

# Results from the Coordinated Community Response to Domestic Violence Network Survey: A Survey of Practitioner Response to Domestic Violence, Abuse, and Bullying in Marin County

The Coordinated Community Response to Domestic Violence Network (CCR to DV Network) first met in September, 2011. The Network was created from a partnership between the Center for Domestic Peace (formerly Marin Abused Women's Services) and the Marin County District Attorney's Office.

## Summary

In the spring of 2012, CCR to DV Network developed a unique and lengthy survey to better understand the response to domestic violence, teen dating violence, and bullying in Marin County on the part of practitioners in the county. The survey was designed to examine coordination between service providers, strengths in

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response, what providers viewed as important aspects of their work, and areas for improved response and prevention efforts.

A total of 239 individuals responded to the survey. Respondents were from a diverse sample of 15 different provider groups/sectors, in the county, such as law enforcement, mental health, educators, courts, and medical services. The survey asked questions ranging from respondents' training to their views on the effectiveness of their work with clients. Twenty five best practices were analyzed by the survey. The practices were examined along dimensions of client groups, such as adult victims, adult abusers, and teen victims and abusers. Outcome measures included ratings on safety of victims and reductions in violence among abusers. The results revealed statistically significant differences in outcome measures between different provider groups, and types of services provided. This executive summary focuses on analyses that revealed practices most associated with positive outcomes.

## Methodology and Analysis

The survey was conducted online and respondents were recruited to respond through email lists, personal contacts, and other means. The survey consisted of 185 separate questions on which respondents could post an answer. Questions examined (a) the type of sector to which a respondent belonged, (b) the type of clients with which the respondent worked, and (c) best practices as defined by national technical assistance providers.

**Sectors.** Several questions asked respondents to define their role and type of services they provided. Responses were then categorized by provider sectors or groups. In order to create enough responses per group to ensure sufficient statistical sample size, several roles were collapsed to form distinct sectors. For example, the law enforcement sector was made of up of respondents identifying themselves as either police, probation,

prosecuting attorneys, or other related actors (see, Figure 1).

**Client groups.** Questions asked respondents to identify the types of clients with whom they most often worked. There were six pre-defined client groups: (1) adult victims, (2) adult abusers, (3) children of victims and abusers, (4) teen victims, (5) teen abusers/bullies, and (6) community and prevention outreach. The first five groups consisted of individual clients, but the last one was defined as audiences and classes that received prevention and outreach training.

**Best practices.** Those who completed the survey were asked to rate their capabilities on factors ranging from the level of training they possessed to help victims make safety plans, their ability to assess an abuser's or bully's level of danger, to the availability of guidelines to help practitioners handle risks to children (see, Appendix I for best practices on which survey questions were based).

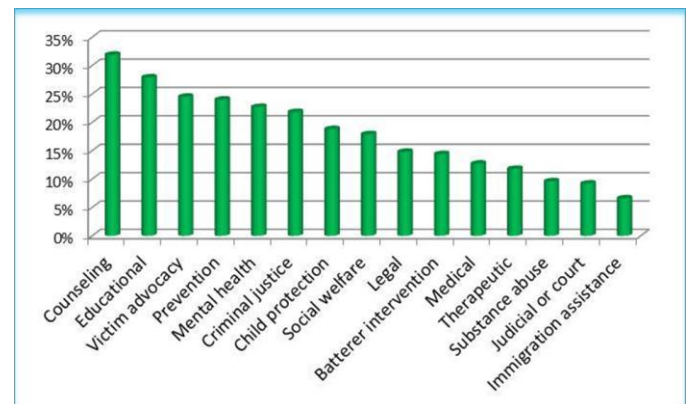


Figure 1 Percent of survey respondents by provider group

**Outcome measures.** In order to test the effectiveness of, say, the level of training a respondent reported, key questions on the survey were identified as outcome measures. For example, the question used to assess victim safety was, "Victims say they feel safer after having worked with me." This question was scaled with responses ranging from "All the time" to "Never." Similarly scaled was the question used to measure changes in abusers' behavior: "The abusers I help are learning to stop their abuse."

