



**JEANNE GEIGER**  
**CRISIS CENTER, INC.**

# **GREATER NEWBURYPORT DOMESTIC VIOLENCE HIGH RISK TEAM**

**SAFETY AND ACCOUNTABILITY REPORT  
2005-2013**

**DECEMBER 2013**

# GREATER NEWBURYPORT DOMESTIC VIOLENCE HIGH RISK TEAM

## FOUNDING PARTNER AGENCIES

JEANNE GEIGER CRISIS CENTER, INC.  
(LEAD AGENCY)

AMESBURY POLICE DEPARTMENT

HOLY FAMILY HOSPITAL

NEWBURY POLICE DEPARTMENT

NEWBURYPORT POLICE DEPARTMENT

NEWBURYPORT PROBATION DEPARTMENT

SALISBURY POLICE DEPARTMENT

## JOINING PARTNER AGENCIES

ANNA JAQUES HOSPITAL

ESSEX DISTRICT ATTORNEY'S OFFICE

ESSEX COUNTY SHERIFF'S DEPARTMENT

MASSACHUSETTS PAROLE BOARD

MERRIMAC POLICE DEPARTMENT

## MEMBERS

KELLY DUNNE, CHIEF OF OPERATIONS  
KATHRYN JOHNSON, COMMUNITY SERVICES COORDINATOR

ROBERT WILE, DETECTIVE

DOUG GAUDETTE, DIRECTOR, FAMILY SAFETY PROJECT

PATTY FISHER, SERGEANT

MATT SIMONS, INSPECTOR

JENELLE RUSSO, ASSISTANT CHIEF PROBATION OFFICER  
ALITZA GONZALEZ, PROBATION OFFICER  
TONY DURSO, PROBATION OFFICER

JIM LEAVITT, PATROLMAN

## MEMBERS

MOE LORD, RNC, BS, DIRECTOR, PSYCHIATRIC SERVICES

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

GALE BRUNAULT, DIRECTOR, VICTIM SERVICE UNIT

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

STEPHEN RINGUETTE, SERGEANT

# DOROTHY'S STORY



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.**

## **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**

# 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 follows 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 ensures 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 ten-year 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.

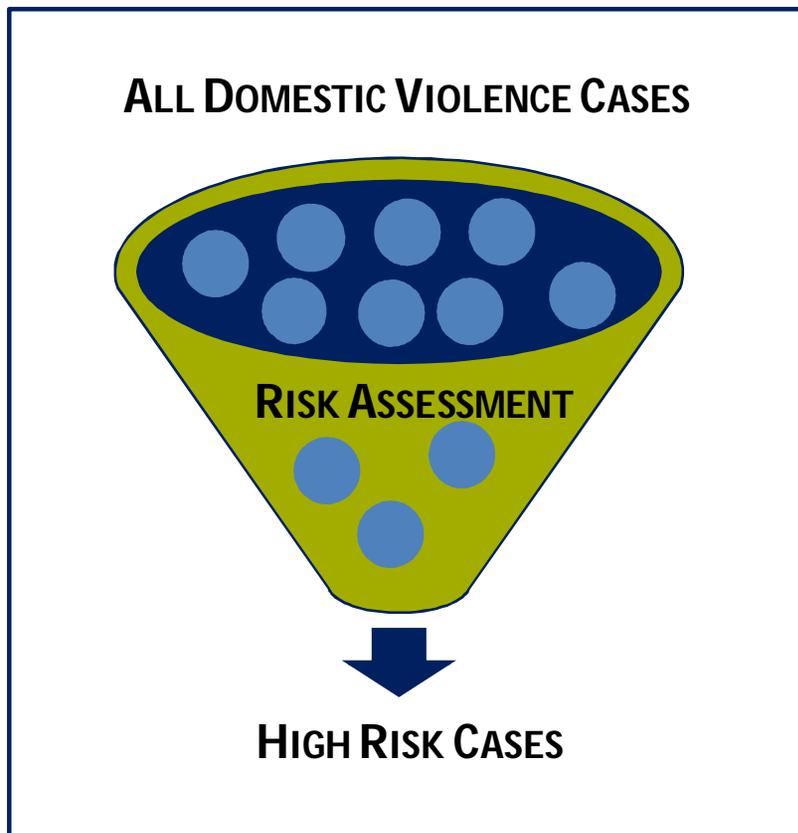
### OFFENDER CONTAINMENT

- **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.

