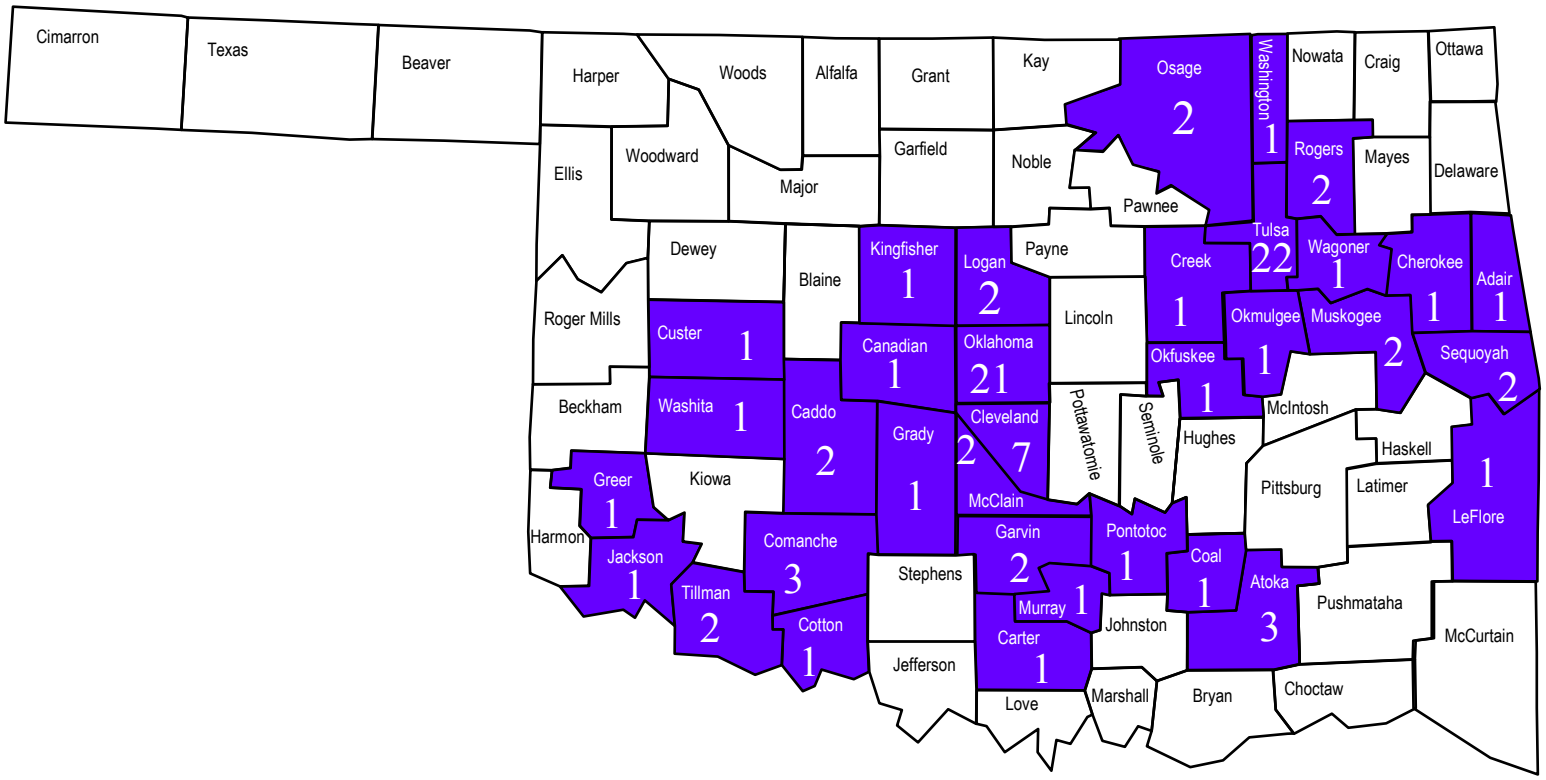
DOMESTIC VIOLENCE

HOMICIDE IN OKLAHOMA

A Report of the Oklahoma Domestic Violence Fatality Review Board



An Analysis of 2015 Domestic Violence Homicides

Report Year 2016

Introduction

Contents

The Oklahoma Domestic Violence Fatality Review Board ("Review Board") presents the 2016 edition of the statewide publication, *Domestic Violence Homicide in Oklahoma: An Analysis of 2015 Domestic Violence Homicides.* Inside this report you will find information learned from domestic violence homicides, as well as recommendations for systems to strategically address domestic violence in Oklahoma.

The information contained in this report is a vital part of the continuum of safety in our State. We know that numbers have a vital role to play. They provide us with an overarching understanding of where we have been, where we are now, and where we intend to go. Numbers provide us with insight. But numbers alone do not consider the human cost and the staggering impact to families and communities; indeed, the loss of even one life can never be quantified.

As in previous years, we again express our sincere gratitude to the numerous organizations, agencies, and individuals who work tirelessly every day to improve the lives of victims of domestic violence. It is through our collaborative and coordinated efforts that we can achieve our common goal. The Review Board honors your commitment by assuring you of our continued commitment to ending domestic violence homicide in Oklahoma.

Thank you,

Jacqueline Steyn
Program Manager

Cover: *The highlighted counties/numbers on the front page represent the **94 victims** (men, women, and children) identified by the Oklahoma Domestic Violence Fatality Review Board who died as a result of domestic violence in Oklahoma in 2015).*

Report updated 1-17-17 with correction to Table 3, page 8.

Oklahoma Domestic Violence Fatality Review Board Members

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

***** *Represents Review Board members serving during the 2015 data year (Jan – Dec 2015).*

Oklahoma Domestic Violence Fatality Review Board
Staff Team

Jacqueline Steyn, LPC, Program Manager
Joshua Massad, M.A., Statistical Research Analyst

In Memoriam

JENNIFER MCLAUGHLIN

The Oklahoma Domestic Violence Fatality Review Board is very saddened to share the news of Jennifer McLaughlin's passing on January 16, 2016. As many of you know, Jennifer was a dedicated member of the Oklahoma Domestic Violence Fatality Review Board for several years. As a domestic violence and sexual assault advocate, she provided the Review Board with invaluable insight and wisdom related to victimization, trauma, and the lived experiences of victims.

Jennifer spent much of her professional life serving the Oklahoma Coalition Against Domestic Violence and Sexual Assault where she worked as the Director of Professional Development. She was a leading expert on domestic violence and sexual assault for the State of Oklahoma. She served as a trainer and mentor for the Oklahoma Crime Victims' Academy and as a trainer for the batterer's intervention facilitator training program. She was the driving force behind the creation of the training and curriculum for the certification program for advocates - the Oklahoma Certified Domestic Violence Response Professional training. Jennifer was a gifted local and national presenter whether her audiences were teens, adults, therapists, law enforcement professionals, or others.

During her life, Jennifer obtained numerous awards and recognitions. She was a recipient of the Gene McBride Community Service Award for her work with sexual assault survivors. In 2010, she was awarded the Governor's Commendation for her work on behalf of sexual assault and domestic violence victims.

In addition to her numerous professional accomplishments, Jennifer was a loving daughter, a caring sister, a remarkable aunt, and a devoted friend. Jennifer leaves behind a remarkable legacy of service which she generously shared with the Domestic Violence Fatality Review Board. She was an inspiration to so many, and we all struggle with the enormous void she has left. In her honor and in honor of the lives of victim's that have been lost in Oklahoma, we endeavor to continue our work to prevent domestic violence homicide in our State.

Oklahoma Domestic Violence Fatality Review Board

"The Oklahoma Domestic Violence Fatality Review Board continues to make an impact that promotes positive changes in our State and communities. Through strong collaboration of this Board and other community stakeholders, we can work together to decrease domestic violence homicides in Oklahoma, in hopes that one day we can eliminate this tragic and unnecessary loss of life altogether."

AG Scott Pruitt

Domestic Violence Fatality Review Board Legislation

Legislation creating the Review Board was signed into law in 2001. It is codified at 22 O.S. § 1601-1603

Mission

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

What Types of Cases Does the Oklahoma Domestic Violence Fatality Review Board Review?

The Review Board identifies and reviews domestic violence fatalities that occur in Oklahoma. Unlike similar initiatives in other states, the Review Board identifies and reports on a wider array of domestic violence cases that include intimate partner homicides and family homicides committed by those family members who are not intimate partners. Family members include, but are not limited to, parents, foster parents, children, siblings, grandparents, grandchildren, aunts, uncles, and cousins. The Review Board use of such a wide definition is consistent with the Oklahoma statutory definition of domestic abuse (22 O.S. § 60.1.) which states:

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

Note:

In addition to the relationships defined in statute, the Review Board also identifies and reports on domestic violence-related homicides that include victim fatalities in which a homicide perpetrator kills a non-family member, such as a bystander or Good Samaritan.

State Overview

How are we doing?

