

# **Domestic Violence Homicide**

## **A Multi-Disciplinary Analysis by the Oklahoma Domestic Violence Fatality Review Board**

Annual Report  
September 2003-September 2004

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Prepared by the  
Oklahoma Criminal Justice Resource Center  
K.C. Moon, Director

Written by:  
Brandi Woods-Littlejohn, MCJ, Project Director

For Additional Copies Contact:  
Oklahoma Criminal Justice Resource Center  
3812 N. Santa Fe, Suite 290  
Oklahoma City, Oklahoma 73118-8500  
(405) 524-5900  
[www.ocjrc.net](http://www.ocjrc.net)

# ANNUAL REPORT

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## A MULTI-DISCIPLINARY ANALYSIS BY THE OKLAHOMA DOMESTIC VIOLENCE FATALITY REVIEW BOARD

The Oklahoma Domestic Violence Fatality Review Board (DVFRB) became effective July 1, 2001. Since that time the DVFRB has reviewed 129 cases, released two annual reports and presented findings and the review process at several conferences around the state. One significant change made by the DVFRB recently has been in the review process itself. In the past, the DVFRB reviewed up to six cases in one session and had staff digest most of the material and provide synopses to the DVFRB. Since January 2004, DVFRB members have been reviewing all case materials first-hand. While this has reduced the number of cases reviewed at each meeting, the quality of the reviews has improved. In the vein of improvement, rather than making additional recommendations, the DVFRB re-examined previous years' recommendations, recognized the accomplishments of the past three years and identified areas for future development.

In 2002, the Federal Bureau of Investigation (FBI) Crime in the United States<sup>1</sup> reported that spouses, family members, boyfriends/girlfriends, and/or members of a romantic triangle committed 2,450 (17% of the total) murders in the US.<sup>2</sup> In Oklahoma, 964 murders were reported to the Oklahoma State Bureau of Investigation (OSBI) from 1998-2002.<sup>3</sup> Of those, 259 or 27% were reported as domestic violence homicides to the OSBI. These numbers could be even higher because not all homicides are reported to the OSBI, and those reported may or may not be categorized as domestic violence homicides. In fact, there were 1,313 homicides reported to the Oklahoma Office of the Chief Medical Examiner (OCME) during the same time period (1998-2002). The DVFRB has found 369 (28% of the total) homicides, including those reported to OSBI, which fit the state definition of domestic violence. Oklahoma has consistently ranked among the top ten states in the number of females killed by males in single victim, single offender incidents until

2000, when Oklahoma ranked 19<sup>th</sup>.<sup>4</sup> Oklahoma was ranked 10<sup>th</sup> in the nation for this statistic for 2001 homicides and are currently ranked 13<sup>th</sup>.

To address the problem of domestic violence homicides, in 2001 the Oklahoma Legislature mandated a multi-disciplinary team to systemically review deaths that have occurred in Oklahoma as a direct result of domestic violence. The DVFRB reviews all such deaths as a means to improve methods of prevention, intervention and resolution of domestic violence in Oklahoma. The Legislature charged the DVFRB to report annually to key policy and decision makers prior to each legislative session.

DVFRB members represent the disciplines involved in addressing various aspects of domestic violence. As such, members are sensitive to the concerns and purposes of the organizations and fields they represent. Including this array of professionals ensures that every effort will be made to maintain the veracity and credibility of the findings and recommendations. The spirit of collaboration is essential to the success of continuing efforts to reduce domestic violence homicides using a holistic, interlocking approach to prevention, interdiction and resolution.

Through the fatality review process, the DVFRB recognized many missed opportunities for intervention. In many cases, family, friends and professionals potentially could have identified the escalating danger created by the abuser. Often, victims sought help from law enforcement for assaults, told others about an abuser's death threats, and had fear for their lives. It is a basic tenet of the DVFRB that some domestic violence homicides can be prevented. By examining the lives that are lost to domestic violence, the DVFRB hopes to learn how to increase professional and community involvement in the prevention of domestic violence, thereby ultimately reducing the death toll.

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### In this report:

- 54% of victims and perpetrators were co-habiting.
- 21,812 protective orders were filed in 2003
- 39% of perpetrators made death threats against their victim before the homicide.
- 37% of the reviewed cases had a child witness

# FINDINGS

As of August 2004, the DVFRB had reviewed 129 of 226 cases from 1998 to 2000. The 129 cases represent 142 victims and 147 perpetrators. Table 1 provides demographic characteristics of the victims and perpetrators. On average, both victims and perpetrators were 38 years of age. The youngest victim was less than a day old; the eldest 91. Most of the victims were white (77%), followed by Black (17%) and American Indian (6%). Just

