

***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

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00:00

Liz: Hello everyone and welcome to this Rural Routes for Change discussion brought to you by Praxis International and the Office of Violence Against Women. I'm Liz Carlson. I'm calling from the Praxis office in Minnesota and so glad that you all could join us today. Our discussion today should be a fascinating topic and fascinating information that pertains to the impact of advocates initiated response following law enforcement intervention. We have three guests joining us on the line and Rose Thelen who is our regular CCR coordinator on these calls—facilitator. I'm going to turn the call over to Rose to introduce our guests in just a moment. [Reviews logistics of webinar discussion and format.] That's all I have for now. Rose, welcome to you – and to our guests and why don't you go ahead and get us started if you would.

2:16

Rose: Thank you Liz. It's a pleasure today to have a few women from Denver on the line who participated and were the authors of important research. The research is called the impact of community-based outreach on psychological distress and victim-safety in women exposed to intimate partner abuse. And there's a second piece of research called the impact of victim-focused outreach on criminal-legal system outcomes following police-reported intimate partner abuse. Research always seems to have the longest titles, but it's a great pleasure to be on the line with Margaret Abrams who is from the Denver district attorney's office, Dora Lee Larson from the Denver Domestic Violence Coordinating Counsel, and Ann Prince who is the lead author on the research. And they're going to discuss their important work and its implications. We'll talk about today, the research about how it was done, what you found out and what are the implications of the study. But let's first of all, welcoming you all, and Dora, Dora Lee, can you start by describing what you mean by community-based outreach, or

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***Advocacy-Initiated Response after Law Enforcement Intervention***

**May 2013**

as we sometimes describe it, advocacy initiated response and also what you were comparing it to.

3:46

Dora: Absolutely. Rose, I also want to take this opportunity to thank Praxis for the opportunity to share our experiences and information from Denver. I think a lot of what we're doing here to the Triage project can be replicated pretty much anywhere, whether you're from the rural program or a combination of the two, so thank you for the opportunity. I'm just going to give you a two-minute history or herstory as it were of Denver's work in regard to Domestic Violence victims and response. Denver's been a leader in domestic violence response for, probably, three decades. We have developed an instituted, very effective policies, and processes in response to domestic violence crimes, and our commitment to the CCR, to the Coordinated Collaborative approach, stems from, as most listeners know, the very complex nature of domestic violence and the unique challenges in finding the most effective long-term intervention. So again, as listeners know there's very few other crimes that involve an on-going relationship between the offender and the victim, where there's been repeated assaults and threats and where they have children maybe, or they may have a home or property, or other financial assets and liabilities. And the victim is often forced to continue communication with the batterer and consult with him, generally speaking, regarding these and other issues. Even on the situations where she may be able to escape the relationship, she's often still forced to maintain an ongoing contact or relationship with the offender and may experience some degree of economic dependence on him, especially if he is the father of the children. As everybody knows, especially the abuse mainly for homeless or jobless or acute chronic health problems. She may be depressed. She may be anxious and struggling to effectively parent children. And again, I'm preaching to the choir, I know that, I think it's important to give a little bit of a background. In '84, Denver was one of the handful of communities, progressive communities, nationwide to start the interdisciplinary program, which included the probable cause mandatory arrest policy. It all started in Denver due to threat of a lawsuit here by battered women's organizations. And crucial to Denver's success and developing the progressive and comprehensive policies there came a history or herstory, as it were, of close

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**May 2013**

collaboration between the criminal-civil-legal systems and the community-based services. The domestic violence coordinating counsel was also established in 84', and we are one of the longest running counsels nationally. We provide a forum for the criminal and civil-legal system personnel along with community-based organizations to continue to enhance the coordination, the services and policy development. This is an on-going process and certainly doesn't happen in a vacuum. And tweaks and changes and work have to happen almost on a daily basis, so the history and on-going [inaudible] in actively addressing the victim-needs has provided a strong-foundation on which to advance the ground-breaking work, which is done by the triage-review team.

6:56

Rose: Dora Lee, let me ask you a question here.

Dora Lee: Am I talking to fast?

Rose: You're talking very fast but I was able to get in there.

Dora Lee: Good, good, good.

Rose: Yeah, but you know, and not to take off track too much, but when you talk about your coordinated community response are you speaking specifically about criminal-justice and advocacy program representative or is it a whole? . . .

Dora Lee: Yes, I was going to get to that in a few seconds. Specific to Triage's current successes is providing training to law enforcement prosecutors, whoever will listen, even sometimes judges, which we're going to be doing in about two weeks, expanding and redefining outreach and follow-up with victims, and even doing home-visits, which would be explained by the triage detective and victim-assistance team. One of the things I also want to stress is anybody at the triage table can request a home visit that's not just dependent on the system or criminal system legal request. In certain cases, victims may be given a stalking kit equipped with items to help them take better safety measures. There's also [inaudible]

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**May 2013**

available and there's a variety of community-based services devoted to domestic violence victims, including shelter, counseling services to children, women with disabilities, a program with expertise on same-sex violence and other programs, and additional advocacy services provided by system-based advocates. Denver is one of the few cities that has a dedicated protection's order court, which started in 1993 and one of the agencies and triage project safe-guard provided daily advocacy assistance to battered women's filing petitions for civil protection orders.

8:37

Rose: The Denver triage review team then that's the group that looks at post law-enforcement intervention?

Dora Lee: Absolutely. We actually have access to virtually every police report that comes through the Denver Police department regarding domestic violence incidents. We usually have that information on the average about 12 hours after the incident. Sometimes it's a bit longer than that but that's a general average.

9:04

Rose: Okay. And you contact the victim, right?

Dora Lee: Depending on what the victim needs. The first point of contact is through the advocates and police department and sometimes with the advocates in the Denver city attorney's office. At that point in time, the advocate will let them know that the community-based organizations are at the triage table and they will say, 'It sounds to me like you might benefit from information from Safehouse Denver or information from the [inaudible] Lakes,' so the coordinating counsel will step in and be that liaison. Or they may want information about Safehouse Denver for counseling for their kids or maybe of the programs that isn't sitting at the table, but we could be a liaison to that. We really have access to pretty much whatever a victim might desire to help them in their situation.

