

A Community, Academic, and Public Health Partnership to Evaluate a Brief Lethality Assessment Intervention for Intimate Partner Violence

Safe States Alliance
Innovative Initiative Award Finalist

Sheryll Brown, MPH
Injury Prevention Service
Oklahoma State Department of Health



Research Funded by NIJ #2008-WG-BX-0002

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)



Public Health Problem

- 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)



Public Health Problem

- 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)



Oklahoma Lethality Assessment (OK-LA) Study

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

	<p>Jill Theresa Messing, MSW, PhD, Arizona State University</p>	
	<p>Janet Wilson, PhD, RN, OU College of Nursing</p>	
	<p>Beverly Patchell, PhD, APRN, PMHCNS-BC, OU College of Nursing</p>	
	<p>Jacquelyn C. Campbell, PhD, RN, FAAN, Johns Hopkins School of Nursing</p>	
	<p>Dave Sargent, Maryland Coalition Against Domestic Violence</p>	
	<p>Sheryll Brown, MPH, Injury Prevention Service, Oklahoma State Department of Health</p>	

Tulsa

	
<p>Captain Odom, Tracey Lyall, Chief McCrory, and Captain Lawson, Tulsa Police Department</p>	<p>Tracey Lyall, Caroline Holmes, Angela Brown and Betty Nunley, Domestic Violence Intervention Services, Inc.</p>
	



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

