Domestic Violence Liaison Program Evaluation - Final Report

Report Prepared for:
The New Jersey Department of Children and Families

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Introduction

The objective of the project, "Evaluating the Domestic Violence Liaison Program", is to identify if an interagency collaboration between a child welfare agency and domestic violence service providers can positively impact the lives of families experiencing domestic violence. The Department of Children and Families (DCF) contracted with the Center on Violence Against Women and Children (VAWC) at Rutgers School of Social Work, to evaluate the Domestic Violence Liaison (DVL) program.

The Domestic Violence Liaison (DVL) program is a partnership between the Department of Children and Families (DCF), the Office of Domestic Violence Services in the Division on Women (ODVS), Division of Child Protection and Permanency (DCP&P), the New Jersey Coalition to End Domestic Violence (NJCEDV), the DCP&P local offices and domestic violence lead agencies. The goal of this program is to strengthen and enhance the service coordination between New Jersey's child welfare and domestic violence systems to bring about improved safety and well-being outcomes for women and children when child abuse and domestic violence co-occur.

DVLs are specially trained professionals with extensive knowledge of domestic violence and available services, who are employed and supervised by the local domestic violence organizations (DVOs) in each county. DVLs are co-located at DCP&P local county offices to provide on-site assessment and case planning assistance to caseworkers, and domestic violence safety planning, support, and advocacy for domestic violence victims and their children.

According to the New Domestic Violence Case Practice Protocol by DCF, the purposes of this DVL Program include:

1. To ensure the safety of children whose family is experiencing the co-occurrence of child abuse and/or neglect and domestic violence, from reporting through case termination;
2. To develop a safety protection plan with the non-offending parent or caregiver to ensure that each child is safe from harm and substantial risk of harm;
3. To enable the child to live in a stable and nurturing home environment, with the non-abusive parent wherever and whenever possible;
4. To provide individualized, strengths-based, needs-driven services to children and families; and to reduce the subsequent reports of domestic violence and/or child abuse and neglect while DCP&P is providing services and after case closure.

As part of this project, VAWC used several strategies to gain a better understanding of DVL program in New Jersey, the factors contributing to such collaboration between the child welfare and domestic violence systems, and the impact of the DVL program on program participants. The project consisted of three phases, during which four methods of data collection were utilized: 1) focus groups; 2) surveys; 3) interviews.

During Phase I, **focus groups** were conducted with staff from the DCP&P offices and DVOs regarding the DVL program. During Phase II, confidential online **surveys** were conducted with

staff from each DCP&P local office and DVO around the state. We used these strategies to determine the factors that support or create barriers to this interagency collaboration. Lastly, during Phase III, **interviews** were conducted with women who have experienced domestic violence and who have been involved with DCP&P, some of whom participated in the DVL program, to determine the impact of this interagency collaboration on families experiencing domestic violence.

Specifically, our research questions for the project included:

1. What are the organizational or staff level factors that facilitate or hinder a successful interagency collaboration which helps families experiencing domestic violence?
2. How do these organizational and staff factors impact outcomes for families experiencing domestic violence?
3. Does participation in an interagency collaboration model improve safety and other outcomes for families experiencing domestic violence?

The first research question was addressed in Phases I and II of the project; the second and third research questions were addressed in phase III of the project. This report describes findings from all three phases of the research project.

Methods – Overview

Prior to conducting this research project, researchers received approval from the Institutional Review Board (IRB) at Rutgers University and from the DCF Research Review Team. Also, an Advisory Board was developed to offer insight and logistical support including multiple perspectives to ensure that research methods and deliverables were developed with the intended beneficiaries in mind. The Advisory Board consisted of representatives from each entity involved in the DVL collaboration including: DCF, ODVS, DCP&P, NJCEDV, and VAWC. The Advisory Board was involved in the planning of all three phases of the project.

The study used a mixed methods approach to gather and analyze data on interagency collaboration through the DVL program to address each research question. First, a comprehensive **literature review** was conducted to inform the research project. The literature review covered existing research on co-occurring domestic violence and child welfare concerns, what strategies systems have used to address this issue, systems collaboration methods utilized in every state in the United States, and research on best practices for systems collaboration. Using the research collected during this phase, VAWC created two research briefs, one providing an overview of systems collaboration efforts in the United States, and the other providing an overview of what factors the literature describes as facilitative of successful cross system collaboration.[1] Following the literature review, the following three phases of research methods were utilized. During Phase I of the project, eight **focus groups** were conducted with staff from

[1] An Overview of Systems Collaboration Efforts to Address the Co-occurrence of Domestic Violence and Child Maltreatment; Factors that Facilitate Successful Cross System Collaboration: https://socialwork.rutgers.edu/centers/center-violence-against-women-and-children/research-and-evaluation/evaluating-domestic-violence-liaison-program

DCP&P, DVLs and DVL supervisors. Qualitative analysis was completed examining themes among the responses. During Phase II, an anonymous online **survey** was distributed statewide to professionals within DCP&P and DVOs and data was analyzed using quantitative techniques. The combination of the two data sets from phases I and II of the project provide a more complete understanding of the factors that facilitate and hinder collaboration, as well as the overall successes and challenges of the DVL program. During Phase III, face-to-face **interviews** were conducted with women[2] who have experienced domestic violence, have been involved with DCP&P, and may have been involved in the DVL program. The data was analyzed using quantitative techniques. The data set from phase III of the project provides us with information regarding the impact of the interagency collaboration through the DVL program on family outcomes.

Sample. For phase I, potential **focus group** participants were recruited by the staff at the Center on Violence Against Women & Children (VAWC) at Rutgers School of Social Work in partnership with key contacts at DCF, ODVS, and NJCEDV. These key contacts assisted in scheduling dates, times and locations for focus groups to occur and reached out to potential participants verbally and by email to explain the project. Those interested were scheduled for an available date and were asked to participate in a one-time, one-hour focus group. Eight focus groups (1 with DVL Supervisors, 2 with DVLs, and 5 with DCP&P staff) were conducted with a total of 63 participants between November and December 2015.

For phase II, **statewide survey** participants were recruited from each DCP&P local office and lead domestic violence agency in New Jersey. Staff from local county DCP&P offices and DVOs were invited through an email to complete the survey. The survey was available through the online survey tool Qualtrics. The survey was distributed to 4,870 individuals at DCP&P and 583 individuals at DVOs for a total of 5,453 potential participants. These surveys were distributed between January 5 and March 18, 2016. Upon closure of the survey, 1,190 surveys were received, a response rate of 21.8%. Of the 1,190, some were duplicate responses and others had either not consented to the survey, or had only answered the first few questions. Therefore, it was determined that 1,025 individuals completed the survey. Upon cleaning the data surveys were removed which had more than 10% missing responses to survey questions, did not indicate male or female as their gender, did not answer the education question, and those which did not specify employment with either DCP&P or a domestic violence organization. Therefore, the final analytical sample included 846 participants.

For phase III of the project, potential **survivor interview** participants were recruited by the staff at VAWC in partnership with DCP&P local offices and DVOs throughout nine counties in New Jersey. Key contacts within the DCP&P local offices and DVOs assisted in distributing and posting flyers and palm cards, scheduling dates of interviews, providing locations for interviews to occur and speaking to potential participants about the project. Women interested in participating in an interview were able to call a research staff at VAWC using a phone number provided on print materials. Each interested participant was first screened by a researcher by

[2] We specifically talk about violence against women in this paper since women disproportionately represent victims and males as perpetrators of physical, sexual, and other forms of violence. Hence, we will refer to victims as female and perpetrators as males. This in no way diminishes the experiences of male victims nor absolves females of violence they might inflict upon males or other females.

phone to determine if they qualified according to the project's predetermined criteria. If an interested participant qualified, they were scheduled for an appointment to participate in a one-time, one hour, in-person interview with a research staff trained on trauma-informed interviewing and educated at the MSW or doctoral-level, conducted in mutually agreed upon public locations. Each participant was given a $40.00 cash incentive at the beginning of the interview. All women who participated in the interviews were recruited from the following nine counties throughout New Jersey: Bergen, Camden, Ocean, Hudson, Mercer, Middlesex, Monmouth, Morris, and Somerset. A total of 140 women were recruited, 69 interviews were scheduled, and 68 interviews were conducted between July 14, 2016 and March 31, 2017.

All interview participants were selected based on the following criteria: (1) the participant was between the ages of 18-64 at the time of the interview; (2) the participant had child(ren) under the age of 18; (3) the participant had experienced some form of domestic violence in the past 12 months; and (4) the participant had involvement with DCP&P in the past 12 months.

Participants of the **focus groups**, **statewide survey** and **survivor interviews** were asked a series of questions regarding their demographic information (see Table 1). The majority of focus group participants were female, and 24% of participants indicated having a Spanish, Hispanic, or Latino origin. Further, those who participated in the focus groups identify as: White (67%), Black (24%), other (8%), and Asian (5%). The majority of statewide survey participants were also female, and identify as: White (59%), Black (27%), and having a Spanish, Hispanic, or Latino origin (20%). All survivor interview participants were female, and about 39% indicated having a Spanish, Hispanic, or Latino origin. Further, 27% of survivor interview participants were interviewed in Spanish, as they indicated Spanish was their first language during the initial screening.

Table 1. Participant Demographics by Data Collection Type

Demographic Variable		Survey Participants (n=846) %	Focus Group Participants (n=63) %	Interview Participants (n=64) %
Gender				
	Female	87.1	93.7	100
	Male	12.9	6.3	-
Race[1]				
	White/European	58.5	66.7	28.1
	Black/African-American	26.6	23.8	21.9
	Asian	2.0	4.8	1.6
	American Indian	0.6	1.6	-
	Native	0.6	0.0	-
	Hawaiian	0.2	0.0	-
	Other	10.9	7.9	11.0
Ethnicity[1]				
	Hispanic/Latino	20.3	23.8	39.1

[1]Note: Participants were able to select more than one response for the question on ethnicity, thus the percentages do not equal 100. In the regression analysis, the race variable has been recoded into three categories that include those identifying as solely white, solely black, and other, and the Hispanic/Latino variable remains as Hispanic/Latino or not Hispanic/Latino.

Focus group participants and **survivor interview** participants were asked about their age. About 44% of focus group participants are between the ages of 31 and 40, and 24% are between the

ages of 41 and 50 (see Chart 1). About 47% of interview participants are between the ages of 35 and 44, and 36% are between the ages of 25 and 34 (see Chart 2).

Chart 1. Age of Focus Group Participants (n=63)

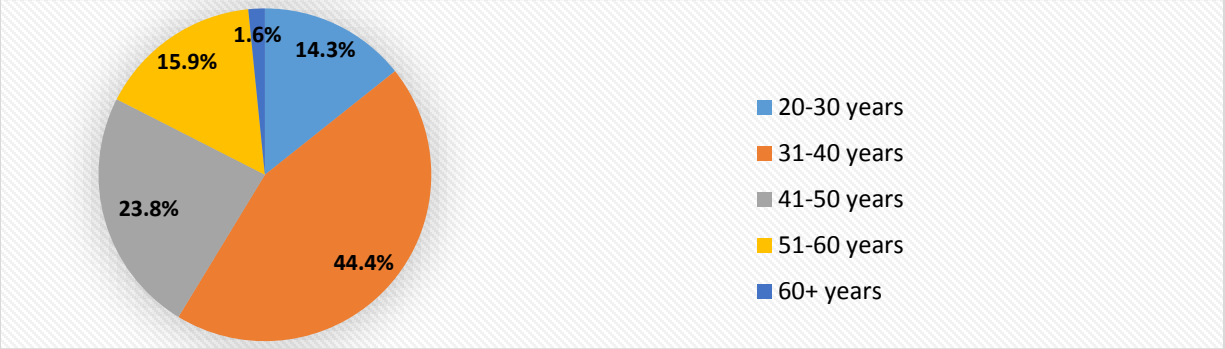


Chart 2. Age of Interview Participants (n=64)

Statewide survey participants from DCP&P and DVOs and **survivor interview** participants were both asked about their education. More than half (52.8%) of statewide survey participants hold a Bachelor's degree, including BSW, and 38% hold a Master's degree, including MSW (see Chart 3). Approximately one-quarter of survivor interview participants (26.22%) completed less than 12 years of education, with an additional one-quarter of participants (24.59%) completing 12 years of education, and a slightly higher percentage of interview participants completing 13-15 years of education (see Chart 4). Approximately 11% of survivor interview participants completed 16 years or more of an education.

Chart 3. Education of Survey Participants (n= 846)

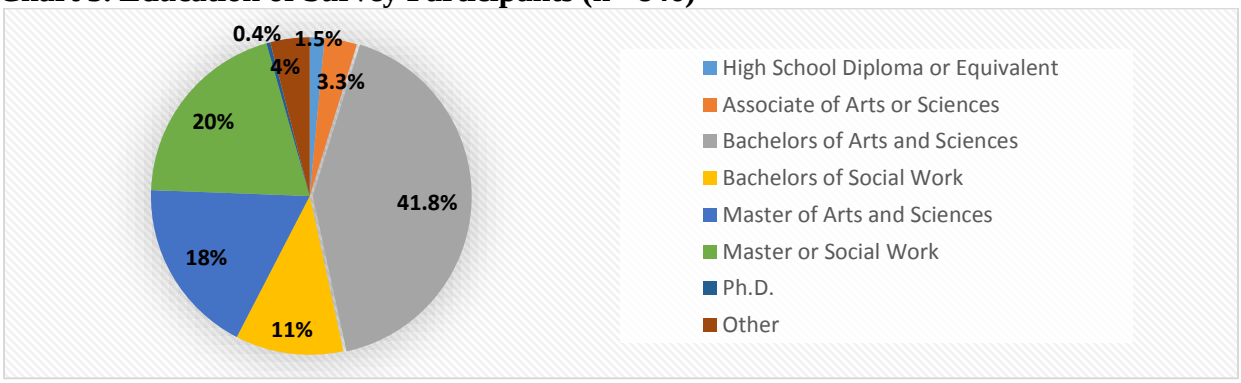
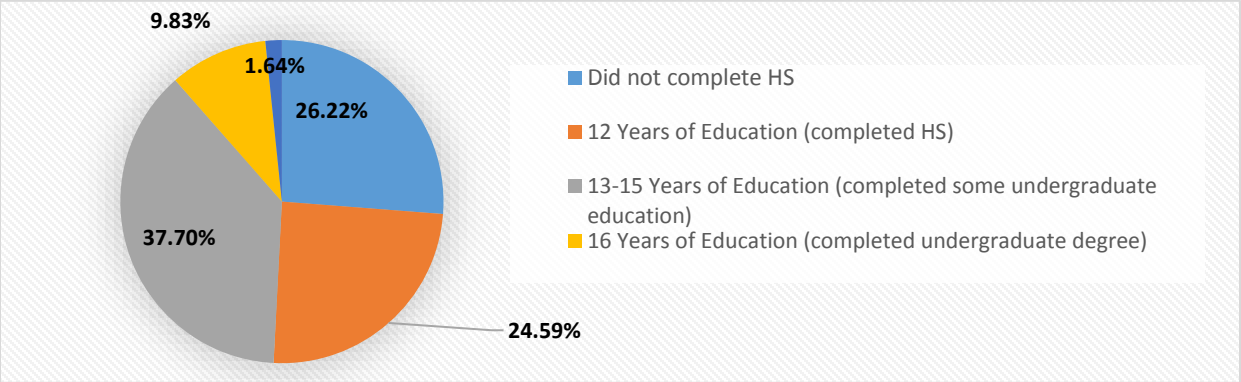


Chart 4. Education of Interview Participants (n= 64)



Statewide survey participants from DCP&P and DVOs were asked questions about their own personal experiences with domestic violence and the DVL program, and about the experiences of people they know with domestic violence and the DVL program (See Table 2). They answered "yes," "no," or "unsure" for each of the statements. The table below shows the percentage answers and the sample size for each. The sample size varies depending on how many participants responded to the items.

Table 2. Survey Participants' Personal Experiences with Domestic Violence

Question	DCP&P	Domestic Violence Organization
	Yes %	% Yes
Do you know anyone personally, such as a friend, family member, or coworker, who has experienced domestic violence? (DCP&P n = 629; DVO n = 212)	82.0	94.8
Have you ever personally experienced domestic violence? (DCP&P n = 626; DVO n = 207)	29.5	45.8
Do you know anyone personally, such as a friend, family member, or coworker, who has been involved with the DVL program? (DCP&P n = 628; DVO n = 209)	14.8	34.4
Do you feel your life has been impacted by domestic violence? (DCP&P n = 626; DVO n = 209)	35.1	65.0

A majority of both DCP&P participants and DVO participants knew someone personally who had experienced domestic violence, although less than half of participants had experienced domestic violence themselves. Only a small percentage of both groups personally knew someone who had been involved with the DVL program. More DVO participants agreed that their lives have been impacted by domestic violence compared to DCP&P employees.

Survivor interview participants were asked questions about their personal experiences with DCP&P, which included their most recent experience with DCP&P, prior experiences with DCP&P, and outcomes of their involvement with DCP&P. The charts below show the percentage answers and the sample size for each. The sample size varies depending on how many participants responded to the items. Of the interview sample, a majority of participants (59.4%) reported that this was their first time being involved with DCP&P (See Chart 5). Also,

the majority of participants (70.3%) indicated they had not had their children removed from the home by DCP&P (See Chart 6).

