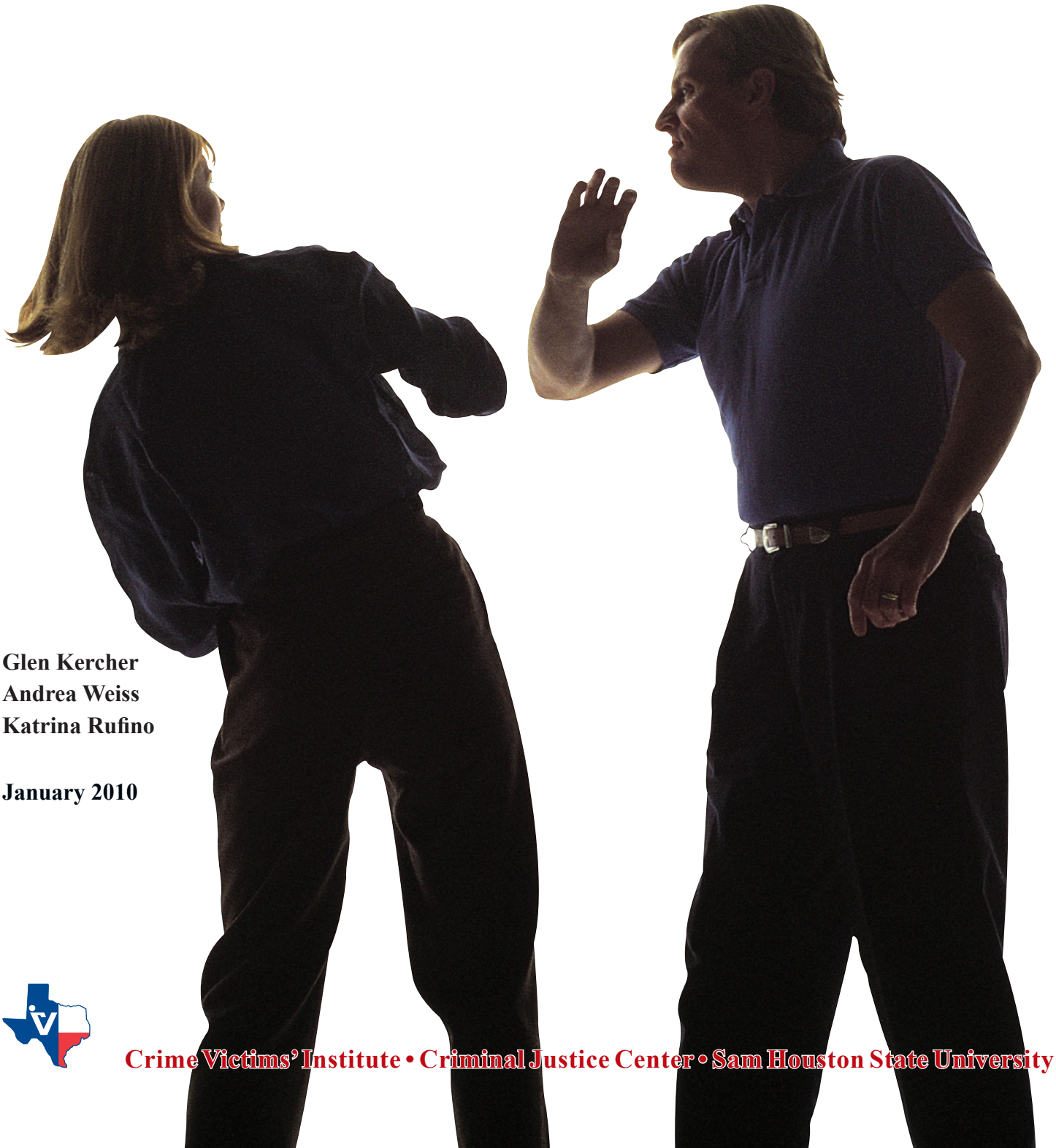
Assessing the Risk of Intimate Partner Violence



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…from the Director

There has been a dramatic transformation over the past 20 years in the response to intimate partner violence (IPV). These changes are apparent in criminal justice processing, the availability of social and advocacy services, the provision of emergency medical services, and from public opinion. Agencies dealing with victims and offenders have adopted a number of mechanisms to identify high risk cases in order to respond appropriately to safeguard the victim and reduce the re-occurrence of violence. This has led to an increasing demand for accurate risk assessment. The central purpose of this report is to identify the predictors of IPV and to assess the accuracy of different approaches and models in predicting risk of future harm or lethality to victims. These findings have broad implications for law enforcement, victim services, and prosecutors.

