



# Oklahoma Domestic Violence Fatality Review Board

**ANNUAL REPORT  
2021**





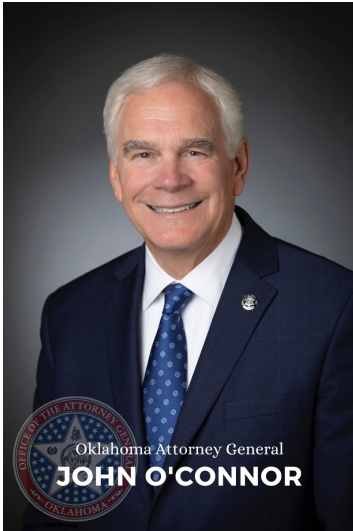
This publication was prepared by Program Staff at the Office of the Attorney General on behalf of the Oklahoma Domestic Violence Fatality Review Board (DVFRB). The DVFRB annual report is supported by Subgrant No. 2020/21-VAWA-OAG-VSU-00017 awarded by the Oklahoma District Attorney's Council for the S.T.O.P. Violence Against Women Act Formula Grant Program, Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the District Attorney's Council or Department of Justice, Office on Violence Against Women.

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# INTRODUCTION



## From the Desk of the Attorney General

I applaud the members of the Oklahoma Domestic Violence Fatality Review Board for their continued efforts in combatting domestic violence homicide in our state. As government representatives, victim advocates, and citizens of Oklahoma, we must continue to raise awareness of this horrific crime and find new ways to prevent and end the cycle of domestic violence.

John O'Connor  
Oklahoma Attorney General  
December 2021

## From the Domestic Violence Fatality Review Board

The purpose of the Oklahoma Domestic Violence Fatality Review Board<sup>1</sup> is to prevent future domestic violence deaths by identifying gaps in the domestic violence prevention and protection system and proposing recommendations aimed at improving the coordinated response of the individuals, organizations, and agencies that combine the domestic violence prevention and protection system in Oklahoma.

The DVFRB was thrilled to add two representatives from the Native Alliance Against Violence to its ranks in November 2019, bringing the total membership of the Board to twenty multidisciplinary team members. The addition of both a Native American survivor of domestic violence and a Native American domestic violence victim service provider brought a crucial perspective to the Board's review of identified domestic violence-related death cases, particularly as the state continues to navigate the impact of the U.S. Supreme Court's 2020 *McGirt v. Oklahoma* decision.

The DVFRB aspires to continue expanding its membership in the coming years to include more stakeholders from the state's various systems as we recognize the safety of victims, their children and families. Our communities depend on the ongoing commitment, collaboration, and cooperation of the legislature, criminal justice system, law enforcement, domestic violence services, medical providers, mental health and substance abuse treatment services, and so many others.

Our hope is this report will encourage and guide Oklahoma's legislature, systems, agencies, organizations, communities, and individuals to continue developing and implementing practices and policies that strengthen our state's comprehensive and coordinated response to those who continue suffering the effects of domestic violence.

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<sup>1</sup> Referred to interchangeably as the DVFRB or the Review Board.

# Oklahoma Domestic Violence Fatality Review Board Members

Below are the members serving on the Review Board through June 2022. The selection process for and composition of the Review Board is established in Title 22 [O.S. §1602](#).

Eric Pfeifer, MD Asma Sharif, MD (Designee)	Chief Medical Examiner
Melissa Blanton, J.D., AAG (Designee)	Oklahoma Attorney General Victim Services Unit
Keith Reed, RN, MPH, CPH (Interim) Brandie Combs, MPH (Designee)	State Commissioner of Health
Tracy Wendling, Ph.D. Brandi Woods-Littlejohn, MCJ (Designee) Emily Nicholls (Alternate Designee)	Chief of Injury Prevention Services Department of Health
Justin Brown Jennifer Postlewait, MSW (Designee) Marissa Edstedt, MSW (Alternate Designee) Patricia Valera (Alternate Designee)	Director Department of Human Services
Rick Adams Beth Green (Designee/Chair)	Director State Bureau of Investigation
Carrie Slatton-Hodges Lauren Garder, M.A., LPC (Designee)	Commissioner 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 Police Department (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., RN (Designee)	Oklahoma Osteopathic Association
Martina Jelley, M.D., M.S.P.H. (Designee) Monica Henning, M.D. (Alternate Designee)	Oklahoma State Medical Association
Janet Wilson, Ph.D., RN (Designee)	Oklahoma Nurses Association
Hon. W. Mike Warren, J.D. District Court, Harmon County (Designee)	Oklahoma Supreme Court
Laura Kuester, (Designee) Angela Beatty (Alternate Designee) Jayra Camarena (Alternate 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)

## A Note Regarding the 2020 DVFRB Report

We may never know the full measure of the many, lasting ways COVID-19 affected and continues to affect Oklahoma's systems, agencies, organizations, and communities. In addition to the impact of the thousands of Oklahomans who died due to COVID-19 there are countless others who continue to suffer the long-term social, medical, psychological, educational, and economic impacts of the pandemic. There are many invisible pandemics whose conditions were worsened by COVID-19, including domestic and intimate partner violence. Evidence showing statewide increases in rates of domestic abuse and domestic violence-related deaths were clear throughout 2020 and are likely to continue into 2021.

While DVFRB program staff were determined to identify all the incidents of domestic and intimate partner violence causing the deaths of fellow Oklahomans in 2019, disruptions caused in part by the pandemic resulted in several incidents and individuals not being included in the analyses for *2020 Domestic Violence Homicide in Oklahoma: A Report of the Oklahoma Domestic Violence Fatality Review Board*. This unintentional oversight is remedied in this report, with updated counts of incidents, victims, and perpetrators and revised demographics from 2019 included in the longitudinal analyses. It is our duty to ensure no incident is overlooked and all victims are counted, and continued efforts are being made to improve the process by which cases are identified.

Our deepest appreciation goes to the allied professionals who assisted in collecting the information needed to correct the 2020 report and complete this 2021 report. Special thanks to Kara Miller, Derek Still, and other staff at the Oklahoma State Bureau of Investigation's Statistical Analysis Center for their enthusiasm and willingness to answer all our questions and provide invaluable data.

With hope for a brighter tomorrow,

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# STATEWIDE OVERVIEW

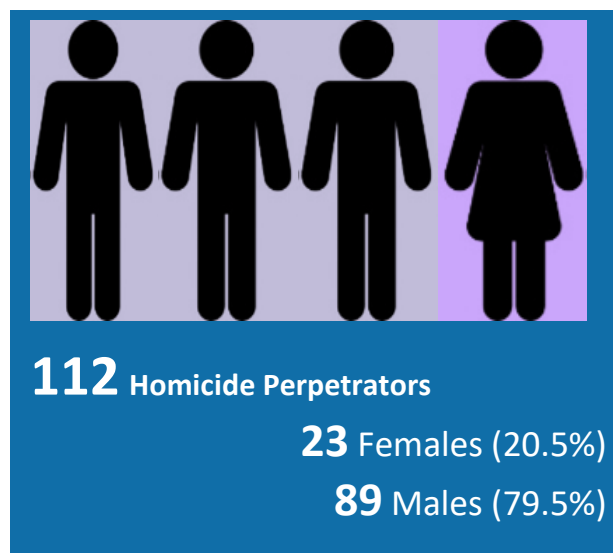
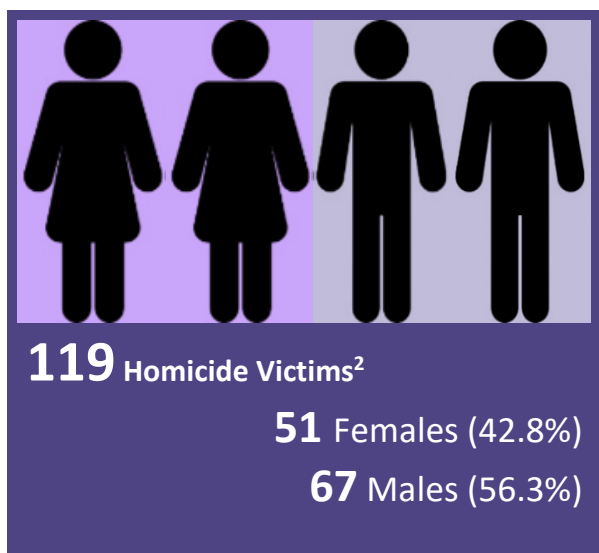
## Domestic Violence Fatality Review Board Homicides

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

- Intimate Partner Homicide
- Family Homicide
- Roommates
- Bystander / Good Samaritan
- Triangle

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

### 106 DOMESTIC VIOLENCE HOMICIDE CASES



In 2020 there were 106 incidents, also known as cases or events, identified by DVFRB Program Staff in which one or more people were killed in a domestic violence-related incident. There were 119 victims<sup>2</sup> and 112 homicide perpetrators, 19 of whom died, for a total of 138 Oklahomans who died due to domestic violence.

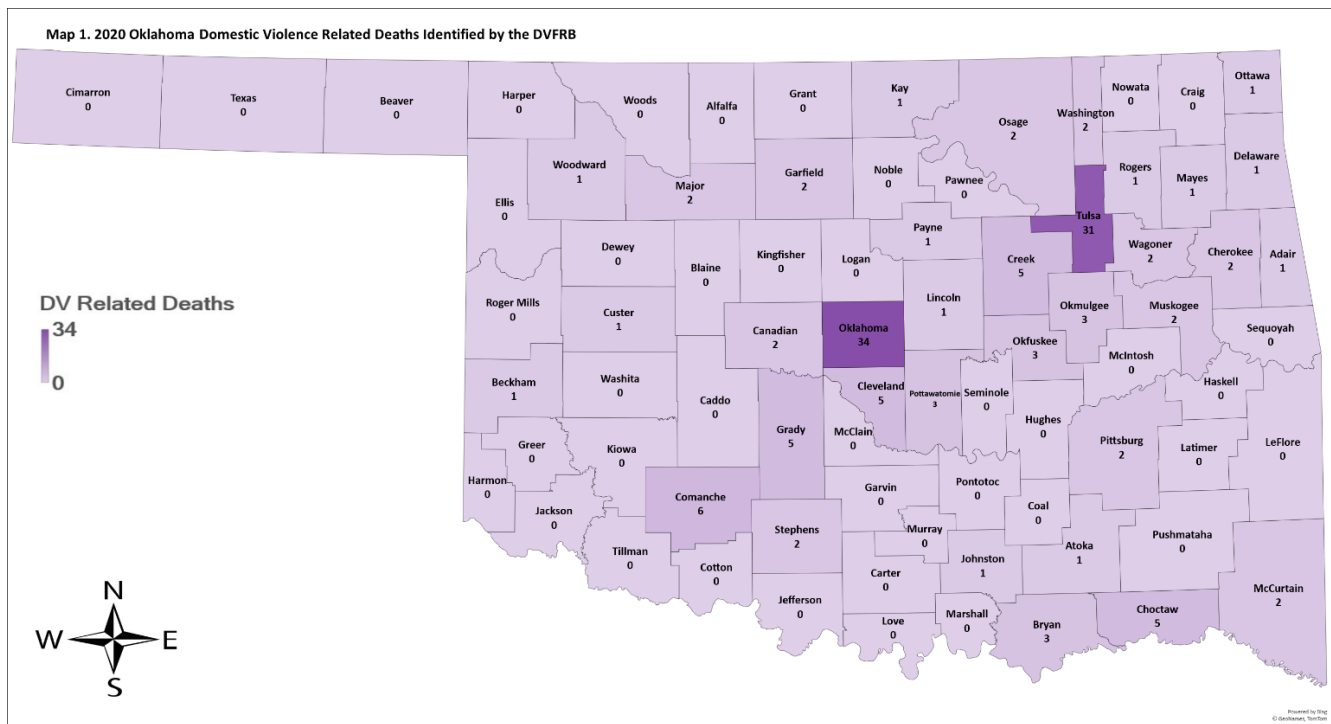
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Homicide cases	92	85	86	86	89	89	75	82	97	106
Total homicide victims	96	88	90	93	94	95	82	88	114	119
IPH victims only	45	40	43	39	36	37	37	44	43	45
Child victims <18	18	14	14	18	24	15	11	14	17	13
Homicide perpetrators	93	92	89	91	100	95	83	85	108	112
Homicide perpetrators who died / were killed	18	21	10	14	17	10	9	17	19	19

<sup>2</sup> Includes two unborn infants, one of whose gender was not identified.

The number of perpetrators who died due to law enforcement action, bystander or Good Samaritan intervention, or by suicide remained the same from 2019, and continues a trend seen beginning in 2018, when the number of perpetrator deaths doubled after a two-year low (*Table 1*).

## By County

Consistent with prior years, the highest numbers of domestic violence-related deaths were concentrated in Oklahoma and Tulsa Counties (*Map 1*); a total of 65 people lost their lives to domestic violence in those two counties alone, comprising 46.8% of the total number of deaths. This is to be expected, given a combined 37.0% of Oklahoma’s population resides in those two counties.<sup>3</sup> However, the rate of domestic violence-related fatalities in Tulsa County was 5.1 per 100,000 citizens and in Oklahoma County it was 3.9 per 100,000; both are higher than the statewide rate of 3.5 deaths per 100,000 people, with Tulsa’s rate being 45.5% higher than the state rate.



At least one domestic violence-related homicide occurred in 35 out of Oklahoma’s 77 counties (45.5%) in 2020 (*Map 2*). While this is consistent with previous years – an average of 31 counties experienced at least one domestic violence homicide for the period from 2015-2019 – it is the highest number of counties since 2016, when there were also 35 counties. Domestic violence fatalities occurred in four more counties in 2020 than 2019 and 2018, an increase of 12.9%.

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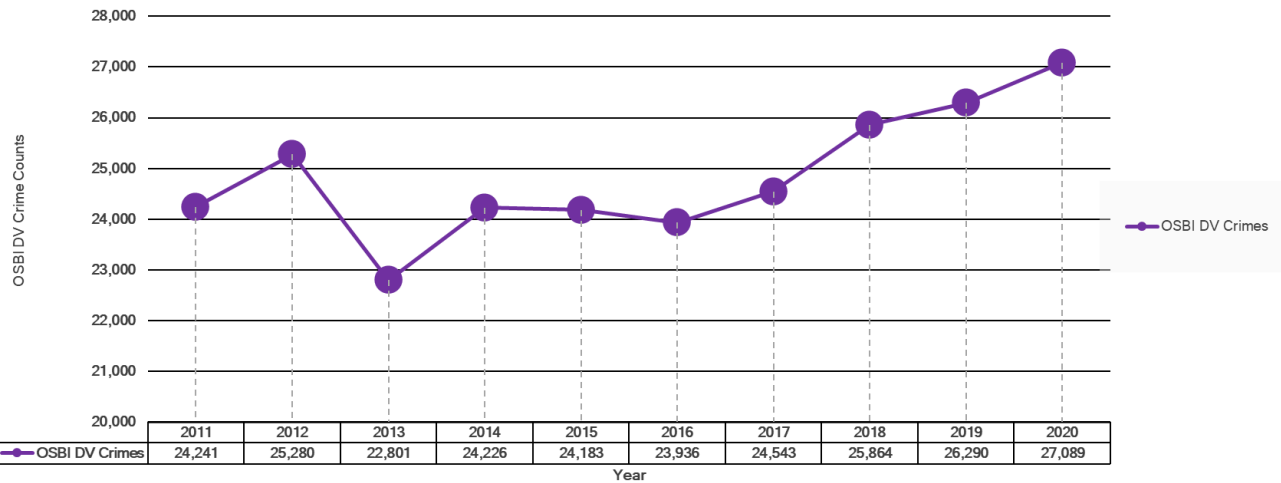
## Number of Oklahoma Counties With At Least One Homicide

<sup>3</sup> Based on the U.S. Census Bureau’s 2020 redistricting set, found at [httpssss://www.oklahoma-demographics.com/counties\\_by\\_population](httpssss://www.oklahoma-demographics.com/counties_by_population).



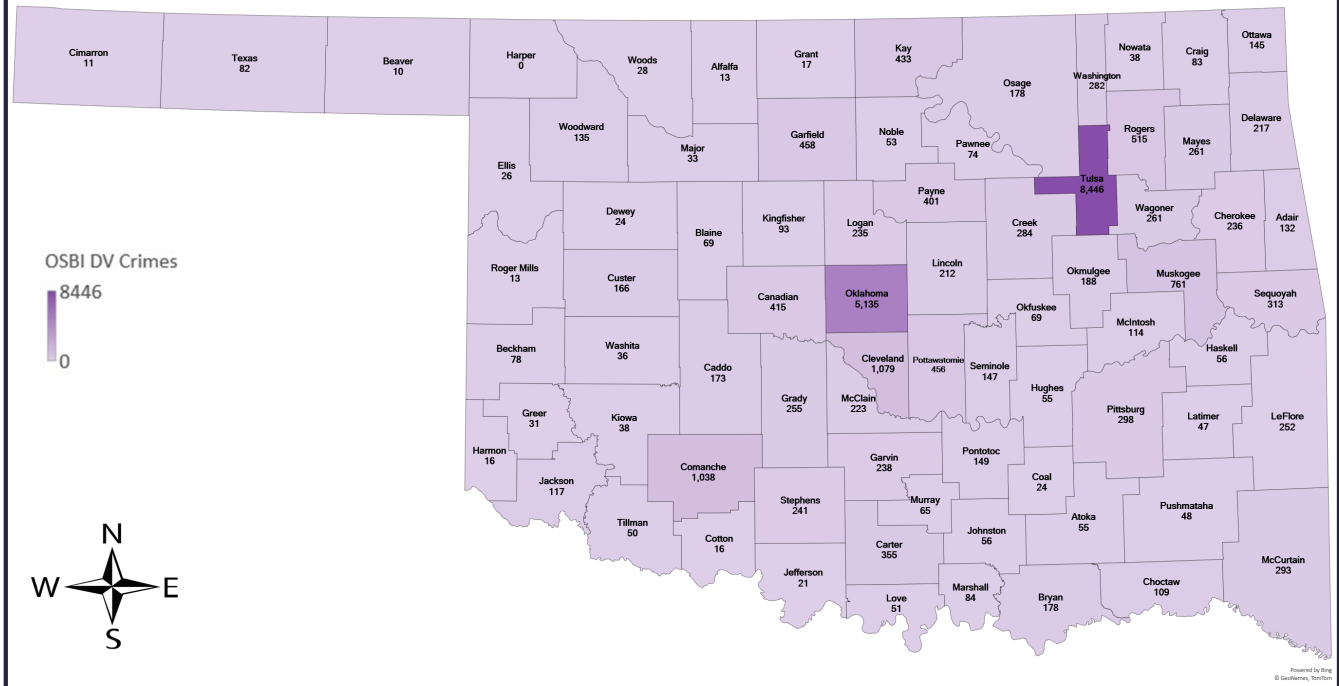


Figure 1. OSBI Domestic Abuse Crimes 2011-2020



expected, given they are the three most populous counties in the state. Their rates of domestic abuse offenses are 0.9, 0.7, and 36.4 per 10,000 respectively, all well below the state rate of 68.3 per 10,000. The county with the highest rate of domestic abuse offenses is Okmulgee County with 1,394.1 per 10,000 followed by Wagoner County with 1,041.2 per 10,000. Again, the actual number of incidents is likely higher than presented here due to underreporting by victims.

