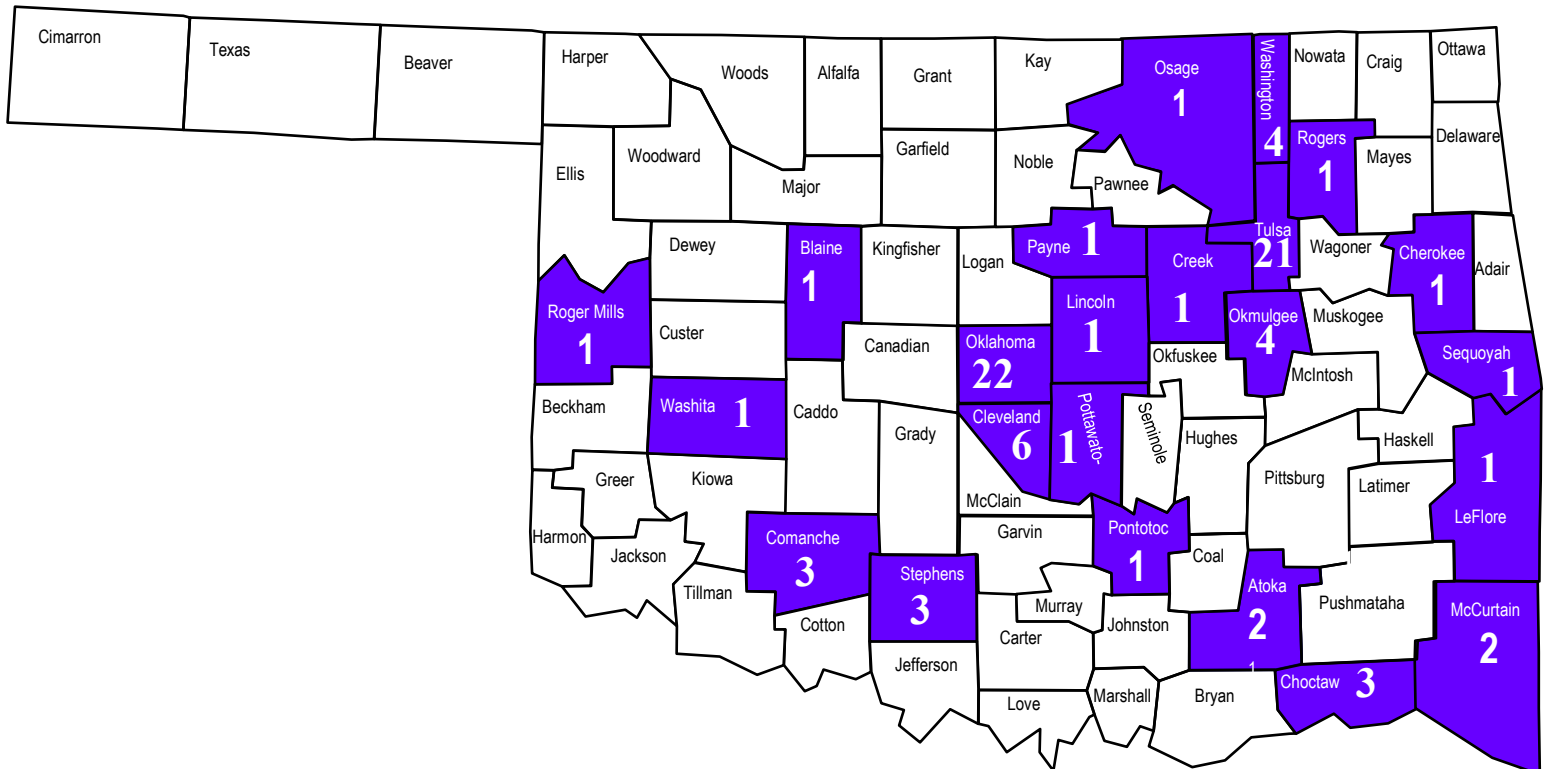


# DOMESTIC VIOLENCE

## HOMICIDE IN OKLAHOMA

A Report of the Oklahoma Domestic Violence  
Fatality Review Board



An Analysis of 2017 Domestic Violence  
Homicides

Report Year 2018

## Oklahoma Domestic Violence Fatality Review Board

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**Cover:** *The highlighted counties/numbers on the front-page represent the 82 victims (men, women, and children) identified by the Oklahoma Domestic Violence Fatality Review Board who died because of domestic violence in Oklahoma in 2017*

## Oklahoma Domestic Violence Fatality Review Board

### EXECUTIVE SUMMARY



*Since 2001, the members of the Oklahoma Domestic Violence Fatality Review Board have played a vital role in combatting domestic violence homicides in our state by providing statistical data and sound recommendations to law enforcement officials, agencies and other organizations that work with victims and survivors of this horrific crime. Until we see an end to these crimes, there will be an ongoing need for this type of strategic approach and implementation.*

*I applaud the members of the review board for their commitment to this work that continues providing best practices and meaningful interventions in our efforts to eliminating domestic violence homicide in our state.*

-AG Mike Hunter

The Oklahoma Domestic Violence Fatality Review Board presents the 2018 edition of the statewide publication, *Domestic Violence Homicide in Oklahoma: An Analysis of 2017 Domestic Violence Homicides*. This report outlines findings and recommendations assembled from our review of domestic violence-related homicide cases occurring in Oklahoma in 2017.

The purpose of the Review Board is to prevent future domestic violence fatalities by identifying gaps in services and crafting recommendations to improve the coordinated response of individuals, organizations/agencies and the community in Oklahoma.

We hope that this report will lead the legislature and systems in Oklahoma to implement changes in practice and policy that strengthen the comprehensive and effective response to those who continue to suffer the effects of domestic violence.

Thank you to our stakeholders for their commitment to these issues and for their tireless efforts to create a safer Oklahoma for victims and children.

Thank you,

Oklahoma Domestic Violence Fatality Review Board

## Oklahoma Domestic Violence Fatality Review Board

### BOARD MEMBERS (Jan-Dec 2018)

Eric Pfeifer, M.D. Marc Harrison, M.D. ( <i>Designee</i> )	Chief Medical Examiner
Terri White, M.S.W. Gwendolyn Downing ( <i>Designee</i> ) Lauren Garder, M.A., LPC ( <i>Alt. Designee</i> )	Commissioner, Department of Mental Health and Substance Abuse Services
Tom Bates, J.D. (Interim) (Current) Preston Doerflinger (Interim) Brian Downs (Acting) Maria Alexander, M.H.R., M.E.P.P. ( <i>Designee</i> )	State Commissioner of Health
Pam Archer, M.P.H., Director Brandi Woods-Littlejohn, M.C.J. ( <i>Designee/Chair</i> )	Chief, Injury Prevention Services of the State Department of Health
Ricky Adams Beth Green ( <i>Designee/Co-Chair</i> )	Director, Oklahoma State Bureau of Investigation
Melissa Blanton, J.D., A.A.G.	Office of the Attorney General, Chief, Victim Services
Ed Lake, M.S.W. Kristie Anderson, B.S.W. ( <i>Designee</i> ) Jennfier Postlewait, M.S.W. ( <i>Alt. Designee</i> ) Patricia Valera, B.S. ( <i>Alt. Designee</i> )	Director, Department of Human Services
Steve Buck Donna Glandon, J.D. ( <i>Designee</i> )	Executive Director, Office of Juvenile Affairs
Mike Booth, Sheriff ( <i>Designee</i> ) Scott Hawkins, Sergeant ( <i>Alt. Designee</i> )	Oklahoma Sheriffs Association
W. Don Sweger, Chief ( <i>Designee</i> )	Oklahoma Association of Chiefs of Police
Karen Mueller, J.D. ( <i>Designee</i> )	Oklahoma Bar Association
Jeff Smith, DA, District 16 ( <i>Designee</i> )	District Attorneys Council
Jason Beaman, D.O., M.S., M.P.H. ( <i>Designee</i> )	Oklahoma Osteopathic Association
Martina Jelley, M.D., M.P.H. ( <i>Designee</i> ) Monica Henning, M.D. ( <i>Alt. Designee</i> )	Oklahoma State Medical Association
Janet Wilson, Ph.D., RN ( <i>Designee</i> )	Oklahoma Nurses Association
Hon. Mike Warren, J.D. ( <i>Designee</i> )	Oklahoma Supreme Court
Deb Stanaland, ( <i>Designee</i> )	Oklahoma Coalition Against Domestic Violence and Sexual Assault (Survivor)
Tracey Lyall, M.S.W. ( <i>Designee</i> )	Oklahoma Coalition Against Domestic Violence and Sexual Assault
Oklahoma Domestic Violence Fatality Review Board Staff Team Jacqueline Steyn, M.A., M.B.S., LPC, Program Manager /Tiffany Clanahan, B.S. Research Analyst	

## Key Findings (2017)

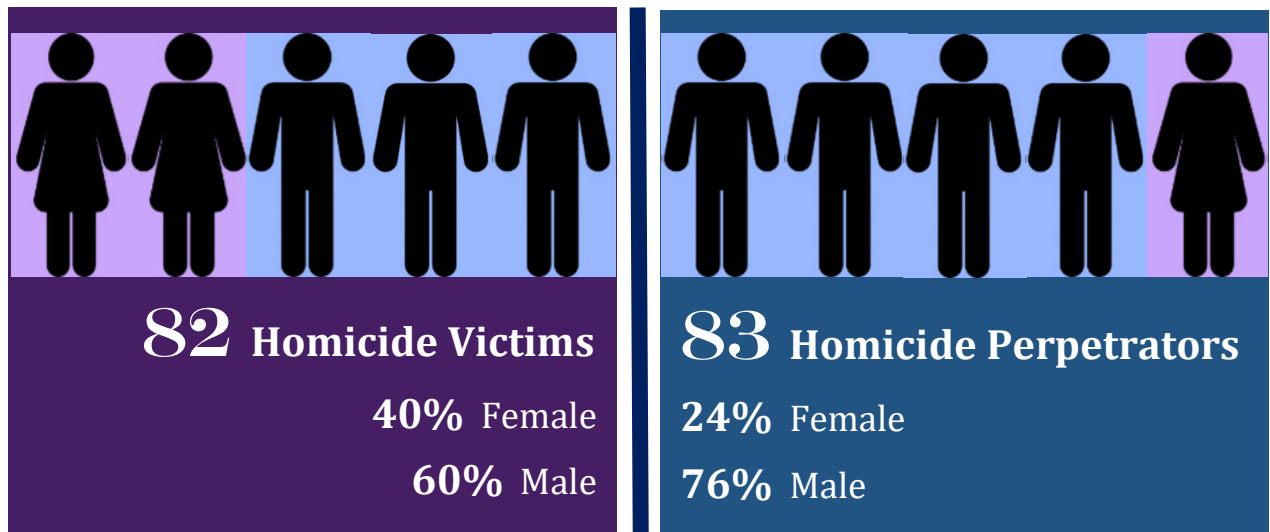
### AT A GLANCE

The Review Board identifies, reviews and reports annually on domestic violence-related homicides occurring in Oklahoma. Domestic violence homicides are divided into several broad categories. Each year, the two largest categories are intimate partner homicides (IPH) and family homicides committed by family members who are non-intimate partners. Intimate partners include current or former husbands, boyfriends, wives and girlfriends. Family members include, but are not limited to, parents, foster parents, children, siblings, grandparents, grandchildren, aunts, uncles, and cousins. Other deaths included in this report are roommates killed by roommates, as well as bystanders or Good Samaritans killed during the homicide event. In this report, the term *victim* refers to the individual killed in a domestic violence homicide. The term *perpetrator* refers to the individual who perpetrated the homicide.

