

Domestic Violence High-Risk Teams

2023 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.

Data Analysis completed by Tabetha Harrison

Special thanks to:

Office of the Attorney General

Office of the Governor

Dr. Leila Wood

Cross Timbers Family Services (Erath County)

SafeHaven of Tarrant County

Brazos County District Attorney's Office

Grayson County Crisis Center

The Bridge Over Troubled Waters (Harris County)

Ft. Bend County District Attorney's Office

Travis County District Attorney's Office

The Noah Project (Taylor County)

Family Support Services (Potter County)

The Family Place (Dallas County)

East Texas Crisis Center (Smith County)

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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 purpose of the report is to analyze data gathered from DVHRT teams—seven in 2023—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 (IPH) and to connect survivors to services and support to bolster safety. The work the DVHRTs take on is critical, with just under 600 victims referred in 2023. These referrals were in only seven Texas cities, ranging from rural communities to our most densely populated, indicating a serious lethality crisis in our state.

These numbers are even more staggering considering 216 Texans were murdered by their intimate partners in 2022, according to TCFV’s Honoring Texas Victims (HTV) report.¹ This is an increase from 204 homicides in 2021. These devastating losses occurred all over our state, with IPH occurring in 64 of Texas’s 254 counties. IPH represents a staggering loss of life and often 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 and promoting system coordination.

Nearly 600 victims were referred to seven DVHRTs across Texas in 2023.

What Are Domestic Violence High-Risk Teams?

DVHRTs offer enhanced and coordinated support to victims from law enforcement, family violence advocates, prosecutors, and other professionals. This trauma-informed, wrap-around approach is customized to meet the needs of each victim to enhance safety and promote 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 (2022). Texas Council on Family Violence.

mentation and maintenance of DVHRT teams in various locations statewide. Our goal in this work is to reduce occurrences of intimate partner homicide and provide supportive services to victims. To support this, TCFV works with the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor, our statewide funders, to award small grants to local community sites across the state. Through these funds, the local DVHRTs aim to promote an effective coordinated community response to high-risk cases of domestic violence. 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 advocacy, investigation, pretrial services, prosecution, and offender monitoring, focusing on survivor safety, privacy, and agency. As DVHRTs are designed to support survivor safety, TCFV places a strong emphasis on transparency of information with the survivor and asks each team to design their model on the knowledge that the survivor is the expert on their own safety and a partner in all aspects of information sharing and safety planning.

One component of this work is analyzing de-identified case data to allow TCFV and our partner sites to focus on the overall goal of preventing future violence and homicide. 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 DVHRTs to incorporate these findings into effective best practices and guiding principles. Note that throughout this report we will use the terms ‘victim’ and ‘survivor’ but honor that each person whose life intersects with a DVHRT is a unique and strong individual who has navigated their own safety for many years before ever seeking support.

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 nearly 100 family violence programs, and over 1,000 individual members composed of professionals from supportive organizations and businesses, survivors of family violence, and other concerned citizens who stand with us in our mission.



METHODOLOGY

TCFV strives for transparency in reporting data and as such the findings contained in this report should be viewed considering a few key limitations. This data was gathered at the time of the case intake into the DVHRT. As such, it does not lend to longitudinal or outcome data as it does not track changes throughout the life of a case. In 2023, TCFV has sought to change that and enhance data collection. This involved a complete overhaul of the data collection instrument (Client Tracking Survey) being used but also the addition of an aggregate tracking tool. This resulted in fields being modified while others were either eliminated or added. These changes took effect in November of 2023. The fields that were added contain data from the roughly 266 responses gathered after the changes were made. For this report, the data collected reflects cases from January 1, 2023, to December 31, 2023, so the analysis includes data from two data collection tools.

Changes to the instrument were made with input from DVHRT coordinators and research partners and were implemented in the last two months of the calendar year. Changes to the Client Tracking Survey were made to ensure data collection remained in alignment with evidence-informed practices that centered on survivor privacy while minimizing the reporting burden placed upon the coordinators.

One key change to the client tracking survey allows for DVHRT coordinators to enter not just the date of the incident, date of referral, and when contact was made with the client, but now includes a field to enter when the first attempt at contact was made. This change was made to allow for a more accurate recording of the time between referral and attempts at contact by the DVHRT coordinator. This provides a clearer picture of team capacity and comparative information on the relationship between response time and the trajectory of the case. The addition of the aggregate tracking tool was implemented as a method of tracking changes throughout the life of the case and to

Improvements to the data collection process were implemented in 2023, including an aggregate tracking tool and the ability to record when the first attempt at contact was made.

better understand outcomes related to offender accountability. The aggregate tracking tool collects the overall number of changes in prosecutorial efforts, offender recidivation, charges filed, protective orders obtained, services provided, and barriers to leaving for DVHRT cases being reported. The tool also asks for the average number of hours spent supporting each client. This data is still being collected and will be reported on in 2024.

While the changes made allow for increased integrity of the data and collection of additional information, it does impact the overall ability to make year-to-year comparisons. With the shift occurring during the reporting year, there are points of data that were excluded from collection, added to collection, or were differently collected. This creates another layer of difficulty in data analysis for 2023.

Yet another major change affecting data collection resulted from changes in the roster of DVHRT sites reporting data. Due to the structure of the DVHRT grant program, four sites (SafeHaven of Tarrant County, Brazos County District Attorney's Office, Grayson County Crisis Center, and Ft. Bend County District Attorney's Office) completed their participation in the grant program and stopped reporting data to TCFV in August of 2023. TCFV announced that the grant program would be opening to new participants. Four new sites were chosen to participate alongside sites that continued from the previous grant application process. Due to grant funds availability, there is also a small break in months where data was collected making the increase in cases even more concerning.

