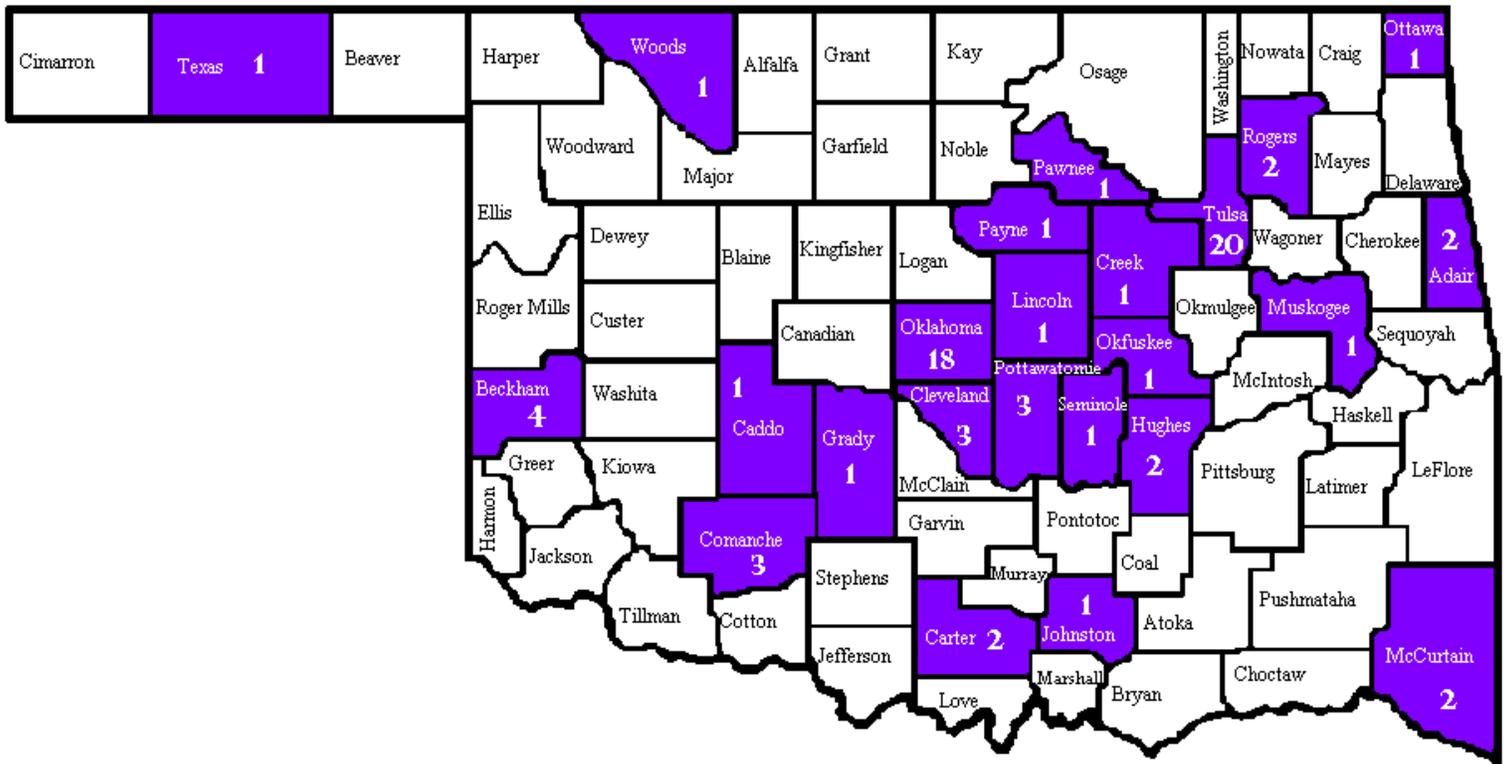


DOMESTIC VIOLENCE HOMICIDE IN OKLAHOMA



OKLAHOMA
DOMESTIC VIOLENCE FATALITY
REVIEW BOARD
ANNUAL REPORT
2008

ANNUAL REPORT

January 2008-December 2008

Inside this report:

Introduction	2
Collaboration with United States Attorneys' Offices	3
Collaboration with the Child Death Review Board	3
Oklahoma—Lethality Assessment Intervention	4
Findings from All Domestic Violence Homicides	5
Findings from Reviewed Cases	6
Necessary Actions to Improve System Response	9
Necessary Actions by Discipline	13
Board Activities	17

OKLAHOMA DOMESTIC VIOLENCE FATALITY REVIEW BOARD ANNUAL REPORT 2008

A MULTI-DISCIPLINARY ANALYSIS

It is the mission of the Oklahoma Domestic Violence Fatality Review Board (Board) to increase professional and public awareness of the dangers and warning signs of volatile domestic violence situations so future deaths can be prevented. The Board has reviewed a total of 305 cases since it began in 2001.

During 2008, the Board completed in-depth reviews of intimate partner domestic violence homicides and continued to educate others about what the Board has learned as a result

of case reviews. This report provides a summary of findings and presents Board recommendations from 2008.

Highlighted are the main activities of the Board this past year starting with two major collaborations. Additionally, common themes, missed opportunities and the danger warning signs or “red flags” recognized in many cases reviewed this past year are illustrated. Most importantly, the necessary systems’ actions to prevent further domestic violence homicides are also included.

Findings in Brief:

- 57% of victims and perpetrators were co-habiting.
- 51% of victims were killed by a current or former intimate partner.
- 32% of the reviewed cases had a child witness.
- 49% of perpetrators made death threats against their victim before the homicide.

Cover: The highlighted counties and numbers represent the 74 men, women and children who died as a result of domestic violence homicide in Oklahoma in 2008 that as of April 2009 the Oklahoma Domestic Violence Fatality Review Board are aware of.

COLLABORATION WITH UNITED STATES ATTORNEYS' OFFICES

Federal law prohibits any person who has been convicted of a misdemeanor domestic violence offense, a prior felony conviction or that has an active, qualifying protection order against them from possessing a firearm or ammunition [18 U.S.C. 922 (g)(8) and 18 U.S.C. 922(g)(9)]. It is also a felony to transfer a firearm to such an individual. In 2008, 46% (34/74) of domestic violence homicide victims in Oklahoma were killed with a firearm. Of the 305 cases reviewed by the DVFRB to date, perpetrators who were legally prohibited from possessing a firearm under federal law committed 23% of the 193 firearm deaths.

