Empowerment-Based Domestic Violence Programming Within a Family Court Setting

An Implementation Guide

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Contents

Figures and Tables

About This Tool

Welcome to this guide for implementing an empowerment-based domestic violence program within a family court setting. This guide was developed to share the best practices uncovered by the Safe Horizon Family Court evaluation study, which examined the functioning and processes of Safe Horizon's Family Court Program. Safe Horizon, based in New York City, is the largest nonprofit organization serving survivors of crime and abuse in the United States. Services provided by Safe Horizon's Family Court Program include case management, advocacy, crisis intervention, and a safe place for survivors to wait for hearings in each of the city's five boroughs.

This guide may be useful for researchers and practitioners interested in implementing a family court–based intervention. It provides background on the Safe Horizon Family Court Program, followed by practical considerations for structuring and implementing a similar program.

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Justice Policy Program

RAND Social and Economic Well-Being is a division of the RAND Corporation that seeks to actively improve the health and social and economic well-being of populations and communities throughout the world. This research was conducted in the Justice Policy Program within RAND Social and Economic Well-Being. The program focuses on such topics as access to justice, policing, corrections, drug policy, and court system reform, as well as other policy concerns pertaining to public safety and criminal and civil justice. For more information, email justicepolicy@rand.org.

Introduction

Over the course of a lifetime, one in four women and one in seven men will experience severe physical violence by an intimate partner (Black et al., 2011; Smith et al., 2018). Domestic violence (DV) is a pervasive social problem with far-reaching consequences for survivors, children, and families. DV is associated with increased risk for several serious mental health conditions, including depression, anxiety, posttraumatic stress disorder, substance use disorders, and suicidal ideation, suicide attempts, and deliberate self-harm, as well as increased risk for multiple physical conditions, such as physical injuries, chronic pain, gynecological symptoms, pregnancy complications, and sexually transmitted diseases (Dillon et al., 2013). Furthermore, DV is linked to housing instability, employment volatility, and financial devastation (Adams et al., 2012). Importantly, the experience of survivors is different across sociodemographic groups. For instance, women of color are at a higher risk of violence perpetrated by an intimate partner than White women (Kivisto, Mills, and Elwood, 2021), and survivors who identify with the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) community face significant barriers to support (Todahl et al., 2009).

One approach to protecting survivors of DV and preventing persons causing harm through

Over the course of a lifetime, **one in four women** and **one in seven men** will experience **severe physical violence** from an intimate partner.

intimate partner violence (IPV) from reoffending is through the criminal and family court systems. Although each states' systems are different, family courts generally preside over cases that involve family and domestic relationships (Babb, 2008; Smith et al., 2018). The creation of specialized family courts grew out of the success of the first juvenile courts, which provide specific services for juveniles involved in crimes (Hurst, 1997). Like these courts, family courts sought to address the need for greater expertise and training for court staff—including judges, prosecutors, and defenders—when adjudicating crimes involving

> " If a survivor of domestic violence feels their safety is imminently threatened, focusing on details required to move their case forward or even communicating effectively may be extremely difficult. "

complex family dynamics (Flango, 2000). In addition to DV, family courts typically have jurisdiction over such issues as alimony, paternity determination, adoption, guardianship, neglect, and foster care review (Robinson and Lewyckyj, 2005).

Although family courts offer tailored services to survivors of DV, navigating the justice system can still be difficult and stressful for survivors (Bell et al., 2011; Calton and Bennett Cattaneo, 2014; Gillis et al., 2006; Levy, Ross, and Guthrie, 2008). Upon entering a family court, some survivors may find the environment cold and unwelcoming. They may also find the court process to be confusing (Mazur and Aldrich, 2003). Others may feel revictimized by court staff who trivialize or dismiss their experiences (Rivera, Sullivan, and Zeoli, 2012). If a survivor of DV feels that their safety is imminently threatened, focusing on details required to move their case forward or even communicating effectively may be extremely difficult (Campbell, 2017).

