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# Formative Evaluation of Safe Horizon Family Court Program

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RAND Social and Economic Well-Being Division

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## Preface

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Over the course of a lifetime, one in four women and one in seven men will experience severe physical violence by an intimate partner (Black et al., 2011). Domestic violence (DV) is a pervasive social problem with far-reaching consequences for survivors, children, and families, not limited to housing instability, employment volatility, and financial devastation (Adams et al., 2012). Furthermore, DV is associated with increased risk for several serious mental health conditions, including depression, anxiety, post-traumatic stress disorder, substance use disorders, and suicidal ideation, as well as increased risk for multiple physical conditions, such as physical injuries, chronic pain, gynecological symptoms, pregnancy complications, and sexually transmitted diseases (Dillon et al., 2013).

The Family Court and the criminal justice response has become one of the central societal responses to domestic violence (Buzawa and Buzawa, 2003). Family courts adjudicate civil cases that involve issues between or concerning parents, spouses, and/or children. The most common issues include marriage dissolution, paternity and child custody, domestic violence protection orders, name changes, guardianship, termination or parental rights, adoptions, emancipation, and juvenile matters, both those relating to allegations or abuse or neglect, and where minors are accused of participating in illegal behavior.

Safe Horizon, a survivor advocacy organization in New York City, offers a continuum of care for survivors of violence, crime, and abuse through their services in family courts in NYC. For over 40 years, Safe Horizon's services include orientation, assessment, crisis intervention, safety planning, case management, assistance petitioning for orders of protection, supportive counseling, childcare, and access to resources to help survivors heal and access justice, and further leverages an array of additional, complementary interventions offered through their organization including emergency and transitional shelter, community-based services, legal representation, mental health treatment and emergency financial assistance. Safe Horizon has private offices embedded in the Bronx, Brooklyn, Manhattan, and Queens family courthouses and operates a satellite office for the Staten Island family courthouse.

Due to the limited research examining the impact of domestic violence programming within criminal justice systems, and even less within family court settings, the RAND Corporation, with funding from the National Institute of Justice and in partnership with Safe Horizon, completed a formative evaluation and evaluability assessment of Safe Horizon's Family Courts Program.

The research reported here was conducted in the RAND Justice Policy Program, which is part of the RAND Social and Economic Well-Being division in collaboration with Safe Horizon's Research and Evaluation team and Family Court program leadership. Safe Horizon's Research and Evaluation team leads the agency's many quality improvement initiatives and evaluation projects. Centering client dignity and empowerment, Safe Horizon's R&E team

focuses on deepening the understanding of Safe Horizon’s impact and enhancing the organization’s anti-racism, trauma-informed and client-centered practices. RAND Social and Economic Well-Being is a division of the RAND Corporation that seeks to actively improve the health and social and economic well-being of populations and communities throughout the world. The program focuses on such topics as access to justice, policing, corrections, drug policy, and court system reform, as well as other policy concerns pertaining to public safety and criminal and civil justice. Questions or comments about this report should be sent to the project leader, Melissa Labriola ([labriola@rand.org](mailto:labriola@rand.org)). For more information about RAND Justice Policy, see <https://www.rand.org/well-being/justice-policy.html> or contact [justicepolicy@rand.org](mailto:justicepolicy@rand.org).

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# Chapter 1. Introduction

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Over the course of a lifetime, one in four women and one in seven men will experience severe physical violence by an intimate partner (Black et al., 2011; Smith et al., 2018). Domestic violence (DV) is a pervasive social problem with far-reaching consequences for survivors, children, and families, not limited to housing instability, employment volatility, and financial devastation (Adams et al., 2012). Furthermore, DV is associated with increased risk for several serious mental health conditions, including depression, anxiety, post-traumatic stress disorder, substance use disorders, and the use of self-harm, as well as increased risk for multiple physical conditions, such as physical injuries, chronic pain, gynecological symptoms, pregnancy complications, and sexually transmitted diseases (Dillon et al., 2013).

The Family Court and the criminal justice response has become one of the central societal responses to domestic violence (Buzawa and Buzawa, 2003). Family courts adjudicate civil cases that involve issues between or concerning parents, spouses, and/or children. The most common issues include marriage dissolution, paternity and child custody, domestic violence protection orders, name changes, guardianship, termination or parental rights, adoptions, emancipation, and juvenile matters, both those relating to allegations or abuse or neglect, and where minors are accused of participating in illegal behavior. Due to the limited research examining the impact of domestic violence programming within criminal justice systems, and even less within family court settings, the RAND Corporation, with funding from the National Institute of Justice and in partnership with Safe Horizon, completed a formative evaluation and evaluability assessment of Safe Horizon's Family Courts Program.

Safe Horizon offers a continuum of care for survivors of violence, crime, and abuse through their services in family courts in NYC. For over 40 years, Safe Horizon's services have included orientation, assessment, crisis intervention, safety planning, case management, supportive counseling, childcare, and access to resources to help survivors heal and access justice, and further leverages an array of additional, complementary interventions offered through their organization including emergency and transitional shelter, community-based services, legal representation, mental health treatment and emergency financial assistance. The Safe Horizon family court advocates are often the first contact survivors have with Safe Horizon. Safe Horizon has private offices embedded in the Bronx, Brooklyn, Manhattan, and Queens family courthouses and operate a satellite office for the Staten Island family courthouse. When survivors seek family court services, they are often directed to the Safe Horizon office by court personnel. Survivors can wait safely, away from the person causing harm, in the Safe Horizon reception area and can discuss safety concerns with a family court advocate, develop a comprehensive safety plan, receive information about their options and resources in a way that is easy to understand, and receive advocacy when needed.

## Research Objectives

Specifically, the aims of the research project are to:

- Through a formative evaluation, assess the internal structure of the Safe Horizon Family Courts program in order to identify the core components, understand and improve program processes, and overcome barriers to effective service delivery.
- Assess the readiness of the Family Courts program to participate in an evaluation of program impact.

## Purpose of This Report

This *Final Report: Formative Evaluation of Safe Horizon Family Court* report documents the results of the evaluation, outlined here:

**Chapter 1. Introduction** provides an overview of the evaluation.

**Chapter 2. Data Collection** describes the methodology for the evaluation, including sources of data and the analysis plan.

**Chapter 3. Program Description** provides an overview of the program, including the guiding principles, types of services provided, and goals of the program.

**Chapter 4. Evaluability Assessment** presents the results of the evaluability assessment across Safe Horizon Family Court Program. This chapter focuses on organizational culture, capacity, staff, and partners; program readiness (which focuses on program design, implementation processes, procedures, case flow, and training); and evaluation readiness (focusing on quasi-experimental design elements, enrollment of clients, and data collection).

**Chapter 5. Conclusion** outlines planned research and programmatic next steps.

## Background

While the primary concern of the Family Court is the safety and wellbeing of survivors of crime, evidence suggests that the court system can have mixed result for survivors (Bell et al., 2011; Campbell et al., 1999; Lewis, 2004; Ptacek, 1999; Sullivan and Bybee, 1999). If a survivor moves forward with criminal prosecution, she<sup>1</sup> may be safer or she may face retaliatory violence from her partner (Bennett Cattaneo and Goodman, 2010). Court personnel may make her feel validated or humiliated when she relays her story; she may feel empowered by her options or be told she has few choices in how her case moves forward (Goodman and Epstein, 2008). Indeed, DV survivors report feeling anxious and confused about the court process, receiving insensitive

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<sup>1</sup> We use female and gender neutral pronouns in this report because the majority of survivors in domestic violence crimes are female.

and dismissive responses from court personnel, and encountering barriers to obtaining orders of protection (Levy, Ross and Guthrie, 2008).

The way a survivor feels during the court process has repercussions for her wellbeing and other important outcomes. While the focus of criminal justice professionals is often on the outcome of the court case (e.g., successful prosecution, obtaining a protective order), research suggests that “the nature of an IPV survivor’s experience in the court system as a whole may be equally or more important than what happens at the end of it” (Fleury-Steiner et al., 2006). The entirety of a survivor’s experience in the Family Court system is crucial to their wellbeing, sense of safety, actions moving forward, and likelihood of reporting future abuse (Bennett Cattaneo and Goodman, 2010). Survivors’ experiences from the moment they enter the court to the time their case is adjudicated are all opportunities to improve survivor wellbeing and satisfaction.

It is this broad conceptualization of survivor wellbeing and satisfaction that court-based programs attend to. By providing a welcoming and warm space to wait, court-based programs can increase survivors’ sense of safety (Mazur and Aldrich, 2003). By providing high quality childcare, parents can seek support from the courts without worrying about their children overhearing sensitive conversations with an advocate, attorney, or in court, or about being distracted by a crying or restless child. By using trauma informed and empowerment focused approaches to discuss their case, court-based advocates can ensure a survivor feels they can express their wishes without judgement and see their wishes reflected in decisions during the court process (Bennett-Cattaneo and Goodman, 2010). Advocates can also help survivors develop a safety plan, whether or not they decide to proceed with criminal charges (Davies, Lyon and Monti-Catania, 1998).

Services that increase survivors’ feelings of empowerment and agency can have myriad positive effects. To start, research has demonstrated the link between empowering experiences in the court to positive outcomes for survivors. When survivors perceived that they had influence over what happened in the court system, they were more satisfied with the process and reported higher rates of intention to use the system in the future (Fleury-Steiner et al., 2006; Zweig and Burt, 2003). Research also finds that safety planning, another service offered by family court programs, can increase survivors’ feelings of safety and increase the likelihood that survivors will use strategies identified in their plan going forward (Kendall et al., 2009).

