

**Planning and Conducting a Best-Practice Assessment of
Community Response to Domestic Violence**

**Criminal Justice System Response:
Emergency Communications (911)**

&

Police Patrol

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Introduction

For the past thirty years, communities across the country have been defining and implementing reforms in the criminal justice system response to domestic violence. Initiated by the battered women's movement, attention to violence against intimate partners has become commonplace among police, prosecutors, courts and probation agencies, joined by community advocates, victim services organizations and batterer intervention programs. The landscape of community response looks very different in 2010 than it did in 1980. There is an expectation of coordination and collaboration. Working relationships between advocates and police are matter-of-fact in many communities. Key intervening agencies often have written policies and protocols in place. State legislatures have enacted laws that require certain actions and accountability by entities in the criminal legal system. Since 1995, the Violence Against Women Act has provided grants that support a wide range of activities that emphasize "a coordinated community response from advocacy organizations in partnership with the criminal justice system [as] critical to reducing violent crimes of violence against women and enhancing victim safety and offender accountability."¹

Many communities can now look back on a coordinated community response that spans twenty years or more. Still others are relatively new to the linkages, communication, relationships, and policy and practice changes that characterize a "CCR." Regardless of where a community sits on this continuum, the ever-present question is: How are we doing? Are we making things better or worse? Are we centralizing and strengthening safety for victims? Do our efforts enhance or diminish offender accountability? What about the accountability of community agencies and systems for their response? What is the best approach to...?

This best-practice assessment guide has been designed to assist emergency communications (911), police patrol services, and CCRs in answering such questions. A companion guide outlines a similar process for examining police follow-up investigations and prosecution charging decisions. This guide is not the only tool available, and may not be the best fit for your agency or community, as we will address shortly. It draws on the accumulated experience of many communities, particularly those that have completed a Safety and Accountability Audit (Safety Audit) of 911 and patrol responses over the last fifteen years.² It reflects an analysis of criminal justice system reforms related to domestic violence and the sometimes unintended negative consequences of those reforms. It distills that information into specific guidelines for practice in the crucial first steps in the criminal justice system's response to domestic violence-related crimes: 911 calls and the on-scene patrol response.

This assessment guide is built around best practices that reinforce the essential characteristics of intervention in domestic violence that maximizes safety for victims, holds offenders accountable

¹ Program Overview, Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program, Office on Violence Against Women, http://www.ovw.usdoj.gov/arrest_grant_desc.htm.

² Approximately fifty Safety Audits have been conducted since 1995, examining diverse aspects of institutional response to domestic violence, including the entire range of criminal justice system interventions in domestic, from 911 through conditions of sentencing; civil orders for protection; and supervised visitation and safe exchange.

while offering opportunities to change, and sets an expectation of agency and practitioner accountability to one another and to victims and offenders. These characteristics include:

1. Adhere to an interagency approach and collective intervention goals.
2. Build attention to the context and severity of abuse into each intervention.
3. Recognize that most domestic violence is a patterned crime requiring continuing engagement with victims and offenders.
4. Ensure sure and swift consequences for continued abuse.
5. Use the power of the criminal justice system to send messages of help and accountability.
6. Act in ways that reduce unintended consequences and the disparity of impact on victims and offenders.³

Approaches to Evaluating Practice

A CCR or individual agency responding to domestic violence crimes can use various methods to evaluate and inform its intervention practices. The best-practice assessment presented in this guide is an approach at one end of a continuum of complexity. While the three different forms of evaluating practice described in the following section have much in common, they vary significantly in the depth and breadth of their attention and inquiry. Each has different features and different limitations as a tool for evaluating a CCR.

The ***Best-Practice Assessment*** presented here is a relatively quick review of the response to domestic violence–related cases, using checklists of core practices. These core practices have been identified after working closely with Office on Violence Against Women (OVW) grantees and other communities, particularly those that have established coordinated intervention practices and many that have completed Safety Audits. The assessment has been developed to assist communities where a Safety Audit is currently not viable because of inadequate resources, limited organizational capacity, or challenging local conditions, such as interagency tensions or lack of trust. The process involves a relatively narrow scope, small number of participants, limited data collection, and little direct consultation with victims of abuse. It relies heavily on a guided review of the official records, such as 911 calls and patrol officers’ incident and arrest reports.

The ***Safety and Accountability Audit*** is an in-depth examination of how work routines and ways of doing business strengthen or impede safety for victims and accountability of offenders and intervening systems. A trained interagency team conducts interviews and observations with practitioners who are skilled and well-versed in their jobs. The team also analyzes case files, policies, and other documents. A Safety Audit is grounded in focus group discussions or other interviews with victims of battering. It seeks to uncover the gaps between what people need to craft safety and strengthen accountability, and what intervening systems provide in their responses. The Safety Audit also introduces and reinforces new ways for interveners to work together. A Safety Audit examines one or more points of intervention in depth and seeks to make visible any contradictions between the assumed response and the actual response. To be successful, this approach requires sound working relationships and a high level of trust between

³ See Appendix 3, “Foundations of Effective Intervention.”

community partners. A Safety Audit is a tool for exploring more complex questions that go beyond matters of routine practice, such as examining assumptions and theories about domestic violence or disparities in intervention based on social standing.

The *Blueprint for Safety* is an approach to evaluating and revamping an existing coordinated community response by examining and subsequently rewriting existing policies and protocols using the Blueprint standards. The Blueprint is essentially a set of plans, but plans drawn with meticulous attention to the details of interagency case processing in domestic violence–related cases. To become a “Blueprint Community,” requires a large measure of political will among criminal justice system agencies and advocacy organizations. Agency leaders, practitioners, and victim advocates must be able to collaborate in assessing, revising, and writing each agency’s policies and protocols. They must be positioned to evaluate and resolve differences according to the Blueprint’s foundational principles: (1) adhere to an interagency approach and collective intervention goals; (2) build attention to the context and severity of abuse into each intervention; (3) recognize that most domestic violence is a patterned crime requiring continuing engagement with victims and offenders; (4) ensure sure and swift consequences for continued abuse; (5) use the power of the criminal justice system to send messages of help and accountability; and (6) act in ways that reduce unintended consequences and the disparity of impact on victims and offenders.⁴

The following grid provides a snapshot of each approach and considerations in determining which might be the best choice for a particular community and its local conditions. In deciding which approach is the best fit for your community, first determine what level of coordination exists in the overall response to domestic violence. Use Introduction – Attachment 1, Three Levels of Interagency Response to Domestic Violence, to guide that review and conduct an appraisal of the capabilities in place, as well as likely challenges. The Best-Practice Assessment can be useful to a community at any level of interagency response. For the Safety Audit or the Blueprint to be successful, however, the features of coordination described in levels two and three need to be largely in place.

⁴ Information about the Safety and Accountability Audit and the Blueprint for Safety can be found at www.praxisinternational.org.

**Best-Practice Assessment or Safety Audit or the Blueprint for Safety:
Which Approach is the Best Fit for Your Community?**

Method	Features	Best Fit When...
Best-Practice Assessment	<ul style="list-style-type: none"> ▪ Quick; completed over a series of 3 to 5 meetings ▪ Conducted by a small team ▪ Limited data collection: review of reports or case files against a checklist of recommended practices ▪ Focus on one or two agencies versus system ▪ Little direct consultation with victims of abuse ▪ May not need or result in a written product, such a report 	<ul style="list-style-type: none"> • Limited time • Limited personnel available to participate • Challenging local conditions, e.g., mistrust, lack of solid partnerships and working relationships between key criminal justice system agencies • A single agency (e.g., 911 center or police department) wants to examine its own practices, regardless of the extent of existing coordination or the willingness or ability of other agencies to join in an assessment • Examining a narrow scope of intervention, e.g., only 911 calls or police patrol response • The skill, ability, or time is not available to conduct a group analysis of information or produce reports or other products of such an analysis • Agency or CCR seeks a “tune up” following a previous Safety Audit
Safety & Accountability Audit	<ul style="list-style-type: none"> ▪ Conducted over a period of months; typically, 6 to 12 ▪ Trained interagency multidisciplinary team of practitioners ▪ Wide data collection, including focus groups, individual interviews, observations, and text/file analysis ▪ Guided by a coordinator ▪ Examines multiple points of intervention, agencies, and systems ▪ More complex level of analysis that examines how 	<ul style="list-style-type: none"> • Sufficient time to plan and conduct the Safety Audit • An interagency multidisciplinary team can be readily assembled and trained • Trust, skills, and abilities exist within the team to critically analyze information, identify and articulate safety and accountability issues, and make recommendations to address those issues • Strong working relationships and trust between key players and between criminal justice system agencies and community advocates • Following an initial review of practices using the self-assessment

**Best-Practice Assessment or Safety Audit or the Blueprint for Safety:
Which Approach is the Best Fit for Your Community?**

Method	Features	Best Fit When...
	<p>features of institutions shape practices</p> <ul style="list-style-type: none"> ▪ Anchored in consultation with victims of abuse 	<ul style="list-style-type: none"> • As a prelude to establishing a Blueprint Community • To explore more complex questions that go beyond routine practice
<p>Blueprint for Safety</p>	<ul style="list-style-type: none"> ▪ Long-term commitment to evaluation and implementation ▪ Commitment from all key criminal justice system agencies ▪ Central role for community advocates in shaping criminal justice system policies and protocols ▪ Multi-agency writing process ▪ Agreed-upon agency and designate person organizes the work ▪ Rests on previous examination of the community response ▪ Limited data collection activities ▪ Focus on evaluation and revision of existing policies and protocols ▪ Meaningful consultation with community members who are most impacted by criminal justice system and public policies 	<ul style="list-style-type: none"> • Prepared to review and write policy and procedure for each step of case processing • Way of implementing Safety Audit findings and recommendations • Key criminal justice system leaders are committed to a cohesive approach • Key leaders agree that the Blueprint Foundational Principles will guide intervention at each step • Agreed-upon central role for advocates to comment on and help shape criminal justice system policies and protocols • At least one agency and designated person will act as overall coordinator • Can establish a working committee with representation from each agency • Willing to make a long-term commitment to ongoing monitoring and evaluation • A designated entity has sufficient authority and resources to monitor and actively sustain the Blueprint

How to Use the Best-Practice Assessment Guide

This guide has been prepared for those who are planning or coordinating an assessment of the 911 and/or police patrol response to domestic violence. With its companion guide, a CCR has available to it ways to examine best practices at four key points of criminal justice system intervention: (1) 911 call-receiving and dispatching, (2) patrol response, (3) police follow-up investigations, and (4) prosecution charging decisions. Your community or agency may be interested in only one of these areas or it may want to examine multiple points of intervention. Select tools and materials according to the parameters of your review.

Regardless of the focus of your assessment, it can be helpful to have some familiarity with the broader content of recommended practices for 911 through charging, which can be gained via reviewing both assessment guides and the materials specific to each point of intervention. The areas of practice included in the guides—911, patrol, investigation, and charging—are highly interconnected. Responding patrol officers count on accurate details and descriptions from dispatchers and call-takers. Investigators can expand on the information and evidence gathered at the scene, but often cannot recreate or retrieve what 911 and patrol might have missed in the initial response. Prosecutors rely on each practitioner who precedes them to ask the right questions and gather the right information in order to support charging decisions that best support victim safety and offender accountability.

The guide includes general tasks and tools related to the broad steps involved in conducting the assessment:

1. Organize and prepare.
2. Map and examine case processing.
3. Report findings and recommend changes.

It includes time estimates and agendas for a process that can be completed in three to six months, from initial planning to recommendations for change. It includes a specific checklist for each point of intervention addressed in the guide, plus templates for organizing and reporting the results of the assessment. Two workbooks, one for the 911 response and one for police patrol, include instructions and tools for analyzing case records, analyzing agency policies, and preparing findings and recommendations.

Introduction – Attachment 1

Three Levels of Interagency Response to Domestic Violence and Stalking Cases

[Adapted from a publication by Graham Barnes, Battered Women’s Justice Project, November 2009; used with permission; www.bwjp.org.]

The purpose of interagency approaches is to improve safety and autonomy for victims and reduce offender’s opportunity and inclination to harm victims. Many practitioners who work with domestic violence and stalking cases believe they have a “coordinated community response” (CCR) to domestic violence. Many communities will have elements of each level described here. This is not a prescription for CCR development, but rather an observation of how different communities have evolved. This is a discussion guide to encourage deeper interagency work between government and community agencies. Consider what elements your community has, and what helps and hinders further development.

[1]

Almost all CCRs have *level one capabilities*; this can mean:

- Several of the key agencies (e.g. community based victim advocates, law enforcement, prosecution, criminal and civil court staff, judiciary, probation, batterer programs, sometimes child protective services, sexual assault programs) have shared policy and procedures, and attend regular interagency meetings.
- Most CCR work is done in interagency meetings, based on practitioner’s ideas for solutions.
- There is informal support for the CCR from some agency heads.
- There may not be a paid CCR coordinator, but some practitioners informally take leadership, as well as their assigned work.
- Meetings are mostly cordial, and practitioners are learning more about each other’s roles.
- Relationship-building across agencies supports problem solving with difficult or dangerous cases.
- Training raises awareness of the dynamics of domestic violence and stalking, and the value of working together.
- Representatives of marginalized communities may be invited to meetings.
- The CCR has a plan; produces some resources; and promotes community awareness of domestic violence and stalking.

However:

- Some key agencies may not be routinely participating, or are hostile.
- Practitioners do CCR work on top of their regular work.
- Advocacy programs believe there is inadequate commitment from other agencies, and they may be resentful for criticizing other agency’s work and forcing collaboration.
- When CCR partners critique each other’s work, there may be ill feeling, and/or problem solving is blocked.

- The needs of culturally marginalized groups may not be identified or addressed. Domestic violence coordination may not account for related issues such as stalking; abuse in later life; sexual violence; child abuse.

[2]

Some CCRs have most of the level one features, but may also have *level two capabilities*; this can mean:

- A paid coordinator follows up on tasks set by CCR meetings and coordinates small working groups to fix intervention “gaps.”
- CCR members observe and learn the detail of other partners’ work.
- Previous victims of abuse are invited to assess the CCR effectiveness.
- There is some effort to understand the specific problems experienced by marginalized communities, to improve services.
- An interagency tracking and monitoring mechanism enables CCR partners to accurately assess the effectiveness of the many parts of intervention.
- CCR partners can critique each other’s role without it becoming personal or involving public humiliation.
- Interagency working groups develop agency policy and procedures informed by their own experiences and promising practices from other communities.
- Training is mostly discipline-specific and built around implementing new policies and procedures.
- Some agency heads directly support the CCR by: freeing staff to do CCR problem solving; seeking funding for CCR projects; encouraging problem solving that is informed by front line practitioners.

However:

- CCR coordinators may spend more time coordinating meetings and encouraging attendance than fixing gaps in the system.
- Marginalized communities have few opportunities to give feedback and shape changes.
- New “system gaps” may emerge as staff changes, problematic new practices, and inadequate monitoring reduce the CCR effectiveness.

[3]

A few CCRs have most of the features in levels one and two, but may also have *level three capabilities*; this can mean:

- Diverse focus groups of persons the CCR intervenes with are routinely used to evaluate and inform changes in policy and practices.
- Marginalized community members have their specific needs addressed and built into the CCR process.
- Each intervention point has been examined to ensure that workers are coordinated by their agencies and inter-agency agreements to maximize victim safety and offender/system accountability.

- ❑ The CCR produces innovative policies, procedures, written resources, and training activities, and shares them with other communities.
- ❑ Agency representatives who have been involved in system change become co-presenters and trainers capable of helping other communities.
- ❑ The CCR has reinvented itself as previous system changes have become outdated or lost their effectiveness.
- ❑ Government agency practitioners are trusted by their CCR partners to initiate system changes that ensure victim's experiences guide new practice.
- ❑ The CCR is active in community organizing to raise awareness of domestic violence, stalking and related abuse issues - and partners with community agencies beyond the criminal justice system.

Step 1: Organize and Prepare

Task 1: Assign a coordinator

While the Best-Practice Assessment anticipates less time and personnel than a Safety Audit, a coordinator will still be needed to oversee the organizational details and logistics. Coordination tasks include scheduling meetings, collecting policies and case material to review, and reporting out the results of the assessment. The coordinator is also a member and facilitator of the assessment team.

The coordinator's role will likely require about fifteen days of time over the three- to six-month duration of the assessment. This includes time spent as a team member, as well as overall coordination of the process. The tasks of coordination can be fulfilled by a temporary reassignment of one person or can be shared between two or more members of the team. The key requirement is that someone is responsible for organizing the process and preparing and communicating with the work group. The coordinator will likely come from the agency that is the focus of the assessment; this connection will help expedite gathering the agency's policies and files for review. Where a more established coordinated community response entity is using the self-assessment, the CCR coordinator might fill this role. If the assessment includes both 911 and patrol, or expands to include investigations and charging, the coordination will require additional time.

