

SANTA CLARA COUNTY

**DOMESTIC VIOLENCE
DEATH REVIEW TEAM**



**ANNUAL
REPORT**

JANUARY 1 – DECEMBER 31, 2021

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**ANNUAL REPORT
DOMESTIC VIOLENCE DEATH REVIEW TEAM
JANUARY 1, 2021– DECEMBER 31, 2021**

The Santa Clara County Domestic Violence Death Review Team (DVDRT) is a multi-disciplinary team of experts that investigates and reviews all domestic violence-related deaths that occur in Santa Clara County. The DVDRT provides updates to the Santa Clara County Domestic Violence Council and prepares an annual report that the Domestic Violence Council posts on its website. The annual report contains recommendations to community leaders and messages to victims and community members based upon what DVDRT members have learned from the review process, with the goal of improving system response and preventing future deaths.

OVERVIEW AND SYSTEMS ISSUES IDENTIFIED

For more than a quarter of a century, we have closely probed these terrible crimes as a community of law enforcement professionals, system partners, and advocates to tease out patterns, strengthen weaknesses in our systems, and to discover powerful tools of prevention. With approaches like the Family Justice Centers and our increasing use of gun restraining orders, we have gotten better at protecting survivors so that they do not join these annually collated statistics. There is much work to be done.

What follows is a grim recitation of statistics and analyses. We have not forgotten that behind all these statistics were individuals, men and women with vibrant lives cut short. We dedicate this report to them and their loved ones and devote our ongoing efforts to find better practices moving forward.

In 2021, there were 7 domestic violence related deaths - 6 murder victims and 1 suicide. That number represents an increase from 2020, when 5 deaths occurred. From 1993-2009, our County averaged 11 domestic violence deaths a year. Since 2010, the average number of domestic violence deaths a year is 8.2.

Of the 7 domestic violence related deaths, 2 involved strangulation, 2 were by gunshot, 2 involved the use of a knife, 2 involved blunt force trauma, and 1 involved the use of a car to kill the victim. It should be noted that these numbers add up to more than 7, because in two of the deaths more than one way was used by the perpetrator to kill the victim.

That these deaths occurred during the ongoing global COVID-19 pandemic is important to remember. All of us in 2021 were more isolated and had to meet the challenges of restrictions on movement, closure of businesses and services, ongoing housing issues, and the fear of catching a deadly virus. These factors undoubtedly also contributed to the other factors that led to the deaths described in this report.

Part of our work in reviewing these deaths and learning from them, is to report on some systems, policies, trends, and practices that played a part in the story of what happened in these deaths.

One of the issues that has been a part of the tragedies of the deaths of 2021 are stresses related to housing. Three of the deaths involved people who were in temporary housing, or who were needing to move to a new home soon. While the high costs of housing in our area are not causes of these deaths, the stresses related to the cost of housing were factors in several of them.

Two of the deaths also involved strangulation, in combination with other means of killing. We know from the groundbreaking research of Jacqueline Campbell and others that a history of strangulation is an indicator of possible future lethal violence, and the Death Review Team encourages all in our community to take choking or strangulation as one of the most serious kinds of domestic abuse that there is.

That several of the deaths in 2021 involved people who had sought the protection of the court and had obtained restraining orders against their abusers is a tragedy compounding the tragedy of the deaths. While restraining orders themselves are not the thing that will always protect someone from further abuse, we do emphasize that they should be used as part of a broader safety plan to protect.

Lastly, we note that the deaths in this report from 2021 involved people from across the economic spectrum, and that sadly fatal domestic violence is a danger and reality for people across all social and economic rungs in our societal ladder.

2021 CASE SUMMARIES

DOMESTIC VIOLENCE-RELATED DEATHS

The DVDRT defines a “domestic violence-related death” as a death that occurs when the perpetrator and victim were involved in an intimate relationship, either at the time of death or at any time prior to the death, and domestic violence was the catalyst for the death. A domestic violence-related death also includes the death of a family member, friend, and community member such as a first responder or innocent bystander, if the motivation for the homicide was domestic violence. Domestic violence-related deaths include all homicides: murders, murder/suicides, suicides, fatal accidents, and “blue suicides”. “Blue suicides” occur when an individual threatens to kill police officers, verbally or by use of a weapon, and intends that the police will respond by firing upon the individual.

Each fatality is counted separately and given their own number, even if multiple people die during one incident. The numbers begin this year with #303, which marks the 303rd domestic violence-related death since the formation of DVDRT in Santa Clara County in 1993.

#303 MURDER

On January 14, 2021, the male perpetrator stabbed and killed his female wife at their home. There had been years of unreported domestic violence in the relationship, including an incident where the male perpetrator had strangled the victim to unconsciousness. The perpetrator had filed for divorce six years before, and then withdrew that filing 3 years before the murder. The male perpetrator was not working, having been laid off his technology job 5 years before the murder, with the female victim supporting them in her work as a real estate agent since then. The perpetrator and victim had been married for 20 years. The victim had an adult daughter.

#304, 305 DOUBLE MURDER

On January 20, 2021, the male perpetrator beat his female wife to death, and beat and strangled his middle school age daughter to death in their home. He said that he believed that his wife was poisoning him, which caused him to have testicular cancer. He had accused his wife of infidelity in the past, had put a tracker on her phone, and stated he believed she was part of the Russian mafia. The family was planning to move from the home that they had been renting soon, as the owner of the home had passed away, and the owner's family wanted to sell the house. – according to the adult son, the forthcoming move caused recent conflict. The couple immigrated from Russia and had been living in the United States for 16 years. The couple's adult son was not killed. The perpetrator had been working in technology. There had been no reported prior domestic violence.

#306, 307 MURDER-SUICIDE

On April 17, 2021, the male perpetrator who had recently been released from prison learned that his sister had been the victim of domestic violence at the hands of her ex-boyfriend and father of their children, the male victim. His sister had obtained a restraining order against the male victim, and on this day, the male victim violated that restraining order coming to her residence. The male perpetrator confronted the male victim and shot him to death, and then when police arrived, the male perpetrator killed himself by gunshot. While the male victim had been ordered to do a batterer's intervention program for a prior act of domestic violence against his ex-girlfriend, the batterer's intervention program had not been started because of an issue with the referral.

#308 MURDER

On April 23, 2021, the male perpetrator strangled and then stabbed the victim who identified as female to death in a hotel room that they had been staying in. The two had struggled to find long-term housing. The two had been dating for approximately 3 months and had argued earlier about the fact that the perpetrator had gotten involved in a fight with others in the parking lot. There had been prior domestic violence in the relationship that had not been reported to the police, as well as verbal abuse of the victim by the perpetrator during the relationship. The victim had been living openly as a transgender woman.

#309 MURDER

On October 21, 2021, the male perpetrator ran the female victim over with his car, and then fled, ultimately being apprehended by law enforcement near Manteca as he sought to board a bus to Mexico. The perpetrator threatened to kill the victim many times in the past, including recently leading to the victim seeking and obtaining a domestic violence restraining order against him in the week before the murder. The victim had filed for divorce from the perpetrator in the year before as well. The perpetrator had been convicted of serious crimes including sexual assault and domestic violence, as well as perpetrating numerous acts of unreported domestic violence against her.

