Domestic Violence Enhanced Response Team (DVERT) Evaluation Report: Findings from August 2018 – January 2020

Final Report

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and
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INTRODUCTION

Intimate Partner Violence

The Centers for Disease Control and Prevention (CDC) defines intimate partner violence (IPV) as "physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics and threats) by a current or former intimate partner" (Breiding et al., 2015, p. 11). Intimate partners can include current or former spouses; boyfriends, girlfriends; dating, sexual, romantic, or co-parenting partners (Breiding, et al., 2015). IPV is a pervasive social problem that impacts society through several avenues, including the public health and criminal justice systems (Messing et al., 2015). Recent estimates indicate that over 37% of women and close to 28% of men in the United States will experience IPV during their lifetime (Smith et al., 2017). While IPV describes the nature of the incidents addressed by DVERT most accurately, the police agency involved with DVERT categorizes IPV incidents under the umbrella of "domestic violence" (DV). Consequently, we use the terms IPV and DV interchangeably throughout this report.

In 2018, police officers responded to 47,976 domestic violence incidents in Ohio (Ohio Bureau of Criminal Identification and Investigation, 2019). An estimated 2,010 of these incidents occurred in Hamilton County, with police officers responding to 1,285 incidents in the city of Cincinnati alone (Ohio Bureau of Criminal Identification and Investigation, 2019). Police calls for service due to domestic violence also increased by nearly 10% from 2016 to 2018[1] in Cincinnati (Cincinnati Police Department, 2019). Between July 1st, 2018 and June 30th,

[1] It should be noted that while this conclusion was reached with publicly available data provided by the Cincinnati Police Department (CPD), CPD does not provide reasons or speculations for this increase.

2019, 81 domestic violence fatalities involving 53 deceased victims and 28 deceased perpetrators occurred in Ohio (Ohio Domestic Violence Network, n.d.). In Cincinnati, specifically, about a quarter of all 2016 homicides involved domestic violence incidents directly or were perpetrated by an offender with a history of domestic or sexual assault (Brookbank, 2017). This represents a 70% increase in domestic violence related fatalities since 2015 (Cunningham & Artist, 2018).

A number of studies have shown that domestic violence-related 911 phone calls represent the largest portion of calls for law enforcement assistance (Friday et al., 2006; Smith et al., 2001). Despite the high volume of calls for police services, only a small percentage of IPV victims utilize advocacy services or domestic violence shelters (Harris et al., 2007). The National Crime and Victimization Survey recently reported that the number of IPV survivors who were violently victimized but did not receive victim services increased by 28% between 2017 and 2018 (Bureau of Justice Statistics, 2019).

In response to the serious problems IPV present, police and community agencies have implemented services which aim to deliver resources to survivors. Despite the pervasiveness and potential lethality of IPV, limited empirical assessment exists of existing police-practitioner partnerships which aim to address IPV, making it challenging for practitioners to identify and implement best practices regarding how to best respond to the needs of IPV survivors, reduce future IPV occurrence, and prevent re-victimization (Stover et al., 2010). Consequently, there is a need to identify and evaluate the effectiveness of domestic violence intervention strategies. This is especially true for programs that align with previously encouraging empirical findings. For example, research has shown that providing survivors with resources, such as information

about shelters and court services, is significantly associated with victim-perpetrator separation[2] (Hamby, Finkelhor, & Turner, 2015).

Domestic Violence Advocacy Programs

Pooled analyses and empirical replication studies across the United States have demonstrated that police intervention and arrest of perpetrators have a limited effect on reducing future domestic violence (Maxwell, Garner, & Fagan, 2001). Police responses (i.e. arrest) to domestic violence have also been found to lessen victim cooperation (Cocoran & Allen, 2005). In an effort to generate more substantial decreases in repeat incidents of violence, and improve survivor experiences and outcomes, collaborations between criminal justice and social service professionals have emerged to address IPV (Davis et al., 2010). Since 911calls for service and police often serve as key contact points for IPV incidents (Smith Stover, 2012), one such approach includes the creation of partnerships between local police and community IPV service providers (Giacomazzi & Smithey, 2001; Reuland, et al., 2006).

The current program of study, Cincinnati's Domestic Violence Enhanced Response Team (DVERT), is an example of this type of collaborative effort. Such police and community provider partnerships frequently consist of so-called second responder programs, which involve follow-up visits with IPV survivors after a police response has occurred. These visits are conducted by IPV service providers (such as trained advocates), and/or specialized police units, and aim to both connect survivors to available services and resources and provide in-person support (Smith Stover, 2012). These partnerships may also enhance police ability to conduct

[2] Separation here refers to a partner leaving the relationship or moving after an IPV incident for at least 1 day.

investigations and collect evidence in IPV-related cases (Reuland, et al., 2006).

Cincinnati's Domestic Violence Enhanced Response Team (DVERT) program is an example of a domestic violence advocacy program that follows a design similar to that of a second responder police-community partnership. Specifically, the design of Cincinnati's DVERT program was originally based on the Domestic Violence Emergency Response Team for Zero Tolerance program (DVERT/ZT) based in Santa Barbara, California (Reuland et al., 2006; Schaible, 2017). The primary purpose of this program was to provide crisis intervention services (especially advocacy and accompaniment services for victims) following an IPV incident. The main activities of DVERT/ZT involved an immediate in-person response by the DVERT/ZT team to a secured scene (which included a law enforcement and IPV advocate) when requested by law enforcement following a call for help. In contrast, if law enforcement did not request an immediate response but a 911 call for service following IPV took place, DVERT/ZT advocates followed up with victims of IPV within 48 hours of notification about the call. Research examining second responder advocacy programs generally have produced mixed results, with studies generating evidence both for and against their effectiveness (see Appendix A Table 1 for a review of relevant studies).

BACKGROUND: A CLOSER LOOK AT DVERT

Women Helping Women (WHW) is a non-profit organization that works to prevent gender-based violence and empower survivors using evidence-based prevention and expert crisis interventions to support survivors of dating violence, sexual violence, domestic violence, and stalking (Women Helping Women, 2018). In response to a growing trend in IPV-related homicides over the past several years, WHW partnered with the Cincinnati Police Department (CPD) to streamline the process for connecting survivors with services and resources. These efforts resulted in the creation of the Domestic Violence Enhancement Response Team (DVERT).

DVERT was first implemented in February 2018. The team consists of 15 advocates who respond directly to the scene of an IPV incident when called by the Cincinnati Police Department. While at the scene, the advocate works with the survivor to create a safety plan and provide referrals for services needed at that immediate time (e.g., emergency housing). By sending advocates directly to the scene of the incident, WHW and Cincinnati Police aim to foster connections with survivors directly during their time of need. They also aim to help survivors receive services, such as crisis housing placement, legal support, and therapy. Over the span of the past two years, DVERT advocates have responded to over 1,700 calls for service. Additionally, the proportion of IPV calls for which CPD has utilized DVERT has consistently reached >90%[3].

[3] See Figure 4 for more detail about CPD's utilization of DVERT advocates over time.

THE CURRENT STUDY

Purpose

Despite the high prevalence of IPV in the United States, there is a lack of research evaluating the various intervention programs implemented by police and community partners (e.g., Stover et al., 2010). The findings from the current evaluation add to the limited scholarly knowledge on IPV prevention and treatment and identifies best practices for providing survivors with resources and support. This study also provides insight on characteristics that may impede survivors from utilizing available resources. It further sheds light on the experiences of IPV advocates, including their contribution to burn-out and emotional health. Conversely, this evaluation has implications for practitioners who are looking to implement programs like DVERT elsewhere. For example, since DVERT's implementation, WHW has been contacted by several agencies across the United States who are interested in developing programs similar to DVERT. Findings from this evaluation will help to further develop both Cincinnati's DVERT program and forthcoming programs looking to follow the DVERT model, in an effort to better serve and treat survivors of IPV. Finally, this project provides insight into community and police agency partnerships, which can provide knowledge for use by future research collaborations.

The purpose of this report is to provide information about the DVERT program's implementation from July 2018 to January 2020. Researchers from the University of Cincinnati (UC) School of Criminal Justice worked with WHW staff to develop areas of interest for the evaluation which then led to the following exploratory evaluation questions.

WHW and UC Partnership

During the Fall of 2017, WHW contacted the School of Criminal Justice at UC for assistance with evaluating the efforts of Cincinnati's DVERT Team. Through this partnership, the team of UC researchers worked with WHW to develop exploratory evaluation questions and based on the data they collect. The current study uses a mixed-methods approach to evaluate the DVERT program by addressing the following exploratory evaluation questions:

Exploratory Evaluation Questions

(Q1): What is the **volume of calls** received by DVERT and how does **volume vary** over the course of the program, by **time of day** and **day of the week**, and by **police district** and **geographic area** in Cincinnati?

(Q2): What are the **demographic characteristics** (e.g., age, race, gender) of DVERT clients?

(Q3): What are the **incident characteristics** (e.g., type of harm, weapon involvement, polyvictimization) **and outcomes** (e.g., arrest executed, warrant issued, protection orders) that DVERT clients experience?

(Q4): Which **services and resources** are DVERT clients referred to?

(Q5): Are there **areas in need of improvement** to better deliver services, maintain staff retention, or mitigate **staff burn out**?

(Q6): How has the **relationship between and CPD and WHW** changed since the implementation of DVERT? What are the **challenges and successes** of this collaboration?

METHODS

Study Design

The current study uses a mixed methods design to evaluate the process and operations of WHW's DVERT program. Consequently, analyses involved two components. The first component involved a quantitative analysis of available secondary data, extracted from WHW's service records for DVERT clients. The second component involved interviews conducted with DVERT advocates that were then transcribed, thematically coded, and analyzed to identify common themes within the experiences of DVERT staff. The researchers received UC Institutional Review Board (human research protection) approval to extract WHW archival records and conduct advocate interviews in October 2018.

Quantitative Component

Data Collection

Included in the secondary data analyses were records collected by WHW staff and advocates after each call for service or DVERT client interaction and then stored in WHW's agency server. Within WHW's system, each client has their own profile and tracks their engagement with each of the services WHW offers. This allows for analyses to be conducted of follow-up services and additional points of contact for each client. The main WHW database stores client demographics and basic information on the types of services each individual receives; and WHW also collects additional data on DVERT clients. Following each call for service, advocates fill out a set of questions through a secure online form that they may access via phone or tablet. Data entered into this form is then collated by a WHW staff member into an Excel spreadsheet and stored according to the client's month of service. This data collection

spreadsheet has evolved throughout this project to increase the breadth of data collected, which has resulted in portions of missing data for earlier cases (noted throughout this report). The first form used to collect information is included in Appendix B. Over time this form was converted into an online form to make it easier for advocates and to be able to collect information in a timelier manner. Additional variables that were added include more detailed information on the perpetrator, such as criminal history and history of domestic violence arrests and convictions, as well as additional details about the survivor and situation.

Sample

The sample for the secondary data analyses included all WHW clients associated with DVERT since the implementation of the program. Clients are eligible for DVERT services anytime there is a police call for service involving IPV placed from one of the five police districts or the central business district within Cincinnati. As of January 2020, WHW has increased the availability of DVERT advocacy services to Norwood, Delhi Township, and North College Hill (areas which surround Cincinnati). Data for this evaluation included all DVERT clients from August 2018 to January, 2020; this was 1,936 cases[4]. Of these cases, 129 were missing client ID's and could not be merged with WHW's demographic data. Therefore, these cases were not included in the analytic sample. An additional 13 cases were dropped from the analytic sample because they included calls for service that were either refused or canceled. The final analytic sample included 1,784 cases.

[4] While DVERT officially began running starting in February 2018, we have restricted the analytic sample to begin in August 2018 when the additional measures were added to the data collection.