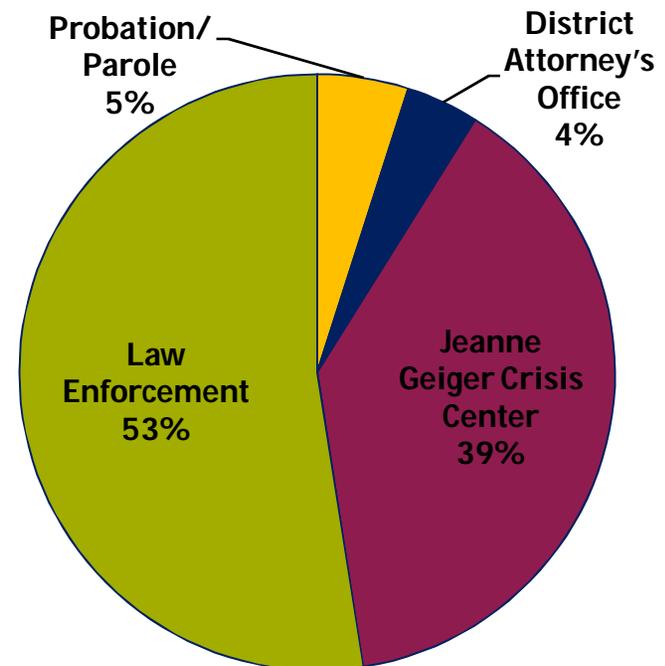
*The data in this report is gathered through victim statements, police reports, medical records, risk assessments and other official records. High risk cases are referred to the team through the participating partner agencies. All of the data is documented and analyzed by the Jeanne Geiger Crisis Center.*

