Police as Educators: Support for Possible Responses to Intimate Partner Violence Calls

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Abstract

Intimate partner violence (IPV), is a widespread problem in the United States with the Center for Disease Control and Prevention (CDC) estimating there are 12 million victims every year (2014b). 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). Responding to intimate partner violence calls is one of the most common yet dangerous situations for police officers. It is often a deeply personal situation, full of conflict, and one if mishandled, will bring a lot of criticism down on departments. Police departments and researchers have developed protocols that include asking proscribed risk assessment questions to assess lethality. Some of these questions are quite personal and not necessarily crime related. While research has supported the use of these assessments (Campbell, Webster & Glass, 2009), no research has looked at public support for this practice. This paper

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considers how gender, ethnicity and awareness about intimate partner violence influence support for asking these questions.

Introduction

Intimate partner violence (IPV) is seen across many relationships and circumstances. Intimate partner can refer to either current or ex-spouses, current or ex-dating companions, or two people that have children together and their conflicts can continue past co-habitation (Taket et al., 2003). Violence occurs among heterosexual and homosexual partners, and across all racial and cultural groups (Pattavina, Hirschel, Buzawa, Faggiani & Bentley, 2007).

Intimate partner violence may consist of physical, sexual, or emotional abuse. Physical violence can include throwing objects at victim, hitting, choking, burning, or other physical interactions that leave marks on or inflict pain on the victim (Black, 2011; Crofford, 2007; Leserman & Drossman, 2007). Sexual abuse is unwanted sexual contact accomplished through force, impairment or abuse (CDC, 2014a). Psychological abuse includes 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, 2014a). Stalking, another form of psychological abuse, is a disruptive harassing behavior that may include repeatedly contacting the victim, showing up at the victim's residence or job, or even destroying the victim's property (CDC, 2014a). Psychological and emotional abuses often co-occur with physical violence and may include the threat or promise of physical violence but many people limit their definition of abuse to only physical abuse (Worden, 2000), ignoring the serious psychological concerns.

Intimate partner violence has been linked to a wide variety of physical, psychological and emotional injuries (Campbell, 1995; CDC, 2014b). Immediate injuries range from minor cuts, bruises, or welts to severe internal injuries and head trauma (CDC, 2014b). Many victims experience stress related chronic problems like heart problems, immune deficiencies, and gastrointestinal issues (Black, 2011; Crofford, 2007; Leserman & Drossman, 2007). High rates of rape seen in intimate partner violence situations lead to reproductive problems, sexual dysfunction and sexually transmitted infections (Black et al., 2011).

Intimate partner violence also leads to grave psychological and emotional effects. The psychological effects include severe anxiety, trouble sleeping, panic attacks, and flashbacks of the experienced violence (CDC, 2014b). Post-traumatic stress disorder and depression have been found to be co-occurring in 31% to 84 %

of victims (Jones, Hughes, & Unterstaller, 2001). Emotional consequences include decreased self-esteem (CDC, 2014b). During and after an abusive relationship, a victim may experience distrust in others, have a warranted fear of intimacy, and suffer emotional detachment from friends and family (CDC, 2014b). Victims may avoid going out in public, which impedes accessing services, and interferes with their chances to learn about available medical or mental health resources (CDC 2014b). In some cases, victims feel that the only way of dealing with the physical and emotional toll is through suicide (CDC, 2014b).

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).

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).

Public Awareness

In recent years, the public has become more aware of intimate partner violence. An increase in public service announcements, media coverage and ready technology has helped to inform the public and has brought these dangerous situations out from behind closed doors. Raising awareness aids prevention as it increases recognition of signs of abuse and understanding of resources available (Campbell & Manganello, 2006). Awareness campaigns have also influenced the way responders react to situations.

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 Responses

Police departments are becoming more proactive about addressing intimate partner violence in their calls for service. These situations are no longer considered "family beefs" that should be kept behind closed doors (Worden, 2000, p. 216) but serious criminal acts of violence that can turn lethal. One example of new police protocols when responding to intimate partner violence situations is the use of lethality assessments across the United States (Campbell, 1995). Lethality assessment screening tools and field protocols are research-based solutions for officers that guide the steps involved in interacting with victims of intimate partner violence, creating a range of possible responses for intervention efforts. These screening tools and protocols are becoming more popular in police departments. The implementation and use of lethality assessments has led to more efficient police responses and increased the number of victims identified to be in potentially lethal situations (Campbell, 1995; Messing, Campbell, Wilson, Brown, Patchell & Shall, 2014; Virginia Department of Criminal Justice Services, 2013).