	Victims		Perpetrators	
	Female (N=68)	Male (N=61)	Female (N=28)	Male (N=101)
Age (average, in years)	38.8	36.5	38.7	38.4
Race				
White	56 82%	43 70	19 68%	80 79%
Black	6 9%	16 26	7 25%	15 15%
American Indian	6 9%	2 3%	2 7%	6 6%
Of Hispanic or Latino Origin	3 4%	4 7%		7 7%

Boyfriend/girlfriend	23 18%	In-law	4 3%
Common law spouse	8 6%	Former in-law	3 2%
Spouse	22 17%	Grandchild	1 1%
Estranged spouse	12 9%	Grandchild's boyfriend	1 1%
Former boyfriend/girlfriend	6 5%	Other family	6 5%
Former common-law spouse	4 3%	Other**	3 2%
Former spouse	3 2%	Parent/step-parent	10 8%
Former partner/current partner*	9 7%	Parent's boyfriend/girlfriend	4 3%
Child/step-child	5 4%	Sibling	5 4%

\*This category includes those relationships where a person's current/former partner murders their current/former partner, i.e. new husband murders wife's ex-husband

\*\*This category includes roommates and other involved in committing homicide that may not have familial relationship to victim, i.e. friends of perpetrator who helped commit murder

5% of perpetrators were of Hispanic or Latino origin.

In 54% of cases reviewed the perpetrator and victim were cohabitating. The average relationship length between the victim and perpetrator was 11.36 years. A current or former intimate partner killed 60% of all the victims in the reviewed cases (Table 2). Firearms were used in 60% of the reviewed homicides (Table 3). The majority of all of the homicides occurred at the victim's residence (67%), with the majority of those occurring in the bedroom (29%) or the living room (27%).

over 5% of victims were of Hispanic or Latino origin. The youngest perpetrator was 15 years of age; the eldest was 89 years of age. The majority of perpetrators were white (74%), followed by Black (20%) and American Indian (5%). Some

*60% of Domestic Violence Homicides were committed with a firearm.*

No known weapons or bodily force	4 3%	Highway	3 2%
Bodily force	19 15%	City street	5 4%
Blunt object	6 5%	Rural road	2 2%
Cutting or piercing instrument	16 12%	Body of water	2 2%
Long gun (e.g., shotgun, rifle)	16 12%	Public driveway/parking area	2 2%
handgun	59 46%	Private driveway/parking area	2 2%
Firearm, type unknown	2 2%	Other private property	6 5%
Another type of weapon	7 5%	Residence of victim	86 67%
		Other residence	6 5%
		Victim's place of employment	2 2%
		Residence of perpetrator	12 9%
		Motel/Hotel	1 1%

## BOARD IMPACT

To assess the impact of the DVFRB and track the progress that has occurred as a result of recommendations made by the DVFRB, many of the member organizations and agencies have provided feedback on their work to implement recommendations. The following summarizes the progress towards implementing the DVFRB recommendations by the represented agencies.

### THE OKLAHOMA COALITION AGAINST DOMESTIC VIOLENCE & SEXUAL ASSAULT<sup>5</sup>

The Oklahoma Coalition Against Domestic Violence & Sexual Assault (OCADVSA) worked to expand basic core services in all counties during the Spring 2004 legislative session, meeting with policy makers their consistent message was “basic core services in all counties.” The Ada and Durant Programs expanded services in two rural counties. A new transitional housing program was established. A Federal grant was awarded for a Tulsa Family Justice Center and the YWCA in Oklahoma City continues to seek support for a similar project.

The OCADVSA has always targeted rural areas but has enhanced their regional training. In the past year their partnership with the Attorney General and the Oklahoma Regional Community Policing Institute also included Oklahoma State Department of Health (OSDH). They also have a collaborative project with Catholic Charities, the Oklahoma City Police Department and the Latino Community Development Agency for five regional trainings regarding battered immigrant women.

Finally, the OCADVSA has begun to develop the Friends and Family Public Information Project. They have submitted proposals for funding and hope to produce Public Service Announcements for electronic and print media if funding is available.

### OKLAHOMA STATE DEPARTMENT OF HEALTH<sup>6</sup>

The Oklahoma State Department of Health (OSDH) activities have attempted to address several DVFRB recommendations regarding the assessment and recognition of domestic violence by health care professionals.

The OSDH, Injury Prevention Service (IPS), began conducting intimate partner violence (IPV) injury surveillance in July 2000 mandating IPV injuries as reportable conditions under the authority granted to the Commissioner of Health in Title 63. Additionally, the IPS requested that medical personnel in hospitals where surveillance was implemented (Oklahoma City Metropolitan Statistical Area) conduct screening of patients. A screening instrument was developed to assess IPV

injury and safety. The majority of hospitals resisted the practice of screening in the emergency department and screening was discontinued as a result.