Between 1998 and 2015, the Review Board identified 1,520 victims in Oklahoma who were killed as a result of domestic violence. In 2015 alone, 111 people lost their lives. These deaths included domestic violence victims killed by intimate partners and ex-intimate partners, family members killed by family members, children killed by family members, roommates killed by roommates, and suicide deaths of perpetrators. Of the 111 people who died, 94 were identified as domestic violence homicide victims, and 17 were identified as homicide perpetrators who died as a result of suicide, law enforcement intervention, or bystander intervention *(Table 1).*

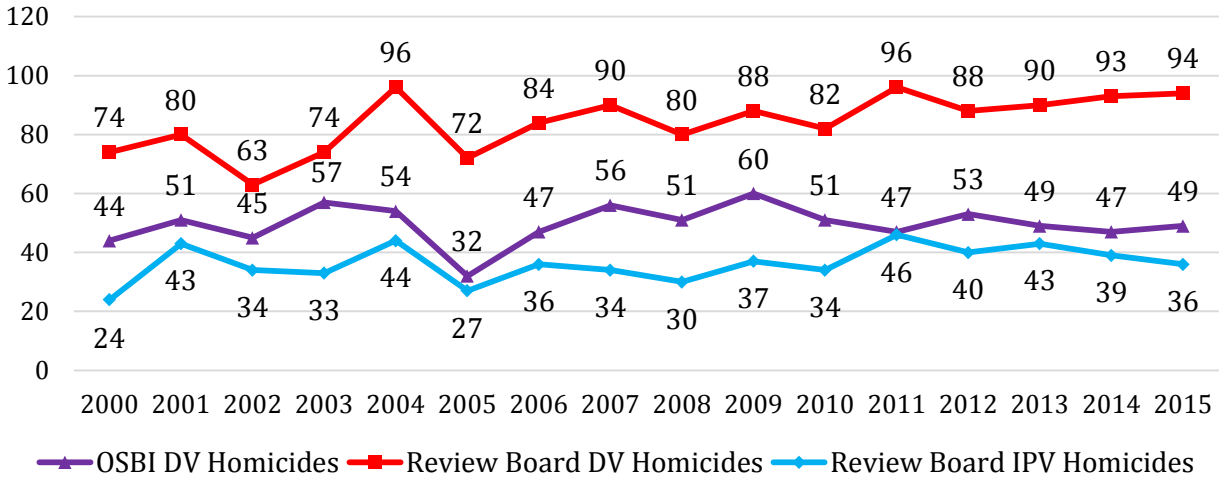
Table 1: Domestic Violence Homicides in Oklahoma

	2015	2014	2013	2012	2011
Domestic violence cases	89	86	86	85	92
Domestic violence homicide victims (intimate partner violence [IPV] and non-IPV)	94	93	90	88	96
IPV homicide victims only	36	39	43	40	46
Children under the age of 18	24	18	14	14	18
Domestic violence perpetrators	100	91	89	91	93
Domestic violence perpetrators who died (suicide, law enforcement/bystander intervention)	17	14	10	21	18

Law enforcement agencies in Oklahoma reported 241 murders in 2015, up from 178 in 2014 (Oklahoma State Bureau of Investigation [OSBI], 2016). This represents the highest number of murders committed in Oklahoma in the ten year period from 2006-2015. According to the OSBI (2016), in 2015 domestic abuse murders accounted for 19.5% of all murders, of which 29.8% were intimate partner homicides. Other domestic abuse offenses reported by law enforcement included 873 sex crimes, 2,268 domestic assaults, and 20,993 domestic assault and battery crimes; totaling 24,183 domestic abuse offenses in Oklahoma in 2015. These numbers represent a 0.18% decrease from 2014 (OSBI, 2015). Domestic abuse offenses (fatal and non-fatal) reported to the Oklahoma State Bureau of Investigation (OSBI) between 2000 and 2015 appear to represent an up and down trend. The same up and down trend is observed for *fatal* domestic violence specifically. *Figure 1* highlights homicide trends using three different data sources: OSBI domestic abuse murder data, Review Board domestic violence homicide data, and Review Board intimate partner-specific homicide data. According to Review Board data, during the fifteen year period from 2000 to 2015, domestic violence homicides in Oklahoma ranged from a low of 63 in 2002 to a high of 96 in 2004 and 2011 *(Figure 1).*

State Overview

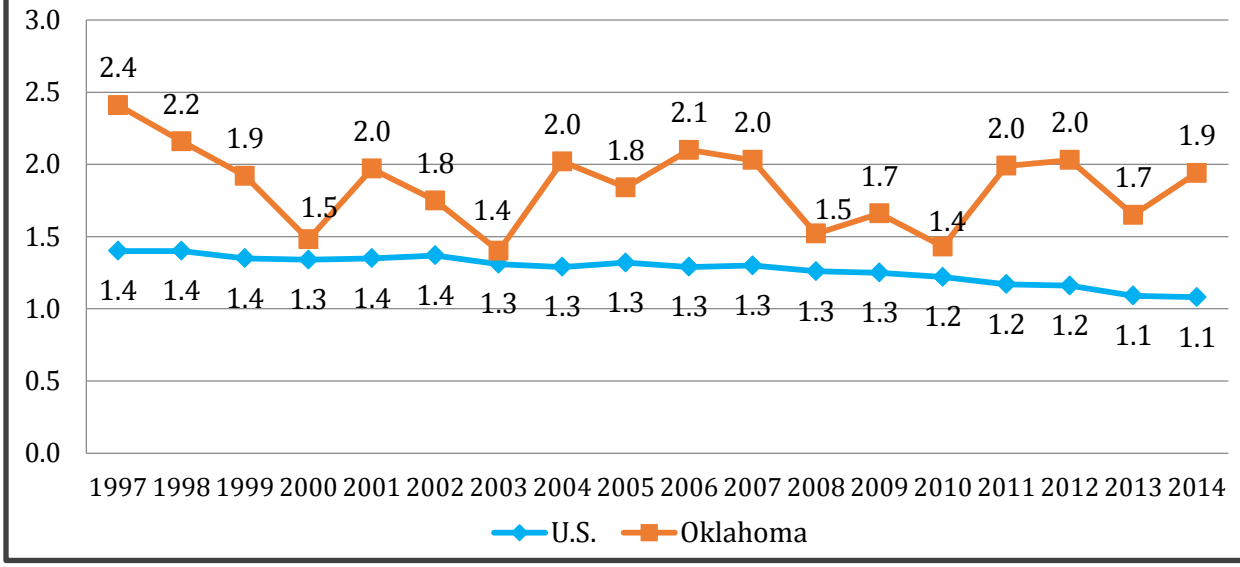
Figure 1. Domestic Violence Homicides in Oklahoma (2000 - 2015)



Women Killed By Men

While Oklahoma has implemented many proactive initiatives, we continue to rank in the top 10 nationally for women killed by men in single victim, single offender incidents. In 2014, Oklahoma ranked 4th with a rate of 1.94 per 100,000 females compared to the national rate of 1.08 (Violence Policy Center [VPC], 2015) *(Figure 2).* In 2014, 38 women in Oklahoma were killed by men in this context; 32 women were killed in 2013. Oklahoma has never moved out of the top 20 and has been in the top 10, on 10 different occasions since 1997. During this timeframe, Oklahoma ranked 6th on average with the number of women killed. While in Oklahoma these numbers have fluctuated up and down, we see that nationally, between 1996 and 2014, the number of women killed by men in this context has steadily decreased (VPC, 2016).

Figure 2. Rate of Women Killed by Men in Single Victim, Single Offender Incidents (1997 to 2014) (VPC, 2015)



Key 2015 Review Board Findings

County 2015

In 2015, the number of domestic violence fatalities was greatest in Tulsa County for the second successive year with a rate of 3.44 homicides per 100,000 people. Oklahoma County experienced the second greatest number of fatalities with a rate of 2.70 homicides per 100,000 people *(Table 2).* Tulsa County had 16 cases resulting in 22 victim deaths and Oklahoma County had 20 cases resulting in 21 victim deaths.

Table 2: Domestic Violence Related Deaths (2015)

Number Victims who Died	County	Number Perpetrators who Committed Suicide *Suicide/Law Enforcement Intervention/Other*		Number Victims who Died	County	Number Perpetrators who Committed Suicide *Suicide/Law Enforcement Intervention/Other*
1	Adair			**1**	Leflore	
3	Atoka	**2**		**2**	Logan	
2	Caddo			**2**	McClain	
1	Canadian			**1**	Murray	
1	Carter			**2**	Muskogee	**1**
1	Cherokee			**1**	Okfuskee	
7	Cleveland	**4**		**21**	Oklahoma	**4**
1	Coal	**1**		**1**	Okmulgee	
3	Comanche			**2**	Osage	
1	Cotton			**1**	Pontotoc	
1	Creek			**2**	Rogers	
1	Custer			**2**	Sequoyah	
2	Garvin			**2**	Tillman	
1	Grady	**1**		**22**	Tulsa	**2**
1	Greer			**1**	Wagoner	
1	Jackson	**1**		**1**	Washington	
1	Kingfisher	**1**		**1**	Washita	

Domestic Violence Homicide Cases	**89**
Domestic Violence Homicide Victims	**94**
Domestic Violence Homicide Perpetrators	**100**
Domestic Violence Perpetrators Who Died	**17**

Key 2015 Review Board Findings

Demographics 2015

Table 3. Domestic Violence Victim and Perpetrator Demographics (2015)*				
	Domestic Violence Homicide Victims (N=94)	%	Domestic Violence Homicide Perpetrators (N=100)	%
Gender				
Female	40	42.5	20	20.0
Male	54	57.5	80	80.0
Race				
Caucasian	57	60.6	61	61.0
African American	16	17.0	19	19.0
Hispanic/Latino	9	9.6	5	5.0
Native American	5	5.3	10	10.0
Asian	4	4.3	4	4.0
Other	3	3.2	0	0.0
Unknown	0	0.0	1	1.0
Age				
Under 21	26	27.7	13	13.0
21 to 40	34	36.2	54	54.0
41 to 60	28	29.8	26	26.0
Over 60	6	6.3	7	7.0
Average Age	31.98		35.91	

**** Correction: 40 (42.5%) female victims and 54 (57.5%) male victims.***

Gender: 40 (43%) victims were female and 54 (57%) were male. Of the 54 male victims, 40 (74%) were killed by male perpetrators. Of the 40 female victims, 38 (95%) were killed by male perpetrators and 2 adult female victims were killed by other adult females. Consistent with previous years, the overwhelming majority (80%) of perpetrators were male. Of the 20 female perpetrators, half killed their intimate partners or former intimate partners and 9 (45%) killed a child (e.g. biological child, foster child, grandchild etc.) *(Table 3).*

Race: 57 victims (61%) were Caucasian, 16 (17%) were African American, 9 (10%) were Hispanic, 5 (5%) were Native American, 4 (4%) were Asian, and 3 (2%) were classified as Other; 61 perpetrators (61%) were Caucasian, 19 (19%) were African American, 10 (10%) were Native American, 5 (5%) were Hispanic/Latino Origin, 4 (4%) were Asian, and 1 (1%) was unknown *(Table 3).*