### Domestic Violence Homicide in Oklahoma in 2017

75

#### DOMESTIC VIOLENCE HOMICIDE CASES [EVENTS]



22 Oklahoma Counties with at least one homicide

## Key Findings (2017)

### AT A GLANCE

Between 1998 and 2017, the Review Board identified **1,697** victims who died in Oklahoma because of domestic violence. In 2017 alone, **91** people lost their lives.

In 2017, Oklahoma had 75 separate domestic violence cases (events) resulting in the death of 91 people. One event can result in the death of more than one victim. Of the 91 deaths, 82 were identified as domestic violence homicide victims, and nine were identified as homicide perpetrators who died from suicide or who were killed as a result of law enforcement/bystander/Good Samaritan intervention (*Table 1*).

	2011	2012	2013	2014	2015	2016	2017
Domestic violence events	92	85	86	86	89	89	75
Domestic violence homicide victims (intimate partner homicide [IPH] and non-IPH)	96	88	90	93	94	95	82
<i>IPH victims only</i>	46	40	43	39	36	37	37
<i>Child Victims &lt;18</i>	18	14	14	18	24	15	11
Domestic violence perpetrators	93	91	89	91	100	95	83
Domestic violence perpetrators who died from suicide or law enforcement/bystander/Good Samaritan intervention	18	21	10	14	17	10	9

## Key Findings (2017)

### BY COUNTY

In 2017, 22 out of 77 (29%) Oklahoma Counties had at least one domestic violence-related homicide; the highest number of homicide victims were concentrated in Oklahoma and Tulsa Counties. Oklahoma County experienced the highest number of domestic violence homicides with a rate of 2.79 homicides per 100,000 people. While Tulsa County had the second highest number of domestic violence homicide victims with a rate of 3.25 homicides per 100,000 people. Oklahoma County had 21 cases resulting in 22 victim deaths and Tulsa County had 19 cases resulting in 21 victim deaths (*Table 2*).

Homicide Victims	County	Suicide/Law Enforcement Intervention
2	Atoka	
1	Blaine	
1	Cherokee	
3	Choctaw	1
6	Cleveland	1
3	Comanche	
1	Creek	1
1	Leflore	1
2	McCurtain	
22	Oklahoma	1
4	Okmulgee	1
1	Osage	1
1	Payne	
1	Pontotoc	
1	Pottawatomie	
1	Roger Mills	
1	Rogers	
1	Sequoyah	
3	Stephens	
21	Tulsa	1
4	Washington	1
1	Washita	
<b>82</b>	<b>TOTAL</b>	<b>9</b>

## Key Findings (2017)

### DEMOGRAPHICS

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The demographics presented in this section of the report include intimate partner homicides (IPH) identified by the Review Board, as well as non-intimate partner homicides (Non-IPH), occurring in Oklahoma in calendar year 2017. Non-IPH cases include family members, bystanders and good Samaritans (see section on relationship type, page 9, for a more detailed description about how the Review Board categorizes the different relationships between domestic violence-related homicide perpetrators and homicide victims).

#### Gender

Of the 82 total domestic violence homicide victims, 33 (40%) were female and 49 (60%) were male. Of the 28 *adult* female victims ( $\geq 18$  years old), 28 (100%) were killed by male perpetrators. Of the 43 *adult* male victims ( $\geq 18$  years old), 29 (67%) were killed by male perpetrators and 14 (33%) were killed by female perpetrators.

The overwhelming majority of perpetrators were male (76%). Of the 20 female perpetrators, 12 (60%) killed their intimate partners/former intimate partners (*Table 3*).

#### Race

Of the 82 victims, 49 (60%) were Caucasian, 23 (28%) were African American, 4 (5%) were Hispanic, 5 (6%) were Native American, and 1 (1%) was Asian.

Of the 83 perpetrators, 52 (63%) were Caucasian, 24 (29%) were African American, 3 (3%) were Native American, 3 (3%) were Hispanic/Latino Origin, and 1 (1%) was identified as Other (*Table 3*).

#### Age

Of the 82 victims, the majority (37%) were between the ages of 21 and 40 years old. The average age of all victims was 37.39 years old; the average age of adult victims ( $\geq 18$  years) was 42.61 years old. The youngest homicide victim was less than one month old. The oldest victim was over 80 years old. Of the 11 child victims ( $< 18$  years), 10 (91%) were under the age of five and 6 (55%) were less than a year old (*Table 3*).

Perpetrators between the age of 21 and 40 years old (59%) represented the largest age group. The average age of the 83 perpetrators was 37.22 years old; the average age of adult perpetrators ( $\geq 18$  years) was 37.95 years old. The youngest homicide perpetrator was 17 years old. The oldest perpetrator was 76 years old. Four (5%) homicide perpetrators were  $< 18$  years old (*Table 3*).



## Key Findings (2017)

### DEMOGRAPHICS

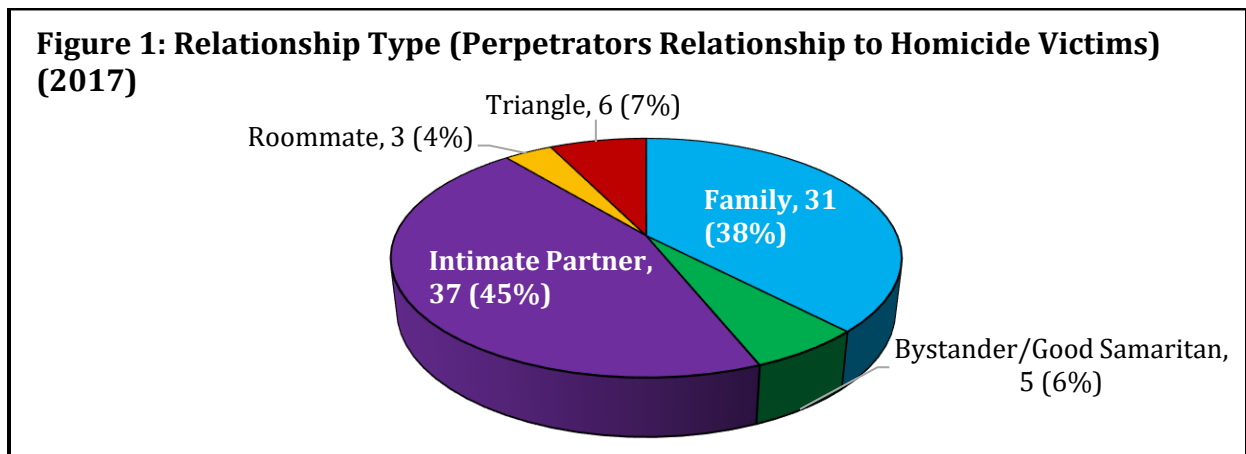
**Table 3. Domestic Violence Victim and Perpetrator Demographics (2017)**

	Domestic Violence Homicide Victims (n=82)	%	Domestic Violence Homicide Perpetrators (n=83)	%
<b>Gender</b>				
Female	33	40%	20	24%
Male	49	60%	63	76%
<b>Race</b>				
Caucasian	49	60%	52	62%
African American	23	28%	24	29%
Hispanic/Latino	4	5%	3	4%
Native American	5	6%	3	4%
Asian	1	1%	0	0%
Other	0	0%	1	1%
<b>Age</b>				
Under 21	15	18%	4	5%
21 to 40	30	37%	49	59%
41 to 60	28	34%	25	30%
Over 60	9	11%	5	6%
Average Age [All]	37.39		37.22	
Average Age [<18]	1.58		17.6	
Average Age [≥18]	42.61		37.95	

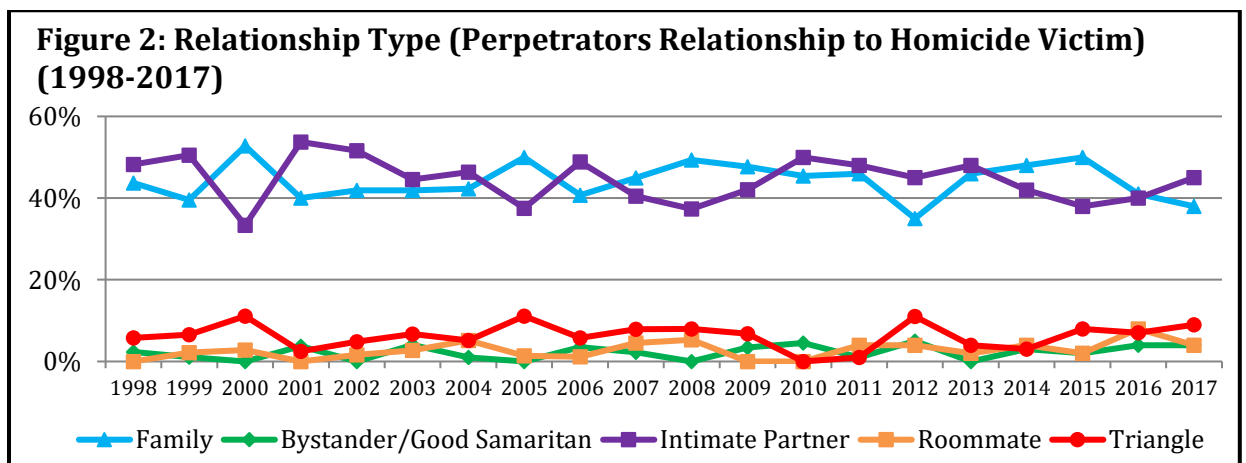
## Key Findings (2017)

### RELATIONSHIP TYPE

The Review Board collects and compiles data according to the type of relationship associated with the homicide. In 2017, 31 (38%) homicide victims were killed by family members and 37 (45%) were killed by intimate partners. Intimate partners include current or former spouses, girlfriends and boyfriends. Family members who killed family members included fathers, mothers, mother's boyfriends, foster mothers/fathers, sons, stepsons, grandsons, brothers, and other relatives. Six (7%) homicide victims were killed in cases that are 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. Three (4%) victims were killed by roommates, one (1%) victim was a Good Samaritan (non-involved person who intervenes on behalf of a victim) and four (5%) victims were bystanders to the homicide (Figure 1).



Relationship type remained fairly consistent from 1998 to 2017 with family homicides and intimate partner homicides almost equally represented. The average percentage for family perpetrated homicides was 44% and 45% for intimate partner homicides (Figure 2).