**Reliability and validity.** The analysis indicated that the outcome questions were a reliable measure of how survey respondents viewed their work with client groups. Whether the questions were a valid indicator of actual client behavior, however, was chiefly dependent on two factors: Did respondents answer questions in a non-biased manner? Did respondents have accurate information upon which to gauge their work with clients? First, bias could have been introduced by the fact the survey was voluntarily completed, but the large sample

size ( $n=239$ ) and the variety of sectors responding suggested bias was not a handicap. The sample also ensured that no single reading of any question was uniformly skewed. Second, post-hoc analysis of the responses indicated that respondents thoughtfully, and in some cases meticulously, considered the 185 questions before answering them. Furthermore, statistical analysis did not reveal any “type of sector” as

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a contributing factor on outcomes, which might have been the case had significant bias been introduced. Finally, to the extent that the respondents were professionals who work on a continual basis with client groups, it was reasonable to assume that respondents’ assessment of outcomes was based on sound, and professional opinions. The unique aspect of the survey was its attempt to gather information from a large and diverse practitioner pool. It was therefore meaningful and important to also have those practitioners provide a gauge on the effectiveness of their work with various client groups.

**Three levels of analyses.** Data from the survey were analyzed along three different levels: (a) Descriptive analysis (b) Sector comparisons, and (c) Model building. Data were further scrutinized by isolating responses by the six primary client groups served by each practitioner.

**Practitioners reported feeling most confident in their ability to consider the well-being of children in their work, and least confident in their ability to have victims recognize the warning signs of abuse.**

**Descriptive Analysis Summary**

The analysis provided broad, general views of the data. The data revealed that respondents tended to work more with victims (63% reported that at least 25% of their clients were victims), followed by abusers (24% reported abusers were 25% of client base), and finally children (nearly half of those surveyed said children were less than 10% of their client base). Although children were not the primary client base of the respondents, children were present in about 58% of all adult client households.

Fully 61% of respondents reported conducting safety planning with victims, while 18% reported conducting no

safety planning (16% reported the question was not applicable and 4% were not sure). More sensitive analysis was conducted to determine *which type* of safety planning was most effective (see, below).

With regard to types of abuse reported by clients to practitioners, verbal abuse was the most common, followed by emotional, and then physical abuse. The least common types of abuse reported were spiritual and animal abuse.

Practitioners reported feeling most confident in their ability to consider the well-being of children in their work, and least confident in their ability to have victims recognize the warning signs of abuse. Confidence also was the only factor to show a relationship with effectiveness in working with teen abusers (see, below).

**Sector-by-Sector Analysis**

The purpose of the sector-by-sector analysis was not to evaluate sectors on performance, but to examine where sectors might vary by response. If one sector was succeeding in a certain area, it might suggest a pathway for referrals. Conversely, a sector lagging below the mean response might suggest a need for other sectors and practitioners to expand coordination with those sectors in order to improve response.

The analysis generated the average response ratings for best practices by sectors for the six client groups, summarized in Figure 2. For example, the law enforcement sector (labeled as police) was above the overall average rating in 15 best practices.

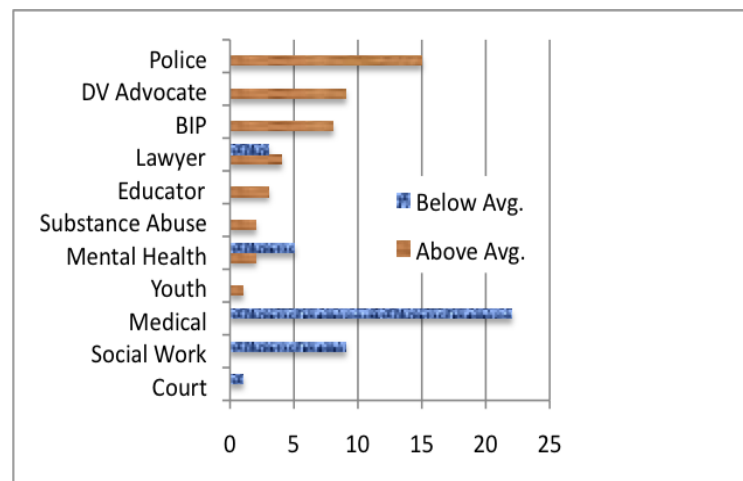


Figure 2 Total for above or below mean (avg.) responses by sector

On average, law enforcement and domestic violence victim advocates sectors reported statistically higher levels of agreement on best practices as measured by questions such as, “I am able to respond to clients in a timely manner,” and “I know what to do if I see or hear abuse, bullying.” Those in the medical, social work, mental health, and legal sectors reported statistically significant lower levels of ratings on the best practices.