Chart 5. Involvement with DCP&P (n= 64)

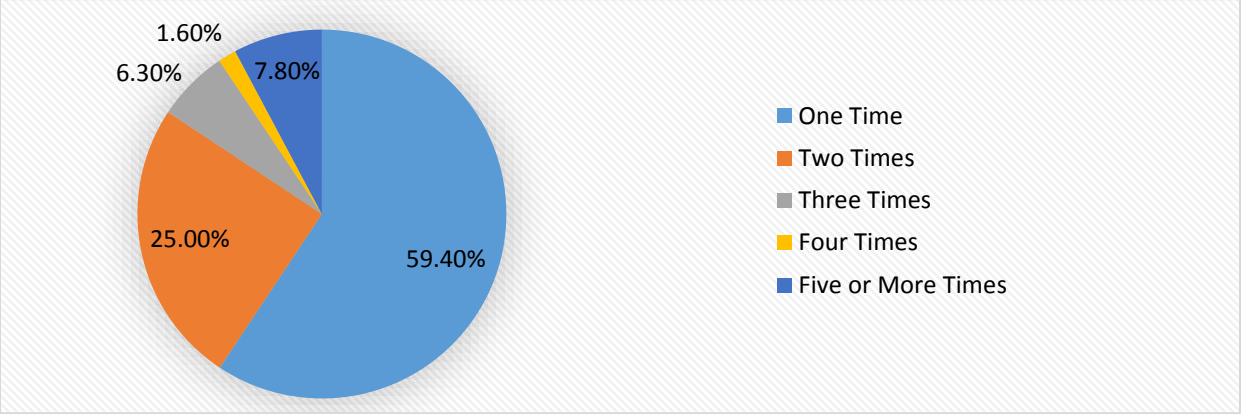
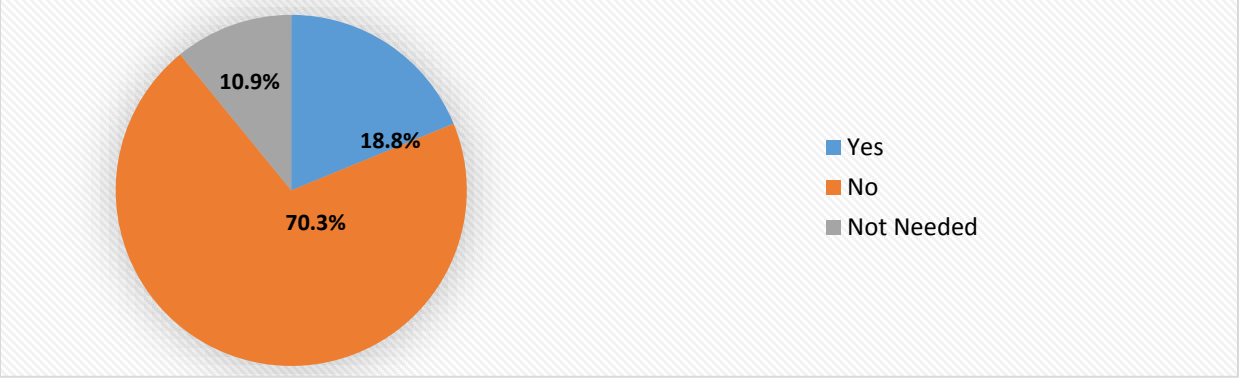


Chart 6. Removal of Children (n= 64)



Data Collection. A minimum of two research team members attended each **focus group** (Phase I) including one facilitator who obtained informed consent and facilitated the group and one research assistant who recorded detailed notes on a laptop. In addition, each focus group session was audio recorded. The facilitator protected the confidentiality of focus group participants by assigning each participant with a numerical identifier which was used in place of his or her name. The research assistant used these identifiers in place of names while taking notes on the conversation. Following each focus group, the notes were uploaded to a password-protected secure folder location on the Rutgers University School of Social Work server, to which only members of the research team had access. The notes were then reviewed and compared to the audio recording by the note taker and again by another member of the research team to ensure accuracy. Throughout the report, some direct quotes from research notes were used; however, while all efforts were made to quote participants as accurately as possible, these quotes may not be transcribed word-for-word given the limitations of the research staff. In addition, the quotes presented in this report have been edited to correct grammatical errors.

The research team took a number of steps to encourage participation in the **statewide survey** (Phase II), in order to increase the likelihood of a higher response rate. First, the Project

Coordinator attended both a statewide DVL meeting and a statewide DCP&P local office manager meeting to introduce the project and the importance of the upcoming survey.

Following these meetings, the Project Coordinator sent emails to all of the DCP&P local office managers and DVO directors in order to further explain the survey and to schedule the survey to be emailed to their staff.

The Project Coordinator then requested managers and directors to introduce the survey to their staff in two different ways. For DCP&P, the Project Coordinator created a 2-minute video in which she introduced the project, the purpose of the survey, and asked DCP&P staff to participate. Managers were asked to show the video at the end of their next scheduled staff meeting and allow staff to leave the meeting approximately 10 minutes early to complete the survey. This process not only made the project more personal, but it also carved out time during the DCP&P staff's busy work day to allow them to complete the survey.

For DVOs, the Project Coordinator provided a one-page handout for staff regarding the purpose of the project, and asked leadership to introduce the survey and hand out the information to staff at the next regularly scheduled staff meeting.

After each DCP&P local office and DVO scheduled dates to complete the survey, the Project Coordinator emailed a pre-written survey invitation with the online survey link embedded, to the assigned staff person at each location. Once received, the assigned staff person forwarded the survey email to all of their staff and copied the Project Coordinator for confirmation. The first survey invitations were disseminated on January 5, 2016. Each site was given two reminder emails which were both disseminated in the same way through the designated staff person. The Project Coordinator continued to track each survey's dissemination throughout the process. The survey was officially closed on March 18, 2016, one week after the last survey reminder was disseminated.

Each **survivor interview** (Phase III) was conducted by a research team member. All research team members received comprehensive training on trauma-informed interviewing and were educated at the MSW or doctoral-level. The researcher conducting the interview explained and obtained written consent from the participant and provided the participant the $40.00 cash incentive prior to facilitating the interview. The researcher then verbally asked participants each question on the interview tool and entered responses online in Qualtrics. When access to the internet was limited, researchers used paper copies of the interview and entered responses into Qualtrics within three days of conducting the interview. A second member of the research team later reviewed the electronic version of the interview tool and compared it to its paper version to ensure accuracy before destroying all paper copies.

Interviews were available in both English and Spanish. When a Spanish speaking participant was interviewed, a researcher who was fluent in Spanish conducted the interview using the Spanish translated version of the interview tool. Each written consent form was scanned to a secure and password protected file kept on a secure university server at Rutgers University; all paper copies were destroyed.

In order to recruit women to participate in the **survivor interviews**, multiple strategies were employed to increase the response rate. First, the research team and members of the Advisory Board identified three initial counties to recruit women for interviews based on the following requirements:

- The county had a consistent DVL for 1+ years;
- How the county implemented the program (number of DVLs and number of offices DVLs worked with);
- The number of DCP&P referrals they had in the prior fiscal year; and
- The number of DVL referrals in the prior fiscal year.

Along with the Advisory Board, VAWC also took into account demographics, such as being urban, suburban or rural and diversity in service provision, into account when selecting counties. The following three counties were selected: Bergen, Camden, and Ocean.

The research team planned to conduct interviews in one county at a time and began with Ocean County. To begin recruitment, the Project Coordinator sent emails to each of the Bergen, Camden and Ocean DCP&P local office managers and DVO directors in order to inform them of the project and ask for their support in posting flyers regarding the project in their offices as well as asking their staff to discuss the project with potential participants.

Research staff conducted an extensive resource audit in each county to identify locations where women meeting the research qualifications might see the study information. As part of the research audit, the research team conducted a comprehensive online review of the resources and service providers available in each county, paying particular attention to services and resources that mothers were likely to utilize regularly such as: grocery stores, coffee shops, salons, faith communities, child care centers, fitness clubs, and mental health or medical service providers. This audit guided where the research team posted information about the research study. Starting in July 2016, research staff then posted flyers in 294 locations throughout Ocean County. In Camden and Bergen counties, research staff focused the resource audits to key service providing agencies which resulted in flyers posted in a total of 38 locations in Camden County and 28 locations in Bergen County. In order to increase the response rate to the study, three additional counties were selected by VAWC and the Advisory Board four months later: Monmouth, Morris, and Somerset. Flyers were posted in 13 locations in Monmouth, 20 locations in Morris, and 14 locations in Somerset. One month later, in an additional effort to increase participant response, three additional counties were added: Hudson, Mercer, and Middlesex.

Research team members met with several key service providers, DCP&P local offices and DVOs in each county to build partnerships. The Project Coordinator attended each office's staff meetings to explain the protocol to all staff, provide flyers, palm cards and talking point guidelines to staff, answer questions and encourage participation in the recruitment efforts. The research team also implemented a new protocol to recruit interested participants through scheduling interview "time-blocks" through partnerships with DCP&P local offices and DVOs. DCP&P local office and DVOs selected 2-3 dates they could provide space for a VAWC researcher to conduct on-site interviews with participants from their organization. The staff of each organization were asked to speak to their clients about the study and sign up interested women for the designated dates. The organization would then provide the sign-up sheets to the

Project Coordinator several days prior to the pre-selected interview "time-block" dates. VAWC staff then called, screened and scheduled qualified women for interviews. The Project Coordinator also sent a series of email reminders to each organization participating in the "time-block" protocol to encourage the continual promotion of the project beyond the scheduled "time-blocks". A final email was sent to each office on March 31, 2017 to officially conclude the recruitment phase of the project and to thank everyone for their support.

A number of barriers to recruiting participants for the interviews included:

- Challenges identifying women who fit the research criteria since those involved with DCP&P may be concerned about confidentiality and information they share impacting their DCP&P case;
- Challenges with organization staff around participation in the recruitment process; and
- Challenges with language on recruitment materials describing DCP&P involvement criteria in a non-stigmatizing way.

Although research staff implemented multiple strategies to recruit as many participants as possible, in the end, a total of 140 women were recruited and screened, 69 interviews were scheduled, and 68 interviews were completed between July 14, 2016 and March 31, 2017. The 71 women who were screened and did not complete an interview did not meet the criteria for the study--most of them not having involvement with DCP&P. Please see Appendix A for a more detailed description of these recruitment efforts.

Instruments. The **focus groups** (Phase I) were semi-structured, following a focus group guide with several domains of questions while allowing enough flexibility for participants to speak to their own experience with the DVL program.

The focus group guide for DCP&P included topics such as:

- the process for referring a client to the DVL program;
- how domestic violence is identified;
- opinions on the current identification process and referral process;
- areas for improvement, and
- perceptions of the relationships with the domestic violence or DCP&P agencies in their communities.

The focus group guide for staff working as DVLs and their supervisors, included topics such as:

- how clients are referred to the DVL;
- what happens once a referral is received;
- how information is shared between the DVL and the DCP&P staff;
- opinions of the referral process and the overall DVL program; and
- perceptions of the relationship between the DVL and the local DCP&P office.

All groups were asked about whether the DVL program was successful and what they feel indicates whether the DVL program is working.
The **statewide survey** (Phase II) included multiple scales and questions focused on:

- participants' attitudes and beliefs about domestic violence;

- the relationship between child welfare staff and domestic violence organizations within New Jersey;
- professional confidence and efficacy to work with survivors of domestic violence;
- their personal experiences with domestic violence; and
- demographic information.

These scales were developed by Dr. Postmus and used in other studies with child welfare workers about their attitudes and beliefs about domestic violence.

The **survivor interviews** (Phase III) included standardized scales and both closed and open-ended questions covering:

- nature, severity and duration of abuse;
- referrals and utilization of services in the DVL program;
- services provided by DCP&P;
- empowerment or self-efficacy;
- linkages made with other community service agencies;
- ability to obtain resources;
- developing and using a safety plan;
- the occurrence of referrals and removals;
- perceptions of impact on children; and
- mental health functioning of participants and their children.

Data Analysis. Upon the completion of all **focus groups** (Phase I), two members of the research team independently reviewed the notes from two of the same focus groups (one DCP&P focus group and one DVL focus group) and categorized the data using codes representing concepts found in focus group participant responses (i.e. "top-down issues"). After each researcher developed these preliminary codes, team members met to compare their lists and reconcile discrepancies. Approximately 97% of the researchers' initial codes overlapped, and the remaining codes identified unique concepts. These researchers then met with the VAWC Project Coordinator to consolidate these codes into categories based on underlying similarities. These codes and categories were then used to analyze all eight focus groups. After all eight focus groups were analyzed, the Project Coordinator and research team merged the categories into several broader themes.

The research team began the **statewide survey** (Phase II) data analysis by cleaning the data. First, the team reviewed missing data as the result of the skip logic programmed into the survey--for instance, questions that were withheld based on the answer to a previous question. All missing data were coded as 999, and skip logic was coded as 888. Two research team members reviewed this for accuracy. All questions with reverse wording were recoded, as well as all items that were binary: 0=No; 1=Yes. Variable frequencies were run, as well as reliability tests on all scales for the reference of the research team. The means and significance values for the scale items, subscales, and full scales were compiled and are included in this report. Additionally, regression models were conducted to better understand the relationship between personal demographics, job characteristics, and personal experiences on opinions of the collaborative

relationship between systems, attitudes and beliefs regarding domestic violence, and sense of professional efficacy.
The research team began the **survivor interviews** (Phase III) data analysis by cleaning the data. Means were compared on scales, subscales, and individual items between those who have used the DVL program, and those who have not. Descriptive statistics were also analyzed to better understand the sample, and are discussed throughout the report. Additionally, two open ended questions were asked at the end of the survey:

1. *Discuss your experiences with domestic violence liaison (the advocate that worked in your DCP&P office)--what worked well and what did not work well?*
2. *Discuss how you saw DCP&P and the domestic violence liaison working together for your situation. What worked well and what did not work well?*

In order to analyze the qualitative responses provided to the open-ended questions, two members of the research team independently reviewed all of the responses and categorized the data into main themes (i.e. services and emotional support). After both researchers developed these themes, team members met to compare their lists and reconcile discrepancies. These researchers then met to consolidate qualitative responses into themes based on underlying similarities.

Our analyses are descriptive in nature. The **focus groups** and **statewide survey** depict broad comparisons between DCP&P and DVOs related to their attitudes, beliefs, and professional behaviors surrounding domestic violence and the DVL program, while the **survivor interviews** depict broad comparisons between participants who have and who have not participated in the DVL program. For all three phases of the project, participants were asked about their demographic information and completed several scales. For each scale, the mean value (i.e., the average) for each individual question asked as part of the scale is presented, as well as the mean values for the subscales and overall scale. It is important to note that some of the scales in the **statewide survey** were specific to each group's profession, in which case only the mean values for that group are presented.

All quantitative analyses were conducted in SPSS version 23; any qualitative or analyses of open ended questions was conducted in nVivo. For some analyses, there may have been missing data for a small number of cases; additionally, some data was purposefully missing due to "skip logic". As a result, results in some tables will show different sample sizes depending on the variable; we have noted this when applicable.

Results – Staff (Focus Groups & Survey- Phases I-II)

Results are presented using data from **focus groups** as well as quantitative analysis from the **statewide survey**. The guiding research question for *this* phase of the project included:

1. *What are the organizational or staff level factors that facilitate or hinder a successful interagency collaboration which helps families experiencing domestic violence?*

This question was addressed through direct feedback during focus groups as well as through the data collected within the survey. To understand the first question we looked at various attitudes and beliefs held by staff persons and organizations as well as how staff experienced support through their role. We also looked at the programmatic and system level structures and factors, which contributed to the overall success of the DVL program and how staff perceived these factors influencing client outcomes.

In an effort to connect the results from both methods used, focus groups and surveys, the results are grouped under the three main themes derived from the data and include: 1) Attitudes and Beliefs; 2) Staff Support and Experience; and 3) Program and System Structure. Each theme has various subthemes that highlight more specifically the topics which emerged from the data to highlight the research questions posed. Data from the surveys is presented in quantitative formats giving statistical illustration to the topics covered while data from the focus group gives verbal context. Focus group participants' identities are confidential; hence, for the purpose of understanding context, we indicate whether DCP&P or DVL staff made each statement. Whenever possible, quotations are included from the interview notes taken during focus groups.

Survey results produced quantitative data, which have been analyzed using various statistical methods. For the purposes of this report, significance indicates the amount of variation within the results and how likely it is that continued data collection would continue to produce the same results. We believe the results from both the survey and the focus group weave together a broad picture of success, challenges, and future goals within the work being researched. The results are presented below.

Attitudes and Beliefs

We aimed to understand more about the first research question: *What are the organizational or staff level factors that facilitate or hinder a successful interagency collaboration which helps families experiencing domestic violence?* by understanding more about attitudes and beliefs around domestic violence and child maltreatment. In addition, we wanted to illuminate some of the factors which contribute to successful collaboration mainly by grasping what staff believe to be true in relation to the very complicated and complex issues they deal with on a daily basis. Each of the attitude and belief sections allow us helpful insight into how positive or negative reactions to domestic violence, child welfare, and collaboration, may contribute to a staff person's willingness to assist with collaborative efforts.

Throughout the focus groups both with DCP&P staff, DVLs, and DVL supervisors, participants described individual attitudes and beliefs held by themselves and other staff persons which either lead to the success of the DVL program or to greater challenges.

a) Attitudes and Beliefs about domestic violence & the co-occurrence with child maltreatment

Focus group participants expressed varying views on domestic violence and differing perspectives on how others relate to clients and to the issue of domestic violence. For example, one DVL participant mentioned:

> *They (DCP&P) don't see the value of our program, they don't see domestic violence as significant. Then they get upset because their client didn't understand something, because [they're] speaking in 20 different languages and [they] don't give them 2 hours to understand… workers don't give their clients enough time and don't give clear information to them.* (DVL)

> *Now I am in the middle, and I would like would to involve DCPP more, because it is an influx in their system. I also want to link up more with the contractors provided by DCPP, like psychologists. Do the providers get a copy of the DV protocol? I do not believe so, but it would be a benefit. I have numerous people [providers] recommending couples counseling, which is completely contradicting the DV protocol. Psychologists are referring this and being put on a court order.* (DVL)

> *I feel sometimes the DVL and our agency are not on the same page in regards to what safety means. We want to protect the victim, but children are our main priority… We do safety plan, we call the hotline, mom agrees to go the shelter, but then later on in the day when she meets with the DVL, the plan is changed. We are not on the same place when it comes to the safety of the children. The DVL does not see the entire picture. (DCP&P staff)*

Literature has documented the co-occurrence of child maltreatment and domestic violence; participants in the focus groups discussed this in addition to the complexity between the two issues. One DVL participant stated:

> *In one of my cases, mom stabbed dad because of sexual abuse on her 10 year old child. Case worker said I had to meet with dad, and the supervisor said no. Another [non-offending parent] who was listed as the batterer lit the mattress on fire and mom was arrested. He came home beat up mom, went to sleep, and she lit mattress on fire.* (DVL)

One DCP&P participant discussed how this overlap can become normalized and thus must be recognized and services offered:

> *When there is a history of DV that has been normalized by kids, sometimes the children do not even recognize it as being domestic violence, they need in-house services for more intimate therapy approaches for kids and the victim*. (DCP&P staff)

DVL participants expressed the strong need for continued collaboration to address this overlap:

> *Ongoing consultation and safety planning on cases is needed. The DVL has no authority to help the caseworker with ongoing consultation. I've consulted at the first referral and six months later I haven't been involved in any of the conversations. They've now taken the kids, dad's not involved in any services, and mom's being court ordered to participate in victim services...* (DVL)

Given the differing organizational missions and professional responsibilities, contrasting professional philosophies emerged with what was called a "*disconnect between DV organizations and DCP&P*". This means that the organizations are limited in how they respond to the overlap of domestic violence and child maltreatment. One DCP&P participant indicated that they do not have questions in their assessments meant to specifically assess domestic violence. Another DCP&P participant struggled with the way one domestic violence shelter handles their clients:

> *They [shelter] service the community not just DCP&P. Even if we feel that our client is at risk and she doesn't have anywhere else to go, if other clients in the community, non-DCP&P clients that come to the shelter and the shelter feels that there are other people in the community at higher risk, we get a call asking us to remove our clients because they cannot shelter them anymore. So we have to put them in a hotel room or remove their kids because mom is now homeless or mom is forced to go back to the batterer*. (DCP&P staff)

Some DCP&P participants discussed how children can be desensitized to the presence of domestic violence indicating that where there is a history of DV that has been normalized by kids, the children often do not even recognize it as being domestic violence. One DCP&P staff expressed the need for specialized services for children exposed to DV:

> *They need in-house services for more intimate therapy approaches for kids and the victim* (DCP&P staff).

