

**Ohio Intimate Partner Violence Collaborative:
Final Evaluation Report
of the *Safe and Together*[™] Training Program**

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For the past 4 years, the partners in the Ohio Intimate Partner Violence (IPV) Collaborative have engaged in a sustained, intensive effort to transform child welfare system practice in domestic violence cases where children are involved. Begun as pilot within the Alternative Response roll out, the Ohio IPV Collaborative has grown to become a statewide effort supported by ODJFS, and the Supreme Court of Ohio moved to encourage statewide practice change centered on the implementation of the nationally known Safe and Together model. With National Center for Adoption Law and Policy (NCALP) as the lead technical assistance agency, this effort has resulted in numerous achievements, including:

- The formation of statewide IPV stakeholder planning group
- The creation of an Ohio-based network of 12 Certified Safe and Together Model trainers
- 31 counties who have started or completed training in the Safe and Together model
- Ohio Domestic Violence Network-provided needs assessments and technical assistance in numerous counties.

Since the widespread introduction of the Safe and Together model throughout Ohio is central to these transformation efforts, the HealthPath Foundation funded an independent evaluation to determine the impact of the training on child welfare system practice. NCALP conducted a competitive bid process and selected Sherri Chaney Jones and Kenneth Steinman, who brought expertise in both domestic violence and child welfare. Based on the goals of IPV Collaborative and the Safe and Together model training, Kenny and Sherri designed and implemented a multi-faceted evaluation model, which included interviews, surveys and case reviews.

The following is the final report on this evaluation, and we are very excited about the outcomes. While the Safe and Together model has been implemented in a number of states, Ohio stands out for its consistent and high level of collaboration between stakeholders and inclusion of Safe and Together as part of its Alternative Response roll out. Our efforts in Ohio are also unique because they include our first effort at creating a network of Certified Safe and Together model trainers drawn from the local ranks of child welfare and domestic violence professionals. The outcome results not only reflect the Safe and Together model and our training methods, but also the collaborative work of all the Ohio partners and their commitment to improve the safety, permanency and well-being of families.

We are pleased with the outcomes because they demonstrate important, clear and positive movement towards a more domestic violence-informed child welfare system. Consistent with the Safe and Together model, there were changes in child welfare's practice associated with the entire family (adult survivor, child survivor and perpetrator). The results not only demonstrate significant attitude changes (less victim blaming) towards adult domestic violence survivors, but strong changes in on-the-ground case practice. The desk reviews, interviews and surveys indicated that key child welfare practices such as screening and assessment for coercive control were improved. As a result of the training, child welfare became better at partnering with adult victims in order to assess victims' protective capacities and efforts to keep children safe.

Because the movement toward a domestic violence informed child welfare system requires enhancements in practice related to perpetrators, we were especially pleased with the changes related to case work with perpetrators. Social work staff reported that engagement and interviewing of perpetrators had become more valued. From a practice perspective, perhaps most importantly, the evaluation showed that the participants trained in Safe and Together were able to better assess and document the impact of perpetrators' patterns of behavior on children.

The quantitative and qualitative results of this evaluation, along with the recommendations of the independent evaluators are very encouraging to us. Based on the fact that the positive results were consistent with the goals and expectations of the training and the negative results were in areas that were not targeted in the project, the evaluation appears to be well designed. These results are also consistent with data from other jurisdictions. For example, data from Florida correlates the introduction of the Safe and Together model with increased identification of domestic violence on the child welfare caseload, a halving of removals of children in cases involving domestic violence and no increase in repeat maltreatments. This data also points towards the potential of locally staffed, train-the-trainer version of the model. Certification, local technical assistance and on-going support from David Mandel & Associates, LLC have supported sustainable and cost-effective long-term implementation.

We'd like to thank Kenneth Steinman and Sheri Chaney Jones for their efforts in producing this Final Evaluation Report of the Ohio Intimate Partner Violence Collaborative (OIPVC). We'd also like to thank Jennifer Hartmann and Denise St. Clair from the National Center for Adoption Law and Policy for their guidance and support throughout both the evaluation process and the implementation of the OIPVC. We also want to acknowledge the Ohio Safe and Together certified trainers for their continued hard work in training Safe and Together throughout Ohio. And finally, we'd like to thank the Ohio Department of Jobs and Family Services, the Supreme Court of Ohio, the HealthPath Foundation of Ohio, Casey Family Services, Ohio Children's Trust Fund, Capital University School of Law, SCO Family of Services and all of the child welfare staff throughout the state for working so diligently to implement the Safe and Together model into their practice.

We look forward to building upon these findings and strengthening our work based upon this evaluation.

Thank you,

David Mandel & Associates, LLC

EXECUTIVE SUMMARY 5

OVERVIEW 6

 METHODS 6

 RESULTS 8

 (1) CPS staff assign less blame to victims for staying in a violent relationship 8

 (2) CPS staff increase their concern about, and documentation of the effects of children witnessing domestic violence 8

 (3) CPS staff increase their understanding of coercive control. 8

 (4) CPS staff enhance safety planning for victims and children 9

 (5) CPS staff increase perpetrators’ accountability. 10

 (6) CPS agencies change written policies. 11

 (7) Community stakeholders become more receptive to Safe and Together principles. 11

 RECOMMENDATIONS 13

 (1) OIPVC should be proud that the first-ever evaluation of the Safe and Together training program provided some strong evidence of the program’s effects. 13

 (2) OIPVC should continue discussing whether missed outcomes indicate the need for further adaptation and expansion of the training program. 13

 (3) Future evaluation efforts should build on this study by recognizing which outcomes can be documented by existing methods and which others may require new approaches. 13

ONLINE SURVEY 14

 METHODS 14

 RESULTS 19

 DISCUSSION 26

SUPERVISOR INTERVIEWS 27

 METHODS 27

 RESULTS 29

 How did Safe and Together training improve how CPS agencies work with families experiencing domestic violence? 30

 After the training, what is needed to continue adapting the Safe and Together model? 33

 DISCUSSION 36

COMMUNITY STAKEHOLDER INTERVIEWS 38

 METHODS 38

 RESULTS 39

 What helps a CPS agency collaborate effectively with other local agencies? 39

 How has Safe and Together training changed your working relationship with your local CPS agency? 41

DESK REVIEWS 43

 METHODS 43

 RESULTS 45

 DISCUSSION 47

POLICY REVIEW 49

 METHODS 49

 RESULTS 49

 DISCUSSION 51

APPENDIX A: Instrument for online survey of CPS professionals 52

APPENDIX B. Supervisor interview guide 58

APPENDIX C: Community interview guide 63

APPENDIX D: Desk Review Spreadsheet 66

EXECUTIVE SUMMARY

BACKGROUND: During 2013, the Ohio Intimate Partner Violence Collaborative (OIPVC) enabled local child protective services (CPS) agencies in 13 Ohio counties to participate in the Safe and Together training program. The training aims to improve the ability of CPS agencies to work effectively with families that are experiencing domestic violence through skill building and values clarification. The training sought to provide participants with information and practice skills such as screening, assessment, documentation, interviewing, partnering and engaging. Intensive training was provided to CPS staff; domestic violence advocates and other community partners received overview training of the Safe and Together model. We emphasize that this report focuses solely on Safe and Together and did not try to assess the impact of other efforts, such as technical assistance provided by the Ohio Domestic Violence Network. While the Safe and Together model is being used in many states, this report represents the very first effort to evaluate how the training affected CPS practices, policies and collaboration with other local agencies.

METHODS: We organized the evaluation around 5 data collection activities: (1) an online pre/posttest survey of 837 CPS caseworkers and supervisors; (2) semi-structured interviews with 16 supervisors; (3) semi-structured interviews with 8 community stakeholders; (4) desk reviews of 191 CPS case files; and (5) review of written policies from 15 counties that had completed Safe and Together training. Exhaustive descriptions of each of these methods are appended to this report.

RESULTS: The evaluation found strong evidence that Safe and Together training had two clear, positive effects and mixed or little evidence for other outcomes. These key findings are summarized below:

Regarding the effects of the Safe and Together training, the evaluation found...		
Strong evidence that:	Mixed evidence that:	Little evidence that:
(1) CPS staff assign less blame to victims for staying in a violent relationship; (2) CPS staff increase their concern about, and documentation of the effects of children witnessing domestic violence.	(3) CPS staff increase their understanding of coercive control; (4) CPS staff enhance safety planning for victims and children; (5) CPS staff increase perpetrators' accountability.	(6) CPS agencies change written policies; and (7) Community stakeholders become more receptive to Safe and Together policies and principles.

RECOMMENDATIONS: Based on these findings, we offer the following recommendations:

- OIPVC should be proud that the first-ever evaluation of the Safe and Together training program provided some strong evidence of the program's effects.
- OIPVC should continue discussing whether missed outcomes indicate the need for further adaptation and expansion of the training program.
- Future evaluation efforts should build on this study by recognizing which outcomes can be documented by existing methods and which others may require new approaches.

OVERVIEW

During 2013, the Ohio Intimate Partner Violence Collaborative (OIPVC) enabled local child protective services (CPS) agencies in 13 Ohio counties to participate in the Safe and Together training program. The training aims to improve the ability of CPS agencies to work effectively with families that are experiencing domestic violence through skill building and values clarification. The training sought to provide participants with information and practice skills such as screening, assessment, documentation, interviewing, partnering and engaging. Intensive training was provided to CPS staff while domestic violence advocates and other community partners received overview training of the Safe and Together model. One of the challenges to evaluating the training was to distinguish its effects from the effects of other statewide efforts to strengthen CPS agencies. We emphasize that this report focuses solely on Safe and Together and did not try to assess the impact of other efforts, such as technical assistance provided by the Ohio Domestic Violence Network. While the Safe and Together model is being used in several states, this report represents the very first effort to evaluate how the training affected CPS practices, policies and collaboration with other local agencies.

The overview section of this report integrates results from multiple data collection methods that appear in subsequent sections. Whereas these results did not change, our interpretations of them sometimes did, based on feedback from OIPVC partners and David Mandel & Associates. We found these exchanges to be very helpful and strengthened the validity and utility of this report's conclusions.

METHODS

In order to participate in Safe and Together training, a county CPS agency must have already adapted an Alternative (i.e., Differential) Response (AR) pathway. As part of the evaluation, we collected data from 12 of the counties trained during 2013,¹ as well as 12 Ohio counties that had participated in Safe and Together training during previous years, and 7 local CPS from AR counties that had not yet participated in the training.²

We organized the evaluation around 5 data collection activities: (1) an online pre/posttest survey of 837 CPS caseworkers and supervisors; (2) semi-structured interviews with 16 supervisors; (3) semi-structured interviews with 8 community stakeholders; (4) desk reviews of 191 CPS case files; and (5) review of written policies from 15 counties that had completed Safe and Together training. Exhaustive descriptions of each of these methods are appended to this report. Table 1 presents which counties participated in which activities.

Our presentation of key results is limited to those that we detected across multiple data collection activities. In some instances, a finding generated by one data collection activity was tested but not confirmed by another. We discuss the possible reasons for such inconsistencies and present them as tentative results.

¹ Portage County agreed to participate in the training during the middle of year; too late for us to include them in the evaluation.

² Stark County was originally slated to begin the training during 2013 but had to postpone it. Because they had already contributed data to the evaluation, we reclassified them as a "never-trained" county.

Table 1. Ohio counties in various data collection activities for the OIPVC evaluation

<i>County</i>	<i>Safe & Together training?</i>	<i>online survey</i>	<i>supervisor interviews</i>	<i>community interviews</i>	<i>desk reviews</i>	<i>policy reviews</i>
Allen	not yet	x				
Ashtabula	2013	x				x
Athens	pre-2013	x				
Belmont	not yet	x				
Butler	2013	x	x	x	x	x
Champaign	pre-2013	x				
Clark	pre-2013	x				x
Delaware	not yet	x				
Erie	2013	x				
Fairfield	pre-2013	x				x
Franklin	pre-2013	x				x
Guernsey	pre-2013	x				
Hamilton	2013	x	x		x	x
Hocking	pre-2013	x				
Lake	2013		x			x
Licking	pre-2013	x				
Lucas	pre-2013	x				
Madison	2013	x	x	x	x	x
Mahoning	2013	x				x
Medina	2013			x	x	x
Miami	not yet	x				
Montgomery	pre-2013					x
Putnam	2013	x	x			x
Richland	2013	x	x	x		x
Ross	pre-2013	x				x
Sandusky	2013	x				
Scioto	not yet	x				
Seneca	not yet	x				
Stark	not yet*	x	x			
Summit	2013			x	x	x
Tuscarawas	pre-2013	x				
Total # counties		27	7	5	5	15

* initially slated to received training during 2013, but postponed

RESULTS

Safe and Together training had strong evidence for two positive effects on the attitudes and practices of CPS staff. Other anticipated changes had mixed evidence or little evidence to support them. These results on seven outcomes are summarized below and note the amount evidence supporting each one.

(1) CPS staff assign less blame to victims for staying in a violent relationship.

(STRONG EVIDENCE) On the online survey, we compared participants' responses before versus after they participated in the training. Linear regression of change scores found that on average, trained staff reduced the degree to which they endorsed victim-blaming beliefs. In comparison, we found no such changes among people who had not received the training during the period. At pretest, we found that staff who had already completed training were less likely than untrained staff to endorse victim-blaming beliefs. In addition, interviewed supervisors often remarked how their trained caseworkers had begun working differently with staff. In the words of one supervisor, *"Because of the Safe and Together training, the mindset of the worker is different. Before we would have put the blame on mom versus trying to partner with her and create a plan."* A domestic violence advocate illustrated a similar theme that we heard in several community interviews, *"The conversations [with CPS staff are] shifting more toward understanding [the] dynamics of domestic violence; [they] look different than they used to, less victim blaming."* As indicated by these quotes, this attitude shift appears to have implications for intra agency case discussions, case practice with families and collaboration with community partners.

(2) CPS staff increase their concern about, and documentation of the effects of children witnessing domestic violence.

(STRONG EVIDENCE) Essentially all CPS staff already know that domestic violence harms children. On the pretest of the online survey, 95% of respondents agreed that "domestic violence hurts children – even when they do not see it happening."³ It appears, however, that Safe and Together training heightened the sensitivity of CPS staff to this important issue, as well as their assessment and documentation of it. In our desk reviews of case files, the proportion of cases that documented the effect of domestic violence on children jumped from 50% during the period before training to 80% after the training had been completed ($\chi_{(1)}^2=4.86, p=0.03, n=49$). The community stakeholder interviews found a similar theme. One counselor who takes referrals from a recently-trained CPS agency offered the following observation: *"Just by merely witnessing domestic violence situations it does great harm to the kids. I think there has absolutely been a greater understanding of that over the last 6 months."* In addition, several interviewed supervisors expressed great concern about children who witness domestic violence, although they bemoaned the lack of referral options.

(3) CPS staff increase their understanding of coercive control.

(MIXED EVIDENCE) One of the most common themes in the supervisor interviews was that the training helped CPS staff understand coercive control as an integral aspect of domestic violence. Such an understanding could translate into practice changes by altering how caseworkers ask about domestic violence and what they record in case files. One interviewee described this change as follows:

³ This highly skewed response made it unfeasible to detect any improvement on this measure at posttest.

Our social workers were screening by just asking “Is there domestic violence in your home?” And I think one of the big changes that has come out of Safe and Together is really to ask different questions. More of what we’re looking for, about controlling behaviors or who is in charge of what in the household and how those decisions are made and different ways to get at domestic violence without asking about it directly.