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Rose: Very good. That's what you were evaluating through the study right.

Dora Lee: What Dr. DePrince's research was doing was basically evaluating the victim's perception of how well that was working for them but I'm certainly going to let her address that.

Rose: Okay, cool. Thank you.

Dora Lee: Sure. The other thing that I think is important too, again is that liaison piece that the coordinating counsel does provide because we have four community-based organizations involved in the triage project and then through four different criminal-legal system folks. If you had any more than that at the triage table on a daily basis, you couldn't get anything done, so it's very important to have that relationship and liaison ability. For example, there may be a victim of domestic violence where the criminal case happens in Denver, but they live in Aurora, which is in a different jurisdiction. I have a really good working relationship with the battered women's program in Jefferson county so that liaison piece is really important because we couldn't have 55 different agencies at the table, unfortunately. But that relationship in that liaison is really important to develop and maintain.

Rose: Right, right. And so you were looking at what's the value of this to victims, huh?

11:14

Dora Lee: Exactly. Again, it's so victim-oriented. It really is . . . If they don't want any contact by any of the agencies, we don't do it. The only exception in that scenario is let's say the victim-assistance folks, can't get a hold of the victim, let's say she doesn't necessarily want to talk to someone from the system, anybody at the table can then request one of the community-based organizations to do a cold-call. That's taken a little while for people to get comfortable with but I think at this point [inaudible] Margaret can testify to this that more and more the community-based organizations are totally comfortable with calling someone to say, 'I got your name through the triage project and we're hoping we can help you

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and give some assistance,' or whatever. A lot of times victims, believe it or not, may not trust criminal-legal system involvement. They would feel more comfortable talking to someone from Safehouse Denver or Project Safeguard or something like that.

Margaret: This is Margaret. I'll jump in for just a minute. I think that is the biggest shift that occurred with the triage team was really having both community-based and criminal justice folks collaborating on how do we do outreach better. How do we make sure we make sure we're being a little more proactive rather than I think . . . you know criminal justice folks, advocates are very used to calling victims, giving them information, telling them what the status of things are, and community-based agencies are very used to hearing from victims and working long-term with them and providing the advocacy. It's different for them to intimate that outreach. It really was a shift on both parts, in terms of the criminal justice system folks, getting used to asking victims more questions and looking at the bigger picture of risk factors and thinking about are there community partners that can really assist this victim with bigger needs rather than just whatever is going on with a criminal case. And likewise, community partners really looking at what's going on with the criminal case that may impact this victim's ability and comfort with seeking out services. It just so happened that we were putting together this idea, which as service providers, we all thought made perfect sense and was a really cool idea. But really, [we] didn't know from a research perspective does this really make a difference in terms of how victims . . . what their well-being is long-term; what their willingness to participate in the criminal-justice process; does it make sense to be shifting how we are doing outreach, which is where great to be able to partner with Anne to really be able to take a step-back and really take a more critical look at 'Does this work? Does this make a difference?'

14:13

Rose: Very good. That's a good segue into talking about what's the research, the message, and what you come up with. Anne, you want to take us into that?

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Anne: I'd love to. Let me echo Dora Lee and Dora Lee's gratitude for this opportunity. Thanks so much for the chance to talk with folks. In terms of the overall goal of the research, we had a broad goal to evaluate the impact of Denver's community coordinated research or CCR program for victims, following reports of intimate-partner abuse, which I'll occasionally lapse into referring to as IPA to law enforcement. We went into the project understanding from our partners that the triage involved this interdisciplinary review team, including members from the criminal-justice side, the city and district attorney's office, the police department, and I'll refer to those folks throughout describing the research as the system-based players. We also knew that the interdisciplinary team involved community-based partners as well, including Dora Lee's domestic violence coordinating council, as well as Safehouse Denver, Project Safeguard, and some other agencies in town. Our goal was to use, the gold standard for intervention research, an experimental design where we were able to randomize, in this case, we focused on female victims of ITA to receive either the CCR—community-based outreach—or treatment as usual in the system at the time, which involved somebody from the system-based side providing referral to women, which might be a suggestion. You could contact Safehouse Denver if you were looking for counseling services. That was the overall goal to evaluate this kind of CCR. What I'll do in a moment is walk exactly how we went about this and what we found along the way. I'd encourage folks if you have questions to let me know. Certainly, Rose has promised to interject questions and comments on the way, so I don't just talk at you for a whole bunch of time now.

16:31

Rose: Right, if there's any questions thus far just hit "1" and you'll get into the queue. That's a good reminder.

Liz: This is Liz. There was one question that was emailed into me so if I could interject it right now, Rose? This caller is wondering if you have noted in your research that survivors are [inaudible] talking to advocates because of the perception of the connection between advocacy programs and the criminal-legal system that is impacting that relationship?

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17:12

Anne: Gosh, the answer is probably somewhat complicated. I think for many victims, for some . . . I'll just answer more anecdotal than percentages to cite to you right now. We did find throughout the study that women had a difficult time knowing, necessarily, whether the people they were talking to were system-based or community-based advocates. So, we might say for example, "Did you talk to someone from Safehouse Denver." Women didn't always know whether they had or not. This became an issue to the point that we went back to the triage folks and said, "Could you give us names of people who work at these agencies," because then I can say, "Did you talk to Melissa," or whoever. To some extent, we did hear from women concerns about sharing information because they didn't always know whether that person was in the system or outside of the system. But that certainly wasn't for all women. In fact, I'll share some findings as we go, for women who were randomized to the CCR, to get this community-based outreach, they actually perceived the services they received as significantly more helpful than women in the treatment as usual, the referral condition. I think that speaks to. I don't think you find services helpful if you don't feel comfortable speaking with providers, so I think that speaks to a level of comfort that women had in connecting with these community-based groups. I'll try to touch on that question and similar themes as I walk through more of the details of the how what we did in the research part. So, I'm good to move on?