STATISTICAL ANALYSIS

I. OVERVIEW

Decedents	7
Number of Incidents:	6
Murder Victims:	6
Suicides	1
“Blue Suicides”:	0

II. MANNER OF DEATHS¹

Gun Shot:	2
Stabbing:	2
Blunt Force Trauma:	2
Strangulation:	2
Vehicular murder	1

III. LOCATION OF DEATHS

Victim’s Residence:	2
Victim & Perpetrator’s Joint Residence:	4
Perpetrator’s Residence	0
Workplace	0
Public Place:	0
Other residence:	1

IV. POLICE AGENCIES INVOLVED

Milpitas P.D.:	1
Morgan Hill P.D.:	1
San Jose P.D.:	2
Sheriff’s Office:	1
Sunnyvale D.P.S.:	2

V. SOCIAL IDENTIFIERS

1. Ages

Female Homicide Victims:	11, 24, 37, 47, 57
Female Suicide:	-
Male Homicide Victims:	37

¹ The manner of death numbers exceed the number of deaths because some incidents involved both blunt force trauma and strangulation.

Male Suicide	39
Male Perpetrators	22, 39, 51, 52, 59
Female Perpetrator:	-

2. Race/Ethnicity of Decedents

Caucasian:	2
Hispanic:	2
Asian:	1
African American	1
Native American	1

3. Race/Ethnicity of Perpetrators

Caucasian:	2
Hispanic:	3

4. Gender of Decedents

Female:	6
Male:	1

5. Gender of Perpetrators

Female:	0
Male:	5

6. Same Gender Couples 0

VI. CHILDREN

1. Number of Biological Minor Children Perpetrator & Victim had in Common 3

2. Number of Children who Were Homicide Victims 1

3. Minor Children Present at Time of Incident 2

4. Children Whose Parents Were Decedents

a. Minors:	3
b. Dependent Adults:	0

5. Children Orphaned

a. Minors:	2
b. Dependent Adults:	0

VII. RELATIONSHIP HISTORY AND CURRENT STATUS OF PARTIES²

1. Type of Relationship at Time of Death (Recorded per Incident)

Married:	2
Divorced:	0
Divorced but living together	0
Married and filed for divorce	1
Married and discussed separation:	0
Married and separated:	0
Unmarried cohabitant:	1
Dating:	0
No longer dating:	1
No longer dating but living together:	0
Dating but in the process of breaking up:	0

2. Length of Pre-Separation Relationship

Less than one year:	0
One year:	0
1-3 years:	1
4-15 years:	1
Over 15 years:	1
Over 20 years:	1
Over 30 years:	1
Over 40 years:	0
Over 50 years:	0

3. Length of Post-Separation Relationship

No separation:	4
Less than one year:	0
One year:	0
1-4 years:	1
Over 5 years:	0

4. Prior Police Reports of Domestic Violence

Domestic violence had been reported to police in two of the relationships. There was domestic violence in two others of the relationships that had not been reported to police according to friends and family of the deceased.

² The relationship is the intimate relationship, past or present, that the perpetrator was in, regardless of whether the ultimate victim was a partner in that relationship. Most years there has been at least one incident where domestic violence resulted in the death of a family member, friend or first responder. This year was no exception.

5. **Restraining Orders**

There was a Protective Order in place in two of the relationships.

6. **Employment Status of Homicide Victims**

Retired:	0
Full-time Employment:	2
Full-time Student:	0
Unemployed:	4
Part-time Employment:	1

7. **Employment Status of Perpetrators**

Retired:	0
Full-time Employment:	0
Unemployed:	4
Part-time Employment:	1

8. **Immigrant Victim**

None.

Note: The DVDRT defines an immigrant as a person who has been in the United States for 10 years or fewer. We do not look at legal status.

9. **Chronic Health Conditions**

a. Mental Health Issues

Victim:	0*
Perpetrator:	0

*This figure only includes documented mental health issues, and does not include mental health issues that were suspected but not documented.

b. Physical Health Issues

(i) **Debilitating Physical Condition**

Victim:	0
Perpetrator:	0

(ii) **Neuro-Cognitive Impairment (age 65 and older)**

Victim:	0
Perpetrator:	0

(iii) Developmental Disability (under age 65)

Victim: 0

Perpetrator: 0

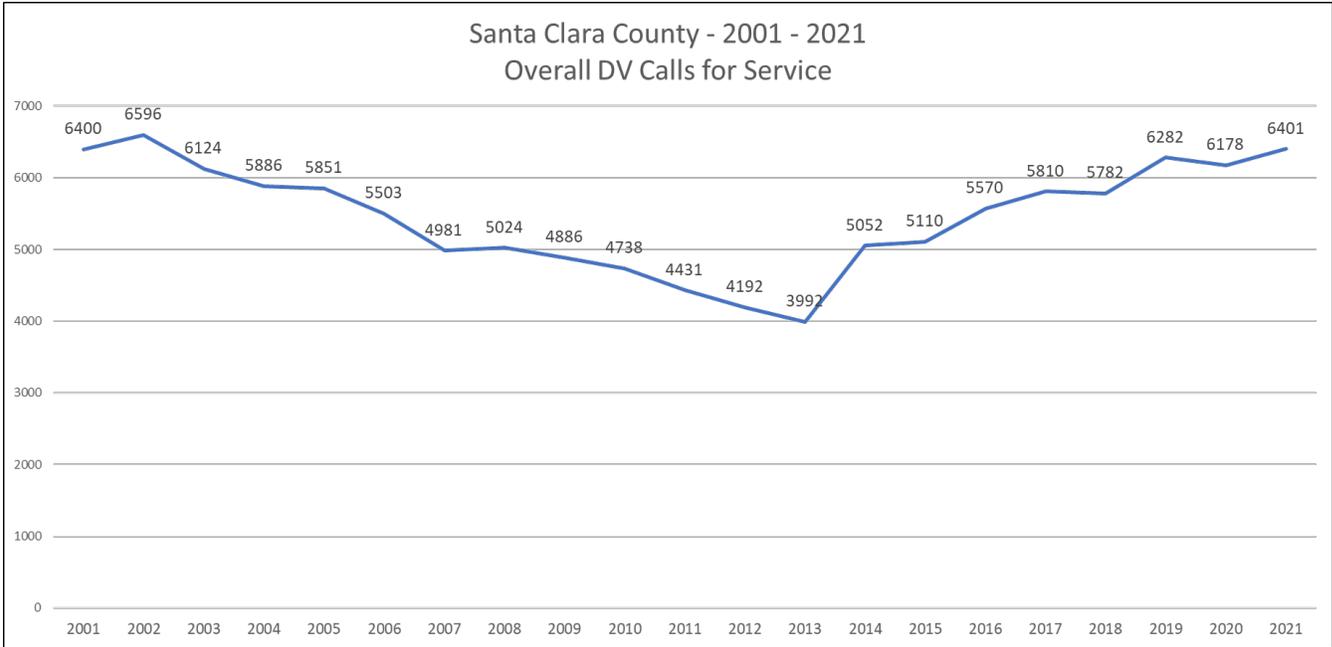
NON-LETHAL DOMESTIC VIOLENCE IN SANTA CLARA COUNTY 2021

 In 2021, there were 6,266 domestic violence cases referred to the District Attorney’s Office for review by police agencies. This number was an increase, showing a steady increase in referrals for prosecution since 2015 when 4,286 cases were presented to the DA’s Office by law enforcement. This is consistent with the steady increase in domestic violence related 911 calls in our County since 2013.

 In 2021, 992 (29%) of the filed cases resulted in felony charges, and 2,459 (71%) of filed cases resulted in misdemeanor charges. 2,815 cases did not have criminal charges filed, meaning that 55% of cases presented to the DA’s Office had criminal charges filed – consistent with historical averages over the last 30 years.