Court-based advocacy programs can also support children who accompany their parents to court. Children are harmed by domestic abuse either as witnesses or survivors, and through interruptions to caregiving relationships due to the trauma and chaos created by domestic violence. A survey fielded in 2014 found that one in twelve children saw a family member assault another family member in the past year. One in five (20%) children reported witnessing such an event in their lifetime (Finkelhor et al., 2015). Domestic violence (witnessed or experienced first-hand) has significant consequences for young people including mental health conditions like depression and anxiety as well as medical conditions high rates of diabetes and heart disease, among others (Gilbert et al., 2015; Monnat and Chandler, 2015).

Family court programs can provide support – as mentioned above – for survivors who have children by providing daycare at the court and providing information on child related legal issues. Such services can increase the likelihood that parents can report harm they and their children experienced and this helps them to find a path to safety (Calton and Cattaneo, 2014).

Finally, court-based advocacy programs provide parallel and mutually supportive services for court staff and the broader criminal justice system. As previously mentioned, intimate partner violence (IPV) survivors' opinion of the justice system are closely linked to treatment by justice officials willingness to seek help in the future (Calton and Cattaneo, 2014). Trained advocates can support court staff by increasing survivor cooperation in investigation and court proceedings through empowering services and, consequently, the likelihood of conviction (Dawson and Dinovitzer, 2001; Goodman, Bennett and Dutton, 1999). Furthermore, legal and lay advocacy during the court process has been linked to increased use of community resources by survivors and a decrease in incidences of re-abuse after a court disposition, reducing volume of people needing to seek family court services (Bell and Goodman, 2001).

Despite the clear evidence that court-based programs provide essential services to survivors, their children, and court staff, there are limited evaluations of such programs. This investigation of the Safe Horizon (SH) Family Court Program sheds light on the implementation of a well-established program including its strengths and challenges as well as details about the reach of the program, delivery of services, and the participants who were served.

## Chapter 2. Data Collection

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In this chapter the evaluation team reviewed the qualitative and quantitative methods used in this formative evaluation. The main goals of the qualitative portion of the evaluation are to describe the program implementation process as well as identify strengths and challenges. With the quantitative data, we aim to describe the reach of the program, delivery of services, and the participants who were served. Most analyses are descriptive and exploratory. All components of the project were approved by RAND's Institutional Review Board (IRB). This IRB review includes the approval of data sharing agreements and all data collection methods, including written consent for qualitative data collection.

### Overview

While Safe Horizon's Family Court Program has served survivors of crime and violence for over 40 years, no one has formally assessed the Family Court Program's implementation and impact. Program services have developed organically in response to client needs, and real-time documentation of program enhancements has not always occurred. This formative evaluation of the Safe Horizon Family Court Program also includes an evaluability assessment to determine whether an outcome evaluation of the program or model is possible. A formative evaluation aids in understanding program logic, implementation, and evaluation readiness. According to Owen (2007), there are several research questions associated with this type of inquiry (Owen, 2007); three of which are most relevant to this proposal:

1. What is the underlying rationale for the Safe Horizon Family Court program?
2. What are the intended outcomes and how was the program designed to achieve them?
3. Which aspects of the program are amenable to subsequent monitoring or impact assessment?

To address these questions, RAND included an evaluability assessment as a key research strategy, commonly used in formative evaluations.

Conducting site-level formative evaluations and evaluability assessments (EA) before starting work on a full-scale impact evaluation has several advantages, including identification of appropriate internal program logic that stakeholders have agreed upon, outcomes that can be measured, and feasible designs that can be implemented at reasonable cost and duration. Trevisan and Huang (Trevisan and Huang, 2002) identified additional benefits to EAs, including allowing researchers to identify whether any observed failure was the result of the program or the evaluation itself; gaining stronger buy-in from stakeholders and potential evaluation users through participation in the EA process; and, with EA's emphasis on program logic, strengthening understanding of a program's long-term outcomes.

Dunn (2008, as cited in Davies, 2013), suggests using the following questions to drive the investigation of an EA (R. Davies, 2013):

- Is it plausible to expect impacts?
  - Do stakeholders share a clear understanding of how the program operates and are there logical links from program activities to intended impacts?
- Is it feasible to measure impacts?
  - Is it possible to measure the intended impacts, given the resources available for the impact assessment and the program implementation strategy? What additional resources are needed to fully measure the intended impacts?
- Would an impact assessment be useful?
  - Are there specific needs that the impact assessment will satisfy, and can it be designed to meet those needs?

To address these questions, Davies (2013) proposes an EA framework that follows six main steps: (1) Define the boundaries, or scope, of the project in each site; (2) Identify and review program documents; (3) Engage with stakeholders; (4) Develop and garner agreement on program logic from all stakeholders; (5) Develop conclusions and make recommendations; and (6) Provide feedback on findings and conclusions to stakeholders and funders. Leviton et al. (2010) identified similar steps and pointed out that EA's do not necessarily follow a linear progression; some steps may be concurrent or repeated as necessary to complete the assessment.

Our application of these steps for an EA of the Safe Horizon Family Court program is described in detail in the program implementation section below. This assessment helped RAND determine if Safe Horizon is advanced enough in organizational, program, and evaluation readiness to support a rigorous process and outcome evaluation. RAND used a tool developed by RAND researchers called the Program Implementation and Evaluation Readiness (PIER) report. The PIER report is comprised of key constructs that are critical to successful program implementation and evaluation (Barwick, Dubrowski and Damschroder, 2020; Kaufman-Levy et al., 2003). Through a structured and iterative review process, we worked with Safe Horizon to finalize the EA—to capture the constructs unique to Safe Horizon's context.

The overarching criteria used to evaluate Safe Horizon’s readiness—for which scores will be assigned—include:

- Organizational culture
- Capacity
- Leadership and key staff
- Program staff
- Program design: Logic model
- Program implementation
- Program processes and procedures
  - Program staffing and training
  - Retention techniques
- Research design
  - Quasi-experimental design
  - Program enrollment
  - Data collection capacity

#### Evaluability Assessment Methods

The evaluability assessment will be scored on several criteria or metrics related to program readiness for evaluation. Scores include:

0 = no evidence of metric

1 = minimal evidence of metric

2 = some evidence of metric

3 = (nearly) complete agreement with metric

Individual metric scores were summed across all metrics to create a final score, with higher scores indicating greater readiness for evaluation.

## Data Collection

To complete the formative evaluation and evaluability assessment, RAND collected and analyzed data from three main sources: document review, stakeholder interviews, and program data.

### *Document Review*

Because program implementation began many years earlier, it was critical to understand and review any historical documentation that could provide foundational knowledge about the program and the intended implementation and outcomes associated with the program. To that end, we conducted a document review to understand basic operation and goals of the program. This included Family Court Program documents such as, example forms, safety tip sheets, and staff guides; In Depth Case Review documents; and Training documents, in addition to a literature review.

### *Stakeholder Interviews*

Next, we conducted video interviews with program leadership and staff at each of the five program offices throughout NYC, as well as key stakeholders (e.g., Judges, Court officers/supervisors, attorneys, Safe Horizon Learning and Staff Development staff, Safe Horizon Research and Evaluation staff, community partner agencies). All interviews were conducted via

Microsoft Teams by a two-person RAND team. The interviews were semi-structured and lasted approximately 30-60 minutes each.

Interview guides were designed in advance in collaboration with Safe Horizon leadership and Research and Evaluation staff to obtain background information to support two goals: developing a model of the underlying logic of the program (mapping inputs, implementation, and outputs, as described further in the next section), and assessing readiness for program evaluation.

### *Program Data*

RAND and Safe Horizon's Research and Evaluation (R&E) department worked together to securely transfer deidentified data from Safe Horizon's state-of-the-art, outcome-based ClientTrack Case Management System (CMS) to RAND's secure server. The CMS database documents a client's demographic details, victimization, program visits, contact type, services provided and case notes. All five Family Court sites use this database; the data points collected, and data entry expectations are standardized across the sites. CMS enables staff and leadership to monitor and measure outcomes for clients over the course of their engagement with Safe Horizon's programming. To ensure data quality, RAND and Safe Horizon's R&E department held in-depth discussions of data collection processes, systems and missing relevant variables. The two teams also examined data for indicators of data collection or data quality issues (e.g., missing data). RAND and Safe Horizon's R&E department created comprehensive data codebooks to streamline the review of data quality and comprehensiveness. With these data, we conducted descriptive analyses that examined the caseload over time and the characteristics of clients. The de-identified demographics data consisted of variables such as birthdate, race, and gender, among others. Safe Horizon also provided services data that consisted of victimization type, service date, the actual service(s) provided, and which family court they received services from. The services data ranged from July 1, 2011 through June 30, 2020.

### **Logic Model Development**

As we completed interviews and developed a better understanding of the program, we worked to develop, modify, and finalize a program logic model. The key purpose of this logic model is to help understand the path by which program inputs and outputs affect change in participant outcomes. The logic model has also guided the quantitative component of this study and helps to illustrate how program outputs and outcomes are measured and conceptualized. To inform the logic model, we also reviewed program documentation including a previously developed logic model and held organized discussions with stakeholders to identify inputs, activities, outputs, and short-term, intermediate, and long-term outcomes. This process was iterative and collaborative with representatives from Safe Horizon and ultimately reflects researcher-practitioner consensus, rather than researcher-imposed priorities.

