MONTANA DEPARTMENT OF JUSTICE
DIVISION OF CRIMINAL INVESTIGATION, SPECIAL SERVICES BUREAU
OFFICE OF VICTIM SERVICES

REPORT
TO THE 68TH REGULAR SESSION LEGISLATURE

MONTANA DOMESTIC VIOLENCE FATALITY REVIEW COMMISSIONS

MARCH 2023

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Dear Fellow Montanans:

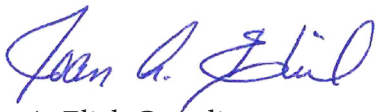
In the United States, an estimated 10 million people experience domestic violence every year. According to the National Coalition Against Domestic Violence, about 20 people per minute are physically abused by an intimate partner. About 1 in 4 women and 1 in 9 men experience severe intimate partner physical violence, sexual violence, and/or partner stalking with injury. In Montana, our domestic violence fatality review teams systematically review two domestic homicides a year through a lens of prevention and accountability. This report is a broad overview of the Commissions' purpose and work including information about:

- The domestic violence fatality review process
- A summary of trends and recommendations identified through the review process
- Model forms and documents for implementing the Commission's recommendations

The Commission was originally created by HB 116 and authorized by the 2003 legislature. As we approach our twenty-year mark, Montana can be proud that both our statewide and Native American teams are considered national models in the way we conduct domestic violence fatality review. Our work, however, is far from being complete as incidents of these tragedies is too frequent in our state. Intimate partner homicides do not just impact families, they impact communities. It is only through strong and varied criminal and social justice partnerships that family violence can be reduced in our state.

We still have work to do. Please consider the recommendations put forth in this report and help us to reach our vision of no more intimate partner homicides in Montana.

Sincerely,



Joan A. Eliel, Coordinator
State Domestic Violence Fatality Review Commission
Native American Domestic Violence Fatality Review Team

REPORT TO THE 2023 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, the Governor, the 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 that occur 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, Suicide Mortality Review and Montana Department of Justice Office of Child and Family Ombudsman Child Fatality Review teams, gather information on other types of familial deaths. However, even with our limited scope, the Commission, which is largely compromised of multidisciplinary experts who volunteer their time, does not have the ability to review all the tragic fatalities occurring each year. Since 2000, when the Department of Justice began tracking these events, at least 248 Montanans have died in family violence homicides through December of 2021. From 2019-2021, the time frame covered by this report, 30 violent interactions resulted in 48 deaths.

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 limited, 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. And 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 which makes 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, tribal and federal levels. 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
- criminal justice records

Additionally, team members interview family, coworkers, school personnel, friends, clergy, shelter staff and all other relevant individuals to learn more about the victim and the perpetrator. The team holds monthly virtual meetings to share information and create 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.

Then the entire team [see pages 10 & 28] travels to the community where the homicide(s) took place. Once there, criminal justice and victim service community members who worked with the decedent's family are invited to 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 efficacious 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, 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 violence deaths. While the reviews generate many more recommendations than what is published in the report, the team works to synthesize those recommendations into action items that will create local and statewide improvements which are low-cost and capable of being promptly implemented. While our teams are committed to finding ways to fulfill our mission without significant monetary investments, we believe all of our recommendations merit serious consideration. This report's recommendations appear on pages 22 & 23.

REVIEWS

Due to the COVID-19 pandemic, the review teams were not able to conduct our in-person reviews in 2020, and instead spent the time reviewing processes to see where improvements could be made. The four statewide and two Native American reviews conducted over the past three 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.

Of the six cases reviewed this biennium, the teams reviewed four homicides, two homicide/suicides, and included two female perpetrator killings. Reviews of the killings took the teams across the state, from extremely remote Reservation communities to Montana's largest cities and most rural locations. The deaths occurred among married couples, divorcing couples, cohabitating relationships and individuals who had dated briefly. Financial issues were prevalent in four of the cases. Alcohol and/or drug abuse were accelerants in all of the statewide cases and substance, physical abuse, and historical trauma were evident in the Native American cases. Childhood trauma was apparent in three of the cases; and one of the cases showed the perpetrator suffered from Post-Traumatic Stress Disorder (PTSD). Four of the killings left behind a total of 11 young children who lost either one or both parents; five of those children were in the house when the deaths occurred. Stalking behavior was evident in one of the cases. Two of the killings were female perpetrated, which has been previously highlighted as a trend in Indian Country IPH in our state, but over this biennium, it should be noted there was an increase in female perpetrators in all communities; a knife was the weapon for both of these cases reviewed. Of the six cases reviewed,

none of the victims had applied for an order of protection.

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 consists primarily of Native representatives and their federal partners – BIA, FBI, US Attorney's Office, etc. (see page 28). Their focus is intimate partner homicides in Montana that involve a Native victim and/or perpetrator, whether on or off Reservation land. Information gleaned from the two reviews this biennium is also included in this report.

Montana's fatality review team has made several positive connections with our eight Native American Reservations, particularly the 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. This 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 49]. Montana was the first state in the country to issue Hope Cards and remains a resource for other states and tribal communities wishing to implement the practice. Over the past two years, our office has worked with Oregon, Florida, West Virginia, and Arkansas in their quest to implement a similar program.

Over the past two years, our teams have identified the need for its members to keep up to date on issues pertaining to domestic violence and therefore a training component has been added to each review. The team continually seeks opportunities to improve the methods and efficacy of the review process.

NATIONAL AND STATEWIDE IMPACT

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

The Native American team has received its own recognition, resulting in presentations at the National American Indian Court Judges Association and several Indian Nation 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, track the work of the team and provide national and even international perspectives to the work.

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 In-

dian 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/watch?v=pXPVFqYipe4.

One benefit 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, and in return they bring information about their fatality review processes and policies and practices that have worked or been tried in their jurisdictions. In 2019, Montana participated 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. During this biennium the Commission hosted representatives from New Hampshire and Idaho. We are currently working with Nebraska in their efforts to develop their state domestic violence fatality review team. Recently a researcher from the Indigenous Law Centre at University of New South Wales (UNSW) in Sydney, Australia, applied for a grant to fund travel to Montana to observe the Native American team's work with tribal communities, government representation and collaboration.

While our work is not done by any means, the Commission is encouraged by the work of Montanans to reduce incidents of intimate partner homicides in our state. We appreciate the ongoing commitment to achieve even greater success and are thankful for the opportunity to help make Montana a safer place for all.

STATE OF MONTANA DOMESTIC VIOLENCE FATALITY REVIEW (MDVFR) COMMISSION MEMBERS

NAME	POSITION	ORGANIZATION	CITY
Kate Croft	Victim Advocate	Domestic and Sexual Violence Services	Red Lodge
Connie Harvey	Therapist	Self-Employed	Helena
Jackson Bunch	Professor/Criminology	University of Montana	Missoula
Dan Murphy	LE Officer	Butte-Silver Bow Law Enforcement	Butte
Diana Garrett	Attorney	Montana Legal Services Assoc.	Missoula
Vacant	Administrator	MT Law Enforcement Academy	Helena
Amy Reiger	Legislator	MT House of Representatives	Kalispell
Jen Buckley	Tribal Liaison	Self-Employed	Butte
Joan Eliel	Director OVS/Team Coordinator	Montana Dept. of Justice	Helena
John Brown	District Judge	18-th Judicial District	Bozeman
Lee Johnson	Investigations Bureau Chief	Division of Criminal Investigation	Bozeman
Julie Kelso	Psychiatrist	Riverstone Health	Billings
Nicole Grossberg	Administrator	Child & Family Services Division, DPHHS	Helena
Suzy Boylan	Prosecutor	Missoula County	Missoula
Mandi Peterson	LE Officer/Chaplain Liaison	Helena Police Dept.	Helena
Selene Koepke	Assistant Attorney General	Montana Dept. of Justice	Helena

MDVFR COMMISSION MISSION AND VISION STATEMENTS

THE COMMISSION MISSION STATEMENT

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.

THE COMMISSION'S VISION STATEMENTS

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

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

THE COMMISSION'S GUIDING PRINCIPLES

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

INTIMATE PARTNER HOMICIDES SINCE 2000

248 TOTAL FATALITIES DUE TO INTIMATE PARTNER VIOLENCE AS OF DECEMBER, 2021

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/Suicide	Firearm
Brekke	Bonita	Bozeman	51	01/11/01	Homicide/Suicide	Firearm
Williams	Bonnie	Lockwood	33	2/19/01	Homicide	Firearm
Baarson	Kim	Butte	39	03/06/01	Homicide/ Suicide	Firearm
Rudig-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	Lame Deer	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	01/02/04	Homicide	Knife

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
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	06/08/05	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	Vehicle
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	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	Blunt Force Trauma
Costanza-Shearer	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
White Dirt	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	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/ Suicide	Blunt Force Trauma
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	Diana	Grass Range	49	10/03/08	Near Death/Suicide	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	Roni Kay	Bozeman	47	04/23/09	Homicide	Firearm
Brewster	Gayle	Three Forks	53	05/12/09	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	07/28/09	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

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
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	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 + friend	Firearm
Welch	Charles	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	Blunt Force Trauma
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
Waller	Nicole	Kalispell	31	02/14/13	Homicide	Unknown [no body found]
Yurian	Erica	Worden	22	05/24/13	Homicide/ Suicide	Firearm
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

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
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
Siemion	Marjorie	Billings	75	02/23/15	Homicide/ Suicide	Strangulation/ hanging
Hanewald	John	Great Falls	65	03/08/15	Homicide/ Suicide	Firearm
***Herbert	Russell	Kalispell	35	03/13/15	Near Death/Suicide	Firearm
McKinney	Kerri Ann	Big Sky	28	04/14/15	Homicide	Vehicle
Hewitt	Jeffrey	Billings	38	04/14/15*	Homicide	Blunt Force Trauma
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

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
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	Garryowen	41	11/12/16	Homicide	Vehicle
Bends	Freman	Busby	38	11/12/16	Homicide	Blunt Force Trauma/ Vehicle
Hart	Kelly	East Helena	49	12/05/16	Homicide/ Suicide	Firearm
LaBounty	Tanya	Chester	41	12/06/16	Homicide/ Suicide	Firearm
Smith	Vicki	Anaconda	49	12/28/16	Homicide	Knife
Collins	Crystal	Bozeman	32	01/01/17	Homicide	Blunt Force Trauma
Mancha	Charlene	Browning	51	01/01/17	Homicide	Vehicle
Garcia	Evelynn	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
Ray	Kaylin K.	Corvallis	69	05/06/17	Homicide/ Suicide	Firearm
Rush	Tasha	Great Falls	25	5-16-17	Homicide	Blunt Force Trauma
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
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

