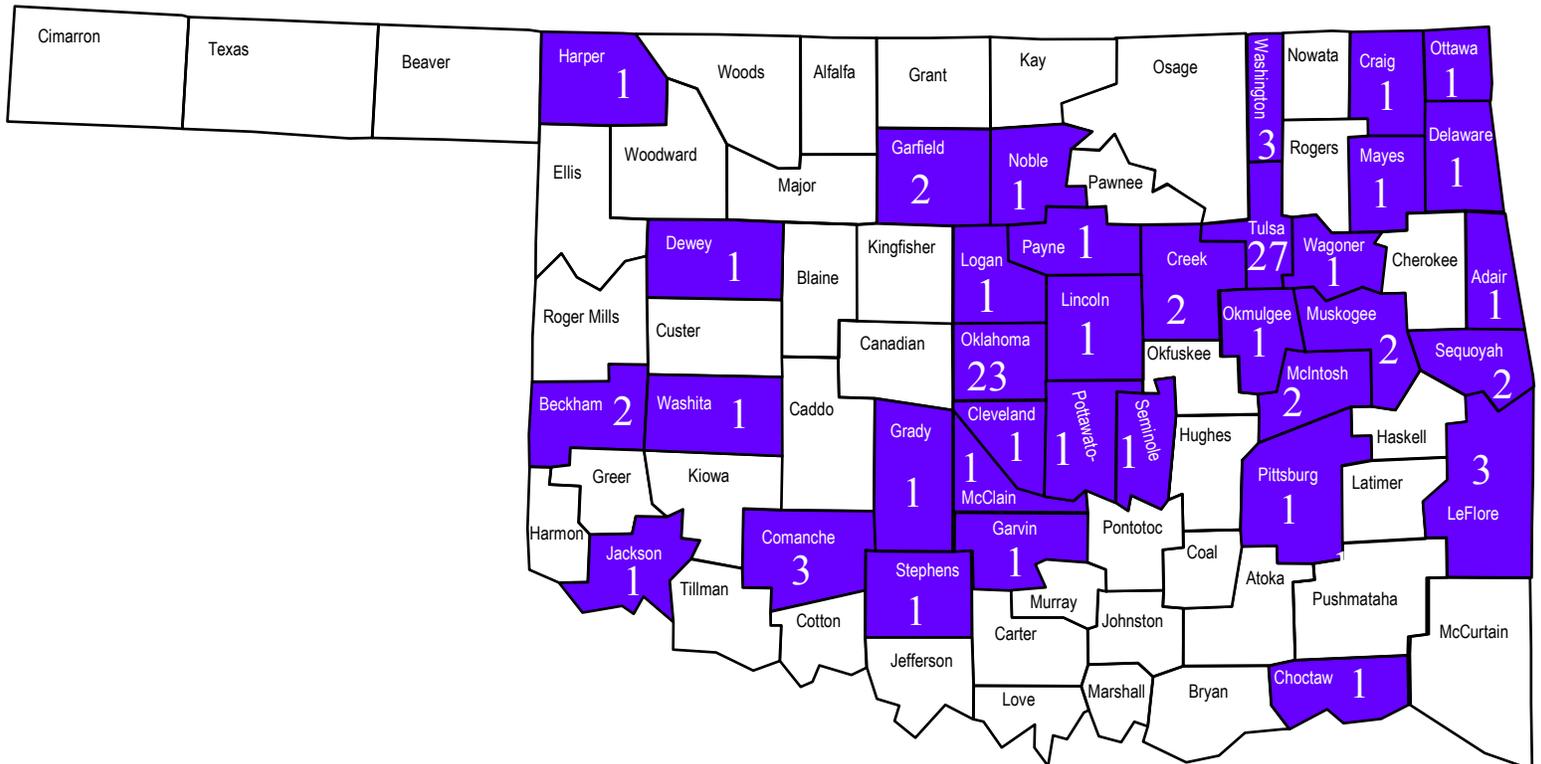


DOMESTIC VIOLENCE

HOMICIDE IN OKLAHOMA

A Report of the Oklahoma Domestic Violence
Fatality Review Board



An Analysis of 2016 Domestic
Violence Homicides
Report Year 2017

Oklahoma Domestic Violence Fatality Review Board

Introduction

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The Oklahoma Domestic Violence Fatality Review Board (“Review Board”) presents the 2017 edition of the statewide publication, *Domestic Violence Homicide in Oklahoma: An Analysis of 2016 Domestic Violence Homicides*. The report contains findings and recommendations assembled from case reviews of domestic violence-related homicides to assist systems in their efforts to strategically address domestic violence in Oklahoma.

The data contained in this report plays a vital role in the continuum of safety in our state and serves to inform the broader coordinated community response. However, while data provides us with an overarching understanding of where we have been, where we are now, and where we intend to go, numbers alone do not consider the human cost and the staggering impact to families and communities. The loss of even one life can never be quantified. We recognize that every life lost offers an opportunity for lessons to be learned. Fatality review allows us to honor the lives of victims and survivors while at the same time identifying challenges and strengths in the community response and to ask ourselves how we can close the gaps and strengthen the safety net to make our communities safer for families.

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

This report is presented in memory of victims who have lost their lives and for their families who have suffered immeasurable loss.

Thank you,

Oklahoma Domestic Violence Fatality Review Board

Cover: *The highlighted counties/numbers on the front page represent the 95 victims (men, women, and children) identified by the Oklahoma Domestic Violence Fatality Review Board who died as a result of domestic violence in Oklahoma in 2016).*

Oklahoma Domestic Violence Fatality Review Board

Board Members

Eric Pfeifer, M.D. Marc Harrison, M.D. (<i>Designee</i>)	Chief Medical Examiner
Terri White, M.S.W Pamela Toohey (<i>Designee</i>) Gwendolyn Downing (<i>Designee</i>)	Commissioner of the Department of Mental Health and Substance Abuse Services
Terry Cline, Ph.D Maria Alexander (<i>Designee</i>)	State Commissioner of Health
Sheryll Brown, M.P.H. Director Pam Archer, M.P.H., Director Brandi Woods-Littlejohn (<i>Designee/Chair</i>)	Chief, Injury Prevention Services of the State Department of Health
Stan Florence, Director Beth Green (<i>Designee/Co-Chair</i>)	Oklahoma State Bureau of Investigation
Lesley Smith March, AAG, Chief, Victim Services	Office of the Attorney General
Ed Lake, M.S.W., Director Kristie Anderson (<i>Designee</i>)	Department of Human Services
T. Keith Wilson, JD Donna Glandon, JD (<i>Designee</i>)	Office of Juvenile Affairs
Mike Booth, Sheriff Kenneth Vanduser (<i>Designee</i>)	Oklahoma Sheriffs Association
W. Don Sweger, Chief	Oklahoma Association of Chiefs of Police
Karen Mueller, JD	Oklahoma Bar Association
Jeff Smith, DA, District 16	District Attorneys Council
Andrea Hakimi, D.O./Jason Beaman, D.O.	Oklahoma Osteopathic Association
Martina Jelley M.D., MSPH	Oklahoma State Medical Association
Janet Wilson, Ph.D., RN	Oklahoma Nurses Association
Hon. Mike Warren, J.D.	Oklahoma Supreme Court
Deb Stanaland, Survivor Tracey Lyall, Advocate	Oklahoma Coalition Against Domestic Violence and Sexual Assault
<i>*Represents Review Board members serving during the 2016 data year (Jan – Dec 2016).</i>	

Oklahoma Domestic Violence Fatality Review Board Staff Team

Jacqueline Steyn, LPC, Program Manager

Joshua Massad, M.A., Statistical Research Analyst

Oklahoma Domestic Violence Fatality Review Board

Overview

Oklahoma Domestic Violence Fatality Review Board Legislation

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

Mission Statement

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

Board Members

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

1. Eight of the members shall be:
 - a. Chief Medical Examiner;
 - b. Designee of the Office of Attorney General, Victim Services Unit;
 - c. State Commissioner of Health;
 - d. State Department of Health, Director, Injury Prevention Services;
 - e. Director, Department of Human Services;
 - f. Director, Oklahoma State Bureau of Investigation;
 - g. Commissioner, Department of Mental Health and Substance Abuse Services; *and*
 - h. Executive Director, Office of Juvenile Affairs.

2. Ten of the members are appointed by the Attorney General, serve terms of two (2) years, and are eligible for reappointment. Each of the nominating agencies submit the names of three nominees for consideration of appointment by the Attorney General
 - a. A Sheriff (Oklahoma Sheriff's Association);
 - b. A Chief of a municipal police department (Oklahoma Association of Chiefs of Police);
 - c. An attorney licensed in Oklahoma who is in private practice (Oklahoma County Bar Association);
 - d. A district attorney (District Attorney's Council);
 - e. A physician (Oklahoma State Medical Association);
 - f. A physician (Oklahoma Osteopathic Association);
 - g. A nurse (Oklahoma Nurses Association);
 - h. A domestic violence advocate (Oklahoma Coalition Against Domestic Violence and Sexual Assault);
 - i. A domestic violence survivor (Oklahoma Coalition Against Domestic Violence and Sexual Assault); *and*
 - j. A judge (Oklahoma Supreme Court)

Oklahoma Domestic Violence Fatality Review Board

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

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

"Domestic abuse" means any act of physical harm, or the threat of imminent physical harm which is committed by an adult, emancipated minor, or minor child thirteen (13) years of age or older against another adult, emancipated minor or minor child who are family or household members or who are or were in a dating relationship. In addition to the relationships defined in statute, the Review Board also identifies and reports on domestic violence-related homicides that include victim fatalities in which a homicide perpetrator kills a non-family member, such as a bystander or Good Samaritan.

Case Review Process

The fatality review process can be compared to a public health model such that public health promotes and protects the health of people and the communities where they live, learn, work and play. The Project Manager gathers documents and information related to the case. Information is obtained from varied sources including the medical examiner, law enforcement agencies, district attorneys, Department of Human Services, mental health agencies, hospitals, and batterer intervention programs. In some cases, when appropriate, the Review Board will obtain background information from surviving family members, friends, and colleagues etc. When survivors are contacted, the Program Manager makes contact by telephone or mail. The Review Board wants to know how the system could have better served the deceased victim and children.

The Review:

- Review the circumstances and context of the death;
- Establish a timeline of events leading up to the death;
- Identify possible lethality risk factors ("red flags");
- Determine which agencies were involved with the homicide perpetrator, victim and children prior to the death;
- Identify agencies and system response;
- Identify collaboration and communication between the agencies involved;
- Identify agencies' use of evidence-based best practices;
- Identify victim challenges and barriers to obtaining help (i.e. language, income, transportation, cultural beliefs/values etc.);
- Identify possible gaps in the system response to domestic violence (i.e. criminal justice, protective order, juvenile/family court, law enforcement, judiciary, child welfare etc.); *and*

Oklahoma Domestic Violence Fatality Review Board

- Ask “is there anything that could have been done differently to improve the systemic and/or community response to the victim and/or perpetrator?” (NDVRI, 2016).

Review Board Recommendations

The Review Board uses data and information from case reviews to develop annual recommendations. Recommendations made each year remain critical to improving our communities’ ability to respond effectively to domestic violence and to enhance safety and access to resources for survivors. Recommendations are offered for professionals and systems to address the pressing issue of domestic violence and to monitor updates on recommendations made in previous years.

