



DVHRT

— 2024 STATEWIDE REPORT —



TEXAS COUNCIL ON FAMILY VIOLENCE

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

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Special Thanks:

Office of the Attorney General

Office of the Governor

Noah Project (Abilene, TX)

Bridge Over Troubled Waters (Pasadena, TX)

Cross Timbers Family Services (Stephenville, TX)

Family Support Services (Amarillo, TX)

The Family Place (Dallas, TX)

East Texas Crisis Center (Tyler, TX)

Travis County District Attorney (Austin, TX)

Preferred Citation: Texas Council on Family Violence. 2024 Domestic Violence High-Risk Teams Statewide Report.



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OVERVIEW

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

Each year, TCFV offers a statewide report on findings from Domestic Violence High-Risk Teams (DVHRTs) funded through TCFV thanks to support from the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor. The purpose of the report is to analyze data gathered from DVHRT teams—seven in 2024—and examine the relationship between the data and known lethality factors for domestic violence victims.

The overarching goal of this work is the prevention of intimate partner homicide (IPH) and to connect survivors to services and support to bolster safety. The work the DVHRTs take on is critical, with just over 700 victims referred in 2024. These referrals were in only seven Texas cities, ranging from rural communities to our most densely populated, indicating a serious lethality crisis in our state. These numbers are even more staggering considering 205 Texans were murdered by their intimate partners in 2023, according to TCFV's Honoring Texas Victims (HTV) report^[1]. IPH represents a staggering loss of life and often reveals systemic breakdowns in recognizing risk and preventing homicide. **DVHRTs are one effective method focused on preventing these fatalities by identifying survivors at high risk for future homicide and promoting system coordination.**

[1] Honoring Texas Victims Report (2023), Texas Council on Family Violence, <https://tcfv.org/wp-content/uploads/2023-DVHRT-Report.pdf>

ABOUT DOMESTIC VIOLENCE HIGH-RISK TEAMS (DVHRT)

DVHRTs offer enhanced and coordinated support to victims from law enforcement, family violence advocates, prosecutors, and other professionals. This trauma-informed, wrap-around approach is customized to meet the needs of each victim to enhance safety and promote offender accountability. The purpose of the DVHRT efforts undertaken by TCFV is to develop and provide statewide support for the implementation and maintenance of DVHRT teams in various locations statewide. Our goal in this work is to reduce the occurrences of intimate partner homicide and provide supportive services to victims. To support this, TCFV works with the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor, our statewide funders, to award small grants to local community sites across the state. Through these funds, the local DVHRTs aim to promote an effective coordinated community response to high-risk cases of domestic violence. These teams focus on victim safety by identifying victims of domestic violence who are at severe risk for further violence or lethality.

The project calls for collaboration between all partners involved in each stage of a high-risk domestic violence investigation, including advocacy, investigation, pretrial services, prosecution, and offender monitoring, focusing on survivor safety, privacy, and agency. As DVHRTs are designed to support survivor safety, TCFV places a strong emphasis on transparency of information with the survivor and asks each team to design their model on the knowledge that the survivor is the expert on their own safety and a partner in all aspects of information sharing and safety planning.

One component of this work is analyzing de-identified case data to allow TCFV and our partner sites to focus on the overall goal of preventing future violence and homicide. We do so and offer the data in this report each year, to support a deeper understanding of risk factors present in domestic violence cases associated with high lethality and to encourage existing DVHRTs to incorporate these findings into effective best practices and guiding principles. Note that throughout this report, we will use the terms “victim” and “survivor,” but honor that each person whose life intersects with a DVHRT is a unique and strong individual who has navigated their own safety for many years before ever seeking support.

METHODOLOGY

TCFV strives for transparency in reporting data, and as such, the findings contained in this report should be viewed considering a few key limitations. This data was gathered at the time of the case intake into the DVHRT for this report. The data collected reflects cases from September 1, 2023, to August 31, 2024. As such, it does not lend to longitudinal or outcome data as it does not track changes throughout the life of a case. In 2023, TCFV sought to change that and enhance data collection.

This involved a complete overhaul of the data collection instrument (Client Tracking Survey) being used, but also the addition of an aggregate tracking tool. The addition of the aggregate tracking tool was implemented as a method of tracking changes throughout the life of the case and to better understand outcomes related to offender accountability. The aggregate tracking tool collects the overall number of changes in prosecutorial efforts, offender recidivation, charges filed, protective orders obtained, services provided, and barriers to leaving for DVHRT cases being reported.

2024 was the first complete year to use the Aggregate Tracking Tool.