**Modeling Ideal Responses**

The large number of responses to the survey (n=269), allowed for a sophisticated statistical analysis of the data. As noted above, practitioner ratings on victim

**On average, the sectors identified as law enforcement and domestic violence victim advocates reported statistically higher levels ... on best practices ... [than those] in the medical, social work, mental health, and legal sectors [which] reported statistically significant lower levels of ratings on the best practices.**

safety and abusers learning to stop their abuse were used as outcome measures. The remainder of the best practices formed the backbone of the variable models. Regression analysis was utilized to create predictive models, revealing which best practices were most strongly linked with improved outcomes. As Figure 3 highlights, the models varied depending on the types of clients. A closer look at the data supported these results, because not all clients respond to intervention equally. For example, the data revealed no clear practice that was clearly linked to positive outcomes for teen abusers/bullies.

**Statistical model creation.** The models were created by selecting those variables (i.e., practices) which, taken together, most contributed to explaining positive outcomes. Variables were rejected from the model if they did not meet a generally accepted statistical confidence interval.<sup>1</sup> For example, the mean rating for “Victims say they feel safer after having worked with me” was significantly higher when tested with the variables listed in Figure 3. If variables did not get included in Figure 3, it is because there were no statistically significant outcomes for these variables based on the 95% level of confidence required in the analysis.

**Safety planning and screening.** Highlighted in bold (Figure 3) are the variables for screening and safety planning. These variables were based on questions that asked whether (and by what method) clients were screened for abuse, violence, or bullying, and whether (and by what method) safety planning was conducted. The results showed a powerful relationship between screening and safety planning. Moreover, type of planning was important. Those who reported using domestic-violence specific safety planning tools had a mean victim safety rating about 27% greater than those who did not use such tools, controlling for all other

factors. Those who reported using no tools whatsoever had about a 43% lower reported rating on victim safety than practitioners who reported using a tool.<sup>2</sup>

**Figure 3: Practitioner Practices and Characteristics that Have the Most Influence on Positive Outcomes by Client Group**

Adult Victims	Adult Abusers	Community Prevention Outreach
<ul style="list-style-type: none"> <li>•More training on adult victims and adult abusers</li> <li>•Confidence that authorities are able to assess danger</li> <li>•Higher confidence in ability to assess adult abuser risk</li> <li>•Experience with adult DV vics.</li> <li>•<b>Written guidelines</b></li> <li>•<b>Screening + Safety Planning (only if done together &amp; with DV-based tools)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Emphasizing not to use children to control victim</li> <li>• Belief abusers are held accountable by the system</li> <li>• Ability to make proper referrals</li> <li>• Training on children exposed to violence</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to make appropriate referrals</li> <li>•<b>Lower frustration levels on –written guidelines</b></li> <li>–cultural differences</li> <li>•Confidence in clients’ ability to get help as a result of work</li> <li>•More likely to work with teens</li> </ul>
Teen Victims	Teen Abusers / Bullies	Children of Victims or Abusers
<ul style="list-style-type: none"> <li>•Greater belief that teen clients are learning to have safer relationships</li> <li>•<b>Presence of guidelines to evaluate risk to children</b></li> <li>•More experience with adult victims than average</li> <li>•Has witnessed teens recover from violence</li> <li>•Not likely to worry about embarrassing client</li> </ul>	<ul style="list-style-type: none"> <li>•The only strong predictors for this model were from questions related to difficulties working with clients.</li> <li>–Tended to answer never to: “When I am afraid I’ll put my client in danger if I report the abuse.”</li> <li>–Not afraid to ask questions about abuse or embarrass client.</li> <li>–More likely to feel clients have resources to help themselves.</li> </ul>	<p>Note: In this category the validity of the outcome measure was, indeed, tenuous enough that the ability to reliably detect influential practices and characteristics was too problematic to allow for scientifically-based models.</p>

**Conclusion**

Although the way in which survey questions were presented limited the extent to which the findings can be interpreted (e.g., it is unknown why witnessing teens recovering from violence is predictive of better outcomes; it is possible this question was a proxy for experience, but that is unknown). Still, some concrete and substantial implications from the analysis of the survey findings do exist.

**Victims.** Foremost, with three client groups, the presence of written guidelines (or a lack of frustration on written guidelines) mattered. With five client groups, training, experience, and confidence mattered. For victims, conducting safety screening and planning with DV-based planning tools mattered. What would the

<sup>1</sup> For means and coefficient analysis, cutoff was a level of significance at p <.05 or 95% confidence.