 In 2021, there were 6,401 domestic violence related “calls for service” in Santa Clara County. A “call for service” is typically a 911 call. Notably, while there was a dip from 2002 to 2013 in domestic violence related calls for service in our County, in 2021 the number of calls was almost identical to where it was 20 years ago. Whether that is related to increased reporting of this under-reported crime, an actual increase in domestic violence in the community, or other factors will need further study.

Year	Referrals	Filed	Felonies	Misdemeanors	Rejected
2015	4,286	2,686	757	1,929	1,660
2016	5,101	2,314	981	1,333	2,797
2017	5,524	2,759	1,430	1,329	2,765
2018	5,519	3,249	1,433	1,816	2,270
2019	5,908	3,231	909	2,322	2,677
2020	5,933	3,470	689	2,781	2,463
2021	6,266	3,451	992	2,459	2,815



RECOMMENDATIONS BY THE DVDRT TO COMMUNITY LEADERS

The DVDRT has compiled a list of recommendations for agencies throughout Santa Clara County. There are myriad government, private, non-profit and other groups working to end domestic violence. We trust that they will continue their excellent efforts. The recommendations for 2020 are intended to be incorporated into the fine work already underway.

Gun Violence

Our community, like too many across the United States, has seen an increase in gun violence, and an increase in the use of “ghost guns” – guns assembled from kits that are not regulated or tracked the way fully-assembled guns are. As California’s Public Policy Institute noted in its July, 2021 report, “Gun homicides drive the rise. California saw 1,658 homicides in 2019; the number climbed to 2,161 in 2020—an increase of 503 homicides (or 30.3%). Of these deaths, gun homicides jumped by 460 in 2020 (or 40.6%). In other words, the increase in gun deaths account for 91% of the overall jump in homicides.

Gun use was notable in other violent crimes as well. For example, aggravated assaults rose by 8.4%, and assaults with a firearm jumped by 39.2%. And although robberies decreased by 10%, the share of robberies involving a firearm rose from 23.9% of all robberies to 25%, <https://www.ppic.org/blog/gun-deaths-drive-californias-largest-ever-rise-in-homicides/>

We saw those trends in the 2020 deaths described in this report as well, as 4 of the 5 deaths (80 %) were by gun violence, and a ghost gun was used in 2 of those deaths (a murder-suicide). Several years ago, the Death Review Team reviewed the first 20 years of domestic violence death review data and found that in the period from 1993-2013, 56% of domestic violence related deaths were by firearm.

The perpetrator in this year’s report who used a ghost gun in a murder-suicide was prohibited from purchasing or possessing a gun and would not have been able to purchase a gun from a gun dealer. The common practice of buying a ghost gun from someone making them in a garage, thwarts that prohibition, and that ability to purchase a ghost gun by someone prohibited from buying a gun legally was a factor in the murder-suicide that happened.

We recommend that all agencies and all systems redouble their efforts in the issuance of protective orders that make it illegal for domestic violence perpetrators to own or possess guns, to enforce those orders and remove guns possessed in violation of them, and to support changes in federal and state laws and regulations that have allowed “ghost guns” to proliferate.

COVID-19

The fact that these deaths occurred during the global COVID-19 pandemic cannot be discounted as a factor in all of them.

The fact that there were times when some domestic violence service providers were unable to provide in person services, the fact that many medical appointments became virtual and the opportunity for a doctor to see and interact with someone who may be a victim of

abuse was limited, and the fact that shelter in place could mean sheltering in place with an abuser were among a myriad of pandemic-related effects on this kind of violence. As the pandemic continues, changes, and changes again, service providers, law enforcement, medical facilities and others must rethink the ways outreach and help has been offered in the past to address the changing needs of survivors during this time of COVID-19.

Lethality Assessment Tool

The significance of this Tool, attached to this report as Attachment 6, cannot be overstated. It provides a succinct script to elicit the level of danger. It focuses the questioner's inquiry in a situation where the victim is likely feeling overwhelmed and unable to independently identify the most important information to share.

The Lethality Assessment Tool continues 1) to assist law enforcement in knowing which cases warrant immediate referral to a domestic violence agency, 2) to inform prosecutors' decisions regarding filing charges, and 3) to provide information helpful to the issue of custody status in cases where charges are filed. **Perhaps the single most informative factor appears to be whether or not the victim answers "yes" to the question "Do you think your current or previous partner might try to kill you?"**

We know that perpetrators do not all present the same lethality risk and that victims do not always reliably detect the degree of danger posed by their perpetrators. Domestic violence often occurs gradually and in a manner that normalizes it for victims. The Lethality Assessment Tool, which the Santa Clara County 'Domestic Violence Protocol for Law Enforcement' requires be administered at the scene of every domestic violence incident, and is used by advocates and prosecutors as well, assists us in identifying those cases where a victim's safety is most at risk and where maximum resources need to be brought to bear to keep the victim safe. It can be revealing for a victim as well, to go through the questions and reflect on how many factors exist in their relationship.

Challenges remain in the application and making sure that the tool is used consistently, and the results shared with agencies and individuals caring for the victim and working to hold the abuser accountable. We encourage law enforcement, pretrial services officers, and judicial officers to make good use of the tool in deciding whether to arrest, and whether a perpetrator can be safely released. We encourage prosecutors to use the tool in deciding whether and how to charge a case and to advise the Court with respect to setting bail. We encourage victim advocacy groups to use the tool with their clients to assist in safety planning.

Mental Health Prevalence and Intervention

Over the last 25 years, mental health issues come up frequently in domestic violence homicides. Mental health and substance abuse disorder do not cause and do not excuse domestic violence. However, both perpetrators and victims of domestic violence are at increased risk to have significant mental health disorders. Victims are more likely than non-victims to suffer from depression, anxiety, suicidal thoughts, and post-traumatic stress disorder (PTSD) as a result of the domestic violence. In addition, research shows that persons with bipolar disorder, schizophrenia, and eating disorders are at higher risk to become victims of domestic violence.

In perpetrators, the main psychological issues seen are personality disorders, primarily antisocial and borderline personality disorder. However, perpetrators are also at higher risk to suffer from depression, anxiety, suicidal thoughts, and PTSD. In addition, they are much more likely to abuse alcohol and drugs. The fact of substance abuse, while not a cause of domestic violence, like in other crimes serves as a disinhibitor, and needs to be addressed in conjunction with other factors.

Adverse Childhood Experiences and Domestic Violence

We have repeatedly noted throughout the years that, as children, domestic violence perpetrators have (1) witnessed domestic violence against their mother and parental substance abuse, (2) were subjected to childhood physical, emotional, and sexual abuse, and/or (3) had a parent who went to prison, often for violent reasons. These experiences are designated as Adverse Childhood Experiences or ACEs. ACEs science provides the team an approach to a case by assessing the presence of childhood abuse (emotional, physical and sexual), neglect (physical and emotional) and household dysfunction (mental illness, incarcerated relative, violence toward mother, substance abuse and divorce) during the course of the victim and perpetrator's lives. A child subjected to these ACEs is more likely to become a perpetrator of domestic violence. Research has shown that a child exposed to the three ACEs of physical abuse, sexual abuse, and growing up with a battered mother, were at a greatly increased risk of becoming a domestic violence perpetrator as an adult. That child is also at higher risk for depression, anxiety, suicide, substance abuse, and being a victim of violence. The more ACEs a child experiences, the higher the risk of becoming a batterer, and experiencing mental health problems and decreased life expectancy. Thus, it is extremely important that the agencies and individuals who encounter children and individuals with mental health disorders are aware of these risks. Similar for the mental health interventions, we would like to collaborate to educate mental health professionals, agencies, primary care physicians and pediatricians to recognize and try to intervene early for children subjected to these ACEs.

