

**The Annual Report of the
New York City
Domestic Violence
Fatality Review
Committee
2006**

City of New York

Michael R. Bloomberg, Mayor

**Yolanda B. Jimenez, Commissioner
Mayor's Office to Combat Domestic Violence**



**The Annual Report of the New York City Domestic Violence Fatality
Review Committee**

December 2006

Edward Hill, Coordinator



THE CITY OF NEW YORK
OFFICE OF THE MAYOR
DOMESTIC VIOLENCE FATALITY REVIEW COMMITTEE
OFFICE TO COMBAT DOMESTIC VIOLENCE
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December 2006

Dear Colleagues:

Enclosed please find the first annual report of the New York City Domestic Violence Fatality Review Committee. This report is being provided to you pursuant to Local Law 61.

As the report illustrates, since 2002, family-related homicides have declined by 10.5% -- from a total of 76 in 2002 to 68 in 2005. While progress continues in reducing family-related violence, this crime remains pervasive. One out of eight homicides committed in New York City in 2005 was family-related.

The Fatality Review Committee reviewed and analyzed family-related homicide data to gain an understanding of the circumstances surrounding the occurrence of these crimes and to ascertain the level to which victims accessed victim assistance and prevention services. Our analysis revealed that a majority of the 2004 family-related homicide victims had contact with at least one City agency or the representative contract organization to the Committee, Safe Horizon, but almost all of the victims were not identified and/or did not disclose that they were family-related violence victims. This suggests that the real challenge for City agencies and contract organizations is developing an environment that promotes disclosure.

Over the next year, through focus groups with victims, surveying the training and educational materials of agencies and continued data analysis, we will begin to lay the foundation for the creation of a citywide environment that promotes identification and/or disclosure of family-related violence.

Sincerely,

A handwritten signature in cursive script, appearing to read "Yolanda B. Jimenez".

Yolanda B. Jimenez
Commissioner

The Fatality Review Committee Members

Yolanda B. Jimenez, Chairperson, Commissioner of the Mayor's Office to Combat Domestic Violence

Gordon Campbell, Chief Executive Officer, Safe Horizon, Mayoral Appointee representing a social service agency

Ramonita Cordero, Mayoral Appointee representing a legal service agency

Verna Eggleston, Administrator/Commissioner, Human Resources Administration
Designee: Executive Deputy Commissioner Jane Corbett

Thomas R. Frieden, M.D., M.P.H., Commissioner, Department of Health and Mental Hygiene
Designee: Acting Director Catherine Stayton, Injury Epidemiology Unit, Bureau of Epidemiology Services

Robert V. Hess, Commissioner, Department of Homeless Services
Designee: Deputy Commissioner Maryann Schretzman

Tino Hernandez, Chairman, New York City Housing Authority
Designee: Director Nora Reissig-Lazzaro, Department of Social Services

Robert T. Johnson, District Attorney, Bronx County
Designee: Executive Assistant District Attorney Anthony Schepis

Raymond W. Kelly, Commissioner, New York City Police Department
Designees: Deputy Chief Kathy Ryan, Domestic Violence Unit and Deputy Inspector Daniel Murphy, Central Investigation and Resource Division

John B. Mattingly, Commissioner, Administration for Children's Services
Designee: Deputy Commissioner Elizabeth Roberts

Annabelle Randolph, Mayoral Appointee representing the voice of victims

Mary Williams, Mayoral Appointee representing the voice of victims

Edward Hill, Fatality Review Coordinator, Mayor's Office to Combat Domestic Violence

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Key Findings

Family-Related Homicides

- 1. Women, Blacks and Hispanics and children under the age of 11 are disproportionately victims of family-related homicides.**
 - One out of every 8 homicides that occurred in New York City in 2005 was family-related.
 - While women only account for slightly more than 18% of the victims of all homicides that occurred in the City in 2005, they accounted for almost 62% (42 out of 68) of the family-related homicide victims during that same year.
 - Blacks and Hispanics accounted for 76% of the family-related homicide victims through the years 2003 through 2005. During the same time period, Blacks and Hispanics accounted for 86% of all homicide victims.
 - In 2005, 22% (15 out of 68) of the victims were under the age of 11.
 - Between 2003 and 2005, 60% (15 out of 25) of all citywide homicide victims under the age of 11 were involved in a family-related homicide.
 - Between 2003 and 2005, victims in the 18-24 and 25-45 age groups accounted for 55% of the family-related homicide victims. During the same time period, these age groups accounted for 79% of all homicide victims.

- 2. The majority of perpetrators were male and between the age 25 to 45 years old.**
 - Males were the perpetrators in 80% (52 out of 65 perpetrators) of the family-related homicides that occurred in 2005.
 - In 2005, 63% (41 out of 65) of the perpetrators were between the ages of 25 and 45 years old.
 - While individuals in the 18-24 age group account for 10% of the City's population, they were the perpetrators in 18% of the family-related homicides for the years 2003 through and 2005. During that same period, this age group was the perpetrators in 23% of all homicides committed in the City.

- 3. Firearm was the weapon most often used to commit family-related homicides in 2005.**
 - In 2005, firearms were used in 29% (20 out of 68) of the family-related homicides.
 - In 2005, knives were used in 28% (19 out of 68) of the family-related homicides.

4. **A large number of victims were the perpetrator's spouse, former spouse, live-in partner, former live-in partner, common law companion, former common law companion or an individual with whom the victim had a child in common.**
 - In 53% (36 out of 68) of all the family-related homicides which occurred in 2005, the perpetrator was the victim's spouse, live-in partner, common law companion or an individual with whom the victim had a child in common.
 - Department of Health and Mental Hygiene data on intimate partner homicides involving a female victim (>12) that occurred between 2002 and 2004 indicates that 41% (46 out of 112) of the victims resided with the perpetrator at the time of the homicide.¹

5. **Family-related homicides are clustered in five areas of the City.**
 - Between 2003 and 2005, family-related homicides occurred more frequently in Central and South Bronx, West Harlem, Central Brooklyn and the South Jamaica section of Queens.
 - During 2004, 78% (47 out of 60) of the family-related homicides analyzed by the Fatality Review Committee occurred in communities with more than 20% of the population living below the poverty level and an unemployment rate exceeding 16%.
 - Between 2003 and 2005, 46% (97 out of 209) of the family-related homicides occurred in just 16% (12 out of 76) of the City's police precincts.

Agency Contact

1. **A majority of the 2004 family-related homicide victims had contact with a City agency or the representative contract organization prior to the homicide, but few disclosed their family-related violence victimization.**
 - Seventy-five percent (45 out of 60) of the 2004 family-related homicide victims had contact with at least one agency prior to the homicide.
 - Only 5% (1 out of 20) of the family-related homicide victims who were receiving public assistance at the time of the homicide had identified as a domestic violence victim.

2. **Elderly victims and victims killed by "other family members" rarely reach out for assistance.**
 - Only 17% (1 out of 6) of the elderly 2004 family-related homicide victims had contact with a City agency or the representative contract organization prior to the homicide.
 - Only 14% (1 out of 7) of the 2004 family-related homicide victims killed by "other family members" (such as siblings, aunts, uncles or cousins) had contact with a City agency or the representative contract organization prior to the homicide.

3. **The NYPD and the representative contract organization had limited contact with the victim prior to the homicide.**
 - In only 37% (22 out of 60) of the 2004 family-related homicide cases, the New York City Police Department had contact with the victim and/or perpetrator prior to the homicide.
 - Only 5% (3 out of 60) of the 2004 family-related homicide victims had known contact with the City's domestic violence hotline directly or through 311.

EXECUTIVE SUMMARY

Since 2002, family-related homicides have declined by 10.5% -- from a total of 76 in 2002 to 68 in 2005. During the same time period, major domestic violence felony crimes have decreased by 21%. While progress continues in reducing family-related violence, many citizens of New York City are still victims of this type of violence. Each day, the New York City Police Department (“NYPD”) responds to over 600 family-related violence calls and makes an average of 81 family-related arrests. During 2005, there were 226,000 Domestic Incident Reports taken by the NYPD. On average, the City’s Domestic Violence Hotline receives 400 calls a day.

In order to gain a better understanding of family-related violence, as well as the adequacy of victim assistance and prevention services, the Domestic Violence Fatality Review Committee (“FRC”) was established through Local Law 61 of 2005 which requires, among other things, the FRC to:

examine aggregate information relating to domestic violence fatalities in the City of New York...[and] develop recommendations for the consideration of the director of the office to combat domestic violence regarding the coordination and improvement of services for victims of domestic violence provided by agencies and private organizations that provide such services pursuant to a contract with an agency.²

The FRC reviewed aggregate data obtained from the NYPD regarding family-related homicides that occurred between 2002 and 2005. In addition, the FRC was able to obtain aggregate information from the New York City Police Department (“NYPD”), the New York City Department of Health and Mental Hygiene (“DOHMH”), the Human Resources Administration (“HRA”), the Department of Homeless Services (“DHS”) and the Administration for Children’s Services (“ACS”) and the representative contract organization, Safe Horizon, which participated in the FRC regarding contact these entities had with victims and perpetrators of family-related homicides that occurred in 2004. The FRC reviewed and analyzed this data to establish an understanding of the circumstances surrounding the occurrence of these crimes and to ascertain the level to which victims accessed victim assistance and prevention services.

Several key points emerge from the analyses: (1) a majority of the victims had contact with a least one agency prior to the homicide; (2) despite contact with an agency, most victims did not disclose their family-related violence victimization; (3) family-related homicides are clustered in five areas of the City; and (4) elderly victims of family-related violence seldom reach out for assistance. The findings and key points lead to the identification of four general areas of opportunity which may further reduce family-related violence. The following is an overview of the four areas of opportunity identified by the FRC. Specific recommendations are provided in a subsequent section of the report.

1. **Increasing Public Awareness - Outreach and Engagement of Victims Not Seeking Services:** To increase the number of family-violence victims who seek assistance, the FRC recommends that City agencies and the representative contract organization undertake a series of public education programs.
2. **Increasing Identification of Family-Related Violence Victims Served by Agencies:** The data suggests that the real challenge for the City agencies is developing an environment which increases the probability that a victim either discloses his/her victimization or is identified as a potential family-related violence victim. Further, there is a need for entities to provide coordinated services. It may be reasonable to conclude that self-disclosure would be fostered if the victim felt that disclosing once – whether at Human Resources Administration (“HRA”), Department of Homeless Services (“DHS”) or at a contract organization – would mean obtaining all the assistance available to the victim through the various agencies that provide services.
3. **Need for Coordination of Services Between Agencies:** The data indicates that almost half the victims who had contact with a City agency or the representative contract organization, had contact with at least two agencies.
4. **Focusing Agencies’ Activities on Communities Impacted Most by Family-Related Homicides and Other Family-Related Crimes:** family-related homicides can occur in any neighborhood in the City, the FRC members recommend that the frequency of occurrence in certain neighborhoods be addressed. This does not mean that other communities should be ignored, but rather that agencies should implement the recommendations, when appropriate, as outlined in this report, in neighborhoods with a higher incidence of family-related homicides prior to expanding into other areas.

As noted earlier, the findings draw attention to the fact that family-related violence victims often do not disclose their victimization. The FRC members discussed the importance of creating an environment at the representative City agencies and contract organizations to address this. Training and educational needs will be surveyed and addressed as the FRC moves into its second year.

Additionally, several recommendations call for the development of various public education programs. The FRC discussed the coordination of these efforts so that the material developed, whether posters, brochures or palm cards, could be used universally by the various agencies. For example, an appropriately developed poster could be displayed at HRA and DHS intake centers, but also in NYCHA management offices. The work of the FRC on this will continue during the second year of the committee.

INTRODUCTION

History of the New York City Domestic Violence Fatality Review Committee

The Domestic Violence Fatality Review Committee (“FRC”) was established through Local Law 61 of 2005 which was passed by the City Council on May 25, 2005, signed by the Mayor on June 6, 2005, and became effective on September 4, 2005. The law requires, among other things, the FRC to:

examine aggregate information relating to domestic violence fatalities in the City of New York...[and] develop recommendations for the consideration of the director of the office to combat domestic violence regarding the coordination and improvement of services for victims of domestic violence provided by agencies and private organizations that provide such services pursuant to a contract with an agency.³

The full text of the legislation is included in Appendix A.

The FRC is coordinated by the Commissioner of the Mayor’s Office to Combat Domestic Violence. The New York City Police Department (“NYPD”), the New York City Department of Health and Mental Hygiene (“DOHMH”), the Human Resources Administration (“HRA”), the Department of Homeless Services (“DHS”) and the Administration for Children’s Services (“ACS”), are members of the FRC. In addition, the law also requires that the FRC include two representatives of programs that provide social or legal services to victims of domestic violence and two individuals with personal experience with domestic violence.

Methods

For the purposes of this report, as stipulated in Local Law 61 of 2005, a domestic violence fatality is defined as:

A death of a family or household member resulting from an act or acts of violence committed by another family or household member that does not include self-defense. “Family or household member” shall mean the following individuals: (a) persons related by consanguinity or affinity, (b) persons legally married to one another, (c) persons formerly married to one another regardless of whether they still reside in the same household, (d) persons who have a child in common regardless of whether such persons have been married or have lived together at anytime, (e) persons not legally married, but currently living together in a family type relationship and (f) persons not legally married, but who have formerly lived together in a family style relationship.⁴

This definition includes same sex partners and is the same as the expanded definition of domestic violence utilized by the NYPD.⁵ Homicides within the scope of the definition are referred to as “family-related homicides.”

Data Sources

Family-Related Homicides: The NYPD maintains information on family-related homicides and provides the FRC with basic demographic information including:

1. Name of victim and perpetrator;
2. Sex of victim and perpetrator;
3. Race of victim;
4. Weapon utilized to commit the homicide;
5. Familial relationships; and
6. Location of the crime.

As required by Local Law 61 of 2005, this report contains aggregate data on family-related homicides that occurred during calendar year 2005. Specifically, the law further states that the FRC shall produce, on an annual basis, a report including:

the number of domestic violence fatality cases which occurred in the city of New York during the previous year; the number of domestic violence cases reviewed by the committee during the previous year, if any; any non-identifying data with respect to the victims and perpetrators involved in domestic violence fatalities, such as gender, age, race and familial or other relationship involved.⁶

To provide the context of a larger data sample, the report also contains aggregate data regarding family-related homicides that occurred between 2002 and 2005. While not required by Local Law 61 of 2005, the Committee chose to include this additional expanded data.

The FRC is required to provide the following data, if available, on the victims’ and/or perpetrators’ “religion, ethnicity and employment status” as well as “examining any factors indicating a high-risk of involvement in domestic violence fatalities.” The most recent year for which such additional data was available from the Committee members was 2004. This data will be made available in this report for the year 2004 and each additional year will be included in subsequent FRC annual reports.⁷

General Homicide Data: To provide the context for the comparison of all homicides to all family-related homicides that occurred in the City, the FRC obtained aggregate data from the NYPD regarding all citywide homicides that occurred between 2003 and 2005. This aggregate data included: (1) sex of victim and perpetrator; (2) race of victim; (3) weapon utilized to commit the homicide; (4) primary motive; and (5) geographic location of the crime. While not required by Local Law 61 of 2005, the Committee chose to include this additional expanded data.

Contact with City Agencies and the Representative Contract Agency: Local Law 61 of 2005 also requires the FRC to “provide recommendations regarding the coordination and improvement of services for victims of domestic violence provided by agencies and private organizations that provide such services pursuant to a contract with an agency.”⁸ The FRC provided each agency with identifiers (name, date of birth and address) for the victim and perpetrator of family-related homicides that occurred in 2004, the most recent year for which such data was available from Committee members. The agencies independently cross-referenced that list with agency files and the agencies reported any contact they may have had with the victim and/or perpetrator. This information was matched by the FRC to determine if the victim had contact with multiple agencies and the results of that match are reported in aggregate form herein.⁹ The agencies were able to provide aggregate data regarding the timeframe in which the contact occurred relative to the homicide.

Intimate Partner Homicides: The Department of Health and Mental Hygiene (“DOHMH”) provided the FRC with a summary of 2002-2004 data related to intimate partner homicides involving female victims. The DOHMH defined intimate partner homicides as cases in which the perpetrator was either the current or former husband or romantic partner. A partner can be the same or opposite sex, and includes boyfriends, girlfriends and common-law marriages. The data included: (1) demographic information regarding whether the victim was foreign-born; (2) whether the victim resided with the perpetrator; (3) whether alcohol was detected in the victim’s system at autopsy; (4) whether cocaine was detected in the victim’s system at autopsy; and (5) whether the perpetrator committed suicide after committing the homicide. This information was collected by DOHMH through surveillance on all female homicide victims (12 years and older) in New York City by reviewing Office of the Chief Medical Examiner records. Trained data collectors used standardized coding techniques to abstract information on assault circumstances and the relationship between the victim and alleged offender. Such surveillance offers information not routinely available from police homicide data. While not required by Local Law 61 of 2005, the Committee chose to include this additional expanded data.

A Word of Caution

Before discussing in detail the statistics reviewed by the FRC, it should be noted that family-related homicides account for 12% of all the homicides that occur in New York City in any given year. On average, 1 out of every 8 homicides that occur in the City is family-related. From a statistical point of view, the annual homicide numbers provide a

sample too small from which to establish definitive trends. An increase or decrease of one or two family-related homicides during a particular time period or in a particular borough can translate into significant percentage changes, leading to a risk that random variations from year to year will be interpreted as trends. This report attempts to present the data in context, often utilizing population demographics and other homicide data to assist the reader in interpreting the data presented in this report within a larger context.

Additionally, all percentages based on the data presented in this report have been rounded to the nearest whole number. Therefore, charts and graphs may not add up to 100 percent.

Existing Family-Related Violence Services

All agencies that participated on the FRC have implemented services in past years which were targeted at identifying and assisting domestic violence victims. In many instances, the agencies have undertaken multiple-agency collaborative efforts so that the services provided by the various agencies can be coordinated. For example, NYCHA, NYPD and the representative contract agency, Safe Horizon, have collaborated to assist NYCHA residents with emergency transfers within public housing developments. A central focus of the work of DOHMH in the area of domestic violence is through public health surveillance – the collection of data to examine the extent of the problem and assist in the design and implementation of public health programs or prevention strategies. A description of the current domestic violence prevention and assistance activities undertaken by the agencies participating on the FRC has been included as Appendix B.

OVERVIEW OF FAMILY-RELATED HOMICIDES

A Summary of Family-Related Homicides

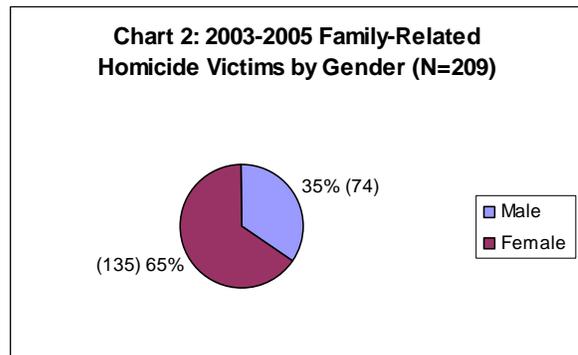
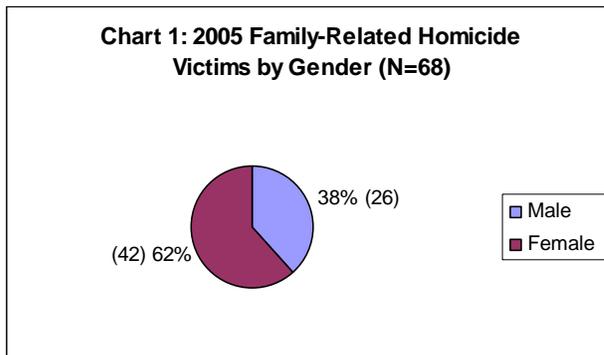
The following provides demographic and other information regarding family-related homicides that occurred in 2005. Where applicable, the data is compared to population data for the City and information obtained from the NYPD regarding all homicides that occurred in the City between 2003 and 2005. To place the 2005 data in a historical context, some information is also provided on family-related homicides that occurred between 2002 and 2005.

Family-related homicides have declined by 10.5% since 2002. Since 2002, family-related homicides have declined by 10.5% -- from a total of 76 in 2002 to 68 in 2005 (See, Table 1). The City has experienced a greater reduction in family-related homicides than in homicides generally, which during the same period of time declined 7.8%. Family-related homicides accounted for 12.4% of homicides between 2002 and 2005.

