

MONTANA DEPARTMENT OF JUSTICE
OFFICE OF CONSUMER PROTECTION AND VICTIM SERVICES

REPORT TO THE LEGISLATURE:

Montana Domestic Violence Fatality Review Commissions

August 2019



A NEW TOOL ENABLES LAW ENFORCEMENT TO SAVE LIVES

A direct result of the recommendations from the Montana and Native American Domestic Violence Fatality Review teams, SB 153 successfully revised the laws on strangulation of a partner or family member and became law in 2017. Montana's law enforcement agencies and criminal prosecutors now have a more effective tool to use when holding accountable abusers who strangle their intimate partner as a method of asserting control or instilling fear. Signed into law on May 19, 2017, MCA 45-5-215 establishes that it is a felony offense of strangulation if a person "purposefully or knowingly impedes the normal breathing or circulation of the blood of a partner or family member by applying pressure on the throat or neck of the partner or family member, or blocks air flow to the nose and mouth of the partner or family member."

Previously having to classify incidents of strangulation as aggravated partner or family member assault (MCA 45-5-206, 45-5-202), prosecutors had a very difficult time convicting offenders who had strangled a partner as they had to prove a victim suffered a substantial risk of death or serious bodily injury. In cases of strangulation, injuries are often internal and not always visible or immediately apparent.

Now, with the ability to arrest and charge an offender with felony strangulation, Montana's criminal justice system is saving lives. Between May 19, 2017 and May 17, 2018, at least 197 alleged offenders had been charged with felony strangulation, according to a Department of Justice survey of county attorney offices. Statistics collected by the Montana Crime Control Bureau show that in the second half 2017 there were 68 instances of strangulation reported to law enforcement and in 2018 a total of 216 strangulation incidents were reported. Additionally, while the total number of partner or family member assaults rose from 2017 to 2018, the number of incidents classified as aggravated partner or family member assault decreased significantly. This demonstrates that Montana law enforcement agencies are routinely identifying and recording cases of strangulation that can be charged with a felony offense, which helps ensure that victims are better protected and that serial abusers are held accountable for their actions and less likely to strangle again in the future.

The clear take-away from these numbers is that the passage of a felony strangulation statute in Montana should continue to be celebrated, as it was clearly needed and has proven to be very useful in preventing potential intimate partner homicides. ■

Table of Contents

A new tool enables law enforcement to save lives	2
Table of Contents	3
In Memoriam	4
Introduction	5
Report to the 2019 Legislature	7
Stalking Incidents	11
Commission Vision, Mission, and Guiding Principles	12
Montana Domestic Violence Fatality Review Commission Members.....	13
Trends Identified by the Commission	14
Commission Recommendations	15
Statewide Fatalities Due to Intimate Partner Homicide Statistics	16
Intimate Partner Fatality Maps	18
Montana Domestic Violence Fatality Review Timeline.....	20
Fatalities Associated with Intimate Partner Homicide in Montana	21
Native American Domestic Violence Fatality Review Team Mission, Vision, and Guiding Principles	26
Native American Domestic Violence Fatality Review Team Members.....	27
Native American Fatalities Due to Intimate Partner Homicide Statistics	28
Native American Intimate Partner Fatality Map.....	30
Montana Native American Intimate Partner Homicides	31
Guides and Model Forms	33



In honor and memory of
MATTHEW DALE

Fellow Montanans:

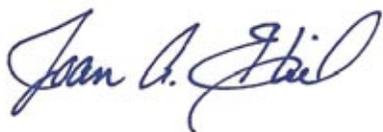
The state's Domestic Violence Fatality Review Commission has now marked 16 years in existence and the Native American Domestic Violence Fatality Review Team passed its sixth-year anniversary. While great progress has been made in keeping victims safe and holding offenders accountable, we have not achieved the ultimate goal of eliminating these tragic deaths.

Our previous biennium (2015-2016) identified 43 intimate partner homicide deaths. We are heartened to report in the 2017-2018 biennium that figure has been reduced by almost 50 percent (total IPH deaths, 25) both statewide and in our Native communities. Even so, all would agree that number is too large.

In addition to the deaths mentioned above, it is important that we also note the passing of one of Montana's true advocates in combating domestic violence, and the original champion of fatality review in Montana, Matthew Dale. Matt took great pride in his work and was able to share his expertise not only on a statewide level, but on the national stage as a consultant for the National Domestic Violence Fatality Review Initiative. Thanks to his hard work, Montana sets the national standard for State and Native American fatality review teams. Matthew's life's work has saved lives. He was an outstanding leader that expected excellence in himself, as well as in those with whom he worked. In recognition of all that Matt accomplished, we dedicate this report to his memory. As his legacy, we ask all Montanans to work diligently to keep victims safe and hold offenders accountable.

For additional information on the Commission, please contact my office at **406-444-1907** or e-mail: jeliel@mt.gov.

Sincerely,



Joan A. Eliel, *Coordinator*
Domestic Violence Fatality Review Commission
Native American Domestic Violence Fatality Review Team
August 2019



Report to the 2019 Legislature

The Montana Domestic Violence Fatality Review Commission (the state fatality review team) was created by the 2003 Montana legislature. The Native American fatality review team was added in 2014. Among other things, the Legislature mandates dissemination of this biennial report 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 carefully selected fraction of the family violence deaths in Montana each year. The team 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. However, even with our limited scope, the Commission, which is largely comprised of multidisciplinary experts who volunteer their time, does not have the ability to review all of the tragic fatalities occurring each year. Since the passage of House Bill 116 in 2003, at least 200 Montanans have died in family violence homicides through Decem-

ber of 2018. In the past two years, the time frame covered by this report, 20 violent interactions resulted in 25 deaths.

We are encouraged to report that Intimate Partner Homicides are down by almost 50 percent both statewide and in our Native communities from the last biennium and there were no familicides.* Even so, all would agree we have to do better.

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 governmental authority as responsible for the deaths. Rather, these are complex cases, involving a number of individuals and variables. Domestic violence fatalities are simply not caused by any one action—or inaction—by any one person or actor. In fact, we find that many of the victims had lim-

ited, if any, contact with the “system.” Oftentimes, persons who die in domestic violence incidents, tragically do not seek shelter, or contact law enforcement, family services, or victim witness advocates. They often die without having sought or obtained an order of protection. Similarly, most of the perpetrators do not have extensive criminal histories or involvement with law enforcement or the criminal justice system.

Many of these deaths are preceded by relative social isolation making their occurrence all the more tragic. Domestic violence homicides traumatize not only those close to the family but entire communities. Reviewing the murders and working with local community members, the State and Native American fatality review teams seek to identify gaps and inadequacies in the response to domestic violence (DV) at the local, state, and federal level. The goal is to prevent future deaths by identifying obstacles and trends and by making recommendations for improvements in policy and practices. Clearly, there is more work to do. The recommendations in this report are intended to take specific, concrete steps in that direction.

Montana's fatality review teams have chosen an “inch wide, mile deep” approach to reviewing these deaths, undertaking two reviews per year, per team. In each case the teams review all available information, including law enforcement reports, criminal histories, medical and autopsy records, presentence investigations, newspaper stories and criminal justice records. Additionally, team mem-



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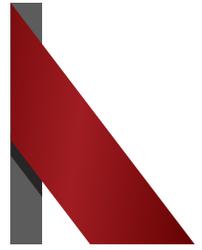
*A familicide is a type of murder or murder-suicide in which a perpetrator kills multiple close family members in quick succession, most often children, relatives, spouse, siblings, or parents

bers 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 13 & 27] travels to the community where the homicide(s) took place.

Once there, the teams use all the collected information to compile a timeline of events leading up to the deaths. The timeline illuminates involvement with law enforcement, family services, domestic violence advocates and other local and state authorities or services, as well as missed opportunities, things that worked well and gaps in services. Community members who worked with the decedent's family are invited to in participate in the review and improve the timeline. Everyone attending the review is required to sign the same confidentiality agreement because confidentiality is foundational to open communication, developing trust, and a thorough and effective review process. 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 and community safety and perpetrator accountability.

The assembled group is multidisciplinary as set forth by statute to include representatives from state departments, private organizations and Montana Indian tribes; medical and mental health care providers; law enforcement, the judiciary; the state bar of Montana; a member of the legislature and other concerned citizens. It provides the opportunity for individuals who seldom work with one another, or have traditional biases against each other, to proceed toward the common goal of understanding and preventing domestic

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violence deaths. This model has resulted in productive dialogue and created local and statewide improvements which are low-cost and capable of being promptly implemented. For example: the new strangulation statute has had an immediate impact and is referenced at the beginning of this report.

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 11 recommendations in the 2017 report, three have been successfully implemented, three at least partially implemented and two were introduced as proposals in the 2019 leg-

islature. Three remaining recommendations, which would require investments of tax dollars, are in the pipeline. Although our teams are committed to finding ways to fulfill our mission without significant monetary investments, we believe all of our recommendations merit serious consideration by the Legislature. This report's recommendations appear on page 15.

2017 AND 2018 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.

Our work this biennium, reviewing four homicides, two homicide/suicides, and a multiple killing taught us a great deal. Reviews of the killings took the teams across the state, from extremely remote Reservation communities to Montana's largest cities. The deaths occurred among married couples, divorcing couples, cohabitating relationships and individuals who had dated briefly. Some couples were well-off financially while others were barely able to meet basic needs. Four of the killings left behind young children who lost either one or both parents. Stalking behavior was very evident in two of the cases and present in one of the other cases reviewed. One 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 21 Montana Indian Country killings identified since 2003, the female in the relationship was the killer in 12 of them, and knives versus guns is the weapon most often used. Childhood trauma was evident in four of the seven cases and six of the seven cases ranked very high for lethality and/or risk factors.

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,

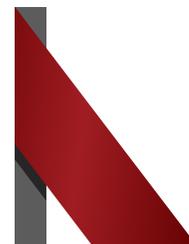
team members saw elements of mental health struggles in four cases for either one or both partners and substance abuse in all seven cases.

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 seek 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 rep-

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 than the rest of the state.



representatives and their federal partners – BIA, FBI, US Attorney's Office. (See page 27). 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 a photo of the perpetrator and lists the protected persons, such as the petitioner and children, on a small, portable plastic card [see example on page 40]. 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 ability to produce or receive Hope Cards.

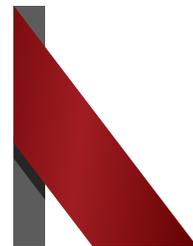
Over the past two years, Montana's Native team has identified a need for its members to better educate themselves on those factors that make domestic violence in Indian Country different than the rest of the state. To that end, the team will continue to learn more about historical

trauma and the effects of concentrated poverty. As those lessons are learned, they will be passed on to all Montanans.