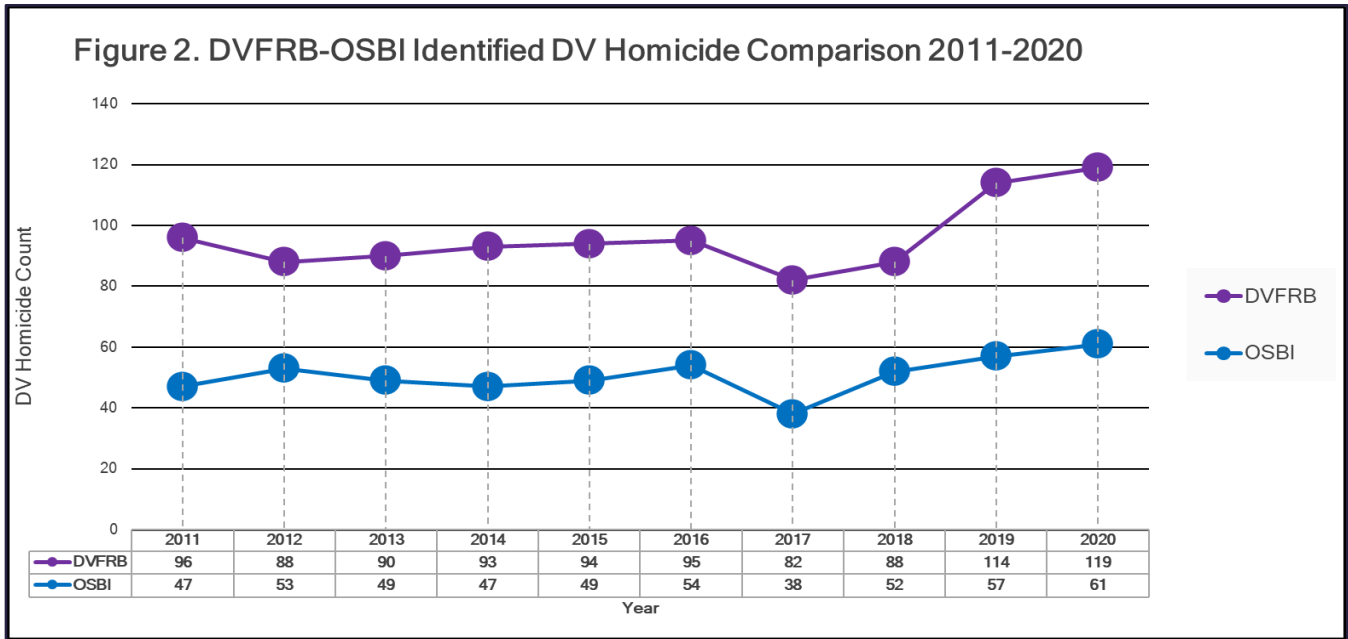
Map 3. 2020 OSBI Domestic Abuse Crimes by County



When reporting domestic abuse homicides specifically, the OSBI utilizes the relationships outlined above. The Review Board, however, uses much broader relationship definitions when identifying domestic violence-related homicides.<sup>6</sup> As such, the number of domestic abuse homicides identified by the Review Board is typically higher than those reported to the OSBI (Figure 2).

<sup>6</sup> See Appendix E: Data Methodology and Limitations for an in-depth explanation of the relationships the Review Board considers when classifying deaths as domestic violence-related.

In 2020 the Review Board categorized 95.1% more homicides as domestic violence related than was reported by the OSBI. The DVFRB considered 89.2% more homicides to be related to domestic violence than the OSBI did for the period from 2011-2020, with an average of 90.0% more cases per year classified as domestic violence homicides by the Review Board over the 10-year period.



In both cases, however, the trend of domestic abuse homicides remained relatively steady until a sharp increase beginning in 2018 following a 10-year low in 2017. For the period from 2011-2016 there was an average 0.1% per year decrease in the homicides identified by the Review Board and an average 3.1% per year increase in those reported to the OSBI. The number of domestic abuse homicides decreased 13.7% and 29.6% in 2017 for the DVFRB and the OSBI respectively before beginning a three-year ascent. From 2017-2020, the OSBI reported a 60.5% increase and the DVFRB recorded a 45.1% increase in domestic abuse homicides. The largest increase for the OSBI occurred in 2018, where the number of domestic abuse homicides rose 36.8% over those in 2017, and the largest increase for the Review Board occurred in 2019, where the number of homicides increased 29.5% over those in 2018.

For both the OSBI and the DVFRB, 2020 represented the highest number of domestic abuse homicides in the ten-year period from 2011-2020.

# KEY FINDINGS FOR 2020

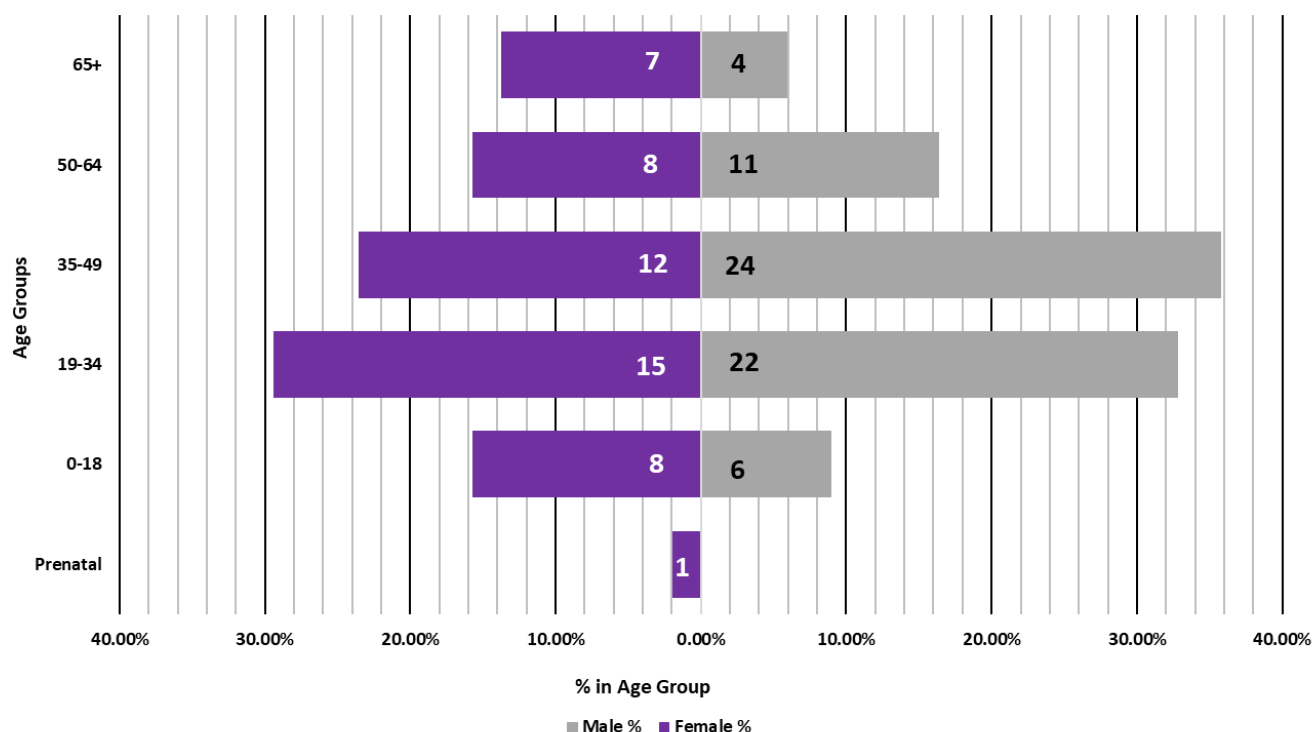
## Victim and Perpetrator Demographics

The demographics presented in this section of the report include intimate partner homicide (IPH) and non-intimate partner homicides (Non-IPH) identified by the Review Board occurring in calendar year 2020. Non-IPH cases include family members, bystanders, and Good Samaritans.<sup>7</sup>

### Gender

Of the 119 total domestic violence homicide victims, 51 (42.8%) were female and 67 (56.3%) were male. There were two prenatal victims, only one whose gender was identified, resulting in the total percentage of gender being less than 100%. There were 43 adult<sup>8</sup> female victims, 42 of whom (97.7%) were killed by male perpetrators. Of the 63 adult male victims, 47 (74.6%) were killed by male perpetrators and 16 (25.4%) were killed by female perpetrators. The overwhelming majority of the 112 perpetrators were male (79.5%). There were 23 female perpetrators, 14 (60.9%) of whom killed their current or former intimate partner (*Figures 3 and 4*).

**Figure 3. 2020 DV Homicide Victims - Gender and Age Distribution**



### Age

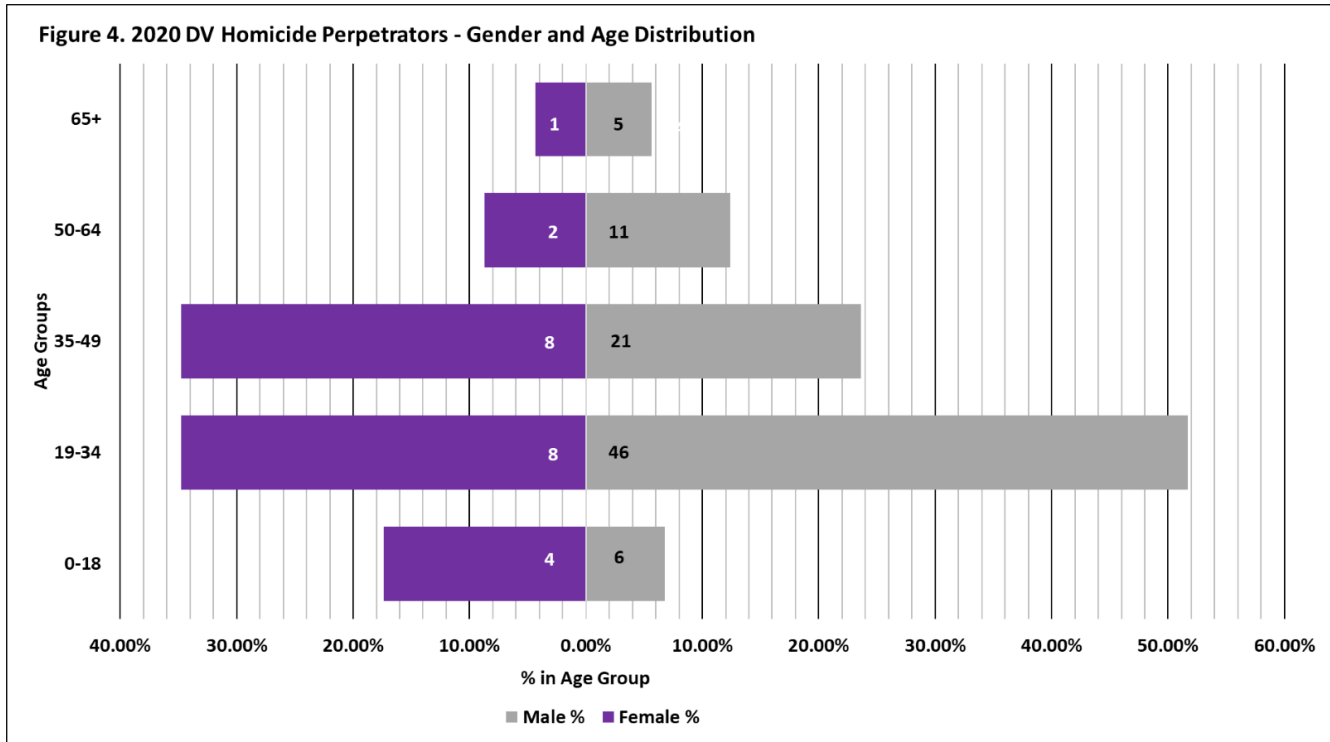
There was a total of 119 victims ranging in age from two months to 89 years old, including two killed in utero. Most victims killed, about 61.4%, fell between the ages of 19-49 years; 31.1% were between the ages of 19 and 34 years old and 30.3% were between the ages of 35 and 49 years. The average age of adult victims was 42.4

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

<sup>8</sup> Adult is defined as an individual aged  $\geq 18$  years old at the time of the incident.

years. Of the 13 juvenile victims,<sup>9</sup> seven (53.8%) were under the age of five and five (38.5%) were less than a year old (*Tables 5 and 6*). The average age of all victims was 38.4 years old.

Of the 112 perpetrators, those between the ages of 19 and 34 years old (48.2%) represented the largest age group. The youngest perpetrator was 12 years old, and the oldest perpetrator was 88 years old. The average age of all perpetrators was 39.3 years old, with the average age of adult perpetrators being 37.6 years. Seven (7) perpetrators (6.3%) were juveniles under 18 years old (*Figure 4*).

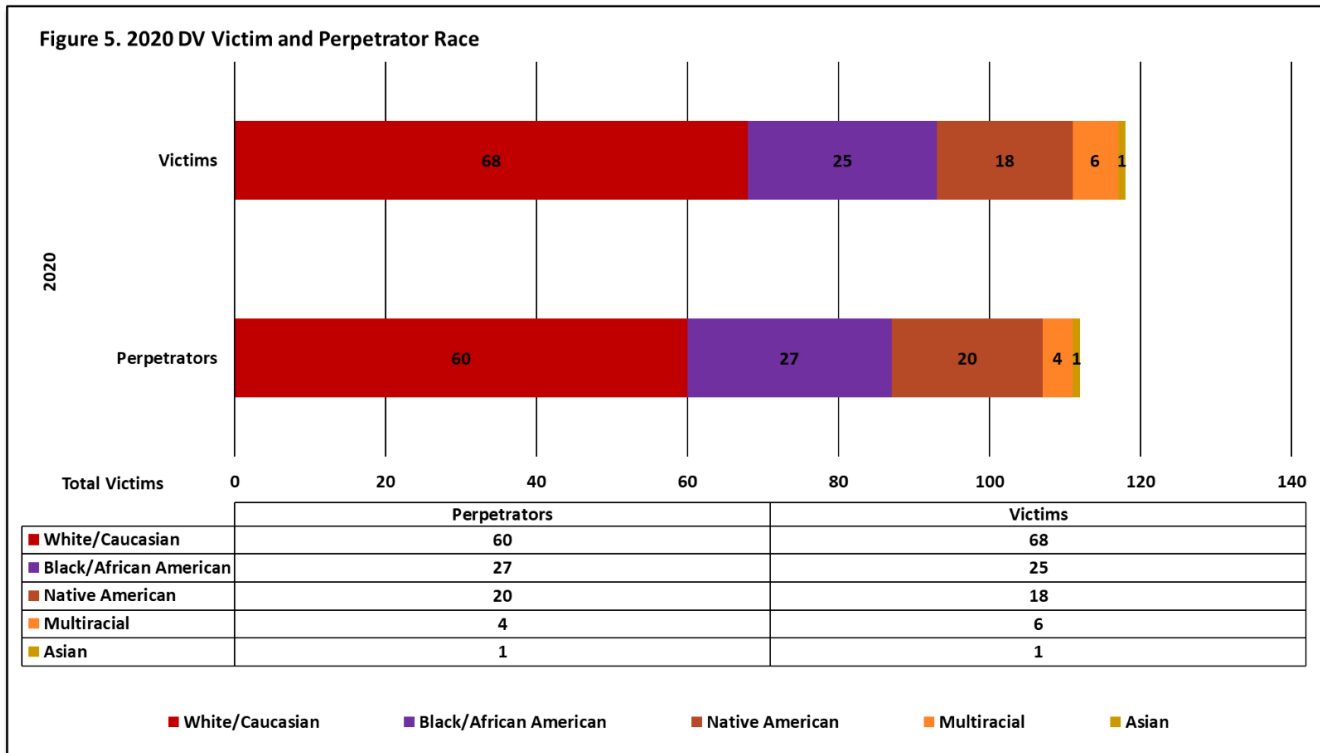


## Race and Ethnicity

Sixty-eight (68) of the 119 domestic violence homicide victims were identified as White/Caucasian (57.1%), 25 were Black/African American (21.0%), 18 were Native American (15.1%), one was Asian (0.8%), and six (5.0%) were identified as Multiracial (*Figure 5*). A total of 12 of victims were identified as Hispanic/Latinx (10.1%). Of the 112 perpetrators, 60 were White/Caucasian (53.6%), 28 were Black/African American (25.0%), 20 were Native American (17.9%), one was Asian (0.9%), and four were identified as Multiracial (3.6%). A total of five victims were identified as Hispanic/Latinx (4.5%).

In both 2019 and 2020 there was an increase in the number of Native American victims and perpetrators from previous years. In 2018, 5% of victims and 5% of perpetrators were identified as Native American. However, in 2019, that number rose to 18% of victims and 9% of perpetrators and in 2020 the number of victims remained relatively the same (17.9%) while the number of Native American perpetrators rose 98.9% to 17.9%. This rise in the identification of Native American victims and perpetrators is likely due to two factors. First, the U.S. Supreme Court's 2020 decision in *McGirt v. Oklahoma* required more stringent identification of Native American individuals involved in crimes. Second, Program Staff have implemented a methodology whereby they use three (3) sources to validate the race and ethnicity of victims and perpetrators.

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



## Relationship Types

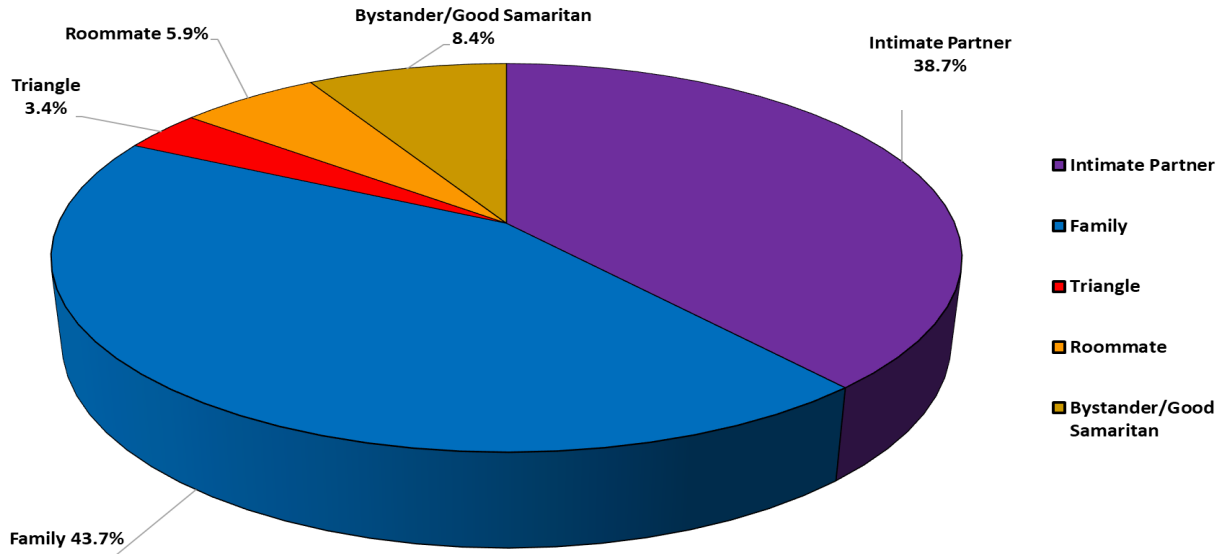
The Review Board collects and compiles data according to the type of relationship that existed between the victim(s) and the perpetrator(s) (*Table 2* and *Figure 6*). In 2020, 52 homicide victims were killed by family members, including fathers, stepfathers, mothers, mother’s boyfriends, sons, stepsons, grandparents, grandsons, brothers, and other relatives. This represents 4.2% increase from 2019. A total of 46 victims were killed by intimate partners, including current or former spouses and current or former dating partners, an increase of 1.0% from 2019.

