

NEW YORK STATE OFFICE FOR THE PREVENTION OF DOMESTIC VIOLENCE

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For more information on stalking, visit: http://www.opdv.ny.gov/professionals/criminal_justice/stalking.html

For more information on Teen Dating Violence, visit: <http://www.respectlove.opdv.ny.gov/>

Clarifying Domestic Violence Research

With all the research available on domestic violence, it can be challenging to find credible sources of information that present valid and reliable data. As a result, we are often left to interpret, to the best of our ability, "what works" in terms of holding offenders accountable, enhancing victim safety, reducing recidivism, and generally improving the system-wide response.

The good and bad news is, there is no single solution to domestic violence intervention and prevention. However, there are guidelines for determining which sources are more reputable than others.

To learn more about Clarifying Domestic Violence Research see the [Q&A on page 3](#).

Did you know...

In 2013, a total of 15,536 adults and children received residential domestic violence services, while approximately 41,600 adults and children received domestic violence non-residential services.

This information was taken from The Domestic Violence Prevention Act 2013 Annual Report to the Governor and Legislature provided by the [NYS Office of Children and Family Services](#).

From the Executive Director



Happy 2015 from OPDV! We hope that you all had a wonderful holiday season.

As you are planning your upcoming events, please remember that January is Stalking Awareness Month and February is Teen Dating Violence Awareness Month. We encourage you to visit our website for information and ideas about awareness raising activities you can bring to your communities.

Since much of the work we all do is based on "what the research says" about domestic violence, we wanted to begin the new year with a focus on research: how to find and interpret the most credible domestic violence data and statistics, and what it all means in the day to day course of our work.

With that in mind, this issue's feature article "What Domestic Violence Research Tells Us," by Dr. Andrew Klein, examines several reputable research studies and explains how and why we should consider each a valuable tool and a valid resource. In keeping with that theme, Our Q&A, "Common Questions About Domestic Violence Research," conducted with Dr. Richard Peterson, clarifies some common misperceptions about domestic violence research and provides guidelines for how and where we can find the most reliable information.

We think you will find both pieces useful, whether you are developing a training, writing a grant, providing direct services, or engaging with professionals, families, and communities impacted by domestic violence.

We wish you all the best in your continued commitment to this work and we look forward to our continued partnership in the upcoming year.

Gwen Wright

Gwen Wright
Executive Director

What Domestic Violence Research Tells Us

Dr. Andrew Klein is the Senior Criminal Justice Research Analyst at [Advocates for Human Potential \(AHP\)](#)

Thanks to the research arm of the Justice Department, the [National Institute of Justice \(NIJ\)](#), and research monies specifically earmarked by the [Office on Violence Against Women](#), the last few decades have seen a lot of research devoted to domestic violence. Having personally benefitted from this funding, I reviewed 228 studies for a NIJ Special Report in 2009 entitled: [Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors and Judges](#). Last year, this time with Barbara Hart, we reviewed an additional 600 studies for an updated work with the same title but this time for victim advocates and service providers.

What do all of these studies tell us? Each tells us about an individual tree, but what about the forest at large? Does all of this research reveal any basic take-aways that can inform our understanding of domestic violence and how we should respond to it? The answer is yes.

Although the legal definition of domestic violence has expanded beyond simple assaults in most states, stalking, economic abuse, reproductive coercion, even strangulation continue to be hugely under-assessed, under-arrested and under-prosecuted and sentenced. Two stalking studies, one in Colorado and the other across Rhode Island, found that police identification of stalking, even when its elements were specifically documented in police reports, was rare. Healthcare providers are doing no better. The U.S ranks 27/33 among the most developed nations in infant mortality as a result of pre-term birth and low birth rates, both directly linked to domestic violence. Although we have made great strides in diagnosing PTSD in returning vets, we still largely ignore it among domestic violence victims.

Lethality Assessments

The latest innovation in policing is victim lethality assessments so that police can connect victims to services. However, the lethality they assess is the risk of being murdered. The research suggests that many more domestic violence victims are at risk of taking their own lives. It is not clear that lethality assessments developed from analysis of murders identifies victims who are more likely to die as a result of their domestic violence victimization.

Still, the research reveals that when domestic violence is identified, the current criminal justice response and victim advocacy do work. Arresting batterers, prosecuting them, mandating batterer intervention programs, probation supervision, jail--any serious criminal justice response to domestic violence--reduces reported reabuse. Further, even if initially opposed by victims, after the fact, they are generally satisfied and would encourage other victims to call police. Additionally, victims also report that they appreciate services such as shelter, group support and counseling, and assistance in court.

Unfortunately, positive responses are limited to lower risk abusers only. Serial and chronic abusers, abusers with general criminal histories, have largely proven immune to typical criminal justice interventions. Worse, that's a large proportion of abusers who end up on our courts' civil protection order dockets or criminal caseloads. While victim services are appreciated, in the long run, they are not protective. This is not surprising, because if victim safety were under the control of the victim, there wouldn't be so many victims. It appears for high risk abusers the punishment simply does not fit the crime. Since most have plenty of exposure to the criminal justice system for a variety of crimes other than domestic violence, they learn quickly that crimes against intimates are not taken as seriously as crimes against other persons or even crimes against property or public order or drug offenses.