Rose: Yeah, that sounds good.

Anne: Okay, great. Well, I always start describing the research by acknowledging that research doesn't happen in a vacuum. It always takes a village. The work that I'm about to describe to you involved a host of graduate students who were tireless interviewers on the project, collaborators, particularly Joanne Bellmap at the University of Colorado Boulder, as well as Angela Gover who's in Buckingham, and Jennifer Labus. We also had, the work I described, couldn't have happened without the triage partners from the DA's office, to the attorney's office, the police department, the domestic violence coordinating council, Safehouse

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Denver, Project Safeguard, Amend, and the steering committee. The work I'm going to describe was also funded by the National Institute of Justice as well as the University of Denver. In any presentation I do based of this work, I'm supposed to note to you that the opinions, findings, and conclusions or recommendations are those of me and not necessarily the Department of Justice. I also want to acknowledge as you'll hear we talk to you 236 women about their experiences of domestic violence of services that they received and followed up with over a year after that original incident. None of this work would've happened without their willingness to share their voices with us.

20:22

So, what did we do to try to assess the impact of triage. Let me start with who we talked with. We advertised this study as the women's health study and we worked with the police department in order to reach out to and recruit women who had experienced intimate-partner abuse that was reported to law enforcement. If their cases involved non-sexual IPA, the reason for that was non-sexual incidents of domestic violence are publicly accessible in Colorado, which allows us to access police reports. If the domestic violence involves sexual assault they were not publicly accessible, so focusing on incidents that were reported to law enforcement as not involving sexual assault. The incident had to involve a heterosexual couple with a female victim. Both the victim and offender had to be adults, and there couldn't have been a cross-arrest. So, we're checking that heterosexual cases where the male was arrested for domestic violence. The study . . . We elected to focus on women in the study given that reflects the majority of cases that are reported to law enforcement and that triage was working on. With limited resources, we focused on women's experiences of domestic violence. We ended up interviewing 236 women within about a month of the incident that was reported to law enforcement. One of the things that is important to know about the women who we ended up talking with is that they came from areas all over the city and county of Denver. In fact, we were able to work with the Denver police department in order to look at spatial data of where incidences of domestic violence were reported in Denver throughout our study period. We were able to overlay where women who we interviewed actually lived. Because neighborhoods

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and different places in which women may reside can reflect things about demographics, we were encouraged that the women we interviewed appeared representative of the cases that occurred in Denver. One of the things that we worry about in research is did we end up talking to a unique group of women who don't really reflect all of the women who experience domestic violence that's reported to law enforcement in Denver. The ways that we've looked at the data were encouraged that we have a pretty representative sample. You won't be surprised that that sample was terrifically diverse. Women ranged in age from 18 to 63. They were an average age of about 33. They were diverse with regard to racial and ethnic background. About 72% of women identified with one or more racial or ethnic minority group. The largest of those being women identifying as black or African American or as Latina. About 30% of women identifying as Black or African American and nearly 40% identifying as Latina. Participants were also diverse in regard to marital status. About half reported ever having been married and they described their current relationship statuses as everything imaginable. About 10% married. A number divorced, separated, widowed. About 40% single and never married. They also were diverse in regard to education with a couple of participants having as little education as first through eighth grade. The majority had some high school or high school, about 53% of participants. The rest some college or beyond.

24:11

Anne: In terms of what we did, we tried to piggy-back the research on to what was happening at triage already. As you heard from Dora Lee and Margaret, essentially a report at the time that we were doing the study would come into law enforcement. Someone on the systems-side usually an advocate from law-enforcement but sometimes from the city or district-attorney's office would attempt to contact the victim to find out what sort of service needs she had. What would happen next is the incident report as well as the information from that contact with the system-based advocate would go to this interdisciplinary triage review. Before women were randomized, which essentially means a fancy way of saying, we arranged a proverbial flip of a coin to figure out if they were to get community-based outreach or treatment as usual on the system. The triage

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**May 2013**

review team did their own safety review and they came up with a set of parameters for which they would say that women were excluded from the potential of being in the research project, because there were such grave safety risks that the team wanted to make sure that the women got outreach. This is a minority of cases, but it gave the review team a way to opt out of the research protocol and preserve the randomization for as many cases as possible. Following that discussion about safety, the coordinator of the triage review team would review to the team whether that person had been randomized to outreach or referral. If she was randomized to outreach than the triage team would decide who's the best lead agency in this case. If the women, something in the incident report, or in the information that the system-based advocate collected, suggested, that she need help with legal advocacy for example, then the lead agency might be project-safeguard, which was the agency working on legal issues. The advocates from that community, whichever community-based agency was at the lead committed to making outreach to the women as soon as possible after the review team meeting. For women who were randomized to the treatment as usual condition, they would get referrals maybe from the system-based advocate for example and this would be things "sounds like you might need help with counseling, why don't you try calling Safehouse Denver." Dora Lee or Margaret would you add anything to my description on what happened on your side during the research procedures?

26:50

Dora Lee: No, I think that sounds great.

Rose: Anne, just for the listening audience. I know we discussed this before, but all the community-based agencies were advocacy programs, right? Is that accurate?

Anne: Yes.

Rose: Of the choices that you had about who would contact the victim, they were all advocacy programs?

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**May 2013**

Anne: Yes. [Inaudible].

Rose: Okay. Alright.

Anne: But again, that was totally decided by the victim. I mean whoever made the first point of contact would say “It sounds to me you need . . . you might be interested in a protection order. It sounds to me you might want counseling for your children.” Most of that desire or choice was made by the victim.

Rose: Let’s say you’re in a program that doesn’t have those distinctions between advocacy programs. Let’s say you’re in a program where all of those services were provided by one program, obviously, this research would more or less measure the impact of community-based outreach coming from that one program. Can you extrapolate that way? Is that making sense?

Dora Lee: That’s a question for Anne, I think.