## Analyses

### *Stakeholder Interview Data*

To synthesize the large quantity of qualitative information generated by the interviews and program documents, we first employed a method that has been used successfully in several qualitative studies (Hussey, Ridgely and Rosenthal, 2011; Ridgely, Giard and Shern, 1999; Wu et al., 2007). We manually coded the qualitative data by key dimensions using a codebook based on the interview protocol and emergent themes. Thorough notes were taken during each interview; to aid identification of themes, the notes were taken with the interview protocol on hand, allowing interviewers to record what was said and note other relevant issues. Interviews were also recorded to allow the notetaker to review and fill-in any pertinent missing information. The transcripts (non-verbatim notes) and codebook were uploaded to the qualitative data analysis tool Dedoose and we used descriptors to identify the source of each interview, including the background of the interview respondent (title, position). One member of the research team coded all the interviews under the supervision of a senior qualitative researcher. The coder and supervisor met frequently to review and reconcile coded interviews. Interview data was analyzed to detect meaningful differences, comparing stakeholders' roles and salient themes. This coding scheme formed the basis of an analytic matrix comprised of excerpts which exemplify a code that allowed us to organize the qualitative data into manageable units. This matrix was used as an organizing tool to facilitate documentation of the basic features of the program as implemented and provided contextual information. These descriptions support the evaluability assessment.

### *Program Data*

Our primary data analysis methods are descriptive – synthesizing the information from all five Family Courts gathered on client's demographic details, presenting needs and victimization type, program visits, contact type, services provided and case notes. These analyses provide a descriptive look at the program and contribute to the evaluability assessment.

We worked with two different data files from Safe Horizon-their demographics data and their services data. With both data sets, we used the same techniques to clean and analyze the data into a useable descriptive format. We created dummy variables for several values of different variables. For example, for the variable "Victimization Type," we created dummies of assault, domestic violence, child abuse. Dummies were created for service, victimization type, gender, language, and race. Finally, we collapsed by client ID and which family court they went to. Because some clients went to multiple family courts, there are duplicate clients, but there are no duplicate clients by court. For example, the results should be read that of all the clients that went to Manhattan Family Court, 25% received a follow up service.

## *Evaluability Assessment*

For the evaluability assessment, we used a tool developed by RAND researchers called the Program Implementation and Evaluation Readiness (PIER) report. The PIER report is comprised of key constructs that are critical to successful program implementation and evaluation (Barwick, Dubrowski and Damschroder, 2020; Kaufman-Levy et al., 2003). The RAND and Safe Horizon team modified this tool to meet the needs of the program—to capture the constructs unique to the valuation context. The overarching criteria used to evaluate the program include organizational culture, program capacity, leadership and key staff, program staff; program design and implementation, staffing and training, possible research design, and data collection capacity. Once criteria were scored collaboratively by two RAND team members through subjective analysis of interview and program data, program documents, literature review to determine the prevalence of evidence for each criterion, the RAND and Safe Horizon team met to discuss the findings and identify issues and possibilities for the outcome evaluation; more information can be found in the Chapter 4. Based on Safe Horizon’s scores, the RAND team will work with Safe Horizon to improve capacity in areas with low scores to improve readiness for a more rigorous evaluation.

## Chapter 3. Program Description

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Safe Horizon is the nation's largest non-profit organization helping survivors of crime and abuse in the country. Through a network of more 100+ program locations across NYC's five boroughs, Safe Horizon offers a comprehensive array of programs, touching the lives of more than 250,000 individuals affected by violence each year. Safe Horizon's core services are available for all survivors of violence and abuse. Their clients include survivors of domestic violence, sexual assault, child abuse, stalking, human trafficking, and other violence. Safe Horizon staff meets survivors at many different locations: family court, criminal court, police precincts, DV shelters, family justice centers, and community offices. For 40 years, Safe Horizon's Court Programs have provided people experiencing violence and abuse with information, safety assessment and safety planning, crisis counseling, emergency assistance, and advocacy in criminal and family court processes. This chapter presents information from our data collection methods, including documentation review and interviews and have been organized into nine domains: overall approach, program goals, staffing, clients, services and engagement, training, evaluating effectiveness, COVID, and successes and challenges.

### Overall Approach

Overall, the program's approach in supporting those seeking services is informed by Safe Horizon's client-centered, trauma-informed practice model. Over the last five years, the program's approach has also incorporated an anti-racist lens to this model. In most cases, survivors of violence go to Family Court seeking orders of protection and a subgroup of those survivors meet with Safe Horizon advocates, typically upon arrival (though there are other ways clients can connect with Safe Horizon). Safe Horizon staff believes clients are the experts of their own lives, and that their work with clients must be collaborative. Each client faces difficult choices in their lives around their safety and it is vital that the client is put at the center as the advocates, working closely with the survivor, evaluate the risks, needs, and concerns that are most important to that individual.

Safe Horizon's empowerment-based approach is grounded in the following client-centered, trauma-informed guiding principles collectively referred to as Client-Centered Practice, or CCP (Safe Horizon Inc., 2021) Each client:

- Has the right to self-determination, they are leaders of their own journey to justice and healing
- Has physical and emotional safety needs and a need for healing that are paramount to their quest for justice.

## Program Goals and Outcomes

The main goals of the FCP are to help survivors of domestic and juvenile crime by providing practical information about how to navigate court and referrals to services such as counseling, legal representation, and housing. There are challenges in measuring the program's immediate, intermediate, and long-term outcomes (reflected in the logic model in Figure 2.1) because current tools, client surveys, and data collection methods capture limited information. However, program staff are working to implement changes in data collection that will facilitate future evaluations by improving capacity to capture immediate and intermediate outcomes more robustly.

In addition to the program's stated goals, interviewees from FCP perceived program success as providing non-judgmental support and making clients feel empowered to advocate for themselves in court, to obtain an order of protection, to get themselves into a safe situation.

One leader described program success as follows:

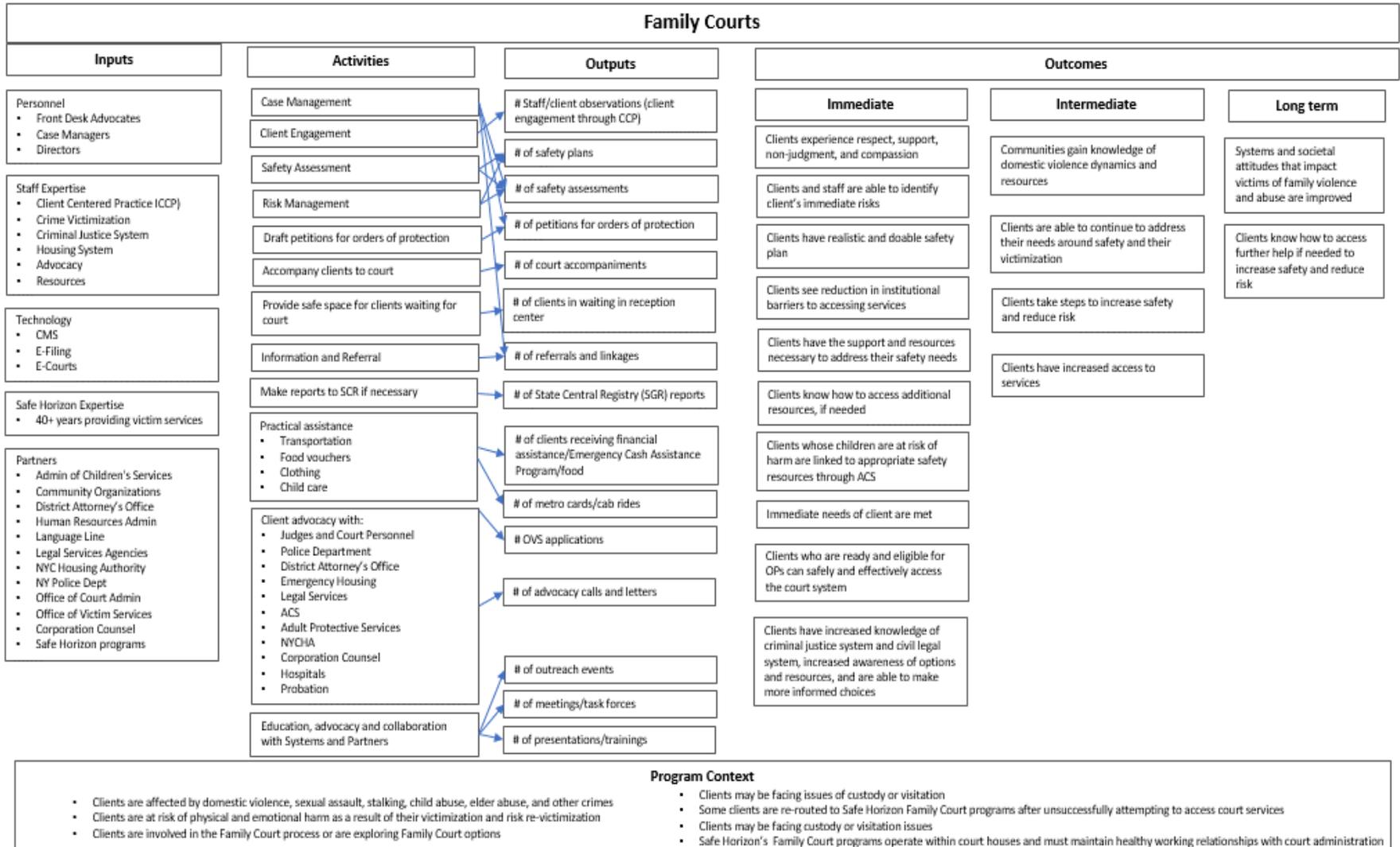
“The staff sometime feel like if someone comes in for something concrete and don't get it, they failed. But if you provided support or a listening ear or you were non-judgmental, **that's a success**...the most important thing that we provide is the support, that safe place where they can be themselves, say what they want, curse, and it's ok. The program has been successful in achieving those goals.”