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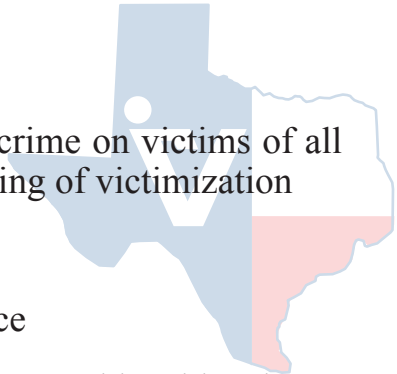
Mission Statement

The mission of the Crime Victims' Institute is to



- conduct research to examine the impact of crime on victims of all ages in order to promote a better understanding of victimization
- improve services to victims
- assist victims of crime by giving them a voice
- inform victim-related policymaking at the state and local levels.

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Assessing the Risk of Intimate Partner Violence

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One in every four women will experience intimate partner violence (IPV) in her lifetime (Tjaden & Thoennes, 2000), and females who are 20-24 years of age are at the greatest risk for such violence. In 2005, 389,100 women and 78,180 men were victimized by an intimate partner. These crimes accounted for 9% of all violent crime (Catalano, 2006). Research has shown that as the frequency of violence increases, so does the risk to the victim of being murdered or murdering her partner (Block, 2003).

Assessing the risk of future violence in IPV cases is important, as underscored by the all too frequent media accounts of individuals murdered by their current or previous partners. This kind of assessment is also an important bridge to improved responses to these victims on the part of the criminal justice system, social and advocacy services, and health care. With the added focus by law enforcement, prosecutors, the courts, and the expansion of hotline services, emergency shelters, and advocacy centers, a sort of triage procedure has increasingly been introduced to coordinate responses to victims of intimate partner violence. These improvements have been coupled with an increased demand for services, perhaps in part because citizens have become more aware of the help available to them. Agencies working with victims and offenders have adopted a number of mechanisms to identify high-risk cases in order to direct resources to those most in need of assistance.

Many victims of intimate partner violence may not fully appreciate the likelihood of recurring abuse, with the result that too many victims are severely injured or murdered. Women are killed by husbands, lovers, ex-husbands, or ex-lovers more often than by any other type of homicide offender (Mercy & Saltzman, 1989). It is the leading cause of death for African-American women aged 15 to 45 and the seventh leading cause of premature death for U.S. women overall (Office of Justice Programs, 1998). Intimate partner homicides make up 40 to 50% of all murders of women in the United States (Campbell, 1992). Significantly, many jurisdictions have no perpetrator categories for ex-boyfriend or ex-girlfriend, even though these cases account for as much as 11 percent of intimate partner homicides of women and two to three percent of intimate partner homicides committed by women. In 70 to 80 percent of intimate partner homicides, no matter which partner was killed, the man physically abused the woman before the murder (Pataki, 1997). Thus, one of the primary ways to decrease intimate partner homicide is to identify and intervene promptly with abused women at risk.

Campbell, et al. (2003) found that women who were threatened or assaulted with a gun or other weapon were 20 times more likely than other women to be murdered. Women whose partners threatened them with murder were 15 times more likely than other women to be killed. When a gun was in the house, an abused woman was six times more likely than other abused women to be killed. Although drug abuse or serious alcohol abuse is related to an increased risk to a woman's safety, threats to kill, extreme jealousy, attempts to choke, and forced sex

1. The Crime Victims' Institute (CVI) is funded by the Texas Legislature and charged with examining issues relating to victims of crime. CVI is a research institute and recommends policies and/or changes to existing policies that assist the criminal justice system in reducing victimization of Texas residents.

present a higher risk (Sharps, Campbell, Campbell, Gary, & Webster, 2001). Any past attempt to strangle or choke a woman is a risk factor for severe or fatal violence. Other risk factors include when a couple separates, jealousy/possessiveness on the part of the abuser, and threats to kill the victim (Websdale, 2000).

According to Block (2003), in many homicides of women, the victim had experienced violence at the hands of her partner during the past year. Three particular aspects of past violence are the highest risk factors for future violence:

1. Type of violence-willful intimidation, assault, battery, sexual assault;
2. Number of days since the last incident; and
3. Frequency, or increasing frequency, of violence.