To gain more understanding of the enforcement of federal firearms laws intended to protect victims of domestic violence, selected board members attended a national conference in 2006 sponsored by the National Council of Juvenile and Family Court Judges, the National Center on Full Faith and Credit and Battered Women's Justice Project in partnership

with the Office on Violence Against Women, U.S. Department of Justice. Following the conference, board member Susan Damron Krug, representing the Office of Attorney General (OAG), contacted the three U.S. Attorney Districts in Oklahoma to collaborate on an effort to enhance enforcement of the federal legislation in Oklahoma. In spring 2008, the Northern District U.S. Attorney's Office, the OAG, and DVFRB staff launched a four-site collaborative training effort to help local entities navigate the federal legislation effectively. The trainings were open to local law enforcement, prosecutors, advocates and other interested members of the public. More than 77 participants attended the trainings across northeastern Oklahoma. Currently, the OAG and DVFRB staff are coordinating a similar effort with the Western District U.S. Attorney's Office.

COLLABORATION WITH CHILD DEATH REVIEW BOARD

For the past two years, the Child Death Review Board (CDRB) and the DVFRB have met jointly to look at the intersection of domestic violence and child maltreatment and more importantly, how the two boards could collaborate to address the issue. These meetings prompted the two boards to request legislation in spring 2008 that would allow them to hold joint reviews. The legislation passed, and the two boards held their first joint review on September 12, 2008; two additional meetings are planned for 2009.

The Oklahoma statutory definition of domestic violence includes violence against children related to the perpetrator. As a result, the DVFRB and the CDRB occasionally review the same case. As such, Board staff will identify common cases for an annual joint review session. Of particular interest to the boards are cases involving domestic violence between the parents as a factor in the child's death or cases involving a dating relationship between adolescents resulting in a fatality.

OKLAHOMA – LETHALITY ASSESSMENT INTERVENTION

As a result of Oklahoma's DVFRB data analysis and recommendations that all professionals responding to domestic violence utilize danger or lethality assessments, two board members, Janet Sullivan Wilson, PhD, RN, University of Oklahoma Health Sciences Center, College of Nursing and Sheryll Brown, MPH, Oklahoma State Department of Health, established a collaborative partnership with Jacqueline Campbell, PhD, RN, FAAN, Johns Hopkins University, Department of Nursing, and Jill Messing, PhD, MSW, Arizona State University, Department of Social Work and submitted a research grant to study the use of lethality assessments by law enforcement. The study was funded by the National Institute of Justice. Eight Oklahoma law enforcement agencies in Oklahoma agreed to participate in the study. The project began in September, 2008 and is expected to be completed by the end of 2010. The purpose of this quasi-experimental research study is to evaluate the effectiveness of a brief Lethality Assessment and intervention protocol implemented by police officers, and supported by social service providers, conducted at the scene of a domestic violence incident in

Oklahoma.

The research will:

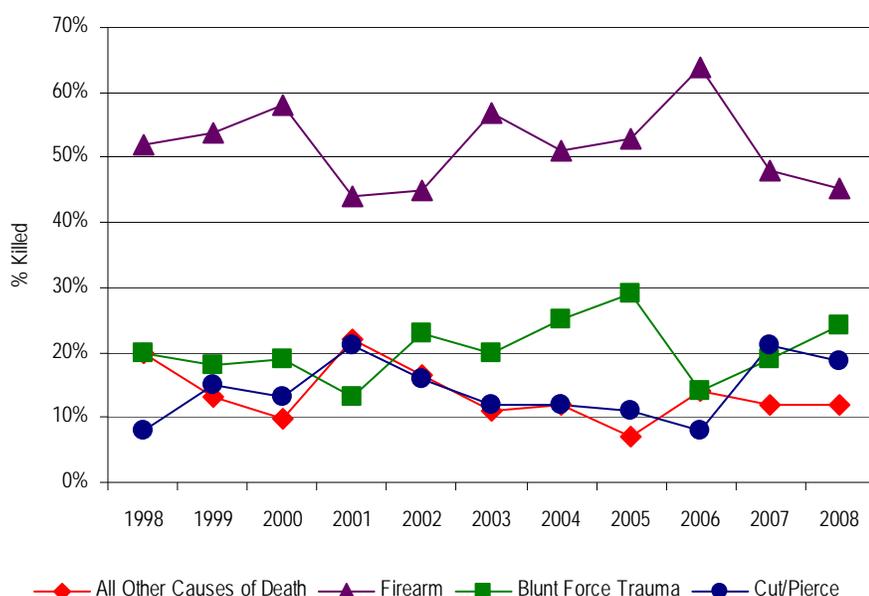
- 1) Determine the effectiveness of the brief Lethality Assessment Intervention (LAI) at decreasing the rates of repeat, lethal and near lethal violence, and increasing the rates of help seeking behaviors among victims of Intimate Partner Violence (IPV). Special attention will be paid to the interaction effects of race/ethnicity (especially Native American race/ethnicity), police jurisdiction, and arrest.
- 2) Determine the validity of the Lethality Assessment (LA), which is a shortened version of the Danger Assessment (DA)
- 3) Determine if the LAI was conducted as planned.
- 4) Assess victim satisfaction with the police response and the Lethality Assessment Intervention.

Study Sites for this research and participating police departments are: Broken Arrow, El Reno, Oklahoma City, Stillwater, Tulsa, and Tahlequah Police Departments, the Cherokee County Sheriff's Office, and the Cherokee Nation Marshal Service.

FINDINGS FROM ALL IDENTIFIED DOMESTIC VIOLENCE HOMICIDES

Over the past eleven years, the DVFRB has identified 876 homicides (average of 80 deaths per year) resulting from domestic violence that occurred in Oklahoma (cases tracked from 1998—2008). DVFRB staff tracks and compiles hard copy files for all identified cases. Case files are coded and data is entered into an electronic database that is used to conduct statistical analyses. The full board meets once a month to conduct extensive reviews on selected cases (approximately 9 cases per year). To date, case files have been compiled and partial data entry completed for all 876 victims. More extensive data elements were entered for the 305 cases that received full board review.

