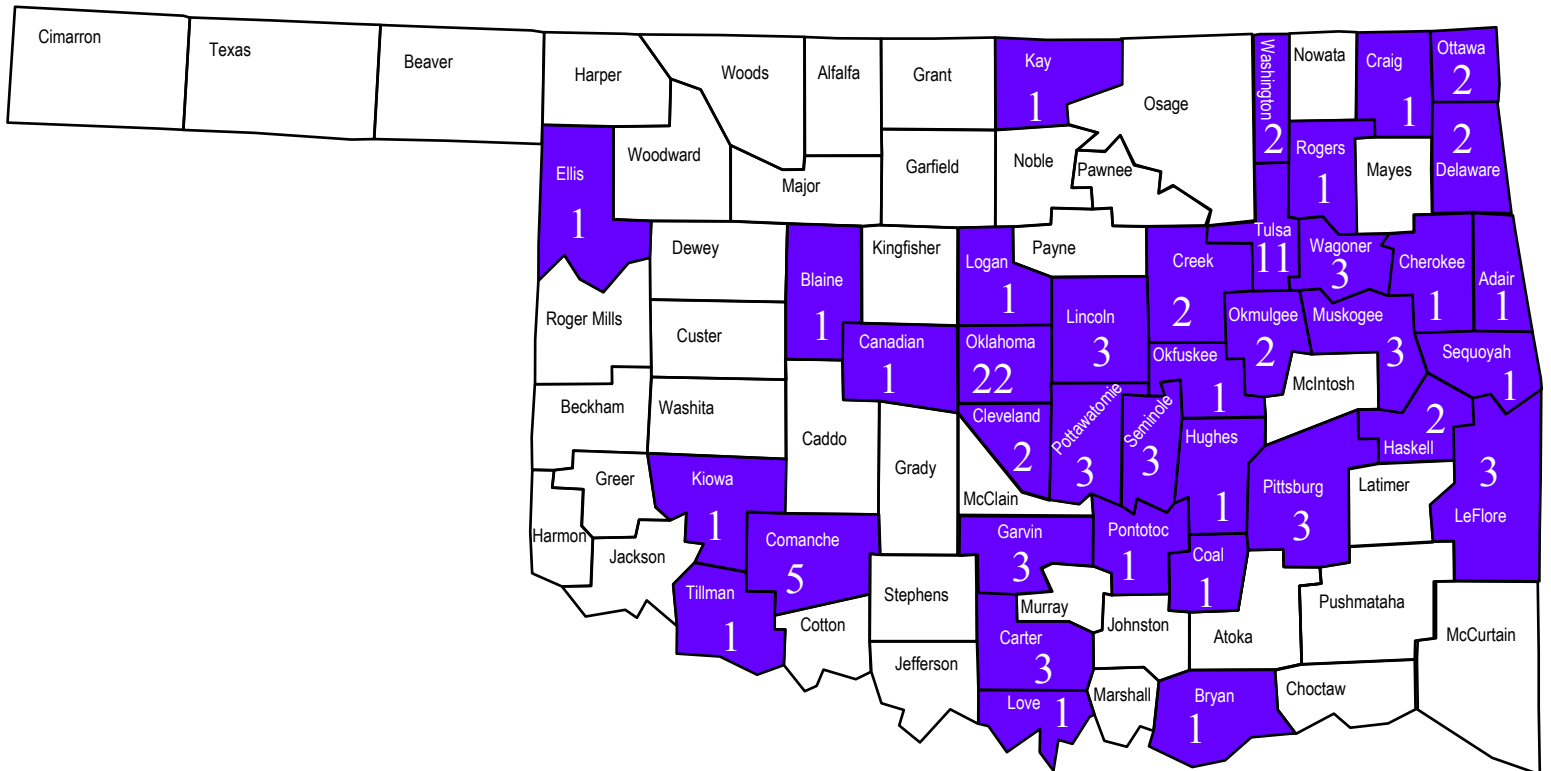


# DOMESTIC VIOLENCE HOMICIDE IN OKLAHOMA



A REPORT OF THE  
OKLAHOMA DOMESTIC  
VIOLENCE  
FATALITY REVIEW BOARD  
2011

# Oklahoma Domestic Violence Fatality Review Board Annual Report

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## 2011 Domestic Violence Fatalities in Oklahoma

In 2011, 114 people died in Oklahoma as a result of domestic violence.

These deaths include domestic violence victims killed by partners and ex-partners; family members killed by family members, children killed by abusers or other family members; bystanders killed by abusers; roommates killed by roommates; and suicide deaths of abusers.

In 2011 in Oklahoma:

- 45 people were killed by domestic violence abusers.
- 18 abusers committed murder—suicide.
- 60% of victims killed by partners were women. 40% were men.
- 2 intimate partner homicide cases involved same-sex partners.
- The youngest intimate partner victim, killed by her ex-boyfriend, was 21 years old. The oldest intimate partner victim, killed by his girlfriend was 60 years old.
- The youngest victim, killed by her mother’s boyfriend was 4 months old. The oldest victim, killed by her son, was 87 years old.