The tool also asks for the average number of hours spent supporting each client. It should also be noted that survivor agency and autonomy are a core tenet of DVHRT operation. As such, a survivor's participation with a DVHRT is strictly voluntary, and the case data that is gathered and reported on here is primarily obtained through survivor self-reporting. The project calls for collaboration between all partners involved in each stage of a high-risk domestic violence

Sites Reporting from 9/1/2023 to 8/31/2024:

- **Noah Project (Abilene, TX)**
- **Bridge Over Troubled Waters (Pasadena, TX)**
- **Cross Timbers Family Services (Stephenville, TX)**
- **Family Support Services (Amarillo, TX)**
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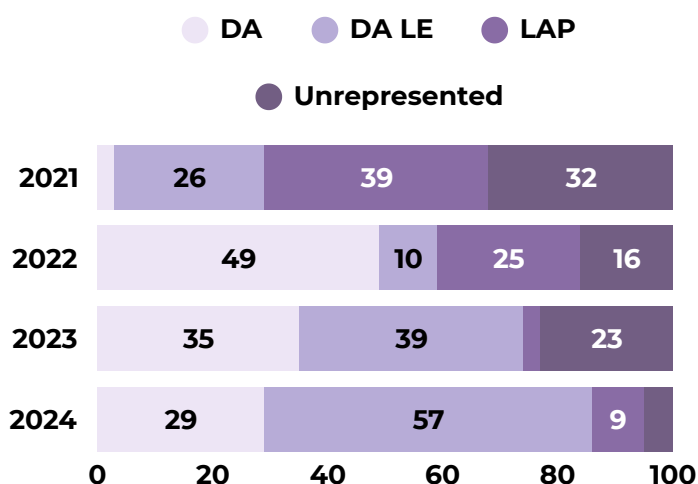
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FINDINGS & ANALYSIS

In 2024, 704 victims were referred to seven different DVHRT sites reporting to TCFV. This is a 20% increase in just one year, with 587 cases reported in 2023. This report contains an analysis of the data reported as well as questions for further research. The multi-year upward trend in cases, when considered in conjunction with the simultaneous increase in IPH, paints an alarming picture. Although the increased focus on prevention and identification of fatal and near-fatal intimate partner violence may account for the steady increase, it calls into question how many survivors across our state need urgent support. With only seven sites participating in the DVHRT grant program and its required reporting, this number is potentially staggering and indicates a need for enhanced emphasis on these cases and additional funding support for DVHRTs statewide.

RISK ASSESSMENTS



The use of a risk assessment tool when evaluating case dynamics remains at the core of DVHRT operations. Risk assessments are standardized, typically validated questionnaires that help ascertain lethality and allow teams to triage support and services. The tool allows for the assessment to occur on scene or as contemporaneous to the triggering incident as soon as possible. Depending on the tool, the survivor is asked questions either by an advocate or law enforcement on the scene. High lethality risk scores trigger DVHRT response. Sites

participating with TCFV can select the tool of their choosing. The risk assessment tools primarily being used by DVHRTs in 2023 are the Danger Assessment (DA), the Danger Assessment – Law Enforcement (DA-LE), and the Lethality Assessment Protocol (LAP).

The DA was developed by Dr. Jacquelyn Campbell to be used with the survivor in collaboration with a social worker, advocate, or health care provider.^[2] The DA includes a calendar activity as well as 20 items, 19 of which are predictive of intimate partner homicide.^[3] The DA-LE was developed by the Jeanne Geiger Crisis Center in collaboration with Dr. Campbell and Dr. Jill

The DA-LE was the primary risk assessment tool used in 2024.

Messing as a shortened form of the DA and has 11 risk questions that are asked by law enforcement at the scene of a domestic violence incident. The Lethality Assessment Program (LAP) was developed by the Maryland Network Against Domestic Violence (MNADV) in collaboration with Dr. Campbell. The LAP is also a short version of Campbell's Danger Assessment (DA) and is administered in the field by law enforcement.^[4]

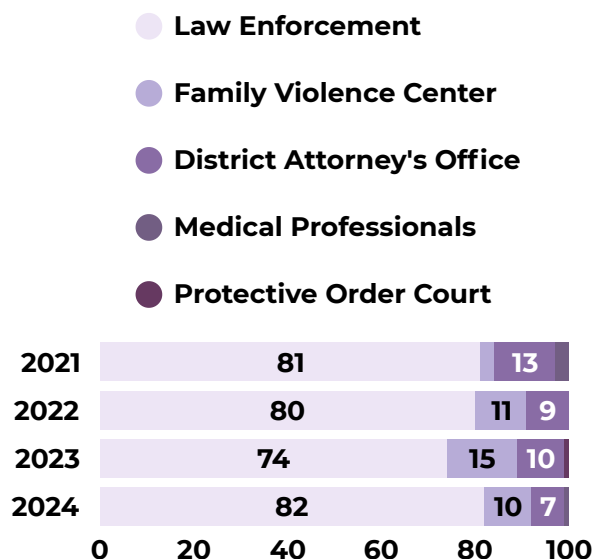
[2] Messing, J., & Campbell J., Dunne, K., & Dubus, S. (2020). Developing and testing of the danger assessment for law enforcement (DA-LE). National Association of Social Workers 143-156. doi: 10.1093/swr/svaa005

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

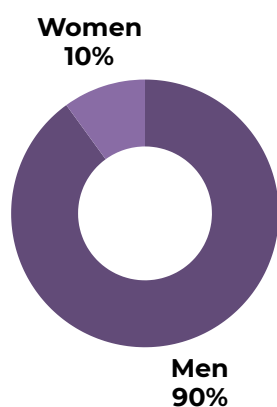
[4] Anderson, K., Bryan, H., Martinez, Al., & Huston, B.(2021). Examining the relationship between the lethality assessment/domestic violence high-risk team monitoring (LAP/DVHRT) program and prosecution outcomes. Journal of Interpersonal Violence, 1-24. doi: 10.1177/08862605211028325

