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Intimate partner violence continues to be a pervasive problem in the United States. According to the most recent National Intimate Partner and Sexual Violence Survey, approximately one in four women and one in 10 men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner (Smith, Zhang, Basile, Merrick, Wang, Kresnow, & Chen, 2018). Furthermore, experts believe that intimate partner violence is a highly underreported crime (Gover, Pudrzynska Paul, & Dodge, 2011). Many victims fail to report incidents to law enforcement due to many factors, including crime-related factors (Baumer & Lauritsen, 2010); experiences with police, perceived failure of police to meet their needs; distrust of police (Xie, Pogarsky, Lynch, & McDowall, 2006; Farrell, Dank, Vries, Kafafian, Hughes, & Lockwood, 2019); fear of retaliation (Hart & Rennison, 2003); fear of arrest (Connor-Smith, Henning, Moore, & Holdford, 2011), and perceptions that police are unwilling or unable to act on their behalf (Tjaden & Thoennes, 2000). Additionally, many law enforcement officers view their work as being stressful and frustrating when responding to intimate partner violence calls (Gover, Pudrzynska Paul, & Dodge, 2011). To better support and advocate for victims of intimate partner violence, four police departments in the Philadelphia suburbs adopted the Law Enforcement-Based Victim Services program (LEV). This report, authored by external researchers, evaluates how well the program has been integrated throughout those four departments.

The ways in which law enforcement agencies approach domestic violence/intimate partner violence have changed drastically. The crime victim’s movement of the 1960s and 1970s called attention to intimate partner violence within the United States (Davis, Lurigio, & Skogan, 1999; Office for Victims of Crime, 1998). Additionally, prior to the 1980s, domestic violence was viewed as a private matter and police dispatchers typically attempted to convince victims
they should not pursue arrest warrants (Gover, Pudrzynska Paul, & Dodge, 2011). The President’s Task Force on Victims of Crime (Herrington, 1982) reported that the adversarial criminal justice system does not provide justice to victims of crime. Many states followed by implementing policies, legislation, and strategic policing efforts to protect victim’s rights. One intervention was the increase in pro-arrest policies and mandatory arrests.

In the early 1980s, the Minneapolis Domestic Violence Experiment (Sherman & Berk, 1984) encouraged many law enforcement agencies to move toward pro arrest and mandatory arrest policies when responding to domestic violence. Replication studies have yielded inconsistent results about whether arrest is the best option (Gover, Pudrzynska Paul, & Dodge, 2011). The utility of arrest remains debated in the literature. With the increasing federal reform to victims’ rights, the involvement of victim service organizations in policing efforts has grown, along with calls to make policing more victim-centered.

More recent research on victim-centered police response to survivors has documented variety in police perceptions and behaviors. For example, when victims present with flat affect or do not have torn clothes, officers often respond callously (Barrett & Hamilton-Giachritsis, 2013). Essentially, the research indicates that officers’ expectations of how survivors should look and act have directly impacted first contacts with police and, subsequently, case attrition (Franklin, Garza, Goodson, & Bouffard, 2020). Survivors who feel invalidated or interpret professionals as blaming, are less likely to cooperate with police and to continue participating in the formal criminal justice process (Patterson & Campbell, 2010). In contrast, when police officers demonstrate compassion and empathy, and provide resource referrals, victims continue to cooperate during the investigation (Greeson, Campbell, & Fehler-Cabral, 2014).
Police officers themselves also may experience negative health outcomes from their work in policing. Significant research attention has examined the impact of burnout, a combination of emotional exhaustion and depersonalization, among police officers (Maslach, 1993). Due to the daily work of policing, officers are at an increased risk of experiencing burnout (e.g., Brady, 2017; Schaible & Six, 2016). More recently, the broadly defined construct, compassion fatigue, has been examined as a potential work-related outcome for police offers. Compassion fatigue results from helping another person who is suffering (Figley, 1995) or as a “depletion of varying resources when demand for compassion becomes larger than the individual’s capacity” (Burnett et al., 2020, p.384). Developed by Stamm (2005), the Professional Quality of Life scale identifies compassion fatigue as a combination of burnout and secondary traumatic stress (STS). STS results from indirect rather than direct trauma experience and is similar to Post Traumatic Stress Disorder (Bourke & Craun, 2014).