## 2011 Domestic Violence Fatalities by County

homicides	County	suicides
1	<b>Adair</b>	
	Alfalfa	
	Atoka	
	Beaver	
	Beckham	
1	<b>Blaine</b>	
1	<b>Bryan</b>	
	Caddo	
1	<b>Canadian</b>	
3	<b>Carter</b>	
1	<b>Cherokee</b>	
	Choctaw	
	Cimarron	
2	<b>Cleveland</b>	
1	<b>Coal</b>	
5	<b>Comanche</b>	1
	Cotton	
1	<b>Craig</b>	
2	<b>Creek</b>	
	Custer	
2	<b>Delaware</b>	
	Dewey	
1	<b>Ellis</b>	1
	Garfield	
3	<b>Garvin</b>	1
	Grady	
	Grant	
	Greer	
	Harmon	
	Harper	
2	<b>Haskell</b>	
1	<b>Hughes</b>	
	Jackson	
	Jefferson	
	Johnston	
1	<b>Kay</b>	1
	Kingfisher	
1	<b>Kiowa</b>	1
	Latimer	

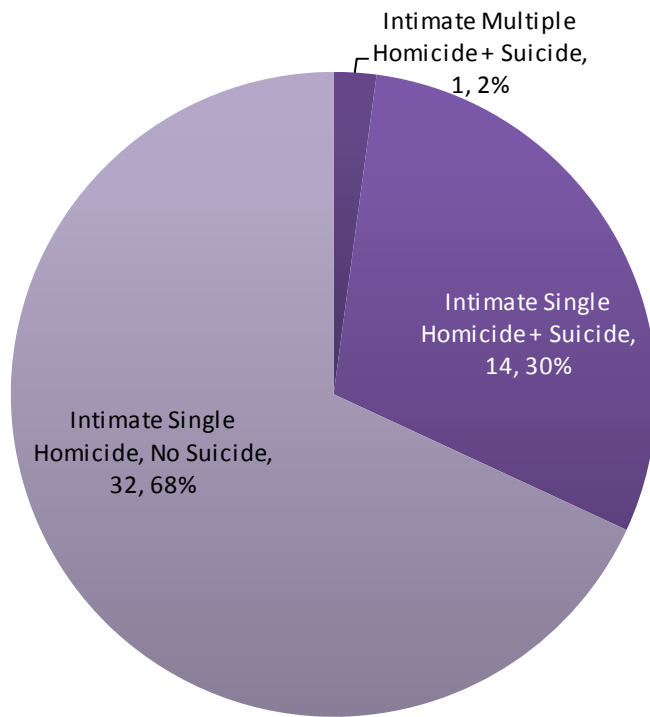
homicides	County	suicides
3	<b>LeFlore</b>	
3	<b>Lincoln</b>	
1	<b>Logan</b>	
1	<b>Love</b>	
	Major	
	Marshall	
	Mayes	
	McClain	
	McCurtain	
	McIntosh	
	Murray	
3	<b>Muskogee</b>	
	Noble	
	Nowata	
1	<b>Okfuskee</b>	
22	<b>Oklahoma</b>	8
2	<b>Okmulgee</b>	
	Osage	
2	<b>Ottawa</b>	
	Pawnee	
	Payne	
3	<b>Pittsburg</b>	1
1	<b>Pontotoc</b>	
3	<b>Pottawatomie</b>	
	Pushmataha	
	Roger Mills	
1	<b>Rogers</b>	
3	<b>Seminole</b>	
1	<b>Sequoyah</b>	
	<b>Stephens</b>	1
	Texas	
1	<b>Tillman</b>	
11	<b>Tulsa</b>	2
3	<b>Wagoner</b>	1
2	<b>Washington</b>	
	Washita	
	Woods	
	Woodward	
96	<b>Total</b>	18

## Findings from 2011 Domestic Violence Homicides

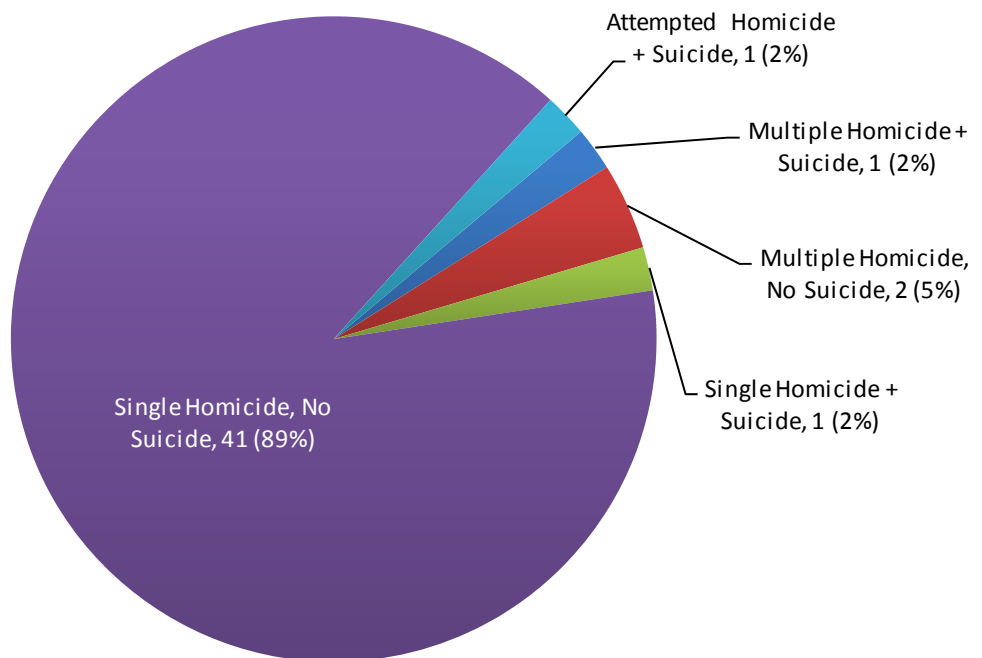
### Murder-Suicide

Nineteen percent of perpetrators who committed murder also killed themselves.