ORIGINS OF DVHRT CASES

Law enforcement remains the primary origin of DVHRT cases with 82% of all referrals from this source, a significant increase from 74% in 2023 and 80% in 2022. The next largest contributor is Family Violence Centers, making up 10% of referrals, a slight decrease from 15% in 2023. Similarly to Family Violence Centers, the proportion of cases originating from the District Attorney's (DA's) office made up 7% of referrals in 2024, a slight decrease from the previous trends of 10% in 2023 and 2022. Changes in case origin composition are frequently due to the nature of the teams that make up the grant program cohort for the period being reported on. However, there were no teams that joined or left the grant program. With the cohort remaining the same, one would expect the makeup of case origins to remain the same or, at least, very similar to the prior year. One possible reason for the change in composition is that teams that primarily receive their reports from law enforcement submitted more referrals than those primarily receiving referrals from other sources.



GENDER IDENTITY



Last year, the gender identity options were changed in the tool. Options for those identifying as non-binary/gender fluid and transgender were added. This was the first full year in which the changes were implemented. Even so, male and female remained the primary options selected. **While last year there was a slight increase in reported female offenders, there was an increase (3%) in reported male offenders in this year's data (90%) and a decrease (3%) in female offenders (10%).** Overall, the gender dynamic of cases referred to DVHRT has remained consistent both with previous reporting periods and national statistics. The constancy highlights the ongoing need to engage men and boys in primary prevention efforts and for offender accountability to remain in focus.

AGE COMPARISONS FOR 2024

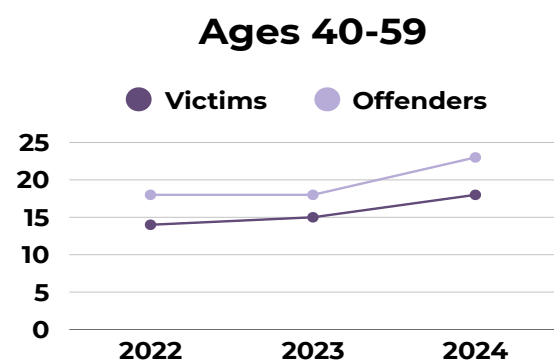
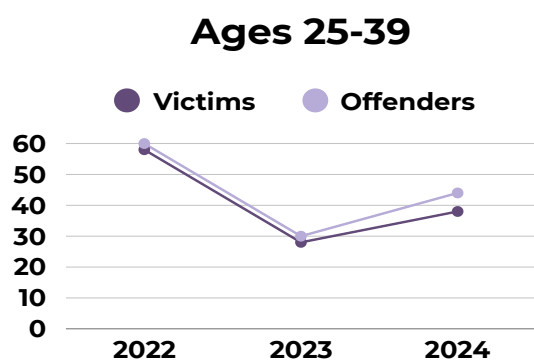
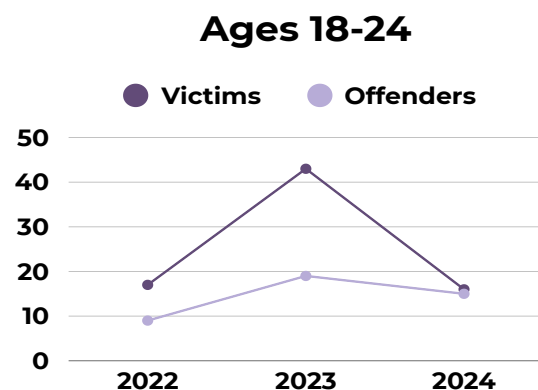
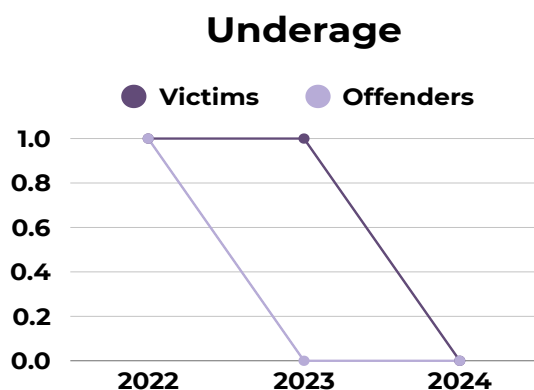
As of 2024, the 25-39 age group remains the largest percentage of reported victims at 38%. Following this group is the unreported category at 25% and the 40-59 age group at 18%. **Between 2023 and 2024, the 18-24 age group for reported victims had the largest decrease at 27%, whereas the largest increase was the unreported category with a 22% increase.** As for reported offenders, the 25-39 age group remains the largest percentage group at 44%. Following this group is the 40-59 age group at 18% and the 18-24 age group at 16%. The 25-39 age group also had the largest increase (14%) in 2024.