Comparing pre/posttest data from the online survey, we found no change in the likelihood of caseworkers who “usually” or “almost always” documented a perpetrator’s pattern of abuse. Yet looking at pretest data, 73% of caseworkers who had completed the training in the past year reported doing so, versus 50% of those who had not had any training during the past year ($\chi_{(2)}^2=13.37$, $p<0.01$, $n=462$).⁴

The desk reviews found that cases handled after the training were nearly twice as likely to document coercive control compared to cases handled before the training (30% vs. 17%; $\chi_{(1)}^2=1.63$, $p=0.20$, $n=44$). However, the sample size was far too small to rule out the likelihood that this difference was merely due to chance. Interestingly, reviewing posttest cases (both IPV and non-IPV) took much less time than reviewing pretest cases (7:53 vs. 11:20 minutes, $t_{(62)}=2.73$, $p<0.01$). This improvement was not due to our field researchers’ working more quickly with greater experience, since they purposefully reviewed both pre and posttest cases out of chronological order. Rather they attributed the difference to the greater clarity with which caseworkers wrote about domestic violence after completing the training.

While these results offer some evidence that the training made staff more sensitive to coercive control, other evidence led us to question this conclusion. We anticipated that greater sensitivity to coercive control would increase the number of cases that staff classified as having domestic violence. This, however, was not the case. The pre/posttest survey found no differences in staff estimates of the proportion of their cases where domestic violence was a concern. Similarly, desk reviews found no pre/posttest differences in the proportion of cases with any indication of domestic violence.⁵ In sum, we conclude that there is mixed evidence supporting ability of the training to increase participants’ understanding of coercive control.

(4) CPS staff enhance safety planning for victims and children. (MIXED EVIDENCE) The online pretest survey found that supervisors from counties trained before 2013 were more likely than those from untrained counties to “usually” or “almost always” ask about what safety plans were in place before a case was referred to CPS (76% vs. 42%; $\chi_{(3)}^2=10.83$, $p=0.01$, $n=154$). Other models, however,

⁴ These results classified supervisors’ exposure to Safe and Together training based on when the respondent had completed the training, regardless of whether their county had done so. Differences were not statistically significant when we classified training status based on the county.

⁵ On average at both pretest and posttest, caseworkers estimated that about 36% of their caseload had domestic violence as a concern; supervisors estimated about 25%. The desk reviews found that about 25% had some indication of domestic violence.

found no significant differences, neither at pretest nor for individual changes from pretest to posttest.⁶ Moreover, desk reviews found little documentation of safety planning either before or after the training. Supervisor and community interviews included few references to formal safety planning. They did, however, often describe how the training had changed their recognition of, and support for a victim's efforts to protect herself and her children. Consider the following quote from a CPS supervisor.

After Safe and Together we are listening more and letting the family take the lead more and listening...To determine their (survivors') own protective capacities – getting the kids to bed early and plans of safe care; or identifying when the right time to leave is.

In sum, the evaluation found mixed evidence to support this outcome. Future evaluations would benefit from greater clarity on how to better conceptualize and measure it.

(5) CPS staff increase perpetrators' accountability. (MIXED EVIDENCE) In comparing case files from before versus after the training, we found no differences in the proportion of domestic violence cases where the caseworker attempted to interview the perpetrator; nor was there any increase in the number of referrals for the perpetrator. Similarly, the online survey found no pre/posttest differences in the proportion of staff who reported “usually” or “almost always” creating a specific plan for a perpetrator of domestic violence. Yet the pretest survey found some marked differences between counties that had been trained prior to 2013 and those that had not yet been trained (i.e., never trained as well as those to be trained later in 2013). Just over half of supervisors from untrained counties surveyed reported “usually” or “almost always” creating a specific plan for a perpetrator of domestic violence, compared to 84% of those from counties trained in 2012 and 72% of those trained in earlier years ($\chi_{(3)}^2=9.71$, $p=0.02$, $n=154$).⁷ Even at posttest, recently trained supervisors had similar scores as those who had never been trained, while supervisors trained prior to 2013 scored much higher.

The supervisor interviews also frequently noted a growing awareness of the importance of engaging perpetrators. After the training one supervisor summarized her experience as follows:

I think we know now how important it is to really talk to him [the perpetrator]. I think just getting our attention to him, just be able to do that initial interview with him and have a conversation with him, I think we've put a lot more value on now.

One explanation for these inconsistent findings is that the effect of Safe and Together training on increasing perpetrator accountability does not happen quickly. Given the limits of our evaluation, the data collection activities could often only follow counties 3-4 months after the training ended. As such, it is reasonable to conclude that the training may *eventually* produce result in such a change, but our evaluation was unable to make a confident conclusion.

⁶ For example, supervisors at pretest who reported individually participating in the training (regardless of whether their county agency had offered it) did not differ from non-participants in their likelihood of “usually” or “almost always” asking about safety plans (68% vs. 57%, $\chi_{(2)}^2=1.45$, $p=0.48$, $n=154$).

⁷ These results classified supervisors' exposure to Safe and Together training based on when their *county* had completed the training, regardless of whether the individual respondent had done so. Differences were not statistically significant when we classified individuals' training status based on their individual report.

(6) CPS agencies change written policies. (LITTLE EVIDENCE) To assess this outcome, we solicited written policies from 15 county CPS agencies, including memoranda of understanding that they have with other agencies. Of these, only 1 agency had made changes to a policy that they sent to us. Several of the counties trained in 2013 reported that they planned to make changes, yet interestingly, not 1 of the 4 counties that completed the training before 2013 actually reported completing any changes. In addition, none of the community stakeholder interviews reported any policy changes or new memoranda of understanding. This may suggest that trained agencies initially intend to make policy changes, but have trouble following through. As one supervisor stated in her interview, *“No policy changes – not yet.”*

Because the Safe and Together training does not explicitly target policy changes, this is not a surprising result. It may be that other factors (e.g., agencies merging; statewide directives) overwhelm whatever effect the Safe and Together training may have. In other words, many agencies may be adapting their internal practices (e.g., formalized work rules), but it is difficult to attribute these changes to Safe and Together training. Future evaluations should consider alternative approaches to distinguishing the effects of the training on this outcome.

(7) Community stakeholders become more receptive to Safe and Together principles.

(LITTLE EVIDENCE) The community stakeholders we interviewed tended to consist of either professionals who already espoused attitudes similar to Safe and Together principles (e.g., some domestic violence advocates) or those who did not (e.g., some law enforcement officials). The former group was largely supportive of the Safe and Together model because they felt CPS staff would finally adapt attitudes more akin to their own. As such, the training did not increase their receptivity because they were already receptive. In contrast, one law enforcement official we interviewed did not participate in the training and reported no changes in his relationship with the local CPS agency. The other officer we interviewed did attend the training, but found it of questionable value. We also found little evidence of receptivity in the broader community. Among the supervisors we interviewed, for instance, several felt an ongoing need to educate the community after the training. Consider the following quotation:

Honestly, from a children’s services perspective whose job it is to make sure kids are safe, It is really scary to give up some of our control and give up some of our planning in order to let this mom keep her kids safe...And if something [bad] happens how do we defend: “We didn’t really do anything because we let mom do this...” So I think there is going to have to be a lot of education with the community about this concept. Because I don’t think the community is there.

Because community training was a minor portion of the Safe and Together program, and community receptivity was not a strong priority this result is not surprising. It is possible that the training may eventually lead to greater community receptivity, yet the absence of any promising evidence suggests the need to reconsider whether this outcome is achievable given the current training content and process. To the extent that this outcome is indeed key, future evaluations should consider alternative approaches to assessing it.

* * *

In addition to the above results, it is also important to acknowledge other outcomes that the original RFP initially asked the evaluation to assess, but for which we were unable to generate even tentative conclusions. In discussions with our OIPVC partners and David Mandel & Associates, we agreed that certain outcomes would need further conceptualization before we they could be included in an evaluation. Future evaluations that aim to assess these outcomes should first insure they are conceptually clear. It may also be necessary to consider different methods for assessing them.

Improved communication with other agencies. The community stakeholders often commented on their improved communication with CPS since the Safe and Together training began. As one domestic violence advocate stated, “People are less hesitant to pick up the phone and talk to each other.” Still, supervisors spoke little of improved communication. If anything, they continued to speak of the need to improve communication with other agencies, especially with law enforcement. Also, the absence of written policy changes such as new MOU’s, may signal the lack of change in this outcome. In sum, it is difficult to reconcile the findings from the community interviews with those from other data collection activities. As such, we remain uncertain whether and how the training may have improved communication among CPS and other agencies.

Enhancing cultural competency. Aside from one unvalidated measure on the online survey, we lacked any formal approach to assessing whether Safe and Together training enhanced the cultural competency of CPS workers and their partners. The survey measure yielded no differences in any analysis, and none of the interviews touched on their subject. We are unwilling, however, to conclude that the training did not affect this outcome. It is just as likely that our inability to detect any effects was due to incomplete conceptualization of the outcome and weak measures.

Model fidelity and implementation of S&T principles in all aspects of case management. The original RFP asked that the evaluation include an assessment of model fidelity – that is, how thoroughly and consistently CPS staff were applying all aspects of the model. Yet once we learned that some aspects of the model were not being implemented widely, this outcome became irrelevant. Future efforts to assess model fidelity should focus on those agencies where OIPVC believes the model is well-established. In addition, it would be helpful to create criteria for assessing model fidelity, rather than treating it as all or nothing.

Increasing appropriate referrals. Although not stated explicitly in the RFP, our meetings with OIPVC staff and David Mandel & Associates indicated that they hoped the training would change the number and type of referrals that caseworkers would make for families experiencing domestic violence. Whereas the training did increase CPS professionals’ interest in certain services (e.g., batterer intervention; support groups for child who witness domestic violence), we found very limited evidence that the staff actually increased such referrals. For instance, the desk reviews found few case files that recorded referrals. The reason for this disconnect is obvious – the absence of such local services and/or the resources to pay for them. In other words, CPS staff may have wanted to make more appropriate referrals, but they knew it was impractical to do so.

RECOMMENDATIONS

Based on the findings and our experience with the methods, we propose three recommendations.

(1) OIPVC should be proud that the first-ever evaluation of the Safe and Together training program provided some strong evidence of the program's effects. Changing the attitudes and practices of CPS workers is very difficult, yet OIPVC's efforts have produced effects that could be detected by the first-ever evaluation of the program. These results illustrate the strength of the Safe and Together program and indicate that a modest, thoughtful evaluation can both detect these effects and provide useful suggestions for improvement.

(2) OIPVC should continue discussing whether missed outcomes indicate the need for further adaptation and expansion of the training program. The evaluation found little evidence that participation in Safe and Together resulted in changes in written policies or increased community receptivity to the model's principles. These findings may reflect the limited scope of the evaluation. In particular, the timeline limited our ability to detect changes that may occur more than 3 months after the end of the training. That said, these findings may also reflect reality, as OIPVC partner and David Mandel & Associates did not find them surprising. If these outcomes are important and realistic to achieve, OIPVC should consider whether supplementary efforts may be necessary to change policies and increase community receptivity. Technical assistance, such as that provided by Jo Simonsen and the Ohio Domestic Violence Network, may already be valuable in this regard, even though they were beyond the scope of the current evaluation.

(3) Future evaluation efforts should build on this study by recognizing which outcomes can be documented by existing methods and which others may require new approaches. Evaluation is an ongoing process and future efforts to document the effects of the Safe and Together program can benefit from our collaborative experience here. As a first-ever evaluation, OIPVC and David Mandel & Associates worked with us to determine which outcomes were reasonable to try and measure given our available time and resources. From there, we devised from scratch a variety of methods – from survey questions to desk review procedures – to try and measure these outcomes. Often these methods were successful; other times less so.

In the coming years, it will be easier to evaluate Safe and Together because we now know which methods work (e.g., survey measures of victim blaming), which may require tweaking (e.g., interview questions related to safety planning) and which may require entirely new approaches (e.g., measuring community receptivity). Given sufficient time and resources, it will be possible to evaluate many more aspects of this promising program. We hope this report will help policy-makers towards this end.

ONLINE SURVEY

We conducted a two-wave survey of 837 child protective service (CPS) professionals from 27 Ohio counties. The purpose of the survey was to learn how participation in the Safe and Together training was associated with differences in staff attitudes and practices related to families experiencing domestic violence. Participation in the first wave of the survey was excellent, but in the second wave was poor, resulting in our only being able to collect useful data from 204 matched individuals from both waves. Participation in the training was associated with a reduction in victim-blaming attitudes. Practices changed little between pretest and posttest, regardless of exposure to the training. At pretest, however, individuals and counties that had participated in the training were more likely to interview perpetrators and victims separately and to document a perpetrator's pattern of abuse.

In the overall OIPVC evaluation, we expected certain data collection activities (e.g., supervisor interviews) to provide rich data from a limited number of people. Yet because staff from 33 counties will have participated in Safe and Together training by the end of 2013, we felt it was important to gather data from a much broader range of individuals. A survey would also enable to compare a large number of CPS staff who participated in the training with a large number of their peers who did not. The purpose of the online survey was to identify how participation in Safe and Together training was associated with differences in CPS professionals' attitudes and practices related to families experiencing domestic violence.

METHODS

The online survey was declared exempt by Institutional Review Board of Capital University Law School in February 2013 because the data were collected anonymously and involved assessment of government agencies intended to improve their performance.

Survey Instrument

We developed a survey instrument that would minimize the burden to participants, yet yield data that would be useful for the evaluation's objectives. Towards these ends, the survey required only 5:06 minutes to complete (on average) and, whenever possible, employed items that had been used in earlier studies.^{8,9,10} Because CPS caseworkers and supervisors each have different practices that might change as a result of the training, we created skip patterns in the survey so the question wording and content would be relevant to their professional role. We pilot tested earlier versions of the instruments with members of our research team, OIPVC staff and partners, and selected CPS professionals from counties that would not be participating in the actual study. The final pretest version of the pretest instrument appears in the appendix. The posttest version was essentially identical, except that it omits

⁸ Weisz AN, Wiersma R. Does the Public Hold Abused Women Responsible for Protecting Children? *Affilia*, 2011; 26(4):419-430

⁹ Saunders DG, Faller KC, Tolman RM. *Child Custody Evaluators' Beliefs about Domestic Abuse Allegations: Their Relationship to Evaluator Demographics, Background, Domestic Violence Knowledge and Custody-Visitation Recommendations*. Final Technical Report to the National Institute of Justice. Ann Arbor, MI: University of Michigan School of Social Work; 2011. Retrieved January 30, 2013 from: <https://www.ncjrs.gov/pdffiles1/nij/grants/238891.pdf>

¹⁰ Fox KA, Cook CL. Is knowledge power? The effects of a victimology course on victim blaming. *J Interpers Violence* 2011; 26(17):3407-3427.

omitted a few questions that were unnecessary to collect a second time (e.g., for how long have you been working as a CPS professional?) and one that was found to be useless.

Recruitment and case selection

In order to participate in Safe and Together training, a county CPS agency must have already adapted an Alternative (i.e., Differential) Response (AR) pathway. We aimed to administer the survey to CPS staff in three types of counties: (1) Counties scheduled to complete the Safe and Together training during 2013 (n=13); (2) Counties that had completed Safe and Together training before 2013 (n=14); and (3) Counties with an AR pathway that had not yet completed the training (n=7).¹¹ Summit and Medina counties trained in 2013 but did not participate because they started the training early in the year before we were able to administer the first wave (i.e., pretest) of the survey. Lake and Portage counties agreed to participate in the training during the middle of year; but we learned this after we had finished administering the first wave of the survey and knew that they would finish too late for us to include them in the second wave of the survey. Stark County participated in the first wave of the survey but later decided to postpone the training, so we reclassified them as “not yet trained.” Montgomery, Trumbull and Washington counties trained before 2013 but declined to participate in the survey.