**Sites reporting from
1/1/2023 to 8/1/2023:**

- Cross Timbers Family Services (Erath County)
- SafeHaven of Tarrant County
- Brazos County District Attorney's Office
- Grayson County Crisis Center
- The Bridge Over Troubled Waters (Harris County)
- Ft. Bend County District Attorney's Office
- Travis County District Attorney's Office

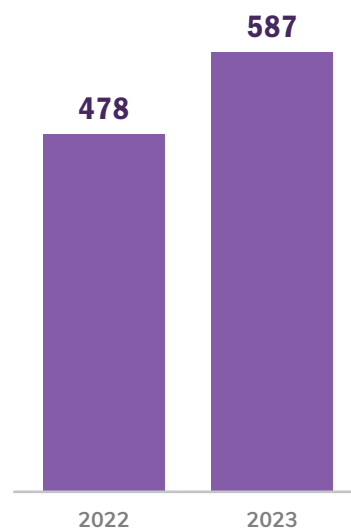
**Sites reporting from
11/1/2023 to 12/31/2023:**

- Cross Timbers Family Services (Erath County)
- The Noah Project (Taylor County)
- Family Support Services (Potter County)
- The Family Place (Dallas County)
- The Bridge Over Troubled Waters (Harris County)
- East Texas Crisis Center (Smith County)
- Travis County District Attorney's Office

FINDINGS & ANALYSIS

In 2023, 587 victims were referred to DVHRT sites reporting to TCFV. This is a significant increase of 22% in just one year with 478 cases reported in 2022. This report contains an analysis of the data reported as well as questions for further research. The multi-year upward trend in cases, when considered in conjunction with the simultaneous increase in IPH, paints an alarming picture. Although the increased focus on prevention and identification of fatal and near-fatal intimate partner violence may account for the steady increase, it calls to question how many survivors across our state need urgent support. 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.

DVHRT cases increased by 22% from 2022 to 2023.



Risk Assessments

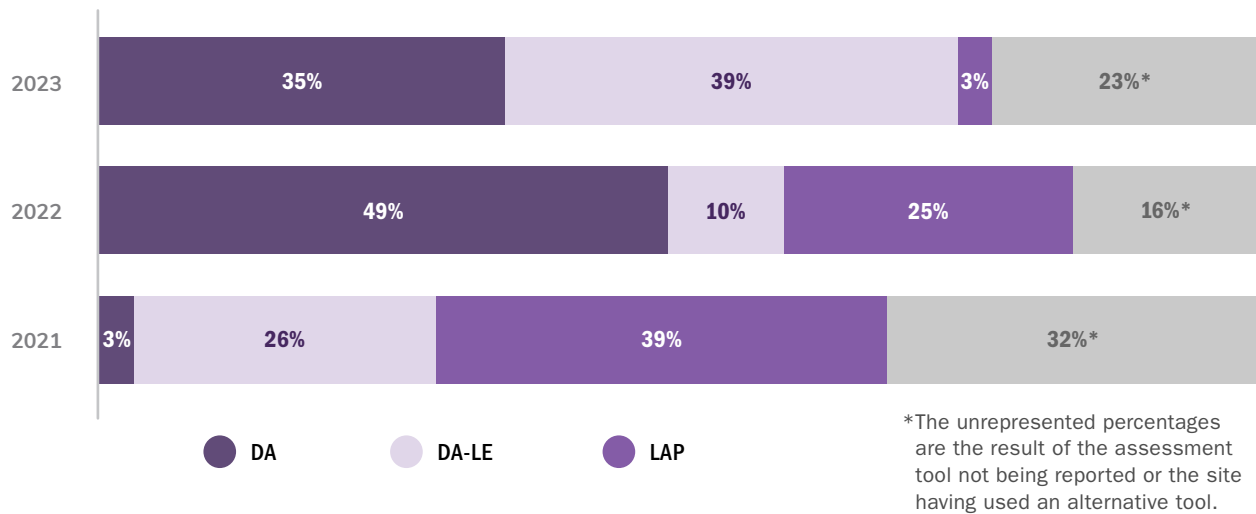
The use of a risk assessment tool when evaluating case dynamics remains at the core of DVHRT operations. Risk assessments are standardized, typically validated, questionnaires that help ascertain lethality and allow teams to triage support and services. The tool allows for this assessment to occur on-scene or as contemporaneous to the triggering incident as possible. Depending on the tool, the survivor is asked the questions either by an advocate or law enforcement on the scene. High lethality risk scores trigger DVHRT response. Sites participating with TCFV can select the tool of their choosing. The risk assessment tools primarily being used by DVHRTs in 2023 are the Danger Assessment (DA), the Danger Assessment – Law Enforcement (DA-LE), and the Lethality Assessment Protocol (LAP).

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 as well as 20 items,

² Messing, J., & Campbell 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

19 of which are 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 are asked by law enforcement at the scene of a domestic violence incident. The Lethality Assessment Program (LAP) was developed by the Maryland Network Against Domestic Violence (MNADV) in collaboration with Dr. Campbell. The LAP is also a short version of Campbell's Danger Assessment (DA) and is administered in the field by law enforcement.⁴

Since 2021, the frequency with which the varying risk assessment tools were used has reflected changes in the group of sites reporting.



