

GREATER NEWBURYPORT DOMESTIC VIOLENCE HIGH RISK TEAM

SAFETY AND ACCOUNTABILITY REPORT 2005-2013

GREATER NEWBURYPORT DOMESTIC VIOLENCE HIGH RISK TEAM

FOUNDING PARTNER AGENCIES

<u>Members</u>

JEANNE GEIGER CRISIS CENTER, INC.

(LEAD AGENCY)

KELLY DUNNE, CHIEF OF OPERATIONS

KATHRYN JOHNSON, COMMUNITY SERVICES COORDINATOR

AMESBURY POLICE DEPARTMENT

ROBERT WILE, DETECTIVE

HOLY FAMILY HOSPITAL

DOUG GAUDETTE, DIRECTOR, FAMILY SAFETY PROJECT

NEWBURY POLICE DEPARTMENT

PATTY FISHER, SERGEANT

NEWBURYPORT POLICE DEPARTMENT

MATT SIMONS, INSPECTOR

NEWBURYPORT PROBATION DEPARTMENT

JENELLE RUSSO, ASSISTANT CHIEF PROBATION OFFICER

ALITZA GONZALEZ, PROBATION OFFICER
TONY DURSO, PROBATION OFFICER

SALISBURY POLICE DEPARTMENT

JIM LEAVITT, PATROLMAN

JOINING PARTNER AGENCIES

MEMBERS

ANNA JAQUES HOSPITAL

MOE LORD, RNC, BS, DIRECTOR, PSYCHIATRIC SERVICES

ESSEX DISTRICT ATTORNEY'S OFFICE

TYLER BURKE, VICTIM WITNESS ADVOCATE, DISTRICT ATTORNEY JONATHAN BLODGETT'S OFFICE

ESSEX COUNTY SHERRIFF'S DEPARTMENT

GALE BRUNAULT, DIRECTOR, VICTIM SERVICE UNIT

MASSACHUSETTS PAROLE BOARD

LINSLEY STONE ACETO, VICTIM SERVICES COORDINATOR BONNIE MACDONALD, ASSISTANT PAROLE SUPERVISOR

MERRIMAC POLICE DEPARTMENT

STEPHEN RINGUETTE, SERGEANT

DOROTHY'S STORY



Affidavit of Dorothy Giunta-Cotter on February 22, 2002

"There have been so many occasions when he has hit me, punched me and pushed me. He has also threatened to kill me several times. He has specifically told me over and over that if I ever leave him, he will come and find me wherever I am and he will kill me. I felt my only option for safety was to leave him. I was afraid to go to the police or the court for any help. I am still very afraid of him today and what he will do to me"

Dorothy was killed by her husband on March 26, 2002

Dorothy met William in 1982 when she was just 15 years old. Shortly after their relationship began he punched her, resulting in a black eye and the beginning of what would become twenty years of violence.

They married and had two daughters. He worked as a cable repair man and volunteered as a football coach. Dorothy was a cheerleading coach. However, at home, William terrorized Dorothy. He controlled her, threatened to kill her, strangled her and stalked her. During the course of their relationship, she applied for many restraining orders and fled to domestic violence shelters on multiple occasions.

When Dorothy came to the Jeanne Geiger Crisis Center in 2002 she had decided not to run from William any longer. She desperately wanted to stay in her home with her children. She obtained an order of protection and moved from a domestic violence shelter back into her home in Amesbury, Massachusetts. Despite the best efforts of advocates and law enforcement, Dorothy's case had a tragic ending.

Dorothy was murdered on March 26, 2002 after William broke into their home, held her hostage, then shot and killed her. He then turned the gun on himself while their daughter was upstairs on the phone with the 911 dispatcher.

The Jeanne Geiger Crisis Center developed the Greater Newburyport Domestic Violence High Risk Team after an analysis of the events leading up to Dorothy's murder.

BACKGROUND

The Greater Newburyport Domestic Violence High Risk Team (DVHRT) is a team of allied professionals working together to identify the most dangerous cases of domestic violence and implement interventions to prevent cases from escalating to lethal levels. The model holds offenders accountable, gives victims a safe, socially just alternative to shelters, and recognizes that domestic violence homicides are both **predictable** and **preventable**.