Measures

WHW collects extensive and detailed information for each client, including demographics, police report details, perpetrator details, and information regarding the incident that resulted in the call for service to police. Demographic information for each client includes information such as the client's age, race and ethnicity, gender, native language, number of children, and socio-economic status. WHW also records each client's relationship to the perpetrator in their case and whether or not the perpetrator had a history of violence, substance abuse, or mental illness. In addition, WHW collects the on-scene outcome of each call (i.e. arrest executed, warrant issued, no charges), and the type of harm (e.g., threat with a weapon, strangulation, threat to kill, threat of suicide). Case information is also documented, including protection order details, injuries, weapon involvement, incident details (e.g., type of harm, weapon involvement). As this evaluation has progressed, UC researchers have been working with WHW to collect additional measures which have been added to their data collection procedure.

Analytic Strategy

UC researchers began data retrieval of WHW records on April 2019 and have continued to retrieve newly collected data from WHW offices every three months. Data were stripped of any identifying information except for the client's zip code prior to extraction. Data extracted each collection period include DVERT Excel spreadsheets and all client demographics and service data stored in the main WHW database, which were also exported into Excel files. Client ID's were then used to merge the information contained in the DVERT and main WHW datasets into one large database. Data collected were then cleaned and coded using Stata statistical software prior to conducting analyses.

Quantitative analyses of secondary data were employed to examine exploratory evaluation questions one through four (listed below). To address **Question 1**: "What is the **volume of calls** received by DVERT and how does **volume vary** over the course of the program, by **time of day** and **day of the week**, and by **police district** and **geographic area** in Cincinnati?" we analyzed variation across time and place of the DVERT call sample. Specifically, we utilized univariate and bivariate statistics to examine the number of calls each advocate and police district responded to; also, to examine existing variation between calls based on the time and day they were placed. Client's zip codes associated with their place of residence were geocoded, and then displayed on a map of Cincinnati. Further, univariate statistics were used to examine the variation of DVERT calls across police districts.

To examine **Question 2:** "What are the **demographic characteristics** of DVERT clients?", univariate statistics were calculated. This included percentages for the gender, age, race/ethnicity, number of children, pregnancy, relationship status, and association with WHW for the sample of DVERT clients. Similarly, **Question 3: "**What are the **incident characteristics and outcomes** that DVERT clients experience?" was resolved by calculating univariate statistics for type of harm; weapon involvement; perpetrator characteristics; and the occurrence of policy-victimization, arrest, warrant, and protection orders. Finally, **Question 4:** "Which **services and resources** are DVERT clients referred to?" were also explored using univariate statistics (percentage, frequency, etc.) of the different referrals that were given to clients. Additional univariate analysis of client survey questions was also conducted.

Qualitative Component

Data Collection

As a reminder, exploratory evaluation Question 5 asked: **"**Are there **areas in need of improvement** to better deliver services, maintain staff retention, or mitigate **staff burn out**?"; while Question 6 asked: "How has the **relationship between and CPD and WHW** changed since the implementation of DVERT? What are the **challenges and successes** of this collaboration?" To answer both questions, in-depth semi-structured interviews were conducted with DVERT advocate staff. Interviews consisted of 42 open-ended questions about the advocates' motivations for working with survivors of interpersonal violence, professional experiences, self-care practices, and experiences working with Cincinnati police officers (see Appendix C for the full interview protocol). Demographic information (e.g., age, race, gender, and level of education) were also collected at the time of the interview.

Graduate research assistants attended a DVERT monthly staff meeting in December 2018 to recruit advocates to be interviewed. The DVERT program director then forwarded a recruitment email (see Appendix C) written by the researchers to all DVERT staff, to recruit staff who were unable to attend the December meeting. Nine (60%) DVERT advocates (N=15) agreed to be interviewed. Advocates were not offered compensation for their participation in study interviews. Interviews took place in-person at WHW's office or a secure private office at the University of Cincinnati. All interviews were conducted by one trained graduate research assistant. Each interview lasted approximately 45 to 75 minutes depending on the length and depth of the participant's responses. The average interview was 59 minutes long. All interviews were audio recorded for transcription purposes and destroyed upon transcription. Interviews were

stored in secure OneDrive folders on the University of Cincinnati server and transcribed by a trained undergraduate research assistant. Transcripts were reviewed for quality control purposes.

Sample

To meet the inclusionary criteria for the qualitative component of this study, participants had to speak English and be at least 18 years of age at the time of the interview. In an effort to collect detailed data on the processes and implementation of the DVERT program, interview participants must also have been employed as a DVERT advocate (either full- or part-time) by WHW for at least three consecutive months. This ensured that advocates had independently responded to DVERT calls outside of their initial training period and had responded to calls on their own.

Analytic Strategy

Coding of the transcribed interviews was facilitated using the qualitative analysis software, MaxQDA. This software allows for the analysis of written documents as well as audio files. Data coding was conducted in three phases—initial, categorical, and theoretical coding (Yin, 2016). First, initial codes were used to identify possible themes. Initial codes are labels that users can assign to transcription documents using MaxQDA, which closely reflect the language used by participants. Second, initial codes were sorted and checked for patterns between interview participants (categorical coding). Third, theoretical coding was conducted to better understand the relationship among existing codes. This final stage was guided using previous research on victim service providers. Coding was conducted by one of the study co-PIs and reviewed by the other co-PI and graduate research assistant.

FINDINGS

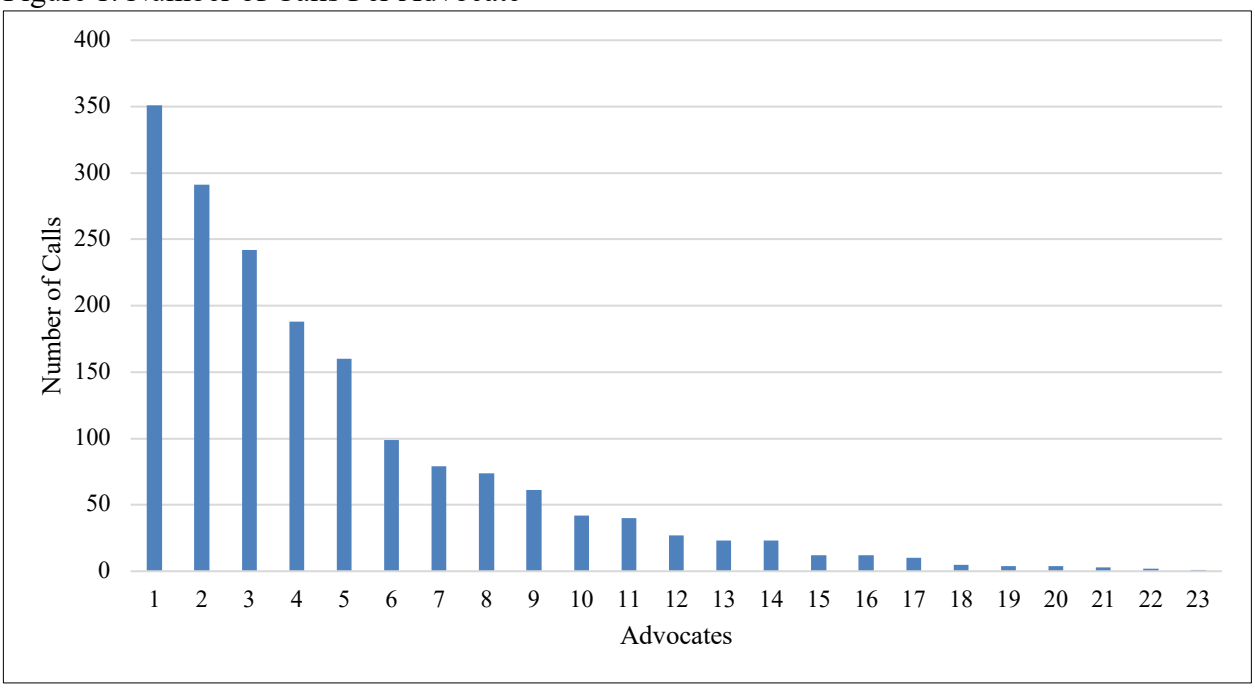
The following two sections describe the quantitative and qualitative findings addressing the research questions listed in the section above. First, we will first present the quantitative findings resulting from secondary data analyses of WHW client records. Second, we report the findings from the qualitative interviews with advocates.

Quantitative Findings

DVERT Calls: Variation Across Time and Place

We began our analysis by evaluating the analytic sample of DVERT calls for their variation across time and place in order to better understand how this program operates and to address our first exploratory evaluation question. We first evaluated the number of calls each advocate has responded to, then we analyzed the variation of calls by time of day and day of the week. Next, we present findings that show how CPD has increased their usage of DVERT and the variation of calls across police districts. Finally, we include a map of call volume by zip codes of DVERT clients.

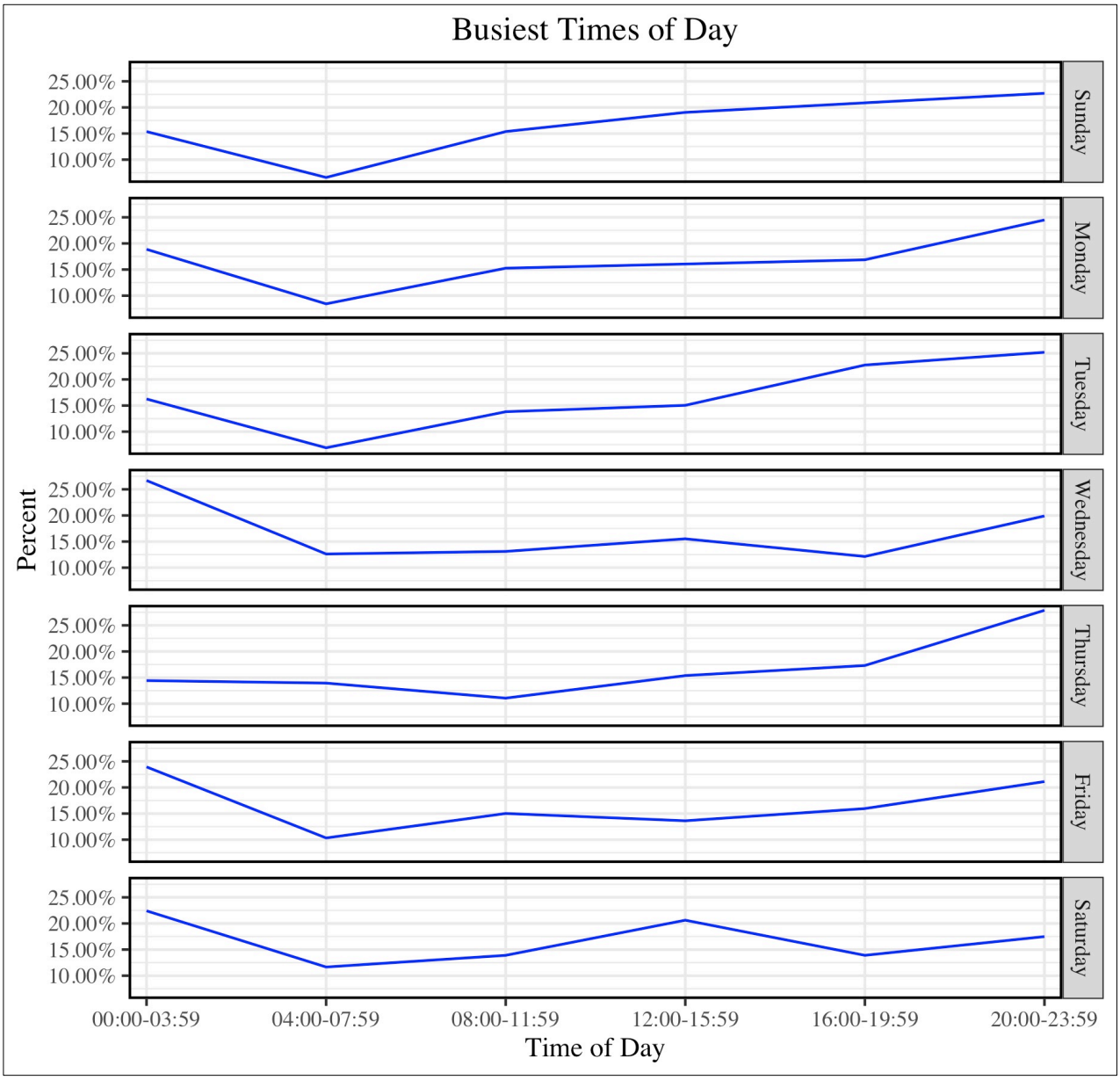
Figure 1. Number of Calls Per Advocate



Note: 27 cases were missing and 4 were completed by various WHW staff (not included in the figure)

Figure 1 presents the number of DVERT calls each advocate has responded to. Each number on the X-axis represents a different advocate. As displayed, the majority of DVERT calls were responded to by five advocates. These five advocates alone responded to 1,232 DVERT calls combined, accounting for 69%of the total number of DVERT calls that occurred between August 2018 – January 2020. While there are only fifteen advocates specifically trained and assigned to respond to DVERT calls, there are an additional number of WHW daytime staff that will go on DVERT runs if the main advocates are tied up accompanying survivors to court. As we can see in the figure above, these additional staff members only responded to a handful of calls.

