Montana Domestic Violence Fatality Review Commission

JANUARY 2013
A tribal law enforcement officer responded to a domestic violence call involving a perpetrator who had taken his girlfriend hostage and was threatening to kill her. Knowing few other details, the officer arrived on scene and was shot by the suspect with a high powered rifle. He survived due to his badge and bulletproof vest absorbing most of the hit. That officer returned to the force and continues to work to keep domestic violence victims safe and hold their perpetrators accountable. His efforts are duplicated by hundreds of professionals and volunteers across Montana day after day. We are grateful.
January 2013

Fellow Montanans:

The state’s Domestic Violence Fatality Review Commission has completed its first decade in existence. Created by the 2003 legislature, the group began investigating intimate partner deaths in our state in May of that year. Progress has been made in keeping victims safe and holding offenders accountable. At the same time, however, we have not achieved the goal of eliminating these tragic deaths.

Our 2011 report identified 24 deaths in the previous biennium. We are heartened to report that figure has been reduced by 50 percent in the past two years. Even so, all would agree that even that number is too large.

The Commission is charged with identifying trends and making recommendations that move our state closer to zero domestic violence-related deaths. The support of individuals statewide, particularly departing Attorney General Steve Bullock, has been essential in that process. We look forward to the opportunity to work with newly-elected Attorney General Tim Fox as he guides our efforts in the coming years.

Montana’s team has received nationwide attention for our victim-centered reviews and our work with federal and Native American partners. Our hope is to receive additional attention for further reducing the number of deaths in our state.

For additional information on the Commission, please call this office at 406-444-1907 or email: madale@mt.gov.

Sincerely,

Matthew Dale, coordinator
Domestic Violence Fatality Review Commission
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The Montana Domestic Violence Fatality Review Commission (also referred to as a team) was created by the 2003 Montana legislature. Among other things, the statute mandates this biennial report to the Legislature, attorney general, governor and chief justice of the Montana Supreme Court, outlining its findings and recommendations.

It should be noted that the Commission reviews only a fraction of the family violence deaths in Montana each year. The group uses its limited time and resources to review only intimate partner homicides (IPH). Other groups, such as Montana’s Fetal Infant Child Mortality Review teams, gather information on other types of familial deaths—although in Montana these two groups work together to a degree not seen in most other states. Unfortunately, there are more deaths than the Commission can review each year. Since the passage of House Bill 116 in 2003, at least 112 Montanans have died in family violence homicides. In the past two years, the time frame covered by this report, nine violent interactions have resulted in 14 deaths.

Philosophy and Process

A no blame/no shame philosophy guides the work of the Commission. The purpose of a fatality review is not to identify an individual or agency as responsible for the deaths. These are complex cases, involving a number of individuals and variables. It is simply not true that the tragedy was the result of any one action—or inaction—by any one person or agency. In fact, we find that many of the victims had limited, if any, contact with the “system”—they never sought shelter, did not reach out to a victim witness advocate and did not have an order of protection. Similarly, the majority of perpetrators do not have extensive criminal histories.

At the same time, none of the professionals involved with these families would consider the deaths an acceptable conclusion. Domestic violence homicides traumatize not only those close to the family but, indeed, entire communities. Reviewing the murders by working closely with local community members, the Commission seeks to identify gaps and inadequacies in the response to domestic violence (DV) at the local and statewide levels. The goal is to prevent future deaths. Obviously there is more work to do. The attachments to this report are specific, concrete steps in that direction.

Montana’s fatality review team has chosen an “inch wide, mile deep” approach to reviewing these deaths, undertaking only two per year. In each case we review all the information available, including law enforcement reports, criminal histories, medical and autopsy records, presentence investigations, newspaper stories and criminal justice records. Additionally, team members interview family, coworkers, school personnel, friends, shelter staff and any other relevant individuals to learn more about the victim and the perpetrator. Then the entire team [see page 19] travels to the community in which the homicide(s) took place.

Once there, the group uses all of the collected information to compile a time line of events leading up to the deaths. This exercise illustrates agency involvement, missed opportunities, things that worked well and gaps in services. Community members who worked with the family are invited to participate in the review and improve the time line. All involved sign the same confidentiality agreement. Local participation expands the knowledge of the state team and accelerates changes in the community’s protocols for domestic violence work. Working at the grassroots level expedites the goal of fatality review, which is to introduce and highlight changes in how victims can be better protected and perpetrators held more accountable.

