

POLICE RESPONSE TIME TO DOMESTIC VIOLENCE CALLS AND ITS EFFECTS

by

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DEDICATION

I dedicate my thesis work to everyone who has supported me throughout this journey. My parents, Dawn and Phil, whose words of encouragement inspired me to pursue my dreams. My siblings, Kali and Tyler, who motivate me to be a better role model and big sister. A special shout out to all my friends who stuck by my side throughout this roller coaster of a journey. Your words of support meant more to me than you will ever know.

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ABSTRACT

In 2011, the National Coalition Against Domestic Violence stated that 1.3 million individuals are victims of domestic violence (DV) every year. This staggering statistic uncovers just how relevant the issue of domestic violence is in the United States. Research has been relatively silent concerning the examination of police officer response time to DV calls for assistance. Response time is important to all calls for service, but is extremely important in domestic violence calls where victims run the risk of physical injury.

This study found that response time did not have a significant effect on whether the offender was present on-scene at the time of their arrival, whether the victim sustained any injuries during the altercation, or whether the victim required medical attention. However, it was found that response time did have a statistically significant effect on offender arrest. More specifically, the odds of an offender being placed under arrest decreased 4.7% for every minute of response time.

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LIST OF ABBREVIATIONS

DV	Domestic Violence
MDVE	Minneapolis Domestic Violence Experiment
SARP	Spouse Assault Replication Program
VAWA	Violence Against Women Act
IPV	Intimate Partner Violence
NCADV	National Coalition Against Domestic Violence
CAD	Computer Aided Dispatch
IRAD	Idaho Risk Assessment of Dangerousness

INTRODUCTION

In 2011, the National Coalition Against Domestic Violence stated that 1.3 million individuals are victims of domestic violence (DV) every year. This staggering statistic uncovers just how pertinent the issue of domestic violence is in the United States. According to the National Coalition Against Domestic Violence (2011), domestic violence is defined as when one willfully assaults, batters, intimidates or abuses their partner. Those who experience domestic violence do not come from one particular group as it affects individuals from all walks of life. The issue of domestic violence has generated a number of responses by the criminal justice system; one area in particular concerns police agencies. Police response to domestic violence has continually changed, and due to the number of individuals who fall victim, its relevance has increased. Responses to domestic violence include police training, domestic violence assessments, and expanding services available to victims of DV incidents.

Response time is important to all calls for service, but it is extremely important to domestic violence calls where victims run the risk of physical injury. Research has been relatively limited concerning the examination of police response time to domestic violence calls for assistance. This study examined whether or not police response time to domestic violence calls for service affects a number of on-scene factors. Posing this question opened the opportunity for further studies to be done and the amount of research on the topic to expand.

Police response to domestic violence calls for assistance is of concern for a variety of reasons. First, police officers are often the first criminal justice professionals to come in contact with domestic violence victims and offenders. How the police respond to domestic violence calls and handle domestic violence situations can affect the overall experience of the involved parties. Second, officer response time to domestic violence calls can affect the ability to gather more evidence at the scene. Evidence collection in DV incidents is pertinent not only to the arrest decision, but the prosecutor's decision to charge as well (Peterson & Bialo-Padin, 2012). Arriving promptly to DV calls for assistance can increase the ability to gather proper evidence at the scene. Third, there is the potential that a faster response time could possibly reduce the extent of injuries to the victim. With nearly 1,400 females killed by their male partners each year, and over one million women who are victims of domestic violence (National Coalition Against Domestic Violence, 2011), the response to domestic violence demonstrated by police officers should receive more attention. If the issue of domestic violence was better understood, as well as the possible responses that could be given to those who report it, perhaps domestic violence could become a less common issue. This is not to say that any type of response would necessarily prevent perpetrators from abusing their victims, but through actually addressing domestic violence, perhaps abusers would be deterred from continuing the abuse.

In this next section, a summary of how police response to domestic violence has evolved throughout the years is presented. Additionally, the summary will provide information on the myths of domestic violence, the two types of action police take against domestic violence, the use of lethality risk assessments, and police response time

to non-domestic violence calls for service. This literature review will demonstrate that there is a significant lack of research specifically examining domestic violence and officer response time.

LITERATURE REVIEW

Response to Domestic Violence: The Road to Reform

Research has shown domestic violence to encompass a number of different behaviors such as threats of violence, intimidation, verbal abuse and physical abuse (Koss, Goodman, Browne, Keita, & Russo, 1994; LaViolette & Barnett, 2000; Frantzen, & San Miguel, 2009). Traditionally, the legal system viewed domestic violence (DV) as a private matter (Mills, 1998; Frantzen, & San Miguel, 2009) and police were reluctant to get involved with DV issues because they did not view such incidents as a legal issue (Eigenberg, Kappeler, & McGuffee, 2012; Lee, Zhang, & Hoover, 2012). This skewed perception by police led to a number of legislative changes. According to multiple sources, four major factors influenced these legislative changes (Eigenberg et al., 2012; Buzawa, 2012; Leisenring, 2012).

First, the traditional way police responded to domestic violence was shown to be ineffective. Police were often advised to mediate and/or separate, which worsened situations between the abuser and their victim. Mediating and separating opened up the opportunity for the abuser to return home more upset with the victim for reporting their actions to law enforcement officials (Eigenberg et al., 2012). Second, there was an increase in the number of women advocacy organizations around the nation, along with changes in national social values. These women advocacy groups brought about legal pressure regarding the possibility of police liability if the police continued to use

practices that ignored domestic violence victims (Buzawa, 2012; Leisenring, 2012).

Third, lawsuits were filed against police agencies, citing them for not adequately enforcing DV incidents. Victims were largely ignored and abusers were rarely arrested by officers and, in some instances, police would threaten to arrest both parties if they were called back to that same house (Eigenberg et al., 2012). Fourth, in the late 1970s, many law enforcement officers and domestic violence advocates started to question whether non-punitive therapeutic responses to domestic violence were effective (Maxwell, Garner & Fagan, 2001). States began to enact laws and police departments developed policies that allowed officers to make an arrest even when they did not witness a domestic violence act. In 1980, the Police Foundation decided to test whether arresting abusers was more effective at reducing intimate partner violence than non-punitive therapeutic responses. The most noteworthy research addressing this question was the Minneapolis Domestic Violence Experiment (MDVE) and six follow-up experiments known as the National Institute of Justice's Spouse Assault Replication Program (SARP; Maxwell et al., 2001).

The Minneapolis Domestic Violence Experiment was conducted by Sherman and Berk in 1984. The main purpose behind the experiment was to address the way in which police officers should respond to misdemeanor domestic violence cases (Sherman & Berk, 1984). Moreover, the study allowed for a random determination of what response officers would use on the suspects involved in each domestic violence case. The three options included: suspect arrest, separation of the victim and offender for at least eight hours, or the officer providing mediation to both parties involved. Furthermore, each officer carried around a pad of report forms, each coded for a color that corresponded to

one of the three responses. Each time the officer encountered a situation that fit within the experiment's criteria, they were to execute whatever response was indicated by the color of the form. The experiment also provided a six month follow-up period to determine how often and how serious any future domestic violence incidents were (Sherman & Berk, 1984).

The MDVE paved the way for changing how police responded to domestic violence incidents. Findings from the experiment suggested that suspect arrest in DV incidents significantly reduced recidivism (Sherman & Berk, 1984; Mills, 1998; Maxwell et al., 2001; Sun, 2006; Eigenberg et al., 2012; Klein, 2012; Lee et al., 2012). Despite these findings, Sherman and Berk (1984) cautioned fellow researchers to take into account the relatively small sample size, the location of Minneapolis and its demographics, the fact that Minneapolis holds domestic violence offenders in jail overnight, and the possibility of results being skewed because of interviewer effects. Against the cautious conclusions provided by Sherman and Berk (1984), many domestic violence practitioners and legislatures embraced these findings and a shift towards mandatory DV arrests began.

Soon after the Sherman and Berk (1984) Minneapolis study, the SARP experiments were implemented (Mills, 1998; Eigenberg et al., 2012). These follow-up studies were conducted throughout the United States (Nebraska, Wisconsin, North Carolina, Colorado, and Florida), and each produced different results (Maxwell et al., 2001). Between Sherman and Berk's initial 1984 study and the five replicated studies, it was reported in three of them that offenders who were arrested had higher levels of recidivism and, in the other three, there was a statistically significant yet minimal

decrease in recidivism among arrested offenders. Due to the inconsistencies between the six studies, many scholars began to question the validity of relying on arrest as the primary response to intimate partner violence (Maxwell et al., 2001). It was these inconsistencies that prompted Maxwell et al. (2001) to combine the results from the six studies and conduct their own meta-analysis; the researchers found several interesting results. First, the findings supported that arresting male abusers can significantly reduce future intimate partner violence. Second, the research showed that a small number of suspects continued to abuse their intimate partners, regardless of any intervention they received. Third, the results demonstrated that a majority of suspects stopped their abusive behavior even without being arrested (Maxwell et al., 2001). The impact of the SARP experiments was the expansion of research on officer response to domestic violence, and, a demonstration that perhaps there is no one single way to respond to domestic violence.

Given the mixed findings on mandatory arrests, attention shifted to the victims and their preference in resolving the incident. Researchers began to find that the majority of domestic violence victims would either refuse to make statements to the police or they would later recant their statements (Hoyle & Sanders, 2000; White, Goldkamp & Campbell, 2005). It was because of this that researchers began to note the importance of victim empowerment. Empowering DV victims is something all police officers should strive towards (White et al., 2005). Moreover, if officers can respond promptly to a victim's call for help, this can demonstrate to the victim that officers are responding to their call for help. Additionally, victim empowerment worked to establish conditions that allowed women to understand what options they have that were in their interest and encouraged them to take advantage of these resources (White et al., 2005). In a number of

jurisdictions around the country, police departments blended both pro-mandatory arrest policies and established a relationship with victims to ensure they were connected to the proper resources (Buzawa, 2012). This type of approach often times involved domestic violence advocates, social workers, and/or victim witness coordinators working with police officers on domestic violence cases. This allowed police officers to focus on the arrest (if there was one) and build a case with the prosecutor, while the DV advocate, social worker, and/or victim witness coordinator provided services to the victim. These support services typically include counseling, emergency shelters, assistance, and legal aid (Kramer & Black, 1998; White et al., 2005).