Another participant highlighted that this concern had been addressed in their county and funding was allocated to provide support for DV exposed children:

> *[It was] Recognized in county that desensitization of children to the DV in the homes was happening, [so DCP&P] worked with the DV agency to develop a group for the children (8-10 weeks) out of the DCP&P office, grant funded,[we] did a few rounds of programming,[and the] groups were successful…*(DCP&P staff)

Data gathered from **statewide survey** responses (see Table 3) highlighted how DCP&P staff and DVL respondents scored on questions related to their overall attitudes and beliefs regarding domestic violence (see Table 3). This same scale also asked respondents whether they agreed or disagreed with statements regarding the co-occurrence of DV and child abuse (see Table 3).

Participants were given a series of statements about domestic violence and were asked to rate the extent to which they agreed or disagreed. The table below highlights the means for individual questions, as well as the overall mean for the scale, the two subscales, and the sample size for each group, including the total sample. The scale used ranged from 1 being "strongly disagree" to 5 being "strongly agree." The sample size for this scale varies due to missing data.

Table 3. Survey Results of Participants' Attitudes and Beliefs about Domestic Violence

Question	DCP&P (n=629)		Domestic Violence Organization (n=207)		Total Sample (n=836)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
Subscale 1: Attitudes Regarding Domestic Violence Victims							
If a woman continues to live with a man that beats her, then it is her own fault if she is beaten again.	1.66	0.77	1.14	0.39	1.53	0.73	***
Supporting a woman who stays in a violent relationship excuses the abuse.	1.69	0.73	1.22	0.49	1.57	0.71	***
Most women could find a way to get out of any abusive relationship if they wanted to.	2.28	1.03	1.74	0.87	2.14	1.02	***
Often, the female victim provokes her male partner to physically assault her.	1.76	0.81	1.38	0.73	1.67	0.81	***
Most domestic violence involves mutual violence between partners.	2.23	0.88	1.69	0.84	2.10	0.90	***
People are only victims if they chose to be.	1.77	0.84	1.31	0.64	1.66	0.82	***
Subscale 2: Beliefs about reporting child abuse when exposed to Domestic Violence							
Child abuse should be reported if a child witnesses a domestic violence incident even if the child is not physically hurt.	4.15	0.85	3.79	1.14	4.06	0.94	***
Child abuse should be reported if domestic violence occurs in the home – even if the child did not witness the event nor was injured.	3.71	1.08	3.03	1.25	3.55	1.16	***
Child abuse should be reported if a child is unintentionally injured during a domestic violence incident.	4.24	0.87	4.20	0.85	4.23	0.87	NS
Subscale 3: Attitudes and Beliefs about the effects of Children's Exposure to Domestic Violence							
Children who were abused or witnessed abuse in their homes often become abusers as adults.	3.53	0.94	3.56	1.00	3.54	0.96	NS
Children who were abused or witnessed abuse in their homes often become victims as adults.	3.59	0.88	3.65	0.93	3.60	0.89	NS
Overall Scale	2.78	0.40	2.42	0.43	2.69	0.43	***
Subscale 1: Attitudes regarding Domestic Violence Victims	1.90	0.56	1.41	0.41	1.77	0.57	***
Subscale 2: Beliefs about reporting child abuse when exposed to Domestic Violence	4.03	0.78	3.67	0.91	3.94	0.82	***
Subscale 3: Attitudes and Beliefs about the effects of Children's Exposure to Domestic Violence	3.55	0.85	3.60	0.90	3.56	0.86	NS

***** $p < .05$; ** $p < .01$; *** $p < .001$
Cronbach's Alpha = 0.785

Across the questions, subscales, and overall scale, staff at DVOs on average scored significantly lower on items related to victim blaming negative attitudes and beliefs compared to those who worked at DCP&P. We advise readers, however, that while many results show statistically significant distinctions between the two groups, some of the actual differences on the mean scores are somewhat narrow. That is, for some findings, the gap is not that wide between DVO and DCP&P employees.

Overall, on eight of the items, as well as the overall scale mean and two of the subscales, there was a statistically significant difference in the means of DCP&P staff in comparison to the DVO staff. Notable, the overall scale mean was in the three-point range, indicating that participants' scores generally centered on the response "no opinion", while the first subscale indicated that responses were generally centered in the one-point range, indicating responses closer to "disagree".

On average, DCP&P employees were more likely to agree with reporting child abuse regarding a child witnessing DV compared to DVO employees. DCP&P employees were also more likely to agree with reporting child abuse even if DV is occurring but the child has never witnessed it, compared to DVO employees.

Again, we advise readers, that while many results show statistically significant distinctions between the two groups, some of the actual differences on the mean scores are somewhat narrow. That is, for some findings, the gap is not that wide between DVO and DCP&P employees.

b) DCP&P's attitudes and beliefs about collaborating with the domestic violence partner

Focus group participants were asked about their perceptions and reactions to the collaboration between DCP&P staff and the DVLs. While some of the focus group participants indicated they felt the collaboration between the two was adequate and at times very successful, many stressed the ongoing challenges. The following DCP&P participants discussed communication as a major challenge to their collaborative efforts:

> *[I'm] Having issues with collaboration with DV agencies because of communication and who should be speaking to who about the client.* (DCP&P staff)

> *Sometimes there's been issues with communication, like there's been a lot of back and forth with the clients before and with communication [there are] some issues; but for the most part they are always available; I don't have anything too negative to say about them [DVL]*. (DCP&P staff)

Another focus group participant raised a concern with information sharing when discussing collaboration. This was a theme that reoccurred throughout the focus groups. Many participants expressed similar feelings:

> *[A] major issue to collaboration is limited information that is being shared, [the] worker gives information, but can't get anything back, even if it is just one or two lines…* (DCP&P staff)

At times, focus group participants recognized the disconnected messages surrounding the mission of each organization. One DCP&P worker indicated that they come from a child protective service lens in which their main focus is protection. If they are not certain that the parent is able to protect the children, then they are concerned. In addition, they struggle with the need for written confirmation of services. For example, one DCP&P participant stated:

> *Written confirmation would be helpful; you can ask the client if they did something and they might say yes, but the reality is that they did not or may not do it to the extent that they say they are, but when we are sending things to the court they won't accept anything that is not written up, like with all of our other collateral, and even it has to come with a letterhead from that collateral agency.* (DCP&P staff)

Other concerns from DCP&P participants included the lack of resources:

> *… when you don't have enough resources for children and batterers, [the] cycle will continue, because educating the victim is not enough, all three need to be treated, collaboration needs to be made with the agency, can't be successful if there is no collaboration, it won't be a success unless the family is treated.* (DCP&P staff)

Participants also seemed distressed by the position the DVL is placed in relating to their local office and the DVO. In addition, it was expressed that some DCP&P workers are not sure who the DVL is in their office. The following notes highlight such reactions captured from two DCP&P participants:

> *She [DVL] makes it clear that she is not employed by our agency or for our agency. We know her role and alliance, but that isn't a collaboration.* (DCP&P staff)

> *Sometimes I feel DVLs are sitting in an office, in a bubble. They are an entity themselves. I wonder how they can be more engaging with the staff as opposed to waiting there. They should not just sit there waiting for referrals to come. How can we be more engaging so that it could be a true collaboration? Maybe do a one-on-one approach and chat with workers about cases through engagement. She is only there 3 days out of the week, but we are told that our referrals are too low in our office. Some workers don't even know who the DVL is.* (DCP&P staff)

These topics were further addressed within the survey as illustrated below. From the **statewide survey**, participants from DCP&P were asked questions about their perceptions of statements regarding collaboration with DVOs (see Table 4). Participants were given a series of statements about collaboration, and were asked to rate the extent to which they agreed or disagreed. The table below highlights the means for individual questions, as well as the overall mean for the scale, the two subscales, and the sample size for each group, including the total sample. The scale ranged from 1-5, with 1 being "strongly disagree" and 5 being "strongly agree." Participants for this table include those who indicated they work for DCP&P, and that they also interact with DVOs.

Table 4. Survey Results of DCP& P Participants' Opinions on Collaboration with Domestic Violence Organizations

Question	DCP&P (n=564)	
	Mean	SD
Subscale 1: Willingness to Collaborate		
Domestic violence agencies in my local area are willing to provide services to victims involved with DCP&P.	4.09	0.72
I have positive working relationships with staff of domestic violence agencies in my local area.	3.83	0.82
The domestic violence agencies in my local area usually provide culturally sensitive services to victims of domestic violence.	3.45	0.85
Domestic violence staff in my local area are willing to meet with me on a regular basis to discuss concerns/issues that arise regarding DV cases.	3.58	1.01
Domestic violence staff in my local area are willing to collaborate with me.	3.73	0.90
Subscale 2: Negative Experiences with DV Organizations		
The victims I work with share negative experiences they have had when using domestic violence services in my local area.†	3.12	0.92
The staff in my office share negative experiences of domestic violence agencies in my local area.†	3.12	0.98
Overall Scale	3.48	0.63
Subscale 1: Willingness to Collaborate	3.60	0.67
Subscale 2: Negative Experiences with DV Organizations	3.12	0.93

† indicates a reverse coded item (1 strongly agree; 5 strongly disagree)
Cronbach's Alpha = 0.820

On average, DCP&P employees agreed that DVOs are willing to provide services to victims involved with DCP&P. Also, DCP&P employees reported an average in the high three-point range regarding having a positive working relationship with staff of DVOs, as well as perception of DVO staff being willing to collaborate, indicating a mean around "no opinion" to "agree."

c) DVL's attitudes and beliefs about collaborating with the DCP&P partner

When asked about their perspective on collaborating with DCP&P, the DVL staff indicated first how valuable they felt the collaboration continues to be for the promotion of the overall goal of assisting clients. One DVL participant stated:

> *Taking the program away won't benefit anything. Face-to-face [contact] and having an individual in the office is [the] strongest strategy for collaboration in agencies. Look at other states, it's a huge strategy.* (DVL)

Yet, while the importance of the program was expressed, others clearly felt the collaborative aspect was not always working. The following two DVL participants express varying ideas on the challenges with collaboration including separation from their DVO and the responsibility put on them to create a collaborative environment:

> *I like being at the intersection, but I would like a little bit less hands off to the agency. I collaborate so much with DCP&P that I forget about the DV agency. The agency and DCP&P need to talk more rather than going through me.* (DVL)

> *DCP&P is all about teaming, but they don't team with the resources in their office [such as DVL]. Going back to your collaboration, you [DVL] make the collaboration, it's never really them [DCP&P] at all.* (DVL)

The DVL focus group participants expressed a need to stand up for themselves at times and stand up for their expertise on domestic violence due to disconnect between ideologies among DCP&P workers and domestic violence staff. One DVL participant drew attention to this concern with the following statement:

> *You have to stand your ground with collaboration, we have to be true to what we as DV advocates believe; at the state meeting they used my example as an example with good collaboration and it really was a case where I stood my ground. The mother didn't want the father interviewed because of her safety and she didn't want anyone to talk to him and for me and my policy I have to protect her safety and my recommendation went up and up but eventually was approved and I just had to stand my ground. In the DCP&P protocol they have to interview the father and so we were at odds.* (DVL)

Despite some challenges, there were moments of reflection toward what has changed, grown, and been achieved through the program. As one DVL participant stated, "If nothing else, the fact that we're even having this conversation is an improvement". Another DVL described their experience as very successful and collaborative:

> *We do the case practice form together with the worker, and decide as a team if the DVL needs to meet with the client. We do everything with the worker present. We give them some time slots and see if the client is interested and then set up a home visit or office visit meeting. We just recently accompanied a client to court. We do it as a process together to decide where we go next. 90% of time the worker is involved in conversations.* (DVL)

Many DVL focus group participants expressed growth in how DCP&P staff view domestic violence and the successes with collaboration around domestic violence issues. As one DVL participant indicated, one success they have seen through the DVL program is through language changes among DCP&P staff when describing and documenting domestic violence and an increase in knowledge for how to look for protective factors in domestic violence cases. Another DVL participant reiterated, the positive effects can be seen with knowledge reinforcement and joint trainings between DCP&P staff and the DVL's.

Relatedly, from the **statewide survey**, participants from DVOs were asked questions about their perceptions of statements regarding collaboration with DCP&P (see Table 5). Participants were given a series of statements about collaboration, and were asked to rate the extent to which they agreed or disagreed. The table below highlights the means for individual questions, as well as the overall mean for the scale, the two subscales, and the sample size for each group, including the

total sample. The scale used ranged from 1 being "strongly disagree" and 5 being "strongly agree." Participants for this table include those who indicated they work for a DVO and that they interact with DCP&P.

Table 5. Survey Results of DVL Participants' Opinions on Collaboration with DCP&P

Question	Domestic Violence Organization (n=174)	
	Mean	SD
Subscale 1: Willingness to Collaborate		
I have positive working relationships with staff of DCP&P in my local area.	3.70	0.83
DCP&P staff in my local area do a good job of referring their clients to me once DV has been identified.	3.49	0.85
DCP&P staff in my local area are willing to meet with me on a regular basis to discuss concerns/issues that arise regarding DV cases.	2.99	0.99
DCP&P staff in my local area are willing to collaborate with me.	3.39	0.90
Subscale 2: Negative Experiences with DCP&P		
The staff in my office share negative experiences of DCP&P in my local area.†	2.21	0.86
The victims I work with share negative experiences they have had when working with DCP&P in my local area.†	2.83	1.02
Overall Scale	3.10	0.59
Subscale 1: Willingness to Collaborate	3.39	0.70
Subscale 2: Negative Experiences with DCP&P	2.52	0.83

† indicates a reverse coded item (1 strongly agree; 5 strongly disagree)
Cronbach's Alpha = 0.733

Findings illustrated that on average, DVO staff fall between "agree" and "no opinion" when asked about having a positive working relationships with DCP&P staff, indicated by their mean score in the high three range. The overall scale mean and the first subscale are in the three point range, indicating scores generally centered on "no opinion", while the second subscale with the reverse coded items fall in the two point range, indicating scores generally centered between "agree" and "no opinion."

Staff support and experience

Another theme that emerged from the focus groups, centered on the individual experiences of various aspects of support they receive and the experiences they have while in their roles in addition to their personal connections to domestic violence. This theme is separated into four subthemes: a) professional efficacy; b) staff training; c) staff education; and d) staff longevity in the field. Ultimately we understand that clients respond best and receive the most when they are supported and served by staff that are well prepared and capable of assisting in the situation. We also know from the collaboration literature that such support, training, and time working with the population also contributes to how willing and able a person is to assist in collaborative efforts.

a) Professional Efficacy

Within this work we define professional efficacy as a staff person's ability to complete a task or their confidence in the body of work they are responsible for. While professional efficacy is a

broad term, the focus group results highlighted specific areas where workers were at times comfortable and at times uncomfortable during the process of their work in screening, referring, and working together to address domestic violence. Thus professional efficacy for this research is specifically looking at the effectiveness or capacity of DCP&P staff and DVL staff to understand and feel comfortable with issues surrounding the intersection of domestic violence and child welfare.

Within the focus group results, identifying domestic violence as a possibility seemed to be a divisive concern. Many participants discussed how broad definitions of domestic violence were a concern resulting in too many referrals to the DVL. Others, such as the following DCP&P staff person, indicated the screening mechanisms were insufficient:

> *People fight, a street general argument about child care, about anything. So the questions that they are asking at screening is: is there DV? They need to ask more questions. Because that is really where it starts, at screening. So if they [screeners] have more appropriate questions then that will identify them better.* (DCP&P staff)

Yet, as mentioned, many see the identification process as too inclusive with not enough professionals trained in domestic violence to fill the needs of the families being identified. Participants from DCP&P highlight these conflicting messages:

> *We were doing all the referrals and then the DVL was overwhelmed and would take weeks before the DVL would get to get in touch with them and so then I started to weed out the ones who really needed to speak with someone right away.* (DCP&P staff)

> *Something might say DV but when you go into the home it's a custody thing and one parent is claiming one thing and it may not have happened; so you have to see what is appropriate and not prematurely make a referral just because something was coded DV.* (DCP&P staff).

One DVL gave similar feedback that the idea of domestic violence was sometimes misunderstood and thus called for more training and more specific screening guidelines:

> *Screening [happens] if anyone mentions abuse or violence, they are automatically sent to [the] DVL regardless of current status, doesn't matter if the violence was 20 years ago, or the person is deceased; had to do a lot of training on screening what you're being sent before sending to the DVL.* (DVL)

While many of the DVL's agreed with these statements made during the focus groups, some, such as the following DVL statement, expressed concerns about the greater impact of referral confusion:

> *There are some supervisors who mention DV from 10 years ago and the batterer has been deported and I am still getting a referral and then there are active DV cases with strangulation and I am not getting a referral. Inconsistency is very troubling.* (DVL)

Participants from DCP&P expressed concern over their abilities to meet the need with or without the DVL's assistance. As one participant indicated:

> *I do try to involve the DVL…they are fine but they are doing an intake with them; I can do my own intake and get the info that I need and the recommendations are what I would do – [such as] individual counseling, counseling at the shelter, those are all recommendations that we would make ourselves…it's not so much the DVL I need.* (DCP&P staff)

What we see is a disconnect between what the DCP&P staff perceive they are able to accomplish and how the DVL is perceived to be useful.

To look at professional efficacy from the **statewide survey**, participants from DCP&P and DVOs who indicated they work directly with clients were asked questions about their perceptions of statements regarding their professional efficacy to work with survivors of domestic violence (see Table 6). Participants were given a series of statements about their comfort and ability to address domestic violence with clients, and were asked to rate the extent to which they agreed or disagreed. The table below highlights the mean values for individual questions, as well as the overall mean for the scale, the two subscales, and the sample size for each group, including the total sample. The scale used ranged from 1-5, with 1 being "strongly disagree" and 5 being "strongly agree." The participants in this table include those who noted that they work directly with clients.