Certainly, there are officers who maintain positive health despite the stressors associated with their occupation. Compassion satisfaction refers to the increased levels of personal reward, motivation, and pleasure derived from caring for or helping others (Stamm, 2002). There is some research suggesting police officers may likely experience lower levels of compassion satisfaction than individuals in other occupations (Brady, 2017). One recent study of police officers in the United Kingdom found that fewer than 20% of officers surveyed had high levels of compassion satisfaction. Additional work is needed in this area.

**Research Questions and Purpose of Study**

This report provides a summary of the integration of the Law Enforcement-Based Victim Services program within the four agencies and departments’ culture/personnel perception of their role in victim services. To evaluate this program, the lead department contracted with external
researchers who surveyed police officers of the four departments and interviewed their command staff. The topics covered in the survey and interviews were centered around the principal research questions on LEV integration within the departments, perception of professional roles, especially in response to domestic violence calls, opinions of the LEV program, current training and resources as well as any needs, and questions related to compassion fatigue and satisfaction. The report also includes recommendations proposed to address current and anticipated challenges regarding cultural differences, officer perception, and overall agency integration including training needs and professional development opportunities.

**Method**

**Overview**

The research team had a memo of understanding (MOU) with the four police departments to conduct this study. As a part of the MOU, the research team had access to contact information for the command staff and officers. Prior to outreach, the research study was approved by Delaware Valley University’s Institutional Review Board. Potential participants were contacted for recruitment in the study. Command staff were contacted first, then police officers. All members of the command staff were contacted by email/phone to schedule interviews. Officers were requested to complete an online survey, hosted on Survey Monkey. Email invitations for participation in the survey were sent to all officers in May, and follow-up reminder emails were sent in June.

**Command Staff Interviews**

**Interview Sample**

Six command staff members completed interviews with members of the research team with a participation rate of 66.7%.
Procedure

Command staff were interviewed using a semi-structured interview developed in consultation with stakeholders in the department and experts in the field of criminal justice. Interviews lasted 30-45 minutes. Interviews were conducted at the location of choice by the interviewee: either at the command staff member’s department or at Delaware Valley University. All interviews were conducted in May and June 2022.

Coding of Interviews

All interviews were recorded using the Otter cell phone application and later transcribed by a different member of the research team. A coding scheme was developed to evaluate the integration of victim services and perceptions of command staff members’ role in how departments approach domestic violence. The coding scheme contained seven broad categories of discussion areas: professional role; culture of police departments; before LEV program; LEV program integration; training and resources; needs; and responses to domestic violence. Within each category, coders developed specific descriptive codes, i.e., role of commander: provide victims with support and resources. Interview questions and the coding scheme can be found in Appendices A & B, respectively. Then, all interviews were analyzed collectively to determine patterns across all departments’ command staff.

Results

Topics of discussion that arose in two or more interviews are identified below, according to category.

Professional role. In four interviews, members of the command staff talked about their role in providing victims with support and resources. Other aspects of the role of commanders included overseeing that lethality assessments are taken seriously and understood by officers, providing
victims with support and resources, being responsible for policy and procedure, and being responsible for the staff. When asked about the role of police in general, responses varied. In two interviews, members of the command staff replied that the role of police is to make victims secure.

**Culture of police departments.** There was much variation in how members of the command staff described their police department’s culture. In three interviews, command staff members identified that most of their officers are local to their geographic area. In two interviews, individuals discussed hiring officers who care about victims.

**Before LEV program.** Command staff members discussed facing challenges to providing adequate care to victims prior to the LEV program. In terms of specific challenges, individuals mentioned repeat calls, providing follow-up care, and combatting the negative stigma of police.

