



Oklahoma Domestic Violence Fatality Review Board

**ANNUAL REPORT
2022**





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INTRODUCTION



From the Desk of the Attorney General

I want to extend my thanks to the members of the Oklahoma Domestic Violence Fatality Review Board. Your work to address domestic violence homicides in our state is essential. As government representatives, victim advocates, and Oklahoma citizens, we must continue raising awareness about this horrific crime and continue finding new ways to stop the cycle of domestic violence.

Gentner Drummond
Oklahoma Attorney General
January 2023

Oklahoma Domestic Violence Fatality Review Board

The purpose of the Oklahoma Domestic Violence Fatality Review Board¹ is to reduce the number of domestic violence related deaths by identifying gaps in the domestic violence prevention and protection system and proposing recommendations aimed at improving the coordinated response of the individuals, organizations, and agencies that comprise the domestic violence prevention and protection systems in Oklahoma.

Since the creation of the DVFRB, dozens of individuals have served on the Board and contributed their valuable expertise and experience in furthering the Board's mission of preventing domestic violence deaths in Oklahoma. The end of June 2022 was the culmination of the DVFRB two-year term that started in July 2020. The end of the term marked the conclusion of several members' tenure on the DVFRB after many years of committed service. The current DVFRB membership would like to use this opportunity to thank Janet Wilson, Ph.D., Jeff Smith, JD, Mike Warren, JD, Karen Pepper Mueller, JD, and Chief Don Sweger for their many years of service to the Review Board.

This year's edition of the DVFRB Annual Report marks 20 years since the Review Board started publishing reports on domestic violence fatality trends in Oklahoma. Since 2002, the DVFRB has been able to identify 2,136 domestic violence fatalities stretching back to 1998. Dozens of recommendations have been crafted and published based on hundreds of case reviews done by the Board. Our hope is this report will encourage and guide Oklahoma's legislature, systems, agencies, organizations, communities, and individuals to continue developing and implementing best practices and policies that strengthen our state's comprehensive and coordinated response to those who continue suffering the effects of domestic violence.

¹ Referred to interchangeably as the DVFRB or the Review Board.

Oklahoma Domestic Violence Fatality Review Board Members

Below are the members serving on the Review Board through June 2024. The selection process for and composition of the Review Board is established in Title 22 [O.S. §1602](#).

Eric Pfeifer, MD Celia Cobb, MD (Designee) <i>Jarred Michalski, MD (Alternate Designee)</i>	Chief Medical Examiner
Gentner Drummond, JD Karen Cunningham, Victim Services Unit Chief (Designee) <i>Sarah Gass (Alternate Designee)</i>	Oklahoma Attorney General
Keith Reed, RN, MPH, CPH Jackie Shawnee, Chief of Staff (Designee) <i>Jill Nobles-Botkin (Alternate Designee)</i>	State Commissioner of Health
Tracy Wendling, Ph.D. Brandi Woods-Littlejohn, MCJ (Designee) <i>Emily Nicholls (Alternate Designee)</i>	Chief of Injury Prevention Services Department of Health
Samantha Galloway Jennifer Postlewait, MSW (Designee) <i>Marissa Belase, MSW (Alternate Designee)</i> <i>Chandra Shores (Alternate Designee)</i>	Director Department of Human Services
Aungela Spurlock Beth Green (Designee) <i>Heather Cropper (Alt. Designee)</i>	Director State Bureau of Investigation
Carrie Slatton-Hodges Lauren Garder, M.A., LPC (Designee) <i>Melanie Ferguson (Alternate Designee)</i>	Commissioner Mental Health and Substance Abuse Services
Rachel Holt, J.D. Donna Glandon, J.D. (Designee/Chair)	Executive Director Office of Juvenile Affairs
Mike Booth, Sheriff, Pottawatomie County (Designee) <i>Scott Hawkins, Lieutenant (Alt. Designee)</i>	Oklahoma Sheriffs' Association
Chief Don Sweger, Guthrie Police Department	Oklahoma Association of Chiefs of Police
Julie L. Goree, J.D.	Board of Governors Oklahoma Bar Association
Laura Thomas, J.D. DA, District 9	District Attorneys Council
Sarah Coffey, D.O.	Oklahoma Osteopathic Association
Martina Jelley, M.D., M.S.P.H.	Oklahoma State Medical Association
Janice Carr, Ph.D., RN	Oklahoma Nurses Association
Hon. Sheila Stinson, J.D. District Court, Oklahoma County	Oklahoma Supreme Court
Laura Kuester, M.A., LPC <i>Angela Beatty, CDSVRP (Alternate)</i>	Oklahoma Coalition Against Domestic Violence and Sexual Assault
Brandon Pasley, CDSVRP (Vice Chair)	Oklahoma Coalition Against Domestic Violence and Sexual Assault (Survivor)
Shelly Harrison, J.D.	Native Alliance Against Violence
Tania Bardin, B.A.	Native Alliance Against Violence (Survivor)

STATEWIDE OVERVIEW

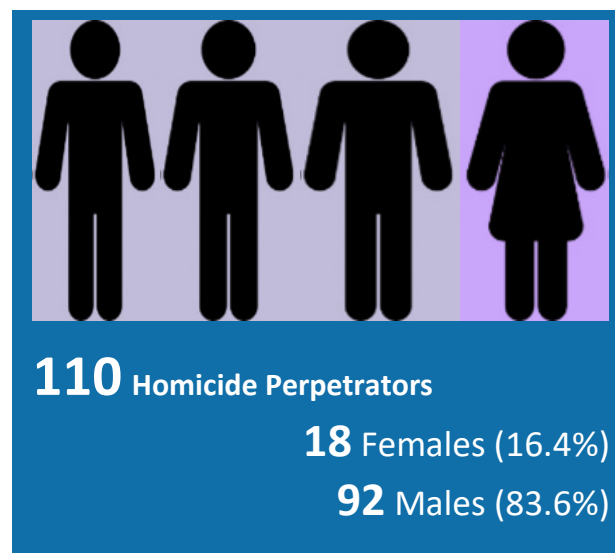
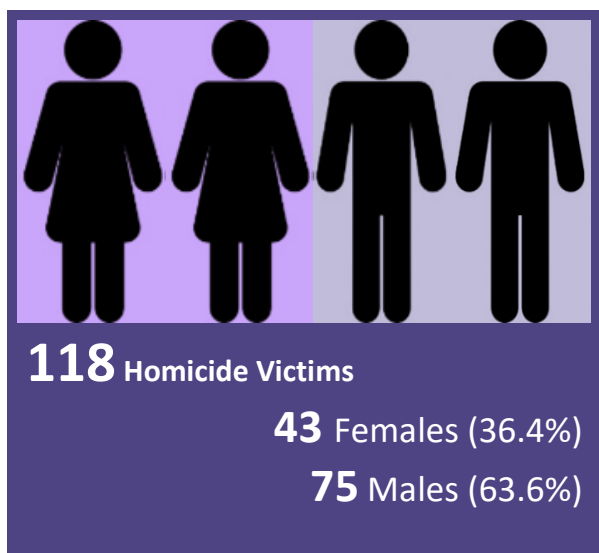
Domestic Violence Fatality Review Board Homicides

The Review Board and Program Staff annually identify, review, and report on domestic violence-related fatalities that occurred in Oklahoma during the previous calendar year. A fatality is classified as domestic violence-related if it falls into one of the following broad categories:

- Intimate Partner Homicide (IPH)
- Family Homicide
- Roommates
- Bystander / Good Samaritan
- Triangle

Other deaths included in this report are perpetrators who die due to law enforcement intervention, bystander intervention, or by suicide. It is important to note that for the purposes of this report the term *victim* refers to the individual(s) killed in a domestic violence homicide event; the term *perpetrator* refers to the individual(s) who committed the homicide, even if they perished as well. *This use of terms is not intended to correlate to roles in any existing victim/perpetrator domestic violence dynamic.*

104 DOMESTIC VIOLENCE HOMICIDE CASES



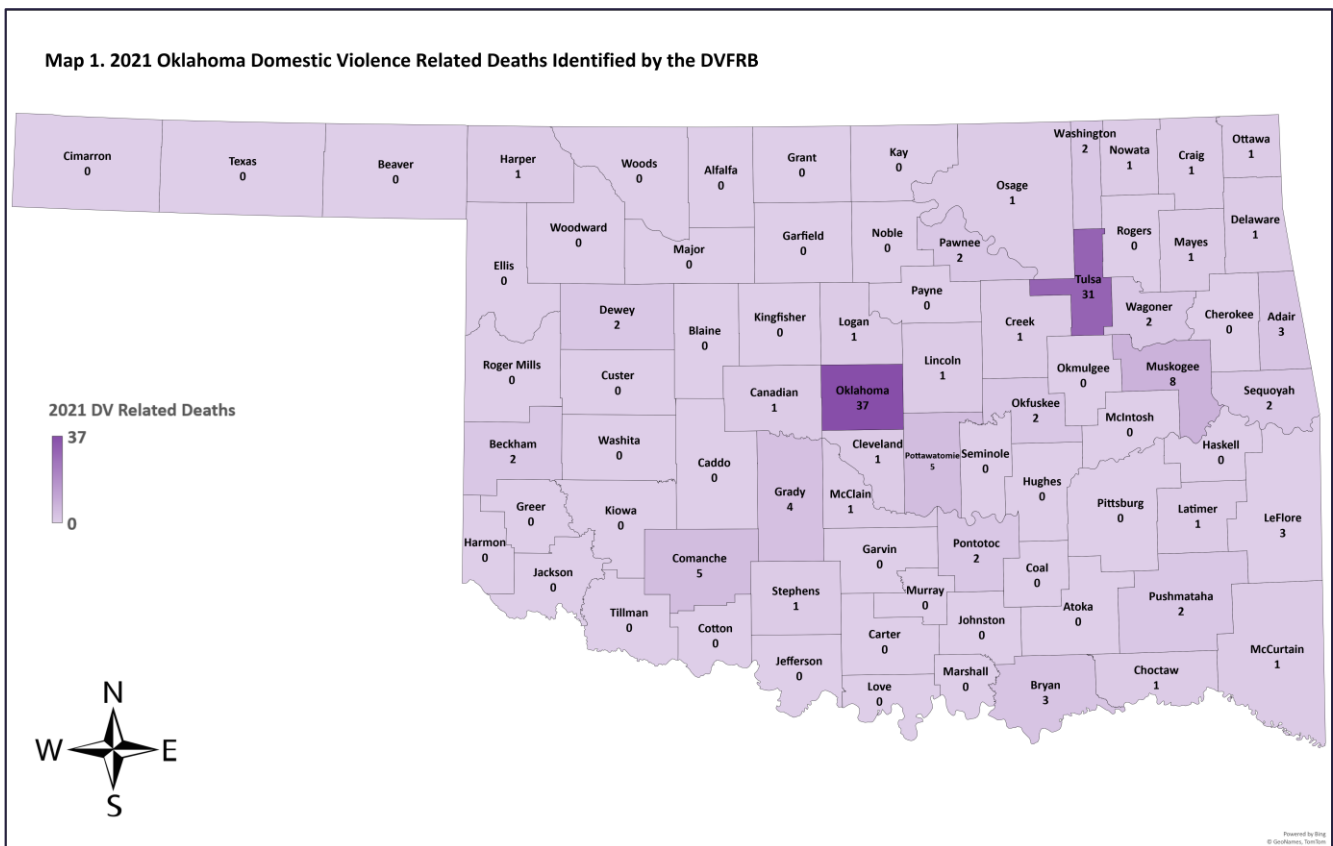
In 2021 there were 104 incidents, also known as cases or events, identified by DVFRB Program Staff in which one or more people were killed in a domestic violence-related incident. There were 118 victims and 110 homicide perpetrators, 16 of whom died, for a total of 134 Oklahomans who died due to domestic violence.

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Homicide cases	85	86	86	89	89	75	82	97	106	104
Total homicide victims	88	90	93	94	95	82	88	114	119	118
IPH victims only	40	43	39	36	37	37	44	43	45	26
Child victims <18	14	14	18	24	15	11	14	17	13	19
Homicide perpetrators	92	89	91	100	95	83	85	108	112	110
Homicide perpetrators who died / were killed	21	10	14	17	10	9	17	19	19	16

Between 2017 and 2020 perpetrator deaths doubled in Oklahoma from a decade low of 9 in 2017 to 17 in 2018 and then 19 deaths in both 2019 and 2020. Perpetrator deaths are often associated with some of the most violent murder events. In 2021, the number of perpetrators who died due to law enforcement action, bystander or Good Samaritan intervention, or by suicide decreased for the first time in three years. The 16% decrease seen in 2021 stops the significant upward trend that started in 2018 (*Table 1*).

By County

Consistent with prior years, the highest numbers of domestic violence-related deaths were concentrated in Oklahoma and Tulsa Counties (*Map 1*); a total of 68 people lost their lives to domestic violence in those two counties alone, comprising 57.6% of the total number of deaths. The higher share of deaths in Oklahoma and Tulsa Counties are most likely due to their high population, a combined 37.0% of Oklahoma’s population resides in those two counties.² The rate of domestic violence-related fatalities in both Oklahoma and Tulsa Counties was 4.6 per 100,000 citizens; this is higher than the statewide rate of 2.6 deaths per 100,000 people. The death rates in Oklahoma and Tulsa Counties are 77% higher than the state rate.



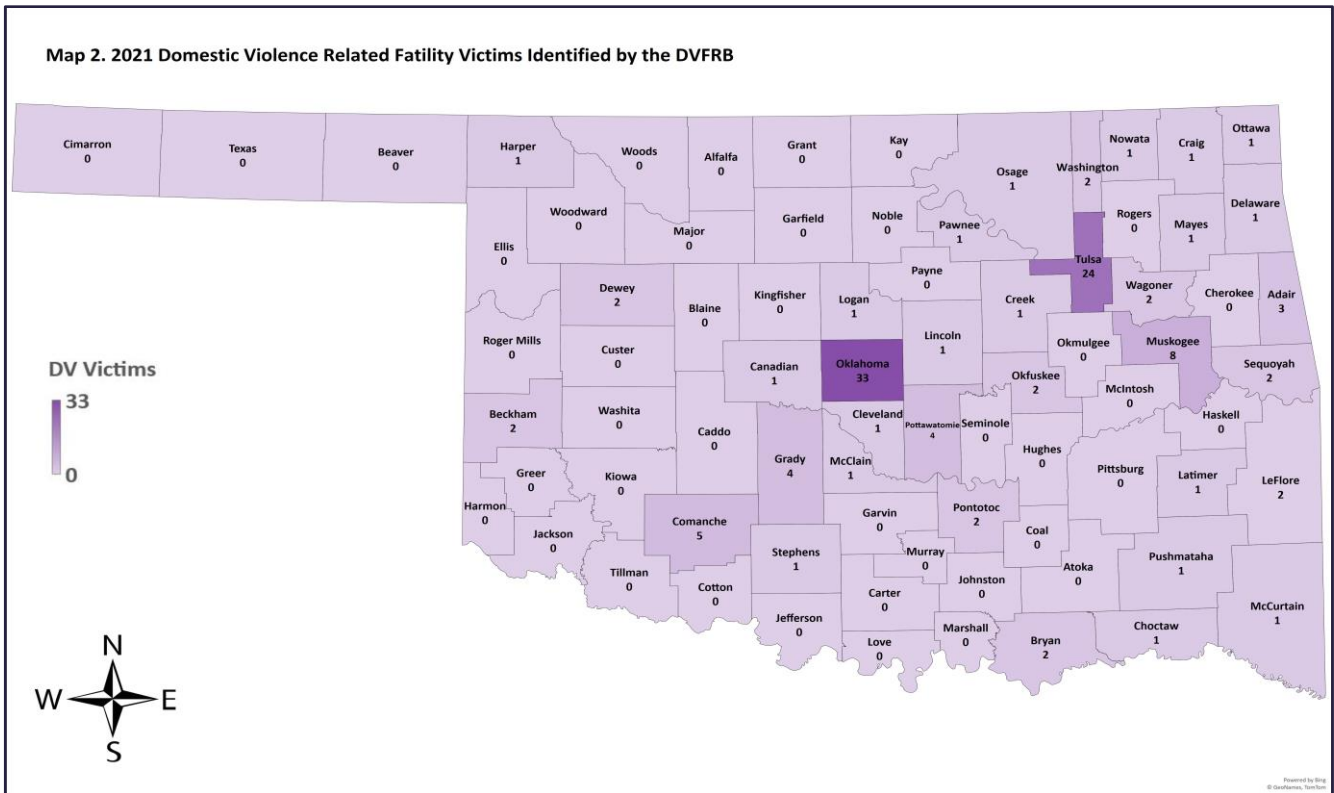
At least one domestic violence-related homicide occurred in 35 out of Oklahoma’s 77 counties (45.5%) in 2021 (*Map 2*). This is the second straight year with at least 35 counties experiencing at least one homicide. An average of 31 counties experienced at least one domestic violence homicide for the period from 2015-2019. The 2020 and 2021 count of 35 counties with at least one homicide continues a trend not seen since 2016, when there were also 35 counties with at least one fatality. These homicides occurred in 22 Oklahoma DA Districts.

35
Oklahoma Counties With At Least One Homicide

22
Oklahoma DA Districts With At Least One Homicide

² Based on the U.S. Census Bureau’s 2020 redistricting set, found at httpssss://www.oklahoma-demographics.com/counties_by_population.

Map 2. 2021 Domestic Violence Related Fatality Victims Identified by the DVFRB



Oklahoma State Bureau of Investigation Domestic Abuse Data

Since 1973, the Oklahoma State Bureau of Investigation (OSBI) has issued an annual *Crime in Oklahoma* report. From 1973 to 2020, OSBI’s *Crime in Oklahoma* was a compilation of crime statistics drawn from Uniform Crime Reporting (UCR) data received from local law enforcement agencies across the state³. The most recent edition reported data from 432 Oklahoma law enforcement agencies. Reports include the most accurate and current crime information available for Oklahoma and includes offense, arrest, and clearance data. Offense data is reported by event and may include multiple offenses, more than one offender, and/or multiple victims.⁴ The OSBI has included Domestic Abuse data in the report for years and between 2011-2020 it included disaggregated data to the county level. At the request of Program Staff, OSBI provided 2021 UCR domestic abuse data for all Oklahoma counties, and it is being included in this annual report to provide a broader picture of domestic violence in Oklahoma.

The OSBI defines domestic abuse statutorily as *threatening, causing or attempting to cause serious physical harm between family or household members* and, when using the UCR system, divides domestic abuse crimes into four offense categories: murder, sex crimes, assault, and assault and battery. For purposes of reporting, the OSBI considers family or household members as current or former spouses; persons in dating relationships⁵ or who have a child together; parents, foster parents, children, or persons otherwise related by blood or marriage; or people living in the same household or who formerly lived in the same household.

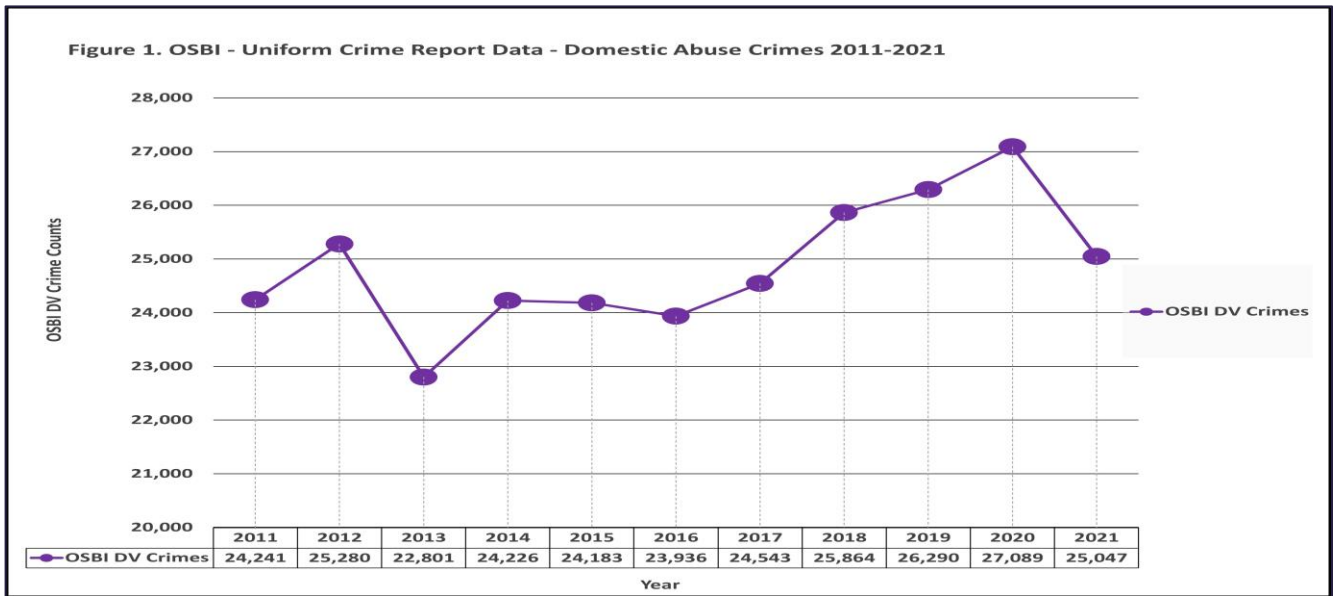
Domestic abuse offenses have seen an overall increasing trend since 2011 (*Figure 1*). During the years 2011-2020, there were decreases in three of the years, including two consecutive years of decline from 2015-2016. Overall, from 2011-2020 domestic abuse increased an average of 1.3% per year. From 2011-2021 an average of 24,864 domestic abuse incidents were reported per year. In 2021, there were 25,047 domestic abuse incidents reported to law enforcement. This is a 7.5% decrease from the total reported in 2020 and for the first time in

³ The statistics published in the upcoming edition of *Crime in Oklahoma* will be drawn utilizing the Oklahoma State Based Incident Reporting System (SIBRS). This is due to state crime reporting transitioning from the UCR, Summary Reporting System (SRS), to SIBRS in compliance with new federal crime reporting standards.