The coordinator will:

- ✓ Read the self-assessment guide and become familiar with the tools and instructions.
- ✓ Collect pertinent laws and agency policies and protocols.
- ✓ Identify and gather agency "case files" (e.g., 911 calls or police incident and arrest reports) for the work group to read.
- ✓ Schedule and facilitate work group meetings.
- ✓ Provide the work group with necessary copies and materials.
- ✓ Keep a written record of the work group's discussions and findings.
- ✓ Prepare findings and recommendations to relay to the agency head(s) and the CCR, if applicable.

Task 2: Select the assessment team

The Best-Practice Assessment assumes that a small group of practitioners will do the work. The process was designed to benefit from the dialogue, reflection, and discussion that is possible with a small set of experienced practitioners, rather than relying on the limited perspective of a single person.

The assessment team or work group consists of three to five members, or more, depending upon local needs. While the team could include only personnel from a single agency, we recommend that it include experienced, skilled practitioners and some level of interagency representation, plus at least one member who is a community-based advocate for victims of domestic violence

(see Step 1–Attachment 1). This advocacy perspective is critical in a process that does not involve any direct consultation with victims of abuse, such as the focus groups that are characteristic of a Safety Audit or the Blueprint for Safety. Similarly, a degree of interagency involvement helps to examine the particular process under review in relation to how it impacts what happens before or after it. For example, an assessment focused on police patrol would try to include representation from 911 and prosecution.

The team will need to meet three to five times over the course of the assessment, for a total estimated time commitment of approximately five days, depending upon how the work is structured. If the assessment is applied to more than one point of intervention—examining 911 and patrol, for example—the size and configuration of the work group will need to reflect that scope (see Step 1–Attachment 1). A single interagency work group could be used, or several groups, each specific to one of the key points of intervention under review. The broader in scope, the more likely it is that the assessment will require more time.

Work group members will:

- ✓ Prepare by reading policies, protocols, and case records, as provided by the coordinator.
- ✓ Attend all scheduled meetings, according to the option selected for completing mapping and case processing activities.
- ✓ Complete all assignments to review case files or other documents.
- ✓ Use the assessment worksheets to take notes on each assigned case.
- ✓ As a group, articulate findings and recommendations that will be relayed to the agency head(s) and the CCR, if applicable.

Task 3: Select a structure and timeline

Will the team complete all of its work together during a series of four or five day-long meetings? Will members complete assignments on their own and review what they have learned during a series of shorter meetings? Will the group meet one morning each week until the assessment has been completed? Selecting an approach early on will make it possible for work group members to set aside the necessary time and to lock in a schedule of activities. The specific structure is less important than the commitment to follow through and complete the assessment in a timely way. This guide recommends a process (see Step 2: Map and Examine Case Processing) built around four to five meetings, with specific tasks to accomplish in each meeting. The length and frequency of those meetings can be adjusted to best fit local needs. The assessment could be accomplished in about a month's time or be conducted over a span of six months.

Task 4: Develop and implement a confidentiality agreement

The assessment team will examine agency case files and will identify areas of practice that need to be revised or discontinued, some more urgently than others. Most likely the team will use 911 recordings and incident and arrest reports that are un-redacted, as noted above. The team is also likely to have some degree of interagency composition. Because it will have access to detailed

information about specific cases, individuals, and practitioners, it is crucial that its members agree to a set of ground rules governing how information will be treated and when and to whom it will be released. Step 1–Attachment 2 is a template that can be used to develop a confidentiality agreement for the assessment. If the process is being conducted strictly in-house, within a single agency and without the involvement of other practitioners, such an agreement may not be necessary, although those planning the assessment may want to consider whether it would nevertheless be important to emphasize a certain level of confidentiality.

Task 5: Gather and organize policies and case files to review

This is one of the coordinator’s primary assignments. The extent to which this material is compiled and well-organized has much to do with how readily the team can complete the assessment. Each team member should have a folder or binder that includes:

- Policies and protocols governing the agency’s response to domestic violence

Include screening forms, checklists, risk assessment tools, or similar items. For example, if the assessment concerns the emergency 911 response, team members should have a copy of the 911 center’s policy and any guides or cards or checklists that call receivers and dispatchers use in their work. If the assessment is examining the police patrol response, the team should see any policies or orders, pocket cards, and report forms.

- A sample of case records relevant to the scope of the assessment

For example, if the team is examining the 911 response, assemble several 911 recordings, plus recordings of the dispatch radio transmissions to officers, and possibly transcripts of the recordings, if available. If assessing the police patrol response, provide the team with incident and arrest reports.

- A set of case analysis worksheets for the case records under review (one worksheet per record)

Appendices 1 and 2 include detailed best-practice worksheets and instructions for each primary type of record that an assessment team might review: 911 calls and dispatch transmissions; and patrol incident and arrest reports. Team members use the worksheet as a guide to identify practices that are included or missing in the response. Each team member will have one worksheet per individual call or report under review.

In organizing the case record material for the team, the coordinator(s) will compile a set of records for each team member according to the following options for the case record analysis (see a full description of each option in Step 2: Map and Analyze Case Processing):

Option 1

Copy all of the calls or reports included in the review for each team member. Each member will complete an in-depth analysis of all case records.

Option 2

Copy all of the calls or reports included in the review for each team member. Each member will take a preliminary look at every case record, but pay detailed attention in each case only to specific sections of the worksheet, as assigned.

Option 3

Copy records for two cases for all team members; copy a different, distinct set of cases for each work group, according to how the team has been split up. For example, one work group of two team members gets one set of ten patrol reports; another work group gets a different set of ten reports; everyone sees reports from two of the same cases.

Assessment organizers will also need to decide in advance whether or not to redact the case material that is distributed to the team and if so, to what extent. “Redact” is a legal term meaning to make documents unidentifiable to a specific person or place. In any examination of policy and response to domestic violence cases, masking the identities of the people involved (victims, suspects, children, and practitioners) can help take the focus off of particular individuals or personalities and shift it to the practices involved. Redacting can be time-consuming and costly, however, particularly if it involves lengthy reports. It is also beyond the reach of almost any community to redact 911 recordings. Each assessment project will consider local needs and decide whether or not and to what extent to redact any case material. The Best-Practice Assessment assumes that the case records the assessment team works with will not be redacted. The confidentiality template (see Step 1–Attachment 2) has been designed accordingly, with its emphasis on keeping case information confidential and secure and not identifying or discussing any person named in the case outside of the team’s meetings. The exception to using un-redacted material is that anything used in a report or presentation or setting beyond the team’s internal discussions must first be redacted.

Step 1–Attachment 3 is a guide to assembling the types of case records to include in the Best-Practice Assessment, according to the point of intervention under review, along with recommendations for the sample size and any special considerations in using the material.

Step 1 – Attachment 1

Scope and Team Configurations of a Best-Practice Assessment	
Scope	Team Members
<p>Note: These are suggested configurations. A team’s membership and size will reflect the scope of the assessment and local needs. One team member will be the designated assessment coordinator.</p>	
<p>911</p>	<p>One or more 911 call takers and dispatchers, patrol officer(s), and a community advocate</p> <p>Why this mix? 911 personnel will be most familiar with the expectations, policies, and protocols that apply at this point of intervention. In turn, the information that 911 gathers and relays has much to do with what responding officers know about the reported incident and elements of potential danger to themselves and those at the scene. One or more patrol officers will help provide insight into any communication and linkages that need to be improved between 911 and patrol. A community advocate can listen to calls and ask questions from a reference point of concerns that victims raise about their safety.</p>
<p>911 and police patrol</p>	<p>One or more patrol officers, a 911 call taker or dispatcher, a community advocate, and possibly a police investigator and a prosecutor</p> <p>Why this mix? This team looks very much like one that would examine 911 practices, but with an emphasis on patrol involvement. It might also include an investigator and/or prosecutor, as their work is impacted by the 911 and patrol response and they could ask questions from that perspective. The community advocate is included for the reasons cited previously.</p>
<p>911, patrol, investigation, and charging</p>	<p>One or more 911 call takers or dispatchers, patrol officers, investigators, prosecutors, victim-witness specialists, and community victim advocates.</p> <p>This is an ambitious scope for a Best-Practice Assessment. It would most likely require organizing the team into smaller work groups, with each group focusing on that particular point of intervention and with the corresponding configuration described previously.</p> <p>(See the companion guide and assessment tools for police follow-up investigations and prosecution charging.)</p>

Step 1 – Attachment 2

Template

Best-Practice Assessment: Sample Confidentiality Agreement

The Best-Practice Assessment of the [agency name(s)] response to domestic violence will involve reviewing case records and other documents. To ensure the integrity of the process, respect the role of individual agency employees, and protect the privacy of community residents, assessment team members agree to the following:

1. The material collected and distributed to team members is intended only for use in conducting the Best-Practice Assessment and to inform the team and policy makers on the need for changes in intervention practices.
2. Team members will keep any materials containing case information confidential, in a secure location, and will return materials to the assessment team coordinator as requested on designated dates.
3. Team members will not identify or discuss any person named in any case materials, except as necessary within assessment team meetings.
4. Team members will not remove any non-public forms, files, or other records containing personal identifying information.
5. Team members will adhere to agreed-upon procedures for releasing information about the assessment to agency administrators.
6. Team members are not authorized to release or discuss any details of the assessment to anyone outside of the [agency name(s) or CCR name].

Team Member Signature: _____

Print Name: _____ Date: _____

PLEASE RETURN THE SIGNED ORIGINAL TO [designated agency contact]

Step 1 – Attachment 3

Assembling Case Records to Analyze in a Best-Practice Assessment: 911 and Patrol

Scope

Case Record Type and Suggested Quantity

NOTE: Complete an analysis of the lower number of records listed first. If time permits, or if questions emerge that require examination of additional cases, add cases to the review in increments of five to ten.

- | | |
|------------------------------------|--|
| 911 call receiving and dispatching | <ul style="list-style-type: none">✓ 15 to 50 audio recordings of domestic violence–related calls to 911 (and, if possible, a printed transcript of the call)✓ Recordings of the corresponding contact between dispatchers and patrol officers for each call (typically referred to as “CAD” or computer-aided dispatch), if available✓ Printed copies of the CAD report for each call analyzed |
| Police patrol response | <ul style="list-style-type: none">✓ 15 to 50 patrol incident or arrest reports for domestic violence–related cases✓ Arrest and non-arrest cases (split the sample) |

If the scope of the assessment includes more than one area of practice (e.g., 911 and patrol response or patrol response through charging), to the extent possible, utilize records for the same set of cases and follow them as they proceed from one point of intervention to another. For example, depending upon the scope of the assessment, analysis of a case that first appears as a 911 recording might also include the patrol reports, investigation reports, and prosecution file associated with that case.

(See the companion guide and assessment tools for police follow-up investigations and prosecution charging.)

Step 2: Map and Analyze Case Processing

Discovering how domestic violence cases are taken up at the point of intervention under review is at the heart of the Best-Practice Assessment. Here the assessment team seeks to clearly understand how the response is organized and to what extent recommended practices are in place or missing from that response. Three primary tools are involved:

1. Mapping the steps involved in processing a domestic violence case

Mapping involves a group discussion that utilizes the expertise of members of the team who are most familiar with the process under review. For example, if the assessment is looking at 911 practices, the call taker(s) and dispatcher(s) are the information sources. If the assessment concerns patrol response, the officer(s) will outline the process. Whatever the focus of the assessment, the role of the other team members is to ask questions that will help develop a thorough understanding of how domestic violence cases are taken up for official action at that point. Mapping is particularly useful in understanding the steps involved in the official response to the case, how practitioners are prepared and guided in their response, whether and how they are linked with other interveners, and how they pay attention to the context and severity of abuse.

2. Case record analysis

Analysis of the official account or “case file”—the 911 call or patrol report—happens via reading a sample of case records against a checklist of recommended practices. The team examines a sample of calls or reports according to the parameters of the assessment, reading individually and then pooling the results to complete an analysis of gaps in practice. Case file analysis helps the team gauge the extent to which recommended practices are in place, understand how interveners are paying attention to the context and severity of abuse, and examine the extent to which domestic violence is understood as a patterned crime requiring continuing engagement with victims and offenders.

3. Policy analysis

Policy analysis is the final tool to help the assessment team discover the extent to which current practices reflect best practices. Policy regulates what practitioners must do and the boundaries of their discretion and responsibility. The team will be looking at whether and how policy has been constructed to reflect principles, procedures, linkages, and monitoring that are consistent with best practices. By addressing policy analysis towards the conclusion of information-gathering activities, the team will get a more complete picture of what practitioners assume is happening in domestic violence cases (mapping), what is actually happening (case record analysis), and where and how policy needs to change to produce a response that reflects best practices as completely as possible.

This process of mapping and critical reading occurs over a series of meetings, with some variation in length and number according to how the team organizes the case file analysis. Two

options for organizing this phase of the work are presented in the following grid. While the assessment has been designed to be completed within no more than five sessions of data collection and analysis, in planning and organizing your own project you are free to expand on that number according to local needs. An assessment that centers on a single point of intervention, such as the 911 response or the patrol response, will be the best fit for the suggested time frame. An assessment that reaches across multiple agencies will require additional time.

Organizing Mapping and Case Record and Policy Analysis

Option A

The assessment team meets initially to map case processing. Members complete the analysis of case records outside of the group and meet briefly several times to check in on their progress and address any questions that have come up. They meet a final time in one-day meeting to sum up what they have discovered and make recommendations.

Schedule:

Meeting 1

- Time: half-day
- Tasks: Map case processing; identify follow-up questions and assign one more questions to each team member; distribute case materials and worksheets; orient the team to the case file analysis process.

[Assessment team members analyze case material on their own in between scheduled meetings.]

Meetings 2 through 4

- Time: 2 hours each
- Tasks: Check in on case record analysis; discuss cases completed since the last meeting; follow up to questions generated by the mapping; address any questions; complete the policy analysis.

Meeting 5

- Time: 1 day
- Tasks: Report out on results of case record analysis, identify gaps in recommended practices, and recommend changes.

Option B

All of the work is completed in a series of one-day meetings. Assessment team members map case processing, read and discuss case materials, analyze agency policies, and prepare findings and recommendations in these meetings.

Schedule:

Meeting 1

- Time: 1 day
- Tasks: Map case processing; distribute case materials and worksheets and orient the team to the case file analysis process; analyze case records together.

Meetings 2 through 4

- Time: 1 day per meeting
- Tasks: Analyze case records; read and discuss each case assigned for the meeting; report on follow up to questions generated by the mapping; complete the policy analysis.

Meeting 5

- Time: 1 day
- Tasks: Complete analysis of case records and sum up results, identify gaps in recommended practices, and recommend changes.

Note: Adjust the number of meetings up or down according to local needs and the scope of the assessment, complexity of the case records involved, and pace at which the team can complete the case file review.

Step by Step: Mapping Domestic Violence Case Processing

1. Select a format to record the mapping that can be brought to each subsequent team meeting for reference and revision as more information becomes available; for example:
 - a. Flip chart paper that can be taped together as needed
 - b. A long, wide sheet of paper taped to a chalk board or wall
 - c. Electronic copy board that captures and prints the map

NOTE: Step 2 - Attachments 1 through 3 illustrate different case processing maps. Your map does not need to be printed, however, and most likely you will not have the time to take that extra step. The map will be just as useful to the team, and perhaps most useful, if it is a kind of poster that can be carried to and displayed at each meeting.

2. Read any applicable policies and protocols for the point of intervention that is being mapped.
3. Direct questions to the team members who are most involved as practitioners at the point of intervention under review. For example, if the assessment concerns 911, direct questions to the call receivers/dispatchers.
4. Start with this question: how does a domestic violence incident first come to your attention? Diagram the initial point of contact and first step in case processing.
5. Ask: then what happens; what's the next step? For each step, ask the following kinds of questions to develop specific details about case processing:
 - a. What happens at this point?
 - b. Who is involved and how?
 - c. What kinds of policies or protocols govern this step?
 - d. What kinds of forms or reports are involved?
 - e. Where do those forms and reports go; who gets copies, and how?
 - f. What kind of inquiry into the type and severity of violence occurs?
 - g. What kind of messages regarding help for victims and offender accountability get relayed?
6. Encourage questions. Mapping benefits from the team members' participation, experiences, and perceptions.
7. Identify key themes and questions that need to be answered.
 - a. Prioritize questions and identify who to contact for more information.
 - b. Assign each team member one or more questions to address and report back on at the next team meeting.
8. Bring the map to each team meeting. Use it as a point of reference when discussing case files and make additions or changes as new information becomes available.

