

Domestic Violence Homicide in Oklahoma



A Report of the Oklahoma
Domestic Violence Fatality
Review Board 2006

ANNUAL REPORT

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Findings in Brief:

- 57% of victims and perpetrators were co-habiting.
- 63% of victims were killed by a current or former intimate partner.
- 34% of the reviewed cases had a child witness.
- 38% of perpetrators made death threats against their victim before the homicide.

“Everyone is shocked, surprised, angered, [y]ou just never expect this type of thing to happen.”

“If you hurt my mother, you’ll pay for it. My dad put the knife to his own throat. My brothers and sisters asked him not to kill himself.”

“After she fell, he continued shooting,”

“[She] died just hours after she had obtained the protective order, county sheriff’s deputies had not had the chance to serve her ex-husband with it.”

“He snapped. Everything has gone from worse to worst lately.”

“He did leave a message on his wife’s cell saying that he had already killed the children and was planning to kill himself.”

“On numerous occasions, he threatened to kill/slash harm myself and other family members. I left the residence in fear for my life.”

“[He] said he looked though a glass window of the courtroom door and watched him look at those pictures and show no remorse whatsoever.”

“He ruined my life, [h]e affected all our lives.”

[He] had threatened to kill her the week before her slaying.

“He believed that [they] had cut the brake lines in an attempt to kill him.”

“Someone said there is a fine line between love and hate, and that man crossed it.”

“It’s sickening, [h]ere we’ve been sleeping every night in our room, and that poor girl has been buried right next to us in that yard.”

“According to her, he threatened to kill her. She decided, ‘Not if I kill you first.’ And that is what she did.”

The above statements regarding domestic violence homicides reviewed by the DVFRB were abstracted from Oklahoma newspapers¹⁻¹⁴.

A MULTI-DISCIPLINARY ANALYSIS BY THE OKLAHOMA DOMESTIC VIOLENCE FATALITY REVIEW BOARD

In 2001 the Oklahoma Legislature mandated a multi-disciplinary team to systemically review deaths that occur in Oklahoma as a result of domestic violence. The Oklahoma Domestic Violence Fatality Review Board (DVFRB) reviews all such deaths as a means to improve methods of prevention, intervention and resolution of domestic violence in Oklahoma. The Board reports recommendations annually as required by law.

Board members represent the multiple disciplines of the stakeholders involved in resolving domestic violence-related homicides. As such, the members are sensitive to the concerns and purposes of the organizations and fields of expertise they represent. This array of professionals ensures that every effort will be made to maintain the short-term veracity and the long-term credibility of the findings and recommendations. In addition, the spirit of collaboration is considered essential to the success of continuing efforts to reduce domestic violence homicides using a holistic, interlocking approach to prevention, interdiction and resolution.

Through the fatality review process, the DVFRB recognizes many missed opportunities for intervention. In many cases, professionals, family and friends potentially could have identified the escalating danger created by the abuser. Often, victims sought help from law enforcement for assaults, told others about an abuser's death threats, and had been clear that they were in fear of their lives. Many opportunities for intervention were lost. It is a basic tenet of the DVFRB that at least some domestic violence homicides are preventable. By examining the lives that are lost to domestic violence, the DVFRB hopes to learn how to increase professional and community involvement in the prevention of domestic violence, thereby ultimately reducing the death toll.

In Oklahoma, an average of 75 domestic violence homicides occur each year. The Domestic Violence

Fatality Review Board collects data on all domestic violence homicides and conducts in-depth reviews on selected cases. The task of the DVFRB is to identify systemic gaps and make recommendations for potential changes to fill those gaps and ultimately prevent or reduce the occurrence of domestic violence homicides. The DVFRB has the advantage of reviewing cases through "20/20 hindsight" with the ability to develop timelines of the event and system contacts, observe the escalation of the violence, the red flags of the perpetrator's behavior, and the harmful dynamics unfolding in the relationship. With this perspective, one overarching issue is apparent and that is the need for communities to recognize the seriousness of this problem and to develop open communication between the entities that respond to victims of domestic violence. Additionally, these entities need to actively coordinate with each other and the community to ensure the safety of victims and their families. These entities include but are not limited to police and sheriffs, domestic violence service providers, attorneys, the judiciary, the health and mental health care systems, social services, schools, family and friends of the victim, and employers. Finally, the majority of services for victims of domestic violence are reactive in nature. By design, these services are meant to respond to the crisis of the moment, with few resources available for prevention. In order to truly prevent domestic violence homicides, agencies need to undergo a significant paradigm shift with an emphasis on balancing crisis intervention with more prevention measures. The following narrative highlights the recommendations and key findings of the data, presents the accomplishments of the DVFRB during 2006, and provides information on interdisciplinary safety planning and domestic violence screening for civil attorneys.

CHILD WITNESSES

In over half (56%) of all the reviewed (190 cases) homicides, there is a witness. In 65 (34%) of the incidents, children were witnesses to the homicide, which often resulted in the death of one or both of their parents. There currently is no systematic follow-up for these children. In most cases the surviving family members are left to manage the trauma for themselves.

In the past year, the DVFRB formed a multidisciplinary child witnesses subcommittee comprised of both DVFRB members and non-members to explore this issue. Some of the questions the DVFRB considered include:

- What is the appropriate response to children following the homicide?
- How do children get the attention they need after an incident?
- Who is best suited to meet the needs of the child?
- Who should be responsible for follow-up with the children and providing services referred?

The child witnesses subcommittee will formulate a framework for communities to use to tailor to each community's needs to respond to these children. The subcommittee plans to release this framework at the Annual Domestic and Sexual Violence Partnership Conference scheduled for October 3-4, 2007 in Oklahoma City.

FIREARMS

Federal law prohibits any person who has been convicted of a misdemeanor domestic violence offense, a prior felony conviction or who has an active protection order against them from possessing a firearm. It also prohibits transference of a firearm to such an individual. In 2006, 67% (50/75) of the identified domestic violence homicide victims in Oklahoma were killed with a firearm. Of the 191 cases reviewed by the DVFRB to date, 22% (25/112) of the 112 firearm deaths were committed while the perpetrator was legally prohibited from possessing a firearm under federal law. In September 2007, a six-member team comprised of DVFRB members and staff, a district judge and a police chief attended the Domestic Violence & Firearms: A National Summit for community Safety held in Los Angeles, California. The Summit was sponsored by the National Conference of Juvenile & Family Court

Judges, the National Center on Full Faith and Credit and the Battered Women's Justice Project in partnership with the Office on Violence Against Women, U.S. Department of Justice. The conference focused on the utilization and enforcement of federal firearms prohibition laws (The Gun Control Act of 1968, specifically 18 U.S.C. § 922(g)(8) and 18 U.S.C. § 922(g)(9)) for preventing domestic violence offenders from possessing firearms. Following the conference, members of the six-member team contacted the US Attorneys' Offices in Oklahoma to collaborate on an effort to enhance the enforcement of the federal legislation in Oklahoma. Currently, team members are collaborating with the Eastern District U.S. Attorney's Office on a training effort to help local entities navigate the federal legislation effectively.

COLLABORATION WITH THE CHILD DEATH REVIEW BOARD

In October 2006, the Child Death Review Board (CDRB) and the Domestic Violence Fatality Review Board held a joint planning meeting. The purpose of the meeting was to look at the intersection of the two boards and discuss future collaboration between the two boards. One outcome of the meeting was the plan for a joint retreat to be held in early 2007. Because the statutory definition of domestic violence includes

violence against children related to the perpetrator, the DVFRB and the CDRB do occasionally review the same case. The two boards are exploring methods to conduct joint reviews of such cases, particularly where domestic violence between the parents is a factor in the child's death or cases where there is a dating relationship between adolescents that turns deadly.

