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## Increasing Victim Safety and System Accountability:

### Evaluating a Collaborative Intervention Between Health Care and Criminal Justice

#### EXECUTIVE SUMMARY

*"Sam beat me during each pregnancy. He threw away the vitamins, tore up the prescriptions and would not let me return to the clinic. I was too scared to go to the emergency room. I thought the nurse or doctor would ask why I stayed. I thought the violence would end when Sam got a better job. When he pointed a gun at me during the last pregnancy, I went to my sister's house and applied for a protection order."*

*"Juan made me and the two youngest children stand on the corner and beg each day while he sat in a car across the street. At night we were locked in a room and made to sleep on a cement floor. He kept a machete at his side and I was reminded daily that he would kill me and the children if we tried to leave. When Juan beat me so badly I miscarried the baby, he took me to the emergency room and told me he would never get my papers if I reported the abuse. Two years later, when a window was broken during a violent episode, neighbors called the police, Juan was arrested, and I was advised to apply for a protection order."*

#### Research Goals & Objectives

Violence against women largely involves intimate partners, such as husbands, boyfriends, and dates. An estimated two million women are physically or sexually assaulted each year in the U.S. Most women surveyed who report rape or physical assault since the age of 18, identify the perpetrator as a current or former spouse, cohabiting partner, or date. Frequently, the abuse is

severe, may occur during pregnancy, and can result in long-term health problems.

Approximately 3,000 U.S. women are murdered each year by an intimate partner. Stopping abuse and increasing women's safety are primary goals for our health and justice systems.

Abused women often turn to the justice system for protection, seeking a protection order against the abuser. Victims prefer protection orders rather filing assault charges. Several studies demonstrate that intimate partner violence decreases after a woman receives a protection order. The justice system seeks to increase efficiency in issuing protection orders, and to maximize the number of protection orders received by applicants.

This research sought to increase victim safety, and simultaneously increase the efficiency of the protection order process by offering an advocacy-case management intervention. The intervention was performed by registered nurses as part of a collaborative partnership between justice and health care. The intervention was offered to 75 women qualifying for a protection order against a sexual intimate. An additional 75 similar women were followed as a control group. All 150 women were recruited into the study and interviewed over a 28 day period during January and February 2001 by a team of six investigators. All participants signed informed consent.

### **Research Design & Methodology**

A two group experimental design with an intervention, using random assignment to control group (usual district attorney procedures) or experimental group (Advocacy Case Management Intervention) was used. Interviews were repeated at three, six, twelve, and 18 months. The research setting is a special family violence unit of a large urban District Attorney's Office that serves an ethnically diverse population of three million citizens. The study subjects are women that qualified for a civil protection order against a sexual intimate. All female

applicants that qualified for a protection order against a sexual intimate, and who spoke English or Spanish, were invited into the study by one of the six investigators until 150 women were entered into the study. The women are: 33% African American, 27% white, and 34% Hispanic. One woman committed suicide six weeks into the study. All remaining 149 women completed the three, six, 12 and 18 month follow-up interviews. Each follow-up interview used several instruments to measure safety-seeking behaviors, as well as the type and severity of violence, and health status.

### **An Advocacy-Case Management Intervention**

To accomplish the project objectives of: 1) increasing victim's safety and 2) increasing system processing of protection orders, an advocacy-case management intervention was offered to the 75 women randomized to the intervention group. The remaining 75 women received the standard services of the district attorney's office. The advocacy case-management intervention has two parts.

#### **1. Telephone Contacts**

The first part consists of six telephone contacts with the victim. The first phone call occurs within 48 to 72 hours of the protection order application by the victim. The victim is re-contacted at one, two, three, five and eight weeks thereafter. The focus of each call is on victim safety. The advocate reviews 15 safety-seeking actions:

1. Hiding money
2. Hiding extra house and car keys
3. Hiding a bag with extra clothing
4. Establishing a secret code with family and friends
5. Asking neighbors to call the police if violence begins

6. Removing weapons

Having available:

7. Social security numbers for the woman, perpetrator, & children
8. Rent and utility receipts
9. Birth certificates for the woman and children
10. An identification or driver's license
11. Bank account numbers
12. Insurance policies and numbers (medical, auto, life, house)
13. A marriage license
14. Valuable jewelry
15. Important phone numbers

During each phone call, the advocate offers suggestions for adopting each safety behavior. For example, women are given information on making extra keys, obtaining copies of birth certificates or a marriage license, and applying for a driver's license. The importance of possessing documents, such as rent and utility receipts, social security numbers, and birth certificates, are discussed. Women are offered suggestions on where to hide money and important documents, such as in an empty tampon container, with sanitary products, or with a trusted friend, neighbor, or relative. The women are coached in how to develop a secret code to use with family and friends to signal the need for assistance, as well as identify a neighbor who could be asked to call the police if an altercation is heard or seen. If weapons are in the house, women are offered strategies for weapon removal and disposal with law enforcement officials. The advocate also offers educational information and tailors referral sources to the woman's unique situation.