Relationship Type	Totals	%
Intimate Partner	46	38.7
Family	52	43.7
Triangle	4	3.4
Roommate	7	5.9
Bystander / Good Samaritan	10	8.4
<b>Total</b>	<b>119</b>	<b>100%</b>

*Triangle homicides*, in which a former spouse or intimate partner kills the current spouse or intimate partner of their former or current spouse or intimate partner, claimed 4 victims. Triangle homicides decreased 63.6% from 2019, from 11 victims to four. Seven (7) victims were killed by a roommate, a rate very similar to 2019. Overall, there was slight increase in all relationship categories from 2019 except that of triangles.

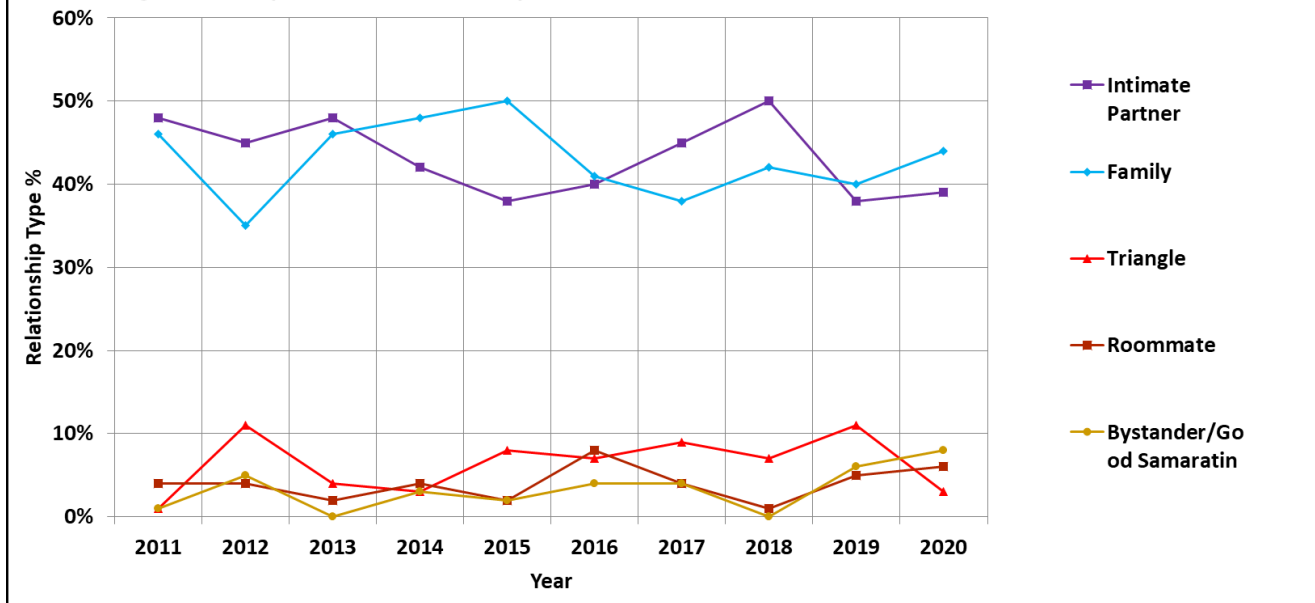
From 2011-2020, family and intimate partner homicides made up the largest categories of domestic violence-related homicides each year, though which represents the largest category of victims may vary from year to year. Of the remaining three categories, triangle typically represents the greatest number of victims, with 2020

Figure 6. Relationship Type - Perpetrator Relationship to Homicide Victims for 2020



being a notable exception (*Figure 6*). This may be due in part to slight changes in categorization from previous years made by current Program Staff but will be monitored longitudinally to ascertain if this is a new trend.

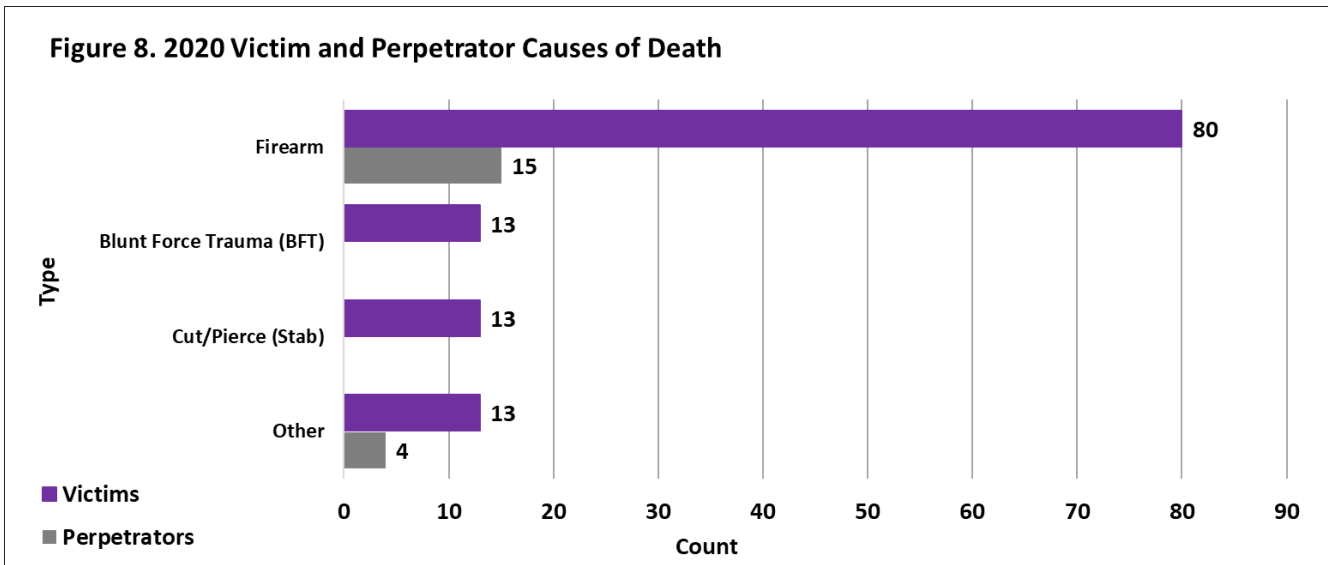
Figure 7. Perpetrators Relationship to Homicide Victim 2011-2020



## Cause of Death

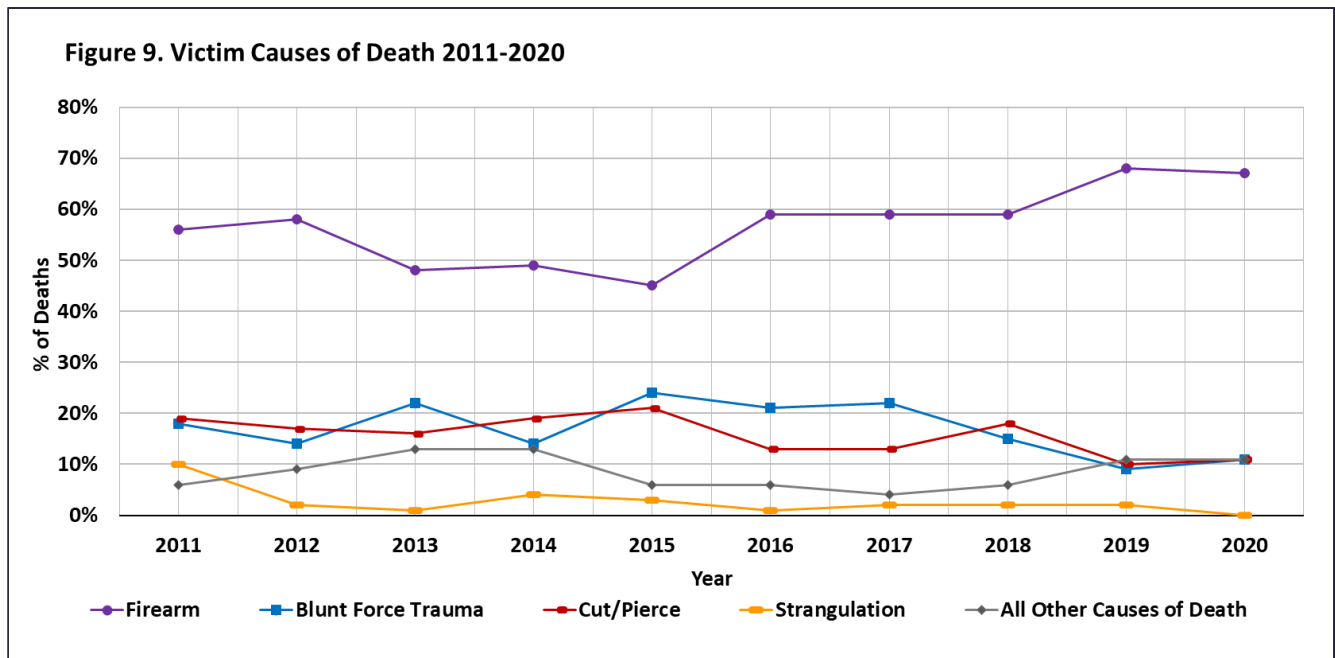
The Office of the Chief Medical Examiner of Oklahoma (OCME) investigates sudden, violent, unexpected, and suspicious deaths and conducts medico-legal investigations related to the death investigations. The Review Board reports on data obtained from the OCME that includes a determination as to the cause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

**Figure 8. 2020 Victim and Perpetrator Causes of Death**



Firearms have consistently remained the most prevalent cause of death in domestic violence homicide cases since the DVFRB began reviewing cases in 1998. In 2020, firearms were the identified cause in 68.8% of domestic violence-related fatalities. From 2011-2020, firearms were the cause of death in an average of more than 57% of domestic violence deaths (*Figure 9*).

**Figure 9. Victim Causes of Death 2011-2020**



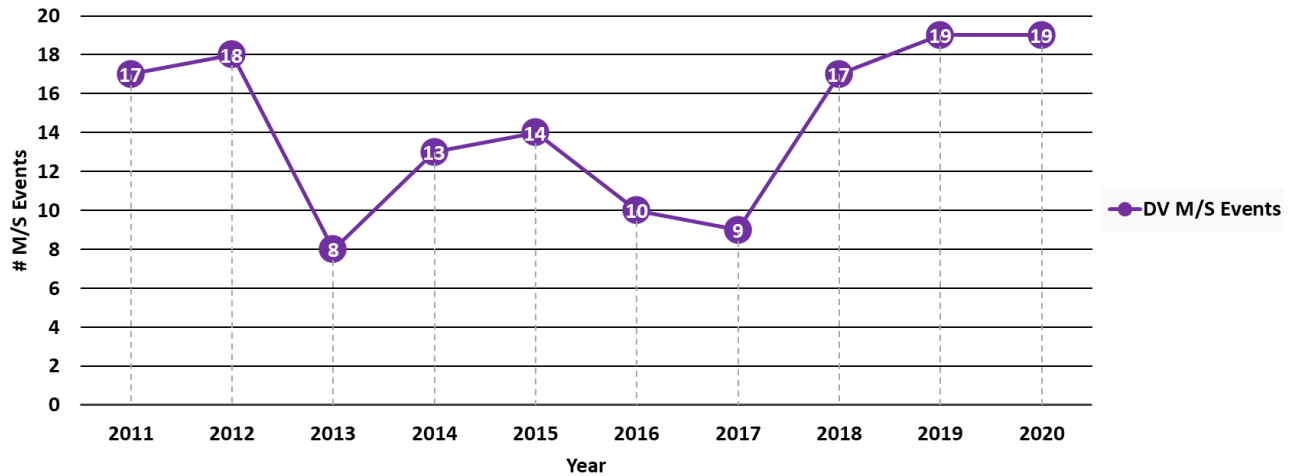
## Homicide/Suicide

An event is defined as a homicide-suicide<sup>10</sup> when someone murders an individual and then kills themselves, usually within 72 hours following the homicide. In 2020, the Review Board identified 19 homicide-suicide cases resulting in the death of 24 victims (*Figures 10 and 11*). A total of four (4) children were killed in homicide-suicide events in 2020 compared to seven (7) the previous year, a decrease of 42.9%.

<sup>10</sup> Homicide-suicide and murder-suicide are often used interchangeably in research literature.

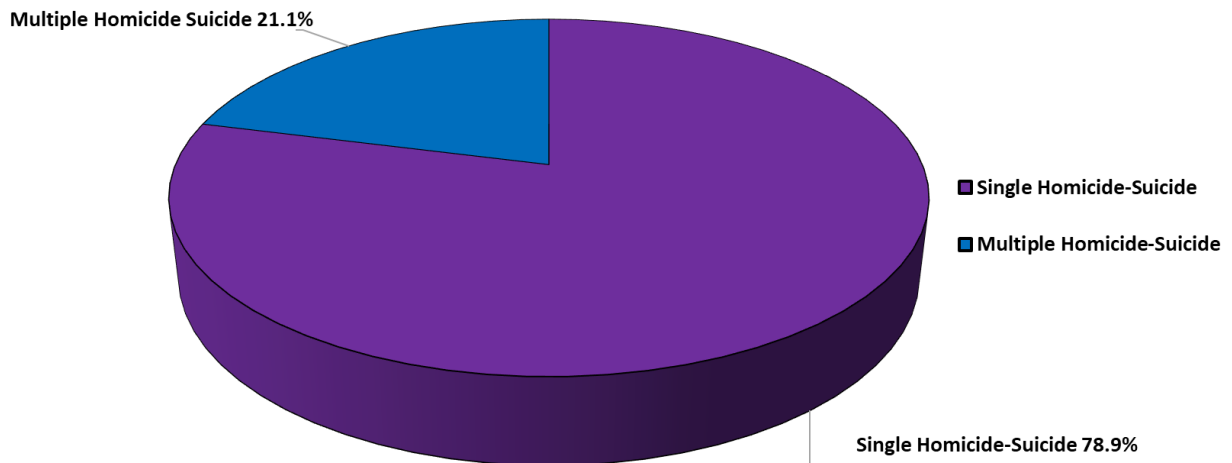


Figure 10. Murder-Suicide DV Events in Oklahoma 2011-2020



Of the 19 homicide-suicide cases identified, 15 (78.9%) were classified as *single homicide-suicide* events, in which there was one homicide victim and one homicide perpetrator who completed suicide or was killed due to law enforcement or bystander intervention. Four (4) of the 19 homicide-suicide cases (21.1%) were *multiple homicide-suicide* events, in which the perpetrator killed more than one victim before dying by suicide or being killed by law enforcement or bystander intervention (Figure 9). Due to the nature of multiple homicide-suicide events, there are typically more homicide victims than there are events and/or perpetrators.

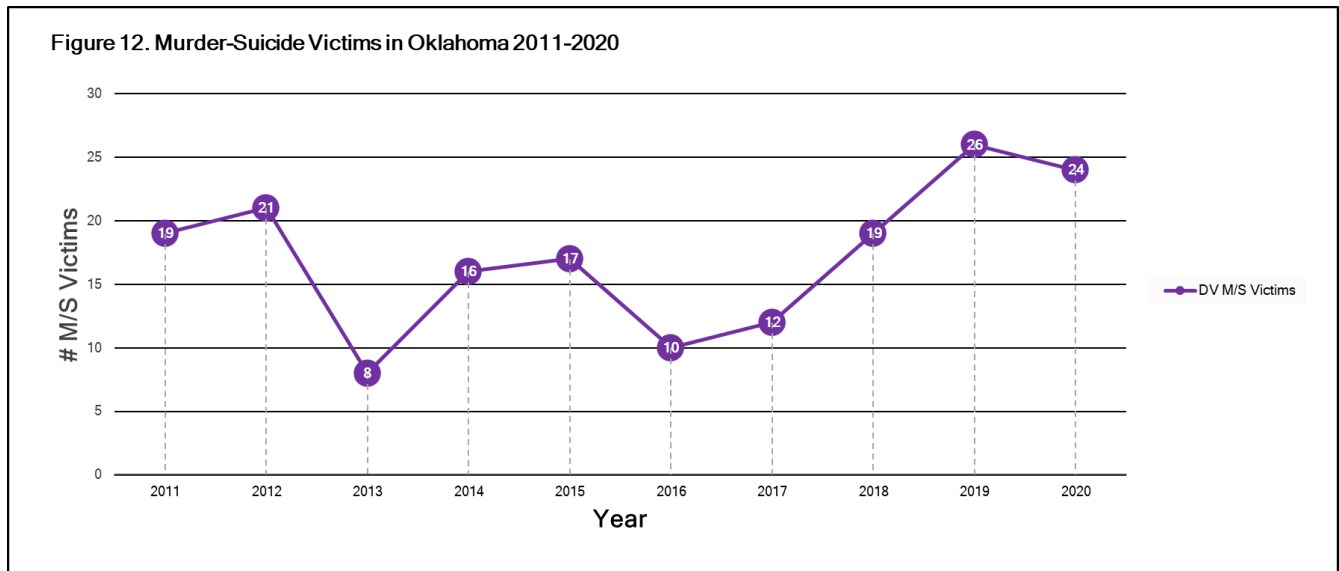
Figure 11. 2020 DV Homicide-Suicide Events



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>11</sup> In 2020 the Review Board found that 57.9% of all homicide-suicide events were committed by current or former intimate partners, including in three of the four multiple homicide-suicide events. Current or former male intimate partners were the perpetrators in 100% of all intimate partner homicide-suicide cases.

<sup>11</sup> Marzuk, Tardiff, & Hirsch, 1992

The 24 victims of homicide-suicides identified in 2020 represented a slight decrease from 2019, which set the record for number of homicide-suicide victims since 1998 (Figure 12). There was a 140% increase in homicide-suicide victims between 2016 and 2020, with an average increase of 13.5% a year from 2011-2020.



The majority of victims in domestic violence homicide-suicides are killed by an intimate partner, which includes current or former spouses, dating partners, or romantic partners, and individuals with whom they have a child. Of the 24 victims who died in homicide-suicide events, 45.8% were killed by their current or former intimate partner.