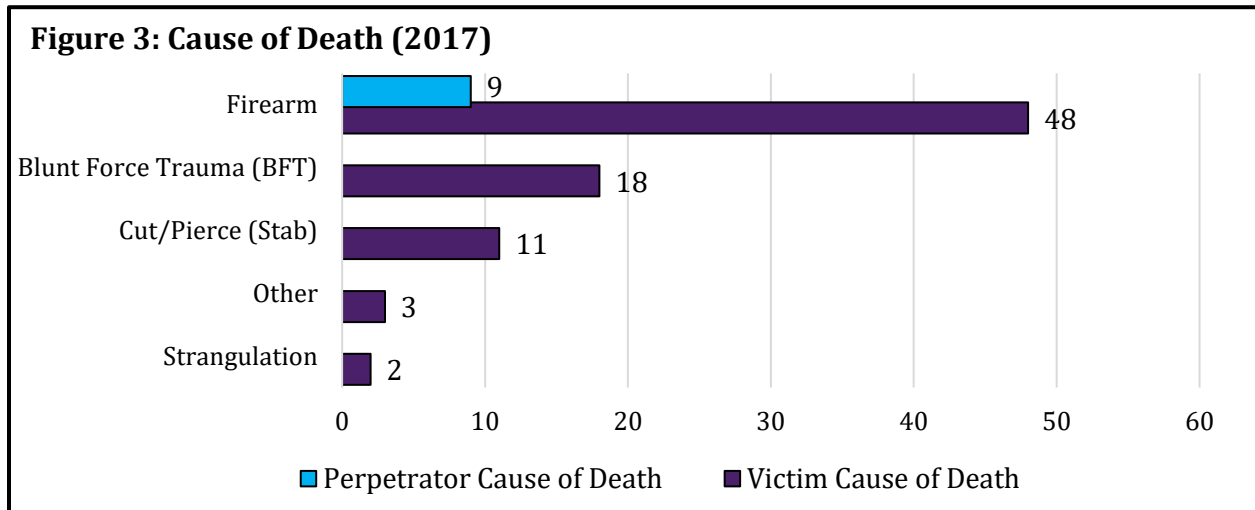


## Key Findings (2017)

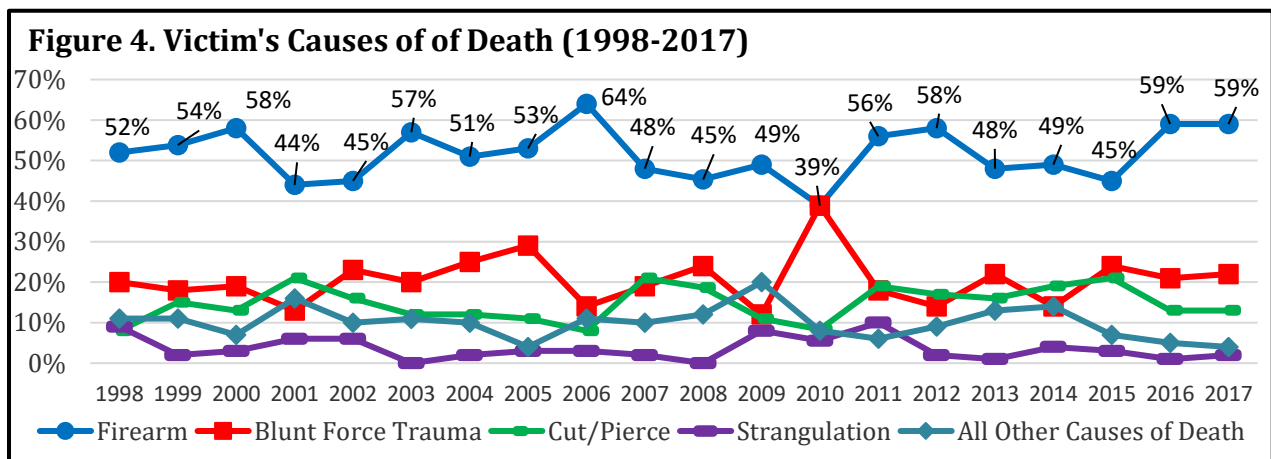
### CAUSE OF DEATH

The Office of the Chief Medical Examiner of the State of Oklahoma investigates sudden, violent, unexpected, and suspicious deaths and conducts the medicolegal investigation related to the death investigation. The Review Board reports on data obtained from the Medical Examiner’s Office that includes a determination as to the individual’s cause and manner of death.

Consistent with national research, firearms are the most commonly used weapons in domestic violence-related homicides. The leading cause of death of the 82 victims was firearms (59%). Other causes of death included knife/cutting instruments, blunt force, strangulation, and asphyxiation. Firearms were the cause of death of the 9 (100%) perpetrators who committed suicide or died by law enforcement/bystander/Good Samaritan intervention (*Figure 3*).



Victims’ causes of death has remained fairly consistent over the past twenty years (1998 to 2017) with firearms leading the way as the most prevalent cause of death in domestic violence homicide cases (*Figure 4*). On average, firearms were the cause of death in 52% of the domestic violence homicides during this time period.



## Key Findings (2017)

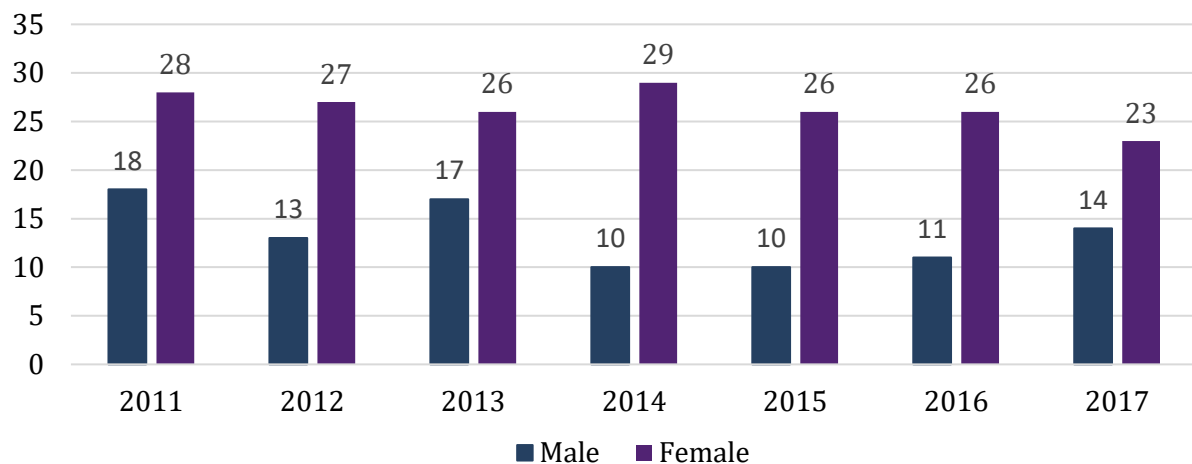
### INTIMATE PARTNER HOMICIDE (IPH)

The Review Board collects data related to intimate partner homicides (IPH). Intimate partners are current or former spouses and current or former girlfriends or boyfriends; including same sex partners. In the United States women are more likely to be killed by an intimate partner than by any other group of people.<sup>2</sup> A study by the Centers for Disease Control analyzing data from 18 states, including Oklahoma, between 2003 and 2014, found that 55% of 10,018 female homicide victims involved domestic violence. In addition, victims were killed by current or former intimate partners in 93% of the cases.<sup>3</sup> In Oklahoma, 37 of the 82 (45%) domestic violence-related homicides in 2017 were identified as IPH cases.

#### Gender

In 2017, 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 37 IPH victims, 23 (62%) were female and 14 (38%) were male (*Table 5*). More than two-thirds of IPH perpetrators were male (68%). On average, between 2011 and 2017, two-thirds of IPH victims were female and one-third were male (*Figure 5*). In some cases, the IPH perpetrator killed the IPH victim who was also the abusive partner.

**Figure 5. Intimate Partner Homicide Victims by Gender (2011-2017)**



<sup>2,3</sup> Petrosky E, Blair JM, Betz CJ, Fowler KA, Jack SP, Lyons BH. Racial and ethnic differences in homicides of adult women and the role of intimate partner violence — United States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2017;66:741–746. DOI: <http://dx.doi.org/10.15585/mmwr.mm6628a1>

## Key Findings (2017)

### INTIMATE PARTNER HOMICIDE (IPH)

#### Age

The average age of the 37 intimate partner homicide (IPH) victims was 41 years old. The youngest IPH victim was 20 years old; the oldest was 63 years old. The average age of IPH perpetrators was 39 years old. The youngest IPH perpetrator was 21 years old; the oldest was 71 years old (*Table 4*).

#### Race

Of the 37 IPH victims, 24 (65%) were Caucasian, 7 (19%) were African American, 3 (8%) were Native American, 1 was Asian (3%), and 2 (5%) reported as Hispanic (*Table 4*). African American IPH victims were disproportionately represented at almost 2.5 times higher than what would be expected based on Census Data.<sup>4</sup> Of the 37 IPH perpetrators, 59% were White, 27% were African American, 8% were Native American and 6% reported as Hispanic. African American perpetrators were disproportionately represented at approximately 3.5 times higher than would be expected based on Census Data.<sup>5</sup> (*Table 4*).

**Table 4: Demographics (IPH) (2017)**

	IPH Victim	IPH Perpetrator
<b>Gender</b>		
Female	23	12
Male	14	25
<b>Race</b>		
Caucasian	24	22
African American	7	10
Native American	3	3
Hispanic	2	2
Asian	1	0
Other	0	0
<b>Age</b>		
Under 21	1	0
21 to 40	17	23
41 to 60	17	11
Over 60	2	3
<b>Average Age [All]</b>	<b>41.42</b>	<b>39.35</b>

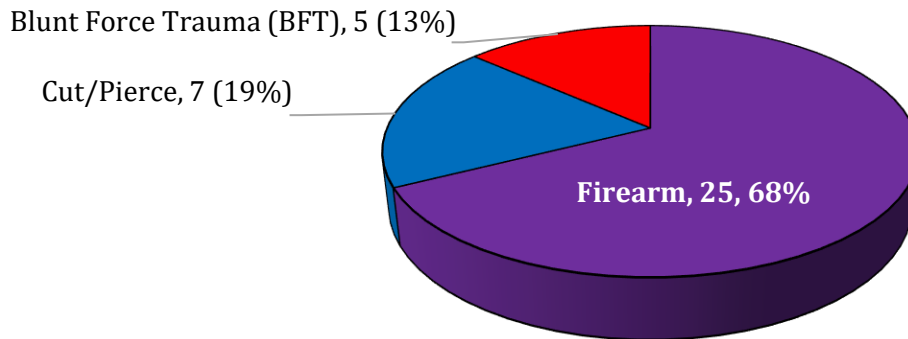
<sup>4,5</sup> United States Census Bureau. (2017). *Quick Facts Oklahoma*. Retrieved from <https://www.census.gov/quickfacts/fact/table/ok/PST04521>

## Key Findings (2017)

### INTIMATE PARTNER HOMICIDE (IPH) 2017

#### Cause of Death

**Figure 6: IPH by Cause of Death (2017)**



Aligned with national research,<sup>6</sup> Oklahoma findings show firearms to be the most commonly used weapons in intimate partner homicides (IPH). In 2017, 68% of IPH victims in Oklahoma were killed by firearms (*Table 6*); more than double all other causes of death combined. In the U.S. firearms, in particular handguns, are the weapon most commonly used by males to murder females in single victim/offender murders.<sup>7</sup> In one study, females were more likely to be murdered by their intimate partners with firearms than by all other causes combined.<sup>8</sup> 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.<sup>9</sup> Also, there appears to be a link between *non-fatal* intimate partner violence, firearm ownership and a perpetrator's likelihood of using the gun to threaten the partner.<sup>10</sup> Perpetrators of intimate partner violence use guns as tools of intimidation and psychological control of the intimate partner, most often as a means to threaten and instill fear.<sup>11</sup>

<sup>6</sup> Zeoli, A. M., McCourt, A., Buggs, S., Frattaroli, S., Lilley, D. & Webster, D.W. (2018). Analysis of the Strength of Legal Firearms Restrictions for Perpetrators of Domestic Violence and Their Association with Intimate Partner Homicides. *American Journal of Epidemiology* 2018 Jul 1; 187(7): 1449-1455. doi: 10.1093/aje/kwx362

<sup>7,8</sup> Violence Policy Center (VPC). (2018). When Men Murder Women: An Analysis of 2016 Homicide Data. Retrieved from <http://vpc.org/studies/wmmw2018.pdf>

<sup>9</sup> Campbell J.C., Webster D.W., Koziol-McLain J., et al. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*. 2003; 93(7):1089-1097.

<sup>10</sup> Rothman E.F., Hemenway D., Miller M., Azrael D. (2005). Batterers' use of guns to threaten intimate partners. *J Am Med Womens' Assoc* 2005; 60:62-68

<sup>11</sup> Sorenson, S.B. (2017). Guns in Intimate Partner Violence: Comparing Incidents by Type of Weapon. *Journal of Women's Health*, Vol. 26, Number 3, DOI: 10.1089/wh.2016.5832

## Key Findings (2017)

### INTIMATE PARTNER HOMICIDE (IPH)

#### Relationship Status

The majority of IPH victims (62%) were never married to the IPH perpetrator (*Table 5*).

