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Perceptions of Police Responses to Domestic Violence

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PERCEPTIONS OF POLICE RESPONSES TO DOMESTIC VIOLENCE

by

Kelly R. Stout

A thesis submitted in partial fulfillment of
the requirements for the

Master of Arts in Criminal Justice

**Department of Criminal Justice
Greenspun College of Urban Affairs
The Graduate College**

**University of Nevada, Las Vegas
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ABSTRACT

Perceptions of Police Responses to Domestic Violence

by

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Domestic violence, also known as, intimate partner violence (IPV), has become an epidemic in the United States. According to the Center for Disease Control and prevention (CDC), about 24 women and men are victimized by an intimate partner each minute, equaling about 12 million victims every year (2012b).

In recent years, the public has become more aware of IPV situations. An increase in public service announcements has helped to inform the public and has brought these dangerous situations out from behind closed doors. In the age of technology, information is more easily distributed and exchanged which has also increased public awareness.

Police departments have also become more diligent about addressing IPV in homes. The implementation and use of lethality assessments in police departments around the country has led to more efficient police responses and increased the number of victims identified to be in lethal relationships (Campbell, 1995).

This research is intended to explore public knowledge about IPV and examine the public's support for new police policies directing officer responses to IPV calls for service. Furthermore, this paper will seek to connect the relationship between public awareness and support of police actions.

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CHAPTER 1

INTRODUCTION

Domestic violence, also known as, intimate partner violence (IPV), has become an epidemic in the United States. According to the Center for Disease Control and prevention (CDC), about 24 women and men are victimized by an intimate partner each minute, equaling about 12 million victims every year (2012b). In 2007, intimate partner homicides (IPH) accounted for 14% of all homicides in the nation. Of those IPV homicides, 70% of the victims were female (CDC, 2012b).

Unfortunately, Nevada has consistently led the nation in negative IPV statistics. In 2010, the national average for women killed by men was 1.22 per 100,000, but Nevada's average was over double the national average with 2.62 per 100,000 (Violence Policy Center, 2012).

In recent years, the public has become more aware of IPV situations. An increase in public service announcements has helped to inform the public and has brought these dangerous situations out from behind closed doors. In the age of technology, information is more easily distributed and exchanged which has also increased public awareness.

Just as the public has become more conscientious of IPV, police departments have also become more diligent about addressing IPV in homes. These situations are no longer considered "family beefs" (Worden, 2000, p. 216) but rather criminal acts of violence. The changes in police protocols when addressing IPV calls for service have shown that they are aware of the dangers of severe IPV. The implementation and use of lethality assessments in police departments around the country has led to more efficient police

responses and increased the number of victims identified to be in lethal relationships (Campbell, 1995).

This research is intended to explore public knowledge about IPV and examine the public's support for new police policies directing officer responses to IPV calls for service. Furthermore, this paper will seek to connect the relationship between public awareness and support of police actions.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Definitions of Intimate Partner Violence

Domestic violence or IPV has always been a difficult area to study. Research has often been limited because this type of violence most often occurs behind closed doors, involving police only when someone calls attention to it. Previously, poor police reports and responses have played a part in impeding research as well. Also contributing to the lack of research on responses in the past has been the reluctance to intervene in relationships between adults. However, in recent years IPV has become more of a public health concern. It is being seen as a harmful cycle that is dangerous to victims, their children, and even society. The lack of research in the past has made it difficult to create effective interventions for IPV situations. Lethality assessments are a research based solution for intervening. These interventions are becoming more popular in police departments and have shown to be quite effective in deterring future violence. Although still a difficult area of study, research on IPV has increased with the exposure of the problem and has increased public and police awareness as well.

With the new awareness of domestic violence there has been a change in terminology as well. Domestic violence is used less in exchange for intimate partner violence (IPV). Intimate partner violence or abuse has become the more commonly used phrase because abuse can continue even after the partners are no longer domestically residing (Taket et al., 2003). Intimate partner refers to either current or ex-spouses, current or ex-dating companions, or two people who have children together. The term

“intimate partner” can be applied to both heterosexual and homosexual partners, and can span across all racial and cultural sects (Pattavina, Hirschel, Buzawa, Faggiani & Bentley, 2007). Intimate partner violence can consist of physical, sexual, and emotional abuse, as well as, threatening or stalking behaviors. These behaviors do not appear in isolation but typically occur on a continuum and can either include one type of abuse or several (CDC, 2012a).

Physical abuse is the most commonly recognized type of abuse in IPV situations and some would consider it the most severe abuse (Breiding, Black, & Ryan, 2008). Almost 15% of women and just under 4% of men have experienced rape, physical harm, or stalking in an intimate partner relationship (Black et al., 2011). Physical violence can include: throwing objects at victim, hitting, kicking, biting, hair pulling, choking, burning, cutting, shooting, shoving, or anything else that leaves a mark or inflicts pain upon the victim. (Black, 2011; Crofford, 2007; Leserman & Drossman, 2007; Strauss & Gelles, 1986).

Sexual abuse is often considered a physical abuse; however, sexual abuse can occur without any other physical abuses (CDC, 2012a). According to the CDC, there are three categories of sexual abuse in IPV situations (2010). The first type of sexual abuse is using force in a sexual act against the victim’s will. In any case of force, it does not matter if the act was completed or not. The next type of sexual abuse is taking advantage of a victim’s impairment in a sexual setting. Impairments can include: lack of knowledge of the situation, mental illness, physical disability, or the influence of substances such as drugs or alcohol (CDC, 2010a). The last type of sexual violence is any sexual contact that

can be interpreted as abusive. Although a broad definition, this can include any factors that are not addressed in the previous categories of sexual abuse (CDC, 2010b).

Although physical violence is a very harmful element of IPV, the psychological effects are just as damaging. Psychological and emotional abuse often coincide with physical violence and include the threat or promise of physical violence (CDC, 2010b). The tactics used in psychological abuse include anything that makes the victim feel insecure or degrades the victim. Public humiliation, isolation from friends or family, and denying the victim access to money or medical attention are examples of tactics used for psychological abuse (CDC, 2010a). Stalking is also considered a form of psychological abuse. As a harassing behavior, stalking causes insecurities by constantly contacting the victim, showing up at the victim's residence or job, or even destroying the victim's property (CDC, 2010b).

There are a variety of factors that can contribute to the possibility of becoming a victim of IPV (CDC, 2010b). Becoming involved in an abusive relationship is often guided by individual, community, and societal factors. Individual risk indicators are anything from low self-esteem, unemployment, and antisocial personality traits, to heavy drug or alcohol use, history of abuse, or depression (CDC, 2010a).

The community in which a person comes from can also influence future relationships or decrease the opportunities for leaving an abusive relationship. Community factors include poverty, poor community sanctions, and lack of protective institutions (CDC, 2010b). One of the most influential ideals that encourages abusive relationships is the societal idea of traditional gender roles. The exaggeration of men being the dominant figure in the home and the women being the submissive can cause

women and men to seek relationships that fit this stereotype (CDC, 2010b). Individual, community, and societal factors can lead to the start of an abusive relationship where dominance is exerted, economic disputes are frequent, unhealthy family ties are created and violence is commonplace (CDC, 2010b).

Intimate partner violence can affect anyone at any time, but research has also shown that some populations are more susceptible to IPV abuse (Pattavina, Hirschel, Buzawa, Faggiani & Bentley, 2007; Messinger, 2010). These populations are at a greater risk because of either their sexual minority status or their ethnic minority status (Pattavina et al., 2007; Thronson, 2012).

Same-sex couples can experience IPV at a more frequent rate than heterosexual couples but with the same level of violence (Pattavina et al., 2007). These relationships follow the same cyclical nature as opposite sex violence and can also escalate over time. The most noticeable difference is that batterers tend to use different psychological techniques to get the victim to stay. Abusers can threaten to “out” a partner to family, friends, or employers, and they can threaten them with infection of HIV (Pattavina et al., 2007). Not only do same-sex couples experience IPV at a more frequent rate than heterosexual couples, but they also face challenges when reporting incidents to responding officers. One of the most common reasons for lack of response from police is the use of the mutual batterer threat. This is where batterer will tell the police that either the victim was just as abusive or even started the altercation (Pattavina et al., 2007).

Research on ethnic victims of IPV has shown that although Hispanic women are more likely to report abuse by a partner than non-Hispanics, abuse rates based on ethnicity are significantly higher (Sumter, 2006). Specifically, African-American women

are more likely to experience abuse than any other ethnic minority group (Healey & Smith, 1998). Different ethnic groups also have varying views on seeking help for IPV situations (Sumter, 2006). Some ethnic groups feel that IPV should be contained within the family and some groups such as immigrants do not know about help that it is available to them (Sumter, 2006; Thronson, 2012).

Research suggests that IPV occurs in lower income households almost twice as much as either middle or upper class households (Benson, Wooldredge, Thistlethwaite, & Fox, 2004; Straus, Gelles, Steinmetz, 1980). Disparities in victimization based on race can be partially explained by this economic and social inequality (Benson et al., 2004). According to Benson et al., African Americans are more likely to experience IPV because of stress created by economic and social inequality (2004). This stress can cause stressful home environments where violence can be commonplace as a coping mechanism (Benson et al., 2004).

