

MONTANA DEPARTMENT OF JUSTICE
OFFICE OF CONSUMER PROTECTION AND VICTIM SERVICES

REPORT TO THE LEGISLATURE:

Montana Domestic Violence Fatality Review Commissions

August 2017



This envelope contains a Hope Card, the final step taken by a Montana domestic violence victim to protect herself from an abuser who had repeatedly threatened to kill her. Tragically, it arrived the day she was murdered; it was returned to this office unopened, marked “Deceased.”

The envelope serves as a reminder of the very real risks domestic violence victims face when leaving abusers and the importance of each of us doing what we can to help protect victims of domestic violence.

Fellow Montanans:

The state's Domestic Violence Fatality Review Commission has now been in existence for more than a decade. The Native American Domestic Violence Fatality Review Team (NADVFRT) has been functioning just over three years. Progress has been made in keeping victims safe and holding offenders accountable. At the same time, it is clear that we have not achieved the goal of eliminating these tragic deaths.

Our 2015 report identified 12 incidents of intimate partner homicide (IPH) resulting in 17 deaths during the previous biennium. Unfortunately, those numbers jumped to 26 and 43, respectfully, in the past two years. That increase, 139%, is easily the largest in the 16 years the Commission has been tracking intimate partner homicides in our state. All of us are driven to do better.

One step in that direction has been the creation and implementation of the NADVFRT. Over the years it became clear that elevated rates of IPH involving Indian perpetrators and victims called for a unique approach in understanding and reducing those deaths. Under the leadership of Attorney General Tim Fox, the Team began its work in the spring of 2014 and has since completed three more reviews. Statistics and lessons learned from those events are included in this legislative report.

Montana's teams have received nationwide and even international attention for victim-centered reviews and our work with federal and Native American partners. Our hope is to continue to justify that attention by implementing creative and effective strategies to further reduce the number of family violence deaths in our state.

For additional information not contained in this report, please call **406-444-1907** or e-mail: **madale@mt.gov**.

Sincerely,

A handwritten signature in blue ink that reads "Matthew Dale". The signature is written in a cursive style with a large initial "M".

Matthew Dale, *Coordinator*
Domestic Violence Fatality Review Commission
Native American Domestic Violence Fatality Review Team
August 2017

Montana Domestic Violence Fatality Review Commissions

Mission

The Montana Domestic Violence Fatality Review Commission (MDVFRC) is a multi-disciplinary group of experts who study domestic violence homicides in a positive, independent, confidential and culturally sensitive manner, and make recommendations—without blame—for systemic and societal change.

Vision Statements

Because we are committed to partner and family safety, the MDVFRC, in partnership with the local community, will achieve:

- ▶ **Systemic change:** Domestic violence interventions occur early, often and successfully. Individuals communicate openly and effectively across boundaries.
- ▶ **Societal change:** Communities are educated about and understand why domestic violence occurs and become involved in its reduction.

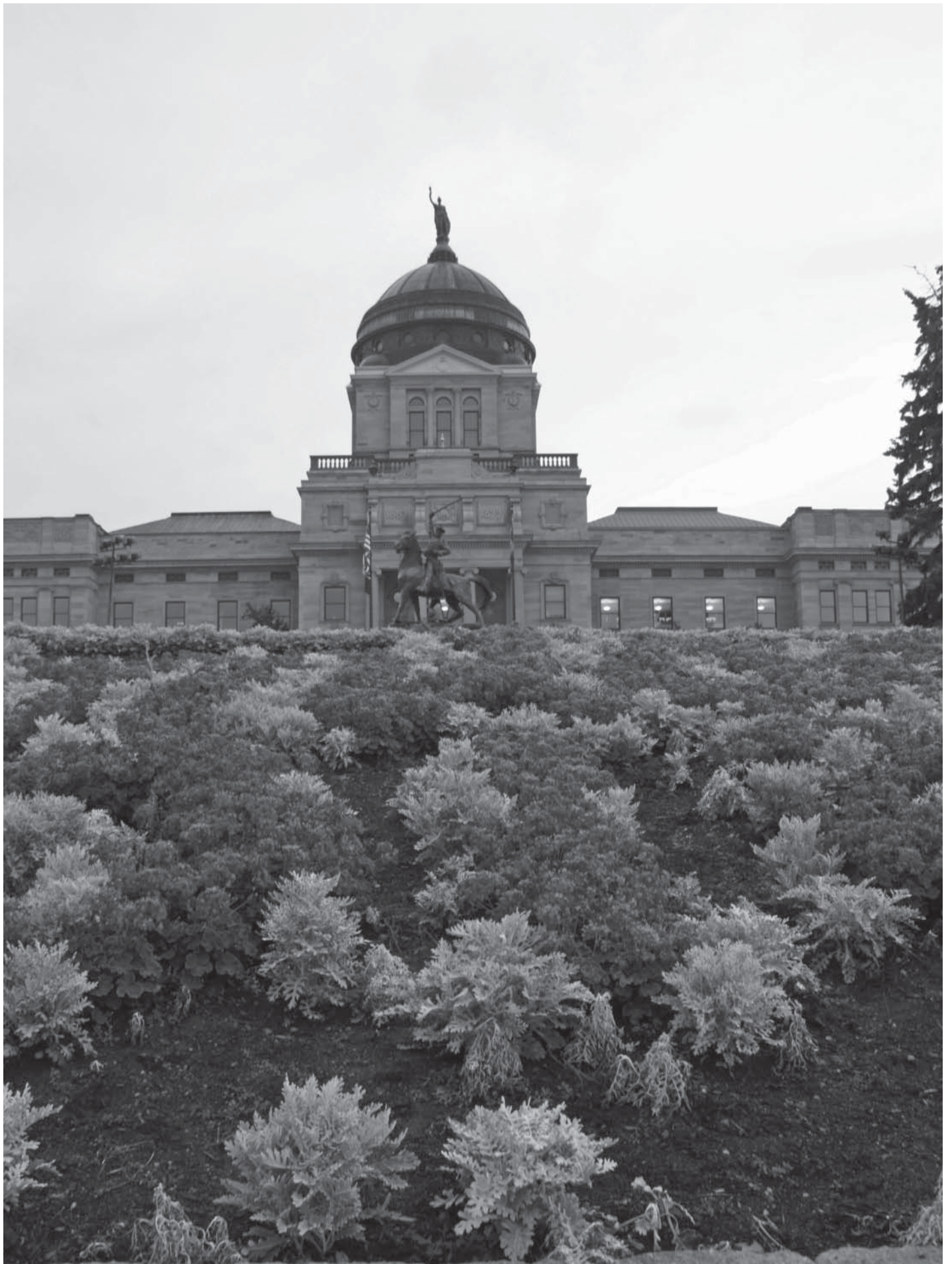
Guiding Principles

1. We offer each other support and compassion.
2. We conduct the review in a positive manner with sensitivity and compassion.
3. We acknowledge, respect and learn from the expertise and wisdom of all who participate in the Review.
4. We work in honor of the victim and the victim's family.
5. We are committed to confidentiality.
6. We avoid accusations or faultfinding.
7. We operate in a professional manner.
8. We share responsibilities and the workload.



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Report to the 2017 Legislature

The Montana Domestic Violence Fatality Review Commission (also referred to as a team) was created by the 2003 Montana legislature. Among other things, the statute mandates this biennial report and its dissemination to the Law and Justice Interim Committee, the attorney general, governor, chief justice of the Montana Supreme Court and the people of Montana.

It should be noted that the Commission reviews only a fraction of the family violence deaths in Montana each year. The group uses its limited time and resources to review only intimate partner homicides (IPH). Other groups, such as Montana's Fetal Infant Child Mortality Review and Suicide Mortality Review teams, gather information on other types of familial deaths. Unfortunately, even with our limited scope there are more deaths than the Commission can review each year. Since the passage of House Bill 116 in 2003, at least 169 Montanans have died in family violence homicides. In the past two years, the time frame covered by this report, 26 violent interactions resulted in 43 deaths. These numbers are significantly higher than any two-year period since IPH deaths began being tracked in 2000.

This has been a difficult biennium in Indian Country as well. The number of killings continues to be disproportionate

to our state's population: Native Americans constitute seven percent (7%) of Montanans but are victims in eleven percent (11%) of our intimate partner homicides. The number of Native victims more than doubled this biennium, increasing from two to five.

PHILOSOPHY AND PROCESS

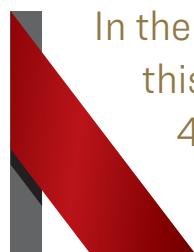
A "no blame/no shame" philosophy guides the work of both teams. The purpose of a fatality review is not to identify an individual or agency as responsible for the deaths. These are complex cases, involving a number of individuals and variables. It is simply not true that the tragedy was the result of any one action—or inaction—by any one person or agency. In fact, we find that many of the victims had limited, if any, contact with the "system"—they never sought shelter, did not reach out to a victim witness advocate nor did they have an order of protection. Similarly, the majority of perpetrators do not have extensive criminal histories.

At the same time, no one working

with these families would consider any death an acceptable conclusion. Domestic violence homicides traumatize not only those close to the family but entire communities. Reviewing the murders and working with local community members, the teams seek to identify gaps and inadequacies in the response to domestic violence (DV) at the local and statewide levels. The goal is to prevent future deaths. It is clear there is more work to do. The recommendations made in this report are specific, concrete steps in that direction.

Montana's fatality review teams have chosen an "inch wide, mile deep" approach to reviewing these deaths, undertaking only two per year, per team. In each case we review all the information available, including law enforcement reports, criminal histories, medical and autopsy records, presentence investigations, newspaper stories and criminal justice records. Additionally, team members interview family, coworkers, school personnel, friends, shelter staff and all other relevant individuals to learn more about the victim and the perpetrator. Then the entire team (see pages 11 & 17) travels to the community in which the homicide(s) took place.

Once there, the group uses all the collected information to compile a timeline of events leading up to the deaths. This exercise illuminates agency involvement, missed opportunities, things that worked well and gaps in services. Community members who worked with the family are invited to participate in the review and improve



In the past two years, the time frame covered by this report, 26 violent interactions resulted in 43 deaths. These numbers are significantly higher than any two-year period since IPH deaths began being tracked in 2000.

the timeline. Everyone attending signs the same confidentiality agreement. Local participation expands the knowledge of the team and accelerates changes in the community's protocols for working with families experiencing domestic violence. Focusing our collective efforts at the grassroots level expedites the goal of fatality review, which is to introduce and highlight changes that increase victim safety and perpetrator accountability.

At both the local and statewide levels the assembled group is multidisciplinary. It provides the opportunity for individuals who seldom work with one another, or have traditional biases against each other, to proceed toward a common goal. This model has resulted in productive dialogue and created both statewide and inexpensive, quickly implemented community improvements.

Identifying a limited number of practical recommendations, then monitoring their progress, has been a key element in the success of Montana's teams. For instance, of the none recommendations in the 2015 report, five have been at least partially implemented and three will be introduced as proposals in the 2017 legislature. This report's recommendations appear on page 9.

2015 AND 2016 REVIEWS

The four statewide and three Native American reviews conducted over the past two years inform this report's trends and recommendations. The document, through its posting on the DOJ website, <https://dojmt.gov/victims/domestic-violence-fatality-review-commission/>, serves as the teams' vehicle for highlighting new ideas, best practices, and creative solutions identified around the state, and other states, as effective tools in combating domestic violence deaths. Examples of some of these are included at the end of the report in the Guides and Model Forms section.

Reviews of the killings took teams across the state, from extremely remote Reservation communities to Montana's largest cities.



