

**LOUISVILLE METRO DOMESTIC VIOLENCE  
PREVENTION COORDINATING COUNCIL**



**FATALITY REVIEW COMMITTEE**

**2013-2014 REPORT**

**OCTOBER 2015**

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**LOUISVILLE METRO DOMESTIC VIOLENCE  
PREVENTION COORDINATING COUNCIL  
FATALITY REVIEW COMMITTEE**

**KIM M. ALLEN**  
CO-CHAIR

**JUDGE JERRY BOWLES**  
CO-CHAIR

October 22, 2015

Dear Reader:

On behalf of the membership of the Fatality Review Committee (FRC), we are pleased to present this biennial report for Calendar Years 2013 and 2014. As you may be aware, the FRC was established as a subcommittee of the Domestic Violence Prevention and Coordinating Council in 1996 and has been in operation for over 19 years. It is the purpose of the FRC to promote coordinated agency and community responses to domestic violence by conducting systemic examinations of domestic violence fatalities. It is the ultimate goal of the review process to prevent future domestic violence-related fatalities.

In keeping with previous reports, this publication represents an attempt to document the scope of the committee's efforts by presenting an analysis of data derived from the multidisciplinary case review process; a summary of the committee's findings and recommendations; and an overview of emerging issues identified by members. The report also includes highlights of community domestic violence programs and events that were initiated during the report period.

Although there has been considerable variation in the data analyzed over the past six years, a number of the overall findings remain consistent with national and state-wide research. Of note, however, data from the CY13/14 case review process reflects two particularly troubling trends—a rising percentage of domestic violence-fatalities involving use of a handgun and a decline in the average number of system contacts per case. Data from the case review process indicates that there was no system contact in 50% of the cases despite the presence of multiple lethality factors.

Based on research suggesting that victims may first seek help through informal networks, it is imperative moving forward that the community find a way to reach out to victims and their family members to educate them on the lethality factors and potential risks, including access to a firearm, along with the need for safety planning. In this vein, the committee is attempting to incorporate more information from family, friends and co-workers in their case evaluations. It is our hope that readers of the report will learn about the scope of domestic violence in our community and rededicate themselves to the important work that needs to be done to prevent future domestic violence-related fatalities.

Sincerely,

Kim M. Allen, Executive Director  
Metro Criminal Justice Commission  
Fatality Review Committee, Co-Chair

Judge Jerry Bowles (Ret.)  
Bowles & Byer  
Fatality Review Committee, Co-Chair

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## ACKNOWLEDGEMENTS

Conducting comprehensive reviews of cases involving domestic violence-related fatalities cannot be accomplished without the involvement and dedication of a broad range of system and community stakeholders. The process requires the commitment of a four-hour block of time for review and discussion of cases; presentation of current and historical case information by all agencies that had even tangential contact with the involved parties; and review of recorded court hearings involving Emergency Protective Orders or Domestic Violence Orders.

During Calendar Years 2013- 2014, Fatality Review Committee (FRC) members dedicated a total of 1,248 hours over the course of twelve meetings to review the eighteen cases included in this report. Additionally, designated system representatives and community service providers spend countless hours collecting critical data on each case to enhance the quality of the review process and permit the detailed data analysis included within the report.

In some cases, the FRC identifies issues that fall within the purview of other committees focused on system improvement such as the Elder Abuse Services Coordinating Committee (EASCC) and the Child Fatality Review Committee. The FRC recognizes the expertise of these specialized groups and appreciates their support and assistance.

With a foundation built upon confidentiality and in recognition of the need for a blame-free environment for discussion, the Louisville Metro Domestic Violence Fatality Review Committee is one of only a few groups nationally to review pending cases—an approach that allows for quick responses to system issues requiring immediate attention. The following individuals and organizations are to be thanked and commended for their continued participation and commitment to the work of the Fatality Review Committee.

### Fatality Review Committee (FRC) Members

Ms. Kim M. Allen, Co-Chair  
Criminal Justice Commission

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Seven Counties Services

Ms. Ingrid Geiser  
Jefferson County Attorney's  
Office

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Mr. Eric Troutman  
Metro Corrections  
Department

Ms. Kathy Paulin  
Citizen Member

Dr. Bill Smock  
Emergency Medicine

Judge Jennifer Leibson  
Chair, Elder Abuse Services  
Coordinating Committee

**We would also like to recognize and thank individuals who served on the Fatality Review Committee during CY 2013 and/or 2014 who no longer serve as members: *Judge Stephen George, Debbie Irwin, Judge Ann Shake, Judge Frederick Cowan, and Linda Engel*. Additionally, we would like to recognize and thank *Stephanie Stidham*, Criminal Justice Commission, who provides staff support to the Committee and who assisted in the development of this report.**



## EXECUTIVE SUMMARY

Operating under the umbrella of the Domestic Violence Prevention Coordinating Council, the Fatality Review Committee (FRC) is now in its 19<sup>th</sup> year of conducting multidisciplinary reviews of cases involving domestic violence-related fatalities. The biennial report for Calendar Years 2013-2014 includes a summary of data, findings and recommendations derived from the 18 cases reviewed by the committee. The 18 cases included eight homicides, six murder-suicides, and four cases involving atypical scenarios—two involving self-defense, one third-party homicide, and one police-involved shooting.

Although there has been considerable variation in the case data and analyses reported by the FRC over the past six years, the overall findings have generally been consistent with national and state-wide research. The similarities include the sex and age range of victims; fatalities committed by current or former partners; increased likelihood of being killed by guns; incidents occurring in the home or shared residence; presence of children in the home; percentage of prior domestic violence incidents reported to the police; and incidents occurring at night.

Since the dynamics of the four atypical cases varied dramatically from the other cases reviewed, they will be discussed separately in Appendix A. Data presented in the report reflects the remaining 14 cases. A summary of data highlights from the 14 cases include the following:

- The majority of the victims were female (71%) and African-American (71%) with ages ranging from 24-75 years (57% between the ages of 30-50);
- The majority of the offenders were male (71%) and African American (64%), with ages ranging from 27-61 years (50% between the ages of 30-50);
- Incidents involved victims who were either currently married or separated from the offender (43%) or unmarried and currently or formerly living together (57%);
- Prior criminal history was documented for eleven of the 14 offenders (79%) and six (43%) of the victims; in six cases, the offender had a history of domestic violence offenses in a prior relationship;
- A significant number of lethality factors, including access to a gun, recent separation, and controlling behavior were identified;
- 71% of the incidents occurred in the home;
- 71% of the fatalities involved use of a firearm;
- **The percentage of cases reviewed involving fatalities by handgun have increased locally from 21% in CY09/10 to 71% in CY13/14;**
- Witnesses were present in 57% of the cases; **children were present in 36% of the 14 cases;**
- **The average number of system contacts prior to the incident has declined in cases reviewed from 6.4 in CY09/10 to 2.6 in CY13/14;**

- In 50% of the 14 cases, there was no known system contact related to intimate partner violence between the couple prior to the incident; and
- Of the seven cases in which system contact occurred, the agency most likely to be contacted prior to the incident was the police (86% or six of seven cases).

As additional outcomes of the case review process, the FRC generated six new recommendations for action (page 30) and continued to track the implementation status of three recommendations issued in the CY11/12 report (page 31). The FRC report also identifies a series of emerging issues (including children exposed to domestic violence; trauma-informed care; domestic violence homicides involving elders; and domestic violence risk assessment) and provides background information and a summary of related research on each topic.

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## **HISTORY OF THE LOUISVILLE METRO FATALITY REVIEW COMMITTEE (FRC)**

In January 1996, the Jefferson County Fiscal Court enacted Ordinance No.1, Series 1996, creating the Jefferson County Domestic Violence Prevention Coordinating Council. The Council was formed based on the recognition that domestic violence is a pervasive community problem—one that cannot be solved by a single agency. In 2003, the Council was re-authorized during the merger of the governments of the former City of Louisville and Jefferson County to form Louisville Metro Government. As with the previous Council, the Louisville Metro Domestic Violence Prevention Coordinating Council (DVPCC) was charged by ordinance with the three following general purposes:

- ❖ To improve interagency cooperation and communication in the area of domestic violence;
- ❖ To promote effective prevention, intervention, and treatment techniques which will be developed based upon research and data collection; and
- ❖ To improve the response to domestic violence and abuse in order to reduce incidents thereof.

To assist the DVPCC with its work, standing sub-committees were created. The Mortality Review Committee (renamed the Fatality Review Committee in 2004) was created in 1996 as a result of a growing community awareness regarding the potential lethality associated with domestic violence. In March 1996, there was a high profile case involving a domestic violence fatality in the City of Louisville. As a result of this incident, a multi-agency, multi-disciplinary group was convened to review the case of Karen and Richard Graves. In December 1996, a report with findings from the case was released which contained a series of recommendations. One of the recommendations focused on establishing an ongoing multi-agency, multi-disciplinary review body to examine domestic violence cases resulting in a fatality.

The purpose of the Fatality Review Committee (FRC) is to promote and enhance coordinated agency and community responses to domestic violence through systemic examinations of domestic violence fatalities. The goals of the FRC are focused on prevention, information sharing, accountability and systems improvement:

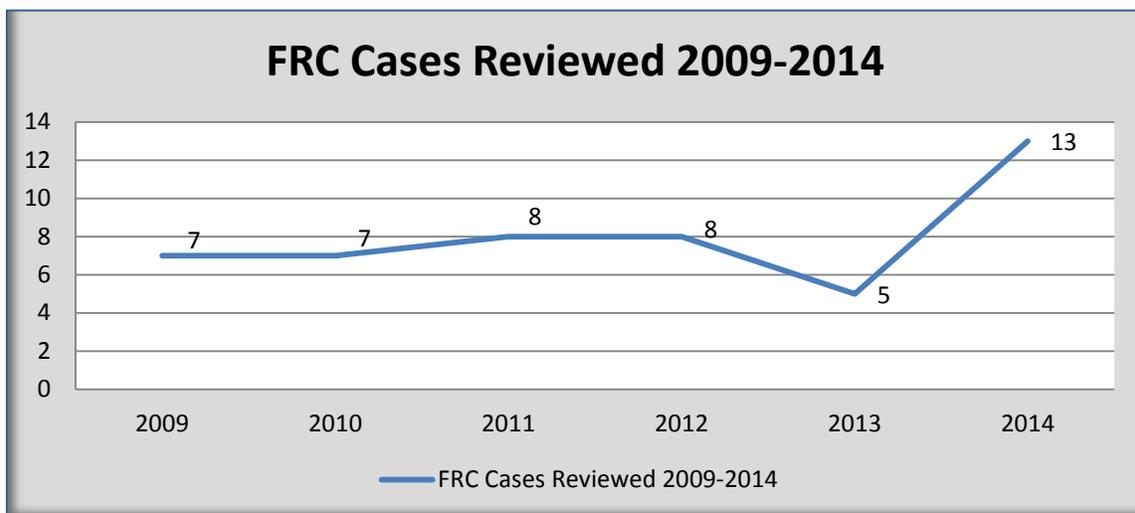
- ❑ Prevent future domestic violence cases and homicides;
- ❑ Improve interagency communication and coordination;
- ❑ Collect and publish data on domestic violence fatalities in Louisville Metro;
- ❑ Educate the public on the dynamics of domestic violence and related fatalities;
- ❑ Identify gaps and unmet needs in the current domestic violence response systems; and
- ❑ Recommend and assist in implementing system improvements.

The membership of the FRC primarily includes system stakeholders and agency representatives with access to case information on local domestic violence fatalities such as social services reports, court documents, police records, autopsy reports, mental health records, hospital or healthcare data, and any other information that may have a bearing on

the case under review. Additionally, the membership includes citizens and representatives from agencies with a vested interest in prevention of domestic violence and system improvement. The Committee operates in the following manner:

- The Committee meets for four hours every two months or as needed;
- Prior to each meeting, members receive an agenda and case list containing information on the cases to be reviewed;
- Members are responsible for acquiring and bringing all pertinent agency documents regarding the involved parties and related records to the meeting;
- At the beginning of the meeting, members sign the confidentiality agreement (see Appendix B);
- During the meeting, each member shares the information they have on a particular case beginning with the initial police reports and proceeding through all system and community contacts; and
- Members discuss the information, identify any potential gaps in the local system response, and generate recommendations (members may also request additional data or information to be presented at the next meeting).

The FRC is authorized by Kentucky Revised Statute (KRS) 403.705, which allows information shared in the review process to be deemed confidential. At every meeting, members are reminded of the importance of confidentiality for all information and comments made during the case reviews. Additionally, members understand that in order to perform at an optimal level, FRC members need to feel comfortable in an open, forthcoming and non-accusatory environment. The FRC has always stressed a “no blame or shame” philosophy in which individuals or agencies are not blamed or singled out. Members recognize that the perpetrator is ultimately responsible for the death, but also recognize that various systems that have contact with the victim and perpetrator may have an opportunity to intervene in a manner that could prevent a death. Therefore, criminal justice system processes, systems and policies are reviewed and improvements recommended as indicated. Since 1999, the Committee has reviewed over 133 cases. Aggregate data from cases reviewed in Calendar Years 2013 and 2014 is outlined under the Case Review Findings section.



## WHAT DOES THE DATA TELL US?

### NATIONAL PICTURE

The most recent national incidence data indicates that violence committed by intimate partners declined 67% from a rate of 9.8 per 1,000 persons (ages 12 and older) in 1994 to a rate of 3.2 per 1,000 in 2012. It should be noted, however, that intimate partner violence still accounts for 15% of all violent victimizations in the United States (Bureau of Justice Statistics, 2014). Approximately one in three women and one in four men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (National Center for Disease Control and Prevention, 2011). Additionally, one in four women and one in seven men report having experienced severe physical violence by an intimate partner in their lifetime. Every day in the United States there are approximately 3.5 individuals murdered by intimate partners (Bureau of Justice Statistics, 2012).

**Intimate partner violence accounts for 15% of all violent victimizations in the United States.**  
*(Bureau of Justice Statistics, 2014)*

The majority (76%) of domestic violence victims are female (Bureau of Justice Statistics, 2014) and range in age from 18-34 years (Bureau of Justice Statistics, 2012). In comparison, females between the ages of 35-39 years and men between the ages of 45-49 years experience the highest rates of intimate partner homicide (Bureau of Justice Statistics, 2011).

National data reveals that current or former boyfriends or girlfriends are responsible for committing a majority of domestic violence incidents (Bureau of Justice Statistics, 2014). In 1980, 69% of intimate partner homicides were committed by a spouse and 27% by a boyfriend or girlfriend. By 2008, these categories had nearly equalized, with 49% of homicides involving a boyfriend or girlfriend and 47% involving spouses (Bureau of Justice Statistics, 2011). A firearm is most often used in intimate partner homicide, but the type of weapon does vary by relationship between the victim and offender. Nationally, from 1980-2008, spouses/ex-spouses were more likely to be killed by guns (Bureau of Justice Statistics, 2011).

National data also indicates that over 60% of intimate partner violence incidents occur in the home while approximately 12% occur in public locations such as a business, street, or parking lot (Bureau of Justice Statistics, 2007). Children were living in the home during 38% of the domestic violence incidents against women and 21% of the incidents against men (Catalano, S., et al 2009). In 2013, 56% of intimate partner violence incidents were reported to the police as compared to 46% of violent victimizations and 61% of serious victimizations (Bureau of Justice Statistics, 2014).

## **STATE PERSPECTIVE**

In Calendar Year 2013, the Kentucky Administrative Office of the Courts reported that 23,388 petitions were filed by persons seeking Domestic Violence Protective Orders (Kentucky State Police, 2013). During the same period, the Kentucky Cabinet for Health and Family Services investigated 19,816 domestic violence-related incidents. Additionally, domestic violence shelters received 22,136 domestic violence-related calls and 4,150 (unduplicated number) individuals were provided with shelter (Kentucky State Police, 2013).

In October 2014, the Kentucky Office of the Attorney General released a report entitled *“Domestic Violence Fatality Review Data Report and Summation.”* The report provided a history of Kentucky’s domestic violence laws and services, a status report on the Commonwealth’s fatality review initiatives, and an analysis of Kentucky’s 2010 intimate partner homicides. This special report, authored by TK Logan, Ph.D. and Kellie R. Lynch, M.S., Behavioral Science, University of Kentucky, explored the characteristics of the 35 intimate partner-related homicide cases in 2010. Within these 35 cases, there were 40 deaths (two cases involved multiple victims). Report highlights include the following:

- The majority of the victims in these cases were female (76%) and Caucasian (87%) with an average age of 41 years (ages ranged between 21 and 84 years);
- The majority of the offenders were male (74%) and Caucasian (86%), with an average age of 45 years (ages ranged between 25 and 92 years);
- Of the 2010 homicide cases, 94% involved a single victim and single offender and took place at the shared residence of the victim and the offender (46%).
- In 37% of the cases, the offender committed suicide after the incident;
- The majority of victims were shot (57%), however, 23% were stabbed, 11% strangled and 9% physically beaten or beaten with an object;
- At the time of the homicide, approximately 51% of victims were married to their offenders and 3% were killed by a spouse from whom they were separated, but not yet divorced; and
- Of the 35 cases, only 26% had been involved in domestic violence-related civil and/or criminal justice activity within one year prior to the homicide.

## **LOCAL OVERVIEW**

Louisville-Jefferson County Metro (380 square miles) lies in the north-central part of the state and is located on the Ohio River. Under the auspices of a combined city-county Metro Government, the county population of 760,026 (2014 U.S. Census Bureau) makes Louisville the largest city in Kentucky. The city includes a mixture of urban and suburban neighborhoods with a population that is 73% Caucasian, 21% African-American, 4% Hispanic, and 2% Asian. The average age of residents is 38 years and 52% are female. The average household contains over two individuals and approximately 63% own their own home. The city resides within the Louisville/Jefferson County, KY-IN Metropolitan Statistical Area (MSA) which includes the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble and the Indiana counties of Clark, Floyd, Harrison and Washington and has a population of over 1.2 million.

During CY 2013 and 2014, the Louisville Metro Police Department responded to seventeen domestic-violence related homicides. These numbers reflect the statutory definition of domestic violence which includes familial cases and is broader than intimate partner (KRS 403.720), but does not include cases determined to be self-defense. In Kentucky, self-defense provisions allows an individual to use deadly physical force against another person when the individual believes that such force is necessary to protect herself/himself against death, physical injury, kidnapping, and other circumstances. The seventeen domestic violence-related homicides represented 17% of the total number of homicides occurring within the community during this time period (103 total homicides).

From January 2013 through December 2014, the Louisville Metro Police Department (LMPD) received over 73,962 domestic violence-related calls for service (an increase of 7% from January 2011 to December 2012). Additionally, during the same time period:

- ❑ LMPD received 7,344 domestic violence-related offense reports (a decrease of 19% from 2011-2012);
- ❑ Jefferson District Court (court that processes misdemeanor criminal cases) handled 7,059 new domestic violence cases, prosecuted by the Jefferson County Attorney's Office (a decrease of 17% from 2011-2012);
- ❑ Jefferson Circuit Court (court that processes felony criminal cases) handled 805 new domestic violence cases, prosecuted by the Jefferson County Commonwealth's Attorney's Office (a decrease of 17% from 2011-2012);
- ❑ There were 8,930 new Emergency Protective Orders filed in Jefferson Family Court (a decrease of 5% from 2011-2012).
- ❑ Adult Protective Services made 8,609 domestic violence referrals (an increase of 15% from 2011-2012); and
- ❑ The Center for Women and Families (agency responsible for the community's domestic violence shelter, counseling, advocacy and other programming) provided 3,871 domestic violence-related legal advocacy services (a decrease of 37% from 2011-2012; In 2012, the Center for Women and Families suffered catastrophic damage to its main campus forcing its closure requiring the use of alternate locations throughout the community to shelter victims).

A table containing local criminal justice system domestic violence related-data for years CY 2007 through 2014 is listed below.

