High Risk Factors and The Erie County High Risk Team

HAVEN HOUSE

Risk Factors for Domestic Violence Homicides

- Stalking Behaviors
 - 75 percent of cases stalking happened in a homicide
- Victim believes perpetrator is capable of killing her
- Physical abuse is increasing in frequency/severity
- Strangulation from partner "choking"
- Offender has access to weapons or weapon is present in house
- Offender is suicidal and has threatened to kill oneself
- Recently separated from offender and has left from home where resided together

High Risk Factors Continued

- Offender threatens to kill the victim
- Offender is unemployed
- Offender has ways of attaining a gun/ weapon
- Forced sex
- Offender threatens to kill victim
- Offender threatens victim with weapon
- Extremely controlling
- Stepchild is present in the home

The Greatest Risk

Victims are at the greatest risk when they leave their offender

Strangulation

- Fifty percent of victims who have been strangled have no visible injuries
- > The neck is considered by doctors to be one of the most delicate and important part of the body.
- **B**lood and oxygen all flow from the body to your brain through the neck.
- Unconsciousness from strangulation can happen within 5-10 seconds.
- Domestic violence victims that are strangled are seven times more likely to be killed by the same partner that strangled them
- Physical: Scalp: petechiae, bald spots, bump to the head. Eyes: petchiae to the eyeball, petechiae to the eyelid, bloody red eyeballs, vision changes, and droopy eyelid. Face: petechiae (tiny red spots slightly red or rosy colored. Chest: Chest pain, redness, scratch marks, bruising abrasions. Voice and Throat: Raspy or hoarse voice, unable to speak, trouble swallowing, painful to swallow, clearing the throat, coughing, nausea, drooling, sore throat, hrash vibrating noise when breathing. Ears: ear ringing, petechiae on earlobe(s), bruising behind the ear, bleeding in the ear. Mouth: bruising, swollen tongue, swollen lips, cuts/abrasions, internal petichae. Neck: redness, scratch marks, finger nail impressions, bruising (thumb or fingers), swelling, ligature marks. Breathing: difficulty breathing, respiratory distress, unable to breathe.

Strangulation Continued

- Neurological: loss of memory, loss of consciousness, behavioral changes, loss of sensation, extremity weakness, difficulty speaking, fainting, urination, defecation, vomiting, dizziness, headaches.
- Psychosocial: PTSD, Depression, Suicidal Ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia, psychosis.
- Delayed Fatality: Death can occur days or weeks after the attack due to carotid artery separation and respiratory complications such as pneumonia, Acute Respiratory Distress Syndrome and the risk of blood clots traveling to the brain leading to a stroke.

Erie County High Risk Team

Mission: The Erie County Domestic Violence High Risk team (DVHRT) is built on the following strategies: early identification of high-risk cases through the use of risk assessment, engagement of a multi-disciplinary team, ongoing monitoring and management of high-risk offenders, identification of systems gaps and barriers to services, and linkage with continued victim advocacy services. The DVHRT creates individualized intervention plans that incorporate the entire domestic violence response system with the goals of increasing victim safety and holding offenders accountable. The HRT seeks to reduce the number of domestic violence homicides in Erie County.

Goals

- Decrease the amount of domestic violence homicides and lethal assaults
- Increase Accountability for the Offender
- Increase outreach and provide collaborative education for professionals in the domestic violence field by offering trainings on a wide range of topics

Agencies Involved

- Haven House, Erie County District Attorney's Office, Law Enforcement agencies, The International Institute of Buffalo,
- Child Protective Services, Erie County Department of Social Services Legal Counsel, Erie County Probation, New York State Parole.

Referral Process

- Filled out referral with DA (Danger Assessment), DIRs (Domestic Incident Reports), hospital records
- HRT Advocate looks at referral
- Communicates with advocate that referred
- HRT Advocate and HRT Coordinator decide if the case should be deemed as high risk and appropriate for the team.
- Advocate Presents to the team
- Interventions put in place at monthly meeting

When a case is on the team

- Case Updates
- Reviewed at meetings
- New interventions put in place
- Prepare for court and trial
- One year of consent

Questions

Please feel free to reach out to Tara Petty for questions in regards to this powerpoint or handouts for this section.