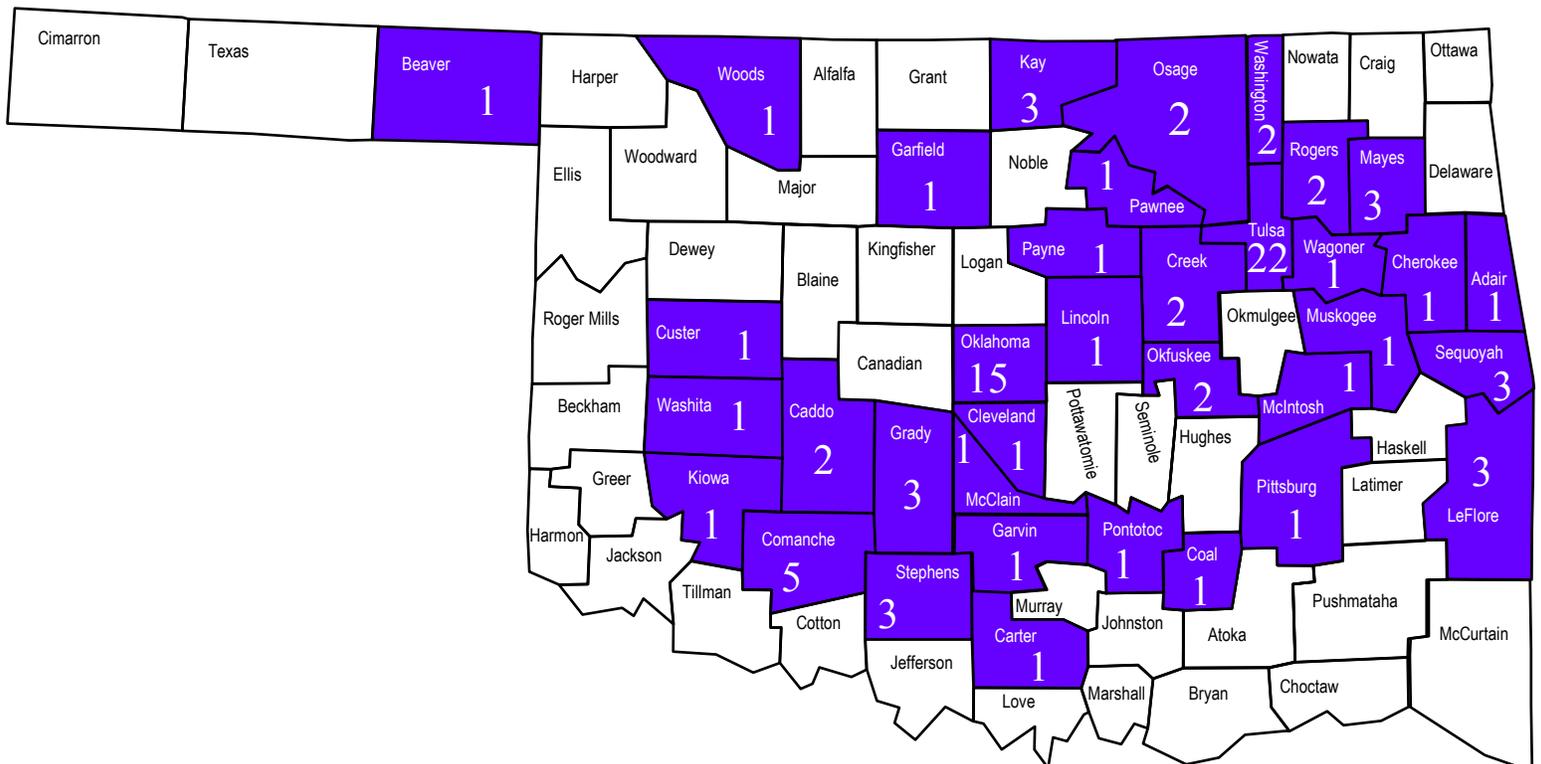


DOMESTIC VIOLENCE

HOMICIDE IN OKLAHOMA

A Report of the Oklahoma Domestic Violence
Fatality Review Board



An Analysis of 2014 Domestic
Violence Homicides
Report Year 2015

Executive Summary

Contents

Executive Summary.....	1
DVFRB Members & Staff.....	2
Mission of the DVFRB.....	3
State Overview.....	4
Key Findings 2014.....	7
Domestic Violence Homicide Summary (1998 to 2014).....	16
Lethality Risk Factors.....	18
Domestic Violence and Children....	19
Recommendations to Improve System Response to Domestic Violence	20
Update on Past Recommendations.....	27
DVFRB Activities.....	29
Spotlight – Homicide Prevention Activities.....	30
Epilogue - Language Counts.....	31

The Oklahoma Domestic Violence Fatality Review Board (DVFRB) identified 1,426 women, men and children who lost their lives to domestic violence between 1998 and 2014. In 2014 alone, Oklahoma experienced the tragic and unnecessary loss of 93 women, men and children to domestic violence.

Regrettably, Oklahoma once again ranks in the top 10 nationally for women killed by men in single victim, single offender incidents. According to 2013 data published by the Violence Policy Center (2015), Oklahoma currently ranks 6th in the nation for women murdered by men. While this represents a marginal improvement over the prior two years, ranking 3rd consecutively for both years, there is not yet cause for optimism. Instead, what the DVFRB has observed is a fluctuating, up and down trend in the number of victims who are killed from year to year in our state.

This is not to say that our combined efforts have been void of results. On the contrary, a variety of homicide prevention initiatives have been introduced over the years. This includes a statewide lethality assessment protocol for law enforcement and evidence-based prosecution for district attorneys. Each with the intended outcome of increasing safety and well-being for families. At the same time, Attorney General certified domestic violence programs continue to provide life-saving services to victims including lethality assessment, safety planning, advocacy, emergency shelter, counseling,

protective order assistance and court support. In fact, DVFRB findings spanning 15 years reveal that 95 – 98% of domestic violence homicide victims since 1998 in Oklahoma did not receive services from a domestic violence program. It is undisputed! These programs save lives.

While we identify problems and propose solutions, we also take time to recognize the leadership, vision, commitment and exceptional service of the dedicated professionals serving victims each day. Unfortunately, despite our efforts, the alarming domestic violence statistics in Oklahoma reflect it is more critical than ever that we continue to move forward to uncover the underlying reasons for the violence, explore effective interventions and prevention and remove barriers to accessing remedies that have been shown to decrease harm and prevent homicide.

Jacqueline Steyn
Program Manager, DVFRB, Office of the Attorney General

Cover: *The highlighted counties/numbers on the front page represent the **93 victims** (men, women, and children) identified by the DVFRB who died as a result of domestic violence in Oklahoma in 2014.*

Oklahoma Domestic Violence Fatality Review Board Members*

Name	Agency
Eric Pfeifer, M.D.....	Chief Medical Examiner
Terri White, M.S.W..... Karen Frensley (<i>Designee</i>)	Commissioner of the Department of Mental Health and Substance Abuse Services
Terry Cline, Ph.D..... Maria Alexander (<i>Designee</i>)	State Commissioner of Health
Sheryll Brown, M.P.H., Director..... Brandi Woods-Littlejohn (<i>Designee/Chair</i>)	Chief, Injury Prevention Services of the State Department of Health
Stan Florence, Director..... Beth Green (<i>Designee/Co-Chair</i>)	Oklahoma State Bureau of Investigation
Lesley Smith March, AAG, Chief, Victim Services Unit.....	Office of the Attorney General
Ed Lake, M.S.W., Director..... Debra Knecht (<i>Designee</i>) Kristie Anderson (<i>Designee</i>)	Department of Human Services
T. Keith Wilson, JD..... Donna Glandon, JD (<i>Designee</i>)	Office of Juvenile Affairs
Mike Booth, Sheriff.....	Oklahoma Sheriffs Association
W. Don Sweger, Chief.....	Oklahoma Association of Chiefs of Police
Karen Mueller, JD.....	Oklahoma Bar Association
Jeff Smith, DA District 16.....	District Attorneys Council
Lori Hake, D.O.....	Oklahoma Osteopathic Association
Jelley, Martina, M.D., MSPH.....	Oklahoma State Medical Association
Janet Wilson, Ph.D., RN.....	Oklahoma Nurses Association
Hon. Mike Warren, J.D.....	Oklahoma Supreme Court
Shelly Collins, Survivor..... Jennifer McLaughlin, M.S.W, Advocate.....	Oklahoma Coalition Against Domestic Violence and Sexual Assault

**Represents DVFRB members serving during the 2014 data year (Jan – Dec 2014).*

Oklahoma Domestic Violence Fatality Review Board Staff Team

Jacqueline Steyn, M.B.S., M.A., LPCProgram Manager
Kody Young, M.A.Statistical Research Analyst

Oklahoma Domestic Violence Fatality Review Board



"In the past year, Oklahoma has made improvements in an attempt to decrease the number of domestic violence homicides in our state. While there is still work to be done, Oklahoma is taking steps in the right direction by implementing new practices, such as the nation's first lethality assessment protocol by law enforcement. My hope is that we continue to move forward with proactive initiatives, such as the LAP so that we can not only reduce the number of domestic violence homicides, but eliminate them completely."

E. Scott Pruitt, Oklahoma Attorney General

Mission

The mission of the Oklahoma Domestic Violence Fatality Review Board is to reduce the number of domestic violence deaths in Oklahoma. The Board will perform multi-disciplinary review of statistical data obtained from sources within the jurisdiction and/or having direct involvement with the homicide. Using the information derived, the Board will identify common characteristics, and develop recommendations to improve the systems of agencies and organizations involved to better protect and serve victims of domestic abuse.

Purpose

1. The Oklahoma Domestic Violence Fatality Review Board shall review and study the fatalities caused as a direct result of domestic violence acts and/or domestic violence is demonstrated to have had a causative effect upon the death of an individual. The Board shall:
 - a) Conduct an in-depth review of domestic violence situations resulting in a fatality;
 - b) Develop accurate statistical information of domestic violence-related fatalities;
 - c) Make recommendations to improve access to protective services to those who may be living in a dangerous domestic environment;
 - d) Make recommendations to improve policies, procedure and access to support systems that serve victims of domestic violence; and
 - e) Carry out such duties and responsibilities as the Board shall designate.
2. In fulfilling this purpose, the Board shall be guided by specific principles:
 - a) Case review and data analysis shall be for the purpose of resolving systemic issues. Individual case management shall be specifically outside the purview of the Board.
 - b) The Board shall be inclusive, seeking input from, and the expertise of, the diverse agencies and disciplines working to resolve domestic violence issues.
 - c) Collaboration, coordination and communication shall be central to the operations of the Board.
 - d) All activities shall be conducted in a manner respectful to victims of domestic violence and the feelings of their families.
3. The Office of Attorney General shall promulgate policies and procedures to administer the Board.

See 220.S. 1601-1603§

State Overview

How are we doing?

In 2014, the Oklahoma Domestic Violence Fatality Review Board (DVFRB) identified **107** people in Oklahoma who lost their lives as a result of domestic violence. These deaths included domestic violence victims killed by partners and ex-partners; family members killed by family members, children killed by abusers or other family members; roommates killed by roommates; and suicide deaths of abusers. Of the **107** people who died, **93** were identified as victims and **14** were identified as perpetrators who died as a result of suicide or law enforcement/bystander intervention (*Table 1*).

Note: The DVFRB collects and records data and reviews cases that meet with the Oklahoma statutory definition of domestic abuse:

"Domestic abuse" means any act of physical harm, or the threat of imminent physical harm which is committed by an adult, emancipated minor, or minor child thirteen (13) years of age or older against another adult, emancipated minor or minor child who are family or household members or who are or were in a dating relationship.