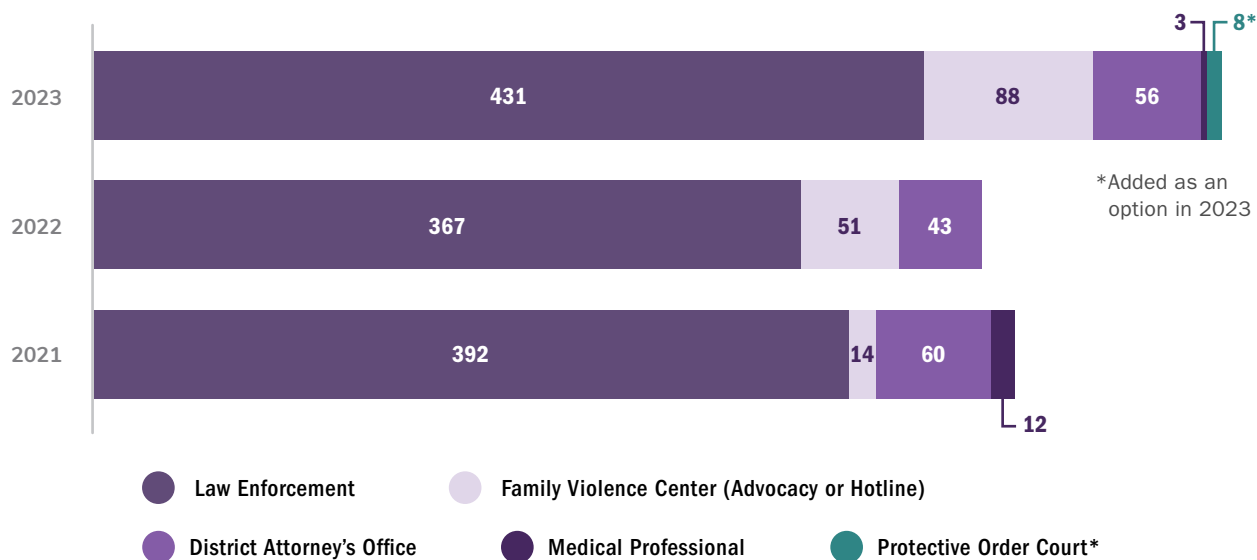
Origins of DVHRT Cases

Law enforcement remains the primary origin of DVHRT cases with 73% of all referrals from this source, a slight decrease from 78% in 2022 and 83% in 2021. The next largest contributor is Family Violence Centers, making up 15% of referrals. This is an increase from the 10% of referrals that originated in family violence programs in 2022. Family Violence Centers identify high-risk cases through their advocacy work with survivors or via referrals from partners. The data shows a continuous rise in the proportion of cases originating from this source, however, that is likely due to an increase in DVHRT sites that are run by a family violence center receiving funding. The proportion of cases originating from the District Attorney's (DA's) offices, however, was largely unchanged with 9.5% in 2023 from 9% in 2022. Three cases were reported to have originated from medical professionals.

3 Messing, J., & Campbell 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

Law enforcement remains the primary origin of DVHRT cases.



As annotated by an asterisk, protective order courts were added as an option in the most recent changes to the survey. In the less than 6 months that it was an available option, 8 referrals from protective order courts were reported. Protective order courts are specialized courts that exist primarily in jurisdictions with large family abuse caseloads. Protective orders and their role in increasing survivor safety will be discussed in later sections.

Offender-Related Factors

As discussed in last year’s report, there is no single profile for an intimate partner homicide offender. Traits that have been identified as being common among offenders relate to behavior and criminal history more than demographic characteristics.⁵ 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 in addition to domestic violence.⁶ The Department of Justice says the following about the focused deterrence model:

“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 or leaving abusive relationships. While these strategies included an important piece of the problem of IPV—providing

5 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>

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

services to victims—little had been done to hold offenders accountable. Mandatory arrest strategies had short-term success but were largely unsustainable.”⁷

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.⁸ 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). The primary data driver of the model is the offender’s criminal history.⁹ Research into the efficacy of this model indicates that it reduces recidivism and increases victim safety.¹⁰ Researchers have identified the following as significant factors in predicting lethality:

Lethality Factors:

AGE – There is consistently an age gap, with the offender being older than the victim.

EDUCATION LEVEL – The offender possesses an elementary education.

SOCIOECONOMIC STATUS – Low-medium socioeconomic status is common among offenders. The link is even stronger when the offender is unemployed and receives neither unemployment benefits nor a pension.¹¹

The relationship between poverty and enhanced risk of homicide perpetration is nuanced. As will be discussed further in upcoming sections, poverty has not been established as a causal factor of intimate partner homicide. It is not poverty itself, but rather the stressors surrounding poverty, that are often found in close proximity to violence. In maintaining a research-led approach, offender-related questions were changed as part of the data collection shift and, here, we will limit our discussion of offender factors to those supported by current research.

⁷ 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

⁸ 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.

⁹ *Id.*

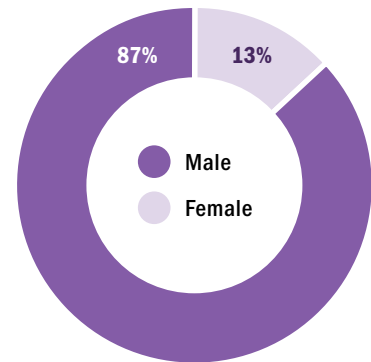
¹⁰ *Id.*

¹¹ *Id.*

Gender Identity

Response options to gender-identifying questions were changed in the data shift. Options for those identifying as non-binary/gender fluid and transgender were added. While offenders are still primarily reported as being male, there was a slight increase (2%) of reported female offenders in this year's data.

