

**Ohio Intimate Partner Violence Collaborative:  
Final Evaluation Report  
of the *Safe and Together*<sup>™</sup> Training Program**

**Executive Summary and Overview**

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## EXECUTIVE SUMMARY

**BACKGROUND:** During 2013, the Ohio Intimate Partner Violence Collaborative (OIPVC) enabled local child protective services (CPS) agencies in 13 Ohio counties to participate in the Safe and Together training program. The training aims to improve the ability of CPS agencies to work effectively with families that are experiencing domestic violence through skill building and values clarification. The training sought to provide participants with information and practice skills such as screening, assessment, documentation, interviewing, partnering and engaging. Intensive training was provided to CPS staff; domestic violence advocates and other community partners received overview training of the Safe and Together model. We emphasize that this report focuses solely on Safe and Together and did not try to assess the impact of other efforts, such as technical assistance provided by the Ohio Domestic Violence Network. While the Safe and Together model is being used in many states, this report represents the very first effort to evaluate how the training affected CPS practices, policies and collaboration with other local agencies.

**METHODS:** We organized the evaluation around 5 data collection activities: (1) an online pre/posttest survey of 837 CPS caseworkers and supervisors; (2) semi-structured interviews with 16 supervisors; (3) semi-structured interviews with 8 community stakeholders; (4) desk reviews of 191 CPS case files; and (5) review of written policies from 15 counties that had completed Safe and Together training. Exhaustive descriptions of each of these methods are appended to this report.

**RESULTS:** The evaluation found strong evidence that Safe and Together training had two clear, positive effects and mixed or little evidence for other outcomes. These key findings are summarized below:

Regarding the effects of the Safe and Together training, the evaluation found...		
Strong evidence that:	Mixed evidence that:	Little evidence that:
(1) CPS staff assign less blame to victims for staying in a violent relationship;  (2) CPS staff increase their concern about, and documentation of the effects of children witnessing domestic violence.	(3) CPS staff increase their understanding of coercive control;  (4) CPS staff enhance safety planning for victims and children;  (5) CPS staff increase perpetrators' accountability.	(6) CPS agencies change written policies; and  (7) Community stakeholders become more receptive to Safe and Together policies and principles.

**RECOMMENDATIONS:** Based on these findings, we offer the following recommendations:

- OIPVC should be proud that the first-ever evaluation of the Safe and Together training program provided some strong evidence of the program's effects.
- OIPVC should continue discussing whether missed outcomes indicate the need for further adaptation and expansion of the training program.
- Future evaluation efforts should build on this study by recognizing which outcomes can be documented by existing methods and which others may require new approaches.

## OVERVIEW

During 2013, the Ohio Intimate Partner Violence Collaborative (OIPVC) enabled local child protective services (CPS) agencies in 13 Ohio counties to participate in the Safe and Together training program. The training aims to improve the ability of CPS agencies to work effectively with families that are experiencing domestic violence through skill building and values clarification. The training sought to provide participants with information and practice skills such as screening, assessment, documentation, interviewing, partnering and engaging. Intensive training was provided to CPS staff; domestic violence advocates and other community partners received overview training of the Safe and Together model. One of the challenges to evaluating the training was to distinguish its effects from the effects of other statewide efforts to strengthen CPS agencies. We emphasize that this report focuses solely on Safe and Together and did not try to assess the impact of other efforts, such as technical assistance provided by the Ohio Domestic Violence Network. While the Safe and Together model is being used in several states, this report represents the very first effort to evaluate how the training affected CPS practices, policies and collaboration with other local agencies.

The overview section of this report integrates results from multiple data collection methods that appear in subsequent sections. Whereas these results did not change, our interpretations of them sometimes did, based on feedback from OIPVC partners and David Mandel & Associates. We found these exchanges to be very helpful and strengthened the validity and utility of this report's conclusions.

## METHODS

In order to participate in Safe and Together training, a county CPS agency must have already adapted an Alternative (i.e., Differential) Response (AR) pathway. As part of the evaluation, we collected data from 12 of the counties trained during 2013,<sup>1</sup> as well as 12 Ohio counties that had participated in Safe and Together training during previous years, and 7 local CPS from AR counties that had not yet participated in the training.<sup>2</sup>

We organized the evaluation around 5 data collection activities: (1) an online pre/posttest survey of 837 CPS caseworkers and supervisors; (2) semi-structured interviews with 16 supervisors; (3) semi-structured interviews with 8 community stakeholders; (4) desk reviews of 191 CPS case files; and (5) review of written policies from 15 counties that had completed Safe and Together training. Exhaustive descriptions of each of these methods are appended to this report. Table 1 presents which counties participated in which activities.