Step by Step: Analyzing Case Records

Prior to listening to the first 911 call or reading a police investigation or arrest report, each team member will have received a set of case files, work sheets, instructions, and any applicable policies and protocols related to the point of intervention being studied. As discussed previously in this guide (Step 1: Organize and Prepare), assembling this material is one of the assessment coordinator's primary tasks.

Decide early on which of the following approaches to the case record analysis the assessment team will use, as each option impacts how the case records will be assembled:

- Option 1
Each member of the team reviews all of the calls or reports and completes all sections of the worksheet for each case. The advantage of this approach is that all members of the team are seeing all cases and paying attention to the full range of recommended practices included on the worksheets. Everyone has a common base of information to bring to the discussions.
- Option 2
Each member of the team completes a preliminary review of every case record, but completes only specific assigned sections of the worksheet in detail. Each member becomes a kind of expert in paying attention to those aspects of practice. During the group discussion of each case they pool their analyses to develop a complete assessment of the response. This approach can be particularly useful with case records that involve lengthy documents, such as multiple calls or arrest reports. Everyone has a basic overview of the case, but does not have to cover the same level of detail with all aspects of practice. Each team member can focus attention on the assigned areas, rather than all of the elements.
- Option 3
All team members complete a full review of two case records and discuss them together in order to become familiar with the process and develop a common base for the analysis. Then the team splits up into two or three smaller work groups, with a different set of cases assigned to each group. This approach can be a way to include more cases in the review while still providing a level of common grounding for the process and ensuring that at least two members of the larger team are familiar with any one case. Because all members have not completed at least a preliminary review of all case records, however, and therefore do not have a rudimentary understanding of each case, discussions can be more cumbersome and incomplete.

1. Review the instructions and become familiar with the worksheet(s) that will be used to guide the analysis. Worksheets and instructions specific to the following areas of practice are included in the appendices:
 - a. Appendix 1: Emergency Communications (911) Workbook
 - b. Appendix 2: Police Patrol Workbook

2. Listen to the first call or read the first report, without stopping to take many notes on the worksheet or jumping into the analysis.
 - a. Read as if you were reading a story of the events.
 - b. Let the words do the talking.
 - c. Highlight what catches your ear or eye in relation to the overall response and ways in which victim safety and offender accountability are enhanced or diminished.
3. Work through the case record a second time, now paying close attention to whether and how it reflects the practices listed on the worksheet (use one worksheet per case).
 - a. If sections of the worksheet have been divided among the team (see Option 2 below), pay primary attention to the sections assigned.
 - b. Check off all practices that are evident in the call, report, or file.
 - c. Note what is missing.
 - d. Use the notes column to record additional observations, questions, or examples related to the case and the practitioner's response.
 - e. Complete the case review summary at the end of the worksheet.
4. Repeat steps 3 and 4 for each case record assigned.
5. Review and discuss each case with the full team.
 - a. Use a copy of the worksheet to record the results of these discussions and summarize the case analysis findings.
 - b. Have this summary available when the team meets to sum up and report findings and identify needed changes.

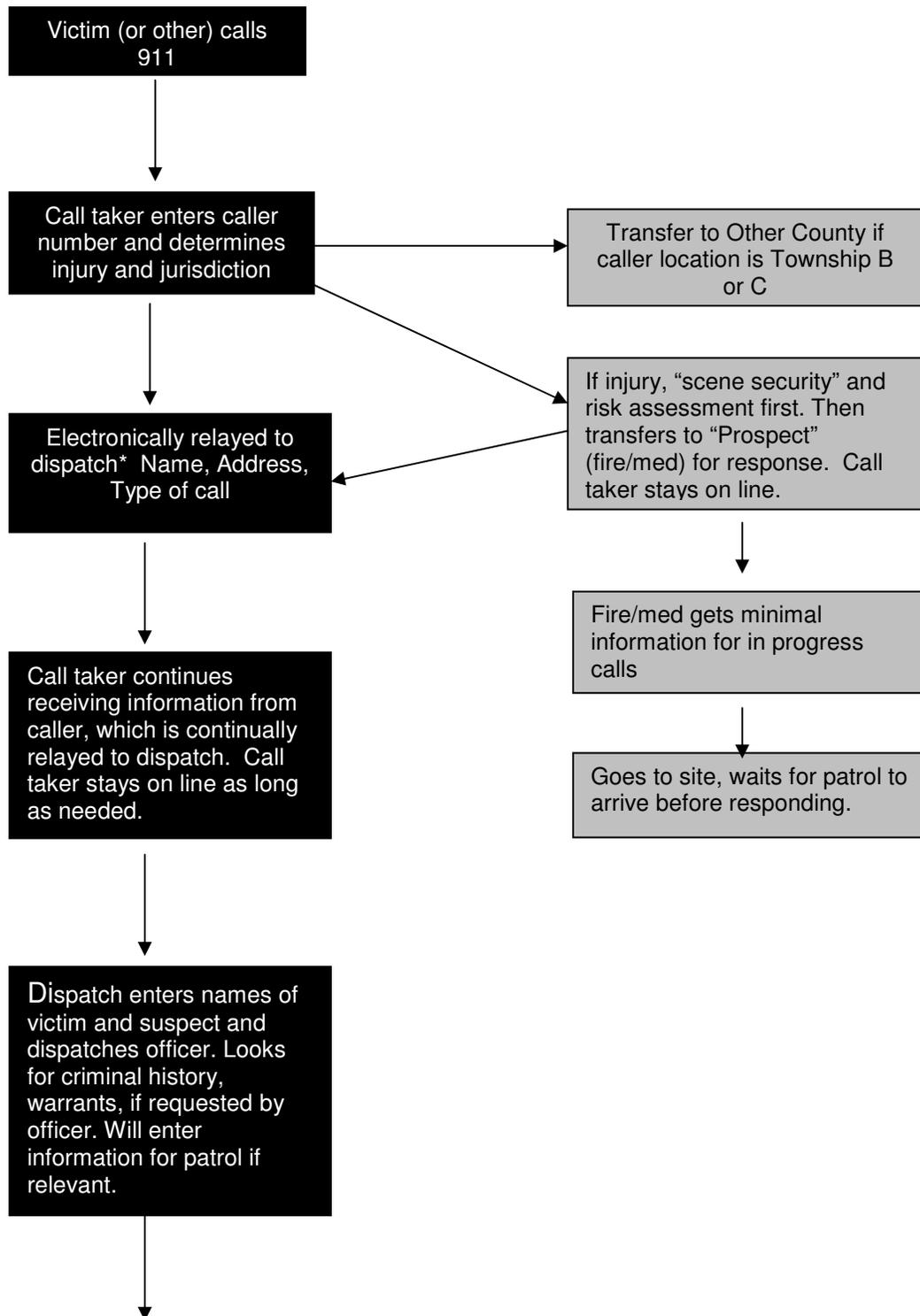
Step by Step: Analyzing Policies

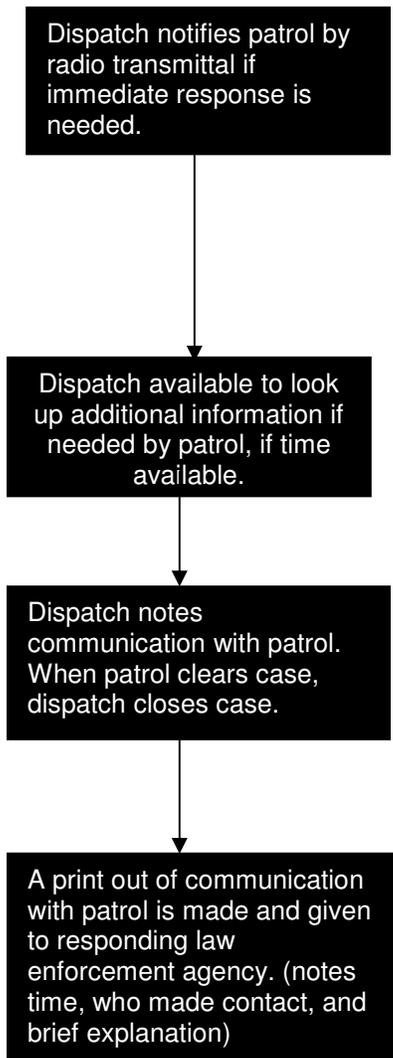
The first question to ask is whether or not there is written policy governing the 911 or police patrol response. If the answer is no, then one of the assessment team's recommendations will be for the agency and/or coordinated community response to develop policies and related protocols based on best-practice standards. If the answer is yes, the team will include an analysis of the policy or policies in the assessment.

1. Collect all relevant policies for the point(s) of intervention included in the assessment and provide a copy to each team member.
2. Utilize the policy analysis checklist included in the workbook (Appendices 1 and 2).
3. Divide the assessment team into three. Assign one of the following sections of the policy checklist to each member or small group:
 - a. Principles
 - b. Procedures
 - c. Monitoring
4. Each member reads the policy and completes the assigned section of the checklist. If the team has been divided into work groups of two or more members, each small group reviews the assigned section together.
5. Convene as a full team to review all sections of the checklist and discuss the policy.
6. Compile a preliminary list of recommended policy changes. The team will revisit and revise this list in concluding the assessment (see Step 3: Report Findings and Recommend Changes).

If your Best-Practice Assessment includes both points of intervention, e.g., 911 and patrol response, repeat the process outlined above with each applicable policy.

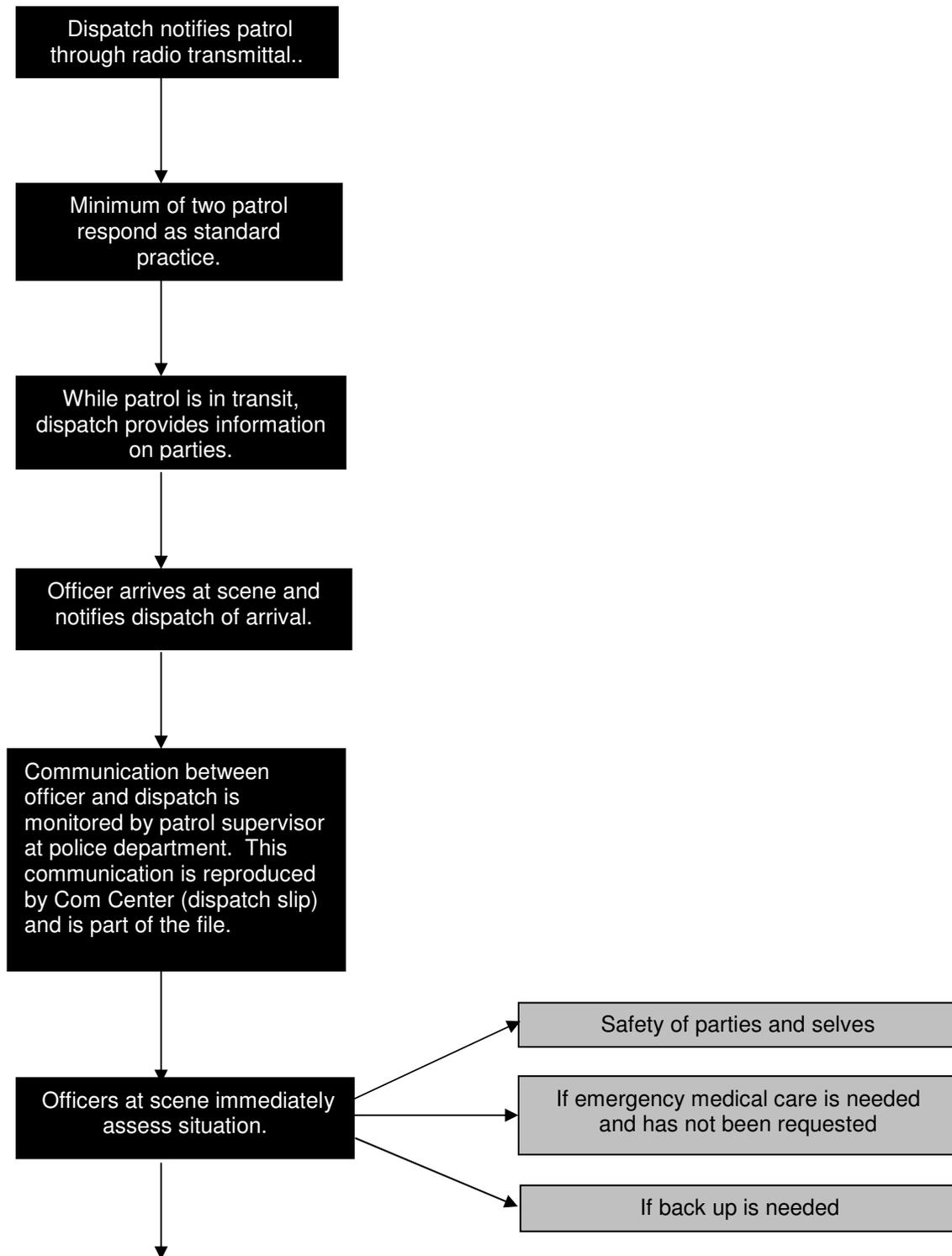
Step 2 - Attachment 1: Case Processing Map – 911 Call Receiving and Dispatching

