

## COLORADO DOMESTIC VIOLENCE FATALITY REVIEW (CDVFR) CODEBOOK

Thank you for being part of Colorado’s Domestic Violence Fatality Review! The goal of the Colorado Domestic Violence Fatality Review Board is to collect as much information on domestic violence fatalities as possible throughout the state. This document serves a critical purpose to local review teams by providing definitions and fidelity to what information should be coded and how that information should be coded. It is likely that some information will be unknown and even impossible to determine. If you have information that does not neatly fit into this codebook, please provide clarification or additional information. You may submit additional information or questions in a Word document. This codebook has continued to be developed by the Denver Metro Domestic Violence Fatality Review Committee since its inception in the mid-1990’s. Through their own and other scholars’ research, new data continues to indicate what should be collected or how existing data should be measured in a different manner. We welcome all of the Colorado DVFR Teams’ feedback to continue to adapt and “grow” this codebook.

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### Definition of Terms

**DOI:** Date of Incident (murder, murder-suicide, etc.), a victim may die days or months after the incident.

**Primary Victim:** The *domestic violence victim*, which is not necessarily the murder or attempted murder victim--a victim may kill the DV perpetrator in self-defense.

**Near-Death:** Where an attempted homicide, assault, or attempted suicide results in a near fatality.

**Collateral Victims:** a murder or attempted murder of someone other than the members of the primary DV couple (the primary victim or the perpetrator)

**Underemployed:** Working sporadically, employed occasionally as a temp

## A. BASIC INCIDENT INFORMATION

1. **FRT Case ID #** \_\_ / \_\_ / \_\_  
 (County Code/Year of Review/Sequential Number of Case Reviewed by FRT—e.g., 10201705 would be a case that occurred in Cheyenne County and this was the fifth case reviewed by the FRT in 2017)
  
2. **Date of Incident:** \_\_ / \_\_ / 20\_\_  
 Month /Day/Year (e.g., for January 8, 2018, this would be 01082018)
  
3. **County of Incident:** \_\_\_\_\_  
 (write County name and code from Appendix, e.g., Cheyenne-10)
  - a. **City of Incident:** \_\_\_\_\_ (write City name)
  
4. **Judicial District:** \_\_\_\_\_  
 (1<sup>st</sup>-22<sup>nd</sup>)
  
5. **Law Enforcement Agency Case #** \_\_\_\_\_
  
6. **DA Case #** \_\_\_\_\_
  
7. **Deaths, Attempted Murders, Near Deaths** *Check Yes or No for all items*

		Explain if Necessary, Especially for "Other"
DV Victim Murder	<input type="checkbox"/> No <input type="checkbox"/> Yes	
DV Victim Attempted Murder/Near Death	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Collateral Death(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Collateral Attempted Murder(s)/Near Death(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
DV Perpetrator Suicide	<input type="checkbox"/> No <input type="checkbox"/> Yes	
DV Perpetrator Attempted Suicide	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Perpetrator Killed by Victim/Self-Defense	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Perpetrator Killed by Police or Someone not Victim	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other (please explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## B. VICTIM-PERPETRATOR/PRIMARY COUPLE'S RELATIONSHIP

### 1. The couple's relationship at the DOI (Check one): or explain

- (1) Current spouse/partner (currently cohabitating)
- (2) Former spouse/partner (not currently cohabitating)
- (3) Dating/Lovers (never cohabitated)
- (4) Ex-dating (never cohabitated)
- (5) No relationship
- (6) child in common
- (7) Other (please explain) \_\_\_\_\_

### 2. The couple's (non-abusive) relationship history:

- a. Was couple ever married to each other?  No  Yes  Unknown
- b. Was couple married on DOI?  No  Yes  Unknown  N/A
- c. Was couple ever divorced from each other?  No  Yes  Unknown
- d. Was couple divorced from each other on DOI?  No  Yes  Unknown
- e. Were the victim and perpetrator married to each other more than one time?  No  Yes  Unknown
- f. If not married, was couple ever common-law or domestic partners?  No  Yes  Unknown  N/A
- g. If common-law/domestic partners, was couple "divorced"/broken up from each other on DOI?  No  Yes  Unknown  N/A
- h. Had couple ever separated from each other?  No  Yes  Unknown
- j. Did couple change residences in year prior to DOI?  No  Yes  Unknown
- k. Was couple separated on DOI?  No  Yes  Unknown
- l. If the couple were still together at DOI, was the victim planning on leaving the relationship?  No  Yes  Unknown  N/A
- m. If the victim was planning on leaving the relationship, did the perpetrator know the victim wanted to/was making plans to leave?  No  Yes  Unknown  N/A
- n. Did the couple have a history of breaking up and getting back together?  No  Yes  Unknown
- o. Was victim pregnant on DOI?  No  Yes  Unknown  N/A
- p. Was perpetrator pregnant on DOI?  No  Yes  Unknown  N/A
- q. Was the couple jointly facing financial hardship (i.e., debt, bankruptcy, foreclosure)?  No  Yes  Unknown
- r. Was the perpetrator facing financial hardship (i.e., debt, bankruptcy, foreclosure)?  No  Yes  Unknown

3. If victim and perpetrator were ever married (including common law) to each other, how long *in months* were they married? \_\_\_\_\_ months

(If they were married 3 weeks, this would be .75; if they were married 10.5 years this would be 126 months—or 12 x 10.5).

4. If victim and perpetrator dated/were lovers and not married, how long *in months* did they date/in relationship? \_\_\_\_\_ months

(If they dated 3 weeks, this would be .75; if they dated 10.5 years this would be 126 months—or 12 x 10.5).

5. If the victim and perpetrator were separated at the DOI, how long, in months, had they been separated? \_\_\_\_\_ months

6. If victim or perpetrator was pregnant at DOI, is there any information on the pregnancy (e.g., how many weeks/months pregnant, the fetus sex, whether pregnancy was from this couple or outside person, whether pregnancy was planned, etc.)? \_\_\_\_\_

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7. Did one or both partners want to terminate the pregnancy?

No     Yes     N/A     Unknown

If “yes,” who wanted to terminate the pregnancy (e.g., the victim, the perpetrator, both)?

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8. Is there any information on prior terminated pregnancies within this relationship?

No     Yes     N/A     Unknown

If “yes,” what is known about prior terminated pregnancies (e.g., when and why)?