Our presentation of key results is limited to those that we detected across multiple data collection activities. In some instances, a finding generated by one data collection activity was tested but not confirmed by another. We discuss the possible reasons for such inconsistencies and present them as tentative results that the Safe and Together training may eventually produce.

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<sup>1</sup> Portage County agreed to participate in the training during the middle of year; too late for us to include them in the evaluation.

<sup>2</sup> Stark County was originally slated to begin the training during 2013 but had to postpone it. Because they had already contributed data to the evaluation, we reclassified them as a "never-trained" county.

Table 1. Ohio counties in various data collection activities for the OIPVC evaluation

<i>County</i>	<i>Safe &amp; Together training?</i>	<i>online survey</i>	<i>supervisor interviews</i>	<i>community interviews</i>	<i>desk reviews</i>	<i>policy reviews</i>
Allen	not yet	x				
Ashtabula	2013	x				x
Athens	pre-2013	x				
Belmont	not yet	x				
Butler	2013	x	x	x	x	x
Champaign	pre-2013	x				
Clark	pre-2013	x				x
Delaware	not yet	x				
Erie	2013	x				
Fairfield	pre-2013	x				x
Franklin	pre-2013	x				x
Guernsey	pre-2013	x				
Hamilton	2013	x	x		x	x
Hocking	pre-2013	x				
Lake	2013		x			x
Licking	pre-2013	x				
Lucas	pre-2013	x				
Madison	2013	x	x	x	x	x
Mahoning	2013	x				x
Medina	2013			x	x	x
Miami	not yet	x				
Montgomery	pre-2013					x
Putnam	2013	x	x			x
Richland	2013	x	x	x		x
Ross	pre-2013	x				x
Sandusky	2013	x				
Scioto	not yet	x				
Seneca	not yet	x				
Stark	not yet*	x	x			
Summit	2013			x	x	x
Tuscarawas	pre-2013	x				
Total # counties		27	7	5	5	15

\* initially slated to received training during 2013, but postponed

## RESULTS

Safe and Together training had two clear, positive effects on the attitudes and practices of CPS staff. Other anticipated changes had mixed evidence or little evidence to support them. These results on seven key outcomes are summarized below and note whether

### **(1) CPS staff assign less blame to victims for staying in a violent relationship.**

**(STRONG EVIDENCE)** On the online survey, we compared participants' responses before versus after they participated in the training. Linear regression of change scores found that on average, trained staff reduced the degree to which they endorsed victim-blaming beliefs. In comparison, we found no such changes among people who had not received the training during the period. Similarly, interviewed supervisors often remarked how their trained caseworkers had begun working differently with staff. In the words of one supervisor, *"Because of the Safe and Together training, the mindset of the worker is different. Before we would have put the blame on mom versus trying to partner with her and create a plan."* A domestic violence advocate illustrated a similar theme that we heard in several community interviews, *"The conversations [with CPS staff are] shifting more toward understanding [the] dynamics of domestic violence; [they] look different than they used to, less victim blaming."* As indicated by these quotes, this attitude shift appears to have implications for intra agency case discussions, case practice with families and collaboration with community partners.

### **(2) CPS staff increase their concern about, and documentation of the effects of children witnessing domestic violence.**

**(STRONG EVIDENCE)** Essentially all CPS staff already know that domestic violence harms children. On the pretest of the online survey, 95% of respondents agreed that "domestic violence hurts children – even when they do not see it happening."<sup>3</sup> It appears, however, that Safe and Together training heightened the sensitivity of CPS staff to this important issue, as well as their assessment and documentation of it. In our desk reviews of case files, the proportion of cases that documented the effect of domestic violence on children jumped from 50% during the period before training to 80% after the training had been completed ( $\chi_{(1)}^2=4.86$ ,  $p=0.03$ ,  $n=49$ ). The community stakeholder interviews found a similar theme. One counselor who takes referrals from a recently-trained CPS agency offered the following observation: *"Just by merely witnessing domestic violence situations it does great harm to the kids. I think there has absolutely been a greater understanding of that over the last 6 months."* In addition, several interviewed supervisors expressed great concern about children who witness domestic violence, although they bemoaned the lack of referral options.

