

Trends

The Montana Domestic Fatality Review Commission identified a number of trends. Among them were the following.

- Services for domestic violence victims on Native American reservations are frequently nonexistent or inaccessible to many residents.
- Isolation is a major challenge in our state, both for victims of domestic violence and families that require services after a homicide.
- Ongoing dialogue between tribal, federal and state prosecution teams is required in order to limit jurisdictional conflicts.
- Inconsistent communication between district courts and lower courts regarding Orders of Protection may put victims at risk.
- There is a significant interaction between alcohol and domestic violence in the majority of the cases reviewed.
- Firearms continue to be the most frequently used weapons²².

Between 1/1/2008 and 12/31/2008, 2,527 unduplicated Native American victims of Domestic and Sexual Violence were reported through the state's PDQ system. Together they endured 3,297 reported crimes²³.

There were 52 intimate partner homicides in Montana between February 2000 and August 2009: 21 were homicide/suicide clusters, four of which involved children's deaths. Ten of the 52 homicides involved Native Americans living in reservation communities; two of the ten were homicide/suicide clusters²⁷.

Domestic Violence Fatalities in Montana

The Montana Domestic Fatality Review Commission was initiated by the Legislature in 2003, and charged with reviewing two intimate partner domestic violence homicides from across the state each year. Victims ranged from a 12-year-old boy to two adults in their 50s. This is just a fraction of the family violence deaths that occur in Montana each year. Since passage of House Bill 116 in 2003, at least 64 Montanans have died in domestic violence homicides. From 2000 forward, Montana has averaged more than eight family violence deaths per year, which should be considered a minimum figure²⁴.

Of the 22 domestic violence deaths that occurred in 2007 and 2008, eight involved Native Americans in reservation communities. Native Americans are strongly overrepresented in all domestic violence incidents and deaths in Montana. According to 2006 Census data, Native Americans make up 6.4 percent of Montana's population but 13 percent of all intimate partner deaths²⁵.

The commission most recently reviewed four homicides (2007 and 2008). They spanned the state and left three children orphaned. Three were single murders, one was a homicide/suicide. Three perpetrators were male. Weapons included a motor vehicle, a firearm, strangulation and a fall. Victims ranged in age from 22 to 45. One of the reviews involved a Native American victim, and took place in a reservation community. Two perpetrators were subsequently imprisoned, and were interviewed as part of the review²⁶.

Homicide/Suicide Clusters²⁸

A homicide-suicide cluster is defined as one or more homicides with the subsequent suicide of the perpetrator.

Homicide-suicide clusters involve the killing of one or more persons followed soon after by the suicide of the perpetrator. In general, men are the perpetrators, killing their female partners and, sometimes, their children. Many homicide-suicides are preceded by a history of intimate abuse. They note that “the typical perpetrator is a man married or living with a woman in a relationship marked by physical abuse.”²⁸

One classic study (Wolfgang, 1958) found that only about eight percent of homicide-suicide clusters were committed by women. Battering is a significant precursor and frequently the clusters occur within context of chronically chaotic relationships fraught with jealous suspicions, verbal abuse, and sub-lethal violence (Marzuk, Tardiff and Hirsch). This same study revealed that substantial differences between the genders. In cases in which the female partner was the killer, about 60 percent of the men had precipitated their own deaths by striking a blow or showing and using a deadly weapon. Just nine percent of killings in which the woman was the victim were deemed victim precipitated. These findings on intimate partner homicide have been well replicated²⁸.

Another research team (Currens, 1991) examined the phenomenon of homicide-suicide clusters, which accounted for just six percent of all homicides during a five-year study period. In this case, 97 percent of perpetrators were male and 73 percent of the victims were female. In most of the homicide-suicide clusters (96%), the victim and perpetrator were well known to one another, and in 70 percent of the clusters, the perpetrator was a current husband (79%), boyfriend (15%) or former husband (6%) of the victim²⁸.



