DOMESTIC VIOLENCE
HOMICIDE IN OKLAHOMA
A Report of the Oklahoma Domestic Violence Fatality Review Board

An Analysis of 2017 Domestic Violence Homicides
Report Year 2018
Oklahoma Domestic Violence Fatality Review Board

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Cover: The highlighted counties/numbers on the front-page represent the 82 victims (men, women, and children) identified by the Oklahoma Domestic Violence Fatality Review Board who died because of domestic violence in Oklahoma in 2017
The Oklahoma Domestic Violence Fatality Review Board presents the 2018 edition of the statewide publication, Domestic Violence Homicide in Oklahoma: An Analysis of 2017 Domestic Violence Homicides. This report outlines findings and recommendations assembled from our review of domestic violence-related homicide cases occurring in Oklahoma in 2017.

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

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

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

Thank you,

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

## BOARD MEMBERS (Jan-Dec 2018)

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

Oklahoma Domestic Violence Fatality Review Board Staff Team<br>Jacqueline Steyn, M.A., M.B.S., LPC, Program Manager /Tiffany Clanahan, B.S. Research Analyst
Key Findings (2017)

AT A GLANCE

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

Domestic Violence Homicide in Oklahoma in 2017

75
DOMESTIC VIOLENCE HOMICIDE CASES [EVENTS]

82 Homicide Victims
40% Female
60% Male

83 Homicide Perpetrators
24% Female
76% Male

22 Oklahoma Counties with at least one homicide
Key Findings (2017)

AT A GLANCE

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

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

Table 1: Domestic Violence Homicides in Oklahoma (2011-2017)

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

BY COUNTY

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

Table 2: Domestic Violence Related Deaths (2017)

<table>
<thead>
<tr>
<th>Homicide Victims</th>
<th>County</th>
<th>Suicide/Law Enforcement Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Atoka</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Blaine</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cherokee</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Choctaw</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Cleveland</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Comanche</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Creek</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Leflore</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>McCurtain</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Oklahoma</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Okmulgee</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Osage</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Payne</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Pontotoc</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Pottawatomie</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Roger Mills</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Rogers</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sequoyah</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Stephens</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Tulsa</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Washington</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Washita</td>
<td></td>
</tr>
<tr>
<td><strong>82</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>
Key Findings (2017)

DEMOGRAPHICS

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

Gender

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

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

Race

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

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

Age

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

Perpetrators between the age of 21 and 40 years old (59%) represented the largest age group. The average age of the 83 perpetrators was 37.22 years old; the average age of adult perpetrators (≥ 18 years) was 37.95 years old. The youngest homicide perpetrator was 17 years old. The oldest perpetrator was 76 years old. Four (5%) homicide perpetrators were <18 years old (Table 3).
# Key Findings (2017)

## DEMOGRAPHICS

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

<table>
<thead>
<tr>
<th></th>
<th>Domestic Violence Homicide Victims (n=82)</th>
<th></th>
<th>Domestic Violence Homicide Perpetrators (n=83)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>33</td>
<td>40%</td>
<td>20</td>
<td>24%</td>
</tr>
<tr>
<td>Male</td>
<td>49</td>
<td>60%</td>
<td>63</td>
<td>76%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>49</td>
<td>60%</td>
<td>52</td>
<td>62%</td>
</tr>
<tr>
<td>African American</td>
<td>23</td>
<td>28%</td>
<td>24</td>
<td>29%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>4</td>
<td>5%</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Native American</td>
<td>5</td>
<td>6%</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 21</td>
<td>15</td>
<td>18%</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>21 to 40</td>
<td>30</td>
<td>37%</td>
<td>49</td>
<td>59%</td>
</tr>
<tr>
<td>41 to 60</td>
<td>28</td>
<td>34%</td>
<td>25</td>
<td>30%</td>
</tr>
<tr>
<td>Over 60</td>
<td>9</td>
<td>11%</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>Average Age [All]</td>
<td>37.39</td>
<td></td>
<td>37.22</td>
<td></td>
</tr>
<tr>
<td>Average Age [&lt;18]</td>
<td>1.58</td>
<td></td>
<td>17.6</td>
<td></td>
</tr>
<tr>
<td>Average Age [≥18]</td>
<td>42.61</td>
<td></td>
<td>37.95</td>
<td></td>
</tr>
</tbody>
</table>
Key Findings (2017)