**Intimate Partner  
Homicides**  
1/1/2011 – 12/31/2011  
Total Cases: 47



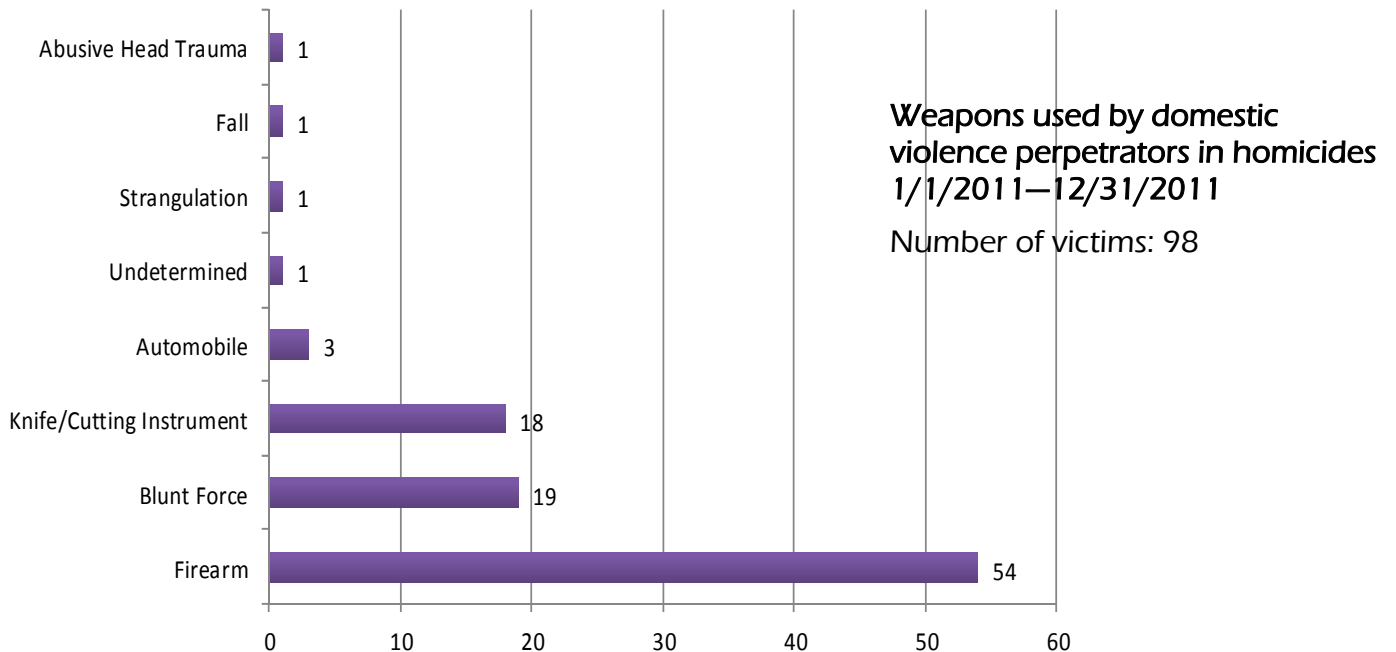
**Non-Intimate Partner  
Domestic Violence  
Homicides**  
1/1/2011 – 12/31/2011  
Total Cases: 46