Jacquelyn Campbell (1995) found that:

- Only 4% of domestic violence murder victims nationwide had ever availed themselves of domestic violence program services;
- In 50% of domestic violence-related homicides, officers had previously responded to a call on the scene; and
- The re-assault of domestic violence victims considered to be in high danger was reduced by 60% if they went into a shelter.

Domestic Violence in Texas

One of the major concerns about lethality in domestic violence cases is that violence and entrapment of victims often intensifies over time (Websdale, 2000). In 2006, the Department of Public Safety and the Texas Council on Family Violence reported:

- 186,868 domestic/family violence incidents
- 120 women were killed by their intimate partner
- 12,356 adults received emergency shelter from their abusive relationships
- 16,968 children received emergency shelter[2]

There is widespread consensus that more needs to be done to address domestic violence cases throughout the nation and Texas in particular. While the best and most desired method is to prevent domestic violence, the next most desirable option is to encourage victims to report incidents and avail themselves of resources to assist them.

There are a number of findings that encourage continued work in these cases. The Bureau of Justice Statistics reported that 51.2% of the cases were reported to the police from 1994-1995 and from 2004-2005, reporting to police increased to 62.1% for non-fatal intimate partner victimization of female victims. On the other hand, reasons for not reporting were female victims' feared reprisal (12%) and the belief that the police would not do anything for

2 Information provided by the Texas Department of Public Safety and the Texas Council on Family Violence (TCFV). Continued TCFV research into women killed by ex-boyfriends (a number not tracked by the Texas Department of Public Safety) provides, for the very first time, a new level of accuracy in accounting for the toll of domestic violence in Texas.

them (8%). Based on these statistics, improvement is essential when considering the role of first responders in addressing the needs of those involved in domestic violence cases.

Risk Assessment Tools

Risk assessment instruments are used to measure the cessation, recidivism, or escalation of IPV. The kinds of risk assessment procedures used in cases of IPV include victim ratings, intimate partner assault risk scales, and risk scales designed for general or violent recidivism. Intimate partner assault instruments range from victim ratings of perceived threat, to structured professional judgment, and actuarial scales.

Measures that require structured professional judgment are especially common in the risk assessment literature, with the most frequently used measure being the Psychopathy Checklist-Revised (PCL-R; Hare, 2003; see Archer, Buffington-Vollum, Stredny, & Handel, 2006; Lally, 2003; Tolman & Mullendore, 2003). To score these instruments, raters use information from client files, structured or semi-structured interviews, or other sources to rate or categorize the client on a series of items.

Actuarial instruments are based on statistical equations, algorithms and actuarial tables, which as a general rule have been found to be more accurate than either victim assessments or professional judgment (Grove, & Meehl, 1996).

The following instruments represent the kinds of approaches most often cited in the literature for predicting the likelihood of repeat violence among intimates.

Danger Assessment (DA). This interview schedule is the oldest of the spousal assault risk scales (Campbell, 2005) and is scored dichotomously (at risk or not at risk). It represents a structured professional judgment interview of a victim, typically conducted by a victim advocate or emergency room personnel. It consists of a review of the past year with a calendar to document the severity and frequency of battering. In addition, there are 20 yes/no questions covering the offender's domestic and non-domestic violence history, access to weapons, substance abuse, jealousy, sexual assault, threats, and the victim's fear for her safety. This instrument was originally designed to predict lethality, not assault recidivism. However, it has been found to have utility in predicting IPV recidivism as well (Heckert & Gondolf, 2004).

When the DA instrument was applied to a national data set, it was reported that 87% of those killed by abusers and 92% of those severely injured by their abusers would have screened in at a high danger level (MNDAV, 1(1), 2006). This instrument can also be utilized in other sensitive and dangerous situations (e.g. during the time an interim or temporary protective order is being issued; MNADV, 1(2), 2006).

Spousal Assault Risk Assessment (SARA). This instrument was developed by Kropp, Hart, Webster, & Eaves, (1999) as a structured professional judgment interview for predicting IPV. It is comprised of 20 items gathered from empirical and clinical literature. All items are scored continuously (0, 1, 2) and tallied for a total score. Although not originally developed as a scale, professional judgment is often superseded by using the total score as a basis for determining risk. The manual recommends completing this scale after interviewing both the accused perpetrator and victim. The items cover criminal history, psychological functioning, and current social adjustment. Access to correctional and clinical records is needed to complete the assessment. The SARA covers both dynamic and static risk factors. Its limitations are that

it requires extensive training, and some items are not associated with recidivism. Kropp and Hart (2000) found high predictive accuracy for the SARA when it was coded from files by researchers. Accuracy declined when the coding was conducted by police officers in Sweden.