Our work this biennium, reviewing three homicides, one familicide (in which both parents and all three children were killed), two homicide/suicides, a multiple killing and the death of a perpetrator by law enforcement, taught us a great deal. Reviews of the killings took teams across the state, from extremely remote Reservation communities to Montana's largest cities. The deaths occurred in married couples, cohabitating relationships and individuals who had been separated from their partner for years. Some couples were well-off financially while others were barely able to meet basic needs. Three of the killings left behind children who

lost either one or both parents. In one case, team members were able to interview the perpetrator, learning additional details and hearing his insights as to what might help prevent a similar crime in the future. The officer involved in killing one of the suspects left law enforcement completely after the incident. Two of the three Native American killings were female perpetrated, highlighting a trend in Indian Country IPH in our state. This differs from statewide non-Reservation killings and national trends in which the perpetrators are most often male. Of the 17 Montana Indian Country killings identified since 2003, the female in the relationship was the



killer in 10 of them.

During the teams' 2015 presentation to the Interim Committee on Law and Justice, a request was made to begin to look for indications of drug and alcohol use and/or mental health concerns in the cases reviewed. Of the seven cases reviewed this biennium, team members saw elements of mental health struggles in three of them and strong evidence of significant substance abuse in four.

The teams choose their cases carefully, seeking a wider understanding of IPH in Montana and using innovative approaches to develop new insights. By further refining how law enforcement, victim advocates, social service providers and criminal justice personnel do their jobs, both fatality review teams hope to reduce the number of families and communities traumatized by these deaths.

INDIAN COUNTRY INITIATIVES

Montana became the nation's leader in Indian Country reviews when the country's first Native American DV fatality review team was created in 2014. The team, underwritten by a federal DOJ grant, consists primarily of Native representatives and their federal partners—BIA, FBI, US Attorney's Office, etc. (see page 17). Their focus is intimate partner homicides in Montana that involve a Native perpetrator and/or victim, whether on or off Reservation land. Information gleaned from their three reviews this biennium is also included in this report.

Over the years, Montana's fatality review team has made several positive connections with our seven Native American Reservations, particularly its tribal courts. One very concrete example is the Hope Card, which began on the Crow reservation as the Purple Feather campaign. The statewide fatality review team encouraged the Attorney General's Office to take the idea statewide, which was achieved during Crime Victim Rights

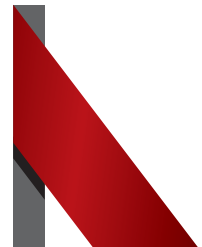
Week in April 2010. The Card displays the key elements of an order of protection, including other protected persons such as children and a photo of the perpetrator on a small, portable plastic card [see example on page 28]. Montana was the first state in the country to issue Hope Cards and remains the only state with Indian Country participants. All seven tribal courts have the capacity to produce Hope Cards.

Over the past two years, Montana's Native team has identified a need for its members to better educate themselves on those factors that make domestic violence in Indian Country different from the rest of the state. To that end, the team will continue to learn more about historical trauma and the effects of concentrated poverty. As those lessons are learned, they will be passed on to all Montanans.

nationally for its use of Violence Against Women Act dollars, which are used to pay the group's expenses. The U.S. Department of Justice, Office on Violence Against Women, funded the production of a documentary film highlighting the work of the Commission. The completed film has been seen by hundreds of fatality review team members in the United States and abroad and is an excellent teaching tool. It can be viewed online at <http://vimeo.com/15147441> and is also available in DVD form.

The Native American team has received its own recognition, resulting in presentations at the National American Indian Court Judges Association and several Indian Nations conferences, among others. Additionally, two national experts participate in most reviews, traveling across the country to do so. Dr. Neil Websdale, director of the

The Commission was chosen as one of three programs to be nationally recognized for its use of Violence Against Women Act dollars, which are used to pay the group's expenses.



NATIONAL AND STATEWIDE IMPACT

Montana's model of fatality review, including the use of statewide teams, traveling to the community in which the killing occurred, working with local community members and interviewing family members, has been highlighted across the country. Team coordinators have been invited to speak at numerous local, state and national conferences and the teams have been identified as exemplary by the National Domestic Violence Fatality Review Initiative <http://www.ndvfri.org/>. Additionally, the Commission was chosen as one of three programs to be recognized

National Domestic Violence Fatality Review Initiative, and Leslie Hagen, National Indian Country Training Coordinator for the federal Department of Justice, monitor the work of the team and provide national and even international perspectives to the work. Ms. Hagen has hosted two NADVFRT trainings at the National Advocacy Center in Columbia, South Carolina, for instance.

While our work is not finished by any means, recognition of the efforts by so many Montanans to reduce the number of IPHs encourages us to return to the task until greater success is achieved. ■

Trends:



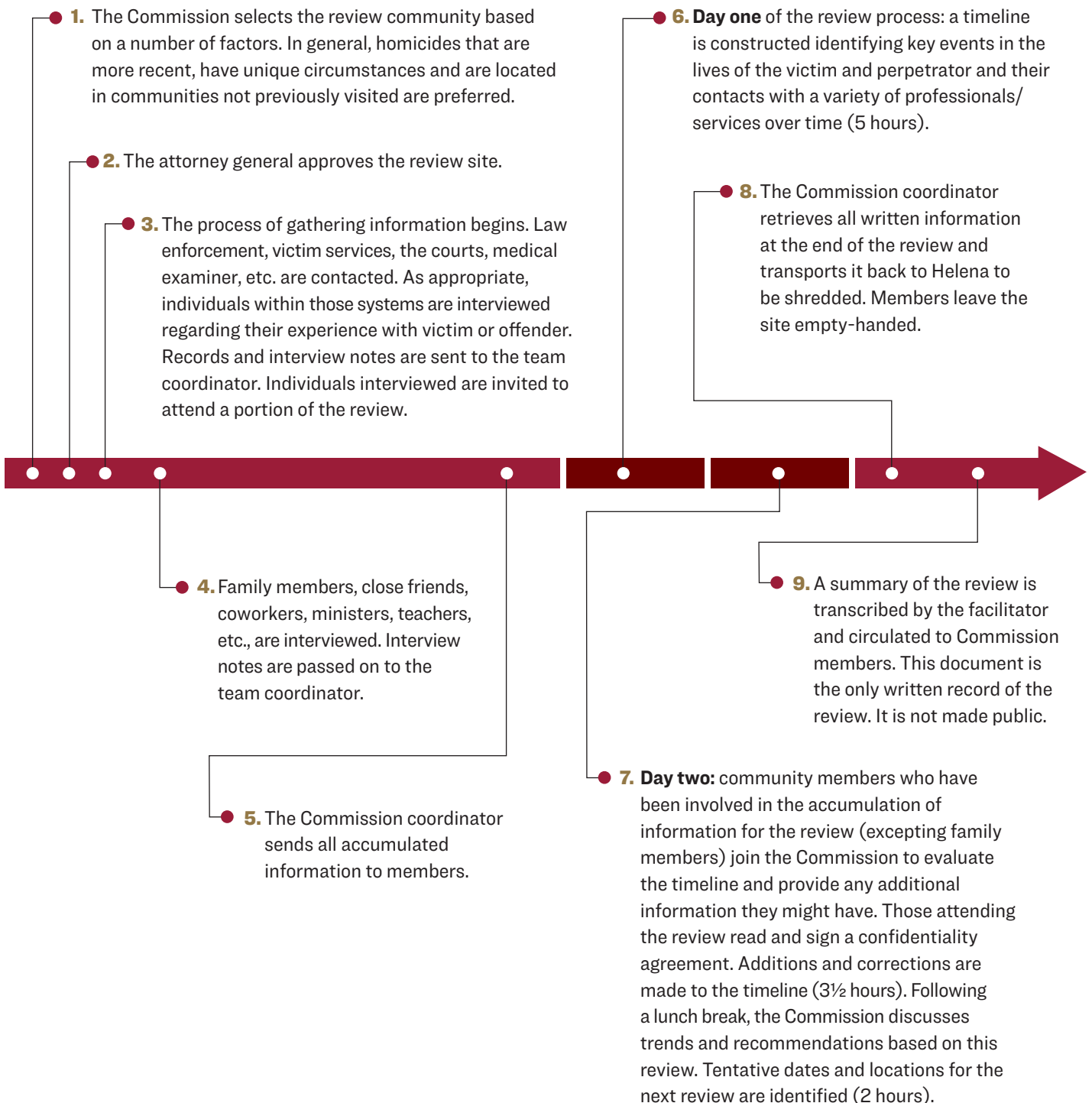
- ▶ Statewide, the number of individuals killed in intimate partner homicides in the past two years increased 139% compared to the previous biennium. For Native Americans this increase was 150%.
- ▶ All Native American IPHs involved both Native victims and perpetrators.
- ▶ Statewide, firearms continue to be the most frequently used weapons.
- ▶ Substance abuse was a significant factor in the majority of the killings.
- ▶ Mental health concerns appeared in less than half of the killings.
- ▶ For the first time since Montana started reviewing cases, most cases did not involve families with young children.
- ▶ 80% of IPH deaths this biennium occurred west of Billings. Four of seven Reservations had zero IPHs.
- ▶ Native Americans remain victims of intimate partner homicide at a disproportionate rate in our state. While constituting approximately 7% of the state's population, they make up 15% of IPH events and 11% of intimate partner victims.
- ▶ There has not been a homicide/suicide in Indian Country since 2013.
- ▶ There have been 10 deaths by strangulation throughout the state; none of these occurred in Indian Country.
- ▶ In Native American IPH, females are the killers almost 60% of the time.
- ▶ Native American women use a knife in the majority (70%) of their homicides. A knife is used by Non-native females only 11% of the time. Knives have been used by men in only five cases in more than 10 years.
- ▶ There have been seven familicides across the state, resulting in the deaths of 11 children. None of these occurred in Indian Country.

Recommendations:

- ▶ The state should continue work to improve and expand the current crime victim notification program (VINE). Technology exists to overcome its current limitations.
- ▶ Continue the collaboration and joint trainings between Montana's Department of Justice, the Bureau of Indian Affairs, the U.S. Attorney's Office and the Montana–Wyoming Tribal Judges Association.
- ▶ Expand the state's Crime Victim Compensation Program to increase the reimbursement rate for funeral expenses. The \$3,500 figure has not been raised since 1995 and its limitation can place a financial burden on families of those killed in intimate partner homicides.
- ▶ The state should work with all seven tribal courts to improve/expand tribal access to non-Reservation crime data, and vice versa. Currently each works in a vacuum.
- ▶ Pass legislation focused on strangulation, either creating a new stand-alone statute or enhancing existing DV statutes.
- ▶ Institute a statewide child death review team modeled on the adult death review teams.
- ▶ Look for ways to integrate the work of the suicide fatality review team with both DV fatality review teams. There is significant overlap between suicide and IPH in our state.
- ▶ Mental health professionals should be screening for domestic violence. Batterer Intervention Programs, DV advocates and DV shelters should screen for mental health concerns, particularly depression and suicidal ideation.
- ▶ Improve outreach highlighting the state's Address Confidentiality Program. Currently there are only 25 participants statewide.
- ▶ Implement the Arizona Child and Adolescent Survivor Initiative in Montana (see page 34).
- ▶ Work with local and national organizations to expand Montana's Native American DV Fatality Review Team model to other states with significant Native populations. Actively seek outreach/technical assistance opportunities.



