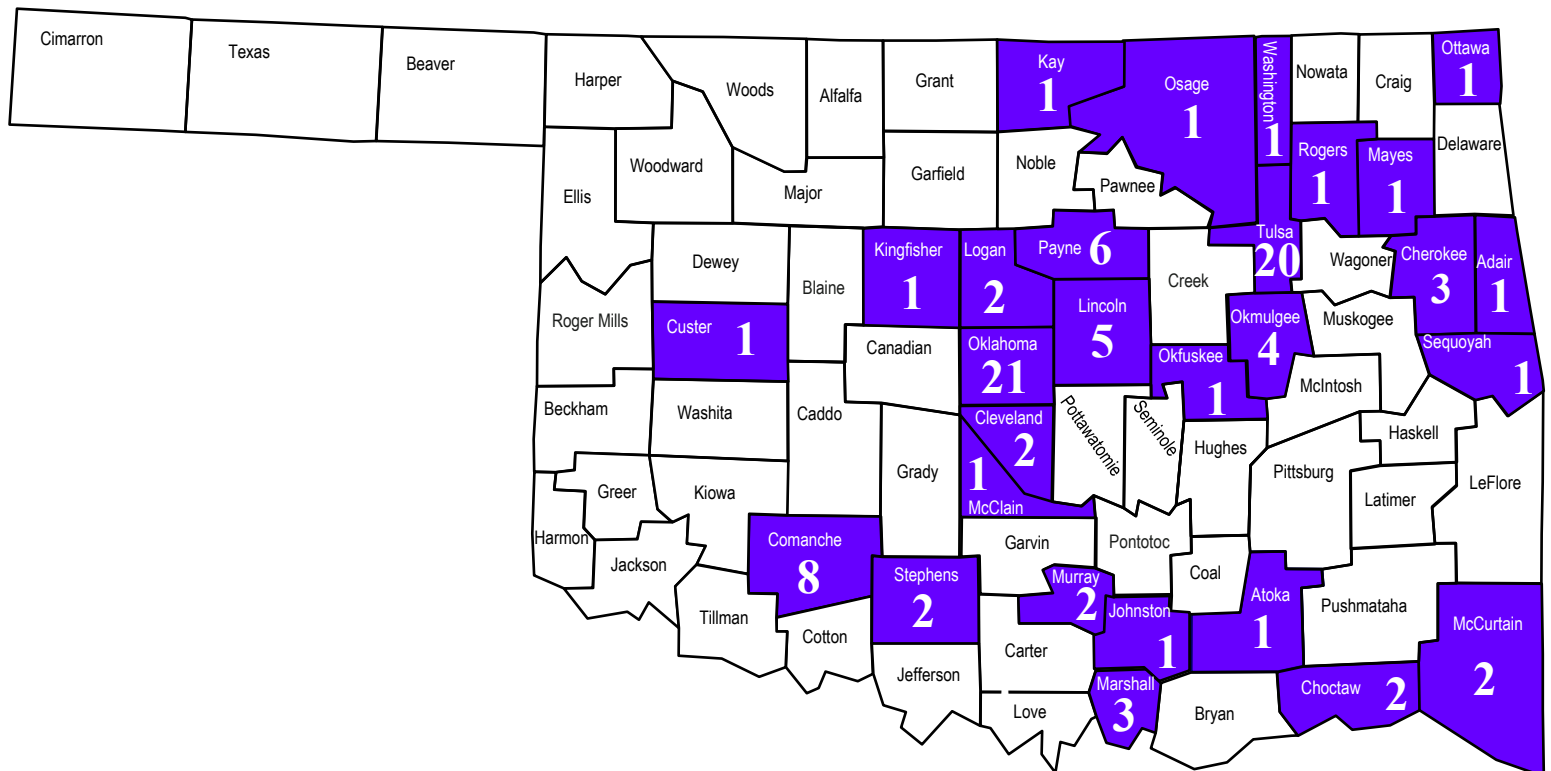


DOMESTIC VIOLENCE

HOMICIDE IN OKLAHOMA

A Report of the Oklahoma Domestic Violence
Fatality Review Board



An Analysis of 2019 Domestic Violence
Homicides

Report Year 2020

Oklahoma Domestic Violence Fatality Review Board

TABLE OF CONTENTS

INTRODUCTION	2
OKLAHOMA FATALITY REVIEW BOARD MEMBERS	3
KEY REVIEW BOARD FINDINGS: 2019 CASES	4
At a Glance	4
By County	6
Demographics	7
Relationship Type	9
Cause of Death	10
Homicide-Suicide	12
Children	13
Intimate Partner Homicide (IPH)	14
DOMESTIC VIOLENCE HOMICIDE BY COUNTY (1998-2019)	19
DOMESTIC VIOLENCE HOMICIDE BY DISTRICT ATTORNEY DISTRICT (1998-2019)	20
RECOMMENDATIONS	21
SPOTLIGHT: Homicide Prevention Initiatives in Oklahoma	26
APPENDICES	30
Appendix A – Oklahoma Domestic Violence Fatality Review Board	30
Appendix B – Domestic Violence Lethality-Screen for First Responders	34
Appendix C – Resources for Professionals	35

Cover: *The highlighted counties and statistics on the report cover represent the 96 victims (men, women, and children) in our state identified by the Oklahoma Domestic Violence Fatality Review Board who died because of domestic violence in 2019.*

Oklahoma Domestic Violence Fatality Review Board

INTRODUCTION



“I appreciate the continued effort of the Oklahoma Domestic Violence Fatality Review Board for the time and attention to their important work. The thoughtful and careful review every year allows state agencies and law enforcement to better serve and respond to victims of domestic violence. It also shows us where we need to improve or provide more lifesaving resources. Until there is an end to domestic violence in Oklahoma, the Board’s work remains invaluable to the state.”

- Oklahoma Attorney General Mike Hunter

The Oklahoma Domestic Violence Fatality Review Board presents the 2020 edition of the statewide publication, *Domestic Violence Homicide in Oklahoma: An Analysis of 2019 Domestic Violence Homicides*. This report outlines findings and recommendations assembled from our review of the state’s domestic violence-related homicide cases identified in 2019.

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, and agencies in Oklahoma.

One of the most salient lessons from reviewing domestic violence homicides in Oklahoma for over 20 years is that the “safety net” for victims is held up by many supports, including the legislature, criminal justice system, law enforcement, domestic violence services, medical, mental health and substance abuse services, and others. History has proven victims and children are safer when we work together.

We hope this report will guide Oklahoma’s legislature, systems, agencies, and communities to continue implementing changes in practice and policy that strengthen our state’s comprehensive and coordinated response to those who continue suffering from the effects of domestic violence.

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

Sincerely,

The Oklahoma Domestic Violence Fatality Review Board

Oklahoma Domestic Violence Fatality Review Board

BOARD MEMBERS

Serving January through December 2020

Eric Pfeifer, M.D. Marc Harrison, M.D. (Designee)	Chief Medical Examiner
Melissa Blanton, J.D., A.A.G.	Oklahoma Attorney General Victim Services Designee
Lance Frye, M.D. (Interim) Brandie Combs, MPH (Designee)	State Commissioner of Health
Tracy Wendling, Ph.D. Brandi Woods-Littlejohn, M.C.J. (Designee)	Chief, Injury Prevention Services State Department of Health
Justin Brown Jennifer Postlewait, M.S.W. (Designee) Marissa Edstedt (Alt. Designee) Patricia Valera (Alt. Designee)	Director Department of Human Services
Rick Adams Beth Green (Designee/Chair)	Director Oklahoma State Bureau of Investigation
Carrie Slatton-Hodges Lauren Garder, M.A., LPC (Designee)	Commissioner, Department of Mental Health and Substance Abuse Services
Rachel Holt, J.D. Donna Glandon, J.D. (Designee)	Executive Director Office of Juvenile Affairs
Mike Booth, Sheriff, Pottawatomie County (Designee) Scott Hawkins, Lieutenant (Alt. Designee/Vice Chair)	Oklahoma Sheriffs' Association
W. Don Sweger, Chief, Guthrie PD (Designee)	Oklahoma Association of Chiefs of Police
Karen Mueller, J.D. (Designee)	Board of Governors Oklahoma Bar Association
Jeff Smith, J.D., DA, District 16 (Designee)	District Attorneys Council
Sarah Coffey, D.O. (Designee)	Oklahoma Osteopathic Association
Martina Jelley, M.D., M.S.P.H. (Designee) Monica Henning, M.D. (Alt. Designee)	Oklahoma State Medical Association
Janet Wilson, Ph.D., RN (Designee)	Oklahoma Nurses Association
Hon. Mike Warren, J.D., District Court, Harmon County (Designee)	Oklahoma Supreme Court
Laura Kuester, (Designee) Angela Beatty (Alt. Designee) Jayra Camarena (Alt. Designee)	Oklahoma Coalition Against Domestic Violence and Sexual Assault
Brandon Pasley	Oklahoma Coalition Against Domestic Violence and Sexual Assault (Survivor)
Shelly Harrison, J.D.	Native Alliance Against Violence
Tania Bardin	Native Alliance Against Violence (Survivor)