Strangulation and Traumatic Brain Injuries

Over the last decade, a host of new research, and training on the injuries from intimate partner violence strangulation, the effects of strangulation, and the linkages between strangulation and the risks of homicide have changed the way strangulation cases are investigated and prosecuted. No longer are cases where a person was "choked out" and "blacked out" but shows no visible injuries on the outside of her neck treated as misdemeanor conduct. More often these cases are now both investigated by law enforcement and prosecuted by the Office of the District Attorney for what they really are, felonies where a person was strangled to the point that they lost consciousness and made susceptible to further injury with both short and long term consequences. Sexual assault forensic exam (SAFE) teams in California have reported that 18% of survivors who seek medical forensic exams after sexual assault have also been strangled. Sadly, this includes victims who are minors. In response, SAFE teams, including Santa Clara County's, led the legislative change that established medical forensic exams for intimate partner violence and defined the age of consent for those exams at 12 years and older (Fam. Code §6930). The SCVMC SAFE team developed new strangulation exam guidelines and training to improve healthcare response and support for use in any medical exam involving strangulation. Victim services agencies like the YWCA, Next Door Solutions to Domestic Violence, Community Solutions, MAITRI and AACI, as well as the DA's Office's Victim Services Unit have trained their teams and worked

with victims to get better services. Lethality assessments conducted by police at the scene of domestic violence crimes, now always ask victims about their history of strangulation, and a recent study by Community Solutions of their clients found that more victims have suffered a history of strangulation than report such to the police.

To better address IPV strangulation and to do more to protect victims in this high lethality crime, Santa Clara County now provides free (funded by the County) strangulation forensic exams and medical follow up care to victims, as well as victim advocate accompaniment in the hospital and ongoing victim services for these victims. Police agencies and community-based organizations can bring victims of strangulation who want to come within 14 days of the crime to Valley Medical Center where specially trained medical staff examine the injuries suffered, report those injuries to law enforcement for inclusion in their reports of the investigation, and provide medical care for those injuries.

We continue to learn more about the severity and significance of the injuries caused by strangulation and blows to the head, regardless of visible injury. Traumatic brain injuries (TBI) account for significant morbidity and mortality. Studies on traumatic brain injury and intimate partner violence have shown that up to 30-75% of women in physically abusive relationships suffer at least one (1) traumatic brain injury resulting from abuse. Traumatic brain injury can result from blunt trauma to the head (i.e., being slapped, punched, kicked, and struck with an object) or decreased oxygen delivery to the brain during episodes of strangulation. ***Physical injuries may be absent in TBI.*** Symptoms of TBI include seeing stars or spots, feeling dizzy, feeling dazed or confused, feeling stunned or disoriented or having loss of memory about what happened. TBI may or may not result in loss of consciousness (being aware of one's surroundings) and can occur with a single hard hit to the head or repetitive blows to the head. TBI does not discriminate in Intimate Partner Violence (IPV) making both men and women of all ages vulnerable when sustaining a head injury. We do not know the long-term effects of TBI in IPV, but current literature suggests that survivors of IPV with TBI have cognitive and neuroimaging abnormalities.

TBI should be assessed in every IPV encounter and especially, in any survivor of IPV who has obvious injuries to the head or is appearing to have difficulty comprehending questions pertaining to the violent encounter (injuries may be absent in TBI):

1. Did you see stars or spots (proceed to ask about loss of consciousness)?
2. Did you feel dizzy?
3. Did you feel dazed or confused?
4. Did you feel stunned or disoriented?
5. Do you have memory loss about what happened?

If any of the 5 above questions were answered as yes, proceed to ask the following:

6. When did the incident occur (day and time of day)?
7. Did you black out or lose consciousness?

We urge law enforcement, advocacy groups, and medical personnel to assess for traumatic brain injury in any domestic violence victim as presentation for TBI, especially in strangulation cases, may vary greatly and not be immediately identified.

Victim Outreach

This year we reviewed cases where victims had never reached out to law enforcement or a domestic violence victim services agency for assistance. The District Attorney's Office has an in-house Victim Services Unit (VSU) which is enabling more contact with more victims. The DVDRT is looking for ways the VSU and community based domestic violence advocacy services can better partner to reach victims.

Cases reviewed by DVDRT in detail and with the benefit of 20-20 hindsight reveal the complexity of even the most seemingly straight-forward case. Unveiling a victim's entire story requires patience and skill. Seeing only a tip of the iceberg can be confusing. For example, why is the victim reporting seemingly de minimis conduct now, and alleging far more serious unreported conduct in the past? The array of perspectives sitting around the table at DVDRT meetings yields valuable insights. Someone points out that victims rarely report the first instance of abuse, even when it is severe. We discuss the fact that many times they are persuaded the abuser is truly sorry and it will never recur. Perhaps the abuse does subside or even end for a while. But eventually the victim will perceive signs of impending violence. This time, knowing what will come next, maybe they will call when the abuser shoves them, not waiting to be strangled again. Once we hear the full story, we no longer need to ask the question that begets more self-blame than helpful information: "Why didn't you report earlier?" We must make sure our interactions with victims are always trauma-informed.

Gun Violence Restraining Orders

There may be situations where an intimate partner or another person has information that another person is an immediate danger to him or herself or others and has custody or control of a firearm.

In those situations, law enforcement should be called immediately to consider a Gun Violence Restraining Order (GVRO) when less restrictive alternatives are inadequate. Law enforcement can call the on-call prosecutor after business hours through County Communications for assistance with obtaining a GVRO or call the DA's Office's main number during the day (408-299-3099).

Children Affected by Domestic Violence¹

Children exposed to domestic violence may have immediate and long-term challenges related to that exposure.

Law enforcement and the Department of Family and Children's Services (DFCS) should work closely together in domestic violence cases involving children. Their partnership can help ensure that the right questions are asked, and necessary follow-up is undertaken. For example, law enforcement already notes when children are present at the scene of a domestic violence incident and the report is eventually forwarded to DFCS. The DVDRT proposes that even in instances where children are not present, parties to a domestic violence incident should be asked by responding law enforcement if either of them has children that spend time with the couple. If so, this fact should be noted in the report, and the report forwarded to DFCS.

Conversely, when DFCS becomes aware from a non-law enforcement source that a child is reporting domestic violence in their home, but the victim parent denies, this allegation may benefit from further law enforcement investigation.

Additionally, the DVDRT recommends a continued partnership between all of our system partners and education partners to ensure counseling and other supports are offered to children who have been exposed to domestic violence in the home and their families. Given our education system is integral to the lives of our children and their families, we recommend that domestic violence prevention and intervention efforts are done in continued partnership with our education partners. Schools can be an important connection to community resources, including mental health treatment and care.

ⁱ Vincent J Felitti, Robert F Anda, Dale Nordenberg, David F Williamson, Alison M Spitz, Valerie Edwards, Mary P Koss, James S Marks. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, Volume 14, Issue 4, Pages 245-258 (May 1998)

RECOMMENDATIONS TO VICTIMS AND TO THEIR FAMILIES AND FRIENDS

Love, dependence and sometimes even disbelief can cause victims and their families and friends to explain away or ignore troubling signs of abuse and potential lethality. Here are lessons learned from decades of studying domestic violence cases, both lethal and non-lethal, including signs to look for and actions that can be taken to save lives.