**LEV program integration.** Interviewees noted benefits of the victim services unit. The most common benefits were having extra resources available for officers. Other benefits included having someone who is not a police officer available to victims and the ability of the victim services to provide follow-up care. Overwhelmingly, members of the command staff were positive in their discussions of the LEV program. In the majority of interviews, individuals discussed a need for the LEV program to grow.

In terms of the program’s positive impact for victims, individuals talked about how the LEV program connects victims to social services, is more victim-friendly, helps victims regain autonomy, and provides resources for victims. Two interviewees specifically mentioned referrals for fraud and other resources. In terms of other benefits, individuals discussed how direct interaction with the victim services unit by officers has built trust, a positive view of the LEV
program in the community, and has enhanced current and built new community partnerships. Furthermore, individuals discussed how the LEV program has filled their follow-up gap.

**Training and resources.** In terms of current training, command staff discussed de-escalation strategies, crisis intervention training, and trauma-informed policing. In three interviews, command staff members identified the Employee Assistance Program as an officer resource, and in three interviews, command staff members identified mandated help/care for officers involved in critical incidents.

Conversations around trauma-informed policing varied. In two interviews, it was described as relating to empathy. Two interviewees identified training on trauma-informed policing as insufficient, and two interviewees were unfamiliar with the term and unable to address questions about it.

**Needs.** When asked about additional training, in two interviews, command staff members discussed a need for more training on domestic violence, mandatory paid training for vicarious trauma and self-care at the departmental level, and refresher training. In two interviews, individuals mentioned that additional counseling services are needed.

**Response to domestic violence calls.** When discussing how officers respond to domestic violence calls, the discretion of the officer was raised in several interviews. In three interviews, command staff members spoke about it broadly. In two interviews, command staff members specifically discussed the discretion of the officer to refer non-arrest domestic violence calls to the victim services unit. In four interviews, individuals discussed the mandate to arrest if there is a visible injury. Also, in four interviews, individuals discussed how officers are expected to follow domestic violence response policy on domestic violence calls. Three members of the
command staff specifically referred to Pennsylvania law in their responses to questions. All three discussed how Pennsylvania law mandates arrest if there is an injury. Two individuals discussed how, according to PA law, there must be a victim and crime identified in order to be considered a domestic violence incident.

Officer Surveys

Survey Sample

Fifty-five officers (n=51 male) completed the surveys with an overall strong response rate (71.4%). Participation differed by department: Twenty-four survey respondents were part of the Central Bucks Regional Police Department (25 possible), 17 are part of Doylestown Township Police Department (19 possible), 8 are part of Buckingham Police Department (19 possible), and 6 are part of Plumstead Police Department (14 possible). The average age of survey participants was 40.04 years (ranging from 22 to 66 years). Twenty-one identified their position as patrolman, 11 as corporal, 9 as officer, 9 as sergeant, and 5 as detective. Most participants (n=53) identified their ethnicity as white, with one person identifying as multiracial and one person identifying as other. Given this variation in participation, data analyses are presented both in aggregate and analyzed by department.

Procedure

After consenting to participation, respondents completed the survey electronically using Survey Monkey. The survey took approximately 20 minutes to complete. Collection of data was concluded in June 2022.

Measures

Demographic questions (based on Gover, Pudrzynska Paul, & Dodge, 2011): Demographic variables included respondents’ age, rank, gender, race/ethnicity, years in current department,
and total years of experience as a police officer. They also were asked to report the approximate number of domestic violence calls they respond to in a week.

**Questions about Victim Services Integration**: Ten questions were developed through discussion of DV cases and police response with stakeholders in the departments to assess the integration of victim services with the department.

**Opinions of Victim Services Units** (Hatten & Moore, 2010): Five items assessed officers’ opinions about the victim services unit. Respondents used a Likert scale ranging from 1= strongly agree to 5 = strongly disagree. Sample items include “I have positive experiences working with advocates” and “I am knowledgeable about the “victim services program.”