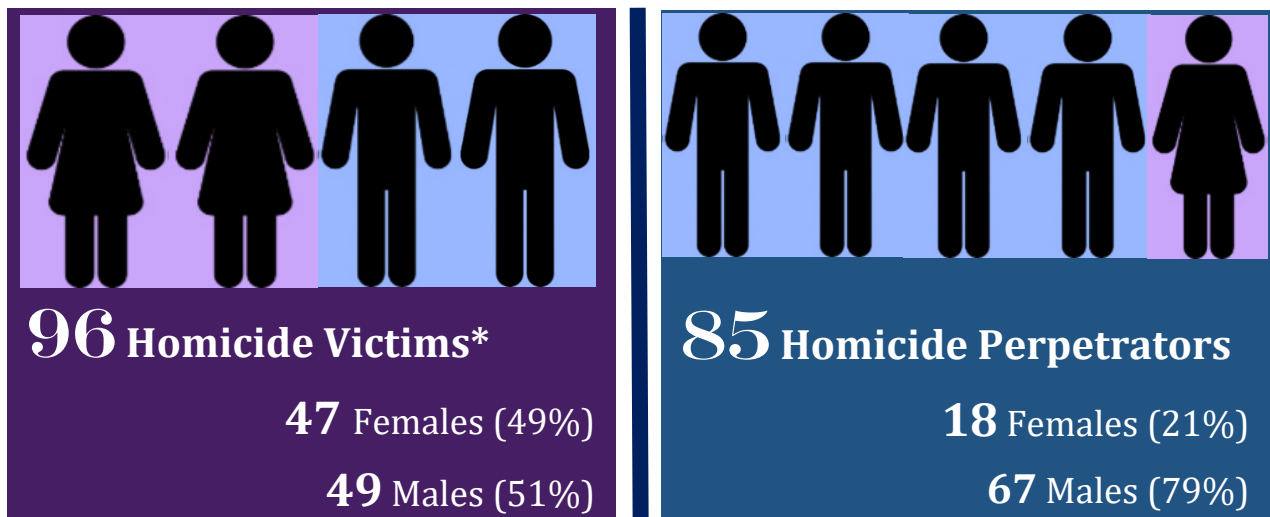
Key Findings for 2019

AT A GLANCE

The Review Board annually identifies, reviews, and reports 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 relatives who are non-intimate partners. Intimate partners include current or former spouses or current or former dating partners. 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(s) killed in a domestic violence homicide. The term *perpetrator* refers to the individual who committed the homicide. This use of terms is not intended to correlate to roles in any existing victim/perpetrator domestic violence dynamic.

2019 Domestic Violence Homicide in Oklahoma

82 DOMESTIC VIOLENCE HOMICIDE CASES



28 Oklahoma counties with at least one homicide

*Includes victims of intimate partner, family, roommate, and triangle homicides.

Key Findings for 2019

AT A GLANCE

The Review Board identified **1,881** victims who died in Oklahoma because of domestic violence between 1998 and 2019.

In 2019 alone, Oklahoma had **82** separate domestic violence cases (sometimes referred to as events) resulting in the death of **115** people; **96** were identified as homicide victims, and **19** were identified as homicide perpetrators¹. A single case can result in the death of more than one victim, while other cases involve more than one perpetrator. The number of perpetrators who died from suicide or as a result of law enforcement, bystander, or Good Samaritan intervention increased only marginally; however, it continued the upward trend seen last year when there was a doubling of perpetrator deaths after a two year low (*Table 1*).

Table 1: Domestic Violence Homicides in Oklahoma from 2012 to 2019

	2012	2013	2014	2015	2016	2017	2018	2019
Domestic violence cases	85	86	86	89	89	75	82	82
Domestic violence homicide victims (intimate partner homicide [IPH] and non-IPH)	88	90	93	94	95	82	88	96
<i>IPH victims only</i>	40	43	39	36	37	37	44	37
<i>Child Victims <18</i>	14	14	18	24	15	11	14	15
Domestic violence perpetrators	91	89	91	100	95	83	85	85
Domestic violence perpetrators who died from suicide or law enforcement/bystander/Good Samaritan intervention	21	10	14	17	10	9	17	19

¹ One perpetrator died as a result of health complications after the homicide event, bringing the total of perpetrator deaths to 20. This totals 116 individuals who died during or in the aftermath of a domestic violence homicide event.

Key Findings for 2019

BY COUNTY

In 2019, 28 out of 77 Oklahoma counties (36%) had at least one domestic violence-related homicide; the highest number of homicide victims were concentrated in Oklahoma and Tulsa Counties. (Table 2).

Table 2: Domestic Violence Related Deaths in 2019		
HOMICIDE VICTIMS	COUNTY	PERPETRATOR SUICIDE
1	ADAIR	
1	ATOKA	
3	CHEROKEE	1
2	CHOCTAW	
2	CLEVELAND	
8	COMANCHE	3
1	CUSTER	
1	JOHNSTON	
1	KAY	
1	KINGFISHER	
5	LINCOLN	
2	LOGAN	
3	MARSHALL	
1	MAYES	
1	McCLAIN	
2	McCURTAIN	1
2	MURRAY	1
1	OKFUSKEE	
21	OKLAHOMA	4
4	OKMULGEE	1
1	OSAGE	1
1	OTTAWA	1
6	PAYNE	2
1	ROGERS	1
1	SEQUOYAH	
2	STEPHENS	1
20	TULSA	2
1	WASHINGTON	
96	TOTAL	19

Key Findings for 2019

DEMOGRAPHICS²

The demographics presented in this section of the report include intimate partner homicides (IPH) and non-intimate partner homicides (Non-IPH) identified by the Review Board occurring in calendar year 2019. Non-IPH cases include family members, bystanders, and Good Samaritans (see the section on relationship type on 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 96 total domestic violence homicide victims, 47 (49%) were female and 49 (51%) were male. Of the 40 *adult* female victims (≥ 18 years old), 35 (88%) were killed by male perpetrators. Of the 41 *adult* male victims (≥ 18 years old), 27 (66%) were killed by male perpetrators, and 12 (29%) were killed by female perpetrators. The overwhelming majority of the 85 perpetrators were male (79%). Of the 18 female perpetrators, 10 (56%) killed their current or former intimate partners (*Table 3*).

Age

Of the 96 victims, 34% were between the ages of 21 and 40 years old, and 34% were between the ages of 41 and 60 years old, totaling 68% of the individuals killed fell within these two age groups. The average age of *all* victims was 37.75 years old. The average age of adult victims (≥ 18 years) was 43.70 years old. The youngest victim was 2 months old. The oldest victim was 83 years old. Of the 15 child victims (< 18 years), 7 (46%) were under the age of five and 2 (13%) were less than a year old (*Table 3*).

Perpetrators between the ages of 21 and 40 years old (51%) represented the largest age group. The average age of *all* perpetrators was 39.22 years old. The average age of adult perpetrators (≥ 18 years) was 40.07 years old. The youngest perpetrator was 14 years old. The oldest perpetrator was 80 years old. Three (3%) perpetrators were < 18 years old (*Table 3*).

Race/Ethnicity

Of the 96 victims, 57 were White/Caucasian (59%), 15 were Black/African American (16%), 14 were Native American (15%), 6 were Hispanic/Latinx (6%), 2 were Asian (2%), and 2 were identified as "Other" (2%) (*Table 3*). Of the 85 perpetrators, 53 were White/Caucasian (62%), 17 were Black/African American (20%), 4 were Native American (5%), 9 were Hispanic/Latinx (11%), 1 was Asian (1%), and 1 was identified as "Other" (1%) (*Table 3*).

² For purposes of this report, calculated percentages have been rounded up or down to the whole percent, which may result in categories with less than or more than 100% if totaled.

Key Findings for 2019

DEMOGRAPHICS³

Table 3. Domestic Violence Victim and Perpetrator Demographics for 2019				
	Domestic Violence Homicide Victims ALL (Total = 96)	%	Domestic Violence Homicide Perpetrators ALL (Total = 85)	%
Gender				
Female	47	49%	18	21%
Male	49	51%	67	79%
Race/Ethnicity				
White/Caucasian	57	59%	53	62%
Black/African American	15	16%	17	20%
Hispanic/Latinx	6	6%	9	11%
Native American	14	15%	4	5%
Asian	2	2%	1	1%
Other	2	2%	1	1%
Age				
Under 21	18	19%	8	9%
21 to 40	33	34%	43	51%
41 to 60	33	34%	26	31%
Over 61	12	13%	8	9%
Average Age [All]	37.75		39.22	
Average Age [<18]	5.61		15.87	
Average Age [≥18]	43.70		40.07	

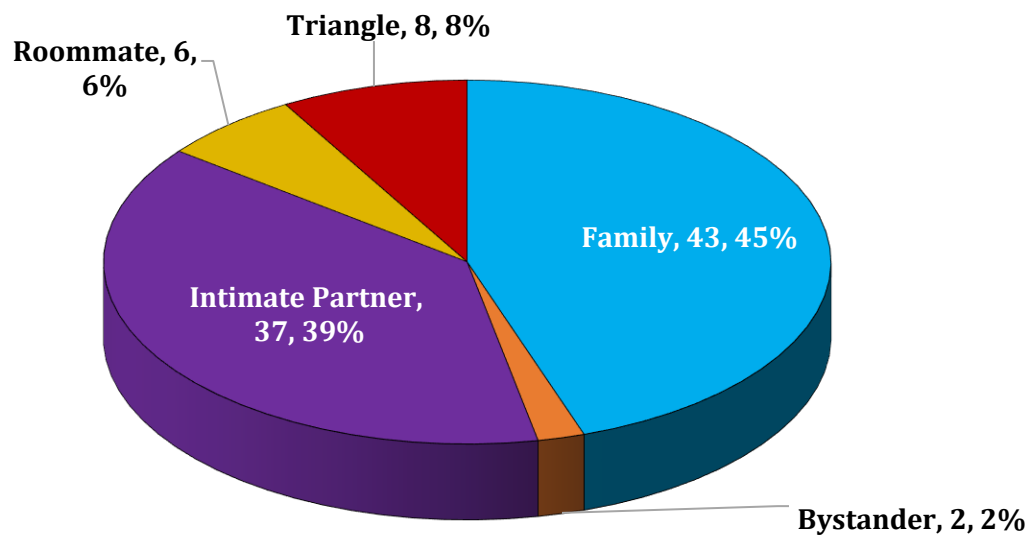
³ See footnote 1.