Domestic Violence Screening Instrument (DVSI) (Williams & Houghton, 2004). The twelve items making up this instrument are primarily related to the offender's criminal history, employment, and treatment participation. It is designed to assess the risk of re-assault. It is often completed by a person affiliated with the probation department and is used to determine the level of supervision the offender requires.

Ontario Domestic Assault Risk Assessment (ODARA) (Hilton, Harris, Rice, Lange, Cormier, & Lines, 2004). This is a 13-item actuarial scale that is easily rated by police officers or others with access to criminal justice records. Completing this scale does not require victim participation. Unlike many of the other scales in which items are based on theory or prior research, this instrument was developed empirically using demonstrated relations between predictors and recidivism and combining the information in a way that statistically estimates the likelihood of recidivism. Some of the items are specific to partner relationships (prior IPV confinement of the victim when she was pregnant, victim's children from prior relationships, victim's concern about future assaults), and several items are common to the literature on risk of antisocial behavior in general (prior correctional sentence, failure on conditional release, substance abuse, threats of violence). It can be completed by clinicians, law enforcement officers, court workers, and other practitioners.

Psychopathy Checklist – Revised (PCL-R) (Hare, 2003). The PCL-R is a 20-item structured professional judgment instrument designed to measure psychopathy in clinical, research, and forensic settings. Although not designed as a risk measure per se, it is one of the most commonly used measures in risk assessment (Archer et al., 2006; Lally, 2003; Tolman & Mullendore, 2003). In the PCL-R's standard administration format, the rater uses a semi-structured interview, records, and other collateral information to obtain as much insight as possible into the personality of the interviewee. This information is then used to assign a score (0, 1, or 2) for each item. The PCL-R can also be scored without the interview, based on a file review only (Hare, 2003). Use of the PCL-R requires extensive training of mental health professionals.

The items of the PCL-R load onto two main factors: (1) selfish, callous, and remorseless use of others and (2) chronically unstable, antisocial, and socially deviant. Additional items that do not directly load on either factor include promiscuous sexual behavior and many short-term marital relationships (Hare, 2003).

Violence Risk Appraisal Guide (VRAG) (Quinsey, 2006, Harris, Rice, & Quinsey, 1993, Harris, Rice, & Camilleri, 2004). This actuarial scale was developed to predict male violent recidivism among both forensic and non-forensic psychiatric offenders and has shown considerable predictive ability (Harris et al., 2004).

Domestic Violence Risk Appraisal Guide (DVRAG) (Hilton, Harris, Rice, Houghton, & Eke, 2008). This is a 14-item actuarial scale comprised of the original ODARA items. The items are scored categorically and totaled as a continuous variable. Items were scored dichotomously in the original version. The resulting score is combined with the PCL-R score. Access to criminal history is required, and the assessment needs to be conducted by a highly trained professional.

Predictive Accuracy for IPV Recidivism

The actuarial approach to risk assessment is increasingly accepted as the most accurate means of predicting violent recidivism. For the prediction of general violence, actuarial scales have been found to be more accurate than unstructured opinions about risk. Many of the risk factors for IPV are similar to those for general criminal recidivism (e.g., unemployment and substance abuse) (Hilton & Harris, 2005).

In risk prediction, a four quadrant model is used to assess effectiveness (Table 1). The goal is to maximize the prediction of those who are at risk and subsequently experience violence (true positives) and those who appear to be at low risk and subsequently do not experience violence (true negatives). Attempting to predict relatively low frequency events is difficult. Every instrument has error rates; that is, sometimes a person is considered to be at risk who is not subsequently victimized (false positives), and sometimes a person is considered not to be at risk but is subsequently victimized (false negatives). Further research and validation studies are needed to determine which instrument is the most powerful in predicting future violence.

Table 1. Predictor Model

Predicted	**Occurred**	
	True	**False**
Positive (Violence Predicted)	True Positive (Violence Occurred)	False Positive (Violence did not Occur)
Negative (Violence did not Occur)	True Negative (Violence did not Occur)	False Negative (Violence Occurred)

Roehl, O'Sullivan, Webster, and Campbell (2005) evaluated several risk assessment instruments based on structured professional judgments in an attempt to validate their utility in intimate violence cases. The instruments tested included the DA, DVSI, and victim perception of risk.

