Approximately one-third of U.S. women have experienced IPV in their lifetime (Black et al., 2011). IPV has significant consequences for victims, including poor health and mental health outcomes, particularly for those who experience severe IPV (e.g., being “beaten up,” assaulted with a weapon) (Campbell, 2002).

Of all violent crimes committed against women in 2010, 22% were perpetrated by a current or former intimate partner (Truman, 2011).

Multiracial and American Indian/Alaskan Native women have the highest lifetime IPV prevalence rates (54% and 46%, respectively) (NISVS 2010).
Intimate Partner Homicide

- Femicide = the killing of women
- 40%-55% of adult femicide victims are killed by a husband, boyfriend, partner or ex-partner (Campbell et al., 2003; Violence Policy Center (VPC), 2015).
- Physical IPV was reported to have preceded homicide in 65–80% of intimate partner (IP) femicide cases (Campbell et al., 2003; Moracco, Runyon & Butts, 1998; Pataki, 1997).
- 47% of women killed by partner in health care system year before killed (Campbell 2002)

Intimate Partner Violence & Homicide in Oklahoma

- Nearly half (49%) of women in Oklahoma (OK) have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, a higher proportion than in most states (Black et al., 2011).
- In Oklahoma, the past-year physical IPV prevalence among multiracial and Native American women was roughly twice that of white women (2.3 and 1.8, respectively) (OWHS 2002)
- In 2011, Oklahoma had the third highest rate of female homicides in the nation (VPC, 2013)

Lethality Assessment Protocol

- Developed by MNADV (http://mnadv.org/lethality/)
- Collaboration between the police department and advocacy organization
- Brief intervention takes place at scene of a domestic violence incident
- Police complete their usual intervention
- Police officer asks victim 11 questions on the Lethality Screen (based on Danger Assessment) to determine if victim is at high risk for homicide
- If at high risk, police officer tells victim that is high risk, calls local DV advocacy organization & offers phone to victim for safety planning – so voice to voice contact can be made if she wants
There are two short video clips in the presentation that were filmed in OK after the research was completed when the LAP was being implemented statewide.

They were filmed by an ABC affiliate there during a "ride along" – all participants provided written agreement to the station to be filmed and the clips were aired and archived by the station on its website and could be viewed by the public there.

There are two different victims in the video – there is one clip here and toward the end of the presentation.
**Lethality Assessment Protocol**

- If the victim is at high risk, a collaborating domestic violence service provider is called
- Victim chooses whether she wants to speak on the phone with DV advocate
- Advocate/victim discuss safety plan; police assists with any immediate safety actions (e.g., transport to shelter)
- When the victim comes in for services, the advocate does the full Danger Assessment (with weighted scoring) and uses this information for more in depth safety planning

www.dangerassessment.org

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**The OK–LA Study**

- Field trial (real world) funded by the National Institute of Justice (#2008–WG–BX–0002)
- 7 sites in Oklahoma, includes police departments + collaborating domestic violence service providers
- Hypotheses:
  - The LAP increases safety behaviors (e.g., safety planning, shelter, etc.)
  - The LAP decreases the severity and / or frequency of violence

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**Location of OK–LA Study Sites and Concentration of Intimate Partner Homicides from 1999–2008**

*Includes all victims (males, females, and bystanders) killed in intimate partner homicide incidents from 1999–2007*
The OK–LA Study: Quasi–Experimental NOT Randomized

Phase 1 – Comparison Group

- Police respond to domestic violence incident as usual.
- Recruit participants to the study.

Phase 2 – Intervention

- Police complete normal intervention
- Use Lethality Screen
- Phone local domestic violence provider if victim screens as high violence
- Recruit participants to the study.