Batterers and the Cycle of Abuse

As outsiders looking in, it is hard to understand why someone would stay in an abusive and dangerous relationship. Due to the cyclic nature of these volatile relationships, the victim/abuser connection can eventually become stronger the longer the relationship goes on (Barry, 2003). Not only does this cycle keep the victim on edge but in a way it makes them feel even more connected and committed to the abuser. They fear what will happen if they try to leave and feel guilty for thoughts of leaving (Barry, 2003). This is referred to as traumatic bonding (Dutton, 1995).

The first part of the cycle is when happiness in the relationship starts to fade into a tense standoff between the partners (Walker, 1984). In most cases, the woman withdraws

to avoid conflict with an increasingly angry man. The next phase is when the violence is brought to the surface. The man will use violence as a form of punishment (Walker, 1984). The punishment phase can be as little as one slap or be as extensive as harsh abuse over several days. The last phase is what most refer to as the honeymoon phase. This is when the man shows guilt and regret for the abuse. The show of remorse is often enough to convince the woman that it won't happen again. The honeymoon period is commonly short-lived and the cycle begins again (Walker, 1984). As the cycle continues, it is seen that the abusive periods are longer, more erratic, and more violent (Barry, 2003).

Costs of IPV

Intimate partner violence is still happening behind closed doors, but the consequences are leaking out of the home and affecting not only the victims but society as well. Society as a whole is starting to see the effects of IPV as well. Every year almost \$4.1 billion is spent on treating victims of IPV with medical and mental health services (CDC, 2003). It is estimated that another \$1.8 billion is lost due to loss of job productivity experienced by victims (CDC, 2003). The CDC also reports that these numbers are most likely underestimated and do not account for the total amount that IPV actually costs every year (2003). Not only do these financial costs have an immediate effect on society but it is also estimated that up to 15 years after experiencing abuse, victims will need medical and mental health services (CDC, 2003). Due to the severity of most IPV situations, victims can experience continuous unemployment, health problems that limit their employment, and live in conditions that force them to live off of public assistance (CDC, 2003).

Every year there are approximately 322,000 rapes by intimate partners. Almost one-third of those rapes resulted in additional injuries as well. It is also estimated that about 36,161 of those injuries required some type of medical attention (CDC, 2003).

Not only is society paying for the effects of IPV but in some cases it is contributing to it (CDC, 2009b). Societal norms that condone violence, sexual exploitation, ideals of male superiority and female submission, and weak social controls can increase the likelihood of a person perpetrating violence on another or increase the possibility of becoming a victim (CDC, 2009a).

Consequences of Intimate Partner Violence

Intimate partner violence has been linked to many physical, psychological and emotional traumas such as: severe injury, post-traumatic stress disorder, and depression (Campbell, 1995). Since IPV can include all types of abuses and at different levels of severity, it is also common for a victim to have a multitude of physical and emotional problems, even after the relationship has ended (CDC, 2012).

Immediate injuries caused by IPV can be anything from minor cuts, bruises, or welts to severe internal injuries (CDC, 2012). Head traumas and broken bones are frequently found among victims of IPV. The toll that physical abuse can take on the body is not only immediate but can be long lasting. Many victims experience heart problems, immune deficiencies, and gastrointestinal issues due to stress on the body (Black, 2011; Crofford, 2007; Leserman and Drossman, 2007). Some common ailments associated with chronic physical abuse are: asthma, bladder/kidney infections, fibromyalgia, irritable bowel syndrome, central nervous system disorders, and migraines (Appel & Holden, 1998).

Since rape is a common part of severe intimate partner physical and sexual abuse situations, reproductive problems and sexual dysfunctions are commonplace (Black et al., 2011). Sexually transmitted infections are also frequently found among victims, including HIV/AIDS (Black et al., 2011). Continuous physical and sexual abuse can also cause problems with pregnancies. Babies are often premature, weigh very little, and rarely make it full term (Appel & Holden, 1998). Unplanned pregnancies can also be a point of tension that causes the abuser to become even more violent (Taket et al., 2003; Appel & Holden, 1998).

Although IPV refers to the violence between adult partners, children are rarely spared from the violence (Stanley, Miller, Foster, & Thomson, 2010). Every year about 3 million children are exposed to domestic violence in their households (Reynolds, Wallace, Hill, Weist, & Nabors, 2001). According to Appel and Holden, there is a greater chance of child abuse when IPV violence is in the household (1998). Even if the violence is not directed at the child, there is a high risk factor for the child being harmed when it is between parents (Appel & Holden, 1998).

There is a significant correlation between IPV violence and children experiencing not only abuse but social and psychological impairments from witnessing IPV (Appel & Holden, 1998). Children in abusive households experience poor sleeping habits, low motivation in school, speech impediments, suicidal thoughts, and emotional indifference. When children witness IPV they can develop behaviors that are detrimental to their social skills, alter their trust in adults, and teach them that violence is an acceptable behavior (Reynolds et al., 2001; Taket et al., 2003). Research has shown that boys can develop

violent behaviors such as: continuing the cycle of abuse with their significant others and girls often become victims of abuse themselves later in life (Reynolds et al., 2001).

The emotional and psychological effects of IPV can include severe anxiety, trouble sleeping, panic attacks, and flashbacks of the experienced violence (CDC, 2012). Post-traumatic stress disorder (PTSD) and depression can be found co-occurring in 31% to 84 % of IPV victims (Jones, Hughes, & Unterstaller, 2001).

In many cases, victims not only enter the relationship with low self-esteem levels but they suffer from even lower self-esteem from the abuse (CDC, 2009). During and after an abusive relationship, a victim will experience distrust in others, have a warranted fear of intimacy, and have an emotional detachment from friends and family (CDC, 2012). The depression and self-esteem issues experienced by victims can also lead to long lasting eating disorders and obsessive compulsive disorder (CDC, 2009; Gleason, 1993).

Various studies have shown that a history of IPV can lead to an increase in risk taking behaviors (Heise & Garcia-Moreno, 2002; Plichta, 2004; Roberts, Auinger, & Klein, 2005; Silverman, Raj, Mucci, & Hathaway 2001). Victims may engage in unhealthy sexual behaviors such as: increased frequency of unprotected sex, unhealthy partner choices, or they may even turn to prostitution (CDC, 2012). Decision making abilities may also be affected by an increase in drug use or alcohol consumption. In some cases, victims see the only way of dealing with the physical and emotional toll of IPV is through suicide (CDC, 2012).

Socially, victims may experience avoidance by the general public, difficulty in accessing help services, and little knowledge of how to contact medical or mental health

service providers (CDC 2012). Victims may not only experience avoidance but they may go out of their way to avoid interactions as well. If the victim has left an abuser, they may have severe anxiety which can prevent them from working. Rarely are employers aware or notified as to what a victim's situation is, so job loss is quite common. These societal factors often compound and eventually lead to homelessness (CDC, 2012).

Public Perception

In the past, IPV was not a commonly discussed issue; however, it seems that public awareness and police responses to IPV have changed drastically in the last few decades (Worden, 2000). In 1992, a study was done to determine awareness of domestic violence situations (Klein, Campbell, Soler, & Ghez, 1997). A poll indicated that 83% of the American public would tell a friend that they disapproved of them hitting their significant other, while 95% would take immediate action against drunk driving (Klein et al., 1997). Today we see that there has been a dramatic increase in informing the public of what constitutes IPV, how to detect the signs of partner abuse, and the resources available to victims (Campbell & Manganello, 2008). Some research has indicated that the public has a broad definition of what constitutes IPV but often these definitions only include physical abuses (Worden, 2000).

This increasing awareness of IPV could be contributed to public information campaigns (Campbell & Manganello, 2008). With the technology available today, it has become easier to distribute mass media campaigns on public health issues. Researchers have found that the most effective and vital prevention of IPV, is to raise awareness among the general population (Campbell & Manganello, 2008). They suggest this will

not only inform victims about services available to them but also change public perceptions about IPV (Crowell & Burgess, 1996; Hamby, 1998; Wolfe & Jaffe, 1999).

The Health Belief Model is one of the models that has been used to help inform the public about the risks of IPV (Atkin, 2001; Cappella, Fishbein, Hornick, Ahern, & Sayeed, 2001; Janz, Champion, & Strecher, 2002). This model is directed towards informing victims specifically, and uses a cost-benefit information delivery (i.e. What is the cost of staying? What is the benefit of leaving?). The purpose of these campaigns is to help victims change their belief that they are trapped in an abusive situation with no way out. The second part of these campaigns is help the public recognize IPV and help victims (Cappella et al., 2001; Janz et al., 2002).

Another media campaign that has proven quite effective is the “It’s your Business” (Campbell & Manganello, 2008). This campaign was created specifically for ethnic minority groups by the Family Violence Prevention Fund. Unlike other informational campaigns, this radio segment was designed to be an ongoing “soap opera.” The weekly segments depicted characters in IPV situations, their choices for getting help and the resources available to them. The purpose of designing such a campaign was to engage listeners and inform at the same time (Campbell & Manganello, 2008).