Table 6. Survey Results of Participants' Professional Efficacy

Question	DCP&P or DCF (n=613)		Domestic Violence Organization (n=184)		Total Sample (n=797)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
Subscale 1: Asking About Violence							
I feel comfortable asking clients if they have experienced domestic violence.	4.01	0.69	5.00	0.00	4.24	0.74	***
I feel comfortable asking clients if they have experienced sexual violence.	3.83	0.76	4.83	0.39	4.06	0.86	***
I feel comfortable asking clients if they have experienced financial abuse.	3.99	0.68	4.89	0.31	4.20	0.72	***
I feel comfortable asking clients if they have experienced emotional and/or psychological abuse.	4.02	0.66	4.88	0.34	4.22	0.70	***
I feel comfortable asking clients if they have experienced stalking.	4.02	0.64	4.87	0.34	4.22	0.68	***
I am afraid of offending clients if I ask them about domestic violence.†	3.83	0.96	4.41	1.08	3.96	1.02	***
Subscale 2: Confidence in Knowledge and Skills							
I feel confident in my knowledge of strategies to help survivors of violence to address their situation.	3.55	0.94	4.64	0.64	3.81	0.99	***

Question	DCP&P or DCF (n=613)		Domestic Violence Organization (n=184)		Total Sample (n=797)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
I feel confident that I can make the appropriate referrals for clients in same sex relationships who are survivors of domestic violence.	3.31	0.99	4.70	0.45	3.63	1.07	***
I feel adequately prepared to provide services to clients experiencing domestic violence.	3.06	0.93	4.44	0.87	3.79	0.99	***
I feel prepared to provide services to clients experiencing domestic violence as a result of training or education I have had.	3.58	0.94	4.47	0.84	3.79	0.99	***
Overall Scale	3.77	0.56	4.71	0.33	3.99	0.65	***
Subscale 1: Asking About Violence	3.95	0.60	4.81	0.30	4.15	0.65	***
Subscale 2: Confidence in Knowledge and Skills	3.50	0.76	4.56	0.56	3.75	0.84	***

***** p < .05; ** p < .01; *** p < .001

† indicates a reverse coded item (1 strongly agree; 5 strongly disagree)

Cronbach's Alpha = 0.903

Staff from DVOs were more likely to feel comfortable asking clients about domestic violence and sexual violence compared to staff from DCP&P. Additionally, staff from DVOs were also more comfortable asking clients about financial abuse, emotional abuse, and stalking compared to DCP&P staff. Findings also illustrated that DVO employees felt more confident in their knowledge of strategies to help survivors address their situation, more confident in making referrals for clients in same-sex relationships, and more prepared to provide services to clients who are experiencing domestic violence than those who are employed by DCP&P.

Overall, on all of the items, as well as the overall scale mean and two subscales, there were statistically significant differences, and large variance, in the means of DCP&P staff in comparison to the DVO organization staff. Additionally, the overall scale mean was in the high three-point range, indicating that participants' scores generally centered on the response "no opinion" and "agree."

b) Staff Training

Focus group participants identified training as a part of the DVL role as well as an opportunity to promote collaboration. While there were some specific concerns addressed around the structure and delivery of trainings, there was significant attention given to the different training provided by each group and who attended those trainings. Many participants discussed the effectiveness of trainings and the overall impact they have had on long-term change and behavior adjustments.

While some positive aspects of how training is implemented were expressed, there were many more concerns. Participants discussed being both overwhelmed and underwhelmed with trainings. While the focus group with DVL supervisors expressed unanimously too many trainings being given to the DVLs, some participants in other groups expressed a lack of training.

One DVL stated:

> *For people who are newer in the program, there's this program, and there's this great expectation for us, but there's no training for us*. (DVL)

This conflicting perspective seems consistent with another DVL who discussed needing to generate an agency-specific training manual for new DVL staff members since each agency does things differently.

Another DVL expressed concern about the content being delivered through trainings. One DVL was surprised to see the lack of knowledge among DCP&P casework staff surrounding the basic domestic violence information and, at times, what constitutes child abuse. This DVL believed this to be due to an overwhelming amount of information being given at one time leaving DCP&P staff at a loss for how to implement it all.

Many questioned the effectiveness of the trainings offered, such as this DVL:

> *We get DCP&P training, we get DV training, and we come in with our expertise and with our experience, but there are things (and tools) that DCP&P have in place that we're not sure how we're supposed to use, like the case practice forms. We're given it, but we're not instructed on how exactly to use it.* (DVL)

Some DVLs wondered how much of the information provided during training is actually being utilized by DCP&P staff and had concerns about the efficacy of making trainings mandatory:

> *A lot of the trainings we have to do, we have to do four trainings per year, sometimes it's like pulling teeth to get people to go, other times they just make it mandatory so they have to go and they get the credits, and they're not actually paying attention or engaging. Like I'd love to do a strangulation training, because they don't see the severity every time we tell them someone has been choked, I ask them "did you tell the client to seek medical attention?" And they look at me like I'm crazy for asking that question so there's just like a lot of disconnect, but I feel like there's a great learning opportunity that's not taken advantage of, and afterward they're just checking boxes*. (DVL)

Another DVL expressed a lack of connection between the training and implementation:

> *The trainings that our staff provides or that DCP&P receive here, they're wonderful, they're great, they're amazing, but I'm noticing that there is a short term impact and give it a few months and they're back to where they were.* (DVL)

One DVL described multiple trainings given to people who are already familiar with the Domestic Violence Protocol, but those people who really need to be familiar with it seem to not be exposed. Similarly, one participant discussed spending hours in a training learning about valuable things only to find them never implemented or utilized within the offices. The need for different training topics was discussed, especially as it related to batterers services and interventions. Both DVL & DCP&P participants expressed a desire to have more knowledge on

batterers based on the need to serve this population. The following response from one DVL highlights this gap:

> *I need training on batterers' services, because they are coming through on referrals, and I don't follow up on it, because it is not what I do.* (DVL)

This was coupled with stories about trainings occurring with a lack of enthusiasm or material follow-up. Meaning, as one participant expressed, the training provided tools and information, but the presenter was reading from a slide and those tools were never shared nor was the information presented in a way that felt useful.

Others, such as the following DCP&P participant, voiced opinions based on the presenter and not so much the content of the training:

> *Our old DVL did some trainings and it was more a waste of time; we would play a game …we want to gain knowledge and not play a game, it was a waste of time; there was one recently where the new DVL had a speaker come in and was very good and was very informative* (DCP&P staff).

Despite some strong criticisms of the training presentations, participants in the focus groups had some equally strong words of affirmation regarding their training experiences. One DCP&P participant discussed the benefit of flexible learning both within formal trainings and within more casual spaces such as one-on-one consultations:

> *DVL provides like two hours training, but also when our DVL meets with our workers one-on-one for a case, the DVL also gives us guidance and one-on-one training. She will tell us to do this, to do that, or say, you can offer this to the perpetrator. …they do little [small] trainings in the office, here and there.* (DCP&P staff)

Another DCP&P participant noticed an increase in shared information generated through cross-trainings:

> *Over the years our relationship has improved. We now have collaboration meetings. And we do cross trainings. Every other month for staff meetings, they will come to our office or we will go over to present.* (DCP&P staff)

The benefits of receiving specific trainings from partner organizations and other experts in the field were indicated by this DCP&P participant:

> *Victims look to the perpetrator for everything, VAWC training is teaching DCP&P workers unique ways to provide victims with phone numbers and information, such as writing a phone number like a grocery tab list… [we] took back this tool to the office, [we] learned we can't give victims any documents or forms to keep at home for their safety.* (DCP&P staff)

From the **statewide survey**, questions were asked regarding trainings received. The results are broken up by DVO participants, DCP&P participants, and overall responses from all survey respondents. The data illustrates the following:

DCP&P staff:

- 95.7% (n=605) reported receiving training on domestic violence, while 4.3% (N=27) said they hadn't received domestic violence training
    - 72.7% (n=436) received the training from their DVL, while 27.3% (N=164) did not receive the training from their DVL
    - 21.3% (n=128) had received the VAWC certificate, while 78.7% (N=472) had not received the certificate

DVO staff: 70.1% noted receiving training on child welfare or the DCP&P process, compared to 29.9% (n=63) who did not

DCP&P and DVO staff:

- 23.2% (n=173) reported receiving less than 5 hours of training
- 33.5% (n=250) reported receiving greater than 5 but less than 10 hours of training
- 15.1% (n=113) reported receiving greater than 10 but less than 15 hours of training
- 28.2% (n=211) reported receiving more than 15 hours of training

DCP&P employees reported on average (28.8%) having more than 15 hours of training at only slightly greater rates than DVO employees (25.8%). However, DCP&P employees were less likely to have less than 5 hours of training (19%), compared to DVO employees (40.1%).

Data from the survey was also collected regarding training topics that would be desired by both DCP&P employees, and DVO employees. The following chart shows the most requested training topics (with over 50% of respondents indicating they would like this training) from each group, in order of most requested:

DCP&P Most Requested Training Topics	DVL Most Requested Training Topics
Impact of domestic violence on children	How case determinations are made
Safety planning with children	How and when services are mandatory
Interviewing children who have been exposed to domestic violence	Risk assessments
Case planning with victims	Removal and placement procedures
Case planning with perpetrators	DCP&P staff responsibilities and limitations
Interviewing and engaging perpetrators	DCP&P court involvement policies and procedures
	Reunification process

c) Staff Education

Similar to the amount of training received by a staff person, focus groups and survey data revealed a need to understand how past educational experiences and levels of education effect

the how staff see domestic violence. Importantly focus group participants noted the benefits of a working understanding and foundation of domestic violence to assist their clients. One DCP&P participant highlighted how useful it can be to understand DV:

> *[We need] a better understanding and better education to understand the difference between actual DV and actual altercation. I think we need someone to make a clear line for us to know how to handle it… Also I would like to see examples of safety plans. Sit down with us and tell us what the safety plan is. We might need a training on how to safety plan.* (DCP&P staff)

The DVL's in particular spoke about the demands and frustrations of the DVL role despite the requirements necessary. One participant stated:

> *Most of us do have further education. Job requirements [for the DVL] increase every year for this position. If they wanted this program to take off, we are stagnant. Being a DVL is one of the toughest jobs there is. But truth be told we can't change the process until we are taken seriously. We have no protection.* (DVL)

Another DVL discussed how staff backgrounds and being burnt out effects the overall work:

> *I'm gonna be completely honest, and I'm a little burned out so I'm sorry [but] what I've noticed led to change in my county was change of staff, staff from other counties coming in, people with social work backgrounds, who are empathetic, who are engaging, who actually like their job and want to do the job and because they're newer they have the newer trainings. So the older staff are retiring, and the new staff coming in are empathetic and professional. I think that is one of the main things that made my county what it is right now, which is ok.* (DVL)

This perspective leads well into another sub-theme around the amount time a staff person has spent in the field and how this relates to their attitudes and beliefs about domestic violence.

d) Staff Longevity in the Field

Both critical and supportive arguments can be made when analyzing time in the field. Some staff, as indicated above, report a stronger likelihood of burnout the more time that is spent in the field, while others discuss the importance of "veteran" wisdom. The following DVL participant gives one perspective:

> *For staff I call my veterans, training happens in consultation. Every 6 months I take the training unit and I do a DV training. When they first come in and start getting their first cases, I do a training. Right before they're launched into permanency, I do it again. I make a packet with assessments, power and control wheel, referral forms, tools, etc.* (DVL)

Some participants suggested that with burnout and time comes resistance change and a desire to stick with what is known. One DVL participant mentioned the need for even long-time workers to attend updated trainings and to implement new tools and information:

> *When you have a veteran who has been doing this work for so long, they have to take trainings, they need to take advantage of training opportunities and put them into practice.* (DVL)

The focus groups also discussed staff-turnover. The conversations around turnover presented various issues from the sustainability of the program, the ability to move projects forward, to sustain change, and to provide consistency to clients. As one of the DVL supervisors stated:

> *[The DVL] position is prone to turnover and promotions, good news is that when it was first announced there was no interest in position internally because of DCP&P relationship and no one wanting to work in that system, however now 3-4 people wanted job, became institutionalized enough that people weren't as intimidated* (DVL).

We see within this comment both positive and critical feedback where having interested new-hires is a welcome change from the initial start of the DVL program, but the significant amount of turnover can be a challenge for staff and for clients.

From the **statewide survey** participants were asked about their length of employment. Questions were asked around years employed within a particular agency and years within a current position. The results are as follows:

Of the total sample and those who responded (n=833), the average number of years in their current place of employment was 9.

DCP&P Employment	Average Number of Years
In current place of employment	9.8
In current position	5.8
In human service field	13
DVO Employment	**Average Number of Years**
In current place of employment	6.3
In domestic violence field	8.3

Yet while we see that most participants indicated they spent more than a few years in their current role, survey data revealed a need to understand how past educational experiences and levels of education effect the how staff see domestic violence.

Program and System Structure

In this final theme, more programmatic and systemic topics were found to contribute to the success of the overall DVL program and ultimately toward successful client outcomes. In the focus groups participants described challenges with inter-agency collaboration related to

components of the cohesiveness between systems. Things such as collaboration meetings suggest ways the system is aiming to promote collaboration within the DVL program. Some focused on communication, understanding the DVL program and roles, and barriers that impede service quality and delivery for families and victims. Broadly, accessibility to services, staff, and the DVL all contribute to better client outcomes as does readily available resources for staff to utilize when aiming to assist clients. Even the ability to access a shelter service increases the chance of safety for clients and useful outcomes, yet these resources are not always available.

a) Accessibility

Focus group participants identified the importance of collaboration, but also focused on the barriers that often hinder the opportunity for, and success of, the collaborative process in terms of outcomes for families. While there were some concerns addressed around the structure and delivery of services, there was substantial attention given to the accessibility of services for victims and families, as well as the limited amount of services available.

Participants discussed the issue of transportation as a barrier than hinders the collaborative process and impedes the quality and quantity of services being offered. For example, one DVL focused on how meeting clients face-to-face is a continuous challenge:

> *Doing face-to-face contact is really difficult. I'm in between two offices so for me to be out of the office is difficult. The round trip is over an hour. It doesn't make sense for me to do that. It is an entire day. A big issue in my county is transportation. Getting people to the area to speak to me is an issue.* (DVL)

The issue of transportation was also reiterated by a DCP&P employee, as they also recognized transportation as impeding the collaborative process and limiting access to services as well as access to the DVL. The following DCP&P participant suggests that the accessibility issues cause additional stress and demand:

> *Our DVL office is far from our office – it's even far from where it's needed – some individuals don't have the ability to get there, they don't take a bus or don't know how to because many are immigrants. I also have a deaf client who cannot utilize the counseling services. The bulk of the work becomes mine.* (DCP&P staff)

Other DCP&P employees also agreed that transportation continuously serves as a barrier to the collaborative initiatives. Clients are asked to drive to services that are not close, even when they do not have transportation. This only results in clients not attending services, and with resources being limited, this is a commonality. (DCP&P staff)

b) Lack of services and resources

Focus group participants also focused on the lack of services and resources as a collaborative issue, stating that while they are told to make the referral to the DVL, they know that there are often not enough services to provide for everyone who is referred. One DCP&P employee noted

that the process of identifying domestic violence and making a referral is clear, but the issue remains in the amount of services that are offered.

> *I think the process is pretty cut and dry. I think that our problem is the lack of services in our county. It is pretty cookie-cutter. If this is identified, then this is what is going to happen. We have a major lack of services in our county.* (DCP&P staff)

Additionally, a DCP&P employee reiterated this by noting the lack of services as a collaborative barrier, explaining that repeat clients have already been through the process and often need to be referred to outside counties for services, because they are not comfortable repeating the same services they had previously. Therefore, because the county has such limited services, there is no way to give the client other options within their county.

This notion was also brought up by a DVL, who focused on services for perpetrators being limited. This was viewed as a disservice in regards to the collaborative process and a detriment to successful family outcomes:

> *Everyone is being sent to batterer's intervention, but we don't have the resources. It comes down to the money. We don't have many licensed clinicians or resources for trauma related clients. They are saying everyone needs to go, but I'm like where are you going to send them?* (DVL)

A DCP&P employee also discussed the struggle of getting a victim into a shelter, and noted the lack of resources as the main concern. Furthermore, it was discussed that this discouraging experience highlights the determinant it can have on victims seeking support for themselves.

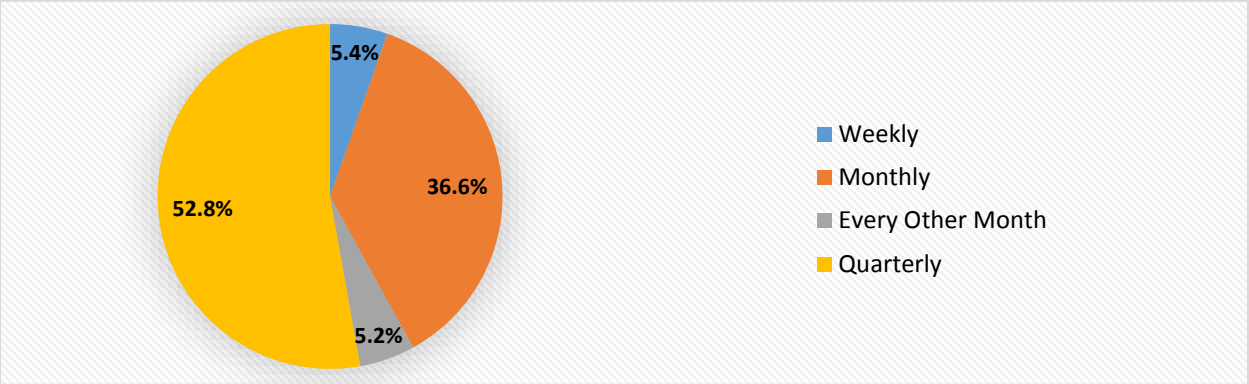
> *The client revealed DV and we could not get her into a shelter. We have a mother who is in need and there is a lack of resources. That is extremely frustrating. The client is finally seeking services for herself and we can't get anywhere. If she were to reach out on her own, I can't imagine how she would feel. She felt defeated with us helping her.* (DCP&P staff)

c) Collaboration between systems

From the **statewide survey**, participants were asked specifically about these collaboration meetings and basic results indicated the following:

In reference to collaboration efforts, 58.1% (n=470) noted having collaboration meetings, while 41.9% (n=339) said they did not have collaboration meetings. For those who stated they do have collaboration meetings, when asked if they attend those meetings on a regular basis, 77.8% (n=347) said no, and 22.2% (n=99) said yes. Chart 7 illustrates the frequency of these meetings, according to the survey respondents.

Chart 7. Survey Participants' Reported Collaboration Meeting Occurrence (n= 388)



The data highlight that most participants do not attend the meetings regularly and more than 40% do not have these meetings. While this data is useful in understanding a part of collaboration within the DVL program, it is important to highlight other responses within the data.

Survey participants from DCP&P and DVOs were also asked questions about their perceptions of statements regarding collaboration between the two systems (see Table 7). Participants were given a series of statements about the collaborative aspects of the two systems, and were asked to rate the extent to which they agreed or disagreed. The table below highlights the means for individual questions, as well as the overall mean for the scale, the two subscales, and the sample size for each group, including the total sample. The scale used ranged from 1-5, with 1 being "strongly disagree" and 5 being "strongly agree."