Montana Domestic Violence Fatality Review Timeline



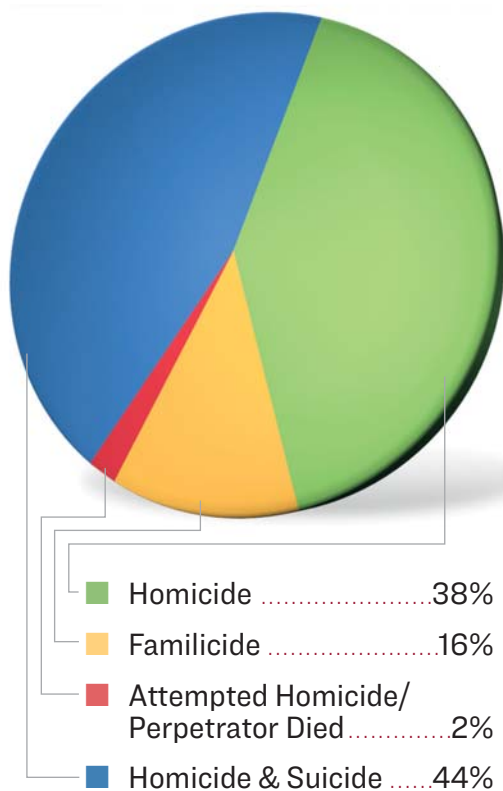
Montana Domestic Violence Fatality Review Commission Members

NAME	POSITION	ORGANIZATION	CITY
Beki Brandborg	Team Facilitator	Self-employed	Helena
Caroline Fleming	Executive Director	Custer Network Against Domestic Abuse	Miles City
Chuck Munson	Assistant Attorney General	Montana Department of Justice	Helena
Connie Harvey	Therapist	Self-employed	Lewistown
Dan Doyle	Professor	The University of Montana	Missoula
Dan Murphy	Detective	Butte-Silver Bow Law Enforcement	Butte
Dennis Loveless	Judge	City of East Helena	East Helena
Diana Garrett	Attorney	Montana Legal Services Association	Missoula
Jenny Eck	Legislator	Montana House of Representatives	Helena
Joan McCracken	Sexual Assault Nurse Examiner	Retired	Billings
John Buttram	Licensed Professional Counselor	Batterer's Treatment Program	Kalispell
John C. Brown	District Judge	State of Montana	Bozeman
Lee Johnson	Supervisor	Division of Criminal Investigation	Bozeman
Martha Rhoades	Psychiatrist	Billings Clinic	Billings
Matthew Dale	Team Coordinator	Office of Victim Services	Helena
Phoebe Blount	Victim Specialist	FBI	Glasgow
VACANT		Child & Family Services Division	Helena
Suzy Boylan	Prosecutor	Missoula County	Missoula
Warren Hiebert	Chaplain	Gallatin County Sheriff's Dept.	Bozeman

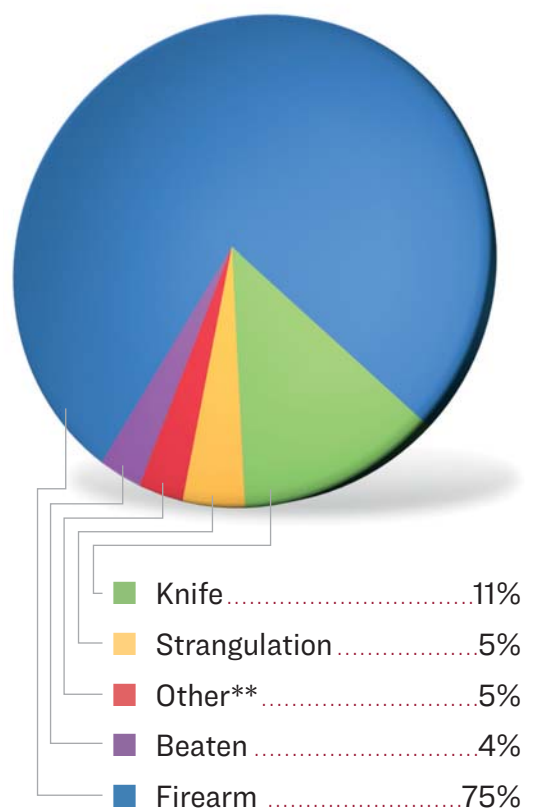
Fatalities* Associated with Intimate Partner Homicide in Montana since 2000

169 deaths as of December 7, 2016

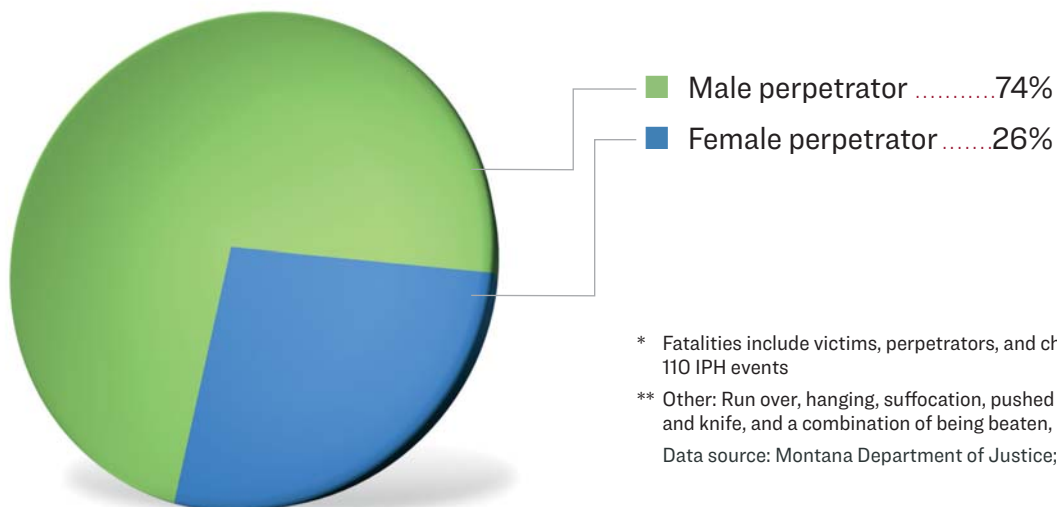
Type of Death



Type of Weapon Used



Perpetrator by Gender



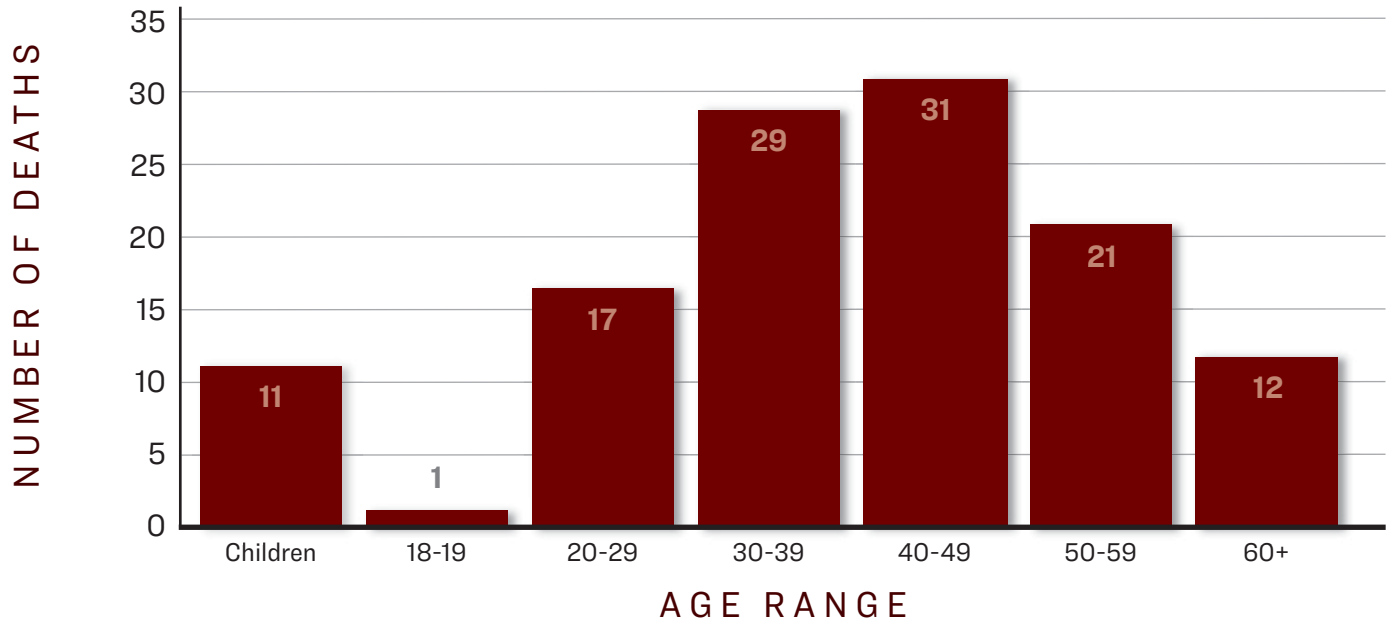
* Fatalities include victims, perpetrators, and children who died in 110 IPH events

** Other: Run over, hanging, suffocation, pushed off a cliff, flashlight and knife, and a combination of being beaten, strangled, and stabbed

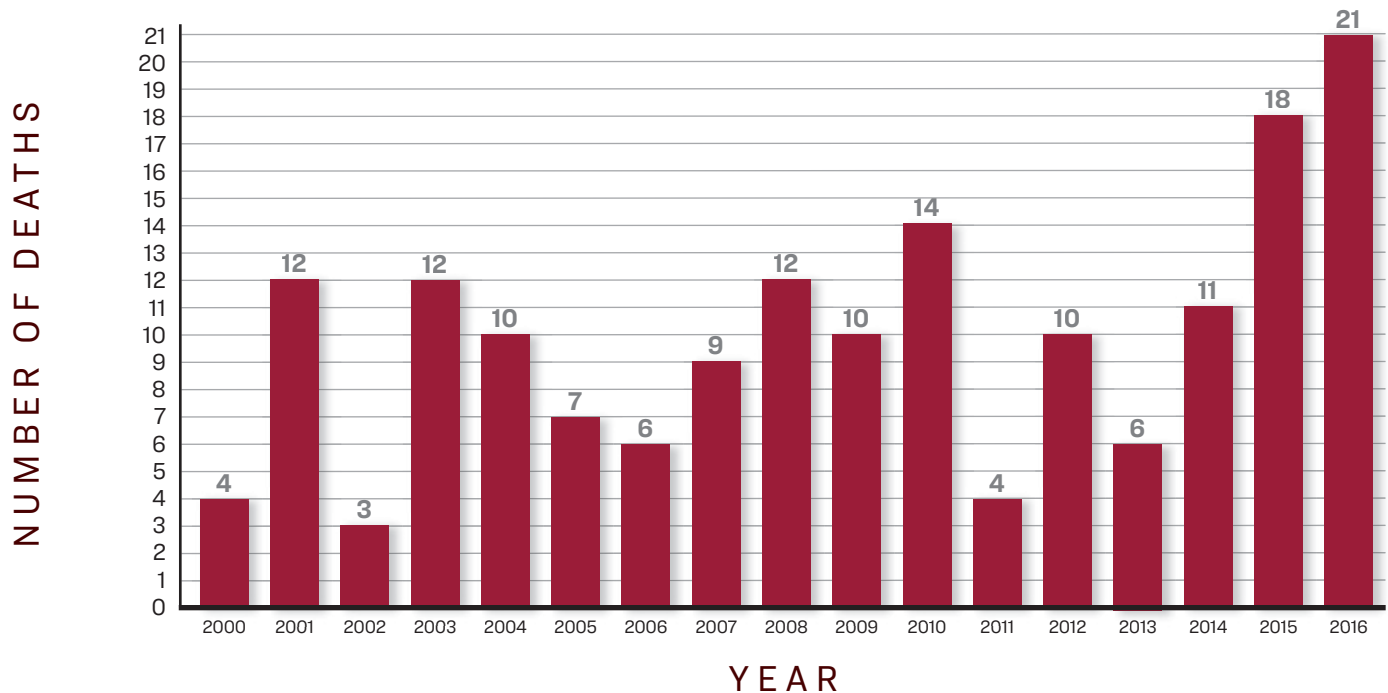
Data source: Montana Department of Justice; Office of Victim Services.