**Table 5: Relationship of IP Homicide Victim to Perpetrator (2017)**

When perpetrator was male (n=25), victim was:	Number of Cases	%
Spouse	10	40%
Ex-Spouse	1	4%
Current Intimate Partner (not married)	10	40%
Former Intimate Partner (not married)	4	16%
When perpetrator was female (n=12), victim was:	Number of Cases	%
Spouse	3	25%
Ex-Spouse	0	0%
Current Intimate Partner (not married)	5	42%
Former Intimate Partner (not married)	4	33%

#### Living Arrangements

The Review Board tracks information related to the living arrangements between the IPH perpetrator and victim at the time of the homicide. Of the 341 reviewed IPH cases from 1998 to 2010, the victim and perpetrator were cohabiting in 55% of the cases. In 2017, the majority (57%) of IPH victims were living with the partner at the time of the homicide.

#### Separation

**38%**  
Victims who were separated from the perpetrator at the time of their death.

Out of the 37 IPH victims, 14 (38%) were reported to be separated from the IPH perpetrator at the time of the homicide. Since the Review Board has only limited information regarding the number of IPH victims who may have been trying to leave, or in the process of leaving, at the time of the homicide, the actual number may be higher.

#### 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 family/friends. However, since many of the intimate partner homicide cases from 2017 are not yet closed in the criminal justice system, prosecutorial

## Key Findings (2017)

### INTIMATE PARTNER HOMICIDE (IPH)

records are not yet available for many cases at the time of this report. In addition, the majority of abuse in intimate partner relationships is not reported to authorities and victims may not report their abuse to anyone prior to their deaths. Despite these limitations, an analysis of 276 reviewed intimate partner homicide cases between 1998 and 2015, found that 62% of IPH victims experienced physical violence by the homicide perpetrator prior to the homicide. In 2017, available records indicate that 54% of the 37 IPH victims experienced physical violence by the IPH perpetrator prior to the homicide.

### Protective Order History (IPH)

**Table 6: History of Protective Orders (2017)**

	Number of Cases	%
Victim Petitioned for Protective Order Against Perpetrator (Ever)	7	19%
Victim's Protective Order Valid at the Time of the Death	3	8%
Perpetrator Petitioned for Protective Order Against Victim (Ever)	1	3%
Perpetrator had Protective Order history against him/her by Someone other than Victim	11	30%
Victim had Protective Order history against him/her by Someone other than Perpetrator	6	16%

### Criminal Charges/Convictions related to the Homicide (IPH)

Charges were filed in 23 (62%) of the 28 IPH cases in which the perpetrator lived. The remaining nine cases involved the death of the perpetrator. At the time of this report, 13 out of 23 cases have resulted in convictions. The remaining cases are pending in the court system (*Table 7*).

**Table 7: Criminal Charges Related to the Homicide (2017)**

	Number of Cases	%
1 <sup>st</sup> Degree Murder	18	49%
2 <sup>nd</sup> Degree Murder	2	5%
1 <sup>st</sup> Degree Manslaughter	2	5%
2 <sup>nd</sup> Degree Manslaughter	0	0%
No Charges Filed	13	35%
Other	2	5%

### Prior Child Welfare Involvement (IPH)

The child welfare system provides an opportunity for intervention with children and families experiencing domestic violence. The Review Board collects data related to prior child welfare involvement in the case. In 2017, 22 (59%) IPH perpetrators and 20 (54%) IPH victims had child



## Key Findings (2017)

### INTIMATE PARTNER HOMICIDE (IPH)

welfare contact when they were children. In addition, 11 (30%) of IPH perpetrators and 30% of IPH victims had child welfare contact as an adult.

#### Prior Criminal History

Out of 341 cases reviewed between 1998 and 2010, 5% of domestic violence homicide perpetrators had prior *convictions* for domestic abuse. In 2017, 8% of IPH perpetrators had prior domestic abuse convictions while 62% of IPH perpetrators had some type of involvement with the criminal justice system such as charges, deferred sentences or convictions prior to the homicide (*Table 8*).

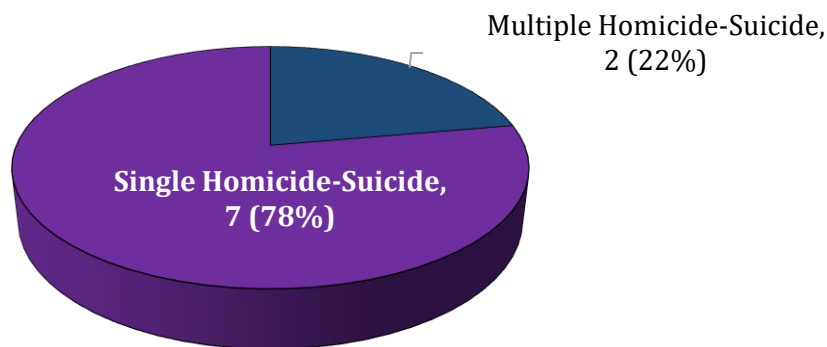
Table 8: Prior Criminal History (2017)		
Perpetrator's Prior Criminal History	Number of Cases	%
Domestic Abuse Convictions (Misdemeanor and/or Felony)	3	8%
Drug/Alcohol Convictions	9	24%
Past Felony Convictions	14	38%
Criminal Court History <sup>12</sup>	23	62%
Juvenile Criminal History	6	16%
Victim's Prior Criminal History	Number of Cases	%
Drug/Alcohol Convictions	9	24%
Past Felony Convictions	8	22%
Criminal Court History <sup>13</sup>	12	32%
Juvenile Criminal History	9	24%

<sup>12,13</sup> Criminal **Court History** includes criminal charges, criminal misdemeanor and felony charges resulting in deferred or suspended sentences as well as convictions.

## Key Findings (2017)

### HOMICIDE-SUICIDE

**Figure 7: Homicide-Suicide Cases (2017)**



An event is referred to as a homicide-suicide<sup>14</sup> 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 or former intimate partner and then kills him or herself. In 2017, the Review Board identified 75 domestic violence-related homicide cases resulting in the death of 82 victims. Nine (12%) of the 75 cases were categorized as homicide-suicide cases. Of the 9 homicide-suicide cases, 7 (78%) were classified as *single homicide-suicide* cases (events), i.e. one homicide victim and one perpetrator who committed suicide or was killed as a result of law enforcement intervention. Two of the 9 (22%) homicide-suicide cases were *multiple homicide-suicide* cases, i.e. the perpetrator killed more than one victim before committing suicide or being killed by law enforcement intervention (*Figure 7*).

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.<sup>15</sup> Similarly, the Review Board found that 89% of all homicide-suicide cases in Oklahoma in 2017 were perpetrated by intimate partners. Victims ranged in age from under two years old to over 50 years old. Historically, the Review Board rarely identifies intimate partner homicide-suicide cases involving a female perpetrator; however, in 2017 one case involved a female perpetrator. Between 1998 and 2017, 13% of all domestic violence homicide cases were homicide-suicide cases. In addition, a 17-State study, including Oklahoma, found that 88% of homicide-suicide incidents were performed with a gun.<sup>16</sup> In 2017 in Oklahoma 100% of such incidents were committed with a firearm.

<sup>14</sup> Homicide-suicide and murder-suicide are often used interchangeably in the research literature.

<sup>15</sup> Marzuk PM, Tardiff K, and Hirsch CS. "The Epidemiology of Murder-Suicide." *JAMA* 267, no. 23 (June 17, 1992): 3179–83. doi:10.1001/jama.1992.03480230071031.

<sup>16</sup> Logan, J., Hill, H.A., Black, M.L., Crosby, A.E., Karch, D.L., Barnes, J.D., & Lubell, K.M. (2008). Characteristics of perpetrators in homicide-followed-by-suicide incidents: National Violent Death Reporting System—17 US States, 2003–2005." *American Journal of Epidemiology* 168, no. 9 (November 1, 2008): 1056–64. doi:10.1093/aje/kwn213.

## Key Findings (2017)

### DOMESTIC VIOLENCE HOMICIDE AND CHILDREN

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#### Domestic Violence, Child Maltreatment and Child Homicide

Multiple studies report a 30% to 60% overlap between domestic violence and child maltreatment.<sup>17</sup> In one study, there was a pattern of abuse against the mother in 70% of the cases in which an abused child died,<sup>18</sup> suggesting that domestic violence is not just incidental or unrelated to the child abuse and neglect homicide of children. Risk of physical harm can include accidental or intentional injury, witness to the homicide and even death. A review of 135 deaths/near deaths of children who died from abuse or neglect by the Oklahoma Special Review Committee, revealed serious concerns related to the incidence of domestic violence in the history of reviewed cases.<sup>19</sup>

#### Lethality Risk Identification Related to Children

Research suggests that the risk of lethality to the child is the same as the lethality risk identified for the child's mother (victim parent). Experts stress the importance of juvenile, criminal, and family courts identifying and safely responding to lethality risk factors; and then working collaboratively to enhance safety for victims and children. Professionals should ensure that safety planning for adult victims includes safety planning for the children.<sup>20</sup>

#### Intimate Partner Homicide and Children on the Scene

Intimate partner homicide often involves the murder of family members or bystanders, including children, other relatives or new partners of the victims. In many circumstances, the child may simultaneously experience the loss of one or both parents, one from the death, and the other from suicide or incarceration. In some situations, children have tried to defend the victim at the time of the homicide, called 911 for emergency response, or have been left alone with the dead body of one or more of their parents. Undoubtedly, these events have significant long-term consequences for surviving family members, and the community at large.

A 10-year Review Board report (1998 to 2010) found that children witnessed 33% of domestic violence-related homicides. In 2017, children witnessed 32% of all IPH homicides.

Given the profound impact of witnessing parental homicide, together with outcomes of trauma

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<sup>17</sup> Appel A.E., Holden G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*. 1998;12:578-599.

<sup>18</sup> Messinger, R.W. & Eldridge, R.M. (1993). *Behind closed doors: The city's response to family violence*. New York: New York Task Force on Family Violence.

<sup>19</sup> Oklahoma Special Review Committee Report: OKDHS Role in Child Abuse & Neglect Deaths. Review of child deaths November 2010-2012.

<sup>20</sup> Jaffe, P.G., Campbell, M. Olszowy, L. & Hamilton, L.H.A. (2014). Paternal filicide in the context of domestic violence: challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Review*, 23(2).

## Key Findings (2017)

### DOMESTIC VIOLENCE HOMICIDE AND CHILDREN

(including Post-Traumatic Stress Disorder)<sup>21</sup>, loss and grief related to the violent death of a parent, the Review Board recognizes the importance of discovering what happens to these children, and to understand the most effective treatment and placement options available. One avenue for determining where these children will go following the homicide is via the Oklahoma Department of Human Services (OKDHS)-Law Enforcement joint response system. Protocols attached to this system provide for child welfare to complete a safety evaluation, including an imminent child safety threat analysis. The Review Board has observed what appears to be an upward trend of child welfare involvement on the scene of domestic violence-related homicides, however there is currently no specified reference to domestic violence homicide in the joint response system.

### Review Board Findings

The Review Board collects information related to child homicides including, but not limited to, deaths in which children are killed by parents/step-parents, foster parents, grandparents, siblings, uncles, aunts, and cousins. In some cases, perpetrators kill children in the context of intimate partner homicide; for example, the perpetrator kills the children in addition to killing the partner/parent. In such cases, commonly referred to as *familicides*, the homicide perpetrator may be the child's biological father, stepfather, or the mother's boyfriend. In other cases, the perpetrator may only kill the children and not the intimate partner, often as retaliation or punishment towards the other parent for some perceived betrayal or for leaving the relationship.<sup>22, 23</sup>

The Review Board focuses on child *homicides* and does not review cases of children who die due to neglect; the Oklahoma Child Death Review Board reviews these cases. In 2017, the Review Board identified 11 children (age < 18 years old) who were killed by family members; 55% were male children, 45% were female children. Sixty-four percent were Caucasian, and 36% were African American. Ninety-one percent were ≤5 years old (average age 1.58 years). Children were killed by their fathers, mothers, mother's boyfriends, uncle, and foster parents. In 2017, 55% of the child homicide victims, 57% of IPH perpetrators, and 54 % of IPH victims had child welfare contact prior to the homicide.<sup>24</sup> *Table 9* provides additional information related to the number of children killed because of domestic violence in Oklahoma between 2011 and 2017.