*Protection from Domestic Abuse Act,
Oklahoma Title 22 § 60.1. Definitions*

Table 1: Domestic Violence Homicides in Oklahoma (2012-2014)

	2014	2013	2012	2011
Total domestic violence cases	86	86	85	92
Total domestic violence homicide victims	93	90	88	96
Total domestic violence perpetrators	91	89	91	93
Total domestic violence perpetrators who died	14	10	21	18

Data from the National Violence Against Women Survey (Black, Brasile, Breiding, Smith, Walters, Warrick, Chen, Stevens, 2011) finds that the lifetime prevalence of rape, physical violence, and/or stalking towards women by an intimate partner is greater in Oklahoma than in any other state. In addition, Oklahoma is ranked 6th in the nation for women killed by men in single victim, single offender incidents with a rate of 1.65 per 100,000 females compared to the national rate of 1.09 (Violence Policy Center [VPC], 2015). While it is important to note that in 2013 seven less women lost their lives over the previous year, in the broader context, Oklahoma has never moved out of the top 20 and has been in the top 10 nine different times since 1997 (*Table 2*). While, in Oklahoma these numbers have fluctuated up and down, the numbers of women killed by men in this context have steadily decreased by 31% on the national level.

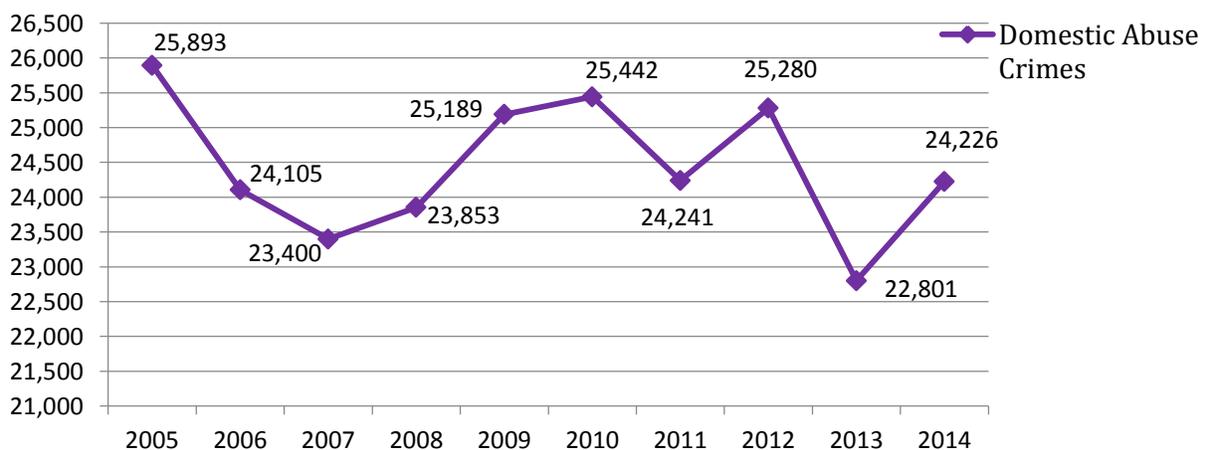
State Overview

Table 2. Women Killed by Men in Single Victim, Single Offender Incidents (VPC, 2015).

Report Year	Data Year	Oklahoma Ranking	Number of Women Murdered
2015	2013	6	32
2014	2012	3	39
2013	2011	3	38
2012	2010	17	27
2011	2009	11	31
2010	2008	15	28
2009	2007	9	37
2008	2006	4	38
2007	2005	10	33
2006	2004	7	36
2005	2003	14	18
2004	2002	13	31
2003	2001	10	34
2002	2000	19	26
2001	1999	8	33
2000	1998	7	37
1999	1997	5	41

According to the Oklahoma State Bureau of Investigation (OSBI, 2015), law enforcement agencies in Oklahoma reported 178 murders in 2014. Domestic abuse murders accounted for 21.3% of all murders, of which 5.6% were determined to be intimate partner homicides. Other domestic abuse offenses reported by law enforcement included 795 sex crimes, 2,749 domestic assaults, and 20,635 domestic assault and battery crimes. These numbers represent a total increase of 6.2% from 22,801 in 2013 to 24,226 in 2014 (OSBI, 2015) (Figure 1).

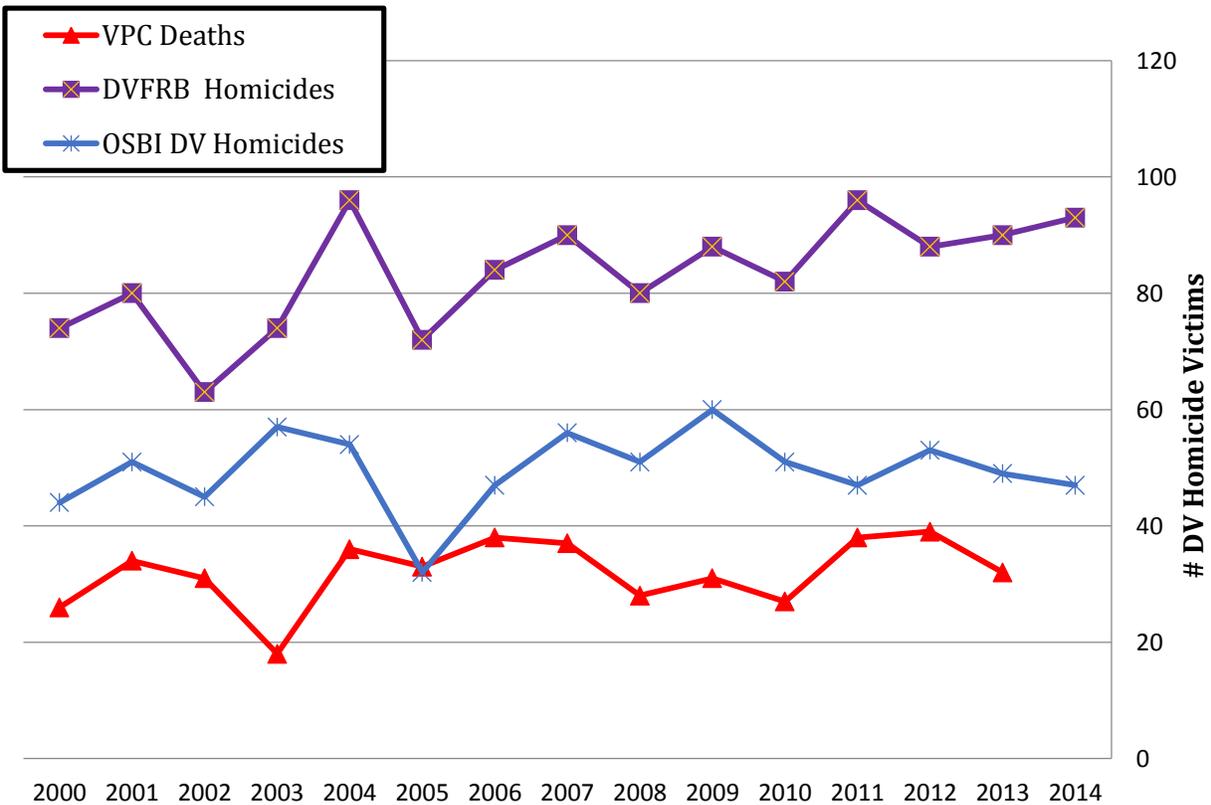
Figure 1. Domestic Abuse Crimes (2005-2014) (OSBI, 2015)



State Overview

The same fluctuating pattern observed for domestic abuse crimes reported to the OSBI (homicide and non-homicide), appears to be congruent with similar trends for domestic violence homicide as evidenced by DVFRB homicide data, OSBI domestic abuse murder data, and women killed by men in single victim, single offender incidents (VPC, 2015) (Figure 2).

Figure 2. Domestic Violence Homicides in Oklahoma (2000 - 2014)



References:

- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf
- Oklahoma State Bureau of Investigation, Office of Criminal Justice Statistics. (2015). *2014 Crime in Oklahoma*. Retrieved from <https://www.ok.gov/osbi/documents/Crime%20in%20Oklahoma%202014.pdf>
- Violence Policy Center. (2015). *When men murder women: An analysis of 2013 homicide data*. Retrieved from <http://www.vpc.org/studies/wmmw2015.pdf>.

Key Findings 2014

County

In 2014, the number of fatalities was greatest in Tulsa County with a rate of 3.49 homicides per 100,000 people. This represents a departure from previous years when Oklahoma County experienced the greatest number of domestic violence homicide victims, as would be expected considering population census data (U.S. Census Bureau, 2015) for the two counties. In 2014, Oklahoma County experienced the second greatest number of fatalities with a rate of 1.96 homicides per 100,000 people (*Table 3*).

Table 3: 2013 Domestic Violence Related Deaths (2014)

# Victims who Died	County	# Perpetrators who Died (Suicide/Law Enforcement Intervention/Other)	# Victims who Died	County	# Perpetrators who Died (Suicide/Law Enforcement Intervention/Other)
1	Adair		1	McClain	
1	Beaver		1	McIntosh	
2	Caddo		1	Muskogee	
1	Carter		2	Okfuskee	
1	Cherokee	1	15	Oklahoma	2
1	Cleveland		2	Osage	
1	Coal		1	Pawnee	1
5	Comanche		1	Payne	
2	Creek	1	1	Pittsburg	
1	Custer		1	Pontotoc	
1	Garfield		2	Rogers	1
1	Garvin		3	Sequoyah	1
3	Grady	1	3	Stephens	
3	Kay		22	Tulsa	5
1	Kiowa		1	Wagoner	
3	LeFlore	1	2	Washington	
1	Lincoln		1	Washita	
3	Mayes		1	Woods	

Key Findings 2014

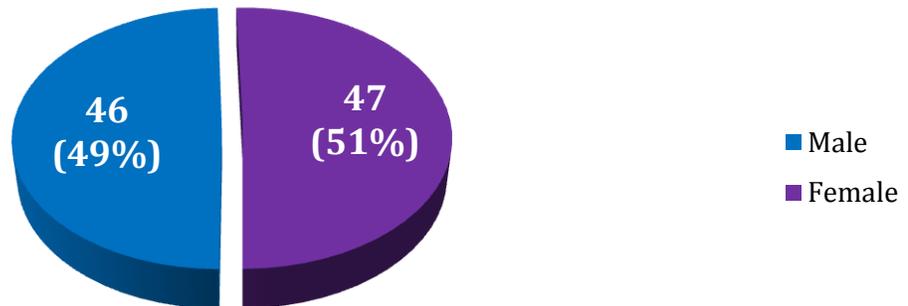
Demographics

Gender 2014

Victim

Consistent with previous years, female and male victims were almost equally represented among all 93 domestic violence homicide victims: **47** (50.5%) were females and **46** (49.5%) were males. Of the male victims, 76% were killed by male perpetrators and 24% were killed by female perpetrators. Of the female victims, 94% were killed by male perpetrators. Only one adult female victim was killed by another adult female (*Figure 3*).

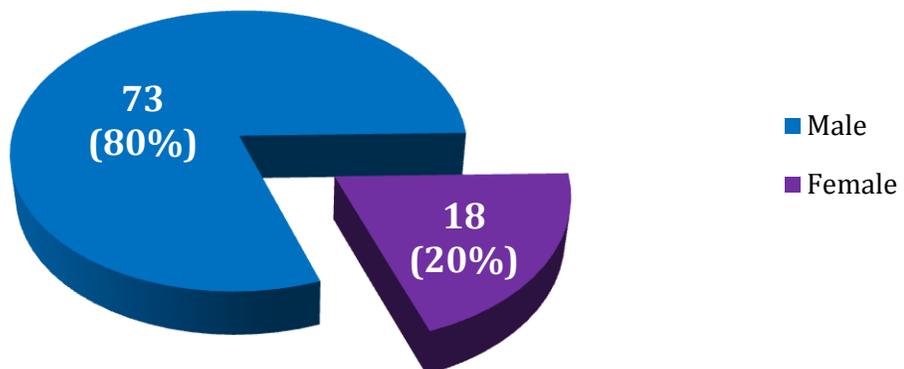
Figure 3. Victims by Gender (2014)



Perpetrator

Consistent with previous years, male domestic violence perpetrators were disproportionately represented. Of the **91** perpetrators, **73** (80%) were male and **18** (20%) were female (*Figure 4*). Of the female perpetrators, 9 killed their intimate partners or former intimate partners and 8 killed a child (e.g. biological mothers, foster mothers etc.) (*Figure 4*).

