

# **GREATER NEWBURYPORT HIGH RISK RESPONSE TEAM**

## **Safety and Accountability Report (2006-2008)**

### **Greater Newburyport High Risk Response Team**

#### **Founding Partners**

Jeanne Geiger Crisis Center, Inc. (*Lead Agency*)  
Amesbury Police Department  
Caritas Holy Family Hospital, Family Safety Project  
Newbury Police Department  
Newburyport Police Department  
Newburyport Probation Department  
Salisbury Police Department

#### **Joining Partners**

Anna Jaques Hospital  
Essex District Attorney's Office  
Rowley Police Department  
West Newbury Police Department

#### **Special Consultant**

Diane Rosenfeld, *Lecturer at Law*, Harvard Law School

## **OVERVIEW**

Jeanne Geiger Crisis Center, Inc. (“JGCC”) utilizes a holistic approach to address the needs of victims of domestic violence. JGCC offers counseling, support groups, legal representation, parenting support, and general assistance to its clients and is committed to preserving the anonymity and overall safety of its clients and their dependents. As part of its mission, JGCC focuses on stabilizing the potentially volatile situations surrounding domestic violence and assisting victims and their families in achieving long term independence and safety. JGCC has offices in Newburyport and Amesbury, Massachusetts, and serves nine cities and towns in the surrounding area. JGCC receives funding from the Department of Children and Families (DCF), the Massachusetts Bar Association, private donors, fundraising efforts, and through federal funding as provided under the Violence Against Women Act (VAWA) and the Victims of Crime Act (VOCA). The work of the Greater Newburyport High Risk Response Team (“HRRT”) is funded in part by the Byrne JAG Grant. JGCC maintains a staff of eighteen employees and within the last year offered support services to more than 1,000 survivors of intimate partner violence.

## **THE GREATER NEWBURYPORT HIGH RISK RESPONSE TEAM**

JGCC leads a team of professionals in identifying and addressing the most dangerous cases of reported domestic violence in the greater Newburyport community. The team consists of representatives from victims’ services, probation, law enforcement, district attorney’s office, certified batterers’ intervention programs, and local hospitals. The HRRT uses a risk assessment model to identify victims with the greatest potential for re-assault and lethal attack. The team develops individualized intervention plans to interrupt the cycle of escalating violence and minimize the risk of further abuse. By increasing the monitoring of high risk offenders and sharing information across disciplines, the team helps to ensure that these dangerous cases are comprehensively and strategically addressed within the criminal justice system and beyond.

Some of the data compiled in this report refer to reported and not actual percentages and averages as provided by victims during intake and risk assessment. While this data does not provide a comprehensive picture in all regards, it is helpful in determining the demographics of victims and offenders, as well as assists in assessing the efficacy of the HRRT.

## **TRAINING AND CONSULTATION**

JGCC has trained over 2,000 criminal justice professionals, including advocates, police officers, probation personnel, and others in the high risk team model. JGCC has provided training and consultation to the communities of New Bedford, Lynn, Framingham, Greenfield, Fall River, Somerville, Salem, and Peabody in adopting risk assessment approaches in their communities. In addition, JGCC provided training in strangulation, risk assessment, and high risk team model development to victim witness advocates and assistant district attorneys in Essex and Middlesex District Attorney’s Offices.

## VICTIM DEMOGRAPHICS

The HRRT identified fourteen high risk cases for the 2008 Report Year (RY), which began April 1, 2007 and ended March 31, 2008. The HRRT identified and provided ongoing risk management to a total of 55 cases for all three report years, which began April 1, 2005 and ended March 31, 2008. *In all 55 high risk cases, the victim was a female and the offender was a male.*

	<i>Number of Cases (N=55)</i>	<i>Percentage of Cases</i>
<b>AGE</b>		
14-17 years old	1	2%
18-19 years old	4	7%
20-29 years old	11	20%
30-39 years old	14	25%
40-49 years old	17	31%
50-59 years old	1	2%
60+ years old	2	4%
Unknown	5	9%
<b>RACE/ETHNICITY</b>		
Hispanic or Latino	2	4%
White	45	82%
Unknown	8	15%
<b>EMPLOYMENT STATUS</b>		
Employed	17	31%
Unemployed	8	15%
Student	3	5%
Other	1	2%
Unknown	26	47%
<b>RELATIONSHIP TYPE</b>		
Spouse	16	29%
Ex-spouse	4	7%
Living together (unmarried)	10	18%
Previously lived together (unmarried)		
Dating	9	16%
Previously dated	14	25%
Unknown	2	4%
<b>RELATIONSHIP LENGTH</b>		
< 1 year	2	4%
1-5 years	22	40%
6-9 years	10	18%
10-14 years	5	9%
15-19 years	1	2%
20-29 years	4	7%
30+ years	3	5%
Unknown	8	15%

## VICTIM SAFETY

It has been well documented that easily accessible and high-quality comprehensive victims' services is one of a handful of protective factors against intimate partner homicide (IPH). Bearing this in mind, 87% (48) of victims accessed victims' services at Jeanne Geiger Crisis Center, Inc. Most victims were able to stay safe *and* stay in their community: 91% (50) of victims reported no re-assaults by the offender and 93% (51) of victims did not need to relocate to a domestic violence shelter for safety.

