

WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

Definition of Terms

Domestic or family violence or abuse means the occurrence of one or more of the following acts between family, or household members:

attempting to intentionally, knowingly, or recklessly cause physical harm to another, with or without dangerous or deadly weapons;

placing another in reasonable apprehension of physical harm;

creating fear or physical harm by harassment, psychological abuse, or threatening acts;

committing either sexual assault or abuse;

holding, confining, detaining, or abducting another person against that person's will.

Family/household member means current or former spouse, persons living as spouses, persons formerly residing as spouses, parents, children, and stepchildren, current or former intimate or sexual partners, persons who are dating or who have dated, persons who are presently residing or cohabitating together or have resided or cohabitated together in the past, a person with whom the victim has a child in common, or other persons related by blood or marriage.

Fatality is a homicide or suicide resulting from family violence-related injuries.

Family violence-related fatalities are fatalities resulting from family violence and involving persons as defined above, excluding children ages 17 and under who are dependents of family or household members.

Victim is the person whose death is being reviewed. This person may be the domestic violence victim or the domestic violence perpetrator.

Perpetrator is the person directly responsible for the death of the victim in the case under review. This person may be the domestic violence perpetrator or the domestic violence victim.

1. Identification of a domestic violence victim and a domestic violence perpetrator? Yes No Unknown

If yes,

- 1a. On what basis did the review team identify a domestic violence victim and perpetrator in this death?

(Check all that apply)

- a Filings for any of the civil orders of protection
b Testimony from friends and family
c Victim/Perpetrator treatment records
d Histories of arrest and prosecution for domestic violence
e Histories of seeking help from programs for victims of domestic violence
f Medical Examiner's records
g Other, specify _____

- 1b. Relationship between victim and perpetrator?

- a Partner
b Former Partner
c Parent
d Child
e Spouse
f Former Spouse
g Other _____

2. Reason(s) for reviewing or not reviewing this specific case: _____

This face sheet is to be stored separately from the rest of the data collected.

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Note: The information that connects a set of names to a case number will be kept long enough to ensure the fatality is completely reviewed, and then destroyed. No names or phone numbers will be kept as part of the permanent database. Thus, all documentation of the case in the records of the West Virginia Domestic Violence Fatality Review Project will be designated by a case number only.

Case Number: _____

Date review initiated: _____ Date review completed: _____

DEMOGRAPHIC INFORMATION

(Check the appropriate response for both victim and perpetrator.)

3. **Victim's Race:** White African American Other, specify _____
- Perpetrator's Race:** White African American Other, specify _____
4. **Victim's Gender:** Male Female
- Perpetrator's Gender:** Male Female
5. **Victim's Age:** _____ **Date of Birth:** _____
- Perpetrator's Age:** _____ **Date of Birth:** _____
6. **Victim's Education:** a None-4th grade
b 5th-8th grade
c 9th-11th grade
d High School/GED
e Some college
f Associate degree
g Bachelor's degree
h Master's degree
i Professional degree
j Doctorate degree
k License/certification
l Other, specify _____
m Unknown
- Perpetrator's Education:** a None-4th grade
b 5th-8th grade
c 9th-11th grade
d High School/GED
e Some college
f Associate degree
g Bachelor's degree
h Master's degree
i Professional degree
j Doctorate degree
k License/certification
l Other, specify _____
m Unknown
7. **Economic Status**
- Victim's occupation:** Part-time Full-time
- Perpetrator's occupation:** Part-time Full-time
- Victim's type of employment:** a Employed for wages
b Minimum wage job
c On SSI/SSD
d TANF
e Food stamps
f Unemployment
g Spousal support
h Family support
i No income
j Self-employment
j Other _____
k Unknown
- Perpetrator's type of employment:** a Employed for wages
b Minimum wage job
c On SSI/SSD
d TANF
e Food stamps
f Unemployment
g Spousal support
h Family support
i No income
j Self-employment
j Other _____
k Unknown
- 7a. *If unemployed or not currently working at a job for wages.*
- Victim's Activity:** Homemaker Student
- Perpetrator's Activity:** Homemaker Student

Law enforcement/military employment

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8. Was either the victim or the perpetrator employed by law enforcement?
Victim: Yes No Unknown
 Position: _____
Perpetrator: Yes No Unknown
 Position: _____
- Was either the victim of the perpetrator employed by the military?
Victim: Yes No Unknown
 Position: _____
Perpetrator: Yes No Unknown
 Position: _____
9. **Victim's citizenship status**
 a U.S.A.
 b Canada
 c Mexico
 d Other, specify _____
 e Unknown
- Perpetrator's citizenship status**
 a U.S.A.
 b Canada
 c Mexico
 d Other, specify _____
 e Unknown
10. **Victim's type of residence**
 a Single family structure
 b Multi-family structure
 c Other _____
- Perpetrator's type of residence**
 a Single family structure
 b Multi-family structure
 c Other _____
11. **Victim's place of residence**