Key Findings for 2019

RELATIONSHIP TYPE

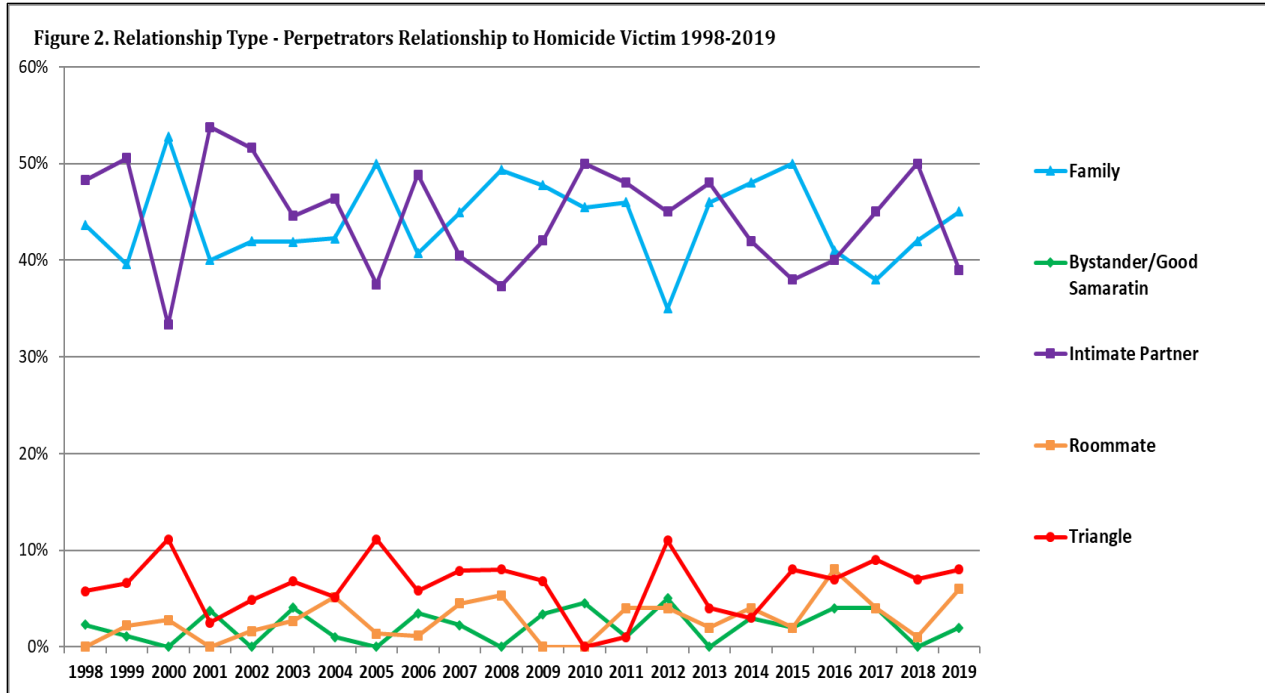
The Review Board collects and compiles data according to the type of relationship associated with the homicide. In 2019, 43 of the 96 homicide victims (45%) were killed by family members, including fathers, stepfathers, mothers, mother's boyfriends, sons, stepsons, grandparents, grandsons, brothers, and other relatives. This represents a 16% increase from 2018. A total of 37 were killed by intimate partners (39%), including current or former spouses and current or former dating partners. Victims killed by current or former intimate partners decreased by 16% from 2018. Exactly 8 homicide victims (8%) were killed in cases that are categorized as a *triangle*. Such homicides include situations in which a former spouse or dating partner kills the new spouse or dating partner, or vice versa. Triangle homicides rose from 6 in 2018 to 8 in 2019, an increase of 33%. Six victims (6%) were killed by a roommate, an increase from 1 in 2018 (*Figure 1*). These numbers illustrate that while there was a slight overall decrease of IPH cases, all other relationship categories saw increases over the previous year.

Figure 1. Relationship Type - Perpetrator Relationship to Homicide Victims for 2019



Relationship type remained fairly consistent from 1998 to 2019 with family homicides (46%) and intimate partner homicides (45%) almost equally represented (*Figure 2*).

Key Findings for 2019

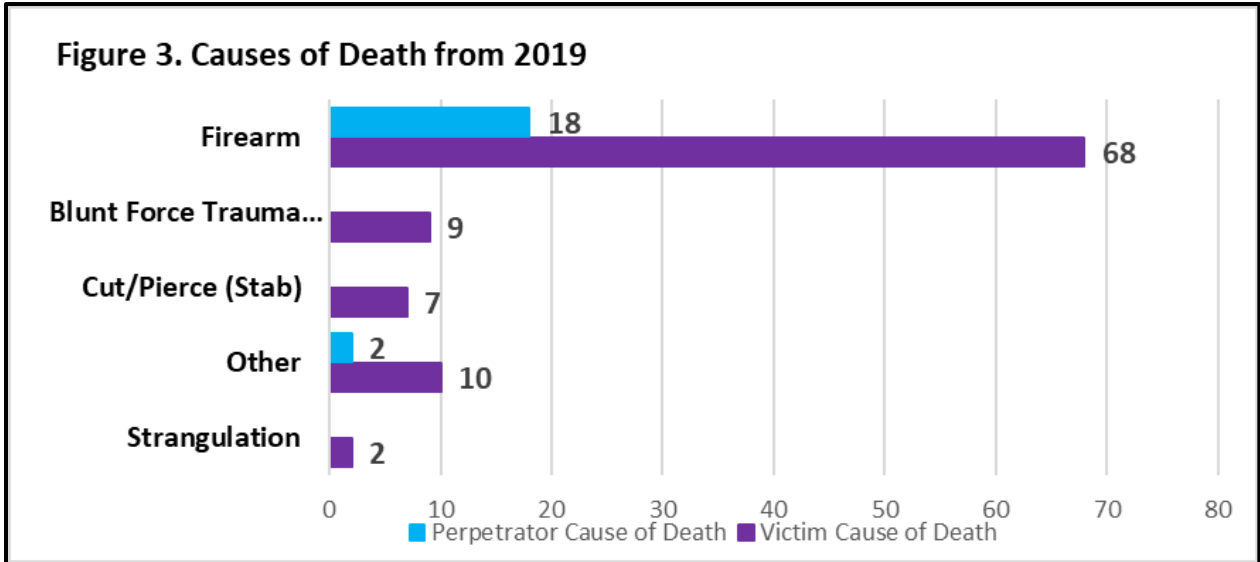


CAUSES OF DEATH

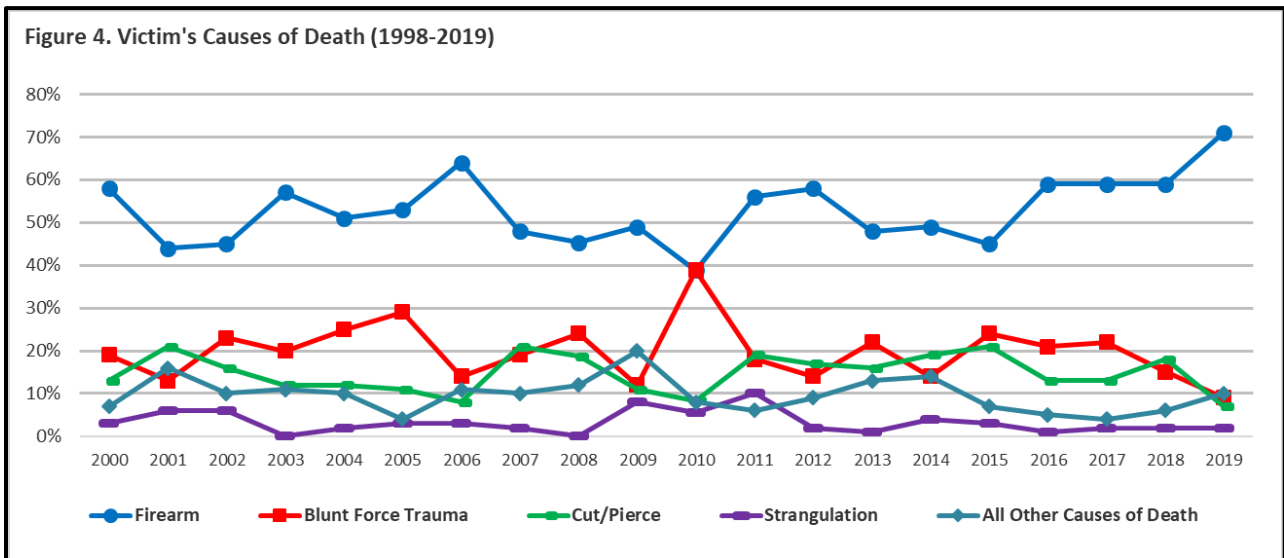
The Office of the Chief Medical Examiner of Oklahoma investigates sudden, violent, unexpected, and suspicious deaths and conducts medico-legal investigations related to the death investigations. The Review Board reports on data obtained from the Medical Examiner’s Office that includes a determination 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. In 2019 firearms were the leading cause of death, tripling all other cases combined. Additional causes of death included knife/cutting instruments, blunt force, strangulation, and others. Firearms were the cause of death of 18 perpetrators who died by suicide or by law enforcement, bystander, or Good Samaritan intervention (*Figure 3*).

Key Findings for 2019

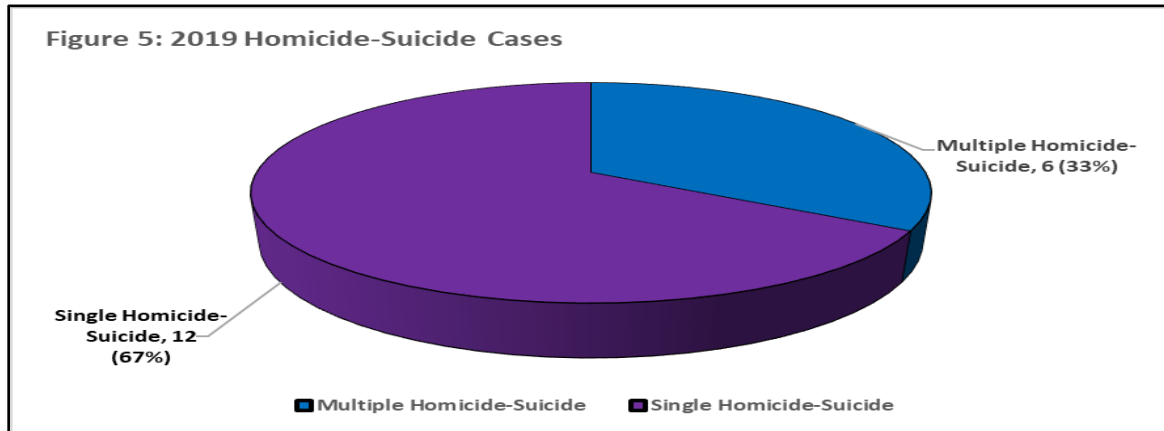


Between 1998 and 2019, victim cause of death remained consistent with firearms continually serving as the most prevalent cause in domestic violence homicide cases (Figure 4). On average, firearms were the cause of death in 53% of the domestic violence homicides during this time period.