Partnering with the Child Abuse Training and Coordination Council (CATCC) and other groups, the IPS sponsored numerous free IPV trainings for health care professionals including conferences with nationally recognized speakers, statewide regional training, and hospital in-service training. These trainings included basic protocols and guidelines for screening, identifying and documenting IPV injuries, assessing safety, and providing resources and referral to services. IPV training and resource materials are made available to hospitals, health care providers and county health departments as part of a five-year OSDH strategic plan. The IPS is working to incorporate culturally appropriate training and resource materials for Spanish-speaking patients as well.

The CATCC is working to intensify and coordinate domestic violence training within Oklahoma and restructure the composition of the CATC Council to encompass all providers of family violence training. The CATC Council collaborated with the DVFRB in June 2003 with a combined training of the CATC Council and DVFRB members on the subject of domestic violence homicides. The CATC Program has co-sponsored training sessions with the IPS, the OCADVSA, and the Attorney General’s Office to expand the training audience to include professionals from the area of child protection. Over fifteen IPV training sessions have been offered free to Health Care Providers by the OSDH since 2000.

### OKLAHOMA DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES<sup>7</sup>

In the past, only certified domestic violence shelter programs were able to provide batterer intervention services. In 2003, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) changed its certification requirement for batterer intervention programs, opening the certification process to programs that are non-shelter programs. As a result, in the past two years, the number of certified batterer intervention programs has increased from 15 to 22. Where previously there was only one batterer intervention program in Oklahoma City, Tulsa, and Claremore, there are now three in Oklahoma City, two in Tulsa, and two in Claremore. Some certified batterer intervention programs

*Over 15 Intimate Partner Violence Trainings that have been offered free to Health Care Providers by the OSDH since 2000.*

## BOARD IMPACT

have Spanish-speaking groups. In 2003, ODMHSAS also changed its standards for batterer intervention programs (BIPs). The minimum number of weeks for each program went from 0 to 24 weeks.

In 2003, ODMHSAS offered a three-day batterer intervention training for facilitators. Dr. David Adams from EMERGE in Massachusetts presented on the EMERGE model. It has been identified as a promising model by the National Institute of Justice. On August 19 & 20, 2004, Dr. Alan Rosenbaum from the University of Northern Illinois presented batterer intervention models and current research. He also talked about working with female batterers and connecting research to practice.

Children's services were one of ODMHSAS' top priorities for the past year. For FY 2004, ODMHSAS received funding from the legislature to provide child trauma counseling. The funding will be used for 10 domestic violence/sexual assault programs to provide child trauma counseling. At least one of these programs will emphasize working with Spanish speaking children/families. In April 2004, ODMHSAS partnered with the US Department of Health and Human Services to provide a conference on Children's Behavioral Health. Approximately 600 people attended the conference. One of the keynotes was on working with children who have been exposed to domestic violence. There was a domestic violence track focused specifically on identification, screening, assessment, and intervention of children who have been exposed to domestic violence.

ODMHSAS is currently in the process of developing a screening tool to be used throughout the ODMHSAS system (including mental health and substance abuse). The tool will screen for domestic violence, mental health, and substance abuse. It is currently in draft form.

ODMHSAS has also identified a set of indicators for domestic violence on the Addiction Severity Index (ASI). The ASI is a tool that is used by substance abuse providers statewide to determine the level of substance use, DUI assessors throughout the state also use the tool. ODMHSAS is currently working on including the indicators onto the electronic version of the ASI.

Many training sessions provided by ODMHSAS are open to all providers regardless of discipline. In all major conferences, ODMHSAS actively strive to include topics from all three service division areas (domestic violence, mental health and substance abuse). This has resulted in cross-over within programs and allowed several domestic violence/

sexual assault programs to now become certified as substance abuse providers. Some substance abuse and mental health providers are incorporating domestic violence into their programming. An example is the Women and Child Center of Tulsa (WCCT). WCCT is an ODMHSAS operated program funded through substance abuse. However, it also works with Domestic Violence Intervention Services to provide domestic violence groups to its residents. The WCCT utilizes Stephanie Covington's model of working with victims of trauma, violence, and substance abuse.

This year, ODMHSAS received a small grant from Substance Abuse and Mental Health Services Administration (SAMHSA) to provide cross training on domestic violence/sexual assault, mental health, and substance abuse.

ODMHSAS is in the process of reviewing Domestic Violence/Sexual Assault Program Certification Standards and will continue to review those standards on an annual basis.

Finally, in 2004, ODMHSAS published a Manual for Emergency Detention and Civil Commitment in Oklahoma. Copies can be obtained from the ODMHSAS

Resource Center in Oklahoma City. ODMHSAS has also conducted training on emergency detention throughout the state to different organizations, including law enforcement.