One staff member described what makes her think the program is meeting its goals:

“When the clients come back and the first thing that they say is “thank god you guys are here, because of you I have the order of protection, I was able to have visits with my child” - so because of that I feel like it works.”

Figure 2.1 presents a visual depiction of the program goals in the form of a logic model. It details the following components with corresponding measures: (1) inputs; (2) program activities; (3) outputs; and (4) intermediate and long-term outcomes. The left-hand column of the logic model visually represents the planning and project elements of the program. The activities column represents the major components of the project, including case management, client engagement, and safety assessment. The outputs and outcomes columns illustrate the products of activities (outputs) or the overall outcome components of the model (outcomes). The outcomes are delineated by intermediate and long-term outcomes.

**Figure 2.1 Logic Model**



## Staffing

The Safe Horizon Family Court program has offices in each of the five boroughs (Brooklyn, Manhattan, Queens, Staten Island, and the Bronx). These offices (with the exception of Staten Island) are located in the Family Courthouse. In most of the offices, client advocates are the first face that clients see when they enter Safe Horizon offices. They have customer service skills in addition to crisis intervention skills. These staff may have backgrounds in social services or other customer-facing industries. There is no client advocate at the Staten Island office, which is not located in the court, nor at the Manhattan office, where the case managers alternate filling this role to greet clients coming into their doors. In these locations, the case managers go to the court building to identify possible clients and offer services.

Case managers are typically the next person a client interacts with and have longer interactions with the clients, averaging 45-60 minutes. Typically, they have a background in human services, criminal justice, or social work. The number of case managers at each office varies between three to five. Outside of pandemic conditions, case managers have an average case load of 25, interacting with about 29 clients each month. Case managers provide the bulk of the services offered by the program and provide clients with a diversity of referrals.

Safe Horizon Family Court case managers meet with clients and assess their immediate safety concerns and needs. Based on this assessment, case managers provide a variety of services including help with writing and petitioning for an order of protection, information about the court process, safety planning, advocacy both within and outside of Family Court, information about compensation through the New York State Office of Victim Services and help with the application process, and connections and referrals to other services (e.g., counseling, shelter). One Director said:

The courthouse is a place that pushes people down for so long; people are drowning in their cases and there's no one who is explaining what's going on, so [Safe Horizon is] there to help them navigate even though they have a hard time understanding sometime too. They break it down into regular language from the legalese. Safe Horizon is a place to take a break, where [clients] feel listened to. Once you understand your rights, you are validated, then you feel empowered and [Safe Horizon helps] help clients do that. When they can't breathe and can't navigate the system and so lost in it, they come in and understand their rights and what to do with clear steps to help fix the problem.

Case management and reception center services are provided as needed when the client returns to court on adjournment dates, as well as between court visits based on the client's individual circumstances. Those with a history of domestic violence in custody and visitation cases, as well as child abuse and support cases, are also assisted as needed throughout the Family Court process.

Family Court case managers also provide services to survivors in juvenile delinquency cases. Survivors in these cases are assisted with safety planning and, if needed, information about the

court and restitution process, New York State Office of Victim Assistance claim assistance, and are linked to school or community-based services. Victim Impact Statements, school safety transfers, emergency housing assistance and other services are also provided to survivors in delinquency proceedings throughout the entire court process.

“[The case managers] do whatever the client needs, depending on the client: do everything from referrals for places to provide services they don’t...alternatives to shelter, counseling, care for young children, early intervention, they do so many things. But at the core is advocacy.”

Senior case managers share many duties with the case managers and are generally more experienced in supporting more complicated cases.

In addition to Case Management staff, there is one Director in each office who oversees the personnel and program. They provide leadership and supervision and attend collaborative meetings with partner agencies and stakeholders in the area. Directors oversee the monitoring of service quality; check case notes and observe staff either live or through a recording at least once a month. They provide reflective supervision sessions with staff to help them stay on track and to give them space to grow and process their interactions with clients. Finally, there are two Associate Vice Presidents and a Vice President of Criminal Justice and Court programs at Safe Horizon that manage other Safe Horizon criminal justice programs and advocate for the program at a higher level, meeting and collaborating on systems-level relationships (discussed in further detail below).

## Collaboration

Safe Horizon Family Court program staff work closely with judges, referees, court attorneys, and other court staff in Family Court who all refer clients to Safe Horizon when they identify a survivor who needs assistance. Clients are also referred to Safe Horizon’s Family Court Program from the District Attorney’s Office, the New York City Police Department, the Office of Corporation Counsel, Safe Horizon’s Domestic Violence and Crime Victims’ Hotlines and other Safe Horizon programs, Family Court officers and clerks, social service agencies, community and faith-based groups, and survivor word-of-mouth.

Directors and higher leadership attend monthly and quarterly meetings and presentations to cultivate and maintain relationships with service agencies that serve populations that overlap with individuals who could benefit from Safe Horizon services. In addition to these formal meetings, informal meetings and open lines of communication through email and phone are also used to discuss shared client populations, program capacity, and community service gaps or trends. Partnering agencies, particularly attorneys, use the physical office space in court buildings when they need a quiet, private place to speak to their clients. Additionally, the front desk staff help them with administrative tasks such as printing; these small gestures contribute to the FCP’s relationship with partners and establish rapport.

There are some non-insurmountable issues that arise when Safe Horizon collaborates with other organizations. For example, one partner agency described the challenge of navigating not breaching client confidentiality in the effort to not duplicate services provided by a referring agency:

“...it’s not a challenge, but something that we are constantly navigating, is client confidentiality/client-centeredness because we at the Mayor’s Office might have a client call us up and say complain about something, and we’re telling somebody else, like Safe Horizon, to follow up with them, but Safe Horizon can’t share with us unless the client gives permission. All of that, I understand why it’s there, but it’s a natural barrier when you have different agencies working with the so many of the same clients. So sometimes I think that clients get calls from lots of different agencies because we’re not able to share in the way that we want to. I don’t think there’s a fix there – it’s just a long-term challenge. We could maybe get permission from the client to share information so we’re not duplicating services and we know who’s doing what.”

Challenges also arise when communication is not clear between partners. FCP staff described several instances in which the court clerk did not call the office to inform them of a clients’ case being called, causing the client to be late and at times, for the case to be dismissed or postponed. To work around this challenge, client advocates reported implementing a practice of calling the clerk intermittently to check in on the clients’ cases.

## Clients

The majority of FCP clients are referred by petition room clerks and by word of mouth from other clients. Additionally, Safe Horizon operates three hotlines<sup>2</sup> which refer clients to the FCP. The FCP does not have outward facing materials advertising available services outside of the Safe Horizon website.

Client demographics, victimization type, and services received are similar across the five Safe Horizon Family Court offices according to document review and interview data. As reported in Table 3.1, the clients are overwhelmingly English-speaking women. However, the race of clients varies across the five offices. In Brooklyn, over half of the clients are Black or African American, whereas in the other four offices there is a more even distribution across race. Black/African American and Hispanic/Latino clients are often overrepresented in the client base compared to the overall population of the boroughs in which the offices are located. More than 10 percent of the clients assisted in Queens are Asian, which is a higher portion than in any of the other offices, though it does reflect the overall population of the borough. Unlike other boroughs, in Staten Island more than 40 percent of clients served identify as White Non-Latino, which is also representative of the borough.

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<sup>2</sup> New York City’s Domestic Violence Hotline, Sexual Assault Hotline, and Crime Victims’ Hotline

**Table 3.1. Demographics**

|                         | <b>Bronx</b> | <b>Brooklyn</b> | <b>Manhattan</b> | <b>Queens</b> | <b>Staten Island</b> |
|-------------------------|--------------|-----------------|------------------|---------------|----------------------|
| <b>Gender</b>           |              |                 |                  |               |                      |
| <b>Male</b>             | 9%           | 13%             | 11%              | 10%           | 7%                   |
| <b>Female</b>           | 91%          | 87%             | 89%              | 90%           | 93%                  |
| <b>Language</b>         |              |                 |                  |               |                      |
| <b>English</b>          | 70%          | 82%             | 76%              | 68%           | 84%                  |
| <b>Spanish</b>          | 28%          | 13%             | 21%              | 24%           | 14%                  |
| <b>Race</b>             |              |                 |                  |               |                      |
| <b>Black</b>            | 33%          | 51%             | 31%              | 29%           | 28%                  |
| <b>White Non-Latino</b> | 10%          | 20%             | 14%              | 20%           | 43%                  |
| <b>Hispanic/Latino</b>  | 15%          | 9%              | 15%              | 17%           | 10%                  |
| <b>Asian</b>            | 1%           | 2%              | 4%               | 11%           | 3%                   |

As reported in Table 3.2, almost all Safe Horizon clients are survivors of domestic violence. A high proportion of clients in Queens (15%) and the Bronx (18%) are survivors of assault. Between 1% and 5% are survivors of elder abuse, sexual assault, robbery, stalking, child abuse, and harassment. Clients can experience more than one victimization type, thus the percentages presented in Table 3.2 equal more than 100%.

