

Executive Summary

Evaluation of the Enhanced Domestic Abuse Intervention Program

Beginning in 1995, the Domestic Abuse Intervention Project was enhanced to improve the coordinated community response to domestic violence in Duluth. This enhancement included training professionals in the community to assess and refer women for domestic violence services, developing methods of risk assessment, implementing new sentencing recommendation procedures, developing a computerized information system to track and monitor domestic violence cases, and implementing an alternative men's non-violence program.

Section A of this report tested the hypotheses that public health nurses and employee assistance program (EAP) counselors would 1) increase rates of identification of domestic violence and 2) increase rates referral for services when using an assessment protocol. The enhanced protocol included asking specific questions to screen for domestic violence, assessing dangerousness by determining the presence or absence of particular risk factors, and responding to identified domestic violence. The results indicated that EAP counselors significantly increased the percentage of women clients identified as experiencing domestic violence from 7% during the 1994 baseline year to 15-20% during 1997-98 when an assessment protocol was used. Results indicated that public health nurses identified domestic violence at a rate 50% higher when an assessment protocol was regularly used than when it was not, but this difference was slightly below the level of significance adopted for this study. Comparison to criminal justice records indicated that some public health patients who were documented in the records as being victims of domestic violence were not identified during public health visits when the protocol was used. Both the public health nurses and EAP counselors reported that learning to use the protocol, using specific questions to screen for domestic violence, and training provided by DAIP were helpful.

The hypothesis that rates of referral would increase when an assessment protocol was used also received support from this study. Public health nurses and EAP counselors were significantly more likely to provide information about services when the protocol was used in 1996-98 than they were in 1994 before the protocol was implemented. Few women (less than 3%) were referred directly to domestic violence services in any years of the study, but public health nurses using the protocol in 1997 were significantly more likely to refer women directly to services in 1997 than they were in 1994 before the protocol was implemented. Nurses and EAP counselors reported that the training and lists of resources from DAIP were helpful in implementing the protocol.

Section B reports the evaluation of the overall project by testing the hypothesis that the Enhanced Domestic Intervention Project (EDAIP), when compared to the Domestic Abuse Intervention Project (DAIP), would have 1) lower rates of recidivism by offenders and 2) lower abuse, 3) greater safety, and 4) higher ratings of well being as reported by victims. The results indicated that recidivism rates at 6 and 12 months were lower in 1997 and 1998 when the EDAIP was implemented than in the 1994 baseline year. In examining control variables, men were less likely to recidivate if they were not court mandated and if they completed the program. The program implementation data indicate that EDAIP was implemented inconsistently in 1997 and 1998.

Data from 18 month follow-up interviews with domestic violence survivors were used to examine three other impacts of the overall EDAIP project. Abuse scores were significantly lower at the 18 month follow-up for women from 1994, 1996, and 1997 when compared to pre-intervention scores. However, the women from 1996 and 1997 when EDAIP was implemented did not report significantly greater reductions in abuse when compared to women from the 1994 baseline year. When examining control variables, women reported significantly greater reductions of physical abuse and total abuse when men completed the program; women also reported greater reductions in psychological, physical, and total abuse when men were court mandated to the non-violence

program. A high percentage (72-82%) of women reported feeling safer at the 18 month follow-up, but there was no significant difference between years. Additionally, there were no differences in well being scores between the 1994 baseline years and 1996 and 1997 when EDAIP was implemented. Women's experiences with various aspects of community intervention are also reported.

Section C reports the evaluation of the alternative men's program by testing the hypothesis that the alternative men's program that incorporates community meetings, when compared to the men's programs that do not incorporate community meetings, would have 1) lower rates of recidivism by offenders and 2) lower abuse, 3) greater safety, and 4) higher ratings of well being as reported by victims. The results indicated no differences on measures of recidivism between the alternative men's program and the comparison programs. An examination of control variables indicated that offenders who were not court mandated and who completed one of the programs were less likely to recidivate. Data from 18 month follow-up surveys from domestic violence survivors indicated no differences on abuse, safety, or well being when comparing women whose partners attended the alternative program to women whose partners attended the comparison programs.

Section D examines the relationship between the presence of specific risk factors in an assessment of dangerousness and the level of intervention for domestic violence in three settings. Public health nurses used a higher level of intervention if the abuser showed no remorse and if the abuser was experiencing high stress. EAP counselors selected a higher level of response if the abuser seemed obsessed/preoccupied with the victim and if the abuser showed no remorse about what he had done. The DAIP advocate used a higher level of response if the victim had been trying to separate from the abuser in the last three months.

Section E examines the relationship between the presence or absence of specific risk factors where domestic violence has occurred and program outcomes that include 1) rates of recidivism by offenders and rating of 2) psychological and physical abuse, 3) safety, and 4) well being as reported by victims. The offender was more likely to have recidivated after 6 months if the victim reported that the abuser had seriously injured the victim or the abuser had been assaulting the victim more frequently. Recidivism after 12 months and 18 months was more likely if the abuser had injured or killed a pet. Several abuse factors (abuser ever threatened or forced the victim to have sex, abuse getting more severe, abuser injured the victim so badly that medical attention was required, and abuser not threatening or trying to commit suicide) were associated with a higher abuse score reported by women on an 18 month follow-up survey. None of the risk factors were related to safety at the 18 month follow-up. Measures of well being were higher if the abuser had ever threatened or tried to commit suicide.

Overall, the results reported above provided some support for coordinated community response having an impact on the safety and well being of women. DAIP worked with public health nurses to develop and implement an assessment protocol that resulted in higher levels of identification and referral to resources. The EDAIP was associated with reduced recidivism. DAIP worked with counselors, nurses, and advocates to develop a dangerousness assessment procedure that included risk factors that were associated with higher levels of response and specific outcomes. However, the EDAIP did not have an impact on measures of abuse, safety and well-being. The alternative men's program did not have an impact on these measures or on recidivism.

A number of limitations must be considered in examining the results reported above. Non-equivalent comparison groups were used in Sections A, B, and part of C. Recidivism data relied on secondary data for which reliability could not be completely established. Measures of safety and well being did not have established reliability and validity. In several cases the independent variable was not fully implemented. The results reported above and in the full report should be

examined in light of these limitations and those reported near the end of the various sections.

Interested readers are encouraged to read the full report to gain a more complete understanding of the studies reported above.