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team has identified both trends and recommendations that focus on the effect of intimate partner homicide on children. Through her agency, Sarah is in a key position to focus attention and resources on these young victims of violent crime.

In terms of membership, the team lost several original, key members in the past two years and their contributions deserve acknowledgement. Bryan Fischer of the Helena Police Department, Ali Bovingdon of the Attorney General’s Office and Deb Bakke of the Friendship Center [a shelter program] devoted years of service to the team as we perfected our process. Domestic violence victims in our state would be less safe today if not for their efforts. Outgoing Attorney General Steve Bullock’s support and contributions are also much appreciated.

2011 and 2012 Reviews

The four reviews conducted in 2011 and 2012 form the basis for trends and recommendations. This report, through its posting on the DOJ website (www.doj.mt.gov), serves as the Commission’s vehicle for highlighting new ideas, best practices, and creative solutions identified around the state and around the country as effective tools in combating domestic violence deaths. These are listed at the end of the report as Guides and Model Forms.

Our work this biennium, reviewing three homicides and one homicide by a hired killer, taught us a great deal. Reviewing a third-party killing was a first for the team and particularly informative. In that case, team members were able to interview the shooter, learning additional details and hearing his insights as to what might help prevent a similar crime in the future. The remaining reviews involved a military family and two couples who lived together for long periods but never married. One of those killings involved a hostage situation, another new set of events for the team. The group chooses its cases carefully, seeking a wider understanding of IPH 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, the Commission hopes to reduce the number of families and communities traumatized by these deaths.

Themes

Two major themes emerged from the four reviews this biennium: 1) the need for new protocols when children are survivors of IPH; and, 2) the need for bystanders to become more involved if we are to be successful in lowering the number of deaths. Domestic violence is frequently too hidden to come to the attention of law enforcement or victim advocates until it is too late. At the same time, it’s almost always true that family members, friends or coworkers knew (or strongly suspected) that there was violence in the relationship. Yet many took little or no action. Bystanders may not have recognized how dangerous the situation was or may not have known what to say or do to effectively intervene or what community resources were available. With each biennial report it becomes more and more clear that intervention by concerned persons living outside the violent home is a crucial element in the reduction of family violence.

As in previous reviews, the Commission has seen again the effects on children who live in violent homes and the almost complete lack of services those children receive following the death of one or both parents (which frequently occurs in their presence). Coincidental with the release of this report is the release of Attorney General Holder’s Defending Childhood Initiative publication The Task Force on Children Exposed to Violence by the U.S. Department of Justice. The executive summary of that report describes the realities of children who live through this trauma:

Intimate partner violence within families puts children at high risk for severe and potentially lifelong problems with physical health, mental health, and school and peer relationships as well as for disruptive behavior. Witnessing or living with domestic or intimate partner violence often burdens children with a sense of loss or profound guilt and shame because of their mistaken assumption that they should have intervened or prevented the violence or, tragically, that they caused the violence. They frequently castigate themselves for having failed in what they as-
sume to be their duty to protect a parent or sibling(s) from being harmed, for not having taken the place of their horribly injured or killed family member, or for having caused the offender to be violent. Children exposed to intimate partner violence often experience a sense of terror and dread that they will lose an essential caregiver through permanent injury or death. They also fear losing their relationship with the offending parent, who may be removed from the home, incarcerated, or even executed. Children will mistakenly blame themselves for having caused the batterer to be violent. If no one identifies these children and helps them heal and recover, they may bring this uncertainty, fear, grief, anger, shame, and sense of betrayal into all of their important relationships for the rest of their lives (p.iv).

In an effort to improve their understanding of these realities, the team received training on the Adverse Childhood Experiences (ACE) study and its applicability to these children. The ACE study is creating new “best practices” in working with traumatized children and the Commission will be following its progress. Learning the basics of the study, and how its findings can improve each discipline’s work with children affected by violence, will help agencies serve as more informed advocates for those left behind when parents are killed and/or jailed for long periods. The ACE questionnaire is included in the appendix and additional information can be found at: http://acestudy.org/. Further details on the intersection of ACE, childhood trauma and Montana’s children can be found in the just-released Senate Joint Resolution 30 report, “Strengthening the Response to Childhood Trauma in Montana.”