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

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

Dissemination of Review Board Findings and Recommendations

Each year, the Review Board disseminates findings in the form of an annual statistical report to the legislature as well as numerous agencies, organizations, and other stakeholders in Oklahoma.

Confidentiality

Effective case review requires access to records and reports pertaining to the victim and the perpetrator. The Review Board collects and maintains all information in a confidential manner in accordance with 22 O.S. § 1601. Per statute, the Review Board does not report personally identifying information and instead only reports *de-identified and aggregated data* to maintain the confidentiality and privacy of domestic violence-related homicide victims and their families.

Key Review Board Findings (2016)

County 2016

In 2016, Tulsa County experienced the highest number of domestic violence homicides for the third successive year with a rate of 4.19 homicides per 100,000 people. Oklahoma County had the second highest number of homicide victims with a rate of 2.93 homicides per 100,000 people. Tulsa County had 26 cases resulting in 27 victim deaths and Oklahoma County had 22 cases resulting in 23 victim deaths (Table 1).

Table 1: Domestic Violence Related Deaths (2016)

Homicide Victims	County	Suicide/Law Enforcement Intervention	Homicide Victims	County	Suicide/Law Enforcement Intervention
1	Adair		1	McClain	1
2	Beckham		2	McIntosh	
1	Choctaw		2	Muskogee	
1	Cleveland		1	Noble	
3	Comanche	1	23	Oklahoma	
1	Craig		1	Okmulgee	2
2	Creek	1	1	Ottawa	
1	Delaware		1	Payne	
1	Dewey		1	Pittsburg	
2	Garfield		1	Pottawatomie	
1	Garvin		1	Seminole	1
1	Grady	1	2	Sequoyah	
1	Harper	1	1	Stephens	
1	Jackson		27	Tulsa	1
3	Leflore		1	Wagoner	1
1	Lincoln		3	Washington	
1	Logan		1	Washita	
1	Mayes		95	TOTAL	10

Key Review Board Findings (2016)

Demographics 2016

Between 1998 and 2016, the Review Board identified 1,615 victims in Oklahoma who were killed as a result of domestic violence. In 2016 alone, 105 people lost their lives. These deaths included domestic violence victims killed by intimate partners and ex-intimate partners, family members killed by family members, children killed by family members, roommates killed by roommates, and suicide deaths of perpetrators. Of the 105 people who died, 95 were identified as domestic violence homicide victims, and 10 were identified as homicide perpetrators who died as a result of suicide, law enforcement, or bystander intervention (*Table 2*).

Table 2: Domestic Violence Homicides in Oklahoma						
	2016	2015	2014	2013	2012	2011
Domestic violence cases	89	89	86	86	85	92
Domestic violence homicide victims (intimate partner violence [IPV] and non-IPV)	95	94	93	90	88	96
<i>IPV homicide victims only</i>	37	36	39	43	40	46
<i>Children under the age of 18</i>	15	24	18	14	14	18
Domestic violence perpetrators	95	100	91	89	91	93
Domestic violence perpetrators who died (suicide, law enforcement/ bystander intervention)	10	17	14	10	21	18

Gender: Of the 95 victims, 44 (46%) were female and 51 (54%) were male. Of the 38 adult female victims (≥ 18 years old), 34 (89%) were killed by male perpetrators and 4 (11%) were killed by female perpetrators. Of the 42 adult male victims (≥ 18 years old), 30 (71%) were killed by male perpetrators and 12 (29%) were killed by female perpetrators.

Of the 95 perpetrators, the overwhelming majority of were male (76%). Of the 23 female perpetrators, 10 (43%) killed their intimate partners or former intimate partners, 5 (22%) killed a biological child and 8 (35%) killed family members and others. Two of the female perpetrators killed other non-intimate partner adult females. (*Table 3*).

Race: Of the 95 victims, 65 victims (69%) were Caucasian, 18 (19%) were African American, 4 (4%) were Hispanic, 6 (6%) were Native American, 0 (0%) were Asian, and 2 (2%) were listed as Other.

Key 2016 Review Board Findings (2016)

Of the 95 perpetrators, 56 (59%) were Caucasian, 25 (26%) were African American, 6 (6%) were Native American, 8 (9%) were Hispanic/Latino Origin, 0 (0%) were Asian (*Table 3*).

Age: Of the 95 victims, the majority were between the ages of 21 and 40 years old. The average age of all victims was 37.22; the average age of adult victims (≥ 18 years old) was 43.59. The youngest homicide victim was less than one month old. The oldest victim was 78 years old. Of the 15 child victims (< 18 years old), 12 (80%) were under the age of five and 9 (60%) were less than a year old.

Perpetrators between the age of 21 and 40 represented the largest age group. The average age of all 95 perpetrators was 37.07; the average of adult perpetrators (≥ 18 years old) was 38.50. The youngest homicide perpetrator was 14 years old. The oldest perpetrator was 78 years old. Six homicide perpetrators (6%) were less than 18 years old (*Table 3*).

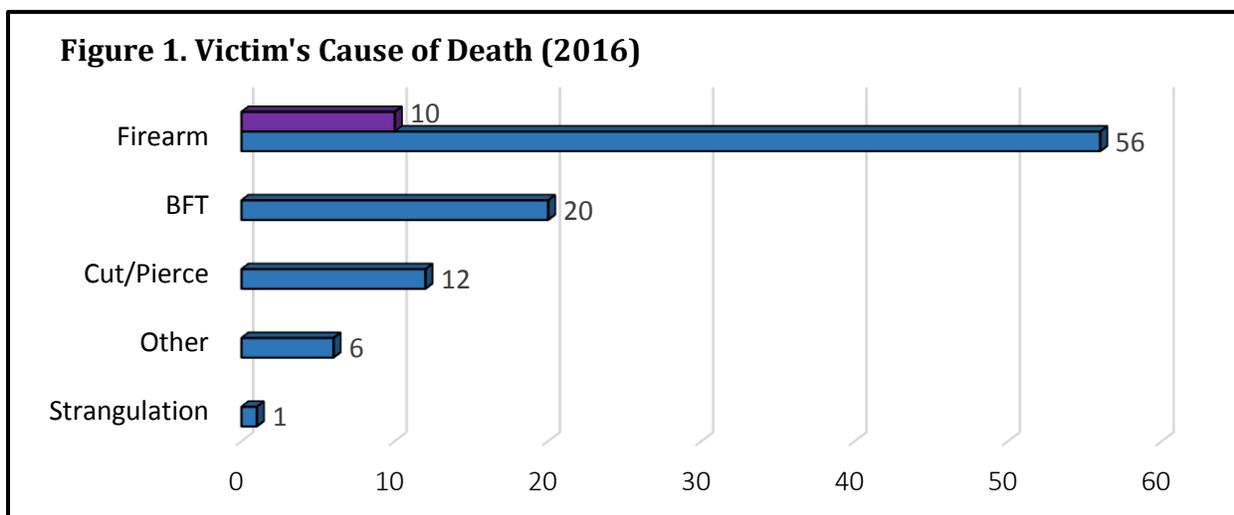
Table 3. Domestic Violence Victim and Perpetrator Demographics (2016)*				
	Domestic Violence Homicide Victims (N=95)	%	Domestic Violence Homicide Perpetrators (N=95)	%
Gender				
Female	44	46%	23	24%
Male	51	54%	72	76%
Race				
Caucasian	65	69%	56	59%
African American	18	19%	25	26%
Hispanic/Latino	4	4%	8	9%
Native American	6	6%	6	6%
Asian	0	0%	0	0%
Other	2	2%	0	0%
Age				
Under 21	20	21%	15	16%
21 to 40	33	35%	48	51%
41 to 60	31	33%	23	24%
Over 60	11	11%	9	9%
Average Age	37.22		37.07	

Key 2016 Review Board Findings (2016)

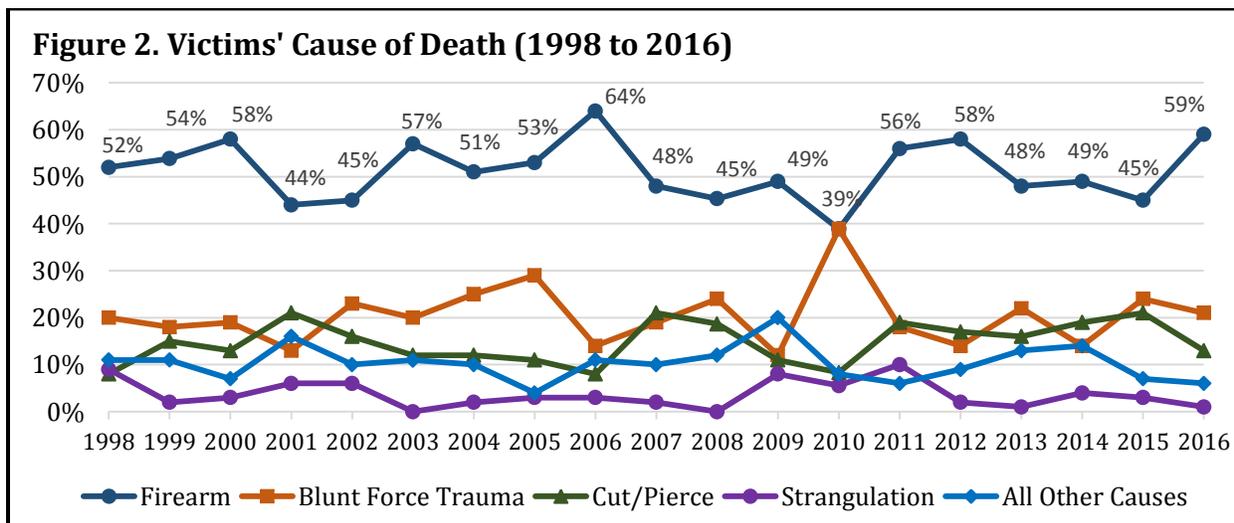
Cause of Death 2016

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

Consistent with national research which shows that firearms are the most commonly used weapons in domestic violence-related homicides, the leading cause of death of the 95 victims identified by the Review Board in Oklahoma in 2016 was firearms (59%). Other causes of death included knife/cutting instruments, blunt force, strangulation, and asphyxiation. Firearms were the cause of death of the 10 (100%) perpetrators who committed suicide or who were killed by police/bystander intervention (*Figure 1*).