## Findings from 2011 Domestic Violence Homicides

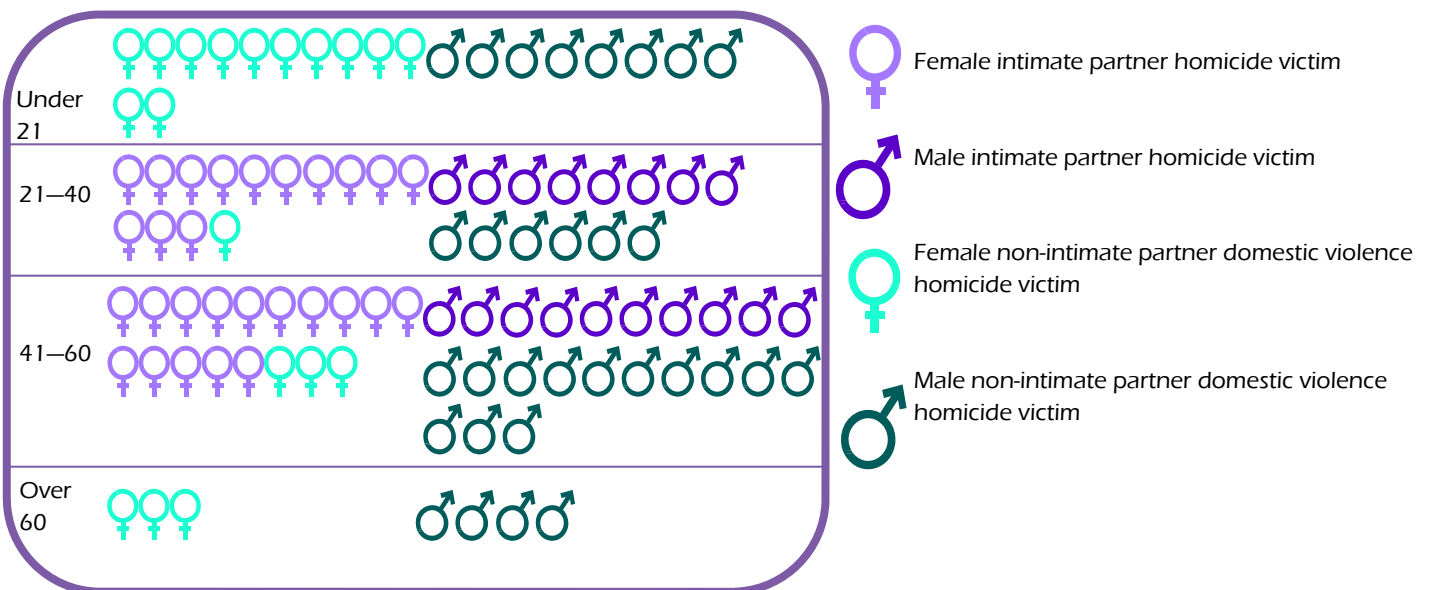
### Weapons

Perpetrators used firearms to kill 55% of homicide victims.



### Age of Victims

Domestic violence homicide victims ranged in age from 3 months to 87. Intimate partner homicide victims killed by partners ranged in age from 21 to 60.



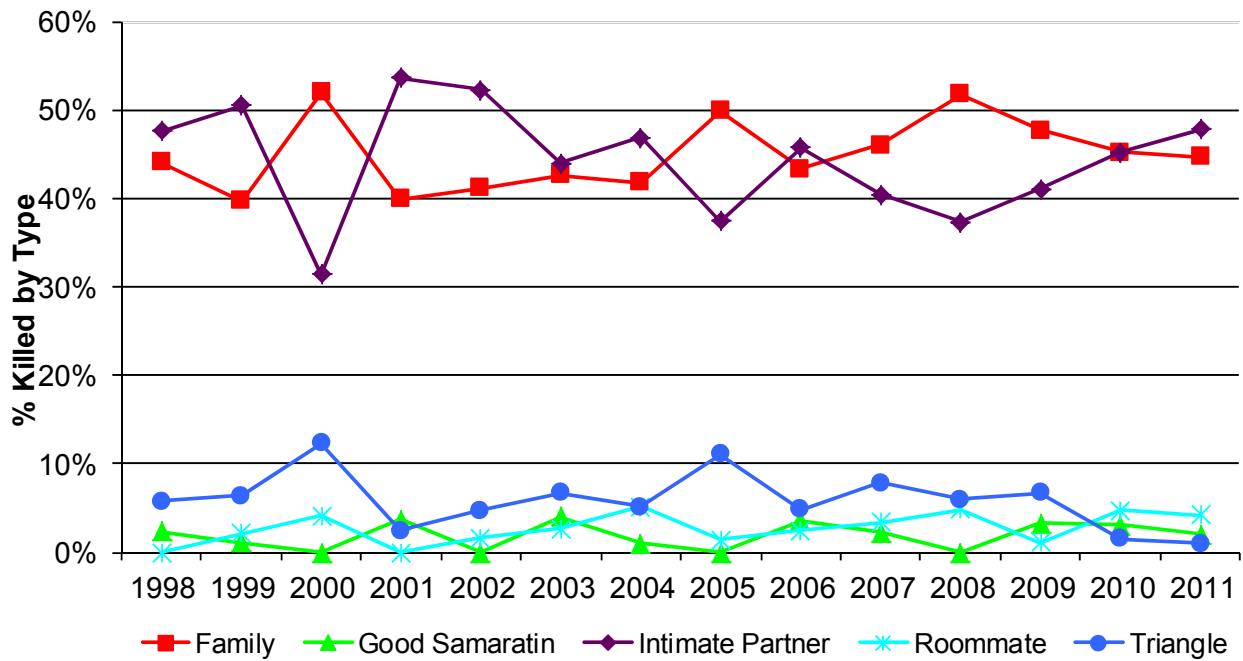
Age of domestic violence homicide victims 1/1/2011–12/31/2011