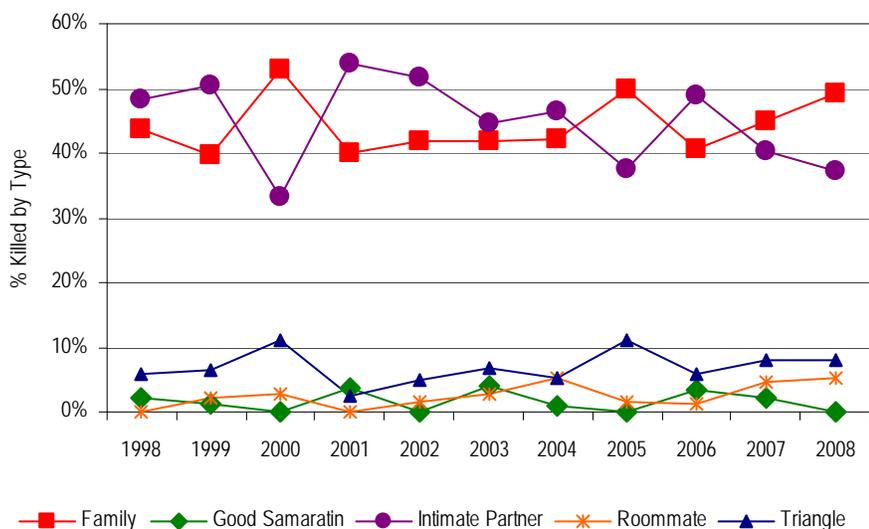
Figure 1. Victims' Cause of Death



Firearms were the leading method used to kill in domestic violence homicides (53%). Blunt force trauma was the second leading method used to kill (20%), followed by cutting/piercing (14%), strangulation (3%), asphyxiation (2%), undetermined (1%), and all other causes of death (7%). Figure 1 shows the causes of death for each year. Intimate partner (IP) homicides represented 45% of all of the homicides over the eleven year period the DVFRB has collected data. Family member homicides were the second largest group, representing 44% of all domestic violence homicides, followed by 7% for triangular homicides (i.e. a woman's ex-boyfriend kills her new boyfriend or vice versa). Roommates represented 2% of perpetrators and Good Samaritans (non-involved people who intervene in a domestic violence altercation on behalf of the victim) were victims in 2% of the domestic violence homicides identified by the DVFRB. Figure 2 shows the types of incidents for each year. Furthermore, 16% (139) of all homicides were the result of homicide-suicides, resulting in the deaths of 139 victims and 116 perpetrators.

Family member homicides were the second largest group, representing 44% of all domestic violence homicides, followed by 7% for triangular homicides (i.e. a woman's ex-boyfriend kills her new boyfriend or vice versa). Roommates represented 2% of perpetrators and Good Samaritans (non-involved people who intervene in a domestic violence altercation on behalf of the victim) were victims in 2% of the domestic violence homicides identified by the DVFRB. Figure 2 shows the types of incidents for each year. Furthermore, 16% (139) of all homicides were the result of homicide-suicides, resulting in the deaths of 139 victims and 116 perpetrators.

Figure 2. Type of DV Homicide Incident



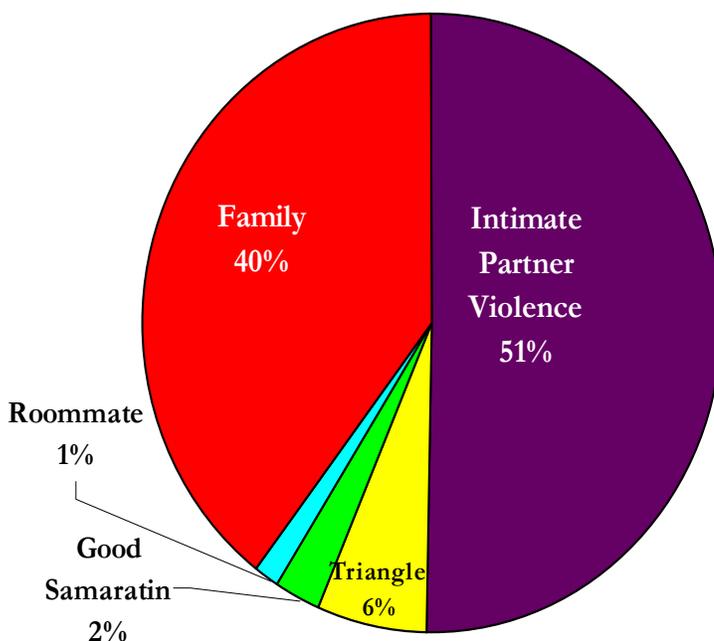
FINDINGS FROM REVIEWED DOMESTIC VIOLENCE HOMICIDES

As of January 2008, the DVFRB had conducted reviews on 305 domestic violence homicide incidents that occurred from 1998 to 2007. The 305 homicide incidents included 335 victims and 342 perpetrators. The findings reported below provide the basis for the Board’s annual recommendations. Table 1 provides demographic characteristics of the victims and perpetrators. The average age of victims was 33 years of age and the average age of perpetrators of domestic violence homicides was 37 years of age. The youngest victim was less than a day old; the eldest 91. The majority of victims were white (69%), followed by Black (21%) and Native American (10%). Five percent of victims were of Hispanic or Latino origin. The youngest perpetrator was 13 years of age; the eldest was 89 years of age. The majority of perpetrators were white (68%), followed by Black (22%) and Native American (9%). Four percent of perpetrators were of Hispanic or Latino origin. Overall, the majority of homicides were homogeneous; only 28 (9%) were interracial homicides.

	Victims				Perpetrators			
	Female (N=178)		Male (N=154)		Female (N=67)		Male (N=238)	
Age (average, in years)	34.2		32.2		37.0		37.3	
Race								
White	131	74%	99	64%	44	66%	164	69%
Black	32	18%	37	24%	15	22%	53	22%
American Indian	13	7%	18	12%	8	12%	19	8%
Asian	2	1%	0	0%	0	0%	2	1%
Of Hispanic or Latino Origin	8	4%	8	5%	3	4%	10	4%

Intimate partners were responsible for killing 51% of the victims in the reviewed cases (Figure 3). In 57% of the cases, the perpetrator and victim were cohabitating. The average relationship length between the victim and perpetrator was 15.2 years.