<b>Louisville Metro Domestic Violence Statistics 2007 - 2014</b>								
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Louisville Metro Police Department</b>								
<i>Calls for Service</i>	30,528	30,278	33,988	34,528	36,089	37,825	37,236	36,726
<i>Offenses*</i>	3,729	4,010	3,852	4,700	4,898	4,213	3,653	3,691
Homicide	12	21	11	14	6	8	6	11
Rape	52	50	69	84	112	37	31	35
Aggravated Assault	578	647	648	610	785	710	624	590
Simple Assault	2,721	2,785	2,585	3,287	3,132	2,630	2,464	2,481
Intimidation	304	370	366	516	520	439	382	408
All Other Offenses	62	137	174	189	346	389	147	164
<i>Arrests</i>	1,908	2,106	2,448	2,345	2,408	2,041	1,715	1,820
<i>*Offenses listed above are not all inclusive, but only those with a DV relationship code</i>								
<b>Jefferson County Attorney's Office</b>								
<i>New DV Cases</i>	4,295	4,180	3,794	4,541	4,473	4,043	3,517	3,542
<b>Commonwealth Attorney's Office</b>								
<i>DV Cases Handled</i>	460	466	378	356	490	477	396	409
<b>Circuit Court Clerk's Office</b>								
<i>New EPO Filings</i>	5,164	5,336	5,407	5,129	4,589	4,800	4,515	4,415
<b>Adult &amp; Child Protective Services</b>								
<i>APS/DV Referrals*</i>	3,740	3,643	3,626	3,852	3,687	4,095	4,107	4,502
<i>CPS/DV Referrals</i>	159	473	1,220	1,226	N/A	1,226	1,211	1,323
<i>*2011 total reflects January-November 2011</i>								
<b>Jefferson County Sheriff's Office</b>								
<i>EPOs</i>								
Received	7,228	7,109	6,794	7,757	5,508	5,571	6,013	6,223
Served*	5,246	6,063	6,304	5,894	4,424	4,645	4,592	5,131
<i>*These numbers include service of court documents resulting from existing EPOs/DVOs, not just new filings</i>								
<b>Metro Corrections Department-Court Monitoring Center (CMC)</b>								
<i>DVOT Referrals</i>	1,621	1,530	2,575	2,497	2,817	2,239	2,334	2,149
<b>Center for Women and Families*</b>								
<i>Individual Counseling**</i>	20,016	29,491	25,710	22,402	15,691	10,429	5,573	3,296
<i>Total Number of Residents in Shelter</i>	337	519	513	450	544	516	552	356
<i>Avg Daily Number of Residents in Shelter****</i>	72	80	61	65	79	79	76	31
<i>Avg Length of Stay (days) per Resident</i>	72	54	44	37	53	38	43	48
<i>Crisis Calls***</i>	4,420	5,339	3,214	3,212	3,355	3,344	3,839	4,627
<i>Legal Advocacy</i>	10,066	12,415	7,318	5,970	3,871	2,281	1,824	2,047
<i>*In 2012, the Center for Women and Families data reflects Calendar Year; previous years pertains to Fiscal Years (7/1-6/30)</i>								
<i>**In 2012, Individual Counseling changed from units (one unit=30 minutes of counseling) provided to individual contacts</i>								
<i>***In 2014, crisis calls include Lethality Assessment Program officer and victim follow-up calls</i>								
<i>****In 2012, the Center for Women and Families suffered catastrophic damage to its main campus forcing its closure requiring the use of alternate locations throughout the community to shelter victims</i>								

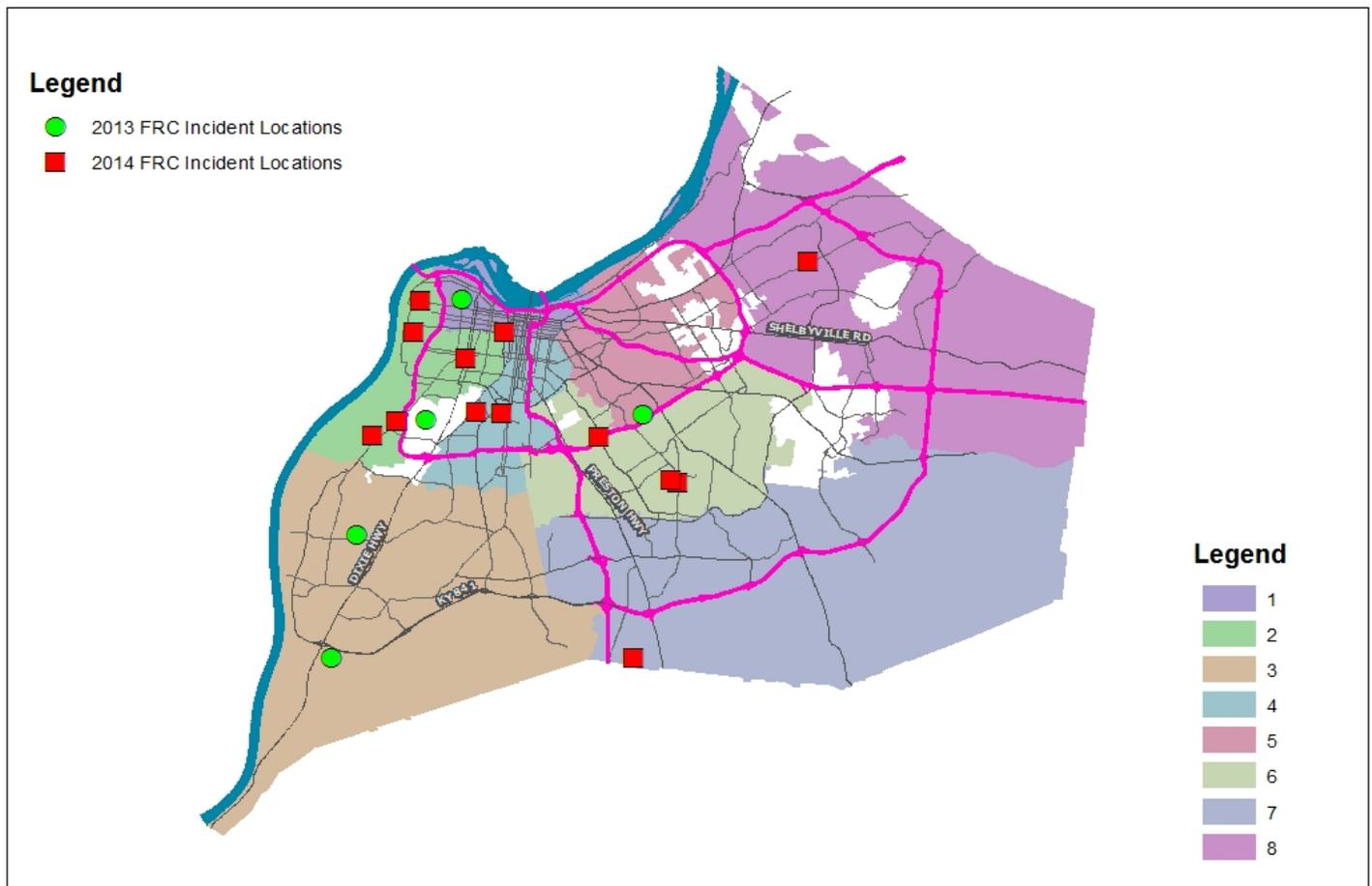
## 2013-2014 CASE REVIEW FINDINGS

### Overview of Fatality Review Case Data:

From January 2013 through December 2014, the Louisville Metro Domestic Violence Fatality Review Committee reviewed a total of eighteen cases. This represents a slight increase from CY 2011-2012 (16 cases reviewed) and from CY 2009-2010 (14 cases reviewed). Of the total, five involved incidents occurring in 2013 and thirteen cases involved incidents occurring in 2014. As noted on the following map, the incident sites for the reviewed cases reflect locations across the entire Louisville-Jefferson County community and the Louisville Metro Police Department's eight police divisions.



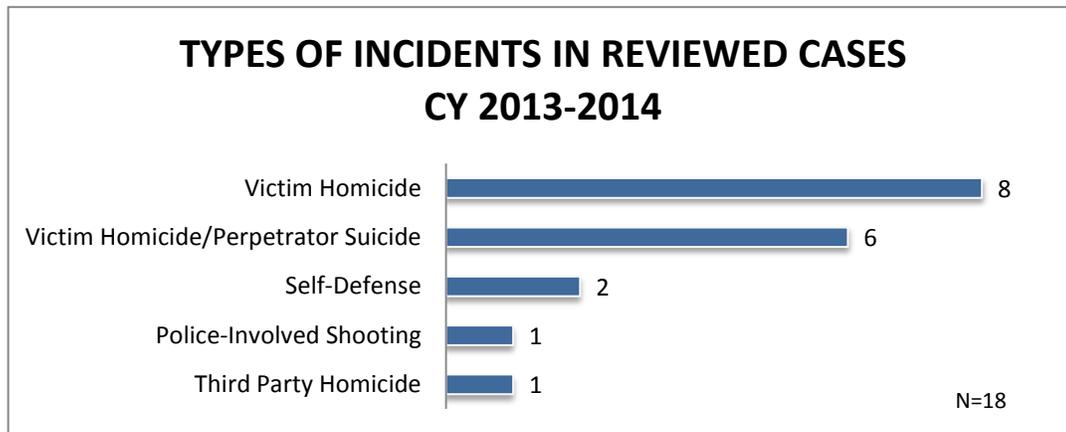
**Domestic Violence Fatality Review Committee (FRC)  
Incident Locations of 2013 & 2014 Fatalities Reviewed**



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LMPD Crime Information Center  
RLC 7/28/15

Of the 18 cases reviewed in CY 2013-2014, eight involved homicides, six involved murder/suicides, and four deaths involved atypical case scenarios. Of the four atypical cases, two involved self-defense cases, one involved a third-party homicide and one involved an individual who was shot and killed by the police during a domestic violence call for service. As previously noted, Kentucky law permits an individual to use deadly physical force against another person if the individual believes that such force is necessary to protect herself/himself against death, physical injury, kidnapping, and other circumstances.



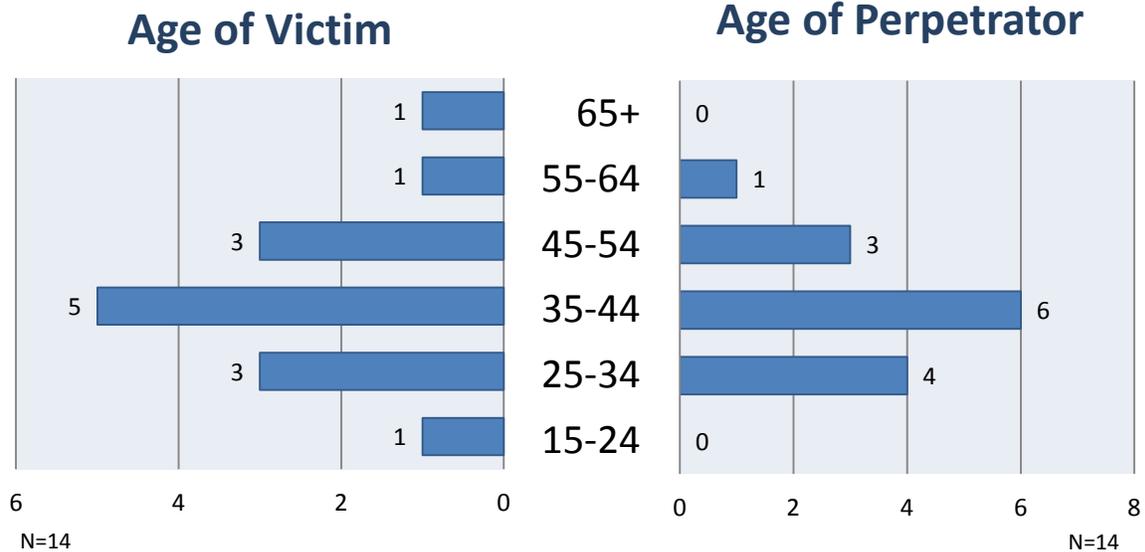
Since the dynamics of the four atypical cases varied dramatically from the other cases reviewed, they will be discussed separately in Appendix A. Data presented in the following analyses reflects the remaining 14 cases. It should be noted that while data from the case reviews is valuable for informing systemic policy and generating recommendations for action, the small sample size limits the ability to draw definitive conclusions.

**Demographic Data:**

The demographic breakdown of victims in the 14 cases includes ten (71%) females and four males; four victims were Caucasian and ten were African-American. Of the offenders involved in the cases reviewed, ten (71%) were male and four were female; five were Caucasian and nine were African-American.

	2013	2014
<b>Offenders</b>		
Caucasian Males	3	2
Caucasian Females	0	0
African-American Males	1	4
African-American Females	0	4
<b>Total</b>	<b>4</b>	<b>10</b>
<b>Victims</b>		
Caucasian Females	1	3
Caucasian Males	0	0
African-American Males	0	4
African-American Females	3	3
<b>Total</b>	<b>4</b>	<b>10</b>

Of the 14 FRC cases reviewed, the age of primary victims ranged from 24-75 years; however, 57% fell between the ages of 30-50 years. Ages of the offenders ranged from 27-61 years; 50% fell between the ages of 30-50 years. In CY 2011-2012, the age range for victims remained approximately the same (50% between the ages of 30-50) while 64% of offenders were older, above age 40.



**Victim Relationship to Offender:**

Of the cases reviewed in 2013-2014, six (43%) involved homicides committed by a spouse; however, in two of these six cases, the couples were separated at the time of the incident. In the remaining eight cases, the couples were unmarried. Of the unmarried couples, six were living together at the time of the incident; one had lived together previously; and one had lived together previously and also had a child in common. The average length of the relationships in the reviewed cases ranged from one month to nine years.



Based on the CY 2013-2014 cases reviewed, couples in ten (71%) of the cases were living together at the time of the fatality. This represents a significant departure from cases reviewed in CY 2011-2012 in which only 29% were living together at the time of the fatality.

**Victim/Offender Characteristics:**

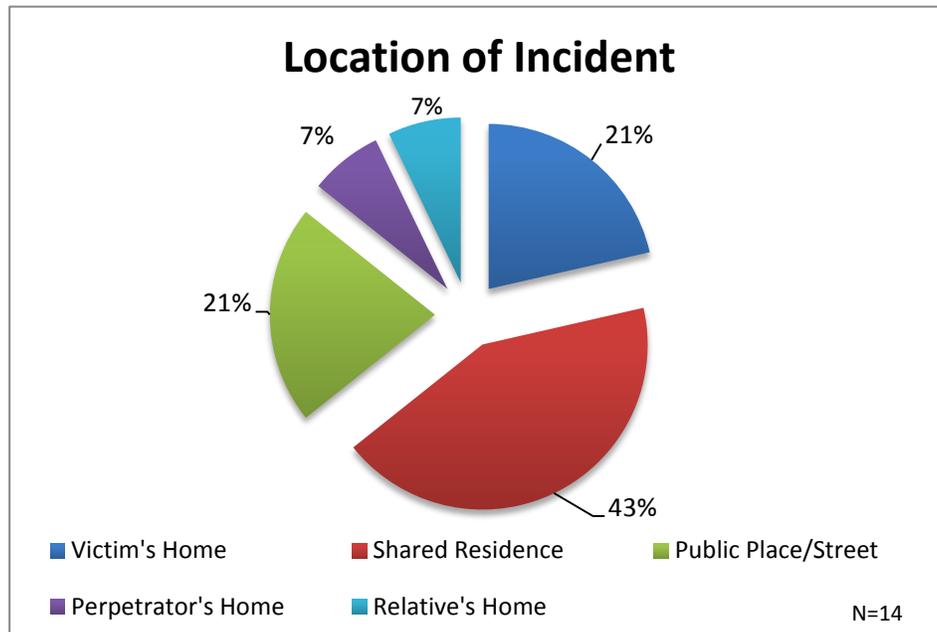
Prior criminal history was documented for eleven (79%) of the fourteen offenders and six (43%) of the fourteen victims. In six (43%) cases, the offender had a history of domestic violence offenses in a prior relationship, including three cases with a prior Emergency Protective Order. In three (21%) cases, the offender had a previous history of being a domestic violence victim. Similarly, in three cases, the victim had a previous history of domestic violence victimization in a prior relationship and in one case, the victim had a history of committing an act of domestic violence in a prior relationship.

<b>WHAT WAS KNOWN ABOUT THE VICTIM AND PERPETRATOR</b>				
<b>VICTIM</b>			<b>PERPETRATOR</b>	
<i># of cases in which factor was present</i>			<i># of cases in which factor was present</i>	
		<b>Criminal History</b>		
<b>3</b>	Felony Convictions		Felony Convictions	<b>6</b>
<b>6</b>	Misdemeanor Convictions		Misdemeanor Convictions	<b>11</b>
<b>3</b>	Prior Alcohol Convictions		Prior Alcohol Convictions	<b>6</b>
<b>3</b>	Prior Drug Convictions		Prior Drug Convictions	<b>3</b>
<b>3</b>	Prior DV Victim		Prior DV Victim	<b>3</b>
<b>1</b>	Prior DV Offender		Prior DV Offender	<b>6</b>
		<b>Substance Abuse/Mental Health History</b>		
<b>3</b>	Prior Substance Abuse		Prior Substance Abuse	<b>9</b>
<b>1</b>	Prior Batterer's Intervention Program		Prior Completed Batterer's Intervention Program	<b>0</b>
<b>0</b>	Prior Mental Health History		Prior Mental Health History	<b>3</b>
<b>0</b>	Prior Suicide Attempts		Prior Suicide Attempts	<b>2</b>
<b>1</b>	Prior DV in Family	Prior DV in Family	<b>2</b>	
		<b>Other Factors</b>		
<b>4</b>	Owned a Gun		Owned a Gun	<b>10</b>
<b>0</b>	Jealous Behavior		Jealous Behavior	<b>7</b>
<b>0</b>	Controlling Behavior		Controlling Behavior	<b>6</b>
<b>0</b>	Strangulation		Strangulation	<b>1</b>
<b>0</b>	Threaten to Harm or Kill Victim or Another Person		Threaten to Harm or Kill Victim or Another Person	<b>5</b>
<b>0</b>	Recent loss of Job or Income	Recent loss of Job or Income	<b>2</b>	

## Incident Information:

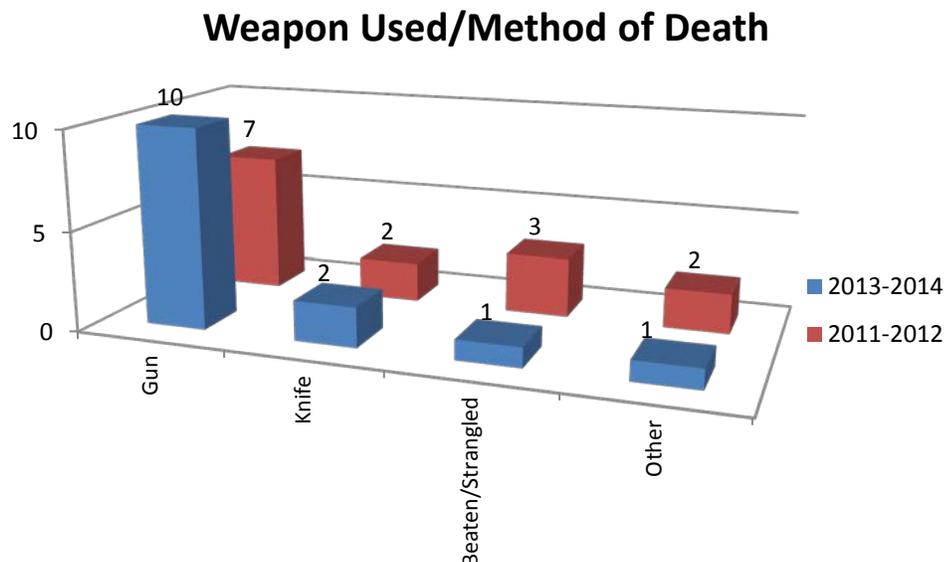
### *Location of Incident*

Based on the fourteen 2013-2014 cases reviewed, all incidents occurred in Louisville-Jefferson County, Kentucky. In ten (71%) of the cases, the incident occurred in the home (victim's home, perpetrator's home or a shared residence); three (21%) cases occurred in a public place or parking lot; and one case occurred in the home of a relative.