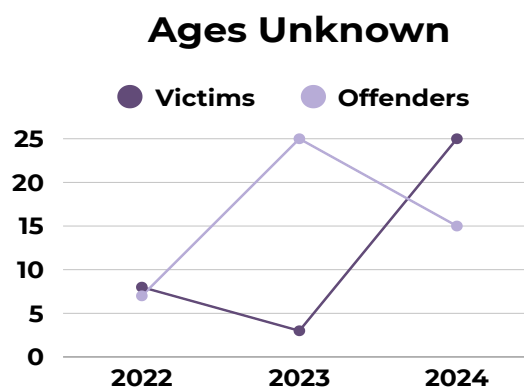
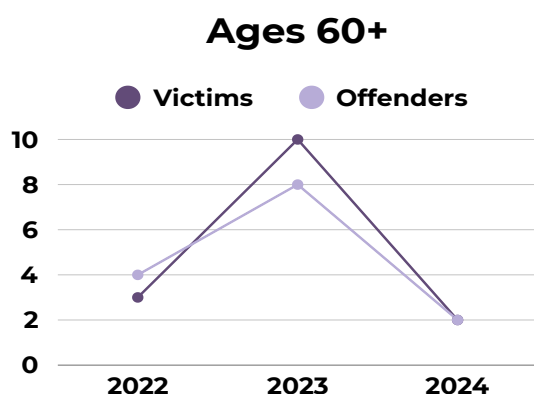
The data reported in 2024 indicates that there were similar numbers in both victims and offenders for most of the age ranges, except for one. **When looking at the unreported age category, there are significantly fewer offenders than victims in this group.**



The following graphs represent the age comparison of both reported victims and offenders based on the six age categories from 2022 to 2024. These graphs aim to showcase the increases and decreases over time of a given category and are used with the intent to point out any potential discrepancies in the process.

Since 2022, the 25-39 age group has remained the group with the largest average percentage of reported victims overall (46%). In comparison, for reported offenders, the 25-39 age group has remained the group with the largest average percentage across the previous three years (45%). Following this category is the 40-59 age group. Most of the age groups have had steady increases or decreases over the past three years, leveling out in the process.





RELATIONSHIP DYNAMICS

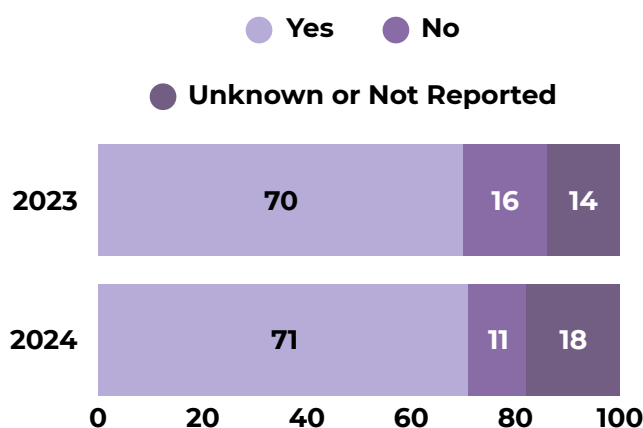
The most commonly reported relationship in 2024 remained consistent with data from prior years, with dating partner and spouse as the prevalent responses. In 2024, 53% of reported relationship types were a dating partner, a slight decrease from 2023 (54%). This was followed by 25% (spouse), 16% (former dating partner), and 4% (former spouse). In comparison to previous years, there was a slight decrease in dating partners (1%); however, there was an overall increase in spouses (2%), former dating partners (1%), and former spouses (1%). Please note that the values shown are the percentage of responses and not the individual response count.

INCIDENT DYNAMICS/REPORTED OFFENCES

Law enforcement responded to the scene in 89% of the cases, triggering DVHRT involvement, a decrease of 2% since 2023. The most common incident to which law enforcement responded when contacting the survivor was an assault or assault in progress (48%), and the second most common was a domestic disturbance (35%). **It was reported that victims needed medical care due to assault in about 24% of cases, an increase of 9% from 2023, and emergency medical services were called to the scene in about 17% of cases.**

LAW ENFORCEMENT & CRIMINAL LEGAL SYSTEM INVOLVEMENT

This year's data show there was prior, or ongoing, law enforcement involvement identified in 71% of the cases, a slight increase since 2023 (1%). A larger increase occurred in the unknown or not reported category, with a 4% increase from 2023. The Offender was also shown to have recidivated with the same survivor in 50% of the reported cases, a 4% increase from the year prior. **Taken from the Quarterly Aggregate Tracking Survey, 399 offenders reoffended in 2024.**



LETHALITY FACTORS

FIREARMS

Firearms remain the leading means of domestic violence homicide. In 2023, Honoring Texas Victims^[5] reported that 72% of women and 50% of men killed were killed by a firearm. In 2024,