FINDINGS

The DVFRB is aware of 706 domestic violence homicide incidents that occurred in the nine years between 1998 and 2006. While not all of those cases have been reviewed either by staff or by the full DVFRB, staff codes each case so information is available to show some general overall findings from

Figure 1. Victims' Cause of Death

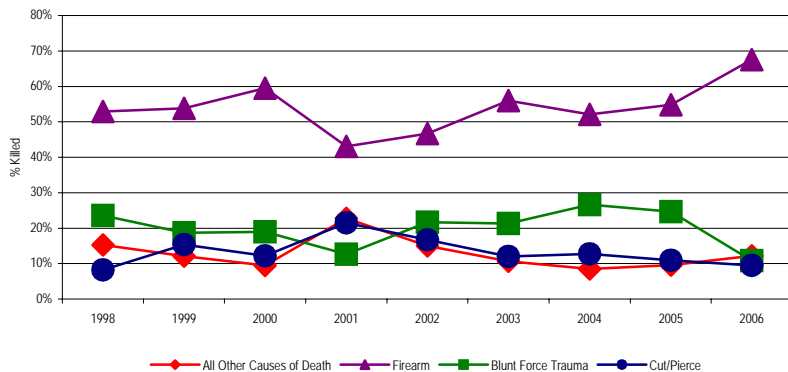
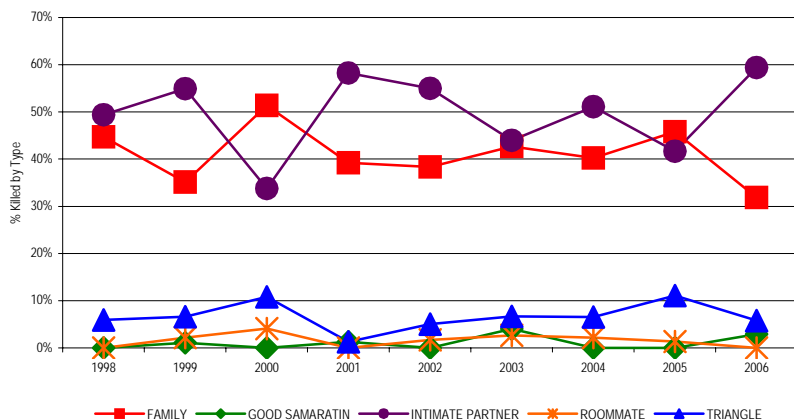


Figure 2. Type of DV Homicide Incident



all cases. As stated above, firearms are the cause of death for the majority of cases examined by the board. Firearms represent 54% of the deaths on average, followed by blunt force trauma (20%), cutting/piercing (13%), strangulation (4%), asphyxiation (2%), undetermined (2%), and all other causes of death (5%). Figure 1 highlights the cause of death for each year. Intimate partner (IPV) homicides represent 49% of all of the homicides over the nine-year period the DVFRB has been collecting data. Family member homicides are the next largest group at 41%, followed by triangular (7%) homicides (i.e. a woman's ex-boyfriend kills her new boyfriend or vice versa), roommates represent 2% of the perpetrators in domestic violence homicides and Good Samaritans (non-involved people who intervene in a domestic violence altercation on behalf of the victim) are the victim in 1% of the domestic violence homicides reviewed by the DVFRB. Figure 2 details the type of death for each year. Furthermore, 13% (95) of all homicide incidents were homicide-suicides, resulting in the deaths of 116 victims and 95 perpetrators.

FINDINGS

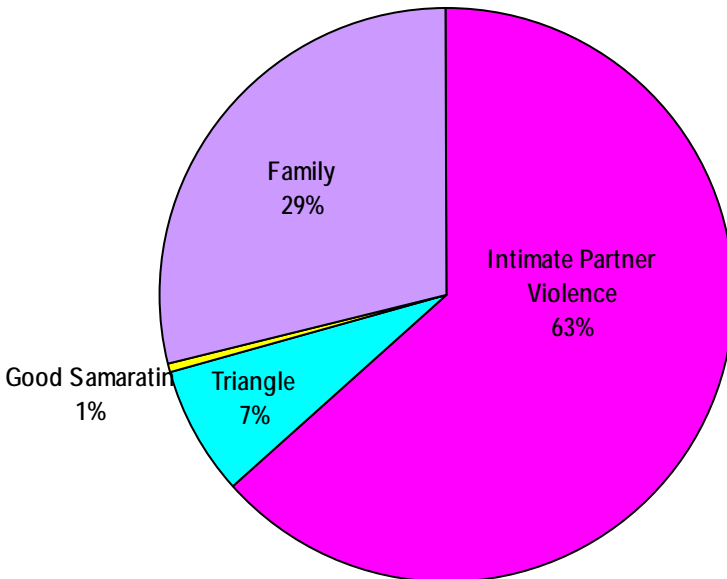
As of January 2007, the DVFRB had reviewed 191 of 522 domestic violence homicide incidents that occurred from 1998 to 2004. The 191 homicide incidents included 211 victims and 211 perpetrators. The findings reported below provide the basis for the Board’s annual recommendations. Table 1 provides demographic characteristics of the victims and perpetrators. The average age of victims was 36 years of age and the average age of perpetrators of domestic violence homicides

Table 1. Characteristics

	Victims		Perpetrators	
	Female (N=108)	Male (N=83)	Female (N=44)	Male (N=146)
Age (average, in years)	35.9	35.1	37.8	38.1
Race				
White	82 76%	57 69%	32 73%	103 71%
Black	19 18%	19 23%	9 20%	33 23%
American Indian	7 6%	7 8%	3 7%	10 7%
Of Hispanic or Latino Origin	5 5%	5 6%	1 2%	8 5%

was 38 years of age. The youngest victim was less than a day old; the eldest 91. The majority of victims were white (73%), followed by Black (20%) and Native American (7%). Five percent of victims were of Hispanic or Latino origin. The youngest perpetrator was 14 years of age; the eldest was 89 years of age. The majority of perpetrators were white (71%), followed by Black (22%) and Native American (7%). Five percent of perpetrators were of Hispanic or Latino origin. Overall, the majority of homicides were homogeneous; only 22 (12%) were interracial homicides.

Figure 3. Domestic Violence Homicide by Type



Sixty-three percent of all reviewed cases were intimate partner violence homicides (Figure 3). In 57% of the cases, the perpetrator and victim were cohabitating. The average relationship length between the victim and perpetrator was 15.6 years. In 39% of the IPV cases (N=116) the victim was in the process of leaving the perpetrator.

Of the homicides committed by intimate partners, 38% of the victims had children with the perpetrator and 44% had children with a former partner.

The DVFRB also tracks the “red flags” of lethality that have been identified through research in intimate partner relationships. In 43% of the IPV cases the perpetrator had made death threats against the victim; the victim had made death threats against the perpetrator in only 10% of the cases. Morbid jealousy (“If I can’t have you, no one can) appeared in the behavior and words of 35% of the perpetrators prior to the death event.

One-fifth of the perpetrators of intimate partner homicide had attempted or threatened suicide prior to the death event. The percentage of perpetrators threatening or attempting suicide rises to over one-quarter (26%) in intimate partner homicides that resulted in the perpetrator committing suicide after the killing his/her partner. In 23% of the homes where the intimate partners had children, there was evidence of child abuse as well. In nearly one-third (30%) of intimate partner homicides the perpetrator had been violent toward the victim in a public setting where others witnessed the violence. Finally, in 16% of the intimate partner homicides the perpetrator told somebody besides the victim that they were going to kill the victim.

FINDINGS

There were witnesses in 56% of the cases reviewed. Adults witnessed the homicide in 43% of the incidents. The number of adult witnesses ranged from one to 18 in any of the cases. Children witnessed 34% of the slayings. In cases with child witnesses, the number of witnesses ranged from one to 30 children.

Firearms were used in 59% of the reviewed homicides. The majority of all of the homicides occurred at the victim's residence (68%), most often in bedrooms (28%) or living rooms (25%).

