# EVALUTATION OF PROGRAM EFFECTIVENESS: A LOOK AT THE BEDFORD POLICE DEPARTMENT'S STRATEGY TOWARDS REPEAT VICTIMIZATION IN DOMESTIC VIOLENCE AND MENTAL HEALTH

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The primary goal of this study was to evaluate the effectiveness of a program being run by the Bedford Police Department's Repeat Victimization Unit on domestic violence and mental health and mental retardation. The study sought to determine whether the program was effective in reducing instances of repeat victimization in domestic violence and MHMR victims. Additionally the program investigated whether or not the program was effective at reducing victimization severity, and which demographic could be identified as the most victimized. Participants consisted of 157 domestic violence and MHMR victims in the city of Bedford, Tx between November 11, 2012 to July 30, 2013. Findings indicate that levels of repeat victimization for domestic violence and MHMR are relatively low regardless of whether the victim received services through the repeat victimization program or not. Additionally the severity of these repeat victimizations remains relatively constant regardless of whether services were received through the program or not. Implications and findings are discussed.

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TABLE OF CONTENTS

Page

LIST OF TABLES

Page

# CHAPTER 1

# INTRODUCTION

## Introduction to Domestic Violence and the Mentally Ill

Domestic violence and dealing with mentally ill individuals are two significant problems facing local police departments today. While the occurrence of domestic violence and mental health incidents are not new phenomena, both share a relatively short and largely inadequate history in the criminal justice context. Prior to the end of the twentieth century, domestic violence was viewed as a private family matter that did not warrant police involvement. Many people during this time considered domestic violence a normal part of the intimate relationship between a man and his wife, and one that a woman should/could expect when entering marriage (Erez, 2002.) Women were considered the property of their husbands and could be treated as such without worrying about much, if any legal repercussions. The activities of the reform movements of the 1960s and 1970s, particularly the feminist movement, brought attention to the issues of domestic violence by raising the moral outrage and demanding the police and criminal justice system take a more proactive approach in the protection of abused women and the prevention of domestic violence.

While the term domestic violence varies in its exact definition from state to state, it can typically be thought of as any act of violence or threat of violence that is carried out by one member of a family or household on another member of a family or household. Domestic violence is often also referred to as intimate partner violence, family violence, partner abuse, or woman battering (Erez, 2002.) While women are typically the victims of domestic violence, they can also be the perpetrators in some situations, yet research tells us that the abuse women inflict on men is often in self-defense (Dobash, Dobash, & Wilson, 1992). Male perpetrators also

tend to differ in the frequency, severity, and motivation for abusing their female partners (Johnson, 1995). Domestic violence in the state of Texas as defined by the Texas Family Code is "an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm" (Texas Department of Public Safety, 2012).

The history of police involvement in cases of mental health is equally as troubling. The national decentralization of mental healthcare that began in the early 1960s attempted to shift care from a few centralized mental healthcare facilities to a more local based approach comprised of numerous smaller facilities, but the shift has been largely categorized as a failure. The result of this unsuccessful transition has left many mentally ill individuals in the net of the criminal justice system (Lurigio & Harris, 2007). In addition to this failed transition, changes in mental health legislation, the war on drugs, and zero tolerance policing policies have all led to an overrepresentation of mentally ill individuals in the American justice system.

## Police Intervention

Police interventions in cases of domestic violence and mental health crises have seen many changes in recent decades. In recent history, police involvement in cases of domestic violence has followed one of three methods, separation, mediation, and arrest (Erez, 2002). The literature on domestic violence enforcement is full of studies evaluating the effectiveness of all three strategies. The standard of evaluation for domestic violence, not unlike any other crime, is a reduction in the recidivism of future incidents. Perhaps the most notable domestic violence study was conducted by Sherman and Berk (1984) and is known as the Minneapolis Domestic Violence Experiment. The research marked the first time that the three methods for handling

domestic violence were empirically tested through a random experimental design. The study is also often cited in support of a current law enforcement trend towards mandatory arrest policies in cases of domestic violence. As of 2007, there are 21 states in the United States that have passed and are currently utilizing mandatory arrest policies in cases of domestic violence, another 10 with pro-arrest policies, and 19 (including Texas) in which it is the officer's discretion whether or not to make an arrest (American Bar Association Commission on Domestic Violence, 2007).

Police intervention regarding people with mental illness has changed in the last decade. Because mentally ill offenders are often homeless and suffer from substance abuse problems, policies such as zero tolerance of public order crimes and extreme crackdowns on illegal drug users still cause an unfortunate amount of mentally ill individuals to be swept up by the criminal justice system. Recent programs however are looking to strengthen the bond between police and mental health services in an attempt to reduce the unnecessary arrest and detainment of mentally ill offenders (Dean, 2013; Watson & Fulambarker, 2012). Further cooperation between these two agencies provides the potential to ensure that mentally ill offenders do not simply end up in prison but can instead get the help they need to lead normal, productive lives, thus reducing recidivism rates.

In continuation of finding ways to reduce domestic violence and mental health crisis recidivism, there is a growing trend towards finding ways to reduce or eliminate repeat victimizations in cases of domestic or intimate partner violence and crimes involving or committed by the mentally ill. The research on repeat victimization began largely in Great Britain where researchers working out of the Home Office sought to reduce the rate of repeat victimization in victims of burglary, domestic violence, and other property crimes (Laycock,

2001; Farrell & Pease, 1993). The idea behind repeat victimization is that a small percentage of the overall population makes up a large percentage of victims through being repeatedly victimized. Researchers have theorized that if they can pinpoint and address factors that lead to being repeatedly victimized, then programs can be implemented to decrease those risks of repeat victimization and crime rates will fall (Planty & Strom, 2007; Farrell & Pease, 1993). While repeat victimization has not been specifically applied towards dealing with the mentally ill, whether in an offender or victim capacity, the ideas behind repeat victimization research show promise in being utilized in this context.

## Research Questions

While research regarding repeat victimization has gained popularity overseas in Great Britain, the research regarding repeat victimization here in the United States is scarce and inconclusive. This study seeks to evaluate the effectiveness of a program currently being run by the Repeat Victimization Unit of the Bedford Police Department. Furthermore the study looks to evaluate the programs capability to reduce rates of repeat victimization for domestic violence and mental health and mental retardation (MHMR) victims. In evaluating this program the following research looks to answer the following research questions:

1) Do domestic violence victims who receive services from the Bedford Police Department Repeat Victimization Unit have lower levels of revictimization?
2) Is domestic violence victim recidivism more prevalent in a certain demographic (age, race, sex, etc.)?
3) Is the severity of repeat domestic violence reduced by the current program?
4) Do MHMR victims who receive services from the Bedford Police Department Repeat Victimization Unit have lower levels of event recidivism?
5) Is MHMR related victim recidivism more prevalent in a certain demographic (age, race, sex, etc.)?

6) Is the severity of MHMR event recidivism reduced by the current program?

## Conclusion

The idea of targeting repeat victimization in order to lower crime rates has been repeatedly tested and validated in a number of crimes such as burglary and car theft. There are a number of programs such as the one carried out in Huddersfield, England by Chenery, Holt, and Pease (1997) that have effectively identified ways to reduce instances of repeat victimizations and thus lowered the percentage of future crimes. The current study aims to determine whether a similar program can be applied to control, eliminate, or reduce the severity of instances of repeat victimization in two comparatively unstudied incidents: domestic violence and mental health crises. The proceeding chapter presents an overview of pertinent available literature concerning domestic violence and the treatment of mentally ill individuals in a criminal justice context. The review looks at the history of these two incidents in regards to the legal system, particularly the police, as well as current police interventions being used to reduce recidivism rates in both domestic violence and mental health crises.

# CHAPTER 2

# REVIEW OF THE LITERATURE

## Historical Overview of Domestic Violence in the Criminal Justice System

While the occurrence of relationship and intimate partner violence has been commonplace for centuries, domestic violence is a relatively new phenomenon in the criminal justice system. Up until the 19th century, a man's right to chastise his wife did not qualify as grounds for legal proceedings or the involvement of the justice system. Women were considered the property of their husbands and could be physically chastised, even murdered, for offenses ranging from laziness to the miscarriage of children (Martin, 1976). The English law that was brought over from Europe to the American colonies permitted husbands to physically castigate their wives so long as the stick used was no larger than their thumb (Blackstone, 1987, p. 177).

One of the first legal proceedings held against the actions of physical chastisement was the case of *Bradley v. State* (Mississippi) (1824). Bradley was charged with assault and battery against his wife. Bradley's defense argued that under current law Bradley could not be charged with the crime of assault since the complainant was his legal wife. The courts upheld the husband's legal right to chastise his wife in moderation, so long as no lasting physical injury was incurred or excessive violence was used. The court further ruled that family matters should be dealt with inside the home and kept out of the courts as they were not a legal matter. A husband's legal right to chastise his wife was upheld in U.S. courts as late as the 1960s. One of the first cases to rule against the right of a husband to physically chastise his wife was *Fulgham v. State* (1871). The case was brought before the supreme court of Alabama and marked the first instance in which the decisions passed down in *Bradley v. State* (1824) were not upheld. Fulgham was convicted of assault and battery and sentenced to pay a fine. Wife beating was illegal in all states

by 1920 but the issue continued to be regarded as a very private matter that rarely warranted or received police intervention (Bailey, 2010).

Many of the reforms that brought domestic violence to light in a criminal justice context developed in the reform movements of the 1960s and 1970s. Up until this time period the impunity of men in cases of domestic or partner violence was highly accepted and upheld. The criminal justice system operated under the consensus that if domestic violence did not leave any lasting injury then it was not to be considered a crime (Erez, 2002). The work of feminists in combination with other social advocacy groups led to the development of the battered women's movement. This movement fought for the rights of victims, especially female victims of rape, sexual assault, and domestic violence. Much of the work and progress made by feminists and the battered women's movement laid the foundation for the modern day salience of domestic violence laws and regulations. Fueled by a lack of police attention to domestic violence, some feminist groups went so far as filing law suits against police departments in Oakland, California and New York on behalf of victims that the police failed to protect. These lawsuits led to high settlements or out of court judgments, often citing negligence on the part of the police for failing to arrest the abuser (Erez & Belknap, 1995). The work done during this time period succeeded in transforming domestic violence from a private issue to a public and legal issue that warranted the attention of the criminal justice system (Erez, 2002.).

Many notable events in the creation and evolution of domestic violence legislation occurred during this time. Pennsylvania established the first coalition against domestic violence in 1976, and becomes one of the first states to provide orders of protection for domestic violence victims (Violence Against Women Act History, 2012). Texas laws in response to domestic violence would make large strides only two years later in 1978 when the Texas Council on

Family Violence (TCVF) was founded (Swall-Yarrington, 1999). The council's goal was to provide a statewide network of domestic violence officials. The council's creation made it the first program in the country to specifically focus on domestic violence. The council was interested in furthering the research and legislation regarding domestic violence and was instrumental in legislation that would acquire state funding for battered women's shelters. At the time of the creation of the TCVF there were only 6 domestic violence shelters in the state. The number of shelters in Texas would increase from 6 in 1978 to 58 in 1993, representing a national trend in the way domestic violence was viewed both as a social and legislative issue (Swall-Yarrington, 1999).

Perhaps the most important piece of domestic violence legislation in the last two decades was the passage of the Violence against Women Act (VAWA) of 1994. The act represented a federal response to the growing salience of domestic violence reform that had already been seen at the local and state levels. The act provided a number of weapons in the fight against domestic violence including strengthening federal penalties for repeat sex offenders, the creation of a rape shield law that prevents offenders from using the victims past sexual history against them at trial, and providing large sources of government aid to states to aid in the investigation and prosecution of domestic violence cases. In addition to its monetary and legal statutes, the VAWA also ushered in the creation of the Violence against Woman Office within the Department of Justice. This office was responsible for a number of grants such as the Rural Domestic Violence and Child Abuse Assistance Grant Program and Grants to Encourage Arrest Policies Program (Violence Against Women Act History, 2012). Since it was initially enacted in 1994, the VAWA has been reauthorized twice, in 2000 and 2005 and is up for its third reauthorization this year,

2013. The act's consecutive reauthorizations extended its protections to men, battered immigrants, and dating violence.

Domestic violence legislation continues to evolve and new strategies are being implemented to reduce domestic violence recidivism. In recent years, pro-arrest policies have become a popular tool in the reduction of domestic violence. Experimental findings on the deterrent effects of domestic violence remain mixed. Some studies claim that arrest is the most useful strategy in reducing domestic violence, while others have found that its effects are not statistically significant and warn against relying solely on arrests (Friday, Metzgar, & Walters, 1991; Sherman & Berk, 1984). According to the American Bar Association Commission on Domestic Violence (2007) there are currently 21 states with mandatory arrest policies for domestic violence cases, 9 with pro-arrest policies, and the rest (including Texas) are left to the officer's discretion.