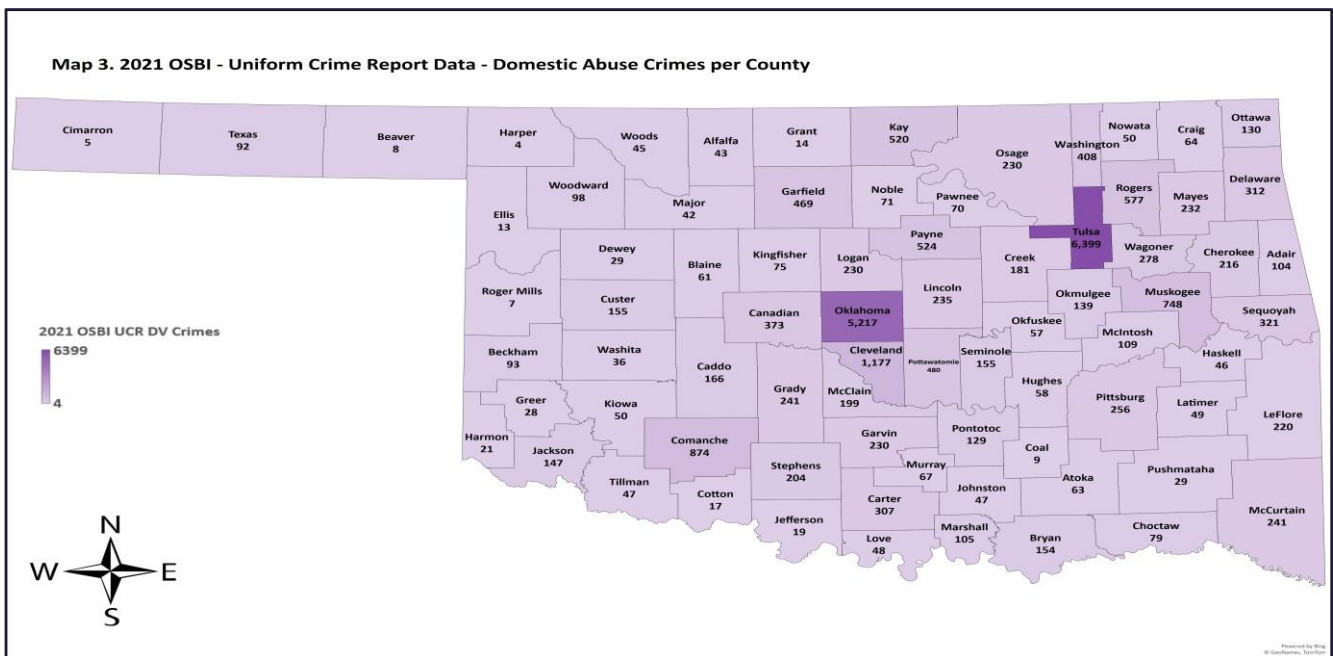
⁴ OSBI, 2021.

⁵ Defined as courtships or engagements.

four years a statewide increase was not observed. However, it is important to note that annual figures are likely lower than the actual number of domestic abuse incidents in Oklahoma as they are based on police reports and victims of domestic abuse may not contact law enforcement for a myriad of reasons.



Domestic abuse crimes were reported in all 77 Oklahoma counties in 2021, with the highest numbers of domestic abuse crimes occurring in the three most populous counties in the state: Oklahoma, Tulsa, and Cleveland counties (*Map 3*). A noteworthy difference between 2020 and 2021 was how the number of domestic abuse crimes in Oklahoma County stayed relatively stable, increasing only slightly by 1.6%, but in contrast Tulsa County experienced a 24.2% decrease, which equaled about 2,000 less crimes. Overall, the rates of domestic abuse offenses in the three most populous counties in 2021 was 653.29 (Oklahoma), 951.02 (Tulsa), and 395.50 (Cleveland) per 100,000.

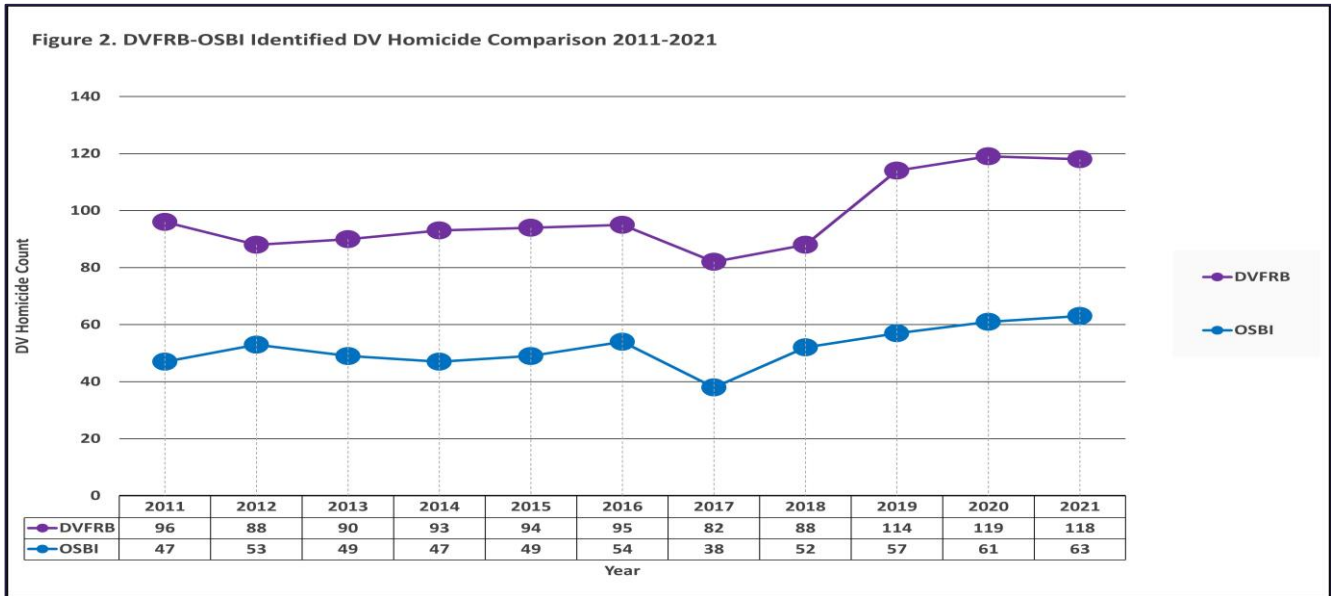


When reporting domestic abuse homicides specifically, the OSBI utilizes the relationships outlined above. The Review Board uses much broader relationship definitions when identifying domestic-violence homicides.⁶ As a

⁶ See *Appendix E: Data Methodology and Limitations* for an in-depth explanation of the relationships the Review Board considers when

result, the number of domestic abuse homicides identified by the Review Board is typically higher than those reported to the OSBI (Figure 2).

In 2021, the Review Board categorized 87.3% more homicides as domestic violence-related than were reported by the OSBI. The DVFRB considered 88.9% more homicides to be related to domestic violence than the OSBI did for the period from 2011 to 2021, with an average of 89.7% more cases per year classified as domestic violence homicides by the Review Board over the 11-year period.



In both cases, however, the trend of domestic abuse homicides remained relatively steady until a sharp increase beginning in 2018 following a 11-year-low in 2017. For the period 2011-2016 there was an average 0.1% per year decrease in the homicides identified by the Review Board and an average 3.1% per year increase in those reported to the OSBI. The number of domestic abuse homicides decreased 13.7% and 29.6% in 2017 for the DVFRB and the OSBI respectively before beginning a three-year ascent. From 2017-2020, the OSBI reported a 60.5% increase and the DVFRB recorded a 45.1% increase in domestic abuse homicides. The largest increase for the OSBI occurred in 2018, where the number of domestic abuse homicides rose 36.8% over those in 2017, and the largest increase for the Review Board occurred in 2019, where the number of homicides increased 29.5% over those in 2018.

For both the OSBI and the DVFRB, 2020 represented the highest number of domestic abuse homicides between 2011-2020. Data from 2021 was consistent with the trend seen in 2020, with the only difference being that the DVFRB identified one less homicide than in the previous year, whereas OSBI identified two more.

Oklahoma Crime Reporting – Data Transition Statement

The crime statistics in the upcoming OSBI publications of *Crime in Oklahoma* will be entirely drawn using data from the Oklahoma State Based Incident Reporting System (SIBRS). This is due to state crime reporting transitioning entirely from UCR to SIBRS in 2021 in compliance with federal crime reporting requirements. Since UCR and SIBRS have different data reporting criteria, data reported through SIBRS will not be directly comparable to prior years that utilized UCR, Summary Reporting System, data. As a result of this transition, this will be the final year the DVFRB Annual Report will publish the longitudinal data presented in Figure 1. Moving forward, figures drawn from SIBRS data will be published.

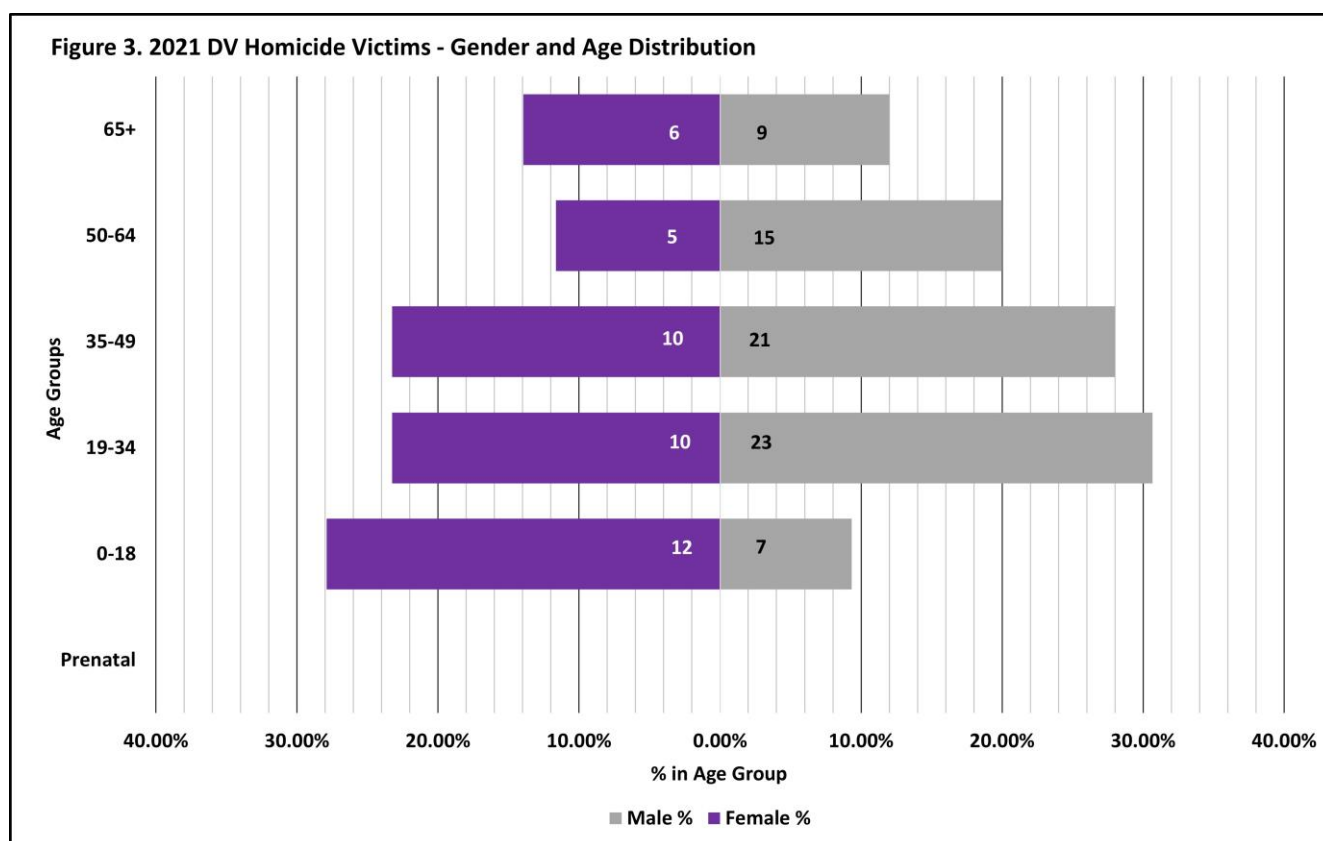
KEY FINDINGS FOR 2021

Victim and Perpetrator Demographics

The demographics presented in this section of the report include intimate partner homicide (IPH) and non-intimate partner homicides (non-IPH) identified by the Review Board occurring in calendar year 2021. Non-IPH cases include family members, triangle victims' bystanders, and Good Samaritans.⁷

Gender

Of the 118 total domestic violence homicide victims, 43 (36.4%) were female and 75 (63.6%) were male. There were 31 adult⁸ female victims, all of whom (100.0%) were killed by male perpetrators. Of the 68 adult male victims, 57 (83.8%) were killed by male perpetrators and 10 (14.7%) were killed by female perpetrators. It was not possible to determine the primary perpetrator for one (1.5%) male adult victim. The overwhelming majority of the 110 perpetrators were male (83.6%). There were 18 female perpetrators, 8 (44.4%) of whom killed or were implicated in the killing of their current or former intimate partner (*Figures 3 and 4*).



Age

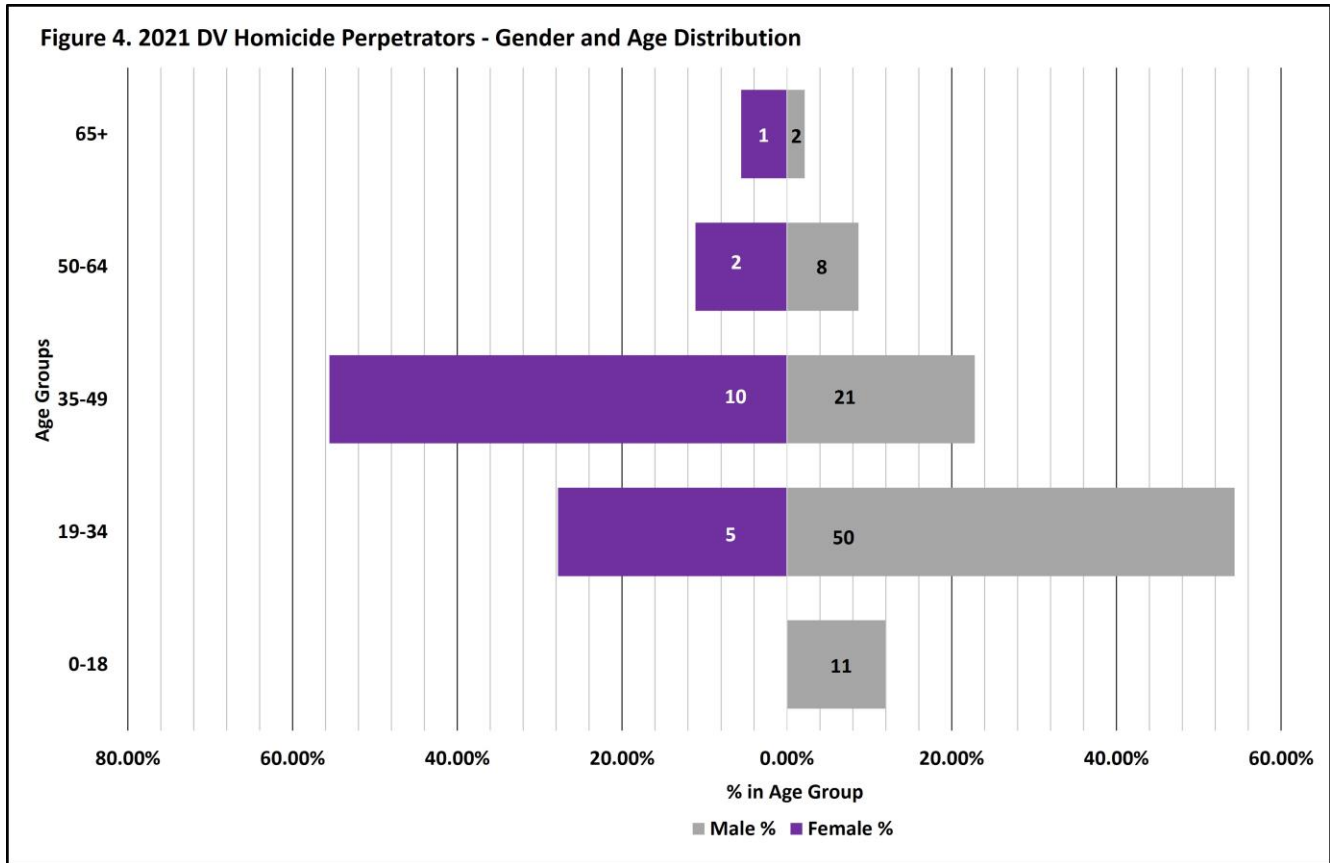
There was a total of 118 victims ranging in age from two months to 86 years old. About half of all victims killed, about 54.3%, fell between the ages of 19-49 years; 28.0% were between the ages of 19 and 34 years old and 26.3% were between the ages of 35 and 49 years. The average age of adult victims was 44.2 years. Of the 19

⁷ See *Appendix E: Data Methodology and Limitations* for a more detailed description about how the Review Board categorizes the different relationships between homicide perpetrators and victims.

⁸ Adult is defined as an individual aged ≥ 18 years old at the time of the incident.

juvenile victims,⁹ thirteen (68.4%) were under the age of five and three (15.7%) were less than a year old (*Tables 4 and 5*). The average age of all victims was 37.8 years old.

Of the 110 perpetrators, those between the ages of 19 and 34 years old (50.0%) represented the largest age group. The youngest perpetrator was 13 years old, and the oldest perpetrator was 82 years old. The average age of all perpetrators was 33.3 years old, with the average age of adult perpetrators being 34.7 years. Eight (8) perpetrators (7.3%) were juveniles under 18 years old (*Figure 4*).



Race and Ethnicity

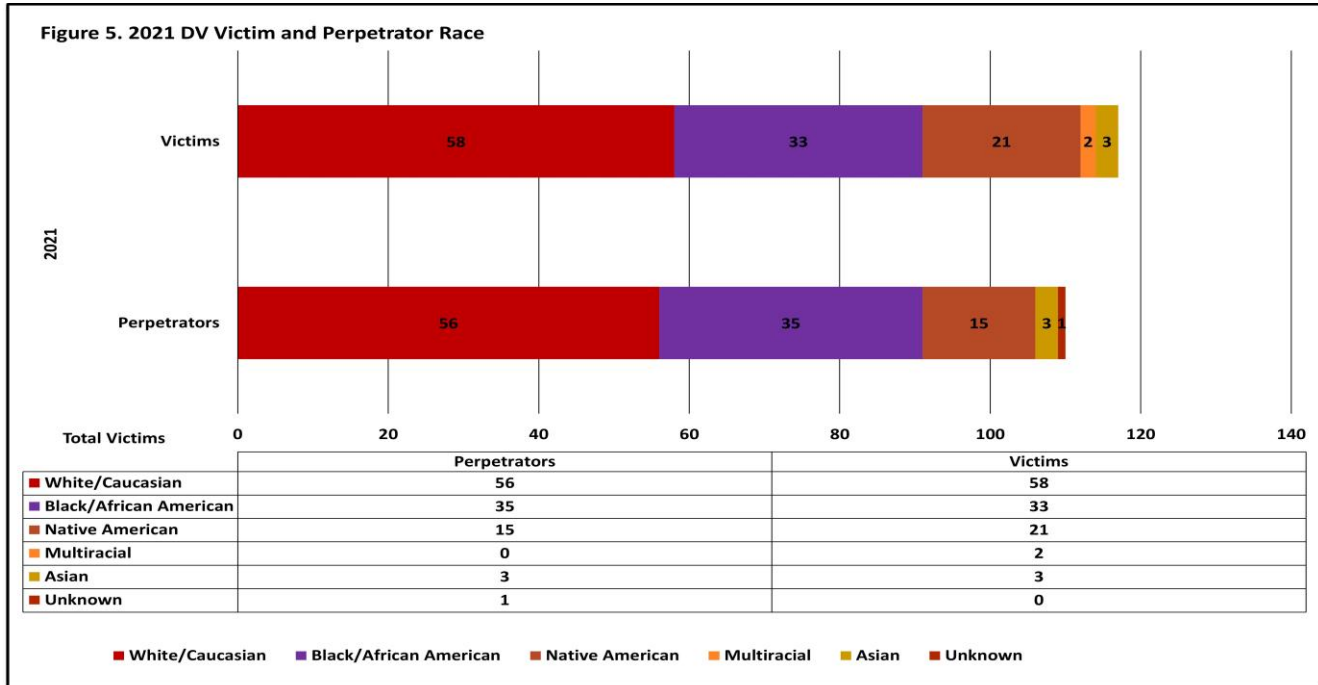
Fifty-eight of the 118 domestic violence homicide victims were identified as White/Caucasian (49.2%), 33 were Black/African American (28.0%), 21 were Native American (17.8%), 3 were Asian (2.5%), and 2 (1.7%) were identified as Multiracial (*Figure 4*). A total of three of the victims were identified as Hispanic/Latinx (3.0%)¹⁰. Of the 110 perpetrators, 56 were White/Caucasian (50.9%), 35 were Black/African American (31.8%), 15 were Native American (13.6%), 3 were Asian (2.7%), and one was unknown (0.9%). A total of three perpetrators were identified as Hispanic/Latinx (2.7%).

In comparison to 2020 figures, the number of White/Caucasian victims decreased by ten in 2021. This represented a 14.7% decrease. In contrast, the number of Black/African American victims increased from 25 to 33, which represents a 32% increase. A total of three Asian victims were identified, two more than in 2020. The number of Native American victims increased from 18 to 21, a 16.7% increase. DVFRB statistics suggest there has been a significant increase in the number of Native American deaths since 2018. In 2018, Program Staff identified four Native American victim deaths because of domestic violence. Since then, that number has increased to a record of 21 in 2021. This rise in the identification of Native American victims is likely due to two factors. First, the U.S. Supreme Court’s 2020 decision in *McGirt v. Oklahoma* required more thorough

⁹ Juvenile is defined as an individual aged <18 years old at the time of the incident.

¹⁰ The race of one of the Hispanic victims was unable to be identified.

identification of Native American individuals involved in crimes. Second, Program Staff have implemented a methodology whereby three sources are utilized to validate the race and ethnicity of victims and perpetrators.