**Attitudes towards Domestic Violence** (Gover et al, 2011): The 28 attitudinal questions about domestic violence included Likert response options ranging from 1 = strongly agree to 6 = strongly disagree. Sample statements include the following: “I am more likely to be injured during a DV call than any other type of call,” “I need more freedom in deciding how to handle situations at DV calls,” and “Arresting someone at a DV call seldom helps reduce future DV incidents.”

**Compassion Satisfaction/Fatigue** (Stamm, 2009): The 30-item Professional Quality of Life (ProQOL: Version 5) was utilized to assess compassion satisfaction and compassion fatigue. Respondents used a Likert scale ranging from 1= never to 5 = very often. Sample items included “My work makes me feel satisfied,” “I find it difficult to separate my personal life from my life as a police officer,” and “I feel worn out because of my work as a police officer.” The three sub-scales include compassion satisfaction, burnout, and secondary traumatic stress.

**Results**
Descriptive statistics were calculated to examine victim service integration at departments. Most survey participants (n=54) reported 0-5 domestic violence calls each week (with one person reporting 10 or more.) In terms of victim services, all survey participants reported using victim services. The majority (n=22) reported that they use it “always”. When asked about the lethality assessment, most survey participants (n=32) reported that they use it either “most of the time” or “always.” The majority (n=43) view mediation as “somewhat effective” or “very effective.” A slightly smaller majority (n=36) also view arrest/prosecution “somewhat effective” or “very effective.” When asked about repeat calls, the majority (n=37) reported that victim services “greatly reduced” or “somewhat reduced” repeat calls.

Responses to the Attitudes towards Domestic Violence (Gover et al., 2011) survey were analyzed for percent endorsement (i.e., respondent answered “Slightly Agree,” “Agree,” or “Strongly Agree”) with each statement. Most responses were aligned with what might be expected from officers well-trained in responding to domestic violence. For example, there was low endorsement of the statement “[Domestic Violence] is best handled as a private matter, rather than by police (11.1%) and high endorsement of the statement “Most [Domestic Violence] incidents stem from abusers’ need for power and control over victims” (85.5%).

There was high endorsement of several myths of Domestic Violence that should be noted. Respondents showed 85.5% endorsement of the statement “Too many [Domestic Violence] calls are for verbal family arguments.” They highly endorsed two statements that can be challenging in working with Domestic Violence - “Substance and/or alcohol abuse is the main cause of [Domestic Violence]” (80.0%) and “Women are just as likely as men to engage in [Domestic Violence]” (85.5%). They also endorsed the statement “Many [Domestic Violence] victims
could easily leave their relationships, but don’t” (50.9%). Finally, there was high endorsement of the statement “More training would help me assess [Domestic Violence] scenes” (85.5%).

Average scores on the compassion satisfaction and compassion fatigue were in the typical range. The compassion satisfaction scale had an overall mean of 38.35 (SD=5.26). Scores between 23 and 41 indicate moderate satisfaction (Stamm, 2009). The burnout scale had an overall mean of 22.76 (SD=5.02); scores below 23 reflect low burnout (Stamm, 2009). The secondary traumatic stress scale had a mean of 19.54 (SD=4.60); scores below 23 indicate low secondary traumatic stress (Stamm, 2009).

To compare departments, a series of ANOVAs were conducted on each research scale. No significant differences were found for officers’ opinions on the victim services, compassion satisfaction, or burnout. There were significant differences on the secondary traumatic stress scale, F(53)=3.75, p=.017. Post hoc tests (Tukey HSD) revealed that participants at Buckingham (M=15.50, SD=1.04) were significantly lower than those at Doylestown Township (M=21.06, SD=1.19, p=.02) and those at Plumstead (M=22.00, SD=4.20, p=.03). No other significant differences were revealed.