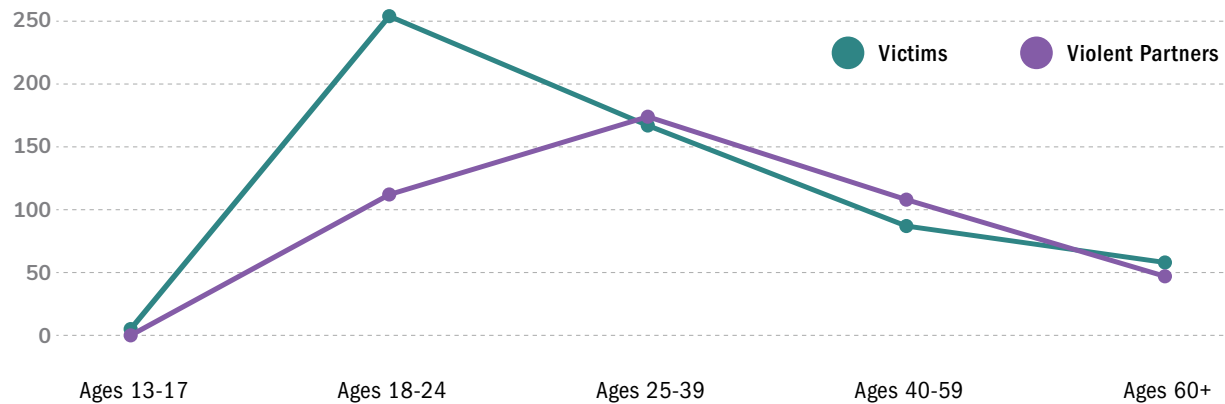
87% of offenders were reported to identify as male in 2023.



Age Comparison

The data reported in 2023 indicates similar age groupings in both victims and offenders. It should be noted here that comparisons are not made on a case-by-case basis but in the aggregate to support survivor privacy. This does not allow for individual tracking of age differences between victim and offender. However, when looking at the 18-24 age range, there are significantly fewer partners who use violence represented in this age range than victims. This may, at least anecdotally, reflect age gaps within the relationships being reported.

There were significantly more victims in the 18-24 age range than offenders. This could reflect age gaps within the relationships being reported.



Education and Socioeconomic Status

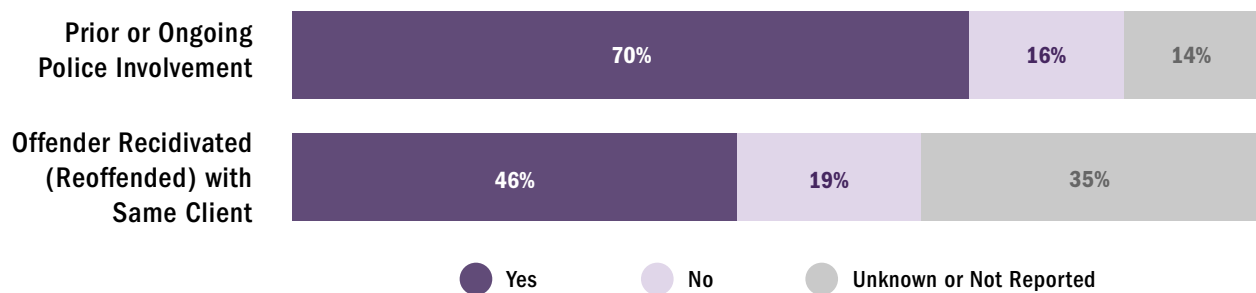
While the client tracking survey does not specifically ask about education or socioeconomic status, the Danger Assessment (DA) tool, used to assess risk in 35% of this year's reported cases, asks if the partner who uses violence is unemployed. The partner who uses violence was reported as being unemployed in 54.2% of the DA responses reported.

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 and can be neither overlooked nor overstated. Generational poverty frequently results in systemic barriers to opportunities, such as education, which exacerbate poverty throughout the lifespan.¹² While poverty is not a causal factor for family violence, it can create enhanced risk and isolation for the victim. In the case of IPH, socioeconomic status plays a more complicated role. When compared to men who murder non-family members, men who commit intimate partner homicide are more likely to be unemployed. Campbell et. al. found that 49% of all intimate partner homicide perpetrators were unemployed, significantly more than non-fatal domestic violence perpetrators.¹³

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

Law Enforcement/Criminal Legal System Involvement

Constructing a complete picture of the law enforcement and criminal legal system involvement of each abusive partner reported is difficult at best, but certain indicators of previous or ongoing criminal history can be seen in the data. This year’s data shows that there was prior, or ongoing, law enforcement involvement identified in 70% of the cases. The offender was also shown to have recidivated with the same survivor in 46% of the reported cases.



It is important to note here the reluctance of many survivors to access formal system-based help, particularly from the criminal legal system. Barriers ranging from discrimination and racism to perceptions of being blamed for the violence all create barriers to seeking needed support. The National Domestic Violence Hotline’s *Law Enforcement Experience Report* highlights survivors who had contacted law enforcement and those who had not. Roughly 12% of the respondents had not called law enforcement; with

12 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/>

13 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.*

Some victims are reluctant to seek help from law enforcement, citing discrimination and blame as primary concerns.

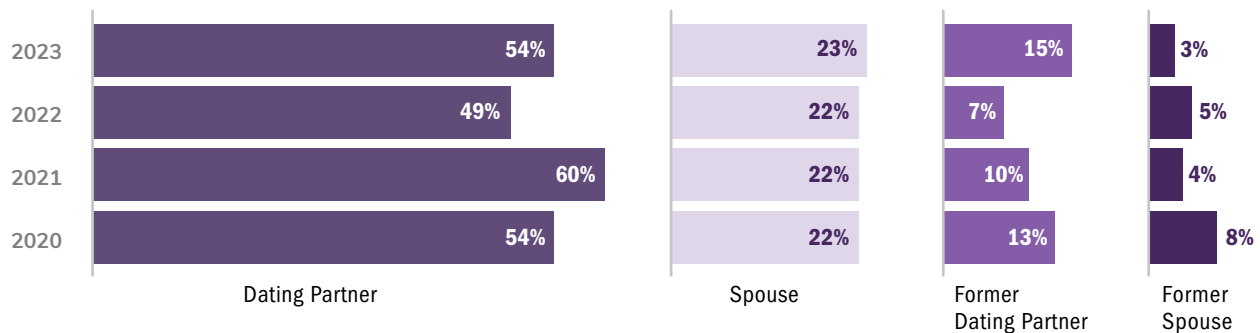
75% of them reporting they feared law enforcement blaming or not believing them.¹⁴ Of those who reported to have called law enforcement, 55% believe they were discriminated against in some way.¹⁵ Over 75% of those who had called law enforcement wanted law enforcement involvement at the time but 71% said they would have used other resources if they had been available.¹⁶

These findings are consistent with those found in Honoring Texas Victims. More specifically, many victims of IPH did not seek assistance through law enforcement or other system-based help-seeking resources.¹⁷

Relationship Dynamics

The most commonly reported relationship in 2023 remained consistent with data from prior years with dating partner and spouse as the prevalent responses. The chart below offers a longitudinal view of the reported relationship type. Please note that the values shown are the percentage of responses and not the individual response count.