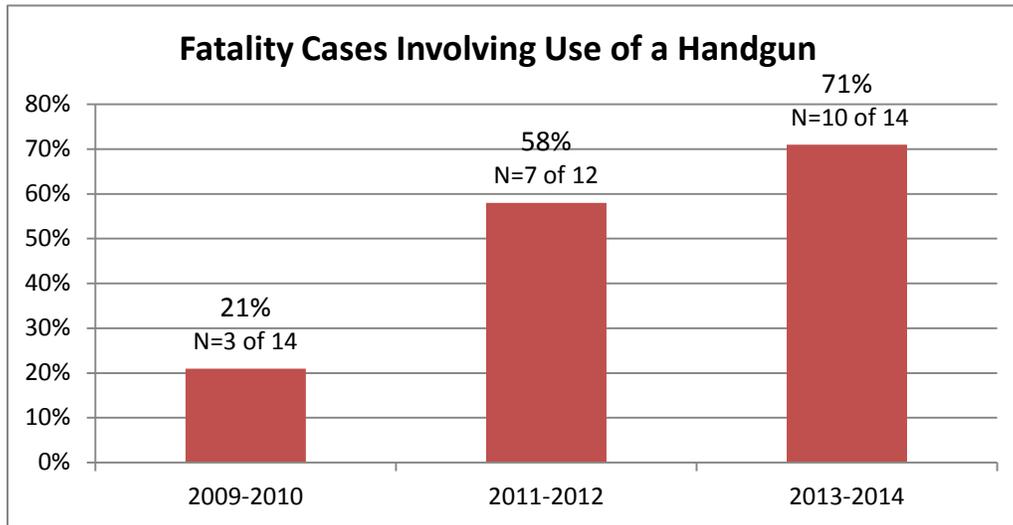


According to the case data, 13 or 93% of the incidents occurred between 4 p.m. and 12 a.m., which corresponds with national data indicating that most domestic violence incidents occur at night. In comparison to previous biennial reports, no clear pattern relating to month or day of week was evident.

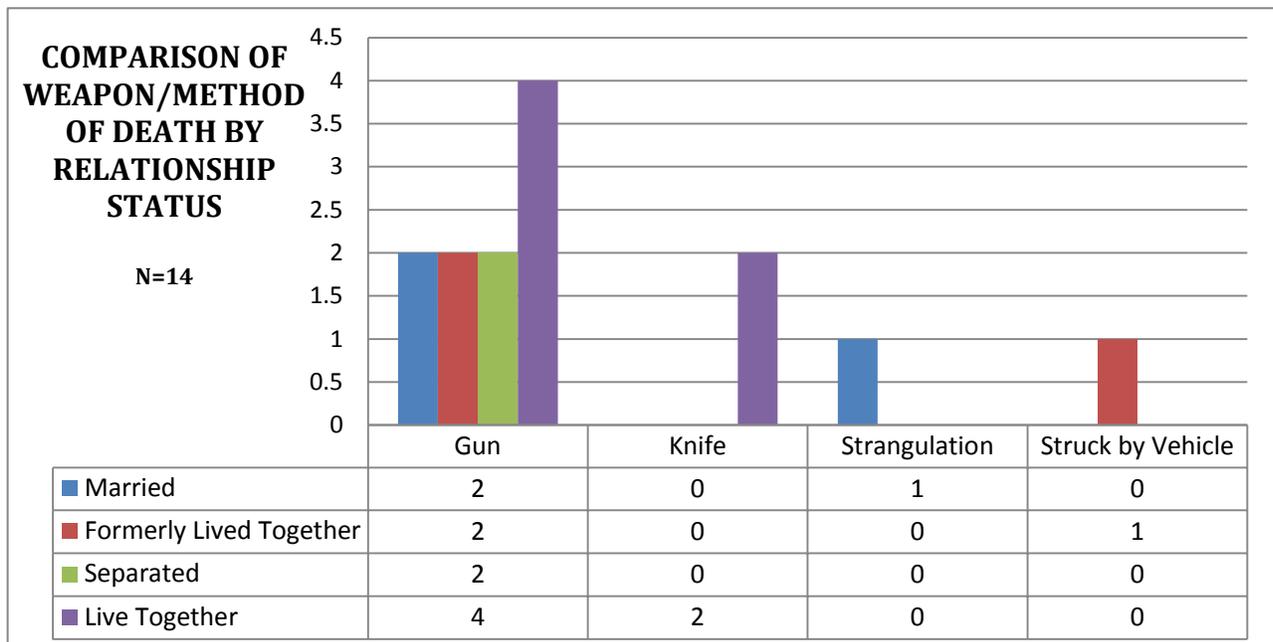
### *Weapons Used/Method of Death*



Of the fourteen CY 2013-2014 cases reviewed, eight were homicides and six were homicides/suicides. In determining the method of death for a domestic violence fatality, death is assumed to have been caused by the most lethal weapon used. Of the fourteen cases, a gun was used in ten (71%) cases, a knife was used in two cases, one victim was strangled and one victim was struck by a vehicle. Additionally, in two of the cases, the victim was also physically beaten prior to death. Of note, the number of fatalities involving use of a handgun has been continually increasing as evidenced by the chart below.



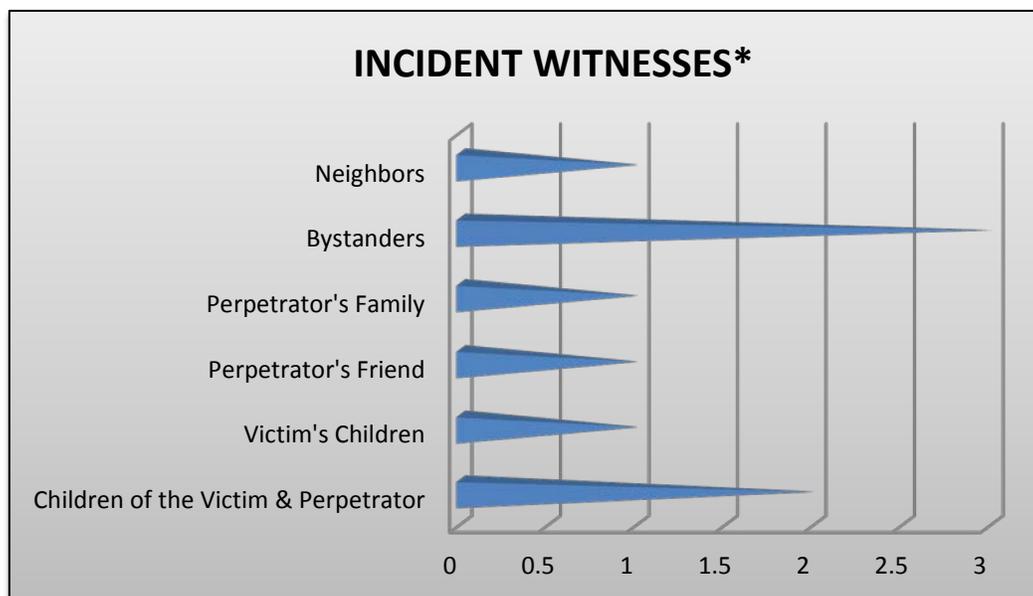
In keeping with national data, a firearm was used in four (67%) of the six cases involving married and/or separated couples, during 2013-2014. A firearm was also used in four (67%) of the six cases in which a couple was living together at the time of the homicide but not married.



## ***Witnesses***

In two of the fourteen cases, neighbors and relatives reported hearing or witnessing prior incidents of domestic violence involving the couple and in one case, the perpetrator had previously abused the victim in public. Additionally, in five cases, the perpetrator made threats to kill the victim. In all five of these cases, the victim had disclosed the threats to someone and in one case, the perpetrator had disclosed the threats.

In eight of the cases reviewed, there was an individual(s) present who witnessed the fatality. In four of the cases, due to the incident location, bystanders and neighbors were present. In two cases, children of the couple were present during the incident. In the remaining two cases, the witnesses included the victim's children along with the family and friends of the perpetrator.



*\*The following witness categories total more than eight due to the presence of multiple witnesses in some cases*

## ***Children Present and/or Harmed in Incident***

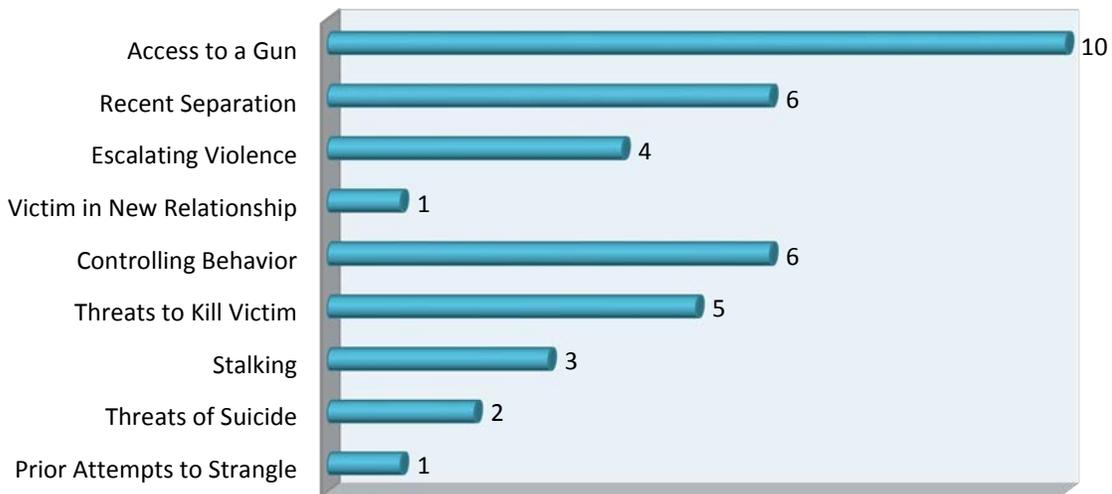
Consistent with national research, a juvenile child or children were present during the incident in five (36%) of the fourteen cases. Ages of the children ranged from under one year to seventeen years. Based on data provided by the Louisville Metro Police Department children were present in approximately 41% of all domestic violence cases across the community in CY 2013-2014.

In one of the cases reviewed, two children (under the age of twelve years) were involved in an incident. One child was killed by her father along with her mother and another relative was non-fatally injured (the offender committed suicide during the incident). A special section on Children Exposed to Domestic Violence is included on page 18.

### ***Presence of Lethality Factors***

The Danger Assessment Tool, developed by Jacquelyn C. Campbell, Ph.D., R.N., in 1985 and revised in 1988, provides assistance in evaluating the degree of danger faced in a relationship characterized by domestic violence. The tool helps identify risk factors that have been associated with an increased likelihood of domestic violence lethality. In national studies, selected lethality markers have been found to multiply the odds of homicide over nonfatal abuse. A list of these factors and their prevalence within the cases reviewed is detailed in the chart below:

**Presence of Lethality Factors in Reviewed Cases\***



*\*The following categories total more than fourteen due to the presence of multiple lethality factors in some cases*

Additionally, two cases involved child support/custody issues and two involved recent changes in the relationship such as filing for divorce.

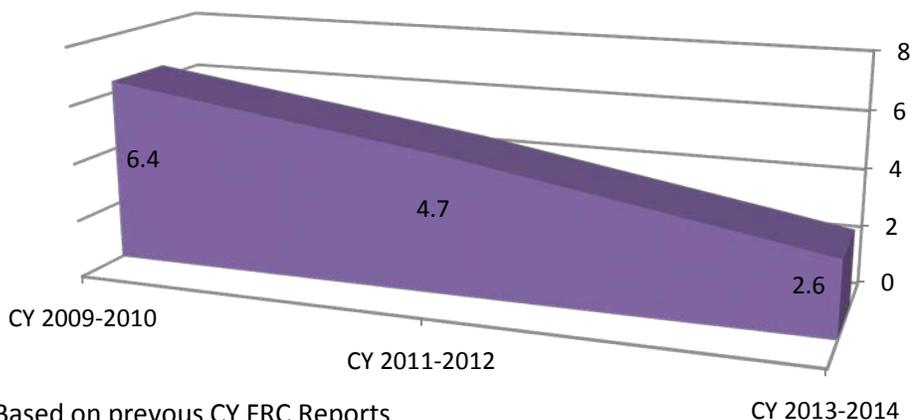
### **Prior Criminal Justice System/Court Involvement:**

In three of the 14 cases reviewed in CY 2013-2014, there were protective orders involving the couple and in one case the protective order was active at the time of the incident.

In seven (50%) of the 14 cases reviewed, there was no known prior system contact related to intimate partner violence between the couple prior to the incident. Data from the seven cases with prior system contact reflects a decline in the average number of contacts in comparison to prior FRC reports.

**50% of the cases had NO known system contact related to intimate partner violence between the couple prior to the incident**

### Average Number of Agency Contacts Prior to the Incident\*



As noted in the chart below, for the seven cases with prior agency contact, the most likely agency to be contacted was the police -- six or 86% of the cases. In two of the cases, agencies within the Emergency Protective Order process were involved (Jefferson County Sheriff's Office, Family Court, and Circuit Court Clerk's Office). Adult Protective Services and Child Protective Services had contact in two of the cases. Additionally, involvement in the criminal process was documented by the Jefferson County Attorney's Office and Jefferson District Court in two of the cases.

PRIOR CONTACT WITH GOVERNMENTAL, NONPROFIT OR COMMUNITY AGENCIES		
 <b>Justice System Agencies</b>	Jefferson County Commonwealth's Attorney	0
	Jefferson County Circuit Court Clerk's Office	2
	Jefferson County Sheriff's Office	2
	Jefferson District Court	2
	Jefferson Circuit Court	0
	Jefferson Family Court	2
	Louisville Metro Police/Law Enforcement	6
	Jefferson County Attorney	2
 <b>Social Service Agencies</b>	Adult Protective Services /Child Protective Services	2
 <b>Community Based Programs</b>	Center for Women & Families	1
	Seven Counties Services	1

Research suggests that victims of intimate partner violence may seek help from family, friends, those they work with the legal system, community-based domestic violence programs, and faith-based organizations; many victims seek help through informal networks before engaging in community and legal institutions; and some victims may not disclose their victimization while seeking information and services (Hart, 2013). Some victims never seek assistance. Barriers to seeking help include: victim isolation, self-blame, privacy, anticipated adverse responses from family or friends, fear of the offender, loss of resources, fear of loss of control, desire to preserve the relationship with the abuser, child custody, inability to access available services (such as hours of operation, program requirements or lack of transportation) and lack of knowledge of available services and resources. A study of shelter residents found that 25% did not know about the shelter until the day or two before entering it and another 26% did not learn about it until the month before entering (Hart, 2013).

### **Case Outcomes/Dispositions:**

Unlike many other jurisdictions throughout the country that conduct multidisciplinary case reviews, the Louisville Metro Fatality Review Committee reviews open or pending cases. This is done so that efforts can be immediately initiated to correct any identified issues in an attempt to prevent future fatalities. The downside to reviewing current cases is that final dispositions remain unavailable for a number of cases.

Of the fourteen cases reviewed, six (43%) perpetrators committed suicide and all used a handgun. All but one of the suicides occurred during the incident. One suicide occurred the next day when police tried to make an arrest.

In eight cases, a perpetrator was arrested. Of these cases, six are pending within the local court system. Of the two cases which have been adjudicated, one offender pled to reckless homicide and received ten years in prison and one offender pled to reckless homicide and received a five year probated sentence.

### **Atypical Case Scenarios:**

As mentioned earlier, the Fatality Review Committee reviewed four cases in CY 2013-2014 in which the dynamics varied significantly from typical case scenarios. In two cases the homicides were determined by the criminal justice system to be the result of self-defense. One case involved the homicide of a third party, although the primary victim was injured, but survived. The remaining case involved an individual who was shot and killed by the police during a domestic violence call for service. Additional background information on these cases is included in Appendix A.

## **WHAT WERE THE IDENTIFIED GAPS/NEEDS IN LOCAL SYSTEM RESPONSE?**

During the course of conducting case reviews, the following systemic gaps and needs were identified by members of the Domestic Violence Fatality Review Committee. Many of these items were the subject of lengthy discussion and the focus of specific recommendations, which are addressed in the FRC Recommendations section. While some of the items were noted in previous reports, others were identified for the first time during the review of cases that occurred during CY 2013 and 2014.

### **(1) Victim Safety Information**

- Ongoing need to educate victims on lethality factors and potential risks along with the need for safety planning.

### **(2) System Response/Procedural**

- Need to develop and implement a process to track compliance if treatment is being required as part of a plea agreement.
- Need for consistent monitoring of respondent compliance with all court orders.
- Ongoing need for the Domestic Violence Intake Center to include as much evidence and documentation as possible in cases in which victims only ask for Emergency Protective Orders.
- Need for judges to consistently receive all relevant information on criminal and civil history and pertinent lethality factors prior to setting bonds.
- Need to develop a mechanism to incorporate family member input into the fatality review process.

### **(3) System Response/Stakeholder Training**

- Need to provide information to new Family and District Court Judges on the mission and process of the Fatality Review Committee.
- CPS Supervisors need domestic violence training on evidence-based practices when children are present in the home.
- Domestic relations attorneys need training on lethality factors to help them better serve and protect their clients.

### **(4) Public Education**

- Domestic Violence Intake Center needs to develop an informational video regarding the court process and available services that can be played within the waiting area for victims and their families.
- Ongoing need to explore opportunities to educate the public and raise awareness about domestic violence and services available within the community.

## WHAT ARE THE EMERGING ISSUES?

### CHILDREN EXPOSED TO DOMESTIC VIOLENCE

#### **National Scope:**

According to a report of the Attorney General's National Task Force on Children Exposed to Violence (2012), exposure to violence is a national crisis that affects approximately two out of every three children during their lifetimes. Research indicates that children were living in the home during 38% of the domestic violence incidents against women and 21% of the incidents against men (Catalano, S., et al 2009). Approximately 15.5 million U.S. children live in families in which intimate partner violence occurred at least once within the past year and seven million children live in families in which severe partner violence occurred (McDonald, R., Ernest, J., & Suhasini, R.M., et al, 2006). Each year more than one in nine (11%) children nationally are exposed to some form of family violence, including one in fifteen (7%) who are exposed to intimate partner violence between a parent and that partner's partner (Office of Justice Programs, 2011). Most children exposed to family violence, including the 90% exposed to intimate partner violence, witnessed the violence as opposed to hearing it or other indirect forms of exposure (Hamby, S. et al 2011).

#### **Impact of Exposure on Children:**

Exposure to interpersonal violence has been linked to higher rates of a myriad of physical health problems in children (Schafran, 2014). A highly stressful environment causes children to repeatedly react with a "fight or flight" response which can result in traumatic stress on developing neural networks and on the neuroendocrine systems that regulate them. A child might never see or hear the physical abuse yet be profoundly harmed by the atmosphere of fear in which he or she lives. ***A child doesn't have to witness the violence to be negatively impacted, just exposed to it.***



Children exposed to intimate partner violence, especially repeated incidents of violence, are at risk for difficulties with interpersonal skills, psychological and emotional problems such as depression and anxiety, problems with attention and concentration and externalizing behavior problems such as aggressiveness and problems with school performance. According to the Attorney General's Report, the financial costs of children's exposure is "astronomical." Many of the financial costs are incurred by the public or government through services provided by child welfare and protection agencies, law enforcement, juvenile justice organizations and educational entities. Of note, these costs do not include the long term expenditures incurred by these children as they grow, such as loss of educational opportunities, counseling costs or impact to personal relationships.

It should be noted, however, that despite exposure to domestic violence, many children have significant resiliency capabilities. Research indicates that when mothers are able to model effective coping skills and convey a sense of security and confidence to their children, there is an increased likelihood of better functioning and managing of stress by the child (Webb, 2013). Helping to end a child's exposure to violence and supporting the child's relationship with the non-abusing parent can create a safe environment and allow the child to heal.

### **Local Data:**

According to data provided by the Louisville Metro Police Department, a child is present in approximately 41% of all domestic violence incidents occurring in Louisville-Jefferson County Metro. Additionally, a juvenile child or children were present in 36% of the local cases reviewed by the FRC during CY 2013-2014.

Based on increasing concerns regarding the impact of domestic violence on children, the local Domestic Violence Prevention Coordinating Council (DVPCC) launched efforts to address the issue in 2002 by forming a new committee. As one of its first actions, the Committee, in conjunction with Dr. Bibhuti Sar and Dr. Linda Bledsoe, published a Metro United Way grant-funded report in 2003 entitled *"Children Exposed to Domestic Violence in Greater Metro Louisville Area: An Assessment of their Bio-Psycho-Social Functioning and Needs."* Between 2006 to 2011, Committee activities included: surveying child service providers to ascertain if personnel had received training on children exposed to domestic violence; developing screening tools, submitting grants to enhance local treatment resources; and assisting in legislative efforts to promote data collection and statewide awareness.