Resources and programs within family courts seek to address these issues by providing a variety of services for survivors and their children. For example, some programs provide a warm and welcoming space for survivors to wait while they submit paperwork or await trial (Mazur and Aldrich, 2003). Others provide free legal guidance and advocacy, offer counseling survivors about their options without judgment, or use trauma-informed methods to minimize survivors' revictimization (Camacho and Alarid, 2008). Staff may also provide case-management services and help clients understand how their case is progressing, as well as help with any immediate needs, such as filing a protection order or referring to other services (e.g., health care, housing, food) (Mazur and Aldrich, 2003). Staff will often follow up with the survivor to provide additional support as their case is processed (Mazur and Aldrich, 2003). Although the impact of family court programs is understudied, research suggests that there are benefits to providing this type of support to survivors, including improving survivor well-being and increasing survivor participation in the court process (Cerulli et al., 2015).

To support the development and implementation of successful family court programs across the United States, this implementation guide provides a detailed description of one family court program. Safe Horizon's Family Court Program (FCP) is a long-standing and well-regarded program embedded in the family court system in New York City's five boroughs. This guide presents information that was gathered through conducting interviews and focus groups with more than 30 key stakeholders involved with implementing Safe Horizon's program. Stakeholders included program and site leaders, case managers, client advocates, staff responsible for program evaluation and staff development, court personnel, and representatives from partner agencies. The guide provides a detailed description of the Safe Horizon program, including the population served, service delivery framework, client case flow, program services, training, and continuous quality-improvement measures.[1]

Following the FCP description, this guide delves into key implementation steps to consider when implementing a family court victim services program. These steps include providing more information about Safe Horizon's FCP, such as laying the groundwork, identifying and supporting the target population, case flow, staffing, training and supervision plans, and continuous quality improvement. Finally, the guide discusses some possible barriers and facilitators to implementation.

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[1] We did not interview clients about their use and perception of the program because this was outside the scope of this project.

Safe Horizon Family Court Program

Safe Horizon's FCP provides case management, advocacy, crisis intervention, and a safe place for survivors to wait for hearings in each of New York City's family courts. As stated in FCP's mission, the program's empowerment-based approach is grounded in guiding elements for client-centered, trauma-informed assistance. Each client has the right to self-determination and has physical and emotional safety needs that are paramount to their quest for justice.

> " Each client has the right to self-determination and has physical and emotional safety needs that are paramount to their quest for justice. "

Program Structure

Locations and Staffing

The FCP has offices in each of the five boroughs (the Bronx, Brooklyn, Manhattan, Queens, and Staten Island). Because of differences in resources and space availability from borough to borough, there is some variety in staffing structure. However, in three of the five boroughs, FCP staffs its offices with client advocates who serve as front desk staff and the first point of contact with clients, case managers who provide the bulk of FCP's services, senior case managers who have experience handling more complicated cases, and a director who oversees the site's personnel and program. For sites that do not have a client advocate, case managers provide the client with advocate services. Four of the sites have their offices co-located in court buildings, while the fifth, in Staten Island, has their office in a building across the street from the court. The senior case manager for the Staten Island office goes to the court building to do in-person recruitment for clients in the family court as people wait for their cases to be called.

FCP has invested significantly in developing strong relationships with local agencies, such as nonprofits and shelters, that provide services and resources to clients in the court system and the community. FCP leaders meet regularly with these partners to talk about program trends and service capacity. FCP staff often refer clients to these

partner agencies that provide adjacent services, such as legal counsel, immigration services, and elder care. Referrals often go both ways, depending on the agencies' capacity.
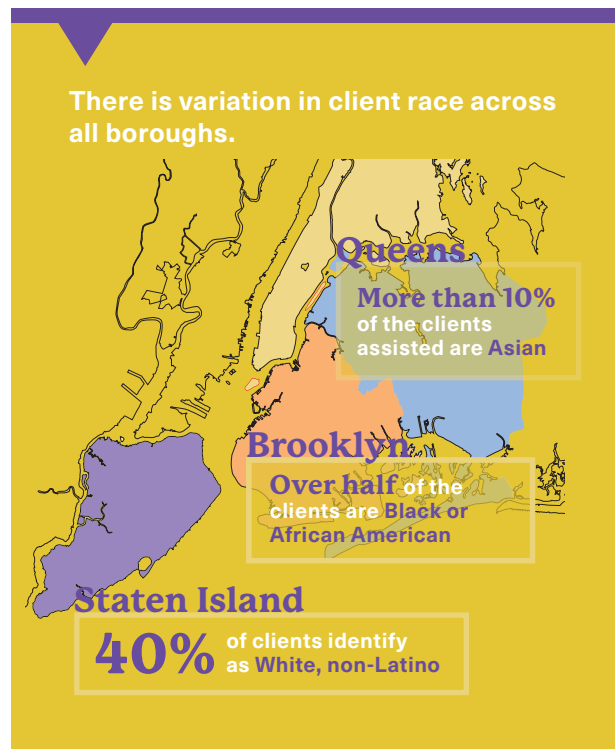
Populations Served