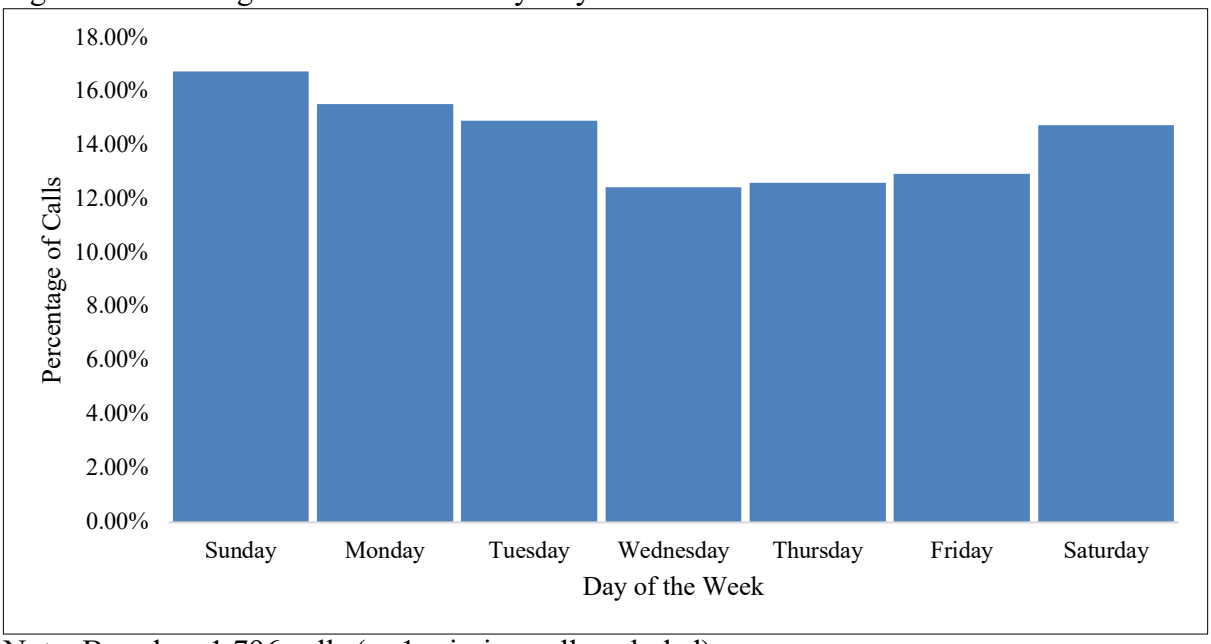
Figure 2. Busiest Times of Day



Note: Based on 1,618 calls (n=166, 9.3% missing calls excluded)

Figure 2, above, displays DVERT call volume by day and time. Results show that the most DVERT calls during the study period were placed between 8:00 pm-11:59 pm (22.74% of all calls) consistently throughout the week. The only exception to this is Saturday, when the busiest times of day were between 12:00 pm-3:59 pm in the afternoon.

Figure 3. Percentage of DVERT Calls by Day

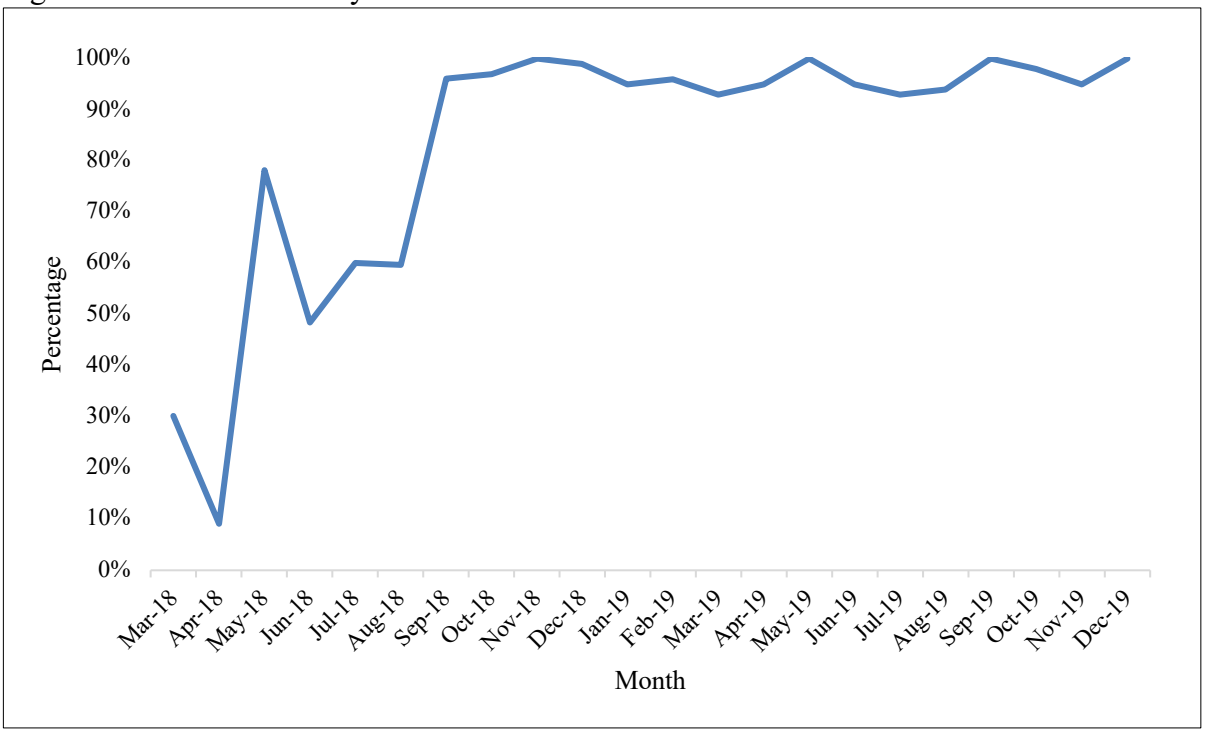


Note: Based on 1,796 calls (n=1 missing call excluded)

Figure 3 displays the breakdown of DVERT calls by day of the week. These daily percentages ranged from a little over 12% (Wednesday, Thursday, and Friday) to the busiest day on Sunday which made up almost 17% of the total call volume. The three days that experienced the highest call volumes were Sunday, Monday, and Saturday respectively. Additionally, Saturday and Sunday made up over 31% of all DVERT calls.

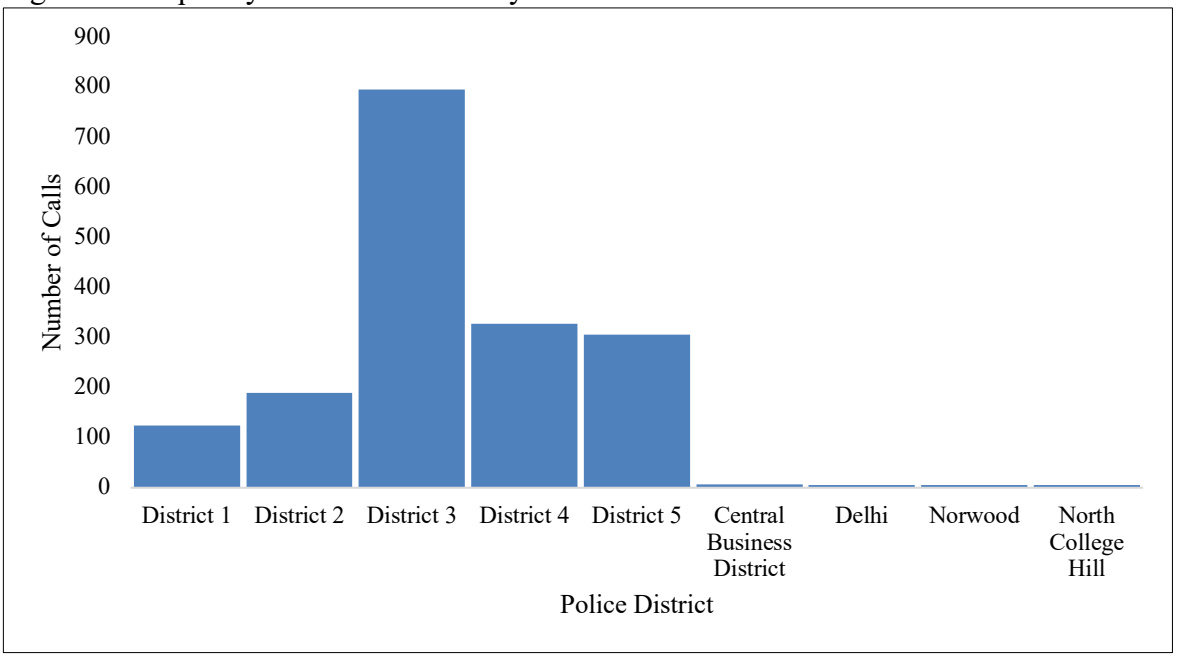
The number of calls per week ranged from one to thirty-eight calls in one week (mean=24.72, SD=6.71, N=1,784). The number of total calls per month also varied with a range of one to one hundred and forty-eight calls in one month (mean=103.16, SD=20.64, N=1,784). It is important to keep in mind that these numbers also include the months in which DVERT was first implemented and not being used to full capacity (see Figure 4. Use of DVERT by CPD below).

Figure 4. Use of DVERT by CPD



This graph displays CPD's utilization of DVERT advocates over time. Utilization started off relatively low soon after the project's inception in March 2018 at around 30% capacity. From this figure, we can see that during the months of March to September 2018, CPD consistently increased their use of DVERT advocates. Starting in September 2018, DVERT capacity exceed 96% and has remained consistently above a 90% threshold even reaching 100% (November 2018; May, September, and December 2019). These findings indicate that full implementation of the DVERT program was achieved within six months of implementation.