After reviewing the events leading up to Dorothy's murder the Jeanne Geiger Crisis Center staff identified three fundamental gaps within the response system:

- No process to identify offenders who pose the greatest risk of harm
- · Lack of a formal communication process and coordination across systems
- · An underlying assumption that victims most at risk of a lethal assault would seek safety in shelters

The Domestic Violence High Risk Team (DVHRT) Model is based on the research of Dr. Jacquelyn C. Campbell (Campbell), a leader in the study of intimate partner homicide. Campbell's work established both risk and protective factors for intimate partner homicide (IPH). This evidence demonstrates that the escalation of domestic violence to lethal levels follow predictable patterns. The DVHRT Model strives to interrupt this pattern of escalation by focusing equally on victim safety and offender accountability. A three pronged approach is used:

- · Early identification of high risk offenders through risk assessment
- Individualized, multidisciplinary response to high risk cases
- Coordinated monitoring and containment of offenders

Leveraging Campbell's research, risk assessment tools and practices were implemented to help identify cases with the greatest likelihood of re-assault and/or lethal attack. The DVHRT then develops individualized intervention plans to interrupt the cycle of escalating violence and minimize the risk of further abuse. Monitoring offenders and sharing information across disciplines helps close the gaps in the system and ensure that the most dangerous cases are comprehensively and strategically addressed.



EXECUTIVE SUMMARY

During the first eight years of operations, the Greater Newburyport Domestic Violence High Risk Team identified and helped 129 victims living in extreme danger. Despite the high level of risk in these cases, there have been zero homicides in the communities participating in this project. Prior to the establishment of the Team, there were eight domestic violence related deaths over a tenyear span. The Team has continued to close many of the gaps that existed in the response system to domestic violence. The documented results in this report are not only encouraging, they indicate the emergence of a best practice in our struggle to prevent domestic violence homicides.

Impact of The Greater Newburyport Domestic Violence High Risk Team 2005-2013

VICTIM SAFETY

- **VERY FEW VICTIMS REPORTED BEING RE-ASSAULTED**: 9% of victims reported being re-assaulted after their case was accepted.
- MOST VICTIMS ACCESSED DOMESTIC VIOLENCE

 SERVICES: 91% of victims accessed the comprehensive services of the Jeanne Geiger Crisis Center.
- **VERY FEW VICTIMS FLED TO SHELTERS**: Only 6% of victims entered shelter for safety; no victims have entered shelter in the last three years of the Team's operations.

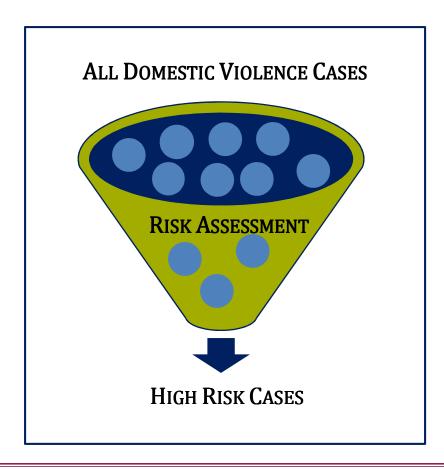
OFFENDER CONTAINMENT

- **USE OF PRETRIAL DETENTION:** 59% of offenders were held pretrial; the majority through dangerousness hearings.
- **LOW DISMISSAL RATE**: Only 14% of cases were dismissed.
- **MOST OFFENDERS WERE FOUND GUILTY**: 78% of offenders were found guilty.
- **INCARCERATION:** 65% of offenders were sentenced to time in jail after being found guilty.

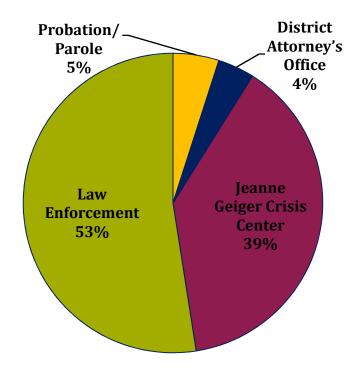
The data in this report is gathered through victim statements, police reports, medical records, risk assessments and other official records. High risk cases are referred to the team through the participating partner agencies. All of the data is documented and analyzed by the Jeanne Geiger Crisis Center.

