

DOMESTIC VIOLENCE HOME VISIT
INTERVENTION: COLLABORATIVE
OUTREACH FOR BATTERED WOMEN
AND THEIR CHILDREN

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Children's Experience of
Domestic Violence

- 15-17 million children witness intimate partner violence (IPV) each year
- Heightened risk for short term and chronic psychological difficulties, including depression, anxiety and PTSD
- Heightened risk of future victimization, especially for girls
- Heightened risk of aggression and juvenile delinquency
- Significant overlap of domestic violence and child maltreatment

Domestic Violence and Young Children

- IPV victims are more likely to be younger women with small children.
- Young children are disproportionately represented in most samples of children exposed to IPV
- Risk factors are higher for young children because they are home more and rely more on caregivers to provide for their physical and emotional needs.
- Mothers' functioning has a direct impact on the functioning of young children.
- Given this target population, focus on the safety and security of mothers has a direct impact on safety and security of children.
- Until women and children feel safe, no other therapeutic intervention can take place.

Children Exposed to Domestic Violence: Barriers to Intervention

- Safety
- Practical issues of primary importance (e.g., housing)
- Legal
 - Fear of CPS, etc.
- Economic
 - High rate of poverty and associated practical problems (time, transportation, child care, insurance, etc.)
- Psychological
 - Mothers' posttraumatic Sx, depression, etc.
 - Perception of mental health services as blaming of women
 - Guilt
 - Denial and avoidance

Police Experience of Domestic Violence

- High volume
- Repetitive incidents
- Limited court response
- Dangerous and frustrating for officers
- Children often ignored
- Intergenerational cycle
- Need for new solutions

Children Exposed to Domestic Violence: Traditional Police Response

- Focus is adult victims and offenders; most children were invisible
- Potential witnesses in criminal investigation
- Enhanced penalties for crimes committed in children's presence in some states
- Investigation of parents' failure to protect
- Voluntary social service referrals

Children Exposed to Domestic Violence: Expanding the Officer's Role

- Police as problem solvers (short and long term)
- Immediate intervention to restore order and physical safety
- Increased awareness of children's presence at scenes of violence
- Increased awareness of victims' and witnesses' experiences of violence and trauma



Children Exposed to Domestic Violence: Expanding the Officer's Role

- Physical safety as foundation to emotional security
- Support for parents' efforts to keep children safe
- Police as brokers of community services
- Law enforcement in the context of coordinated community response – active interdisciplinary collaboration



New Haven Department of Police Service

- Community policing philosophy with 10 neighborhood-based patrol districts
- First response to all calls is by patrol
- Follow-up to DV cases by Special Investigations Unit
 - Domestic Violence
 - Sexual Assault
 - Juvenile Services
 - Missing persons
- Approximately 2000 DV arrests per year
- Children present in approximately 50% of DV cases

Child-Development Community Policing

- The Child Development-Community Policing Program (CDCP)
 - began in 1991
 - partnership between NHDPS and YCSC
 - based on police and clinical experience with violence and trauma
- It is a collaborative partnership
 - police
 - mental health providers
 - other social service agencies, including DCF
- The goal was to increase contact and provision of services to families in the immediate aftermath of a potentially traumatic event
- The CDCP model identified as a best practice by OJJDP and NCTSN

CDCP Program: Key Elements

- Cross training for police, mental health clinicians and others
 - Seminars, observations and ride alongs
- 24 hour consultation service
 - Allows for immediate clinical contact and intervention for children exposed to violence either at the scene of the incident or within a few hours
- Weekly interdisciplinary program conference
 - Case review and disposition planning

CDCP and Domestic Violence

- Approximately 1/3 of police calls to CDCP
- Approximately 50% of families referred to CDCP for domestic violence have children under 5 years old
- Barriers to effective intervention
 - Officers involved in enforcement activities at the scene may not call pager
 - Family disruption and dislocation at the time of event may prevent engagement
 - Fear of CPS
 - Economic and practical barriers
 - Many parents don't recognize the impact of children's exposure, especially very young children