Measures

Two structured telephone interviews conducted approximately 7 months apart. Participants were asked questions about:
- Demographic and relationship information
- The violence (CTS) that they had experienced (prior to interview #1, between interviews #1 & #2)
- Risk of homicide on the Danger Assessment
- Protective actions taken (prior to interview #1, immediately after the intervention, between interviews #1 & #2)

Recruitment & Retention

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2,137 women referred</td>
<td>2,137 women referred</td>
</tr>
<tr>
<td>1,770 eligible referred</td>
<td>1,770 eligible referred</td>
</tr>
<tr>
<td>67 ineligible</td>
<td>67 ineligible</td>
</tr>
<tr>
<td>1,604 eligible referred</td>
<td>1,604 eligible referred</td>
</tr>
<tr>
<td>669 participating in baseline interview</td>
<td>669 participating in baseline interview</td>
</tr>
<tr>
<td>519 screened out (low risk)</td>
<td>519 screened out (low risk)</td>
</tr>
<tr>
<td>79% high risk</td>
<td>79% high risk</td>
</tr>
<tr>
<td>47 ineligible</td>
<td>47 ineligible</td>
</tr>
<tr>
<td>440 participated in baseline interview</td>
<td>440 participated in baseline interview</td>
</tr>
<tr>
<td>131 unable to be contacted</td>
<td>131 unable to be contacted</td>
</tr>
<tr>
<td>164 (27%) refused to participate</td>
<td>164 (27%) refused to participate</td>
</tr>
<tr>
<td>433 women in the comparison group</td>
<td>433 women in the intervention group</td>
</tr>
<tr>
<td>342 screened in as high risk</td>
<td>342 screened in as high risk</td>
</tr>
<tr>
<td>172 participated in follow-up interview</td>
<td>172 participated in follow-up interview</td>
</tr>
<tr>
<td>7 duplicates removed</td>
<td>7 duplicates removed</td>
</tr>
</tbody>
</table>

Comparison Group: Jan 2009 – Oct 2010
- 1,137 women referred
- 604 eligible referrals
- 27% rejected to participate
- 79% high risk

- 2,022 women referred
- 938 eligible referrals
- 30% rejected to participate
- 83% high risk
Study Sample: Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Values</th>
<th>Comparison Group</th>
<th>Intervention Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Years</td>
<td>N (%)/Mean (SD)</td>
<td>N (%)/Mean (SD)</td>
</tr>
<tr>
<td></td>
<td>32.78 (9.758)</td>
<td>32.26 (10.130)</td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>141 (41.35%)</td>
<td>147 (44.28%)</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>107 (24.83%)</td>
<td>91 (26.61%)</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>36 (10.56%)</td>
<td>31 (9.34%)</td>
<td></td>
</tr>
<tr>
<td>Latina</td>
<td>22 (6.45%)</td>
<td>31 (9.34%)</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td>29 (8.50%)</td>
<td>23 (6.93%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>6 (1.76%)</td>
<td>9 (2.71%)</td>
<td></td>
</tr>
<tr>
<td>Born Outside the U.S.*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8 (2.33%)</td>
<td>19 (5.58%)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No HS degree</td>
<td>73 (21.35%)</td>
<td>95 (27.38%)</td>
<td></td>
</tr>
<tr>
<td>HS degree/higher</td>
<td>269 (78.65%)</td>
<td>252 (72.62%)</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full/Part Time</td>
<td>146 (42.69%)</td>
<td>133 (38.33%)</td>
<td></td>
</tr>
<tr>
<td>Neither</td>
<td>196 (57.31%)</td>
<td>214 (61.67%)</td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td>Yes</td>
<td>26 (7.93%)</td>
<td>23 (7.06%)</td>
</tr>
</tbody>
</table>

*Significant differences between groups

Study Sample: Relationship Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Values</th>
<th>Comparison Group</th>
<th>Intervention Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently living with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>partner</td>
<td>58 (16.96%)</td>
<td>58 (16.71%)</td>
<td></td>
</tr>
<tr>
<td>Marital Status*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>197 (58.28%)</td>
<td>221 (64.62%)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>77 (22.78%)</td>
<td>83 (24.27%)</td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>17 (5.03%)</td>
<td>17 (4.97%)</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>47 (13.91%)</td>
<td>21 (6.14%)</td>
<td></td>
</tr>
<tr>
<td>Children in household</td>
<td>Yes</td>
<td>232 (67.84%)</td>
<td>219 (63.11%)</td>
</tr>
<tr>
<td>Children with partner</td>
<td>Yes</td>
<td>156 (45.61%)</td>
<td>159 (45.82%)</td>
</tr>
</tbody>
</table>