In 2011, a new initiative focusing on children exposed to violence, the Children Exposed to Violence Collective Impact Initiative (CEVCII) was formed in Metro Louisville to mitigate the effects of violence exposure and prevent future victimization and perpetration of violence, thereby creating a safer community. The Center for Women and Families, the community's shelter and primary site for victim assistance and domestic violence programming, is leading this comprehensive community-wide approach. The CEVCII is a secondary violence prevention initiative using collective impact as a model for leveraging expertise, skills and resources to interrupt the cycle of violence and implement a community-wide, multi-system response to children's exposure to violence in Louisville. The CEVCII consists of a diverse group of over 40 partners, including non-profit agencies, private practitioners, law enforcement, higher education, schools and the court system. Work groups were formed to facilitate group goals and objectives. In early 2015, the CEVCII renamed the initiative as "Community Shield: Reducing the Impact of Violence on

Children.” Data is being collected and professional seminars have been held to improve the response to children exposed to violence across the community.

Research findings over recent years have emphasized that all individuals involved in domestic violence cases involving children, including those who are helping to make custody and visitation decisions, should have knowledge of the best practices involving children exposed to violence including the dynamics of domestic violence and the relevant social science and neuroscience (Schafran, 2014). With this in mind, the FRC Co-Chairs offered to develop and host a training for all local Child Protective Services personnel. This initiative resulted from repeated discussions during the FRC case review process. Following acceptance of the offer by the Kentucky Cabinet for Health and Family Services (KCHFS) a small work group was formed in late 2014 to develop the curriculum, identify presenters and coordinate logistics for the training. The training focused on the dynamics of domestic violence and how to best handle cases involving children exposed to domestic violence. In the Spring of 2015, the mandatory training was presented to a total of 120 individuals employed by the KCHFS.

## **TRAUMA-INFORMED CARE**

### **Background:**

Over recent years, there has been a growing body of research and increased attention paid to the impact of trauma on individuals. This research has led to the development of trauma-informed approaches to promote healing in both children and adults. Trauma impacts an individual's core sense of being as well as their relationships. Traumatic experiences can involve a single event or multiple events that can be compounded over time. These experiences may include betrayal by a trusted person; a feeling of loss of safety; an act of violence; and exposure to violence and other abuse that induces feelings of powerlessness, fear, hopelessness, anger, guilt, shame and a state of constant vigilance. Trauma-informed care offers an approach to engage people with histories of trauma by recognizing the presence of trauma symptoms and acknowledging the role that trauma may be playing in their lives. It is an evidence-based intervention and service delivery model that has been adopted nationally in numerous environments and incorporated into the delivery of mental health services, substance abuse treatment services, domestic violence programs and victim assistance.

### **ACE Study:**

The Adverse Childhood Experiences (ACE) Study is one of the largest retrospective investigations conducted to assess associations between childhood maltreatment/trauma and later-life health and well-being (CDC, 2014). The study was conducted as a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. More than 17,000 individuals within the Kaiser Permanente's Health Appraisal Clinic opted to provide detailed information about their childhood experiences of abuse, neglect and family dysfunction. Study participants included a cross section of ethnically diverse men and women ranging in age from 19-60+ years.



The study examined the occurrence of adverse childhood experiences such as emotional, physical and sexual abuse, emotional and physical neglect, witnessing domestic violence, divorce, death, substance abuse in one or both parents, and parents suffering from mental illness. The study found that approximately 75% of respondents reported at least one ACE (Webb, 2013) and 25% reported two to three ACES. Higher ACE scores were correlated with a higher prevalence of co-occurring physical, mental health and substance abuse conditions such as drug use, depression, inter-personal violence, sexually transmitted diseases, and heart disease as an adult. Respondents who reported four or more ACES (13% of respondents) were at a significantly increased risk for suicide attempts, depression, drug use and alcoholism. The most commonly reported ACES by all respondents was physical abuse (28%) and household substance abuse (27%). The findings suggest that certain life experiences represent major risk factors for leading causes

of illness and death as well as poor quality of life in the United States. The study confirms that growing up in an abusive home can critically jeopardize developmental progress, the cumulative effect of which may be carried into adulthood and can contribute significantly to the cycle of adversity and violence.

### **Trauma-Informed Care:**

The utilization of trauma-informed care assists in identifying, assessing and healing people injured by, or exposed to, violence and other traumatic events (Attorney General’s National Task Force on Children Exposed to Violence, 2012). At its most basic level, the incorporation of trauma-informed care changes the paradigm from one that asks “What is wrong with you?” to one that asks “What has happened to you? (Substance Abuse and Mental Health Services Administration, 2013).” Organizations that have incorporated trauma-informed care have modified all aspects of their service delivery and administration to include a basic understanding of how trauma affects the lives of individuals who seek their services. This allows these organizations to be more supportive to those they serve and avoid re-traumatization.

Trauma-informed care and interventions are designed to address the consequences of trauma and to facilitate healing in both adults and children. Every survivor is different and has individualized needs. Many individuals seeking services for domestic violence have experienced traumatic events in their lives including childhood histories of abuse. A trauma-informed care approach allows those assisting these individuals to better understand a survivor’s vulnerabilities or “triggers.” Many behaviors and responses expressed by survivors are directly related to traumatic experiences. One of the goals of a trauma-informed approach is to minimize trauma “triggers.” In traditional service delivery approaches, a provider may be unaware of these “triggers” which may cause a victim to stop seeking assistance. Staff may be left wondering why the individual stopped attending counseling or participating in his or her court case.

*I’ve learned that  
people will forget  
what you said,  
people will forget  
what you did, but  
people will never  
forget how you  
made them feel.  
Maya Angelou*

Trauma-informed care also recognizes that secondary trauma can impact those providing services to survivors and their families, such as victim advocates, law enforcement and those who work in social services or within the court system. Implementation of a trauma-informed care model within an organization serves to educate the administration and personnel on how to identify and recognize compassion fatigue as well as utilize strategies to decrease the risk for developing trauma-related symptoms.

### **Local Initiatives:**

The Center for Women and Families (CWF) has incorporated Trauma-Informed Care as a core goal within its five-year strategic plan. The implementation of trauma-informed care represented a paradigm shift for the CWF, changing the very core of the organization. As a

result, CWF staff have the ability to meet clients where they are and partner with them toward healing.

Additionally, in the Fall of 2014, a team from the National Council of Juvenile and Family Court Judges conducted a two-and-half-day site visit to the Jefferson County Family Court. Participants conducted file reviews, focus groups, and interviewed local stakeholders. As part of the site visit, two separate trainings on how traumatic stress impacts human development and behavior were provided for court staff. In the team's final report, it was noted that the Family Court and system stakeholders clearly demonstrated a commitment to trauma-informed practices and improving the system to become responsive to trauma. Recommendations from the report are currently being explored for possible implementation.

## **DOMESTIC VIOLENCE HOMICIDES INVOLVING ELDERS**

### **Background:**

By 2030, older adults will account for approximately 20% of the U.S. population (Administration on Aging, 2008). In Kentucky, this percentage is estimated to be as high as 26%. As a result of this population shift, those who work with victims of domestic violence will likely see an increase in the number of senior victims entering the criminal justice or civil protection system.

Statistically, national data indicates that older adults have a low rate of homicide victimization. The homicide rate for victims 50 years of age and older is 2.6 per 100,000 (Riedel, 2013). Research also suggests that intimate partners are the offenders in approximately 8% of homicides involving those age 65 and older and that most cases of elder intimate partner homicide involve a spouse killing a spouse (Titterington & Reyes, 2010). Elder homicides typically involve victims who are female and have a familial relationship to the offender. The motives in these homicides may reflect a long-standing pattern of domestic violence or may involve issues related to the aging process. Research has documented that a history of domestic violence is a major risk factor for spousal homicide (Bourget, Gagne & Whitehurst, 2010) and that lethal violence is often the result of a long term abusive relationship. Findings also suggest that while domestic violence can occur within relationships at any stage of life, domestic violence experienced by older individuals can be a product of changes within the couple's health or financial situation.

Most states statutorily define domestic violence based on the nature of the relationship such as married couples, couples who live together, dating relationships, or couples with children in common. According to the Administration on Aging, over half (55%) of older non-institutionalized persons lived with their spouse during 2010. Based on the statutory definitions, communities may encounter domestic violence-related fatalities involving elder victims that do not reflect the traditional dynamics of intimate partner violence. These cases may have no known prior history of domestic abuse or violence, but instead encompass a myriad of elder aging issues such as chronic health problems, cognitive disease, depression or other mental health issues, lack of family or caretaking support, risk of institutionalization, and lack of financial means. When these types of cases are reviewed by a Fatality Review Committee, members may find them particularly challenging since the dynamics are not reflective of a violent relationship. Even in cases in which there has been a history of domestic violence between the couple, motives may be less clear due to the presence of psychopathology and disease that are more common in the elderly, such as dementia.



## **Elder Homicides/Suicides:**

Cases involving homicide/suicides tend to be the most the difficult for risk predication and evaluation. It is estimated that approximately 1,000-1,500 murder/suicides occur in the United States each year, at a rate of 12 per week. Research has indicated that murder/suicides among people 55 years and older have increased from 21% in 2002 to 25% in 2011 (Violence Policy Center, 2012). According to the Violence Policy Center, approximately 25% of murder/suicides involved a perpetrator who was 55 years of age or older. Approximately 32% of suicide victims are 55 years of age or older (Violence Policy Center, 2012). Older individuals are therefore disproportionately likely to die by suicide. The suicide rate for adults who are 75 years of age and older was 16.3 per 100,000 and for males in this age group, the rate was 36 per 100,000 (Centers for Disease Control and Prevention, 2012). The issue of elder violence has thus become an emerging public issue due to projected increases in the elder population based on aging baby boomers and longer lifespans.

Cases involving elder intimate partner homicide/suicides tend to have different characteristics in comparison to younger populations. Most victims and perpetrators were in long term marriages and had no history of domestic violence (Bourget, Gagne & Whitehurst, 2010). Most victims are female, white and younger than their perpetrator (Bell & McBride, 2010) and had a known pre-existing medical condition (Bourget, Gagne & Whitehurst, 2010). Most offenders are white (Bridges, 2013) and in 82% of the cases, used a gun. One of the most common scenarios (about 50% of the cases) involves a wife (victim) with perceived or declining health, perhaps with dementia and a husband (caregiver) who is sick and suffering from chronic health issues and is acting as sole caretaker without an adequate support system. The perpetrator most likely will suffer from untreated depression and/or other mental health issues (Salari, 2007), hold a dependent attachment to the spouse and feel a strong need to control the fate of his spouse. The perpetrator will believe that his partner would suffer without him and therefore makes a unilateral decision to end life for both parties, perhaps based on altruistic motives. While a number of cases are related to declining health and chronic disease, homicide/suicides in elder couples are not just about couples making end of life decisions (Salari, 2007). Mercy killings in which a victim expresses their desire in writing and/or to others is rare.



Most perpetrators of homicide/suicides are suicidal and had planned to kill themselves but at some point, decided to kill their partner as well. Perpetrators may share their feelings about ending their lives with friends, family or neighbors. Approximately 40% of perpetrators contacted a family member or other source about their problems before the incident (Bourget, Gagne & Whitehurst, 2010). Even in believed suicide pacts, one party is often coerced into the decision by the partner with the more dominant personality.

Predisposing risk factors for homicide/suicides include: real or perceived health problems, caregiver stress, living arrangements (one partner may need to be placed in a nursing home), and desperation and depression (Bourget, Gagne & Whitehurst, 2010). The home is the most common setting (only 4% of homicides-suicides occur in a nursing home or assisted living facility, Salari, 2007).

### **Local Perspective:**

This issue was first recognized and addressed locally by the Fatality Review Committee (FRC) in its CY 2011-2012 Fatality Review Report. During CY 2013-2014, four (22%) of the eighteen cases reviewed by the Fatality Review Committee involved a victim and/or a perpetrator who were age 55 years and older. Of these four cases, one involved a murder-suicide. Of note, from January – July 2015, there were five domestic violence fatalities involving a victim and/or a perpetrator age 55 years and older. Of these cases, two involved murder-suicides and one involved an attempted murder-suicide.

Due to the different dynamics of cases involving seniors, the FRC has sought external expertise on aging issues and referred the cases to the Elder Abuse Services Coordinating Committee (EASCC), which is a multi-disciplinary group of stakeholders whose focus is elder abuse, neglect and exploitation. The EASCC has knowledge and expertise in aging issues and can help determine what community services, if any, could have been offered or provided that might have changed the outcome for the couple. Additionally, based on a recommendation of the FRC, the EASCC Chair has been invited to participate in all case reviews involving elders to share her specialized knowledge and experience with members.

Cases involving elder homicide/suicides focus attention on the larger issue of aging and whether the current community safety net of services, including awareness and prevention programs, adequately address the multifaceted needs of the elder population. The EASCC has been working with the Greater Louisville Medical Society and other groups to raise awareness about the need for better health screenings by physicians. Research has indicated that routine screening of the elder population may provide an opportunity for elder couples coping with chronic disease, disability, the strain of caregiving experienced by older spouses and depression to seek assistance. Even though a number of elders may not disclose concerns with medical professionals, a physician screening may allow for discussion of an elder's fears regarding their (or their partner's) declining health and/or any suicidal thoughts and actions.

Direct questions regarding the status of the marital relationship and family violence may help identify older individuals at risk of homicide and homicide/suicide. Improvement is specifically needed in the detection and treatment of depression, which remains unrecognized by professionals in 80% of the older population (Bourget, Gagne & Whitehurst, 2010). Additionally, data indicates that perpetrators may have other mental health problems and/or abuse alcohol or drugs (Cohen, D., Liorente, M., and Eisdorfer, C., 1998), which can only be addressed if known. Proper screening would allow the practitioner to prescribe appropriate medication, provide treatment, refer individuals to organizations that can provide social support and in some cases, involve family members and loved ones so that they can provide assistance before an incident occurs.

## **DOMESTIC VIOLENCE RISK ASSESSMENT**

### **Background:**

The utilization of risk or danger assessments as a tool for community advocates or criminal justice system personnel is not a new concept. One of the oldest and most used of these instruments is the Danger Assessment developed by Jacquelyn Campbell (1986). The tool helps determine the level of danger a victim has of being killed by his or her intimate partner. A victim is asked a series of questions to assess the severity and frequency of the experienced abuse to determine the specific lethality risk. Over the years, the tool has been revised to incorporate other concerns such prediction of re-assault. As these tools have been validated, criminal justice agencies and victim services organizations have begun using these instruments as part of their general operational protocol.

### **Lethality Assessment Program:**

The Lethality Assessment Program Maryland Model (LAP), was created by the Maryland Network Against Domestic Violence in 2005. The purpose of the program is to prevent domestic violence homicides and serious injuries. The LAP consists of a standardized, evidence-based lethality assessment instrument and a referral protocol that helps law enforcement in determining a differentiated response for high-danger victims (Maryland Network Against Domestic Violence, 2015). The lethality screen is a field tool adapted from Dr. Campbell's Danger Assessment. As of 2013, jurisdictions in 30 states were implementing the LAP. In July 2012, the Louisville Metro Police Department (LMPD) and Center for Women and Families (CWF) partnered to implement the Maryland Lethality Assessment Project (LAP) locally.



During a call for service, a LMPD patrol officer will assess a victim of an intimate partner assault at the scene. If an officer assesses a victim as being in high danger, the officer calls the crisis counselor and relays the responses that triggered a protocol referral and then encourages the victim to speak to the counselor. The LAP program is designed to offer services to victims of domestic violence during the immediate crisis. Services include safety planning, shelter services and resource information. After the victim speaks to the counselor, the patrol officer again speaks to the counselor and may be instructed to transport the victim to shelter or end the call. From July 2012 through July 2015, a total of 6,344 lethality screens were performed and of these, 4,232 (67%) were assessed as falling within the high danger category. Of victims identified as high risk, 2,445 (58%) spoke to a CWF hotline worker at the scene and 1,475 (35%) followed-up with offered services. For victims who refuse to speak to the hotline worker, the officer will speak with the hotline

worker and relay information to the victim. Fewer than 9% of victims refused to answer the screening questions.

### **Risk Assessment for Criminal Justice Purposes:**

The success of risk assessments in predicting future violence has invariably led to discussions of their utility at various decision points within the criminal justice system. Each assessment tool is developed to be used in particular settings by specific practitioners, and to obtain information for a particular purpose. As an example, the Ontario Domestic Violence Assault Risk Assessment (ODARA) is an actuarial tool which indicates the likelihood that a person who has already committed an assault on a domestic or dating partner will do so again in the future (Battered Women's Justice Project, 2015). The Spousal Assault Risk Assessment (SARA) is used specifically for presentence evaluations, probation case management strategies and can also be applied to pretrial evaluations in charged individuals. The SARA was also designed to predict the likelihood of an offender's re-assault against a current or former domestic or dating partner.

While no instrument can predict with absolute certainty the risk of re-assault or lethality, these risk instruments provide valuable information to decision-makers at critical points in the criminal justice process. One of these points involves the pretrial release decision. Pretrial release decisions balance the constitutional protections of the defendant, victim safety, and assuring the defendant's appearance at trial. The utilization of an evidence-based assessment instrument can help Judges and other criminal justice representatives better identify which offenders may be high risk and thus allow for the better utilization of local resources such as jail beds.

Kentucky has long been a leader in providing effective, research-based pretrial services. In July 2013, judges in all 120 counties in the Commonwealth of Kentucky began using the Public Safety Assessment – Court™ (or PSA-Court™), a data-driven risk assessment instrument developed by the Laura and John Arnold Foundation (LJAF). The PSA-Court™ was created using data from 1.5 million cases from approximately 300 different jurisdictions, including the Commonwealth of Kentucky. The assessment relies on administrative data (charge, criminal and court appearance history, and criminal justice status) to predict failure to appear (FTA), new criminal activity (NCA), and new violent criminal activity (NVCA).

Year one results for the PSA-Court™ in Kentucky revealed that the tool accurately classifies the likelihood of FTA, NCA and NVCA for most cases. Since traditional pretrial risk assessment tools do not apply to cases involving Driving Under the Influence (DUI), sexual offenses, or domestic violence, the LJAF is in the process of developing a domestic violence-specific risk component to the PSA-Court™. There has been great interest in the prospect of a new domestic violence component to the PSA-Court™ and its use in jurisdictions across the country.

### **Risk Assessment for Safety Planning:**

In 2014, TK Logan, Ph.D., and colleagues from Behavioral Science, University of Kentucky, released a tool developed to help measure the risk of stalking. The Stalking and Harassment Assessment and Risk Profile (SHARP) is a research-informed risk profile tool to educate and inform decision-making about stalking or harassment (it is not designed to take the place of a person's intuition or decision-making). The assessment consists of a 43-item web-based assessment derived from empirical research, clinical literature, case studies, and feedback from victims, advocates, and other professionals in the field. SHARP is a tool that can be used in conjunction with other risk assessments and tools in the field and can be used by victims or others on behalf of the victim to assist with victim safety planning. The assessment takes about 15 minutes or longer depending upon how long it takes to answer the questions. The SHARP report generates two narratives based upon responses to the questions. The narrative reports summarize the responses to SHARP questions and provides a basic risk profile. The tool can be found at <http://www.cdar.uky.edu/CoerciveControl/sharp.html>

## LOUISVILLE METRO FATALITY REVIEW COMMITTEE (FRC)

<i>2013-2014 Committee Recommendations/Implementation Status</i>			
	<b>RECOMMENDATION</b>	<b>FRC ACTION</b>	<b>STATUS OF IMPLEMENTATION</b>
1	Encourage the Domestic Violence Intake Center to develop an informational video that can be played on a continual loop in the waiting area for victims and their families as well as provide informational brochures for friends and family members.	Referred to the Domestic Violence Intake Center (DVIC)	It is anticipated that a short video will be taped along with the "Justice for All" Domestic Violence segment in early 2016. During the 2015 legislative session, significant changes were made to Kentucky's domestic violence statutes impacting civil and criminal case processing. New informational brochures and other materials will be available prior to January 2016 when the new provisions take effect.
2	Encourage the Domestic Violence Intake Center to include as much evidence and documentation as possible in cases in which a victim only asks for an Emergency Protective Order (EPO).	Referred to the Domestic Violence Intake Center (DVIC)	In cases involving a victim that makes an allegation of serious criminal conduct yet has not contacted the police and solely seeks an EPO, DVIC advocates will encourage the victim to meet with the police and take a report. If they agree to talk to the police, DVIC staff will take photographs of the injuries and/or collect evidence provided by the victim. The police will be notified that the victim took out an EPO and additional evidence is available should they choose to seek criminal charges on behalf of the victim. If the police have already been contacted regarding the incident, but the victim only requests an EPO, DVIC advocates will also collect evidence and take photographs to provide to the police.
3	Develop and implement a process so that when treatment is required as a condition of a plea agreement, the specific requirements for compliance are shared with the offender and with the treatment provider. The process should also incorporate required follow-up with the treatment provider to ensure compliance.	Referred to District Court and Jefferson County Attorney's Office	The Jefferson County Attorney's Office (JCAO) is working closely with the Seven Counties Services (SCS) Court Liaisons to ensure that SCS is aware of every referral for court-ordered treatment. The SCS Court Liaisons coordinate all treatment referrals and notify the JCAO of any lapses in compliance.
4	Create a Task Group of Fatality Review Committee members to develop a mechanism for incorporating family member input into the fatality review process.	FRC created a Family Member Involvement Task Group	The Family Member Involvement Task Group was formed in November 2013. A process for obtaining input and soliciting information from family members was developed and implemented in six cases from 2012-2013, with input received in three cases.
5	Provide new Family and District Court Judges with information on the mission and process of the Fatality Review Committee.	FRC Co-Chairs	In February 2015, information on the FRC was presented to the Family Court Term.