Number of victims: 98

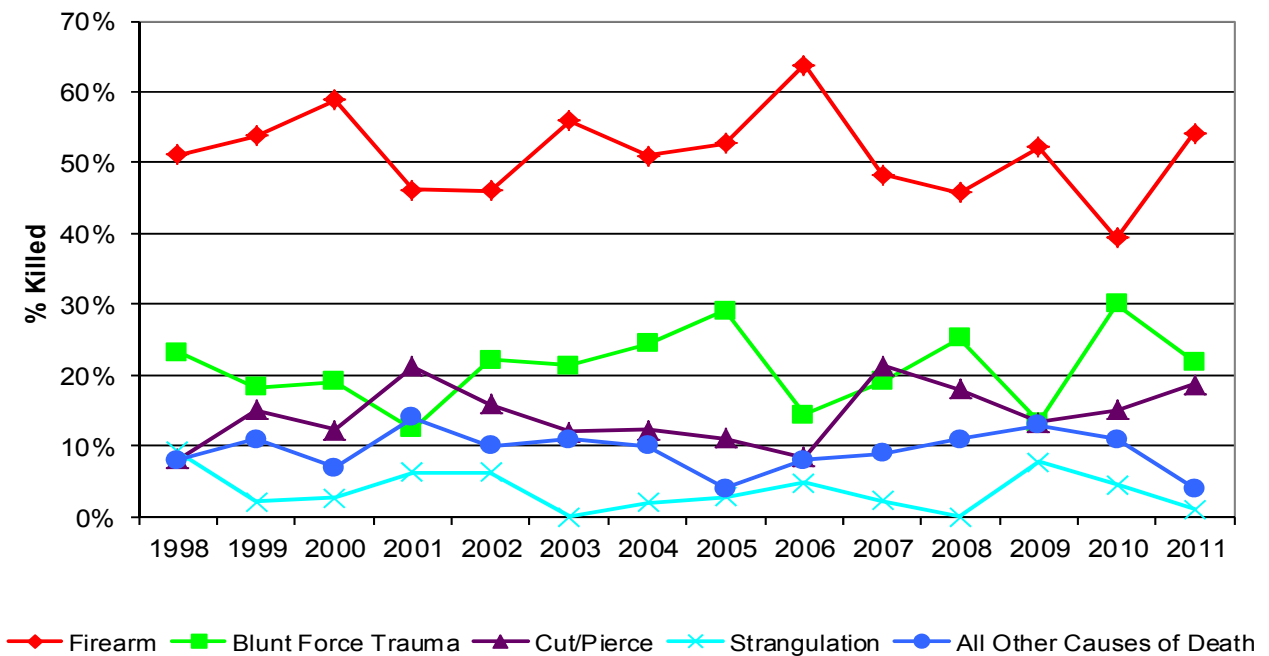
# Findings from All Identified Domestic Violence Homicides