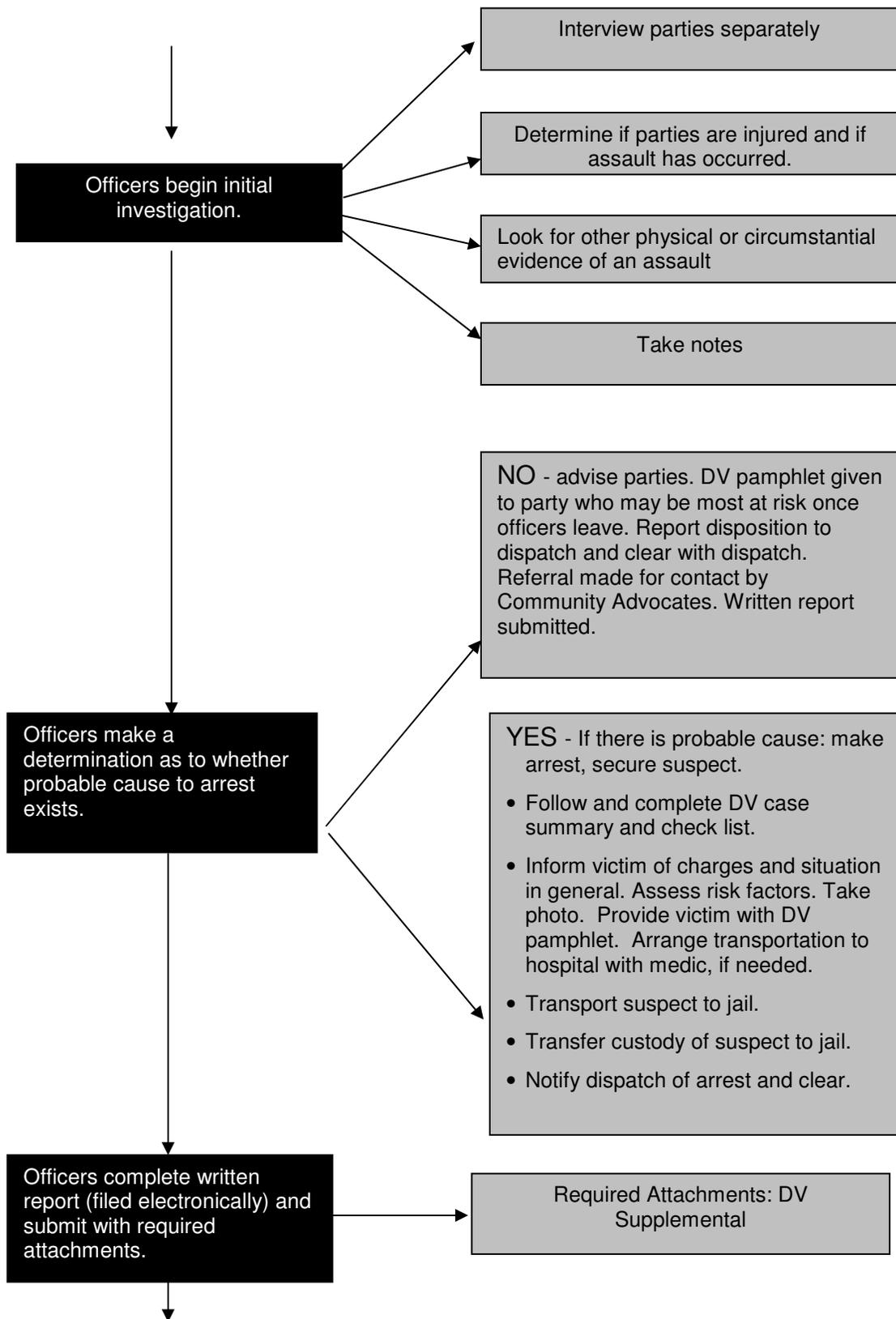


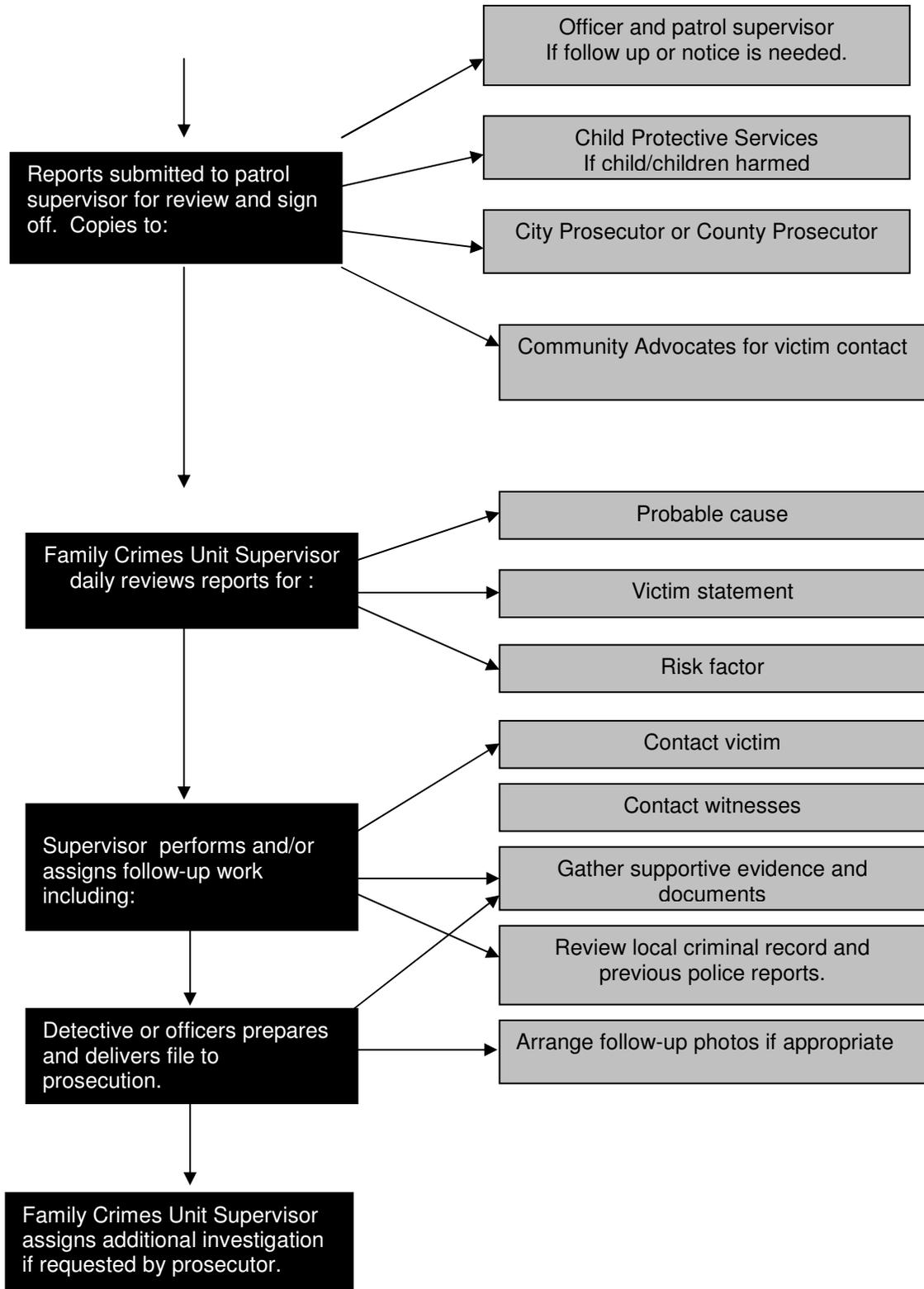


- Recordings are made of all calls to 911 and all patrol radio communications.
- Recordings are kept for 90 days.
- Com Center will reproduce (in MP3 format) 911 calls only for requesting agencies, such as prosecution.
- City Police Department has one dispatcher.
- County Sheriff, Town A Police, Town D Police, Tribal Police Agency 1, and Tribal Police Agency 2 each have one dispatcher.

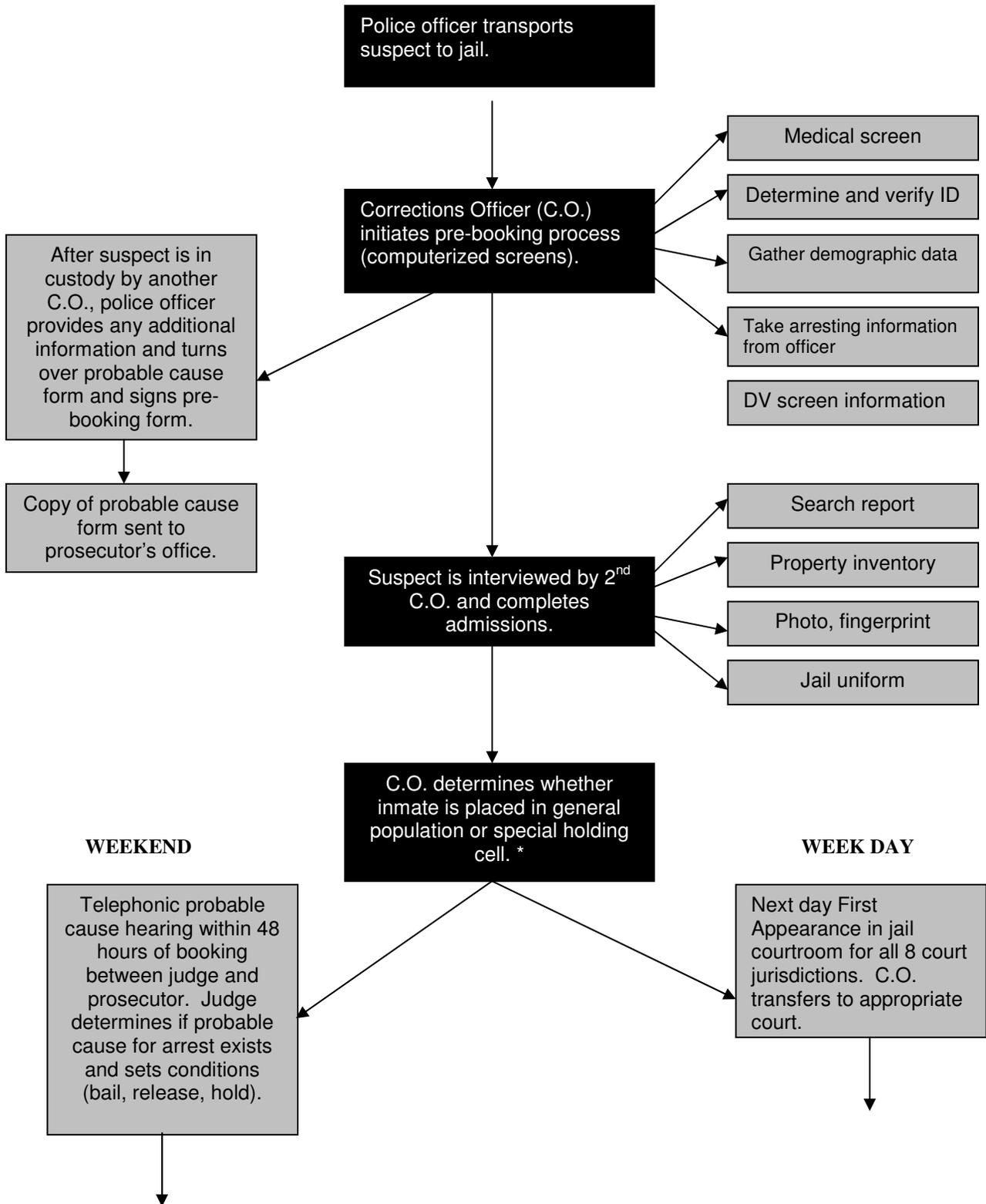
Step 2 - Attachment 2: Case Processing Map – Police Patrol Response

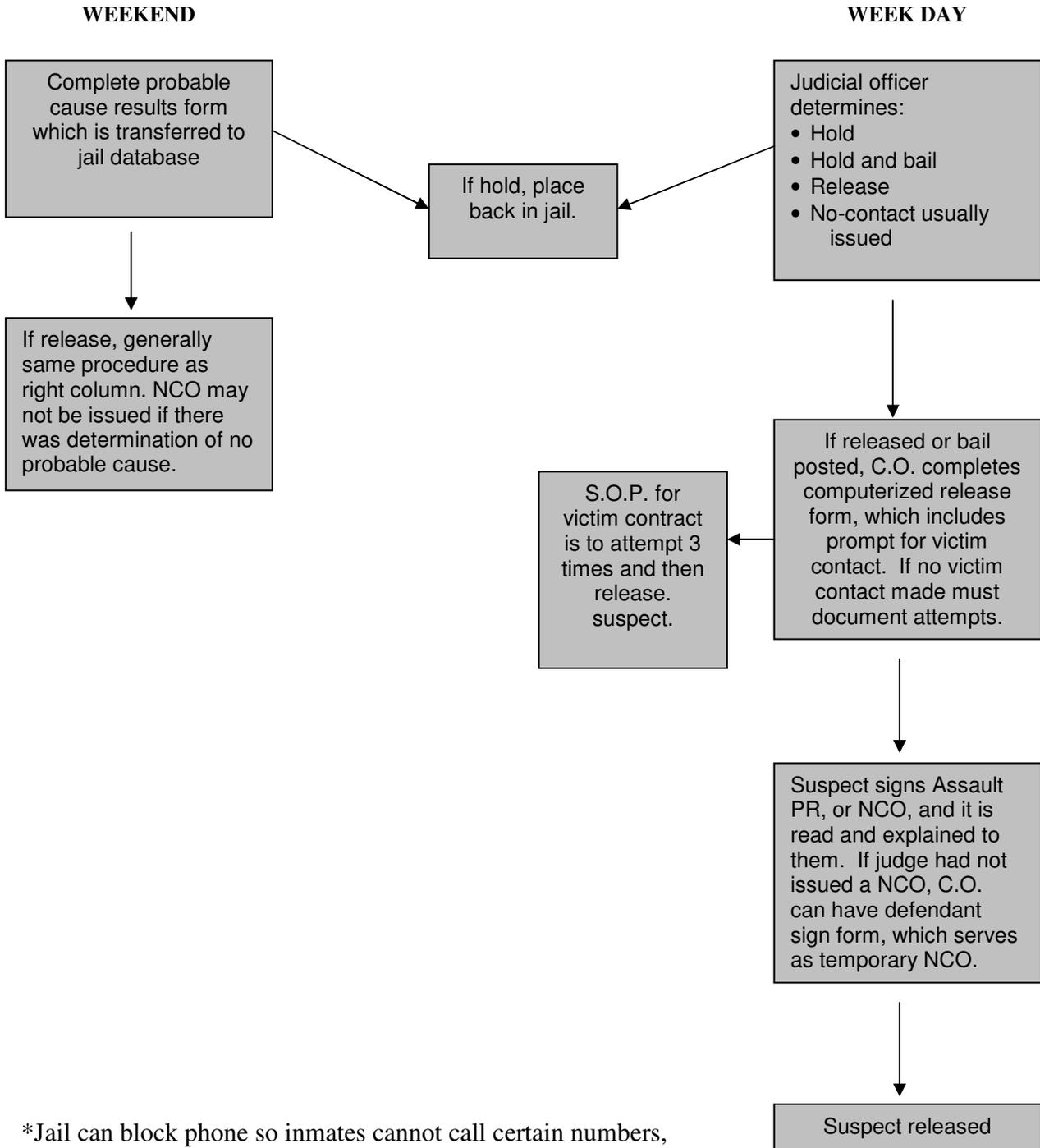






Step 2 - Attachment 3: Case Processing Map – Jail Booking Post-Arrest





*Jail can block phone so inmates cannot call certain numbers, if victims or prosecutor request in person.

Step 3: Report Findings and Recommend Changes

The assessment team draws on its map, case analysis worksheets, and policy checklist to prepare a summary and report of what it has learned and to make recommendations for change. This is not a formal or complicated report, but an account of key findings, using the corresponding template for the area of practice under review (see the workbooks in Appendices 1 and 2). The summary provides the reference point for identifying needed changes in practice, as well as highlighting where the existing response is consistent with best-practice recommendations. At the conclusion of a Best-Practice Assessment, agency administrators—those charged with making and implementing changes in an agency’s work practices—have available in one place a concrete, documented account of what is in place and what needs to change.

1. Prior to the meeting, team members review all of their worksheets and notes. This includes a thorough review of the findings template and its instructions. Coming to the discussion well-prepared will help the process move as smoothly and quickly as possible. Team members should have available:
 - a. Case processing map (posted in the meeting room)
 - b. All case record analysis worksheets
 - c. Policy analysis checklists
 - d. Findings template
2. Divide the findings template into sections and the team into pairs or small groups.
 - a. Assign several sections of the template to each group.
 - b. Each group designates a note taker to record their discussions on the template.
3. Each group completes the list of findings for its assigned sections (Part1-Column A on the template).
4. Reconvene as the full assessment team and, review the findings, section by section.
 - a. Each work group reports its conclusions for its assigned sections.
 - b. Other team members ask clarifying questions and suggest additions to the findings for that section.
 - c. Affirm that team members are in agreement on the conclusions in each section.
 - d. Identify any areas of practice where the team is not in agreement or where additional investigation is necessary in order to reach any conclusions.
 - e. **NOTE: Because a practice is not evident in the case record does not necessarily mean that it does not happen.** It may happen but not be documented. Refer to the case processing map and policy analysis to see whether there is an expectation or requirement for the practice. Team members may have additional information from their own experiences that address the practice in question. The team may want to

recommend an expanded assessment that would include additional interviews and observations with practitioners.

It is the coordinator's responsibility at this stage to keep an account of the team's findings and recommendations for change that can be shared with agency administrators or others in the coordinated community response, as applicable. Use a blank findings template to chronicle the discussion for later distribution, according to whatever agreements govern the assessment.

5. Return to the pairs or work groups and complete any recommendations for change (Part1-Column B on the template).
6. Divide the team into three and assign one section of Part2-Policy Changes to each person or small group.
7. Reconvene as the full team and review the recommended policy changes.
8. If the assessment team is authorized to prioritize its recommendations and further develop a plan for change, complete Part 3 of the findings template.
9. Use the findings template to provide specific feedback to the appropriate agency on its response to domestic violence cases, including examples of best practices that are in place, as well as recommended changes.
10. Convene a meeting of the assessment planners, team, and agency administrators to report on and discuss the assessment's findings and recommendations.

Constructing a Plan for Change

The Best-Practice Assessment has been developed to be particularly useful to communities that find it challenging to allocate the time and personnel required to conduct a more extensive examination of the emergency communications (911) and/or police patrol response to domestic violence. In that vein, the findings template has been designed to also serve as the plan, with the addition of a timeline and assignments to specific staff or work groups to take the next steps in implementing the recommended changes.

Best-Practice Assessment Appendices

Emergency (911) and Police Patrol

Appendix 1: Emergency Communications (911) Workbook

Appendix 2: Police Patrol Workbook

Appendix 3: “Foundations of Effective Intervention”

Best-Practice Assessment – Appendix 1
Emergency Communications (911) Workbook



Instructions for Completing the 911-Call Worksheet

NOTE: The worksheet includes two sections, one pertaining to 911 call receiving and one to dispatching, the two primary functions of a 911 center in relation to domestic violence calls. In larger emergency communications centers, they are typically distinct job functions assigned to different employees who may or may not move back and forth between the two positions. In smaller centers, call receiving and dispatching are often handled by the same individual, or by personnel who frequently switch back and forth between those roles.