Police response to domestic violence has continued to change dramatically over the years, with a shift from less formal methods of response (e.g., mediation) to an increase in mandatory arrest laws (White, 2007). According to Sun (2006), actions taken by the police when handling domestic violence incidents can be separated into two groups: coercive and non-coercive actions. Coercive actions are responses such as arrest, threatening, search and seizure, and use of deadly force. Officers use coercive force to show authority over those involved in that DV situation and to maintain order. Non-coercive actions, such as counseling, mediation, providing assistance, and showing compassion, are more focused on providing the involved parties with emotional support (Sun, 2006). In order for either type of action to be effective, police need to apply the proper reaction to the proper circumstance. More specifically, they should be beneficial to both victim and perpetrator. For the purposes of this study, rapid response time can be seen as a non-coercive action police can take. Moreover, it allows officers to provide

support to involved parties by showing them that their call to them for help is important, without officers having to resort to using coercive actions.

Legislative Changes to Domestic Violence

Not only has police response changed with regards to domestic violence incidents with a shift from separation and mediation to pro-arrest, but questions regarding equal protection under the law have also helped to bring about DV reform allowing victims to win lawsuits against the police because of their failure to respond adequately to domestic violence incidents. *Thurman v. City of Torrington* (1984) was one of the first cases that involved the issue of equal protection by the police (Blackwell & Vaughn, 2003; Frantzen & San Miguel, 2009). In this case, the victim stated that the police failed to provide equal protection to women who had been abused by their intimate partners compared to women who were abused by someone with whom they had no prior domestic relationship. The police were found liable because they were unable to justify their different response to victims. In the 1999 case, *Didzerekis v. Stewart*, the U.S. District Court in Northern Illinois found police liable for their improper response to a 9-1-1 call by a female victim of domestic violence (Blackwell & Vaughn, 2003).

Additionally, previous research has indicated that police have viewed some 9-1-1 domestic violence calls as a lower priority compared to other calls they receive (Sinden & Stephens, 1999; Blackwell & Vaughn, 2003; Frantzen & San Miguel, 2009).

Furthermore, some researchers have noted that this low priority can be demonstrated if departments dispatch officers to a crime in progress not related to domestic violence but fail to send officers to in progress domestic violence 9-1-1 calls (Frantzen & San Miguel, 2009). Overall, this lack of adequate and timely response can significantly influence the

response time of a domestic violence call for assistance. Additionally, a number of court cases have addressed the issue of domestic violence incidents being labeled low priority.

In the case *Navarro v. Block* (1995), a dispatcher refused to send an officer to the scene of a domestic violence incident (Blackwell & Vaughn, 2003). One of the victims, Maria Navarro, called 9-1-1 and told the operator that she was concerned her ex-husband, Raymond, was going to come and kill her because of a threat she had received. The dispatcher told Navarro that there was nothing they could do because Raymond had not yet arrived at the house. Less than an hour later, Raymond showed up to Maria's home and shot and killed her and four other people who were present. Relatives of Maria sued the Los Angeles County Sheriff's Department arguing that the department assigned lower priority to domestic violence calls. During trial, the 9-1-1 dispatcher stated that it was the department's protocol not to classify domestic violence incidents as emergency calls (Blackwell & Vaughn, 2003).

In another case, *Stevens v. Trumbull County Sheriff's Department* (1999), the victim, Lisa Stevens, argued she received differential treatment from the police because they labeled her relationship with an ex-boyfriend she dated for seven months as a domestic relationship (Blackwell & Vaughn, 2003). After the relationship ended, Ms. Stevens' ex-boyfriend, Brian McKimmy, attempted to contact her and reestablish their previous relationship. Stevens called 9-1-1 seeking to file a report against McKimmy for harassment. The dispatcher told Stevens she would send someone over, but after contacting the Lieutenant, he said no one could respond to the call because of holiday activities that were taking place that day. The Lieutenant called Stevens to let her know that no one would be available to come to her house and instead she should file a

complaint over the phone. However, it was during their conversation that the victim informed the Lieutenant that McKimmy was currently trying to force his way in the home. Stevens was instructed by the Lieutenant to attempt to run from the home and go to a neighbor's house. She did as she was instructed but failed to reach a neighbor's house because McKimmy shot her, leaving her as a quadriplegic. The victim filed a lawsuit against the police department stating that her situation was placed as a lower priority because it was viewed as a domestic violence situation (Blackwell & Vaughn, 2003).

In another case involving inadequate police response to domestic violence calls, *Schieber v. City of Philadelphia* (2003), two police officers responded to a neighbor's report that they heard what sounded like a "serious domestic dispute" taking place at their next door neighbor's house (*Schieber v. City of Philadelphia*, 2003, p. 411). This statement was based on the fact that the neighbor stated she could hear horrific screams coming from the home (Frantzen & San Miguel, 2009). Upon their arrival, the officers conducted a brief interview with the neighbor who had called 9-1-1 and then decided not to make entry into the home because, after speaking with the neighbor, they were unsure of what exactly they had heard coming from their neighbor's house. Following the incident, the woman who lived in the home was found raped and murdered. The police department was sued for failing to adequately investigate the issue. The court ruled in favor of the plaintiffs because officers told the neighbor there was nothing they could do, but that the neighbor should call them again if they heard anything else coming from inside the victim's home (Frantzen & San Miguel, 2009).

One of the most prominent legislative changes to address domestic violence was the Violence Against Women Act of 1994 (VAWA; Cho & Wilke, 2005). It was designed to improve criminal justice enforcement of domestic violence, provide funding for interventions and social services to victims, and fund research in the area of intimate partner violence. The VAWA was created to focus on grants in six different areas: combat violence against women in public, establish rights for immigrant women who are victims of domestic violence to file legal petitions, provide education and training to judges, establish hotlines and shelters, improve the collection of data pertaining to domestic violence, and strengthen existing laws (Cho & Wilke, 2005).

Few studies have examined outcomes associated with the creation of the Violence Against Women Act (Burt, Dyer, Newmark, Norris & Harrell, 1996; Clark, Biddle & Martin, 2002). In one study which evaluated a number of federal programs, it was found that, in the first year of implementation, more than \$23.5 million had been administered to the states through federal grants (Burt et al., 1996). Seven years later, Clark et al. (2002) uncovered that, in the first five years of the VAWA, federal funds towards domestic violence programs increased to roughly \$1.6 billion. This money was directed towards a number of matters, including investigation and prosecution of violent crimes against women and restitution to victims. Additionally, Clark et al. (2002) stated that the VAWA was both a beneficial and cost effective policy. With the implementation of VAWA, officers responding to DV incidents should be better at referring victims for services and informing victims of what options are available to them.

One significant judicial response in addressing domestic violence was the creation of a specialized family court that would process domestic violence cases. The creation of

these courts helped to ensure consistent evaluation of domestic violence cases (Fagan, 1996). Prior to the establishment of courts designed to handle family violence, there was the possibility of domestic violence cases receiving a lower priority by the court. These courts provide services unique to domestic violence cases such as batterer intervention programs, specialized probation supervision for offenders, and access to services for the victims. In some domestic violence courts, not only are judges educated in domestic violence issues, but prosecutors and some public defenders are as well (Fagan, 1996). Having practitioners who are educated about the topic can help to reduce the possibility of them having a skewed perception of what domestic violence entails.

Addressing Domestic Violence Myths through Police Training

In a unique article by Eigenberg et al. (2012), four major myths regarding the issue of domestic violence were outlined. Over the past 40 years, grant money has aided in evolving domestic violence legislation (e.g., mandatory arrests, increase in the number of domestic violence resources available to victims). As new legislative changes are enacted, many police departments must alter procedures to reflect their compliance with the law. As police departments change their practices, police training too becomes something that is revised. Eigenberg et al. (2012) stress that for any type of police training or response to be beneficial, the myths associated with domestic violence must first be understood.

First, contrary to the belief that there is only one type of domestic violence, Johnson (2007) outlines four types of intimate partner violence (IPV) that exist, however he primarily emphasizes three. These three types include: intimate terrorism, violent resistance, and situational violence. Intimate terrorism is characterized by using violence

as a way of controlling one's partner. Furthermore, this type of terrorism occurs frequently, is highly unlikely to be mutual, and often times results in serious injury and emotional abuse to the victim. Violent resistance is displayed when women who experience violence defend themselves or retaliate against their abusive partners. Situational violence usually involves both partners acting out as aggressors and the violence ranges anywhere from minor to serious (Johnson, 2007). Eigenberg et al. (2012) advocate for police training that provides officers with an understanding about the different types of intimate partner violence that currently exist. Additionally, more police officers need to be educated that instances of the various forms of intimate partner violence do occur and they must be able to recognize them (Eigenberg et al., 2012).

The second myth outlined by Eigenberg et al. (2012) is that most domestic violence is relatively minor. In one study conducted by Catalano (2007), the findings suggested that intimate partner homicides accounted for 30% of the murders against women from 1976 to 2005. Additionally, the National Coalition Against Domestic Violence (NCADV; 2011) stated that there are roughly 16,800 homicides and \$2.2 million spent on medical injuries due to domestic violence. The NCADV (2011) also found that, in one-third of the female homicides that police respond to, the victims were killed at the hands of their intimate partners, and, in approximately 70-80% of domestic violence homicides "no matter which partner was killed, the man physically abused the woman before the murder" (NCADV, 2011, p. 1). Furthermore, the economic impact of domestic violence is said to exceed \$5.8 billion each year, with more than half of that total being used for direct medical and mental health assistance (NCADV, 2011). Despite the numbers indicating that a majority of DV cases are at the misdemeanor level,

Eigenberg et al. (2012) argue that the reason for so few domestic violence offenses being charged as felony cases is because perhaps a majority of domestic assaults are not being charged consistently with legal definitions. Moreover, the researchers argue that a more consistent definition of “serious bodily harm” should be established by individual officers, police agencies, and attorneys (Eigenberg et al., 2012, p. 129).

Third, there is a myth that domestic violence is the same as any other type of crime. In reality, domestic violence is the number one violent crime reported to police and requires a response from officers (Ventura & Davis, 2005; Eigenberg et al., 2012). Furthermore, domestic violence involves offenders who have an intimate relationship with their victim, and these offenders exert a certain level of power and control over their victims. Additionally, the perpetrator often times lives with their victim, and, despite their violence, perpetrators claim to love their victims (Eigenberg et al., 2012). It is this intimate relationship that often times makes it difficult for victims to leave their abusers. Officers need to understand that domestic violence cases need to be responded to differently, and they also need to know that it is not as easy for a victim to leave as they might think.

