Examining Domestic Violence High Risk Teams: A Qualitative Assessment of this Promising Approach in Massachusetts



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Domestic Violence Homicide in the US

- 35% of women in the United States will experience some form of IPV in their lifetimes.
- 25% of women will experience severe IPV in their lifetimes (e.g., being beaten up, assaulted with a weapon).
- 30-70% of women murdered in the US are killed by an intimate partner.
- The number one risk factor for DV homicide against women is prior abuse against the woman.

Preventing Domestic Violence Homicide

- Victims are at highest risk for being killed when leaving their abusive partner.
- Lack of awareness regarding available resources and difficulties accessing services are factors associated with remaining in an abusive relationship.
- Calling the police is one of the most commonly employed help seeking strategies by women in abusive relationships.
- Despite occurring much less often, accessing domestic violence services (e.g. obtaining counseling, staying at a shelter, safety planning) has been shown to be far more effective at increasing safety and reducing re-assault.
- Research suggests that low cost, clear, simple assessments and referrals can be effective in helping women in abusive relationships enhance their safety.
- The Danger Assessment is the most commonly used assessment tool in the field today - it is designed as a field intervention for any practitioner who encounters a victim of IPV during the course of their work.

Core Components of a Domestic Violence High Risk Team (DVHRT) Model

Primary Goal: Reduce DV homicide and severe re-assault.

- Work collaboratively to identify the most high risk cases in a community.
- Create landscape for communication across disciplines.
- Utilize evidence-based lethality risk assessment tools.
- Tailor intervention plans to the needs of the victim.
- Offer culturally-competent and coordinated response efforts.



Note: Other components can include batterer's intervention, legal services, DCF, DTA, health service organizations, etc.

Study Objectives

- Explore the varying features of domestic violence high risk team (DVHRT) models that has emerged in the pursuit of a common goal - reducing domestic violence homicide and severe re-assault.
- Examine a sample of DVHRTs, refugee and immigrant victim service agencies, and GLBTQ-focused DV agencies providing services in 100 communities throughout Massachusetts.
- Use this research to inform a DVHRT logic model and set of measures to enhance the state's ability to assess the performance of high risk teams and improve their response to high risk cases.