Table 7. Survey Results on Participants' Opinions on Overall Collaboration between DCP&P and Domestic Violence Organizations

Question	DCP&P (n=634)		Domestic Violence Organization (n=212)		Total Sample (n=846)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
Subscale 1: System Strengths							
The aims and objectives of the DVL program are understood by all staff.	3.34	1.03	3.52	1.14	3.38	1.06	*
In the DVL program the roles and responsibilities of all involved are clearly defined.	3.34	1.03	3.45	1.06	3.37	1.03	NS
The DVL program is managed by strong leadership from all involved organizations.	3.33	0.91	3.55	0.93	3.38	0.92	**
Communication is effective between all levels of staff.	3.39	1.04	3.46	1.13	3.41	1.07	NS
Staff positions are filled with people who have the right experience, knowledge, and approach.	3.54	0.90	3.84	0.94	3.62	0.92	***
Trainings and team building exercises occur collaboratively across all agencies involved with the DVL program.	3.16	0.98	3.32	0.97	3.20	0.98	*

Question	DCP&P (n=634)		Domestic Violence Organization (n=212)		Total Sample (n=846)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
Supervision and support are adequately given to staff working in and with the DVL program.	3.39	0.89	3.61	0.90	3.44	0.90	**
I understand, respect, and value the roles of staff working in and with the DVL program.	3.96	0.74	4.28	0.72	4.04	0.75	***
Expectations among the agencies working with the DVL program are realistic and clear.	3.26	0.96	3.23	0.90	3.25	0.95	NS
Subscale 2: System Concerns							
The DVL program lacks resources such as time, community resources, and appropriate workloads.†	2.75	1.03	2.98	1.05	2.81	1.04	**
Maintaining confidentiality is a problem between DCP&P and the domestic violence agencies.†	3.34	1.12	3.54	1.03	3.39	1.10	*
There is a lot of turnover for staff working with the DVL program.†	2.93	0.99	2.99	1.00	2.94	1.00	NS
The missions of DCP&P and Domestic Violence Agencies are incompatible with each other.†	3.30	0.94	3.39	1.07	3.32	0.97	NS
Overall Scale	3.30	0.60	3.47	0.59	3.35	0.60	**
Subscale 1: System Strengths	3.41	0.73	3.58	0.69	3.45	0.73	**
Subscale 2: System Concerns	3.08	0.67	3.23	0.67	3.12	0.67	**

***** p < .05; ** p < .01; *** p < .001

† indicates a reverse coded item (1 strongly agree; 5 strongly disagree)
Cronbach's Alpha = 0.863

Overall, on eight of the items, as well as the overall scale mean and two subscales, there was a statistically significant difference in the means of DCP&P staff in comparison to the DVO staff. For example, employees at DVOs were more likely to agree that they understand, respect, and value the roles of staff working in and with the DVL program compared to DCP&P employees. While some findings are statistically significant, the variation between the means is actually quite small. It is important to take into consideration that the statistical significance does not necessarily indicate a large difference between the means of both DCP&P employees, and DVO employees.

Additionally, the overall scale mean was in the three-point range, indicating that participants' scores generally centered on the response "no opinion", as well as the two subscales that were generated.

Understanding Opinions on Collaboration, Attitudes, and Beliefs Regarding Domestic Violence, and Professional Efficacy amongst Survey Participants

Multiple regression analysis was used to help us understand the relationships among multiple variables at once. In regression, the focus is on the relationship between a dependent variable, often referred to as an outcome variable, and one or more independent variables, which are known as predictor variables. Conducting a regression analysis helps us to better understand what variables, such as demographic information, influence other variables, such as opinions and attitudes and beliefs.

For this study, we created multiple regression models based on the survey data that we discussed earlier in the results section so we could understand three key areas: what influences participants' perceptions regarding overall collaboration between DCP&P and DVOs, attitudes and beliefs regarding domestic violence, and professional efficacy. In a regression model, results demonstrate what variables have a **statistically significant effect** on the dependent variable, including how large that effect is, and if it is a positive or negative direction.

Dependent (Outcome) Variables. The dependent variables (scales) that are used in this analysis include:

- Model 1: the overall collaboration between DCP&P and DVOs scale (Table 7),
- Model 2: the attitudes and beliefs regarding domestic violence scale (Table 3), and
- Model 3: the professional efficacy scale (Table 6).

Independent (Predictor) Variables. In this analysis, the predictor variables are used to gauge participants' perceptions and demographic characteristics about the dependent variables described above. For example, we can understand what impact income level has on respondents' attitudes and beliefs about domestic violence. The predictor variables used in this analysis include:

- employment (whether the participant is employed by DCP&P or a DVO),
- income level,
- participants' gender,
- ethnicity (for the purpose of the analysis, ethnicity is represented as Hispanic/Latino or not Hispanic/Latino, and race has been collapsed into three categories, which includes those who solely identify as "white", those who solely identify as "black", and an "other" category for those who indicated they are biracial, Asian, Native, Hawaiian, or other),
- education (collapsed into four categories, which include an AA degree or below, a BA/BSW, a MA/MSW or above, and other),
- duration of current employment (comprised of five categories including one year or less, more than one year to five years, more than five years to ten years, more than ten years to fifteen years, and more than fifteen years),
- whether or not their county has collaboration meetings, and
- the personal questions regarding experiences with domestic violence (which include whether they have experienced DV themselves, whether they feel their life has been

impacted by DV, whether they know anyone personally who has experienced DV, and whether they know someone who has used the DVL program)

Regression Models. Three separate regression models were used to estimate the effect of predictor variables on the dependent variable scales. The coefficient column in the tables below represents the change in dependent variable (scale) scores based on the independent (predictor) variables, which include participants' personal and employment demographic information. This column shows whether a score of a particular variable is **statistically significant** (noted by an asterisk).

The t-statistics in the tables show direction of the impact of the variables, with either positive or negative numbers. The positive t-statistic numbers represent an increase in the scale score, while negative numbers represent a decrease in the scale score. It is also important to note that statistical significance does not necessarily relate to magnitude of difference. Therefore, it is important to also look at the coefficient column which represents the amount of change in the score.

Model 1

The regression model (N=736) for ***overall collaboration between DCP&P and DVOs*** included all of the predictor variables noted above. These variables were used to better understand the relationship between them, and the dependent variable, which is the overall collaboration scale (Tables 4 and 5).

This model demonstrates that there are significant associations between the **overall collaboration scale** and select variables, as seen in the significant intercept statistic, though illustrated by the r-squared statistic, this model is relatively low in explaining scores on the overall collaboration scale, meaning that other variables not included in the model are also influencing the scores. However, in regard to gender as a predictor variable, findings from this regression model indicated that female employees have marginally less positive opinions about the inter-systems collaboration compared to male employees ($p<.10$). When focusing on the impact of employment on perceptions of the inter-system collaboration, those who have been in employment for over 15 years had more positive opinions about the inter-systems collaboration compared to those who have been in the position for less than 1 year ($p<.05$). In better understanding the impact of personal experiences with DV on opinions about inter-system collaboration, those who know someone who has experienced DV also had more positive opinions about the inter-systems collaboration compared to those who do not know someone who has experienced DV ($p<.001$), and those who are unsure if they know someone who has experienced DV also had more positive opinions about the inter-systems collaboration compared to those who do not know someone who experienced DV ($p<.001$). Interestingly, those who know someone who has been involved with the DVL program also indicated more positive opinions regarding collaboration compared to those who do not know someone who has been involved in the program ($p<.05$).

Model 1: Multivariate OLS Regression Models of Participants' Opinions on Collaboration

	Coefficient	T-Statistic
Employment		
DCP&P	0.03	0.38
Gender		
Female	0.12*	-1.82
Ethnicity		
Hispanic	0.06	-1.13
Race		
(White)[1]		
Black	0.008	-0.16
Other	0.06	1.06
Education		
(Associate Degree or below)1		
BA/BSW	0.06	0.6
MA/MSW or above	0.07	0.71
Other	0.10	0.70
Income		
(Less than $25,000)[1]		
$25,001 - $50,000	0.07	-0.50
$50,001 - $75,000	0.01	-0.12
More than $75,000	0.09	-0.56
Time in Current Place of Employment		
(Less than 1 year)[1]		
1 year to less than 5 years	0.002	-0.02
5 years to less than 10 years	0.03	0.37
10 years to less than 15 years	0.07	0.75
More than 15 years	0.24**	2.27
Collaboration Meetings		
County has meetings	0.01	-0.25
Has experienced DV themselves		
(No)[1]		
Yes	0.21	0.38
Unsure	0.07	-0.58
Feels their life has been impacted by DV		
(No)1		
Yes	0.02	-0.52
Unsure	0.01	-0.16
Knows someone personally who has experienced DV		

(No)[1]		
Yes	0.50****	6.68
Unsure	0.55****	4.27
Knows someone personally who has used the DVL program		
(No)[1]		
Yes	0.15***	2.77
Unsure	0.08	0.87
Adjusted R-Squared		0.07
Intercept		2.89****
		(14.13)

Figures in table are OLS coefficients and t-statistics; intercept t-statistics are in parenthesis
*p<.10; ** p<.05; *** p< .01; **** p< .001
[1]Variables in parentheses are used as the comparison point

Based on Model 1, the significant variables that impact ***attitudes and beliefs about inter-system collaboration*** include:

- gender,
- length of employment,
- whether they know someone who experienced DV;
- and whether they know someone who was involved in the DVL program.

Based on the sample from our project, for individuals who are female, employed for over 15 years, know someone or is unsure if they know someone who experienced DV, and who know someone involved in the DVL program, they are likely to have more positive attitudes and beliefs about inter-systems collaboration.

Model 2

The regression model (N=726) for ***attitudes and beliefs about domestic violence*** includes the same predictor variables as the above model. These variables were used to better understand the relationship between them, and the dependent variable, which is the attitudes and beliefs about domestic violence scale. (Table 3).

This model demonstrates that there are significant associations between the **overall domestic violence attitudes and belief scale** and select variables, as seen in the significant intercept statistic, though illustrated by the R-squared statistic, this model is relatively low in explaining scores on the overall domestic violence attitudes and belief scale, meaning that other variables not included in the model are also influencing the scores. In regard to place of employment as a predictor variable, results indicated that those who work at DCP&P have less positive attitudes toward survivors and domestic violence compared to those who work at DVOs (p<.001). In reference to income, results indicated that those making between $50,001 and $75,000 had less victim blaming attitudes and beliefs compared to those making less than $25,000 (p<.05), and those making more than $75,000 also had less victim blaming attitudes and beliefs compared to

those making less than $25,000 (p<.05). In better understanding the impact that personal experiences with domestic violence have on attitudes and beliefs about DV, those who indicated that their lives have been impacted by DV reported less victim blaming attitudes and beliefs compared to those who did not feel their lives have been impacted (p<.05).

Model 2: Multivariate OLS Regression Models of Participants' Attitudes and Beliefs on DV

	Coefficient	T-Statistic
Employment		
DCP&P	0.39****	6.84
Gender		
Female	0.07	-1.61
Ethnicity		
Hispanic	0.04	-1.22
Race		
(White)[1]		
Black	0.01	0.41
Other	0.0003	0.01
Education		
(Associate Degree or below)[1]		
BA/BSW	0.01	-0.19
MA/MSW or above	0.03	-0.45
Other	0.08	-0.75
Income		
(Less than $25,000)[1]		
$25,001 - $50,000	0.11	-1.16
$50,001 - $75,000	0.27**	-2.44
More than $75,000	0.23**	-1.97
Time in Current Place of Employment		
(Less than 1 year)[1]		
1 year to less than 5 years	0.06	-1.09
5 years to less than 10 years	0.006	-0.10
10 years to less than 15 years	0.02	-0.39
More than 15 years	0.04	-0.54
Collaboration Meetings		
County has meetings	0.04	-1.41
Has experienced DV themselves		
(No)[1]		
Yes	0.03	0.80
Unsure	0.03	0.37
Feels their life has been impacted by DV		

(No)[1]		
Yes	0.04**	-1.99
Unsure	0.09	-1.20
Knows someone personally who has experienced DV		
(No)[1]		
Yes	0.04	-0.90
Unsure	0.11	-1.27
Knows someone personally who has used the DVL program		
(No)[1]		
Yes	0.04	-1.05
Unsure	0.009	-0.14
Adjusted R-Squared		0.12
Intercept		2.85****
		(19.88)

Figures in table are OLS coefficients and t-statistics; intercept t-statistics are in parenthesis
*p<.10; ** p<.05; *** p< .01; **** p< .001
[1]Variables in parentheses are used as the comparison point

Based on Model 2, the significant variables which impact ***attitudes and beliefs about domestic violence*** include:

- place of employment,
- income;
- and personal experiences with domestic violence.

Based on the sample from our project, for individuals who work at a DVO, make more than $50,001, and individuals who feel their life has been impacted by domestic violence, they are more likely to have more favorable attitudes and beliefs about victims of domestic violence.

Model 3

The regression model (N=699) for ***professional efficacy*** includes the same predictors as above models, with the exclusion of having experienced DV personally, due to a statistical confounding relationship (i.e. the two variables are too closely related) with the professional efficacy scale. Professional efficacy is defined as being comfortable and having confidence in talking about and assessing for domestic violence. These independent variables were used to better understand the relationship between them, and the dependent variable which is the professional efficacy scale. Also, this model only includes participants who indicated they work with clients directly as part of their job.

This model demonstrates that there are significant associations between the **overall professional efficacy scale** and select variables, as seen in the significant intercept statistic, though illustrated by the R-squared statistic, this model is relatively low in explaining scores on the overall

professional efficacy scale, meaning that other variables not included in the model are also influencing the scores. In terms of race, results indicated that those who identified as black reported lower levels of professional efficacy compared to those who identified as white ($p<.10$), and those who identified as "other" also indicated lower levels of professional efficacy compared to those who identified as white ($p<.05$). When considering length of time in current position as a independent variable, those who indicated working in their current position for 1-5 years on average reported higher levels of professional efficacy compared to those who have been in their current position for less than 1 year ($p<.10$). Looking at the effect of county collaborative meetings on professional efficacy, those who indicated that their county has collaboration meetings reported higher levels of professional efficacy compared to those who reported that their county does not have collaboration meetings ($p<.05$). Finally, when considering personal experiences with domestic violence as a predictor to professional efficacy, those who believe their life has been impacted by DV reported higher levels of professional efficacy compared to those who do not feel this way ($p<.001$), and those who are unsure if their lives have been impacted by DV also reported higher levels of professional efficacy compared to those who do not believe their lives have been impacted ($p<.05$).

Model 3: Multivariate OLS Regression Models of Participants' Professional Efficacy

	Coefficient	T-Statistic
Employment		
DCP&P	0.12	-1.34
Gender		
Female	0.05	0.70
Ethnicity		
Hispanic	0.05	-0.85
Race		
(White)[1]		
Black	0.11*	-1.87
Other	0.16**	-2.37
Education		
(Associate Degree or below)[1]		
BA/BSW	0.05	0.42
MA/MSW or above	0.05	0.44
Other	0.01	0.10
Income		
(Less than $25,000)[1]		
$25,001 - $50,000	0.14	-0.88
$50,001 - $75,000	0.03	0.20
More than $75,000	0.08	0.44
Time in Current Place of Employment		
(Less than 1 year)[1]		
1 year to less than 5 years	0.17*	1.76

5 years to less than 10 years	0.07	0.72
10 years to less than 15 years	0.12	1.11
More than 15 years	0.14	1.22
Collaboration Meetings		
County has meetings	0.12**	2.47
Has experienced DV themselves		
(No)[1]		
Yes	0.03	0.64
Unsure	0.12	0.73
Feels their life has been impacted by DV		
(No)[1]		
Yes	0.22****	3.71
Unsure	0.26**	2.22
Knows someone personally who has used the DVL program		
(No)[1]		
Yes	0.09	1.46
Unsure	0.10	0.87
Adjusted R-Squared		0.06
Intercept		3.71****
		(16.60)

Figures in table are OLS coefficients and t-statistics; intercept t-statistics are in parenthesis
*p<.10; ** p<.05; *** p< .01; **** p< .001
[1]Variables in parentheses are used as the comparison point

Based on Model 3, the significant variables which impact ***professional efficacy***, specifically in regards to working with families who have experienced domestic violence, include:

- race
- length of time in current position
- presence of collaborative meetings;
- and personal experiences with domestic violence.

Based on the sample from our project, for individuals who identify as white, have been in their current position between 1-5 years, or individuals who feel their life has been impacted by DV or are unsure, they are more likely to have higher levels of professional efficacy. In addition, individuals who reported having county collaborative meetings where more likely to have higher levels of professional efficacy.

Summary

While the findings in **Model 1** illustrated that place of employment and income are associated with more positive perceptions toward collaboration, it is interesting that whether the county has

collaboration meetings was not found to be significantly associated with perceptions toward collaboration in this data set, as one would assume that the presence collaborative meetings would influence an individual's perception regarding collaboration. **Model 2** also poses interesting results, as race, ethnicity, and gender were not found to be associated with attitudes and beliefs regarding domestic violence, as one may expect, but rather higher levels of income were found to be associated with less victim blaming attitudes and beliefs. In **Model 3**, it is interesting that neither race nor income were associated with professional efficacy in this data set, but the presence of collaboration meetings was positively associated with professional efficacy, potentially signifying that these meetings somehow influence employees' confidence or level of comfort in talking about and assessing for domestic violence. Overall, across **Model 1**, **Model 2**, and **Model 3**, the common variables remained those focused on personal experiences with DV. For instance, in both **Model 2** and **Model 3**, feeling their life has been impacted by DV was associated with less victim blaming attitudes and beliefs as well as higher levels of professional efficacy, illustrating that the impact of DV on their life has influence in the context of their work. Additionally, in **Model 1**, knowing someone who has experienced DV as well as knowing someone who has used the DVL program, were also associated with more favorable attitudes toward the inter-systems collaboration, potentially insisting that these personal connections help to inform their understanding of the program in a more personal context. Because of the evident influence that personal experiences on the three areas represented in the analysis, further understanding of how personal experiences and exposure to DV impact work in the area of DV is desirable.

Results –Survivors (Interviews- Phase III)

Results are based on quantitative and qualitative data from the **survivor interviews**. The guiding research questions for this phase of the project included:

1. How do these organizational and staff factors impact outcomes for families experiencing domestic violence?

2. Does participation in an interagency collaboration model improve safety and other outcomes for families experiencing domestic violence?

To understand these questions we looked at the various services participants received from DCP&P, DVL and the DVO, as well as how helpful participants found these services, and the impact that services and involvement in the DVL program had on various client and family level outcomes. We also looked at qualitative responses from the open-ended interview questions to understand the programmatic and system level structure and factors that contributed to participants' overall experience with DCP&P staff, the DVL and the DVO. The results are grouped under five main themes derived from the data and include: 1) Services and Support; 2) IPV Experiences; 3) Mental Health Outcomes; 4) Self-Efficacy and Protective Capacity; and 5) Impact on Children. Quantitative data from survivor interviews provide a statistical illustration of the topics while qualitative data from the open ended interview questions provide a descriptive context.