Both Central Bucks Regional and Doylestown Township police departments had strong response rates for the survey, 96% and 89% respectively. To further examine departmental cultural differences, chi-square analyses were conducted on the data from these two departments. There were significant differences on several variables. There was a significant difference in how officers from Central Bucks Regional responded to a question about how often they reach out to victim services, \( \chi^2(3)=9.14, p=.03 \). The majority of Central Bucks Regional officers (83%) reported that they contact victim services “always” or “often,” while only 47% of Doylestown Township officers endorsed those responses. There was a significant difference in how officers
from Central Bucks Regional responded to a question about using the Lethality Assessment Protocol, $\chi^2(4)=10.78, p=.001$. The majority of Central Bucks Regional officers (88%) reported that they use it “always” or “most of the time,” while only 18% of Doylestown Township officers endorsed those responses. There was a significant difference in how officers from Central Bucks Regional responded to a question about whether the use of victim services impacts repeat domestic violence calls, $\chi^2(2)=6.84, p=.03$. The majority of Central Bucks Regional officers (87%) reported that they believe victim services “greatly reduced” or “somewhat reduced” repeat calls, while only 50% of Doylestown Township officers endorsed those responses. There were no significant differences between them on the number of domestic violence calls per week, perceptions of how effective mediation is at reducing domestic violence, perceptions of how effective arrest and prosecution are at reducing domestic violence.

**Discussion**

This report provides a summary of the analysis of victim service integration within the four agencies and departments’ culture/personnel perception of their role in victim services. The victim services unit has served the four police departments on criminal cases, including: physical and sexual assaults; domestic disturbances; forgery; fraud; identity theft; harassment; stalking; terroristic threats; loitering/prowling/trespassing, theft from vehicle; theft of vehicle, robbery and burglary. Importantly, the victim services unit plays a vital role beyond criminal cases through providing well-being checks, death on arrival, death notification and suicide.

It is clear from the interviews and surveys that the LEV program has helped fill a service gap. Prior to the integration of the LEV program, victims did not receive any direct services from the four police departments but they were provided a list of resources by responding officers.
Since the inception of the LEV program in December 2020, the victim services unit has had contact with 919 victims of crime according to the Victim Services Unit Supervisor.

The results of this research indicate positive perceptions of the victim services unit from both command staff and officers. Across all four departments, they report that this unit has been helpful to them in their work. They report that repeat calls to the same location are fewer, and that victim follow through in the legal process is higher. Officers report high usage of these services (63.6% reported using it “often” or “always”) and satisfaction with the results of those services. Command staff were effusive with their praise of the unit and expressed a desire for the program to continue and expand. Command staff also expressed a belief that the victim services unit professionals being civilians (rather than police officers) plays a role in the success of the program.

Results of the survey show that the sampled officers have positive attitudes about their role in responding to domestic violence and the use of victim services in those and other cases. Their responses to the Attitudes about Domestic Violence (Gover et al., 2011) showed they have received appropriate training. These results also indicated the utility for continued training. Their endorsement of drug and alcohol use being a “main cause” of domestic violence is likely a reflection of how they interact with individuals at those scenes. Extant research shows that drug and alcohol use are predictors of domestic violence, but not necessarily underlying causes (e.g., Stith et al., 2004). On the scene, however, it is likely that officers are more concerned with the intoxicated person or people they’re dealing with rather than focusing on the difference between correlation and causality. Similarly, while research does indicate that men and women use violence with relatively equal frequency in heterosexual relationships, male to female violence is shown to be more intense and lethal, while female to male violence tends to be defensive (e.g.,
Johnson, 2011). The most concerning endorsement from the Attitudes survey was of the statement that most victims could “leave easily, but don’t.” However, officer’s reported openness to more training is encouraging, as these myths could be debunked through such training and help officers have increased empathy when they are on the scene of a call.

That the participants scored well within the normative ranges for compassion satisfaction, burnout, and secondary traumatic stress is notable, considering the difficulties of being a law enforcement officer. This may indicate access to high quality resources and good work/life balance, though it may also be a reflection of the cultural tendency of first responders to under-report their own struggles, or to fear negative career impacts if they do (Haugen et al., 2017). That some command staff specifically mentioned need for increased counseling services for officers is notable.