### **(3) CPS staff increase their understanding of coercive control.**

**(MIXED EVIDENCE)** One of the most common themes in the supervisor interviews was that training helped CPS staff understand coercive control as an integral aspect of domestic violence. Such an understanding could translate into practice changes by altering how caseworkers ask about domestic violence and what they record in case files. One interviewee described this change as follows:

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<sup>3</sup> This highly skewed response made it unfeasible to detect any improvement on this measure at posttest.

*Our social workers were screening by just asking “Is there domestic violence in your home?” And I think one of the big changes that has come out of Safe and Together is really to ask different questions. More of what we’re looking for, about controlling behaviors or who is in charge of what in the household and how those decisions are made and different ways to get at domestic violence without asking about it directly.*

Comparing pre/posttest data from the online survey, we found no change in the likelihood of caseworkers who “usually” or “almost always” documented a perpetrator’s pattern of abuse. Yet looking at pretest data, 73% of caseworkers who had completed the training in the past year reported doing so, versus 50% of those who had not had any training during the past year ( $\chi_{(2)}^2=13.37$ ,  $p<0.01$ ,  $n=462$ ).<sup>4</sup>

The desk reviews found that cases handled after the training were nearly twice as likely to document coercive control compared to cases handled before the training (30% vs. 17%;  $\chi_{(1)}^2=1.63$ ,  $p=0.20$ ,  $n=44$ ). However, the sample size was far too small to rule out the likelihood that this difference was merely due to chance. Interestingly, reviewing posttest cases (both IPV and non-IPV) took much less time than reviewing pretest cases (7:53 vs. 11:20 minutes,  $t_{(62)}=2.73$ ,  $p<0.01$ ). This improvement was not due to our field researchers’ working more quickly with greater experience, since they purposefully reviewed both pre and posttest cases out of chronological order. Rather they attributed the difference to the greater clarity with which caseworkers wrote about domestic violence after completing the training.

While these results offer some evidence that the training made staff more sensitive to coercive control, other evidence led us to question this conclusion. We anticipated that greater sensitivity to coercive control would increase the number of cases that staff classified as having domestic violence. This, however, was not the case. The pre/posttest survey found no differences in staff estimates of the proportion of their cases where domestic violence was a concern. Similarly, desk reviews found no pre/posttest differences in the proportion of cases with any indication of domestic violence.<sup>5</sup> In sum, we conclude that there is mixed evidence supporting ability of the training to increase participants’ understanding of coercive control.

**(4) CPS staff enhance safety planning for victims and children. (MIXED EVIDENCE)** The online pretest survey found that supervisors from counties trained before 2013 were more likely than those from untrained counties to “usually” or “almost always” ask about what safety plans were in place before a case was referred to CPS (76% vs. 42%;  $\chi_{(3)}^2=10.83$ ,  $p=0.01$ ,  $n=154$ ). Other models, however,

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<sup>4</sup> These results classified supervisors’ exposure to Safe and Together training based on when the respondent had completed the training, regardless of whether their county had done so. Differences were not statistically significant when we classified training status based on the county.

<sup>5</sup> On average at both pretest and posttest, caseworkers estimated that about 36% of their caseload had domestic violence as a concern; supervisors estimated about 25%. The desk reviews found that about 25% had some indication of domestic violence.

found no significant differences, neither at pretest nor for individual changes from pretest to posttest.<sup>6</sup> Moreover, desk reviews found little documentation of safety planning either before or after the training. Supervisor and community interviews included few references to formal safety planning. They did, however, often describe how the training had changed their recognition of, and support for a victim's efforts to protect herself and her children. Consider the following quote from a CPS supervisor.

*After Safe and Together we are listening more and letting the family take the lead more and listening...To determine their (survivors') own protective capacities – getting the kids to bed early and plans of safe care; or identifying when the right time to leave is.*

In sum, the evaluation found mixed evidence to support this outcome. Future evaluations would benefit from greater clarity on how to better conceptualize and measure it.

**(5) CPS staff increase perpetrators' accountability. (MIXED EVIDENCE)** In comparing case files from before versus after the training, we found no differences in the proportion of domestic violence cases where the caseworker attempted to interview the perpetrator; nor was there any increase in the number of referrals for the perpetrator. Similarly, the online survey found no pre/posttest differences in the proportion of staff who reported “usually” or “almost always” creating a specific plan for a perpetrator of domestic violence. Yet the pretest survey found some marked differences between counties that had been trained prior to 2013 and those that had not yet been trained (i.e., never trained as well as those to be trained later in 2013). Just over half of supervisors from untrained counties surveyed reported “usually” or “almost always” creating a specific plan for a perpetrator of domestic violence, compared to 84% of those from counties trained in 2012 and 72% of those trained in earlier years ( $\chi_{(3)}^2=9.71$ ,  $p=0.02$ ,  $n=154$ ).<sup>7</sup> Even at posttest, recently trained supervisors had similar scores as those who had never been trained, while supervisors trained prior to 2013 scored much higher.