Relationship Types

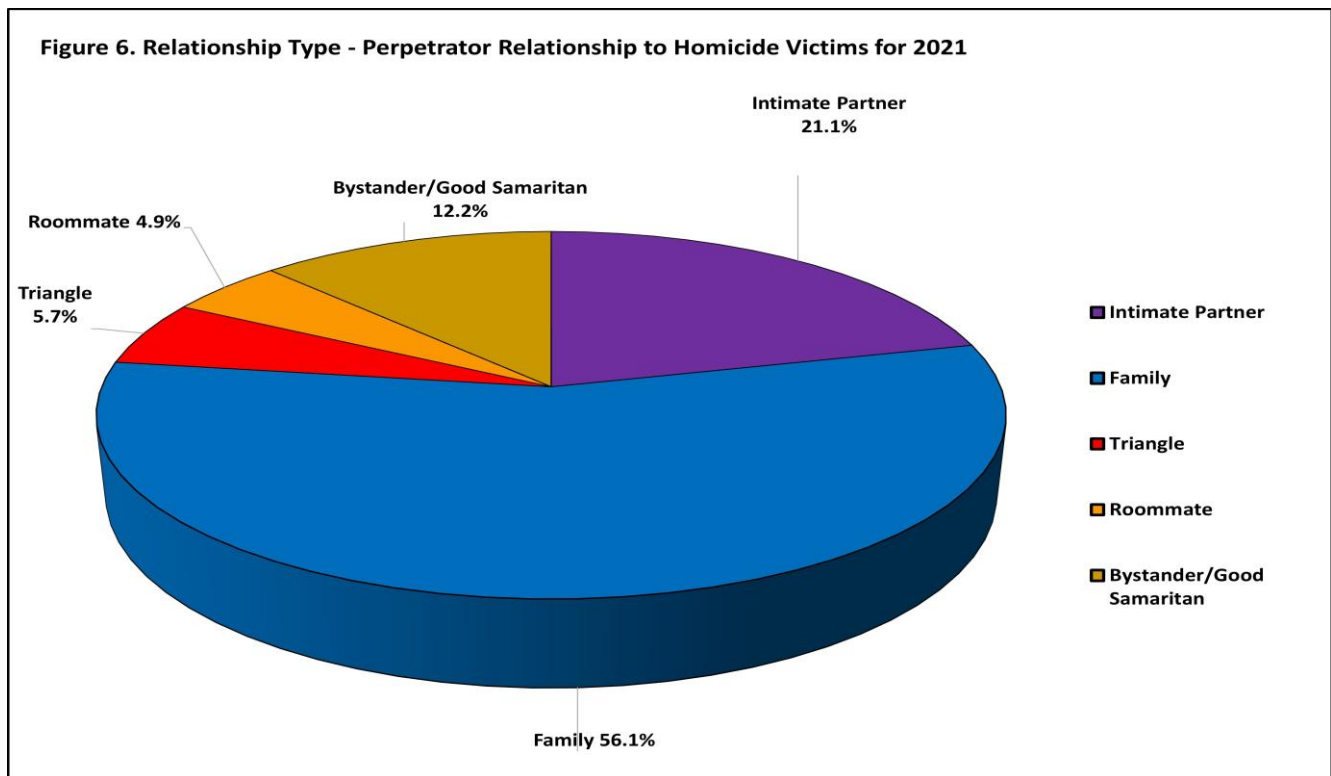
The Review Board collects and compiles data according to the type of relationship that existed between the victim(s) and the perpetrator(s) (*Table 2* and *Figure 6*). Historically, Program Staff have compiled this statistic utilizing a one-to-one relationship between perpetrators and homicide victims so that the number of relationships matches the number of victims. In recent years, Program Staff have identified several cases where there are two perpetrators with different domestic relationships associated with one victim (two-to-one relationship). Naturally, this means that the number of relationships can outnumber the total number of victims. As a result, contrary to previous years, the totals below will outnumber the total of victims.

In 2021, 69 perpetrators were identified to be related to homicide victims¹¹. This includes fathers, stepfathers, mothers, mother’s boyfriends, son, stepsons, grandparents, grandsons, brothers, and other relatives. This represents a 30.2% increase from 2020. A total of 26 perpetrators were identified as current or former intimate partners of victims, including current or former spouses and current or former dating partners, a decrease of 43.5% from 2020.

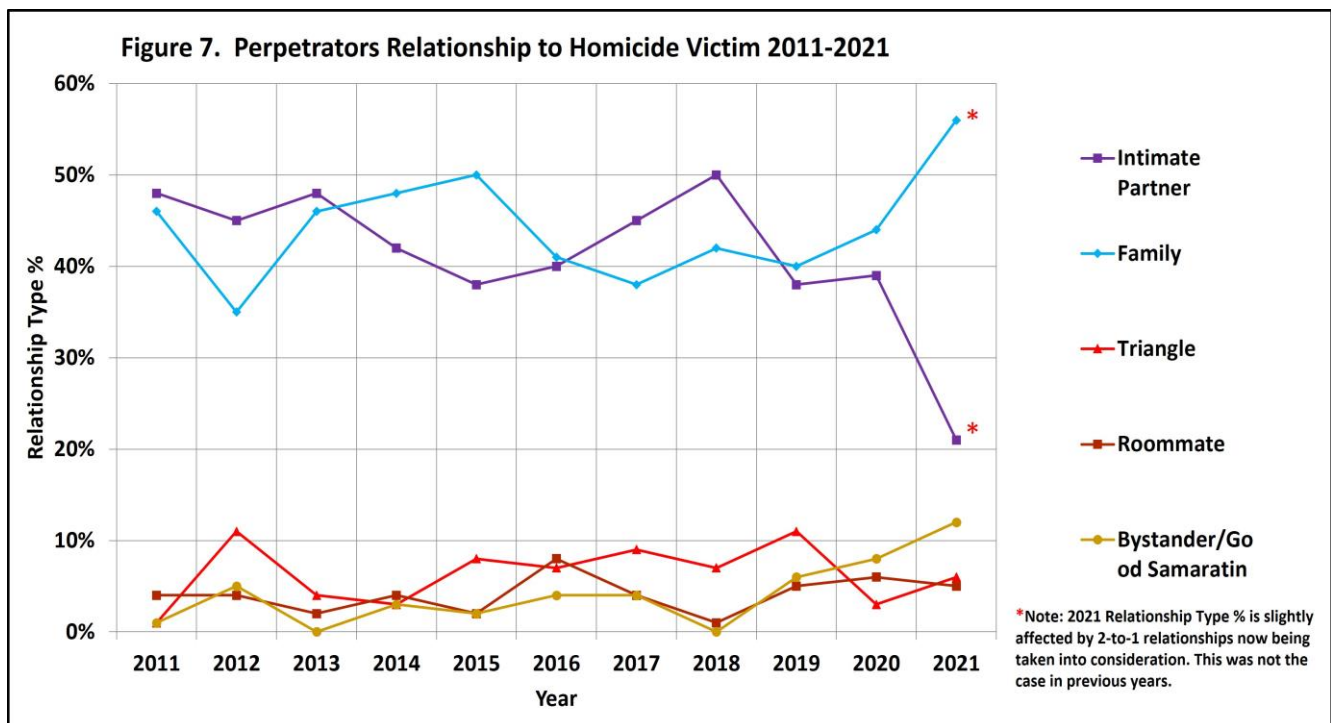
Relationship Type	Totals	%
Intimate Partner	26	21.1
Family	69	56.1
Triangle	7	5.7
Roommate	6	4.9
Bystander / Good Samaritan	15	12.2
Total	123	100.0%

¹¹ One perpetrator killed a family member who had just committed an IPH. The family member was not counted as a victim due to him being counted as perpetrator in an intimate partner fatality.

Triangle relationships, in which a former spouse or intimate partner kills the current spouse or intimate partner of their former or current spouse or intimate partner, were identified seven times. Triangle relationships increased by one in 2021. Six victims were killed by a roommate, one less than in 2020.

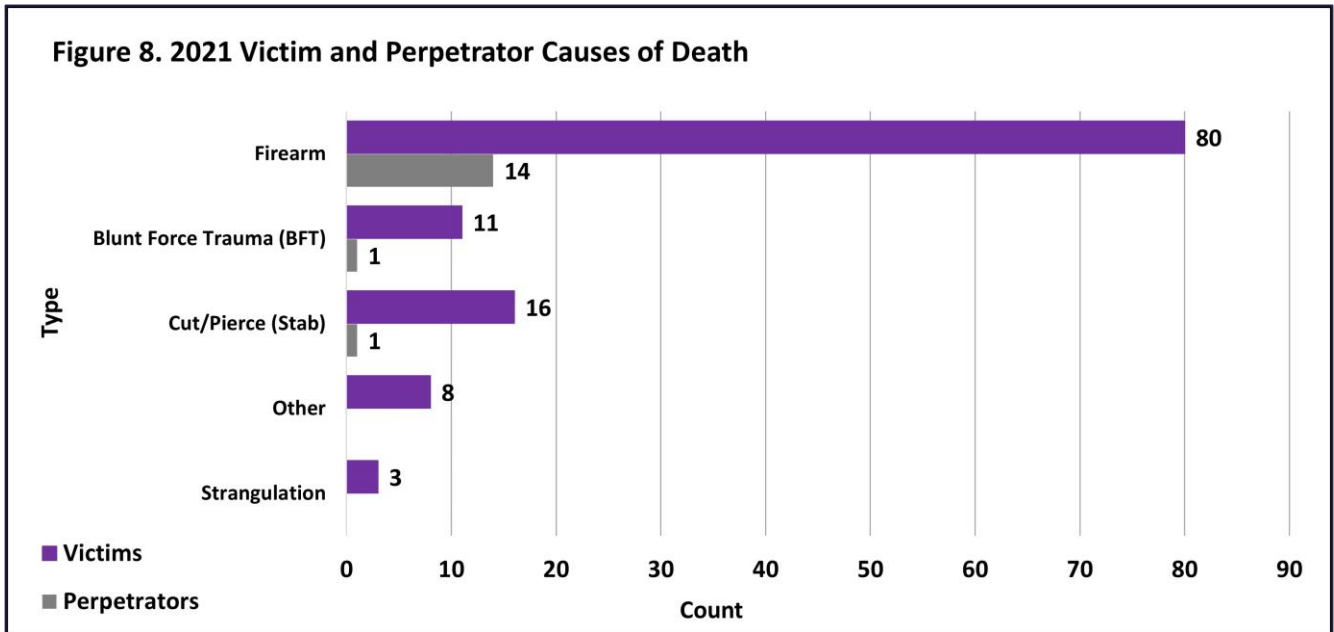


From 2011-2021, family and intimate partner homicides made up the largest categories of domestic violence-related homicides each year, though which represents the largest category of victims may vary from year to year.

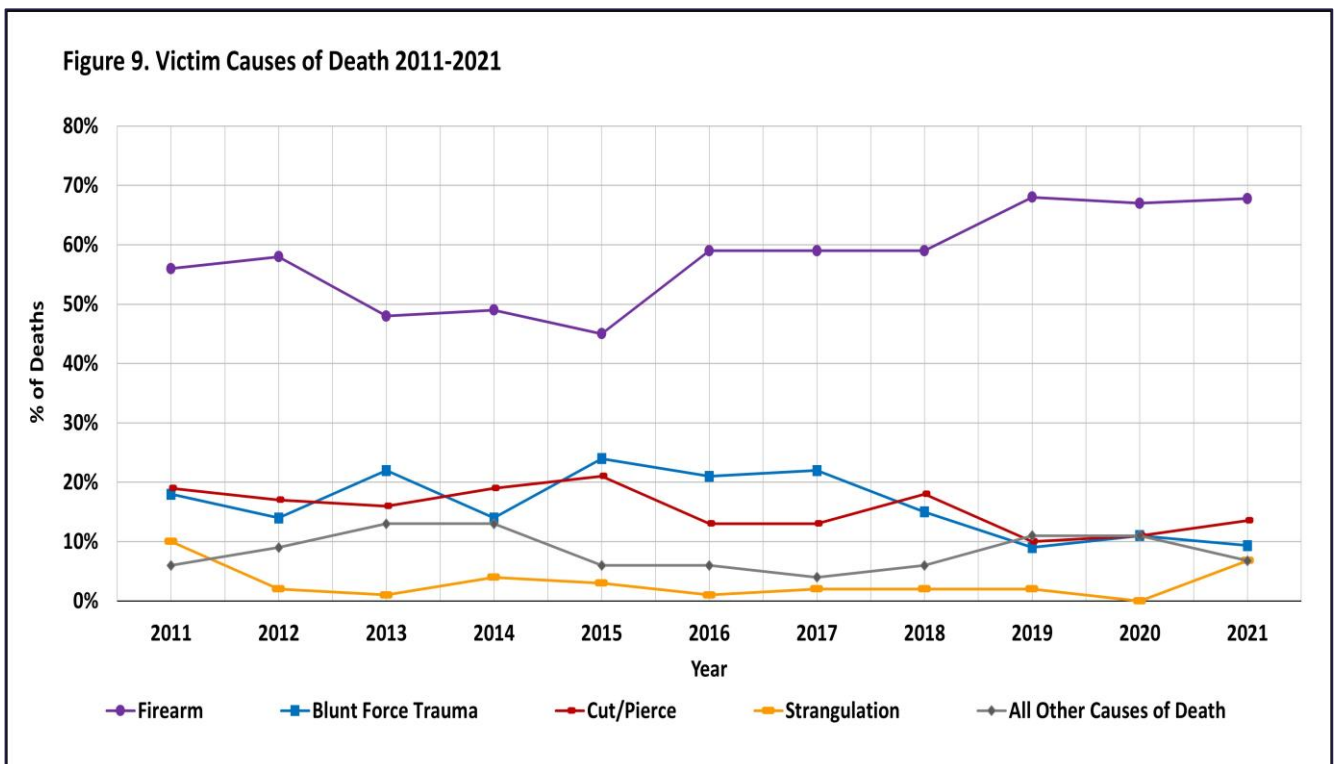


Cause of Death

The Office of the Chief Medical Examiner of Oklahoma (OCME) investigates sudden, violent, unexpected, and suspicious deaths and conducts medico-legal investigations related to the death. The Review Board draws from data obtained from the OCME that includes a determination as to the cause and manner of death of individuals who die in domestic violence related incidents (*Figure 8*).

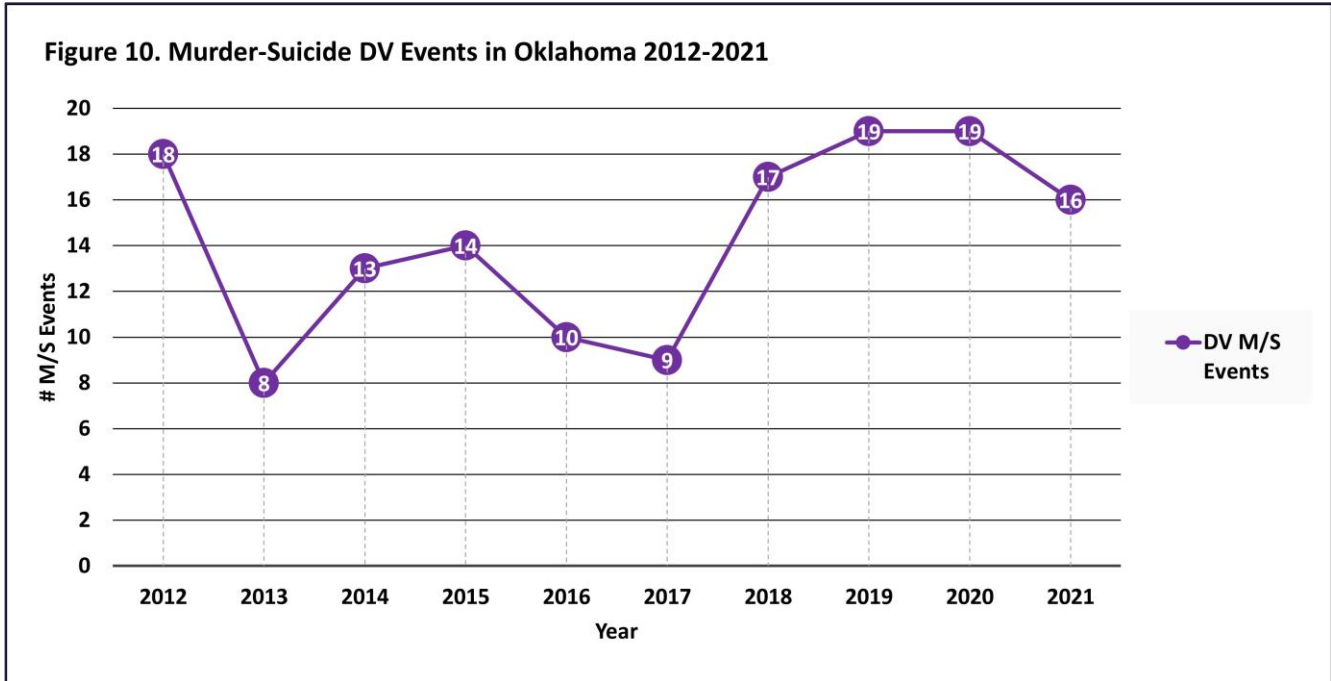


Firearms have consistently remained the most prevalent cause of death in domestic violence homicide cases since the DVFRB began tracking cases in 1998. In 2021, firearms were the identified cause of death in 70.1% of all domestic violence-related fatalities, both victims and perpetrators. From 2011-2021, firearms were the cause of death in an average of more than 58% of domestic violence deaths (*Figure 9*).

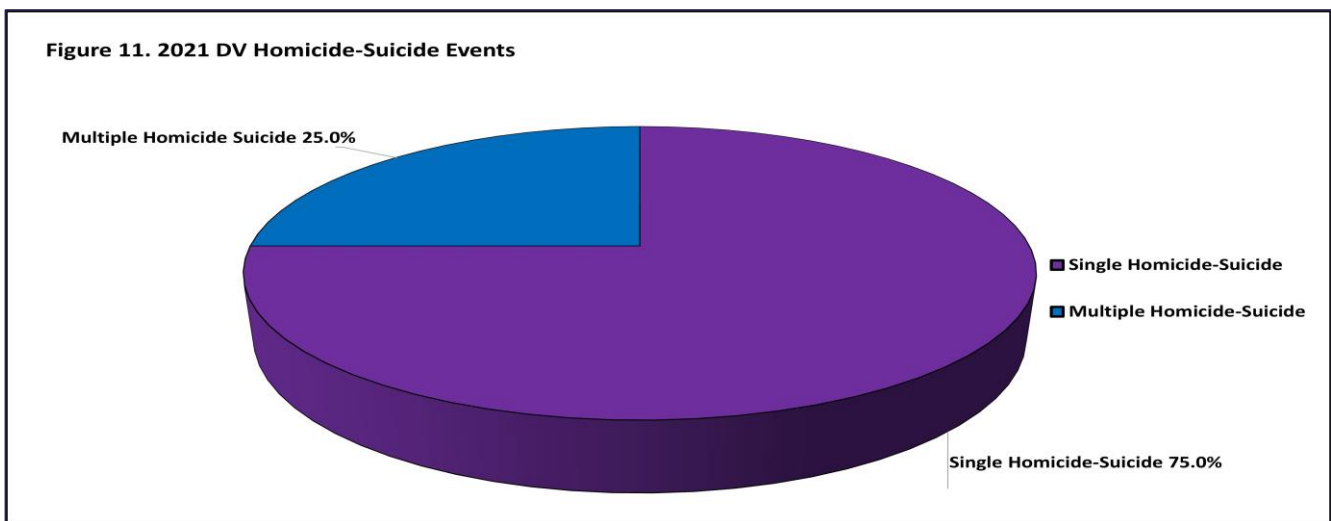


Homicide/Suicide

An event is defined as a homicide-suicide¹² when someone murders an individual and then kills himself or herself, usually within 72 hours following the homicide. In 2021, the Review Board identified 16 homicide-suicide cases resulting in the death of 21 victims (*Figures 10 and 11*). A total of five children were killed in homicide-suicide events in 2021 compared to 4 the previous year. Although the total increased by 1 in 2021 it is still slightly lower than 2019 figures when a total of 7 children died in murder-suicide events.



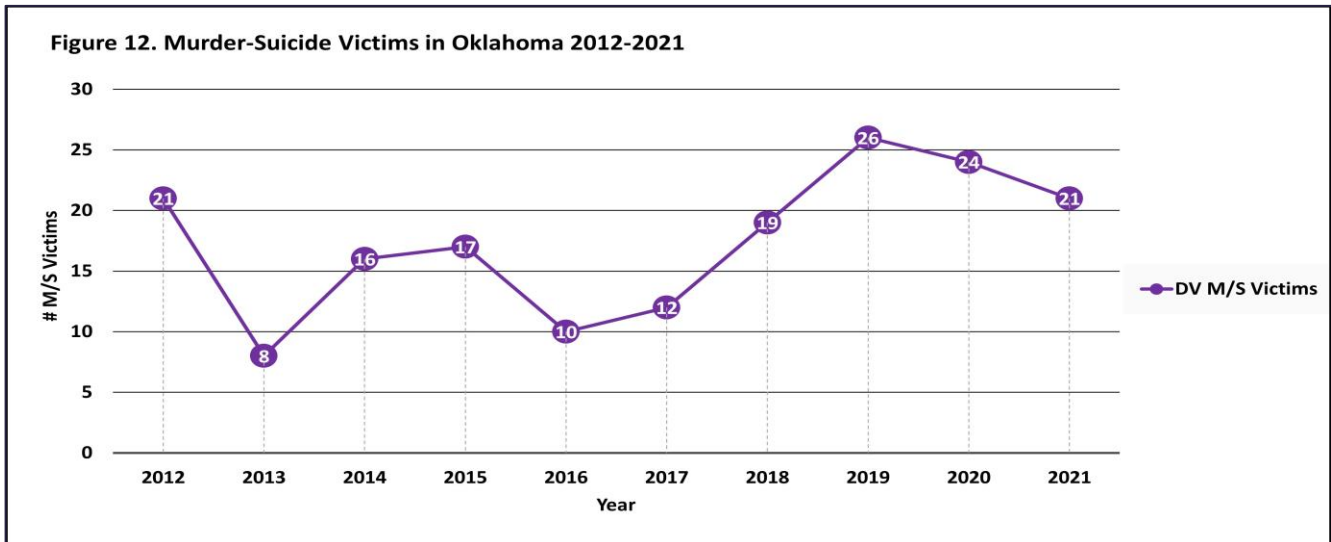
Of the 16 homicide-suicide cases identified, 12 (75.0%) were classified as *single homicide-suicide* events, in which there was one homicide victim and one homicide perpetrator who completed suicide or was killed due to law enforcement or bystander intervention. Four of the 16 homicide-suicide cases (25.0%) were *multiple homicide-suicide* events, in which the perpetrator killed more than one victim before dying by suicide or being killed by law enforcement or bystander intervention (*Figure 11*). Due to the nature of multiple homicide-suicide events, there are typically more homicide victims than there are events and/or perpetrators.



¹² Homicide-suicide and murder-suicide are often used interchangeably in research literature.

National research finds that homicide-suicide cases most often involve intimate partners; usually a man killing his current or former intimate partner and then himself.¹³ In 2021, the Review Board found that 62.5% of all homicide-suicide events were committed by current or former intimate partners, including in three of the four multiple homicide-suicide events. Current or former male intimate partners were the perpetrators in 100% of all intimate partner homicide-suicide cases.