Figure 4. Perpetrators by Gender (2014)



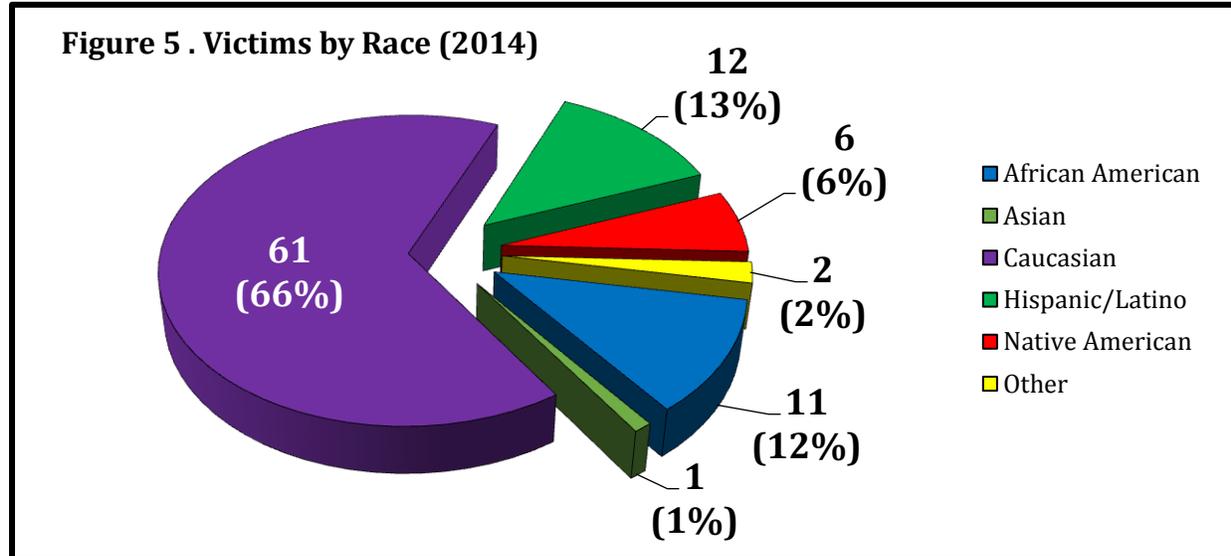
Key Findings 2014

Demographics

Race 2014

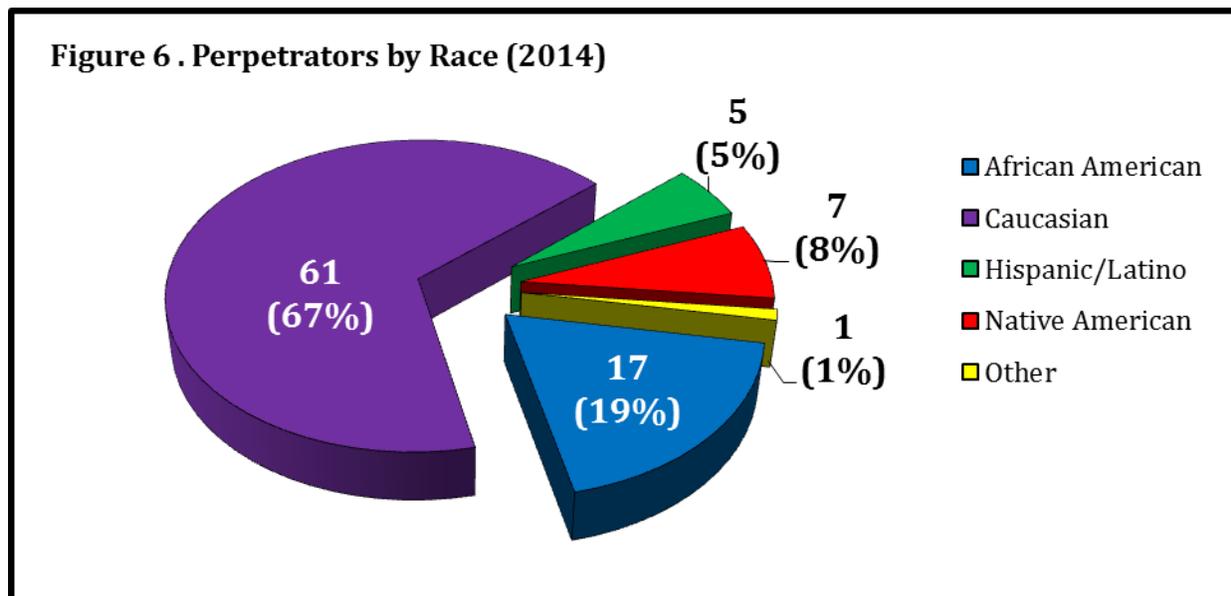
Victim

Of the **93** victims, **61** (66%) were Caucasian, **12** (13%) were Hispanic Ethnicity, **11** (12%) were African American, **6** (6%) were Native American, **1** (1%) was Asian and **2** (2%) were classified as Other (Figure 5).



Perpetrator

Of the **91** perpetrators, **61** (67%) were Caucasian, **17** (19%) were African American, **7** (8%) were Native American, and **5** (5%) were Hispanic/Latino Origin (Figure 6).



Key Findings 2014

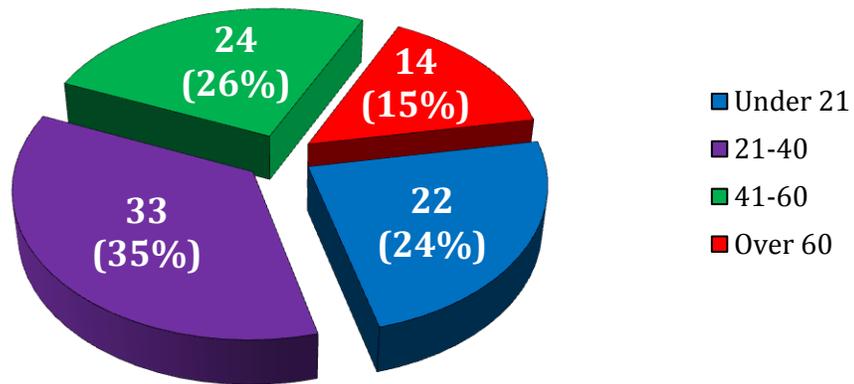
Demographics

Age 2014

Victim

The youngest homicide victim was less than 1 day old. The oldest victim murdered was 92 years old. Of the 18 child victims (< 18 yrs. old) identified by the board, 14 (78%) were less than 5 years old. The average age of victims was 37.17 years (Figure 7).

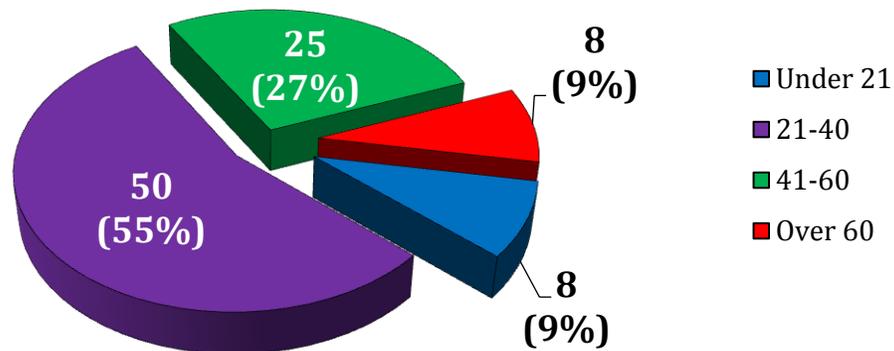
Figure 7 . Victims by Age (2014)



Perpetrator

Perpetrators between the age of 21 and 40 represented the largest age group. Of the 91 perpetrators, 8 (9%) were under 21, 50 (55%) were 21 to 40, 25 (27%) were 41 to 60, and 8 (9%) were over 60. The average age of perpetrators was 38.74 (Figure 8).

Figure 8 . Perpetrators by Age (2014)

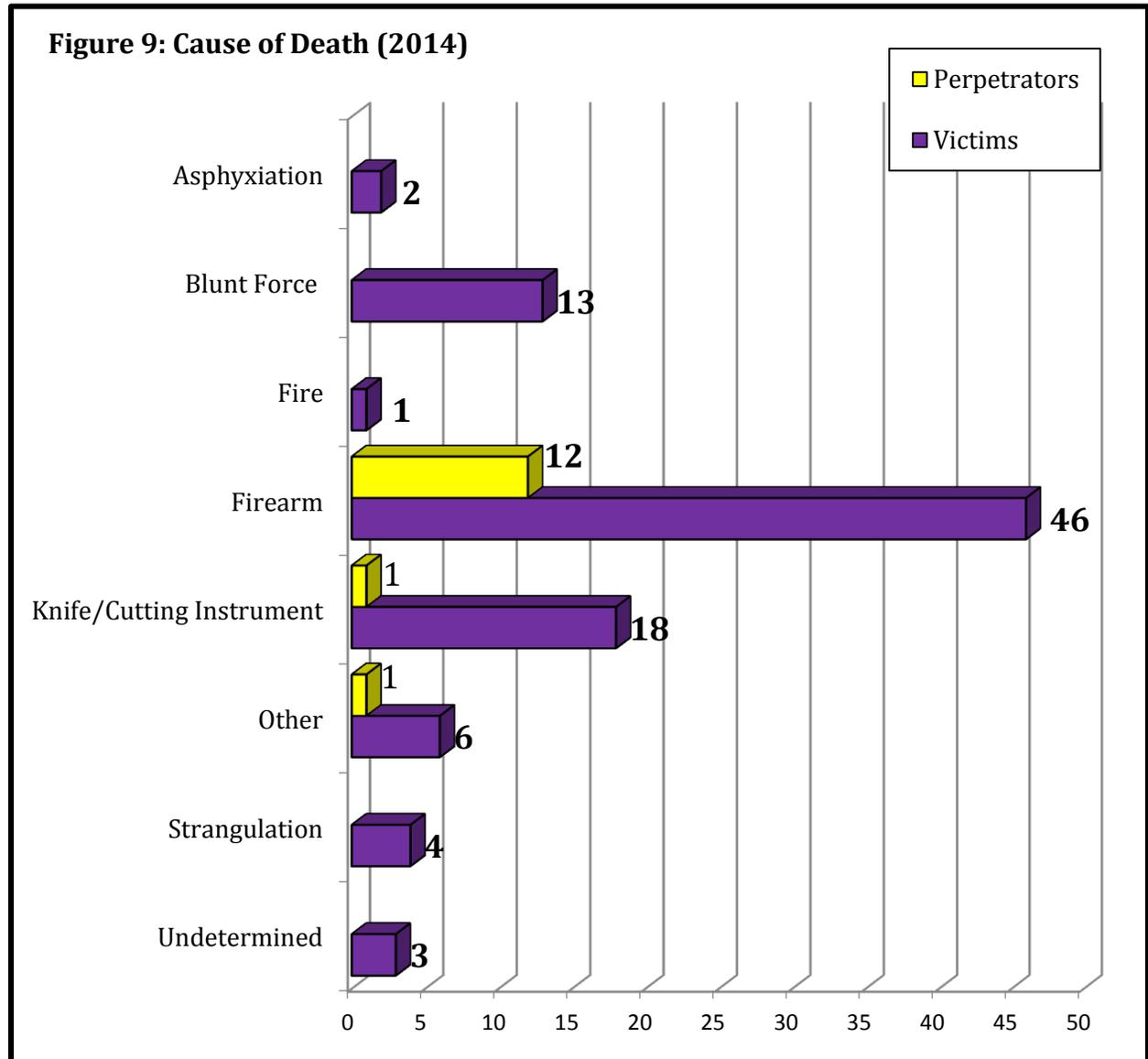


Key Findings 2014

Cause of Death

The Office of the Chief Medical Examiner of the State of Oklahoma investigates sudden, violent, unexpected and suspicious deaths and conducts the medical investigation related to the death investigation. The DVFRB reports on data obtained from the report of findings from the Medical Examiner’s Office which includes a determination as to the individual’s cause and manner of death. The cause of death of the 93 victims identified in 2014 included, but was not limited to firearm, knife/cutting instrument, blunt force, strangulation, asphyxiation, and fire. In some cases, the cause of death was undetermined. Perpetrators who committed suicide or were killed by police/bystander intervention were overwhelmingly killed by firearms (86%) (Figure 9).