Table 1: Homicides in New York City (2002-2005)¹⁰

Year	NYC Homicides	NYC Family Related Homicides	Percentage Family Related Homicides
2002	586	76	13.0%
2003	598	74	12.4%
2004	572	67	11.7%
2005	540	68	12.6%
Total	2296	285	12.4%

The majority of family-related homicide victims are female. Females are disproportionately represented among victims of family-related homicides. While females account for slightly more than 18% of the victims of all homicides that occurred in the City in 2005, they accounted for almost 62% (42 out of 68) of the family-related homicide victims during that same year. Fifty-three (53%, 36 out of 68) of the 2005 family-related homicides involved an adult female victim.¹¹ This finding remains consistent even when the years of observation are expanded to include 2002, 2003 and 2004. (See, Chart 1: 2005 Family-Related Homicides by Gender)



The percentages have been rounded to the nearest whole number and therefore may not equal 100.

While females account for slightly more than 1 out of every 10 victims of all homicides that occurred in the City between 2003 and 2005, they are the victims in more than 6 out of every 10 (135 out of 209) family-related homicides during the same time period. (See, *Chart 2: 2003-2005 Family-Related Homicides by Gender*)

While the largest age group of victims is between the ages of 25 and 45, the second largest category is victims under age of 11.¹² Thirty-seven percent (25 out of 68) of family-related homicide victims in 2005 were between the ages of 25 and 45. An additional 22% (15 out of 68) of the victims were children under the age of 11. It is also important to note that the majority of child homicide victims in the City die at the hands of a family member. (See, *Table 2: 2005 Family-Related Homicides by Age Category of Victim*). Between 2003 and 2005, almost 60% (15 out of 25) of all citywide homicide victims under the age of 11 were involved in a family-related homicide.

*Table 2: 2005 Family-Related Homicides by Age Category of Victim and Population (N=68)*¹³

Age	Number of Family-Related Homicide Victims	Percentage of Family-Related Homicides	Percentage of Population Age Group Constitutes
<1	6	9%	1%
1-10	9	13%	14%
11-17	2	3%	10%
18-24	11	16%	10%
25-45	25	37%	34%
46-59	12	18%	16%
60+	3	4%	15%

The percentages have been rounded to the nearest whole number and therefore may not equal 100.

These findings remain consistent even when the years of observation are expanded to include 2003 and 2004. For the years 2003-2005, homicide victims over the age of 60 account for 5% of all homicides that occur in the City, and they account for 9% of the family-related homicides. (See, *Table 3: New York City Homicide/Family Related Homicides 2003-2005: Percentage by Age Category*)

Victims in the less than 1, 18-24 and 25-45 age groups account for 66% of the family-related homicide fatalities. These age groups account for 78% of the victims of all homicides committed in the City. (See, *Table 3: New York City Homicide/Family Related Homicides 2003-2005: Percentage by Age Category*)

*Table 3: New York City Homicides/Family Related Homicides 2003-2005: Percentage by Age Category and Population*¹⁴

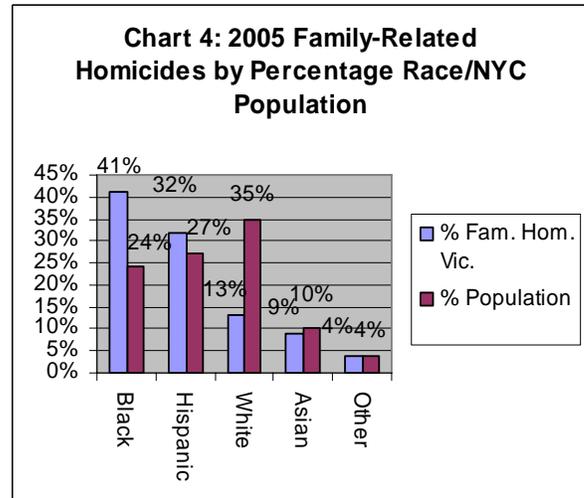
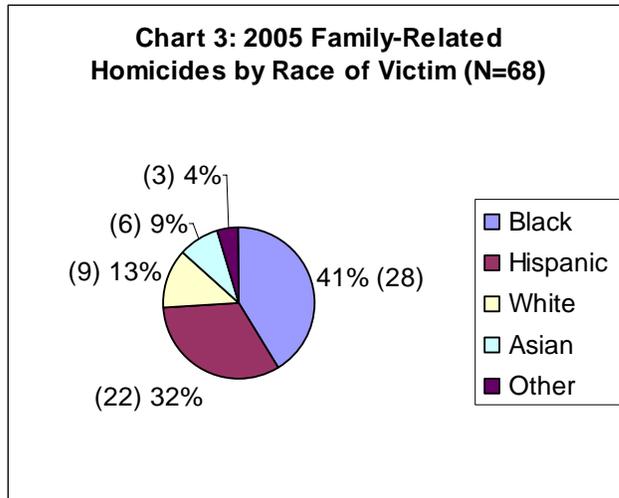
Age	Percentage of All New York City Homicides by Age Category	Percentage of Family-Related Homicides by Age Category	Percentage of Population Age Group Constitutes
<1	2%	11%	1%
1-10	2%	11%	14%
11-17	5%	1%	10%
18-24	30%	14%	10%
25-45	46%	41%	34%
46-59	10%	11%	16%
60+	5%	9%	15%

The percentages have been rounded to the nearest whole number and therefore may not equal 100.

Compared to the City’s population, the less than 1, 18 to 24 and 25 to 45 age groups are disproportionately victims of family-related homicides. Children under the age of one account for 1% of the City’s population, but constitute 11% of the family related homicides that occurred between 2003 and 2005. Individuals in the 18 to 24 age group constitute 10% of the City’s population, while they account for 14% of the family-related homicide victims between 2003 and 2005. Likewise, individuals in the 25 to 45 age group constitute 34% of the City’s population, while they account for 41% of the family-related homicide victims between 2003 and 2005.¹⁵

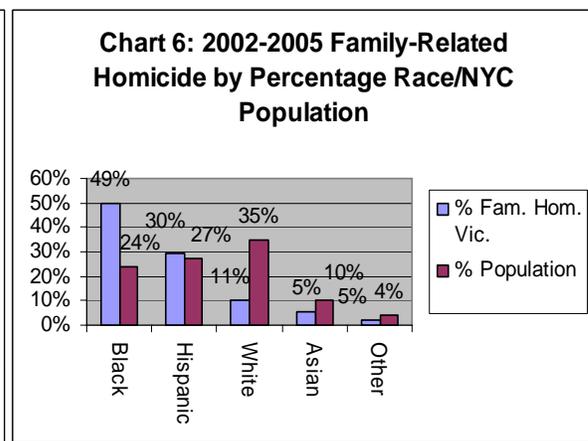
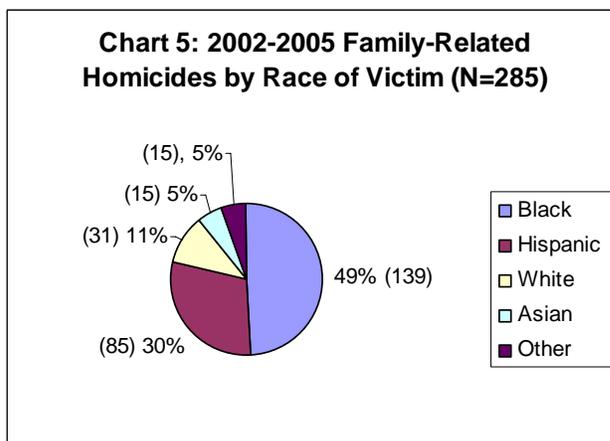
While Blacks and Hispanics account for 74% of all family-related homicide victims, we know that domestic violence occurs in families of all races, cultures, religions and economic status.¹⁶ Forty-one percent (28 out of 68) of the victims of family-related homicides that occurred in the City in 2005 were Black. Hispanics accounted for 32% (22 out of 68) of the victims during the same time period. While Blacks and Hispanics combined account for 74% of all family-related homicide victims, they account for 86% of all City homicides. However, compared to the City’s population, in which Blacks and Hispanics account for 51.5% of the population, Blacks and Hispanics are disproportionately victims of family-related homicides.¹⁷ (See, *Chart 3: 2005 Family-Related Homicides by Race of Victim*)

While Blacks and Hispanics account for 74% of all family-related homicides, Whites are much less likely to be victims of such violence. Whites, while accounting for 35% of the City’s population, only represent 13% (9 out of 68) of the family-related homicide victims. Asians appear to suffer family-related homicide victimization that is proportionate to their population size. City residents of Asian descent account for 10% of the City’s population and represent 9% (6 out of 68) of the victims of family-related violence homicides that occurred in 2005.¹⁸ (See, *Chart 4: 2005 Family-Related Homicides by Percentage Race/Population of NYC*)



The percentages have been rounded to the nearest whole number and therefore may not equal 100.

When the years of observation are expanded to include family-related homicides that occurred during 2002, 2003 and 2004, Blacks and Hispanics continue to be disproportionately victims of family-related homicides. However, over that time the proportion of family-related homicides involving Black victims declined from 53% to 41%. The other findings remain consistent. (See, *Chart 5: 2002-2005 Family-Related Homicides by Race of Victim* and *Chart 6: 2002-2005 Family-Related Homicides by Percentage Race/Population of NYC*)



The percentages have been rounded to the nearest whole number and therefore may not equal 100.

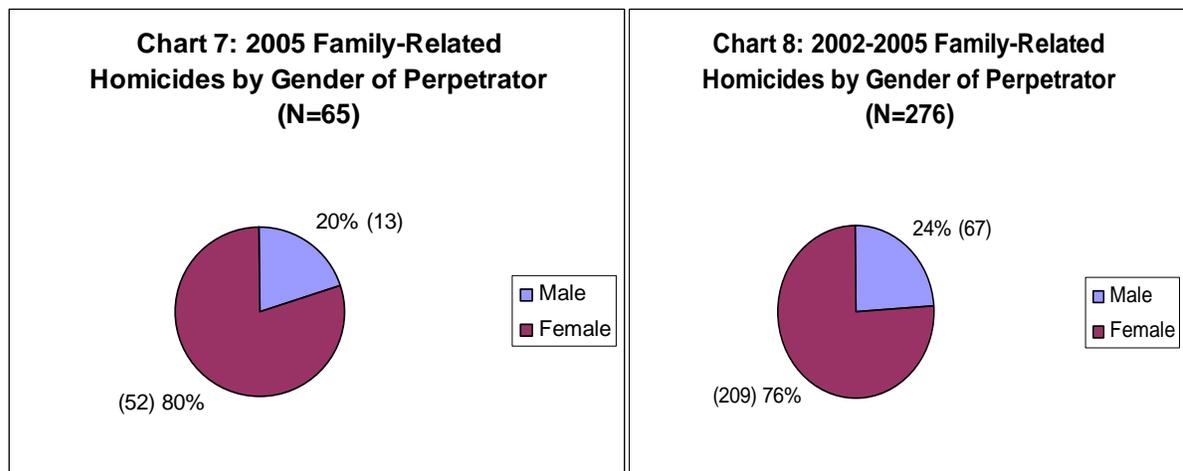
It is generally accepted in the public health community that an association between race or ethnicity and an undesirable health outcome, of which fatality is assuredly one, does not by itself establish causality.¹⁹ As noted by Kaplan and Bennett, “Health outcomes usually have multiple causes that can be either direct or indirect and are often interrelated and interactive. Race/ethnicity and social class influence health through complex pathways.”²⁰ In relation to determining risk factors for “femicide” in abusive relationships, researcher Dr. Jacquelyn Campbell found that “race/ethnicity of abusers and victims was not independently associated with intimate partner femicide” after taking

into account other demographic factors such as income, education level and employment.²¹

Analysis by the FRC of the 2004 data reveals that geographic location and the economic circumstances present in a particular community appear to be correlated to the frequency of family-related homicides. (See, *Map: Percentage of population living under poverty level by census tract and the home address of 2004 family-related homicides (page 29) and unemployment rate by census tract and the home address of 2004 family violence-related homicides (page 30)*) While family-related homicides can be committed in any neighborhood in the City, a large number of homicides occurred in areas of the City where poverty is most concentrated. To better understand the communities affected by domestic violence, the FRC plotted the geographic location of the 2004 family-related homicides against two key community level economic indicators: (1) unemployment rate; and (2) the percentage of the population living below the poverty level. The FRC observed that a majority (78%, 47 out of 60) of the family-related homicides occurred in communities with more than 20% of the population living below the poverty level and an unemployment rate exceeding 16%. Of course, this does not mean that other communities are never affected.

Most perpetrators of family-related homicides are male. Males were the perpetrators in 8 out of every 10 (80%, 52 out of 65 perpetrators) family-related homicides that occurred in 2005. (See, *Chart 7: 2005 Family-Related Homicides by Gender of Perpetrator*)

This finding remains consistent even when the years of observation are expanded to include 2002, 2003 and 2004. Males were the perpetrators in 76% of all the family-related homicides that occurred in the City between 2002 and 2005. (*Chart 8: 2002-2005 Family-Related Homicides by Gender of Perpetrator*)



The percentages have been rounded to the nearest whole number and therefore may not equal 100.

The majority of perpetrators are between the age of 25 and 45. Sixty-three percent (41 out of 65) of the perpetrators of family-related homicides in 2005 were between the ages of 25 and 45. Only one perpetrator (1 out of 65) was below the age of 18. These findings remain consistent even when the years of observation are expanded to include 2002, 2003 and 2004.

Table 4: 2005 Family-Related Homicides by Age Category of Perpetrator and Population (2005 N=65, 2002-2005 N=276)²²

Age	Number of Family-Related Homicide Perpetrators (2005)	Percentage of Family-Related Homicides Perpetrators (2005)	Number of Family-Related Homicide Perpetrators (2002-2005)	Percentage of Family-Related Homicide Perpetrators (2002-2005)	Percentage of Population Age Group Constitutes
<1	0	0%	0	0%	1%
1-10	0	0%	0	0%	14%
11-17	1	1%	6	2%	10%
18-24	10	15%	51	18%	10%
25-45	41	63%	167	61%	34%
46-59	10	15%	33	12%	16%
60+	3	5%	15	5%	15%
Unknown	0	0	4	1%	

The percentages have been rounded to the nearest whole number and therefore may not equal 100.

Perpetrators in the 18 to 24 and 25 to 45 age groups disproportionately commit family-related violence. Compared to the City’s population, the 18-24 and 25-45 age groups disproportionately perpetrate family-related homicides. Individuals in the 18-24 age grouping constitute 10% of the City’s population, while they are the perpetrators in 18% of the family-related homicides between 2002 and 2005. Likewise, individuals in the 25-45 age group constitute 34% of the City’s population, while they account for 61% of the perpetrator’s of family-related homicides between 2002 and 2005.²³

Other Characteristics of Family Related Homicides

A large number of victims were the perpetrator’s spouse, former spouse, live-in partner, former live-in partner, common law companion, former common law companion or an individual with whom the victim has a child in common. In 53% (36 out of 68) of the family-related homicides that occurred in 2005, the perpetrator was the victim’s spouse, former spouse, live-in partner, former live-in partner, common law companion, former common-law companion or an individual with whom the victim has a child in common.

In another 24% (16 out of 68) of the family-related homicides, the perpetrator was the victim’s parent or step-parent. In these cases, the victim’s mother was the perpetrator in 50% (8 out of 16) of the cases, while the victim’s father was the perpetrator in 25% (4 out

of 16) of the cases. The victim’s step-father was the perpetrator in 25% (4 out of 16) of the cases.

In 16% (11 out of 68) of the cases the perpetrator was another family member of the victim – such as a brother, sister, cousin, brother-in-law or niece. When this occurred, the average age of the victims was 33 years. Another 4% (3 out of 68) of the perpetrators were children of these victims. In two out of the three cases involving perpetrators who were children that occurred in 2005, the victim was 60 years of age or older. When the years of observation are expanded to include 2002, 2003 and 2004, the findings remain constant.

A review of the family-related homicides that occurred between 2002 and 2005 by the victim’s gender reveals that in 84% (109 out of 130) of the homicides involving a perpetrator who is the victim’s spouse, live-in partner or common law companion, the victim was female. This observation holds for homicides involving a perpetrator who had a child in common with the victim. In those cases, 88% (21 out of 24) of the victims were female. In family-related homicides involving perpetrators who were the victim’s child, parent or other family member, females were not the majority of the victims.

Table 5: 2005 Family-Related Homicides by Relationship Between Perpetrator (2005 N=68, 2002-2005 N=285)

Perp./Victim Relationship	Number of Family-Related Homicide Victims (2005)	Percentage of Family-Related Homicide Victims (2005)	Number of Family-Related Homicide Victims (2002-2005)	Percentage of Family-Related Homicide Victims (2002-2005)
Spouse/Live In/Common Law	30	44%	130	46%
Parent	16	24%	61	21%
Other Family Member	11	16%	44	15%
Child in Common	6	9%	24	8%
Child	4	6%	18	6%
Same Sex	0		2	1%
Unknown/Other	1	1%	6	2%

The percentages have been rounded to the nearest whole number and therefore may not equal 100.

Firearms were the most common weapon utilized in family-related homicides in 2005. In 2005, a firearm was the most common weapon used in family-related homicides. A firearm was used in 29% (20 out of 68) of all the family-related homicides. While it is the weapon most utilized in family related homicides, it should be noted that firearms are used more in other types of homicides. For example, a firearm was used in 62% (1,061 out of 1,710) of all homicides that occurred in New York City between 2003 and 2005.

Compared to all homicides that occur in the City, many family-related homicides are committed under circumstances that require close physical proximity between the victim and the perpetrator. There is a preexisting relationship between the perpetrator and victim. For the period 2002-2005, more than a third (38%; 107 out of 285) of the family-related homicides involved a perpetrator residing with the victim at the time of the homicide. Therefore, it is logical that a significant percentage of family-related homicides were committed with weapons that require close physical contact with the victim. While this would include knives, it also includes blunt trauma with fists or objects which accounted for 14% (40 out of 285) of the family-related homicides that occurred between 2002 and 2005. For comparison, only 6% (102 out of 1,710) of all homicides that occurred in the City between 2003 and 2005 were committed through blunt trauma. Other methods of committing family-related homicide, such as asphyxiation, strangulation or poisoning were utilized in 28% (81 out of 285) of the cases that occurred between 2002 and 2005. Knives were utilized in 31% (87 out of 285) family-related homicides that occurred between 2002 and 2005.

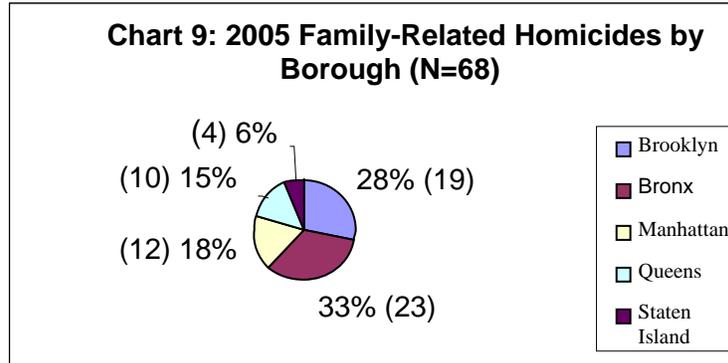
Table 6: 2005 Family-Related Homicides by Weapon/Method of Homicide (2005 N=68, 2002-2005 N=285)

Weapon/Method	Number of Family-Related Homicide Victims (2005)	Percentage of Family-Related Homicides (2005)	Family-Related Homicide Victims (2002-2005)	Percentage of Family-Related Homicides (2002-2005)
Firearm	20	29%	77	27%
Cutting/Knife	19	28%	87	31%
Blunt Trauma	10	15%	40	14%
Asphyxiation	7	10%	21	7%
Strangulation	2	3%	17	6%
Other	10	15%	43	15%

The percentages have been rounded to the nearest whole number and therefore may not equal 100.

Communities Impacted Most by Family-Related Homicides

The Bronx experienced the highest number of family-related homicides in 2005. At the borough level in 2005, the Bronx had the highest number of family-related homicides among the boroughs at 23, followed by Brooklyn (19); Manhattan (12); Queens (10) and Staten Island (4). (See, *Chart 9: 2005 Family-Related Homicides by Borough*)



The percentages have been rounded to the nearest whole number and therefore may not equal 100.