6. Complete one worksheet per call. (Assessment team members should receive a blank copy for each call.)
7. Listen to the call first without stopping to take many notes on the worksheet or jumping into the analysis.
 - a. Listen as if you were hearing a story of the events.
 - b. Let the words and sounds do the talking.
 - c. Highlight what catches your ear in relation to the overall response and ways in which victim safety and offender accountability are enhanced or diminished.
8. Listen to the call a second time and then turn to the worksheet.
 - a. If a transcript of the call is available, follow along as you listen to the call.
 - b. If sections of the worksheet have been divided among the assessment team members, pay primary attention to the sections assigned.
 - c. Check off all practices that are evident in the call and note specific examples.
 - d. Note what is missing.
 - e. Use the notes column to record additional observations, questions, or examples related to the call and the call taker or dispatcher's response.
 - f. Complete the call review summary at the end of the worksheet.
 - g. Listen to the call as many times as needed to thoroughly address the practices included on the worksheet.
9. Repeat all steps for each call assigned.

911 Call Review Worksheet

Call #/ID _____ Sources: (check all that apply) <input type="checkbox"/> Recording <input type="checkbox"/> Transcript	Length of call (minutes) _____
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PART 1: RECEIVING CALLS

Best Practices in RECEIVING 911 Domestic Violence Calls	Notes NA = Not applicable in this call NP = Not possible in this call (explain)
Instructions: Check all practices evident in how the call is handled; note specific examples.	
<i>1. Communicate effectively and respectfully with callers.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Respond to callers who are unable to communicate or to communicate clearly. <ul style="list-style-type: none"> ○ Slow down ○ Simplify language ○ Adjust response to caller’s fear, injury, disability, intoxication ○ Language interpretation ○ TTY/TDD ○ Alert to impact of strangulation or other injuries <input type="checkbox"/> Elicit information safely. <ul style="list-style-type: none"> ○ Verify that it is safe for caller to stay on the line ○ Verify that it is safe for caller to speak freely <input type="checkbox"/> Use strategies that promote safety when it has not been confirmed that the caller can speak freely <ul style="list-style-type: none"> ○ Ask yes/no questions ○ Avoid open-ended narrative questions <input type="checkbox"/> Respond to calls that are disconnected or otherwise uncompleted. <ul style="list-style-type: none"> ○ Be alert to suspect on the line ○ Be alert to background sounds ○ Check whether phone number or address is know location for prior domestic calls ○ Ask yes/no questions ○ Example: Caller says “everything’s okay now.” 911: Can you safely answer questions? Caller: “No.” 911: “If you need police help now, press the # key on the phone.” <input type="checkbox"/> Reflect awareness of cultural and social 	Empty space for notes

Best Practices in RECEIVING 911 Domestic Violence Calls	Notes NA = Not applicable in this call NP = Not possible in this call (explain)
Instructions: Check all practices evident in how the call is handled; note specific examples.	
<p>factors in communication.</p> <ul style="list-style-type: none"> ○ Language interpretation ○ Avoid jargon ○ Slow down <p><input type="checkbox"/> Establish rapport and communicate core messages to callers.</p> <ul style="list-style-type: none"> ○ Reinforce that 911 help is available, regardless of how many times they have called ○ Avoid blaming or criticizing ○ Respond with courtesy, respect, and reassurance, even when caller is difficult to work with 	
<i>2. Determine the nature of the emergency and the response priority.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Establish the immediate threat of harm to persons at the scene, responding officers, and others. <input type="checkbox"/> Determine the nature of any injuries and the need for immediate medical attention. <input type="checkbox"/> Establish whether children are safe or unsafe, harmed or being harmed, abducted, or being drawn into the events in any way. <input type="checkbox"/> Dispatch as a high priority call unless safety information warrants lower priority. <input type="checkbox"/> Use accurate and appropriate type code that clearly identifies the call as domestic violence-related. 	
<i>3. Direct responding officers to the location and parties at the scene</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Establish the correct address and physical location. <input type="checkbox"/> Establish who is involved and each party's location at the scene. <input type="checkbox"/> Communicate the caller's location to officers. 	

Best Practices in RECEIVING 911 Domestic Violence Calls	Notes NA = Not applicable in this call NP = Not possible in this call (explain)
Instructions: Check all practices evident in how the call is handled; note specific examples.	
<i>4. Establish the type and level of danger.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Elicit information from the caller about the immediate present danger and acts of aggression or harm that have occurred or are occurring. <input type="checkbox"/> Elicit information about the suspect's history of aggression. <input type="checkbox"/> Determine the risk to persons at the scene. <input type="checkbox"/> Determine the risk to responding officers. 	
<i>5. Advance safety for those at the scene while help is en route.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Communicate safely and effectively with the caller. <input type="checkbox"/> Provide safety suggestions or instructions to the caller. <input type="checkbox"/> Provide medical instructions to the caller. <input type="checkbox"/> When possible, engage with suspect on the line to control escalation while officers are en route. <ul style="list-style-type: none"> ○ Remain calm and respectful. ○ Avoid arguing. ○ Do not share what the caller has said or why police were called. 	
<i>6. Communicate and document information related to the nature of the emergency; violence, threats, and injuries; and the safety of responding officers and those at the scene.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Relay information to dispatch and responding officers with accuracy and attention to the safety of officers and those at the scene. <input type="checkbox"/> Access and relay records, including: <ul style="list-style-type: none"> ○ Orders for protection ○ Harassment orders ○ No-contact orders issued in conjunction with a domestic violence-related criminal case ○ Active probation or parole status <input type="checkbox"/> Provide updated information to officers and respond to officers' requests. <input type="checkbox"/> Document disposition of the call. 	

PART 2: DISPATCHING CALLS: Review CAD print-out

Best Practices in DISPATCHING 911 Domestic Violence Calls	Notes NA = Not applicable in this call NP = Not possible in this call (explain)
Instructions: Check all practices evident in how the call is handled; note specific examples.	
<i>1. Relay the nature of the emergency and the response priority to responding officers.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Immediate threat of harm to responding officers, the victim, and others <input type="checkbox"/> Nature of any injuries and the need for immediate medical attention <input type="checkbox"/> Whether children are present and safe or unsafe, harmed or being harmed <input type="checkbox"/> Priority dispatch unless safety information warrants lower priority. <input type="checkbox"/> Use of accurate and appropriate type code that clearly identifies the call as domestic violence-related. 	
<i>2. Direct responding officers to the correct address, location, and appropriate people at the scene, including detailed information that will assist officers in locating a suspect who has left the scene.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Correct address and physical location <input type="checkbox"/> Identities and descriptions of who is involved <input type="checkbox"/> Suspect information in gone-on-arrival calls: <ul style="list-style-type: none"> ○ Physical description, including clothing ○ Means and direction of travel ○ Vehicle description ○ Locations suspect might frequent (e.g., particular bar, neighborhood, family member's home) 	
<i>3. Relay to responding officers all available information about the type and level of danger involved, including violence, threats, and injuries.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Immediate present danger and acts of aggression or harm to those at the scene <input type="checkbox"/> Suspect's history of aggression <input type="checkbox"/> Threats and risk to persons at the scene <input type="checkbox"/> Risk to responding officers 	
<i>4. Advance officer and public safety while help is en route and at the scene.</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Check officer status and safety. <input type="checkbox"/> Update changes on scene. 	

Policy Analysis Checklist

Instructions

1. Read the policy and highlight all of the items related to the section of the checklist that has been assigned:
 - a. Principles
 - b. Procedures
 - c. Linkages and monitoring
2. Check off all elements that are found in the existing policy and note how the policy ensures that response. Cite specific policy sections and language that support the response.
3. Use the checklist to identify policy gaps when preparing section two of the findings template.

Emergency Communications (911) Policy Analysis

Policy title:

A. Principles	
Does the policy ensure a response that:	How does this happen?
<input type="checkbox"/> Adheres to an interagency approach and collective intervention goals?	
<input type="checkbox"/> Builds attention to the context and severity of abuse?	
<input type="checkbox"/> Recognizes that most domestic violence is a patterned crime requiring continuing engagement with victims and offenders?	
<input type="checkbox"/> Seeks sure and swift consequences for continued abuse?	
<input type="checkbox"/> Messages of help and accountability?	
<input type="checkbox"/> Reduces unintended consequences and the disparity of impact on victims and offenders?	

B. Procedures	
Does the policy ensure a response that:	How does this happen?
<input type="checkbox"/> References applicable laws, definitions, and authority?	
<input type="checkbox"/> Provides criteria and procedures for sorting cases into appropriate levels of response according to context and severity of abuse (i.e., different levels of response	

B. Procedures	
Does the policy ensure a response that:	How does this happen?
for different levels of dangerousness and risk)?	
<input type="checkbox"/> Guides practitioners in documenting actions and information about the case in ways that decrease reliance on memory and improve the thoroughness of case information?	
<input type="checkbox"/> Accounts for how victims use violence in response to battering by an abuser?	
<input type="checkbox"/> Recognizes and guards against increasing victim vulnerability to consequences and retaliation if they participate in confronting and holding offenders accountable?	
<input type="checkbox"/> Recognizes an offender's likelihood of battering in future relationships?	
<input type="checkbox"/> Provides mechanisms for documenting the pattern and history of abuse when and wherever possible?	
<input type="checkbox"/> Reinforces a swift, timely response focused on victim safety?	
<input type="checkbox"/> Recognizes the ways in which abusers used children to control adult victims of abuse?	
<input type="checkbox"/> Understands that protection of the adult victim parent is critical to the welfare of	

B. Procedures	
Does the policy ensure a response that:	How does this happen?
children?	
<input type="checkbox"/> Provides effective mechanisms to ensure victim notification, access to advocacy and victim services, and safety planning?	

C. Monitoring	
Does the policy ensure a response that:	How does this happen?
<input type="checkbox"/> Links practitioners to those who intervene at the next points of intervention?	
<input type="checkbox"/> Specifies how and within what time frame case information is shared, and with whom?	
<input type="checkbox"/> Includes mechanisms for tracking practitioner compliance with policy and for recording exceptions to the policy?	
<input type="checkbox"/> Includes steps to ensure compliance and address non-compliance?	
<input type="checkbox"/> Provides continuing education and training for practitioners on an on-going basis?	
<input type="checkbox"/> Establishes a process of record sharing and external monitoring?	

Instructions for Completing the Findings Template

1. Review all of case analysis worksheets and notes and the policy analysis checklist.
2. Split Part 1 of the findings template into sections and divide the sections among the assessment team.
 - a. Assign several sections of Part 1 to each person or small group.
 - b. Each person or group records their discussions on a copy of the template.
3. Each person or small group completes the list of findings for the assigned sections (Part 1-Column A on the template).
4. Reconvene as the full assessment team and, review the findings, section by section.
 - c. Each person or group reports its conclusions for its assigned sections.
 - d. Other team members ask clarifying questions and suggest additions to the findings for that section.
 - e. Affirm that team members are in agreement on the conclusions in each section.
 - f. Identify any areas of practice where the team is not in agreement or where additional investigation is necessary in order to reach any conclusions.
 - g. **NOTE: Because a practice is not evident in the case record does not necessarily mean that it does not happen.** It may happen but not be documented. Refer to the case processing map and policy analysis to see whether there is an expectation or requirement for the practice. Team members may have additional information from their own experiences that address the practice in question. The team may want to recommend an expanded assessment that would include additional interviews and observations with practitioners.
5. Return to the pairs or work groups and complete any recommendations for change (Part1-Column B on the template).
6. Divide the team into three and assign one section of Part 2-Policy Changes to each person or group.
7. Reconvene as the full team and review the recommended policy changes.
8. If the assessment team is authorized to prioritize its recommendations and further develop a plan for change, complete Part 3 of the findings template.
9. Convene a meeting of the assessment planners, team, and agency administrators to report on and discuss the assessment's findings and recommendations.

A Best-Practice Assessment of the Emergency Communications (911) Response to Domestic Violence: Findings and Recommendations

Date assessment completed:

Part 1

Best Practice in the 911 Response to Domestic Violence	A. Findings:	B. Recommendations:
Call Receiving		
<p><i>Communicate effectively and respectfully with callers.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Respond to callers who are unable to communicate or to communicate clearly. <input type="checkbox"/> Elicit information safely. <input type="checkbox"/> Respond safely to calls that are disconnected or otherwise uncompleted. <input type="checkbox"/> Reflect awareness of cultural and social factors in communication. <input type="checkbox"/> Establish rapport and communicate core messages to callers. 		
<p><i>Determine the nature of the emergency and the response priority.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish the immediate threat of harm to persons at the scene, responding officers, and others. <input type="checkbox"/> Determine the nature of any injuries and the need for immediate medical attention. <input type="checkbox"/> Establish the presence and safety of children at the scene. <input type="checkbox"/> Dispatch as high priority call unless safety information warrants lower priority. <input type="checkbox"/> Use accurate and appropriate type code that clearly identifies the call as domestic violence-related. 		
<p><i>Direct responding officers to the location and parties at the scene.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish the correct address and physical location. <input type="checkbox"/> Establish who is involved and each party's location at the scene. <input type="checkbox"/> Communicate the caller's location to officers. 		
<p><i>Establish the type and level of</i></p>		

Best Practice in the 911 Response to Domestic Violence	A. Findings:	B. Recommendations:
<p><i>danger.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Elicit information from the caller about the immediate present danger and acts of aggression or harm that have occurred or are occurring. <input type="checkbox"/> Elicit information about the suspect's history of aggression. <input type="checkbox"/> Determine the risk to persons at the scene. <input type="checkbox"/> Determine the risk to responding officers. 		
<p><i>Advance safety for those at the scene while help is en route.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicate safely and effectively with the caller. <input type="checkbox"/> Provide safety suggestions or instructions. <input type="checkbox"/> Provide medical instructions. <input type="checkbox"/> When possible, engage with suspect on the line to control escalation while officers are en route. 		
<p><i>Communicate and document information related to the nature of the emergency; violence, threats, and injuries; and the safety of responding officers and those at the scene.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Relay information to dispatch and responding officers with accuracy and attention to the safety of officers and those at the scene. <input type="checkbox"/> Access and relay records, including orders for protection, no-contact orders, and probation and parole status. <input type="checkbox"/> Provide updated information to officers and respond to officers' requests. <input type="checkbox"/> Document disposition of the call. <input type="checkbox"/> Relay information to dispatch and responding officers with accuracy and attention to the safety of officers and those at the scene. 		
<p><i>Establish a foundation for continuous engagement with members of the public seeking help in domestic abuse cases.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Avoid placing the victim in a 		

Best Practice in the 911 Response to Domestic Violence	A. Findings:	B. Recommendations:
<ul style="list-style-type: none"> position of confrontation with the offender. <input type="checkbox"/> Protect the victim from retaliation when communicating with the offender. <input type="checkbox"/> Treat each interaction with the victim as an opportunity to build a partnership over multiple contacts. <input type="checkbox"/> Know the signs that violence may be resuming or escalating. <input type="checkbox"/> Explain when caller is placed on hold. 		
Call Dispatching		
<p><i>Relay the nature of the emergency and the response priority to responding officers.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Immediate threat of harm to responding officers, the victim, and others <input type="checkbox"/> Nature of any injuries and the need for immediate medical attention <input type="checkbox"/> Presence and safety of children <input type="checkbox"/> High priority dispatch unless safety information warrants lower priority <input type="checkbox"/> Accurate and appropriate type code that clearly identifies the call as domestic violence-related 		
<p><i>Direct responding officers to the correct address, location, and appropriate people at the scene, including detailed information that will assist officers in locating a suspect who has left the scene.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Correct address and physical location <input type="checkbox"/> Identities and descriptions of who is involved <input type="checkbox"/> Detailed suspect information in gone-on-arrival calls 		
<p><i>Relay to responding officers all available information about the type and level of danger involved, including violence, threats, and injuries.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Immediate present danger and acts of aggression or harm to those at the scene <input type="checkbox"/> Suspect's history of aggression <input type="checkbox"/> Threats and risk to persons at the scene 		

Best Practice in the 911 Response to Domestic Violence	A. Findings:	B. Recommendations:
<input type="checkbox"/> Risk to responding officers		
<p><i>Advance officer and public safety while help is en route and at the scene.</i></p> <input type="checkbox"/> Check officer status and safety. <input type="checkbox"/> Update changes on scene. <input type="checkbox"/> Update suspect location. <input type="checkbox"/> Update caller location. <input type="checkbox"/> Check for past calls to location or calls concerning the parties involved.		
<p><i>Communicate and document information related to the nature of the emergency and the safety of responding officers and those at the scene.</i></p> <input type="checkbox"/> Details of violence and threats <input type="checkbox"/> Records check <input type="checkbox"/> Court orders <input type="checkbox"/> Probation and parole status <input type="checkbox"/> Accurate and complete CAD entries and radio transmissions		
<p><i>Promptly respond to requests for information from call takers, other dispatchers, patrol officers, pretrial release agencies, prosecutors, and probation officers related to 911 domestic violence-related calls.</i></p> <input type="checkbox"/> Utilize all available local, state, and national databases, documents, and other records. <input type="checkbox"/> Promptly relay the search results.		