The differences seen between the two largest responding departments (Central Bucks Regional and Doylestown Township) may show differences in the culture of each department as they incorporate the victim services unit. Central Bucks Regional Police Department initiated the victim service program and recruited the other departments to join with them in this endeavor, and the victim service specialists spend a large amount of their time in this particular station, with less time spent at other locations. This proximity and “ownership” of the program, combined with simple exposure to the specialists, may help explain the significantly higher rate of usage of victim services, and their subsequently higher report of the effectiveness of the program at reducing repeat calls.

Across the command staff interviews and officer surveys, there is a strong reported support of the victim services program in all four of the departments sampled in this study. This
support was strongest from Central Bucks Regional Police Department as can be seen in both response rate and survey results. Based on this study, we recommend the following:

1. **The victim services program be expanded.** Command staff spoke to the impact of having a victim services specialist present at their station. They reported that this helped themselves and their officers understand the role of the program and build trust between officers and specialists. We predict that if there were at least one dedicated specialist for each department, usage and effectiveness would increase to match what was seen at Central Bucks Regional Police Department.

2. **Continued training for departments on domestic violence and trauma-informed policing.** While most officers’ responses to attitudinal questions were aligned with current domestic violence research and best practices, some issues were identified as well. The officers and command staff expressed high openness to more training, and providing such will help increase understanding of domestic violence and empathy for victims. Command staff familiarity with the idea of trauma-informed policing varied greatly between departments. Greater focus here again will help increase empathy at the scene and also in follow up interactions with victims of crime.

3. **Increased access to counseling and other services.** Command staff often were not aware of other counseling, mental health, or support services available to their officers, outside of the EAP. As officers become more aware of the role of trauma in the lives of the victims and other community members they serve, so too will they become more aware of the role of trauma in their own lives. We urge departments to encourage officers to take care of their own well-being and to be an active part in de-stigmatizing mental health struggles and treatment among first responders.
References


Connor-Smith, J. K., Henning, K., Moore, S., & Holdford, R. (2011). Risk assessments by female victims of intimate partner violence: Predictors of risk perceptions and
comparison to an actuarial measure. *Journal of Interpersonal Violence*, 26(12), 2517-2550.


Appendix A: Interview with Command Staff

1. Overall, tell me about your role as a commander.
   a. Concerning victims of domestic violence

2. What do you view as your department’s responsibilities concerning victims of domestic violence?

3. What are your general thoughts on the police’s role in dealing with people who are involved in incidents of domestic violence?

4. Can you tell us how your department became involved with the LEV program?

5. How has the LEV program affected how your department has handled DV cases?

6. What does trauma-informed policing mean to you?

7. What training have you received around trauma-informed policing? What training have the officers you supervise received?
   a. What did that training look like?
   b. Were you given an opportunity to provide feedback on the training(s)?

8. What additional training on DV do you think is needed within the department?

9. What are your department’s policies regarding police response to domestic violence?
   a. What’s the policy on establishing arrest and prosecution versus mediation?

10. How do you perceive collaborating with victim service agencies/treatment providers?
    a. How do you think victim services/treatment providers view this collaboration?

11. What types of resources does your department offer to deal with the stress of the job?
    a. Self-care
    b. Vicarious trauma

12. What’s it been like integrating the victim services program?
a. How are officers using it? What’s your role?

b. What’s going well?

c. What could be changed to improve it?

13. What additional resources could the Victim Services Unit provide your officers (e.g. role call training, additional communication, etc.)?

14. What else would you like to tell us about the program?

15. Would it be okay if we followed up with you with any additional questions/clarifications?
Appendix B: Interview Codes

1. PROFESSIONAL ROLE

1.1 Role as commander: Arrest and hold accountable perpetrators of DV
1.2 Role as commander: Provide victims with support and resources
1.3 Role as commander: oversee that lethality assessments are taken seriously and that they are understood by officers
1.4 Role as commander: responsible for policy and procedure
1.5 Role as commander: work with community stakeholders to draft policy
1.6 Role as commander: responsible for the staff
1.7 Role as commander: review every criminal case for proper process
1.8 Role as commander: review every criminal case for proper process: most white-collar crime
1.9 Role as commander: oversee accreditation
1.10 Role as commander: scheduling
1.11 Role as commander: internal affairs investigations
1.12 Role as commander: put together videos from the body cameras
1.13 Supervisors: serve as gatekeepers
1.14 Supervisors: read book on emotional wellness of police officers
1.15 Holding officers accountable
1.16 Law enforcement should be about helping people
1.17 Role of Police: to prosecute crime based on case law
1.18 Role of Police: to make victims as whole as possible
1.19 Role of Police: to make victims secure
1.20 Role of Police: wish they could speak more to get DV victims help
1.21 Hiring officers who care about victims