Figure 3. Domestic Violence Homicide by Type



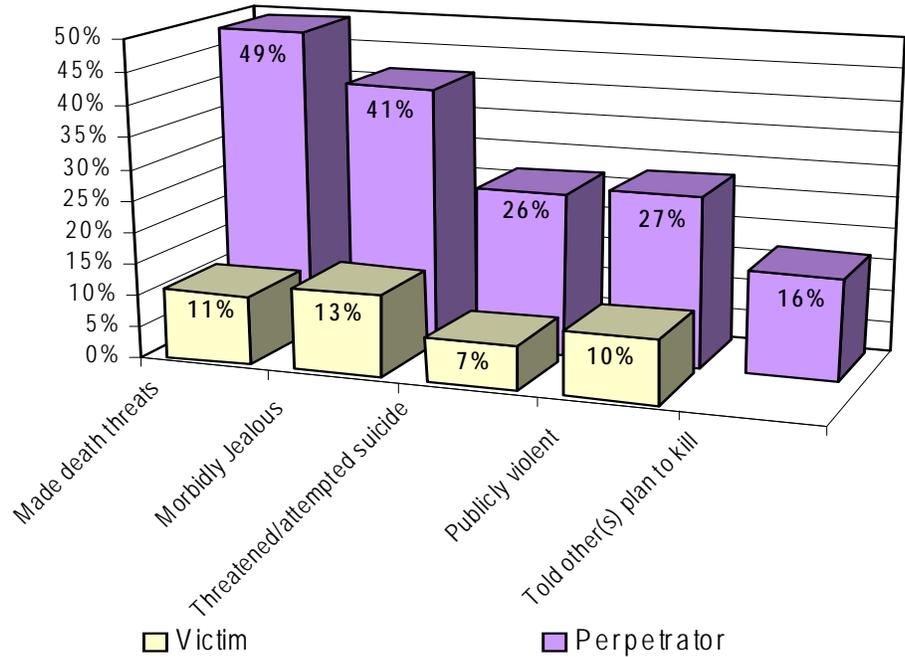
RED FLAGS

The DVFRB also tracks the “Red Flags” of lethality. Red Flags are specific factors that indicate a high degree of dangerousness and include, victim in the process of leaving the relationship, death threats, morbid jealousy (e.g., “If I can’t have you, no one can”), attempted or threatened suicide by the victim or perpetrator prior to the death event, and custody issues and/or stepchildren in the home. In 42% of the IP homicides the victim was in the process of leaving the perpetrator. In 49% of the IP cases the perpetrator had made death threats against the victim; the victim had made death threats against the perpetrator in 11% of the cases. Morbid jealousy was documented in the behavior and words of 41% of the perpetrators prior to the death event. Twenty-six percent of perpetrators of IP homicide had attempted or threatened suicide prior to the death event. In intimate partner homicides-suicide

FINDINGS FROM REVIEWED DOMESTIC VIOLENCE HOMICIDES

incidents, the percentage of perpetrators threatening or attempting suicide was 31%. In 28% of the homes where the intimate partners had children, there was evidence of physical child abuse. In 27% of intimate partner homicides the perpetrator had been violent toward the victim in a public setting where others witnessed the violence. Finally, in 16% of the intimate partner homicides the perpetrator told somebody besides the victim that they were going to kill the victim. Of the homicides committed by intimate partners, 38% of the victims had children with the perpetrator and in over a third of those cases (34%), custody was an issue between the victim and perpetrator. Forty-five percent of victims also had children with a former partner.

Figure 4. Lethality "Red Flags"



WITNESSES

There were witnesses in 57% of the cases reviewed. Adults witnessed the homicide in 45% of the incidents. The number of adult witnesses ranged from one to 18 in any of the cases. Children witnessed 32% of the slayings. In cases with child witnesses, the number of witnesses ranged from one to 30 children.

FIREARMS

Firearms were used in 57% of the reviewed homicides. The majority of all of the homicides occurred at the victim's residence (63%), most often in bedrooms (31%) or living rooms (23%).

PRIOR CONVICTIONS

Eighty-two percent of victims and 56% of perpetrators did not have a prior conviction record, while 76% of victims and 48% of perpetrators had never been arrested before. Of those with prior conviction records, the average number of convictions was 3 for victims; and 4 for perpetrators. Five percent of perpetrators had a prior conviction for a domestic violence offense.

FINDINGS FROM REVIEWED DOMESTIC VIOLENCE HOMICIDES

PROTECTIVE ORDERS & STALKING

Orders of Protection (PO) had been utilized in 19% of all reviewed cases, and 24% of IP reviewed cases. In 80% (20/25) of all of the cases where a protective order was active at the time of the homicide, the defendant had violated the PO prior to the homicide. The average number of violations was 3.1 violations per order. In 17% of intimate partner homicides the victims was stalked prior to the death event.

LAW ENFORCEMENT

Law enforcement had responded to previous domestic disturbances in 28% of all the cases and 36% of IP cases; the average number of responses was 2.5 documented responses per case. (This number is likely much higher since it only counts documented responses. If an officer responded, but did not complete a report, it is unaccounted for in this number.)

OTHERS AWARE OF DOMESTIC VIOLENCE

In 61% of all the reviewed cases, other people were aware that the violence was occurring. This rises to 77% in the intimate partner cases. In 58 (27%) cases, more than one person or entity was aware of the violence. Persons who knew prior to the homicide that domestic violence was occurring included family members (68%), friends (56%), and law enforcement (40%).

PROSECUTION

Charges were filed in 89% of the cases where the perpetrator did not commit suicide and convictions were attained in 87% of those cases. Eleven (5%) were acquitted of the charges (although they admitted to involvement in the events causing the death), four (2%) died before the completion of prosecution, in six (3%) cases the charges were dismissed, and three (1%) were found not guilty by reason of insanity. It took an average of one year and three months to complete each case from the date of death to conviction, with a range of 36 days to 8 years and 5 months.

CONVICTIONS

Of those convicted, 81% were sentenced to prison; 11% received a split prison and probation sentence; 2% received probation only; 5% were ordered into OJA custody; 1% was sentenced to county jail and 1% received only a fine. The average sentence was 21.6 years, not including those sentenced to life or life without parole or death. Sentences ranged from 8 months to 91 years. Forty-six were sentenced to life in prison; 42 were sentenced to life without parole; and six were sentenced to death.

ACTIONS NEEDED TO IMPROVE SYSTEM RESPONSE TO DOMESTIC VIOLENCE AND PREVENT HOMICIDE

The Board has realized throughout the reviews performed that there are reoccurring areas that warrant improvement in every system that play a critical role in victim safety. Additionally, the improvements fall into one of five areas. Much like an atlas will gets someone to their geographical destination, this ATLAS will guide service providers and lay people alike to a safer community and offer hope for victims of domestic violence to prevent deaths due to domestic violence. The five areas that constitute the plan for overall improvement of the system are:

- A – Awareness
- T – Training
- L – Legislation
- A – Assessment
- S – Safety

AWARENESS

Awareness consists not only of one being aware of the existence of domestic violence, but also being aware of the community resources available to victims of domestic violence. Too often in the cases the Board reviews are people aware of the ongoing violence, but they either do not provide referrals for victims, or are unaware of the opportunities for help that exist within the community. Further, the attitude that domestic violence is a private family matter still persists.

TRAINING

Many of the Board's recommendations encourage training for service providers. Training is vital to keep service providers and first responders abreast of the best practices in the field that support and encourage victim safety. It is also through training that awareness and attitude change are reinforced.

LEGISLATION

Though the Board would prefer to achieve long lasting change through collaboration and an understanding that changes need to be made to enhance victim safety for the greater good, sometimes that is not always an achievable goal without legislation. Many of the legislative changes recommended either require a training mandate for certain fields or financial support for endeavors that promote victim safety. One of the main legislative changes the board perceives as vital is the implementation of prevention programs such as a healthy relationship curriculum for our youth. If Oklahoma does not try to tackle domestic violence from the front end at a prevention level, service providers, first responders, family members and friends will forever be picking up the pieces of the damage left behind by domestic violence.