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 Vi-

One of the benefits of being a national model for fatality review is that representatives from other states and tribal jurisdictions seek invitations to observe our review



olence Fatality Review Initiative <http://www.ndvfri.org/> Additionally, the Commission was chosen as one of three programs to be recognized 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

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 NADVFR training at the National Advocacy Center in Columbia, South Carolina, for instance.

In 2018 Northern Arizona University and the National Domestic Violence Fatality Review Initiative in partnership with the U.S. Department of Justice's National Indian Country Training Initiative released a video series to address domestic violence in tribal communities. Viewed through the lens of the Montana Native American Domestic Violence Fatality Review Team, the three videos in this series explore fatality review work in Indian Country and encourage the creation of other culturally nuanced review teams in tribal communities across the nation. It can be viewed online at: [https://www.youtube.com/](https://www.youtube.com/watch?v=pXPVFqYipe4)

[watch?v=pXPVFqYipe4](https://www.youtube.com/watch?v=pXPVFqYipe4).

One of the benefits of being a national model for fatality review is that representatives from other states and tribal jurisdictions seek invitations to observe our reviews. These representatives come to learn from us but, in turn, their participation enables us to learn from them about their fatality review processes and policies and practices that have worked or been tried in their jurisdictions. We also have been invited to participate as subject matter experts in creating a national database to serve as a uniform reporting system to gather information, understand, and help prevent domestic violence related deaths.

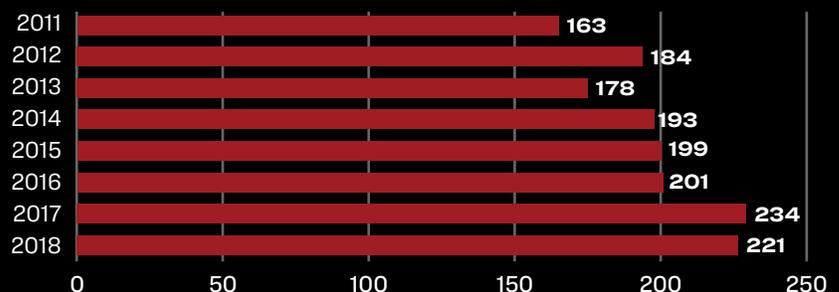
While our work is not done by any means, recognition of the efforts by so many Montanans to reduce the amount of IPH encourages us to return to the task until greater success is achieved. We are privileged and thankful for the opportunity to help make Montana a safer place for all. ■

following. **IT'S NOT A JOKE.** unwanted letters. intimidation. coercion watching from afar. showing up uninvited. appearing at your job. psycho-
having unwanted gifts. **IT'S NOT ROMANTIC.** excessive emails. sending
text messages. waiting at places. online aggression. hyper intimacy. follow-
ed telephone calls. spreading rumors. **IT'S NOT OKAY.** taking belongi-

STOP STALKING. IT'S A CRIME

In the United States, 7.5 million people are victims of stalking every year. Stalking can be characterized as a form of domestic violence, as it may also be motivated by power and control. Stalkers and their victims are often current or former intimate partners. Individually, the acts that constitute stalking, such as telephone calls, may appear to be relatively innocent. Taken together, however, they indicate the presence of a severe threat to the victim, and may lead to abuse or death.

STALKING INCIDENTS IN MONTANA



National Incident Based Reporting System (NIBRS) stalking incidents with violation of MCA 45-5-220

Montana Domestic Violence Fatality Review Commissions

Mission

The Montana Domestic Violence Fatality Review Commission, a multi-disciplinary group of experts, studies intimate partner fatalities, identifies trends and patterns, and recommends systemic and societal improvements.

Vision Statements

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

- ▶ No intimate partner violence takes place.
- ▶ All Montanans are educated and understand why intimate partner violence occurs.
- ▶ All Montanans recognize the presence of intimate partner violence and its impacts on victims, children, families and entire communities.
- ▶ All Montanans take intimate partner violence and its effects seriously and have zero tolerance for it—in our homes, workplaces, and communities.

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.



Montana Domestic Violence Fatality Review Commission Members

NAME	POSITION	ORGANIZATION	CITY
Beki Brandborg	Team Facilitator	Mediator	Helena
Caroline Fleming	Executive Director	Custer Network Against DV	Miles City
Chuck Munson	Assistant Attorney General	Department of Justice	Helena
Connie Harvey	Therapist	Self-Employed	Lewistown
Dan Doyle	Professor	University of Montana	Missoula
Dan Murphy	Detective	Butte-Silver Bow Law Enforcement	Butte
Dennis Loveless	Judge	City Court	East Helena
Diana Garrett	Attorney	Montana Legal Services Assoc.	Missoula
Glen Stinar	Administrator	MT Law Enforcement Academy	Helena
Rob Farris-Olsen	Legislator	MT House of Representatives	Helena
Jeannette Miller	Victim Specialist	FBI	Helena
Jen Buckley	Probation & Parole	Montana Dept. of Corrections	Missoula
Joan Eliel	Team Coordinator	Office of Victim Services	Helena
Joan McCracken	Sexual Assault Nurse Examiner	Retired	Billings
John Brown	District Judge	State of Montana	Bozeman
John Buttram	Licensed Professional Counselor	Batterer's Treatment Program	Kalispell
Lee Johnson	Investigator	Division of Criminal Investigation	Bozeman
Julie Kelso	Psychiatrist	Billings Clinic	Billings
Marti Vining	Division Administrator	Child & Family Services Division	Helena
Suzy Boylan	Prosecutor	Missoula County	Missoula
Warren Hiebert	Chaplain	Gallatin County Sheriff's Dept.	Bozeman

Trends:



- ▶ Mental health issues, particularly depression and suicide ideation
- ▶ Stalking
- ▶ Presence of known lethality factors (i.e. strangulation, threats with a weapon, forced sex, threats of suicide)
- ▶ Missing and murdered indigenous people
- ▶ Substance abuse (prescription drug and alcohol abuse)
- ▶ Childhood trauma/early experiences (the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects, i.e. physical or sexual abuse)

Recommendations:

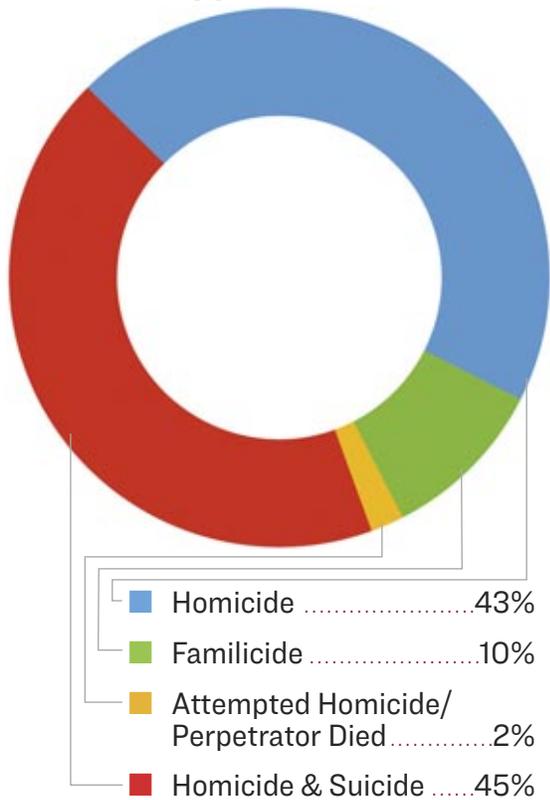
- ▶ Continue the collaboration between Montana Department of Justice, Montana Tribal leaders, the Bureau of Indian Affairs, and the U.S. Attorney's office to provide education about domestic violence, sexual assault, and stalking to state and tribal criminal justice professionals and their communities.
- ▶ 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 homicide.
- ▶ In coordination with organizations such as the Montana Coalition Against Domestic and Sexual Violence, conduct targeted outreach to mental health professionals about domestic violence indicators. Also, conduct targeted outreach to domestic violence advocates, shelter personnel and Batterer Intervention Programs about mental health issues, particularly depression and suicidal ideation.
- ▶ Strengthen Montana's existing stalking statute and broaden it to incorporate cyber-stalking.
- ▶ Strive for statewide uniformity in the use of risk assessment tools by law enforcement when responding to complaints of intimate partner violence. In particular, expand use of the Arizona intimate Partner Risk Assessment Instrument System (APRAIS) in Montana. (See pages 36-39)
- ▶ Pass legislation focused on combatting the issue of missing and murdered indigenous people in Montana. Possible legislative solutions may include creating a centralized Montana missing persons database and establishing a full-time Department of Justice employee to coordinate missing persons investigations in Montana.
- ▶ Conduct outreach about the dynamics and prevalence of domestic violence, with an emphasis on trauma and the provision of trauma informed services. Education specific to those working in the court system (clerks, judges, prosecutors, defense attorneys, guardian ad litem, CASA) would be most beneficial. Partner with DV/SA organizations that have strong networks for outreach to implement this recommendation. Utilize social media to spread awareness of the issues of DV/SA and stalking to the general public.
- ▶ Support the establishment of more drug treatment courts in Montana and support use of the Healing to Wellness model on Montana's reservations. Strengthen Wellness Court programs that already exist in tribal communities and utilize them as part of a supervised release plan for offenders.