Fatalities Due to Intimate Partner Homicide in Montana since 2000

Age Range of Intended Victims



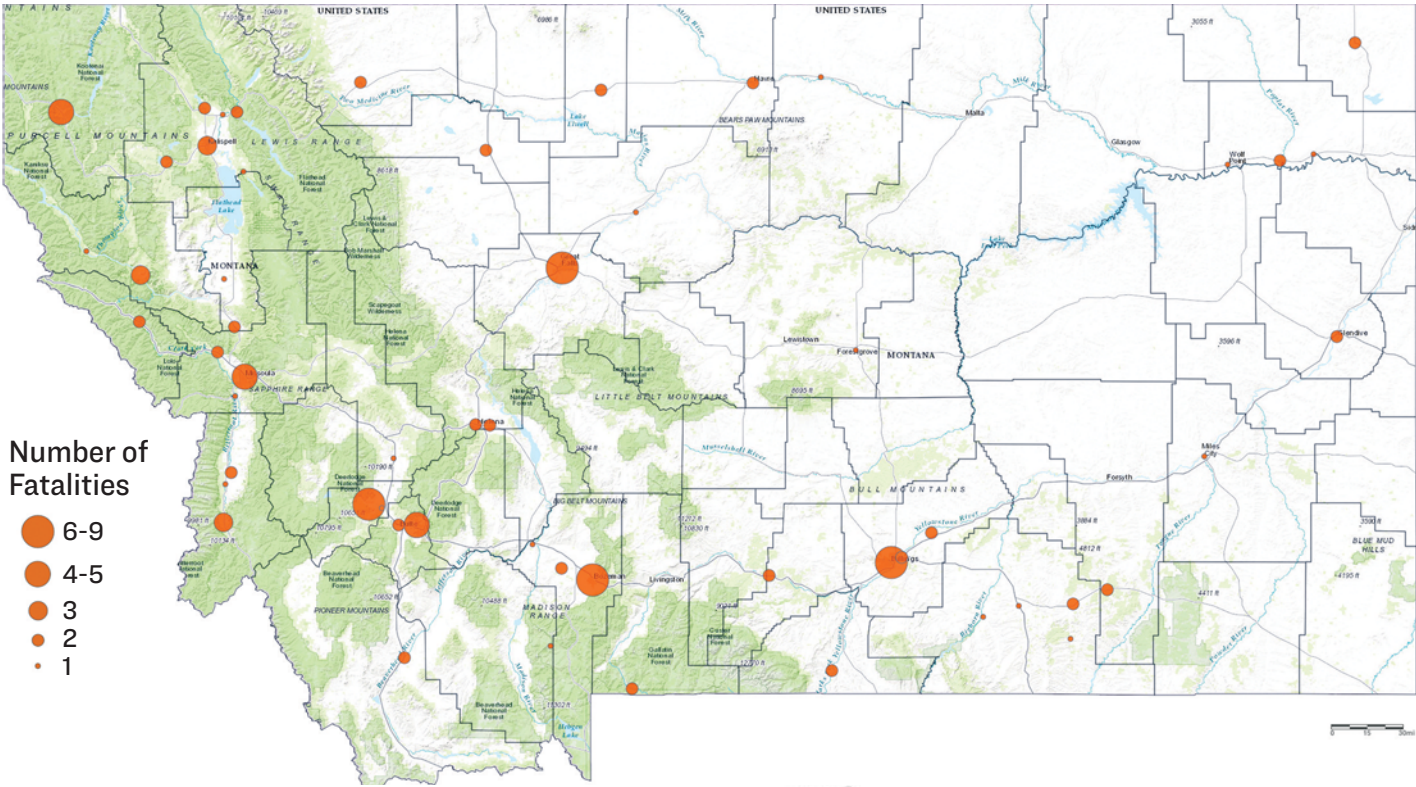
Number of Deaths by Year



Data source: Montana Department of Justice; Office of Victim Services.

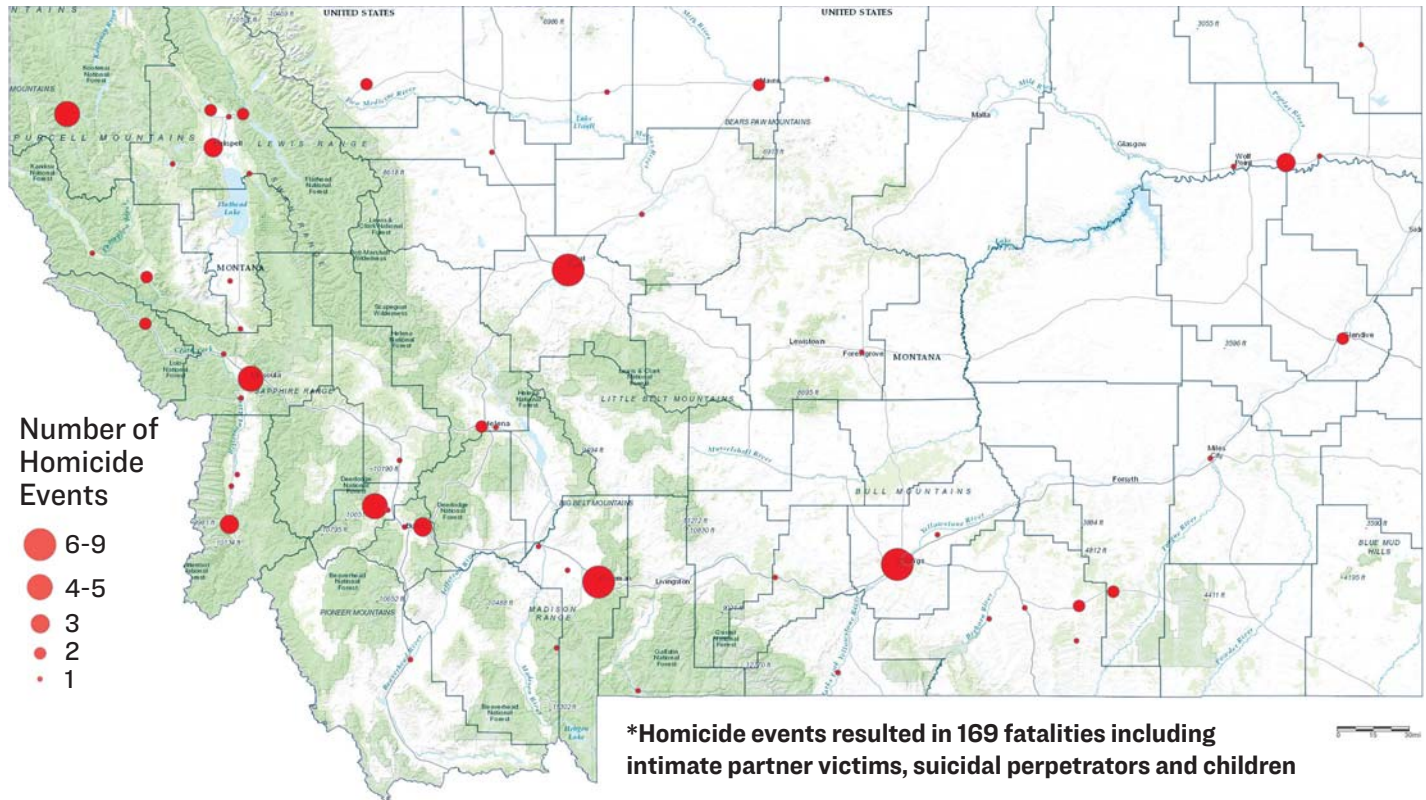
Fatalities Due To Intimate Partner Violence in Montana Since 2000

169 Total Intimate Partner Homicides



Intimate Partner Homicide Events in Montana Since 2000*

110 Total Intimate Partner Homicide Events



Montana Native American Fatality Review

Mission

The Montana Native American Domestic Fatality Review Team exists to deeply understand what leads to domestic violence fatalities in Montana's Indian Country, and to recommend culturally sensitive, proactive changes to prevent them in the future.

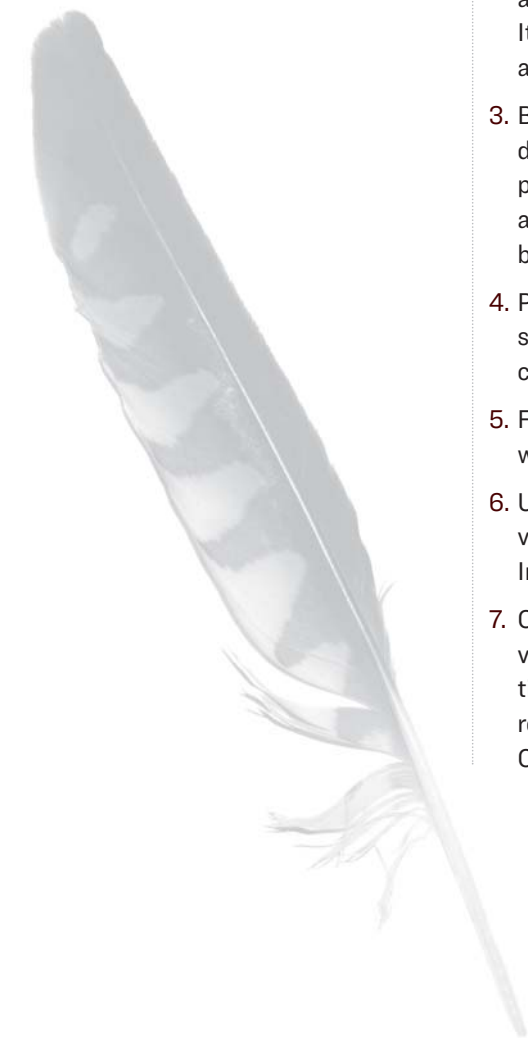
Vision Statements

1. Indian Country-specific data is accumulated that educates us about what leads to domestic violence death and what can prevent these deaths in the future.
2. The data is shared with all relevant parties: judges, law enforcement, domestic violence advocates, Tribal leadership, Child Protective Services workers, policymakers at the state and national level, and communities. It influences their understanding, approaches, and decision making.
3. Both the warning signs leading to death and the best practices to prevent domestic violence deaths are well known in Indian Country by all decision and policy makers.
4. People are open to reporting warning signs and intervening at stages that can prevent deaths.
5. Funding exists to pursue the changes we recommend.
6. Ultimately, there are no domestic violence deaths in Montana's Indian Country.
7. Our approach of studying domestic violence deaths, making recommendations for change, and publicizing those recommendations is a model for Indian Country throughout the United States.

Guiding Principles

We agree and are dedicated to the following standards:

1. We demonstrate our respect for each other by listening carefully and actively. We share the talking time, and avoid talking over one another, having side conversations and making speeches. We actively invite each person's opinions and thoughts and complete honesty.
2. We attend the Reviews with regularity, and are present for the entire process.
3. We respect and honor the victims' lives at all times, and never using any shaming or blaming language. Instead, judgments are made about processes and procedures, and the focus becomes the future and its opportunities.
4. We trust that everyone is doing their best work, giving it their best effort and that they have good intentions in all we do together.
5. We are a team, share the workload, and each do our part to ensure successful review.
6. We honor that some people will be able to do certain kinds of work leading up to the review, and respect when someone cannot participate in a sensitive aspect of the case.
7. Sensitivity to age and gender will be incorporated into interviews, with the best Team members chosen to conduct each one. Gifts will be provided to those we interview.
8. Our focus is on family fatalities related to domestic violence, on or near Reservations.