A third theme in this biennium’s reviews is that of “humiliated fury.” This concept, articulated by Dr. Neil Websdale of the National Domestic Violence Fatality Review Initiative, refers to a blend of shame and rage that drives many acts of male perpetrated IPH. (In one of our reviews the aggressor was female, who hired a man to commit the murder. Since Websdale’s focus is male intimate partners, that review falls outside this discussion.)

According to Websdale’s theory, perpetrators have failed in their own minds, either consciously or not, to live up to expectations of successful manhood. At the same time, they struggle with close, equal relationships with intimate partners. Over time, their fears and shame lead to increasing levels of agitation, isolation, depression, suicidal and/or aggressive thoughts. As they sense that their power or influence over their wives or partners is lessening, those factors come together in a murderous rage. Indeed, this is what our review process uncovered.

There were multiple illustrations of this “failure to measure up”. For instance, two of three perpetrators were living in sub-standard housing, including, in one case, a tiny camp trailer parked in the middle of a field. Two of three were unemployed or worked only sporadically. All abused substances, primarily alcohol. All had threatened suicide and two completed it after killing their partner. All were estranged from their children or step-children to varying degrees. Finally, all were long-time abusers of their partners, becoming increasingly violent over time. At best, only one of the three would have been seen as even modestly successful by their communities or families.

Websdale does not believe that humiliated fury causes IPH but he considers it to be a significant and frequently invisible contributor. In most cases it is not discovered unless an in-depth fatality review is conducted. Progress will occur when these elements are identified early enough for a positive intervention, before another IPH takes place. A more thorough explanation of humiliated fury can be found in The Journal of Contemporary Ethnography 39(4).

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Positive Results in Indian Country

Over the years, Montana’s fatality review team has made several positive connections with the state’s 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 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, on a small, portable plastic card [see example on page 22].

It has been a goal to extend the technology to all seven tribal courts and steady progress has been made in that area as well. Currently, four of seven have the capacity to create and issue Hope Cards. With the help of a recent federal grant, we expect to have the final three outfitted within the next two years. Montana is the first state in the country to use the Hope Card and the only state with Indian Country participants. To date, more than 400 Cards have been distributed.

Montana is also a leader in Indian Country reviews and has received national recognition for its efforts. A next step in that collaboration will be for the Montana Department of Justice (DOJ) to work with tribes to create an all-Native American fatality review team to review Indian Country deaths. These efforts are underwritten by a federal DOJ grant and will begin in 2013. Once created it will be the first of its kind in the nation.

National and Statewide Impact

Montana’s model of fatality review—one statewide team, traveling to the community, working with local community members, interviewing family members—has been highlighted across the country. In 2010 the Commission was chosen as one of three programs to be recognized 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 http://vimeo.com/15147441 and is also available in DVD form.

During the current biennium Montana’s team has made new connections with the Office of Public Instruction and the University of Montana Institute for Educational Research & Service. These organizations are seeking to adapt the fatality review process to youth suicide and other forms of school-age trauma. The ultimate success of these initiatives is unclear, but expansion of the Commission’s original membership has only strengthened its capabilities.

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. An example of this commitment is the tribal law enforcement officer whose mangled badge appears on the inside cover of this report. He responded to a domestic violence call involving a perpetrator who had taken his girlfriend hostage and was threatening to kill her. Knowing few other details, the officer arrived on scene and began to confer with colleagues from a variety of state and tribal law enforcement agencies. Shortly thereafter, he was shot by the suspect with a high powered rifle. He survived due to his badge and bulletproof vest absorbing most of the hit. That officer returned to the force and continues to work to keep domestic violence victims safe and hold their perpetrators accountable. His efforts are duplicated by hundreds of professionals and volunteers across Montana day after day. We are grateful.
Trends identified by the Commission:

- Native American IPH deaths have declined in the past two years. There hasn’t been a Reservation-based death that the Commission is aware of since June 2010. Even so, Native Americans remain victims of intimate partner homicide at a disproportionate rate. While constituting approximately 7% of the state’s population, they make up 11% of intimate partner deaths.