During each of the six planned advocacy phone contacts, the victim is offered a status update on any missing information from her protection order application. The advocacy advises the woman on securing needed pieces of information, such as divorce or paternity decrees, medical records, or certified birth certificates. The advocate supports, encourages, and compliments the woman's efforts toward completion of her protection order file. The telephone calls ranged in duration from three minutes to twenty-five minutes, with a mean of nine minutes per call. The telephone calls stopped eight weeks after application for the protection order.

## **2. Application Status**

The second part of the advocacy case-management intervention is the advocate checking the progress of protection orders for women in the intervention group. Appropriate offices are called to ascertain if essential papers have been received and how many attempts have been made to serve legal papers to the abuser. For example, the advocate would telephone the serving precinct to inquire if an officer had served the protection order papers to the abuser. By having a person that understands the justice system and the process of filing protection orders make telephone calls until the protection order is received, we projected a quicker processing of protection orders, as well as more protection orders received by the intervention group women.

## **RESEARCH RESULTS & CONCLUSIONS**

- **Victim Safety Increases Quickly for Intervention Women**

Adoption of safety behaviors quickly increased for women in the intervention group. Exhibit A graphs the rapid increase in safety-seeking behaviors along with the mean number of safety behaviors adopted at each phone call. Within the first 7 days of the intervention period, the mean number of safety behaviors performed increased by more than two, from 10 behaviors at the time of application for the civil protection order to 12 behaviors at one week. As some of the

safety behaviors were not applicable to all women, such as having a marriage license, only the percentages of applicable behaviors were tracked. During the first week of the intervention, the percentage of applicable safety behaviors practiced increased from 69% to 84%. Many of the safety behaviors required great effort and major risk taking. For example, the seemingly simple act of making an extra key requires the steps of obtaining the key (many abusers keep house and car keys on a ring attached to a belt worn at all times), locating and securing transportation to a key duplication site (for several women this meant identifying a trusted person from which to request transportation or learning and completing lengthy bus transfers from their homes), and returning the key to its original location without the abuser's knowledge (women reported securing and copying the key while the abuser slept).

Despite these difficulties, the women were eager to share stories of their success, for example, telling a neighbor about the abuse and asking the person to phone the police if they lower their kitchen window shade (which always remained up). Women devised creative codes to use with family and friends to alert them to potential violence (i.e., transposed birth date, asking about a deceased relative, requesting a food item to which they had an allergy). Removing weapons and hiding a bag with extra clothing can be dangerous. However, more than 70% of the intervention women reported adopted these behaviors. Since the average length of the telephone intervention calls was 9 minutes and since six calls were made, the time required to complete the intervention was 54 minutes (6 calls @ 9min/call=54minutes). Less than one hour of time was required to quickly and significantly increase the number of safety behaviors practiced. Not only did the women rapidly adopt safety behaviors, but the women continued to practice the safety behaviors for eighteen months after the intervention ended. Women in the intervention group practiced significantly ( $p<.01$ ) more safety behaviors at 3 months, 6 months, 12 months, and 18

months compared to the control women. In addition, women in the intervention group practiced significantly ( $p < .01$ ) more safety behaviors at 3 months, 6 months, 12 months, and 18 months compared to the behaviors practiced at the time of the initial interview. In contrast, women in the control group also increased their safety behaviors slightly at follow-up interviews but the increase was never significant at  $p < .01$ .

### **Number of protection orders received did not increase for intervention group**

The number of protection orders received by the intervention women was not significantly higher than women receiving standard protection order processing. Exhibit B presents the number of women receiving a protection order by intervention versus control group. Some 56% of the intervention women ( $n=42$ ) received a protection order compared to 52% ( $n=39$ ) of the women in the control group. This difference of three women was not significantly higher. The reasons women did not receive a protection order were not significantly different between groups. Exactly the same number of women in both groups did not receive a protection order due to the inability of the system to serve the perpetrator. Similarly, the same number of women in each group dropped the protection order. Although not statistically different, none of the women in the intervention group failed to show in court; whereas three women in the control group did not receive the protection order due to failure to show in court. The intervention did not increase the number of protection orders received.