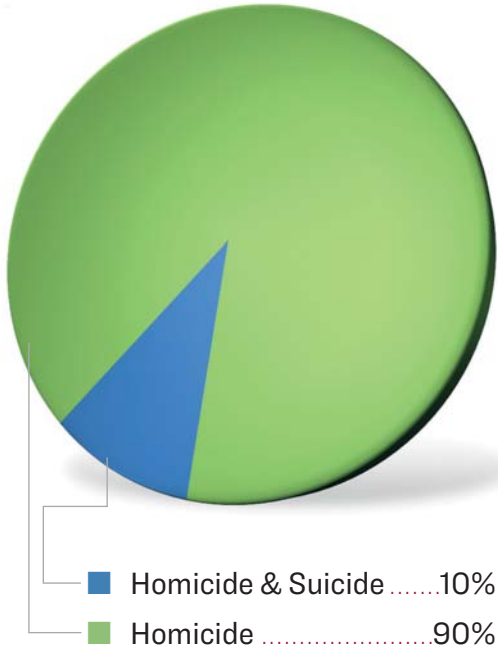


Montana Native American Fatality Review Team Members

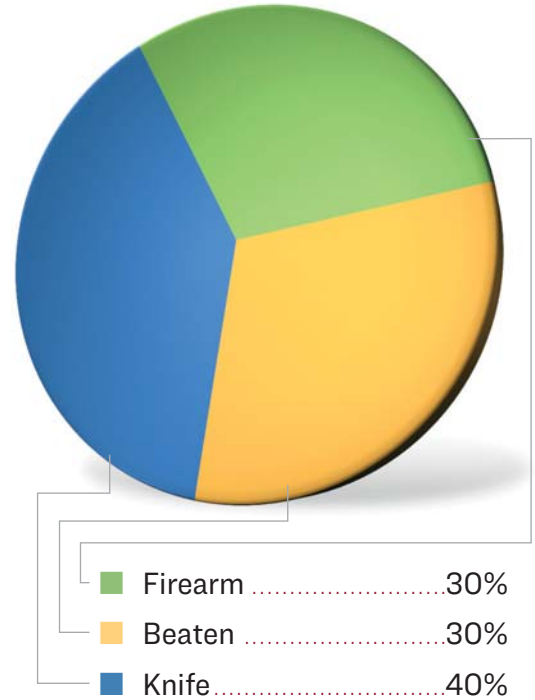
NAME	POSITION	ORGANIZATION	CITY
Winona Tanner	Chief Judge	CSKT Tribal Court	Pablo
William LeCompte	Assistant Special Agent in Charge	Dist. V Montana/Wyoming BIA	Billings
Wendy Bremner	Victim Witness Specialist	Bureau of Indian Affairs	Browning
Trina Wolf Chief	Domestic Violence Advocacy Coordinator	Chippewa Cree Tribe	Box Elder
Thomas Limberhand	Domestic Violence Advocate/Cultural Advisor	Chippewa Cree Tribe	Box Elder
Stephanie Iron Shooter	Caring Schools Coordinator	Montana Office of Public Instruction	Billings
Roni Rae Brady	Chief Judge	Northern Cheyenne Court	Lame Deer
Richard Jackson	Former Chief Judge	Fort Peck Courts	Poplar
Mistee Rides At The Door	Tribal Liaison	Montana Legal Services Association	Browning
Melissa Schlichting	Assistant Attorney General	Indian Law Division	Helena
Kelly McDonald	Prosecutor	CSKT Tribes	Pablo
L. Jace Kilsback	Tribal Health Administrator	Northern Cheyenne Tribe	Lame Deer
Jose Figueroa, Jr.	Supervisory SA/Chief of Police	Bureau of Indian Affairs	Crow Agency
John Grinsell	Special Agent	Bureau of Indian Affairs	Crow Agency
Joan Eliel	Team Coordinator	Montana Department of Justice, OCP	Helena
Harlan Trombley	Native American Liaison	Montana Department of Corrections	Helena
Georgette Boggio	Former County Attorney	Big Horn County	Hardin
Matthew Dale	Director/Coordinator	DOJ OCPVS/MTFR Commission	Helena
Eric Barnosky	Regional Administrator	HHS/CFSD	Miles City
Dr. Earl Sutherland, Jr.	Medical Director	Big Horn Valley Health Center	Hardin
Dawn Oleyte	MS RN, Area Nurse Consultant	HIS	Billings
Charles Robison	State Director and Legal Counsel	US Senator Steve Daines	Helena
Brandon Walter	Special Agent	FBI	Billings
Beki Brandborg	Team Facilitator	Self-Employed	Helena
Chad Spraker	AUSA/Tribal Liaison	US Attorney/District of Montana	Helena
Vacant	Tribal Liaison	US Senator Jon Tester	Helena

Native American Intimate Partner Homicides in Montana since 2000

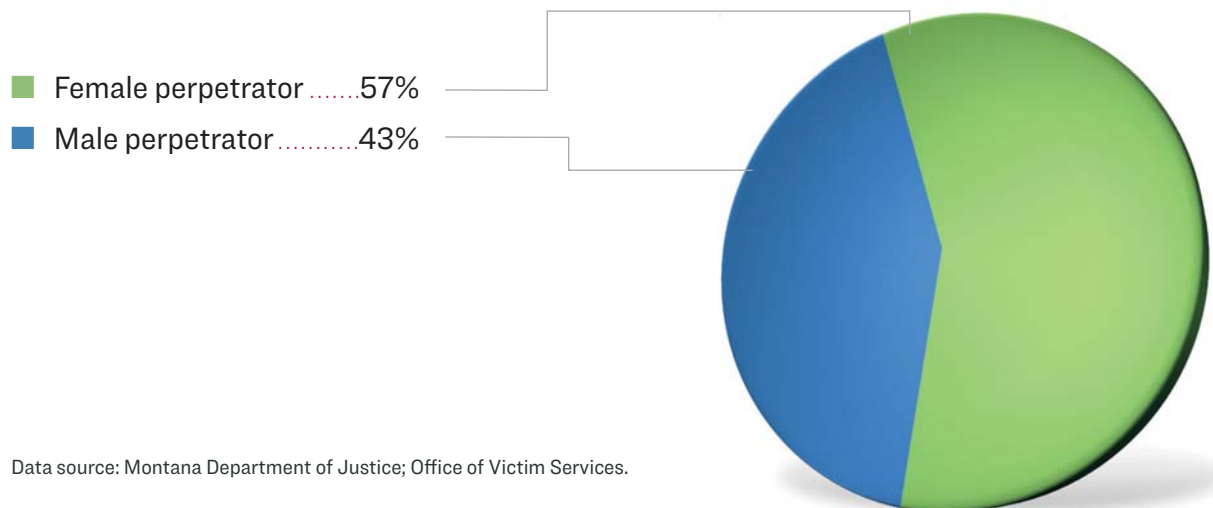
Type of Death



Type of Weapon Used



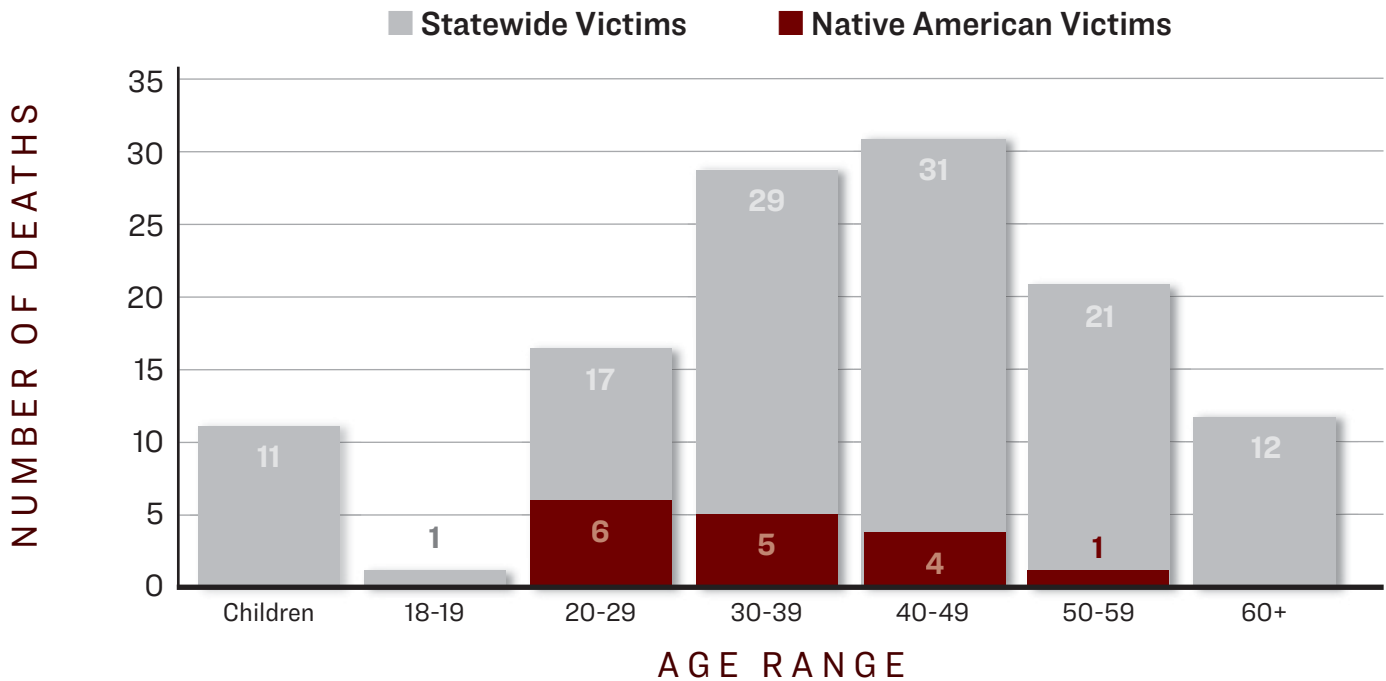
Perpetrator by Gender



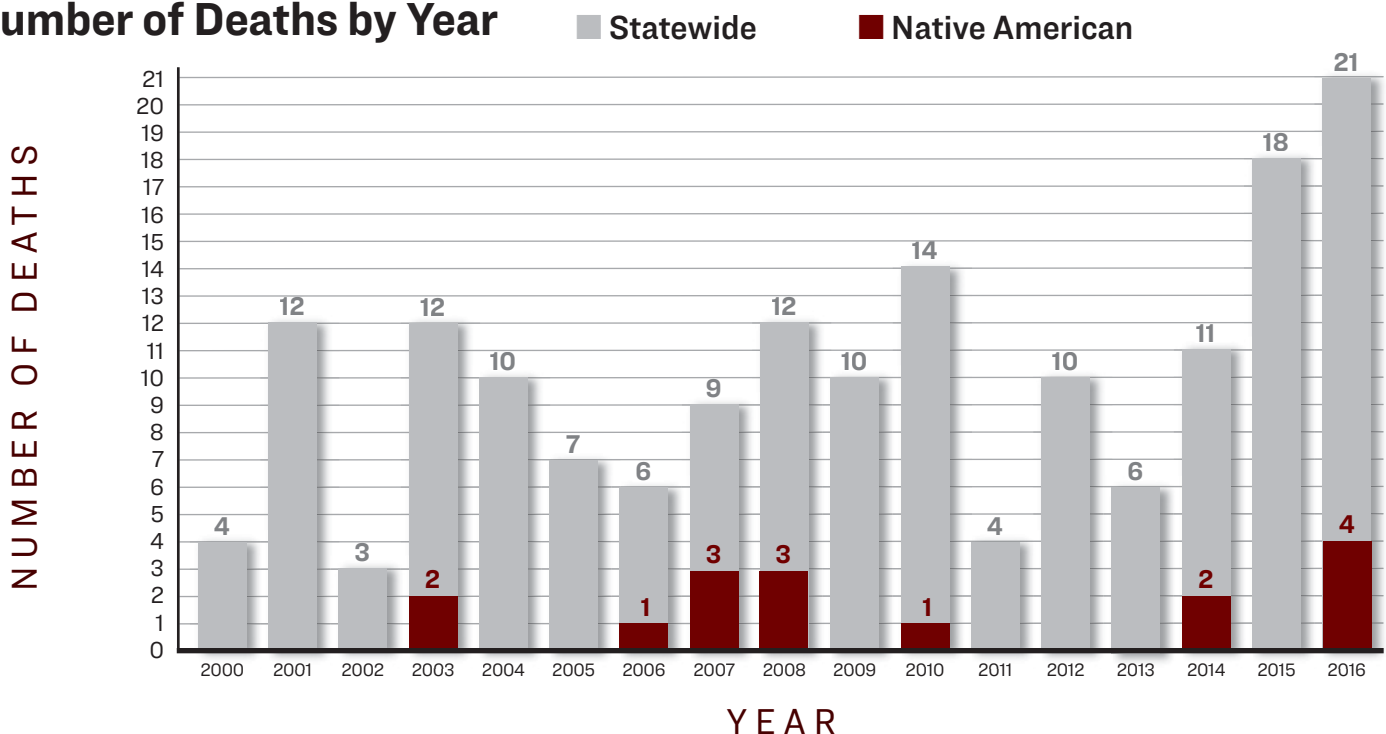
Data source: Montana Department of Justice; Office of Victim Services.