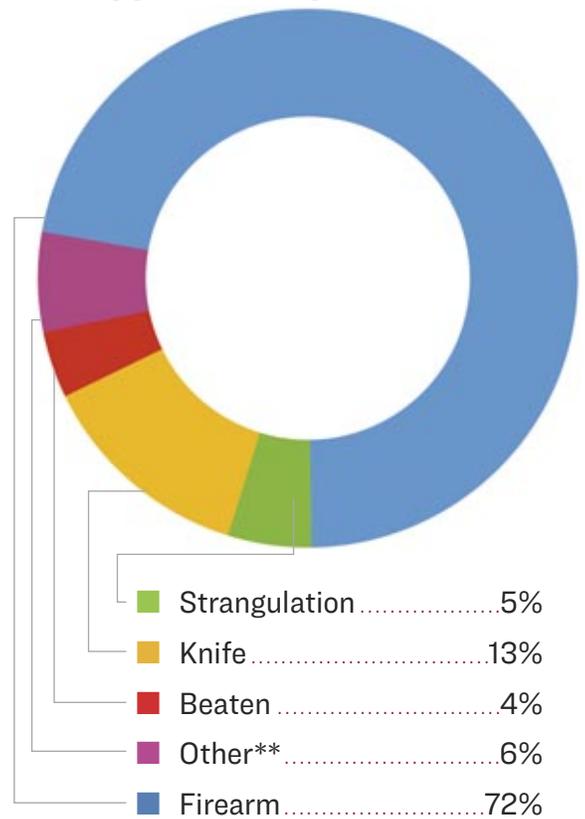
Fatalities* Associated with Intimate Partner Homicide in Montana since 2000

200 deaths as of December 31, 2018

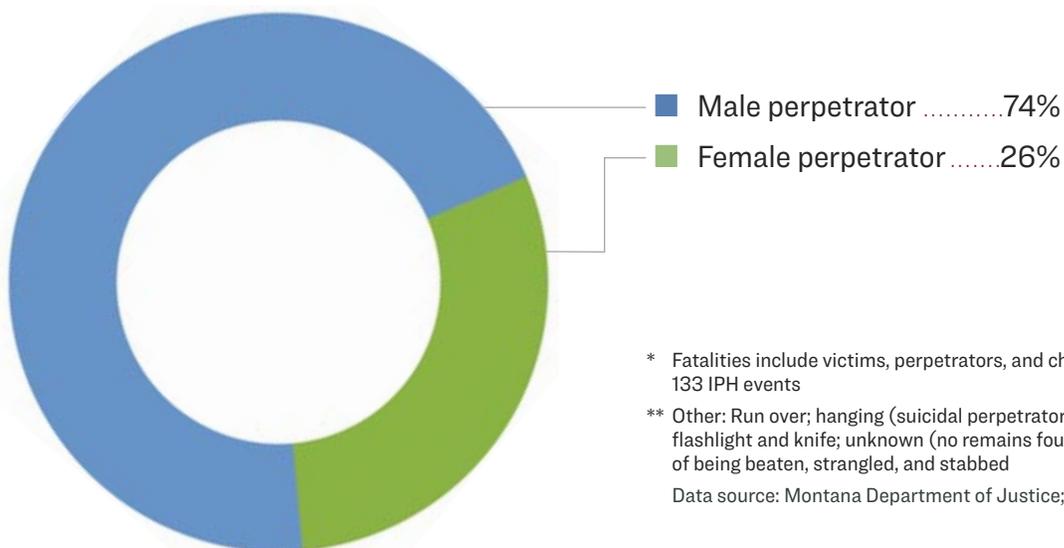
Type of Death



Type of Weapon Used



Perpetrator by Gender



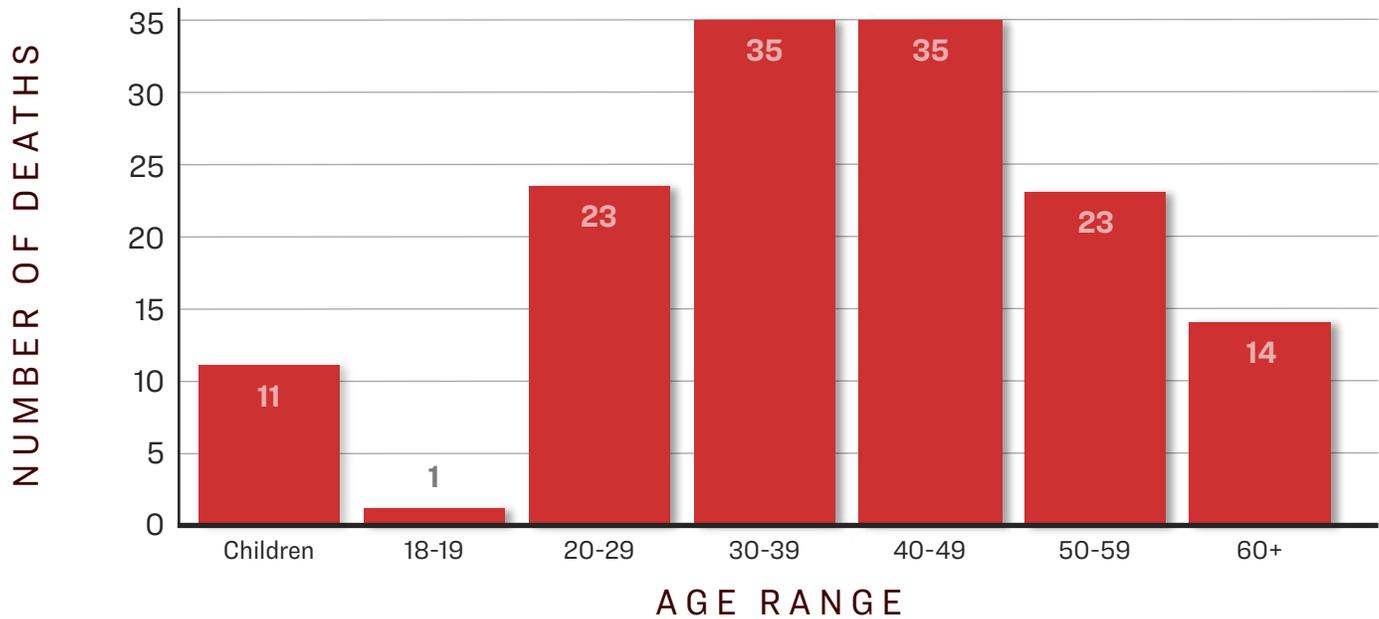
* Fatalities include victims, perpetrators, and children who died in 133 IPH events

** Other: Run over; hanging (suicidal perpetrator); pushed off a cliff; flashlight and knife; unknown (no remains found); and a combination of being beaten, strangled, and stabbed

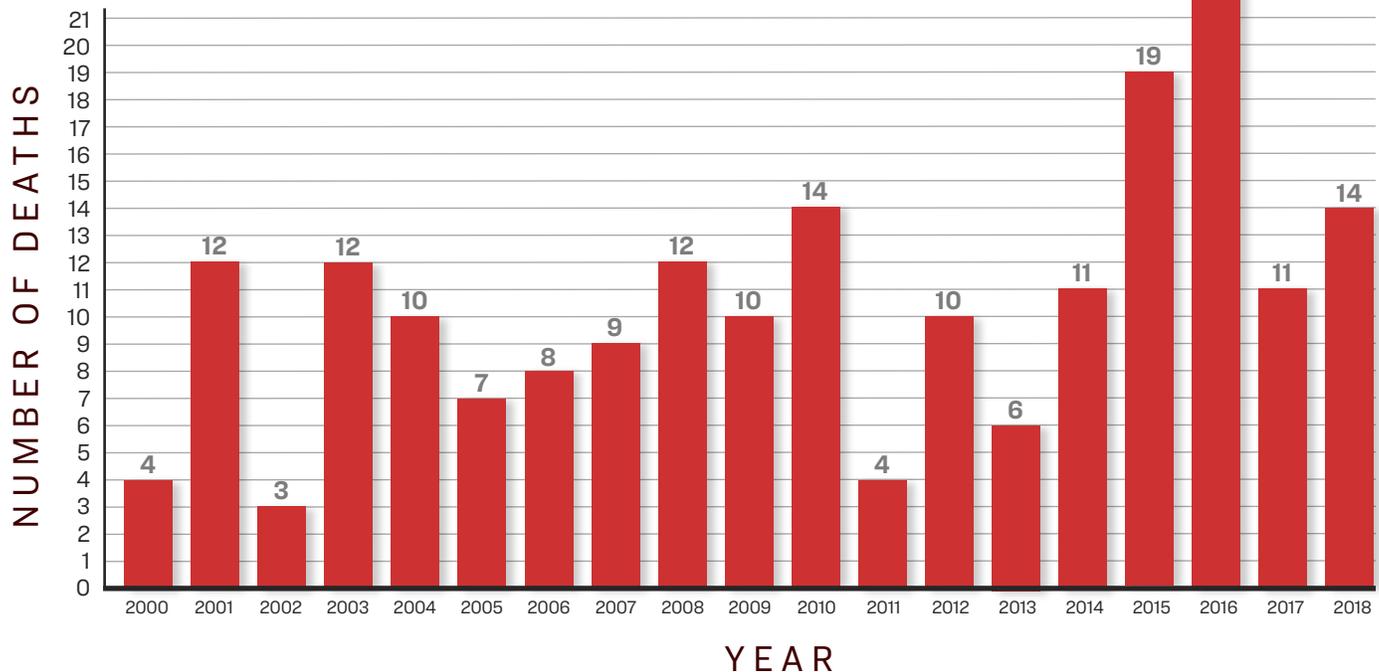
Data source: Montana Department of Justice; Office of Victim Services.