RELATIONSHIP TYPE

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

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

CAUSE OF DEATH

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

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

Figure 3: Cause of Death (2017)

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

Figure 4. Victim's Causes of Death (1998-2017)
Key Findings (2017)

INTIMATE PARTNER HOMICIDE (IPH)

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

Gender

In 2017, consistent with previous years, women were more likely than men to be killed by an intimate partner than by a non-intimate partner. Of the 37 IPH victims, 23 (62%) were female and 14 (38%) were male (Table 5). More than two-thirds of IPH perpetrators were male (68%). On average, between 2011 and 2017, two-thirds of IPH victims were female and one-third were male (Figure 5). In some cases, the IPH perpetrator killed the IPH victim who was also the abusive partner.

![Figure 5. Intimate Partner Homicide Victims by Gender (2011-2017)](image)

Key Findings (2017)

INTIMATE PARTNER HOMICIDE (IPH)

Age

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

Race

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

| Table 4: Demographics (IPH) (2017) |
|----------------------------------|--------|--------|
|                                 | IPH Victim | IPH Perpetrator |
| **Gender**                      |          |        |
| Female                          | 23       | 12     |
| Male                            | 14       | 25     |
| **Race**                        |          |        |
| Caucasian                       | 24       | 22     |
| African American                | 7        | 10     |
| Native American                 | 3        | 3      |
| Hispanic                        | 2        | 2      |
| Asian                           | 1        | 0      |
| Other                           | 0        | 0      |
| **Age**                         | 0        |        |
| Under 21                        | 1        | 0      |
| 21 to 40                        | 17       | 23     |
| 41 to 60                        | 17       | 11     |
| Over 60                         | 2        | 3      |
| **Average Age [All]**           | 41.42    | 39.35  |

Key Findings (2017)

INTIMATE PARTNER HOMICIDE (IPH) 2017

Cause of Death

Figure 6: IPH by Cause of Death (2017)

Aligned with national research, Oklahoma findings show firearms to be the most commonly used weapons in intimate partner homicides (IPH). In 2017, 68% of IPH victims in Oklahoma were killed by firearms (Table 6); more than double all other causes of death combined. In the U.S., firearms, in particular handguns, are the weapon most commonly used by males to murder females in single victim/offender murders. In one study, females were more likely to be murdered by their intimate partners with firearms than by all other causes combined. Other research analyzing risk factors for femicide in abusive relationships, found that an abused woman is five times more likely to be killed by her abusive partner when her partner owns a firearm. Also, there appears to be a link between non-fatal intimate partner violence, firearm ownership and a perpetrator's likelihood of using the gun to threaten the partner. Perpetrators of intimate partner violence use guns as tools of intimidation and psychological control of the intimate partner, most often as a means to threaten and instill fear.

Key Findings (2017)

INTIMATE PARTNER HOMICIDE (IPH)

Relationship Status

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

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>When perpetrator was male (n=25), victim was:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>10</td>
<td>40%</td>
</tr>
<tr>
<td>Ex-Spouse</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Current Intimate Partner (not married)</td>
<td>10</td>
<td>40%</td>
</tr>
<tr>
<td>Former Intimate Partner (not married)</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>When perpetrator was female (n=12), victim was:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>3</td>
<td>25%</td>
</tr>
<tr>
<td>Ex-Spouse</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Current Intimate Partner (not married)</td>
<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>Former Intimate Partner (not married)</td>
<td>4</td>
<td>33%</td>
</tr>
</tbody>
</table>