# 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

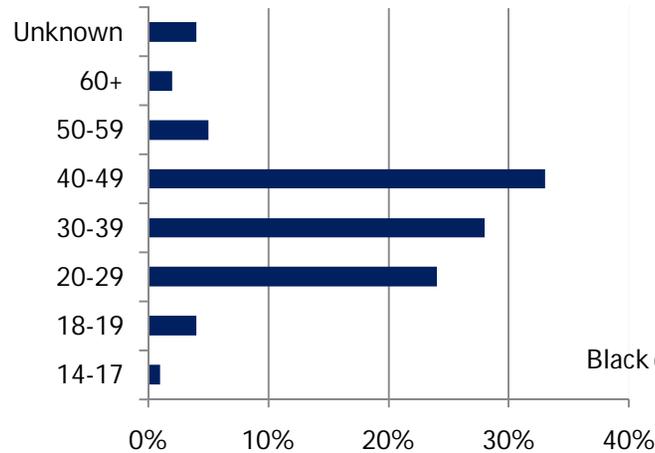
88% White

50% Between the Ages of 20-39

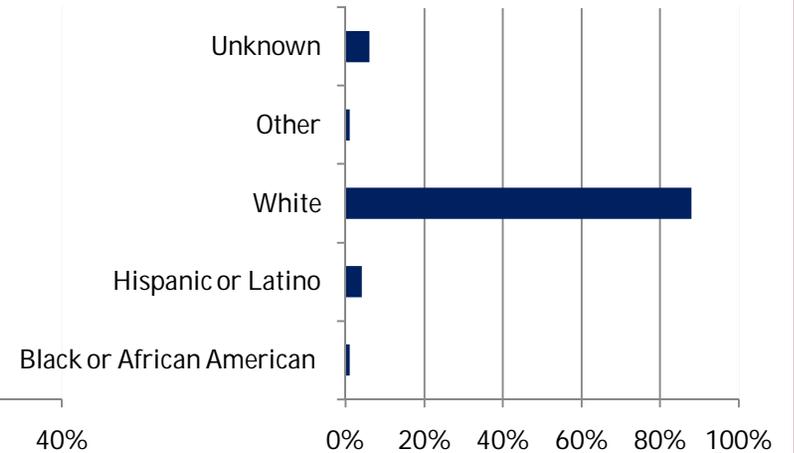
70% Dating or Married

41% of Relationships Were Between 1-5 Years

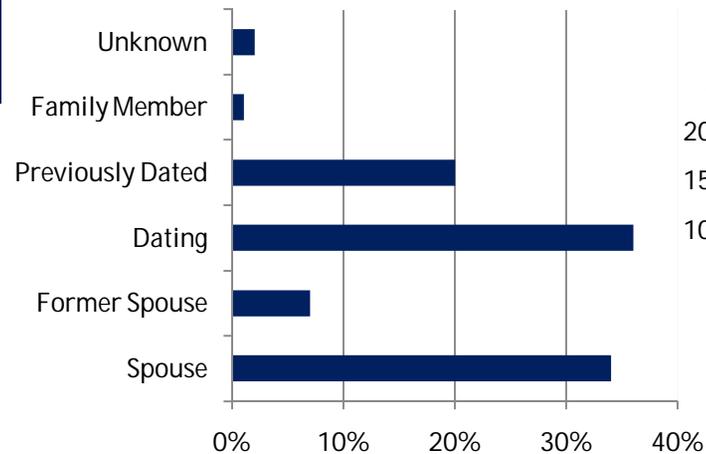
VICTIM'S AGE



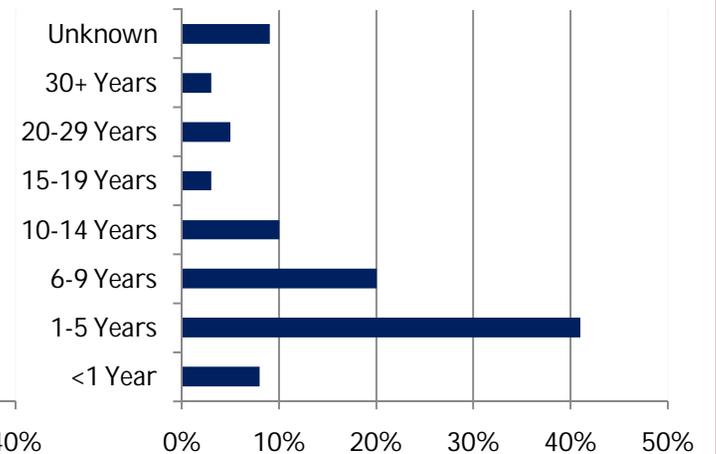
VICTIM'S RACE/ETHNICITY



RELATIONSHIP TYPE



RELATIONSHIP LENGTH



# OFFENDER DEMOGRAPHICS (N=129)

## OVERVIEW

### Offenders Were:

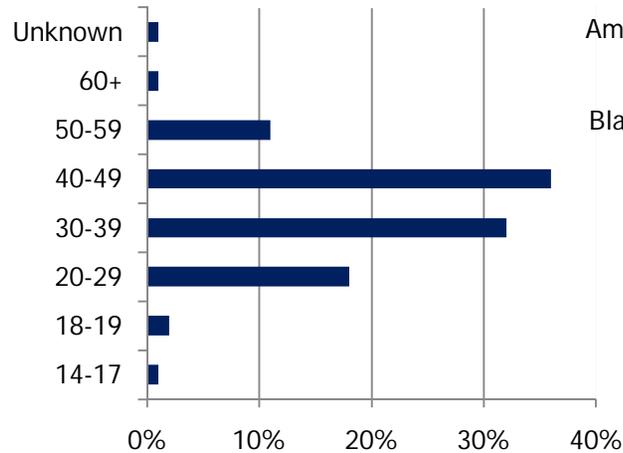
99% Male

83% White

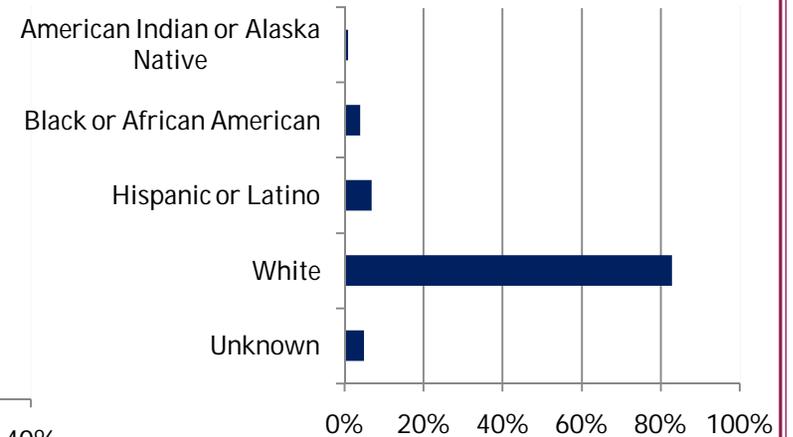
50% Between the Ages of 20-39

30% Unemployed