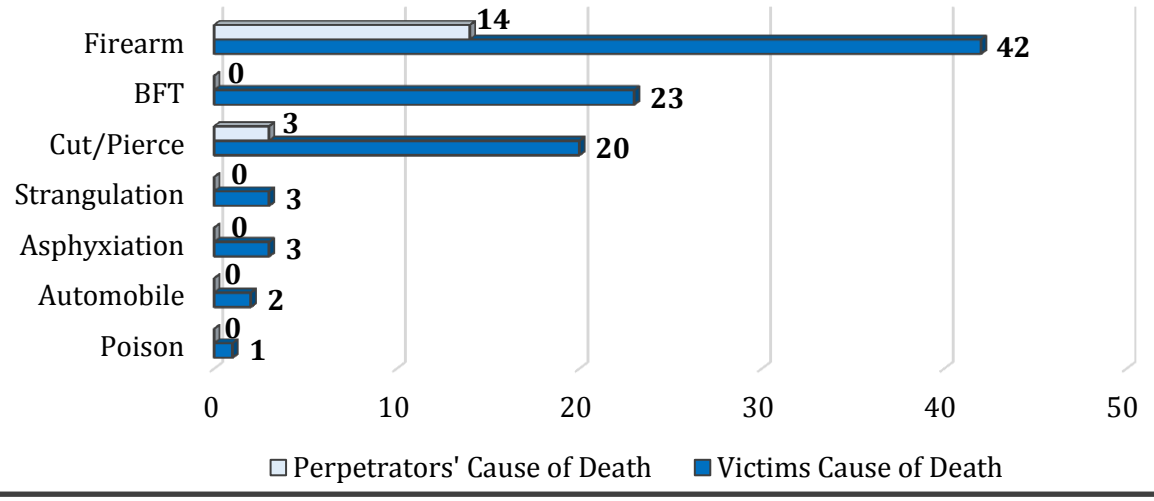
Age: Victims between the ages of 21 and 40 represented the largest group. The average age of victims was 31.98. The youngest homicide victim was 2-months-old. The oldest victim killed was 73 years old. The 24 child victims (< 18 years old) identified by the Review Board, represent a 33% increase from 2014. Of the 24 child victims, two-thirds were under 5-years-old. Perpetrators between the age of 21 and 40 represented the largest age group. The average age of perpetrators was 35.91. The youngest homicide perpetrator was 13 years old and the oldest was 86 years old. Four perpetrators were less than 18 years old *(Table 3).*

Key 2015 Review Board Findings

Cause of Death 2015

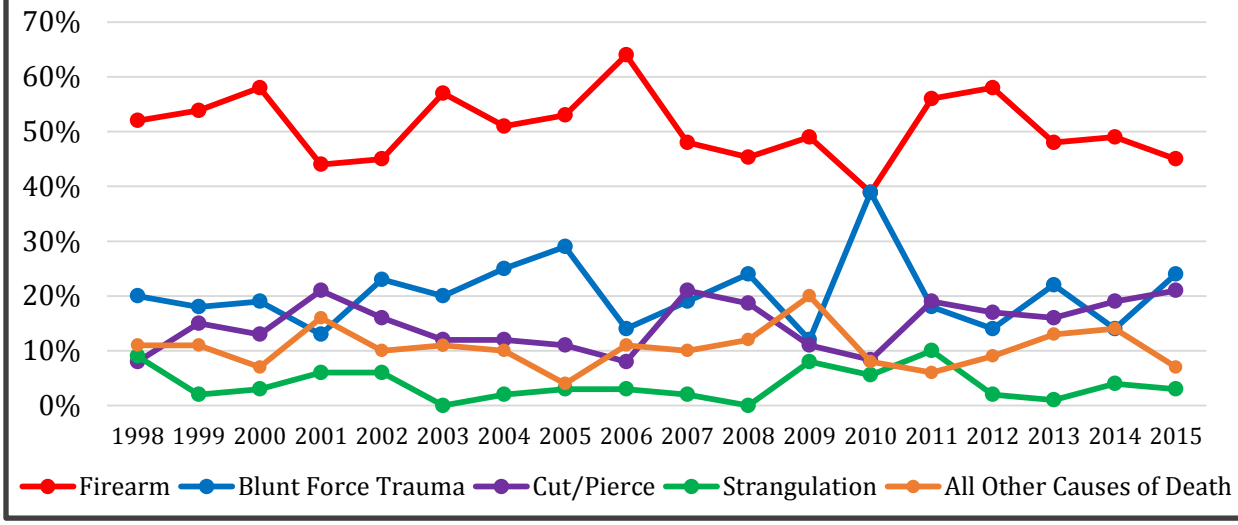
The Office of the Chief Medical Examiner of the State of Oklahoma investigates sudden, violent, unexpected, and suspicious deaths and conducts the medical investigation related to the death investigation. The Review Board reports on data obtained from the Medical Examiner's Office which includes a determination as to the individual's cause and manner of death. The leading cause of death of the 94 victims identified in 2015 was firearms (45%). Other causes of death included knife/cutting instruments, blunt force, strangulation, asphyxiation, and poisoning. Firearms were the overwhelming cause of death (82%) for perpetrators who committed suicide or who were killed by police/bystander intervention *(Figure 9).*

Figure 9. Cause of Death (2015)



Victims' cause of death has remained fairly consistent over the past eighteen years (1998 to 2015) with firearms leading the way as the most prevalent cause of death in domestic violence homicide cases *(Figure 10).* On average, firearms were the cause of death in 51% of the domestic violence homicides during this time period.

Figure 10.. Victims' Cause of Death (1998 to 2015)

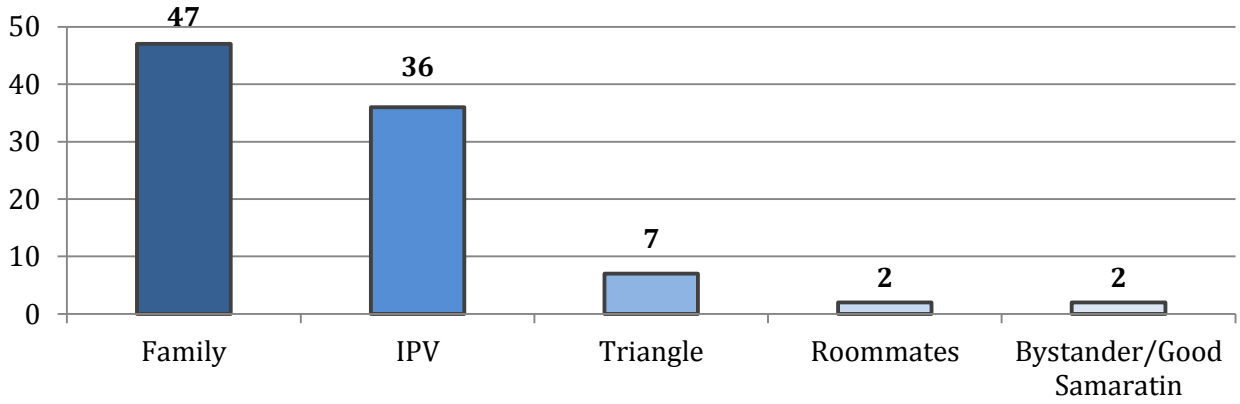


Key 2015 Review Board Findings

Relationship Type 2015

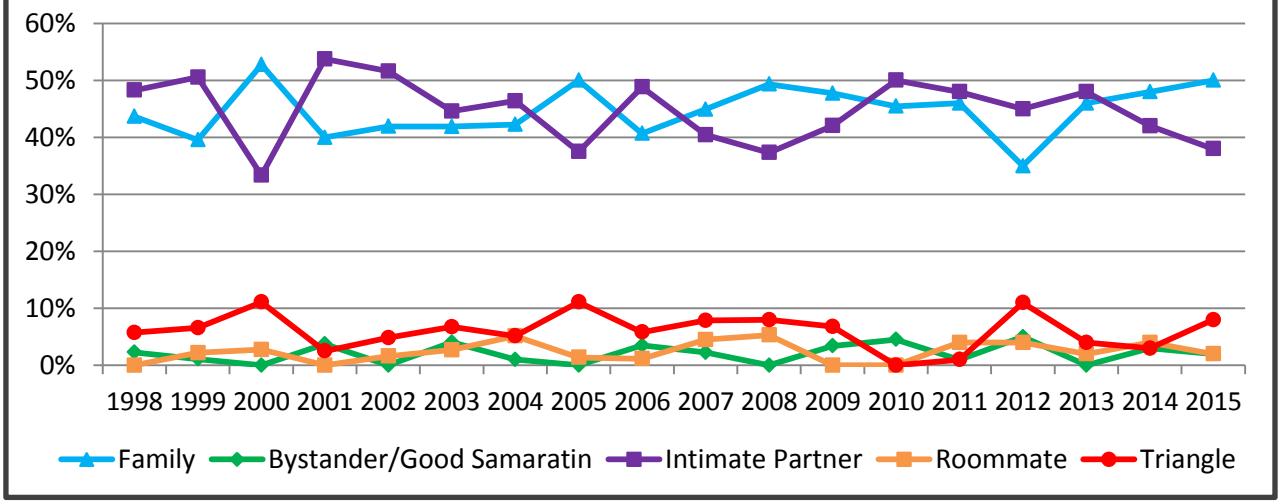
The Review Board collects and compiles data which classifies the type of domestic violence relationship involved in the homicide. In 2015, the majority of domestic violence homicides in Oklahoma were perpetrated by family members (50%) and intimate partners (38%). Intimate partner homicide (IPH) includes current or former spouses, and current or former girlfriends or boyfriends. Family members who killed other family members included fathers, mothers, step-fathers, sons, brothers, grandparents, nephews, and other relatives. In 7% of the cases, the homicide was categorized as a triangle. A triangular homicide includes situations in which a former spouse, girlfriend or boyfriend kills the new spouse, girlfriend or boyfriend, or vice versa. In 2% of the cases, the homicides were perpetrated by roommates. Additional cases involved 1 Good Samaritan (non-involved person who intervenes on behalf of a victim) and 1 bystander *(Figure 11).*

