

Domestic Violence High-Risk Teams

2022 Statewide Report



INDIVIDUALLY WE POWER CHANGE.
TOGETHER WE POWER A MOVEMENT.

TCFV thanks all the Domestic Violence High-Risk Team sites who stand with survivors and contributed data to this report. We offer this report with deep respect for the survivors who have experienced violence in their homes and sought support from a DVHRT and stand with them in a commitment to utilizing this data to create a safer Texas for survivors.

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Overview

Each year, The Texas Council on Family Violence (TCFV) offers a statewide report on findings from Domestic Violence High-Risk Teams (DVHRTs) funded through TCFV thanks to support from the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor. The report aims to analyze data gathered from DVHRT teams, seven in 2022, and examine the relationship between the data and known lethality factors for domestic violence victims. The overarching goal of this work is the prevention of intimate partner homicide and connecting survivors to services and support to bolster safety.

DVHRTs' work is critical, considering 204 Texans were murdered by their intimate partners in 2021, according to TCFV's Honoring Texas Victims (HTV) report.¹ These devastating losses occurred in communities across our state. 37 femicides in Harris County. 21 femicides in Dallas County. 17 femicides in Bexar County. A staggering loss of life reveals systemic breakdowns in recognizing risk and preventing homicide. DVHRTs are one effective method focused on preventing these fatalities by identifying survivors at high-risk for future homicide.

DVHRTs focus on the prevention of intimate partner fatalities by identifying survivors at high-risk for future homicide.

What are Domestic Violence High-Risk Teams?

DVHRTs offer enhanced and coordinated support to victims from law enforcement, advocates, prosecutors, and other professionals. This trauma-informed, wrap-around approach is customized to meet each victim's needs to enhance safety and offender accountability. The purpose of the DVHRT efforts undertaken by TCFV is to develop and provide statewide support for the imple-

¹ Honoring Texas Victims (2021). Texas Council on Family Violence.

mentation and maintenance of DVHRT teams in various locations statewide. Our goal in this work is to reduce domestic violence homicides and provide supportive services to victims. To support this, TCFV works with our statewide funders, the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor, to award small grants to local community sites. The local DVHRTs aim to promote an effective, coordinated community response to high-risk domestic violence cases through these funds. These teams focus on victim safety by identifying victims of domestic violence who are at severe risk for further violence or lethality. The project calls for collaboration between all partners involved in each stage of a high-risk domestic violence investigation, including case management, investigation, prosecution, and offender monitoring, emphasizing survivor safety, privacy, and agency.

The DVHRT concept also requires collaboration among the local family violence program, law enforcement, prosecutors, and other member agencies to ensure an effective, comprehensive response. As DVHRTs are designed to support survivor safety, TCFV strongly emphasizes transparency of information with the victim and asks each team to design their model on the knowledge that the victim is the expert on their own safety and a partner in all aspects of information sharing and safety planning. A component of this work is analyzing de-identified case data to allow TCFV. We do so and offer the data in this report each year to support a deeper understanding of risk factors present in domestic violence cases associated with high lethality and to encourage existing Teams to incorporate the findings into best practices.

About TCFV

TCFV is the statewide coalition in Texas of family violence service providers and allied professionals working to **promote safe and healthy relationships** by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from family violence. TCFV is a membership organization made strong by the **100 family violence programs**, and **over 1,000 individual members** are professionals from supportive organizations and businesses, survivors of family violence, and other concerned citizens who stand with us in our mission.



Evolution of DVHRT in Texas

Since TCFV launched the DVHRT program, the DVHRTs, led by the coordinators, have continuously assessed what factors indicate that offenders pose an elevated risk of homicide in domestic violence cases. DVHRTs work tirelessly to develop collaborative relationships across family violence services and public safety organizations. As the program has grown, courts and prosecutors' offices have gained an increased awareness of the inherent dangers a victim faces in a relationship with an offender at high-risk of homicide.

TCFV and the DVHRTs have worked in recent years to expand data analysis to determine the best next steps for survivor-led homicide prevention. In 2022, TCFV gave increased attention to conditions of bond requirements, removing firearms from offenders when prohibited, the relationship between stalking

and homicide, and maximizing protective orders and access to services to foster victim safety and recovery efforts. To do this, TCFV has moved to an advanced data processing utility and emphasized the three known lethality factors by pulling them into our policy and legislative work: stalking, strangulation, and firearms.

In 2022, TCFV emphasized three known lethality factors—stalking, strangulation, and firearms—by pulling them into our policy and legislative work.

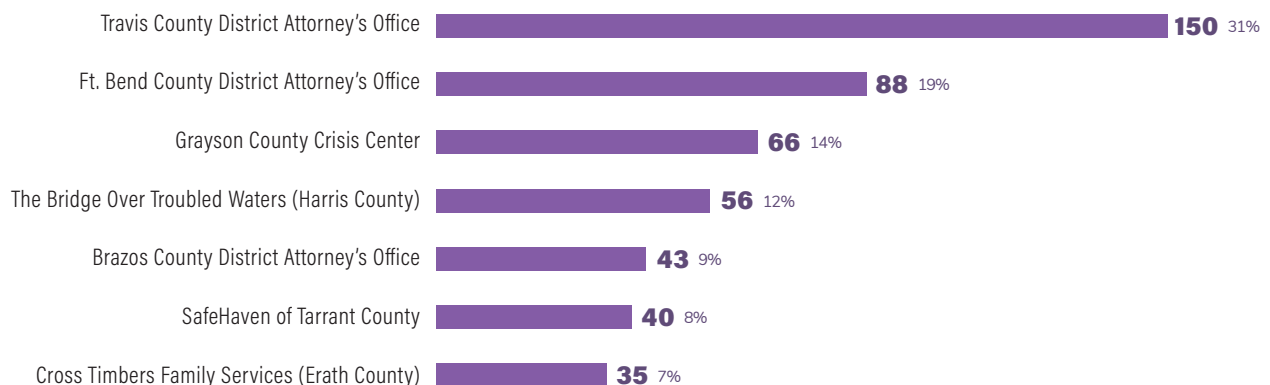
Methodology

The data presented here should be viewed considering a few key limitations. This data was gathered during the case intake into the DVHRT. It does not lend to longitudinal data, nor does it track changes throughout the life of a case. 2022 also changed how TCFV collected and analyzed data moving to enhance accuracy by limiting data included in the yearly report to the date of first contact with a DVHRT coordinator. Utilization of these new parameters when including data impacts accuracy in year-to-year comparisons. Because of this, year-to-year comparisons in the following analysis are limited. Additionally, a data software migration was undertaken to improve the overall quality of the data. The process of migrating systems necessitated some entries being manually entered a second time.

Reporting DVHRTs focuses on the cases with the highest lethality risk in their jurisdiction. Case data is provided monthly to TCFV via a standard form. The questions on the form were developed using current research on lethality indicators and in collaboration with reporting DVHRTs. TCFV recognizes that privacy is a significant safety factor for victims and, as such, requires special consideration in deciding what information to collect. The information collected focuses on incident dynamics, outcomes, and limited demographic information, primarily on offender demographics. This report's data collected reflects cases from January 1, 2022, to December 31, 2022.

