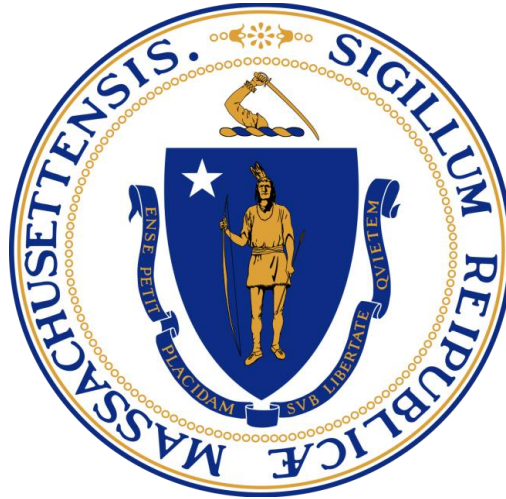


**Recommended Best Practices for Domestic Violence High
Risk Teams in Massachusetts**



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**Massachusetts Executive Office of Public Safety and
Security**

*Prepared in consultation with the Assessment and Response
Subcommittee of the Governor's Council to Address Sexual Assault
and Domestic Violence*

Introduction

This document was prepared by the Executive Office of Public Safety and Security, in consultation with the Assessment and Response Subcommittee of the Governor's Council to Address Sexual Assault and Domestic Violence, along with the Executive Office of Health and Human Services. The group consists of law enforcement, sexual assault and domestic violence advocates, parole, probation, trial courts, prosecutors, child service providers, State Police, and additional members from public safety. State agency personnel were consulted in the development of these proposed best practices.

The recommended best practices were developed in order to provide guidance and assist counties across the state in either development or creation of their Domestic Violence High Risk Teams. The Commonwealth of Massachusetts currently has twenty-six operational Domestic Violence High Risk Teams (DVHRT). These multi-disciplinary teams work to identify the most dangerous cases of domestic violence in our communities and work together to prevent cases from escalating to lethal levels. Domestic Violence High Risk Teams also serve to bridge system gaps and create cohesion in response. Included in this report is a brief explanation of the benefits to conducting a lethality assessment; an overview of DVHRTs; and recommended best practices for emerging and already established DVHRTs to support and strengthen their growth. Additional recommendations are included to address DVHRT jurisdictional considerations, demographics, structure and the use of a Lethality Assessment tool.

Why Lethality Assessment?

The ability to assess the risk of lethality of those who commit acts of domestic violence is a critical element in violence intervention and prevention. Research shows that domestic violence homicides typically do not occur without warning. Rather, they occur most often as the result of predictable patterns of abuse that escalate in severity and frequency. Risk indicators for intimate partner homicide (IPH) (e.g., strangulation, forced sex, threats to kill) have been established through the research of Dr. Jacquelyn Campbell and others over the last twenty years. According to the research, there are approximately nine near-lethal incidents for every intimate partner homicide¹. Despite this, few police departments incorporate lethality assessment into their investigation

¹ Campbell, J., Glass, N., Sharps, P., Langhon, K., & Bloom, T., (2007), *Intimate Partner Homicide: Review and Implications of Research and Policy. Trauma, Violence and Abuse* 8(3), 246-269.

of domestic violence incidents. In addition, many domestic violence programs do not systematically assess for lethality when working with abuse victims.

By incorporating what is known about IPH and instituting lethality assessment protocols for police officers as first responders, dangerous domestic violence offenders can be identified earlier. This gives the system a better opportunity to interrupt the cycle of escalating violence before a lethal assault occurs. Once high risk offenders have been identified, teams can begin to monitor the offender, ensure victims have the services they need, and manage the case with those two primary objectives in mind.

Lethality assessment protocols and tools help to gather and share information across systems – information which is critical to victim safety and offender accountability. Lethality assessments encourage the system to look beyond an individual incident of violence and take a broader view of the *history and patterns of abuse* – a far better way to gauge the danger of a situation.

What are Domestic Violence High Risk Teams?

DVHRTs are multi-disciplinary teams, with membership from a broad spectrum of agencies that work with victims and offenders as well as organizations that will ensure cultural sensitivity and representation. DVHRTs utilize risk assessment to systematically monitor offenders and enhance safety for victims. Team members are well trained in the dynamics of domestic violence dynamics and risk assessment and facilitate communication among the different disciplines involved in a coordinated response.