The most commonly reported relationship type for the past four years has consistently been dating partner, followed by spouse.



Incident Dynamics/Reported Offenses

One of the focus areas of TCFV's changes in data collection has to do with incident dynamics and reported offenses. One of the new survey questions asks for the initial reason for victim contact with the DVHRT. In recognition of survivor reluctance to call law enforcement, and 14.9% of responses originating at a family violence center, it is important to make a distinction between the criminal legal system involved survivors

¹⁴ The National Domestic Violence Hotline. (2022). Law Enforcement Experience Report. Retrieved from <https://www.thehotline.org/news/survivors-of-domestic-violence-report-feeling-less-safe-after-contacting-law-enforcement/>

¹⁵ Id.

¹⁶ Id.

¹⁷ Honoring Texas Victims (2022). Texas Council on Family Violence.

and those who have chosen to move forward with the DVHRT without criminal legal system involvement. Although most commonly a criminal legal system measure, it is recommended that DVHRTs create a path to assist those who are at high risk but do not want to press charges or make law enforcement reports. This allows survivors to access any high-risk specific services and promotes enhanced staffing to respond.

Of the responses reported after changes were made to data collection, law enforcement responded to the scene in 91% of the cases triggering DVHRT involvement. TCFV also sought to collect information on law enforcement's response by asking questions about how the incident was initially reported to law enforcement. The new collection revealed that the most common incident to which law enforcement responded when contacting the survivor was an assault or an assault in progress (56%) and the second most common was a domestic disturbance (31%). When survivors were asked, 97% reported that the initial reason they came in contact with DVHRT was domestic violence.

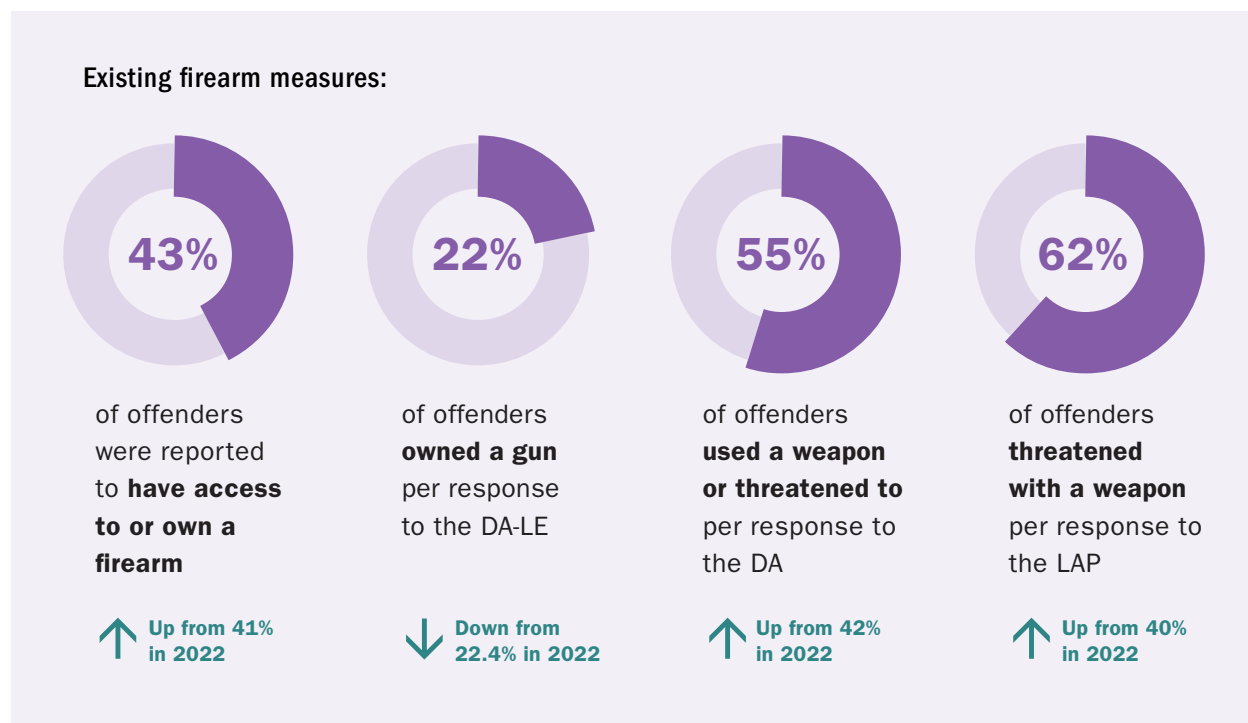
Questions about survivor medical care remained largely the same, which allows for analysis across the entire body of data received for 2023. It was reported that survivors needed medical care in 15% of cases and emergency medical services were called to the scene in 17% of cases. Not recognizing strangulation and Traumatic Brain Injury (TBI) symptoms frequently results in them going unidentified and unaddressed. Those assessing the need for medical attention in the field are not typically medical experts. We offer these notes as these combined factors could significantly skew reporting results.

Although most commonly a criminal legal system measure, it is recommended that DVHRTs create a path to assist those who are at high risk but do not want to press charges or make law enforcement reports.