*Significant differences between groups

Physical Violence

Nearly 90% of the sample reported severe or near-lethal violence

- Used a knife or gun on you/threatened you with a weapon
- Punched you/hit you with something that could hurt
- Strangled/tried to strangle you
- Beat you up
- Burned or scalded you on purpose
- Kicked you
- Did anything that might have killed you/nearly killed you
- Tried to kill you
Study Sample: Injury from IPV

<table>
<thead>
<tr>
<th>Variable</th>
<th>Yes, Ever (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical pain that hurt the next day</td>
<td>84.3% (581)</td>
</tr>
<tr>
<td>Sprain, bruise or cut</td>
<td>83.9% (578)</td>
</tr>
<tr>
<td>Blacked out from being hit on the head</td>
<td>20.3% (140)</td>
</tr>
<tr>
<td>Broken bone</td>
<td>12.8% (88)</td>
</tr>
<tr>
<td>Permanent impairment of disability</td>
<td>11.2% (77)</td>
</tr>
<tr>
<td>Internal injuries to vital organs</td>
<td>5.7% (39)</td>
</tr>
<tr>
<td>Lost consciousness due to strangulation</td>
<td>23.8% (164)</td>
</tr>
<tr>
<td>Lost consciousness due to head injuries</td>
<td>5.8% (40)</td>
</tr>
<tr>
<td>Lost enough blood to need a transfusion</td>
<td>1.0% (7)</td>
</tr>
<tr>
<td>Needed surgery</td>
<td>4.2% (29)</td>
</tr>
<tr>
<td>Hospitalized or in rehab &gt; 4 days</td>
<td>4.2% (29)</td>
</tr>
</tbody>
</table>

Main Findings – Violence

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Indicator</th>
<th>Coefficient (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Group</td>
<td>Yes</td>
<td>-14.71 (-28.60 to -0.81)</td>
<td>p=.018</td>
</tr>
<tr>
<td>Danger Assessment Category</td>
<td>Ordinal (0-3)</td>
<td>-23.10 (-29.78 to -16.43)</td>
<td>p=.000</td>
</tr>
</tbody>
</table>

Main Findings – Immediate Protective Actions

Women in intervention group 1.8 times more likely to immediately receive DV service
And about 2 ½ times more likely to have removed or hidden partner’s weapons,
controlling for demographic differences
Women in intervention group 1.6 times more likely to establish code with family, friends, apply for protective order, engage in other protective actions than those in comparison group.

Women in intervention group about 1.6 times more likely to obtain protective order & go somewhere partner could not find her, 1.9 times more likely to obtain medical care due to violence, 2.5 times more likely to go somewhere he could not see her.

Conclusions
- The Lethality Assessment Program
  - Decreased women’s violent victimization
  - Increased immediate protective actions
  - Increased protective actions at 7 months follow-up
- There do not appear to be differences in effectiveness across ethnicity (sample sizes per ethnic group too small to test)
- The intervention is “supported” on the effectiveness dimension and shows “promising direction” on the external validity dimension of the Continuum of Evidence Effectiveness (Puddy & Wilkins, 2011).
Limitations

- Generalizability: Oklahoma may not be representative
- Selection bias: Police officers did not refer everyone, women who chose to participate may not be representative
- Attrition: nearly 40% did not participate in the follow-up interview, women who were employed or with higher levels of education were more likely to complete follow-up
- Historical comparison group: Something may have happened between comparison and intervention phases

One Advocacy Organization Report of Protective Actions (women who went into shelter were usually lost to follow-up)

- 49 women went into shelter
- 178 women accessed protective order assistance/advocacy/safety planning
- 5 women accessed legal services
- 58 women accessed counseling/crisis walk in
- 59 partners accessed Batterers Intervention Program

Implications

- The LAP is an immediate and brief intervention intended to educate women about their risk and encourage further, more specialized services
- Victims who call the police experienced severe/near lethal violence across race & ethnicity
- Victims who call police are in a unique position to seek assistance
- Collaboration plays a critical role in intervention success – LAP training initiated with police AND DV Advocacy Organization
- The Lethality Screen is sensitive, not specific – it casts a wide net – overestimates risk
Implications for Healthcare