For participating counties, Carla Carpenter, a senior official with the Ohio Department of Job and Family Services, helped us contact a senior administrator at each local CPS agency. We asked each local administrator to designate a single person in their agency who would be responsible for communicating with staff about the survey. Each contact person was then asked to forward an email message with the survey link to their appropriate CPS caseworkers and supervisors, forward email reminders and notify the research team about the total number (but not the names) of caseworkers and supervisors to whom they had sent the survey.¹² For counties that had a separate unit devoted to adoption or foster care placement, CPS staff were not eligible to participate in the survey, since they had very little if any interaction with the birth family.

Survey administration

We administered the survey through a website hosted by Survey Monkey http://s.zoomerang.com/s/oipvc_CPS_survey. We distributed a link to the survey to one contact person in each agency (see above) who then forwarded it on to the appropriate staff. This had the advantage of protecting respondents’ anonymity and may have boosted participation since staff were more likely to respond if solicited by a colleague. The disadvantage, however, is that we were unable to track who had participated, so we sent 2-3 reminder emails to everyone initially invited, including those who had already participated or refused. We administered the first wave of the survey from February 19 to March 11, 2013, and the second wave from October 15 to November 14, 2013.

Based on the direction of OIPVC, we aimed to maintain participants’ anonymity when answering questions, although we also needed to match each individual’s pretest and posttest answers in order to properly model changes in attitudes and practices. To achieve both ends, we asked three questions that

¹¹ Lake and Portage counties agreed to participate in the training during the middle of year; but we learned this after we had finished administering the first wave of the survey and knew that they would finish too late for us to include them in the second wave of the survey. Stark County participated in the first wave of the survey but later decided to postpone the training, so we reclassified them as “not yet trained.”

¹² During the first wave of the survey, CPS staff in one large county were bothered by the reminder emails. In response, we agreed to administer the second wave using a unique link for each individual so we could tailor reminders.

be thought we easy to answer, would not change, would create a unique identifier and yet would be very difficult to use to identify an individual respondent. The questions were: (1) what year did you graduate high school? (2) What are the first four letters of the city where you were born? and (3) What are the first four letters of your mother’s middle name? Unfortunately, this approach resulted in many cases that were difficult or impossible to match. Of the 478 usable surveys at posttest, only 204 could be conclusively matched to a pretest code, whereas 278 could not. It is likely that some of these unmatchable cases were due to staff who took the survey at posttest but not pretest, but we also suspect some people made up new answers to avoid detection.

Survey Participation

The survey was administered to 1311 child protective professionals in 27 Ohio counties. Overall, 837 people responded to the survey (64.1%), 726 of whom provided mostly complete responses (86.7%). Of these 110 people indicated they were not eligible (e.g., had no direct contact with any client families), leaving us with usable data on 616 CPS professionals. Table 1 summarizes the types of responses to the survey invitation.

Table 1. Types of responses to the OIPVC online pretest survey.

	<u>#</u>	<u>%</u>
Invited	1305	--
Responded	837	64.1% of 1305
Incomplete responses	111	13.3% of 837
(Mostly) complete responses	726	86.7% of 837
Self-reported not-applicable	110	15.2% of 726
Valid complete cases for analysis	616	84.8% of 726

At pretest, county-specific response rates ranged from 25% to 100%, with a median of 78% and 17 of the 27 counties had a response rate ≥ 66%. At posttest, response rates ranged from 11% to 100%, with a median of 60% and 10 of the 26 counties had a response rate ≥ 66%.¹³ Participation rates by county appear in Table 2.

Classifying participation in Safe and Together training

Because both individuals as well as county agencies can opt to participate in the training, there were multiple options for classifying whether someone had been exposed to it. Each approach has its own advantages and disadvantages which are described below.

Individual report: This approach is based on whether an individual reports participating in Safe and Together training during the past 12 months, another type of domestic violence training, or no domestic violence training. This approach is the perhaps the most straightforward test of the effects of the Safe and Together training, because it simply compares individuals who had the training to those who did not. For untrained individuals, however, this approach assumes that there is no effect of working in an agency where others have been trained. Also, we suspect many participants forgot the name “Safe and

¹³ Because Hocking County had only one respondent at pretest, we omitted their data from analyses and did not solicit their participation in the posttest because we would be unable to calculate any county-specific statistics.

Together.” So we reclassified them as |”received the training” if they worked in a county that we know held the training, but the individual said they participated in a domestic violence training in the past year but could not remember the name.

County status: This approach classifies people based on the county where they work and whether/when their county completed the Safe and Together training. It assesses whether the training really has an effect on agencies in the real world, since most agencies are unable to train their entire staffs and regularly experience significant staff turnover. It may underestimate the effects of the training, however, especially in larger counties where only a few people participated in the training.

Combined individual report and county status: This approach compares individuals who report receiving the training and are working in counties that we know received the training, with individuals who report not receiving the training and are working in counties that we know did not received it. It may be the fairest approach to assess the training effects, but is not realistic. It also requires ignoring a large number of “inconsistent” cases (e.g., untrained individuals in trained counties), which results in much smaller sample sizes for analysis.

Data analysis

We organized analyses around two types of comparisons. First, we used the pretest data to examine differences among individuals and counties depending on their exposure to Safe and Together training. In such comparisons, counties to be trained in 2013 were classified in the same group as those who had never (i.e., not yet) trained. Estimates did not account for the clustering of errors within agencies.

For the posttest, we focused on the 204 cases with data matched across both waves. Techniques included McNemar’s chi-squared tests and linear regressions with change scores between the wave 2 and wave 1 values serving as the dependent variable.¹⁴ To aid in the interpretation of data, we also present group-level differences, yet caution the reader that such figures can obscure changes.

¹⁴ Dimitrov DM, Rumrill PD. Pretest-posttest designs and measurement of change. *Work* 2003;20:159-165.

Table 2. OIPVC online survey of CPS professionals: Response rate by county

county	Pretest				Posttest				id's matched
	Invited	responded	completed	response rate	Invited	responded	completed	response rate	
Allen	32	29	27	90.6%	32	32	28	100.0%	7
Ashtabula	21	16	14	76.2%	21	16	15	76.2%	7
Athens	6	6	6	100.0%	5	3	3	60.0%	2
Belmont	14	13	11	92.9%	14	12	12	85.7%	7
Butler	94	39	24	41.5%	94	41	22	43.6%	4
Champaign	7	6	6	85.7%	6	6	6	100.0%	2
Clark	39	34	30	87.2%	38	24	19	63.2%	6
Delaware	20	18	15	90.0%	17	11	8	64.7%	7
Erie	16	16	15	100.0%	16	16	15	100.0%	8
Fairfield	40	31	28	77.5%	39	23	19	59.0%	11
Franklin	278	184	166	66.2%	238	123	109	51.7%	47
Guernsey	10	6	5	60.0%	9	5	4	55.6%	2
Hamilton	177	113	98	63.8%	177	19	16	10.7%	6
Hocking	4	1	1	25.0%	--	--	--	--	0
Licking	15	9	8	60.0%	15	7	6	46.7%	2
Lucas	250	89	64	35.6%	250	57	50	22.8%	21
Madison	10	9	9	90.0%	10	10	8	100.0%	3
Mahoning	42	38	33	90.5%	42	23	22	54.8%	10
Miami	21	17	16	81.0%	23	17	12	73.9%	5
Putnam	6	4	3	66.7%	3	3	3	100.0%	1
Richland	63	50	49	79.4%	67	28	24	41.8%	8
Ross	14	9	8	64.3%	10	5	4	50.0%	2
Sandusky	15	15	15	100.0%	14	12	12	85.7%	10
Scioto	10	6	6	60.0%	15	7	6	46.7%	3
Seneca	13	13	11	100.0%	12	10	10	83.3%	5
Stark	73	53	43	72.6%	75	45	38	60.0%	15
Tuscarawas	21	13	11	61.9%	10	7	7	70.0%	3
TOTAL	1311	837	722	63.8%	1252	562	478	45.1%	204
		<i>county median</i>		<i>76.8%</i>		<i>county median</i>		<i>60.0%</i>	

RESULTS

At pretest, caseworkers and counties who had been exposed to the Safe and Together training had higher estimates of the proportions of their cases where domestic violence was a concern. There were, however, no such differences for supervisors. Tables 3a and 3b present these results.

**Table 3a. Caseworker estimates of % of new cases with domestic violence:
Pretest differences by exposure to Safe and Together Training.**

BY COUNTY	<i>never trained</i>	<i>2013 trained</i>	<i>2012 trained</i>	<i>before 2012 trained</i>	<i>F(3,n-k)</i>	<i>p</i>
Mean	17.6	28.1	32.5	27.5	3.3	0.02
std. dev.	18.2	27.5	21.7	27.3		
n	52	198	60	152		
BY INDIVIDUAL	<i>no training past year</i>	<i>Safe and Together</i>	<i>Other DV training</i>			
Mean	24.1	26.1	31.6	4.09	0.02	
std. dev.	25.4	23.9	27.2			
n	207	79	176			
BY COUNTY/INDIVIDUAL						
Mean		21.8	29.8	30.6	4.21	0.02
std. dev.		24.9	25.4	26.9		
n		116	111	126		

**Table 3b. Supervisor estimates of % of new cases with domestic violence:
Pretest differences by exposure to Safe and Together Training.**

BY COUNTY	<i>never trained</i>	<i>2013 trained</i>	<i>2012 trained</i>	<i>before 2012 trained</i>	<i>F(3,n-k)</i>	<i>p</i>
Mean	29.4	33.1	39.1	27.0	1.61	0.19
std. dev.	24.6	21.4	25.5	22.8		
n	19	61	21	53		
BY INDIVIDUAL	<i>no training past year</i>	<i>Safe and Together</i>	<i>Other DV training</i>			
Mean	28.6	35.5	32.6	1.19	0.31	
std. dev.	22.6	24.8	22			
n	76	37	41			
BY COUNTY/INDIVIDUAL						
Mean		31.8	35.2	33.5	0.22	0.80
std. dev.		22.7	24.8	21.4		
n		44	38	34		

Training was also associated with differences in attitudes. Those with training were more likely to believe that removing children from a DV victim’s home is not a good solution, and were less likely to believe that the primary goal of DV prevention is to get the victim to leave her abuser. Also, respondents were less likely to believe that a victim shares some of the blame for DV if she does not leave her abuser. Tables 4a through 4c present these results.

Table 4a. Differences in attitudes by county participation in Safe and Together training

	% responding "strongly agree" or "agree"				chi ² (3)	p
	never trained	to be trained	2012 trained	before 2012 trained		
The primary goal of domestic violence prevention is to get the victim to leave the relationship with her abuser	18%	28%	21%	16%	11.56	<0.01
A woman who does not leave an abusive partner shares some of the blame if she continues to be abused by this partner	32%	29%	16%	20%	10.20	0.02
Domestic violence is damaging, but removing children from their mother’s home is not a good solution**	48%	43%	39%	57%	12.02	<0.01
Domestic violence is damaging to children, even if they do not see it happening.	93%	96%	96%	94%	1.47	0.69
n=	71	265	75	205		

Table 4b. Differences in attitudes by individual participation in Safe and Together training

	% responding "strongly agree" or "agree"			chi ² (2)	p
	no training past year	Safe and Together	Other DV training		
The primary goal of domestic violence prevention is to get the victim to leave the relationship with her abuser.	21.2%	13.8%	27.7%	8.67	0.01
A woman who does not leave an abusive partner shares some of the blame if she continues to be abused by this partner*	26.2%	12.9%	29.6%	11.71	<0.01
Domestic violence is damaging, but removing children from their mother’s home is not a good solution**	48.6%	57.8%	49.1%	7.66	0.02
Domestic violence is damaging to children, even if they do not see it happening.	95.4%	93.1%	95.4%	1.03	0.60
n=	283	116	217		

Table 4c. Differences in attitudes by county and individual participation in Safe and Together training

	% responding "strongly agree" or "agree"				
	no training past year	Safe and Together	Other DV training	chi ² (2)	p
The primary goal of domestic violence prevention is to get the victim to leave the relationship with her abuser.	25.6%	18.1%	28.1%	4.53	0.10
A woman who does not leave an abusive partner shares some of the blame if she continues to be abused by this partner	27.5%	13.5%	32.5%	15.82	<0.01
Domestic violence is damaging, but removing children from their mother's home is not a good solution	47.5%	55.0%	40.6%	6.42	0.04
Domestic violence is damaging to children, even if they do not see it happening.	96.2%	95.3%	95.6%	0.17	0.92

n=

Using the data from the pretest, we also examined practices. Caseworkers and counties that participated in Safe and Together training were more likely to usually or almost always interview a victim and perpetrator separately and to document a perpetrator's pattern of abuse. For example, 73% of caseworkers who reported participating in ST training during the past year said the usually or almost always documented the perpetrators pattern of abuse, compared to 50% of caseworkers who had not received any DV training and 59% of people who reported other types of DV training (or who couldn't remember the name of the training). Training was not associated with difference proportions of caseworkers telling a victim that the violence was not her fault, or creating a specific plan for the perpetrator.

In trained counties, trained supervisors were more likely to direct their caseworkers to ask about a client's safety plans prior to their involvement with CPS, and possibly to create a specific plan for the perpetrator. They were not more likely to direct their caseworkers to interview victim and perpetrator separately, to ask about a family's culture or to tell a victim that the violence was not her fault. Our failure to detect statistically significant differences, however, was limited by the relatively small number of cases in each experimental condition. Tables 5a through 5c present these results.

Table 5a. Differences in practices by county participation in Safe and Together training

CASEWORKERS	% "usually" or "almost always" employing practice					
	never trained	to be trained	2012 trained	before 2012 trained	chi ² (3)	p
interview victim and perpetrator separately**	75%	69%	91%	75%	11.50	<.01
document perpetrators pattern of abuse	62%	51%	68%	60%	6.76	0.08
tell victim that violence is not her fault	75%	68%	79%	66%	4.15	0.25
create specific plan for perpetrator	42%	42%	57%	44%	4.35	0.23
n=	52	202	56	152		
SUPERVISORS						
interview victim and perpetrator separately	90%	75%	90%	85%	4.04	0.26
ask about a family's culture	63%	56%	63%	68%	1.91	0.59
tell victim that violence is not her fault	63%	62%	74%	68%	1.11	0.78
create specific plan for perpetrator*	50%	52%	84%	72%	9.71	0.02
ask about any safety plans prior to CPS**	42%	49%	63%	76%	10.83	0.01
n=	19	63	19	53		

Table 5b. Differences in practices by individual participation in Safe and Together training

CASEWORKERS	% "usually" or "almost always" employing practice				
	no training past year	Safe and Together	Other DV training	chi ² (2)	p
interview victim and perpetrator separately*	68%	84%	77%	8.5	0.01
document perpetrators pattern of abuse**	50%	73%	59%	13.37	<.01
tell victim that violence is not her fault	64%	72%	74%	4.83	0.09
create specific plan for perpetrator	40%	47%	49%	3.13	0.21
n=	207	79	176		
SUPERVISORS					
interview victim and perpetrator separately	87%	84%	71%	4.77	0.09
ask about a family's culture	57%	76%	59%	4.07	0.13
tell victim that violence is not her fault	63%	76%	61%	2.25	0.32
create specific plan for perpetrator	61%	70%	59%	1.27	0.53
ask about any safety plans prior to CPS	57%	68%	56%	1.45	0.48
n=	76	37	41		

Table 5c. Differences in practices by county and individual participation in Safe and Together training

	% "usually" or "almost always" employing practice				
	no training past year	Safe and Together	Other DV training	chi ² (2)	p
CASEWORKERS					
interview victim and perpetrator separately**	66%	85%	74%	11.02	<.01
document perpetrators pattern of abuse**	48%	71%	59%	11.96	<.01
tell victim that violence is not her fault	68%	76%	71%	1.93	0.38
create specific plan for perpetrator	36%	50%	48%	5.41	0.07
n=	116	111	126		
SUPERVISORS					
interview victim and perpetrator separately	84%	84%	74%	1.76	0.41
ask about a family's culture	57%	76%	59%	3.87	0.14
tell victim that violence is not her fault	66%	79%	59%	3.50	0.17
create specific plan for perpetrator	49%	74%	59%	5.22	0.07
ask about any safety plans prior to CPS*	43%	70%	56%	6.10	0.05
n=	44	38	34		

Posttest results

For classifying exposure to Safe and Together training at posttest, we had to adjust our scheme to account for inconsistent and missing data across the two waves. Table 6a and 6b summarize how we used individual and county report to classify respondents. Given the relatively small number of cases we were able to match across waves, we were unable to account for clustering effects within agencies. Therefore the results must be interpreted with caution.