- **Processing time for protection orders did not decrease for intervention group**

Exhibit C presents the number of days from application to receipt of the protection order for intervention, compared to control, women. There was no significant difference in the number of days required to process a protection order for the intervention group women compared to the control group women. The mean number of days for receipt of the protection order was 24 days



for both groups of women. Similarly, there were no significant differences between the numbers of days required for any step in the protection order process. Having an advocate telephone to check the status of the protection order made no difference in number of days required to complete the process.

- **Violence decreased & health status improved for all women**

Exhibit D presents the violence and health scores for intervention and control women reported at the initial, 3-, 6-, 12-, and 18-month followed interviews. Frequency and severity of violence, both threats of abuse and actual physical assault, as well as stalking and risk factors of femicide significantly decreased for women in the intervention and control groups over time. Similarly, health status and physical functioning significantly improved for both groups of women over time.

## **IMPLICATIONS FOR VICTIM SAFETY & JUSTICE SYSTEM EFFICIENCY**

### **VICTIM SAFETY**

Abused women offered a safety intervention at the time of applying for a protection order quickly adopt safety behaviors and continued to practice those safety behaviors for eighteen months. Abused women that did not receive the intervention did not adopt significantly more safety behaviors. The intervention required less than one hour of professional time and was totally delivered over the telephone. The effectiveness of the safety intervention is large at three months and remains substantial for eighteen months. The average length of time required to offer the intervention was only 54 minutes (e.g., six nine-minute phone calls), less than one hour of professional time. The low intensity of this intervention makes it feasible to be integrated into a variety of justice, health, and social service agencies in both urban and rural settings.

Additionally, the cost of the intervention is minimal, perhaps as little as \$50 to \$100 per woman,

and the averted trauma and associated suffering and costs potentially enormous. We recommend the replication of this intervention with populations of women in rural settings as well as with Asian and Native American women. Finally, as the effectiveness of the intervention stabilized at six months, supplemental phone calls may be warranted in further testing.

All women in the study, irrespective of intervention or control group, reported significantly lower levels of violence and higher health functioning at the three, six, twelve and 18-month interviews. Coming into contact with the justice system, whether or not an intervention was received, served to decrease violence and increase health functioning. Public documentation of the abuse through an order of protection application may well function to give women some degree of control in their lives. Definitely an application for an order of protection can communicate to an abuser that the woman has taken public action. This finding emphasizes the importance of justice system contact with abused women. A decision to contact the justice system may indicate to the abuser that official agencies know about the abuse and may act to deter any future violence against the woman, especially if the perpetrator fears jail or losing prestige in a community.

### **JUSTICE SYSTEM EFFICIENCY**

Abused women offered an intervention to assist with their protection order processing, received no more protection orders and in no shorter time than the women that received standard processing. Twelve percent of the women in both the intervention and control group did not receive the protection order because the perpetrator could not be served. The inability to serve the perpetrator lies beyond the scope of the intervention tested in this study. However, the major reason that both intervention and control women did not receive the protection order was the woman choosing to drop the order of protection.

More than one-fourth of the women (28%) decided not to complete the protection order process and subsequently dropped the protection order against the intimate partner. The drop rate was the same for both control and intervention group women. When asked why they dropped the protection order, most of the women stated they had returned to live with the abusive partner. Leaving an abusive partner and then returning to the abusive partner has been discussed at length in the literature as have issues of “attachment” to the abuser. Leaving the abuser is a “process” that can take years. Women in this study chose to leave their abusive partners when they applied for the protection order and signed an affidavit that domestic violence had occurred and there was high risk for further intimate partner violence. When a woman then chooses to drop the protection order, the district attorney’s office requests that she return to the office and sign a release form that she no longer wants to continue the protection order process. Among the women in this study who dropped the protection order, significantly more women were in current relationships, whereas protection order recipients considered the perpetrator a former partner. Furthermore, at intake and 3 months later, women in current relationships, irrespective of subsequent protection order receipt or drop, reported significantly ( $p < .005$ ) more physical assaults compared to women in former relationships. Clearly, relationship status is a significant correlate of abused women’s receipt or dropping of a protection order as well as her level of assault experienced. We recommend relationship status be assessed by the health and justice systems and the implications for protection order receipt discussed with women. We also recommend an intervention focused on explaining to women the concept of “attachment” and associated danger when a decision is made to return to live with the abuser or continue in the relationship.