There are a number of different lethality assessment tools available now but this paper focuses on the Lethality Assessment Screening Tool and Protocol that were developed by Dr. Jacquelyn Campbell. The Lethality Screening Tool was derived from the Danger Assessment Dr. Campbell developed in 1980s. Both the Lethal Screening Tool and the Danger Assessment have been modified, validated and are among the mostly wide used risk assessments in North America (Campbell et al., 2009).

The Lethality Screening Tool is unique in design because it was specifically created for the first responders to intimate partner violence calls (i.e. law enforcement). Screening is administered on the scene and if first responders determine victims to be in high danger for future violence, the Lethality Assessment Field Protocol directs the immediate action by first responders. The overall goal of the screening and protocol 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 32 states that are using the lethality screening tool and accompanying field protocols (Virginia Department of Criminal Justice Services, 2013).

While the Danger Assessment includes 20 items, the Lethality Screening Tool has only 11 questions. Some of the items in the Lethality Screening Tool are clear, risk related questions such as ease of access to weapons and history of using weapons to threaten victims. Victims that indicate on lethality assessments screening tools 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). Other items ask about separations after cohabiting or the biological parenthood of children living in the household. These questions may seem intrusive and not obviously related to the risk of future violence.

Traditionally, police leave cards or flyers with information on shelters and services. The Lethality Assessment Field Protocol states that first responders must take further steps to connect victims with community resources by finding a phone and placing a call to a domestic violence hotline (MNADV, 2012). Ideally the victim will speak to the counselor, but even if she or he does not, immediate safety planning may be discussed between the officer and the outreach worker. Officers faced with victims who decline to talk to outreach workers are directed to tell the victim about the dangers of intimate partner violence and the warning signs of serious injury or death (Virginia Department of Criminal Justice Services, 2013). The expectation that police train victims unwilling to talk to outreach workers provides a deeper social engagement expectation than seen with responses to other crimes. Police are also expected to encourage victims to seek help either immediately or in the future. Taking advantage of shelters and services reduced victims' risk of future violence and lethality by 60% (Campbell, 1995) but historically only a small minority of victims use these shelter services (Hutchison & Hirschel, 1998). If victims decide to immediately access program services, the protocol states that police may provide transportation to shelter. The protocol also leaves it to the officers' discretion on whether they will follow up with the victim later through calls or visits, whether or not victims talked to outreach workers in the moment (Virginia Department of Criminal Justice Services, 2013).

There are very few research studies that have addressed public knowledge in relation to intimate partner violence situations, and particularly, police responses to these situations (Campbell & Manganello, 2006). Recent assessments of the Lethality Assessment Protocol have shown increased satisfaction with police responses to intimate partner violence calls for service (Messing et al., 2014). This

research did not, however, consider support for the different components within the protocol. The purpose of this study is to look at the Lethality Assessment's Screening Tool and Field Protocol requirements by assessing public knowledge of IPV, while also determining if that knowledge translates to greater support for police protocols.

Method

Participants

The sample consisted of 512 college students from a large, diverse university enrolled in an introductory criminal justice class. This convenience sample included students in various areas of study, not just criminal justice (27.8% of the sample were criminal justice majors). Just over half of the participants were women (52.4%) and all participants were over the age of 18 (mean = 20.5). The self-reported ethnicities included 41.1% Caucasian non-Hispanic, 21.5% Hispanic, 20.2% Asian/Pacific Islander, 15.4% African American and 2% other.

Measures

Participants completed a research questionnaire that measured awareness about intimate partner violence, attitudes toward police assessments and response protocols. The University's institutional review board approved the questions and procedures used.

Awareness of intimate partner violence. Awareness about intimate partner violence was measured through 13 questions. The first ten questions asked about red flags for abuse (e.g., "If a partner hits you once, they would be more likely to do it again" and "Isolation from friends and family is a warning sign of abuse"). Questions covered emotional, physical and sexual abuse. The final three questions asked participants about their personal awareness of ways to help victims. They were asked if a friend were to exhibit signs of abuse, would they be able to identify those signs, help them develop a safety plan and help them leave that relationship.

Summing the answers across 13 items in those three areas created a composite awareness of intimate partner violence score. Higher means represented higher awareness so two items were reverse coded to match that valence (e.g., "females are the only victims of domestic violence" and "there is adequate support for domestic violence victims").