Part 2

Summary of Recommended Emergency Communications (911) Policy Changes		
<i>Principles</i>	<i>Procedures</i>	<i>Linkages & Monitoring</i>

Part 3

<i>Priority:</i>	<i>Next steps in meeting the priority:</i>	<i>Assigned to:</i>	<i>Target date:</i>
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Best-Practice Assessment – Appendix 2

Police Patrol Workbook



Instructions for Completing the Patrol Report Worksheet

1. Complete one worksheet per report. (Assessment team members should receive a blank copy for each report.)
2. Read the report first without stopping to take many notes on the worksheet or jumping into the analysis.
 - a. Read as if you were reading a story of the events.
 - b. Let the words in the report do the talking.
 - c. Highlight what catches your eye in relation to the overall response and ways in which victim safety and offender accountability are enhanced or diminished.
3. Read the report a second time and then turn to the worksheet.
 - d. If sections of the worksheet have been divided among the assessment team members, pay primary attention to the sections assigned.
 - e. Check off all practices that are evident in the report and note specific examples.
 - f. Note what is missing.
 - g. Use the notes column to record additional observations, questions, or examples related to the report and the patrol response.
 - h. Complete the summary at the end of the worksheet.
 - i. Read the report as many times as needed to thoroughly address the practices included on the worksheet.
4. Repeat all steps for each report assigned.

Case Review Worksheet: Police Patrol Report

Best Practices in Police Patrol Response to Domestic Violence Case #	Notes NA = Not applicable in this case NP = Not possible in this case (explain)
Instructions: Check all practices evident in the report and the patrol response; note specific examples.	
<i>1. Background and account of the officer's actions</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Time of officers' arrival and time of the incident <input type="checkbox"/> Relevant 911 information, including specific details about any violence or threats communicated in the 911 call <input type="checkbox"/> Immediate statements of either party and any witnesses at the scene <input type="checkbox"/> A complete description of the scene <input type="checkbox"/> Any existing orders for protection, harassment restraining orders, criminal case no-contact orders, probation holds, warrants, prior convictions <input type="checkbox"/> Threats suspect has made to victim if victim sought or cooperated with help from the courts or police <input type="checkbox"/> Attention to indicators of stalking <input type="checkbox"/> Attending to indicators of strangulation <input type="checkbox"/> Summary of actions taken by responding officers (e.g., arrest, non-arrest, attempts to locate, transport, referrals, victim notification, seizing firearms, rationale for self-defense or predominant aggressor determination) <input type="checkbox"/> Account of evidence collected (e.g., pictures, statements, weapons, other) <input type="checkbox"/> Documentation of predominant aggressor⁵ determination when both parties have used or are alleged to have used violence against each other, including: self-defense or defense of another; offensive and defensive injuries; seriousness of injuries; threats; parties' height and weight; which party has potential to seriously injure the other; prior history of domestic violence; witness statements. <input type="checkbox"/> If an arrest was not made, the reason why 	

⁵ "Predominant aggressor" defined as the party who by his or her actions in the incident and through known history and actions has caused the most physical harm, fear, and intimidation against the other. "Predominant" does not mean the party who uses physical violence first or calls 911 first.

Best Practices in Police Patrol Response to Domestic Violence Case #	Notes NA = Not applicable in this case NP = Not possible in this case (explain)
Instructions: Check all practices evident in the report and the patrol response; note specific examples.	
2. Information specific to each witness <u>and</u> party involved	
<ul style="list-style-type: none"> <input type="checkbox"/> His/her account of events and responses to follow-up questions <input type="checkbox"/> Officer observation related to the person's account of events <input type="checkbox"/> Relationship to witnesses or other parties involved <input type="checkbox"/> Identification, address, and means of locating the person for follow-up, including: <ul style="list-style-type: none"> ○ Home address and phone numbers ○ Cell phone number(s) ○ Place of employment, work address, and phone number 	
3. Information specific to each party involved	
<ul style="list-style-type: none"> <input type="checkbox"/> Injuries or impairment, (including pain, strangulation effects, breathing, mobility) <input type="checkbox"/> Emotional state/demeanor <input type="checkbox"/> Acts of intimidation or aggression <input type="checkbox"/> Presence or use of weapons <input type="checkbox"/> Alcohol or drug consumption and impairment 	
4. Information from the victim, including history of violence and contact information:	
<ul style="list-style-type: none"> <input type="checkbox"/> Responses to the risk questions: <ol style="list-style-type: none"> 1. Do you think he/she will seriously injure or kill you or your children? What makes you think so? What makes you think not? 2. How frequently and seriously does he/she intimidate, threaten, or assault you? Is it changing? Getting worse? Getting better? 3. Describe the time you were the most frightened or injured by him/her. <input type="checkbox"/> Threats to the victim for seeking help, particularly regarding help sought from the police or courts <input type="checkbox"/> Name and phone numbers of someone who can always reach the victim <ul style="list-style-type: none"> ○ Record victim contact information in a manner and location that keeps it confidential. ○ Inform the victim that every effort will be made to protect this information, but that it is possible that the suspect could gain access via court order. 	

Policy Analysis Checklist

Instructions

1. Read the policy and highlight all of the items related to the section of the checklist that has been assigned:
 - a. Principles
 - b. Procedures
 - c. Linkages and monitoring
2. Check off all elements that are found in the existing policy and note how the policy ensures that response. Cite specific policy sections and language that support the response.
3. Use the checklist to identify policy gaps when preparing section two of the findings template.

Police Patrol Response – Policy Analysis

Policy title:

A. Principles	
Does the policy ensure a response that:	How does this happen?
<input type="checkbox"/> Adheres to an interagency approach and collective intervention goals?	
<input type="checkbox"/> Builds attention to the context and severity of abuse?	
<input type="checkbox"/> Recognizes that most domestic violence is a patterned crime requiring continuing engagement with victims and offenders?	
<input type="checkbox"/> Seeks sure and swift consequences for continued abuse?	
<input type="checkbox"/> Messages of help and accountability?	
<input type="checkbox"/> Reduces unintended consequences and the disparity of impact on victims and offenders?	

B. Procedures	
Does the policy ensure a response that:	How does this happen?
<input type="checkbox"/> References applicable laws, definitions, and authority?	
<input type="checkbox"/> Provides criteria and procedures for sorting cases into appropriate levels of response according to context and severity of abuse (i.e., different levels of response	

B. Procedures	
Does the policy ensure a response that:	How does this happen?
for different levels of dangerousness and risk)?	
<input type="checkbox"/> Guides practitioners in documenting actions and information about the case in ways that decrease reliance on memory and improve the thoroughness of case information?	
<input type="checkbox"/> Accounts for how victims use violence in response to battering by an abuser?	
<input type="checkbox"/> Recognizes and guards against increasing victim vulnerability to consequences and retaliation if they participate in confronting and holding offenders accountable?	
<input type="checkbox"/> Recognizes an offender's likelihood of battering in future relationships?	
<input type="checkbox"/> Provides mechanisms for documenting the pattern and history of abuse when and wherever possible?	
<input type="checkbox"/> Reinforces a swift, timely response focused on victim safety?	
<input type="checkbox"/> Recognizes the ways in which abusers used children to control adult victims of abuse?	
<input type="checkbox"/> Understands that protection of the adult victim parent is critical to the welfare of	

B. Procedures	
Does the policy ensure a response that:	How does this happen?
children?	
<input type="checkbox"/> Provides effective mechanisms to ensure victim notification, access to advocacy and victim services, and safety planning?	

C. Monitoring	
Does the policy ensure a response that:	How does this happen?
<input type="checkbox"/> Links practitioners to those who intervene at the next points of intervention?	
<input type="checkbox"/> Specifies how and within what time frame case information is shared, and with whom?	
<input type="checkbox"/> Includes mechanisms for tracking practitioner compliance with policy and for recording exceptions to the policy?	
<input type="checkbox"/> Includes steps to ensure compliance and address non-compliance?	
<input type="checkbox"/> Provides continuing education and training for practitioners on an on-going basis?	
<input type="checkbox"/> Establishes a process of record sharing and external monitoring?	

Instructions for Completing the Findings Template

1. Review all of case analysis worksheets and notes and the policy analysis checklist.
2. Split Part 1 of the findings template into sections and divide the sections among the assessment team.
 - a. Assign several sections of Part 1 to each person or small group.
 - b. Each person or group records their discussions on a copy of the template.
3. Each person or small group completes the list of findings for the assigned sections (Part 1-Column A on the template).
4. Reconvene as the full assessment team and, review the findings, section by section.
 - a. Each person or group reports its conclusions for its assigned sections.
 - b. Other team members ask clarifying questions and suggest additions to the findings for that section.
 - c. Affirm that team members are in agreement on the conclusions in each section.
 - d. Identify any areas of practice where the team is not in agreement or where additional investigation is necessary in order to reach any conclusions.
 - e. **NOTE: Because a practice is not evident in the case record does not necessarily mean that it does not happen.** It may happen but not be documented. Refer to the case processing map and policy analysis to see whether there is an expectation or requirement for the practice. Team members may have additional information from their own experiences that address the practice in question. The team may want to recommend an expanded assessment that would include additional interviews and observations with practitioners.
5. Return to the pairs or work groups and complete any recommendations for change (Part1-Column B on the template).
6. Divide the team into three and assign one section of Part 2-Policy Changes to each person or group.
7. Reconvene as the full team and review the recommended policy changes.
8. If the assessment team is authorized to prioritize its recommendations and further develop a plan for change, complete Part 3 of the findings template.
9. Convene a meeting of the assessment planners, team, and agency administrators to report on and discuss the assessment's findings and recommendations.

A Best-Practice Assessment of the Police Patrol Response to Domestic Violence: Findings and Recommendations

Date assessment completed:

Part 1

Best Practice in the Police Patrol Response to Domestic Violence	A. Findings:	B. Recommendations:
<p><i>Background and account of the officer's actions:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Time of officers' arrival and time of the incident <input type="checkbox"/> Relevant 911 information, including specific details about any violence or threats communicated in the 911 call <input type="checkbox"/> Immediate statements of either party and any witnesses at the scene <input type="checkbox"/> A complete description of the scene <input type="checkbox"/> Any existing orders for protection, harassment restraining orders, criminal case no-contact orders, probation holds, warrants, prior convictions <input type="checkbox"/> Threats suspect has made to victim if victim sought or cooperated with help from the courts or police <input type="checkbox"/> Attention to indicators of stalking <input type="checkbox"/> Attending to indicators of strangulation <input type="checkbox"/> Summary of actions taken by responding officers <input type="checkbox"/> Account of all evidence collected <input type="checkbox"/> Documentation of predominant aggressor determination <input type="checkbox"/> If an arrest was not made, the reason why 		
<p><i>Information specific to each witness and party involved:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> His/her account of events and responses to follow-up questions <input type="checkbox"/> Officer observation related to the person's account of events <input type="checkbox"/> Relationship to witnesses or 		

Best Practice in the Police Patrol Response to Domestic Violence	A. Findings:	B. Recommendations:
<ul style="list-style-type: none"> other parties involved <input type="checkbox"/> Identification, address, and means of locating the person for follow-up, including home and employment 		
<p><i>Information specific to each party involved:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Injuries or impairment, (including pain, strangulation effects, breathing, mobility) <input type="checkbox"/> Emotional state/demeanor <input type="checkbox"/> Acts of intimidation or aggression <input type="checkbox"/> Presence or use of weapons <input type="checkbox"/> Alcohol or drug consumption and impairment 		
<p><i>Information from the victim, including history of violence and contact information:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Responses to the three risk questions. <input type="checkbox"/> Threats to the victim for seeking help, particularly regarding help sought from the police or courts <input type="checkbox"/> Name and phone numbers of someone who can always reach the victim, recorded as confidential. <input type="checkbox"/> Notice to the victim of the limits of confidentiality and the suspect's possible access to contact information via court order 		
<p><i>Additional information related to the suspect:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Detailed description and information on likely whereabouts when suspect is gone-on-arrival. <input type="checkbox"/> Suspect's county and state of residence during the past <u>ten</u> years <input type="checkbox"/> Whether Miranda is given and or a request for an attorney was made, and when this occurred <input type="checkbox"/> Whether a custodial interview of the suspect was conducted <input type="checkbox"/> Any spontaneous statements 		

Best Practice in the Police Patrol Response to Domestic Violence	A. Findings:	B. Recommendations:
given by the suspect after the arrest		
<p><i>Additional information related to the case:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Children at the scene: Details regarding their presence, involvement, and welfare <input type="checkbox"/> Existence of language, communication or cognition barriers <input type="checkbox"/> Description of medical help offered or used, the name of medical facility that was used and a medical release obtained <input type="checkbox"/> Presence or involvement of elderly people <input type="checkbox"/> Presence or involvement of people with disabilities 		

Part 2

Summary of Recommended Police Patrol Policy Changes		
<i>Principles</i>	<i>Procedures</i>	<i>Linkages & Monitoring</i>

Part 3

Priority:	Next steps in meeting the priority:	Assigned to:	Target date:
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**Best-Practice Assessment Guide - Emergency (911) and Patrol Response: Appendix 3
Excerpt from Chapter 1 of "The Blueprint for Safety"**



An Interagency Response to Domestic Violence Crimes

Archbishop Desmond Tutu tells us that justice demands three things: that the truth be told, that to whatever extent possible the harm be repaired, and that the conditions that gave rise to the injustice be forever altered.

The Blueprint is dedicated to all people whose bodies bear the marks of this injustice and to those who are committed to altering the conditions that give rise to this devastating form of violence.

Adapted from the Saint Paul Blueprint for Safety

Foundations of Effective Intervention^[1]

Minnesota has long been regarded as a leader in the national efforts to end intimate partner violence. In 1974, Women's Advocates was one of the first shelters to open in the country and became a model for the thousands of shelters to open in the next three decades. The Domestic Abuse Project in Minneapolis was among a handful of batterers' programs to open in the early 1980s and remains a leader in the field of abuser treatment. Duluth was the site of the first interagency intervention project and in 1982 was the first city to mandate its law enforcement officers to arrest in domestic abuse cases. It has won international acclaim for its pioneering work in interagency collaboration. Beginning in the 1970s, the Minnesota Legislature has consistently produced what is considered one of the country's most comprehensive bodies of domestic violence legislation. All eleven tribes and every region of the state have advocacy programs for victims of domestic violence. The Minnesota Coalition for Battered Women is a strong voice for victims in every major public policy making area affecting victims of battering. Programs in Olmsted County are collaborating with child protection agencies to find ways to help victims of battering and their children recover from the destructive impact of battering on the parent-child relationship. New initiatives are exploring how to work most effectively on behalf of children when domestic abuse leads to divorce.

It is therefore not surprising that the next generation of innovation comes from the collaborative work of community groups, advocates, leaders in the criminal justice system, and the state legislature. In 2007, the Minnesota Legislature awarded a grant to the City of Saint Paul to write a comprehensive plan integrat-

ing the knowledge gleaned from thirty years of research, demonstration projects, and practice into a "blueprint" for city and county agencies responding to misdemeanor and felony assaults. There are two versions of the Blueprint, one specifically for the City of Saint Paul and this one for any communities to use as a template or guide to create their own customized version. Both documents are based on Minnesota law and legal terminology. The *Blueprint for Safety* (Blueprint) is the result of conversations and consultation with community members, practitioners, advocates, victims, defense attorneys, researchers, agency leaders, and experts in confronting this crime both locally and nationally. In the end, the leadership of the core intervening agencies and the district court bench create a successful *Blueprint Community*. Such leadership is the basis for any community's effort to confront this devastating form of violence.

The Blueprint is anchored in six foundational principles we have identified as essential characteristics of intervention that maximize safety for victims of domestic violence and holds offenders accountable while offering them opportunities to change.

1. Adhere to an **interagency approach and collective intervention goals**
2. Build attention to the **context and severity** of abuse into each intervention
3. Recognize that most domestic violence is a **patterned crime requiring continuing engagement with victims and offenders**

4. Ensure **sure and swift** consequences for continued abuse
5. Use the power of the criminal justice system to **send messages of help and accountability**
6. Act in ways that reduce **unintended consequences and the disparity of impact** on victims and offenders

Endnotes highlighting research findings, academic literature, and intervention models supportive of these foundational elements can be found in Chapter 9.