Fatalities Due to Intimate Partner Homicide in Montana since 2000

Age Range of Intended Victims



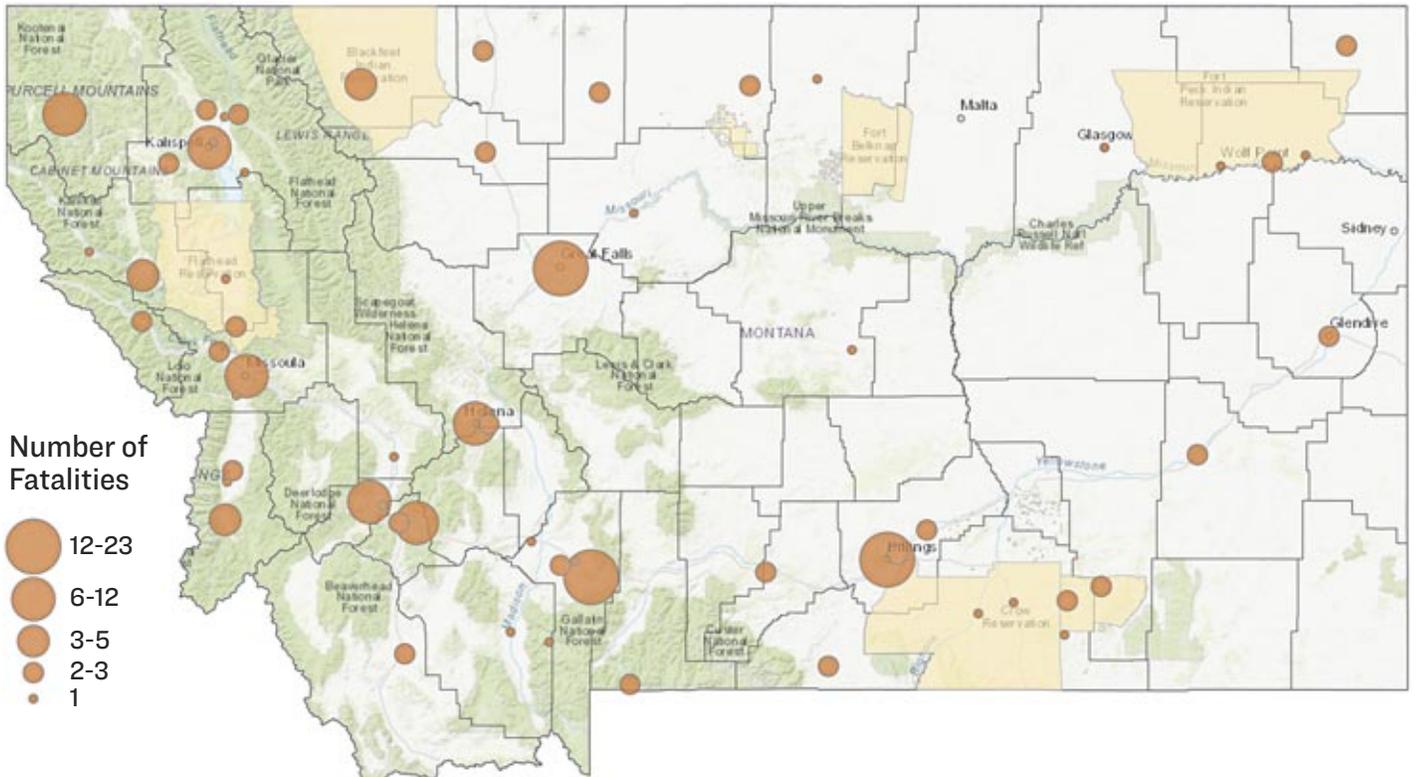
Number of Deaths by Year



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

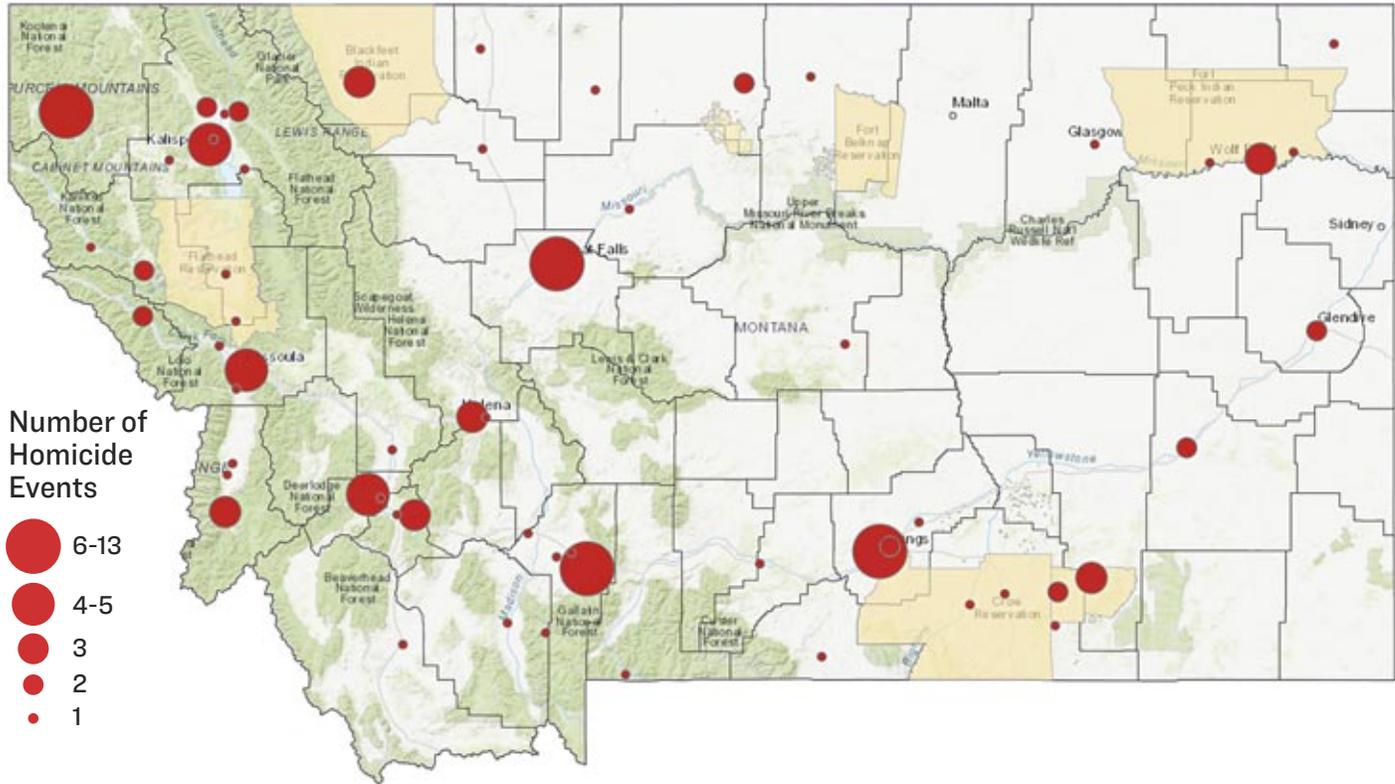
Fatalities Due To Intimate Partner Violence in Montana Since 2000

200 Total Intimate Partner Homicides

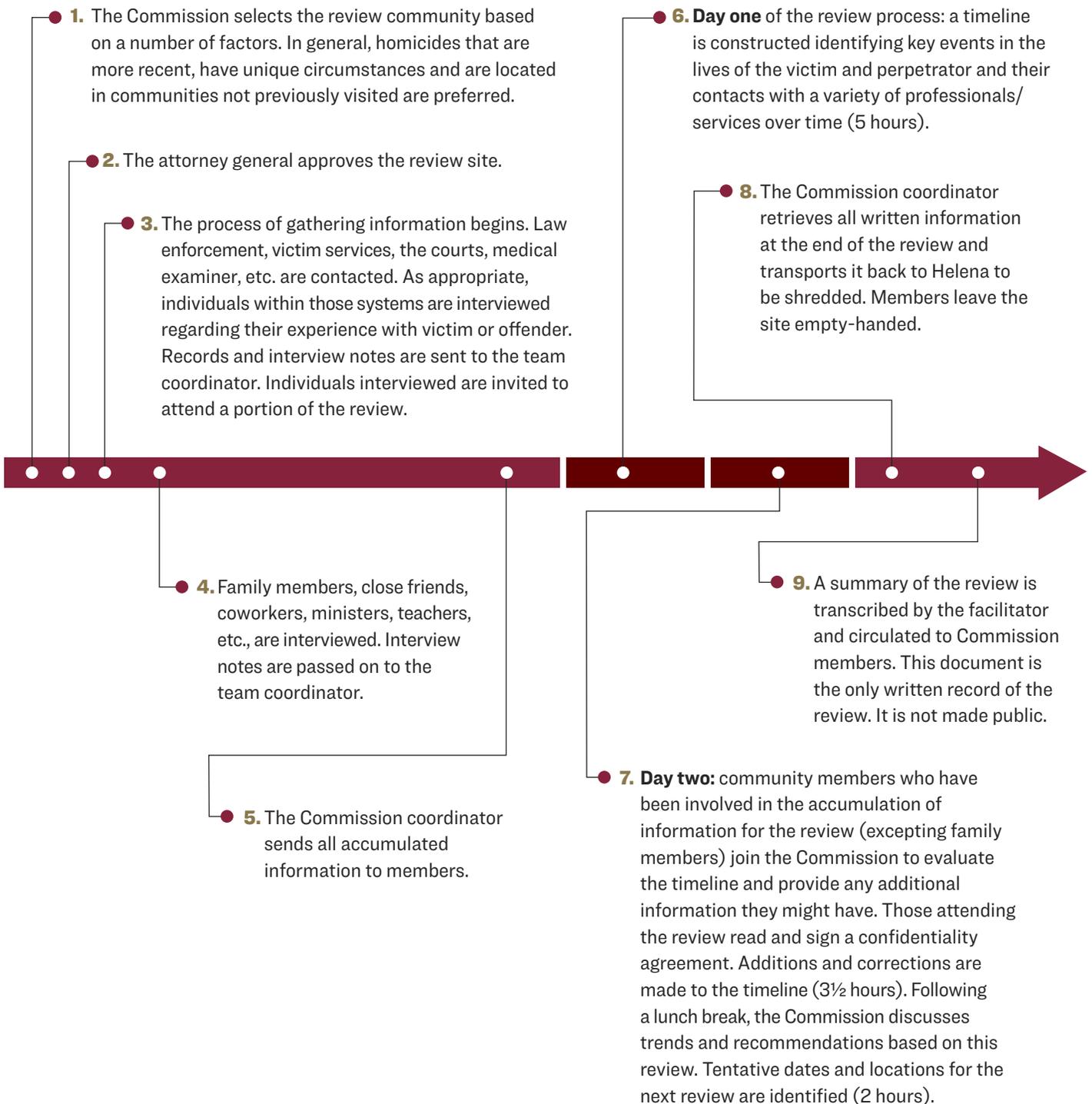


Intimate Partner Homicide Events in Montana Since 2000

134 Total Intimate Partner Homicide Events



Montana Domestic Violence Fatality Review Timeline



Fatalities Associated with Intimate Partner Homicide in Montana Since 2000

200 Deaths as of December 31, 2018



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
Mad Plume	Aarie	Browning	25	06/18/06	Homicide/Suicide by hanging	Knife
Spotted Bear	Susie	Browning	46	08/13/06	Homicide / Suicide	Blunt force trauma
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

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
Smith	Jody	Hungry Horse	46	12/09/07	Homicide	Firearm
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
Engebretson	Ordean	Whitefish	42	02/02/13	Homicide	Firearm
Yurian	Erica	Worden	22	05/24/13	Homicide/ Shot by Officer	Firearm

LAST NAME	FATALITY FIRST NAME	LOCATION	DATE OF AGE	DEATH	TYPE OF DEATH	WEAPON
Johnson	Cody	Kalispell	25	07/07/13	Homicide	Pushed off cliff
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
Hewitt	Jeffrey	Billings	41	04/14/15*	Homicide	Beaten to death
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
Dunakin	Catherine	Reed Point	58	02/27/16	Homicide/Suicide	Firearm
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
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
Hart	Kelly	East Helena	49	12/04/16	Homicide/Suicide	Firearm
LaBounty	Tanya	Chester	42	12/06/16	Homicide/Suicide	Firearm
Smith	Vicky Lynn	Anaconda	49	12/28/16	Homicide	Knife
Collins	Crystal	Bozeman	32	01/01/17	Homicide	Beaten to death
Mancha	Charlene	Browning	51	01/01/17	Homicide	Run over

LAST NAME	FATALITY FIRST NAME	LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
Garcia	Evelyn	Glasgow	31	01/03/17	Homicide	Multiple
Gillett	Travis	Libby	31	01/16/17	Homicide	Firearm
Fletcher	Steven	Great Falls	41	03/06/17	Homicide	Knife
Coffin	Kaylin Ray	Corvallis	69	05/06/17	Homicide/Suicide	Firearm
Spencer	Katherine	Helena	23	07/01/17	Homicide	Firearm
Heninger	Danielle	Bozeman	31	07/30/17	Homicide/Suicide	Firearm
Leckrone	Dean	Libby	69	12/17/17	Homicide	Firearm
Dewise	Lauren	Belgrade	35	01/07/18	Homicide	Firearm
Young Running Crane	Eljay	Heart Butte	20	01/15/18	Homicide	Run over
Raymond	Shania	Miles City	21	01/27/18	Homicide	Firearm
Fisher	Toni	Lame Deer	36	02/04/18	Homicide	Strangulation
LaFriniere	Matthew	Thompson Falls	51	05/02/18	Homicide	Firearm
Ray	Ronda Dee	Great Falls	42	06/09/18	Homicide/Suicide	Firearm
Serrano	Olivia	Helena	21	07/16/18	Homicide/Suicide	Firearm
Sorrows	Michelle	Ennis	37	07/30/18**	Homicide	Beaten to death
Nixon	Ryan	Kalispell	31	08/05/18	Homicide	Knife
Johnson	Laura	Billings	49	09/13/18**	Homicide	Unknown
Roman	Rebekah	Helena	37	12/18/18	Homicide/Suicide	Firearm

*Date body was discovered

** Last seen alive

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.