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
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	Blunt Force Trauma
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
Perkins	Carissa	Bozeman	29	03/20/19	Homicide/ Suicide	Firearm
Bryant	Jeromy	Kevin	43	04/22/19	Homicide/ Suicide	Firearm
Janiak	Hannah	Kalispell	24	07/24/19	Homicide/ Suicide + child	Firearm
Bray	Lori	Laurel	57	10/01/19	Homicide	Strangulation
Keller	Randall	Hamilton	58	12/28/19	Homicide	Firearm
Scheihing	Celia	Billings	72	12/31/19	Homicide	Blunt Force Trauma
Coon	Larry	Dillon	49	01/11/20	Homicide	Strangulation
Woodger	Mark	Butte	49	01/20/20	Homicide	Knife
Naramore	Ramona	Culbertson	62	01/26/20	Homicide	Strangulation
Wahl	Marisa	Stevensville	25	03/10/20	Homicide + mother of perpetrator	Firearm
McCollum	Jennifer	Ballantine	34	05/15/20	Homicide	Knife
Ostman	Kira	Billings	34	05/31/20	Homicide/Suicide	Firearm
Mittens	Waylon	Browning	39	05/31/20	Homicide	Knife
Mohler	Emily	Olney	42	06/30/20	Homicide/ Suicide + child + friend	Knife / Firearm

LAST NAME	FIRST NAME	FATALITY LOCATION	AGE	DATE OF DEATH	TYPE OF DEATH	WEAPON
***Bellesen	Rachel	Thompson Falls	38	10/8/2020	Shot ex-husband in self-defense	Firearm
Watson	Nicole	Ennis	36	10/23/20	Homicide	Firearm
Fallan	Gary	Missoula	32	10/04/20	Homicide	Firearm
Goes Ahead	Lenita	Billings	26	10/24/20	Homicide/Suicide	Firearm
Hillious	Amanda	Kalispell	33	12/19/2020	Homicide	Blunt force trauma / strangulation
***Bull	Holli	Livingston	33	3/21/2020	Homicide (friend)/ Suicide	Firearm
Miller	Erika	Billings	28	4/15/2021	Homicide/ Suicide + victim's mother + friend	Firearm / Strangulation
Edwards	Carmen	Butte	38	6/12/2021	Homicide	Knife / strangulation
***Putnam	Alexa	Great Falls		7/15/2021	Homicide(victim's mother)/ Suicide	Firearm
Washburn	Jakob	Whitehall	24	8/15/2021	Homicide	Vehicle
Johnston	Danielle	Missoula	30	9/2/2021	Homicide	Strangulation
Teeple	Jordan	Hamilton	30	9/7/2021	Homicide	Vehicle
Synek	Lucille	Missoula	54	10/16/2021	Homicide	Vehicle
Mathies	Mea Corylus	Geyser	47	10/22/2021	Homicide/Suicide	Firearm
Mann	Jennifer	Bainville	49	11/7/2021	Homicide/ Suicide + friend	Firearm
Briere	Krystan	Browning	32	11/8/2021	Homicide	Vehicle

**Date body was discovered*
*** Last seen alive*
****Intimate Partner Victim, but not deceased*

MONTANA DOMESTIC VIOLENCE FATALITY REVIEW TIMELINE

1. The Commission selects the review community based on several 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 the victim(s) or offender.

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 the members.

6. Monthly virtual meetings are conducted and a timeline identifying key events in the lives of the victim and perpetrator and their contacts with a variety of professionals begins to take shape.

7. Day One of the review process: The members travel to the community in which the domestic violence fatality occurred. Community members who have been involved in the accumulation of the information for the review (excepting family members) join the Commission to evaluate the timeline and provide any additional information they might have to contribute. Those attending the review read and sign a confidentiality agreement. Additions and corrections are made to the timeline. Next, the Commission, along with the community members, discuss trends and recommendations based on the review of this case.

8. Day Two: Commission members refine the list of trends and recommendations and discuss implementation strategies. The Commission explores next case options and tentative dates and locations.

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

10. Transcription of the Trends and Recommendations are circulated to the members for final input and accuracy. This document is the only written record of the review. All electronic files are deleted.

11. Every two years a report is generated.

TRENDS 2019-2021

The following are trends identified from the 2019-2021 data for intimate partner homicides and the six reviews that were conducted:

- Female-perpetrated homicides increased within this two-year period. From 2000-2010 there were 19 such deaths; from 2011-2021 there were 24. Seven female perpetrated homicides occurred in this biennium.
- The use of motor vehicles as a weapon has increased. A total of 8 events since 2000, with 4 of the incidents occurring in 2021.
- Cyberbullying from friends and family before and after the deaths occurred was prevalent in four of the intimate partner homicide cases reviewed.
- Mental health issues, particularly depression and suicide ideation continue to be significant factors.
- Substance Abuse (prescription drug and alcohol abuse) prevalent in all cases reviewed.
- Strangulation attributed to a nearly a quarter of the homicides.
- Perpetrators fear of rejection, shame, and abandonment present in four of the cases reviewed.
- Childhood trauma and generational abuse (both physical and sexual) continue to be significant factors of intimate partner violence as identified in previous reports.

RECOMMENDATIONS

The Montana Department of Justice State and Native American Domestic Violence Fatality Review Commission make the following recommendations:

Recommendation No. 1: Housing and Employment stability for victims.
Implementation: Victims cannot leave dangerous situations without stable housing and work. The Commission requests the Governor's new Housing Task Force consider this demographic when making recommendations on making housing more affordable and attainable for Montanans.

Recommendation No. 2: Teach basic life and money management skills in school and to young adults.
Implementation: Recommend Montana public, private, and tribal school districts implement a basic life and money management curriculum.

Recommendation No. 3: Statewide Law Enforcement and Court usage of the Arizona Intimate Partner Risk Assessment Instrument System (APRAIS).
Implementation: Present the APRAIS lethality assessment model at District, Courts of Limited Jurisdiction (COLJ) and Tribal Court Conferences and Sheriff and Police Officer Conferences (See Model Form Section, page 38).

Recommendation No. 4: Increase sentencing for strangulation and make a second offense Partner Family Member Assault (PFMA) a felony.
Implementation: Recommend the courts/legislature increase sentencing for strangulation and make a second offense PMFA a felony.

Recommendation No. 5: Important intervention opportunities exist for medical providers and the faith community. Use risk assessment tools and provide training to professionals in both areas to identify and intervene in violent relationships.
Implementation: Incorporate risk assessment training into medical and faith-based conferences. (See Model Form Section, page 40).

Recommendation No. 6: Implement a Law Enforcement "Handle With Care" Model – for officers who encounter a child that has been exposed to traumatic or violent events during a law enforcement incident call. The child's information is forwarded to the child's school or daycare before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are 'Handled With Care'. If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.
Implementation: Encourage OPI/local School Boards to work with schools and local law enforcement to implement the Handle with Care model. (See Model Form Section, page 45).

Recommendation No. 7: Expand the state's Crime Victim Compensation Program to increase the reimbursement rate for funeral expenses.
Implementation: The $3,500 cap for homicide victim funeral expenses has not been raised since 1995 and its limitation can place a financial burden on families of those killed in intimate partner homicides. It is the lowest amount in the nation. The Commission recommends The MT Legislature approve an increase of the funeral cap rate for the state Crime Victim Compensation Program from $3,500 to $10,000.

Recommendation No. 8: Encourage more Guardian Ad Litem (GAL) appointments for children at risk and in homes where an intimate partner homicide has occurred.
Implementation: The Commission recommends Courts prioritize GAL appointments for children at risk in homes where an IPH has occurred.

Recommendation No. 9: Provide more depression screening, especially following the loss of a job, loss of a child, bankruptcy, or jobs where stress levels are high; refer to behavioral health providers.
Implementation: The Commission recommends Human Resources departments and medical providers should provide more screening for depression and mental health issues. (See Model Form Section, page 46).

Recommendation No. 10: Educate the public about the rules surrounding reporting someone missing (i.e. there is no waiting period, you can report a person missing immediately).
Implementation: Encourage the Montana Department of Justice to issue a Public Service Announcement regarding this issue.

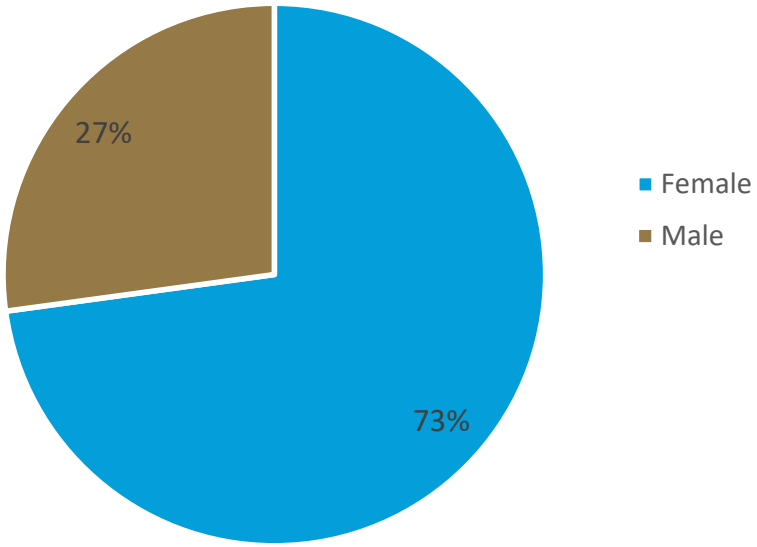
Recommendation No. 11: Recognize that law enforcement, first responders, medical and child protection personnel are often in stressful and traumatic situations with little or no time to process. Incentivize and provide resources for utilizing confidential mental health/counseling services for professionals.
Implementation: Law enforcement, first responders, medical and child protection service agencies need and deserve support in their ongoing efforts to protect the mental health and well-being of their employees. Good mental and psychological health is just as essential as good physical health for law enforcement officers, first responders, medical and child protection service workers to be effective in keeping our country and our communities safe from crime and violence. There are many great recommendations found here: *https://cops.usdoj.gov/lemhwaresources* [cops.usdoj.gov].

Recommendation No. 12: Increase strangulation training and education for first responders and expand the role of Sexual Assault Nurse Examiner (SANE) nurses to include strangulation exams.
Implementation: Adopt a Countywide Strangulation Protocol that brings all the multi-disciplinary professionals in any given community together to maximize collaboration to provide the "best practice" response to survivors of domestic violence through training and procedures designed to improve response to survivors and increase prosecution rates. (See Missoula County Strangulation Protocol at *https://www.justresponsemissoula.com/strangulation*).