Voices

When we were drinking, he was always accusing me of cheating on him with the neighbor, with anyone and everyone. One night we'd been out, and I knew I was going to get it when we got home - I knew the looks and the tone. My sons even knew. Sure enough, as soon as we got home, he started accusing me of cheating with my neighbor. "No," I said. "I never cheated you and never would." But he ran back to the bedroom where he kept a pistol by the bed. He came out with it. He held it to my head, said he was going to kill me. My sons were standing there. They were just eight and ten and they were pleading with him. "Don't kill mom. Don't kill mom."

He put the pistol back, but he started beating me up again. Something in me snapped. I ran to the bedroom and grabbed the pistol. I was going to shoot him, kill him, but he tackled me. My head broke the window, and there was blood everywhere. I remember falling back on the bed and pulling the trigger. A shot went off, but I missed him. He got the pistol away. I ran to the living room, and there was my youngest son, holding a rifle. They thought their dad had killed me.

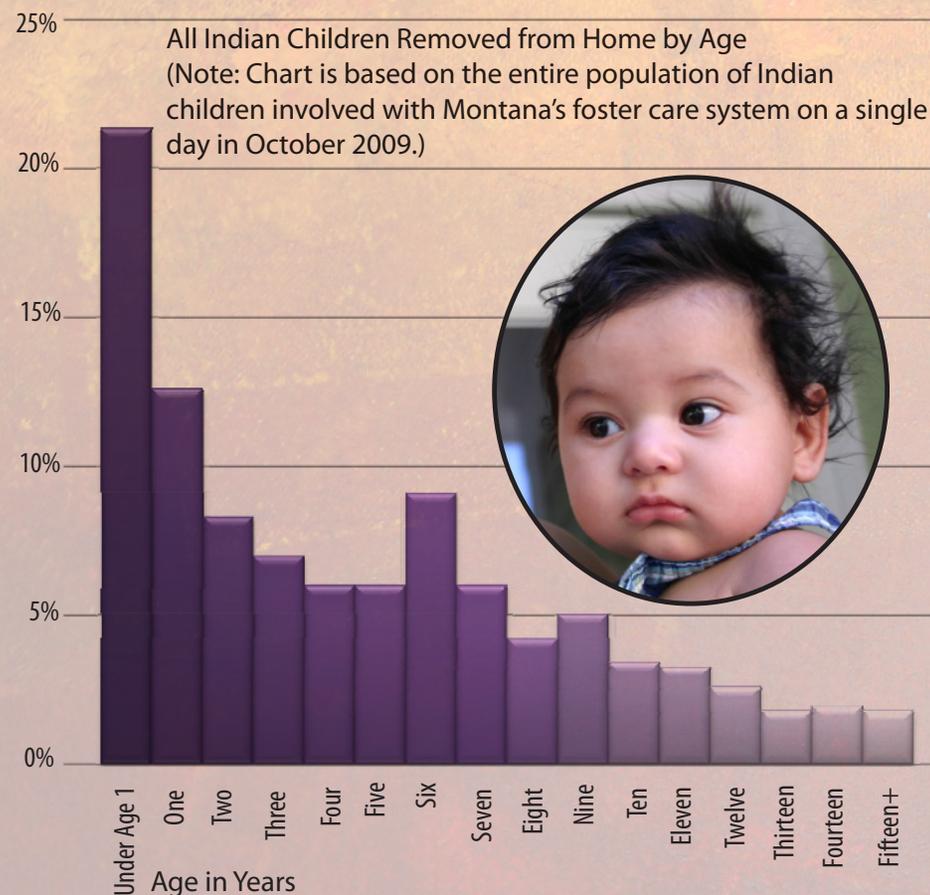
- Marilyn, Blackfeet Domestic Violence Program
Honoring Native Women by Stopping the Violence Conference

Links: Foster Care and Domestic Violence

Studies demonstrate a strong link between domestic violence and child abuse. In fact, several studies have found that in 50 - 75 percent of families in which a woman is battered, children are also battered. Other studies suggest that between 30 and 60 percent of men who batter their female partners also abuse their children²⁹. In homes where domestic violence occurs, children are physically abused and neglected at a rate 15 times higher than the national average³⁰.