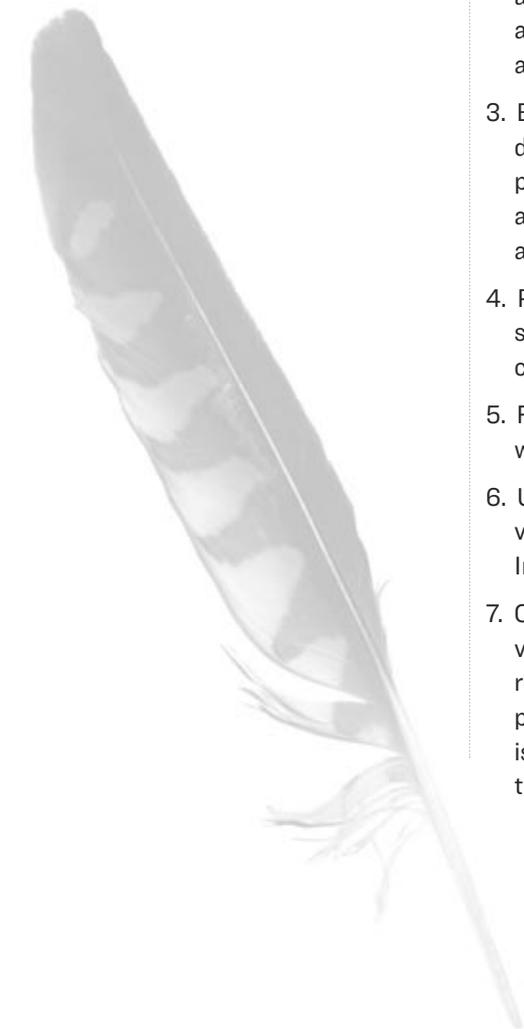
Vision Statements

1. Indian Country-specific data is accumulated that educates us about what leads to domestic violence deaths and what can prevent them in the future.
2. The data is shared with all relevant parties – judges, law enforcement, domestic violence advocates, Tribal leadership, Child Protective Services workers, policy makers at the state and national level, and communities—and it influences their understanding, approaches and decision making.
3. Both the warning signs leading to deaths 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, or making speeches. We actively invite each person's opinion 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 victim's lives at all times, and never use any shaming or blaming language. Instead, judgements 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 Reviews.
6. We honor that some people will be able to do certain kinds of work leading up to and at a 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, and the best Team members chosen to conduct each one.
8. Our focus is on family fatalities related to domestic violence, on or near Reservations.

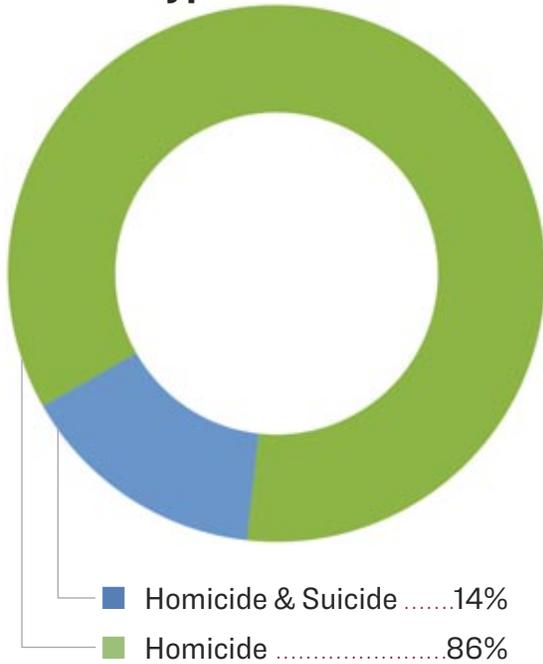


Montana Native American Fatality Review Team Members

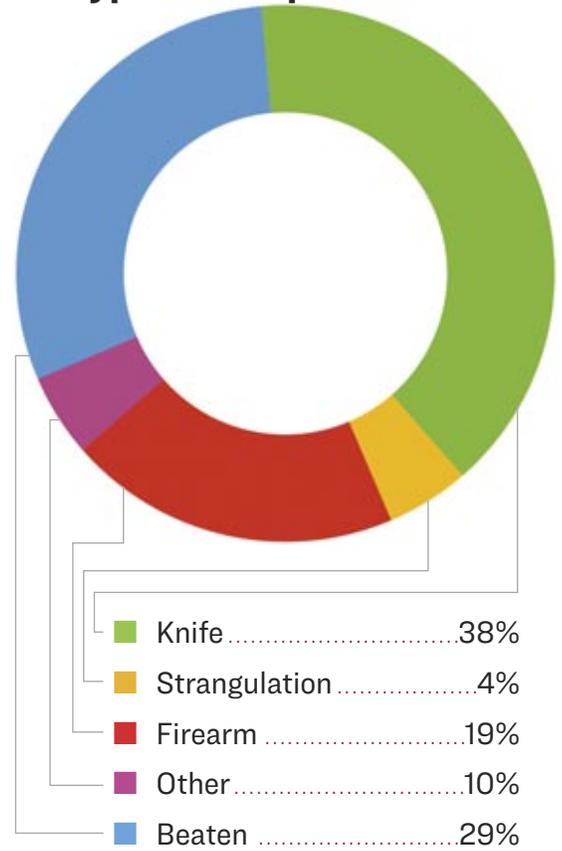
NAME	POSITION	ORGANIZATION	CITY
Andy Huff	Attorney	Private Practice	Helena
Beki Brandborg	Team Facilitator	Mediator/Self-Employed	Helena
Brandon Mikkanen	Chief of Police	N. Cheyenne/BIA-OAS	Lame Deer
Bryan Dake	Asst. U.S. Attorney	Office of the U.S. Attorney	Billings
Dale DeCoteau	Mental Health Manager/Suicide Prevention Coordinator	Fort Peck Tribes	Wolf Point
Eric Barnosky	Regional Administrator	HHS/CFSD	Miles City
Erin Harris	Victim Specialist	FBI	Billings
Georgette Baggio	Attorney	Private practice	Hardin
Harlan Trombley	Native American Liaison	Department of Corrections	Great Falls
Joan Eliel	Team Coordinator	Montana Department of Justice	Helena
Lacey Alexander-Small	IMPACT Coordinator	Big Horn Valley Health Center	Hardin
Lenora Nioce	Asst. SA in Charge	Bureau of Indian Affairs	Billings
Leslie Hagen	Indian Country Training Coordinator	U.S. Department of Justice	Columbia, SC
Melissa Schlichting	Assistant Attorney General	Montana Department of Justice	Helena
Michael LaValley	Native American Liaison	US Senator Jon Tester	Great Falls
Mistee Rides at the Door	Presenting Officer	Blackfeet Family Court	Browning
Neil Websdale	Director	NDVFR1	Flagstaff, AZ
Stacie Smith	Chief Judge	Fort Peck Tribes	Poplar
Stephanie Iron Shooter	Caring Schools Coordinator	Office of Public Instruction	Billings
Steve Lowe	Special Agent	FBI	Billings
Valerie Falls Down	Domestic Violence Coordinator	Crow Nation	Hardin
Wendy Bremner	Victim Specialist	Bureau of Indian Affairs	Browning
Winona Tanner	Chief Judge	CSK Tribal Court	Pablo