**Table 3. Perpetrator Relationship to 2020 Homicide-Suicide Victims**

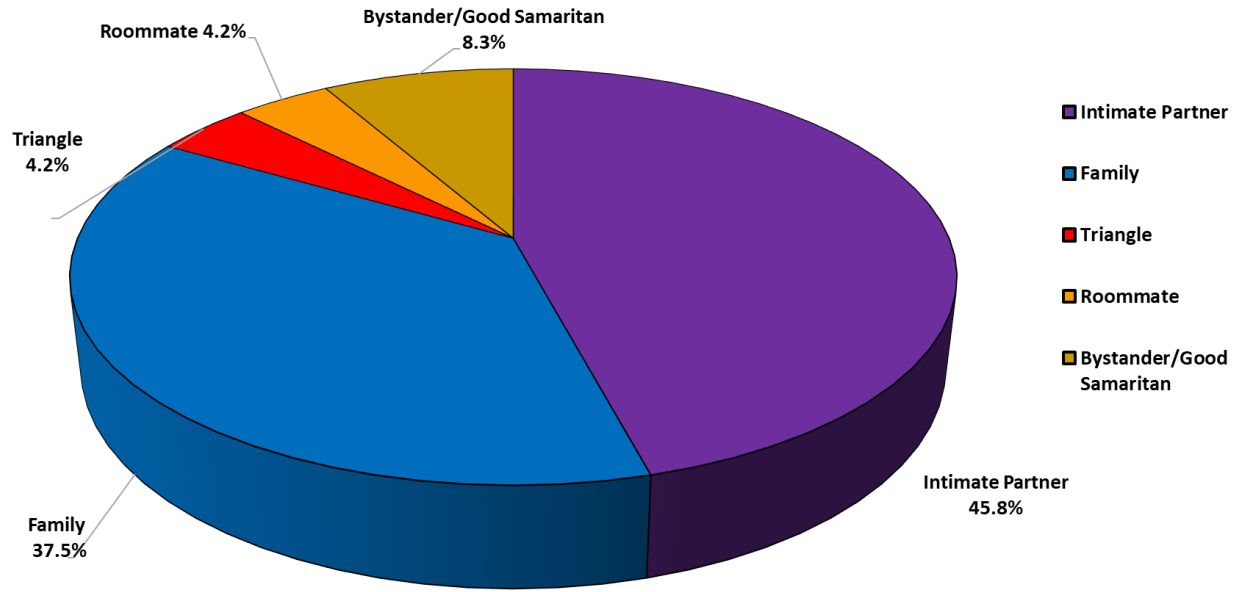
Relationship Type	Count	%
Intimate Partner	11	45.8
Family	9	37.5
Triangle	1	4.2
Roommate	1	4.2
Bystander/Good Samaritan	2	8.3
<b>Total</b>	<b>24</b>	<b>100%</b>

Victims killed by family members comprise the next largest group with 37.5% of victims (Figure 13). The perpetrator killed at least one (1) family member in all four (4) multiple homicide-suicide events, and multiple family members were killed in one (1) of the four (4) events. In the latter, the perpetrator killed two (2) family members.

Historically, the Review Board rarely identifies intimate partner homicide-suicide cases involving female perpetrators. However, in 2020 female perpetrators were identified in two events in which three victims were killed. The remaining 87.5% of homicide-suicide victims were killed by male perpetrators.

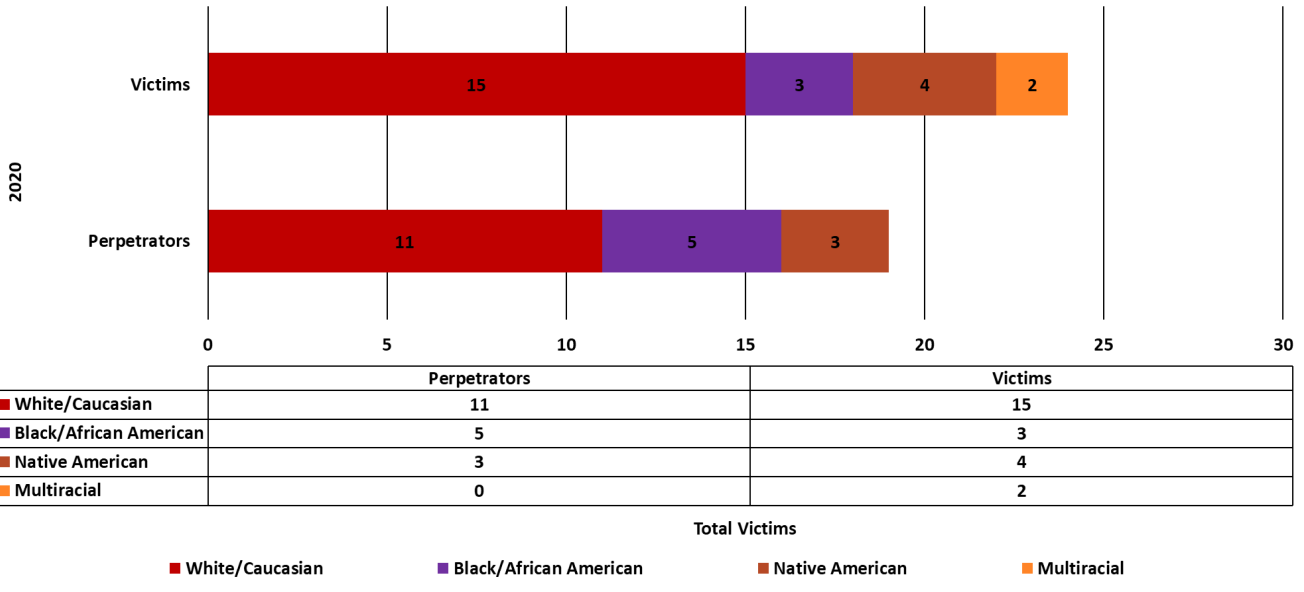
Most victims and perpetrators of domestic violence homicide-suicides are White/Caucasian; 62.5% of victims and 57.9% of perpetrators were White. Of the remaining victims, 16.7% were Native American, 12.5% were Black/African American, and 8.3% identified as multiracial; one victim, or 4.2%, identified as being of Latinx/Hispanic ethnicity. Among the remaining perpetrators, 26.3% were Black/African American and 15.8% were Native American. One perpetrator, or 5.3%, identified as Latinx/Hispanic.

**Figure 13. Relationship Type - Perpetrator Relationship to Homicide-Suicide Victims for 2020**



Most homicide-suicides in Oklahoma during 2020 were committed with a firearm, a finding that aligns closely with previous national research.<sup>12</sup> Firearms were confirmed as the cause of death for 79.2% of the 24 homicide-suicide victims and 79.0% of the 19 perpetrators.

**Figure 14. 2020 DV Homicide Suicide - Victim and Perpetrator Race**



## Domestic Violence Fatalities and Children

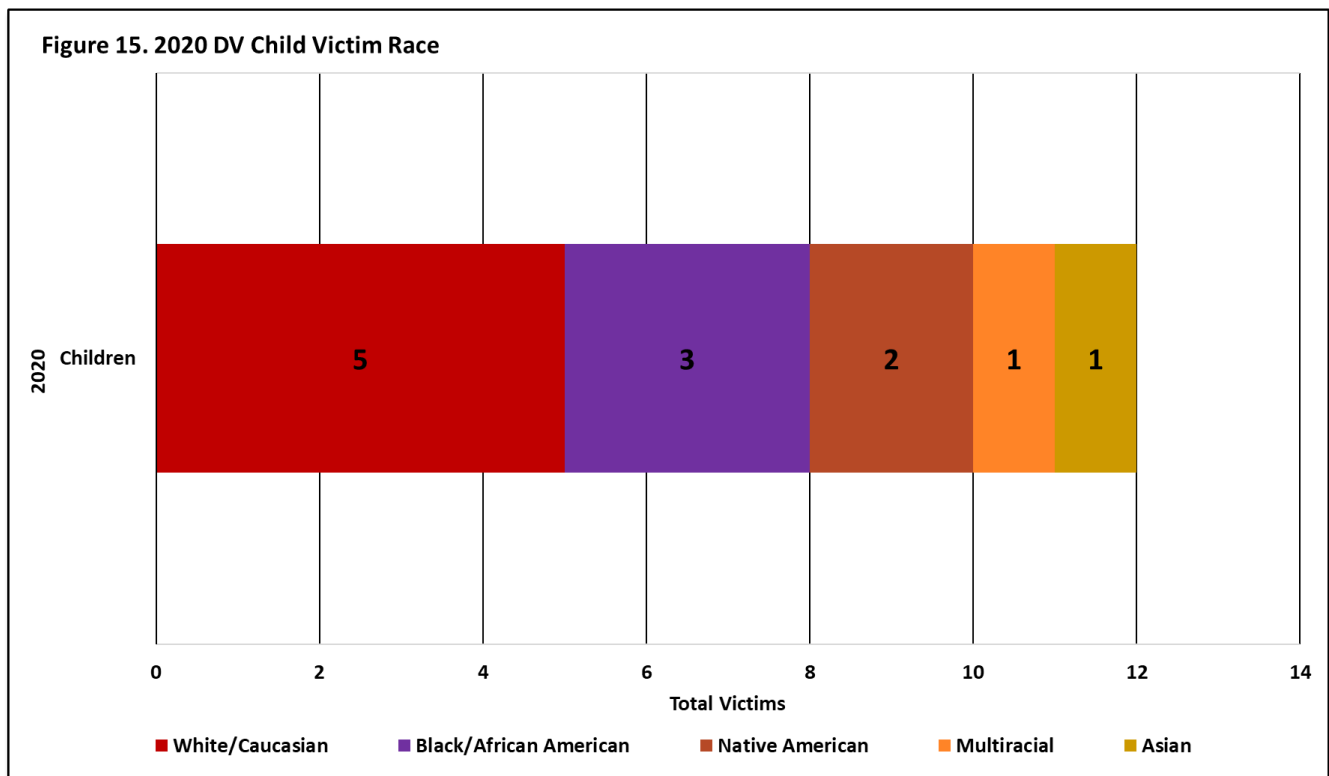
The Review Board focuses on child homicides and does not review cases of children who die due to neglect; the Oklahoma Child Death Review Board reviews child death cases resulting from neglect. Child homicides include, but are not limited to, deaths in which children are killed by parents, stepparents, foster parents, grandparents, siblings, uncles, aunts, or cousins. In 2020, the Review Board identified 12 domestic violence-related incidents

<sup>12</sup> Logan, Hill, Black, Crosby, Karch, Barnes, & Lubell, 2008

in which 13 children were killed. Of the 13 children, four (4) were male (33.3%) and eight (8) were female (66.7%), with one child in utero whose gender was unknown (Table 4).

Table 4. 2020 Child DV Victims by Gender and Age		
Gender	Count	%
Female	8	61.5
Male	4	30.8
Unknown	1	7.7
<b>Total</b>	<b>13</b>	<b>100</b>
Age Group (in years)	Count	%
Prenatal	2	15.4
0 - 5	7	53.8
6 - 10	0	0
11 - 14	1	7.6
15 - 17	3	23.0
<b>Total</b>	<b>13</b>	<b>100</b>

Of the 12 children killed in 2020 whose race was identified, 41.7% were White/Caucasian, 25.0% were Black/African American, 16.7% were Native American, 8.3% were Asian, and 8.3% were identified as Multiracial (Figure 15). One child (8.3%) was of Latinx/Hispanic Ethnicity.



In some cases, children are killed by perpetrators in the context of an adult intimate partner homicide (IPH). There were three (3) such events in 2020 that also involved the death of a child, resulting in the deaths of three (3) children. In two of the three cases the adult IPH victim was pregnant, and the child was killed in utero. There

was also one child killed in a juvenile IPH<sup>13</sup>. By comparison, in 2019 there were four (4) adult IPH events in which five (5) children were killed, one of whom was in utero, and one (1) child killed in a juvenile IPH.

**Table 5. Child Victims of Domestic Violence-Related Homicide (Intimate Partner and Non-Intimate Partner Homicide Cases), 2011 to 2020**

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
# Of Child Homicide Victims	18	14	14	18	24	15	11	14	17	13
# Of Victims ≤ 5 years old	11	11	12	14	16	12	10	9	10	9
Age of Youngest Child <sup>14</sup>	3 mo.	2 mo.	5 mo.	< 1 day	2 mo.	< 1 mo.	< 1 mo.	3 mo.	2 mo.	2 mo.
Age of Oldest Child	16	16	14	17	15	17	6	17	17	17

Children age five years and younger consistently represent the largest age group of children killed in domestic violence-related incidents in Oklahoma (*Table 6*). In 2020, nine (9) of the children killed were age five years or younger (69.2%), an increase of 17.7% from 2019. Two (2) of the children killed (15.4%) were prenatal (*Table 6*). In the period from 2011-2020, there were 158 child victims and 72.2% of the children killed were age five years or younger.

In addition, there were (4) four children (30.8%) killed in the context of murder-suicide events in 2020. This is half the number from 2019, when eight (8) children (47.1%) were killed in the context of murder-suicide incidents.

**Table 6. 2020 Child DV Victims by Relationship to Perpetrator(s)**

Relationship Type	Count	%
Father	6	42.9
Stepfather	1	7.1
Mother	3	21.4
Mother's Boyfriend	2	14.3
Ex-Boyfriend	1	7.1
Other	2	14.3
<b>Total</b>	<b>15</b>	<b>100%</b>

As with other domestic violence-related fatalities there may be more than one perpetrator in a child's death or more than one child may be killed by the same perpetrator, which can lead to the number of victims and perpetrators not being identical. In 2020, 14 perpetrators were identified in child deaths. Most of the children killed in domestic violence-related incidents in 2020 (78.6%) were killed by a male current or former family member, including one killed by a former uncle-in-law (*Table 7*). In cases where children were killed by a female, one was killed by the current girlfriend of her ex-boyfriend and two were killed in the context of a murder-

<sup>13</sup> For purposes of this report, a juvenile IPH is defined as when an individual under the age of 18 kills their current or former intimate partner who is also under the age of 18.

<sup>14</sup> Excluding prenatal victims.

suicide. In two of the four incidents where a female was implicated in the child death there was also a male perpetrator involved.

In addition to being killed in domestic violence-related incidents, children also bear witness to such events. In 2020, Program Staff identified 78 children who visually witnessed or were in direct proximity to 42 separate domestic violence fatalities at the time they occurred. This means children were present in 38.2% of all domestic violence-related deaths in 2020. Witnessing acts of domestic violence, particularly an act as severe as homicide, can result in short-term reactions such as generalized anxiety, sleeplessness, aggression, difficulty concentrating, nightmares, high levels of activity, and separation anxiety in children<sup>15</sup>. The long-term impact of witnessing domestic violence as a child includes being three times more likely than peers to engage in violent behavior<sup>16</sup> and being more likely to become the victim or perpetrator in their own future intimate partner relationships.<sup>17</sup>

## **Juvenile System Interaction**

The Review Board also collects data on systems contact with the family prior to the fatality event. In 2020, Program Staff collected information on prior victim and perpetrator contact with both the Department of Human Services Child Welfare Services (CWS) and the Office of Juvenile Affairs (OJA). Of the 13 child homicide victims, CWS received at least one (1) referral involving the child for seven children (53.8%). CWS completed an assessment or investigation or provided services to the family<sup>18</sup> in 66.7% of the 12 child homicides cases occurring in 2020. Five (5) of the 14 child homicide perpetrators (28.6%) had some form of CWS contact themselves as children and five (5) had contact with OJA. Of the five who had OJA contact, three (3) also had CWS contact as children (60.0%).

In addition, seven (7) children were perpetrators in 2020 domestic violence-related fatality cases. Of the seven, two (28.6%) had OJA contact prior to the incident and five (71.4%) had CWS child welfare referrals, investigations/assessments, or services; two (28.6%) had both.

## **Intimate Partner Homicides**

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

In Oklahoma, 46 (43.4%) of the 106 total domestic violence-related incidents in 2020 involved an IPH, with 46 victims, or 38.7% of the total number of victims, being killed by their current or former intimate partner. There were six IPH cases (13.0%) in which at least one victim was killed in addition to the intimate partner for an extra 13 deaths, resulting in a total of 59 victims (49.6%) killed in the context of an IPH. This is comparable to 2019, when 43 of the 114 (37.7%) total victims were killed by a current or former intimate partner. However, in 2019 there were an additional 20 victims killed in the context of an IPH for a total of 63 deaths (55.2%), 10.1% higher than the number in 2020.

## **Gender**

In 2020, 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 46 IPH victims, 32 were female (69.5%) and 14 were male (30.4%) (*Figure 17*). Between 2011 and 2020, of the 411 victims killed by a current or former intimate partner, 283 (68.9%) were

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<sup>15</sup> The National Child Traumatic Stress Network

<sup>16</sup> Fantuzzo & Mohr, 1999

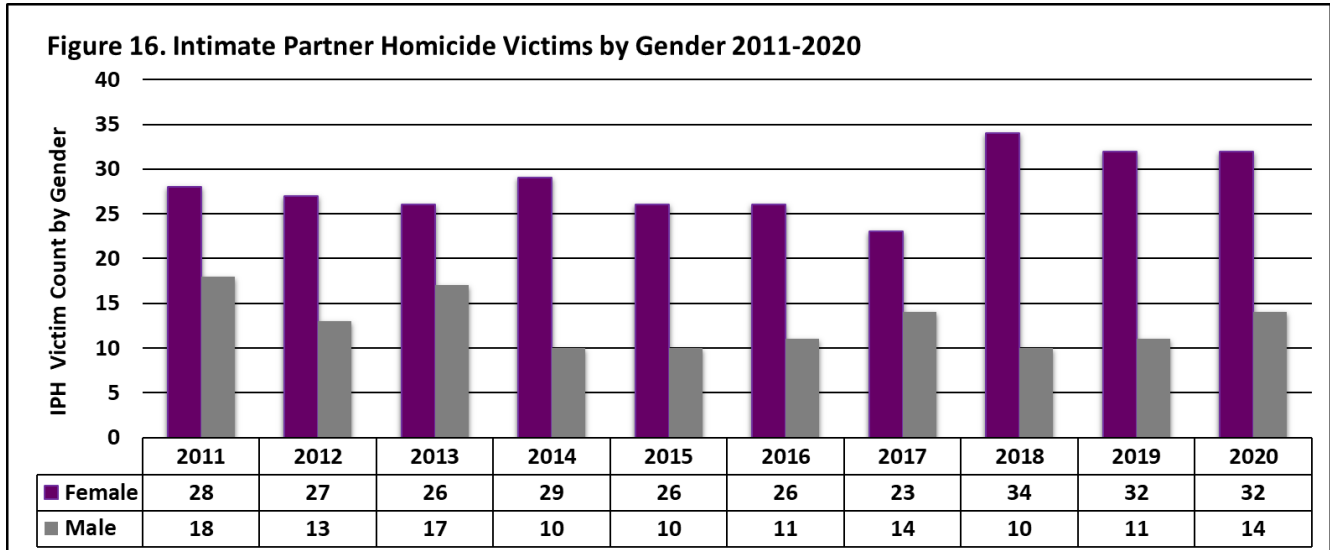
<sup>17</sup> Stith, et al., 2000

<sup>18</sup> Either through a deprived action or Family Centered Services.