Key Findings for 2019

HOMICIDE-SUICIDE



An event is defined as a homicide-suicide⁴ when someone murders an individual and then kills themselves, usually within 72 hours following the homicide. In 2019, the Review Board identified 18 homicide-suicide cases resulting in the death of 25 victims (64% female). A total of 8 children were killed in homicide-suicide events, compared to none the previous year. Of the 18 homicide-suicide cases, 12 (67%) were classified as *single homicide-suicide* cases, in which there was one homicide victim and one homicide perpetrator who committed suicide or was killed as a result of law enforcement intervention. Six of the 18 homicide-suicide cases (33%) were *multiple homicide-suicide* cases, in which the perpetrator killed more than one victim before dying by suicide or before being killed by law enforcement intervention (*Figure 5*).

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.⁵ In 2019, the Review Board found that 72% of all homicide-suicide cases were perpetrated by intimate partners and that the majority (67%) were perpetrated by current or former male partners. Historically, the Review Board rarely identifies intimate partner homicide-suicide cases involving female perpetrators. However, in 2018 two cases involving female perpetrators were identified, and in 2019 one multiple homicide-suicide case involved a female perpetrator. All homicide-suicide cases in Oklahoma during 2019 were committed with a firearm, a finding that aligns closely with previous national research.⁶

⁴ Homicide-suicide and murder-suicide are often used interchangeably in research literature.

⁵ 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.

⁶ 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 for 2019

DOMESTIC VIOLENCE HOMICIDE AND CHILDREN

Review Board Findings

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 child death cases resulting from neglect. Child homicides include, but are not limited to, deaths in which children are killed by parents, step-parents, foster parents, grandparents, siblings, uncles, aunts, or cousins. In some cases, perpetrators kill children in the context of intimate partner homicide, such as when the perpetrator kills the children in addition to killing the partner who was a parent. While there were no such cases in Oklahoma in 2018, there were three IPH events in 2019 that also involved the death of children. These three events resulted in the death of 5 children.

In 2019, the Review Board identified 15 children (< 18 years old) who were killed by family members. Of the 15 children, 8 were males (53%) and 7 were females (47%). Additionally, 9 were White/Caucasian (60%), 3 were Black/African American (20%), 2 were Asian (13%), and 1 was classified as Hispanic/Latinx (7%). In reference to age, 9 were ≤5 years old (60%). The Department of Human Services Child Welfare Services had prior contact with the family in 40% of the child homicide cases occurring in 2019. In addition, 3 of the 12 child homicide perpetrators (25%) had child welfare involvement as children themselves.⁷ *Table 4* provides additional information related to child homicide victims identified in Oklahoma between 2012 and 2019.

Table 4: Child Victims of Domestic Violence-Related Homicide (Intimate Partner and Non-Intimate Partner Homicide Cases) from 2012 to 2019

	2012	2013	2014	2015	2016	2017	2018	2019
Number of Child Homicide Victims	14	14	18	24	15	11	14	15
<i>Number of Victims ≤ 5yrs old</i>	11	12	14	16	12	10	9	9
<i>Age of Youngest Child</i>	2 mo.	5 mo.	<1 day	2 mo.	<1 mo.	<1 mo.	3 mo.	2 mo.
<i>Age of Oldest Child</i>	16	14	17	15	17	6	17	15

⁷ Oklahoma Department of Human Services data.

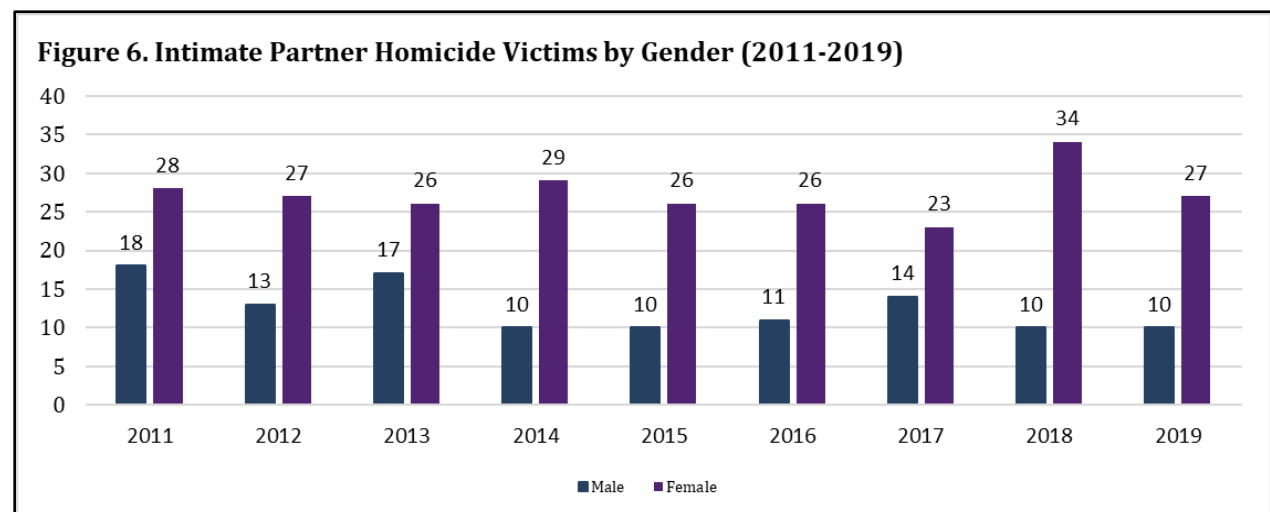
Key Findings for 2019

INTIMATE PARTNER HOMICIDES (IPH)

The Review Board collects data related to intimate partner homicides (IPH). Intimate partners are current or former spouses and current or former dating partners, 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.⁸ A study conducted by the Centers for Disease Control and Prevention analyzing data from 18 states (including Oklahoma) between 2003 and 2014 found that 55% of 10,018 female homicide victims involved domestic violence. In the same study, victims were killed by current or former intimate partners in 93% of the cases.⁹ In Oklahoma, 37 of the 82 domestic violence-related homicides in 2019 (45%) were identified as IPH cases.

Gender

In 2019, 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, 27 were female (73%) and 10 were male (27%) (*Table 5*). Consistent with previous years, almost three-quarters of IPH perpetrators were male (73%). On average, between 2011 and 2019, two-thirds of IPH victims were female and one-third were male (*Figure 6*).



⁸ 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>

⁹ Ibid.

Key Findings for 2019

INTIMATE PARTNER HOMICIDES (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 77 years old. The average age of IPH perpetrators was 43 years old. The youngest IPH perpetrator was 20 years old; the oldest was 80 years old.

Race/Ethnicity

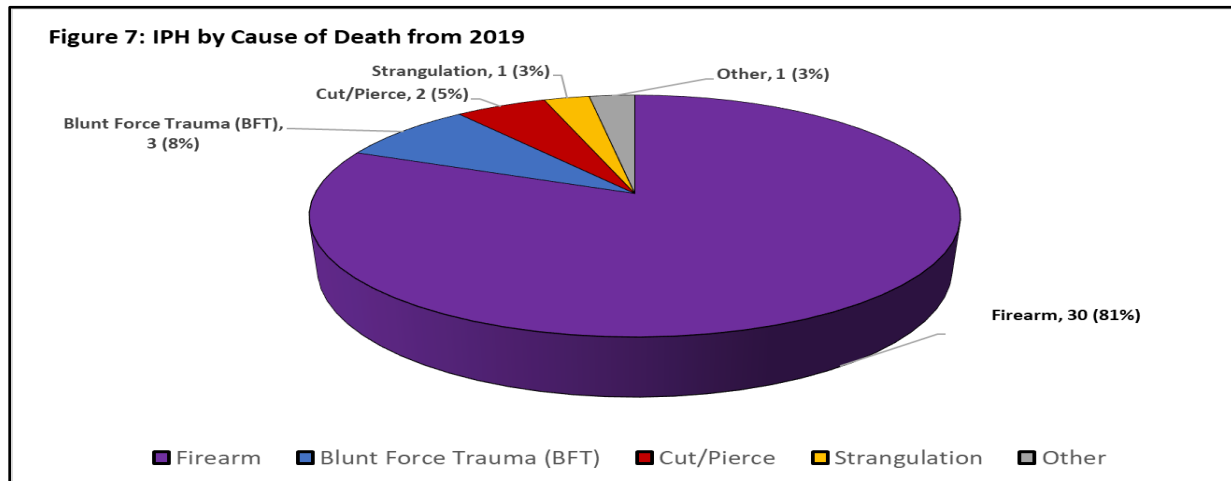
Of the 37 IPH victims, 23 were White/Caucasian (62%), 6 were Black/African American (16%), 5 were Native American (14%), and 3 were Hispanic/Latinx (8%) (*Table 5*). No Asian IPH victims were identified. Of the 37 IPH perpetrators, 24 were White/Caucasian (65%), 8 were Black/African American (22%), 3 were Hispanic/Latinx (8%), and 2 were Native American (5%) (*Table 5*).