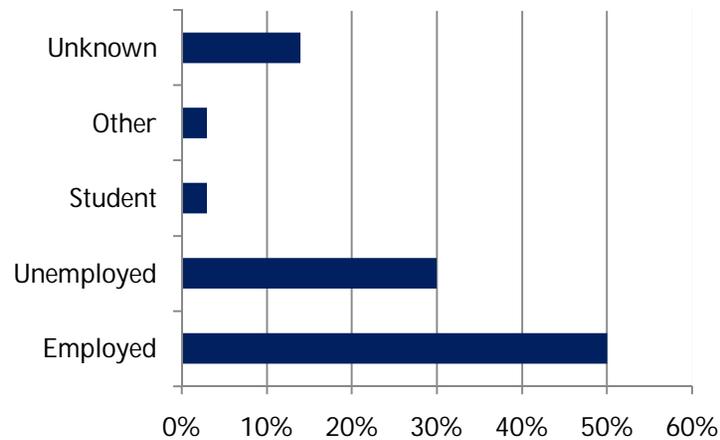
### OFFENDER'S AGE



### OFFENDER'S RACE/ETHNICITY



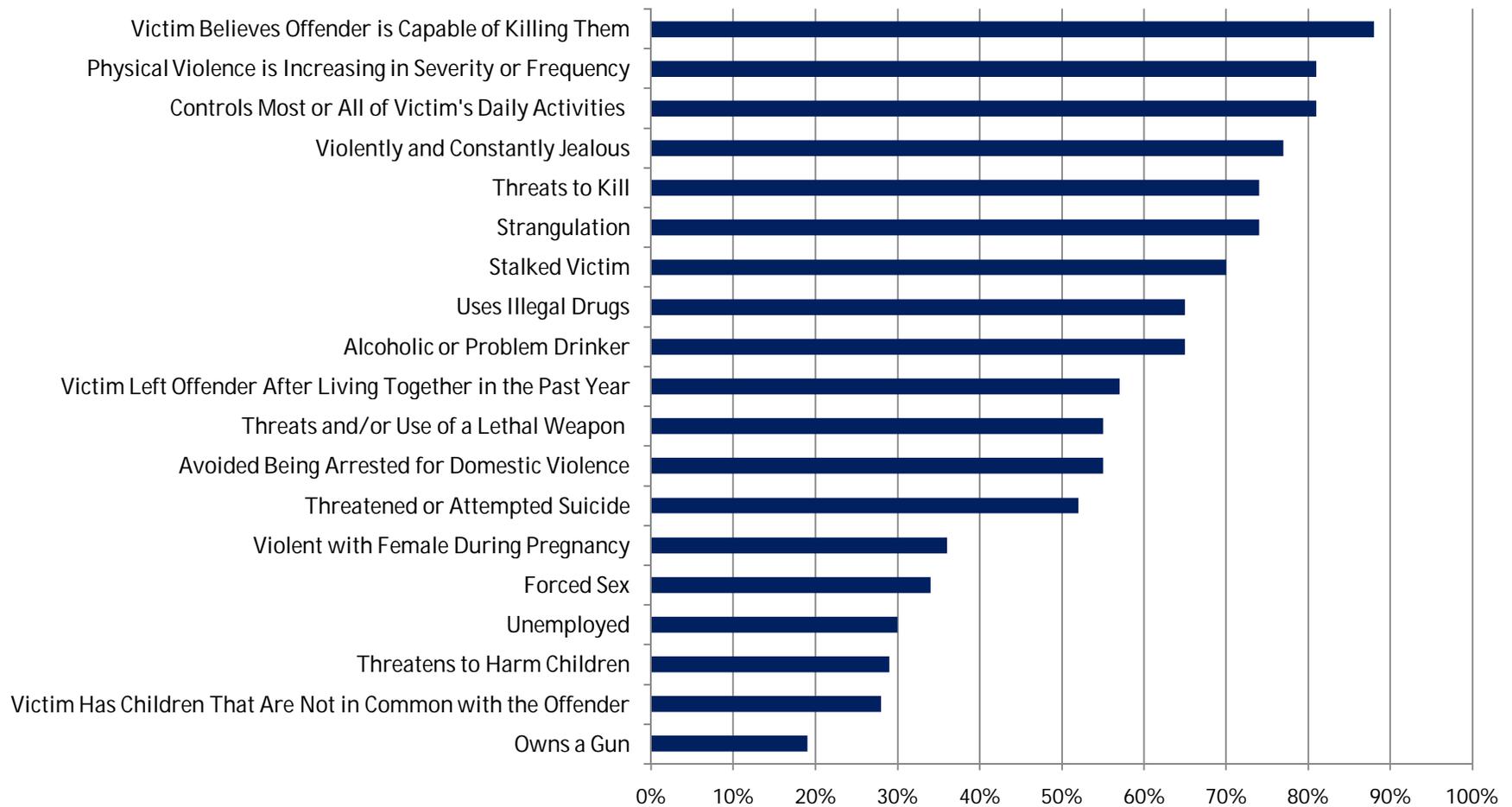
### OFFENDER'S EMPLOYMENT STATUS



# 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).

## 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 being strangled and 35% of victims have reported forced 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

Campbell identifies access to firearms, threats to kill the victim and threats (or use) of 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. 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.



## THE USE OF GUNS IN DOMESTIC VIOLENCE HOMICIDES

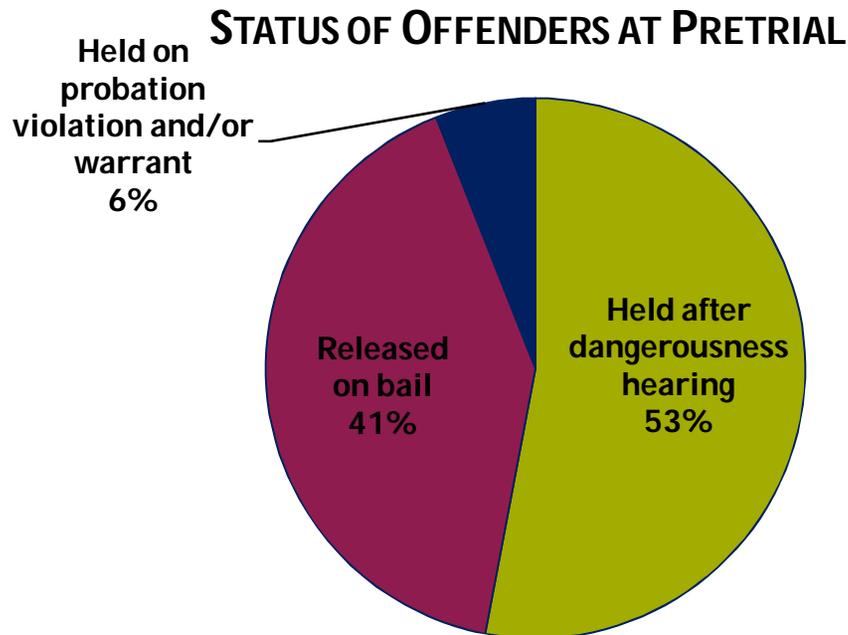
The Violence Policy Center reports that in 2010, the number of women shot and killed by intimate partners was six times higher than the number who were killed by strangers using all other forms of weapons combined.

# PRETRIAL INCARCERATION

## THE IMPORTANCE OF PRETRIAL INCARCERATION

Victims are at the greatest risk of homicide when in the process of leaving the relationship. The most dangerous time is within the first year of leaving, and more precisely within the first three months (Campbell, 2007). In the most dangerous domestic violence cases, pretrial detainment can be a critical component of victim safety.