## Domestic Violence Homicide 1998 – 2011

### Type of DV Homicide



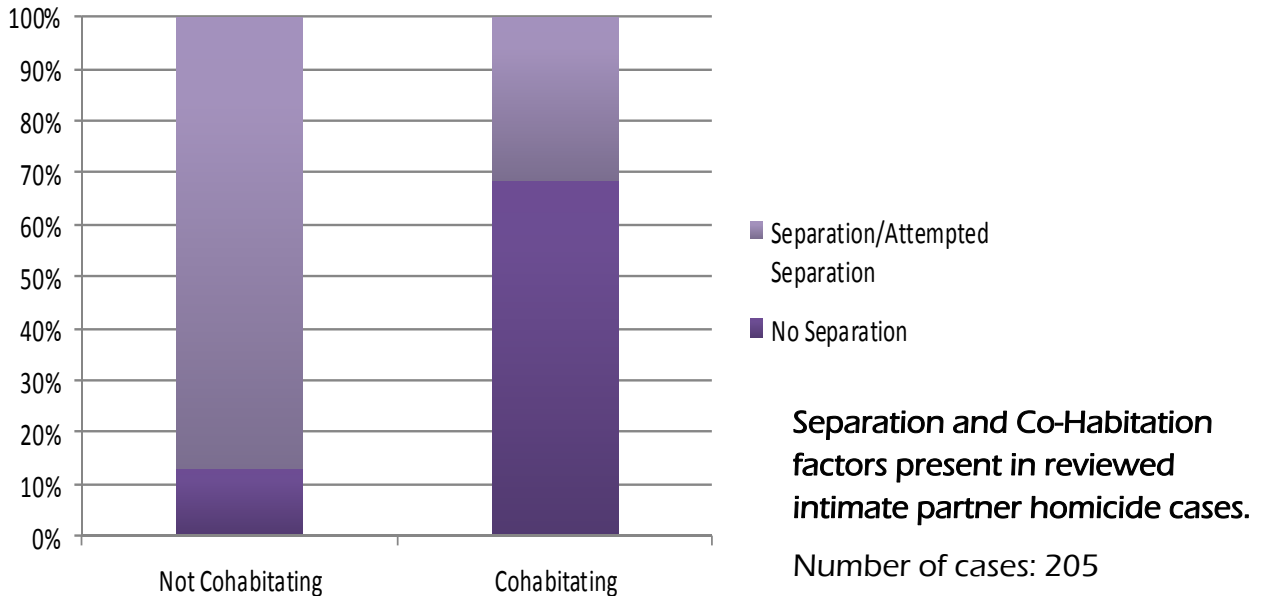
### Victims' Cause of Death



## Findings from Reviewed Intimate Partner Homicides

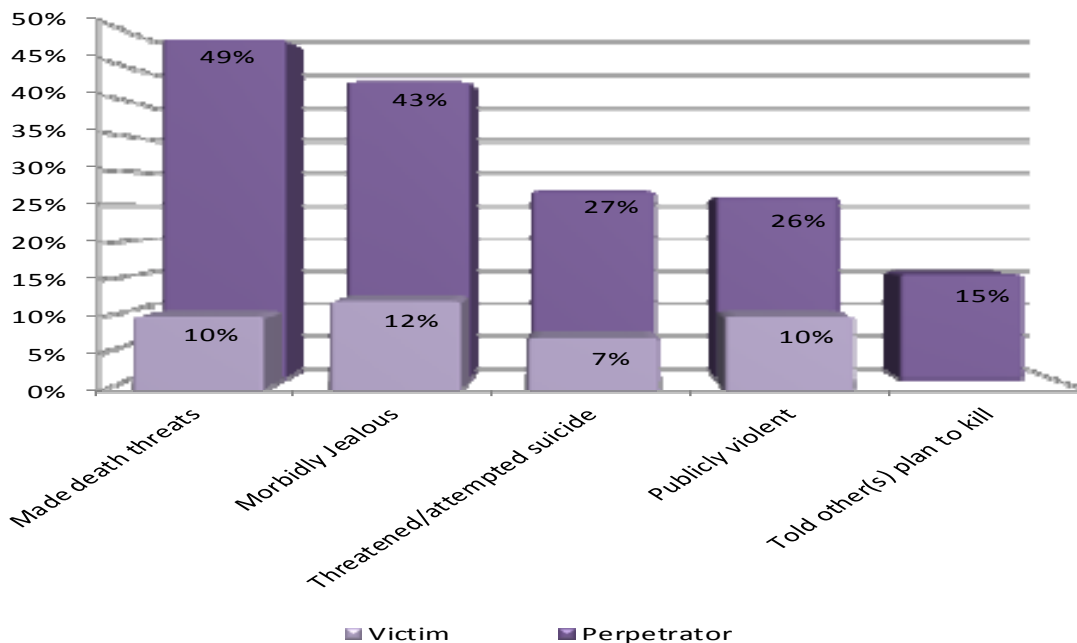
### Separation

Fifty-two percent of intimate partner homicide victims were attempting to leave or had left the perpetrator at the time of their death.



### Lethality Indicators

In 87% of intimate partner homicides, there was at least one lethality indicator present, with an average of 3 indicators present in each case.



Lethality indicators present in reviewed intimate partner homicide cases.

Number of cases: 205

## Findings from Reviewed Intimate Partner Homicides

- ◆ 40% of perpetrators have 1 or more prior convictions.
- ◆ 7% had a prior domestic violence conviction.
- ◆ 26% of perpetrators were unemployed at the time of the death event.
- ◆ 12% of perpetrators had a history of strangling others.
- ◆ 67% had a history of committing domestic violence against other partners.
- ◆ 39% of victims and perpetrators had children together.
- ◆ 44% of victims had children with a former partner.
- ◆ In 31% of the intimate partner homicides, custody of their children was an issue.
- ◆ In 60% of the homicide cases, the primary location of the lethal wound was from the neck up, 50% were concentrated on the head or face.
- ◆ In 52% of the homicides, alcohol or drugs had been consumed prior to the homicide.
- ◆ In 53% of the cases there was a witness to the homicide.
  - ◆ Of the 205 reviewed intimate partner homicides there were at least 212 adult witnesses and 153 child witnesses.
- ◆ There was a protective order used in 24% of the IPV homicides.
  - ◆ 80% were served
  - ◆ 45% were active at the time of the homicide.
  - ◆ 41% had been violated prior to the homicide.
- ◆ In 20% of cases there was documentation of stalking by the abuser.
- ◆ In 77% of IPV cases, there was evidence of prior domestic violence.
- ◆ 40% of couples had prior contact with the Department of Human Services and/or the Department of Mental Health and Substance Abuse Services.
- ◆ 4% of victims had contacted a domestic violence advocacy program prior to their death.
- ◆ 36% of intimate partner violence (IPV) cases had prior contact with law enforcement for domestic violence.
- ◆ 69% of IPV cases had a history of physical violence.
- ◆ 8% of IPV cases had a history of sexual violence.
- ◆ 59% of IPV cases had a history of threat of physical/sexual violence.
- ◆ 53% of IPV cases had a history of psychological/emotional abuse.

Note: All statistics reported on behavior and activities present in the relationship prior to death are underreported from actual occurrence. The DVFRB relies on police reports, various agency reports, case notes and documentation, and witness statements/interviews for this information, therefore capturing all of the prior behavior is impossible because the victim and perpetrator are not in a position to reveal all past behaviors.

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## Recommendations to Improve System Response to Domestic Violence and Prevent Homicide

### Oklahoma Domestic Violence Fatality Review Board

- ◆ Fully fund legislated mandates of the DVFRB with state appropriations.
- ◆ Explore the role of district attorneys and law enforcement in the protective order process.
- ◆ The Domestic Violence Fatality Review Board fully supports the Oklahoma Legislature in providing additional funding and staffing to the Office of the Chief Medical Examiner.

### Batterer Intervention Providers

- ◆ BIP facilitators need to conduct lethality assessment/reassessment throughout participation.
- ◆ Critical incident – BIPs should provide notification of suicide/homicide by client to certifying authority (Office of Attorney General) pursuant to the standards
- ◆ As part of their batterer intervention facilitator training standards, the Domestic Violence & Sexual Assault Advisory committee should consider requiring BIP facilitators to spend time at a domestic violence shelter.