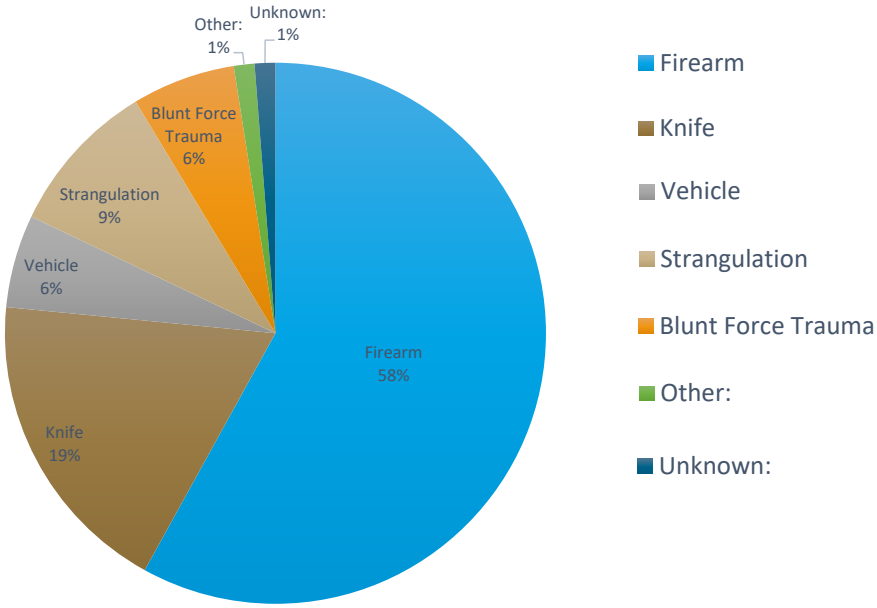
FATALITIES* ASSOCIATED WITH INTIMATE PARTNER HOMICIDE IN MONTANA SINCE 2000

248 DEATHS AS OF DECEMBER 31, 2021

PRIMARY VICTIM GENDER

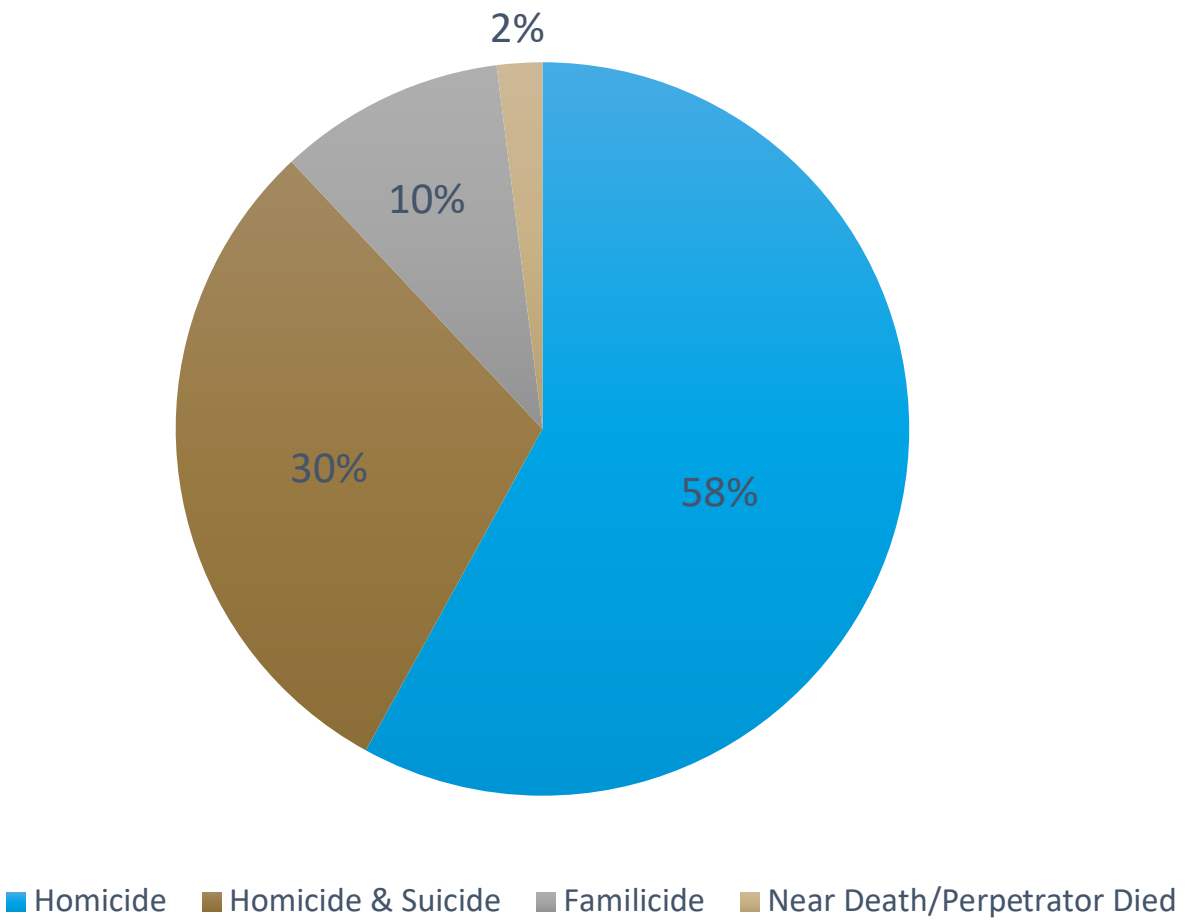


PRIMARY WEAPON TYPE OR METHOD

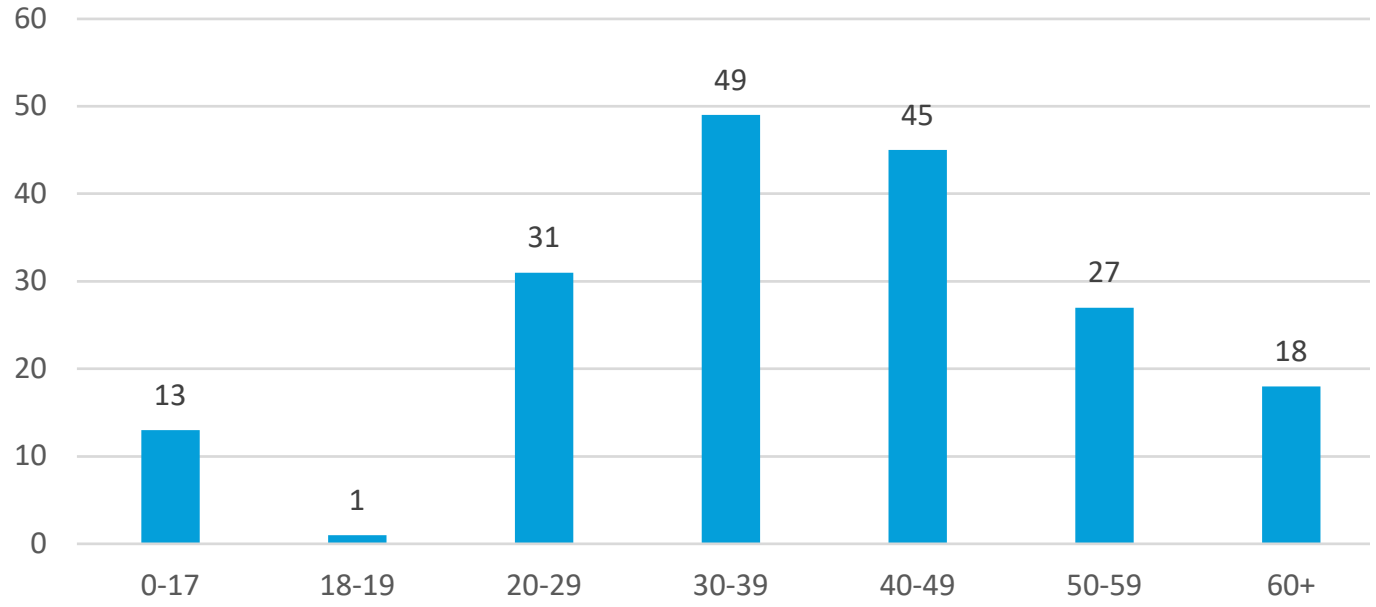


** Fatalities include victims, perpetrators, and children who died in 163 IPH events.*

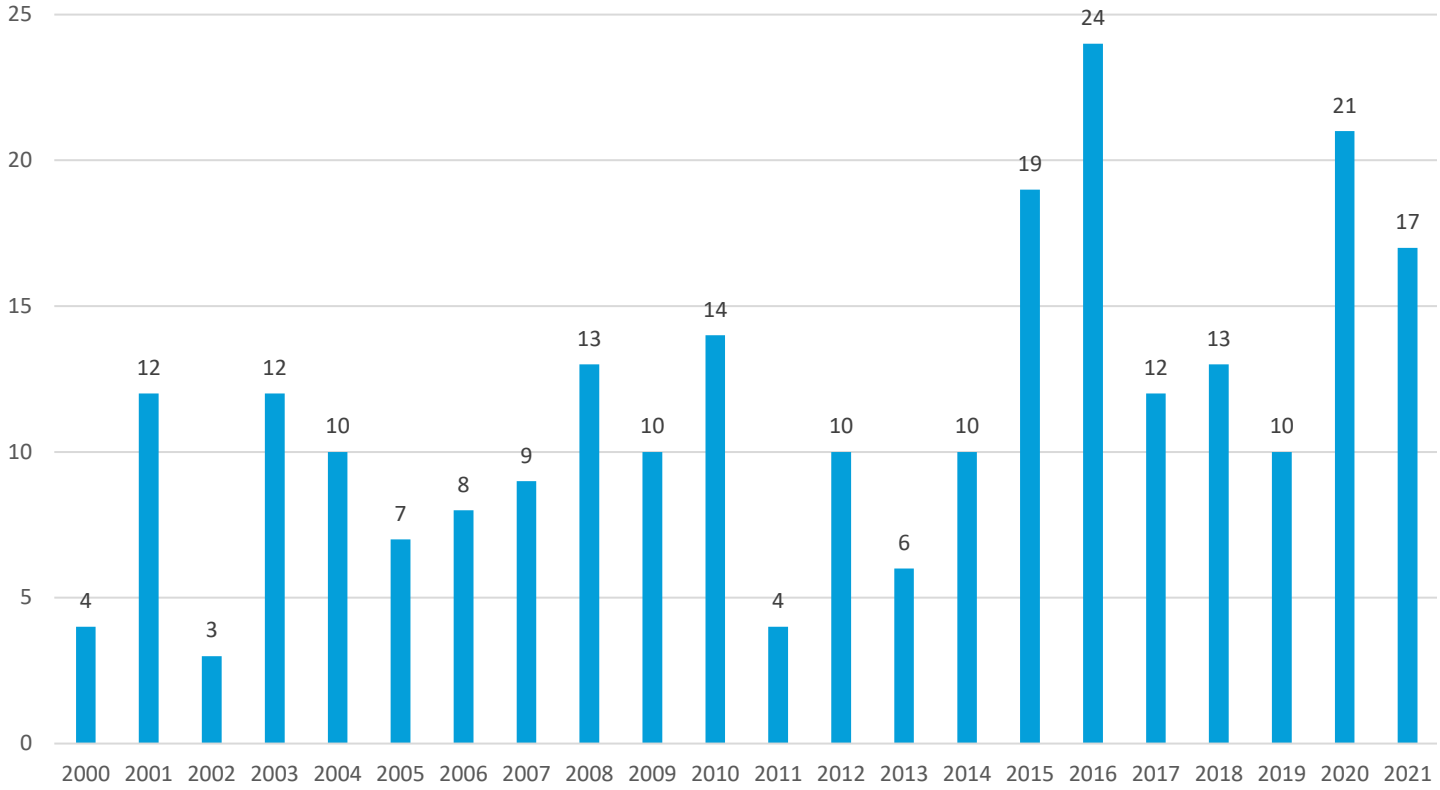
TYPE OF DEATH(S) 2000-2021



AGE RANGE OF VICTIMS (PRIMARY AND SECONDARY*) 2000-2021



NUMBER OF DEATHS BY YEAR

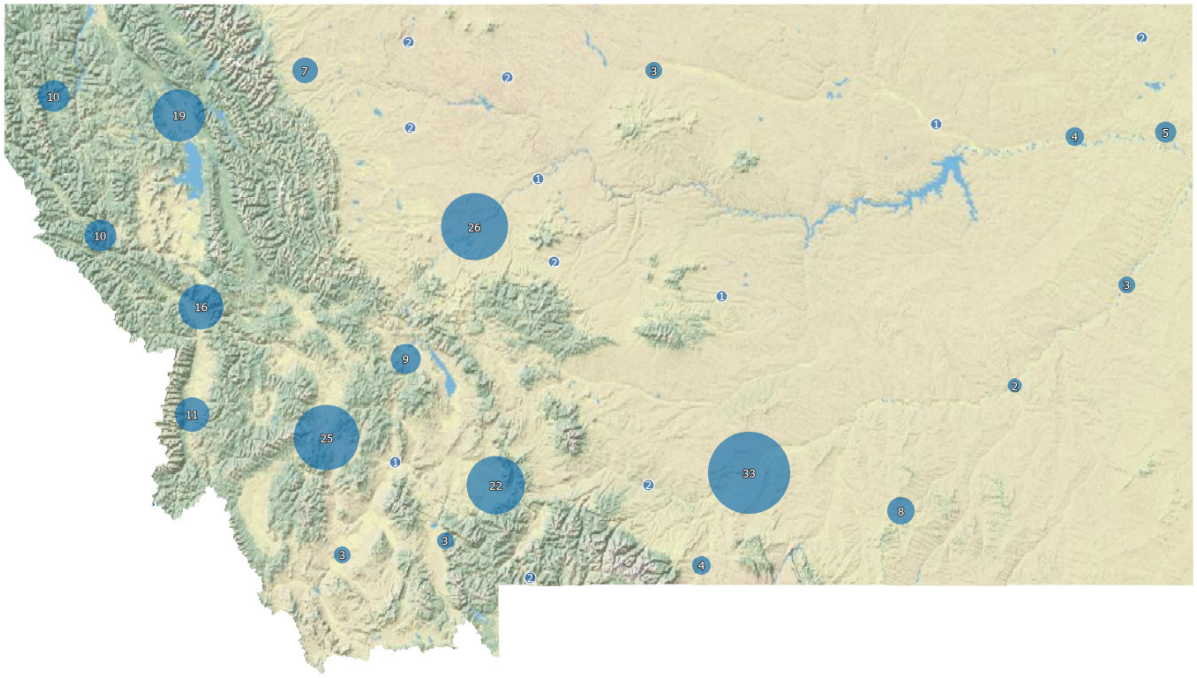


Data source: Montana Department of Justice; Office of Victim Services.

** Secondary victim means the victim's spouse, children, parents, or siblings, and any person who resides in the victim household at the time of the crime.*

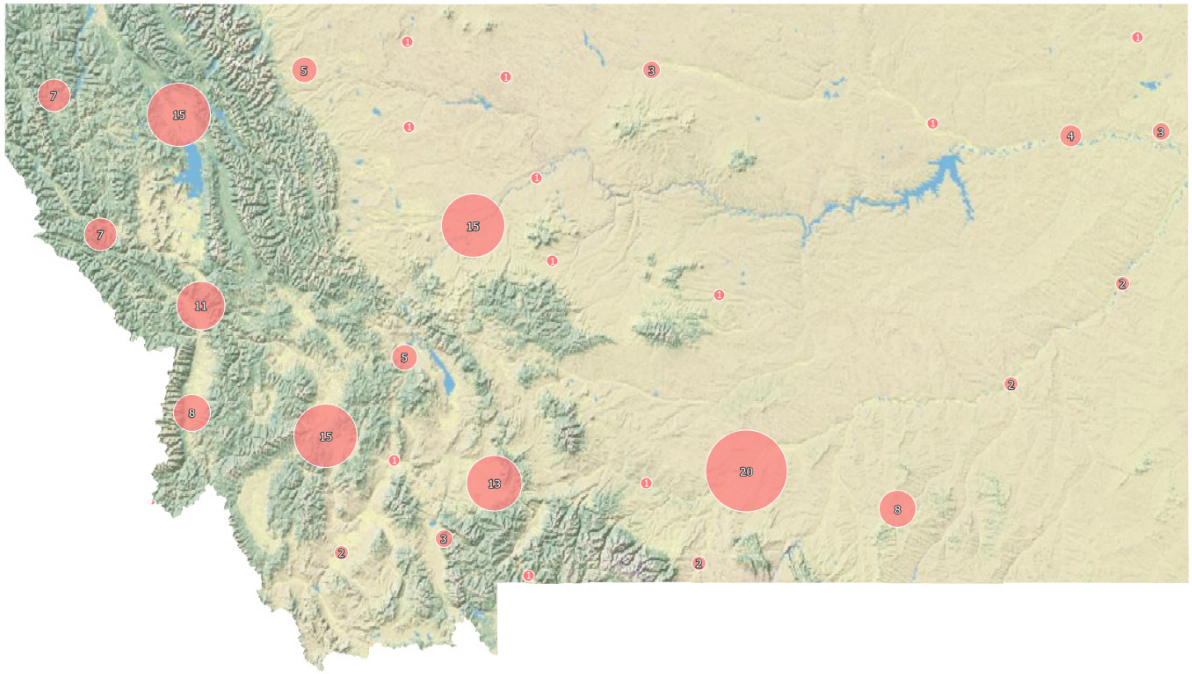
FATALITIES DUE TO INTIMATE PARTNER VIOLENCE IN MONTANA SINCE 2000

248 TOTAL FATALITIES DUE TO INTIMATE PARTNER VIOLENCE



INTIMATE PARTNER HOMICIDE EVENTS / DEATHS IN MONTANA SINCE 2000

163 TOTAL INTIMATE PARTNER HOMICIDE EVENTS



NATIVE AMERICAN DOMESTIC VIOLENCE FATALITY REVIEW (NADVFR) COMMISSION MEMBERS)

NAME	POSITION	ORGANIZATION	CITY
Melissa Schlichting	Attorney	CSKT	Pablo
Donna FallsDown*	BIA	District V MT & WY BIA	Billings
Wendy Bremner*	BIA Victim Witness Specialist	BIA	Browning
Wendy Johnson	AUSA	US Attorney/Dist. of MT	Great Falls
Stephanie Iron Shooter*	American Indian Health Director	MT DPHHS	Billings
Annette Scalpcane*	Staff Accountant	National Indigenous Women's Resource Center	Lame Deer