Figure 11. Type of Domestic Violence Homicide (2015)



Relationship Type has remained fairly consistent over the past eighteen years (1998 to 2015). Family homicides and intimate partner homicides were equally represented with an average frequency of 45% each *(Figure 12).*

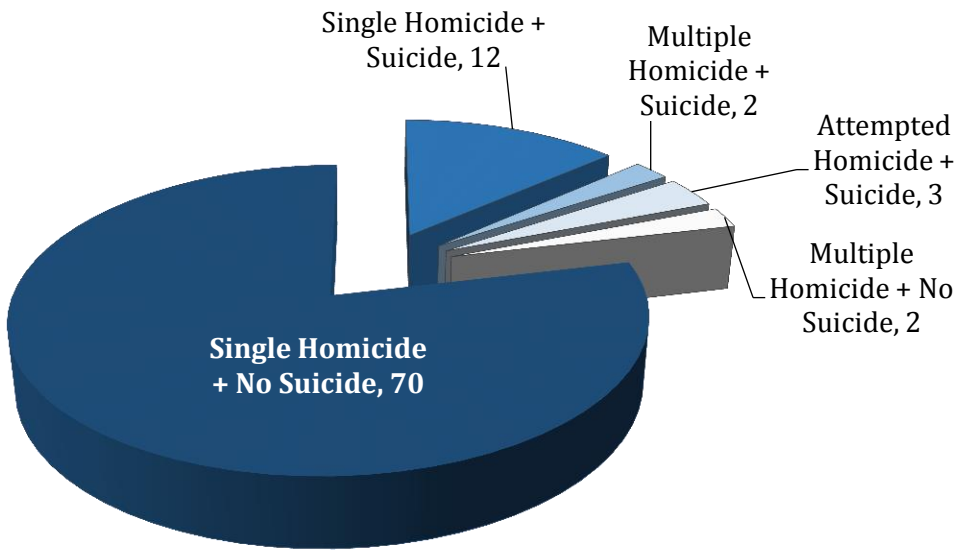
Figure 12. Type of Domestic Violence Homicide (1998 to 2015)



Key 2015 Review Board Findings

Murder-Suicide 2015

Figure 13. Domestic Violence Homicide Cases (2015)



Murder-Suicide Oklahoma 2015

Intimate partners perpetrated **86%** of all murder-suicides.

Males perpetrated **88%** of all murder-suicide and attempted murder-suicide cases and **92%** of all IPV specific murder-suicide and attempted murder-suicide cases.

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

Of the 89 domestic violence homicide cases identified in Oklahoma in 2015, 14 (16%) were identified as murder-suicide cases. In addition, the Review Board identified 3 *attempted* murder-suicide cases involving the death of only the perpetrator; the victim in each case survived. Of the 14 murder-suicide cases, 12 were *single victim, single perpetrator* intimate partner murder-suicide incidents. The remaining two cases involved two separate perpetrators who killed multiple victims before killing themselves *(Figure 13).*

Fortunately, cases in which individuals kill their intimate partners or family members and then themselves are very rare with an incident rate of under 0.001% (Eliason, 2009). However when such crimes are committed, research indicates that they most often involve intimate partners; usually a man killing his wife, girlfriend, ex-wife, or ex-girlfriend and then himself. In 2015, the Review Board found that **86%** of all murder-suicide cases were perpetrated by intimate partners. Males perpetrated **92%** of all IPV murder-suicide cases and ranged in age from 23 to 64 years. Murder-suicide cases, perpetrated by either intimate partners or family members, were 88% perpetrated by males.

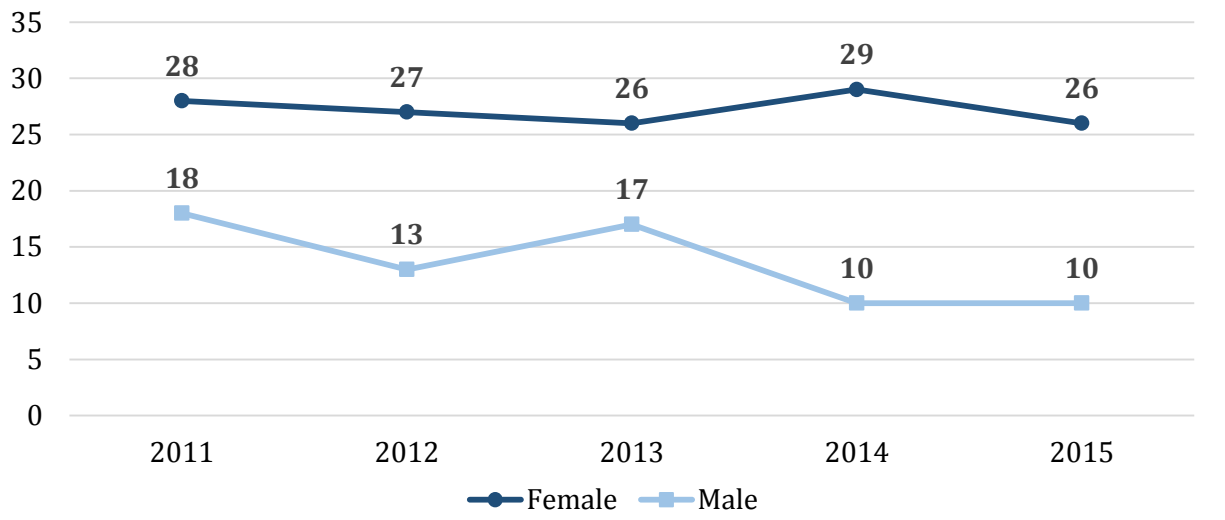
Key 2015 Review Board Findings

Intimate Partner Homicide (IPH) - Specific

In 2015, **36** (38%) domestic violence homicides were categorized as intimate partner violence homicides (IPH) *(Figure 14).* Cases were categorized as "intimate partner homicides" if the victim/perpetrator relationship was: spouse/ex-spouse, boyfriend/girlfriend, or ex-boyfriend/ex-girlfriend. In 2015, IPH victims were killed by their current and former spouses, girlfriends and boyfriends. The average age of IPH victims was 39.05. The youngest IPH victim was 18 years old; and the oldest was 61 years old. The average age of IPH perpetrators was 39.95. The youngest IPH perpetrator was 20 years old; and the oldest was 64 years old. There were 2 (8.33%) children killed by the IPH perpetrator who also killed the other parent.

Consistent with previous years, women were more likely than men to be killed by an intimate partner; 26 (72%) IPH victims were female and 10 (28%) were male. On average, over the five year period (2011 – 2015), two-thirds of intimate partner victims were female and one-third were male *(Figure 14).*

Figure 14. IPH Victims By Year By Gender (2011-2015)



In 2015, the majority of IPH victims were Caucasian (58%) but lower than what might be expected based on population census data alone (U.S. Census Bureau, 2015). Consistent with previous years, African American victims (17%) were disproportionally represented (U.S. Census Bureau, 2015).

National data reveal similar findings. Overall, African American females are murdered by males in single victim, single offender incidents at a rate (2.19 per 100,000) that is more than twice as high as for white females (0.97 per 100,000) (VPC, 2016) *(Note: these deaths include both IPV and non-IPV related murders in which women are murdered by men).* American Indian and Alaskan Native females were murdered by male offenders at a slightly lower rate (0.74 per 100,000) than white females (VPC, 2016). With regard to intimate partner homicide specifically, national data shows that black female victims are significantly more likely to be murdered by a spouse than white, female victims.

Domestic Violence Homicide by County (1998 to 2015)

Between 1998 and 2015, **1,520** victims lost their lives to domestic violence in Oklahoma; **667** (44%) were killed by intimate partners *(Table 4). Note*: the total number of DV homicide victims includes all domestic violence homicides including IP homicides.

Table 4. Domestic Violence Homicide Victims By County (1998 to 2015)

*Attorney General Certified Victims "C" Program; "B" Batterers Intervention Program and "T" Tribal Program

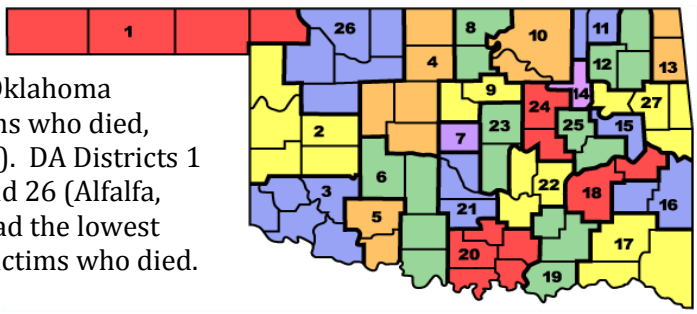
County	DV Homicide Victims	IPH Victims Only	DV/SA Program	County	DV Homicide Victims	IPH Victims Only	DV/SA Program
Adair	13	4	B	Leflore	34	11	C; B
Alfalfa	0	0		Lincoln	12	5	
Atoka	5	2	B	Logan	12	6	B
Beaver	3	1		Love	9	3	
Beckham	8	1	B	Major	1	0	
Blaine	2	1		Marshall	6	2	B
Bryan	23	7	C; B; T	Mayes	21	10	
Caddo	18	10	B; T	McClain	11	6	B
Canadian	21	10	C; B; T	McCurtain	25	12	C; B
Carter	33	12	C; B	McIntosh	9	5	
Cherokee	19	10	C; B; T	Murray	3	1	B
Choctaw	4	2	T	Muskogee	29	20	C
Cimarron	0	0		Noble	2	0	T
Cleveland	37	16	C; B	Nowata	2	2	
Coal	5	4		Okfuskee	9	5	B
Comanche	62	30	C; B; T	Oklahoma	338	154	C; B
Cotton	6	4		Okmulgee	15	7	C; B; T
Craig	7	5		Osage	16	8	C; T
Creek	18	9	B	Ottawa	13	5	C; B; T
Custer	11	6	C; B	Pawnee	9	3	T
Delaware	25	12	B; T	Payne	17	9	C; B; T
Dewey	1	1		Pittsburg	20	7	C; B
Ellis	1	1		Pontotoc	22	13	C; B; T
Garfield	14	7	C; B	Pottawatomie	30	12	C; B; T
Garvin	19	4	B	Pushmataha	3	1	
Grady	19	7	C; B	Roger Mills	0	0	
Grant	1	0		Rogers	19	6	C; B
Greer	2	2		Seminole	18	8	B; T
Harmon	1	1		Sequoyah	16	7	
Harper	0	0		Stephens	15	3	C; B
Haskell	9	5	C	Texas	6	2	C
Hughes	5	0		Tillman	6	4	
Jackson	4	3	C; B	Tulsa	300	115	C; B
Jefferson	0	0		Wagoner	21	11	
Johnston	7	2	B	Washington	15	6	
Kay	14	7	C; B; T	Washita	3	2	
Kingfisher	2	2		Woods	3	0	
Kiowa	3	4		Woodward	4	2	C; B
Latimer	4	2		**Totals**	**1,520**	**667**	