The 21 homicide-suicide victims identified in 2021 represented a slight decrease from the 24 total victims in 2020. Notably, between 2016 and 2019, the number of domestic violence related murder-suicide victims increased more than tenfold in Oklahoma, from 10 in 2016 to 26 in 2019. The year 2019 was particularly deadly with 26 victims dying because of murder-suicides in the context of domestic violence situations, which set the record for number of victims associated with these events since 1998. Since 2019, there has been a 19% decrease, with 2021 figures once again equaling the previous decade record of 21 victims in 2012.



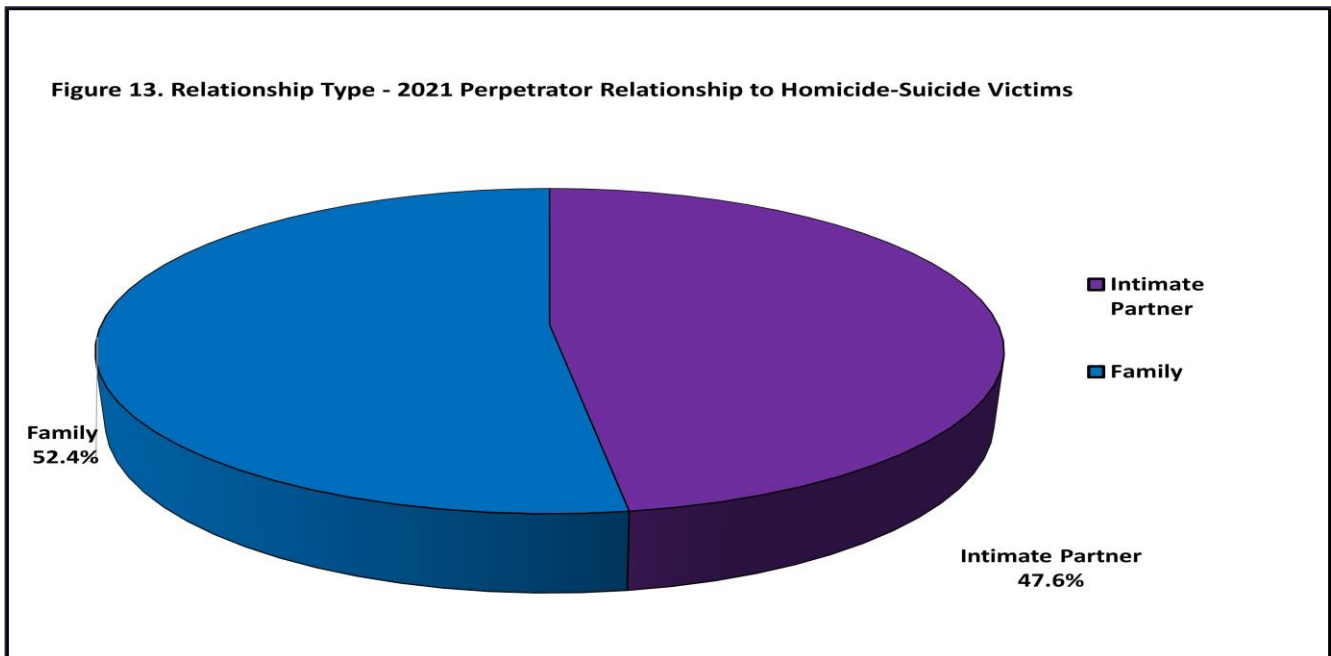
Most victims in domestic violence homicide-suicides are killed in the context of an IPH or specifically by an intimate partner, which includes current or former spouses, dating partners, or romantic partners, and individuals with whom they have a child. Of the 21 victims who died in homicide-suicide events, ten (47.6%) were killed by their current or former intimate partner. An additional three victims were killed in the context of an IPH, bringing the total number of murder-suicide victim deaths associated with IPH events to 13 (62%). On a one-to-one basis, victims killed by family members comprised the largest group with 52.4% of victims (*Figure 13*).

Relationship Type	Count	%
Intimate Partner	10	47.6
Family	11	52.4
Triangle	0	0.0
Roommate	0	0.0
Bystander/Good Samaritan	0	0.0
Total	21	100%

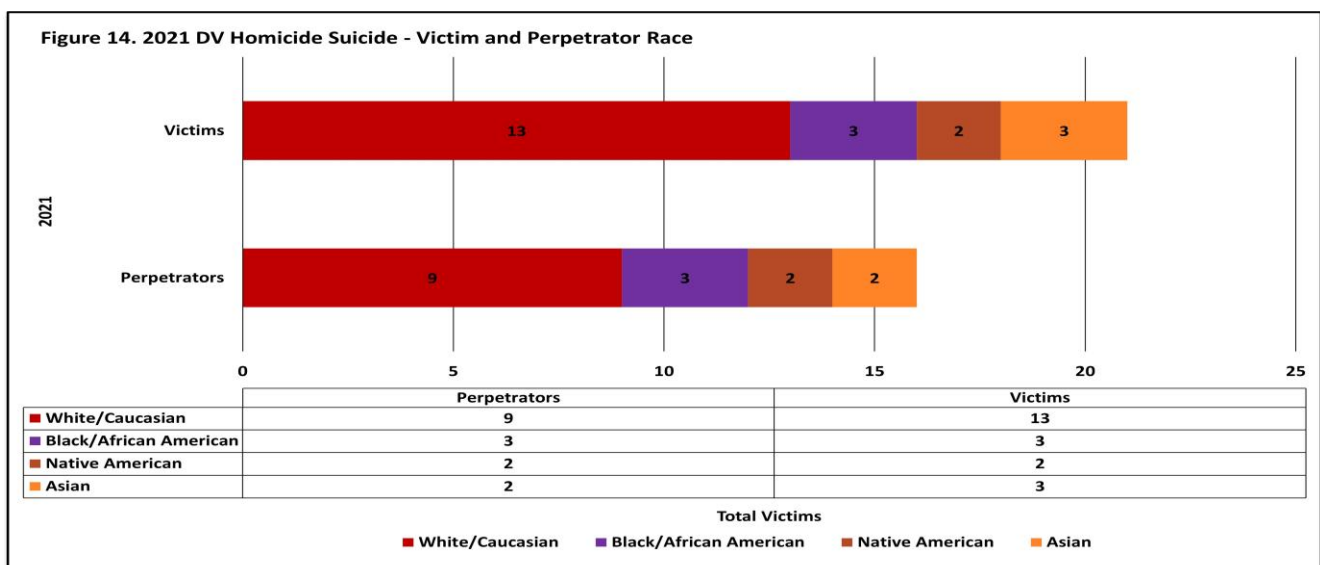
¹³ Marzuk, Tardiff, & Hirsch, 1992

Historically, the Review Board rarely identifies intimate partner homicide-suicide cases involving female perpetrators. However, in 2021 a female perpetrator was identified in a homicide event in which one victim was killed. The remaining 95.2% of homicide-suicide victims were killed by male perpetrators.

Most victims and perpetrators of domestic violence homicide-suicides are White/Caucasian; 13 (61.9%) victims and nine (56.3%) perpetrators were White. Of the remaining victims, three (14.3%) were Black/African American, three (14.3%) were Asian, two (9.5%) were Native American; one victim (4.8%) was identified as being of Latino/Hispanic ethnicity. Among the remaining perpetrators, three (18.8%) were Black/African American, two (12.5%) were Asian, two (12.5%) were Native American, and one perpetrator (6.3%) identified as Latino/Hispanic. (Figure 14)



Most homicide-suicides in Oklahoma during 2021 were committed with a firearm, a finding that aligns closely with previous national research.¹⁴ Firearms were confirmed as the cause of death for 14 (66.7%) of the 21 homicide-suicide victims and 14 (87.5%) of the 16 perpetrators.



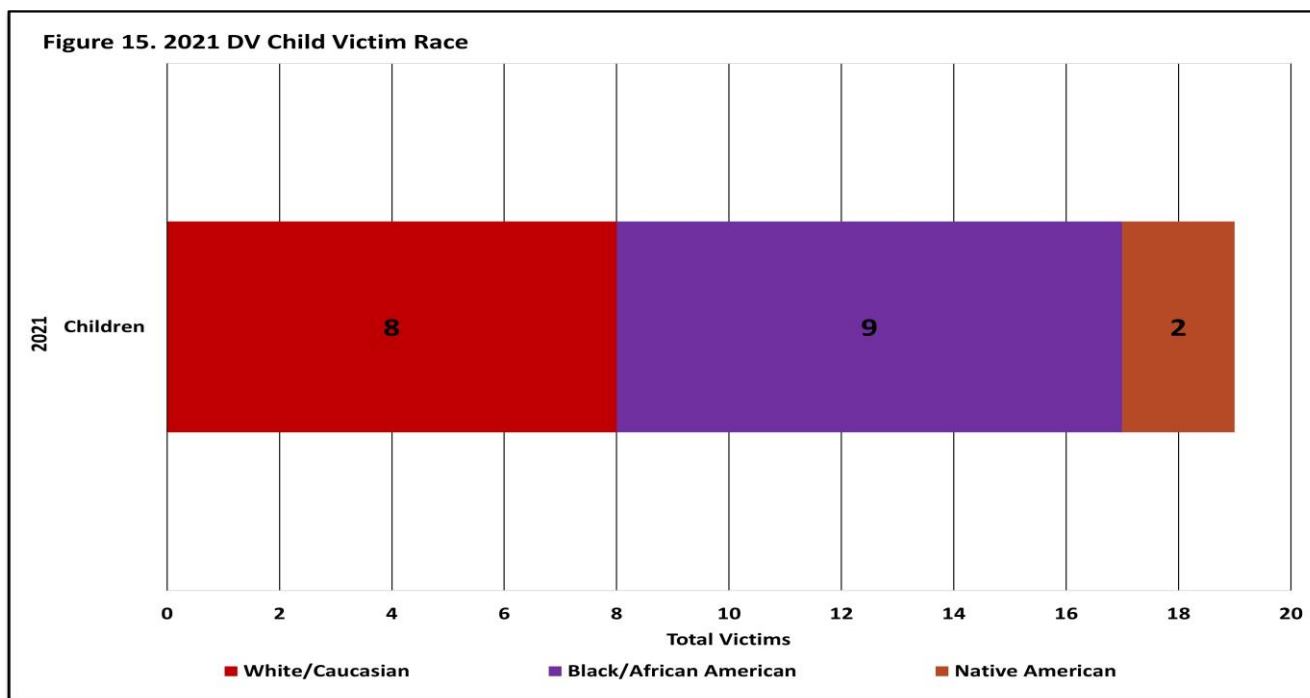
¹⁴ Logan, Hill, Black, Crosby, Karch, Barnes, & Lubell, 2008

Domestic Violence Fatalities and Children

The Review Board focuses on child homicides and does not review cases of children who die due to negligence. The Oklahoma Child Death Review Board reviews child death cases resulting from neglect. Child homicides include, but are not limited to, deaths in which children are killed by parents, stepparents, foster parents, grandparents, siblings, uncles, aunts, or cousins. In 2021, the Review Board identified 14 domestic violence-related incidents in which 19 children were killed. Of the 19 children, seven were male (36.8%) and 12 were female (63.2%) (Table 4).

Gender	Count	%
Female	7	36.8
Male	12	63.2
Total	19	100%
Age Group (in years)	Count	%
Prenatal	0	0.0
0 - 5	14	73.7
6 - 10	2	10.5
11 - 14	1	5.3
15 - 17	2	10.5
Total	19	100%

Of the 19 children killed in 2021, eight (42.1%) were White/Caucasian, nine (47.4%) were Black/African American and two (10.5%) were Native American (Figure 15).



In some cases, children were killed by perpetrators in the context of an adult intimate partner homicide (IPH). There were two IPH events in 2021 that involved the death of a child, which resulted in the deaths of three children. Notably, one event involving the death of five children occurred in the context of an attempted IPH where the victim was severely wounded but survived. By comparison, in 2020 there were three events that

resulted in the deaths of three children. In two of the 2020 cases, the adult IPH victim was pregnant, and the child was killed in utero. There were no in utero child deaths in 2021 after two years with at least one. However, 2021 marks the deadliest year for children killed in the context of IPH cases since 2019, when there were four adult IPH events in which five children were killed, one of whom was in utero, and one child killed in a juvenile IPH.

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
# Of Child Homicide Victims	14	14	18	24	15	11	14	17	13	19
# Of Victims ≤ 5 years old	11	12	14	16	12	10	9	10	9	14
Age of Youngest Child ¹⁵	2 mo.	5 mo.	< 1 day	2 mo.	< 1 mo.	< 1 mo.	3 mo.	2 mo.	2 mo.	2 mo.
Age of Oldest Child	16	14	17	15	17	6	17	17	17	17

Children age five years and younger consistently represent the largest age group of children killed in domestic violence-related incidents in Oklahoma (*Table 4*). In 2021, 14 of the children killed were age five years or younger (73.7%), the highest number since 2015. Compared to 2020, when two (15.4%) of the children killed were prenatal, there were no prenatal deaths identified in 2021 (*Table 4*). In the period 2012-2021, there were 159 child victims and 73.6% of the children killed were age five years or younger. In addition, there were five (26.3%) children killed in the context of murder-suicide events in 2021. Notably, one perpetrator in a murder-suicide event was a juvenile.

In addition, there were five (26.3%) children killed in the context of murder-suicide events in 2021. This is one more than in 2020 but still less than the eight children killed in the context of murder-suicide incidents in 2019.

Relationship Type	Count	%
Father	9	47.4
Stepfather	2	10.5
Mother	2	10.5
Mother's Boyfriend	3	15.8
Other	3	15.8
Total	19	100%

As with other domestic violence-related fatalities, there may be more than one perpetrator in a child's death, or more than one child may be killed by the same perpetrator. This can lead to the number of victims and perpetrators not being identical. In 2021, 14 perpetrators were identified in child deaths. Most of the children killed in domestic violence-related incidents in 2021 (84.2%) were killed by a male family member or their

¹⁵ Excluding prenatal victims.

mother's current intimate partner (*Table 6*). In contrast, two child deaths were associated with female perpetrators, and one of them was in a single murder-suicide event.

In addition to being killed in domestic violence-related incidents, children also bear witness to such events. In 2021, program staff identified 57 children who witnessed or were in direct proximity to 30 separate domestic violence fatalities at the time they occurred. This means children were present in 28.8% of all domestic violence-related events in 2021. Witnessing acts of domestic violence, particularly an act as severe as homicide, can result in short-term reactions such as generalized anxiety, sleeplessness, aggression, difficulty concentrating, nightmares, high levels of activity, and separation anxiety in children¹⁶. The long-term impact of witnessing domestic violence as a child includes being three times more likely than peers to engage in violent behavior¹⁷ and being more likely to become the victim or perpetrator in their own future intimate partner relationships.¹⁸

Juvenile System Interaction

The Review Board also collects data on systems contact with the family prior to the fatality event. Program staff collected information on prior victim and perpetrator contact with the Department of Human Services Child Welfare Services (CWS) for 2021 child homicide victims. Of the 19 child homicide victims, CWS had contact with the families of 12 (63.2%) of the child victims prior to the homicide. Four (28.6%) of the 14 child homicide perpetrators had some form of CWS contact themselves as children. Finally, seven (50.0%) child homicide perpetrators had prior CWS history as adults.

Intimate Partner Homicides

In the United States, women are more likely to be killed by an intimate partner than by any other group of people.¹⁹ A study conducted by the Centers for Disease Control and Prevention analyzed data from 18 states (including Oklahoma) between 2003 and 2014 and found that domestic violence was involved in 55% of 10,018 female victim homicides. In the same study, victims were killed by current or former intimate partners in 93% of the cases.²⁰ The Review Board collects data related to intimate partner homicides (IPH) in Oklahoma. Intimate partners are current or former spouses and current or former dating partners, including same sex partners.

In Oklahoma, 26 (25.0%) of the 104 total domestic violence-related incidents in 2021 involved an IPH, with 26 victims, or 22.0% of the total number of victims, being killed by their current or former intimate partner. There were four IPH cases (15.4%) in which at least one victim was killed in addition to the intimate partner for an extra five deaths, resulting in a total of 31 victims (26.3%) killed in the context of an IPH. The total number of IPH victims identified in 2021 was the lowest in 11 years. In 2021, there were 20 less IPH victims than in 2020, which is a 43.5% decrease. The total number of victim deaths associated with IPH events decreased from 59 to 31 in 2021. This is a 47.5% decrease from the total in 2020.

Gender

In 2021, consistent with previous years, women were more likely than men to be killed by an intimate partner than by a non-intimate partner; of the 26 IPH victims, 17 were female (65.4%) and nine were male (34.6%) (*Figure 16*). Between 2011 and 2021, of the 437 victims killed by a current or former intimate partner, 300 (68.6%) were female and 137 (31.4%) were male (*Figure 16*). On average, 27 women and 12 men were killed each year in Oklahoma by an intimate partner for the period from 2011-2021. Also consistent with previous years, more than two-thirds of IPH perpetrators in 2021 were male and men were more than twice as likely to be perpetrators than women, with 69.2% of IPH committed by men (*Figure 18*).

¹⁶ The National Child Traumatic Stress Network

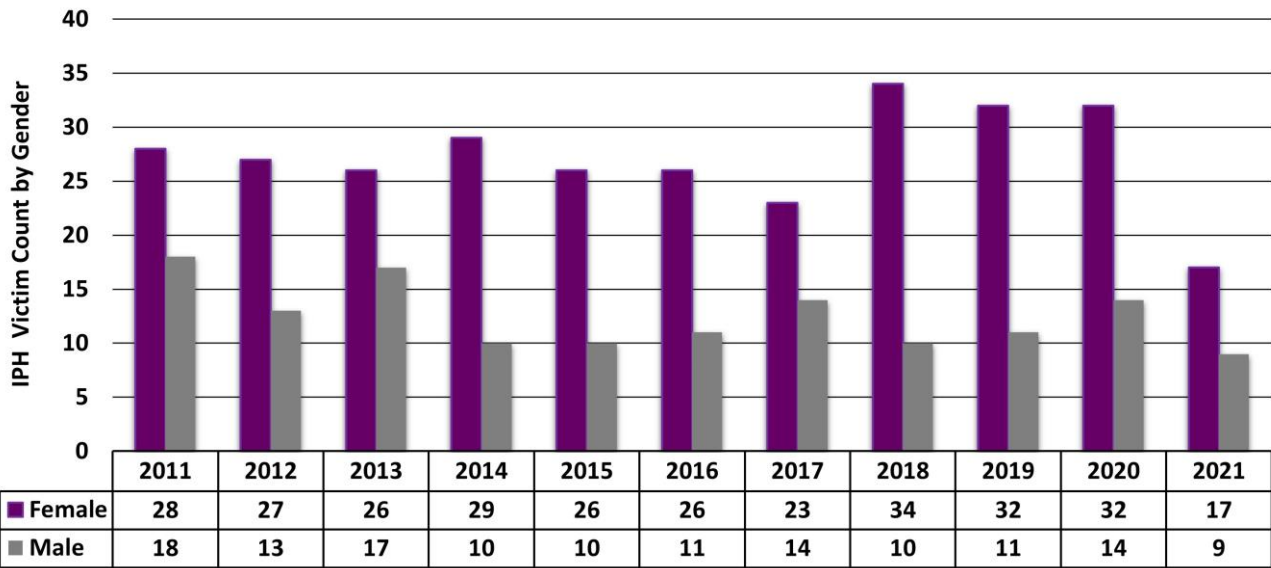
¹⁷ Fantuzzo & Mohr, 1999

¹⁸ Stith, et al., 2000

¹⁹ Petrosky, et al., 2017

²⁰ *Ibid.*

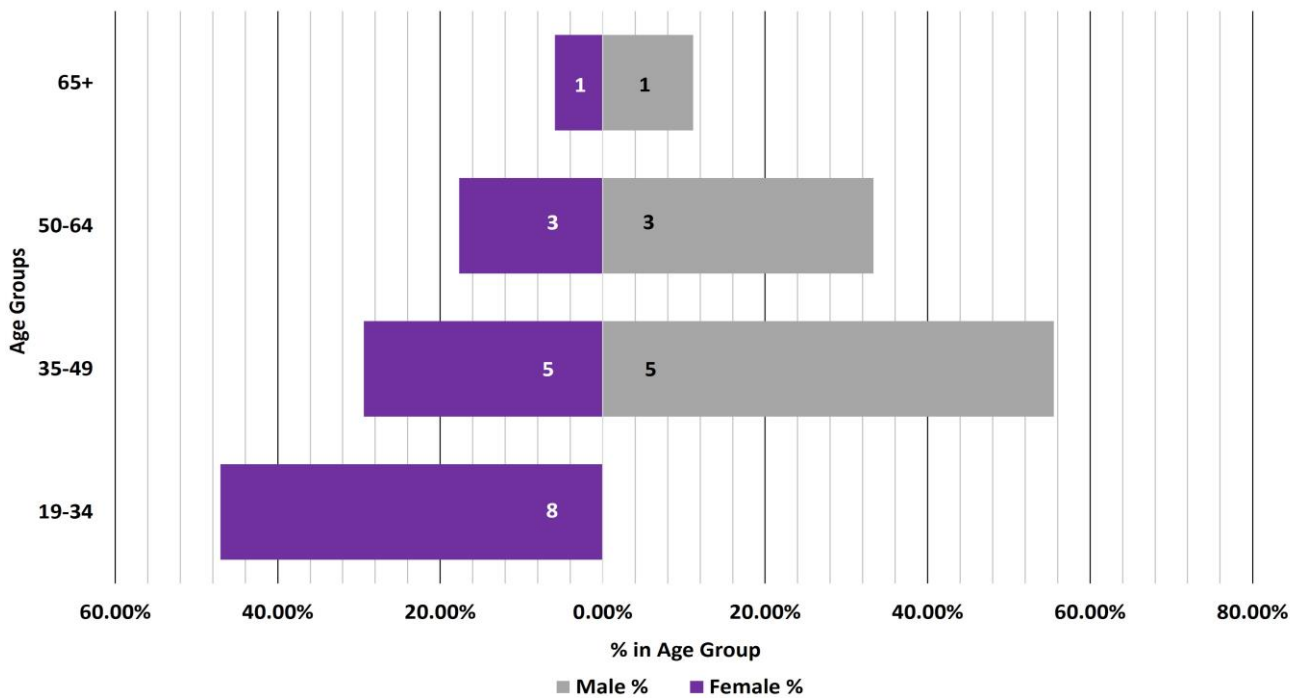
Figure 16. Intimate Partner Homicide Victims by Gender 2011-2021



Age

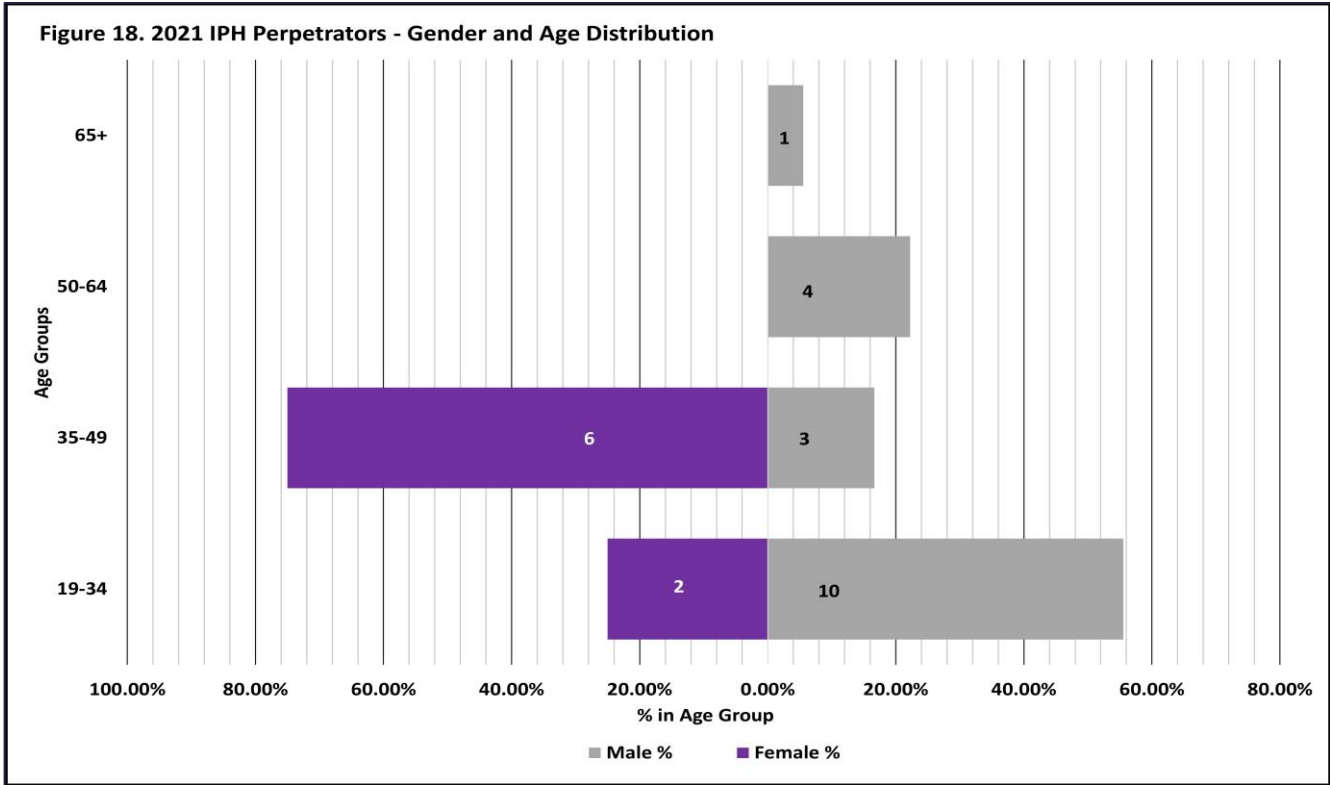
The average age of the 26 intimate partner homicide (IPH) victims was 41 years old. The youngest IPH victim was 22 years old and the oldest was 66 years old. The majority of all IPH victims were between the ages of 19-34 years (30.8%) and 35-49 years (38.5%). A slightly lower number of victims were between the ages of 50-64 (23.1%). Most female victims were between 19-34 years old (47.1%) and the majority of males victims (55.6%) were between the ages of 35-49 years (Figure 17).