Domestic Violence a Serious Crime

The research is clear. When abusers are less likely to be prosecuted for their domestic violence offenses than for non-domestic violence offenses, when the sanctions they receive from the former are less severe than the latter, they are significantly more likely to commit more domestic violence crimes. Although the research did examine specific sanctions, it may not even matter what the sanctions imposed are, just so long as the message is clear that domestic violence is treated more seriously than other crimes the same abusers typically commit such as possession of drugs, disorderly conduct, resisting arrest or larcenies.

The Rhode Island study controlled for abuser risk so even if the abuser was among the highest risk group, reabuse was significantly deterred if the high risk abuser's domestic violence crimes were taken seriously. And since domestic violence crimes by definition are crimes against persons, they should get more severe sentences compared to most of the non-domestic violence crimes these abusers also commit.

Our failure to deter high risk abusers is probably not because they are a special subgroup of abusers, impervious to outside intervention. It is because we continue to treat them as any other abuser. For them, that means too little, too late. The research tells us we have the tools. We lack only the will to use them.

The Role and Value of Probation

Where this research was conducted, across the state of Rhode Island over the last 20 years, prosecutors were more likely to prosecute the abusers' non-domestic crimes than their domestic crimes. Further, the domestic violence crimes prosecuted were less likely to end up with greater sanctions-- conviction over dismissal, suspended sentence over fine, short jail term over straight probationary sentence, longer jail time over shorter time in jail. What saved the day across Rhode Island, at least, was the quality of probation supervision.

Probation, in effect, covered for the failure of the prosecutors and courts to take domestic violence seriously. Officers enforced the abusers' state mandated batterer programs and moved to revoke probation when these abusers reoffended. As a result, the abusers on probation were much more likely to end up in jail for their domestic violence probation than probations imposed for their non-domestic violence crimes.

Unfortunately, many victims were reabused before probation could bring their abusers back to court for the more serious sanctions.

Q&A: Clarifying Domestic Violence Research



This Q & A was conducted with Dr. Richard Peterson, Research Director for the New York City Criminal Justice Agency, Inc. (CJA)

Q: What are some of the most common questions about domestic violence research?

A: Practitioners often ask whether domestic violence is increasing nationally or in their local area. This question is often prompted by media reports of an increase in calls to a hotline, in DV arrests, or in use of DV shelters. There's also a lot of interest in "what works"—which victim services are effective, which interventions reduce recidivism, which strategies increase the conviction rate, etc.

Q: Is domestic violence increasing? What are good sources of information on this?

A: According to the [National Crime Victim Survey](#) intimate partner violence (IPV) in the U.S. declined significantly from 1994 to 2001, and has remained relatively stable since then. [The National Institute of Justice](#) web site provides an excellent discussion of national surveys of intimate partner violence, as well as links to data and summaries of research.

Q: How about state/local data?

A: Statewide estimates for all states, including NY, will become available soon through the new [National Intimate Partner and Sexual Violence Survey](#). Until then, it's hard to say whether IPV has increased at the state or local level. When there is more publicity about IPV, or when agencies improve outreach efforts, victims are more likely to call hotlines, report to police, and use victim

services. When that happens, data from these sources might suggest an increase even when the rate of IPV is not actually increasing. Media stories based on an isolated number showing an increase should be interpreted carefully, as the increase may reflect increased reporting by victims, increased violence, or both. In NYS, the [OPDV Dashboard](#) provides useful annual data from multiple sources and the Division of Criminal Justice Services [reports on DV homicides](#) every year.

Q: Where should practitioners go for information on "what works"?

A: Information on evaluations of interventions to prevent or combat domestic violence is available from the [National Criminal Justice Reference Service](#) and the [Centers for Disease Control](#).

Ideally, the practitioner will find numerous studies of the intervention of interest, and there will be a well-established literature summarizing the results.

For example, one finding that is pretty well established is that batterer intervention programs do not reduce recidivism, although they may be useful as an accountability tool. More often, however, there are only a few studies of a particular intervention. Sometimes the studies produce contradictory findings, and there is no consensus about their effectiveness. Even when several published reports suggest that an intervention is effective, "publication bias" may be a problem. Especially when an intervention is first being studied, research showing "no effect" is less likely to be published.

Practitioners should be particularly wary of interventions whose effectiveness has been shown in only one study. While the study may indicate a promising intervention, the unique context in which it was applied or unique features of the intervention may make it difficult to replicate in another setting.

Q: How should practitioners proceed when there are only a few studies of an intervention?

A: One approach is to look at the underlying goals of the intervention, which may sometimes be more important than the specific program or practice.

For example, we are starting to see a body of research on different ways to engage IPV victims in the criminal justice system. Although different sites use different methods, it may be less important to know which method is most effective than it is to know that some form of enhanced victim engagement is likely to produce beneficial outcomes. Beyond that, I suggest that practitioners keep abreast of new research. Our understanding of "what works," and why it works, changes as studies accumulate.

