DOMESTIC VIOLENCE INVENTORY

&

DVI-Juvenile
DVI Pre-Post
DVI-Short Form

TRAINING MANUAL

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DOMESTIC VIOLENCE INVENTORY, DVI-Juvenile, DVI Pre-Post

Table of Contents

Advantages of Screening ........................................ 1
The Domestic Violence Inventory (DVI) .................. 1
Applications ........................................................ 1
Four Versions of the DVI ..................................... 1
Domestic Violence Inventory ............................... 2
DVI-Short Form.................................................... 3
DVI-Juvenile......................................................... 3
DVI Pre-Post......................................................... 4
Questions and Answers......................................... 5
Risk Level Classification ............................ 6
Truthfulness Scale............................................. 6
Truth-Corrected Scores....................................... 7
Validity ................................................................. 7
Court History ..................................................... 7
DVI Recommendations..................................... 7
Control of DVI Reports ....................................... 7
Check Answer Sheet for Completeness ............ 8
Present, Past of Future Tense................................. 8
Special (99% Scores) Reports ......................... 8
Accurate - Inaccurate Profiles ......................... 8
Discriminant Validity........................................ 9
Oral Instructions............................................... 9
Significant Items ............................................... 10
Multiple Choice Items ...................................... 10
Expanding Database .................................. 10
Retest ................................................................... 10
Time Savings ...................................................... 11
Four Administrative Modes ............................. 11
Audio (Human Voice) Option .......................... 11
Test Data Input Verification ........................... 11
Delete Client Names, Confidentiality ............. 12
Test Number Reminders ................................... 12
Diskette Expiration Date ................................. 12
How the DVI System Works .............................. 13
DVI Scale Interpretation .................................. 14

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There are four DVI tests. The DVI is for adult domestic violence offender assessment, the DVI-Short Form is for the reading impaired or high volume testing agencies. The DVI-Juvenile is for troubled juvenile clients. The DVI Pre-Post is for outcome evaluation. All Four versions of the DVI deal with domestic violence offender assessment.

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Advantages of Screening
Screening or assessment instruments filter out individuals with serious problems that may require referral for intervention, counseling, or treatment.

DVI scales measure the severity of use or abuse. Measuring problem severity enables evaluators to match problem severity with treatment intensity. Research has shown that proper matching is a necessary prerequisite for treatment effectiveness.

The Domestic Violence Inventory (DVI)
The Domestic Violence Inventory (DVI) is designed specifically for domestic violence offender assessment. The DVI evaluates violence (lethality) potential, assesses control issues, quantifies substance (alcohol and other drugs) abuse, and measures stress coping abilities. The DVI also incorporates a Truthfulness Scale that measures the truthfulness of the client while completing the DVI. Many mental health professionals will not use tests that don’t have a built-in Truthfulness Scale, because assessors must know if their test data is accurate.

The Domestic Violence Inventory (DVI) consists of 155 items and takes 30 minutes to complete. The DVI has six measures (scales): 1. Truthfulness Scale, 2. Violence (Lethality) Scale, 3. Control Scale, 4. Alcohol Scale, 5. Drugs Scale and 6. Stress Coping Abilities Scale.

Applications
- Assessment of individuals accused or convicted of domestic violence.
- Domestic violence assessment in court, probation department and community service programs
- Domestic violence assessment in clinics, domestic violence assessment programs, and professional mental health provider offices.
- Adult and juvenile (DVI-Juvenile) screening, counseling and treatment programs.

Four versions of the DVI
1. Domestic Violence Inventory (DVI): The DVI (adult) is specifically designed for domestic violence offender assessment. It contains six measures (scales): 1. Truthfulness Scale, 2. Violence (lethality) Scale, 3. Control Scale, 4. Alcohol Scale, 5. Drug Scale and 6. Stress Coping Abilities Scale. The DVI has 155 items and requires 30 minutes to administer. It can be given on the computer screen or in paper-pencil format.

2. DVI-Short Form: The DVI-Short Form is a brief, easily administered and automated (computer-scored) adult domestic violence test. It has 76 items and takes 20 minutes to complete. The Short Form has 6 scales (measures): 1. Truthfulness, 2. Violence (Lethality), 3. Control, 4. Alcohol, 5. Drugs and 6. Stress Coping Abilities Scales. The DVI-Short Form assesses attitudes and behaviors important in domestic violence offender evaluation. The DVI-Short Form is appropriate for reading impaired assessment and high volume testing programs. The DVI-Short Form is a popular domestic violence offender assessment instrument or test.

3. DVI-Juvenile: The DVI-Juvenile is designed specifically for assessment of juveniles (12 to 17 years) accused or convicted of domestic violence. The DVI-Juvenile contains the same six scales as the adult version, but the test items are written specifically for juvenile offenders. These scales include: Truthfulness, Violence (lethality), Control, Alcohol, Drugs and Stress Coping Abilities. The DVI-
Juvenile has 149 items and can be completed in 30 minutes. It can be administered on the computer screen or in paper-pencil format. Regardless of how it is administered all DVI-Juvenile tests are computer scored on-site.