- Firearms continue to be the most frequently used weapons.

- The fourth quarter of the year has become the most dangerous for victims. The months of October—December accounted for three of four deaths in 2011 and half of the deaths in 2012.

- All recent deaths took place in Western Montana. The last intimate partner killings east of Billings occurred in 2010.

- Dr. Neil Websdale’s concept of “humiliated fury” was evident in three of the four reviews conducted. Further discussion of what the team discovered can be found on page 7.

- In each of these killings, family, friends and/or coworkers were aware of violence within the home, but struggled with how, or whether, to intervene.

- Three of the perpetrators attempted suicide with two completions.

- The majority of children who survive the death of one or both parents receive few, if any, services.

- Alcohol was a significant factor in three of the four incidents reviewed. Those killings took the lives of five individuals.
Commission recommendations include:

- Provide the final three tribal courts (Blackfeet, Fort Belknap and Rocky Boy) with the capacity for Hope Cards—electronic court case management systems and specialized printers.
- It is essential that those who work with victims and their children be trained to develop safety plans. This should be a skill of clergy, teachers, medical professionals, social service providers and criminal justice staff, among others.
- Continue the collaboration and joint trainings between Montana’s Department of Justice, the Bureau of Indian Affairs, the U.S. Attorney’s Office and the MT–WY Tribal Judges Association.
- Expand the state’s Crime Victim Compensation Program to increase the reimbursement rate for funeral expenses. The $3,500 figure has not been raised since 1995 and its limitation can place a financial burden on families of those killed in intimate partner homicides.
- Identify, train and provide financial support to members of a statewide Native American domestic violence fatality review team. Conduct at least one review of a Reservation-based death this biennium.
- Increase knowledge and use of DOJ’s Limited English Proficiency language line services for domestic violence victims.
- Increase training on the Adverse Childhood Experiences (ACE) study and the effects on children who grow up in violent homes.
- Institute automatic referrals to Child Protective Services and a guardian ad litem or Court Appointed Special Advocate (CASA) for all children following an IPH.
- Adapt Missoula’s bystander sexual assault campaign to domestic violence and expand it statewide. (Examples are contained in the appendix.)
- Mandate ongoing DV education for law enforcement, making it eligible for POST credit. Currently there is no requirement beyond basic Academy training. Make the training available to all law enforcement personnel—Highway Patrol, game wardens, Division of Criminal Investigation agents, etc.
- Adapt Montana’s 24/7 Sobriety Program to arrests for Partner or Family Member Assault (PFMA) that include substance abuse. This would require that those free on bond and/or serving a suspended sentence be tested daily for alcohol use. A positive test would revoke the bond or suspended sentence and return the offender to jail.
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<th>FIRST NAME</th>
<th>FATALITY LOCATION</th>
<th>AGE</th>
<th>DATE OF DEATH</th>
<th>TYPE OF DEATH</th>
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Fatalities Due to Intimate Partner Homicide in Montana since 2000*

112 deaths as of December 31, 2012 | 73 Intimate Partner Homicide events as of December 31, 2012

* Fatalities include primary victims, suicidal perpetrators, and children who died in 73 intimate partner homicide events

** Other: Run over; hanging; suffocated

Data source: Montana Department of Justice; Office of Victim Services. Percent total does not equal 100% due to rounding.
Fatalities Due to Intimate Partner Homicide in Montana since 2000*

112 deaths as of December 31, 2012  |  73 Intimate Partner Homicide events as of December 31, 2012

Age Range of 80 Primary Victims

(Includes 7 children, 73 primary victims, 1 girlfriend. Excludes 31 suicidal perpetrators)

Number of Intimate Partner Homicides by Year, 2000–2012

Includes 74 victims (73 primary & 1 girlfriend), 31 suicidal perpetrators, and 7 children.

* Fatalities include primary victims, suicidal perpetrators, and children who died in 64 intimate partner homicide events

Data source: Montana Department of Justice; Office of Victim Services
Intimate Partner Homicide Events Since 2000
73 Events Resulting in 112 Fatalities as of December 31, 2012
Intimate Partner Fatalities Since 2000
73 Events Resulting in 112 Fatalities as of December 31, 2012
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<td>John Strandell</td>
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Mission

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

Vision Statements

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

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

Guiding Principles

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

1. The Commission selects the review community based on a number of factors. In general, homicides that are more recent, have unique circumstances and are located in communities not previously visited are preferred.