The fourth myth outlined by Eigenberg et al. (2012) states that domestic violence incidents are extremely dangerous for police officers. According to the authors, this myth can be credited to flawed FBI data and research indicating that officers are more likely to die while responding to a domestic violence incident, compared to any other type of call. In fact, police officers are more likely to die accidentally due to their own actions or the actions of fellow officers rather than while responding to a domestic violence call (Garner & Clemmer, 1986; Eigenberg et al., 2012). As previously mentioned, in order for

police training and response to domestic violence to be effective, these four misconceptions need to be addressed. If addressed, perhaps law enforcement officers can come to better understand domestic violence and work to more effectively address the issue.

Lethality Risk Assessments

Over the past thirty to forty years, police departments throughout the country have begun implementing new response techniques to domestic violence incidents (Buzawa, 2012). One such response that is still being used today has been the implementation of the lethality risk assessment (Campbell, 1986; Buzawa, 2012; Klein, 2012). Lethality risk assessments are used all over the country to help determine the level of danger abused victims have of being severely injured or killed at the hands of their abuser (Campbell, 1986). One such lethality risk assessment was developed by Jacqueline Campbell (1986). Campbell's (1986) assessment was first introduced in Maryland and is now used in thirteen other states. Based on the initial research conducted by Campbell (1986) and her colleagues, the lethality risk assessment examines fifteen different variables that are shown to distinguish severe intimate partner violence and homicide victims from nonlethal abused victims (Campbell, 1986; Buzawa, 2012). Perhaps if officers have record of individuals who are shown to have a high lethality risk, they would respond faster to future calls for service that are placed by them.

Again, the overall purpose of the assessment is to pinpoint those individuals who are at the highest risk for being seriously injured or killed by their abusers and to connect them to the appropriate services within the community (Klein, 2012). In order for a victim to be classified as high risk for lethality, they must either answer "yes" to any of

the first three questions, or “yes” to any four of the last eight questions. Questions posed to victims range from, “Has he/she ever used a weapon against you or threatened you with a weapon?” to “Has the abuser ever left you a threatening voice message?” (Klein, 2012, p. 88). When a victim is identified as being at high risk for homicide or serious injury, officers are required to call a 24-hr domestic violence hotline and encourage the victim to speak with one of the trained professionals (Klein, 2012). Regardless of whether the victim chooses to speak to a hotline professional, police officers, as well as community domestic violence professionals are encouraged to follow-up with telephone calls or in-person visits to the victim.

One study focused on the use of Campbell’s (1986) assessment by nurses examining 79 women who had been abused. Results of the study support the use of Campbell’s lethality risk assessment as a reliable and valid measure of the danger of homicide. More specifically, the risk assessment was able to identify women who were re-assaulted as being at an elevated risk of being re-victimized. Additionally, women who received lower risk assessment scores were found to be less likely to be re-assaulted (Campbell, 1986). In a study conducted by Dahl (2012) in Minnesota’s Anoka County, findings uncovered that, according to local media coverage, prosecutors, judges, and probation officers were beginning to incorporate the use of the lethality risk assessment when determining bail amount and other offender issues. In another study conducted in 2003 by Campbell and her colleagues, researchers found the lethality risk assessment to be a reliable tool when identifying victims most at risk of homicide or serious injury (Campbell et al., 2003; Buzawa, 2012). Despite these findings, researchers acknowledged that many of the individuals who administered the lethality risk assessment were more

inclined to over-predict, rather than under-predict, considering the consequences of not identifying a high-risk victim as high risk (Klein, 2012).

The use of lethality risk assessments has been shown to be highly effective in identifying victims who are at high risk of lethality. In June of 2009, Kansas City, Missouri adopted their own lethality assessment program in domestic violence cases (Forte, 2011). With this implementation, every Kansas City police officer (N=900) was trained to administer the lethality questionnaire. A year after the use of the assessment started, the Chief of the Kansas City Police Department stated that the number of domestic violence homicides in the city had decreased by 25% and the number of domestic violence aggravated assaults declined by seven percent (Forte, 2011). Additionally, domestic violence shelters began to see an increase in the number of women utilizing their services. It is unclear as to whether these changes were due primarily to the lethality risk assessment, but the Kansas City police chief claimed that these changes occurred within a one year period of the risk assessment being introduced to the police department. In the same study previously mentioned, Dahl (2012) found that in Minnesota's Anoka County, of the 609 assessments they completed from September 2010 to February 2012, 68% of the incidents were determined to have a victim who was at high-risk. Of that percentage of victims, after being informed by officers that they were determined to be high risk, 77% of them received on-going services from community domestic violence programs (Dahl, 2012). Overall, lethality risk assessments have given departments around the country a new way of responding to domestic violence calls.

While mandatory and other pro-arrest policies, police-based victim services, and the use of lethality assessments have all received a fair amount of empirical scrutiny,

police response time is one component of police response to domestic violence that has been significantly overlooked; however, a few studies have examined police response time to other types of incidents. In this next section, a review of literature examining police response time will be presented.

Response Time to Calls for Service

During the police professionalism era, rapid police response time gained considerable importance (Cihan, Zhang, & Hoover, 2012). This attention can be credited to police departments attempting to improve their efforts at crime control, responding to citizens' expectations of the department, and deterrence of offenders. It was thought that, by reducing response time, those three conditions could be improved (Cihan et al., 2012). Since then, police departments across the nation have attempted to reduce their response times. In a study conducted prior to the well-known Kansas City Preventive Patrol Experiment, Isaac (1967) examined officer response time in relation to the likelihood of offender arrest. His findings suggested that a reduction in the time it took officers to arrive on scene did in fact increase the likelihood of an arrest being made (Isaac, 1967).

Years later, researchers conducted a similar study examining police response time was the Kansas City Preventive Patrol Experiment, completed in Missouri (Kelling, Pate, Dieckman & Brown, 1974; Peak, 1997; Roberg, Novak, Cordner, & Smith, 2012). In this study, Kelling et al. (1974) sought to determine if rapid response time was effective within the Kansas City Police Department. Over a two-year period, researchers collected information on Part 1 crimes (i.e., rape, murder, aggravated assault, and arson) in a number of areas within Kansas City. Observers also participated in ride-alongs with officers where they would collect the travel time for each call. Researchers discovered

that police response time yielded no effect on the likelihood of making an arrest or making contact with witnesses. They also found that response time was not associated with victim satisfaction. Despite these findings indicating that police response time did not have a significant effect on an arrest being made or victim satisfaction, the Kansas City experiment opened the door for future research on police response time to be conducted (Kelling, et al., 1974; Peak, 1997; Roberg, et al., 2012).

Cihan et al. (2012) state that there is an assumption by police departments that through rapid response time, more arrests will be made, leading to a decrease in crime. Research has tested this assumption and produced mixed results. More recently, researchers have examined rapid response time and the effect it has on apprehending burglary suspects (Coupe & Blake, 2005; Cihan et al., 2012). In their 2005 study, Coupe and Blake reported that several characteristics including, response time, workload per officer, and stage at which the burglary was in, all contributed to the arrest of burglary suspects. Consistent with Coupe and Blake (2005), Cihan et al. (2012) found that rapid response by the police to in-progress burglary calls affected the probability of an offender being arrested.

Unlike the research in the Kansas City experiment examining police response time in relation to suspect apprehension, the findings surrounding victim satisfaction have yielded largely positive results. McEwen, Connors, and Cohen (1984) conducted a study in four different cities measuring citizen satisfaction and police response time. Their research uncovered that, when police have a delayed response time, there is decreased citizen satisfaction. Richardson-Foster, Stanley, Miller, & Thomson (2012) had similar findings to that of McEwen et al. (1984). Richardson-Foster et al. (2012) conducted a

study examining children's perspectives of police response time to domestic violence. Researchers found that among the children interviewed, the time it took police to respond to a domestic violence incident was of great importance to them. The children felt that a slow response time reflected a lack of priority given to their situation. One child even indicated that, if the police had arrived quickly, they could "take him away" (Richardson-Foster et al., 2012, p. 227).

As demonstrated through the literature presented thus far, research examining officer response time to calls for assistance has yielded mixed results. Some researchers have found a significant relationship existing between response time and certain on-scene factors, whereas others have not established a relationship. These inconsistencies, along with the lack of research examining officer response time specifically to domestic violence calls for assistance, demonstrate the need for further research. It has been a topic that has been significantly overlooked by researchers in the field. Thus, the current study analyzes officer response time to domestic violence calls and explores its potential effects on a number of on-scene factors. It is hypothesized by the researcher that the faster officers arrive on-scene to DV incidents, the better chance they have to locate the primary aggressor, to make an arrest of the suspect, the fewer injuries a victim will sustain, and the less likelihood of a victim requiring medical attention.

METHODOLOGY AND RESEARCH DESIGN

A variety of prior research has been conducted exploring responses to domestic violence incidents provided by police, as well as the response time of police officers to calls for assistance in non-domestic violence related cases (Coupe & Blake, 2005; Cihan et al., 2012). There is, however, a lack of attention given to the influence of officer response time to a variety of on-scene factors such as offender presence, offender arrest, victim injuries, and if the victim receives medical attention. In order to determine what on-scene factors are affected by officer response time to domestic violence calls, the present study examined over 300 domestic violence reports from a local police agency.

Conceptual Definitions

For the purposes of this study, *officer response time* was conceptualized, in accordance with department record keeping, as the time between an officer's dispatch notification from 9-1-1 to the moment when the officer arrives on-scene. This has been used as a valid conceptual definition in previous research examining police response time to in-progress burglaries (Cihan et al., 2012). *Offender arrest* was defined as whether or not the responding officer(s) placed the suspect under arrest at the initial incident and booked that individual into the local jail on a domestic violence charge. *Offender present upon officer arrival* was characterized as whether or not the primary suspect, as determined by the responding officers, was present at the scene of where the initial DV incident took place when law enforcement arrived. *Presence of physical injuries* to the

victim upon officer arrival to the scene was conceptualized by the existence of bruises, scratches, abrasions, redness of skin, and swelling. This has been used as a valid conceptualization in previous studies examining victim injuries in domestic violence incidents (Peterson & Bialo-Padin, 2012). *Reporting status* was defined as the condition of the DV incident when it is called into police dispatchers. Lastly, *medical attention* was conceptualized as whether or not the victim required medical attention upon officer arrival, or if no medical attention was sought.