Living Arrangements

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

Separation

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

Prior Physical Violence

A history of prior physical violence in the relationship is difficult to ascertain. The Review Board relies on sources of information such as law enforcement reports, Protective Order petitions, prosecutorial records, hospital records and family/friends. However, since many of the intimate partner homicide cases from 2017 are not yet closed in the criminal justice system, prosecutorial
Key Findings (2017)

INTIMATE PARTNER HOMICIDE (IPH)

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

Protective Order History (IPH)

Table 6: History of Protective Orders (2017)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Petitioned for Protective Order Against Perpetrator (Ever)</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>Victim’s Protective Order Valid at the Time of the Death</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Perpetrator Petitioned for Protective Order Against Victim (Ever)</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Perpetrator had Protective Order history against him/her by Someone other than Victim</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td>Victim had Protective Order history against him/her by Someone other than Perpetrator</td>
<td>6</td>
<td>16%</td>
</tr>
</tbody>
</table>

Criminal Charges/Convictions related to the Homicide (IPH)

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Degree Murder</td>
<td>18</td>
<td>49%</td>
</tr>
<tr>
<td>2nd Degree Murder</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>1st Degree Manslaughter</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>2nd Degree Manslaughter</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>No Charges Filed</td>
<td>13</td>
<td>35%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5%</td>
</tr>
</tbody>
</table>

Prior Child Welfare Involvement (IPH)

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

INTIMATE PARTNER HOMICIDE (IPH)

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

Prior Criminal History

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

<table>
<thead>
<tr>
<th>Perpetrator’s Prior Criminal History</th>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Abuse Convictions (Misdemeanor and/or Felony)</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Drug/Alcohol Convictions</td>
<td>9</td>
<td>24%</td>
</tr>
<tr>
<td>Past Felony Convictions</td>
<td>14</td>
<td>38%</td>
</tr>
<tr>
<td>Criminal Court History¹²</td>
<td>23</td>
<td>62%</td>
</tr>
<tr>
<td>Juvenile Criminal History</td>
<td>6</td>
<td>16%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Victim’s Prior Criminal History</th>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug/Alcohol Convictions</td>
<td>9</td>
<td>24%</td>
</tr>
<tr>
<td>Past Felony Convictions</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>Criminal Court History¹³</td>
<td>12</td>
<td>32%</td>
</tr>
<tr>
<td>Juvenile Criminal History</td>
<td>9</td>
<td>24%</td>
</tr>
</tbody>
</table>

¹² ¹³ Criminal Court History includes criminal charges, criminal misdemeanor and felony charges resulting in deferred or suspended sentences as well as convictions.
An event is referred to as a homicide-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 former intimate partner and then kills him or herself. In 2017, the Review Board identified 75 domestic violence-related homicide cases resulting in the death of 82 victims. Nine (12%) of the 75 cases were categorized as homicide-suicide cases. Of the 9 homicide-suicide cases, 7 (78%) were classified as single homicide-suicide cases (events), i.e. one homicide victim and one perpetrator who committed suicide or was killed as a result of law enforcement intervention. Two of the 9 (22%) homicide-suicide cases were multiple homicide-suicide cases, i.e. the perpetrator killed more than one victim before committing suicide or being killed by law enforcement intervention (Figure 7).

National research finds that homicide-suicide cases most often involve intimate partners; usually a man killing his current or former intimate partner and then himself. Similarly, the Review Board found that 89% of all homicide-suicide cases in Oklahoma in 2017 were perpetrated by intimate partners. Victims ranged in age from under two years old to over 50 years old. Historically, the Review Board rarely identifies intimate partner homicide-suicide cases involving a female perpetrator; however, in 2017 one case involved a female perpetrator. Between 1998 and 2017, 13% of all domestic violence homicide cases were homicide-suicide cases. In addition, a 17-State study, including Oklahoma, found that 88% of homicide-suicide incidents were performed with a gun. In 2017 in Oklahoma 100% of such incidents were committed with a firearm.