<sup>19</sup> Petrosky, et al., 2017

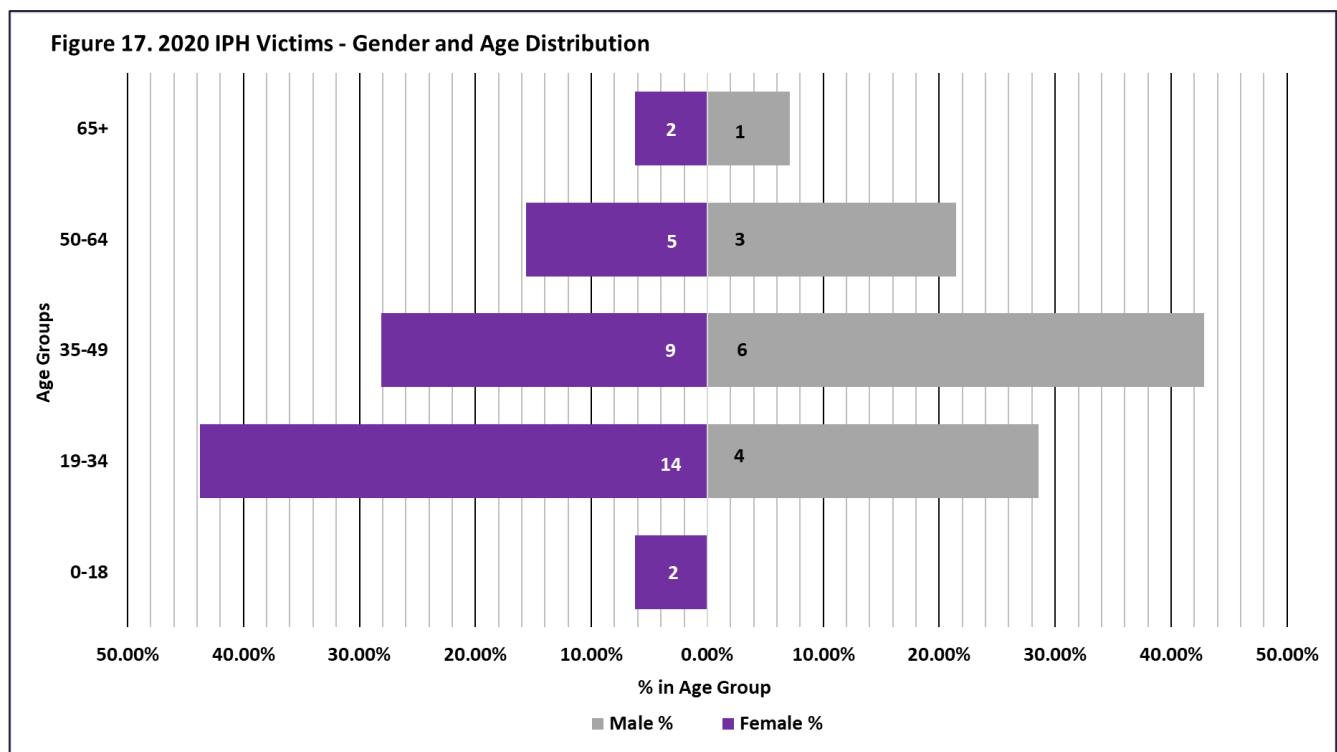
<sup>20</sup> *Ibid.*

female and 128 (31.1%) were male (Figure 16). On average, 28 women and 13 men were killed each year in Oklahoma by an intimate partner for the period from 2011-2020. Also consistent with previous years, more than two-thirds of IPH perpetrators in 2020 were male and men were more than twice as likely to be perpetrators than women, with 71.1% of IPH committed by men (Figure 18). In addition, for cases where Program Staff could find evidence of domestic abuse being committed against the perpetrator by the victim prior to the homicide event, 55.6% of female perpetrators in 2020 experienced of some form of domestic abuse committed by the victim, who was male in 100% of those cases.

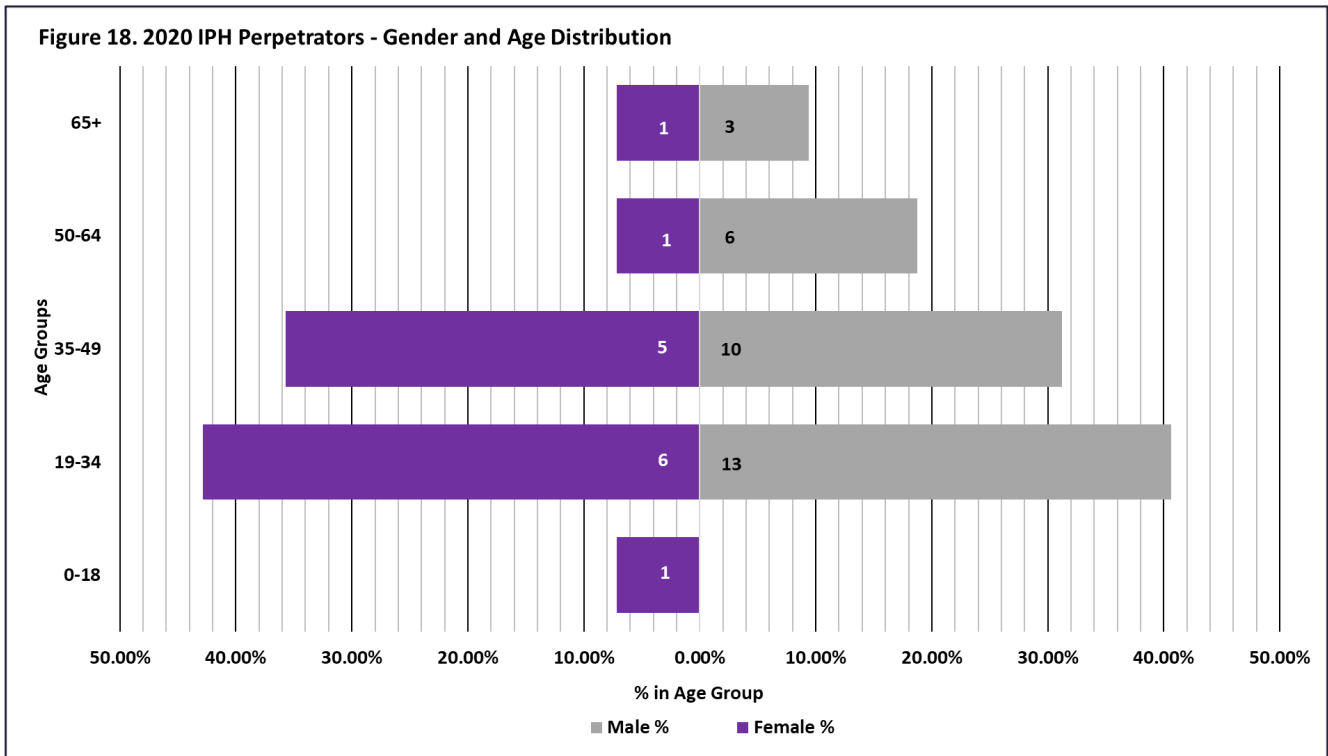


## Age

The average age of the 46 intimate partner homicide (IPH) victims was 41.1 years old. The youngest IPH victim was 17 years old and the oldest was 89 years old. The majority of all IPH victims were between the ages of 19-34 years (41.3%); however, most female victims (43.8%) were between 19-34 years old and the majority of male victims (42.9%) were between the ages of 35-49 years (Figure 17).

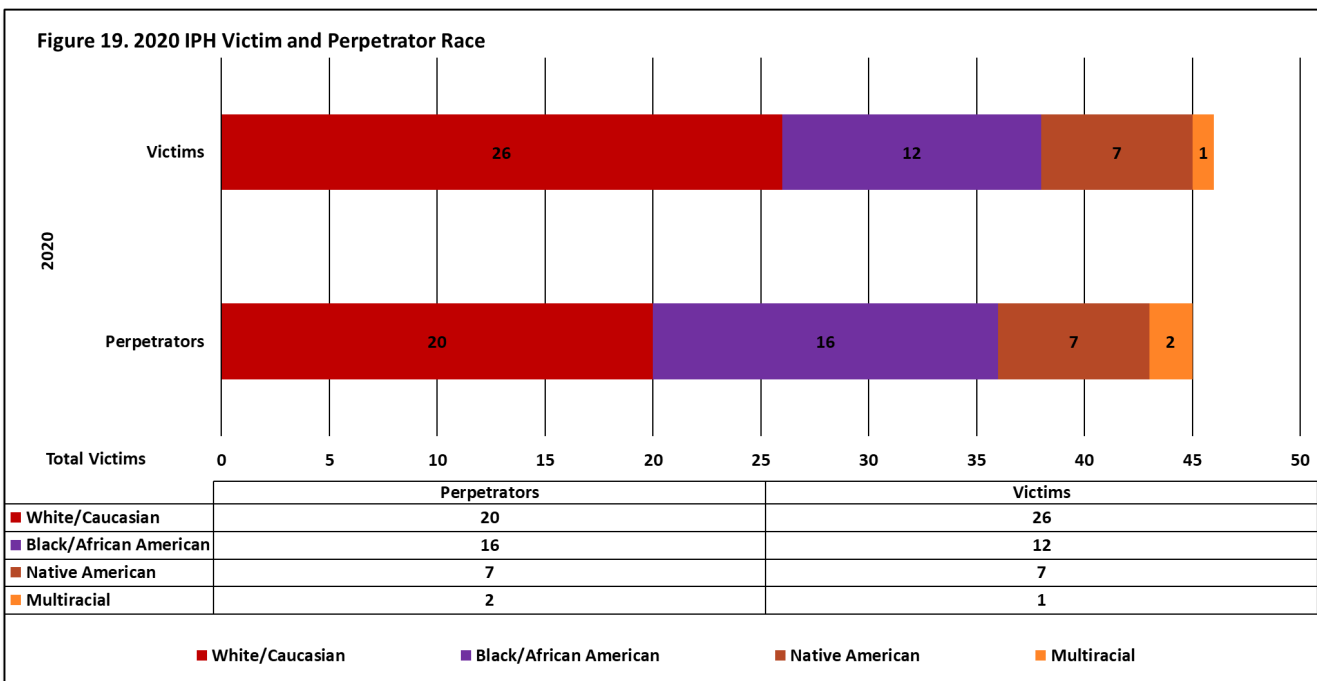


The average age of IPH perpetrators was 41 years old. The youngest IPH perpetrator was 18 years old, and the oldest was 88 years old. As with IPH victims, the majority of IPH perpetrators (42.2%) were between 19-34 years old, with the majority of both female (46.2%) and male (40.6%) perpetrators falling into the 19-34 age range.



### Race and Ethnicity

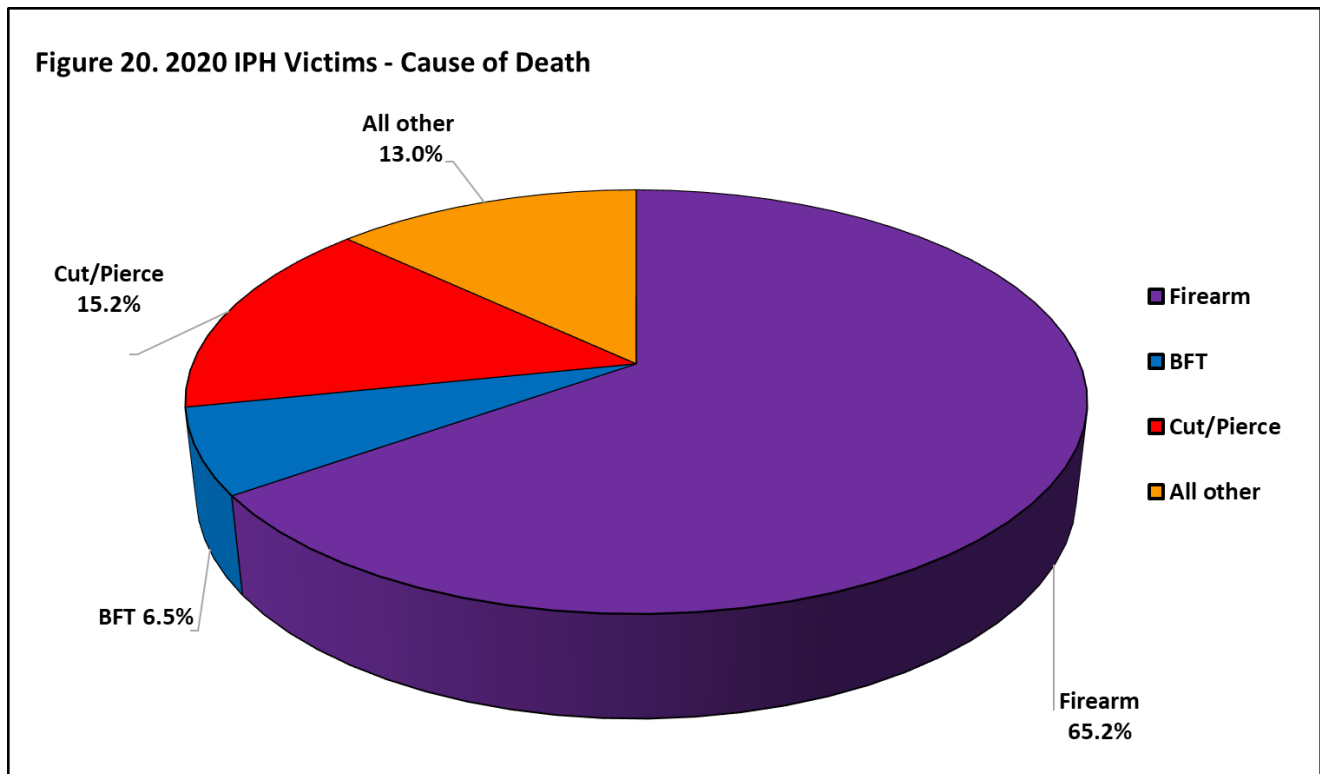
Of the 46 IPH victims, 56.5% were White/Caucasian, 26.1% were Black/African American, 15.2% were Native American, and 2.2% were Multiracial (Figure 18). A total of 3 victims (6.5%) identified as Hispanic/Latinx origin. White/Caucasian perpetrators represented the majority with 44.4%, followed by Black/African American with 35.6%, Native American with 15.6%, and Multiracial individuals with 4.4%. One perpetrator (2.2%) was of Latinx/Hispanic ethnicity and three were undetermined (6.7%).





## Cause of Death

Aligned with national research,<sup>21</sup> Oklahoma findings show firearms to be the most used weapons in intimate partner homicides (IPH), typically surpassing the total of all other causes combined. In 2020, 30 IPH victims in Oklahoma (65.2%) were killed by firearms (*Figure 19*). This is a slight decrease from 2019, when 30 of the 43 total IPH victims (69.8%) were killed by firearms; however, both 2019 and 2020 firearm deaths are significantly higher than the number of firearm deaths from 2018, when 54.4% of victims died by firearms. The number of deaths by cutting/piercing also increased from 2019 to 2020, rising 75% from four in 2019 to seven in 2020.



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

Cause of Death	Count	%
Firearm	30	65.2
Blunt Force Trauma (BFT)	3	6.5
Cut/Pierce	7	15.2
All other	6	13.0
<b>Total</b>	<b>46</b>	<b>100%</b>

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>24</sup> 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.<sup>25</sup> Perpetrators of intimate partner violence use guns as tools

<sup>21</sup> Zeoli, et al., 2018

<sup>22</sup> Violence Policy Center (VPC), 2019

<sup>23</sup> Campbell, et al., 2003

<sup>24</sup> *Ibid.*

<sup>25</sup> Rothman, Hemenway, Miller, & Azrael, 2005

of intimidation and psychological control of the intimate partner, most often as means to threaten and instill fear.<sup>26</sup>

## Relationship Status

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

Table 8 outlines the types of relationship IPH victims had with their homicide perpetrator. Overall, most victims (43.5%) were the perpetrator’s current intimate partner, with current spouses comprising the next largest group with 39.1% of victims. Male perpetrators are equally likely to kill their current spouse or intimate partner, and women are more likely to commit homicide against their current intimate partner.

When perpetrator was male, victim was:	Number of Cases	%
Spouse	14	43.8
Ex-Spouse	0	0.0
Current Intimate Partner	14	43.8
Former Intimate Partner	4	12.5
<b>Total</b>	<b>32</b>	<b>100</b>
When perpetrator was female, victim was:	Number of Cases	%
Spouse	4	28.6
Ex-Spouse	0	0.0
Current Intimate Partner	6	42.9
Former Intimate Partner	4	28.6
<b>Total</b>	<b>14</b>	<b>100</b>

## Living Arrangements

The Review Board tracks information related to the living arrangements between the IPH perpetrator and victim at the time of the homicide. In 2020, known data indicated 28 IPH victims (60.9%) were living with their partner full-time or intermittently when the homicide occurred. While this is the same number of IPH victims living with their partner as in 2019, the rate is lower than in 2019 (65.1%) due to the higher number of IPH victims in 2020. Reports suggested that eight (8) IPH victims (17.1%) were not cohabitating at the time of their murders in 2020, compared with 23.3% in 2019. The living arrangements for the remaining 10 victims (21.7%) from 2020 were unable to be determined the information collected, compared to only 11.6% of the victims from 2019.

For the 36 victims in 2020 for which the data could be found, a cohabiting spouse was more likely to be killed than any other group, comprising 44.4% of victims. Victims who were cohabiting with their current intimate partner perpetrators were the next largest group of victims, with 30.6%. This was consistent with 2019 data where such information could be found; however, in 2020 there was an increase of 20.6% in victims cohabiting with spouses and 29.0% in victims cohabiting with intimate partners from 2019.

In 2020 cases where data could be found, males were three times more likely to kill a victim with whom they were cohabiting than not (75.0% compared to 25.0%), and women were five times more likely (85.7% compared to 14.3%). Men were more likely to kill a spouse with whom they lived, with 61.9% of victims being married to

<sup>26</sup> Sorenson, 2017

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

the male perpetrator at the time of the incident, whereas women were more likely to kill an intimate partner with whom they resided, with 66.7% of victims being the female perpetrator's current or former intimate partner. Men killed a current spouse or intimate partner with whom they were cohabiting in 100% of incidents in 2020, compared to 89.5% of cohabiting current or intimate partner victims killed by men in 2019. Female perpetrators in 2019, on the other hand, were almost twice as likely to kill a former intimate partner and half as likely to kill a current intimate partner with whom they were living than they were in 2020.

There were 22.8% of the 36 IPH victims in 2020 not cohabiting with their perpetrator at the time of the incident. Of that 22.8%, the victim was perpetrator's former intimate partner 75.0% of the time. While this is a decrease from the 80.0% in 2019, there was a 100% increase between 2019 and 2020 in the number of spouses killed who were living apart from the perpetrator at the time of the homicide. In both 2019 and 2020, male perpetrators killed a former intimate partner who was no longer cohabiting with them at a rate 1.5 times that of all other non-cohabiting categories combined. In both 2019 and 2020, former intimate partners or spouses comprised 100% of the non-cohabiting victims killed by female perpetrators.

## **Separation**

Of the 46 IPH victims identified in 2020, Program Staff was able to ascertain some information about the separation status of the victim and perpetrator at the time of the incident for 37 victims, or 80.4%. Of those 37 victims, nine (9) were in the process of leaving or had already left the relationship at the time of the incident (24.3%). This was lower than in 2019, when 18 of the 34 victims (52.9%) for whom information could be found were in the process of leaving or had separated from the perpetrator, a decrease of 54.1% between 2019 and 2020.

Of the nine (9) IPH victims identified as in the process of ending or having already ended the relationship when they were killed in 2020, three (33.3%) were in the process of separating and six (66.7%) had already separated. By contrast, 50.0% of victims in 2019 were in the process of separating and 50.0% had already separated from their perpetrator. This means from 2019 to 2020 there was a 33.3% decrease in victims who were in the process of separating but an increase of 33.3% in those who had already separated.

Of the victims in the process of leaving in 2020, one (33.3%) was killed by their current intimate partner and two (66.7%) were killed by their current spouse. This is comparable to the number of victims killed by their current intimate partner or spouse when they were in the process of separating in 2019. However, in 2019 an additional 44.4% of victims were killed by a former intimate partner when they were in the process of separating. This decrease in 2019 may be due to there being fewer number of victims overall attempting to separate in 2020.

Among victims who had already separated from their perpetrator in 2020, one (16.7%) was killed by their current intimate partner and five (83.3%) were murdered by their former intimate partner. The latter is an increase of 87.5% from the number of victims who were killed after they separated from their former intimate partner in 2019; however, there

The differences between 2019-2020 in all areas are statistically significant when compared to previous years, and may be in part due to circumstances, such as lockdowns and economic hardships, resulting from the COVID-19 pandemic that exacerbated or escalated existing domestic abuse. Furthermore, 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.

## **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 2020 are not yet closed in the criminal justice system, complete prosecutorial records are not available for most cases at the time of this report. In addition, abuse in most intimate partner relationships is not reported to authorities, and victims may not disclose abuse to anyone prior to their deaths.