Domestic Violence Homicide by DA District (1998 to 2015)

Table 5. Domestic Violence Homicide Victims by DA District (1998 – 2015)

DA District	County	Number of DV Homicide Victims
District 1	Beaver, Cimarron, Harper and Texas	9
District 2	Beckham, Custer, Ellis, Roger Mills and Washita	23
District 3	Greer, Harmon, Jackson, Kiowa, and Tillman	16
District 4	Blaine, Canadian, Garfield, Grant and Kingfisher	40
District 5	Comanche and Cotton	68
District 6	Caddo, Grady, Jefferson and Stephens	52
District 7	Oklahoma	338
District 8	Kay and Noble	16
District 9	Logan and Payne	29
District 10	Osage and Pawnee	25
District 11	Nowata and Washington	17
District 12	Craig, Mayes and Rogers	47
District 13	Delaware and Ottawa	38
District 14	Tulsa	300
District 15	Muskogee	29
District 16	Latimer and Leflore	38
District 17	Choctaw, McCurtain and Pushmataha	32
District 18	Haskell and Pittsburg	29
District 19	Atoka, Bryan and Coal	33
District 20	Carter, Johnston, Love, Marshall and Murray	58
District 21	Cleveland, Garvin and McClain	67
District 22	Hughes, Pontotoc and Seminole	45
District 23	Lincoln and Pottawatomie	42
District 24	Creek and Okfuskee	27
District 25	Okmulgee and McIntosh	24
District 26	Alfalfa, Dewey, Major, Woods and Woodward	9
District 27	Adair, Cherokee, Sequoyah and Wagoner	69

Between 1998 and 2015, DA District 7 (Oklahoma County) had the highest number of victims who died, followed by DA District 14 (Tulsa County). DA Districts 1 (Beaver, Cimarron, Harper and Texas) and 26 (Alfalfa, Dewey, Major, Woods and Woodward) had the lowest number of domestic violence homicide victims who died.



Lethality Risk Factors ("Red flags")

Lethality risk factors or "red flags" that help assess the level of danger an abused woman has of being killed by her intimate partner have been extensively investigated by Dr. Jacquelyn Campbell of the Johns Hopkins University School of Nursing (Campbell et al., 2003). The Danger Assessment, developed by Dr. Campbell (1986), is an evidence-based lethality risk assessment tool used by domestic violence advocates, health care professionals, law enforcement officers and others as a means to triage and respond appropriately to those abused women in most danger of being killed. The Review Board works to identify lethality risk factors present in each case prior to the homicide based upon lethality risk factors from the Danger Assessment. An analysis of 276 intimate partner homicide cases reviewed between 1998 and 2015 highlighted the following lethality risk factors *(Table 6):*

Table 6. Lethality Risk Factors for Intimate Partner Homicide Victims from 276 Reviewed* Cases	
69%	Prior evidence of domestic violence
62%	History of physical violence
7%	History of sexual violence
44%	History of psychological/emotional abuse
45%	Perpetrator made prior death threats against the victim
12%	Perpetrator strangled victim in the past
43%	Perpetrator demonstrated morbid jealousy in the past
28%	Perpetrator threatened or attempted suicide in the past
25%	Perpetrator was unemployed at the time of the death event
42%	Victim was attempting to or in the process of leaving at the time of the death

*Reviewed cases refer to those cases reviewed in depth by the Review Board during monthly meetings.

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

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

Domestic Violence Homicide and Children

Background

The Review Board identifies child deaths within the broader context of domestic violence in accordance 22 O.S. November 1, 2013, §§ 1601-1603§) which defines specific victim-perpetrator relationships. For example, the Review Board collects information on child homicides which include, but are not limited to, deaths in which children are killed by parents/step-parents, foster parents, grandparents, siblings, uncles, aunts, and cousins.

In some cases, children are killed in the context of intimate partner homicide; for example a child or children may be killed in addition to the parent who is killed by an intimate or formerly intimate partner. In such cases the homicide perpetrator may be the child's biological father, step-father, or mother's boyfriend. Multiple studies have shown that children are impacted in multiple ways as a result of their exposure to a perpetrator of intimate partner violence and while child death in the specific context of intimate partner violence is a rare event, it is crucial for professionals working in domestic violence organizations, criminal justice, education, healthcare, mental health, child welfare, and other allied professional groups to closely coordinate their efforts to identify and swiftly respond to domestic violence cases that have the potential to result in direct harm or death to children. In the context of intimate partner violence (IPV), children may be killed indirectly as a result of attempting to protect a parent during a violent episode, directly as part of an overall murder-suicide plan by a parent who decides to kill the whole family, and/or directly as revenge against the partner who decided to end the relationship or for some other perceived betrayal (Jaffee & Juodis, 2006). Jaffe, Campbell, Olszowy, & Hamilton (2014), suggest that the lethality risk factors (red flags) seen in adult IPV homicides are similar to when a child is killed in addition to the parent. The authors stress the importance of criminal courts and family courts working closely together to enhance safety for victims and children. Professionals should ensure that safety planning for adult victims includes safety planning for the children.

In 2015, the Review Board identified **21 domestic violence homicide cases** in which a child or children (under the age of 18) were killed, resulting in the **deaths of 24 children**; 15 (63%) were male, 9 (37%) were female and **17** (71%) were 5-years- old or younger. The average age was 4.53. The youngest child was less than 2- months-old and the oldest child was 15. 63% of children killed were Caucasian, 17% were African American, 8% were Hispanic/Latino, 8% were Asian and 4% were Native American. Children were killed by their brothers, fathers, mothers, cousins, step-fathers, grandmothers, mother's boyfriends and ex-boyfriends and other relatives. *Table 7* provides a five year report on the number of children under the age of 18 who were killed as a result of domestic violence. There was 33% increase in the number of children killed from 2014 to 2015.

Table 7. Number of Child Victims (< 18 years) of Homicide (IPV and Non-IPV) (2011 to 2015)

	2011	2012	2013	2014	2015
Number Children Died	18	14	14	18	24
Number < 5yrs old	11	11	12	14	16
Age Youngest Child	3 months	2 months	5months	< 1 day	2mo
Age Oldest Child	16	16	14	17	15

Domestic Violence Homicide and Children

Teen Dating Violence Homicide

Teen dating violence has been defined as physical, sexual, psychological, or emotional violence within a dating relationship, including stalking and it can occur in person or electronically and can occur between a current or former dating partner (Centers for Disease Control [CDC], 2016). Far too many teens experience abuse from a dating partner. According to the Youth Risk Behavior Survey, 1 in 10 youths (grades 9 to 12) who had dated someone in the last 12 months reported being a victim of physical violence from a dating partner during that year; and 10% reported sexual victimization from a dating partner in the 12 months prior to the survey (CDC, 2016). However, many teens do not report the abuse because they are afraid to tell friends and family.

Fortunately, while only a very small percentage of teens are killed by their abusers, it is critical that professionals, educators, parents, and teens are educated about the signs of relationship abuse, risk factors for homicide, and how to respond to a teen who may be experiencing dating violence. Prevention education programs currently being utilized in Oklahoma and across the country have shown promising outcomes to prevent or decrease dating violence. Some programs "change norms, improve problem-solving, and address dating violence in addition to other youth risk behaviors, such as substance abuse and sexual risk behaviors" while others "prevent dating violence through changes to the school environment or training influential adults, like parents/caregivers and coaches, to work with youth to prevent dating violence" (Centers for Disease Control, 2014).

For additional information about teen dating violence and prevention initiatives in Oklahoma, go to:

Oklahoma State Department of Health, Injury Prevention Services. (2015). *Sexual Violence Prevention in Oklahoma*. Retrieved from

http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Injury_Prevention_Service/Sexual_Violence_Prevention/index.html

Review Board Findings

In 2015, there were 2 dating violence homicide victims between the age of 18 and 21; and there were no victims under the age of 18. Of the 667 intimate partner homicide victims identified by the board between 1998 and 2015 in Oklahoma, 12 (0.02%) were 18 years old or younger. Teen victims were killed by their boyfriends, ex-boyfriends, and girlfriends. Consistent with data for adult intimate partner homicides, the majority of teen dating violence homicides were committed by firearms (58%) and perpetrators were overwhelmingly male (83%). In some cases, the perpetrator killed other family members in addition to the intimate or ex-intimate partner.

2016 Review Board Recommendations

Since 1998, 1,520 victims have lost their lives to domestic violence. Recommendations made each year by the Review Board remain critical to improving our communities' ability to respond effectively to violence and to increase safety and access to resources for survivors. Based on case reviews, the Review Board offers recommendations for professionals and systems to address the pressing issue of domestic violence in Oklahoma and to monitor updates on recommendations made in previous years. Ultimately, the goal of the Review Board is to strengthen the safety net for victims and children and prevent the tragic and unnecessary loss of life.