Table 6a. Using individual report and county status to classify posttest exposure to Safe and Together (ST) training

<i>individual report</i>	<i>County Status</i>			
	never had ST training	ST trained during 2013	ST trained before 2013	
<i>never trained</i>	17		24	41
<i>ST trained during 2013</i>	0	43	12	55
<i>already ST trained by pretest</i>	2	6	36	44
<i>other DV training or "don't remember"</i>	15	23	26	64
	34	72	98	204

Note: 11 "never trained" cases were reclassified as "other" for individuals who reported getting no DV training in 2013 although their counties had used Safe and Together training.

Table 6b. Frequency table classification of exposure to Safe and Together (ST) training

<i>never ST trained</i>	41
<i>ST trained during 2013</i>	78
<i>already ST trained by pretest</i>	44
<i>other DV training or "don't remember"</i>	41
TOTAL	204

Note: colors correspond to cells in Table 3a

Between pretest and posttest, we found no differences in respondents' estimates of what proportion of their cases involved domestic violence. Table 7 presents the mean group-level differences by individual training status. Linear regressions of individuals' change scores from pre to posttest failed to find any significant differences in exposure to the training.

Table 7. Caseworkers and supervisors mean estimates of the percentages of their cases that involve domestic violence: Pre/Posttest differences by exposure to the Safe and Together training program.

	Caseworkers		Supervisors	
	<i>pretest</i>	<i>posttest</i>	<i>pretest</i>	<i>posttest</i>
<i>never trained</i>	17.9%	29.6%	20.0%	36.6%
<i>2013 trained</i>	37.2%	36.2%	25.4%	25.8%
<i>already trained</i>	23.4%	35.0%	52.0%	55.4%
<i>other DV training</i>	25.2%	25.5%	35.1%	24.9%

We found some modest evidence that exposure to the training was associated with changes in certain beliefs, specifically about blaming the victim. Table 8 summarizes group level difference, and Table 9, individual level differences.

Table 8. Mean pre/posttest scores of selected beliefs related to domestic violence (1=strongly disagree; 5=strongly agree).

	A woman who does not leave an abusive partner shares some of the blame if she continues to be abused by this partner (reverse coded)		Domestic violence is damaging, but removing children from their mother's home is not a good solution		The primary goal of domestic violence prevention is to get the victim to leave the relationship with her abuser. (reverse coded)	
	<i>pretest</i>	<i>posttest</i>	<i>pretest</i>	<i>posttest</i>	<i>pretest</i>	<i>posttest</i>
<i>never trained</i>	3.29	3.32	3.22	3.39	3.51	3.39
<i>2013 trained</i>	3.27	3.65	3.36	3.58	3.36	3.62
<i>already trained</i>	3.61	3.52	3.66	3.59	3.57	3.55
<i>other DV training</i>	3.48	3.38	3.42	3.38	3.00	3.16

Table 9. Coefficients for linear regression on pre/posttest change scores: Contrasts by exposure to Safe and Together (n=148)

	A woman who does not leave an abusive partner shares some of the blame if she continues to be abused by this partner (reverse coded)		Domestic violence is damaging, but removing children from their mother's home is not a good solution		The primary goal of domestic violence prevention is to get the victim to leave the relationship with her abuser. (reverse coded)	
	coefficient (s.e.)	p	coefficient (s.e.)	p	coefficient (s.e.)	p
2013 Trained vs...						
...never trained	-.406 (.247)	0.10	-.134 (.157)	0.40	-.217 (.180)	0.23
...already trained	-.396 (.227)	0.08	-.109 (.155)	0.48	-.060 (.165)	0.72
...other DV training	-.471 (.211)	0.03	-.214 (.140)	0.13	-.255 (.156)	0.10

Between pretest and posttest, we found few differences in practices regardless of exposure to Safe and Together training. As shown in Table 11, staff from counties trained prior to 2012 often were more likely to usually or almost always employ praiseworthy practices

Table 11. Proportion of caseworkers and supervisors “usually” or “almost always” engaging in specific practices at pre/posttest: Differences by exposure to the Safe and Together training program.

CASEWORKERS

individual training status

	Interview perp and victim separately		document perp's pattern of abuse		tell DV victim it's not her fault		develop plan specifically for perp	
	pre	post	pre	post	pre	post	pre	post
<i>never trained</i>	57.1%	50.0%	42.9%	46.4%	53.6%	53.6%	34.6%	42.9%
<i>2013 trained</i>	75.7%	81.1%	51.4%	54.1%	64.9%	64.9%	37.8%	45.9%
<i>already trained</i>	89.4%	89.7%	71.1%	69.2%	78.9%	82.1%	39.5%	46.2%
<i>other DV training</i>	69.2%	74.5%	48.1%	54.9%	66.7%	62.7%	29.4%	41.2%

SUPERVISORS

individual training status

	Interview perp and victim separately		tell DV victim it's not her fault		ask about family culture		develop plan specifically for perp	
	pre	post	pre	post	pre	post	pre	post
<i>never trained</i>	92.3%	76.9%	53.8%	69.2%	61.5%	61.5%	61.5%	69.2%
<i>2013 trained</i>	77.8%	83.3%	77.8%	55.6%	50.0%	50.0%	55.6%	66.7%
<i>already trained</i>	54.7%	44.7%	66.7%	60.0%	66.7%	40.0%	83.3%	100.0%
<i>other DV training</i>	58.3%	76.9%	41.7%	53.8%	58.3%	53.8%	45.4%	46.1%

These group level differences may be misleading in that they obscure individual-level change. A series of McNemar chi-squared tests however failed to find any differences by practice. Table 12 illustrates how this test works: Of the 37 caseworker respondents who completed Safe & Together training in 2013, 24 reported at both pretest and posttest that they "usually" or "almost always" interviewed separately perpetrators and victims. Happily, 6 did not do so at pretest but did so at posttest, yet 4 did so at pretest, but no longer reported doing so at posttest. Colloquially, there is a 53% change that such changes are due to chance.

Table 12. Individual changes in “usually” or “almost always” interviewing perpetrators and victims separately.

pretest	posttest		
	no	yes	
no	3	6	9
yes	4	24	28
	7	30	37

McNemar $\chi_{(1)}^2=0.40$
p=0.53

DISCUSSION

These findings provide strong support that individuals and counties that participated in Safe and Together training before 2013 score better on measures of several attitudes and practices compared to individuals and counties that had not yet be so trained. Among the cohort of counties trained during 2013, we found no such differences, with the possible exception of attitudes related to victim-blaming.

One explanation for these divergent findings is that the effects of the training program take time to develop. Perhaps it was simply unrealistic to expect changes in practices within 1-4 months of completing the training. A competing explanation is that the training in 2013 was simply less effective than in previous years. Future evaluations should consider both possibilities.

SUPERVISOR INTERVIEWS

In spring 2013, we interviewed 16 child protective services (CPS) supervisors from 7 counties that were expected to complete Safe and Together training during the year. In the late fall we re-interviewed 8 of these supervisors after their counties had completed the training. The interviews helped us understand how their agencies work with families experiencing domestic violence and how the training may have affected staff practices. Following the training, supervisors noted that their trained staff had begun doing a better job documenting coercive control and were likely to honor the expertise of the domestic violence victim in knowing what is best for her family. They were also increasingly interested in engaging perpetrators and finding services for children who witness domestic violence. To continue implementing the Safe and Together models, supervisors suggested that staff needed more time to practice the skills they had learned and also to provide broader training for staff who were unable to participate. In addition, they identified ongoing barriers to implementing the model, including pressure to close cases quickly, ineffective communication with other agencies, and the need to educate the community.

To help evaluate the effects of the Safe and Together training on child protective service (CPS) agencies, we conducted semi-structured interview with CPS supervisors from counties that were slated to participate in the training. We were specifically interested in their perceptions of how they work with (i.e., investigate and intervene with) client families who are experiencing domestic violence. We also aimed to understand how the training was affecting their ability to work effectively with such families and what are the barriers to adapting the Safe and Together model. This document describes the methods we used to collect and analyze the data and presents key findings. It also discusses the meaning of these findings and presents recommendations for how to improve OIPVC and future efforts to evaluate it.

METHODS

For a complete description of the methods, please refer to “*OIPVC Evaluation: Supervisor Interview Pilot Test Protocol.*”

Initial interviews

As a “pretest,” we planned to speak with up to three supervisors in each of the following counties before they had initiated the Safe and Together training: Butler, Hamilton, Lake, Madison, Putnam, Richland and Stark. Doing so would offer a baseline assessment of their attitudes and practices against which we could compare changes in follow-up interviews later this year, once they had completed the training. Unfortunately, we were unable to begin the interviews until some counties had already begun the training. In addition, some counties had only one CPS supervisor to interview or had only one willing to participate. The table below summarizes our work. (We have omitted individuals’ names to protect their privacy.)

County	Status	County	Status
Butler	completed after training	Putnam	completed before training
Butler	Unable to contact	Putnam	completed before training
Butler	Unable to contact	Putnam	no other supervisors to interview
Hamilton	completed after training	Richland	completed before training
Hamilton	completed before training	Richland	completed after training
Hamilton	completed after training	Richland	unable to contact
Lake	completed before training	Stark	completed before training
Lake	completed before training	Stark	completed after training (trained on his own)
Lake	completed before training	Stark	completed before training
Madison	completed before training		
Madison	completed after training		
Madison	no one to interview		

In summary, we completed interviews with 6 supervisors who had already begun the training and 10 supervisors who had not yet begun the training. We were able to interview at least 2 supervisors in 6 counties, whereas in 3 other counties we were only able to interview 1 supervisor.

Prior to completing these interviews, we also conducted four pilot interviews, including two supervisors in counties that had completed the training (Clark, Franklin) and two that had not (Carroll, Seneca). Because we found marked differences in the answers of trained versus untrained supervisors, we concluded that our interview protocol was a useful tool for assessing the effects of Safe and Together training.

Four staff members from the Measurement Resources, Inc. team completed a one-session training on the purpose of, and procedures for the interviews. During February through April 2013, each member then completed 3-5 interviews each, taking notes and tape-recording each interview as well. The typewritten notes with selective verbatim transcription were used to analyze the supervisors' responses.

After consultation with David Mandel and NCALP staff, we assumed that supervisors who had begun the training may evince different attitudes, but that their descriptions of practices might not necessarily have changed. Therefore, when considering attitudes (e.g., towards victims of DV) we compare supervisors who had already begun the training to those who had not. For most findings, however, our results focus on interviews with the 12 supervisors who had not yet begun the training.

Posttest interviews

For the follow-up interviews, we were able to interview 8 of the original 16 CPS supervisors. These included 2 from Madison County, 2 from Lake County and 1 from Butler County and 3 from Hamilton County. We did not interview supervisors from Stark County because they had not participated in the training at the time of the post interviews. In addition, some supervisors did not respond or missed interview appointments. Because OIPVC wanted to minimize the burden and annoyance of our aggressively encouraging their participation we did not follow up with these particular supervisors. It is possible that interviewed supervisors differed from other supervisors who did not participate. They may, for instance, be particularly impressed with the Safe and Together training or are especially

concerned about domestic violence. As such, the findings from the posttest supervisor interviews may not be representative of all the counties and supervisors who participated in the 2013 training.

Data analysis

The four members of the Measurement Resources, Inc. team, along with Kenny Steinman, participated in a team-based coding process, by which we reviewed notes from each interview, divided them into discrete excerpts and then assigned one or more codes to each excerpt. This enabled us to systematically review all excerpts related to a given code and identify themes that emerge. We accomplished this in a series of meetings on April 30, May 20 and June 19, 2013. Kenny Steinman then summarized our work at these meetings. Typically, a “result” consists of a theme that we found in multiple interviews from multiple counties. Occasionally, we included quote from a single individual that contradicted or offered a different perspective on one of the broader themes. The results presented here are verbatim quotes from the interviews, with identifying information redacted to protect participants’ privacy.

RESULTS

We organized our key findings around supervisors’ responses related to two questions:

1. How did Safe and Together training improve how CPS agencies work with families experiencing domestic violence?
2. After the training, what is needed to continue adapting the Safe and Together model?

Each of these questions represents a distillation of several different categories or topics around which we originally organized our results, such as “other agencies” and “victim-blaming attitudes.” We aimed to answer each question in order to understand how *Safe and Together* training does (and does not) address those barriers to effective practice that supervisors find most important. This information may help adopt the Safe and Together training for Ohio’s local agencies. We discuss such considerations at the end of this document.

Exhibit 1 presents a succinct summary of the most common responses to these questions. The remainder of this section describes these responses and illustrates them with representative verbatim quotes from the interviews.

Exhibit 1. Summary of key findings from supervisor interviews

- I. How did Safe and Together training improve how CPS agencies work with families experiencing domestic violence?
 - A. Better understanding of coercive control
 1. More effective approaches to screening for DV
 - B. Honor victim’s expertise with her family
 - C. Recognize the need to engage the perpetrator
 1. But staff are still afraid of perpetrators
 2. But referral options are still limited
 - D. Recognize the need to provide services to children who witness DV
 1. But referral options are still limited

- II. After the training, what is needed to continue adapting the Safe and Together model?
 - A. Staff need more time to practice
 - B. Need more widespread training
 - 1. For existing staff who did not participate in the training
 - 2. For new staff unfamiliar with the agency and the model
 - C. Need better case monitoring
 - D. Need a longer time frame to work with families
 - 1. Difficult to do when other agencies have different time frames
 - E. Need better communication, especially with law enforcement
 - F. Educate the community
-

How did Safe and Together training improve how CPS agencies work with families experiencing domestic violence?

Better identification and documentation. Several supervisors reported that the training resulted in their staff better understanding coercive control. As one interviewee said, “Before we didn’t realize how many (DV cases) were slipping through the cracks.” Now, the training was improving their ability to identify and document patterns of behavior related to domestic violence.

Our social workers were screening by just asking “Is there domestic violence in your home?” And I think one of the big changes that has come out of Safe and Together is really to ask different questions. More of what we’re looking for, about controlling behaviors or who is in charge of what in the household and how those decisions are made and different ways to get at domestic violence without asking about it directly.

There was a case that was continuing to come back into our agency because of a number of different concerns. It was coming back in for neglect, for physical abuse to the children, for a bunch of different things, but none of them were addressing domestic violence. None of the concerns and none of the workers were addressing the domestic violence that was going on in the house. We were able to go in there with this new approach and talk to them about the control and what has been going on in their family. And we learned there was extensive domestic violence, through not asking the question with everyone sitting around, “Is there domestic violence in your house?” but actually talking about their family life and their daily routines and the power and control of money and cars and other resources. And we were actually able to get the batterer into a program and I believe he is currently still working and the survivor is in a program that she identified that she thought would be helpful to her and her children.

Instead of just asking adults if there is any domestic violence in the home or physical altercations, [it is better] that we ask asking open ended questions, like “How do you handle stress?” “When there are arguments, what happens?”