Anne: The big difference in terms of how service-delivery happens is kind of the treatment as usual was the approach that many of us have taken always, is talk to somebody, kind of assess what their needs are, and say okay here are some phone calls, call them, good luck reaching them, I’m sorry you’re in crisis but let me give you my referral list with 15 agencies to try and call. The difference was really trying to help close that gap and make sure that connect actually happened. Again, as Dora Lee, that’s what the victim was really wanting and making sure that the victim actually got a phone call from an advocate saying ‘I understand that the police were out last night. And you might be feeling overwhelmed. Let me talk to you about some services that might be helpful to you. Or tell me what’s going on and what you think you might need. And making that connect happen a bit easier instead of a victim having to call agencies, perhaps leave messages. I think it’s not so much the number of different agencies or programs you have as much as how that process happens.

Rose: That to me, was the most significant piece. It wasn’t waiting for the victim to call. It was making the initial call to her.

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**May 2013**

Dora Lee: Exactly, we all know how overwhelming to meet with a victim or talk with a victim on the phone and say ‘Okay, here’s 13 phone numbers. Good luck.’ You know that’s just ridiculous.

Rose: Right and they don’t know who they are and there are all kinds of reasons why they wouldn’t necessarily follow up on that. Okay, so very good. What’d you find?

29:55

Anne: Okay, well this is Anne again. I’ll jump back in with the research piece. What I just described to you of women getting randomized to receive this community-based outreach or referrals to treatment as usual in the system, that was the elegant design that we proposed in the original grant proposal and then life got more complicated. It turned out that a few steps back when the system-based advocate tried reaching victims, they didn’t always answer the phone. Sometimes when they answered phone they said “I don’t want anything to do with anybody. Please leave me alone.” We still sent them an invitation to be a part of the research because the research was entirely separate from what was happening in the criminal justice case or in the triage review. We also have information that I’ll describe to you that were never reached by someone in the system, but we reached them for the research or who declined contact with folks in the system but were willing to talk with us. We actually ended up with four groups of women in the end, who was [inaudible] assigned in this gold-standard rigorous evaluation of the impact of triage, the outreach vs referral. Two groups of women were just what happens in the real world in practice. Some women were never reached by the systems-based advocate and some declined contact. What we did on the research side was trying to reach out to women as quickly as possible. We interviewed them within about twenty-six days of the incident and then we invited them back for follow-up interviews six months later, which I’ll refer to as time two. One year later, as I’ll refer to as time three. We talked with women three times over a year. Importantly, we had 80% or better retention at the follow-up interviews. We were able to keep in contact with women and hear

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how their lives and cases continued to progress. When women came in for the research they were met by a graduate level female interviewer or by myself. The interviewers were one-to-one. We went through a very thorough consent process where we explained victim's rights as participants should they decide to consent and participate in the study. We also made very clear that we didn't work for the police department, lawyers, or community-based agencies that we were operating separate from those groups, which I think helped with women feeling comfortable sharing with us all their perceptions in knowing that it would have impact on their services, cases, or anything along those lines.

32:25

Rose: I thought it was interesting to that you referred to what you were doing as a health study. You didn't say "we're following up with you because you were identified by the police department as a victim in domestic." You just said you wanted to do a study on their health right?

Dora Lee: Yes, thanks for making that point Rose. All of the recruitment for this study said women's health study or phone scripts talked about the women's health study. Our concern was we weren't sending anything or saying anything on the phone that could be overheard by an offender that referred to domestic violence because we didn't want to increase safety risk in terms of offenders being upset that a woman might talk about or be asked about her experiences with domestic violence. We did though when women showed up for that first interview, as part of that thorough consent process, we said "We talk to you on the phone about a women's health study. Here's how we got your name." We told them we had accessed the police report and the study focused on domestic violence. Of 237 women that initially talked with and explained that the study really was going to focus on domestic violence, only one woman declined to participate. Women were still willing to . . .

Margaret: Dora Lee, I think that's fabulous. It really speaks to Anne's expertise and all of the work that you've done.

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**May 2013**

Anne: Also, I think it speaks to women's wanting to and willingness and desire to tell their stories, which researchers have been at times a little slow to catch up on in terms of thinking there's a lot of risk in doing this kind of research, that victims may not want to be asked about such things.

34:14

Rose: This is Rose. It goes to me also as well sometimes the advocacy programs are reluctant to contact victims because they don't want to talk to us but it's that they don't know what they'll be talked to about. Once they're oriented to the fact that this is about their health in this case, it's confidential, and not going to harm them it makes a big difference too.

Anne: Correct. You reiterated Rose that women may not want folks contacting them. The triage steering committee asked us at some point, can you just ask women if it's okay for advocates to call, make cold calls, to women. I forget if it was our time two or time three interview we said, "What do you think about an advocate from a community-based agency calling you out of the blue after a domestic violence incident?" The overwhelming majority of women said that was fine. A call would be appreciated. Where women said, "Ahh. I'm not sure whether it's a good idea or bad idea, I'm kind of ambivalent." Interestingly for a lot of those women, the reason they gave was because they thought the call wasn't really important to them, that domestic violence was a problem affecting someone else. It was a very small minority of women, only a handful who said "No way. Don't call." The overwhelming feedback we got from woman is that done well, it's okay for advocates to make cold calls to victim.

Rose: very good. Nice to have that confirmation, huh?

Anne: yeah. At the end of each of our interviews, we also asked women to fill out a measure about what it was like to be in the study. We looked at the relative benefit and costs that she perceived of talking about her domestic violence over time, and I'll just briefly note that women overwhelmingly found the experience to be positive relative to any perceived costs things like experiencing negative

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***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

emotions. Again, more evidence that talking about domestic violence and experiences in service needs and so forth, done with respect and done well, can really be done within a stable and positive benefit to cost ratio. What did we find? Let me talk to you first about the criminal-justice findings. As I mentioned a little while ago, we were able to retain about 80% of women for the follow-up interviews. It's important for you to know that who we talk to at those follow-up interviews was not related to outreach status. It's not that we lost women in one particular group over another, nor was retention related to most other factors of interest, which is important, because if I tell you this triage thing worked very well but it turns out that the most complicated cases dropped out of the interviews then that would be a big potential Achilles heel in the research. We did tend to lose women who were of lower SES at time three, and women who were living with the offender at time one were less likely to come back for follow-up interviews later. Just keep those things in mind and I'll come back to them as we go.