4. DVI Pre-Post: Many individuals, agencies and departments need a pretest - posttest assessment of domestic violence offenders. In response to that need Behavior Data Systems, Ltd. has modified the DVI (adult) so that the same test can be administered at intake and again after an intervention or treatment. At the pretest administration an assessment report is produced. Then, at the posttest administration two different reports are generated: 1) A comparison report of pretest and posttest results and 2) A standard posttest report is generated that summarizes posttest results.

The DVI Pre - Post provides an objective comparison of DVI pretest and posttest results. This comparison of DVI scale scores shows changes in scale scores, i.e., whether they improved, stayed the same or become worse. The DVI Pre - Post has 147 items and can be completed in 30 minutes. It contains variations of the standard DVI scales: Truthfulness, Violence (lethality), Control, Alcohol, Drug and Stress Coping Abilities. Although derived from the DVI this test objectively compares pretest and posttest scores. It is an outcome measure.

* * * * *

A brief description of each DVI version follows. The Domestic Violence Inventory (DVI) for adults has been very popular throughout the United States and Canada. The DVI-Juvenile, DVI Short Form and DVI Pre-Post were developed in response to domestic violence program staff and administrator need. With these four domestic violence tests many intervention, treatment and program needs are met. Both adult and juvenile offenders can now be accurately screened and assessed. And now there is an objective, accurate and fair measure of outcome. The DVI Pre-Post clearly shows whether the client improved, stayed the same or got worse during intervention and/or treatment.

**Domestic Violence Inventory**

The Domestic Violence Inventory (DVI) is designed specifically for domestic violence perpetrator risk and needs assessment. The DVI helps in assessing substance (alcohol and other drugs) abuse, violence (lethality) and emotional problems.

The DVI is a 155 item test that takes 30 minutes to complete, with automated (computer scored) reports available within 3 minutes on-site. The DVI has a sixth grade reading level and is available in English and Spanish. The DVI can be administered in paper-pencil format or directly on the computer screen. Regardless of how the DVI is given, all DVI tests are scored on PC’s, which generate DVI reports.

**SIX DVI SCALES (MEASURES)**

1. **Truthfulness Scale**: measures how truthful the client was while completing the test. The DVI identifies denial, minimization and faking.

2. **Violence (Lethality) Scale**: measures the use of force to injure, damage or destroy. This scale identifies people that are a danger to self and others.

3. **Control Scale**: controlling others has emerged as an important characteristic in domestic violence. These behaviors include swearing, pushing, intimidation, hitting and battering.
4. **Alcohol Scale:** measures the severity of alcohol (beer, wine and other liquor) use and abuse. Alcohol is often a contributing factor in domestic violence.

5. **Drug Scale:** measures the severity of drug use and abuse. Illicit drugs include marijuana, crack cocaine, amphetamines, barbiturates, ecstasy, and heroin.

6. **Stress Coping Abilities Scale:** measures the client’s ability to cope effectively with pressure, tension and stress. Extremely high scores indicate mental health problems.

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Each scale measures the severity of problems. This enables staff to accurately match problem severity with treatment intensity. Matching problem severity with treatment intensity improves treatment effectiveness.

The DVI provides an objective, accurate and fair second opinion to corroborate decision making. **The DVI is designed to assess domestic violence offender risk.** Denial, minimization, deception and faking are identified by the DVI. The DVI is a state-of-the-art domestic violence offender screening and assessment instrument.

**DVI-Short Form**

The DVI-Short Form is a brief, easily administered and automated (computer scored) adult domestic violence offender screening instrument or test. The DVI-Short Form consists of 76 items and takes 15 to 20 minutes to complete. The Short Form has six scales (measures): **1. Truthfulness Scale, 2. Violence (Lethality) Scale, 3. Alcohol Scale, 4. Drugs Scale, 5. Control Scale, and 6. Stress Coping Abilities Scale.**

The DVI-Short Form evolved from the Domestic Violence Inventory (DVI) and contains variations of the six DVI scales. The DVI-Short Form assesses attitudes and behaviors important in domestic violence offender profiling. Paper-pencil test administration takes on average 17 minutes and tests are computer scored on-site within 2½ minutes. The DVI-Short Form was developed specifically for domestic violence offender evaluation. It is much more than just another alcohol and drug test, consequently it measures important attitudes and behaviors missed by other tests.

**DVI-Juvenile**

The Domestic Violence Inventory (DVI) has been modified for juvenile (13 to 17 years) assessment. The DVI for juveniles is called the **DVI-Juvenile.** It is designed for assessment of troubled youth accused or convicted of domestic violence.

The DVI-Juvenile has 149 items and can be completed in 25 to 30 minutes. It can be administered in paper-pencil format or directly on the computer monitor. Regardless of how the DVI-Juvenile is given, all tests are computer scored within 3 minutes on-site.

The **same six scales (measures) are in both the DVI and the DVI-Juvenile.** Each scale measures the severity of problems. This enables staff to accurately match problem severity with treatment intensity. Matching problem severity with treatment intensity improves treatment effectiveness. Many people working with juveniles arrested for domestic violence asked Behavior Data Systems to modify the DVI for use with troubled youth. The six DVI scales were retained, yet worded for juveniles. The Truthfulness Scale establishes the youth’s openness and honesty while completing the test. Truth-Corrected scores are more accurate than raw scores. Even at a young age “control” and
substance (alcohol and other drugs) use and abuse are important factors to be considered in evaluating juvenile domestic violence involvement. And stress coping abilities are very important to a juveniles overall adjustment. A Stress Coping Abilities score at or above the 90th percentile reflects identifiable emotional and mental health problems.