Despite these limitations, in 2020 Program Staff was able to uncover enough information in the records for 39 of the 46 IPH victims to determine if victim experienced physical violence by the IPH perpetrators at some point prior to the homicide. Of the 39 victims, 20 (51.3%) were subjected to physical violence by the perpetrator prior to their death. This is a decrease of 25.4% from the number of 2019 IPH victims (22 of 32) for whom evidence of physical violence was found in the records reviewed.

Among the 20 IPH victims in 2020 who suffered physical violence by their perpetrator, current intimate partners (45.0%) were the largest group experiencing pre-homicide physical violence, followed by current spouses (35.0%). While there was a 65.0% increase in the number of current intimate partner victims physically abused by their perpetrator from 2019 to 2020, there was a 30.0% decrease in the number of current spouse physical violence victims in that time. There was also a 45.0% decrease in the number of ex-spouse IPH victims abused by their perpetrator from 2019 to 2020.

## Criminal Justice

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

In 2020, charges were filed in District or Federal Court against the 86 (76.8%) domestic violence homicide perpetrators who survived. The remaining 26 perpetrators were not charged because the perpetrator died at the time of the incident (16.9%) or law enforcement determined the individual acted in self-defense (6.3%).

Status	Count	%
Conviction	19	28.8
Ongoing	39	59.1
Not guilty	1	1.5
Dismissed	1	1.5
Incompetent to stand trial / Not guilty by reason of insanity	3	4.55
Unable to determine	3	4.55
<b>Total</b>	<b>66</b>	<b>100.0</b>

As of December 2021, 20 cases (17.9%) initially filed in Oklahoma District Courts in 2020 had been dismissed due to lack of jurisdiction, a consequence of the U.S. Supreme Court’s decision in *McGirt v. Oklahoma*. Of the 66 cases that remained in District Court, 39 (59.1%) were still ongoing and 19 (28.8%) had resulted in a conviction (Table 9).

Status	Count	%
Conviction	8	44.4
Ongoing	10	55.6
<b>Total</b>	<b>18</b>	<b>100.0</b>

Program Staff were able to determine that charges were subsequently filed in Federal or Tribal Courts in 18 of the cases (90%) dismissed by Oklahoma District Courts in 2020. Of the 18 cases re-filed in Federal or Tribal Courts in 2020, just over 40% of cases resulted in convictions and around 55% were still ongoing as of December 2021 (Table 10).

## Intimate Partner Homicide Cases

Charges were filed against 30 (65.2%) IPH perpetrators in either District or Federal Court in 2020. No charges were filed in 16 cases, either because of the death of the perpetrator (23.9%) or law enforcement determined the individual acted in self-defense (6.5%). As of December 2021, a total of six (6) cases (20.0%) initially filed in Oklahoma District Courts in 2020 had been dismissed due to lack of jurisdiction as a result of the *McGirt v. Oklahoma* decision. Of the 26 cases that remained in District Courts, seven (15.2%) resulted in convictions while 17 (37%) cases are still ongoing (Table 11).

Status	Count	%
Conviction	7	26.9
Ongoing	17	65.4
Not guilty	0	0.0
Incompetent to stand trial or not guilty by reason of insanity	1	3.85
Unable to determine	1	3.85
<b>Total</b>	<b>26</b>	<b>100</b>

Charges were filed in Federal Court for all six (6) of the IPH cases dismissed by Oklahoma District Courts. As of December 2021, half the cases were ongoing, and the other half had resulted in convictions (Table 12).

Status	Count	%
Conviction	3	50
Ongoing	3	50
<b>Total</b>	<b>6</b>	<b>100</b>

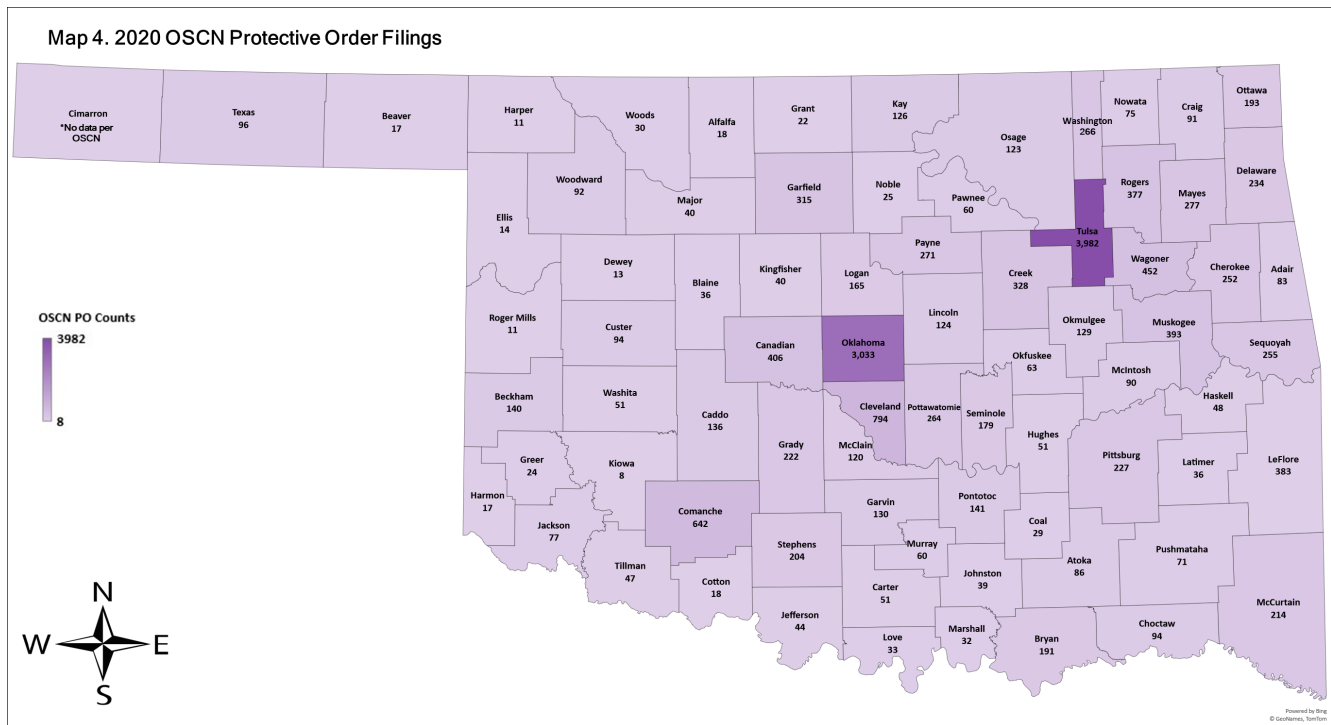
# PROTECTIVE ORDERS

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

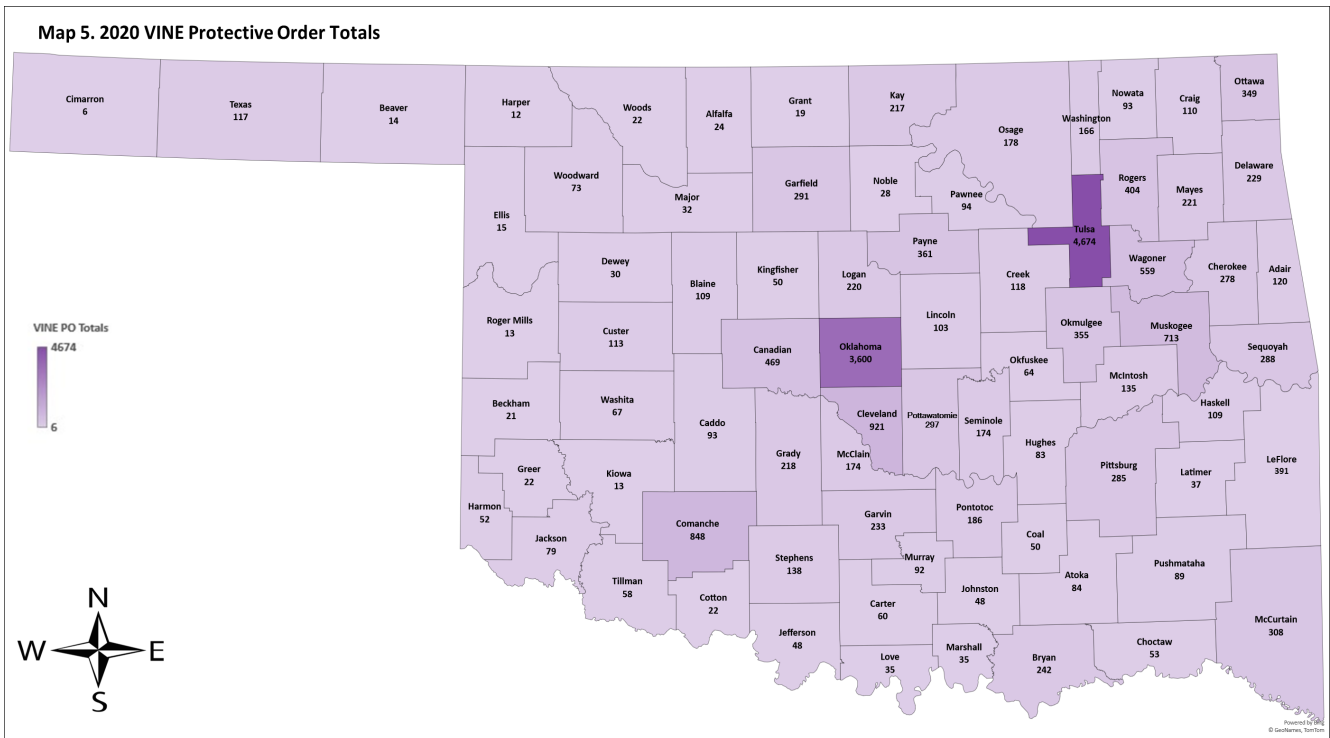
Currently, there exists no central repository where information regarding PO filings, issuances, and violations is stored. Protective orders filed in District Courts must be entered into the Oklahoma State Courts Network (OSCN); however, determining if a PO has been issued requires a manual search of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

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

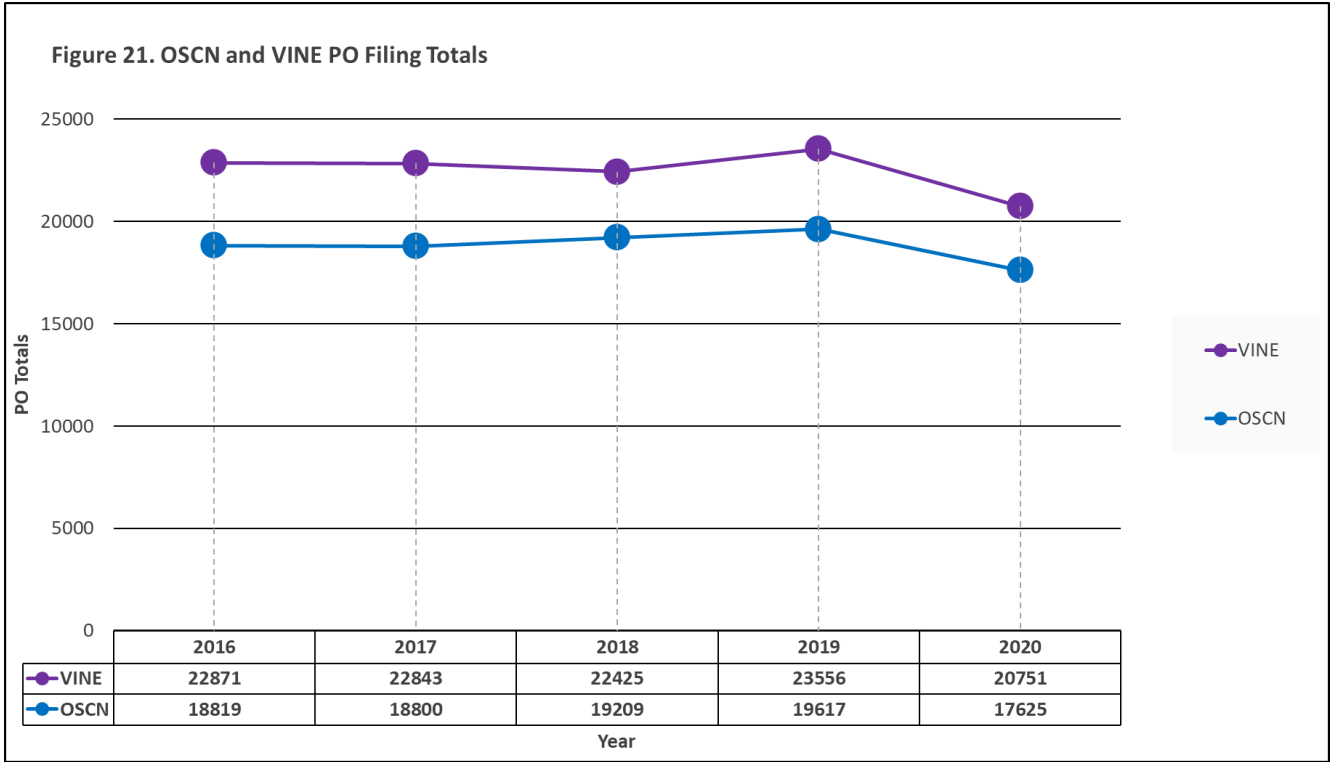
To obtain a picture of PO filing in Oklahoma, maps 4 and 5 visualize protective order filings in Oklahoma utilizing data obtained from the Oklahoma State Courts Network (OSCN) and the Victim information and Notification Everyday (VINE) system.



According to OSCN, the number of PO filings in Oklahoma during 2020 totaled 17,625, a 10.1% decrease from 2019. This represented a five-year low after averaging approximately 19,111 filings each year since 2016.



According to VINE, 20,751 protective orders were filed in 2020 after averaging about 22,923 each year since 2016. As was the case with the number of PO filings found on OSCN, the number of PO filings found on VINE in 2020 was the lowest in 5 years, representing a 11.9% decrease in filings from 2019.



It is difficult to pinpoint with certainty the cause of decreasing PO filings per OSCN and VINE. However, the public health concerns and unique challenges brought about by the COVID-19 pandemic in 2020 could have played a role in curbing the number of protective orders being filed.

# BOARD MEMBER AND PROGRAM STAFF ACTIVITIES

Review Board members and DVFRB Program Staff broaden the reach of the DVFRB by regularly engaging in activities aimed at improving the domestic violence prevention and protection system. In the case of Review Board members, the activities may be outside the scope of their regular duties.

## Review Board Member Activities

Review Board members and their alternate designees participated in a mock domestic violence fatality case review conducted by Dr. Neil Websdale and staff at the National Domestic Violence Review Initiative in April. Below are just a few of the items accomplished by individual Board Members in 2021.

- **Lauren Garder, LPC, NCC**, designee for the Oklahoma Department of Mental Health and Substance Abuse Services, co-authored the *Desk Reference Manual for Working with Individuals at the Intersection of Domestic Violence, Mental Illness, and Substance Abuse* in conjunction with Palomar. She also assisted with distribution of the manual to mental health and substance abuse treatment providers and practitioners. Lauren also conducted a workshop, *Domestic Violence, Substance Use, and Mental Health*, at the 2021 Domestic & Sexual Violence and Stalking Partnership Conference in September.
- **Martina Jelley, MD, PPH**, designee for the Oklahoma State Medical Association, conducted a workshop on *Trauma-Informed Telehealth* for the Society of General Internal Medicine in April 2021. The workshop included training on how to assess patient safety and maintain confidentiality while completing remote medical visits. Martina also attended the 2021 Futures Without Violence National Conference on Healthcare and Domestic Violence.
- **Brandon Pasley, CDSVRP**, survivor designee for the Oklahoma Coalition of Domestic Violence and Sexual Assault, conducted the workshop “*You Want Me to Do What?*” *The Elements of Advocacy You Weren’t Ready For* at the 2021 Domestic & Sexual Violence and Stalking Partnership Conference in September.
- **W. Don Sweger**, Chief of the Guthrie Police Department, and designee for the Oklahoma Association of Chiefs of Police, conducted domestic violence training at three CLEET Reserve Peace Officer Academies over the course of 2021. He also held a domestic violence presentation at the Rotary Club and facilitated domestic violence presentations by victim advocates at four additional public forums. Don also collaborated with the Iowa Tribe of Oklahoma Victim Services Unit to strengthen the Tribe’s approach to domestic violence victims and services. In addition, Don attended the 2021 Crimes Against Women Conference.
- **Brandi Woods-Littlejohn, MCJ**, designee for the Oklahoma State Department of Health, Injury Prevention Service, facilitated the creation and distribution of the 1<sup>st</sup> edition of Oklahoma’s *Crisis Line Handbook: A Resource Guide for Domestic Violence, Sexual Assault, Stalking and Human Sex Trafficking Advocacy*. An electronic version of the Crisis Line Handbook can be found on the State Department of Health’s [website](#).<sup>28</sup>
- **Melissa Blanton, JD, AAG**, designee for the Oklahoma Attorney General’s Office, assisted Senator Kay Floyd with drafting and provided support for SB17, which added to the statutory requirements for implementing the lethality assessment. She also actively promoted the Law Help Interactive DV Connect system between Legal Aid Services of Oklahoma and several domestic violence service providers across the state to improve and streamline the protective order application process and eliminate barriers for victims and service providers. In addition, Melissa helped coordinate a Continuing Legal Education

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<sup>28</sup> <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/injury-prevention/handbooks/Crisis%20Line%20Handbook.pdf>



training between Palomar’s Legal Network Committee and the OAG’s Address Confidentiality Program for pro bono civil lawyers and conducted a multi-disciplinary training on victims’ rights and confidentiality sponsored by the Kaw Nation. She lectured an OSU-OKC Victim Services Program class on the criminal justice system, including information about protective orders and how to assist victims through the various court processes.

## DVFRB Program Staff Activities

**Katy Fortune**, MSW, DVFRB Program Manager, and **Anthony Hernández Rivera**, MA, Research Analyst, constitute the DVFRB Program Staff. In addition to maintaining an annual list of people who die due to domestic violence and collecting information related to those deaths, Katy and Anthony are responsible for the administrative aspects of the DVFRB. This includes preparing case-related information for the DVFRB’s monthly review meetings; collecting and analyzing data relevant to domestic violence, domestic violence-related deaths, and protective orders; and authoring the DVFRB annual report.

In 2021, Katy and Anthony also conducted two workshops at the 2021 Domestic & Sexual Violence and Stalking Partnership Conference in September, *State of the State: Reviewing Ten Years of Domestic & Sexual Violence Data* and a two-part Domestic Violence Fatality Mock Review. They also attended the Virtual Annual Conference on Sexual Assault, Domestic Violence, and Trauma and Resilience held by End Violence Against Women International and the Virtual Conference on Crimes Against Women. They also presented *State of the State: Reviewing Ten Years of Domestic & Sexual Violence Data* at a meeting of the Statewide Domestic Violence Child Welfare Collaborative in October. Additionally, Katy and Anthony invited several presenters to DVFRB meetings, including:

- **Stephanie McCabe**, MSW, LCSW, Intimate Partner Violence Assistance Coordinator for Oklahoma City Veterans Administration Health Care System, who gave a presentation on the VA Intimate Partner Violence Assistance Program (IPVAP).
- **Whitley Pierson**, DV/SA/Court Advocate at Help-In-Crisis in Talequah, who presented on use and implementation of the Ontario Domestic Assault Risk Assessment (ODARA).
- **Jari Askins**, Administrative Director of the Courts with the Administrative Office of the Courts, who discussed Oklahoma’s Protective Order statutes and procedures.
- **Kara Miller and Derek Still**, Statistical Research Specialists with the Office of Criminal Justice Statistics at the Oklahoma State Bureau of Investigation, who provided information about the state’s transition to the State Incident Based Reporting System (SIBRS).