 City County State
- If different from victim, Perpetrator's place of residence**

 City County State

RELATIONSHIP INFORMATION

12. Was the victim, whose death is under review, the person who was the victim of abuse in the relationship, or the perpetrator of the abuse in the relationship?
 a Domestic violence victim
 b Domestic violence perpetrator
 c Other, specify _____
 d Unknown
13. **Intimate Partners (Check one for each question)**
 Legal status of relationship?
 a No legal relationship, never married
 b Married Date of marriage _____
 c Separated Date of separation _____
 d Divorced Date of divorce _____
- Living together status?
 a Living together Since _____
 b Previously lived together, not living together at time of death
 c Always maintained separate dwellings
- Relationship status?
 a Relationship current at time of death
 b In process of breaking up, victim had stated intention of leaving
 c Dating history existed
- Children (Check all that apply)
 a Had children in common How many children? ____
 b No children, in common or otherwise
 c Children in household, but not in common How many children? _____
 d Pregnant at time of fatality How many months? ____
- Were children living with someone other than parents?
 a Foster care
 b Relatives

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14. *If other relative or person living in the residence*
 a Dependent child b Non-dependent c Sibling
 d Parent e Grandparent f Uncle
 g Aunt h Cousin i Non-relative, non-intimate
 j Other, specify _____

FAMILY INFORMATION

15. *Number of children living in the victim's and perpetrator's home
 (Indicate age and gender or each)*

Children living with victim Number: _____			If different residence, Children living with perpetrator Number: _____		
Age(s)	Gender (M/F)	Legal relationship (a parent, b stepparent, c relative, d guardian, e none, f other-specify, g unknown)	Age(s)	Gender (M/F)	Legal relationship (a parent, b stepparent, c relative, d guardian, e none, f other-specify, g unknown)

16. *How many other adults were living in the home at the time of the fatal incident?*

If known, indicate the total number in each category that is checked and list the age of each.		If known, indicate the total number in each category that is checked and list the age of each	
Number	Age(s)	Number	Age(s)
a <input type="checkbox"/> Current partner (other than perpetrator)		a <input type="checkbox"/> Current partner (other than victim)	
b <input type="checkbox"/> Parent		b <input type="checkbox"/> Parent	
c <input type="checkbox"/> Grandparent		c <input type="checkbox"/> Grandparent	
d <input type="checkbox"/> Aunt/Uncle		d <input type="checkbox"/> Aunt/Uncle	
e <input type="checkbox"/> Sibling		e <input type="checkbox"/> Sibling	
f <input type="checkbox"/> Cousin		f <input type="checkbox"/> Cousin	
g <input type="checkbox"/> Elderly dependent		g <input type="checkbox"/> Elderly dependent	
h <input type="checkbox"/> Friend/Roommate		h <input type="checkbox"/> Friend/Roommate	
i <input type="checkbox"/> Acquaintance/Boarder		i <input type="checkbox"/> Acquaintance/Boarder	
j <input type="checkbox"/> Other, specify		j <input type="checkbox"/> Other, specify	
k <input type="checkbox"/> Unknown		k <input type="checkbox"/> Unknown	

CAUSE OF DEATH AND CIRCUMSTANCES

17. Brief narrative overview: _____

18. Date of death: _____ 19. Time of death: _____ (24 hour time)

20. Type of incident: a Homicide *If homicide/suicide or multiple homicide,*
 b Homicide/suicide 20a. List case numbers of other victims
 c Suicide
 d Multiple homicide Victim 1: _____ Victim 4: _____
 e Suspicious accident Victim 2: _____ Victim 5: _____
 f Legal intervention Victim 3: _____ Victim 6: _____
 g Other, specify _____

21. Immediate cause of death: _____

22. Contributory cause of death: _____

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Cause of death diagnoses

23. Ecode 1: _____ Ecode 2: _____ Ecode 3: _____

24. Were any weapons used? Yes No Unknown

- Indicate what type of weapon was used:
- a Shotgun
 - b Rifle
 - c Handgun
 - d Knife
 - e Sharp object
 - f Blunt object
 - g Other, specify _____

Enter the make of the weapon: _____

What is the model number? _____

What is the serial number? _____

25. Indicate other significant factors (**Conditions or circumstances that would not be recorded on the death certificate**):

26. Did the death certificate adequately capture the cause of death? Yes No Unknown

27. Indicate below the victim and the perpetrator who caused the death in this incident.

(Check all that apply)

Deceased Victim(s)

- a Domestic violence perpetrator
- b Domestic violence victim
- c Children of victim
- d Children of victim and perpetrator
- e Children of perpetrator
- f Other family of victim
- g Other family of perpetrator
- h Friends of victim
- i New intimate partner of victim
- j Advocate/lawyer for victim
- k Co-worker of victim
- l Law enforcement officer
- m Bystanders
- n Other, specify _____