Figure 17. 2021 IPH Victims - Gender and Age Distribution



The average age of IPH perpetrators was 39 years old. The youngest IPH perpetrator was 22 years old, and the oldest was 71 years old. As with IPH victims, the majority of IPH perpetrators (46.2%) were between 19-34 years old. Most female perpetrators (75.0%) were between the ages of 35-49 and a majority of male perpetrators (55.6%) fell into the 19-34 age range (Figure 18).

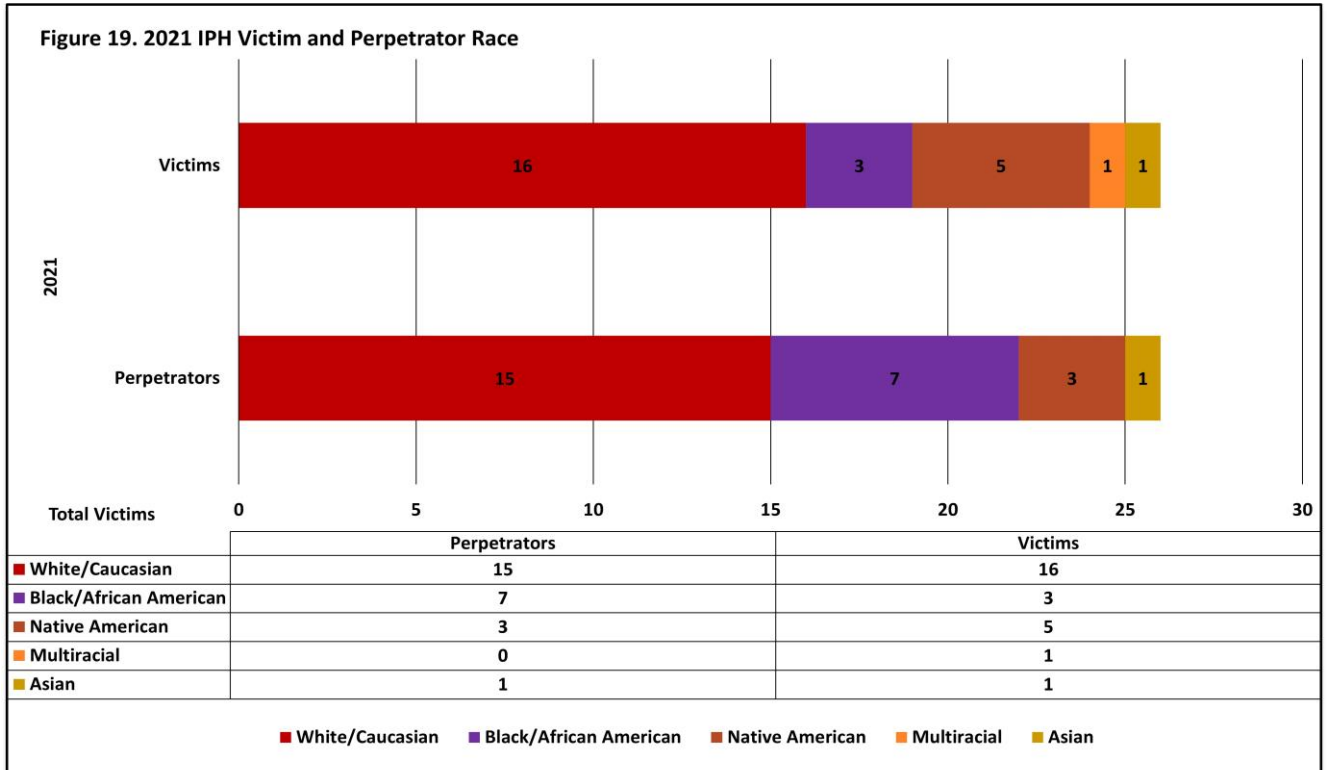
Figure 18. 2021 IPH Perpetrators - Gender and Age Distribution



Race and Ethnicity

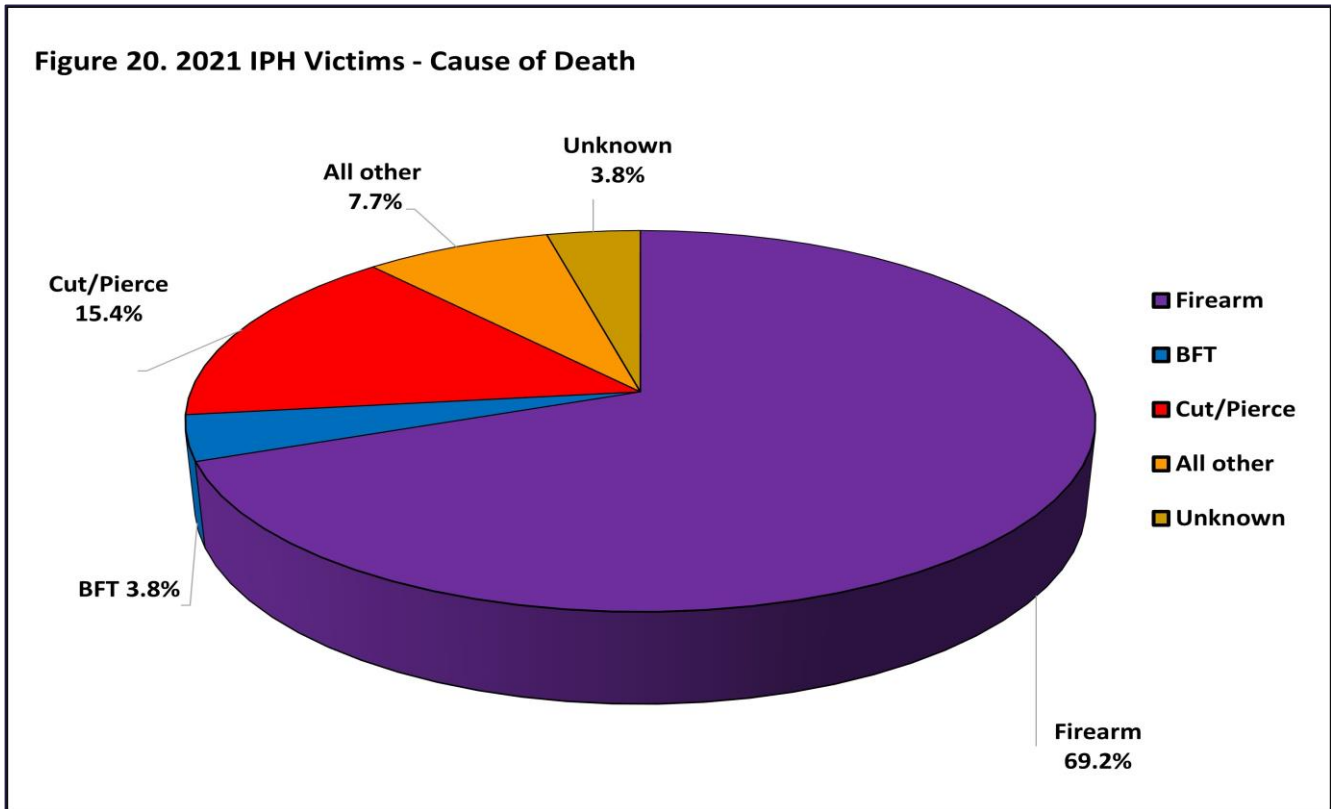
Of the 26 IPH victims, 16 (61.5%) were White/Caucasian, three (11.5%) were Black/African American, five (19.2%) were Native American, one (3.8%) was Asian, and one (3.8%) was Multiracial (Figure 19). One victim (3.8%) was identified as Hispanic/Latino origin. White/Caucasian perpetrators represented the majority with 57.7%, followed by Black/African American with 26.9%, Native American with 11.5%, and Asian individuals with 3.8% (Figure 19). Finally, one perpetrator (3.8%) was of Latino/Hispanic ethnicity.

Figure 19. 2021 IPH Victim and Perpetrator Race



Cause of Death

Aligned with national research,²¹ Oklahoma data show firearms to be the most used weapons in intimate partner homicides (IPH), typically surpassing the total of all other causes combined. In 2021, 18 IPH victims in Oklahoma (69.2%) were killed by firearms (*Figure 20*). This is a slight increase from 2020, when 30 of the 46 total IPH victims (65.2%) were killed by firearms. It almost equals 2019 levels when 30 of the 43 total IPH victims (69.8%) were killed by firearms.



Of U.S. firearms, handguns are the most used weapon by males to murder females in single victim/offender murders.²² In one study, females were more likely to be murdered by their intimate partners with firearms than by all other causes combined.²³

Cause of Death	Count	%
Firearm	18	69.2
Cut/Pierce	4	15.4
Blunt Force Trauma (BFT)	1	3.8
All other	2	7.7
Unknown	1	3.8
Total	26	100.0%

Other research analyzing risk factors for femicide in abusive relationships found that an abused woman is five times more likely to be killed by her abusive partner when her partner owns a firearm.²⁴ In addition, there appears to be a link between *non-fatal* intimate partner violence, firearm ownership, and a perpetrator's

²¹ Zeoli, et al., 2018

²² Violence Policy Center (VPC), 2019

²³ Campbell, et al., 2003

²⁴ *Ibid.*

likelihood of using the gun to threaten the partner.²⁵ Perpetrators of intimate partner violence use guns as tools of intimidation and psychological control of the intimate partner, most often as means to threaten and instill fear.²⁶

Relationship Status

All statistics reported on behavior and activities present in the intimate partner relationship prior to death are underreported from actual occurrence, as the Review Board relies on police reports, various agency reports, case notes, documentation, and witness statements/interviews for this information. Therefore, capturing all the prior behavior is impossible because the victims and perpetrators are not in a position to reveal all past behaviors.

Table 8 outlines the types of relationship IPH victims had with their homicide perpetrator. Overall, most victims were either the perpetrator’s current intimate partner (42.3%) or spouse (46.2%). Male perpetrators were equally likely to kill their current spouse or intimate partner, and women were mostly like to commit homicide against their spouse.

When perpetrator was male, victim was:	Number of Cases	%
Spouse	7	38.9
Ex-Spouse	1	5.6
Current Intimate Partner	8	44.4
Former Intimate Partner	2	11.1
Total	18	100.0
When perpetrator was female, victim was:	Number of Cases	%
Spouse	5	62.5
Ex-Spouse	0	0.0
Current Intimate Partner	3	37.5
Former Intimate Partner	0	0.0
Total	8	100.0

Living Arrangements

The Review Board tracks information related to the living arrangements between the IPH perpetrator and victim at the time of the homicide. In 2021, known data indicated 21 IPH victims (80.8%) were living with their partner full-time or intermittently when the homicide occurred. Reports suggest that two IPH victims (7.7%) were not cohabiting at the time of their murders in 2021, compared to the 17.1% in 2020. The living arrangements for the remaining three victims from 2021 were unable to be determined with the information available at the time of this writing.

For the 23 victims in 2021 for which the data could be found, a cohabiting spouse was more likely to be killed than any other group, comprising 52.2% of victims. Victims who were cohabiting with their current intimate partner perpetrators were the next largest group of victims, with 42.9%.

In 2021 cases where data could be found, males were more likely to kill a victim with whom they were cohabiting than not (93.7% compared to 6.3%), and women were five times more likely (85.7% compared to 14.3%). Men were more likely to kill a current intimate partner with whom they lived, with 50.0% of victims being in an intimate relationship (unmarried) with the perpetrator at the time of the incident. A slightly lower percentage of victims (43.8%) were killed by their male spouses. Overall, almost 94% of IPH victims killed by men were

²⁵ Rothman, Hemenway, Miller, & Azrael, 2005

²⁶ Sorenson, 2017

²⁷ In cases of current or former intimate partner, the victim and perpetrator were never married.

cohabiting with the perpetrator at the time of the incident. Of those victims, 94% were female. Women were also more likely to kill a spouse with whom they lived, with 71.4% of victims being the female perpetrator's current or former intimate partner. An additional intimate partner (unmarried) victim was killed while cohabiting with a female perpetrator (14.3%). Overall, almost 85.7% of IPH victims killed by women were cohabiting with the perpetrator at the time of their deaths.

Out of the 23 IPH victims we have living arrangements information on there were two (7.7%) that were not cohabiting with the perpetrators at the time of their deaths. One was a female victim killed by her male spouse and another was a male victim killed by his female spouse. Not enough information was available to determine the living arrangements of the remaining three victims.

Separation

Of the 26 IPH victims identified in 2021, program staff was able to ascertain some information about the separation status of the victim and perpetrator at the time of the incident for 23 victims, or 88.5%. A total of 23 victims (88.5%) were not separated from the perpetrator at the time of the homicide. Of those victims, three were in the process of leaving or had already left the relationship at the time of the incident (13.0%). Out of those three, two were in the process of separating and the remaining one had already separated from the perpetrator at the time of the incident. Overall, the trends were lower than in previous years. It was lower than in 2020, when nine of the 37 victims (24.3%) were in the process of leaving or had separated from the perpetrator. It was even lower when compared to 2019 data, when 18 of the 34 victims (52.9%) for whom information could be found were in the process of leaving or had separated from the perpetrator.

Prior Physical Violence

A history of prior physical violence in the relationship is difficult to ascertain. The Review Board relies on sources of information such as law enforcement reports, protective order petitions, prosecutorial records, hospital records, and information from family and friends. However, since many of the IPH cases from 2021 are not yet closed in the criminal justice system, complete prosecutorial records are not available for most cases at the time of this report. In addition, abuse in most intimate partner relationships is not reported to authorities, and victims may not disclose abuse to anyone prior to their deaths.

Despite these limitations, in 2021 program staff was able to uncover enough information in the records for 18 of the 26 IPH victims to determine if the victim experienced physical violence by the IPH perpetrators at some point prior to the homicide. Of the 18 victims, 13 (72.2%) were subjected to physical violence by the perpetrator prior to their death. Among the 13 IPH victims in 2021 who suffered physical violence by their perpetrator, current intimate partners (61.5%) were the largest group experiencing pre-homicide physical violence, followed by current spouses (38.5%).

Criminal Justice

The DVFRB has historically tracked the status of cases against identified DV homicide perpetrators. For cases being prosecuted in the Oklahoma District Courts, open-source search engine tools such as those provided by the Oklahoma State Courts Network (OSCN) and On Demand Court Records (ODCR) are used to collect case information. Cases being prosecuted in Federal Court are tracked using the Public Access to Court Electronic Records (PACER) system.

Throughout 2021 and 2022, charges were filed in District or Federal Court against the 78 (70.3%) domestic violence homicide perpetrators or accomplices who survived (*Table 9 and 10*).

Table 9. Status of District Court Cases Against 2021 Homicide Perpetrators		
Status	Count	%
Ongoing	46	68.7
Conviction	18	26.9
Dismissed	2	3.0
Not Guilty	1	1.5
Total	67	100.0

As of December 2022, 68 domestic violence homicide perpetrators have been charged in Oklahoma District Courts. Of those 68 cases brought against perpetrators, 46 (67.6%) were still ongoing, 19 (27.9%) have resulted in a conviction, two (2.9%) have been dismissed, and one (1.5%) resulted in a not guilty verdict. One of the cases that was dismissed was due to lack of jurisdiction, a consequence of the U.S. Supreme Court’s decision in *McGirt v. Oklahoma*. As of this writing, no evidence was found that charges were filed in federal court for the case that was dismissed (*Table 9*).

Table 10. Status of Federal Court Cases Against 2021 Homicide Perpetrators		
Status	Count	%
Conviction	9	90.0
Ongoing	1	10.0
Total	10	100.0

Program Staff were able to determine that charges were filed against ten domestic violence homicide perpetrators in Federal Courts. Of those ten cases against perpetrators, nine (90%) resulted in convictions and one (10%) is still ongoing.

Table 11. Charges not Filed and Ongoing Research		
Status	Count	%
No Charges Filed - Death of Perpetrators	17	51.5
No Charges Filed - Perpetrator Survived	12	36.4
Status Unknown - Ongoing Tracking Research	4	12.1
Total	33	100.0

Out of the remaining 33 perpetrators, 17 (51.5%) were not charged because the perpetrator died at the time of the incident, in 12 (36.4) charges were declined by prosecutors or the cases are still under investigation, and in four (12.1%) the status is unknown, and program staff are still making inquiries.

Intimate Partner Homicide Cases

Charges were filed against 14 (53.8%) IPH perpetrators in either District or Federal Court in 2021. A total of 13 IPH perpetrators were charged in Oklahoma District Courts. As of December 2022, a total of ten (76.9%) cases are still ongoing and three (23.1%) have resulted in convictions (*Table 11*).

Table 12. Status of District Court Cases Against 2021 IPH Perpetrators		
Status	Count	%
Ongoing	10	76.9
Conviction	3	23.1
Total	13	100.0

Only one IPH perpetrator was charged in Federal Court, and it resulted in a conviction (Table 12).

Table 13. Status of Federal Court Cases Against 2021 IPH Perpetrators		
Status	Count	%
Conviction	1	100.0
Total	1	100.0

Out of the remaining 12 perpetrators, ten (83.3%) were not charged because the perpetrators died at the time of the incident, and two (16.7%) were not charged. One was not charged because prosecutors determined the perpetrator acted in self-defense and the other one is still under investigation by law enforcement.