Support for lethality screening questions. Attitudes toward police asking questions of victims were measured by asking specifically about the material included in the Maryland Model Lethality Assessment (MNADV, 2005). Participants were asked to indicate how strongly they agreed or disagreed with police having to ask these questions. Since two of the questions asked in the Lethality Screening Tool were compound questions, the two parts to each question were asked and analyzed separately (e.g., Question 6 "Is he/she violently or constantly jealous or does he/she control most of your daily activities" and Question 11 "Does he/she follow or spy on you or leave threatening messages?"). Three questions are considered automatic high danger classification questions as a yes to any one of these questions will prompt the Lethality Assessment Field Protocol. The remaining 8 items require at least 4 endorsements to prompt the Protocol.

Support for potential police protocols. Eight questions were created to ask about possible police responses to intimate partner violence victims, including the actions recommended under the Lethality Assessment Field Protocol. The possible responses ranged from simply providing resource numbers to victims that they can use to call for assistance to more active responses such as placing calls for the victim or teaching the victim about risk factors for repeat victimization. Questions were included to measure support for the proactive response required by a positive high danger determination using the Lethality Screening Tool. These protocol place a positive burden on the officer to get involved by finding a telephone, placing a call to an outreach worker and ensuring the victim begins a conversation with that outreach worker. Participants were asked to indicate how strongly they disagreed or agreed with potential police responses.

Statistical Analyses

Preliminary analyses were conducted using ANOVAS to look for group differences in response patters based on gender and ethnicity. Regression analyses were conducted to look at whether awareness of intimate partner violence or other control variables predicted support for police questions or response protocols. Ethnicity was dummy coded for the regression analyses.

Results

Awareness of Intimate Partner Violence

Preliminary analyses were conducted to determine if any control variables should be included in the main regression analyses. Looking at the composite scores for

awareness of intimate partner violence, there was a main effect for gender with women (58.5) showing slightly higher levels of awareness than men (57.4, $F = 6.544$ $(1,497)$, $p < .05$). There was also an effect for ethnicity ($F = 5.400(3,495)$, $p < .01$). Post hoc analyses (Tukey's) revealed that Asian participants (56.6) had significantly lower levels of awareness than Hispanic (59.1) or Caucasian (58.2) participants. The African American participants (57.9) did not differ significantly from any of the other groups. Due to these differences, gender and ethnicity were included in the regression analyses to separate these factors from levels of awareness on support for police protocols.

Support for Lethality Screening Questions

Participants expressed support for the inclusion of most items currently asked in the Lethality Screening Tool. Figures 1 and 2 presents mean agreement (with standard error bars) for the lethality screening questions being asked. There were high levels of support for police asking the three questions that automatically classify a perpetrator as high danger and trigger the Lethality Assessment Field Protocol (i.e., ever used a weapon to threaten the victim, ever threatened to kill victim or if the victim thinks their partner will kill them). A positive answer to any one of those questions will identify the victim as being high risk. There was very high support for two other questions that do not automatically classify the perpetrator as high danger (e.g., does their partner have access to a gun or does their partner have a history of choking the victim). It was interesting that there was such high support for the choking question as it has been identified as a risk factor for lethal violence (Campbell, Glass, Harps, Laughon & Bloom, 2007). Also receiving strong support was the item asking about phone threats, which in the Lethality Screening Tool is the second part of a two-part question also asking if partners follow or spy on their victim. Participants identified both parts of this stalking behavior question as being important to ask about. The one item that participants disagreed with was asking was asking about a partner's current employment status.