Almost one-quarter of the women (23.8%) who dropped the protection order cited that the process of obtaining the protection order was "too much of a hassle," and "inconvenient". In order to obtain a protection order, the applicants in this study had to be willing to participate in the following process: (a) arrive at DA's office with proper photo identification; (b) complete paperwork, interview with caseworker, take photographs, and sign affidavit (this step takes approximately 2 to 3 hours); (c) may need to return to DA's office at a later date with additional required paperwork and/or witnesses to the violence; (d) wait approximately 6 weeks for court date; and (e) appear in court in front of a judge where abuser may contest the protection order. During this process, the woman is told to stay away from her abusive partner. Several women reported employers telling them that they would lose their jobs if absent from work. These women decided to drop the process. Our advocacy intervention did not assist in sustaining and enabling the women to continue in the lengthy process of receiving a protection order. We recommend the justice system better inform the public as to the information required for a protection order and the time required. We also recommend community outreach efforts by the justice system with general information on civil protection orders. In addition, worksite awareness programs as to how employers might support and assist employees applying for a protection order are urgently needed. Public service announcements and information circulars in public buildings (i.e., restrooms, libraries, civic centers, and churches) could better inform the public as to the process of applying for and receiving protection orders.

## **SUMMARY**

Safety for the victims of intimate partner violence is of utmost importance to the justice and health systems. This research clearly demonstrates that a simple, 54 minute telephone intervention, can significantly increase the safety behaviors practiced by abused women. Justice

and health system personnel should receive comprehensive training about the safety needs of abused women and how to include a safety plan in every encounter. Finally, steps must be taken in the justice system to simplify the process the victim must go through to obtain a protection order.

## **EXHIBITS**

- A. Graph of safety behaviors performed by time of intervention phone call
- B. Receipt of protection order status for 75 intervention women compared to 75 control group women.
- C. Number of days from application to receipt of a protection order for 75 intervention women compared to 75 control group women.
- D. Violence & health scores at intake, 3 months, 6 months, 12 months, and 18 months by treatment group (intervention and control).

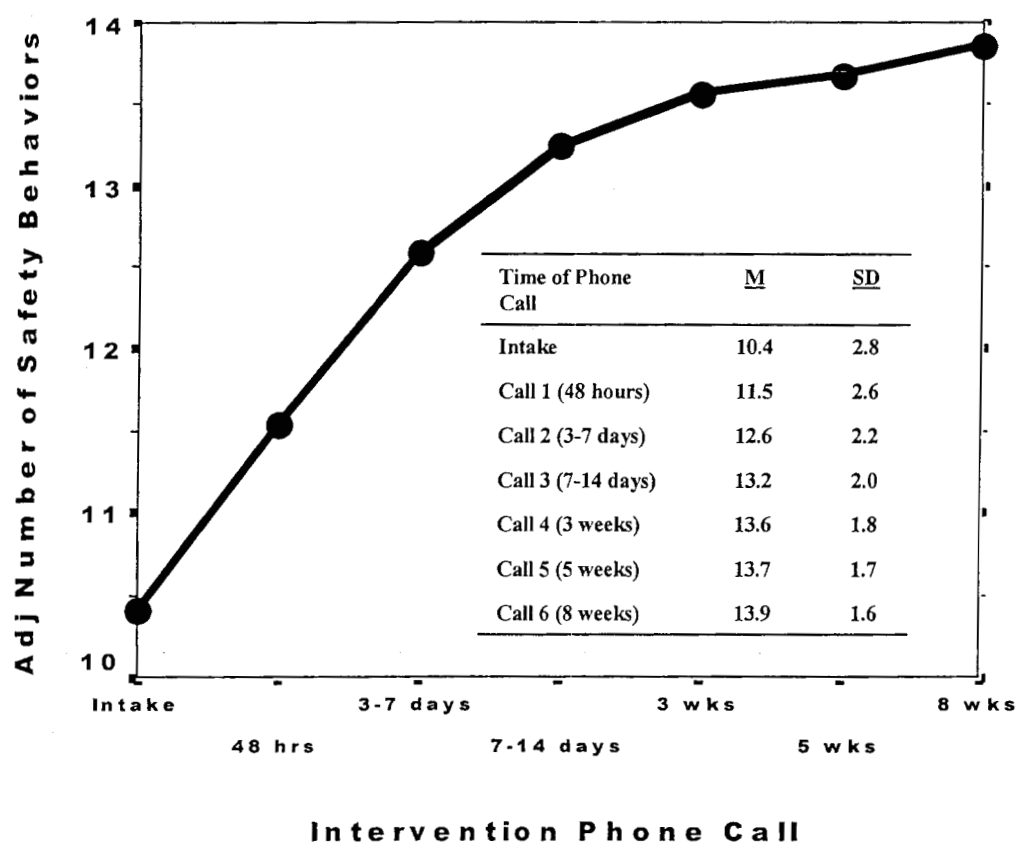


Exhibit A. Adjusted number of safety behaviors performed by time of intervention phone call