### Courts

- ◆ Institutionalize mechanism to provide for the removal of guns when a Protective Order is granted.
- ◆ Develop a guide for protective order application process. Include questions to assist victims who may be in crisis and may not understand the level of detail required of the petition. Be sure to encourage petitioners to include information about firearm possession and threats w/weapons on the protective order petition.

### Department of Corrections

- ◆ Train Parole and Probation (P&P) officers on usage of domestic violence danger assessment tools and protocols to assess referral needs for perpetrators and their victims, and educate P&P officers of appropriate referrals in their community for victims and perpetrators of domestic violence.

### Department of Human Services (Human & Social Service Providers)

- ◆ OKDHS should include in their policy and procedures for child welfare staff to utilize Greenbook Initiatives for addressing domestic violence in child maltreatment cases.

### District Attorneys

- ◆ Implement and advocate the use of evidence based prosecution to overcome a victim's refusal to cooperate or seeking to dismiss charges against perpetrator; ultimately, taking the onus of moving a case forward off the victim. Seek cooperation from law enforcement in collecting, preserving, and organizing evidence for use in domestic violence cases.

### Domestic Violence Advocates

- ◆ Market the SAFELINE number to widest extent possible, including it on all materials, even those containing local hotline numbers. Consider adding information to SAFELINE card – 3-4 red flags/safety plan.
- ◆ Encourage all domestic violence and sexual assault programs to utilize court advocates to assist petitioners with protective order process. Additionally, when a court advocate is unavailable, enter into partnerships with other court personnel to fill the gaps.



## Recommendations to Improve System Response to Domestic Violence and Prevent Homicide

### Education

- ◆ Mandate healthy relationship education in intermediate and middle schools and provide comprehensive education programs on teen dating violence.

### Health Care

- ◆ Using the National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings (<http://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf>), educate/train all healthcare providers in:
  - ◆ Traumatic nature of domestic violence & post-traumatic stress disorder
  - ◆ Oklahoma's domestic violence reporting law
  - ◆ Assessment of domestic violence
  - ◆ Referral to appropriate services for care
  - ◆ Documentation in the medical record
- ◆ All health care providers should be familiar with current domestic violence reporting laws. 22 Okl.St. Ann. § 58 (<http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=442192>)  
 \*\*For a simplified discussion of the requirements of the law, see Oklahoma's Nursing Times at [http://www.okcnursingtimes.com/newsletter/newsletter\\_view.asp?newsid=2642&catid=256&active=0](http://www.okcnursingtimes.com/newsletter/newsletter_view.asp?newsid=2642&catid=256&active=0) \*\*

### Juvenile Justice

- ◆ Initiate education about domestic violence/healthy relationships within all juvenile facilities.

### Law Enforcement

- ◆ Institutionalize mechanism to allow for the removal of guns when a protective order is granted. Legislation will need to be pursued to limit liability on law enforcement agencies and provide for storage fees to be assessed to respondent.
- ◆ LE agencies should have written policies on documenting and responding to domestic violence.
- ◆ Explore best practices and develop training materials for dispatchers regarding domestic violence, including strangulation screening and response.
- ◆ Training concerns:
  - ◆ LE belief that cannot intervene in verbal disturbance – threats to kill (arrestable offense with warrant) does not have to be done in person;
  - ◆ Belief that victim is responsible for taking action against perpetrator;
  - ◆ Realize that repeat calls are tedious, but must remember each call could be a life or death situation;
  - ◆ Documentation of domestic violence calls and protective order violations is vital for the ultimate safety of the victim. All reports of physical violence, protective order violations and threats of violence should be forwarded to the district attorney;
  - ◆ Always provide a SAFELINE card to the victim of domestic violence, sexual assault or stalking;
  - ◆ Refer victims to victim services.



## Recommendations to Improve System Response to Domestic Violence and Prevent Homicide

### Legal

- ◆ A standardized domestic violence screening tool should be made available free of charge on the Oklahoma Bar Association and/or the Domestic Violence Fatality Review Board website.
- ◆ The alternative dispute resolution section of the Administrative Office of the Courts should include in its screening for domestic violence an OSCN search of the parties to determine history of court action related to domestic violence prior to any mediation services, as mediation can be dangerous for domestic violence victims.

### Mental Health & Substance Abuse Providers

- ◆ Implement trauma screening and assessment in all presenting cases. When a history of domestic violence is present an appropriate referral should be made. Educate mental health providers of appropriate referral options within their communities for domestic violence.
- ◆ Explore best practices and develop appropriate mental health training for all professionals to include at a minimum, screening, identification and referral of domestic violence.

### All Systems

- ◆ Awareness that not all domestic violence homicides are preceded by physical violence. In some 30% of cases **coercive control** is the leading indicator.
- ◆ Always document domestic violence incidences in order to establish a paper trail, especially law enforcement, medical, and social service agencies. These written records should be made even if no follow-up is requested/required.
- ◆ Continue to find ways of getting the SAFELINE number, 1-800-522-SAFE, out to the public. The SAFELINE number is a 24-hour hotline answered by crisis intervention specialists trained in domestic violence, sexual assault and stalking issues. All disciplines should understand risks and safety planning.
- ◆ The Oklahoma Legislature should appropriate funding to agencies involved in direct services to victims of domestic violence and prevention/intervention services to batterers, at a level adequate to maintain at a minimum baseline services to all those seeking services.