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



*Of the 129 high risk cases, 74% were prosecuted in the criminal justice system.*

## 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 judge finds there is clear and convincing evidence 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

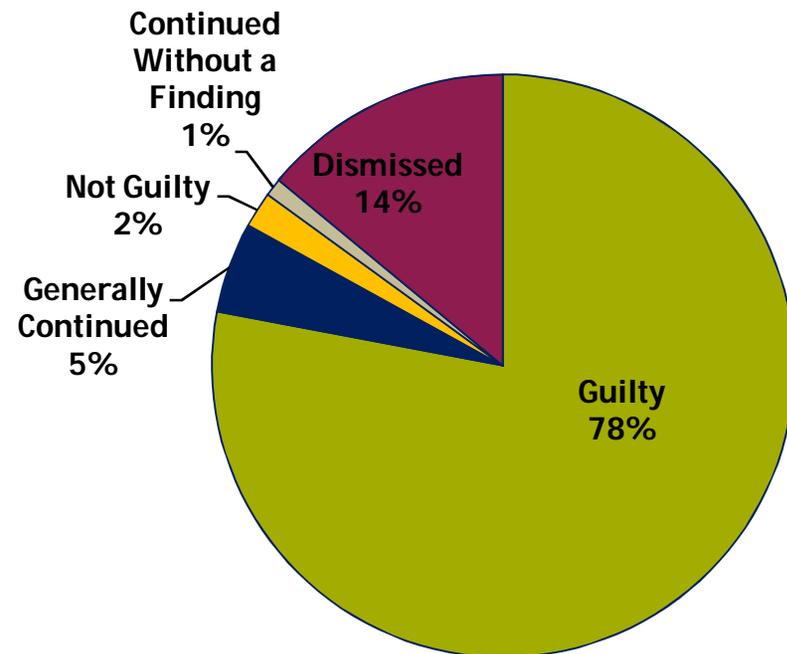
At the time of this report, 99% of cases receiving criminal justice intervention were disposed. In over 50% of cases, the time between arraignment and disposition was only three months with nearly 100% of cases being resolved within six months. Swift adjudication helps to ensure that victims participate in prosecution. In 78% of cases, offenders were found guilty and 65% were incarcerated. As a condition of probation, 39% of offenders were ordered to complete a certified Batterer's 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 compliance. GPS has been used in 28% of high risk cases. Primarily ordered as part of a sentence, GPS has also been utilized as a condition of pretrial release.

Through this technology the probation department is able to establish exclusion zones such as the victim's home, place of work and 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.