ASSESSMENT

Assessment goes hand-in-hand with Awareness, Training and Safety. Without assessment of victims and perpetrators referrals cannot be made, safety cannot be enhanced and all the education provided will not help those who try and assist victims and perpetrators. Assessment is vital for helping a victim achieve safety, as well as for holding perpetrators accountable. From the reviews completed by the Board, it is apparent that victims are seeking services in many venues. However, they often do not present themselves as "victims of domestic violence." Often times, they do not acknowledge or label themselves to be experiencing domestic violence. It is only through asking the appropriate questions in the appropriate, safe setting that service

ACTIONS NEEDED TO IMPROVE SYSTEM RESPONSE TO DOMESTIC VIOLENCE AND PREVENT

providers can raise the victim's awareness of their situation and begin the process of helping the victim achieve personal safety. This assessment process needs to be completed on an ongoing basis by all service providers. Once the assessments are in place, they can become commonplace and normalized, relieving the "nosy" and/or uncomfortable feeling many service providers feel when inquiring about domestic violence of their clients and patients.

SAFETY

Safety is the ultimate goal for victims. Unfortunately, that is not an easy task. It is up to each victim to determine their own definition of safety, whether that be to separate from their abuser or to end the ongoing violence within the home. To achieve such safety will take a concerted effort from all those who come in contact with the victim. *Ultimately, the only person who can stop the violence is the perpetrator of the violence.* A victim cannot stop the abuse. Many of the safety measures the board supports involve the use of safety plans for victims and their families, holding batterers accountable for their behavior and improving orders of protection and their enforcement.

A – AWARENESS

- *All Systems:* Continue to find ways of getting the SAFELINE number, 1-800-522-SAFE, out to the public. The SAFELINE number is a 24-hour hotline answered by crisis intervention specialists trained in domestic violence, sexual assault and stalking issues.
- *Courts:* Make judges aware of bench cards for use in Protective Order cases. (example: http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_issuing.pdf and http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_enforce.pdf)
- *Courts:* Make domestic violence related information such as the SAFELINE number and local domestic violence assistance available for petitioners filing a protective order application.
- *Domestic Violence Advocates:* Provide public awareness of resources available (such as SAFELINE number) for those who witness when domestic violence, but are unsure who to report to or how to help victim.
- *Domestic Violence Advocates:* Provide public awareness possibly through a Public Service Announcement targeting friends and family of domestic violence victims on the red flag indicators used in danger assessments and how that translates into danger/lethality for the victim.
- *Domestic Violence Advocates:* Educate public to break the "code of silence" and report incidents of domestic violence they witness.
- *Domestic Violence Advocates:* Increase public awareness on stalking.
- *Domestic Violence Advocates:* Increase awareness of domestic violence and how employers can support employees who are victims of domestic violence in the workplace.
- *Domestic Violence Advocates:* Reach out to faith community to educate on history of violence of a perpetrator and when it is safe and appropriate to offer shelter, help, etc.
- *Health Care:* All health care providers should be familiar with current domestic violence reporting laws. 22 Okl.St. Ann. § 58. (<http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=442192>)

T – TRAINING

- *All Systems:* All disciplines need to understand risks and safety planning.
- *Courts:* Train judges on how to utilize bench cards when handling cases requesting orders of protection so the bench card can assist them in recognizing red flag indicators and potential danger when domestic violence is involved in the case.
- *DHS:* Continue to improve capacity of DHS workers to assess danger to children and other clients by including domestic violence screening and response in the operational procedures.

ACTIONS NEEDED TO IMPROVE SYSTEM RESPONSE TO DOMESTIC VIOLENCE AND PREVENT HOMICIDE

- ♦ *DVFRB*: Develop best practice suggestions in conjunction with the Press Association for journalists who are reporting on domestic violence.
- ♦ *Department of Corrections*: Train Parole and Probation (P&P) officers on usage of danger assessment instruments and protocols to assess referral needs to services for perpetrators and their victims. Educate P&P officers of appropriate referral options available in their area.
- ♦ *District Attorney*: Implement evidence-based prosecution to overcome a victim being uncooperative or wanting to drop charges against perpetrator. Seek law enforcement cooperation in collecting, preserving, and organizing evidence for use in domestic violence cases.
- ♦ *Domestic Violence Advocates*: Develop targeted outreach programs to reach those victims who have no contact with a system, especially in rural areas:
 - ♦ Targeting natural listeners such as hair stylists nail technicians, bartenders, and convenience store workers.
 - ♦ Targeting undocumented immigrant women.
- ♦ *Health Care*: Encourage the creation of protocols and documentations tools by professional associations such as Oklahoma Nurses Association, Oklahoma Osteopathic Association, Oklahoma State Medical Association, Licensed Practicing Counselors, Oklahoma Psychological Association, and Oklahoma Association of Social Workers as well as training for health care providers.
- ♦ *Health Care*: Support the creation of a coordinated curriculum for violence and abuse training throughout medical schools, nursing schools, and other professional training programs.
- ♦ *Law Enforcement*: First responders and dispatchers should be trained to be aware of the signs of escalation in domestic violence situations.
- ♦ *Law Enforcement*: Develop the capacity to perform danger assessment on all domestic violence calls with attention paid to weapon accessibility or the presence of weapons in the home.
- ♦ *Law Enforcement*: Document in report when a SAFELINE card is given out.
- ♦ *Law Enforcement*: Train on how to utilize all resources available in homicide investigations including OSBI, for their investigative and technical expertise.
- ♦ *Legal*: Include training/education on representing adult and child victims of family violence to target all attorneys who work in divorce, family, and juvenile law in law school and require continuing legal education.
- ♦ *Mental Health Providers*: Continue to strengthen integrative services through training on screening for domestic violence at all entry points into the system.

L – LEGISLATION

- ♦ *All Systems*: All systems should support prevention efforts (i.e., healthy relationships in the schools).
- ♦ *Courts*: Title 22 needs to be amended to mirror the Title 21 stalking definition and added into the model order of protection.
- ♦ *Courts*: Mandate continuing domestic violence training for all judges.
- ♦ *Department of Corrections*: The Legislature should add the Department of Corrections Administrator of Probation and Parole to the membership of the DVFRB.
- ♦ *DVFRB*: Support full funding for the DVFRB and its activities.
- ♦ *Domestic Violence Advocates*: Seek to expand services available to victims in a variety of geographical locations.
- ♦ *Education*: Mandate Healthy Relationship curriculum in schools.
- ♦ *Health Care*: Mandate domestic violence recognition and reporting training for all emergency technicians and health care providers.
- ♦ *Health Care*: Support legislation requiring DV training for maintenance of an Oklahoma medical license.
- ♦ *Law Enforcement*: Support funding for VINE Protective Order.