**Exhibit B. Receipt of protection order status for 75 intervention women compared to 75 control group women.**

	Intervention		Control		Total	
	<u>N</u>	%	<u>N</u>	%	<b><i>N</i></b>	%
Received Protection Order	42	56.0	39	52.0	81	54.0
Did Not Receive Protection Order						
Women Dropped	20	26.7	20	26.7	40	26.7
Perpetrator never Served	9	12.0	9	12.0	18	12.0
Case dismissed by DA:	4	5.3	7	9.3	11	7.3
Incomplete		(3)		(3)		
PO contested & judge dismissed		(1)		(1)		
Woman no show				(3)		

The 42 protective orders, or 56%, received by the intervention group were not significantly higher ( $\Pi^2(1)=0.242, p=.623$ ) than the 39 protective orders, or 52%, received by the control group.

The reasons the women did not receive a protection order were not significantly different ( $\Pi^2(1)=0.242, p=.623$ ) between the intervention and control groups.

## Exhibit C. Number of days from application to receipt of protection order (PO).

Number of Days from Intake	Intervention			Control		
	<u>N</u>	<u>M</u>	<u>SD</u>	<u>N</u>	<u>M</u>	<u>SD</u>
Days to PO Secretary	72	1.5	2.7	70	1.4	2.6
Days Application Typed	71	4.7	3.3	70	5.2	3.5
Days to PO Prosecutor	71	4.7	3.3	70	5.2	3.5
Days Back from PO Prosecutor	71	4.9	3.3	69	5.5	3.5
Days File Copied	68	7.2	3.1	69	7.6	3.3
Days Filed in Court	68	7.3	3.1	69	7.7	3.2
Days Service Papers Received	66	11.9	5.4	68	11.2	3.3
Days Serve Papers to Constable	66	12.2	5.5	68	11.7	3.2
Days Perpetrator Served	51	16.0	8.5	53	15.0	5.5
Days from Intake Woman Received PO	41	24.5	9.1	39	24.7	8.5

$F(8,70)=1.735, p=.106$



Exhibit D. Violence and Health Scores for intervention and control groups at Intake, 3-, 6-, 12-, and 18-Months for Intervention (n=75) and Control (n= 75) Group Women

Group Measure	Initial	3-MOS	6-MOS	12-MOS	18-MOS
	M(SD)	M(SD)	M(SD)	M(SD)	M(SD)
<b>Intervention Group</b>					
Violence Scores					
SAVAWS:					
Threats	44.5 (14.2)	22.4 (8.5)	21.1 (6.1)	23.3 (9)	22.1 (6.7)
Actual	49.1 (18.9)	28.7 (6.2)	27.2 (1.2)	29.2 (8.5)	28.5 (5.7)
Stalking	6.9 (4.1)	2.1 (3.3)	1.3 (2.7)	1.9 (2.9)	2.0 (3.1)
Danger	6.8 (3.2)	1.9 (2.3)	1.3 (1.7)	1.6 (2.4)	1.5 (2)
Work Harassment	3.9 (1.8)	1.8 (1)	1.2 (0.4)	1.5 (0.9)	1.3 (0.7)
Health Scores					
SF-12:					
Physical Health	48.5 (12)	49.9 (10.4)	51.5 (9.6)	51.5 (9.3)	50.2 (10.6)
Mental Health	29.2 (12.1)	39.5 (12)	43.8 (11.7)	44.8 (12.6)	46.1 (11.6)
<b>Control Group*</b>					
Violence Scores					
SAVAWS:					
Threats	47.5 (13.1)	22.1 (7.5)	22.2 (8.5)	22.7 (8.6)	22.5 (9.2)
Actual	48.6 (16.3)	28.1 (4.7)	28.8 (6.2)	28.7 (6.7)	29.0 (9.0)
Stalking	7.8 (3.8)	3.1 (3.5)	2.0 (3.0)	2.3 (3.1)	1.8 (2.8)
Danger	7.3 (2.6)	1.7 (2.2)	1.5 (2.2)	1.5 (1.9)	1.4 (2.3)
Work Harassment	4.1 (1.9)	2.4 (1.7)	1.5 (1.4)	1.5 (1.1)	1.3 (0.8)
Health Scores					
SF-12:					
Physical Health	47.0 (12.9)	50.8 (10.2)	48.5 (11.1)	50.4 (10.2)	49.1 (10.8)
Mental Health	28.8 (10.6)	40.4 (13.9)	42.9 (13.7)	44.1 (13.4)	44.3 (12.9)

\*n=74 for control group at 3, 6, 12, and 18 months