High Risk Teams should be focused equally on promoting offender accountability and victim safety. Team members share information on high risk cases to create individualized intervention plans, provide ongoing risk management, track case dispositions, and promote victim safety. Teams work together to leverage all possible safety options for victims at highest risk.

High Risk Team Jurisdiction

Generally, a Domestic Violence High Risk Team should be developed around a particular geographical area and consistent with court or law-enforcement jurisdictions. Boston-area district courts may have a broad jurisdiction, so the High Risk Team may be formed around one or two precincts that feed into the same district court. Other examples are the team led by the Northwestern District Attorney's (DA) Office where the Team

covers two counties and is divided by district court jurisdiction, or the Bristol County High Risk Team that is county-wide, but is also divided into smaller teams in each district court jurisdictions.

Who should be included in a Domestic Violence High Risk Team?

Core membership:

DVHRTs should be multi-disciplinary and at minimum include community-based domestic violence organizations, police departments, probation, parole, prosecutors, Sheriff's Offices, and Intimate Partner Abuse Education Programs. Each member agency should assign a particular person to the team to create consistency in attendance and participation. A Memorandum of Understanding (MOU) must be signed by the appropriate leadership position at each organization participating in the DVHRT. (See Sample MOU attached.) The MOU should specifically address confidentiality and releases for information sharing, including CORI and victim information. A Release of Information form to be signed by a victim should be specific and reasonably time-limited. (See attached sample Criminal History Systems Board High Risk Team CORI form and sample Information Release Form.)

Additional recommendations for membership:

Depending upon the needs of the community, it may be appropriate to expand membership. Jurisdictions may want to consider membership from legal services, family courts, Department of Transitional Assistance, Department of Children and Families, educational institutions (including their police departments), correctional facilities, as well as organizations that will ensure cultural sensitivity and representation for the identified geographic area and community.

Additional team member agencies to be considered include, but are not limited to: local health-care providers, organizations representing underrepresented and/or marginalized communities, housing agencies, and agencies representing and working with elders, LGBTQ, and persons with disabilities. These agencies or organizations can be added as a member of the DVHRT or invited to collaborate with the team on a specific case.

How should a DVHRT team be structured?

A team should be led by either a well-established community-based domestic violence organization, or co-led by such an agency and law enforcement agency (i.e., a police department or prosecutor's office). Leadership should be determined and defined by the Team members upon the formation of the team. Each lead/co-lead agency should have a specific staff member designated to lead the Team.

Each team MUST have a funded Coordinator that is a staff member of a lead/co-lead agency. This position is based on the financial ability of the lead /co-lead agencies to support it. For example, the Greater Newburyport High Risk Team is led by Jeanne Geiger Crisis Center (JGCC) and the Team Coordinator is an employee of JGCC. Other examples are the High Risk Teams in Northwestern and Bristol counties, which are co-led by the District Attorney's Office and the local community-based domestic violence agency. The Team Coordinator is an employee of the DA's Office.

The job description of the Team Coordinator should include:

- Schedule and prepare meetings of the High Risk Team
- Coordinate training of the Team
- Oversee adherence of member agencies to the agreed upon conditions in the Memorandum of Understanding (MOU)
- Facilitate or assign facilitation of the High Risk Team meetings
- Keep meeting minutes or assign someone to keep minutes
- Oversee referrals of high risk cases to the team
- Oversee case coordination and victim advocacy
- Ensure that agreed upon information is included for each referred case
- Maintain a system of case tracking based on what is best for the Team and victim confidentiality
- Orient new members of the Team

Minimum elements required of a High Risk Team include:

While the main objectives of Domestic Violence High Risk Teams are to enhance victim safety and promote offender accountability, priority should be given to victim safety. Plans and actions to increase offender accountability should not be taken without considering how these steps might jeopardize the safety of the victim and/or the victim's children or other dependents.

Before establishing a HRDVT, a community readiness assessment can assist in the formation and development of the Team. This should include:

- Defined team core members and their responsibilities.
- A commitment to use a lethality assessment tool as well as training on the assessment protocol.
- Establishing an MOU that specifies each partner agency's role and each agency's representative(s).