**Table 3.2. Victimization Type**

|                          | <b>Bronx</b> | <b>Brooklyn</b> | <b>Manhattan</b> | <b>Queens</b> | <b>Staten Island</b> |
|--------------------------|--------------|-----------------|------------------|---------------|----------------------|
| <b>Domestic Violence</b> | 87%          | 84%             | 92%              | 83%           | 90%                  |
| <b>Assault</b>           | 18%          | 6%              | 3%               | 15%           | 7%                   |
| <b>Other</b>             | 6%           | 6%              | 4%               | 9%            | 5%                   |
| <b>Elder Abuse</b>       | 1%           | 1%              | 1%               | 5%            | 0%                   |
| <b>Sexual Assault</b>    | 2%           | 1%              | 1%               | 2%            | 1%                   |
| <b>Robbery</b>           | 2%           | 2%              | 2%               | 2%            | 1%                   |
| <b>Stalking</b>          | 2%           | 1%              | 0%               | 2%            | 4%                   |
| <b>Child Abuse</b>       | 2%           | 1%              | 0%               | 4%            | 1%                   |

|            |    |    |    |    |    |
|------------|----|----|----|----|----|
| Harassment | 0% | 1% | 1% | 0% | 1% |
|------------|----|----|----|----|----|

## Services and Engagement

Safe Horizon operates spaces and service settings that include Court Program offices with resource materials and case management staff, Reception Centers where survivors can wait for cases to be called or for their lawyers in safety and dignity, and Children’s Centers for children to play and learn while a parent is in court. Most clients visit the Family Court Program only once, where the case management session focuses on assessing immediate risks and a specific service need. Others may engage with the program over multiple visits as their case progresses. Across the Family Court programs, the length and trajectory of service provision will depend primarily on the client’s needs and safety concerns.

To effectively address clients’ diverse needs and experiences of victimization, advocates focus first on trying to meet clients’ immediate safety concerns and then turn to more in-depth needs through ongoing assistance. Based on each client’s needs and resources, Safe Horizon Family Court staff help the client to develop a safety plan focused on immediate risk and safety concerns. A plan for immediate safety may include, for example, crisis intervention, emergency assistance with food or transportation, information and referral focused on safety measures such as emergency shelter or lock change; assistance filing family offense petitions; advocacy for orders of protection; and other criminal justice remedies. Ongoing assistance can help with longer term planning and may include, for example, the provision of in-person or telephone non-clinical counseling; assistance with a New York State Office of Victim Services (OVS) application for reimbursement of expenses incurred as a result of the crime; information and referral; follow-up services; and advocacy for restitution and other criminal justice remedies.

Table 3.3 outlines the percentage of clients who receive each service. Almost all the clients served receive a safety assessment from Safe Horizon staff (96% - 99%). Many also receive assistance with safety planning (94% - 98%), counseling (85% - 98%), referrals (37% - 65%), and assistance in attaining an order of protection (16% - 48%). Overall, the services provided are relatively similar across offices.

**Table 3.3. Service Type**

|                                       | Bronx | Brooklyn | Manhattan | Queens | Staten Island |
|---------------------------------------|-------|----------|-----------|--------|---------------|
| <b>Safety Assessment</b>              | 99%   | 99%      | 99%       | 99%    | 96%           |
| <b>Safety Planning</b>                | 98%   | 97%      | 98%       | 98%    | 94%           |
| <b>Individual or Phone Counseling</b> | 89%   | 97%      | 97%       | 98%    | 85%           |
| <b>Other Information</b>              | 89%   | 84%      | 86%       | 91%    | 64%           |

|  |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|
| <b>Follow Up</b>                                     | 48% | 28% | 25% | 46% | 61% |
| <b>Crisis Intervention</b>                           | 49% | 81% | 40% | 94% | 49% |
| <b>OVS Information</b>                               | 79% | 75% | 64% | 54% | 36% |
| <b>Referral Outside SH</b>                           | 54% | 37% | 47% | 61% | 49% |
| <b>Referral Within SH</b>                            | 58% | 46% | 40% | 65% | 53% |
| <b>Assistance with Obtaining Order of Protection</b> | 31% | 45% | 48% | 42% | 16% |
| <b>Criminal Advocacy</b>                             | 7%  | 19% | 31% | 25% | 17% |
| <b>Transportation</b>                                | 12% | 7%  | 8%  | 10% | 9%  |
| <b>Submitted OVS claim form</b>                      | 10% | 5%  | 6%  | 6%  | 1%  |

## Training

To manage the complex training needs of a multi-service agency, Safe Horizon has a dedicated Learning and Staff Development department that conducts trainings for staff. They facilitate multi-day, in-depth trainings on the subjects that prepare client-facing staff to best support the populations the programs serve. Supervisors are given support in reflective supervision practices, and staff are given opportunities to learn about topics they feel will help them grow as professionals. Staff report feeling supported by their supervisors in seeking new training.

RAND: “How do you manage time to participate in training?”

Case Manager: “It’s not a problem, supervisors always encourage it. Sometimes case managers have to cancel training because of something happening with clients, but supervisors encourage the training as much as possible.”

Staff at Safe Horizon take courses in a few categories as stipulated by their Learning and Staff Development department:

- Trauma-informed Practice
  - o Courses provide training on Client-Centered Practice, vicarious trauma, and anti-racism.
- Advocacy and Practice Knowledge
  - o Courses provide staff with specific knowledge of court systems, criminal justice, violence prevention, child abuse mandated reporting, and others.
- Reflective Supervision
  - o Courses help client-facing staff use supervision as an opportunity for skill development and managing vicarious trauma and burnout. Supervisors also

receive training on how to facilitate these conversations and nurture skill development.

- Professional Development

- o Courses support staff in their growth as practitioners and managers, teaching them leadership, communication, and organizational skills.

There is a set of seven trainings within the four categories above that are mandatory for every Safe Horizon employee, with an expectation that they will complete those trainings within six months of joining the organization, training schedules permitting. They prioritize the Client-Centered Practice training, but it is not always possible that staff complete the training within the six months due to priorities in their program and training availability.

In addition to formal training, on-the-job training is a crucial part of staffs' education – one Director put it this way:

“In the programs when you're on site and shadowing that's when you learn the most. If it's busy enough so that you're getting a lot of kinds of examples while you're shadowing, it might take maybe three weeks of shadowing plus a week of being shadowed, and then on your own but someone available to step out of the office and ask for help. Then doing an assessment, then stepping out and asking a supervisor about what's going on and what they're thinking as far as a safety plan and what to offer before finalizing and moving on. This would work best for someone with a case management background; if they do not, this process would take longer.”

While much of the training is mandatory, Safe Horizon's Learning and Staff Development Center offers elective trainings that staff members can participate in at their leisure both online and in-person. Training for using the database where staff enter information about client demographics and services provided is largely done as on-the-job training.

### *Reflective Supervision*

Safe Horizon uses a Reflective Supervision model to support their staff.

“Reflective supervision is characterized by active listening and thoughtful questioning by both parties. The role of the supervisor is to help the supervisee to answer her own questions and to provide the support and knowledge necessary to guide decision-making. In addition, the supervisor provides an empathetic, nonjudgmental ear to the supervisee. Working through complex emotions in a “safe place” allows the supervisee to manage the stress she experiences on the job.” (Parklakian, 2001)

Directors have weekly check-ins with their staff as a group and have individual supervision sessions with each staff member twice a month. This gives staff the time and space to talk through difficult client situations.

Safe Horizon Family Court staff of all levels receive training in supervision, either “Making the Most of Your Supervision” for client advocates and case managers, and a 28-hour series

called “Quality Supervision” for supervisors. One Safe Horizon Learning and Development staff member described the philosophy of their supervision this way:

“It’s a way to not do surveillance but to support the quality of practice and to support that person with the practice... So, the Quality Supervision training teaches [supervisors] how to observe, how to give feedback based on practice; how to balance and navigate when staff are experiencing vicarious trauma or difficulty based on the impact of all the stuff that they take in from clients. How to use a racially responsive lens with their supervision style for staff and clients that are represented in the discussions during supervision.”

Supervisors at Safe Horizon’s Family Court Program provide the following supervision:

- Group supervision at least once a month for at least an hour; the supervisor meets with staff as a group.
- Individual supervision at least every other week for at least 45 minutes; the supervisor meets with individual staff members to talk through experiences, challenges and successes. Including discussion of the previous process recordings or audio recordings of staff’s work with clients.
- Staff-Client interaction observation at least once a month; the supervisor observes the staff member working with a client.
- Formal written performance appraisals (written by supervisors and staff and then discussed) three times annually.

## Evaluating Program Effectiveness

Safe Horizon has a Research and Evaluation (R&E) team made up of dedicated staff that conducts in-person observations<sup>3</sup> and/or records client interactions with staff and compiles the data for a yearly process called “In-Depth Case Review” (IDCR). While it is not explicitly billed as fidelity monitoring, they use it to support Client-Centered Practice implementation by staff, and to support team conversations about best practices.