The impacts of witnessing violence in the home can be profound, leading to adverse affects on physical, cognitive, emotional and social development. Infants and toddlers who witness violence in their homes show excessive irritability, immature behavior, sleep disturbances, emotional distress, fears of being alone and regression in toilet training and language³¹. Exposure to this kind of trauma also interferes with the normal development of trust. School-age children and adolescents exposed to violence in the home often show a greater frequency of withdrawal, anxiety or aggressive or delinquent behavior. As these children age, they are more likely than their peers to engage in a variety of teen risk behaviors including school dropout, juvenile crime, premature sexual activity and experimentation with drugs and/or alcohol, Even when children are the secondary victims of violence, they are often deeply affected.

Information reported to the Montana Board of Crime Control through their PDQ database reveals that 2,527 Native American victims of sexual and domestic violence were served in Montana during calendar year 2008. Of these, 1,959 were primary victims, and 568 were secondary victims. The majority of secondary victims were under age 12. Additionally, 133 primary victims were under age 12, and an additional 64 were between the ages of 13 and 17³².



Statistical Sample

Child and Family Services reviewed a sample of 62 case files in August 2008. The sample included 40 foster care and 22 in-home services cases in three counties. Of those reviewed, 12.5 percent involved American Indian children and families. Domestic violence in the child's home was listed as the primary reason for opening the case for 2.5 percent of the cases; emotional maltreatment was the primary reason for opening the case in an additional 2.5 percent. According to CFS Division personnel, Emotional Maltreatment is often how they code domestic violence in the home³³.

American Indian Children in Foster Care

In Montana, the Child and Family Services (CFS) Division of the Department of Public Health and Human Services administers programs to protect children and youth from abuse, neglect and abandonment. There were 619 American Indian children under supervision by Child and Family Services or tribal foster care systems in a point-in-time count in October 2009³⁴. If national studies bear out, this means that at least 204 of these American Indian children were coming from homes in which domestic violence was a reality.

Of the 619 American Indian children under the supervision of the Child and Family Services or tribal foster care systems in a point-in-time count in October 2009³⁵:

- 314 (51%) were female, 302 (49%) were male, and gender was unspecified for three children (0.5%).
- The average age at removal was 4.5 years; the average age of discharge was 7.4 years.
- On average, children had 3.5 placement settings while involved in the foster care system.
- Placement settings included Family Foster Care (47%); Kinship Foster Care (24%); Trial Home Visit (7%); Specialized or Therapeutic Family Foster Care (7%); Out-of-state or Residential Treatment Centers (3%); Other Active Placement (6%); Group Homes or Therapeutic Group Homes (4%); and Shelter Care (2%). Additionally, three children (0.5%) were counted as runaways.
- Permanency goals were listed by CFS for 604 of the 619 children in care. These included: Return to the Home (60%); Adoption (23%); Guardianship (6%); Maintain in Current Living Situation (6%); Planned Permanent Living Arrangement (3%); and Placed with Other Relative, Non-custodial Parent or Other (2%).

A number of studies estimate that domestic violence is present in at least one-third of families involved in child protective services³⁶.

Adverse Childhood Experiences³⁷

A growing body of research indicates that childhood trauma is a significant risk factor for the development of adult health concerns. The Adverse Childhood Experiences (ACEs) Study was carried out in Kaiser Permanente's Department of Preventive Medicine in San Diego. Twenty-six thousand (26,000) consecutive adults were asked to participate in a study to demonstrate how childhood events affect adult health status: 18,000 agreed to participate.