<sup>21</sup> Black D, Harris-Hendriks J, Kaplan T. Father kills mother: post-traumatic stress disorder in the children. *Psychother Psychosom.* 1992;57(4):152-7. doi: 10.1159/000288592.

<sup>22</sup> Jaffe, P.G. & Judois, M. (2006). Children as Victims and Witnesses of Domestic Homicide: Lessons Learned from Domestic Violence Death Review Committees. *Juvenile and Family Court Journal.* Volume 57. Issue3, pp 13-28.

<sup>23</sup> Jaffe, P.G., Campbell, M. Olszowy, L. & Hamilton, L.H.A. (2014). Paternal filicide in the context of domestic violence: challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Review*, 23(2), pp.142-153.

<sup>24</sup> Oklahoma Department of Human Services Data.

## Key Findings (2017)

### DOMESTIC VIOLENCE HOMICIDE AND CHILDREN

**Table 9. Child Victims (age < 18 years) of Domestic Violence-Related Homicide (Intimate Partner and Non-Intimate Partner) (2011-2017)**

	2011	2012	2013	2014	2015	2016	2017
Number of Child Homicides	18	14	14	18	24	15	11
<i>Number of Victims ≤ 5yrs old</i>	11	11	12	14	16	12	10
<i>Age of Youngest Child</i>	3 months	2 months	5 months	<1 day	2 months	<1 month	<1 month
<i>Age of Oldest Child</i>	16	16	14	17	15	17	6

## Domestic Violence Homicide by County (1998-2017)

Between 1998 and 2017, **1,697** victims lost their lives to domestic violence in Oklahoma; of the 1,697 victims, **742** (44%) were killed by intimate partners (*Table 10*).

**Table 10. Domestic Violence Homicide Victims By County (1998 to 2017)\***

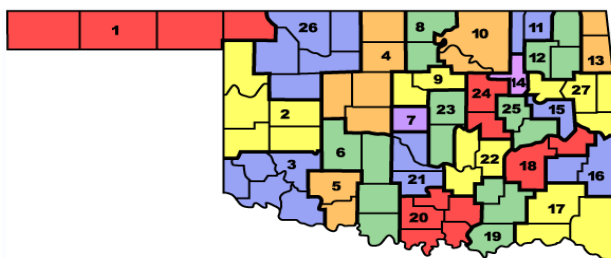
County	DV Homicide	IPH Victims	DV/SA Program	County	DV Homicide	IPH Victims	DV/SA Program
Adair	14	4	B; S	Leflore	38	13	V; B
Alfalfa	0	0		Lincoln	13	6	
Atoka	7	3	B	Logan	13	6	B
Beaver	5	1		Love	9	3	
Beckham	8	1	B; S	Major	1	0	
Blaine	3	2		Marshall	6	2	B
Bryan	23	7	V; B; T	Mayes	22	10	
Caddo	18	10	B; T	McClain	12	7	
Canadian	21	10	S; B; T	McCurtain	27	13	V; B
Carter	33	12	V; B	McIntosh	11	5	S
Cherokee	20	11	V; B; T	Murray	3	1	B
Choctaw	8	2	T	Muskogee	31	22	V; B
Cimarron	0	0		Noble	3	1	T
Cleveland	44	20	V; B	Nowata	2	2	
Coal	5	4		Okfuskee	9	5	B
Comanche	68	33	V; B; T	Oklahoma	383	171	V; B; F
Cotton	6	4		Okmulgee	20	9	V; B; T
Craig	8	5	S	Osage	17	9	T
Creek	21	10	B	Ottawa	14	5	V; B; T
Custer	11	6		Pawnee	9	3	T
Delaware	26	13	S; B; T	Payne	19	9	V; B; T
Dewey	2	2	S	Pittsburg	21	7	V; B
Ellis	1	1	S	Pontotoc	23	13	V; B; T
Garfield	16	8	V; B	Pottawatomie	32	12	V; B; T; F
Garvin	20	4	B	Pushmataha	3	1	
Grady	20	8	V; B	Roger Mills	1	1	
Grant	1	0		Rogers	20	6	V; B
Greer	2	2		Seminole	19	9	V; B; T
Harmon	1	1		Sequoyah	19	8	
Harper	1	1	S	Stephens	19	5	V; B
Haskell	9	5	S; B	Texas	6	2	S
Hughes	5	0	B	Tillman	6	4	
Jackson	5	3	V; B	Tulsa	348	137	V; B; F
Jefferson	0	0		Wagoner	22	11	S
Johnston	7	2	S; B	Washington	22	10	
Kay	14	7	V; T	Washita	5	2	
Kingfisher	2	2		Woods	3	0	S
Kiowa	3	4		Woodward	4	2	V; B
Latimer	4	2		<b>Totals</b>	<b>1,697</b>	<b>742</b>	

\*"V" Attorney General Certified Victims Program and "S" Satellite Attorney General Certified Victims Program; "B" Batterers Intervention Program; "T" Tribal Program; and "F" Family Justice Center

## Domestic Violence Homicide by District Attorney District (1998-2017)

**Table 11. Domestic Violence Homicide Rate per 100,000 population by District Attorney District (1998-2017)**

DA District	County	Number of DV Homicide Victims	Rate per 100,000
District 26	Alfalfa, Dewey, Major, Woods and Woodward	10	1.07
District 4	Blaine, Canadian, Garfield, Grant and Kingfisher	43	1.08
District 21	Cleveland, Garvin and McClain	76	1.25
District 9	Logan and Payne	32	1.40
District 8	Kay and Noble	17	1.47
District 1	Beaver, Cimarron, Harper and Texas	10	1.55
District 3	Greer, Harmon, Jackson, Kiowa, and Tillman	17	1.58
District 12	Craig, Mayes and Rogers	50	1.82
District 24	Creek and Okfuskee	30	1.85
District 11	Nowata and Washington	24	1.97
District 10	Osage and Pawnee	26	2.06
District 2	Beckham, Custer, Ellis, Roger Mills and Washita	28	2.07
District 23	Lincoln and Pottawatomie	43	2.11
District 27	Adair, Cherokee, Sequoyah and Wagoner	75	2.12
District 6	Caddo, Grady, Jefferson and Stephens	57	2.19
District 15	Muskogee	31	2.22
District 18	Haskell and Pittsburg	29	2.54
District 25	Okmulgee and McIntosh	31	2.61
District 7	Oklahoma	383	2.70
District 13	Delaware and Ottawa	40	2.77
District 19	Atoka, Bryan and Coal	35	2.89
District 14	Tulsa	348	2.93
District 5	Comanche and Cotton	74	2.95
District 20	Carter, Johnston, Love, Marshall and Murray	58	3.05
District 22	Hughes, Pontotoc and Seminole	47	3.12
District 17	Choctaw, McCurtain and Pushmataha	38	3.17
District 16	Latimer and Leflore	42	3.50



## Recommendations

### *Lethality Risk and Strangulation Training for ALL Systems, prioritizing the judiciary, health care and mental health professionals.*

1. *Judges should identify and acknowledge lethality risk and strangulation and incorporate specific responses when presiding over cases involving domestic violence.*
2. *Healthcare practitioners, including emergency room personnel and physicians (in particular obstetricians, gynecologists, primary care providers, and pediatricians) should establish protocols for assessing strangulation and lethality risk for patients experiencing intimate partner violence. Lethality risk assessment and strangulation awareness training should be provided at all medical schools and residency programs.*
3. *Mental health professionals should obtain training in domestic violence, lethality risk and strangulation; screen all clients for domestic violence; and implement protocols for responding to potential homicide risk for perpetrators of domestic violence who present with suicidal ideation and/or depression.*

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### Rationale

As a departure from previous years, the Review Board decided to focus on one overarching recommendation to train systems on lethality risk assessment and strangulation. Case reviews over the past several years underscored the need for professional knowledge in these areas to be of such critical importance to the safety of victims and the work of homicide prevention, that it will be the sole recommendation made by the Review Board this year.

Consistent with national research, domestic violence-related homicide case review conducted by the Review Board in Oklahoma have highlighted the increased lethality risk associated with non-fatal strangulation of victims of intimate partner violence prior to the actual homicide. Moreover, homicide victims' contact with various professionals, organizations and systems prior to being killed draws attention to the urgency of appropriately identifying and responding to non-fatal strangulation as a significant risk factor for subsequent lethality and as a potential medical emergency requiring medical evaluation and intervention. Non-fatal strangulation has the ability to instill extreme fear in victims and it is an ***extremely violent crime with considerable negative outcomes for victims, up to and including homicide.***

Given the importance of identifying and responding to lethality risk and strangulation, the Review Board recommends a comprehensive statewide approach to address multi-disciplinary training in lethality risk assessment and strangulation as a risk factor for the homicide of women. In addition to training, the Review Board recommends that systems develop evidence-based response



## Recommendations

protocols, in particular, judges, healthcare practitioners and mental health professionals, to identify and safely intervene in domestic violence situations that involve high lethality risk and strangulation.

National research shows that non-fatal strangulation is not only “highly gendered” but also highly prevalent in intimate partner assault. Research has demonstrated non-fatal strangulation to be an important risk factor for intimate partner homicide.<sup>27</sup> Women who are the victims of homicide or attempted homicide are far more likely to have a history of being strangled compared to abused

### DID YOU KNOW?

- **A lack of observable injury does not mean that a near-fatal strangulation did not occur.<sup>25</sup>**
- **Only about 50% of victims of strangulation have visible injuries.<sup>26</sup>**

Information on medical-physiological aspects, clinical presentation, signs and symptoms, short and long-term outcomes, and psychological impact is available through the following organization:

### TRAINING INSTITUTE ON STRANGULATION PREVENTION

**Website:**

<https://www.strangulationtraininginstitute.com/>

women without a history of strangulation. In one study, non-fatal strangulation was reported in 43% of homicides and 45% of attempted homicides of women.<sup>28</sup> In addition, a study by the San Diego Domestic Violence Unit of the city prosecutor’s office found that 89% of 300 cases of attempted strangulations of females included a prior history of intimate partner violence (IPV).<sup>29</sup> Research in Oklahoma, conducted as part of the larger Oklahoma Lethality Assessment study, found that 79.66% of over 1,000 female study participants experienced some form of non-fatal strangulation during the relationship. An additional 37% of participants reported being strangled on multiple occasions.<sup>30</sup> Victims in the study were more likely to have been sexually assaulted and have children in common with the perpetrator; and over two-thirds of their partners had avoided arrest for the abuse.<sup>31</sup>

<sup>25,26</sup> McClane, G.E., Strack, G.B., & Hawley, D. (2001). A Review of 300 attempted strangulation cases, part II: Clinical evaluation of the surviving victim. *The Journal of Emergency Medicine*. 2001: 21:311-315

<sup>27,28</sup> Glass, N., Laughon, K., & Campbell, J., et al. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *Journal of Emergency Medicine*, 2008 October; 35(3): 329-335. doi:10.1016/j.jemermed.2007.02.065.

<sup>29</sup> Strack GB, McClane GE, Hawley D. A review of 300 attempted strangulation cases Part I: Criminal legal issues. *The Journal of Emergency Medicine* 2001;21:303-309.

<sup>30,31</sup> Messing, J.T., Patch, M., Wilson, J., et al. (2018). Differentiating among attempted, completed, and multiple non-fatal strangulation in women experiencing intimate partner violence. *Women’s Health Issues*, 28-1 (2018), 104-111

## Recommendations

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### Judges

*Judges should identify and acknowledge lethality risk and strangulation and incorporate specific responses when presiding over cases involving domestic violence.*

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The judiciary is critical to the safety and well-being of families in Oklahoma; everyday, judges are faced with decisions regarding domestic violence victims' requests for protection orders, custody arrangements, visitation schedules, etc. 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 numerous recommendations directed at judges over the past several years regarding the use of lethality and danger assessments. However, despite past recommendations, the need for judicial training continues to be an overarching priority for the Review Board.