- Of the risk assessment indicators:
  - 67% (37) of victims survived at least one non-lethal strangulation incident
  - 80% (44) of victims acknowledged a history of previously reported intimate partner violence incidents
- 25% (14) of victims received medical treatment for their injuries
- 78% (43) of victims had an active restraining order at the time the case was accepted by the team
- 58% (32) of high risk case households had minor children living in the home
  - 91% (29) of cases, victims and offenders had children in common (CIC)
  - 44% (14) of cases, victims had children that were not the biological children of the offender
- 42% (23) of high risk case households had children who witnessed the violence

## OFFENDER DEMOGRAPHICS

	<i>Number of Cases (N=55)</i>	<i>Percentage of Cases</i>
<b>AGE</b>		
14-17 years old	1	2%
18-19 years old	1	2%
20-29 years old	10	18%
30-39 years old	18	33%
40-49 years old	18	33%
50-59 years old	5	9%
60+ years old	1	2%
Unknown	1	2%
<b>RACE/ETHNICITY</b>		
Black or African American	1	2%
Hispanic or Latino	3	5%
White	45	82%
Unknown	6	11%
<b>EMPLOYMENT STATUS</b>		
Employed	25	45%
Unemployed	13	24%
Student	1	2%
Other	2	4%
Unknown	14	25%

## OFFENDER HISTORY

We know that for every IPH, there are on average nine non-lethal assaults.<sup>1</sup> This means that we have several chances to intervene and possibly save a life. Domestic violence homicides often occur in predictable patterns that escalate in severity and frequency. The use of risk assessment tools, protocols and practices is a critical component in the early identification of high risk behaviors and IPH prevention. Of the HRRT high risk cases, 67% (37) of victims survived strangulation, while 65% (36) of offenders made threats to kill the victim and 33% (18) of offenders used a weapon against the victim.

- Of the risk assessment indicators:
  - 33% (18) of offenders forced sex on the victim
    - 4% (2) have known previous sex crimes convictions
  - 33% (18) of offenders used a weapon against the victim
    - 11% (2) used guns
    - 33% (6) used knives or other cutting instruments, such as box cutters, etc.
    - 83% (15) used other types of weapons, such as a car, a baseball bat, etc.
  - 45% (25) of offenders own or have access to weapons
    - 60% (15) have access to guns
    - 32% (8) have access to other types of weapons
  - 76% (42) of offenders increased the frequency or severity of the violence over time
  - 40% (22) of offenders threatened or attempted suicide
  - 71% (39) of offenders stalked the victim
- 33% (18) of offenders also abused the children
  - 67% (12) abused the children physically
  - 22% (4) abused the children sexually
- 5% (3) of offenders threatened to kidnap the children
- 20% (11) of offenders also abused family pets or other animals
- 11% (6) of offenders have a known mental health disorder diagnosis

## OFFENDER ACCOUNTABILITY THROUGH CRIMINAL JUSTICE INTERVENTION

Enhanced investigations and ongoing, coordinated offender containment and monitoring are crucial to victim safety. Of the HRRT cases, 80% (28) of offenders were incarcerated, 39% (18) of offenders were held pre-trial and 78% (14) of those were held on dangerousness hearings, and 20% (9) of offenders were monitored via GPS.

- 84% (46) of high risk cases received criminal justice intervention
- 39% (18) of offenders were held pre-trial
  - 78% (14) were held on dangerousness hearings
  - 17% (3) were held on probation violations
  - 11% (2) were held on other violations (e.g. warrant)
- 20% (9) of offenders were monitored via GPS
  - 34% (3) were monitored pre-trial
  - 56% (5) were monitored post-sentencing
  - To date, there have been no recorded GPS violations

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<sup>1</sup> Campbell, J., Glass, N., Sharps, P., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence, & Abuse, 8*(3), 246-269.

- 76% (35) of high risk cases receiving criminal justice intervention were disposed at the time of this report
  - 11% (4) were dismissed by the district attorney's office
  - 69% (24) were disposed through plea bargaining
  - 26% (9) were disposed through trial
    - 56% (5) offenders were found guilty
    - 22% (2) offenders were found not guilty
  - 8% (3) were continued without a finding
- 80% (28) of offenders were incarcerated

## TRENDS

It is of statistical significance to note a few emerging trends since the inception of the HRRT in 2004. Although these numbers suggest an impact on the safety of victims and accountability of offenders with the involvement of the HRRT, it is important for us to continue to monitor these numbers carefully and evaluate more effectively other factors that may have contributed to the rise or decline where observed.

Victim-reporting of at least one non-lethal strangulation incident has steadily increased from 57% in the first year to 72% in the second year to 86% in our third year. Although this statistic is significant, we have not conducted a study to determine the factors that may have contributed to this increase.

Moreover, 7% of all high risk case victims reported seeking safety in domestic violence shelters after the case was accepted by the HRRT. However, it is important to note that all of these victims sought shelter in the first and second year, and none reported seeking shelter in the third year. Additionally, we have seen a dramatic decrease in the number of reported re-assaults after case acceptance by the HRRT. Specifically, 17% of victims reported being re-assaulted in the first year, 6% of victims reported the same in the second year, but no victims reported being re-assaulted in the third year.

## RECOGNITION

*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

## ACKNOWLEDGEMENTS

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