Fatalities Due to Intimate Partner Homicide in Montana since 2000

Age Range of Intended Victims



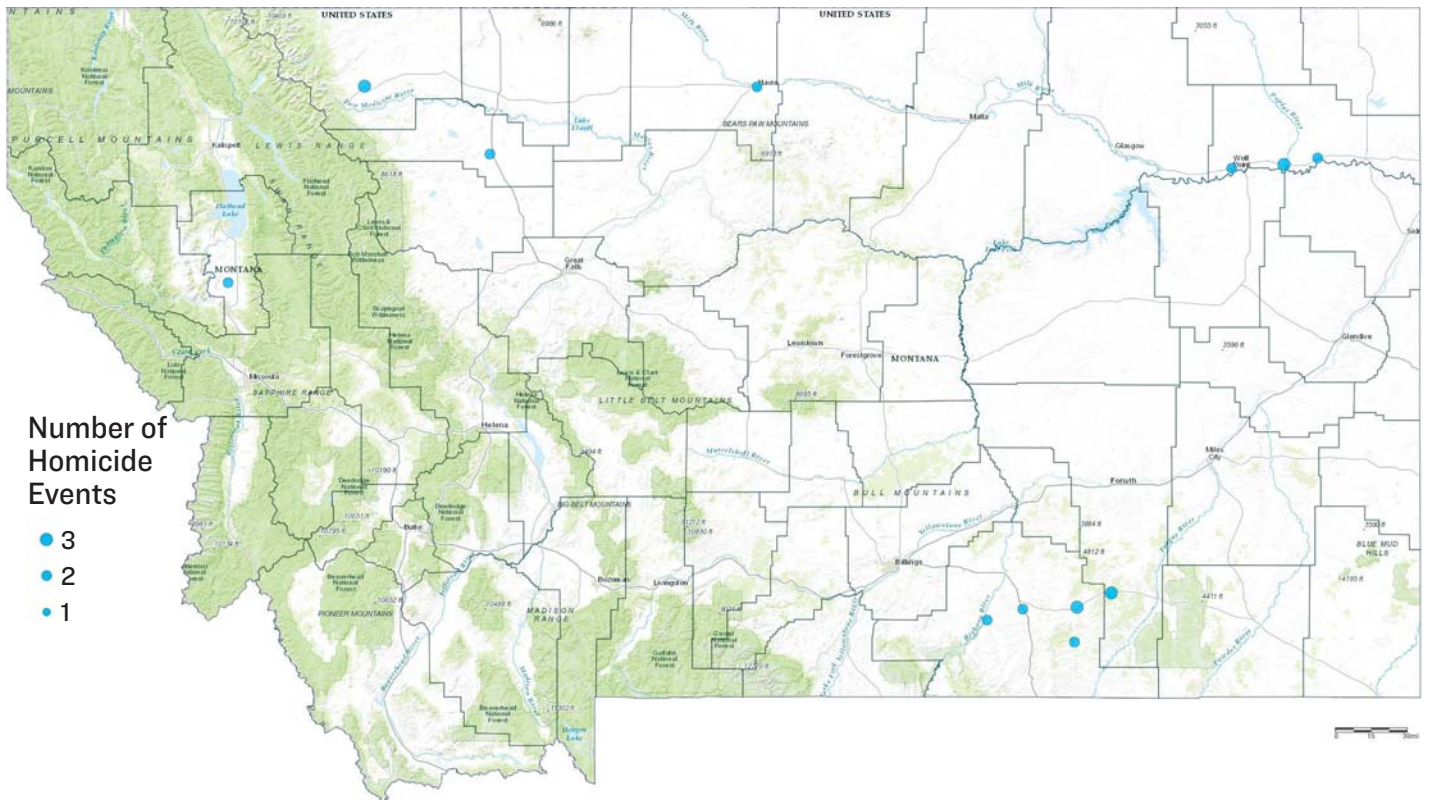
Number of Deaths by Year



Data source: Montana Department of Justice; Office of Victim Services.

Native American Intimate Partner Homicide Events in Montana Since 2000

16 Native American Intimate Partner Homicide Events



Fatalities Associated with Intimate Partner Homicide in Montana Since 2000

169 Deaths as of December 7, 2016



LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
Vanderpool	Eugenia	Lockwood	32	02/15/00	Homicide / Suicide	Firearm
Miller	Leanne	Churchill	42	06/03/00	Homicide / Shot By Officer	Firearm
Brekke	Bonita	Bozeman	51	01/11/01	Homicide / Suicide	Firearm
Williams	Bonnie	Lockwood	33	02/19/01	Homicide	Firearm
Baarson	Kim	Butte	39	03/06/01	Homicide / Suicide	Firearm
Van Cleave	Emily	Billings	22	04/17/01	Homicide / Suicide + 1 Child	Firearm
Mosure	Michelle	Billings	23	11/19/01	Homicide / Suicide + 2 Children	Firearm
Rasmussen	Noelle	Butte	23	04/13/02	Homicide / Suicide	Firearm
Isaacson	Madeline	Libby	90	07/27/02	Homicide	Suffocation
Wolfname, Jr.	Anthony	Busby	28	02/23/03	Homicide	Knife
Newman	Cathy	Frenchtown	51	05/15/03	Homicide / Suicide	Firearm
Flying	Sheila	Conrad	30	05/22/03	Homicide / Suicide	Firearm
McDonald	Jessica	Great Falls	32	07/01/03	Homicide / Suicide + 2 Children	Firearm
Vittetoe	Gina	Anaconda	57	07/14/03	Homicide	Knife
Erickson	Mindie Jo	Bozeman	33	09/10/03	Homicide / Suicide	Firearm
Johnson, Jr.	George	Billings	59	01/04/04	Homicide	Knife
Zumsteg	Deborah	Billings	41	03/01/04	Homicide / Suicide	Knife
MacDonald	Virginia	Missoula	40	04/29/04	Homicide / Suicide	Firearm
Chenoweth	Aleasha	Plains	24	07/19/04	Homicide	Firearm
Yetman	Labecca	Darby	35	08/30/04	Homicide	Firearm
McKinnon	Gina	Marion	40	11/23/04	Homicide / Suicide	Firearm
Hackney	Stephen	Lolo	38	11/26/04	Homicide	Knife
Baird	Donald	Anaconda	53	04/11/05	Homicide	Firearm
Mathison-Pierce	Erikka	Glendive	35	06/10/05	Homicide / Suicide	Firearm
LaRocque	Jill	Great Falls	22	06/25/05	Homicide	Strangulation
Roberson	Will	Missoula	52	07/05/05	Homicide by hired killer	Firearm
Thompson	Dawn	Ferndale	36	08/27/05	Homicide	Firearm
Haag	Von Stanley	North Fork	60	11/07/05	Homicide	Firearm
Anderson	Lawrence	Opportunity	45	02/21/06	Homicide	Run over
Vasquez	Joe	Billings	32	04/03/06	Homicide	Knife
Van Holten	JoLynn	Dillon	43	04/12/06	Homicide / Suicide	Firearm
Spotted Bear	Susie	Browning	46	08/13/06	Homicide / Suicide	Kick to head
Eagleman	Donald	Brockton	22	01/01/07	Homicide	Knife
George	Kimberly Ann	St. Xavier	35	02/11/07	Homicide	Head injury
Costanza (James)	Mychel	Billings	50	02/12/07	Homicide	Firearm
Caron	Tarisia	Evergreen	18	05/01/07	Homicide	Firearm
Stout	William	Darby	52	06/10/07	Homicide	Firearm
Whitedirt	Herbie	Lame Deer	41	11/03/07	Homicide	Firearm
Smith	Jody	Hungry Horse	46	12/09/07	Homicide	Firearm

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
Plough	Robert	Libby	49	12/28/07	Homicide / Suicide	Firearm
Drinkwalter	Seth	Billings	30	02/08/08	Homicide	Knife
Small	Troy	Kirby	35	02/11/08	Homicide	Knife
Calf Boss Ribs	Kimberly	Havre	21	03/15/08	Homicide	Beaten to death
Morin	Lorraine	Columbia Falls	45	03/16/08	Homicide	Firearm
Casey	Susan	Glendive	34	04/12/08	Homicide	Strangulation
Laslo	Alexia	Plains	37	08/09/08	Homicide / Suicide + 1 Child	Firearm
Livingston	Andrew	Grass Range	54	10/03/08	Suicide/Near Death	Firearm
Morris	Janeal	Arlee	48	10/25/08	Homicide / Suicide	Firearm
Robinson	Andrew	Wolf Point	37	11/26/08	Homicide	Knife
Bauman	Judi	Great Falls	46	04/18/09	Homicide / Suicide	Strangulation
Updegraff-Winkle	Roni Kay	Bozeman	47	04/23/09	Homicide	Firearm
Brewster	Gayle	Three Forks	53	05/14/09	Homicide	Firearm
Huntley	Sheryl	Thompson Falls	40	07/01/09	Homicide	Firearm
Hoffman, III	Richard	Butte	41	07/27/09	Homicide	Firearm
Hurley	Helen	Great Falls	84	08/04/09	Homicide / Suicide	Firearm
Davidson	Leslie	Fort Benton	50	11/26/09	Homicide	Firearm
Morast	Jason	Billings	27	12/12/09	Homicide	Knife
Rickett	Hazel	Miles City	47	01/08/10	Homicide	Firearm
Olson	Monica	Plentywood	44	01/26/10	Homicide / Suicide	Firearm
Crazy Bull	Charles	Poplar	49	06/26/10	Homicide	Knife
Popham	Connie	Great Falls	59	08/28/10	Homicide / Suicide	Knife/Firearm
Hardgrove	Swanie	Libby	81	08/28/10	Homicide / Suicide	Firearm
Mahoney	Shelly	Great Falls	40	11/11/10	Homicide / Suicide	Firearm
Hurlbert	Jaimie Lynn	Kalispell	35	12/25/10	Homicide + 1 Child (15)	Firearm
Hartwell	Sandra	Anaconda	72	12/31/10	Homicide / Suicide	Firearm
Dube-Woodard	Kelly Jo	Superior	47	05/24/11	Homicide	Strangulation
Gable	Joseph	Helena	48	10/13/11	Homicide + Girlfriend	Firearm
Welch	Bryan	Libby	50	12/08/11	Homicide	Firearm
Kinniburgh	Catherine	Libby	55	01/03/12	Homicide/Suicide	Firearm
Roberts	Suzanne Rene	Great Falls	46	02/24/12	Homicide/Suicide	Firearm
Hawkins	Jessica	Hamilton	40	11/13/12	Homicide	Beaten to death
Smith	Alicia Nicole	Bozeman	33	11/19/12	Homicide/Suicide	Firearm
Schowengerdt	Tina	Deer Lodge	66	12/08/12	Homicide	Knife
Salle	Tammy	Anaconda	41	12/23/12	Homicide/Suicide	Knife
Engbretson	Ordean	Whitefish	42	02/02/13	Homicide	Firearm
Yurian	Erica	Worden	22	05/24/13	Homicide/ Shot by Officer	Firearm
Johnson	Cody	Kalispell	25	07/07/13	Homicide	Pushed off cliff