The following sites provided data for this report:

NUMBER OF DVHRT CASES (N=478)



Findings and Analysis

In 2022, there were 478 reported victims and high-risk offenders to DVHRT sites reporting to TCFV; 470 were reported in 2021. This report contains an analysis of the data reported and questions for further research. With only seven sites reporting, this number is staggering and indicates a need for enhanced emphasis on these cases and additional funding support for DVHRTs statewide.

NUMBER OF CASES
REPORTED IN 2022: **478**

NUMBER OF CASES
REPORTED IN 2021: **470**

Site-by-Site Comparison

The sites from which data was collected in this year's reporting vary widely in community characteristics and population to the DVHRT agency. Cross Timbers Family Services, SafeHaven of Tarrant County, and The Bridge Over Troubled Waters originated within a family violence program. Teams in Brazos, Travis, Ft. Bend, and Brazos counties originated within the district attorney's offices for those counties.

Risk Assessments

A primary feature of DVHRT sites is the use of risk assessments. These tools help ascertain lethality and allow teams to triage support and services. The four DVHRT risk assessment tools chosen by the funded sites were: the Danger Assessment (DA); the Danger Assessment for Law Enforcement DA-LE (Danger Assessment Law Enforcement); the Lethality Assessment Program (LAP); and a hybrid model that Grayson County, Texas adopted.

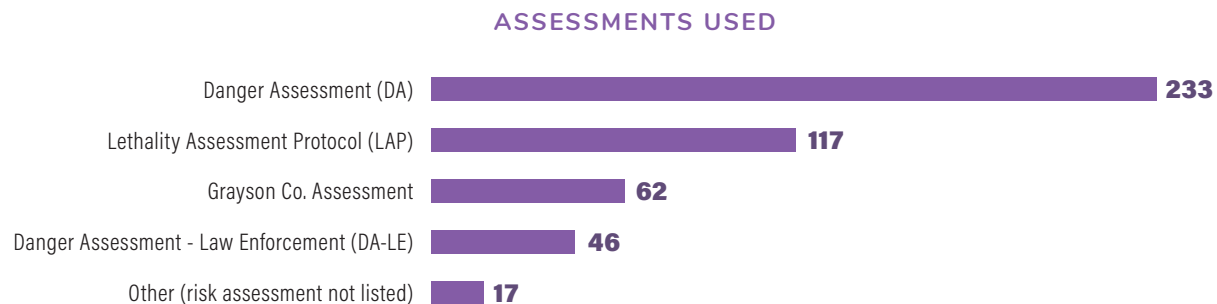
The DA was developed by Dr. Jacquelyn Campbell to be used with the survivor in collaboration with a social worker, advocate, or health care provider.² The DA includes a calendar activity and

² Messing, J., & Cambell J., Dunne, K., & Dubus, S. (2020). Developing and testing of the danger assessment for law enforcement (DA-LE). National Association of Social Workers 143-156. doi: 10.1093/swr/svaa005

20 items, 19 predictive of intimate partner homicide.³ The DA-LE was developed by Jeanne Geiger Crisis Center in collaboration with Dr. Campbell and Dr. Jill Messing as a shortened form of the DA and has 11 risk questions that law enforcement asks at the scene of a domestic violence incident. The Lethality Assessment Program (LAP) was developed by the Maryland Network Against Domestic Violence (MNDV) in collaboration with Dr. Campbell. The LAP is also a short version of Campbell’s Danger Assessment (DA) administered in the field by law enforcement.⁴ The Grayson County Crisis Center developed a short report screening measure to be used by law enforcement on first contact with a survivor to identify high lethality or potential homicide indicators.

A note about responses categorized as “other”: the data entry form TCFV provides to DVHRT coordinators in the field is structured so that not all questions have to be answered or completed for the form to be submitted. This can result in records with no response in one or more categories. The method of information gathering also differs from site to site and may alter what information is available when the form is entered. One possible explanation for the other classification is a practice commonly called in-office or organizational override. This process allows for referring cases to the team when there is a concern for lethality despite low or no scoring on one of these assessments.

Below is the breakdown of the use of these tools across sites in 2022.



Origins of DVHRT Cases

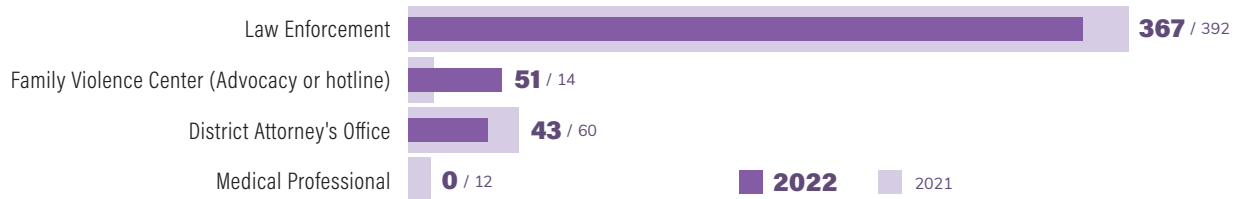
Law Enforcement remains the primary origin of DVHRT cases, with 78% of all referrals from this source, a slight decrease from 83% in 2021. The next largest contributor is Family Violence Centers (10.3%). Family Violence Centers identify high-risk cases through their advocacy work with survivors. The data shows a rise in the proportion of cases originating from this source. However,

3 Messing, J., & Cambell J., Dunne, K., & Dubus, S. (2020). Developing and testing of the danger assessment for law enforcement (DA-LE). National Association of Social Workers 143-156. doi: 10.1093/swr/svaa005

4 Anderson, K., Bryan., H., Martinez, Al., & Huston, B.(2021). Examining the relationship between the lethality assessment/domestic violence high-risk team monitoring (LAP/DVHRT) program and prosecution outcomes. Journal of Interpersonal Violence, 1-24. doi: 10.1177/08862605211028325

the proportion of cases originating from the District Attorney’s (DA’s) offices decreased in 2022 to 9%. No cases were reported to have originated from medical professionals.

LAW ENFORCEMENT IS THE PRIMARY ORIGIN OF DVHRT CASES



Along with the fact that no DVHRT sites are funded within a medical institution, it is also true that unlike California and several other states, Texas law does not specifically mandate reporting of suspected domestic violence. Chapter 91 of the Texas Family Code requires that medical professionals provide the victim with information on the nearest family violence center and the standard ‘Notice To Adult Victims of Family Violence’ as a result of the passage of SB 1325 (88R). Section 91.002 encourages those witnesses to domestic violence to report to law enforcement.⁵ Reporting to law enforcement by medical professionals is controversial. In a 2005 article, researchers explored what survivors think about mandatory reporting of domestic violence by medical professionals. Of the sixty-one survivors surveyed, only one believed that medical providers should notify the police when a woman seeks treatment for domestic violence-related healthcare needs.⁶ This, along with privacy considerations, complicates reporting by medical professionals. A 2005 study on help-seeking yielded similar results showing that 82% of abused women did not contact an agency or counselor, 74% did not seek medical care, and 62% did not call law enforcement.⁷

Understanding help-seeking (or lack thereof) in high-risk domestic violence is key to getting services to those most in need. Davies and Lyon devote much of their book, *Domestic Violence Advocacy: Complex Lives/Difficult Choices*, to displacing the assumption that the only suitable and successful safety planning option is leaving and/or having no contact with the person who committed harm.⁸ They imply that an inability or unwillingness to leave is a barrier to help-seeking because victims believe they will not be helped or will be looked upon harshly for not leaving sooner or remaining with the abuser. Indeed, many systems center breaking contact as their base for safety planning, and victims may even be denied services if they do not decide to leave or report the abuse to law enforcement.