Perpetrator or person who caused death

- a Domestic violence perpetrator
- b Domestic violence victim
- c Child of victim and/or perpetrator
- d Person hired by or acting on behalf of perpetrator
- e Person hired by or acting on behalf of victim
- f Law enforcement officer
- g Other, specify _____

28. Were did the death occur? _____

City/town: _____ County: _____ State: _____

29. Date of injury: _____

30. Location where the injury(ies) that resulted in death occurred:

- | | |
|--|---|
| a <input type="checkbox"/> Victim's home | g <input type="checkbox"/> Perpetrator's work place |
| b <input type="checkbox"/> Home of friend/family | h <input type="checkbox"/> Public building, specify _____ |
| c <input type="checkbox"/> Hospital | i <input type="checkbox"/> Public land/park/forest, specify _____ |
| d <input type="checkbox"/> Victim's work place | j <input type="checkbox"/> Street/parking lot/sidewalk, specify _____ |
| e <input type="checkbox"/> Motor vehicle | k <input type="checkbox"/> Other, specify _____ |
| f <input type="checkbox"/> Perpetrator's home | l <input type="checkbox"/> Unknown |

30a. **If the injuries that resulted in death occurred at home, where?**

- | | | |
|--|--|--|
| a <input type="checkbox"/> Kitchen | d <input type="checkbox"/> Bathroom | g <input type="checkbox"/> Bedroom |
| b <input type="checkbox"/> Living room | e <input type="checkbox"/> Yard | h <input type="checkbox"/> Garage |
| c <input type="checkbox"/> Basement | f <input type="checkbox"/> Barn or other outbuilding | i <input type="checkbox"/> Other _____ |

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If different than place of injury,

31. Location where death occurred:
- | | |
|--|--|
| a <input type="checkbox"/> Victim's home
b <input type="checkbox"/> Victim's work place
c <input type="checkbox"/> Hospital/en route to hospital
d <input type="checkbox"/> Motor vehicle | e <input type="checkbox"/> Perpetrator's home
f <input type="checkbox"/> Perpetrator's work place
g <input type="checkbox"/> Home of friend of family
h <input type="checkbox"/> Other, specify _____
i <input type="checkbox"/> Unknown |
|--|--|

32. Who was present at the scene of the fatality?

Who was present? (On the same property, in the house, nearby, etc)	Age(s)	Gender (M/F)	Was this person injured, killed, Other (specify)?	Did they witness the fatal incident? Yes/No/Unknown

- | | |
|---|---|
| a <input type="checkbox"/> Children
b <input type="checkbox"/> Other family
c <input type="checkbox"/> Friends
d <input type="checkbox"/> Acquaintances
e <input type="checkbox"/> Strangers/bystanders
f <input type="checkbox"/> New intimate partners
g <input type="checkbox"/> Coworkers
h <input type="checkbox"/> Helping professionals/advocates
i <input type="checkbox"/> Emergency Medical Services
j <input type="checkbox"/> Fire department personnel
k <input type="checkbox"/> Police
l <input type="checkbox"/> Other _____
m <input type="checkbox"/> Unknown | a <input type="checkbox"/> Injured
b <input type="checkbox"/> Killed
c <input type="checkbox"/> Other _____
d <input type="checkbox"/> Unknown |
|---|---|

33. Did anyone hear excited utterances before the death occurred? Yes No Unknown

If yes,

36a. Were the excited utterances documented? Yes No Unknown

If yes,

36a1. Who documented? _____
 Who determined they were excited utterances? _____

34. The fatal incident was a result of a: a Planned event (premeditated)
 b Fight or argument (crime of passion, rage)
 c Unknown
 d Other _____

MEDICAL CARE

35. Did the victim receive any medical attention for the fatal injury(ies) prior to death? Yes No Unknown

If yes,

35a. Did the victim have to be transported to a hospital or regional trauma center? Yes No Unknown

If yes,

35a1. By what means? _____ 38a2. How long did this take? _____ Minutes

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35b. Who provided medical intervention? **(Check all that apply)**
a Emergency medical services (EMS)
b Fire department personnel
c Police officers(s)
d Local hospital emergency room personnel
e Regional trauma center emergency room personnel
f Other, specify _____

35c. Describe the medical intervention that took place: _____

35d. Was there a delay in medical care for the victim? Yes No Unknown

If yes,

35d1. For what reason? _____

35e. Did the death occur under medical care? Yes No Unknown

If yes,

35e1. In whose care was the victim ?
a EMS
b Level 1 trauma center
c Hospital emergency department
d Hospital inpatient
e Private doctor
f Other, specify _____
g Unknown