Native American Intimate Partner Homicides in Montana since 2000

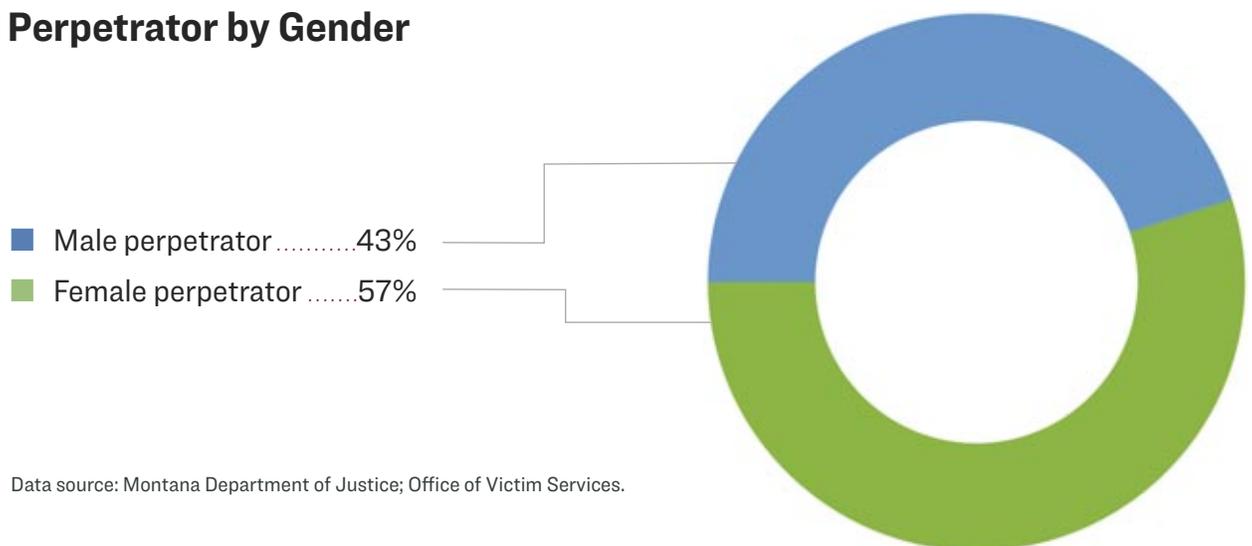
Type of Death



Type of Weapon Used



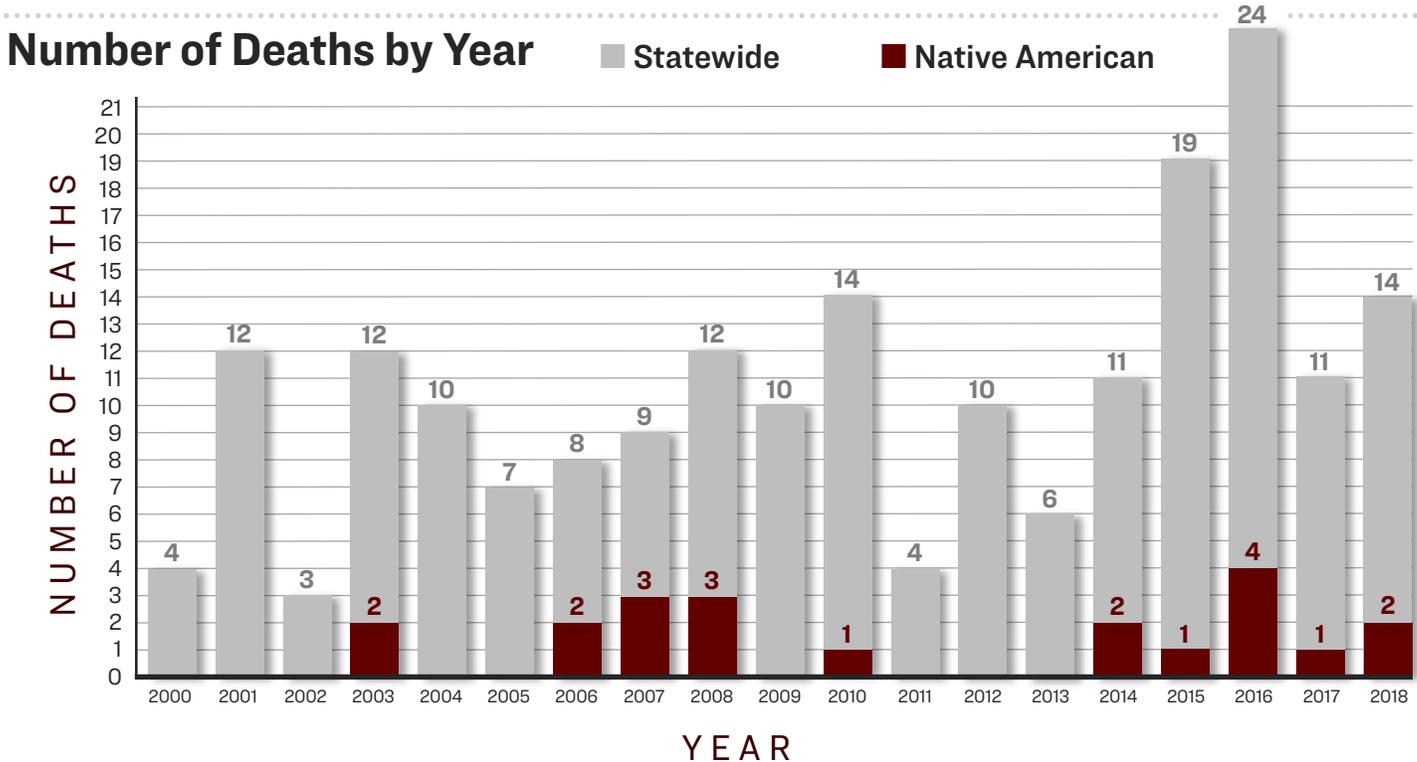
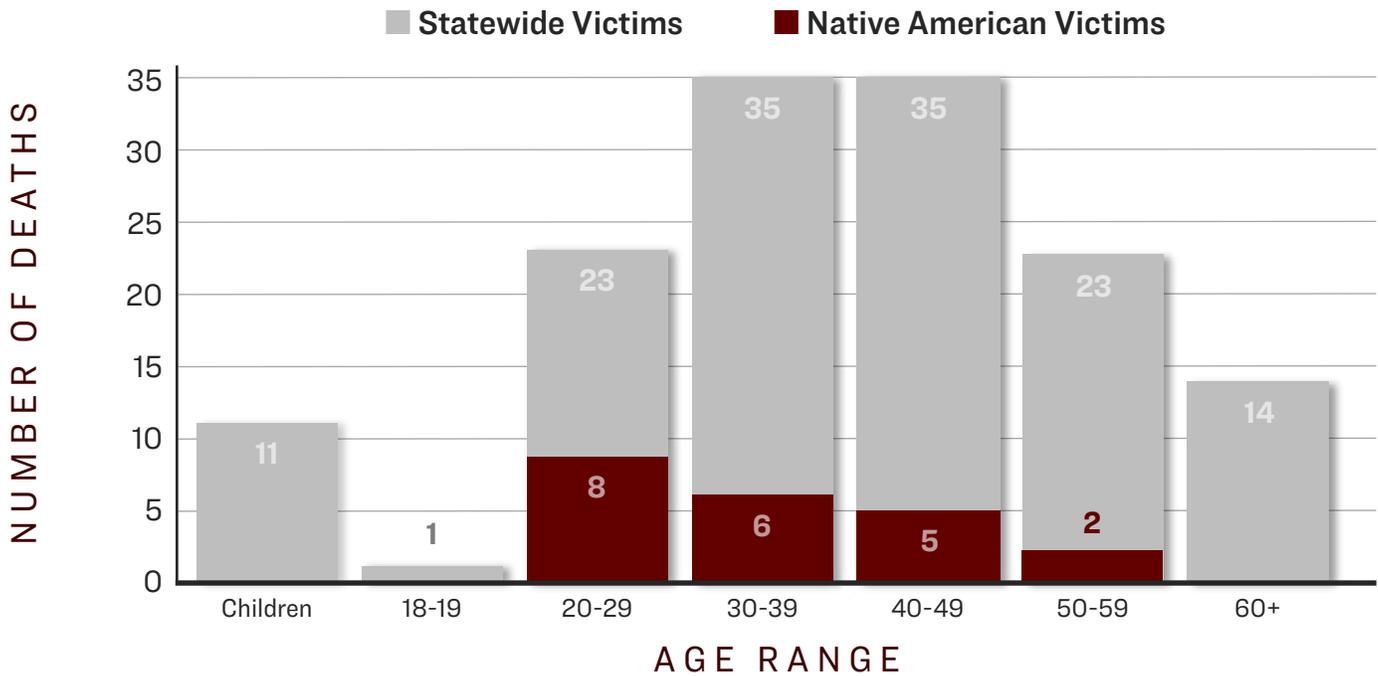
Perpetrator by Gender



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

Fatalities Due to Intimate Partner Homicide in Montana since 2000

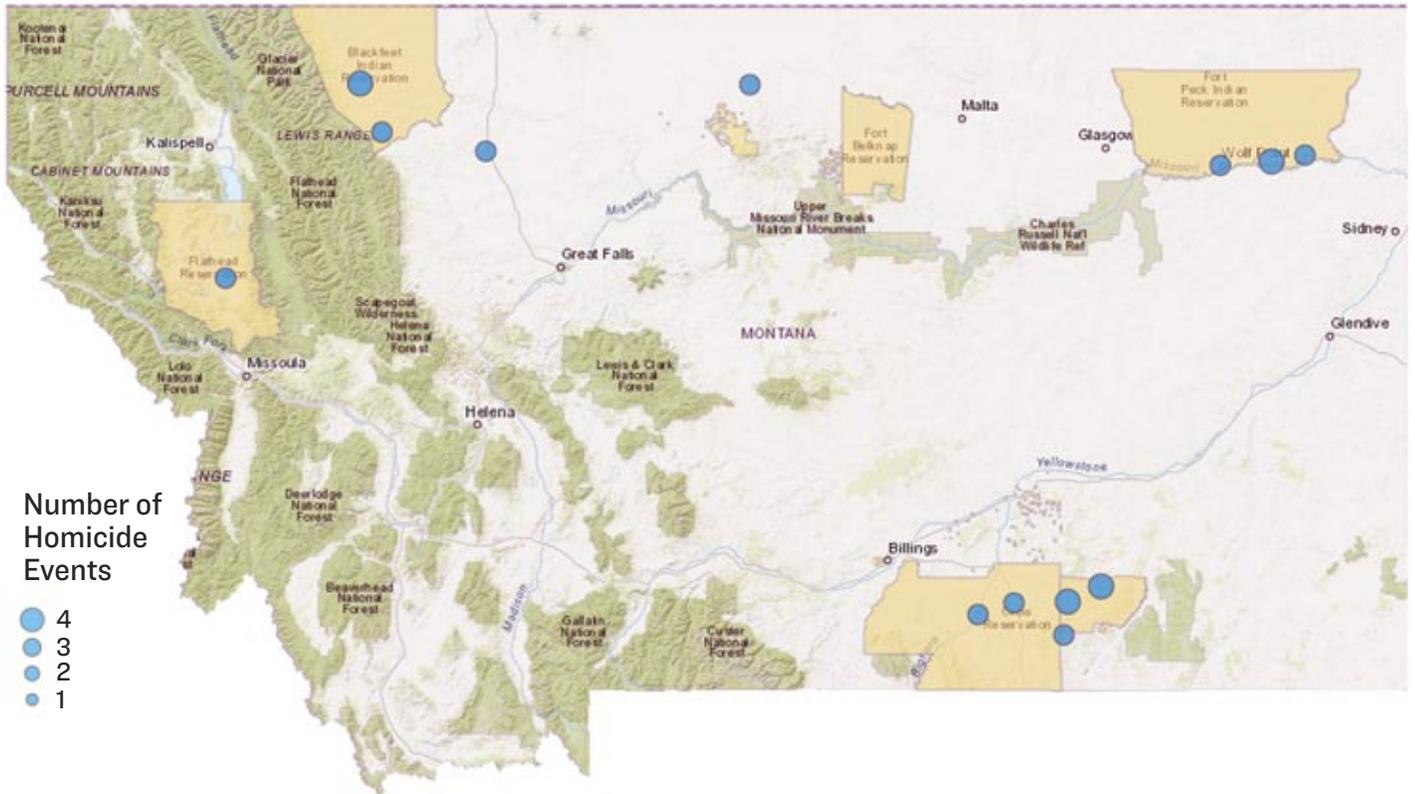
Age Range of Intended Victims



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

Native American Intimate Partner Homicide Events in Montana Since 2000

21 Native American Intimate Partner Homicide Events



Montana Native American Intimate Partner Homicides Since 2000

21 Deaths as of December 31, 2018

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
Mad Plume	Aarie	Browning	25	06/18/06	Homicide/Suicide (by hanging)	Knife
Spotted Bear	Susie	Browning	46	08/13/06	Homicide / Suicide (by hanging)	Blunt force trauma
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
Hewitt**	Jeffrey	Billings	41	04/15/15*	Homicide	Beaten to death
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
Mancha	Charlene	Browning	51	01/01/17	Homicide	Run over
Young Running Crane	Eljay	Heart Butte	20	01/15/18	Homicide	Run over
Fisher	Toni	Lame Deer	36	02/04/18	Homicide	Strangulation

*Date body was discovered

**Native American perpetrator, non-Native American victim



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.



