

The High Risk Team Model and GPS Offender Monitoring: Stopping DV in Its Tracks

by Diane L. Rosenfeld*

Diane L. Rosenfeld is one of the country's foremost champions of using GPS Monitoring in domestic violence cases. As founder of the Gender Violence Clinical Program at Harvard Law School, Ms. Rosenfeld has supervised the work of young lawyers-in-training including the authors of three articles in this issue of the Journal: "The Warning Signs Were There" (Hague, Freeman, and Burt); "GPS: Frequently Asked Question" (Taylor); and "The Use of GPS in Cases of Gender Violence Around the World" (Burt). The Gender Violence Clinic engages in legal policy work on many issues, but with a focus on preventing intimate partner homicides and creating effective school policies on stopping campus sexual assault. This article and the companion articles in this issue reflect the Clinic's work on intimate partner homicide prevention. The student-writers of the various articles participated in the Gender Violence Clinic in Fall 2011.

It may sound simple, and in many ways it is, but perhaps the most promising development in the prevention of domestic violence homicides is the creation of the High-Risk Team Model that has been developed and led by the Jeanne Geiger Crisis Center in Newburyport, MA. The Greater Newburyport High Risk Response Team (Newburyport Team or Team) is comprised of representatives from advocacy groups, law enforcement, probation or parole, batterer intervention, prosecution, and others. Centered on a continuing danger assessment of high-risk cases, the Team communicates across disciplines to address and prevent the escalating threats so common in DV homicides (and DV cases in general). The Team uses stronger containment methods such as GPS monitoring of the DV offender to promote victim safety.

The central tenet of this work is the belief that DV homicide is so predictable as to be preventable.¹ From this operating principle grows a critical re-examination of a system that we take for granted—one

in which three to four women a day are killed by their intimate partners in this country.² We ask how this happens in cases where "she did everything right." This question highlights the fallacy of the answer: We know from too many cases that an abused woman can do everything "right" within the system and still become the victim of her abuser's lethal violence. In reality, it is unfortunately the case that the system is not currently set up to prevent DV homicides effectively. But we may now be at the tipping point of change. We know that DV homicide can be prevented through a coordinated community approach that takes seriously the level of potential dangerousness in any DV case and creates an effective response that focuses on offender containment to keep the victim safe. Thus, the truer answer to the question about how this could happen to a victim who did everything right is that we must realize the difference between risk reduction and prevention: Crime victims cannot prevent crimes from being committed against them; they can only try to reduce their risks of being victimized. Only the perpetrator can truly prevent a crime, and it is the job of the criminal justice system to prevent and address crimes.³

The Importance of the High Risk Team Model to Manage Dangerous Cases

Understanding dangerousness is the key to building an effective response to DV. For this reason, all DV cases should be screened for potential lethality through the administration of danger assessment tools. Equally important, however, is what happens to that information once an assessment is complete. When a case screens in as high risk, there must be a team in place to respond, creating a safety net around the victim and holding the offender fully accountable.

Our clinical work with the Jeanne Geiger Crisis Center (JGCC) began in 2004 when I met with Kelly Dunne and Marta Chadwick, an advocate and a victims attorney respectively. At the time, their community was still reeling from the murder of Dorothy Guinta-Cotter, who was killed by her estranged husband the night before they were to return to court for a hearing on an extension of Dorothy's order of protection. Guinta-Cotter's husband committed suicide after murdering Dorothy; at the time of the murder-suicide,

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police were on site at the home, and their daughter was on the phone with the 911 dispatcher. What could they have done differently, they wondered. Dorothy had committed advocates, a lawyer from the JGCC, and police who were looking out for her safety. But even with all these supportive factors in place, the system was simply “not set up to protect Dorothy,” as Kelly stated to the Governor’s Commission on Sexual and Domestic Violence when we presented the idea for GPS monitoring of DV offenders in high risk cases.⁴ We shared the belief that a system that required a woman to hide in a shelter for her own safety was fundamentally flawed in that it exonerated a criminal justice system from taking responsibility for acting to prevent crimes it had notice were likely to be committed. Indeed, as Kelly pointed out, the cases in which a woman is fleeing to a shelter are by definition the most high risk: she is literally running for her life.⁵

The Newburyport Team is now in its sixth year of operation. The results have been remarkable: the data show no DV homicides in the areas served by the Team and that the offenders monitored by GPS tracking have not re-assaulted at all—a 100% success rate.