### OKLAHOMA DOMESTIC VIOLENCE FATALITY REVIEW BOARD

One way to educate service providers about the findings of the DVFRB and the lethality present in domestic violence situations is through presentations given at various trainings throughout the state. Some training sessions in the past year included:

- Domestic Violence & Sexual Assault Training, April 14, 2004. Panel Presentation: Intimate Partner Violence Surveillance Project-Oklahoma State Department of Health, Sheryll Brown, MPH & Oklahoma Domestic Violence Fatality Review Board, Janet Wilson, Ph.D., RN
- Domestic Violence & Sexual Assault Training, April 14, 2004. Lethality Assessments Janet Wilson, Ph.D., RN
- Division of Human Services, Annual Meeting, July 14-16, 2004, Behavioral Health: Winning by a Field Goal at the Marriott Hotel, Oklahoma City, OK. PRESENTATION: Findings from the Oklahoma Domestic Violence Fatality Review Board: Second Annual Report Janet Wilson, Ph.D., RN OU College of

*The number of certified batterer intervention programs has increased from 15 to 22 since 2003.*

## BOARD IMPACT

### Nursing

The DVFRB also worked to expand its knowledge of concerns of other groups not necessarily represented on the DVFRB, and of issues within the field of domestic violence that could impact services by inviting others to come speak to the DVFRB. Groups that have been invited to speak to the DVFRB in the past year were:

- Presentation from Oklahoma County Mental Health Court, Dr. Patricia Brandon
- Presentation on the intersection of the Latino Community & Domestic Violence, Cynthia Tobar, Latino Community Development Agency
- Presentation & Discussion on Department of Human Services, Kathy Sims, MSW-DHS, Children and Family Services Division, Programs Administrator
- Presentation on Victim Protective Orders, Jim Cox, Executive Director, Oklahoma Association of Chiefs of Police and John Connors, Manage-

ment Information Systems Director for the OCJRC, and Director of the Offender Data Information System

As discussed in the opening of this report, the most dramatic change the DVFRB has implemented this year has been the new review method introduced in January 2004. While it has reduced the number of cases the DVFRB reviews, it has allowed DVFRB members to go much further in-depth in each case, thus enabling them to dig deeper into the systemic issues.

Additionally, the DVFRB drafted two pieces of legislation for the Spring 2005 legislative session. The first piece concerns changes to the DVFRB itself, primarily including additional members from the Department of Human Services and the Judiciary. The second piece of legislation stems from a 2002 recommendation to create a rebuttable presumption against joint/shared custody in cases where there is a history of domestic violence.

## PROTECTIVE ORDERS

In the summer of 2004 the Oklahoma Criminal Justice Resource Center (OCJRC) surveyed court clerks, sheriffs and chiefs of police concerning protective orders and violations of protective orders in Oklahoma during the 2003 calendar year. Court clerks were asked to provide the number of protective orders filed in their county, how many of those protective orders were served, how many were made permanent by a judge and how many were violated during 2003.<sup>8</sup> Court clerks were also asked who helped plaintiffs with the filing of the protective order. Figures obtained from 76 of 77 counties showed that 21,812 protective orders were filed in 2003.<sup>9</sup> Sixty counties were able to provide the number of protective orders that were served. In those counties, about 80% (13,256) of all protective orders filed were served. Sixty-three counties provided the figures on protective orders that were made permanent. In those 63 counties one-third (5,818) of all protective orders filed were made permanent. Finally, 56 counties were able to provide figures on how many protective order violations were reported to police during 2003. Those 56 counties reported 1,230 violations or a 7% violation rate.

A similar study was undertaken by the OCJRC in 1999

for 1998 filings of protective orders. A comparison of the two studies finds little difference in the number of protective order applications filed and for violations of protective orders filed in the court clerks' office. In fact, there was only a 0.06% increase in the number of protective orders filed in 1998 (14,650 in 62 responding counties) compared to 2003 (14,659 in the same 62 counties). There were 809 protective order violations reported in 41 counties in 1998, in the same counties for 2003 there were 819 violations reported by the court clerks, an increase of only 1.22%. The largest difference was seen in the number of protective orders made permanent by judges. In 1998, court clerks reported that 4,508 protective orders were made permanent in 52 counties. For the same 52 counties only 3,684 protective orders were made permanent in 2003, a decrease of 18.28%.

Law enforcement agencies across the state were asked how many violation of protective order calls were received by their agency in 2003; how many of those calls had reports completed on them; how many of those calls did not have reports completed on them; how many of those reports were passed on to the district attorney for possible prosecution; and finally, whether the agency had a written domestic violence response policy in place.<sup>8</sup> Ninety-five agencies responded to

*There was a decrease of 18.28% in the number of protective orders made permanent from 1998 to 2003.*

Table 4. County Ranking for Protective Orders, Domestic Violence Homicides &amp; Advocate Services Available, 2003.