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### 3. Joint Children/Dependents of the Couple

For this section only complete for children the couple had together biologically or adopted together and answer for the DOI. Please circle the appropriate sex (M=male, F=female, O=other, UNK = unknown), and whether the dependent/child had a disability, and whether the child/dependent witnessed the incident. (Male=3, Female=4, 5=other, 9=unknown)

	Name	Sex/Gender	Age	Disability?	Witness Incident?
a.		M F O UNK		No Yes Unknown	No Yes Unknown
b.		M F O UNK		No Yes Unknown	No Yes Unknown
c.		M F O UNK		No Yes Unknown	No Yes Unknown
d.		M F O UNK		No Yes Unknown	No Yes Unknown
e.		M F O UNK		No Yes Unknown	No Yes Unknown
f.		M F O UNK		No Yes Unknown	No Yes Unknown
g.		M F O UNK		No Yes Unknown	No Yes Unknown
h.		M F O UNK		No Yes Unknown	No Yes Unknown
i.		M F O UNK		No Yes Unknown	No Yes Unknown
j.		M F O UNK		No Yes Unknown	No Yes Unknown

12. If the child(ren)/dependent(s) had/have a disability, please describe:

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13. Is there any record of prior involvement with Child Welfare (i.e., DHS)?  No  Yes  N/A

14. Is there any record of child(ren)/dependent(s) being removed?  No  Yes  N/A

15. Is there any record of parental rights ever being terminated?  No  Yes  N/A

If "yes," to any of the above 3 questions, please explain:

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**4. Previous Relationship(s)/Children/Dependents from Previous Relationship(s)**

<b>Question</b>	<b>Victim</b>	<b>Perpetrator</b>
a. Any significant <i>previous</i> relationships?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
b. Any <i>marriages</i> prior to current relationship?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
c. Any indication of DV in any Previous Relationships?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown
d. Number of Children from Previous Relationships?		
e. Are any of the children from prior relationships under the age of 18?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown
f. Ages and genders of children from prior relationships (e.g., for a 10 year old son write 10-son).	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
g. Did any of the children from prior relationships live with parties at DOI?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown
h. Did the couple have shared custody of any children?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown
i. Children from prior relationships that lived with the parties at DOI <sup>a</sup>		

<sup>a</sup>Write the number from question two above this, on the ages and genders of children from prior relationships living with the parties at the DOI. For example, if for the Victim 1. is a 10-son and from the Perpetrator, and 3. is 4-daughter and those were the only two children from a prior relationship living with the parties, then write "1" in the column for the Victim and "3" in the column for the perpetrator.

**5. In sum, were there any minor children of either the victim or perpetrator not with each other? (Minor children are under the age of 18.)**

(0) No                     
  (1) Yes                     
  (8) N/A                     
  (9) Unknown

## C. VICTIM DEMOGRAPHICS

1. **Name of Primary DV Victim:** \_\_\_\_\_

2. **Victim DOB:** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (Month / Day/Year)

3. **Victim Age at DOI:** \_\_\_\_\_

4. **Victim Sex/Gender:**  
 (0) Female     (1) Male     (3) Other (please explain): \_\_\_\_\_

### 3. Victim Race/Ethnicity

- (1) White/Caucasian     (2) Latinx/Hispanic     (3) African American  
 (4) Asian American     (5) Native American  
 (6) Other (including bi- or multi-racial, and please explain): \_\_\_\_\_  
 (9) Unknown

4. **Victim County of Residence at DOI:** \_\_\_\_\_  
(write County name and code from Appendix, e.g., Cheyenne-10)

### 5. Victim Citizenship Status (*Check one*):

- (1) Citizen of the United States     (2) Documented Immigrant/Refugee  
 (3) Undocumented Immigrant/Refugee     (4) In the Process of attaining documented legal status  
 (5) Other (please explain): \_\_\_\_\_  
 (9) Unknown/No Information

a. If the victim was an immigrant or refugee, is there any evidence that the domestic violence perpetrator held the domestic violence victim's passport or other important legal documentation?

- No     Yes     Not applicable     Unknown

b. If the victim was an immigrant or refugee, is there any evidence that the immigration or refugee status is related to domestic violence?

- No     Yes     Not applicable     Unknown

### 6. Victim Employment Status at DOI (*Check all that apply*):

- (1) Legally employed     (2) Unemployed     (3) Retired     (4) Disabled/SSI     (5) Student  
 (6) Underemployed     (7) Illegally employed (e.g., sex work, drug selling, etc.)  
 (8) Other (please explain): \_\_\_\_\_     (9) Not indicated/Unknown

a. **If the victim was employed, legally and/or illegally, please describe the victim's job(s)/work:** \_\_\_\_\_  
\_\_\_\_\_

**7. Victim's Sources of Economic Support at DOI (other than employment) (Check all that apply):**

- (1) TANF/SSI/Public Assistance                       (2) Perpetrator's Income  
 (3) Assistance from victim's family/friends    (4) Assistance from perpetrator's family/friends  
 (5) Other (please explain): \_\_\_\_\_  (9) Unknown

**8. Victim's Education:**

- (1) Some high school    (2) High school graduate    (3) Some college    (4) College graduate  
 (5) Post graduate         (6) Technical school  
 (7) Other (please explain): \_\_\_\_\_  
 (9) Not indicated/unknown

**9. Victim Mental Health Diagnosis:**

Were any mental health diagnoses about the victim revealed/documentated?    No    Yes  
If yes, what was/were they and when was the diagnosis made?