Eighty percent of victims and 58% of perpetrators did not have a prior conviction record, while 79% of victims and 55% of perpetrators had never been arrested before. Of those with prior conviction records, the average number of convictions was 3 for victims; and 4 for perpetrators. Five percent of perpetrators had a prior conviction for a domestic violence offense.

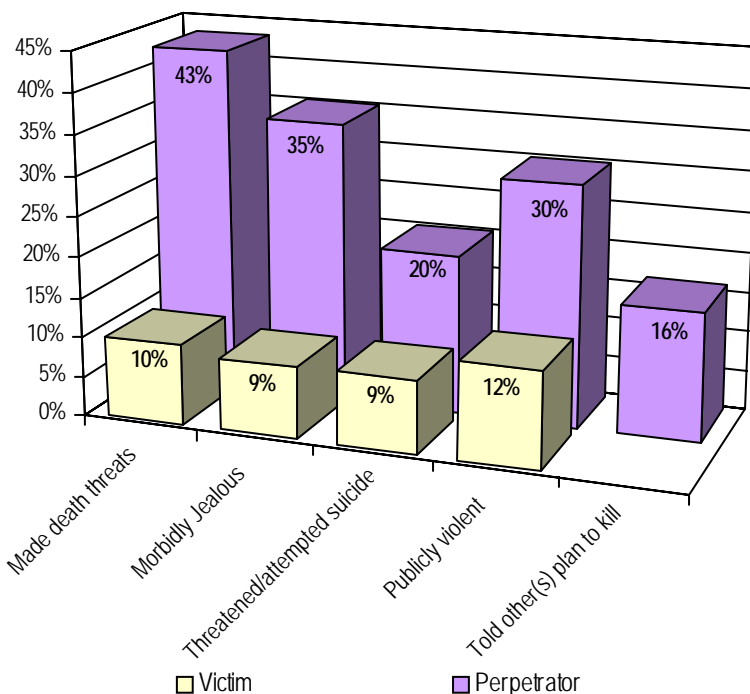
Orders of Protection (PO) had been utilized in 18% of the reviewed cases. In over two-thirds (13/19) of the cases where a protective order was active at the time of the homicide, the defendant had violated the PO prior to the homicide. The average number of violations was 3.66 violations per order. Victims reported stalking behavior by the perpetrator to law enforcement (7), family (8), friends (6), employer (2), and the court (1).

Law enforcement had responded to previous domestic disturbances in at least 30% of the cases; the average number of responses was 2.2 documented responses per case. (This number is likely much higher since it only counts documented responses. If an officer responded, but did not complete a report, it is unaccounted for in this number.)

In 57% of the reviewed cases, other people were aware that the violence was occurring. In 52 (27%) cases, more than one person or entity was aware of the violence. Persons who knew the violence was occurring included family members (57%), friends (43%), and law enforcement (34%). Charges were filed in 68% of the cases and convictions were attained in 86% of those cases. Six (5%) were acquitted of the charges (although they admitted to involvement in the events causing the death), three (2%) died before the completion of prosecution and two (1%) were found not guilty by reason of insanity. It took an average of one year and two months to complete each case from the date of death to conviction, with a range of 36 days to 3 years and 11 months.

Of those convicted, 80% were sentenced to prison; 12% received a split prison and probation sentence; 3% received probation only; 4% were ordered into OJA custody; 1% were sentenced to county jail. The average sentence is 21.3 years, not including those sentenced to life or life without parole or death. Sentences ranged from 4 years to 91 years. Twenty-seven were sentenced to life in prison; 28 were sentenced to life without parole; and two were sentenced to death.

Figure 4. Lethality "Red Flags"



RECOMMENDATIONS

The following recommendations address issues that have arisen during case reviews.

Advocacy

- ♦ Bystander education - Work with family/friends – understanding what to do when confronted with violence; awareness of violent situations, responding to threats of violence or death threats
- ♦ Be aware of all options available to victims under the Violence Against Women Act and the Victims Of Crime Act, especially for immigrant victims
- ♦ Always include children in safety planning and orders of protection
- ♦ Work with co-workers/employers about how to respond to domestic violence in the workplace
- ♦ Educate the public to the dangers of triangulation [when the victim has a relationship or receives support from an outside party other than the abuser, can be a family member, friend or new love interest] - not just by intimates, but friends/family also seen as threat; warn clients away from going to third party to stay with if perceived as triangular relationship

Courts

- ♦ Before dismissing a protection order at plaintiff's request ask why it was granted in the first place and how circumstances changed. Put in court record reason for judge dismissing the protective order
- ♦ Courts should maintain accurate and detailed records regarding protective orders, and make a good faith effort to be accessible to every victim of domestic violence

District Attorneys

- ♦ Victim-witness coordinators should work closely with families in homicide trials, especially, in helping them to understand the trial process
- ♦ Implement evidence-based prosecution to overcome the situation when a victim is uncooperative or wants to drop charges. Seek law enforcements cooperation in collecting, preserving and organizing evidence for use in domestic violence cases

Formal Education Systems (Elementary, Secondary, Higher Ed)

- ♦ Ask if "anything is going on at home" when student absent/erratic work
- ♦ Provide education on teen dating violence and healthy relationships in schools
- ♦ Educate teachers and counselors that while some behavior may be acting out, repeated problems indicate bigger issues
- ♦ Work with universities to introduce danger assessments and introduce dynamics of domestic violence into curriculum

RECOMMENDATIONS

Law Enforcement

- ♦ Cooperate with District Attorneys to implement evidence-based prosecution to overcome the situation when a victim is uncooperative or wants to drop charges. Effective scene investigation and documentation including a record of behavior, excited utterances, and a location description and completing a detailed report
- ♦ Need a policy on record for law enforcement determining if notification of the Department of Human Services is necessary
- ♦ Document use of SAFELINE cards in reports
- ♦ Utilize all resource available in homicide investigation, including OSBI, for their investigative and technical expertise
- ♦ Be aware of the danger and messages sent when guns are ignored on the scene because of jurisdictional conflict over which law enforcement agency should confiscate them

Mental Health Care System

- ♦ Continue to expand and encourage access to child trauma services; identify resources in each county/region
- ♦ Include on suicide assessment information on firearms and other weapons – Assess not only if suicidal but HOMICIDAL
- ♦ Train professionals to use a danger assessment
- ♦ Mandate training in domestic violence and danger assessment for all mental health workers

All Systems

- ♦ Understand cultural differences--may all be lumped under "Hispanic" label - but need to be aware of differences between Mexican, Puerto Rican, Guatemalan, etc.
- ♦ Need to develop mechanism for system accountability to ensure victims are not “falling through the cracks”
- ♦ Be aware of and ask about custody issues in cases – this can be a trigger point for lethality

BOARD ACTIVITIES 2006

Board members were very active in 2006 presenting information and recommendations from the DVFRB.

Presentations

- ♦ G. Gail Stricklin, Esq., presented at the Governor's Conference on Women (April 2006) addressing the Guardian Ad Litem manual information to cover Domestic Violence and issues promoting the presumption against unsupervised visitation/custody in cases of DV, stalking, etc. and also served as a member of a panel on the effects of a battering parent on children.
- ♦ Janet Wilson presented to the Oklahoma Dean's Council at which she presented findings recommending for Intimate Partner Violence core curriculum content to be in all Oklahoma Colleges of Nursing (February 2006).
- ♦ Janet Wilson, RN, PhD, was a part of the manuscript that was released; Domestic Violence Fatality Review Teams: "An Interprofessional Model to Reduce Deaths" manuscript submitted to the *Journal of Interprofessional Care*, (January, 2006), co-author, Neil Websdale. That manuscript was also accepted for presentation at World Federation of Public Health Associations, <http://www.wfpha.org/> (August, 2006).
- ♦ Janet Wilson, RN, PhD, presented in Norman, Oklahoma: Rotary Presentation: "Oklahoma's DVFRB: Violence and Fatality in Oklahoma" (March 2006).
- ♦ Brandi Woods-Littlejohn presented on the DVFRB in ten classes in the Crime Victim and Survivor Services division at Oklahoma State University-Oklahoma City.