## Mediation as a Police Tactic for Domestic Violence Cases

The traditional police intervention methods for domestic violence typically utilized one of three methods: separation, mediation, and arrest (Erez, 2002). The majority of domestic violence calls prior to the 1960s saw no police intervention at all. In keeping with long standing feelings of domestic abuse, many officers of the time viewed domestic violence calls as social work and not an actual police matter. This created situations in which domestic violence calls were met with long response times and in some cases no response at all. In special cases in which police did respond to a domestic violence call, oftentimes the victim and offender were simply separated until the officer deemed the situation had been resolved. It was extremely rare for any arrests to be made in a domestic violence intervention. The lack of significant police

intervention stemmed from a number of different legal and cultural barriers still present during this time period. Legally it was the policy of many states that an officer could not make an arrest for a misdemeanor offense unless it was committed in his/her presence or they had already obtained a warrant. This proved especially challenging for domestic violence offenses as police are typically only involved after an incident has already taken place (Erez, 2002). As the issue of domestic violence continued to grow, social scientists and psychologists began to call for a better police approach than simply separating victim and offender. Mediation was thought to be the next best answer to the domestic violence problem. Mediation provided officers with a set of tools that could be used for crisis management in domestic violence calls. Many police agencies around the country began training their officers in mediation techniques and a few of these agencies even initiated their own "family crisis intervention units." Often these mediation techniques allowed officers to provide a service beyond the traditional separation approach by referring victims and offenders on to other social agencies. These additional social service agencies could include everything from shelters that housed battered woman, to counselors that could reach the root of the problem causing the domestic violence (Burnett, Sinapi, & Taylor, 1976).

While mediation seemed to provide a more favorable approach to domestic violence it was not without its shortcomings. It was criticized for further decreasing the likelihood of arrest in jurisdictions that utilized mediation and some critics also claimed that the procedure set a precedent for officers to look at offenders more favorably than the victims (Erez, 2002). Furthermore, officers tended to look down on mediation in domestic violence cases as it felt more like social work than police work and most police officers, despite training, were ill equipped to provide adequate mediation strategies. With conservative and feminist critics both

calling for a more aggressive criminal justice approach to domestic violence, mandatory arrests became a more viable option (Erez, 2002).

## Mandatory Arrests in Cases of Domestic Violence

Perhaps the largest support for mandatory arrest policies came from the Minneapolis Domestic Violence Experiment done by Sherman and Berk (1984). The experiment was performed with the assistance of the Minneapolis Police Department and the Police Foundation. Sherman and Berk (1984) set out to determine which response to domestic violence, separation, advice or mediation, or mandatory arrest was most successful in reducing the frequency and severity of domestic violence. The study took place in two Minneapolis precincts thought to have the highest concentration of domestic violence calls for service. The study ran for over a year and gathered a total of 330 cases of domestic violence for analysis.

The methodology of the study was revolutionary for its time and represented the first time that the effects of arrest on crime had been tested through random assignment. Researchers recruited 33 officers to participate in the study. Whenever an officer was called out to a domestic violence call they would randomly select one of three possible options: separation, advice or mediation, or arrest. In order to ensure proper randomization, each individual officer involved in the study was issued a color coded pad that corresponded to the choice of action they were to carry out each time they encountered a domestic violence call that met the research criteria. The research criteria only applied to simple misdemeanor assaults in which both victim and offender were present at the time of the officer's arrival. Initial and follow-up interviews with the victims involved in the study were also performed in order to determine the presumed effectiveness of

each strategy in decreasing the frequency and severity of consecutive domestic violence incidents.

Overall the analysis of official measures and victim interviews revealed arrest to be the most effective strategy amongst the three strategies for domestic violence. Recidivism rates were lower in instances where the offender was arrested than they were when separation or mediation was utilized (Sherman & Berk, 1984). These results appear to indicate a deterrent effect for arrest on future instances of domestic violence and provide a strong case for the implementation of mandatory arrests, but they are not without criticism. Critics of the study's findings cite a lack of internal validity in the randomization of treatment for each domestic violence case examined in the study. Officers didn't always follow the strategy listed on the card for a number of reasons. Instances in which a victim insisted on an arrest or the offender physically attacked an officer were two such examples of when an arrest was expected from officers regardless of the randomly prescribed strategy. This discrepancy in the randomization of each strategy could have caused an influx in a certain type of offender thus clouding the true effect of each domestic violence strategy (Berk et al., 1988).

Another criticism of the Minneapolis results was the fact that only 62% of the victims were interviewed. While many of the victims could not be tracked down or simply refused to be interviewed, this low level of victim participation could be the product of selection bias based on the characteristics of the victims interviewed. Another criticism of the study is that it only analyzed three potential strategies for domestic violence. While it can be argued that the strategies examined were and continue to be the leading police strategies when handling domestic violence cases, the chance remains that there is a more beneficial alternative that the researchers did not account for. Perhaps the most significant criticism of the study was its lack of

replication. Subsequent studies that have attempted to recreate the Minneapolis research elsewhere have often failed to produce the same results (Erez, 2002). This lack of replication calls the generalizability of the results in to question and therefore detracts from the support for the deterrent effects of mandatory arrest on domestic violence recidivism.

In the years following the Minneapolis experiment, there have been a number of subsequent studies that have examined the effectiveness of police strategies in the intervention of domestic violence cases. While many of these studies examined similar variables, such as arrest, they also set out to expand Sherman and Berk's original findings. One such study by Felson, Ackerman, and Gallagher (2005) utilized longitudinal data from the National Crime Victimization Survey (NCVS) to determine the effects of three variables on the repeat victimization of domestic violence.

The first variable examined was the deterrent effects of report and arrest on future instances of domestic assault. The study further analyzed whether an offender's prior history of violence against the victim, be it sexual or physical, had any effect on the level of deterrence gained from report or arrest. Unlike the Minneapolis experiment and many other domestic violence studies, the researchers in the above study expanded their analysis to include both misdemeanor and felony offenses. The broadening of the research criteria to include these often unanalyzed crimes allowed researchers to determine what effect offense severity had on deterrence. The second variable that researcher's examined was the retaliation hypothesis which analyzed the relationship between the reporter of the domestic violence incident and the offender. Studying this hypothesis allowed them to determine whether revictimization was more likely if the reporter was a third party source or the victim themselves. The final variable that

researchers examined was the effects of the offender's sociodemographic characteristics and use of drugs and alcohol on domestic violence recidivism.

The researchers hypothesized that offenders who abused drugs and alcohol at the time of a domestic violence incident, were then more likely to commit further acts of domestic violence in the future. The results of the study found that effects of arrest on revictimization were directional but ultimately statistically insignificant. Further, the results showed that the effects of arrests are not affected by socioeconomic factors, gender, prior offenses, offense severity, or marital status. These findings seem to challenge the effectiveness of mandatory arrest statutes in reducing domestic violence recidivism. In contrast to the lack of support for arrests, the results of the study did reveal that simply reporting domestic violence to police has a significant deterrent effect even if no arrest is made. Additional analysis of the findings provided no evidence for the retaliation hypothesis. The chance of revictimization was not increased when the victims were the ones reporting the domestic violence to police, as opposed to a third party. These findings remained constant even when the reports or complaints led to an arrest of the offender.

### Arrests in Domestic Violence Cases from a Police Perspective

Another study that looked at the effectiveness of arrest on domestic violence recidivism was Friday, Metzgar, and Walters (1991). The researchers in this study were strictly focused on domestic violence and arrest from a policing perspective, which differed from previous domestic violence studies that were more interested in the victim. The data analyzed in this study came from the domestic violence reports of a Midwestern community of about 60,000 that had recently implemented a new pro-arrest policing policy towards domestic violence. The researchers analyzed cases from two-years prior and two-years after the policy's implementation.

Surveys of patrol and command officers were also analyzed to determine the impact of a pro-arrest policy on police and whether it resulted in a decrease in future domestic violence calls. The results of the study found that overall the majority of the officers surveyed supported both the policy and the power that it gave them, but also found that arrest did not decrease the number of future domestic violence calls. The data revealed that the majority of domestic violence calls did not result in future instances of domestic violence reports, regardless if officers made an arrest or not. This is again contradictory to the findings in the Minneapolis experiment and provides support against the effectiveness of pro-arrest policies to deter domestic violence recidivism. Researchers also found that the most vulnerable group to domestic violence recidivism is those who have a prior history of domestic violence but are not arrested. This is in contrast to the typical target of pro-arrest policies, the first time offenders, who are already unlikely to commit further acts of domestic violence regardless of an arrest. The results of the study seem to indicate that pro-arrest policies tend to target the wrong group of offenders in order to truly reduce domestic violence recidivism.

## Victim's Perception of Police Intervention in Domestic Violence Cases

Another important aspect of the research of police intervention in domestic violence cases is the attitude of the victim towards the police. Policing strategies towards instances of domestic violence can only be successful if victims report them. The level of reporting is contingent on a number of factors including whether or not the victim is confident that reporting domestic violence to the police will reduce their chances of revictimization. One study that examined victim perceptions on police involvement in cases of domestic violence was Brown (1984). The study analyzed data collected from a number of women seeking refuge at a domestic

violence shelter in a small southern city in the United States. The women were asked to complete a questionnaire that included questions on demographic data, their attitudes toward themselves, their opinions on the police response to their victimization, and whether they would be willing to pursue legal action on their own behalf in the future. There were a total of 84 participants in the study who ranged in age from 16 to 48. Victim reports in the study found that police only responded to the victim's complaint in person 56% of the time, 23% of cases resulted in an arrest of the offender, and only 6% of victims were referred to outside aid agencies by police. The results of the study supported Brown's hypothesis that negative police responses towards victims of domestic violence can cause detrimental effects on a victim's self-worth and ultimately, their willingness to pursue police assistance in cases of domestic violence. Brown suggested several policy implications based on these findings including the implementation of a more social-welfare model of policing in which police play a more active role in the facilitation of the law with or without the victim's consent. These policies according to Brown (1984) would require police officers to better inform abused woman of their rights and what police were legally obligated to do in domestic violence situations. Many of the policies that Brown outlined have indeed been implemented in contemporary American policing, along with a number of other policies that have increased arrests in domestic violence cases since 1984.

Johnson (2007) also examined domestic violence victim's perceptions of police and the legal system following a domestic violence incident. The study sought to determine what facets of police intervention that domestic violence victims found most helpful and least helpful, and whether mandatory arrest policies effected the victim's decision to stay in an abusive relationship or seek police assistance. Researchers utilized incident reports from Alabama's Uniform Incident/Offense Report to randomly select 130 domestic violence cases. Because

women are more likely to be victims of domestic violence, only the 109 incident reports involving women victims were analyzed in the study. From these 109 women, a random sample of 50 cases was drawn, of those 50 only 39 agreed to participate in telephone interviews. The results of the study found that overall the majority of women who contacted the police for assistance were very satisfied with the police response and attitudes of the responding officers. Slightly more than half (56.4%) of the women interviewed in the study stated that they felt that officers were very helpful and genuinely interested in their welfare (Johnson, 2007). In most cases (62%) victims were provided with information and assistance that they were not expecting, but deemed as helpful. This information and assistance included informing the victim of their voice in the outcome of the abuser and even seeking their opinion on what should be done, an explanation of what would happen to the abuser should they be arrested, making sure children were safe, and providing techniques in how to handle future domestic violence situations.

The last piece of information is of particular importance because it is specifically to victims of repeat domestic violence victimization. The provision of information that could prevent or decrease the severity of future domestic violence victimizations highlights the justice system's acknowledgement that decreases in repeat victimization should be a major goal of any domestic violence policy. The majority of the women (86.4%) who viewed the police as helpful reported that they would call the police again in a similar situation. Subsequently, women who viewed the police as unhelpful (80%) reported that they were not likely to call again in a similar situation. Women who viewed the police as unhelpful cited situations in which they wanted their abuser arrested yet no arrest was made (22%), officers were more interested in listening to the abuser's side of the story (17.9%), or their abuser was arrested when they didn't want them to be (23.8%). Some victims even reported that they were unlikely to call for police assistance in the

future because they believed it made the problem worse (69.2%) (Johnson, 2007). Because victims of domestic violence, especially repeat victims, often weigh the pros and cons of seeking assistance from law enforcement, Johnson (2007) argues that is necessary for police to have a domestic violence policy that is not only helpful and understanding but also instills trust in the victims that the aid of the criminal justice system will outweigh any potential negatives.