5 Texas Family Code 91.002

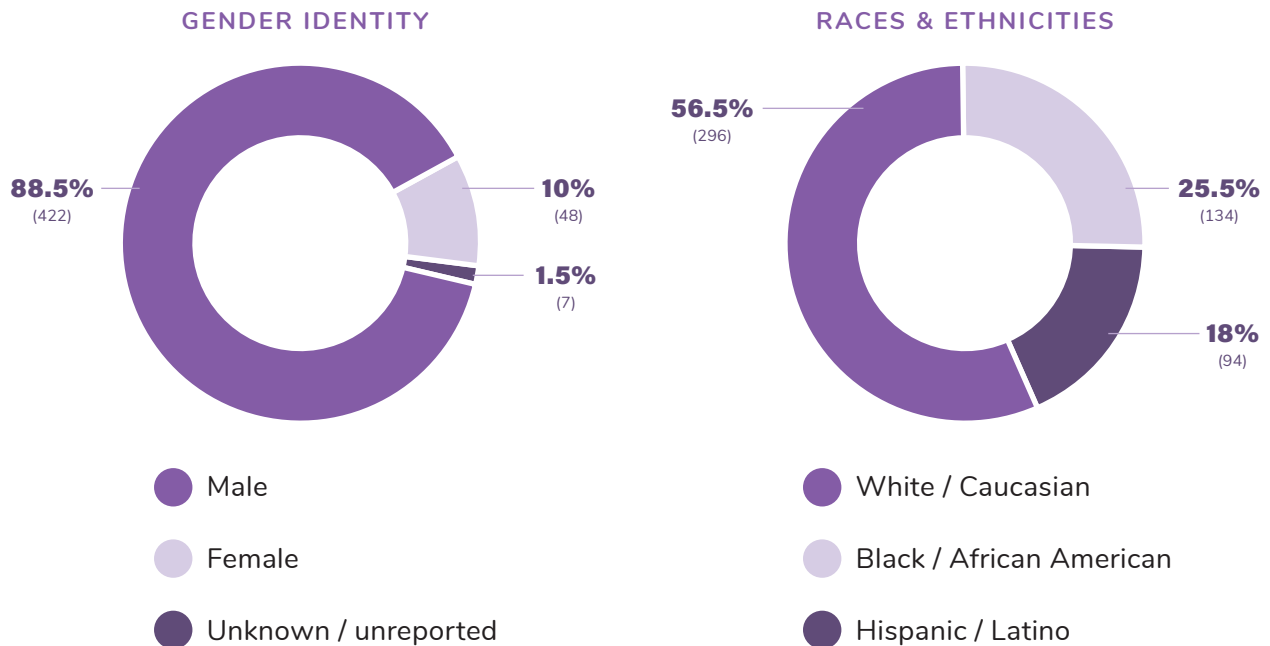
6 Sullivan, C. M., & Hagen, L. A. (2005). Survivors' opinions about mandatory reporting of domestic violence and sexual assault by Medical Professionals. *Affilia*, 20(3), 346–361. <https://doi.org/10.1177/0886109905277611>

7 Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. (2005). Barriers to domestic violence help seeking. *Violence Against Women*, 11(3), 290–310. <https://doi.org/10.1177/1077801204271959>

8 Davies, J., & Lyon, E. (2014). *Domestic violence advocacy: Complex lives, difficult choices*. SAGE.

Offender Demographics

Below is an overview of basic demographic information and a discussion of the relevancy of this data in preventing risk. Note that these identifications are likely made on the scene of law enforcement response and may have limitations in that they could not be self-identified reporting.



There is no one profile for a domestic violence homicide offender. Traits common among offenders relate to behavior and criminal history more than demographic characteristics.⁹ In

addition to the victim-focused risk assessment models discussed above, several U.S. law enforcement agencies are adopting a focused deterrence model. Simply put, the focused deterrence model seeks to deter criminal activity by focusing efforts on the offender. The model has been used to deter other types of violent crime besides domestic violence.¹⁰ The Department of Justice says the following about the focused deterrence model:

American Indian or Alaska Native and Asian offenders represented less than 1%, and no offenders identifying as Native Hawaiian or Other Pacific Islander were reported.

“For years, many in the law enforcement profession believed that IPV [intimate partner violence] was an issue that could not be prevented, with offenders who could not be deterred. Because of this belief, most strategies revolved around services to victims that largely consisted of avoiding patterns of abuse

9 Garcia-Vergara, E., Almeda, N., Martín Ríos, B., Becerra-Alonso, D., & Fernández-Navarro, F. (2022). A comprehensive analysis of factors associated with intimate partner femicide: A systematic review. *International Journal of Environmental Research and Public Health*, 19(12), 7336. <https://doi.org/10.3390/ijerph19127336>

10 What is focused deterrence or the High Point Model? | High Point, NC. (n.d.). <https://www.highpointnc.gov/295/Focused-Deterrence>

or leaving abusive relationships. While these strategies included an important piece of the problem of IPV—providing services to victims—little had been done to hold offenders accountable. Mandatory arrest strategies had short-term success but were largely unsustainable.”¹¹

The Offender-Focused Domestic Violence Initiative (OFDVI), which became the framework for the U.S. Department of Justice’s Project Safe Neighborhoods initiative, seeks to prevent violence by focusing on the offender.¹² Much like the DVHRT model, this model utilizes a multi-disciplinary approach but differs in that it “calls in” offenders to be accountable for the risk they pose. The model was fielded through the High Point Police Department (NC) and later replicated by the Lexington Police Department (VA). Data collected in those examinations echoes the findings: offenders are primarily male and between 34 and 36 years old.¹³ However, the model’s primary data driver is the offender’s criminal history. Research into the efficacy of this model indicates that it reduces recidivism and increases victim safety.¹⁴ Researchers have identified the following as significant factors in predicting lethality:

- » **AGE:** There is consistently an age gap, with the offender being older than the victim.
- » **EDUCATION LEVEL:** Elementary education of the offender
- » **SOCIO-ECONOMIC STATUS:** Low-medium socio-economic status is common among offenders. The link is stronger still when the offender is unemployed and receives neither unemployment benefits nor a pension.¹⁵

Whether in the context of reintegration after incarceration, education, or social assistance programs, the negative effects of poverty are significant to the conversation around crime prevention. Generational poverty can frequently result in adults who lack educational opportunities and remain in poverty throughout their lifespan.¹⁶ While poverty is not a causal factor for family violence, it can exacerbate it and create enhanced risk and isolation for the victim. In the case of domestic violence homicide, socio-economic status plays a more complicated role. Compared to men who murder non-family members, men who commit domestic violence homicide are more likely to be

While poverty is not a causal factor for family violence, it can exacerbate it and create enhanced risk and isolation for the victim.

11 Using a focused deterrence strategy with intimate partner violence. (n.d.). https://cops.usdoj.gov/html/dispatch/10-2017/Using_a_Focused_Deterrence_Strategy_with_Intimate_Partner_Violence.html

12 Stacy Sechrist, John Weil, and Terri Shelton, Evaluation of the Offender Focused Domestic Violence Initiative (OFDVI) in High Point, NC & Replication in Lexington, NC, Greensboro, NC: The University of North Carolina at Greensboro, North Carolina Network for Safe Communities, 2016, 132.

