

High Risk Team (HRT) Model

Aka: Newbury Model, Newburyport Model

Overview: This model was developed by the Jeanne Geiger Crisis Center (JGCC) out of Boston, MA in response to a DV homicide in their community. Building on concepts of Coordinated Community Response and Fatality Review to address needs of high risk DV victims, this model includes a multi-disciplinary team that uses evidence-based tools to improve victim safety and offender accountability. These multi-disciplinary teams include standing members from law enforcement, victim service agencies, DA's office, probation, etc.

Goals:

1. Reduction of DV homicides and near lethal assaults
2. Assist in auditing the system
3. Containment of the batterer, not the victim
4. Formal systems communication

How it works: The HRT Model uses 3 basic approaches:

1. Early identification of high risk cases
 - a. DV advocates use Danger Assessment tool, Law enforcement uses Lethality Assessment tool (both based on J. Campbell's work and validated)
 - b. Cases identified as high risk are referred to the HRT
2. Engagement of a multi-disciplinary team
 - a. Team meets on a regular basis to review new referrals and ongoing cases
 - b. Team includes standing members committed to working with HRT
 - c. Share information on cases with all members
3. Creation of individualized intervention plans
 - a. Multiple team members will play roles in intervention plans (ie: bail or sentencing recommendations, supervision, conditions of release, etc.)

Notes:

- Nationally recognized as a best practice model
- HRT is designed to be a framework – not a formula. This is designed to be adaptable to the community using it
- Newbury, MA HRT indicates that in 6 years of data collection with 106 cases: 1) zero DV homicides 2) 92% of victims reported no re-assaults, 3) 93% of identified high –risk victims were able to stay in community/did not need to enter DV shelter
- Allows HRT members to use a common language and work together more effectively

Domestic Violence High-Risk Screen for Law Enforcement

This tool should be used in cases where an identified victim of domestic violence has NOT already triggered referral protocol for contacting DV hotline by answering “yes” to one or more of the screening questions on the DIR.

Date:	Case #	Victim:
Officer:		Offender:
1. Does your partner/ex-partner have access to a gun?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
2. Has your partner/ex-partner used a weapon against you or threatened to harm you with a weapon?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
3. Have you and your partner/ex-partner separated after living together?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
4. Is your partner/ex-partner unemployed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
5. Has your partner/ex-partner ever attempted suicide, or threatened to kill him/herself?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Do you have a child that is not your partner/ex-partner's?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
7. Does your partner/ex-partner leave threatening messages, have access to information they shouldn't, follow you, or call when you don't want them to?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
8. Has your partner/ex-partner ever forced you to have sex when you didn't want to?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If the victim has answered “yes” to any 4 of the questions above, an officer must trigger the referral protocol by contacting a domestic violence hotline. Officer may also make referral based on training knowledge and concern for victim safety.</i>		
Is there anything else that worries you about your safety? (If “yes”) What worries you?		
Check one: <input type="checkbox"/> DV hotline called based on responses to above questions <input type="checkbox"/> DV hotline called based on belief or training of officer <input type="checkbox"/> Advocate not called because victim did not meet criteria		
If victim meets criteria and officer advised of high danger assessment, check one: <input type="checkbox"/> Officer called hotline <input type="checkbox"/> Victim called hotline		
<input type="checkbox"/> Check here if victim refused to answer any of the questions		

Note: This risk screen has been adapted from research by Dr. Jacqueline Campbell's Danger Assessment, and MNADV's Domestic Violence Lethality Screen for First Responders.

Agency:		New York State DOMESTIC VIOLENCE INCIDENT REPORT				ORI:	Incident #
Incident	Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-In
						<input type="checkbox"/> ICAD (NYC)	Complaint #
Address (Street No., Street Name, Bldg No., Apt No.)						City, State, Zip	
Victim (P1)	Name (Last, First, M.I.) (Include Aliases)					DOB (mm/dd/yyyy)	Age: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Address (Street No., Street Name, Bldg No., Apt No.)					City, State, Zip	Language: <input type="checkbox"/> Self-Identified:
How can we safely contact you? (L.S. Name, Phone, Email)							
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)					DOB (mm/dd/yyyy)	Age: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Address (Street No., Street Name, Bldg No., Apt No.)					City, State, Zip	Language: <input type="checkbox"/> Self-Identified:
Do suspect and victim live together <input type="checkbox"/> Yes <input type="checkbox"/> No		Suspect/P2 present <input type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes describe:		Possible drug or alcohol use <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Child of Victim (P1) <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:							
What were the first words that VICTIM said to the Responding Officers at the scene?							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:							
Weapon Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Firearm: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:						Suspect Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other If yes, describe:	
Access to Guns: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:							
Injured <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				Strangulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
				Visible Marks <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
What did the suspect say (Before and After Arrest):							
710.30 completed <input type="checkbox"/> Yes <input type="checkbox"/> No							
Child/Witness (1) Name (Last,First,M.I.)		DOB:	Child/Witness(1) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip	Phone:
Child/Witness (2) Name (Last,First,M.I.)		DOB:	Child/Witness(2) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip	Phone:
Child/Witness (3) Name (Last,First,M.I.)		DOB:	Child/Witness(3) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip	Phone:
Briefly Describe the circumstances of this incident:							
DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Order of Protection Registry checked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damage Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:			
Offense Committed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		Offense 1 (Include Law & Section)		Offense 2 (Include Law & Section)	Offense 3 (Include Law & Section)

DANGER ASSESSMENT

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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in severity or frequency over the past year?
- ___ 2. Does he own a gun?
- ___ 3. Have you left him after living together during the past year?
3a. (If have *never* lived with him, check here ___)
- ___ 4. Is he unemployed?
- ___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? ___)
- ___ 6. Does he threaten to kill you?
- ___ 7. Has he avoided being arrested for domestic violence?
- ___ 8. Do you have a child that is not his?
- ___ 9. Has he ever forced you to have sex when you did not wish to do so?
- ___ 10. Does he ever try to choke you?
- ___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- ___ 12. Is he an alcoholic or problem drinker?
- ___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- ___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- ___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- ___ 16. Has he ever threatened or tried to commit suicide?
- ___ 17. Does he threaten to harm your children?
- ___ 18. Do you believe he is capable of killing you?
- ___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ___ 20. Have you ever threatened or tried to commit suicide?
- ___ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.