At the end of each calendar year, the Review Board makes recommendations based on cases reviewed in that calendar year. However, the actual homicides reviewed by may not necessarily have occurred in the same year as the review. There is usually a gap between the time the actual homicide occurred and when it is reviewed. The delay exists because the Review Board waits for cases to be closed in the criminal justice system and for legal proceedings to be concluded before reviewing the case. The exception is in the case of murder-suicides; with no surviving perpetrators there are no legal proceedings. The Review Board is then able to review these cases in closer proximity to the actual time the event occurred

In 2016, the Review Board made five recommendations for the following systems: **law enforcement, mental health, domestic violence programs, and prosecution-victim witness coordinators.** More detailed explanation can be found on pages 19 to 24.

2016 Oklahoma Domestic Violence Fatality Review Board System Recommendations

1. Oklahoma law enforcement officers should safely and consistently implement the Lethality Assessment Program (LAP), utilizing the protocol developed by the Maryland Network to End Domestic Violence (MNEDV) when responding to domestic violence incidents. In particular, the LAP should be implemented even in those situations involving domestic violence or threat of domestic violence in which the officer believes that the primary concern is related to mental health. The LAP requires the law enforcement officer to conduct an 11-question lethality risk assessment. When the officer assesses the victim as being in danger based on the 11 questions, or when the victim is screened in based on the belief of the officer that the victim is in danger, the officer calls the Attorney General Certified Domestic Violence Program or Tribal Program. The officer encourages the victim to speak on the phone with the advocate for assistance, safety planning, risk assessment, and resources. If the victim declines to speak with an advocate, the officer obtains the safety planning information and immediately provides this information to the victim.
2. Mental Health professionals (i.e. social workers, behavioral health professionals, psychologists and psychiatrists) should avail themselves of learning opportunities to enhance their ability to assess suicide, homicide, and lethality risk for homicide in the context of domestic violence.
3. Enhance consistent and safe implementation of the Lethality Assessment Program (LAP) in Oklahoma.
4. Enhance access to domestic violence services for immigrant victims of domestic violence.
5. Enhance dissemination of information and access to resources for family survivors of domestic violence

2016 Review Board Recommendations

Recommendation 1

LAW ENFORCEMENT

Oklahoma law enforcement officers should safely and consistently implement the Lethality Assessment Program (LAP) utilizing the protocol developed by the Maryland Network to End Domestic Violence when responding to domestic violence incidents. In particular, the LAP should be implemented even in those situations involving domestic violence or threat of domestic violence in which the officer believes that the primary concern is related to mental health. The LAP requires the law enforcement officer to conduct an 11-question lethality risk assessment. When the officer assesses the victim as being in danger based on the 11 questions, or when the victim is screened in based on the belief of the officer that the victim is in danger, the officer calls the Attorney General Certified Domestic Violence Program or Tribal Program. The officer encourages the victim to speak on the phone with the advocate for assistance, safety planning, risk assessment, and resources. If the victim declines to speak with an advocate, the officer obtains the safety planning information and immediately provides this information to the victim.

Target System/Agency: **LAW ENFORCEMENT AGENCIES.**

Background

In 2016, the Review Board reviewed cases in which law enforcement agencies neglected to conduct the Lethality Assessment Program (LAP) on the scene of domestic violence incidents occurring prior to the homicide.

Did You Know?

On average, between **96% and 98%** of domestic violence homicide victims in Oklahoma never talked to a trained domestic violence advocate.

Domestic Violence Advocates assist with safety planning, emergency shelter and resources.

The Review Board recommends that law enforcement officers conduct the LAP on the scene of domestic violence incidents, even in situations in which the officer believes the primary consideration is mental health-related. In some cases, perpetrators of domestic violence may have mental health issues while at the same time, perpetrating domestic abuse. For example, in cases where a perpetrator of domestic violence is suicidal and an emergency mental health assessment is determined necessary by the law enforcement officer, the officer should still conduct the LAP with the victim on the scene as required by law.

Effective November 1, 2014, an amendment to the Oklahoma Victim's Right Act [21 O.S. § 21-142A-3(D)] requires law enforcement officers to assess a victim's potential for being killed by asking 11 validated questions used to asses risk of lethality. The research demonstrates that it is not the 11-questions in isolation that increases victim safety but rather the accompanying response protocol known as the Lethality Assessment Program or "LAP."

2016 Review Board Recommendations

What Does the Research Say?

Oklahoma LAP

Police Departments' Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation (Messing et al., 2014).

LAP study participants experienced:

- Less frequent and less severe violence;
- Greater protective strategies both immediately after the event (e.g., seeking services, removing/hiding their partner's weapons) and at follow-up (e.g. applying for and receiving an order of protection, establishing a code with family and friends); and
- Greater satisfaction with the police response.

Study results are available at: https://www.ncjr.gov/pdffiles1/

What is the LAP?

The LAP was originally created by the Maryland Network Against Domestic Violence in 2000. It brings together several evidence-based lethality risk assessment questions for law enforcement officers to discuss with victims of domestic violence on the scene of an incident and followed by a strategic protocol involving several steps that officers should follow to enhance the safety of victims. On the scene of an intimate partner violence (IPV) incident, law enforcement officers conduct an 11-question, risk assessment. The assessment includes a scoring protocol to assess the risk an IPV victim has of being killed.

The LAP is a "multi-pronged strategy" used by law enforcement officers in partnership with domestic violence advocates to prevent domestic violence homicides. **Note:** It is the collaborative and coordinated response between law enforcement and the domestic violence advocate that has the potential to save lives. The victim and the victim advocate communication immediately following the officer asking the 11-questions or the officer relating the victim advocate's safety planning and resource information to the victim if the victim declines the first option is at the core of the protocol. Victims are not always aware of the danger they are in; it is the safety planning and resource information that may lead the victim and any children to a safe place and ultimately save their lives. The LAP **demands more** than just asking the 11 questions. It **demands more** than just giving the victim a brochure. Law enforcement agencies have been mandated by statute for years to distribute victims' rights brochures and Safeline cards and while these reflect good practices, they are insufficient alone to save the lives of victims and their children. Instead, law enforcement officers must conduct the 11-question lethality assessment and then implement the LAP protocol.

The LAP Step-By-Step

- Officers on the scene of an intimate partner violence incident conduct an 11-question lethality risk assessment.
- If the officer assesses the victim as being in danger based on the 11 questions, or when the victim is screened in based on the belief of the officer that the victim is in danger, the officer calls the Attorney General Certified Domestic Violence Program or Tribal Program.
- The officer encourages the victim to speak on the phone with the victim advocate for assistance, safety planning, risk assessment and resources.
- If the victim declines to speak with an advocate, the officer obtains the safety planning information and immediately provides this information to the victim.

2016 Review Board Recommendations

Resources for Law Enforcement

In 2014, the Office of the Attorney General developed a template LAP assessment form for use by local law enforcement agencies. Tamara Hudgins, who is currently the Coordinated Community Response Team/Sexual Assault Response Team Specialist at the District Attorneys' Council, adapted the form to include step-by-step instructions conveniently located on the back side of the form to allow for quick reference by the officer.

A copy of the adapted template can be found in *Appendix A* of this report. The template consists of 11 questions, scoring protocol, and specific instructions to the officer regarding actions he or she must take on the scene to enhance safety for victims.

More information on the MNEDV LAP can be accessed from http://mnadv.org/lethality/

Refer to ***Appendix A*** for an LAP template lethality assessment tool with step-by-step instructions to officers.

Recommendation 2

MENTAL HEALTH

Mental Health professionals (i.e. social workers, behavioral health professionals, psychologists and psychiatrists) should avail themselves of learning opportunities to enhance their ability to assess suicide, homicide, and lethality risk for homicide in the context of domestic violence.

Target System/Agency: **OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, OKLAHOMA STATE BOARD OF BEHAVIORAL HEALTH, OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS, OKLAHOMA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS, OKLAHOMA PSYCHOLOGICAL ASSOCIATION, and OKLAHOMA PSYCHIATRIC PHYSICIANS ASSOCIATION.**

Background

Consistent with findings from previous years, murder-suicide cases reviewed by the Review Board showed that when perpetrators were suicidal prior to the homicide, mental health interventions did not adequately address the danger to victims related to the perpetrator's risk of suicide. The Review Board found that in some cases, perpetrators' contacts with mental health providers resulted in several missed opportunities for assessment (including lethality assessment) and intervention by those professionals.

While recommendations for domestic violence training for mental health professionals have been made in previous years, this year the emphasis is on improving the ability of mental health professionals to adequately address the danger to victims related to the perpetrator's suicide and/or homicide risk. The Review Board recommends that a mental health assessment of intent to commit suicide and/or homicide should include screening for domestic violence as well as assessment for lethality. These findings represent an opportunity for mental health professionals

2016 Review Board Recommendations

and domestic violence experts to collaborate to develop model domestic violence lethality risk assessment tools specific to the needs of the mental health professional who needs to assess domestic violence lethality risk in cases when the individual being assessed is simultaneously depressed, suicidal and/or homicidal.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) developed online domestic violence training modules which are unique to the needs of mental health and substance abuse services professionals. The training is an excellent springboard for mental health professionals wishing to learn about the dynamics of domestic violence, lethality risk identification, safety planning, and other suggestions to enhance practice.

Online ODMHSAS Webinar is available at:
https://ww1.odmhsas.org/AccessControl_new/ACMain/login.aspx?ReturnUrl=%2fAccessControl_new%2fELearning%2fDefault.aspx

Recommendation 3

MULTIDISCIPLINARY

Enhance consistent and safe implementation of the Lethality Assessment Program (LAP) in Oklahoma.

Target System/Agency: **OFFICE OF ATTORNEY GENERAL**

Background

A review of murder-suicide cases in 2016 found that, in some cases, law enforcement agencies are not always implementing the LAP consistently. The Review Board notes that the successful implementation of the LAP requires consistency of training and practices for law enforcement agencies statewide. To enhance safe and consistent implementation and monitoring of the program, the Oklahoma Office of the Attorney General should establish a multidisciplinary taskforce/workgroup to oversee the statewide execution of the Lethality Assessment Program (LAP) [21 O.S. § 21-142A-3(D)]. The taskforce should include members from law enforcement, prosecution, the domestic violence community, and other identified stakeholders. The primary activities of the taskforce should include data collection to evaluate program outcomes and the provision of technical assistance to law enforcement and domestic violence programs.