Table 14. Charges not Filed and Ongoing Research		
Status	Count	%
No Charges Filed - Death of Perpetrators	10	83.3
No Charges Filed - Perpetrator Survived	2	16.7
Total	12	100.0

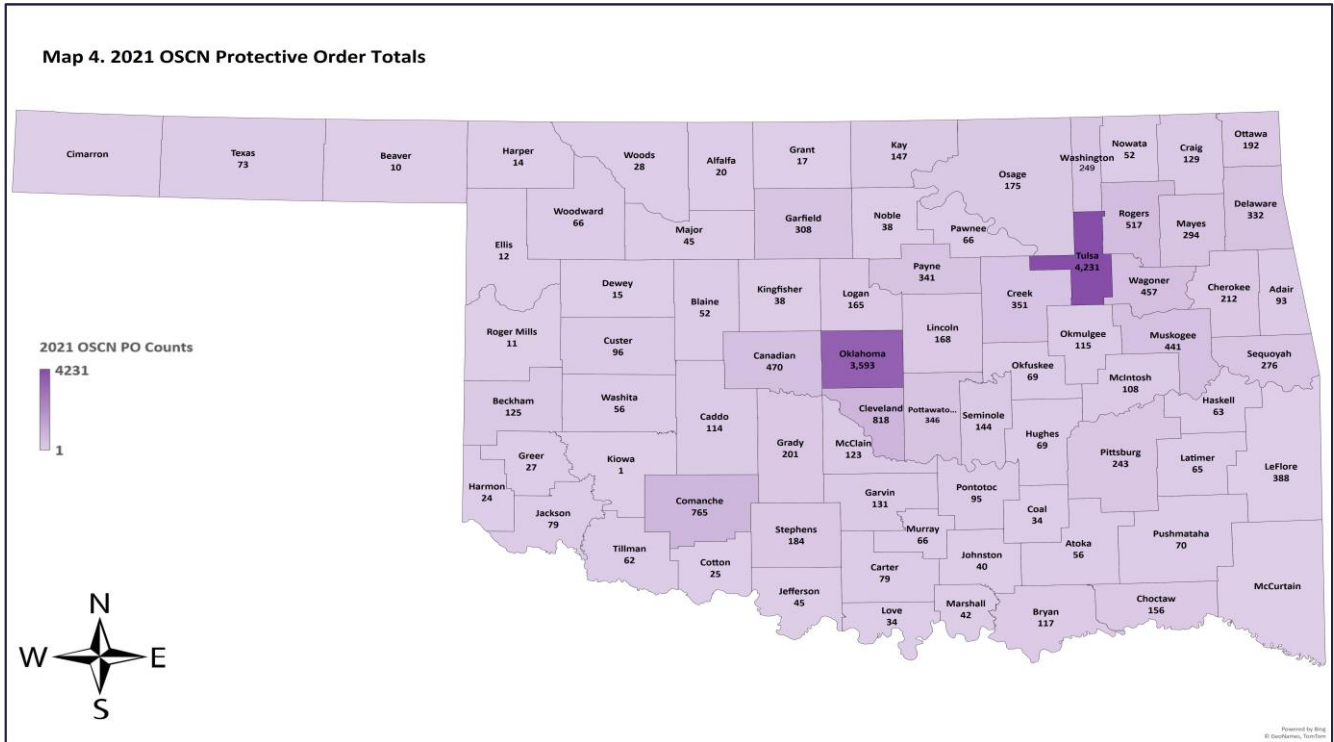
PROTECTIVE ORDERS

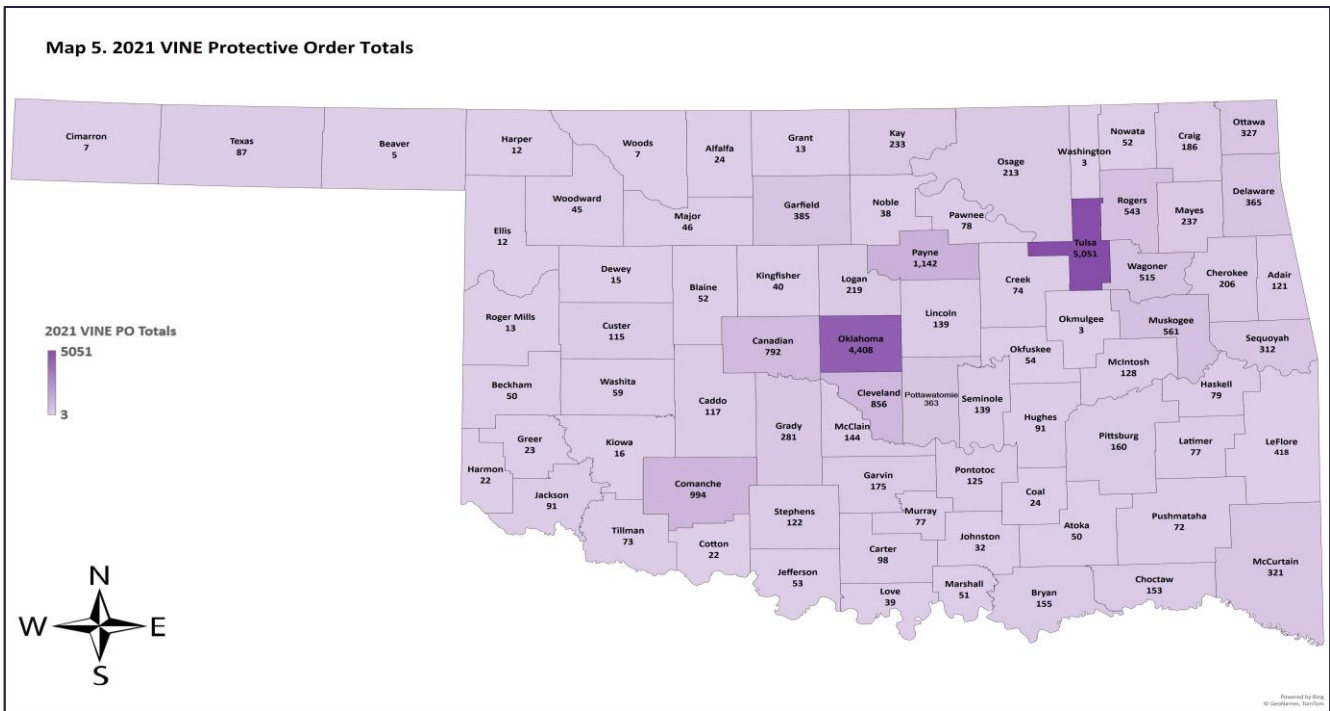
Staff at the Office of the Attorney General are directed under 22 O.S. §1603 to collect data on the number of victim protective orders (VPOs) issued and the number of protective order violations in each county. The statute further indicates the data collected shall be provided to the Review Board and the Administrative Office of the Courts. DVFRB Program Staff are the instinctive choice to collect this data, given the goals and mission of the Review Board. However, collecting the protective order data necessary to fulfill this obligation meets with a myriad of challenges.

Currently, there is no central repository where information regarding Protective Order filings, issuances, and violations is stored. Protective orders filed in District Courts must be entered into the Oklahoma State Courts Network (OSCN); however, determining if a PO has been issued requires a manual search of every PO case filed in each county. Determining if a PO has been violated would likewise require a manual search of every criminal misdemeanor and felony case filed in the District Court for each county. In both cases, the work necessary would be incredibly time-consuming and still may not yield accurate results.

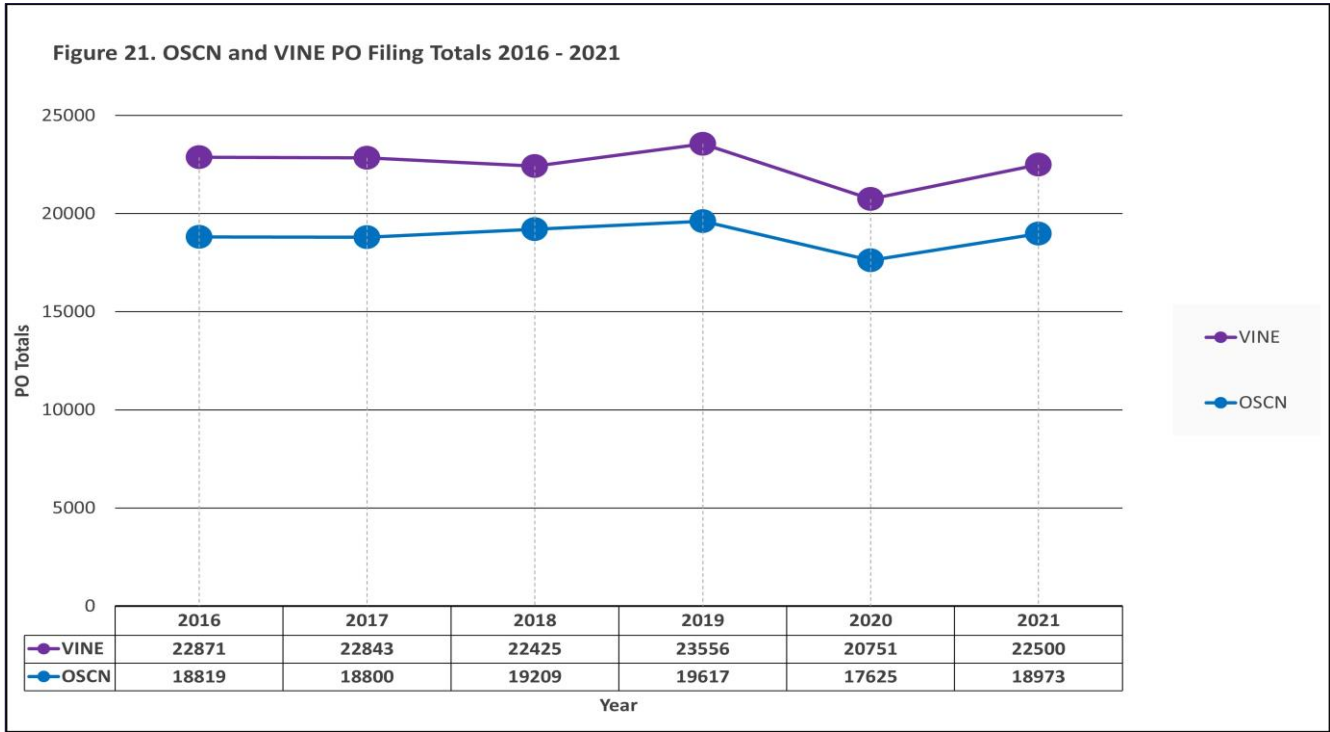
The Victim information and Notification Everyday (VINE) – Victim Protective Order system can also be used to track the number of POs filed and issued in each county, including whether the PO issued was an emergency, temporary, or permanent order. VINE also tracks the status of PO cases, including if a perpetrator has been served with the PO. However, the information found in VINE relies on law enforcement, court clerks, and others working in the criminal justice system entering accurate information and updating it regularly.

To obtain a picture of PO filing in Oklahoma, *Maps 4 and 5* visualize protective order filings in Oklahoma utilizing data obtained from the Oklahoma State Courts Network (OSCN) and the Victim information and Notification Everyday (VINE) System.





According to VINE, 22,500 protective orders were filed in 2021, a 8.4% increase from 2020. Like the trend observed on OSCN, VINE revealed a slight increase in filings in comparison to 2020, but the total is approximately 4.5% lower than the six-year high of 23,556 POs registered as being filed on VINE in 2019.



It is difficult to pinpoint the exact cause of fluctuations in PO filings per OSCN and VINE in the last three years; however, we recognize the public health concerns and unique challenges brought about by the COVID-19 pandemic in 2020 could have played a role in the difference in protective orders filed between 2019 and 2020. Notably, the slight increases in filings observed in 2021 brings totals closer to pre-pandemic levels. It remains to be seen whether this trend continues as the state continues to move on from the COVID-19 pandemic.

REVIEW BOARD MEMBER ACTIVITIES

Review Board members and DVFRB Program Staff broaden the reach of the DVFRB by engaging in activities aimed at improving the domestic violence prevention and protection system. Members participated in the following activities in 2022:

- **Laura Kuester, M.S., LPC**, designee for the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), presented several trainings to law enforcement agencies covering topics ranging from domestic violence lethality assessments, domestic violence 101, the psychological consequences of sexual assault and vicarious trauma, as well as selfcare for first responders. Throughout 2022, Laura trained 8 different law enforcement agencies.
- **Brandon Pasley, CSDVRP**, designee for OCADVSA, DVFRB Vice-Chair, and **Angela Beatty, CDSVRP, MSW candidate**, alternate designee for OCADVSA, provided domestic violence training for: Public Strategies, the Guardian Ad Litem Institute, Child Welfare Professionals with DHS, the Oklahoma Commission on the Status of Women, the 2022 Oklahoma Drug and Alcohol Professional Counselor Association Conference, and the 2022 class of Certified Domestic & Sexual Violence Response Professionals with the Oklahoma Coalition Against Domestic Violence & Sexual Assault.
- **Melanie Ferguson, MSW**, alternate designee for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), implemented a two-part training series titled *Peer Recovery Support Specialists on Domestic Violence*. Each of these trainings are four hours long and are offered statewide. Melanie also implemented updated contract language for fiscal year 2023 for ODMHSAS contracted agencies regarding their domestic violence liaisons. The new language expands the expectations and responsibilities of the role, as well as the continuing education requirements. Finally, it requires an orientation for new liaisons. Melanie also collaborated with YWCA staff members to provide a training to behavioral health professionals across the state on typologies of perpetrators of domestic violence based on the work of Lundy Bancroft.
- **Sara Coffey, D.O.**, designee for the Oklahoma Osteopathic Association (OOA), has incorporated informal education around domestic violence in the outpatient child, adolescent, and adult psychiatric clinic at the Oklahoma State University Center for Health Sciences (OSUCHS). Sara plans to incorporate more formal training in future didactics training. Dr. Coffey also works with community partners on Family Care Plans in her role as Director of Clinical Operations for the Oklahoma Department of Human Services (OKDHS). As part of this work, she has given lectures to physicians on the role of family care plans in helping women with substance use disorders. As part of this collaborative effort, education around screening for domestic violence is included in additional trainings.
- **Brandi Woods Littlejohn, MCJ, and Emily Nicholls**, primary and alternate designees for the Oklahoma State Department of Health (OSDH), Injury Prevention Service (IPS). The OSDH IPS hosted an event to provide training to 208 professionals who serve domestic violence survivors on how to recognize signs of potential brain injury and how to accommodate survivors in their services. The IPS also hosted a 10-session educational series titled *Fostering Prevention in Your Communities*, which was held to provide preventionists with tangible tools to inform their prevention efforts, resources to enhance their practice, and connections to participate in ongoing leaning and support. Finally, the IPS collaborated with OSDH's Sexual Health and Harm Reduction Service to train staff on building confidence and skills to serve patients experiencing gender-based violence.
- **Martina Jelley, MD, MPSH**, designee for the Oklahoma State Medical Association, conducted a day long training session on domestic violence for MD and PA students at the OU School of Community Medicine. Dr. Jelley is also working with a team that includes the Family Safety Center and the OU Tulsa Concussion Program to study, evaluate, and treat domestic violence patients with recent head injuries, including strangulation.

2022 RECOMMENDATIONS

Each year the Review Board proposes recommendations intended to increase prevention efforts within and improve the overall domestic violence response of the agencies and organizations that constitute Oklahoma's prevention and protection system. Each recommendation is accompanied by suggested target systems and aligns with the Review Board's continuous goal of reducing domestic violence fatalities in Oklahoma. The two recommendations made below are the direct results of the discussion and analysis from in-depth case reviews by the Review Board in 2022.

Recommendation One

The Oklahoma Legislature should take appropriate legislative action to amend 22 O.S. §1602 of the Oklahoma Statutes to add the Director of the Oklahoma Department of Corrections (DOC) to the Oklahoma Domestic Violence Fatality Review Board (OKDVFRB).

Target Systems

Legislative, Department of Corrections

Purpose

Enables the OKDVFRB to have an enhanced perspective on correctional services offered to domestic violence offenders and victims through divisions such as Probation and Parole and Community Outreach. It will also facilitate and expedite the collection of records associated with offenders involved in domestic violence fatalities for in-depth analysis during monthly OKDVFRB case reviews. Finally, it will assist in formulating and implementing recommendations geared towards improving victim safety and offender accountability within the criminal justice system.

Rationale

Over the past two years, the OKDVFRB has reviewed cases where offenders have had extensive prior criminal history. Many have previously served time in DOC custody for drug crimes and violent offenses, including domestic abuse crimes. Others have been under DOC supervision after having their sentences suspended with probation. This is consistent with national data, which shows 76.9% of female victims from 2005-2010 were previously victimized by the same offender²⁸ and perpetrators were two and a half times more likely to be convicted after a domestic abuse arrest if they had previously been arrested²⁹. However, the OKDVFRB often found itself not having information on the offender's time in DOC custody or supervision or having questions about DOC processes and procedures for offenders in custody or under supervision for domestic abuse crimes. This led to discussions on whether there were missed opportunities to address an offender's repeated domestic violence perpetration before being released back to society.

Previous recommendations suggest similar concerns throughout the years since the creation of the OKDVFRB two decades ago. In 2008, the Board recommended the legislature add the Department of Corrections Administrator of Probation and Parole to the OKDVFRB membership. This followed a 2007 recommendation where case reviews revealed some perpetrators were under the control of DOC at the time of the domestic violence fatality. Since then, about a dozen recommendations have been made on ways to improve domestic violence screening and intervention opportunities but little to no progress has been made towards implementing any of them. The OKDVFRB believes having DOC representation on the Board will assist in the formulating and

²⁸ Catalano (BJS), November 2012.

²⁹ Hirschel, 2008

implementing recommendations aimed at improving the response of the corrections system to domestic violence.

Implementation

Implementing this recommendation hinges on the Oklahoma legislature drafting legislation to amend 22 O.S. §1602 of the Oklahoma Statutes to add a representative from DOC to the OKDVFRB. Language would need to be incorporated wherein the Director of DOC is made the ninth (9th) sitting member of the Board. In addition, it can specify the Board will have the authority to request records from DOC for the victim, perpetrator, or any other person living in the home at the time of the incident that is under review. If legislated, the Director can then designate someone from DOC to serve and attend monthly DVFRB meetings on their behalf. In turn, the designee would be able to facilitate DVFRB records request and, most importantly, provide DOC perspective on possible targeted domestic violence prevention intervention strategies.

Resources

[22 O.S. §1601 \(OSCN 2022\) – Creation of the Domestic Violence Fatality Review Board](#)

[22 O.S. §1602 \(OSCN 2022\) – Members of the Domestic Violence Fatality Review Board](#)

2022 RECOMMENDATIONS

Recommendation Two

To increase law enforcement agencies' compliance with state statute, coordinate with major law enforcement organizations in the state of Oklahoma to create and implement a lethality assessment protocol (LAP) training plan that includes offering LAP training at major law enforcement conferences. In addition, the Oklahoma Legislature should take appropriate legislative action to require certified peace officers to complete mandatory LAP training as part of their annual CLEET certification requirements.

Target Systems

Legislative, Law enforcement Agencies, Law Enforcement Associations

Purpose

To increase law enforcement awareness on the importance of the LAP for victim safety.

Rationale

The lethality assessment protocol (LAP) utilized in Oklahoma was modeled after the one developed by the Maryland Network Against Domestic Violence. The protocol is a collaboration between law enforcement and domestic violence service providers and is geared towards providing victim-survivors of intimate partner violence (IPV) with advocacy services at the scene of a police-involved IPV incident.

LAP legislation was first passed into law in Oklahoma in 2014 after several years of field research and discussions on the effectiveness of the protocol in assisting Oklahoma victims of IPV. Research in Oklahoma showed LAP participants experienced less frequent and severe violence; showed greater protective strategies; and a greater satisfaction with the law enforcement response. Effective November 1, 2014, an amendment to the Oklahoma Victim's Right Act [21 O.S. § 21-142A-3] required law enforcement officers to assess a victim's potential for being killed by asking eleven validated questions used to assess risk of lethality. Another amendment was passed in 2021 standardizing the eleven-question form law enforcement are required to use and specifying the protocol to be implemented by officers. Effective November 1, 2021, the new language requires an assessing officer on domestic violence calls to implement a protocol referral process to a domestic violence advocate from an Attorney General certified or tribal program.

In 2022, the DVFRB reviewed cases in which law enforcement did not conduct the LAP on the scene of domestic violence incidents occurring prior to the fatality incident. DVFRB members held discussions on the limited number of LAP training opportunities since the passage of legislation in 2014. The DVFRB recommends appropriate steps be taken so that LAP training is offered at the major law enforcement conferences held annually throughout Oklahoma. In addition, the board strongly believes there is an urgent need to institutionalize LAP training as part of the required annual continuing education certified peace officers are required to complete. Doing this will ensure supervisors and rank-and-file officers are aware of current legislative changes to LAP procedures and, most importantly, increase and maintain LAP implementation across the state. As a result, a higher rate of victims of domestic violence in Oklahoma will be connected to resources that can potentially save their lives.

Implementation

The OKDVFRB identified several major law enforcement conferences held every year in Oklahoma for peace officers. The Board identified these venues as ideal to raise awareness on recent changes to LAP legislation and the importance of the protocol in increasing victim safety. These conferences are:

- Oklahoma Sheriff’s Association (OSA) – Annual Conference
- Oklahoma Association of Chiefs of Police (OACP) – Annual Conference
- Oklahoma Major Crimes Conference (OSBI Agents Association) – Annual Conference
- Oklahoma District Attorneys Conference (DAC) - Annual Conferences (e.g., summer, fall)
- Oklahoma Sheriff and Peace Officers Association (OSPOA) – Annual Conference
- Oklahoma Judicial Conference – Annual Conference

This recommendation can be implemented with the help of sitting DVFRB members serving on behalf of the OSA, OACP, OSBI and DAC. DVFRB members can work directly with the leadership of these organizations who organize conferences annually. Members can advocate on the importance of this training so that LAP training sessions are offered at the conferences. The potential impact is significant since hundreds of law enforcement personnel attend every year. For instance, the 2022 OSA, OACP and OSBI annual conferences were attended by several hundred law enforcement personnel this year. Notably, a significant number of attendees are agency heads and supervisors. For example, during the 2022 OSA Annual Conference, a total of 54 sheriffs attended the conference, which accounts for 70% of all Oklahoma counties. An additional 36 undersheriffs attended the conference, as well as dozens of supervisors with ranks ranging from sergeant to major. Overall, there was personnel from 57 different counties, which represents 74% of all Oklahoma counties. Similarly, the 2022 OACP conference was attended by 77 chiefs of police, as well as 26 deputy or assistant chiefs, and other high-ranking supervisors. Directly training supervisors can have an exponential trickledown effect. It enables leadership to go back to their jurisdictions with knowledge on best practices that can be implemented in their agencies and subsequently adopted by rank-and-file law enforcement personnel.

Finally, the DVFRB recommends the Oklahoma legislature should take appropriate legislative action to amend 70 O.S. §3311.4 and require every full-time and reserve peace officer to complete at least one hour of mandatory LAP CLEET training every year as part of their annual certification requirements. The current statutory requirement is for every full-time certified peace officer to complete a minimum of 25 hours of CLEET cataloged continuing law enforcement training, with a minimum of two hours on mental health issues, each calendar year. The Board recommends, at a minimum, one hour of mandatory LAP training be incorporated into the twenty-five hours officers are required to complete every year. The training can be designed with input from LAP Task Force members and partners at CLEET. Afterwards, a video presentation can be prepared by LAP trainers and uploaded to the CLEET website along with a quiz. This approach already aligns with what is currently done with courses mandated by state law to be taken on a regular basis, such as training regarding missing persons [74 O.S. §151.3(L)] and sexual assault response [70 O.S. §3311.4(A)].

Resources

[70 O.S. §3311.4 \(OSCN 2022\) – Continuing Law Enforcement Training – Failure to Meet Training Requirements](#)

2023 UPCOMING PROJECT & RECOMMENDATION

Objective

The DVFRB plans to do a statewide resource scan on efforts to ensure children on the scene of domestic violence fatalities, and their guardians, are receiving adequate services that address the immediate and long-term impact of losing one or both of their parents because of domestic violence homicide. The responses of this survey will be used to outline specific protocols and procedures which can be implemented within and across existing systems involved in responding to child witnesses of a domestic violence homicide.

Target Systems

Child Welfare, Multi-Disciplinary Teams, Coordinated Community Response Teams, Child Advocacy Centers

Purpose

To identify the systems and partners that interact or have the potential to interact with and support secondary victims of domestic violence homicide under the age of eighteen (18).