<sup>2</sup> Both findings based on a sub-sample of 124 cases which met all the criteria needed for the analysis. Findings were significant at a 99.5% level of confidence (mean difference .812, std. error .17).



findings suggest neophyte practitioners do to increase their capacity to respond to victims? The easiest steps would appear to be increase training or utilize the experience of others to provide that level of expertise. The next step would be to routinely use DV-based screening tools and to conduct safety planning.

**Abusers.** Analysis of the survey results suggests that few practices, as measured by the survey, show strong relationships to positive outcomes with adult abusers and teen abusers/bullies. For example, variables related to children (training on children exposed to violence, and emphasizing not using children to control victims) were more strongly related to positive outcomes than training on adult abusers! The interpretation of the results for teen abusers is even less clear. Is practitioner confidence in their roles and in the system of response a proxy for experience or for some other factor? The findings suggest a need for greater attention to understanding effective strategies for abusers/bullies.

**Training.** The results demonstrate that experience and training matter. In fact, the two groups that have received the most training over the last decade, especially law enforcement and domestic violence victim advocates, showed significantly higher means on a number of variables. As a policy matter, greater referrals or coordination with those who have the expertise may be one way to ensure that powerful best practices are brought to bear on as many clients as possible.

**Going forward.** Some caveats are in order: First, the practices and characteristics discussed above reflect those that had the strongest scientific link to positive outcomes. Other practices may very well have an influence, but such an influence was not detected with this survey, and the resulting analyses. This lack of sensitivity can be due either to the methodology of the survey or limitations in the sensitivity of the analyses.

Second, the combination of specific practices and more vague beliefs on the part of practitioners require further discussion. What do we make of the relationship between positive outcomes and practitioners who more strongly believe abusers are held accountable? Is this actually a measure of practitioners' past experiences or perhaps a measure of coordination and support from other agencies and programs?

Although the survey had limitations, keep in mind that it was a community-led effort. It was an attempt to learn as much as possible about a response to important social problems, but on a limited budget and with limited resources. From that perspective, it was a huge success. Response to the survey was remarkable even by professional survey research standards. That it was a completely community-based initiative (save for the most sophisticated analyses) speaks volumes of the capacity for Marin County practitioners to respond to domestic violence, dating violence, and bullying.

## APPENDIX I – List of Best Practices

*As recommended by National Technical Assistance Providers.*

### For All Client Groups:

- 1) I understand the dynamic of domestic violence and the risk posed to victims and their children.
- 2) I am able to respond to clients in a timely manner
- 3) I can accommodate the language needs of my clients
- 4) I am aware of cultural differences and have training in cultural competency
- 5) I have sufficient training to help victims make safety plans
- 6) I communicate to my clients that domestic violence and sexual abuse are not tolerated by law and that there are solutions
- 7) The well-being of children is regularly taken into account in my work with victims
- 8) I know what to do if I see or hear violence, abuse or bullying
- 9) I am able to routinely assess the abuser's level of danger and likelihood to abuse in the future
- 10) I have guidelines for how to document relevant information
- 11) I have written guidelines that instruct me on how to increase victim safety or hold abusers accountable
- 12) I have guidelines for how to write reports that are useful for the next person in the case process
- 13) I know what the next person in the case process needs from me in order to help my client.
- 14) I can identify organizations and make appropriate referrals for my clients
- 15) I know the policies and procedures of other agencies working with my client
- 16) I have relationships with other practitioners or agencies that can help my client
- 17) I know who to share information with and what to keep confidential so that information will not be used against victims
- 18) I know what happens after I refer my client to other agencies

### Additional for Work with Adult and Teen Abusers/Bullies:

- 1) In my work with abusers, they are being taught not to use their children to further control their victims
- 2) I have linkages to programs for children exposed to domestic violence
- 3) School or other authorities are able to routinely assess the bully's level of danger

### Additional for Work with Children of Victims and Abusers:

- 1) I have guidelines for how to handle child abuse that is reported during custody of visitation disputes
- 2) I have guidelines for how to evaluate to risk to children from abusers
- 3) I have guidelines for how to evaluate the degree to which children are negatively affected by domestic violence

### Additional for Work with Public – Outreach and Prevention:

- 1) I have the training and skills to address the issues that attendees raise regarding domestic violence and/or sexual abuse

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