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**Victim Disability (Other than Mental Health):**

Does the victim have a disability?    No    Yes    Unknown

If the victim has a disability, please identify it and describe how severe it is (if known, such as physical or emotional or trauma-related)

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**11. Victim Military and Veteran Status:**

- (1) Active duty veteran     (2) Disabled veteran             (3) Recently separated veteran  
 (4) Veteran of the Vietnam Era                       (5) Armed Forces Service Medal Veteran  
 (6) Currently in the military at DOI    (8) N/A         (9) Not indicated/unknown

a. Was victim ever deployed?    No    Yes    Unknown

b. If ever deployed,

Which Military Branch(es): \_\_\_\_\_

Where and when deployed? \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Dates of Service: \_\_\_\_\_



## 12. Victim Substance Use Information

a. Victim's **alcohol** use history (*Check all that apply*):

- (1) No history     (2) Alcohol problem/addiction/alcoholic     (3) Alcohol-related convictions  
 (9) Not indicated/unknown

b. Victim's **drug/substance use** history (*Check all that apply*):

- (1) No history     (2) Drug problem/addiction     (4) Drug/substance-related convictions  
 (9) Not indicated/unknown

If drug type known, please describe (e.g., cocaine, opioids, heroin, etc.) \_\_\_\_\_

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c. Victim's **gambling** history (*Check all that apply*):

- (1) No history     (2) Gambling problem/addiction     (9) Not indicated/unknown

d. **Other** victim addiction history (*Check all that apply*):

- (1) No history     (2) Problem/addiction     (9) Not indicated/unknown

Please identify the type of addiction and any information about it. \_\_\_\_\_

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## 13. Victim's **Suicide History** (*Check all that apply*):

- (1) No history     (2) History of suicide threats     (3) History of suicide attempts  
 (9) Not indicated/unknown

## D. PERPETRATOR DEMOGRAPHICS

1. **Name of Primary DV Perpetrator:** \_\_\_\_\_

2. **Perpetrator DOB:** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (Month / Day/Year)

3. **Perpetrator Age at DOI:** \_\_\_\_\_

4. **Perpetrator Sex/Gender:**

(0) Female     (1) Male     (3) Other (please explain): \_\_\_\_\_

3. **Perpetrator Race/Ethnicity**

(1) White/Caucasian     (2) Latinx/Hispanic     (3) African American

(4) Asian American     (5) Native American

(6) Other (please explain): \_\_\_\_\_

(9) Unknown

4. **Perpetrator County of Residence at DOI:** \_\_\_\_\_

(write County name and code from Appendix, e.g., Cheyenne-10)

5. **Perpetrator Citizenship Status (Check one):**

(1) Citizen of the United States     (2) Documented Immigrant/Refugee

(3) Undocumented Immigrant/Refugee     (4) In the Process of attaining documented legal status

(5) Other (please explain): \_\_\_\_\_

(9) Unknown/No Information

a. If the perpetrator was an immigrant or refugee, is there any evidence that the immigration or refugee status is related to domestic violence?  No     Yes     Not applicable     Unknown

6. **Perpetrator Employment Status at DOI (Check all that apply):**

(1) Legally employed     (2) Unemployed     (3) Retired     (4) Disabled/SSI     (5) Student

(6) Underemployed     (7) Illegally employed (e.g., sex work, drug selling, etc.)

(8) Other (please explain): \_\_\_\_\_     (9) Not indicated/Unknown

a. If the perpetrator was employed, legally and/or illegally, please describe the perpetrator's job(s)/work:

\_\_\_\_\_  
\_\_\_\_\_

**7. Perpetrator's Sources of Economic Support at DOI (other than employment) (Check all that apply):**

- (1) TANF/SSI/Public Assistance       (2) Victim's Income  
 (3) Assistance from victim's family/friends     (4) Assistance from perpetrator's family/friends  
 (5) Other (please explain): \_\_\_\_\_  (9) Unknown

**8. Perpetrator Education:**

- (1) Some high school     (2) High school graduate     (3) Some college     (4) College graduate  
 (5) Post graduate       (6) Technical school  
 (7) Other (please explain): \_\_\_\_\_  
 (9) Not indicated/unknown

**9. Perpetrator Mental Health Diagnosis:**

a. Were any mental health diagnoses about the perpetrator revealed/documentated?

- No     Yes

b. If yes, what was/were they and when was the diagnosis made?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Perpetrator Disability (Other than Mental Health):**

a. Does the perpetrator have a disability?     No     Yes     Unknown

b. If the perpetrator has a disability, please identify it and describe how severe it is (if known, such as physical or emotional or trauma-related)

\_\_\_\_\_  
\_\_\_\_\_

**11. Perpetrator Military and Veteran Status**

- (1) Active duty veteran     (2) Disabled veteran       (3) Recently separated veteran  
 (4) Veteran of the Vietnam Era       (5) Armed Forces Service Medal Veteran  
 (6) Currently in the military at DOI     (8) N/A       (9) Not indicated/unknown

a. Was perpetrator ever deployed?     No     Yes     Unknown

b. If ever deployed,

Which Military Branch(es): \_\_\_\_\_

Where and when deployed? \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Dates of Service: \_\_\_\_\_

## 12. Perpetrator Alcohol, Drug, Substance Use and Addiction Information

a. Perpetrator **alcohol** use history (*Check all that apply*):

- (1) No history       (2) Alcohol problem/addiction/alcoholic  
 (3) Alcohol-related convictions       (9) Not indicated/unknown

b. Perpetrator **drug**/substance use history (*Check all that apply*):

- (1) No history       (2) Drug problem/addiction  
 (4) Drug/substance-related convictions       (9) Not indicated/unknown

If drug type known, please describe (e.g., cocaine, opioids, heroin, etc.) \_\_\_\_\_

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c. Perpetrator's **gambling** history (*Check all that apply*):

- (1) No history       (2) Gambling problem/addiction       (9) Not indicated/unknown

d. **Other** perpetrator addiction history (*Check all that apply*):

- (1) No history       (2) Problem/addiction       (9) Not indicated/unknown

Please identify the type of addiction and any information about it. \_\_\_\_\_

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## 13. Perpetrator's **Suicide History** (*Check all that apply*):

- (1) No history       (2) History of suicide threats       (3) History of suicide attempts  
 (9) Not indicated/unknown

**E. VICTIM'S AND PERPETRATOR'S CRIMINAL HISTORIES**

Question	Victim	Perpetrator
1. Prior Domestic Violence arrests?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
2. If yes, <u>total number of prior DV arrests</u>		
3. If yes, number of <u>prior DV arrests with this victim?</u>		
4. If yes, how many victims has s/he had DV arrests other than current partner?		
5. Prior Domestic Violence convictions?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
6. If yes, <u>total number of prior DV convictions</u>		
7. If yes, number of <u>prior DV convictions with this victim</u>		
8. If yes, how many victims has s/he had DV convictions other than current partner?		
9. Number of DV arrests in Past 5 years?		
10. Number of DV convictions in Past 5 years?		
11. Arrests for other assaults (non DV), traffic, crimes (other than drugs or alcohol)?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
12. Number of these <u>other arrests</u> in last 5 years?		
13. Number of these <u>other arrests</u> ever?		