Domestic Violence Home Visit Intervention (DVHVI)

- Patrol officer/advocate teams make follow-up visits to homes of families who have reported domestic violence to the police
- Visits are made within a week, usually within 72 hours of the incident
- Goals of visit are enhancement of safety, information and support
- Engage battered women through community-based outreach
- Engage officers through personal assignment of cases
- Concern for children opens the door

Domestic Violence Home Visit Intervention (DVHVI)

- Officer introduction to family
 - Visit is regular part of community police protocol
- Begin with safety assessment and immediate safety intervention as needed
 - Safety as the foundation of therapeutic intervention
- Non-crisis setting for the offer of services
- Offer additional information and resources
 - Legal info. and options, including criminal and civil
 - Psycho-education re: adult and child responses to domestic violence and trauma
 - Mental health assessment, treatment and referrals
 - Assistance with basic needs
- Flexible, client-driven follow-up

DVHVI: Services provided

- Safety planning
- Court information
- Police-related info and enhanced enforcement
- Child-related information/ referral
- Adult mental health
- Practical safety enhancements (locks, bldg. repair, 911 cell phones)
- Alternate housing
- Basic needs
- Legal assistance
- Emergency shelter
- CPS info/assistance

Case Vignettes

- Home visit team finds offender at home in violation of protective order
- Home visit team learns of offender's frequent presence in housing project and works with project manager to put him on no trespass list
- Home visit team collects photos of offender and posts them in police substation to facilitate arrest
- Home visit team and detective provide documentation of incident to qualify victim for housing transfer
- Home visit to family of mentally ill teen who was stalking his girlfriend enlisted cooperation of offender's family in arranging his arrest and psychiatric hospitalization

Case Example

- Police-advocate home visit following verbal threat by estranged husband; 3 children present
- Team learned of long unreported DV Hx, illegal immigrant family, mother overwhelmed and depressed, children highly anxious, no previous Tx
- Intensive advocacy over several months prior to clinical contact with children
 - Custody, visitation and child support
 - Planning re: child care
 - Assistance with transportation
 - Consultation re: immigration issues
- Advocate expressed consistent interest and concern for children
- 2 of 3 children treated in trauma clinic
- Advocate remains involved for support and intervention as needed

DVHVI Results: Police experience

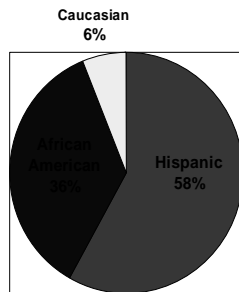
- Officers gain deeper understanding of domestic violence and its impact on victims and their children
- Officers gain understanding of the cycle of violence, including an appreciation of the reasons why women can't just leave
- Police contact with victims when they are not in the midst of crisis allows them to develop relationships based on mutual respect
- Officers develop greater awareness of children at scenes of domestic violence and also at other potentially traumatic scenes
- Officers feel more effective when they don't just walk away following a 911 call

DVHVI Results: Clinical Experience

- Opportunity to see children and families that would not otherwise be seen
- Interdisciplinary partnership improves engagement and ongoing clinical care
- Timing is key
 - Severity of the event does not predict extent of family's interest or readiness for clinical intervention
 - Crisis event may open the door to clinical service
 - Subsequent crisis or change in family circumstance may lead to renewed contact, even when initial visit did not engage the family

Clinical Sample

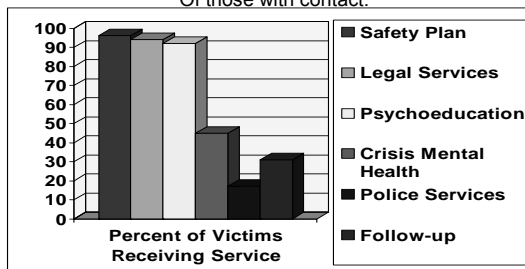
- 301 cases referred between January 2004 and July 2005
- Female Victims with Male Perpetrators only
- Victims ranged in age from 16 to 58 (Mean=30 years, SD=7.56).