Guides and Model Forms

WHAT IS STALKING?

Stalking is defined by law by the federal government.ⁱ When an abuser acts in such a way as to intentionally create a fear of harm or death for the victim, that is stalking. This could take the form of a fear of harm, injury or death for themselves, a relative, or any third party. Abusers who use stalking to terrorize and threaten create substantial emotional distress for their victims, family members and third parties.

DID YOU KNOW?

- A 2011 survey found 5.1 million women and 2.4 million men had been stalked the previous year.ⁱⁱ
- 1 in every 6 U.S. women and 1 out of every 19 U.S. men have been stalked in their lifetime.ⁱⁱⁱ
- Nearly 3 out of 4 victims of stalking know their stalkers in some capacity. The most common relationship between the victim and perpetrator is a current or former intimate partner.^{iv}
- People aged 18-24 have the highest rate of stalking victimization.^v
- Although stalking is a crime in all 50 states, less than 1/3 of states classify stalking as a felony if it is a first offense, leaving stalking victims without protections afforded to victims of other violent crimes.^{vi}

WHY IT MATTERS:

Stalking is often an indicator of other forms of violence. 81% of women who were stalked by a current or former husband or cohabitating partner were also physically assaulted by that partner; 31% of women were sexually assaulted.^{vii} Abusers use stalking to intimidate and control their victims.

STALKING AND FEMICIDE:

- 76% of women murdered by an intimate partner were stalked first; 85% of women who survived murder attempts were stalked.^{viii}
- 89% of femicide victims who had been physically assaulted before their murder were also stalked in the last year prior to their murder.^{ix}
- 54% of femicide victims reported stalking to the police before they were killed by their stalkers.^x

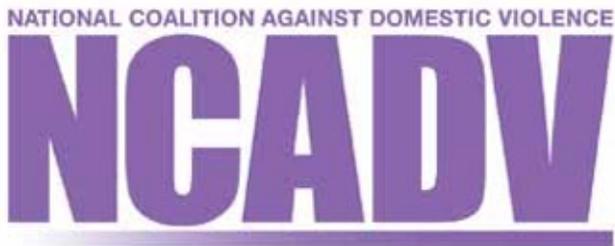
IMPACT ON VICTIMS:

- 1 in 7 stalking victims has been forced to move as a result of their victimization.^{xi}
- 1 in 8 stalking victims has reported losing work because of the stalking. More than half of these victims reported losing 5 or more work days.^{xii}
- Stalking victims suffer much higher rates of depression, anxiety, insomnia, and social dysfunction than people in the general population.^{xiii}
- 86% of victims surveyed reported their personalities had changed as a result of being stalked.^{xiv}
- 37% victims of stalking fulfill all the diagnostic criteria for post-traumatic stress disorder; an additional 18% fulfilled all but one diagnostic criteria.^{xv}
- 1 in 4 stalking victims contemplate suicide.^{xvi}

If you need help:

Call The National Domestic Violence Hotline 1-800-799-SAFE (7233)
Or, online go to DomesticShelters.org





Facts about Domestic Violence and Stalking

HOW TO HELP:

- Encourage your legislators to tighten stalking statutes so that stalking is both easier to prosecute and classified as a more serious crime.
- Ask your legislators to update the federal definition of domestic violence to include stalking and dating violence. This will prohibit stalkers from having access to firearms.
- Ask your congressmen to support legislation providing additional funding for local program initiatives that provide counseling and other services to victims of stalking and domestic violence, such as programs established by the Violence Against Women Act.
- Support legislation encouraging domestic violence education for middle and high school students. An appropriate curriculum should include information about healthy relationships, domestic violence, sexual assault, dating violence, stalking, and available resources.
- Encourage local schools and youth programs to train teachers, school counselors, and athletic coaches to recognize children and teens who are in violent situations. Provide educators with resources and prepare them to intervene in domestic violence, dating violence, and stalking situations.
- Support programs in your community aimed at increasing domestic violence, sexual violence, and stalking education, prevention, and intervention.

Sources:

¹8 U.S. Code § 2261A

¹Breiding, M., J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). *Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization — National intimate partner and sexual violence survey, United States, 2011*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm>.

²Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf.

³Catalano, S., Smith, E., Snyder, H. & Rand, M. (2009). *Bureau of Justice Statistics selected findings: Female victims of violence*. Retrieved from <http://www.bjs.gov/content/pub/pdf/fvw.pdf>.

⁴Ibid.

⁵The National Center for Victims of Crime (2012). *Stalking fact sheet*. Retrieved from http://victimsofcrime.org/docs/default-source/src/stalking-fact-sheet-2015_eng.pdf?status=Temp&sfvrsn=0.994206007104367.

⁶Tjaden, P. & Thoennes, N. (1998). *Stalking in America: Findings from the national violence against women survey*. Retrieved from <https://www.ncjrs.gov/pub/files/169592.pdf>.

⁷McFarlane, J.M., Campbell, J.C., Wilt, S., Sachs, C.J., Ulrich, Y., & Xu, X. (1999). Stalking and intimate partner femicide. *Homicide Studies*, 3(4), 300-316.

⁸Ibid.

⁹Ibid.

¹⁰Baum, K., Catalano, S., Rand, M. & Rose, K. (2009). *National crime victims survey: Talking victimization in the United States*. Retrieved from <http://www.justice.gov/sites/default/files/ovw/legacy/2012/08/15/bjs-stalking-rpt.pdf>.

¹¹Ibid.

¹²Blauuw, E., Winkel, F., Arensmen, E., Sheridan, L. & Freeve, A. (2002). The toll of stalking. *Journal of Interpersonal Violence*, 17(1) 50-63.

¹³Hall, D.M. (1998). The victims of stalking. Meloy, J. R. (Ed.), *The psychology of stalking* (113-137). San Diego, CA: Academic Press.

¹⁴Pathé, M. & Mullen, P. E. (1997). The impact of stalkers on their victims. *British Journal of Psychology*, 170, 12-17

¹⁵Ibid.

If you need help:

Call The National Domestic Violence Hotline 1-800-799-SAFE (7233)
Or, online go to DomesticShelters.org



Suggested citation: NCADV. (2015). *Facts about domestic violence and stalking*. Retrieved from www.ncadv.org

APRAIS SUMMARY

- Builds a shared community language of risk that reinforces due process and the rule of law, recognizes the importance of the wisdom, experience, judgment, and nobility of police officers, and adheres to the principles of fair justice.
- Respects a victim's right to choose her/his own course of action, providing victims/alleged victims with information to make decisions but not pressuring them to choose one course over another.
- Respects victims by informing them that information they share might be discoverable.
- Helps officers identify potentially dangerous IPV cases.
- Contains an officer override checkbox, a discretionary device that enables the officer to flag the case for follow-up based on their professional judgment.
- Comes with endorsements such as:
 - "I believe the tool has improved the overall quality of the domestic violence reports"
 - Lieutenant Rich Gill Prescott, AZ Police Dept.
- Comes with professionally recognized roadmap for states beyond Arizona:
 - As Cramer, Eliason, and Ortiz note in a recent article in The Prosecutor, in relation to the APRAIS, "Although the end product is tailor made for Arizona, the development process reads like a playbook for other states."



Greg Giangobbe

Director of Law Enforcement Operations

928-523-3283

greg.giangobbe@nau.edu



Arizona intimate Partner
Risk Assessment
Instrument System
(APRAIS)

www.nau.edu/fvi/aprais

What is APRAIS?

APRAIS stands for the Arizona Intimate Partner Risk Assessment Instrument System. The system provides scientifically validated risk information gathered by police from victims/alleged victims of intimate partner violence (IPV) to the court at the initial appearance of the accused.



APRAIS Purpose

The APRAIS assesses the likelihood of IPV victims experiencing severe re-assault including near death and homicide within seven months from the time of the presenting offense. We designed APRAIS to help officers protect and serve victims, refer victims to support services if victims so choose, and educate victims about possible dangers. We stress the importance of using the APRAIS in a straightforward, honest, and caring manner. It is not meant to alarm, paralyze, or frighten them but to communicate the potential danger they face.

APRAIS Philosophy

APRAIS philosophy in Arizona reflects its community origins and development over a four year period, first in Yavapai County, and then statewide. We emphasize "community guardianship," and celebrate the "nobility of policing."

Arizona Intimate Partner Risk Assessment Instrument System (APRAIS)

Training **BREAKDOWN**

APRAIS training packages include: in-person training, online learning modules, and follow-up technical assistance. Packages vary from introductory level patrol training to more advanced train-the-trainer sessions. Depending on departmental and community need, and in accordance with our philosophy of community guardianship, we also offer more broad-based community trainings that include prosecutors, defense counsel, judges, and victim advocates; situating the APRAIS deployment amidst a broader coordinated community response to IPV.

APRAIS Training

The Family Violence Institute (FVI) at Northern Arizona University (NAU) and the Arizona Peace Officers' Standards and Training Board (AZPOST) are working together to operationalize APRAIS statewide. AZPOST assigned the FVI the role of lead training agency. Consequently, trainings conducted by the FVI team are AZPOST-sponsored and attending officers qualify for continuing education credit.