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14 Homicide-suicide and murder-suicide are often used interchangeably in the research literature.
Key Findings (2017)

DOMESTIC VIOLENCE HOMICIDE AND CHILDREN

Domestic Violence, Child Maltreatment and Child Homicide

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

Lethality Risk Identification Related to Children

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

Intimate Partner Homicide and Children on the Scene

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

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

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

Key Findings (2017)

DOMESTIC VIOLENCE HOMICIDE AND CHILDREN

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

Review Board Findings

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

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


\(^{24}\) Oklahoma Department of Human Services Data.
Key Findings (2017)

DOMESTIC VIOLENCE HOMICIDE AND CHILDREN

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Child Homicides</td>
<td>18</td>
<td>14</td>
<td>14</td>
<td>18</td>
<td>24</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Number of Victims ≤ 5 yrs old</td>
<td>11</td>
<td>11</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Age of Youngest Child</td>
<td>3 months</td>
<td>2 months</td>
<td>5 months</td>
<td>&lt;1 day</td>
<td>2 months</td>
<td>&lt;1 month</td>
<td>&lt;1 month</td>
</tr>
<tr>
<td>Age of Oldest Child</td>
<td>16</td>
<td>16</td>
<td>14</td>
<td>17</td>
<td>15</td>
<td>17</td>
<td>6</td>
</tr>
</tbody>
</table>
Domestic Violence Homicide by County (1998-2017)

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

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

*“V” Attorney General Certified Victims Program and “S” Satellite Attorney General Certified Victims Program; “B” Batterers Intervention Program; “T” Tribal Program; and “F” Family Justice Center
### Table 11. Domestic Violence Homicide Rate per 100,000 population by District Attorney District (1998-2017)

<table>
<thead>
<tr>
<th>DA District</th>
<th>County</th>
<th>Number of DV Homicide Victims</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 26</td>
<td>Alfalfa, Dewey, Major, Woods and Woodward</td>
<td>10</td>
<td>1.07</td>
</tr>
<tr>
<td>District 4</td>
<td>Blaine, Canadian, Garfield, Grant and Kingfisher</td>
<td>43</td>
<td>1.08</td>
</tr>
<tr>
<td>District 21</td>
<td>Cleveland, Garvin and McClain</td>
<td>76</td>
<td>1.25</td>
</tr>
<tr>
<td>District 9</td>
<td>Logan and Payne</td>
<td>32</td>
<td>1.40</td>
</tr>
<tr>
<td>District 8</td>
<td>Kay and Noble</td>
<td>17</td>
<td>1.47</td>
</tr>
<tr>
<td>District 1</td>
<td>Beaver, Cimarron, Harper and Texas</td>
<td>10</td>
<td>1.55</td>
</tr>
<tr>
<td>District 3</td>
<td>Greer, Harmon, Jackson, Kiowa, and Tillman</td>
<td>17</td>
<td>1.58</td>
</tr>
<tr>
<td>District 12</td>
<td>Craig, Mayes and Rogers</td>
<td>50</td>
<td>1.82</td>
</tr>
<tr>
<td>District 24</td>
<td>Creek and Okfuskee</td>
<td>30</td>
<td>1.85</td>
</tr>
<tr>
<td>District 11</td>
<td>Nowata and Washington</td>
<td>24</td>
<td>1.97</td>
</tr>
<tr>
<td>District 10</td>
<td>Osage and Pawnee</td>
<td>26</td>
<td>2.06</td>
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Recommendations

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

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

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

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

Rationale

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

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

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

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

National research shows that non-fatal strangulation is not only “highly gendered” but also highly prevalent in intimate partner assault. Research has demonstrated non-fatal strangulation to be an important risk factor for intimate partner homicide.27 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 homicides of women.28 In addition, a study by the San Diego Domestic Violence Unit of the city prosecutor’s office found that 89% of 300 cases of attempted strangulations of females included a prior history of intimate partner violence (IPV).29 Research in Oklahoma, conducted as part of the larger Oklahoma Lethality Assessment study, found that 79.66% of over 1,000 female study participants experienced some form of non-fatal strangulation during the relationship. An additional 37% of participants reported being strangled on multiple occasions.30 Victims in the study were more likely to have been sexually assaulted and have children in common with the perpetrator; and over two-thirds of their partners had avoided arrest for the abuse.31

DID YOU KNOW?