37:30

Rose: Let me just repeat that. If they were living with the offender, on the first contact they were less likely to come back for time two? Did you say?

Anne: Correct.

Rose: Six months later?

Anne: Yep.

Rose: Did that mean they didn't come back at the third time, a year later, or did you just not follow up if they didn't come to time two?

Anne: If people didn't come to time two, we persevered and still tried to invite them to time three. We did talk to some women at time three who weren't there at time two. If women were living with the offender, they were less likely than their peers to come to either the time two or time three interviews.

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***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

Rose: Ok, thank you.

Anne: Sure. Women, across the groups, referral, outreach, didn't ever talk to the system advocate or didn't want to talk to the system advocate. They were generally comfortable on everything we looked at at baseline: their dependence on the offender, the number of initial charges, the amount of IPA's they've experienced in the previous six months, their socio-economic status. It looked like that randomization worked, that we had relatively equivalent groups to start out with. When we looked at the likelihood of women being engaged in the prosecution process, we asked them at each interview what if anything did the prosecuting attorney's office ask you to do and how much of that stuff did you actually do? We found that women in both the outreach and referral conditions, so these were women who had that initial contact with the system based advocate and went through the triage, their cases went through the triage review, that they were more likely to report that they've done some of the things that the prosecuting attorney's office asked than women, from the start, who said "I don't want to be involved," or didn't pick up the phone when the system-based advocate called. There was suggestion that even the experience of that initial out positive outreach, and outreach positively received from the system-based advocate was linked with better engagement with prosecution. We looked at who gets asked to go to court and 135 of 233 of the women in the study reported that they had been asked to go to court at some point during the study. Whether or not they were reached by that system-based advocate early on predicted or not whether or not they were asked to go. Women in the outreach and referral groups were more likely to be asked to go to court than the women in those other two groups who declined or were never contacted by a system-based advocate. I mention that because again this seems to speak to either system or community-based outreach in the process, seems connected to whether women are engaged in the criminal justice process and invited to be part of that process.

40:33

***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

Rose: Anne, could you clarify that? You're saying that they were asked to go meaning that if . . . What went into that ask? How was that decided?

Margaret: This is Margaret if I can jump in here. Part of that was really from a research perspective, trying to operationalize that whole concept of victim cooperation or victim participation in the criminal-justice system. I mean that's such a nebulous term and often gets this judgemental view on it. It really was trying to help define, for research purposes, what does that look like in terms of how do we operationalize victim participation? We really looked at things like is the victim returning phone calls from the criminal-justice agency? Has she expressed a willingness to come to court, if need be? Some cases get resolved without a victim ever needing to come to court. But really trying to help define some of those things does that help describe Anne, kind of what we talked about?

Rose: For me, what you're suggesting is if it's determined early on that you're not a good candidate for "cooperating," then you may not be asked.

Margaret: Well, I think it is kind of one of those circular things that comes up at time. I think it's a situation where a victim isn't returning phone calls or we're not able . . . or she has her phone disconnected, or for whatever reason we're not able to contact her. That may shift what decisions get made about the case prosecution and whether or not it's going to be a case that is likely to go to trial or not. Some of those kinds of issues.

Rose: Okay, good. It does speak to the victim-engagement then huh?

Margaret: Uhh-hum (affirmative).

Rose: Okay. Thank you.

Anne: From a research perspective, we asked women "Were you asked to go to court?" These are their perceptions about whether they were asked first . . . could've meant somebody mentioned to them, "We'd like you to be in court." Other folks, when we've presented this work, have asked "Does that mean a

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***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

victim was [inaudible]?” Going to court doesn’t necessarily mean that. Women talked about a range of things in terms of being asked to go to court such as a system-based advocate telling them the courtroom, and stuff, where hearings are happening, saying “You can come and observe the observation of things,” Vs “All the way through, we’d like you to testify,” kind of invitation to go to court.

43:23

Rose: I’m going to interject and remind people to press 1 on your dial if you want to get in on this. I have another question that comes up for me. For the women, this whole piece about were they asked to go to court, the engagement level, that sort of thing, were the women in ongoing contact with these community-based advocates or was it just one contact? How did that work?

Dora Lee: It really varied. Women were very diverse with regard how much they were using community-based services and how much they were in touch with either community-based or system-based advocates. It varied quite a bit.

Margaret: This Dora Lee, it was kind of all over the place from what I recall, definitely.

Rose: Did you correlate any of that like numbers of contacts vs outcomes?

Anne: We didn’t look at number of contacts because that was extremely messy in terms of trying to figure out what counted as a contact and who was it really from because women didn’t always know where advocates were positioned with which agencies. I can’t tell you that. I can tell you that the services that women received in the outreach condition, they perceived as more helpful. We think outreach did get women connected with the right resources faster or more effectively than in the referral condition.

Rose: Very good, okay.

Anne: But now, do you want to hear the exciting thing?

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***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

Rose: Yes!