Figure 9: Cause of Death (2014)



Key Findings 2014

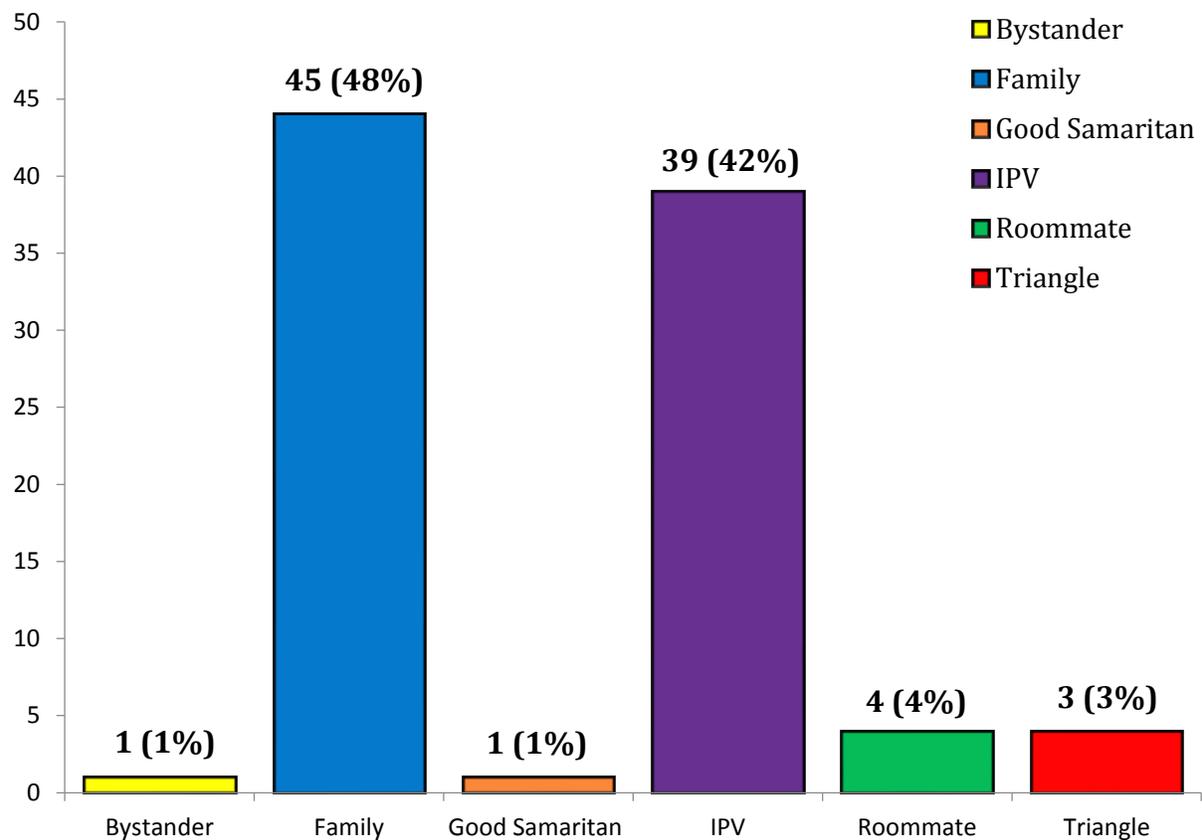
Type of Domestic Violence Homicide

The DVFRB collects and compiles data which classifies the type of domestic violence relationship involved in the homicide. In 2014, the majority of domestic violence homicides were perpetrated by family members (48%) and intimate partners (42%). Intimate partner homicide (IPH) includes current or former spouses, girlfriends or boyfriends (*Figure 10*).

In 2014, family members who murdered other family members included fathers, mothers, step-fathers, sons, brothers, grandchildren and other relatives.

In 4% of the cases, the homicide was categorized as a triangle. A triangular homicide includes situations in which a former spouse, girlfriend or boyfriend kills the new spouse, girlfriend or boyfriend or vice versa. In another 4% of the cases, the homicides were perpetrated by roommates. Additional cases involved a Good Samaritan (non-involved person who intervenes on behalf of a victim) and a bystander (*Figure 10*).

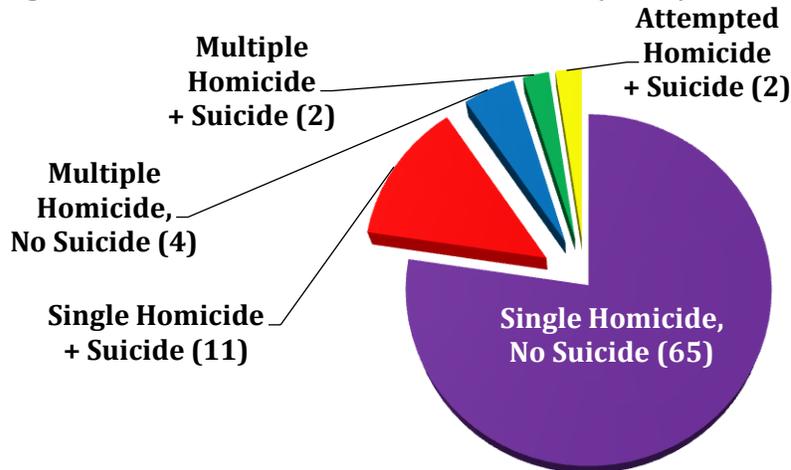
Figure 10. Type of Domestic Violence Homicide (2014)



Key Findings 2014

Murder-Suicide

Figure 11: Domestic Violence Homicides (2014)



Murder-Suicide Oklahoma 2014
Intimate partners perpetrated **67%** of all murder-suicides.

Males perpetrated 93% of all murder-suicide and attempted murder-suicide cases.

An event is referred to as a murder-suicide when someone murders an individual and then kills him or herself, usually within 72 hours following the homicide. Intimate partner specific murder-suicide occurs when a person kills an intimate partner and then kills him or herself.

In 2014, the DVFRB identified 13 murder-suicide cases in Oklahoma compared to eight in 2013. The DVFRB also identified two attempted murder-suicide cases involving the death of only the perpetrator in one case and only the death of the victim in the other. Of the 13 murder-suicide cases, 11 were single victim, single perpetrator murder-suicide incidents. The remaining two cases involved two separate perpetrators who killed multiple victims before killing themselves (*Figure 11*).

Fortunately, cases where people kill their intimate partners or family members and then themselves are very rare with an incident rate of under 0.001% (Eliason, 2009). However, when such crimes are committed, research indicates that most involve intimate partners; usually involving a man killing his wife, girlfriend, ex-wife, or ex-girlfriend and then himself. In 2014, the DVFRB found that **67%** of all murder-suicide cases were intimate partner perpetrated. Males perpetrating intimate partner murder-suicide ranged in age from 24 to 80 years old. Consistent with national data indicating that males are significantly more likely to perpetrate murder-suicide than females, DVFRB data revealed that **14 (93%)** of the 15 murder-suicide/attempted murder-suicide events were perpetrated by males and 87% were Caucasian. No intimate partner murder-suicide events were committed by females.

Reference:

Eliason, S. (2009). Murder-suicide: A review of the recent literature. *J. Am. Acad. Psychiatry Law*, 2009: 37(3), 371-6

Key Findings 2014

Intimate Partner Homicide (IPH)

In 2014, 39 (43%) domestic violence homicides were categorized as intimate partner homicides (IPH). Cases were categorized as “intimate partner homicides” if the victim/perpetrator relationship was: spouse/ex-spouse, boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend. In 2014, IPH victims were killed by their current and former spouses, girlfriends and boyfriends. The youngest IPH victim was 19 years old; the oldest was 80 years old. The average age of IPH victims was 44.38 and the average age of IPH perpetrators was 43.69.

Women were more likely than men to be killed by an intimate partner. Twenty-nine (74%) IPH victims were female and 10 (26%) were male (*Figure 12*). The majority of IPH victims were Caucasian (72%) as expected by population census data (U.S. Census Bureau, 2015). Whereas, in previous years, the number of African American victims was disproportionately represented, we found that in 2014, these numbers were only slightly above what would be expected considering population census data (U.S. Census Bureau, 2015) (*Figure 13*).

Figure 12 . Intimate Partner Homicide Victims by Gender (2014)

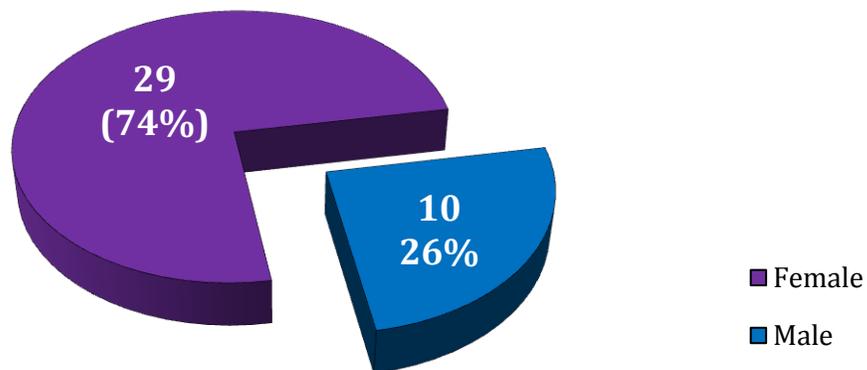
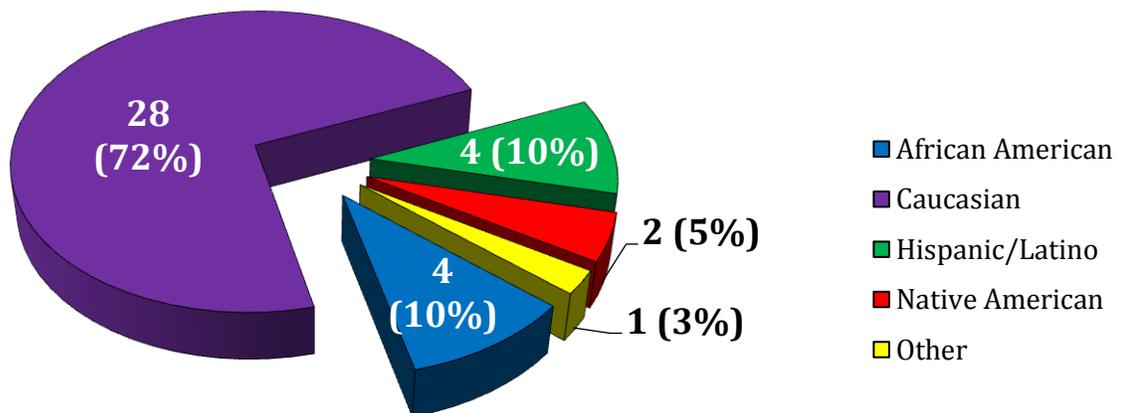


Figure 13. Intimate Partner Homicide Victims by Race (2014)



Key Findings 2014

Consistent with national data, men were more likely than women to kill their intimate partners. Thirty two (78%) of IP homicide perpetrators were male and 9 (22%) were female (Figure 15). The majority of IP homicide perpetrators were Caucasian (63%) but less than expected considering population census data (U.S. Census Bureau, 2015). African American IP homicide perpetrators were disproportionately represented in these statistics (27%), above what would be expected from population census data (U.S. Census Bureau, 2015)(Figure 16).