Question	Victim	Perpetrator
14. Ever attend DV offender treatment/intervention?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
15. Ever arrested for DUI/Possession?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
16. Ever receive substance abuse treatment? <i>(court ordered or voluntary)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
17. Ever investigated for child abuse? <i>(CPS, criminal)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
18. Arrested for child abuse?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
19. Have a juvenile record?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
20. Arrested for Protection Order violations? <i>(criminal or civil)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
21. On probation at time of incident/DOI?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
22. Probation Revocation Requested?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
23. On Parole at time of incident?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
24. Parole Revocation Requested?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
21. On bond at time of incident/DOI?	<input type="checkbox"/> (0) No	<input type="checkbox"/> (0) No

	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
If yes, what was date of arrest and charges?		

**F. WHO KNEW ABOUT DOMESTIC VIOLENCE PRIOR TO DOI**

1. Victim's Parent(s)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	2. Perpetrator's Parent(s)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
3. Victim's Siblings	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	4. Perpetrator's Siblings	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
5. Clergy/Religious Contact	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	6. Shelter/DV Program	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
7. Victim's Friend(s)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	8. Perpetrator's Friend(s)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
9. Victim's Co-Worker(s)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	10. Perpetrator's Co-Worker(s)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
11. Neighbor(s)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	12. Childcare Worker, Teacher, School	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
13. Police/Sheriff	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	14. Civil Court: Divorce, Custody/Protection order	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
15. Attorney/Legal Services	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	16. Medical Provider (e.g., nurse or doctor)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
17. Social Services/Child Protection	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	18. DV Report/Disclosure made to <i>other</i> (include family members not listed elsewhere) <b>If yes, who?</b>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown

19. For the current victim, was there prior medical treatment for DV related injury/ies?

(0) No     (1) Yes     (9) Unknown

20. If yes, was there any record of going to the emergency room for DV-related injuries?

(0) No     (1) Yes     (9) Unknown

21. If yes to prior medical treatment/ER, to whom was it reported and when and what were the injuries?

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22. Had the victim expressed a desire to leave the relationship?

(0) No     (1) Yes     (9) Unknown

If yes, to whom and when did they express this wish?

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23. Had victim obtained a Protection Order?

(0) No     (1) Yes     (9) Unknown

If yes, when and if more than one list all information, please.

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### G. INVOLVMENT WITH DEPARTMENT OF HUMAN SERVICES

1. According CPS, were there any founded or unfounded (in CPS terms) allegations of child abuse filed against the domestic violence PERPETRATOR?

(0) No     (1) Yes     (8) N/A (no children)     (9) Unknown

2.

Date (mm/dd/yy)	Allegation	Child Involvement	Founded (Y) or unfounded (N)?	Consequences/ Follow-up?
			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	



			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	
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5. According to CPS, were there any founded or unfounded (in CPS terms) allegations of child abuse filed against the domestic violence **VICTIM**?

(0) No    (1) Yes    (8) N/A (no children)    (9) Unknown

Date (mm/dd/yy)	Allegation	Child Involvement	Founded (Y) or unfounded (N)?	Consequences/ Follow-up?
			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Unfounded <input type="checkbox"/> Founded <input type="checkbox"/> Unknown	

5. Did the CPS worker screen for Domestic Violence?

(0) No    (1) Yes    (8) N/A (no children)    (9) Unknown

6. Was DV victim given referrals to DV programs or legal advocacy programs?

(0) No    (1) Yes    (8) N/A (no children)    (9) Unknown

**H. VICTIM'S LEAVE TAKING (STEPS THE VICTIM TOOK WITHIN THE PREVIOUS 12 MONTHS TO LEAVE THE RELATIONSHIP, OR END THE ABUSE):**

Steps Taken	No/Yes	If Yes, Time Frame
1. Victim moved out of joint residence?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (9) Unknown Time
2. Victim asked the perpetrator to move out of the joint residence?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (9) Unknown Time
3. The victim contacted/consulted an attorney?	<input type="checkbox"/> (0) No	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months

	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (9) Unknown Time
4. The victim told perpetrator of a desire to end the relationship?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (9) Unknown Time
5. The victim told others of the desire to end the relationship?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (9) Unknown Time
<b>Steps Taken</b>	<b>No/Yes</b>	<b>If Yes, Time Frame</b>
6. The victim accessed DV Advocacy & Support Services?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (9) Unknown Time
7. Did the victim take any other non-legal steps to leave the relationship?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (1) 0-3 months <input type="checkbox"/> (2) 4-12 months <input type="checkbox"/> (9) Unknown Time

**8. The above are not applicable; the victim ended relationship more than 12 months prior to DOI.**

(0) No    (1) Yes    (9) Unknown

**Did the victim initiate or participate in any LEGAL ACTION prior to the DOI?**

<b>Legal Action</b>	<b>No/Yes</b>	<b>Comments/Description (e.g., how many times, when, etc.)</b>
9. The victim initiated legal action? <i>(civil or criminal)</i>	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
10. The victim filed for divorce	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	
11. The victim filed for custody	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	
12. Victim filed for TPO/PPO?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	

13. The victim participated in criminal prosecution against the perpetrator	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
14. The victim initiated a child abuse report/investigation against the perpetrator	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown	

## I. PERPETRATOR'S ABUSE HISTORY AGAINST THE VICTIM

*Include any known abuse, whether or not it was reported to law enforcement, CPS, etc.*

Abuse	During DOI	History of Prior to DOI	Comments/Description
1. Broke victim's glasses or tore victim's clothing	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
2. Pushed or shoved victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
3. Grabbed victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
4. Slapped victim with open hand	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
5. Pulled victim's hair	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
6. Bit victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
7. Hit victim with a fist	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
8. Kicked victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
9. Threw object at victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
10. Hit w/object aside from throwing something at victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
11. Tried to hit victim with an object (no contact made)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
12. Twisted victim's arm or leg	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
13. Drove recklessly to scare victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
14. Choked or strangled victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
15. Smothered attempted to smother victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	