Anne: When we looked at who went to court. For 131 women that were asked to go to court, 91 said they went and 40 said they didn't go. Being in that community-based outreach condition actually meant that women were significantly more likely to go to court than women in the referral group and women who were never reached early on, never reached by the system-based advocate early on. In this outcome of who actually ends up going to court, we see emerge one of the first important findings about this sort of CCR that being randomized to that group and getting that community-based outreach call was linked with a greater likelihood of having gone to court. That's really quite important. We looked at all sorts of potential logistical barriers to getting to court. We literally modeled where women lived and if they took the bus; how much a pain in the neck that would be. We looked at a host of potential barriers and the effect of outreach remained consistent. We didn't clearly find barriers such as how many bus stops, bus transfers away, and things like that getting to court was. Though we did find women's perceptions, their belief at the first interview of how difficult it would be to get to court did predict whether or not they went to court. If women early on anticipated more problems getting to court, they were less likely to go. Let me suggest that no matter where your agency is located, having advocates who could talk to women about logistical barriers like what they perceive to be the problems of getting to court or transportation issues can be useful. We looked at overall case disposition for all . . . We had case disposition at the end of the year for 231 out of the 236 cases. On the surface, it looked like for the majority of cases hovering around 60% they ended with a verdict being entered. For about 30% of cases they ended being dismissed. For somewhere around 10% of cases, charges were refused. What we found that was really quite striking, remember that issue I raised earlier about women living with the offender, those were women less engaged with the research process at time two and time three, but we did have information about case disposition from the DA and city attorney's offices. We found that those women, when women were living with the offender early on, outreach seemed to have a very pronounced-positive impact on case outcomes. For women living with the offenders, if they were in

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***Advocacy-Initiated Response after Law Enforcement Intervention***

**May 2013**

that outreach condition, 100% of those cases ended in a guilty verdict. Not being a lawyer, only being a researcher, it seems to me that keeping those women engaged in the research process, I would anticipate that similar struggles would happen in prosecuting cases where a woman is still economically tied to her offender and living with the offender, and those must be very tough cases to prosecute. We see this striking impact there of outreach with 100% of those cases resulting in a guilty verdict, relative to only 35% of the cases as the treatment as usual condition resulting in a guilty verdict.

48:42

Rose: Wow, that seems pretty . . . I mean . . . Significance is a research term. It's an important finding I would say. Margaret, maybe you could way in? Is there something else going on here? Was there criminal-no contact? How was it that the women, the cases where they were living together, there was a conviction?

Margaret: Well, that has been an incredibly interesting finding and one that we've really tried to make sure we get out in front of our prosecutors and our advocates here to really help look at. That ability to connect is critically important and that we don't make wrong assumptions about cases we see where the victim is still somewhat engaged in the relationship. Although you are correct, the way this system works there is a mandatory protection order put in effect at the time of the arrest and is typically in place throughout the duration of the case. We could speculate on a couple of things, one is that if perhaps there is still some contact going on with that couple throughout the duration of the case, if they are also connected to services and having advocacy and support, that that is hopefully making a positive impact. The other way to look at it too is perhaps with the protection order in place, even though she was with the offender, engaged in that relationship at the time of the offense, sometimes I see, again this is more anecdotal, where that protection order kind of gives the victim some breathing room to start reevaluating what's going on and connect with services and make some decisions based on that.

50:39

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***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

Rose: Well the other thing that occurs to me too is that maybe she's getting information about he's going to maybe be court-ordered into some program to a batterer's offender program so that might help or . . . but let me just clarify Ann. I don't want to hold up anymore. I'm proceeding with this but where the woman was living with the offender and there was outreach that resulted in 100% conviction, it didn't result in convictions where it was a referral? is that what you're saying?

Anne: That's correct. Outreach clearly beat treatment as usual in the system in this case. I guess maybe I should frame it as offender still living with victims. It's making it sound like it's her choice, because the protection orders are of course entered against him.

Rose: Was it in the referral?

Anne: There's about 35%. And building on what Margaret said something about outreach or contact with advocates providing some room to reevaluate relationships. Another of our most striking finding was that women who were randomized to the outreach condition reported significantly higher state of change scores a year later than women in the control condition. Stage of change refers to women are thinking about their relationships with higher scores meaning they already done or are in the process of doing things to leave the abusive relationship. Outreach was linked with woman being more likely to have already done or be in the process of doing something to leave the relationship relative to treatment as usual in the system. That finding helped me bridge sharing with you a few things about the impact of this CCR on women's well-being. We looked at a range of distress kinds of symptoms PTSD symptoms, depression systems, as well as women's feelings of fear related to the domestic violence. Interestingly, for women who declined that initial contact with the system-based advocates or didn't answer their phones way back at the start but who did talk with us, they reported lower symptoms and lower distress relative to women in the outreach and referral condition. For some women who don't engage early on, it may be that they are not experiencing distress and for women

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***Advocacy-Initiated Response after Law Enforcement Intervention***

**May 2013**

who are experiencing higher levels of distress, the inclination to engage early on may be greater. What we saw was again another really pronounced affect of outreach such that for most women from time one to time two, we saw overall declines and PTSD, depression, and fear symptoms, sort of what you'd expected that over time women would be feeling better. But at time three, women who were in that outreach condition held on to those gains while women in the treatment as usual started to show worse symptoms. They started showing greater returns to increases in PTSD, depression, and fear. This is very striking that an early community coordinated response could have an impact a year later on women's psychological experiences of distress. We had initially thought that or hoped that this kind of CCR would have an impact on revictimization that something on doing coordinated outreach to victim would improve victim safety. In hindsight, it seemed like we were expecting, focusing on the victim to change offender behavior. In hindsight, that didn't seem like the best idea in the world. The data actually supports that. Across groups, revictimization was all too common. Nearly 80% of women reported one new incident of psychological aggression. 30% reported an additional incident of physical aggression with the offender. And about 30% reported an additional incident of sexual aggression. It wasn't the case that outreach was linked with better victim safety. It was more that revictimization was all too common in women's lives. We did see, in terms of service use, that women, in either the outreach or referral condition, were more likely to be accessing services than the women in the other two groups over time. But as I mentioned a couple of times, the quality of that service was better for women in the outreach condition as I mentioned. We suspected that's due to the triage process resulting in a better fit for services early on. Those are some of the highlights from the research piece of some of the, what we've been talking as the best examples of the impact that outreach has. We've certainly done a host of other data analysis. We've tried to be responsive to questions the triage steering committee has had that might influence our policy and practice so there's a lot more on this project, but we're almost at two o'clock. I'll sort of open things or turn it to Rose to open things up for broader discussion about implications or to answer questions.