Table 5: Intimate Partner Homicide Demographics from 2019		
	IPH Victim	IPH Perpetrator
Gender		
Female	27	10
Male	10	27
Race/Ethnicity		
White/Caucasian	23	24
Black/African American	6	8
Native American	5	2
Hispanic/Latinx	3	3
Asian	0	0
Other	0	0
Age		
Under 21	1	1
21 to 40	18	17
41 to 60	16	14
Over 61	2	5
Average Age [All]	41.61	43.54

Key Findings for 2019

INTIMATE PARTNER HOMICIDES (IPH)

Cause of Death



Aligned with national research,¹⁰ Oklahoma findings show firearms to be the most commonly used weapons in intimate partner homicides (IPH). In 2019, 30 IPH victims in Oklahoma were killed by firearms (81%) (Figure 7). This represents a 25% increase in firearm deaths from 2018, when there were 24 victims that died from gunfire. In contrast, there was a decrease in cut/pierce deaths from a high of 10 in 2018 to 2 in 2019, representing an 80% difference. Of U.S. firearms, handguns are the most commonly used weapon by males to murder females in single victim/offender murders.¹¹ In one study, females were more likely to be murdered by their intimate partners with firearms than by all other causes combined.¹² 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.¹³ In addition, 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.¹⁴ Perpetrators of intimate partner violence use guns as tools of intimidation and psychological control of the intimate partner, most often as means to threaten and instill fear.¹⁵

¹⁰ 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

¹¹ Violence Policy Center (VPC). (2019). When Men Murder Women: An Analysis of 2017 Homicide Data. Retrieved from <http://vpc.org/studies/wmmw2019.pdf>

¹² 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.

¹³ Ibid.

¹⁴ 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

¹⁵ 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 for 2019

INTIMATE PARTNER HOMICIDES (IPH)

Relationship Status

Table 6 outlines the kind of relationship IPH victims had with homicide perpetrators.

Table 6: Relationship of IPH Victim to Perpetrator from 2019		
When perpetrator was male, victim was:	Number of Cases	%
Spouse	14	52%
Ex-Spouse	2	7%
Current Intimate Partner (not married)	5	19%
Former Intimate Partner (not married)	6	22%
Total	27	100%
When perpetrator was female, victim was:	Number of Cases	%
Spouse	3	30%
Ex-Spouse	1	10%
Current Intimate Partner (not married)	2	20%
Former Intimate Partner (not married)	4	40%
Total	10	100%

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 cohabitating in 55% of the cases. In 2019, the known data indicates 25 of the 37 IPH victims (68%) were living with their partner at the time of the homicide. By contrast, reports suggest that 8 IPH victims (22%) were not cohabitating at the time of their murders. The living arrangements for the remaining 4 victims (10%) were unable to be determined, at least with the information available.

Separation

Out of the 37 IPH victims, 8 (10%) were reported to be separated from the IPH perpetrator at the time of the homicide and an additional 9 (24%) were reportedly in the process of separation just prior to the homicide. Since the Review Board has only limited information regarding the number of IPH victims who may have been trying to leave or were in the process of leaving at the time of the homicide, the actual numbers may be higher.

Key Findings for 2019

INTIMATE PARTNER HOMICIDES (IPH)

Prior Physical Violence

A history of prior physical violence in the relationship is difficult to ascertain. The Review Board relies on sources of information such as law enforcement reports, protective order petitions, prosecutorial records, hospital records, and information from family and friends. However, since many of the IPH cases from 2019 are not yet closed in the criminal justice system, complete prosecutorial records are not available for many cases at the time of this report. In addition, abuse in the majority of 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 perpetrators prior to the homicides. In 2019, available records suggest that 19 (51%) of the 37 IPH victims experienced physical violence by the IPH perpetrators prior to the homicide.

Criminal Charges/Convictions related to the Homicide (IPH)

Charges were filed in the 24 IPH cases in which the perpetrators lived (65%). The remaining 13 of the 37 total IPH cases involved the death of the perpetrators. At the time of this report, 9 out of 24 cases filed have resulted in convictions (38%); one perpetrator was determined incompetent to stand trial (4%); and another died after charges were filed (4%). The remaining cases are pending in the court system (54%) (*Table 7*).

	Number of Cases	%
1 st Degree Murder	17 ¹⁶	46%
2 nd Degree Murder	4	11%
1 st Degree Manslaughter	2	5%
2 nd Degree Manslaughter	0	0%
Federal Charges	1	3%
No Charges Filed (Perpetrator Lived)	0	0%
No Charges Filed (Perpetrator Died at Time of Incident)	13	35%
Total	37	100%

¹⁶ One perpetrator was charged with 1st degree murder but later died and charges were dismissed.

Domestic Violence Homicides by County from 1998 to 2019

Between 1998 and 2019, **1,881** victims lost their lives to domestic violence in Oklahoma; of the 1,881 victims, **821** (44%) were killed by intimate partners (*Table 8*).

Table 8. Domestic Violence Homicide Victims By County from 1998 to 2019*

County	DV Homicide	IPH Victims	DV/SA Program	County	DV Homicide	IPH Victims	DV/SA Program
Adair	16	6	V; B	Leflore	41	17	V; B; T
Alfalfa	0	0	S	Lincoln	20	6	V
Atoka	10	3	T	Logan	15	7	B
Beaver	5	1	S	Love	9	3	V
Beckham	8	1	V; B	Major	1	0	S
Blaine	3	2	S	Marshall	9	3	B
Bryan	23	7	V; B; T	Mayes	23	10	V; B
Caddo	19	10	B; T	McClain	13	8	S
Canadian	21	10	V; B; T; F	McCurtain	29	14	V; B; T
Carter	33	12	V; B; T	McIntosh	11	5	V
Cherokee	24	13	V; B; T	Murray	6	4	B
Choctaw	10	4	T	Muskogee	32	22	V; B
Cimarron	0	0	S	Noble	3	1	T
Cleveland	48	22	V; B	Nowata	3	2	S
Coal	5	4	S	Okfuskee	10	5	B
Comanche	78	37	V; B; T	Oklahoma	426	203	V; B; F
Cotton	6	4	S	Okmulgee	28	12	V; B; T
Craig	8	5	V	Osage	20	13	T
Creek	21	10	V; B	Ottawa	15	5	V; B; T
Custer	12	7	V; B	Pawnee	10	3	T
Delaware	29	13	V; T	Payne	26	10	V; B; T
Dewey	2	2	V	Pittsburg	22	7	V; B; T
Ellis	1	1	V	Pontotoc	23	13	V; B; T
Garfield	18	9	V; B	Pottawatomie	34	14	V; B; T; F
Garvin	20	4	B	Pushmataha	3	1	V
Grady	23	10	V; B	Roger Mills	1	1	S
Grant	1	0	S	Rogers	24	9	V; B
Greer	2	2	S	Seminole	20	9	V; B; T
Harmon	1	1	S	Sequoyah	20	9	S
Harper	1	1	V	Stephens	21	8	V; B
Haskell	9	5	V	Texas	7	2	V
Hughes	6	0	B	Tillman	6	4	S
Jackson	5	3	V; B	Tulsa	386	169	V; B; F
Jefferson	0	0	S	Wagoner	23	11	V
Johnston	8	2	S	Washington	24	12	V; B; T
Kay	17	9	V; T	Washita	6	4	S
Kingfisher	3	3	S	Woods	3	0	V
Kiowa	3	4	S	Woodward	4	2	V; B
Latimer	4	2	S	Totals	1,881	821	

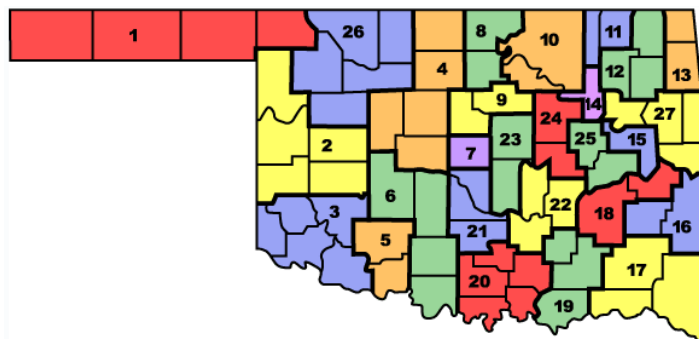
***"V"** Attorney General Certified Victims Program; **"B"** Batterers Intervention Program; **"T"** Tribal Program; **"F"** Family Justice Center; **"S"** Served by program in nearby county

Note: Every county in the state of Oklahoma has either a physical location where victim services are provided or is served by a program in a nearby jurisdiction. Counties served by programs in another jurisdiction are categorized with an "S".

Domestic Violence Homicides by District Attorney District from 1998 to 2019

Table 9. Domestic Violence Homicide Rate per 100,000 population by District Attorney District from 1998 to 2019

DA District	County	Number of DV Homicide Victims	Rate per 100,000
District 4	Blaine, Canadian, Garfield, Grant, and Kingfisher	46	1.03
District 26	Alfalfa, Dewey, Major, Woods, and Woodward	12	1.16
District 21	Cleveland, Garvin, and McClain	81	1.20
District 9	Logan and Payne	41	1.61
District 3	Greer, Harmon, Jackson, Kiowa, and Tillman	17	1.45
District 8	Kay and Noble	20	1.57
District 1	Beaver, Cimarron, Harper, and Texas	11	1.56
District 24	Creek and Okfuskee	31	1.73
District 12	Craig, Mayes, and Rogers	55	1.81
District 2	Beckham, Custer, Ellis, Roger Mills, and Washita	28	1.88
District 11	Nowata and Washington	27	2.01
District 27	Adair, Cherokee, Sequoyah, and Wagoner	83	2.12
District 15	Muskogee	32	2.09
District 10	Osage and Pawnee	30	2.16
District 6	Caddo, Grady, Jefferson, and Stephens	64	2.23
District 23	Lincoln and Pottawatomie	54	2.39
District 18	Haskell and Pittsburg	31	2.47
District 7	Oklahoma	426	2.70
District 25	Okmulgee and McIntosh	39	3.00
District 13	Delaware and Ottawa	44	2.76
District 5	Comanche and Cotton	84	3.04
District 19	Atoka, Bryan, and Coal	38	2.83
District 14	Tulsa	386	2.93
District 20	Carter, Johnston, Love, Marshall, and Murray	65	3.09
District 17	Choctaw, McCurtain, and Pushmataha	42	3.19
District 22	Hughes, Pontotoc, and Seminole	49	2.95
District 16	Latimer and Leflore	45	3.41



RECOMMENDATIONS

2020 Recommendations

With its continuous goal of reducing domestic violence homicides in Oklahoma, the Review Board proposes three recommendations for the following target systems to improve overall domestic violence response and increase prevention efforts.