<b>Abuse</b>	<b>During DOI</b>	<b>History of Prior to DOI</b>	<b>Comments/Description</b>
16. Burned victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
17. Tied up/physically restrained victim (e.g., locked in a closet)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
18. Beat up victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
19. Forced sexual activity on victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
20. Threatened victim with a knife	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
21. Threatened victim with a gun	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
22. Threatened victim w/another weapon (not knife/gun, describe)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
23. Stabbed victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
24. Shot victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
25. Injured victim with something other than a knife or gun (describe)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
26. Name called, verbally harassed, humiliated victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
27. Isolating behavior to keep victim away from friends and family	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
28. Economic control of victim such as keeping from job or education, controlling finances	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
29. Abused, harmed, or killed family pets or other animals	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
30. Stole or harmed victim's phone or computer	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
31. Destroyed other property of the victim (other than those above)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	

Abuse	During DOI	History of Prior to DOI	Comments/Description
32. Threatened victim if they cooperated w/ police, DA, etc.	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
33. Threatened to kill victim	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
34. Threatened to kill children (joint children or children of perp. or victim from prior relationship)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
35. Threatened to kill anyone else (other than partner/victim, <b>self</b> , or their kids, please identify and describe)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
36. Stalked (e.g., tracking, following, obsessive phoning of victim)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
37. Any other abuses or violence not included in this list? (describe)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	

## J. SIGNIFICANT CHANGES

Type of Significant Change	No/Yes	Please describe the change
1. Relationship between the victim and perpetrator?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
2. The <b>perpetrator's</b> physical health	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
3. The <b>perpetrator's</b> mental health	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
4. The <b>perpetrator's</b> employment/finances	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
5. The <b>perpetrator's</b> sole residence	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
6. Other losses in <b>perpetrator's</b> life (e.g., death of a parent, friend, etc.)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
7. The <b>perpetrator's</b> alcohol use	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	

Type of Significant Change	No/Yes	Please describe the change
8. The <b>perpetrator's</b> drug use	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
9. The <b>perpetrator's</b> gambling	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
10. The <b>perpetrator's</b> suicide threats	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
11. The <b>perpetrator's</b> suicide attempts	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
12. The <b>perpetrator's</b> daily living (e.g., working out, not attending or starting to attend religious events, etc.)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
13. Other changes in <b>perpetrator's</b> life not listed here? (be sure to describe)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
14. The <b>victim's</b> physical health	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
15. The <b>victim's</b> mental health	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
16. The <b>victim's</b> employment/finances	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
17. The <b>victim's</b> sole residence	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
18. Other losses in <b>victim's</b> life (e.g., death of a parent, friend, etc.)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
19. The <b>victim's</b> daily living (e.g., working out, not attending or starting to attend religious events, etc.)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
20. The <b>victim's</b> alcohol use	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
21. The <b>victim's</b> drug use	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
22. The <b>victim's</b> gambling	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
23. The <b>victim's</b> suicide threats	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	

Type of Significant Change	No/Yes	Please describe the change
24.		
25. The <b>victim's</b> suicide attempts	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	
26. Other changes in <b>victim's</b> life not listed here? (be sure to describe)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown	

### K. AUTOPSY, DRUG, AND ALCOHOL REPORTS

Date of Autopsy __/__/____ (dd/mm/yyyy)	Time of Autopsy:	
1 <sup>ST</sup> Autopsy: _____ (Identify individual by name)	Official Cause of Death:	Official Manner of Death:
2 <sup>nd</sup> Autopsy: _____ (Identify individual by name)	Official Cause of Death:	Official Manner of Death:
3 <sup>rd</sup> Autopsy: _____ (Identify individual by name)	Official Cause of Death:	Official Manner of Death:
4 <sup>th</sup> Autopsy: _____ (Identify individual by name)	Official Cause of Death:	Official Manner of Death:
5 <sup>th</sup> Autopsy: _____ (Identify individual by name)	Official Cause of Death:	Official Manner of Death:
6 <sup>th</sup> Autopsy: _____ (Identify individual by name)	Official Cause of Death:	Official Manner of Death:
7 <sup>th</sup> Autopsy: _____ (Identify individual by name)	Official Cause of Death:	Official Manner of Death:
1a. Alcohol abuse by Perpetrator at DOI:	<input type="checkbox"/> (1) BAC Positive <input type="checkbox"/> (2) BAC Negative <input type="checkbox"/> (3) BAC Unknown (not tested/not indicated)	1b. Concentration:
2. Drug Abuse by Perpetrator at DOI:	<input type="checkbox"/> (1) Drug Metabolites Positive <input type="checkbox"/> (2) Drug Metabolites Negative <input type="checkbox"/> (3) Drug Metabolites Unknown (not tested/not indicated)	



3a. Alcohol abuse by Victim at DOI:	<input type="checkbox"/> (1) BAC Positive <input type="checkbox"/> (2) BAC Negative <input type="checkbox"/> (3) BAC Unknown (not tested/not indicated)	3b. Concentration:
4. Drug Abuse by Victim at DOI:	<input type="checkbox"/> (1) Drug Metabolites Positive <input type="checkbox"/> (2) Drug Metabolites Negative <input type="checkbox"/> (3) Drug Metabolites Unknown (not tested/not indicated)	

5. Location(s) where fatal incident took occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**L. PRIMARY VICTIM DEATH/INJURY**

1. Primary Detective: \_\_\_\_\_ 2. Phone Number: \_\_\_\_\_

3. Were there others besides children (if children were there) present?

(0) No  (1) Yes  (9) Unknown

4. Date of Primary DV Victim's Death/Injury	_____/_____/_____ (mm/dd/yyyy)	<input type="checkbox"/> Not Applicable, Victim Survived and was not injured
5. Cause of Victim's death/injury? <b>(Check all that apply)</b>	<input type="checkbox"/> (1) Gunshot <input type="checkbox"/> (2) Stabbing <input type="checkbox"/> (3) Asphyxiation <input type="checkbox"/> (4) Beating <input type="checkbox"/> (5) Strangulation <input type="checkbox"/> (6) Other (include injuries here if victim was injured and survived): _____ <input type="checkbox"/> (8) NA/Victim Survived and was not injured <input type="checkbox"/> (9) Unknown	