LAST NAME	FATALITY FIRST NAME	LOCATION	DATE OF AGE	DEATH	TYPE OF DEATH	WEAPON
Newton	Chad	Whitefish	37	12/30/13*	Homicide	Knife
Schick-Lewis	Holly	Darby	50	01/06/14	Homicide/Suicide	Firearm
Edwards	Thomas	Hungry Horse	71	02/14/14	Homicide	Firearm
Beeman	Dawn	Havre	35	03/23/14	Homicide	Strangulation
Roberts	Debi	Gardiner	59	03/27/14	Homicide/Suicide	Firearm
Lane	Emma Jean	Superior	87	05/27/14	Homicide/Suicide	Firearm
Charlo	RaeLynn	Charlo	29	11/18/14	Homicide	Firearm
Beckman	Brett	Lame Deer	54	11/22/14	Homicide	Knife
Williams	Kaileb	Missoula	20	12/31/14	Shot by Officer/Near Death	Firearm
Siemion	Marjorie	Darby	75	02/23/15	Homicide/Suicide	Strangulation/ Hanging
Hanewald	John	Hungry Horse	65	03/08/15	Homicide/Suicide	Firearm
Herbert	Sejia	Havre	30	03/13/15	Suicide/Near death	Firearm
McKinney	Kerri Ann	Gardiner	28	04/14/15	Homicide	Run over
Scolatti	Kalee	Missoula	34	05/06/15	Homicide/Suicide + Friend	Firearm
Dymon	Louis	Great Falls	53	05/22/15	Homicide	Knife
Lee	Arie	Anaconda	37	06/07/15	Homicide/Suicide + 3 Children	Firearm
Garrett	Deborah	Great Falls	57	07/13/15	Homicide	Flashlight/Knife
Mast	Robert	Billings	25	09/15/15	Homicide	Strangulation
Wyrick	Charlie Ann	Missoula	26	12/21/15	Homicide	Knife
Morsette	Roxanne	Poplar	25	01/27/16	Homicide	Firearm
Pinkerton, Jr.	Robert	Poplar	22	02/01/16	Homicide	Knife
Buhmann	Darcy	Bozeman	37	03/09/16	Homicide	Firearm
Knarr	Joe	Bozeman	53	03/11/16	Homicide/Suicide + 1 Child	Firearm
Farrell	Michelle 'Rae'	Ramsey	48	03/25/16	Homicide/Suicide	Firearm
Wells	Stephanie	Great Falls	32	03/26/16	Homicide	Strangulation
Hill-LeCou	Karen	Belfry	54	04/05/16	Homicide + Sister & Her Husband	Firearm
Peck	Amanda	Butte	36	08/15/16	Homicide/Suicide	Firearm
Devine	Sheena	Libby	30	10/05/16	Homicide	Strangulation
Stump	Julia	Busby	41	11/12/16	Homicide	Beaten to death
Bends	Freman	Garryowen	38	11/12/16	Homicide	Beaten to death
Kelly	Hart	East Helena	49	12/04/16	Homicide/Suicide	Firearm
LaBounty	Tanya	Chester	42	12/06/16	Homicide/Suicide	Firearm

*Stabbed 11/25/13. Life support removed 12/30/13.

Montana Native American Intimate Partner Homicides Since 2000

16 Deaths as of December 7, 2016

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
Wolfname, Jr.	Anthony	Busby	28	02/23/03	Homicide	Knife
Flying	Sheila	Conrad	30	05/22/03	Homicide / Suicide	Firearm
Spotted Bear	Susie	Browning	46	08/13/06	Homicide / Suicide (by hanging)	Kick to head
Eagleman	Donald	Brockton	22	01/01/07	Homicide	Knife
George	Kimberly Ann	St. Xavier	35	02/11/07	Homicide	Head injury
Whitedirt	Herbie	Lame Deer	41	11/03/07	Homicide	Firearm
Small	Troy	Kirby	35	02/11/08	Homicide	Knife
Calf Boss Ribs	Kimberly	Havre	21	03/15/08	Homicide	Blunt Force Trauma
Robinson	Andrew	Wolf Point	37	11/26/08	Homicide	Knife
Crazy Bull	Charles	Poplar	49	06/26/10	Homicide	Knife
Charlo	Raelynn	Charlo	29	11/18/14	Homicide	Firearm
Beckman	Brett	Lame Deer	54	11/22/14	Homicide	Knife
Morsette	Roxanne	Poplar	25	01/27/16	Homicide	Firearm
Pinkerton, Jr.	Robert	Poplar	22	02/01/16	Homicide	Knife
Bends	Freman	Garryowen	38	11/12/16	Homicide	Blunt Force Trauma
Stump	Julia	Busby	41	11/12/16	Homicide	Blunt Force Trauma

An astonishing share of gun violence in America is driven by domestic violence. More than half of women murdered with guns in the U.S. in 2011—at least 53 percent—were killed by intimate partners or family members. And research by Everytown for Gun Safety establishes that this is also true for mass shootings: in 57 percent of the mass shootings between January 2009 and June 2014, the perpetrator killed an intimate partner or family member.

And guns make it more likely that domestic abuse will turn into murder: When a gun is present in a domestic violence situation, it increases the risk of homicide for women by 500 percent. Over the past 25 years in the U.S., more intimate partner homicides have been committed with guns than with all other weapons combined.

Everytown for Gun Safety, February 2015, pages 2 & 4.





Guides and Model Forms

Hope Cards

The Hope Card allows someone who has been granted an order of protection in one jurisdiction to easily prove it in another jurisdiction.

The Hope Card lets law enforcement know that there is a valid, permanent order of protection in place. In case of a potential violation of an order, a law enforcement officer can refer to the Hope Card for more information.

- ▶ A Hope Card is not a substitute for an order of protection
- ▶ The card includes relevant information related to a valid permanent order of protection
- ▶ It is small and durable, and can be easily carried in a wallet, pocket or purse
- ▶ Hope Cards are not issued for temporary orders of protection

In Montana, Hope Cards are issued by the Crow Tribal Court, Confederated Salish and Kootenai Tribal Court, Northern Cheyenne Tribal Court, Fort Peck Tribal Court, Chippewa-Cree Tribal Court, Fort Belknap Tribal Court, Blackfeet Tribal Court, and the state of Montana. While the cards differ slightly, they must be recognized by law enforcement officers throughout the state.

FEATURES

The Hope Cards issued by the state of Montana contain information about the protected person and the order:

- ▶ the protected person's name, birth date, sex, race and height
- ▶ the case number listed on the permanent order of protection, the issuing court and county, the date it was issued and any expiration date

The card provides information about the person named in the order, and any children or other individuals who are also protected under the order:

- ▶ the respondent's photo, name, birth date, sex, race, eye and hair color, height, weight and any distinguishing features like scars or tattoos
- ▶ the names and birth dates of any children or other individuals who are also protected under the order

HOW TO REQUEST A HOPE CARD

Hope Cards are available to anyone with a valid, permanent order of protection. Cards will also be available for any children or other individuals covered by the order. You may request more than one card per individual if, for example, you wish to provide one to a child's school and another to the child's after-school care program.

<https://dojmt.gov/victims/hope-cards/>

CONTACT

For additional information about the Hope Card program, contact:


Eric Parsons, Hope Card Administrator
Office of Victim Services
Department of Justice
P.O. Box 201410
Helena, MT 59620-1410
Phone: (406) 444-5803 or
(800) 498-6455
E-mail: HopeCard@mt.gov

State of Montana County: Beaverhead Court: Justice Case No.: 10-CV-234 Issued: 02/10/2010 Expires: 02/10/2017	Petitioner JOAN Q. PUBLIC DOB: 06/23/1980 Sex: Female Race: White Height: 5'4"
Other People Protected by this Order:	
JEFF BLACK	DOB: 08/12/1997
JILL BLACK	DOB: 10/23/1999
JOEY BLACK	DOB: 02/05/2005

Law Enforcement Must Verify This Order with Local Dispatch.

RESPONDENT

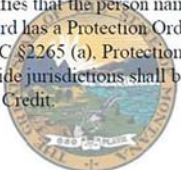
MATTHEW BLACK
DOB: **04/24/1973**
Sex: **Male**
Race: **Unknown**
Height: **5'11"**
Weight: **170**
Eyes: **Hazel**
Hair: **Brown**



Scars/Marks/Tattoos:
Tat on L Shoulder

Protection Order

This card certifies that the person named on the back of this card has a Protection Order. Pursuant to Title 18 USC §2265 (a), Protection Orders issued by outside jurisdictions shall be provided Full Faith and Credit.




Sample Montana Hope Card

Sample Tribal Court Hope Card

RESPONDENT

John Looking Glass
DOB: **03/26/1970**
Sex: **Male**
Race: **American Indian**
Height: **5'11"**
Weight: **175**
Eyes: **Brown**
Hair: **Black**



Scars/Marks/Tattoos:
None

Protection Order

This identification certifies that the above named individual has a Protection Order on file with the Confederated Salish and Kootenai Tribal Court, ~~Beaverhead~~ **Beaverhead**, MT against the individual listed above. Pursuant to Section 2-1-113, CSKT Laws Codified, and pursuant to Title 18, USC 2265(a), Protection Orders issued by other jurisdictions shall be provided full faith and credit.



Address Confidentiality Program

The Address Confidentiality Program provides a free, confidential mail-forwarding service to victims of domestic violence, sexual assault, and stalking.

A program participant is assigned a substitute mailing address so that he or she may conceal their physical location from potential abusers.

- ▶ An applicant must be a resident of the state of Montana and provide proof of qualifying victimization
- ▶ The assigned mailing address may be used as a permanent legal address, regardless of where the participant physically resides
- ▶ Participants are issued a card that is small and durable, and can be easily carried in a wallet or purse
- ▶ ACP cards verify a person's participation in the program and provide direction to state and local government officials

Proof that a person has been victimized can be provided in the form of a restraining order, law enforcement report, or statement from a shelter or advocacy organization stating that a person has received services there.

Parents or guardians can apply to participate in ACP on behalf of minors or incapacitated persons.

- ▶ An ACP participant is considered a resident of the county in which they reside
- ▶ The assigned mailing address may be used when registering to vote, at Motor Vehicle Division locations (licensing, vehicle registration, etc.), applying for state benefits, and in court

HOW TO APPLY FOR THE ACP


Any resident of Montana who has experienced domestic violence, sexual assault, or stalking may apply to participate. To apply, submit a completed Address Confidentiality Program Application (must be notarized) and Checklist. These documents can be found at <https://dojmt.gov/victims/> under "Resources."

CONTACT

For additional information about the ACP program, contact:

Eric Parsons, ACP Administrator
Office of Victim Services
Department of Justice
P.O. Box 201410
Helena, MT 59620-1410
Phone: (406) 444-5803 or
(800) 498-6455
E-mail: eparsons@mt.gov

MONTANA
DEPARTMENT OF JUSTICE
ADDRESS CONFIDENTIALITY PROGRAM




NAME
PMB#PIN
PO Box 201410
555 Fuller Ave.
Helena, MT 59620

Valid: ___/___/___ - ___/___/___

This card certifies that the bearer is authorized to participate in the Address Confidentiality Program (ACP) as created in §40-15-118, MCA. The PMB#, participant's name, and substitute address shall be used on all correspondence to this participant. State agencies are required to accept this as a permanent, legal address.

If you have any questions or concerns regarding the ACP, or the valid use of this authorization card, please call 1-800-498-6455 or go to www.dojmt.gov.


Tim Fox
Montana Attorney General



STRANGULATION IN INTIMATE PARTNER VIOLENCE FACT SHEET

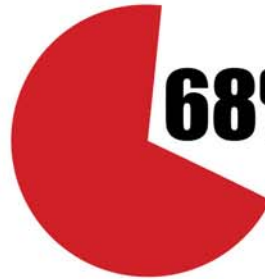
STRANGULATION: the obstruction of blood vessels and/or airflow in the neck resulting in asphyxia.



1 in 4

women will experience intimate partner violence (IPV) in their lifetime.¹

Of women at high risk, up to...