**DVI Pre-Post**

The Domestic Violence Inventory (DVI) has been modified so that it can be used for pretest - posttest outcome comparison. After the DVI Pretest is administered the client undergoes treatment (e.g., individual or group counseling) or participates in an intervention program (e.g., anger management or stress management). Upon completion of treatment and/or an intervention program, the client is administered the DVI Posttest.

Each time the DVI Pre - Post is administered it generates an automated (computer scored) report summarizing the results of that test administration. Moreover, when the posttest is administered the DVI Pre - Post program automatically compares pretest and posttest scale scores and summarizes these results in a comparison report. This comparison report is an objective comparison of pretest and posttest scores. Consequently these outcome measures show whether the client has improved, stayed the same, or gotten worse.

Pre - Post scale comparisons include: **Truthfulness Scale, Violence (lethality) Scale, Control Scale, Alcohol Scale, Drug Scale and Stress Coping Abilities Scale** The DVI Pre - Post test is designed so that scale scores reflect the here-and-now. Scale score comparisons can improve, stay the same or get worse.

**The same six scales (measures) are in both the DVI and the DVI-Juvenile.**

**Unique DVI Pre-Post Features**

- Truthfulness Scale
- Detects Faking
- Reliable & Valid
- Lethality Measure
- Strong Accountability
- Truth-Corrected Scores
- Compares Pretest-Posttest results
- State-Of-The-Art
- Built-In Database
- Multiple Measures
- Accurate Assessment
- Alcohol & Drug Scales
- Annual Summary Reports
- Objective and Standardized

DVI Pretest Inventory’s are contained on pretest diskettes, whereas DVI Posttest Inventory’s are contained on separate posttest diskettes. Many programs report some client dropouts between intake (pretest) and program completion (posttest). Consequently the DVI Pretest and DVI Posttest software are contained on separate diskettes.

The DVI Pre-Post was developed in response to intervention (anger management programs, etc.) and treatment (individual or group counseling) program requests for an objective and fair outcome measure.
The DVI Pre-Post assesses the client’s status in the here-and-now. Client history is basic and the same for both the pretest and posttest. The intent is to provide an objective and accurate standardized assessment for pretest and posttest intervention or treatment comparison. The DVI Pre-Post can be used solely as a pretest or a posttest. Moreover after intervention or treatment it can provide a pre-post comparison of test results. Thus, the DVI Pre-Post is an outcome measure.

The DVI Pre-Post is to be administered at intake (pretest) and administered again after intervention (posttest). The DVI Pre - Post automatically provides a pre-post comparison of scale scores. The DVI Pre-Post is an outcome measure.

The DVI Pre-Post is designed for test-retest comparison as an outcome measure. It permits objective evaluation of client change. Scale scores vary in response to the clients perceived problems, situation and needs. It is the client’s opinion with all its biases that is most relevant for the initiation and continuance of treatment. DVI Pre-Post scales represent important area of inquiry at intake and after treatment when evaluating treatment or intervention effectiveness. The DVI Pre-Post comparison is done objectively by the computer.

Questions and Answers
Some frequently asked questions and answers are discussed. Additional information is explained throughout this manual. Questions are stated in bold type and concise answers follow. The Q & A section of the manual has been limited to frequently asked questions.

Why develop the Domestic Violence Inventory? Domestic violence is an all too frequent violent crime. It varies from swearing and pushing to battering. The term domestic violence refers to verbal, emotional a physical abuse and injury within a family or household. Contributing factors are many and complex. The DVI is designed to evaluate many of these important areas of inquiry. The DVI is much more than just an alcohol or drug test.

Why develop the DVI-Short Form? Domestic Violence is an all too frequent serious crime. It varies in severity from swearing or pushing to battering. Contributing factors are many and include substance (alcohol and other drugs) abuse, violence (lethality) propensity, control issues and impaired stress coping abilities. The DVI-Short Form evaluates all of these important areas of inquiry. Approximately 20+ percent of domestic violence offenders are reading impaired. The 76 item DVI-Short Form is more concise than the DVI. The Short Form enables many reading impaired offenders to complete the DVI.

Why develop the DVI-Juvenile? Domestic violence is becoming more and more of a family problem, involving many juveniles. Troubled youth differ from adults in many ways, including their age, experience, court histories and physical as well as psychological composition. Many juvenile treatment staff, probation officers and court staff requested a juvenile (12 to 17 years) version of the DVI. The DVI-Juvenile was developed to meet these needs.

Why develop the DVI Pre-Post? Many probation officers, treatment staff, program administrators, managed care agencies, court personnel, judges, counselors and other professionals requested the development of an objective, accurate and fair outcome measure. The DVI Pre-Post was developed to help meet these needs.
How do you know if the domestic violence offender is lying? All Behavior Data Systems tests contain a Truthfulness Scale that determines how truthful the client is while completing the test. The Truthfulness Scale identifies problem minimization and detects faking. And, these tests don’t stop there. Error of measurement due to untruthfulness is identified and applied to each scale, resulting in Truth-Corrected scores. Truth-Corrected scores are more accurate than raw scores.