Battered women (n=1307) were recruited from five different settings. Two-thirds of the initial interviews were conducted in person; the others were conducted over the phone. Participants were randomly administered one of the two risk assessment methods. Follow-up phone interviews were conducted six to twelve months later with 60% of the original sample. Victims' scores on the assessment instruments were correlated with victim reports of abuse and offender arrests. The DA was more highly correlated with victim reports and perpetrator arrests, thus attesting to its utility in assessing risk. Nevertheless, the correlations were low (Roehl et al., 2005).

Hanson, Helmus, and Bourgon (2007) conducted a meta-analysis of 18 studies which resulted in the rank ordering of the predictive accuracy (from most to least accurate) of four assessment instruments: ODARA, SARA, DA, and victim assessment. However, the effect sizes were not statistically different across assessment procedures. Be that as it may, instruments like the ODARA, SARA, and DA are better than chance at predicting subsequent violence. No one method has been found to be superior to the others (Hanson et al., 2007).

Hilton et al. (2008) examined whether the prediction of IPV recidivism and its severity could be improved by adding more detailed clinical information to the ODARA, DA, and DVSI. The results from these evaluations were combined with those of in-depth forensic assessments known to predict violence in general (PCL-R and VRAG). The law enforcement records of a sample of men who had engaged in IPV and who had detailed correctional case files (e.g., presentence investigation) were evaluated. All assessment instruments were considered as potential additions to the ODARA in optimizing accuracy. Each assessment was significantly and positively correlated to the ODARA when recidivism was treated as a dichotomous variable. When recidivism was coded as a continuous variable, (i.e., number of recidivistic incidents) only the PCL-R significantly improved the predictive accuracy of the ODARA (Hilton et al., 2008).

This finding led to the development of the DVRAG, which includes the original ODARA items (but scored continuously) combined with the PCL-R. Evaluation of the resulting actuarial scale determined that the VRAG performed better than the ODARA and the other formal assessments. It has been suggested that a police officer could score the ODARA in time for a bail decision, and a clinician or probation officer could subsequently score the DVRAG to provide a more in-depth assessment to aid sentencing, supervision, and treatment decisions.

The improved accuracy of predictions for IPV is consistent with previous research on the VRAG and PCL-R. Both of these instruments have been found to outperform the SARA in predicting IPV (Grann & Wedin, 2002). This may mean that attitudes and actions specific to domestic relationships play a minor role in IPV incidents when compared to enduring anti-sociality.

Follow-up with IPV Victims who Screen in as High Risk for Future Violence

Campbell (2001) helped form a multidisciplinary lethality assessment committee, the Maryland Network Against Domestic Violence (MNADV), that consisted of law enforcement officers, domestic violence advocates, and other researchers. Her previously developed dangerousness assessment instrument was adapted and modified for use by law enforcement to assess the risk of homicide for intimate partner violence victims. The basis for the assessment includes two main sets of questions. If the victim responds “yes” to the first set of questions (threatened with a weapon, threats to kill the children, fear of being killed), it triggers an automatic protocol referral by the first responder to a hotline. If answers to the first set of questions are negative, but there are a significant number of positive answers in the second set of questions, (has a weapon, choking, jealousy, employment status, etc.), a protocol referral is also triggered. When certain lethality risk factors are evident, the officer contacts a domestic violence hotline. Hotline workers receive specific domestic violence training for critical calls that prepare them to be supportive of victim needs. The purpose of encouraging victims to speak to a hotline worker is to facilitate a discussion about the full range of services available and for a tailored intervention to occur (Campbell, 2001). The domestic violence call centers

are responsible for the bulk of the planning, and the officers' role is to provide immediate assistance as needed. Bringing the victims' fears into the open and allowing the time and place for a victim to discuss the issues with a trained professional is important in preventing the violence from reoccurring. The screening tool is valuable to both victims and law enforcement officers, yet still allows for officer discretion and experience to play a role in assessing risk.

Conducting a lethality screen and contacting a hotline is potentially more beneficial than the more common practice of handing the victim a card or pamphlet that lists domestic violence community resources, phone numbers, and addresses. The phone call to the hotline should be brief and take no more than ten minutes, which should encourage the officer to invest in this program. The presence of an officer can be influential and may persuade the victim to contact victim services or a hotline.