13 *Id.*

14 *Id.*

15 *Id.*

16 Douglas-Hall, A., & Chau, M. (n.d.). Parents’ low education leads to low income, despite full-time employment. NCCP. <https://www.nccp.org/publication/parents-low-education-leads-to-low-income-despite-full-time-employment/>

unemployed. Campbell et al. found that 49% of all domestic violence homicide perpetrators were unemployed, significantly more than non-fatal domestic violence perpetrators.¹⁷

Age Comparison

DVHRT data collected in 2022 shows age ranges to be remarkably similar overall. However, this is not a case-by-case analysis but rather an aggregation of all records collected. As displayed below, there is a clear cluster for offenders and victims in the 18-40 range.

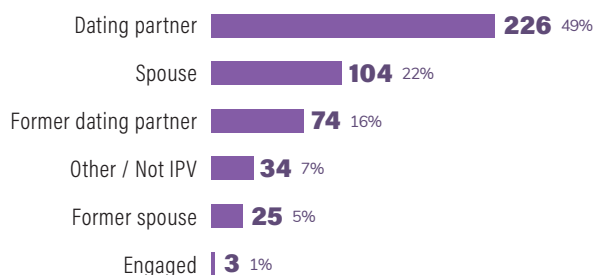
MOST OFFENDERS AND VICTIMS FALL BETWEEN THE AGES OF 18-40



Relationship Dynamics

Data collected for DVHRTs shows that dating partner relationships represented nearly half of the cases determined to be high-risk. This is consistent with reports of domestic violence homicide analyzed in TCFV’s Honoring Texas Victims reports.¹⁸ According to researchers, the most important factor associated with domestic violence homicide is partnership characterized by repeated violence from aggressor to victim, and the probability of death increases when the frequency and severity of violence rise over time.¹⁹ In other words, longer relationships allow for increased frequency and severity than shorter or less committed relationships. Risk assessment tools often include questions about escalating

RELATIONSHIP TYPE



¹⁷ Kivisto, A. J. (2015). Male Perpetrators of Intimate Partner Homicide: A Review and Proposed Typology. *The Journal of the American Academy of Psychiatry and the Law*.
¹⁸ Honoring Texas Victims (2021). Texas Council on Family Violence.
¹⁹ García-Vergara, E., Almeda, N., Martín Ríos, B., Becerra-Alonso, D., & Fernández-Navarro, F. (2022). A comprehensive analysis of factors associated with intimate partner homicide: A systematic review. *International Journal of Environmental Research and Public Health*, 19(12), 7336. <https://doi.org/10.3390/ijerph19127336>

violence during the relationship. While 2022 DVHRT data shows a 34% occurrence of recidivism with the current client to have occurred, there was ongoing police involvement at the time of the assault in 51% of cases.

Another relationship dynamic commonly associated with an increased risk of homicide is a recent end to a relationship. Statistically, few (less than 25%) victims engage with domestic

violence services.²⁰ Most seek support from informal sources such as friends, family, or faith communities.²¹ Detailed research shows, however, that 74.6% of victims who chose to engage with the family violence program experienced decreased violence.²² Participating DVHRTs also report if there had been an increase, decrease, or no change in violence after separation. Of the surveys obtained, 58% reported that the information was unknown, 23% reported no change, 10% reported an increase, and 9% reported a decrease. This data about the DVHRT's role is inconclusive, likely due to the data being reported only at intake. Because post-separation abuse is a well-established precursor for domestic violence homicide, TCFV will look to implement new measures to track case intervals in the upcoming years.²³ With research showing that in 2021, 45% of the women murdered by an intimate partner in Texas had taken steps to end their relationship or sought safety-based interventions, it is paramount to bolster a DVHRT's efficacy in this area.²⁴

A recent end to a relationship is associated with an increased risk of homicide.

20 Langton, L. (2011). *Special report: Use of victim service agencies by victims of serious violent crime, 1993-2009* [NCJ 234212]. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.

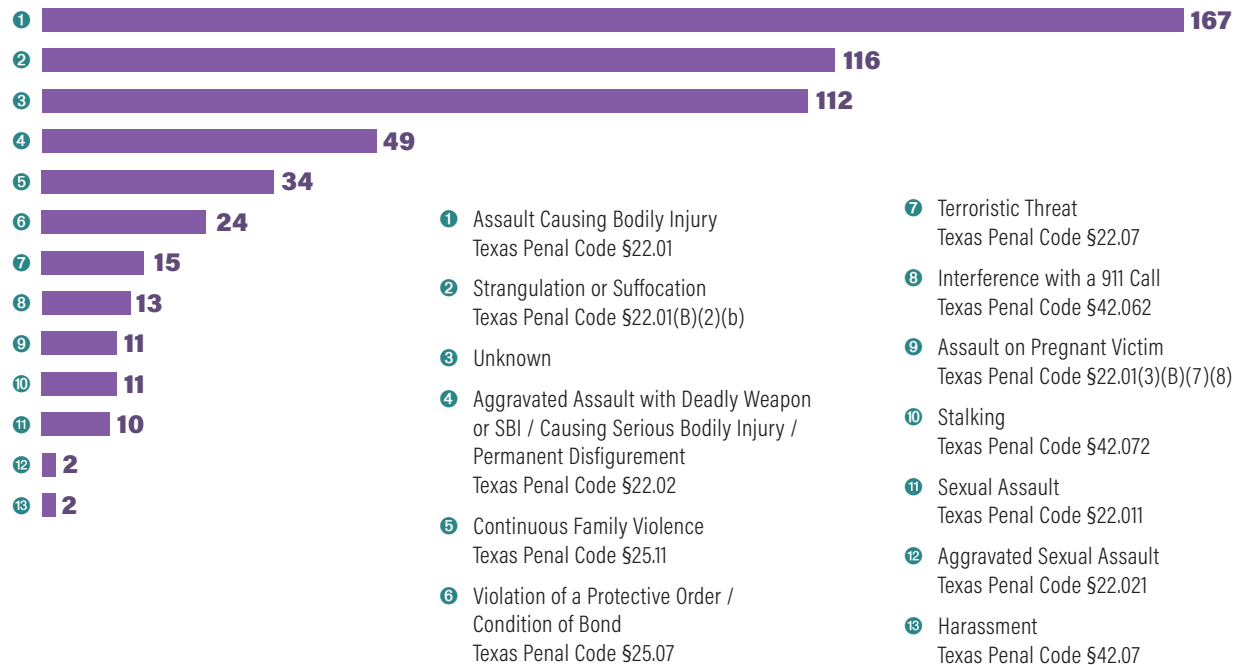
21 Kaukinen, Catherine. "The help-seeking strategies of female violent-crime victims: the direct and conditional effects of race and the victim-offender relationship." *Journal of Interpersonal Violence*, vol. 19, no. 9, 2004, pp. 967-90, doi:10.1177/0886260504268000

22 Wood, L., Backes, B.L., McGiffert, M., Wang, A., Thompson, J. & Wasim, A. (2019). *Texas state plan 2018: Availability of services at Texas family violence programs and assessment of unmet needs of survivors of family violence*. Austin, Texas: The University of Texas at Austin Steve Hicks School of Social Work and Texas Council on Family Violence.

23 *Honoring Texas Victims* (2021). Texas Council on Family Violence.