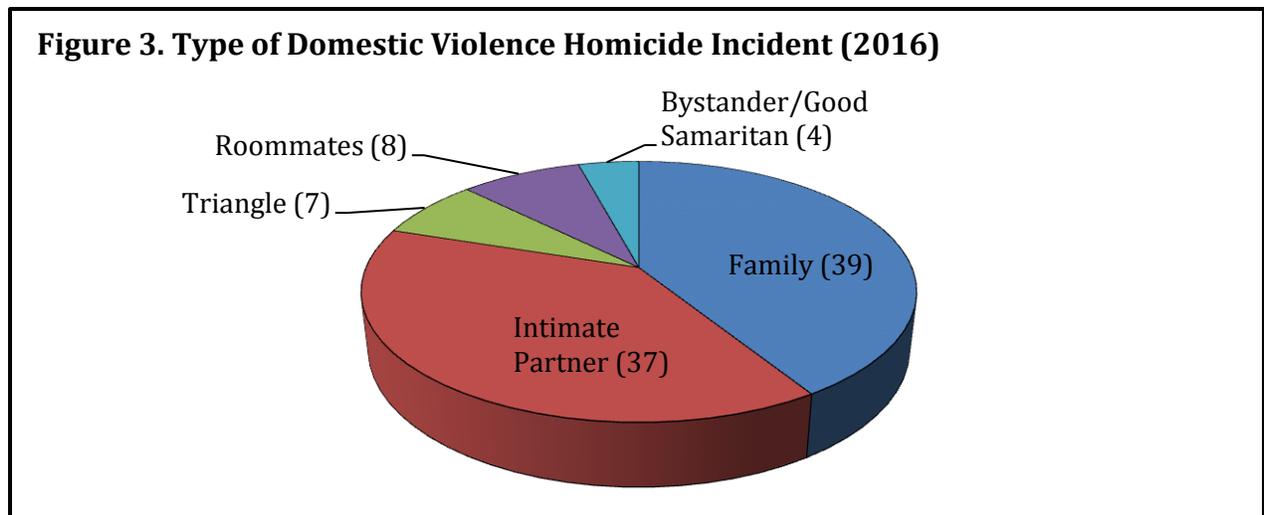
Victims’ cause of death has remained fairly consistent over the past eighteen years (1998 to 2016) with firearms leading the way as the most prevalent cause of death in domestic violence homicide cases (*Figure 2*). On average, firearms were the cause of death in 51% of the domestic violence homicides during this time period.



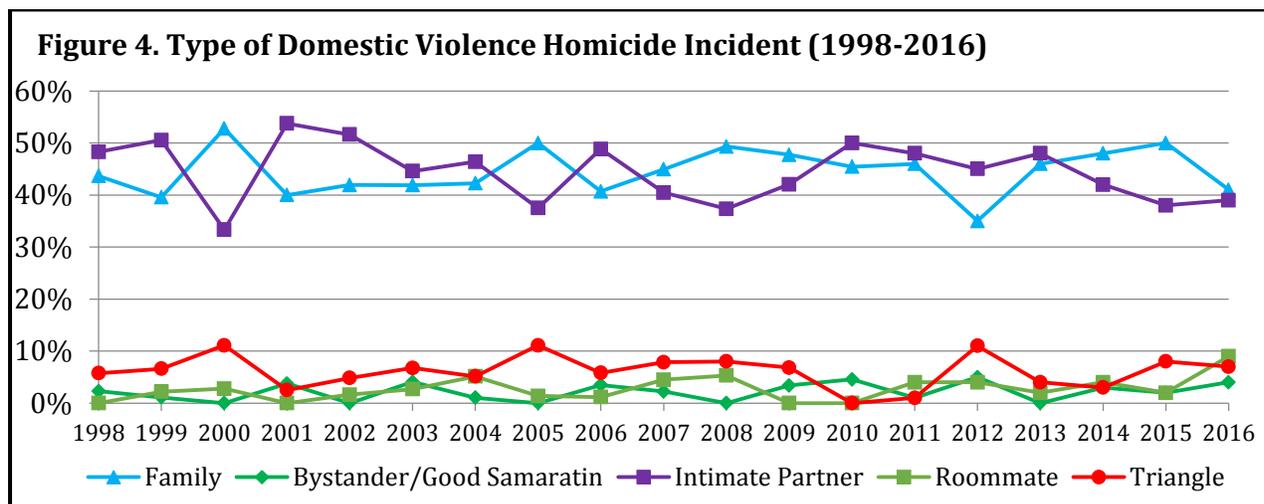
Key 2016 Review Board Findings (2016)

Relationship Type 2016

The Review Board collects and compiles data classifying the type of domestic violence relationship involved in the homicide. In 2016, 39 (41%) of the homicides were perpetrated by family members and 37 (39%) were perpetrated by intimate partners. Intimate partners include current or former spouses, and current or former girlfriends or boyfriends. Family members who killed other family members included fathers, mothers, mother’s boyfriends, sons, step-sons, grandsons, brothers, sisters, grandparents, and other relatives. In 7% of the cases, the homicide was categorized as a triangle. A triangular homicide includes situations in which a former spouse, girlfriend or boyfriend kills the new spouse, girlfriend or boyfriend, or vice versa. In 9% of the cases, the homicides were perpetrated by roommates. Additional cases involved one Good Samaritan (non-involved person who intervenes on behalf of a victim) and three bystanders (Figure 3).



Relationship Type remained fairly consistent from 1998 to 2016. Family homicides and intimate partner homicides have been almost equally represented with an average frequency of 45% for family perpetrated homicides and 44% for intimate partner homicides (Figure 4).

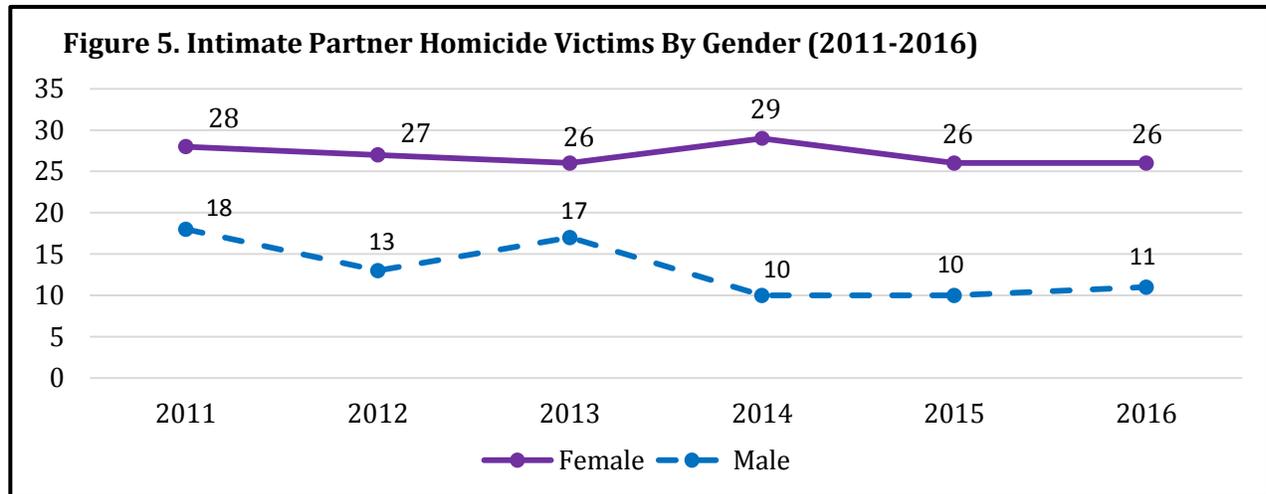


Key 2016 Review Board Findings (2016)

Intimate Partner Homicide-Specific (IPH) 2016

IPH by Gender 2016

Consistent with previous years, women were more likely than men to be killed by an intimate partner. Of the 37 IPH victims, 26 (70%) were female and 11 (30%) were male. On average, over the six year period between 2011 and 2016, approximately two-thirds IPH victims were female and one-third were male (*Figure 5*).



IPH by Age 2016

In 2016, 37 (39%) of the 95 homicide victims were killed by an intimate or formerly intimate partner. The average age of IPH victims was 43.27. The youngest IPH victim was 19 years old; the oldest was 75 years old. The average age of IPH perpetrators was 44.36. The youngest IPH perpetrator was 19 years old; the oldest was 78 years old.

IPH by Race 2016

In 2016, of the 95 IPH victims, 76% were Caucasian, 16% African American, 5% Native American and 3% were identified as Hispanic. Consistent with previous years, African American victims of IPH were disproportionately represented at approximately twice what would be expected based on Census Data alone.¹ Of the 95 IPH perpetrators, 65% were White, 24% were African American, 8% were identified as Hispanic, and 3% were Native American. African American perpetrators were disproportionately represented at approximately three times more than would be expected based on Census Data alone.¹

Additional information related to intimate partner homicide of African American women can be found in the section of the report *“Domestic Violence and African American Women: A Report from the Domestic Violence Fatality Review Board Sub-Committee.”*

¹United States Census Bureau. (2016). *Quick Facts Oklahoma*. Retrieved from <https://www.census.gov/quickfacts/OK>

Key Review Board Findings (2016)

IPH by Cause of Death 2016

In Oklahoma in 2016, 70% of IPH victims were killed by perpetrators using firearms which is more than all other causes of death combined.

In line with national research in the U.S, Oklahoma findings identify firearms as the most commonly used weapons in domestic violence homicides. Nationally, firearms, especially handguns, are the weapon most commonly used by males to murder females in single victim/offender murders.¹ In one study, females were more likely to be murdered by their intimate partner with a firearm than all other causes combined.¹ Other research analyzing risk factors for femicide in abusive relationships, found that women who were previously physically abused by a current or former intimate partner had a five-fold increased risk of being murdered by the partner when the partner even merely owned a firearm.² Related to non-fatal intimate partner violence, there appears to be a link between firearm ownership and a batterer's likelihood of threatening a partner with a gun.³ In addition, a firearm in the home has been associated with a batterer's use of the gun against the partner.⁴ It is widely known in the IPV context that guns are used as a tool of intimidation and psychological control that are most often used as a means to threaten the victim and instill fear.⁵

¹Violence Policy Center (VPC). (2017). When Men Murder Women: An Analysis of 2015 Homicide Data. Retrieved from <http://www.vpc.org/studies/wmmw2017.pdf>

²Campbell J.C., Webster D.W., Koziol-McLain J., et al. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*. 2003; 93(7):1089-1097.

³Rothman E.F., Hemenway D., Miller M., Azrael D. (2005). Batterers' use of guns to threaten intimate partners. *J Am Med Womens' Assoc* 2005; 60:62-68

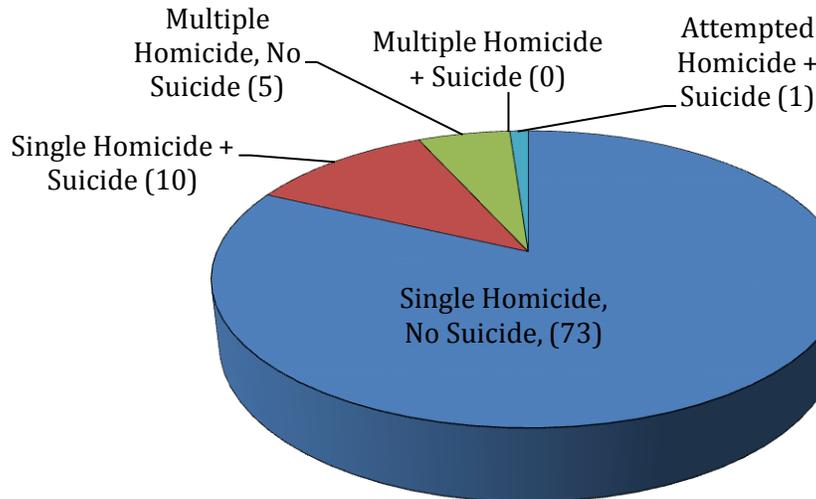
⁴Law Center to Prevent Gun Violence. Domestic violence & firearms policy summary. Available at <http://smartgunlaws.org/domestic-violence-firearms-policy-summary> Accessed December 14, 2015.