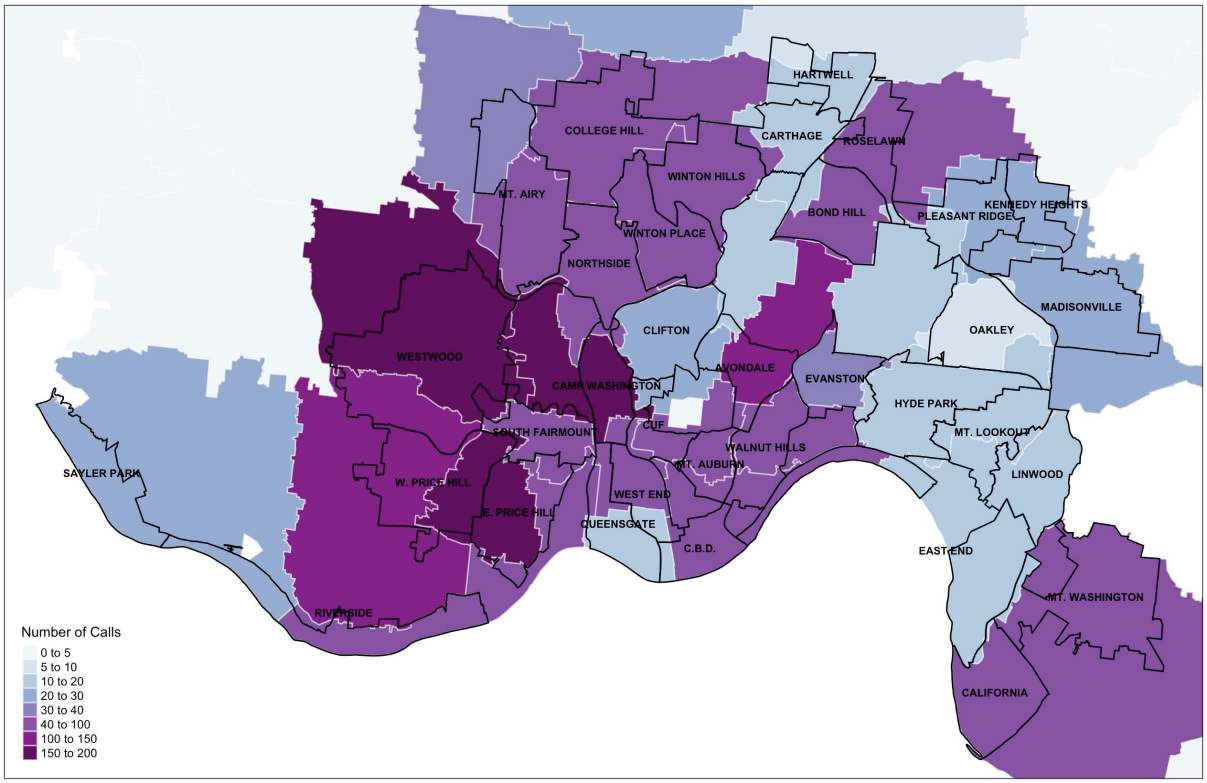
Figure 5. Frequency of DVERT Calls by Police District



Note: Based on 1,767 calls (n=17 (0.95%) missing calls were excluded)

Figure 5 displays the distribution of DVERT calls by police district. It is important to note that DVERT has recently expanded to Delhi, Norwood, and North College Hill (Total calls=16). District Three experienced the highest number of DVERT calls (n=796) making up over 45% of all DVERT calls, followed by District Four (n=328, 18.56%), District Five (n=306, 17.15%), District Two (n=190, 10.75%), and District One (n=124, 6.95%) respectively. The Central Business District did not have many DVERT calls due to only a small percentage of residents residing in this area.

Figure 6. Frequency of Calls for Service by Zip Codes of DVERT Clients



Note: Based on 1,716 valid cases

Figure 6 displays a map of zip codes of DVERT client's places of residence. It is important to note that these represent the zip code survivors provided to advocates for their home address and is not necessarily representative of the zip code corresponding to the location of the call for service. As can be seen, clients served by DVERT were concentrated most heavily in areas west and north of the city of Cincinnati, as well as downtown. It should be noted that the areas seen here as being served most often by DVERT generally experience higher instances of crime than the less impacted areas of Eastern Cincinnati displayed. Most notably, this map shows evidence of the need for expansion of DVERT services because of clientele who lives beyond the Cincinnati borders (i.e. places on the map outside the outlined areas).

Client Demographics

To address our second exploratory evaluation question, we analyzed the demographic characteristics of DVERT clients and presented the findings in Table 1.

Table 1. Client Demographics

	Valid n	Valid Percentage (%)	Mean (S.D.)	Missing n (% of total sample)
Gender				
Male	203	11.75		57 (3.20)
Female	1,520	88.01		57 (3.20)
Gender Minority	4	0.23		57 (3.20)
Race				
White Non-Latino	439	25.29		48 (2.69)
African American	1,197	68.95		48 (2.69)
Hispanic or Latino	32	1.84		48 (2.69)
Other	68	3.92		48 (2.69)
Age	1,615		33.09 (11.16)	
Children				
Has Children	1,123	79.08		364 (20.40)
No Children	297	20.92		364 (20.40)
Pregnant				
Pregnant	107	8.84		574 (32.17)
Not Pregnant	1,103	91.16		574 (32.17)
Relationship Status				
Single	1171	77.34		270 (15.13)
Married	232	15.32		270 (15.13)
Divorced	10	0.66		270 (15.13)
Widowed	4	0.26		270 (15.13)
Unknown	97	6.41		270 (15.13)
WHW Experience				
First Time WHW Clients (Yes/No)	1,249	72.87		70 (3.92)
Repeat DVERT Clients (Yes/No)	262	14.69		0 (0.00)
Total Number of DVERT Calls	1,784		1.21 (0.58)	0 (0.00)

Note: Numbers based on each individual call, clients had between one to five DVERT calls

Table 1 provides demographic and background information about DVERT clients. It should be noted that analyses were based on each DVERT call and therefore repeat DVERT clients will be represented multiple times. The majority of cases were single time DVERT clients

(n=1,522, 85.31%), while repeat calls ranged from two to five subsequent calls for service. Additionally, the number of missing cases is reported in respect to each variable. While some variables had less than five percent of cases missing (e.g., gender, race, and WHW experience), other variables including age, relationship status, and number of children experienced a much higher percentage of missing data. This may be due to data not being collected or issues experienced with coding and cleaning the variables.

Inspection of this table reveals that DVERT clients varied by their gender, race, and age. While the majority of DVERT clients identified as female (n=1,520, 88.01%), almost twelve percent of clients identified as male (n=203, 11.75%), and just under a quarter of a percent identified as gender minority (n=4, 0.23%). The majority of DVERT clients were Black or African American (n=1,197; 68.95%), followed by White Non-Hispanic or Latino (439, 25.29%). Ages of DVERT clients ranged from sixteen to seventy-seven and varied with an average age of around thirty-three years old (SD=11.16).

We can also see that the majority of DVERT clients had children (n=1,123; 79.08%) which identifies a need for services targeted to help children exposed to IPV. While there was only reported data for less than 70% of the sample, among those with data, almost 9% reported that they were pregnant at the time of the incident. Additionally, the vast majority of the sample with reported data indicated that their relationship status is single (n=1,171; 77.34%) followed by over 15% indicating that they were married. Lastly, we can see that most DVERT calls were for clients that had no previous contact with WHW (n=1,249; 72.87%) while over 27% of calls were for clients that had utilized WHW services prior to DVERT.

Incident Characteristics and Outcomes

Our third exploratory evaluation question aimed to learn what types of incidents DVERT clients experienced including weapon involvement and victimization through multiple crimes. Table 2 presents findings based on the type of harm experienced during the incident along with results based on DVERT clients' experiences of isolation, stalking, or strangulation, whether there was a weapon involved in the incident, and if the survivor was a victim of multiple crimes. Some of these questions have been added to the data collection forms that advocates fill out after completing DVERT calls. The content of these forms has changed during the course of this evaluation, since the start of the DVERT program, which resulted in high percentages of missing data for certain information (See Appendix B for original data collection form). Valid percentages are displayed to more easily portray accurate results, therefore included in each measure are only cases with complete responses.

While only a small percentage of DVERT clients experienced threats with a gun (4.35%) and use of a weapon not including a gun (2.87%), about half of DVERT survivors experienced strangulation (50.74%) and over sixty percent experienced threats of death (61.94%). Additionally, according to one measure collected by advocates, around one-fifth of incidents involved a weapon (between 20.74% and 27.21%). Furthermore, among the 1,197 DVERT clients that were asked, almost half (49.62%) indicated that they had experienced isolation in their relationship. Most strikingly, over 95%of DVERT clients with valid data qualified as poly-victims or victims of multiple crimes (96.06%).

Table 2. Incident Characteristics

	Valid n	Valid Percentage (%)	Missing n (% of total sample)
Type of Harm			
Threat to Kill	669	61.94	704 (39.46)
Strangulation	548	50.74	704 (39.46)
Threat with a gun	47	4.35	704 (39.46)
Threat with a weapon	346	32.04	704 (39.46)
Use of a weapon (non-gun)	31	2.87	704 (39.46)
Use of a weapon	224	20.74	704 (39.46)
Threat of Suicide	215	19.91	704 (39.46)
Were you-			
Isolated?	594	49.62	587 (32.90)
Stalked?	408	34.63	606 (33.97)
Strangled?	473	38.74	563 (31.56)
Was there a weapon involved?[1]			
(Yes/No)	341	27.21	531 (29.76)
Polyvictim- Victim of Multiple Crimes[1]			
(Yes/No)	536	96.06	1226 (68.72)

Note: [1] Reported n and % indicating yes

Table 3. Perpetrator Characteristics

	Valid n	Valid Percentage (%)	Missing n (% of total sample)
Gender			
Male	1,462	84.41	52 (2.91)
Female	248	14.32	52 (2.91)
Gender Minority	20	1.15	52 (2.91)
Multiple Perpetrators	2	0.12	52 (2.91)
Relationship to Survivor			
Current Intimate Partner	941	53.93	39 (2.19)
Former Intimate Partner	608	34.84	39 (2.19)
Family or Other Household Member	118	6.76	39 (2.19)
Child's Co-Parent	3	0.17	39 (2.19)
Stranger or Acquaintance	6	0.34	39 (2.19)
Other	1	0.06	39 (2.19)
Unknown	68	3.9	39 (2.19)
Has Children with Survivor[1]			
(Yes/No)	374	51.59	1,059 (59.36)
Married to Survivor[1]			
(Yes/No)	99	13.66	1,059 (59.36)
Cohabitating with Survivor[1]			
(Yes/No)	270	37.24	1,059 (59.36)
Dating Survivor[1]			
(Yes/No)	289	39.86	1,059 (59.36)
Has Access to Weapons[1]			
(Yes/No)	490	62.34	998 (55.94)
Has History of Physical Violence[1]			
(Yes/No)	1,064	84.58	526 (29.48)
Has History of Verbal or Mental Abuse[1]			
(Yes/No)	1,149	91.70	531 (29.76)
Has Substance Abuse Problem[1]			
(Yes/No)	736	63.34	622 (34.87)
Has History of Mental Illness[1]			
(Yes/No)	477	42.48	661 (37.05)
Has Prior Domestic Violence Arrests[1]			
(Yes/No)	595	50.34	602 (33.74)
Has Prior Domestic Violence Convictions[1]			
(Yes/No)	200	17.56	645 (36.15)

Note: [1] Reported n and % indicating yes

Table 3 displays information gathered on the perpetrators. There was little missing data regarding the gender of each perpetrator and their relationship with each survivor. Perpetrators were most likely to be male (84.41%). Almost half of perpetrators identified were current intimate partners (53.93%), and over a third were former intimate partners (34.84%), other

family or household members made up just under seven percent (6.76%).

Recently, advocates have been collecting additional information on the perpetrators to help us to learn more about their relationship with the survivor. These measures include whether perpetrators have children with the survivor; or if they are married, dating, or cohabitating with the survivor. Additional background information is also collected for each perpetrator, including if they have prior domestic violence arrests or convictions; their history of physical violence, verbal or mental abuse, substance abuse problems, and mental illness; and their access to weapons.