County	POs filed	PO Filing Rate per 1,000 population	2003 Domestic Violence Deaths	Shelter/ Crisis Center	County	POs filed	PO Filing Rate per 1,000 population	2003 Domestic Violence Deaths	Shelter/ Crisis Center
Pittsburg		0.0	0	Shelter	Roger Mills	20	5.8	0	Crisis Center
Carter	64	1.4	2	Shelter	Mayes	226	5.9	0	Crisis Center
Marshall	25	1.9	0	Crisis Center	Cotton	39	5.9	0	
Cimarron	7	2.2	0		Logan	205	6.0	0	
Harper	8	2.2	0		McClain	171	6.2	0	
Jackson	79	2.8	0	Shelter	LeFlore	299	6.2	0	Shelter
Alfalfa	17	2.8	0		McIntosh	121	6.2	0	
Love	26	2.9	0		State	21,812	<b>6.3</b>	72	28 Crisis Centers; 25 Shelters
Blaine	38	3.2	0	Crisis Center	Nowata	67	6.3	0	Crisis Center
Woods	29	3.2	0	Crisis Center	Hughes	94	6.6	0	Crisis Center
Canadian	286	3.3	1	Crisis Center	Kiowa	68	6.6	0	
Cleveland	686	3.3	2	Shelter	Osage	296	6.7	2	Crisis Center
Murray	43	3.4	0		Comanche	804	7.0	0	Shelter
Stephens	156	3.6	1	Crisis Center	Bryan	268	7.3	1	Shelter
Jefferson	25	3.7	0	Crisis Center	Okmulgee	294	7.4	0	Shelter
Grant	20	3.9	0		Grady	344	7.6	2	Crisis Center
Ellis	16	3.9	0		Wagoner	447	7.8	0	Crisis Center
Texas	81	4.0	0	Shelter	Delaware	289	7.8	2	Crisis Center
Kingfisher	59	4.2	0		Atoka	109	7.9	0	Crisis Center
Washington	209	4.3	0	Shelter	Tulsa	4435	7.9	18	Shelter
Washita	50	4.3	0		Woodward	146	7.9	1	Shelter
Beaver	26	4.4	0		Latimer	86	8.0	1	
Major	34	4.5	0		Ottawa	281	8.5	2	Shelter
Garvin	133	4.9	0	Crisis Center	Rogers	612	8.7	0	Shelter
Kay	237	4.9	1	Shelter	Greer	53	8.7	0	
Payne	342	5.0	1	Shelter	Seminole	219	8.8	0	Shelter
Dewey	24	5.1	0		Craig	132	8.8	0	Crisis Center
Noble	58	5.1	0		Beckham	175	8.8	2	Crisis Center
Lincoln	167	5.2	0		Caddo	283	9.4	0	Crisis Center
Oklahoma	3521	5.3	18	Shelter	Muskogee	655	9.4	1	Shelter
Haskell	63	5.3	1	Shelter	Harmon	31	9.4	0	
Garfield	318	5.5	1	Shelter	Adair	215	10.2	0	Crisis Center
Pawnee	92	5.5	1		Sequoyah	400	10.3	3	Crisis Center
Pontotoc	195	5.5	1	Shelter	Pottawatomie	673	10.3	2	Shelter
Tillman	52	5.6	0		Coal	62	10.3	0	Crisis Center
Johnston	59	5.6	0	Crisis Center	Pushmataha	128	11.0	0	Crisis Center
Okfuskee	68	5.8	0	Crisis Center	Cherokee	500	11.8	1	Shelter
Creek	391	5.8	1	Crisis Center	Choctaw	211	13.8	1	Crisis Center
Custer	152	5.8	1	Shelter	McCurtain	498	14.5	1	Crisis Center

the survey, they represent 22% of the municipal police departments and county sheriffs in the state. Table 5 represents the findings of the law enforcement survey; all responding agencies were collapsed by county. The responding agencies reported a total of 4,301 calls for a violation of a protective order. Of those, 67% had reports completed on them, and 46% were eventually passed to the district attorney for possible prosecution. Fifty-six percent of the responding agencies had a written domestic violence policy in place and two agencies were in the process of developing one.

In terms of the DVFRB data, there were 27 protective orders issued among the 129 reviewed cases.

*There was an active protective order at the time of the homicide against 9 perpetrators who used firearms.*

Moreover, there were nine perpetrators who used firearms to perpetrate the homicide that had an active protective order against them at the time of the homicide. This is significant because under Federal and Oklahoma law people who have an active protective order against them are not allowed to be in possession of firearms. This is why the DVFRB intends to research this issue to see what can be done to help those charged with enforcing these laws have the resources they need to ensure the safety of plaintiffs in these situations.