The more recent campaigns for IPV awareness have used research (Campbell & Manganello, 2008) to create messages that target the appropriate audiences such as: those in IPV relationships or those that will be motivated to help those in abusive situations. Additionally, campaigns have been able to put IPV in a context that is relatable to all

facets of the community. Informative commercials can be changed to relate to different social, racial, and economic groups (Campbell & Manganello, 2008; Ghez, 1995).

Although media campaigns have had an impact in raising awareness of IPV, research has shown that one of the most effective distribution of information is personal communications (Reger, Wootan, & Booth-Butterfield, 1999; Wallack 1984). Intimate partner violence and abuse is no longer a taboo topic and person to person information exchanges have become more common. People have started to inform one another and they have taken steps toward action rather than standing on the sidelines (Campbell & Manganello, 2008).

The new approaches of the criminal justice system to IPV have changed the way agencies interact with the public. Many police departments have started their own awareness campaigns and they frequently participate in community events to raise awareness. These initiatives by police departments have taken the community policing standards to a new level of expectation for the public (Worden, 2000). The public is more aware of the police involvement in IPV situations and the police are making an effort to keep the public informed.

Police Interventions

Until the 1980s, police treated IPV disturbances simply as “family beefs” (Worden, 2000, p. 216) and the formal criminal justice system was rarely involved (Erez, 1986). Then in 1984, a study called the Minneapolis Domestic Violence Experiment was conducted to determine the best practices when dealing with IPV situations (Sherman & Berk, 1984). The conclusion of this study was that arresting the abuser was the best method of deterrence (Sherman & Beck, 1984). Ultimately, the results of the study

caused a widespread implementation of mandatory arrest practices, against the advisement of the original researchers (Dobash & Dobash, 2000; Sherman & Berk, 1984).

Further research was conducted to determine the effectiveness of mandatory arrests during IPV calls for service. These additional studies resulted in mixed conclusions when trying to replicate the first research model (Dobash & Dobash, 2000). The most common verdict was that there is no effect on IPV reoffending when arrest is involved. However, one study showed that arrest could exacerbate the violence later (Dobash & Dobash, 2000; Sherman, 1992).

Today, police departments have created special divisions dedicated to responding to IPV calls. Many law enforcement agencies have integrated not only advocates into their organizations but also service providers for both victims and abusers (Worden, 2000). The shift from the idea that domestic abuse is a private matter to the criminalization of IPV has also changed the way police view victims. Rather than focusing on mandatory arrests on IPV calls for service, police are now taking into account the likelihood of repeat abuse once the offender is released (Worden, 2000).

According to Egan (1999) there are three ways in which police can respond to IPV. The first response is where the officer takes a verbal mediator role. This is where the officer diffuses the situation and an understanding is reached between the parties without any arrests. The second response is where arrest is an option for the officer but officer discretion is still available. The last response type is when the officer is mandated to arrest one of the parties involved.

Abuser diversion programs have become a popular alternative to formal criminal justice sanctions (Dobash & Dobash, 2000). Rather than focusing on arrests for IPV, offenders are offered the chance to rehabilitate in either a court mandated or voluntary abuser program. Research has shown that these programs are more effective if the abuser voluntarily participates than if they are court ordered, but success has been seen in both groups (Dobash & Dobash, 2000).

Lethality Assessments

Over the years, various danger and lethality assessments have been created to help address the dangerousness and lethality found in IPV cases. These assessments were intended to determine the probability of re-victimization, future lethality, or both. Some designs were created to collect information from different sources such as the offender, the victim, or the criminal justice system. Yet others were created to collect data for service providers, law enforcement, or health care professionals (Campbell, 2005).

With these assessments it is important to understand not only the usefulness but also the effectiveness of such tools. Research has shown that victims that indicate on lethality assessments that their partner has threatened them with a weapon are 20 times more likely to be killed by their abusers than those that are not (Klein, 2012). Similarly, victims that are threatened with death are 15 times more likely to be killed (Klein, 2012).

Although many assessments have been presented over the years, there are only a few that have been validated (Dutton & Kropp, 2000). Several studies have found that the validity of a danger or lethality assessments is important in determining if an assessment can accurately predict future violence (Cocozza & Steadman, 1976; Monahan, 1981). Additionally, the level of validity can also determine if an assessment is more appropriate

for field screening or for health care settings (Dutton & Kropp, 2000). Understanding the versatility of these tools and whether they match the public's understanding of IPV is important for researchers focusing on the effectiveness of these assessments.

Some of the more popular tools used by law enforcement agencies and victim advocates are: Domestic Violence Screening Inventory, DVSI (Williams and Houghton, 2004); Kingston Screening Instrument for Domestic Violence, K-SID (Gelles, 1988; Lyon, 1998); Ontario Domestic Abuse Risk Assessment, O.D.A.R.A. (Hilton, Harris, Rice, Lang, Cormier, & Lines, 2005); Spousal Assault Risk Assessment Guide, SARA (Kropp & Hart, 2000); Partner Abuse Scale, PAS (Dutton, Landolt, Starzomski, & Bodnarchuk, 2001); Domestic Violence-Method for Objectively Selecting Areas of Inquiry Consistently, DV-MOSAIC (De Becker, 1997); Danger Assessment, DA (Campbell, 1986, 1989, 2003); and the Lethality Assessment Program-Maryland Model, LAP (Maryland Network Against Domestic Violence [MNADV], 2005).

The DA was the originally created lethality assessment (Campbell, 1986, 1995, 2003; Campbell, Webster, & Glass, 2009) and led to the formation of the LAP Maryland Model (Maryland Network Against Domestic Violence [MNADV], 2005). The LAP is now the most commonly used lethality assessment tool among law enforcement agencies and service providers.

The Danger Assessment (DA) was originally created by Jacquelyn Campbell in 1986. The purpose of the DA was to predict and prevent future physical violence in intimate partner relationships (Campbell, 1986). This tool measures both current danger and potential lethality. Campbell recognized the need for an assessment tool that was not only easily administered by first responders but could also be used in health-care settings.

The easy administration of the DA allowed victim advocates to use the assessment on scene, and allowed victimized women to realize the severity of their situations (Campbell, 2005). The DA was tested in 2009 to determine accuracy and validity of the assessment. The results of this review of cases after the fact showed that 90% of lethality cases can be identified by this instrument (Campbell et al., 2009).

Original items that were included on the DA were formed after reviewing several past studies on IPV and IPH (Campbell, 1986; Brown, 1987). In the original version, women were asked to indicate days of the month when they experienced physical abuse by their partners, they were then asked to use a scale from one to five to assign the event a level of severity (Campbell, 1986). The calendar section of the assessment was to increase the victim's awareness of repeat abuse and therefore decreasing the likelihood of future abuse (Campbell, 1995).

The next section of the DA consisted of fifteen yes or no questions. These questions were formulated to address the risk factors that often coincide with IPV (Campbell, 1986). Although very effective, the original DA scoring scale was not as indicative of future danger or lethality as other scales that are commonly used today (Campbell et al., 2009).

The Lethality Assessment Program-Maryland Model (LAP) is derived from three of Campbell's research studies on IPV danger assessments (MNADV, 2005). This tool was created to assess lethality in IPV situations. The LAP is unique in design because it was specifically created for first responders (i.e. law enforcement) to IPV calls. Screening is administered on the scene and requires immediate action by police or advocates. The overall goal of the assessment is to stop future violence, inform victims about services

available (e.g. domestic violence shelters), and encourage them to use such services (MNADV, 2005).

Currently there are 14 states that have implemented the LAP for IPV first responders: Maryland, Arizona, Connecticut, Delaware, Florida, Georgia, Indiana, Minnesota, Missouri, Nevada, New Hampshire, Oklahoma, Oregon, and Vermont (MNADV, 2012). The uniqueness of this program is that victims are immediately offered help on scene from police or first responders. Because the assessment is administered on the scene, almost 33% of the IPV victims that were screened as high risk for future violence or lethality received help services immediately (MNADV, 2012). According to Campbell, by taking advantage of IPV shelters and services, victims can reduce their risk of future violence and lethality by 60% (1995).

Theoretical Explanations

The LAP is changing the way police respond to IPV calls for service. This change represents a shift towards a forced guardianship by super controllers (Sampson, Eck, & Dunham, 2010). Super controllers are external institutions that have an investment in preventing crime and are able to direct resources to accomplish this guardianship. Routine activities theory proposes that three elements are conducive for crime: motivated offenders, suitable targets, and a lack of capable guardians (Cohen & Felson, 1979). Motivated offender refers to a person that comes in contact with a suitable target, such as an abusive husband who batters his wife. Suitable targets can be anyone who is vulnerable to becoming a victim. In the case of IPV, a suitable target is the battered partner. A capable guardian can be anyone that can effectively protect a suitable target and prevent the motivated offender from harming the victim (Cohen & Felson, 1979). A

suitable target often lacks a capable guardian, therefore leading to victimization.

Guardianship can be either the victim helping themselves or an external intervener.

An extension of routine activities theory poses that suitable targets are protected by capable guardians, who are then directed by super controllers or in the case of the police: the lawmakers (Sampson, Eck, & Dunham, 2010). Using the framework of routine activities theory, suitable targets are more protected by the super controllers requiring police officers to be capable guardians but it also connects suitable targets with the resource of capable guardianship. This theory could be used to explain some of the success of the LAP response protocols that are being implemented by police.