6	Offer domestic violence training for CPS Supervisors on evidence-based practices when children are present in the home	FRC Co-Chairs	A letter from the FRC Co-Chairs was sent to the KY Cabinet for Health and Family Services in August 2014 offering assistance to providing training for CPS personnel. The offer was accepted and a small work group was formed to develop the curriculum. The mandatory training was held in the Spring of 2015 with a total of 120 individuals attending.
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### Status of Pending 2011-2012 Recommendations

	RECOMMENDATION	FRC ACTION	STATUS OF IMPLEMENTATION
1	Encourage the Louisville Bar Association to offer training on domestic violence lethality factors for members of the bar practicing domestic relations law.	Referred to the Louisville Bar Association	Co-Chair of the Domestic Violence Prevention Coordinating Council, Ellie Kerstetter, in conjunction with the Louisville Bar Association, hosted a training on recognizing domestic violence lethality factors in October 2015 for attorneys practicing family law.
2	Recommend that the Metro Criminal Justice Commission, in conjunction with Metro TV, develop a Domestic Violence segment for the "Justice For All: Louisville's Criminal Justice System" public educational series.	Referred to the Metro Criminal Justice Commission (MCJC)	The MCJC plans to dedicate a segment of its "Justice for All" public educational series to Domestic Violence. The segment is anticipated to be completed in early 2016.
3	Request that Pretrial Services check both civil and criminal histories of defendants and communicate all information to the judge for consideration in making bond decisions. Recommend use of a domestic violence lethality assessment checklist so that potential lethality risks can also be relayed to the judge.	Referred to Pretrial Services and Metro Criminal Justice Commission (MCJC)	Pretrial Services provides both civil and criminal histories for consideration during release and bond decisions. The Laura and John Arnold Foundation is developing a new domestic violence scale for the PSA-Court™ which is in process of being tested and will hopefully be available in the near future.

## **2013-2014 COMMUNITY EVENTS/INITIATIVES**

In addition to the work of the Louisville Metro Domestic Violence Prevention Coordinating Council (DVPCC) and the Fatality Review Committee (FRC), a number of significant events and initiatives have occurred within the community and within the Commonwealth over the past two years. These activities have served to increase awareness regarding the prevalence of domestic violence as well as to improve the system response to victims of domestic violence. The activities listed below serve to document the ongoing commitment of dedicated individuals to provide a safety net for survivors and to ultimately prevent the escalation of domestic violence cases into fatalities:

- ❖ During the 2013, 2014 and 2015 legislative sessions, a number of domestic violence-related bills were filed including proposed legislation to: allow a victim of domestic violence to break a lease if needed; allow custody of a family pet to be given to an individual who files a protective order; and expand the state's protective order statutes to include individuals within a dating relationship. Of these measures, HB 8, expanding protection orders to dating couples, passed the Kentucky General Assembly in March 2015. The dating violence expansion has long been a priority for advocates since Kentucky was one of a few remaining states that did not provide this protection. This legislation gives victims within a dating relationship the same protections afforded to other victims of domestic violence. The legislation also created Interpersonal Protective Orders for victims of stalking and sexual assault. Due to the scope of the legislation and required changes to existing processes, the bill will take effect in January 2016.
- ❖ In October 2012, the Center for Women and Families discovered a significant leak in the roof of the main campus facility. Due to the damage, the building was deemed unsafe and had to be closed until all necessary renovations were completed. While this proved to be challenging, Center staff continued to provide services and shelter to victims of domestic violence within the community. The newly renovated facility re-opened in late July 2015. About 7,000 people are served by the center's five regional locations each year.
- ❖ The Children Exposed to Violence Collective Impact Initiative (CEVCII) was formed in 2011 by the Center for Women and Families to raise awareness and coordinate community-wide efforts to address children exposed to violence. The Domestic Violence Prevention Coordinating Committee had previously formed a Children Who Witness Violence Committee in 2002, and welcomed the broader effort to move the issue of children exposed to violence forward. The CEVCII is a secondary violence prevention initiative using collective impact as a model for leveraging expertise, skills and resources to interrupt the cycle of violence and implement a community-wide, multi-system response. The ultimate goal of this community intervention is to mitigate the effects of violence exposure and prevent future victimization and perpetration of violence, thereby creating a safer community. The CEVCII consists of a diverse group of over 40 partners, including non-profit agencies, private practitioners, law enforcement, higher education, schools and court systems. Work groups were formed to facilitate

group goals and objectives. In early 2015, the CEVII renamed the initiative as “Community Shield: Reducing the Impact of Violence on Children.” Data is being collected and professional seminars have been held to improve the response to children exposed to violence across the community.

- ❖ In March 2014, Louisville Metro Government, through the Office of Safe and Healthy Neighborhoods, implemented the Trauma-Informed Support Project. The project involves a partnership of the Louisville Metro Police Department (LMPD) Domestic Violence Unit, the LMPD Support Bureau, the Jefferson County Public Schools (JCPS) and the Louisville Metro Department of Community Services/Office for Women. The purpose of the project is to support JCPS efforts to provide early intervention and trauma-informed support to children who have been exposed to violence. During the first 12 months of the program, 629 reports involving 1,066 juveniles were relayed to JCPS for appropriate intervention. The data has indicated that most children exposed to domestic violence fall between the ages of 10-17 and the primary perpetrator of the violence was the father. Data and mapping information is shared weekly and monthly among the core partners.
- ❖ In June 2014, the Louisville Metro Domestic Violence Intake Center (DVIC) received an Achievement Award from the National Associations of Counties. The award honors top county government programs that are innovative and enhance services for their residents. The Jefferson County Circuit Court Clerk’s Office nominated the DVIC for the award.
- ❖ The Louisville Metro Visitation and Exchange Center (LMVEC) began serving families with a history or risk of domestic violence between the parents in January of 2004. Its two locations now serve as one of the oldest and continuously funded Office for Violence Against Women visitation programs. A primary focus of the program is to provide assistance to underserved populations such as immigrants and refugees. During 2014, the number of immigrant and refugees using the LMVEC increased by 50% as compared to 2012 and 2013. From January 2013 to December 2014, 2,538 supervised visitations and 7,906 safe exchanges were documented by program staff. Of these participants, an average of 48% of custodial parents and 51% of visiting parents identified themselves as belonging to a racial or ethnic minority.
- ❖ In September 2014, the Louisville Metro Office for Women and the Home of the Innocents offered “Spotlight on Domestic Violence” training. This all-day multidisciplinary training provided an in-depth look at the legal process encountered by victims of domestic violence and the services available to them. Presenters also provided information on assessment of stalking. TK Logan, Ph.D., Judge Jerry Bowles, and Ms. Shelley Santry served as presenters.
- ❖ In the Fall of 2014, a team from the National Council of Juvenile and Family Court Judges conducted a two-and-half-day site visit to the Jefferson County Family Court. Participants conducted file reviews, focus groups, and interviewed local stakeholders. As part of the site visit, two separate trainings on how traumatic stress impacts human

development and behavior were provided for court staff. In the team's final report, it was noted that the Family Court and system stakeholders clearly demonstrated a commitment to trauma-informed practices and improving the system to become responsive to trauma. Recommendations from the report are currently being explored for possible implementation.

- ❖ The Kentucky Office of the Attorney General's Office (KOAG) continued to work towards the establishment of a statewide domestic violence fatality review program. Members of the FRC provided assistance with this initiative by serving on work groups, sharing the local protocol and data collection instrument, and relaying lessons learned. The Louisville Metro FRC uses a data collection instrument modeled on the form used by the Lexington (KY) Fatality Review Committee. The KOAG has encouraged the formation of additional fatality review committees within the Commonwealth and in October 2014, the office published its findings in its *"Domestic Violence Fatality Review Data Report and Summation."* The report detailed the efforts of the KOAG to promote statewide domestic violence fatality review teams as well as provided documents and information for jurisdictions seeking to establish a fatality review process. The report also contained a special data report on 2010 Kentucky domestic violence homicides.
- ❖ During 2013 and 2014, the Jefferson County Attorney's Office sent staff to participate in a number of conferences related to domestic violence and sexual assault. Additionally, Susan Ely, Director of the Criminal Division, and Ingrid Geiser, Chief of the Domestic Violence Unit, presented at several domestic violence trainings held locally and throughout the Commonwealth.
- ❖ The Legal Aid Society's Domestic Violence Advocacy Program, created to provide free legal representation to low income victims of domestic violence seeking protective orders, continued to provide assistance to victims. From January 2013 to December 2014, the program assisted 1,992 clients and obtained protective orders in 963 cases. This is an increase of 950 clients (91%) as compared to the two-year period between January 2011 to December 2012.
- ❖ Norton Healthcare, one of the area's largest healthcare providers, is working to implement standardized programs across all of its emergency rooms for victims of domestic violence, sexual assault and other victims in need of forensic consultations. Norton Healthcare recently hired Dr. Bill Smock as Medical Director of Forensic Services and Norton staff attended a national training on the effects of strangulation. Additionally, in July 2015, Norton Healthcare, Spalding University and the Louisville Metro Police Department partnered to host a one-day training on clinical forensic evaluation of gunshot wounds and strangulation victims. Over 70 nurses, physicians, prosecutors and law enforcement personnel attended this training.
- ❖ In 2014, the Louisville Metro Police Department purchased a portable and office-based rhinolaryngeal scope for use by the Clinical Forensic Medicine Unit to document internal injuries in victims of strangulation.

- ❖ The Jefferson County Commonwealth Attorney's Office (JCCAO) has been a strong advocate for tougher penalties for crimes involving strangulation of the victim. In preparation for the 2015 legislative session, the JCCAO's proposed draft legislation to create a new strangulation law. Although the legislation was not successful during the 2015 session, the JCCAO has been contacted by the Kentucky Coalition Against Domestic Violence to partner on efforts to advocate for the proposal during the 2016 legislative session. Kentucky is in a minority of 20 remaining states that do not have a strangulation statute.
- ❖ Dr. Bill Smock, FRC Member, joined the faculty of the Strangulation Training Institute in San Diego and is providing training to police officers and prosecutors throughout the country.
- ❖ In April 2015, as part of Child Abuse Awareness Week, the Jefferson Family Court offered the "Comings and Goings" interactive exercise to approximately 80 courthouse personnel. Participants included judges, front counter and DVIC clerks, case specialists, county attorneys, family law attorneys, Guardian Ad Litem, social workers and Deputy Sheriffs. During the exercise, participants were put in the role of a parent or domestic violence victim who had to make difficult choices with limited resources and options. One goal of the activity was to promote sensitivity among courthouse staff who interact directly with victims and reinforce awareness of the life difficulties that victims may be facing.
- ❖ In April, 2015, Jefferson Family Court sponsored a presentation by local pediatricians, Dr. Erin Frazier and Dr. Kelly Dauk, to provide a medical perspective on why courts should order "No Corporal Punishment." Approximately 65 people, including Family Court Judges, personnel from the Jefferson County Attorney's Office, private attorneys, clerks and Sheriff's Deputies attended.
- ❖ In June 2015, Jefferson Family Court Judges voted to designate Jefferson Family Court as a "No Hit Zone." Modeled after other "No Hit Zone" programs, including Kosair Children's Hospital, Family Court is now a place where parents do not hit their children, children do not hit their parents, children do not hit other children and adults do not hit one another. Although this program is still being developed, the target date for full implementation is January 1, 2016. Special signage will be hung on the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> floors (Family Court floors), in the lobby, and in the Family Court Clerk's Office on the 1<sup>st</sup> floor. Volunteers will be trained to identify parents who are becoming frustrated, to peacefully intervene (not confront) with the family and to redirect the parent and child with appropriate toys and coloring books. The Court is currently seeking funding for this project.
- ❖ In July 2015, TK Logan, Ph.D., Behavioral Science, University of Kentucky, presented at a meeting of the Louisville Metro Domestic Violence Prevention Coordinating Council on a new assessment tool entitled, "The Stalking and Harassment Assessment and Risk Profile (SHARP) Safety Management Tool." SHARP is a research-informed risk profile tool to educate and inform decision-making about stalking or harassment. The

narrative report generated by the tool provides a victim with suggested actions to improve their safety. The tool emphasizes the importance of evidence documentation, developing self-protection strategies, and strongly encouraging a victim to seek support from others. The tool is web-based, involves responding to forty-three questions and takes approximately fifteen minutes to take. No training or specialized knowledge is required.

- ❖ The Louisville Metro Police Department's Domestic Violence Unit hosted a one-day regional stalking seminar in July 2015 for law enforcement, victim advocates and prosecutors. The topics of the seminar included identification of stalking behaviors, use of technology in stalking, resources for stalking victims and prosecution of stalking cases.
- ❖ Jefferson Family Court continues to coordinate services with advocates from the Center for Women and Families and providers for the Batterers Intervention Program. This includes monitoring and enforcing treatment orders, and providing coordinated services on the Domestic Violence Order docket so that child support orders are put in place, parenting schedules are established and other family matters are handled to minimize or eliminate the need for parents to have contact.

## REFERENCES

Administration for Children & Families “Building Trauma-Informed Systems and Policy Issues” (2013). [www.childwelfare.gov](http://www.childwelfare.gov). U.S. Department of Health and Human Services. Washington, D.C.

Administration on Aging. Older Population by Age Group, Sex, Race, and Hispanic Origin: 1900-2050” (2008). U.S. Department of Health and Human Services. Washington, D.C.

Administration on Aging. “State Projections of Population Aged 60 and Over: July 1, 2005 – 2030” (2008). U.S. Department of Health and Human Services. Washington, D.C.

Auchter, B. “Men Who Murder Their Families: What the Research Tells Us” (2010). *National Institute of Justice Journal*: Issue 266. National Institute of Justice. U.S. Department of Justice, Washington, D.C.

Attorney General’s National Task Force on Children Exposed to Violence. “Report on the Attorney General’s National Task Force on Children Exposed to Violence” (2012). Office of Juvenile Justice and Delinquency Prevention. Office of Justice Programs. U.S. Department of Justice, Washington D.C.

Bell, C.C., and McBride, D.F. “Commentary: Homicide-Suicide in Older Adults – Cultural and Contextual Perspectives” (2010). *Journal of the American Academy of Psychiatry Law* 38: 312-17.

Bourget, D., Gagne, P., & Whitehurst, L. (2010) *Journal of the American Academy of Psychiatry Law* 38: 305-11.

Bridges, F. S. “Estimates of Homicide-Suicides Among the Elderly, 1968-1975” (2013) *Homicide Studies* 17(2): 224-236.

Office of Justice Programs. “Children’s Exposure to Intimate Partner Violence and Other Family Violence” (2011). U.S. Department of Justice, Washington D.C.

Bureau of Justice Statistics. “Homicide Trends in the United States, 1980-2008” ( 2011). U.S. Department of Justice, Washington D.C.

Bureau of Justice Statistics. “Firearm Violence, 1993-2011” (2013). U.S. Department of Justice, Washington D.C.

Bureau of Justice Statistics. “Intimate Partner Violence in the United States” (2007). U.S. Department of Justice, Washington D.C.

Bureau of Justice Statistics. “Intimate Partner Violence 1993-2010” (2012). U.S. Department of Justice, Washington D.C.

Bureau of Justice Statistics. "Nonfatal Domestic Violence 2003-2012" (2014). U.S. Department of Justice, Washington D.C.

Bureau of Justice Statistics. "Criminal Victimization, 2013" (2014). U.S. Department of Justice, Washington D.C..

Campbell, J.C. "Danger Assessment" (2003). Johns Hopkins University, School of Nursing.

Catalano, S., Smith, E., Snyder, H., & Rand, M. "Female Victims of Violence" (2009). U.S. Department of Justice, Bureau of Justice Statistics. Washington, D.C.

Center for Disease Control and Prevention, "The State of Aging and Health in America 2013" (2013). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Atlanta, GA.

Center for Disease Control and Prevention, "The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report" (2011). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Atlanta, GA.

Center for Disease Control and Prevention. "Understanding Intimate Partner Violence Fact Sheet" (2012). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Atlanta, GA.

Center for Disease Control and Prevention "ACE Study" (2012).

Cohen, D., Liorente, M. and Eisdorfer, C. "Homicide-Suicide in Older Persons" (1998). *American Journal of Psychiatry*; 155: 390-396.

Cohen, D., "Homicide-Suicide in Older People" (2000). *Psychiatric Times Vol. XVII*, Issue I.

Delaware Domestic Violence Coordinating Council, "2014 Annual Report and Fatal Incident Review Team Report" (2014).

Federal Bureau of Investigation. "Crime in the United States 2013" (2014). U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Quantico, VA.

Feldmeyer, B., Steffensmeier, D. "Patterns and Trends in Elder Homicide Across Race and Ethnicity, 1985-2009" (2013). *Homicide Studies* 17(2): 204-223.

Finkelhor, D., and Ormrod, R. "Homicides of Children and Youth" (2001). *Juvenile Justice Bulletin*, October 2001. Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Washington, D.C.

Finkelhor, D., Turner, H., Ormrod, R. & Hamby, S.L. "Violence, Abuse and Crime Exposure in a National Sample of Children and Youth" (2009). *Pediatrics* 124(5): 1411-1423.

Futures Without Violence. "The Facts on Children and Domestic Violence" (2008). San Francisco, CA.

Georgia Commission of Family Violence, Georgia Coalition Against Domestic Violence. "Georgia Domestic Violence Fatality Review Annual Report" (2014).

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. "Children's Exposure to Intimate Partner Violence and Other Family Violence" (2011). U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Washington, D.C.

Hanlon, R. E. Ph.D., Brook M. Ph.D., Demery, J.A. Ph.D., & Cunningham, M.D. Ph.D. "Domestic Homicide: Neuropsychological Profiles of Murderers Who Kill Family Members and Intimate Partners" (2015). *Journal of Forensic Sciences*, 2015.

Hart, B. J. & Klein, A.R., "Practical Implications of Current Intimate Partner Violence Research for Victim Advocates and Services Providers" (2013).

Kentucky Office of the Attorney General Office of Victim Advocacy (2014). "Domestic Violence Fatality Review Data Report and Summation."

Kentucky Legislative Research Commission. (2015) Kentucky Revised Statutes Ch. 403.705 and 508.130-155.

Kentucky State Police Criminal Identification and Records Branch. "Crime in Kentucky 2014" (2015). Frankfort, KY.

Klein, A.K., Salomon, A., Huntington, N. Dubois, J. and Lang, D. "A Statewide Study of Stalking and its Criminal Justice Response, Final Report to the National Institute of Justice" (2009). National Institute of Justice. U.S. Department of Justice, Washington, D.C.

Klein, A.R. "Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors and Judges" (2009). National Institute of Justice, U.S. Department of Justice. Washington, D.C.

Knoll J.L., M.D. & Hatters-Friedman, S., M.D. "The Homicide-Suicide Phenomenon: Findings of Psychological Autopsies" (2015). *Journal of Forensic Sciences*, 2015.

Laura and John Arnold Foundation (LJAF), Public Safety Assessment–Court™(orPSA-Court™).