Rationale

In the context of a domestic violence fatality, children can be exposed to tremendous violence and trauma. A domestic violence fatality may result in children losing one or both parents because of the murder and, in some instances, the suicide or imprisonment of the other. In other cases, a child may witness or experience the murder of a sibling at the hands of a caretaker. Notably, the death is often the fatal outcome in a long line of previous domestic violence incidents in the household. Research has documented the different ways exposure to domestic violence affects children. When they live in a household where one parent is abused, they can experience anxiety and fear. They can also be on guard, constantly expecting or wondering when the next violent event will happen³⁰. Short-term consequences of living in this environment vary by age group. Children in preschool may find it harder to fall or stay asleep; show signs of terror, and severe separation anxiety. School-aged children may feel guilty or blame themselves for the abuse. Finally, teens may act out in negative ways or engage in risky behavior such as using alcohol or drugs.

The OKDVFRB has had similar concerns throughout the years since its creation two decades ago. In the early 2000s, the Board made recommendations regarding the need to study issues surrounding children on the scene of domestic violence fatalities [2004]. It also called for crisis response plans to be developed so children receive appropriate services in the aftermath of fatalities [2005, 2008]. By 2010, recommendations were crafted emphasizing the importance of trauma informed care for children and adhering to the joint response protocols between law enforcement and the Department of Human Services (DHS) for responding to children at a homicide scene. Finally, in 2015 the Board renewed its call for the need of 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 a domestic violence homicide.

During the past two years, the OKDVFRB has reviewed several cases where children directly or indirectly witnessed the murder. Some children had significant exposure to domestic violence in the home prior to the fatality incident. These case reviews often led members to ask questions on the wellbeing of the children since the death event and emphasizing what kinds of services they would need to recover from the traumatic experience they witnessed. DVFRB statistical research for the years 2019-2021 suggests that on average, children

³⁰ Office on Women's Health, 2021

were on the scene of fatality incidents in 30% of all cases each calendar year. Notably, the number of cases with children on scene nearly doubled between 2019 (23) and 2020 (42), which equals an 82% percent increase, before decreasing by 28% in 2021 (30). In terms of the number of children who witnessed or were near these events, the total count was 49 in 2019, 78 in 2020, and then 57 in 2021. These figures suggest that on average there were 61 children witnesses on the scene of domestic violence fatalities during the three-year period of 2019-2021.

These trends prompted members and program staff to discuss possible initiatives to ensure children who witness a domestic violence fatality receive adequate resources, referrals, and trauma informed care. Several ideas were discussed at length, including initiatives for follow-up look backs at the DHS level or by Child Advocacy Centers; the possible role of Coordinated Multi-Disciplinary Teams (MDT) and Coordinated Community Response Teams (CCRT); or even the creation of a specialized multidisciplinary response team that is activated upon being notified that a fatality with children on scene occurred. Further discussions stressed the importance of considering the landscape of available resources across different parts of the state. Recognizing that the availability of resources varies across the state, the DVFRB does not wish to generate recommendations that would unnecessarily burden either the survivors we are aiming to help or the systems that are in position to aid them. As a result, in order to gain a better understanding of current practices and available resources, the DVFRB recommends a statewide resource scan to identify current protocols and procedures in place across the state that exist to guide services provided to children present on the scene of a domestic violence fatality at the time of the event and in the short/long term after.

Implementation

Back in 2004, the OKDVFRB made calls to study issues surrounding children on the scene of domestic violence fatalities. In 2006, the Board setup a Child Witness Subcommittee within the OKDVFRB to follow-up on its previous recommendation. A similar approach will be taken to accomplish this project. After the subcommittee is established, stakeholders from across the state will be identified and approached for input. Engaging local partners directly will ensure that this board is taking into consideration the unique needs and resources each community/area has at its disposal. Upon completion of the resource scan, it is this Board's intention to compare the information gathered to nationally identified best practices and determine if a recommendation is necessary or appropriate for systems across the state that serve children who are secondary victims of domestic violence homicide. If a recommendation is warranted, the DVFRB will build on the input gathered from local and state systems to outline a response protocol in a future edition of the annual DVFRB report.

SPOTLIGHT ON HOMICIDE PREVENTION INITIATIVES IN OKLAHOMA

Oklahoma Statewide Collaborative: Domestic Violence Assistance Training Series

The public health concerns presented by the COVID-19 pandemic posed many obstacles for stakeholders traditionally responsible for organizing domestic violence related trainings in Oklahoma. In the wake of the pandemic, many in-person trainings were cancelled, postponed, or transitioned online. As a result, since the pandemic began in early 2020, some law enforcement personnel, victim advocates, and mental health providers have had fewer in-person training opportunities available compared to pre-pandemic years. In an effort to address this, in March of 2022, a multi-disciplinary team of professionals from the Oklahoma Office of the Attorney General (OAG), the Oklahoma District Attorneys Council (DAC), The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), and the Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS), met together with local and tribal victim advocates and law enforcement to develop a plan to bring domestic violence training to victim service providers across the state.

The plan developed was titled the *Oklahoma Statewide Collaborative Domestic Violence Victim Assistance Training Series*. These trainings are the product of a joint-education initiative that was developed to address training needs for high-turnover positions within the field of victim services. The regional training series covers the statewide resources available to services providers and victim/survivors of domestic violence, sexual assault, human trafficking, and stalking. The trainings are attended by professionals that work directly with domestic violence survivors, their children, or abusers. It offers 7.5 Continuing Education Units, including CDSVRP, LSW, LPC, and CLEET (including 1 CLEET Mental Health Hour).

The training series was offered in:

- Claremore – Rogers County
- Duncan – Stephens County
- Enid – Garfield County
- Poteau – Le Flore County
- Norman – Cleveland County

Some of the training partners included:

- Oklahoma Coalition Against Domestic Violence and Sexual Assault
- Oklahoma Attorney General
- Oklahoma District Attorneys Council
- Oklahoma Department of Mental Health and Substance Abuse Services

The training was offered in five different cities and counties in 2022, including Claremore, Duncan, Enid, Poteau, and Norman. The Oklahoma State Collaborative Training Series plans to continue trainings in 2023. The proposed cities include Woodward (1/24), Ponca City (2/28), Ardmore (3/29), Idabel (6/20), Muskogee (7/6), and Lawton (8/15)³¹. The topics covered in this training series include:

- The Victim Information Notification Everyday (VINE) Program
- The Address Confidentiality Program (ACP)
- Coordinated Community Response Teams (CCRT) & Sexual Assault Response Teams (SART)
- Lethality Assessment and Victims' Rights
- Oklahoma Crime Victims Compensation
- Domestic Violence Fatality Review – Mock Review Training

For more information on the Oklahoma Statewide Collaborative – Domestic Violence Victim Assistance Training please contact OCADVSA Associate Director ReJuania Tolliver at rejeania@ocadvsa.org. You can also call the OCADVSA at 405-524-0700.

³¹ These dates are subject to change.

SPOTLIGHT ON FIRST DVFRB COMMUNITY REVIEW

Oklahoma Domestic Violence Fatality Review Board Conducts First-Ever Community Review

Since the establishment of the Oklahoma DVFRB almost two decades ago, hundreds of domestic violence fatalities have been reviewed in an effort to reduce the number of domestic violence related deaths in Oklahoma. Historically, the Board has reviewed cases monthly in the Oklahoma City metro area, and in the last decade, predominantly at the Office of the Oklahoma Attorney General. In late 2021, the DVFRB set the goal of conducting its first domestic violence fatality community review. The community fatality review model entails having Board members visit the community where a domestic violence fatality happened and conducting the review there. Ideally, invitations are extended for local systems to participate in the review process, giving them the opportunity to talk to the review team about their first-hand accounts of the case under review.

In March 2022, the Oklahoma DVFRB started making plans to conduct a community review in June 2022 in Ponca City, Oklahoma. In preparation for the review, DVFRB program staff requested technical assistance support from partners at the National Domestic Violence Fatality Review Initiative (NDVFRI), which is based in the Family Violence Center at Arizona State University in Phoenix, Arizona. With guidance from the NDVFRI, DVFRB program staff organized a community review spanning two days. Staff contacted local systems that may have had direct knowledge of the case and extended an invitation to attend the second day of the review to talk to DVFRB members. The invitation was well received by the community and local systems. Among those in attendance were representatives of the local police department, the district attorney's office, the district court, child welfare, and the Ponca Tribe of Oklahoma.

The interaction between Board Members and community partners was constructive and added context to the written materials the DVFRB typically reviews for their monthly meetings. The community, in turn, was able to point out specific challenges that contributed to the events under review. The community review further highlighted the benefits of local participation in the domestic violence fatality review process.



DVFRB members, program staff, and a technical assistance partner from the NDVFRI after the culmination of the first Oklahoma DVFRB Community Review in Ponca City, OK on June 23, 2022.

Technical assistance was provided by the National Domestic Violence Fatality Review Initiative (NDVFRI). The Oklahoma DVFRB thanks NDVFRI Director Neil Websdale, PhD., Associate Director Mark Perkovich, Assistant Director Raymond Chaira, M.Ed., and Greg Giangobbe for their assistance throughout the community review process.

For more information on the NDVFRI, please visit their [website](#). You can also email the NDVFRI at FVC@asu.edu.

APPENDIX A: DVFRB OVERVIEW

Review Board Composition

The Oklahoma Domestic Violence Fatality Review Board (DVFRB or Review Board) is a statutory body enabled by the Oklahoma legislature under 22 O.S. § 1601-1603. Legislation creating the Review Board took effect in 2001. As of November 1, 2019, the Review Board is composed of twenty (20) members. The following eight (8) members are mandated by statute:

- Chief Medical Examiner
- Designee of the Office of Attorney General, Victim Services Unit
- State Commissioner of Health
- State Department of Health, Director, Injury Prevention Services
- Director, Department of Human Services
- Director, Oklahoma State Bureau of Investigation
- Commissioner, Department of Mental Health and Substance Abuse Services
- Executive Director, Office of Juvenile Affairs

The remaining 12 Review Board members are appointed by the Attorney General. Appointees serve terms of two years and are eligible for reappointment. The following agencies submit the names of three nominees for consideration of appointment by the Attorney General:

- A Sheriff, Oklahoma Sheriff's Association
- Chief of a municipal police department, Oklahoma Association of Chiefs of Police
- A private practice attorney licensed in Oklahoma, Oklahoma County Bar Association
- A District Attorney, District Attorneys Council
- A physician, Oklahoma State Medical Association
- A physician, Oklahoma Osteopathic Association
- A nurse, Oklahoma Nurses Association
- A domestic violence representative, Oklahoma Coalition Against Domestic Violence and Sexual Assault
- A domestic violence survivor, Oklahoma Coalition Against Domestic Violence and Sexual Assault
- A tribal domestic violence representative, Native Alliance Against Violence
- A tribal domestic violence survivor, Native Alliance Against Violence
- A judge, Oklahoma Supreme Court

Review Board Mission Statement

The mission of the Review Board is to reduce the number of domestic violence-related deaths in Oklahoma. The Review Board will perform multi-disciplinary reviews of statistical data obtained from sources within the jurisdiction and/or having direct involvement with the homicides. Using the information derived, the Review 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.

Review Board Recommendations

The Review Board uses data and information from in-depth case reviews to develop annual recommendations. Recommendations are critical to improving our communities' ability to respond effectively to domestic violence and enhance safety and access to resources for survivors. Recommendations are developed and presented as broad, rather than case specific, suggestions for professionals and systems to address the pressing issue of domestic violence. Additionally, the Review Board monitors updates on recommendations made in previous years.

The Review Board makes recommendations based on cases reviewed during the calendar year. However, actual homicides reviewed in any given calendar year may not necessarily have occurred in the same year as the review. Since the case must first be closed in the criminal justice system, there is usually a delay between the time the actual homicide occurred and when the case is reviewed. A closed case is one in which the homicide perpetrator is deceased or has gone through initial court proceedings. The exception is in the case of murder-suicide or familicide. With no surviving perpetrators, there are no criminal legal proceedings. Therefore, the Review Board reviews these cases in closer proximity to the actual time the death event occurred.

The Review Board is optimistic that the systems, organizations, and agencies involved in the safety of victims and in holding perpetrators of domestic violence accountable for their violent and abusive behavior will review and implement the recommendations in a sustained community effort to prevent homicide and increase the quality of life for families in Oklahoma.

Dissemination of Review Board Findings and Recommendations

Each year, the Review Board disseminates findings in the form of an annual statistical report to the legislature as well as numerous agencies, organizations, and other stakeholders in Oklahoma. Program Staff is also available to conduct presentations, training, workshops, and discussions regarding the annual report and DVFRB statistical data.

Confidentiality

Effective case review requires access to records and reports pertaining to victims and perpetrators. The Review Board collects and maintains all information in a confidential manner in accordance with 22 O.S. §1601. Per statute, the Review Board does not report personally identifying information and instead reports *de-identified and aggregate data* to maintain the confidentiality and privacy of domestic violence-related fatality victims and their families. When appropriate, the Review Board invites victims' families to appear before the Review Board to tell their stories. Their names remain confidential.

APPENDIX B: LETHALITY ASSESSMENT

Per 21 O.S. § 142A-3, effective November 1, 2021 law enforcement officers are required to administer the 11-question Lethality Assessment provided on the Office of the Attorney General’s website when responding to incidents of intimate partner violence. Based upon the results, officers must either provide referral information for shelters, domestic violence programs, and other social services to the victim or, if the assessment indicates the victim is at high risk of homicide, officers must implement the full lethality assessment protocol.

The full lethality assessment protocol requires law enforcement to initiate a referral to a domestic violence advocate from an OAG-certified or Tribal domestic violence program. The officer does this by informing the victim of the results of the assessment, then advising the victim that they will call the domestic violence hotline to allow the victim to speak with an advocate. After telling the domestic violence advocate of the results of the assessment, the officer offers the victim the opportunity to speak with the advocate for safety planning, advocacy, and referrals for services. If the victim declines to speak with the domestic violence advocate, law enforcement **must** document the refusal on the lethality assessment form.

For ease of accessibility, the most recent version of the Lethality Assessment is provided in this report (see next page).

APPENDIX C: RESOURCES FOR PROFESSIONALS

The Domestic Violence Fatality Review Board has compiled a list of local and national domestic violence resources professionals may find helpful in their work and can be used to inform and support domestic violence intervention and prevention efforts, promote best practices, and endorse strategies to improve Oklahoma's collective response to domestic abuse. The list is by no means exhaustive but serves as a starting point for professionals in the domestic violence prevention and protection network.

Local Resources

OKLAHOMA COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT

405.524.0700 | <http://ocadvsa.org/>

The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCDVSA) is a nonprofit organization that works to organize and mobilize domestic violence member programs to prevent and eliminate sexual and domestic violence and stalking in Oklahoma and Indian Country. The website provides information related to the activities of the OCDVSA and offers links to domestic violence, sexual assault, and stalking training materials for advocates, law enforcement, mental health, batterer intervention programs, and more. A list of domestic violence member programs is provided.

NATIVE ALLIANCE AGAINST VIOLENCE

405.217.0212 | <https://oknaav.org/>

The Native Alliance Against Violence (NAAV), is a nonprofit organization operating as Oklahoma's only tribal domestic violence and sexual assault coalition. The NAAV serves Oklahoma's federally recognized tribes and their tribal programs that provide victims with the protection and services they need to pursue safe and healthy lives. The NAAV website contains a list of tribal domestic violence programs in Oklahoma and other informational resources.

OKLAHOMA ATTORNEY GENERAL VICTIM SERVICES

405.521.3921 | www.oag.ok.gov/victim-services

Oklahoma's Victim Services Unit supports crime victims and their families by providing information, connection to local services, and direct assistance throughout the criminal process. Updated lists of OAG-certified domestic violence, sexual assault, and human trafficking programs can be found on their website, as can past Domestic Violence Fatality Review Board Annual Reports. The unit also provides training for law enforcement officers, prosecutors, and victim advocates and collaborates with statewide partners to conduct the annual Oklahoma Partners for Change Conference on Domestic & Sexual Violence and Stalking.

24-HOUR OKLAHOMA SAFELINE

800.522.SAFE (7233) | <https://www.oag.ok.gov/victim-services>

The Oklahoma SafeLine is a confidential, toll-free, 24-hour hotline for Oklahomans seeking help or information about domestic violence, stalking and sexual assault. Translation services are available in 150 languages.

National Resources

NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

800.537.2238 | www.nrcdv.org | www.vawnet.org

The National Resource Center on Domestic Violence (NRCDV) is a comprehensive source of information for those wanting to educate themselves and help others on the many issues related to domestic violence. Key initiatives work to improve community response to domestic violence and ultimately prevent its occurrence. NRCDV has

many resources available to assist in planning domestic violence intervention and prevention efforts and offers comprehensive technical assistance, training, and resource development.

NATIONAL NETWORK TO END DOMESTIC VIOLENCE

202.543.5566 | <https://nnedv.org/>

NNEDV addresses the complex causes and far-reaching consequences of domestic violence through cross-sector collaborations at the state, national and international level. They provide comprehensive, specialized technical assistance and training to the coalitions in order to best address the needs of victims and local domestic violence programs and grant them access to technical assistance regarding best practices at the national level.

NATIONAL CENTER ON DOMESTIC AND SEXUAL VIOLENCE

512.407.9020 | www.ncdsv.org/index.html

Founded in 1988 and renamed the National Center on Domestic and Sexual Violence (NCDSV) in 2003, this organization provides training and consultation to a myriad of professionals who work with victims and perpetrators: law enforcement; criminal justice professionals such as prosecutors, judges and probation officers; health care professionals including emergency response teams, nurses and doctors; domestic violence and sexual assault advocates and service providers; and counselors and social workers. In addition to these professionals, NCDSV also works with local, state, and federal agencies; state and national organizations; educators, researchers, faith community leaders, media, community leaders, elected officials, policymakers, and all branches of the military on collaborative projects aimed at ending violence against women.

NATIONAL DOMESTIC VIOLENCE HOTLINE

800.799.7233 | **800.787.3224 (TTY)** | www.thehotline.org

The National Domestic Violence Hotline has been a vital link to safety for women, men, children, and families affected by domestic violence since 1996. They respond to calls 24/7 and provide confidential, one-on-one support by phone or by chat available through the website, offering crisis intervention, options for next steps, and direct connection to sources for immediate safety. Their database holds over 5,000 agencies and resources from communities across the country. Bilingual advocates are on hand to speak with callers and their Language Line offers translations in 170+ different languages. The Hotline is an excellent source for concerned friends, family, co-workers, and others seeking information and guidance on how to help. The Hotline educates communities through events, campaigns, and dynamic partnerships.

NATIONAL COALITION AGAINST DOMESTIC VIOLENCE

737.225.3150 | www.ncadv.org

The National Coalition Against Domestic Violence (NCADV) seeks to lead, mobilize, and raise the voices of professionals and survivors to support efforts that demand a change of conditions that lead to domestic violence. NCADV is dedicated to supporting survivors, holding offenders accountable, and supporting advocates. They collaborate with other national organizations to promote legislation and policies that serve and protect victims and survivors of domestic violence and work to change the narrative surrounding domestic violence. Their website contains training opportunities and resources for domestic violence professionals, victims, and survivors.

BATTERED WOMEN'S JUSTICE PROJECT

800.903.0111, ext. 3 | www.bwjp.org

The Battered Women's Justice Project is the national resource center on civil and criminal justice responses to intimate partner violence. They provide technical assistance and training to professionals engaged in these systems: advocates, civil attorneys, judges and related court personnel, law enforcement officers, prosecutors, probation officers, batterer intervention program staff, and defense attorneys; as well as to policymakers, the media, and victims, including incarcerated victims, their families, and friends. BWJP also assists tribal and military personnel who fulfill equivalent positions in their respective institutional responses to intimate partner violence.

THE NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE AND FIREARMS

800.903.0111 | <https://www.preventdvgunviolence.org/>

The National Resource Center on Domestic Violence and Firearms and the Safer Families, Safer Communities Project work to prevent domestic violence-related homicides involving firearms. The website provides resources pertaining to effective interventions in both criminal and civil domestic violence cases that can decrease the risk posed by dangerous domestic violence offenders with access to firearms.

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

415.678.5500 | www.futureswithoutviolence.org/health

The National Health Resource Center on Domestic Violence (HRC) supports healthcare professionals, domestic violence experts, survivors, and policy makers at all levels to improve healthcare's response to domestic violence. The center offers personalized, expert technical assistance at professional conferences and provides an online toolkit for healthcare providers and domestic violence advocates to prepare a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, and patient and provider educational resources.

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, & MENTAL HEALTH

312.726.7020 | <http://www.nationalcenterdvtraumamh.org/>

The National Center on Domestic Violence, Trauma and Mental Health provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children in a way that is survivor-defined and rooted in the principles of social justice. The website offers resources, educational materials and webinars related to domestic violence, trauma, and mental health directed toward various professional groups.

NATIONAL CENTER FOR VICTIMS OF CRIME

202.467.8700 | www.victimsofcrime.org

The National Center for Victims of Crime (NCVC) is a nonprofit organization that advocates for victims' rights, trains professionals who work with victims, and serves as a trusted source of information on victims' issues. They are the most comprehensive national resource committed to advancing victims' rights and helping victims of crime rebuild their lives. The NCVC collaborates with local, state, and federal partners to provide direct victim services; secure rights, resources, and protections for victims of crime; and train and educate professionals and communities on understanding victims of crime and improving how they are treated.

OFFICE ON VIOLENCE AGAINST WOMEN

202.307.6026 | **202.307.2277(TTY)** | www.justice.gov/ovw

The Office on Violence Against Women (OVW) provides federal leadership in developing national and states' capacities to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking. In addition to providing information and resources regarding domestic violence, OVW provides funding opportunities for agencies and organizations serving victims.

Culturally Specific & Underserved Population Resources

NATIVE ALLIANCE AGAINST VIOLENCE

405.217.0212 | <https://oknaav.org/>

Created in 2009, the Native Alliance Against Violence (NAAV), is a nonprofit organization operating as Oklahoma's only tribal domestic violence and sexual assault coalition. The NAAV is not a direct service provider; however, they do serve Oklahoma's federally recognized tribes and their tribal domestic violence and sexual assault programs.

NATIONAL INDIGENOUS WOMEN'S RESOURCE CENTER

855.649.7299 | www.niwrc.org

The National Indigenous Women's Resource Center, Inc. (NIWRC) is a Native nonprofit organization that was specifically created to serve as the National Indian Resource Center Addressing Domestic Violence and Safety

for Indian Women. NIWRC seeks to enhance the capacity of American Indian and Alaska Native Tribes, Native Hawaiians, and Tribal and Native Hawaiian organizations to respond to domestic violence and provide public awareness, resource development, training and technical assistance, policy development, and research activities.

STRONGHEARTS NATIVE HELPLINE

844.762.8483 | www.strongheartshelpline.org

StrongHearts Native Helpline is a safe domestic, dating, and sexual violence helpline for American Indians and Alaska Natives offering culturally appropriate peer support, safety planning, crisis intervention, referrals, information, and advocacy 24/7. StrongHearts is anonymous and confidential and can be reached by phone or chat through their website.