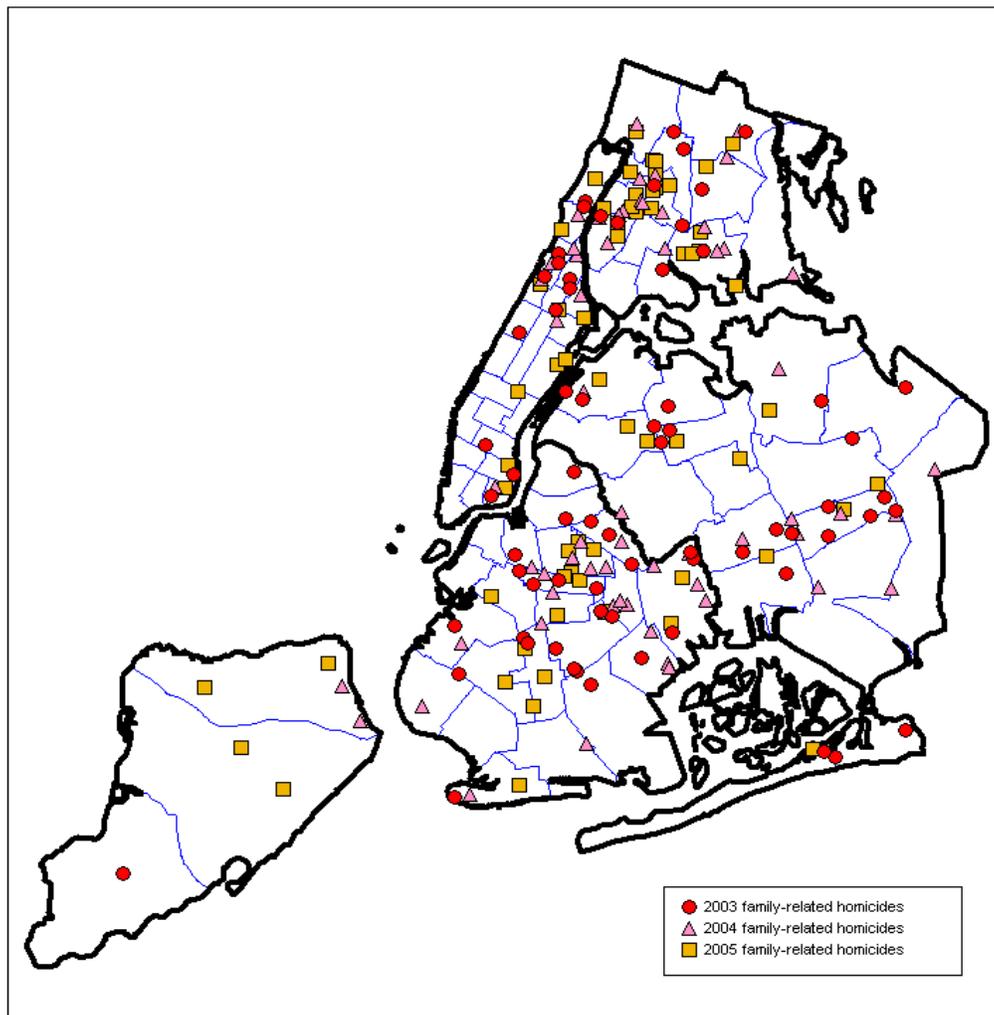
When population is taken into account, the Bronx still experienced the highest number of family related homicides in 2005 at 1.69 per 100,000 residents, followed by Staten Island (.86 per 100,000), Brooklyn (.76 per 100,000), Manhattan (.75 per 100,000) and Queens (.44 per 100,000).²⁴

A review of 2003-2005 data indicates that Brooklyn had the highest number of family-related homicides among the boroughs at 71, followed by the Bronx (52); Queens (45); Manhattan (34) and Staten Island (7). While Brooklyn experienced the highest number of family-related homicides during this time period, family-related homicides dropped by almost a third (32%, 28 to 19) in Brooklyn between 2003 and 2005. At the same time, family-related homicides more than doubled (from 11 to 23) in the Bronx between 2003 and 2005. (See, *Map: Family-Related Homicides 2003- 2005 (page 28)*) When population is taken into account, the Bronx experienced the highest number of family related homicides from 2003 through 2005, with an average of 1.23 per 100,000 residents, followed by Brooklyn (1.08 per 100,000), Manhattan (.67 per 100,000), Queens (.67 per 100,000) and Staten Island (.38 per 100,000).²⁵

Family-related homicides are clustered in five areas of the City. Analysis by the FRC of the 2004 data reveals that geographic location and the economic circumstances present in a particular community appear to be correlated to the frequency of family-related homicides. (See, *Map: Percentage of population living under poverty level by census tract and the home address of 2004 family-related homicides (page 29)* and *Unemployment rate by census tract and the home address of 2004 family violence-related homicides (page 30)*). While family-related homicides can be committed in any neighborhood in the City, a large number of homicides occurred in areas of the City where poverty is the most concentrated. To better understand the communities affected

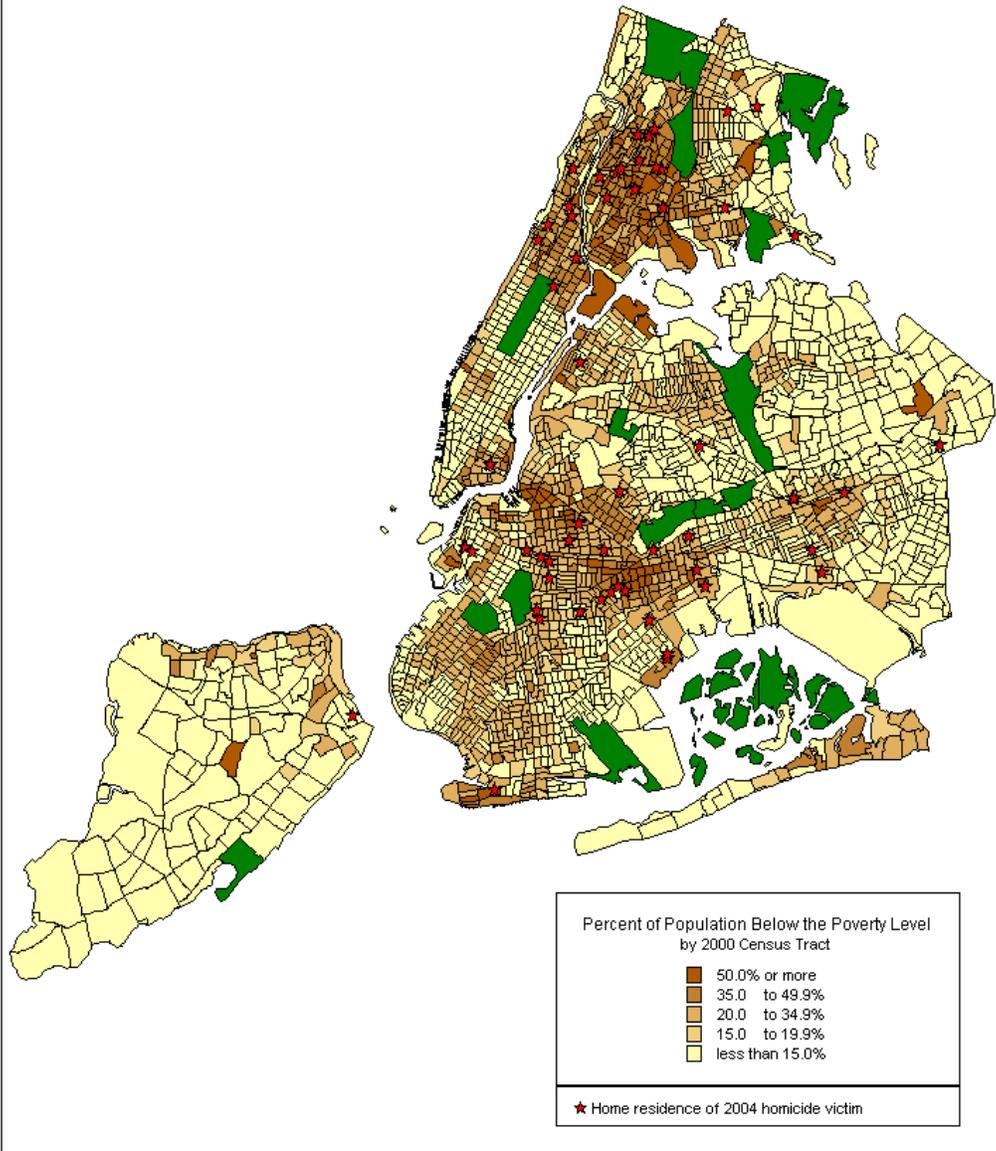
by domestic violence, the FRC plotted the geographic location of the 2004 family-related homicides against two key community level economic indicators: (1) unemployment rate; and (2) the percentage of the population living below the poverty level. **The FRC observed that a majority (78%, 47 out of 60) of the family-related homicides occurred in communities with more than 20% of the population living below the poverty level and an unemployment rate exceeding 16%.** Of course, this does not mean that other communities are never affected.

Family-related homicides 2003-2005



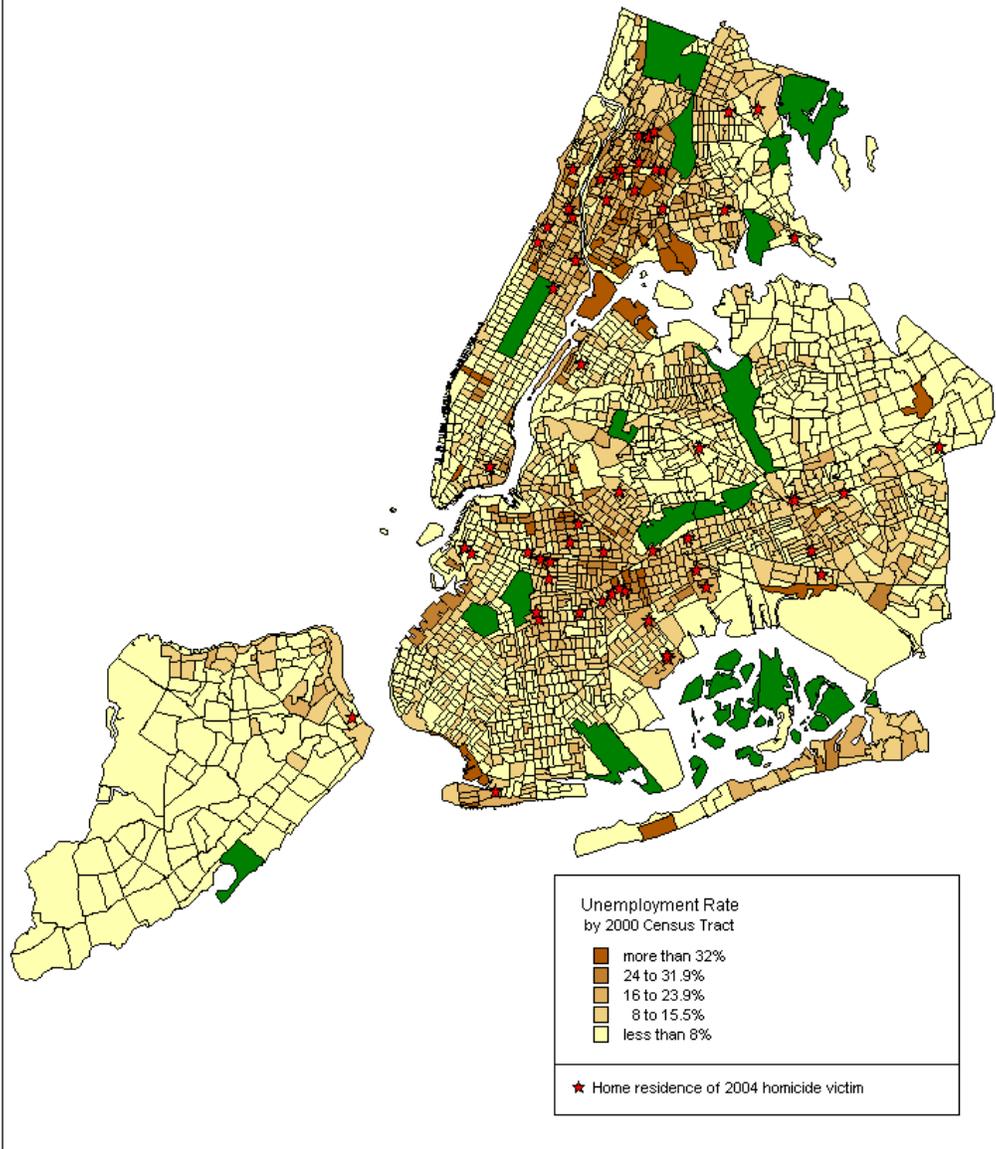
Family-related homicides 2003-2005: Source, New York City Police Department, OMAP.

Percentage of population living under the poverty level by census tract and the home address of 2004 family violence-related homicides



Percentage of populations living under poverty level by census tract and the home address of 2004 family-related homicides. Source, Address of victim was provided by New York City Police Department, Domestic Violence Unit and U.S. Census Bureau, 2000 Census

**Unemployment rate by census tract
and the home address of 2004 family violence-related homicides**



Unemployment by Census Tract and the home address of 2004 family-related homicides. Source, Address of victim was provided by New York City Police Department, Domestic Violence Unit. and US Census Bureau, 2000 Census

This observation was further supported by HRA data which showed that nearly half (48%, 29 out of 60) of the 2004 family-related homicide victims had received public assistance and/or Medicaid and/or food stamps at some point prior to the homicide. Fully one-third (20 out of 60) were receiving benefits at the time of the homicide.

New York City Police Department

Domestic violence crimes are analyzed by the NYPD during weekly meetings analyzing all crimes occurring in New York City referred to as Compstat. Analysis is conducted to identify if any trends or patterns can be determined in the occurrence of family-related crimes. In addition to reviewing data, specific cases are reviewed to identify possible gaps in NYPD procedures that can be addressed. Monthly meetings are conducted by the NYPD Domestic Violence Unit, referred to as Domstat, wherein a full analysis is done on a particular patrol borough.²⁶ During these meetings, cases and training issues are discussed, as well as any successful initiatives which enhance NYPD's response to domestic violence crime.

In addition to its Compstat and Domstat activities, the NYPD Domestic Violence Unit continually analyzes reports of domestic violence crimes to identify any possible trends that could be addressed through the redeployment of resources. An analysis of homicide data received from the NYPD revealed that 46% (97 out of 209) of the family-related homicides that transpired between 2003 and 2005 occurred in just 16% (12 out of 76) of the City's police precincts. The Bronx and Brooklyn each had five of the top 12 precincts for family-related homicides, while Queens and Manhattan each had one. (*See*, Table 7: 2003-2005 Family-Related Homicides in Top 12 Police Precincts; and *See*, Map: Family Related Homicides 2003-2005 (page 28)).

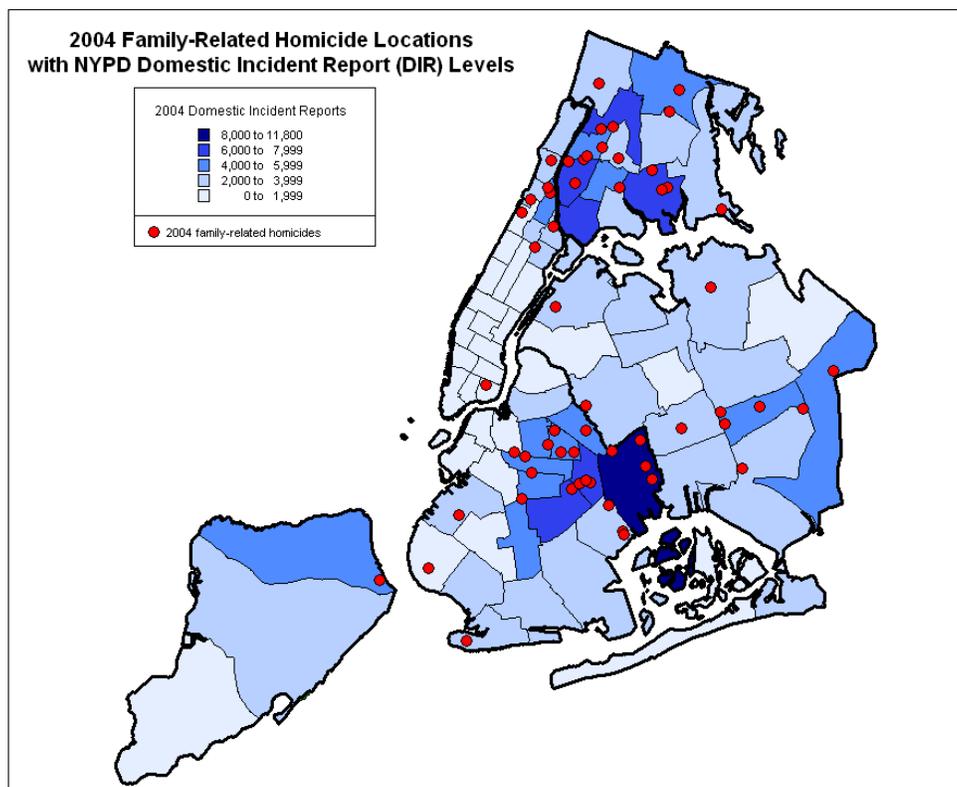
Table 7: 2003-2005 Family-Related Homicides in Top 12 Police Precincts

Borough/Police Precincts	Number of Family-Related Homicide Victims	Domestic Violence Reports (DIRS) Median Year 2004	Rank of Precincts by Highest DIRS # Median Year 2004
103rd Precinct, Queens	13	4,431	16
46th Precinct, Bronx	12	5,552	9
75th Precinct, Brooklyn	11	11,787	1
43rd Precinct, Bronx	10	7,588	4
77th Precinct, Brooklyn	8	4,325	17
67th Precinct, Brooklyn	8	6,681	5
48th Precinct, Bronx	7	3,773	22
44th Precinct, Bronx	7	6,533	6
52nd Precinct, Bronx	6	7,723	3
26th Precinct, Manhattan	5	1,198	61
69th Precinct, Brooklyn	5	2,971	34
81st Precinct, Brooklyn	5	4,171	18
Total	97		

While every police precinct and public housing police service area ("PSA") is staffed with at least one domestic violence prevention officer, as indicated in Table 8, precincts and PSAs that have higher domestic violence crime within their community have increased staffing levels to address this. For example, some of the precincts that experienced the highest levels of family-related homicides have high current staffing levels as illustrated in Table 8.

Table 8: *Deployment of Resources in Targeted Police Precincts (As of November 2006)*

Police Precincts/Police Service Areas	Number of Domestic Violence Sgts.	Number of Domestic Violence Prevention Police Officers
43 rd , Bronx	1	7
46 th , Bronx	1	6
75 th , Brooklyn	1	6
77 th , Brooklyn	1	3
67 th , Brooklyn	1	6
103 rd , Queens	1	3
PSA 8, Bronx	1	4



2004 Family-Related Homicide Locations with NYPD Domestic Incident Report (DIR) Levels, Source, New York City Police Department, Domestic Violence Unit

Overview of Agency Contact for Family-Related Homicides During 2004

In addition to the aggregate data obtained from the NYPD regarding family-related homicides that occurred between 2002 and 2005, the FRC obtained aggregate information for 2004 from City agencies and the representative contract organization, Safe Horizon. The FRC reviewed and analyzed this more specific data from the year 2004 to establish an understanding of the circumstances surrounding the occurrence of these crimes and to ascertain the level to which victims accessed victim assistance and prevention services.

This section of the report provides data related to 2004 family-related homicides. Additional demographic information regarding the 2004 family-related homicides can be found in Appendix C. Additional data and statistics provided by City agencies and the representative contract organization can be found in Appendix D.

Most family-related homicide victims had contact with at least one City agency or the representative contract organization: The 2004 data collected by the FRC from the City agencies and a contract organization reveals that 75% (45 out of 60) of the victims had contact with at least one agency prior to the family-related homicide. While 75% of the 2004 domestic violence homicide victims had contact with at least one agency, agencies such as the NYPD, DHS and the representative contract organization had no known contact with the majority of victims. In fact, no one agency had any contact with more than 50% of the victims. This illustrates that while all the agencies represented on the FRC have extensive services for domestic violence victims, many victims never interact with these agencies and therefore never obtain the available services that might assist them in keeping safe.