Whereas most respondents valued having open-ended conversations with families, one supervisor said she would value having a set series of questions that would get beyond basic questions of whether domestic violence was occurring. Such a structured approach might be particularly helpful for teaching

the Safe and Together model to new staff who had not initially participated in the training. (See below “Need for more widespread training.”)

Now that we have started the “Safe and Together,” I think that is one of the things that we had talked about that we want to get to a point where our screeners can be asking more questions when they have a person on the phone, not just saying, “Is there any DV?” but asking more about controlling behaviors or anything that they have observed. But they [the screeners] don’t have a certain script or certain thing that they have to ask.

Honor the victim’s expertise with her family. In the initial interviews, several supervisors acknowledged that their staff sometimes inadvertently blamed the victim failing to protect herself and her children, instead of blaming the person perpetrating the abuse. As one supervisor noted, “In the past, they’ve told them what they need to do rather than honoring them as expert on family.”

In the past it was no questions asked. [It was like we said] “We’re going to revictimize you and take your children and I don’t even want to hear what you have to say and we’re not going to work through this.”

Sometimes caseworkers did not have the knowledge and skill set and so they may have alienated a client from ever asking for help. Or, I hate to say “shamed a client,” but I do think unfortunately that there is a lot of shame involved with DV. And if the caseworker were to be like, “Hell, no! The minute a man is putting a hand on me like that, then I’d be out of here.” Well if that’s not what mom has done, then their reaction can be one of shame. And therefore [she would] not want to even open up about what’s happened, let alone to ask for help.

Following the training, some supervisors noted how trained caseworkers were beginning to interact differently with families and victims.

After Safe and Together we are listening more and letting the family take the lead more and listening...To determine their (survivors’) own protective capacities – getting the kids to bed early and plans of safe care; or identifying when the right time to leave is.

[In the past] I think we [were] an agency that very much [blamed] both parents when there [was] a situation of domestic violence; that we [looked] at it as, “Well, why is mom staying in this relationship if that’s what happened?” I see a lot of that shifting after our training. [There is now] more responsibility on the person that’s being aggressive.

Because of the Safe and Together training the mindset of the worker is different. Before we would have put the blame on mom versus trying to partner with her and create a plan.

Recognize the need to engage the perpetrator. Initially, some supervisors who had not been through the training felt that engaging perpetrators was often just not worth the trouble. Instead they seem relieved to find a valid excuse for not working with them.

If they (the perpetrator) has an attorney they won’t talk to us, so we can’t work with them.

It’s an easy out if the...batterer doesn’t respond or isn’t very eager to meet with us and we come to our time frames and we establish the kid is safe, we kind of, are like, “Well, we don’t have to meet with him, he’s not in the home.”

Before doing this training, if we couldn't find him [the perpetrator], or he was out of the home for a period of time, we were very comfortable saying, "Well, we can't find him, we don't know where he is, or I tried to meet with him once, and he doesn't want to meet with me" and we'd kind of give up. I think our attitude about that has shifted a little.

Others noted that their line staff, especially new caseworkers, were sometimes terrified when working with violent perpetrators. In the words of one supervisor, "We need to do a better job of engaging the batterers and not being afraid of them ourselves." Another told about her own earlier experience, when she was a caseworker.

When I was a newer caseworker I got a case of domestic violence and I was new, I was terrified. All the reports, even the police reports were awful, and I would read them before I would go out. And he would just do awful things, [like] push her down the step. And the police reports you would read: how he would kick her in the head with his cowboy boots on and her hair was still stuck in the toe of his cowboy boot; put her head in the toilet; those kinds of things. Here I am, 23 years old, going out on my very first job and I'm terrified of this man. I thinking, "If he does this to her, he's going to do it to me." And every single time I went to the house he was present. And so I never got a good interview with her. And I didn't know how to engage her by herself. I would ask questions and she wouldn't respond. Or I would get "yes" and "no" answers. I didn't ask open-ended questions...I wasn't effective. She knew it. He knew it.

After the training, several supervisors expressed a greater recognition of the need to engage perpetrators thoughtfully.

One of the big takeaways from the training was that sometimes no service is better than the wrong service – like anger management for batterers.

I think we know now how important it is to really talk to him [the perpetrator]. I think just getting our attention to him, just be able to do that initial interview with him and have a conversation with him, I think we've put a lot more value on now.

At least one of my staff...the thing that she learned most from Safe and Together was related to working with the perpetrator. This is one of the staff that I said had her own previous experience with domestic violence and so it has always been a difficult kind of case for her. What she said in the past was that the perpetrators always kind of scared her...she would make a phone call [to a perpetrator] and if they didn't return her phone call then she would request...a waiver...and after going through the training she has recognized the need to fully engage the offender. So she has really changed how much effort she puts towards it and the way she approaches them to try to get them to engage.

Yet despite a heightened interest in engaging perpetrators, several supervisors bemoaned the lack of effective options for referral.

I'm not sure [how effective their local batterers' intervention program is]. The problem is that the men have to pay to go. The philosophy behind that is they need to take responsibility for this and that they need to pay for this course. Well, all of them say, "I don't have the money to do it." And so a lot of them are ordered to do it, but then don't follow through because they don't have the money to do it – or so they claim they don't have the money to do it. To be honest, I don't know of any that have gone through [the local batterer's intervention group] and it's been life-changing. Like, now he's fixed!

I wish we had more choices... for services for batterers. Mentors and life coaches and great stuff for them so they can learn how to properly treat people they claim to love.

Recognize the need to provide services to children who witness domestic violence.

Supervisors had long recognized that kids are harmed by domestic violence even just by witnessing it. Following Safe and Together training, several expressed a greater interest in providing services tailored for children in such situations.

A lot of our child obviously have PTSD...I would love it if we had a support group for children of domestic violence. If there is one out there I'm not aware of it...but I know we're trying to connect the kiddos to the agencies so they have some awareness, at least, of domestic violence and the cycle of domestic violence – those kinds of things.

We've improved our relationship with our local domestic violence shelter...We're utilizing the shelter more than we probably did, not just for housing, but they are doing some support groups for adults and for the kids too. So we're now we're using that as a referral option.

Yet even as they increasingly recognized the need to for services tailored to children who witness domestic violence, several acknowledged the dearth of available programs.

There really is no real specific counseling program or treatment program for children who have witnessed domestic violence. We do have trauma-focused therapy, but my impression is that's more focused on sexual abuse victims.

I don't (think) there's specific training that the therapists are receiving for domestic violence...sexual abuse, adoption issues, I think there's people certified in those areas, but I've never known of a kid on my caseload – and I've been here 18 years -- to have their therapist who had a specialty in domestic violence.

But again what we're [still] not doing well is the service of the situation really kind of focusing on and emphasizing the traumatic experience that the children might have had.

After the training, what is needed to continue adapting the Safe and Together model?

Most supervisors found the Safe and Together training worthwhile, and were pleased with the improvements described above. Yet many also felt their agencies' were still a long way from implementing the Safe and Together model broadly and regularly. They offered several reasons why.

Staff need more time to practice. Perhaps the most common reason the supervisors gave for the lack of change was that staff simply needed more time to practice their skills. As one supervisor stated, "Everyone seems to be on board, [we're just] not a well-oiled machine but we seem to be moving in right direction." Reviewing written guides and regular interaction among trained staff will provide more time to change their attitudes and practice the skills they learned.

[We need] more practice getting everyone comfortable with [Safe and Together].

Let's get more feedback from people who had done this work. We need opportunities to come together and talk about it.

The [domestic violence] shelter came a did a teen dating violence training for the building, it was mostly my staff...and I heard one of my staff...she made a comment...it was almost in a blaming statement...in terms of the victim, the fact that she stayed. And I was really shocked...that she had said it after going through Safe and Together...even after 9 days of training, she's still using a vocabulary and a thought process that's blaming the victim.

Need more widespread training. Many supervisors also noted that a major barrier to change was that many of their staff had not participated in the training. Sharing information and handouts during staff meetings is fine, but is no substitute for actually attending sessions with official trainers.

More widespread training would be my number one. If it can't be with all of the line workers than at least with the management. Because they are responsible for pushing that information, modeling the behavior and asking questions around that model.

It has gotten better but [adapting the model] is in pockets rather than across the board. I would like to see it more widespread. Unfortunately, we do not have enough people trained to keep it going.

I think that's going to be a big barrier for us. We had so many staff who were unable to participate [in the Safe and Together] training that getting the information to them is already going to be second hand information.

A related barrier is how to train new staff in the Safe and Together model, especially when it may conflict with what they learned in school or in previous positions.

The new staff is definitely a factor...As a manager it becomes daunting at times, when you do have a lot of staff turnover. You think you've got them on the right path and you're actually making headway with the veteran staff and then all of a sudden they turn in their resignation and you're like, "Oh! I've got to start all over again." So when you start all over you want to jump right in [to teach them the Safe and Together model] and you want to go right for it, but you need to teach them those foundational pieces first.

Need better case monitoring. A few supervisors attributed their uncertainty about the training's effects to the lack of adequate evaluation. With better monitoring, they said, it would be easier to determine if the changes in practices were actually benefitting families, and thus build support for the approach.

I can start tracking before and after Safe and Together whether the cases have gone up or down. If the [so and so] family reported domestic violence in 2012, '13, and '15. Then we have not made improvements. But if you hear from the [so and so] family in '12 and never again we have had an impact.

I wish there was a way to be able to monitor this in terms of our successes internally. Are these cases coming back (recidivism)? Are families safer with this model?

One supervisor did express frustration with their ability to record DV in such a way that it would be possible to flag such cases in the future for appropriate investigation and referral.

We have been trying to get the screeners to indicate it as DV and it is still difficult to pull a report about how many cases have an element of DV because it is designated as physical abuse.

Need a longer time frame to work with families. Many supervisors noted that they process cases according to guidelines that include firm timelines for conducting assessments, closing cases and so on. While this may expedite how quickly cases are handled, it can also force caseworkers to move more aggressively in working with families. This can limit an agency's ability to let the victim construct her own safety plan on her own time table. As one supervisor stated explicitly, "When you have a limited amount of time you're working with families, there's not a whole lot of time to build trust.." The lack of time for each case also result in decisions and courses of action that CPS staff view as less than ideal.

We still have those timelines. Like we have 30 days for traditional (CPS method for handling a case) and 45 for AR (Alternative Response). So at 45 days, we kind of have to make a decision. And sometimes we end up making a decision based on the information we have, when we know it would be better if we did something else.

We're only supposed to have cases open for a certain amount of time...a lot of times things are still newer in the first 30 to 45 days of the case and they (the family) are doing what their supposed to do and that's they only time we have to make a decision, yet everyone's being appropriate..the shortened time frame makes it difficult to know what's really going on.

So [many of our practices] are mandate-driven and state-required-driven, whether it be timelines...that it seems to override that other stuff we should be paying more attention to.

Because they [caseworkers] have very rigid timeframes that they have to have safety assessments done, family assessments done, you know, their face to face contact...and on top of that they're getting new cases and that starts another timeline deadline. And we were talking, like, "All this [Safe and Together training] is good, but how is this going to work within the time frame we have to work with families?"

This barrier also limits CPS agencies' ability to collaborate effectively with other agencies, especially domestic violence services and law enforcement that often have different time frames.

When we're involved, we're involved because we want to protect the children. The domestic violence advocates are involved because they want to protect the victim of domestic violence. So I think we come into conflict sometimes when our agency has to respond much more quickly because we have children who are more vulnerable and at risk than necessarily the victim. And I think the victim advocates would like us to hold off on forcing the victim basically to make up a plan or to come up with a plan on our time table rather than understanding and listening to them (the victim) on their time table.

The hardest thing is working with law enforcement. If there has been a criminal charge, that process can take longer than when we're actually involved with family for. So there are times when clients can't even talk with us about the incident because they are advised by their criminal attorney not to speak with us.

Need better communication, especially with law enforcement. Another concern was related to ineffective communication, most often with law enforcement. Especially in larger counties, cases can fall through the cracks when agency professionals lack the time, training or experience to understand how to handle cases involved domestic violence.

We work with the police all the time, but I don't know that we work well with them on domestic violence cases. In our county, we have 44 different police jurisdictions. With some we work better than others...we have these little pockets of townships and areas and they all have their own police jurisdiction. They are small, so they may only have 2 detectives, some of them only have 1 detective, some of them have 5 detectives. So they have the same detective doing bank robberies who is doing homicides and is doing child abuse, so that one guy might not be all that specialized in domestic violence...I don't know that they are specialized enough, or we are specialized enough to say that we work well together with regards to domestic violence.

A lot of times the police will call in or fax over the police incident reports, which may describe domestic violence, and we get those and screen them in...The thing about it is if you try and call a police officer, it might be a road officer who is (only) on nights...so it's hard to make that contact to ask for more specific information if you are unsure or you want to clarify something.

Probably the biggest gap we have is with us and the local police departments. Because we don't always get a phone call when there is domestic violence and someone's arrested and the children are present...that case in particular, six months after the person has been charged and the victim didn't show up to court, and then the prosecutor's office will call us and say, "Hey. This domestic violence occurred and the children were present and the victim didn't show up to court. So we're showing up six months later to address an issue that happened six months prior.

Need to educate the community. Several interviewees described how they and their colleagues worried about community perceptions of their agency, especially in publicized cases that go wrong. Often, this results in staff being thorough and controlling the process of investigation and intervention, rather than working collaboratively with victims and families.

And then the community at large, in their view they want kids safe. They don't want us to take kids away but at the same time if we don't and someone gets hurt, it's our fault. You don't never, ever, ever want to leave a house and think you left a child in harm's way.

Supervisors who had been through the training noted that community perceptions were still a concern, and that educating CPS staff only may not be sufficient:

Honestly, from a children's services perspective whose job it is to make sure kids are safe, It is really scary to give up some of our control and give up some of our planning in order to let this mom keep her kids safe...And if something [bad] happens how do we defend: "We didn't really do anything because we let mom do this..." So I think there is going to have to be a lot of education with the community about this concept. Because I don't think the community is there...In this community our children's services holds a lot of the responsibility of keeping kids safe. And when they're not safe, we're looked at like, "Why didn't you do a better job?"

DISCUSSION

These interviews suggest that the training may have the greatest effect on caseworkers' lack of understanding of domestic violence. Specifically, they may expand their understanding of domestic violence to include coercive control and may be more aware of the trauma associated with a child witnessing domestic violence. Finally, caseworkers may become more sensitive to treating mothers as victims of DV with real strengths, rather than as perpetrators of child abuse and neglect in only need of services. In this way, they are less likely to blame victims.

It is also worthwhile to acknowledge the barriers to effective CPS practice that were not associated with Safe and Together training (at least in the perceptions of supervisors). The training, for instance, may do little to address the brief time frame that they have to work with families or to improve their communication with other agencies. OIPVC should consider whether and how the training could be adjusted or augmented to address these and other barriers to effective CPS practice.

Improving the interview process

The supervisor interviews yielded data that provided useful insights that complimented findings from the survey, desk review and other sources we used for our evaluation of OIPVC. In future efforts to evaluate OIPVC, we propose the following recommendations.

Only conduct one interview per supervisor. We found it difficult to arrange two interviews with the same supervisor – once before the training began and another after it was completed. Because the training schedule shifted during the year, we ended up interviewing some supervisors for the first time *after* they had already begun training, whereas some second interviews were cancelled because their county agency had not yet completed the training. Even for those individuals with whom we could conduct true pretest vs. posttest interviews, the data was not especially illustrative. Other interviews were simply too difficult to complete, as some supervisors did not respond or missed interview appointments. In the future, we recommend interviewing some supervisors at pretest and others at posttest.