## DVFRB Activities

- ◆ Brandi Woods-Littlejohn presented *Domestic Violence Homicide Risk Factors & Mock Review*, at three regional trainings in Ada, Duncan and Weatherford, OK in November 2011.
- ◆ The Office of Attorney General (OAG) sought VAWA funds and provided dedicated staff to coordinate an annual Partnership Conference focused on domestic violence, sexual violence and stalking. Board entities that are partners for this conference include the District Attorneys Council, Oklahoma Coalition Against Domestic Violence and Sexual Assault, Oklahoma State Department of Health (OSDH), Oklahoma Department of Mental Health & Substance Abuse Services, and the DVFRB.
- ◆ Staff member Brandi Woods-Littlejohn presented on the DVFRB in five classes for the Crime Victim and Survivor Services division at Oklahoma State University-Oklahoma City.
- ◆ The DVFRB held 11 meetings in which quorum was achieved; two of which were joint reviews with the Child Death Review Board.
- ◆ The DVFRB invited Jennifer Cole-Robinson, Victim Specialist with the Bureau of Indian Affairs and Sandra Thompson, Coordinated Community Response Specialist with the District Attorneys Council to present at board meetings.
- ◆ The DVFRB wrote a letter in support of the YWCA-OKC OVW grant application, a case letter to follow-up on the children in a case, one letter to a county sheriff to inquire as to documentation policies, and letters to the district attorneys as chief law enforcement officers in their districts to request their assistance in stressing the importance of documenting domestic violence to the law enforcement. A joint letter with the Child Death Review Board was also sent to the State Superintendent of Education stressing the importance of child abuse reporting laws and appropriate investigation of allegations.
- ◆ The DVFRB supported the passage of SB 567, a bill implementing a revised curriculum of evidence based domestic violence and stalking, team taught by law enforcement and advocates at CLEET; and assisted with HSP 1101 an interim study to explore best practices and tools to reduce domestic violence homicide in Oklahoma.

## Acknowledgements

The members of the Domestic Violence Fatality Review Board and the staff of the Oklahoma Office of Attorney General gratefully acknowledge the time and effort rendered during this project. The outcomes of this project would not have been possible without the gracious cooperation and collaboration of the officials and their staffs acknowledged here:

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

Many thanks to all of the County Sheriffs, Police Chiefs, District Attorneys, Court Clerks and their staffs who have helped us gather the case materials. We realize many of you already are pushing the boundaries of time and we appreciate your hard work. A special thanks to the Oklahoma Violence Against Women Act Board through the Oklahoma District Attorneys Council. The S.T.O.P. Violence Against Women Act Grant funds this project. Without this support, this project would not be possible.

Staff must also acknowledge the Washington State Coalition Against Domestic Violence for inspiring the new presentation of data in this report.



## 2011 Domestic Violence Fatality Review Board Members

<u>Office Represented</u>	<u>Member</u>	<u>Designee</u>
<i>Listed Directly In Statute</i>		
Chief Medical Examiner	Eric Pfeiffer, M.D.	Cherokee Ballard
Commissioner of the Department of Mental Health & Substance Abuse Services	Terri White, M.S.W.	Gwen Downing Martha Buchanan
State Commissioner of Health Chief of Injury Prevention Service, OSDH	Terry Cline, Ph.D. Pam Archer, MPA, Chief	Patricia Damron Sheryll Brown, MPH Andrea Hamor-Edmondson (designee)
Oklahoma State Bureau of Investigation Director Office of the Attorney General	Stan Florence, Director Designee of the Victim Services Unit	Beth Green Lesley March, AAG Susan Krug, AAG (7/27/05—8/24/11) Tamatha Mosier (designee)
Oklahoma Department of Human Services	Howard H. Hendrick, Director	Casey Halford
Office of Juvenile Affairs	Gene Christian, JD	Donna Glandon, JD
<i>Appointed by the Attorney General of Oklahoma for two-year terms</i>		
Oklahoma Sheriffs Association	County Sheriff	Mike Booth, Sheriff
Oklahoma Association of Chiefs of Police	Chief of Police	W. Don Sweger, Chief
Oklahoma Bar Association	Private Attorney	G. Gail Stricklin, J.D.
District Attorneys Council	District Attorney	Jeff Smith, District 16
Oklahoma State Medical Association	Physician	Martina Jelley, M.D. (Chair)
Oklahoma Osteopathic Association	Physician	Lori Hake, D.O.
Oklahoma Nurses Association	Nurse	Janet Wilson, Ph.D., RN
Oklahoma Supreme Court	District Judge	Dan Allen, J.D.
Oklahoma Coalition Against Domestic Violence & Sexual Assault	Domestic Violence Survivor Citizen	Shelly Collins Marcia Smith, OCADVSA Director Sunshine Gross, C.D.S.V.R.P. (designee)





**Oklahoma Domestic Violence  
Fatality Review Board**

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**Available on the Web!**

**[www.oag.ok.gov/vsu](http://www.oag.ok.gov/vsu)**

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

**Safeline – 1-800-522-SAFE (7233)**

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

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

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

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

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

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

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

- This report
- Enabling Legislation
- The DVFRB Mission, Purpose and Definitions

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Written by: Brandi Woods-Littlejohn, MCJ,  
Program Manager

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