The current research proposes that the more aware a person is of IPV situations the more likely they are to agree with police responses to those situations. A second theory to consider is the theory of reasoned action. This theory ascertains that people's actions are shaped by public education campaigns, cultural beliefs, and societal norms (Hale, Householder, & Greene, 2002). Created in 1975 by Fishbein and Azjen, this theory was designed to explain a person's inclination towards "performing" a certain action (Hale, Householder, & Greene, 2002, p. 260). Although the current study is not measuring the inclination for committing abuse, the theory of reasoned action can be used to determine the inclination of the public to support police responses to IPV. This theory holds that people's actions are shaped by public information campaigns, which is also suggested by the current study. Although not commonly used, public awareness campaigns are being used more frequently in the Las Vegas area. Those that have been used in the area have been sponsored by national organizations to increase knowledge and awareness throughout the country. This theory will be used to determine if public

awareness campaigns and the rising level of public awareness also increases the support for police intervention policies in IPV situations.

Purpose of the Study

The purpose of this study is to look at current law enforcement policies regarding responses to intimate partner violence and the public's perception of these responses. Danger and lethality assessments have been implemented in various areas around the country at the state, county, and city level. These assessments have been proven quite accurate in predicting and preventing future IPV victimization (Campbell et al., 2003). Although effective by policing and health care standards, the question remains whether the general knowledge also perceives these practices as successful. There are no current research studies that have addressed public knowledge in relation to IPV situations, and particularly, police responses to these situations (Campbell & Manganello, 2008).

Using data from a survey conducted at the University of Nevada, Las Vegas, this study will measure general knowledge of IPV (physical, sexual, emotional, and mental abuses), and support for the LAP. Data will be analyzed to determine if there is a correlation between knowledge of domestic violence and perceptions of police responses to IPV. To look into the contexts of intimate partner violence, the data will be analyzed by race and gender to determine if these demographic factors are associated with high or low levels of awareness of IPV or if they affect support for the LAP.

CHAPTER 3

METHODOLOGY

Participants

The Police Responses to Calls for Service Survey was conducted at the University of Nevada, Las Vegas over the course of one spring semester in 2011 and one fall semester in 2012. For the collection of this data a convenience sample of students was used. Students enrolled in the UNLV Criminal Justice Introductory course are required to complete minimum research credits for their coursework and the Police Responses to Calls for Service was a way in which they could complete their credits. The use of UNLV students provides access to a convenience sample but also provided students in various areas of study, including criminal justice.

The collected sample consisted of 521 responses of these respondents, over half were female (52.4%). Ethnicity was self-reported with African American, Asian, Caucasian, Hispanic, and Other as the available category choices. The ethnicity of the participants is represented in Table 1. A majority of the students indicated Caucasian as their ethnicity (51.9%), 21.9% categorized themselves as Hispanic, 20% identified as Asian and/or Pacific Islander, and 15.2% identified as African American. A small percentage (2%) of respondents answered “Other” for their ethnicity.

Table 1

Ethnicity of Sample

Ethnicity	% of Sample	N
Caucasian	51.9	273
Hispanic	21.9	115
Asian/ Pacific Islander	20	105
African American	15.2	80
Other	2	

Note: Percentages may not add up to 100% as participants had the option to select multiple ethnicities

The students were also asked to indicate how many years they had been enrolled at the university. Many of the students (37.4%) responded that they had been enrolled for one year. 30% of the students indicated that they were in their second year. Another 19% stated that they were third year students, while 13.6% were enrolled for four (4) or more years. Students were also asked to indicate their decided area of study in an open ended question. The most noted degree area was criminal justice (n=144).

Procedures

The Police Responses to Calls for Service Survey (See Appendix B) was created by Dr. M. Alexis Kennedy for the Law and Social Issues (LSI) Research Lab. The lab is located in the Criminal Justice Department at the University of Nevada, Las Vegas. IRB was granted in the Spring of 2012 (protocol number 1110-3932) and collection of data started immediately. The purpose of the LSI lab is to collect data on social issues concerned with the criminal justice system and criminal justice procedures.

Measures

Included in the survey were the items from the Maryland Model Lethality Assessment (See Appendix A). Included were all 11 questions addressing issues of danger and lethality, plus one open ended question. The first three questions on the LAP are: “1. Has he/she ever used a weapon against you or threatened you with a weapon? 2. Has he/she threatened to kill you or your children? 3. Do you think he/she might try to kill you” (MNADV, 2005, “Learning to Read the Danger Signs”)? If a victim answers “yes” to any of these three questions on the assessment, an automatic response is triggered. Responding officers are to contact a local domestic violence helpline and give the phone to the victim (MNADV, 2005). If the victim answers “no” to the first three questions, the officer continues with items 4-11, affirmative answers for four or more of the subsequent questions triggers the response procedure. The last question asks the victim “Is there anything else that worries you about your safety” (MNADV, 2005, “Domestic Violence Lethality Screen”)? Officers can determine whether to initiate the protocol or not depending on the victim’s response to the final question.

Public support for IPV was measured by using actual police protocols and questions taken directly from the lethality assessment. Questions were included to measure support for LAP procedures such as requiring police to call social services for victims determined to be at risk. Respondents were asked to indicate how strongly they agreed or disagreed with the protocols and questions. Responses to the LAP questions were also analyzed across gender.

To determine the public’s level of awareness and knowledge of domestic violence situations a scale was created using three different sections of the survey. These sections

are referred to as: awareness of red flags, awareness of outreach and resources, and awareness of signs of abuse. These sections were analyzed separately, as well as, collectively to determine the respondents' level of awareness. All responses were measured at the ordinal level (Likert-scales). These responses were also compared across race and gender.

Subsequent questions regarding additional suggestions for police in responding to IPV and known organizations for assisting victims of IPV were given as open ended questions.

CHAPTER 4

FINDINGS

Awareness of IPV

Three sections of the survey were combined to create a public awareness scale: awareness of red flags, awareness of outreach and resources, and awareness of signs of abuse. These sections were analyzed using simple correlations separately and collectively. The items in this section were analyzed by gender groups as well.

Table 2 represents the responses to the section of the survey referred to as Red Flags. The means for this section of the survey were fairly evenly distributed between both men and women. Women were more likely to agree that isolation from friends and family is a warning sign of abuse. Using an alpha level of $p < .05$, 3 of the 4 items showed differences. The one that did not show difference may be tapping into myths of IPV rather than red flags.

Table 2

Awareness of red flags

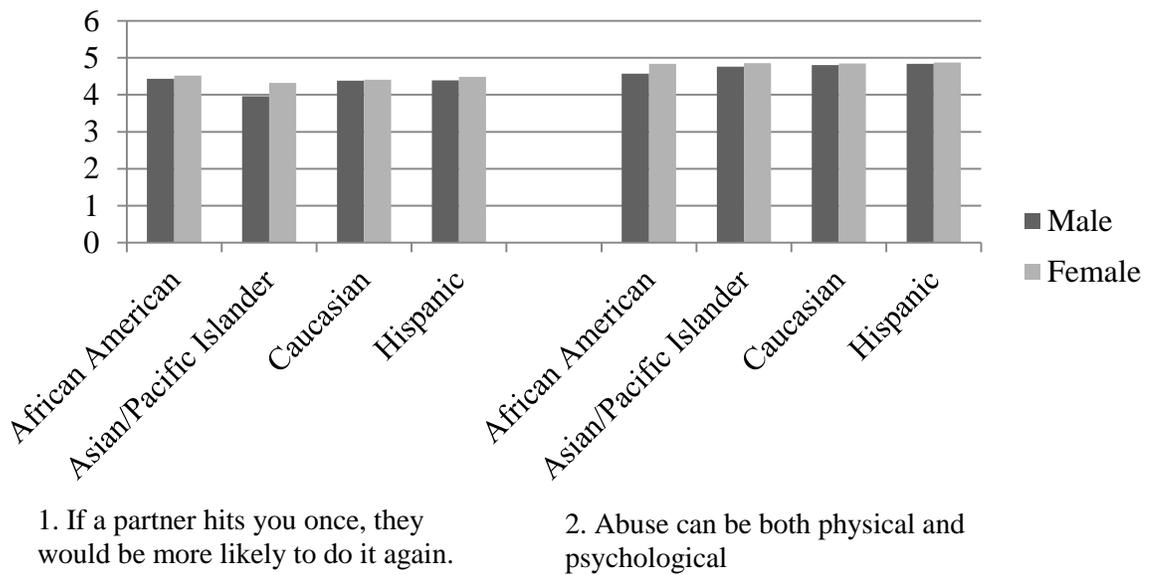
Do you agree that:	Mean Agreement		t	Significance
	Women	Men		
1. If a partner hits you once, they would be more likely to do it again	4.43	4.28	2.43	.015
2. Abuse can be both physical and psychological	4.86	4.78	2.19	.029
3. Females are the only victims of domestic violence	1.55	1.53	.201	.841
4. Isolation from friends and family is a warning sign of abuse	4.11	3.80	4.22	.000

Note: 5 represents strong agreement, 1 represents strong disagreement.