24 *Id.*

Reported Offenses



As a component of assessing the impact of DVHRT’s efforts towards offender accountability, TCFV asks sites to report offenses the offender was arrested or charged with as known at intake. The most reported offense was assault causing bodily injury. This charge is used in cases where there has been intentional or knowing physical contact that the person knows or reasonably should know the other will regard the contact as offensive or provocative.²⁵ In 2021, this charge accounted for 67% of offenses reported to funded DVHRT sites and 24% in 2020. Data further shows that the charge accounted for 36% of reported cases. It is important to note that several categories of offense were added to selection options for 2022. Without further research, it is unknown if the incidents of assault causing bodily injury decreased or if the increase in options is the result of this decline.

The next most common charge reported was strangulation or suffocation (assault impeding breath or circulation.) It is charged when the offender has intentionally or recklessly impeded the breath

²⁵ Texas Penal Code, 22.01

or circulation of the victim.²⁶ In 2021, strangulation or suffocation was the 4th most common charge, accounting for 14% of offenses. The third most common selection made for this field was unknown. Because this information is gathered during intake and shortly after the incident causing the intake, it is common for charges to have been pending investigation. This could also account for the low reporting of the offender being charged with stalking and sexual assault. The behaviors leading to charges of stalking and sexual assault are high indicators of lethality. However, such charges require significant investigation, and information on those charges would not be available during intake.

Accompanying Offenses

In many reported cases, charges were filed outside of the ones listed in the survey. This was a free-text field without uniform options, so verbiage varies. The accompanying charges included burglary of a habitation, retaliation, child endangerment, injury to a child, and injury to the elderly. Burglary of a habitation appears to be the most common offense listed. Burglary of a habitation occurs when an offender enters a habitation without the effective consent of the owner and remains concealed with the intent to commit a felony, theft, or an assault or enters a habitation and commits or attempts to commit a felony, theft, or assault (first-degree felony).²⁷ A domestic violence incident with an accompanying charge of burglary of habitation is typically the result of the offender entering the home without consent and assaulting the victim. As a first-degree felony, burglary of a habitation is among the charges that carry the highest penalties. A successful conviction for burglary of a habitation can easily carry a longer sentence than an assault, even in cases where domestic violence-related charges are dropped.

The most common accompanying offense was burglary of a habitation, a first-degree felony. This is typically the result of the offender entering the home without consent and assaulting the victim.

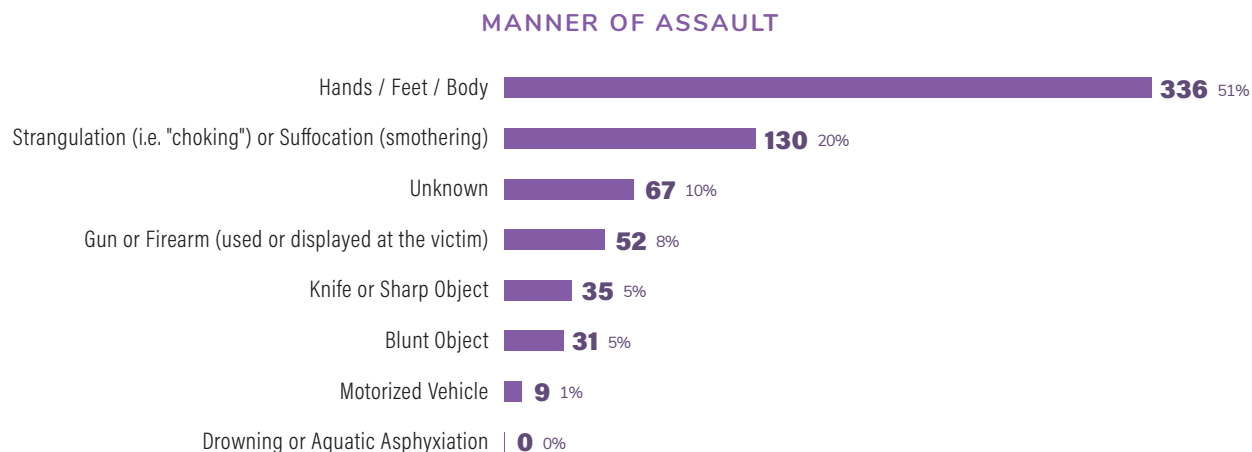
Manner of Assault

Of the reported assaults, the most used weapon was hands/feet/and body. This represents hits, slaps, kicks, and other assaultive actions where no additional weapon was used. Though this data breaks out the method of assault, much of the literature uses “gun” or “weapon” interchangeably.

²⁶ Texas Penal Code, 22.01

²⁷ Texas Penal Code, 30.02

This makes it difficult to know what type of weapon the literature refers to when attempting a more in-depth analysis. For example, one study cites no fewer than three previous studies in which weapons are a high-risk factor.²⁸ The study concludes that everything related to a weapon (access, purchase, and common use) are high-risk factors.²⁹ It does not break out weapon type in its evaluation, nor do the studies cited. More specific information on firearm involvement and lethality will follow in subsequent sections. There is little difference in the distribution of methods from 2021 despite adding an additional category (drowning or aquatic asphyxiation) that was not utilized by most DVHRT sites.



28 Garcia-Vergara, E., Almeda, N., Martín Ríos, B., Becerra-Alonso, D., & Fernández-Navarro, F. (2022b). A comprehensive analysis of factors associated with intimate partner femicide: A systematic review. *International Journal of Environmental Research and Public Health*, 19(12), 7336. <https://doi.org/10.3390/ijerph19127336>

29 Id.

Lethality Factors

Strangulation

Strangulation has been identified as a coercive control tactic and a form of attempted homicide.³⁰ History of strangulation assault is a known predictor of domestic violence homicide, both in the long term and the days before the homicide.³¹ As such many jurisdictions have focused more attention on addressing strangulation assault. Strangulation investigation training was added to peace officer licensing requirements in Texas through SB 971 (86R) both due to the predictor of homicide and to support more immediate connections with healthcare support following a strangulation assault. Despite the rise in awareness, common pitfalls cause strangulation assaults to be overlooked. Police officers frequently have difficulties identifying strangulation and treat it as a misdemeanor despite the proven link between strangulation and lethality.³² One study suggests that police officers only formally identify strangulation cases about half the time.³³ As a result of this misidentification, there is often a failure to obtain medical care for the victim at the time of the assault. In 2022, 30 cases of strangulation assault were reported to DVHRTs. However, over 100 cases report it as the weapon used during the assault.

Although history of strangulation is a known predictor of domestic violence homicide, common pitfalls cause these assaults to be overlooked.

Failure of law enforcement to identify and address strangulation results from misidentification and minimization. Strangulation can result in few or no visible or detectable injuries. Absent the hallmark injuries indicative of strangulation (petechia, voice changes, breathing change, pain swallow-

30 Strack, G.B., McClane, G.E. and Hawley, D. (2001), "A review of 300 attempted strangulation cases Part I: criminal legal issues", *The Journal of Emergency Medicine*, Vol. 21, pp. 303-309.

31 Glass, Nancy, et al. "Non-fatal strangulation is an important risk factor for homicide of women." *The Journal of Emergency Medicine*, vol. 35, no. 3, 2008, pp. 329-35. doi:10.1016/j.jemermed.2007.02.065

32 Reckdenwald, A., Fernandez, K. and Mandes, C.L. (2019), "Improving law enforcement's response to non-fatal strangulation", *Policing: An International Journal*, Vol. 42, pp. 1007-1021.