Why do we want a built-in database? The proprietary DVI database provides ongoing research -- at no additional cost to the test user. This ensures accuracy, reliability and validity. The DVI is essentially restandardized on an annual basis. Ongoing database research ensures quality control. And annual database summary provides for program self-evaluation.

Is the DVI expensive? The DVI is very affordable. The DVI test unit fee is very reasonable and volume discounts are available. Everything else is included at no additional cost. For example, DVI test booklets, answer sheets (photocopy on-site), training manuals, ongoing research, annual summary reports, support services, upgrades, replacement materials and much more are included free. The DVI is very competitively priced.

Risk Level Classification
The DVI and the DVI-Juvenile scale scores are classified in terms of the risk range they represent. These risk level classifications are calculated individually for each of the empirically based scales as follows:

<table>
<thead>
<tr>
<th>PERCENTILE RANGE</th>
<th>RISK RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 39th percentile</td>
<td>Low Risk</td>
</tr>
<tr>
<td>40 to 69th percentile</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>70 to 89th percentile</td>
<td>Problem Risk</td>
</tr>
<tr>
<td>90 to 100th percentile</td>
<td>Severe Problem Risk</td>
</tr>
</tbody>
</table>

A person who does not presently engage in alcohol or other drug abuse may score above zero, but would score in the low risk range. In addition, an elevated score (above the 70th percentile) on the Alcohol or Drug Scale could be obtained by a recovering alcoholic or recovering drug abuser, consequently the client should be asked if he or she is recovering, and if recovering, "how long have they been abstaining" from alcohol or other drug use.

It is recommended that staff members do not take the DVI test. A staff member does not have the same mental set as an offender, consequently, they may invalidate or distort "their" DVI profile. And the DVI and the DVI-Juvenile are standardized on domestic violence offenders. These tests have not been standardized on staff.

Truthfulness Scale
An important advancement in testing has been the development of the Truthfulness Scale, which measures how truthful the client was while completing the test. It would be very naive to believe that everybody taking tests always answers questions truthfully. The Truthfulness Scale detects denial, minimizing problems and faking. The Truthfulness Scale is particularly important in court-related settings. The Truthfulness Scale identifies attempts to "fake good" or underreport problems and concerns.

When reviewing a Domestic Violence Inventory (DVI) report you should check the Truthfulness Scale score. A Truthfulness Scale score at or below the 89th percentile is indicative of accurate, truthful
and valid results. In contrast, a Truthfulness Scale score at or above the 90th percentile reflects inaccurate and invalid DVI results. Reasons for inaccurate results are many and include reading impairments, reading things into questions that are not there, emotional turmoil, denial and faking. Regardless of the reason, a Truthfulness Scale score at or above the 90th percentile means scale scores are inaccurate and likely distorted.

**Truth-Corrected Scores**
The Truthfulness Scale establishes how truthful the client was while completing the DVI. The amount of error variance associated with untruthfulness is determined for each scale and then applied to each scale resulting in Truth-Corrected scores. **Truth-Corrected scores are more accurate than raw scores because they account for the measured amount of untruthfulness while the client completed the DVI.** Raw scores may only reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide.

**Validity**
**Definition:** Within the context of assessment, validity is a general term for accuracy of measurement. Valid test results are essentially free from error. They are accurate. In contrast, invalidity refers to distortion of test results due to errors in measurement. Invalidity may be due to guardedness, denial, faking, reading things into questions, emotional instability, reading impairments, etc. An invalid tests results are distorted and not accurate.

**When handed a DVI report, staff should check the Truthfulness Scale score.** If the Truthfulness Scale score is below the 70th percentile -- test results are valid and accurate. Truthfulness Scale scores between the 70th and 89th percentiles are likely valid, but should be interpreted cautiously. Truthfulness Scale scores above the 90th percentile are usually invalid.

**DVI Court History**
It is very important that this information is complete and accurate. If the required information is not available enter “N.” Enter zero only when zero is confirmed.

**DVI Recommendations**
In some instances the evaluator will have an observation or recommendation that differs from the DVI report. **This is OK!** The evaluator may obtain important information from another source (offender, relative, records, etc.) which influences their recommendations. In these situations it is recommended that the evaluator document in writing this additional source in the space provided for “Comments” in the DVI report.

**Control of DVI Reports**
Domestic Violence Inventory (DVI) reports contain confidential information. The client and others may misunderstand some of the vocabulary. For these reasons the client should **not** be given his/her DVI report to read. **Instead we recommend a staff person review DVI results with the client, but does not give the DVI report to the client to read.** The client should **never** be allowed to remove a DVI test booklet or report from the premises. DVI test booklets and reports are privileged, highly sensitive and confidential.

**Check Answer Sheet for Completeness**
Check the client’s answer sheet to be sure it has been filled out correctly when it is turned in and before the client leaves. No items should be skipped and true and false should not be answered for the same question.

The client should be informed that each question must be answered in accordance with instructions, and be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, as it is assumed that these items were omitted to avoid admitting a “negative” response.**

**Present, Past or Future Tense**
Clients should answer questions as the questions are stated -- in present tense, past tense or future tense. Questions are to be answered literally as they are presented. There are no trick questions. If an item wants to know about the past, it will be stated in the past tense. If the item inquires about the present, it will be stated in the present tense. And, if an item asks about the future, it will be stated in the future tense. Just answer each question as it is stated.

