Reframing Law Enforcement’s Approach to Domestic Violence Calls

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Background
Domestic violence impacts millions of Americans each year. Since 1989, October has been recognized as National Domestic Violence Awareness Month to acknowledge the more than 10 million annual victims of abuse. On average, 20 people are physically abused by an intimate partner every minute in the United States. Women are disproportionately impacted by this abuse, as one in four women experience severe partner violence, compared to only one in nine men. Women of color, immigrants, and children living in households with incomes below the poverty line are at an increased risk of exposure to this violence. Victims refer to domestic violence hotlines or local police for support. On a typical day, domestic violence hotlines nationwide receive more than 20,000 distress calls. The Bureau of Justice and Statistics reports that 45% of all domestic violence cases are reported to police. Law enforcement agents across the country have been reporting a large increase in domestic violence calls since the COVID-19 outbreak, as victims are now trapped in isolation with their abusers.

Research shows that a community-led response is more effective for victims and families impacted by domestic violence. However, in most communities, police are the first responders to domestic violence calls. The FBI Uniform Crime Report found that calls that reached the criteria for “violent crimes” only made up 1% of total police calls; however, many police departments follow a model of military training in which two-thirds of their training is spent on the study of law enforcement and use of force. Less than 10% of their time is spent on social work and meditation issues and interpersonal de-escalation skills for times of conflict.

Evidence suggests that domestic violence victims may have better outcomes if they interact with first responders who are trained with a trauma-informed approach. This alternative includes robust training on how to interact with individuals who have experienced traumatic events, which has been shown to improve outcomes among adults and children exposed to domestic violence.

Developing a Community-Led Response to Domestic Violence in Durham
The Duke University Center for Child and Family Policy partnered with the Durham Crisis Response Center (DCRC), the Exchange Family Center, the Center for Child and Family Health, and the Durham County Department of Social Services (DCDSS) to create the Durham Integrated Domestic Violence Response System (DIDVRS). DIDVRS is an evidence-based, community-led approach to more appropriately address the needs of children and families experiencing domestic and familial violence. The DIDVRS was designed to improve outcomes for children from diverse backgrounds aged 0-18 and their non-abusing caregivers who experienced or were exposed to domestic violence.

1 Familial violence is an umbrella term used to describe violence that can happen in families, whether between current or former intimate partners (domestic violence) or between other family members, regardless of living arrangements.
In particular, the DIDVRS aims to meet the needs of Latinx families, who are underserved due to language barriers and immigration status, and Black families, who are overrepresented in child welfare reports related to domestic violence and underrepresented in the mental health service system. The new system sought to address three main goals:

1. Improving the system and responses to abused parents and their children exposed to domestic violence across Durham.
2. Coordinating and providing new or enhanced services for families exposed to domestic violence.
3. Enhancing evidence- and practice-informed services, strategies, advocacy, and interventions for families exposed to domestic violence.

The DIDVRS aims to achieve these goals through a multi-phased training for first responders and improved outreach, advocacy, and access to services.

Training of first responders, which included the Durham Police Department (DPD), Durham EMS, DCDSS social workers, and DCRC staff aims to:

1. Increase the number of reports from DPD to DCDSS and decrease the elapsed time from DPD incident to DCDSS report.
2. Increase usage of the DCRC crisis hotline.
3. Decrease repeat domestic violence-related interactions.

First responders were trained in an overview of the DIDVRS project, domestic violence prevalence, and the impact of domestic violence exposure and trauma on adults and children. The training also covered the barriers to working effectively with families impacted by domestic violence, as well as promoting resilience in children and available community services. First responders engaged in a two-hour domestic violence 101 training, in which all participants received the same training for 100 minutes. The remainder of the training was tailored to meet the unique needs of the professional audience. The duration of training specifically aligned with each personal responder’s needs.

DIDVRS also aimed to increase engagement in community-level outreach and education services specific to domestic violence and to improve access to trauma-informed services for families exposed to domestic violence. DIDVRS implemented the following three main strategies to reach these goals:

1. Improved case management and referral services for victims and their children,
2. Enhanced trauma-informed assessment and treatment services for victims and their children, and
3. Facilitation of or participation in community advocacy events and the development of promotional materials to increase awareness about domestic violence issues and related resources.
These activities focused on all victims of domestic violence but emphasized populations unrepresented in mental health services and overrepresented in the child welfare system, with hopes of reducing recidivism rates for domestic violence-related reports.

Results

Community-Led Response System Increased Referrals and Decreased Repeat Reports of Domestic Violence

Over the course of the evaluation of DIDVRS, two important goals of the program were achieved. The number of domestic violence-related reports from DPD to DCDSS and DCRC increased overall, the number of domestic violence-related repeat reports to DCDSS decreased, and the length of time increased between repeat domestic violence-related incidents involving DPD, suggesting that the DIDVRS program had a positive impact on the Durham community. The 400 professionals and first responders who participated in the training reported increased understanding of a trauma-informed approach to domestic violence calls. First responders were trained to use the Problem-Based Learning Approach to enhance clinical decision making and prepare them for real scenarios of working with families experiencing domestic violence.

First responders who received adequate training increased the number of reports to DCDSS and calls to DCRC. This indicates that training about the importance of connecting victims to services influenced police officers’ actions in the field. The project also met two additional important goals: while the number of domestic violence-related Child Protective Services (CPS) reports increased to represent 24% of all reports in 2017 to 29% in 2019, the number of families with more than one domestic violence-related report decreased steadily each year from 22% in 2017 to 18% in 2018. Similarly, the length of time increased between repeat domestic violence-related incidents involving DPD. Continued partnership with organizations providing trauma-informed programs and supports targeting early childhood is critical, as domestic violence-related CPS reports are more likely to include homes with young children (age 0 to 5).
Conclusion

First Responders Can Provide Critical Links to Community Services

A major shortcoming of the current national approach to domestic violence is that families and children are likely to be repeat victims of domestic violence exposure, due to a lack of connection and access to resources. The director of the National Police Foundation’s Center for Mass Violence Response Studies reports that trust in first responders has the potential to radically benefit victims of violent crimes. First responders can be valuable partners in connecting victims to community resources with appropriate training, including:

- Talking to children about domestic violence and ways to get help.
- Talking to parents about the impacts of domestic violence on their children.
- Partnering with parents on ways to protect their children and identifying resilience factors.
- Understanding how implicit biases affect interactions with families experiencing domestic violence.
- Identification and connection to community resources for families experiencing domestic violence.

In addition to improving training for first responders on how to address domestic violence calls, efforts should be made to increase the sustainability for interventions for the victims and their families. Doing so will help to decrease the number of repeat cases and improve the quality of life of those involved.

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