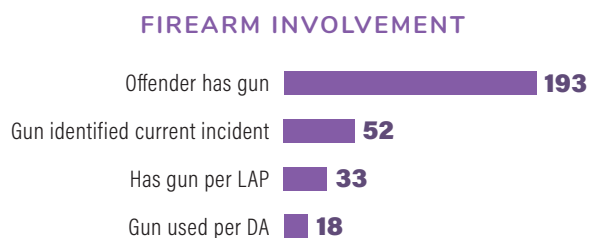
33 Garza, A. D., Goodson, A., & Franklin, C. A. (2021). Policing non-fatal strangulation within the context of intimate partner violence. *Policing: An International Journal*, 44(5), 838-852. <https://doi.org/10.1108/pijpsm-12-2020-0190>

ing, neck injury), law enforcement may not report strangulation as a feature of the assault to which they are responding. Without the visible indicators described above, nonfatal strangulation can be overlooked. Effects of systemic biases, such as lack of understanding of symptoms resulting from abuse, inaccurate interpretations of women’s demeanor, and negative stereotypes of women’s reasons for help-seeking, contribute to misidentification or non-identification of non-fatal strangulation. Mislabeling the assaultive act as “choking” frequently occurs in law enforcement reports and victim statements. Without further detail of the offense, prosecution of a “choking” assault as strangulation becomes difficult. Law enforcement also often lacks specific training in recognizing injury on darker skin tones.³⁴

DVHRT sites report when EMS is called to the scene, and in 2022, 128 cases resulted in that contact. In 62 reported cases, the victim required hospitalization due to the assault. Hospitalization, even briefly for assessment, is recommended after a strangulation assault to better assess and document the injuries.

Firearms

Honoring Texas Victims states that firearms caused 75% of intimate partner homicides (IPH) in 2021.³⁵ Failure to enforce legal prohibitions on some offenders to have firearms has also proven deadly for domestic violence victims in Texas. An analysis of 2021 domestic violence homicides in Harris County, Texas, showed that 12 of the 35 domestic violence homicide perpetrators were prohibited possessors under Texas state law, and 14 were prohibited possessors under federal law.³⁶ Of the cases reported to DVHRTs, only 52 (8%) list the manner of assault as being a firearm (firearm used or displayed). Several firearm involvement measures in the reported incidents are obtained in DVHRT client data.



Failure to enforce legal firearm prohibitions on offenders has proven deadly for domestic violence victims in Texas.

Questions in the TCFV client tracking survey, the Danger Assessment, and the LAP ask about firearm involvement during the incident. In 193 cases, the offender was known to own or utilize a firearm in the assault. The mere presence of a firearm in the home increases the risk of fatal intimate partner violence by 500%.³⁷

34 All cites in this paragraph - Reckdenwald, A., King, D. J., & Pritchard, A. (2020). Prosecutorial response to nonfatal strangulation in domestic violence cases. *Violence and Victims*, 35(2), 160–175. <https://doi.org/10.1891/vv-d-18-00105>

35 Honoring Texas Victims (2021). Texas Council on Family Violence.

36 *Id.*

37 Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2017). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *Domestic Violence*, 135–143. <https://doi.org/10.4324/9781315264905-9>

While guns are widely known to be the most common method of IPH, data from DVHRT sites shows significantly less firearm involvement. Not only is this anomalous when compared to IPH data in Texas, but it also does not match data reported to the Texas Department of Public Safety. Between FY 2019-2021, the number of Texas family violence incidents reported to law enforcement increased significantly.³⁸ Further, these incidents often had indicators of high lethality, with a 92.4% increase in firearms present at the scene.³⁹ It also does not correlate to data from survivors who utilize services where the 2019 Texas State Plan, entitled *Creating a Safer Texas: Access to Safety, Justice, and Opportunity*, revealed that 51% of survivors interviewed indicated their (former) partner had access to a gun or other weapon.⁴⁰ Additionally, state-level firearm ownership rates are related to rates of domestic but not nondomestic firearm homicide.⁴¹ TCFV draws these conclusions to indicate further research is needed into the variances between all other known data sets and DVHRT data reporting on firearms and advises a note of caution when using DVHRT data as it applies to firearms lethality. These contacts represent missed opportunities for lifesaving interventions.

Stalking

Stalking is a well-known lethality indicator for victims of family violence, with research showing that 85% of female victims of attempted domestic violence homicide had been stalked in the 12 months prior to the attack.⁴² Stalking is also a lethality factor with key opportunities for DVHRT and other systemic interventions, as the most common use of the criminal justice system prior to attempted or completed intimate partner homicide was reporting intimate partner stalking.⁴³ The data collected by DVHRT teams in 2022 shows few (~10) reported incidents resulted in a charge of stalking. However, this anecdotally can be connected to the need for more extensive investigations commonly required to file a charge of stalking. Aggravating that issue was the stalking statute that has been in place in Texas for many years drew criticism from law enforcement officers, prosecutors, and victims for the difficulty in satisfying the elements of the offense.

Stalking is a well-known lethality indicator with key opportunities for systemic interventions.

38 Texas Department of Public Safety, *Crime in Texas Online, Family Violence Summary Reports FY2019-2021*, available at <https://txucr.nibrs.com/Report/FamilyViolence>

39 *Id.*

40 Wood, L., Backes, B.L., McGiffert, M., Wang, A., Thompson, J. & Wasim, A. (2019). *Texas state plan 2018: Availability of services at Texas family violence programs and assessment of unmet needs of survivors of family violence*. Austin, Texas: The University of Texas at Austin Steve Hicks School of Social Work and Texas Council on Family Violence.

41 García-Vergara, E., Almeda, N., Martín Ríos, B., Becerra-Alonso, D., & Fernández-Navarro, F. (2022a). A comprehensive analysis of factors associated with intimate partner femicide: A systematic review. *International Journal of Environmental Research and Public Health*, 19(12), 7336. <https://doi.org/10.3390/ijerph19127336>

42 McFarlane, J., Campbell, J.C., Wilt, S., Ulrich, Y., & Xu, X. (1999). Stalking and Intimate Partner Femicide. *Homicide Studies*, 3(4), 300-316.

43 McFarlane, J., Campbell, J.C., & Watson, K. (2001). The Use of the Justice System Prior to Intimate Partner Femicide. *Criminal Justice Review*, 26(2): 193-208.

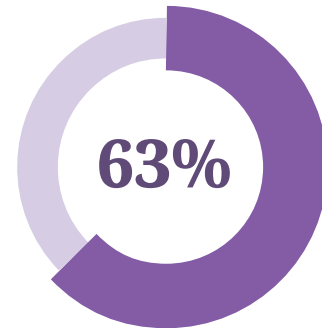
In the 88th Regular Legislative Session (2023), TCFV led up to the successful passage of SB 1717, which made key changes to the stalking statute that will allow the statute to be more effectively utilized by law enforcement and prosecutors.