2. The attorney general approves the review site.

3. The process of gathering information begins. Law enforcement, victim services, the courts, medical examiner, etc. are contacted. As appropriate, individuals within those systems are interviewed regarding their experience with victim or offender. Records and interview notes are sent to the team coordinator. Individuals interviewed are invited to attend a portion of the review.

4. Family members, close friends, coworkers, ministers, teachers, etc., are interviewed. Interview notes are passed on to the team coordinator.

5. The Commission coordinator sends all accumulated information to members.

6. Day one of the review process: a timeline is constructed identifying key events in the lives of the victim and perpetrator and their contacts with a variety of professionals/services over time (5 hours).

7. Day two: community members who have been involved in the accumulation of information for the review (excepting family members) join the Commission to evaluate the timeline and provide any additional information they might have. Those attending the review read and sign a confidentiality agreement. Additions and corrections are made to the timeline (3½ hours). Following a lunch break, the Commission discusses trends and recommendations based on this review. Tentative dates and locations for the next review are identified (2 hours).

8. The Commission coordinator retrieves all written information at the end of the review and transports it back to Helena to be shredded. Members leave the site empty handed.

9. A summary of the review is transcribed by the facilitator and circulated to Commission members. This document is the only written record of the review. It is not made public.
Guides and Model Forms
**Nationally: Children affected by Intimate Partner Homicide**

- **3,300** children lost parent(s) (est. 2004)*
- **4,150** children lost parent(s) (est. 2000)**
- **9,900-12,450** children were exposed to attempted homicide (3x homicide rate) (est. 2004)***
- **35%** children witnessed homicide
- **62%** children witnessed attempted homicide
- **37%** children discovered the body

** University of Virginia School of Nursing Uxoricide Presentation by Parker, B.
*** Extrapolated using BJA’s estimated 3 attempted to every 1 completed homicide
Who is going to be my mommy now?

*Excerpt from the 2012 Children and Youth Exposed to Violence New Grantee Orientation in Washington, D.C.*

Roughly 4 times per day in the United States, a person (usually a woman*) loses their life at the hands of an intimate partner (IP). Families are left paralyzed by grief, anger, and fear. Helping systems are left questioning the efficacy and ethics of their practices. And, perhaps the saddest questions of all come from the perspectives of the roughly 8 children per day left essentially orphaned – like a 6 year old girl, who was left questioning: “Who is going to be my Mommy now?” as an officer carried her from the scene of her mother’s murder.

These and other questions were explored by presenters Sergeant Adams and Cline, who offered grantees an overview of IP homicide statistics, framed its impact on children and sibling groups, and outlined the advocacy needs of children and their newly assigned caregivers.

Cline explained that while “thankfully, intimate partner homicides are rare, it is this rarity that inhibits most communities’ ability to effectively respond.” Geographically dispersed, traumatized, shamed, and isolated families often remain hidden as was the case for Sergeant Adams, who at the age of 17 (with little to no help from family or social service systems), took custody of her younger sister only days after the shooting death of her mother and the subsequent incarceration of her father. Adams described how grueling poverty, complex grief, and loyalty conflicts between she and her sister further exacerbated an already painful situation. Complicating their grief was their prior chronic exposure to years of abuse before the shooting. But perhaps equally difficult for Adams to understand even now is how “no one approached us to talk about what happened which, in turn, made us reluctant to talk about it.” A key reason that, after years of silence, she now openly shares her story in the hope that it inspires others to be more open and to reach out to children in similar circumstances.

Acknowledging that there are no easy answers, Cline concluded that: “In big ways and small, we can improve our support and advocacy for these kids and their caregivers.” See full presentation materials & follow OVW’s newly formed “Homicide Prevention Demonstration Initiative.”

Woman abuse and children

Abuse threatens a child’s sense of his or her family as safe and nurturing. When a man is abusive to a child’s mother, it’s more than bad role modelling. It’s bad parenting. He may maltreat the children directly and they are at risk of injury during violent incidents. Women living with abusive partners face enormous challenges in being the best mothers they can be. Children may be isolated from potential sources of support and can learn to see the world as scary and unsafe.