***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

Rose: Thank you Anne. Again, if you have a question, press one and you'll get into queue. Or if you're hesitant to do that email Liz at [praxisinternational.org](mailto:praxisinternational.org). It would be really interesting to hear what people have to say. It's a lot of information to go through quickly/. I highly encourage everybody to look at the research and pour over it. There's a lot in there that can be used for CCRs. In fact, I was going to ask Margaret to discuss with us any the implications she saw relative to prosecution or other aspects of the criminal court process that you wanted to highlight in terms of implications for the CCR.

Margaret: There've been numerous implications. As you noted, the research that Anne did is just chockful of neat nuggets of information. We've had her come back to our team meetings repeatedly to give us new insight, to ask additional questions about . . . You know, what do you think about this? Or how would it impact that? It's been just great. Specific implications? Certainly, it ha, I think made everybody around the table and been a good foundation to keep bringing that information to the new prosecutors in the office and remind folks when their working on cases. And having everybody have a broader understanding and view of each other's role and recognizing that it really does take everybody with combining intervention really to make a more global impact. That it isn't just a matter of the criminal-justice system impact or just a matter of getting this victim in counseling. That it really does take all of the components, understanding their roles and their piece in that intervention. I think the work that triage has done has really helped people think more globally about what issues they may be hearing from a victim. I think it has definitely helped us look more closely and everybody, no matter what their roles is looked more closely at risk and risk-assessment and safety issues.

59:01

Dora Lee: If I could jump in here, this is Dora Lee. One of the other things that I think has just gone a long way as far as the triage process is . . . I want to say the bonding process, which sounds a little ridiculous. We've worked with many of the same folks now for five years. When this first started the idea from the detectives in the domestic violence unit of being in the same room with a treehouse group

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***Advocacy-Initiated Response after Law Enforcement Intervention***

**May 2013**

of manhaters was appalling. At this point in time, I feel so comfortable in picking up the phone and calling Detective Simpson and saying this is what's going on. The other realization is the limitation of confidentiality has been a big thing. I remember him trying to contact a victim at one of the outlying shelters. He calls me and says, "what's the address of blah blah blah." And I said, "I can't tell you that." "What do you mean I'm the police." Well, once we've established that trust and respect for each other and honoring our limitations, it's just gone a long ways for us advocates here so I think that's a really important piece as well.

Rose: You know, I wanted to say too. Anne didn't mention this but there was . . . women of color were three times more likely to report positive outcomes, psychologically right. Was it across [inaudible] income as well? Anne, could you say something to that?

Anne: Women who got the outreach were significantly more likely to have better mental health outcomes, yes.

Rose: Wasn't it for women of color?

Anne: yes, we did look at potential moderators. Were there demographic factors, for example, that augmented or diminished the impact of the outreach. When we looked at the criminal justice variable, outreach seemed especially important for ethnic minority women. The things such as coming to court, ethnic minority women who received outreach were significantly more likely than ethnic minority in the other groups to go to court. Yeah, thanks for pointing that out Rose.

Rose: Very good. The other things for me too Dora Lee, you mentioned something about the bonding process.

Dora Lee; I don't want to get too warm and fuzzy here but yes.

1:01:30

***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

Rose: In some ways, it elevated the status of what you and advocacy programs do because it said we make a difference right?

Dora Lee: Exactly, exactly. And I think the respect of the law enforcement folks who are at the table at the community-based organizations has just grown in leaps and bounds. They will call advocates at Safehouse or Safeguard or whatever and discuss all kinds of things and knowing that they can't necessarily confirm or deny that they've had contact with the victims but a lot of the times the conversations are just sort of generic. The mutual respect that I've seen at the table has grown and it's just amazing.

Rose: The other thing that occurs to me listening to this as somebody who's worked forever in this field is just the whole idea that the victims were valued for their input. The research was a very good example of being victim-centered and using what you know from them to evaluate what you do. I suppose you can't . . . There's no way of measuring the impact of . . . Is there a way of measuring the impact of actually getting back with these women three times a year and saying, tell us "Some more about your life and how you feel and all that?" Could you mediate for that influence?

Anne: luckily, everyone in that study got that influence. We are sure the effective outreach isn't just because we took care in how we did the interviews. Our interviewers were actually blind. They didn't know which condition were assigned to so we were sure we weren't accidentally cheating because we liked the triage team and hearing what women said in their particular way because we knew they were in the outreach condition. Interviewers didn't know the conditions women were in.

Rose: Thanks for that clarification.

Margaret: This is Margaret. I will speak to the positive impact that just the participation in the study can have on some victims. I was doing some first contact on the cases we had here once they got file. I ended up talking to this

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***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

woman, who at some point in the conversation, started telling me about, “Well, I talked to those women, ya know.” I wasn’t really sure who she was referring to. Finally she said, “You know those research women.” She kind of went on about how helpful it was to share her experience and be able to really . . . And she talked about leaving that and she was actually leaving the states for a couple of weeks, following the incident, and had this long period in the card to kind of reflect and think about all the questions and discussions and came to very different conclusions about the relationship. She just had such positive things to say . . . “They listened to me. They were interested in my experience. It made me realize all these things how I’ve let things slip away from my life that were important to me because of this relationship.” That has just really stayed with me. For those of us, when we partnered with Anne, even though we’ve gone through all kinds of work to talk about safety issues and what does this mean to develop the questions, it was really impressive to me what a positive experience for that victim and I think for lots of others. I just happened to hear from this one.

Rose: Dora Lee, any implications for what you do?

Dora Lee: I just think it’s important again to sort of change the way we do business and even though with the research that Anne has generated and the brilliant work that she’s done. There still seems to be a slight level of [inaudible] sometimes from advocates in the community-based organizations, “I can’t call this victim just out of the blue.” Well, research shows that you can. I think it’s just huge as far as changing the way we do business with different organizations. It’s also different in that some agencies that I do outreach with aren’t at the triage table. They don’t understand the process that it takes a lot of . . . educated them about that. But once they’ve had some contact with victims and done those cold calls, it’s night and day.

1:06:13

Rose: Very good. I’m always adding my voice to that particular chorus. Over and over, it’s proven anecdotally and now with this, I think Dora Lee, and I don’t know

***Advocacy-Initiated Response after Law Enforcement Intervention***

**May 2013**

how long you've been in this, there's been an early philosophical that we don't contact victims.