ACTIONS NEEDED TO IMPROVE SYSTEM RESPONSE TO DOMESTIC VIOLENCE AND PREVENT HOMICIDE

A – ASSESSMENT

- ♦ *All Systems:* Support interprofessional pilot studies utilizing a danger assessment tool.
- ♦ *Courts:* Danger assessment should be performed before ordering the conditions of bail and in situations where potential danger to victim may be present with no contact order as a condition of bail.
- ♦ *Department of Corrections:* Screen/Assess prison inmates at intake for domestic violence history and again at release to assess for continuing threat of domestic violence to current or former partners and make appropriate referrals.
- ♦ *Department of Corrections:* Screen/assess offenders sentenced to probation at the time they report to their probation and parole officer for domestic violence history and danger assessment. Assessments should be repeated/updated periodically. Include victim and/or current partner in assessment process. Make appropriate referrals.
- ♦ *District Attorney:* Use of danger assessment in cases involving intimate partner violence.
- ♦ *Health Care:* Must assess for homicidal as well as suicidal indicators for both perpetrators and victims.
- ♦ *Health Care:* All health care providers should assess patients for domestic violence. A positive screen for domestic violence should trigger assessment for the level of danger and risk to the patient in order to provide appropriate referrals and/or interventions therefore reducing the risk to patient and increasing the patient's safety. Screening should include all patients with special attention paid to women, children, persons with disabilities, and elders. Documenting findings in the patient's record is also essential in the assessment process to help other providers if they have contact with victim.
- ♦ *Law Enforcement:* Law enforcement assessments of victims need to include a referral to an advocate to make sure victims of domestic violence receive follow up contact.
- ♦ *Mental Health Providers:* Implement standardized assessment for violence including domestic violence of both perpetrator and victim and provide appropriate referral and care.

S – SAFETY

- ♦ *All Systems:* Encourage all employers (within system, outside of system, private & public) to develop policies to address domestic violence in the workplace.
- ♦ *Department of Corrections:* Develop and implement a mechanism by which probation and parole officers are notified when an offender under their supervision has a protection order issued against him/her. Ex. Ideally, something like adding a check box on PO application that would then trigger a mechanism within the VINE VPO system.
- ♦ *District Attorney:* Explore including other offenses under domestic violence umbrella so if victim does not want to prosecute options are still available. For example, if the suspect is ultimately charged with A&B with a dangerous weapon stemming from a domestic assault, victims still need to be provided with domestic violence service options even though it was not prosecuted as a "domestic A&B".
- ♦ *DVFRB:* Create a task force to develop a system response for ensuring children on scene who witness or survive domestic violence homicides receive appropriate services.
- ♦ *Domestic Violence Advocates:* Ensure victims have a safety plan for when batterers are served a protective order.
- ♦ *Domestic Violence Advocates:* Include children in any safety plans.
- ♦ *Health Care:* Conduct safety planning and make referrals for patients who screen positive for domestic violence.

NECESSARY ACTIONS & ACCOMPLISHMENTS BY DISCIPLINE

OKLAHOMA DOMESTIC VIOLENCE FATALITY REVIEW BOARD

Continuing efforts by the Board

Board members continue to research and educate law enforcement and others about firearm access and the enforcement of state and federal firearm laws by joint training with the U.S. Attorney offices and the Office of Attorney General.

Necessary Actions:

- ♦ Develop best practice suggestions in conjunction with the Press Association for journalists who are reporting on domestic violence.
- ♦ Support full funding for the DVFRB and its activities.
- ♦ Create a task force to develop a system response for ensuring children on scene who witness or survive domestic violence homicides receive appropriate services.

ALL SYSTEMS

Necessary Actions:

- ♦ Continue to find ways of getting the SAFELINE number, 1-800-522-SAFE, out to the public. The SAFELINE number is a 24-hour hotline answered by crisis intervention specialists trained in domestic violence, sexual assault and stalking issues. All disciplines need to understand risks and safety planning.
- ♦ All systems should support prevention efforts (i.e., healthy relationships in the schools).
- ♦ Support interprofessional pilot studies utilizing a danger assessment tool.
- ♦ Encourage all employers (within system, outside of system, private & public) to develop policies to address domestic violence in the workplace.

DEPARTMENT OF CORRECTIONS

Necessary Action:

- ♦ Train Parole and Probation (P&P) officers on usage of danger assessment instruments and protocols to assess referral needs to services for perpetrators and their victims. Educate P&P officers of appropriate referral options available in their area.
- ♦ The Legislature should add the Department of Corrections Administrator of Probation and Parole to the membership of the DVFRB.
- ♦ Screen/Assess prison inmates at intake for domestic violence history and again at release to assess for continuing threat of domestic violence to current or former partners and make appropriate referrals.
- ♦ Screen/assess offenders sentenced to probation at the time they report to their probation and parole officer for domestic violence history and danger assessment. Assessments should be repeated/updated periodically. Include victim and/or current partner in assessment process. Make appropriate referrals.
- ♦ Develop and implement a mechanism by which P&P officers are notified when an offender under their supervision has a protection order issued against him/her. (Ex. an interface for P&P with the VINE VPO system.)

NECESSARY ACTIONS & ACCOMPLISHMENTS BY DISCIPLINE

COURTS

Necessary Actions:

- ♦ Make judges aware of bench cards for use in Protective Order cases. (example: http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_issuing.pdf and http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_enforce.pdf)
- ♦ Make domestic violence related information such as the SAFELINE number and local domestic violence assistance available for petitioners filing a protective order application.
- ♦ Train judges on how to utilize bench cards when handling cases requesting orders of protection so the bench card can assist them in recognizing red flag indicators and potential danger when domestic violence is involved in the case.
- ♦ Title 22 needs to be amended to mirror the Title 21 stalking definition and added into the model order of protection.
- ♦ Mandate continuing domestic violence training for all judges.
- ♦ Danger assessment should be performed before ordering the conditions of bail and in situations where potential danger to victim may be present with no contact order as a condition of bail.

DOMESTIC VIOLENCE VICTIM ADVOCATES

Accomplished

OCADVSA purchased the Wal-Mart Safeline posters and distributed them to the District Attorneys to put in each county courthouse during Domestic Violence Awareness Month in October.

Necessary Actions:

- ♦ Provide public awareness of resources available (such as SAFELINE number) for those who witness when domestic violence, but are unsure who to report to or how to help victim.
- ♦ Provide public awareness possibly through a PSA targeting friends and family of domestic violence victims on the red flag indicators used in danger assessments and how that translates into danger/lethality for the victim.
- ♦ Educate public to break the “code of silence” and report incidents of domestic violence they witness.
- ♦ Increase public awareness on stalking.
- ♦ Increase awareness of domestic violence and how employers can support employees who are victims of domestic violence in the workplace.
- ♦ Reach out to faith community to educate on history of violence of a perpetrator and when it is safe and appropriate to offer shelter, help, etc.
- ♦ Develop targeted outreach programs to reach those victims who have no contact with a system, especially in rural areas:
 - ♦ Targeting natural listeners such as hair stylists nail technicians, bartenders, and convenience store workers.
 - ♦ Targeting undocumented immigrant women.
- ♦ Seek to expand services available to victims in a variety of geographical locations.
- ♦ Ensure victims have a safety plan for when batterers are served a protective order.
- ♦ Include children in any safety plans.