Figure 15. Intimate Partner Homicide Perpetrators by Gender (2014)

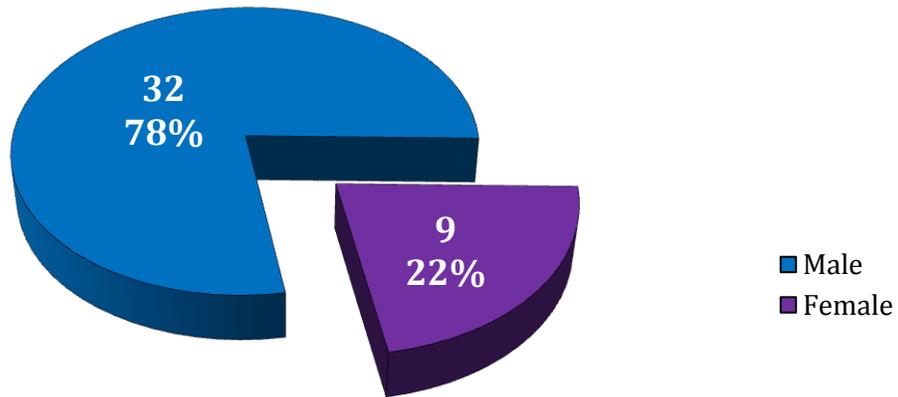
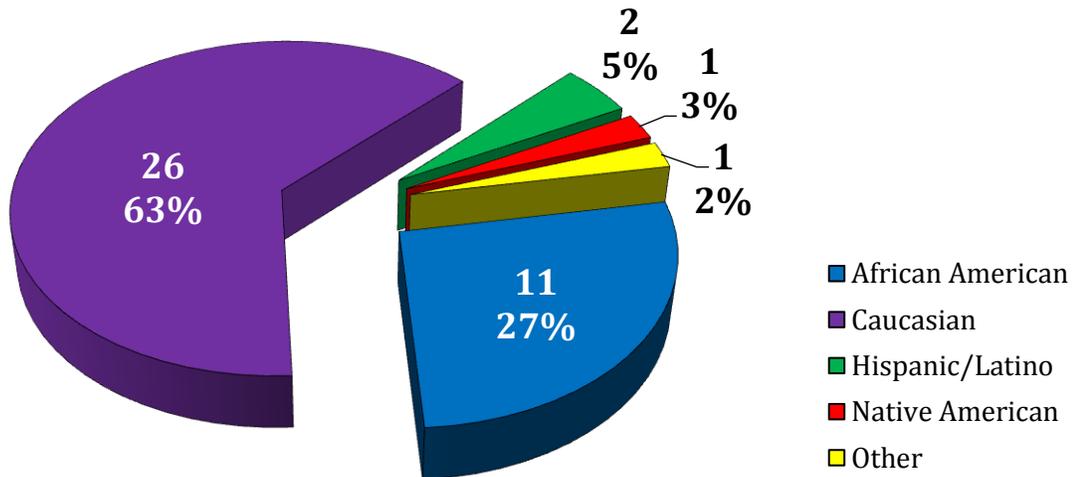


Figure 16. Intimate Partner Homicide Perpetrators by Race (2014)



Domestic Violence Homicide Summary (1998 to 2014)

Between 1998 and 2014, **1,426** victims lost their lives to domestic violence in Oklahoma, of which **631** (44%) were killed by intimate partners. While not every county has an Attorney General (OAG) certified Domestic Violence Program, each of the 28 certified programs have a catchment area that includes all 77 counties so that victims and their children may access emergency shelter in any county regardless of where they live (*Table 4*).

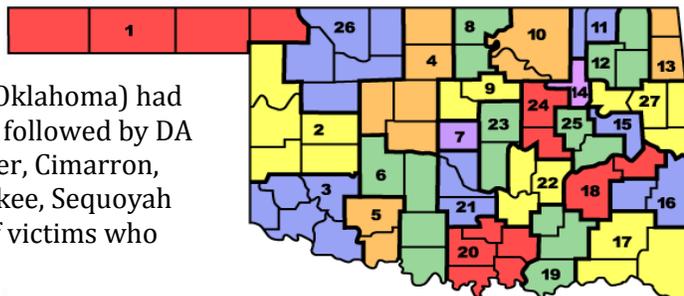
Table 4: Intimate Partner Homicide Victims (IPV) by County 1998 - 2014							
County	# DV Victims	# IPV Victims	Certified Program	County	# DV Victims	# IPV Victims	Certified Program
Adair	12	4		Le Flore	33	11	X
Alfalfa	0	0		Lincoln	12	5	
Atoka	2	0		Logan	10	5	
Beaver	3	1		Love	9	3	
Beckham	8	1		Major	1	0	
Blaine	2	1		Marshall	6	2	
Bryan	23	7	X	Mayes	21	10	
Caddo	16	9		McClain	9	6	
Canadian	20	10	X	McCurtain	25	12	X
Carter	32	12	X	McIntosh	9	5	
Cherokee	18	10	X	Murray	2	0	
Choctaw	4	2		Muskogee	27	20	X
Cimarron	0	0		Noble	2	0	
Cleveland	30	11	X	Nowata	2	2	
Coal	4	4		Okfuskee	8	4	
Comanche	59	28	X	Oklahoma	317	147	X
Cotton	5	4		Okmulgee	14	6	X
Craig	7	5		Osage	14	7	X
Creek	17	9		Ottawa	13	5	X
Custer	10	6	X	Pawnee	9	3	
Delaware	25	12		Payne	17	9	X
Dewey	1	1		Pittsburg	20	7	X
Ellis	1	1		Pontotoc	21	12	X
Garfield	14	7	X	Pottawatomie	30	12	X
Garvin	17	4		Pushmataha	3	1	
Grady	18	6	X	Roger Mills	0	0	
Grant	1	0		Rogers	17	4	X
Greer	1	1		Seminole	18	8	
Harmon	1	1		Sequoyah	14	6	
Harper	0	0		Stephens	15	3	X
Haskell	9	5	X	Texas	6	2	X
Hughes	5	0		Tillman	4	3	
Jackson	3	2	X	Tulsa	278	111	X
Jefferson	0	0		Wagoner	20	11	
Johnston	7	2		Washington	14	6	
Kay	14	7	X	Washita	2	1	
Kingfisher	1	1		Woods	3	0	
Kiowa	3	4		Woodward	4	2	X
Latimer	4	2		Totals	1,426	631	

Domestic Violence Homicide Summary (1998 to 2014)

Table 5: Intimate Partner Homicide Victims (IPV) by DA Districts (1998 - 2014)

District	County	Number of DV Homicide Victims
District 1	Beaver, Cimarron, Harper and Texas	9
District 2	Beckham, Custer, Ellis, Roger Mills and Washita	21
District 3	Greer, Harmon, Jackson, Kiowa, and Tillman	12
District 4	Blaine, Canadian, Garfield, Grand and Kingfisher	38
District 5	Comanche and Cotton	64
District 6	Caddo, Grady, Jefferson and Stephens	49
District 7	Oklahoma	317
District 8	Kay and Noble	16
District 9	Logan and Payne	27
District 10	Osage and Pawnee	23
District 11	Nowata and Washington	16
District 12	Craig, Mayes and Rogers	45
District 13	Delaware and Ottawa	38
District 14	Tulsa	278
District 15	Muskogee	27
District 16	Latimer and LeFlore	37
District 17	Choctaw, McCurtain and Pushmataha	32
District 18	Haskell and Pittsburg	29
District 19	Atoka, Bryan and Coal	29
District 20	Carter, Johnston, Love, Marshall and Murray	56
District 21	Cleveland, Garvin and McClain	56
District 22	Hughes, Pontotoc and Seminole	44
District 23	Lincoln and Pottawatomie	42
District 24	Creek and Okfuskee	25
District 25	Okmulgee and McIntosh	23
District 26	Alfalfa, Dewey, Major, Woods and Woodward	9
District 27	Adair, Cherokee, Sequoyah and Wagoner	64

Between 1998 and 2014, DA District 7 (Oklahoma) had the highest number of victims who died, followed by DA District 14 (Tulsa). DA Districts 1 (Beaver, Cimarron, Harper and Texas) and 26 (Adair, Cherokee, Sequoyah and Wagoner) had the lowest number of victims who died.



Lethality Risk Factors (“Red flags”)

Lethality risk factors or “red flags” that help assess the level of danger an abused woman has of being killed by her intimate partner have been extensively investigated by Dr. Jacquelyn Campbell of the Johns Hopkins University School of Nursing (Campbell et al., 2003). The Danger Assessment, developed by Dr. Campbell (1986), is an evidence-based tool used by domestic violence advocates, health care professionals, law enforcement officers and others as a means to triage and respond appropriately to those abused women in most danger of being killed.

The DVFRB attempts to identify and collect information present in the case prior to the homicide based upon lethality risk factors from the Danger Assessment. A review of 223 intimate partner homicide (IPH) cases reviewed by the DVFRB between 1998 and 2014, involving 224 perpetrators and resulting in the deaths of 259 victims (witnessed by 154 children), revealed the following lethality risk factors:

Lethality Risk Factors DV Homicide Victims (N-259)	
74%	Prior evidence of domestic violence
63%	History of physical violence
8%	History of sexual violence
50%	History of psychological/emotional abuse
47%	Perpetrator made prior death threats against the victim
14%	Perpetrator strangled victim in the past
44%	Perpetrator demonstrated morbid jealousy in the past
26%	Perpetrator threatened or attempted suicide in the past
26%	Perpetrator was unemployed at the time of the death event.

Note: Statistics reported on behavior and activities present in the relationship prior to the death are underreported from actual occurrence. The DVFRB relies on law enforcement reports, various agency reports, case notes and documentation, and witness statements/interviews for information.

References:

Campbell, J.C., Webster, D., Kozoil-McLain, J., Boock, C., Capmbell, D., Curry, M.jA. Gary, F., Glass, N., McFarlane, J. Sachs, C. Sharps, Pl, Ulrich, Y., Wilt, S.S., Manganello, J., Xu, Xiao, Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*. 93(7): 1089-1097.

Campbell, J, Webster, D & Glass, N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *J Interpers Violence*, 24(4653-674).

Additional information about the Danger Assessment: <https://www.dangerassessment.org>

Domestic Violence and Children



Multiple studies show that children are impacted in a multitude of ways as a result of their exposure to a perpetrator of domestic violence.

Fortunately, child death in the context of intimate partner violence is a rare event. However, it is crucial for professionals working in domestic violence organizations, criminal justice, education, healthcare, mental health, child welfare and other allied professional groups to closely coordinate their efforts to identify and swiftly respond to domestic violence cases that have the potential

to result in direct harm or death to children. In the context of intimate partner violence, children may be killed indirectly as a result of attempting to protect a parent during a violent episode; directly as part of an overall murder-suicide plan by a parent who decides to kill the whole family; and/or directly as revenge against the partner who decided to end the relationship or for some other perceived betrayal (Jaffee and Juodis, 2006). In addition, Jaffe, Campbell, Olszowy, & Hamilton (2014), suggest that adult and child homicides in the context of intimate partner violence have similar warning signs (red flags) to those seen in adult homicides that may go unrecognized. The authors stress the importance of criminal courts and family courts working closely together to enhance safety for victims and children. Professionals should ensure that safety planning for adult victims includes safety for the children.