A 2018 survey of Oklahoma judges conducted by the Oklahoma County Bar Association, found that 25% of judges identified the presence of domestic violence in 96% of their dockets. Combine this with findings from the Oklahoma Lethality Assessment Study<sup>32</sup> showing that 79.66% of over a thousand female survivors of intimate partner violence in Oklahoma experienced at least one incident of non-fatal strangulation, it appears that judges are routinely coming into contact with victims of intimate partner violence (IPV) who have risk factors for lethality, including prior non-fatal strangulation. The same survey indicated that 75% of responding judges are interested in obtaining additional training.

Lethality risk is not static; it can change from hour to hour in the life of a victim of domestic violence and should be monitored throughout the case. Sources of information about high lethality risk factors may come from many sources, including: law enforcement, prosecutors, batterer intervention programs, domestic violence victim programs, child welfare and attorneys. According to the Family Justice Center Alliance, "strangulation is one of the most terrorizing and lethal forms of violence used by men against their female partners...and is much more common and serious than professionals have realized."<sup>33</sup> They recommend that judges and attorneys need to be "well-versed"

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<sup>32</sup> Messing, J.T., Patch, M., Wilson, J., Kelen, G.D., & Campbell, J. (2018). Differentiating among attempted, completed, and multiple non-fatal strangulation in women experiencing intimate partner violence. *Women's Health Issues*, 28-1 (2018), 104-111 doi:10.1016/j.whi.2017.10.002

<sup>33</sup> Pendleton, A. & Strack, G.B. (2014). *7 facts every judge and attorney should know when domestic violence involves strangulation*. Blog Post September 19, 2014. Retrieved from <https://blog.ceb.com/2014/09/19/7-facts-every-judge-and-attorney-should-know-when-domestic-violence-involves-strangulation>

## Recommendations

in the facts about strangulation through education and training. To make informed decisions, judges must understand victims' risk for future violence, including lethal violence. In addition to basic education regarding the dynamics of domestic violence, judges should obtain specific training on lethality risk identification and be prepared to address the heightened safety risks facing victims and children in cases where lethality risk factors are identified in a case. Judges with knowledge about lethality risk and strangulation will issue orders and opinions that will promote victim safety, perpetrator accountability and contribute to ongoing statewide efforts to prevent domestic violence homicide in Oklahoma.

### Judicial Bench Guides – Lethality Risk

Several judicial bench guides are available to assist judges with custody decisions, parenting arrangements, Protective Order provisions, pretrial release or probation, and civil Protective Order decisions. One example is the Domestic Violence Risk Assessment Bench Guide,<sup>34</sup> which uses evidence-based risk assessment factors validated by a number of studies. In addition, many statewide benchbooks include information about lethality risk factors and how to incorporate this information into judicial practice (e.g. California, Minnesota, Virginia, New York). Another resource is the Center for Court Innovation which outlines lethality assessment information that can be utilized by judges when hearing domestic violence cases.<sup>35</sup> Finally, the Oklahoma County Bar Association is currently in the process of developing a judicial benchbook for Oklahoma judges which will include information related to lethality risk and strangulation. *Refer to Appendix D, page 29 for additional resources for judges.*

### Judicial Resources

#### Bench Guide for Recognizing Dangerousness in Domestic Violence Cases

Jacquelyn C. Campbell, PhD, Hon. Sharon Chatman, Superior Court of California, Co. of Santa Clara  
<http://www.amjudges.org/conferences/2016Annual/Hines-DV-Bench-Guide-Risk-Assessment-Campbell.pdf>

#### Domestic Violence Risk Assessment Bench Guide

A research-based guide used by judges in Minnesota during family, protection order and criminal cases involving domestic violence. It includes an assessment and instructions for implementing the assessment.

[https://www.bwjp.org/assets/documents/pdfs/domestic\\_violence\\_risk\\_assessment\\_bench\\_guide.pdf](https://www.bwjp.org/assets/documents/pdfs/domestic_violence_risk_assessment_bench_guide.pdf)

#### Assessing Risk And Lethality For Parents And Children In Domestic Violence Cases [Pre-Recorded Webinar]

[https://www.bwjp.org/resource-center/resource-results/assessing\\_risk\\_and\\_lethality\\_for\\_parents\\_and\\_children\\_in\\_domestic\\_violence\\_cases.html](https://www.bwjp.org/resource-center/resource-results/assessing_risk_and_lethality_for_parents_and_children_in_domestic_violence_cases.html)

## Recommendations

### **A Judicial Guide to Safety in Domestic Violence Cases: Using Lethality Screen**

Rebecca T. Hauser, Center for Court Innovation and Hon. Janice M. Rosa, Supervising Judge of Family Courts (ret.), Buffalo and Western NY.

[https://www.arcourtsdvp.org/uploads/5/5/3/5/55354307/lethality\\_assessment.pdf](https://www.arcourtsdvp.org/uploads/5/5/3/5/55354307/lethality_assessment.pdf)

### **Implementation Manual: Domestic Violence Risk Factor Guide for Civil Courts Project. Center for Court Innovation.**

[https://www.courtinnovation.org/sites/default/files/documents/Risk\\_Factor\\_Guide.pdf](https://www.courtinnovation.org/sites/default/files/documents/Risk_Factor_Guide.pdf)

### **Civil Protection Orders: A Guide for Improving Practice.**

Meyer, E. (2010). *Civil protection orders: A guide for improving practice. National Council of Juvenile and Family Court Judges, Family Violence Department.* Retrieved from

[http://www.ncjfcj.org/sites/default/files/cpo\\_guide.pdf](http://www.ncjfcj.org/sites/default/files/cpo_guide.pdf)

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## Healthcare Practitioners

*Healthcare practitioners, including emergency room personnel and physicians (in particular obstetricians, gynecologists, primary care providers, and pediatricians) should establish protocols for assessing strangulation and lethality risk for patients experiencing intimate partner violence. Lethality risk assessment and strangulation awareness training should be provided at all medical schools and residency programs.*

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Over the last several years, the Review Board has directed numerous recommendations to health professionals in Oklahoma related to screening guidelines and protocol development for healthcare practitioners.

Violence and trauma can lead to chronic health problems, serious physical injuries, up to and including death. Screening for past abusive and traumatic experiences can help prevent further abuse and lead to improved health status for victims of domestic violence.

Emergency room (ER) personnel are often in the position of providing medical attention for injuries sustained by a physical and/or sexual assault, including strangulation, and are uniquely poised to conduct both domestic violence screening for intimate partner violence and conduct lethality risk assessments. 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. To coincide with training of systems in Oklahoma, i.e. law enforcement, child welfare, victim advocates etc., to encourage and refer victims of strangulation to seek a

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<sup>34,35</sup> Ling, E. & Crank, K. (2015). *Domestic violence benchbooks: A guide to court innovation.* Center for Court Innovation.

## Recommendations

medical evaluation, healthcare practitioners should be educated on evaluation and intervention for non-fatal strangulation and its sequelae.

Recent innovations in the domestic violence field have highlighted the connection between the act of immediately linking victims to hotline crisis services and an increase in victims' engagement in protective strategies following the abuse.<sup>36</sup> Linking to services has also been shown to result in victims experiencing less frequent and severe violence in the future.<sup>37</sup> By conducting risk assessments, ER personnel and other medical practitioners, i.e. obstetricians, gynecologists, pediatricians, family physicians and nurses etc., can play a vital role in connecting victims to crisis services via local hotlines operated by Attorney General certified and tribal domestic violence programs. Linking victims to 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.

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### Mental Health Professionals

*Mental health professionals should obtain training in domestic violence, lethality risk and strangulation; screen all clients for domestic violence; and implement protocols for responding to potential homicide risk for perpetrators of domestic violence who present with suicidal ideation and/or depression.*

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Findings from the DVFRB show that homicide victims consistently encounter mental health professionals prior to their deaths. One specific finding from reviewed cases between 1998 to 2012, showed that 40% of couples had contact with the Department of Human Services and/or the Department of Mental Health and Substance Abuse Services prior to the death. In continued efforts to promote safety for victims, several training recommendations have been directed toward mental health professionals over several years. During this time, the Review Board found that in both homicide and homicide-suicide cases when perpetrators were suicidal prior to the homicide, mental health interventions did not adequately address the danger to victims related to the perpetrator's depression and/or risk of suicide. The Review Board found that in some cases the perpetrator was evaluated at a community behavioral center for suicidal ideation and/or depression in close proximity to the perpetration of the homicide. Perpetrators' contacts with mental health providers have resulted in several missed opportunities for assessment (including lethality assessment) and intervention.

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<sup>36,37</sup> Messing, J.T. Campbell, J. Sullivan-Wilson, J. Brown, S. Patchell, B. and Shall, C. (2014). *Police departments' use of the lethality assessment program: A quasi-experimental evaluation*. National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/247456.pdf>

## **Recommendations**

The goal is to improve the ability of mental health professionals to 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 a homicide risk assessment specific to the context of domestic violence lethality risk. It is now critical that mental health professionals and domestic violence experts collaborate to develop model domestic violence lethality risk assessment tools at the intersection of mental health and domestic violence.

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## Update On Selected Prior Recommendations

### MAKING A DIFFERENCE IN OKLAHOMA

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Since 2002, the Review Board has submitted recommendations based on intensive case review and analysis of trends. However, developing and disseminating recommendations is only the first step. Once recommendations are made, the Review Board is optimistic that systems will use the information to implement practice, protocol, and policy change in their communities. We expect the legislature to consider these recommendations to guide any legislation related to domestic violence in Oklahoma. The Review Board works to facilitate implementation of the recommendations. Over the years, many recommendations have been implemented in Oklahoma, many have been partially implemented and others have yet to be implemented. The following section provides an update related to recommendations made by the Review Board in recent years.

#### 1. Department of Human Services [DHS]: Adult Protective Services

##### PRIOR RECOMMENDATION(S)

- [2017]
1. Professionals working in the domestic violence, intimate partner violence and elder abuse fields should obtain cross-training to assist with identifying and responding to the needs of elder abuse victims of intimate partner violence.
  2. The Review Board should develop protocols for consulting with elder abuse professionals when reviewing cases involving domestic violence-related deaths of older victims.

##### UPDATE

Case review over the past several years uncovered the presence of intimate partner violence towards victims who might be defined as *vulnerable adults* (43A O.S. §,10-103). In particular, there appeared to be prior physical abuse and financial exploitation by the perpetrator towards the victim (*vulnerable adult*) prior to the homicide. In 2017, in efforts to address the safety needs of vulnerable adults experiencing abuse by an intimate partner, the Review Board recommended adult protective services (APS) and elder abuse professionals to obtain domestic violence training. In direct response to this recommendation, the Oklahoma Department of Human Services (OKDHS-APS) collaborated with the YWCA Oklahoma City in 2018 to provide two mandatory domestic violence trainings for sixty-three OKDHS APS personnel working with vulnerable adults. In addition, the Review Board approved the formation of a new sub-committee at the November 2018 meeting to enhance the Review Board's ability to understand and address the issues involved in preventing domestic abuse homicide of older victims.