NECESSARY ACTIONS & ACCOMPLISHMENTS BY DISCIPLINE

HUMAN & SOCIAL SERVICE PROVIDERS

Necessary Actions:

- ♦ Continue to improve capacity of DHS workers to assess danger to children and other clients by including domestic violence screening and response in operational procedures.

HEALTH CARE

Necessary Actions:

- ♦ All health care providers should be familiar with current domestic violence reporting laws. 22 Okl.St. Ann. § 58 (<http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=442192>)
- ♦ Encourage the creation of protocols and documentations tools by professional associations such as Oklahoma Nurses Association, Oklahoma Osteopathic Association, Oklahoma State Medical Association, Licensed Practicing Counselors, Oklahoma Psychological Association, and Oklahoma Association of Social Workers as well as training for health care providers.
- ♦ Support the creation of a coordinated curriculum for violence and abuse training throughout medical schools, nursing schools, and other professional training programs.
- ♦ Mandate domestic violence recognition and reporting training for all emergency technicians and health care providers.
- ♦ Support legislation requiring DV training for maintenance of an Oklahoma medical license.
- ♦ Must assess for homicidal as well as suicidal indicators for both perpetrators and victims.
- ♦ All health care providers should assess patients for domestic violence. A positive screen for domestic violence should trigger assessment for the level of danger and risk to the patient in order to provide appropriate referrals and/or interventions therefore reducing the risk to patient and increasing the patient's safety. Screening should include all patients with special attention paid to women, children, persons with disabilities, and elders. Documenting findings in the patient's record is also essential in the assessment process to help other providers if they have contact with victim.
- ♦ Conduct safety planning and make referrals for patients who screen positive for domestic violence.

LEGAL

Accomplished

Safe Visitation Bill (HB 1739) making safety a consideration when domestic violence is involved in a custody case was passed during the 2009 Legislative session.

Necessary Actions:

- ♦ Include training/education on representing adult and child victims of family violence to target all attorneys who work in divorce, family, and juvenile law in law school and require continuing legal education.

EDUCATION

Necessary Action:

- ♦ Mandate Healthy Relationship curriculum in schools.

NECESSARY ACTIONS & ACCOMPLISHMENTS BY DISCIPLINE

LAW ENFORCEMENT

Necessary Actions:

- ♦ First responders and dispatchers should be trained to be aware of the signs of escalation in domestic violence situations.
- ♦ Develop the capacity to perform danger assessment on all domestic violence calls with attention paid to weapon accessibility or the presence of weapons in the home.
- ♦ Document in report when a SAFELINE card is given out.
- ♦ Train on how to utilize all resources available in homicide investigations including OSBI, for their investigative and technical expertise.
- ♦ Support funding for VINE Protective Order.
- ♦ Law enforcement assessments of victims need to include a referral to an advocate to make sure victims of domestic violence receive follow up contact.

DISTRICT ATTORNEYS

Accomplished

- ♦ DAC has created a position which provides evidence based prosecution and domestic violence 101 training for all District Attorneys and Assistant District Attorneys who prosecute domestic violence related cases.
- ♦ OCADVSA purchased the Wal-Mart Safeline posters and distributed them to the District Attorneys to put in each county courthouse during Domestic Violence Awareness Month in October.

Necessary Actions:

- ♦ Implement evidence based prosecution to overcome a victim being uncooperative or wanting to drop charges against perpetrator. Seek law enforcement cooperation in collecting, preserving, and organizing evidence for use in domestic violence cases.
- ♦ Use of danger assessment in cases involving intimate partner violence.
- ♦ Explore including other offenses under domestic violence umbrella so if victim does not want to prosecute options are still available. For example, if the suspect is ultimately charged with A&B with a dangerous weapon stemming from a domestic assault, victims still need to be provided with domestic violence service options even though it was not prosecuted as a “domestic A&B”.

MENTAL HEALTH & SUBSTANCE ABUSE PROVIDERS

Necessary Actions:

- ♦ Continue to strengthen integrative services through training on screening for domestic violence at all entry points into the system.
- ♦ Implement standardized assessment for violence including domestic violence of both perpetrator and victim and provide appropriate referral and care.

BOARD ACTIVITIES 2008

Board members were very active in 2008 presenting information and recommendations from the DVFRB.

PRESENTATIONS/TRAINING

- The DVFRB partnered with the Northern District U.S. Attorney's Office and the Oklahoma Office of Attorney General to conduct four trainings on the federal firearm restrictions. Board members Susan Krug and Tamatha Mosier and staff member Brandi Woods-Littlejohn participated in these trainings.
- Marcia Smith uses DVFRB data, and cites the DVFRB as the source, in all domestic violence presentations across the state.
- Marcia Smith has described the purpose and structure of the DVFRB as a best practice and provided the website URL for students in presentations conducted at the University of Central Oklahoma.
- Board members Gail Stricklin, Susan Krug, and Tamatha Mosier and staff member Brandi Woods-Littlejohn participated in Oklahoma Bar Association webinars focusing on domestic violence and providing legal services to victims of domestic violence in May 2008.
- Board members Gail Stricklin, Susan Krug, and Tamatha Mosier and staff member Brandi Woods-Littlejohn participated in Legal Aid seminar focusing on domestic violence and providing legal services to victims of domestic violence.
- Janet Wilson presented *Lest Death Do Us Part: A Mock Review of Child Maltreatment and Domestic Violence Fatalities* (with OUHSC Child Abuse & Neglect faculty, Barbara Bonner, PhD; Susan Schmidt, PhD, and Trisha Gardner, JD), XVIIth International Society for the Prevention of Child Abuse and Neglect (ISPCAN) International Congress, Hong Kong, China, Sept 7-10, 2008.
- Janet Wilson presented *Kill My Family, Kill Myself*, at the Forensics in Oklahoma: a Multidisciplinary Approach conference, sponsored by St. Francis Hospital & Tulsa Police Department, Tulsa, Oklahoma, June 14, 2008.
- Staff member Brandi Woods-Littlejohn presented on the DVFRB in five classes for the Crime Victim and Survivor Services division at Oklahoma State University-Oklahoma City.