Warning Signs for Victims

The DVDRT studies domestic violence-related deaths within the context of both lethal and non-lethal acts of domestic violence. The Domestic Violence Death Review Team discussed numerous controlling behaviors that are commonly seen in these domestic violence incidents and encourage individuals to reach out for advice and assistance if your partner:

- (1) Physically abuses you in any way.
- (2) Threatens you.
- (3) Makes you afraid they will follow through with their threats.
- (4) Isolates you from friends and family members.
- (5) Becomes emotionally intense and frightening.
- (6) Keeps you on an emotional roller coaster.
- (7) Does not, cannot, or will not accept you ending the relationship.
- (8) Uses force, coercion, or threats to control you.
- (9) Apologizes profusely for “bad” conduct but then repeats the conduct on other occasions.
- (10) Shows anger that is out of proportion to the incident.
- (11) Never takes responsibility for the problems in the relationship and minimizes, denies, or blames you for the partner’s behavior.
- (12) Often or always has access to firearms or other deadly weapons.
- (13) Monitors your phone calls, text messages, emails, letters, and computer usage, or uses social media to detect and follow your daily activities.
- (14) Is extremely jealous and always wants to know your location.
- (15) Wants to have control over your financial situation and restricts your financial independence, keeps important documents and other information from you.
- (16) Wants to know everything about you from the very beginning of the relationship, including phone numbers, access codes, and computer passwords.
- (17) Abuses alcohol or prescription drugs or uses illegal drugs.

All threats must be taken seriously, whether or not you feel the perpetrator has the means to follow through on them and whether or not the perpetrator later says that the threats were just a joke. Listen to your inner voice that says there may be a problem.

Confidential help is available! If you find yourself in a relationship with someone who displays any of the above-referenced behaviors, REACH OUT to one of the advocacy groups listed in Attachment 5 (pp. 28-29.) A resource is Safe Chat Silicon Valley at www.safechatsv.com where you can have a secure one-on-one chat with a trained advocate. Contacting one of the listed resources can be a first step toward safety planning, understanding your legal options, and obtaining a wide range of supportive services including shelter and

counseling. Culturally responsive help is available. Safety planning for the time when you may be leaving or the period after leaving the relationship is vital, as that can be a dangerous time in any relationship where there has been intimate partner violence. Ongoing and long-term safety planning for you and your network of trusted individuals, family, and potential new partners may be needed! **You do not need to go through this alone!**

Warning Signs for Family Members and Friends

The National Domestic Violence Hotline lists some warning signs often apparent to the families and friends of domestic violence victims:

- 1) Their partner puts them down in front of other people;
- 2) They are constantly worried about making their partner angry;
- 3) They make excuses for their partner's behavior;
- 4) Their partner is extremely jealous or possessive;
- 5) They have unexplained marks or injuries;
- 6) They've stopped spending time with friends and family;
- 7) They are depressed or anxious, or you notice changes in their personality.

The National DV Hotline suggests the following ways in which a family member or friend can support a person in an abusive relationship:

- 1) Be supportive and listen;
- 2) Be non-judgmental;
- 3) Encourage them to participate in activities outside the relationship;
- 4) Help them develop a safety plan;
- 5) Encourage them to talk to people who can provide support and guidance.

Pressuring a person to leave a relationship when they are not ready may silence victims and further isolate them, which puts them at greater risk. Be a supportive, non-controlling, encouraging person they can turn to when they are ready.

Red Flags

The DVDRT has previously identified numerous "red flags," or factors that may precede a domestic violence related death. These factors have been reported and discussed in multiple studies.³ These red flags may not apply in every situation but may signal that a person is at risk. We hope that people will recognize these risk factors and seek help before it is too late.

Risk factors may include:

- (1) Prior acts of intimate partner violence.
- (2) Resistance to separation or ending the relationship.
- (3) Access to firearms.

³ See:

Campbell J.C. (2005) Assessing dangerousness in domestic violence cases: history, challenges and opportunities. *Criminology and Public Policy*, 4 (4), 653-672;

Campbell, J.C., Glass, N., Sharps, P.W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence, & Abuse*, 8, 246-269;

Knopp, P.R., & Gibas, A. (2010) The spousal assault risk assessment guide (SARA). In R.K. Otto & K.S. Douglass (Eds.), *Handbook of Violence Risk Assessment*, 227-250.

- (4) Controlling behaviors which may include social isolation, financial dependency by restricting access to money and information about finances, threats to take away children, or threats involving deportation.
- (5) Stalking behavior including monitoring of daily activities.
- (6) Threats of suicide and/or homicide.
- (7) Kidnapping or imprisoning someone against their will.
- (8) Lack of any, or very few, friends outside the relationship.
- (9) Untreated and inadequately treated mental health conditions or illnesses including depression, anxiety, and related conditions. Issues may stem from early childhood trauma, abuse, neglect or abandonment.
- (10) Previous use of weapons or threat of using weapons.
- (11) Extreme jealousy and/or possessiveness.
- (12) Prior strangulation.
- (13) Aging related diseases (like dementia) which may exacerbate abusive or violent behavior.
- (14) A sense of entitlement, self-centeredness, or a lack of empathy for others (including children).
- (15) Illegal drug use or undue alcohol consumption.
- (16) Unemployment or under-employment.
- (17) Public display of aggression / violence towards partner.

One thing we learned loud and clear this year is that when danger is present, a victim and their family and friends should understand that it may be beyond their ability to control the actions of the perpetrator and they must seek help. People often fear “making things worse.” But sometimes friends and family are aware of these red flags from social media, and other interactions. *Without intervention, the danger always gets worse.*

What Else Can be Done?

Numerous fatalities studied by the DVDRT since 1994 have involved situations where family members, co-workers, friends, and community members were aware of serious problems in a relationship but did not intervene. Sometimes, people close to a domestic violence victim blame the victim for the violence perpetrated against her, while others may blame her if she doesn't immediately leave the relationship - not understanding the risks involved. In either case, blaming the victim of the abuse serves to re-victimize and discourage her from reporting the abuse and seeking the help she needs. Intervention and support are necessary when someone may be a victim of domestic violence. Domestic violence does not get better on its own, in fact, it usually escalates without intervention. Calling 911 or seeking professional assistance could save a life!

Moreover, children, other family members, other household residents, neighbors, co-workers, innocent bystanders and first responders are all put at risk if they are nearby when the violence erupts. Almost every year, including this year, one or more of the victims listed in our report is a family member, friend or first responder. We must continue to educate the public on vicarious victim violence and how these issues affect all those who surround the primary victims. The early identification of children who are being abused or neglected, followed by the provision of support and interventions designed to ensure their safety, healing from trauma, and healthy development, are crucial to preventing the perpetuation of an ongoing multi-generational cycle of abuse.