Recommendation 4

DOMESTIC VIOLENCE

Enhance access to domestic violence services for immigrant victims of domestic violence.

Target System/Agency: **OKLAHOMA COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT (OCADVSA), OFFICE OF ATTORNEY GENERAL (OAG) CERTIFIED DOMESTIC VIOLENCE PROGRAMS, AND NATIVE ALLIANCE AGAINST VIOLENCE (NAAV).**

2016 Review Board Recommendations

Background

The review of cases raised concern that immigrant victims of domestic violence may not always be aware of the domestic violence resources available to them in their community.

OAG Certified Victims' Programs should clearly state their intent to provide services to underserved immigrant populations in their marketing materials, i.e. program brochures/outreach efforts. The OCADVSA should create a template brochure in Spanish for dissemination by member programs and partner with NAAV for dissemination to tribal domestic violence/sexual assault programs. OCADVSA should improve accessibility of information for immigrant victims by placing Spanish language information about resources available on their website. OCADVSA should form a workgroup in partnership with NAAV and other agencies in Oklahoma that specifically serve immigrant populations as well as other key stakeholders to develop a work plan to effectively disseminate information to immigrant populations regarding available resources.

Recommendation 5

PROSECUTION

Enhance dissemination of information and access to resources for family survivors of domestic violence

Target System/Agency: **DISTRICT ATTORNEYS' OFFICES (VICTIM WITNESS COORDINATORS); DISTRICT ATTORNEYS' COUNCIL**

Background

For every victim who dies, family members and friends are left behind to grieve the loss of their loved ones and wonder what could have been done to prevent these senseless tragedies. The Review Board has the privilege of communicating with surviving family members, friends, employers, and co-workers.

Because the Review Board only has access to written documentation and reports from multiple agencies such as law enforcement, the medical examiner, district attorneys, child welfare, etc., communicating with family members helps the Review Board learn more about the homicide victim and better understand the circumstances leading up to the homicide. We ask surviving family members what they would like to share with us about their loved ones and if there is anything they believe might have prevented the death. We ask if there is anything we, as systems, can do to prevent domestic violence homicide in the future. We learn so much from family members and we are continuously humbled by their courage under such tremendously difficult circumstances.

Family members have advised the Review Board that resources such as counseling and support groups for surviving family members of domestic violence homicide are difficult to find. The Review Board has found that the resources that are actually available might not always be known to surviving family members and might be difficult to access. The often difficult process of locating resources is compounded by the family members' experiences of crisis, trauma, and grief. The loss of a loved one through homicide can result in a wide range of complex reactions, and family

2016 Review Board Recommendations

survivors of homicide are at particular risk of developing traumatic stress reactions, such as Post-Traumatic Stress Disorder (PTSD).

Victim Witness Coordinators located in District Attorney's Offices in Oklahoma provide critical assistance to those impacted by crime. They guide them through the criminal justice system, accompanying them to interviews and hearings and ensuring that they are made aware of their rights. The criminal justice system can be confusing and difficult to navigate under the best of circumstances. Victim Witness Coordinators explain the court process, expectations, and the witness's role. They also provide referrals to community resources; including emergency shelter, counseling and other support.

The Review Board suggests that Victim Witness Coordinators pay particular attention to family survivors of murder-suicide cases. The Review Board has observed that surviving family members of murder-suicide are very often unaware of the resources available to them in the community. In cases of murder-suicide, there is no surviving perpetrator and therefore the prosecutor's office may have very little, if any, contact with the victim's family. District Attorneys' Offices and VWC's are encouraged to find innovative ways to disseminate resource information to family survivors of murder-suicide.

The Review board encourages District Attorney Offices - Victim Witness Coordinators to continue their commitment to working with homicide survivors and, more specifically, to explore new and varied possibilities for disseminating information regarding victims compensation and other resources to those left behind following a domestic violence homicide. Information regarding resources should include trauma counseling, support groups etc. Other helpful information for survivors of family homicide should include information about trauma, signs of trauma, managing trauma responses and available assistance.

Finally, the Review Board suggests that the District Attorneys Council develop a template publication to disseminate to family members from district attorneys' offices across the State. The template could be placed on the District Attorneys' Council's website and/or on District Attorney Websites across the State. Such a publication could include information related to crisis, trauma, grief, victims compensation, and local resources such as counseling for grief and/or trauma and support groups specific to domestic violence homicide.

2016 Review Board Recommendations

Making a Difference in Oklahoma

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

Child Welfare System

The Review Board identifies domestic violence homicide cases in which child welfare was involved with the family prior to the homicide. Domestic violence training recommendations for the Department of Human Services (DHS) have been made by the Review Board spanning several years. In response, the DHS Child Welfare (CW) has implemented several domestic violence initiatives. Most importantly, DHS formed a multidisciplinary committee in 2014 comprised of child welfare professionals at varied levels of leadership, including State office representatives and local child welfare offices, together with domestic violence experts, for the purpose of promoting collaboration between the domestic violence community and the DHS CW program to improve child welfare and community practice for serving children and families who are impacted by domestic violence. To date, the committee has accomplished the following key goals:

- Enhanced professional relationships between child welfare and the domestic violence community.
- Updated the CW/DV Manual to guide child welfare field staff in working with families who have been impacted by DV.
- Jointly updated the CW/DV Training Program to be co-facilitated by domestic violence experts and child welfare professionals.
- The updated CW/DV training was first implemented at Level II, then moved to Level I and as of August, 2016, is now being provided to new child welfare specialists during their CORE training. This means that child welfare specialists will be receiving training prior to working on their first case.
- Child welfare professionals provided cross-training for domestic violence professionals from across the State.
- Domestic violence professionals on the committee conducted focus groups with victims of domestic violence receiving services at domestic violence programs in Oklahoma. The purpose of the activity was to obtain feedback from victims about their experiences with the child welfare community in Oklahoma. The results from the focus groups have been used to inform child welfare practice.
- Domestic violence training for supervisors and district directors was initiated in October 2016 as a means of ensuring that all child welfare staff receives training that helps guide practice in a manner that promotes consistency and safety statewide.

2016 Review Board Recommendations

Mental Health System

Several recommendations have been made for mental health and substance abuse professionals spanning several years. While we have identified many efforts across the State to respond to these recommendations, we recently reported that the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) responded by engaging domestic violence stakeholders to develop and implement a webinar training hosted online at ODMHSAS. The online training consists of domestic violence modules specifically tailored to meet the needs of mental health and substance abuse professionals and include the dynamics of domestic violence, risk assessment, safety planning and other suggestions to enhance practice.

Online ODMHSAS Webinar is available at:
https://ww1.odmhsas.org/AccessControl_new/ACMain/login.aspx?ReturnUrl=%2fAccessControl_new%2fELearning%2fDefault.aspx

In response to an interim study conducted in 2012, key mental health and substance abuse stakeholders and domestic violence partners convened to discuss the possibility of mandating 20 hours of domestic violence training for mental health and substance abuse professionals in Oklahoma. While several of the professional groups represented at the meetings were opposed to mandatory training, many were in agreement to provide domestic violence training opportunities for their constituents. The Oklahoma Drug and Alcohol Professional Counselor Association (ODAPCA) responded in full support by extending ongoing voluntary domestic violence training to their constituents via a semi-annual conference.

Mark Attanasi, Executive Director for ODAPCA offers the following feedback:

"From the beginning, ODAPCA was in full support of educating their members by offering a Domestic Violence Education Track at both of their Bi-Annual Conferences and collaborating with any other organization in their efforts to promote education on domestic violence.

As of December 2016, ODAPCA has had a Domestic Violence track at all of their bi-annual conferences, a total of 8 conferences, with at least two or more Domestic Violence professionals offering education in Domestic Violence. The positive feedback by our attendees and members has been overwhelming and fully accepted by all licensed professionals.

The relationship that ODAPCA formed with domestic violence professionals in our State has had a tremendous impact on all Drug and Alcohol Licensed Professionals. As a result of the feedback by our attendees and members ODAPCA has made the Domestic Violence Track a permanent part of all future bi-annual conferences."

Mark Attanasi
Executive Director
ODAPCA

Update on Recommendations from Prior Annual Reports

Court System

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

Court Clerks and Deputy Court Clerks should be provided with basic professional development/training on protective orders, including information about Full Faith and Credit.

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

Since this recommendation, the Office of the Attorney General's Victim Services Unit has provided protective order-specific training to over 34 court clerks and court clerk personnel. Future goals include additional regional training for Court Clerks in 2017.

Health Care System

In 2015, the Review Board made the following recommendation for healthcare professionals in Oklahoma:

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

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

In 2016, the City of Tulsa received a grant from the Victims of Crime Act (VOCA). The purpose of the request was to develop a best practice for providing a multisystem (healthcare, law enforcement, and social services) and multidisciplinary response with direct services for victims of domestic violence who present in the emergency room setting. In line with the Review Board recommendation, the initiative includes a lethality assessment program with anticipation of expanding across the State. Project implementation will result in a coordinated lethality assessment protocol response development for Emergency Department, health care, law enforcement, and advocates. It will provide for coordination, collaboration, and communication strategies for lethality assessment protocol implementation. A collaborative train-the-trainer model will be developed for future implementation.

Update on Recommendations from Prior Annual Reports

Judiciary

The judiciary is critical to the safety and well-being of families in Oklahoma. Decisions made by the juvenile, family, protective order and criminal courts have the potential to either enhance or diminish safety for victims of domestic violence and their children. Recognizing the vital role of the judiciary in creating safety for Oklahoma families, the Review Board has made the following recommendations for judges spanning several years:

[2014] Develop a judicial benchbook to provide guidance to Oklahoma judges in domestic violence cases.