In addition, Katy conducted an informational presentation about the Review Board for a group of Oklahoma City University Law School students in January 2021 and Anthony attended *Evidence Based Domestic Violence and LAP* conducted by Dakota Wilson, CDSVRP, Family Violence Social Worker with the Choctaw Nation of Oklahoma, and Jason Potter, Captain with the Ada Police Department.

# 2021 RECOMMENDATIONS

Each year the Review Board proposes recommendations intended to increase prevention efforts within and improve the overall domestic violence response of the agencies and organizations that constitute Oklahoma's prevention and protection system. Each recommendation is accompanied by suggested target systems and aligns with the Review Board's continuous goal of reducing domestic violence fatalities in Oklahoma. The three recommendations made below are the direct result of the discussion and analysis from in-depth case reviews by the Review Board in 2020.

## Recommendation One

*All employers should develop administrative policies implementing a comprehensive workplace response to domestic violence that includes, at a minimum: awareness and intervention curriculum in new employee onboarding; ongoing annual training for existing employees; ways to identify employees experiencing domestic/intimate partner violence; and implementing trauma-informed response protocols that provide interventions, information, and resources/referrals for the employees identified.*

### Target Systems

All Systems, Public and Private

### Purpose

To create organizational cultures and environments where victims of domestic/intimate partner abuse feel safe and unashamed to disclose abuse and seek assistance.

### Rationale

Abusive relationships, whether physical, verbal, emotional, psychological, or any other form of violence, can affect a victim's ability to work. Victims miss work and suffer decreased productivity not only due to physical injury but also because of the increased mental and physical illness that accompanies experiencing domestic abuse.<sup>29</sup> Among adult female IPV victims, 35.3% were stalked, 21.5% were sexually assaulted, and 17.5% were physically assaulted, losing an average of 8.5 paid work days per victimization<sup>30</sup> and an estimated total of eight million days of paid work per year.<sup>31</sup> Domestic abuse can even cost a victim their job; studies show anywhere from 21-60% of victims lose their jobs due to reasons arising from the abuse.<sup>32</sup> The estimated economic value of days of pay lost due to domestic violence victimization is \$727.8 million.<sup>33</sup>

Although a national survey indicating 21% of adult full-time corporate employees disclosed they were victims of domestic violence,<sup>34</sup> a supplemental survey conducted shows the average executive estimated only 6% of their full-time employees were victims.<sup>35</sup> The same survey showed 58% of executives and 41% of employees were aware of employees or co-workers affected by domestic violence.<sup>36</sup> While there does not appear to be any comparable data from other employment sectors, the fact that an estimated 40.1% of women and 37.8% of men in Oklahoma will experience intimate partner violence in their lifetime<sup>37</sup> strongly implies an equal if not higher rates of victimization among Oklahoma's working adults.

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<sup>29</sup> McCauley et al., 1995

<sup>30</sup> National Center for Injury Prevention and Control, 2003

<sup>31</sup> Rothman et al., 2007

<sup>32</sup> *Ibid.*

<sup>33</sup> National Center for Injury Prevention and Control, 2003

<sup>34</sup> Corporate Alliance to End Partner Violence [CAEPV], 2005

<sup>35</sup> CAEPV, 2007

<sup>36</sup> *Ibid.*

<sup>37</sup> Smith et al., 2017

While the harmful effects domestic abuse has on the workplace is recognized by employees, so too is the solution. Around 90% of employees believe it appropriate for companies to offer programs and services that address domestic violence and 75% say companies should be more active in addressing the issue of domestic violence in the workplace.<sup>38</sup> Despite this, less than 30% of establishments in the private industry, state government, and local government that have formal workplace violence policies and only around 29% of those policies specifically address domestic violence; a mere 4% of those establishments provide training on how to address domestic violence.<sup>39</sup> However, even in workplaces with programs and services to address domestic violence, less than half of the employees know about them.<sup>40</sup>

## Implementation

Creating a comprehensive, formal workplace response to domestic violence can be completed in addition to existing workplace violence policies or alongside them. Of utmost importance, however, is that **all** employees, supervisors, and executives are trained on the policies and programs available once implemented *and* retrained annually to address learning loss and establishment turnover. Evidence shows on-site interactive, computer-based training significantly improved supervisor knowledge on IPV and workplace climate towards IPV which was maintained over time, and increased occurrences of supervisors providing more IPV information to employees and more IPV postings being available in the workplace.<sup>41</sup>

The response itself, in addition to being trauma-informed, should strive to be discipline-specific. The culture within certain professions, such as law enforcement, health care, and armed forces, may make it complicated for victims to disclose and seek help for domestic abuse. Employers should implement responses that make it easy for employees to disclose safely and discreetly, such as a specially-trained employee domestic violence liaison, and interventions and resources that consider the victim's work environment and job-related stressors.

## Resources

Department of Labor Workplace Violence Program

<https://www.dol.gov/agencies/oasam/centers-offices/human-resources-center/policies/workplace-violence-program#domesticviolence>

Futures Without Violence Workplace Safety and Equity

<https://www.futureswithoutviolence.org/workplace-safety-equity/>

Toward an Effective Workplace Response to Intimate Partner Violence

<https://journals.sagepub.com/doi/10.1177/0886260520921865>

Workplace Violence Prevention: A Guide by the Mississippi Office of the Attorney General

<https://www.ojp.gov/pdffiles1/Digitization/210067NCJRS.pdf>

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<sup>38</sup> CAEPV, 2007

<sup>39</sup> Bureau of Labor Statistics, 2006

<sup>40</sup> CAEPV, 2007

<sup>41</sup> Glass, Bloom, Perrin, & Anger, 2010; Glass, Hanson, Laharnar, Anger, & Perrin, 2016

## Recommendation Two

*County Court Clerk's offices, in conjunction with Court officials, law enforcement entities, and victim services agencies, should formalize uniform policies and procedures for Court Clerks statewide that include, at a minimum: 1.) ways to ensure petitioners are provided with necessary resources to correctly complete a protective order petition, such as updated forms, accurate instructions, information about the process, offer of assistance by a victim service provider, and domestic violence and sexual assault resource and service information at the time of application; 2.) maintaining full and detailed records of every protective order petition submitted (both emergency ex parte and permanent protective orders whether during or outside normal court hours) and filing them in a timely manner; 3.) formalized coordinated efforts between the Court Clerk, law enforcement entities, and domestic violence providers to ensure full communication on the filing process, protective order service, and setting future court dates; and 4.) annual training and updates on current and newly enacted statutes and policies covering protective orders, uniform court forms, and victims' rights.*

### Target Systems

Courts, Law Enforcement, Victim Advocates, Counties, Municipalities, and Collaborative Multidisciplinary Model Systems

### Purpose

To increase victim understanding of the protective order process and enhance safety measures throughout the process.

### Rationale

During their in-depth case reviews in 2020, the Review Board noted multiple instances in which victims indicated to law enforcement or other members of the prevention and protection system that they had filed a protective order (PO) against the perpetrator; however, no record of the PO could be found. Anecdotal evidence provided by Review Board members and domestic violence survivors revealed not only wide variations in the PO process from county to county in Oklahoma, but practices that violated statute. Some of these included:

- Court clerks not filing or denying petitions for emergency temporary orders due to the incorrect forms being filled out or the forms not being completed correctly by the victim (22 O.S. § 60.2).
- Court clerks declining to prepare or assist victims with preparing the PO petition upon request and/or not providing information for a victim-witness coordinator, victim support person, or court case manager who could assist with preparing the petition (21 O.S. § 142A-4).
- Judges determining the merits of a petition for *ex parte* or emergency temporary orders before the petition was filed, resulting in the petition not being filed by the court clerks (22 O.S. § 60.2).

Studies indicate victims who receive assistance completing PO petitions are 40-60% more likely to be issued a permanent protective order.<sup>42</sup> Women issued permanent POs are significantly less likely to be physically abused over the 12 month period following the order than those who do not have protective orders.<sup>43</sup> Studies also show anywhere between a 30-80% reduction in victims experiencing physical violence in the 12 months following a PO being issued, with statistically significant reductions in those who experienced less severe physical violence or non-physical forms of abuse prior to the PO being issued.<sup>44</sup> Furthermore, victims in one study had a significant reduction in their fear levels six months after the PO was granted<sup>45</sup> and another study indicates victims' perception of their overall safety and psychological well-being appear to increase over the long-term when POs are issued, even if there was a temporary increase in psychological and emotional abuse immediately after the PO is issued.<sup>46</sup> Not following the correct protective order process violates a victims' rights and may subject them

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<sup>42</sup> Russell, 2012

<sup>43</sup> Benitez, McNeil, & Binder, 2010

<sup>44</sup> Benitez, McNeil, & Binder, 2010; Russell, 2012

<sup>45</sup> Logan & Walker, 2009

<sup>46</sup> Russell, 2012

more severe abuse. It could also put them at increased risk of domestic violence homicide; one study showed that approximately half of domestic violence homicide victims had previously sought an order of protection.<sup>47</sup>

While studies show the effectiveness of protective orders does not appear to vary between jurisdictions, barriers to access, implementation, and enforcement do.<sup>48</sup> Victims across multiple populations experience barriers navigating the PO process and gatekeeping by and bias from those involved in the process.<sup>49</sup> Rural women in particular face more difficulty accessing and being granted protective orders than those in urban areas.<sup>50</sup> Given that Oklahoma is a primarily rural state, it is vital that victims in these areas be granted the same level of access and afforded the same protection as those in urban areas, and that the bias of those involved plays no part in the PO process. In addition, while protective orders are beneficial to many victims, others continue to experience abuse or increased violence and may need additional measures to ensure their safety.<sup>51</sup>

## Implementation

Oklahoma has taken the first steps in statewide standardization of the protective order process by effecting statutes that mandate using uniform forms for petition orders, requiring forms be provided by the court clerk, and directing court clerks to assist victims with completing their petition upon request. However, as indicated above, this process is not being followed and/or enforced in all counties. Furthermore, as shown in the Protective Order section of this report (see page #), the OAG is authorized to collect annual data on the number of protective orders issued and violated in each county but there is no consistent data collection in this area due, in part, to the differences in PO processes that exist across counties.

Therefore, the Review Board strongly recommends formalizing uniform procedures and processes for each step of the PO process and training court clerks statewide to increase victim understanding of the protective order process and enhance safety as needed throughout. Formalizing a uniform PO process offers a unique opportunity for the agencies and organizations involved to also endorse collaboration and coordination efforts between state and local law enforcement, court clerks, domestic violence providers, and the courts to train disciplines on the process and ensure uniform implementation.

## Resources

County Officers and Deputies Association of Oklahoma

<https://www.okcoda.com/default>

Oklahoma County Government Training Program

<https://extension.okstate.edu/programs/county-government-training-program/index.html>

(also houses the most current copy of the *Handbook for County Clerks of Oklahoma*)

Uniform Protective Order Forms

[https://www.oscn.net/static/forms/aoc\\_forms/protectiveorders.asp](https://www.oscn.net/static/forms/aoc_forms/protectiveorders.asp)

Oklahoma Coalition Against Domestic Violence and Sexual Assault

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

Oklahoma Department of Public Safety Court Clerk Information

<http://204.61.10.226/occ/>

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<sup>47</sup> Morton, Runyan, Morocco, & Butts, 1998

<sup>48</sup> Logan & Walker, 2009

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*

<sup>51</sup> Logan & Walker, 2009

## Recommendation Three

*Due to the intersection of domestic/intimate partner and sexual violence with mental health and substance abuse issues, public and private service providers should develop and implement policies requiring clients be screened for domestic violence risk and refer identified victims and perpetrators to state certified or Tribal batterer intervention or victim advocacy programs for further assessment and services. State certified or Tribal programs should refer victims and perpetrators identified as elevated risk to qualified behavioral health providers for assessment of homicidality and suicidality.*

### Target Systems

Batterer Intervention, Crime Victim Advocates, Department of Corrections (Correctional and Probation & Parole), Courts, Mental Health & Substance Abuse Treatment, Health Care, Child Welfare, Social Service Providers

### Purpose

To increase identification of victims and perpetrators accessing services by the agencies and organizations included in the prevention and protection system and decrease the possibility of domestic/intimate partner homicide and/or suicide among high-risk individuals.

### Rationale

According to data from the Federal Bureau of Investigation (FBI), 15.6% of homicides reported by law enforcement agencies from 2010-2019 were classified as domestic abuse homicides committed by a current or former intimate partner or a family member.<sup>52</sup> Of the domestic abuse-related homicides, 53.6% were committed by a current or former intimate partner in that same period.<sup>53</sup> Oklahoma's domestic abuse homicide numbers are historically higher than the national data; per the Oklahoma State Bureau of Investigation (OSBI), 22.6% of all homicides from 2010-2019 were domestic abuse related, and 58.6% of those homicides were committed by a current or former intimate partner.<sup>54</sup> When using the expanded definition of a domestic abuse-related homicide employed by the Review Board, those numbers increase to 41.8% of all homicides in Oklahoma being related to domestic abuse, with 81.4% of those being committed by a current or former intimate partner.<sup>55</sup>

The above data does not reflect homicide-suicide data in which the perpetrator dies after committing a homicide event; it only contains the victims of homicide-suicides. Most research around homicide-suicide cases divides such incidents into four similar categories based on the victim-perpetrator relationship:

- intimate partner-related
- familicide, in which the perpetrator kills all family members in a household including themselves
- filicide, where the perpetrator kills the children in the home and then themselves
- extrafamilial homicide-suicide, wherein extended family members are killed prior to the perpetrator's suicide

Studies reveal the most common type of homicide-suicide event are those that are intimate partner-related, comprising between 42%-69% of all homicide-suicide events.<sup>56</sup> One study shows that up to 90% of intimate

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<sup>52</sup> Federal Bureau of Investigation, annual *Crime in the United States* reports for years 2010-2019. Excludes data from 2016 in calculation and comparison as FBI Expanded Homicide IPH data were not reported that year. Family members includes stepfamily.

<sup>53</sup> *Ibid.* FBI Expanded Homicide IPH data only includes relationships current/former/common law spouse and boyfriend/girlfriend. It does not include homosexual relationships, federal cases, justifiable homicides, or assaults to murder, which are classified as aggravated assault.

<sup>54</sup> Oklahoma State Bureau of Investigation, annual *Crime in Oklahoma* reports for years 2010-2019. OSBI's definition of domestic abuse homicide is the same as the FBI. Excludes data from 2016 in calculation for representative comparison with FBI data.

<sup>55</sup> Excludes data from 2016 in calculation for representative comparison with OSBI data. Total number of homicides used is based on OSBI data.

<sup>56</sup> Logan et al., 2008

partner-related homicide-suicide incidents are premeditated and approximately 70% of all familicides are premeditated.<sup>57</sup>

In terms of treatment or social services interactions with perpetrators of domestic abuse homicides and homicides-suicides, studies show the most common points of contact are mental health treatment providers, child welfare services, law enforcement, and the courts. One study indicates around 10% of homicide-suicide perpetrators were in mental health treatment at the time of committing the incident, with 21.2% of those among those who committed filicide-suicide incidents.<sup>58</sup> Furthermore, for those with toxicology reports, 36.4% of filicide-suicide perpetrators were on antidepressant medications at the time of death, suggesting that they had previously sought treatment for behavioral health issues.<sup>59</sup> Intimate partner conflict was the most common preceding life-event factor among perpetrators of homicides-suicides; one study revealed 53.9% of intimate partner-related homicide-suicide incidents had evidence of prior intimate partner conflict, as did 36.4% filicide-suicides and 35.7% of extrafamilial homicide-suicides. The same study indicated an average of 12.3% of homicide-suicide perpetrators disclosed intent to prior to the incident.<sup>60</sup>

Cases reviewed by the DVFRB 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 fatality incident. The Review Board further found that during the same period, 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 in both homicide and homicide-suicide cases. The Review Board also found that in some cases the perpetrator was evaluated at a community behavioral center for suicidal ideation and/or depression near the perpetration of the homicide or had previous child welfare involvement where the family's domestic violence dynamic was not identified. This trend was also identified in the cases reviewed by the DVFRB in 2021, which consisted of primarily homicide-suicide cases. The Review Board noted perpetrators' contacts with mental health providers and child welfare resulted in several missed opportunities for assessment, including lethality assessment, and intervention.

## Implementation

Victims and perpetrators of domestic and intimate partner abuse are more likely to experience mental health and substance abuse issues, co-occurring child maltreatment,<sup>61</sup> and have previous issues with the criminal justice system. The Review Board therefore recommends that public and private service providers screen all clients for risk of domestic violence, regardless of the client's primary service need. Behavioral health providers in particular should include screening for domestic violence as well as assess for lethality in their intake procedures.

Such screening could be conducted at initial contact or during intake for services using a validated tool such as the Abusive Behavior Inventory – Revised (ABI-R), which can be used for both victims and perpetrators. However, clients should continue to be evaluated throughout the provision of services for best results. Clients identified as at elevated or at high risk for victimization or perpetration should be referred to state certified or Tribal batterer intervention or victim advocacy programs for further assessment and services.

Once State certified or Tribal batterer intervention or victim advocacy programs assesses a victim or perpetrator and identifies them as being at an elevated or high risk of lethality, the client should be further referred to a behavioral health provider for an assessment that includes intent to commit suicide and/or homicide.

This recommendation represents an opportunity for behavioral health professionals and domestic violence experts to collaborate with other stakeholders and develop model programs specific to the needs of domestic violence victims, perpetrators, and families who are at increased risk of lethality. Ensuring homicidality and

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<sup>57</sup> Liem and Richelmann, 2013

<sup>58</sup> Logan et al., 2008

<sup>59</sup> *Ibid.*

<sup>60</sup> *Ibid.*

<sup>61</sup> Hamby, Finkelhor, Turner, & Ormrod, 2011.

suicidality are assessed in populations at elevated risk of victimization and perpetration and implementing appropriate interventions may help reduce the number of domestic violence fatalities.

## **Resources**

Harm Research Institute

<https://harmresearch.org/>

Includes tools to assess and treat homicidality, suicidality, and homicidality/suicidality, including the Sheehan Screeners and Tracking Scales.

Domestic Violence Evaluation Screening/Assessment Tools

[https://isc.idaho.gov/files/Approved\\_DVEval\\_Assessment\\_Tools\\_7-1-2018.pdf](https://isc.idaho.gov/files/Approved_DVEval_Assessment_Tools_7-1-2018.pdf)

Assessing Domestic Violence in the Family

<https://www.childwelfare.gov/topics/systemwide/domviolence/assessment/family/>



# SPOTLIGHT ON HOMICIDE PREVENTION INITIATIVES IN OKLAHOMA

## Enhanced Oklahoma Victim Information and Notification Everyday (OK-VINE)

Oklahoma victims of crime now have increased access to services and information through an enhanced version of Oklahoma Victim Information and Notification Everyday, widely known as OK-VINE.

The new version of OK-VINE deployed on October 19, 2021 and offers users innovative functionality, improved user experience, and expanded access to victim services. A key feature of the enhanced version is a service provider directory allowing users to ask for assistance and connect directly with both local and national victim service providers. With improved user experience and better search functionality, the new OK-VINE platform offers a more intuitive service to victims throughout the state.