⁵Sorenson, S.B. (2017). Guns in Intimate Partner Violence: Comparing Incidents by Type of Weapon. *Journal of Women's Health*, Vol. 26, Number 3, DOI: 10.1089/wh.2016.5832

Key Review Board Findings (2016)

Murder-Suicide 2016

Figure 6. Domestic Violence Homicide Cases (2016)



Murder-Suicide in Oklahoma 2016

Intimate partners perpetrated **80%** of all murder-suicides.

Males perpetrated **100%** of all intimate partner specific murder-suicide and attempted murder-suicide cases.

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

In Oklahoma, 10 (11%) of the domestic violence homicide cases identified in 2016 were *single homicide+suicide* events (one victim was killed and one perpetrator died in each of the 10 events). Of the 10 *single homicide+suicide* events, 8 (80%) were perpetrated by intimate partners, 1 (10%) was perpetrated by a family member and another was classified as a triangle. In addition, the Review Board identified one *attempted* homicide-suicide case in which the victim died but the perpetrator survived (*Figure 6*).

National research suggests that murder-suicide cases most often involve intimate partners; usually a man killing his wife, girlfriend, ex-wife, or ex-girlfriend, and then himself. In 2016, the Review Board found that 80% of all murder-suicide cases were perpetrated by intimate partners.

Consistent with findings from previous years, males perpetrated 100% of all intimate partner murder-suicide and attempted murder-suicide cases and ranged in age from 32 to 72 years old. The Review Board has rarely identified murder-suicide cases involving a female who first kills her intimate partner or formerly intimate partner and then kills herself.

Key Review Board Findings (2016)

Domestic Violence Homicide and Children 2016

The Review Board identifies child deaths within the broader context of domestic violence in accordance 22 O.S. November 1, 2013, §§ 1601-1603§) which defines specific victim-perpetrator relationships. For example, the Review Board collects information on child homicides which include, but are not limited to deaths in which children are killed by parents/step-parents, foster parents, grandparents, siblings, uncles, aunts, and cousins. In some cases, children are killed in the context of intimate partner homicide; for example a child or children may be killed in addition to the parent who is killed by an intimate or formerly intimate partner. In such cases the homicide perpetrator may be the child's biological father, step-father, or mother's boyfriend. In other cases the perpetrator may only kill the children and not the partner often as retaliation or punishment towards the other parent for some perceived betrayal or for leaving the relationship. The Review Board focuses on child *homicides* and does not review cases of children who die from neglect; these cases are reviewed by the Oklahoma Child Death Review Board.

In 2016, the Review Board identified 15 children (< 18 years old) who died as a result of domestic violence homicide; 9 (60%) children were male and 6 (40%) were female. Of the 15 children, 80% were ≤5 years old. The average age was 3.17. With regard to race, 53% of the children were Caucasian, 33% African American, 7% Hispanic/Latino, and 7% were classified as "Other." Children were killed by their fathers, mothers, step-fathers, cousins, and mother's boyfriends; the majority were killed by their biological fathers. In 2016, 60% of the child homicide cases had child welfare involvement prior to the homicide. *Table 4* displays the number of children killed as a result of domestic violence between 2011 and 2016.

Table 4. Number of Child Victims (< 18 years) of Domestic Violence-Related Homicide (Intimate Partner and Non-Intimate Partner) (2011-2016)

	2011	2012	2013	2014	2015	2016
Number Children Died	18	14	14	18	24	15
Number ≤ 5yrs old	11	11	12	14	16	12
Age Youngest Child	3 months	2 months	5 months	<1 day	2 months	<1 month
Age Oldest Child	16	16	14	17	15	17

Lethality Risk Identification Related to Children: Research suggests that the risk of lethality to the child is the same as the lethality risk identified for the child's mother. Experts stress the importance of juvenile, criminal and family courts identifying and safely responding to lethality risk factors and then working collaboratively to enhance safety for victims and children. Professionals should ensure that safety planning for adult victims includes safety planning for the children.¹

¹Jaffe, P.G., Campbell, M. Olszowy, L. & Hamilton, L.H.A. (2014). Paternal filicide in the context of domestic violence: challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Review*, 23(2), pp.142-153.

Domestic Violence Homicide by County (1998 to 2016)

Between 1998 and 2016, **1,615** victims lost their lives to domestic violence in Oklahoma; of the 1,615 victims, **705** (44%) were killed by intimate partners (*Table 5*).

Table 5. Domestic Violence Homicide Victims By County (1998 to 2016)

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

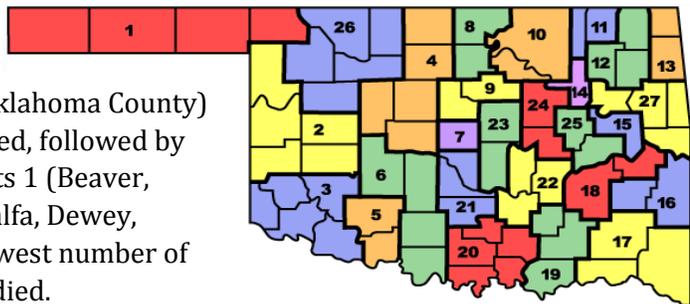
County	DV Homicide Victims	IPH Victims Only	DV/SA Program	County	DV Homicide Victims	IPH Victims Only	DV/SA Program
Adair	14	4	B	Leflore	37	12	C; B
Alfalfa	0	0		Lincoln	13	6	
Atoka	5	2	B	Logan	13	6	B
Beaver	5	1		Love	9	3	
Beckham	8	1	B	Major	1	0	
Blaine	2	1		Marshall	6	2	B
Bryan	23	7	C; B; T	Mayes	22	10	
Caddo	18	10	B; T	McClain	12	7	B
Canadian	21	10	C; B; T	McCurtain	25	12	C; B
Carter	33	12	C; B	McIntosh	11	5	
Cherokee	19	10	C; B; T	Murray	3	1	B
Choctaw	5	2	T	Muskogee	31	22	C
Cimarron	0	0		Noble	3	1	T
Cleveland	38	17	C; B	Nowata	2	2	
Coal	5	4		Okfuskee	9	5	B
Comanche	65	32	C; B; T	Oklahoma	361	160	C; B
Cotton	6	4		Okmulgee	16	8	C; B; T
Craig	8	5		Osage	16	8	C; T
Creek	20	9	B	Ottawa	14	5	C; B; T
Custer	11	6	C; B	Pawnee	9	3	T
Delaware	26	13	B; T	Payne	18	9	C; B; T
Dewey	2	2		Pittsburg	21	7	C; B
Ellis	1	1		Pontotoc	22	13	C; B; T
Garfield	16	8	C; B	Pottawatomie	31	12	C; B; T
Garvin	20	4	B	Pushmataha	3	1	
Grady	20	8	C; B	Roger Mills	0	0	
Grant	1	0		Rogers	19	6	C; B
Greer	2	2		Seminole	19	9	B; T
Harmon	1	1		Sequoyah	18	8	
Harper	1	1		Stephens	16	4	C; B
Haskell	9	5	C	Texas	6	2	C
Hughes	5	0		Tillman	6	4	
Jackson	5	3	C; B	Tulsa	327	128	C; B
Jefferson	0	0		Wagoner	22	11	
Johnston	7	2	B	Washington	18	7	
Kay	14	7	C; B; T	Washita	4	2	
Kingfisher	2	2		Woods	3	0	
Kiowa	3	4		Woodward	4	2	C; B
Latimer	4	2		Totals	1,615	705	

Domestic Violence Homicide by DA District

Table 6. Domestic Violence Homicide Victims by DA District (1998 – 2016)

DA District	County	Number of DV Homicide Victims
District 1	Beaver, Cimarron, Harper and Texas	10
District 2	Beckham, Custer, Ellis, Roger Mills and Washita	26
District 3	Greer, Harmon, Jackson, Kiowa, and Tillman	17
District 4	Blaine, Canadian, Garfield, Grant and Kingfisher	42
District 5	Comanche and Cotton	71
District 6	Caddo, Grady, Jefferson and Stephens	54
District 7	Oklahoma	361
District 8	Kay and Noble	17
District 9	Logan and Payne	31
District 10	Osage and Pawnee	25
District 11	Nowata and Washington	20
District 12	Craig, Mayes and Rogers	49
District 13	Delaware and Ottawa	40
District 14	Tulsa	327
District 15	Muskogee	31
District 16	Latimer and Leflore	41
District 17	Choctaw, McCurtain and Pushmataha	33
District 18	Haskell and Pittsburg	29
District 19	Atoka, Bryan and Coal	33
District 20	Carter, Johnston, Love, Marshall and Murray	58
District 21	Cleveland, Garvin and McClain	70
District 22	Hughes, Pontotoc and Seminole	46
District 23	Lincoln and Pottawatomie	42
District 24	Creek and Okfuskee	29
District 25	Okmulgee and McIntosh	27
District 26	Alfalfa, Dewey, Major, Woods and Woodward	10
District 27	Adair, Cherokee, Sequoyah and Wagoner	73

Between 1998 and 2016, DA District 7 (Oklahoma County) had the highest number of victims who died, followed by DA District 14 (Tulsa County). DA Districts 1 (Beaver, Cimarron, Harper and Texas) and 26 (Alfalfa, Dewey, Major, Woods and Woodward) had the lowest number of domestic violence homicide victims who died.



Oklahoma Domestic Violence Fatality Review Board

Sub-Committee on Intimate Partner Violence (IPV) and African American Women

Sub-Committee Members include:

*Chair: Janet Wilson, Oklahoma Nurses Association
Representative to the Review Board*

Vanessa Morrison, Palomar

Angela Beatty, YWCA Oklahoma City

Tamera Babbitt, Oklahoma Coalition Against Domestic Violence and Sexual Assault

Karen Jacobs, Oklahoma Department of Human Services

Doristina Monciffe, Langston University

Aleshia M. Overall, Community Health Centers of Oklahoma

Marie Robinson, Wings of Hope Family Crisis Services, Stillwater, OK

Tina Brown, Private Citizen

Stephanie Moore, Moore Marketing and Communications, LLC

Sherrica Buckingham, Oklahoma City Police Department

Background

While intimate partner violence (IPV) crosses all social, economic, educational, age and racial barriers, national research shows that African American women are at an elevated risk of non-fatal and fatal IPV. Between 2003 and 2014, there were a total of 10,018 female homicides in the United States.¹ African American women experienced the highest rate of homicide 4.4 per 100,000) women compared to their White (non-Hispanic) counterparts at a rate (1.5 per 100,000 women); over half of the homicides were intimate partner violence-related (56.8%).¹ Young African American women between the ages of 18-29 experienced the highest rate of homicide. We have found similar findings in Oklahoma with African American women being disproportionately killed within the context of intimate partner violence.

Context

The ways in which victims of intimate partner violence experience and perceive abuse, violence and victimization cannot be understood within a “one-size-fits-all” framework. Instead, the issue is multidimensional and complex. It must be conceptualized within the broader historical and contemporary background of issues related to poverty, justice, oppression, prejudice, racism and discrimination as well as the social contexts in which people live. “African American women in particular are oppressed due to intersecting, marginalized identities related to race, class, and gender; creating complex lived experiences where they are faced with multiple sources of oppression and prejudice which keep them on the periphery of accessing support.”² For example, if a community is “disinvested, exposed, dark, and crumbling, can people really feel safe enough to walk out of their front door to get help?”²

According to the Women of Northeast Oklahoma City, Photovoice Project³, safety itself is contextual and the “built environment/urban fabric plays a critical role in women’s safety” and how women perceive safety and support. They emphasize the importance of communities developing “sustainable and relevant solutions to these private issues.”