36. Autopsy of victim performed:
a Complete autopsy
b Limited autopsy
c External exam only

If limited autopsy,

36a. Limited to: _____

37. Was the death originally suspected as non-intentional? Yes No Unknown

38. Was sexual assault evidence collected? Yes No Unknown

39. Was sexual assault evidence collected? Yes No Unknown

If yes,

38a. Was the sexual assault evidence tested? Yes No Unknown

38b. Was there appropriate trace evidence collected? Yes No Unknown

If no,

38c. Explain: _____

39. Was any note made of healing injuries on victim not relating to death? Yes No Unknown

If yes,

39a. Number of injuries not related to death: _____

39b. Type(s) of injury: _____

39c. Distribution of the previous injury over the body: _____

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40. Did the perpetrator sustain any injuries during the fatal incident? Yes No Unknown

If yes,

40a. Did the perpetrator receive any medical attention for these injuries? Yes No Unknown

41. Did the perpetrator attempt or succeed with suicide? a Attempted suicide
b Suicide
c Unknown

42. *Substance abuse at time of fatal incident*

Victim affected by alcohol at the time of the fatality? Yes No Suspected Unknown

42 a. If yes, what was their BAC? _____

Perpetrator affected by alcohol at the time of the fatality? Yes No Suspected Unknown

42 b. If yes, what was their BAC? _____

Victim affected by drugs at the time of the fatality? Yes No Suspected Unknown

42 c. If yes, list the drugs: _____

Perpetrator affected by drugs at the time of the fatality? Yes No Suspected Unknown

42 d. If yes, list the drugs: _____

ACCESS TO/USE OF FIREARMS

43. Was a firearm used in this fatality? Yes No Unknown

If firearm was used,

44. Was the firearm available in the home? Yes No Unknown

45. Was the firearm available in the car? Yes No Unknown

46. Who owned the firearm? a Perpetrator
b Victim
c Other, specify _____

47. When was it purchased? Date: _____

48. Was it acquired legally? Yes No Unknown

49. Was the firearm stolen? Yes No Unknown *If yes,* 49a. When was it stolen? _____
49b. From where was it stolen? _____

50. Did the domestic violence victim ever request on a court order that the firearm(s) be surrendered? Yes No Unknown

51. Did a court ever order that the firearm(s) be surrendered? Yes No Unknown

If yes,

51a. Were they? Yes No Unknown

52. *If the victim and perpetrator lived together,* did the domestic violence victim ever request directly to the police that firearms be removed from the home? Yes No Unknown

53. Did law enforcement ever have the legal authority to remove firearms from the home? Yes No Unknown

If yes,

53a. Based on what authority? a Firearms owned by the requester
b Court order
c Other, specify _____
d Unknown

53b. Were they removed? Yes No Unknown Date of removal: _____

53c. Were they returned? Yes No Unknown Date of return: _____

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54. Was the firearm(s) previously used in a crime? Yes No Unknown

MOTOR VEHICLE INVOLVED IN THE FATAL INCIDENT

55. Was a motor vehicle involved in the fatal incident? Yes No Unknown

If the motor vehicle was involved in the fatal incident

56. Were in the motor vehicle was the victim? a Driver
b Passenger
c Pedestrian
d Other _____

Were in the motor vehicle was the perpetrator? a Driver
b Passenger
c Pedestrian
d Other _____

57. Who investigated the motor vehicle crash? Traffic accident reconstructionist within local jurisdiction
 Traffic accident reconstructionist from the State Police
 Non-specified person/unit
 Other _____
 Unknown

58. *Driving history:*

VICTIM

- a. Reported "crazy driving" as an abusive tactic to any agency? Yes No Unknown
b. Record of traffic violations? Yes No Unknown
b1. If yes, specify: _____
b2. Were they convicted? Yes No Unknown
c. Record of drunk driving? Yes No Unknown
c1. If yes, were they convicted? Yes No Unknown
d. Record of driving under the influence of illicit drugs? Yes No Unknown
d1. If yes, were they convicted? Yes No Unknown
e. Involvement in other motor vehicle crashes? Yes No Unknown
e1. If yes, specify: _____
e2. How many? _____

PERPETRATOR

- f. Reported "crazy driving" as an abusive tactic to any agency? Yes No Unknown
b. Record of traffic violations? Yes No Unknown
g1. If yes, specify: _____
g2. Were they convicted? Yes No Unknown
h. Record of drunk driving? Yes No Unknown
h1. If yes, were they convicted? Yes No Unknown
i. Record of driving under the influence of illicit drugs? Yes No Unknown
i1. If yes, were they convicted? Yes No Unknown
j. Involvement in other motor vehicle crashes? Yes No Unknown
j1. If yes, specify: _____
j2. How many? _____

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CRIMINAL JUSTICE SYSTEM RESPONSE TO THE FATALITY

59. What law enforcement agency(ies) responded to the fatal incident? _____
60. Did law enforcement arrive before or after the fatality occurred? B Before
A After
U Unknown
61. What type of call was law enforcement responding to: a Domestic violence
b Barricaded/hostage
c Possible suicide
d Possible DOA
e Suspicious circumstances
f Shots fired
g Other, specify _____