Mistee Rides At the Door*	Tribal Judge	Blackfeet Tribal Court	Browning
Joan Eliel	Director/Team Coordinator	MT DOJ/OVS	Helena
Steven Red Cloud*	Special Agent/Criminal Investigator	BIA	Shelby
Hon. Stacie Four Star*	Chief Judge	Fort Peck Tribes	Poplar
Harlan Trombley*	Former Native American Liaison	MT Dept. of Corrections	Great Falls
Dr. Alan Ostby	Clinical Psychologist	Indian Health Services	Billings
Garrick Declay*	Special Agent/Criminal Investigator	BIA	Billings
Eric Barnosky	Regional Administrator	DPHHS/CFSD	Miles City
Leslie Hagen	Indian Country Training Coordinator	US Department of Justice	Columbia, SC
Dr. Neil Websdale	Director	National DV Fatality Review	Phoenix , AZ
Joshua Sizemore	Policy Advisor	US Senator Steve Daines	Billings
Peter Matt	Native American Liaison	US Senator Jon Tester	Missoula
Larry McGrail	Special Agent	FBI	Billings
Jen Buckley*	Self-Employed	Tveraa Photography	Butte
Valerie Falls Down*	Tribal Advocacy Coordinator	MLSA	Billings
Marcus Moulton	Special Agent/Criminal Investigator	BIA	Billings
Misty Kuhl*	Director	Governor's Office of Indian Affairs	Helena
Hon. Rod Souza	District Court Judge	13th District Court	Billings

**Native American / Tribal Nation representation*

NADVFR COMMISSION MISSION AND VISION STATEMENTS

OUR MISSION STATEMENT

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

OUR 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.

THE TEAM'S 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.

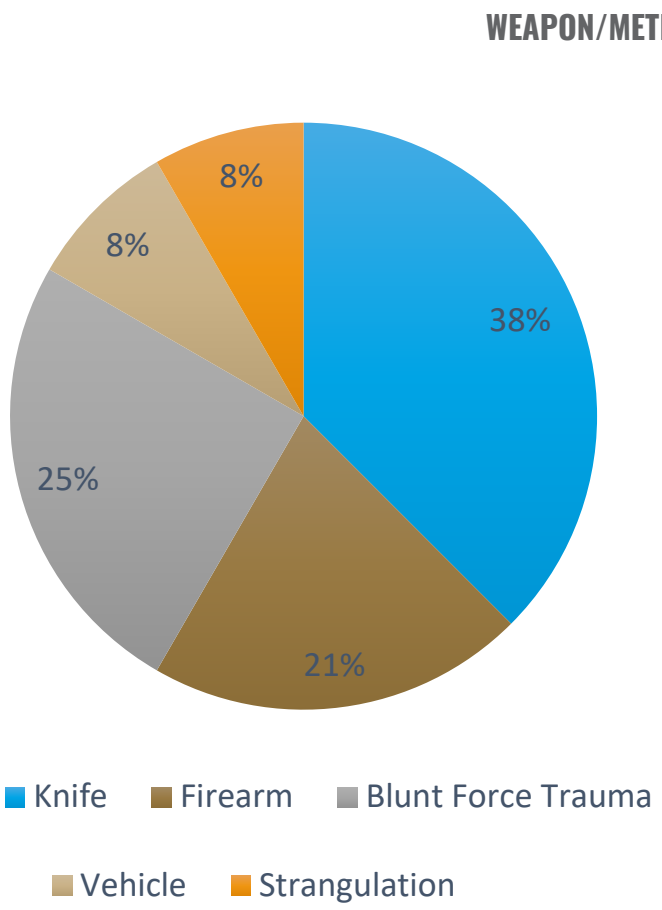
MONTANA NATIVE AMERICAN INTIMATE PARTNER HOMICIDES SINCE 2000