¹Petrosky, E., Blair, J.M., Betz, C.J., Fowler, K.A., Jack, S.P.D., & Lyons, B.H. (2017). Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence – United States, 2003-2014. *MMWR Morbidity and Mortality Weekly Report*, July 21, 2017; Vol. 66, No. 28:741-746. DOI: <http://dx.doi.org/10.15585/mmwr.mm6628a1>

²Morrison, V. (2017). Personal email communication, December 7, 2017.

³Harris, J.C., Morrison, V., Sofola, G., & Gulilat. Women of Northeast Oklahoma City Photovoice Project.

Oklahoma Domestic Violence Fatality Review Board

Such concerns may limit access to community (domestic violence and other social services) and economic resources (i.e. education, employment, affordable safe housing etc.) known to enhance women's safety. In fact, IPV appears to be more likely related to economic factors than race itself; research showing that racial disparities in the rates of IPV become less pronounced when economic factors such as under-education, poverty, unemployment etc. are taken into consideration.⁴

Sub-Committee Findings

The sub-committee uncovered several challenges/barriers for African American women in their efforts to becoming safer and to accessing services, including but not limited to the following:

1. Attempting to overcome racial stereotypes such as being "angry," "violent-prone," "welfare queens," "lazy," "oversexualized," and "drug addicts," while trying to access services and law enforcement help during crises;
2. Lack of economic resources that make it difficult to leave an abusive partner;
3. Historical and existing mistrust of law enforcement agencies and officials;
4. Higher thresholds of violence due to generations of oppression – being more used to having to merely “survive” and or live in crisis mode;
5. Reporting domestic or sexual assault against a male African American partner and risking family unit being broken; i.e. African American male going to jail/prison and Child Protective Services removing child/children from home;
6. Close community connections – concern about being ostracized in the community/ neighborhood for reporting and/or attempting to seek help from outside the community;
7. Fear that leaving the abusive partner may be viewed as a betrayal in the community resulting in a loss of community support;
8. Faith leaders being inadequately equipped or knowledgeable about domestic violence or sexual assault to appropriately respond to victims seeking guidance and/or help;
9. Lack of outreach into African American communities resulting in a general lack of knowledge in the community regarding the availability of resources and help;
10. Lack of engagement with African American communities to identify solutions that make sense for them resulting in missed opportunities for collaborating with the experts – African American women; *and*
11. Need for culturally proficient domestic violence services for African American women.

Finding Solutions

While the issues and solutions are complex, the Review Board established a sub-committee in 2016 to begin important dialogue related to the unique circumstances, challenges and barriers facing African American women on their journey to safety and to propose workable solutions. The members of the sub-committee comprise a broad representation of members from varying backgrounds, professions and expertise within the African American community in Oklahoma.

⁴West, C. M. (2004). Black women and intimate partner violence: New directions for research. *Journal of Interpersonal Violence*, Vol. 19 No 12, December 2004. DOI: 10.1177/0886260504269700

Oklahoma Domestic Violence Fatality Review Board



Sub-Committee Members from left to right: (Front) Sherrica Buckingham; Vanessa Morrison; Tina Brown; (Behind) Stephanie Moore; Tamera Babbitt.

Sub-Committee Activities

During the past year, the sub-committee engaged in several key activities with the overarching goal of raising awareness of domestic violence services within African American communities. Activities have included targeted dialogue on the relevant issues, development of awareness raising materials such as the infographic “*For Tia*” (see page 21) with data/information related to the experiences of African American victims of IPV in Oklahoma. The infographic was developed to raise awareness about the issues, how to help, and access

resources as part of an overall educational campaign. Also, the sub-committee is in the process of finalizing a tri-fold brochure containing IPV information specifically to meet the needs of African American women accessing services at domestic violence programs and shelters. Once completed, the brochure will be disseminated widely to domestic violence programs, faith communities and other relevant organizations.

The sub-committee recognizes the central role of church and faith in the lives of many African American women and has planned a focus group with faith leaders to obtain feedback regarding their experiences related to intimate partner violence in their respective congregations. The goal is to use the information to plan a symposium in 2018 to educate and support faith leaders. Sub-committee members have participated in several church events targeted at enhancing awareness of issues and community resources to facilitate a safe and appropriate response to IPV within communities of faith. Other training initiatives include *Safe Town* Domestic Violence Awareness Training provided by the Oklahoma Department of Human Services. In efforts to raise awareness within the African American community, *Safe Town* was intentionally offered in northeast Oklahoma City. Additional *Safe Town* training is scheduled to intentionally target the faith based community.

In order to reach other “sacred, public spaces”⁵ that are integral to African American communities such as barbershops and salons, the sub-committee became an official CUT IT OUT® domestic violence trainer. The CUT IT OUT® program was originally created by the Women’s Fund of Greater Birmingham and the Alabama Coalition Against Domestic Violence which was later taken nationwide, training hundreds of salon professionals. With appropriate training, salon professionals can recognize the signs of abuse and safely refer victims to resources designed to enhance safety.

⁵Morrison, V. (2017). Personal email communication, December 13, 2017.

Oklahoma Domestic Violence Fatality Review Board

Finally, the sub-committee has spring boarded a new grassroots community project, *For Tia*, whose goal is to increase awareness of the issues of IPV facing African American women in Oklahoma. The project will soon be launching on Facebook and other social media platforms.

The Role of Domestic Violence Service Providers

Domestic violence service providers in Oklahoma include Attorney General Certified Domestic Violence Programs, Tribal Programs and Family Justice Centers. Services for victims and their children include hotlines, crisis intervention, risk assessment, safety planning, advocacy, emergency shelter, court advocacy, transitional housing, economic empowerment and trauma counseling. Services are provided for victims and children whether residential or non-residential. Domestic violence service providers have an important role to play to increase awareness of their services in a way that ensures that all diverse groups in their service area are equally aware of the services available. Programs should be working in partnership with African American women to remove barriers to accessing their services and to creating services that are culturally proficient and responsive to the needs of African American women.

The Role of the Faith Community

While victims of domestic violence may seek assistance from the faith community, African American women are even more likely to reach out to friends or their church. Historically the church has been a place of sanctuary and guidance, and has been one of the first places many victims of domestic violence reach out to for assistance. It follows that safety for African American victims of IPV will be enhanced when faith communities are trained in the issue of domestic violence and how to safely and supportively respond.

Professional Resources

Organizations

Institute on Domestic Violence in the African American Community **Website:** www.idvaac.org
 Women of Color Network (WONC) **Website:** <http://www.wocninc.org/>
 Faith Trust Institute **Website:** www.faitrustinstitute.org

Practice Manuals

Developing Culturally-Relevant Responses to Domestic Abuse: Asha Family Services, Inc.
 Published by the National Resource Center on Domestic Violence.

Books

Domestic Violence: Intersectionality and Culturally Competent Practice
 Lettie L Lockhart (Ed) and Fran S Danis (Ed)
 Domestic Violence at the Margins: Readings on Race, Class, Gender, and Culture
 Natalie J. Sokoloff and Professor Brenda Smith

Report Submitted By:

The Oklahoma Domestic Violence Fatality Review Board Sub-Committee on Intimate Partner Violence and African American Women

For Tia Promoting a future without violence against Black women

In the USA, **41.1%** of Black women report sexual, physical, and/or stalking violence by an intimate partner.



In Oklahoma **16%** of all intimate partner homicide victims are Black

Homicide is the **2nd** leading cause of death for Black women between the ages of 15-24 in the USA - and the majority are killed by someone they know.

Black women are especially likely to be criminalized, prosecuted, and incarcerated while trying to navigate and survive the conditions of violence in their lives.



In the USA, Black women are murdered by males at a rate more than **twice** as high as white females.



Intimate partner violence and domestic violence related homicide disproportionately impacts Black women. There are several underlying and intersecting barriers, such as oppressive systems, socioeconomic conditions, historical institutional trauma, built environments, victim blaming attitudes towards Black women, and more that make it difficult for Black women in particular to reach support.

Sources: National Intimate Partner and Sexual Violence Survey (2017); Violence Policy Center (2017); Oklahoma Domestic Violence Fatality Review Board (2011 & 2016); U.S. Department of Justice, Office of Violence Against Women (2017); and the Centers for Disease Control (2014).

Developed by the Domestic Violence Fatality Review Board Sub-Committee, 2017.

Recommendations 2017

In 2017, the Review Board proposed recommendations for the following target systems (more detailed explanation on pages 24 to 34).

1

RECOMMENDATION #1

ALL SYSTEMS

All Professionals Working with Victims of Domestic Violence: advocates, judges, law enforcement officers, prosecutors, child welfare, mental health/substance abuse professionals, and healthcare professionals should participate in strangulation awareness training.

2

RECOMMENDATION #2

LEGISLATURE

1. The judicial decision to grant a guardianship should include a determination whether the petitioner, or anyone in the petitioner's household, has a conviction or plea of no contest or a deferred prosecution agreement to any type of assault and battery or domestic violence charge; *and*
2. In guardianship cases the court should require an Oklahoma State Bureau of Investigation (OSBI) background check.

3

RECOMMENDATION #3

DEPARTMENT OF HUMAN SERVICES - ADULT PROTECTIVE SERVICES

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

4

RECOMMENDATION #4

DOMESTIC VIOLENCE PROGRAMS

Domestic Violence Service Providers should ensure that services are responsive to the unique needs of male victims of intimate partner violence within a gender-inclusive framework.

5

RECOMMENDATION #5

BATTERER INTERVENTION PROGRAMS

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

Recommendations 2017

Recommendation 1 STRANGULATION TRAINING

ALL SYSTEMS

All Professionals Working with Victims of Domestic Violence: advocates, judges, law enforcement officers, prosecutors, child welfare, mental health/substance abuse professionals, and healthcare professionals should participate in strangulation awareness training.

Target System/Agency: **ALL SYSTEMS.**

DID YOU KNOW?

- **A lack of observable injury does not mean that a near-fatal strangulation did not occur.¹**
- **Only about 50% of victims of strangulation have visible injuries.¹**

Information on medical-physiological aspects, clinical presentation, signs and symptoms, short and long-term outcomes, and psychological impact can be found at:

TRAINING INSTITUTE ON STRANGULATION PREVENTION

Website:

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

RATIONALE

Consistent with national research, domestic violence-related homicide case reviews conducted by the Review Board over several years have highlighted the increased lethality risk associated with non-fatal strangulation of the homicide victim prior to the actual homicide event. Moreover, homicide victims' contact with various professionals, organizations and systems prior to being killed draws attention to the urgency of appropriately identifying and responding to non-fatal strangulation as a risk factor for subsequent lethality and as a possible medical emergency requiring medical assessment.

INFORMATION

In Oklahoma, Domestic Abuse by Strangulation or Attempted Strangulation is a felony offense (21 O.S. 644(J)) and is defined as "any form of asphyxia, including, but not limited to closure of the blood vessels or air passages of the neck as a result of external pressure on the neck or closure of the nostrils or mouth as a result of external pressure on the head."

Strangulation is a *violent* crime with considerable negative outcomes for victims.