The supervisor interviews also frequently noted a growing awareness of the importance of engaging perpetrators. After the training one supervisor summarized her experience as follows:

*I think we know now how important it is to really talk to him [the perpetrator]. I think just getting our attention to him, just be able to do that initial interview with him and have a conversation with him, I think we've put a lot more value on now.*

One explanation for these inconsistent findings is that the effect of Safe and Together training on increasing perpetrator accountability does not happen quickly. Given the limits of our evaluation, the data collection activities could often only follow counties 3-4 months after the training ended. As such,

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<sup>6</sup> For example, supervisors at pretest who reported individually participating in the training (regardless of whether their county agency had offered it) did not differ from non-participants in their likelihood of “usually” or “almost always” asking about safety plans (68% vs. 57%,  $\chi_{(2)}^2=1.45$ ,  $p=0.48$ ,  $n=154$ ).

<sup>7</sup> These results classified supervisors' exposure to Safe and Together training based on when their county had completed the training, regardless of whether the individual respondent had done so. Differences were not statistically significant when we classified individuals' training status based on their individual report.

it is reasonable to conclude that the training **may eventually** produce result in such a change, but our evaluation was unable to make a confident conclusion.

**(6) CPS agencies change written policies. (LITTLE EVIDENCE)** To assess this outcome, we solicited written policies from 15 county CPS agencies, including both internal policies and memoranda of understanding that they have with other agencies. Of these, only 1 agency had made changes to a policy that they sent to us. Several of the counties trained in 2013 reported that they planned to make changes, yet interestingly, not 1 of the 4 counties that completed the training before 2013 had actually completed any changes. In addition, none of the community stakeholder interviews reported any policy changes or new memoranda of understanding. This may suggest that trained agencies initially intend to make policy changes, but have trouble following through. As one supervisor stated in her interview, **“No policy changes– not yet.”**

Because the Safe and Together training does not explicitly target policy changes, this is not a surprising result. It may be that other factors (e.g., agencies merging; statewide directives) overwhelm whatever effect Safe and Together training may have. In other words, many agencies may be adapting their internal practices (e.g., formalized work rules), but it is difficult to attribute these changes to Safe and Together training. Future evaluations should consider alternative approaches to distinguishing the effects of the training on this outcome.

**(7) Community stakeholders become more receptive to Safe and Together principles.**

**(LITTLE EVIDENCE)** The community stakeholders we interviewed tended to consist of either professionals who already espoused attitudes similar to Safe and Together principles (e.g., domestic violence advocates) or those who did not (e.g., some law enforcement officials). The former group was largely supportive of the Safe and Together model because they felt CPS staff would finally adapt attitudes more akin to their own. As such the training did not increase their receptivity because they were already receptive. In contrast, one law enforcement official we interviewed did not participate in the training and reported no changes in his relationship with the local CPS agency. The other officer we interviewed did attend the training, but found it of questionable value. We also found little evidence of receptivity in the broader community. Among the supervisors we interviewed, for instance, several felt an ongoing need to educate the community after the training. Consider the following quotation:

*Honestly, from a children’s services perspective whose job it is to make sure kids are safe, It is really scary to give up some of our control and give up some of our planning in order to let this mom keep her kids safe...And if something [bad] happens how do we defend “We didn’t really do anything because we let mom do this...” So I think there is going to have to be a lot of education with the community about this concept. Because I don’t think the community is there.*

Because community training was a minor portion of the Safe and Together program, and community receptivity was not a strong priority this result is not surprising. It is possible that the training may eventually lead to greater community receptivity, yet the absence of any promising evidence suggests the need to reconsider whether this outcome is achievable given the current training content and



process. To the extent that this outcome is indeed key, future evaluations should consider alternative approaches to assessing it.

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In addition to the above results, it is also important to acknowledge other outcomes that the original RFP initially asked the evaluation to assess, but for which we were unable to generate even tentative conclusions. In discussions with staff from OIPVC and David Mandel and Associates, we agreed that certain outcomes would need further conceptual clarification before we they could be included in an evaluation. Future evaluations that aim to assess these outcomes should first insure they are conceptually clear. It may also be necessary to consider different methods than we used for assessing them.