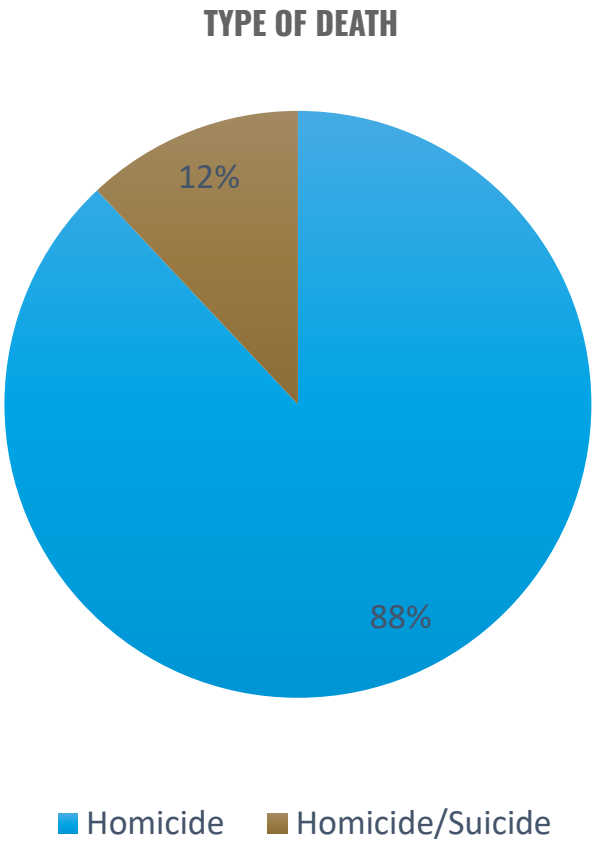
26 NATIVE AMERICAN FATALITIES DUE TO INTIMATE PARTNER VIOLENCE AS OF DECEMBER 31,2021

LAST NAME	FIRST NAME	AGE	MONTH/DAY OF DEATH	YEAR OF DEATH	TYPE OF DEATH	FATALITY LOCATION	WEAPON
Wolfname, Jr.	Anthony	28	02/23	2003	Homicide	Lame Deer	Knife
Flying	Sheila	30	05/22	2003	Homicide/Suicide	Conrad	Firearm
Mad Plume	Aarie	25	06/18	2006	Homicide/Suicide (by hanging)	Browning	Knife
Spotted Bear	Susie	46	08/13	2006	Homicide/Suicide (by hanging)	Browning	Blunt Force Trauma
Eagleman	Donald	22	01/01	2007	Homicide	Brockton	Knife
George	Kimberly Ann	35	02/11	2007	Homicide	St. Xavier	Blunt Force Trauma
White Dirt	Herbie	41	11/03	2007	Homicide	Lame Deer	Firearm
Small	Troy	35	02/11	2008	Homicide	Kirby	Knife
Calf Boss Ribs	Kimberly	21	03/15	2008	Homicide	Havre	Blunt Force Trauma
Robinson	Andrew	37	11/26	2008	Homicide	Wolf Point	Knife
Crazy Bull	Charles	49	06/26	2010	Homicide	Poplar	Knife
Charlo	Raelynn	29	11/18	2014	Homicide	Charlo	Firearm
Beckman	Brett	54	11/22	2014	Homicide	Lame Deer	Knife
Hewitt**	Jeffrey	41	04/15*	2015	Homicide	Billings	Blunt Force Trauma
Morsette	Roxanne	25	01/27	2016	Homicide	Poplar	Firearm
Pinkerton, Jr.	Robert	22	02/01	2016	Homicide	Poplar	Knife
Bends	Freman	38	11/12*	2016	Homicide	Garryowen	Blunt Force Trauma
Stump	Julia	41	11/12	2016	Homicide	Busby	Blunt Force Trauma
Mancha	Charlene	51	01/01	2017	Homicide	Browning	Vehicle
Fisher	Toni	36	02/04	2018	Homicide	Lame Deer	Strangulation
Bray**	Lori	57	10/01	2019	Homicide	Laurel	Strangulation
Mittens	Waylon	39	05/31	2020	Homicide	Browning	Knife
Goes Ahead	Lenita	26	10/24	2020	Homicide	Billings	Firearm
Briere	Krystan	32	11/08	2021	Homicide	Browning	Vehicle

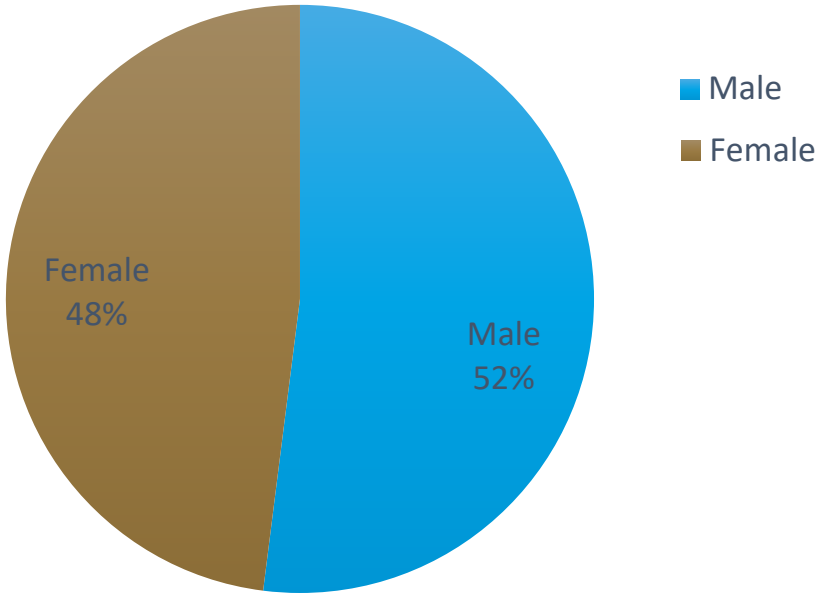
**Date body was discovered* ***Native American perpetrator, non-Native American victim*