## The Public Perception of Police Intervention in Domestic Violence Cases

Kolar (1995) studied the general community's perceptions and level of support for police involvement and enforcement of the law in domestic violence situations. The study analyzed 185 people in Australia over the age of 18 to determine their level of support for the enforcement of laws regarding domestic violence. The study theorized that police would be more likely to provide greater domestic violence support if they had the support of the community. Although the study purposefully targeted the general community and not just victims of domestic violence, similar results from previous studies only targeting domestic violence victims were found. Nearly half (48%) of those surveyed supported police intervention in cases of physical domestic violence, with a slightly higher support in woman (50%) than men (46%) (Kolar, 1995).

The study found that both men and woman were highly in favor of an immediate police response to physical domestic violence with the average between the two groups being 94% (Kolar, 1995). The study also reported some rather unexpected results in regards to police entry without a warrant and support for mandatory arrests. Almost half (44%) of all participants reported that they would support an officer's warrantless entry of a home in which physical domestic violence had been reported or suspected. This number was slightly higher in men (49%) than woman (40%). These results are surprising considering the potential for the violation

of civil liberties and a possible increase in the abuse of police power. Only a minority of the sample (23%) was determinedly opposed to warrantless entry (Kolar, 1995). Another surprising result was the overwhelming support for mandatory arrest at 88%. Interestingly, more women (14%) than men (8%) opposed mandatory arrests (Kolar, 1995). Overall the study demonstrated a higher level of police enforcement support from men than women in the domestic violence variables analyzed. This seems to contradict previous research and general knowledge of the domestic violence problem in which women comprise the majority of victims and would logically have the most to gain from increased police enforcement.

## Critical Variables for Successful Police Intervention in Domestic Violence Cases

Another area of interest in regards to police intervention in domestic violence is what variables in the investigation of a domestic violence case are more likely to produce a more thorough criminal justice response. In an ideal world all instances of domestic violence would be investigated, enforced, and prosecuted in the same way, yet research tells us this isn't the case. Nelson (2013) utilized logistic regression to analyze five different variables of a domestic violence investigation that an officer can utilize to significantly increase the chances of prosecution and conviction. The variables were identified as police controlled antecedents (PCA) and included listing more than one criminal charge in the report (284% increase), arresting the defendant (94%), obtaining an order of protection (87%), locating more witnesses (68%), and producing photographs (60%).

While it logically makes sense that more witnesses and photographic evidence would assist in the prosecution of any case, some of the variables identified (such as identifying additional charges) require a better understanding of the justice system to reveal their

effectiveness. The article explains that the identification and later filing of additional charges against the defendant reduces the “halo effect” sometimes seen in juror behavior. The “halo effect” is the tendency of jurors to treat the guilt of single charged defendants with more skepticism. Jurors statistically treat defendants with multiple charges with more scrutiny than they would a single charged defendant, thus increasing the chances of conviction. Additional charges are also useful to prosecutors in terms of plea bargaining. The defendant in a domestic violence case may choose to plead guilty to a domestic violence charge if another charge is dropped. The results of the article also revealed an inverse relationship between the length of the investigation and chances for prosecution and conviction.

The need and benefit of speed and diligence in police investigations is well documented, and domestic violence investigations are no different. The current findings emphasize the need for these variables in domestic violence investigations when they have historically been criticized for lacking both. The article utilizes the identified PCAs to outline a best practice model for domestic violence investigations, and calling for these actions to be made mandatory throughout national, state, and local agencies. The use or lack of use of these PCAs in a police investigation could then be used as an evaluation of the officer’s performance which in turn could lead to advancement opportunities or highlight a need for more training.

## The Evaluation of Police Intervention Programs and Instruments in Cases of Domestic Violence

As previously stated the domestic violence problem has seen a number of different proposed solutions from mediation to arrest (Erez, 2002). These different approaches brought forth a number of different police programs, all aimed at the unified goal of improving the police response to domestic violence, and in doing so reducing the rates of domestic violence

recidivism. The earliest experiment involving mediation and crisis intervention produced varied results yet it became a popular option and other departments soon adopted the model in the early 1970s. Some departments even created specialized positions for officers who were specially trained and responsible for crisis intervention (Buzawa & Buzawa, 1996; Liebman & Schwartz, 1973).

In a study by Corcoran and Allen (2005), researchers set out to evaluate a crisis intervention program being utilized by a local police department. The researchers proposed that domestic violence victims who received the services of the crisis intervention program would be more likely to cooperate with police, utilize the services of domestic violence shelters, and that police would be more likely to file charges. The program functioned by forming a crisis intervention team consisting of one uniformed detective and a trained volunteer from a local domestic violence shelter. The crisis team's duties included an investigation by the detective and the provision of victim's services through the volunteer. In order to test the effectiveness of this crisis intervention strategy, police data on family violence calls were collected over a six month period producing a total of 96 cases. Researchers compared cases in which the crisis intervention team had been utilized and randomly selected cases that occurred during the same time frame but did not utilize the crisis intervention program.

Results of the program revealed that arrest rates were significantly higher in cases in which the crisis intervention team program was utilized (Corcoran & Allen, 2005). This finding is significant because it is contradictory to the core ideas of mediation which have typically been used as means to avoid arrest. Researchers suggested that the increase could be attributed to the severity of the cases in which the crisis intervention team was typically utilized, and that these cases may have been more prone to an arrest outcome. A second finding revealed that

noncooperation on the part of the victim was significantly higher in cases where the crisis intervention team was involved (15%) versus the randomly selected cases of non-crisis intervention (4%) (Corcoran & Allen, 2005). Researchers again propose that this contradictory finding could be the result of the victims not wanting their abuser arrested and therefore refusing to cooperate when an arrest was made. Finally analysis showed that the crisis intervention program did not produce an increase in the number of victims who sought the aid of a domestic violence shelter. This could be attributed to the majority of the sample being comprised of African-Americans who are historically more likely to rely on family or close friends in times of crisis (Hines & Boyd-Franklin, 1996). Results of crisis intervention programs such as the one outlined above provided observably mixed results, yet mediation remains a popular strategy with police in dealing with domestic violence.

A similar study performed by Stover, Berkman, Desai, and Marans (2010) evaluated the effectiveness of a domestic violence home visit intervention program (DVHVI) operated by the New Haven Connecticut Department of Police Services over the course of one year. A sample of 107 women was analyzed to determine whether the DVHVI program effected a victim's satisfaction with the police and whether the program had any effect on intimate partner violence (also known as domestic violence) recidivism. The sample was drawn from the review of New Haven police reports on domestic violence cases within a one year span. The DVHVI program followed similar mediation techniques as the previously mentioned study by Corcoran and Allen (2005) providing the victims with safety, domestic violence education, and access to outside resources that are aimed to help victims of domestic violence. In addition to these shared mediation techniques, the DVHVI program also performed psychological screening for the victim and her children as well as access to treatment resources if required (Stover et al., 2010).

Researchers interviewed the participants at 1, 6, and 12 month intervals to assess the efficiency of the DVHVI program. The results of the study found that overall women who had been a part of the home visit program shared more positive feelings toward police when compared with women in the control group. These women were also more likely to enlist the aid of police in the future for less serious instances of domestic or intimate partner violence (Stover et al., 2010). The DVHVI was not shown to reduce domestic violence recidivism but a decrease in the severity of future domestic violence calls was observed for victims in the DVHVI program, with nonphysical future acts of domestic violence being reported in 57.7% of the victims in the program versus 43.8% in the control group (Stover et al., 2010). While these numbers are not statistically significant they do highlight a willingness of victims in the DVHVI program to call the police for less severe instances of future domestic violence. This willingness may be the result of a higher level comfort with police when compared to the control group.

## The Repeat Victimization Approach to Domestic Violence Intervention

In recent decades the criminal justice system has shifted its crime prevention focus to finding ways to reduce or eliminate repeat victimization of certain types of crime. The driving idea behind repeat victimization is that a small percentage of the population accounts for a large amount of the crime rate by being repeatedly victimized (Planty & Strom, 2007; Farrell and Pease, 1993). There are a number of crimes that historically create repeat victims such as burglary, other property crimes, and domestic violence (Laycock, 2001). Domestic violence is one of the most logically recognized crimes that is susceptible to high rates of repeat victimization due to the nature of the offense. Victims often live with their attacker, in cases of spousal abuse the victim may be economically dependent on her abuser, and some victims

falsely believe that the abuse was an isolated incident that won't happen again. These variables and more lead to domestic violence being a strong candidate for programs looking to reduce repeat victimization.

Repeat victimization programs largely began in England in the last few decades, and have been used to effectively reduce crime rates in a number of areas (Laycock, 2001; Farrell & Pease, 1993). Studies on repeat victimization of domestic violence have provided criminal justice officials with a number of crucial trends. One such example is the time-course of repeated domestic violence incidents. The majority of domestic violence calls have been shown to exponentially increase in frequency following the initial call if no intervention is provided. Lloyd, Farrell, and Pease (1993) reported that following the first domestic violence event, 35% of households will suffer a second domestic violence event within 5 weeks. That number will increase to 45% that a third event will take place if no action is taken. The time-course of repeat domestic violence victimization is similar to other crimes such as burglary which also tend to increase exponentially without intervention (Lloyd, Farrell, & Pease, 1993).

As previously stated above, there are number of dynamics that make domestic violence victims more susceptible to repeat victimization. Mele (2009) took a closer look at the relationship between time course and repeat victimization in domestic violence cases. Researchers formed their hypothesis based on previous theories on repeat victimization such as social learning theory (Simmons et al. 1998) and family systems theory (Gelles & Strauss, 1988). From these theories Mele (2009) hypothesized that as the contact or opportunity for contact between the victim and the abuser was increased, the time between victimizations would decrease. Similar to the present study, Mele (2009) utilized the examination of existing police records for their analysis. The study sample was comprised of 823 domestic violence victims

from a large police department in New Jersey. Researchers only utilized the reports that contained instances of repeat domestic violence victimizations. The reports analyzed contained information on the offender and victim demographics, cohabitation, victim employment status, relationship between victim and offender, and whether or not the victim filed for a restraining order at the time that the incident was reported to police. The majority of the victims in the sample were female, while the majority of the offenders were male (both 92%). African Americans accounted for 73% of the victims and offenders and the age ranges were 16-64 and 17-69 respectively.

Results of the study found that victims who filed for a restraining order were more likely to be victimized again, in a shorter amount of time than those who did not. The study also found that cohabitation between the offender and victim, co-parenting, and victim unemployment were all related to a shorter time between successive victimizations. Similar to previous studies on repeat victimization in other areas such as burglary and racial attacks (Sampson & Phillips, 1995; Polvi et al. 1990), the study highlights the importance of determining variables of opportunity to predict repeat victimizations and their time frames in domestic violence cases. If resources can be allocated in these "high risk" time periods when victims are the most vulnerable then police may be better equipped to prevent future instances of domestic violence (Lloyd, Farrell, & Pease, 1993).

Another study performed by Goodlin (2010) looked at National Crime Victimization Survey (NCVS) data to determine the effects of household variables, victim characteristics, and incident characteristics of repeat domestic violence victimization. Results of the study found that the total number of people in the household was positively correlated to repeat domestic violence victimization. It is important to note that although this finding seems logical as there are more

people to be victimized, one cannot assume that the same victim is not being repeatedly targeted. Another finding of the study was that the majority of repeat victims shared an education level that was below that of a high-school education. Because the NCVS captures data from children 12 years of age and older, the data could potentially misrepresent the actual education level of repeat victims as younger respondents would not have had the opportunity to complete their high school education.