*Improved communication with other agencies.* The community stakeholders often commented on their improved communication with CPS since the Safe and Together training began. As one domestic violence advocate stated, “People are less hesitant to pick up the phone and talk to each other.” Still, supervisors spoke little of improved communication. If anything, they continued to speak of the need to improve communication with other agencies, especially with law enforcement. Also, the absence of written policy changes such as new MOU’s, may signal the lack of change in this outcome. In sum, it is difficult to reconcile the findings from the community interviews with those from other data collection activities. As such, we remain uncertain whether and how the training may have improved communication among CPS and other agencies.

*Enhancing cultural competency.* Aside from one unvalidated measure on the online survey, we lacked any formal approach to assessing whether Safe and Together training enhanced the cultural competency of CPS workers and their partners. The survey measure yielded no differences in any analysis, and none of the interviews touched on their subject. We are unwilling, however, to conclude that the training did not affect this outcome. It is just as likely that our inability to detect any effects was due to incomplete conceptualization of the outcome and weak measures.

*Model fidelity and implementation of S&T principles in all aspects of case management.* The original RFP asked that the evaluation include an assessment of model fidelity – that is, how thoroughly and consistently CPS staff were applying all aspects of the model. As we soon learned that some aspects of the model were not being implemented widely, this outcome became irrelevant. Future efforts to assess model fidelity should focus on those agencies where OIPVC believes the model is well-established. In addition, it would be helpful to create criteria for assessing model fidelity, rather than treating it as all or nothing.

*Increasing appropriate referrals.* Although not stated explicitly in the RFP, our meetings with OIPVC staff and David Mandel and Associates indicated that they hoped the training would change the number and type of referrals that caseworkers would make for families experiencing domestic violence. Whereas the training did increase CPS professionals’ interest in certain services (e.g., batterer intervention; support groups for child who witness domestic violence), we found very limited evidence that the staff actually increased such referrals. For instance, the desk reviews found few case files that recorded

referrals. The reason for this disconnect is obvious – the absence of such local services and/or the resources to pay for them. In other words, CPS staff may have wanted to make more appropriate referrals, but they knew it was impractical to do so.

## RECOMMENDATIONS

Based on the findings and our experience with the methods, we propose three recommendations.

**(1) OIPVC should be proud that the first-ever evaluation of the Safe and Together training program provided some strong evidence of the program’s effects.** Changing the attitudes and practices of CPS workers is very difficult, yet OIPVC’s efforts have produced effects that could be detected by the first-ever evaluation of the program. These results illustrate the strength of the Safe and Together program and indicate that a modest, thoughtful evaluation can both detect these effects and provide useful suggestions for improvement.

**(2) OIPVC should continue discussing whether missed outcomes indicate the need for further adaptation and expansion of the training program.** The evaluation found little evidence that participation in Safe and Together resulted in changes in written policies or increased community receptivity to the model’s principles. These findings may reflect the limited scope of the evaluation. In particular, the timeline limited our ability to detect changes that may occur more than 3 months after the end of the training. That said, these findings may also reflect reality, as OIPVC partner and David Mandel & Associates did not find them surprising. If these outcomes are important and realistic to achieve, OIPVC should consider whether supplementary efforts may be necessary to change policies and increase community receptivity. Technical assistance, such as that provided by Jo Simonsen and the Ohio Domestic Violence Network, may already be valuable in this regard, even though they were beyond the scope of the current evaluation.

**(3) Future evaluation efforts should build on this study by recognizing which outcomes can be documented by existing methods and which others may require new approaches.** Evaluation is an ongoing process and future efforts to document the effects of the Safe and Together program can benefit from our collaborative experience here. As a first-ever evaluation, OIPVC and David Mandel & Associates worked with us to determine which outcomes were reasonable to try and measure given our available time and resources. From there, we devised from scratch a variety of methods – from survey questions to desk review procedures – to try and measure these outcomes. Often these methods were successful; other times less so.

In the coming years, it will be easier to evaluate Safe and Together because we now know which methods work (e.g., survey measures of victim blaming), which may require tweaking (e.g., interview questions related to safety planning) and which may require entirely new approaches (e.g., measuring community receptivity). Given sufficient time and resources, it will be possible to evaluate many more aspects of this promising program. We hope this report will help policy-makers towards this end.