Other Lethality Factors

Threats

Of the surveyed cases, 63% of perpetrators had threatened to harm or kill the victim or others in the victim's life. The perpetrator threatened to harm or kill a pet in 6% of the cases. A review of the literature surrounding domestic violence homicide consistently identifies a history of threats as a risk factor.⁴⁴ Prior abuse by an intimate partner, regardless of the severity of the incident, further increases the risk of a victim being killed or killing an abusive partner.⁴⁵ As such, both the LAP and the DA contain questions about threats. LAP respondents surveyed in this case reported that the perpetrator had threatened to kill them in 61%. The DA respondents reported threats to kill in 58% of the cases reported. Interestingly, relatively few cases reported here involved a charge of terroristic threat. It is possible that domestic violence incidents in which the primary offense is a threat are less likely to trigger a DVHRT response, despite threat-making being a high lethality indicator.

INCIDENCE OF THREATS
IN 2022 DVHRT CASES



A Note on Drugs and Alcohol

While a body of research exists to examine the connection between substance use and IPH, it is critical to know that it is a risk factor and not a causal one. As the Georgia Fatality Review states,

“Substance abuse issues are often mistaken as the root of intimate partner violence, but we must be clear: Substance abuse and domestic violence often coexist in relationships, but substance abuse is not the cause of abuse.”⁴⁶

44 Garcia-Vergara, E., Almeda, N., Martín Ríos, B., Becerra-Alonso, D., & Fernández-Navarro, F. (2022). A comprehensive analysis of factors associated with intimate partner femicide: A systematic review. *International Journal of Environmental Research and Public Health*, 19(12), 7336. <https://doi.org/10.3390/ijerph19127336>

45 Belknap, J., Larson, D.-L., Abrams, M. L., Garcia, C., & Anderson-Block, K. (2012). Types of intimate partner homicides committed by women: self-defense, proxy/retaliation, and sexual proprietariness. *Homicide Studies*, 16(4), 359–379. <https://doi.org/10.1177/1088767912461444>

46 Georgia Fatality Review. Available at <http://georgiafatalityreview.com/lethality-indicators/co-occurring-drug-or-alcohol-abuse/>

Illicit drug use is strongly associated with domestic violence homicide.⁴⁷ While excessive use of alcohol alone does not show to be a significant risk factor, its presence, along with firearms, is a risk factor for domestic violence homicide.⁴⁸ Alcohol was listed as a factor in 26% of cases reported. Drug involvement was slightly lower at 21%. Drug and alcohol involvement is present at a much lower rate in the data collected than might be expected. One possible explanation is that victims do not wish to disclose drug and alcohol use by the offender. Domestic violence in a home frequently triggers involvement by the Department of Family and Protective Services – Child Protection Investigations (CPI). Information regarding drug use and alcohol abuse in the home increases the likelihood that CPI will launch an investigation. Victims are understandably reluctant to disclose in such a circumstance.

47 Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2017). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *Domestic Violence*, 135–143. <https://doi.org/10.4324/9781315264905-9>

48 *Id.*

Risk Reduction Measures

Protective Orders

Of the women murdered by intimate partners in 2021, 33% had sought help to end the abuse. Women in abusive relationships are 3.6 times more likely to be killed immediately after separation than at any other time.⁴⁹ Male victims sought help in 17% of cases.⁵⁰ National surveys, however, indicate that survivors of intimate partner violence will only contact the police between 52-60% of the time.⁵¹ When contacted, unless working within a DVHRT or other coordinated or community response model, law enforcement has limited tools with which to assist the victim post-investigation/arrest. A 2021 study indicated that 91% of women who were murdered (73% of male victims) had police responses in the one to three years preceding the homicide. However, in only 3-4% of those cases, protective orders were sought.⁵² Protective orders represent a legal remedy the survivor can utilize outside the criminal legal system, yet it is contingent on the respondent following the order. In one study, one-third of homicides related to intimate-partner violence occur within one month of a restraining order being issued and one-fifth within two days indicating lethality still exists in the days following the issuance of a protective order.⁵³

Although protective orders represent a legal remedy survivors can utilize outside the criminal legal system, lethality still exists in some cases.

Of DVHRT clients in 2022, there was an existing protective order during the incident in only 8% of cases. But in 53% of cases, a protective order had been applied upon contact with the DVHRT.

49 Koziol-McLain, J., Webster, D., McFarlane, J., Block, C. R., Ulrich, Y., Glass, N., & Campbell, J. C. (2006). Risk factors for femicide-suicide in abusive relationships: results from a multisite case control study. *Violence and Victims*, 21(1), 3–21. doi: 10.1891/0886-6708.21.1.3

50 Honoring Texas Victims, TCFV 2021

51 Langton, L. & Truman, J. (2014). Special report: Socio-emotional impact of violent crime. [NCJ 247076]. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice

52 Messing, J. T., AbiNader, M., Bent-Goodley, T., & Campbell, J. (2021). Preventing intimate partner Homicide: The long road ahead. *Homicide Studies*, 26(1), 91–105. <https://doi.org/10.1177/10887679211048492>

53 Vittes KA, Sorenson SB. Restraining orders among victims of intimate partner homicide. *Inj Prev*. 2008 Jun;14(3):191-5. doi: 10.1136/ip.2007.017947. PMID: 18523113.

With the knowledge that research shows that victim advocates who worked with survivors to identify potential benefits and barriers of protective orders could help enhance the potential effectiveness of the protective order in preventing re-victimization, the connection to DVHRT efforts and safety planning around protective orders is clear.⁵⁴

Prosecutorial Status at Intake

Description of the prosecutorial efforts in the case is another free-text field. It bears repeating that the data evaluated was obtained during intake. Currently, there is no mechanism for updating the case data as the case progresses through the criminal legal system. This will be discussed further below. Further exacerbating the data limitations of intake-only data, courts across the state are still recovering from pandemic-related court closures and backlogs. This would further delay prosecutorial outcomes and necessitate updating case-specific information to obtain correct information on prosecution and other accountability-centered measures. Below is a visual representation of the results of the field:



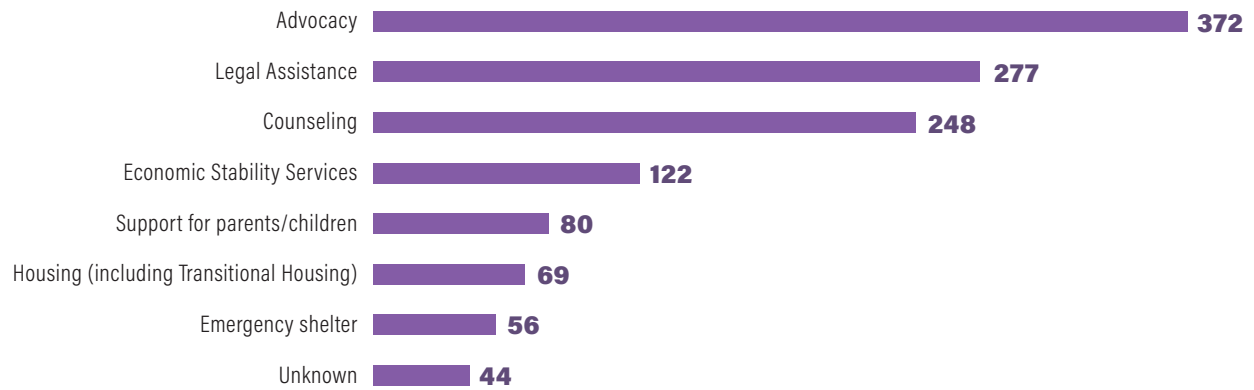
Services and Help-Seeking

Typical goals of community-based family violence centers often include increasing safety, decreasing violence, and improving survivors' and their families' social and emotional well-being by addressing mental, physical, and economic challenges created or exacerbated by abuse and traumatic experiences.⁵⁵ With a connection to services as a core component of the DVHRT model, it is not surprising that advocacy, counseling, and legal services are the most sought services.