From these measures we have learned that over 50% of DVERT survivors have children in common with the perpetrator (51.59%), almost 40% were cohabitating with the perpetrator (37.24%), and almost 14% were married to the perpetrator (13.66%). Additionally, we are able to glean a better understanding of the perpetrators background and history of abuse. Over 60% of perpetrators have access to weapons (62.34%), and the majority of perpetrators have a history of physical violence (84.58%) and verbal or mental abuse (91.70%). Around three out of every five perpetrators had a substance abuse problem (63.34%) and around two out of every five perpetrators had a history of mental illness (42.48%). Finally, over half of the perpetrators had a prior domestic violence related arrest (50.34%) and over 17% had a history of a prior domestic violence conviction (17.56%).

Table 4. Incident Outcomes

	Valid n	Valid Percentage (%)	Missing n (% of total sample)
Outcome on Scene			
Arrest Executed	682	39.06	38 (2.13)
No Charges	106	6.07	38 (2.13)
Warrant Issued	936	53.61	38 (2.13)
Other Outcome	14	0.80	38 (2.13)
Unknown	8	0.46	38 (2.13)
Safety Plan Completed[2]			
(Yes/No)	1,555	87.31	3 (0.17)
Accommodations			
Went to a Hotel	25	1.60	226 (12.67)
Wanted to Go to a Hotel	5	0.32	226 (12.67)
Went to a Shelter	36	2.31	226 (12.67)
Wanted to Go to a Shelter	34	2.18	226 (12.67)
Protection Orders/Juris Monitors			
Do you want a protection order? [2]			
(Yes/No)	996	78.43	514 (28.81)
Do you currently have a protection order? [2]			
(Yes/No)	97	7.70	525 (29.43)
If you have a protection order, have there been any violations?[1,2]			
(Yes/No)	63	5.65	669 (37.5)
Do you want a juris monitor? [2]			
(Yes/No)	720	60.10	586 (32.85)
Do you think they will stay away? [2]			
(Yes/No)	350	28.85	571 (32.01)

Note: [1] 63 respondents indicated that there had been a violation of a protection order, only 49 of which also currently had a protection order in place
[2] Reported n and % indicating yes

Table 4 presents DVERT incident outcome findings which include safety planning, emergency accommodations, protection orders, and on-scene outcomes (such as: arrests executed, warrants issued, or no charges). Less than 40% of incidents resulted in an arrest of the perpetrator (39.06%), while over half of the cases resulted in a warrant issued (53.61%), and in just about 6% of cases no charges were filed (6.07%). During times when the perpetrator has fled the scene which often result in a warrant being issued (see qualitative findings for further discussion). The vast majority of DVERT calls included completion of a safety plan (87.31%).

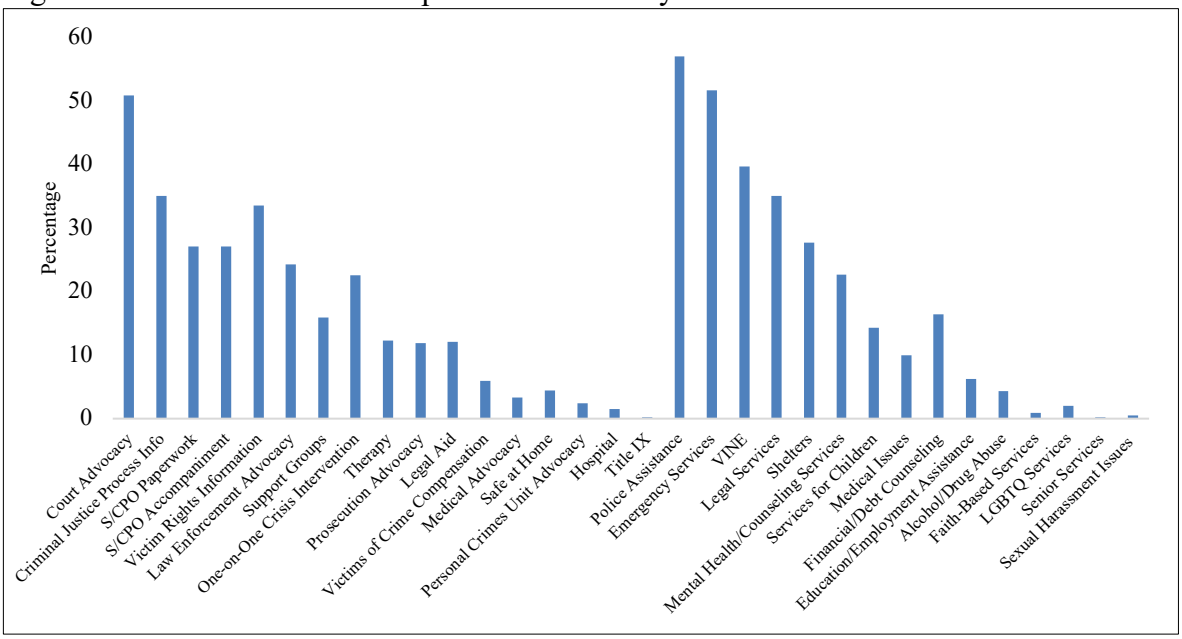
Only a handful of cases needed emergency accommodations, such as a shelter or hotel for the night; this finding also highlights the need for housing options to offer survivors.

Almost 80% of survivors wanted a protection order (78.43%), while less than 10% already had a protection order in place (7.70%). Of the survivors that indicated they had a protection order in place currently, 49 (50.52%) indicated that there had been a violation. When asked if they thought their perpetrator would stay away, less than 30% of survivors indicated yes (28.85%).

Referrals for Services

Our fourth exploratory evaluation question aims to understand what services and resources DVERT clients are referred to. Figure 7 depicts the various referrals for service that DVERT clients receive and then Table 5 reports findings from survey questions that clients answer at the end of the call which further establishes their understanding of what services are available to them.

Figure 7. Referrals for Follow-Up Services Made by DVERT Advocates



Note: Court Advocacy—Title IX (n=407, 22.81% of calls missing); Police Assistance—Sexual Harassment Issues (n=1,225,68.67% of calls missing)

Figure 7 presents the different types of referrals for services that were given to clients, this graph shows that there is a wide range of services that are available for clients. As we can see, these services ranged from court advocacy and legal aid, to therapy, support groups, and even specialized services (such as substance abuse or senior services). The most common referrals for service included emergency services, court advocacy, VINE, criminal justice process information, and legal services (57.05%; 51.70%; 50.91%; 39.71%; 35.08%; 35.06% respectively). Overall, DVERT clients have several options for receiving help navigating the court system (e.g., court advocacy, criminal justice process information, and prosecution advocacy). These findings show that WHW intends to remain in contact with survivors after the time of the incident and offers services to help them navigate the court system as well as providing other services such as therapy and support groups.

Table 5. Client Survey Questions

Survey Question	Indicated "Yes" Valid n	Indicated "Yes" Valid Percentage (%)	Missing n (% of total sample)
I have an understanding of the community resources and options.	1,559	98.98	209 (11.72)
I have developed a plan of action to help me cope with my situation.	1,560	98.98	208 (11.66)
Do you agree with this statement: I realize I am not responsible for the abuse/rape/stalking which has occurred in my life?	1,543	98.47	217 (12.16)
Did survivor indicate that they would be willing to call the agency for additional assistance.	1,548	98.35	219 (11.77)
As a result of working with this program, I know more about community resources.	1,553	98.98	215 (12.05)
As a result of working with this program, I know more ways to plan for my safety.	1,540	98.47	220 (12.33)
As a result of working with this program, I know more about the options and choices available to me overall.	1,547	98.85	219 (12.28)
I was assisted in meeting my immediate needs.	1,553	98.92	214 (12.00)
The staff and volunteers were supportive, friendly, and helpful.	1,555	98.98	213 (11.94)
I know about the Ohio's Victim Compensation Fund for victims of violent crimes.	1,272	81.38	221 (12.39)
I have a better understanding of my rights as a victim of crime.	1,533	98.27	224 (12.56)
I know about victim notification (VINE) program to receive updates about an offender.	1,323	84.75	223 (12.50)
The program is easily accessible to everyone, including people with disabilities.	1,555	99.3	218 (12.22)
I am satisfied with the services I received from this program.	1,546	99.42	229 (12.84)

Table 5 displays results based on responses to survey questions asked to each client at the end of each DVERT call. This includes the percentage of "yes" responses received by DVERT clients to the questions listed. The purpose of these questions was to gauge client satisfaction with their DVERT experience and the success of the DVERT program in providing information about available resources for IPV survivors. A "yes" response to each question indicated a positive experience and knowledge of relevant services. At least 98% of respondents answered yes to all survey questions except two. Only 81% of clients reported knowledge of the Ohio Victim Compensation Fund, while only almost 85% reported knowledge of the Victim Information Notification Everyday (VINE) automated notification system in which victims are able to track custody status of offenders who are incarcerated over the phone or internet as well as register for notifications of custody status changes. Expanding advocate and CPD efforts to

communicate with DVERT clients about these two resources should be a priority moving forward. Additionally, these findings are promising because it appears that survivors are aware of the services available and understand what the referrals are used for.

Qualitative Findings

To address evaluation questions five and six, qualitative data obtained from semi-structured interviews were thematically analyzed to identify common themes within advocate's experiences working in the DVERT program. Although the data reveal a wide range of experiences across advocates, we identified three predominant themes in our analysis of the interviews: factors related to occupational stress, a collaborative partnership between WHW and Cincinnati PD, and opportunities for additional police training.

Occupational Stress Among DVERT Advocates

Advocates described several components of the DVERT program infrastructure that could be improved. Consistent with prior research (e.g., Benuto et al., 2019; Slattery & Goodman, 2009), the identified areas for improvement can be linked to feelings of anxiety, stress, and burnout among staff. The structure of the DVERT program requires staff to work inconsistent and often sporadic on-call shifts. These shifts are typically 12 hours long and include late night and early morning hours. In addition to inconsistent working hours, advocates explained how the danger they face while on the job causes stress. Advocates also described incidents in which the responding officer had left them alone at the scene, thus leaving them without adequate protection. Specifically, multiple advocates described instances in which the accused perpetrator returned to the scene of the IPV incident, causing the advocate to feel

physically unsafe. Many advocates described experiencing a constant state of anxiety due to the unpredictable and emotionally exhausting nature of their job. As one advocate explained:

> *"Waking up in the middle of the night… at any hour during the day…that's what wears on me the most…It's almost like a consistent, anxiety."*

Several advocates described witnessing gruesome physical injuries while at the scene of a DVERT call. Many advocates also noted that it was emotionally challenging to witness IPV survivors experiencing psychological distress. They expressed frustration and feeling like they were "not making a difference" during incidents where they were unable to help the survivor. This feeling of frustration was often brought on by servicing a repeat client (e.g., a survivor who had utilized DVERT before) or instances when they did not have the appropriate resources to help a survivor (e.g., there were no hotel rooms available for emergency housing). As one advocate described:

> *"[The hardest parts of my job are the] times when you can't help, times when people don't want your help, and seeing just the physical injuries."*

Advocates described how stressful working conditions impacted their physical and emotional well-being. The average time spent at a DVERT call for service is 61 minutes, not including travel time. In the time an advocate is dispatched to a scene, commutes to the location, and offers services to the survivor- they may have spent several hours responding to a single call. Further, advocates described how the length of time spent servicing one survivor coupled with late-night working hours often results in sleep deprivation. In turn, this state of tiredness is likely linked to the emotional exhaustion experienced by many advocates. As one advocate described:

> *"Even on your days off...it's hard, to find [emotional] energy."*

Advocates are not required to spend any of their on-call shift at the WHW office. Therefore, most advocates spend little to no time at the main office. Despite being virtually

connected through a group messaging application and the presence of a strong working relationship between staff, many advocates described experiencing stress related to working alone. Specifically, advocates reported feeling isolated from their fellow staff members and recognized a need to emotionally process their stressful work experiences with their colleagues. All advocates reported receiving substantial emotional support from Women Helping Women, and especially from the DVERT program director. However, many advocates felt that emotional support was only available if they personally sought it out and expressed a desire to connect with other advocates beyond their required attendance at monthly meetings. To remedy some of the stress related to isolation, some advocates expressed the desire for more debriefing opportunities with fellow staff, and additional one-on-one check ins with their supervisor. Despite feelings of isolation, the majority of advocates reported attending all, or nearly all, monthly staff meetings since the DVERT program's implementation. Advocates also reported a strong sense of loyalty towards their work, which is reflected in the 0% turnover rate after year one of the DVERT program (January 2018-January 2019).