The awareness of red flags section was also analyzed by race and gender. The responses were fairly evenly distributed between both gender and races. Both Hispanic men and women were slightly more aware of psychological abuse as a red flag item.

Figure 1

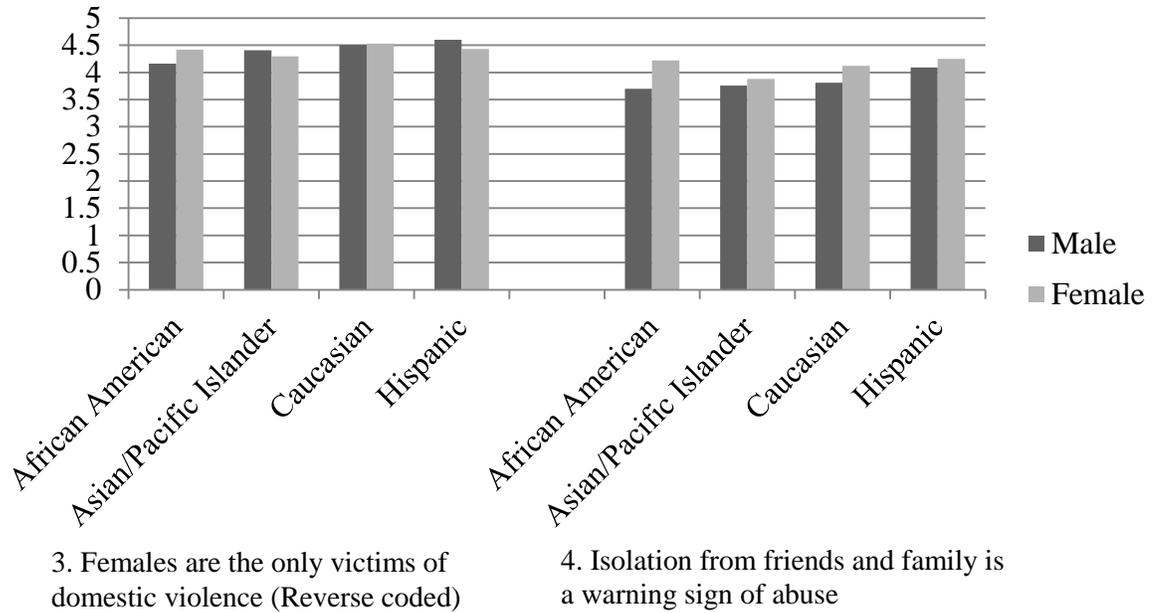
Awareness of red flags. Items 1 and 2 by race and gender



Continuing the analysis of red flag items by race and gender, Figure 2 shows a similar response distribution between race and gender as well.

Figure 2

Awareness of red flags. Items 3 and 4 by race and gender



The second section of the awareness scale was the awareness of a victim's ability to reach help and the participants' knowledge of resources available to victims. This section of the survey was also fairly even between men's and women's means. Women were more likely to be more aware of resources available to victims. Only the item concerning isolation from friends and family as a warning signs of abuse showed a significant difference between men and women.

Table 3

Awareness of outreach

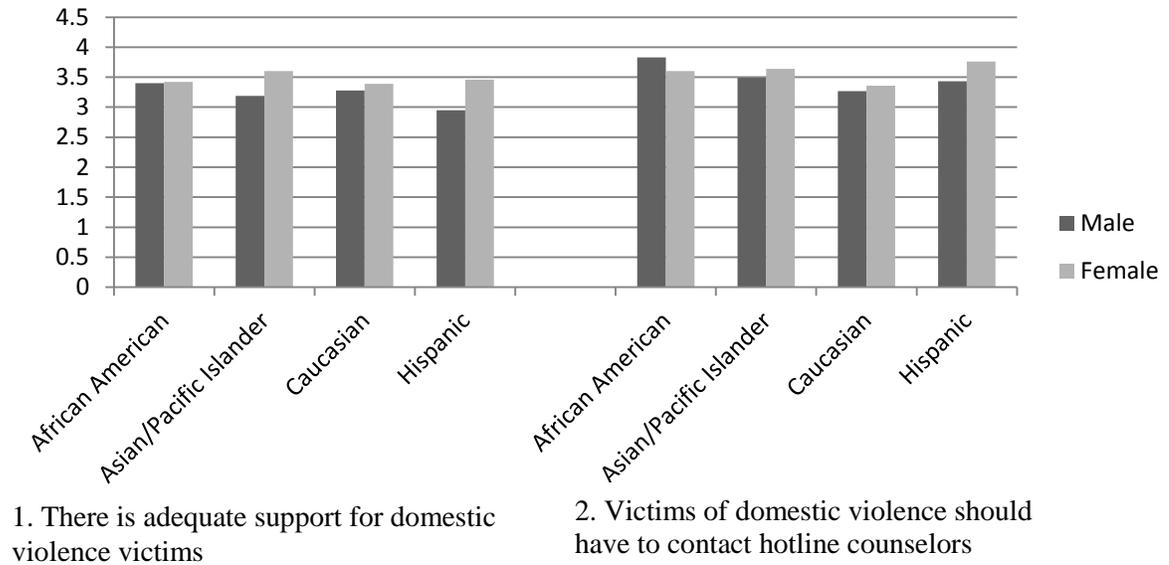
Do you agree that:	Mean Agreement		t	Significance
	Women	Men		
1. There is adequate support for domestic violence victims	3.41	3.24	2.07	.039
2. Victims of domestic violence should have to contact hotline counselors	3.55	3.40	1.70	.091
3. Information about domestic violence is readily available to all	3.37	3.31	.571	.568
4. Victims of domestic violence are always able to contact help	3.15	3.03	1.08	.282

Note: 5 represents strong agreement, 1 represents strong disagreement.

Awareness of outreach was also analyzed by race and gender. In Figure 3 below, it is shown that African American men and Hispanic women are more likely to recommend that victims of IPV talk to hotline counselors.

Figure 3

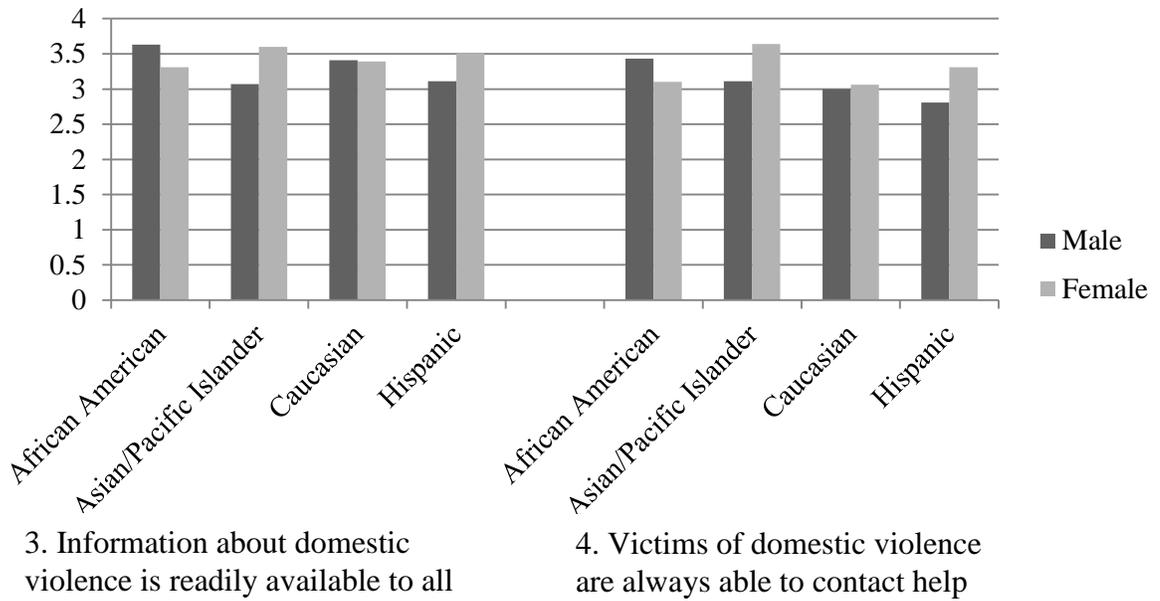
Awareness of outreach. Items 1 and 2 by race and gender



As seen in Figure 4, interestingly Asian/Pacific Islander men and Hispanic men were the least likely to agree that information about domestic violence is readily available to all, but the differences were not significant.

Figure 4

Awareness of outreach. Items 3 and 4 by race and gender



The last part of the awareness scale measures how able a participant would be to identify the signs of abuse, provide information to a victim, and/or help a victim out of an abusive relationship. These items did not vary by gender.