Volunteers were asked about eight categories of childhood abuse and household dysfunction. The abuse categories included recurrent physical, emotional and sexual abuse. The categories of household dysfunction included growing up in a household where: the mother was treated violently; someone was in prison; active alcoholic or drug abuse; someone was chronically depressed, mentally ill, or suicidal; and/or at least one biological parent was lost to the patient during childhood – regardless of cause. An individual exposed to none of these experiences had an ACE Score of 0; an individual exposed to any four had an ACE Score of 4. An arm of the study will follow the cohort for at least five years to compare childhood experiences against current adult emergency room use, doctor visits, medication costs, hospitalization and death.

The ACE Study revealed an epidemiological correlation between the ACE Score and likelihood of later becoming an IV drug user. For example, a male child with an ACE Score of 6 has a 4,600 percent increase in the likelihood of later becoming an IV drug user as compared to a male child with an ACE Score of 0. In addition to these examples, many other measures of adult health were found to have a strong, graded relationship to what happened in childhood: heart disease, fractures, diabetes, obesity, unintended pregnancy, sexually transmitted diseases and alcoholism were all more frequent.

BRFSS *and Sexual Assault*

Sexual assaults are associated with a range of short- and long-term problems, but the consequences extend far beyond the primary victims to affect families, children and friends. At a The consequences of rape, battering, and other sexual assaults impact social and health care delivery services, public health and criminal justice systems. The Behavioral Risk Factor Surveillance System (BRFSS) is a population-based telephone interview survey of a random selection of Montana adults, age 18 years and older, in the non-institutionalized population. All respondents are anonymous and data are weighted to represent Montana's adult population. In 2007, the Montana Behavioral Risk Factor Surveillance System (BRFSS) survey included questions on sexual assault, from unwanted touching to completed rapes. The following sexual assault data are based on BRFSS interviews with 5,995 adults in 2007. The findings were discussed in the Spring 2009 Montana Fact[or]s published by the Montana Department of Public Health and Human Services³⁸.

- In 2007, 1 in 20 (5.3%) – or an estimated 34,495 Montana adults - reported being the victim of sex against their will or without their consent.
- Persons with a reported disability were 2.5 times more likely (10%) to report being raped than adults without a disability (4%).
- Adults with household incomes less than \$25,000 per year had higher rates of reported rape (8%-12%) than adults with higher household incomes (<5%).
- One in ten adult Montana women (9.6%) reported being raped in their lifetime. This means in Montana, an estimated 31,495 adult women have had sex without their consent at some time during their lives³⁸.

Prevalence

According to the Montana Board of Crime Control's *Crime in Montana Report*, 335 rapes were formally reported to local law enforcement agencies in 2007. Only those cases that met the informational requirements of the Montana Incident Based Reporting system (MTIBRS) were included in this count; rape offenses reported on paper summaries were not counted, as there was insufficient data on those cases. (About 1.8 percent of the rape offenses were reported on paper summaries.) The average age of rape victims was 20, and the most common (mode) age was 14. The arrest rate for rape is low: 13 percent in 2008 and 16 percent in 2007³⁹.

Rape offenses fit into a broader offense category called "forcible sex offenses." In 2007, 737 forcible sex offenses were committed in addition to the 335 rapes. The two most common offenses included sexual assault (583/737) and sexual abuse of children (105/737)⁴⁰.

Putting 2007 BRFSS estimates in context with 2007 crime data means that it is likely that as few as 2.8 percent of sexual assaults in Montana were formally reported to law enforcement authorities.

BRFSS only surveys adults. In 2007, 632 forcible sex offenses were perpetrated against adults; added to the 350 reported rapes, that comes to 967 forcible sex crimes. BRFSS estimates suggest that 34,495 Montana adults were the victims of sex against their will in 2007. Putting 2007 BRFSS estimates in context with 2007 crime data means that it is likely that just 2.8 percent of sexual assaults were formally reported to law enforcement authorities.