Publications

- ♦ Wilson, J. (submitted). Emerging Intimate Violence Partner Practices in Mental Health. *Issues in Mental Health Nursing*.
- ♦ Wilson, J.S., Lane, E.M. and Gillespie T. (2006). Identifying and responding to intimate partner violence in the health care setting. *Oklahoma Nurse*, 51(2):28-32.
- ♦ Wilson, J.S. and Websdale, N. (2006). Domestic violence fatality review teams: An interprofessional model to reduce deaths. *Journal of Interprofessional Care*, 20(5):535-44.
- ♦ Woods-Littlejohn B. (2005 Sep-Nov.) Domestic violence homicide: a multi-disciplinary analysis by the Oklahoma Domestic Violence Fatality Review Board. *Oklahoma Nurse*, 50(3):20-1.

Other Activities

- ♦ The DVFRB used findings from its reviews to support the passage of Caitlin Wooten act
- ♦ Susan Krug and the Attorney General's Office
 - ♦ Supported the Domestic & Sexual Violence Partnership Conference,
 - ♦ the Capital Dome Lighting (which raises awareness of Domestic Violence),
 - ♦ Cut-it-out Training (domestic violence awareness training for cosmetologist),
 - ♦ sponsored training on "Navigating Custody in Domestic Violence Cases" at the Annual Judicial Conference.
- ♦ Three Board members, Susan Krug, K.C. Moon, and Tamatha Mosier, one staff, Brandi Woods-Littlejohn, District Judge Dan Allen and a Chief Jim Hughes of the Ardmore Police Department attended a team training on Domestic Violence and Firearms in Los Angeles, CA.
- ♦ Gail Stricklin received a "Making the Difference 2006" award for Systems Advocacy in Domestic Violence from the OCADVSA in June.
- ♦ Brandi Woods-Littlejohn, received a "Making the Difference 2006— Essential Piece" award from the OCADVSA in June.

DOMESTIC VIOLENCE FATALITY REVIEW BOARD MEMBERS

<u>Office Represented</u>	<u>Member</u>	<u>Designee</u>
<i>Listed Directly In Statute</i>		
Chief Medical Examiner	Jeffery Gofton, M.D.	Eddie Johnson
Commissioner of the Department of Mental Health & Substance Abuse Services	Terry Cline, Ph.D.	Julie Young
State Commissioner of Health	James Crutcher, MD, MPH, FACPM	Sue Vaughan Settles, L.S. W. (Co-Chair)
Director of the Criminal Justice Resource Center	K.C. Moon, Director	Carol Furr, J.D.
Chief of Injury Prevention Service, OSDH	Shelli Stephens-Stidham, MPA, Chief	Sheryll Brown, MPH
Oklahoma State Bureau of Investigation Director	DeWade Langley, Director	Rusty Featherstone, Division Director (11/05-11/06)
Office of the Attorney General	Designee of the Victim Services Unit	Jon Loffi, Division Director
Oklahoma Department of Human Services	Howard Hendrix, J.D., MBA, Director	Susan Krug, Asst. Attorney General
		Margaret Goldman (designee)
		Esther Rider-Salem, MSW
		Afton Wagner (designee)
<i>Appointed by the Attorney General of Oklahoma for two-year terms</i>		
Oklahoma Sheriffs Association	County Sheriff	Jimmie Bruner, Sheriff
Oklahoma Association of Chiefs of Police	Chief of Police	Fred Savage, Chief (Chair)
Oklahoma Bar Association	Private Attorney	G. Gail Stricklin, J.D.
District Attorneys Council	District Attorney	Tim Harris, District 14
Oklahoma State Medical Association	Physician	Irene Asai (designee)
Oklahoma Osteopathic Association	Physician	Robert Ryan, M.D.
Oklahoma Nurses Association	Nurse	Michell Cohn, D.O.
Oklahoma Coalition Against Domestic Violence & Sexual Assault	Domestic Violence Survivor	Janet Wilson, Ph.D., RN
		Juskwa Burnett
		Kristi Mitchell (designee)
		Marcia Smith, OCADVSA Director
		Tamatha Mosier (designee)

Staff Support provided by the Oklahoma Criminal Justice Resource Center
Brandi Woods-Littlejohn, Project Director
Jennifer Taylor, Research Assistant

Endnotes

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SAFETY PLANNING & THREAT ASSESSMENT

One activity the DVFRB promotes as a best practice across all disciplines is safety planning and threat assessment. The detail to which each discipline engages in this practice will differ, but it is essential for victim safety that everyone they engage does at least minimal safety planning with that victim. The most effective plan meets the individual's needs and includes not only the victim, but also the victim's children, and extended family members or friends that may be providing shelter and assistance to the victim. A safety plan should not be a standard checklist form handed to the victim without comment. It is imperative that each victim's situation be discussed and considered in preparing the plan.

DOMESTIC VIOLENCE SAFETY PLANNING ACROSS THE DISCIPLINES

by Tamatha Mosier, Sheryll Brown and Janet Wilson

Every Oklahoman should be aware of domestic violence and be willing to help victims plan for safety. Victims in only 3.6% of the reviewed cases have had contact with a domestic violence program; therefore, other systems that have contact with a family violence victim can make an impact in the life (or death) of that victim.

Safety is not simply having a place to go where the domestic violence perpetrator cannot find the victim, although that may be part of the victim's plan. In reality, safety involves many things that most of us take for granted. It includes having: a safe place to live, sufficient food, enough money to maintain the family lifestyle, reliable transportation, being free of constant scrutiny and/or stalking, having the right to walk out the door, living without fear, being permitted to sleep, proper medical care and being able to pray and worship without being taunted, harassed or shamed.


Safety Planning should include at a minimum:

- Safety at Home
- Safety at Work (phones, parking lot, entrances, etc...)
- Safety in Public (grocery shopping, refueling the car, attending worship services, working out at the gym, etc...)
- Safety at Childcare/School (administrators aware of VPO, who's authorized to pick them up, passwords, etc...)
- Safety Planning with the children (do they know who to call and how to use the phone? Do they know to hide or where to go to be safe? Do they know they can't stop adults from fighting and not to try?)

Law Enforcement and Peace Officers have a tremendous responsibility to help victims plan for safety because frequently victims do not call for law enforcement help. By the time a victim does call 911 and involve law enforcement, the violence has already escalated significantly. It is imperative that law enforcement officers respond quickly, efficiently and compassionately. One of the most important actions an officer can take is to make it clear to a victim that they can call for help again. It is also important that victims receive a good response even if they do not follow an officer's advice to leave the situation. Leaving a victim with the impression that it is safe to call for help again allows them a measure of control and permits the victim to plan

DOMESTIC VIOLENCE SAFETY PLANNING ACROSS THE DISCIPLINES

for their own safety. Another action is to follow 22 O.S § 60.15 and refer victims to domestic violence shelters and the 24-hour state hotline by giving every victim of family violence a SAFELINE card. This provides resources for a victim. Another action that law enforcement officers can take to help victims be safe is to properly complete reports. That may be as simple as checking the DV box on the form so that the report gets routed correctly within the department, or actually writing a detailed report. Hearing from an officer that he or she is afraid for the victim’s safety is often a catalyst for a domestic violence victim to start the difficult and dangerous process of leaving the relationship.



Don't be afraid to get help.

If you are in an abusive relationship or have been sexually assaulted, or if you know someone who needs help, please call **1-800-522-SAFE.** Our advocates can help you escape a potentially fatal situation.

Distributed by the Oklahoma Office of the Attorney General
W.A. Drew Edmondson

About the Oklahoma Safe-Line

The Safe-Line is a toll-free, V/TDD accessible 24-hour hotline for Oklahomans seeking help or information about domestic violence, sexual assault or stalking.