In addition to a solitary work environment, many advocates indicated experiencing stress derived from their compensation packages. Advocates receive little monetary compensation and are not offered health insurance benefits. To supplement their income, every advocate had at least one outside job, with several holding multiple jobs. Advocates noted that differential pay for night shifts would alleviate some of their financial, and in turn, psychological stress. Advocates also stated a need for health insurance. Several advocates explained that if they were offered health insurance, they would be more equipped to seek out mental health services. Having access to mental health care could in turn relieve some of the occupational stress related to their work as a DVERT advocate. Additionally, advocates are required to use personal

vehicles when responding to DVERT calls. Several advocates noted additional financial strain related to vehicle maintenance, gas, and repairs. One advocate described a time period where they needed to use ride-sharing services (e.g., Uber, Lyft) to commute to scenes because their car was not operational. To lessen some of the stress related to transportation costs, one advocate recommended establishing a partnership with a local auto shop in order to receive auto maintenance at a discounted rate.

DVERT Advocates Perceived Relationship with Cincinnati Police

DVERT advocates described having a dynamic relationship with Cincinnati police officers. Advocates discussed several challenges in the early phases of the WHW-CPD DVERT partnership. In the words of one advocate, "*at first there were some growing pains*".

When the program was first implemented, many responding officers were hesitant to utilize DVERT advocates and were overall resistant to changes brought with the program. One advocate expressed that at first, officers acted like DVERT was a "*waste of time*". Officers would fail to dispatch DVERT advocates for all qualifying calls and would classify calls as "family violence" (which does not qualify for a DVERT advocate) instead of "intimate partner violence". This is evident in the monthly capacity usage numbers provided in Figure 4 above. Likewise, officers would sometimes cancel dispatched advocates before they arrived at the scene. Advocates described officers appearing change avoidant when first implementing the DVERT program; but this resistance to change slowly absolved over time. As one advocate described:

> *"In the beginning I think it was really....annoying, for the police to have to A) call somebody and B) wait on the scene for them to arrive… but now, I think the majority of the police officers are...respectful… they understand it now… it's kind of second nature."*

When advocates were appropriately dispatched, they described incidents in which Cincinnati police officers made them feel unwanted at the scene of an IPV call for service. Several factors caused advocates to feel unwanted by officers. Advocates described instances where they received passive aggressive comments from officers. As one advocate described:

> *"…there was the one officer who was like 'are we supposed to call you every single time?' and I said, 'yeah that's the idea.'"*

Another advocate described officers exhibiting passive aggressive actions towards their presence.

> *"That's like the number one experience that I have with officers who um, aren't like enthusiastic about me being there, is sort of like a passive aggressive silence."*

Advocates also described incidents where the officer was impatient and hurried them to finish working with the survivor. In the early phases of the DVERT program, officers would attempt to leave the scene before an advocate was finished working with the survivor. In rare instances, officers left advocates alone at the scene without their knowledge. Advocates expressed that feeling rushed at the scene was not only stressful for them, but also believed this negatively impacted the services being delivered to the survivor. As one advocate explained:

> *"[I feel unsupported by the police] when I'm extra rushed… and you know that's uncomfortable for not only me but definitely for the survivor…Those times I feel like I'm much more of a burden [to the officer] than an asset."*

Though most interviewed advocates experienced feeling unwanted at least once, many noted that this was an uncommon experience. Advocates described that most DVERT calls involved officers who appeared more supportive of their partnership. One advocate observed that even when working with officers who appear to not want their assistance, resistant officers typically have partners who value the advocate's work.

Despite the challenges present at the start of DVERT, advocates described how their relationship with Cincinnati police greatly improved over time. As the program became more established, officers began to see the value in, or "bought into," the DVERT program. Over time, advocates felt that most officers grew "*appreciative*" of their role in providing survivors with information and resources. As one advocate described:

> *"I think that the officers are, um, more comfortable working with us. We've been doing it for a year now. I think they're starting to see the benefit."*

Advocates expressed appreciation for the officers making the scene safe upon their arrival and their dedication to public service. Advocates also observed several officers exhibit passion and extreme care for survivors. One advocate described an admirable example of an officer going out of their way to address the unique needs of IPV survivors:

> *"[After an IPV survivor refused to take a ride in the police car without a car seat for her baby] the officer who I was working with…he just called everywhere and stayed there for, for probably like half an hour to 45 minutes, until another officer came with her personal [car] seat. [There was nowhere to strap a car seat into a police car] … so he waited with her until the Lyft came and installed it for them, followed her to DVS [domestic violence shelter], then uninstalled the car seat and booster seat. He just really went above and beyond to establish safety for this client."*

As the DVERT program became more established, advocates and officers seem to have fostered a mutual respect for each other and began working as allies. Advocates described many instances where the responding officer treated them like collaborators or partners. Officers would often share their knowledge of the criminal justice and legal systems with the advocate and the survivor, which in turn made the advocates' job easier and allowed for the survivor to make more fully informed choices. When faced with logistical challenges (e.g., transporting a survivor to emergency housing) some officers would offer to help in any way they could. Upon reflection on their experiences working with Cincinnati police, one advocate stated:

"CPD has been great. I mean, there's still tons to do. But I think that connection with Women Helping Women and the police department has been so huge for our community. It's definitely a program to copy."

The current state of the WHW-CPD partnership is best captured in the following advocate quote:

"I really believe that this partnership with CPD is invaluable."

Opportunities for Additional Police Training

The descriptions advocates provided on their interactions with officers at DVERT scenes, suggest that some officers have a misunderstanding about the nature and extent of intimate partner violence (IPV). Officers may benefit from increased or additional training on best practices when working with IPV survivors. When describing the need for police training, one advocate stated:

"It's impossible for the police officers to know...everything they need to know [about IPV survivors] ...and be conscious of everything that [a survivor] could possibly go through. [Officers sometimes act like] 'We don't know what to do with these crying women...'"

Advocates identified several factors suggesting that Cincinnati police may benefit from additional training on trauma-informed care and intimate partner violence. One of the most significant factors identified that suggests an opportunity for additional training was officers use of victim-blaming statements. One advocate described their interaction with a survivor at the scene of the incident as:

"The survivor made it clear that some of the cops were like, "Well, it's her fault. You did this. You, you created this, you asked for this."

Victim-blaming comments can sew a distrust of police in the community and pose challenges to officers' efforts to establish public safety and advocates' efforts to deliver IPV services. As one advocate explained:

"I've actually been told by the survivors, 'I don't wanna talk to [the police] because I feel like I'm in trouble. When I talk to you [the advocate], I feel like you're actually going to help. Not just trying to get all this information out of me.'"

In addition to victim-blaming and aggressive questioning, advocates reported that some officers indicated that preventing IPV was impossible due to the fact that they often respond to repeat victims. While discussing their interaction with an officer responding to an incident involving a repeat victim, one advocate recalled a statement made by the officer:

> *"Well you know, you're just gonna be back here anyway…You know…does this, does [DVERT] even work anyway? Because we come out to these [repeat calls] again and again and again… So...I mean it's, it's a hopeless case, pretty much."*

However, advocates noted that not all officers displayed a cynical attitude when servicing repeat victims. Some officers appeared emotionally distressed when faced with the reality of many IPV cases- that it often takes more than one 911 call to remove someone from an abusive relationship (see Nicolls, Pritchard, Reeves, and Hilterman, 2013). When discussing repeat victims, one officer asked the advocate "*How do you keep hope?*" In these circumstances, it appears that officers may benefit from opportunities for mental health care. As one advocate described:

> *"I think that the police… need therapy. Maybe like 20% of the time after a call, they will want to [emotionally] unpack with me."*

These findings illustrate an opportunity to provide additional training on intimate partner violence to Cincinnati police officers. Doing so may further strengthen CPD's valuable collaboration with WHW and improve service delivery to IPV survivors.

SUMMARY AND RECOMMENDATIONS

Summary

The purpose of this evaluation was to examine the process and operations of the DVERT program. Through our evaluation and analysis of client records we learned previously unknown information about DVERT and WHW clients and increased our understanding of the wide range of needs specific to IPV survivors. Our findings can be used to guide WHW in staffing decisions, program development and implementation, and determining the most productive allocation of resources. Furthermore, this evaluation has demonstrated that DVERT services a wide range of clients that have unique experiences and needs. For example, we have learned that a vast majority of DVERT's clients are parents, which signifies a need for services that provide for both the survivor and their children. Our qualitative findings also offer unique insight into how DVERT operates in the field, and to the evolving relationship between WHW and CPD. These findings can contribute to the growing body of literature that seeks to understand occupational burnout and secondary traumatic stress. Additionally, the advocates interviewed have highlighted various opportunities to improve the DVERT program and demonstrated a need for additional support, which will help them be best equipped to assist survivors.

As DVERT continues to serve as an exemplary model for this unique type of IPV service delivery, it is important to continue evaluating its processes and operations; especially as the program continues to expand to additional police districts.

Key Takeaways:

Table 6. Key Takeaways

Evaluation Question:	Findings
(Q1): What is the **volume of calls** received by DVERT and how does **volume vary** over the course of the program, by **time of day** and **day of the week**, and by **police district** and **geographic area** in Cincinnati?	• DVERT advocates responded to 1,936 calls for service between August 2018 and January 2020 • While there are fifteen advocates in total, five have responded to almost seventy percent of the calls[5] • The busiest time of the day for calls is between 8:00 pm-12:00 am, the exception is Saturdays in which the busiest time is between 12:00 pm-4:00 pm • The busiest days were Sunday, Monday, and Saturday, but there was little variation in call volume by day of week • DVERT reached a 90% capacity for usage by CPD in September 2018 and has since remained above this threshold • Police district three made up over forty five percent of all DVERT calls for service • DVERT services clients living across Cincinnati geographic areas and beyond city limits

(Q2): What are the **demographic characteristics** (e.g., age, race, gender) of DVERT clients?	• DVERT clients vary in demographics and experiences
	  ○ The majority of survivors were female (88.01%)
	  ▪ Yet, there were a significant number of male survivors (11.75%)
	  ○ Almost 70% of survivors were African American
	  ○ The average age of survivors was 33 years old, but ages ranged from 16-77 years old
	  ○ Nearly 80% of survivors were parents
	  ○ The majority of DVERT clients (72.87%) were first-time WHW clients
	  ○ Nearly 15% of calls were repeat DVERT clients
	  ▪ Repeat calls ranged from one to five calls

[5] All five were in the interview sample

Evaluation Question:	Findings
(Q3): What are the **incident characteristics** (e.g., type of harm, weapon involvement, polyvictimization) **and outcomes** (e.g., arrest executed, warrant issued, protection orders) that DVERT clients experience?	• DVERT clients experienced a wide range of types of harm including strangulation, threat with weapons, use of weapons, and isolation • Perpetrators were primarily male (84.41%) o However, nearly 15% of perpetrators were female • Large proportions of perpetrators had a history of violence (84.58%), verbal or mental abuse (91.70%), and substance abuse problems (63.34%) • The majority of DVERT cases resulted in either an arrest being executed (39.06%) or a warrant issued (53.61%)
(Q4): Which **services and resources** are DVERT clients referred to?	• Nearly 88% of survivors completed a safety plan with their advocate during the call • Virtually all clients were satisfied with the help they received from WHW (99.42%) • Clients were referred to a variety of different types of services that directly addressed their specific needs (e.g., police assistance, emergency services, court advocacy, VINE, criminal justice process information, and legal services)