## LETHALITY ASSESSMENT

In the course of reviewing cases the DVFRB found in several cases that if a lethality assessment had been administered in the case, different interventions may have been applied and, at the very least, service providers would have been more aware of the dangerousness of the situation. Literature suggests that if all system providers would access and use lethality and danger assessments, many deaths could be avoided. Lethality and dangerousness assessments are available in many forms and are a useful tool for service providers and victims. They provide an opportunity for victims and service providers to see in writing how potentially dangerous a situation may be and use that information to take appropriate action. Danger assessments may not identify every potentially lethal case, but can be used to detect lethality indicators (factors that have been shown to increase the risk of homicide).

In June 2004, Dr. Jacquelyn Campbell, Johns Hopkins University School of Nursing, conducted a training session at Norman Regional Hospital on lethality assessment and the danger assessment instrument developed at Johns Hopkins University.<sup>10</sup> The OSDH, the OCADVSA and the Child First Nurses jointly sponsored the training. This assessment has been used by law enforcement, health care professionals, domestic violence advocates and researchers for 25 years and has been well documented and validated in its usefulness to victims and providers. Dr. Campbell has made provisions for

Table 5. Law enforcement responses to survey.

County	VPO calls	Reports completed	Reports not completed	Passed to DA	Reporting Agencies
Beckham	46	36	10	36	2
Blaine	1	1	0	1	1
Bryan	44	33	6	29	1
Canadian <sup>1</sup>	62	58	4	42	5
Carter <sup>1</sup>	9	9	0	3	1
Cherokee	166	84	82	63	3
Cleveland	3	0	3	0	1
Comanche	240	204	36	120	2
Creek <sup>1</sup>	79	25	44	23	6
Custer	69	67	2	67	4
Dewey	0	0	0	0	1
Ellis	4	0	4	0	2
Grady	292	189	103	172	5
Grant	1	1	0	1	2
Greer	9	3	6	3	2
Harmon	10	4	6	4	2
Harper	0	0	0	0	2
Jackson <sup>1</sup>	42	39	3	26	3
Kay	8	8	0	5	1
LeFlore	17	17	0	17	1
Lincoln	9	7	2	4	3
Logan	4	4	0	4	3
Love	0	0	0	0	2
Marshall	0	0	0	0	1
McIntosh	18	18	0	18	1
Muskogee <sup>1</sup>	149	149	0	149	3
Oklahoma	187	79	6	39	4
Ottawa	295	46	249	46	1
Payne <sup>1</sup>	57	57	NA	52	1
Pittsburg <sup>1</sup>	144	121	19	113	5
Pontotoc <sup>1</sup>	16	16	0	16	3
Pushmataha <sup>1</sup>	28	17	11	17	4
Rogers	113	82	31	74	2
Stephens	62	45	17	25	2
Tillman	4	2	2	2	2
Tulsa <sup>1</sup>	2074	1406	656	744	8
Washington	8	8	0	4	1
Woodward	77	77	0	77	2

<sup>1</sup> VPO calls adjusted to include # reports completed if VPO calls reported as unknown.

professionals to become certified in using the assessment. A copy of this assessment can be found at the end of this report.

The DVFRB included data elements derived from questions<sup>11</sup> on the danger assessment instrument developed by Dr. Campbell to determine the frequency of specific lethality indicators among Oklahoma victims. Twenty-one percent of all victims were in the process of leaving the perpetrator, and 33% of those killed by their intimate partner. The DVFRB found that 39% of perpetrators were known to have made death threats against the victim prior to the homicide. Nine percent of perpetrators were known to be violently or constantly jealous of the victim; 18% of perpetrators had attempted or threatened suicide; and 11% had been violent to-

wards children in the home. Finally, 19% had been violent toward the victim in public prior to the homicide and 14% told someone before the death event they planned to kill the victim.

*21% of all victims were in the process of leaving the perpetrator.*

## CHILD WITNESSES

In over half (58%) of all the reviewed homicides there was a witness. Since the DVFRB began reviewing cases in 2001, it has become concerned for the children who witness these homicides, which many times may result in the death of one or both of their parents. In 48 (37%) of the 129 homicides reviewed, children witnessed the homicide. There currently is no systematic follow-up for these children. In most cases the surviving family members are left to deal with trauma in whatever way they can. The DVFRB plans to ex-

plore ways to address this issue in the upcoming year. Some of the questions the DVFRB hopes to answer include:

- What kind of attention do the children need after the homicide?
- How do we get the children the attention they need after an incident?
- Who is best suited to meet the needs of the child?
- Who should be responsible for follow-up with the children and providing services referred?