**Special Modified Report, or 99th Percentiles**
When the Truthfulness Scale score is at or above the 95th percentile all other scale scores are automatically set to the 99th percentile. In other words the DVI report is modified due to the extremely inaccurate test protocol. And in place of the scale descriptions or paragraphs explaining scale scores, a one-page explanation of validity - invalidity is printed. A test protocol is inaccurate and invalid when the Truthfulness Scale score is at or above the 90th percentile. This modified report dramatizes the extremely high Truthfulness Scale score (95th percentile or higher).

**Accurate - Inaccurate Profiles**
The term “inaccurate” is being used instead of invalid. The term validity refers to accurate assessment. In contrast, invalidity refers to distortion of test results due to client’s attitude, reading abilities, minimization of problems, reading things into the questions, denial and faking. However, many people do not understand the terms valid or invalid. Consequently we are substituting the terms accurate and inaccurate for valid and invalid.

Inaccuracy is defined in terms of a client’s Truthfulness Scale score being at or above the 90th percentile. **A Truthfulness Scale score at the 90th percentile or above results in inaccurate tests results, and all scale scores should be considered inaccurate.** Yet, different accurate - inaccurate DVI profiles can be identified. Five examples are discussed.

**Example #1.** An elevated (at or above the 90th percentile) Truthfulness Scale score with all other scale scores at or above the 90th percentile. This profile is often associated with impaired reading skills, acute emotional turmoil, or a very deviant response set . . . Further inquiry is needed with the client before deciding whether to retest. If emotionally upset, you may want to settle the client down before retesting. Although rare, some client’s do not take the testing situation seriously and randomly respond. Regardless of the reason this DVI profile is inaccurate and invalid.

**Example #2.** An elevated Truthfulness Scale score with at least one other scale score above the 69th percentile and one other scale score below the 40th percentile. This may be an accurate profile where the client was either inadvertently “reading things into the questions” or attempting to be “absolutely honest” . . . After reviewing the instructions with the client this person would likely be retestable. However, a “focused interview” may be all that is needed to complete this assessment.
Example #3. An elevated Truthfulness Scale score with all scale scores at or below the 39th percentile. This client was attempting to minimize problems and “look good” but was detected by the Truthfulness Scale. This is a classically invalid profile. This client can be expected to be defensive and manifest denial. A direct approach is recommended, e.g., you were either attempting to minimize your problems or you were reading things into questions that weren’t there. Retest would be contingent upon the client’s attitude.

Example #4. A low risk Truthfulness Scale score with other scale scores variable is usually considered a valid profile. However, in very rare cases this represents a “test wise” client or staff member playing “beat the test.” Earlier it was noted the DVI was not standardized on staff and it was recommended they do not take the DVI. Yet, some do. And it would be very rare or unusual for a client to be that “test wise.” First year college students in psychology classes were asked to “lie but don’t get caught” and were detected. This respondent’s motivation needs to be established in interview.

Example #5. In very rare instances a client might answer all test items true or false. If all items are answered true the Truthfulness Scale would automatically be set to the maximum score. This response set is very rare. Similarly, if all items were answered false the Truthfulness Scale score would be very high. The very high Truthfulness Scale score shows the test protocol is inaccurate or invalid. Should either of these situations occur, straightforward inquiry is all that is usually needed to clarify the matter. Contingent upon the client’s attitude, retesting might be considered after the oral instructions are reviewed.

Discriminant Validity
Discriminant validity is very desirable in a multiple scale test. Discriminant validity refers to each scale measuring what it is supposed to measure, while other scales do not measure the same factors. In other words each scale discriminates in that it is the only scale measuring that factor.

Discriminant validity of the Alcohol Scale is demonstrated by the fact that only the Alcohol Scale correlates significantly with prior alcohol-related arrests.

Discriminant validity of the Drug Scale is demonstrated by the fact that only the Drug Scale correlates significantly with prior drug-related arrests.

Discriminant validity of the Violence Scale is demonstrated by the fact that only the Violence Scale correlates significantly with prior offenses involving force, e.g., assault.

Oral Instructions
The literature is clear that many clients tend to minimize their problems by substantially under-reporting their alcohol and drug use or violent acts. This emphasizes the importance of oral instructions to the client before he/she begins the DVI. A straightforward approach is recommended. For example:

“This questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. There are no trick questions or “hidden meanings.” Your court records may be checked to verify the accuracy of your answers. Please answer all the questions honestly. Just answer each question truthfully.
Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience and intent. Your example should be individualized to your situation and needs. The following example is presented for clarification as to how an example might be included in your oral instructions to the client.

“Last week a client told me while taking the MMPI that he could not answer this question true or false. ‘I am attracted to members of the opposite sex.’ When asked why, the client replied, ‘If I answer true you will think I am a sex maniac. If I answer false you will think I am a homosexual.’ I told the client that this item does not ask about being a sex maniac or homosexual. It simply asks if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals you were answering different questions. Do not read anything into these questions that isn’t there, because if you do, you will invalidate the test and you may have to take it over. Simply answer the questions true or false. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test.”