The Oklahoma Safe-Line offers:

- * Confidential calls with trained individuals who understand the issues of domestic violence and sexual assault. Help is available in 150 different languages.
- * Assistance in safety planning
- * Referrals to Oklahoma crisis centers, shelters and other state resources

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Officer's name: _____
Case number: _____
Local Crisis Center: _____

Notice of Rights

As a victim of the crime of domestic abuse, rape or forcible sodomy you have:

- *the right to request that charges be pressed against your assailant
- *the right to request protection from any harm or threat of harm arising out of your cooperation with law enforcement and prosecution efforts
- * the right to be informed of financial assistance and other social services
- * the right to a free medical examination for the procurement of evidence to aid in the prosecution or your assailant
- * the right to be informed by the district attorney of other victims' rights available pursuant to Title 19 Section 215-33 of the Oklahoma Statutes.

* The Safeline card is available in both English and Spanish.

District Attorneys should be aware that a criminal case may increase the danger for victims; therefore they have a responsibility to assist domestic violence victims plan for safety. Whether a victim is still in the relationship or not, the danger remains high. District Attorneys should require training in safety planning for all Assistant District Attorneys prosecuting DV cases and for victim/witness coordinators. Safety Planning should include connecting the victim with local domestic violence services and helping the victim determining the value of a Victim Protection Order.

The Judiciary has the opportunity to use judicial discretion in referring victims and perpetrators to local resources. Referring a perpetrator to a certified batterer intervention program rather than an individual counselor who specializes in anger management may be the difference between life and death for the victim. The issues of divorce and child custody are almost always fraught with tension. Judges in determining custody arrangements should consider physical safety as well as emotional safety as these are key to a child’s future.

DOMESTIC VIOLENCE SAFETY PLANNING ACROSS THE DISCIPLINES

Judges have the opportunity to protect children from the harmful long-term effects of domestic violence and stop the cycle with this generation of children.

Social Workers have, perhaps, the greatest opportunity to assist victims and children plan for safety. Social service specialists and social workers in child welfare, family support services (TANF, WIC, Head Start/Sooner Start, Children First, etc...) and school-based counselors are already in a position of helping families and may have more insight into the family dynamics. It is imperative that these individuals screen for domestic/family violence and assist families in planning for safety. Teaching children to plan for safety is critical. Children should be taught: where they can go to stay safe when fighting/danger erupts, who is safe to call for help, how to call and when to call for help. They also need to be assured that they are not responsible for the violence and they cannot stop adults from fighting, nor should they try.

Health Care Providers are uniquely positioned to treat injuries and prevent further harm and fatality from intimate partner violence. In a national study of 8,000 men and 8,000 women, up to 31 percent of the women and men injured during physical assaults and rapes sought and received some type of medical care in emergency departments, ambulance and paramedic services, hospitalizations, dental visits, outpatient clinics, physical therapy, mental health counseling, and primary care visits. Joint Commission for the Accreditation of Hospitals recently declared domestic violence as a patient safety issue. (<http://www.jcipatientsafety.org/22833/>). Therefore, Health Care Providers need to recognize abuse as a serious health condition. They are positioned in the front lines with a unique opportunity to help victims plan for safety. Health care providers see family violence in the form of injuries, depression and the chronic physical ailments. Health care provider should always screen their patients in private with no one present but the patient and provider. As of November, 2005, healthcare professionals dealing with adult victims or potential victims of domestic abuse are required by law to screen, refer to domestic violence shelters and the 24-hour state hotline, and document the abuse incident, injuries, treatment and referrals. Reporting to police is only required upon the request of the victim. However, healthcare professionals are encouraged to talk with victims about their choice of reporting. This law applies only to non-incapacitated (18-64 year-old) adults. Child and elder abuse requires mandatory reporting. The full statute can be found at 22 O.S § 58. Internet links to Oklahoma statutes: www.oscn.net or www.oklegal.onenet.net. Healthcare providers may further assist victims in planning for safety by posting the phone number of local Domestic Violence Resource Center in each exam room, placing informational brochures in waiting areas, or providing patients with information in discrete formats such as the American College of Obstetricians and Gynecologists shoe cards or emory boards with the Domestic Violence Hotline number. Finally, if a health care provider believes their patient is a victim of violence and fears for their safety, he/she may say something like "I'm afraid for your safety and the safety of your children. What can I do to help you?"

...if a provider fears for their patients safety, say something like "I'm afraid for your safety and the safety of your children."

Mental Health Providers regularly see victims and perpetrators of violence in outpatient clinics, mental health/psychotherapy counseling, substance abuse treatment facilities, and inpatient psychiatric settings. However, victims and perpetrators most often seek help for depression, anxiety, and substance abuse and will mention abuse only after questioning. Therefore, mental health providers must screen patients for abuse alone and without partners. Basic screening questions¹ about immediate danger and past abuse should be integrated into the mental health/psychiatric intake interview, suicide/homicide and depression assessments, substance

DOMESTIC VIOLENCE SAFETY PLANNING ACROSS THE DISCIPLINES

abuse assessments, and relationship evaluations (especially asking about separation, divorce, estrangement, custody disputes, and transitions). When there has been a threat and/or incidence of violence in relationships, short or long-term counseling/therapy is never recommended with the partners together, as this endangers the victim further. It is now a state law that information and referral to domestic violence state hotlines and services should be documented on the (mental) health record. For more detailed emerging mental health practices related to intimate partner violence see the Oklahoma Domestic Violence Fatality Review Board Annual Report, 2005 (<http://www.ocjrc.net/publications.asp?cat=Domestic%20Violence&frm=dvfrb>).

Domestic Violence Advocates must move beyond the standardized checklist of a *Safety Plan* and start *Planning for Safety* for the individual situation. Planning for safety is fluid and constantly changing depending on many factors. A *Safety Plan* should become a blank sheet of paper that a victim of violence can change wherever she goes. A plan for safety may be one thing at in the morning and completely different in the afternoon, and can depend upon the victims location, activities, plans, mode of transportation, etc. Planning for safety must become second nature to a victim of violence so they will not become complacent and more vulnerable. Many victims of domestic violence underestimate the risk a batterer poses which can be deadly. Most of the systems above are advised to connect victims with domestic violence resource centers. With that in mind, Domestic Violence Advocates must be open and receptive to referrals from community partners and reach out to their community partners in an effort to help victims plan for safety.

*Planning for safety is fluid
and constantly changing
depending on many factors.*

Safety plans increase a victims' chance of successful departure from a violent situation. If a victim heard from her WIC nurse, her DV advocate and divorce attorney that each of them is afraid for her safety, the potential impact is profound. Each role in a victim's safety should never go over looked!!

-
- 1 Do you feel safe in your present relationship? Has anyone ever forced you to have sex when you didn't want to? If yes, who? Do you currently have contact with him? Have you ever been kicked, slapped, punched, choked, forced to do something you didn't want to do? If yes, by whom? Do you have current contact with him?