Maryland has achieved considerable success using the Lethality Assessment (LA) in the field. During the first thirty months of the program, 54% of all victims contacted by law enforcement officers have spoken to a hotline worker, and 27% of that number has availed themselves of services (MNADV 2(2), 2007/2008). Maryland also has impressive statistics when considering the number of agencies and programs committed to and participating in this program. As of 2008, 84% (93 of 111) of law enforcement agencies have implemented the program; 95% (19 of 20) of domestic violence programs and 100% (24 of 24) of counties are participating. Because of the success of this program in Maryland, it is being implemented in other parts of the country.

Protocol for Maryland's lethality assessment program is to follow-up with victims who screened in as "high danger" a day or two later. This follow-up is either by a phone call to a landline or a home visit by both a law enforcement officer and a victim advocate. These visits are unannounced and occur even if the perpetrator is home. According to data from the Maryland program, these follow-up visits have doubled the percentage of victims who use victim services (from 28% to 56%).

However, Dugan, Nagin, and Rosenfeld (2004) raised concerns about the potential adverse impact of victim intervention programs. There is some evidence that the highest risk of retaliation by the perpetrator occurs between the time the victim participates in intervention services and tries to leave the relationship (Bernard & Bernard, 1983; Campbell, 1992). Other research suggests that in states where there are sufficient supports available to victims to reduce victim and offender contact, the homicide risk is lowered (Dugan, Nagin, & Rosenfeld, 2004). Consequently, while accepting an offer of help from a victim services agency may place a victim at a greater risk of retaliation by a perpetrator, participating in victim services may also make alternative living arrangements available to the victim. That, in turn, may reduce the risk of reprisal by an offender.

Privacy concerns are at the forefront of domestic violence discussions (Office of Crime Victims, 2002). Confidentiality requirements for persons receiving services were clarified with the passage of the Violence Against Women and Department of Justice Reauthorization Act (VAWA) of 2005. Identifying client-level data cannot be shared with any person or entity outside the local domestic violence service provider or program. Information can be shared at a victim's request, subject to a written, time-limited release (Appendix A[3]). The time limit for the release should be limited to a few hours to a few days as appropriate. If a release is needed

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for a longer period of time, the victim can sign a new release. The specific service provider or individual with whom the victim wants information to be shared should be specified.

This means that a non-profit advocacy program that receives VAWA or VOCA funds cannot share information with law enforcement officers without a victim's written consent. When it is determined that a victim is at high risk for subsequent violence, the officer again should obtain at least verbal assent from the victim to contact a hotline. In communities with multi-agency task forces, advocates may not share personally identifiable victim information to members of the group. Law enforcement officers may not face such requirements.

Non-profit advocacy programs are subject to the requirements of full disclosure in response to subpoena and discovery in criminal cases (Tex. Govt. Code Ann § 420.075,2007).

Lethality Assessment Practices in Texas

Peace officers in domestic violence cases are charged to "advise any possible adult victim of all reasonable means to prevent further family violence," including giving written notice of a victim's legal rights and remedies and of available shelters or other community services for victims (Tex. Code Crim. Proc. Ann. art 5.04, 2009). During academy training, cadets receive only a minimal amount of training on the dynamics of intimate partner violence and how to respond in those cases. Consequently, officers are expected to assess the continuing danger to a victim based largely on their experience and intuition. The result is that even within a department intimate partner violence cases may be both assessed and handled differently. In an effort to bring more uniformity to this process, a few departments have either developed or borrowed checklists to guide the officer's decisions. Few of these instruments, however, have been demonstrated to predict the risk of future violence. Some departments are using elements of Campbell's instrument, but not all follow the criteria set up for assessing risk. Some have questioned whether use of the dangerousness assessment exposes the officer to increased liability risk, but that has not been the experience in Maryland.

Availability of Intimate Partner Violence Resources in Texas. Websdale (1998) reported that while rural areas are less likely to experience violent crimes in comparison to urban areas, women in rural areas are just as likely as women in urban areas and suburban counties to report intimate partner violence victimization. Rural areas are often subject to poverty, lack of public transportation systems, shortages of health care providers, under-insurance or lack of health insurance, and decreased access to many resources that make it more difficult for rural victims of violence to escape abusive relationships (Johnson, 2000).