**Significant Items**
Significant items are self-admissions or important self-report responses. Significant items are identified for reference. Sometimes they help in understanding the client. **Significant items alone do not determine scale scores.** Significant items are listed at the end of the DVI report for the Alcohol, Drug, and Violence Scales.

**Multiple Choice Items**
The last sequence of multiple choice questions are called “multiple choice” because they reflect important self-report motivational, attitudinal and perceptual information. Client answers to Section 3 multiple choice items are printed on the last page of the DVI report. These answers represent the client’s perception of his/her situation and needs, consequently they may differ from objective scale scores. **This enables comparison of the client’s subjective attitude and motivation with their empirically based objective scale scores.** For example, a client may report “no problem” with regard to alcohol-related problems, even though the Alcohol Scale score is at or above the 90th percentile (severe range) score.

**Expanding Database**
A database is a large collection of data in a computer, organized so that it can be expanded, updated and retrieved rapidly for statistical analysis or annual summary reports. A database of test-related information can be very useful.

Used DVI diskettes are returned (without client names) to Behavior Data Systems and test data is downloaded into the DVI expanding database. Annual database analysis ensures ongoing research and accuracy of assessment. And, the DVI database enables ongoing test program summary reports which describe the population that was tested in terms of demographics, court history, assessment accuracy and much more.

**Retest**
When a client invalidates their DVI, it is recommended that they be given the opportunity to be retested. **Prior to retesting the oral instructions should be reviewed.** If the retest is invalid, the client may not be testable at that time.
Time Savings
The DVI is designed to provide a vast amount of relevant information quickly and accurately. The DVI facilitates a “focused interview” (not required) which may take 10 to 30 minutes to complete with no compromise in effectiveness or quality. **Focused interviews “zero in” on client problems and concerns.** Problem areas are identified with the DVI so the interview can focus on those areas of concern. The DVI combined with the focused interview can result in significant time savings -- with no compromise in the quality of the services being provided. Some assessors use interviews. An interview is not required for Domestic Violence Inventory use.

Four DVI Administrative Modes
The DVI can be administered in four different ways: 1. **Paper-Pencil test booklet format.** This is the most common way clients are tested. Tests can be given individually or in group settings. Upon test completion, tests are scored and printed in three minutes on-site. 2. **Directly on the computer screen (monitor).** Upon test completion a few key strokes scores and prints the DVI report. 3. **Human voice (computer audio) presentation.** Test items and answers are read to the client. This testing mode requires a multimedia computer, headphones and windows 95 software. And 4. **Online or internet testing at www.online-testing.com.** Users can select the test administration mode (or modes) that are suited to their needs.

Audio (Human Voice) Option
This **Audio (Human Voice) Reading** test administration mode is a new proprietary administration mode. The client sits before the computer with earphones on. Earphones ensure clarity while eliminating distortions. The “arrow keys” allow the client to switch back and forth between questions and answers. As each question or answer is highlighted it is read to the client. The client can go back and forth as many times as needed. When the client selects an answer the program advances to the next question. **Reading of test items can be in any language,** e.g., English, Spanish or Native American.

To make other than English or Spanish languages available, Behavior Data Systems would need the translator and reader provided for reading at your agency so that two tape recordings can be made. This innovative approach to reading impaired screening resolves most bilingual cultural and reading impaired screening problems. Yet, it does require a CD-ROM, earphones and multimedia or computer audio capability. **We prefer to limit automated (human voice) reading options to a maximum of two languages per computer.**

Test Data Input Verification
This procedure allows the person that is inputting the test data from the answer sheet into their computer to verify the accuracy of their data input. **In brief, the test data is input twice and any inconsistencies between that first and second data entries are highlighted until corrected.** When the first and second data entry match (or are the same) you may continue. This data input verification procedure is optional.

You may enter client test data and print reports until the diskette is filled, or if you wish, you may check to verify that data entries from the answer sheet were accurate. You have the option of verifying any data that you enter, whether you wish to verify all tests or randomly pick a few tests to verify that were entered from a diskette. The choice is yours.

There are two ways in which you may perform the test data input verification procedure: 1) **after a new test has been entered,** or 2) **by choosing the option from the Supervisor Data Entry task menu.**
The verification procedure compares test items entered the first time with the second data entry. If a discrepancy exist between the first and second (verification) data entries the inconsistency is highlighted until corrected. If an error is highlighted the error could be made either when the first data entry was done or when the second data entry was done. To know which is correct you will need to refer to the answer sheet. The test data input verification procedure is discussed in the DVI Computer Operating Guide.

When you enter a test you may choose to perform the test data input verification procedure after all the test data has been entered. A message is displayed asking if you want to “verify” data input. Type “y” for “yes” if you want to perform test data input verification, or type “n” for “no” and you will return to the main menu.

**Delete Client Names, Confidentiality**

You have the option to delete client names from the diskette before returning it. This function is the user’s responsibility. When you use this option, remember that once you delete client names from a diskette -- they are gone and can not be retrieved. We recommend you only use this option before returning used diskettes to Behavior Data Systems. Deleting client names does not delete demographic or test data. When you use this option it only deletes client names. **This option is provided to protect client confidentiality.** Once the names have been deleted, there is no way for you to retrieve them. This “name deletion” procedure insures confidentiality and compliance with **HIPAA (federal regulation 45 C.F.R. 164.501) requirements.** Compliance with HIPAA regulations is the assessor’s responsibility.