- 85.3% of the sample had been strangled at least once – 23% to unconsciousness
- High levels of violence and injury in the sample as a whole
- After the intervention:
  - 16.3% of the intervention group sought healthcare services
  - 10.4% of the comparison group sought healthcare services
  - Those that sought healthcare were actually experiencing less violence (i.e., reaching out)

Implications for Healthcare

- Healthcare as an intervention opportunity
- Ongoing assessment for danger & homicide is important among women who call police
- A trained advocate / healthcare provider should conduct the full Danger Assessment with women who screen in and seek services since more accurate than LAP screen – levels of danger
- Utilize a protocol similar to the LAP (or a short form of the DA) in the Emergency Department

Victims' Rights

- Self determination is key – Victims have the right to refuse the telephone call
- Training is important – Officers play a critical role in making the intervention a success, advocates have critical information to give in a limited time frame
- Educational component is important – Women have a right to know about the risk factors for homicide and their own risk
- Every intervention counts – Even when the victim is not ready for the advocacy intervention, she knows that it is available if she needs it
Issue for Native American Women

- In U.S., multiracial and American Indian/Alaskan Native women have the highest lifetime IPV prevalence rates (54% and 46%, respectively) (NISVS 2010)
- Oklahoma’s female population has a higher proportion of American Indian females than the U.S. (9% vs. 1%)
- IPV & IP homicide rates are disproportionately high among U.S. Native American females
- Few studies in DV field include Native American women
- In Oklahoma, the past-year physical IPV prevalence among multiracial and Native American women was roughly twice that of white women (2.3 and 1.8, respectively) (OWHS 2002)

OK–LAP Evaluation – Native American Women

- 67 Native American women interviewed in comparison / intervention groups – primarily Cherokee but other tribes also (e.g. Comanche, Apache)
- 42 retained at follow-up (62.7% retention)
  - 24 Native American women – intervention group
  - 18 Native American women – comparison group
- In spite of efforts and collaboration with Tribal DV Advocates, tribal police department recruited very few women into study & LAP implementation limited
- Due to low numbers, only some descriptive results possible
Similarities and differences of Native American women with larger sample

- No significant differences in demographics with rest of sample
- No significant differences in severity and frequency of violence or violent acts with rest of sample EXCEPT at T1
  - Native American women significantly less likely to report strangulation than larger group but still 74%! (vs. 84%)
  - Native American women significantly higher mean score on Danger Assessment than African American women (other groups in between – all high – in severe or extreme danger range)
  - Native American women higher scores on PTSD

Native American Women Response to Intervention

- 74% of high danger (on LAP) Native American women agreed to speak with counselor – not significantly different from rest
- The decrease in severity/frequency of violence at T2 slightly less but not significantly different from rest

Immediate Protective Actions*

There are no significant differences between groups but on adjusted logistic regression Native American women were LESS likely to remove a partner’s weapon (Cond OR=0.46) and MORE likely to seek DV services (Cond. OR=1.41) than rest (controlling for demographics).
Established a code with family and friends
Obtained something to protect yourself
Applied for an order of protection
Saw a doctor or nurse due to injuries from violence
Taken any other protective actions
Went somewhere your partner couldn’t find you
Partner went somewhere you couldn’t find them

**There are no significant differences between Native American women and rest but on adjusted logistic regression, notable differences were that Native American women were less likely to go somewhere he couldn’t find her (or he go) & less likely to get something to protect themselves but more likely to do other protective actions**

**Implications**

- Tailor research recruitment strategies for Native American women in collaboration with others
- Important to examine implementation and results in collaboration with Native American groups even if only descriptively so they can use – being done but challenging
- Modifications for different tribes – need to tailor LAP protocol and training for tribal police
- Dissemination of information – how to do for tribal communities

**Oklahoma HB2527**

- Authored by Representative Floyd and Senator Holt
- Passed in the Oklahoma House/Senate May, 2014,
- Amended a Victim’s rights bill for police officers to ask the 11 items in the lethality assessment and, depending on answers, call collaborating advocacy agencies
- Effective November 1, 2014
- How is it being implemented – appropriately for tribal communities?
Oklahoma Lethality Assessment Study