Dependent Variables & Measures

To determine *offender present upon arrival*, the Idaho Domestic Violence Supplement was examined, specifically the area where officers mark whether the offender was present or “gone upon arrival.” This variable was measured as a dichotomous variable, with a zero (0) indicating the offender was gone when officers arrived on scene, and a one (1) indicating they were present on-scene. The Idaho Domestic Violence Supplement (see Appendix, p. 65) is completed by officers when responding to any domestic violence call. This form captures a number of important details surrounding the DV incident including: victim offender relationship, victim injuries, suspect injuries, domestic violence history, drug and alcohol use, and what services, if any, were offered to the victim following the incident.

To measure *offender arrest*, an examination of the cover sheet of each report was completed. These sheets have an area where officers check the ‘arrest’ box if they did make an arrest during the initial incident. This variable was measured with a zero (0) indicating the offender was not arrested at the initial incident, a one (1) indicating an arrest was made at the initial incident, and a two (2) would illustrate that both parties,

offender and victim, were arrested, which is also indicated on the report cover sheet and in the report database.

To measure *presence of physical injuries*, an examination of the Idaho Domestic Violence Supplement was again conducted, focusing specifically on the section where officers must indicate whether any injuries are present on the victim and specifying the location on the body, as well as the nature of the injury. More specifically, injuries were summarized into four categories: non-evident, soft-tissue/bruising, scratches/bleeding, and broken bones. Additionally, each of these variables was measured as a dichotomous variable with a zero (0) indicating no, and a one (1) being yes.

Medical attention was measured by analyzing domestic violence supplemental forms. More specifically, the researcher examined the section where officers indicate what type of medical attention, if any, the victim received. For the purposes of this study, medical attention was measured with zero (0) no medical attention, one (1) medical attention at initial scene, and two (2) taken to hospital. The above variables were chosen by the researcher because they have been examined in previous studies regarding officer response time to non-domestic violence related calls.

Independent Variables & Measures

Officer response time to domestic violence calls was collected through the agency's CAD system, which pinpointed when an officer received notification of a domestic violence disturbance and when exactly they arrived on-scene. Furthermore, in using CAD data, this allowed for a very accurate measure of response time due to the reduction in human error. For the purposes of this study, response time was collected as a continuous variable. This collection allowed for an average response time of all calls to

be collected, and it allowed for the study to report on the odds of on-scene factors changing based on a reduction or increase in response time.

Control Variables

To better understand specific factors affected by officer response time to domestic violence incidents, there were a number of variables that needed to be controlled. The study controlled for a variety of variables including: victim-offender relationship, location of the domestic violence incident, whether or not the primary aggressor (as determined by the responding officer[s]) was female, the suspect and victim having a child in common, whether or not the victim sustained any physical injuries, medical attention received by the victim, type of domestic violence incident, the level of offense, reporting status, and whether the incident had any risk factors. All of these variables were measured through either officer reports, the domestic violence supplemental form, or the agency's computer aided dispatch database.

It was important to control for these variables for a number of reasons. First, victim-offender relationship is significant because it can affect how an officer handles the situation once they are on-scene. For example, the responding officer may choose not to arrest either party in an incident involving a couple who has been married for 10+ years where an argument occurred and they were throwing objects at one another because officers believe it was a marital spat that can be worked out, compared to a couple dating for four months involved in a similar incident, regardless of how quickly he/she responded to the call.

Second, location of the incident could affect whether the offender is present when law enforcement officers arrive at the scene and if the victim sustained any injuries as a

result of the incident. If the DV incident happens in a public area outside of the home, the likelihood of the offender being present could possibly diminish, due to the offender having easy access to leave the situation. Additionally, if the offenses take place in a public area where there are many bystanders present, there could be the chance that the victim would not have any injuries to them.

Third, having a female offender could possibly influence whether the offender is arrested at the initial incident. Perhaps officers are less likely to arrest in a situation involving a female primary aggressor than they are a male primary aggressor because they do not believe the female possess any future threat to the male victim and that she was simply upset with the victim rather than continuously abusing him¹. Furthermore, having a female suspect could potentially influence the likelihood of the victim having any physical injuries due to women potentially being smaller than their male peer, however, female aggressors could make up for this difference through the use of weapons. The influence of a female offender on injuries could also potentially impact whether the victim receives medical attention. More specifically, if the victim receives no injuries, the likelihood of them receiving medical treatment is significantly reduced.

Fourth, if the suspect and victim have a child in common, this could potentially influence an officer's decision to arrest the primary suspect. In order to keep the child, or children, safe from future domestic violence exposure, responding officers could choose to arrest when there is a child on scene, as opposed to when there are no children present. Moreover, responding officers make the decision to arrest if it was determined that the

¹ Officers could also respond differently to same sex relationships. More specifically, perhaps they choose not to arrest in same sex cases but rather give involved parties a warning and separate them.

child was injured or directly involved in the incident in question. This decision could lead to the suspect receiving a charge of domestic battery with the enhancement of in the presence of a child.

Fifth, presence of injuries to the victim may potentially influence an officer's decision to arrest, as well as whether or not the victim receives any medical attention. Additionally, the more severe the injury, the more likely an officer may be to arrest the primary aggressor. Receiving medical attention may also impact the likelihood of the offender being arrested. If a victim needs medical attention it could be assumed that their injuries were significant enough to warrant medical evaluation, increasing the chances for an arrest being made of the offender.

The reporting status of the DV call needs to be controlled for due to the possibility of it influencing a number of on-scene factors. If a call comes in days, even weeks, after the incident any injuries that victim may have had could heal, and the suspect may not be present when the victim places the call into the police department. However, if the call comes in as an assault in-progress, victim injuries are more likely to be evident, and the chances for the offender being present increase.

Lastly, type of domestic violence incident, the level of the offense, and any risk factors the officers may uncover while responding may potentially affect whether the primary suspect is arrested at the initial incident. For example, an attempted strangulation incident is an automatic felony, which significantly influences the officer's decision to arrest, however, in a misdemeanor domestic battery incident with no injuries, officers may be less prompted to arrest in that situation. Furthermore, the Idaho Domestic Violence Supplement has a risk assessment for dangerousness and lethality incorporated

into it (Idaho Risk Assessment for Dangerousness [IRAD]). More specifically, officers are advised to ask the victims a number of questions that are listed on the form (e.g., has the suspect ever made specific threats to kill the victim, has there been a recent separation between parties, ever forced the victim to have sex, demonstrate possessiveness, etc.). Some of these questions are italicized, meaning they indicate a high likelihood of lethality. Then, based on the answers given by victims they receive a score of 1 – 7, seven being the most severe. Additionally, if any of the italicized questions were answered with a yes, the score will be indicated with the number they received, plus italicized factors. That being said, if officers deem there to be any number of risk factors present when completing the domestic violence supplemental form, they could be more inclined to arrest the suspect in order to avoid any subsequent incidents.

Unit of Analysis & Sampling

Based on the fact that the proposed study involved analyzing police reports to measure how quickly officers respond to domestic violence calls, and whether or not that response time affects a number of on-scene factors surrounding DV incidents, the unit of analysis was social artifacts, specifically police reports. The target population, as well as the sampling frame, was also police reports. These reports included items such as fact cover sheets, police narrative, the Idaho Domestic Violence Supplement, and any photos that were taken at the initial incident. The target population included domestic violence reports completed by law enforcement officers between July 1, 2013 and December 31, 2013 from a local police department. This date range was selected because it allowed for reports from different times throughout the year to be examined. For the purposes of this study, every report completed within those dates was reviewed and included in the study,

making the research design a census, or total population design. By using this particular sampling method, every domestic violence police report was gathered from the six month period, allowing for a sample size of over 300.

As previously mentioned, access to the reports needed for the study was provided by a local police agency. An examination of officer reports, the domestic violence supplemental forms, and CAD data was conducted to gather the relevant information. This collection method was selected for a number of reasons. First, it permitted the researcher to obtain enough reports to effectively determine if there is a relationship between officer response time and on-scene aspects of a DV incident within the study area. Second, it included every DV report within the indicated time frame, decreasing the bias that can occur if the researcher were to select which reports to include for observation, once again helping to increase validity. Third, analyzing reports from domestic violence incidents provided the researcher the opportunity to obtain a vast amount of information not available through other data collection techniques. For example, sending surveys to victims and suspects of domestic violence incidents or interviewing them would not work for this particular study. Surveys and interviews assume most participants are honest with their answers and they require individuals to recall previous events (Babbie, 2013). Additionally, victims and officers would not be able to provide an accurate time measure, which could have potentially skewed the results of the study.

Reliability & Validity

²Focusing solely on officer reports and supplemental forms involving only domestic violence incidents established a largely reliable measure because it reduced the chances of including incidents that are not domestic violence related. Additionally, tracking response time to domestic violence calls through the agency's CAD system likely produced consistent and valid results. This reliability can be attributed to the fact that CAD tracked the response time, rather than the dispatcher, or the responding officer, thus reducing possible human error.

Contained within each supplemental form was a box where officers indicated the appearance/attitude of both the suspect and victim. At the top of the list is the option, "gone upon arrival." It was assumed that the officer indicated whether or not the offender was present upon arrival. If it was not indicated on the DV Supplemental Form, the researcher reviewed the officer narrative that indicated if officers were able to make contact with the suspect upon their arrival on-scene. Additionally, in each officer report, there is a section in which the officer indicates how each situation was resolved, which allowed for this measure to be highly reliable. Furthermore, when each case is opened within the departmental database, the first page that comes up lists the parties involved with each incident, their role(s), and whether any of the individuals present were arrested. The supplemental forms allowed for the researcher to consistently measure which incidents involved injuries to the victim. This consistency came from the DV

² Working alongside a fellow researcher who was also collecting data from the same domestic violence reports allowed for high inter-rater reliability. Moreover, the two researchers coded 5% of all the DV reports together to determine whether their findings within the reports were homogeneous. After examining 5% of officer reports it was determined that the two researcher's findings were consistent. Based on this consistency the two researchers divided up the remaining reports and coded them separately from one another.

supplemental form being automatically inserted into an officer's report when it was indicated by the officer that they responded to a domestic violence incident.

Upon examining officer reports, the agency included within this study should be following the Idaho State Code when labeling certain incidents as domestic violence. This is due to the fact that departments, as well as officers, are trained to recognize and appropriately label incidents as they are defined by Idaho law. Considering this reasonable assumption, the measure of domestic violence was valid, with little to no error. Utilizing existing database records on documented response times presented few issues in regards to validity due to its concurrence with department policy.

Once again, victim injuries were accurately measured from domestic violence supplemental forms. It should be noted that a serious limitation existed with officers not identifying present injuries on the victim or leaving the injury section blank. Even though the supplemental form is automatically inserted into an officer's domestic violence report, it is not a requirement to complete each section. In cases where the injury section was incomplete, it made measuring victim injuries difficult, leaving the researcher to rely on the officer narrative reports to determine if the victim sustained any injuries.