LETHALITY FACTORS

Firearms

Firearms continue to be the leading means of intimate partner homicide. Honoring Texas Victims reported that 127 women were shot and killed in 2022 by intimate partners using firearms.¹⁸ Questions in the TCFV client tracking survey, the Danger Assessment, and the LAP all ask about firearm involvement during the incident at hand.



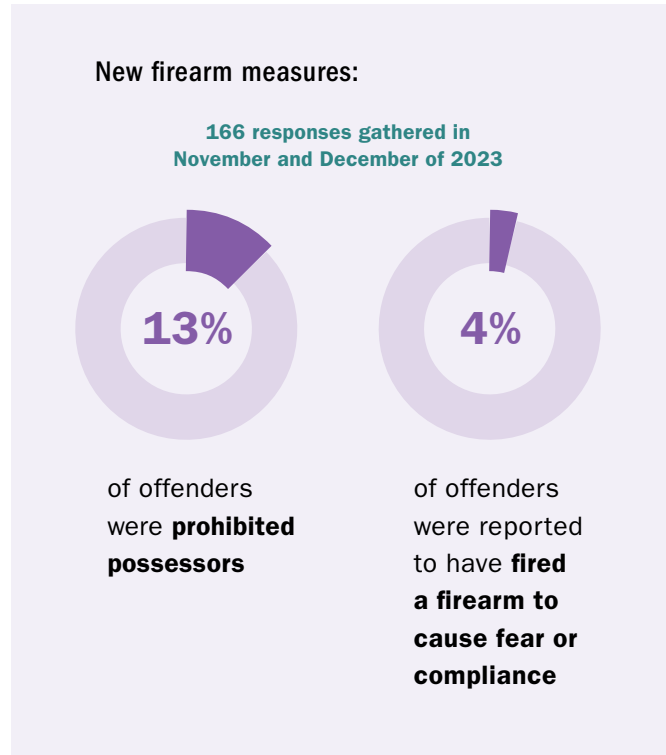
As an evolution of our data collection to focus on known lethality factors, TCFV added a question about the offender's prohibited possessor status and behavior with firearms in addition to the existing measures of firearm involvement. Prohibited possessor status refers to specific instances under the law

¹⁸ Honoring Texas Victims (2022). Texas Council on Family Violence.

where an abusive partner has been prohibited from possessing a firearm. Statewide case reports certainly indicate that in addition to the threats and use of a weapon above, in just two months' worth of data, nearly 13% of all cases referred had an abusive partner who was known to be a prohibited possessor.

This data indicates that 21 survivors in just two months intersected with the criminal legal system where their abusive partner was known to be a prohibited possessor. With the knowledge that less than 10 Texas counties have processes in place to transfer a firearm once an offender has been admonished as a prohibited possessor, TCFV holds

great concern over these initial findings. We do so while also noting that failure to enforce existing firearm prohibitions has proven fatal for survivors. In 2022, Honoring Texas Victims identified 18 IPH victims who were killed by someone who was a prohibited possessor.¹⁹ Work must be done to identify prohibited possessors and meaningfully enforce these laws via firearms transfer protocols.



Strangulation

Strangulation has been identified both as a coercive control tactic and a form of attempted homicide.²⁰ History of strangulation assault is a known predictor of intimate partner homicide, both in the long term and in the days before the homicide.²¹ As a result of the body of research indicating strangulation is a known IPH risk factor, TCFV modified its data collection to enhance our understanding of this in DVHRT referrals.

From the responses recorded (see next page), it is clear that strangulation exists in the majority of cases. However, emergency medical response (17%) and medical care (15%) were present in far fewer of the cases. As discussed in last year's report, despite significant changes in law enforcement officer education

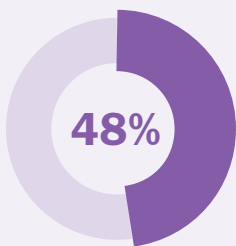
¹⁹ Honoring Texas Victims (2022). Texas Council on Family Violence.

²⁰ 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.

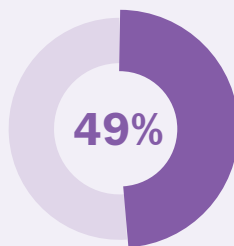
²¹ Glass, Nancy, et al. "Non-fatal strangulation is an important risk factor for homicide of women." *The Journal of Emergency Medicine*, vol. 35, no. 3, 2008, pp. 329-35, doi:10.1016/j.jemermed.2007.02.065

requirements surrounding strangulation, a significant number of non-fatal strangulation assaults go unidentified. 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 (petechiae, voice changes, breathing change, pain swallowing, 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.

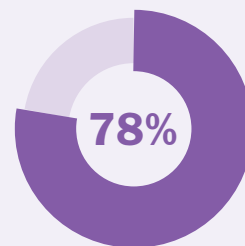
Strangulation measures:



of offenders were reported to have a **known history of strangulation**



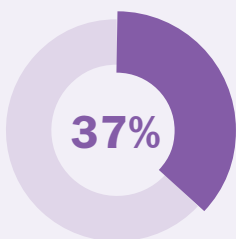
of offenders were reported to have a **history of strangulation with the survivor who was referred to the DVHRT**



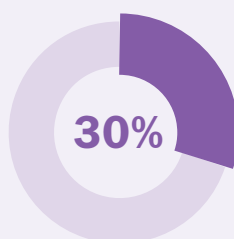
of offenders were reported to have **“choked”/strangled the survivor** per responses to the DA

↓ Down from 62% in 2022

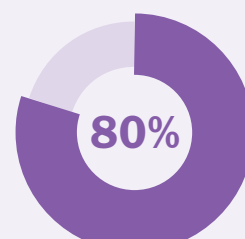
↑ Up significantly from 44% in 2022



of offenders were reported to have **tried to strangle the survivor** per response to the DA-LE



of offenders **strangled the survivor multiple times** per response to the DA-LE



of offenders were reported to have **tried to “choke” the survivor** per response to the LAP