Table 9: 2004 Number/Percentage of Family-Related Homicide Cases with Contact with Specific Agencies (“cases with contact” includes contact with either the victim or perpetrator)

Agency	Number of Cases with Agency Contact (N=60)	Percentage of Cases with Agency Contact (N=60)
Human Resources Administration (“HRA”)	29	48%
Administration for Children’s Services (“ACS”)	27	45%
New York City Police Department (“NYPD”)	22	37%
Department of Homeless Services (“DHS”)	14	23%
New York City Housing Authority (“NYCHA”)	9	15%
Safe Horizon (representative contract agency)	8	13%

Many victims had contact with only one City agency or the representative contract organization: Overall, the data reveals that many of the family-related homicide victims had contact with only one City agency or the representative contract organization prior to the homicide. Specifically, 42% (19 out of 45) of the victims who had contact with a City agency or representative contract organization had contact with only one agency. In 7 of the 19 cases (37%), the victim only had contact with the ACS. In 5 of the 19 cases (26%), the victim only had contact with the NYPD. With such a high number of victims only having contact with one City agency or the representative contract organization prior to the homicide, it is important that every step be taken to properly identify that person as a victim of family-related violence.

A large number of the known contact with agencies or the representative contract organization occurred more than a year prior to the homicide: HRA and NYCHA had active cases at the time of the homicide, and therefore, they are excluded from the timeframe of contact analysis. Other than HRA and NYCHA, in more than 42% (13 out of 31) of the cases, the timeframe of the contact between the victim and the City agencies or representative contract organization was more than a year.²⁷ This finding, along with the fact that fully 25% of the victims never had any contact with a City agency or the representative contract organization, suggests that more must be done to reach out to victims of domestic violence.

The following summarizes the data provided by the FRC members:

1. **Administration for Children's Services:** For the majority of 2004 cases (22 out of 27) known to ACS, the contact was more than five years prior to the homicide. In just 19% (5 out of 27) of the cases, the victim had contact with ACS within 5 years of the homicide. ACS had no contact with 33 of the victims.
2. **Department of Homeless Services:** For 36% (4 out of 11) of the 2004 family-related homicide victims with which DHS had contact, the contact occurred within six months of the homicide. For 55% (6 out of 11) of the 2004 family-related homicide victims with which DHS had contact, the contact occurred more than 2 years prior to the homicide. DHS had no contact with 49 victims.
3. **New York City Housing Authority:** 13% (8 out of 60) of the 2004 family-related homicide victims were residing in NYCHA housing at the time of the homicide. NYCHA had no contact with 52 of the victims.
4. **Human Resources Administration:** 69% (20 out of 29) of the 2004 family-related homicide victims who were recipients of HRA benefits were receiving benefits at the time of the homicide. HRA had no contact with 31 of the victims.
5. **New York City Police Department:** The NYPD had contact with the victim and/or perpetrator in 37% (22 out of 60) of the 2004 family-related homicide cases. In 14 of the 22 cases involving NYPD contact, a domestic violence

incident report was filed in relation to an incident involving the victim and the perpetrator. In those 14 cases, the NYPD advised that the contact had occurred within one year of the homicide.

6. **Safe Horizon:** 25% (2 out of 8) of the 2004 family-related homicide victims with which Safe Horizon had contact, the contact occurred within two months of the homicide. Due to high volume of cases and client request for anonymity, Safe Horizon does not retain detailed records of all victims receiving services. 50% (4 out of 8) of the 2004 family-related homicide victims with which Safe Horizon had contact, had contact with Safe Horizon more than a year prior to the homicide. Safe Horizon had no known contact with 52 of the victims.

Elderly victims and victims killed by “other family members” rarely reach out for assistance: A closer look at the victims who never had contact with a City agency on the Committee or the representative contract organization reveals that elderly victims and victims killed by “other family members” (such as siblings, aunts or cousins) almost never reached out for assistance prior to the homicide. The data revealed that only 17% (1 out of 6) of elderly victims had contact with the City agency or the representative contract organization prior to the homicide.²⁸ The percentage of contact was almost identical for victims killed by another family member – in these cases only 14% (1 out of 7) had contact with a City agency or the representative contract organization. The 2004 data indicates that the elderly do not reach out for assistance and that the elderly comprise a small percentage of annual family-related homicide victims. There has not been an increase in the number of family-related homicides involving the elderly in recent years.

Most victims do not disclose family-violence victimization: While 75% (45 out of 60) of the 2004 victims had contact with a City agency or the representative contract organization prior to the homicide, if they did not disclose that they were a domestic violence victim, that fact would have remained unknown to the respective agency. If an agency does not identify victims, victims may have remained unaware of available services.

While applying for public assistance or health programs, for example, applicants are required to complete a form which inquires as to incidents of domestic violence that may have been suffered by the applicant. According to HRA data, during 2004 only 3% (1 out of 29) of the family-related homicide victims with whom they had contact identified themselves as a domestic violence victim and were known to HRA’s Office of Domestic Violence Services. HRA provided additional data on 2003 family-related homicide victims as well. None of the 31 family-related homicide victims in 2003 with whom HRA had contact identified themselves as domestic violence victims.

NYCHA also provides extensive domestic violence prevention services to its residents. In 2004, eight family-related homicide victims resided in NYCHA housing at the time of the homicide. In seven of these cases, the homicide occurred on NYCHA property. Only 38% (3 of the 8) of the family-related homicide victims who resided in NYCHA housing

were known to the NYCHA's Domestic Violence Intervention and Education Program ("DVIEP").

ACS reported that while they had contact with nearly half (45%) of the 2004 family-related homicide victims, the concerns that brought the family to the attention of ACS staff rarely included domestic violence. Domestic violence was mentioned in only 11% (3 out of 27) of ACS cases involving suspected child abuse.

Overview of Intimate Partner Homicides Involving Female Victims

The Department of Health and Mental Hygiene (“DOHMH”) provided the FRC with a summary of 2002-2004 data related to intimate partner homicides involving female victims (hereafter referred to as “femicides”). DOHMH defined intimate partner homicides as cases in which the perpetrator was either the current or former husband or romantic partner. A partner can be the same or opposite sex, and includes boyfriends, girlfriends, and common-law marriages. This information was collected by DOHMH for all female homicide victims (12 years and older) from 2002 to 2004 (N=112) by reviewing Office of the Chief Medical Examiner records. Trained data collectors used standardized coding techniques to abstract information on assault circumstances and the relationship between the victim and alleged offender. Such surveillance offers information not routinely available from police homicide data.

Almost half of the intimate partner femicide victims were not born in the United States:²⁹ According to DOHMH data, 47% (53 out of 112) of the intimate partner femicide victims immigrated to the United States. It is important to note that the FRC did not have access to the victim’s immigration status at the time of death. If a victim is fearful of being deported due to residing in this country illegally, this might play a role in her willingness to seek assistance from City agencies.

Almost a quarter of the perpetrators of intimate partner femicides committed suicide after committing the homicide: According to DOHMH data, 24% (27 out of 112) of the perpetrators of intimate partner femicides that occurred in New York City between 2002 and 2004 committed suicide immediately after committing the homicide.

The following summary of 2002-2004 femicides supplements data presented earlier in this report. At this time of publication of this report, 2005 data was not available.

Table 10: DOHMH Surveillance: Intimate Partner Homicide Victims
2002-2004 (Women, 12 yrs+ older, N=112)

Factors	%
<i>Demographic Information</i>	
Age	
12-19	2%
20-29	42%
30-39	31%
40-49	15%
50+	10%
Race/Ethnicity	
White (non-Hispanic)	12%
Black (non-Hispanic)	46%
Hispanic	37%
Asian/Other	5%
Borough of Residence	
Brooklyn	43%
Bronx	22%
Manhattan	9%
Queens	21%
Staten Island	2%
Outside Borough	4%
Foreign Born	47%
<i>Circumstances Surrounding the Homicide</i>	
Lived with the Perpetrator	41%
Alcohol in System	26%
Cocaine in System	8%
Perpetrator Committed Suicide	24%

Identifying “Risk” Factors for Family-Related Homicides During 2004

The NYPD responded to 203,979 domestic violence calls in 2004.³⁰ To prevent family-related homicides, it is important to determine if there are risk factors for family-related homicide. The compilation of aggregate data by the FRC does not isolate case-specific factors in family-related homicides. However, a national study, *Risk Factors in Abusive Relationships: Results from a Multisite Case Control Study* (hereinafter referred to as *Risk Factors* study), in which the New York City Department of Health and Mental Hygiene participated, compared women killed by their intimate partners with women who survived abuse by their partners.³¹ While researchers included many potential risk factors in their study, many of the factors included in the study did not return statistically significant results. The significant risk factors were: (1) the abuser being unemployed; (2) the abuser using illegal drugs; (3) the abuser having access to a gun; (4) the victim had a previous child not fathered by the perpetrator; (5) the abuser exerted control over the victim; (6) the abuser previously threatened the victim with a weapon; (7) the abuser previously threatened to kill the victim; and (8) the abuser had a previous arrest for domestic violence. In addition, the researchers found that one of the factors studied, victim and perpetrator never living together, actually reduced the risk of a homicide occurring. The following summarizes several of the key findings of the *Risk Factors* study:

1. *Abusers’ Employment at Time of Homicide: the Risk Factors* study found that an unemployed perpetrator increased the risk of a homicide four fold. Researchers found that the abuser’s lack of employment was the most important demographic risk factor for acts of intimate partner femicide.
2. *Abusers’ Prior Illicit Drug Use:* In the *Risk Factors* study, drug use was determined by asking “Does he use drugs? By drugs, I mean uppers or amphetamines, speed, angel dust, cocaine, “crack,” street drugs or mixtures.”³² The study found that 60% of the perpetrators in homicide cases were found to have used drugs within one year prior to the homicide.³³ That study also concluded that the women whose partners used drugs were 4 times more likely than other abused women to be killed.³⁴
3. *Abusers’ Non-Drug Criminal History:* In the *Risk Factors* study, 25% of the defendants in intimate partner femicide cases had a previous arrest for domestic violence. Researchers found that “prior arrests for domestic violence actually decreased the risk for femicide, suggesting that arrest of abusers protects against future intimate partner femicide risks.”³⁵
4. *Known Prior Threats to Victim by Abuser:* In *Risk Factors*, 74% of the defendants in homicide cases are known to have threatened to kill the victim prior to the homicide. The study concluded that the women whose partners previously threatened to kill them were 4.6 times more likely than other abused women to be killed.³⁶

After conferring with the FRC member from the Bronx District Attorney’s Office, the FRC chose to look at the risk factors, itemized in Table 11 below because that office would be able to provide similar data on the cases prosecuted by that office. This analysis included only family-related homicide cases in the Committee’s subset of 60 that occurred in the Bronx during 2004. Since the *Risk Factors* study compared fatal and non-fatal occurrences of intimate partner violence, the FRC cannot replicate the *Risk Factors* study. However, the Bronx District Attorney examined the family-related homicides that occurred in the Bronx in 2004 for which there was a prosecution (11 out of 18 family-related homicides) for four risk factors. Information was gathered by the Bronx District Attorney’s Office through a review of the case folders and interviews with the respective Assistant District Attorney who prosecuted the case. In total, information was gathered on 11 cases, which included 11 defendants and 12 victims. The limited number of cases collected from the Bronx provides only a small sample and definitive conclusions cannot be drawn. The Bronx data revealed the following:

Table 11: Prevalence of Risk Factors for Bronx Prosecutions (2004)

Factor	Bronx Cases with Factor
Prior Criminal Conviction for Illegal Drugs	Eighty percent (80%, 4 out of 5) of perpetrators with a prior conviction had a conviction for a felony drug offense at some point in their criminal history.
Perpetrator Prior Non-Drug Criminal History	Only 1 perpetrator had a prior conviction related to domestic violence.
Perpetrator Employment at Time of Homicide	The majority of perpetrators (55%, 6 out of 11) were unemployed prior to committing the homicide.
Known Prior Threats to Victim by Perpetrator	Although specific threats could not be known from the review of prosecution files, almost half (45%, 5 out of 11) of the families of the victim knew of prior incidences of domestic violence between the victim and the perpetrator.

At this time, the FRC must rely upon the Bronx District Attorney to provide this initial aggregate data. In future years, the FRC hopes to supplement this with aggregate data collected by representatives to the FRC from other District Attorney’s Offices.³⁷

Data Limitations

The FRC offers two caveats about the report’s findings. First, administrative or surveillance datasets, like those analyzed for this report, do not allow for determination of cause and only offer limited ability to address research questions. Second, several comparisons drawn in this report are based on small counts. Differences reported in this report are not necessarily statistically significant and therefore, differences reported herein should be interpreted with caution.

DISCUSSION: AREAS OF OPPORTUNITY TO PREVENT FAMILY-RELATED VIOLENCE

This report describes family-related homicides that occurred in New York City between 2002 and 2005 and known contact by 2004 family-related homicide victims with City agencies or the representative contract organization prior to the homicide. While several other key points emerge from the analysis, the findings draw attention to the fact that family-related violence victims often do not disclose their victimization. The vast majority of the victims had contact with a City agency or the representative contract organization prior to the homicide, but in most cases the agencies did not learn of the existing family-related violence. The causes of the non-disclosure are complex, but the lack of disclosure keeps many victims from the very services that might assist them in escaping violence.

The FRC members discussed the importance of creating an environment at the respective City agencies and contract organizations that promotes self-disclosure of victimization and enhances the agencies' ability to identify possible family-related violence victims. While the FRC members developed recommendations to be implemented by the City agencies and the representative contract organization to increase public education efforts, the data suggests that the real challenge for the City agencies is developing an environment which increases the probability that a victim either discloses his/her victimization or is identified as a potential family-related violence victim. Further, there is a need for entities to provide coordinated services. It may be reasonable to conclude that self-disclosure would be fostered if the victim felt that disclosing once – whether at HRA, DHS or at a contract organization – would mean obtaining all the assistance available to the victim through the various agencies that provide services.

Communicating effectively with family-related violence victims may also enhance disclosure. The findings suggest that almost a quarter of the family-related homicide violence victims never had contact with a City agency. Those who did have contact had contact with a wide range of City agencies. Several recommendations formulated by the FRC call for the development of various public education programs. The FRC discussed the coordination of these efforts so that the material developed, whether posters, brochures or palm cards, could be used universally by the various agencies. For example, an appropriately developed poster could not only be displayed at HRA and DHS intake centers, but also in NYCHA management offices. Coordination would also allow for the development of a clear, consistent message that would have the broadest possible reach.

Another step in creating such an environment is to standardize training across the agencies so that front line staff at each agency has a better understanding of domestic violence and a standard practice which will foster disclosure or, at a minimum, offer appropriate resource information to all agency clients to promote safety. The Mayor's

Office to Combat Domestic Violence will survey the training and educational materials of agencies with the goal of creating more opportunity for early disclosure of victimization and will conduct focus groups with family-related violence victims to explore the barriers to self-disclosure and other impediments to obtaining appropriate services.

Several key points emerged from the analysis. First, a quarter of the victims did not have contact with a City-agency or representative contract organization prior to the homicide. While 75% of the 2004 domestic violence homicide victims had contact with at least one agency, agencies such as the NYPD, DHS and the representative contract organization, Safe Horizon, had no known contact with the majority of victims. This illustrates that while all the agencies represented on the FRC have extensive services for domestic violence victims, many victims never interact with the agency and therefore never obtain the available services that might have assisted in keeping them safe.

Another key point to emerge is that City agencies' activities should be focused on communities impacted most by family-related homicides and other family-related crimes. The FRC observed that a majority occurred in neighborhoods with more than 20% of the population living below the poverty level and an unemployment rate exceeding 16%. Corresponding to this community level economic indicator analysis, the FRC found that almost half of the family-related homicides occurred in just 12 (out of 76) of the City's police precincts. The NYPD already allocates resources based on real-time data analysis. For example, the 12 precincts that have higher family-related violence crime, have increased staffing levels to address this crime. While family-related homicides can occur in any neighborhood in the City, the FRC recommends that, with limited resources, City agencies and the representative contract organization should consider targeting resources to communities identified as suffering higher incidents of family-related homicides. These are the same neighborhoods which also have higher levels of all domestic violence crimes.

Based upon these findings, the FRC identified four general areas of opportunity which may further reduce family-related violence. These general areas of opportunity include: (1) increasing public awareness – outreach and engagement of victims not seeking service; (2) increasing identification of family-related violence victims served by agencies; (3) need for coordination of services between agencies; and (4) focusing agencies' activities on communities impacted most by family-related homicides. The following section of the report provides detailed recommendations formulated by the FRC to address these areas of opportunity.

Recommendations

Based upon the above data, the FRC formulated the following agency specific recommendations to increase the possibility that more domestic violence victims will access available City services. (An overview of agency specific services is provided in Appendix B.)

Increasing Public Awareness – Outreach and Engagement of Victims Not Seeking Services

Action steps to be taken by agencies participating in the domestic violence fatality review:

- HRA will develop a palm card listing all the non-residential domestic violence hotline numbers and services. HRA will also develop a brochure listing all the domestic violence support services available through HRA and HRA contract organizations. The palm card and brochure will be available on the HRA website and will be distributed at all HRA community outreach activities and at all HRA Job Centers.
- DOHMH aims to expand recent public awareness initiatives targeting family, friends, co-workers and neighbors of domestic violence victims, the core message of which is to make them aware of services available for the victim and to inform them on how to respond to the domestic violence abuse by calling the domestic violence hotline or 311. The pilot bystander campaign, implemented by DOHMH and CONNECT, a community based domestic violence prevention organization, in the Crown Heights and Flatbush neighborhoods of Brooklyn in Spring 2006 would serve as a model. The target communities will be determined through data analysis.³⁸
- NYCHA will collaborate with the Department for the Aging to develop an appropriate education program targeted at elderly public housing residents.
- NYPD will visit senior centers and conduct information sessions for center clients on elder abuse. These sessions will educate the elderly on what constitutes abuse and inform them of the resources available to them. It is important to note that while the elderly comprise a small percentage of the annual family-related homicide victims and there has not been an increase in the number of family-related homicides involving the elderly in recent years, the FRC has determined that this group is the least likely to seek assistance.
- NYCHA, in conjunction with the Mayor's Office to Combat Domestic Violence, will expand an educational program targeted at teens residing in public housing.

- DHS will increase training to enhance DHS staff screening for domestic violence, and make appropriate referrals for service. Additionally, DHS shelter staff will be trained regarding the screening for, and identification of, domestic violence among shelter residents.
- The Bronx District Attorney's Office, in collaboration with the Bronx Borough President's Office and community based organizations, will conduct another domestic violence awareness day. During this event educational materials will be distributed to the general community. Informational videos describing social services available to victims of domestic violence will be shown while participants receive complimentary basic spa services.
- The Bronx District Attorney's Office will continue to conduct training sessions for local clergy leaders that focus on specific family-related violence issues including domestic violence, sexual assault, elder abuse and homicide. Speakers include experts from within and outside the District Attorney's Office, on the topics presented. Whenever possible, family-related violence survivors are also included in the trainings in an effort to capture the perspective of the victim.
- Safe Horizon, the representative contract agency on the FRC, will create a public awareness campaign to focus attention on targeted communities using the Domestic Violence Empowerment Initiative ("DoVE") funds provided by the City Council to reach specific communities. The campaign will target women aged 16-29 who are victims of domestic violence and focus on neighborhoods where the FRC data shows that family-related homicides have occurred more frequently.
- In addition to the public awareness campaign, Safe Horizon will provide direction, support and training to 55 community-based organizations that received City Council grants through the DoVE Initiative. Many of these organizations are focused on outreach and education in hard-to-reach communities.

Increasing Identification of Family-Related Violence Victims Served by Agencies

Action steps to be taken by agencies participating in the domestic violence fatality review:

- ACS will also provide expanded training this year for foster care agencies, which will focus on specific strategies for identifying and engaging youth in foster care who have been exposed to domestic violence, or experienced abuse in dating relationships. ACS will continue to provide training for new and experienced child protective staff, including training in how to screen for domestic violence, and how to assess risk to children and adult/adolescent victims when domestic violence is identified.