During the IDCR convening, the metrics that are tracked and observed by the Safe Horizon Research and Evaluation team are discussed. They cover trends including client volume, reception center volume, the number of service dates clients receive, client demographics, victimization and relationship to the opposite party, and services provided. They present training and staff turnover data as well as data about individual supervision, observations, and group supervision rendered by supervisors. The presentation, given to an audience of leadership and staff, also includes a quantitative analysis of Client-Centered Practice skills observed in the recorded examples (see Figure 3.1 for a sample checklist). Through IDCR, the program and Safe Horizon leadership discuss successes and identify areas for growth. In addition to discussing data across staff observations and from the client database, the program team chooses two recorded

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<sup>3</sup> In-person observation practice paused during the COVID-19 pandemic.

client interactions to spotlight as case studies, and those attending the IDCR meeting discuss cases to highlight CCP-related strengths and areas of improvement. The program is then able to discuss where there are areas to improve, and plan and implement a strategy for moving forward with a specific set of data-driven quality improvement goals. To support this phase of the work, the Research and Evaluation team provides thought partnership with the Family Court Program and schedules quarterly check-ins to track, discuss, and adjust the program's goals as needed.

**Figure 3.1. Safe Horizon Centered Practice Skill Observation Tool**

| <b>SAFE HORIZON CLIENT CENTERED PRACTICE SKILL OBSERVATION TOOL</b>  |            |           |            |
|--|------------|-----------|------------|
| <b>STAFF NAME:</b>   | _____      |           |            |
| <b>SUPERVISOR NAME:</b>  | _____      |           |            |
| <b>DATE:</b>   | _____      |           |            |
| <b>CONVERSATION ABOUT RISK</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| Explored what led the client to reach out  |            |           |            |
| Asked questions to clarify risks or concerns related to immediate future (today, tonight, tomorrow)                          |            |           |            |
| Summarized immediate risks the client described  |            |           |            |
| Asked about or paraphrased which risks or concerns client wants to focus on first  |            |           |            |
| Asked about or paraphrased client's current protective strategies  |            |           |            |
| Asked about or paraphrased client's available resources (e.g., social support, financial resources, other service providers) |            |           |            |
| Developed a plan related to immediate risks or concerns client wanted to focus on  |            |           |            |
| <b>RISKS RELATED TO CHILDREN, SELF, OTHERS</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| Followed up on signs related to child wellbeing and safety   |            |           |            |
| Followed up on signs of emotional distress and potential harm to self  |            |           |            |
| Followed up on signs of potential harm to others   |            |           |            |
| <b>INITIAL ENGAGEMENT</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| Greeted client and introduced self   |            |           |            |
| Check-in about client's present emotional and/or physical state before starting the conversation                             |            |           |            |
| Discussed privacy, confidentiality and limits to confidentiality   |            |           |            |
| <b>ESSENTIAL COMMUNICATION SKILLS</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| Followed waiting procedures  |            |           |            |
| Used open-ended questions  |            |           |            |
| Allowed client to speak without interruption   |            |           |            |
| Avoided positive judgement   |            |           |            |
| Avoided negative judgement   |            |           |            |
| Avoided directive language   |            |           |            |
| Used paraphrasing  |            |           |            |
| Used minimal attenders   |            |           |            |
| Mirrored client's language   |            |           |            |
| Responded to verbal and non-verbal cues to emotional distress  |            |           |            |
| <b>INFORMATION AND REFERRAL</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| Offered information, emotional support, psychoeducation and/or referrals tailored to immediate risks                         |            |           |            |
| Asked about or confirmed client interest   |            |           |            |
| Confirmed or summarized next steps   |            |           |            |
| <b>NOTES TO ASSIST WITH RECALLING THE INTERACTION</b>  |            |           |            |
|  |            |           |            |

Source: Observation Tool used by Safe Horizon supervisors Adapted with Permission from Safe Horizon.

## Successes and Challenges

### *Successes*

Safe Horizon staff describe their successes in terms of their ability to help clients navigate the court process and, more broadly, client empowerment or their ability to advocate for themselves. They identified two key factors that must be established and maintained in successfully fostering trust between clients and staff: 1) Maintaining a physical space in the court for the clients to feel safe, and 2) the client-centered approach they use to cultivate rapport with people coming into the office. One case manager said:

“Sometimes we’re the only ones they can turn to; their family might not support and children are too small; we are the ones who listen to them and support them.”

Another said:

“The job is fulfilling when the client comes back to say “thanks to you, I am able to work, I have my own place, I don’t have to depend on anyone else again.”

Another said:

“Sometimes they come to you so beaten up and with such low self-esteem that they won’t speak for themselves. It’s like seeing a flower bloom; they might be still going to court but their outlook just based on our conversations and some of the things they tell me they’ve been doing; it’s an indicator – let’s continue what we’re doing with this client.”

Leadership is also committed to supporting staff and helping them succeed by ensuring staff feel empowered to help the client and guide clients on how the court system works. As a program, the FCP staff provides compassionate services to people in times of crisis.

“Our expertise in Family Court in each different program, knowing the ins and outs of family court in NYC, is very helpful for our clients, most of them who are just starting to navigate it or having been navigating it on their own with little guidance thus far. It’s helpful to have us there to walk them through the process, especially before they get involved so they can understand what it might look like if they do actually file for something and start to engage the family court, because it will play a role in their life. So, we help navigate it in a way that’s best and safest for them and each individual person in their life. Giving them information about how the family court process is going to work for them, giving them a safe place to wait if they have a court date coming up, advocating for them with court staff including with the judges if we can, providing legal referrals to attorneys or anyone who can give good advice. It takes a long time to learn, and to be comfortable explaining it to someone else.”

The cultivation of strong relationships with partners has allowed Safe Horizon staff to successfully field a high quantity of referrals into the program from outside sources. When clients do not want to come into the building – which can be daunting in the face of stigma and uncertainty about outcomes - having a 24/7 hotline, that partners know about and can offer to

clients, that refers people to the Family Court Program has helped connect people the help they need.

“We don’t get a lot of direct calls for safety planning and order of protection, it’s mostly hotline referrals. Without the hotline we wouldn’t have as many clients as we have now. People that call me sometimes it’s like the court gave me this number, I got this paper from the court that has our number, and they’ll just call every number to see who answers the phone.”

## *Challenges*

Given the high volume of clients in Safe Horizon’s programs, tradeoffs are made regarding number of clients served versus the depth of the follow up with those clients:

“The one thing that ... we all struggle with because of the numbers, you have to ask the question – do you serve all clients across the board or fewer and more in depth?”

Staff reported a need for more funding for additional case managers to meet the needs of the community, in addition to case managers who spoke more languages such as Spanish and Bengali. The program does have the ability to use live language translation/interpretation services over the phone, but staff reported challenges with that model:

“It’s hard over the phone when the call gets dropped when you’re halfway through the assessment and you get a new person on the phone and have to start explaining all over.”

If they had more funding, they would be able to do more community outreach to encourage clients to seek services. As funding is a challenge, hiring staff becomes a challenge. There is a challenge with staff turnover that may be the result of burnout, or the compensation offered.

Challenges with clients centered around why they may not initially seek or engage with services, include reasons ranging from stigma to language barriers, to fear of immigration enforcement or involvement with the institutionally racist criminal justice system. Staff also remarked that clients that are misinformed about the kinds of services provided by Safe Horizon are less likely to engage once they find out what they were seeking is not available, for example a housing placement the next day, or a restraining order placed for a situation that doesn’t have a straightforward legal remedy. There is also a need for more affordable housing resources to reduce the extent to which poverty is a barrier to escaping abuse.

## **COVID-19 Pandemic**

The COVID-19 pandemic brought about many changes to the way court processes functioned. In-person court was closed, and many services were moved to telephone and virtual platforms. Safe Horizon leadership described the situation this way: “We were able to quickly mobilize our resources, knowledge, and connections to work with survivors in this time.” FCP

already had access to the family court online petition database and case managers were able to transition to helping clients navigate the process over the phone.

With clients unable to walk into court for services, the main phone number for NYC Family Courts became one of the only ways for people seeking help through the family courts system to get information about alternatives to walking in. With family court clerks overwhelmed and largely unavailable, many of the callers were referred to Safe Horizon's Family Court Programs. In addition, the NYC Mayor's Office made announcements and sent emergency notification system messages out publicizing NYC's Domestic Violence Hotline (operated by Safe Horizon) which drove up call volume to the hotline. Many calls from both hotlines were referred to Safe Horizon Family Court for triage even when the caller did not strictly meet the court's normal, pre-pandemic criteria for transfer to the FCP. Despite referring many of these callers to partnering agencies that provide adjacent services (e.g., case management, information on the court process, information on filing an order of protection), case managers reported that their caseloads skyrocketed, presenting challenges in following up with clients because of their overwhelmed capacity.

Through interviews, staff at Safe Horizon reported that in the time of the COVID-19 pandemic, they saw more clients seeking support for intra-family violence, where the abusive relationship presented between a client and their adult child who was living with them. Outside of pandemic conditions, over time the client demographics have changed, with staff members reporting seeing more immigration abuse, LGBTQ clients, sex trafficking survivors, and more men of color. These changes are tracked. The Learning and Staff Development department provides trainings for staff to better serve these diverse populations.

## Chapter 4. Evaluability Assessment

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This formative evaluation includes an evaluability assessment. The assessment is guided by key questions: (1) Is it plausible to expect impacts? Do stakeholders share a clear understanding of how the program operates and are there logical links from program activities to intended impacts? (2) Is it feasible to measure impacts? Is it possible to measure the intended impacts, given the resources available for the impact assessment and the program implementation strategy? And (3) Would an impact assessment be useful? Are there specific needs that the impact assessment will satisfy, and can it be designed to meet those needs? Through this assessment, we have determined that the program is advanced enough in organizational, program, and evaluation readiness to support an outcome evaluation, while understanding that some outcomes may be preliminary and short-term.

