This research was supported by the Massachusetts Executive Office of Public Safety and Security.

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

Kamala Smith, MPH, Mica Astion, MSCJ, Michael Shively, PhD; Abt Associates

This research was supported by the Massachusetts Executive Office of Public Safety and Security.

Domestic Violence Homicide in the US

- 35% of women in the United States will experience some form of IPV in their lifetime.
- 25% of women will experience severe IPV in their lifetime (e.g., being beaten up, assaulted with a weapon).
- 10-20% 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 partners.

- 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.
- People 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-abuse.
- Research suggests that low cost, clear, simple assessments 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-abuse.

- 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 responsive case management.

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
    - participations 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

- A qualitative and deductive process of analysis and synthesis:
  - generating themes and subthemes that emerged from interviews
  - mapping information according to client’s area of interest

Map of Cities and Towns Covered by the Selected DVHRTs

Study Objectives

- Explore the varying features of domestic violence high risk team (DVHRT) models that have emerged in the pursuit of a common goal - reducing domestic violence homicide and severe re-abuse.
- 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.

Results

Findings: DVHRTs

- Variation Across DVHRTs
  - The number and type of agencies represented on the DVHRT differs widely.
  - Most significant variation across teams are the types and use of lethality assessment tools.
  - Strengths, Assets, Successes:
    - The collaborative approach ensuring seamless referrals for services.
    - Exemplary performance of high risk teams.
    - Increased number of restraining orders.
    - Consistency of victim interacting with the same group over time, strengthening the relationship with the victim.

Findings: Refugee and Immigrant Victim Service Agencies

- Success of Team Involvement
  - Victim services organization’s access to police when necessary.
  - Building interagency relationships.
  - Provision of culturally-supportive (including language proficiency) services.
  - Addressing gaps in services.

Findings: GLBTQ Agencies

- Success of Team Involvement
  - Increases the cultural competency of a DVHRT serving a culturally diverse population.
  - Service providers from such organizations are able to provide their expertise on working with the GLBTQ community, thereby filling awareness and educating DVHRTs.
  - 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.

Barriers to Team Involvement

- Barriers to Team Involvement
  - Victim fear of law enforcement.
  - DVHRT’s lack of cultural sensitivity.
  - Challenges of incorporating multiple agencies.
  - Need for funding to support DV-trained advocates that speak additional languages and stipends for clients.
  - Affordable legal assistance.

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 addresses 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 experienced 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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