Limitations

Despite the numerous contributions mentioned thus far, there are several drawbacks that need to be discussed. A limitation could have existed with regard to the accuracy of the response time, but only for officers or dispatchers failing to document the exact time the call was received and the exact time of arrival on scene. Moreover, a restriction potentially existed with domestic violence incidents not being properly identified as DV and coded incorrectly by officers. Additionally, another possible

drawback was thought to exist when measuring offender arrest. It was assumed that some officers may forget to indicate in their reports how each incident was handled. However, by taking those reports and running the case number through the agency's database, the researcher was able to eliminate this limitation.

Additionally, this particular study examined information included in police officer reports. In choosing to use this particular method, there was no definitive method of determining the level of accuracy of information included in the reports. Officers may fail to gather all the details surrounding each incident, reducing the amount of information the researcher would be able to compile. Second, by only including domestic violence reports from one agency, generalizability to other areas around the United States is not applicable. Despite this drawback, it was not the intent of this study to generalize the findings to other areas of the country. Rather, it attempted to acknowledge that a relationship may exist between police response time to domestic violence calls for assistance and various factors associated with DV incidents, thus demonstrating the need for continued research in other areas throughout the country.

Data & Statistical Analyses

For the purposes of this study, a bivariate analysis was first conducted to examine the correlation between the four dependent variables, and the single independent variable. Additionally, logistic regression was then used to further examine the relationship between officer response time (a continuous independent variable) and the four categorical dependent variables (offender presence, offender arrest, victim injuries, and victim medical attention), while controlling for other pertinent variables.

Logistic regression is the most appropriate analysis because the dependent variables examined within the study are nominal-level and dichotomous, where as an OLS regression would require the use of continuous dependent variables. Additionally, it was deemed as the most appropriate statistical analysis for this study because it uses exponential beta ($\text{Exp}[B]$) to give an odds ratio, and this odds ratio allows you to find the probability of the dependent variable occurring based on the value of the independent variable. Moreover, when the value of exponential beta is greater than one, the probability of the higher dependent variable category increases, and when the value of exponential beta is less than one, the probability of higher dependent category decreases. In instances where the independent variable is continuous, it can be interpreted that a single unit increase in the independent variable corresponds to an increase or decrease in the dependent variable. Furthermore, it can be used to control for a number of other potential influencing factors. The following section provides the results for each of the individual models.

RESULTS

Table 1 includes descriptive analyses for all the variables included in the study. Based on the data presented in the table, the majority of incidents were labeled as domestic battery (65.8%), followed by domestic battery in the presence of a child (17.1%), and attempted strangulation (10.7%). Domestic verbal had the fewest number of reports at only two (2) reports in the entire data set. Additionally, about 90% of the reports only had one (1) domestic violence related charge and roughly 83% of the incidents included in the study were misdemeanor offenses. A significant portion of reports in the sample included a victim and offender who were either currently married (44.0%), or cohabitating together (42.6%). Interestingly, the number of incidents where the suspect and victim had a child in common was split evenly, with 49.9% of cases having a child in common and 49.9% not having a child in common. Moreover, of the reports analyzed in this study, over 80% of the domestic violence incidents occurred within a residence, and 15% of incidents occurred outside the home.

Of the 345 reports examined, a little over 50% of them included non-evident injuries to the victim, followed by soft tissue/bruising (19.8%). In only one case did the victim sustain any broken bones or internal injuries.³ Additionally, around 90% of victims did not receive any type of medical attention at the initial incident or immediately

³ It should be noted that officers can check more than one injury box if the victim has sustained multiple injuries.

following the incident. From the reports included in this study, 61% had an offender present when responding officers arrived on-scene. However, of the 345 incidents examined, there was an offender arrest made in only 38.8% of cases. Furthermore, 18% of incidents involved a female offender. Roughly three-quarter of all calls (73.1%) of calls came into the police department as assault in progress. Additionally, only 35.2% of calls were said to be non-emergency calls. Lastly, the overall average response time given by responding officers was about eight and a half minutes. However, it should be noted that the median response time was seven minutes and the 8.5 minute average could be a reflection of a few significant outliers.

Table 1
Descriptive Analyses

Variables	Code	N	%
Type of offense	0 = Attempted Strangulation	37	10.7%
	1 = Domestic Assault	6	1.7%
	2 = DA in presence of child	11	3.2%
	3 = Domestic Battery	227	65.8%
	4 = DB in presence of child	59	17.1%
	5 = Domestic Disturbance	3	0.9%
	6 = Domestic Verbal	2	0.6%
Child in Common	0 = No	172	49.9%
	1 = Yes	172	49.9%
Number of DV charges	1 = one	311	90.1%
	2 = two	29	8.4%
	3 = three	5	1.4%
Vic/Offender Relationship	0 = Spouse	151	44.0%
	1 = Former Spouse	16	4.7%

	2 = Cohabitants	146	42.6%
	3 = Former Cohabitants	8	2.3%
	4 = Dating/Engaged	9	2.6%
	5 = Former Dating/Engaged	13	3.8%
Current CPO/NCO	0 = No	320	98.2%
	1 = Yes	6	1.8%
Risk Assessment	0 = 1-3 Factors	235	86.7%
	1 = 4-5 Factors	33	12.2%
	2 = 6-7 Factors	3	1.1%
Level of Offense	0 = Info Report	6	1.7%
	1 = Misdemeanor	287	83.2%
	2 = Felony	52	15.1%
Offender Present On Arrival	0 = No	133	38.7%
	1 = Yes	211	61.3%
Location of Incident	0 = Residence	293	84.9%
	1 = Vehicle	8	2.3%
	2 = Public Area	25	7.2%
	3 = Other	19	5.5%
Offender Arrest at Initial	0 = No	208	60.3%
	1 = Yes	134	38.8%
Female Offender	0 = No	283	82.0%
	1 = Yes	62	18.0%
Presence of Victim Injuries	0 = Non-Evident	181	52.6%
	1 = Soft-Tissue (Bruising)	68	19.8%

	2 = Scratches/Bleeding	38	11.0%
	3 = Broken Bones/Internal	1	0.3%
	4 = Multiple Injuries	56	16.3%
Non-Evident Injuries	0 = No	163	47.4%
	1 = Yes	181	52.6%
Soft Tissue Injury (Bruising)	0 = No	220	64.0%
	1 = Yes	124	36.0%
Scratches or Bleeding	0 = No	251	73.0%
	1 = Yes	93	27.0%
Broken Bones	0 = No	341	99.1%
	1 = Yes	3	0.9%
Medical Attention	0 = No medical attention	308	90.1%
	1 = Medical attention at scene	14	4.1%
	2 = Taken to hospital	20	5.8%
Reporting Status	0 = Assault in Progress	250	73.1%
	1 = After Incident (same day)	52	15.2%
	2 = 1 or more days after	40	11.6%
Non-Emergency Dispatch	0 = No	223	64.8%
	1 = Yes	121	35.2%

All missing values have been excluded

Response Time (minutes) – mean = 8.58; mode = 7.00; SD = 11.21

Number of DV charges – mean = 1.11; mode = 1.00; SD = 0.360

Bivariate Analyses⁴

As presented in Table 2, a bivariate analysis was conducted to examine the correlation between officer response time and offender presence on-scene. The matrix demonstrates that there is a significant relationship between response time and offender the offender being present on-scene. More specifically, it was found that low response time was correlated with an offender being present on-scene ($r = -0.125$). Table 2 also summarizes a bivariate analysis for officer response time and the offender being arrested at the initial incident. As indicated in the matrix, it was determined that there was a significant relationship between the two variables. Moreover, it was found that a reduction in response time was correlated with an offender arrest being made during the initial incident ($r = -0.129$). Additionally, it was found that a significant relationship exists between and offender being present and an offender arrest being made ($r = 0.463$).

Table 2

Bivariate Analysis: Offender Present, Arrest and Response Time

	Response Time	Offender Present	Offender Arrest
Response Time Pearson Correlation	1	-0.125*	-0.129*
N	341	340	341
Offender Present Pearson Correlation	-0.125*	1	0.463**
N	340	344	344
Offender Arrest Pearson Correlation	-0.129*	0.463**	1
N	341	344	345

* $p < .05$

** $p < .01$

⁴ A bivariate analysis was also conducted examining the relationship between response time and victim injuries, as well as if the victim received medical attention. There was found to be no significant relationship in either matrix, however, a logistic regression model was still conducted for each to further examine the relationship while controlling for other variables.

Logistic Regression

Table 3 includes the logistic regression model analyzing the potential effect response time could have on the likelihood of an offender being present on-scene. The model controls for three other variables: location of the incident, reporting status of the incoming call, victim-offender relationship, and whether the two primary parties have a child in common. For the purposes of this model, response time was coded as a continuous variable, and the dependent variable, offender present, was coded dichotomously, with zero (0) indicating the offender was not present, and one (1) signaling the offender was present on-scene when officers arrived. Additionally, location was collapsed into a dichotomous variable with zero (0) representing that the incident occurred within a residence, and one (1) the domestic violence incident occurred outside the home (e.g., vehicle, roadway, store). Location was controlled for due to the hypothesized possibility that an offender is more likely to be present when officers arrive if the incident occurs within the home, rather than in a public location. Reporting status was also collapsed into a dichotomous variable in which zero (0) means the call came into the police department as an assault in-progress situation; meaning the incident was currently taken place or the call was being placed immediately after the incident, and one (1) for incidents that were called in as not an assault in-progress situation; meaning the incident was reported to the police agency hours after it had occurred. Reporting status was controlled for due to the possibility of an offender not being present if the call is reported after the incident. When a call comes into dispatch as an active assault in progress, the suspect may have less time to flee the scene before officers arrive. Victim-offender relationship was also coded as a dichotomous variable, zero (0) indicating the

two primary parties, as determined by the responding officers, are in a married relationship (e.g., spouse), and one (1) meaning the two primary parties are involved in some other type of relationship (e.g., cohabitants, former spouse, dating/engaged). Victim-offender relationship was controlled for because of the potential for an offender being less likely to leave an incident if they are married to their victim, than if they are dating or co-habitants. Lastly, child in common was coded as a dichotomous variable, zero (0) no, and one (1) yes. It was controlled for due to the possibility that, in an incident where the victim and offender have a child in common, the suspect could potentially be less likely to flee the scene due to them not wanting to leave the child alone with the other party.