The current program being operated by the Repeat Victimization Unit of the Bedford Police Department in Bedford, Texas is based on a program regarding the repeat victimization of domestic burglary is Huddersfield, England. The program was part of a larger study on repeat victimization carried out by England's Home Office Research Group (Chenery, Holt, & Pease, 1997; Laycock, 2001). Researchers gathered data by comparing domestic burglaries reported in Huddersfield in March of 1996 to that of previous years within the same time (March 11-15). The purpose of the comparison was to determine how many homes had been repeat victims of domestic burglary or motor vehicle theft in the past year and gauge an annual number of repeat victimizations in a given location. Once police and researchers had identified the repeat victims, a program was put in place that set out to train police on the importance of repeat victimization prevention and set up police and citizen watches of targeted areas, all the while continuing to monitor the program. Police and researchers established a tier system (from least severe to most severe: bronze, silver, and gold) for initial victimizations that allowed them to easily track the frequency and severity of future victimizations. At the end of the program domestic burglary had declined by 30% and motor vehicle theft had declined by 20% when compared to surrounding areas not affected by the program. The Huddersfield program was one of the first to demonstrate the effectiveness of repeat victimization programs in the prevention of future crimes. The

Bedford program takes the program established in Huddersfield a step further and applies it to instances of domestic violence and mental health and mental retardation (MHMR) cases within Bedford, Texas.

## History of the Criminal Justice System and Individuals with Mental Health Problems

Historically the criminal justice system and the mental health system have shared common borders with many individuals walking the line between patient and offender. In recent years the line has been even more blurred due to a number of factors that include deinstitutionalization, changes in mental health law, devolution of the mental health system from a centralized care system to fragmentized local systems, drug enforcement legislation, and police practices including zero tolerance policies (Lurigio & Harris, 2007). It is estimated that between 15 and 20% of the correctional population is suffering from a mental illness and as of the late 1990s, there are an estimated 250,000 mentally ill individuals under the supervision of the criminal justice system in some capacity (Ditton, 1999). A national push to change the status of mental health care began in the early 1960s. National policy makers began to call for the deinstitutionalization of large scale psychiatric hospitals that housed the majority of the countries mentally ill patients, to a larger network of smaller, community-based shelters (Grob, 1991). While this idea seemed efficient in theory, monetary restrictions stemming from the Vietnam War in the 1960s, the financial crisis of the 1970s, and federal budget cutting mental health services in the 1980s led to poor implementation and eventual failure of the idea of deinstitutionalization (Lurigio & Harris, 2007). State mental hospitals began releasing thousands of patients who ended up with no place to go, thus making them vulnerable to be caught in the net of the criminal justice system (Grob, 1991).

Changes in mental health legislation also played a role in the influx of the mentally ill in the criminal justice system. Many strenuous state health codes require the staff of an institution to determine that an individual is a threat to themselves or others before they can be admitted to what little space there is in the institution. These strenuous regulations have the adverse effects of isolating certain individuals who have a higher chance of then ending up in the criminal justice system (Lurigio & Harris, 2007). In addition to these strict admittance laws, changes in the rights of those sentenced to involuntary commitment has made it more difficult to get someone with a mental illness the help they need, even if their illness won't allow them to recognize that need. Patients are currently afforded all the due process rights that they would be if they were to be accused of a crime (Miller, 1987). In addition to further blurring the line between the mental health and criminal justice systems, these regulations make it so only the truly dangerous offenders ever get the much needed treatment. Many mentally ill individuals who may not be deemed "dangerous" are left at risk of committing a crime and being caught up in the criminal justice system (Lamb & Weinberger, 1998).

Changes in the drug enforcement policies are another reason for the overrepresentation of mentally ill individuals in the criminal justice system. Individuals who are mentally ill oftentimes have a comorbid substance abuse problem which further brings them to the attention of law enforcement (Lurigio & Swartz, 2000). The war on drugs which began in the 1980s is already responsible for a growing percentage of the criminal population. When this crackdown and hyper vigilance against drug users/dealers is in play, many mentally ill individuals get caught in the net. Because many drug treatment facilities are ill-equipped to handle mentally ill individuals they are often turned away or told to pursue help from a mental health facility who will then refuse them treatment because of their drug dependency (Lurigio & Harris, 2007). This inability

for either system to provide assistance leaves these mentally ill drug users at higher risk for arrest and incarceration (Lurigio & Swartz, 2000).

The last major cause of an increase in mentally ill individuals in the criminal justice system is recent changes in police tactics, specifically those that incorporate zero tolerance policies for quality of life offenders. These public order offenses that can include loitering, panhandling, disturbing the peace, etc. are often committed by mentally ill individuals as an untreated symptom of their illness (Borum, 2000). These same individuals are often homeless and suffer from a substance abuse problem. This trifecta (mental illness, homelessness, and substance abuse problem) has led to an influx in mentally ill individuals in local jails and prisons. In addition to drug abuse and public order offenses, police officers must also respond to suicide calls and threats. Because a suicidal individual is obviously considered a threat to oneself (assuming the threat is genuine), many departments have mandatory commitment procedures in which the individual must be taken to a psychiatric facility for a 72-hour hold or until the patient is deemed no longer a threat to themselves or others. While contact with these individuals does not often end in prolonged time in criminal justice care, the calls for service that officers have to answer does represent part of the increase in mental health individuals in the criminal justice system. In the year 2000, the number of individuals that Florida law enforcement officers detained and transported for a 72-hour emergency psychiatric evaluation was more than those arrested for burglary and aggravated assault combined (McGaha & Stiles, 2001).

## Police Intervention with Mentally Ill Individuals

As previously stated, most interactions between police and mentally ill individuals occur in instances of drug abuse, public order offenses, or when the individual has become a danger to

themselves or others. These different situations and others not mentioned can have a variety of outcomes for criminal justice officials, namely the police who are the first responders. In a study done by Charette (2011) researchers sought to determine which police intervention when dealing with the mentally ill was utilized the most and which intervention technique was the most efficient. The study was performed in Montreal, Quebec and utilized all intervention data from three randomly selected days of intervention reports to the Montreal Police Service.

While there are a variety of intervention options an officer can carry out, the results of the study found that hospitalization (36%) and informal dispositions (38.2%) were the most prevalent outcome of police intervention with the mentally ill. Results of the study also showed that referrals to outside mental health resources were the least utilized intervention behind arrest. It is unclear why outside referrals were not utilized more by officers or why the arrest rate was so low (6.3%) in contrast to what is typically seen in interventions between American officers and the mentally ill. Perhaps the drug enforcement and public order crimes that so often bring the mentally ill to the attention of the criminal justice system in the U.S. is not as big of problem in Canada. It is worth mentioning that hospitalization was one of the most widely used intervention even though it and other formal interventions were shown to take nearly double the amount of time of informal interventions, such as simply mediating with the individual (Charette, 2011).

The researchers cite a potential benefit in going beyond informal controls such as mediation is because oftentimes mediation alone does not provide any sort of assistance to the mentally ill individual in need and may later lead to a second call for intervention. Another important finding of the study was who was making the call for assistance. The results revealed that the majority of interventions were initiated by the individual with the mental illness (21%), a relative (20.2%), or a bystander (19.5%). Hospital staff represented the lowest percentage of

reporters with 6.3% (Charette, 2011). This somewhat low percentage seems logical because there would presumably be less cause for intervention if the individual was already receiving treatment of some kind.

One of the most common interactions between the police and the mentally ill involves officers recognizing mental illness and referring the individual to mental healthcare professionals. Van den Brink et al. (2012) examined the amount of disconnect between the mentally ill and mental health services, and whether or not police have a role in reestablishing contact. Through the analysis of police records, researchers examined 492 cases involving 336 individuals who had been involved in a mental health crisis within the study year. The results of the study found that half of the individuals were disengaged from any type of mental health service in the year prior to the crisis. In the year following the crisis it was found that a large percentage (21%) of the individuals maintained regular care contact with mental health services. This number increased to 49% if the police contacted mental health services on their behalf at the time of the incident. Despite these positive results, the study also concluded that more than half (58%) of the disengaged individuals were not referred to mental health services at the time of the incident (Van den Brink et al., 2012). The results of the study highlight the potential benefits and importance of the police being able to recognize mentally ill individuals and effectively refer them to mental health services at the time of the incident. The study also reinforces the importance of establishing points of cooperation between the police, who are often the first responders in a mental health crisis, and mental health services that are often involved in the long term care of the mentally ill individual.

Police agencies in Great Britain have already begun to utilize similar ideas set forth in Van den Brink et al. (2012) by creating programs that pair mental health nurses with police

officers to assist in mental health crisis situations. Dean (2013) details a specific pilot program called “Street Triage” that was started as cooperation between England’s departments of health and the home office. The program is aimed at preventing the unnecessary arrests and detainment of mentally ill individuals through the use of 72-hour hold statutes. Both departments are seeing signs of success as the number of mentally ill individuals being unnecessarily detained has dropped significantly. Similar programs have been formed in the United States as well. Watson and Fulambarker (2012) outline the effectiveness of the crisis intervention team (CIT) model that began in Memphis, Tennessee in 1988 following the shooting of a mentally ill man by a Memphis police officer. The CIT model is meant to provide officers with specialty training in the recognition of mental illness, the various treatments for common mental illnesses, legal issues associated in dealing with mentally ill individuals, de-escalation techniques, etc. Officers trained in the CIT model are also often briefed on commonly encountered mental illnesses such as delirium in older adults, trauma, and other related health concerns such as individuals with developmental disabilities. All of this specialty training is meant to create a better police understanding of mental illness and strengthen the cooperation of police and mental health agencies (Watson & Fulambarker, 2012).

## Evaluation on Police Intervention with Mentally Ill Individuals

Because programs such as the crisis intervention team model and “street triage” are still relatively new, the amount of evaluative research on these programs and those like them is scarce (Dean, 2013; Watson & Fulambarker, 2012). Kisely et al. (2010) is one of the few studies to look at the effectiveness of a cooperative approach between law enforcement and mental health services. Researchers in the study employed a mixed method design to quantitatively and

qualitatively evaluate a mobile crisis partnership program in Nova Scotia, Canada. The program was a cooperative effort that integrated both Nova Scotia law enforcement and mental health services to better respond to calls reporting a mental health crisis. The researchers compared the frequency the program was used by the public and the amount of time officers spent responding to mental health calls, both 1 year before and 2 years after the program was implemented, and in areas that received the service and those that did not. The results of the study found that the integration of police and mental health service workers produced a significant increase (1202 in one year) in the number of individuals who sought police help for a mental health crisis. Relatedly the program seemed to produce a reduction in the amount of time it took officers to arrive, as well the time they spent on scene when compared to the control area; 136 minutes with the integrated program versus 165 minutes in the control area (Kisely et al., 2010). The results of the study provided quantitative evidence in support of some of the benefits in integration models between police and mental health services. Future evaluations on similar programs, such as the one being evaluated in the current paper, are needed to truly determine the benefits of integrated programs when dealing with the mentally ill.

# CHAPTER 3

# METHODOLOGY

Previous research has consistently presented evidence supporting the increased chances of repeat victimization in cases of domestic violence and other crimes (Laycock, 2001; Farrell and Pease, 1993). Furthermore, despite their relatively small percentage, repeat victims are known to be overrepresented in crime reports thus producing inflated victimization numbers (Planty & Strom, 2007). The current study has received approval from the Institutional Review Board (IRB) and seeks to utilize this repeatedly victimized population to examine the efficacy of a program aimed at reducing repeat victimization rates in cases of domestic violence, which as of the writing of this study, have received very little attention in American criminology. The current program being analyzed has been adapted to deal with cases of mental health and mental retardation (MHMR), in an attempt to reduce the number of repeat mental health crises for a single individual. While the research is currently sparse in terms of repeat victimization as it pertains to mental health, the current study evaluates the program's effectiveness in reducing the prevalence and severity of future MHMR crises.

## Research Questions

The first research question investigates the overall effectiveness of the repeat victimization program; alternatively stated, the primary research question is:

1) Do domestic violence and MHMR victims who receive services from the Bedford Police Department Repeat Victimization Unit have lower levels of revictimization?

The second research question seeks to examine the demographic differences in repeat victims in cases of domestic violence and MHMR. Specifically:

2) Is repeat victimization in cases of domestic violence and MHMR more prevalent in a certain demographic (age, race, or sex)?

The third research question examines whether the current repeat victimization program is effective in reducing the severity of future victimizations. Simply put:

3) Is the severity of repeat domestic violence or MHMR event recidivism reduced by the current program?

Severity can be further simplified to define whether or not the successive incident or victimization would be eligible for a decrease in tier level within the program.

This following section includes a detailed discussion covering the research methods used to determine the effectiveness of the Bedford Police Department's repeat victimization program in cases of domestic violence and MHMR. This section includes an outline of the data source, sampling procedures, and analysis procedure. More specifically the following section includes discussions of the dependent variable and the independent variables of interest (i.e., participation in the program and demographics). The section concludes with a general discussion on the limitations of the current study.

## Data and Setting

The current study utilizes existing police records from the Bedford Police Department (BPD) in Bedford, Texas as the main method of data collection. Specifically this study was interested in cases evaluated by the Repeat Victimization Unit's program targeting individuals who experienced either a domestic violence incident or a mental health crisis.