2. CULTURE OF POLICE DEPARTMENTS

2.1 History of response to and training for DV calls
2.2 History of response to and training for DV calls inadequate: lacked compassion and empathy but this has changed
2.3 Personal history: local
2.4 Personal history: many officers from local area
2.5 Personal history: education and training background, including trauma informed policing
2.6 Personal history: most officers come through police academies but newer ones have criminal justice degrees
2.7 Personal history: years as detective
2.8 Experience working with DV-related social service agencies
2.9 Experience with/creation of lethality assessment
2.10 PD cultures: change is occurring
2.11 PD cultures: stigmatism of being weak is going away
2.12 PD cultures: commander asks are they consistent
2.13 PD cultures: commander asks are they consistent: problem if they are not
2.14 Society’s (negative) perception of police
2.15 Comfort room
2.16 Strict police hierarchy
2.17 Full service criminal justice process
3. BEFORE LEV PROGRAM

3.1 Before LEV - Challenges to providing adequate care/support to victims:

3.2 Before LEV - Challenges to providing adequate care to victim: follow-up difficult for police officer

3.3 Before LEV - Challenges to providing adequate care to victims: negative stigma of police

3.4 Before LEV - Challenges to providing adequate care/support to victims: wanting violence to end versus law to arrest and associated consequences

3.5 Before LEV – Challenges to providing adequate care/support to victims: recidivism

3.6 Before LEV program, lack of follow-up with social services

3.7 Available resources beyond arrest for DV: STAR (Supporting Treatment and Recovery)

4. INTEGRATION OF LEV PROGRAM

4.1 Benefit of VSU: extra resources

4.2 Benefit of VSU: not police officer

4.3 Positive View of LEV Program

4.4 Positive view of LEV program: more victim-friendly

4.5 Positive view of LEV program: enhanced current and built new community partnerships

4.6 Positive view of LEV program: filled follow-up gap

4.7 Positive view of LEV program in the community

4.8 Positive view of LEV program: using it for calls that are not DV specific

4.9 Positive view of LEV program: seen as potentially preventative of future incidents
4.10 Little change on the scene of how DV handled except notification that VSU will be in touch
4.11 Sustainability issues with LEV program
4.12 VSU reviews reports to determine if they need to get involved
4.13 VSU provides resources for victims
4.14 VSU reassures victims that police (department) are doing their job
4.15 VSU referrals for fraud
4.16 VSU referrals: other
4.17 VSU serves as resource for officers
4.18 VSU does not go out to the scene
4.19 VSU notified that victim needs reaching out to through records management
4.20 VSU notified that victim needs reaching out to through records management: officers encouraged to reach out but have autonomy
4.21 VSU helps victims regain autonomy
4.22 VSU works with local agencies collaboratively
4.23 VSU works with local service agencies and “handoff”: from what commander knows
4.24 VSU working with victims of financial loss but very time-consuming: we used to just give them a victim services pack
4.25 Positive impact of LEV program: Action in terms of connecting victims to social services
4.26 Positive impact of LEV program: perception – direct interaction with VSU by officers has built trust
4.27 LEV program should grow
4.28 LEV program needs to expand and be sustainable
4.29 LEV could provide continued and updated resources using technology
4.30 LEV could provide continuous and additional training
4.31 LEV could provide additional training on DV
4.32 LEV program is responsibility of CBRPD
4.33 LEV program meeting victim load but might be overwhelmed
4.34 LEV program goals: assist victims of DV with more of a social worker focus
4.35 LEV program should continue: would be deficit without it
4.36 Other VS agencies: some are lacking
4.37 PDs collaborated: for Federal Grant for LEV program
4.38 PDs collaborated: piggybacked off of CBRPD