If the situation was a barricade or hostage,

- 61a. Were negotiators brought in? Yes No Unknown
62. Were police forced to defend themselves or otherwise act with deadly force? Yes No Unknown
63. Was there enough information to immediately identify a suspect? Yes No Unknown
- If yes,*** 63a. Was an arrest made at the scene of the fatality/fatal injury/attack? Yes No Unknown
- If no,*** 63b. How long did it take to identify a suspect? ____ Date: _____
64. Was there a tentative identification of a suspect or identification of a person of interest? Yes No Unknown
65. How much time elapsed between the fatality and an arrest? ____ Arrest Date: _____
66. Did law enforcement investigators identify enough information to charge the suspect? Yes No Unknown
67. What law enforcement agency investigated the death? _____
68. Was a scene investigation performed? Yes No Unknown

If different agency than the agency that investigated the death,

68a. Law enforcement agency that performed the investigation: _____

PROSECUTION AND COURTS

69. Were criminal charges filed related to the fatality? Yes No Unknown
- If no,***
- 69a. Why were charges not filed? a Homicide/suicide
b Suicide (no homicide involved)
c Ruled self-defense
d Other, specify _____
- If yes,***
- 69b. Against whom were charges filed? a Domestic violence perpetrator
b Domestic violence victim
c Other, specify _____
- 69c. Original charges 69d. Pleaded down to
1. _____ 1. _____
2. _____ 2. _____

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70. What amount was bail? \$ _____ 70a. Did suspect make bail? Yes No Unknown
71. Was suspect offered a plea bargain? Yes No Unknown
72. What factors informed the decision to offer the plea bargain? _____
73. If the defendant did not plea, was the case tried before a jury? Yes No Unknown
- 73a. Trial date: _____ 73b. Length of trial: _____ Days
- 73c. Sentencing date: _____ 73d. Disposition: a Acquitted
b Probation (years/month) _____
c Prison (years/month) _____
d Jail (years/month) _____
e Credit for time served
f Suspended sentence
g Treatment, specify _____
- 73e. *If on probation*, what were the conditions of release? _____
74. Were any court orders issued? Yes No Unknown

STATUS OF CHILDREN AFTER THE FATALITY

75. Were the children placed immediately after the fatality? Yes No Unknown
- If yes,*
- 75a. Where were the children placed? a Foster care
b Group home
c Relatives of domestic violence perpetrator
d Relatives of domestic violence victim
e Other, specify _____
- If children were placed in foster care,*
- 75a1. Was a relative ever identified for permanent placement? Yes No Unknown
- If yes,*
- 75a2. Who? a Aunt/Uncle
b Brother/Sister
c Grandparent
d Stepparent
e Other, specify _____
- 75a3. How long did it take to identify a relative for placement? _____ Days
_____ Months
_____ Still pending
- 75b. What factors influenced the placement decision? _____
76. Were children expected to testify at a trial? Yes No Unknown
77. Did children receive counseling after the fatality? Yes No Unknown

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PRIOR THREATS TO KILL/KNOWLEDGE OF LEVEL OF DANGEROUSNESS

78. Do any of the following reports include descriptions of the *domestic violence perpetrator* committing any of the following acts?

(Check all that apply)

	Law enforcement reports	Criminal complaint	Protective order narrative	Reported in counseling / advocacy	Reported to / witnessed by family / friends
Threats to kill domestic violence victim					
Threats to kill children, family members, or friends					
Suicide threats					
Suicide attempts					
Strangulation					
Knife brandished					
Knife used					
Firearm brandished					
Firearm used					
Blunt object brandished					
Blunt object used					
Suspected or charged in death of former intimate partner					
Former intimate partner died in an accident					
Other					

DOMESTIC VIOLENCE PERPETRATOR'S HISTORY OF VIOLENCE TOWARD OTHERS

79. Is there any evidence that the domestic violence perpetrator was violent toward other people (i.e., bar brawls, complaints filed by people other than the domestic violence victim, previous intimate partners, fighting with police)?

Date	Source of information	Type of incident	Relationship to victim	Was an agency involved? Specify	Outcome

Source of information: a – Police report, b – Neighbor, c – Previous intimate partner, d – Family, e – Other

Type of incident: a – Brawl, b – Spousal abuse, c – Child abuse, d – Public intoxication, e – Other

Relationship to victim: a – Parent, b – Sibling, c – Grandparent, d – Aunt/Uncle, e – Other

Was an agency involved: Y – Yes, N – No, U – Unknown

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80. Is there any evidence that the domestic violence perpetrator was violent toward animals?