Interview results produced quantitative data, which have been analyzed using various statistical methods. For the purposes of this report, significance indicates the amount of variation within the results and how likely it is that continued data collection would continue to produce the same results.

In addition, interview participants were asked two open-ended questions producing qualitative data. During interviews, researchers transcribed participants' answers into the survey tool. Some direct quotes from these notes are used; however, while all efforts were made to quote participants accurately as possible, these quotes may not be transcribed word-for-word given the limitations of the research staff. The results are presented below.

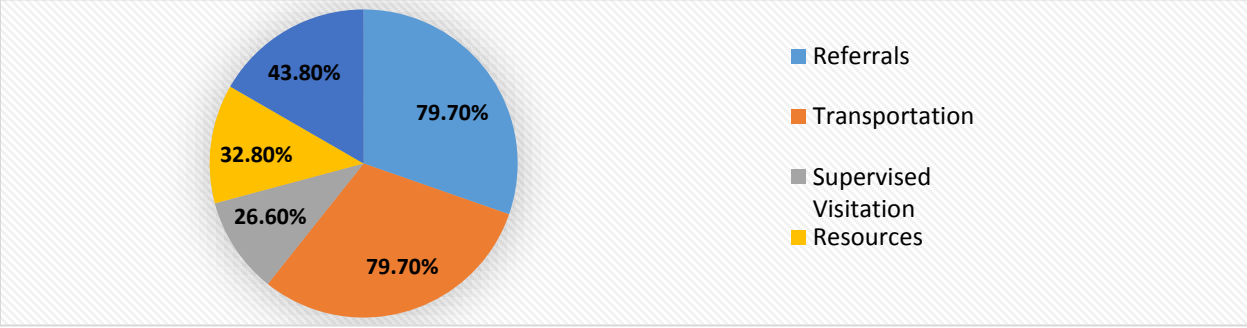
Services and Support

We aimed to understand more about the first research question: *How do organizational and staff factors impact outcomes for families experiencing domestic violence?* by understanding interview participants' involvement with DCP&P and the DVL program and how helpful survivors found such involvement. In addition, we wanted to illuminate some of the programmatic factors that contribute to participant outcomes by understanding some of the barriers participants found and what participants found helpful when working with DCP&P staff and the DVL.

a. Services and Support Provided by DCP&P

Interview participants asked whether a number of services were provided by a DCP&P worker to the participant themselves or to a family member. The list of services included: referrals to services; transportation; supervised visitation between participant and child(ren) or between partner and child(ren); resources such as food, clothing, furniture or rental/utility assistance; and offering to meet with other supportive service providers, family, or friends, and participant (family team meeting). Chart 8 illustrates the percentage in which these services were provided by a DCP&P worker, according to the interview participants.

Chart 8. Reported Services Provided by DCP&P Worker (N=64)



On average, most interview participants were provided with referrals to services and transportation by their DCP&P worker, while a smaller number of participants were provided supervised visitation services, service provider meetings, and resources by their DCP&P worker.

Additionally, participants were asked to rate how helpful they found these services using a five-point scale. The scale ranged from 1-5, with 1 being "not at all helpful" and 5 being "very helpful." Of the participants who received services from DCP&P, a majority (76%) indicated that they found them "very helpful." One interview participant stated:

> *My DCP&P worker helped me with parenting classes, transportation was helpful, took me around to look for low income housing and find a job, cared for my daughter and gave her books and a crib.*

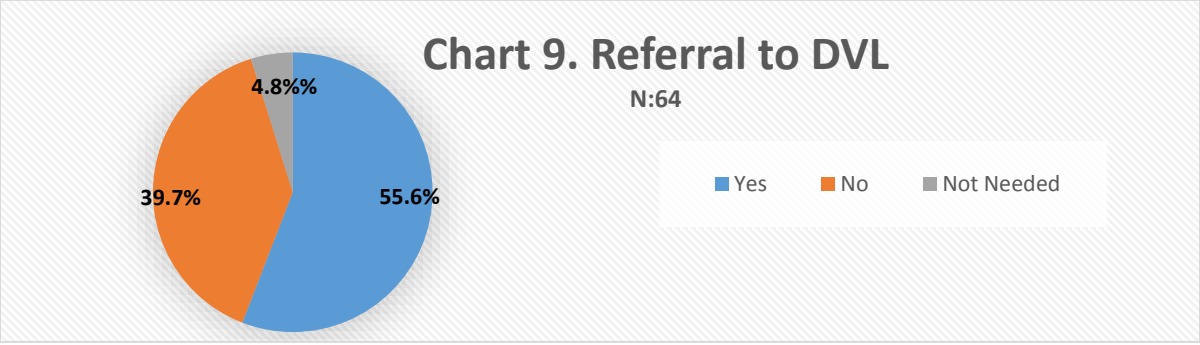
Yet, while the importance of such services was expressed, others felt there was a lack of some services provided by DCP&P. During the open-ended questions, when describing factors that participants' perceived as working well and those that did not work well during their involvement with DCP&P, a recurrent theme among participants was the lack of resources (e.g. food, clothing, furniture or rental/utility assistance) provided by their DCP&P worker. One interview participant stated:

> *What did not work was that I needed help for housing and still need, it has been almost a year and my worker has not provided me with help to find a place to live. She states "there is nothing she can do".*

b. Services and Support Provided by DVL Program

In order to understand the impact that interagency collaboration between DCP&P and the DVOs had on client and family outcomes, we asked participants whether their DCP&P worker referred them to speak to the DVL. Of the women who were interviewed, 55.6% were referred to the DVL by their DCP&P caseworker, while 39.7% said they had not been referred (see Chart 9). Of the participants who were referred to speak to a DVL, a majority of participants (75%) reported that they found it "helpful," or "very helpful."

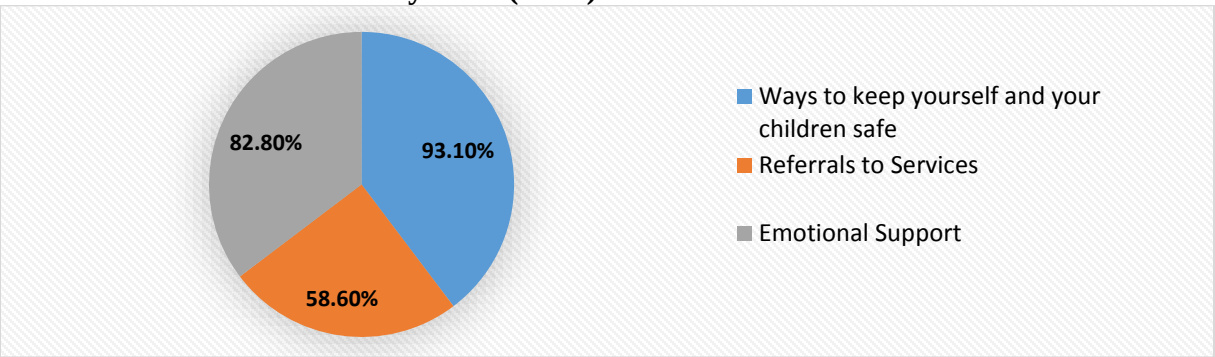
Chart 9. Referral to DVL (N=64)



Of those who were referred to the DVL (n=35), 82.9% spoke with the DVL, while 17.1% did not. A majority of participants (69%) reported that they spoke with the DVL by phone, while a slightly smaller number of participants reporting meeting with the DVL in person either at the local DCP&P office (49%) or at the local domestic violence program (49%).

To further understand the impact of the DVL program on participant outcomes, we asked interview participants who were referred to the DVL about the types of services and support they had received from their DVL (see Chart 10). A majority of participants reported receiving information from the DVL regarding ways to keep themselves and their children safe. A majority of participants also received emotional support from the DVL, with 79% of participants reporting that they found this "very helpful."

Chart 10. Services Provided by DVL (n=29)



When asked in an open-ended question about their experiences working with the DVL, interview participants spoke of the positive working relationship they had with the DVL, including the emotional support they received. One interview participant stated:

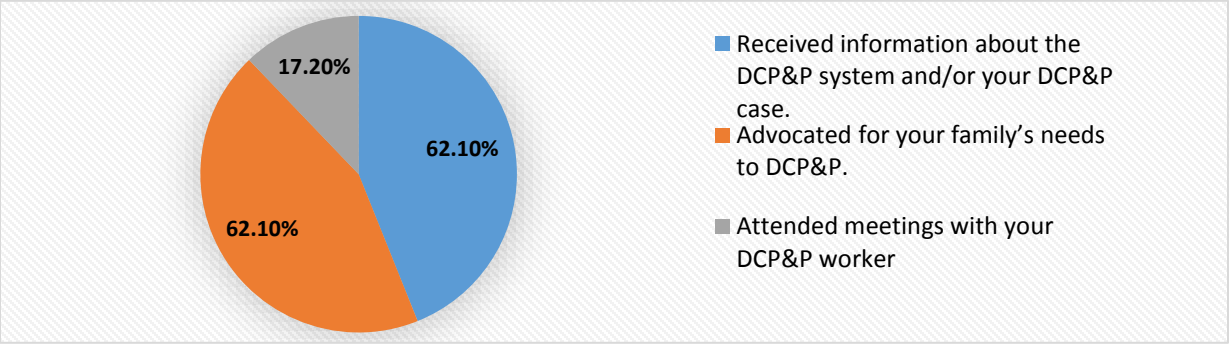
> *She [the DVL] was great. She communicated with me about my experiences. I felt she cared about me and it helped me go through the program.*

Participants also discussed barriers they faced to utilizing the services provided by the DVO including: a limited schedule of services; services that were inaccessible for disabled children; a "one-size fits all approach"; and varying treatment services available across differing counties.

c. Perceived Collaboration among DCP&P staff and DVLs

To better understand participants' experience of collaboration between DCP&P and DVOs, we asked them questions about the amount of information sharing they witnessed between the DVL and DCP&P caseworkers as well as advocating that occurred by the DVL on their behalf (see Chart 11). Of the participants who spoke with the DVL (n=29), a majority (62%) received information about their DCP&P case and the DCP&P system from their DVL. A majority (62.1%) also indicated that the DVL advocated for their family's needs to DCP&P. Further, 78% of them found that the DVL advocating for their family's needs was "helpful," or "very helpful." However, a large percentage of participants (79%), reported that, to their knowledge, the DVL did not attend meetings with the DCP&P worker.

Chart 11. Resources Provided by DVL about DCP&P Case (n=29)



During the open-ended questions, interview participants (n=29) were also asked to discuss their perception of how DCP&P staff and the DVL worked together in order to improve their overall situation. Of the participants who answered this question, 44% indicated that they did not witness a collaboration between DCP&P staff and the DVL. One participant stated:

> *I never really saw them working together.*

Despite this, one participant did note in her open-ended response that while she did not see her DCP&P caseworker and the DVL working together, they both were helpful.

> *It made no difference. I never had a meeting with both of them together. I think that was just schedule wise for them. You know, their workers are very busy. They helped independently.*

Domestic Violence Experiences

In order to understand participants' experience of domestic violence, we asked a series of questions about psychological, physical, and sexual abuse. These questions came from the validated scale – The Abusive Behavior Inventory – Revised (ABI-R) (Postmus, Stylianou, & McMahon, 2016). Participants were given a series of statements about behaviors that their partners or ex-partners might have exhibited in their relationship, and were asked to estimate how often each behavior occurred in the past 12 months (see Table 8). A higher score on this scale represents more instances of domestic violence occurring. The table below highlights the means for individual questions, as well as the overall mean for the scale, the three subscales, and the sample size for each group, including the total sample. The scale ranged from 1-5, with 1 being "never" and 5 being "very frequently." Participants for this table include those who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 8. Domestic Violence Experiences

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)	
	Mean	SD	Mean	SD	Mean	SD
Subscale 1: Psychological Abuse						
Called you a name and/or criticized you	4.28	0.70	4.31	1.13	4.30	0.95
Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings)	4.00	1.00	3.86	1.45	3.92	1.26
Gave you angry stares or looks.	4.07	1.06	4.26	1.22	4.17	1.14

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)	
	Mean	SD	Mean	SD	Mean	SD
Put down your family and friends.	3.93	1.06	4.20	1.10	4.08	1.08
Prevented you from having money for your own use.	3.52	1.50	3.43	1.72	3.47	1.61
Accused you of paying too much attention to someone or something else.	3.90	1.29	4.09	1.29	4.00	1.28
Ended a discussion with you and made the decision himself.	4.10	1.23	4.00	1.51	4.05	1.38
Checked up on you (examples: listened to your phone calls, checked the mileage on your car, called you repeatedly at work).	3.76	1.30	4.06	1.32	3.92	1.31
Told you that you were a bad parent.	3.14	1.35	3.31	1.62	3.23	1.47
Said things to scare you (examples: told you something "bad" would happen, threatened to commit suicide).	3.86	1.09	3.91	1.38	3.89	1.24
Refused to do housework or childcare.	2.90	1.69	3.29	1.50	3.11	1.59
Became very upset with you because dinner, housework, or laundry was not ready when he wanted it or done the way he thought it should be.	2.97	1.45	3.09	1.63	3.03	1.54
Made you do something humiliating or degrading (example: begging for forgiveness, having to ask his permission to use the car or do something).	3.21	1.52	2.86	1.49	3.02	1.50
Subscale 2: Physical Abuse						
Pushed, grabbed, or shoved you.	3.31	1.49	3.29	1.40	3.30	1.43
Threatened to hit or throw something at you.	3.24	1.43	3.23	1.62	3.23	1.53
Threw, hit, kicked, or smashed something.	3.17	1.44	2.97	1.52	3.06	1.47
Slapped, hit or punched you.	2.52	1.47	2.57	1.53	2.55	3.02
Threw you around.	2.41	1.50	2.40	1.55	2.41	1.51
Choked or strangled you.	2.50	1.52	1.86	1.33	2.14	1.44
Kicked you.	1.79	1.23	1.66	1.02	1.72	1.11
Threatened you with a knife, gun, or other weapon.	2.03	1.37	1.66	1.21	1.83	1.29
Used a knife, gun, or other weapon against you.	1.55	1.21	1.49	1.17	1.52	1.18
Subscale 3: Sexual Abuse						
Pressured you to have sex in a way that you didn't like or want.	2.69	1.56	2.63	1.59	2.66	1.56
Physically forced you to have sex.	2.10	1.58	1.97	1.29	2.03	1.42
Physically attacked the sexual parts of your body.	1.55	1.08	1.54	1.12	1.55	1.09
Overall Scale	3.05	0.76	3.03	0.81	3.04	0.78
Subscale 1: Psychological Abuse	3.66	0.75	3.74	1.00	3.70	0.89
Subscale 2: Physical Abuse	2.56	1.07	2.40	0.99	2.48	1.02
Subscale 3: Sexual Abuse	2.11	1.19	2.04	1.16	2.07	1.17

Cronbach's Alpha = 0.914

Across the questions, subscales, and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. However, there are no significant differences between the two groups.

On average across both groups, being called a name and/or criticized was found to be the most reported form of psychological abuse, being pushed, grabbed, or punched was found to the most

reported form of physical abuse, and being pressured to have sex in a way that they didn't like or want was found to be the most reported form of sexual abuse.

To further understand the range of domestic violence participants have experienced we asked questions about participants' experiences with financial abuse (see Table 9). We used the Scale of Economic Abuse-12 (SEA-12) (Postmus, Plummer, & Stylianou, 2016). Participants were given a series of statements about behaviors that that their partners or ex-partners might have used in their relationship, and were asked to estimate how often each behavior occurred in the past 12 months. A higher number on this scale indicates a greater amount of financial abuse occurrences. The table below highlights the means for individual questions, as well as the overall mean for the scale, and the sample size for each group, including the total sample. The scale ranged from 1-5, with 1 being "never" and 5 being "quite often." Participants for this table include those who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 9. Financial Abuse Experiences

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)	
	Mean	SD	Mean	SD	Mean	SD
Make you ask him for money.	3.14	1.64	3.00	1.74	3.06	1.68
Demand to know how money was spent.	3.76	1.55	3.34	1.74	3.53	1.66
Demand that you give him receipts and/or change when you spend money.	2.66	1.75	2.63	1.73	2.64	1.73
Keep financial information from you.	3.48	1.68	3.49	1.77	3.48	1.71
Make important financial decisions without talking to you first.	3.48	1.61	3.60	1.64	3.55	1.62
Threaten you to make you leave work.	3.21	1.67	2.32	1.66	2.32	1.65
Demand that you quit your job.	2.52	1.70	2.41	1.69	2.46	1.68
Beat you up if you said you needed to go to work.	1.34	1.07	1.32	0.91	1.33	0.98
Do things to keep you from going to your job.	2.41	1.78	2.50	1.71	2.46	1.73
Spend the money you need for rent or other bills.	2.69	1.79	2.74	1.77	2.72	1.76
Pay bills late or not pay bills that were in your name or both of your names.	3.21	1.67	2.71	1.79	2.94	1.74
Build up debt under your name by doing things like use your credit card or run up the phone bill.	2.29	1.67	2.34	1.78	2.32	1.72
Overall Scale	**2.78**	**1.24**	**2.69**	**1.19**	**2.73**	**1.20**

Cronbach's Alpha = 0.916

Across the questions and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. However, there are no significant differences between the two groups.

On average across both groups, the two most reported instances of financial abuse included the partner making important financial decisions without talking to them first and demanding to know how money was spent.

Lastly, we asked participants about their partners' abusive behaviors that involved threats to their immigration status. A higher number indicates a greater instance of this violent behavior occurring. Participants were asked questions about their domestic violence experiences as it relates to their immigration status (see Table 10). Participants for this table include those who indicated they were not born in U.S. The table below highlights the means for individual questions and the sample size for each group, including the total sample. The scale ranged from 1-5, with 1 being "never" and 5 being "very often."