Table 4

Identifying signs of abuse

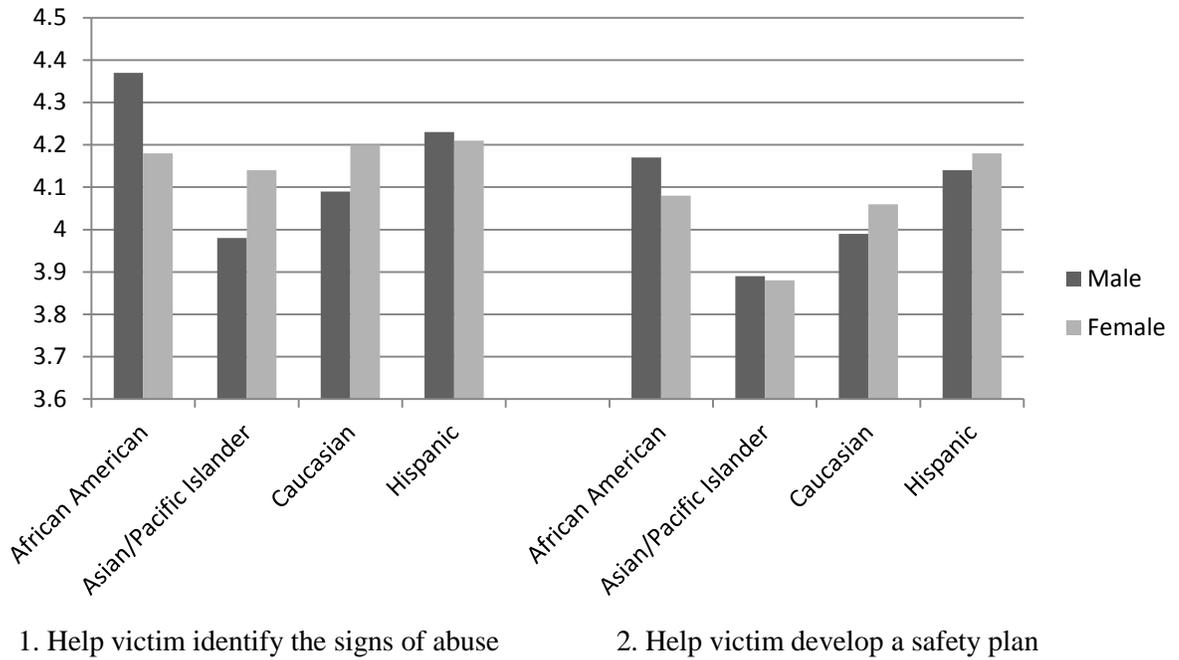
If a friend were to exhibit signs of abuse, would you be able to:	Mean Agreement		t	Significance
	Women	Men		
1. Help them identify the signs of abuse	4.18	4.12	.995	.320
2. Help them develop a safety plan	4.07	4.01	.725	.469
3. Help them get out of the relationship	4.18	4.19	-.184	.854

Note: 5 represents strong agreement, 1 represents strong disagreement.

For item number 1, when analyzed by race and gender, it was found that African American men were more inclined to agree that they could help a victim of IPV recognize the signs of abuse and help the victim develop a safety plan.

Figure 5

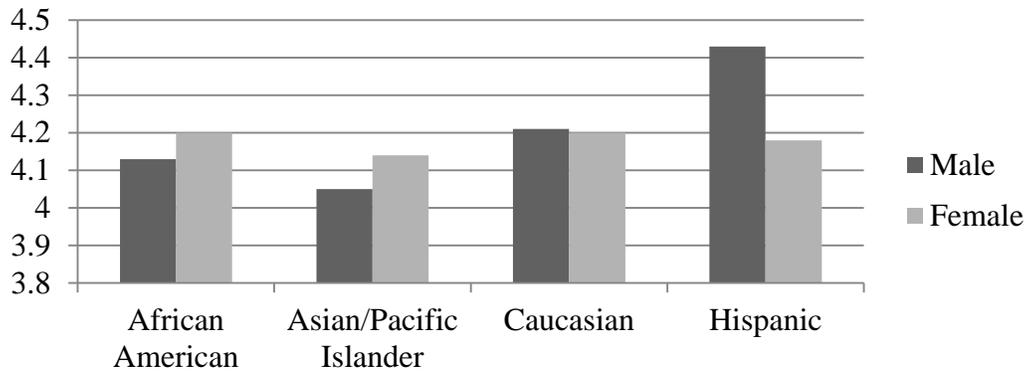
Identifying signs of abuse. Items 1 and 2 by race and gender



In Figure 6, it can be seen that unlike with the previous 2 items, item 3 has Hispanic men predominately agreeing that they could help a victim get out of an abusive relationship.

Figure 6

Identifying signs of abuse. Item 3 by race and gender



3. Help the victim get out of the relationship

Table 5 reports the composite of the three sections that comprise the awareness scale for this study. The responses range from 11 (the score if a respondent answered with 1 for all items) to 55 (the score if a respondent answered 5 for all items). One item was reversed coded so that higher scores represented a higher awareness. These responses were analyzed by race. In Table 5, it is seen that Hispanic participants reported a significantly higher awareness of IPV situations.

Table 5

Composite awareness scale by race

	Mean Awareness	t	Significance
African American	39.53	-.925	.355
Asian/Pacific Islander	38.61	1.998	.046
Caucasian	39.07	.901	.368
Hispanic	40.19	-3.54	.000

When comparing the composite awareness scores by both race and gender, Hispanic males and females were significantly more aware of IPV than the other ethnic groups. Asian men had significantly lower awareness scores than other male participants.

Table 6

Composite awareness scale by race and gender

Gender	Race	n	Mean Awareness	t	Significance
Female	African American	48	39.50	-.149	.882
	Asian/Pacific Islander	49	39.10	.984	.326
	Caucasian	138	39.34	.969	.334
	Hispanic	71	40.24	-2.026	.044
Male	African American	30	39.40	-1.007	.315
	Asian/Pacific Islander	54	38.15	1.67	.093
	Caucasian	131	38.79	.150	.881
	Hispanic	42	40.10	-2.742	.007

Support for Lethality Assessment Protocols

Police protocols and questions from the lethality assessment were analyzed by race and gender using simple correlations. In Table 7, the means for men and women were fairly even in agreement. Women were consistently higher in agreement with the protocols, but the differences were not significant. The items included protocols regarding officer discretion in identifying victims and the likelihood of future violence.

Table 7

Support for police protocols

Do you agree or disagree that patrol officers who are first to respond to calls (911 calls) for service should be required to:	Mean Agreement			
	Women	Men	t	Sig.
1. Make a determination about the risk for future violence against a victim who has called for help	3.78	3.89	-1.419	.157
2. Identify victims who are at greater risk for reoccurrence of domestic violence	4.00	4.04	-.675	.500
3. Provide the victim with numbers that they can call for assistance	4.43	4.39	.571	.568
4. Find a phone and call a hotline counselor for all victims that they are interviewing	3.11	2.99	1.307	.192
5. Find a phone and call a hotline counselor for victims officers consider to be at increased risk for revictimization	3.78	3.89	.271	.786
6. Review risk factors for escalating violence with all victims, so they can be aware of the risks	4.06	3.96	1.346	.179
7. Review risk factors for escalating violence with victims who the officer has identified as being high risk, so they can be aware of the risks	4.11	4.13	-.289	.773
8. Follow up with high risk victims by calling the victims later to get an update on their safety	3.76	3.71	.532	.595

Note: 5 represents strong agreement, 1 represents strong disagreement

Similar to the police protocols section, means were comparable between both gender groups but women were usually more likely to agree with the LAP questions. Interestingly, item #8 asking whether the victim has ever been separated from the partner after living together or being married, was the only significant factor found.

Table 8

Support for the lethality assessment

Do you agree or disagree that patrol officers should be required in every instance to ask victims:	Mean Agreement		t	Significance
	Women	Men		
1. If the victim has ever been threatened with a weapon by their partner	4.34	4.29	.658	.511
2. If their partner has ever threatened to kill the victim or their children	4.44	4.40	.578	.563
3. If their partner might kill them	4.20	4.22	-.326	.744
4. If their partner has a gun or could obtain a gun easily	4.41	4.28	1.719	.086
5. If their partner has ever tried choking them	4.34	4.29	1.226	.221
6. If their partner is violent or constantly jealous	4.01	3.91	1.212	.226
7. If their partner controls most of their daily activities	3.65	3.53	1.281	.201
8. If the victim has ever separated from the partner after living together or being married	3.47	3.27	2.138	.033
9. If their partner is unemployed	2.90	2.86	.448	.654
10. If their partner has ever tried killing themselves	4.01	3.91	.757	.449
11. If the victim has a child that the partner knows is not theirs	3.04	3.11	-.605	.545
12. If their partner follows or spies on the victim	3.94	3.87	.850	.396
13. If the partner leaves threatening messages	4.30	4.23	.839	.402

Note: 5 represents strong agreement, 1 represents strong disagreement.

Regression Analysis

The purpose of this study is to determine if higher levels of awareness affect levels of agreement with police protocols. Using regression analysis, the levels of awareness score, gender and ethnic groups were analyzed to see if they predicted support for lethality protocols. Items 1,2, and 3 were used for the regression analysis because they are the automatic trigger questions for the protocol. Item #8 was also analyzed because it was the only significant factor found during the initial analysis.

Table 9 presents the findings for Lethality Assessment item 1, support for police to ask whether there has been a prior threat with a weapon. The regression model was significant ($F = 8.640$ (df 6, 503) $p < .0009$). Two predictors were significant – levels of awareness and African American ethnicity. The higher levels of awareness saw higher agreements for the question. Being of African American descent saw lower levels of agreement.