Date	Source of information	Type of incident	Was an agency involved? Specify	Outcome

Source of information: a – Police report, b – Neighbor, c – Previous intimate partner, d – Family, e – Other, specify
 Type of incident: a – Physical abuse, b – Starving, c – Drowned, d – Set on fire, e – Other, specify
 Was an agency involved: Y – Yes, N – No, U - Unknown

CRIMINAL JUSTICE SYSTEM INVOLVEMENT PRIOR TO THE FATALITY

(Please fill out a criminal justice system involvement prior to the fatality form for assaults and batteries.)

81. **Criminal History**

81a. Did the victim have a criminal history? Yes
 No
 Unknown

81b. Did the perpetrator have a criminal history? Yes
 No
 Unknown

81c. Total number of arrests for victim: _____

81d. Total number of arrests for perpetrator: _____

Victim charged with	Convicted? (Y/N)	Perpetrator charged with	Convicted? (Y/N)

82. **Pending criminal actions at time of the fatality**

Victim Court date (mm/dd/yyyy)	Criminal action pending	Perpetrator Court date (mm/dd/yyyy)

- a - Protection order violation
- b - Assault
- c - Stalking
- d - Sexual abuse of domestic violence victim
- e - Physical abuse of domestic violence victim
- f - Sexual abuse of children
- g - Physical abuse/neglect of children
- h - Other, specify

83. Were domestic violence related charges ever dismissed against this domestic violence perpetrator with this domestic violence victim? Yes No Unknown

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If yes,

83a. How many times? _____

83b. Official reason(s) for dismissal: _____

84. Was there ever any indication that the domestic violence perpetrator pressured the domestic violence victim to refuse cooperation with the prosecution, or to change the story from the initial statements? Yes No Unknown

CIVIL ACTIONS

85. *Past, disputed, and pending civil actions*

Civil Action	Inplace date: (mm/dd/yyyy)	Disputed	Pending action/decisions Date: (mm/dd/yyyy)

Yes No Unknown

- a – Divorce
- b – Family mediation,
- c – Parenting plan
- d – Visitation
- e – Parenting evaluation
- f – Child support collection
- g – Child abuse/neglect
- h – Civil orders
- i – Standard Domestic Violence petition
- j – Temporary protective order
- k – Final protective order
- l – Restraining order
- m – Anti-harassment order
- n – Other, specify _____

PERPETRATORS INTERVENTION PROGRAMS (PIPs)

86. How many times had the domestic violence perpetrator been ordered to PIPs? _____
87. Was the domestic violence perpetrator ordered to PIPs by more than one jurisdiction? Yes No Unknown
88. How many times had the domestic violence perpetrator successfully completed a PIP? _____

If the domestic violence perpetrator was in a PIP.

88a. Was there ever any talk of homicide or suicide? Yes No Unknown

If yes,

88a1. What actions were taken with reference to domestic violence victim's safety?

(Check all that apply)

- a Victim contacted and warned
- b Perpetrator expelled from program
- c Law enforcement notified
- d Other, specify _____

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CUSTODY

89. If there were children under 18, what were the custody arrangements?

(Check all that apply)

Victim	Perpetrator
a <input type="checkbox"/> Had sole legal custody	a <input type="checkbox"/> Had sole legal custody
b <input type="checkbox"/> Had sole physical custody	b <input type="checkbox"/> Had sole physical custody
c <input type="checkbox"/> Shared custody	c <input type="checkbox"/> Shared custody
d <input type="checkbox"/> Supervised visitation (day and/or overnight)	d <input type="checkbox"/> Supervised visitation (day and/or overnight)
e <input type="checkbox"/> Monitored visits	e <input type="checkbox"/> Monitored visits
f <input type="checkbox"/> Unsupervised day visitation	f <input type="checkbox"/> Unsupervised day visitation
g <input type="checkbox"/> Overnight visits	g <input type="checkbox"/> Overnight visits
h <input type="checkbox"/> No visitation	h <input type="checkbox"/> No visitation
i <input type="checkbox"/> Other specify	i <input type="checkbox"/> Other specify

Guardian ad Litem

90. Has a guardian ad litem been appointed? Yes No Unknown

91. Had a court appointed special advocate been appointed? Yes No Unknown

Visitation

92. Had the domestic violence victim indicated fear of, or reluctance for an arrangement including unsupervised visitation? Yes No Unknown

93. Do accessible **supervised** visitation centers exist in the domestic violence victim's or the domestic violence perpetrator's community? Yes No Unknown

94. Do accessible **monitored** visitation centers exist in the domestic violence victim's or the domestic violence perpetrator's community? Yes No Unknown

THREATS REGARDING THE CHILDREN

95. Is there any indication that the following threats were ever made?

(Indicate the person threatening and the nature of the threat)

Victim		Perpetrator	
Threatened to	Actually did Y/N/U	Threatened to	Actually did Y/N/U

- a Take children to seek safe shelter
- b Take children against their will, kidnap
- c Harm the children
- d Kill the children
- e Deny other person contact with children
- f Harm other family member
- g Other _____