SAFETY PLAN

DOMESTIC VIOLENCE Safety Tips For You And Your Family

IF YOU ARE IN IMMEDIATE DANGER, CALL 911
or your local police emergency number

To find out about help in your area, call:

Oklahoma SAFELINE:

1-800-522-SAFE (TTY)

National Domestic Violence Hotline:

1-800-799-SAFE

1-800-787-3224 (TTY)

**Whether or not you feel able to leave an abuser,
there are things you can do to make yourself and your family safer.**

IN AN EMERGENCY

If you are at home & you are being threatened or attacked:

- **Stay away from the kitchen** (the abuser can find weapons, such as knives, there)
- **Stay away from bathrooms, closets or small spaces** where the abuser can trap you
- **Get to a room with a door or window to escape**
- **Get to a room with a phone** to call for help; lock the abuser outside if you can
- **Call 911 (or your local emergency number) right away for help;** get the dispatcher's name
- **Think about a neighbor or friend you can run to for help**
- **If a police officer comes, tell him/her what happened;** let them know if there are firearms in the house; **get his/her name & badge number**
- **Get medical help** if you are hurt
- **Take pictures** of bruises or injuries
- **Call a domestic violence program or shelter;** ask them to help you make a safety plan

HOW TO PROTECT YOURSELF AT HOME

- **Learn where to get help; memorize emergency phone numbers**
- **Keep a phone** in a room you can lock from the inside; if you can, get a cellular phone that you keep with you at all times and keep it charged
- **Plan an escape route** out of your home; teach it to your children
- **Think about where you would go** if you need to escape

- **Ask your neighbors** to call the police if they see the abuser at your house; make a signal for them to call the police, for example, if the phone rings twice, a shade is pulled down or a light is on
- **Pack a bag** with important things you'd need if you had to leave quickly; put it in a safe place, or give it to a friend or relative you trust
- **Include cash, car keys & important information** such as: court papers, passport or birth certificates, medical records & medicines, immigration papers
- **Get an unlisted phone number**
- **Block caller ID**
- **Use an answering machine;** screen the calls
- **Take a good self-defense course**
- **If abuser is arrested, you can register with OK VINE** to be notified of his/her custody status (jail or prison) [OK VINE is currently being implemented. Call 1-877-654-8463 to see if it is available in your community. Complete implementation statewide is scheduled for May 2008.]

If living separately from the abuser, additional safety measures you may take are:

- **Register your address** with the Address Confidentiality Program offered by the Oklahoma Secretary of State 405-557-1770 OR 1-888-227-7784
- **Change the locks on your door;** get locks on the windows; change security alarm codes
- **Replace wooden doors** with steel/metal doors
- **Install security systems** including additional locks, window bars, poles to wedge against doors, an electronic system, etc.

SAFETY PLAN

- Purchase rope ladders to be used for escape from second floor windows
- Install smoke detectors and purchase fire extinguishers for each floor in your house/apartment
- Install an outside lighting system that lights up when a person is coming close to your house
- Teach your children how to use the telephone to make a telephone call to you and to a friend/clergyperson/other in the event that the abuser takes the children
- Teach your children how to use your cell phone in case you can't call for help but they can
- Tell people who take care of your children which people have permission to pick up your children and put it in writing. The people you can inform about pick-up permissions include: School, Day Care Staff, Babysitter, Sunday School/religious school teacher, Teacher, Others
- Inform neighbors, pastor/religious leader, friends that your abuser no longer resides with you and they should call the police if he/she is observed near your residence

HOW TO MAKE YOUR CHILDREN SAFER

- Teach them not to get in the middle of a fight, even if they want to help
- Teach them how to get to safety, to call 911, to give your address & phone number to the police
- Teach them who to call for help
- Tell them to stay out of the kitchen
- Give the principal at school or the daycare center a copy of your court order; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser
- Make sure the children know who to tell at school if they see the abuser
- Make sure that the school knows not to give your address or phone number to ANYONE
- Plan with your children and identify a safe place for them if another domestic violence incident should occur—a room with a strong lock or a neighbor's house where they can go for help. Reassure them that their job is to stay safe, not protect you.

HOW TO PROTECT YOURSELF OUTSIDE THE HOME

- Change your regular travel habits
- Try to get rides with different people

- Shop and bank in a different place, shop at different times of the day
- Cancel any bank accounts or credit cards you shared; open new accounts at a different bank
- Keep your court order and emergency numbers with you at all times
- Keep a cell phone & program it to 911 (or other emergency number)
- Plan for your safety when driving or using public transit: what can you do if a problem occurs

HOW TO MAKE YOURSELF SAFER AT WORK

- Keep a copy of your court order at work
- Give a picture of the abuser to security and friends at work
- Tell your supervisors - see if they can make it harder for the abuser to find you
- Don't go to lunch alone
- Ask a security guard to walk you to your car or to the bus
- If the abuser calls you at work, save voice mail and save e-mail
- Your employer may be able to help you find community resources
- Ask coworkers to help screen your telephone calls at work

SAFETY AND DRUG OR ALCOHOL USE

- Many people use alcohol. Many use mood-altering drugs. Some drugs are legal, others are not. There are Federal and State criminal laws addressing the use of illegal substances. The legal outcomes of using illegal drugs can be very hard on a battered person, it may hurt your relationship with your children/grandchildren and put you at a disadvantage in other legal actions with your abuser. Therefore, you should carefully consider the potential costs to your family and yourself if someone in your family is using illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce your awareness and ability to act quickly to protect yourself from your abuser. Alcohol or drug use may also affect the way your abuser responds to different situations. Therefore, in the context of drug or alcohol use, you need to make specific safety plans. If drug or alcohol use has occurred in your relationship with your abuser, you can enhance your safety by some or all of the following.

SAFETY PLAN

- *If you are going to use alcohol, do so in a safe place and with people who understand the risk of violence and are committed to your safety*
- *If your abuser is using, plan what you can do to maintain your safety*
- *If you or your abuser use drugs or alcohol, determine steps to safeguard your children*
- *Think of other ways to safeguard yourself*

SAFETY AND YOUR EMOTIONAL HEALTH

- *The experience of being battered and verbally degraded by abusers is usually exhausting and emotionally draining. The process of building a new life for yourself takes much courage and incredible energy. To conserve your emotional energy and resources and to avoid hard emotional times, plan for the following.*
 - *What to do when you feel down and ready to return to a potentially abusive situation*
 - *What to do when you have to communicate with your abuser in person or by telephone*
 - *Use "I can..." statements with yourself and be assertive with others*
 - *Find materials to read to help you feel stronger*
 - *Call friends, family, clergy, advocate, etc. as other resources to be of support to you*
 - *Attend workshops and support groups at the domestic violence program or other places to gain support and strengthen your relationships with other people*
 - *Tell yourself "_____ " whenever you feel others are trying to control or abuse you*

USING THE LAW TO HELP YOU

Protection or Restraining Orders

- *Ask your local domestic violence program how to get a protection order and how you can help in the criminal prosecution*
- *Ask for help in finding a lawyer*

In most places, the judge can:

- *Order the abuser to stay away from you or your children*
- *Order the abuser to leave your home*
- *Give you temporary custody of your children & order the abuser to pay you temporary child support*
- *Order the police to come to your home while the abuser picks up personal belongings*
- *Give you temporary possession of the car, furniture and other belongings*
- *Order the abuser to go to a batterers intervention program*
- *Order the abuser not to call you at work*
- *Order the abuser to give guns to the police*

If you are worried about any of the following, make sure you:

- *Show the judge any pictures of your injuries*
- *Tell the judge that you do not feel safe if the abuser comes to your home to pick up the children to visit with them*
- *Ask the judge to order the abuser to pick up and return the children at the police station or some other safe place*
- *Ask that any visits the abuser is permitted are at very specific times so the police will know by reading the court order if the abuser is there at the wrong time*
- *Tell the judge if the abuser has harmed or threatened the children; ask that visits be supervised; think about who could do that for you*
- *Tell the judge if the abuser has threatened suicide*
- *Get a certified copy of the court order*
- *Keep the court order with you at all times*

SAFETY PLAN

CRIMINAL PROCEEDINGS

- *Show the prosecutor your court orders*
- *Show the prosecutor medical records about your injuries or pictures if you have them*
- *Tell the prosecutor the name of anyone who is helping you (a victim advocate or a lawyer)*
- *Tell the prosecutor about any witnesses to injuries or abuse*
- *Ask the prosecutor to notify you ahead of time if the abuser is getting out of jail (Register to receive notifications concerning your abuser's custody status through OK VINE when available in your county)*