Table 9

Regression models using gender and race as predictors of agreement for police lethality assessment item #1

Predictor	B	S.E.	β	Sig.
Awareness	.046	.008	.255	.000
African American	-.386	.122	-.172	.002
Asian/Pacific Islander	-.082	.120	-.041	.496
Caucasian	.008	.104	.005	.940
Hispanic	-.031	.109	-.016	.776
Gender	-.016	.069	-.010	.820

Table 10 presents the findings for Lethality Assessment item 2, support for police to ask whether there has been a threat to kill the victim or their children. The regression model was significant ($F = 9.667$ (df 6, 503) $p < .0009$). Two predictors were again significant – levels of awareness and African American ethnicity. The higher levels of awareness saw higher agreement for the item. Being of African American descent saw lower levels of agreement.

Table 10

Regression models using gender and race as predictors of agreement for police lethality assessment item #2

Predictor	B	S.E.	β	Sig.
Awareness	.053	.008	.298	.000
African American	-.301	.104	-.137	.004
Asian/Pacific Islander	-.126	.098	-.064	.201
Caucasian	-.035	.080	-.022	.661
Hispanic	.022	.107	.011	.838
Gender	.013	.061	.008	.850

Table 11 presents the findings for support for the third item - whether police should ask the victim if their partner might kill them. This regression model was significant ($F = 5.036$ (df 6, 502) $p < .0009$). Only one predictor was significant – the levels of awareness. It was a positive relationship as higher levels of awareness predicted higher support.

Table 11

Regression models using gender and race as predictors of agreement for police lethality assessment item #3

Predictor	B	S.E.	β	Sig.
Awareness	.049	.009	.234	.000
African American	-.150	.126	-.057	.235
Asian/Pacific Islander	.031	.119	.013	.796
Caucasian	-.013	.097	-.007	.891
Hispanic	.024	.129	.011	.853
Gender	.093	.081	.050	.253

Table 12 presents the findings for the item that asked if the police should ask whether the victim has ever separated from their partner after living together. The regression model was significant ($F = 7.059$ (df 6, 501) $p < .0009$). Two predictors were again significant – levels of awareness and African American ethnicity. The higher levels of awareness saw higher agreement for the item. Being of African American descent saw lower levels of agreement. Gender as a predictor was approaching significance at $p = .068$. Men were more likely to support police asking this question.

Table 12

Regression models using gender and race as predictors of agreement for police lethality assessment item #8

Predictor	B	S.E.	β	Sig.
Awareness	.054	.010	.226	.000
African American	-.305	.141	-.104	.030
Asian/Pacific Islander	.195	.133	.075	.142
Caucasian	.114	.109	.054	.295
Hispanic	-.134	.143	-.053	.351
Gender	-.157	.091	-.075	.068

CHAPTER 5

DISCUSSION AND CONCLUSIONS

This study used a sample of 521 students at the University of Nevada, Las Vegas to measure public awareness of inter-personal violence situations and to explore whether those students agree with police protocols when responding to IPV calls for service. Research surrounding IPV has always been difficult, whether studying the causes of IPV, the cycle of violence, or the formal interventions and there is always a need for new data. This study sought to take some previously identified warning signs of abuse to create a scale to determine general knowledge and awareness levels concerning IPV.

There has been little research done on people's awareness of IPV. This study found that men and women did not differ greatly in their knowledge of IPV. Because of the lack of prior research, it was unsure whether any differences between male and female levels of awareness would be found. Both groups showed high levels of awareness which could account for the lack of differences between groups. Although there were some differences in response patterns, they were not significant for the most part.

When the data was analyzed by race there were more significant differences seen. It was found that Hispanic men and women were more aware of IPV than other men and women. Although very little research has been done on women's awareness, previous research has found that Hispanic women are more likely to report abuse by intimate partners more often than non-Hispanics (Sumter, 2006). It has also been found that Hispanic women experience IPV at a higher rate than some groups of women, which might also explain a higher level of awareness (Sumter, 2006). The higher rate of

Hispanic women reporting IP, may also have an impact on Hispanic men's awareness of IPV situations as well. If the women are more likely to report abuses, the men may have been exposed to relatives reporting or even have personal experience with police contact during calls for service.

The race analysis of the data did provide some differences that were significant. It was found that African Americans had a significantly lower level of support for some of the individual lethality assessment measures. Police protocol items had a higher level of support from Caucasian respondents but the agreement was not significant. Asian/Pacific Islanders and Hispanics fell in the middle with support for the protocols and lethality assessment items. Overall, most participants agreed with or showed support for all items; the only difference was whether they agreed or strongly agreed with the items.

The main goal of this research was to determine if higher levels of awareness affected level of agreement with police responses to IPV calls for service. Using a linear regression model it was found that awareness was a significant factor predicting agreement with police protocols. Identifying that awareness is a significant factor in whether people agree with police protocols is an important finding. Not only did the awareness scale show that awareness increased support but the significance held true when both race and gender were included.

For the red flags section of the survey, both men and women recognized that the items would be indicators of abuse; however, the responses were interesting in their variation. Women were more likely to agree that if a partner hits you a pattern of abuse could occur. Both men and women acknowledged that there can be diversity in types of abuse but they were less likely to recognize that isolation could be a form of

psychological abuse. When identifying signs of abuse both men and women in all race categories indicated a high level of awareness but women were more likely to identify signs of abuse. Even though women would identify the abuse, men indicated that they would be more likely to help the victim out of an abusive relationship.

Unfortunately, Las Vegas is limited in the resources available to victims of IPV. With only a few shelters with inadequate funding there appeared to be an overestimation of resources available by participants. Respondents were neutral in their agreement towards the item asking whether victims are always able to contact help. The variance in these responses could indicate that although there is a lack of awareness of available resources, participants are aware that victims may not always be able to access these resources.

For the police protocols and lethality assessment sections the participants had universal support for police intervention items. Once again there were no significant gender differences. Similar to the awareness section, both men and women showed support for the police protocols.

It is interesting that there are high levels of agreement with some of the items on the LAP. Many of the items on the questionnaire could be considered personally invasive. Item 8 on the LAP asks the victim if they have ever been separated from their partner. This item is going beyond the typical inquiries of the police in IPV situations. Even though this item can be considered invasive, respondents were overall neutral (not in disagreement or agreement) in their support for police being required to ask the question. Item 8 could also be considered a question going beyond what is necessary to ask in an IPV investigation. This item asks if the victim has a child that their partner

knows is not their biological child. This is a relevant question because the situation could lead to tension in the household. While this item is beyond the scope of regular police responses, respondents were also neutral in their agreement for this item. What might also be considered one of the most invasive questions is whether or not the abusive partner is unemployed. This question is difficult to ask in any situation but in regards to IPV situations it could be a trigger for abusive behavior. Respondents had the lowest support for this item out of any item in both the protocols and lethality sections of the survey.

Previous research has found that public information campaigns have helped raise awareness (Campbell & Manganello, 2006). Finding that awareness does in fact increase support for police responses also corresponds with the principles of the theory of reasoned action. The more people know about a situation the more likely they are to take action that supports societal well-being. If individuals are better able to identify their abuse, the more likely they are to ask for help. Alternatively, the more people surrounding the victim know about IPV, the more likely they are to encourage or support them in getting help.

The level of agreement towards the LAP shows that there is a general expectation of police involvement in IPV situations. Interestingly, men were more supportive of police protocols when children were involved, but, the agreement was not significant. Some of the items had lower means of agreement which meant that the respondents were neutral about the police practices, but the majority agreed police should intervene.

Public expectations of police to resolve IPV situations have increased over time and there seems to be a demand for more comprehensive responses. Rather than

expecting police officers to investigate the facts and filing reports, the focus has shifted to a social work aspect. Police are now expected to connect victims with resources, help them out of the situation, and administer assessments of future violence. These expectations have increased the responsibilities of police and if they fail to predict future violence or fail to protect a victim, the police are blamed with the failure. Item 3 on the protocol agreement section asks respondents if they believe police should have to provide help numbers to victims so they can call for help. Interestingly, respondents had a high agreement with the item but had a neutral response to the subsequent question asking if police should physically make a phone call to a counselor for the victim.

These expectations could be categorized as a form of forced guardianship under routine activities theory. Using the framework of routine activities theory, it can be seen that some of the forced guardianship is a type of personal interaction and victim management that is different than calls for service to other types of crimes. Some of the protocols require personally invasive questions to be asked. When police are expected to use a victim's personal phone line to call an advocate and persuade the victim to talk to the advocate, it is a very different level of victim management and interaction than is normally asked of police. This procedure varies greatly from the traditional response of showing up at the disturbance and simply taking a report. These expectations are more of a social work role of managing victims. The data suggests that people are supportive of these forced guardianship roles that are being placed on police officers. This support shows that policies created by super controllers have changed to force institutions to do for individuals what they won't do for themselves. Super controllers, or external groups who direct resources to guard potential victims, do not necessarily interact with victims

during IPV incidents but rather deal with the management and prevention of IPV. They are the ones who develop police policies and require the handlers (i.e. police officers) to carry out the policies. These policies are developed from victim accounts and professionals interaction with victims of IPV. Community and professional awareness of IPV will increase demand for super controller intervention.