Recommendation One:

Target Systems: Courts, Law Enforcement, Prosecution, Municipalities, and Legislators

To enhance safety measures for victims after perpetrator arrest and increase accountability for offenders, all courts across the state of Oklahoma should implement a uniform approach to setting bond for those charged with crimes of domestic abuse.

Recommendation Two:

Target Systems: Law Enforcement, Courts, Prosecution, Department of Corrections - Probation and Parole, and Batterers Intervention Programs

Criminal justice system members should assess whether individuals charged with domestic abuse and violation of protective order crimes and those subject to a protective order are in possession of firearms or other weapons with the goal of removing potential danger factors which often lead to homicide.

Recommendation Three:

Target Systems: Law Enforcement, Municipalities, Counties, Prosecution, Victim Service Providers, and Collaborative Multidisciplinary Model Systems

Agencies and organizations responding to domestic violence crimes should collaborate to create a central clearinghouse containing training and resources focused on law enforcement capacity-building, including model policies to enhance and unify overall law enforcement agency responses to domestic violence crimes.

Further explanation of each recommendation and resources are included on the pages to follow.

2020 Recommendations

Recommendation One:

Target Systems:

Courts, Law Enforcement, Prosecution, Municipalities, and Legislators

To enhance safety measures for victims after perpetrator arrest and increase accountability for offenders, all courts across the state of Oklahoma should implement a uniform approach to setting bond for those charged with crimes of domestic abuse.

Rationale and Implementation:

Having reviewed cases where further acts of domestic abuse and even homicides occurred while offenders charged with a crime of domestic abuse had posted bail and were not incarcerated pending court appearances, the Board recommends a uniform bond schedule be adopted across all courts in Oklahoma. Such a schedule would ensure minimum bonds are required in cases where acts of domestic violence are and/or have been present, but would allow for bonds to be set at higher levels depending upon lethality and dangerousness factors as assessed by the courts. In other words a floor for bond would be set, but not a ceiling. Court assessments would also benefit other systems as decisions are made to protect public safety and the continued safety of adult and child victims of abuse.

Further, the Board acknowledges concerns that recent efforts to reduce bond amounts with the goal of eliminating undue burden on those accused of crimes may inadvertently negatively and dangerously affect domestic violence victims. By requiring offenders be seen by a judge prior to setting the bond amount, the legislature recognized the nature of domestic violence crimes and set a higher standard for determining bond. Similarly, courts should recognize this danger and use all information available to them to assess danger before considering what bond amount is appropriate to ensure the safety of the victim and the community.

More awareness and training for the courts on the existing statutes is important and can result in more uniform responses in all jurisdictions across Oklahoma. Understanding that courts are not investigative bodies, law enforcement, advocates, prosecutors, and others should make all efforts to provide judges with the needed information to adequately assess danger and lethality when setting bond amounts and conditions. This should include information obtained during law enforcement's lethality assessment and potentially even the victim's direct input, which is a constitutional and statutory right that courts can afford victims during bond hearings.

Resources:

Offenses Bailable – Factors to be Considered by the Court (Title 22 O.S. 1105)

<https://www.oscn.net/applications/oscn/deliverdocument.asp?id=438671&hits=>

Pretrial Bail – Bond Schedules (Title 22 O.S. 1105.2)

<https://www.oscn.net/applications/oscn/deliverdocument.asp?lookup=Next&listorder=1431000&dbCode=STOKST22&year=>

2020 Recommendations

Lethality Assessment by Law Enforcement (Title 21 O.S. 142A-3)

<https://www.oscn.net/applications/oscn/deliverdocument.asp?lookup=Next&listorder=469050&dbCode=STOKST21&year=>

Praxis International's "The Blueprint for Safety" Chapter 7: County Probation and Bail Evaluation

<https://praxisinternational.org/wp-content/uploads/2016/02/BlueprintChapter7.pdf>

Battered Women's Justice Project: SAFeR Project

<https://www.bwjp.org/our-work/projects/safer.html>

Recommendation Two:

Target Systems:

Law Enforcement, Courts, Prosecution, Department of Corrections – Probation and Parole, and Batterers Intervention Programs

Criminal justice system members should assess whether individuals charged with domestic abuse and violation of protective order crimes and those subject to a protective order are in possession of firearms or other weapons with the goal of removing potential danger factors which often lead to homicide.

Rationale and Implementation:

Firearms continue to represent a large percentage of the causes of death of victims and perpetrators alike. In 2019, 68 victims and 18 of the 20 perpetrators killed were killed with a firearm. Between 1998 and 2019, firearms were the cause of death in an average of 53% of domestic violence homicides. The presence of one or more weapons, but specifically firearms, have been found to increase lethality in domestic violence situations because of the probability of inflicting fatal injury quickly. Furthermore, there is less opportunity for intervention by first responders.

Existing laws that govern and restrict the possession of firearms and allow for the seizure and forfeiture of weapons should be fully utilized by those in the system who have contact with offenders. Courts should ensure that all protective orders issued accurately indicate firearms restrictions apply to the person(s) subject to the order. The laws on point include a combination of state and federal provisions, requiring awareness and comprehensive collaboration between state and federal law enforcement and prosecution. Coordinated efforts focused on firearm and weapon seizure by law enforcement agencies at all levels and those who have contact with offenders, such as probation officers and batterers intervention programs, in conjunction with court and district attorney action can lead to safer environments for victims and additional accountability for offenders.

Resources:

Seizure and Forfeiture of Weapons and Instruments (Title 22 O.S. 60.8)

2020 Recommendations

<https://www.oscn.net/applications/oscn/deliverdocument.asp?lookup=Next&listorder=454000&dbCode=STOKST22&year=>

Statement Required on all Ex Parte or Final Protective Order (Title 22 O.S. 60.11)

<https://www.oscn.net/applications/oscn/deliverdocument.asp?lookup=Next&listorder=460000&dbCode=STOKST22&year=>

Oklahoma Protective Order Forms (Administrative Office of the Courts)

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

The National Resource Center on Domestic Violence and Firearms

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

Recommendation Three:

Target Systems:

Law Enforcement, Municipalities, Counties, Prosecution, Victim Service Providers, and Collaborative Multidisciplinary Model Systems

Agencies and organizations responding to domestic violence crimes should collaborate to create a central clearinghouse containing training and resources focused on law enforcement capacity-building, including model policies to enhance and unify overall law enforcement agency responses to domestic violence crimes.

Rationale and Implementation:

Although law enforcement officers are prepared for their roles through certification academies and ongoing continuing education requirements, adequately responding to domestic violence crimes involves knowledge and understanding of the specific dynamics and offender tactics used. Domestic violence-involved incidents are often not only lethal to victims but pose a true threat to law enforcement officers as well. Training and educational opportunities must be made readily available to meet the needs of officers statewide. Response strategies, evidence collection, report writing, safety measures, and lethality assessments, among many others topics, cannot be learned and retained through a one-time training event. In addition, high turnover rates within law enforcement agencies lead to the need for ongoing training and availability of resources. In addition, coordinated efforts through multidisciplinary teams and connections with all disciplines is necessary to supplement and support the law enforcement response.

Further, uniformity of responses within agencies and across jurisdictions may be obtained through the implementation of training requirements and policy development. Policies at all levels, including city, county, state, etc., ensure that attention to domestic violence crimes by law enforcement is a priority. Many agencies do not have the capacity to train officers and develop policies internally; therefore, a centralized clearinghouse of resources is needed.

2020 Recommendations

Current and ongoing efforts have been made by agencies at the state level, such as the Council on Law Enforcement Education and Training (CLEET), the District Attorneys Council (DAC), the Office of the Attorney General (OAG), the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), the Native Alliance Against Violence (NAAV), and others, to provide specific law enforcement-focused training on the response to domestic violence. In addition, many local Coordinated Community Response (CCR) Teams have offered ways for local law enforcement to receive training. However, these opportunities may be difficult to identify and locate across all jurisdictions in the state. The Board recommends forming a workgroup to identify existing resources and training for law enforcement; determine the best location for a centralized clearinghouse to host such information; evaluate law enforcement training and policy development needs; and create a statewide plan for re-evaluating those needs in coming years. The workgroup activities should supplement and support existing projects and partner with statewide law enforcement agencies such as the Oklahoma Association of Chiefs of Police and the Oklahoma Sheriff's Association to create a conduit for enhancing law enforcement's response to domestic violence in Oklahoma.