NATIVE AMERICAN INTIMATE PARTNER HOMICIDES IN MONTANA SINCE 2000

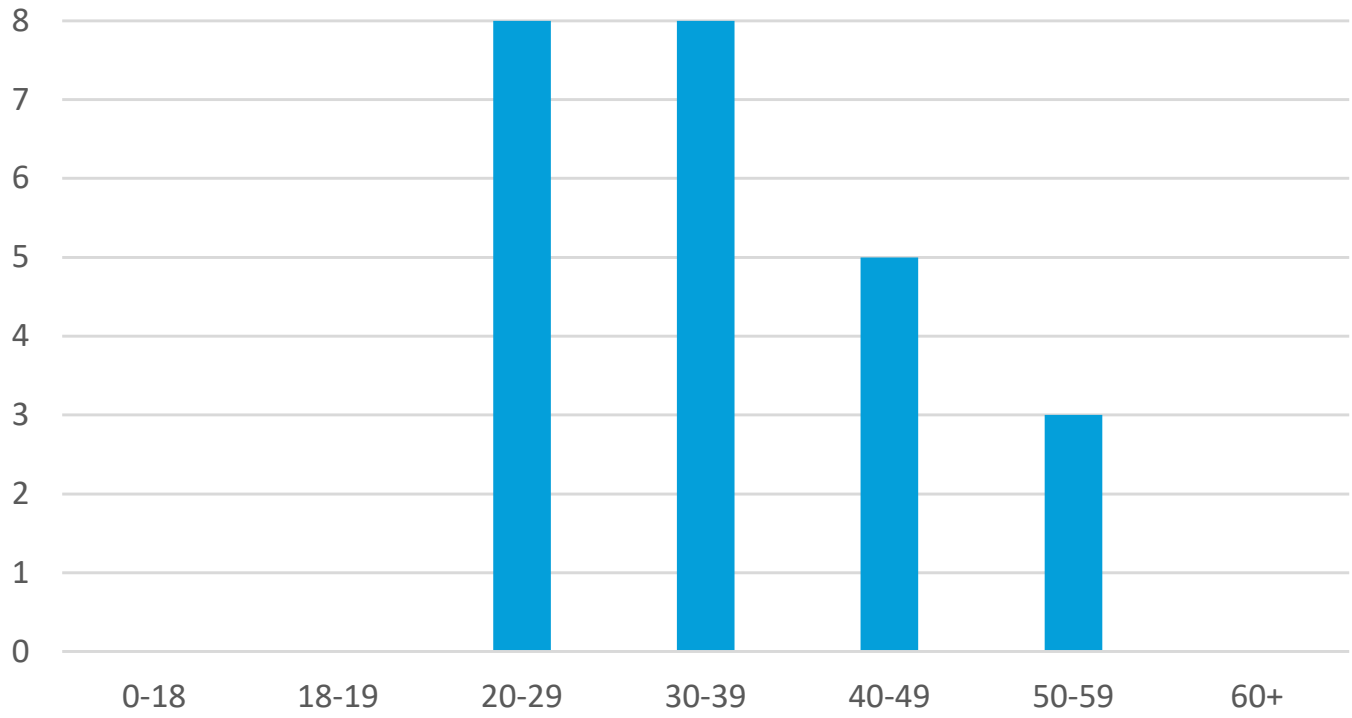




VICTIM GENDER



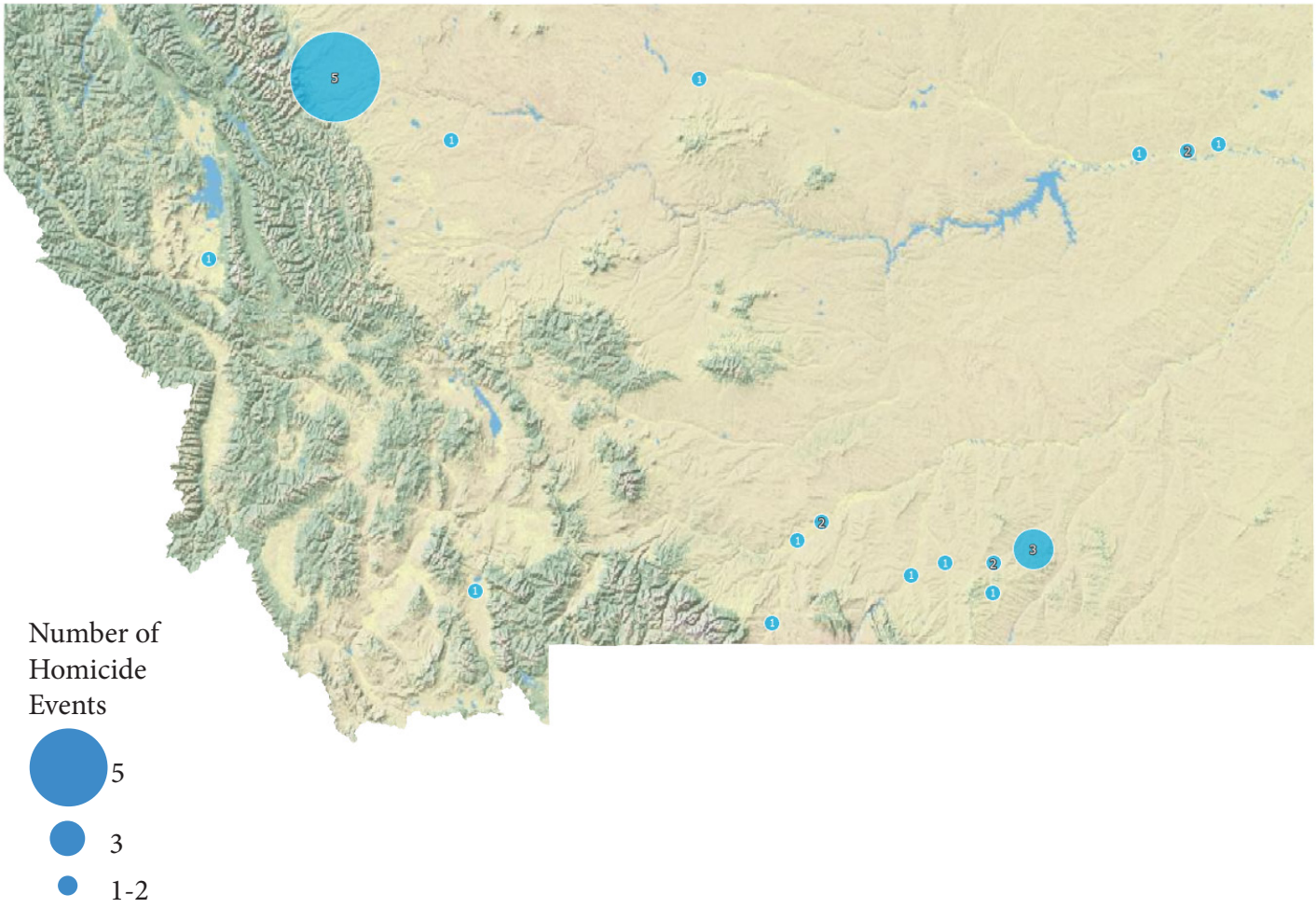
AGE RANGE OF VICTIM



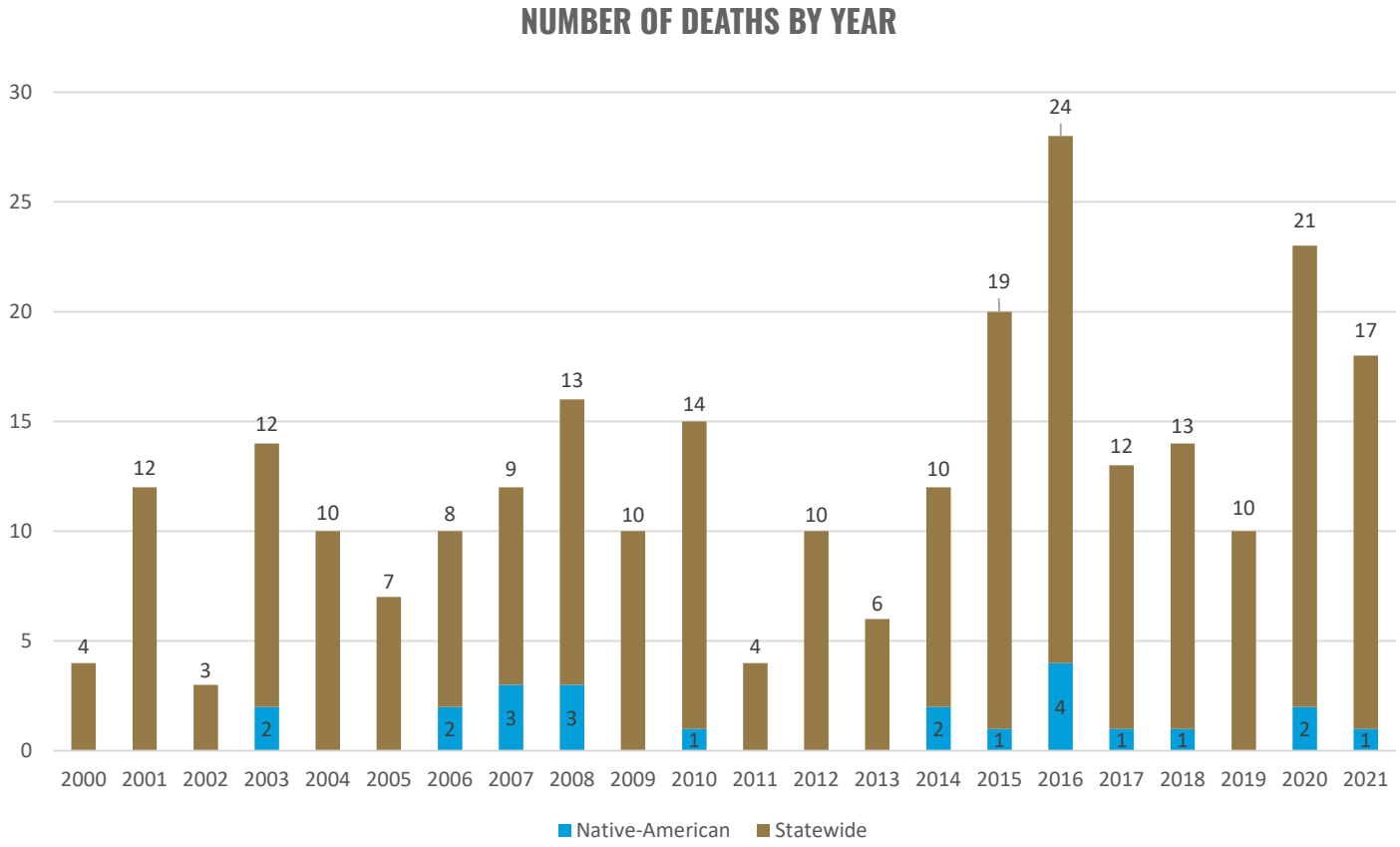
Data source: Montana Department of Justice; Office of Victim Services.

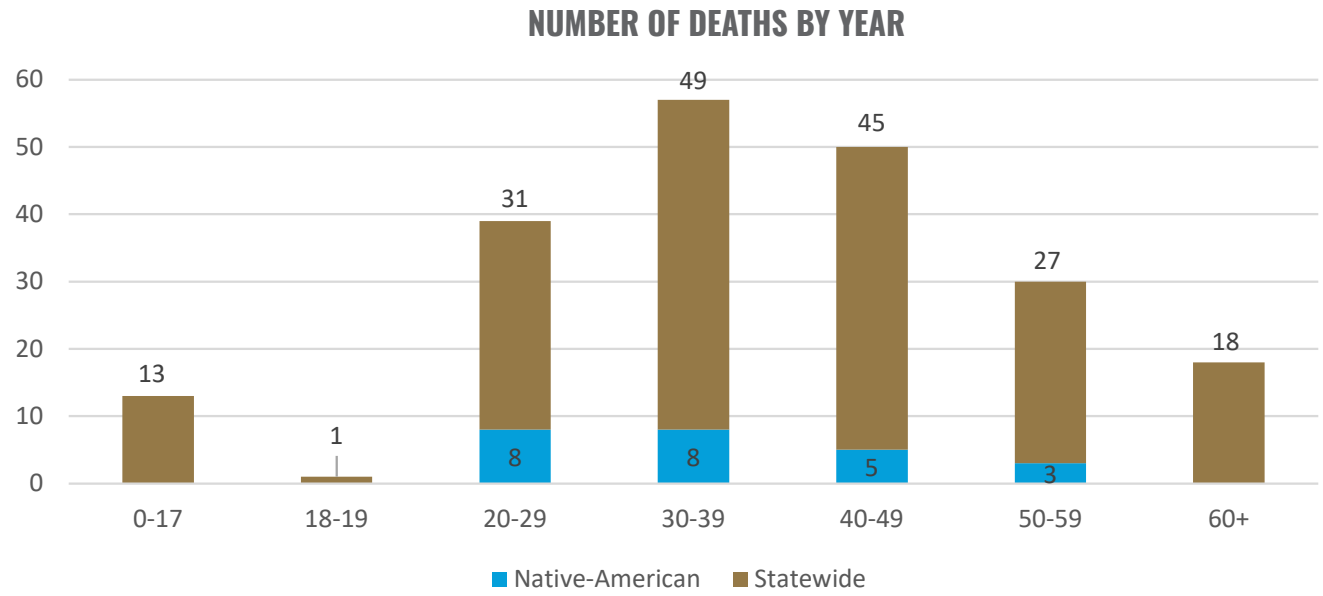
NATIVE AMERICAN INTIMATE PARTNER HOMICIDE EVENTS IN MONTANA SINCE 2000

24 NATIVE AMERICAN INTIMATE PARTNER HOMICIDE EVENTS



STATEWIDE AND NATIVE AMERICAN COMPARISON OF INTIMATE PARTNER HOMICIDES SINCE 2000





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

GUIDES AND MODEL FORMS

ARIZONA INTIMATE PARTNER RISK ASSESSMENT INSTRUMENT SYSTEM (APRAIS)

LAW ENFORCEMENT TOOL

Law Enforcement Agency _____ Report No._____

QUESTION		YES	NO	DECLINE
1.	Has the physical violence increased in frequency or severity over the past six months? a) Alternate wording: 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.	Have you ever been beaten by NAME SUSPECT 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?			
7.	Has he/she ever choked/strangled/suffocated you? If this has happened more than once, check here			
Tier 2: Ask on scene or during follow up.				
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, etc.)			
12.	Has he/she threatened to harm people you care about?			
13.	Did you end your relationship with him/her within the past six months? Does he/she know or sense you are planning on ending your relationship with him/her?			
14.	Has he/she experienced significant financial loss in the last six months?			
15.	Is he/she unemployed?			
16.	Has he/she ever threatened or tried to commit suicide?			

Yes to 2 or 3 questions = "risk"
Yes to 4 or more questions = "high risk"

"Risk" and "High Risk" scores trigger law enforcement officers to offer follow up responses in the form of providing or connecting victims to supportive resources or resource information.

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

**Otherwise known as Domestic Partner Lethality Assessment*

PROPOSED EXPLANATORY LANGUAGE TO BE PRINTED ON BACK OF APRAIS MODEL

These questions are asked of the victim in any domestic violence incident resulting in arrest of the suspected perpetrator. The responses set forth on this form are included with the police report provided to the court, the prosecutor, and defense counsel if counsel is appointed.

Victims who score at "risk" or "high-risk" are referred to a victim advocate if one is available and to a domestic violence services agency or referral service that can provide safety planning and information about additional services that are available. Further questions may be asked of them at that time.

"Risk" means risk of severe re-assault or near lethal violence.

Victims who scored in the "risk" category (a 'yes' response to 2 or 3 risk factors) experienced a 6 times more elevated risk of severe re-assault or near lethal violence when compared to those with fewer than 2 risk factors present.

Victims who scored in the "high-risk" category (a 'yes' response to 4 or more risk factors) experienced a 10.5 times more elevated risk of severe re-assault or near lethal violence when compared to those with fewer than 2 risk factors present.

Empirical support for this tool can be found in the following peer reviewed work:

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, 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://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2009.00457.x/pdf
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

HEALTHCARE INTIMATE PARTNER VIOLENCE SCREENING TOOL

INTIMATE PARTNER VIOLENCE (IPV) CHECKLIST COMPANION

Intimate Partner Violence (IPV) is a significant cause of morbidity, mortality, and physical and mental illness in America. Left unchecked, IPV can have serious repercussions for the victim, the perpetrator, and the healthcare system. It is very likely that you will encounter patients who are victims of IPV, and you should be prepared to screen and counsel them appropriately. It is recommended that providers routinely screen and counsel all patients ages 12 and over for IPV as part of their annual visit.

This guide can be used as a companion to the **IPV Screening & Counseling Checklist**. Below you will find tips for navigating the interview and clinical pearls to help you broach these difficult conversations with patients.