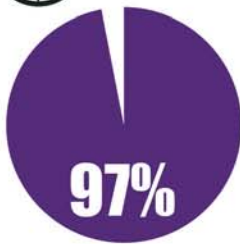


68%

will experience near-fatal strangulation by their partner.²



Loss of consciousness can occur within 5 - 10 seconds. Death within minutes.²



97%

are strangled manually (with hands).³



38%

report losing consciousness.⁴



35%

are strangled along with sexual assault/abuse.⁵
9% are also pregnant.⁴



70%

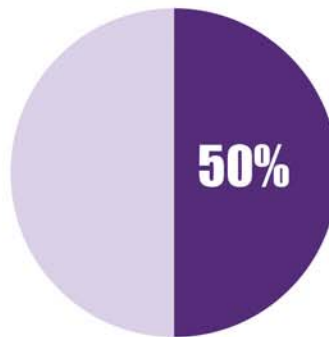
of strangled women believed they were going to die.⁶

And odds for homicide increase **750%**

for victims who have been previously strangled, compared to victims who have never been strangled.⁷

HOWEVER...

Oftentimes, even in fatal cases, there are **NO EXTERNAL SIGNS** of injury.³



Only half of victims have visible injuries



Of these, only 15% could be photographed

STRANGULATION

SIGNS AND SYMPTOMS²

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae (tiny red spots—slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

CONSEQUENCES⁹

PSYCHOLOGICAL INJURY

PTSD, depression, suicidal ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia, and psychosis.

DELAYED FATALITY

Death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, ARDS and the risk of blood clots traveling to the brain (embolization).

Today,
38 States
have legislation
AGAINST
STRANGULATION⁸

VAWA 2013
added strangulation
and suffocation to
FEDERAL LAW

Source: Strangulation in Intimate Partner Violence: Clinical Features, Pathogenesis, and Management. *Journal of Emergency Medicine*, 2009.



TRAINING INSTITUTE
on
STRANGULATION
PREVENTION

a program of Alliance for HOPE International

101 W. Broadway, Suite 1770,
San Diego, CA 92101
1-888-511-3522

StrangulationTrainingInstitute.com

1 Breiding, M., Smith, G., Barber, C., Waters, M., Chen, S., Morris, M. (2009). Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR* 2014; 63(SS-8): 1-18.

2 Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009). Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective*. Oxford University Press, Inc., 217-235.

3 Strack, G.B., McClane, G.E., & Hawley, D. (2001). A review of 300 attempted strangulation cases: Part I: Criminal Legal Issues. *Journal of Emergency Medicine*, 21(3), 303-309.

4 Shields et al. (2010). Living victims of strangulation: A 10-year review of cases in a metropolitan community. *American Journal of Forensic Medical Pathology*, 31, 320-325.

5 Plattner, T. et al. (2005). Forensic assessment of survived strangulation. *153 Forensic Science International* 202

6 Wilbur, L. et al. (2001). Survey results of women who have been strangulated while in an abusive relationship. *21J. Emergency Medicine* 297.

7 Glass et al. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, 35(3), 329-335.

8 Mack, M. (2013) States with strangulation legislation. A product of the Training Institute on Strangulation Prevention. www.strangulationpreventioninstitute.com

9 Funk, M. & Schuppel, J. (2003) Strangulation injuries. *Wisconsin Medical Journal*, 102(3), 41-45.



RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION



Prepared by Bill Smock, MD and Sally Sturgeon, DNP, SANE-A
Office of the Police Surgeon, Louisville Metro Police Department

Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD

- GOALS:**
1. Evaluate carotid and vertebral arteries for injuries
 2. Evaluate bony/cartilaginous and soft tissue neck structures
 3. Evaluate brain for anoxic injury

Strangulation patient presents to the Emergency Department

History of and/or physical exam with ANY of the following:

- **Loss of Consciousness** (anoxic brain injury)
- **Visual changes:** "spots", "flashing light", "tunnel vision"
- **Facial, intraoral or conjunctival petechial hemorrhage**
- **Ligature mark or neck contusions**
- **Soft tissue neck injury/swelling of the neck/cartoid tenderness**
- **Incontinence** (bladder and/or bowel from anoxic injury)
- **Neurological signs or symptoms** (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms.)
- **Dysphonia/Aphonia** (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- **Dyspnea** (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- **Subcutaneous emphysema** (tracheal/laryngeal rupture)

History of and/or physical exam with:

- **No LOC** (anoxic brain injury)
- **No visual changes:** "spots", "flashing light", "tunnel vision"
- **No petechial hemorrhage**
- **No soft tissue trauma to the neck**
- **No dyspnea, dysphonia or odynophagia**
- **No neurological signs or symptoms** (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms)
- **And reliable home monitoring**

Discharge home with detailed instructions to return to ED if:
neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

Recommended Radiographic Studies to Rule Out Life-Threatening Injuries* (including delayed presentations of up to 6 months)

- **CT Angio of carotid/vertebral arteries** (**GOLD STANDARD** for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) **or**
- **CT neck with contrast** (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) **or**
- **MRA of neck** (less sensitive than CT Angio for vessels, best for soft tissue trauma) **or**
- **MRI of neck** (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) **or**
- **MRI/MRA of brain** (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)
- **Carotid Doppler Ultrasound** (**NOT RECOMMENDED:** least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)**References on page 2*

(-)

Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)

(+)

- Consult Neurology/Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia

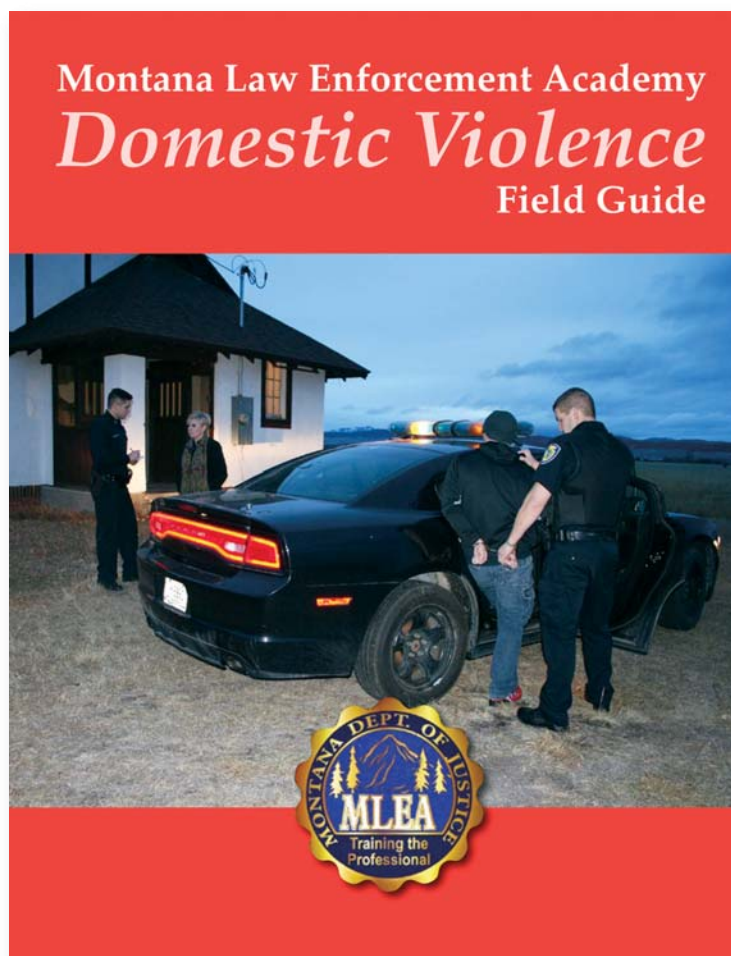
Montana Law Enforcement Academy Domestic Violence Field Guide

The responding patrol officer is one of few practitioners in the criminal justice system to come close to seeing and hearing what really goes on in the privacy of violent homes. For a responding officer, the patrol report is one of a dozen he or she might write in a shift. In a domestic violence legal case, however, it is the most important document. Its attention to specific details either helps or hinders subsequent efforts to maximize victim safety and offender accountability. This guide emphasizes the importance of accumulating accurate information over time and incidents in order to understand and appropriately respond to the level of danger and risk posed by offenders in a crime that is often complex and difficult to prosecute.

Although it starts with a law enforcement response, domestic violence calls involve other components of the criminal justice and community safety systems. All have a specific role to play in a case and each looks to the officer's report when making decisions about when and how to act. The investigator reads a report asking, "Can I work this up into a case that can be proven beyond a reasonable doubt? Are there witnesses? Can I find them? Did they see or hear something?" The bail evaluator asks, "Will this person be a threat to the public or to this or other victims?" The prosecutor asks, "What crimes were committed, if any? Was anyone acting in self-defense?" When cases result in a plea or conviction where a pre-sentence investigation is required, the writer asks, "is this event an unusual happening or part of a pat-

tern of violence, coercion and intimidation?" To answer this question the PSI (Pre-sentence Investigation) writer reads every report written on the defendant. When officers treat each call as part of an ongoing case the pattern will emerge and the safety needs of all victims become more evident. The criminal justice system goals of victim safety and offender accountability are largely dependent on the patrol officer's initial response to the case.

The policies and protocols for law enforcement response listed in this guide are accompanied by tools and training memos for the responding officers. The policies and protocols emphasize the importance of basic, solid law enforcement work in domestic violence cases, which can seem futile on a case-by-case basis but will, in many cases, result in a successful intervention over time. Such success is more likely when officers and other interveners stay engaged with victims who may be quick to call for help during an assault, but who are understandably cautious in joining in an adversarial court process against the person who holds all of the power cards and readily uses coercion and violence to maintain that power.



ACASI'S Mission

Our mission is to develop a multi-county, trauma-informed system of care to provide specialized victim services and support to children who have lost a parent to intimate partner homicide.

ACASI offers the following services to child survivors and their caregiver/guardian:

- crisis counseling (in-person or via phone)
- follow-up contact
- therapy
- group treatment/support
- information, referral, and connection
- assistance in filing compensation claims
- personal advocacy
- volunteer mentoring

ACASI currently serves Maricopa, Pima, Pinal, Yavapai, and Yuma counties.

Nearly
3,000
children per year in the United States lose a parent to intimate partner homicide.

The Arizona Child and Adolescent Survivor Initiative

Child Survivors of Intimate Partner Homicide

You hold a piece of the puzzle in serving these children.

The Arizona Child and Adolescent Survivor Initiative

928-523-2119 | e-mail: acasi@nau.edu

For more information, visit our website at nau.edu/fvi/acasi.

ACASI does not discriminate on the basis of race, color, national origin, religion, sex, disability and age in the delivery of services.



Family Violence Institute
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Making a referral

There are three primary ways to refer a child who has lost a parent to intimate partner homicide:

1. Call 928-523-2119 to speak with an ACASI team member or e-mail acasi@nau.edu.
2. Visit nau.edu/fvi/acasi and download, complete, and e-mail the appropriate form.
3. Give our contact information directly to the child's caregiver/guardian.

ACASI serves children from birth to 17, and their primary caregiver/guardian, at any point during the healing process.



Volunteer mentoring

Research finds that a stable relationship with a caring, consistent adult:

- serves as a protective factor
- helps build resiliency
- predicts better outcomes for at-risk children and for children who have experienced domestic violence

Because of this,

volunteer mentoring is a critical component

of ACASI's support to child survivors of intimate partner homicide.

The ACASI team will pair each surviving child with a volunteer mentor. The mentor serves as a reliable and positive role model. Through this supportive relationship, children will:

- explore interests
- develop new skills
- build a healthy identity
- and have fun!

Activities with the child may include simply listening, helping with homework, or playing in a park.

We are seeking volunteers to dedicate 2-4 hours per week and make a minimum one year commitment.

For more information about ACASI's volunteer mentoring program, call 928-523-2119 or e-mail acasi@nau.edu.

Please indicate you are interested in volunteering and the county in which you would like to serve.

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College of Social & Behavioral Sciences
Civic Service Institute

ACASI is a first-of-its kind

initiative that provides support to an underserved group of children. National statistics suggest that more children are affected by intimate partner homicide than childhood leukemia or sudden infant death syndrome, yet gaps in services persist.

Research indicates:

63%

of children were home when a parent was killed

37%

of children discovered a parent's body

43%

of children witnessed the homicide

Lewandowski et al., 2004

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<https://dojmt.gov/victims/domestic-violence-fatality-review-commission/>