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 nonfatal strangulation. Mislabeling the assaultive act as “choking” frequently occurs in both 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.²²

Stalking

Stalking is also 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 before the attack.²³ It represents a key opportunity for a DVHRT and other systemic interventions to intercede before an IPH. This is compounded by data that shows it is the most common use of the criminal justice system before attempted or completed intimate partner homicide was reporting intimate partner stalking.²⁴

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

In the 88th legislative session, TCFV worked with legislators to assist in the passage of SB 1717. SB 1717 expanded the description of how a victim perceives the stalker’s actions beyond harassment, including feeling terrified or intimidated. Further, it narrowly applies the reasonable-person standard to circumstances similar to the victim’s. As with all of the other changes to data collection made in 2023, the changes did not go into effect until November of 2023. Shockingly, in that amount of time, 50% of survivors reported stalking behaviors. Respondents to the DA-LE reported stalking behavior in 82.8% of cases.

22 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>

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

24 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.

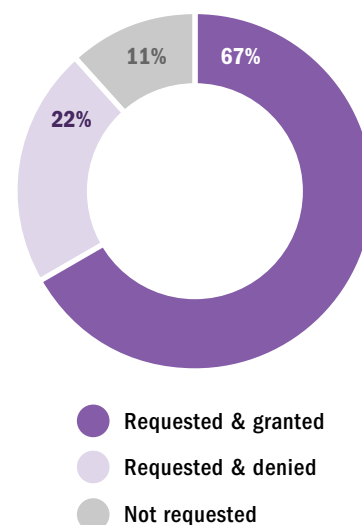
RISK REDUCTION MEASURES

Protective Orders

Of those murdered by intimate partners last year, 51% had taken steps to address the abuse and had engaged in help-seeking from a variety of sources, including law enforcement.²⁵ Eleven of those victims had received a magistrate's order of emergency protection (MOEP) or intended to file for a protective order.²⁶ Many survivors seek out protective orders as a safety-enhancing tool. Protective orders represent a legal remedy the survivor can choose to utilize outside of 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.²⁷

Of cases reported in 2023, 67% requested an emergency protective order, and the protective order was granted. In 22% of cases, the EPO was requested but denied. No EPO was requested in 11%.

Emergency Protective Orders were granted in 67% of cases in 2023.



Help-seeking and Barriers to Help-seeking

TCFV recognizes how essential service connection is for survivors. As evidence of that, sites applying for funding are required to either be or have a letter from their local family violence program. This feature makes DVHRT operations in Texas unique and can be argued as a leading contributor to the success of the model. As such, data on service utilization is collected from each site in the regular course of

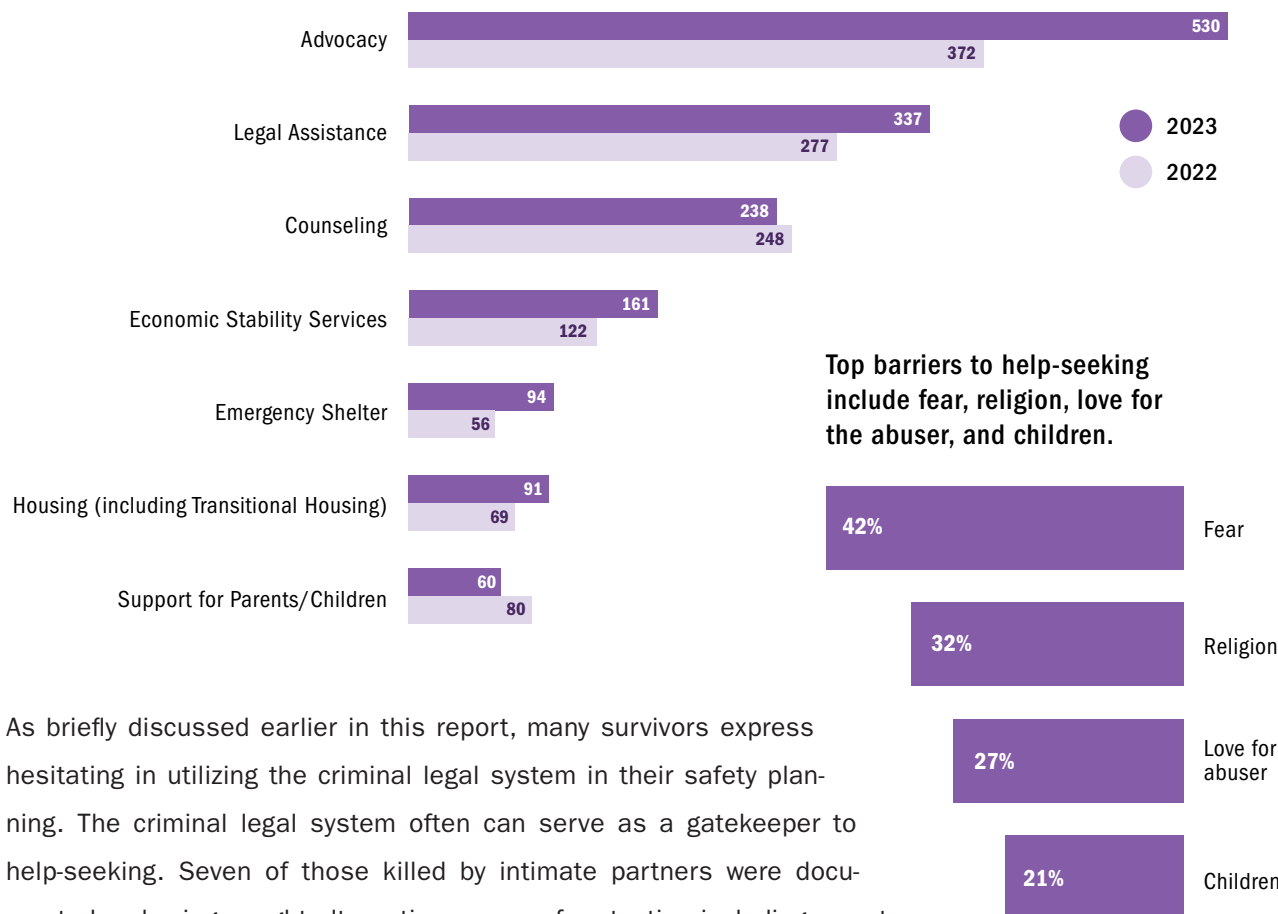
²⁵ Honoring Texas Victims (2022). Texas Council on Family Violence.