- DOHMH will implement a domestic violence screening component in its Newborn Home Visit Program. The Newborn Home Visit Program, carried out by the DOHMH District Public Health Office and the Bureau of Maternal, Infant and Reproductive Health, attempts a single visit to first-time parents living in neighborhoods with the highest social, health and environmental needs. These neighborhoods included the 5 areas of greatest need identified by the FRC. In addition, the DOHMH will also implement intimate partner violence screening of all female inmates at Rikers Island. Training for this initiative has been conducted, and preliminary screening is underway.
- HRA will develop posters to be displayed in the HRA Job Centers educating HRA applicants regarding domestic violence and the assistance and resources available through HRA for domestic violence victims, along with contact telephone numbers.

Enhanced Coordination of Services Between Agencies

Action steps to be taken by agencies participating in the domestic violence fatality review:

- The Bronx District Attorney's Office, in conjunction with the NYPD Patrol Borough Bronx, currently conducts monthly training sessions for Assistant District Attorneys and police personnel regarding the pivotal role of the police in assisting in the prosecution of criminal cases. This training will be expanded to include sessions on recognizing and recording appropriate facts and evidence gathering in cases involving domestic violence.
- The Mayor's Office to Combat Domestic Violence (OCDV), in coordination with DOHMH and the Department of Information Technology and Telecommunications (DOITT), will update and print the City of New York Resource Directory of Domestic Violence Services and increase online utility and access to this Resource Directory.³⁹
- HRA's Office of Domestic Violence and Emergency Intervention Services, created an Enhanced Program Monitoring component, separate from other contract management duties, to conduct unannounced site visits and review case information and program operations of the non-residential contracted programs. This monitoring function will ensure accountability of the contracted programs, including reviewing that clients are appropriately referred to additional services as well as given adequate safety planning.

- ACS, in coordination with the NYPD and the Department of Education (DOE), will continually work to ensure timely and effective sharing of information during child protective investigations. ACS is in the process of obtaining real-time access to the NYPD's domestic incident report (DIR) database and the NYPD's order of protection file. Additionally, ACS is now seeking access to the educational history of families from DOE.

Focusing Agencies' Activities on Communities Impacted Most by Family-Related Homicides and Family-Related Crimes.

Action steps to be taken by agencies participating in the domestic violence fatality review:

- The City agencies and the representative contract organization should consider implementing the recommendations outlined in this report in neighborhoods with a higher incidence of family-related homicide and family-related crimes.
- As part of the analysis by the NYPD Domestic Violence Unit of family-related violence, including homicide, the NYPD will continue to deploy its resources in response to any identified trends in the occurrence of family-related crimes.

Looking Ahead: The Committee's 2007 Work Plan

The findings and recommendations lay the groundwork of the FRC's work in the coming year.

1. The FRC will collect and analyze 2005 family-related homicide data and determine if the victim and/or perpetrator had any contact with a City agency or the representative contract organization prior to the homicide;
2. The FRC will obtain preliminary aggregate demographic information from the NYPD on 2006 family-related homicides;
3. The FRC members will periodically inform the Committee on progress in implementing their agency-specific recommendations;
4. The FRC will focus on targeted family-related homicides, for example, homicides involving victims 60 years of age and over and will consult with the New York City Department for the Aging to determine appropriate strategies to increase contact with this population;
5. The Mayor's Office to Combat Domestic Violence will conduct focus groups with family-related violence victims to explore the barriers to self-disclosure and other impediments to obtaining appropriate services; and
6. The Mayor's Office to Combat Domestic Violence will survey the training and educational materials of agencies with the goal of creating more opportunity for early disclosure of victimization.

Appendix A: Enabling Legislation

**LOCAL LAWS
OF
THE CITY OF NEW YORK
FOR THE YEAR 2005**

No. 61

Introduced by Council Member Boyland, The Speaker (Council Member Miller), The Public Advocate (Ms. Gotbaum), and Council Members Baez, Barron, Clarke, Dilan, Foster, Gennaro, Gerson, Gioia, Koppell, Liu, Lopez, Martinez, Monserrate, Nelson, Perkins, Reed, Rivera, Sanders, Seabrook, Stewart, Vann, Weprin, Yassky, Quinn, Brewer, Fidler, Gonzalez, Palma, Recchia, Reyna, Vallone Jr., DeBlasio and Jackson.

A LOCAL LAW

To amend the New York city charter, in relation to creating a domestic violence fatality review committee.

Be it enacted by the Council as follows:

Section 1. Legislative findings and intent. The Council finds that domestic violence is a continuing problem in New York City. The persistent occurrence of such violence, and the fatalities that often result, reveal an urgent need to better understand the various causes of these crimes, as well as the adequacy of victim assistance and prevention services. Accordingly, the Council finds that a committee dedicated to reviewing and analyzing aggregate information regarding domestic violence fatalities that occur in New York City is needed. The examination of such information will enable the committee to analyze data and any patterns that may emerge from an examination of such information, analyze any demographic changes that may occur over time relating to such incidents and formulate recommendations regarding the coordination and improvement of services to victims to ultimately reduce the number of these tragedies.

§2. Section 19 of the New York city charter is amended by adding a new subdivision d to read as follows:

d.1. For purposes of this subdivision, the following terms shall have the following meanings:

(i) "Agency" shall mean a city, county, borough, or other office, position, administration, department, division, bureau, board or commission, or a corporation, institution or agency of government, the expenses of which are paid in whole or in part from the city treasury.

(ii) "Domestic violence fatality" shall mean a death of a family or household member, resulting from an act or acts of violence committed by another family or household member, not including acts of self-defense.

(iii) "Family or household member" shall mean the following individuals:

(a) persons related by consanguinity or affinity;

(b) persons legally married to one another;

(c) persons formerly married to one another regardless of whether they still reside in the same household;

(d) persons who have a child in common regardless of whether such persons have been married or have lived together at any time;

(e) persons not legally married, but currently living together in a family-type relationship; and

(f) persons not legally married, but who have formerly lived together in a family-type relationship.

Such term, as described in (e) and (f) of this subparagraph, therefore includes "common law" marriages, same sex couples, registered domestic partners, different generations of the same family, siblings and in-laws.

(iv) "Perpetrator" shall mean a family or household member who committed an act or acts of violence resulting in a domestic violence fatality.

(v) "Victim" shall mean a family or household member whose death constitutes a domestic violence fatality.

2. There shall be a domestic violence fatality review committee to examine aggregate information relating to domestic violence fatalities in the city of New York. Such committee shall develop recommendations for the consideration of the director of the office to combat domestic violence regarding the coordination and improvement of services for victims of domestic violence provided by agencies and private organizations that provide such services pursuant to a contract with an agency. The committee shall be convened by the director of the office to combat domestic violence, or his or her

designee, and shall consist of the director of the office to combat domestic violence, or his or her designee, the commissioner of the police department, or his or her designee, the commissioner of the department of health and mental hygiene, or his or her designee, the commissioner of the department of social services/human resources administration, or his or her designee, the commissioner of the department of homeless services, or his or her designee and the commissioner of the administration for children's services, or his or her designee. The committee shall also consist of two representatives of programs that provide social or legal services to victims of domestic violence and two individuals with personal experience with domestic violence. The director of the office to combat domestic violence, or his or her designee, shall serve as chairperson of the committee. At the discretion of the director of the office to combat domestic violence, the committee may also include a representative of any of the offices of the district attorney of any of the five boroughs and/or a representative of the New York city housing authority. Each member of the committee other than any member serving in an ex officio capacity shall be appointed by the mayor.

(i) The service of each member other than a member serving in an ex officio capacity shall be for a term of two years to commence ninety days after the effective date of the local law that added this subdivision. Any vacancy occurring other than by expiration of term shall be filled by the mayor in the same manner as the original position was filled. A person filling such a vacancy shall serve for the unexpired portion of the term of the member succeeded. New terms shall begin on the next day after the expiration date of the preceding term.

(ii) Members of the committee shall serve without compensation.

(iii) No person shall be ineligible for membership on the committee because such person holds any other public office, employment or trust, nor shall any person be made ineligible to or forfeit such person's right to any public office, employment or trust by reason of such appointment.

(iv) The committee shall meet at least four times a year.

3. The committee's work shall include, but not be limited to, reviewing statistical data relating to domestic violence fatalities; analyzing aggregate information relating to domestic violence fatalities, including, non-identifying data with respect to victims and

perpetrators involved in domestic violence fatalities, such as gender, age, race and familial or other relationship involved, and, if available, religion, ethnicity and employment status; examining any factors indicating a high-risk of involvement in domestic violence fatalities; and developing recommendations for the director of the mayor's office to combat domestic violence regarding the coordination and improvement of services for victims of domestic violence provided by agencies and private organizations that provide such services pursuant to a contract with an agency.

4. The committee may request and receive information from any agency as may be necessary to carry out the provisions of this subdivision, in accordance with applicable laws, rules and regulations, including, but not limited to, the exceptions to disclosure of agency records contained in the public officers law. Nothing in this subdivision shall be construed as limiting any right or obligation of agencies pursuant to the public officers law, including the exceptions to disclosure of agency records contained in such law, with respect to access to or disclosure of records or portions thereof. The committee may also request from any private organization providing services to domestic violence victims pursuant to a contract with an agency information necessary to carry out the provisions of this subdivision. To the extent provided by law, the committee shall protect the privacy of all individuals involved in any domestic violence fatality that the committee may receive information on in carrying out the provisions of this subdivision.

5. The committee shall submit to the mayor and to the speaker of the city council, on an annual basis, a report including, but not limited to, the number of domestic violence fatality cases which occurred in the city of New York during the previous year; the number of domestic violence fatality cases reviewed by the committee during the previous year, if any; any non-identifying data with respect to victims and perpetrators involved in domestic violence fatalities, such as gender, age, race and familial or other relationship involved, and, if available, religion, ethnicity and employment status; any factors indicating a high risk of involvement in domestic violence fatalities; and recommendations regarding the coordination and improvement of services for victims of domestic violence provided by agencies and private organizations that provide such services pursuant to a contract with an agency.

§3. Effect of invalidity; severability. If any section, subsection, sentence, clause, phrase or other portion of this local law is, for any reason, declared unconstitutional or invalid, in whole or in part, by any court of competent jurisdiction, such portion shall be deemed severable, and such unconstitutionality or invalidity shall not affect the validity of the remaining portions of this local law, which remaining portions shall continue in full force and effect.

§4. Effective date. This local law shall take effect ninety days after its enactment into law.

**Appendix B: Overview of Domestic Violence Services Provided
by City Agencies and Representative Contract Organization**

Administration for Children's Services

Domestic Violence Screening and Assessment Tools and Training

During the past five years, because of the 40% to 60% correlation between domestic violence and child abuse, the Administration for Children Services ("ACS") has enhanced the domestic violence screening and assessment tools for child protective staff, developed and implemented updated domestic violence training programs for new and experienced staff (both child protective staff and attorneys), and continued to provide ongoing training and technical assistance to community based preventive service and foster care programs throughout the City.

Responsible for these efforts is the ACS Domestic Violence Policy and Planning ("DVPP") Unit. DVPP's unit works to inform ACS services and practice, such that families and children affected by domestic violence are identified and receive the services they need. DVPP supports capacity building and adherence to best practice, and achieves its goals through consultation, training, intra-agency collaboration and community outreach. The unit oversees strategic planning to address domestic violence present in families receiving ACS services; directs policy development, formulates practice guidelines and protocols and works collaboratively through internal and external cross system relationships to identify and address domestic violence policies and practices and make recommendations. Included within the unit's responsibility for development and implementation of overall domestic violence trainings as well as providing additional support on certain cases to domestic violence consultants within the Clinical Consultation Program.⁴⁰

ACS also makes available two initiatives administered through CONNECT. The first is the Family Violence Prevention Project ("FVPP") and the second is the Community Empowerment Project.

- FVPP provides domestic violence training and consultation to preventive and foster care programs. Since 1994, FVPP has grown to provide over 50 preventive agencies with training and case-specific domestic violence consultation. The goal of FVPP is to provide all participating programs with intensive capacity building services to promote skilled domestic violence assessment and intervention.
- DVPP actively works with CONNECT and foster care agencies to focus on expanding the FVPP domestic violence training within the foster care agencies. The bedrock of this training is a document known as the *Practice Guidelines for Addressing Domestic Violence in Foster Care Settings*. These guidelines include comprehensive information on engagement and intervention with families impacted by domestic violence. DVPP has also developed and begun training on the *Foster Care Guidelines for Teen Relationship Abuse*, a comprehensive best case practice guideline which includes engagement, intervention and concrete screening and assessment tools specifically tailored to adolescents. A strengths-based training has been developed with the assistance of Satterwhite Academy. With this focus on

assessment ACS will be better able to create partnerships with domestic violence service providers and preventive agencies to further enhance best case practice. Training in the foster care agencies is on-going and a priority for DVPP and CONNECT throughout 2007.

- The Community Empowerment Program (“CEP”) is another CONNECT initiative. This is a City Council initiative, and as with FVPP, the contract is managed by the Administration for Children’s Services, Domestic Violence Policy and Planning Unit. CEP focuses on domestic violence prevention in neighborhoods, working with community organizations, strengthening existing infrastructures, network building, culturally focused and affirming capacity building and resource development. CEP accomplishes essentially the same work as FVPP with the main difference between programs being that the CEP capacity building in domestic violence is conducted with organizations *other than* the contract agencies. Often these are small community based organizations that do not necessarily specialize in child abuse or domestic violence, but nonetheless witness both within the community and need training in how to respond.
- DVPP expanded and updated the domestic violence training provided to new child protective specialists. The ACS Satterwhite Training Academy and Clinical Consultation Teams provide extensive domestic violence training to frontline child protective caseworkers and supervisors, and frontline staff in Preventive Programs. ACS recently completed a training program for Child Protective Supervisors which encourages them to advise caseworkers to utilize the Clinical Consultation Teams on domestic violence cases. In addition, specialists participate in a one day domestic violence program as part of their initial Core training, which provides an orientation to the dynamics of domestic violence, including affects on children and adult survivors, screening, assessment and best practice expectations. Within their first six months in the field, child protective specialists return to the Satterwhite Academy for an intensive three-day domestic violence course (*Domestic Violence and Child Welfare Practice*). This course covers routine universal screening, assessment of danger and protective factors, intervention with abusive partners, safety planning with survivors and children, criminal justice response, and community resources. This training is organized around the framework provided by the Domestic Violence Guiding Principles.
- DVPP conducts an on-going series of mandatory trainings for experienced child protective specialists, supervisors, managers, and Family Court Legal Services attorneys. In 2005, Domestic Violence Policy and Planning rolled out a new training curriculum entitled *Safety, Risk and Decision-Making in Child Protective Services Involving Domestic Violence: Applications of the New York State Safety and Risk Guidelines*. This mandated training further prepares the agency’s child protective supervisors and managers and family court attorneys to guide their staff in identifying, assessing and providing safety interventions in high-risk domestic violence cases. In addition, DVPP provides domestic violence training for all Children’s Services family court attorneys, both new and experienced.

The implementation of new domestic violence screening and assessment tools and related ongoing training sessions within ACS, the contract agencies, and community based organizations have improved the ability of child protective and social service agency staff to assess and respond to child safety issues while providing survivors of domestic violence with necessary safety planning assistance and referrals to appropriate community resources. These efforts are crucial because a substantial overlap exists between domestic violence and child abuse and neglect, and many survivors of domestic violence come into contact with child welfare service providers before they are ready to seek assistance from domestic violence service providers or the criminal justice system.

Clinical Consultation Program

In 2002, ACS launched the Clinical Consultation Program, which placed 12 domestic violence consultants in ACS child protective field offices throughout the city. These consultants work as part of a multidisciplinary team that also includes mental health and substance abuse specialists and a team coordinator. The domestic violence consultants, with other team members when needed, provide case-specific consultation, office-based training, and assistance with referrals for community-based resources. Consultations are available to caseworkers, supervisors, and managers to help assess the client for the presence of domestic violence and plan appropriately. In addition, consultants may attend case conferences or have direct contact with clients, including field visits, to provide a more informed consultation and model intervention strategies. Specific office-based trainings related to domestic violence and informed by best practices are developed depending on local training needs. Domestic violence consultants identify and develop connections to domestic violence-related neighborhood-based resources to facilitate referrals.

During calendar year 2005, domestic violence experts conducted 3,279 consultations involving domestic violence only and a total of 928 cross-consultations which involved domestic violence as well as mental health and/or substance abuse.

Also during 2005 there were 171 office-based training sessions on domestic violence.

Preventive Services

Preventive services are designed to ensure that children remain safe in the home and to prevent children from entering foster care. When ACS receives a report of child abuse or neglect from the State's hotline (the New York State Central Register), an ACS caseworker goes to the family's home to investigate.

During an investigation, the caseworker interviews the child, his or her siblings, the parents, other members of the household, teachers, neighbors, clergy, and other significant people involved in the child's life to determine whether there is credible evidence of abuse or neglect. The caseworker then identifies the services necessary to protect the child and help the family. Neighborhood-based preventive services may be

offered, or if there is imminent risk to the child, the caseworker may remove the child from the home and place him or her in foster care.

An ACS caseworker might recommend preventive services as a result of a child protective investigation. But many community organizations offer these services directly to families upon request. Anyone can find out more about preventive services by contacting a community program in their neighborhood or their local ACS Field Office.

Preventive services provided by ACS and its network of social service agencies can include family or individual counseling, parenting classes, substance abuse treatment, domestic violence intervention, home care, support for pregnant and parenting teens, and other services.

Department of Health and Mental Hygiene

Intimate Partner Violence Surveillance

The Division of Epidemiology at the Department of Health and Mental Hygiene tracks health indicators of fatal and non-fatal Intimate Partner Violence in New York City's women. In the four data systems described below "intimate partner violence" is defined as any violent or coercive behavior, including physical, sexual and psychological abuse, perpetrated by someone who is or was involved in an intimate relationship with the victim. "Intimate" refers to the current or former husband or romantic partner; a partner can be of the same or opposite sex, and includes boyfriends and common-law marriages. Findings will be presented in a forthcoming report.

1. Data on all female homicide victims, ages 12 years and older, are obtained from the Office of the Chief Medical Examiner ("OCME") records. From these, trained data collectors use standardized coding techniques to abstract information on assault circumstances and the relationship between the victim and alleged offender.
2. Emergency Department visits for assaults are part of the DOHMH's Injury Surveillance System. One week per quarter each year, trained data collectors review Emergency Department ("ED") records at a sample of hospital Emergency Departments to abstract assault circumstances and the relationship between the victim and alleged offender. From this sample, citywide intimate partner violence-related ED counts and rates are estimated using standard sampling techniques.
3. The New York City Department of Health conducts the Community Health Survey (CHS) based on the [National Behavioral Risk Factor Surveillance System \(BRFSS\)](#). Since 2002, the CHS has been conducted annually with a random sample of approximately 10,000 adults aged 18 and older from all five boroughs of New York City. Designed to measure health behaviors and risk factors among non-institutionalized adults aged 18 and older, the survey methodology uses stratified random sampling with probability of selection based on the number of adults in the household and NYC neighborhood of residence. Since 2002, the survey has asked a question about psychological abuse by an intimate partner.
4. The New York City High School Youth Risk Behavior Survey (YRBS), conducted in odd-numbered years since 1997, is a cross-sectional survey of public high school students. Based on the protocol developed by Centers for Disease Control and Prevention, the survey monitors priority health risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth in New York City. Students complete a self-administered, anonymous, 99-item questionnaire that measures different risk behaviors. One survey question asks about intimate partner violence: *In the*

past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

Take Care New York

In 2004, the New York City Department of Health and Mental Hygiene (DOHMH) established its *Take Care New York* health agenda, which outlines the top 10 priority areas. Priorities were identified based on the health condition's mortality and morbidity burden, its amenability to intervention, and the likelihood that prevention will be best addressed through coordinated action by City agencies, public-private partnerships, health care providers, businesses, and individuals. Of the ten priorities areas, "Make your Home Safe and Healthy" underscores the importance of making one's home free of intimate partner violence.