1. Interagency approach and collective goals

Processing a single domestic violence related case involves five levels of government and over a dozen intervening agencies. Hundreds of practitioners might touch these cases every day. An effective response, meaning one that leads to an end to the violence, requires *solid coordination* across and among the many practitioners involved, as well as a strong *system of accountability*. Practitioners are committed to the mission, function, and goals of their respective agencies, but in an interagency approach they are simultaneously accountable to the victim on whose behalf we intervene, to the offender with whom we intervene, and to others intervening in the case. This interagency approach requires a *system of communication* in which each practitioner receives and relays information in ways that make it possible for everyone to act with the best knowledge of the case. The legal system is structured to assign distinct roles with specific powers to create a system of checks and balances that prevents the misuse of State

power. That system is the backbone of our justice system. That doesn't mean however, that practitioners in these various roles should not attempt to agree on some shared assumptions about risk management, deterrence and safety. In fact, the absence of a cohesive approach often thwarts the possibility of justice in these cases. Finally, an effective interagency response requires a *commitment to excellence* by each intervening agency and practitioner, as well as a *commitment to challenge one another and actively engage in resolving disagreements*. When so many agencies are involved in case processing there will be differences, arguments, and unmet expectations; this is not the problem. The problem arises when there is no ongoing structured way to resolve those conflicts. Interagency approaches succeed when everyone focuses on a shared goal that is centered on the needs of the victims and families harmed by the violence and brutality.

The criminal court process demands a high level of coordination to carry out the dozens of case processing steps involved in the response. The criminal codes, rules of evidence and procedure, case law, administrative forms and processes, calendars and schedules, data bases, and information sharing protocols dictate how interagency collaboration is organized. This Blueprint provides additional structure by introducing coordinating elements designed specifically to enhance approaches to domestic violence related cases:

- In a criminal domestic violence case that involves over one hundred institutional steps, the Blueprint creates **written policies** for each core processing point. Beginning with

If a victim of battering thinks she's in grave danger, she should be taken seriously. A victim's perception of danger is a powerful predictor of risk.

– Multiple studies (Chapter 9)

the 911 operator and ending with the probation officer who discharges a case months or even years later, each policy is written with every intervener's needs in mind. The Blueprint's interlocking policies serve two goals: to standardize research-based practices and processes so that the public as well as system practitioners can count on a consistent, effective, and fair response; and to bring agencies with distinctive missions and goals together under a common set of

collective goals centralizing victim safety and offender accountability. By agreeing on some fundamental intervention principles, we offer both victims and offenders a system that is clear in its messages, expectations, and actions.

- Each policy is accompanied by **administrative protocols or procedures** that coordinate workers' actions while simultaneously avoiding turning each practitioner into a robot, devoid of professional skills and judgment. Every form, matrix, set of guidelines, report writing format, and assessment tool has been designed to address the unique characteristics of this crime and the interagency nature of case management.
- Via a **system of documentation and information sharing**, each intervention step is woven together with subsequent steps in case processing. The legal system is a text-based system. What a law enforcement officer is trained and required

to record about an incident has an impact on charging, trial decisions, sentencing, probation conditions, and rehabilitation programming. Risk scales, charging guidelines, and sentencing matrices are significant factors in how a complex institution processes thousands of cases. The Blueprint uses new and enhanced approaches to gathering, recording, and disseminating information on cases. This information sharing system is linked to agreed-upon intervention goals in domestic violence cases and to efforts to coordinate interventions across agencies.

- Each policy also sets a foundation from which agencies and practitioners can clearly delineate their respective **roles and functions**. A multiagency coordinated response requires connections between and across practitioners so that it is impossible to lose sight of the nature of the harm, the likely danger, and the opportunities for action and change in each case. The Blueprint calls on each practitioner in each intervening agency to be oriented toward collective goals, as well as toward those of their own agencies. Those collective goals are to (a) protect adult and child victims from ongoing abuse, (b) impose meaningful consequences for the harm, (c) help offenders who are willing to change, and (d) reduce the unintended negative consequences of state intervention for individuals and communities.

2. Attention to context and severity

Domestic violence is a broad category that has come to include many kinds of behaviors within relationships between family and other household members. It jumbles together vastly different actions: from throwing a shoe at a partner who gambled away \$1000, to strangling a woman until she loses consciousness because she wants out of the relationship. It groups together slapping someone on the arm with head-butting. The term domestic violence focuses attention on specific acts of violence toward a family member and obscures the context of that violence, which often includes ongoing coercion, intimidation, and emotional harm.

What has been largely submerged under the category of domestic violence is *battering*: a term recognized, defined, and brought to public attention in the 1970s by advocates responding to the realities of sustained abuse in women's lives, primarily by their intimate partners. Battering came to describe an ongoing pattern of coercion, intimidation, and emotional abuse, reinforced by the use and threat of physical or sexual violence.^[3] As laws were enacted to protect victims of battering and hold batterers accountable, the term "domestic violence" was adopted both to be inclusive of cases where a male is the victim and to emphasize the place where the abuse is occurring, the home. Every act of violence by one person against another that occurred in the setting of the home came to have the same meaning; that is, all violence involving family members became acts of domestic violence. Laws passed with battering in mind were applied to teenagers hitting their parents, to one brother hitting another, to a husband strangling his wife, and to that wife scratching her

husband in response. Slogans like "zero tolerance for violence in the home" hindered critical reflection about the differences between these acts of violence.

We have learned that applying a single treatment to such a broad range of human interactions and behaviors inhibits meaningful intervention for victims and perpetrators.^[4] For example, grouping all acts of violence together, regardless of intent and context, leads us to treat a battered woman or a teenage child who reacts to abuse with violence (albeit illegally) the same as the person who dominates his partner through a pattern of fear, coercion and violence. Placing all acts of relationship violence into a single category of "misdemeanor domestic violence" or "felony domestic violence" can distort our understanding of who is doing what to whom, and who needs what level of protection from whom. For victims of battering, such misunderstandings are not benign and they can have fatal effects, as analysis of intimate partner homicide confirms.^[4]

Our challenge is to make visible all that we can possibly know about the full scope of abuse occurring in a relationship.^[5] Interveners must be able to see the scope and severity of the offender's violence, how often and under what circumstances it is occurring, and the pattern of the abuse: is it escalating, de-escalating, potentially lethal, or unpredictable? We were tempted to build the Blueprint around typologies of domestic violence offenders, but in the end decided that such an approach pre-

Our challenge is to make visible all that we can possibly know about the full scope of abuse occurring in a relationship.

sented too many due process and safety traps. Instead, we have built differentiation into each step of the process, supported by intense attention to gathering, documenting, disseminating, and building on new information over a period of time and frequent, ongoing contact with offenders and victims. This differentiation will allow us to accomplish the Minnesota Legislature's charge to design a system that tailors interventions to the specifics of a case and accounts for the unique aspects and different levels of violence and abuse that offenders use and to which victims are subjected.

This process of differentiation is not new to the Blueprint. The Minnesota Legislature recognized the need for differentiation over a decade ago when it discouraged dual arrests even when evidence existed to arrest both parties in a domestic abuse–related case. Instead, the law encouraged officers to arrest the predominant aggressor. It also gave prosecutors the ability to respond to the ongoing nature of this crime by allowing *but not requiring* enhancements for repeat offenders. This powerful discretionary tool permits prosecutors to respond to the specifics of a case in new ways.

To respond to domestic violence without inadvertently causing further harm requires differentiating who is doing what to whom, and with what impact. The Blueprint directs practitioners to gather information that illuminates both the pattern of abuse and the specific acts being committed. Policies and protocols then propose different interventions based on the circumstances, frequency, and severity of abuse.

3. A patterned crime requiring continuing engagement

A domestic violence crime is rarely fully resolved with the first intervention.⁶¹ For those offenders who have much to lose by criminal justice intervention, a single legal action may be enough to jolt them out of thinking that violence is an effective way of dealing with their relationship. For another group of offenders who batter, the violence will not stop or decrease significantly in severity until there are repeated interventions. There is a small but volatile group with long and violent criminal histories for whom sanctions have little or no impact. If the violence is caused by mental illness, brain trauma, or similar factors, multiple and very specific interventions may be necessary.

With the clear exception of stalking, most domestic violence–related criminal interventions focus on a single event of violence. But most practitioners charged with intervening in domestic violence cases understand that these single acts of violence are usually part of a patterned use of coercion, intimidation, and the use or threat of violence—namely, battering. As such, the relationship is characterized by a “continuing” set of violent actions committed over time and in countless situations. Interventions to process one assault look different than interventions intended to stop the continued use of abuse and violence.⁶² The Blueprint is designed to do both: to process the “event of a crime” in a manner that confronts and stops the pattern of abuse and violence.

This dual approach to intervention has important implications for an interagency approach. First, we must be prepared to link seemingly isolated incidents into a more coherent picture of behavior and complexity of risk and safety for any one victim. Second, we must all see our shared task and function as reaching beyond the processing of that single event to stopping future abuse. Without significant change on the part of the offender, the coercion and violence is likely to continue and may escalate in severity and frequency.

The patterned nature of battering means that our contact with a victim or offender will likely continue for an extended period of time. This extended contact provides the opportunity to build relationships that reinforce safety and accountability in more lasting ways. If a victim is reluctant or refuses to participate in a prosecution and court intervention at a given point, how we treat her or him will shape the possibilities for a future partnership.¹⁶¹ As an investigator explained:

If I treat her with respect and let her know I'm concerned the first time I meet her, when it happens again she is more likely to take my call, or even call me. If I get frustrated and angry because I need her in order to get to him and I throw up my hands, saying 'fine, you want to live that way go ahead,' then I'm just one more person slapping her in the face.

As two patrol officers noted:

What I do and say the first time we go out on a case sets the tone for what the next officer faces. If she's hostile and in my face and

I treat her with respect and let her know we are here for her and her kids when they need us, the next officer (or maybe even the one after that) will be dealing with a different person...

Let's just put it this way, I'm not the one getting bashed up and pushed around and treated like an animal, so I'm in a better position to extend that hand. It might take two or three of us and different calls, but eventually most women get to a point where the police aren't the enemy and then they want to work together...

To produce a more meaningful and individualized response we must collaborate with victims in ways that acknowledge the nature of domestic violence as a patterned offense. This means:

- Wherever possible, minimize the victim's need to confront the offender.
- Protect the victim from retaliation when using information that she or he has provided.
- Treat each interaction with the victim as an opportunity to build collaboration over multiple interventions (even when a victim starts out hostile to those interventions).
- Stay mindful of the complex and often dangerous implications of a victim's collaboration with interveners.¹⁶²
- Be aware that the fundamental purpose of battering, which characterizes the majority of domestic violence criminal cases, is to control what the victim says, thinks, feels, and does.¹⁶³
- Engage in a dialogue with the victim rather than treating her or him as a data point.

The Blueprint

uses interagency policies, protocols, case processing procedures, and information sharing to (a) maximize the ability of the state to gain a measure of control over a domestic violence offender; (b) use that control to intervene quickly when there are new acts of violence, intimidation or coercion; and (c) shift the burden of holding the offender accountable for violence or abuse from the *victim* to the *system*.

- Avoid unintentionally reinforcing the abuser's actions: offer a clear alternative to messages that the victim is crazy, at fault, unbelievable, and unable to make decisions, and that the abuser is unstoppable.^[11]

4. Sure and swift consequences

In the criminal justice field, it is widely believed that sure and swift punishment is more important than severe punishment. Research into domestic violence shows this to be particularly true in confronting this crime. Evidence suggests that building sure and swift consequences into the infrastructure of case processing can reduce recidivism in some cases and the severity of ongoing abuse in others.^[12]

The national data is encouraging, although day-to-day work in the criminal justice system can leave many practitioners frustrated and skeptical that the changes made over the past several decades have not reduced violence.

Batterers tend to push against any boundary set for them.^[13] The clearer we are about what behavior is and is not acceptable, the more likely the abuser is to live within those boundaries. Each policy and administrative protocol in the Blueprint, from the initial law enforcement contact through case closure, is designed with the goal of sure and swift consequences in mind, but also

with the recognition that sometimes intervention goals can conflict. For example, if a probationer is arrested for assaulting his former partner, that new case may take months to resolve. The decision to pursue an immediate probation violation for committing a new offense is weighed against the possibility that the violation hearing might pose problems for the new case, which carries a more substantial and enhanced penalty. A prosecutor might prefer to wait for the new conviction to avoid such complications. However, waiting might result in the defendant having free license to harass the victim, particularly if the defendant is aware that all new cases will be rolled together and treated as one in the end. One course of action—pursuing the probation violation—reinforces swift consequences. The other course of action—pursuing an enhanced gross misdemeanor—may reinforce more substantial consequences. The Blueprint policies and protocols address these dilemmas, sometimes with a mandate requiring practitioners to take certain actions, sometimes with a set of guiding principles or procedures, and sometimes with a training memo suggesting how to weigh the different outcomes.

The Blueprint uses interagency policies, protocols, case processing procedures, and information sharing to (a) maximize the ability of the state to gain a measure of control over a domestic violence offender; (b) use that control to intervene quickly when there are new acts of violence, intimidation or coercion; and (c) shift the burden of holding the offender accountable for violence or abuse from the *victim* to the *system*.

5. Messages of help and accountability

The single greatest obstacle to the criminal justice system's effective intervention in battering cases is the degree of psychological and physical control the abuser has over the victim.^[14] Batterers rely on the power they have over the victim to shield them from legal interventions. Therefore, the ability to work with a victim of battering hinges on her/his belief that (a) our intervention will counteract that power, (b) we understand the reality of living with battering, (c) we have a collaborative approach to working with her or him, and (d) we are here to help, however long it takes.

The State, and by extension the practitioners who represent it, has a powerful influence over people. The messages given to victims, offenders, and children at each point of intervention can have a deterrent effect or, alternatively, can fail to deter and therefore act as an opening for more violence.^[15]

Consider two linchpin characteristics of battering cases involving heterosexual men.^[16] First is the batterer's sense of entitlement to his actions. His partner is the target of his violence not so much because of *what she did as who she is*. Research has shown that a cognitive behavioral approach that challenges the abuser's belief systems about his rights and entitlements in intimate relationships is more effective than any other rehabilitation approach.^[17] That approach can begin with the dispatcher and responding officer. If every intervening practitioner is coherently and consistently "on-message" the path to a rehabilitation program will be well-worn before a batterer enters his first group. This cannot happen when each practitioner offers his or her distinct

and often competing message about what lies at the root of the problem and what will fix it.

Effective interventions with an offender who is a batterer are respectful, but also clear and consistent that there will be a consequence every time the offender violates a sanction or requirement. This consequence will be sure and swift and it will be linked to what the person chose to do. For a man who batters a female partner, a previously absent message will now suddenly be very clear: he will be held accountable for the harm he has caused. Offenders need to know that the system is coordinated, the players speak to each other, and they cannot successfully play one off against the other. Most importantly, batterers have to see that the violence, coercion, and intimidation are the focus of the state's intervention, and not the victim's behavior. In this specific respect, there is no neutrality available to law enforcement officers, prosecutors, or judges; every message either challenges an abuser's sense of entitlement or reinforces it.

The second linchpin characteristic of battering is the batterer's domination of the victim—not only physically, but often economically, socially, emotionally, psychologically, and legally.^[18] The practitioner who talks to the victim in terms of, "Look what happened: he hit you once, he'll hit you again," misses the complex nature of batterers' domination of their victims and the far-reaching implications of that domination on the lives of women and their children. The abuser's messages to his partner are often linked to her cultural, economic, religious, or spiritual identity^[19] "No one will believe you...no one will help you...

they all know you're crazy...you're disgracing the clan (or family)...they'll take your kids...a good (Native, African American, Christian, Hmong, Jewish) woman doesn't shame her husband this way...what about the things you've done: your drinking, your visits to the shrink?...everyone knows you're bipolar...I'm a (cop, minister, lawyer, doctor, hero in this town, stable businessman), who would believe you over me?...think of the family... the children need a father, you're taking that away."

Our messages to a victim need to be cognizant of the relentlessly destructive messages she has been told and on some level has come to believe. As interveners, every action we take and every statement we make can and should be aimed at an efficient, consistent, coherent, clear message that strips the abuser of his most powerful weapon: his message that "they can't and won't help you."¹²⁰

Two caveats require attention here. First, not all cases of domestic violence involve heterosexual men *battering* women. Some involve gay men battering their partners. People with significant mental health problems may assault partners outside of the context of battering. Similarly, a small percentage of drug addicted domestic violence offenders do stop abusing their partners when they stop using drugs. Victims of battering who fight back illegally do not fit the profile we have described above. There are also women who batter their partners—primarily in lesbian relationships, but sometimes, though rarely, in heterosexual relationships. While cases involving battering by men are the vast majority processed in the criminal justice system, when practitio-

ners encounter cases that do not involve men battering women, they need to adjust their interventions accordingly.