Incorporating data collected from June 2019-March 2021, the RAND team conducted an evaluability assessment across Safe Horizon Family Court Program, using a tool developed by RAND researchers called the Program Implementation and Evaluation Readiness (PIER) report. The PIER report is comprised of key constructs that are critical to successful program implementation and evaluation (Barwick, 2011; Kaufman-Levy, Poulin, & Orchowsky, 2003). The overarching criteria used to evaluate the Safe Horizon Family Court Program included organizational readiness, which focuses on organizational culture, capacity, staff, and partners; program readiness, which focuses on program design, implementation processes, procedures, case flow, and training; and evaluation readiness, focusing on quasi-experimental design elements, enrollment of clients, and data collection. Table 4.1 outlines the domains and subdomains used in the modified PIER tool, and some sample criteria used to assess the programs demonstration of the domains described.

**Table 4.1. PIER tool scoring domains, subdomains, and selected criteria**

| Domain                   | Subdomain  | Example criteria   |
|--------------------------|--|--|
| Organizational Readiness | <ul style="list-style-type: none"> <li>Organizational Culture</li> <li>Capacity</li> <li>Leadership, Key Staff</li> <li>Program Staff</li> <li>Collaborative Partners</li> </ul> | <ul style="list-style-type: none"> <li>All key staff hold positive attitudes toward the intervention and evaluation</li> <li>Adequate dedicated human resources and time are allocated for the intervention (Leadership; Program implementation staff; Supervision resources (for counseling staff))</li> <li>Knowledgeable and clear about their roles and responsibilities in the program</li> </ul> |
| Program Readiness        | <ul style="list-style-type: none"> <li>Program Design</li> <li>Implementation: Processes and Procedures</li> </ul>   | <ul style="list-style-type: none"> <li>Identifies outputs that are clearly stated and can be used to measure activities (units of service delivered - e.g., # of referrals, # of sessions, # of families engaged)</li> </ul>   |

|                      |   |  |
|----------------------|---|--|
|                      | <ul style="list-style-type: none"> <li>• Implementation: Staffing and Training</li> <li>• Implementation: Client Retention Techniques</li> </ul>  | <ul style="list-style-type: none"> <li>• Defines measurable outcomes targeted by each program component (who and what is going to change, by how much, and by when)</li> <li>• Ensure program staff receive ongoing training and supervision in the program</li> </ul>   |
| Evaluation Readiness | <ul style="list-style-type: none"> <li>• Quasi-experimental Design</li> <li>• Program Enrollment of clients</li> <li>• Data Collection</li> </ul> | <ul style="list-style-type: none"> <li>• Potential to identify comparison group that is not exposed to the key elements of the program (e.g., another group of individuals exposed to services but not those specifically part of the Safe Horizon Court Program)</li> <li>• Site has projected annual study enrollment for the treatment (specify the target number) (including known retention/dropout rates for individuals who are the same or similar to the target populations)</li> </ul> |

Using the PIER tool to analyze the data collected, the RAND team determined the scores below in Table 4.2, which indicate that the program is ready for evaluation. Generally, an overall score of ~65 percent or higher indicates readiness to participate in a rigorous evaluation of program efficacy; however, scores in each domain help identify areas where additional support may be needed to improve readiness.

**Table 4.2. Percent of Total Possible Domain Score**

| <b>Percent of Total Possible Score</b> | <b>Org Readiness (42% of total score)</b> | <b>Program Readiness (44% of total score)</b> | <b>Eval Readiness (14% of total score)</b> |
|--|---|---|--|
| 83%                                    | 89%                                       | 80%   | 81%  |

## Key Findings of the Evaluability Assessment

Safe Horizon’s Family Court Program are providing a much-needed service to survivors of domestic violence in the New York City by safety planning, assisting with family court processes, and referring clients to needed services such as shelter placements and counseling.

### Organizational Readiness – 89%

Staff hold positive attitudes toward the intervention they provide their clients and feel supported by the organization in gaining the knowledge and skills needed to adequately meet the needs of the community they serve. Supervisors are reported to be responsive to staff needs. Program leadership is committed to evidence-based practice, and Client-Centered Practice is a core tenet of the organization. There is an extensive In-depth Case Review (IDCR) process through which Safe Horizon’s Research and Evaluation department provides strengths-based

feedback to program staff about performance and fidelity to Client-Centered Practice Safe Horizon collaborators, including court personnel and partner agencies in the violence prevention space, believe deeply in the services provided by Safe Horizon, and see them as an essential part of the court process. They describe their relationship with FCP staff as overwhelmingly positive, with the only desired change is for the FCPs to be better resourced to serve more clients.

#### Program Readiness – 80%

The program has a well-defined, if broad, target population. Outputs are clearly stated in the logic model and can be measured through program data and through surveys with individuals, although outcomes are not clearly measurable given the limitations of the court system, including that the court does not provide information back to Safe Horizon on successful petitions. There is a robust training program for orienting employees and to provide ongoing required training. The IDCR process allows for feedback and ensures that the evidence-based practices are being implemented with fidelity. While services are rendered similarly across boroughs, due to structural and population characteristics, differences in resources available in the borough, recruitment and referral processes are different between sites. Depending on the volume of clients and number of services provided to clients at a given site, staff are more or less able to conduct follow-up with clients proactively.

#### Evaluation Readiness – 81%

Safe Horizon is equipped at an organizational level with data collection processes and data analysis personnel, as well as supportive leadership to perform an outcomes evaluation. Additionally, they serve enough clients yearly to sufficiently power a study. The main challenge for future evaluation found using the PIER tool was identifying a potential comparison group. Subsequently, RAND spoke at length during the evaluability assessment to stakeholders and staff about the construction of a comparison group and determined that the strongest comparison group would be those survivors that go to Family Court seeking orders of protection but do not meet with Safe Horizon Family Court staff. The outcome measures have been identified through extensive logic model development (see Chapter 2).

## Chapter 5. Conclusion

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This report presents findings from RAND’s formative evaluation and evaluability assessment of the Safe Horizon Family Court Program. The staff and key stakeholders have graciously offered their time for numerous interactions over the phone, over email, and in-person. It is important to note that the site summary in this report is a single snapshot in time, although it was key to capture a historical understanding since the program has been running for multiple decades.

Based on the data and information gathering RAND conducted a descriptive evaluation approach. This evaluation consists of three data collection methods: document review, interviews with program leadership and staff, and analysis of client data collected by the programs. We have synthesized all data from interviews and phone calls throughout our study period as part of the evaluability assessment. This step will help us focus on the experiences of each site during implementation and will allow us to measure and document the mechanisms that lead to client outcomes if subsequent outcome evaluation funding becomes available. We believe that the effort will also allow us to further develop the evidence base for family court-based advocacy programs and identify actionable recommendations for family court-based advocacy program enhancement.

### Formative Evaluation

The findings from this formative evaluation can be grouped into nine main domains: overall approach, goals and outcomes, staffing, collaboration, clients, services and engagement, training, evaluating program effectiveness, successes and challenges, and COVID-19.

#### *Overall Approach*

Overall, the program’s approach in supporting those who come to them is informed by Safe Horizon’s client-centered, trauma-informed practice model. Safe Horizon believes its clients are the experts of their own lives, and that its work with clients must be collaborative. Each client faces difficult choices in their lives around their safety and it is vital that the client is put at the center as the advocates work closely with the survivor to evaluate the risks, needs, and concerns that are most important to that individual.

#### *Goals and Outcomes*

The main goals of the FCP are to help survivors of domestic crime by providing practical information about how navigate court and referrals to services such as counseling, legal representation, and housing.

## *Staffing*

Staffing is key to the successful implementation of the program. Client advocates are the first point of contact with clients and case managers establish and may maintain longer relationships with clients. These positions are all overseen by a director in each office. In addition, there are two Associate Vice Presidents and a Vice President of Criminal Justice and Court programs at Safe Horizon that helps advocate for the program at a higher level, meeting and collaborating systems-level relationships, and a collaboration with other key stakeholders such as judges, referees, court attorneys and other court staff.

## *Collaboration*

Safe Horizon Family Court program staff work closely with judges, referees, clerks, court officers, court attorneys, and other court staff in Family Court who all refer and connect clients to Safe Horizon when they identify a survivor needs assistance. There are regular meetings and less formal lines of communication for Family Court Program staff to connect with partner agencies. Clients are also referred to Safe Horizon's Family Court Program from the District Attorney's Office (DA); the New York City Police Department (NYPD); the Office of Corporation Counsel; Safe Horizon's Domestic Violence, Sexual Assault, and Crime Victims' Hotlines, and other Safe Horizon programs, social service agencies; community and faith-based groups; and survivor word-of-mouth.

## *Clients*

Client demographics, victimization, and services received are relatively similar across the five Safe Horizon Family Court offices. The clients are overwhelmingly English-speaking females. The main area the clients differ significantly across the five offices is race. In Brooklyn, over half of the clients are Black or African American, whereas in the other four offices there is a more even distribution across race. More than 10 percent of the clients assisted in Queens are Asian, which is a higher portion than in any of the other offices. Unlike other boroughs, in Staten Island more than 40 percent of clients served identify as White Non-Latino. Overall, it is important to note that Black/African American and Hispanic/Latino clients are often overrepresented in the client base compared to the overall population of the boroughs in which the offices are located.