**Test Number Reminders**

Test number reminders will be displayed on the screen when you use the 40th, 45th and 48th tests on a 50 test diskette. When you choose to enter a new test for these three specific test numbers, a message will be displayed to indicate the test number you are about to enter. The messages will only be displayed at these three times. These reminders are meant to inform you that you are reaching the end of the diskette. They give you sufficient time to re-order. We want to avoid any disruption in your testing program and last minute phone calls for overnight deliveries of new diskettes.

The number of the test being scored on your diskette prints out at the bottom of page 3 of your DVI report. This also is a reminder regarding what test you are using on your diskette.

**Diskette Expiration Date**

Test diskettes are dated and active for a one year period starting with the date you receive the diskette. After the 13th month that you have had the diskette it will cease to operate. There are three reminders to inform you that you have reached the 10th, 11th and 12th month of using the diskette. The diskette will not work after the 13th month.

Test diskettes are constantly being updated and we want to ensure that you are using the most current test diskette. If you have reached the 12th month of using the diskette and have not used up all of the tests contained on the test diskette, return the diskette and you will be credited for any unused tests that remain on the diskette. Unused tests will be credited through the end of the 12th month. **After the 13th month you will not receive credit for unused tests that remain on expired diskettes.** This is a quality control procedure that is meant to be a benefit to you as well as to maintain current and updated diskettes in the field.
How the DVI System Works
To establish a Behavior Data Systems account call (800) 231-2401, fax (602) 266-8227, E-mail sheryl@bds LTD.com or write. Request your user’s license and test unit fee. Once your account is established -- orders are accepted by phone, fax, E-mail or letter. Payment is expected within 30 days of receipt of ordered materials.

Diskettes contain all of the software needed to perform all test scoring functions and print reports. Used diskettes, even damaged diskettes are to be returned to Behavior Data Systems within a year of their receipt on-site. It is important to return used diskettes.

Diskettes contain copyrighted and proprietary software and ALL RIGHTS ARE RESERVED. Do not attempt to copy the diskettes or load the software on a hard disk drive. Such an act would be in violation of U.S.A. federal copyright law. Each diskette is dated, numbered and tracked.
Several Levels of DVI Interpretation

DVI Interpretation

An example 3 page Domestic Violence Inventory (DVI) report follows this discussion of DVI interpretation. It is provided as a ready reference to augment this dialogue. There are several levels of DVI interpretation ranging from viewing the DVI as a self-report to interpreting scale elevations and scale inter-relationships.

The following table is a starting point for interpreting DVI scale scores.

<table>
<thead>
<tr>
<th>Scale Interpretation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truthfulness Scale</td>
<td>Measures how truthful the offender was while completing the test. It identifies guarded and defensive people who attempt to fake good. Scores at or below the 89th percentile mean that all DVI scales are accurate. Scale scores in the 70 to 89th percentile range are accurate because they have been Truth-Corrected. Scores at or above the 90th percentile mean that all DVI scales are inaccurate (invalid) because the offender was overly guarded, read things into test items that aren’t there, was minimizing problems, or was attempting to fake answers. Respondents with reading impairments might also score in this 90-100th percentile scoring range. If not consciously deceptive, offenders with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light. The Truthfulness Scale score is important because it shows whether-or-not the offender answered DVI test items honestly. Truthfulness Scale scores at or below the 89th percentile indicate that all other DVI scale scores are accurate. One of the first things to check when reviewing a DVI report is the Truthfulness Scale score. The Truthfulness Scale can be interpreted independently. Truthfulness Scale scores override all other DVI scale scores.</td>
</tr>
<tr>
<td>Violence (Lethality) Scale</td>
<td>Identifies offenders that are dangerous to themselves and others. It is defined as the expression of rage and hostility through physical force. Violence is aggression in its most extreme and unacceptable form. Elevated scorers can be demanding, sensitive to perceived criticism and are insightless about how they express their anger/hostility. Severe problem scorers should not be ignored as they are threatening, very dangerous and at risk. A particularly unstable and perilous situation involves an elevated Violence Scale with an elevated Alcohol Scale or Drugs Scale score. The higher the elevation of these scale scores (e.g., Severe Problem range) with the Violence Scale -- the worse the prognosis. An elevated Stress Coping Abilities Scale with an elevated Violence Scale score provides insight regarding codeterminants.</td>
</tr>
</tbody>
</table>
and possible treatment recommendations. An elevated Control Scale in combination with an elevated Violence Scale score suggests a rigidly hostile characterological pattern. Loss of control results in punitive consequences, whereas lack of control is anxiety inducing. The Violence Scale score can be interpreted independently or in combination with other DVI scale scores.

3. **Control Scale**: “Control” is a complex psychological term. Some researchers are interested in the dynamics of controlling others. The DVI Control Scale measures one’s need to control others. In social psychology control is often a synonym for power or influence. Within the context of domestic violence, control refers to the process of regulating, restraining or controlling others. These controlling behaviors vary from normal (mild) to pathological (severe). Control-related behavior pathology focuses on exaggerated, distorted or extreme behaviors like swearing, pushing, intimidation, hitting and even battering. Without getting into a discussion of a variety of control theories, the construct “control” has become important in understanding domestic violence. The significance of control is reflected in domestic violence perpetrator’s difficulty in giving up control and their resistance to treatment.