Table 3
Logistic Regression Model: Response Time on Offender Present

Variable	B	S.E.	Wald	Exp(B)
Response Time	-0.003	0.014	0.052	0.997
Location	-0.570	0.358	2.528	0.566
Reporting Status	-2.510	0.320	61.406	0.081*
V/O Relationship	-0.785	0.276	8.086	0.456*
Child in Common	-0.062	0.266	0.055	0.940

*p < .05

All missing values have been excluded

In the logistic regression model represented in Table 3, response time was not found to have a significant effect on whether the offender was present on-scene when officers arrived. Reporting status was, however, found to have a significant effect on offender presence. Moreover, it was found that when a call came in one or more days after the incident, the odds of an offender being present decreased 91.9% (B = -2.510; p < .05). Additionally, the model showed victim-offender relationship to also have a

significant effect on whether the offender was present when officers arrived. More specifically, it was found that the odds of an offender being present decreased 54.4% if the victim and offender were involved in something other than a spousal relationship ($B = -0.785$; $p < .05$).

Table 4 displays the logistic model examining the effect of officer response time on the likelihood of offender arrest at the initial incident. Response time was again used as a continuous variable and offender arrest was coded dichotomously as zero (0) no, and one (1) yes. For the purposes of this model, a large number of other variables had to be controlled for: female offender, presence of injuries, risk assessment, child in common, medical attention received, type of domestic violence offense, level of the offense, and the victim offender relationship. Female offender was coded as a dichotomous variable, zero (0) indicating the primary suspect, as determined by officers, was not a female, and a one (1) for if the offender was female. The offender being female was controlled for due to the possibility that perhaps officers are more or less likely to arrest in an incident where they have determined that the primary aggressor was female. Presence of injuries was collapsed into a dummy variable with the victim having non-evident injuries or some type of evident injury or injuries. Officers will be more likely to arrest a suspect when there are visible injuries to the victim, which could influence the results of the model. Furthermore, for each domestic violence incident that takes place, responding officers are required to complete an Idaho Domestic Violence Supplement which assigns lethality numbers to each case. Numbers range from zero to seven, seven or an italicized factor being the most severe. For the purposes of this model, risk assessment was collapsed into a dichotomous variable with zero (0) indicating the risk assessment was 1 – 3, and one

(1) meaning the risk assessment was from 4 – 7. This variable was collapsed because a majority of incidents (86.7%) had a risk assessment ranging from 1 – 3 factors and 13.3% of cases had a risk assessment of 4 – 7 factors. Furthermore, italicized factors were also broken into a dichotomous variable with zero (0) representing there were no italicized factors, and a one (1) indicating there were italicized factors. Risk assessment, as well as italicized factors, was controlled for because an offender could be more likely to be arrested when there is an assessment ranging from 4 – 7 and/or italicized factors, as opposed to 1 – 3 factors and no italicized factors. Child in common was coded similar to that of Table 2 and was controlled for because, if the involved parties have a child in common, an officer might be more likely to arrest the offender to protect the safety of the child. Or, officers may be less likely to arrest because they do not want to remove the child from his or her parent's care. Medical attention was collapsed into a dichotomous variable (no medical attention received vs. medical attention received). For the purposes of this model, type of domestic violence offense was collapsed into a dichotomous variable (zero (0) = domestic battery, and one (1) = other (e.g., domestic assault, attempted strangulation, domestic battery in the presence of a child)). Type of offense was controlled for because, in attempted strangulation offenses or incidents involving children, responding police officers could be more likely to arrest than in domestic battery incident. Similarly, level of the offense was controlled for because officers are potentially more apt to arrest in a felony case than in a minor misdemeanor incident. Lastly, victim-offender relationship was once again used as a dichotomous variable (spouse vs. non-spouse). Moreover, it was used as a control variable due to the potential effects it could have on an officer's decision to arrest. More specifically, officers may be

less inclined to arrest a couple who has been married for ten plus years, but could be more inclined to arrest in a situation involving a cohabitating couple who has been dating for less than a year.

Table 4
Logistic Regression: Response Time on Offender Arrest

Variable	B	S.E.	Wald	Exp(B)
Response Time	-0.048	0.024	4.018	0.953*
Female Offender	1.389	0.397	12.222	4.009*
Presence of Injuries	0.452	0.290	2.428	1.571
Risk Assessment	0.233	0.373	0.392	1.263
Italicized Factors	-0.705	0.399	3.119	0.494
Child in Common	-0.415	0.284	2.131	0.660
Medical Attention	-0.412	0.546	0.571	0.662
Type of Offense	-0.933	0.362	6.639	0.393*
Level of Offense	-1.496	0.524	8.148	0.224*
V/O Relationship	-0.208	0.286	0.526	0.813

* $p < .05$

All missing values have been excluded

As indicated in Table 4, response time was shown to have a minimally significant effect on the odds of an offender being arrested. Specifically, the odds of an offender being arrested decreased 4.7% for every additional minute of response time ($B = -0.048$; $p < .05$). Furthermore, having a primary suspect, as determined by responding officers,

who was female was found to increase the odds of an arrest being made by 300.9% ($B = 1.389$; $p < .05$). The logistic regression model also found the type of offense for which the suspect was being charged with to have a significant effect on them being arrested. It was found that having a misdemeanor offense decreased the odds of an arrest being made by 77.6% ($B = -1.496$; $p < .05$). Additionally, having an offender who had committed a domestic battery offense decreased the odds of an arrest being made by 60.7% ($B = -0.933$; $p < .05$). These findings are consistent with other research indicating that severity of the offense is a strong predictor of decision making with the justice system (Gottfredson, 1987).

Table 5 presents the logistic regression model analyzing the potential effect of officer response time on likelihood of physical injuries to the victim. Additionally, the model controlled for three variables: reporting status of the incoming call, whether or not the primary suspect, as determined by responding officers, is female, and the location of the incident. Once again, response time was coded as a continuous variable, and victim injuries was coded dichotomously with zero (0) indicating injuries, as determined by the responding officers, were non-evident, and one (1) meaning the victim had evident injuries (e.g., bruising, scratches, bleeding, and/or broken bones). Similar to Table 1, reporting status and location were collapsed into dichotomous variables and coded. Reporting status was controlled for due to the fact that, if a call comes in as an assault in progress, the victim could potentially have an increased chance of having some form of injury, as opposed to the call coming in hours, maybe even days, after the initial incident. Additionally, location of the incident was controlled for due to the offender being less likely to injure their victim in a public area where there are multiple witnesses, as

opposed to in the confinement of their home. Female offender was coded identically to the way it was in Table 3. Having a female offender was controlled for because having a female offender could influence the chances of the victim having injuries. Typically, females are smaller than males and, because of this; a male victim could potentially sustain fewer injuries than a female victim, thus influencing the results.⁵

Table 5
Logistic Regression: Response Time on Victim Injuries (non-evident vs. evident)

Variable	B	S.E.	Wald	Exp(B)
Response Time	-0.024	0.017	2.174	0.976
Reporting Status	0.565	0.266	4.501	1.760*
Female Offender	0.443	0.292	2.292	1.557
Location of Incident	0.363	0.318	1.301	1.437
Same Sex	0.542	0.689	0.620	1.720

*p < .05

All missing values have been excluded

As indicated in Table 5, the only variable found to have a significant effect on victim injuries was the reporting status of the call. More specifically, it was found that the odds of the victim having evident injuries increased 76% when a call came in as an assault in-progress situation (B = 0.565; p < .05). Response time was once again found to not have a significant effect on injuries to the victim.

⁵ The model represented in Table 4 also controlled same sex relationships and found that there was no significant effect of same sex relationships on whether the victim had any evident injuries.

Table 6 includes the findings for the logistic regression model analyzing the effects of officer response time on likelihood of the victim requiring medical attention, both at the initial incident or later at a hospital. In this model, control variables were reporting status, location of the incident, having a female offender and the victim having injuries. Again, response time was coded as a continuous variable and medical attention was measured as either zero (0), not having received any medical attention, or one (1), having received some type of medical attention from paramedics and/or the hospital. As in previous tables, reporting status, location of the incident, and female offender were collapsed into dichotomous variables. Furthermore, presence of injuries was also collapsed into a dichotomous variable, zero (0) meaning responding officers saw no evident injuries present on the victim, and one (1) the victim had some form of evident injury or injuries (e.g., bleeding, scratches, bruising). Reporting status was again controlled because, if a call comes in a day or more following the incident, the victim may no longer require immediate medical attention, thus affecting the results. Additionally, similar to Table 6, if the incident takes place in public, the victim may be less likely to experience any injuries, lessening the likelihood medical attention will be needed. Again, having a female offender can influence the possibility of victim injuries which can influence if medical attention is required of the victim. Finally, presence of injuries to the victim was controlled for because like previously stated with the other control variables, if responding officers find no evident injuries to the victim, the chances of the victim receiving medical attention are significantly reduced.

Table 6
Logistic Regression: Response Time on Medical Attention (not received vs. received)

Variable	B	S.E.	Wald	Exp(B)
Response Time	-0.010	0.024	0.162	0.990
Reporting Status	0.866	0.404	4.588	2.377*
Location of Incident	0.193	0.521	0.137	1.212
Female Offender	-19.197	4936.306	0.000	0.000
Presence of Injuries	1.811	0.474	14.581	6.114*

* $p < .05$

All missing values have been excluded

As with previous models, Table 6 shows that response time was not shown to have a significant effect on whether the victim received any medical attention. However, once again, responding to an assault in-progress call increased the odds of the victim needing medical attention by 137.7% ($B = 0.866$; $p < .05$). Additionally, the presence of evident injuries to the victim was found to increase the odds of medical attention 511.4% ($B = 1.811$; $p < .05$).

DISCUSSION

The intention of this study was to explore whether officer response time to domestic violence calls for assistance had any effect on a number of on-scene factors. Response time to domestic violence calls is an area where research is significantly lacking. It was hypothesized that decreasing response time would increase the likelihood of the offender being present upon officer arrival, it would raise the chances of the offender being arrested at the initial incident, the victim would experience fewer injuries, and the need for medical attention would decrease.