BE SAFE AT THE COURTHOUSE

- *Sit as far away from the abuser as you can; you don't have to look at or talk to the abuser; you don't have to talk to the abuser's family or friends if they are there*
- *Bring a friend or relative with you to wait until your case is heard*
- *Tell a bailiff or sheriff that you are afraid of the abuser and ask him/her to look out for you*
- *Make sure you have your court order before you leave*
- *Ask the judge or the sheriff to keep the abuser there for a while when court is over; leave quickly*
- *If you think the abuser is following you when you leave, call the police immediately*

SAFETY WITH A PROTECTION ORDER

- *Always keep a copy of the protection order with you*
- *Keep another copy in a safe location*
- *If you have to travel to another State for work or to get away from the abuser, take your protection order with you; it is valid everywhere*
- *Give a copy of your protection order to local police departments in the community where you live, where you usually visit friends or family, and in the community where you live*
- *Check with law enforcement to make sure your protection order is listed in NCIC registry and any other registries available (Register to receive notifications concerning your protective order through Oklahoma VINE Protective Order when available in your county)*
- *For further safety, file your protection order with the court in counties you visit often*

- *Inform you employer, clergy person, family, closest friends and any others you believe necessary that you have a protection order in effect*
- *If your abuser destroys your copy of your protection order, plan where you can get another copy*
- *If your abuser violates your protection order, call the police and report a violation, contact your attorney, call your advocate, and/or advise the court of the violation*
- *If law enforcement does not help, contact you advocate or attorney and file a complaint with the chief of the law enforcement department.*

SAFETY FOR BATTERED IMMIGRANT WOMEN

You may qualify for a Violence Against Women Act or other immigration assistance; make sure you have copies of the following:

- *Arrival/Departure Records (USCIS Form I-94)*
- *Photographs of wedding, wedding invitations, love letters from spouse, and family photographs*
- *Documents that show you lived with your husband in the US (such as copies of the lease agreement, real property deed, utility bills, rent receipts, mortgage payment book) and evidence of current residence in the US (even junk mail that shows you received can prove your residence).*
- *Other evidence of good faith marriage and joint residency, such as joint credit cards/bills, legal documents, insurance policies or magazine subscriptions with your name and your spouse's name, joint income tax returns or bank accounts, ticket stub receipts or pictures from vacations*
- *Divorce papers from your previous marriage(s) or your spouse's previous marriage(s)*
- *Copies of your spouse's birth certificate, social security card, green card or certificate of naturalization; copies of any children's documents*
- *Copies of any documents filed with INS*

SAFE TOOL (STRATEGIC ASSESSMENT OF FIREARMS ENFORCEMENT)

The SAFE tool may guide your thinking and reflection about whether/when/how/for what period of time you may want:

- a) Firearms and ammunition removed from your home/ the home of the person who abused you and/or
- b) Your abusive partner prohibited, by court or legal process, from possession, ownership and use of firearms/ammunition.

You may want to speak with an advocate to identify the dangers that firearms and ammunition pose for you and to help you make good decisions about whether the guns and ammunition owned or possessed by your partner or yourself should be removed from your home or other places of easy access in order to improve your safety and that of your children. You may also want to examine the advantages and disadvantages of contacting law enforcement officers to share information about the location of prohibited firearms that your partner may possess or have access to.

To find an advocate with who to discuss safety planning and this SAFE Tool call your local domestic violence program or call 800/522-SAFE (7233). Show the SAFE Tool to your attorney and discuss the following with her/him.

It is suggested that survivors consider the following questions.

1. Does your partner own/possess/have easy access (OPA) to firearms?
2. If yes, how long has he owned/possessed/had access to firearms?
3. Does your partner use the firearms for protection, hunting, recreation? Which?
4. Where does your partner store the firearms (i.e., gun safe, vehicle, closet, hidden, carries concealed on person)?
5. Does your partner keep the weapons loaded?
6. Has your partner done anything or said anything that leads you to believe/fear that he might use a firearm in an assault on you? What has he done or said? What does the behavior mean/suggest to you?
7. Has he ever used a firearm against you, pointed a firearm at you, a family or friend, or at himself, threatened you/someone else with a firearm, shot at you/someone else, wounded you/someone else with a firearm? What, when, where, with what result?
8. Has your partner ever spoken about a fantasy he has had about using a firearm to kill you or a family member?

If so, what was it?

9. Has anyone in your partner's family or a close friend of your partner's ever committed suicide?
10. If your partner has never used a firearm against you, do you fear that he may use it against you?
11. How likely do you think it may be that your partner might use a firearm against you or your children? Not likely, likely, almost certain?
12. Which firearm(s) does the abuser own/possess/have ready access to? List all that you are aware of by type and how many they have access to.
13. Does your partner have any gun licenses/permits? If so, which? Do you want firearm licenses/permits issued to your abusive partner revoked?
14. Do you think you may be safer if the guns are removed from your partner? Do you think that it may be more dangerous/unsafe for you if the guns are removed? Consider the risks and benefits of removal/of non-removal.
15. If you would like to have any/all firearm(s) removed, how would you like the removal to occur – Circle all you prefer:
 - a. Voluntary surrender by you or your partner to local law enforcement.
 - b. Pick up by local law enforcement wherever firearms are stored.
 - c. Transfer of firearms to person you can trust to keep the firearms as long as you want or the law requires.
 - d. Sale of the firearms, if ordered by the court.
16. Did you or a family member give the firearm to your partner?
17. What strategies might be used to enhance your safety during the removal process?
18. If you do not want firearms removed, how can you protect yourself against the use of the firearms against you or your children? Do you know how to load/unload all firearms? Do you have access to the place the firearm(s) is stored? Do you know how to use the firearm (s) of your abusive partner?

If you change your mind after you discuss this SAFE Tool with an advocate or an attorney and no longer want the firearms removed OR want one/more to be removed or want to discuss safety strategies related to firearms that remain in the OPA of your abuser, please contact an advocate/attorney to further examine safety strategies around firearms.

SAFETY PLAN

Remember...

It is difficult to leave your abuser. You may have real fear that you will be killed or severely hurt if you leave. You may worry how you will support yourself and children. You may want to keep the family together because you do not want to be disliked by your community. But if you decide to leave, please *do not tell your partner that you are leaving him*. Telling him that you are leaving would put you in danger.

If you decide to leave your partner, it is very important to take certain items with you. If there is time, the other items might be taken, or stored outside the home. These items might best be placed in one location, so that if you have to leave in a hurry, you can grab them quickly.

If you leave you should take:

- Identification
- Military identification Card
- Children's/dependents' birth certificates
- Your birth certificate
- Social Security cards for myself and my children
- School and vaccination records
- Money
- Checkbook, ATM card
- Credit cards
- Keys to house, car, office
- Driver's license and registration*
- Medications, glasses, hearing aids, and other devices needed for me and my children, grandchildren and other dependents*
- Welfare identification
- Work permits
- Green card
- Passport(s)
- Divorce and custody papers
- Medical records - for all family members
- Lease/rental agreement, house deed, mortgage payment book
- Bank books
- Insurance papers
- Address book
- Pictures
- Jewelry
- Children/grandchildren's favorite toys and/or blankets
- Items of special sentimental value

Do not keep these documents where your batterer may discover you are gathering them.

IMPORTANT PHONE NUMBERS TO KEEP WITH YOU AT ALL TIMES. KEEP SEPARATE FROM YOUR SAFETY PLAN.

National Domestic Violence Hotline: 1-800-799-SAFE

Oklahoma SAFELINE: 1-800-522-SAFE

Police Department – home:

Police Department – work:

Police Department – School:

Military police:

Domestic Violence Hotline:

Domestic Violence Program/Advocate:

County Registry of Protective Orders:

Work Number:

Supervisor's Home Number:

Clergy Person:

Attorney:

School/Daycare:

Doctor:

Friend:

Family member:

Other:

YOU SHOULD NOT KEEP THIS PLAN WITH YOU. YOU SHOULD DISCUSS WITH YOUR VICTIM ADVOCATE WHERE AND WITH WHOM THIS PLAN SHOULD BE KEPT. IF YOU DO NOT HAVE A VICTIM ADVOCATE LEAVE THE PLAN WITH A TRUSTED FRIEND OR FAMILY MEMBER. PLAN TO REVIEW YOUR PLAN REGULARLY AND MODIFY IT ACCORDING TO YOUR CURRENT SITUATION.