IDENTIFICATION OF HIGH RISK CASES

Research shows that there are many chances to intervene before domestic violence homicides occur. According to Campbell's femicide study (2007), 83% of victims, perpetrators or both, had contact with criminal justice, victim assistance, and/or health care agencies in the year prior to the homicide. Furthermore, as stated in the Journal of Preventative Medicine (Sharps et al, 2001) in 50% of domestic violence-related homicides police officers had previously responded to a call on the scene. This research indicates that early identification of high risk offenders through risk assessments and appropriate interventions are important practices in the prevention of domestic violence homicides. Risk assessment screenings by domestic violence advocates and law enforcement are critical to ensure that the right cases are referred to the Team as they are often the first DVHRT members to have contact with victims of domestic violence.



REFERRALS TO THE GREATER NEWBURYPORT DOMESTIC VIOLENCE HIGH RISK TEAM



VICTIM DEMOGRAPHICS (N=129)

OVERVIEW

Victims Were:

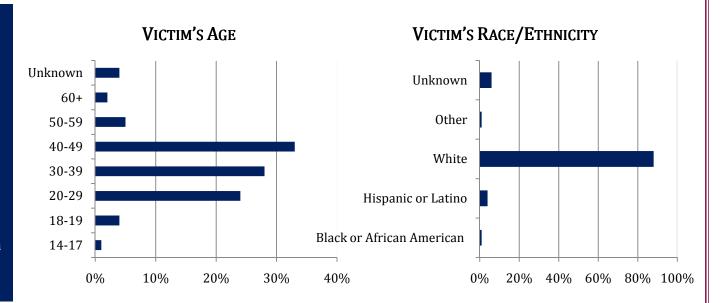
99% Female

88% White

50% Between the Ages of 20-39

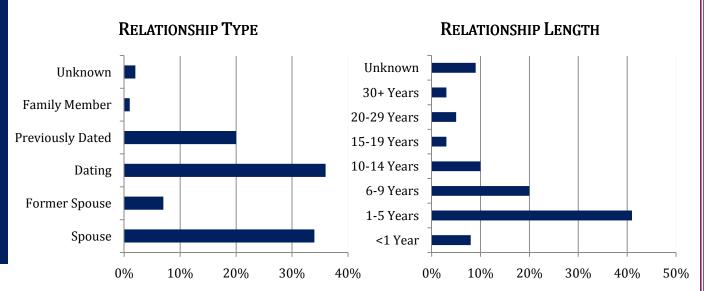
70% Dating or Married

41% of Relationships Were Between 1-5 Years



RESEARCH SUPPORTS DATA

In 41% of identified high risk cases, the length of the relationship was between 1-5 years. Both the research and our findings demonstrate the importance of early intervention to interrupt of the cycle of escalating violence. Consequently, the Domestic Violence High Risk Team has been able to assist victims of high risk before their case reaches a tragic stage.



OFFENDER DEMOGRAPHICS (N=129)



Offenders Were:

99% Male

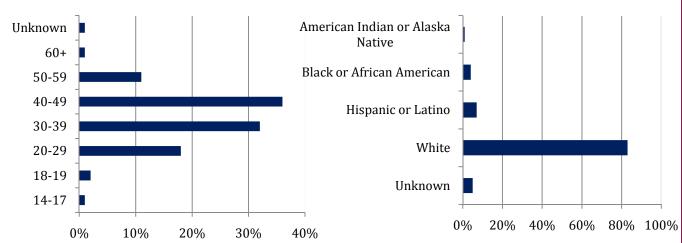
83% White

50% Between the Ages of 20-39

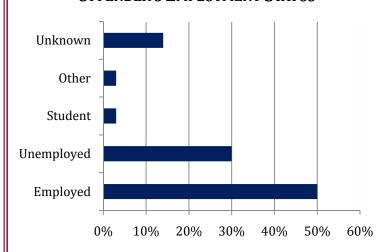
30% Unemployed

OFFENDER'S AGE

OFFENDER'S RACE/ETHNICITY



OFFENDER'S EMPLOYMENT STATUS



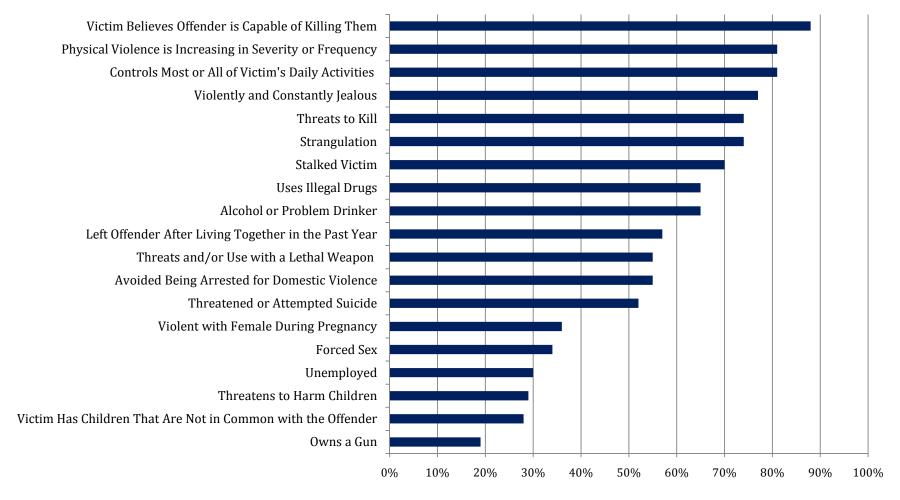
UNDERSTANDING UNEMPLOYMENT

According to Dr. Jacquelyn Campbell's Danger Assessment research, unemployment is more than a demographic data point, it is a risk factor for lethality. Furthermore, one study found that it was the most significant demographic risk factor for acts of intimate partner femicide; increasing risk to victims by four times (Campbell et al., 2003). High risk offender unemployment has remained consistent at an average rate of 30%, regardless of fluctuations in the nation's economy. This seemingly unrelated demographic risk factor lends critical information to understanding the potential for lethality in the most dangerous cases of domestic violence.

RISK INDICATORS

Through the use of risk assessment tools and practices, the Team is able to identify high risk offenders. The escalation of domestic violence to a lethal level follows an identifiable pattern, with identifiable risk indicators. (Campbell et al., 2003). The establishment of risk assessment protocols and the creation of a formal process for sharing information across member agencies has had a tremendous impact on offender accountability and victim safety.

FREQUENCY OF RISK INDICATORS IN HIGH RISK CASES



RISK INDICATORS

RESEARCH INFORMS PRACTICE

The data has demonstrated that there are specific risk factors consistently present in cases being referred to the Team. In 88% of high risk cases, victims responded "yes" when asked if they believe that their offender is capable of killing them. This belief is reinforced by the fact that 74% of offenders have in fact threatened to kill their victim. The implication of these threats is supported by previous acts of violence during the relationship. In 74% of cases, victims reported strangulation has occurred and 35% of victims have been forced to have sex. Identification of these risk indicators enables the Team to craft individualized intervention plans; each informed by research and an understanding of the patterns of violence in each individual case.

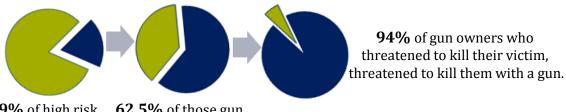
CONNECTING THE RISK FACTORS

The relationship between gun ownership and threats

94% of gun owners who

threatened to kill their victim.

Campbell identifies access to firearms, threats to kill the victim and threats (or use) with weapons as leading risk factors in domestic violence homicides. In one study, women who were threatened with a weapon were 20 times more likely to be murdered as compared to other abused women. Those victims whose offenders threatened to kill them were 15 times more likely to be murdered (as compared to other abused women). An abused woman's risk of death increases about seven times if her abuser has a gun in the home (Campbell, 2004). An analysis of these risk factors occurring in concert, as presented below, demonstrates the seriousness that may arise when offenders who own guns rise to the level of making threats.



19% of high risk offenders owned a gun.

62.5% of those gun owners threatened to kill their victim.