Finally, if there is no research addressing a particular concern or issue, be creative and develop a program or practice. Then invite a researcher to do an evaluation! After all, the only way to find out what works is to try something and evaluate it.

Q: What domestic violence research are you doing at CJA?

A: My research at the [New York City Criminal Justice Agency, Inc. \(CJA\)](#) focuses on criminal justice responses to domestic violence in New York City. I've studied the processing of DV cases in the criminal courts, DV prosecution strategies, pretrial misconduct in DV cases, and recidivism among young male DV offenders. I've also conducted evaluations of specialized misdemeanor DV courts, Integrated Domestic Violence courts, Brooklyn's Early Victim Engagement Project, and a program to take video statements from defendants in DV cases. Right now, I'm working on a project that will evaluate the effectiveness of a Domestic Violence High Risk Team.

Legislative Update: Unlawful Surveillance of Sexual Conduct

A new law went into effect on November 1, 2014, making it illegal to install or use, or permit installing or using, a device to view, broadcast or record a person engaged in sexual conduct for one's own, or someone else's, amusement, entertainment, profit, sexual arousal or gratification, or for the purpose of degrading or abusing the person.

The image must show the victim engaging in sexual conduct in a way that they can be identified, whether or not their intimate or sexual parts

are shown (the intimate or sexual parts of the other person must be visible).

The new law applies when this is done without the victim's knowledge or consent and occurs at a time and place where the victim would have reasonable expectation of privacy. The law also makes it illegal to disseminate, sell or publish these images.

The law does not address instances of "revenge porn" where the victim has knowingly participated in the recording of sexual conduct, but has never consented to the dissemination of such images.

For information about other domestic violence and crime victim-related laws that passed in 2014, please see the [Legislative Summaries by Year](#) section of our website.

NYS Domestic Violence Fatality Review Team: An Update

The NYS Domestic Violence Fatality Review Team was signed into law in October 2012. The team is coordinated by the NYS Office for the Prevention of Domestic Violence and is made up of state and local representatives from various systems.

The team examines domestic violence deaths and near deaths in great detail to learn from these very complex cases and identify opportunities for overall systems change. The team has been operating for almost two years and has reviewed four cases from around the state. The team plans to release its first report in 2015.

Confidentiality is of the utmost importance to the work of the team. As such, reports issued will not provide case-specific information. All information reported will be aggregate in nature and findings and recommendations will be based on the team's collective review of all cases conducted during the reporting period. The first report will be available on the OPDV website when it is released later this year.

In addition to releasing its first report, the team will conduct an additional review in 2015. For the first two years the team has been operating, it has conducted two reviews annually. This year, the team will increase its reviews from two to three.

Cases can be referred to the team for possible review. Cases eligible for review



February is Teen Dating Violence Awareness and Prevention Month! Do you know what you will be doing?

OPDV has some great ideas and we will be posting a video in January to share them!!

Go to www.opdv.ny.gov/ and www.youtube.com/user/NYSdomesticviolence for more information.

are deaths or near deaths caused by a family or household member and cases that are closed (either adjudicated through the court system or not under investigation, i.e., murder/suicide). To refer a case, please visit the [Case Referral section](#) of the New York State Domestic Violence Fatality Review Initiative on the OPDV website.

State Agencies Collect Sexual Orientation/Gender Identity Information

In its 2011 report [The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding](#), the Institute of Medicine (IOM) emphasized that, in order to effectively respond to the needs of all people, health and human services agencies and organizations needed a systematic way of collecting gender identity and sexual orientation data of the populations they serve.

At that time, no formal plan existed, leaving the lesbian, gay, bisexual, and transgender (LGBT) communities to utilize resources that often failed to identify and address their specific health and financial disparities and safety concerns.

New York State's Response

New York is the first state in the country to systematically update data systems to include sexual orientation and gender identity information.

In 2011, the NYS Office of Mental Health (OMH) became the first behavioral health state agency in the country to include sexual orientation and gender identity questions on its admission forms at state mental health facilities. OMH has used this information to develop a comprehensive training curriculum for clinicians working in the mental health system.

In 2012, New York State created the Interagency LGBT Task Force to improve existing systems, review best practices, and explore new initiatives for uniform and comprehensive data collection methods.

Which NYS agencies are currently collecting info?

The following eight state agencies are currently collecting or updating their systems to gather LGBT demographic information: [Department of Health](#); [Department of Corrections and Community Supervision](#); [Office for the Aging](#); [Office of Mental Health](#); [Office of Alcoholism and Substance Abuse Services](#); [Office of Temporary and Disability Assistance](#); [Office of Children and Family Services](#); and [Office for People with Developmental Disabilities](#).

The LGBT Taskforce is working with these agencies to identify additional appropriate systems to update in 2015, and will ensure agencies are sharing resources and best practices in training and implementing these changes.

NYS Office for the Prevention of Domestic Violence www.opdv.ny.gov

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