How children are “exposed” to woman abuse
- seeing a mother assaulted or demeaned
- hearing loud conflict and violence
- seeing the aftermath (e.g., injuries)
- learning about what happened to a mother
- being used by an abusive parent as part of the abuse
- seeing a father abuse his new partner when they visit him on weekends
- being denied what is owed for child support

Between incidents
Children may try to predict the next incident or believe that changing their behaviour might prevent another eruption of violence. Unhealthy lessons children may learn from violence against their mothers:
- violence and threats get you what you want
- person has two choices—to be the aggressor or be the victim
- victims are to blame for violence
- when people hurt others, they do not get in trouble
- women are weak, helpless, incompetent, stupid, or violent
- anger or drinking causes violence
- people who love you can also hurt you
- anger should be suppressed because it can get out of control
- unhealthy, unequal relationships are normal or to be expected
- men are in charge and control womens’ lives
- women don’t have the right to be treated with respect

How children might be “used” by an abusive parent
- suggesting a child’s misbehaviour is the reason the parent must be abusive
- encouraging the children to abuse their mother
- threatening violence against the children and/or pets
- holding the children hostage or abducting them

Children are not “witnesses” to events in their homes
In the research literature, children are often called “witnesses” to domestic violence. This term implies a passive role—but children living with conflict and abuse will actively interpret, predict, assess their roles in causing a “fight,” worry about the consequences, engage in problem solving, and/or take measures to protect themselves or siblings, both physically and emotionally. Children may referee, try to rescue their mother, try to deflect the abuser’s attention onto them, try to distract the abuser, take care of younger siblings, or seek outside help (e.g., calling the police, running to a neighbour’s house).

What children think and feel
They may feel fear, distress, anxiety, self-blame, guilt, anger, grief, confusion, worry, embarrassment, and hope for rescue. To quell these intense emotions, they may use coping strategies. Children who do not blame themselves for the abuse and who develop helpful coping strategies (e.g., reaching out for help) may well have the best outcomes.
Safety planning with children from homes experiencing intimate partner violence

While safety planning with adult victims of intimate partner violence is a common practice for many victim service providers, safety planning with children exposed to violence is less common. Like safety planning with adult victims, a child’s safety plan needs to be ongoing, individualized, and focused on practical ideas for lowering the risk of being harmed by the abuser.

In its simplest form, it should help children to:
- recognize signs that violence is escalating;
- resist their impulse to physically intervene;
- pre-identify trusted adults, escape routes, and safe spaces in and outside of the home;
- use 911 and know what questions to anticipate; and
- practice self-calming strategies to stay focused.

Safety planning with children needs to consider the child’s developmental stage/skill level, the child’s temperament, and their role within the family’s dynamics.

Sandra Hammond of the Mecklenburg grant team explained that while safety planning with children is similar to planning with adults, there are important considerations when safety planning with kids from homes experiencing intimate partner violence. She both cautioned & encouraged practitioners to:
- interview adult victim prior to children when possible
- gather details on the scope and nature of the violence prior to introducing safety planning with the children
- remember that batterers often use children as tools in the abuse or to spy on the non-abusive parent
- understand sibling roles keeping in mind that batterers often pit kids against one another
- consider pros and cons of joint versus individual safety planning with children and/or the non-abusive parent, and
- research available tools.

Excerpts from Session By: Children’s Domestic Violence Services Of Mecklenburg County Community Support Services In Charlotte, NC
Sandra Hammond, LCSW Supervisor
What’s Your ACE Score?

There are 10 types of childhood trauma measured in the ACE Study. Five are personal—physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who’s an alcoholic, a mother who’s a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one. So a person who’s been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.