## Program Design

The current research is part of a larger study evaluating the effectiveness of a program

being run by BPD to target and eliminate repeat victimizations in domestic violence cases and mental health crises. Participants were selected for participation in the program based on a tier level screening system for each incident (domestic violence and mental health). Once a case was referred to the repeat victimizations unit, officers assigned the case to a tier. In domestic violence incidents cases were categorized in a Tier 1-4 system based on severity, with Tier 1 representing the least severe and Tier 4 representing the most severe cases. Each tier had a set of screening requirements and corresponding responses. For example, a Tier 1 incident for domestic violence would be characterized by a first time offense that consisted of a simple assault or one causing bodily injury, one prior domestic disturbance coupled with a second call for service resulting in a reported offense, several domestic disturbance calls for service but no reported offense, or an officer referral due to habitual domestic disturbance calls. Responses to a Tier 1 domestic violence event may include issuing a domestic violence diversion letter, a telephone interview with both parties to investigate past domestic disturbance history (if any), and in the event that telephone contact is unsuccessful, a letter outlining the services of the Repeat Victimization Unit is mailed to the suspect and victim involved. Mental health crises were categorized similarly but were limited to 3 tiers instead of the 4 used for domestic violence incidents. A Tier 1 mental health crisis/incident would be characterized by the victim having suicidal ideations without an actual attempt, a single suicide attempt with no prior history of such behavior, or a referral by an officer or citizen that believes the victim is suffering from an undiagnosed mental disorder. Responses to a Tier 1 MHMR incident may include interviewing the victim to assess their condition and circumstances and/or a follow up interview accompanied by an MHMR representative to determine if treatment is available and/or needed. Once an incident was categorized into a tier, the appropriate tier based responses were taken. All tier levels were

eligible for the study. A full breakdown for the screening and response processes for each tier on each offense can be viewed in the Appendix C.

## Sampling Procedure and Sample

A random experimental design was utilized in selecting individuals for the current study. Each case was randomly assigned to either the experimental (those who received assistance through the repeat victimization program) or control group (those who did not receive assistance) by the unit corporal prior to it being responded to by the Repeat Victimization Unit. Each day the corporal would evaluate a list of domestic violence incidents that had been reported to the Bedford Police Department. This list was comprised of all recorded incident reports from every officer within BPD. Randomization procedures were tied to days of the week, with every other day (excluding weekends) deciding whether the first case on the list would be in the experimental or control group. Every other Monday of the month, the first case on the list would be placed in the experimental group. Once the first case on the list was decided according to the set rule for that day, the remaining cases were then alternated between experimental and control to insure that all cases had an equal chance of being placed in either group.

The final sample included a total of 157 ($n$ = 157) individuals who were victims of a domestic violence incident or experienced a mental health crisis that was reported to police within a 9-month period from November 11, 2012 to July 30, 2013. Domestic violence accounted for 87 cases in the sample while MHMR crises accounted for 70 cases in the sample. Upon the completion of the initial collection, all cases were evaluated for a 6-month follow up span (July 2013-December 2013) to observe any future victimization. The current study has taken all necessary procedures to insure participant confidentiality as outlined by the IRB.

## Measures

The primary dependent measure in the current study is victim recidivism, or alternatively stated, rates of repeated victimization for two separate issues, domestic violence and MHMR crises. It should be noted that within the context of the current study, repeat victimization for MHMR cases refers to the recurrence of successive mental health crises or incidents, and the two terms are used interchangeably throughout this paper. Furthermore a mental health crisis or incident can be defined as a situation in which the individual was thought to be a danger to themselves or others. The study sought to determine whether participation in the repeat victimization program being utilized by BPD, and the assistance the program provided, was effective in reducing future instances of victimization and MHMR crises when compared to non-participants. Specifically the study looked at the severity of future victimizations and the frequency of future victimizations to determine program effectiveness. While the two issues that the program was interested in are unique, they shared a number of tracked variables including demographics, tier level, and type of offense/crises encountered. Demographic characteristics (race, sex, age) were collected to determine their impact on repeat victimization and were coded as male (M), female (F) for sex, White (W), black (B), Hispanic (H), and Asian (A) for race, and a numerical value for age. To evaluate the program's effectiveness regarding severity of future victimizations, the current study tracked both the initial victimization offense/incident and the offense/incident of any future victimization. Offenses in the data set included assault (A), family offense (FO), harassment (H), welfare check (WC), drug offense (D), domestic disturbance (DD), and sexual assault (SA) for domestic violence and welfare checks (WF), assault (A), mental detention (MD), harassment (H), and demented person (DP), and death investigation (DI) for MHMR. The incident was coded as a death investigation if there had been a confirmed

suicide. An individual's tier level, assigned at initial contact, was also tracked and denoted by a numerical value of 1-4 (see Appendix C). In addition to offense and demographics, in the case of domestic violence incidents, data on victim/offender relationship was also collected for both the initial victimization and consecutive victimizations to determine the significance of relationship on instances of repeat victimization. Relationship data was coded as mother (M), father (F), son/step-son (S), daughter (D), girlfriend (GF), boyfriend (BF), ex-girlfriend (XGF), ex-boyfriend (XBF), husband (H), wife (W), and granddaughter (GD). Because of the nature of the incident, the current study did not track relationship information for mental health crises as there is no clear victim/offender for these cases.

## Plan of Analysis

The first portion of the analysis provides a detailed description of the victims in the study, focusing on demographic characteristics for both domestic violence and MHMR. Chapter 4 compares the victims from each group (domestic violence and MHMR) who were selected to participate in the repeat victimization program and those in the control groups. Next, descriptive analysis of the offense in domestic violence cases and the incident in MHMR cases are presented and compared with the control groups to determine if the program was effective in reducing the severity of consecutive victimizations. Finally, in the case of domestic violence, relationship data of the victims was compared with that of the control group to determine if the offender/victim relationship was different between the two groups.

## Limitations

There are some limitations in the current study that should be noted. One potential

limitation that involves the utilization of secondary data is the chance for inaccuracy in the data. Because the data was physically collected and coded by another individual other than the researchers, there is no way to determine if the data is 100% accurate for every victim. Errors in collection, recording, and interpretation can all be potential problems with the reliability of secondary data. Secondary data does not allow the researcher to have control over what information was collected, who collected it, how it was collected, and when it was collected (Greenhoot and Dowsett, 2012).

Another limitation is the small sample size of repeated victims in domestic violence and MHMR cases. Repeat victimization research is particularly vulnerable to reduced sample sizes because repeat victims make up a small percentage of the total victim population (Planty & Strom, 2007; Farrell & Pease, 1993). Despite the small sample size, the sample in the current study is believed to be representative of the total repeat victim population for the city of Bedford. The current study contributes to current repeat victimization research by adding on to established programs and evaluating their effectiveness on different groups including domestic violence victims and MHMR cases (Chenery, Holt, & Pease, 1997; Farrell & Pease, 1993; Laycock, 2001; Planty & Strom, 2007).

The shorter follow up period could also be considered a limitation of the current study. Follow up periods for research, particularly evaluation research such as the current study, are sometimes a year or more. Due to time constraints in data collection the current study was able to track these repeated victims for a 6 month follow-up period. It is possible that a number of the victims in either the program or control groups suffered additional victimizations that fell outside of our 6-month follow up period. Although the follow up period for the current study is shorter than some evaluation research, 6-months does encompass the typical time-course for repeat

domestic violence victimizations as reported by previous literature such as the Minneapolis Domestic Violence Experiment (Farrell & Pease, 1993; Sherman & Berk, 1984). Because the current study is believed to be the first of its kind to look at repeat victimization in MHMR cases, there is no comparative time-course for these incidents.

An additional potential limitation of the current study concerns the uniformity of care given to victims selected for the repeat victimization program. Three different officers that comprised Bedford Police Department's repeat victimization unit were individually responsible for providing services to the victims participating in the program. Although standard operating response procedures were outlined for each tier (see Appendix) it is possible that each officer provided varying levels of service to different victims, thus hindering or strengthening the effectiveness of the program. Similarly, the current study was not able to track whether victims selected for the control group sought assistance outside of the Bedford Police Department that may have led to reductions in repeat victimization. Various sources of outside help including counseling, medication, seeking a divorce, psychological therapy etc. could have led to a decrease in repeat victimizations for the control groups in both domestic violence and MHMR cases.

Despite the limitations listed above, the current study is consistent with previous literature on programs dealing with repeat victimization and even expands upon previous literature by specifically following cases dealing with mental health incidents. The repeat victimization unit for the city of Bedford is the first of its kind and the findings of the current study will prove beneficial in furthering repeat victimization research in the United States, where it has traditionally been sparse (Laycock, 2001).

# CHAPTER 4

# RESULTS

## Introduction

The following chapter is a presentation of the data collected from the existing records of the Repeat Victimization Unit of the Bedford Police Department. The data contains information on victim demographics, relationship to the offender, tier levels, offense type, and the number of subsequent victimizations from initial contact for both domestic violence and mental health and mental retardation (MHMR) victims.

## Demographics of Domestic Violence and MHMR Victims

Presented in Table 1 are the recorded demographics of domestic violence victims that were collected in the current study. Female victims outnumbered male victims in the sample 3:1 with females accounting for 75.9% of the victims and males representing 24.1%. Caucasian victims made up the majority of the sample at 73.6%, with Asian victims accounting for the least represented at 2.3%. The age range of domestic violence victims was from 17-67 with the highest percentage falling between the ages of 17-25 (34.5%). Table 2 presents the demographics of domestic violence victims who were revictimized during the 6-month follow-up period. The results show that white females between the ages of 26-35 have the highest prevalence of revictimization among domestic violence victims.

Table 1

*Demographics of Domestic Violence Victims*

| Category/Variable | *N* | *%* |
|---|---|---|
| Sex | | |
| Male | 21 | 24.14 |
| Female | 66 | 75.86 |
| | | |
| Race | | |
| White/Caucasian | 64 | 73.56 |
| Black/African American | 13 | 14.94 |
| Hispanic | 8 | 9.2 |
| Asian | 2 | 2.3 |
| | | |
| Age | | |
| 17-25 | 30 | 34.48 |
| 26-35 | 24 | 27.59 |
| 36-40 | 5 | 5.75 |
| 41 and Up | 28 | 32.18 |

Table 2

*Demographics of Repeat Victims (Domestic Violence)*

| Category/Variable | *N* | *%* |
|---|---|---|
| Sex | | |
| Male | 1 | 9.1 |
| Female | 10 | 90.9 |
| | | |
| Race | | |
| White/Caucasian | 8 | 72.7 |
| Black/African American | 1 | 9.1 |
| Hispanic | 1 | 9.1 |
| Asian | 1 | 9.1 |
| | | |
| Age | | |
| 17-25 | 2 | 18.2 |
| 26-35 | 6 | 54.5 |
| 36-40 | 0 | 0 |
| 41 and Up | 3 | 27.3 |

Presented in Table 3 are the demographic characteristics of MHMR victims collected in the study. MHMR victims were relatively even in terms of gender with only slightly more males (51.4%) than females (48.6). Caucasians represented most of the sampled victims, accounting for 90% of the total sample, followed by Black/African Americans at 7.1% and Hispanic and Asian victims both equaling 1.4%. The age range for MHMR victims in the sample was 17-65, with the majority of victims falling in either the 17-25 range (34.3%) or the 41 and up category (32.9%). Table 4 presents the demographics of MHMR victims who experienced another MHMR incident during the 6-month follow-up period. The results show that white females between the ages of 26-35 have the highest prevalence of revictimization among MHMR victims.