Domestic Violence Coordination and Training Program ("DVCAT")

DOHMH is in contract with the Jewish Board of Family and Children Services to provide domestic violence services in the Bronx through its Domestic Violence Coordination and Training Program. DVCAT is a multi-component program that has been in operation since the summer of 1998. The primary purpose of the program is to strengthen the mental health system's response to domestic violence as well as increase community awareness of domestic violence. The DVCAT program provides services in English, French, Spanish and Albanian, which include a hotline and the following:

- (1) Training on domestic violence issues and best practice interventions to Bronx-based mental hygiene professionals, healthcare and social service providers, and criminal justice and legal professionals. The curriculum is comprised of six major components including: the scope of the problem, outreach, screening and identification, documentation and referrals. Each year approximately 1,000 individuals are trained throughout the Bronx. In addition, the DVCAT program underwrites and supports an annual domestic violence conference in the Bronx. Palm cards with domestic violence referral information in English and Spanish have been printed and distributed to thousands of individuals in the Bronx.
- (2) Support and maintenance of the Bronx Domestic Violence Action Network ("DVAN"). The Network includes representatives from the mental hygiene, health and social service communities who serve Bronx residents. The monthly meetings provide an opportunity for partnerships to be formed and to share knowledge, skills and resources to address such issues as the NY State Anti-Stalking Law, welfare reform and its impact on domestic violence victims, and immigration issues. Approximately 180 individuals receive the DVAN meeting minutes and notices of events and new programs. Similarly, approximately 200 Bronx-based community professionals receive the Bronx Domestic Violence Resource List, which is compiled and updated annually by the program.

- (3) A Battered Women's Support Group, launched in the fall of 2000, offers weekly groups facilitated by a staff member.

Department of Homeless Services

The Department of Homeless Services (DHS), in partnership with public agencies and the business and nonprofit communities, prevents homelessness and provides temporary emergency shelter for eligible homeless people in a safe, supportive environment. DHS manages 11 City-run and 191 privately-run shelter facilities, consisting of 50 adult facilities and 152 family facilities. DHS also provides outreach services available 24 hours a day, seven days a week as well as homeless prevention services through community-based programs known as “HomeBase,” in six high-need neighborhoods.

Homeless Families

The Division of Family Services oversees the emergency family shelter system. Families include adults with their children, couples without children who are a legal family through marriage or verifiable co-dependence (adult families), and pregnant women. In CFY 2006, DHS provided shelter to 67,860 families. These families included 20,174 individual family members, comprised of 34,389 adults and 33,471 children.

The Prevention Assistance and Temporary Housing (PATH) Intake Center is a 24-hour family intake facility where each family’s need for temporary housing is evaluated. Families are provided with emergency shelter while their eligibility is being determined. Families have their eligibility determined within 10 days of their arrival at the family intake facility.

All families who apply at PATH and indicate domestic violence issues as the reason for seeking shelter are interviewed by staff from the Human Resources Administration’s (“HRA”) Project NOVA (No Violence Again). Families deemed eligible by NOVA may be referred to services through HRA, which provides safe temporary housing for victims of domestic violence through a separate network of emergency residential and transitional shelter programs. DHS also provides shelter to victims of domestic violence when additional capacity is needed, or when the domestic violence shelters can no longer serve families because of the 135-day time limit on domestic violence shelter services set by state regulation.

The PATH Office also provides:

- Access to prevention services
- Social services
- Midpoint eligibility assessment conference whereby families are apprised of the likely outcome of their eligibility determination
- DHS client advocate assistance
- Conditional placement within the same day of application

Transitional Services

Families are moved to transitional residences if found eligible for temporary housing. In CFY 2006, 10,251 families were found eligible to receive temporary housing. Transitional family residences come in a variety of models most of which offer apartment style units and a wide array of support services including employment training, educational services, intensive case management, substance abuse prevention, independent living skills training, and child care.

NOVA families that are found eligible for temporary housing are placed in a transitional facility in a borough that has been deemed appropriate given safety concerns. Families can be referred for a NOVA assessment anytime while in a DHS transitional shelter.

Permanent Housing

All homeless families are assisted in finding and then relocating to permanent housing through a variety of housing programs. During CFY 2006, DHS relocated 6,406 families to permanent housing.

DHS in collaboration with HRA and the State created the Housing Stability Plus Program (HSP) which now serves as the primary housing resource. HSP is a time-limited rental assistance program for homeless families with children and adult families who have been in shelter for at least nine months, and/or for parents awaiting housing to re-unify with children who are currently in foster care. HRA NOVA families that are placed in DHS shelters are eligible for HSP after 42 consecutive days in shelter.

Homeless Individuals

The Division of Adult Services oversees DHS' shelter system for single adults. In CFY 2006, an average of 7,928 single adults (5,976 men and 1,953 women) resided in the shelter system each night, and a total of 28,752 individuals (22,328 men and 6,424 women) were provided temporary housing during the year.

Adult shelter services are organized into three main functional areas: intake & assessment; transitional services; and housing and program planning.

Intake & Assessment Services

DHS operates one intake facility for men and three intake facilities for women. Intake is comprised of a basic information-gathering process and placement into an assessment bed. Applicants are assigned to the most appropriate facility based upon the presenting needs and issues identified in their application interview, their medical examination, and mental health assessment. As part of the intake process, applicants are screened for domestic violence, and may be referred to HRA services during the assessment process.

Transitional Services

From Assessment Centers, homeless single adults are referred to one of the transitional shelter residences. Sixty-eight percent of the beds in the single adult system are associated with program services, including assessment, employment training, mental health rehabilitation, specialized services for veterans, and substance abuse treatment. Many shelters offer case management and other services aimed at assisting residents to return to independent living in the community. Social workers, Case Managers, Employment Specialists, Housing Benefits Counselors, on-site medical staff and Vocational counselors work closely with clients to help them become independent.

Housing and Program Planning

Social service programs throughout the continuum of care serve to assist homeless single adults in their return to independent living in the community. DHS provides a variety of housing alternatives for single adults including emergency placement in commercial Single Room Occupancy (SRO) buildings, permanent placement into supportive SRO's with on-site social services operated by not-for-profit organizations; transitional congregate housing with supportive services; permanent congregate housing with supportive services; and through Housing Stability Plus (HSP). Single adults are eligible for HSP after a shelter length of stay of 270 days of the past year.

In CFY 2006, DHS relocated 7,494 single adults into long-term subsidized housing, including 1,587 in supportive housing, 129 in subsidized housing, 606 in residential rehabilitation and 5,172 returned to family or independent living.

HomeBase

HomeBase is designed to help individuals and families avoid the trauma of homelessness by helping overcome the immediate problems and obstacles that could result in loss of housing. Program services are crafted to meet the unique needs of each individual or family and to help meet the demands of maintaining a household. Currently, the HomeBase program is available to individuals or families in six community districts ("CD") – Mott Haven/South Bronx (CD 1), East Tremont (CD 6), Bedford Stuyvesant (CD 3), Bushwick (CD 4), East Harlem (CD 11) and Jamaica (CD 12).

When a client comes to the HomeBase he/she is assigned a case manager who will coordinate all services. Some of these services will be provided directly through HomeBase and others will be provided by community partners. Services available to qualified households include:

- Family mediation
- Landlord mediation
- Household budgeting skills
- Legal services
- Short-term financial assistance

- Mental health and substance abuse services
- Household repairs
- Entitlements
- Child care
- Education and
- Employment

Human Resources Administration

PROGRAMS DIRECTLY OPERATED BY HRA

Human Resources Administration (“HRA”) Domestic Violence Liaison Unit

Since 1998, all individuals who apply for public assistance or visit their Job Centers for recertification are offered a domestic violence screening. Clients who screen positive are encouraged to see a Domestic Violence Liaison (“DVL”). DVLs are trained, certified social workers who can provide temporary waivers from program requirements to ensure the safety of the client and her children. The DVLs also develop safety plans with clients and provide counseling and information and referral services. DVLs are available for all Job Centers in each borough.

Human Resources Administration ADVENT (Anti-Domestic Violence Eligibility Needs Team) Program

HRA has expanded its DVL unit to include a special services unit called ADVENT (Anti-Domestic Violence Eligibility Needs Team) to assist domestic violence victims residing in a domestic violence shelter in accessing domestic violence services while adhering to the requirements of Welfare Reform. The staff works with clients in the creation and implementation of individual self-sufficiency plans that recognize a client’s domestic violence issues. The plan may include coordinating a range of services, such as counseling, working on a General Equivalency Diploma (“GED”), attending English as a Second Language (“ESL”) classes, job or skills training, a WEP (Work Experience Program) assignment and other work-related activities.

ADVENT is a voluntary program for all domestic violence shelter residents. ADVENT clients have their public assistance cases transferred to a Job Center that houses an ADVENT program, in a borough that is deemed safe for the client. Currently, ADVENT programs operate in Manhattan, Brooklyn and the Bronx.

Human Resources Administration Project NOVA (No Violence Again)

HRA addresses the needs of domestic violence victims seeking emergency housing from the Department of Homeless Services (“DHS”). Through HRA’s Project NOVA (No Violence Again), social workers provide eligibility screening, crisis counseling and referral services to victims of domestic violence at both the Prevention Assistance and Temporary Housing (PATH) Intake Center operated by DHS and in transitional housing facilities overseen by DHS. During Fiscal Year 2006, approximately 8,400 cases were referred to NOVA for assessment to determine eligibility for domestic violence services.

Alternative to Shelter Program (“ATS”)

This program gives domestic violence victims and their children the option of remaining safely in their own homes through the provision of state-of-the-art security technology and a coordinated response. The program is staffed with Master in Social Work (“MSW”) certified social workers and case managers who assess client safety and provide eligible families with crisis counseling, support services, information and referrals to non-residential domestic violence programs. This approach emphasizes keeping the abusers out of the victims’ homes. Program participants are provided with security devices and cellular telephones for use both inside and outside their homes that result in a rapid law enforcement response when activated. These devices give victims the ability to contact the police should their abusers attempt to violate an order of protection. In addition, clients are interviewed at precincts and a description and photo, where possible, of the batterer are provided to the police.⁴¹

ATS is administered in collaboration with the New York City Police Department (“NYPD”), and various not-for-profit organizations and private businesses. Each participant receives full-time case management, and NYPD gives ATS alarms a priority status and provides special training to officers in program precincts. In Fiscal 2006, ATS served an average of 110 clients per month.

Shelter Literacy Program

HRA developed this program in five confidential domestic violence shelters creating libraries designed to improve the learning skills and attitudes toward education of both domestic violence victims and their children. The Shelter Literacy Program librarians work with families to facilitate activities that promote literacy and cultural awareness by providing culturally sensitive and age appropriate activities targeted to pre-school through high school aged children in shelter. Activities include homework assistance, tiny tots activities (story telling, reading and drawing), book clubs, computer skills training, and individualized training.

Parents are encouraged to participate in activities including, Mommy and Me Time, book clubs, journal writing, enhanced reading, computer skills training, GED assistance and ESL classes. All libraries have computers with software programs designed to assist children to improve reading skills, and enable mothers to prepare for work. Children and parents also visit a branch of the New York Public Library to become familiar with accessing the resources available. Prior to discharge from shelter, families receive a package of materials to create a safe learning environment in their homes and encourage the concept of family literacy.

DOMESTIC VIOLENCE PROGRAMS ADMINISTERED BY HRA

Domestic Violence Shelter System

The Office of Domestic Violence Services of the HRA administers 39 state-licensed emergency domestic violence shelters, including one directly operated by HRA. Domestic violence victims are provided with a safe environment and a range of support services, including counseling, advocacy, and referral services. During 2006, the emergency shelter capacity increased to 2,081 beds. HRA administers seven transitional housing shelters with a capacity of 240 units.

To facilitate access to bed availability in the City's residential domestic violence programs, HRA established the Shelter Occupancy System ("SOS"). The shelter programs enter client data into a web-based computer program, thereby making all domestic violence shelter bed vacancies immediately available to the City's Domestic Violence Hotline staff, which in turn facilitates emergency placement of domestic violence victims and their families into safe and secure housing. It also streamlines the billing process and provides consistent data for planning purposes. During Fiscal 2006, 3,756 families entered the domestic violence shelter system.

In the current fiscal year, HRA allocated approximately \$78 million for the Office of Domestic Violence Services, which is a unit of the Office of Domestic Violence and Emergency Intervention Services. These funds are used to operate shelter facilities, and provide counseling, case management and other non-residential services to victims of domestic violence and their families.

PROGRAMS CONTRACTED BY HRA

HRA Non-residential Domestic Violence Programs

HRA contracts with 15 community based organizations to provide non-residential domestic violence services. These programs maintain hotlines; as well as provide crisis intervention, counseling, referrals for supportive services, advocacy and community outreach in all five boroughs. HRA's non-residential domestic violence programs have increased the resources available to victims of domestic violence, including those for whom language and cultural barriers pose difficulty in accessing assistance. Services are available in 21 languages and additional enhanced services include children's counseling, services with individuals with physical and mental disabilities, teen therapy, and substance abuse services. In 2004, HRA awarded additional contracts to increase the current number of clients and expand the availability of non-residential services featuring a separate legal services component. Legal services provided include assistance with orders of protection, custody, separation and divorce and immigration issues specifically tailored for domestic violence clients. During Fiscal 2006, an average of 2,879 clients were served through non-residential programs each month, and an average of 747 clients received legal services in addition to the core services each month.

Teen Relationship Abuse Prevention Program (“RAPP”)

The school-based program is the largest domestic violence prevention program in New York City, and is critical to ending relationship abuse among young people. Through a comprehensive curriculum, students learn to recognize and change destructive patterns of behavior before they are transferred to adult relationships. Since 1999, HRA’s innovative RAPP Program has helped teens in public high schools develop healthier relationships. The program delivers an array of relationship abuse services through four components: prevention, intervention, staff development and training, and community outreach. RAPP fosters a school climate with zero tolerance for abusive behavior in all of its forms, thereby promoting a safe and productive learning environment for students and staff. Since its inception in 1999, the program has expanded from 5 schools to 30 schools.

One of the goals of the RAPP program is to promote active student involvement as peer partners, peer educators and mentors. Each summer, students are chosen to participate in the Peer Leadership Program where they work with the coordinators to develop training sessions for their peers throughout the City. After completing this program, the students return to school in the fall prepared to discuss relationship abuse with their classmates. The summer program is offered in each borough. During the summer of 2006, approximately 130 students participated in the peer training program.

New York City Housing Authority

Emergency Transfer Program

This program offers an opportunity for NYCHA residents and their authorized family members who are victims of domestic violence, intimidated victims and witnesses and/or child sexual victims to relocate from their present NYCHA housing development to an undisclosed development within their residing borough in another zone away from where they currently reside or to a borough of their choice (with the exception of Staten Island where they must choose a separate borough). The NYCHA Emergency Transfer Program includes a team of experienced case examiners who process and review each emergency transfer request. Case examiners, in addition to reviewing documents for disposition of a transfer request will conduct a safety assessment and make referrals as appropriate.

Domestic Violence Aftercare Program

This program provides home-based social services to all NYCHA residents approved for an emergency transfer as victims of domestic violence. Services provided include intensive case management, supportive counseling post transfer, and safety planning during the pre-transfer stage.

During the transitional phase from one apartment to another, assistance with logistics related to the move is provided in addition to continued supportive counseling. Post-transfer services include assistance in acclimating to their new community, maintaining confidentiality, and resources for long-term goals setting, as well as referrals for long term counseling for the victim and her children.

Domestic Violence Intervention Education and Prevention Program

The Domestic Violence Intervention, Education and Prevention Program, (“DVIEP”) is funded by NYCHA and operated by contracted staff from Safe Horizon. DVIEP case managers work with NYPD to provide outreach, intervention, education, and prevention services to public housing residents in cases where a Domestic Incident Report (“DIR”) was filed. DVIEP case managers also conduct presentations for resident associations, NYCHA staff, police officers, and community members to keep the community educated on the issue of domestic violence.

Witness Relocation Program

The Witness Relocation Program (“WRP”) expedites families pursuant to voucher availability who have applied for public housing or Housing and Urban Development (“HUD”) Section 8 who are referred by one of the District Attorney or the United States Attorney’s Office as intimidated witnesses on all criminal cases, including domestic violence cases.

Elderly Safe at Home Program

This program in the South Bronx provides comprehensive crime prevention services and crime victim assistance to elderly and non-elderly disabled residents who in addition may be experiencing some form of domestic abuse by family members or other individuals who may be exploiting them. Residents are identified and referred to a variety of community based and City agencies for social services. Dissemination of information on crime prevention, domestic violence and other topics is also provided through monthly meetings with residents and through workshops.

Senior Resident Advisor/Service Coordinator Programs

The senior Resident Advisor and the Service Coordinator programs provide supportive services to elderly (ages 62 and over), and non-elderly disabled residents, in select sites. This program assists the elderly to maintain independent living and prevent premature institutionalization by assisting them in accessing public entitlements, advocating with service providers, monitoring the health and well-being of residents through home visits and telephone check-ups, and by organizing a floor captain and buddy system. These programs often provide the vital link between isolated seniors and service providers to help prevent and intervene in elder abuse cases.

Supportive Outreach Services (“SOS”)

This program receives referrals of NYCHA residents needing assistance in order to improve their level of functioning. Staff assists residents with resources and with developing coping and problem-solving skills. NYCHA Social Services staff interview, assess, evaluate, and develop service plans with residents and intervene in various crises involving acute psychiatric emergencies, traumatic incidents, family crisis, domestic violence, child abuse/neglect, elder abuse/neglect, and substance abuse. Staff will provide emergency transfer assistance, supportive counseling, resources, safety planning and case management in cases of domestic violence.

Housing Assistance for Relocation and Transitional Services Program (“HARTS”)

The Housing Assistance for Relocation and Transitional Services Program (“HARTS”) operates as a collaborative effort between NYCHA and the Department of Homeless Services (“DHS”), Human Resources Administration’s HIV/AIDS Services Administration (“HASA”), Administration for Children’s Services (“ACS”), and Housing Preservation and Development (“HPD”) to maximize services offered to the client. The program is designed to provide supportive service to all applicants moving into public housing as recently emancipated from the foster care system, victims of domestic violence, intimidated witnesses, displaced and non-City referred homeless applicants. HARTS approaches each case with an early intervention, intensive case management model, and offers the same post-relocation services to victims of domestic violence as the aftercare program.

Naturally Occurring Retirement Communities (“NORC”)

In partnership with the New York City Department for the Aging (“DFTA”) and the United Hospital Fund, nine NORC sites are operated within eleven different NYCHA developments throughout New York City. This program provides to residents aging in place comprehensive assistance to maintain independent living and prevent premature institutionalization by assisting them with obtaining Medicaid, Food Stamps and SSI, home delivery of meals, medical appointment escorts, counseling services, case management, assistance with financial management, on-site nurse services, nutritional counseling, educational services, and cultural programs. The program also provides computer classes, physical exercises (Genkido and Stay Well), Domino Club, movie day, and arts & crafts. These programs often provide the vital link between isolated seniors and service providers to help prevent and intervene in elder abuse cases.

Senior Companion Program

The Senior Companion Program is located in Manhattan, Staten Island and Queens and is funded by the Corporation for National Service. Senior Companions are assigned through the Henry Street Settlement and provide friendly home visits to frail seniors who may be socially isolated and at risk for domestic abuse and exploitation.

Congregate Housing Services Program (“CHSP”)

The CHSP housing program is designed to meet the needs of frail elderly or persons with disabilities who would otherwise be vulnerable to premature institutionalization. CHSP is a unique program since it provides on-site activities of daily living services, such as food service, case management, housekeeping, homemaker, protective services, information and resources pertaining to domestic abuse and exploitation. This program is located in the Saratoga Square Houses, an apartment complex for the elderly in Brooklyn. These programs often provide the vital link between isolated seniors and service providers to help prevent and intervene in elder abuse cases.

Mayor's Office to Combat Domestic Violence

Family Justice Center

On July 20, 2005, the Mayor's Office to Combat Domestic Violence ("OCDV"), in cooperation with the Kings County District Attorney's Office, opened the City's first Family Justice Center in downtown Brooklyn. Clients may walk in and choose which services they want, including counseling, advocacy, meeting with a prosecutor, shelter and housing help, and civil legal assistance -- all while their children play safely in the next room.

The Mayor's Office to Combat Domestic Violence and the Kings County District Attorney's Office (Brooklyn) are the Center's primary partners. Representatives from nine City and State agencies, 25 community based organizations, including four civil legal organizations, six faith-based organizations, and several universities provide support to the Center.