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

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

TRAINING INSTITUTE ON STRANGULATION PREVENTION

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

Recommendations

Judges

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

The judiciary is critical to the safety and well-being of families in Oklahoma; everyday, judges are faced with decisions regarding domestic violence victims’ requests for protection orders, custody arrangements, visitation schedules, etc. Decisions made by the juvenile, family, Protective Order and criminal courts have the potential to either enhance or diminish safety for victims of domestic violence and their children. Recognizing the vital role of the judiciary in creating safety for Oklahoma families, the Review Board has made numerous recommendations directed at judges over the past several years regarding the use of lethality and danger assessments. However, despite past recommendations, the need for judicial training continues to be an overarching priority for the Review Board.

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

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

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Recommendations

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

Judicial Bench Guides – Lethality Risk

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

Judicial Resources

Bench Guide for Recognizing Dangerousness in Domestic Violence Cases
Jacquelyn C. Campbell, PhD, Hon. Sharon Chatman, Superior Court of California, Co. of Santa Clara

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

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

A Judicial Guide to Safety in Domestic Violence Cases: Using Lethality Screen
Rebecca T. Hauser, Center for Court Innovation and Hon. Janice M. Rosa, Supervising Judge of Family Courts (ret.), Buffalo and Western NY.


Healthcare Practitioners

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

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

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

Emergency room (ER) personnel are often in the position of providing medical attention for injuries sustained by a physical and/or sexual assault, including strangulation, and are uniquely poised to conduct both domestic violence screening for intimate partner violence and conduct lethality risk assessments. Findings from research published in the Journal of General Internal Medicine (2011), found that approximately 80% of women sought services at an ER at least once during the four years after their assault. To coincide with training of systems in Oklahoma, i.e. law enforcement, child welfare, victim advocates etc., to encourage and refer victims of strangulation to seek a

Recommendations

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

Recent innovations in the domestic violence field have highlighted the connection between the act of immediately linking victims to hotline crisis services and an increase in victims’ engagement in protective strategies following the abuse.\(^{36}\) Linking to services has also been shown to result in victims experiencing less frequent and severe violence in the future.\(^{37}\) By conducting risk assessments, ER personnel and other medical practitioners, i.e. obstetricians, gynecologists, pediatricians, family physicians and nurses etc., can play a vital role in connecting victims to crisis services via local hotlines operated by Attorney General certified and tribal domestic violence programs. Linking victims to domestic violence services will reach many women who might not otherwise reach out for services or even be aware that such services exist in their local communities.

Mental Health Professionals

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

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

Recommendations

The goal is to improve the ability of mental health professionals to address the danger to victims related to the perpetrator’s suicide and/or homicide risk. The Review Board recommends that a mental health assessment of intent to commit suicide and/or homicide should include screening for domestic violence as well as a homicide risk assessment specific to the context of domestic violence lethality risk. It is now critical that mental health professionals and domestic violence experts collaborate to develop model domestic violence lethality risk assessment tools at the intersection of mental health and domestic violence.
Update On Selected Prior Recommendations

MAKING A DIFFERENCE IN OKLAHOMA

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

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

   **PRIOR RECOMMENDATION(S)**

   **[2017]**

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

   **UPDATE**

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

2. **Multidisciplinary**

   **PRIOR RECOMMENDATION**

   **[2016]**

   Enhance consistent and safe implementation of the Lethality Assessment Program (LAP) in Oklahoma.
Update on Selected Prior Recommendations

MAKING A DIFFERENCE IN OKLAHOMA

UPDATE

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

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

Oklahoma LAP Update

| In 2018 | Resulting in 290 adult victims and 166 child victims safely entering an emergency domestic violence shelter.