Services Received

Advocates made contact with 67.8% of cases.

Of those with contact:



Record Review Findings

- There were no differences in relationship status, weapon, case disposition, substance use, or injuries with respect to time spent with the victim and total time on the case
- Hispanic women spent more time with the advocate and on the case than African American or Caucasian women
- Cases with Hispanic officers spent more time with the victim/on the case than those with African American officers
- Hispanic officer victim match cases spent more time with the victim and on the cases than African American match cases or cases with no ethnic match

Implications

- Ethnicity had the strongest relationship to service engagement
- Spanish speaking women are likely to be better served with Spanish speaking teams who are able to communicate information about the victims rights, details about the incident, and victims feelings of safety that may not be obtained by a non Spanish speaking advocate or officer
- Non significant results for the time spent on Hispanic cases with limited English proficiency and proficient English speaking women may be explained by the idea that Hispanic women in general utilize the services of the Hispanic teams because they are more comfortable speaking in their native language
- They may also feel that the team is more understanding and can better address the cultural needs of the victim as well as institutional barriers they are faced with when dealing with the criminal justice system

Interview Evaluation Study

- Interviews with:
 - 50 women who received the home visit intervention
 - 55 who received standard police service
- Interviews
 - one month following DV incident
 - 6 months
 - 12 months
- Pilot funding for this study was provided by SAMHSA and the Ethel F. Donaghue Women's Health Research at Yale

Differences in Police Satisfaction Between Intervention and Control Groups

- Women in the intervention group felt more respected by the police officers
- Women in the intervention group felt their overall interaction with the police was more positive
- Women in the intervention group also reported feeling safer after the intervention than the control group

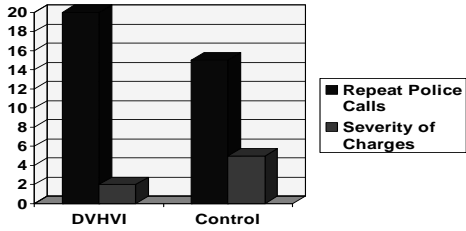
What Women Say About How the Intervention Made Them Feel Safer

- DVHVI participants were overwhelmingly positive (92%) about the intervention
- “I knew someone cared about me and was available if I needed them.”
- “They came to look after me and my children.”
- “My husband knows they are checking in on me.”
- “There is a larger support system available.”
- “They answered my questions about everything.”

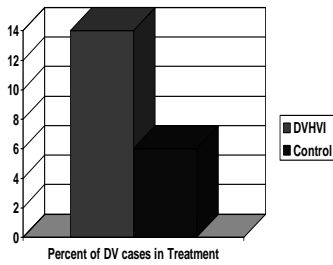
Follow-up Data

- 100 women were reached for 6 month and 90 for 12-month follow-up interviews
- Women completed the same measures as described at baseline

12 Month Results- Recidivism



Percentages Entering Treatment



- The DVHVI more than doubled the number of children entering treatment compared to controls

DVHVI Lessons Learned

- Safety first
 - Mental health treatment cannot be successful while danger persists
 - Involve partners in police, court, child protective services
 - Practical strategies for safety planning
- Increase self determination
 - Provide information
 - Respect victim's timetable and priorities
- Keep the door open
 - Repeated non-judgmental contact builds trust
- Concern for children can open doors
 - Capitalize on positive identity as a mother
 - Interrupt intergenerational cycle of violence
- Address basic needs to increase environmental stability

Implications and Future Directions

- The DVHVI opens the door to helping families affected by domestic violence
- DVHVI enhances police-victim relationship and may increase use of police services
- Women don't necessarily want assistance on our schedule
- The follow-up and nature of the referrals given by outreach teams is important
- Families cannot always support long-term treatment
 - What type of treatment for whom?
 - Need better services to offer whole family including perpetrators