Table 3

*Demographics of MHMR Victims*

| Category/Variable | *N* | *%* |
|---|---|---|
| Sex | | |
| Male | 36 | 51.43 |
| Female | 34 | 48.57 |
| | | |
| Race | | |
| White/Caucasian | 63 | 90 |
| Black/African American | 5 | 7.14 |
| Hispanic | 1 | 1.43 |
| Asian | 1 | 1.43 |
| | | |
| Age | | |
| 17-25 | 24 | 34.29 |
| 26-35 | 17 | 24.29 |
| 36-40 | 6 | 8.57 |
| 41 and Up | 23 | 32.86 |

Table 4

*Demographics of Repeat Victims (MHMR)*

| Category/Variable | *N* | *%* |
|---|---|---|
| Sex | | |
| Male | 4 | 36.4 |
| Female | 7 | 63.6 |
| Race | | |
| White/Caucasian | 9 | 81.9 |
| Black/African American | 1 | 9.1 |
| Hispanic | 1 | 9.1 |
| Asian | 0 | 0 |
| Age | | |
| 17-25 | 3 | 27.3 |
| 26-35 | 4 | 36.4 |
| 36-40 | 1 | 9.1 |
| 41 and Up | 3 | 27.3 |

The demographics of the sample were in line with census data from the city of Bedford. According to the U.S. Census Bureau (2010), Bedford's racial composition was 87.6% Caucasian, 3.7% African American, 7.2% Hispanic, and 3.6% Asian. Similarly the racial composition of the sample was 78.4% Caucasian, 12.7% African American, 7.4% Hispanic, and 1% Asian. Additionally, females outnumber males in the city of Bedford 52.5% (females) to 47.5% (Males).

## Rates of Repeat Victimization for Domestic Violence Victims

Presented in Table 5 are the rates of repeat victimization for domestic violence victims in the current study. A total of 6 victims (14.6%) who were provided services through the Repeat Victimization Program, and 5 victims (10.9%) who were not provided services through the program were revictimized within the 6 month follow-up period. Among those who were

revictimized, only one victim reported multiple revictimizations (3) within the follow-up period. The majority of the victims, 85.4% within the "services provided" and 89.1% in the control (no services provided) group reported no instances of repeat victimization within the 6 month follow-up period.

Table 5

*Rates of Repeat Victimization for Domestic Violence*

| Category/Variable | *N* | *%* |
|---|---|---|
| Services Provided | | |
| Revictimized | 6 | 14.6 |
| Not Revictimized | 35 | 85.4 |
| | | |
| Services Not Provided (Control) | | |
| Revictimized | 5 | 10.9 |
| Not Revictimized | 41 | 89.1 |

## Rates of Repeat Victimization for MHMR Victims

Presented in Table 6 are the rates of repeat victimization for MHMR victims in the study. There were a total of 11 victims that reported a repeat MHMR incident (repeat victimization) between the two groups (services provided and not provided). Among the victims that received services through the Repeat Victimization Program, 7 victims (18.9%) reported a repeat MHMR incident within the 6 month follow up period, and 30 (81.1%) did not report any additional incidents. Similar findings were observed in the victims that did not receive services through the Repeat Victimization Program (control group) with 29 victims (87.9%) report no subsequent MHMR incidents, and 4 victims (12.1%) reporting at least one consecutive MHMR incident within the 6 month follow-up period. Among those revictimized only 2 victims, one from the

control group and one from the group that was provided services reported more than one additional MHMR incident. Both of these victims reported 2 additional MHMR incidents within the follow-up period.

Table 6

*Rates of Repeat Victimization for MHMR*

| Category/Variable | *N* | *%* |
|---|---|---|
| Services Provided | | |
| Revictimized | 7 | 18.9 |
| Not Revictimized | 30 | 81.1 |
| Services Not Provided (Control) | | |
| Revictimized | 4 | 12.1 |
| Not Revictimized | 29 | 87.9 |

Severity of Reported Revictimizations for Domestic Violence

3) Is the severity of repeat domestic violence or MHMR event recidivism reduced by the current program?

When examining the severity of the repeat victimizations reported by the "services provided" group it was found that one of the victims (16.7%) reported an offense more severe than their initial victimization, one (16.7%) reported an offense less severe than their initial victimization, and four (66.7%) reported the same offense. Similar results were found with the control (services not provided) group with one (25%) of the victims reporting a less severe offense, one (25%) reporting a more severe offense, and two victims (50%) reporting the same offense in their subsequent victimizations.

## Severity of Repeat MHMR Incidents

The severity of repeat MHMR incidents as reported by victims in the "services provided" group revealed that one of the victims (14.3%) reported an MHMR incident that was more severe than their initial incident, one (14.3%) reported an MHMR incident that was less severe, and 5 victims (71.4%) reported the same incident. Among those who reported repeat MHMR incidents in the control group, 2 (50%) reported a more severe MHMR incident than their initial incident, and 2 (50%) reported the same incident.

## Time Lapse between Instances of Repeat Victimization in Domestic Violence and MHMR Victims

Results from the data revealed differences between the program and control group in the amount of time that passed between repeat victimizations for those that experienced them. Domestic violence victims who received assistance through the Repeat Victimization Program experienced a time span of 17 days to 4 months between victimizations, with an average of slightly over two months. Domestic violence victims who did not receive assistance through the program experienced revictimzations between 8 days and 6 months, with an average of 3 months.

Similar differences were found in MHMR victims. Victims that received assistance from the Repeat Victimization Program experienced an additional MHMR incident anywhere from 4 days to 6 months after initial contact, with an average of just over 3 months. Victims that did not receive program assistance experienced additional incidents from 1 month to 4 months after initial contact, with an average of 2 months between incidents.

## Summary

In regards to the primary objectives of this study, initial analysis of the collected data suggests that there is not a strong difference between the domestic violence victims who were provided services through the Repeat Victimization Program and those that did not receive services. Both groups shared relatively low levels of revictimization within the 6 month follow-up period, and the severity of consecutive victimizations appears to remain relatively constant. Results for MHMR victims appears to be similar with both groups (services provided and control) reporting low levels of additional MHMR incidents. Severity of additional MHMR incidents appears to be relatively similar regardless if the victim received assistance through services provided by the Repeat Victimization Program. These findings, as well as the ones presented above are discussed in greater detail in the following chapter.

# CHAPTER 5

# DISCUSSION

Previous research on repeat victimization had resulted in the development of a program to address crimes such as crimes such as burglary and theft through the use of a tier system. The primary goal of the current study was to determine the effectiveness of a similar program being run by the Bedford Police Department's Repeat Victimization Unit on domestic violence and mental health and mental retardation (MHMR) cases. Data obtained from the present study suggests that a) while services provided by the Repeat Victimization Program may be effective in reducing domestic violence revictimization and additional MHMR incidents, b) there is no significant difference between those victims that were provided services through the program and those that were not. Such findings are notable, especially in terms of domestic violence, because they are in contrast to previous findings that have described an exponential growth in the number of domestic violence incidents following no intervention in the original victimization (Lloyd, Farrell, & Pease, 1993).

2) Is repeat victimization in cases of domestic violence and MHMR more prevalent in a certain demographic (age, race, or sex)?

The highest rates of domestic violence victimization were among white females between the ages of 17-25. These findings are consistent with previous research that states that younger females are more likely to be the victims of domestic violence (Mirrlees-Black, 1999). Such findings also align with previous reports examining the demographics of family and domestic violence in Texas in 2012, which reported that 73% of victims were female and those between the ages 20-24 were the most victimized (Texas Department of Public Safety, 2012). Race was another factor that resembled previous reports with 73.6% of domestic violence victims being

identified as white/Caucasian in the current study, and previous reports identifying 71% of domestic violence victims as white (Texas Department of Public Safety, 2012).

The highest rates of MHMR victims in the study were also Caucasian and between the ages of 17-24, but unlike domestic violence, the percentage of male and female victims was considerably more even. These findings differ from previous reports that have found that mental illness is most common in females aged 26-49 (Substance Abuse and Mental Health Services Administration, 2012). These differences could be explained by the fact that Bedford, TX has more females within the age range of 17-24 than males (U.S. Census Bureau, 2010). Race in the current study is similar to previous findings that have determined that the highest percentages of adults with serious mental illness identify themselves as white/Caucasian, with the exclusion of American Indian/Alaskan Native, which was not recorded in the current study (Substance Abuse and Mental Health Services Administration, 2012).

4) Do domestic violence and MHMR victims who receive services from the Bedford Police Department Repeat Victimization Unit have lower levels of revictimization?

The rates of repeat victimization in domestic violence victims in the current study were low, regardless of whether the victims were selected to receive services through the Repeat Victimization program or not. Among the victims receiving services, only 6 (14.6%) out of the 41 total victims reported revictimizations. These numbers are significantly lower than previous research which has found that 35% of households who have experienced an initial domestic violence incident will suffer another incident within 5 weeks (Lloyd, Farrell, & Pease, 1993). These results seem to indicate some level of success within the program at preventing subsequent instances of domestic violence. The effectiveness is stifled however when compared to the group that did not receive assistance through the Repeat Victimization Program. Similar numbers in repeat victimizations were reported by the control group with only 5 victims (10.9%) out of the

46 studied reporting an additional victimization within the follow-up period. The similar figures between the services provided group and the services not provided victims could be attributed to a number of variables outside the scope of the current study, such as initial contact from officers outside the repeat victimization unit, the nature of the initial incident, or a change in relationship dynamics between victim and offender following the initial incident. Because all domestic violence calls for service must be answered initially by patrol officers, it is possible that the majority of domestic violence calls within the current study were sufficiently resolved by said patrol officers outside of the Repeat Victimizations Unit. This would effectively eliminate the need for further police assistance and affect the number of consecutive victimizations reported. It is also possible that the nature of the initial incident was one that could be considered isolated. While it is true that domestic violence typically involves an escalating pattern, especially with no intervention (Lloyd, Farrell, & Pease, 1993), it may be that the majority of incidents reported in the current study were one-time incidents and no further actions were required or requested. The final possible explanation for the similarity in numbers between the two groups is that the initial incident caused a change in relationship dynamic between offender and victim. The initial domestic violence incident may have prompted a separation, divorce, change in residence, etc. that hindered or prevented the chance of a repeat victimization. It is important however to note that due to the randomization procedures adhered to in the current study, both groups shared the same chance of experiencing the above scenarios, and any differences between the groups can be attributed to chance.

Revictimization rates, or the probability of experiencing another MHMR incident following initial contact, were also relatively low in both victims who received program assistance and those that didn't. Among the victims who received assistance through the Repeat

Victimization program, only 7 (18.9%) experienced an additional MHMR incident. This result is similar to the control group of victims who did not receive assistance and only had a 12.1% revictimization percentage. These numbers are similar to Koopmans et al. (2011) who looked at the recurrence of common mental disorders (CMD) in relation to sickness absence at work. CMD's can include disorders such as schizophrenia, depression, anxiety disorders, stress disorders, etc. The researchers found that 19% of employees had a recurrence of a CMD incident following an initial incident, and that 90% of recurrences happened within 3 years. It can again be theorized that low levels of revictimization in the victims that received assistance points to program effectiveness. Similar results in both the program and control group could be explained by a number of variables outside of the study including third party assistance, incident severity, changes in the victim's social dynamics, among other factors. It is possible that a number of patients in the control group who did not experience an additional MHMR incident received assistance outside of the Repeat Victimization Program, whether it was behavioral, medical, or psychological. It is also possible that the initial incident was an isolated event that was outside the victim's normal procedure. There are a number of factors, too many to list in this discussion, that can lead to a temporary mental health crisis. Once this temporary crisis was addressed whether through Program assistance or otherwise, then there would no more need for police assistance. Additionally, it is possible that changes in the victim's social dynamics are responsible for the low levels of revictimization. If the victim had a history of mental illness that had been previously controlled then it is possible that the initial incident caused a return to whatever helped them gain control before, and thus reduced or eliminated the chance of another MHMR incident. Finally, the nature of police policy could also be the cause of low levels of repeat victimization in both the program and control groups. If patrol officers outside of the

Repeat Victimization's Unit responded to an initial incident and determined that the victim was a danger to themselves or others then the victim was more than likely taken to a mental health facility. Psychiatric, behavioral, or pharmaceutical assistance would be provided while in the mental health facility that may possibly explain low levels of repeat MHMR incidents for that victim. While all of the above rationale may help to explain low levels of revictimization in both groups, it is important again to note that due to the randomized design of the current study, any differences between the groups is solely based on chance.

The amount of time between subsequent victimizations can also be useful in determining the effectiveness of the Repeat Victimization Program on domestic violence and MHMR. The average time between the initial victimization and subsequent victimizations could suggest program success in both categories. Among domestic violence victims that experienced an additional victimization and received services through the program, the average time passed between victimizations was a little over 2 months. Similar results were found in victims that did not receive program assistance, with an average revictimization rate of 3 months. Both of the groups fall outside of previously established patterns of domestic violence that have found that 35% of households who have experienced an initial domestic violence incident will suffer another incident within 5 weeks (Lloyd, Farrell, & Pease, 1993).

The time lapse between incidents was also different in MHMR victims who received program services and those who did not. The average time between initial contact and an additional MHMR incident for victims that were provided program services was just over 3 months. This is in comparison to those victims who did not receive program assistance and had an average time of a little over 2 months between consecutive victimizations. The increased time between consecutive victimizations in victims that received services through the Repeat

Victimization Program suggests program effectiveness in reducing the frequency of consecutive MHMR incidents.