**Billings Police Department
Intimate Partner Risk Assessment**

Report #: _____ **Date:** _____

Officer: _____

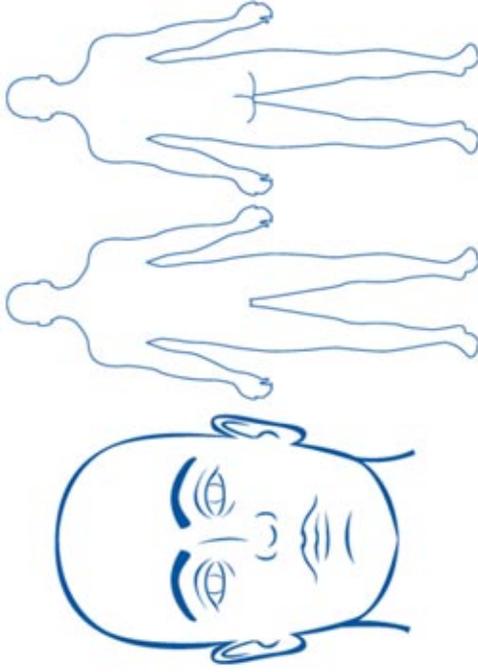
Victim Address: _____

Victim Phone(s): _____

Questions asked on the scene. <i>Victim participation is voluntary; answers are discoverable by the defendant.</i>	Yes	No	Decline
TIER 1			
1. Has physical violence increased in frequency or severity over the past 6 months? (Alternately: Is the pushing, grabbing, hitting, or other violence happening more often?)			
2. Is he/she violently and constantly jealous of you?			
3. Do you believe he/she is capable of killing you?			
4. Has he/she ever beaten you while you were pregnant? (e.g. hit, kicked, shoved, pushed, thrown, or physically hurt with a weapon or object)			
5. Has he/she ever used a weapon or object to hurt or threaten you?			
6. Has he/she ever tried to kill you?			
7a. Has he/she ever choked/strangled/suffocated you?			
7b. Has this happened more than once? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline			
Yes to 2 or 3 Tier 1 questions = "Elevated Risk"			
Yes to 4 or more Tier 1 questions = "High Risk"			
TIER 2			
8. Does he/she control most or all of your daily activities?			
9. Is he/she known to carry or possess a gun?			
10. Has he/she ever forced you to have sex when you did not wish to do so?			
11. Does he/she use illegal drugs or misuse prescription drugs? (e.g. meth, cocaine, painkillers)			
12. Has he/she threatened to harm people you care about?			
13. Did you end your relationship with him/her within the past 6 months? Does he/she know or sense you are planning on ending your relationship?			
14. Has he/she experienced significant financial loss in the last 6 months?			
15. Is he/she unemployed?			
16. Has he/she ever threatened or tried to commit suicide?			
17. Has he/she threatened to kill you?			
18. Has he/she threatened or abused your pets?			
Total Yes: _____			
Elevated <input type="checkbox"/> High <input type="checkbox"/>			

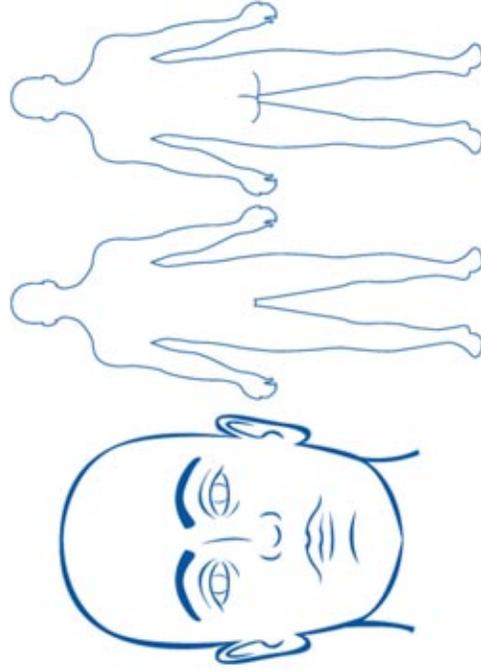
"Elevated" and "High" risk scores trigger officers to connect victims to supportive resources

- Victim referred for follow up based on responses to the tool
- Victim referred for follow up based on officer's professional judgment
- No referral



Victim: _____ **DOB:** _____

Gender: _____ **Height:** _____ **Weight:** _____



Suspect: _____ **DOB:** _____

Gender: _____ **Height:** _____ **Weight:** _____

APRAIS SCORING INFORMATION

• **Elevated Risk**

- Victims who score in the “Elevated Risk” category (a “Yes” response to 2 or 3 Tier 1 questions) experience a 6 times higher risk of severe re-assault or near lethal violence within 7 months when compared to those with fewer than 2 Tier One risk factors present.

It is estimated that 9 % of victims at “Elevated Risk” will experience severe re-assault within 7 months, versus 1.6 % of victims who answer “Yes” to fewer than 2 Tier One questions.

• **High Risk**

- Victims who score in the “High Risk” category (a “Yes” response to 4 or more Tier One questions) experience a 10.5 times higher risk of severe re-assault or near lethal violence within 7 months when compared to those with fewer than 2 Tier One risk factors present.

It is estimated that 15 % of victims at “High Risk” will experience severe re-assault within 7 months, versus 1.6 % of victims who answer “Yes” to fewer than 2 Tier One questions.

AVAILABLE DATA

The unpublished statistical analyses [left] were generated using data from the Oklahoma Lethality Assessment Study funded by the National Institute of Justice. See Messing, J.T., Campbell, J., Webster, D.W., Brown, S., Patchell, B., & Wilson, J.S. (2015). The Oklahoma lethality assessment study: A quasi-experimental evaluation of the Lethality Assessment Program. *Social Service Review*, 89(3), 499-530.

https://www.researchgate.net/publication/282982226_The_Oklahoma_Lethality_Assessment_Study_A_QuasiExperimental_Evaluation_of_the_Lethality_Assessment_Program

Additional empirical support for this assessment is from:

Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C.R., Campbell, D., Curry, M.A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S.A., Manganello, J., Xu, X., Xiao, Schollenberger, J., Fry, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089-1097. <http://ajph.aphapublications.org/doi/full/10.2105//AJPH.93.7.1089>

Snider, C., Webster, D., O'Sullivan, C.S., Campbell, J. (2009). Intimate partner violence: Development of a brief risk assessment for the emergency department. *Academic Emergency Medicine*, 16, 1208-1216. <http://online.library.wiley.com/doi/10.1111/j.1552-2712.2009.00457.x/pdf>

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/>

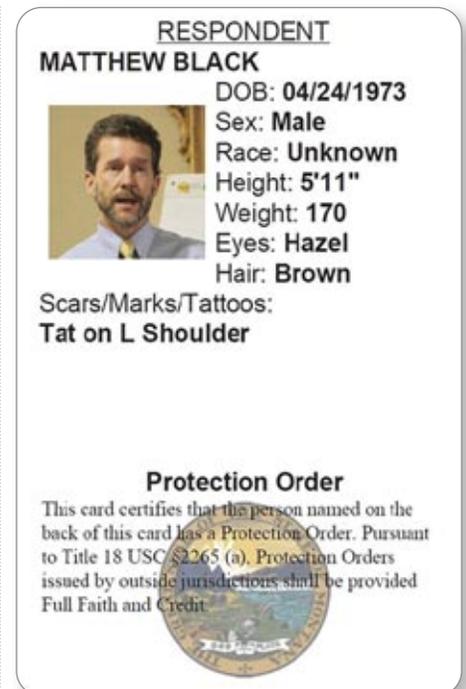
CONTACT

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.



Sample Montana Hope Card



Sample Tribal Court Hope Card

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



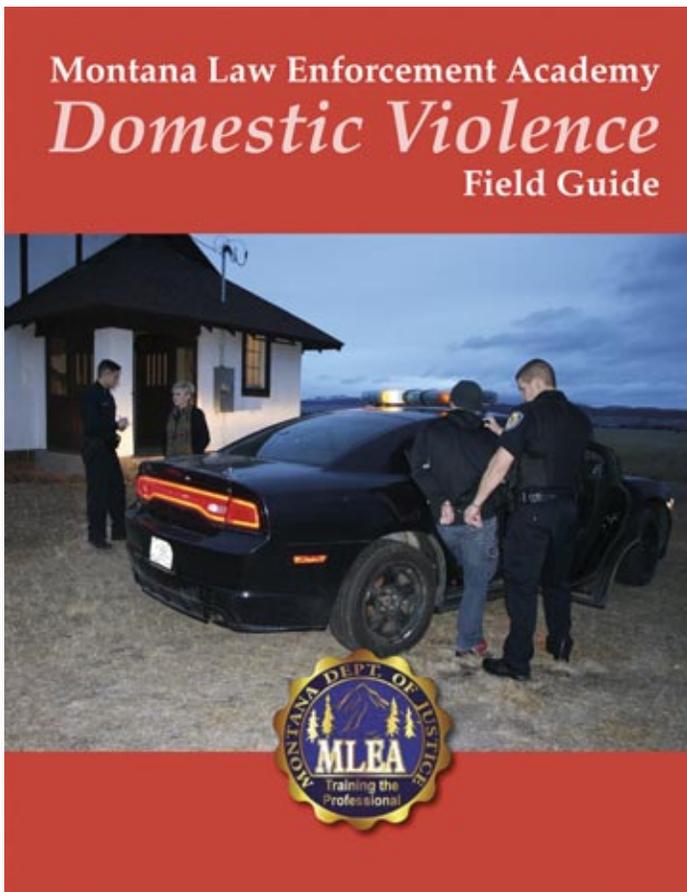
Montana Law Enforcement Academy Domestic Violence Field Guide

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 pattern 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.



View the Field Guide:
[https://media.dojmt.gov/
wp-content/uploads/
2016-Domestic-Violence-Guide.pdf](https://media.dojmt.gov/wp-content/uploads/2016-Domestic-Violence-Guide.pdf)



STRANGULATION IN INTIMATE PARTNER VIOLENCE FACT SHEET

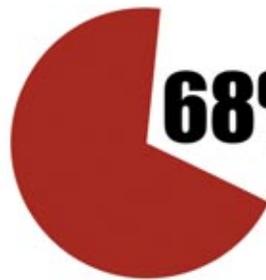
STRANGULATION: the obstruction of blood vessels and/or airflow in the neck resulting in asphyxia.



1 in 4

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

Of women at high risk, up to...

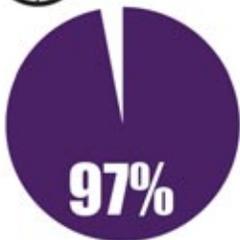


68%

will experience near-fatal strangulation by their partner.²



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



are strangled manually (with hands).³



report losing consciousness.⁴



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



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

CONSEQUENCES⁹

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)

PSYCHOLOGICAL INJURY

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

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

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).

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

Today,
38 States
have legislation
AGAINST
STRANGULATION⁸

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

VAWA 2013
added strangulation
and suffocation to
FEDERAL LAW

Source: Strangulation in Intimate Partner Violence: Clinical Guidelines, Barter K, Waters M, Chivers M, Merrick M, Revell 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.



a program of Alliance for HOPE International

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

StrangulationTrainingInstitute.com

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 Stappczynski, 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

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

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

(-)

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

**STATE OF MONTANA
DEPARTMENT OF JUSTICE**

TIM FOX, ATTORNEY GENERAL

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