## 2004 DVFRB RECOMMENDATIONS

As reported earlier in this report the DVFRB recommendations this year are not directed at external service providers, but at the DVFRB itself. It is the belief of the DVFRB that by focusing on these issues and achieving these goals it will improve future work of the DVFRB and enhance future recommendations to front-line service professionals facing these volatile situations. Therefore in the upcoming year the DVFRB will:

- Explore intricacies of accessing medical records, especially with intersection of HIPPA;
- Explore the use of lethality and danger assessments for system professionals;

- Work with other organizations/agencies to see what systemic changes could be implemented without legislation;
- Identify needed systems changes and make recommendations to legislature for remedies;
- Create a Speakers Bureau from DVFRB members to educate system professionals and the public about issues concerning domestic violence fatalities;
- Create an advisory committee to explore issues surrounding children witnessing domestic violence homicides; and
- Research firearms access and the enforcement of state and federal firearms laws.

## CONCLUSION

Domestic Violence homicides continue to be an area of concern in Oklahoma. The Domestic Violence Fatality Review Board was created by the legislature to help address this issue. After three years of operation the DVFRB felt it was time to take a step back and evaluate what it had accomplished in addressing domestic violence homicides and whether it was meeting the mission set forth by the legislature. Unfortunately, there are no quick or easy solutions to stop these events from taking place. Domestic violence homicides were around long before Oklahoma became a

state and while attitudes and practices are changing and are better now at responding to the needs of the victims and perpetrators, we still have a lot of ground to cover. As reviewed in this report, some of the DVFRB's recommendations have coincided with shifting trends and in other areas have pushed the way for change. In the upcoming year the DVFRB will review the recommendations it has made to guide its work as well as keep pushing the winds of change to ultimately make Oklahoma a safer, healthier, and more responsive place for families and individuals to live.

# DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN

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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No	
_____	_____	1. Has the physical violence increased in severity or frequency over the past year?
_____	_____	2. Does he own a gun?
_____	_____	3. Have you left him after living together during the past year?
_____	_____	3a. (If have <i>never</i> lived with him, check here _____)
_____	_____	4. Is he unemployed?
_____	_____	5. Has he ever used a weapon against you or threatened you with a lethal weapon?
_____	_____	5a. (If yes, was the weapon a gun? _____)
_____	_____	6. Does he threaten to kill you?
_____	_____	7. Has he avoided being arrested for domestic violence?
_____	_____	8. Do you have a child that is not his?
_____	_____	9. Has he ever forced you to have sex when you did not wish to do so?
_____	_____	10. Does he ever try to choke you?
_____	_____	11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
_____	_____	12. Is he an alcoholic or problem drinker?
_____	_____	13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
_____	_____	(If he tries, but you do not let him, check here: _____)
_____	_____	14. Is he violently and constantly jealous of you?
_____	_____	(For instance, does he say "If I can't have you, no one can.")
_____	_____	15. Have you ever been beaten by him while you were pregnant?
_____	_____	(If you have never been pregnant by him, check here: _____)
_____	_____	16. Has he ever threatened or tried to commit suicide?
_____	_____	17. Does he threaten to harm your children?
_____	_____	18. Do you believe he is capable of killing you?
_____	_____	19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
_____	_____	20. Have you ever threatened or tried to commit suicide?
_____	_____	Total "Yes" Answers

**Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.**

# PROTECTIVE ORDER SURVEYS

## Protective Orders Survey Court Clerk Survey

County \_\_\_\_\_

*In your county, for the 2003 calendar year,*

1. **\*How many Protective Orders were filed?** \_\_\_\_\_
  - a. How many of these Protective Orders were served? \_\_\_\_\_
  - b. How many of these Protective Orders are permanent? \_\_\_\_\_
2. **\*How many Protective Orders were violated?** \_\_\_\_\_
  - a. **\*What is your source of information for the number of violations?** (i.e. How do you know?) \_\_\_\_\_
2. Who informs/counsels victims of domestic violence about Protective Orders when they apply? (check all that apply)
  - Court Clerks
  - Victim/Witness Coordinator
  - No One
  - Other \_\_\_\_\_

If you do not have adequate information to complete this entire questionnaire, please answer as many of the questions as possible. You may forward this form to others, such as the Victim's Witness Coordinator, in your county who can provide information that is unavailable to you. *\*In particular, the bolded questions ask for information that is critical to our project.* Thank you for your time.