Limitations

The data collected in this study has been helpful in determining general knowledge of IPV, but by using a convenience sample offers certain limitations to the study. By using students from UNLV, the sample may not be representative of the Las Vegas, Nevada population. It was found that, in general, the participants were aware of IPV and agreed with police procedures but this could be contributed to the academic recruitment setting. Using a population that is enrolled in a criminal justice class may affect the participants' knowledge base and give them more insight to police behaviors than the general public. Although the students were enrolled in a criminal justice introductory class, the areas of study indicated were widely varied. There was only a small segment of the population that declared criminal justice as their field of study.

Additionally, many of the students specified that they were enrolled in their first year of school at the university, which may also indicate that they are a younger population. Age may play a part in how many life experiences they have had and/or if they have experienced IPV themselves, further affecting their responses. Although it is not known whether any of the participants in the study have ever been involved in an IPV situation, any participant's involvement with IPV would alter their knowledge and their responses.

Although the awareness scale used in this study included items regarding warning signs of abuse, resources available to victims, and identifying victims, specific acts of IPV were not analyzed. This could be a limitation because although someone agrees that abuse can be both physical and psychological we do not know what they consider physical or emotion abuse. Definitions of abuse can be subjective and a simple awareness scale may not capture areas that are lacking in awareness.

Implications

Unfortunately, Las Vegas, Nevada has one of the highest rates for male on female violence in the United States. Through this research it was found that the more knowledgeable a person was about IPV the more likely they were to support extended police responses to domestic violence. One of the implications of this study is that simply educating people about IPV could potentially help police better perform their jobs and decrease IPV rates in Las Vegas. Although there are limitations to this research, the findings can be helpful in improving public information campaigns and facilitating future research

This research focused on the public's opinions of police responses to IPV, but future research may want to explore police opinions. The new protocols are asking police to extend their social work role in IPV calls for service and it may be beneficial to learn whether police agree with the lethality assessment protocols that are being implemented. Future research may wish to find a comparison city to test whether respondents are as aware of the prevalence of the problem within their community. There are a number of cities using the same lethality assessment protocols that would make an ideal comparison city. One of the most evident limitations of this research is the limited generalizability of

the sample. Future research may want to test a more random subject pool for a more representative sample. Future research should expand what was started by this project in developing a new awareness scale. More comprehensive research that looks at all aspects of interpersonal violence, including physical, sexual, and emotional abuse is still needed.

APPENDIX A

MARYLAND MODEL LETHALITY ASSESSMENT



**DOMESTIC VIOLENCE LETHALITY
SCREEN FOR FIRST RESPONDERS**



Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> Check here if victim did not answer any of the questions.		
▶ A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.		
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
▶ Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.		
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
▶ An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.		
Is there anything else that worries you about your safety? (If "yes") What worries you?		
Check one: <input type="checkbox"/> Victim screened in according to the protocol <input type="checkbox"/> Victim screened in based on the belief of officer <input type="checkbox"/> Victim did not screen in		
If victim screened in: After advising her/him of a high danger assessment, <input type="checkbox"/> Yes <input type="checkbox"/> No did the victim speak with the hotline counselor?		

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

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APPENDIX B

POLICE RESPONSES TO CALLS FOR SERVICE SURVEY

In Las Vegas, the Metropolitan Police Department receives many calls for service (911 calls) from people who are in heated domestic disputes. The first officers to respond to these calls are usually patrol officers. They will talk to the victim and alleged offender (if the offender is still on the scene). The patrol officer will speak to the victim in private and take a statement as to what happened including some information on the history of the relationship. Domestic violence includes violence between spouses, partners, friends, family and other acquaintance relationships. Some cases are referred to specialized detectives in the domestic violence unit at LVMPD.

Instructions: Below are a series of statements about police responses to domestic violence calls. We would like to know to what extent you agree or disagree with each one. Please indicate how much you agree and disagree with each statement by selecting the appropriate letter alongside the statement. Please do not skip any statements.

SD - Strongly Disagree **D** – Disagree **N** – Neutral **A**- Agree **SA**- Strongly Agree

Do you agree or disagree that patrol officers who are first to respond to calls for service (911 calls) should be required to:

1. Make a determination about the risk for future violence against a victim who has called for help
2. Identify victims who are at greater risk for reoccurrence of domestic violence
3. Provide the victim with numbers that they can call for assistance
4. Find a phone and call a hotline counselor for all victims that they are interviewing
5. Find a phone and call a hotline counselor for victims officers consider to be at increased risk for revictimization
6. Review risk factors for escalating violence with all victims, so they can be aware of the risks
7. Review risk factors for escalating violence with victims who the officer has identified as being high risk, so they can be aware of the risks
8. Follow up with high risk victims by calling the victims later to get an update on their safety

The majority of domestic violence calls for service in Las Vegas are for partner related disputes. For the following questions, imagine that a patrol officer is responding to a call for help after a fight between intimate partners.

Do you agree or disagree that patrol officers should be required in every instance to ask victims:

1. If the victim has ever been threatened with a weapon by their partner
2. If their partner has ever threatened to kill the victim or their children
3. If their partner might kill them
4. If their partner has a gun or could obtain a gun easily
5. If their partner has ever tried choking them
6. If their partner is violent or constantly jealous
7. If their partner controls most of their daily activities
8. If the victim has ever separated from the partner after living together or being married
9. If their partner is unemployed
10. If their partner has ever tried to kill themselves
11. If the victim has a child that their partner knows is not theirs
12. If their partner follows or spies on the victim
13. If the partner leaves threatening messages
14. Are there any other questions that you think patrol officers should ask when responding to call for service for domestic violence _____

Imagine that you have a friend in class who shares with you that she or he has been abused by their current partner the night before. What advice would you give them? Please indicate how much you agree and disagree with each of the following statements by selecting the appropriate letter alongside the statement.

1. You would encourage your friend to report the incident to the police.
2. You would encourage your friend to contact a domestic violence counselor
3. You would know how they could find a domestic violence counselor
4. You would encourage your friend to move into a domestic violence shelter
5. You would know how they would contact a domestic violence shelter
6. Do you know the names of any organization in Las Vegas that are ready to help victims of domestic violence _____

If a friend were to exhibit signs of abuse, would you be able to:

1. Help them identify the signs of abuse
2. Help them develop a safety plan
3. Help them get out of the relationship

Do you agree or disagree that a friend may be in an emotionally abusive relationship if their partner:

1. Calls them names
2. Insults them or continually criticizes them
3. Does not trust them and acts jealous or possessive
4. Isolates them from family and friends
5. Does not want them to work
6. Controls finances or refuses to share money
7. Punishes them by withholding affection
8. Expects them to ask for permission to do things
9. Threatens to hurt them or their children

Do you agree or disagree that a friend may be in a physically abusive relationship if their partner has:

1. Damaged property when angry
2. Pushed, slapped, bitten, kicked or choked them
3. Abandoned them in a dangerous or unfamiliar place
4. Scared them by driving recklessly
5. Used a weapon to threaten or hurt them
6. Forced them to leave home
7. Trapped them in their home or kept them from leaving
8. Prevented them from calling police or seeking medical attention
9. Hurt their children

Do you agree or disagree that a friend may be in a sexually abusive relationship if their partner:

1. Views women as objects
2. Accuses them of cheating or is jealous of outside relationships
3. Wants them to dress in a sexual way
4. Insults them in sexual ways or calls you sexual names
5. Has ever forced them or manipulated them into having sex or performing sexual acts
6. Held them down during sex
7. Has demanded sex when they were sick, tired, or after beating them
8. Hurt them with weapons or objects during sex
9. Has involved other people in sexual activities with them
10. Ignored their feelings regarding sex

Below are some general questions about domestic violence. We would like to know if you agree or disagree with each one. If you are uncomfortable answering the following questions, please remember that you do not have to answer.

Do you agree or disagree that:

1. There is adequate support for domestic violence victims
2. Victims of domestic violence should have to contact hotline counselors
3. Information about domestic violence is readily available to all
4. Victims of domestic violence are always able to contact help

Do you agree or disagree that:

1. If a partner hits you once, they would be more likely to do it again
2. Abuse can be both physical and psychological
3. Females are the only victims of domestic violence
4. Isolation from friends and family is a warning sign of abuse

Do you have any other comments that you would like to share about domestic violence?

Demographics

Please answer each question. This is a completely anonymous survey, so please honestly answer as many questions as possible.					
What is your area of study? _____					
Age: _____					
Gender: (Please circle one)		Male	Female		
Ethnicity: (Please circle as many as apply)					
African-American		Asian	Caucasian	Hispanic	
Other: _____					
Religion: (Please circle one)					
None	Christian	Mormon	Islamic	Jewish	Catholic
Other: _____					
Do you have any children? Yes _____ No _____					
Number of Boys _____			Number of Girls _____		
Year in University		1	2	3	4 Other: _____
Have you ever been employed in law enforcement? Yes _____ No _____					
Have you ever been employed in counseling? Yes _____ No _____					

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