Non-fatal strangulation is known to be a significant risk factor for intimate partner homicide (IPH) and attempted homicide of women. Women who are the victims of homicide or attempted homicide are far more likely to have a history of being strangled compared to abused women without a history of strangulation. In one study, non-fatal strangulation was reported in 43% of homicides and 45% of attempted

¹McClane, G.E., Strack, G.B., & Hawley, D. (2001). A Review of 300 Attempted Strangulation Cases, part II: clinical evaluation of the surviving victim. *The Journal of Emergency Medicine*. 2001: 21:311-315

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homicides of women.² In another study of 300 cases of female attempted strangulations in the San Diego Domestic Violence Unit of the city prosecutor's office found that in 89% of the cases there was a prior history of IPV.³

"I'M GOING TO DIE"

Research describes the **4 Stages**⁵ victims describe during the experience of being strangled prior to losing consciousness:

- **Denial** - "I couldn't believe this was happening."
- **Realization** - "Is this really happening to me" and "I can't breathe" and when your body can't breathe, you have a primal struggle to survive.
- **Primal** - Struggle to preserve life – to get air because your body knows it is shutting down – you will do whatever is necessary – fight to breathe – fight to live – so there may be observable injuries to the perpetrator.
- **Resignation** – "I realized that I was going to die and my last thought was I hope my kids will be okay" – extremely terrifying.

Victims of multiple strangulations report higher frequency of symptoms. Furthermore, while there is often little to no observable injury, strangulation can result in serious physical and mental health consequences including risk of death from medical conditions related to the strangulation such as carotid dissection resulting in cerebrovascular accidents.

There is an urgent need for all professionals who have contact with victims of domestic violence to be trained in the importance of strangulation as a risk factor for homicide of women

According to the Family Justice Center Alliance, "strangulation is one of the most terrorizing and lethal forms of violence used by men against their female partners...and is much more common and serious than professionals have realized."⁴ They recommend that judges and attorneys need to be well-versed in the facts about strangulation through education and training.

Responding to the potentially serious medical complications and known lethality risk associated with non-lethal strangulation, approximately one-third of all states, including Oklahoma, have addressed strangulation in the statutes. The 2013 Violence Against Women Act re-authorization added felony strangulation and suffocation under federal law.

²Glass, N. Laughon, K. Campbell, J. Wolf, A.D. Block, C.R., Hanson, G.H., Sharps, P.W. & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine* 2008 October; 35(3):329-335, doi:10.1016/j.jemermed.2007.02.065.

³Strack GB, McClane GE, Hawley D. A review of 300 attempted strangulation cases Part I: Criminal legal issues. *The Journal of Emergency Medicine* 2001; 21:303-309.

⁴Pendleton, A. & Strack, G.B. (2014). *7 facts every judge and attorney should know when domestic violence involves strangulation*. Blog Post September 19, 2014. Retrieved from <https://blog.ceb.com/2014/09/19/7-facts-every-judge-and-attorney-should-know-when-domestic-violence-involves-strangulation>

⁵Hawley, D., McClane, G. & Strack, G. (2003). A review of 300 attempted strangulation cases (I-III). *Journal of Emergency Medicine*, Series I-III.

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Local Strangulation Training

Responding to the critical need for strangulation awareness training, Palomar, the Oklahoma City Family Justice Center, hosted strangulation training in August 2017. The training was provided by the *Training Institute on Strangulation Prevention* for 289 professionals, including 16 judges. The training received excellent evaluation feedback; one attendee said, “I think this course should be required for all who work in the field of DV & SA – legal, medical, law enforcement, advocates.” Palomar and partners plan to follow up by offering a 4-day comprehensive strangulation training in 2018.

The Review Board encourages continued strangulation training for all allied professionals who work with victims of domestic violence in any capacity.

PROFESSIONAL RESOURCES

The Training Institute on Strangulation Prevention (Institute), a program of Alliance for HOPE

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

The Institute provides training, technical assistance, web-based education programs, a directory of national trainers and experts, and a clearinghouse of all research related to domestic violence and sexual assault strangulation crimes.

Praxis International

Website: <http://praxisinternational.org/wp-content/uploads/2016/03/WebinarTrainingApril2014LEBestPractice.pdf>

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Recommendation 2

LEGISLATURE

- 1. The judicial decision to grant a guardianship should include an affidavit, verified by the petitioner, which supports a finding by the court whether the petitioner, or anyone in the petitioner's household, has a conviction, plea of no contest, or a deferred prosecution agreement to any type of assault and battery or domestic violence charge. The affidavit should include a complete list of everyone residing in the household and all names by which they may have previously been identified.*
- 2. In guardianship cases the court should require an Oklahoma State Bureau of Investigation (OSBI) background check.*

Target System/Agency: **LEGISLATURE; JUDICIARY; OKLAHOMA ADIMINISTRATIVE OFFICE OF THE COURTS**

RATIONALE

Case review has highlighted the critical need for courts to assess the domestic violence offense history of guardianship petitioners, co-petitioners or any member in the petitioner's household. Failure to inquire about prior history of domestic violence means that children and vulnerable adults may be placed with guardians or others in the household who are currently perpetrating or who have previously perpetrated domestic violence. The safety and well-being of children and adults whose lives are in the hands of the guardianship court rely upon the efforts of the court to obtain a history of perpetration of domestic violence. The Review Board therefore strongly recommends that guardianship decisions should consider prior history of domestic violence either perpetrated by the petitioner, co-petitioner or any other member of the household.

INFORMATION

Guardianship is a legal proceeding in which the court can appoint a person to take care of another person and/or their property. Related to guardianship cases, there are existing qualification questions related to prior felony crimes in the statute.² However, since the great majority of acts of domestic abuse, even very serious and potentially lethal abuse, do not result in felony convictions, the Review Board strongly proposes a change to the existing statute to decrease the likelihood that children and vulnerable adults are placed in the guardianship of domestic violence offenders.

¹Legal Aid of Oklahoma, Inc. (2012). Guardianship in Oklahoma. Retrieved from <https://oklaw.org/resource/guardianship-in-oklahoma?ref=fpEot>

²Oklahoma State Courts Network. Petition for the Appointment of Guardian of Minor Children. Retrieved from http://www.oscn.net/forms/aoc_form/adobe/Guard.-Relative-Guardian.-Handbook.pdf

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Recommendation 3

DEPARTMENT OF HUMAN SERVICES – ADULT PROTECTIVE SERVICES

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

Target System/Agency: **DEPARTMENT OF HUMAN SERVICES; HEALTHCARE PROFESSIONALS; ELDER ABUSE PROFESSIONALS**

A *vulnerable adult* is a person age 18 or older who has physical or mental conditions which cause the need for a guardian as defined by law (Title 30 O.S.), or whose physical or mental impairments are less disabling but still prevent the adult from independently managing all of his or her own affairs or protecting him- or herself from maltreatment by others.¹

RATIONALE

Case review of domestic violence-related homicides underscores the need for domestic violence training for adult protective services and other elder abuse professionals. In several reviewed cases, the Review Board found the presence of intimate partner violence towards victims who might be defined as *vulnerable adults* (Title 30 O.S.). In particular, there appeared to be prior physical abuse and financial exploitation by the perpetrator towards the victim prior to the homicide. Of the 95 victims in Oklahoma in 2016, 11 (11%) were over the age of 60 years old; 6 (6%) were killed by their intimate partners and 5 (5%) were killed by other family members.



INFORMATION

Understanding the intersection between intimate partner homicide (IPH) and elder abuse is complex. While this is a growing field, there is still a paucity of research covering these interrelated issues. Specific to Oklahoma, the Review Board has identified homicides that seem to occur in the context of several different relationship types, histories, presence or absence of prior intimate partner violence (IPV) (i.e. physical, sexual, psychological, and coercive control), and varying vulnerabilities. It is critical for professionals to understand both paradigms in order to maximize protections for all abuse victims.

Researchers caution that reliance on the “caregiver stress” model may place older victims in greater danger since the majority of non-institutional elder abuse is family violence with dynamics of abuse

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that are more like the traditional domestic violence model and closely parallel the dynamics of power and control familiar to IPV in younger adults.¹ The National Clearinghouse on Abuse in Later Life (NCALL) has developed helpful tool, the *Abuse in Later Life Wheel*², explaining the power and control tactics/ dynamics outlining the experiences of older victims of intimate partner violence.

The Review Board recommends that professionals working in the domestic violence, IPV, and elder abuse fields institute discourse to avoid traditional silos in service provision. The Review Board encourages cross-agency meetings and training so that professionals can gain greater understanding of abuse across the lifespan and intersecting issues.

Joint Case Consultation

The Review Board also recommends consultation with elder abuse experts when reviewing cases involving domestic violence-related deaths of older victims.

PROFESSIONAL RESOURCES

Oklahoma Department of Human Services – ADULT PROTECTIVE SERVICES

Website: <http://www.okdhs.org/services/aps/Pages/default.aspx>

If you suspect that a vulnerable adult is the victim of abuse, neglect or exploitation, please contact your local DHS County Office. If it is after regular business hours, please call the Statewide Abuse Hotline at **1-800-522-3511**. If you feel that the vulnerable adult needs emergency response for immediate health and safety risks, please contact **911** immediately.

Oklahoma Department of Human Services – AGING SERVICES

Website: <http://www.okdhs.org/services/aging/Pages/AgingServicesMain.aspx>

OKDHS Aging Services helps develop systems that support independence and help protect the quality of life for older persons.

Senior Info-line: 1-800-211-2116

Toll-free statewide telephone number linking older Oklahomans and their caregivers to information and assistance at the local level. Calls are automatically routed to a specialist housed in one of the 11 Area Agencies on Aging or sponsoring agencies nearest to the caller.

National Center on Elder Abuse (NCEA)

Website: https://www.elderabusecenter.org/default.cfm_p_aboutncea.html

NCEA is a national resource for elder rights, law enforcement and legal professionals, public policy leaders, researchers, and the public.

¹Brandl, B. (2000). Power and Control: Understanding Domestic Abuse in Later Life. *Abuse and Neglect of Older People*, Summer 2000.

²National Clearinghouse on Abuse in Later Life (NCALL). (2006). Abuse in Later Life Wheel (adapted from the Power and Control/Equality Wheels developed by the Domestic Abuse Intervention Project, Duluth, MN. Retrieved from http://www.ncdsv.org/images/NCALL_abuse%20later%20in%20life%20power%20and%20control%20wheel%20final_2006.pdf

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Recommendation 4

DOMESTIC VIOLENCE SERVICE PROVIDERS

Domestic Violence Service Providers should ensure that services are responsive to the unique needs of male victims of intimate partner violence within a gender-inclusive framework.

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

RATIONALE

In 2017, the Review Board focused their attention on homicides in which the female killed her male intimate partner or formerly intimate partner. An in-depth review of several female perpetrated intimate partner homicides (IPH) highlighted the need for more information and training for domestic violence programs and other stakeholders in the area of male intimate partner victimization.

INFORMATION

While Intimate Partner Violence (IPV) is a gender-based issue with females experiencing significantly higher rates of IPV than males, anyone can be a victim of IPV.

