <p><input type="checkbox"/> Definitely</p> <p><input type="checkbox"/> Probably</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Probably not</p> <p><input type="checkbox"/> Not at all</p>	<p>70a. If definitely or probably, explain why:</p>
<p>71. What gaps in services or service coordination were identified?</p>	
<p>72. Of the interventions that were provided, what needed to be expanded and improved?</p>	
<p>73. What strengths or assets were identified?</p>	

74. List recommendations for improvements below.	
<i>Law Enforcement</i>	
<i>Prosecution</i>	
<i>Courts</i>	
<i>Corrections</i>	
<i>Probation</i>	
<i>Victim Services</i>	
<i>Medical Services</i>	
<i>Mental &amp; Behavioral Health Care</i>	
<i>Legislation &amp; Public Policy</i>	
<i>Other Community &amp; Social Services</i>	

**Use this space to add any information pertaining to the event that was not captured in this section:**

Data Entry Completed (Initials: \_\_\_\_\_)