The Newburyport Model is being replicated throughout Massachusetts, and JGCC has provided training to over 3,000 across the country on danger assessments and creating High Risk Teams (HRTs). We have come a long way since our first meeting. In 2005, shortly after our presentation to the Massachusetts Governor’s Commission, the Gender Violence Clinic held a conference at Harvard Law School, “Improving the Criminal Justice Response to DV,” at which several national experts came together to discuss danger assessments and the use of GPS monitoring of high-risk offenders.⁷ More recently, a relatively new team, the Cambridge/Arlington/Belmont High-Risk Team (CAB HART) convened a statewide conference at which representatives from high risk teams across the state came to share experiences and expertise on how to best run HRTs. Over 200 people attended. It was exciting to witness the new teams

collaborating, creating, and sharing information, and all working toward the same goal of stopping DV in its tracks.

Work With States to Pass GPS Monitoring Legislation for High-Risk DV Cases

Our clinical experience has been that, like Newburyport, communities react to high profile DV homicides or murder-suicides by asking what they could have done differently to prevent such tragedies. The resulting actions range from “chatter” but nothing substantive, to individualized efforts aimed at correcting the precise fault line in the system that was responsible for the murder,⁸ to GPS legislation alone, to GPS legislation with HRTs to manage cases. Although the HRT aspect need not be legislated, it is suggested as the most effective way to implement the GPS monitoring legislation. It is clear to us that the last approach is the necessary one; GPS legislation works most effectively when the offender is monitored in the context of an HRT.

The Gender Violence Clinic functions as a resource center for legislators, advocates, and survivors interested in preventing DV homicide, and we are happy to contribute whatever legal assistance and expertise we can. For example, in 2008, after Michael Giroux murdered Cindy Bischof, a well-loved real estate agent in Chicago, her brother Michael Bischof contacted me about pursuing GPS legislation in Illinois. Due to his impressive organizational and advocacy skills, the bill now known as “The Cindy Bischof Act” became law 150 days after it was first introduced in the legislature.⁹ After Amanda Ross was killed in Kentucky, we worked with legislative counsel for the Speaker of the House Greg Stumbo, as well as advocates and prosecutors to pass “Amanda’s Bill.” Steven Nunn, who was under an order of protection for having previously attacked Amanda, recently pled guilty to her murder and is now serving a life sentence.¹⁰ He was found in the cemetery at his parents’ grave with his wrists slit in an unsuccessful suicide attempt immediately following Amanda’s death. After receiving news of the tragic murder of Tiana Notice, a 25 year old graduate student in

Connecticut, I reached out to her father, Alvin Notice, who was also interested in strengthening the criminal justice response to high-risk cases like his daughter’s. Several of my clinical students attended a rally at the Statehouse in Connecticut one year after Tiana’s murder, calling for GPS legislation and other initiatives to address DV. The legislation passed in 2010, five months after the rally at the Statehouse.

Tiana was African American, as is her murderer, James Carter. Black women are at a significantly higher risk of DV homicide than other women.

Cindy, Tiana and Amanda all could be alive today if their abusers had been placed under GPS monitoring.¹¹ Each was murdered in a zone ostensibly protected by their respective orders of protection. Each would have known that the offender was there, waiting to kill her. GPS can communicate in real-time the location of an offender: if he violates a restricted zone, law enforcement and the victim are notified and can immediately enact a safety plan.

When presented with a new and effective promising practice, states should act aggressively to prevent DV from escalating into a homicide. While some states will pass the legislation with reference to an out-of-state murder-suicide, other states seem more recalcitrant. For example, we began to work with Maine two years ago on GPS monitoring legislation. Maine’s DV homicide rate is one of the highest in the country. Yet, despite these statistics as well as the high profile murder-suicide of Amy Lake, a kindergarten teacher, and her two children by her estranged husband Steven Lake, the state has not yet enacted GPS legislation. A new report reviewing the murders recommends such legislation, perhaps indicating that the state is finally moving towards adopting more robust tactics to intervene in domestic violence cases.

As I said to the Council of State Governments, states should not wait for yet another DV homicide to wake up to the glaring inadequacies of the current system.¹² States have enough information to know what actions they can take *right now* to prevent DV from escalating into homicide. Perhaps it is time for a national effort to lead the states forward. Certainly,

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we should be pooling our resources in this new direction.

The Difference a High Risk Team and GPS Make

A personal anecdote highlights the difference it can make to a woman's life to live in a community equipped with both a high risk team and GPS monitoring of DV offenders. One evening, I was at a dinner party seated next to a woman. While discussing our professional lives, she said she had experienced serious career setbacks because of a personal situation. Then she told me about her recent divorce from her abusive spouse and the ensuing custody problems, as well as her fear that with access to her son, her ex-husband would be able to harm him. Because this woman lived in Cambridge, I was able to give her the contact information for the Cambridge, Arlington, Belmont high risk team (CAB HART). I did so with confidence, knowing that the team members were fully dedicated to helping out in these situations and that they are committed to providing real safety to endangered women.