#### 2. Multidisciplinary

##### PRIOR RECOMMENDATION

- [2016] Enhance consistent and safe implementation of the Lethality Assessment Program (LAP) in Oklahoma

## Update on Selected Prior Recommendations

### MAKING A DIFFERENCE IN OKLAHOMA

#### UPDATE

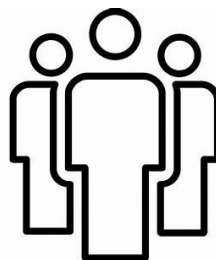
To accomplish this recommendation, the Review Board made a request to the Oklahoma Office of the Attorney General to establish a multidisciplinary taskforce/workgroup to oversee the statewide execution of the Lethality Assessment Program (LAP) [21 O.S. § 21-142A-3(D)]. The *LAP Task Force (taskforce)*, established in September 2017, has member representation from law enforcement, including CLEET, domestic violence service provider agencies and an LAP researcher from the University of Oklahoma, Health Sciences Center. The goals of the taskforce are to collect data to evaluate LAP outcomes, enhance uniformity of practices, and provide training and technical assistance to law enforcement and domestic violence service provider agencies.

In 2018, the taskforce updated an earlier version of the “LAP form”, compliant with 21 O.S. § 142A-3(D), to assist law enforcement officers on the scene of a domestic violence incident (*Appendix B*). The form is also available in Spanish and will be disseminated to law enforcement agencies in early 2019 along with a survey questionnaire. The purpose of the survey is to obtain information related to the implementation of the LAP and to identify training and technical assistance needs. In support of the Review Board recommendation, several law enforcement members of the LAP Taskforce provided LAP training in conjunction with CLEET in several jurisdictions in 2018. Taskforce data collection efforts have identified positive outcomes for victims of intimate partner violence in Oklahoma (*see graphic below*).

### Oklahoma LAP Update

Law enforcement connected **1,844** victims of intimate partner violence to domestic violence hotline advocates following lethality assessments on the scene.

**In 2018**



Resulting in **290** adult victims and **166** child victims safely entering an emergency domestic violence shelter.

For more information on LAP Training and technical assistance for your agency, please contact the LAP Taskforce at [Jacqueline.Steyn@oag.ok.gov](mailto:Jacqueline.Steyn@oag.ok.gov)



## Update on Selected Prior Recommendations

### MAKING A DIFFERENCE IN OKLAHOMA

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#### 3. 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 multiple recommendations for judges spanning several years. However, the need for judicial training continues to be an overarching priority for the Review Board. The Review Board has the opportunity to review court records related to each case, including the victim and perpetrator's prior criminal, juvenile and family court history, and Protective Order history. Through this process, we recognize the continued *urgent* need for judicial training as well as evidence demonstrating changes in judicial practice to enhance safety for families.

#### **PRIOR RECOMMENDATION(S)**

Among the numerous recommendations directed toward the judiciary since 1998, the Review Board has prioritized the development of a domestic violence benchbook to guide Oklahoma judges in civil, juvenile and criminal court proceedings involving domestic violence.

- |                        |   |
|------------------------|---|
| <b>[2014]</b>          | Develop a judicial benchbook to provide guidance to Oklahoma judges in domestic violence cases.   |
| <b>[2008]</b>          | Make judges aware of bench cards for use in Protective Order cases: (e.g. <a href="http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_issuing.pdf">http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_issuing.pdf</a> and <a href="http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_enforce.pdf">http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_enforce.pdf</a> ) |
| <b>[2008 and 2009]</b> | Train judges on how to utilize bench cards on Protective Order cases to assist them in recognizing red flag indicators and potential danger when domestic violence is involved in the case.   |
| <b>[2007]</b>          | Utilize a bench card for judges handling protective orders to assist the court in recognizing red flags and potential danger.   |
| <b>[2005]</b>          | Develop bench card for judges handling protective orders to assist judges in recognizing red flags and danger potential in cases.   |

#### **UPDATE**

The Oklahoma County Bar Association, Lawyers Against Domestic Abuse Committee (LADC) is in the process of developing a domestic violence benchbook for Oklahoma Judges. Judicial feedback is vital to the relevance and success of the benchbook and in 2018, the LADC conducted a survey of Oklahoma Judges. From the survey, 25% of responding judges identified the presence of domestic violence in 96% of their dockets and 75% stated an interest in obtaining additional training.

## Update on Selected Prior Recommendations

### MAKING A DIFFERENCE IN OKLAHOMA

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#### 4. Legislature

##### PRIOR RECOMMENDATIONS

**[2017]** Legislature: In guardianship cases, the court should require an Oklahoma State Bureau of Investigation (OSBI) background check.

##### UPDATE

During the 2nd Session of the 56th Legislature (2018), Senate Bill 1135 was introduced by Sen. Kay Floyd. Senator A.J. Griffin introduced the same information in Senate Bill 1046. Effective November 1, 2018, an update to 30 O.S. § 2-101, (e)(4) codifies the 2017 Review Board recommendation into Oklahoma law as follows:

The court shall receive a background check for a prospective guardian and all other household members eighteen (18) years of age and older, consisting of a review of a national fingerprint-based criminal background check, a search of the Department of Corrections' files maintained pursuant to the Sex Offenders Registration Act, and a search of the child abuse and neglect information system maintained for review by authorized entities by the Department of Human Services. The Department may charge a fee not to exceed Thirty-five Dollars (\$35.00) for each search performed pursuant to this paragraph (30 O.S. § 2-101,(e)(4))

#### 5. Batterer Intervention Programs [BIP]

##### PRIOR RECOMMENDATIONS

- [2017]**
1. The Oklahoma Office of the Attorney General (OAG) should expand current standards for OAG certified Batterer Intervention Programs (BIP's) to include additional requirements related to conducting safe contact with the victim/partner of the program participant.
  2. The OAG should provide training to OAG BIP's on how to conduct appropriate victim/partner contacts.
  3. The OAG should identify evidence-based tools to assess batterers' risk of re-offense and potential for lethality for use by OAG certified BIP's.

##### UPDATE

In 2018, the Attorney General Certification Program Manager for the state and the Review Board Program Manager convened a mandatory meeting of all Batterer Intervention Programs (BIP's) in the state to discuss the 2017 Review Board recommendations/expectations for BIP's and to provide preliminary training and resources for best practices for conducting appropriate and safe victim/partner contacts. In addition, information on the topic was incorporated into the statewide BIP training curriculum currently provided several times a year through the Attorney General's Office.

## Update on Selected Prior Recommendations

### MAKING A DIFFERENCE IN OKLAHOMA

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The Office of the Attorney General (OAG) updated standards for OAG certified Batterer Intervention Programs with new requirements for making victim/partner contacts, effective September 14, 2018 (75:25-3-4.2).

#### Feedback from the field:

*“When the new standards for BIP came out this year I was a little skeptical of some new changes. The biggest change was calling the victim instead of mailing the victim information. I will admit I did not like this change and I thought it would put victims at greater risk. This is one of the best things to have happened in our program. We have had more clients seek services in our victim service programs. We have had two seek counseling, some have requested the survey, more surveys have been completed, and so far EVERY victim has said they want updates! I have been able to safety plan with victims (I work in a DV/SA program), clear up misinformation that the Batterer has given to the victim, and explain what BIP means. One victim said that she was glad I called because he was telling her lies. This was a realization to me that she may have never called our agency because of his lies. Now I am able to counter all of them. I make the contact with the victim first then forward the information on to our Advocate. I let the Advocate know whether the victim wants services, a survey or future contact and that I safety planned. The Advocate then gets my BIP report with all the safety concerns for the victim. This helps the Advocate plan”.*

*-Attorney General Certified Batterer Intervention (BIP Provider).*

## Sub-Committee Update

### Domestic Violence and African American Women

The Review Board increases member knowledge about domestic violence homicide through specialized committee work. Sub-committees bring together the expertise available in our communities to enhance the knowledge of the Review Board. Sub-committees focusing on civic engagement and agency and stakeholder contributions can be a vehicle for social change.

In the past, sub-committees have formed to address emergent issues, such as improving the response to children on the scene of a domestic violence homicide and to address the serious issue of domestic violence and firearms.

#### Current Review Board Sub-Committee:

The *Intimate Partner Violence and African American Women Sub-Committee* formed in 2017 in response to the disproportionate rate of African American victims of domestic violence-related homicide in Oklahoma. The sub-committee is a collaboration of representatives from the African American community possessing a wide range of experience and expertise. This well-versed group came together to identify the unique ways in which African American women are impacted by their experiences of IPV victimization and to generate strategies to address the unique awareness and service needs of African American Victims.

#### Background

While intimate partner violence (IPV) crosses all social, economic, educational, age and racial barriers, national research shows that African American women are at an elevated risk of non-fatal and fatal IPV. Between 2003 and 2014, out of 10,018 female homicides in the United States, African American women experienced the highest rate of homicide (4.4 per 100,000) compared to White (non-Hispanic) women (1.5 per 100,000).<sup>34</sup> Over half the homicides were intimate partner violence-related (56.8%).<sup>35</sup> Young African American women between the ages of 18-29 experienced the highest rate of homicide. Findings in Oklahoma parallel national data, with African American women disproportionately killed within the context of intimate partner violence.

Report. The sub-committee continued to meet in 2018. In efforts to facilitate the longer-term sustainability of the sub-committee's efforts to address the issue, several sub-committee members are now in the process of forming a nonprofit organization, *For Tia*. The formation of a nonprofit organization in Oklahoma to enhance the response to African American victims of domestic violence is a prime example of how fatality review work can lead to social change. In 2018, *For Tia* continued to provide outreach and education within the community and to local and state entities.

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<sup>34,35</sup> Petrosky, E., Blair, J.M., Betz, C.J., Fowler, K.A., Jack, S.P., Lyons, B.H. Racial and ethnic differences in homicides of adult women and the role of intimate partner violence — United States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2017;66:741–746. DOI: <http://dx.doi.org/10.15585/mmwr.mm6628a1>

## Sub-Committee Update

### Domestic Violence and African American Women

#### 2018 Sub-Committee Accomplishments:

*For Tia* is in the process of filing for 501c3 nonprofit organization status; and

- Launched a social media presence;
- Presented to the Oklahoma Legislative Black Caucus at the State Capitol;
- Participated in the ONE OKC Event;
- Developed and distributed community resource handouts: “How to Help a Friend” and “Myth or Fact”;
- Completed *For Tia* Board Training;
- Presented to State House Public Safety Committee at the State Capitol;
- Presented at the Partners for Change Conference;
- Presented at the Infant Mortality Summit;
- Provided webinar for the Oklahoma Coalition Against Domestic Violence and Sexual assault; and
- Led a cultural roundtable discussion with The Education and Employment Ministry (TEEM).

#### *For Tia* Goals (2019):

- Discussion with Domestic Violence Intervention Services (DVIS) in Tulsa on anti-oppression work;
- Launch organization website to provide culturally specific resources and content for service providers on how to make their spaces more inclusionary;
- Develop and distribute documents that outline specific ethnic hair/skin care products;
- Partner with local colleges, universities and National Pan-Hellenic Council Organizations to provide domestic violence awareness and prevention;
- Link in to culturally specific activated spaces to start dialogue about violence against women in our community; and
- Identify additional partners.

**For more information:**



[For Tia - Home | Facebook](https://www.facebook.com/fortiaokc/)  
<https://www.facebook.com/fortiaokc/>

## Spotlight

### Homicide Prevention Initiatives in Oklahoma

#### LAW ENFORCEMENT

“Since implementing the initiative, the total number of reported strangulations, perpetrator arrests and forensic exams have all doubled in Tulsa County”

Sergeant Clay Asbill  
Family Violence Unit  
Tulsa Police Department

Each year the Review Board highlights initiatives in Oklahoma specific to the work of domestic violence homicide prevention. While we recognize that there are many domestic violence homicide prevention initiatives across the state, this year the Review Board is highlighting the Tulsa Police Department’s (TPD) Domestic Strangulation Initiative.

#### Submitted by Sergeant Clay Asbill:

The TPD Initiative was developed and implemented to proactively address the number of domestic violence homicides in Tulsa County. In addition, the Initiative was in response to national research that highlighted the increased lethality risk associated with non-fatal strangulation of domestic violence homicide victims prior to an actual event. The overall goal of the Initiative was to reduce violence and to attempt to reduce the domestic homicides in Tulsa County.