A DVFRB review of 341 domestic violence homicide cases between 1998 and 2010 found that 52% of homicides were committed by intimate partners. Specific to these intimate partner homicides, 39% of victims had children with the perpetrator and 44% had children with a former partner (DVFRB, 2011). In 26% of the homes where the intimate partners had children, there was evidence of child abuse. In 33% of the reviewed cases, children witnessed the murder. In 31% of the intimate partner homicides, custody of their children was an issue.

In 2014, the DVFRB identified 17 domestic violence homicide cases in which a child or children (under the age of 18) were murdered; resulting in the **deaths of 18 children**. Of the 18 children who died, 11 were male and 7 were female. The youngest child was less than 1 day old and the oldest child was 17. Children were murdered by their brothers, fathers, mothers, and other relatives.

References:

- Jaffee, P.G. & Juodis, M. (2006). Children as Victims and Witnesses of Domestic Homicide: Lessons Learned from Domestic Violence Death Review Committees. *Juvenile and Family Court Journal*. Volume 57. Issue3, pp 13–28.
- Jaffe, P.G., Campbell, M. Olszowy, L. & Hamilton, L.H.A. (2014). Paternal filicide in the context of domestic violence: challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Review*, 23(2), pp.142-153.

DVFRB Recommendations 2015

Every year the DVFRB offers recommendations for professionals and systems to address the pressing issue of domestic violence in our community. The ultimate goal is to strengthen the safety net for victims and children in Oklahoma and prevent the tragic and unnecessary loss of life. This year, the DVFRB recommendations are directed towards the following systems: **education; judiciary; prosecution; healthcare; and law enforcement/Department of Human Services.**



DVFRB Recommendations 2015

1. EDUCATION

Healthy relationship and dating violence prevention education should be implemented in all Oklahoma public schools at all grade levels.



Among adult victims of rape, physical violence, and/or stalking by an intimate partner, 22% of women and 15% of men first experienced some form of partner violence between 11 and 17 years of age.

(Centers for Disease Control [CDC]: National Intimate Partner and Sexual Violence Survey [NISVS], 2010).

The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), Oklahoma State Department of Health, Rape Prevention Education (RPE) Program, and the Oklahoma State Department of Education are encouraged to establish a work group to create a statewide implementation plan to provide healthy relationship education into all Oklahoma Public Schools at all grade levels by 2018.

When we consider Oklahoma's state ranking of 6th for women killed by men in single victim/single offender incidents (Violence Policy Center, 2015), together with the well-established intergenerational cycle of violence, early prevention and education efforts become a critical component of the overall strategy to decrease domestic violence homicide in Oklahoma.

Prevention education programs currently being utilized in Oklahoma and across the country, have shown promising outcomes to prevent or decrease dating violence. Some programs "change norms, improve problem-solving, and address dating

violence in addition to other youth risk behaviors, such as substance abuse and sexual risk behaviors" while others "prevent dating violence through changes to the school environment or training influential adults, like parents/caregivers and coaches, to work with youth to prevent dating violence" (Centers for Disease Control, 2014).

References:

Centers for Disease Control. (2014). *Understanding Teen Dating Violence: Fact Sheet*. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-2014-a.pdf>

Resources:

Oklahoma State Department of Health, Injury Prevention Services. (2015). *Sexual Violence Prevention in Oklahoma*. Retrieved from [http://www.ok.gov/health/Disease, Prevention, Preparedness/Injury Prevention Service/Sexual Violence Prevention/index.html](http://www.ok.gov/health/Disease_Prevention_Preparedness/Injury_Prevention_Service/Sexual_Violence_Prevention/index.html)

DVFRB Recommendations 2015

2. JUDICIARY

Develop a judicial benchbook to provide guidance to Oklahoma judges in domestic violence cases.

Many states, including Michigan, Colorado, Georgia, Florida and others have developed benchbooks for use by judges in domestic violence cases. The benchbook should address Oklahoma and federal law governing domestic violence in court contexts where it is most likely to be at issue: civil, criminal, juvenile and family court proceedings. Judicial benchbooks are also useful for attorneys, domestic violence service providers, law enforcement officers, court personnel, etc.

The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA) in collaboration with judicial partners and other partners identified by the OCADVSA, should model a benchbook for Oklahoma judges using benchbooks from other states as guides.

Resources:

Michigan Judicial Institute. (2015). *Domestic violence benchbook: A guide to civil and criminal proceedings*. Retrieved from http://www.cobar.org/repository/DV%20Benchbook%20Final%2010_2011.pdf?ID=2047

Colorado domestic violence benchbook. Retrieved from http://www.cobar.org/repository/DV%20Benchbook%20Final%2010_2011.pdf?ID=2047

Georgia Commission on Domestic Violence. *Georgia domestic violence benchbook*. Institute of Continuing Judicial Education. Retrieved from <http://icje.uga.edu/documents/2014DVBenchbookFinal.pdf>

Prior Recommendations

The DVFRB has made recommendations specific to judicial training and education on the topic of domestic violence spanning several years. Prior-related DVFRB recommendations include:

[2002, 2008, 2009] Mandate continuing domestic violence training for all judges.

[2008, 2009] Train judges on how to utilize bench cards on protective order cases to assist them in recognizing red flag indicators and potential danger.

[2008] Make judges aware of bench cards for use in Protective Order cases:
http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_issuing.pdf
http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_enforce.pdf

[2010] At a minimum, mandate continuing domestic violence education for judges who might ever preside over a domestic violence or family court. The training should include, at a minimum, the importance of lethality assessment, safety for victims and children, and the significance of protective orders.

[2005, 2007] Utilize a bench card for judges handling protective orders to assist the court in recognizing red flags and danger potential in cases.

Develop a judicial bench guide to provide guidance to Oklahoma judges in domestic violence cases.

Educate Oklahoma judges by developing a judicial bench guide to utilize on domestic violence cases.

DVFRB Recommendations 2015

3. PROSECUTION

District Attorneys should make use of training and technical assistance available from the Oklahoma District Attorneys Council and implement evidence-based prosecution to overcome the reluctance and lack of cooperation of victims in court proceedings.

Particularly disturbing to the board, in intimate partner homicide cases reviewed in 2014: several perpetrators had a long and violent history with many missed opportunities to hold them accountable. The Domestic Violence Fatality Review Board (DVFRB) saw the violence eventually escalate to homicide. Domestic violence cases can be difficult and complex to prosecute. Evidence-based prosecution provides prosecutors with strategies to successfully prosecute domestic violence cases in which the victim is absent. Subsequent to prior recommendations, the Oklahoma District Attorney's Council (DAC) hired a Domestic Violence and Sexual Assault Resource Prosecutor (DVSARP) at the end of 2007 through the Office of Violence Against Women, Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program, to assist District Attorney's offices across the state in the prosecution of domestic violence cases. The DVSARP has subsequently trained and provided resources to most, if not all, prosecutor's offices across the state on evidence-based prosecution of domestic violence crimes. As in previous years, the DVFRB once again strongly urges prosecutors to implement evidence-based prosecution practices to counteract a lack of cooperation from victims during court proceedings and to make ongoing use of available training and technical assistance related to evidence-based prosecution through the DAC.

Oklahoma District Attorneys Council:

Technical assistance, resources and information is available from the DVSARP at the DAC.

Aequitas:

Webinar training is conveniently available from Aequitas: The Prosecutor's Resource on Violence Against Women. Mallios, C. & Wilkinson, J. (2013). *Going forward without the victim: Evidence-based prosecutions in domestic violence cases*. Retrieved from <http://www.aequitasresource.org/trainingDetail.cfm?id=94>

Prior Recommendations

The DVFRB has made similar recommendations spanning several years, including:

[2002, 2003, 2007] Provide Evidence Based Prosecution and Domestic Violence 101 Training to all DA's and ADA's that prosecute domestic violence.

[2006, 2007, 2008] Implement evidence based prosecution to overcome a victim being uncooperative or wanting to drop charges against perpetrator. Seek law enforcement cooperation in collecting, preserving, and organizing evidence for use in domestic violence cases.

[2011] DA's and ADA's who prosecute domestic violence cases should be provided with evidence-based prosecution and domestic violence 101 training.

[2012] Implement and advocate the use of evidence based prosecution to overcome victim's refusal to cooperate or seeking to dismiss charges against perpetrator; ultimately, taking the onus of moving a case forward off the victim. Seek cooperation from law enforcement in collecting, preserving, and organizing evidence for use in domestic violence cases.

DVFRB Recommendations 2015

4. HEALTHCARE

Healthcare professionals should implement intimate partner violence lethality risk assessments in emergency rooms for every patient who has been identified as a domestic violence victim.

“Intimate partner violence has a profound impact on the physical and psychological health of women and girls”

(Office on Women’s Health, Dept. of Health and Human Services, 2012, p. 1).

Violence and trauma can lead to chronic health problems, result in serious physical injuries, and ultimately cause death. Screening and identifying current or past abusive and traumatic experiences can help prevent further abuse and lead to improved health status (Office on Women’s Health, Dept. of Health and Human Services, 2012). Emergency room (ER) personnel are often in the position of providing medical attention for injuries sustained by a physical and/or sexual assault and are uniquely poised to conduct both domestic violence screening intimate partner violence lethality risk assessments. Research findings indicate that victims of intimate partner violence visit health providers more frequently and have more hospital stays with longer duration of hospital stays than their non-victim counterparts (Basile & Smith, 2011; Black

2011). Additionally, research has shown that immediately linking victims to hotline crisis services may result victims engaging in protective strategies following the abuse and experiencing less frequent and severe violence in the future (Messing, Campbell, Sullivan-Wilson, Brown & Patchell, 2014). By conducting risk assessments, ER personnel can play a vital role in connecting victims to crisis services via local hotlines operated by OAG certified and tribal domestic violence programs.

Findings from research published in the Journal of General Internal Medicine (2011), found that approximately 80% of women sought services at an ER at least once during the four years after their assault. Despite findings that most sought ER care at an average of seven times each, 72 percent were never identified as victims of abuse. These findings, and others, suggest that screening practices for victims in hospitals, including ER settings, accompanied by a response protocol that links victims with domestic violence services, will reach many women who might not otherwise reach out for services or even be aware that such services exist in their local communities.

Lethality risk assessment in the hospital setting is currently being implemented in seven hospitals in Maryland. Using the Lethality Assessment Protocol (LAP) developed by the Maryland Network Against Domestic Violence (MNADV), these hospitals conducted 451 Lethality Screens in 2013 with 73% (330) of victims assessed as “high danger” and 290 victims (88%) met with or spoke with an advocate (Maryland Network Against Domestic Violence, 2014). In addition to the hospital setting, the LAP is currently being used in several states in multi-system venues, including Oklahoma law enforcement agencies pursuant to Title 21, Chapter 2, Section 142A-3 – Officers’ Duties to Inform Victims of Violence Crimes of Rights – Lethality Assessment. Oklahoma is the first state to legislate the LAP on a statewide level.

This year the DVFRB, is once again encouraging lethality risk assessment to triage and refer screened victims at risk of homicide to domestic violence service providers.