Finding Your ACE Score
While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you?  
   or  
   Act in a way that made you afraid that you might be physically hurt? □ Yes □ No  If yes enter 1  

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you?  
   or  
   Ever hit you so hard that you had marks or were injured? □ Yes □ No  If yes enter 1  

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way?  
   or  
   Attempt or actually have oral, anal, or vaginal intercourse with you? □ Yes □ No  If yes enter 1  

4. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
   □ Yes □ No  If yes enter 1  

5. Did you often or very often feel that ... No one in your family loved you or thought you were important or special?  
   or  
   Your family didn’t look out for each other, feel close to each other, or support each other? □ Yes □ No  If yes enter 1  

6. Did you often or very often feel that... You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?  
   or  
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? □ Yes □ No  If yes enter 1  

7. Were your parents ever separated or divorced? □ Yes □ No  If yes enter 1  

8. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her?  
   or  
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?  
   or  
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife? □ Yes □ No  If yes enter 1  

9. Was a household member depressed or mentally ill, or did a household member attempt suicide? □ Yes □ No  If yes enter 1  

10. Did a household member go to prison? □ Yes □ No  If yes enter 1  

Now add up your “Yes” answers:  
This is your ACE Score.
The facts on guns and domestic violence

Guns and domestic violence are a lethal combination—injuring and killing women every day in the United States. A gun is the weapon most commonly used in domestic homicides. In fact, more than three times as many women are murdered by guns used by their husbands or intimate acquaintances than are killed by strangers’ guns, knives or other weapons combined.

Contrary to many public perceptions, many women who are murdered are killed not by strangers but by men they know.

- Nearly one-third of all women murdered in the United States in recent years were murdered by a current or former intimate partner. In 2000, 1,247 women, more than three a day, were killed by their intimate partners.
- Of females killed with a firearm, almost two-thirds of were killed by their intimate partners.
- Access to firearms increases the risk of intimate partner homicide more than five times more than in instances where there are no weapons, according to a recent study. In addition, abusers who possess guns tend to inflict the most severe abuse on their partners.
- In 2002, 54 percent of female homicide victims were shot and killed with a gun.
- Handguns are more likely than rifles or shotguns to be used in homicides in which men kill women. In 2002, handguns were used in 73 percent of cases where men used firearms to kill women.
- In homicides where males use firearms to kill women, handguns are the most commonly used weapon, over rifles and shotguns. Seventy-three percent of all female were killed with a handgun.
- In 1998, for every one woman who used a handgun to kill an intimate acquaintance in self-defense, 83 women were murdered by an intimate acquaintance using a handgun.
- A study of women physically abused by current or former intimate partners found a five-fold increased risk of the partner murdering the woman when the partner owned a gun.
- Domestic violence misdemeanor convictions and restraining orders were the second most common reason for denials of handgun purchase applications between 1994 and 1998.
- From 1998 to 2001, more than 2,800 people with misdemeanor domestic violence convictions were able to purchase guns without being identified by the National Instant Criminal Background Check System.
How to Get Help if You are a Domestic Violence Survivor and Have Problems with the English Language

Having problems understanding, reading, speaking, or writing the English language means you have “limited English proficient (LEP).” There is a law that says people who are LEP can get help with interpretation and translation in some situations. If you are a domestic violence survivor who is LEP, please have someone help you read this fact sheet to learn more.

What is the law?
The law is called Improving Access to Services for Persons with Limited English Proficiency. It was passed in 2000.

Who does the law apply to?
The law applies to all agencies and organizations that get federal funding. That means the law applies to most domestic violence victim advocacy organizations. It also applies to most law enforcement agencies, courts and legal services.

What does the law say?
The law says that all federally funded agencies and organizations must give LEP people “meaningful access” to their services. That means they must offer interpretation and translation. If you are seeking assistance for domestic violence from a federally funded agency or organization and you are LEP, you can get interpretation and translation so that you can get the help you need.

Does the LEP law matter in Montana?
Yes. The law applies no matter how many or few LEP people an agency or organization serves. Montana has an LEP population. Approximately 6% of people living in Montana speak a language other than English. Among the most common non-English languages are Spanish, German and Native North American languages.

I’m an LEP domestic violence survivor. How does the law affect me?
The LEP law protects you when getting services from any agency or organization that is federally funded. It says that you deserve the same kinds of services from an agency or organization as a person with very good English skills receives. This means that the agency or organization should interpret or translate for you in order to give you those services. For example, if you want to attend a support group at a domestic violence organization that is in English, the organization should provide interpretation so that you can participate in the group.