National Rural Health Association (NRHA), and subsequently state associations such as the Texas Rural Health Association (TRHA), are thriving programs that are focused on rural health concerns, pooling resources, and providing low-cost or free education and training in remote areas. Many of these programs are beginning to integrate domestic violence aspects into their policies and practices. Also important are Faith-Based coalitions that are a staple in rural communities. The Office of Violence against Women has played a role in the increased funding of rural resources. In 2008, Rural Program grants funded 59 projects, totaling more than $23 million. Programs and funding, along with community based intervention and prevention, makes the outlook of tackling rural concerns promising for the future.

According to a report by the Texas Council on Family Violence (TCFV), there are only six counties in Texas with no reported family violence services and an additional 12 counties that have some type of family violence service, but these services do not meet a minimum threshold of core emergency services (TCFV, 2007). Despite the increase in rural focus, there are still hurdles that will need to be addressed in these areas. WomensLaw.org provides an excellent outline of safety tips for rural victims to help them play an active role in preventing and avoiding future domestic violence.

There are some technologically based advances in the field of victim services, such as distance counseling. Ready Minds Distance Counseling (RMDC, 2004) is a growing program that provides the options of telecounseling phone calls, secure email, chat, videoconferencing, or other computerized software programs; however, options of this type are not accessible or appropriate for all victims of abuse. Unfortunately, successful strategies for improved care to rural areas are largely absent from the literature, thus illustrating the importance of increased focus on this limitation of reaching all victims of abuse (Johnson, 2000).

Assisting Intimate Partner Violence Victims

The customary role of the police officer is evolving. Traditionally, the role of the first responder involved restoring order and reducing the likelihood that further violence will occur. Victim assistance often consists of providing the victim with a list of local resources that can lend assistance. Increasingly, however, officers are being asked to perform a more thorough assessment of the danger victims may be facing. There is concern that expanding an officer's role will require more time and, as a result, increase departmental response times to other calls. Therefore, asking an officer to assess dangerousness needs to be carefully structured and targeted to gather needed information in as little time as possible. Using validated risk assessment instruments may be helpful in this regard. When the risk rating is high, the officer calls a victim assistance hotline and encourages the victim to talk to the hotline operator. This approach is designed to help the victim understand the risk she may be facing and directly connect her to resources. This procedure not only encourages a victim to seek outside help, but has the potential for helping district attorneys press charges against the perpetrator and assist the victim in obtaining a protective order.

Both first responders and victim services personnel should ideally agree to use the same assessment instrument. Training is required for both groups in order to implement such a program effectively. Each community should develop protocols for handling these cases that reflect available resources. Issues such as insuring the availability of a hotline worker when an officer calls and the availability of rooms at the shelter need to be addressed. Some shelters reserve a bed for victims who call their hotline and need emergency assistance. If a local shelter is full, cooperative agreements need to be in place to help a victim get to a nearby facility.

The shift from local hotlines to the availability of a national hotline has advanced the ability of hotlines to have access to information about a multitude of resources across county and state lines. Hotlines having access to all available resources, rather than just local resources, allow the hotline workers to more effectively and efficiently prepare a safety plan. The scope of a national hotline has a greater ability to connect rural victims with the help they need.

When an officer initiates a call to a hotline, it may be appropriate to use the victim's landline telephone. Use of a victim's cell phone is ill-advised, because calls made on that phone may be traceable by the perpetrator. Many departments will not encourage such phone calls from the officer's personal cell phone. Therefore, it may be necessary to equip each officer with a 911 cell phone. Money to purchase phones may be donated by businesses or purchased through grant programs.

Another innovation is to provide victims with a 911 cell phone. The 911 Cell Phone Bank was created to provide an ongoing and readily available source of 911 cell phones to meet unexpected and urgent needs of participating law enforcement and affiliated victim service agencies. The 911 Cell Phone Bank Program is a nationwide non-profit organization that helps bring the victim a necessary resource to call for help or assistance. Law enforcement officers can also use those phones to contact a hotline on behalf of a victim while at the scene.