Study Design and Methods

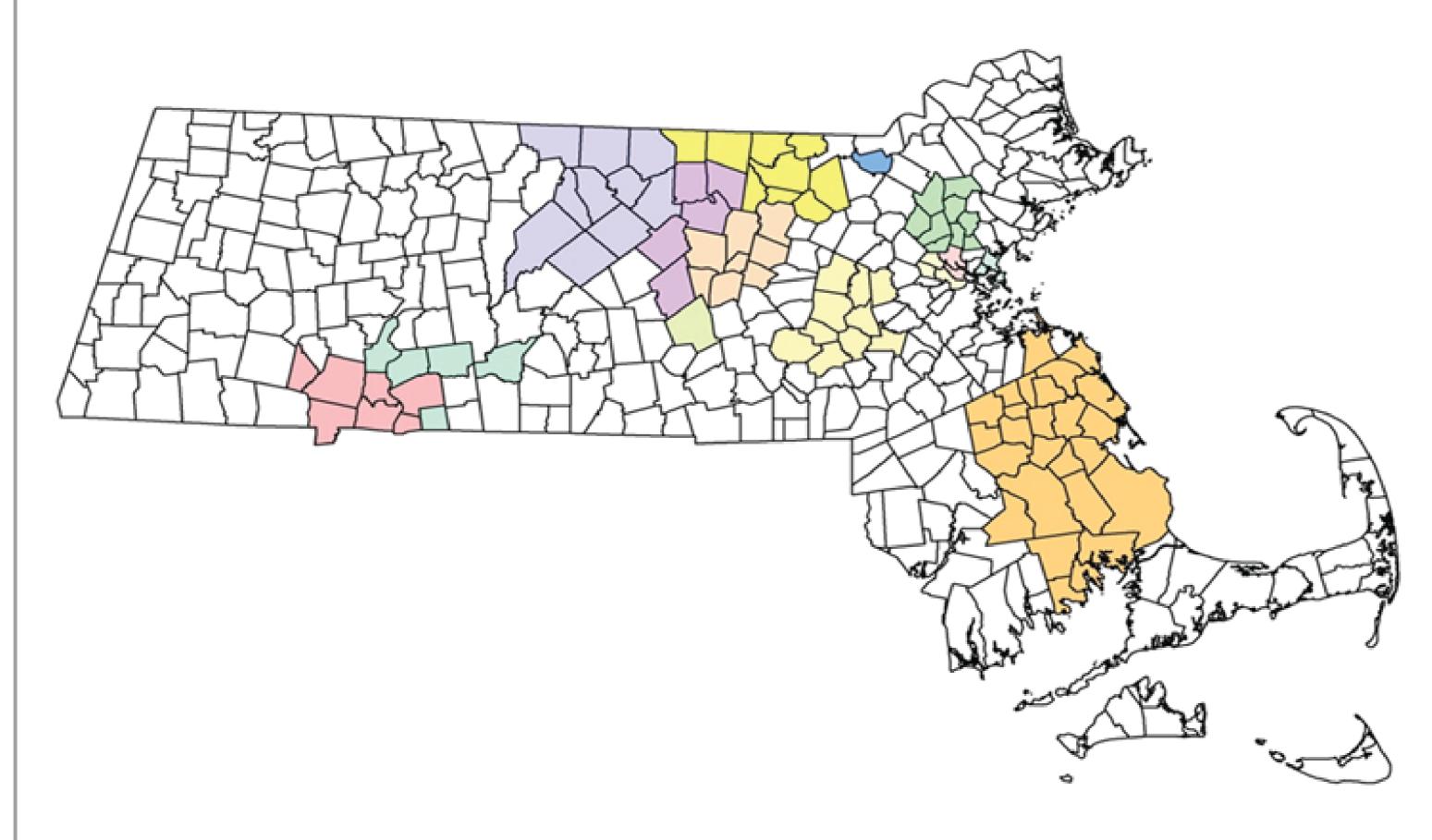
Data Collection

- Key informant interviews conducted with:
- 14 DVHRTs
- 7 immigrant and refugee victim service agencies
- 2 GLBTQ-focused DV agencies
- Interviews addressed:
 - perceptions of the DVHRT process
 - risk assessment utilization
 - decision-making criteria
 - interagency collaboration strategies
 - unmet needs
 - gaps in services/resources for GLBTQ and refugee and immigrant communities

Analysis

- Inductive and collaborative process of analysis and synthesis:
- generating themes and subthemes that emerged from interviews
- mapping information according to client's areas of interest

Map of Cities and Towns Covered by the Selected DVHRTs



Results

- Variation Across DVHRTs:
- The number and type of agencies represented on DVHRT differs widely.
- Most significant variation across teams are the types and use of **lethality assessment tools**.
- Strengths, Assets, Successes:
- The collaborative approach ensuring wraparound services for victims.
- Enhanced prosecution, dangerousness hearings, and increased number of restraining orders.
- Consistency of victims interacting with the same group over time, **strengthening** the relationship with the victim.

Findings: DVHRTs

- Barriers and Weaknesses
- Maintaining victim engagement.
- Lack of involvement of all police departments represented by the towns covered by the DVHRT.
- Secure information sharing among agencies and members.
- Immigration concerns regarding legal status and police involvement.
- Difficulty covering large geographic areas.
- Needs
 - Funding for a DVHRT coordinator, stipends for member involvement, emergency stipends for victims.
 - Training of team members and participating agencies, including judicial DV training.
 - Interpretation/translation services and provision of culturally competent response efforts.
 - Affordable legal assistance

Findings: Refugee and Immigrant Victim Service Agencies

- Success of Team Involvement
- Victim service organizations' access to police when necessary
- Building interagency relationships.
- Provision of culturally-competent support (including language proficiency).
- Addressing gaps in services.

- Barriers to Team Involvement
- DVHRT's lack of cultural sensitivity.

Victim fear of law enforcement.

- Challenges of incorporating multiple agencies.
- Need for funding to support DV-trained advocates that speak additional languages and stipends for clients.

Findings: GLBTQ Agencies

Success of Team Involvement

Outcomes

- Increases the cultural competency of a DVHRT serving GLBTQ communities.
- Service providers from such organizations are able to provide their expertise on working with the GLBTQ community, thereby raising awareness and educating other members of the team.
- Improves the availability of resources and supports an environment of trust among the agencies.
- When police involvement is necessary, being part of the DVHRT may mean that GLBTQ-focused organizations have access to law enforcement that are culturally sensitive to the GLBTQ community.

Ultimate results of a program's activities, examples include

Reduction in DV re-assaults and homicides

Better information sharing/collaboration

Pro-social shifts in police, prosecutor behavior

Increased number of outcomes being measured

Increased offender accountability

- Barriers to Team Involvement
- Dearth of DV services and resources for transgender individuals appears an important area of need among GLBTQ DV agencies.
- Strong resistance from clients due to DVHRT involvement with law enforcement - creating a philosophical difference in how GLBTQ agencies/advocates approach the high risk intervention process.
- Gap in research on validated risk assessment tools for the GLBTQ population and effective DV interventions.

Measures for DVHRT Performance Monitoring and Evaluation

Goals	Written statements in mission statements, grant proposals, team charters, annual reports.
Inputs	Funding: in-kind and salary
	Labor: program coordinators, agency staff, NGO staff
	Materials: lethality assessment tools, meeting space, outreach pamphlets, resource guides, translations, training materials
	personal care items for victims, housing, office supplies
	Services: training, interpretation, referrals
Activities	Meetings: agendas, attendance lists, handouts from presentations
	Referrals: logbook tallies of referrals to HRTs
	Victim Support: safety plans, transportation, victim services, legal support
	Offender Responses: Warrants and restraining orders issued, treatment, court appearances, arrests
Outputs	Immediate and logical results of the program's activities, examples include
	 Number of law enforcement and first responders trained
	 Number of meetings held and agencies represented
	 Number of cases where risk assessment tool is used
	 Percent of HRT offenders contained and monitored
	 Percent of HRT victims assisted and protected

Discussion

- Variation in the types and application of **lethality assessment tools** prevents teams from constructing and maintaining a common language around risk and danger in managing high risk domestic violence cases.
- More research is needed to develop effective risk assessment tools that are **culturally** competent and meet the needs of the community (i.e. Danger Assessment for Immigrant Women).
- Agencies interested in supporting DV high risk response efforts should support **funding** that address the areas of need (e.g. interpretation services, DV trainings, victim services, stipends, data collection efforts).
- Enhancing the performance measurement system of DVHRTs can improve process and document success, therefore supporting data collection efforts should be a priority.

Conclusions

- DVHRT models have the potential to improve collaboration and strengthen responses to the highest-risk cases.
- There is a wide variation of interagency collaborations and processes utilized across teams.
- Teams studied experience a range of barriers and limitations when trying to serve and respond to high risk cases.
- The DVHRT concept is adapted to meet the local needs and resources.

References

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