For the purposes of this study, a review of 345 local domestic violence incidents from July 1, 2013 through December 31, 2013 was conducted. It was established that response time yielded no significant effect in any of the four models except when examining its influence on offender arrest. More specifically, it was found that, the odds of an offender being arrested decreased 4.7% for every minute of response time. Despite this low percentage, the finding is consistent with the assertions made by Isaac (1967), Coupe and Blake (2005), and Cihan et al. (2012) in which the researchers discovered that a reduction in the time it took officers to arrive on scene to calls for assistance did increase the likelihood of an arrest being made. However, the findings of this particular study and those previously mentioned depict the opposite of what was uncovered in the Kansas City experiment (Kelling et al., 1974). In the Kansas City study, researchers determined that police response time yielded no effect on the chances of making an

offender arrest. It should be noted that each of these studies examined police response time to a number of different calls (e.g., Part 1 crimes, burglaries, domestic violence) however, with the exception of the Kansas City experiment; results from the studies are consistent due to them all demonstrating that a reduction in response time increases the odds of offender arrest.

One explanation for response time not yielding any significant effects in any of the models is that the city under study, despite being the capitol city, is a fairly small metropolitan area. Moreover, Boise is a less populated capitol city which decreases the amount of traffic congestion officers have to maneuver, as well as the number of 9-1-1 calls they receive from the public. Additionally, the Boise area is fairly well laid out, meaning there are a number of different roads police officers can utilize to get to one area. These route options allow officers more options if one area of the city is experiencing a high amount of traffic volume.

Another potential explanation is the police department that was evaluated in this study assigns certain officers to specific locations around the city, making officers responsible for patrolling and responding to calls that occur within that radius. In assigning individual police officers to locations, this allows for officers to be able to respond to calls in a timely manner. Now, if all the officers in a particular area are busy working another call, an officer from a neighboring district can help cover, however, even then the response time to a call for service should not be that long since the districts neighbor one another. This setup could be a primary explanation for why officer response time yielded no effect on the other variables. More specifically, this area is already small

compared to other urban cities and, with the police department sectioning the city off into zones, response time for calls would hypothetically not be delayed.

It came as no surprise that results from each of the models showed reporting status as having a significant effect on each of the dependent variables. Hypothetically, if a call came in as an assault in progress, as opposed to after the initial incident, an offender is potentially more likely to be present, the offender is more likely to be arrested, physical injuries to the victim are more likely to be present, which could warrant the victim needing some sort of medical attention. As indicated in Table 5, an assault in-progress call increased the possibility of the victim needing medical attention by 137.7 percent. As was argued by Peterson and Bialo-Padin (2012), officer response time can affect the ability to gather evidence on-scene. When officers respond to an in-progress call, they are more likely to be able to gather evidence at the scene. Moreover, this evidence comes in the form of interviews with the suspect, victim, and witnesses, assessing damage that could be done to the location in which the incident occurred, and photos of any potential fresh physical injuries to the victim. Now, the ability to gather most of this evidence relies heavily on the hope that, when a domestic violence incident occurs, it will be reported immediately without delay.

One surprising result was that, in cases where there was a female offender, the likelihood of an arrest being made increased by roughly 300 percent. This was surprising considering statistics show that women are more likely to be the victims of domestic violence (U.S. Department of Justice Statistics, 2005) rather than perpetrators. It would be interesting to examine what factors resulted in the determination of the females as primary aggressors. Perhaps, in the cases where the female was determined as the

primary aggressor, she was instead acting in self-defense against her batterer.

Additionally, it could be that the male was the initial aggressor and the female was simply defending herself, which is why the male had evident physical injuries, thus leaving officers under the impression the female was the primary aggressor.

It was also established in one of the models that offender arrest was influenced significantly by the level of the offense (e.g., misdemeanor or felony) and the type of domestic violence offense (e.g., domestic battery or other). Moreover, officers arrested more often in felony incidents when the offender had committed a more serious domestic offense (e.g., attempted strangulation, domestic battery in the presence of a child).⁶ Again, this finding is consistent with prior research indicating severity of offense influences decisions throughout the justice process (Gottfredson, 1987).

Despite officer response time having no significant effect in three of the four models, the current study did uncover some interesting findings. Moreover, these significant findings should be noted and examined for potential follow-up studies. Additionally, based on the conclusions of this study there are some specific policy recommendations and suggestions for future research that need to be addressed.

Policy Recommendations

As the response to domestic violence has changed, so has police training. Police departments around the country continually revise their DV training to reflect the changes taking place surrounding domestic abuse. According to White (2007), departments offer DV training for their officers on a wide range topics, including signs and indicators of

⁶ It should be noted that the researcher tested for possible multicollinearity issues between level of offense and type of offense and found no issues were present. (VIF = 1.000).

abuse, services available to DV victims, the types of incidents that are considered domestic violence according to state statutes, and other specialized trainings that vary by department. Despite the increasing presence of domestic violence training for police officers, there are three other training practices upon which departments should improve (Mills, 1998; Coulter, Kuehnle, Byers, & Alfonso, 1999; Lee et al., 2012; Eigenberg et al., 2012; Peterson, & Bialo-Padin, 2012; Leisenring, 2012).

Mills (1998) suggests improvements in officers' knowledge surrounding the services available to the victims of domestic violence. This knowledge would be beneficial in regards to rapid police response time because allowing victims to feel like they matter can encourage them to seek out available services. It was also recommended that, instead of police departments spending more time and money on implementing mandatory policies, they should use those resources towards developing new programs for victims of DV incidents and training officers on how to inform victims of those services. According to Mills (1998), victims often feel helpless following their experience and, by offering more programs and improving training, police officers can help victims gain back some sense of independence. Mills (1998) also stresses the importance of officers being knowledgeable in distinguishing what types of services are appropriate for what victims. Domestic violence can be very complex, and officers should be trained on how to appropriately respond to each case (Mills, 1998; Eigenberg et al., 2012; Peterson & Bialo-Padin, 2012).

Eigenberg et al. (2012) and Peterson & Bialo-Padin (2012) both address the need for improved education on collecting evidence at the scene of domestic violence incidents. Due to the difficulty in prosecuting minor domestic violence cases, officers

need to understand and be informed on the importance of adequate evidence collection (Peterson & Bialo-Padin, 2012). Often times the evidence collected by officers during DV calls is used by prosecutors to build their case against the suspect. With evidence collection being extremely pertinent to domestic violence cases it allows for police officers and court members to see the effects domestic violence can have on its victims, it is recommended that officers need to be disciplined on how to collect evidence, and do so properly (Eigenberg et al., 2012; Peterson & Bialo-Padin, 2012). Peterson & Bialo-Padin (2012) and Eigenberg et al. (2012) even go a step further in their recommendations and specify types of evidence collection where more training is needed. Obtaining victim and offender statements, photographing injuries, photographing the scene, documenting the offenders' injuries or lack of injuries, and documenting other evidence such as weapons or threatening communication are many of the areas suggested for improvement. Additionally, rapid response given by responding police officers can better the chances of them being to collect all the relevant evidence present at the scene without allowing the suspect or victim time to alter the scene in any way.

The collection of evidence in domestic violence cases sends a message to suspects that their actions have not gone unnoticed and there will be consequences (Peterson & Bialo-Padin, 2012). Improved training on evidence collection can strengthen the case presented by prosecutors and increase conviction rates, which ultimately leads to more domestic violence offenders being held responsible for their actions. By strengthening one's case against domestic violence offenders, prosecutors can better the chances of having the batterer seek help for their violent tendencies, or in some instances, make sure

they spend time behind bars before their violence escalates until it becomes lethal (Peterson & Bialo-Padin, 2012; Eigenberg et al., 2012).

The last area that researchers continue to strongly recommend improvement on is training officers to recognize their own biases towards domestic violence cases (Coulter et al., 1999; Lee et al., 2012; Leisenring, 2012). In each of their studies, Lee et al. (2012), Coulter et al. (1999), and Leisenring (2012) acknowledge various biases shown to exist among officers who respond to domestic violence incidents. These misconceived perceptions include stereotypes and biases surrounding social class and sexual preference, which individuals are the victims of domestic violence, and misguided beliefs on how victims respond to assistance. The research conducted suggests a number of areas where training could improve to reduce biases. These include awareness classes that sensitize officers to race biases that exist in arrest decisions, increased education on how to interact with domestic violence victims, and expanding teaching and education on how to set personal beliefs aside in order to better understand why victims react differently to domestic violence situations (Coulter et al., 1999; Lee et al., 2012; Leisenring, 2012). With increased research being conducted and new legislation continually being passed, the response to domestic violence will undoubtedly continue to expand. With this expansion, it is imperative that police departments implement evidence-based training into their practices (Eigenberg et al., 2012).

To address one of the most prominent findings within this study, having a female offender increasing the chances of arrest by roughly 300%, police departments should implement, if they do not already have it, primary aggressor training. According to Eigenberg et al. (2012), it is important for officers to understand that there are a number

of types of domestic violence. Like previously mentioned, according to Johnson (2007), there are three types of intimate partner violence: intimate terrorism, violent resistance, and situational violence. Specifically, for the purposes of this study, officers need to be able to identify when one is experiencing violent resistance. Johnson (2007) states that violent resistance is exhibited when women who are experiencing violence from their intimate partners defend and retaliate against the abuser. This retaliation can come in the form of fighting back against the abuse by physically defending themselves. Perhaps one of the reasons for females being arrested at an increasingly higher rate in this study was because officers did not know the signs of violent resistance. Instead, they determined the females were the primary aggressors in those cases. According to Pagelow's (1981) study, in a sample of women from Florida and California domestic violence shelters, 71% reported they had reacted to their abuse with violence of their own. This is not to say that females are never the dominant abuser, which is a very distinct possibility, however, police training could help to make a clearer distinction between the two forms. In implementing domestic violence primary aggressor training, officers can become more skilled at establishing who initiated the violence. Additionally, officers should be made aware of how arresting the wrong individual could lead to a number of consequences such as victims not trusting the justice system to help protect them, batterers not being held accountable and believing they can get away with their behavior in the future, and in some cases, children not having trust in the police to protect them or the parent who is being abused.

Not only should police officers be trained when they are initially hired on, but officers should be required to complete domestic violence primary aggressor training

every two years. By requiring officers to complete the training program every two years, police departments can ensure they are using up to date evidence-based practices and that their officers are trained to adequately respond to DV incidents. One such agency that has strived to educate their officers about the identification of the primary aggressor is the San Diego Police Department (Strack, 1998). In 1998, with the assistance of a grant from the Violence Against Women Grants Office, San Diego Police Department developed a specialized domestic violence unit and increased the number of domestic violence trainings given to their officers. More specifically, the agency incorporated training in the areas of mutual combat, self defense mechanisms used by victims, understanding why women use violence against their aggressors, offensive versus defensive injuries, and being able to identify when they are dealing with a practiced abuser. A year following the implementation of the DV unit and the new trainings, the San Diego Association of Governments conducted an evaluation of the unit (Pennell & Burke, 2002). In their findings, the researchers stated that prior to the 40-hour training domestic violence officers received; they were unable to identify primary aggressors in 6% of cases, however, following the training this number dropped to only 2%. Additionally, prior to training, suspects were arrested in 33% of domestic violence cases, and after training this number increased to 42% of cases resulted in a suspect being arrest on-scene (Pennell & Burke, 2002). The training(s) and work being conducted in the San Diego police department should encourage more departments around the country to refine their training methods when it comes to domestic violence incidents.