1. **Access or own a firearm:** 38% (43% in 2023)
2. **Own a gun (DA LE):** 37% (22% in 2023)
3. **Used or threatened with a weapon (DA):** 55.4% (55% in 2023)
4. **Used or threatened with a weapon (LAP):** 55% (62% in 2023)
5. **Prohibited Possessor:** 28.5% (12% in 2023)
6. **Fired a firearm to cause fear/compliance:** 4.7% (4% in 2023)

the percentage of offenders having access to or owning a firearm decreased to 38%, a 5% decrease since 2023. According to responses in the DA-LE, 37% of offenders owned a gun, which is a 15% increase in comparison

to 2023. As per responses to the DA, 55% of offenders used a weapon or threatened to use a weapon, which is on par with 2023. In the LAP, 55% of offenders threatened with a weapon, a 7% decrease from 2023. The dataset being utilized on this year's report contains a full grant year's worth of data on two important questions that were added to the collection late in calendar year 2023. The questions aimed to identify offenders who were known prohibited possessors and offenders who used a firearm to cause fear or gain compliance. Prohibited possessor status refers to specific instances under the law where an abusive partner has been prohibited from possessing a firearm. In 2023, with only 2 months' worth of data, this number was 13%. As of 2024, the percentage of offenders who were prohibited possessors was 29%. Also included was the percentage of offenders who were reported to have fired a firearm to cause fear or compliance. In 2024, this figure was 5%.

In 2024, a landmark Supreme Court decision brought renewed national attention to the urgent issue of prohibited possessors—individuals legally barred from owning firearms due to factors such as domestic violence protective orders. In *United States v. Rahimi*, the Court upheld the federal statute 18 U.S.C. § 922(g)(8), which prohibits individuals subject to certain civil protective orders from possessing firearms.^[6] This ruling clarified that temporary firearm disarmament in the context of domestic violence is consistent with the nation's historical tradition of regulating gun ownership to protect public safety.^[7]

The decision affirms that courts may restrict firearm access for individuals found to pose a credible threat to intimate partners or children, even in the absence of a criminal conviction. This has direct implications for high-risk domestic violence response. As highlighted in this year's DVHRT data, a significant portion of referred cases involved offenders who were known prohibited possessors or used firearms to instill fear and gain compliance. The *Rahimi* ruling not only validates the legality of firearm restrictions in civil protective order contexts but also reinforces the importance of local enforcement efforts. The absence of standardized firearm transfer protocols in many Texas counties leaves survivors vulnerable, even when legal prohibitions are in place. This judicial clarity presents an opportunity for Texas communities to improve firearm relinquishment processes and more effectively implement existing state and federal laws designed to reduce lethality.

[5] Honoring Texas Victims (2023). Texas Council on Family Violence.

[6] *United States v. Rahimi*, 602 U.S. ____ (2024). Supreme Court Opinion. https://www.supremecourt.gov/opinions/23pdf/22-915_8o6b.pdf

[7] Liptak, A. (2024, June 21). "Supreme Court Upholds Law Barring Guns for Domestic Abusers." *The New York Times*. <https://www.nytimes.com/2024/06/21/us/politics/supreme-court-rahimi-guns.html>

STRANGULATION

Strangulation continues to be a factor in many of the cases referred to DVHRT. Strangulation is widely known as not only an indicator of the offender's capacity to commit homicide but also a tool of coercive control.^[8] A history of strangulation assault is a known predictor of domestic violence homicide, both in the long term and in the days before the homicide.^[9] **In 2024, the known history of strangulation has decreased to 24%, about a 24% decrease from 2023 (48%), but as for a history of strangulation with the victim reported to the DVHRT, this has stayed relatively the same, with only a 1% increase since 2023 (50% in 2024).** According to responses to the DA, 66% of offenders were reported to have “choked”/strangled the survivor, which is a 12% decrease from 2023 (78%). **As per responses to the DA-LE, 82% of offenders were reported to have tried to strangle the survivor, a 45% increase from 2023 (37%). According to the DA-LE, 65.8% of offenders strangled the survivor multiple times as well, a 36% increase from 2023 (30%).** As for LAP, 78% of offenders were reported to have tried to “choke” the survivor, about the same as the year prior (80%).

1. **Known history of strangulation:** 23.8% (48% in 2023)
2. **History of strangulation with the victim referred to DVHRT:** 50% (49% in 2023)
3. **Try to choke or strangle or cut off breathing (DA):** 66.4% (78% in 2023)
4. **Ever tried to choke/strangle the victim (DA LE):** 81.9% (37% in 2023)
5. **Choke/strangle multiple times (DA LE):** 65.8% (30% in 2023)
6. **Ever tried to choke the victim (LAP):** 78.3% (80% in 2023)

A significant number of non-fatal strangulation assaults go unidentified on scene. Strangulation can result in few or no visible or detectable injuries. Because of this, on-scene medical assessment has been identified as best practice. On-scene medical assessment has been identified as best practice for a number of reasons. Most critically, EMS personnel are uniquely equipped to recognize clinical indicators of non-fatal strangulation that may go undetected by law enforcement or even by the survivor in the immediate aftermath. Symptoms such as hoarseness, difficulty swallowing, shortness of breath, and subtle facial or neck bruising may not present immediately and are often minimized or overlooked—particularly in high-adrenaline situations.^[10] A trained EMS provider can assess these early warning signs, initiate appropriate care, and ensure medical documentation is available to support future legal or protective actions.