Table 10. Immigration Abuse Experiences

Question	Have Utilized DVL (n=9)		Have Not Utilized DVL (n=16)		Total Sample (n=25)	
	Mean	SD	Mean	SD	Mean	SD
Threatened to call Immigrations and Customs Enforcement (ICE) to get you deported.	3.00	1.80	3.00	2.36	3.00	2.14
Threatened to get child protective services to take your children away because of your immigration status.	3.33	2.17	3.44	2.33	3.40	2.23
Threatened to take your children out of the country.	2.00	2.00	1.88	1.74	1.93	1.80
Prevented you from learning English.	3.89	2.20	2.81	2.13	3.20	2.17
Denied you access to your (or your children's) immigration or identification documents.	2.33	1.93	2.25	1.88	2.28	1.86

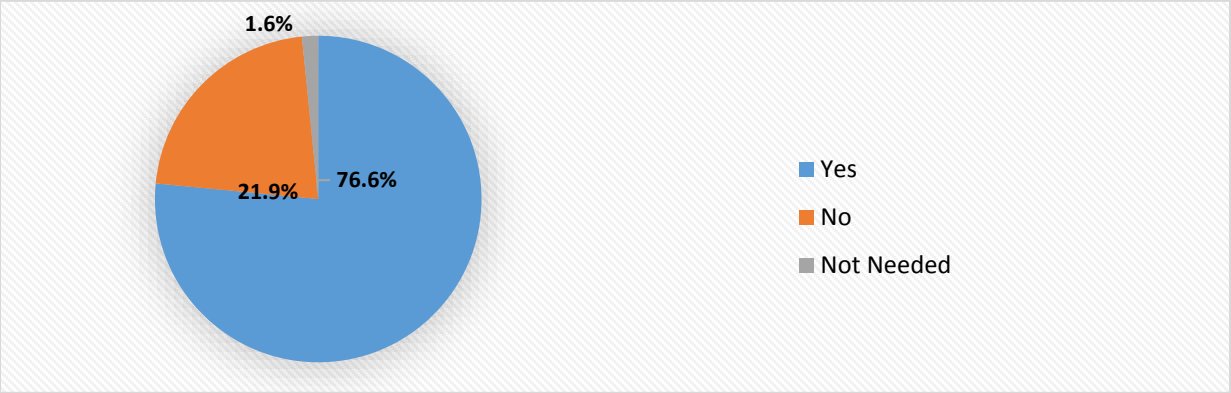
Across the questions and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. However, there are no significant differences between the two groups. The data show that, on average across both groups, the most reported form of immigration abuse was partners threatening to get child protective services to take their children away because of their immigration status.

To further understand how factors associated with interagency collaboration impacted participants' perception of support, we asked participants about their experiences discussing domestic violence with their DCP&P caseworker and their DVL.

When asked to the best of their knowledge did they think DCP&P staff knows about the abuse they have experienced, 90.6% of participants said that "yes" DCP&P staff does know about the abuse: 34.34% (35 participants) said they know from police report; 18.96 (11 participants) said they know because the participant told them; and 10.34% (6 participants) indicated that their children told DCP&P staff.

A majority of participants (76.6%) noted that a DCP&P worker had asked whether they had experienced domestic violence by their partner, while 21.9% participants said they were not asked about domestic violence, and 1.6% stated it was not needed (see Chart 12). Of the interview participants who indicated they were asked by a DCP&P caseworker about whether they have experienced abuse by their partner, a majority (72.3%) of participants indicated that they were asked by their DCP&P case worker during an initial visit to their home. An additional 47.8% of participants reported that they were asked by a DCP&P case worker during a follow-up visit to their home.

Chart 12. Interview Participants' Reported DCP&P Worker Screening for DV (N=64)



Additionally, of the participants that indicated a DCP&P caseworker asked them whether they have experienced abuse by their partner, 49% found it either "helpful," or "very helpful."

A majority of interview participants who spoke with the DVL reported that the DVL provided them with information about the dynamics and cycle of domestic violence. Two participants stated:

> *She was very informative about domestic violence - I didn't know that dv continues after separation.*
>
> *I felt very comfortable with her [DVL]. I was very clear to me that it was DV after I spoke to the DVL. I felt very supported.*

Some of the participants indicated in their open-ended responses that emotional support from their DCP&P worker was important to them. These participants reported that their experience discussing domestic violence with their DCP&P worker lacked emotional support and sufficient knowledge of domestic violence. This was indicated as a challenge in the overall working relationship with their DCP&P worker.

> *They gave me a lot of resources and did try to help me a lot, but they didn't take my feelings into account about my situation. They weren't able to put themselves in my shoes. They lacked empathy.*
>
> *I don't think DCP&P identified the domestic violence well. If it was physical they would have known, but it didn't seem that they knew all the signs [forms of domestic violence]. I defended him to the workers and they just asked why I'm defending him. I don't think they could acknowledge emotional abuse.*

Mental Health Functioning

Participants were also asked in the interview about several mental health challenges including Post-Traumatic Stress Disorder (PTSD) and anxiety. The PTSD questions came from the validated *PTSD-8: A Short PTSD Inventory* (Hansen et al., 2010). Clients were asked to indicate how often they experienced the listed feelings and behaviors during the past two weeks. The

scale ranged from 1-5, with 1 being "not at all" and 5 being "most of the time." These questions were intended to gauge the emotional impact of the participants' abuse experiences. A higher score indicates greater frequency PTSD symptoms. Participants for this table include those who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 11. Post Traumatic Stress Disorder

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)	
	Mean	SD	Mean	SD	Mean	SD
Recurrent thoughts or memories of the event	2.86	0.95	2.83	1.17	2.84	1.07
Feeling as though the event is happening again.	1.97	0.98	2.26	1.31	2.13	1.17
Recurrent nightmares about the event.	2.10	1.11	2.03	1.15	2.06	1.12
Sudden emotional or physical reactions when reminded of the event.	2.69	1.13	2.94	1.05	2.83	1.09
Avoiding activities that remind you of the event.	2.59	1.24	2.49	1.14	2.53	1.18
Avoiding thoughts or feelings associated with the event.	2.82	0.98	2.74	1.01	2.78	0.99
Feeling jumpy, easily startled.	2.62	1.20	2.71	1.01	2.67	1.14
Feeling on guard.	2.83	1.16	2.94	1.30	2.89	1.23
Overall Scale	**2.55**	**0.84**	**2.61**	**0.80**	**2.59**	**0.82**

Cronbach's Alpha = 0.874

Across the questions and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. However, there are no significant differences between the two groups. On average across both groups, the most frequently reported PTSD symptoms were feeling on guard and having recurrent thoughts or memories of the abusive event.

To further assess impact of abuse, we asked participants about their feelings and behaviors associated with anxiety and the questions came from the validated *Generalized Anxiety Disorder-7* (Spitzer, Kroenke, Williams, & Lowe, 2006). Clients were asked to indicate how often they experienced the listed feelings and behaviors during the past two weeks. The scale ranged from 1-5, with 1 being "not at all" and 5 being "most of the time." Examples of questions include "Feeling nervous, anxious, or on edge" and "Worrying too much about different things" A higher score on the GAD-7 indicates a higher level of anxiety.

The table below highlights the means for individual questions, as well as the overall mean for the scale, and the sample size for each group, including the total sample. Participants for this table include those who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 12. Anxiety

Question	Have Utilized DVL (n=25)		Have Not Utilized DVL (n=39)		Total Sample (n=64)	
	Mean	SD	Mean	SD	Mean	SD
Feeling nervous, anxious, or on edge?	3.10	1.04	2.77	1.16	2.92	1.11
Not being able to stop or control worrying?	3.17	1.03	2.83	1.24	2.98	1.16
Worrying too much about different things?	3.38	0.90	2.91	1.09	3.13	1.03
Trouble relaxing?*	3.24	0.91	2.74	1.12	2.97	1.05
Being so restless that it is hard to sit still?	2.62	1.08	2.20	1.13	2.39	1.12
Becoming easily annoyed or irritable?	2.79	1.14	2.40	1.03	2.58	1.09
Feeling afraid as if something awful might happen?	2.83	1.00	2.63	1.19	2.72	1.10
Overall Scale	**3.01**	**0.77**	**2.64**	**0.89**	**2.81**	**0.85**

***** p < .05; ** p < .01; *** p < .001
Cronbach's Alpha = 0.894

Across the questions and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. Participants who worked with a DVL reported having greater trouble relaxing than those who did not work with a DVL.

During the open-ended questions, two participants expressed that working with the DVL directly impacted their overall mental health and the mental health of their children positively:

> *DVL worked to provide safety with a roof over my head and lowered the stress for the children.*

> *I think of my DVL as a great emotional support and my DVL helped me boost my confidence.*

Self-Efficacy and Perceptions of Safety

Interview participants were asked questions about their self-efficacy or their confidence in their abilities to complete tasks and achieve goals; they were also asked about their perceptions of safety. The self-efficacy questions came from the validated *FES: Family Empowerment Scale* (Koren, DeChillo, & Friesen, 1992). Participants were given a series of statements about self-efficacy, and were asked to rate the extent to which they agreed or disagreed to each statement in the last month (30 days) (see Table 13). A higher score indicates more self-efficacy. The table below highlights the means for individual questions, as well as the overall mean for the scale, and the sample size for each group, including the total sample. The scale ranged from 1-5, with 1 being "strongly disagree" and 5 being "strongly agree." Participants for this table include those

who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 13. Self-Efficacy

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)	
	Mean	SD	Mean	SD	Mean	SD
If I can't do a job the first time. I keep trying until I can.	4.21	1.01	4.37	.077	4.30	0.88
When I set important goals for myself, I rarely achieve them.	3.69	1.19	3.40	1.53	3.53	1.39
I give up on things before completing them.	4.03	1.05	4.20	1.13	4.13	1.09
If something looks too complicated, I will not even bother to try it.	4.00	1.03	3.86	1.08	3.92	1.05
When I have something unpleasant to do, I stick to it until I finish it.	3.46	1.37	3.93	0.88	3.67	1.19
When I decide to do something, I go right to work on it.	3.97	1.11	3.91	1.14	3.94	1.12
When trying to learn something new, I soon give up if I am not initially successful.*	3.66	1.37	4.23	0.80	3.97	1.12
When unexpected problems occur, I don't handle them well.	3.23	1.30	3.45	1.47	3.33	1.38
I avoid trying to learn new things when they look too difficult for me.	3.76	1.32	4.03	1.09	3.91	1.20
Failure just makes me try harder.	3.86	1.30	4.06	0.99	3.97	1.14
I feel insecure about my ability to do things.	3.17	1.46	3.40	1.31	3.30	1.37
I am a self-reliant person.	4.11	1.05	3.76	1.09	3.95	1.07
I give up easily.	3.83	1.25	4.26	0.95	4.06	1.11
I do not seem capable of dealing with most problems that come up in life.	3.97	1.20	3.79	1.20	3.89	1.19
Overall Scale	**3.79**	**0.83**	**3.89**	**0.62**	**3.84**	**0.72**

***** p < .05; ** p < .01; *** p < .001
Cronbach's Alpha = 0.486

Across the questions and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. Participants who did not meet with the DVL were more likely to report disagreement with the statement: "When trying to learn something new, I soon give up if I am not initially successful" when compared to those who met with the DVL.

Interview participants were also asked questions about their perceptions of safety from physical and/or emotional abuse by another person and the questions came from the validated *MOVERS: Measure of Victim Empowerment Related to Safety Scale* (Goodman, Bennett Cattaneo, Thomas, Woulfe, Chong, & Smyth, 2014). Participants were given a series of statements about safety, and were asked to estimate how often each statement is true (see Table 14). Higher score indicates greater protective capacity. The table below highlights the means for individual questions, as well as the overall mean for the scale, the three subscales, and the sample size for each group, including the total sample. The scale ranged from 1-5, with 1 being "never true" and 5 being "always true." Participants for this table include those who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 14. Perceptions of Safety

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
Subscale 1: Sense of Agency/Knowledge of Supports							
I know what to do in response to threats to my safety.	4.28	1.09	4.06	1.22	4.16	1.16	0.46
I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.)**	4.59	0.78	3.74	1.48	4.13	1.27	0.007**
I know what my next steps are on the path keeping safe.	4.50	0.83	4.18	1.00	4.35	0.92	0.24
When something doesn't work to keep safe, I can try something else.	4.00	1.28	3.94	1.12	3.97	1.19	0.84
I feel comfortable asking for help to keep safe.	4.00	1.25	3.91	1.48	3.95	1.37	0.80
When I think about keeping safe, I have a clear sense of my goals for the next few years.	3.79	1.29	4.00	1.25	3.90	1.26	0.52
I feel confident in the decisions I make to keep safe.	3.83	1.41	3.79	1.32	3.81	1.35	0.92
I have a good idea about what kinds of support for safety I can get from community programs and services.*	4.28	1.09	3.38	1.55	3.79	1.42	0.01*
Community programs and services provide support I need to keep safe.*	4.21	1.08	3.29	1.66	3.71	1.48	0.01*
Subscale 2: Personal Concerns							
I have to give up too much to keep safe.	2.10	1.37	2.56	1.56	2.35	1.48	0.22
Working to keep safe creates (or will create) new problems for me.	4.17	1.25	4.00	1.34	4.08	1.29	0.60
Subscale 3: Coping/Problem Solving							
I can cope with whatever challenges come at me as I work to keep safe.	3.97	1.01	4.03	1.26	4.00	1.15	0.82
Working to keep safe creates (or will create) new problems for people I care about.	4.00	1.19	3.71	1.42	3.84	1.32	0.38
Overall Scale	**3.97**	**0.71**	**3.72**	**0.79**	**3.83**	**0.76**	**0.18**
Subscale 1: Sense of Agency/Knowledge of Supports	**4.16**	**0.87**	**3.78**	**0.96**	**3.96**	**0.93**	**0.11**
Subscale 2: Personal Concerns	**3.13**	**0.51**	**3.27**	**0.71**	**3.21**	**0.63**	**0.38**
Subscale 3: Coping/Problem Solving	**3.98**	**0.80**	**3.86**	**1.08**	**3.92**	**0.96**	**0.64**

***** p < .05; ** p < .01; *** p < .001
Cronbach's Alpha = 0.733

Across the questions, subscales, and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. Of the statistically significant results, differences between those who have used the DVL and those who have not used the DVL show a distinction in terms of supports that have been beneficial in keeping the participant safe. For example, those who have used the DVL program, on average, believed at greater levels that they

have a good idea about kinds of support for safety that they can get from people in their community, that they recognize support for safety they can get from community programs and services, and that they can identify community programs and services that provide support they need to keep safe compared to those who have not used the DVL program.

To further understand the impact of the interagency collaboration has on participants' perception of safety, we asked interview participants if they created a safety plan and if so, with whom did they create this plan. Of the participants that created a safety plan, only 29% reported that this plan was created with the DVL, and 19% reported that this plan was created with their DCP&P worker. Despite the overall low number of participants that created a safety plan with either DCP&P or the DVL, 96% of participants indicated that the support of the DVL helped to keep them and their children safe.

Child Functioning

In addition to asking questions to assess the impact that domestic violence has had on interview participants' lives, we also asked participants questions about the perceived impact domestic violence has had on their children, their ability to handle family conflict, parenting and various family level outcomes.

Participants were given a series of statements about their family's ability to openly share experiences and manage problems (e.g. Family Functioning), perceived informal support from family, friends, and neighbors (e.g. Social Emotional Support), and perceived access to tangible goods and services to help families cope with stress (e.g. Concrete Support). The questions came from the validated *PFS: Protective Factors Survey* (Counts et al., 2010). A higher score indicates a higher perception of ability to handle family conflict and seek both informal and concrete support (see Table 15).

The table below highlights the means for individual questions, as well as the overall mean for the scale, and the sample size for each group, including the total sample. The scale ranged from 1-7, with 1 being "never" and 7 being "always." Participants for this table include those who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 15. Family Functioning

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=33)		Total Sample (n=62)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
Subscale 1: Family Functioning							
In my family we talk about problems.	4.55	1.80	4.94	2.19	4.76	2.01	0.87
When we argue, my family listens to "both sides of the story."	3.66	1.99	3.94	2.34	3.81	2.17	0.87
In my family, we take the time to listen to each other.	3.57	1.69	4.52	2.21	4.08	2.03	0.89
My family pulls together when things are stressful.	4.55	1.90	4.70	2.07	4.63	1.98	0.85

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=33)		Total Sample (n=62)		Sig.
	Mean	SD	Mean	SD	Mean	SD	
My family is able to solve our problems.	4.17	1.75	3.67	2.12	3.90	1.96	0.80
Subscale 2: Social Support							
I have others who will listen when I need to talk about my problems.	5.28	1.65	5.21	2.00	5.24	1.83	0.92
When I am lonely, there are several people I can talk to.	4.83	1.75	4.45	2.20	4.63	1.99	0.91
If there is a crisis, I have others I can talk to.	4.90	1.88	4.88	1.97	4.89	1.91	0.84
Subscale 3: Concrete Support							
I would have no idea where to turn if my family needed food or housing.	2.34	1.88	2.58	1.99	2.47	1.92	0.89
I wouldn't know where to go for help if I had trouble making ends meet.	2.93	2.30	3.03	2.22	2.98	2.24	0.92
If I needed help finding a job, I wouldn't know where to go for help.	2.79	2.06	2.64	1.95	2.71	1.99	0.55
Overall Scale	43.93	9.48	44.55	12.81	44.26	11.31	0.83
Subscale 1: Family Functioning	20.50	7.74	21.76	9.52	21.18	8.70	0.58
Subscale 2: Social Support	15.00	4.83	14.55	5.43	14.76	5.12	0.73
Subscale 3: Concrete Support	8.07	5.18	8.24	4.73	8.16	4.91	0.89

***** p < .05; ** p < .01; *** p < .001
Cronbach's Alpha = 0.907

Across the questions, subscales, and overall scale, scores varied between those who have worked with the DVL, compared to those who have not. None of the results show statistically significant distinctions between the two groups.

Additionally, interview participants were asked a series of statements about whether they believe their partner's controlling and/or abusive behaviors has impacted their children's behaviors, academics, health outcomes, relationships, and emotional well-being (see Table 16). Interview participants were asked to respond "yes" or "no" to each question. Responses are presented based on the following domains that emerged from the data: children's relationships, children's emotional well-being, children's behaviors, and children's everyday routine. Participants for this table include those who indicated they have utilized the DVL and those who indicated they have not utilized the DVL.

Table 16. Child Outcomes

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)	
	Yes	No	Yes	No	Yes	No
Your child(ren)'s education (e.g., missing school, difficulty completing homework, grades declining, becoming consumed with school)	14	15	15	20	29	35
Your child(ren)'s social relationships (e.g., difficultly making or keeping friends, isolation from friends or family members, difficulty with conflict resolution or respecting authority figures)	13	16	19	16	32	32

Question	Have Utilized DVL (n=29)		Have Not Utilized DVL (n=35)		Total Sample (n=64)	
	Yes	No	Yes	No	Yes	No
Your child(ren)'s behaviors (e.g., aggressive, fearful, sensitive/easily startled)	6	23	28	7	34	30
Your child(ren)'s relationship with their Father (e.g.., afraid of them, they don't see him)	8	21	23	12	31	33
Your child(ren)'s relationship with you (e.g., siding with your partner, not respecting your parenting attempts, blaming you for the violence, clingy to you, worried about you)	14	15	23	12	37	27
Their emotional well-being (e.g., feeling depressed, angry, confused, anxious, difficulty regulating emotions)	21	8	25	10	46	18
Their routine (e.g., disruptions in sleep, eating, daily rituals, or regular activities)	17	12	20	15	37	27
Their health (e.g. , disruptions in medical or dental care or ability to receive emotional or behavioral support)	7	22	9	25	16	47[1]

[1]the total sample for this item was 63 due to missing data

When asked about the impact on their children, most women reported that their partner's controlling or abusive behaviors of impact the following: their children's *emotional well-being* (71%) which includes feeling depressed, angry, confused, anxious and having difficulty regulating emotions; their children's *relationship with them* (57%) such as children siding with their partner, not respecting her parenting attempts, blaming them for the violence, clinging to her or worried for her; their children's *routine* (57%) such as disrupted sleep, eating, daily rituals, or other regular activities; and their children's *behaviors* (53%) including aggression, fearfulness, sensitivity and being more easily startled. Half of the women interviewed reported that their children's *social relationships* (50%) were impacted by their partner's behaviors, which includes difficulty making friends or keeping friends, isolation from friends or family members, and difficulty with conflict resolution or respecting authority figures. In addition, women reported that their partner's behaviors also impacted their children's *relationship with their abusive partner* (48%) such as being afraid of them or not being able to see him; their *education* (45%) and their *health* (25%) such as disruptions in medical or dental care or ability to receive emotional or behavioral support services.