Erie County Domestic Violence High Risk Team



Domestic Violence High Risk Team Referral Procedures

The Erie County Domestic Violence High Risk Team (HRT) is a multi-disciplinary team that coordinates to review domestic violence cases across Erie County that exhibit risk factors associated with intimate partner homicide. Team members include the District Attorney's Office, Erie County Probation, Haven House, International Institute of Buffalo, individual law enforcement jurisdictions, and others in order to improve victim safety and hold offenders accountable.

Referring persons include: Law Enforcement, service providers, and others if they believe they are working with or know of a person who may be in a potentially lethal intimate partner situation.

To make a referral: To refer a case to the High Risk Team, please use the following referral form. To ensure timely assessment of cases, please include as **much information on the form as possible**, as well as **attach all available documentation** regarding the case. Referral forms may be faxed or emailed as an attachment to the HRT Coordinator.

Documents or information may include:

- Domestic Incident Reports
- Completed Danger Assessments
- Signed Consent Forms
- Family Court Petitions
- Orders of Protection
- Criminal / legal history
- Hospital Records
- Photographs of Injuries
- Safety Plans
- List of Concerns/Red Flags
- Mental Health history
- Other Relevant Documents

After a Referral: The HRT Coordinator will make every effort to contact the referral source in a timely manner to discuss the case. Once discussed, the HRT Coordinator will reach out to the referred client to schedule an intake assessment. After the case has been assessed by the HRT Coordinator, the referral source will be contacted regarding the outcome of the assessment and further follow-up procedures.*

IF IMMEDIATE ACTION IS REQUIRED FOR THE SAFETY OF A CLIENT BEING REFERRED TO THE HIGH RISK TEAM, PLEASE INDICATE THIS ON THE REFERRAL FORM AND FOLLOW UP WITH THE HRT COORDINATOR BY PHONE OR EMAIL.

Case Conferencing: Conferencing of High Risk Cases occurs on a monthly or emergency basis as needed. The referral source, as well as the client, will be informed if the case will be conferenced at the High Risk Team meeting. After case conferencing, the HRT Coordinator will speak to both the referral source and client about action steps discussed by the team. If the case is **not accepted** by the High Risk Team at this time, appropriate referrals for client services will be made by the HRT Coordinator.

**Acceptance on to the High Risk case load is determined by a majority vote by those individuals on the High Risk Team. Referral does not guarantee that the case will be voted (accepted) onto the caseload, or conferenced at the High Risk Team meeting.*

Referral to Erie County Domestic Violence High Risk Team

Please provide as much information as possible.

REFERRING AGENCY INFORMATION									
Agency:					Name:				
Date Referred:					Phone:				
VICTIM INFORMATION					OFFENDER INFORMATION				
Name:					Name:				
DOB:	Sex:	Race:	Language:		DOB:	Sex:	Race:	Phone:	Language:
Phone: Safe Calling Instructions:					Relationship to Victim:				
Address:					Length of Relationship:				
Address:					Address:				
Previous Address:					Previous Address:				
Employer and Address:					Employer and Address:				
MINOR CHILDREN INFORMATION (IF KNOWN)									
Name(s)			Child in Common? (Y/N)	DOB:	Age:	Sex:	Lives with:		
SYSTEM INVOLVEMENT									
Lethality Assessor, Date, and Score:					Total number of times law enforcement called to this address for any reason:				
Offender Criminal History: yes <input type="checkbox"/> no <input type="checkbox"/>					Prior DIRs and Dates (Indicate if Different Victim)				
Able to Provide Information: yes <input type="checkbox"/> no <input type="checkbox"/>									

Pending Charges and Jurisdiction:	
Arrest Information:	Probation / Parole (Include Officer's Name)
Victim Attorney:	Offender Attorney:
Active OP information (Include Court, Type of OP, and Expiration Date)	Family Court Involved: Custody Yes <input type="checkbox"/> No <input type="checkbox"/> Support Yes <input type="checkbox"/> No <input type="checkbox"/> Order of Protection Yes <input type="checkbox"/> No <input type="checkbox"/>
History of Abuse: Physical <input type="checkbox"/> Nonphysical <input type="checkbox"/> Physical Abuse Escalating? Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	Photos of Injuries: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Medical Treatment:
Offender Owns Weapons: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Offender Access to Weapons: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Were Firearms Surrendered: Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	Next Court Appearance (Indicate Which Court)
CPS Involvement: : Yes <input type="checkbox"/> No <input type="checkbox"/> Caseworker:	Law Guardian:
ACTION REQUESTED:	
Reason for Referring this Case to the High Risk Team:	
Victim Strengths:	
Victim Challenges (ex: disability, family history of DV):	Victim Supports:
Are you Requesting Immediate Action by the High Risk Team? Yes <input type="checkbox"/> No <input type="checkbox"/>	