CLINICAL PEARLS

- The provider's tendency to become frustrated by the patient's non-compliance and minimization of the problem can inadvertently lead to blaming the victim. It is critical to remember that hopelessness, numbness, low self-esteem and denial frequently coexist with IPV.
- Work to keep the door open by remaining engaged and non-judgmental, and by taking your patient's words very seriously without expressing pity or contempt.
- Maintain natural eye contact and avoid sitting behind a desk or checking your notes or computer during this discussion.
- Remember that the information your patient has shared with you may at one point be used in court, so document the encounter thoroughly, and consider using photography or a body map to record the injuries.
- Keep in mind that when IPV presents in an adult, **this often also points to child abuse if children are present in the home.** Even if they are not physically abused, children suffer greatly on many levels when abuse of any kind occurs in the home. Children are often traumatized (emotionally abused) simply by being present in a home where IPV is happening between adults.
- IPV often escalates or appears for the first time during a pregnancy.
- Drug and alcohol abuse often coexist with IPV. Be sure to complete a thorough social history and make additional referrals as needed.
- Remember that all patients, regardless of socioeconomic status, race, age, or gender can be victims of IPV.

GENERAL TIPS FOR NAVIGATING THE INTERVIEW

Below you will find some excerpts from the **IPV Screening & Counseling Checklist**, with explanations and tips on how to ask these questions.

☐ **BEGIN WITH AN OPENING STATEMENT**

"SINCE PERSONAL SAFETY PLAYS SUCH AN IMPORTANT ROLE IN A PERSON'S OVERALL HEALTH, I ALWAYS ASK ABOUT SAFETY AT HOME."

- This statement provides a strong medical reason to segue into very private, personal information that may trigger intense feelings of fear or shame.
- It also normalizes the purpose for the discussion and makes both parties (provider and patient) feel more comfortable about having it.
- Finally, it opens the door for talking about the physical risks and effects of IPV.

☐ **SCREEN FOR PAST IPV**

"SINCE VIOLENCE IN RELATIONSHIPS CAN HAPPEN AT ANY TIME IN A PERSON'S LIFE, I'D LIKE TO GET A SENSE OF YOUR HISTORY. SO LET'S GO BACK A LITTLE BIT FIRST. HAS ANYONE EVER BEEN PHYSICALLY OR EMOTIONALLY VIOLENT TOWARDS YOU?"

- By starting the conversation with a brief look at the patient's history, you gain insight into the norms for this person regarding IPV: you may discover a higher level of resistance to change or a higher level of tolerance to abuse. Also, patients who have a past history of IPV are at higher risk of experiencing it again.
- This statement makes it easier for the patient to ease into a conversation about current IPV.
- It also underlines the fact that IPV can affect anyone at any stage of life, which can help to decrease the patient's feelings of anxiety, shame, or stigma.

☐ **SCREEN FOR CURRENT IPV**

"AND HOW ABOUT MORE RECENTLY..."
"IS THERE ANYONE IN YOUR LIFE NOW WHO IS THREATENING OR HURTING YOU?"
"WHAT ABOUT HITTING, KICKING, CHOKING, OR PHYSICALLY HURTING YOU?"
"HAS ANYBODY FORCED YOU TO DO SOMETHING SEXUAL THAT YOU DIDN'T WANT TO DO?"
"DO YOU FEEL SAFE AT HOME?"
"IS THERE ANYTHING ELSE YOU'D LIKE TO ADD OR ASK WHILE WE'RE ON THIS TOPIC?"

- The opening question, "And how about more recently," helps to move the patient forward to the present time and may help them connect what's happening today with what has happened in the past. It could help them to identify a dysfunctional pattern, which can be addressed later.
- The concluding question, "Is there anything else you'd like to add or ask while we're on the topic?" gives the patient a chance to take some control of the conversation and pause to reflect. It also demonstrates respect, as it shows that you value what they may have to say.

OK, [PATIENT'S NAME], I'D LIKE TO HEAR A LITTLE BIT MORE ABOUT THAT. HOW OFTEN DOES [PARTNER'S NAME]...

	(1)	(2)	(3)	(4)	(5)
☐ PHYSICALLY HURT YOU?	NEVER	RARELY	SOMETIMES	FAIRLY OFTEN	FREQUENTLY
☐ INSULT OR TALK DOWN TO YOU?	NEVER	RARELY	SOMETIMES	FAIRLY OFTEN	FREQUENTLY
☐ THREATEN YOU WITH PHYSICAL HARM?	NEVER	RARELY	SOMETIMES	FAIRLY OFTEN	FREQUENTLY
☐ SCREAM OR CURSE AT YOU?	NEVER	RARELY	SOMETIMES	FAIRLY OFTEN	FREQUENTLY

- Keeping this part of the interview conversational is key. Try not to follow each question with "Never, Rarely, Sometimes, Fairly Often, or Frequently," as the patient may feel as if s/he is completing a survey. Instead, try asking, "How often does [partner's name] physically hurt you?" and let the patient respond. Then you can respond by repeating and clarifying what they have said. The Likert scale used in this screening tool is only useful if you understand the patient's definition of "sometimes," not your own interpretation.
- Each answer receives a point value (1-5) as noted above. A score of >10 is considered positive for IPV, but any score of 5 or higher should raise clinical suspicion for IPV and should be followed-up with further questions, resources and a recommendation for counseling.
- Using the partner's name, instead of "your partner" shows that you see him/her as a real person who is important in your patient's life. This technique allows you to present as neutral and empathetic, which may help the patient feel more comfortable talking about his/her complicated feelings towards his/her partner.

☐ **EXPRESS EMPATHY AND CONCERN**

"[PATIENT'S NAME], I'M SO SORRY TO HEAR THAT THIS HAS HAPPENED TO YOU."
"IT'S REALLY IMPORTANT FOR YOU TO UNDERSTAND THAT EVERYONE HAS THE RIGHT TO BE SAFE AND TREATED RESPECTFULLY, INCLUDING YOU."
"THE VIOLENCE THAT YOU'VE DESCRIBED SHOULD NOT HAVE HAPPENED AND IS NOT YOUR FAULT, EVEN IF YOU THINK YOU MAY HAVE TRIGGERED IT IN SOME WAY."

- It is very important to communicate to the patient that s/he has value and worth. IPV often creates deep feelings of shame and worthlessness.
- Feelings of guilt and complicity are sometimes present for victims of IPV and need to be acknowledged.

☐ **ASK ABOUT PAST EFFORTS TO CHANGE SITUATION**

"HAVE YOU EVER TRIED TO, OR EVEN CONSIDERED, DOING SOMETHING TO CHANGE YOUR SITUATION?"

- This statement will give you an indication of the patient's level of denial or hopelessness.

☐ **ASSESS READINESS TO MAKE A CHANGE**

"OKAY, SO JUST TO GET A SENSE OF WHERE YOU ARE, ON A SCALE OF 1-10, WHERE 1 MEANS 'NOT IMPORTANT' AND 10 MEANS 'VERY IMPORTANT,' HOW IMPORTANT WOULD YOU SAY IT IS TO TRY TO ADDRESS THIS PROBLEM RIGHT NOW?"
"AND ON A SCALE OF 1-10, IF 1 IS 'NOT CONFIDENT' AND 10 IS 'VERY CONFIDENT,' HOW CONFIDENT ARE YOU THAT YOU COULD ADDRESS THE PROBLEM RIGHT NOW?"

Show the patient you hear and understand their position by repeating back to them where they see themselves on the scale without judgment. For example, you might respond like this: "It sounds like you're not sure you can address this right now, but it also sounds like it's important to you to try."

☐ **MANAGE RESISTANCE AND AVOID CONFRONTATION**

"YOU MAY BE RIGHT. MAYBE WE NEED TO TRY A DIFFERENT WAY OF APPROACHING THIS. WHAT MAKES SENSE TO YOU AT THIS POINT?"

- The patient's denial and resistance to change can be both challenging and frustrating to the provider. Be mindful of that frustration, as being too forceful or impatient can backfire.

☐ **RESTATE YOUR CONCERN AND KEEP THE DOOR OPEN**

"OKAY, BUT BEFORE WE MOVE ON, I JUST WANT TO MAKE SURE YOU UNDERSTAND THAT I AM CONCERNED ABOUT YOUR SITUATION AND AM AVAILABLE TO HELP YOU FIGURE OUT SOME OPTIONS, IF AND WHEN YOU'RE READY. IN THE MEANTIME, I HAVE SOME RESOURCE MATERIALS THAT I'D LIKE TO SHARE WITH YOU."

Expressing your concern while backing off on any insistence to do something now allows you to maintain an ongoing connection with your patient. This is important to create the space the patient may need to set goals and stay committed to achieving them.

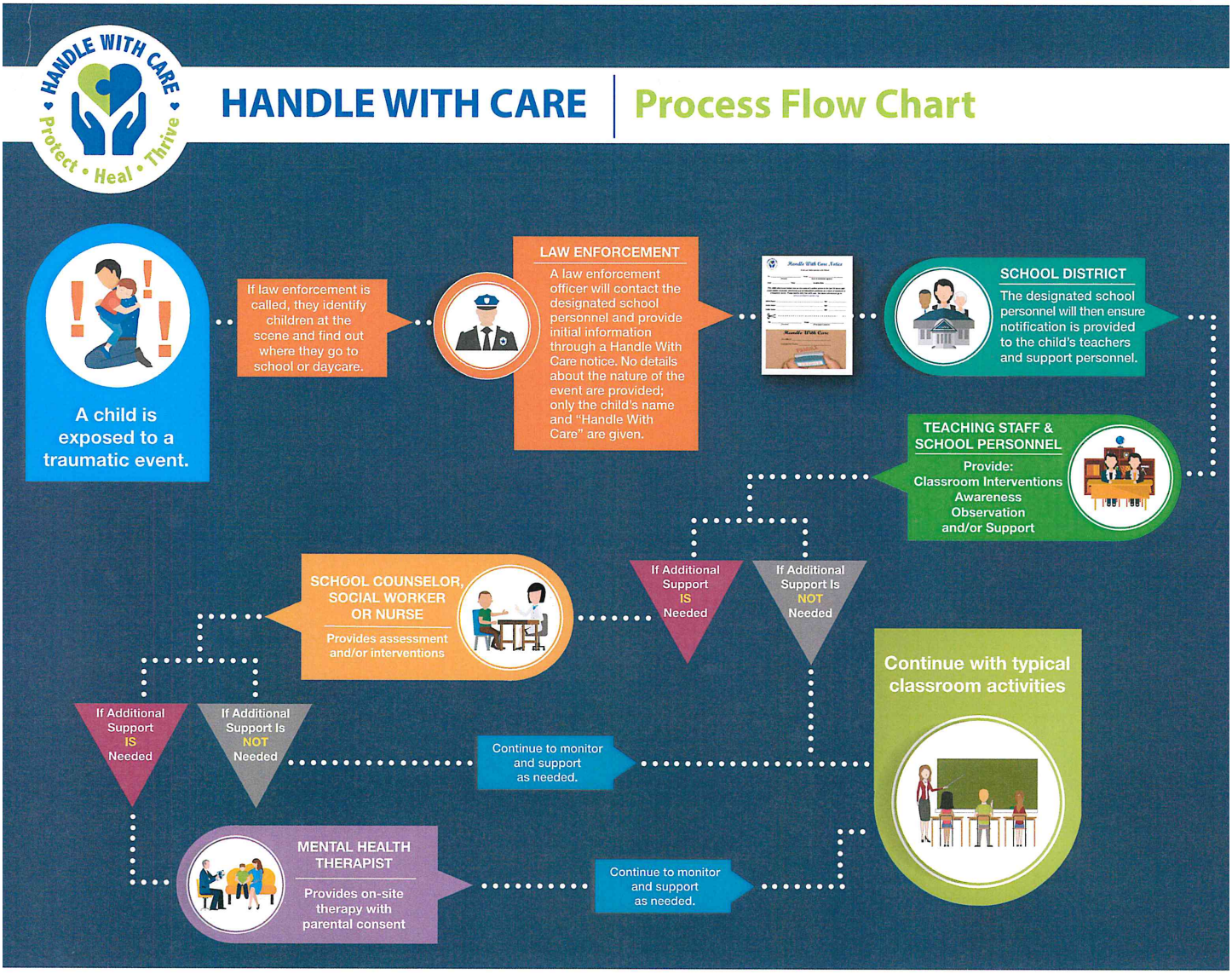
☐ **ARRANGE FOR A FOLLOW-UP VISIT AND ESTABLISH CLEAR CONTACT INFORMATION**

"I'D LIKE TO FOLLOW-UP WITH YOU IN A FEW DAYS TO SEE HOW YOU'RE DOING WITH THE GOALS WE DISCUSSED. CAN WE PLAN A WAY FOR ME TO REACH YOU WHEN YOU'LL BE ALONE AND ABLE TO TALK?"