Additionally, EMS documentation can serve as crucial corroborating evidence in cases where the survivor later recants or where visible injuries are absent.^[11] This is important given that strangulation often occurs in the context of coercive control and fear-based compliance, where survivors may not feel safe disclosing the full extent of the assault. In these situations, timely medical documentation can mean the difference between a misdemeanor and a felony charge—or between an offender remaining in the community or being held accountable through the criminal legal system.^[12] Despite these known benefits, EMS remains underutilized in DVHRT cases. In both 2023 and 2024, EMS was called to the scene in only 17% of reported cases.

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

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

[10] Strack, G.B., McClane, G.E., & Hawley, D. (2001). A review of 300 attempted strangulation cases. Part I: Criminal legal issues. *The Journal of Emergency Medicine*, 21(3), 303–309.

[11] Tennessee Department of Health. (n.d.). Domestic Violence and Strangulation EMS Curriculum. <https://www.tn.gov/content/dam/tn/health/documents/g4011361.pdf>

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

While there was an encouraging increase in survivors receiving medical care—from 15% in 2023 to 28% in 2024—this still reflects a significant gap between best practice and implementation. These findings raise serious concerns about missed opportunities for both survivor health and system accountability. Given the well-established correlation between strangulation and intimate partner homicide, and the limitations of relying solely on visible injury, DVHRTs and their partners are encouraged to adopt EMS activation as a standard protocol in any domestic violence call where strangulation is suspected, disclosed, or medically plausible.

STALKING

In 2024, 43% of survivors reported experiencing stalking behaviors, representing a 7% decrease from the previous year. This decrease may be attributable to changes in the data collection tool implemented during the 2023 dataset. However, stalking remained consistently prevalent in formal risk assessments—reported in 83% of DA-LE responses (comparable to 82.8% in 2023) and 68% of LAP responses.

Stalking is an established lethality factor in domestic violence and is often a precursor to intimate partner homicide.

Stalking is a well-established lethality factor in domestic violence and is often a precursor to intimate partner homicide. In a foundational study, 76% of women murdered by a current or former partner had been stalked in the year prior to their death, and 85% of women who survived attempted homicide reported being stalked by the same perpetrator.^[13] These behaviors are rarely isolated; rather, they occur within broader patterns of coercive control, surveillance, and escalation.^[14] Stalking often co-occurs with other high-risk behaviors such as threats to kill, strangulation, and firearm access—creating a volatile and potentially lethal combination.

More recent research reinforces these findings. A 2024 rapid evidence assessment by the UK College of Policing found that stalking behaviors—especially obsessive monitoring, unwanted contact, and fixation—preceded 94% of domestic homicide cases reviewed.^[15] Similarly, a retrospective study of homicide-related deaths in Victoria, Australia, identified stalking and coercive control as consistent early indicators of risk.^[16] Additional analysis from the Australian Crime Statistics Agency revealed that over 70% of men reported for stalking a woman had also physically assaulted them.^[17] Critically, stalking is also one of the most common points of criminal legal system contact prior to attempted or completed intimate partner homicide.^[18] This makes it an actionable intervention point for DVHRTs and law enforcement. Identifying stalking early in the case trajectory enables systems to respond proactively, rather than reactively, and is essential to meaningful risk reduction. Given stalking's consistent association with homicide, its presence—whether disclosed by survivors or identified through structured risk tools—should be treated not as a secondary concern, but as a main indicator of lethal risks.

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

[13] McFarlane, J., Campbell, J. C., Wilt, S., Ulrich, Y., & Xu, X. (1999). Stalking and intimate partner femicide. *Homicide Studies*, 3(4), 300–316. <https://doi.org/10.1177/1088767999003004003>

[14] Stark, E. (2007). *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press.

[15] College of Policing. (2024). *Stalking and Serious Harm or Homicide: A Rapid Evidence Assessment*. <https://assets.college.police.uk/s3fs-public/2024-09/Stalking-and-serious-harm-or-homicide-REA.pdf>

[16] McEwan, T., Ogloff, J.R.P., & Mullen, P.E. (2024). Stalking, coercive control and fatal violence: Insights from Australian domestic homicide cases (1997–2015). *Homicide Studies*, 28(1), 14–29. <https://doi.org/10.1177/10887679241268032>

[17] Houston, C. (2023, December 17). Concerning data reveals alleged male stalkers often have records of assaulting females. *Herald Sun*. <https://www.heraldsun.com.au/leader/concerning-data-reveals-alleged-male-stalkers-often-have-records-of-assaulting-females/news-story/ab398d4f9645d58fbfdaf914d7216f69>

[18] McFarlane, J., Campbell, J. C., & Watson, K. (2001). The use of the justice system prior to intimate partner femicide. *Criminal Justice Review*, 26(2), 193–208. <https://doi.org/10.1177/073401680102600204>

RISK REDUCTIONS MEASURES

PROTECTIVE ORDERS

Of the cases reported in 2024, 72% requested an emergency protective order, and the protective order was granted, a 5% increase from 2023 (67%). In 5% of cases, the EPO was requested and denied, a 17% decrease from 2023 (22%). Lastly, no EPO was requested in approximately 23% reported cases in 2024. According to the Quarterly Aggregate Tracking Survey taken in 2024,

285 victims sought protective orders, and of that number, 228 victims received an EPO.