CRIMINAL JUSTICE OUTCOMES

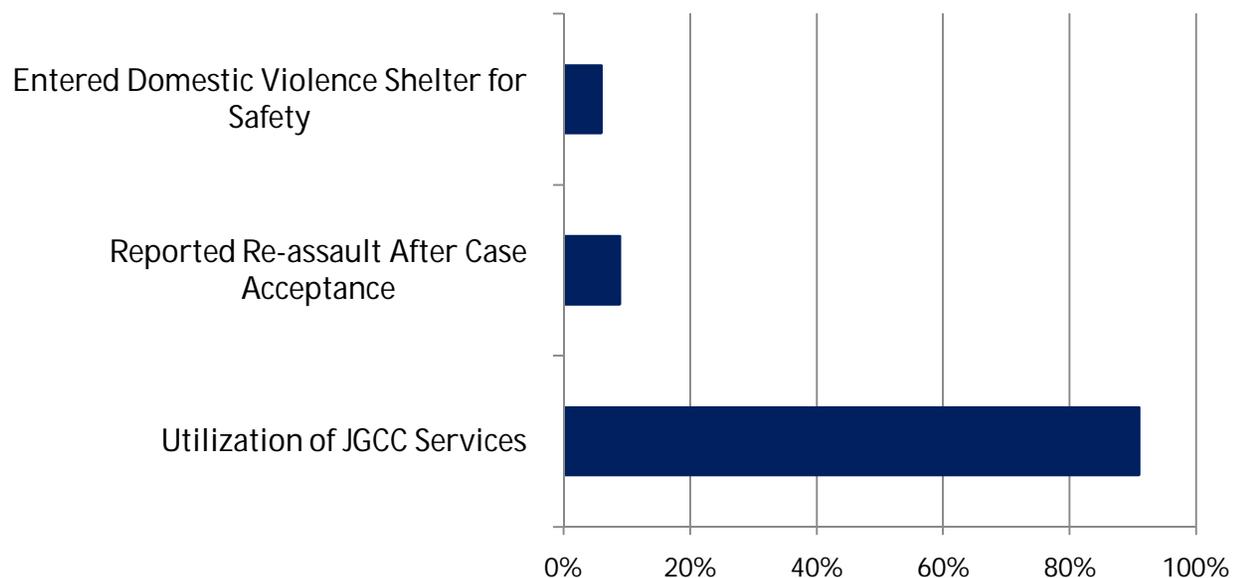


# VICTIM SAFETY OUTCOMES

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 SAFETY OUTCOMES



## 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 my} advocate were in 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."*