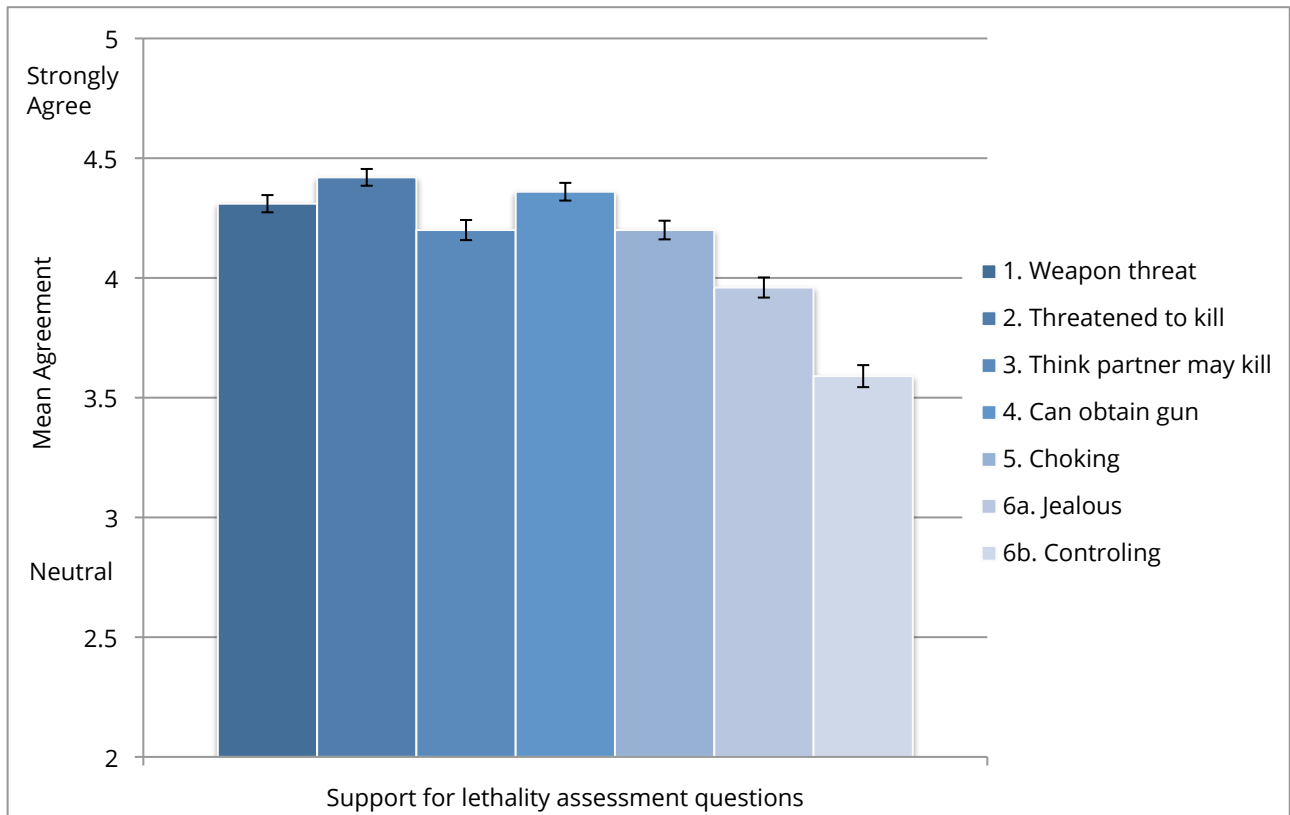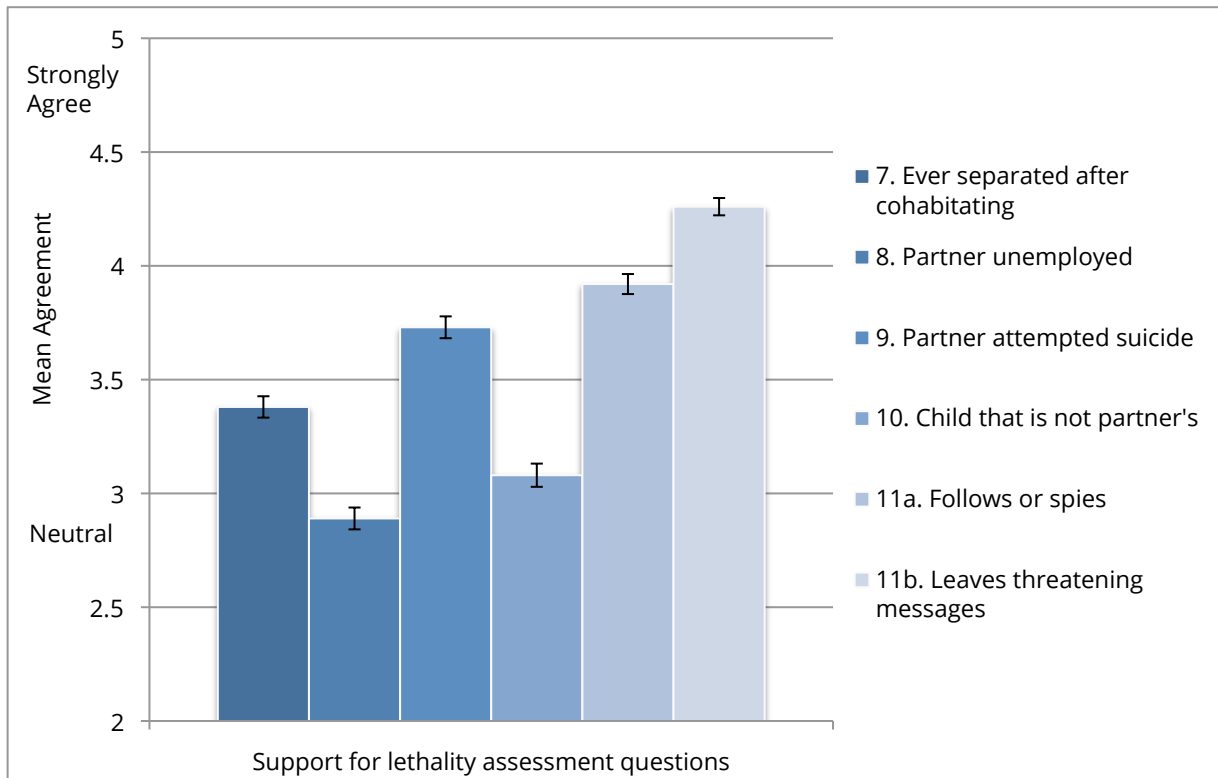**Figure 1.** Support for lethality assessment questions 1 through 6