The DVDRT recognizes that a person may not know what to do when they suspect a person is a victim of domestic violence or if a child is at risk. The DVDRT recommends that one or more of the following actions be taken:

- (1) Call 911.
- (2) Contact a victim advocacy agency and inquire about ways to help the victim. The names and numbers of local agencies can be found on pages 28-29 of this report.
- (3) Ask victims if they are fearful of the perpetrator and why. Let them know that you are there for them.
- (4) Determine if there are deadly weapons in the home and contact local law enforcement or advocacy agencies about the threat of the use of these weapons.
- (5) Assist victims in calling a domestic violence advocacy agency to create a safety plan, obtain a restraining order, or seek domestic violence counseling. This is especially important if the victim wishes to end the relationship.
- (6) Take all threats seriously even if the victim says that the perpetrator is just “blowing off steam.”
- (7) Protect children. Do not be afraid to tell victims that domestic violence is harming their children. When necessary, contact the Child Abuse Hotline at the Department of Family and Children’s Services.
- (8) Learn about domestic violence and share the information with others.
- (9) Encourage people to seek mental health help if they are suffering from the loss of a relationship.
- (10) Reach out to a person who may be depressed or upset about the end of a relationship. Attempt to guide them into counseling or to seek professional help.

CONCLUSION

Domestic Violence is everybody’s problem. No socio-economic group, racial group, ethnicity, gender, or orientation is immune. Similarly, no one agency can solve the problem. Collaboration is the key to a comprehensive response. Law enforcement, advocacy groups and county agencies must continue to work together to share information and resources. But we also need to work on prevention through education, and empowerment of the public, whom we rely on to recognize and report domestic violence.

Respectfully Submitted: The Domestic Violence Death Review Team 2020

OVERVIEW OF THE DVDRT

Mandate

The DVDRT investigates and reviews domestic violence related deaths in order to make recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence in general. The DVDRT examines lives of the victims and perpetrators with a special focus on any contact the individuals may have had with the justice system, mental health services, or other social service programs. A comprehensive database of victims, perpetrators, and the circumstances surrounding the deaths is created to help identify trends and risk factors. The DVDRT has reviewed 302 since 1993.

If problems, gaps or shortcomings are discovered, the team strives to prepare recommendations for effective intervention and prevention strategies. The recommendations are included in the DVDRT's Annual Report, and often inspire changes to the Domestic Violence Law Enforcement Protocol as well. The Annual Report is given to the Santa Clara County Board of Supervisors and is published on the Santa Clara County Domestic Violence Council's website and on the District Attorney's website.

Information the team uncovers is used only to accomplish the constructive work of advocating for system-wide change and protecting future victims. The team's job is not to point fingers or place blame. The members of the DVDRT firmly believe that lives have been saved as a result of the team's work.

Creation of the DVDRT

In early 1993, a representative of the United States Department of Justice visited the Santa Clara County Domestic Violence Council and requested that the Council create a domestic violence related death review team. The DVDRT was established by the Santa Clara County Domestic Violence Council in October 1993 in response to this request. Santa Clara County was one of the first counties to establish a death review team.

In 1995, the California Legislature enacted Penal Code section 11163.3 which allowed all California counties to establish an interagency domestic violence death review team. These teams were mandated to coordinate and integrate state and local efforts to address fatal domestic violence incidents and create a body of information which would help prevent domestic violence deaths.

In 1996, the California Legislature expanded Penal Code section 11163.3. As a result of the new legislation, information shared in death review team meetings was to be confidential and not subject to disclosure or discovery by a third party. Recommendations and summary data may be disclosed.

Confidentiality

DVDRT members sign an agreement requiring that all information discussed in team meetings remain confidential. The only agreed upon public disclosure of cases involves statistics and fact patterns. The names of victims and perpetrators are removed out of respect for victims, family members, and survivors. The signed agreement is kept on file by the team chair. The agreement was amended in August 2017. A copy of the agreement is provided in **Attachment 2**.

Membership

DVDRT membership consists of a cross-section of organizations and disciplines in Santa Clara County that interact with domestic violence victims, perpetrators, and their children. Team members come from the Office of the District Attorney, local law enforcement agencies, the therapeutic community, victim advocacy agencies (including Asian Americans for Community Involvement, MAITRI, Next Door Solutions to Domestic Violence, Community Solutions, YWCA Silicon Valley), the Probation Department, the Department of Corrections, Pretrial Services, the Department of Family and Children's Services, Adult Protective Services, Family Court Services, Family Law Bar, Victim Services, County Mental Health, the LGBTQ community, batterer's intervention programs, the Department of Public Health, Veteran's Affairs, and the Medical Examiner/Coroner's Office.

Definition of "Domestic Violence Related Death"

The DVDRT defines a "domestic violence related death" as a death that occurs when the perpetrator and victim were involved in an intimate relationship, either at the time of death or at any time prior to the death, and domestic violence was the catalyst for the death. A domestic violence related death also includes the death of a family member, friend, and community member such as a first responder or innocent bystander, if the motivation for the homicide was domestic violence. Domestic violence related deaths include all homicides: murders, murder/suicides, suicides, fatal accidents, and blue suicides. Blue suicides occur when an individual threatens to kill police officers, verbally or by use of a weapon, and intends that the police will respond by firing upon the individual.

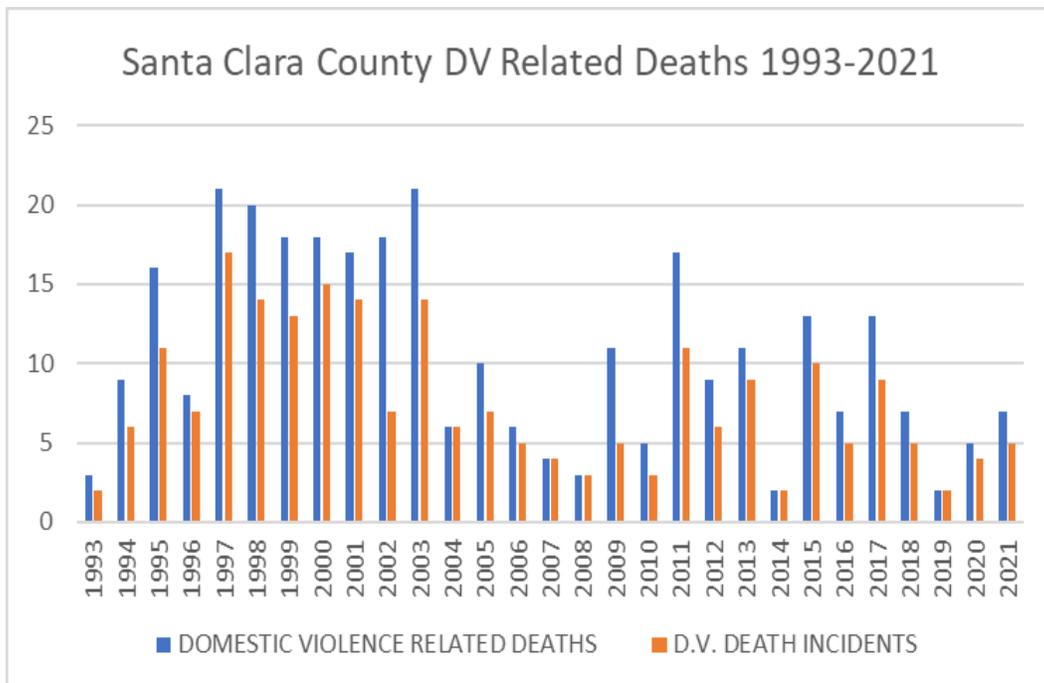
Each decedent is counted separately and given their own number, even if multiple people die during one incident.