3) Is the severity of repeat domestic violence or MHMR event recidivism reduced by the current program?

Another major goal of the current study was to determine the effects of the Repeat Victimization Program on incident severity. The results for severity in the program group show promise that the Repeat Victimization Program is successful in either reducing the severity of consecutive domestic violence incidents or at least preventing their escalation. Among the victims who received program assistance and reported additional victimizations, only 16.7% reported an offense that was more severe than their initial victimization. This means that the program showed effectiveness in either reducing severity or deterring escalation in 83.4% of victims who received program services. The program echoed this effectiveness when looking at MHMR victimizations. When analyzing victims that received assistance through the Repeat Victimization Program and reported at least one additional MHMR incident, only 14.3% reported a more severe incident than the initial incident, leaving 85.7% who saw a decrease or stabilization in incident severity. Previous research on the escalation tendencies of domestic violence severity is mixed. Some research suggests that domestic violence has a natural tendency toward escalation (Hanmer & Stanko, 1985), or identify police involvement as a factor that can increase domestic violence severity (Schmidt & Sherman, 1993). Others however believe that escalation in domestic violence severity is limited to the most extreme cases (Feld & Strauss, 1989). The current study suggests that police intervention in the form of repeat victimization programs can have an effect on reducing or stabilizing repeat domestic violence severity.

## Future Research

Future studies examining the effectiveness of repeat victimization programs on domestic violence and MHMR should focus on expanding the collection and follow-up period in an effort to see more statistical effects of these programs. While the current program is based on programs that have been run in Europe over the last two decades, repeat victimization is relatively new topic for American Criminal Justice agencies and one that deserves further exploration. Additionally, future research on repeat victimization as it applies to domestic violence would benefit from more in depth analysis of victim/offender relationship as it applies to repeat victimization frequency and severity. While the current research was carried out in a smaller suburban area, there are other places where domestic violence or MHMR cases may be more prevalent and provide a more viable environment for repeat victimization research. Previous research suggests that geography of domestic violence in relation to available aid resources may play a role in the prevalence of further domestic violence (Hetling & Zhang, 2010).

## Conclusion

In conclusion, the findings of the present study suggest many similarities between the program being run by the Bedford Police Department's Repeat Victimization Unit and a control group when addressing domestic violence and MHMR cases. The demographics of both MHMR and domestic violence victims suggest that younger Caucasians are more at risk than other demographics, and that female victims outnumber male victims 3:1 in terms of domestic violence victimization. These numbers are similar to previous reports from the Texas Department of Public Safety (2012) that found that out of the 198,504 victims of family violence in 2012, 73% were female and 27% were male. The program shows promise in decreasing the

number of repeat victimizations in domestic violence and MHMR cases, as well as their severity, and frequency. Though not without its limitations, the current study suggests that additional research is needed in order to determine any statistical significance in the current program's effectiveness. The results also suggest the need for more domestic research into repeat victimization, specifically as it applies to domestic violence in the American Criminal Justice system. While the data suggests potential support for the Bedford Police Department's Repeat Victimization Program, more research and a larger subject pool is needed to determine statistical significance and cost-effectiveness.

# APPENDIX A

# IRB APPROVAL FORM

UNT

A green light to greatness.

OFFICE OF RESEARCH INTEGRITY AND COMPLIANCE

December 2, 2013

Supervising Investigator: Dr. Eric Fritsch
Student Investigator: Michael Huskey
Department of Criminal Justice
University of North Texas

Re: Human Subjects Application No. 13562

Dear Dr. Fritsch:

As permitted by federal law and regulations governing the use of human subjects in research projects (45 CFR 46), the UNT Institutional Review Board has reviewed your proposed project titled "Repeat Victimization of Domestic Violence and Mental Health Cases: An Evaluation Study of the Bedford Police Department's Repeat Victimization Program." The risks inherent in this research are minimal, and the potential benefits to the subject outweigh those risks. The submitted protocol is hereby approved for the use of human subjects in this study. **Federal Policy 45 CFR 46.109(e) stipulates that IRB approval is for one year only, December 2, 2013 to December 1, 2014.**

It is your responsibility according to U.S. Department of Health and Human Services regulations to submit annual and terminal progress reports to the IRB for this project. The IRB must also review this project prior to any modifications. **If continuing review is not granted before December 1, 2014, IRB approval of this research expires on that date.**

Please contact Shelia Bourns, Research Compliance Analyst at extension 2018 if you wish to make changes or need additional information.

Sincerely,

Patricia L. Kaminski, Ph.D.
Associate Professor
Department of Psychology
Chair, Institutional Review Board

PK/sb

# APPENDIX B

# DOMESTIC VIOLENCE TIER SCREENING AND RESPONSE

# ***Domestic Violence Tier Level Screening***

## ➢ ***Tier 1 Criteria:***

***1.*** First time offenses which results in a reported Simple Assault.

***2.*** First time offense which results in a reported assault causing bodily injury.

***3.*** One prior domestic disturbance in addition to a second call for service resulting in a reported offense.

***4.*** Several domestic disturbance calls for service with no reported offense.

***5.*** Officer referral for habitual domestic disturbance complaints.

## ➢ ***Tier 2 Criteria / Advance to Tier 2:***

***1.*** If after making a Tier 1 contact with the Victim/Suspect additional incidents of domestic disturbances occur irrelevant to the fact that no offense has been reported, a Tier 2 response should be considered.

***2.*** If after making a Tier 1 contact with Victim/Suspect another incident of a Domestic Violence assault takes place resulting in simple assault or Bodily injury, a Tier 2 response should be considered.

***3.*** Upon an investigation of a Domestic Disturbance, Officers discover previous incidents of Domestic Violence, however those incidents have gone unreported to this agency, a Tier 2 response should be considered.

***4.*** Victim request services of this Unit and/or Victim requests further resource information concerning domestic violence prevention/assistance.

## ➢ ***Tier 3 Criteria / Advance to Tier 3:***

***1.*** If after making a Tier 2 contact with Victim/Suspect and additional incidents of Domestic Disturbances occur that result in injury to the victim a Tier 3 response should be considered.

***2.*** If it is discovered through investigations by Officers within this Department or this Unit that domestic violence calls for service are tending to become increasingly frequent and/or violent in nature, a Tier 3 response should be considered.

***3.*** If it is found during the investigation of a domestic violence assault that the victim is a pregnant female, a Tier 3 response should be considered.

***4.*** If it is found during an investigation of a domestic disturbance that the suspect has assaulted the victim by means of strangulation, a Tier 3 response should be considered.

- ***Tier 4 Criteria / Advance to Tier 4:***

***1.*** Victim has informed this Unit/Agency that they are considering leaving their abusive relationship and are in need of further guidance concerning resources available to them.

***2.*** Victim has informed this Unit/Agency that they plan to end their abusive relationship, however fear that significant injury or death may occur when the suspect discovers their plan.

***3.*** Based on the victims attempt to leave, a threat of serious bodily injury or death to the victim and/or the victims family members has been made and the victim request assistance.

***4.*** The threat of serious bodily injury or death is imminent requiring a Tier 4 response.

# ***Domestic Violence Tier Response***

- ***Tier 1 Response:***

## *A. Actions Taken:*

***1.*** Domestic Violence Diversion Letter will be sent or;

***2.*** Unit will attempt telephone contact with both parties involved in the domestic disturbance. Contact will be made in an effort to identify past history as well as for introductory purposes.

***3.*** If telephone contact is unsuccessful, a letter detailing the Unit's services, its goals, and contact information will be sent to the suspect and victim.

- ***Tier 2 Response:***

## *A. Actions Taken:*

***1.*** Unit will attempt telephone contact with both parties involved in the domestic disturbance to discuss counseling options and resources.

***2.*** Attempt to identify Victim needs by interviewing them and gaining thorough understanding of their circumstances.

3. Confirm that Family Violence protocols have been fully adhered to by the Patrol Division.

***4.*** Discuss a Safety Plan.

***5.*** Consider follow up/welfare checks

## ➢ ***Tier 3 Response:***

### *A. Actions Taken:*

***1.*** Contact suspect and discuss the Batterers Intervention Program (B.I.P.). In addition, discuss escalating consequences of continued abusive behavior and/or any retaliatory behavior.

***2.*** Establish contact with victim and re-evaluate needs.

***3.*** Arrange meeting with Victim in an attempt to coordinate resources that are available and best suit his/her needs.

***4.*** Discuss cycles of violence and potential for repeated victimization if no outside resources are considered or sought after.

***5.*** Establish follow-up/welfare checks.

***6.*** Consider filing the offense of Continuous Family Violence (PC 25.11) due to ongoing and continuous incidents involving domestic violence and abuse.

***7.*** If the victim seems to prioritize family structure or desires for their offender to be cured of his abusive nature rather than for the safety of their family members and themselves, consider completion of the Domestic Violence Lethality Assessment.

## ➢ ***Tier 4 Response:***

### *A. Actions Taken:*

***1.*** If a victim of Domestic Violence has temporarily left or plans to permanently leave their abusive partner, this Unit will provide Civil Standby service to prevent all incidents of violence from occurring as the victim collects necessary personal items from their household.

***2.*** If requested, this Unit will escort victims of Domestic Violence to agencies providing services and resources to assist victims as they separate themselves and their family members from their abusers. (Ex. Shelters, Law Offices, Medical facilities, Financial Aid…etc)

***3.*** This Unit will assist victims of Domestic Violence with obtaining Emergency Protective Orders/Protective Orders for themselves and their family members.

***4.*** While in the transition of life phase, this Unit will make every effort to assist the victim of Domestic Violence as they transition from their abusive relationship to living on their own.

***5.*** If after divorce, separation, or any finalization of a given relationship, the victim of domestic violence continues to be victimized by their offender, a Tier 4 response should be considered.

# APPENDIX C

# MHMR TIER SCREENING AND RESPONSE

# ***MHMR Tier Level Screening***

## ➢ ***Tier 1 Criteria:***

***1.*** Suicidal ideations or statements made with no actual attempt.

***2.*** Single suicide attempt with no history of prior attempts by way of medication of superficial wounds caused by sharp instrument.

***3.*** Referral by an Officer/citizen who believes that an individual may suffer from an undiagnosed mental illness.

## ➢ ***Tier 2 Criteria / Advance to Tier 2:***

***1.*** If after making a Tier 1 contact with a Victim, additional incidents or calls for service are received by this agency concerning the victim's mental health, a Tier 2 response should be considered.

***2.*** If after making a Tier 1 contact with a Victim and a second incident of suicidal ideations or attempts occurs, a Tier 2 response should be considered.

***3.*** If after making a Tier 1 contact with a victim and it is determined that additional follow ups will be immediately necessary to assist the victim with recovery, a Tier 2 response should be considered.

***4.*** If it is found upon referral from an Officer, family member, or any other credible person that a victim has attempted suicide on multiple occasions or has a diagnosed mental illness in which the Victim is not medication compliant, a Tier 2 response should be considered.

***5.*** Any suicidal ideations or attempts by the Victim who utilizes a firearm to carry out their plan.

- ***Tier 3 Criteria / Advance to Tier 3:***

***1.*** If after making a Tier 2 contact with a Victim and an increase in frequency or severity of suicide attempts is identified, a Tier 3 response should be considered.

***2.*** If after multiple follow ups and several victimizations no improvement is observed, a Tier 3 response should be considered.

***3.*** If it is found during an initial call for service or through follow up visits, that a Victim suffering from Mental Health related issues poses a significant threat to the public, law enforcement, or themselves, a Tier 3 response should be considered.

# ***MHMR Tier Response***

- ***Tier 1 Response:***

## *A. Actions Taken:*

***1.*** The RVU will attempt to identify the Victim's needs by interviewing them and gaining thorough understanding of their circumstances.

***2.*** In conjunction with MHMR representatives, the RVU will conduct an in-person follow up with the Victim to assess their current mental state and welfare.

***3.*** If after conducting a follow up, the RVU determines that previous attempts/actions of the Victim were a result of an isolated incident, the Victims case will be closed pending additional victimizations.

- ***Tier 2 Response:***

## *A. Actions Taken:*

***1.*** In conjunction with representatives from MHMR, the RVU will conduct several follow ups with the Victim to ensure that he/she are receiving the appropriate care for their mental health condition.