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

For more information on LAP Training and technical assistance for your agency, please contact the LAP Taskforce at Jacqueline.Steyn@oag.ok.gov
Update on Selected Prior Recommendations

MAKING A DIFFERENCE IN OKLAHOMA

3. **Judiciary**

The judiciary is critical to the safety and well-being of families in Oklahoma. Decisions made by the juvenile, family, protective order, and criminal courts have the potential to either enhance or diminish safety for victims of domestic violence and their children. Recognizing the vital role of the judiciary in creating safety for Oklahoma families, the Review Board has made multiple recommendations for judges spanning several years. However, the need for judicial training continues to be an overarching priority for the Review Board. The Review Board has the opportunity to review court records related to each case, including the victim and perpetrator's prior criminal, juvenile and family court history, and Protective Order history. Through this process, we recognize the continued *urgent* need for judicial training as well as evidence demonstrating changes in judicial practice to enhance safety for families.

**PRIOR RECOMMENDATION(S)**

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

- **[2014]** Develop a judicial benchbook to provide guidance to Oklahoma judges in domestic violence cases.
- **[2008 and 2009]** Train judges on how to utilize bench cards on Protective Order cases to assist them in recognizing red flag indicators and potential danger when domestic violence is involved in the case.
- **[2007]** Utilize a bench card for judges handling protective orders to assist the court in recognizing red flags and potential danger.
- **[2005]** Develop bench card for judges handling protective orders to assist judges in recognizing red flags and danger potential in cases.

**UPDATE**

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

MAKING A DIFFERENCE IN OKLAHOMA

4. Legislature

PRIOR RECOMMENDATIONS

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

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

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

5. Batterer Intervention Programs [BIP]

PRIOR RECOMMENDATIONS

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

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

MAKING A DIFFERENCE IN OKLAHOMA

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

Feedback from the field:

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

-Attorney General Certified Batterer Intervention (BIP Provider).
Sub-Committee Update  
Domestic Violence and African American Women

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

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

Current Review Board Sub-Committee:

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

Background

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

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

Sub-Committee Update

Domestic Violence and African American Women

2018 Sub-Committee Accomplishments:

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

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

*For Tia* Goals (2019):

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

For more information:

[For Tia - Home | Facebook](https://www.facebook.com/fortiaokc/)
Spotlight
Homicide Prevention Initiatives in Oklahoma

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

Submitted by Sergeant Clay Asbill:

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

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

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

For more information, contact Sergeant Clay Asbill at Casbill@cityoftulsa.org
Family Violence Unit
Tulsa Police Department

36 The Tulsa Police Department Strangulation Awareness Card can be found in Appendix C.
Appendix A
Oklahoma Domestic Violence Fatality Review Board

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

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

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

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

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

Oklahoma Domestic Violence Fatality Review Board

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

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

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

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

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

Oklahoma Domestic Violence Fatality Review Board

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

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

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

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

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

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

Oklahoma Domestic Violence Fatality Review Board

Perpetrator. The Review Board collects and maintains all information in a confidential manner in accordance with 22 O.S. § 1601. Per statute, the Review Board does not report personally identifying information and instead reports de-identified and aggregated data to maintain the confidentiality and privacy of domestic violence-related homicide victims and their families. When appropriate, the Review Board invites victims’ families to appear before the Review Board to tell their stories. Their names, of course, remain confidential.
# Appendix B

## Domestic Violence Lethality-Screen for First Responders

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the person ever threatened to use or used a weapon against the victim?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>2. Has the person ever threatened to kill the victim or the children of the victim?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>3. Has the person ever tried to choke the victim?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>4. Has the person ever tried or threatened to kill him/herself?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>5. Does the victim think the person will try to kill the victim?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>6. Does the person have a gun or can he/she get one easily?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>7. Is the person violently or constantly jealous or does the person attempt to control most of the daily activities of the victim?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>8. Does the person follow or spy on the victim or leave the victim threatening or unwanted messages, phone calls or text messages?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>9. Does the victim have any children the person knows is not his/her own child?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>10. Has the victim left or separated from the person after living together or being married?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
</tr>
<tr>
<td>11. Is the person unemployed?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Refused</td>
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**Check one:**