OTHER ACTIVITIES

- Martina Jelley participated in the development and implementation of the "Screen to Save" educational program for DV training for health care professionals and gave the first presentation at the Tulsa County Medical Society in October.
- Martina Jelley also continued teaching about caring for victims of violence and abuse in the 4th year medical school ambulatory medicine course at the University of Oklahoma, School of Community Medicine.
- The OSDH Injury Prevention Service (IPS) provides funding to support dating and sexual violence prevention programs in schools through the Oklahoma Rape Prevention and Education grant. A fulltime prevention educator in three Oklahoma communities is funded, and soon a fourth community will be added, to conduct comprehensive sexual violence prevention programs. All three programs include the promotion of healthy relationships and dating violence prevention in school curricula and activities. Additionally, the RPE program is distributing promotional materials on Safe Dates and Olweus Bullying Prevention from Hazelden Publishing to all school districts in Oklahoma.

BOARD ACTIVITIES 2008

- The IPS made an inquiry to all County Health Departments (CHD) to determine if they needed resources to address domestic violence in their health department clinics. The IPS distributed Family Violence Prevention posters appropriate for the patient/health provider setting to CHDs that requested them. Both in English and Spanish posters were distributed. The IPS also distributed brochures, Safeline cards, and shoe cards with help information to the CHDs.
- The IPS meets quarterly with the OSDH Maternal and Child Health Division to collaborate on cross-cutting health issues. One issue that MCH and IPS have begun collaboration on is teen dating violence prevention. MCH and IPS will work together to create a webpage on the OSDH website.
- The OSDH is collaborating with the OUHSC, Arizona State University, and John Hopkins on a community-based research project to evaluate Police Department's use of a brief Lethality Assessment intervention at the scene of a domestic violence incident.
- The Office of Attorney General seeks VAWA funds and provides dedicated staff to coordinate an annual Partnership Conference focused on domestic violence, sexual violence and stalking every year. Board entities that are partners for this conference include the District Attorneys Council, Oklahoma Coalition Against Domestic Violence and Sexual Assault, Oklahoma State Department of Health, and the Oklahoma Criminal Justice Resource Center/Oklahoma Domestic Violence Fatality Review Board.
- The Office of Attorney General partnered with Wal-Mart to promote a statewide poster campaign making the SAFELINE number available in all Wal-Mart ladies restrooms and dressing rooms.
- Jeff Smith, District Attorney for LeFlore and Latimer counties, has made it office policy to encourage victims of domestic violence to follow through on complaints and works with victims to discourage the “have them arrested on Friday and come to the courthouse to get them released on Monday” mentality that is often based on a victim’s fear of the perpetrator.
- Jeff Smith and his Victim Witness personnel have been present at every Victims Day at the Capitol to honor and represent the victims of District 16. He further participates in the Silent Witness observance at the courthouse in Poteau by reading the names of LeFlore County Domestic Violence homicide victims.
- Jeff Smith continues to make personal appearances before the Parole Board, when appropriate, to protest the release of violent offenders.
- The Oklahoma Coalition Against Domestic Violence and Sexual Assault has published and is distributing its “Friends and Family” series of documents, including information for families of victims with disabilities.
- As a result of DVFRB data analysis and a lethality assessment subcommittee created by the DVFRB, Janet Wilson and Sheryll Brown sought the *Police Use of Lethality Assessments During Domestic Violence Calls: An Experimental Evaluation Grant*, sponsored by National Institute of Justice, in partnership with Dr. Jacquelyn Campbell, Johns Hopkins University, Dr. Jill Messing, Arizona State University.

2008 DOMESTIC VIOLENCE FATALITY REVIEW BOARD MEMBERS

<u>Office Represented</u>	<u>Member</u>	<u>Designee</u>
<i>Listed Directly In Statute</i>		
Chief Medical Examiner	Eric Duvall, D.O.	Eddie Johnson
Commissioner of the Department of Mental Health & Substance Abuse Services	Terri White, M.S.W.	Julie Young
State Commissioner of Health	James Crutcher, MD, MPH, FACPM	Sue Vaughan Settles, L.S. W. (Chair, 7/07 -7/08)
Director of the Criminal Justice Resource Center	Christopher Hill, Director	Patricia Damron
Chief of Injury Prevention Service, OSDH	Shelli Stephens-Stidham, MPA, Chief	Carol Furr, J.D.
Oklahoma State Bureau of Investigation Director	DeWade Langley, Director	Sheryll Brown, MPH
		Jon Loffi, Division Director
		Stan Florence (designee)
		Beth Green (designee)
Office of the Attorney General	Designee of the Victim Services Unit	Susan Krug, AAG (Co-Chair, Chair)
		Tamatha Mosier (designee)
		Margaret Goldman (designee)
Oklahoma Department of Human Services	Howard H. Hendrick, Director	Esther Rider-Salem, MSW
		Afton Wagner (designee)
<i>Appointed by the Attorney General of Oklahoma for two-year terms</i>		
Oklahoma Sheriffs Association	County Sheriff	Don Hewett, Sheriff
Oklahoma Association of Chiefs of Police	Chief of Police	W. Don Sweger, Chief
Oklahoma Bar Association	Private Attorney	G. Gail Stricklin, J.D.
District Attorneys Council	District Attorney	Jeff Smith, District 16 (Co-Chair 7/08-present)
		Margaret Nicholson (designee)
Oklahoma State Medical Association	Physician	Martina Jelley, M.D.
Oklahoma Osteopathic Association	Physician	Michell Cohn, D.O.
Oklahoma Nurses Association	Nurse	Janet Wilson, Ph.D., RN
Oklahoma Supreme Court	District Judge	Mark Campbell, J.D.
Oklahoma Coalition Against Domestic Violence & Sexual Assault	Domestic Violence Survivor	Melissa Lockhart
	Citizen	Marcia Smith, OCADVSA Director
		Tim Gray, J.D., M.A., C.D.S.V.R.P. (designee)

**OKLAHOMA DOMESTIC VIOLENCE FATALITY
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Available on the Web!
www.oag.ok.gov

Please go to <http://www.oag.ok.gov> to review:

- This report
- Enabling Legislation
- The DVFRB Mission, Purpose and Definitions
- Methods and Limitations of data collection and data
- History of the Board

Publication prepared by the Oklahoma Criminal Justice
Resource Center on behalf of the Oklahoma Domestic
Violence Fatality Review Board, 2008.

Written by: Brandi Woods-Littlejohn, MCJ, Project Director
Sheryll Brown, MPH
Janet Wilson, PhD, RN

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

Safeline – 1-800-522-SAFE (7233)

If you need general information about Domestic Violence, please call:
Oklahoma Coalition Against Domestic Violence and Sexual Assault – (405) 524-0700
The Office of the Attorney General, Victim Services Unit – (405) 521-3921

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

If you are in an emergency situation please dial 911 immediately.

ACKNOWLEDGEMENTS

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- Oklahoma State Bureau of Investigation
- Office of the Chief Medical Examiner
- Oklahoma Department of Human Services

- Oklahoma State Department of Health
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