These partners provide a wide spectrum of services, including:

- Counseling
- Advocacy
- Meeting with a prosecutor
- Civil legal information on immigration, housing, and Family Court matters
- Childcare
- Safety planning
- Assistance in filing Police Reports
- Support groups
- Services for the elderly and/or disabled
- Language interpretation
- Voluntary spiritual support

As of December 8, 2006, 5,005 adult victims and their 1,163 children have received assistance at the Center. The Center is a public/private partnership.

The City will be opening Family Justice Centers in the Bronx and Queens by the end of 2008.

CRIMINAL JUSTICE INITIATIVES

Domestic Violence Response Teams Program ("DVRT")

The DVRT Program coordinates the delivery of domestic violence services to high-risk households in precincts with the highest rates of domestic violence. Based upon in-depth discussion of cases, DVRT develops recommendations to enhance the provision of services citywide. Several major policy changes which improved service delivery to

domestic violence victims have resulted from DVRT. Initially implemented in Brooklyn and the Bronx, DVRT was expanded to Queens in February 2006.

Language Line Program

Victims who do not speak English can now tell their stories to the police and get the help they need. As of July 2005, all NYC police precincts have direct, instant access to language interpreters 24 hours a day to assist with the investigation of any crime through the Language Line Program.

The Language Line Program was originally piloted in some of the City's most ethnically diverse communities including Flushing, Whitestone, College Point, North Corona, Jackson Heights and East Elmhurst in Queens. This pilot equipped police officers with cellular and dual handset telephones that had direct, instant access to interpreters in over 150 different languages in order to better assist immigrant victims of domestic violence. Funded by the Department of Justice, Office on Violence Against Women, the Language Line Program encourages victims to seek help from the police. Between March 2004 and July 2005, the Language Line was used over 3,000 times in 42 different languages. Language no longer needs to be a barrier for crime victims who are seeking help.

Digital 911 System

Announced by the Mayor in 2002, this system allows judges to hear high quality digital recordings of victims' 911 calls at arraignments before bail is set. These recordings, which have been particularly helpful in prosecuting domestic violence cases, can now be retrieved in hours, whereas previously it could take up to three months. Over 20,000 requests for digital 911 recordings are made annually.

Victim Information and Notification Everyday ("VINE") System

Implemented by the Department of Correction and the Office of the Criminal Justice Coordinator, VINE assists anyone in determining the custody status of inmates within the Department of Correction. VINE can also notify users when the inmate is released or transferred. Information can be obtained by calling 1-888-VINE4NY, or by visiting www.vinelink.com.

HEALTHCARE INITIATIVES

On average, social workers at City-run hospitals assist over 2,500 domestic violence victims each year. Research shows that more than one-third of all women who sought care in hospital emergency rooms for violence-related injuries were injured by an intimate partner. In addition to emergency care, healthcare providers are capable of detecting domestic violence in its earliest stages in thousands of people who visit primary care doctors and specialists for routine visits.

Project H.E.A.L. (Health Emergency Assistance Link)

Project H.E.A.L. is a comprehensive plan to improve the services provided to domestic violence victims at all 11 City public hospitals. It enhances the ability of City hospitals to identify victims; document their injuries; and connect them with social and legal services.

Best Practices Manual for Healthcare Providers

The Mayor's Office to Combat Domestic Violence developed and distributed a best practices manual, *Medical Providers' Guide to Managing the Care of Domestic Violence Patients within a Cultural Context*, for healthcare providers on the assessment and treatment of domestic violence victims in diverse populations. Over 3,800 manuals have been distributed citywide.

Clinician Guide for Identifying, Treating and Preventing Family Violence

In 2002, the Health and Hospitals Corporation consolidated their existing family violence policies in the *Clinician Guide for Identifying, Treating and Preventing Family Violence*. It serves as a practical reference for preventing, identifying, treating and managing family violence in the community. The guide also provides information on the latest developments in treatment, prevention, research and expert advice on family violence issues.

Prevention Efforts with Young Parents

North Central Bronx Hospital, in collaboration with the Mayor's Office to Combat Domestic Violence and the Department of Health and Mental Hygiene developed a model pilot program to help prevent domestic violence and child abuse. Separate parenting classes for young mothers and fathers were held in the hospital in the participants' primary language. The classes covered topics such as healthy relationships, the effects of abuse on children, well-baby information, and parenting skills.

Domestic Violence Surveillance System

The Domestic Violence Surveillance System program, developed collaboratively with DOHMH, consists of a standardized surveillance form that tracks domestic violence cases in the 11 City Hospitals and 6 diagnostic and treatment centers which are in the City's Health and Hospitals Corporation ("HHC") network.

HHC has used this information to identify opportunities to improve and enhance HHC domestic violence programs. The surveillance program requires Emergency Department and Ambulatory Clinic staff to screen females ages 16 and older for domestic violence. In calendar year 2005, HHC facilities provided a wide range of services to over 2,300 domestic violence victims.

Additionally, HHC signed license agreements with four non-residential service providers to provide monthly legal clinics for domestic violence victims in all 11 acute care facilities. These clinics began in 2005 and provide assistance with orders of protection, divorce, custody/visitation, child/spousal support, housing, and immigration concerns.

YOUTH EDUCATION INITIATIVES

Prevention, especially among young people, is critical in the effort to end the cycle of violence. In 2004, the Department of Youth and Community Development (“DYCD”) allocated over \$4 million in contracts for violence prevention and intervention services, including six programs that involve the whole family in violence prevention.

Domestic Violence Prevention and High-Risk Youth

In October 2004, OCDV and DYCD were awarded a federal grant to prevent relationship abuse in one of the City’s most vulnerable populations – runaway homeless youth, particularly lesbian/gay/bisexual/transgender youth, immigrants, youth sexually exploited through prostitution, and teenage mothers with children. Through focus groups, one-on-one interviews, and surveys, project staff collected baseline data to assess the extent of the problem citywide. The data informed the adaptation of a curriculum to teach youth about the dynamics of relationship abuse and healthy relationships. Peer Leaders received training on this curriculum and began conducting workshops on healthy relationships for at-risk youth in runaway homeless youth programs, schools, and community centers. Since the project began, 1,384 youth have been reached. Staff at runaway homeless youth and domestic violence programs also received training on a new staff curriculum to better assist their young clients. Both the youth and staff curricula will be available to the public. Public education materials targeting these youth were also created and distributed. Due to the success of the program, additional funding was granted from the U.S. Department of Health and Human Services to extend the program until 2008.

Youth Education Campaign

This grassroots public education campaign encourages adolescents involved in dating violence relationships to call the City’s hotlines and service providers. Materials developed by OCDV were distributed to all 400 public middle and high schools, hospitals, and after-school programs. To date, DYCD and the Department of Education have distributed 115,000 brochures, palm-sized information cards, and posters in 10 languages to adolescents throughout the New York City school system.

ELDER ABUSE INITIATIVES

Intervention and Prevention

In order to address domestic violence among the elderly, the Department for the Aging in 2002 contracted for the first time with community based organizations to provide elder abuse prevention and intervention services at community centers throughout the five boroughs. The programs provide supportive counseling, training in financial protection, legal referrals and violence prevention.

Training for Law Enforcement

The Department for the Aging, OCDV and two community based organizations developed a training curriculum for police, judges, and prosecutors in the identification, investigation and prosecution of elder abuse crimes, including financial abuse. The curriculum can be downloaded at www.nyc.gov/html/dfta/html/caregiver/victims.shtml.

CITY LEGISLATION

Mayor Bloomberg has signed key legislation in order to increase the safety of victims:

June 6, 2005, Local Law 61 – Established a domestic violence fatality review committee. Headed by OCDV, this committee includes City agency representatives, advocates and survivors who will review and analyze aggregate domestic violence fatality information to detect patterns and demographic changes and make recommendations to improve victim services with the goal of reducing the number of domestic violence homicides.

December 22, 2003, Local Law 75 – Amended the City’s Human Rights Law by requiring that all employers provide reasonable accommodation to victims of domestic violence, sexual offenses and stalking. This augmented the current law (Local Law 1 of 2001) which made it unlawful for an employer to fire, refuse to hire, or discriminate against victims of domestic violence.

December 19, 2002, Local Law 43 – Added a new section to the Administrative Code which ensures that domestic violence victims who apply for emergency shelter or related services are not denied those services based on the lack of documentation of the incidence of domestic violence.

December 19, 2002, Local Law 44 – Amended the Administrative Code to expand the existing restrictions on the issuance of a permit to purchase and possess a rifle or a shotgun to anyone who has been convicted of a misdemeanor crime of domestic violence, a misdemeanor crime of assault within the last ten years, any combination of three misdemeanors, and to anyone who is subject to certain orders of protection issued for family offenses.

DOMESTIC VIOLENCE AND THE WORKPLACE

Domestic violence causes the U.S. to lose \$1.8 billion in work productivity annually. Businesses are required to provide reasonable accommodation to victims of domestic violence, sexual offenses and stalking, and are prohibited from firing, refusing to hire, or discriminating against victims. Building upon previous efforts, OCDV partnered with the Department of Small Business Services (“SBS”) to provide training and outreach materials on the legal obligations of businesses with regards to domestic violence victims. OCDV and SBS are working together to raise awareness of the law and to better inform businesses on how to set up workplace policies to assist employees who might be victims.

OUTREACH EFFORTS

Community outreach is a cornerstone in the effort to reduce violent crime in the home. Although domestic violence occurs across all demographics – race, ethnicity, sexual orientation, disability status, and religion – research in New York City indicates that foreign-born women are overrepresented as homicide victims when compared to the general population. OCDV has joined with leaders in local communities to increase attention to domestic violence through community outreach and through ethnic and mainstream media channels in order to reach foreign-born women.

Grassroots Education Expanded

The Mayor’s Office to Combat Domestic Violence partnered with local domestic violence service providers to design and distribute educational materials in 19 languages. The resulting public education campaign provides useful information on domestic violence and sexual assault to immigrants and others in brochures, palm-sized information cards and posters. These materials have been distributed to schools, hospitals, houses of worship, public libraries, and government offices citywide.

Outreach Efforts Draw Media Attention to Domestic Violence

Community and media outreach is initiated in communities impacted by brutal incidents of domestic violence. Grassroots forums are held which bring business leaders together with police officers, community leaders, social workers, and government officials to state one clear message: language-specific help is available in the local community, and victims can receive assistance regardless of immigrant status consistent with the Mayor’s Executive Order 41.

In consideration of the City’s vast diversity, the City brings this message to the public through mainstream, local and ethnic press in various languages. In 2004 and 2005, Chinese, Korean, and Spanish Public Services Announcements (“PSAs”) were aired on local radio and TV stations. PSAs produced in Spanish by Channel 41 and in English by Lifetime Television also aired.

In May 2006, OCDV launched a citywide public awareness campaign to encourage New Yorkers to seek assistance if they or someone they know is a victim of domestic violence. The nearly half a million dollar print advertising campaign ran for three months citywide. Developed *pro bono* by the advertising firm McCann Erickson, the campaign was featured in subways, bus and telephone kiosks, and in magazines and newspapers. It resulted in an almost 70% increase in calls to the domestic violence hotline. The campaign was unveiled in conjunction with *Until The Violence Stops: NYC*, a two week festival of artistic performances and community events designed to bring the issue of violence against women and girls to the forefront in New York City.

Comprehensive Information on Domestic Violence Services

OCDV's website, www.nyc.gov/domesticviolence serves as a clearinghouse of information citywide by providing practical information about domestic violence services in New York City. This resource highlights special issues faced by vulnerable victim populations such as teenagers, the disabled, the elderly and same-sex couples. The website also offers the community an opportunity to contact the office's Commissioner through an online email system. Additional content includes current news stories, links to local and national programs and statistics, and office publications. A published directory of 240 programs, *City of New York Resource Directory of Domestic Violence Services*, is available on the website.

New York City Police Department

The NYPD responds to over 600 domestic violence calls for service each day and effects 81 family-related arrests on average per day. During the year 2004, there were 234,605 Domestic Incident Reports taken, and NYPD Officers and Detectives effected over 29,500 family-related arrests. In addition to its regular crime fighting efforts, some of NYPD's additional initiatives include the following:

Domestic Violence Unit

The NYPD has a Domestic Violence Unit, which coordinates the Department's overall domestic violence strategy. The Domestic Violence Unit works with all affected NYPD commands including the Deputy Commissioner of Training, the Chief of Patrol, the Chief of Detectives and the Chief of Housing on all operations involving domestic violence including training. There are over 400 Domestic Violence Prevention Officers and Domestic Violence Investigators in the City's 76 police precincts and 9 Housing Police Service Areas. In 2004, the Domestic Violence Unit continued to train Domestic Violence Officers and Investigators, Training Sergeants, newly-promoted Sergeants, Lieutenants and Captains, newly-assigned recruits to the Housing Bureau and members of the public and private organizations.

The NYPD Domestic Violence Unit continually analyzes reports of domestic violence crimes and data to identify any possible trends and the need for improvement of services in response to these crimes. Domestic violence crimes are analyzed every week at Compstat meetings. The Domestic Violence Unit conducts Domstat every month. In the Domstat meetings, a full analysis of police response to domestic violence crime is conducted in particular Patrol Boroughs. Specific cases are discussed, any need for improvement in response is identified and possible training issues are highlighted.

New York City Police Department Precincts and Police Service Areas (PSA's)

The Department has committed specialized Domestic Violence Prevention Officers and Investigators in all precincts and PSA's throughout the City to improve domestic violence-related investigations, increase apprehensions, and enhance support services for victims. These precincts integrate the work of domestic violence, crime prevention, community policing, and youth officers to promote seamless service delivery and increased safety of victims. The Special Operations Lieutenant in each precinct and a Captain in each Patrol Borough Command provide oversight.

Home Visits

Domestic Violence Officers follow-up with victims of Domestic Violence and provide victims with information on safety planning and referrals to Victim Advocate Groups. In addition Precinct and PSA DVPO's are very proactive in conducting home visits to victims of domestic violence to ensure their safety. In 2004, DVPO's conducted 61,050 Home Visits, and in the Year 2005, they conducted 76,360 Home Visits.

New York City Police Department Intervention Programs

The Department has many initiatives aimed at prevention, intervention, and outreach, including a High Propensity Offender Tracking List, which targets residences with a history of domestic violence, and the Domestic Violence Contact Program, where Domestic Violence Prevention Officers visit residences where domestic violence incidents have been reported.

Domestic Violence Police Programs

The mission of the Domestic Violence Police Program (“DVPP”) is to provide support services and information about the criminal justice system to victims of domestic violence, foster collaborative relationships with community-based agencies, and assist in developing law enforcement strategies to reduce domestic violence.

The DVPP operates in 14 precincts throughout New York City. The program pairs a social services case manager with police officers to provide support and law enforcement interventions to families reporting domestic violence. Clients are identified through police reports, and the teams offer help through letters, calls and follow-up investigations in the home. Case managers are based at local precincts to aid officers in making contact with victims and providing follow-up services. The program is funded by City tax levy money through the Criminal Justice Coordinator’s Office, the Office on Violence Against Women (“OVAW”) (43rd Precinct) and NYCHA (101st Precinct). Safe Horizon provides counselors in 13 precincts, and the Jewish Board of Family and Children’s Services provides the counselor in one precinct.

Collaboration with District Attorneys’ Offices and other City Agencies

The Domestic Violence Unit and Precincts and Public Housing Police Service Areas (“PSA’s”) continue to have successful collaboration with all of the City’s District Attorneys’ Offices. Meetings are conducted regularly to identify and address domestic violence issues.

The Domestic Violence Unit also meets regularly with the Department of Probation, ACS, the Mayor’s Office to Combat Domestic Violence, the Integrated Domestic Violence Courts, Family and Criminal Courts and NYS Division of Parole.

The Police Department recently assigned an NYPD Lieutenant as a full-time Liaison with the Administration for Children’s Services (“ACS”). Her Office is at ACS.

The following highlights the various Task Forces and Committees the NYPD Domestic Violence Unit participates in:

- City Agency Task Force to Combat Domestic Violence
- Criminal Justice Committee & Task Force Against Domestic Violence
- Statewide Integrated DV Court Advisory Board

- NYS Unified Court System, Family Court Advisory Council
- Brooklyn DA's Domestic Violence Task Force
- Stalking Task Force & Committee
- NYS Supreme Court DV Partners Committee
- New York County DA Task Force on Elder Abuse
- Project Eden Advisory Council
- Gay, Lesbian, Transgender Conference as Panel Member
- Elder Abuse & Criminal Justice System Conference as Panel Member

Language Line

The NYPD enhanced the Department's ability to communicate to non-English speaking persons. The Language Line translation service is now available to all officers on patrol. Patrol supervisors are equipped with cell phones programmed to reach Language Line. In addition, dual handset phones have been installed in all precincts and PSA's so that the Language Line can be accessed while interviewing victims.

For further description of this Program, see Mayor's Office to Combat Domestic Violence, page 75.

Safe Horizon (a representative City contracted agency)

Domestic Violence Hotline

The array of domestic violence services offered in the City can be accessed through Safe Horizon's Domestic Violence Hotline. In 1994, the City contracted with Safe Horizon to operate the City's Domestic Violence Hotline, previously operated by the Human Resources Administration. This dedicated, 24-hour seven days a week, toll-free domestic violence hotline is the first of its kind in the nation. The hotline number is 1-800-621-HOPE (or 1-800-621-4673, TTY: 1-800-810-7444). The hotline was created in response to the needs of the City's domestic violence victims seeking immediate assistance, who were once forced to navigate through a variety of fragmented, uncoordinated systems in order to obtain services. The hotline's personnel speak Spanish, French and Creole; they also use the TeleInterpreters language line, which provides interpreters in more than 150 languages and dialects. In calendar year 2005, the hotline answered 124,515 calls, averaging more than 10,000 calls each month.

Hotline advocates assess safety with the client, explore the caller's needs, offer referrals, and if needed, reach out to the referral agency to directly connect the caller to that agency. In situations where the caller is requesting/needs shelter, a shelter assessment and intake is done by a Shelter Intake Specialist who connects the caller directly to a shelter that has the appropriate available space. It is the Shelter Program that makes the final determination as to whether to accept the client into shelter. If needed, the hotline will also provide transportation to the shelter.

Project Safe

Project Safe offers free lock repair and replacement services to prevent re-victimization for approximately 1,500 domestic violence victims annually. Project Safe services can be accessed through the City's Domestic Violence Hotline.

Domestic Violence Shelters

Safe Horizon manages domestic violence residences with more than 425 beds available throughout the five boroughs. It operates both emergency shelters for crisis situations and transitional housing where women move after several months in emergency shelters. The emergency shelters offer comprehensive services including counseling, housing assistance, life skills and parenting courses, childcare, and medical aid. Job readiness programs include computer training, high school equivalency classes, English as a second language, and workshops covering such topics as resume development, interviewing, and conflict resolution.

Court Programs

Safe Horizon offers a wide range of court-based services to domestic violence victims and their children in the City's five boroughs. Services available in the Safe Horizon

Family Court Programs include crisis intervention, counseling, court and law enforcement advocacy, assistance in preparing a family offense petition, explanation of the court process when filing for an order of protection, practical assistance, linkages to domestic violence shelter, assistance with housing applications and referrals for long-term counseling and legal services.

Family Court Reception Centers provide a safe, supportive space for victims who wish to avoid the party while waiting for their Family Court proceedings as well as for advocates and attorneys meet with their clients in a safe setting. Free, supportive, educational childcare to the children of any adults who must appear in family court is also available. Referrals for childcare programs, Head Start, and child health and nutrition programs and other entitlements are provided. Safe Horizon also operates a Supervised Visitation Program in Bronx, Brooklyn, Manhattan and Queens. Parties are referred to the program by Family Court judges.

Safe Horizon case managers are also assigned to work in the Integrated Domestic Violence Courts. Safe Horizon case managers advocate on behalf of victims and can also explain the legal process in such a way as to relieve some of the anxiety about going to court. Safe Horizon attorneys provide legal representation to victims of domestic violence in these courts.

Safe Horizon has programs located in the criminal courts in the Bronx, Brooklyn, Queens and Staten Island. Staff advocates on behalf of victims for court-based restitution and assist victims with completing crime victim board applications. Criminal Court Reception Centers provide a safe space for victims to wait for their cases to be called.

Safe Horizon also staffs the Brooklyn Family Justice Center offering crisis intervention, safety planning, counseling, court and law enforcement advocacy, assistance filing crime victims' board applications and linkages with other partners.