6. Victim's place of Death/Injury?	<input type="checkbox"/> (1) Victim's Residence <input type="checkbox"/> (2) Perpetrator's Residence <input type="checkbox"/> (3) Victim/Perp. Joint Home <input type="checkbox"/> (4) Other home/Private Resid. <input type="checkbox"/> (5) Residential Institution (Jail, Hospital, Dorm, Reform School) <input type="checkbox"/> (6) Victim's Worksite <input type="checkbox"/> (7) Perpetrator's Worksite <input type="checkbox"/> (99) Unknown <input type="checkbox"/> (8) Public Building <input type="checkbox"/> (9) Street, Highway <input type="checkbox"/> (10) Sports, athletic, nature area <input type="checkbox"/> (11) Parking lot or parking garage <input type="checkbox"/> (12) Other (describe): _____ <input type="checkbox"/> (88) NA <input type="checkbox"/> (99) Not indicated/Unknown
7. Weapon Used?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown
8. Type of Weapon used?	<input type="checkbox"/> (1) Firearm <input type="checkbox"/> (3) Bat, Board or blunt object <input type="checkbox"/> (5) Other: _____ <input type="checkbox"/> (9) Unknown <input type="checkbox"/> (2) Knife or Sharp Object <input type="checkbox"/> (4) Car, Vehicle <input type="checkbox"/> (8) N/A
9. If Firearm, what type?	<input type="checkbox"/> (1) Handgun <input type="checkbox"/> (2) Rifle <input type="checkbox"/> (3) Shotgun <input type="checkbox"/> (5) Automatic <input type="checkbox"/> (6) Semi-Automatic <input type="checkbox"/> (7) Revolver <input type="checkbox"/> (8) N/A <input type="checkbox"/> (99) Firearm, Not specified
10a. Date Purchased:	b. How was firearm acquired? _____
11a. Did perpetrator have other weapons besides the murder weapon?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unknown b. If yes, please identify/describe: _____
12. If victim survived, what injuries were sustained?	
13. What did the victim do to survive?	
14. Was victim compensation or other resources utilized?	

### M. PERPETRATOR DEATH/INJURY

1. Date of Perpetrators Death/Injury:	__/__/____ (dd/mm/yyyy)	<input type="checkbox"/> Not Applicable, Perpetrator Survived and was not injured		
2. Perpetrator's place of Death/Injury?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> (1) Victim's Residence  <input type="checkbox"/> (2) Perpetrator's Residence  <input type="checkbox"/> (3) Victim/Perp. Joint Home  <input type="checkbox"/> (4) Other home/Private Resid.  <input type="checkbox"/> (5) Residential Institution (Jail, Hospital, Dorm, Reform School)  <input type="checkbox"/> (6) Victim's Worksite  <input type="checkbox"/> (7) Perpetrator's Worksite                             </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> (8) Public Building  <input type="checkbox"/> (9) Street, Highway  <input type="checkbox"/> (10) Sports, athletic, nature area  <input type="checkbox"/> (11) Parking lot or parking garage  <input type="checkbox"/> (12) Other (describe): _____  <input type="checkbox"/> (88) NA  <input type="checkbox"/> (99) Not indicated/Unknown                             </td> </tr> </table>		<input type="checkbox"/> (1) Victim's Residence <input type="checkbox"/> (2) Perpetrator's Residence <input type="checkbox"/> (3) Victim/Perp. Joint Home <input type="checkbox"/> (4) Other home/Private Resid. <input type="checkbox"/> (5) Residential Institution (Jail, Hospital, Dorm, Reform School) <input type="checkbox"/> (6) Victim's Worksite <input type="checkbox"/> (7) Perpetrator's Worksite	<input type="checkbox"/> (8) Public Building <input type="checkbox"/> (9) Street, Highway <input type="checkbox"/> (10) Sports, athletic, nature area <input type="checkbox"/> (11) Parking lot or parking garage <input type="checkbox"/> (12) Other (describe): _____ <input type="checkbox"/> (88) NA <input type="checkbox"/> (99) Not indicated/Unknown
<input type="checkbox"/> (1) Victim's Residence <input type="checkbox"/> (2) Perpetrator's Residence <input type="checkbox"/> (3) Victim/Perp. Joint Home <input type="checkbox"/> (4) Other home/Private Resid. <input type="checkbox"/> (5) Residential Institution (Jail, Hospital, Dorm, Reform School) <input type="checkbox"/> (6) Victim's Worksite <input type="checkbox"/> (7) Perpetrator's Worksite	<input type="checkbox"/> (8) Public Building <input type="checkbox"/> (9) Street, Highway <input type="checkbox"/> (10) Sports, athletic, nature area <input type="checkbox"/> (11) Parking lot or parking garage <input type="checkbox"/> (12) Other (describe): _____ <input type="checkbox"/> (88) NA <input type="checkbox"/> (99) Not indicated/Unknown			
3. Cause of Perpetrator's death/injury?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> (1) Suicide: Gunshot  <input type="checkbox"/> (3) Suicide: strangulation/hanging  <input type="checkbox"/> (5) Perp killed in incident by police  <input type="checkbox"/> (7) Perp killed in incident by other (identify): _____  <input type="checkbox"/> (8) Other (include injuries here if perpetrator was injured and survived): _____  <input type="checkbox"/> (88) NA  <input type="checkbox"/> (99) Not indicated/Unknown                             </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> (2) Suicide: Stabbing  <input type="checkbox"/> (4) Suicide by drug overdose  <input type="checkbox"/> (6) Perp killed in incident by victim  </td> </tr> </table>		<input type="checkbox"/> (1) Suicide: Gunshot <input type="checkbox"/> (3) Suicide: strangulation/hanging <input type="checkbox"/> (5) Perp killed in incident by police <input type="checkbox"/> (7) Perp killed in incident by other (identify): _____ <input type="checkbox"/> (8) Other (include injuries here if perpetrator was injured and survived): _____ <input type="checkbox"/> (88) NA <input type="checkbox"/> (99) Not indicated/Unknown	<input type="checkbox"/> (2) Suicide: Stabbing <input type="checkbox"/> (4) Suicide by drug overdose <input type="checkbox"/> (6) Perp killed in incident by victim 
<input type="checkbox"/> (1) Suicide: Gunshot <input type="checkbox"/> (3) Suicide: strangulation/hanging <input type="checkbox"/> (5) Perp killed in incident by police <input type="checkbox"/> (7) Perp killed in incident by other (identify): _____ <input type="checkbox"/> (8) Other (include injuries here if perpetrator was injured and survived): _____ <input type="checkbox"/> (88) NA <input type="checkbox"/> (99) Not indicated/Unknown	<input type="checkbox"/> (2) Suicide: Stabbing <input type="checkbox"/> (4) Suicide by drug overdose <input type="checkbox"/> (6) Perp killed in incident by victim 			
4. Weapon Used?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (9) Unknown			
5. Type of Weapon used?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> (1) Firearm  <input type="checkbox"/> (3) Bat, Board or blunt object  <input type="checkbox"/> (5) Other (describe): _____  <input type="checkbox"/> (6) N/A  <input type="checkbox"/> (9) Unknown                             </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> (2) Knife or Sharp Object  <input type="checkbox"/> (4) Car, Vehicle                             </td> </tr> </table>		<input type="checkbox"/> (1) Firearm <input type="checkbox"/> (3) Bat, Board or blunt object <input type="checkbox"/> (5) Other (describe): _____ <input type="checkbox"/> (6) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (2) Knife or Sharp Object <input type="checkbox"/> (4) Car, Vehicle
<input type="checkbox"/> (1) Firearm <input type="checkbox"/> (3) Bat, Board or blunt object <input type="checkbox"/> (5) Other (describe): _____ <input type="checkbox"/> (6) N/A <input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (2) Knife or Sharp Object <input type="checkbox"/> (4) Car, Vehicle			
6. If Firearm, what type?	<input type="checkbox"/> (1) Handgun <input type="checkbox"/> (2) Rifle <input type="checkbox"/> (3) Shotgun <input type="checkbox"/> (5) Automatic <input type="checkbox"/> (6) Semi-Automatic <input type="checkbox"/> (7) Revolver <input type="checkbox"/> (8) N/A <input type="checkbox"/> (99) Firearm, Not specified			