Revise the interview questions. We should also consider which aspects of the interviews did not yield useful data. Questions about upper management nearly always resulted in positive, general remarks. Because it is hard to envision how this would change over time, it may be worth rephrasing or eliminating this question in the future. In addition, we were unsure how to define cultural competency. Because it very rarely appeared unsolicited in the interviews, it may be worth dropping from future evaluation efforts.

COMMUNITY STAKEHOLDER INTERVIEWS

During August and September 2013, we interviewed 8 community stakeholders from 5 counties that had been recommended by local child protective services (CPS) supervisors. We were specifically interested in their perceptions of what factors helped them work effectively with CPS regarding client families who are experiencing domestic violence and what, if any, changes they noticed that might be attributable to Safe and Together training. The community stakeholders noted that personal relationships, co-location of services and a shared understanding of, and approach to domestic violence all helped. Since Safe and Together training began, the community stakeholders thought communication had improved across their local agencies. Also, several participants felt as if the local CPS agency were paying more attention to domestic violence.

To help evaluate the effects of the Safe and Together training, we conducted semi-structured interviews with community stakeholders who worked with the child protective service (CPS) agencies that participated in the training. We were specifically interested in their perceptions of how they work with CPS regarding client families who are experiencing domestic violence and what, if any, changes they noticed that might be attributable to Safe and Together training. This document describes the methods we used to collect and analyze the data from the interviews and presents selected results. We also summarize our recommendations for how to improve this approach to data collection for evaluating OIPVC.

METHODS

Because each county CPS agency has its own distinct network of relationships with other agencies, we decided to let the CPS supervisors identify outside community stakeholders who know their agency best. For the interviews, we recruited community stakeholders based on recommendations from our interviews with the CPS supervisors we interviewed at pretest. Specifically, we asked each CPS supervisor to recommend someone from another local organization (e.g., law enforcement, a domestic violence shelter) who was familiar with their agency.

We tried repeatedly to schedule a phone interview with each person recommended by each of the 16 CPS supervisors interviewed. We were able to successfully interview 8 community people from 5 counties. These included 2 domestic violence advocates, 2 law enforcement officials, 2 members of local family/youth coalitions, 1 counselor who works in a batterer intervention program, and 1 attorney. In terms of location, we interview 2 community stakeholders from Madison, Medina and Richland counties, along with 1 each from Butler and Summit counties. In the results section, we omit individual and agency names to protect participants' confidentiality.

During August and September 2013, trained staff administered the interview guide, recorded the interviews and took extensive notes. The interviews then wrote excerpts of the notes and assigned codes from a previously designed codebook to each excerpt. As such our results section presented quotes based on interviewers' notes rather than audio transcripts. Interviews were conducted from 2 weeks until 3 months after the Safe and Together training was completed in each county.

To analyze the data, two members of our evaluation team reviewed notes and related codes from each interview. This enabled us to systematically review all excerpts related to a given code and identify

themes that emerge. We accomplished this during December 2013. Kenny Steinman then summarized our work at these meetings. The results presented here represent the results of these efforts. Please note that we only reported themes that were similar and emerged in multiple interviews from multiple counties.

RESULTS

We organized the results from the interview around three questions: (1) What helps a CPS agency collaborate effectively with other local agencies? (2) How, if at all, has Safe and Together training changed your working relationship with your local CPS agency?

Exhibit 1. Summary of key findings from community stakeholder interviews

- I. What helps a CPS agency collaborate effectively with other local agencies?
 - A. Personal relationships among staff
 - B. Co-location
 - C. Having a shared, consistent approach to domestic violence
 - 1. Conflicting roles, mandates and approaches undermine effectiveness

- II. How has Safe and Together training changed your working relationship with your local CPS agency?
 - A. Few if any changes so far
 - B. Better communication
 - C. CPS is paying more attention to domestic violence

What helps a CPS agency collaborate effectively with other local agencies?

Nearly all the community stakeholders described having a good working relationship with their local CPS agency. The positive reports are not surprising, since the stakeholders we interviewed were all recommended by CPS supervisors, and were also limited to those who agreed to participate in a phone interview about that agency. Nonetheless, the stakeholders touched on similar themes in describing exactly what helped make effective their working relationships with local CPS agencies.

Personal relationships among staff

Several stakeholders emphasized the importance of personal relationships among staff across agencies.

For the most part it seems to work pretty good. Our people have been here a long time and several of their staff...their supervisors have been there a long while and kind of know how the system works (law enforcement)

I have a great relationship with Children's Services. There is a normal caseworker I work with, but there are usually 5 or 6 workers I end up dealing with – it's a small county(local youth/family council member)

Concomitantly, the high rate of staff turnover in many CPS agencies can undermine the working relationships.

The staff doesn't have a connection, they don't know each other and so it doesn't usually go as smoothly if two parties don't know each other. (domestic violence advocate)

Co-location

Another factor that contributed to effective collaboration was being co-located in the same space. This was often the case of domestic violence advocates having an office at the local CPS agency.

I have an office here at the shelter and one at Children's Services so I work very closely with them because I'm housed in the same [space], my office is in their building. I would say it's a pretty decent relationship...I'm just another cubicle next to the rest of the cubicles, so I see them pretty much every day (domestic violence advocate)

They (CPS) also have that quick 24-7 access (to a domestic violence advocate) and that availability in the building. If they are in there and they're interviewing and they need the advocate's services they can just go down the hall. So I think that's a plus. (local youth/family council member)

Having a shared, consistent approach to domestic violence

Having a consistent, shared approach to working with families experiencing domestic violence was very helpful for building greater collaboration across agencies. In some counties this antedated Safe and Together training.

There is one magistrate that goes from court to court handling all the domestic violence cases. That has created uniformity within the three area courts because it's all being addressed by one particular magistrate. Then they have a close working relationship with the victim's advocates from the sheriff's office. In that respect, their uniformity in approach is effective. They do make sure that the clients, or the defendants get treatment and they follow a fairly regular model and it is applied pretty evenly based on the facts that they have at hand. So that's been very effective and I think they do a very good job at trying to make sure that they're dealing with all domestic violence in the same fashion using the same model with knowledgeable, informed people. [the local CPS agency] follow I think that has been effective and good job and [we] are dealing with DV in the same fashion. (batterer intervention program staff)

One respondent noted that her county is developing a shared approach to domestic violence across agencies by allowing for flexibility and change in their formal relationships.

The process (of collaboration) works because we continue to communicate with each other...and if the bylaws or whatever it might be, gets in the way of how we define the purpose and where we want to go, then we can go back and amend those and take how we define the purpose and where we want to go, then we can go back and amend those (bylaws) and take it back to the (local youth/family) council. (member of local family/youth coalition)

Of course not all agencies in all counties share a similar approach to domestic violence. In the words of one interviewee, "There are times when our staff is at wit's end with their staff and vice versa." Many described the conflicting priorities, roles and approaches made it difficult to work with their local CPS agency.

In the children's services system they often look to the primary caregiver—which is often the mother – as the responsible party and focus their case plan on the things that she has to do to in order to keep the children safe. Oftentimes they don't monitor him. Holding the perpetrator responsible should always be the first course of action. That is some of the learning and teaching that needs to take place between our agency and theirs. (domestic violence advocate)

There are others whether it's their family and friends or other service providers who still think that that if he hits you he's bad and make him leave or make him stop. So I think it's hard in general. It's a paradigm shift. Yes it's bad but it might not be as bad as if the family was torn apart. (member of local family/youth coalition)

[It's a] recurring theme- [the] CPS worker is insisting that the client comes to shelter, reporting to client that they will take kids away if they don't go to shelter, expecting her and staff to make sure that person stays in shelter and they [, the shelter staff,] really can't force them to stay there. (domestic violence advocate)

They (CPS workers) are approaching survivors from their mandated positions; they have certain requirements that they have to meet while they are working with families. There are requirements that families have to meet in order to complete their case plan. It's different than ours. We're working with the client from a needs-based perspective. We're working with them to help them figure out what their needs are and how we can support them. That's the difference. I think Children's Services are what their mandates are, and we're working with them from what their needs are. (domestic violence advocate)

The difference in response from one law enforcement agency to another is huge. If they had more and better training it would help to have a more uniform approach to dealing with DV calls. (batterer intervention program staff)

How has Safe and Together training changed your working relationship with your local CPS agency?

Few, if any changes thus far

When asked how their relationships with the CPS agency had changed recently, most respondents initially reported that there had been few, if any changes.

No. Things have been pretty well established and are going smoothly as far as I know (member of local family/youth coalition)

We have had a good working relationship with Children's Services, so the point is there haven't been any huge changes in the past 6 months. (batterer intervention program staff)

[CPS has] some proposed changes, but [they] haven't happened yet. (attorney)

Some respondents reported recent changes, but they couldn't necessarily attribute them to the training. In one county, for instance, the hiring of a new CPS director who emphasized collaboration was seen as being more significant than the effects of the training.

Yes (there have been recent changes), but I wouldn't say it was because of the Intimate Partner (Violence) training. Just being honest! I would say because it (CPS) has a new director...She's trying very hard to work with agencies and listen and be more of a team player than has been in the past. (local youth/family council member)

Better communication across agencies

Deeper into each interview, some community stakeholders did note that since Safe and Together training began they had observed better communication across agencies.

People are less hesitant to pick up phone and talk to each other. [We're] communicating more, [and are] also brought into situations for input, advice. (domestic violence advocate)

There [have] been increased conversations because Children's Services has been mandated to implement the Safe and Together model. Part of that model, it encourages, it requires community conversations. So we have been having those conversations with other agencies and community partners. (domestic violence advocate)

[Name of county] Children's Services is maybe taking domestic violence a little more seriously than it did in the past. They call more often on, you know, priors or background information than I remember getting calls in the past, but I wouldn't say it's a major change. (law enforcement official)

Taking domestic violence more seriously

Also, some respondents noted that CPS and other agencies were paying more attention to domestic violence and taking it more seriously.

This does affect children, even if they aren't specifically being abused. Just by merely witnessing domestic violence situations it does great harm to the kids. I think there has absolutely been a greater understanding of that over the last 6 months. (batterer intervention program staff)

Once they (Children's Services) are involved – if it's brought to their attention that domestic violence might be happening in the home, even if there have been no police calls, or none recently...they still address it aggressively. They'll insist the alleged perpetrator get a screening; they'll ask that the alleged victim go meet with somebody so they can get a better sense of what's going on in the home. So even if domestic violence wasn't the original reason that a case was opened, they (Children's Services) will not ignore it and I think they do a very good job with that. (batterer intervention program staff)

The conversations [are] shifting more toward understanding [the] dynamics of domestic violence; [they] look different than they used to, less victim blaming (domestic violence advocate)

DESK REVIEWS

We reviewed 191 newly-opened case files from 5 county child protective service (CPS) agencies, 26% (n=49) of which documented evidence of intimate partner violence (IPV). Analyses assessed whether practices changed from before Safe and Together training started, until after it was completed. Overall, we detected one change in practice between pretest and posttest: an increase in documenting the effects of IPV on children. There were no changes in attempts to interview perpetrators, to interview victims separately from perpetrators, as well as no changes in referrals for perpetrators or safety planning for victims.

The increase in documenting IPV's effects on children is encouraging and may illustrate how the training provided staff with a better understanding of the issue. Two explanations may account for our inability to detect other differences in CPS practices. First, the Safe and Together training might not affect the behavior of frontline staff. This would be consistent with the online survey and supervisor interviews, which found satisfaction with the training but felt that there had been few changes in practice so far. Second, the methods we used to extract information from the case files may have been insufficient to detect real differences. Perhaps we needed to review many more case files to find statistically significant results. Or it may be too soon after the training to be able to detect change. We consider such explanations in the discussion section.

Safe and Together training is designed to change the practices of child protective service (CPS) professionals. With input from David Mandel & Associates and OIPVC partners, we identified specific changes in practices that would be mostly likely to appear in case files and that could be easily assessed and quantified. These included practices such as documenting the effect of domestic violence on the child(ren) in the home and attempting to interview the victim (e.g., mother) and perpetrator separately.

METHODS

Of the local county CPS agencies that participated in Safe and Together training in 2013, we found five that allowed us to review their case files – Butler, Hamilton, Madison, Medina and Summit. For legal reasons, it was necessary to review case files on site. So between October 28, 2013 and December 30, 2013 members of our research team made a day trip to each location.

Case Selection

In order to maximize the likelihood of documenting any changes associated with participating in the Safe and Together training, we selected cases that met the following criteria:

- the case was assigned to a caseworker who participated in the Safe and Together training;
- the case represented a newly opened case. (Cases involving families that had had prior contact with CPS were still eligible, so long as the particular case was new.)

Most cases we reviewed were handled by the agency's differential (i.e., alternative) response unit, but in some smaller counties we reviewed some cases in the traditional response unit if staff there had participated in the training. For cases that met the above criteria, the agency identified cases for review

that were opened from FIVE months prior to the beginning of training up until THREE months prior to the beginning of training. If, for example, the training in county X began on May 1, 2013, we asked that agency for all cases that met the criteria that were opened between January 1, 2013 and March 31, 2013. We refer to this period as the "pretest" window.

For the pretest window, we reviewed all cases in chronological order of the date that they were opened. We continued reviewing cases until we identified at least five cases that documented IPV. If there were not enough cases to reach the five-case threshold, we extended the window back another three months, to also include the period from EIGHT to SIX months before the training, and then repeated the process. If we are still unable to find enough cases that meet the criteria we ceased our review.

The post-test window included cases that met the same three criteria and were opened from one day after the training completed up to three months after the training was completed. For the posttest window, we review all cases in chronological order of the date that they were opened. We continued reviewing cases until we identified at least five cases that documented IPV.

Data Extracted

With input from David Mandel & Associates and OIPVC partners, we created a template for extracting information from each file and trained three researchers how to use it.

In a case file review, we first assessed whether it documented any intimate partner violence (IPV) regardless of the initial intake allegation. For example, even if the case was child neglect or sexual abuse, we reviewed the case activity logs and safety assessment to determine if there were also issues of IPV in the home. For those that did, we then assessed whether the case file documented the following:

1. Any coercive control
2. The victim's (e.g., mother's) strengths, including (a) critical supports (e.g., supportive relatives), (b) financial resources, (c) prior safety planning and (d) other strengths.
3. The effects of domestic violence on the child(ren) through (a) observations, (b) interviews and/or (c) collateral contacts.
4. Whether staff attempted to interview the victim and perpetrator separately.
5. Whether staff attempted to interview the perpetrator at all.
6. Any communication with the criminal justice system about the batterer.
7. The types of services to which the batterer was referred, including (a) anger management, (b) couples counseling, (c) parent training and (d) batterer intervention program.
8. Whether a safety planning document was included in the case file.
9. And if a safety planning document was included in the case file, whether it was marked "confidential."

This information was entered into an Excel spreadsheet, with each case appearing in a separate row. The spreadsheet also included room for comments on each row to help explain the data entered.

Data Extraction Process

Overall, we reviewed 191 case files from 5 county CPS agencies, including 91 cases that were opened before *Safe and Together* training began (i.e., “pretest”) and 100 cases that were opened after the training ended (i.e., “posttest”). Table 1 presents the number of cases by county and IPV status.

Table 1. Number of case files reviewed before and after Safe and Together training

County	before training (n=91)		after training (n=100)		Total files reviewed
	Cases files with IPV	Case files without IPV	Cases files with IPV	Case files without IPV	
Butler	5	17	5	14	41
Hamilton	4	13	5	15	37
Madison	5	7	6	24	42
Medina	4	20	5	12	41
Summit	6	10	4	10	30
	24	67	25	75	191

We initially planned to extract information from 5 case files with IPV in each window. In a few instances we had to stop the review before we reached this threshold because we ran out of time to complete all the reviews before the office closed.

Of the pretest cases with IPV that had a disposition, 21 had been closed but 3 were still open. At posttest, 19 had been closed and 6 were still open at the time of the review.