THE USE OF GUNS IN **DOMESTIC VIOLENCE** HOMICIDES

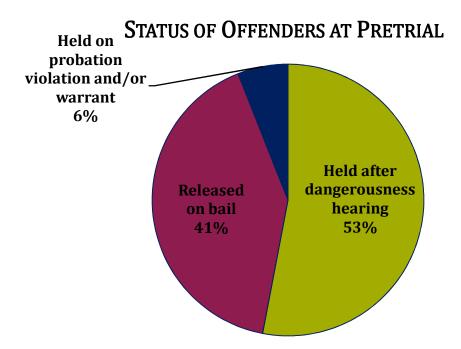
Policy The Violence reports that in 2010, the number of women shot and killed by intimate partners was six times higher than the number who were killed by strangers using all other of forms weapons combined.

PRETRIAL INCARCERATION

THE IMPORTANCE OF PRETRIAL INCARCERATION

Victims are at their greatest risk of homicide when leaving or engaging in legal separation from their offender. The most dangerous time is within the first year of leaving, and more precisely within the first three months. (Campbell, 2007). When offenders are held in jail pretrial, victims are more likely to feel safe enough to testify. Pretrial containment of high risk offenders is a critical component of victim safety.

Over half of all offenders were incarcerated pretrial; the majority through dangerousness hearings.



DANGEROUSNESS HEARINGS

When Are They Used?

Dangerousness hearings, permitted by Massachusetts General Law (Chapter 276, § 58A), are requested by the prosecution. They are held to determine whether a defendant poses a threat to an individual or to the community at large. If the prosecution provides clear and convincing evidence that the that no conditions of release will reasonably assure the safety of any other person or the community the judge may order the defendant held in jail for up to 90 days.

How Often Are They Used?

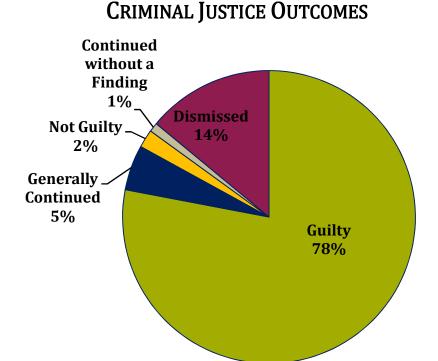
Statewide, there were at least 1,830 dangerousness hearings held last year, a small fraction of the more than 235,000 criminal cases handled annually by state courts (Schworm, 2013).

CRIMINAL JUSTICE INTERVENTION OUTCOMES

Offender accountability, a key focus of the Team, is most often achieved through the intervention by the criminal justice system. At the time of this report, 99% of cases receiving criminal justice intervention were disposed. In over 50% of cases, the time between arraignment and disposition was only three months with nearly 100% of cases being resolved within six months. Swift adjudication helps to ensure that victims participate in prosecution. When victims participate, prosecutors are more likely to have strong cases which results in guilty findings. In 78% of cases, offenders were found guilty and 65% were ordered to time in jail. As part of probation, 39% of offenders were ordered to enroll in a certified Batterer Intervention Program.

EFFECTIVE OPTIONS FOR OFFENDER CONTAINMENT The Use of GPS Bracelets

The use of GPS bracelets can be an effective component of comprehensive probation requirements to ensure offender monitoring and containment. Locally they have been used in 28% of cases, most as part of sentencing. although in a small percent of cases they were ordered as a condition of pretrial release. Through this technology the probation department is able to establish exclusion zones such as the victims home, place of work and minor children's school. The offender is ordered to stay out of these areas or risk being in violation of probation. During this time, only one offender has violated the GPS bracelet exclusion zones.

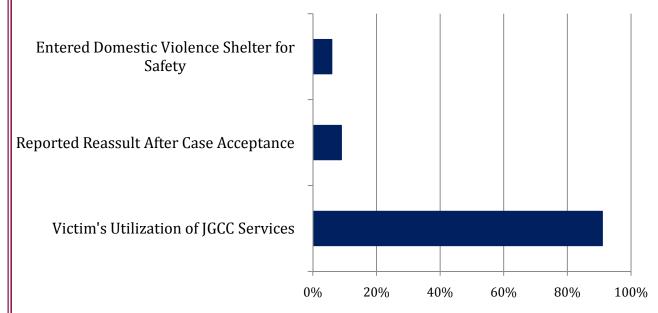


VICTIM SAFETY OUTCOMES

Victims are more likely to use services that are local, accessible and comprehensive. The Jeanne Geiger Crisis Center offers many essential services on site, including legal representation, emergency financial assistance, counseling and transitional housing. Over 90% of the victims utilized services at the Jeanne Geiger Crisis Center.