- Establishing a plan for increasing community awareness about IPH lethality factors and accessing the DV High Risk Team. Community awareness efforts should include outreach to agencies and individuals that work with historically underserved populations.

DVHRT must have a process for determining how cases should be referred and accepted and what criteria should be used to screen cases. Ideally, this could include the use of one or more of the established lethality assessment tools such as the [Danger Assessment \(DA\)](#), [Danger Assessment-Law Enforcement \(DA-LE\)](#), [Lethality Assessment Protocol \(LAP\)](#) and the [Ontario Domestic Assault Risk Assessment \(ODARA\)](#).

***Note:** The four lethality assessment tools identified above are all based on research derived from heterosexual female victims in urban areas, primarily from non-immigrant backgrounds. They are not culturally tailored for particular demographics of victims who face some of the highest risk for domestic violence, such as immigrants, men in same-sex relationships, rural survivors, and survivors with disabilities. The use of non-tailored tools for these demographic groups can result in incomplete and limited information about the level of risk. While specific tools have not yet been developed for some of these demographic groups, in the Attachments section, we cited and included tools designed specifically for victims who are lesbian or bi-sexual and for immigrant heterosexual women.*

Case selection should include identification and discussion regarding the validated indicators of lethality risk, analysis of any current criminal case, review of abuse history, victim concerns, and any previous law enforcement response. (See Sample Candidate Referral Forms).

Note: Including a victim's case must only be done with the consent of the victim. Even when the victim consents, the information (s)he shares with a community-based advocate remains confidential unless a release of information is signed.

Team members should collectively identify gaps in the system and make recommendations on how to address them, including how to improve inter-agency cooperation.

All staff members at each member agency should be trained on what the High Risk Team is and how it operates. This training should also include cross-training of the function and work of each member agency.

DVHRTs must have a policy that identifies which screening tool(s) will be used, who will conduct the lethality screening, and a mandated training. Once a lethality assessment tool is chosen, the agency using the tool should

adopt policies around its use. For example, law enforcement should create a policy for whether the tool is to be used at every call for intimate partner violence, at the officer's discretion, or only upon arrest. The domestic violence agency should determine whether the tool is used at the first interaction with a client or later. **Note:** *These are just a few examples; policy that is set around use of a lethality tool should be done in conjunction with agencies training on those tools.*

Training on the purpose and use of the tool should be conducted with all team members and their staff. Trainings should include the criteria for administration of the tool, how each agency will use the tool, and how the agency will inform the Team's plan for intervention planning.

A process for data collection and evaluation should be developed by the team and reviewed annually for adherence to the signed MOU. An annual report should be published by team members.

DVHRTs must specify a protocol for cases to be addressed in between scheduled meetings.

Meeting times and locations should be established in advance to ensure members are available to attend. An example is to schedule the team meeting for the fourth Tuesday of every month from 1:00-2:00pm at the courthouse. Attendance should be taken and reviewed annually to ensure members continue to participate and adhere to the MOU.

ATTACHMENTS & ADDITIONAL INFORMATION:

1. Four Validated Lethality Assessment tools can be reviewed for use and training at the following sites:
 - Danger Assessment- (DA)-Dr. Jacquelyn Campbell- <https://www.dangerassessment.org>
 - Danger Assessment-Law Enforcement (DA-LE)-Jeanne Geiger Crisis Center <https://www.jgccdale.org/>
 - Lethality Assessment Protocol (LAP) [https:// lethalityassessmentprogram.org](https://lethalityassessmentprogram.org)
 - Ontario Domestic Assault Risk Assessment (ODARA) <http://odara.waypointcentre.ca>
2. Danger Assessment for Immigrants tool <https://www.dangerassessment.org>
3. Danger Assessment for Lesbian and Bi-Sexual Women tool <https://www.dangerassessment.org>
4. Sample MOU for Team
 - Jeanne Geiger Crisis Center
5. Sample Protocol and Practices of a Team-
 - Bristol County
6. Sample(s) Team Coordinator Job Description-
 - Jeanne Geiger Crisis Center
 - Northwestern District Attorney's Office
7. Sample Case Referral Form(s)-
 - Norfolk County High Risk Team
 - New Bedford High Risk Team
8. Sample Criminal History Systems Board Release form
9. Sample Victim Release Form
 - RESPOND, Inc