5. TRAINING AND RESOURCES

5.1 Trauma informed policing: Meaning: empathy
5.2 Trauma informed policing: Meaning of trauma informed policing: greater understanding of impact of trauma on cognition
5.3 Trauma informed policing: real small program
5.4 Trauma informed policing: Insufficient trauma-informed police training
5.5 Trauma informed policing: Plan to develop assessment of trauma informed police training
5.6 Trauma informed policing: One of VS officers is train-the-trainer trauma informed to IACP
5.7 Trauma informed policing: unfamiliar with the term
5.8 Trauma informed policing: Impact: more emotionally cognizant and empathetic police
5.9  Current training: Crisis Intervention Training
5.10 Current Training: de-escalation training
5.11 Current training: de-escalation training – chief played primary role
5.12 Current training: trauma informed policing
5.13 Current training: bias based policing
5.14 Current training: domestic violence
5.15 Current training: annual in-service – sometimes covers DV
5.16 Current training: not clearly articulated by commander
5.17 Current training: required by DA’s office/state
5.18 Current training” has changed a lot over the years
5.19 Current training: through insurance – mainly webinars
5.20 CIT: Benefit - networking
5.21 CIT: Benefit - gain information that can help with re-up training dictated by command staff
5.22 CIT: Positive view of CIT by officers
5.23 CIT: Impact - talk versus use of force
5.24 Officer Resources: Self-care awareness (or wellness programs) only through employee assistance program through insurance carrier communicated through email blasts, on board, and monitors
5.25 Officer resources: Mandated help/care for officer involved in critical incident
5.26 Officer resources: Informal support of each other (officers)
5.27 Officer resources: EAP
5.28 Officer resources: EAP: psychologists
5.29 Officer resources: training through insurance – primarily webinars
5.30 Officer resources: informative onboarding
5.31 Officer Resources: required to attend annual psych eval
5.32 Officer Resources are anonymous
5.33 Officer Resources: available for non-career related stressors

6. NEEDS

6.1 Training needs: more on interviewing/talk approach for DV calls
6.2 Training needs: more behavioral science training
6.3 Training needs: refresher training
6.4 Training needs: (addressing?) bias-based policing
6.5 Training needs: sexual assault
6.6 Training needs: mandatory paid training for vicarious trauma and self-care at the departmental level
6.7 Training needs: more on strangulation injuries
6.8 Training needs: secondary victims
6.9 Training needs: never enough training in police work
6.10 Training needs: get to know resources for DV cases
6.11 Needs: crisis team
6.12 Services needed: counseling
6.13 Services needed: counseling – there is too much lag time with external partners
6.14 Positive impact of police trainings
7. RESPONSE TO DV CALLS

7.1 DV call: Officers expected to follow DV response policy on DV calls

7.2 DV call: Mandate to arrest if visible injury

7.3 DV call: Mandate to arrest if visible injury: zero tolerance policy

7.4 DV call: Discretion of officer to refer to non-arrest DV calls to VSU

7.5 DV call: Discretion of officer on DV call

7.6 DV call: not sure of police’s role specifically in dealing with people involved in incidents of DV

7.7 DV call: you don’t always have cooperating victim despite crime

7.8 DV call: policy dictates two officers must respond: challenge for small PD

7.9 DV call: discretion of officers to call in VSU to PD

7.10 DV call: fill out form that goes to a A Woman’s Place

7.11 DV call: must make childline call if a child is involved

7.12 DV call: get victim assistance

7.13 DV call: sometimes difficult to determine who the aggressor is but DA wants us to identify lead aggressor

7.14 Articulates PA law: mandated arrest if there is injury

7.15 Articulates PA law: for DV you have to have a victim and a crime

7.16 View of victims of domestic violence: try to encourage to break free

7.17 Not all documents on how police respond to DV are public

7.18 Notification that there