²⁶ *Id.*

²⁷ 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.

reporting. This year’s data provided a snapshot of the needs of survivors. The most frequently referred services were advocacy (90%), legal assistance (57%), and counseling (40%).

Advocacy, legal assistance, and counseling were the most sought services in both 2022 and 2023.



As briefly discussed earlier in this report, many survivors express hesitating in utilizing the criminal legal system in their safety planning. The criminal legal system often can serve as a gatekeeper to help-seeking. Seven of those killed by intimate partners were documented as having sought alternative means of protection including reporting the offender’s probation or parole violations and seeking mental health services for the abusive partner.²⁸ Understanding a survivor’s barriers to help-seeking is vital to understanding the survivor’s needs. According to the data collected this year, the top barriers identified by DVHRT clients were fear (42%), religion (32%), love for the abuser (27%), and children (21%). Respondents to the *Law Enforcement Experience Report (2023)* provided a list of resources they would have preferred accessing instead of law enforcement with one respondent being quoted as saying, they wanted “literally anyone not involved in the criminal justice system.”²⁹ Preferred alternatives included social workers, mediators, culturally specific services, financial assistance, and legal services.³⁰

28 Honoring Texas Victims (2022). Texas Council on Family Violence.

29 The National Domestic Violence Hotline. (2022). Law Enforcement Experience Report. Retrieved from <https://www.thehotline.org/news/survivors-of-domestic-violence-report-feeling-less-safe-after-contacting-law-enforcement/>

30 Id.

FUTURE STUDY & PROMISING PRACTICES

Key to DVHRT success:

- Improved data collection and analysis
- Supporting communities
- Increasing understanding of lethality across partners
- Expanding reach

Improved Data Collection and Analysis

When identifying best practices, the correct data must be gathered and effectively used. TCFV has spent much of the past year improving these processes to be more survivor-centered and effectively used. The goal of these improvements is to determine how we can best use the known predictors of lethal violence to support survivors further. The ability to conduct longitudinal data analysis remains a high priority for TCFV. TCFV continues to consult data analysis experts and researchers to ensure the data we hold is utilized both appropriately and thoroughly.

Another arm of improved data collection and analysis efforts centers on survivor experience. Currently, there are few means of measuring the efficacy of the DVHRT model, much less individual DVHRTs, that bring in the survivor experience. TCFV remains focused that for something to be effective means listening to, and uplifting, those voices. Future work to do so via voluntary surveys on outcomes available to survivors is in the works.

Supporting Communities

TCFV was made aware by family violence centers that when a DVHRT was established in the area, their capacity was quickly overloaded. TCFV would like to focus future work on supporting this service growth.

Similarly, DVHRT coordinators expressed a need for enhanced support, especially in the beginning stages of starting a team. To address these concerns, TCFV developed a welcome packet containing vital information and conducted site visits to assess the needs of individual teams better. TCFV is also committed to supporting growth and sustainability for the DVHRT and the corresponding program.

Increasing Understanding of Lethality Across Partners

Law enforcement, prosecutors, and family violence centers create the backbone of DVHRT. TCFV encourages cross-training between, and among, DVHRT partners to increase understanding and create a more uniform approach. Much like the survivor is the expert on her own safety, each partner is an expert in the area of survivor support they hold. Lack of enforcement of firearm prohibitions, minimization of threats, misidentification of strangulation, and inconsistent documentation can become missed opportunities to save a life.

Expanding Reach

It is vital to ensure that DVHRTs enhance their ability to focus on the needs of underserved populations. Black, Indigenous, and People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA); and immigrant populations report even less frequently. Immigrant survivors often identify fear of negative immigration consequences and lack of language access as their top barriers to accepting services.³¹ Fear of systems and experiencing victim-blaming are a significant barrier to marginalized groups, but were identified as particularly prevalent among African American, LGBTQ, Latinx, and Asian-Pacific Islander survivors.³²

Additionally, improvements are needed around cultural responsiveness. The Texas State Plan focused on this area via the report entitled, *Understanding the Needs of Underserved Communities (2019)*, which placed a strong emphasis on the need for culturally specific programming as well as mobile programming that allows programs to interact with the local community.³³ It is recommended that organizations better ensure traditionally marginalized and historically oppressed groups are intentional about their ongoing cultural competence training and organization dynamics. Specifically, organizations poised to provide the most comprehensive services to underserved groups are ones whose leadership and staffing somewhat represent the demographics they hope to serve.³⁴ Similarly, DVHRTs will be better resourced to serve underserved communities if they are intentional about representation and education.

In future DVHRT efforts it is imperative that the voices and needs of survivors who are from traditionally marginalized and historically oppressed groups are centered and work is undertaken to enhance cultural responsiveness in all DVHRTs.

³¹ Access to Services among Immigrant Survivors of Domestic Violence, Cook Heffron, January 2019.

³² Brereton, A.I., Serrata, J.V., & Hurtado Alvarado, M.G. (2019). *Understanding the Needs of Underserved Communities in Texas*, Austin, TX: Texas Council on Family Violence.

³³ *Id.*

³⁴ *Id.*

CONCLUSION

As we stated in prior years, TCFV 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.

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.