ASIAN PACIFIC INSTITUTE ON GENDER-BASED DOMESTIC VIOLENCE

415.568.3315 | www.api-gbv.org

The Asian Pacific Institute on Gender-Based Domestic Violence is a national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian and Pacific Islander communities. It analyzes critical issues affecting Asian and Pacific Islander survivors; provides training, technical assistance, and policy analysis; and maintains a clearinghouse of information on gender violence, current research, and culturally specific models of intervention and community engagement. The Institute serves a national network of advocates, community-based service programs, federal agencies, national and state organizations, legal, health, and mental health professionals, researchers, policy advocates, and activists from social justice organizations working to eliminate violence against women.

ESPERANZA UNITED (formerly Casa de Esperanza)

651-646-5553 | <https://esperanzaunited.org/en/>

The Casa De Esperanza, Latin@ Network of Healthy Families and Communities is a leading, national Latin@ organization, founded in 1982, providing emergency shelter for Latinas and other women, family advocacy, and shelter services to leadership development and community engagement opportunities for Latin@ youth, women, and men. The Network provides training and consultations to practitioners and activists throughout the US, as well as in Latin America, and produces practical publications and tools for the field, disseminates relevant, up-to-date information and facilitates an online learning community that supports practitioners, policy makers, and researchers who are working to end domestic violence.

INSTITUTE ON DOMESTIC VIOLENCE IN THE AFRICAN AMERICAN COMMUNITY (Closed)

Dr. Oliver J. Williams | **651.331.6555** | owms63@gmail.com | <http://idvaac.org/>

The Institute on Domestic Violence in the African American Community (IDVAAC) was an organization focused on the unique circumstances of African Americans as they face issues related to domestic violence, including intimate partner violence, child abuse, elder maltreatment, and community violence. IDVAAC closed in September 2016, but the information on the website and consulting services will remain available through 2026.

UJIMA: THE NATIONAL CENTER ON VIOLENCE AGAINST WOMEN IN THE BLACK COMMUNITY

844.778.5462 | <https://ujimacommunity.org/>

Launched in 2016, Ujima, also known as The National Center on Violence Against Women in the Black Community, serves as a national, culturally specific services resources center to provide support to and be a voice for the Black Community in response to domestic, sexual, and community violence. Ujima was founded in response to a need for an active approach to ending domestic, sexual, and community violence in the Black Community. They are on the forefront of new training and outreach tools to reduce violence against and homicides of Black women. Ujima is a clearinghouse for research literature, webinars, national issue forums, regional trainings, community-specific roundtables, blogs, articles, and on-site technical assistance. Ujima also works with organizations to develop public service announcements, issue briefs, videos, monographs, and fact sheets.

THE NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)

608.255.0539 | <https://www.ncall.us/>

A national project of End Domestic Abuse Wisconsin: The Wisconsin Coalition Against Domestic Violence, NCALL is committed to creating a world that respects the dignity of older adults and enhances the safety and quality of life of older victims and survivors of abuse by engaging communities to foster a collaborative, inclusive, survivor-centered response to abuse in later life. They provide technical assistance and consultation, training, and resources related to abuse in later life and elder abuse. information sheets, curricula, toolkits, videos, webinars, web graphics, and posters on a variety of topics for various audiences related to abuse in later life and unique issues facing older adults and survivors of abuse.

THE NORTHWEST NETWORK OF BI, TRANS, LESBIAN AND GAY SURVIVORS OF ABUSE

206.568.7777 | <https://www.nwnetwork.org/>

The Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse (NNW) supports queer and trans survivors in reconnecting to their self-determination through advocacy-based counseling and community education. They offer resources, training, and technical assistance specific to the queer community to organizations and providers working in the domestic and intimate partner violence field.

APPENDIX D: VICTIM/SURVIVOR RESOURCES

The Domestic Violence Fatality Review Board has chosen to include a list of local and national domestic violence resources specifically for victims and survivors of domestic and intimate partner abuse. The list is by no means exhaustive but serves as a starting point for victims and survivors seeking safety and assistance.

Local Resources

24-HOUR OKLAHOMA SAFELINE

800.522.SAFE (7233) | <https://www.oag.ok.gov/victim-services>

The Oklahoma SafeLine is a confidential, toll-free, 24-hour hotline for Oklahomans seeking help or information about domestic violence, stalking and sexual assault, including shelter services. Translation services are available in 150 languages.

OKLAHOMA ATTORNEY GENERAL VICTIM SERVICES

405.521.3921 | www.oag.ok.gov/victim-services

Oklahoma's Victim Services Unit supports crime victims and their families by providing information, connection to local services, and direct assistance throughout the criminal process. An updated [list](#) of OAG-certified domestic violence and sexual assault programs can be found on their website.

ADDRESS CONFIDENTIALITY PROGRAM

866.227.7784 | <http://oag.omes.acsitefactory.com/address-confidentiality-program-acp>

The Address Confidentiality Program (ACP) provides victims of domestic violence, sexual assault, and stalking who apply a substitute address to use when interacting with state and local government agencies. The address serves as a victim's home, work, and school address and helps ensure a perpetrator does not use government records to locate them.

ENHANCED OKLAHOMA VINE: CRIMINAL TRACKING & VICTIM NOTIFICATION SYSTEM / PROTECTIVE ORDER

877.654.8463 | <https://vinelink.vineapps.com/state/OK>

An automated notification system that allows victims and survivors to receive information on the location of a perpetrator following arrest, during prosecution, during a sentence to probation or confinement, and when there is any release or escape from confinement. Registering through the site allows victims and survivors to receive automated notifications by email, text, or phone and to check custody status online anytime. The site also includes a searchable database of service providers.

OKLAHOMA CRIME VICTIMS' COMPENSATION

405.264.5006 | 800.745.6098 | <https://www.okvictimscomp.com/>

The purpose of the Crime Victims Compensation Fund is to provide a method to compensate for victims of violent crime for unreimbursed expenses related to the crime, including medical, dental and prescription costs, counseling and rehabilitation, loss of work income, replacement of services, and mileage reimbursement for medical, dental, and counseling appointments. An arrest of the offender does NOT have to take place to be eligible to file a claim; however, the victim and/or claimant is expected to fully cooperate in the apprehension, investigation, and prosecution of the perpetrator.

OKLAHOMA STATE COURTS NETWORK UNIFORM PROTECTIVE ORDERS

https://www.oscn.net/static/forms/aoc_forms/protectiveorders.asp

Provides downloadable Word and PDF copies of the forms required to file a Petition for Protective Order. Also includes a link to a video made about the Protective Order Process made by the Bench & Bar Committee of the Oklahoma Bar Association.

OKLAHOMA DEPARTMENT OF CORRECTIONS VICTIM SERVICES

405.425.2607 | <https://oklahoma.gov/doc/organization/chief-of-strategic-engagement/victim-services/frequently-asked-questions--victim-services-.html>

The Oklahoma Department of Corrections Victim Services provides information and resources to victims of crime while their perpetrator is in the DOC system. They can also help victims find assistance and support groups in their area.

OKLAHOMA STATE BUREAU OF INVESTIGATION VICTIM SERVICES

405.715.9505 | <https://osbi.ok.gov/services/victim-support/osbi-victim-services>

The OSBI Victims Support Program direct victims and families of victims in criminal cases handled by the OSBI to the resources available across the state of Oklahoma. The OSBI Victim Services Coordinators educate victims about the investigative & criminal justice processes and ensure victims are informed about their rights and the Crime Victim Compensation Program.

CARDINAL POINT: A DIRECTION FOR HOPE, CANADIAN COUNTY'S FAMILY JUSTICE CENTER

405.776.0990 | <https://cardinalpointok.org/>

Cardinal Point brings together needed services and resources for Canadian County victims of abuse in a centralized location. Victims and survivors receive individualized care, safety planning, service coordination, and support from the public and private providers on-site and in the community.

FAMILY SAFETY CENTER

918.742.7480 | 24-hour Number: **918.743.5763** | <https://fsctulsa.org/>

Tulsa's Family Safety Center strives to provide wrap-around services to domestic violence victims in a single location. On-site partners include Domestic Violence Intervention Services (DVIS) Advocacy, DVIS Legal Services, RSVP Safety Shepherd Volunteers, Tulsa County District Attorney's Office, Tulsa County Sheriff's Office, Tulsa Police Department - Family Violence Unit, Tulsa Metropolitan Ministries (TMM), YWCA of Tulsa Multicultural Service Center.

PALOMAR: OKLAHOMA CITY'S FAMILY JUSTICE CENTER

405.552.1010 | text **405.355.3556** | <https://palomarokc.org/>

Palomar provides free and confidential assistance to survivors of domestic violence, sexual assault, stalking, trafficking and elder abuse and their children. Navigators assist victims and survivors with accessing available services from on-site providers that include victim advocates, law enforcement, legal assistance, mental health and substance abuse providers, and more. Palomar also has a network of resources for victims and survivors and their children residing in the Oklahoma City metro.

LEGAL AID SERVICES OF OKLAHOMA, INC.

888.534.5243 | **918.428.4357** | <https://www.legalaidok.org/>

Legal Aid Services of Oklahoma, Inc. (LASO) is a non-profit organization that assists low-income persons throughout Oklahoma with civil, non-criminal cases. They have 18 offices throughout the state and provide help with domestic violence issues. They can also assist domestic violence victims with immigration legal services. Victims can call or visit the website to apply for assistance.

Culturally Specific Resources

NATIVE ALLIANCE AGAINST VIOLENCE

405.217.0212 | <https://oknaav.org/>

The Native Alliance Against Violence (NAAV), is a nonprofit organization operating as Oklahoma's only tribal domestic violence and sexual assault coalition. The NAAV is not a direct service provider; however, their website does have a [list](#) of Oklahoma's Tribal domestic violence and sexual assault programs.

STRONGHEARTS NATIVE HELPLINE

844.762.8483 | www.strongheartshelpline.org

StrongHearts Native Helpline is a safe domestic, dating, and sexual violence helpline for American Indians and Alaska Natives offering culturally appropriate peer support, safety planning, crisis intervention, referrals, information, and advocacy 24/7. StrongHearts is anonymous and confidential and can be reached by phone or chat through their website.

LA LUZ ORG

405.724.8474 | 405.812.0762 (24/7 line) | <https://www.laluzokc.org/>

La Luz provides services to Latinx victims of domestic violence, sexual assault, and stalking. Their services are confidential, free, and culturally and linguistically trauma-informed. Located in Oklahoma City, they serve the Oklahoma City metro area but can be contacted by anyone statewide.

LATINO COMMUNITY DEVELOPMENT AGENCY

405.236.0701

The Latino Community Development Agency (LCDA) is a non-profit organization that provides services for the Latinx community in Oklahoma, including domestic violence services. LCDA's mission is to enhance the quality of life of the Latino community through education, leadership services and advocacy.

DIVERSITY CENTER OF OKLAHOMA

405.604.5217 | <https://www.diversitycenterofoklahoma.org/>

The Diversity Center of Oklahoma is a non-profit organization that provides quality services and community resources to the state's gender diverse and LGBTQ+ communities. Their mission is to reduce barriers for the Gender Diverse and LGBTQ+ communities and their families, including disenfranchised and marginalized people of color, by providing an OAG-certified domestic violence and sexual assault program, quality primary health care treatment, behavioral health treatment, and additional complimentary health care services.

National Resources

NATIONAL DOMESTIC VIOLENCE HOTLINE

800.799.7233 | 800.787.3224 (TTY) | www.thehotline.org

The National Domestic Violence Hotline responds to calls 24/7 and provides confidential, one-on-one support by phone or by chat available through the website, offering crisis intervention, options for next steps, and direct connection to sources for immediate safety. Their database holds over 5,000 agencies and resources from communities across the country. Bilingual advocates are on hand to speak with callers and their Language Line offers translations in 170+ languages.

VICTIMCONNECT RESOURCE CENTER

855.484.2846 | <https://victimconnect.org/>

VictimConnect Resource Center (VCRC) is a weekday phone, chat, and text-based referral helpline operated by the National Center for Victims of Crime. Services are available for all victims of crime in the United States and its territories. Visitors to the hotline receive strength-based and trauma-informed services and referrals in over 200 languages.

LOVE IS RESPECT

866.331.9474 | Text LOVEIS to 22522 | <https://www.loveisrespect.org/>

A project of the National Domestic Violence Hotline, Love is Respect offers inclusive, 24/7 information, support, and advocacy via phone, text, and live chat to young people between the ages of 13 and 26 who have questions or concerns about their romantic relationships. They also provide support to concerned friends and family members, teachers, counselors, and other service providers through the same free and confidential phone, text, and live chat services.

APPENDIX E: DATA METHODOLOGY AND LIMITATIONS

Types of Cases Reviewed

The Oklahoma statutory definition of domestic abuse found in 22 O.S. § 60.1. is “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 is currently or was previously an intimate partner or family or household member. The latter is further defined in statute as parents, including grandparents, stepparents, adoptive parents, and foster parents; children, including grandchildren, stepchildren, adopted children, and foster children; and persons otherwise related by blood or marriage living in the same household.

The Review Board and Program Staff identify and report domestic violence-related deaths using a broad interpretation of the statutory definition to capture as representative a picture as possible of domestic violence fatalities in Oklahoma. For purposes of this report, the Review Board and Program Staff identify incidents (also known as events or cases) in which one or more of the following conditions were present:

- The adult or teen homicide victim(s) and perpetrator(s) were current or former spouses or intimate partners, had a child in common, or were in a current or former dating relationship (intimate partner).
- The homicide victim(s) and perpetrator(s) were related by blood, marriage, adoption, or fostering, or one was in a current intimate or dating partner relationship with a co-habiting family member of the other, i.e., the child of a live-in partner, the live-in partner of a parent, etc. (family).
- The homicide victim was a bystander or Good Samaritan who intervened in or was nearby during an attempted or completed domestic violence homicide and was killed. This includes:
 - friends
 - family of current or former intimate or dating partners who are not co-habiting or do not have a child in common
 - law enforcement officers or other professionals attempting to assist the victim of domestic violence
 - co-workers
- The adult or teen homicide perpetrator(s) and adult or teen victim(s) were living together at the time of the homicide (roommates).
- The adult or teen homicide perpetrator(s) is the current or former spouse, intimate partner or dating partner of the adult or teen victim’s current or former spouse, intimate partner, or dating partner (triangle).
- The adult or teen homicide perpetrator(s) died by suicide within 72 hours of committing the homicide, including suicide by officer-involved shooting.

Case Identification

The Review Board and Program Staff search multiple Oklahoma newspapers and their social media sites for homicide incidents which have occurred in the state and which appear or are known to have been related to domestic violence. A major source of cases that falls into this category is the *Tulsa World’s* Tulsa homicide case [database](https://tulsaworld.com/news/specialreports-databases/tulsa-homicide-case-database-1989-to-present/html_cd9f9c2e-2c52-11e3-aa7e-001a4bcf6878.html#tncms-source=login)³², which tracks all homicides in the Tulsa metropolitan area from 1989 to present.

Program Staff also utilize multiple local television news and their social media accounts of homicides as another source of domestic violence-related murders and suicides that have occurred in the state. They also regularly

³² https://tulsaworld.com/news/specialreports-databases/tulsa-homicide-case-database-1989-to-present/html_cd9f9c2e-2c52-11e3-aa7e-001a4bcf6878.html#tncms-source=login

search websites such as the [Gun Violence Archive](#)³³ and the [Gun Violence Memorial](#)³⁴ for Oklahoma gun deaths and use multiple sources, including some of those already listed, to evaluate if any of them are domestic violence-related.

In addition, Program Staff receives emails from police departments, particularly the Oklahoma City Police Department, regarding homicides and collect additional information to determine which are related to domestic violence. The Oklahoma State Bureau of Investigation (OSBI) also provides Program Staff with an annual list of domestic violence homicides reported by law enforcement agencies across the state through the State Incident-Based Reporting System (SIBRS). Historically the list has only included homicides which met the statutory definition of domestic abuse, but in 2021 the OSBI and Program Staff met and the list was expanded to include more categories incorporated in the DVFRB's broad definition of domestic violence-related homicides. Finally, OAG-certified and Tribal domestic violence and sexual assault and batterer intervention programs are encouraged to contact Program Staff and inform them about any homicides in their area which are or appear to be related to domestic violence.

Case Review Process

The fatality review process is like a public health model that promotes and protects the health of people and the communities where they live, learn, work, and play. Program Staff collects information related to cases from various sources, including:

- the medical examiner (autopsies)
- criminal, civil, and juvenile court documents
- law enforcement agencies
- District Attorneys
- Department of Human Services
- Department of Corrections
- Department of Health
- mental health, substance abuse, and co-occurring treatment providers and agencies
- hospitals
- batterer intervention programs
- media reports
- obituaries
- social media accounts

In some cases, when appropriate, Program Staff or the Review Board will obtain background information from surviving family members, friends, and others.

Because the Review Board conducts in-depth reviews, they are only able to review a portion of the overall number of qualifying domestic violence homicides in any given year. A case is considered qualified for review when all criminal cases related to the homicide have been disposed or when the perpetrator also dies during the incident, as in cases of homicide/suicide. Program Staff monitor the remainder of the cases. The Review Board discusses selected cases during monthly closed, confidential meetings. The Review Board strives to find ways in which the system could have better served the deceased victims prior to their deaths and surviving family members.

The Review Process

When a case undergoes in-depth review, the Review Board and Program Staff:

- examine the circumstances and context of the death
- establish a timeline and summary of events leading up to the death incident going back as far as possible
- identify potential lethality risk factors (also known as *red flags*)
- determine which agencies were involved with the homicide perpetrator(s), victim(s), and child(ren) prior to the death event
- identify agency and system responses

³³ <https://www.gunviolencearchive.org/>

³⁴ <https://gunmemorial.org/>

- ascertain any collaboration, communication, and coordination between the agencies and organizations involved
- identify agencies' use of evidence-based best practices
- pinpoint victim challenges and barriers to obtaining help (such as language, income, transportation, cultural beliefs, and values)
- identify possible gaps in the prevention and protection system's response to domestic violence (such as criminal justice, protective order, juvenile/family court, law enforcement, judiciary, and child welfare)
- asks, "Is there anything that could have been done differently to improve the systemic and/or community response to the victim(s) and/or perpetrator(s)?"

Data Collection, Validation, and Limitations

Variables and Collection

Program Staff gather two sets of variables on cases confirmed as being related to domestic violence. Cases are confirmed as domestic violence-related by requesting and reviewing information from at least three (3) sources, including the law enforcement report(s) pertaining to the homicide, death certificate(s), and news media stories, to determine the relationships of those involved and the circumstances of the fatality event.

The first set of variables is collected for *all cases* in a calendar year verified as being domestic violence related. These are the variables needed to complete the statistical analyses contained within the annual report, including but not limited to demographic information (i.e., age, sex, race, ethnicity, etc.), relationship types, locations of incidents and deaths, causes and manners of deaths, and criminal justice information. These are referred to as the *master case list variables*.

The second set of variables is much more comprehensive than the first set and is currently primarily collected for cases that undergo in-depth review by the Review Board. This set contains the approximately 248 variables outlined in the *DVFRB Codebook Protocol v4.2* and are entered in the DVFRB Statistical Package for the Social Sciences (SPSS) database after coding. These are known as the *Codebook variables* and were developed by previous program staff based on public health and domestic violence statistical research and guidance. Due to the number of domestic violence-related fatalities which occur each year and the limited number of staff, collecting and entering the Codebook variables for every confirmed case has not been possible for several years. However, program staff work diligently each year to collect and enter the variables for the backlog of cases.

The information needed to complete the master case list and Codebook variables is gleaned from the documents (listed above) collected by Program Staff. The former's variables are entered onto the master case list, an Excel book in which every confirmed domestic violence-related fatality is recorded by calendar year. The latter's variables are coded following the guidelines outlined in the *Codebook Protocol* and entered into the SPSS database.

Validation

Variables are validated using three sources whenever possible. This is due in large part to differing information on the numerous sources used by Program Staff to collect data. For example, when collecting variables related to race and ethnicity, the law enforcement report may indicate a victim is white and their death certificate and Child Welfare records show they are Native American. Program staff would code the victim as Native American in this case. In cases where there is no agreement among the sources on a specific variable and/or the information cannot be found at least two sources, Program Staff will prioritize information reported to sources by the victim (i.e., victim reported in a mental health assessment they are Native American) and/or an immediate family member (i.e., the informant for the victim's death certificate is the victim's mother, who reported they were a Tribal member). Many master case list variables collected are cross validated by the Program Manager and the Research Analyst to ensure accuracy.

Limitations

Since Program Staff relies primarily on media reports and online databases to identify potential domestic violence-related fatalities, there is no certainty that all deaths are captured. Additional domestic violence fatalities could be found among deaths ruled to be due to unintentional injuries, to injuries of undetermined intent, and suicide. In particular, deaths due to strangulation, suffocation, drug overdoses, and poisonings may not be ruled a homicide or reported as such by the media.³⁵

As indicated, Program Staff encounter numerous barriers when collecting information to complete the master case list and Codebook variables. In addition to conflicting information across sources, Program Staff may be unable to find the pertinent information in the sources they gather or are not granted access to documents that may contain the information, despite the wide purview granted to the DVFRB in 22 O.S. § 1601. In addition, some documents may be destroyed by agencies or organizations after a certain timeframe, making it difficult to collect certain information; for example, behavioral health records may be destroyed seven years after a victim discharges from services (with a few exceptions). This is particularly applicable to Codebook variables due to the sheer number of variables coded.

Because the information needed for certain variables may be conflicting or inaccessible, representative longitudinal and/or multivariate analyses of variables can be challenging. In addition, several changes in the Program Staff since the DVFRB's inception have resulted in documented and undocumented changes in data collection and validation methods. Both factors combined result in caveats for all data analyses conducted by Program Staff to date. To address this issue, current Program Staff are working on a Program Manual that outlines, among other things, procedures for data collection and validation, particularly for the master case list variables. In addition, the National Domestic Violence Fatality Review Initiative is working on a National Clearinghouse for Uniform Reporting System, a five-year initiative sponsored by the Office of Violence against Women and US Department of Justice, in which Oklahoma is a potential contributor.

³⁵ For example, in Utah 33.1% of the IPV-related fatality victims from 2009-2016 were suicides. (Violence Injury & Prevention Program, 2005).

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2022 DVFRB ANNUAL REPORT

Oklahoma Domestic Violence Fatality Review 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 (OCADVSA)

(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.**

Please go to www.oag.ok.gov

- Copies of reports from previous years;
- Oklahoma Domestic Violence Fatality Review Board mission, purpose, definitions, methods and limitations of data collection, and data; and
- History of the Oklahoma Domestic Violence Fatality Review Board.

**Please widely disseminate this
annual report.**

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