The next day, I received an urgent email from a woman I will call "Donna" in a Chicago suburb. She had obtained an order of protection against her ex-boyfriend, who had become unstable and threatening after she broke up with him. In fact, the psychiatric hospital to which he was briefly committed contacted her upon his release (as required under the law) to notify her that he had made threats to kill her while hospitalized. After her ex-boyfriend violated her order of protection, he was put on GPS monitoring; however, the judge ordered the device removed after a trial. At the trial, Donna brought forward five witnesses to the series of violations the man had committed when he showed up at her workplace. Despite this evidence, the judge acquitted him on a technicality: The state had failed to prove that the ex-boyfriend had

"remained" at her workplace as required by the language of the statute, as opposed to just "passing by." It strains the imagination as to why this judge imposed such a narrow interpretation of The Cindy Bischof Act, which was enacted after Cindy was murdered in circumstances eerily similar to those facing this woman in Illinois.

Unfortunately, there is no team to which I could refer this woman in Illinois. I made a series of phone calls, and am still trying to cobble together some safety net for her. Meanwhile, this woman's professional life is disrupted and she lives in constant fear. She does not want the attention that necessarily accompanies being seen as a "victim" nor does she want to be subject to an order of protection that might force everyone in her workplace to be on high alert. GPS monitoring gave this woman the only sense of security she has felt since the abuse began. Once that protection was taken away, she resumed experiencing a life marked by a form of domestic terrorism. It simply does not have to be this way.

The contrast between these two experiences is stark: my ability to help the woman in Cambridge and my inability to help the woman in Illinois depended entirely on whether each state had a high-risk intervention team. All states should implement high-risk case management teams, for they are needed everywhere. Donna's safety should not depend on a mere fortuity: had she not been able to contact me, it is unclear and far from certain who would have been equipped to intervene on her behalf. An endangered woman's safety should not depend on where she lives: she has a right to be safe and protected whether she lives in Massachusetts, Illinois, or any other state in this country. Unfortunately, this is not yet the case.

There remains much work to do on behalf of battered women. We will take with gentle hands the lessons learned from the lives of Cindy Bischof, Tiana Notice, Amanda Ross, Amy Lake, and countless others so that they were not lost in vain, and we will act to protect others similarly in danger.

End Notes

¹Diane L. Rosenfeld, Op-Ed: "Law Enforcement Sends Mixed Signals," Chicago Tribune, July 29, 1994, at 19.

²See <http://bjs.ojp.usdoj.gov/content/homicide/intimates.cfm>. Two points of note are that Intimate Partner Homicide rates for women have only decreased from 1,587 for the year 1976 to 1,181 for 2005; and that 35.2% of homicides have no reported victim-offender relationship.

³Dr. Jackson Katz makes this point in his trainings and lectures on male violence prevention. He is the founder of MVP: Mentors in Violence Prevents (www.jacksonkatz.com), and author of *The Macho Paradox: Why Some Men Hurt Women and How All Men Can Help* (Sourcebooks, Inc., Naperville, IL 2006).

⁴Presentation to the Governor's Commission on Sexual and Domestic Violence, Boston, MA, Dec. 12, 2004.

⁵Kelly Dunne & Marta Chadwick, "Redefining Safety: Do You Have a Safety Plan If a Victim Says 'No' to Shelter?" 12 *DVR* 49 (2007).

⁶White House Press Conference, National Domestic Violence Awareness Month, Oct. 27, 2010. Available at <http://www.whitehouse.gov/photos-and-video/-video/2010/10/27/domestic-violence-awareness-month#transcript>

⁷Among the attendees were representatives from Jane Doe, Inc. (the Massachusetts Coalition Against Sexual and Domestic Violence), government agencies, law enforcement, lethality experts Jacquelyn Campbell and Neil Websdale, batterer intervention specialist David Adams, members of the Governor's Commission on Sexual and Domestic Violence, and law students.

⁸For example, Ken Paulson has been making progress in legislation to require that a prison psychologist examine an inmate before release and notify the victim. Jennifer Paulson, Ken's daughter, was murdered by an ex-boyfriend against whom she had a civil order of protection in Washington State. The legislation would also enable electronic monitoring to enforce such protection orders. See <http://www.komonews.com/news/local/133219973.html>.

⁹Michael Bischof created a foundation in his sister's name. He often refers high risk cases to the clinic for assistance and actively promotes GPS legislation in several states. See <http://www.cindymemorial.org>

¹⁰<http://www.ongo.com/v/1261776/-1/9C546F604FF6DOV1/steve-nunn-pleads-guilty-to-murder-gets-life-sentence>

¹¹<http://abcnews.go.com/Nightline/restraining-orders-stalkers-domestic-violence-victims-call-enforcement/story?id=9999-86#.Tu-A183qqKo> describes each of these cases.

¹²http://www.csg.org/pubs/statenews/video/conversations_omaha/diane_rosenfeld.aspx



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