The second caveat is a reminder that in the courtroom the offender is presumed innocent until proven guilty. Practitioners relay messages at every point of contact with the offender and victim. Most of those points of contact are pre-conviction. Practitioners must walk a fine line between presuming guilt and being helpful and clear with suspects and victims.

Practitioners have the opportunity to counteract the messages associated with a batterer's defense for the violence.¹²¹ A batterer (i.e., someone who engages in a continuous pattern of violence and abuse) has basically seven defenses, each with a supporting message. Those messages are (a) I didn't do it; someone else did, (b) the victim is lying, (c) it was an accident, (d) it was self-defense, (e) it can't be proved, (f) yes, I did it, but you'd do it too in my situation; have you met her? or (g) I did it, but the officer messed up; they can't convict. Batterers do not even need to present these defenses when they can rely on their victims to be unavailable to counter or challenge the defenses. Most abusers discourage victims' participation and reinforce the message that interveners cannot or will not help. Sometimes they do this in blatantly illegal ways; other times they rely on their power over the victim to protect them. Our pressure on a victim to cooperate and the protection we can offer is matched and often overpowered by the pressures a batterer can apply and the consequences he or she can impose for that cooperation.

The Blueprint is imbedded with a set of messages that, if coordinated across practitioners and intervening agencies, can contribute to lower recidivism, increased engagement with victims, and less resistance from abusers to the state's role in confronting the abuse. The Blueprint extends messages of help: to protect victims and to provide offenders with opportunities for change. It also extends messages of accountability: individual accountability for the harm caused by battering; interagency accountability in building and sustaining an effective collective response; and intervention's accountability to ensuring protection for victims and fair, respectful treatment of offenders.

6. Reducing unintended consequences of interventions and the disparity of impact

We do not all experience the world in the same way. People's social realities are constructed by differences in class, age, race and ethnicity, immigration status, sexual orientation, history, privilege, and many other aspects of culture and identity. As a result, we do not all experience battering in the same way, or the actions of interveners, or the impact of policies.^[22] An effective domestic violence intervention accounts for the realities of peoples' unique circumstances and social standing. For example, our intervention strategies must address the relationship between violence and poverty, homelessness, gender, and race. Our interagency approach must reduce rather than emphasize the disparity between groups of people with different social realities. Reducing disparity requires us to find ways to sustain compassion for the people we encounter. Working in and around the criminal legal system

in general—and responding to domestic violence in particular—is stressful, demanding work. We are constantly dealing with aspects of peoples' lives that are harmful, chaotic, and cruel. It is far too easy for a corrosive cynicism to set in that dismisses those before us as unworthy of help and attention, and diminishes the kind of problem-solving that fosters safety and accountability on both an individual and a systemic level.

Almost every practitioner in the system can cite a case where everyone did his or her job and every policy was followed, but the outcome of the case was neither just nor protective of the victim. In these familiar cases, the poor outcome is as much due to failures in our intervention strategies as it is about specific abusers. Effective intervention cannot be a blanket, one-dimensional response. Truly implementing the concept of equal treatment under the law requires thoughtful legal interventions that produce just outcomes. Under what circumstances should we adjust for the impact of policy and practice on peoples' different social realities? Whenever possible, the Blueprint introduces ways in which practitioners can reduce the level of disparity produced by their interventions.

Conclusion

The Blueprint incorporated input from hundreds of experts, beginning with dozens of victims of abuse who attended focus groups and pinpointed specific ways that interventions could better promote their safety. These experts also included 911 call takers and dispatchers, Sheriff's Department warrant officers and jail staff, law enforcement officers, prosecutors, probation agents,

and judges. Community-based advocates and advocates located in the County Attorney's office weighed in on the design. We consulted with a national team of researchers and deliberated nearly every line of the Blueprint with supervisors from each participating agency. The level of collaboration in the process demonstrates why Minnesota has long been considered a leader in the national movement to end the most common form of violence in our society.

The Minnesota Coalition for Battered Women began tracking domestic violence–related homicides in 1989. They report this grim tally: at least 454 women have been murdered by a suspected, alleged, or convicted perpetrator who was a current or former husband, boyfriend, intimate partner, or household or family member.^[23] They have been shot, stabbed, strangled, and beaten to death, often with great brutality and often in the presence of or during an attack against their children as well. Unreported are the countless “near homicides”—non-fatal thanks to prompt medical attention—and the even greater number of people who endure ongoing and daily coercion, intimidation, and violence with devastating impact.

In the past thirty years we have come a long way to building working relationships, alliances, and collaboration among advocates, law enforcement, prosecutors, probation agents, and other interveners, both with one another and with victims. These relationships have produced a far more intentional and effective approach to community intervention in what was once considered a private crime. This effort has significantly reduced

intimate partner homicides overall and introduced options for victims of domestic violence that were unheard of in our parents' and grandparents' time. It has meant that women, who are most often the victims of domestic violence, live for far shorter periods of time in an abusive relationship, as do their children.

We have learned that each encounter between someone living with this violence and a practitioner in the “system” is an opportunity to interrupt the actions and patterns that sustain battering. The Blueprint organizes us to present a cohesive set of messages to victims and perpetrators. To adult victims: (a) we're here to help when you're ready for that help; (b) the violence is not your fault and you are not responsible for the perpetrator's actions; and (c) I'm concerned for your safety—by working together we have the best chance of stopping the violence. To children: (a) you haven't done anything wrong—it's not your fault; (b) we want everyone to be okay (safe) and we're here to help you and your family; and (c) we won't hurt your father or mother. To perpetrators: (a) the violence must stop—there is help for you to do that and there will be consequences if you don't; (b) this arrest (or prosecution or probation) is a result of your actions and not the actions of others; and (c) this is an opportunity for you to change, to reject the violence and repair the harm you have caused, and we can help you do that. In its structure and content, the Blueprint prepares agencies and practitioners across the criminal legal system to carry these messages with one voice.

Underlying Assumptions in the Blueprint for Safety

In our grandparents' generation women had few options for finding safety from battering. There were no organized shelters or religious or community support systems challenging the abuser (although informal confrontations occurred in many communities). Law Enforcement was expected to calm the situation down and leave. All but the most serious assaults were screened out of the system and the few arrests that occurred were rarely prosecuted. That all changed with the opening of the first shelter for battered women in 1974 and the first interagency intervention project in 1980. The last thirty-five years have seen enormous changes in the state's response to intimate partner violence. For the first time in history, the state's obligation to protect its citizens was applied to "wives."^{*}

In any society, widespread use of violence, aggression, and coercion in families is a cultural phenomenon. Such violence is rooted in unjust social structures which the criminal justice system alone cannot unravel. The criminal justice system plays two important roles in reducing violence in families, however, by (1) enforcing laws which criminalize a once accepted cultural practice (similar to the legal system's impact on drinking and driving, child labor, sexual harassment in the workplace, and exposure to secondhand smoke); and by (2) stopping individual abusers from doing more harm. It is one of many institutions that convey social norms and reign in unacceptable behavior. It strives to accomplish this in domestic violence by responding with sure and swift consequences to those whose battering makes the home a place of fear rather than a place of refuge.

For almost three decades advocates have raised the voice of concern that too little is being done to stop the violence. Researchers have sent mixed messages about what works and what does not work. Organized opposition to reform has grown. As one criminal court judge shared with a colleague:

I've always thought that in domestic violence cases I could be the only person in the courtroom—no defendant, no victim, no attorneys; not a clerk or deputy in sight, not a motion to rule on or decision to make—and still I'd be absolutely sure I was doing something wrong.

The judge's frustrations are shared by many in the criminal justice system. Intimate partner violence is a complex type of crime. The offender's control over the victim can make effective intervention incredibly difficult and time-consuming in a resource-starved institution. The good news is that our overall strategy of using the legal system to stop the violence has made a difference, particularly in homicide rates. Spousal homicides overall dropped by 46% between 1976 and 2004.^[1] The number of black males killed by their partners dropped an astounding 82%, black females by 56%, and white males by 55%. Between 1976 and 1992 there was also a 48% drop in severe violence.^[2] Battered women and their children face a very different reality today than did our grandmothers.

Yet few in the "system" are comforted by these statistics when law enforcement calls and courtroom calendars are still overflowing with domestic violence-related cases. The Blueprint proposes the next level of change. It rests on years of experience in inter-

^{*}We use the word "wives" here as did Del Martin in her 1979 classic, *Battered Wives*, to speak of women in a marriage-type relationship with men.

agency coordination; research on arrests, sentencing, and treatment of batterers; statistical trends; and a year-long process of interagency negotiation in Saint Paul. The policies and protocols are designed to guide every practitioner to do everything possible each time a person reaches out to this mammoth institution for help. Each assumption underlying the Blueprint is supported by research. The Blueprint is an attempt to integrate what we have collectively come to understand as best practices in the criminal justice system response to domestic violence. Those assumptions include:

- When work is coordinated across agencies and within agencies, the overall capacity to protect is increased.
- The action of one practitioner is strengthened by the cumulative effect of coordinated actions across the criminal justice system.
- When the system is organized to treat a case as part of an ongoing pattern of criminal activity rather than a singular event, outcomes improve.
- Interagency coordination is strengthened when information is organized around common risk markers that are uniformly collected and shared. Not all domestic violence is the same. Interventions for cases where coercion, intimidation and control create the context for violent acts are different than when this context is absent (e.g. cases of mental illness, isolated events, victims of abuse reacting).
- Sending clear and consistent messages of offender accountability and victim safety can reduce the violence.

- Not all domestic violence is the same; interventions differ when coercion, intimidation, and control create the context for violent acts.
- Whenever possible we must shift the burden of confrontation from the victim to the intervening practitioner.
- Danger and repeat violence from the perpetrator can be anticipated when certain actions and behaviors are visible.
- It is important for every act of aggression by the offender to be met with sure and swift consequences.
- Intervention policies and protocols should be adapted to diminish unintended consequences that adversely affect marginalized populations.

Archbishop Desmond Tutu tells us that justice demands three things: that (1) the truth be told, (2) the harm be repaired to whatever extent humanly possible, and (3) the conditions that gave rise to the injustice be changed. The Blueprint envisions and builds a path to all three for those subjected to violence, aggression, and coercion in their intimate relationships and families.

Practitioners' Guide to Risk and Danger in Domestic Violence Cases

This is an abbreviated list of factors related to risk and danger in domestic violence. Most of the research is based on violence toward women, which reflects the majority of cases coming into the criminal justice system and the majority of research. These indicators suggest one of the following likely outcomes without effective intervention: the violence will (1) probably continue, (2) escalate, and/or (3) become lethal.

Using this risk guide

- ❑ Each *Blueprint* protocol includes specific instructions for documenting and responding to risk. Practitioners should also read the related training memo and participate in the *Blueprint* training on risk and danger.
- ❑ Elicit and document the risk factors contained in this guide. Whenever possible, talk with the victim; engage in a discussion about danger rather than just asking if these things have happened. Victim perceptions and interpretations are important.
- ❑ Communicate risk factors to other intervening practitioners in a timely manner.
- ❑ Be attentive to the factors in a given case; use experience, common sense, and training to make judgments about the level of danger that both the offender and the set of circumstances pose.
- ❑ Adjust the response to each case based on the level of risk and dangerousness.
- ❑ Protect the victim from retaliation when soliciting or using safety and risk information.
- ❑ Link victims with risk factors to an advocate.
- ❑ Stay alert; the level and type of risk will likely change over time and as circumstances change. Determining and managing risk is an ongoing process.
- ❑ A victim's attempt to terminate the relationship is a major change that poses increased risk.
- ❑ Victims' perceptions of high danger are typically accurate; their perceptions of low danger are often not.

Acts or threats of violence associated with risk & lethality:

Factors listed in italics are particularly associated with lethal violence.

- *Stalking*
- *Strangulation; attempts to "choke"*
- *Threats to kill the victim*
- *Threats to kill that the victim believes or fears*
- *Threats to kill that are conveyed to others*
- *Threats of suicide*
- *Forced sex or pressuring for sex even when separated*
- *Serious injury to the victim*
- *Carries, has access to, uses, or threatens with a weapon*
- *Violence outside of the home*
- Aggression toward interveners
- Threats to family, coworkers, victim's new partner
- Animal abuse or killing pets
- Damages victim's property
- Violent during pregnancy or shortly after birth
- Hostage-taking; restraint
- Acts exhibiting extreme hostility toward the victim

Coercion

Violence with a pattern of coercion is a serious marker of high risk violence. Coercion may be displayed as control of children, finances, or activities; sexual aggression; intimidation; hurting pets; or isolating the victim from support systems.

<p>Risk is higher when the violence is accompanied by:</p> <ul style="list-style-type: none"> • An increase in frequency, severity, or type of violence over recent months • Almost daily impairment by alcohol or drugs • The victim attempting a permanent break • Estrangements, separations, and reunions • Failure of prior interventions to affect the offender • A victim who expresses fear of threats to kill • A victim making no attempt to leave despite severe abuse • Prior arrests, law enforcement calls, and/or protection order(s) • Isolation of victim (physical or social) • A victim seeking outside help in the past year • A victim has a child who is not the offender's • An abuser leaves before law enforcement arrive; eludes warrants • An abuser's <ul style="list-style-type: none"> ◦ Lack of remorse ◦ Mental health issues ◦ Financial difficulty; unstable housing ◦ Generalized aggression or violent acts ◦ Ongoing efforts to take children from their mother ◦ History of violence in multiple relationships ◦ First act of violence is life-threatening or brutal ◦ Obsessive control of victim's daily activities ◦ Obsessive jealousy ◦ Significant and harmful use of a child ◦ Drawing others into the abuse (e.g., children, family, friends) ◦ Non-compliance with probation or pre-trial release conditions 	<p>Homicide-Suicide (for male offenders) accounts for 27-32% of the lethal domestic violence incidents.</p> <p><i>Predominant risk markers include: guns, patterns of estrangement and reunion and offender's poor mental health. Additional risk markers may include:</i></p> <table border="1"> <tr> <td data-bbox="993 516 1339 630"> <ul style="list-style-type: none"> • Obsession or jealousy • Alcohol impairment (23 to 38% of perpetrators) • History of domestic violence </td> <td data-bbox="1339 516 1680 630"> <ul style="list-style-type: none"> • Suicide attempts or threats • Personality disorder • Depression of offender (46%) </td> </tr> </table> <p>Women who kill male partners</p> <p><i>Predominant risk markers include: severe, increasingly frequent, and recent violence by male partner against the defendant; a defendant who is isolated and has few social resources.</i></p> <p><i>Additional risk markers may include:</i></p> <table border="1"> <tr> <td data-bbox="993 808 1339 1003"> <ul style="list-style-type: none"> • Access or prior use of weapons • More than 10 violent incidents in the last year at the hands of the person killed • Prior law enforcement intervention in one or more domestic violence calls in past year </td> <td data-bbox="1339 808 1680 1003"> <ul style="list-style-type: none"> • Prior strangulation by person killed • Traditional relationship (married, children, lengthy relationship) • Trapped and isolated in violent relationship • Defendant sought help </td> </tr> </table> <p><i>(Note: The absence of any of these factors such as "defendant sought help" should not lead to a conclusion that there is no risk. These are not absolute correlations.)</i></p> <p>J.C. Campbell, D. Webster, et al., "Assessing Risk Factors for Intimate Partner Homicide," <i>NIJ Journal No. 250</i> (2003): 15-19. http://www.ncjrs.gov/pdffiles1/jr000250e.pdf</p> <p>ERR. Kropp, <i>Intimate Partner Violence Risk Assessment and Management</i>, <i>Violence and Victims</i> 23(2), (2008): 202-220.</p> <p>J. Roehl, C. O'Sullivan, et al., "Intimate Partner Violence Risk Assessment Validation Study, Final Report," (2005).</p> <p>NIJ at http://www.ncjrs.gov/pdffiles1/hij/grants/209731.pdf</p> <p>N. Websdale, "Lethality Assessment Tools: A Critical Analysis," (2000). <i>VAWN</i>.at http://new.vawnet.org/category/Main_Doc.php?docid=387</p>	<ul style="list-style-type: none"> • Obsession or jealousy • Alcohol impairment (23 to 38% of perpetrators) • History of domestic violence 	<ul style="list-style-type: none"> • Suicide attempts or threats • Personality disorder • Depression of offender (46%) 	<ul style="list-style-type: none"> • Access or prior use of weapons • More than 10 violent incidents in the last year at the hands of the person killed • Prior law enforcement intervention in one or more domestic violence calls in past year 	<ul style="list-style-type: none"> • Prior strangulation by person killed • Traditional relationship (married, children, lengthy relationship) • Trapped and isolated in violent relationship • Defendant sought help
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