Female Perpetrators of Intimate Partner Homicide (IPH)

During this last year, the DVFRB has intentionally reviewed domestic violence homicides in which a female killed her intimate or formerly intimate partner with a view to broadening our knowledge and understanding of female perpetrated IPH and the varied circumstances and context in which these homicides occur. While our findings are so far preliminary, the board has been able to identify female IPH perpetrators who, from the available information, were themselves victims of IPV who then killed their current or former abusive male partners. In other cases, we identified cases in which the female IPH perpetrator killed her male partners in the absence of any identified prior victimization at the hands of the male homicide victim. In these cases, the female homicide perpetrator might accurately be described as the primary aggressor or primary offender in the intimate relationship prior to the homicide. Over the next year the Review Board will continue our efforts to learn more about the experiences of men who are victims not only of IPV and IPH and report on our findings in the 2018 annual report.

Experiences of Male Victims of Intimate Partner Violence

There is a scarcity of research into the experiences of male victims of intimate partner violence and still more research is needed moving forward. Current understanding suggests that men may believe that they are less likely to be believed if they disclose abuse. Many may not readily recognize or define their experiences as domestic violence. The National Resource Center on Domestic Violence (NRCDV) suggests that the ways in which intimate partner violence affects males may be in many ways similar to female victims, but that “they may be expressed, received, or labeled differently for men”¹ NRCDV suggests that males may experience diminished self-worth,

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fear, and shame, minimization of the violence, use of substances to cope, and risk of physical harm or death.¹

Access to Domestic Violence Services for Male Victims

With the emergence of the Battered Women's Movement in the early 1970's, services, resources, and programs emerged to meet the needs of female victims of IPV. The Violence Against Women Reauthorization Act of 2013, which amended the Violence Against Women Act (VAWA) of 1994, together with the Family Violence Prevention and Services Act (FVPSA), emphasized that all victims must have access to funded services and programs regardless of gender. Currently there are 28 Attorney General (OAG) certified domestic violence programs in Oklahoma serving victims of domestic violence, sexual assault, and stalking. Both male and female victims may face many challenges when reaching out for help, but one challenge unique to male victims is the belief that domestic violence laws, remedies and resources don't apply to them. In many cases, domestic violence programs have gender-specific language in the name of their organizations, perhaps leading men to believe that services are not available to them. However, in Oklahoma all OAG certified domestic violence programs, regardless of the name of the organization, are required to serve both female and male victims, including the provision of emergency shelter, advocacy and court advocacy services.

Lastly, the Review Board recommends that OAG certified domestic violence programs in Oklahoma should develop strategies to raise awareness of male victimization and services available to male victims in the community. Strategies should include marketing and awareness materials that include the perspective of men's experiences. Programs should work to be more gender-inclusive and increase their organizational capacity to appropriately and safely integrate male victims into services.

PROFESSIONAL RESOURCES

Research Articles

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Recommendation 5

BATTERER INTERVENTION PROGRAMS

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

Target System/Agency: **OKLAHOMA OFFICE OF ATTORNEY GENERAL (OAG); BATTERER INTERVENTION PROGRAMS.**

RATIONALE

Subsequent to reviewing domestic violence homicide cases, the Review Board recognizes the need for Attorney General Certified Batterer Intervention Programs (BIP's) to consistently and safely initiate and maintain safe contact with the victim/partner of the program participant.

INFORMATION

It is well established that BIP's can support the "safety and empowerment of victims/ partners through periodic contact with them."¹ Contact with victims/partners can provide the BIP with information related to the participant's current and past violent, controlling and other abusive behavior. It also provides the victim/partner information related to ongoing risk/safety concerns that the victims/partners can use to assist with safety decisions. Contact is also an important opportunity to provide victims/partners with referral information for local domestic violence services, including safety planning, crisis intervention, advocacy, emergency shelter and trauma counseling. Studies have shown that information obtained from victims/partners related to their perceptions of risk and safety has a higher rate of correctly classifying repeat re-assaulters than actuarial risk assessment tools alone, leading researchers to conclude that the best model is to consider both the information provided by victims/partners together with information obtained from evidence-based risk assessment tools.²

According to OAC 75:25-3-4, contact is to be made with the victim/ partner when the batterer has been admitted or denied admission to the program and in the case of imminent threat or danger to victim's safety. Contact with the victim/partner must include a questionnaire approved by the OAG and shall be completed by phone, face to face or mailed to the victim/partner. In addition, BIP's are required to attempt to contact the victim/partner, at the victim/partner's discretion, and provides

¹The Commonwealth of Massachusetts. (2015). Guidelines and Standards for the Certification of Intimate Partner Abuse Education Programs. Retrieved from <http://www.mass.gov/eohhs/docs/dph/com-health/violence/bi-guidelines.pdf>

²Heckert, D.A. & Gondolph, E.W. (2004). Predicting Abuse and Re-assault Among Batterer Program Participants.

Recommendations 2017

additional guidance as to when/how such contact is to be made. There is also a caution that the information obtained from the victim is to be kept confidential.

Aligned with standards from other states, the Review Board recommends that BIP's attempt to make contact with victims/partners, preferably by telephone or face to face if the victim/partner permits such contact, and not to solely rely upon questionnaires sent by mail. A mailed questionnaire is an insufficient format in which to make contact unless specifically preferred by the victim/partner. However, while BIP's should be required to initiate and maintain safe contact with victims/partners, under no circumstances should the victim/partner be obligated to participate in any way in the BIP and at all times has an absolute right to refuse further contact. In situations where the BIP does not have contact information for the victim/partner, the BIP should contact the District Attorney's Office to obtain this information from the Victim Witness Coordinator/Assistant District Attorney. BIP programs are part of a broader criminal justice response to domestic violence; collaboration between the two is critical to the effectiveness of the program. The BIP's efforts to decrease re-offending, is likely to have only limited success without communication and cooperation from the broader systemic and criminal justice response.

Suggestions for Appropriate Contact with Victims/Partners

Contact with the victim should include the "purpose of the program, procedure for reporting further offenses, preliminary assessment [of the batterer] for the victim's own use in determining risk, limitations of the program, resource information regarding victim services, and the opportunity for the victim to provide input on the abuser's past and current behaviors."⁴ The program should also inform victims/partners when there is any change in status of the batterer within the program, including denial or admission to the program, termination of the batterer from the program and when the batterer has completed the requirements of the program. Contact should serve to inform victims/partners of any imminent risk of harm to them or their children.

Lethality Risk and Risk of Re-Abuse

In Oklahoma, OAC 75:25-3-4 requires BIP's to assess program participants for *lethality risk factors* using an evidence-based assessment tool specifically for batterers' intervention. With this information, programs can establish protocols for increased contact with those victims/partners for whom the batterer has been assessed to be at high risk for re-abuse and lethality.

PROFESSIONAL RESOURCES

Webinar: Making Victim Contacts Within a Batterer Intervention Program

Office of the Kansas Attorney General – January 12, 2018/**Register** at <https://ag.ks.gov/media-center/upcoming-events/2018/01/12/default-calendar/making-victim-contacts-within-a-batterer-intervention-program>.

Brochure: Partner Guide: Information for you if your partner is completing a Batterer Intervention Program. Developed by the Office of the Kansas Attorney General.

³ Office of Kansas Attorney General. (2012). Essential Elements and Standards for Batterer Intervention Programs. Retrieved from <https://ag.ks.gov/docs/documents/bip-standards.pdf?sfvrsn=12>

⁴ Saunders, D. G. (1996). Feminist-cognitive-behavioral and process-psychodynamic treatments for men who batter: Interaction of abuser traits and treatment models. *Violence and Victims, 11*, 393-413.

Update on Recommendations from Prior Annual Reports

Making a Difference in Oklahoma

Since 2002, the Review Board has submitted recommendations based on intensive case review and analysis of trends. Recommendations are centered on system improvements and generally include: increased awareness, training for allied professionals, policy and protocol considerations for the court system, law enforcement and child welfare, batterer intervention programs, and others. The goal is always to close safety gaps across the multiple systems that intersect with victims of domestic violence and their children. Making recommendations and increasing understanding and awareness of the issues is by itself insufficient. Consequently the Review Board recognizes that we must facilitate implementation of the recommendations – we must act.

Over the years, many recommendations have been implemented in Oklahoma including, but not limited to, these recommendations made in recent years:

CHILD WELFARE SYSTEM

PAST RECOMMENDATION(S)

- [2004]** Create an advisory committee to explore issues surrounding children witnessing domestic violence homicides.
- [2005]** Investigate and suggest a system for crisis response and develop best practices for assisting children on scene who witness and/or survive homicide.
- [2008]** Create a task force to develop a system response for ensuring children on scene who witness or survive domestic violence homicides receive appropriate services.
- [2010]** Focus on children in domestic violence cases. This can include counseling, forensic interviews, on scene help, offering resources, joint investigations, etc.
- [2012]** OKDHS should include in their policy and procedures for child welfare staff to utilize Greenbook Initiatives for addressing domestic violence in child maltreatment cases.
- [2013]** Encourage safety for victims of domestic violence and their children who are in contact with the child welfare system in Oklahoma and to strengthen OKDHS capacity to provide effective assessment and intervention for families experiencing domestic violence, OKDHS should create an internal position within the agency to act as a liaison between OKDHS and Attorney General Certified Domestic Violence Agencies. The position should act as a liaison to help coordinate domestic violence services for families, advance collaborative relationships between OKDHS and Attorney General Certified Domestic Violence Victims and Batterers Intervention Services, and should understand best practices related to domestic violence for working with families experiencing domestic violence.
- [2015]** Implement a response protocol that includes assistance to children on the scene of a domestic violence fatality.

UPDATE

The Review Board identifies domestic violence homicide cases in which child welfare was involved with the family prior to the homicide. Domestic violence training recommendations for the Department of Human Services (DHS) have been made by the Review Board spanning several years. In response, the DHS Child Welfare (CW) has implemented several domestic violence initiatives. DHS formed a multidisciplinary committee in 2014 comprised of child welfare professionals at

Update on Recommendations from Prior Annual Reports

varied levels of leadership (state office representatives and local child welfare offices) together with community domestic violence stakeholders, for the purpose of promoting collaboration between the domestic violence community and the DHS CW program to improve child welfare and community practice for serving children and families who are impacted by domestic violence.

Previous reports highlight the accomplishments of the committee. In 2016, OKDHS accomplished the following tasks related to improving the ability of child welfare to effectively and safely intervene in domestic violence cases:

- Completion of the update to the CW/DV Manual to guide child welfare field staff in working with families who have been impacted by DV. The updated manual provides additional guidance to staff.
- Recognizing the need for supervisory staff to obtain domestic violence training, OKDHS initiated training in October 2016 as a means of ensuring that all child welfare staff receives training that guides practice in a manner that promotes consistency and safety statewide. Between October, 2016 and July, 2017, OKDHS trained 521 district directors, supervisors, field managers and program staff.

COURT SYSTEM

PAST RECOMMENDATION(S)

- [2014]** Court Clerks and Deputy Court Clerks should be provided with basic professional development/training on protective orders, including information about Full Faith and Credit.

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

UPDATE

In 2016, the Office of the Attorney General's Victim Services Unit provided protective order training to over 34 court clerks/court clerk personnel with an additional 29 court clerks and deputy court clerks receiving regional Protective Order training in 2017.

Update on Recommendations from Prior Annual Reports

JUDICIARY

The judiciary is critical to the safety and well-being of families in Oklahoma. Decisions made by the juvenile, family, protective order and criminal courts have the potential to either enhance or diminish safety for victims of domestic violence and their children. Recognizing the vital role of the judiciary in creating safety for Oklahoma families, the Review Board has made several recommendations for judges spanning several years. However, despite past recommendations, the need for judicial training continues to be an overarching priority for the Review Board. During case reviews, the Review Board has the opportunity to review court records related to the case, including the victim and the perpetrator's prior criminal, juvenile, and family court proceedings and protective order history and continues to uncover the *urgent* need for judicial training to be translated into judicial practice in a manner that enhances the safety of victims and children.