Adapted from:

And reprinted with permission of the American Bar Association from the *Domestic Violence Safety Plan: Safety Tips for You and Your Family*, a joint project of the ABA Tort Trial and Insurance Practice Section and the ABA Commission on Domestic Violence.

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CIVIL ATTORNEY'S RESPONSIBILITY TO SCREEN CLIENTS FOR DOMESTIC VIOLENCE

By G. Gail Stricklin, Esq.

In order to effectively represent a client and to prevent any claims of malpractice, a civil attorney must screen for domestic violence. The initial interview of a prospective client is an appropriate time to address this issue, because it is a factor in how one represents the client and will determine which laws may apply. Most importantly, it is a great tool in keeping the client and yourself safe from harm and is ethically required in order to provide effective representation of a client.

How do we, as attorneys, keep our clients and their children involved in domestic cases safe?

First, we identify the presence of domestic violence and the potential for harm that it may cause, by acknowledging that the risk of harm to children increases significantly when a parent is a victim of violence, stalking or harassing behavior by the other parent. Determining the presence of domestic violence is not as simple as it sounds, as many clients are not even aware that the life they have been living is one that is being controlled by their partner through the use of intimidation, threats and manipulation. Clients may underestimate their safety and that of their children, so using a simple lethality assessment tool⁽¹⁾ will provide insight and assist in identifying known indicators of potential harm. Danger indicators include: threats to kill the client or the children; the presence of a gun; violence to animals; threats to commit suicide; escalating incidents of violence; strangulation (indicative of high risk) and, of course, sexual abuse including rape and sadism. It is imperative that the practitioner acknowledge their concern for the client's safety as studies indicate that the period of time surrounding the separation from the abuser and the time following that separation during the court proceedings is a very dangerous time.

Second, once danger is assessed, identify available legal remedies and determine what other safety measures can be taken, including the use of a "Safety Plan." For example, a Protective Order is a tool that should be made available to the client, either by the attorney, by referral to the local domestic violence service provider, the court clerk's office, victim-witness coordinator or a court case manager.⁽²⁾ A Protective Order can be sought prior to the filing of a civil proceeding.⁽³⁾

Assist your client in providing for their safety and that of their children by discussing options for ensuring their safety. For instance, changing the locks and garage door codes; notifying the school officials of the situation, and notifying the neighbors and co-workers to be alert to the presence of the potential abuser, are measures that may assist in protecting the client. It may be necessary to advise the client to relocate temporarily either to a shelter or other safe location. Warn the client not to tell their abuser face-to-face they are leaving. At the very least, a safety plan should be prepared or a referral to a service provider to assist with a safety plan should be completed (see footnote 2 for referral numbers). Failure to properly represent a client that the attorney knows or should know is in danger is negligence.

Third, know the laws relating to domestic violence and gather facts to utilize the protection afforded by those laws. For instance, 43 O.S. Section 109.3 creates a rebuttable presumption that it is not in the best interests of children to be placed in the custody of a violent parent nor is it in their best interests to have unsupervised visitation with the offender. The protection of a Temporary Order in a domestic case, which utilizes this presumption, can be helpful. Of course, some clients do not want to proceed with divorce proceedings. Consider this request seriously as the risk of harm may increase significantly by use of a Separate

Warn the client not to tell their abuser face-to-face they are leaving.

CIVIL ATTORNEY'S RESPONSIBILITY TO SCREEN CLIENTS FOR DOMESTIC VIOLENCE

Maintenance action which is an option. Sometimes, it is best to wait and let the abusive person take the first action (apart from maybe a Protective Order).

Fourth, make sure you, the professional representing clients in custody matters, understand the myths versus the reality of domestic violence. Please review the information provided on the website for the American Bar Association, Commission on Domestic Violence, Quarterly E-Newsletter, Volume 4, July 2006 at www.abanet.org/domviol and scroll down to the section "For Attorneys" and click on the newsletter section, locating "10 Custody Myths and How to Counter Them." In other civil matters, a prudent attorney would determine the information that may be used to impeach their client in any pending legal actions. Screening for impeachment issues for potential defenses would appear to be the best practice standard for any competent attorney.

Finally, it is necessary that victims of domestic violence and their children receive support and treatment as they are leaving the untenable situation in which they have been living. The attorney should realize that it is a very large step for a client to take, and yet, they may return to the situation. However, the attorney should not abandon them or discount their decision if they do return, as sometimes this is what the client considers to be safe. To some clients it is the "devil you know" verses not knowing where or when the "devil" will appear. The client will probably be depressed and quite often, suffering from post-traumatic stress disorder, depending on the level of severity of the abuse. In order to assist and represent your client, identify available private therapists, treatment options through the Department of Mental Health and Substance Abuse, the Center on Child Abuse and Neglect and support groups for victims and their children, and consider making referrals to these programs. Remember, domestic violence is not just an act of physical violence---it is a pattern of behavior designed to control another person by exercising complete power over that person's life. Just leaving the abuser is the first step... the client and the children must heal from the abuse, which will probably take considerable time, and they may not be able to accomplish this without support including professional help.

*The American Bar Association
Commission on Domestic
Violence has useful information
on this issue on its website, located
at www.abanet.org/domviol/.*

Endnotes

1. There are numerous lethality assessments available. See, Jacqueline Campbell's evidence-based tool at www.dangerassessment.com; Alabama Coalition guidelines at www.acadv.org/lethality.html; ywcaof missoula.org/lethality.html; Domestic Violence Institute at www.dviworld.org/questionnaires (select lethality scale). See, also, article by Neil Websdale, Lethality Assessment tools: A Critical Analysis, available on the web and at [www.vanet.org/Domestic Violence/Research/VAWnet Docs/AR_lethality.pdf](http://www.vanet.org/Domestic%20Violence/Research/VAWnet%20Docs/AR_lethality.pdf).
2. To find the nearest service provider for domestic violence services, contact the SAFELINE at 1-800-522-SAFE or the Oklahoma Coalition Against Domestic Violence and Sexual Assault at 1-405-524-0700-website: www.ocadvsa.org. Pursuant to 22 O.S. Section 60.2 D requires that "the court clerk or the victim-witness coordinator, victim support person, and court case manager shall prepare or assist the plaintiff in preparing the petition." See, also, Question submitted by The Honorable Ron Peters, State Representative, District 70, 2004 OK AG 4.
3. 22 O.S. Section 60.2 A (2) provides that if there is a pending family docket matter, the protective order is consolidated with that action; however, if possible, it is preferable to have the protective order heard and decided prior to the family court matter for a variety of reasons, some which are the delay imposed by the family court; the "bargaining" away of a protective order when it is combined in a family court matter and the loss of the protective order when it is inadvertently placed in a "FD" order rather than maintained separately as a "PO" matter. In order to be enforceable, a protective order must issue in a "PO" docket to be enforceable by law enforcement.

**OKLAHOMA DOMESTIC VIOLENCE FATALITY
REVIEW BOARD**

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Available on the Web!
www.ocjrc.net/

Please go to <http://www.ocjrc.net/> to review:

- This report
- Enabling Legislation
- The DVFRB Mission, Purpose and Definitions
- Methods and Limitations of data collection and data
- History of the Board

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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:
Oklahoma Criminal Justice Resource Center – (405) 524-5900

If you are in an emergency situation please dial 911 immediately.

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- Office of the Chief Medical Examiner
- Oklahoma Department of Human Services

- Oklahoma State Department of Health
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