

The Erie County Domestic Violence High Risk Team: A Multidisciplinary Collaboration for Dangerous Cases

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At Domestic Violence Update: Where We Were, Where We Are Now, and the Work Ahead

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Family Violence and Women's Rights Law Clinic

- Second and third year law students
- All get practice orders
- Represent victims of family violence in Family Court, Integrated Domestic Violence Court
- Receive case referrals from Family Justice Center and others
- Focus on cases where client lower middle class, does not qualify for free attorney, or other special circumstances

Rates of Intimate Partner Homicides

Rates have declined statewide

- In Erie County in 2015 8 homicides: 5 ipv, 3 other family

- More than Kings County (Brooklyn), Manhattan County

- Ripple effects on surviving family members, community at large

Outline of Talk

- Origins of High Risk Team
- Danger Assessment, Lethality Assessment, Community Coordinated Response
- Research Studies on Danger Assessment
- Criticism of Danger Assessment and Lethality Assessment
- Need for Broader Education on HRT in Legal Community

First High Risk Team

- Jeanne Geiger Crisis Center Newburyport, MA 2005
- Murder of Dorothy Giunta-Cotter March 2002



Geiger Center Model

- Use of risk assessment instruments
- Individualized multidisciplinary team response
- Coordinated monitoring and containment of offenders

Geiger Center Study

- 129 cases between 2005 and 2013
- NO HOMICIDES
- Previously 8 in 10 year span

Dangerousness Hearings and GPS

- Permitted by Massachusetts law; used in cases in study
- Offender may be detained pre-trial for 90 days
- Compare to Criminal Procedure Law in NYS special criteria in family violence cases when bail is set: violation of OOP, OOP in effect, hx of firearms
- GPS used pre-trial in cases in study

Geiger Study, cont.

- Low dismissal rate; 14% v. 34%
- 78% of offenders found guilty v. 57%
- 65% of offenders sentenced to jail v.51%
- Only 9% of victims reassaulted v.23-66%
- Only 6% went to shelter
- Disposition achieved in short time

Danger Assessment

- Dr. Jacquelyn Campbell, PhD Public Health, RN 1986
- Professor of Nursing and Public Health Johns Hopkins
- 2 parts: calendar and risk assessment instrument
- Developed to predict risk of homicide
- Also used to predict risk of reassault
- <https://www.dangerassessment.org>.

Danger Assessment Updated in 2003

- Following a study which found more risk factors
- Unemployment of offender
- Child in the home not his
- History of stalking
- Victim left after living with him
- Compound question divided into two: threats to kill, capable of killing
- Weighted scoring algorithm; 4 levels: variable, increased, severe, extreme

2005 Study, Campbell, et al

- N=782
- Compared D.A. to other actuarial risk assessments
- Showed D.A. best predictor of future reassaults
- Out of those who scored in highest level only 5.9% not reassaulted
- Most women with low scores not reassaulted
- Problem of false positives, 30% with high scores not reassaulted

2014 Campbell Study

- N=432
- Broad range of racial, ethnic, age groups
- High risk women much more likely than low risk women to use protective actions
- High risk women less likely to seek formal dv services

Drawbacks to Danger Assessment

- Designed for use only with traditional heterosexual relationships
- Version available on website for female same sex couples but not validated
- Available in Spanish, Portuguese, French Canadian, other languages upon request

Danger Assessment for Immigrant Women

- Original DA did not take account risks of immigrant women
- Campbell, et al study published 2013 on risk factors for i.w.
- 12 additional risk items developed
 - CC DA predicted risk at 9 month follow up better than original DA
 - CC DA available upon request

Lethality Assessment Program

- Created by Maryland Network Against Domestic Violence in 2005
- In 50% of IPV homicides, police were previously involved
- Study in Maryland 87-92% of homicide or near homicide cases would have been assessed as high danger
- LAP connects victim with dv resources via police
- <https://lethalityassessmentprogram.org>.

Oklahoma Study on Lethality Assessment 2014

- N=440
- Results showed that LA correctly identified 92% of women with subsequent near fatal ipv
- Study group had less frequent and less severe violence
- Study group engaged in more protective actions
- Abusive partners more likely to be incarcerated
- Participants more satisfied with police response
- Between 2008-2013 Maryland had 32% drop in ipv related homicides

Criticism of Risk Assessments

- Professor Margaret Johnson of the University of Baltimore School of Law's 2010 article in Cardozo Law Review
- Failure to credit ipv victims with assessing own danger
- Police may administer LAP in a coercive manner
- DA generates false positives
- Informed consent model

Criticism of Lethality Screening, cont'd

- The LA website lists two alternatives: victim chooses to speak to the hotline counselor, she does not choose to speak to counselor
- The LA protocol is described as an empowerment based model
- Local victim advocate response to Johnson
- Victims given choice about completion of DA
- Language used by advocate important

Community Coordinated Response

- Multidisciplinary Team response
- All relevant disciplines represented
- Multidisciplinary Team model similar to Child Abuse MDTs originated in the mid-1980's

Dis-connect between DV Advocates and Family/Matrimonial Bar

- Clinic case example
- Standard advice about “staying in the house” may disregard potential serious danger
- More education about topics such as the HRT and DA

Conclusion

- Community Aspiration—NO IPV/FAMILY HOMICIDES IN 2017

- Contact Information

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