PAST RECOMMENDATION(S)

- [2002, 2008, 2009]** Mandate continuing domestic violence training for all judges.
- [2005, 2007]** Utilize a bench card for judges handling protective orders to assist the court in recognizing red flags and danger potential in cases.
Develop a judicial bench guide to provide guidance to Oklahoma judges in domestic violence cases.
Educate Oklahoma judges by developing a judicial bench guide to utilize on domestic violence cases.
- [2008]** Make judges aware of bench cards for use in Protective Order cases:
http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_issuing.pdf
http://www.ncjfcj.org/images/stories/dept/fvd/pdf/ffc_bench_enforce.pdf
- [2008, 2009]** Train judges on how to utilize bench cards on protective order cases to assist them in recognizing red flag indicators and potential danger.
- [2010]** At a minimum, mandate continuing domestic violence education for judges who might ever preside over a domestic violence or family court. The training should include the importance of lethality assessment, safety for victims and children, and the significance of protective orders.
- [2014]** Develop a judicial benchbook to provide guidance to Oklahoma judges in domestic violence cases.

UPDATE

Currently, the Oklahoma County Bar Association, Lawyers Against Domestic Abuse Committee is developing a Benchbook for Oklahoma County Judges.

In 2017, local training was provided for judges in various parts of the state. In addition, the Oklahoma Administrative Office of the Courts provided Domestic Violence training at the annual Judicial Conference in October and at the Court Improvement Conference in December.

Update on Recommendations from Prior Annual Reports

MULTIDISCIPLINARY

PAST RECOMMENDATIONS

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

To accomplish this recommendation, the Review Board requested that the Oklahoma Office of the Attorney General establish a multidisciplinary taskforce/workgroup to oversee the statewide execution of the Lethality Assessment Program (LAP) [21 O.S. § 21-142A-3(D)].

UPDATE:

The Office of the Attorney General established the *LAP Task Force* in September 2017. The Task Force has member representation from law enforcement, including CLEET, domestic violence victim programs and an LAP researcher from the University of Oklahoma, Health Sciences Center. The goal of the Task Force is to collect data to evaluate LAP outcomes and to provide technical assistance to law enforcement and domestic violence victim programs.

PROSECUTION

PAST RECOMMENDATIONS

[2016] Enhance dissemination of information and access to resources for family survivors of domestic violence.

To accomplish this recommendation, the Review Board suggested that the District Attorneys Council develop a template to disseminate to family members from District Attorneys Offices across the State.

UPDATE

In 2017, the District Attorney's Council in collaboration with victim witness coordinators from several District Attorneys Offices, the Medical Examiner's Office and the Office of the Attorney General, Victim Services Unit, developed a Homicide Survivors Manual, *Picking Up the Pieces: A Support Guide for Homicide Survivors*. The manual is currently available at the Oklahoma District Attorneys Office and will be disseminated to relevant agencies across the State.

Spotlight

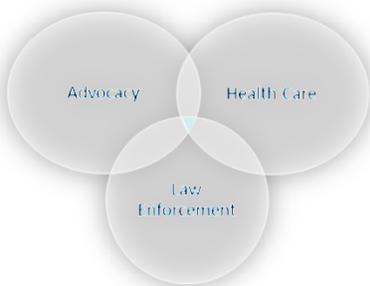
Homicide Prevention Initiatives in Oklahoma

Domestic Violence Risk Assessment for Health Care Professionals



The Oklahoma Lethality Assessment Protocol for police officers involves a collaboration that consists of advocacy services and law enforcement. In 2014 the police protocol was legislated (HB2526) and is now mandated for all Oklahoma police officers to use when called to a domestic violence incident. There is an effort underway in Tulsa that expands that model and involves a tripartite approach. It consists of collaboration with the addition of *healthcare*.

Each of the three agency types provides services to victims at a time they are experiencing violence. This collaboration would provide another layer of safety. The project has been titled the Oklahoma Lethality Assessment Protocol for Health Care (OK-LAPHC)



The pilot protocol education has been developed to alert staff in an emergency department that further evaluation is necessary regarding the safety of their patient. A trained nurse or social worker will perform the lethality assessment which involves asking a series of questions associated with high lethality in researched intimate partner violence cases. As in the Law enforcement model, the victim will have the opportunity to consult with a domestic violence advocate and develop a safety plan for use once they leave the emergency department. At the

time of discharge the patient will have access to an abundant list and knowledge of resources that they would not have been aware of in the past.

The result of the assessments will be made available to the City of Tulsa forensic nursing program and Family Safety Center. With a patient's consent, contact will be made to a safe phone number where discussions of other services and needs of the patient can be discussed. Research data from the law enforcement project, suggested when victims go into services, the rate of re-assault drops by 60%. One explanation for this finding is that with more knowledge victims' implemented greater protective strategies, such as obtaining protective orders and seeking services that they may not have previously been aware of. It is reasonable to believe the same results will extend to a healthcare led process.

This project will be the first in Oklahoma to implement a coordinated lethality assessment protocol response development for Emergency Departments health care, law enforcement, and advocates. The pilot project is being implemented in one hospital in the City of Tulsa with the plan to expand throughout the city and then throughout the state.

Submitted by:

Kathy Bell MS, RN

Tulsa Police Department

Website: <http://www.tulsapolice.org/content/tulsa-forensic-nursing-services.aspx>

Oklahoma Domestic Violence Fatality Review Board Homicide Prevention Award 2017



(L) Chief Deputy of Operations, Jose Chavez, Cleveland County Sheriff's Office; (R) Detective Captain Ronnie L. Johnson, Cleveland County Sheriff's Office

The recipient of the Homicide Prevention Award for 2017 is Detective Captain Ronnie L. Johnson of the Cleveland County Sheriff's Office.

Captain Ronnie L. Johnson has been employed with the Cleveland County Sheriff's Office (CCSO) since 2006, as a Council on Law Enforcement Education and Training (CLEET) certified deputy regularly training on topics such as domestic violence, sexual assault, stalking, strangulation, and protective orders. He instructs CCSO personnel as well as others throughout the state.

Members of CCSO and other law enforcement entities have called upon Detective Johnson's knowledge on domestic violence (DV) cases. He has over 1,500 training hours, of which over 700 hours have been DV/SA related classes. He has instructed over 300 hours of DV/SA related classes.

Captain Johnson has investigated approximately 2,000 crimes of domestic violence and has followed up on every intimate partner domestic violence crime that is reported in unincorporated Cleveland County. He is a certified expert witness in the crime of domestic violence by the Cleveland County District Attorney's Office, Norman, OK. In addition to this award, Detective Johnson was selected for the Oklahoma Officer of the Year for Excellence in Action Against Domestic Violence in 2009 and was the CCSO Deputy of the Year for 2016.

Captain Johnson has been described as "a true advocate for violent crime victims' rights. He has truly changed the philosophy of our agency; we are now victim focused and victim centered. He has gained the trust of violent crime victims, and together they work for the best resolution for them and their families."

The Review Board would like to express appreciation to Captain Johnson for his exemplary work and efforts to prevent domestic violence homicide in Oklahoma.

Suggested Resources for Professionals

Helpful Resources

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

Local Resources

OKLAHOMA COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT

405-524-0700 • <http://ocadvsa.org/>

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

NATIVE ALLIANCE AGAINST DOMESTIC VIOLENCE

405-801-2277 • <https://oknaav.org/>

The Native Alliance Against Violence (NAAV), is a nonprofit organization operating as Oklahoma's only tribal domestic violence and sexual assault coalition. The NAAV serves Oklahoma's federally recognized tribes and their tribal programs that provide victims with the protection and services they need to pursue safe and healthy lives. The NAAV website contains a list of tribal domestic violence programs in Oklahoma and other informational resources.

National Resources

NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

1-800-537-2238 • www.nrcdv.org and www.vawnet.org

The National Resource Center on Domestic Violence (NRCDV) is a comprehensive source of information for those wanting to educate themselves and help others on the many issues related to domestic violence. Key initiatives work to improve community response to domestic violence and, ultimately, prevent its occurrence. NRCDV has many resources available to assist in the planning of domestic violence intervention and prevention efforts and offers comprehensive technical assistance, training and resource development.

NATIONAL DOMESTIC VIOLENCE HOTLINE

1-800-799-7233 • 800-787-3224 (TTY) • www.thehotline.org

Since 1996, the National Domestic Violence Hotline has been the vital link to safety for women, men, children and families affected by domestic violence. The Hotline responds to calls 24/7, 365 days a year and provides confidential, one-on-one support to each caller and chatter, offering crisis intervention, options for next steps and direct connection to sources for immediate safety. Their database holds over 5,000 agencies and resources in communities all across the country. Bilingual advocates are on hand to speak with callers, and their Language Line offers translations in 170+ different languages. The Hotline is an excellent source of help for concerned friends, family, co-

Suggested Resources for Professionals

Helpful Resources

workers and others seeking information and guidance on how to help someone they know. The Hotline educates communities all over through events, campaigns, and dynamic partnerships.

BATTERED WOMEN'S JUSTICE PROJECT

1-800-903-0111, ext. 3 • www.bwjp.org

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

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

1-800-903-0111 • www.bwjp.org/our-work/projects/firearms-project.html

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

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

1-888-792-2873 • www.futureswithoutviolence.org/health

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

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH

312-726-7020 • www.nationalcenterdvtraumamh.org

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

Culturally-Specific Resources

ASIAN & PACIFIC ISLANDER INSTITUTE ON GENDER-BASED DOMESTIC VIOLENCE

415-568-3315 • www.apiidv.org

The **Asian Pacific Institute on Gender-Based Violence** is a national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian and Pacific

Suggested Resources for Professionals

Helpful Resources

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

**CASA DE ESPERANZA: NATIONAL LATIN@ NETWORK OF HEALTHY FAMILIES AND COMMUNITIES
651-646-5553 •**

www.casadeesperanza.org/national-latino-network

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

**INSTITUTE ON DOMESTIC VIOLENCE IN THE AFRICAN AMERICAN COMMUNITY [CLOSED]
651-331-6555 Dr. Oliver J. Williams Email: owms63@gmail.com • <http://idvaac.org/>**

The Institute on Domestic Violence in the African American Community (IDVAAC) was an organization focused on the unique circumstances and life experiences of African Americans as they seek resources and remedies related to the victimization and perpetration of domestic violence in their community. IDVAAC focused on the unique circumstances of African Americans as they face issues related to domestic violence, including intimate partner violence, child abuse, elder maltreatment, and community violence. IDVAAC closed in September 2016, but the information on the website will be available for review for the next 10 years and consulting will still be available

**NATIONAL INDIGENOUS WOMEN'S RESOURCE CENTER
1-855-649-7299 • www.niwrc.org**

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

Oklahoma Domestic Violence Fatality Review Board

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Email: Jacqueline.Steyn@oag.ok.gov

Please go to:

www.oag.ok.gov

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

Please disseminate this report widely.

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

Safeline
1-800-522-SAFE (7233)

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

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

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

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

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

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

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