(Q5): Are there **areas in need of improvement** to better deliver services, maintain staff retention, or mitigate **staff burn out**?	• Advocates recognized several organizational factors contributing to feelings of occupational stress and burnout, including:
	  o Inconsistent and sporadic on-call shifts
	  o Personal danger faced in the field
	  o Witnessing graphic physical injuries
	  o Witnessing survivors in psychological distress
	  o Feeling like their job was not "making a difference"
	  o Solitary work environment
	  o Monetary stress
	• Advocates identified several opportunities for additional police training while in the field, including:
	  o A need to decrease victim-blaming statements
	  o Increasing understanding of the complexity of IPV, especially as it pertains to repeat calls for service
	  o An increased focus on officer mental health

Evaluation Question:	Findings
(Q6): How has the **relationship between and CPD and WHW** changed since the implementation of DVERT? What are the **challenges and successes** of this collaboration?	• Initial "growing pains" in the relationship between DVERT advocates and CPD officers during early phases of the DVERT program • Despite challenges at the start of the program, WHW and CPD fostered a mutually respectful and productive collaboration in which providing high-quality services and resources to IPV survivors was a shared goal

Limitations

Data for the secondary data analyses of client records were collected and entered by WHW staff following a DVERT call, then extracted and cleaned by the UC research team. Given the nature of these events, it is possible that some of the data may be inaccurate or unaccounted for due to data entry or user errors. Therefore, we ask the reader to use caution when interpreting our findings. The analyses presented here are also limited by the type and breadth of information included in WHW's client records. Additionally, WHW changed their protocol for advocate data entry to include additional measures throughout the data collection period, which resulted in portions of missing data among the analytic sample that vary by variable. Missing data has therefore been noted throughout this report, and all tables and figures clearly document the number and percentage of missing cases. Lastly, results presented are descriptive univariate statistics and should not be used to imply causality or a significant statistical relationship.

Implications and Next Steps

Implications

The results from this evaluation have several implications for practice and policy.

The findings presented in this report can be used to identify and implement best practices for providing IPV survivors with resources and support. Our results also provide insight on survivors' barriers to resource and treatment utilization. In addition to highlighting areas in which survivors can be offered more support, findings from this evaluation suggest that specific organizational practices and policies could be implemented to mitigate staff burnout.

The results presented in this evaluation also provide insight on the challenges and successes of police and nonprofit relationships. Our findings can be used to aid the development and implementation of IPV service delivery programs outside of Cincinnati, Ohio. Likewise, this evaluation serves as a learning opportunity for future community-police-researcher collaborations. Finally, our findings make a significant contribution to limited scholarly knowledge on IPV service delivery and treatment.

Next Steps

As of December 1, 2019, WHW expanded DVERT to Delhi Township, and North College Hill, on January 2, 2020 the expansion also included Norwood; each is within 10 miles of the city of Cincinnati's downtown area. UC researchers will continue to assist WHW in the evaluation of all of DVERT clients, including those residing in new service regions. Data collection is an on-going process. Further analysis of client records will utilize follow-up data for other WHW services to examine how DVERT clients utilize additional WHW services and resources available. In collaboration with UC researchers, WHW has also been collecting court case processing and outcome data for DVERT cases as they progress through the legal system. Examining case-level legal outcomes will increase our understanding of the full impact of the DVERT program. Court data collection will be an on-going project and require adequate time to account for case processing within the legal system.

Additionally, UC researchers will conduct semi-structured interviews with newly hired DVERT advocates once they have been working in the field for at least three months. UC researchers will also be requesting IRB approval to conduct semi-structured interviews with CPD officers in Summer 2020. Interviews will CPD officers will provide additional new information regarding DVERT police operations, program buy-in, and police-advocate relationships, which will further compliment findings from advocate interviews. UC researchers will further continue their strong collaboration with WHW by conducting an ongoing evaluation of the DVERT program. The UC researchers and WHW team have a shared goal of ensuring that high-quality, evidence-based services are provided to IPV survivors. To help reach this goal, UC researchers will produce a series of peer-reviewed publications to advance academic scholarship within the field of sexual- and gender-based violence. Currently, UC researchers have presented on preliminary findings at the American Society of Criminology Annual Conference held in San Francisco, CA in November 2019. The presentation was very well received. Additional conference presentations were accepted and scheduled to be presented at the Academy of Criminal Justice Sciences (March 2020) and University of New Hampshire International Family Violence and Child Victimization Research Conference (July 2020) before these events were canceled due to COVID-19. The researchers further plan to present a roundtable presentation at the American Society of Criminology Annual Conference scheduled for November 2020 in Washington DC.

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APPENDIX A

Table 1A. Examples of IPV Intervention Programs Similar to Cincinnati DVERT

Program	General Program Description	Reference(s)
DVIEP (Domestic Violence Intervention Education Project) - Original	• **Intervention format**: Individuals in two New York housing projects who reported domestic violence were randomly assigned to a) receive a follow up from a crisis response team consisting of a police officer and social worker, or b) receive no follow up. • **Services offered**: Warned perpetrators of consequences for continued abuse. Provided information to survivors regarding social and legal services available. Separately, provided public education about domestic violence to the same community where the incident occurred. • **Setting/Design:** New York, NY. Randomized control trial of the DVIEP intervention in the 1997 study. Study from 2006 pooled data from 3 similar randomized interventions (including DVIEP) to test their impact. • **Findings:** The intervention did not reduce future family violence relative to the control condition. Instead, pooled analyses suggest the treatment group actually reported more abuse than the control group. Survivors who received the intervention were not more likely to seek out services or leave abusive relationships. However, the treatment did significantly increase reports of IPV, which the researchers attribute to the intervention increasing public confidence in police.	Davis, R. C., & Taylor, B. G. (1997). A proactive response to family violence: The results of a randomized experiment. *Criminology, 35*(2), 307-333 Davis, R. C., Maxwell, C. D., & Taylor, B. (2006). Preventing repeat incidents of family violence: Analysis of data from three field experiments. *Journal of Experimental Criminology, 2*, 183-210. Doi: 10.1007/s11292-006-9002-0
Second Responder Team Experiment	• **Intervention Format:** Following a domestic violence incident a team consisting of 1 regular police officer and 1 trained female domestic violence detective conducted an in-person secondary response within a)24 hours or b) 1 week. The control group received no secondary response. When the survivor was not home literature was left or phone contact was attempted. • **Services Offered**: Provided information about accessing resources and services available to survivors, answered questions about the criminal justice process, developed a safety plan, and provided instruction on documenting future stalking or abusive behavior • **Setting/Design:** Redlands, CA. Randomized experiment.	Davis, R. C., Weisburd, D., & Hamilton, E. E. (2010). Preventing repeat incidents of family violence: A randomized field test of a second responder program. *Journal of Experimental Criminology, 6*, 397-418. Doi: 10.1007/s11292-010-9107-3

	• **Findings:** No evidence that the intervention helped reduce the potential for future abuse. Evidence instead was found that the treatment increased repeat abusive incidents relative to the control group.	
Richmond's Second Responder Program	• **Intervention Format:** Social workers were sent to the scene of DV incidents while officers were still present. • **Services Offered:** Ensure safety of survivor, assess service needs and develop a follow-up plan. Provide information about protective orders, court processes, legal aid, available shelters, and counseling services. Assist with finding short-term emergency shelter, transportation, food, or items for children. • **Setting/Design:** Richmond, VA. Quasi-experiment. • **Findings:** Compared to the control group, the treatment group received more law enforcement and social services. Individuals in the treatment group were highly satisfied with second responders and more satisfied with the police response they received. 6-month follow up indicated that the treatment group reported experiencing less abuse than the control group.	Greenspan, R., Weisburd, D., Lane, D., Ready, J., Crossen-Powell, S., & Booth, W. C. (2005). Richmond's second responders: Partnering with police against domestic violence. *Police Foundation Reports*. 1-21
FVRT (Family Violence Response Team)	• **Intervention format**: Police responded to the scene of a domestic violence incident. Once scene was secure, they contacted a social service organization who provided services on-scene to adult and child survivors. • **Services offered**: 24-7 Crisis intervention counseling, emergency treatment, referrals, safety plans, information about legal interventions, education on IPV power and control wheel • **Setting/Design**: San Diego, CA; Quasi-experimental design. • **Findings**: 6 and 12 months follow up indicated higher rates of recidivism in the intervention group. This could be due to increased reporting.	Hovell, M. F., Seid, A. G., & Liles, S. (2006). Evaluation of a police and social services domestic violence program: Empirical evidence needed to inform public health policies. *Violence Against Women, 12*(2), 137-159. doi: 10.1177/1077801205277723
DVHVI (Domestic Violence Home Visit Intervention)	• **Intervention Format:** Detectives in police domestic violence unit identified homes with IPV which they visited within 5 days of an IPV incident. • **Services Offered:** Follow ups designed to monitor survivor safety, improve survivor's understanding of court orders and their enforcement, provide counseling and support to survivors, protect survivors and children • **Setting/Design:** New Haven, CT. Quasi-experiment. • **Findings:** 12-month follow up data indicated that the women in the treatment group were more satisfied with their police response and more likely to contact law	Smith Stover, C. S., Berkman, M., Desai, R., & Marans, S. (2010). The efficacy of a police-advocacy intervention for victims of domestic violence: 12-month follow-up data. *Violence Against Women*,

	enforcement in the future (even when experiencing non-physical IPV). Treatment participants were also more likely to use court-based services and seek mental health treatment for their children.	*16*(4), 410-425. Doi: 10.1177/1077801210364046
DVERT (Domestic Violence Enhanced Response Team)	• **Intervention Format:** A specialized police unit partnered with the Center for the Prevention of Domestic Violence and 25 other city and county agencies. Representatives from 8 key partners met to discuss cases referred from patrol officers, domestic violence calls for service, or any agency involved. Meeting generated recommendations and referrals. Contact also attempted with survivor at least once a week in-person by an advocate and DV unit officer. • **Services Offered:** Counseling, advocacy, shelter, legal services, referrals to other forms of support. Primarily concerned with safety of survivor rather than arrests. • **Setting/Design:** Colorado Springs, CO. Process evaluation. • **Findings:** Survivor safety was primary concern. Officers were more aware of DV and received more education and training on DV because of the DVERT program. Services to survivors improved as a result of DVERT. Survivors that experienced DVERT reported that it had a positive impact on their lives. Survivors were given increased access to services through DVERT.	Uchida, C.D., Putnam, C.A., Mastrofski, J., Solomon, S., & Dawson, D. (2001). *Evaluating a multi-disciplinary response to domestic violence: The DVERT Program in Colorado Springs.* Washington, D.C.: United States Department of Justice. Retrieved from: https://www.ncjrs.gov/pdffiles1/nij/grants/190230.pdf

APPENDIX B

DVERT Data Collection Form

Women Helping Women Contact Sheet

Advocate _____ Service Date:___/___/___ Start Time _____am/pm End Time _____am/pm

Services Type: ☐ Hotline Crisis Intervention ☐ Hospital Accompaniment - SA ☐ Hopeline Phone
☐ Hotline Info/Referral ☐ Individual Intervention ☐ CPO Paperwork
☐ CPO Accompaniment ☐ Correspondence ☐ SCPO Paperwork
☐ SCPO Accompaniment ☐ Law Enforcement Interview ☐ VCC Paperwork
☐ Crim.Court Acc. ☐ Hospital Accompaniment - DV ☐ Bus ticket/cab voucher
☐ Support Group ☐ Prosecutor Mtg. Accompaniment ☐ Relocation Assistance
☐ Therapy ☐ Academic Institution Advocacy ☐ Employer/landlord Adv.
☐ Notification of Criminal Justice System Events ☐ Safe at Home
☐ Hotel Voucher ☐ Other Financial Assistance ☐ DVERT Response

For **DIRECT** and **INDIRECT** clients, collect name, address (esp. zip!) demographics, and head of household.
For **Information/Referral** calls, **DO NOT** record boxed info and DISCARD outcome indicator survey.