Future Research

This study was the first to examine the effect of officer response time on a number of on-scene factors (i.e., offender presence, offender arrest, victim injuries and medical attention). It was hypothesized that having a faster response time to domestic violence cases would increase the chances of an offender being present on-scene when officers arrived, increase the likelihood of a suspect arrest being made, decrease the chances for injury to the victim, and minimize the chances of a victim requiring medical attention. Despite these propositions, the researcher found that a decrease in response time only had a significant effect on one of the dependent variables; offender arrest. Although an effect was only found to be significant in one of the models, future research should still be conducted. A single study cannot stand as the one and only test of a hypothesis. Continuous research specific to officer response time to domestic violence calls should be completed to better understand if a possible relationship exists. Even though there was no significant relationship found within this research study, there could be one found in other police departments around the country.

Additionally, future research should be conducted examining the benefits of agencies implementing primary aggressor training into their training programs. Expanding the research conducted on the effects of primary aggressor training can allow for more departments to offer the best evidence based practices to their officers. If departments are allocating funds to implement training courses for their officers, they should make sure these classes are going to be benefiting their department in the long run.

Based on the significance of having a female primary aggressor and an arrest being made, continued research should be conducted regarding this finding. Research already exists regarding women using violence as a way of defending themselves against their batterers when they feel there are no other alternatives, however, more research should be done examining why these women are being arrested as primary aggressors (Saunders, 1986; Hester, 2012; Langhinrichsen-Rohling, McCullars & Misra, 2012). Are officers not correctly identifying who the primary aggressor is in domestic violence incidents, or are there something else occurring? If continued research is conducted regarding this issue, perhaps fewer women will be arrested for domestic violence when they were simply trying to defend themselves from continued abuse by their partner.

CONCLUSION

Despite finding no significant relationship between officer response time to domestic violence calls and a number of on-scene factors, this study did uncover that perhaps more should be done to train police officers in determining who the primary aggressors are in DV incidents. Considering that police officers are typically the first responders to domestic violence calls for assistance, their response to such incidents is critical. Future research should be done to uncover whether officer response time could have a potential effect on offender presence at the initial incident, offender arrest, victim injuries and medical attention given to the victim in other areas of the country. Perhaps a relationship could exist in more rural areas where officers take longer to arrive on scene, or in more urban areas where officers respond to more calls for assistance than the officers from the researched police department.

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APPENDIX

Idaho Domestic Violence Supplement

Idaho Domestic Violence Supplement

DR # _____

Risk Assessment of Dangerousness (add # of factors that have at least 1 box marked) SAFE emergency contact number for victim/s: 1-3 Different Factors <input type="checkbox"/> 4-5 Different Factors <input type="checkbox"/> 6-7 Different Factors <input type="checkbox"/> Italicized Factor/s <input type="checkbox"/>			
Appearance/Emotional State		Relationship - Check All that Apply	
Victim Suspect Angry <input type="checkbox"/> <input type="checkbox"/> Threatening <input type="checkbox"/> <input type="checkbox"/> Apologetic <input type="checkbox"/> <input type="checkbox"/> Upset <input type="checkbox"/> <input type="checkbox"/> Crying <input type="checkbox"/> <input type="checkbox"/> Fearful <input type="checkbox"/> <input type="checkbox"/> Unable to talk <input type="checkbox"/> <input type="checkbox"/>	Victim Suspect Excited <input type="checkbox"/> <input type="checkbox"/> Nervous <input type="checkbox"/> <input type="checkbox"/> Calm <input type="checkbox"/> <input type="checkbox"/> Intoxicated <input type="checkbox"/> <input type="checkbox"/> Fled Scene <input type="checkbox"/> <input type="checkbox"/> Agitated <input type="checkbox"/> <input type="checkbox"/> Spontaneous Statement <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Child in Common <input type="checkbox"/> Cohabitants (live as man and wife) (For the above, Idaho Code 18-918 applies)	<input type="checkbox"/> Former Cohabitants <input type="checkbox"/> Dating / Engaged <input type="checkbox"/> Former Dates / Engaged <input type="checkbox"/> Same Sex <input type="checkbox"/> Other (For the above, Idaho Code 18-903 applies)
Medical	Children	Violent Action Committed By	Injury
Victim Suspect Refused Medical Assistance <input type="checkbox"/> <input type="checkbox"/> First Aid/EMT <input type="checkbox"/> <input type="checkbox"/> Emergency Room <input type="checkbox"/> <input type="checkbox"/> Pregnant <input type="checkbox"/> <input type="checkbox"/> Vulnerable Adult <input type="checkbox"/> <input type="checkbox"/> Location of Treatment _____ Hospitalized <input type="checkbox"/> <input type="checkbox"/> Location _____	<input type="checkbox"/> Victim Pregnant <input type="checkbox"/> Children present <input type="checkbox"/> Prior child abuse <input type="checkbox"/> Allegation of current child abuse By Whom _____ <hr/> Animal Abuse: Yes <input type="checkbox"/> No <input type="checkbox"/> Prior <input type="checkbox"/> Ongoing <input type="checkbox"/>	Victim Suspect Verbal <input type="checkbox"/> <input type="checkbox"/> Threatened <input type="checkbox"/> <input type="checkbox"/> Pushed or Shoved <input type="checkbox"/> <input type="checkbox"/> Held / Restrained <input type="checkbox"/> <input type="checkbox"/> Against Will <input type="checkbox"/> <input type="checkbox"/> Hit with Closed Fist <input type="checkbox"/> <input type="checkbox"/> Slapped with Open Hand <input type="checkbox"/> <input type="checkbox"/> Kicked or Kneed <input type="checkbox"/> <input type="checkbox"/> Weapon Used <input type="checkbox"/> <input type="checkbox"/> Other _____	Victim Suspect Complaint <input type="checkbox"/> <input type="checkbox"/> Non-evident <input type="checkbox"/> <input type="checkbox"/> Soft Tissue <input type="checkbox"/> <input type="checkbox"/> Injuries (bruising) <input type="checkbox"/> <input type="checkbox"/> Scratches or <input type="checkbox"/> <input type="checkbox"/> Bleeding <input type="checkbox"/> <input type="checkbox"/> Other _____
Factor 1: History of Domestic Violence		Factor 2: Threat to Kill	Factor 3: Threats of Suicide
Provided by: Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Other: _____ <input type="checkbox"/> Current Civil Protection Order <input type="checkbox"/> Current Criminal No Contact Order <input type="checkbox"/> No Contact Order or Protection Order violation today if so, by whom _____ <input type="checkbox"/> Recent escalation of violence <input type="checkbox"/> Unreported history of domestic violence <input type="checkbox"/> Does victim report threat of future harm? <input type="checkbox"/> Caused serious injury to another in prior incident <input type="checkbox"/> Stalking behaviors - Provide specific details in narrative _____ <input type="checkbox"/> Has forced partner to have sex <input type="checkbox"/> Previous attempt(s) of strangulation <input type="checkbox"/> Threatened abuse or allegation of abuse of animals Victim perception of future risk: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Weapons: <input type="checkbox"/> Access to weapons <input type="checkbox"/> Prior use of weapons <input type="checkbox"/> Weapon moved Type: _____ <input type="checkbox"/> Seized <input type="checkbox"/> Attempted Strangulation <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Loss of consciousness or dizzy <input type="checkbox"/> Swallowing changes <input type="checkbox"/> Sore throat <input type="checkbox"/> Behavioral changes <input type="checkbox"/> Scratchy throat <input type="checkbox"/> Voice change Strangulation method: _____ How long: _____		<input type="checkbox"/> Specific threats to kill victim <input type="checkbox"/> Specific threats to kill children or _____ <input type="checkbox"/> Displaying weapon at time of threat <hr/> Factor 4: Separation <input type="checkbox"/> Recent separation <input type="checkbox"/> Recent or imminent court action <input type="checkbox"/> Loss of employment	<input type="checkbox"/> Suspect suicidal. Number of attempts and date of most recent _____ <input type="checkbox"/> Depression or mental illness <input type="checkbox"/> Other stressors _____ <hr/> Factor 5: Coercive/Controlling Behavior <input type="checkbox"/> Threats and intimidation <input type="checkbox"/> Destruction of property or pets <input type="checkbox"/> Monitoring of victim (GPS, cell phone) <input type="checkbox"/> Isolating of victim <input type="checkbox"/> Extreme possessiveness
		Factor 6: Prior Police Contact	
		<input type="checkbox"/> Prior Civil Protection Order <input type="checkbox"/> Violation <input type="checkbox"/> Prior Criminal No Contact Order <input type="checkbox"/> Violation <input type="checkbox"/> Other prior police contact <input type="checkbox"/> Reported child abuse <input type="checkbox"/> Current PD Number _____	
		Factor 7: Alcohol or Drug Abuse by Suspect	
		<input type="checkbox"/> Drug and/or alcohol abuse <input type="checkbox"/> Prescription Medication <input type="checkbox"/> Under the influence when current altercation started If so, what type and quantity: _____	
Information/Assistance and Community Referral			
Victim <input type="checkbox"/> Provided domestic violence information per Idaho Code 39-6316 <input type="checkbox"/> Asked if accommodation needed <input type="checkbox"/> DV Packet <input type="checkbox"/> Other _____		Referrals (if necessary) <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Humane Society <input type="checkbox"/> FACES <input type="checkbox"/> WCA	
		Notified by: <input type="checkbox"/> 911 Call <input type="checkbox"/> Non-Emergency Dispatch <input type="checkbox"/> Officer Initiated <input type="checkbox"/> Other _____ Officer completing form _____ Date _____ Time _____	

The Domestic Violence Supplement does not take the place of a narrative. Domestic violence cases are complex. If there are additional observations or if a victim is unable or unwilling to respond to the questions, indicate such in the narrative.

Idaho Domestic Violence Supplement

Name: _____

DR # _____

Victim Suspect

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Injury description: _____

Other notes: _____