## Protective Orders Law Enforcement Survey

Agency \_\_\_\_\_

*In your jurisdiction, for the 2003 calendar year,*

1. How many calls did your department receive for Violation of a Protective Order? \_\_\_\_\_
2. Of the calls that were actual Violations of a Protective Order:
  - a. How many had reports completed on them? \_\_\_\_\_
  - b. How many did not have reports completed on them? \_\_\_\_\_
3. How many of these incidents were given to the District Attorney for prosecution? \_\_\_\_\_
4. Do you have a written Domestic Violence policy/protocol/procedure at your department? \_\_\_\_\_

**Thank you for your time and assistance.**

# DOMESTIC VIOLENCE FATALITY REVIEW BOARD MEMBERS

**Office Represented**

*Listed Directly In Statute*

Chief Medical Examiner  
 Designee of the Commissioner of the Department of Mental Health & Substance Abuse Services  
 State Commissioner of Health  
 Director of the Criminal Justice Resource Center  
 Chief of Injury Prevention Service, OSDH  
 Oklahoma Council on Violence Prevention  
 Oklahoma State Bureau of Investigation Director  
*Appointed by the Commissioner fo the Oklahoma Department of Mental Health & Substance Abuse Services(Two-year terms)*  
 Oklahoma Sheriffs Association  
 Oklahoma Association of Chiefs of Police  
 Oklahoma Bar Association  
 District Attorneys Council  
 Oklahoma State Medical Association

**Member**

Jeffery Gofton, M.D.  
 Domestic Violence & Sexual Assault Division  
 James Crutcher, MD, MPH, FACPM  
 K.C. Moon, Director  
 Sue Mallonee, MPH, R.N., Chief  
 Jeff Hamilton, Chair  
 DeWade Langley, Director  
 County Sheriff  
 Chief of Police  
 Private Attorney  
 District Attorney  
 Physician  
 Physician  
 Nurse  
 Domestic Violence Survivor  
 Citizen

**Designee**

Sharon Asher  
 Julie Young  
 Sue Vaughan Settles, L.S. W.  
 Carol Furr, J.D.  
 Sheryll Brown, MPH  
 Margaret Goldman  
 David Page, Assistant Director  
 Jimmie Bruner, Sheriff  
 Fred Savage, Chief (Vice-Chair)  
 G. Gail Stricklin, J.D. (Chair)  
 Richard Smothermon, District 23  
 Howard A. Shaw, M.D.  
 (Chair July 2003 —August 2004)  
 Sheila Simpson, D.O.  
 Janet Wilson, Ph.D., RN  
 Juskwa Burnett  
 Marcia Smith, OCADVSA Director

## OKLAHOMA DOMESTIC VIOLENCE FATALITY REVIEW BOARD

Oklahoma Criminal Justice Resource Center  
3812 N. Santa Fe, Suite 290  
Oklahoma City, OK 73118-8500

Phone: 405-524-5900  
Fax: 405-524-2792  
Email: bwoodslittlejohn@ocjrc.net

**Full Report on the Web!**  
**[www.ocjrc.net/  
dvfrbHome.asp](http://www.ocjrc.net/dvfrbHome.asp)**

Please go to <http://www.ocjrc.net/dvfrbHome.asp> to review

- This report
- Enabling Legislation
- The DVFRB Mission, Purpose and Definitions
- Methods and Limitations of data collection and data
- History of the Board
- Complete data run from 2004 cases

A Publication of the Oklahoma Criminal Justice Resource Center for the Oklahoma Domestic Violence Fatality Review Board, 2004

Written by: Brandi Woods-Littlejohn, MCJ, Project Director

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- Office of the Chief Medical Examiner
- Oklahoma Department of Mental Health & Substance Abuse Services
- Oklahoma Department of Human Services

- Oklahoma State Department of Health

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## ENDNOTES

<sup>1</sup> Federal Bureau of Investigation. (2003). Crime in the United States 2002: Uniform Crime Reports. Washington, DC: U.S. Government Printing Office.

<sup>2</sup> Figures are based on 14,054 murder victims for whom Supplementary Homicide Reports were received.

<sup>3</sup> Oklahoma State Bureau of Investigation. (2002). Crime in Oklahoma: 2002 Uniform Crime Reports. Stillwater, OK: CareerTech Printing Services.

<sup>4</sup> Violence Policy Center. (2003). When Men Murder Women: An analysis of 2002 data. Washington, DC: Author.

<sup>5</sup> Analysis provided by Marcia Smith, Executive Director of the Oklahoma Coalition Against Domestic Violence & Sexual Assault

<sup>6</sup> Analysis provided by Sheryl Brown, MPH of the OSDH Injury Prevention

Services and Sue Vaughan Settles, L.S.W. OSDH CATC Program Coordinator.

<sup>7</sup> Analysis provided by Julie Young ODMHSAS Deputy Director of Domestic Violence and Sexual Assault Services.

<sup>8</sup> See end of report for copy of survey.

<sup>9</sup> Seventy-three counties responded to the survey, figures were obtained for three other counties from KellPro and the Oklahoma Supreme Court Network. Only Pittsburg County is not included in this survey.

<sup>10</sup> Training for this assessment tool can be found online at [www.dangerassessment.org](http://www.dangerassessment.org)

<sup>11</sup> The questions included in the codebook are from a previous version of the Danger Assessment and not the one included here.

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