Midway through data collection, we began timing how long it took to review each case file. On average, it took 9 ½ minutes to review a case file (range 2:00 – 25:00 minutes). Not surprisingly, it took about half as long to review case files with no indication of IPV (mean=7:24, range 2:00 – 16:00), compared to those with an indication of IPV (mean 14:29, range 7:00 – 25:00). As Table 2 indicates, cases from the posttest window took less time to review compared to those from the pretest window. This was true for both cases with an indication of IPV (16:30 vs. 12:13) as well as those with no such indication (8:45 vs. 6:21).

Table 2. Length of time (in minutes) to review a case file, by IPV status and pretest/posttest window

	Pretest			Posttest			Pre/Post Combined		
	IPV	No IPV	Total	IPV	No IPV	Total	IPV	No IPV	Total
mean	16:30	8:45	11:20	12:13	6:21	7:53	14:29	7:24	9:30
s.d.	4:29	4:13	5:37	5:08	3:01	4:29	5:09	3:45	5:18
n	10	20	30	9	25	34	19	45	64

RESULTS

One expected outcome of the Safe and Together training was that caseworkers would be more likely to record IPV in the case files. Of the 91 files opened before training began, 26% (n=24) documented some type of IPV. For files that opened after training was completed, the percentage was virtually unchanged (25%, 25/100, $\chi_{(1)}^2=0.05$, p=0. 83).

Table 2 presents the percentage of cases documenting specific practices during the pretest window (i.e., *before* the Safe and Together training) compared to the percentage of cases documenting specific practices during the posttest window (i.e., *after* the Safe and Together training). By definition, these data are limited to cases with IPV.

Table 2. Comparing the prevalence of specific practices documented in case files, before vs. after *Safe and Together* training.

	Before training		After training		$\chi_{(1)}^2$	p
	# cases	% with this practice	# cases	% with this practice		
Documentation of...						
coercive control	21	14.3%	23	30.2%	1.63	0.20
any victim strengths	24	45.8%	25	60.0%	0.99	0.32
impact of DV on child	24	50.0%	25	80.0%	4.86	0.03
Attempt to interview...						
perpetrator	22	59.1%	24	50.0%	0.38	0.54
victim and perpetrator separately	23	69.6%	23	65.2%	0.10	0.75
Communicate with criminal justice about perpetrator	17	41.2%	17	41.2%	0.00	1.00

These results suggest that after completing the Safe and Together training there may be some difference in how caseworkers document cases with IPV. For instance, there was a statistically significant increase in the proportion of case files that documented the impact of DV on the child(ren). Other differences related to documentation were not significant, but were trending in a positive direction. At pretest, for example, only 3 of the 21 case files with IPV had documented coercive control (14.3 %), compared to 7 of 23 at posttest (30.2 %). Yet small sample size made it inappropriate to rule out the possibility that such differences were simply due to chance. The other practices had no perceptible change from before versus after training. During each pretest and posttest window, for instance, 41.2% of case files noted that that the caseworker had communicated with criminal justice about the perpetrator.

In addition to the practices listed in Table 2, there were several others that we planned to assess, but were too uncommon to use for statistical analysis. These included: (1) The types of services to which the batterer was referred; (2) Whether a safety planning document was included in the case file; (3) And if a safety planning document was included in the case file, whether it was marked “confidential.” Nearly all reviewed cases files with IPV (from both pretest and posttest) did not include any record of referrals for the batterer. Of the pretest cases that did, 3 mentioned prison and 3 noted counseling. For the posttest cases, 2 mentioned counseling and 2 prison. Also, only 3 pretest case files included safety planning information, as did another 3 cases at posttest. In none of these cases, however, was the information marked “confidential.”

Interestingly, reviewing posttest cases (both IPV and non-IPV) took much less time than reviewing pretest cases (7:53 vs. 11:20 minutes, $t_{(62)}=2.73$, $p<0.01$). This improvement was not due to our field researchers’ working more quickly with greater experience, since they purposefully reviewed both pre

and posttest cases out of chronological order. Rather they attributed the difference to the greater clarity with which caseworkers wrote about domestic violence after completing the training. Future evaluations should assess how clearly caseworkers record aspects of coercive control and other elements of domestic violence; not simply whether they did so.

DISCUSSION

The desk reviews found modest evidence of changes in CPS practices from before training started until after it was completed. In particular, Safe and Together training may have increased caseworkers' documenting the effects of domestic violence on the child(ren) in the family. This is an encouraging finding that may reflect CPS professionals' improved understanding of, and attitudes towards domestic violence. This might also account for the positive trends towards documenting coercive control and recording the victim's strengths, yet the statistical evidence is too weak for any conclusions.

We must also conclude that the desk reviews found no evidence of changes in how caseworkers worked with perpetrators (e.g., through interviews or referrals) or completed safety plans for victims. One explanation for this finding is that the Safe and Together simply did not alter these practices. Other components of the evaluation reached a similar conclusion. In the supervisor interviews, for example, supervisors noted that a barrier to implementing changes. Similarly the online survey found that participation in the training "was not associated with changes in caseworker or supervisor practices related to DV."

Interestingly, the IPV status of cases from the posttest window was easier to determine compared to cases from the pretest window. Future desk reviews should ask whether the case file explicitly mentions domestic violence. We did not, but our research team suspected that had we done so, we would have found a significant difference.

Limitations

In considering these findings, it is important to recall exactly what the evaluation did (and did not) measure. In the desk reviews, the posttest window included cases that, *at most*, had been opened within 3 months of the completion of the training. Because the effects of a training can take time to influence the culture and practice of any organization, it may have been overly ambitious to try and detect changes so soon after the completion of the training.

Another limitation is that only 5 of the 14 county agencies that completed the 2013 training also participated in the desk reviews. It is likely that those that did so may have differed from those agencies that did not. They may have had a particularly good experience with the training, or perhaps were initially highly motivated to address DV. If so, their pretest measures may have already been largely consistent with Safe and Together practices. Note, for example, that in the *pretest* case files with IPV, over 2/3 of the files documented attempts to interview the victim and batterer separately.

Finally, the sample size may have been too small to detect the effects of the training. Consider our finding that the proportion of case files documenting coercive control increased from 14.3% to 30.2%. If such a pre/posttest difference were to be maintained as we reviewed more and more case files, it would require reviewing 119 cases at pretest and another 119 cases at posttest before one could safely rule

out the possibility that such a difference were due to chance.¹⁵ Because only 26% of all cases have any record of IPV, one could assume the need to review $([119/.26]=)$ 458 cases at pretest and another 458 at posttest in order to detect a statistically significant difference of this magnitude.

Based on our experience, conducting such a review would require 104 hours of staff time, not including preparation, training, travel and analysis.¹⁶ (By comparison, we estimate we spent 48 hours of staff time conducting desk reviews for the current evaluation.)

While these estimates are helpful, keep in mind that the other pre/posttest differences we observed would require even more cases (in some cases many, many more cases) to establish statistical significance. As such, we recognize that the desk review approach we employed here might not be useful for assessing outcomes where pre/posttest differences were negligible. If, for example, one believes that Safe and Together really does increase the likelihood of caseworkers attempting to interview perpetrators, then we should consider other approaches to assessing this change.

* * *

Safe and Together training did not produce a change in CPS practices among trained staff in Butler, Hamilton Madison, Medina and Summit counties within 3 months of their completing the training. The desk review approach may be useful for assessing certain types of practice changes, although drawing confident conclusions will require reviewing many more many more cases than we did.

¹⁵ These figures are only a rough approximation and assume equal sample sizes, no continuity correction, $\alpha=.05$, $(1-\beta)=.80$. The actual required number would also depend on other factors such as the number of agencies from which case files are collected and the absence of changes in the practices *within* the pretest and within the posttest windows.

¹⁶ This is based on our finding that it took about 5 minutes to review each non-IPV case and 14 ½ minutes to review each IPV case. Thus to review 458 cases at each window (including 119 IPV cases and 339 non-IPV cases) should take $([119*14.5]+[339*5]=)$ 3421 minutes or about 57 hours. In sum, for the pretest and posttest waves would require about 104 hours

POLICY REVIEW

We contacted 15 counties to gather examples written policies that had changed as a result of participating in Safe and Together training. Several counties spoke of their plans to make changes, but only one had actually done so. Thus, we learned that few county CPS agencies make such policy changes following the training.

We examined and reviewed how organizations made specific organizational changes and integrated practices as a result of the Safe and Together Training. We were specifically interested in if organizations had made changes to policies, formalized any work rules or practices, or established any MOUs as a result of the training. This document describes the methods we used to collect and analyze the policies of organizations trained prior to 2013, those trained during 2013, and those that have yet to be trained. We also summarize our recommendations for how to improve this approach to data collection for evaluating OIPVC.

METHODS

In order to understand, what policies we might expect to be changed as a result of the Safe and Together training we interviewed an Ohio Safe and Together trainer, Kristi Burre. She stated that agencies would not need to make a lot of changes to their current policies because the Safe and Together training already fit nicely with how most agencies already operate. Instead, Ms. Burre suggested that organizations may have made formalized work rules or practices and established MOUs with other agencies to align with information learned in the Safe and Together training.

As a result of this information, we asked five counties who had been trained in the Safe and Together model prior to 2013 (Clark, Franklin, Fairfield, Ross, and Montgomery) and 10 counties who went through the training in 2013 (Ashtabula, Butler, Hamilton, Lake, Madison, Medina, Mahoning, Putnam, Richland, and Summit) to send us any policies, work rules, MOUs, or formalized documents that had been created as a result of Safe and Together. This request was made in December 2013. Four of the five organizations trained prior to 2013 and all of the Counties who currently went through the training responded to our request. We had originally planned on reviewing these organizations' policies, work rules, and MOUs to determine what specific documents we should request from a sample of counties who did not go through the training. This would allow us to compare how trained counties were practicing different than non-trained counties. Due to the small number of counties who reported making specific changes or established new documents at the time of our request, we did not expect to find any policy differences. Therefore, we did not reach out to counties who had not been trained.

RESULTS

The majority of counties had not made any changes to policies or formalized practices or MOUs as a result of the Safe and Together training. The responses to our request are outlined in Table 1. Only one of the fifteen counties had made changes to a policy and sent those to us for review. This county reported signing a MOU with a local agency to have two on site Domestic Violence case managers who attended all of the Safe & Together training. In addition, this county was in the process of incorporating Safe and Together practices into their practice model. This county asked that we not share this document, as it was only a draft.

Four of the fifteen counties indicated that although they had not formalized any practices or made any changes to policies, they are either working on them or plan to work on them in the future. The rest of the counties indicated that they had not made any changes. Interestingly, none of the counties trained prior to 2013 reported changes to their policies or work rules. This suggests that organizations that indicate they may make changes may end up not doing what they planned. Further follow up will be needed to detect if these changes occur.

Table 1. County Response to the following request: *We are seeking copies of policies, formalized agreements, MOUs, or formalized guidance tools that have been created within your county as a result of the Safe and Together training. Could you please reply with to this email as to if any have made any changes to these types of documents? If you have made changes as a result of this training, would you be willing to provide us an electronic copy of these policies or documents?*

Status	Response
<p>Counties Trained Prior to 2013</p>	<p><i>We do not have any policy changes or changes with MOU's.</i></p> <p><i>We have not created any formalized policies, formalized agreements, MOUs as a result of the safe and together training.</i></p> <p><i>We have not made any formalized documents regarding to changes. We plan to review this in 2014.</i></p> <p><i>I do not believe we have made any formal changes to written policy at this time. In January 2013, we consolidated with two other counties. Our policies were reviewed and are in a process of continual revision, as needed. If there are any documents that I come across, I would be more than happy to share them with you. We are, as a agency, active in several committees in our community involving family violence, however these committees have yet to formalize protocols.</i></p>
<p>Counties Trained in 2013</p>	<p><i>We don't have any policies, formalized agreements, MOU's or formalized guidance tools.</i></p> <p><i>As of yet, we do not have any formalized policy regarding Safe & Together.</i></p> <p><i>We are currently working on creating a Safe and Together manual for all staff to use as a guide for DV cases. Unfortunately, this process has just begun and we do not have a formal document created at this time. I doubt we would have the final document for another couple of months.</i></p> <p><i>I cannot think of anything we have done in writing.</i></p> <p><i>We have not developed any of those items.</i></p>

Status	Response
<p>Counties Trained in 2013 (continued)</p>	<p><i>In the last year, we have contracted with a local social service agency to provide two on sight DV case managers. The case managers’ supervisor attended all of the Safe and Together Training modules and have trained these staff in the model. We are in the process of finalizing our practice model and Safe and Together is being incorporated into that model. Attached is a draft copy of the model. I ask that this model not be shared as it is only in draft.</i></p> <p><i>We have not made any formal changes in written policies at this time per the Safe and Together Model. This formal process probably will not occur until February /March of 2014.</i></p> <p><i>We have not formalized or changed our MOU or policies. However, I am in the process of updating a few of our internal procedures to include AR. They are not completed.</i></p> <p><i>There have been no changes to policy or any other document as a result of the Safe and Together training.</i></p> <p><i>We have not made any formal changes in any of our policies, procedures etc. yet as we just completed a thorough review and made revisions for our recently Council On Accreditation re-accreditation (which happened before we had Safe and Together training). We are just at a point in our practice where we can begin to intelligently consider what might we need to support our practice.</i></p>

DISCUSSION

Based on the interview with the trainer and an assessment of the counties’ practices it appears that participating in Safe and Together training does not typically result in formalizing work rules and MOUs. These results were also consistent with comments made in Supervisor Interviews that practices have not been changed widespread because of the training. One county did make changes to their practices to incorporate Safe and Together training and others indicated that they may do so in the future. This suggests that the evaluation may have occurred too close to the time of training to detect changes to policies and formalized practices. Based on the data from counties trained prior to 2013, it is likely that these counties may not make these changes. If it is a goal of the Ohio Intimate Partner Violence Collaborative to have local agencies adopt policies changes that incorporate Safe and Together training, it will be necessary to consider different approaches to enacting such changes.

APPENDIX A: Instrument for online survey of CPS professionals

Welcome to the survey!

The purpose of this study is to help the Ohio Intimate Partner Violence Collaborative (OIPVC) understand how 33 local child protective service agencies handle domestic violence. We are asking you to complete the following survey. It should take about 7 minutes to complete. We will ask you to retake this survey again in autumn 2013.

The survey is being conducted by independent consultants who assure that your answers will remain completely confidential. They will share only grouped quantitative findings; any comments you leave may also appear in the final report, but will be remain deidentified.

We do not anticipate any benefits or risks to your participation. Please note that your participation is completely voluntary and there is no penalty for not participating. Also, you can stop the survey at any time without penalty.

Should you have any questions or concerns about the study, please contact Dr. Kenneth Steinman at 614.599.4763 or galade.info@gmail.com.

If you agree to participate, please click on the "next" button below.

1. In which county's child protective service agency are you currently working?

(If you work in more than one county, select where you work most often.)

- | | | |
|---------------------------------|----------------------------------|---|
| <input type="radio"/> Allen | <input type="radio"/> Franklin | <input type="radio"/> Ross |
| <input type="radio"/> Ashtabula | <input type="radio"/> Guernsey | <input type="radio"/> Sandusky |
| <input type="radio"/> Athens | <input type="radio"/> Hamilton | <input type="radio"/> Scioto |
| <input type="radio"/> Belmont | <input type="radio"/> Hocking | <input type="radio"/> Seneca |
| <input type="radio"/> Butler | <input type="radio"/> Licking | <input type="radio"/> Stark |
| <input type="radio"/> Carroll | <input type="radio"/> Lucas | <input type="radio"/> Summit |
| <input type="radio"/> Champaign | <input type="radio"/> Madison | <input type="radio"/> Trumbull |
| <input type="radio"/> Clark | <input type="radio"/> Mahoning | <input type="radio"/> Tuscarawas |
| <input type="radio"/> Coshocton | <input type="radio"/> Medina | <input type="radio"/> Washington |
| <input type="radio"/> Delaware | <input type="radio"/> Miami | <input type="radio"/> I do not work in child protective services. |
| <input type="radio"/> Erie | <input type="radio"/> Montgomery | <input type="radio"/> The county where I work most is not listed. |
| <input type="radio"/> Fairfield | <input type="radio"/> Richland | |

The next 3 questions help you create a unique id code. This will help us track changes over time while preserving your privacy.