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

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

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

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

[2005, 2007] Utilize a bench card for judges handling protective orders to assist the court in recognizing red flags and danger potential in cases.
Develop a judicial bench guide to provide guidance to Oklahoma judges in domestic violence cases.
Educate Oklahoma judges by developing a judicial bench guide to utilize on domestic violence cases.

In response to past recommendations, the Oklahoma County Bar Association, Lawyers Against Domestic Abuse Committee (LADA) partnered with the National Judicial Institute on Domestic Violence to provide a three-day intensive training," *Enhancing Judicial Skills in Domestic Violence Cases Workshop."* The training was well attended with 28 judges representing four counties in attendance, the majority of whom were from Oklahoma County. Feedback from the judges was positive with one judge reporting that as a result of the training she went back and changed her entire process for handling cases. This highly interactive, skills-based domestic violence workshop is available to judges through the National Judicial Institute on Domestic Violence, a partnership of Futures Without Violence, the National Council of Juvenile and Family Court Judges, and the U.S. Department of Justice, Office on Violence Against Women.

Available Judicial Training

Additional information about upcoming domestic violence trainings for judges can be found at https://www.njidv.org/

Review Board Member Activities

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

- **Janet Wilson**, PhD, R.N., OU College of Nursing, regularly presents at both national and international conferences on the topic of fatality review. Recent activities include domestic violence presentations, including a mock presentation, at the 2016 Oklahoma Court Improvement Program (CIP) regional trainings in collaboration with the Honorable Mike Warren.
- **Kristie Anderson**, designee for the Department of Human Services, helped to expand the domestic violence Level 1 training (CW 1024) for DHS Child Welfare workers to allow for a co-training model between domestic violence experts from the YWCA and DHS Child Protective Services and Permanency Planning staff. Kristie has made several domestic violence presentations including basic DV philosophy, DHS involvement, protocols for cases involving allegations of domestic violence, ethics and a Victimology presentation at the University of Central Oklahoma (UCO). She has presented to both mental health professionals and DV Advocates. Also, Kristie has been instrumental to bringing Child Welfare 1024 training to all supervisors and district directors.
- **Martina Jelley**, MD, MSPH, designee for the Oklahoma Medical was elected to the Academy on Violence and Abuse, an international organization of health professionals who research and educate on the topics of violence and abuse. She will be working in conjunction with the Tulsa Family Safety Center on a polyvictimization project, identifying and providing additional services for victims who have experienced multiple forms of abuse across the lifespan. Martina will also be partnering with the Statewide SANE Director, Kathy Bell, to provide medical services to domestic violence victims and to implement a lethality assessment program in the hospital emergency department setting. She assists with simulation training for internal medicine residents on a domestic violence case and trains fourth year medical students at Tulsa-OU School of Medicine.
- **Brandi Woods-Littlejohn (Chair)**, MCJ, designee for the Oklahoma State Department of Health, Injury Prevention Service and Jacqueline Steyn (Review Board, Program Manager) jointly presented at the Oklahoma Partners for Change Conference on Domestic Violence Homicide and Children.
- **Deb Stanaland,** designee for the Oklahoma Coalition Against Domestic Violence and Sexual Assault, regularly conducts media interviews (television, newspaper etc.) and makes presentations to varied community organizations and system partners (law enforcement, fire department etc.) to raise awareness of findings from the Review Board.
- **Mike Warren**, designee for the Oklahoma Supreme Court, coordinated with Dr. Janet Wilson to prepare a program and mock presentation to teach Assistant District Attorneys, Oklahoma Department of Human Services, Court Appointed Special Advocates and attorneys about domestic violence at 5 regional Court Improvement Trainings (CIT) throughout the State. Mike keeps domestic violence in the forefront by including important information on the topic at varied forums such as opening remarks at conferences. Mike initiates conversations at the JJOAC meetings about the importance of recognizing the impact domestic violence has on the family unit and how to stop it.
- **Lesley March**, JD, designee for the Oklahoma Office of the Attorney General, routinely trains law enforcement officers at the CLEET academy on law enforcement response to domestic violence. She also travels the State providing up-to-date training for victim advocates on a variety of domestic violence-related topics.

Spotlight

Homicide Prevention Initiatives in Oklahoma

Domestic Violence Programs

"This study shows that shelters are able to address the urgent and compelling needs of those experiencing domestic violence, and to assist diverse survivors with diverse needs. Without the shelter, most say they would have stayed with an abuser, become homeless, lost everything or risked death."[1]

Eleanor Lyon, Lead Researcher

[1]Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences, 2008.

The Review Board's mission to eliminate domestic violence homicide in Oklahoma relies on the 28 Attorney General Certified Domestic Violence and Sexual Assault Programs to provide safety and resources for victims of domestic violence and their children. The Review Board also depends on the services provided by the Tribal Domestic Violence and Sexual Assault programs in Oklahoma. Together, these services are integral to the safety continuum in our State.

In the early 1970s the battered women's movement began to demand a greater response to the needs of battered women and their children causing officials to move domestic violence out from behind closed doors and redefine the issue as a crime with criminal penalties for perpetrators. During the same time, domestic violence programs emerged with services for victims increasing markedly nationwide. Oklahoma was quick to respond with the first domestic violence and sexual assault program beginning services in 1974 and the first shelter for battered women opening in 1979.

Attorney General Certified Domestic Violence programs provide services to thousands of victims and children every year. In 2015, programs served victims of domestic violence at significantly greater numbers than were served in 2014 *(Table 8).*

Table 8. Attorney General Certified Domestic Violence Programs

	2014	2015	% Change
Hotline Calls	13,038	15,815	+23
Victims Served	12,834	15,752	+21
Nights in Shelter	120,355	130,087	+8 (+26 since 2012)

A list of Attorney General Certified Domestic Violence Victims' Programs and Batterer Intervention Programs can be found on the OAG website: http://www.ok.gov/oag/Public Safety/Victim Services/

A list of Tribal Domestic Violence Programs can be found on the Native Alliance Against Violence website: http://www.oklahomanaav.org/tribal-programs/

APPENDIX A

Domestic Violence Lethality-Screen for First Responders

Officer:	Date:	Case#
Victim:	Maiden Name:	Offender:

☐*Check here if victim did not answer any of these questions.*

A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.

1. Has the person ever used a weapon against the victim or threatened the victim with a weapon?	☐Yes ☐ No ☐Not Ans.
2. Has the person threatened to kill the victim or children of the victim?	☐Yes ☐No ☐Not Ans.
3. Does the victim think the person will try to kill the victim?	☐Yes ☐No ☐Not Ans.

Negative responses to Questions # 1-3 but positive responses to at least four of Questions # 4-11 trigger the protocol referral.

4. Does the person have a gun or can he/she get one easily?	☐Yes ☐No ☐Not Ans.
5. Has the person ever tried to choke the victim?	☐Yes ☐No ☐Not Ans.
6. Is the person violently or constantly jealous or does the person control most of the daily activities of the victim?	☐Yes ☐No ☐Not Ans.
7. Has the victim left or separated from the person after living together or being married?	☐Yes ☐No ☐Not Ans.
8. Is the person unemployed?	☐Yes ☐No ☐Not Ans.
9. Has the person ever tried to kill himself or herself?	☐Yes ☐No ☐Not Ans.
10. Does the victim have a child that the person knows is not his or her own child?	☐Yes ☐No ☐Not Ans.
11. Does the person follow or spy on the victim or leave the victim threatening messages?	☐Yes ☐No ☐Not Ans.

An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.

Is there anything else that worries the victim about his or her safety and if so, what worries the victim?

Check one: ☐Victim screened in according to the protocol
☐Victim screened in based on the belief of officer
☐Victim did not screen in

If victim ***screened in***: After advising the victim of high risk for danger/lethality, did the victim speak with the hotline advocate at this number *(Insert local OAG Certified DV/SA Program or Tribal DV/SA Program)*. **☐Yes ☐No** .

If you are unable to connect with a hotline advocate at the local program after at least two attempts within a 10 minute time frame, contact the State SAFELINE at 1-800-522-SAFE (7233)

Note: *The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.*

Updated October 8, 2014

GUIDELINES FOR THE USING THE LETHALITY FORM

WHEN TO USE THIS FORM

- INTIMATE PARTNER DV CALLS ONLY
- When you believe the victim faces danger once you leave
- When the home or parties are repeats
- When your gut tells you the situation is dangerous

HOW TO ASK

- Approach simply, positively with the victim
- Ask questions in order they appear
- Mark boxes according to victim's responses
- If the victim declines to answer, encourage once and check the box on the top of the screen that victim does not want to answer
- If victim refuses to answer one question, mark that question, "refuses to answer"
- Do **NOT** use the Victims phone to call Advocate (unless abuser has NO access to it). Use supervisory phone, neighbors, friends etc.

WHEN TO CALL AN ADVOCATE

- Answer yes to #1,2,3 - officer calls DV Advocate
- Answer no to #1,2,3, but yes to any 4 or more of #4-11-officer calls DV Advocate
- Police officer may do protocol whenever he/she wants, despite the victim's answers to questions – use experience, gut feelings
- Police officer should ask other questions to decide what to do ("Is there anything else that worries you about your safety?" "Are you fearful for your safety?")
- Be sure to check box at bottom whether or not victim screened in
- Officer should not leave the scene until the victim has finished speaking with an Advocate

VICTIM DOESN'T WANT TO TALK TO ADVOCATE

- Advise victim she's in danger and people in similar situations have been killed
- Tell victim you will call DV advocate to help her with her safety
- Officer to call Advocate and provide info to DV advocate and give numbers of "yes" questions
- Ask again if victim would reconsider talking to DV advocate service
- If victim still declines, convey safety plan and give 24/7 phone # for victim to call
- Conclude call
- Go over safety plan again with victim

- The "***State SAFELINE at 1-800-522-SAFE (7233)"*** has translators available if needed

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- 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 disseminate this report widely.

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

Safeline
1-800-522-SAFE (7233)

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

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

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

If you need more information about the Oklahoma Domestic Violence Fatality Review Board, please call:
The Office of the Attorney General
(405) 522-1984

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

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