Figure 2. Support for lethality assessment questions 7 through 11

Regression analyses were conducted to look at factors influencing support for police protocols when responding to intimate partner violence situations. Table 1 presents regression results for the 11 questions police officers must ask when using the Lethality Screening Tool (Campbell et al., 2009). Higher levels of awareness about intimate partner violence predicted greater support for police asking screening questions on all but one item. Requiring police to ask about unemployment did not show any differences in response patterns (i.e., by level of awareness, gender or ethnicity).

Table 1. Regression Analyses of Factors Influencing Support for Lethality Assessment

Variable	1. Ask victim if partner has ever threatened with a weapon			2. Ask victim if partner has threatened to kill victim or children			3. Ask victim if their partner might kill them		
	B	*SE B*	β	*B*	*SE B*	β	*B*	*SE B*	β
Constant	.977	.467		1.204	.464		.551	.559	
Gender	-.010	.069	-.006	.017	.069	.011	.097	.083	.051
African American	-.321	.098	-.144**	-.200	.097	-.091*	-.053	.117	-.020
Asian	.019	.090	.009	.000	.089	.000	.121	.108	.052
Hispanic	-.043	.086	-.022	.039	.085	.020	.030	.103	.013
DV Awareness	.059	.008	.333***	.055	.008	.320***	.060	.009	.292***
R^2		.130			.113			.085	
F		14.751***			12.587***			9.110***	

Variable	4. Ask victim if partner has access to a gun			5. Ask victim if partner has ever tried choking them			6a. Ask victim if partner is violent or constantly jealous		
	B	*SE B*	β	*B*	*SE B*	β	*B*	*SE B*	β
Constant	1.703	.489		1.106	.508		.513	.554	
Gender	-.070	.073	-.042	-.031	.075	-.018	-.046	.082	-.025
African American	-.316	.103	-.138**	-.162	.107	-.068	-.202	.117	-.078
Asian	-.009	.094	-.004	-.066	.098	-.031	-.079	.107	-.034
Hispanic	.038	.090	.019	.077	.094	.037	-.074	.102	-.033
DV Awareness	.048	.008	.266***	.055	.008	.289***	.062	.009	.301***
R^2		.097			.099			0.099	
F		10.566***			10.772***			10.821***	

Note. B = unstandardized regression coefficient; SE = unstandardized standard error; **β** = standardized beta.
p < 0.05. **p* < 0.01. ***p* < 0.001.

Table 1. (cont.) Regression Analyses of Factors Influencing Support for Lethality Assessment

Variable	6b. Ask victim if partner controls most of their daily activities			7. Ask victim if they have ever separated from partner after living together			9. Ask victim if their partner has ever tried to kill themselves		
	B	$SE\ B$	β	B	$SE\ B$	β	B	$SE\ B$	β
Constant	.387	.618		.940	.627		.946	.645	
Gender	-.062	.092	-.030	-.189	.093	-.090*	-.011	.096	-.005
African American	-.143	.130	-.050	-.320	.132	-.111*	-.265	.136	-.090
Asian	.000	.119	.000	.114	.121	.044	.087	.124	.033
Hispanic	-.042	.114	-.017	-.130	.116	-.052	-.088	.119	-.034
DV Awareness	.057	.010	.255***	.048	.010	.209***	.049	.010	.211***
R^2		.069			.066			.052	
F		7.248***			6.943***			5.364***	