DVFRB Recommendations 2015

References:

- Black, M.C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine*, 5, 428–439.
- Basile, K.C., & Smith, S.G. (2011). Sexual violence victimization of women: Prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine*, 5, 407–417.
- Maryland Network Against Domestic Violence (MNEDV), (2014). *Lethality assessment program: Maryland Model (LAP). Maryland annual report summary, January – December 2014*. Retrieved from http://mnadv.org/_mnadvWeb/wp-content/uploads/2015/09/2014-LAP-Maryland-Annual-Report-Summary.pdf
- Messing, J.T. Campbell, J. Sullivan-Wilson, J. Brown, S. Patchell, B. and Shall, C. (2014). *Police departments' use of the lethality assessment program: A quasi-experimental evaluation*. National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/247456.pdf>.
- Office on Women's Health, Department of Health and Human Services. (2012). *Fact Sheet from the Office on Women's Health: Health Care Providers and Screening and Counseling for Interpersonal and Domestic Violence*.

Resources:

- Campbell, J. (2009). The danger assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 653.
- Rhodes, K.V., Kothari, C.L., Dichter, M., Cerulli, C., Wiley, James & Marcus, S. (2011). Intimate partner violence identification and response: Time for a change in strategy. *Journal of General Internal Medicine*. August 2011, Volume 26, Issue 8, pp 894-899.

Prior Recommendations

Similar recommendations have been made by the DVFRB spanning several years since 2002. Previously-related DVFRB recommendations include:

[2002] Legislate minimal domestic violence and lethality screen (as necessary) at each medical encounter and include in medical record.

[2002, 2008] Encourage the creation of protocols and documentations tools by professional associations such as Oklahoma Nurses Association, Oklahoma Osteopathic Association, Oklahoma State Medical Association, Licensed Professional Counselors, Oklahoma Psychological Association, and Oklahoma Association of Social Workers, as well as training for health care providers.

[2004, 2007] Explore the use of lethality and danger assessments for system professionals.

[2005, 2007, 2008] Support inter-professional pilot studies utilizing a danger assessment tool.

DVFRB Recommendations 2015

5. LAW ENFORCEMENT – DEPARTMENT OF HUMAN SERVICES

Implement a response protocol that includes assistance to children on the scene of a domestic violence fatality.

In the context of domestic violence homicide, children may lose one or both parents as a result of the murder of a parent and in some cases, the related suicide or imprisonment of the other parent. A disturbing issue for DVFRB is that one-third of all homicides are witnessed by a child(ren.) Yet, there is no reliable system in place to help them. Children exposed to domestic violence are at an elevated risk of child maltreatment and may experience behavioral, cognitive, developmental, and emotional problems along with chronic trauma and multiple stressors. Trauma services and support for children subsequent to the death of one or both parents is critical for short and long term safety, healing and well-being. The DVFRB recommends a joint response between law enforcement agencies and child welfare to effectively address the immediate and longer-term needs of children who have witnessed the loss of one or both of their parents as a result of domestic violence homicide. Such a response could be added to the joint response protocols that already exist between these two agencies to ensure that children get to a safe place, and are provided with resources, referrals and access to age-appropriate trauma counseling services.

Resources:

- Alisic, E., Groot, Arend, Smetselaar, H., Stroeken, T. & van de Putte, E. (2015). Parental intimate partner homicide and its consequences for children: protocol for a population-based study. *BMC Psychiatry*, 2015, 15:77
- Vermont Criminal Justice Training Council, Vermont Department for Children and Families, Vermont Criminal Justice Training Council & Vermont Network Against Domestic and Sexual Violence. (2010, Revised). *Law enforcement response to children at the scene of a domestic violence incident*. Retrieved from http://vcjtc.vermont.gov/sites/cjtc/files/Domestic_Violence/FINAL%202010%20Revised%20Kids%20and%20Cops%20Protocol.pdf.
-

Prior Recommendations

Similar recommendations have been made by the DVFRB spanning several years since 2002. Previously-related DVFRB recommendations include:

- [2004]** Create an advisory committee to explore issues surrounding children witnessing domestic violence homicides.
- [2005]** Investigate and suggest a system for crisis response and develop best practices for assisting children on scene who witness and/or survive homicide.
- [2008]** Create a task force to develop a system response for ensuring children on scene who witness or survive domestic violence homicides receive appropriate services.
- [2010]** Strictly follow the joint response protocol for responding to children on a homicide scene established for the Department of Human Services and all law enforcement agencies.
- [2010]** Focus on children in domestic violence cases. This can include counseling, forensic interviews, on scene help, offering resources, joint investigations, etc.

Update on Recommendations from Prior Annual Reports

Making a Difference in Oklahoma

Since 2002, the DVFRB has submitted recommendations based on intensive case review and analysis of trends. Recommendations are centered on system improvements, and include: increased awareness, training for allied professionals, policy and protocol considerations for the court system, law enforcement and child welfare, batterer intervention programs and others. Always, the goal is to close safety gaps across the multiple systems that intersect with victims of domestic violence and their children. Over the years, many DVFRB recommendations have been implemented in Oklahoma including the following DVFRB recommendations made in recent years:

Child Welfare

Domestic violence training recommendations for the Department of Human Services (DHS) have been made by the Domestic Violence Fatality Review Board (DVFRB) over several years. Child welfare workers frequently provide services to families impacted by domestic violence. Out of 8,362 investigations in fiscal year 2015 with a substantiated finding of abuse or neglect, 2,391 (28.6%) were marked with domestic violence as a contributing factor. Also, 29% of DHS employees surveyed reported that they have been a victim themselves. The DVFRB commends the progress that has occurred within the DHS under its current leadership such as the implementation of several domestic violence initiatives including the completion of the 2015 update to the “Domestic Violence Manual for Child Welfare Professionals: A Desk Reference Guide.” The reference guide was developed as a best practice guide for workers as a result of a year-long collaborative between DHS and external stakeholders, including local and state experts in the field of domestic violence. The new updates are expected to provide additional guidance based on trends from the field and best practices consistent with the principles of the “Greenbook” (National Council of Juvenile and Family Court Judges, 1999). In addition, several DHS-led committees including the Domestic Violence Taskforce and the Child Welfare-Domestic Violence sub-committee continue to meet to discuss practices, protocols and policies to promote safety for children. The DVFRB continues to urge DHS to create an internal position within the agency to act as a liaison between DHS, OAG Domestic Violence Programs, and tribal domestic violence programs. This position could assist in the coordination of domestic violence services for families, advance collaborative relationships, and obtain and provide domestic violence training and consultation for child welfare staff.

Court System

In 2014, the DVFRB made the following recommendation for court clerks in Oklahoma:

Court Clerks and Deputy Court Clerks should be provided with basic professional development/training on Protective Orders (PO's), including information about Full Faith and Credit.

Making the decision to file a protective order (PO) is not easy and is compounded by the fact that the justice system can be both overwhelming and confusing. Fortunately, in some jurisdictions, victims have access to assistance and support from Domestic Violence Advocates or Victim Witness Coordinators. However, in other jurisdictions, a Court Clerk may be the first and only person a victim of domestic violence speaks to when she or he is trying to obtain a PO. In these instances, the court clerk provides information to the victim such as which forms to fill out, information related to the process and, sometimes, provides additional information such as eligibility criteria or under what circumstances a PO is valid. Therefore, the court clerk must possess sufficient knowledge to be able to provide the victim with accurate information. If the court clerk provides inaccurate information, such as advising a victim that sexual assault does not meet the eligibility criteria for a

Update on Recommendations from Prior Annual Reports

PO or that the PO will not be valid in another state where the victim will be relocating, victims may then choose not pursue a PO. Since this recommendation, the Office of the Attorney General, Victim Services Unit Chief and the DVFRB Program Manager provided PO specific training to over 30 court clerks and court clerk personnel. Additional goals include regional training for Court Clerks in 2016.

Mental Health

For many years, various workgroups, committees and taskforces have repeatedly recognized the importance of domestic violence awareness and training for mental health professionals. In 2005, the Oklahoma Governor's and Attorney General's Blue Ribbon Task Force, Mental Health, Substance Abuse and Domestic Violence, cautioned that the consequences of "uninformed actions or choices" on the part of professionals can be so "dire" that it is critical that they receive "comprehensive and ongoing training that stresses best practices"; in addition, they specifically pointed out that training should also be provided to marriage counselors as a condition of licensure. Since then, the DVFRB has consistently recommended training for mental health professionals as a critical component of safety for victims of domestic violence. In November, 2012, an interim study was led by Representative Pam Peterson, Tulsa, Oklahoma, as an initiative recommended by the DVFRB to determine the need for this training. The interim study determined that behavioral health professionals would benefit from having access to an introductory training in domestic violence and led to the development of a Mental Health and Domestic Violence Committee comprised of multiple mental health and substance abuse agencies and organizations in Oklahoma including the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Psychological Association (OPA), Oklahoma Drug and Alcohol Professional Counselors Association (ODAPCA), Oklahoma State Board of Licensed Social Workers and the Oklahoma Association for Marriage and Family Therapy (OKAMFT). Other committee members included the Office of the Attorney General Victim Services Unit, YWCA Oklahoma City Domestic Violence Service Provider and the Oklahoma Coalition Against Domestic Violence and Sexual Assault. Activities of the committee included an ODMHSAS initiated project to develop a web-based online domestic violence training for mental health and substance abuse providers in Oklahoma who contract to the ODMHSAS. The training is available for any mental health provider who wishes to access it. Further, ODMHSAS established a "domestic violence liaison" project to place a domestic violence liaison in all ODMHSAS contracted agencies. The role of the domestic violence liaison is to coordinate referrals to OAG certified domestic violence service providers and to work to coordinate efforts to keep victims and children safe between the two service systems.

In FY 2015, ODMHSAS made a policy change for all contracted provider agencies contracting with the ODMHSAS to require all domestic violence liaison staff (required as an addition in FY14 provider contracts) to complete the on-line domestic violence training by January 1, 2016. This training was developed as a collaborative effort by representatives from the following agencies; the Oklahoma Attorney General's Office, Oklahoma Coalition Against Domestic Violence and Sexual Assault, Oklahoma Department of Mental Health and Substance Abuse Services, University of Oklahoma, Health Science Center, Center on Child Abuse and Neglect, Oklahoma Drug & Alcohol Professional Counselor Association, District Attorneys Council, Family Builders, Oklahoma Association for Marriage and Family Therapy and the Oklahoma Bar Association. The training received approval from the Oklahoma Professional Counselors Licensing Board, the Oklahoma Social Work Board, and CLEET for 3 hours of continuing education.

