Public Health Problem

- Estimated 16% of homicides in Oklahoma are intimate partner violence (IPV)–related
  - Average of 44 deaths annually, including victims, bystanders, and perpetrators who committed suicide (Oklahoma State Department of Health, Injury Prevention Service, 1999-2008).
- 25,000 domestic abuse reports filed by Oklahoma law enforcement agencies in 2009 (OSBI, Annual UCR Report, 2010)
In 65-80% of intimate partner femicides, physical IPV preceded the homicide (Campbell et al., 2003; Moracco, Runyon & Butts, 1998; Pataki, 1997).

Victims call the police more often than they utilize any other help seeking strategy (Catalano, Smith, Snyder & Rand, 2009).

Calls to police increase as the severity and/or frequency of abuse increases (Bonomi, Holt, Martin & Thompson, 2006; Johnson, 1990; Kantor & Straus, 1990).

Shelter services have been shown to be the most protective strategy against severe and moderate re-assault (Campbell et al., 2005).

Only 10-12% of victims seek help from domestic violence services (Brookoff, O’Brien, Cook, Thompson & Williams, 1997; Hutchison & Hirschel, 1998).
Lethality Assessment Protocol (LAP)

- Created by the Maryland Network Against Domestic Violence in collaboration with researchers and practitioners (http://www.mnadv.org/lethality.html)
- Intervention at the scene of a domestic violence incident
- Brief 11-item Lethality Assessment screen by police to determine if victim is at high risk for homicide (adapted from Danger Assessment)
- Immediate coordination with local social service providers

- Ever used a weapon against you?
- Threatened to kill you or your children?
- Do you believe he/she will kill you?
- Does he have a gun or can get one easily?
- Has he tried to choke you?
- Is he violently or constantly jealous?
- Have you left him after living together?
- Has he tried to kill himself?
- Do you have a child that he knows is not his?
- Does he follow or spy on you or leave threatening messages?
Purpose

- Evaluate the LAP
- Does the LAP increase help seeking behaviors and/or decrease violent victimization?
- Decrease IPV deaths

Quasi-experimental research design

- Seven police departments partnering with domestic violence services providers in their area.

Community Partners - Police Departments

- Oklahoma City
- Tulsa City
- Broken Arrow
- Stillwater
- Cherokee Nation Marshall Service
- El Reno
- Tahlequah
Community Partners – Domestic Violence Services Providers

- YWCA of Oklahoma City
- Domestic Violence Intervention Services, Inc. - Tulsa and Broken Arrow
- Wings of Hope – Stillwater Domestic Violence Services
- Help-in-Crisis - Cherokee Nation Marshall Service and Tahlequah
- Women’s Services and Family Resource Center – El Reno

Oklahoma Lethality Assessment (OK-LA) Study

Phase 1 – Comparison Group (completed)
- Police respond to domestic violence incident as usual.
- Recruit participants to the study.

Phase 2 – Intervention
- Police conduct brief 11-item screen
- Phone local domestic violence provider if victim screens as high violence
- Victim may speak with advocate, if not, officer acts as liaison with advocate and safety planning.
- Recruit participants to the study.
### Telephone Interviews

- Two telephone interviews conducted
  - T1 – 4-7 days after the incident
  - T2 – 6 months later
- Phase 1 - Comparison group (completed)
  - 347 T1 interviews completed, 217 (63%) T2 interviews completed
- Phase 2 - Intervention group
  - 2612 participants referred by police
  - 293 T1 interviews completed (89% of needed)
  - 137 (47%) T-2 interviews completed

### Analysis

- Data collected at T1 and T2 will be compared for comparison and intervention groups.
  - Violent victimizations
  - Help seeking behaviors
  - Surveillance of IPV homicides
Research Team

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Tulsa

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Tracey Lyall, Caroline Holmes, Angela Brown and Betty Nunley, Domestic Violence Intervention Services, Inc.
Benefits

- Integration of research and practice
  - Essential service of public health
  - Link practice, public health, and research
    - Police and advocates—adopt/test practice in the field
    - Public health—implement programs, work with communities, establish networks
    - Academic institutions—research, scientific and analytical expertise
  - Establish evidence-based practice
  - Law enforcement and advocate training
  - Increased communication between police and advocates

Challenges

- Completion of study much longer than planned
- Involvement of multiple agencies/institutions/organizations
  - Six institutional review boards approvals
- Community-based participation
  - Voluntary, heavy reliance upon partners, few incentives
  - Different organizational structures and operational issues
- Increased demand for services
“When this *journey* began, none of us knew the depth it would reach or how many people would be affected, but each contact is not just one person, we are touching families in a positive way. We had no idea the impact would be so substantial, but we certainly have to re-think about the ways we respond to DV calls, and the screens help to assess those high risk cases. . . “

- Betty Nunley, DVIS Advocate