Variable	10. Ask if the victim has a child that their partner knows is not theirs			11a. Ask victim if partner follows or spies on them			11b. Ask victim if partner leaves threatening messages		
	B	$SE\ B$	β	B	$SE\ B$	β	B	$SE\ B$	β
Constant	.304	.696		.237	.586		.801	.494	
Gender	.097	.103	.042	-.002	.087	-.001	-.009	.073	-.005
African American	-.294	.146	-.093*	-.243	.123	-.088*	-.255	.104	-.108*
Asian	.026	.134	.009	-.062	.113	-.025	-.090	.095	-.042
Hispanic	-.098	.128	-.036	-.064	.108	-.027	-.011	.091	-.005
DV Awareness	.046	.011	.186***	.065	.010	.298***	.061	.008	.328***
R^2		.043			.097			.124	
F		4.418**			10.557***			13.944***	

Note. B = unstandardized regression coefficient; SE = unstandardized standard error; **β** = standardized beta.
*$p < 0.05$. **$p < 0.01$. ***$p < 0.001$.

Gender was only a significant predictor for only one question, which asked about a history of being separated after cohabitation or marriage. Women were more likely to support asking this question. Participants that self-identified as African American

were significantly less likely to support police asking 9 of the 13 questions included in the risk assessment.

Support for Possible Police Responses

Participants were supportive of almost all of the possible police responses (see Figure 3). The highest levels of support came for requiring police to review the risk factors for escalating violence with victims, placing the officers in a teaching and outreach role. Support for teaching was higher than support for placing calls to outreach workers. Participants were neutral or least supportive for the police response of providing resource numbers to victims.

Figure 3. Support for possible police protocol responses
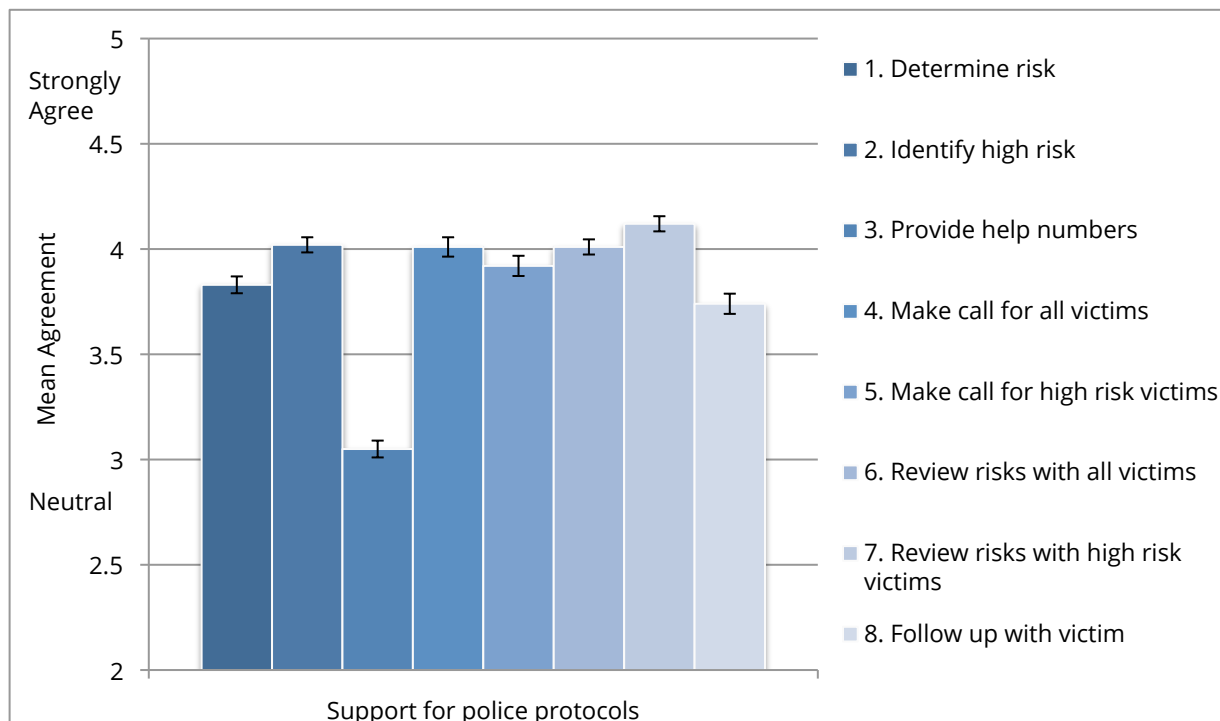
Higher levels of awareness about intimate partner violence significantly predicted increased support for police interactions with victims for 6 of the 8 police responses (see Table 2). Gender was not, however, a significant predictor of support for different possible police responses. Ethnicity did not influence support for possible responses for the most part. Participants that self-identified as African American were less likely to support police being asked to determine the risk level of a victim or to identify which victims were at risk for reoccurrence of violence.