There were three key components in launching the Initiative. The first component was the Strangulation Awareness Card.<sup>36</sup> The card was created to educate victims on the dangers of strangulation and the support resources available to them. The second component was to inform officers on what to look for while investigating these offenses. The third component was collaborating with our partners about how to best achieve our goals. Our partners include the Tulsa County District Attorney’s Office, Domestic Violence Intervention Services, Tulsa Forensic Nursing Staff, and the Family Safety Center.

Although the Initiative is still relatively new, we believe we are on course to better serve our community through providing information to officers, educating victims, and collaborating with our partners. In a desire to serve the greater community beyond the city limits of Tulsa, we have since shared the Initiative with fellow law enforcement agencies throughout Oklahoma.

*For more information, contact Sergeant Clay Asbill at [Casbill@cityoftulsa.org](mailto:Casbill@cityoftulsa.org)  
Family Violence Unit  
Tulsa Police Department*

<sup>36</sup> The Tulsa Police Department Strangulation Awareness Card can be found in *Appendix C*.

## **Appendix A**

### **Oklahoma Domestic Violence Fatality Review Board**

#### **Oklahoma Domestic Violence Fatality Review Board Legislation**

The Oklahoma Domestic Violence Fatality Review Board (“Review Board”) is a statutory body, enabled by the Oklahoma Legislature under 22 O.S. §§ 1601-1603. Legislation creating the Review Board was signed into law in 2001.

#### **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 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.

#### **Board Members**

The Review Board is composed of eighteen (18) members (or designees), as follows:

1. Eight of the members shall be:
  - a. Chief Medical Examiner;
  - b. Designee of the Office of Attorney General, Victim Services Unit;
  - c. State Commissioner of Health;
  - d. State Department of Health, Director, Injury Prevention Services;
  - e. Director, Department of Human Services;
  - f. Director, Oklahoma State Bureau of Investigation;
  - g. Commissioner, Department of Mental Health and Substance Abuse Services; *and*
  - h. Executive Director, Office of Juvenile Affairs.
  
2. Ten Review Board members are appointed by the Attorney General, each serve terms of two (2) years, and are eligible for reappointment. Each of the nominating agencies submit the names of three nominees for consideration of appointment by the Attorney General
  - a. A Sheriff (Oklahoma Sheriff’s Association);
  - b. A Chief of a municipal police department (Oklahoma Association of Chiefs of Police);
  - c. An attorney licensed in Oklahoma who is in private practice (Oklahoma County Bar Association);
  - d. A district attorney (District Attorney’s Council);
  - e. A physician (Oklahoma State Medical Association);
  - f. A physician (Oklahoma Osteopathic Association);
  - g. A nurse (Oklahoma Nurses Association);
  - h. A domestic violence advocate (Oklahoma Coalition Against Domestic Violence and Sexual Assault);

## Appendix A

### Oklahoma Domestic Violence Fatality Review Board

- i. A domestic violence survivor (Oklahoma Coalition Against Domestic Violence and Sexual Assault); *and*
- j. A judge (Oklahoma Supreme Court)

#### What Types of Cases are Reviewed?

The Review Board identifies and reviews domestic violence-related homicides that occur in Oklahoma. In Oklahoma, the Review Board identifies and reports on a wide array of domestic violence cases, including intimate partner homicides *and* family homicides committed by family members, who are not intimate partners, and roommates. Family members include, but are not limited to, parents, foster parents, children, siblings, grandparents, grandchildren, aunts, uncles, and cousins. The Review Board's use of such a wide definition is consistent with the Oklahoma statutory definition of domestic abuse (22 O.S. § 60.1.):

*"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. 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 (non-involved person who intervenes on behalf of a victim).

#### Case Review Process

The fatality review process is similar to a public health model that promotes and protects the health of people and the communities where they live, learn, work and play. The Review Board collects information related to the case from various sources, including the medical examiner (autopsies), criminal and civil court documents, law enforcement agencies, district attorneys, Department of Human Services, mental health agencies, hospitals, batterer intervention programs and media reports. In some cases, when appropriate, the Review Board will obtain background information from surviving family members and friends, etc. 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. The Program Manager monitors the remainder of the cases. The Review Board discusses selected cases during closed confidential monthly meetings. The Review Board strives to find the ways in which the system could have better served the deceased victim and children prior to the homicide and to surviving family members.

##### *The Review Process:*

- Review the circumstances and context of the death;
- Establish a timeline of events leading up to the death;
- Identify possible lethality risk factors ("red flags");
- Determine which agencies were involved with the homicide perpetrator, victim, and



## Appendix A

### Oklahoma Domestic Violence Fatality Review Board

- children prior to the death;
- Identify agencies and system response;
  - Identify collaboration and communication between the agencies involved;
  - Identify agencies' use of evidence-based best practices;
  - Identify victim challenges and barriers to obtaining help (i.e. language, income, transportation, cultural beliefs/values);
  - Identify possible gaps in the system response to domestic violence (i.e. criminal justice, protective order, juvenile/family court, law enforcement, judiciary, child welfare etc.); *and*
  - Ask, "Is there anything that could have been done differently to improve the systemic and/or community response to the victim and/or perpetrator?"

#### **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 in 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 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.

#### **Confidentiality**

Effective case review requires access to records and reports pertaining to the victim and the

## Appendix A

### Oklahoma Domestic Violence Fatality Review Board

perpetrator. 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 aggregated data* to maintain the confidentiality and privacy of domestic violence-related homicide victims and their families. When appropriate, the Review Board invites victims' families to appear before the Review Board to tell their stories. Their names, of course, remain confidential.

## Appendix B Domestic Violence Lethality-Screen for First Responders

Officer:	Date:	Case#:
Victim:	Offender:	Relationship:
Address of Incident:		Date and Time of Incident:
<u>      </u> Check here if the victim did not answer any of these questions.		
<b>A "Yes" response to any of Questions 1-5 automatically triggers the protocol referral.</b>		
1. Has the person ever threatened to use or used a weapon against the victim?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
2. Has the person ever threatened to kill the victim or the children of the victim?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
3. Has the person ever tried to choke the victim?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
4. Has the person ever tried or threatened to kill him/herself?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
5. Does the victim think the person will try to kill the victim?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
<b>Negative responses to Question 1-5 but positive responses to at least three of Questions #6-11 trigger the protocol referral.</b>		
6. Does the person have a gun or can he/she get one easily?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
7. Is the person violently or constantly jealous or does the person attempt to control most of the daily activities of the victim?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
8. Does the person follow or spy on the victim or leave the victim threatening or unwanted messages, phone calls or text messages?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
9. Does the victim have any children the person knows is not his/her own child?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
10. Has the victim left or separated from the person after living together or being married?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
11. Is the person unemployed?	<u>   </u> Yes <u>   </u> No <u>   </u> Refused	
<b>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.</b>		
Is there anything else that worries the victim about his or her safety? If so, what worries the victim?		
Check one: <u>   </u> Victim screened in according to the protocol		
<u>   </u> Victim screened in based on the belief of the officer		
<u>   </u> Victim did not screen in		
If victim <b>screened in</b> :		
Did the officer contact the local OAG Certified DV/SA Program or Tribal DV/SA Program?		<u>   </u> Yes <u>   </u> No
If "no" state why: _____		
<b>If the officer is unable to make contact with a hotline advocate at the local program after at least two attempts within a 10 minute period, contact the State SAFELINE at 1-800-522-SAFE (7233).</b>		
After advising the victim of high risk for danger/lethality, did the victim speak with the hotline advocate?		<u>   </u> Yes <u>   </u> No
<b>Note:</b> 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 of other victims of intimate partner violence.		



## Appendix D

### Resources for Professionals

The Domestic Violence Fatality Review Board has compiled a list of local and national domestic violence resources that professionals might find helpful in their work and that will inform and support domestic violence intervention and prevention efforts, promote best practices and strategies to improve our collective response to domestic violence.

#### 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 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 OCADVSA and offers links to domestic violence, sexual assault and stalking training materials for advocates, law enforcement, mental health, batterer intervention programs, etc. A list of domestic violence member programs and location is provided.

##### NATIVE ALLIANCE AGAINST DOMESTIC VIOLENCE

**405-801-2277 • <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.

#### NATIONAL RESOURCES

##### NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

**1-800-537-2238 • [www.nrcdv.org](http://www.nrcdv.org) and [www.vawnet.org](http://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 the planning of domestic violence intervention and prevention efforts and offers comprehensive technical assistance, training and resource development.

##### NATIONAL DOMESTIC VIOLENCE HOTLINE

**1-800-799-7233 • 800-787-3224 (TTY) • [www.thehotline.org](http://www.thehotline.org)**

Since 1996, the National Domestic Violence Hotline has been the vital link to safety for women, men, children and families affected by domestic violence. The Hotline responds to calls 24/7, 365

## Appendix D

### Resources for Professionals

days a year and provides confidential, one-on-one support to each caller and chatter, offering crisis intervention, options for next steps and direct connection to sources for immediate safety. Their database holds over 5,000 agencies and resources in communities all 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 of help for concerned friends, family, co-workers and others seeking information and guidance on how to help someone they know. The Hotline educates communities all over through events, campaigns, and dynamic partnerships.

#### BATTERED WOMEN'S JUSTICE PROJECT

**1-800-903-0111, ext. 3 • [www.bwjp.org](http://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, batterers intervention program staff, and defense attorneys; as well as to policymakers, the media, and victims, including incarcerated victims, and their families and friends. BWJP also assists tribal and military personnel who fulfill equivalent positions in their respective institutional responses to IPV.

#### BATTERED WOMEN'S JUSTICE PROJECT NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE AND FIREARMS

**1-800-903-0111 • [www.bwjp.org/our-work/projects/firearms-project.html](http://www.bwjp.org/our-work/projects/firearms-project.html)**

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 will learn about 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

**1-888-792-2873 • [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)**

The National Health Resource Center on Domestic Violence (HRC) supports health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care'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, patient and provider educational resources.

#### NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH

**312-726-7020 • [www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org)**

## Appendix D

### Resources for Professionals

The National Center on Domestic Violence, Trauma & 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 excellent resources, educational materials and webinars related to domestic violence, trauma and mental health directed towards various professionals groups.

#### CULTURALLY-SPECIFIC RESOURCES

##### NATIVE ALLIANCE AGAINST VIOLENCE [NAAV]

**(405) 801-227 • <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

**1-855-649-7299 • [www.niwrc.org](http://www.niwrc.org)**

The National Indigenous Women's Resource Center, Inc. (NIWRC) is a Native nonprofit organization that was created specifically 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 and resource development, training and technical assistance, policy development and research activities.

##### ASIAN & PACIFIC ISLANDER INSTITUTE ON GENDER-BASED DOMESTIC VIOLENCE

**415-568-3315 • [www.apiidv.org](http://www.apiidv.org)**

The **Asian Pacific Institute on Gender-Based 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.

##### CASA DE ESPERANZA: NATIONAL LATIN@ NETWORK OF HEALTHY FAMILIES AND COMMUNITIES

**651-646-5553 • [www.casadeesperanza.org/national-latino-network](http://www.casadeesperanza.org/national-latino-network)**

## Appendix D

### Resources for Professionals

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]**

**651-331-6555 Dr. Oliver J. Williams Email: [owms63@gmail.com](mailto: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 and life experiences of African Americans as they seek resources and remedies related to the victimization and perpetration of domestic violence in their community. IDVAAC 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 will be available for review for the next 10 years and consulting will still be available.



## Oklahoma Domestic Violence Fatality Review Board

Oklahoma Office of Attorney General  
313 N.E. 21st Street  
Oklahoma City, OK 73105

**Phone:** 405-522-1984

**Fax:** 405-557-1770

### Please go to [www.oag.ok.gov](http://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 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 (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 immediately.**

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