For many victims, going into shelter means leaving their community, giving up a job, and removing children from their school and familiar surroundings. Victims often make the decision to go into shelter following an arraignment because they fear retaliation from their partners who are released on bail. By increasing the monitoring and containment of high risk offenders in the community through the use of GPS and pre-trial detainment, victims have more options. The vast majority of victims were able to remain in their community; only 6% of the high risk victims entered shelter for safety.





VICTIM IMPACT

"As {my ex-husband's} release date was approaching, I didn't know what to expect. That's when the Team swooped in and took all of the unknown fear away... the High Risk Team made me feel extremely safe. It made me feel like I had this huge support net standing behind me that I could fall back on. I was unsure of so many questions. {Me and myadvocate were communication almost every day. There were a lot of people looking out for me and my daughter and I had peace of mind knowing that the police would be driving by my house a few times a day. Having eyes all around us made me feel safe in my own home. "

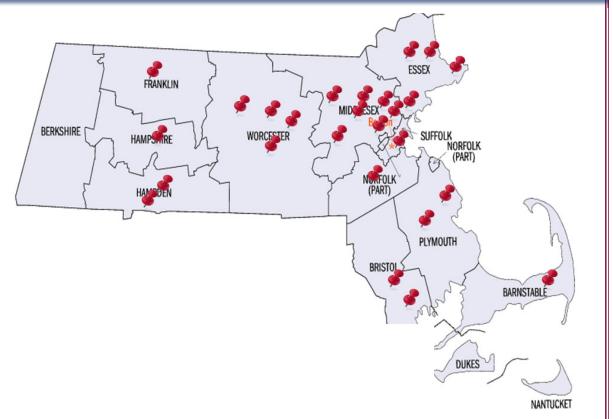
-Survivor

LOCAL PROGRAM
DRIVES NATIONAL
MOVEMENT

MASSACHUSETTS DOMESTIC VIOLENCE HIGH RISK TEAMS

The Domestic Violence High Risk Team model has been widely replicated throughout Massachusetts with over 25 teams formed since 2008 and has been identified by the Department of Justice as a leading promising practice for the nation.

The Jeanne Geiger Crisis Center has provided training to over 4,000 criminal justice professionals and advocates.



Local Program
Drives National
Movement



CONFERENCE

DRIVING CHANGE Conference

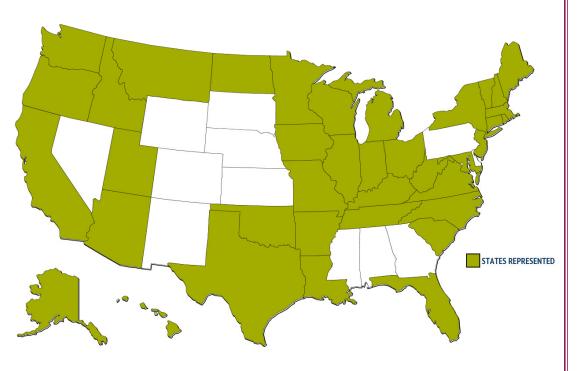
In April 2013, the Jeanne Geiger Crisis Center launched our first national DRIVING CHANGE Conference in Boston, Massachusetts. The conference featured national experts in domestic violence and provided workshops for communities interested in replicating the Jeanne Geiger Crisis Center's Domestic Violence High Risk Team Model.

The Conference hosted 367 attendees, representing 36 states, 1 District and 1 US Territory

"This was exactly the motivation and information we needed to forge forward with our High Risk Team." -Advocate, Grace Smith House, New York

"I was inspired by the ability of the organizations to create such an effective, meaningful mode and actually effect true collaboration."

-Officer, Delaware State Police



LOCAL PROGRAM
DRIVES NATIONAL
MOVEMENT

OFFICE ON VIOLENCE AGAINST WOMEN DOMESTIC VIOLENCE HOMICIDE PREVENTION DEMONSTRATION INITIATIVE

"With today's grant announcement, we are strengthening our ability to fight back more effectively – and aggressively – than ever before. And we're supporting the kinds of evidence-based domestic violence homicide prevention models that will allow us to reliably predict potentially lethal behavior, take steps to stop the escalation of violence and save lives."- Attorney General Eric H. Holder, Jr.