Table 2. Regression Analyses of Factors Influencing Support for Police Interventions

Variable	1. Make determination about risk for future violence			2. Identify victims at risk for reoccurrence of violence			3. Provide victims with numbers for assistance		
	B	*SE B*	β	*B*	*SE B*	β	*B*	*SE B*	β
Constant	1.284	.529		1.240	.483		1.708	.534	
Gender	.124	.079	.069	.092	.072	.056	.018	.079	.010
African American	-.380	.111	-.155**	-.263	.102	-.117**	-.172	.112	-.070
Asian	.106	.102	.048	-.004	.093	-.002	-.062	.103	-.028
Hispanic	-.100	.097	-.047	-.078	.089	-.040	.021	.098	.010
DV Awareness	.042	.009	.216***	.047	.008	.263***	.047	.009	.241***
R^2		.076			.082			.066	
F		8.099***			8.840***			6.938***	

Variable	5. Call hotline counselor for high risk victims			6. Review risk factors with all victims			7. Review risk factors with high risk victims		
	B	*SE B*	β	*B*	*SE B*	β	*B*	*SE B*	β
Constant	1.530	.654		1.706	.486		1.990	.482	
Gender	.035	.097	.016	-.046	.072	-.028	.067	.072	.042
African American	.153	.137	.052	-.136	.102	-.061	-.109	.101	-.049
Asian	.165	.126	.063	.080	.094	.040	.070	.093	.036
Hispanic	.151	.120	.059	.117	.089	.060	-.024	.089	-.013
DV Awareness	.030	.011	.131**	.041	.008	.229***	.035	.008	.203***
R^2		.022			.066			.043	
F		2.229*			6.903***			4.468**	

Note. B = unstandardized regression coefficient; SE = unstandardized standard error; **β** = standardized beta.

p < 0.05. **p* < 0.01. ***p* < 0.001.

Discussion

Awareness of intimate partner violence increased support for police asking personal questions of victims. Greater awareness also predicted increased support for police responses that required going beyond taking the details of the crime that occurred. Highest levels of support were seen for police officers taking the time to review the risks of intimate partner violence with victims. This places police in a proactive rather than reactive position.

Participants were supportive of nearly all of the possible police responses to intimate partner calls. In addition to asking police to review risks with victims, participants were supportive of asking officers to place an outreach phone call. Under the lethality assessment protocol, when victims are determined to be at risk of re-victimization, police officers are expected to place a call to an outreach worker on behalf of the victim. The traditional police response of leaving hotline numbers was the least supported possible response.

The more participants knew about intimate partner violence, the more they supported different possible police responses. Support for the eight possible responses did not vary by gender or by ethnicity for the most part. Two of the eight possible police responses did vary for African American participants. These participants were less likely to agree that police should even attempt to make a determination about risk for future violence or that they should identify potential high-risk victims. They did still support screening, just less strongly than other groups.

Participants supported police asking of most of the items included in Lethality Screening Tool. Despite the personal nature of some items, participants agreed that police should be asking these questions of victims. The Lethality Screening Tool considers three questions as automatic indicators of elevated risk for re-victimization (e.g., a history of using a weapon to threaten the victim, a past threat to kill the victim, or whether the victim feels that their partner may kill them). All three of these items received consistent support for inclusion.

One of the highest levels of support for inclusion was for the question about whether their partner had a gun or could obtain one easily. Answering yes to this question alone does not trigger the protocol requirement to make a phone call for the victim. Perhaps this is not included as an automatic classification of high danger question because so many U.S. households have weapons and access to guns does not usefully discriminate between high risk and lower risk victims. Participants felt that it seemed like an important question to ask, though. Research has shown that

jurisdictions that reduce access to guns have seen a decrease in fatal interpersonal violence (Campbell et al., 2007).