Logan, TK, Walker, R., & Messer J. (9/11/13). Stalking and Harassment Assessment and Risk Profile (SHARP). <http://www.cdar.uky.edu/CoerciveControl/sharp.html>

Logan, TK "5-Year EPO/DVO Trends using Kentucky State Police Data FY 2008-FY 2012" (2013). University of Kentucky, Department of Behavioral Science & Center on Drug and Alcohol Research. Lexington, KY.

Logan, TK “Research on Partner Stalking: Putting the Pieces Together” (2010). University of Kentucky, Department of Behavioral Science & Center on Drug and Alcohol Research; Lexington, KY. Supported by the National Institute of Justice.

Maryland Network Against Domestic Violence, Lethality Assessment Program – Maryland Model (LAP), <http://mnadv.org/lethality/>, (2015).

Logan, TK & Faragher, T., “Opportunities: Lost and Found Lexington-Fayette County Domestic Violence Fatality/Near Fatality Review Team Summary Report” (2013).

McDonald, R., Jouriles, E.N., Ramisetty-Mikler, S., et al. “Examining the Number of American Children Living in Partner Violence Families” (2006). *Journal of Family Psychology* 20(1): 137-142.

Riedel, M. “Special Issue on Elderly Homicide: An Introduction” (2013). *Homicide Studies* 17(2): 123-133.

Salari, S. “Patterns of Intimate Partner Homicide Suicide in Later Life: Strategies for Prevention” (2007). *Clinical Interventions in Aging* 2(3): 441-452.

Schafran, L. H. “Domestic Violence, Developing Brains, and the Lifespan New Knowledge from Neuroscience” (2014). *The Judges’ Journal* 53 (3): 32-37.

Substance Abuse and Mental Health Services Administration. “Trauma-Informed Care and Trauma Services” (2013). National Center for Trauma-informed Care website, [www.samhsa.gov/nctic](http://www.samhsa.gov/nctic).

Titterington, V.B. & Reyes, N.C. “Elder Homicide in Urban America: An Exploratory Analysis of Chicago, Houston, and Miami” (2010). *Southwest Journal of Criminal Justice* 6 (3): 228-249.

The National Child Traumatic Stress Network. “Trauma Types and Resources” (2013). The National Child Traumatic Stress Network website, [www.nctsn.org](http://www.nctsn.org)

Webb, R. “The Adverse Childhood Experiences (ACE) Study: Implications for Mothers’ and Children’s Exposure to Domestic Violence.” *Practice Perspectives*, National Association of Social Workers, Spring 2013.

Violence Policy Center. “American Roulette Murder-Suicide In the United States” (2012). Washington, D.C.

Violence Policy Center. “When Men Murder Women: An Analysis of 2011 Homicide Data” (2013). Washington, D.C.

# APPENDICES

## **APPENDIX A: ATYPICAL CASE SCENARIOS**

## **ATYPICAL CASE SCENARIOS**

As noted within the report, the Fatality Review Committee reviewed four cases in CY 2013-2014 in which the dynamics varied significantly from typical case scenarios. A brief description of each of these cases is offered below.

### **2013 Case - #1:**

The police were called to the scene of an incident involving a wife who shot her husband. A forensic exam revealed that the perpetrator (wife) had injuries consistent with strangulation and abuse. The shooting was ruled to be self-defense and the Commonwealth Attorney's Office declined to seek charges. The review of the case by the Fatality Review Committee revealed that the husband had a history of substance abuse issues and a considerable criminal history, including previous domestic violence offenses with other individuals. There were no previous domestic violence calls for service, police reports or protective orders (prior or current) involving the couple.

### **2014 Case - #2:**

Officers responded to a call involving a shooting of a man by his former girlfriend. The investigation revealed that the girlfriend had been held hostage in the home where she had been repeatedly physically assaulted and threatened with a handgun. The girlfriend had injuries consistent with being assaulted. The shooting was ruled to be self-defense and the Commonwealth Attorney's Office declined to seek charges. The review of the case by the Fatality Review Committee revealed that the couple had previously lived together, but were never married. There were prior domestic violence calls for service and police reports involving the couple. The FRC also determined that the ex-boyfriend had a history of substance abuse and mental health issues as well as a criminal history. The criminal history included previous domestic violence offenses with other individuals. Reports reviewed by the FRC documented that the ex-boyfriend also had a history of being controlling and jealous with his ex-girlfriend, including stalking her and threatening to harm her.

### **2014 Case - #3:**

A woman was confronted at her home by her ex-boyfriend. The ex-boyfriend had a gun and forced his way into the home. Upon seeing the victim's brother, the ex-boyfriend shot and killed him. Trying to protect her child, the victim fought with the perpetrator until she was shot. The perpetrator fled the scene, but was later arrested by the police and charged with murder. This case is currently pending. The review of the case by the Fatality Review Committee revealed that there was an active domestic violence order between the couple and there were prior domestic violence calls for service and police reports. The ex-boyfriend had a prior criminal history including domestic violence and a history of substance abuse and mental health issues. Reports reviewed by the FRC documented that the ex-boyfriend also had a history of being controlling and jealous with his ex-girlfriend, including making threats to harm her and her child.

**2014 Case - #4:**

A woman called 911 and stated that her ex-boyfriend and father of her children had assaulted her. Following a confrontation with the police, the perpetrator was shot and subsequently died from his injuries. The FRC review of the case was limited to the past history between the couple and did not include any information regarding the police action. The couple had lived together in the past, but not at the time of the incident. The FRC review revealed that there were prior domestic violence calls for service and police reports for the couple along with a prior protective order. The ex-boyfriend had no criminal convictions.

## **APPENDIX B: FRC CONFIDENTIALITY STATEMENT**

**DOMESTIC VIOLENCE PREVENTION COORDINATING COUNCIL**  
**Louisville Metro Domestic Violence Fatality Review Committee**  
**SIGN-IN CONFIDENTIALITY STATEMENT**

The purpose of the Louisville Metro Domestic Violence Fatality Review Committee (FRC) is to identify areas and means by which to increase and enhance coordinated agency and community responses to domestic violence through a systems-review approach by conducting multidisciplinary and multi-agency examinations of domestic violence fatalities. In order to assure a coordinated response that fully addresses all systemic concerns surrounding domestic violence fatality cases, the FRC must have access to all existing records on each case. This includes, among others, social services reports, court documents, police records, autopsy reports, mental health records, hospital or medical related data, and any other information that may have a bearing on the case under review. The FRC has adopted and maintains a “no blame or shame” culture which respects the input of all members and provides for a safe environment in which the ultimate goal of improving the community response to domestic violence is held as the highest priority. The information shared of all cases and member input during review meetings is protected by ordinance and statute. All members and guests of the FRC must respect the privacy and confidentiality of this process for its guaranteed success.

With this purpose in mind, I, the undersigned, agree that all information secured in this review, written or verbal, will remain confidential.

## **APPENDIX C: FRC PROTOCOL**

## **Louisville Metro Domestic Violence Fatality Review Committee (FRC)**

### **PURPOSE**

The purpose of the FRC is to identify areas and means by which to increase and enhance coordinated agency and community responses to domestic violence through a systems-review approach by conducting multidisciplinary and multi-agency examinations of domestic violence fatalities.

### **GOALS**

The goals of the FRC are focused on prevention, information sharing, accountability and systems improvement:

- Prevent future domestic violence cases and homicides;
- Improve interagency communication and coordination;
- Collect and produce data on domestic violence fatalities in Louisville Metro;
- Educate the public on the dynamics of domestic violence and related fatalities;
- Identify gaps and unmet needs in the current domestic violence response systems; and
- Recommend and assist in implementing system improvements.

### **OPERATIONAL DEFINITIONS**

In an effort to facilitate communication and minimize misunderstanding, the FRC will adopt certain standard operational definitions to be used for the purposes of the case reviews.

**Domestic Violence:** A pattern of abusive behavior by an intimate partner or a family or household member against another family or household member that can be physical, sexual, verbal, psychological, and/or economic, and is intended to establish and maintain control over another individual. The Committee focus shall be on:

1. persons who are current or former spouses
2. persons who are current or former intimate partners
3. persons who have a child in common;
4. dependents or persons in the custodial care of a person in a relationship that is described in paragraphs 1 through 3 above.

**Preventability:** “A death [is] considered preventable if reasonable medical, educational, social, legal or psychological intervention could have prevented this death from occurring. A “reasonable” intervention is one that would have been possible given known circumstances and resources available.” (From Washington State Child Death Review Program Report, 1998-2000)

Because domestic violence is preventable, domestic violence fatalities are preventable as well. The role of the review committee is to identify means by which to decrease the incidence of these preventable fatalities through a systems analysis and improvement process.

**Domestic Violence Fatality:** Deaths caused directly and indirectly by the manifestations of domestic violence. Domestic violence fatalities potentially include the intended victim, the perpetrator, and third-parties involved through intervening in the incident, as by-standers, or as secondary victims as a means of the perpetrator hurting the primary domestic violence victim. The Committee may hear other domestic violence cases that members feel further the mission and purpose of the Committee. These cases can be added to the agenda by a majority vote and approval by the members present.

**Member:** The term member refers to the agency represented on the committee and not the individual representing the agency. This distinction clarifies the role and commitment of agencies in the fatality review process.

### **STATEMENT OF CULTURE AND PHILOSOPHY**

The FRC has adopted a “no blame or shame” philosophy. In order for the FRC to perform at an optimal level, members should feel comfortable in an open, forthcoming and non-accusatory environment. Further, the FRC recognizes that the perpetrator is the ultimate responsible party for the death. However, we also recognize that various systems that have contact with the victim and perpetrator may have an opportunity to become involved in a manner that could prevent a death. Individuals **will not be blamed** or singled out, rather processes, systems and policies will be reviewed and improvements will be recommended when necessary.

The committee will work to balance the “no blame or shame” approach with the need for agency accountability. To this end, **confidentiality must be maintained** at all times regarding all information and opinions expressed during the case reviews.

### **CASE REVIEW PROCESS**

**Cases Reviewed:** Cases in which fatalities resulted from domestic violence. (See operational definition section above).

#### **Criteria for Inclusion:**

- ❑ Open and closed cases
- ❑ Age of fatalities: Adults, 18 and older. Children will be included when children are injured as a means to control, coerce, or hurt primary adult domestic violence victim since review of such cases will glean information about the domestic violence response and systems.

- Geography: Residence of any party in Louisville Metro or incident occurring in Louisville Metro regardless of residence of parties.
- Time Frame: Deaths that occur during the current calendar year (January 1 – December 31).

**Case Selection**: Cases are selected through a number of mechanisms:

- Agency Request for a review
- Member request for a review
- Media reports

Once identified, these cases are referred to the co-chairs of the committee and if they fit the case review criteria, they are added to the next meeting's agenda.

**Agency Coordination**: Each FRC member will receive a copy of the agenda with a list of the cases that will be reviewed at the next meeting and is asked to bring all pertinent agency documents regarding the involved parties and related records to the meeting. Each agency is responsible for acquiring and bringing to the next meeting all pertinent records.

**Review of Case File/Information**: As part of the fatality case review process, designated agency representatives are responsible for seeking and obtaining all available information as identified in the following. The agency representatives are asked to bring a hard copy of specific case information to the committee meeting including the police report, JC-3 or criminal complaint and the EPO petition along with any EPOs/DVO that were issued for the current case. Any case information related to the prior history between the same parties will be brought to the initial review.

Prior to the meeting, agency representatives are also asked to review case files and relevant criminal history records to identify any related cases and associated timelines. During the meeting, each agency representative will be responsible for presenting any case information obtained. Information may be presented orally by members during the meeting in lieu of providing hard copies. Based upon a consensus of the committee that information on related cases would be helpful or germane to the discussion, hard copies of related case information will be brought to the next meeting.

*The following list was compiled to identify the broad scope of information that is potentially available for fatality review case reviews. Based on the committee protocol, information may be presented orally by members during the meeting in lieu of providing hard copies. In order to avoid duplication, members are asked to coordinate data collection efforts.*

Law Enforcement

- 911 calls for service
- CAD runs and dispatch information
- Previous domestic violence case information (prior JC3s, incident reports, arrests, etc.)
- Homicide case information
- Autopsy information

Sheriff's Office

- Service of EPO
- Firearms confiscation

Jefferson County Circuit Court Clerk's Office

- Audio/Video Tapes
- EPO/DVO records
- Other family court records if applicable
- Criminal/District Court information, if applicable

Family Court

- EPO/DVO records, related cases and individuals if applicable
- Records checks
- Hard copies of relevant case information
- CD of EPO/DVO hearings

Jefferson County Attorney's Office

- District Court case dispositions
- Criminal histories of offender and victim
- Victim and witness interviews

District Court

- District Court case hearings such as arraignment, bond hearings, pretrial conferences, miscellaneous evidentiary hearings, trial proceedings
- District Court case dispositions
- Criminal histories of offender and victim

Commonwealth's Attorney's Office

- Criminal histories of offender and victim
- Family Court history
- Circuit Court case dispositions
- Victim and witness interviews

Circuit Court

- Criminal histories of offender and victim
- Circuit Court case hearings such as arraignment, bond hearings, pretrial conferences, miscellaneous evidentiary hearings, trial proceedings
- Circuit Court case dispositions

University Hospital

- Medical records regarding treatment at University Hospital

Medical Examiner

- Autopsy report
- Police report, if available
- Medical records of victim, if available

Metro Corrections

- Jail records on bookings and arrests
- HIP or Work Release supervision histories of victim and/or perpetrator
- Court Monitoring Center records

Kentucky Probation and Parole

- Supervision histories of victim and/or perpetrator
- Corrections incarceration information
- Presentence Investigation Reports

Adult Protective Services/Child Protective Services

- Case investigation reports involving child protection (including disposition of cases, interviews, services provided, referrals, etc.)
- Case investigation reports involving adult protection (including disposition of cases, interviews, services provided, referrals, etc.)

Center for Women and Families

- Information related to shelter, counseling/therapy, DV education, group counseling, legal advocacy, hospital advocacy, and crisis counseling (by phone and/or in-person)

Home of the Innocents

- Applicable case information such as if children involved in the incident were placed at the Home or used Safe Exchange

Legal Aid

- Case information from clients, if applicable

Jefferson County Public Schools

- Attendance reports, report cards, behavior on students as needed and applicable

External Agencies or Practitioners

- Additional reports and data as applicable, appropriate and available.

**Review of Video/Audio Tapes:** As a component of the fatality review process, the most recent video tapes of EPO hearings along with audio tapes of the 911 call and District Court proceedings of any prior history between the same parties will be brought to the meeting and reviewed by the committee. The committee will utilize the agreed upon criteria (see below) along with established best practice guidelines and checklists (see Appendices) to guide the review process and ensure that questioning remains focused on systemic issues and identifying opportunities to promote optimal case processing.

Based upon a consensus of the committee members that information on related cases would be helpful or germane to the discussion, additional video and audio tapes will be brought to the next meeting.

***Video/Audio Tape Review Criteria:*** The purpose of reviewing any case-related video/audio tape is to promote best practices and procedures in cases of domestic violence and to ensure that elements of optimal case processing are encouraged and supported. In conducting the preliminary review, members are requested to take the specific items listed below into consideration along with all discipline-specific guidelines and procedures (see Appendices.)

### **911 Calls**

- Did call taker ask the caller to identify type of emergency?
- Did dispatcher ask questions and/or allow individual to clearly identify the circumstances related to the need for emergency services?
- Did the call taker handle the call and the caller according to agency policies and procedures?
- **Prior Calls/Runs** – For calls/runs prior to homicide: Was the call for assistance identified as domestic violence? Was the dispatched run identified as domestic violence so that emergency responders were aware? Depending upon the call, were appropriate resources dispatched for assistance? How long did it take emergency responders to arrive on the scene after the call was dispatched? Did they have all of information available at the time - related to the call for assistance?
- **Homicide Call/Run:** How was run received? (911 call, officer flagged down, any motorist flagged down) Who called the police? Was the individual who called at the scene when police arrived?

### **EPO/DVO Hearings**

- Were parties represented by counsel? Did counsel participate on behalf of the parties in the proceeding?
- Was a victim advocate present? Did the victim advocate provide assistance and information to the respondent?

- Were parties informed about the purpose of the proceeding, process and options?
- Was consideration given to victim dynamics and best practices?
- Was there evidence/recognition of lethality indicators?
- If applicable, was the plaintiff informed regarding firearms confiscation?

### **Court Hearings**

- **Bond hearings** - Did prosecutor make appropriate arguments regarding seriousness of incident, defendant's criminal record, and safety of victim; did the Judge discuss factors used to make his or her decision regarding bond; was a pre-trial no contact order entered? If not, why?
- **Plea agreements**- was Batterers Intervention Program (BIP) and/or substance/alcohol treatment ordered? Was there a no contact order or no unlawful contact order entered? Was there jail time? Misdemeanant Intensive Probation (MIP)? Supervised probation? Conditional Discharge time? Did judge explain sentence and conditions of sentence clearly to the defendant? Was the victim present? Was a victim advocate present?
- **Trials**- What was the disposition? If conviction, what is the sentence? Was defendant taken into custody the same day verdict returned?
- **Revocation hearings**- Was the motion to revoke granted? If so, what is the sentence? Was the defendant granted release? What was the prosecutor's position?
- **Post-disposition motions** (shock probation, Home Incarceration Program (HIP), releases, etc) - What was the prosecutor's position? What was the judge's decision? What factors did judge consider in his or her decision? Was victim present or aware of motion?

**Data Sharing:** When appropriate, a memorandum of agreement for data sharing and access to information should be arranged to assure for a timely and clear mechanism for obtaining information from necessary agencies.

**Record Keeping:** Case review sessions will be documented at every FRC meeting by member completion of any case review data form(s) for each case, noting when information is not available and whether it will be sought further. Each case will have its own file with any completed case review data form(s). These files will provide the basis for reports. Staff will document recommendations and follow up suggestions for each case. Relevant recommendations and follow up will be first order of business at the next FRC meeting.

Any agency documents with identifying information distributed during the meetings other than the records kept in the case files will be collected by the co-chairs or staff at the end of each FRC meeting. Any documents not kept in the case file will be destroyed. It is the responsibility of each member to make sure that they do not leave a meeting with documents containing identifying information. Kentucky State Statute (KRS 403.705) and local ordinance LMCO

32.975 et seq. provide that FRC information is protected information and not subject to open records.

**Recommendations/Observations:** FRC members will be invited to share their views on each case and provide observations of systems involvement. Formal recommendations from the Committee are those voted on and approved by the majority of members present at the FRC meeting. These formal recommendations will be disseminated to members and forwarded to the Louisville Metro Domestic Violence Prevention Coordinating Council (DVPCC) for their review and potential implementation.

***Appropriate Action/Disposition for Committee Recommendations:***

Since the overall purpose of conducting multidisciplinary fatality case reviews is focused on prevention and improving the community and system response to domestic violence, findings and recommendations generated by the FRC may address a broad range of processes, issues and activities. In making recommendations to the DVPCC, the FRC will take into account the type of action and level of authority required to implement each draft recommendation in accordance with the following dispositional options:

<b><u>Level of Authority Required for Implementation</u></b>	<b><u>Appropriate Response Disposition</u></b>
(1) Committee Member	Recommended Action by Member
(2) Local Criminal Justice/Social Service Agency	Recommended Action by Agency
(3) External Community Organization	Notification/Sharing of Information with External Organization(s)
(4) State Policy/Practice	Notification/Sharing of Information with State Agency
(5) Kentucky Revised Statute	Referral of Issue to Louisville Metro Criminal Justice Commission Legislative Committee

**Conflict of Interest:** It is the responsibility of each FRC member to note any potential conflict of interest prior to the start of the case review.

**Confidentiality:** FRC members respect the privacy of the individuals in the cases reviewed. Committee members and attendees are required to sign a confidentiality agreement at the beginning of each and every FRC meeting.

Kentucky State Statute KRS 403.705 provides that FRC information is protected information.

**Files:** All FRC files and notes will be maintained together in a locked location with access only for FRC purposes. All recommendations and any completed data form(s) from each meeting will be kept along with each case file. FRC files will be kept at the Louisville Metro Criminal Justice Commission.

### **FRC STRUCTURE**

**Membership:** FRC is a multi-agency and multi-disciplinary body with broad representation from various sectors of the community involved in domestic violence and related fields. The committee is authorized by the DVPCC and is protected by KRS 403.705.