## *Services and Engagement*

Safe Horizon operates spaces and service settings in family courthouses that include Court Program offices with resource materials and case management staff, Reception Centers where survivors can wait for cases to be called or for their lawyers in safety and dignity, and Children's Centers for children to play and learn while a parent is in court. Most clients visit the Family Court Program only once, focusing on immediate risks and a specific service need, but others may engage with the program over multiple visits, throughout the course of their case's progress.

To effectively address clients' diverse needs and experiences of victimization, advocates focus first on meeting clients' immediate safety concerns and then addressing more in-depth needs through ongoing assistance. Based on each client's needs and resources, Safe Horizon Family Court staff help the client to develop a safety plan to address immediate risk and safety concerns. Almost all Safe Horizon clients are survivors of domestic violence and almost all the clients served receive a safety assessment from Safe Horizon staff. Many also receive assistance with safety planning, counseling, referrals, and assistance in attaining an order of protection.

### *Training*

To manage the complex training needs of a multi-service agency, Safe Horizon has a dedicated Learning and Staff Development department that conducts and directs the training needs of the various staff. They facilitate multi-day, in-depth trainings on the subjects that prepare client-facing staff to best serve the populations the programs serve. Supervisors are given support in reflective supervision practices, and staff are given opportunities to learn about topics they feel will help them grow as professionals. Staff report feeling supported by their supervisors in seeking new training.

### *Evaluating Program Effectiveness*

Safe Horizon has a dedicated Research and Evaluation (R&E) team that conducts in-person observations and/or records client interactions with staff and compiles the data for a yearly process they call In Depth Case Review (IDCR). The Safe Horizon Research and Evaluation team tracks several metrics over the year that the program presents and discusses at the IDCR convening. The program is then able to discuss and agree upon group the areas to improve, and plan and implement a strategy for moving forward with a specific set of data-driven goals.

### *Successes and Challenges*

Safe Horizon staff report their successes in terms of seeing their clients be empowered to advocate for themselves and to be able to help clients as they navigate the court process. Leadership is committed to ensuring that staff feel empowered through training and professional development opportunities to help clients and to understand the systems they are working within, and staff report feeling supported by their supervisors and higher leadership. Staff provide compassionate services to people in times of crisis. The cultivation of strong relationships has allowed them to succeed through an ample referral pipeline into the program. In addition, the Safe Horizon Hotlines provide an easy way for clients to call in to get referred to FCP services without having to come into the building, which can be a more daunting action in the face of stigma and uncertainty about outcomes.

Given the high volume of clients in Safe Horizon's programs, tradeoffs are made regarding number of clients served and the depth of the follow up with those clients. Staff reported a need for more funding for additional case managers to meet the volume of the needs of the community

and to properly address those needs. If they had more funding, they would also be able to do more community outreach to encourage more vulnerable clients to seek services. Hiring and filling vacancies is also a challenge: staff turnover may be the result of burnout due to the emotionally straining nature of the work, or the compensation offered by a largely grant-funded organization.

## **COVID-19**

The COVID-19 pandemic brought about many changes to the way court processes functioned. In-person court was closed, and many services were moved to telephone and virtual platforms. Safe Horizon leadership described the situation this way: “We were able to quickly mobilize our resources, knowledge, and connections to work with survivors in this time.” FCP already had access to the family court online petition database and case managers were able to transition to helping clients over the phone navigating the process. Through interviews, staff at Safe Horizon reported that in the time of the COVID-19 pandemic, they saw more clients than before seeking support for intra-family violence, where the abusive relationship presented between a client and their adult child who was living with them. Outside of pandemic conditions, over time the client demographics have changed, with staff members reporting seeing more immigration abuse, LGBTQ clients, sex trafficking survivors, and more men of color.

## **Evaluability Assessment**

Using the PIER tool to analyze the data collected, the RAND team determined that with a total score of 83%, the Safe Horizon Family Court Program is ready for evaluation. The program was scored at 89% for the Organizational Readiness domain, indicating strong organizational culture, capacity to support an evaluation, and a commitment to evidence-based evaluation outcomes. The FCP was scored at 80% for the Program Readiness domain, with clear program design and components, and the IDCR process that will allow for feedback and implementation of evidence-based practices. Some work will be needed to ensure that the evaluation is assessing measurable outcomes. Lastly, the FCP scored 81% in the domain of Evaluation Readiness, given the number clients they serve and the support for an evaluation expressed by leadership. Challenges around finding a comparison group have been identified and addressed.

## **Evaluation Next Steps**

The data and information gathering we undertook in this evaluability assessment has served to familiarize us with each of the Family Court Programs, enable design of a future evaluation approach, and ensure that the program’s input is considered in this design process. We believe that we have clearly documented the experiences of the program during implementation of their activities and have provided the empirical scaffolding with which to measure and document the mechanisms that produce observed outcomes, as well as to delineate actionable

recommendations for program improvement. We have already submitted a subsequent proposal to the National Institute of Justice to conduct an outcome evaluation.

## Programmatic Next Steps

The Safe Horizon Family Court program is currently working on creating a Quality Improvement (QI) plan based on the reflections of their group discussion from the 2021 IDCR meeting.

Safe Horizon FCP staff continue to provide services to clients remotely, including filing Orders of Protection and collaborating with other legal service providers, including court appointed attorneys for indigent individuals. Our work with the court appointed attorneys is unique. When it became apparent that access to the NYC Courts, primarily the Family Courts where filings for Orders of Protection are predominantly filed, was going to be impacted by COVID-19, Safe Horizon met to discuss possible options with court appointed attorney representatives from each of the five boroughs to discuss how best to address these concerns. The resulting system created now provides survivors of domestic or family violence with immediate access to an attorney, increasing the chances of that petitioner obtaining an Order of Protection. This successful collaboration with court appointed attorneys will continue once the NYC Courts fully return to onsite work.

Similarly, since the beginning of the pandemic, FCP staff have been working with clients who have been referred by the District Attorney's office if a criminal court case is dismissed. When the criminal court case is dismissed, the survivor loses the order of protection issued by the criminal court. FCP staff can provide information to the survivor on how to petition for an order of protection in Family Court.

Additionally, as a part of Safe Horizon's ongoing anti-racism work, the FCP is actively participating in Safe Horizon's pay equity initiative. The pay equity initiative will raise the minimum Safe Horizon salary to a New York City standard living wage, as defined by the MIT Living Wage Calculator, (Nadeau and Glasmeier, 2016) by 2022. Currently all Safe Horizon programs and departments are engaged in a collaborative and inclusive decision-making process to adjust their staffing model to provide for a smaller, better paid workforce. This process is part of a longer-term goal of enhancing staff wellbeing and decreasing turnover among staff which will improve overall quality of services Safe Horizon provides survivors of violence and abuse.

# List of Terms

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| <b>Term</b>                         | <b>Meaning</b>   |
|-------------------------------------|--|
| Advocate                            | An individual who speaks on behalf of survivors and can guide them through the process of seeking help and social support  |
| Case disposition                    | “An action taken as the result of an appearance in court by a defendant. For example, cases involving adults can be dismissed, acquitted, or convicted and sentenced; cases involving juveniles can be dismissed, transferred, remanded to adult court, placed on probation, or sentenced to a CDCR youth facility.” (State of California Department of Justice)                               |
| Client-Centered Practice (CCP)      | Safe Horizon’s trauma informed client engagement and risk management model   |
| Disclosure process                  | The process of sharing instances of abuse  |
| Distributive justice                | Also known as outcome fairness, the perceived fairness of an outcome in a court proceeding (Calton and Cattaneo, 2014)   |
| Domestic violence protection orders | “An order of protection is issued by the court to limit the behavior of someone who harms or threatens to harm another person. It is used to address various types of safety issues, including, but not limited to situations involving domestic violence. Family Courts, criminal courts, and Supreme Courts can all issue orders of protection.” (New York State Unified Court System, 2019) |
| Drafting petitions                  | Filling out forms to bring cases to court; can involve custody, paternity, domestic violence, among other pleas to the court   |
| In Depth Case Review (IDCR)         | Safe Horizon’s yearly process where the Research and Evaluation team conducts observations or records client interactions with staff and compiles program data   |
| Intimate partner violence (IPV)     | “Physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.” (Centers for Disease Control and Prevention, 2020)   |
| Lay advocacy                        | A non-lawyer who is permitted by the court to serve as an Advocate on behalf of a party.   |
| Mirroring                           | Imitating the gesture, speech pattern, or attitude of another to build rapport and goodwill  |
| Procedural justice                  | The perceived fairness of the rules and decision processes used to determine outcomes, consisting of respect, fairness, trustworthiness, and voice   |
| Reflective supervision              | A method to manage vicarious trauma and burnout in client-facing staff, characterized by active listening and thoughtful questioning by both parties   |
| Safety assessment                   | A checklist that asks case workers to identify risks of physical, verbal, financial, emotional, or technological abuse (Washington, 2020)  |
| Safety planning                     | A way to manage risk factors, identify security resources, and collaborate with an advocate when a domestic violence survivor is looking for ways to remain safe during a relationship—before they leave, or after (Safe Horizon)  |
| Trauma-informed practice            | An approach that assumes an individual is likely to have a history of trauma. It recognizes the presence of trauma symptoms and the role they play in an individual’s life. (Buffalo Center for Social Research)   |

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