CLIENT ☐ **Woman** ☐ **Man** ☐ **Non-Binary**
☐ **Transgender** ☐ **LGBPQ***
☐ **Direct** ☐ **Indirect**
☐ **SA** ☐ **DV** ☐ **Stalking**
☐ **Other:** _____
☐ **College Student** at _____

Name: _____
Address: _____
Zip: _____ Neighborhood: _____
County: _____ **Age:** _____
Phone #: _____
Prior WHW Client: ☐ Yes ☐ No

Disability: ☐ Yes ☐ No Type: _____
Deaf or Hard of Hearing: ☐ Yes ☐ No
Immigrant/Refugee: ☐ Yes ☐ No
Native Language: _____
Outside Interpreter Used: ☐ Yes ☐ No

Race: ☐ American Indian or Alaskan Native
☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or other Pacific Islander
☐ White Non-Latino or Caucasian ☐ Asian
☐ Middle Eastern

Income: _____ (exact amount)
☐ $0-$5,000 ☐ $25,000-$30,000
☐ $5,000- $10,000 ☐ $30,000-$50,000
☐ $10,000-$15,000 ☐ $50,000-$70,000
☐ $15,000-$20,000 ☐ $70,000 +
☐ $20,000-$25,000
Female Head of House: ☐ Yes ☐ No ☐ Unknown

Referred By:
☐ Self ☐ Friend ☐ Family
☐ Police ☐ Courts ☐ S.S.

Other Info:
☐ Veteran ☐ Homeless
☐ Appalachian ☐ LYS

PERPETRATOR ☐ Woman ☐ Man ☐ Non-Binary
Name: _____
☐ **College Student** at _____
Relationship to victim:
☐ **Current or former spouse or intimate partner**
☐ **Other family or household member**
☐ **Dating relationship** ☐ **Acquaintance** ☐ **Stranger**
☐ **Relationship unknown**
Police Respond? ☐ Yes ☐ No
Arrest Made? ☐ Yes ☐ No
Carry Weapons? ☐ Yes ☐ No
Is there a TPO/CPO in effect? ☐ Yes ☐ No

COURT ACTION (Use only for court accompaniment)
Civil Court (CPO) **Full/Ex parte**
Court Date: _____ Time: _____
Room: _____
Date Filed: _____ **Outcome: Granted/Not Granted**
Case # _____

Criminal Court
Court Date: _____ Time: _____
Room: _____
Date Filed: _____
Case # _____

FOLLOW UP NEEDED?
☐ None ☐ Safe to Say Where calling from?
☐ Mail ☐ Safe to Leave a Message?
☐ Call

Hospital: _____
SANE Nurse: _____
Police Officer: _____
Report Made To: _____
Spoke With _____ **At:** _____**am/pm**

WHW Direct Referral/Information

- ☐ Criminal Justice Process Information
- ☐ Victim Rights Info. (VINE, VCC, etc.)
- ☐ Court Advocacy
- ☐ One-on-One Crisis Intervention
- ☐ Hospital Accompaniment
- ☐ Support Groups
- ☐ S/CPO Accompaniment
- ☐ S/CPO Paperwork
- ☐ Title IX
- ☐ Safe at Home
- ☐ Hopeline Phone
- ☐ Victims of Crime Compensation
- ☐ Medical Advocacy
- ☐ Legal Aid Advocacy – Family Law
- ☐ Legal Aid Advocacy – Protection Orders
- ☐ Prosecution Advocacy
- ☐ Law Enforcement Advocacy
- ☐ Personal Crimes Unit Advocacy
- ☐ Therapy
- ☐ DVERT
- ☐ Other: _____

Other WHW Referrals

- ☐ Volunteer/Education Team
- ☐ Development Team
- ☐ Finance Team
- ☐ Executive Director
- ☐ Special Events: _____
- ☐ Other: _____

Broad Spectrum Referrals

- ☐ Alcohol/Drug Abuse Services
- ☐ Emergency Services (food, clothing, housing)
- ☐ Education/Employment Assistance
- ☐ Faith-based Services
- ☐ LGBTQ Services
- ☐ Legal Services
- ☐ Medical Issues
- ☐ Mental Health/Counseling Services
- ☐ Police Assistance
- ☐ Services for Children
- ☐ Services for Senior Citizens
- ☐ Sexual Harassment Issues
- ☐ Shelters (homeless, other, D.V., transitional living)
- ☐ VINE
- ☐ Financial/Debt Counseling
- ☐ Other: _____

Actions

- ☐ **Safety Plan Completed**
- ☐ Patch to YWCA DV Shelter
- ☐ Scheduled Hopeline Appointment
- ☐ Scheduled Court Accompaniment
- ☐ Scheduled Court Paperwork Appointment
- ☐ Scheduled One-on-One Session
- ☐ Scheduled Hopeline Appointment
- ☐ Filled out Witness Information Sheet
- ☐ Completed Legal Aid Intake
- ☐ Sent out TPO
- ☐ Sent out DV/SA Packet
- ☐ Sent out victim letter
- ☐ Other: _____

ADDITIONAL NOTES:

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APPENDIX C

Interview Materials

DVERT Recruitment Email Follow Up

"Hello everyone, my name is Michelle Wojcik. I am a doctoral student at the University of Cincinnati in the School of Criminal Justice. I am assisting Dr. Bonnie S. Fisher in conducting research on the work experiences of DVERT advocates, and I am inviting you to participate in our study because you are employed at Women Helping Women as an advocate.

Participation in this research includes participating in an informal in-person interview about your experiences as an advocate, which will take approximately 1-2 hours. Participation in this study is voluntary and your decision on whether or not to participate will not be disclosed to or have any bearing on your employment with WHW.

If you have any questions or would like to participate in the research, I can be reached at [cell-phone number] or [email address]."

Interview Protocol

Interview Guide:
Women Helping Women: DVERT Evaluation

A. Introductory statements and agreements

Thank participant. Administer consent form. Provide copy. Answer any questions.

INTERVIEWER NOTES

Date: _____
Start time: _____
End time: _____
Interviewer: _____

A2. What race does this person appear to be:

White; Black; Hispanic; Middle Eastern; Asian/Indian; Native American; Other/Combination; Don't know

A3. What gender does this person appear to be:

Male; Female; Transgender/Nonbinary

A4: Study Explanation:

"Just to give you some background information about this study, I am researching the operations of the DVERT program. I am interested in learning about the role of DVERT staff in the program and effects the program has on staff members. So, I'm going to ask you some questions about your professional background, your experiences while working as a DVERT advocate, and the interactions you have with Cincinnati Police while on call. Just so you know, there are no right answers here. I am interested in your ***lived*** *experiences, not what you think you* ***should*** *be doing as an advocate. [Explain and discuss consent form]"*

B. Personal background

[Begin audio recording]

To start off, let me ask you some questions about your background.

B1. How old are you? _____
Do not want to say

B2. What is your highest level of education? _____
Do not want to say

B3. When did you start working for DVERT? _____

B4. How many hours are you typically on-call per week? _____

B5. On an average week, how many hours do you spend working directly with survivors? _____

B6. Are you currently working another job in addition to working as a DVERT advocate?
Yes; No

B6a. If yes: What is your other job? _____

B6b. How many hours a week do you work your additional job? _____

B7. Prior to working on the DVERT team, had you ever work with survivors of interpersonal violence or sexual assault?
Yes; No

B7a. If yes: What type of work did you do? _____

B7b. For how long? _____

C. Experiences as a DVERT advocate

I'm now going to ask you some questions about your experiences so far as a DVERT advocate.

C1. What inspired you to pursue a career working with survivors of interpersonal violence?

Tell me more about that.

C2. What do you like most about being a DVERT advocate?

Can you give an example of that?

C3. What has been the most challenging aspect of being a DVERT advocate thus far?

Can you give an example of that?

C4. What, if anything, would you change about your job as a DVERT advocate?

Why would you change that aspect?

C5. What advice would you give someone who is considering a career as a DVERT advocate?

C6. If you experience any type of stress related to your work for DVERT, is there someone at Women Helping Women you feel comfortable talking to?

C7. Since working for DVERT have you attended any staff meetings?
Yes; No

If yes:
C7a. How many staff meetings did you attend? _____

C7b. What happens during the typical staff meeting?

C7c. Do you feel that attending staff meetings helps you preform your responsibilities as a DVERT advocate?

Why or why not?

C8. Have you ever attended a formal advocacy or peer support group outside of Women Helping Women?
Yes; No

If yes:
C8a. Was this a helpful experience?

C9. Taking care of your mental and physical health is important when working in a stressful environment, is there anything you do in your own life that you consider self-care?

In regard to your experience working as a DVERT advocate…

C10. Do you feel that you are receiving an adequate amount of support from *Women Helping Women*?

Why or why not? Can you provide an example?

C11. Do you feel that you are receiving an adequate amount of support from *other advocates*?

Why or why not? Can you provide an example?

C12. Do you feel that you are receiving an adequate amount of support from *your friends*?

Why or why not? Can you provide an example?

C13. Do you feel that you are receiving an adequate amount of support from *your family*?

Why or why not? Can you provide an example?

C14. Do you have any suggestions for ways in which Women Helping Women can help advocates with self-care or support?

C15. Do you have any feedback you would like to give Women Helping Women about DVERT?

D. Experiences with Police

I am now going to ask you some questions about your experiences with Cincinnati Police Department while working as a DVERT advocate.

D1. Prior to working for DVERT, did you have any experience working with the police?
Yes; No

If yes:
D1a. What was this experience like?

D2. Using your best guess, how many calls have you responded to during your time as a DVERT advocate?

D2a. Have you ever been called by the same officer more than once?

D2b. If so, how many officers have you received multiple calls from?

D3. From your experience as a DVERT advocate, how would you describe the relationship between the police and Women Helping Women?

Tell me more about that. What makes you think that? Can you provide an example?

D4. Describe your typical interaction with an officer when on call (at the scene).

D5. Has there been an experience when you did not feel supported or wanted at the scene by the officer?
Yes; No

D5a. Can you describe your *most memorable* experience?
D5a1. How would you categorize this experience?
D5a2. On a scale of 1 to 5, how average or typical was this experience?

D5b. Can you describe your *most recent* experience?

D5b1. How would you categorize this experience?
D5b2. On a scale of 1 to 5, how average or typical was this experience?

D6. Has there been an experience when you felt very supported or wanted at the scene by the officer?
Yes; No

D6a. Can you describe your *most memorable* experience?
D6a1. How would you categorize this experience?
D6a2. On a scale of 1 to 5, how average or typical was this experience?

D6b. Can you describe your *most recent* experience?
D6b1. How would you categorize this experience?
D6b2. On a scale of 1 to 5, how average or typical was this experience?

D7. During your time working as a DVERT advocate, have you noticed a change in the interactions you've had with the police. ***If an example is needed:*** *For example, you may have felt that police officers were more reluctant or skeptical to call an advocate at the start of the program.*

D8. Do you have any specific concerns or issues you have experienced with officers while on call?

Okay, that's all the questions I have for you today. Thank you for taking time out of your day to participate in this research study. Answer any questions participant may have.