- [ ] Victim screened in according to the protocol
- [ ] Victim screened in based on the belief of the officer
- [ ] Victim did not screen in

**If victim screened in:**

Did the officer contact the local OAG Certified DV/SA Program or Tribal DV/SA Program? [ ] Yes [ ] No

If “no” state why: ____________________________

**If the officer is unable to make contact with a hotline advocate at the local program after at least two attempts within a 10 minute period, contact the State SAFELINE at 1-800-522-SAFE (7233).**

After advising the victim of high risk for danger/lethality, did the victim speak with the hotline advocate? [ ] Yes [ ] No

---

**Note:** The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen “positive” or “high danger” would not be expected to be killed, these victims face much higher risk than other victims of intimate partner violence.
Appendix C
Tulsa Police Department Strangulation Awareness Card

SEEK CARE AT AN EMERGENCY DEPARTMENT OR CALL 9-1-1 IF YOU EXPERIENCE:

- Loss of Consciousness
- Trouble seeing, "flashing lights", "spots", "tunnel vision"
- Pinpoint red spots in/on eyes, face or mouth
- Cord or rope burns on neck
- Neck pain, tenderness or swelling
- Loss of bladder control, "wet yourself"
- Trouble breathing, can’t lie flat
- Mental changes, seizures
- Severe headache, numbness or weakness on one side of the body
- Dizziness, loss of balance or coordination
- Trouble talking or understanding what people are saying

MANY PEOPLE HAVE CONCERNS ABOUT PAYMENT FOR SERVICES

- At the Family Safety Center there is no cost for any service.
- If you don’t have insurance, you are likely eligible for Victim Compensation Assistance. This will aid in the payment of emergency and hospital care.
- For transportation needs to the Family Safety Center, call 918.742.7480 and request the Client Navigator at extension 137 or the Office Administrator at extension 105.

What To Do If You Are STRANGLED / CHOKED
Strangulation/choking is serious and can lead to strokes and death

MONITOR & JOURNAL

<table>
<thead>
<tr>
<th>DATE / TIME</th>
<th>SYMPTOMS</th>
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What hospital & Physician?

Tests

Most people do not have observable signs of strangulation. HOWEVER, other symptoms can indicate very serious injury inside the neck and head.

Who should you see after being checked at the hospital or if you think you have no symptoms?

FORENSIC NURSE:
FAMILY SAFETY CENTER

600 Civic Center, Suite 103
Downtown Tulsa
918.742.7480

Monday - Friday
8:00am to 4:00pm

After hours, Holidays & Weekends, Call:
918.743.5763
A nurse will be contacted

Photo courtesy of Alliance for Hope, July 2017 www.allianceforhope.com emailinfo@allianceforhope.com
Appendix D
Resources for Professionals

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

LOCAL RESOURCES

OKLAHOMA COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT
405-524-0700 • http://ocadvsa.org/
The Oklahoma Coalition Against Domestic Violence and Sexual Assault is a nonprofit organization that works to organize and mobilize domestic violence member programs to prevent and eliminate sexual and domestic violence and stalking in Oklahoma and Indian Country. The website provides information related to the activities of the OCADVSA and offers links to domestic violence, sexual assault and stalking training materials for advocates, law enforcement, mental health, batterer intervention programs, etc. A list of domestic violence member programs and location is provided.

NATIVE ALLIANCE AGAINST DOMESTIC VIOLENCE
405-801-2277 • https://oknaav.org/
The Native Alliance Against Violence (NAAV), is a nonprofit organization operating as Oklahoma’s only tribal domestic violence and sexual assault coalition. The NAAV serves Oklahoma’s federally recognized tribes and their tribal programs that provide victims with the protection and services they need to pursue safe and healthy lives. The NAAV website contains a list of tribal domestic violence programs in Oklahoma and other informational resources.