Participants strongly supported police asking victims whether their partner had ever choked them. Again, this question is not, on its own, an automatic classification as high danger. It would be interesting to learn why this response is not considered an automatic question, given that research and legislation has identified this as a risk factor for lethality (Campbell et al., 2007).

There were two questions that participants were neutral on or disagreed with police having to ask in the Screening Tool. The first was asking about the partner's current employment status. All groups disagreed with police asking this question and their support did not vary by levels of awareness, gender or ethnicity. Participants did not think police should be asking if a partner is currently unemployed. While research in the early 2000s showed unemployment to be a demographic risk factor (Campbell et al., 2007), perhaps the down turn in the economy has changed its influence. Alternatively, since this survey used undergraduates who are a traditionally underemployed population, they may not have seen the saliency of this issue in relationship breakdowns.

The second question that participants did not support was the parenthood question (e.g., "Do you have a child that he/she knows is not his/hers?"). This question was expanded slightly from the version included in the Danger Assessment (e.g., "Do you have a child that is not his?"). It is not clear why this question was included in the Lethality Screening Tool. How this familial relationship is tied to future escalation of violence was not described clearly in the lethality assessment development materials. Increased awareness of intimate partner violence did increase support for this including this item.

Some, but not all, of the 20 questions included in the original Danger Assessment tool were included in the Lethality Screening Tool. Interestingly, some of the Danger Assessment items not included in the first responders' screening tool measure criminal behavior (e.g., history of using illegal drugs, assaults during pregnancy). While the Danger Assessment and Lethality Screen are significantly associated, recent research comparing the two found that the Lethality Screen had not identified as high danger some women who were identified under the Danger Assessment and who did experience serious reoccurrences of intimate partner violence (Messing et al., 2014). Future research should further consider the items not included from the original measure.

African Americans participants were less likely to support including 7 of the 13 questions in the Lethality Screening Tool. Since awareness of intimate partner

violence influences support, we tested whether ethnic differences seen were due to different awareness levels. However, this effect of ethnicity was above and beyond the effects of awareness, as shown by the results of multiple regressions. Moreover, the African American participants did not have significantly higher or lower levels of awareness than other reported ethnicities.

There has been little research done on general awareness levels of interpersonal violence therefore no a priori hypotheses were made regarding differences between male and female levels of awareness. This study found that men and women did not differ greatly in their levels of awareness. Ceiling effects may explain the lack of difference as both gender groups showed high levels of awareness.

Future research may want to revisit which question are assigned as automatic triggers of high danger rather than ones that are not. For example, victims' self-assessment of risk of violence has often been inaccurate (Campbell et al., 2009) so more information is needed on whether the victim thinking a partner could harm them is a useful trigger question. Also, participants though questions about a history of choking and stalking were important to ask. Since research has shown that these factors are correlated with fatal violence (Campbell et al., 2007), perhaps these questions should be elevated to be automatic danger classification questions (e.g., indicators of high danger) in the Lethality Screening Tool.

Limitations

These findings should be viewed with some caution as the amount of variance explained in the regression analyses (i.e., R2 explaining 4-13% of variance) was relatively low. Differences in support for police responses may be better explained by factors other than what were included in these analyses.

Another possible limitation is that levels of awareness were measured among students enrolled in an introduction to criminal justice class, so they may represent participants with higher levels of awareness about crime in general. Students may also not be representative of the general population.

Conclusions

Changing our response to victims includes educating the public at large. The more they know, the more they support the police. It is an important finding that higher levels of intimate partner awareness predicted support for different police protocols. The influence of awareness went above and beyond ethnic and gender

influences. Previous research has found that public information campaigns help raise awareness (Campbell & Manganello, 2006). These campaigns may also increase support for lethality assessment screening tools and protocols.

While some people may consider the advocacy and teaching responses by police as more intrusive, there is support for police taking on a role beyond just collecting the facts of the incident. The public is supportive of police playing more of a teaching and social engagement role in helping victims. This study found strong support for the lethality assessment protocol that expects police to call a hotline and try to persuade the victim to talk to the advocate. Jurisdictions implementing the Lethality Assessment Protocol have seen an increase in victims accessing supportive services and a decrease in intimate partner violence re-occurrence (Messing et al., 2014). The data suggests that people are supportive of these forced guardianship roles that are being placed on police officers, encouraging victims to begin outreach steps that they may not take on their own.

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