***2.*** During follow up visits, MHMR will provide Victims of mental illness with additional information concerning outreach, recovery and crisis line information. In addition, the RVU will ensure that Victims are medication compliant.

***3.*** Discuss a safety plan.

***4.*** If after several follow ups, MHMR and RVU observe that the Victim has demonstrated their ability to be consistently medicinally compliant or have recovered from their psychological ailment; their case will be closed pending additional victimizations.

- ***Tier 3 Response:***

## *A. Actions Taken:*

***1.*** In conjunction with representatives from MHMR, the RVU will conduct open ended follow up and welfare checks with the Victim of mental illness if one of the following conditions are present:

***a)*** While receiving services from the RVU, multiple victimizations continue to occur with little or no sign of recovery.

***b)*** A victim who as a result of their mental illness is deemed to be a continued threat to themselves or others.

***2.*** In conjunction with MHMR, the RVU will conduct permanent follow up and welfare checks with the victim of a mental health illness if one of the following conditions are present:

***a)*** If through a joint determination by MHMR and the RVU, a victim of a mental health ailment has demonstrated through their actions or statements that they have a propensity to violent behavior and whom refuse to remain medicinally compliant.

***b)*** Any Victim of a mental health ailment who has demonstrated through their actions or statements that they are a significant threat to the general public, law enforcement, or themselves.

***3.*** Consult families of Victims and attempt to establish additional safety plans.

REFERENCES

American Bar Association Commission on Domestic Violence (2007, November). *Domestic violence arrest policies by state.* Retrieved from http://www.americanbar.org/content/dam/aba/migrated/domviol/docs/Domestic_Violence_Arrest_Policies_by_State_11_07.authcheckdam.pdf

BAILEY, K. D. (2010). Lost in translation: Domestic violence, "The personal is political," and the Criminal Justice System. *Journal of Criminal Law & Criminology, 100(4*), 1255-1300.

Berk, R. A., Smyth, G. K., & Sherman, L. W. (1988). When random assignment fails: Some lessons from the Minneapolis Spouse Abuse Experiment. *Journal of Quantitative Criminology, 4(3),* 209-223.

Borum, R. (2000). Improving high-risk encounters between people with mental illness and the police. *Journal of the American Academy of Psychiatry and the Law, 28,* 332–337

Brandt, A. S. (2012). Treatment of persons with mental illness in the Criminal Justice System: A literature review. *Journal Of Offender Rehabilitation, 51(8),* 541-558. doi:10.1080/10509674.2012.693902

Brown, S. E. (1984). Police responses to wife beating: Neglect of a crime of violence. *Journal Of Criminal Justice, 12(3),* 277-288. doi:10.1016/0047-2352(84)90074-6

Burnett B., Carr, J. J., Sinapi, J., & Taylor, R. (1976). Police and social workers in community outreach program. *Social Casework 57,* 41-49.

Buzawa, E., & Buzawa, C. G. (1996). *Domestic violence: The criminal justice response (2nd ed.).* Thousand Oaks, CA US: Sage Publications, Inc.

Charette, Y. (2011). The judicious judicial dispositions juggle: Characteristics of police interventions involving people with a mental illness. *Canadian Journal of Psychiatry*, 56(11), 677-685.

Chenery, Sylvia, John Holt, and Ken Pease. 1997. *Biting back II: Reducing repeat victimization in Huddersfield* (Crime Detection and Prevention Series Paper 82). London: Home Office.

Corcoran, J., & Allen, S. (2005). The effects of a police/victim assistance crisis team approach to domestic violence. *Journal Of Family Violence*, *20(1)*, 39-45. doi:10.1007/s10896-005-1508-0

Dean, E. (2013). Nurses work with police to cut unnecessary arrests. *Mental Health Practice*, 17(1), 8-9.

Ditton, P. P. (1999). Mental health and treatment of inmates and probationers. Washington, D.C.: U.S. *Department of Justice, Bureau of Justice Statistics*

Dobash. R. E., Dobash, R. & Wilson, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems, 39,* 71-91.

Erez, E. (2002). Domestic violence and the criminal justice system: an overview. *Online Journal Of Issues In Nursing, 7(1),* 4.

Erez, E., & Belknap, J. (1995). Policing domestic violence. In W. Bailey (Ed.), *Encyclopedia of Police Science (2nd ed)*. New York: Garland Publications.

Farrell, G. and Pease, K. (1993). Once bitten, twice bitten: repeat victimization and its implications for crime prevention. Police Research Group, Crime Prevention Unit Paper 46. *London; Home Office Police Department*. https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/2149/1/Once_Bitten.pdf

Felson, R. B., Ackerman, J. M., & Gallagher, C. A. (2005). Police intervention and the repeat of domestic assault. *Criminology*, 43(3), 563-588.

Feld, S. L., & Straus, M. A. (1989). Escalation and desistance of wife assault in marriage. *Criminology, 27(1),* 141-161.

Finn, M. A., & Stalans, L. J. (2002). Police handling of the mentally ill in domestic violence situations. *Criminal Justice And Behavior, 29(3),* 278-307. doi:10.1177/0093854802029003003

Fulgham v. the State. 46 Ala. 143. (1871). *Retrieved from LexisNexis Academic database*.

Gelles, R., & Straus, M. (1988). *Intimate violence*. New York: Simon and Schuster.

Goodlin, W. (2010). Three patterns of domestic violence in households: Single victimization, repeat victimization, and co-occurring victimization. *Journal Of Family Violence, 25(2),* 107-122.

Greenhoot, A., & Dowsett, C. J. (2012). Secondary data analysis: An important tool for addressing developmental questions. *Journal Of Cognition & Development, 13(1),* 2-18. doi:10.1080/15248372.2012.646613

Grob, G. N. (1991). *From asylum to community: Mental health policy in modern America*. Princeton, New Jersey: Princeton University Press.

Hanmer, J., & Stanko, E. (1985). Stripping away the rhetoric of protection: violence to women, law, and the state in Britain and the U.S.A. *International Journal of the Sociology of Law, 13*, 357–374

Hetling, A., & Zhang, H. (2010). Domestic violence, poverty, and social services: does location matter?. *Social Science Quarterly, 91(5),* 1144-1163.

Hines, P., and Boyd-Franklin, N. (1996). African American families. In McGoldrick, M., Giordano, J., and Pearce, J., (eds.), *Ethnicity and Family Therapy, 2nd edn*., Guilford Press, New York, pp. 66–84.

Johnson, I. M. (2007). Victims' perceptions of police response to domestic violence incidents. *Journal Of Criminal Justice, 35(5),* 498-510. doi:10.1016/j.jcrimjus.2007.07.003

Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family 57*, 283-294.

Kisely, S., Campbell, L., Peddle, S., Hare, S., Pyche, M., Spicer, D., & Moore, B. (2010). A controlled before evaluation of a mobile crisis partnership between mental health and police services in Nova Scotia. *Canadian Journal Of Psychiatry, 55(10),* 662-668.

Kolar, V. (1995). The role of police in physical domestic violence. *Family Matters, (40),* 24-27.

Koopmans, P. C., Bültmann, U., Roelen, C. M., Hoedeman, R., van der Klink, J. L., & Groothoff, J. W. (2011). Recurrence of sickness absence due to common mental disorders. *International Archives Of Occupational & Environmental Health, 84(2),* 193-201. doi:10.1007/s00420-010-0540-4

Lamb, H. R., & Weinberger, L. E. (1998). Persons with severe mental illness in jails and prisons: A review. *Psychiatric Services, 49,* 483-492

Laycock-Gloria. (2001). Hypothesis-based research: The repeat victimization story. *Criminal Justice: International Journal Of Policy & Practice, 1(1),* 59-82.

Liebman, D., and Schwartz, J. (1973). Police programs in domestic crisis intervention: A review. In Snibbe, J. R., and Snibbe, H. M., (eds.), *The Urban Policeman in Transition*, Charles C. Thomas Publishers, Springfield, IL. pp. 421–472.

Lloyd, Sam, Graham Farrell and Ken Pease (1993) Preventing repeat domestic violence: An initiative in Merseyside Police C division, crime prevention unit paper (in preparation). *London: Home Office.*

Lurigio, A. J. (2004, March). *Transinstitutionalization and the mentally ill in the criminal justice system*. Lecture presented at the Corrections and Public Health Task Force Steering Committee Meeting. Cook County Department of Corrections, Chicago, IL

Lurigio, A.J. and Harris, A., 2007. The mentally ill in the criminal justice system: an overview. *Professional Issues in Criminal Justice 2*, 145-169

Lurigio, A. J., & Swartz, J.A. (2000). Changing the contours of the criminal justice system to meet the needs of persons with serious mental illness. In J. Horney (Ed.), *Policies, Processes, and Decisions of the Criminal Justice System* (pp. 45-108). Washington, D.C.: U.S. Department of Justice, National Institute of Justice

Martin, D. (1976). *Battered Wives*. San Francisco: Glide Publications

McGaha, A.C., & Stiles, P.G. (2001). The Florida mental health act 2002: Annual report. *Tampa, FL: Louis de la Parte Florida Mental Health Institute*

Mele, M. (2009). The time course of repeat intimate partner violence. *Journal Of Family Violence, 24(8),* 619-624. doi:10.1007/s10896-009-9260-5

Miller, N. (2000). A review of state domestic violence-related legislation: A law enforcement and prosecution perspective. *Alexandria, VA: Institute for Law and Justice*

Miller, R. D. (1987). *Involuntary civil commitment of the mentally ill in the post-reform era*. Springfield, IL: Charles C. Thomas

Great Britain Home Office Research, D. (1999). Domestic violence: findings from a new British Crime Survey self-completion questionnaire. London, England: Mirrlees-Black, C.

Nelson, E. (2013). Police controlled antecedents which significantly elevate prosecution and conviction rates in domestic violence cases. *Criminology & Criminal Justice: An International Journal, 13(5),* 526-551. doi:10.1177/1748895812462594

Planty, M., & Strom, K. (2007). Understanding the role of repeat victims in the production of annual US victimization rates. *Journal Of Quantitative Criminology, 23(3),* 179-200. doi:10.1007/s10940-007-9026-2

Polvi-Natalie, & et, a. l. (1990). Repeat break-and-enter victimization: time course and crime prevention opportunity. *Journal Of Police Science & Administration, 17(1),* 8-11.

Sampson, A., & Phillips, C. (1995). Reducing repeat racial victimisation on an east London estate. Great Britain: Home Office Police Research Group

Schmidt, J. D., & Sherman, L. W. (1993). Does arrest deter domestic violence?. *American Behavioral Scientist,* 36 601-609. doi:10.1177/0002764293036005005

Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review, 49(2),* 261-272.

Simons, R. L., Lin, K., & Gordon, L. C. (1998). Socialization in the family of origin and male dating violence: A prospective study. *Journal Of Marriage & Family, 60(2),* 467-478.

Stover, C., Berkman, M., Desai, R., & Marans, S. (2010). The efficacy of a police-advocacy intervention for victims of domestic violence: 12 month follow-up data. *Violence Against Women, 16(4),* 410-425. doi:10.1177/1077801210364046

Substance Abuse and Mental Health Services Administration. (2013) *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings,* NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Swall-Yarrington, M. (1999). Texas council on family violence. *The Handbook of Texas* , Retrieved from http://www.tshaonline.org/handbook/online/articles/pwtfg

Swartz, J. A., & Lurigio, A. J. (1999). Psychiatric illness and comorbidity among adult male jail detainees in drug treatment. *Psychiatric Services, 50,* 1628-1630

Teplin, L., & Voit, E. (1996). *Criminalizing the seriously mentally ill: Putting the problem in perspective*. Durham, NC: Carolina Academic Publishers.

Texas Department of Public Safety, (2012). *Crime in texas 2012: The texas crime report*. Retrieved from Texas Department of Public Safety website: http://www.dps.texas.gov/crimereports/12/citCh5.pdf

U.S. Census Bureau. (2010). *American fact finder: Bedford City, Tx*. Retrieved January 23, 2014, from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Van den Brink, R. S., Broer, J., Tholen, A. J., Winthorst, W. H., Visser, E., & Wiersma, D. (2012). Role of the police in linking individuals experiencing mental health crises with mental health services. *BMC Psychiatry, 12(1),* 171-177. doi:10.1186/1471-244X-12-171

Violence Against Women Act History. (2012). *Congressional Digest*, 91(6), 162-192.

Watson, A. C., & Fulambarker, A. J. (2012). The crisis intervention team model of police response to mental health crises: A primer for mental health practitioners. *Best Practice In Mental Health, 8(2),* 71-81.