## N. CHILDREN/DEPENDENTS AT INCIDENT

This can include children or adult dependents (e.g., grandparent with Alzheimer's, mentally disabled adult child) already listed in above or below (i.e., collateral victims) sections.

1. Were children or dependent adults present (including in another room or on another floor of house or apartment) during the incident?

(0) No    (1) Yes    (9) Unknown    (8) N/A

If yes, please complete:

2. Number of children/dependents <b>PRESENT</b> (at place of injury/death/suicide) during incident? (Could be on another floor or other room) _____	3. Names of Present Children:	
4a. Did any children/dependents actually <b>WITNESS</b> the incident?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unk	b. If yes, # who witnessed and names:
5a. Were children/dependents directly <b>INVOLVED?</b> (e.g., tried to save mother, ran for help, etc)	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unk	b. Who and How?
6a. Did intervention occur with children/dependents as a result of incident (regardless if they witnessed)?	<input type="checkbox"/> (0) No <input type="checkbox"/> (1) Yes <input type="checkbox"/> (8) N/A <input type="checkbox"/> (9) Unk	b. Which Children and What Intervention(s)?
7. Name(s) & Relationship(s) of people providing care to children/dependents		





## P. CASE DISPOSITION

1. Total number of fatalities (including collateral fatalities and suicides): \_\_\_\_\_

<p>2. What charges were filed against the perpetrator at the time of arrest?</p>	<input type="checkbox"/> (1) 1 <sup>st</sup> degree murder <input type="checkbox"/> (2) 2 <sup>nd</sup> degree murder <input type="checkbox"/> (3) Manslaughter <input type="checkbox"/> (4) Conspiracy to commit murder <input type="checkbox"/> (5) Attempted murder <input type="checkbox"/> (6) No charges filed; self-defending victim <input type="checkbox"/> <b>(7) NA; perpetrator completed suicide</b> <input type="checkbox"/> (8) Other (describe): _____ <input type="checkbox"/> (999) Unknown		
<p>3. Did the perpetrator... (Process of the case)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> (1) Enter a plea  <input type="checkbox"/> (2) Go to trial  <input type="checkbox"/> (3) Other (explain)  <input type="checkbox"/> <b>(4) NA; perpetrator completed suicide</b> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>Explain any inconsistency:</p> </td> </tr> </table>	<input type="checkbox"/> (1) Enter a plea <input type="checkbox"/> (2) Go to trial <input type="checkbox"/> (3) Other (explain) <input type="checkbox"/> <b>(4) NA; perpetrator completed suicide</b>	<p>Explain any inconsistency:</p>
<input type="checkbox"/> (1) Enter a plea <input type="checkbox"/> (2) Go to trial <input type="checkbox"/> (3) Other (explain) <input type="checkbox"/> <b>(4) NA; perpetrator completed suicide</b>	<p>Explain any inconsistency:</p>		
<p>4. What was the perpetrator convicted of?</p>	<input type="checkbox"/> (1) 1 <sup>st</sup> degree murder <input type="checkbox"/> (2) 2 <sup>nd</sup> degree murder <input type="checkbox"/> (3) Manslaughter <input type="checkbox"/> (4) Conspiracy to commit murder <input type="checkbox"/> Attempted Murder <input type="checkbox"/> (6) No charges filed; self-defending victim <input type="checkbox"/> <b>(7) NA; perpetrator completed suicide</b> <input type="checkbox"/> (8) Other (describe): _____ <input type="checkbox"/> (999) Unknown		
<p>5. What was the exact sentence?</p>	<input type="checkbox"/> (1) Life, No Parole <input type="checkbox"/> (2) Probation <input type="checkbox"/> (3) Determinate, and if so, how many years?: _____ <input type="checkbox"/> (8) NA/Perpetrator completed suicide before sentence <input type="checkbox"/> (9) NA/Perpetrator completed suicide before trial <input type="checkbox"/> (10) NA/Perpetrator completed suicide before charges <input type="checkbox"/> (11) NA/No sentence, not guilty or charges dropped <input type="checkbox"/> (12) Other (describe): _____		
<p>6. Name of presiding judge for the case</p>			
<p>7. Who prosecuted the case?</p>			
<p>8. Who defended the perpetrator?</p>			

9a. At what **amount was bail** set? \_\_\_\_\_

b. Did the suspect **make bail**?     (0) No     (1) Yes     (8) N/A     (9) Unknown

10. Was the **suspect offered a plea deal**?     (0) No     (1) Yes     (8) N/A     (9) Unknown

11. If yes, what factors informed the decisions to offer a plea bargain? \_\_\_\_\_

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12. If the perpetrator did not plea, was the **case tried before a jury**?