Community Programs

Safe Horizon has five Community Programs, located in each of the City's five boroughs. Community Program staff offer comprehensive services to victims of crime and abuse, including domestic violence, sexual assault, stalking and families of homicide victims. Community Program staff also reach out to next of kin of each homicide victim in the City and offer support and assistance.

Legal Services

The Domestic Violence Law Project ("DVLP") provides legal information, advocacy and representation to low-income and indigent victims of domestic violence. These proceedings include order of protection, custody, support, and divorce cases. DVLP staff also conducts educational training seminars.

The Immigration Law Project (“ILP”) provides free and low-cost services to victims of crime, torture and abuse in immigration proceedings. ILP staff also conducts educational training seminars.

Domestic Violence Police Program

The Domestic Violence Police Program (“DVPP”) was created as a partnership between Safe Horizon, the NYPD, and NYCHA to respond to domestic violence incidents and to prevent future incidents from occurring. DVPP operates in eleven police precincts and ten police service areas throughout the city. DVPP case managers are paired with domestic violence police officers to provide social service and law enforcement intervention to families reporting domestic violence. Identifying clients through police reports or through clients walking into the precinct, the teams respond with an outreach letter describing the services offered by the unit and by the case manager, a telephone call to assess the situation and to offer help, and a visit to the client’s home. Training is also a component of this program.

Emergency Transfer Program

The Emergency Transfer Program (“ETP”) is a joint effort of the New York City Housing Authority (“NYCHA”) and Safe Horizon. See New York City Housing Authority page 71, for a comprehensive discussion of this program.

Domestic Violence Accountability Program

The Domestic Violence Accountability Program (“DVAP”) Classes for Men is a court-mandated education program for men who batter. DVAP offers a curriculum of information about men’s violence against women in our society and how to end it, including information about the historical, social, and cultural aspects of domestic abuse with emphasis on accountability and personal choice.

Appendix C: Additional Data on 2004 Homicides

The following tables compare the total number of family-related homicides the New York City Police Department reported in 2004 and the 2004 family-related homicide cases that the Domestic Violence Fatality Review Committee reviewed.⁴²

Table 1A: Total Number of Homicides (By Victim/Perpetrator)

Measure	Reported Family-Homicides (2004)	Cases Reviewed by Committee (2004)⁴³
Number of Family-Related Homicides Incidents	67	58
Number of Victims	67	60
Number of Perpetrators	65	59

Table 2A: Sex of Victim

Sex	Reported Family-Related Homicide Victims (2004)	Percentage of Reported Family-Related Homicides (2004)	Number of Family-Related Homicide Victims - Cases Reviewed by Committee (2004)	Percentage of Family-Related Homicides – Cases Reviewed by Committee (2004)
Female	42	63%	39	65%
Male	25	37%	21	35%

Table 3A: Race of Victim

Race	Reported Family-Related Homicide Victims (2004)	Percentage of Reported Family-Related Homicides (2004)	Number of Family-Related Homicide Victims - Cases Reviewed by Committee (2004)	Percentage of Family-Related Homicides – Cases Reviewed by Committee (2004)
Black	32	48%	30	50%
Hispanic	20	30%	18	30%
White	9	13%	7	12%
Asian	2	3%	2	3%
Indian	3	4%	3	0%
Unkn./Oth.	1	1%	0	5%

Table 4A: Age of Victim

Age	Reported Family-Related Homicide Victims (2004)	Percentage of Reported Family-Related Homicides (2004)	Number of Family-Related Homicide Victims - Cases Reviewed by Committee (2004)	Percentage of Family-Related Homicides – Cases Reviewed by Committee (2004)
<1	7	10%	3	5%
1-10	5	7%	4	7%
11 to 17	1	1%	1	2%
18-24	8	12%	8	13%
25-45	31	46%	31	52%
46-59	8	12%	7	12%
60+	7	10%	6	10%

Table 5A: Relationship Between Perpetrator/Victim

Perp./Victim Relationship	Reported Family-Related Homicide Victims (2004)	Percentage of Reported Family-Related Homicides (2004)	Number of Family-Related Homicide Victims - Cases Reviewed by Committee (2004)	Percentage of Family-Related Homicides – Cases Reviewed by Committee (2004)
Spouse/Live In/Common Law	34	51%	32	53%
Parent	15	22%	8	13%
Other Family Member	5	7%	7	12%
Child in Common	7	12%	7	12%
Child	5	7%	5	8%
Same Sex	1	1%	1	2%

Table 6A: Borough of Family-Related Homicide

Weapon/Method	Reported Family-Related Homicide Victims (2004)	Percentage of Reported Family-Related Homicides (2004)	Number of Family-Related Homicide Victims - Cases Reviewed by Committee (2004)	Percentage of Family-Related Homicides – Cases Reviewed by Committee (2004)
Brooklyn	24	36%	22	37%
Bronx	18	27%	18	30%
Queens	13	19%	10	17%
Manhattan	10	15%	9	15%
Staten Island	2	3%	1	2%

Table 7A: 2002-2005 Family-Related Homicides by Age Groupings and Population

Age	Reported Family-Related Homicide Victims	Percentage of Reported Family-Related Homicides	Percentage of Population Age Group Constitutes
0-9	60	21%	14%
10-19	9	3%	13%
20-29	67	24%	16%
30-39	55	19%	17%
40-49	44	15%	14%
50-59	23	8%	11%
60+	27	9%	16%

**Appendix D: 2004 Family-Related Homicides – Agency
Specific Statistics**

Administration for Children's Services

Measure	Overview
Number of Victims with Contact	27
Number of Perpetrators with Contact	20
Time Frame of Contact	In the majority of cases (22 out of 27), the contact was more than five years prior to the fatality. In just 20% of the cases (5 out of 27), the victim had contact with Children's Services within five years of the homicide.
Overview of Contact	While many of the 2004 family-related homicide victims and perpetrators were known to ACS, the concerns that brought the family to the attention of ACS staff rarely included domestic violence. The most common allegations were substance abuse related; others included injuries to children, inadequate guardianship, and neglect. In just 3 of the 58 cases (5%), ACS had received a report of suspected child abuse or neglect in which domestic violence was specifically mentioned.

Department of Homeless Services

Measure	Overview
Number of Victims with Contact	11
Number of Perpetrators with Contact	7
Time Frame of Contact	<p>In relation to contact with victims of 2004 family-related homicides, DHS had contact with the victim within six months of the homicide in 36% (4 out of 11) of the cases. Fifty-four percent (6 out of 11) of the contacts with victims occurred two or more years prior to the homicide. Contact in one case was between 6-months and 2 years prior to the homicide.</p> <p>In relation to contact with the perpetrators of 2004 family-related homicides, DHS had contact within six months of the homicide with 57% (4 out of 7) of the perpetrators with which they had contact. Forty-three percent (43%, 3 out of 7) of the contact with perpetrators occurred two or more years prior to the homicide.</p>

Human Resources Administration

Measure	Overview
Number of Victims with Contact	29
Number of Perpetrators with Contact	Unknown
Time Frame of Contact	Of the 29 victims who were recipients of HRA benefits, 20 (69%) had open cases on the date of their death.
Overview of Contact	<p>Of the 29 victims who were recipients of HRA benefits, 19 (66%) had full public assistance cases (cash assistance, food stamps and Medicaid), 7 (24%) were receiving Medicaid only, 2 (7%) were receiving food stamps and Medicaid and 1 (3%) was receiving only food stamp benefits.</p> <p>Only 1 (3%) of the 29 victims receiving HRA benefits was known to the HRA Office of Domestic Violence Services as a domestic violence victim.</p>

New York City Housing Authority

Measure	Overview
Number of Victims with Contact	NYCHA had contact with 8 of the victims of family-related homicides.
Number of Perpetrators with Contact	NYCHA had contact with 7 of the perpetrators of family-related homicides.
Time Frame of Contact	Eight (8) of the victims were NYCHA residents at the time of homicide. Six (6) of the perpetrators were NYCHA residents at the time of the homicide. One (1) of the perpetrators was a NYCHA resident 3 years prior to the homicide.
Location of Homicide	Of the homicides that occurred in NYCHA residences, six (6) occurred in Brooklyn, one (1) occurred in the Bronx and one (1) occurred in Manhattan.

New York City Police Department

Measure	Overview
Number of Cases with Contact with NYPD	22
Number of Perpetrators with Prior Criminal History	21 On average each perpetrator had 4.6 prior arrests. The number of prior arrests per perpetrator ranged from one prior arrest for 3 of the cases to 14 arrests in one case.
Time Frame of Contact	In 14 of the homicides, there was a prior Domestic Violence Incident Report (DIR). In those cases the last police contact occurred within six months or less of the homicide in 43% (6 cases). In five cases (36%), the last police contact occurred more than a year prior to the homicide.

Safe Horizon (a representative contract agency)

Measure	Overview
Number of Victims with Contact	7 ⁴⁴
Number of Perpetrators with Contact	0
Time Frame of Contact	Safe Horizon had contact with 7 victims. Safe Horizon had contact with the victim within two months of the homicide in 28% (2 out of 7) of the cases. In one other case, Safe Horizon had contact with the victim within 1 year of the homicide. In the remaining 57% (4 out of 7) of the cases, Safe Horizon had contact with the victim more than 1 year prior to the homicide.
Overview of Contact	In 42% (3 out of 7) of the cases, Safe Horizon had contact with the victim through the Safe Horizon Domestic Violence Police Precinct Program. In another three (3) cases, the victim contacted Safe Horizon through the Safe Horizon operated domestic violence hotline. It may be possible that some of the victims contacted the hotline anonymously. In one (1) other case in which Safe Horizon had contact with the victim, the victim had contact with Safe Horizon through its Criminal Court Program.

¹ The Department of Health and Mental Hygiene defined intimate partner homicides as cases in which the perpetrator was either the current or former husband or romantic partner. A partner can be the same or opposite sex, and includes boyfriends, girlfriends and common-law marriages.

² Local Law Number 61 for the year 2005, Section 2.

³ Local Law Number 61 for the year 2005, Section 2.

⁴ Ibid.

⁵ The Family Court Act defines family or household member more narrowly. Specifically, the Act does not include persons who are (1) not legally married, but are currently living together in a family-type relationship and (2) not legally married, but formerly lived together in a family-type relationship. These two categories are included in what is commonly referred to as the New York City Police Department expanded definition.

⁶ Local Law Number 61 for the year 2005, Section 5.

⁷ The number of homicides and homicides designated as family-related violence was obtained from the New York City Police Department. In compiling annual figures for family-related homicides, the NYPD counts the actual family-related homicides that occurred during that year and any other homicides that have been reclassified as family-related homicides from previous years. The NYPD has to reclassify homicides as family-related because on occasion it is not immediately known to the NYPD that the perpetrator was a person that falls within the definition of family-related. Since the FRC was looking at the coordination of services, the FRC wanted to ensure that the same services were available to all victims. Therefore, the FRC chose to review data on homicides that actually occurred during calendar year 2004. *See*, footnote 41 and Appendix C for a further description of the cases included in the FRC analysis.

⁸ Local Law Number 61 for the year 2005, Section 5.

⁹ ACS could only provide aggregate data regarding contact and therefore had to be excluded from the multiple agency contact analysis.

¹⁰ Number of homicides and homicides designated as domestic violence was obtained from the New York City Police Department. The general homicide numbers were received from the NYPD and are preliminary Compstat numbers.

¹¹ Adult is defined as a victim aged 18 or above.

¹² The New York City Police Department utilized the United States Justice Department's (DoJ) 10 year age grouping when reporting age. If the data was presented in the NYPD/DoJ groupings the findings would be similar to those presented in this report. The DoJ groupings indicate that the age group of 20-29 is disproportionately victims of family-related homicides. The 2002-2005 family-related homicides are presented by the NYPD/DoJ age grouping in appendix C, Table 7A.

¹³ The population figures for the age groupings were obtained from the United States Census Bureau, 2000 Census, American Factfinder, United States Census Bureau website accessed November 28, 2006.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ The New York City Police Department classifies race by the categories: White, Black, Hispanic, Asian and Other.

¹⁷ 2000 Census SF1, Population Division, New York City Department of City Planning (October 2004).

¹⁸ Ibid.

¹⁹ Kaplan, Judith B., MS, Bennett, T., DrPH, Use of Race and Ethnicity in Biomedical Publication, JAMA, (2003) 289: 2709-2716.

²⁰ Ibid.

²¹ Campbell, Jacquelyn, PhD, et al., *Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study*, American Journal of Public Health, Vol. 93(7), July 2003. The study included the review of intimate partner femicides in 11 cities between 1994 and 2000. The age of the victims was between 18 and 50 and information was gathered by interviewing individuals who knew the homicide victim well. The study also used a control group of women residing in the same communities as the homicide victims which enabled the researchers to formulate risk ratios. The study used a Danger Assessment tool to gather the appropriate information.

²² The population figures for the age groupings were obtained from the United States Census Bureau, 2000 Census, American Factfinder, United States Census Bureau website accessed November 28, 2006.

²³ Ibid.

²⁴ The population figures for the per population rate calculation were obtained from the United States Census Bureau, People Quick Facts, 2005 population estimate for Bronx, Kings, New York, Queens and Richmond Counties. United States Census Bureau website accessed October 17, 2006.

²⁵ Ibid.

²⁶ There are eight patrol boroughs: Patrol Borough Manhattan South (1st Pct., 5th Pct., 6th Pct., 7th Pct., 9th Pct., 10th Pct., 13th Pct., 17th Pct., Midtown South Pct. and Midtown North Pct.); Patrol Borough Manhattan North (19th Pct., 20th Pct., 23rd Pct., 24th Pct., 25th Pct., 26th Pct., 28th Pct., 30th Pct., 32nd Pct., 33rd Pct., 34th Pct. and Central Park Pct.); Patrol Borough Bronx (40th Pct., 41st Pct., 42nd Pct., 43rd Pct., 44th Pct., 45th Pct., 46th Pct., 47th Pct., 48th Pct., 49th Pct., 50th Pct. and 52nd Pct.); Patrol Borough Brooklyn South (60th Pct., 61st Pct., 62nd Pct., 63rd Pct., 66th Pct., 67th Pct., 68th Pct., 69th Pct., 70th Pct., 71st Pct., 72nd Pct., 76th Pct. and 78th Pct.); Patrol Borough Brooklyn North (73rd Pct., 75th Pct., 77th Pct., 79th Pct., 81st Pct., 83rd Pct., 84th Pct., 88th Pct., 90th Pct. and 94th Pct.); Patrol Borough Queens South (100th Pct., 101st Pct., 102nd Pct., 103rd Pct., 105th Pct., 106th Pct., 107th Pct. and 113th Pct.); Patrol Borough Queens North (104th Pct., 108th Pct., 109th Pct., 110th Pct., 111th Pct., 112th Pct., 114th Pct. and 115th Pct.) and Patrol Borough Staten Island (120th Pct., 122nd Pct. and 123rd Pct.).

²⁷ NYCHA was excluded from the determination of the time-frame between agency contact and/or representative contract agency and the victim because all of NYCHA's contact was with family-related homicide victims who resided in NYCHA housing at the time of the homicide. ACS could not be included because it did not provide information regarding contact that occurred within one year of the homicide.

²⁸ The New York City Police Department advises that there are not a large number of elderly who are victims of family-related homicide and that there has not been an increase in the number of family-related homicides involving the elderly in recent years.

²⁹ The Department of Health and Mental Hygiene considers individuals born in Puerto Rico as being born in the United States for the purpose of calculating the percentage of foreign born.

³⁰ New York City Police Department, 2005 Monthly DIRS for Precincts by Report Date.

³¹ Campbell, *Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study*, 7.

³² The *Risk Factors* study used a Danger Assessment instrument that included 15 questions. Unless otherwise stated, the relevant time frame for the questions was the year previous to the fatal event. The questions included: (1) has the physical violence increased in frequency over the past year?; (2) Has the physical violence increased in severity over the past year and/or threat from a weapon ever been used?; (3) Does he ever try to choke you?; (4) Is there a gun in the house?; (5) Has he ever forced you to have sex when you did not wish to do so?; (6) Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs or mixtures; (7) Does he threatened to kill you and/or do you believe he is capable of killing you?; (8) Is he drunk every day or almost every day? (In terms of quantity of alcohol); (9) Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car?; (10) Have you ever been beaten by him while you were pregnant?; (11) Is he violently and constantly jealous of you? (For instance, does he say, "If I can't have you, no one can."); (12) Have you ever threatened or tried to commit suicide; (13) Has he ever threatened or tried to commit suicide; (14) Is he violent toward your children; and (15) Is he violent outside the home?

³³ Specifically, the threat assessment tool used in the study states: "Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures. In relation to alcohol, the threat assessment tool states, "Is he drunk every day or almost every day? (In terms of quantity of alcohol).

³⁴ *Assessing Risk Factors for Intimate Partner Homicide*, National Institute of Justice Journal, Issue No. 250, November 2003. Researchers found that the perpetrator's drug abuse significantly increased the risk of intimate partner femicide only before the effects of previous threats and abuse were factored in. Drug abuse, therefore, was associated with patterns of intimate partner abuse that increase femicide risks.

³⁵ Ibid. Prior arrest for domestic violence was found to decrease risk of femicide after controlling for other risk factors. The authors speculated that coordinated community response, including adequate and swift adjudication, close supervision of parole outcomes through periodic court reviews or specialized programs, ongoing risk management for arrested perpetrators and ongoing safety planning for victims, and closer supervision involving sanctions for batterers who drop out of mandatory intervention programs, are protective against intimate partner femicide.

³⁶ Ibid.

³⁷ The Brooklyn District Attorney's Office has already provided the Committee with relevant data on a limited number of family-related homicides that occurred in 2004. Due to the limited number of cases for which information was provided that information was not included in this report. It is anticipated that this data will be included in the Committee's next report.

³⁸ New York City Department of Health, Community Health Profiles. The data comes from the Department of Health and Mental Hygiene Community Health Survey, an annual, random-digit-dial telephone survey of approximately 10,000 adults conducted each year in New York City. In regards to domestic violence, the survey asks the following question: "in the past 12 months, have you sustained injuries such as bruises, cuts, a black eye, or broken bones as a result of behavior of an intimate partner?" In response to this question, four percent of the respondents in Bedford-Stuyvesant-Crown Heights and three percent of the respondents in Williamsburg- Bushwick answered yes. The DOHMH considers the estimates related to domestic violence generated from this survey to be unreliable due to small sample size.

³⁹ The Mayor's Office to Combat Domestic Violence and the Department of Health and Mental Hygiene would need to secure funding for this program prior to implementation.

⁴⁰ For a discussion of the Clinical Consultation Program see page 42.

⁴¹ The interview between the victim and the police usually occurs at the police precinct. However, it can be completed at a different location if the victim is not comfortable meeting at the precinct.

⁴² The number of homicides and homicides designated as family-related violence was obtained from the New York City Police Department. In compiling annual figures for family-related homicides, the NYPD counts the actual family-related homicides that occurred during that year and any other homicides that have been reclassified as family-related homicides from previous years. The NYPD has to reclassify homicides as family-related because on occasion it is not immediately known to the NYPD that the perpetrator was a person that falls within the definition of family-related. Since the FRC was looking at the coordination of services, the FRC wanted to ensure that the same services were available to all victims. Therefore, the FRC chose to review data on homicides that actually occurred during calendar year 2004.

⁴³ Often, it is not immediately known to the NYPD who committed a homicide. Only after diligent police investigation is it determined that a family member, as defined by the NYPD, actually committed the homicide. When this determination is made, NYPD reclassifies the homicide as being "family-related" and for the purpose of tabulating family-related homicides the cases are counted in the year that it is reclassified. This avoids any confusion that may occur if the NYPD constantly adjusted the family-related homicide statistics. For the purpose of this review, the FRC decided only to consider homicides that actually occurred in calendar year 2004. Therefore, while official NYPD statistics indicate that 67 family-related homicides occurred in 2004, the Committee only considered the 58 cases that actually occurred during that year.

⁴⁴ Safe Horizon had contact with seven of the 2004 homicide victims. However, in one other case, Safe Horizon reached out to the victim through letters and phone calls. However, the victim never responded to Safe Horizon's attempts. The last outreach letter and phone call was made 14 months prior to the homicide.

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Domestic Violence
Fatality Review
Committee
2006**



City of New York

Michael R. Bloomberg, Mayor

Yolanda B. Jimenez, Commissioner
Mayor's Office to Combat Domestic Violence