NATIONAL RESOURCES

NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE
1-800-537-2238 • www nr cdv.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
Appendix D
Resources for Professionals

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

BATTERED WOMEN’S JUSTICE PROJECT
1-800-903-0111, ext. 3 • www.bwjp.org
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
Appendix D
Resources for Professionals

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

**CULTURALLY-SPECIFIC RESOURCES**

**NATIVE ALLIANCE AGAINST VIOLENCE [NAAV]**
(405) 801-227 • https://oknaav.org/
Created in 2009, the Native Alliance Against Violence (NAAV), is a nonprofit organization operating as Oklahoma’s only tribal domestic violence and sexual assault coalition. The NAAV is not a direct service provider, however they do serve Oklahoma’s federally recognized tribes and their tribal domestic violence and sexual assault programs.

**NATIONAL INDIGENOUS WOMEN’S RESOURCE CENTER**
1-855-649-7299 • www.niwr.org
The National Indigenous Women’s Resource Center, Inc. (NIWRC) is a Native nonprofit organization that was created specifically to serve as the National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women. NIWRC seeks to enhance the capacity of American Indian and Alaska Native tribes, Native Hawaiians, and Tribal and Native Hawaiian organizations to respond to domestic violence and provide public awareness and resource development, training and technical assistance, policy development and research activities.

**ASIAN & PACIFIC ISLANDER INSTITUTE ON GENDER-BASED DOMESTIC VIOLENCE**
415-568-3315 • www.apiidv.org
The Asian Pacific Institute on Gender-Based Violence is a national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian and Pacific Islander communities. It analyzes critical issues affecting Asian and Pacific Islander survivors; provides training, technical assistance, and policy analysis; and maintains a clearinghouse of information on gender violence, current research, and culturally-specific models of intervention and community engagement. The Institute serves a national network of advocates, community-based service programs, federal agencies, national and state organizations, legal, health, and mental health professionals, researchers, policy advocates, and activists from social justice organizations working to eliminate violence against women.

**CASA DE ESPERANZA: NATIONAL LATIN@ NETWORK OF HEALTHY FAMILIES AND COMMUNITIES**
651-646-5553 • www.casadeesperanza.org/national-latino-network
Appendix D
Resources for Professionals

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

INSTITUTE ON DOMESTIC VIOLENCE IN THE AFRICAN AMERICAN COMMUNITY [CLOSED]
651-331-6555 Dr. Oliver J. Williams Email: owms63@gmail.com • http://idvaac.org/
The Institute on Domestic Violence in the African American Community (IDVAAC) was an organization focused on the unique circumstances and life experiences of African Americans as they seek resources and remedies related to the victimization and perpetration of domestic violence in their community. IDVAAC focused on the unique circumstances of African Americans as they face issues related to domestic violence, including intimate partner violence, child abuse, elder maltreatment, and community violence. IDVAAC closed in September 2016, but the information on the website will be available for review for the next 10 years and consulting will still be available.
Oklahoma Domestic Violence Fatality Review Board
Oklahoma Office of Attorney General
313 N.E. 21st Street
Oklahoma City, OK 73105
Phone: 405-522-1984
Fax: 405-557-1770

Please go to www.oag.ok.gov
- Copies of reports from previous years;
- Oklahoma Domestic Violence Fatality Review Board mission, purpose, definitions, methods and limitations of data collection, and data; and
- History of the Oklahoma Domestic Violence Fatality Review Board.

Please disseminate this report widely.

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

Safeline
1-800-522-SAFE (7233)

If you need general information about Domestic Violence, please call:
Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA)
(405) 524-0700

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

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

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

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

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With assistance from: Melissa Blanton, Assistant Attorney General, Chief, Victim Services Unit, and Victim Services Staff.

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