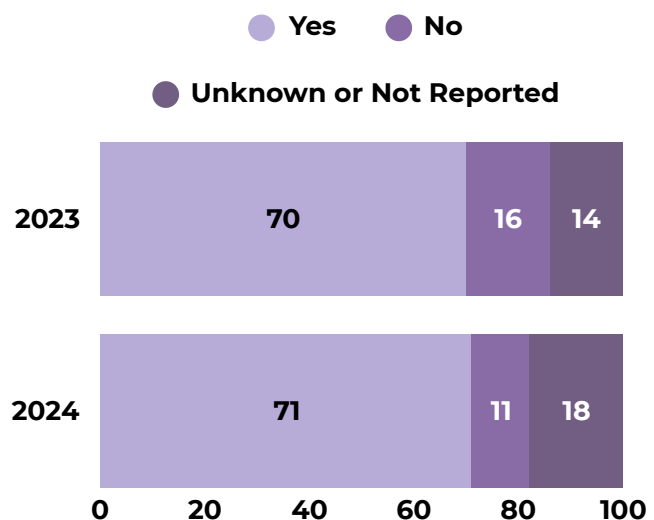
In 2024, 80% victims that sought protective orders, was able to receive an EPO.

HELP-SEEKING & BARRIERS TO HELP-SEEKING

TCFV recognizes how essential service connection is for survivors. As evidence of that, sites applying for funding are required to either be or have a letter from their local family violence program. This feature makes DVHRT operations in Texas unique and can be argued as a leading contributor to the success of the model. As such, data on service utilization is collected from each site in the regular course of reporting. This year's data provided a snapshot of the needs of survivors. The most frequently referred services were advocacy (97%), legal assistance (67%), and counseling (35%). This is a common trend as advocacy, legal assistance, and counseling were also the most sought-after services in 2022, 2023, and 2024. In line with the Client Tracking Survey, the Quarterly Aggregate Tracking Survey reports the top sought-after services in 2024 being advocacy (37%), legal assistance (24%), counseling (16%), and economic assistance (12%).

As briefly discussed earlier in this report, many survivors express hesitation in utilizing the criminal legal system in their safety planning. The criminal legal system often can serve as a gatekeeper to help-seeking. Understanding a survivor's barriers to help-seeking is vital to understanding the survivor's needs. According to the data collected this year, the top barriers identified by DVHRT clients were fear (56%), love for the abuser (38%), children (35%), and financial (23%). Fear, love for the abuser, and children were also the most identified barriers in 2023; however, religion as a top barrier was replaced in 2024 by financial issues. According to the

Quarterly Aggregate Tracking Survey, survivors responded to the question on reported barriers to leaving the violent relationship similarly. The top barriers were fear with 131 responses, then children (68), love for the abuser (62), and financial (59).



FUTURE STUDIES & PROMISING PRACTICES

INTEGRATING THE BATTERING INTERVENTION AND PREVENTION PROGRAM (BIPP) INTO DVHRT

The Battering Intervention and Prevention Program (BIPP) is designed to help individuals who have used violence or abuse in their relationships to understand and change their behavior. BIPP is often court-mandated for those convicted of domestic violence or related offenses. In 1989, TCFV advocated for the establishment and funding of BIPP, and since then it has expanded the program to what it is today. However, based on the data collected in 2024, it would do well to integrate the DVHRT and BIPP systems together in order to enhance offender-focused prevention efforts, promote systemic accountability, and create feedback between risk and intervention.

As of 2024, the addition of the Quarterly Aggregate Tracking Survey has allowed TCFV to understand the breadth of a case. One of the questions posed considers how many offenders attended a BIPP within a quarter. Out of all confirmed cases, meaning the DVHRT sites did not answer “unknown,” 6% of offenders voluntarily entered a BIPP, whereas 55% were court-ordered, and 39% did not attend.

The value in adding BIPP to DVHRT could come in the form of data tracking and improved coordination; specifically, in the creation of a mechanism that tracks offender compliance to assess ongoing risk and poses new data points for DVHRT coordinators to escalate lethality scoring in the process. Of all things to consider, abuse is not a relational issue, but a systemic crime with consequences, so through the referral of offenders to BIPP by DVHRTs, this process would improve the coordination between civil and criminal legal systems, while giving the survivor reassurance and a sense of ongoing safety through the monitoring of the offender. As BIPP providers are the only individuals in consistent contact with the offenders, they hold great responsibility in knowing when to alert DVHRTs of any potential escalating risks while participating and supporting ongoing safety planning.

As stated in the findings and analysis section, recidivism is up to 50% and prior legal involvement is at 71%, meaning that a new system in which a structured, monitored intervention program is put into place could target the specific behaviors that drive violence. As the nature of DVHRTs is survivor-centered by design, and BIPP is not designed to reduce risk on its own, the integration of the two systems could pose some difficulties if not in compliance with the following recommendations.