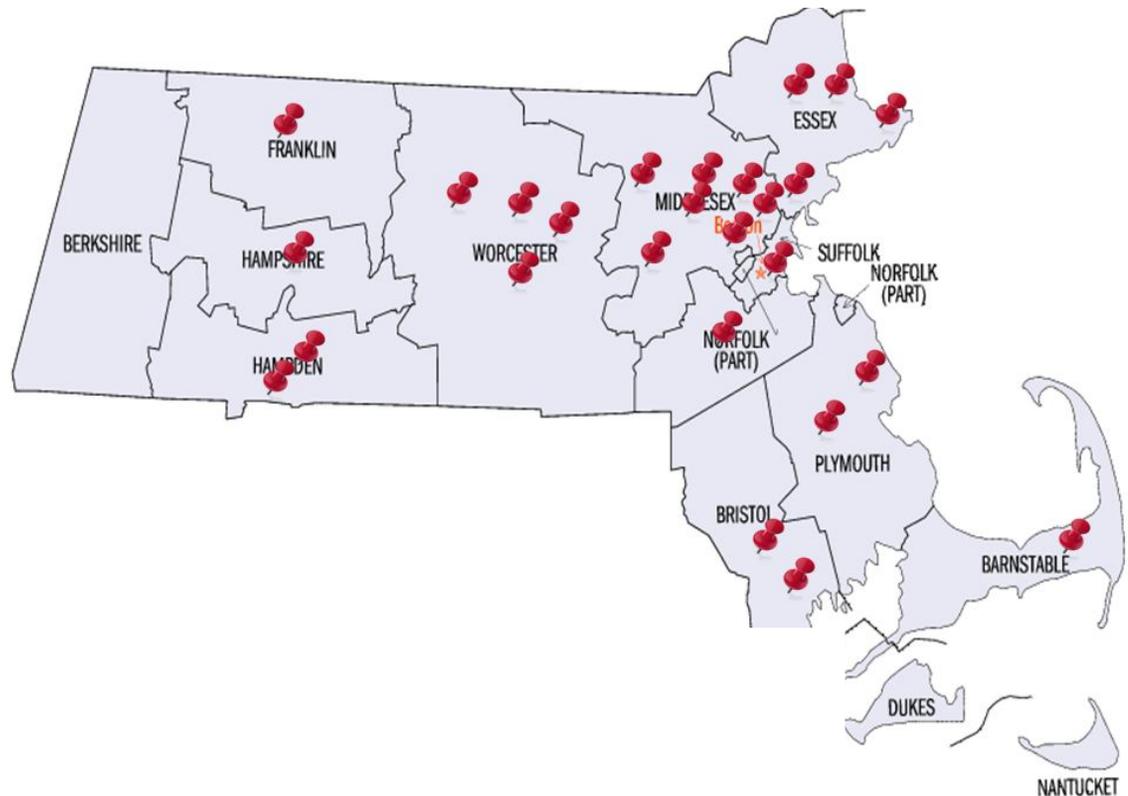
*-Survivor*

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

# DRIVING CHANGE

# 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.

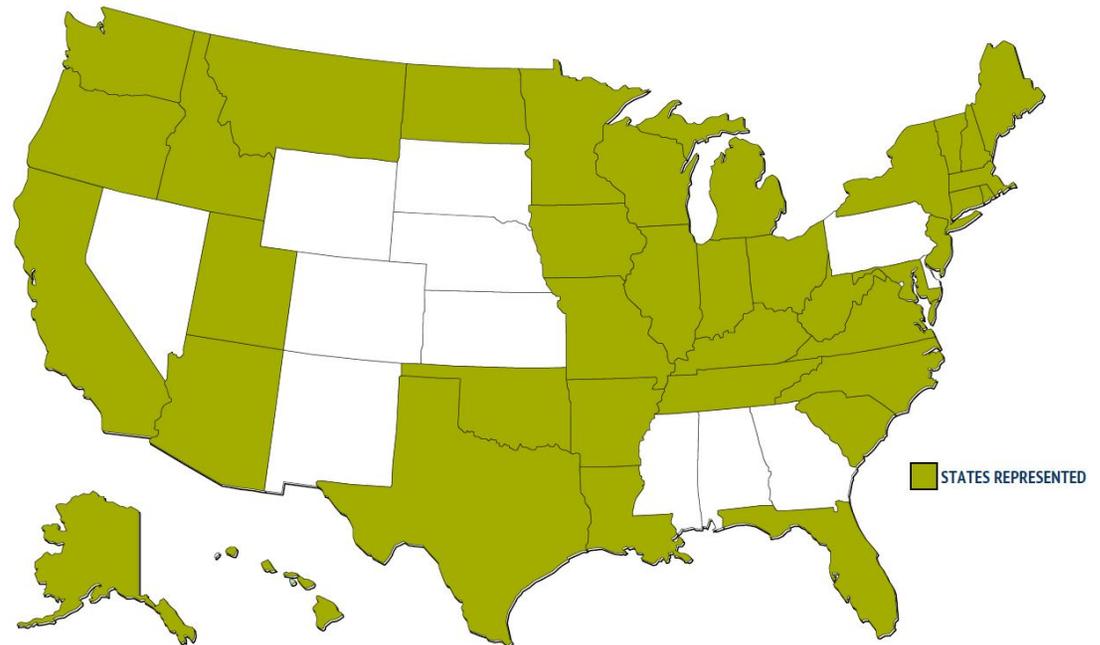
**The Conference hosted 367 attendees, representing 36 states, 1 District and 1 US Territory**

*"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 model 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 reducing 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**

**Brooklyn, New York**

**Contra Costa County, California**

**Rutland, Vermont**

**Winnebago, Illinois**

**Westchester, New York**

**Cuyahoga County, Ohio**

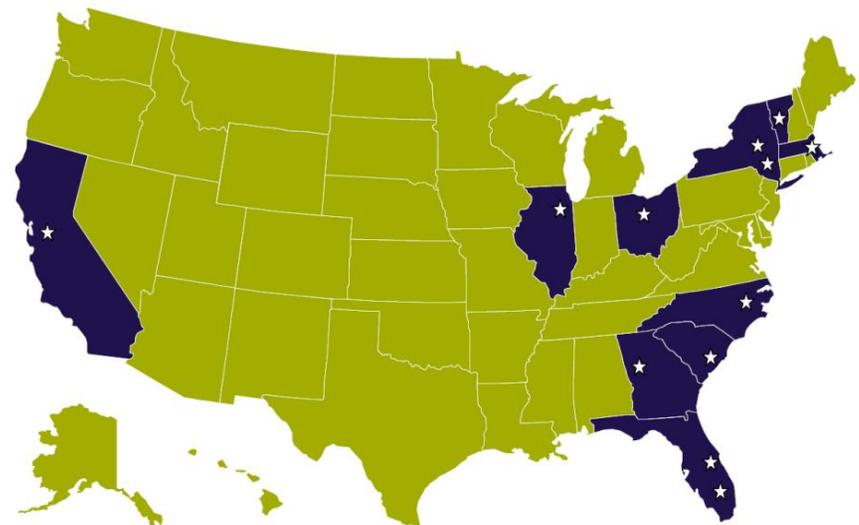
**Miami-Dade, Florida**

**Palm Beach, Florida**

**Pitt County, North Carolina**

**North Charleston, South Carolina**

**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 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.

 **"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

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