What resources are available to help me?
Language Line Services is a telephone service that provides translation and interpretation for a fee. Agencies and organizations can use Language Line Services to get interpretation and translation for you. Language Line Services can be reached at 1-800-752-6096. Some agencies in Montana, such as law enforcement, can use a Language Line Services account that is paid for by the Montana Department of Justice (DOJ). Please contact Joan Eliel at 406-444-5803 for DOJ account details.

The “I Speak” card is a resource that allows LEP clients to identify their language to agency staff who can then arrange for interpretation and translation services. “I Speak” cards are free and can be obtained from either DOJ or MLSA (see below).

There are free brochures about your rights under the LEP law in many different languages. You can find the brochures at: http://www.lep.gov/dojbrochures.html.

For more information, please contact:
Christine Mandiloff, Attorney
Montana Legal Services Association
616 Helena Ave., Ste. 100
ph: (406) 442-9830 x 31
or 1-800-666-6124 x 31
fax: (406) 442-9817

This fact sheet is meant to give basic legal information, not legal advice about your problem. The law changes often and each case is different. This fact sheet may not apply to your problem. You should not rely on it only. Please talk to an attorney about your problem.
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, 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 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.

Contact

For additional information about the Hope Card program, contact:
Joan Eliel, Hope Card Administrator
Office of Victim Services
(406) 444-5803
E-mail: jeliel@mt.gov
Montanans pride ourselves on being the kind of people who are quick to help a neighbor in need. Countless examples abound of our generosity toward friends and strangers alike; Montana and Missoula regularly make the top 10 lists for our rates of volunteerism and community service.

That spirit, however, failed recently when it was most needed. No helping hand was offered to at least two suspected victims of domestic violence, despite their obvious need.

In Deer Lodge, a 65-year-old man has been charged with felony deliberate homicide after he told police he killed his wife. Dennis Schowengerdt allegedly stabbed Tina Schowengerdt, 66, several times and slashed her throat with a large knife, then turned himself in the next morning. Police knew the Schowengerdts well. Although they never made any arrests, the police had many encounters with Dennis Schowengerdt over the years, including many calls to the Schowengerdt house.

Also earlier this month, a 47-year-old man pleaded not guilty to deliberate homicide after his common-law wife was found alive but unresponsive in a Hamilton motel last month. Douglas Charles Reynolds and Jessica Hawkins allegedly spent a night drinking and fighting at Deffy’s Motel. An affidavit filed in the case said that “arguments that caused enough noise and commotion that the motel owner purposely did not place any patrons in the rooms adjoining defendant and Ms. Hawkins on the night of (Saturday) Nov. 10.” Jessica Hawkins was later removed from life support and died in a Missoula hospital.

The Montana Domestic Violence Fatality Review Commission has been reviewing “intimate partner homicide” in the state since 2003. In its most recent report issued last year, the commission noted that the number of these deaths has increased every year since 2006, when there were six reported cases. By 2010, there were 14, making that year the one with the highest total since 2000.

“On one day alone, August 28, (2010), four people died,” the commission wrote in its biennial report, which can be found by clicking on this editorial on the Missoulian website. “Over the past two years, murders took place across the state, from Libby to Miles City, from Butte to Poplar. Unfortunately the trend in the number of killings is going up, with nine deaths in 2007, 10 in 2008 and 2009, and 14 in 2010.”

The same also report found that victims of domestic violence are far more likely to confide in friends, family and coworkers than in professionals.

This means it is up to friends, family and coworkers—and neighbors and motel managers—to offer domestic violence victims the help they need, and to call 9-1-1 whenever we witness any kind of violence.

One of the reasons many victims don’t leave abusive relationships is because they don’t think they will have any help. They think they are on their own – or worse, that everyone will side with the abuser.

They worry the police will not make an arrest. They worry their children will be taken from them. They worry that custody will be granted to their abuser.

They are worried they will have no place to live. No money. No car.

And nobody will believe them.

These men and women need to hear a different message, and they need to hear it from all of us. Those who see or hear—or hear about—domestic violence do not need to intervene personally. They just have to pick up the phone and talk to the right people. They have to be ready to share information about the help that is available.

Most of all, Montanans have to start speaking up.
GUIDES AND MODEL FORMS

Posters from the Missoula intervention in Action Sexual Violence Prevention Project
Posters from Missoula911, an outreach partnership of the Missoula Police, The University of Montana and many community advocate groups.
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