**DOMESTIC VIOLENCE DEATH REVIEW TEAM MEMBERS
SANTA CLARA COUNTY, CALIFORNIA
JANUARY 1, 2021 - DECEMBER 31, 2021**

James Gibbons-Shapiro, Chair District Attorney's Office	Sgt. Anthony Kilmer San Jose Police Department	Agustina Perez CASA
Morgan Adkins Department of Family and Children's Services	Sgt. Chris King California Highway Patrol	Marco Sandoval SCC Department of Aging Services (APS)
Steve Baron Child Abuse Prevention Council	Amanda LaMarca Adult SAFE	Lt. Tony Serrano Sunnyvale Department of Public Safety
Matthew Breaux Adult Protective Services	Lt. Rob Lang San Jose Police Department	Sgt. Cameron Shearer Los Altos Police Department
Carolina Cardoza Community Solutions	Yazmina Latona Department of Family and Children's Services	Elizabeth Simoni, Coordinator District Attorney's Office
Carla Collins Office of the County Executive	Daniel Little Department of Family and Children's Services	Valerie Smith Adult Protective Services
Ruth Darlene WomenSV	Lindsey Mansfield YWCA – Silicon Valley	Stephanie Taylor Stanford University Department of Public Safety
Dr. Susan Ditter Department of Mental Health	Nancy Marshall Domestic Violence Intervention Collaborative	Tracy Tefertiller District Attorney's Office
Michele Escobar Adult Probation Services	Maribel Martinez SCC Office of LGBTQ Affairs	John Torrez Milpitas Police Department
Brenda Farrell Formerly Family Court Services	Sarah Miller YWCA – Silicon Valley	Alma Tovar Community Solutions
Lynda Flores Adult Probation Services	Alexis Moody LACY	HaNhi Tran District Attorney's Office
Niabi Gallegos District Attorney's Office, Victim Services Unit	Sgt. Dave Morris Milpitas Police Department	Rosa Vega Medical Examiner/Coroner's Office
Ann Horner CASA	Derek Nguyen SCC Pretrial Services	Shalini Venktash Family Court Services
The Rev. Maly Hughes Clergy	Hong-Phuc Nguyen Department of Family and Children's Services	Kim Walker Adult SAFE
Ingrid Infante-Mendez Community Solutions	Guadalupe Ortiz Family and Children Services	
Dr. Michelle Jordan Medical Examiner/Coroner's Office	Claudia Pedroza Next Door Solutions to Domestic Violence	

Attachment 1: Domestic Violence Related Deaths Since 1993

YEAR	DOMESTIC VIOLENCE RELATED DEATHS	D.V. DEATH INCIDENTS
1993 (partial)	3	2
1994	9	6
1995	16	11
1996	8	7
1997	21	17
1998	20	14
1999	18	13
2000	18	15
2001	17	14
2002	18	7
2003	21	14
2004	6	6
2005	10	7
2006	6	5
2007	4	4
2008	3	3
2009	11	5
2010	5	3
2011	17	11
2012	9	6
2013	11	9
2014	2	2
2015	13	10
2016	7	5
2017	13	9
2018	7	5
2019	2	2
2020	5	4
2021	7	5



Attachment 2: DVDRT's Confidentiality Agreement

CONFIDENTIALITY AGREEMENT SANTA CLARA COUNTY DOMESTIC VIOLENCE DEATH REVIEW TEAM

As a participant in the Santa Clara County Domestic Violence Death Review Team (DVDRT) I understand that all cases discussed, information received, and all documents reviewed pertaining to cases presented to the DVDRT, are strictly confidential.

I agree that I will not discuss, disseminate in any manner, nor otherwise cause dissemination of such information, to any non-member unless otherwise provided by law.

In order to safeguard the confidentiality of DVDRT case discussions, I hereby agree that I will not work as an expert, whether paid or unpaid, for either the plaintiff/prosecution or for the defense, in any case where I was present for the DVDRT case discussion.

I further understand, and agree, that my duty to preserve and protect the confidentiality of all information received as a team member, is a continuing and permanent duty, and is not contingent upon my status as a team member and is not terminated upon conclusion of membership.

Name _____ (Please Print)
(First, Last and Title)

Signature _____
Date _____

Agency Name _____ (Please Spell Out)

Agency Address _____
Street Suite or Bldg #

City _____ Zip _____

Email Address _____ (Please Print Clearly)

Telephone _____

Replacing or Filing in (please check one) for Current Member _____
(Please Print current member's name you are replacing or filling in for)

Guest Only (Please Check)

Rev. 08/16/17

Attachment 3: Police Agencies in Santa Clara County

California Highway Patrol	(408) 467-5400
Campbell Police Department	(408) 866-2121 (408) 378-8161*
Gilroy Police Department	(408) 846-0350
Los Altos Police Department	(650) 947-2770
Los Gatos-Monte Sereno Police Department	(408) 354-8600
Milpitas Police Department	(408) 586-2400 (408) 263-1212*
Morgan Hill Police Department	(408) 776-2101 (408) 799-2102*
Mountain View Police Department	(650) 903-6395 (650) 903-6922*
Palo Alto Police Department	(650) 329-2413 (650) 321-4433*
Santa Clara County Sheriff's Office	(408) 299-2311
San Jose Police Department	(408) 277-8900 (408) 277-8911*
Santa Clara Police Department	(408) 615-5580
Sunnyvale Department of Public Safety	(408) 730-7180 (408) 736-2644*
Santa Clara County Adult Probation Department	(408) 435-2100

CALL 911 FOR ALL EMERGENCIES

* Some of the Law Enforcement Agencies in Santa Clara County have direct emergency telephone numbers that can be programmed into a person's cellular telephone. These numbers are provided by the DVDRT for those individuals who may need these numbers as part of their safety planning. The DVDRT recommends that individuals call 911 for all emergencies.

Attachment 4: Campus Police and Security Agencies

<p>Evergreen Valley Community College Police Department 8:00 a.m. – 11:00 p.m. Monday – Friday Business Line (After Hours call 911)</p>	<p>(408) 270-6468</p>
<p>Foothill – DeAnza Community College Police Department 7:00 a.m. – 11:00 p.m. Monday – Friday Business Line 24-hour dispatch/emergency line</p>	<p>(650) 949-7313 (408) 924-8000</p>
<p>Gavilan College Security Department 8:00 a.m. – 11:00 p.m. Monday – Friday Business Line 8:00 a.m. – 11:00 p.m. Urgent Matters (After hours call 911)</p>	<p>(408) 848-4703 (408) 710-7490</p>
<p>Mission Community College Police Department 7:00 a.m. – 11:00 p.m. Business Line After Hours Dispatch Line</p>	<p>(408) 748-2797 (408) 299-2311</p>
<p>San Jose City College Police Department 7:00 a.m. – 3:00 p.m. Dispatch Line Only; will connect to Evergreen Police Department after 3:00 p.m.</p>	<p>(408) 288-3735</p>
<p>San Jose State University Department of Public Safety 8:00 a.m. – 5:00 p.m. Business Line 24-hour Dispatch Line</p>	<p>(408) 924-2185 (408) 924-2222</p>
<p>Santa Clara University Department of Public Safety 24-hour Business and Dispatch Line</p>	<p>(408) 554-4441</p>
<p>Stanford University Department of Public Safety 8:00 a.m. – 5:00 p.m. Monday – Friday Business Line 24-hour Non-Emergency Dispatch Line</p>	<p>(650) 723-9633 (650) 329-2413</p>
<p>West Valley Community College Police Department 7:00 a.m. – 11:00 p.m. Business Line After Hours Dispatch Line Investigations Bureau</p>	<p>(408) 741-2092 (408) 299-2311 (408) 741-2068</p>