Additionally, interview participants were also asked if their children used services at the local DVO, 53.1% (n=34) participants stated their child(ren) used services at the local DVO, while 46.9% (n=30) participants reported their child(ren) did not (see Chart 13).

Chart 13. Interview Participants' Reported Use of Children Services at Local DVO (n=64)

Summary

Interviews were conducted with women who have experienced domestic violence and who have been involved with DCP&P, some of whom participated in the DVL program, to determine the impact of this interagency collaboration on families experiencing domestic violence and child maltreatment. Means were compared on scales, subscales, and individual items between those who have talked to the DVL, and those who have not. While the data does not allow us to make general inferences based on participants who participated in the DVL program versus participants who did not participate in the DVL program, we are provided a deeper understanding on the impact this interagency collaboration has on client and family-level outcomes and overall experiences working with DCP&P. Women who worked with the DVL felt that the DVL provided emotional supported, information about the dynamics of domestic violence, the DCP&P process, their DCP&P case, and advocacy for their families. Further, participants indicated that working with the DVL program increased their perception of safety for themselves and their families. However, interview participants also noted that additional interagency collaboration is needed between DCP&P and the DVO.

Implications and Recommendations

The overall goal of this evaluation project was to identify if an interagency collaboration between a child welfare agency and DVOs can positively impact the lives of families experiencing domestic violence. According to the documents developed by ODVS including: "Domestic Violence Liaison Program: Roles and Functions", Annex A, and the DV Protocol, the DVL program is designed to:

- provide effective assessment, safe intervention and collaborative case planning strategies in DCP&P protective service cases where domestic violence may be occurring;
- to assist domestic violence providers in the identification of cases that should be referred to DCP&P; and
- to assist with or facilitate service coordination for clients.

In addition, in order to strengthen the capacity of DCP&P staff to provide effective assessments and interventions for families in domestic violence situations, the DVL's role is two-fold including both direct services to survivors of domestic violence such as safety planning and linkages to DVO services and indirect services such as case consultations with DCP&P caseworkers, collaborative case planning, case assessments, home visits, and participation in case related meetings. The DCP&P staff's role includes supporting and guiding case workers to utilize the DVL's case consultations and training and include the DVL in case related meetings and transfer conferences. Lastly, the DVOs provide the clinical and task supervision needed to support DVLs, attend DVL collaborative meetings with DCP&P staff and ensure that DVO staff are reporting suspected or known child abuse and neglect.

The recommendations presented below emerged based on an analysis collected from three data sources: 1) Eight focus groups (n=63) conducted with staff from DCP&P, DVLs and DVL supervisors; 2) An anonymous online survey (n=836) distributed statewide to professionals within DCP&P and DVOs; and 3) Face-to-face interviews (n=64) conducted with women who

have experienced domestic violence and have been involved with DCP&P, some who utilized the DVL program. These recommendations emerged from the results of analysis of all three data sources collectively. In addition, the roles and functions of those involved in the DVL program as well as the goals of the DVL program were considered. The recommendations suggested are for all personnel who work with women and their families in child welfare offices and for the staff at domestic violence agencies that participate in the DVL program.

Recommendation 1: *Clear Understanding of Roles and Functions*
A recurrent theme throughout the focus group data and the survey data indicated inconsistency and misunderstanding about the roles and functions of the DVLs, resulting in the over-utilization of the DVL as a service provider and an under-utilization of the DVL as a consultant. During the focus groups, for example, DCP&P caseworkers noted feeling inconvenienced by needing to refer clients to DVLs to obtain domestic violence services, stating that they could more easily refer their clients directly to the DVO for services. In contrast, DVLs expressed frustration over being under-utilized to assist with case planning efforts and to attend DCP&P meetings regarding the families on their caseloads. Further, our results show DVLs expressed a lack of training for how to effectively carry out their role as consultants. There appears to be a disconnect between the goal of the DVL program to increase the capacity of DCP&P to identify, assess and case plan with domestic violence cases and the utilization of the DVL primarily as a direct service provider. According to the definition of the DVL's roles and functions, DVLs provide a double faceted service including both direct services to survivors when necessary and indirect services to caseworkers including case consultations, assistance with case planning, case assessments and interventions for perpetrating parents. This disconnect was apparent throughout the data which indicated barriers to collaboration related to communication and confidentiality often resulting from DVLs having primarily confidential contact with survivors. The type of training DCP&P workers identified as being most useful, modeling and one-on-one training, fits the consultant role of DVLs that is being under-utilized. As such, these findings indicate a need to develop and communicate a clear, consistent understanding of DVLs' role and functions across the collaborative systems including DCF, ODVS, DCP&P, and DVOs. In addition, these findings indicate a need for more training for DVLs specific to their consultant role in order to effectively perform those roles and functions, such as modeling and consultations for DCP&P workers. In addition, DVLs need the support of DCP&P and DVOs to perform this aspect of their role and effectively achieve the goals of this program. Finally, training and support for DCP&P caseworkers pertinent to the effective utilization of DVLs in a consultant role is needed in order to improve collaboration by including DVLs in meetings and case planning activities.

Recommendation 2: *Screening and Identifying Domestic Violence*
—Domestic violence survivors indicated deficits in DCP&P caseworkers' ability to identify domestic violence in women, particularly when the domestic violence was not physical. Additionally, the survey results showed that staff from the DVOs were more comfortable asking clients about financial abuse, emotional abuse, and stalking compared to DCP&P caseworkers.

Survivors found it helpful overall when DCP&P asked them about their experiences with domestic violence. However, some survivors noted an overall lack of empathy among DCP&P workers when discussing their experiences. In the open-ended interview responses, these same survivors also expressed that receiving emotional support from their DCP&P caseworker was

important to them. This is consistent with the findings from the survey which indicated that staff from DVOs were more likely to feel comfortable asking clients about domestic violence and sexual violence as compared to staff from DCP&P.

These findings indicate a need for increased training opportunities for DCP&P staff who screen for domestic violence on how to identify all forms of domestic violence in addition to more opportunities for DVLs to model effective screening strategies for DCP&P caseworkers. Training should also include information on how to provide empathetic responses to clients and increased opportunities, such as family team meetings and in-person meetings with women, for DVLs to model empathetic discussions with survivors to DCP&P caseworkers.

Recommendation 3: *Referring Domestic Violence Survivors to the DVL*
According to survivors, just over half of the participants (55.6%) –who all had experienced some form of domestic violence--were referred by their DCP&P caseworker to speak to a DVL. This finding was also expressed by both the DVLs and DCP&P staff during the focus groups, which indicated that there is ambiguity about when it is appropriate to refer a DCP&P case to the DVL. In contrast, the DVLs spoke of concerns regarding a lack of referrals occurring in some counties while DVLs in other counties described an overabundance of referrals occurring, often including referrals DVLs felt were inappropriate. In addition, DCP&P staff expressed frustration with the referral process as well suggesting that they are unclear when to refer a case to the DVL; some believed referrals were unnecessary if the survivor was uninterested in services or was already utilizing services. This suggests a misunderstanding about the multiple purposes for a DVL referral described in *Recommendation 1* above—that a referral is made to the DVL for both direct service referrals and case consultations to assist with case planning and effective case practice. This suggests a need to develop a clear and consistent understanding about when DCP&P staff should refer clients to DVLs as well as a clear understanding that referrals to the DVL can be made for case consultations as well as service provision.

Recommendation 4: *Utilization of the DVL Program by Women*
According to survivors, not all those who were referred by their DCP&P case worker to DVLs were working with the DVL. During focus groups, DCP&P and DVLs both agreed that face-to-face meetings with survivors are ideal, but they described multiple barriers to conducting these meetings primarily centered on lack of access to the offices, to transportation, to childcare, and to the DVL (e.g. DVLs' time constraints, large referral loads, and work schedules). In addition, DCP&P caseworkers discussed a desire for DVLs to participate in more home visits with clients, which would eliminate many of the barriers survivors face to engaging with the DVL. These findings suggest a need to remedy barriers associated with survivors' utilization of the program as well as those specific to the DVLs' capacity to provide face-to-face services in order to increase the overall utilization of the program.

Recommendation 5: *Safety Planning*
A majority (79%) of the survivors indicated they have created a safety plan, but only a small number reported that they created the plan with either the DVL or their DCP&P caseworker. Similarly, during the focus groups, DCP&P also expressed concerns regarding safety planning, specifically regarding their inability to confirm that safety plans were being developed confidentially between the survivor and the DVL and the challenges this presents for

documenting such efforts in the case record. Although ODVS defines the role of the DVL to include safety planning directly with survivors, it also suggests that DVLs should be assisting DCP&P caseworkers in the development of effective safety plans. This indicates a need for more frequent safety planning to occur, specifically as a collaborative team involving the survivors, DCP&P caseworkers, and DVLs. This strategy may allow for DVLs to model effective domestic violence safety planning, thereby increasing DCP&P caseworkers' capacity to safety plan with survivors of domestic violence; it may also eliminate communication barriers that result when safety plans are conducted confidentially.

It should be noted, however, that 96% of survivors reported that they believed the support of the DVL helped to keep them and their children safe. This finding highlights a need to examine the definition of a safety plan more closely. In focus groups, both DVLs and DCP&P caseworkers discussed the confusion between DVLs' definition of a safety plan, often an informal discussion around brainstorming safety strategies, and DCP&P caseworker's need for a more concrete plan to assess the safety of the children. Additionally, this finding highlights the ongoing efforts women are making to plan for their own and their children's safety.

Recommendation 6: *Supportive Services Received from DCP&P*
When survivors received instrumental services such as housing and rental assistance from DCP&P, they rated such services as "very helpful". However, through the open-ended questions, many survivors noted these services as currently lacking from DCP&P. This highlights a need to increase services that DCP&P can offer women co-experiencing domestic violence and child maltreatment, including: assistance receiving financial aid for rent and utilities, housing and material goods such as beds, clothing, and food.

Recommendation 7: *Services and Referrals for Abusive Partners*
More than half of the survivors indicated that the behaviors of the domestic violence perpetrator had negatively impacted their child(ren)'s emotional well-being, relationship with the non-offending parent, routine, and behaviors. Many survivors also reported that the abusive partner's behaviors also impacted their child(ren)'s social relationships, relationship with the abusive partner, education and health. Focus group participants discussed a need for more training on how to effectively work with perpetrators as well as deficits in effective and appropriate services for this population. DVLs also expressed a need for training on how to coach DCP&P caseworkers to work with perpetrators as well as support from DVOs to do so. This suggests a need for more services specifically for fathers who perpetrate domestic violence, additional training and support for DCP&P caseworkers around case planning with these fathers, and additional training and support from DVOs for DVLs to learn how to effectively support DCP&P caseworkers in case planning and assessing fathers.

Recommendation 8: *Services and Referrals for Children*
As mentioned above, survivors reported that their partner's abusive and/or controlling behaviors had a negative impact on their children's behaviors, relationships, and emotional well-being. Further behavioral measures are needed to assess the true impact on children. Additionally, this finding indicates a need for more services for children who witness or are exposed to domestic violence.

Recommendation 9: *Collaboration between staff (i.e. DCP&P caseworkers and DVLs)*
DCP&P staff and DVL program staff and interview participants all noted a lack of collaboration between DCP&P caseworkers and DVLs. Survivors reported a lack of meetings that occurred with a DCP&P case worker and DVL together, as well as an overall lack of visible communication between caseworkers and DVLs. These findings echo the perceptions and reactions expressed by DCP&P workers during their focus groups in which participants responded that communication was seen as a major challenge to collaborative efforts between child welfare and domestic violence service providers. In addition, during focus groups, DCP&P caseworkers and DVLs described confidentiality as a significant barrier to collaboration due to the restrictions that confidentiality puts on what can be communicated across parties. These findings highlight a need for additional opportunities for DVLs to attend meetings regarding cases they are referred to and increased communication, such as case consultations, to occur between the two staff members to improve the overall outcomes for survivors. In addition, more discussion is needed to determine ways that DCP&P staff and DVLs can work with survivors together more often, eliminating the issue of confidentiality that results when confidential contact occurs between the DVL and the survivor or the DCP&P caseworker and the survivor.

Recommendation 10: *Collaboration between organizations (i.e. DCP&P and DVOs)*
Survey data showed that 79% of counties are holding DVL Collaboration Meetings to facilitate collaboration within each county. Additionally, the presence of collaboration meetings was positively associated with professional efficacy, potentially signifying that these meetings somehow influence employees' confidence or level of comfort in talking about and assessing for domestic violence. This finding indicates a need to review the barriers to holding regular collaboration meetings such as scheduling challenges and understanding the purpose and need for the meetings to increase the occurrence of collaboration meetings in all counties.

Appendix A: Phase III Recruitment Efforts

In order to recruit women to participate in the interviews, multiple strategies were employed to increase the response rate. First, the research team and members of the Advisory Board identified three initial counties to recruit women from for interviews based on the following requirements:

- The county had a consistent DVL for 1+ years,
- How the county implemented the program (number of DVLs and number of offices DVLs worked with),
- The number of DCP&P referrals they had in the prior fiscal year, and
- The number of DVL referrals in the prior fiscal year.

VAWC and the Advisory Board also took into account demographics, such as being urban, suburban or rural and diversity in services, into account when selecting counties. The following three counties were selected: Bergen, Camden, and Ocean.

The research team planned to conduct interviews in one county at a time and began with Ocean County. To begin recruitment, the Project Coordinator sent emails to each of the Bergen, Camden and Ocean DCP&P local office managers and lead DVO directors in order to inform them of the project and ask for their support in posting flyers regarding the project in their offices as well as asking their staff to discuss the project with potential participants.

Research staff also conducted an extensive resource audit in Ocean County to identify locations where women meeting the research qualifications might see the study information. As part of the research audit, the research team conducted a comprehensive online review of the resources and service providers available in each county, paying particular attention to services that mothers were likely to utilize regularly such as: grocery stores, coffee shops, salons, faith communities, child care centers, fitness clubs, and mental health or medical service providers. This audit guided where the research team posted information about the research study. Starting in July 2016, research staff then posted flyers in 294 locations throughout Ocean County. Locations included DCP&P local offices and lead DVOs, local service providers, such as community health care providers, and places women commonly frequent (e.g. day care agencies, nail salons, and food stores). After receiving little interest in the study, research staff began concurrent resource audits in Camden and Bergen counties, but focused the audits to key service providing agencies. Research staff identified and posted flyers in 38 locations throughout Camden County and 28 locations throughout Bergen County. In addition, research team members met with several key service providers in each of the three counties to explain the project and request staff to promote it with their female clients.

After these additional outreach efforts failed to increase participation in the project, the Project Coordinator reached out to DCP&P managers and domestic violence leadership in each of the three counties to attend upcoming staff meetings to speak directly with staff in order to thoroughly describe the project details and encourage staff to explain the project with women they already work with. A member of the research team attended staff meetings at county locations within two months of sending the initial email, with the exception of offices that were unresponsive to this request.

After these additional recruitment efforts, four months into the recruitment process, a total of 10 participants were interviewed. To attempt to further increase the number of participants, three additional counties were selected by VAWC and the Advisory Board: Monmouth, Morris, and Somerset. The Project Coordinator emailed DCP&P and domestic violence program leadership in these additional counties to inform them and describe phase III of the project. Resource audits were concurrently conducted in these additional counties to identify key service providers. Flyers were posted in 13 locations in Monmouth, 20 locations in Morris, and 14 locations in Somerset. In addition, these identified providers were contacted by phone and email to inform them of the project and to request a meeting with their staff to discuss the project.

In order to increase the response rates further, the research team implemented a new protocol to recruit interested participants through scheduling interview "time-blocks" through partnerships with DCP&P local offices and DVOs. The Project Coordinator reached out to each DCP&P and DVO in the six counties and requested them to select 2-3 dates they could provide space for a VAWC researcher to conduct on-site interviews with participants from their organization. The staff of each organization were asked to speak to their clients about the study and sign up interested women for the designated dates. Sign-up sheets included the woman's first name, last initial, preferred interview language and safe contact information. The organization would then provide the sign-up sheets to the Project Coordinator several days prior to the pre-selected interview "time-block" dates. Upon obtaining sign-up sheets, VAWC staff ensured that all interested women were called, screened for qualification according to participation criteria, and scheduled an interview either during the interview block they originally signed up for or another time more convenient for them. The Project Coordinator also scheduled a VAWC researcher to attend each office's staff meetings to explain the protocol to all staff, answer questions and encourage participation in the recruitment efforts.

One month after the new recruitment protocol was introduced, the research team conducted 3 additional interviews throughout all six counties. In an additional effort to increase participant response, three additional counties were added: Hudson, Mercer, and Middlesex. The Project Coordinator emailed each DCP&P office and lead domestic violence program in the newly added counties to introduce the project, explain the recruitment protocol and schedule attendance at staff meetings.

At each staff meeting, staff were provided approximately 70 to 100 flyers and palm cards in both English and Spanish with study information on them, along with talking points to guide staff members' conversations with clients about the project.

To ensure the effectiveness of the "time-block" protocol, the Project Coordinator sent several email reminders to key contacts at DCP&P local offices and lead DVOs in all nine counties. The emails reminded staff at both DCP&P and the DVOs to provide sign-up sheets with the contact information of interested participants to the Project Coordinator and to confirm the dates for on-site interview days. After scheduled "time-blocks", the research team continued recruitment efforts by asking local DCP&P offices and lead domestic violence programs in all nine counties to actively use sign-up sheets, which no longer included interview dates, to recruit additional interested participants.

During the last month of the recruitment process, the research team emailed all local DCP&P offices and lead domestic violence programs in each of the selected counties multiple times to remind staff to continue promoting the project to clients and to collect interested participant contact information using the sign-up sheets. Emails also included attachments with sign-up sheets, talking points, flyers, and palm cards. The email also offered to mail any of these materials to interested offices. During this last phase of recruitment, 55 interview surveys were conducted. A final email was sent to each office on March 31, 2017 to officially conclude the recruitment phase of the project and to thank everyone for their support.

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