Resources:

Council on Law Enforcement Education and Training

https://www.ok.gov/cleet/CLEET_Training/index.html

Oklahoma Coalition Against Domestic Violence and Sexual Assault

<https://www.ocadvsa.org/>

Native Alliance Against Violence

<https://oknaav.org/>

Oklahoma Attorney General – Partners for Change Conference on Domestic and Sexual Violence & Stalking

<https://www.oag.ok.gov/victim-services>

Oklahoma District Attorneys Council – Coordinated Community Response Team Resources:

https://www.ok.gov/dac/Training/Coordinated_Community_Response_Teams/index.html

Oklahoma Family Justice Centers:

- Tulsa Family Safety Center: <https://fsctulsa.org/>
- One Safe Place (Family Justice Center, Shawnee): <http://fjc.osgov.us/>
- Palomar (Oklahoma City's Family Justice Center): <https://palomarokc.org/>
- Cardinal Point (Canadian County's Family Justice Center): <https://cardinalpointok.org/>

Spotlight

Homicide Prevention Initiatives in Oklahoma

Pottawatomie & Lincoln County Coordinated Community Response Team (CCRT)

CCRT History & Effectiveness

The Pottawatomie & Lincoln County Coordinated Community Response Team (CCRT) has been operating for over a decade and continues to be a successful team focused on increasing victim safety and holding offenders accountable. The team is comprised of a wide variety of multidisciplinary professionals that include four Tribal Nations, the certified victims' service agency, the family justice center, the district attorney's staff, the local batterers' intervention program, police dispatch, several law enforcement agencies, and a host of other community partners. The support, dedication, and collaboration of the team members and their agencies are what have made CCRT strong and effective. This long-standing team works diligently to help victims of domestic and sexual violence while recognizing and responding proactively to the issues in the criminal justice system. They set and meet goals together through training, collaboration, and consultation.

Over the last ten years, the team has developed a large, community-oriented fundraiser called *Heels on for Her* that raises money for CCRT. One of the highlights of this annual fundraising and awareness event consists of men from the 23rd District wearing heels and competing in a timed obstacle course, where community members can pledge money to spur them on to victory. These funds assist CCRT in hosting two important community awareness and awards events: Domestic Violence Awareness Month in October and Sexual Assault Awareness Month in April. Both events provide an opportunity to publicly recognize outstanding professionals and community members in Pottawatomie and Lincoln Counties that have gone above and beyond for victims. Most importantly, fundraising efforts have procured valuable funds to provide training in the community; send members to regional training outside the local district; purchase medical supplies for victims needing a Sexual Assault Nurse Examiner (SANE); support the beginning stages of a Domestic Violence Nurse Examiner (DVNE) program in the district; and helped purchase furniture and recording equipment for a soft interview room at the One Safe Place Family Justice Center. Funding has also enabled the CCRT to fund two unique initiatives to assist law enforcement and victims in combating domestic violence and facilitating the safe transportation of children away from these volatile situations.

CCRT Children Car Seats Initiative

The CCRT and law enforcement agencies within the 23rd District identified a recurring issue when responding to some domestic violence calls where children were involved. In some situations children needed to be transported away from the volatile circumstances either by law enforcement or by a parent wanting to remove themselves and their child from the unsafe environment altogether. There were cases where a car seat was needed to ensure the safe transportation of kids in police

cruisers or the victim’s personal car. Recognizing that something needed to be done to remedy this issue, the CCRT provided child car seats to every law enforcement agency within the 23rd District to help transport children in dangerous situations and assist parents when car seats are not available.

CCRT Discrete Body Cameras Initiative

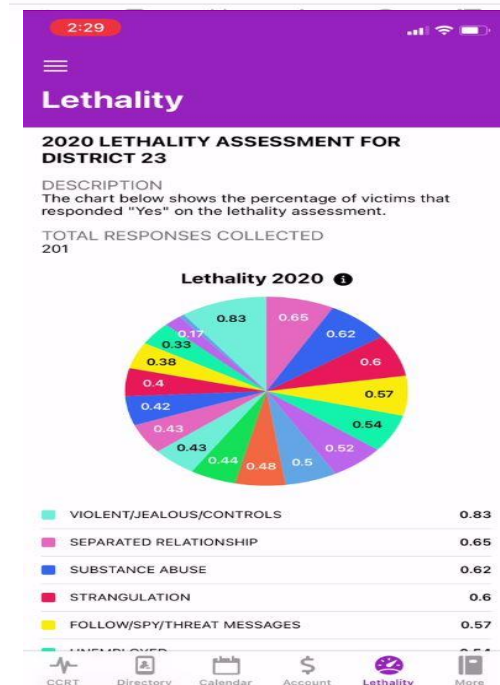
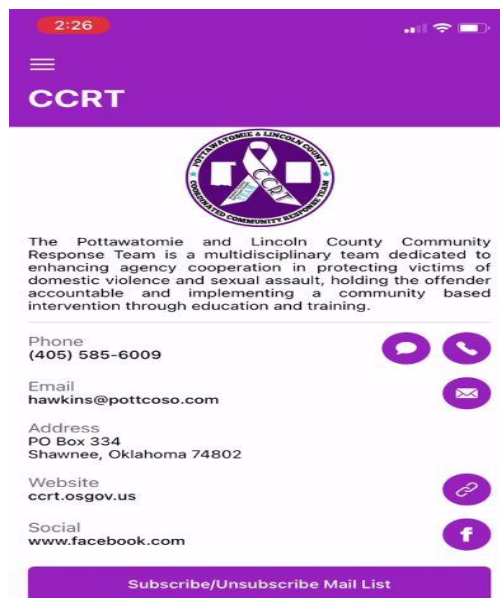
Evidence helps law enforcement investigative efforts and provides a solid foundation for the successful prosecution of domestic violence offenders. Technological advancement has made cameras and recording devices ubiquitous in our daily lives. These devices offer the chance to capture (screenshots) or discretely record unsafe incidents that can later be provided to law enforcement as evidence. Having this in mind, the CCRT purchased discrete body cameras that can be checked out by victims to allow them to record domestic violence situations and then be able to submit to law enforcement evidence of that incident. This strategy helps victims and law enforcement counteract an offender’s tendency to minimize, deny and even blame their abuse on the victims.

CCRT Use of Technology – Mobile Application

The use of technology to streamline data collection offers a unique opportunity to use analytics to gain insight on domestic violence historical and real-time trends within a jurisdiction, offering law enforcement better DV-specific situational awareness across space and time. Recognizing how technology could be leveraged to tract domestic violence lethality in their jurisdiction, Lt. Scott Hawkins of the Pottawatomie County Sheriff’s Office and Treasurer of the CCRT, designed a creative and helpful mobile and desktop application (app) for the CCRT to help track real-time Lethality Assessment Protocol results for victims in District 23, as well as serve as a main point of reference for important partners involved in the fight against domestic violence throughout the district

Real-Time Lethality Assessment for the 23rd District

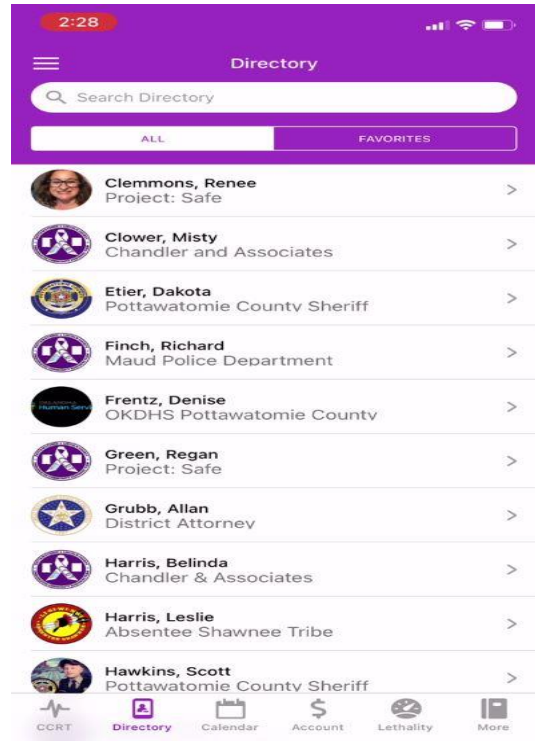
Law enforcement agencies within the 23rd District use Project: SAFE’s crisis hotline to screen-in intimate partner-related incidents where a Lethality Assessment is required to be completed. Once law enforcement has made contact with an advocate by phone and the responses are collected, non-identifiable data is tabulated and displayed in real-time within the CCRT App to the team members. This data is collected throughout the year to gauge the percentage



level and type of lethality responses and includes a helpful pie chart graphic along with responses listed in order from highest to lowest value. Understanding the Lethality Assessment of victims is a pivotal focal point for the team to maintain a vigilant approach to combat these serious issues.

Directory of Partners

The directory provides a full list of team members, a description of their respective program services, contact information, personal photograph, or agency logo. This allows all team members the ability to reach out to one another and removes the daunting task of attempting to figure out exactly who to contact.

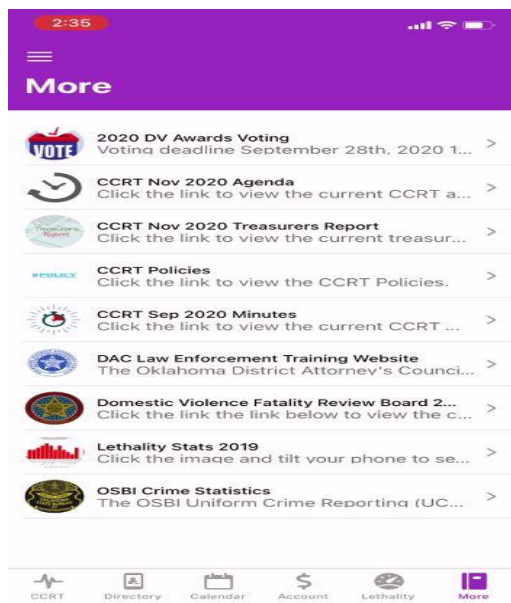


Calendar of Events for Training and Meetings

The Calendar feature provides upcoming team meeting dates and times as well as upcoming area training or statewide training, including direct access to podcasts and pre-recorded videos. This is a useful tool to manage a current list of relevant trainings for team members to help highlight the best of the multiple training opportunities that are emailed out to various members.

CCRT Policies, Agenda, Minutes, and More

CCRT has links to important resources available to them such as the annual Domestic Violence Fatality Review Report, the yearly OSBI Uniform Crime Report, District Attorneys Council training site, CCRT policies, meeting agendas, minutes, and other team reports. Lethality assessment prior-year charts and all of the annual award voting is cast electronically through the use of the app.