Another new OK-VINE feature includes a registration link that connects county jails and the Department of Corrections. This allows a single registration in VINE to provide offender notifications to victims through all an offenders' movements across and between the systems. Furthermore, additional language access will be available for users. Notifications will continue to be sent in English or Spanish but website and mobile app users will also be able to choose from a variety of language options available in a drop-down menu. With the addition of the OK-VINE page, important Oklahoma-specific information, such as events, activities, new agencies and resources, and other topics important to victim safety and rights, can be posted and promoted.

The Oklahoma Office of the Attorney General has offered the VINE service since 2006, providing information to victims across all 77 counties in the state and playing a key role in keeping victims safe and affording victims' rights through the power of information. Through ongoing collaborative efforts between the Office of the Attorney General and the Department of Corrections, the Pardon and Parole Board, and County Sheriffs, the service is comprised of a statewide network of county detention centers, state prisons, and probation and parole services, providing crime victims and concerned citizens free access to timely and reliable offender custody information.

During calendar year 2020 alone:

- **77,991** Oklahoma residents registered to receive notifications.
- **181,723** notifications were provided to registered users through outbound calls, emails, text messages and TTY, a device used to communicate with hearing or speech impaired individuals.
- **2,294,076** offender searches were conducted using the website and mobile applications.

Oklahoma contracts with Appriss Insights to provide this free, reliable, and easy-to-use service that provides access to a toll-free telephone number with 24-hr assistance in addition to the VINELink website and mobile application. Users may also register to receive automated notifications relating to changes in custody status by telephone, email, or text message. These communications are in both English and Spanish.

**VICTIMS IN OKLAHOMA WILL BENEFIT FROM THE NEW AND EXPANDED VINE PLATFORM, WHICH PROVIDES TIMELY NOTIFICATION AND LIFE-SAVING INFORMATION ON A STATEWIDE SCALE.**

Appriss has been serving victims of crime and intimate partner violence since 1994 and has continued to evolve through advancements in technology. The idea for VINE originated in 1993, when Louisville native Mary Byron was killed by her former partner after she was not informed about his release from jail. Since then, VINE has made it its mission to make sure millions of victims all over the United States find empowerment through regular updates about their offender's incarceration status.

After more than 25 years informing victims and keeping them safe, VINE is utilized in 48 states and sends 40 million notifications to victims, their families, and other concerned citizens each year. Oklahoma is the 29th state on the new platform.

*Learn more about the latest VINE platform by visiting [VINELink.com](https://VINELink.com).*

## What Does the Research Say?

### Oklahoma LAP

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

#### LAP study participants experienced:

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

*Study results are available on the [National Institute of Justice Website](#).*

## Lethality Assessment Program (LAP)

Since November 1, 2014, Oklahoma peace officers have been required by 21 O.S. § 142A-3 to assess the danger level of victims of intimate partner violence at the scene by asking them a series of questions and provide referrals to services for those screened as high risk. Although the law mandated that law enforcement ask at least the 11 Lethality Assessment questions based on the research of Dr. Jacquelyn Campbell at the Johns Hopkins University School of Nursing and validated by the Maryland Network to End Domestic Violence (MNEDV), it did not prohibit officers from asking additional, unvalidated questions. Furthermore, the statute did not require law enforcement to implement the accompanying protocol, despite research demonstrating the full protocol, and not the questions alone, is what increases victim safety. To aid in LAP implementation the

Office of the Attorney General Victim Services Unit assembled a team of allied professionals and conducted LAP training across the state throughout 2015 and again in 2019.

After the 2014 legislation went into effect the Review Board continued to recommend implementation of the full LAP protocol and in 2021, a bill mandating peace officers implement the full LAP protocol was submitted in the Oklahoma Legislature. Senate Bill 17, authored by Senator Kay Floyd (D – Oklahoma City) and co-authored by Senator Darrell Weaver (R – Moore) and Representative Carol Bush (R – Tulsa), was signed by Governor Kevin Stitt on April 28, 2021. Effective November 1, 2021, officers are required to administer the 11-question [lethality assessment](#) provided on the Office of the Attorney General's website when responding to incidents of intimate partner violence<sup>62</sup>. Regardless of the results of the lethality assessment, officers must provide referral information for shelters, domestic violence programs, and other social services to the victim. If the assessment indicates the victim is at high risk of homicide, officers must implement the full lethality assessment protocol.

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

Numerous studies have established that while calling the police is one of the most utilized help-seeking strategies by women in physically violent relationships,<sup>63</sup> accessing domestic violence services such as obtaining counseling or staying at a shelter occurs much less frequently.<sup>64</sup> Women who obtain services, however, report

<sup>62</sup> A copy of the Lethality Assessment form can also be found in *Appendix B*.

<sup>63</sup> Catalano et al., 2009; Goodkind et al., 2004; Goodman, Dutton, Weinfurt & Cook, 2003; Rennison & Welchans, 2000; Hutchinson & Hirschel, 1998; West, Kantor & Jasinski, 1998; Bachman & Coker, 1995; Kantor & Straus, 1990; Berk, Berk, Newton, & Loseke, 1984.

<sup>64</sup> Macy, Nurius, Kernic & Holt, 2005; Coker, Derrick, Lumpkin, Aldrich & Oldendick, 2000; Gondolf, 1998; Hutchinson & Hirschel, 1998; Wiist & McFarlane, 1998; Brookoff, O'Brien, Cook, Thompson & Williams, 1997.

that contacting a domestic violence service provider or going to a domestic violence shelter are helpful or make the situation better in most cases.<sup>65</sup> Law enforcement responding to domestic violence or suspected domestic violence calls that connected victims with domestic violence programs was shown to significantly decrease both frequency and severity of intimate partner abuse in a three-year study conducted in Oklahoma.<sup>66</sup> Though implementing the full lethality assessment protocol increases the burden on domestic violence service providers and law enforcement, it is clear their respective roles and collaboration in the protocol are vital to enhancing victim safety.

To promote safe and uniform statewide implementation of the LAP, the OAG will be re-assembling a Lethality Assessment Program Task Force (LAP TF) in 2021. The LAP TF will consist of a small team of professionals from disciplines directly involved in LAP implementation, such as the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), the Native Alliance Against Violence (NAAV), the Oklahoma Sheriffs' Association, the Oklahoma Nursing Association, the Oklahoma Association of Chiefs of Police, the District Attorneys Council (DAC), and the Council on Law Enforcement Education and Training. Using train-the-trainer informational sessions, the LAP TF will instruct teams of identified law enforcement and domestic violence service providers on LAP implementation. The LAP TF and program staff will also provide ongoing technical assistance regarding policy development, training, and implementation; monitor program implementation for fidelity; and coordinate LAP data collection.

*For more information on LAP training and technical assistance for your agency, please contact the OAG Victim Services Unit at (405) 521-3921 or [victim.services@oag.ok.gov](mailto:victim.services@oag.ok.gov), or contact the District Attorneys Council Training and Outreach Division at (405) 264-5024 or [DAC\\_Training@dac.ok.state.us](mailto:DAC_Training@dac.ok.state.us).*

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<sup>65</sup> Goodman, Dutton, Vankos, & Weinfurt, 2005; Goodkind, Sullivan, Bybee, 2004.

<sup>66</sup> Messing et al., 2014

# APPENDIX A: DVFRB OVERVIEW

## Review Board Composition

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

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

The remaining twelve (12) Review Board members are appointed by the Attorney General. Appointees serve terms of two (2) years and are eligible for reappointment. The following agencies submit the names of three (3) nominees for consideration of appointment by the Attorney General:

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

## Review Board Mission Statement

The mission of the Review Board is to reduce the number of domestic violence-related deaths in Oklahoma. The Review Board will perform multi-disciplinary reviews of statistical data obtained from sources within the jurisdiction and/or having direct involvement with the homicides. Using the information derived, the Review Board will identify common characteristics and develop recommendations to improve the systems of agencies and organizations involved to better protect and serve victims of domestic abuse.

## Review Board Recommendations

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

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

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

## **Dissemination of Review Board Findings and Recommendations**

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

## **Confidentiality**

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

# APPENDIX B: LETHALITY ASSESSMENT

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

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

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

# Domestic Violence Lethality Screen for First Responders

<b>Officer:</b>	<b>Date:</b>	<b>Case #:</b>
<b>Victim:</b>	<b>Offender:</b>	<b>Relationship:</b>
<b>Address of Incident:</b>		<b>Date and Time of Incident:</b>
<input type="checkbox"/> 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?	<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
<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?	<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
<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: <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		
<b>If victim <i>screened in</i>:</b> 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: _____		
<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 C: RESOURCES FOR PROFESSIONALS

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

## Local Resources

### OKLAHOMA COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT

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

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

### NATIVE ALLIANCE AGAINST VIOLENCE

405.801.2277 | <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.

### OKLAHOMA ATTORNEY GENERAL VICTIM SERVICES

405.521.3921 | [www.oag.ok.gov/victim-services](http://www.oag.ok.gov/victim-services)

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

### 24-HOUR OKLAHOMA SAFELINE

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

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

## National Resources

### NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

800.537.2238 | [www.nrcdv.org](http://www.nrcdv.org) | [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 planning domestic violence intervention and prevention efforts and offers comprehensive technical assistance, training, and resource development.

#### **NATIONAL NETWORK TO END DOMESTIC VIOLENCE**

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

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

#### **NATIONAL CENTER ON DOMESTIC AND SEXUAL VIOLENCE**

**512.407.9020** | [www.ncdsv.org/index.html](http://www.ncdsv.org/index.html)

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

#### **NATIONAL DOMESTIC VIOLENCE HOTLINE**

**800.799.7233** | **800.787.3224 (TTY)** | [www.thehotline.org](http://www.thehotline.org)

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

#### **NATIONAL COALITION AGAINST DOMESTIC VIOLENCE**

**303.839.1852** | [www.ncadv.org](http://www.ncadv.org)

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

#### **BATTERED WOMEN'S JUSTICE PROJECT**

**800.903.0111, ext. 3** | [www.bwjp.org](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, batterer intervention program staff, and defense attorneys; as well as to policymakers, the media, and victims, including incarcerated victims, their families, and friends. BWJP also assists tribal and military personnel who fulfill equivalent positions in their respective institutional responses to intimate partner violence.

#### **THE NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE AND FIREARMS**

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

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

#### **NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE**

**415.678.5500** | [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)

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

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

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

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

#### **NATIONAL CENTER FOR VICTIMS OF CRIME**

**202.467.8700** | [www.victimsofcrime.org](http://www.victimsofcrime.org)

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

#### **OFFICE ON VIOLENCE AGAINST WOMEN**

**202.307.6026** | **202.307.2277(TTY)** | [www.justice.gov/ovw](http://www.justice.gov/ovw)

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

## **Culturally Specific & Underserved Population Resources**

#### **NATIVE ALLIANCE AGAINST VIOLENCE**

**405. 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.

#### **DATA COLLECTION, UTILIZATION, AND PROGRAM ASSESSMENT PROJECT**

**405.217.0212** | <https://tribaldataproject.org/>

A partnership between NAAV and Gray O.A.K., LLC, the purpose of the project is to assist Tribal Government and Tribal Jurisdiction Program grantees, subgrantees and potential grantees on data collection, data

analysis, and how to use data to develop or enhance programs to effectively respond to domestic and dating violence, stalking, and sexual violence occurring within their communities. They provide resources, including tools kits and tip sheets, webinars and distance learning trainings, and technical assistance.

#### **NATIONAL INDIGENOUS WOMEN’S RESOURCE CENTER**

**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 specifically created to serve as the National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women. NIWRC seeks to enhance the capacity of American Indian and Alaska Native Tribes, Native Hawaiians, and Tribal and Native Hawaiian organizations to respond to domestic violence and provide public awareness, resource development, training and technical assistance, policy development, and research activities.

#### **STRONGHEARTS NATIVE HELPLINE**

**844.762.8483** | [www.strongheartshelpline.org](http://www.strongheartshelpline.org)

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

#### **ASIAN PACIFIC INSTITUTE ON GENDER-BASED DOMESTIC VIOLENCE**

**415.568.3315** | [www.api-gbv.org](http://www.api-gbv.org)

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

#### **ESPERANZA UNITED** (formerly Casa de Esperanza)

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

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

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

**Dr. Oliver J. Williams** | **651.331.6555** | [owms63@gmail.com](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 of African Americans as they face issues related to domestic violence, including intimate partner violence, child abuse, elder maltreatment, and community violence. IDVAAC closed in September 2016, but the information on the website and consulting services will remain available through 2026.

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

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

Launched in 2016, Ujima, also known as The National Center on Violence Against Women in the Black Community, serves as a national, culturally specific services resources center to provide support to and be a

voice for the Black Community in response to domestic, sexual, and community violence. Ujima was founded in response to a need for an active approach to ending domestic, sexual, and community violence in the Black Community. They are on the forefront of new training and outreach tools to reduce violence against and homicides of Black women. Ujima is a clearinghouse for research literature, webinars, national issue forums, regional trainings, community-specific roundtables, blogs, articles, and on-site technical assistance. Ujima also works with organizations to develop public service announcements, issue briefs, videos, monographs, and fact sheets.

#### **THE NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)**

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

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

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

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

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

# APPENDIX D: VICTIM/SURVIVOR RESOURCES

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

## Local Resources

### 24-HOUR OKLAHOMA SAFELINE

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

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

### OKLAHOMA ATTORNEY GENERAL VICTIM SERVICES

405.521.3921 | [www.oag.ok.gov/victim-services](http://www.oag.ok.gov/victim-services)

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

### ADDRESS CONFIDENTIALITY PROGRAM

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

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

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

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

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

### OKLAHOMA CRIME VICTIMS' COMPENSATION

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

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

### OKLAHOMA STATE COURTS NETWORK UNIFORM PROTECTIVE ORDERS

[https://www.oscn.net/static/forms/aoc\\_forms/protectiveorders.asp](https://www.oscn.net/static/forms/aoc_forms/protectiveorders.asp)

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

### **OKLAHOMA DEPARTMENT OF CORRECTIONS VICTIM SERVICES**

**405.425.2607** | <https://oklahoma.gov/doc/organization/chief-of-strategic-engagement/community-outreach/victim-services.html>

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

### **OKLAHOMA STATE BUREAU OF INVESTIGATION VICTIM SERVICES**

**405.715.9579** | **405.715.9505** | <https://osbi.ok.gov/services/victim-support/osbi-victim-services>

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

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

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

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

### **FAMILY SAFETY CENTER**

**918.742.7480** | <https://fsctulsa.org/>

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

### **PALOMAR: OKLAHOMA CITY'S FAMILY JUSTICE CENTER**

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

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

### **LEGAL AID SERVICES OF OKLAHOMA, INC.**

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

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

## **Culturally Specific Resources**

### **NATIVE ALLIANCE AGAINST VIOLENCE**

**405.801.2277** | <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 is not a direct service provider; however, their website does have a [list](#) of Oklahoma's Tribal domestic violence and sexual assault programs.

### **STRONGHEARTS NATIVE HELPLINE**

**844.762.8483** | [www.strongheartshelpline.org](http://www.strongheartshelpline.org)

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

#### **LA LUZ ORG**

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

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

#### **LATINO COMMUNITY DEVELOPMENT AGENCY**

**405.236.0701**

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

#### **DIVERSITY CENTER OF OKLAHOMA**

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

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

## **National Resources**

#### **NATIONAL DOMESTIC VIOLENCE HOTLINE**

**800.799.7233 | 800.787.3224 (TTY) | [www.thehotline.org](http://www.thehotline.org)**

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

#### **VICTIMCONNECT RESOURCE CENTER**

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

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

#### **LOVE IS RESPECT**

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

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



# APPENDIX E: DATA METHODOLOGY AND LIMITATIONS

## Types of Cases Reviewed

The Oklahoma statutory definition of domestic abuse found in 22 O.S. § 60.1. is “any act of physical harm, or the threat of imminent physical harm which is committed by an adult, emancipated minor, or minor child thirteen (13) years of age or older against another adult, emancipated minor or minor child who is currently or was previously an intimate partner or family or household member. The latter is further defined in statute as parents, including grandparents, stepparents, adoptive parents, and foster parents; children, including grandchildren, stepchildren, adopted children, and foster children; and persons otherwise related by blood or marriage living in the same household.

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

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

## Case Identification

The Review Board and Program Staff search multiple Oklahoma newspapers and their social media sites for homicide incidents which have occurred in the state and which appear or are known to have been related to domestic violence. A major source of cases that falls into this category is the *Tulsa World’s* Tulsa homicide case [database](https://tulsaworld.com/news/specialreports-databases/tulsa-homicide-case-database-1989-to-present/html_cd9f9c2e-2c52-11e3-aa7e-001a4bcf6878.html#tncms-source=login)<sup>67</sup>, which tracks all homicides in the Tulsa metropolitan area from 1989 to present.

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

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<sup>67</sup> [https://tulsaworld.com/news/specialreports-databases/tulsa-homicide-case-database-1989-to-present/html\\_cd9f9c2e-2c52-11e3-aa7e-001a4bcf6878.html#tncms-source=login](https://tulsaworld.com/news/specialreports-databases/tulsa-homicide-case-database-1989-to-present/html_cd9f9c2e-2c52-11e3-aa7e-001a4bcf6878.html#tncms-source=login)

search websites such as the [Gun Violence Archive](https://www.gunviolencearchive.org/)<sup>68</sup> and the [Gun Violence Memorial](https://gunmemorial.org/)<sup>69</sup> for Oklahoma gun deaths and use multiple sources, including some of those already listed, to evaluate if any of them are domestic violence-related.

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

## Case Review Process

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

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

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

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

## The Review Process

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

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

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<sup>68</sup> <https://www.gunviolencearchive.org/>

<sup>69</sup> <https://gunmemorial.org/>

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

## Data Collection, Validation, and Limitations

### Variables and Collection

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

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

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

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

### Validation

Variables are validated using three (3) sources whenever possible. This is due in large part to differing information on the numerous sources used by Program Staff to collect data. For example, when collecting variables related to race and ethnicity, the law enforcement report may indicate a victim is white and their death certificate and Child Welfare records show they are Native American. Program staff would code the victim as Native American in this case. In cases where there is no agreement among the sources on a specific variable and/or the information cannot be found at least two (2) sources, Program Staff will prioritize information reported to sources by the victim (i.e., victim reported in a mental health assessment they are Native American) and/or an immediate family member (i.e., the informant for the victim's death certificate is the victim's mother, who reported they were a Tribal member). Many master case list variables collected are cross validated by the Program Manager and the Research Analyst to ensure accuracy.

## **Limitations**

Since Program Staff relies primarily on media reports and online databases to identify potential domestic violence-related fatalities, there is no certainty that all deaths are captured. Additional domestic violence fatalities could be found among deaths ruled to be due to unintentional injuries, to injuries of undetermined intent, and suicide. In particular, deaths due to strangulation, suffocation, drug overdoses, and poisonings may not be ruled a homicide or reported as such by the media.<sup>70</sup>

As indicated, Program Staff encounter numerous barriers when collecting information to complete the master case list and Codebook variables. In addition to conflicting information across sources, Program Staff may be unable to find the pertinent information in the sources they gather or are not granted access to documents that may contain the information, despite the wide purview granted the DVFRB in 22 O.S. § 1601. In addition, some documents may be destroyed by agencies or organizations after a certain timeframe, making it difficult to collect certain information; for example, behavioral health records may be destroyed seven (7) years after a victim discharges from services (with a few exceptions). This is particularly applicable to Codebook variables due to the sheer number of variables coded.

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

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<sup>70</sup> For example, in Utah 33.1% of the IPV-related fatality victims from 2009-2016 were suicides. (Violence Injury & Prevention Program, 2005).

# APPENDIX F: REFERENCES

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