2. What year did you graduate from high school?

3. What are the first four letters of the city where you were born? (e.g., Cincinnati=CINC)

4. What are the first four letters of your mother's middle name?

(e.g., Sheri=SHER ; if unknown or none, enter "NONE")

5. Which of the following best describes your current occupation? (select one)

Caseworker

Supervisor

6. About how many NEW cases has your unit handled during the PAST THREE MONTHS?

7. In about what % of these cases was DOMESTIC VIOLENCE an active concern or a reason for referral?

enter %

8. Think about the cases in your unit during the PAST 3 MONTHS that involve domestic violence.

In these cases, about how often have you directed a caseworker to do the following?

	Almost never	Rarely	Sometimes	Usually	Almost always
Ask about what safety planning the domestic violence victim had, prior to CPS involvement	<input type="radio"/>				
Develop a specific plan for working with an alleged perpetrator of domestic violence.	<input type="radio"/>				
Tell a domestic violence victim that the violence is not her fault	<input type="radio"/>				
Ask questions about a family's culture to understand how to best help them	<input type="radio"/>				
Interview separately the alleged domestic violence perpetrator and victim	<input type="radio"/>				

9. Please add your own feedback. What else distinguishes your approach to handling domestic violence in the families your unit works with?

10. About how many NEW cases have you been assigned during the PAST THREE MONTHS?

11. In about what % of these cases was DOMESTIC VIOLENCE an active concern or a reason for referral?

enter %

Child welfare professionals handle domestic violence in different ways.

12. Think about your cases during the PAST 3 MONTHS that involve domestic violence.

In those cases, how often did you employ the following practices?

	Almost never	Rarely	Sometimes	Usually	Almost always
I told a domestic violence victim that the violence wasn't her fault.	<input type="radio"/>				
I created a specific plan for an alleged batterers (in addition to other plans for the family)	<input type="radio"/>				
I interviewed separately the alleged domestic violence perpetrator and victim	<input type="radio"/>				
I documented the perpetrator's pattern of abuse and control.	<input type="radio"/>				

13. Please add your own feedback. What else distinguishes your approach to handling domestic violence in the families you work with?

Many CPS professionals work with families experiencing domestic violence. Please tell us about your perceptions.

14. Please indicate how strongly you agree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A woman who does not leave an abusive partner shares some of the blame if she continues to be abused by this partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence is damaging, but removing children from their mother's home is not a good solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence is damaging to children, even if they do not see it happening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The primary goal of domestic violence prevention is to get the victim to leave the relationship with her abuser.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now here are some questions about your perceptions of upper management in your agency.

(Remember, your answer are completely confidential.)

15. Please indicate how strongly you agree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Upper management is supportive of the time and effort involved with engaging fathers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my agency, upper management supports my decisions to do what I think is best for the clients I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper management often seeks line staff feedback when evaluating changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper management frequently rewards and encourages staff to try new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel well informed about what is going on in the overall organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please feel free to add your own comments.

Child welfare professionals often improve their work through training and experience.

17. On which, if any, of the following topics have you had training during the past 12 months? (check all that apply)

- mental health
- domestic violence
- substance abuse
- cultural competency
- leadership development

18. Safe and Together is a field-tested training program to help CPS professionals improve how they handle domestic violence in the families they work with. It includes 4 day-long sessions over a 3-month period.

Please indicate what you would be willing to do to complete the Safe and Together training (check all that apply)

- I would complete the training entirely on my own vacation/free time.
- I would use some of my own vacation/free time to complete the training.
- I would participate during regular work hours, even if the training was optional.
- I might participate during regular work hours, even if the training was optional.
- I would participate during regular work hours if the training was mandatory.

Please add any comments

19. What was the name of the domestic violence training in which you participated?

- Safe & Together
- Green Dot
- Family Improvement Services
- I don't remember

Other (please specify)

APPENDIX B.

Supervisor interview guide

Please Read Before Proceeding: The purpose of this study is to understand how local child protective service agencies handle domestic violence among the families they serve. We are asking you to complete a one-hour interview. We do not anticipate any benefits or risks to your participation. Please note that your participation is completely voluntary and there is no penalty for not participating. Also, you can stop the interview at any time without penalty. Should you have any questions or concerns about the study, please contact Dr. Kenneth Steinman at [614.599.4763](tel:614.599.4763) or kjsteinman@gmail.com.

I'd like you recorded our conversation for data collection and analysis purposes. These recordings will not be released to anyone but to the evaluators at Measurement Resources. Do I have permissions to record your interview?

If yes, start the recording.

Name:

Agency:

Title:

1. *If we have already interviewed this worker:* Have your daily responsibilities changed since the last time we talked?
 - a. *If yes, how so?*
 - b. *If not interviewed before:* What are your typical responsibilities on a daily basis?
 - c. *Probe, if not mentioned:* How many caseworkers do you currently supervise?
2. What has your involvement in the Safe and Together Training been? Please describe.
3. Some agencies have a formal definition or criteria to indicate domestic violence and others do not. Does your agency have a formal definition of domestic violence?
 - a. If yes, how does your agency currently define domestic violence?
 - b. If not, do you think that having a formal definition would be helpful?
 - c. *Follow up if talked before:* Has this changed since we talked last?

4. Some agencies uncover domestic violence through their normal investigative process, whereas others have a more formal approach to screening for domestic violence specifically.
 - a. What proportion of your accepted reports (of abuse, neglect, dependency, etc.) involves some form of domestic violence?
 - b. Please describe your agency's current process for identifying domestic violence?
 - i. Is it a formal process or is it something that may or may not arise in the course of an investigation?
 - c. *Follow-up if talked before:* Have there been any practice changes since we last talked? If so, what are they?
 - d. *Follow-up:* How accurate do you believe your current process is at identifying domestic violence? Why do you believe this?
 - e. *If perception is less than effective ask:* What factors prevent better detection?
 - i. Do you have any recommendations for improvement?

Follow-up if they offer recommendations: What factors or barriers do you face from implementing these improvements?

5. Once domestic violence is identified, what is your current practice with working with that family?
 - a. *Follow-up if talked before:* Have these practices changed since we spoke last? Please describe.
 - b. *Follow-up:* Without naming names, can you give me an example where you thought your agency did a good job of working with a family experiencing domestic violence since safe and together training?
 - i. How typical is that example?
 - c. How about an example that did not go so well?
 - d. *Follow-up:* Do these practices differ from how you handle other cases not identified as involving domestic violence? If so, how?

6. In general, what, if anything does your agency do to support the victims of domestic violence and their families?
 - a. How about children witnessing domestic violence? Is there anything specific that your agency does for them; compared to other children you work with?
 - b. And how about the perpetrator? Is there anything specific that your agency does for them?
 - c. *Follow-up if talked before:* Have any of these practices changed since we talked last? Please describe.

7. Do you currently refer or partner with any agency in working with domestic violence cases?
 - a. *Follow up if talked before:* Have there been any changes since we talked last? Please describe.
 - b. *If yes:* who are they and how does that partnership work?
 - c. Have there been any formal agreements, like a memorandum of understanding to guide this partnership? Please describe.

8. What types of training, if any, have you or your staff received in regards to working with individuals dealing with domestic violence?
 - a. *Follow up:* Did you feel that training was worthwhile? Why or why not?

9. How supportive is upper management in allowing you, as a supervisor, to make recommendations and implement/change policies and practices? Please describe.
 - a. *If talked before:* Has this changed since the last time we spoke?

10. What is your perception of your current effectiveness of your services towards families with domestic violence compared to other types of cases?
 - a. *Follow up:* Have you experienced any changes in effectiveness of your services since we last talked? Please explain.
 - b. *If response is less than extremely positive:* What factors do you see as keeping these families from having more positive outcomes?

- c. Do you have any suggestions for improvement?
 - d. *Follow up:* What barriers or limitations would interfere with implementing these improvements?
11. What specific efforts, if any, have occurred to implement the material taught in the Safe and Together training?
- a. *If nothing has been implemented, follow up with:* What factors do you believe contributed to this lack of implementation?
12. What specific results or changes do you believe are attributed to the Safe and Together training? Please explain.
13. What are your thoughts about the Safe and Together Training and Model?
14. Would you recommend the Safe and Together Training to your colleagues and other child welfare agencies? Why or why not?

Post-Training things to look for

- How often does victim blaming occur in work? Has it decreased?
- What is the likelihood that you would recommend the Safe and Together Program to your colleagues?
- Has their identification of Domestic Violence been enhanced?
- Has accuracy and detail of documentation of Domestic Violence and its effect on victims and their children increased?
- Has identifying domestic violence patterns increased?
- Have family outcomes improved since implementing the Safe and Together curriculum?
- Have repeat cases decreased?
- Have Safe and Together principles improved family/caseworker rapport?
- Has family satisfaction increased?
- Have removals decreased since implementing the Safe and Together curriculum?
- Does upper management support Safe and Together principles?
- Has their workplace culture embraced the Safe and Together principles?
- Has focus on the perpetrator's accountability increased?
- Has focus on appropriate interventions for the perpetrator increased?
- Has safety planning for victims and their children been enhanced?
- Has the workplace integrated Safe and Together principles into all aspects of their case management?
- Has partners' engagement and collaboration been enhanced?
- Has case-planning efficiency increased?

- Has their community been receptive to the Safe and Together principles?
- Have office protocol materials been revised to reflect the Safe and Together principles?
- Has their workplace adopted new internal policies and procedures to reflect the Safe and Together principles?
- Does upper management have a plan for sustaining Safe and Together?
- Does the interviewee have the tools they need to apply the Safe and Together principles?
- Does the interviewee have confidence in their ability to apply the Safe and Together principles?
- Have engagement and service provisions toward victims and their children increased?
- Have engagement and service provisions to perpetrators increased?
- Has knowledge and acceptance of Safe and Together principles increased?
- Has implementation of Safe and Together been successful?
- Does the interviewee feel comfortable with their knowledge of Domestic Violence?

APPENDIX C: Community interview guide

Please Read Before Proceeding: *The purpose of this study is to understand how local child protective service agencies handle domestic violence among the families they serve. You have been identified as a community partner who works closely with your county Children Services Agency related to domestic violence cases. We are asking you to complete a one-hour interview. We do not anticipate any benefits or risks to your participation. Please note that your participation is completely voluntary and there is no penalty for not participating. Also, you can stop the interview at any time without penalty. Should you have any questions or concerns about the study, please contact Dr. Kenneth Steinman at [614.599.4763](tel:614.599.4763) or kjsteinman@gmail.com.*

I'd like you recorded our conversation for data collection and analysis purposes. These recordings will not be released to anyone but to the evaluators at Measurement Resources. Do I have permissions to record your interview?

Did participant agree to recording?

If yes, start the recording.

Name:

Agency:

Title:

1. What are your typical responsibilities on a daily basis?
2. How do you interact with your county's Child Protective Services Agency specifically related to domestic violence related cases – how would you describe your relationship?
 - a. *Prob* -- Do you work with a few of the organization's employees or many?
 - b. *Prob* – Are there any formal agreements, like a memorandum of understanding to guide this partnership? Please describe.
 - i. How are these working? Please provide an example.
 1. Could you provide me an example when things were working well?
 2. How about an example when things were not working well?
3. Have there been any notable changes to your working relationship concerning families experiencing domestic violence in the past six months ?

- a. If yes, please describe these changes.
 - b. What have been some of the outcomes or results of these changes? Please provide examples.
 - i. *Follow up:* Have there been any changes to how you approach the survivors of domestic violence? Can you provide an example?
4. How effective is your county working with families dealing with domestic violence? How do these outcomes differ compared to other families?
- a. *Follow up:* Have you experienced any changes in effectiveness of the county's offerings in the past six months? Please explain. Can you provide an example?
 - b. How would you describe the community conversations around working with families dealing with domestic violence in the past six months?
 - c. *If response is less than extremely positive:* What factors do you see as keeping these families from having more positive outcomes?
 - d. Do you have any suggestions for improvement?
 - e. *Follow up:* What barriers or limitations would interfere with implementing these improvements?
5. What are your county's best practices for keeping families experiencing domestic violence safe by reducing risk and harm to the child? How effective are these? Can you provide examples?
- a. *Follow up –* What about your counties practices for working with the perpetrators? How effective are these practices? Can you provide an example?
6. Some things experts tell us are that outcomes for families experiencing domestic violence are improved when the system focuses responsibility on the perpetrators. Is that a reasonable thing for CPS or other agencies in your county? Why or why not?
7. What types of training, if any, have you or your staff received in regards to working with individuals dealing with domestic violence?
- a. *Follow up:* Did you feel that training was worthwhile? Why or why not?

8. *If they have not already mentioned Safe and Together:* Are you aware of your County's involvement in Safe and Together Training?
- a. No, skip to end.
 - b. Yes, please describe what you have heard about it.
 - c. If familiar: What are your thoughts about the Safe and Together Training and Model?
 - d. If familiar: What specific results or changes do you believe are attributed to the Safe and Together training? Please explain.
 - e. If familiar: Would you recommend the Safe and Together Training to your colleagues and other child welfare agencies? Why or why not?

Conclusion: That's all the questions I have for now. Do you have other comments you'd like to add?

Things to look for:

- (c) community receptivity to S&T precepts, principles and the process for adapting those changes
- g) enhancement of cultural competency of workers/partners
- (a) revision of memoranda of understanding and other joint policy documents with community partners
- (a) partner engagement/collaboration enhancement
- (b) tangible evidence of new policies and programming

APPENDIX D: Desk Review Spreadsheet

Child Maltreatment Desk Review Protocol and Spreadsheet

County	Case # <i>(last 3 unique numbers only)</i>	WHO WENT THRU TRAINI	Date case opened <i>(mm/dd/yy)</i>	Date case closed <i>(mm/dd/yy)</i> <i>(if case is not yet closed, leave blank)</i>	Disposition of case	Was any type of abuse documented? <i>(if "no," then skip the remainder of the questions)</i>	Was coercive control documented? <i>START SKIP HERE (does the case file include document the batterer's pattern of control of the victim?)</i>	Is batterer the dad or a father-like figure?	Are victim strengths documented, including...? <i>critical supports (e.g., supportive relatives)</i> <i>financial resources</i> <i>prior safety planning (e.g., calling police, going to shelter)</i> <i>other (e.g., putting kids to bed early)</i> <i>if yes to "other," please explain:</i>	Is impact of DV on child documented through...? <i>observations</i> <i>interviews</i> <i>collateral contacts</i>
							yes no uncertain not applicable (explain in			

Child Maltreatment Desk Review Protocol and Spreadsheet

Case # <i>(last 3 unique numbers only)</i>	Interview process		Referrals for batterer <i>Describe all referrals for batterer (if none write "none")</i>				Safety planning info <i>Is safety planning info documented in case file? [If yes], is it marked "confidential"?</i>		Was the batterer included in the...? <i>service agreement</i> <i>treatment plan</i> <i>expectation letter</i>		
	was victim interviewed separately from batterer?	was batterer interviewed?	Was there any communication with criminal justice about the batterer?	anger management	copules counseling	parenting training	batterer intervention prog.				