For further information on the Pottawatomie & Lincoln County Coordinated Community Response Team (CCRT), please contact Pottawatomie County Sheriff's Office Lt. Scott W. Hawkins at (405)-585-6009

Spotlight

Homicide Prevention Initiatives in Oklahoma

Tulsa Police Department: Domestic Caution Indicators Database

Earlier this year, Tulsa World journalist Ginnie Graham wrote a column on an innovative Tulsa Police Department (TPD) initiative aimed at addressing domestic violence problems in the city. According to the article, TPD law enforcement officials identified situations where a suspect in a domestic violence assault would flee the area before officers arrived, only to be arrested shortly after on unrelated charges by other TPD officers. To ensure suspects were held accountable for their previous crime, TPD Family Violence Unit Lt. Clay Asbill developed an internal protocol to flag suspects who are within the 72-hour window of when an arrest on probable cause on a misdemeanor domestic violence assault and battery can be made without a warrant. This protocol makes sure that a recent allegation does not go overlooked by other TPD officers. The protocol, termed as the “Domestic Caution Indicators,” was added to TPD internal systems so if a domestic violence suspect is apprehended on unrelated complaints the system notifies officers in the field they need to file a recent domestic violence complaint. It works by notifying an officer that within the last 72 hours there was a report filed by another officer on a domestic violence incident that involved the individual they have currently detained. According to the column, since the protocol’s implementation in June of 2019 nearly 300 names of suspects have been added, and it has led to 50 (~17%) arrests.

The TPD Domestic Violence Indicators is a noteworthy initiative for a number of reasons. First, it uses existing systems within TPD to create department-wide situational awareness across shifts. Increased awareness prevents officers from having to obtain a warrant later on just because they were unaware the person they had apprehended was already wanted for domestic violence complaints. Per the article, after the 72 hour window passes, obtaining a warrant can take over a month, possibly leading victims to change their minds about going forward with the case. Lt. Clay Asbill argues that a statewide system is needed so that all law enforcement agencies are “on the same page.” Although he recognizes this poses a big challenge, especially since agencies across the state have different computer systems and policies, he already is working with lawmakers and agency heads to steer Oklahoma towards adopting an interconnected system.

Overall, the TPD’s Domestic Caution Indicators closes a gap at the local level. It helps prevent domestic violence allegations from falling through the cracks if a suspect is apprehended shortly after on unrelated complaints by officers who may be unaware of what happened in another shift or division. This initiative highlights how existing capabilities can further enhance efforts to hold domestic violence offenders accountable and ultimately keep victims safe from further harm.

For more information on this initiative please refer to Ginnie Graham’s Tulsa World column [Tulsa pioneering strategies to address problems of domestic violence](#), published online on Sunday, March 1, 2020.

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 took effect 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 reviews of statistical data obtained from sources within the jurisdiction and/or having direct involvement with the homicides. Using the information derived, the Review Board will identify common characteristics and develop recommendations to improve the systems of agencies and organizations involved to better protect and serve victims of domestic abuse.

Board Members

Previously, the Review Board has been composed of eighteen (18) members (or designees). As of November 1, 2019, the Review Board is composed of twenty (20) members 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. Twelve 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 Attorneys Council);
 - e. A physician (Oklahoma State Medical Association);
 - f. A physician (Oklahoma Osteopathic Association);
 - g. A nurse (Oklahoma Nurses Association);

Appendix A

Oklahoma Domestic Violence Fatality Review Board

- h. A domestic violence representative (Oklahoma Coalition Against Domestic Violence and Sexual Assault);
- i. A domestic violence survivor (Oklahoma Coalition Against Domestic Violence and Sexual Assault);
- j. A tribal domestic violence representative (Native Alliance Against Violence);
- k. A tribal domestic violence survivor (Native Alliance Against Violence); *and*
- l. 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. 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 is currently or was previously an intimate partner or family or household member. 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 cases 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, friends, and others. Because the Review Board conducts in-depth reviews, they are only able to review a portion of the overall number of qualifying domestic violence homicides in any given year. The Program Manager monitors the remainder of the cases. The Review Board discusses selected cases during monthly closed, confidential meetings. The Review Board strives to find ways in which the system could have better served the deceased victims prior to their deaths and surviving family members.

Appendix A

Oklahoma Domestic Violence Fatality Review Board

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 child(ren) 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 (such as language, income, transportation, cultural beliefs, and values);
- Identify possible gaps in the system response to domestic violence (such as criminal justice, protective order, juvenile/family court, law enforcement, judiciary, and child welfare); *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.

Appendix A

Oklahoma Domestic Violence Fatality Review Board

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 victims and perpetrators. The Review Board collects and maintains all information in a confidential manner in accordance with 22 O.S. § 1601. Per statute, the Review Board does not report personally identifying information and instead reports *de-identified and 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 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:
<input type="checkbox"/> Check here if the victim did not answer any of these questions.		
A "Yes" response to any of Questions 1-5 automatically triggers the protocol referral.		
1. Has the person ever threatened to use or used a weapon against the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
2. Has the person ever threatened to kill the victim or the children of the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
3. Has the person ever tried to choke the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
4. Has the person ever tried or threatened to kill him/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
5. Does the victim think the person will try to kill the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Negative responses to Question 1-5 but positive responses to at least three of Questions #6-11 trigger the protocol referral.		
6. Does the person have a gun or can he/she get one easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
7. Is the person violently or constantly jealous or does the person attempt to control most of the daily activities of the victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
8. Does the person follow or spy on the victim or leave the victim threatening or unwanted messages, phone calls or text messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
9. Does the victim have any children the person knows is not his/her own child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
10. Has the victim left or separated from the person after living together or being married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
11. Is the person unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.		
Is there anything else that worries the victim about his or her safety? If so, what worries the victim?		
Check one: <input type="checkbox"/> Victim screened in according to the protocol <input type="checkbox"/> Victim screened in based on the belief of the officer <input type="checkbox"/> Victim did not screen in		
If victim screened in :		
Did the officer contact the local OAG Certified DV/SA Program or Tribal DV/SA Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "no" state why: _____		
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).		
After advising the victim of high risk for danger/lethality, did the victim speak with the hotline advocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than of other victims of intimate partner violence.		

Appendix C

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 endorse 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, and more. A list of domestic violence member programs is provided.

NATIVE ALLIANCE AGAINST 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 and 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 • 1-800-787-3224 (TTY) • 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 C

Resources for Professionals

days a year and provides confidential, one-on-one support to each person by phone or by chat available through the website, offering crisis intervention, options for next steps, and direct connection to sources for immediate safety. Their database holds over 5,000 agencies and resources in communities across the country. Bilingual advocates are on hand to speak with callers, and their Language Line offers translations in 170+ different languages. The Hotline is an excellent source of help for concerned friends, family, co-workers, and others seeking information and guidance on how to help. The Hotline educates communities through events, campaigns, and dynamic partnerships.

BATTERED WOMEN'S JUSTICE PROJECT

1-800-903-0111, ext. 3 • www.bwjp.org

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

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

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

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

405-678-5500 • www.futureswithoutviolence.org/health

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

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

312-726-7020 • www.nationalcenterdvtraumamh.org

The National Center on Domestic Violence, Trauma and Mental Health provides training, support,

Appendix C

Resources for Professionals

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

CULTURALLY-SPECIFIC RESOURCES

NATIVE ALLIANCE AGAINST VIOLENCE

(405) 801-2277 • <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

The National Indigenous Women's Resource Center, Inc. (NIWRC) is a Native nonprofit organization that was specifically created to serve as the National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women. NIWRC seeks to enhance the capacity of American Indian and Alaska Native Tribes, Native Hawaiians, and Tribal and Native Hawaiian organizations to respond to domestic violence and provide public awareness, resource development, training and technical assistance, policy development, and research activities.

STRONGHEARTS NATIVE HELPLINE

1-844-762-8483 • www.strongheartshelpline.org

StrongHearts Native Helpline is a safe domestic, dating, and sexual violence helpline for American Indians and Alaska Natives offering culturally-appropriate support and advocacy daily from 7 a.m. to 10 p.m. CT. StrongHearts is anonymous and confidential. Callers reaching out after hours may connect with The National Domestic Violence Hotline, a non-Native based 24-7 domestic violence helpline, by selecting option one (1).

ASIAN PACIFIC INSTITUTE ON GENDER-BASED DOMESTIC VIOLENCE

415-568-3315 • www.api-gbv.org

The Asian Pacific Institute on Gender-Based Domestic Violence is a national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian and Pacific Islander communities. It analyzes critical issues affecting Asian and Pacific Islander survivors; provides training, technical assistance, and policy analysis; and maintains a clearinghouse of information on gender violence, current research, and culturally-specific models of intervention and

Appendix C

Resources for Professionals

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

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 • <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 and consulting services remain available through 2026.

UJIMA, INC.: THE NATIONAL CENTER ON VIOLENCE AGAINST WOMEN IN THE BLACK COMMUNITY
844-778-5462 • <https://ujimacommunity.org/>

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

Oklahoma Domestic Violence Fatality Review Board

Katy Fortune, MSW
DVFRB Program Manager
Email: Katy.Fortune@oag.ok.gov
Phone: (405) 522-1984

Anthony Hernandez
DVFRB Research Assistant
Email: Anthony.Hernandez-Rivera@oag.ok.gov
Phone: (405) 522-3023

Oklahoma Office of the Attorney General
Victim Services Unit
313 N.E. 21st Street
Oklahoma City, OK 73105
Phone: (405) 521-3921
Fax: (405) 557-4535

<https://www.oag.ok.gov/victim-services>

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

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

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

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

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

Please visit www.oag.ok.gov for:

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

Please widely disseminate this annual report.

Publication prepared by the Oklahoma Office of the Attorney General, Mike Hunter, on behalf of the Oklahoma Domestic Violence Fatality Review Board.

This project is supported by Subgrant No. 2020/21-VAWA-OAG-VSU-00017 awarded by the Oklahoma District Attorneys Council for the STOP Formula Grant Program, Office on Violence Against Women, US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.