An elevated (70 to 89th percentile) Control Scale score indicates the presence of regulating, restraining and controlling behaviors. Scores in the severe problem (90 to 100th percentile) range identify extreme and even pathological controlling behaviors. Elevated Control Scale scorers have a need to control others. Anything that interferes with this sense of control is frustrating and can be threatening. These people often have a lot of friction or conflict in their relationships.

An elevated Control Scale score with an elevated Violence Scale score is usually a malignant sign. The height of these scale scores is important. Scores in the severe problem (90 to 100th percentile) range should not be ignored as they are indicative of a dangerous person. Similarly, an elevated substance (Alcohol or Drug Scale) abuse score in conjunction with an elevated Control Scale score is problematic. Alcohol and/or drug involvement can exacerbate control issues. An elevated Stress Coping Abilities Scale score with an elevated Control Scale score may help in understanding the offender’s situation. A person that doesn’t handle stress well is likely to experience symptom magnification. In summary the Control Scale can be interpreted independently or in conjunction with other DVI scale scores.

4. **Alcohol Scale**: Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious drinking problems.

Since a history of alcohol problems could result in an abstainer (current non-drinker) attaining a low to medium-risk score, precautions have been built into the DVI to correctly identify “recovering alcoholics.” Several DVI items are printed in the “significant items” sections of the DVI report for quick reference. These alcohol items include the following: admits drinking is a problem (item #31), admits drinking problem in the past year (item #37), admits has a drinking problem (item #79), “recovering alcoholic” (item #87), describes seriousness of own drinking (item #147) and states own desire for alcohol treatment (item #150). In addition, the Alcohol Scale risk range paragraphs (printed for elevated scores) clearly state that the offender may be a “recovering alcoholic.”

In intervention and treatment settings the offender’s Alcohol Scale score helps staff work through the offender’s denial. Most people accept the objective and standardized Alcohol Scale score as accurate and relevant in comparison to a person’s subjective opinion. This is particularly true when it is explained that elevated scores don’t occur by chance. The offender must answer a definite pattern of
alcohol-related admissions for elevated scores to occur. And scale scores are based on thousands of offender’s scores who have completed the DVI.

An elevated Alcohol Scale score in conjunction with other elevated scores magnifies the severity of the other elevated scores. For example, if you have an offender with an elevated Violence Scale who also has an elevated Alcohol Scale score, that person is even more dangerous when drinking. In summary, the Alcohol Scale can be interpreted independently or in conjunction with other elevated scores.

5. **Drugs Scale**: Measures illicit drug use and the severity of abuse. Drugs refer to marijuana, cocaine, crack, ice, amphetamines, barbiturates and heroin. These are illicit substances. An elevated (70 to 89th percentile) Drugs Scale score is indicative of an emerging drug problem. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies serious illicit drug abusers.

A history of drug-related problems could result in an abstainer (drug history, but not presently using drugs) attaining a low to medium-risk score. Precautions have been built into the DVI to correctly identify “recovering drug abusers.” Several DVI items are printed in the “significant items” section of the DVI report for easy reference. These items include: increased tolerance in last year (item #29), admits has a drug problem (item #39), used drugs within the last year (item #44), admits using and abusing drugs (item #69), in treatment for a drug problem (item #93), rates severity of own drug use (item #148) and states desire for drug treatment (item #151). In addition the elevated Drugs Scale paragraphs clearly state the offender may be a “recovering” drug abuser.

In intervention and treatment settings the offender’s Drugs Scale score helps staff work through client denial. And an elevated Drugs Scale score in conjunction with other elevated scale scores magnifies the severity of the other elevated scores. For example, an elevated Violence Scale in conjunction with an elevated Drugs Scale score increases the severity and risk associated with the Violence Scale. In summary, the Drugs Scale can be interpreted independently or in conjunction with other elevated scales.

6. **Stress Coping Abilities Scale**: Measures how well the offender copes with stress. It is now known that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Coping Abilities Scale score in conjunction with other elevated DVI scale scores helps explain the offender’s situation. For example, when a person doesn’t handle stress well, other existing problems are exacerbated. This problem augmentation applies to substance (alcohol and other drugs) abuse, violence (lethality), control issues and stress-related problems.

An elevated Stress Coping Abilities Scale score can also exacerbate emotional and mental health symptomatology. When a Stress Coping Abilities Scale score is in the severe problem (90 to 100th percentile) range it is likely that the offender has a diagnosable mental health problem. In these instances referral to a certified/licensed mental health professional may be appropriate to obtain a diagnosis, prognosis and treatment plan. Lower elevated scores suggest less intensive referral alternatives like a stress management program. In summary, the Stress Coping Abilities Scale can be interpreted independently or in conjunction with other elevated scales.

* * * *

At one sitting of approximately 30 minutes duration staff can acquire a vast amount of domestic violence perpetrator information which includes acting out (violence) propensity, controlling tendencies, substance abuse and stress coping abilities. Early problem identification facilitates timely intervention and improved outcome results.