- a Take children to safe shelter
- b Take children against their will, kidnap
- c Harm the children
- d Kill the children
- e Deny other person contact with children
- f Harm other family member
- g Other _____

**WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT
CHILD PROTECTIVE SERVICE (CPS) INVOLVEMENT PRIOR TO THE FATALITY**

96. Had Child Protective Services been involved with the family prior to the fatality? Yes No Unknown

If yes,

96a Number of CPS referrals made? _____

96b Number of CPS referrals substantiated for occurrence of abuse/neglect? _____

97. According to CPS, did any of the referrals allege abuse/neglect by the domestic violence victim? Yes No Unknown

If yes,

Date	Allegation	Child Involved Age Gender	Allegation was Substantiated or Unsubstantiated	Open for services? (Yes/No/Unknown)

98. Had the CPS worker received training regarding the identification of domestic violence and its role in child abuse? Yes No Unknown

99. Did the CPS worker screen for domestic violence? Yes No Unknown

If yes,

99a. Was domestic violence identified as an issue by the CPS worker? Yes No Unknown

99b. Was the domestic violence victim given referrals to a domestic violence program or legal advocacy by the CPS worker? Yes No Unknown

100. Did the domestic violence victim's safety figure into the CPS plan for the family? Yes No Unknown

If yes,

100a. Specify _____

101. Does the victim or perpetrator allege child abuse when they were a child?
 V Victim
 P Perpetrator
 B Both
 N Neither
 U Unknown

If yes,

Victim	Source of information?	Perpetrator
K <input type="checkbox"/> Known S <input type="checkbox"/> Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the abuse known or suspected?	K <input type="checkbox"/> Known S <input type="checkbox"/> Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>If known,</i> Was the abuser removed from the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Placed in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

107. *Sexual Assault History*

Victim		Perpetrator
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was sexual assault evidence collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<i>If yes,</i> Who collected the evidence?	
	What type of evidence was collected?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was there appropriate trace evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

108. *Referral*

Victim		Perpetrator
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was referral made?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
a <input type="checkbox"/> Police b <input type="checkbox"/> Domestic violence program c <input type="checkbox"/> Mental health facility d <input type="checkbox"/> Other, specify	<i>If yes,</i> Where	a <input type="checkbox"/> Police b <input type="checkbox"/> Domestic violence program c <input type="checkbox"/> Mental health facility d <input type="checkbox"/> Other, specify
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referral documented in the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Were available resources provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<i>If yes,</i> What type?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Resources documented in the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

If the domestic violence victim was pregnant at the time of the fatality

109. Had the domestic violence victim received prenatal care during the last pregnancy? Yes No Unknown

If yes,

109a. Starting what month of pregnancy? _____

110. Did the prenatal care routinely screen for domestic violence? Yes No Unknown

If yes,

110a. Was abuse identified during the course of prenatal care? Yes No Unknown

111. *Disability*

Victim		Perpetrator
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<i>If yes,</i> Describe the disability	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was disability work-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<i>If yes,</i> What type of accommodations were required for accessibility?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cognitive disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<i>If yes,</i> Describe the disability	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was disability work-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<i>If yes,</i> What type of accommodations were required for accessibility?	

WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

112. *History of substance abuse/mental illness*

Victim	
Had history of substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes,</i> Indicate by checking all that apply	a <input type="checkbox"/> Enrollment in substance abuse program specify _____ b <input type="checkbox"/> Police reports c <input type="checkbox"/> Convictions d <input type="checkbox"/> Self identification e <input type="checkbox"/> Other, specify _____
Known alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Using illicit drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Using prescription drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes,</i> therapeutic dosage?	
Has history of mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>If yes,</i> indicate by checking all that apply Specify clinic, program, or doctor	a <input type="checkbox"/> Crisis mental health response b <input type="checkbox"/> Inpatient treatment c <input type="checkbox"/> Outpatient treatment Prescriptions for _____

ACCESS TO HELPING/ACCOUABILITY RESOURCES

113. Did the domestic violence victim have access to a working telephone? Yes No Unknown

If yes,

113a. Where was the telephone located? a In their home
 b At their place of work
 c At friend/family/neighbors
 d Other, specify _____

114. How far did the domestic violence victim have to travel to access community resources in person? _____ Miles

115. How far from the county seat was the victim's address? _____ Miles

116. Did the domestic violence victim have access to transportation? Yes No Unknown

If yes,

116a. What type of transportation? a Own car
 b Abuser's car
 c Borrowed car
 d Public transportation
 e Other, specify _____

117. What emergency assistance services are available? a 9-1-1 Basic
 b 9-1-1 Extended
 c Emergency Medical Services
 d Other, specify _____
 e Unknown

118. Which law enforcement agency has jurisdiction in this area? a State Police
 b Sheriff's office
 c Municipal police
 d Other, specify _____
 e Unknown

WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

119. *Access to community resources for domestic violence victim*

(Check all that apply)

Victim	Exists in community	Perpetrator
	a <input type="checkbox"/> Community based legal advocacy	
	b <input type="checkbox"/> Domestic violence shelter	
	c <input type="checkbox"/> Support groups	
	d <input type="checkbox"/> Mental health programs	
	e <input type="checkbox"/> Substance abuse programs	
	f <input type="checkbox"/> Homeless shelter	
	g <input type="checkbox"/> Criminal proceedings	
	h <input type="checkbox"/> Civil proceedings	
	i <input type="checkbox"/> Court based legal advocacy	
	j <input type="checkbox"/> Supervised visitation/drop off	
	k <input type="checkbox"/> Police department domestic violence unit	
	l <input type="checkbox"/> Specialized domestic violence prosecutor's unit	
	m <input type="checkbox"/> Probation officer	
	n <input type="checkbox"/> Parole officer	
	o <input type="checkbox"/> Other, specify _____	

120. To the team's knowledge, were any of the following agencies/programs involved with the domestic violence victim or the domestic violence perpetrator in the past 5 years prior to the fatality?
(Check all that apply)

Victim
a <input type="checkbox"/> Anger management program
b <input type="checkbox"/> CHIPs
c <input type="checkbox"/> City/County prosecutor
d <input type="checkbox"/> Community/Court based legal advocacy
e <input type="checkbox"/> Court/judges, Circuit/Magistrate/Municipal
f <input type="checkbox"/> CPS
g <input type="checkbox"/> Domestic violence shelter/safehouse
h <input type="checkbox"/> Early intervention services for handicapped children ages 0-5
i <input type="checkbox"/> Emergency Medical Services
j <input type="checkbox"/> Emergency urgent care
k <input type="checkbox"/> Employment program (TANF – related)
l <input type="checkbox"/> Family law master court
m <input type="checkbox"/> Family preservation services for children at risk for removal from home
n <input type="checkbox"/> Homeless shelter
o <input type="checkbox"/> Mental health provider
p <input type="checkbox"/> Parole officer
q <input type="checkbox"/> Perpetrator's intervention program
r <input type="checkbox"/> Private/HMO doctor
s <input type="checkbox"/> Regional trauma center
t <input type="checkbox"/> Religious community/church/temple
u <input type="checkbox"/> Sexual assault program
v <input type="checkbox"/> Substance abuse program
w <input type="checkbox"/> Supervised visitation/drop off center
x <input type="checkbox"/> TANF/Food stamps
y <input type="checkbox"/> WIC
z <input type="checkbox"/> Other, social services, specify _____

WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

(Check all that apply)

Perpetrator	
a	<input type="checkbox"/> Anger management program
b	<input type="checkbox"/> CHIPs
c	<input type="checkbox"/> City/County prosecutor
d	<input type="checkbox"/> Community/Court based legal advocacy
e	<input type="checkbox"/> Court/judges, Circuit/Magistrate/Municipal
f	<input type="checkbox"/> CPS
g	<input type="checkbox"/> Domestic violence shelter/safehouse
h	<input type="checkbox"/> Early intervention services for handicapped children ages 0-5
i	<input type="checkbox"/> Emergency Medical Services
j	<input type="checkbox"/> Emergency urgent care
k	<input type="checkbox"/> Employment program (TANF – related)
l	<input type="checkbox"/> Family law master court
m	<input type="checkbox"/> Family preservation services for children at risk for removal from home
n	<input type="checkbox"/> Homeless shelter
o	<input type="checkbox"/> Mental health provider
p	<input type="checkbox"/> Parole officer
q	<input type="checkbox"/> Perpetrator’s intervention program
r	<input type="checkbox"/> Private/HMO doctor
s	<input type="checkbox"/> Regional trauma center
t	<input type="checkbox"/> Religious community/church/temple
u	<input type="checkbox"/> Sexual assault program
v	<input type="checkbox"/> Substance abuse program
w	<input type="checkbox"/> Supervised visitation/drop off center
x	<input type="checkbox"/> TANF/Food stamps
y	<input type="checkbox"/> WIC
z	<input type="checkbox"/> Other, social services, specify _____

DOMESTIC VIOLENCE VICTIM’S EFFORTS TO LEAVE/END THE VIOLENCE

121. If the domestic violence victim was living with the domestic violence perpetrator at the time of the fatal incident, had he/she attempted to move out and/or leave the relationship at a prior time? Yes No Unknown

HOUSING CONCERNS

122. Is there any evidence that the domestic violence victim sought shelter? Yes No Unknown
(Check all that apply)

122a. Type of program: a Domestic violence shelter
 b Homeless shelter
 c Transitional/long term shelter
 d Subsidized housing
 e Other, specify _____

122b. Sought out and succeeded in obtaining shelter. For how long? _____

122c. Sought out and did not succeed in obtaining shelter. Why? _____