Online Webinar is available at:

https://ww1.odmhsas.org/AccessControl_new/ACMain/login.aspx?ReturnUrl=%2fAccessControl_new%2fElearning%2fDefault.aspx

DVFRB Board Member Activities

DVFRB members broaden the reach of the board by regularly conducting activities outside of their regular duties. Some examples include:

- DVFRB member, **Janet Wilson**, PhD, R.N., OU College of Nursing, regularly presents at both national and international conferences on the topic of fatality review. Recent activities include initiatives to incorporate family members into fatality review and ways to address elder abuse and homicide.
- DVFRB member, **Karen Frensley**, LMFT, Oklahoma Department of Mental Health and Substance (OCADVSA) successfully completed the online domestic violence training. In FY2015 ODMHSAS policy changed for all provider agencies contracting with the ODMHSAS to require all domestic violence liaison staff (required as an addition in FY14 provider contracts) to complete the on-line domestic violence training by January 1, 2016. Jennifer McLaughlin, Oklahoma Coalition Against Domestic Violence and Sexual Assault, was a major contributor to the training curriculum. The training received approval from the Oklahoma Professional Counselors Licensing Board, the Oklahoma Social Work Board, and CLEET for 3 hours of CEU's.
- DVFRB member **Kristie Anderson**, designee for the Department of Human Services (DHS), helped to expand the domestic violence Level 1 training (CW 1024) for DHS Child Welfare (CW) workers to allow for a co-training model between domestic violence experts from the YWCA and DHS CPS and Permanency Planning staff. Kristie made several presentations including information specific to Domestic Violence (DV) including basic DV philosophy, DHS involvement, protocols for cases involving allegations of domestic violence, ethics and a Victimology presentation at the University of Central Oklahoma (UCO). She presented to mental health professionals and DV Advocates. Also, DHS Programs staff is consulting with the DHS training unit to provide the CW 1024 training to all CW supervisors and district directors.
- DVFRB member, **Jennifer McLaughlin**, designee for the Oklahoma Coalition Against Domestic Violence and Sexual Assault, regularly presents locally and nationally on the topic of domestic violence, lethality and trauma. She presented to the Oklahoma State Bureau of Investigation, Specialty Courts Conference and varied substance abuse and healthcare professionals.
- DVFRB member, **Martina Jelley**, MD, MSPH, designee for the Oklahoma Medical Association regularly provides domestic violence training to varied healthcare professionals including monthly training for fourth year medical students and annual training for Internal Medicine residents. In addition, Dr. Jelley provides medical care for victims at the Family Safety Center Clinic in Tulsa. She attended local and national conferences to expand her knowledge as a domestic violence expert, and presented at the national Academy of Violence and Abuse conference in Jacksonville, Florida.
- DVFRB member, **Maria Alexander**, MHR, MEP, designee for the State Commissioner of Health, expanded the Teen Prevention Program that targets young girls and women and provides help with making good choices to include "domestic violence characteristics" to help teens learn the difference between love and control.
- DVFRB member, **Brandi Woods-Littlejohn**, MCJ, designee for the Oklahoma State Department of Health, Injury Prevention Service and Jacqueline Steyn (DVFRB Program Manager) presented jointly at the National Domestic Violence Fatality Review Initiative (NDVFRI) on "Fatality Review and Social Change" and at the Partners for Change Conference on "Dangerousness and Lethality".
- DVFRB Member, **Deb Stanaland**, designee for the Oklahoma Coalition Against Domestic Violence and Sexual Assault, regularly conducts media interviews (television, newspaper etc.) and makes presentations to varied community organizations and system partners (law enforcement, fire department etc.) to raise awareness of findings from the DVFRB.

Spotlight

Homicide Prevention Initiatives in Oklahoma

Domestic Violence Shelters

“There isn’t one homicide prevention center in America. And the closest we have to a homicide prevention center is a battered women’s shelter because what they’re dealing with is people who, if interventions are not applied wisely, are likely to be killed.”

Gavin de Becker - “The Gift of Fear”

In 2014:

28 Attorney General certified victim service programs answered **13,038** crisis hotline calls and provided services to **12,834** victims of domestic violence, sexual assault and stalking and their children. Programs provided **120,355** days of emergency shelter for victims and children. A list of OAG certified domestic violence victims’ programs and Batterer’s Intervention Programs (BIP) can be found on the OAG website: <https://www.ok.gov/oag/PublicSafety/VictimServices/>

Family Justice Centers

Tulsa Family Safety Center (FSC)

Established in 2006 as one of 15 grantees of the Presidents Family Justice Center Initiative Awards, the Family Safety Center (FSC) was the first co-located model of multi-disciplinary services for victims of DV, SA, stalking and elder abuse in Oklahoma. Today, FSC encompasses a partnership of 17 governmental, educational institutions and not-for-profit agencies that serve the needs of our most vulnerable citizens and their families. These agencies place professional staff in one location providing advocacy, safety planning and danger assessments, assistance filing emergency protective orders, civil legal representation and advice, forensic documentation of injuries, general health assessments and sexual assault exams for adults, investigation of crimes, prosecution, childcare, onsite counseling and referrals for therapy for victims and their children, high risk rapid intervention team for potentially lethal cases, and spiritual assistance.

The FSC will host some 4,800 individuals seeking assistance in 2015, 2600 accompanying family and friends, and nearly 2,000 children. We know the importance of accessing services to maintain victim safety and surround them with resources at the time of most need. None of the DV clients accessing FSC services since 2013 have been murdered.

Suzann Stewart, Executive Director, Tulsa Family Safety Center

Tulsa High Risk Rapid Intervention Team (RIT)

In 2015, the RIT was invited to make a presentation to the DVFRB. The RIT, established by the Tulsa Family Safety Center, is a multi-disciplinary partnership including Domestic Violence Intervention Services (DVIS), Tulsa Police Department (TPD) Family Violence and Sex Crimes Units, Broken Arrow Police Department, TPD’s Forensic Nurse Examiner Program, Tulsa County District Attorney’s Office and Integrated Domestic Violence Court and the City of Tulsa. The RIT provides a greater margin of safety for victims in danger of the highest level of potential lethality. The team has accepted 92 cases for the current year to date for expedited services including intensive wrap around victim services and advocacy, obtaining higher bonds, better and more timely investigation and prosecution of the crime, with more accountability for sentencing. No client in the RIT portfolio of 156 active cases has died.

Jenna Hailey, Case Coordinator – Rapid Intervention Team, Domestic Violence Intervention Services

Epilogue

Language Matters



A substantial body of knowledge and research has framed our understanding that both short and longer-term, sustainable safety for victims of intimate partner violence and their children is tied to our ability and willingness to hold perpetrators accountable for their behavior. When perpetrators are able to manipulate the system in the same way as they are able to manipulate their victims, they are able to avoid accountability and associated consequences. This in turn allows perpetrators to continue their criminal behavior unmonitored and unpunished by the system.

Goldstein (2015) suggests that there is often no more powerful medium for the widespread distribution of “unaccountable language” than the media. Following a review of newspaper coverage of intimate partner homicides that occurred in Oklahoma in 2014, the DVFRB would have to agree. In our review we found pervasive use of language that failed to hold perpetrators of the homicide accountable for the murder or for their past violent behavior towards the victim. In this respect, we are reminded that our use of language, in many ways, constructs our reality and view of social issues such as intimate partner violence.

“Unaccountable language refers to statements that make the person who committed the offense, invisible” (Goldstein, 2015). Statements such as “an abusive relationship,” “violence between...” the murder victim and the perpetrator, “history of domestic violence,” “couple engaged in violence,” or “history of physical confrontation” send the message that the violence is somehow “between” the perpetrator and the victim. Saying the victim was killed following a history of “domestic disputes” sends the message that the violence is equally attributable to both the victim and the perpetrator; in essence holding them both accountable. When one partner engages in a systematic, intentional and planned pattern of abuse and control against the other partner, the issue should not be described as “trouble in the relationship” as was seen in one newspaper article. In another article, the reporter writes that “crime scenes taped off where a woman has been stabbed or shot to death are becoming all too common because most victims don’t believe a domestic situation will ever go that far.” Unfortunately, in this respect, even well-meaning individuals acting in good faith can inadvertently send the message that victims are being killed by perpetrators because they don’t recognize the dangerousness of the situation and don’t leave. This when we are acutely aware that leaving may not always end the perpetrator’s reign of violence and terror against the victim. Research has also suggested that separation from a violent, controlling and abusive perpetrator can actually increase the risk of lethality for the victim.

According to Goldstein (2015) “unaccountable language hides responsibility” and Jones (1995), states that “no perpetrators exist in the English language when we start talking about domestic violence.” Certainly, it is not difficult to see how this works to the perpetrators advantage. After all, he has repeatedly told the victim that his violence towards her is her fault. In many cases, she has come to believe that he is right. Victims may become hyper-alert to messages from others that they are indeed to blame and this in turn can set up circumstances that make it less likely that they will reach out for services or feel comfortable to disclose and engage in safety planning efforts.

Unaccountable language bleeds into just about every system working with victims and perpetrators of domestic violence. It is crucial for us to identify our use of such language, and implement

conscious efforts to adjust to language that will raise our collective awareness of the reality and brutality of the experiences of battered women.

One strategy is to monitor our spoken language – during presentations, staff meetings, and one-on-one communications. We can also pay attention to our use of written language in brochures, flyers, and reports. Domestic violence agencies and mental health organizations should examine documents used to conduct intakes and assessments. The criminal justice system, juvenile and family courts and child welfare should review assessment forms, reports and goal-setting with clients to determine the extent to which commonly-used language unintentionally sends the message that the violence perpetrated by the perpetrator is somehow “between” the parties or is in any way the fault of the victim. Phrases such as “history of conflict,” “history of domestic violence altercations,” or “family fighting,” sends the unintended message that the family or relationship dynamic is the problem and not the deliberate, intentional and planned behavior and choices made by the perpetrator. Well known trainer and author, David Mandel, creator of the Safe and Together Model™, a model widely used to train child welfare, provides the following guidance:

The language used to describe the domestic violence in the household needs to be precise, affirming of the perpetrator’s role in harming the children and avoid blaming the victim for the behavior of the perpetrator. Imprecise phrases relegate the perpetrator and his responsibility to the background or make it disappear altogether (Mandel, 2001).

The words we use are important and frame our reality and understanding of the world. In the domestic violence context, words can frame victims’ experiences in ways that imply that victims of this crime are responsible for being abused and for the subsequent challenges they often face. In the extreme case when the perpetrator murders the victim, it can even send the message that the victim is somehow responsible for her own death.

The challenge goes out to all systems. Take time to be champions of “accountable language” and hold perpetrators solely accountable for their actions.

WORDS MATTER

References:

- Jones, A. (1995). *Putting the focus on the batterer*. Pace Law Review, Volume 16, Issue 1, p. 4.
Retrieved from <http://digitalcommons.pace.edu/cgi/viewcontent.cgi?article=1333&context=plr>
- Goldstein, B., & Frank, P.B. (2015). *The importance of using accountable language*. Battered Women’s Justice Project. Retrieved from <http://www.nymbp.org/the-importance-of-using-accountable-language.html>
- Mandel, D. (2001). *Using batterer accountability strategies to increase child safety*. Retrieved from <http://centerforchildwelfare.fmhi.usf.edu/kb/CWP/Safe%20and%20Together/Using%20Batterer%20Accountability%20Strategies%20to%20Increase%20Child%20Safe>

Oklahoma Domestic Violence Fatality Review Board

Oklahoma Office of Attorney General
313 N.E. 21st Street
Oklahoma City, OK 73105
Phone: 405-522-1984
Fax: 405-557-1770
Email: Jacqueline.Steyn@oag.ok.gov

Please go to
<https://www.oag.ok.gov>

- Copies of reports from previous years;
- The DVFRB Mission, purpose and Definitions;
- Methods and limitations of data collection and data; and
- History of the DVFRB

Please disseminate this report widely.

If you or someone you know needs help in a Domestic Violence situation, please call:

Safeline
1-800-522-SAFE (7233)

If you need general information about Domestic Violence, please call:

Oklahoma Coalition Against Domestic Violence and Sexual Assault
(405) 524-0700

The Office of the Attorney General,
Victim Services Unit - (405) 521-3921

If you need more information about the Oklahoma Domestic Violence Fatality Review Board, please call:

The Office of the Attorney General
(405) 522-1984

If you are in an emergency situation please dial 9-1-1 immediately.

Publication prepared by the Oklahoma Office of Attorney General, E. Scott Pruitt on behalf of the Oklahoma Domestic Violence Fatality Review Board, 2015.

Written by:

Jacqueline Steyn, M.B.S., M.A. LPC, Program Manager, DVFRB
Kody E. Young, M.A, Statistical Research Specialist

With assistance from: Lesley Smith March, Assistant Attorney General, Chief, Victim Services Unit, and Victim Services Staff

Acknowledgements: Special thank you to Brandi Woods-LittleJohn for her work as the Program Manager for the Oklahoma Domestic Violence Fatality Review Board from 1998 to 2013 and for the design and presentation of many aspects of this report.

Thank you to the Washington State Coalition Against Domestic Violence for inspiring the new presentation of data in this report.

This project is supported by subgrant No. VAWA-2014-OAG-VSU-00017, awarded by the Office on Violence Against Women, US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.