- **BIPP Staffing Participation:** Including a vetted BIPP provider on the DVHRT as a formal team member would create a positive relationship while developing protocols for participation when the high-risk offender has been enrolled in a BIPP.
- **Establishing Memorandum of Understandings:** Referral and information sharing in this system is extremely valuable. By establishing a memorandum of understanding (MOU), this would improve conversations being had on session attendance, any and all concerning statements or behaviors, as well as potential noncompliance alerts.
- **Re-scoring Risk Assessments:** Using the BIPP engagement data, DVHRTs could re-score risk assessments in order to determine whether or not other legal or protective measures are needed in support of the survivor during their ongoing safety planning.
- **Feedback Systems:** Create a feedback system between BIPP providers and Survivor Advocates in order to open a channel of conversation where the survivor is warned if the offender's behavior and language escalate in any way.

The integration of BIPP into DVHRTs can help in the sharpening of risk monitoring, strengthening of offender accountability, and work in the creation of a comprehensive systemic response, but only as long as it is integrated into a broader survivor-centered strategy. The inclusion of BIPP into DVHRTs should never substitute for safety planning, firearm removal, supervised visitations, or civil and criminal accountability measures. Not all BIPPs are created equal, and program quality varies. The vetting of BIPPs for state compliance and the understanding of lethality indicators and coercive control are imperative in these cases. If done correctly, this combination would ensure an eye is kept on the offender while supporting DVHRT's focus on centering survivors.

EXPAND LONGITUDINAL DATA AND SURVIVOR FEEDBACK

In order to properly facilitate positive change and move forward in further protecting survivors, TCFV recognizes that changes must occur on a cyclical basis. TCFV acknowledges the changes that were put in place in recent years, such as changes in our client and aggregate data tracking, while also looking forward to potential new data enhancements, such as the need for a survivor feedback tracking system. The blending of current and upcoming tracking systems would provide the proper insight needed to better support survivors.

Furthering the aggregate data could allow for better data collection down the line for the life of a case.

After recognizing the need to progress forward in data collection in 2023, TCFV has worked to implement the necessary steps in order to enhance data reporting and synthesis. Going into 2024 and beyond, TCFV was able to upgrade its systems of reporting for the betterment of the DVHRT sites and the survivors they serve. With this in mind, the client tracking system used in 2024 will be the system used to reflect the data collected in 2025 and onwards. TCFV implementation of the new aggregate tracking tool also represents a significant advancement in monitoring system responses and survivor outcomes through data collection, such as offender recidivism, protective orders, and prosecutorial efforts. At the present moment, the expanded use of aggregate data enables a comprehensive understanding of domestic violence cases; however, furthering its reach in the future could allow for research down the line, providing data collection for the life of a case.

These efforts also lay the groundwork for the potential to integrate voluntary survivor feedback data into future longitudinal analysis, making way for comparative analysis across programs in an effort to strengthen the overall understanding of violence trends, risk indicators, and survivor outcomes.

COORDINATED EMERGENCY RESPONSE: DISPATCH AND EMS PROTOCOLS IN DVHRT

Dispatchers are the first point of contact and uniquely positioned to collect information before law enforcement arrives at the scene. As dispatchers set the tone for how situations are framed and prioritized for officers, EMS, and DVHRT providers, knowing the proper protocols when discussing lethality indicators such as strangulation, weapons in the home, or offender being a prohibited possessor, could not only help the dispatcher in supporting the survivor, but also decreasing the potential for law enforcement deaths by approaching the scene with caution. For example, in 2024, given that emergency medical services (EMS) were only called to the scene in 17% of cases, despite high rates of strangulation being disclosed, it is critical to formalize medical responses and establish protocols that trigger automatic EMS dispatch if and when strangulation is suspected or reported.

By integrating emergency communicators and first responders into DVHRT staff, this would work to improve not only the immediate safety at the scene, but also any longer-term outcomes through early intervention and evidence preservation. Standardized screening protocols done by dispatchers can help in identifying high-risk calls early on, specifically through training to listen to key risk indicators so they can respond accordingly. Alongside this action, by requiring dispatchers to alert EMS and officers when certain risk indicators are present, this ensures that medical attention is received in a timely manner while physical evidence is taken into consideration for future prosecution.

Future studies on this topic should examine the involvement of EMS in domestic violence cases; in particular, comparing the clinical outcomes and impact on survivor health, evidence collection, and charging decisions. The studies should also look into the impact of dispatchers' understanding of the protocols to trigger EMS dispatch, working as less of a reactive model and more of a proactive approach.

SB 1946

SB 1946 creates a task force housed in the Office of the Governor with a wide range of members, such as statewide law enforcement representatives, state agencies, family violence centers, survivors, and others, to foster understanding across systems and work towards the charges outlined in the bill. This will include making systemic and legislative recommendations to reduce this preventable violence. In addition to policy recommendations for the 90th legislative session, the task force will provide recommendations for training and service coordination efforts and will also review data on prevention, investigation, and prosecution of family violence homicides, and services provided to survivors.

CONCLUSION

As we've stated in previous years, the Texas Council on Family Violence thanks all of the DVHRT sites and coordinators who, each day, stand alongside victims at a time of high risk.

TCFV is appreciative of their survivor-centered focus on homicide prevention and further thanks them for sharing data that allows us to continue our statewide efforts to support survivor safety.

TCFV is awed by the strength of the survivors who daily navigate their own safety and their family's, as TCFV continues to hold that survivors are the focus of all efforts.

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



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