#### **Primary Agencies:**

- |  |   |
|--|---|
| 1. Louisville Metro Police Department (LMPD) | 14. Louisville Metro Department of Corrections                          |
| 2. Jefferson County Attorney's Office (JCAO) | 15. Batterer's Intervention Program (BIP)                               |
| 3. Commonwealth's Attorney Office            | 16. Emergency Medical Field   |
| 4. Jefferson Circuit Court Clerk's Office    | 17. Louisville Metro Office for Women                                   |
| 5. Center for Women and Families             | 18. Exchange/Supervised Domestic Violence Visitation                    |
| 6. Jefferson County Sheriff's Office         | 19. Three Domestic Violence Community Organizations at Large            |
| 7. Probation and Parole                      | 20. Three Citizens at Large (to include one domestic violence survivor) |
| 8. Cabinet for Health and Family Services    | 21. Co-Chair Designee   |
| 9. Jefferson County Public Schools (JCPS)    |   |
| 10. Jefferson District Court                 |   |
| 11. Jefferson Circuit Court                  |   |
| 12. Jefferson Family Court                   |   |
| 13. Medical Examiner                         |   |

#### **Ancillary Memberships:**

- |                    |  |
|--------------------|--|
| 1. Mental Health   | 7. Child Fatality Review                 |
| 2. Substance Abuse | 8. Forensic/SANE Nurses                  |
| 3. EMS             | 9. Catholic Charities/Immigrant Services |
| 4. Fire/Arson      | 10. Pretrial Services                    |
| 5. MetroSafe       |  |
| 6. Animal Control  |  |

**Structure:**

- *Member:* The term member refers to the agency represented on the committee and not the individual representing the agency. This distinction clarifies the role and commitment of agencies in the fatality review process.
- *Member terms:* Individuals will be asked to serve based upon the approved membership structure. Primary members are those agencies or individuals that regularly attend FRC meetings and may have information pertinent to case review. Ancillary members are those agencies or individuals who do not attend FRC meetings regularly, but may be invited to attend on a case-by-case basis in order to share pertinent information. The structure of the membership will be reviewed every two years.
- *Chairs:* Two co-chairs will be nominated by the FRC Committee and approved by the Domestic Violence Prevention Coordinating Council (DVPCC).
- *Staffing:* Will be provided by the Louisville Metro Criminal Justice Commission with support by FRC Committee members.

**Meetings:** FRC committee will meet on a bi-monthly basis. Reminders of meetings will be sent to all members via e-mail at least one week in advance and at each meeting the next meeting date will be announced as well. Location of meetings may be variable. Meetings will last four (4) hours; on occasion, special all day meetings may be called.

**Coordination:** One of the primary purposes of fatality review is to increase and improve coordination and collaboration among agencies and organizations and to strengthen the coordinated community response to domestic violence. The FRC will coordinate with other committees and task forces as appropriate to reduce duplication of efforts, maximize resources, and share knowledge and findings.

**DISSEMINATION OF DATA AND FINDINGS**

**FRC Reports:** The FRC will develop and submit a report to the DVPCC on an annual or biennial basis. The report will be based on a statistical and systems review analysis of the cases reviewed within the calendar years. The DVPCC will in turn approve the report or suggest changes to the report and make the report available pursuant to LMCO 32.975.

The DVPCC may choose to use data from the FRC report to create educational briefs for professionals in the community on working with domestic violence victims and lessons learned for preventing domestic violence fatalities. Other publications, trainings or efforts may be recommended by the FRC in their reports.

**Media Communications:** All media communications regarding the FRC should be conducted through the FRC co-chairs. The annual/biennial report and recommendations generated by FRC are the only items to be released to the media. Inappropriate release of information is considered a breach of confidentiality which may result in a member's removal from the FRC. When FRC members are contacted by the media with questions regarding cases reviewed by the FRC, the member shall refer

them to one of the FRC co-chairs. FRC co-chairs shall advise media contacts that information discussed in the case review process is confidential and protected information.

**Standardized Forms:**

- *Confidentiality Form*
- *Case Review Data Form(s)*
- *Recommendation(s)*

**Database:** In order to effectively track patterns and trends of domestic violence fatalities and facilitate statistical analysis of cases, a database may be created. The FRC will evaluate the need for and feasibility of a database to store and analyze FRC data. If determined to be feasible and beneficial, the FRC will seek funding to support development of a database. During the development phase, the FRC will seek input from community partners. Similar to case reviews, this database would be protected by KRS 403.705, and ordinance LMCO 32.975 et seq. and would be secured under password protection.

**TRAINING AND ORIENTATION**

All new FRC members will receive orientation materials that will include a copy of KRS 403.705 and ordinance LMCO 32.975 et seq.; a copy of the Committee policies and procedures; a copy of all FRC forms; a list of all FRC members with contact information; and other criminal justice system review materials. The new member will meet with staff and/or a FRC member to have any questions answered and have the process of FRC explained.

***The purpose of this orientation is to:***

- (1) Provide members with the knowledge and skills needed to perform a comprehensive review of the available case information in order to identify possible opportunities for earlier intervention or system improvement;
- (2) Allow members to utilize standard criteria to guide their review process and therefore promote a neutral and objective forum for discussion of case information;
- (3) Provide members with the information needed to better understand the proceedings and events impacting the victim and resulting in a domestic violence fatality and allow for a member's active participation in Committee discussions.

As a condition of participation, at every meeting, members must sign the confidentiality agreement on behalf of themselves and their agency. All member and ad hoc member/guest signed confidentiality agreements will be kept in a file along with the case files.

**APPENDIX D: FRC DATA COLLECTION FORM**

Jefferson County  
Domestic Violence Fatality Review Committee  
Data Collection Sheet<sup>1</sup>  
08/2013 Version



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<sup>1</sup> Adapted from form developed by Dr. TK Logan, University of Kentucky, Center on Drug and Alcohol Research.  
[tklogan@uky.edu](mailto:tklogan@uky.edu), 859-257-8248

Jefferson County  
Domestic Violence Fatality Review Committee  
Data Collection Sheet

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<b>OTHER AGENCIES:</b>	PAGES 19-22; 25-27; 29 & 30; (JCPS: Also complete pages 23-24, if needed to add appropriate information)

Date of Fatality Review: \_\_\_\_\_ County: \_\_\_\_\_

Case # (unique case number assigned by fatality review group): \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Documents Reviewed** (Circle yes or no for each category):

Source 0=NO 1=YES 2=Not reviewed but should have been/might have been helpful	Reviewed:			Comment
Media reports (if yes, attach to this form)	0	1	2	
<b>Criminal &amp; Civil Justice System Records</b>				
Coroner report	0	1	2	
Police records (specify what records: dispatch, JC3, investigation, other)	0	1	2	
Sheriff's office records	0	1	2	
Protective order petitions and DVOs	0	1	2	
Court records	0	1	2	
Civil action history	0	1	2	
Jail/prison history	0	1	2	
Criminal history	0	1	2	
Prosecutor records	0	1	2	
Probation or pre-sentence investigation reports	0	1	2	
Parole information	0	1	2	
Legal aid	0	1	2	
Family court social worker/FOC	0	1	2	
Court records from other jurisdictions	0	1	2	
<b>Other Public Service Agency Records</b>				
Fire department records	0	1	2	
Child Protective Services	0	1	2	
Adult Protective Services	0	1	2	
<b>Victim Services</b>				
VINE registration	0	1	2	
VINE PO registration	0	1	2	
Advocate (specify agency):	0	1	2	
Shelter records	0	1	2	
Rape crisis records	0	1	2	
<b>Medical/Mental Health Records</b>				
Medical data/reports (from hospital or emergency rooms)	0	1	2	
Psychological evaluations/other mental health records (specify):	0	1	2	
DV offender treatment records	0	1	2	
Information regarding substance abuse or substance abuse treatment	0	1	2	
<b>Other Records</b>				
School data/records/contacts	0	1	2	
Other (specify):	0	1	2	

Reviewer name and phone number: \_\_\_\_\_

**Section I. Incident (Police and ME) \* Please fill out separate form for each victim**

---

1. Victim Name: \_\_\_\_\_  
AKA other names: \_\_\_\_\_
2. Type of case: 1=Murder 2=Murder/suicide 3=Attempted murder/suicide 4=Assault/suicide  
5=Other (specify): \_\_\_\_\_
3. Date of death/near death: \_\_\_\_\_
4. Date of incident: \_\_\_\_\_
5. Location/Address of Incident: \_\_\_\_\_
6. Place of death:
  - a. Victim home
  - b. Perpetrator home
  - c. Their shared residence
  - d. Public place
  - e. Street
  - f. Automobile
  - g. Victim relatives/friends home
  - h. Victim relatives/friends home
  - i. Other (specify): \_\_\_\_\_
7. Location of body: \_\_\_\_\_
8. Time complaint was received: \_\_\_\_\_
9. Day of week complaint was received: \_\_\_\_\_
10. Who called the police?
  - a. Children 1=their children 2=victim children 3= perpetrator children  
4=other children (specify): \_\_\_\_\_
  - b. Victim other partner
  - c. Victim friend/acquaintance 1=male 2=female
  - d. Perpetrator friend/acquaintance 1=male 2=female
  - e. Victim coworkers/supervisor/someone at the job site
  - f. Perpetrator coworkers/supervisor/someone at the job site
  - g. Neighbors
  - h. Bystanders
  - i. Other (specify): \_\_\_\_\_
11. From where were police called? \_\_\_\_\_
12. Call was received: 1=After death 2=During incident
13. Estimated time of death: \_\_\_\_\_

14. Time lapse between murder and discovery of the body? 0=NO 1=YES; Estimated hours: \_\_\_\_\_
15. Mode of killing
- Gunshot 1=handgun 2=rifle 3=shotgun
  - Stabbing
  - Beat with an object
  - Physical beating, pushing, etc
  - Strangulation
  - Other (specify): \_\_\_\_\_
16. During the incident, victim was also:
- Physically beaten
  - Strangled
  - Sexually assaulted
  - Pregnant
  - Other (specify): \_\_\_\_\_
17. Official cause of death: \_\_\_\_\_
18. Total number of victims died (including victim): \_\_\_\_\_
19. Other deaths
- Children 1=their children 2=victim children 3= perpetrator children  
4=other children (specify): \_\_\_\_\_
  - Victim other partner
  - Victim friend/acquaintance 1=male 2=female
  - Perpetrator friend/acquaintance 1=male 2=female
  - Victim coworkers/supervisor/someone at the job site
  - Perpetrator coworkers/supervisor/someone at the job site
  - Neighbors
  - Bystanders
  - Other (specify): \_\_\_\_\_
20. Total number of victims non-fatally wounded (including victim): \_\_\_\_\_
21. Non-fatal wounding of others :
- Children 1=their children 2=victim children 3= perpetrator children  
4=other children (specify): \_\_\_\_\_
  - Victim other partner
  - Victim friend/acquaintance 1=male 2=female
  - Perpetrator friend/acquaintance 1=male 2=female
  - Victim coworkers/supervisor/someone at the job site
  - Perpetrator coworkers/supervisor/someone at the job site
  - Neighbors
  - Bystanders
  - Victim
  - Other (specify): \_\_\_\_\_

22. Total number of witnesses (not deceased or non-fatally wounded): \_\_\_\_\_
23. Witnesses
- a. Children 1=their children 2=victim children 3= perpetrator children  
4=other children (specify): \_\_\_\_\_
  - b. Victim other partner
  - c. Victim friend/acquaintance 1=male 2=female
  - d. Perpetrator friend/acquaintance 1=male 2=female
  - e. Victim coworkers/supervisor/someone at the job site
  - f. Perpetrator coworkers/supervisor/someone at the job site
  - g. Neighbors
  - h. Bystanders
  - i. Other (specify): \_\_\_\_\_
24. Involvement of drugs or alcohol during or immediately preceding the fatal episode:
- |                |      |       |            |
|----------------|------|-------|------------|
| A. Perpetrator | 0=NO | 1=YES | 2=POSSIBLY |
| B. Victim      | 0=NO | 1=YES | 2=POSSIBLY |
25. Child(ren): 1=Minor children living in the household in common; 2=Adult children living in the household in common; 3=Minor children living in the household, but not in common; 4=Adult children living in the household, but not in common
26. Relationship to perpetrator
- 1=Married
  - 2=Divorced
  - 3=Separated (not yet divorced)
  - 4=Living together at the time of incident but were never married
  - 5=Had lived together in the past, but were never married
  - 6=Had lived together in the past, never married, child in common
  - 7=Dating
  - 8=Other (Specify): \_\_\_\_\_
27. Perpetrator/victim living together:
- 0=Never
  - 1=In the past but not at the time of the incident
  - 2=Living together at the time of incident
  - 3= Other (Specify) \_\_\_\_\_
28. Same sex relationship: 0=NO 1=YES
29. Others help commit the murder? 0=NO 1=YES 2=POSSIBLY
- If Yes, who: \_\_\_\_\_
30. Others help cover up the murder? 0=NO 1=YES 2=POSSIBLY
- If Yes, who: \_\_\_\_\_

31. Prior domestic violence related police runs to this address? 0=NO 1=YES  
Prior domestic violence related police runs to any address involving the primary victim and perpetrator in this incident? Please Explain.

32. Prior domestic violence reports (JC3) taken by police involving the primary victim and perpetrator in this incident? Please Explain.

33. Was there an **active** EPO or DVO between the parties involved in this incident? 0=NO 1=YES  
Was there a prior EPO or DVO between the parties involved in this incident? 0=NO 1=YES  
Please Explain and include dates.

35. Other notes regarding crime scene or incident?

Reviewer name and phone number: \_\_\_\_\_

## Section II. Investigation (Police and ME)

---

1. Initially investigated as:  
1= A homicide  
2=Murder/suicide  
3=Attempted murder/suicide  
4=Other (specify): \_\_\_\_\_

2. Perpetrator was (*circle all that apply*):  
0=Not originally suspected  
1=Committed suicide, *If committed suicide (answer questions 2d-2f)*  
2=Arrested, *If arrested (answer questions 2a-2c)*:  
3=Other (Specify) \_\_\_\_\_

### IF arrested:

- A. How long did it take to arrest perpetrator? \_\_\_\_\_ days  
B. Where was perpetrator arrested? \_\_\_\_\_  
C. What were the initial charges? \_\_\_\_\_

### IF committed suicide:

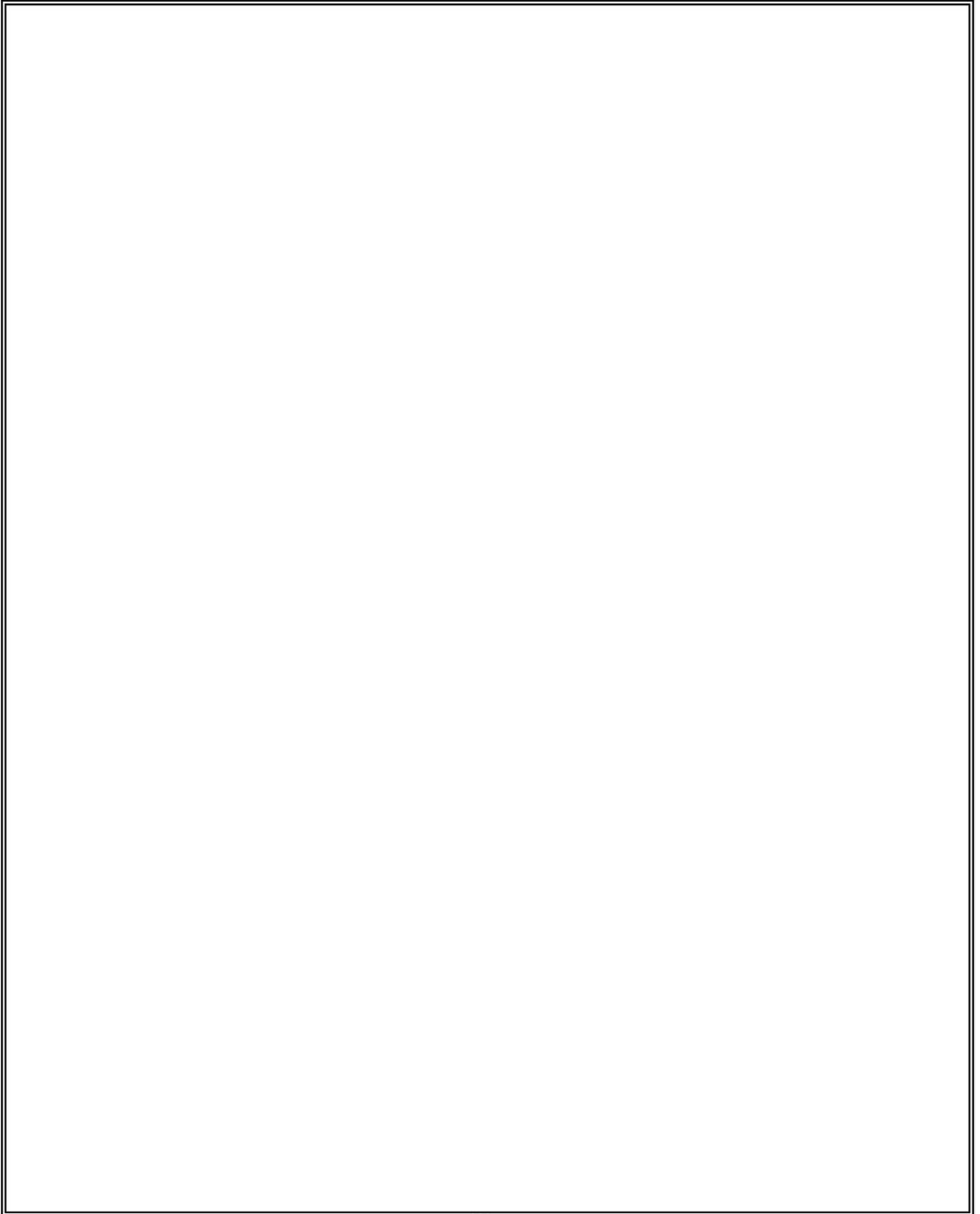
- D. Cause of death:  
a. Gunshot wound  
b. Drug overdose Toxicology report: \_\_\_\_\_  
c. Other (Specify): \_\_\_\_\_  
E. Suicide note left: 0=NO 1=YES  
F. Suicide was: 1=During the incident  
2=Close after the incident, specify where: \_\_\_\_\_  
3= \_\_\_\_\_ days after the incident

3. Who was interviewed in the investigation or prosecution of the incident?  
a. Children 1=their children 2=victim children 3= perpetrator children  
4=other children (specify): \_\_\_\_\_  
b. Victim other partner  
c. Victim friend/acquaintance 1=male 2=female  
d. Perpetrator friend/acquaintance 1=male 2=female  
e. Victim coworkers/supervisor/someone at the job site  
f. Perpetrator coworkers/supervisor/someone at the job site  
g. Neighbors  
h. Bystanders  
i. Victim Family  
j. Perpetrator Family  
k. Other (specify): \_\_\_\_\_

4. Summary of interviews:

A large, empty rectangular box with a double-line border, intended for a summary of interviews. The box is currently blank.