There are other services in Texas that can aid in post-intervention safety such as the Address Confidentiality Program (ACP) for victims of domestic violence (administered by the Office of the Attorney General) and recent Texas Legislation that requires GPS use as a condition of probation for convicted domestic violence offenders (Hernandez, 2009). In June, Texas passed House Bill 1506 - Mary's Law (2009) - and joined 17 other states that are utilizing GPS devices to monitor domestic violence offenders. The bill established statutory provisions allowing judges to order GPS monitoring for domestic violence offenders released on bond or at any time an emergency protection order is issued. This provision is similar to what is being used in Texas to monitor sexually violent predators. The GPS devices alert local authorities, usually through a web-based monitoring program, when offenders have entered areas of radii restrictions. They also alert the potential victim(s) that the abuser is approaching in order to allow the victim time to seek protection. The cost for this system is sometimes passed onto the offender. Estimates of the cost to the offender are between four and 12 dollars per day (Hernandez, 2009). The decision about who monitors the system is usually left to the local jurisdiction. In some rural areas victims are provided with a pager that alerts them when an offender breaches the designated zones.

While this approach to using technology to aid the victim is promising, certain costs and implementation outlines are still in progress, and, even upon successful implementation, technology alone will not replace the need for education and research in the area of domestic violence.

Conclusion

Research has shown that it is possible to predict IPV re-assault at a better than chance level (Campbell, 1995; Hilton & Harris, 2005; Hilton et al., 2004; Hilton et al., 2008; Roehl et al., 2005; Williams & Houghton, 2004). Although victim self-appraisal can be useful, other instruments have been shown to be more accurate.

It is interesting to note that the strongest predictors of IPV recidivism are strikingly similar to the predictors of violent recidivism in general: younger persons, unemployment, prior criminal history, and indices of antisocial lifestyle, substance abuse, mental health issues, and therapy dropout (Hilton & Harris, 2005). Consequently, incorporating assessments that predict violent re-offending into assessments of IPV have shown some utility. The DVRAG

is an example of this. It significantly improves predictive accuracy by combining the ODARA with the PCL-R. The limitation to using the DVRAG is that, even though police officers can conduct the ODARA, completing the PCL-R portion of the assessment requires extensive training of a mental health evaluator.

Overall, predictive accuracy increases with actuarial assessments, as opposed to structured professional interviews (e.g., SARA, DA). Preliminary research has suggested the following order of assessments (Figure 1) from the most accurate to the least accurate (Henning, K., 2009).

Figure 1. Order of Assessments

Before a decision is made about which assessment method to use, evaluators need to understand the purpose of the assessment. Are the primary concerns the victim's needs for protection and assistance or the likelihood that the offender will re-offend? Addressing the former concern requires a more immediate assessment, whereas the latter may be more related to setting bail, presentence investigations, sentencing, and monitoring (for which the DVRAG may be most appropriate).

Assessing a victim's need for protection and assistance is, based on current knowledge, best addressed by using either the ODARA or DA. Both of these instruments can be completed by first responders and are relatively simple to employ. The ODARA is an actuarial instrument, which holds promise for greater accuracy, especially if the items are scored continuously (Hilton et al., 2008). However, current data, which support a trend toward its superiority, are mixed. One advantage of the ODARA is that victim interviews are not required if criminal data is available. The ODARA was developed in Canada and has been adopted in several provinces as well as Maine. The LA was launched in Maryland and has been adopted in several other metropolitan areas across the country. Knowing the risk posed by offenders with a certain actuarial score can affect the apportioning of resources to treat perpetrators in custody and supervise those on probation.

The SARA requires extensive training for evaluators. It may be most accurate if both the victim and perpetrator are interviewed. Its accuracy when used by first responders is open to question (Kropp & Hart, 2000).

As important as risk assessment is in protecting IPV victims from further violence, an equally important procedure is to attempt to get the victim to accept an offer of assistance from an IPV program (MNDV, 2007/2008). The protocol instituted in Maryland has shown promise in facilitating victim utilization of available services.

Whichever assessment tool is implemented, it should be short and easy to understand. This increases the likelihood that it will be utilized. Finally, using a risk assessment, as opposed to personal judgment, enables the officer to feel more secure in the decision making process.

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Appendix A

Template: Client Limited Release of Information Form

Created for adaptation by Julie Kunce Field, J.D. and NNEDV.

READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, _____, authorize [Program/Agency Name] to share the following specific information with:
name

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:

The information may be shared: ☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by e-mail

☐ *I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.*

What info about me will be shared:	*(List as specifically as possible, for example: name, dates of service, any documents).*
Why I want my info shared: (purpose)	*(List as specifically as possible, for example: to receive benefits).*

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

I understand:

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____ _____
Date Time

Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date:_____

Signed:_____ **Time:**_____ **Witness:**_____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____ _____
New Date New Time

Signed:_____ **Date:**_____ **Witness:**_____

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