On March 13, 2013, Vice President Joseph R. Biden and Attorney General Eric H. Holder, Jr. announced that the Jeanne Geiger Crisis Center, in partnership with the Maryland Network Against Domestic Violence (MNADV) and Dr. Jacquelyn Campbell of Johns Hopkins University School of Nursing was the recipient of the Domestic Violence Homicide Prevention Demonstration Initiative award from the Department of Justice's Office on Violence Against Women. The award allows the Jeanne Geiger Crisis Center to provide training and technical assistance to twelve communities committed to ending domestic violence homicide. The demonstration sites are participating in a 12-month assessment phase where up to six of the demonstration sites will be selected to continue a three-year implementation process.

Communities selected for the Domestic Violence Homicide Prevention Demonstration Initiative

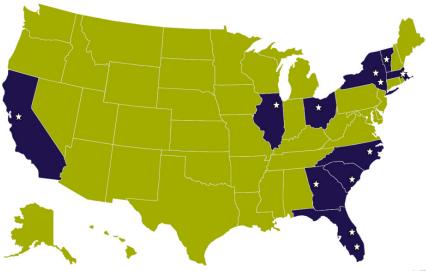
Boston, Massachusetts
Cuyahoga County, Ohio
Brooklyn, New York
Miami- Dade, Florida

Contra Costa County, California Palm Beach, Florida

Rutland, Vermont Pitt County, North Carolina

Winnebago, Illinois North Charleston, South Carolina

Westchester, New York Rockdale County, Georgia



Local Program Drives National Movement

RECOGNITION AND AWARDS

The Jeanne Geiger Crisis Center received a technical assistance grant from the Department of Justice's Office on Violence Against Women to that will allow us to train others on how to better respond to victims who are at high danger for homicide or physical assault and to assist communities in replication of the Domestic Violence High Risk Team Model. Vice-President Joseph Biden championed the domestic violence high team model in October of 2010 at an event to mark domestic violence awareness month.

"We need to replace what we have been doing [in domestic violence homicide prevention] and replicate this kind of success."

- Vice President Joseph Biden, October 2010, speaking about Jeanne Geiger Crisis Center's DVHRT Model

Champions of Change: Working to End Domestic Violence, the Champions of Change are recognized for their efforts to end domestic violence in their communities by The White House, October 2011

White House Domestic Violence Awareness Recognition Event, October 2010

Celebrating Solutions Award-Mary Byron Foundation, September 2008

National Network to End Domestic Violence, Spirit of Advocacy Award, October 2007

Champions in Action Award - Citizens Bank and New England Cable News, September 2007

Essex County Anti-Crime Council, Good Citizens Award, October 2006

Cited as a model program for replication throughout Massachusetts, Domestic Violence in Massachusetts, *Providing Tools to Protect Victims*, Senator Jarrett T. Barrios, Senate Chair, Joint Committee on Public Safety and Homeland Security, May 2006

BIBLIOGRAPHY

Campbell, Ph.D., R.N., F.A.A.N. (2007) Johns Hopkins University, intimate partner homicide: review and implications of research and policy. *Trauma, Violence, & Abuse.*

Campbell, J., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M., et al. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health* 93(7), 1089-1097.

Campbell, JC. (2004). Danger Assessment. Retrieved from http://dangerassessment.org

Sharps, P. W., Koziol-McLain, J., Campbell, J. C., McFarlane, J., Sachs, C., & Xu, X. (2001). Missed opportunities for prevention of femicide by health care providers. *Preventive Medicine* 33, 373-80

Shworn, P. (2013, August). State's dangerousness law rarely invoked. *Boston Globe.* Retrieved from http://www.bostonglobe.com/metro/2013/08/21/dangerousness-law-passed-response-series-domestic-violence-slayings-now-rarely-used-such-cases/KmVfIAEM4ggU8uKtx3YwZI/story.html

The Violence Policy. When Men Murder Women: An Analysis of 2010 Homicide Data. (2012).

This project was supported by the U.S. Department of Justice, Office of Justice Programs federal grant number 2010-DJ-BX-0422 as awarded by the Massachusetts Executive Office of Public Safety and Security. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice, Bureau of Justice Assistance.