Dora Lee: Too long. It's invasive. It's their business blah blah.

Rose: Yeah, empowerment or all kinds of reason. Time is now to re-evaluate your own system and say look, okay this makes a difference in their lives. I thought it was significant that you also excluded from the research where you knew after you did some risk-assessment that they were at greater risk, so that provided the absolute and go-ahead to contact those victims and not have them just referred. You're definitely a proponent of getting to victims.

Dora Lee: Definitely.

Anne: This is Anne again. I think the research. What women said about the research either the anecdotal example Margaret shared or the data we collected about the benefits they perceived, it's a parallel example of cold-calling victims and asking them about their opinions on things. As part of our consent procedures, as you probably do in practice. We explain you're in the driver seat. I'm going to ask you a lot of questions and your job is to answer the one's you want to answer and not the rest. I think there are ways to empower women to share what they want to of their stories and ask for what they need and not share what they don't want to in how we do this research and kind of intervention.

Dora Lee: Giving them power to make those decisions, putting them in the driver seat. Because they've been so disempowered for so long, that's just kind of a new way of looking at things.

Rose: The decision whether they dial the number is going to be the fact that makes them empowered vs. somebody calling them up and answering the phone. There's so many other ways. They're empowered by somebody contacting them and saying, "Here's all the things that are going to happen. Here's information that's going to make a difference in your life." That's the approach. Relative to programs on the call too, be sure, we have five minutes left, if you have questions

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***Advocacy-Initiated Response after Law Enforcement Intervention***  
**May 2013**

to ask, to press 1. It doesn't require. You're Denver. You've got multiple agencies, lots of people at the table. Been doing it for a long time. I think even if you were to start. If you start in cold in a community that is very small and all we are is an advocacy program. That that's a good place to start is by contacting victims. If you've got nothing else in place, would you agree with that?

Dora Lee: Absolutely. Parts of this can be replicated in pretty much any community, especially when you're starting to build trust and honoring everybody's limitation and the expertise they could bring to the table.

Rose: The other thing to I remember in reading the research was you talked about the importance of being more victim-centered. You felt that CCRs generally spent a lot of time, even though their goal is to enhance victim-safety, that a lot of the focus is on increasing offender accountability. Victims, when you don't outreach, they get kind of left by the wayside. This is a way of enhancing that?

Dora Lee: You can't have one without the other, I don't think.

Rose: This is a way of putting some focus there huh?

Dora Lee: Exactly.

Margaret: One thing that comes to mind as we're talking to about how folks may implement parts of this in their own communities, Meg Girven from the national crime-victim law institute, did a commentary on the criminal-justice, an article, describing these criminal justice findings, and in that she made the really important point that not only was outreach linked with some positive things more importantly it wasn't linked with bad things. Her experiences was sometimes from the prosecution side they say, "Stay away from the victim in the case. Other people are getting involved with the victim. Things are going to go awry. It's going to hurt the case in some way." There's a knee-jerk reaction, there can be in some communities a knee-jerk reaction. I think she made the really important point in a lovely commentary that it's great that outreach was linked to some positive things. And even better in terms of talking with and building relationships with

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***Advocacy-Initiated Response after Law Enforcement Intervention***

**May 2013**

your own prosecuting attorney's offices, being victim-centered did not get in the way in prosecuting these cases.

Rose: And living with your perpetrator, didn't impact neg—I mean it was positive in terms of convictions.

Anne: Well, outreach is influence in those cases, yes.

Rose: it looks like we have two minutes left. Any comments from you? Let's start with you Anne. Let me preface it by saying that the article you just mentioned, Liz will get a hold of you to get that resource. Also, your actual research studies will be available through Liz. Right Liz?

Liz: Right. Anyone interested in PDF copies of research articles that we've been discussing, should feel free to send an email to [liz@praxisinternational.org](mailto:liz@praxisinternational.org) and I'll be happy to forward those onto you. And I wondered too about contact information from Anne, Margaret, and Dora Lee. If people are interested in contacting you, are you open to that.

Dora Lee: Oh, I was actually going to offer my email as a matter of fact.

Liz: So perhaps, as you are just in the last moment or two, making your closing comments, if you just wanted to provide that information. If you can also contact me, if they don't happen to have that.

Anne: This is Anne and I appreciate your time. I think I've used the bulk of the time and I'll just leave things with what I said and I would welcome contact from folks also at my research team's website. I'll send it to Liz since it's a mouthful. At that website, you can find other full-text articles coming from this triage project as well as other of our victim center projects.

Rose: Thank you Anne.

***Advocacy-Initiated Response after Law Enforcement Intervention***

**May 2013**

Margaret: This is Margaret and my email is [mx@denverda.org](mailto:mx@denverda.org). And I'm happy to answer any additional questions. The only final piece I just kind of wanted to point out is that the outreach and the triage team looks at cases regardless of whether or not they are actually filed and prosecuted. We're reaching a pretty broad audience, which again we thought was very important. We know that for a variety of reasons cases may not go forward to be prosecuted but that doesn't mean that there's still not concerns and issues and problems that services can help address for victims.

Rose: Dora Lee, you get the final word.

Dora Lee: Oh goodie. I love being in the closer. One of the things I have to say is I have to share my appreciation of having access to someone as brilliant and ethical as Anne DePrince. She's done such a fabulous job as far as concretizing this research and letting us share nationally and sometimes internationally what really does work and demystifying all of those assumptions that we used to have back in the day in the movement. I just can't say how much I appreciate that. Again, any part of triage can be replicated, I think in any community, whether you're rural, urban, combination of the two. If folks would like information from me or contact me it's [ddvcc@q.com](mailto:ddvcc@q.com)

Rose: Thank you Dora Lee. Thus, concludes our talk for this afternoon. Thank you so much women for your work. The research you did . . . I don't know I've never been happier about a piece of research. Thank you for your good work. Thank you everybody for tuning in today.