(0) No     (1) Yes     (8) N/A     (9) Unknown

13. Include any additional narrative that will help describe circumstances of fatal incident:

**Q. SOURCES TO COMPLETE THIS CDVFR CODEBOOK** *(Check all that apply):*

- (1) Criminal Justice Records (e.g., police, probation, DA/court, PSI)
- (2) Other court documents (civil, divorce)
- (3) Medical reports (e.g., autopsy)
- (4) Family, co-worker, acquaintance interviews
- (5) Newspapers, websites, etc.
- (6) Other (please explain) \_\_\_\_\_



**R. KNOWN AND POTENTIAL RED FLAGS CHECKLIST**

**Date of Case Review:**

Red Flags Validated By Research	Red Flags Under Review by DMDVFR
<ol style="list-style-type: none"> <li>1. ___ Access to a firearm</li> <li>2. ___ Prior threats with a firearm</li> <li>3. ___ Whirlwind courtship/relationship</li> <li>4. ___ Perpetrator unemployed or underemployed</li> <li>5. ___ Stepchildren in the home</li> <li>6. ___ Escalated threats of suicide</li> <li>7. ___ Estrangement/Separation from victim                             <ol style="list-style-type: none"> <li>a. Amount of time: _____</li> </ol> </li> <li>8. ___ Separation imminent</li> <li>9. ___ Prior strangulation attempts</li> <li>10. ___ Violation of protection orders</li> <li>11. ___ Stalking/Monitoring</li> <li>12. ___ Perpetrator’s possessiveness of victim</li> <li>13. ___ Threats to kill victim</li> <li>14. ___ Threats to kill victim’s children, family members, friends, etc.                             <ol style="list-style-type: none"> <li>___ Significant Losses</li> </ol> </li> <li>15. ___ loss of housing</li> <li>16. ___ loss of employment</li> <li>17. ___ loss of contact/custody regarding children</li> <li>18. ___ perceived loss of control</li> <li>19. ___ loss of coping mechanisms</li> <li>20. ___ History of drug/alcohol use/abuse</li> <li>21. ___ Believes/knows victim is pregnant</li> <li>22. ___ History of d.v. assaults</li> <li>23. ___ History of non-d.v. assaults</li> <li>24. ___ Pending legal actions _____</li> <li>25. ___ Perpetrator believes or knows victim is in a new relationship (circle one)</li> <li>26. ___ Perpetrator has a history of animal cruelty</li> </ol>	<ol style="list-style-type: none"> <li>27. ___ Indications of obsession with weapons</li> <li>28. ___ Known to carry a weapon                             <ol style="list-style-type: none"> <li>a. Type of weapon: _____</li> </ol> </li> <li>29. ___ Known to use a weapon                             <ol style="list-style-type: none"> <li>a. Type of weapon: _____</li> </ol> </li> <li>30. ___ Perpetrator seems to be experiencing feelings of abandonment/betrayal (circle one/both)</li> <li>31. ___ Death of a close friend/family member                             <ol style="list-style-type: none"> <li>a. Amt of time since death: _____</li> </ol> </li> <li>32. ___ perpetrator appears to exploit victim’s tendency to “caretake”</li> <li>33. ___ perpetrator dependent on victim emotionally</li> <li>34. ___ perpetrator dependent on victim financially</li> <li>35. ___ perpetrator dependent on victim for social interaction &amp; support</li> <li>36. ___ Unusual or remarkable enmeshment w/mother (perp may also be controlling her)</li> <li>37. ___ Perpetrator &amp; victim meet or have an encounter “one last time” (post-separation /appears to precede homicide)</li> <li>38. Reason for meeting: _____</li> <li>39. ___ Indications of decompensation</li> <li>40. ___ Changes in perpetrator's activities in daily living: _____</li> <li>41. ___ Known mental health issues/diagnosis: _____</li> <li>42. ___ Financial struggles      43. ___ Gambling</li> </ol>

44. \_\_\_ Atypical Considerations/Other:

This checklist features “red flags” that have been identified by the DMDVFR through the case review process. The checklist is **not** intended to be used as an instrument to predict lethality or risk and the CDVFRB reminds all those using this checklist that there are recognized *validated tools and research*\* to use for the purposes of risk assessment. Please be aware of the limits regarding the use of this checklist. We do urge any professionals who may work with, or come in contact with, victims or offenders, to use this tool to help in their assessment, safety planning and response to concerning situations.

\*References: Jacqueline Campbell, Ph.D., R.N., Joanne Belknap, Ph.D., David Adams, Andrew R. Klein, Angus Nurse, Gavin DeBecker, Edward Gondolf, Dobash & Dobash, Barbara Hart, et al.

**S. INTERVENTIONS USED AND MISSED**

Interventions Used	Potential Interventions Missed

## APPENDIX: COUNTY CODES

<u>County</u>	<u>Code</u>		<u>County</u>	<u>Code</u>
Adams	01		Kit Carson	33
Alamosa	02		La Plata	34
Arapahoe	03		Lake	35
Archuleta	04		Larimer	36
Baca	05		Las Animas	37
Bent	06		Lincoln	38
Boulder	07		Logan	39
Broomfield	08		Mesa	40
Chaffee	09		Mineral	41
Cheyenne	10		Moffat	42
Clear Creek	11		Montezuma	43
Conejos	12		Montrose	44
Costilla	13		Morgan	45
Crowley	14		Otero	46
Custer	15		Ouray	47
Delta	16		Park	48
Denver	17		Phillips	49
Dolores	18		Pitkin	50
Douglas	19		Prowers	51
Eagle	20		Pueblo	52
Elbert	21		Rio Blanco	53
El Paso	22		Rio Grande	54
Fremont	23		Routt	55
Garfield	24		Saguache	56
Gilpin	25		San Juan	57
Grand	26		San Miguel	58
Gunnison	27		Sedgwick	59
Hinsdale	28		Summit	60
Huerfano	29		Teller	61
Jackson	30		Washington	62
Jefferson	31		Weld	63
Kiowa	32		Yuma	64