- This could be the first time the patient has ever told anyone about IPV. S/he may experience panic or remorse about telling you once s/he leaves, which could derail his/her commitment to seek help. The follow-up helps solidify the patient's belief that you are truly committed to being an advocate for him/her. It is crucial that you make sure to honor your statement and see this patient for follow-up.

Schrier MW, Rougas SC, Schrier EW, Elisseou S, Warrie S. Intimate Partner Violence Screening and Counselling: An Introductory Session for Health Care Professionals. MedEdPORTAL. 2017 Sep 5;13:10622. doi: 10.15766/mep_2374-8265.10622. PMID: 30800823; PMCID: PMC6338198.

HANDLE WITH CARE PROCESS FLOW CHART



WORKPLACE MENTAL HEALTH SURVEY

MHA's Workplace Mental Health Survey helps determine the current state of employee mental health and well-being in the U.S. The survey also informs best practices that support mentally healthy work environments. This year's survey asks about gender, race, and disability in relation to the workplace.

1. My company's workforce is diverse.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

2. My company's leadership is diverse.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

3. My company invests time and energy into building a diverse workforce.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

4. My identity and perspectives are valued by my supervisor.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

5. My identity and perspectives are valued by my coworkers or peers.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

6. My identity and perspectives are valued by my company's leadership.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

7. My supervisor has meaningful conversations about race, gender, or disability in the workplace.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

8. My supervisor has meaningful conversations about race, gender, or disability in the workplace.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

9. My company's leadership have meaningful conversations about race, gender, or disability in the workplace.

   STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

10. I feel comfortable asking for a promotion (change In job duties or title) in my current workplace.

    STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

11. I feel comfortable providing feedback to my supervisor about their management style.

    STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

12. I was mistreated because of my race, gender, or disability, I would feel comfortable talking to my supervisor or learn about it.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

13. I was mistreated because of my race, gender, or disability, my supervisor or team would encourage me to report it.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

14. I regularly experience microaggressions at work. Microaggression is defined as indirect, subtle, or unintentional discrimination against members of a marginalized group.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

15. My company takes direct actions to address discrimination in the workplace.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

16. I feel mentally or emotionally safe in my workplace.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

17. I would recommend my workplace to my peers.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

18. My workplace stress affects my relationships with family, friends, or coworkers.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

19. My workplace stress affects my mental health (i.e., anxiety, depression, substance use).

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

20. I am actively looking for a new position.

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

21. Tell us how your workplace is supportive or unsupportive. (Optional)

STRONGLY DISAGREE DISAGREE SOMEWHAT DISAGREE SOMEWHAT AGREE AGREE STRONGLY AGREE

https://screening.mhanational.org/screening-tools/workplace-mental-health-survey/

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 uHope Cards are not issued for temporary orders of protection

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:

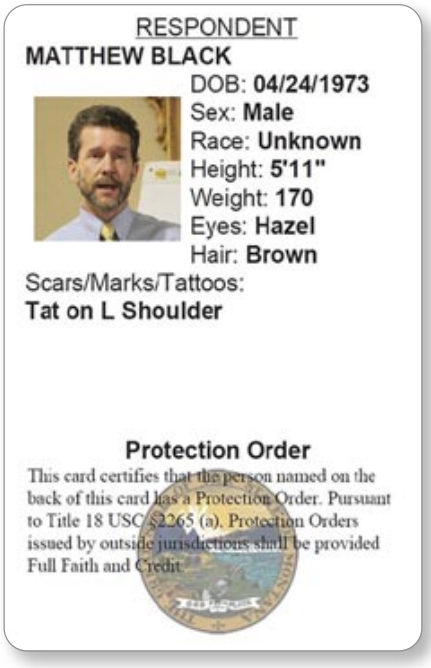
Hope Card Administrator Office of Victim Services
Department of Justice
P.O. Box 201410 Helena, MT 59620-1410
Phone:(406)444-5803 or (800) 498-6455
E-mail: HopeCard@mt.gov


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

Warning signs

The following warning signs may indicate that an officer is experiencing a severe life stress or mental health issue:

- Acting reckless or engaging in risky activities
- Feeling trapped
- Withdrawing from family, friends, or society
- Dramatic mood changes
- Anxiety, agitation, inability to sleep, or sleeping to excess
- Rage, anger, or seeking revenge
- Constricted thinking—seeing issues as all or nothing, black and white
- Increased consumption of alcohol or drugs
- Emotionlessness or numbness
- Irritability or increased conflict with others
- Hopelessness
- Disturbance in appetite and weight

Immediate risks

The following warning signs may indicate that someone is at immediate or severe risk for suicide. The more warning signs a person exhibits, the greater the risk of suicide.

- Talking about wanting to die
- Talking about feeling hopeless
- Looking for a way to kill oneself

These feelings or behaviors can indicate that an individual is facing deeper challenges. If unresolved, they can potentially lead the individual to cause harm to others or him- or herself or to engage in problematic coping strategies, such as alcohol and substance abuse and risky behavior. While experiencing just a few of these feelings or behaviors may not be overly concerning, the behaviors can vary in intensity and each situation should be treated individually.

The importance of mental wellness

Mental health issues are not signs of weakness or low levels of resilience. Law enforcement officers have very important jobs—jobs that potentially require them to experience stressful and traumatic situations daily. Even law enforcement officers who are trained to handle distressing events can be affected by the long-term buildup of emotions. Mental wellness is a vital part of an officer's general well-being and needs to be addressed with the same level of importance as physical health and safety.

How family members, friends, and loved ones can help

Having the right work-life balance—as well as support from family, friends, and loved ones—will help ensure an officer's professional success. Family, friends, and loved ones of law enforcement officers play an integral role in an officer's mental health. Family members can be the first to notice when an officer is struggling and can be a critical support for an officer experiencing mental health issues. Relatives can help the officer realize how important it is to get support and can encourage them to access that help. If family members know who to call and what steps to take, they can make a difference.

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Mental Wellness, Resiliency, and Suicide Prevention

Information for Family and Friends of Law Enforcement

COPS Community Oriented Policing Services U.S. Department of Justice
IACP International Association of Chiefs of Police
CRITAC Collaborative Reform Initiative TECHNICAL ASSISTANCE CENTER

Understanding responses to trauma

Trauma is a person's physical and psychological response to experiencing, witnessing, or being confronted with events that involve actual or threatened death, serious injury, or threats of bodily harm to self or others.[1] The effects of trauma can also be cumulative. Repetitive exposure to trauma can have a cumulative effect over one's lifetime.[2] If an officer experiences a particularly traumatic event, some of the symptoms referenced here may be part of a normal recovery. Each person is unique and will cope with trauma differently. By establishing an open dialogue with members of the department—a supervisor, human resources specialist, psychologist, peer support member, or chaplain—family members will gain a greater understanding of these reactions and know when normal coping crosses into an area of greater concern.

It is important for family and loved ones to understand how long these symptoms can last, how to best support the individual experiencing trauma, and when to engage professionals or notify the department of these issues. It is also not uncommon to see symptoms emerge after time has passed—sometimes even months or years later—as new situations or events can trigger memories of trauma.

1. "Psychological Trauma and First Responders," American Mental Health Foundation, April 3, 2015, http://americanmentalhealthfoundation.org/2015/04/psychological-trauma-and-first-responders/.

2. "Trauma Awareness" in *Trauma-Informed Care in Behavioral Health Services*, Treatment Improvement Protocol (TIP) series, no. 57 (Substance Abuse and Mental Health Services Administration, 2014), https://www.ncbi.nlm.nih.gov/books/NBK207203/

Where to get help

If a family member, friend, or other loved one is concerned about an officer's behavior, it is important they express these concerns and encourage the officer to seek out professional support. Resources are available for both law enforcement officers and their families.

COPLINE

COPLINE is a confidential, 24-hour international hotline answered by retired law enforcement officers who have access to continuous critical clinical support.

1-800-COPLINE (267-5463)
http://www.copline.org

Safe Call Now

Safe Call Now is a confidential, comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel, and their family members nationwide.

206-459-3020
https://www.safecallnow.org

International Critical Incident Stress Foundation, Inc.

The International Critical Incident Stress Foundation, Inc., provides leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide.

410-313-2473 (Emergency Hotline)
https://www.icisf.org

First Responder Support Network

The First Responder Support Network provides first responders and their families with tools to reduce personal and family stress, encourage appropriate career decisions, and reduce the effects of traumatic incident stress on an individual's life.

415-721-9789
http://www.frsn.org

National Alliance on Mental Illness (NAMI)

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization, dedicated to building better lives for the millions of Americans affected by mental illness.

800-950-6264 (NAMI HelpLine)
info@nami.org

http://www.nami.org/Find-Support/Family-Members-and-Caregivers

Substance Abuse and Mental Health Services Administration (SAMHSA) – Behavioral Health Treatment Services Locator

Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. territories for substance abuse, addiction, or mental health problems.

800-662-HELP (4357)
https://findtreatment.samhsa.gov

Local resources

It is important that family members of law enforcement officers know who within the agency they or their law enforcement officer can reach out to for professional support. Resources are available for both law enforcement officers and their families locally and within the department. Police agencies should include contact information for their local support opportunities, such as the department's Employee Assistance Program, the department's psychologist, the department's mental health-related programs, or trusted mental health providers in the officer and family member's local area.

NOTES

STATE OF MONTANA
DEPARTMENT OF JUSTICE

AUSTIN KNUDSEN, ATTORNEY GENERAL

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555 FULLER AVENUE
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HELENA, MT 59620-1410

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