5. Other notes regarding investigation:





12. Other information:

<b>0=NO 1=YES 9=D/K</b>		<b>Comments</b>
<b>Weapons</b>		
Owned guns	0 1 9	
Licensed to carry a concealed weapon?	0 1 9	
Owned more than one or two guns	0 1 9	
Very interested in other weapons (knives, swords, other)	0 1 9	
<b>DV history</b>		
Prior history of domestic violence with other victims	0 1 9	
EPOs/DVOs with other victims	0 1 9	
Ever participate in batterers treatment	0 1 9	
<b>Perpetrator characteristics</b>		
History of substance abuse	0 1 9	
On prescription medication for health reasons	0 1 9	
On prescription medication for mental health reasons	0 1 9	
History of animal cruelty or abuse	0 1 9	
History of severe mental health problems	0 1 9	
Severe depression	0 1 9	
Suicide attempts/ideation	0 1 9	
<b>Perpetrator family of origin</b>		
History of child abuse in family of origin	0 1 9	
History of perpetrator experience of child abuse	0 1 9	
History of DV in family of origin	0 1 9	
Other (describe):	0 1 9	

13. Criminal history:

<b>Criminal history prior to incident:</b>	<b>0=NO 1=YES</b>	<b>Number 1=1; 2=2+</b>	<b>Comments</b>
Felony charges	0 1	1 2	
Misdemeanor charges	0 1	1 2	
Felony convictions	0 1	1 2	
Misdemeanor convictions	0 1	1 2	
Traffic violations	0 1	1 2	
Probation/parole violations	0 1	1 2	
Other violations	0 1	1 2	
Other (specify):	0 1	1 2	

14. Specific crimes:

<b>Specific crimes</b> 0 = NO 1=YES	<b>Charges</b>		<b>Convictions</b>		<b>Comments</b>
Non-violent crimes	0	1	0	1	
Violent crimes (non DV-related)	0	1	0	1	
Alcohol use/abuse related crimes (including DUI, AI)	0	1	0	1	
Drug use/abuse related crimes (including paraphernalia)	0	1	0	1	
Sex offenses	0	1	0	1	
Child abuse	0	1	0	1	
<b>DV related crimes</b>	0	1	0	1	
PO violation	0	1	0	1	
Stalking	0	1	0	1	
Assault 4 <sup>th</sup>	0	1	0	1	
Other (specify):	0	1	0	1	

15. Other comments about perpetrator information/history:

Reviewer name and phone number: \_\_\_\_\_

## Section IV. Victim Status and History (Police)

---

1. Victim Name: \_\_\_\_\_ Victim DOB: \_\_\_\_\_  
Victim age at the time of the incident: \_\_\_\_\_
2. Gender of victim: 1=Female 2=Male
3. Race/Ethnicity: 1=White 2=Black 3=Hispanic  
4=Other (Specify): \_\_\_\_\_
4. Immigration status: 1=Legal 2=Illegal 3=Temporary status  
4=In process of becoming legal 5=Other (Specify): \_\_\_\_\_
5. Language spoken at home: 1=English 2=Hispanic  
3=Other (Specify): \_\_\_\_\_
6. Address: \_\_\_\_\_
7. Phone in the home: 0=NO 1=YES
8. Victim was pregnant at the time of the incident? 0=NO 1=YES  
2=Gave birth within the 12 months prior to the incident
9. Disabled: 0=NO 1=YES  
A. If yes, specify type(s) of disability: \_\_\_\_\_
10. Employment status at the time of the incident:  
1=part time/seasonal 2=full time  
3=Employed but was on leave for: \_\_\_\_\_  
9=Unknown  
  
0=No, If no specify: \_\_\_\_\_  
a=Retired  
b=Disability  
c=Social security  
d=other: \_\_\_\_\_

Employed where? \_\_\_\_\_

11. Ever in the military? 0=NO 1=YES  
If Yes, status at the time of the incident:  
0=Honorably discharged 1=Dishonorably discharged  
2=Active 3=Inactive reserved 4=Retired

12. Length of relationship with perpetrator \_\_\_\_\_ Years

13. Other information:

<b>0=NO 1=YES 9=D/K</b>		<b>Comments</b>
<b>Weapons</b>		
Owned guns	0 1 9	
Licensed to carry a concealed weapon?	0 1 9	
<b>Other characteristics</b>		
History of substance abuse	0 1 9	
On prescription medication for health reasons	0 1 9	
On prescription medication for mental health reasons	0 1 9	
History of severe mental health problems	0 1 9	
Severe depression	0 1 9	
Suicide attempts/ideation	0 1 9	

14. Victim criminal history:

<b>Criminal history prior to incident:</b>	<b>0=NO 1=YES</b>	<b>Number 1=1; 2=2+</b>	<b>Comments</b>
Felony charges	0 1	1 2	
Misdemeanor charges	0 1	1 2	
Felony convictions	0 1	1 2	
Misdemeanor convictions	0 1	1 2	
Traffic violations	0 1	1 2	
Probation/parole violations	0 1	1 2	
Other violations	0 1	1 2	
Other (specify):	0 1	1 2	

<b>Specific crimes 0=NO 1=YES</b>	<b>Charges</b>	<b>Convictions</b>	<b>Comments</b>
Non-violent crimes	0 1	0 1	
Violent crimes (non DV-related)	0 1	0 1	
Alcohol use/abuse related crimes (including DUI, AI)	0 1	0 1	
Drug use/abuse related crimes (including paraphernalia)	0 1	0 1	
Sex offenses	0 1	0 1	
Child abuse	0 1	0 1	
DV related crimes	0 1	0 1	
PO violation	0 1	0 1	
Stalking	0 1	0 1	
Assault 4 <sup>th</sup>	0 1	0 1	
Other (specify):	0 1	0 1	

<b>Personal history 0=NO 1=YES 9=D/K</b>		<b>Comments</b>
Victim of other crimes (not related to perpetrator)	0 1 9	
Previous incidents of DV with other partner	0 1 9	
EPOs/DVOs with other partners	0 1 9	
Ever participate in batterers treatment	0 1 9	
History of DV in family of origin	0 1 9	
History of victim experience of child abuse	0 1 9	
<b>Other</b>		
Other (specify):	0 1 9	

16. Other comments about victim information/history:

Reviewer name and phone number: \_\_\_\_\_

### Section V. Prosecution & Conviction/Sentencing (Prosecutors)

---

- 1. Is case being prosecuted? 0=NO 1=YES  
If no, why not? \_\_\_\_\_
- 2. If prosecuted, what were the charges? \_\_\_\_\_  
\_\_\_\_\_
- 3. Is the case pending? 0=NO 1=YES
- 4. Convicted: 0=NO 1=YES  
Convicted of: \_\_\_\_\_
- 5. Convicted by: 1=jury trial 2=Judge 3=Plea  
4=Other (specify): \_\_\_\_\_
- 6. Convicted of: \_\_\_\_\_  
\_\_\_\_\_
- 7. Sentence: \_\_\_\_\_
- 8. Sentence Date: \_\_\_\_\_
- 9. US attorney office involved? 0=NO 1=YES, If YES explain

- 10. Victim Impact Statement ? 0=NO 1=YES
- 11. Where currently ? \_\_\_\_\_
- 12. Immigration (ICE) involved? 0=NO 1=YES, If YES explain

13. Other notes regarding prosecution:

A large, empty rectangular box with a thin black border, intended for handwritten notes regarding prosecution. The box occupies most of the page below the question number.

Reviewer name and phone number: \_\_\_\_\_

## Section VI. Relevant Relationship History (All agencies)

1. Any of the following present in the case:

<b>0=NO 1=YES 9=D/K or not sure</b>		<b>Comments</b>
<b>Relationship</b>		
Divorce (dates):	0 1 9	
Recent separation	0 1 9	
Perpetrator was stalking or keeping tabs on victim	0 1 9	
Abused the victim in public	0 1 9	
Perpetrator came to victim work	0 1 9	
Perpetrator interfered with victim employment	0 1 9	
Perpetrator was very controlling	0 1 9	
Perpetrator was very jealous	0 1 9	
Recent escalation of violence	0 1 9	
Sexual assault/abuse	0 1 9	
Stalking	0 1 9	
Strangulation	0 1 9	
Other (specify):	0 1 9	
<b>Threats by Perpetrator</b>		
Threat to commit suicide Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Threats to abduct children	0 1 9	
Actual abduction of children	0 1 9	
Threats to harm children	0 1 9	
Actual harm to children	0 1 9	
Threats to harm others, inc. property destruction or other implicit threats (family/friends/coworkers)	0 1 9	
Actual harm to others (family/friends/coworkers)	0 1 9	
Threats to harm new partner or perceived romantic interest, inc. property destruction or other implicit threats	0 1 9	
Actual harm new partner or perceived romantic interest	0 1 9	
Threats or actual harm of family pets Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	

<b>0=NO 1=YES 9=D/K or not sure</b>		<b>Comments</b>
Reports of threats to seriously harm or kill victim Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Victim disclosed the threats to others	0 1 9	
Victim disclosed details of how he said he would harm or kill her	0 1 9	
Perpetrator disclosed threats to harm or kill her to others	0 1 9	
Perpetrator disclosed threats to harm or kill her with details to others	0 1 9	
Other (specify):	0 1 9	

2. Prior to the incident was there any indications that the level of abuse/jealousy/controlling behavior was increasing? 0=NO 1=YES

3. Other evidence of domestic violence:

<b>0=NO 1=YES</b>		<b>Comments</b>
<b>LAP Case ?</b>	0 1	
Documented police response to any victim residence with perpetrator involved	0 1	
Document police response to DV with perpetrator at any residence	0 1	
Document police response to DV with perpetrator at any place of employment	0 1	
Document police response to DV with perpetrator at any other public place (specify):	0 1	
Others reported hearing or seeing DV or abuse/violence (physical and emotional abuse or symbolic violence like destruction of property)	0 1	
Neighbors	0 1	
Co-workers	0 1	
Supervisor	0 1	
Friends	0 1	
Relatives	0 1	
Children	0 1	
Others (specify):	0 1	

4. Contributing factors:

<b>0=NO 1=YES 9=D/K or not sure</b>		<b>Comments</b>
<b>Relationship</b>		
Victim had new relationship	0 1 9	
Recent divorce	0 1 9	
Served with divorce papers	0 1 9	
Child support disputes	0 1 9	
Custody/visitation disputes	0 1 9	
Pregnancy	0 1 9	
Jealous of mother/child relationship	0 1 9	
Child from previous relationship joined the household recently	0 1 9	
Other significant change in relationship (specify):	0 1 9	
Other (specify):	0 1	
<b>Abuse</b>		
Violation of protective order	0 1 9	
Violation of court order	0 1 9	
Other (specify):	0 1	
<b>Criminal Justice Factors</b>		
Recent arrest for DV	0 1 9	
Recent arrest for other reasons	0 1 9	
Recently released from jail or prison	0 1 9	
Police confronted perpetrator but no arrest was made	0 1 9	
Served with EPO	0 1 9	
Served with other court orders	0 1 9	
Other (specify):	0 1	
<b>Other system intervention</b>		
Recent allegations of child abuse	0 1 9	
Investigation by CPS	0 1 9	
Investigation by APS	0 1 9	
Recent concern of deportation or other immigration issues	0 1 9	
Other (specify):	0 1	

**Contributing factors (continued):**

<b>0=NO 1=YES 9=D/K or not sure</b>		<b>Comments</b>
<b>Perpetrator</b>		
Recent loss of employment	0 1 9	
Recent loss of income	0 1 9	
Other significant loss (specify):	0 1 9	
Unemployment	0 1 9	
Blamed victim for life problems	0 1 9	
Avenged perceived wrong doing	0 1 9	
<b>Other</b>		
Other (specify):	0 1	

5. Other notes regarding relationship:

Reviewer name and phone number: \_\_\_\_\_

**Section VII. Children (Police, Social Services, Other Agencies)**

1. Children      0=NO, if No skip to next section      1=YES

2. Total number of children: \_\_\_\_\_

*(Start with youngest and work to the oldest)*

Child age at the time of incident	Child in common with perpetrator 0=NO 1=YES	Victim 0=natural child/adopted 1=stepchild 2=other (specify):	Child witness incident 0=NO 1=YES	Child harmed during incident 0=NO 1=YES	Comments
1	0 1	0 1	0 1	0 1	
2	0 1	0 1	0 1	0 1	
3	0 1	0 1	0 1	0 1	
4	0 1	0 1	0 1	0 1	
5	0 1	0 1	0 1	0 1	
6	0 1	0 1	0 1	0 1	
7	0 1	0 1	0 1	0 1	
8	0 1	0 1	0 1	0 1	
9	0 1	0 1	0 1	0 1	
10	0 1	0 1	0 1	0 1	

3. Any of the following present in the case:

0=NO 1=YES 9=D/K or not sure		Comments
<b>Regarding Children</b>		
Child support disputes Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Child custody/visitation disputes Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Victim expressed concern about losing custody or abduction	0 1 9	
Perpetrator expressed concern about losing custody or abduction	0 1 9	
Victim expressed fear if physical danger to child(ren)	0 1 9	
Victim made allegations of perpetrator abuse toward child(ren) Close to incident 0=NO 1=YES In the past 0=NO 1=YES	0 1 9	
Other (specify):	0 1 9	

4. Child abuse/neglect  
 0=No allegations, *If No allegations skip to question 8*  
 1=Allegations  
 2=investigated but unsubstantiated  
 3=Substantiated

5. Specifics: *(Start with youngest and work to the oldest)*

Child Age	Child physical abuse	Child sexual abuse	Neglect	Against 1=victim 2=perpetrator	Comments
1	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
2	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
3	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
5	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
6	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
7	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
8	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
9	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	
10	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	1 2	

6. Placement of children:  
 0=Ward of the state  
 1=Victim relatives  
 2=Perpetrator relatives  
 3=Other (specify): \_\_\_\_\_

7. Did children receive counseling?    0=NO            1=YES

If Yes, where?

8. Were children home schooled?    0=NO            1=YES (if Yes, detail in Comments below)

9. Comments about children:

Reviewer name and phone number: \_\_\_\_\_

## Section VIII. System Intervention

---

1. Services requested, ordered, or obtained:

	<b>0=No 1=requested or ordered but not received 2=received</b>	<b>#</b>	<b>0=within 1 mth 1=within 12 mths 2=greater than 12 mths preceding incident</b>	<b>Did services/entities have knowledge of DV in relationship before the incident? 0=NO 1=YES 9=D/K</b>	<b>Comments</b>
Police	0 1 2		0 1 2	0 1 9	
EPO petitions	0 1 2		0 1 2	0 1 9	
DVOs	0 1 2		0 1 2	0 1 9	
Sheriff's office	0 1 2		0 1 2	0 1 9	
Prosecutor	0 1 2		0 1 2	0 1 9	
Probation/parole	0 1 2		0 1 2	0 1 9	
Court (civil actions besides protective orders)	0 1 2		0 1 2	0 1 9	
Legal aid	0 1 2		0 1 2	0 1 9	
Private Attorney	0 1 2		0 1 2	0 1 9	
Family court social worker/ FOC	0 1 2		0 1 2	0 1 9	
Fire department	0 1 2		0 1 2	0 1 9	

Services requested, ordered, or obtained (Continued)

	<b>0=No 1=requested or ordered but not received 2=received</b>	<b>#</b>	<b>0=within 1 mth 1=within 12 mths 2=greater than 12 mths preceding incident</b>	<b>Did services/entities have knowledge of DV in relationship before the incident? 0=NO 1=YES 9=D/K</b>	<b>Comments</b>
Child protective services	0 1 2		0 1 2	0 1 9	
Adult protective services	0 1 2		0 1 2	0 1 9	
VINE notification	0 1 2		0 1 2	0 1 9	
VINE PO notification	0 1 2		0 1 2	0 1 9	
Advocate	0 1 2		0 1 2	0 1 9	
Spouse abuse center	0 1 2		0 1 2	0 1 9	
Rape crisis center	0 1 2		0 1 2	0 1 9	
Medical/doctor/ ER/Hospital	0 1 2		0 1 2	0 1 9	
Mental health	0 1 2		0 1 2	0 1 9	
DV offender treatment Not completed = 1 Completed = 2	0 1 2		0 1 2	0 1 9	
Other court ordered program/treatment/ stipulations (specify)  Not Completed =1 Completed=2	0 1 2		0 1 2	0 1 9	

DV counseling or treatment for victim	0 1 2		0 1 2	0 1 9	
Substance abuse treatment	0 1 2		0 1 2	0 1 9	
School contacts	0 1 2		0 1 2	0 1 9	
Other (Specify):	0 1 2		0 1 2	0 1 9	

## Section IX. Summary of case

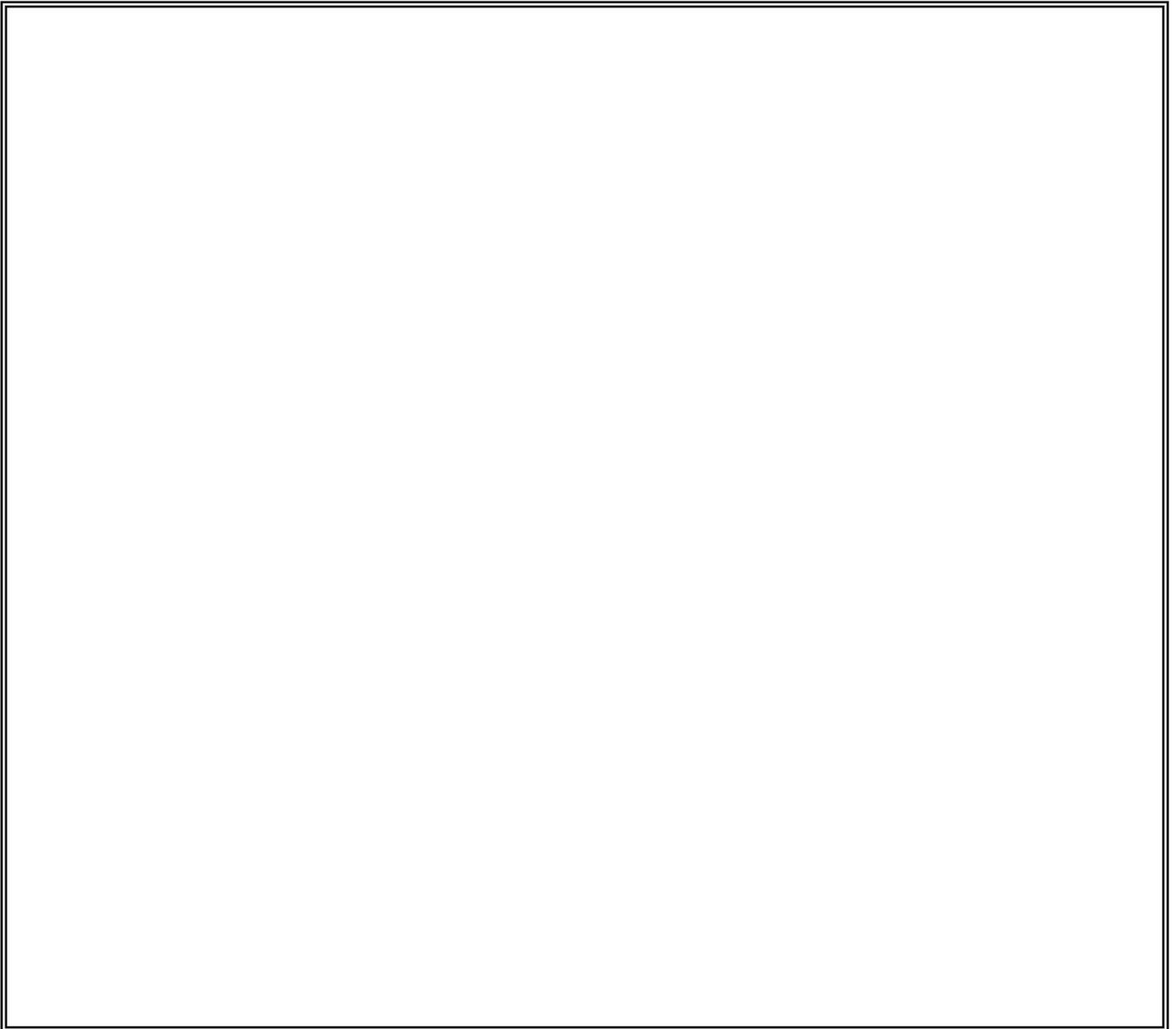
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1. Case summary:

2. Unique aspects of the case:

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3. Other remarks:

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**APPENDIX E: METRO LETHALITY ASSESSMENT**  
**PROGRAM (LAP) DOMESTIC VIOLENCE**  
**LETHALITY SCREEN FOR FIRST RESPONDERS**



# **DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS**



Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> <i>Check here if victim did not answer any of the questions.</i>		
<b>▶ A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.</b>		
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<b>▶ Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.</b>		
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<b>▶ An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.</b>		
Is there anything else that worries you about your safety? (If "yes") What worries you?		
		<b>COUNSELOR NAME:</b>
<b>Check one:</b> <input type="checkbox"/> Victim screened in according to the protocol		**Officer required to make call
<input type="checkbox"/> Victim screened in based on the belief of officer		**Officer required to make call
<input type="checkbox"/> Victim did not screen in		
<b>If victim screened in: After advising her/him of a high danger assessment, did the victim speak with the hotline counselor?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.*

**The Center For Women And Families 24 Hour Crisis Line 502.753.5595 (POLICE NUMBER ONLY)**

**For questions, or for more information regarding this report, please contact:**

The Louisville Metro Domestic Violence Prevention Coordinating Council  
Fatality Review Committee  
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514 West Liberty Street, Suite 106  
Louisville, KY 40202  
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