Attachment 5: Crisis Hotlines and Referral Agencies

EMERGENCY POLICE RESPONSE - 911

Adult Protective Services www.sccgov.org/aps	(800) 414-2002
Asian Americans for Community Involvement (AACI) www.aaci.org	(408) 975-2739
Bay Area Legal Aid www.baylegal.org	(888) 330-1940
Billy DeFrank Center www.defrankcenter.org	(408) 293-3040
Child Abuse Neglect and Reporting Hotline www.sccgov.org	(833) SCC-KIDS (833) 722-5437
Community Solutions (South County) www.communitysolutions.org	(877) 363-7238
CONTACT (Hotline for all hotlines) www.BillWilsonCenter.org	(408) 850-6125
Domestic Violence Intervention Collaborative www.dvintervention.org	(408) 294-0006
Family and Children Services of Silicon Valley www.fcservices.org	HQ (650) 326-6576
Family Court www.sccourt.org	(408) 534-5600
Family Court Self Help Center www.courtinfo.ca.gov	(408) 882-2900
Family Justice Centers www.santaclara-da.org	
San Jose – Open Thursdays 9:00 a.m. -12:00 p.m. and 1:00 p.m.–5:00 p.m.	(408) 975-2739
North County – Open Fridays 9:00 a.m. – 5:00 p.m.	(408) 749-0793
South County – Open Wednesdays 9:00 a.m. – 5:00 p.m.	(408) 779-2113
Legal Advocates for Children and Youth (LACY) www.lawfoundation.org	(408) 280-2416

MAITRI www.maitri.org	(888) 862-4874
National Domestic Violence Hotline www.thehotline.org	(800) 799-7233 (SAFE)
Next Door Solutions to Domestic Violence www.nextdoor.org	(408) 279-2962
Pro Bono Project www.probonoproject.org	(408) 998-5298
Restraining Order Self Help Center www.courts.ca.gov	(408) 534-5709
San Jose State Counseling Service (SJSU students) www.sjsu.edu/counseling	(408) 924-5910
Santa Clara County Mental Health	(800) 704-0900
Senior Adult Legal Services www.sala.org	(408) 295-5991
SJPD Family Violence Center www.sjpd.org/boi/fvc	(408) 277-3700
Suicide Crisis Service www.suicide.org/hotlines/california-suicide-hotlines.html	(408) 279-3312
	North County (650) 494-8420
	South County (408) 683-2482
Victim Services Unit – District Attorney’s Office www.santaclara-da.org	8:30 a.m. – 5:00 p.m. (408) 295-2656
Victim Notification System (Victims can register and be informed when a defendant is to be released.) www.vineline.com	(877) 411-5588
WomenSV www.womensv.org	((833) 966-3678
YWCA Silicon Valley 24-hour Domestic Violence and Sexual Assault Support Line Eng / Span http://ywca-sv.org/our-services/support-services/	1-800-572-2782 Business Line (408) 295 4011

**Attachment 6: SANTA CLARA COUNTY DOMESTIC VIOLENCE
LETHALITY ASSESSMENT FOR FIRST RESPONDERS**

Date:	Case #:
Officer:	Agency:
Victim:	Offender:
Victim's Safe Numbers to Call: Home: Cell: Work:	Would you like to provide names/phone numbers of 2 people that can reach you? 1. 2.
Is the victim monolingual/limited English proficient? If yes, what language do they speak?	
<input type="checkbox"/> Check here if the victim did not answer any of the questions.	
<i>If the victim answers YES to any questions 1-3, please call the appropriate domestic violence crisis hotline and have the counselor speak with the victim.</i>	
1. Has your current or previous partner ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
2. Have they threatened to kill you or someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
3. Do you think your current or previous partner might try to kill you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
<i>If the answers to the above questions are NO but at least 4 of the questions below are YES please contact the hotline. ("They" refers to the current or previous partner.)</i>	
4. Do they have a gun or can they easily get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
5. Have they ever tried to choke /strangle you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
6. Are they violently or constantly jealous or try to control most of your daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
7. Have you left or separated from your partner after living together or being married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
8. Are they unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
9. Have they tried to commit suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
10. Do you have a child that they know is not theirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
11. Do they follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
12. Is there anything else that worries you about your safety? If yes, what concerns do you have?	
<i>Officers are encouraged to call the hotline whenever they believe the victim is in a potentially lethal situation regardless of the victim's responses to the questions above.</i>	
Check one: <input type="checkbox"/> Victim screened in based on responses <input type="checkbox"/> Victim did not screen in <input type="checkbox"/> Victim screened in based on the belief of officer	
Did the victim speak with the hotline counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
San Jose, Mountain View, Palo Alto, Los Altos, Sunnyvale, Milpitas, YWCA Silicon Valley: 1-800-572-2782 / FAX: 408-293-9696	Sheriff's Office, Campbell, Santa Clara, Los Gatos-Monte Sereno Next Door Solutions: 408-279-2962 / FAX: 408-279-7577
Morgan Hill, Gilroy, South County Sheriff, Community Solutions: 1-877-363-7238 / FAX: 408-778-9672	
PLEASE FAX THIS DOCUMENT TO THE APPROPRIATE DOMESTIC VIOLENCE AGENCY	

Conducting the Lethality Assessment

This evidence-based Lethality Assessment tool is a user-friendly, straightforward instrument that predicts danger and lethality in domestic incidents between intimate or former intimate partners to a high degree. Research shows that only 4% of abused victims had used a domestic violence hotline or shelter within the year prior to being killed by an intimate partner. This Assessment encourages victims in high danger to seek domestic violence program services to prevent serious injury or death.

Purpose:

- a. To improve the way law enforcement and the community respond to victims;
- b. To educate and empower victims;
- c. To respond more strategically to high danger or lethal situations; and
- d. To enhance cooperation, communication and collaboration among law enforcement and domestic violence service providers.

STEP 1: Fill out the Lethality Assessment form with the victim.

The officer should advise the victim that **they** will ask a short series of questions to help the officer determine how much immediate danger the victim is in. The assessment questions should be asked in the order they are listed on the form.

Ask all the questions, even if the victim responds positively to questions 1-3, which triggers a hotline call. The more questions the victim responds to positively, the clearer and more immediate it is that the victim is in danger.

STEP 2: Assess the responses to the lethality assessment.

“Yes” to Questions 1, 2 or 3 → Call Hotline

“No” to Questions 1-3 but “Yes” to four of Questions 4-11 → Call Hotline

*“No” responses may still warrant a hotline call if the officer believes it is appropriate. An officer may call the hotline and assess the victim as being in high-danger whenever **they** believe the victim is in a potentially lethal situation.*

STEP 3: Victim is Assessed as High-Danger – Referral Process.

1. Explain assessment to victim.
2. Advise that you need to call hotline and you would like for victim to speak with an advocate. (Remember: You are seeking the victim’s permission.)
3. If victim does not want to speak with an advocate, tell victim you need to speak with an advocate to seek guidance and gently ask victim to reconsider.
4. Call the hotline and give them the basic facts.
5. If victim still does not want to speak with an advocate, follow procedures under step 4 below.

STEP 4: Victim is assessed as non-high danger, or the victim did not/could not participate in assessment or hotline call:

1. Advise of dangerous situation.
2. Advise to watch for signs of danger.
3. Refer to providers on DV resource card.

STEP 5: Provide the victim with the DV resource card, case number and Marsy's card as per the DV protocol.

STEP 6: Please fax all Lethality Assessment forms to the appropriate DV organization listed on the bottom of the form regardless of the answers or whether or not the victim answered any of the questions.