54 Nichols, A. J. (2013). Survivor-defined practices to mitigate revictimization of battered women in the protective order process. *Journal of Interpersonal Violence, 28*(7), 1403-1423.

55 Sullivan, C. M. (2018). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence*

ADVOCACY, LEGAL ASSISTANCE, AND COUNSELING ARE THE MOST SOUGHT SERVICES



These service connections are critical as systemic racism and sexism are known to prevent some help-seeking, with Black women reporting that they are reluctant to report to the police because of the risk of harm to themselves or the perpetrator.⁵⁶ LGBTQIA+ victims face challenges in reporting violence and accessing services due to additional stigma, bias, and lack of understanding around sexual orientation and/or gender identity.⁵⁷ Connecting victims with services on the scene of the incident has been shown to reduce subsequent violence.⁵⁸ When controlled for dates that appear to have been input improperly, the average time between offense and DVHRT contact in 2022 was 13.7 days. These 13.7 days are critical for all the reasons previously discussed in this report, and so efforts must be undertaken to narrow this timeframe and make connections to services and support in an expedited manner.

Connecting victims with services on the scene of the incident has been shown to reduce subsequent violence.

⁵⁶ Messing, J. T., AbiNader, M., Bent-Goodley, T., & Campbell, J. (2021). Preventing intimate partner Homicide: The long road ahead. *Homicide Studies*, 26(1), 91–105. <https://doi.org/10.1177/10887679211048492>

⁵⁷ Center for Victim Research. (2019, April). Intimate Partner Violence Involving Lesbian, Gay and Bisexual Individuals: A Look at National Data. Webinar.

⁵⁸ *Id.*

Future Study and Promising Practices

The data gathered offers insight into promising practices and areas of need, as explained below.

Law Enforcement Partnerships

The proportion of cases from law enforcement indicates community building and cooperative relationships among partners. Yet several DVHRT sites identify building relationships among partners as a significant challenge when beginning operations. Most successful teams have utilized one-on-one meetings with law enforcement leadership, involvement with the district attorney's office, and consistent contact and updates to law enforcement partners as contributing to their success. The distribution of the teams between family violence centers and district attorney's offices offers insight into how law enforcement interacts with other DVHRT members. As expected, teams within a district attorney's office receive referrals primarily as charges are filed, while family violence centers receive them most commonly through hotline calls.

It is essential, then, that family violence programs and prosecutors be invested in the DVHRT model so that survivors are engaged whether they choose involvement in the criminal legal system.

Risk Assessment Consistency

Risk assessments are key to the referral process; as such, consistency across systems and even neighboring jurisdictions in using an established risk assessment is important. DVHRT coordina-

Key to DVHRT success:

- » SURVIVOR INPUT
- » LAW ENFORCEMENT PARTNERSHIPS
- » RISK ASSESSMENT CONSISTENCY
- » LETHALITY FACTORS
- » DATA, SURVIVOR INPUT, AND CASE FOLLOW UP
- » EXPANDING REACH

tors have expressed frustration in obtaining law enforcement cooperation in administering on-scene risk assessments, noting law enforcement's lack of training on the risk assessment that is being used. When risk assessments are administered on-scene, DVHRT coordinators have expressed difficulty accessing them from the responding agency. Utilizing memorandums of understanding (MOU) that contain specific agreements regarding document production and privacy can support this issue. Newly formed teams are also highly encouraged to work directly with law enforcement and prosecutors when initially choosing the risk assessment that will be utilized to identify high-risk cases.

Lethality Factors

Utilizing empirically researched risk factors to assess those cases most likely to progress to homicide is a commonly accepted and widely used best practice. Both prevailing research and our current data indicate a need to enhance the assessment of key factors as we seek to prevent IPH in Texas. These include a lack of enforcement of firearm restrictions, minimization of threats, misidentification of strangulation, and inconsistent documentation can become missed opportunities to save a life. Development and implementation of firearm transfer protocols promise to reduce firearm-related assault/homicide.

Data, Survivor Input, and Case Follow Up

TCFV believes that survivors are experts on their own experiences and is working to implement new data collection in the fiscal year 2024 that would include anonymous survivor outcome data in a way that honors privacy. By gathering information on survivor experience with the DVHRT and future outcomes, TCFV can better assess the efficacy of safety-improving strategies. Additionally, research indicates that obtaining social history information on offenders can advance lethality risk indication.

Expanding Reach

Both data obtained in 2022 and research indicate a need for diversity in DVHRT membership. DVHRT coordinators in the field report increased success upon adding medical professionals, probation/parole officers, and BIPP facilitators. It is also vital to ensure that the needs of underserved populations are met. BIPOC, LGBTQIA+, and immigrant populations report even less frequently.

Equity and inclusion within DVHRT teams allow for better outcomes for marginalized people.

Conclusion and Impact

TCFV again thanks the DVHRT sites and coordinators who each day stand alongside victims at a time of high-risk. TCFV is appreciative of their survivor-centered focus on homicide prevention and further thanks them for sharing data that allows us to continue our statewide efforts to support survivor safety.

TCFV is awed by the strength of the survivors who daily navigate their safety and that of their families and holds that they are the focus of all efforts. As such, below we close with two of these survivors' journeys with a DVHRT site. Note that all stories are anonymous.

Susan

Susan was experiencing emotional abuse and stalking by her abuser. An incident occurred in the summer where the abuser impeded Susan's ability to breathe, which resulted in the offender receiving charges. The abuser is in the military and will appear in court this March. Susan continued to live in their shared home but maintained her safety due to the abuser working out of the state. She plans to obtain legal representation to settle her divorce and living situation before the offender returns to Texas. Susan had a danger assessment score of 16 and was referred to the DVHRT. When Susan first came to the DVHRT, she was experiencing stalking from a third party the offender hired. The offender would also harass Susan by calling her numerous times in a short period. The DVHRT Case Manager suggested that Susan could report these harassing events to the Police Department using their non-emergency number. Instead, she called the offender's attorney and informed the attorney that if the harassment did not stop, she would report it. Moving the offender's case to the veteran's court would make it more difficult. The offender stopped the harassment and stalking. She was referred to legal and will work on a Protective Order questionnaire. Susan has a successful career and is working with her DVHRT Case Manager to help build her life independently. The DVHRT Case Manager also thoroughly planned safety with Susan; she now has a support system.

Terri

Terri was receiving services with the family violence center. The advocate identified some high-risk factors and encouraged the survivor to make a police report that had not previously taken place. A DA-LE was conducted during the police report, with the survivor referred to the DVHRT. The continued advocacy from the family violence center led to a 10-year Protective Order for the client. The success of this program saved this individual's life to get the protection that they needed.

TEXAS COUNCIL ON FAMILY VIOLENCE PROMOTES SAFE AND
HEALTHY RELATIONSHIPS BY SUPPORTING SERVICE PROVIDERS,
FACILITATING STRATEGIC PREVENTION EFFORTS, AND CREATING
OPPORTUNITIES FOR FREEDOM FROM DOMESTIC VIOLENCE.