Most clients served across the five FCP locations are English-speaking women who have experienced DV (see Tables A.1 and A.2 in the appendix on p. 22 for more detail). However, clients are disproportionately Black or African American and Hispanic or Latino compared with their share of population in the five boroughs, and there is variation in client race across all boroughs. For example, in Brooklyn, more than half of the clients are Black or African American, whereas in the other four locations, the distribution across race and ethnicity is more even. More than 10 percent of the clients in Queens are Asian, reflecting the borough's larger Asian population. Additionally, the 40 percent of White clients in Staten Island reflects the demographics of the borough.

Service Delivery Framework

Drawing from decades of experience, Safe Horizon has developed a trauma-informed client engagement and risk management model called Client-Centered Practice (CCP). This framework underlies all of Safe Horizon's work. CCP positions clients as the experts in their own lives and encourages program staff to work collaboratively with them in all aspects of service planning. Case managers engage clients in the process of assessing and prioritizing their risks, needs, and concerns, which helps them make informed decisions and choose their own paths through the court system. In addition, CCP training encourages staff to consider the many unique aspects of clients' identities, including cultures, support systems, and the effect of trauma in their lives as staff offer support, information, and expertise with navigating systems.

Examples of CCP practice include mirroring clients' language with respect to their experiences and the person who hurt them, paraphrasing any information that clients share with staff to

There is variation in client race across all boroughs.

Queens
More than 10% of the clients assisted are Asian

Brooklyn
Over half of the clients are Black or African American

Staten Island
40% of clients identify as White, non-Latino

demonstrate that staff are listening, and checking for understanding. A critical component of CCP involves an exploration of risks that clients are most concerned about in the initial days of intake before jumping to a discussion of available services. This aims to ensure that clients' most pressing risk is discussed in relation to services offered.

Client Case Flow

Client advocates are clients' first point of contact when they walk into the Safe Horizon office. In an often-impersonal court environment, client advocates make an effort to provide a welcoming and warm space. If clients are using the Safe Horizon FCP office as a waiting area until their case is called, client advocates will call the court intermittently to make sure that clients do not miss their case. If clients seek services, client advocates connect them to case managers who can best serve them, taking into account staff available and clients' language needs. At the initial meeting, case managers ask clients about their situation, explain confidentiality, collect demographic information

required to open a case file, assess their safety and risks, and address their needs, such as filing an order of protection (OP) petition or providing other relevant education or referrals. Case managers are also responsible for following up with clients after the initial request for services is addressed. Figure 1 shows a typical case flow.

Program Services

Table 1 shows the services delivered by the program. Almost all clients served receive a safety assessment from Safe Horizon staff. Many also receive assistance with safety planning, counseling, referrals, and assistance in obtaining an OP. Although anyone can petition for an OP on their own, Safe Horizon staff members have

deep knowledge of the required and important information to include in a petition to increase the chances of the OP being granted. Safe Horizon's involvement also increases the chances that the client will receive the type of relief they are requesting from the court. This assistance supports clients' demonstration of the need for the OP and impacts the court's decision on whether to grant it. Some clients, after going through a safety plan and learning about the implications of filing for an OP, choose to delay filing their petition.

In addition to the FCP, Safe Horizon also runs related citywide programs—Children's Centers and Supervised Visitation—from FCP locations. Children's Centers that are located in court buildings provide a warm, nurturing, and safe place for children to play while their parents or guardians

FIGURE 1
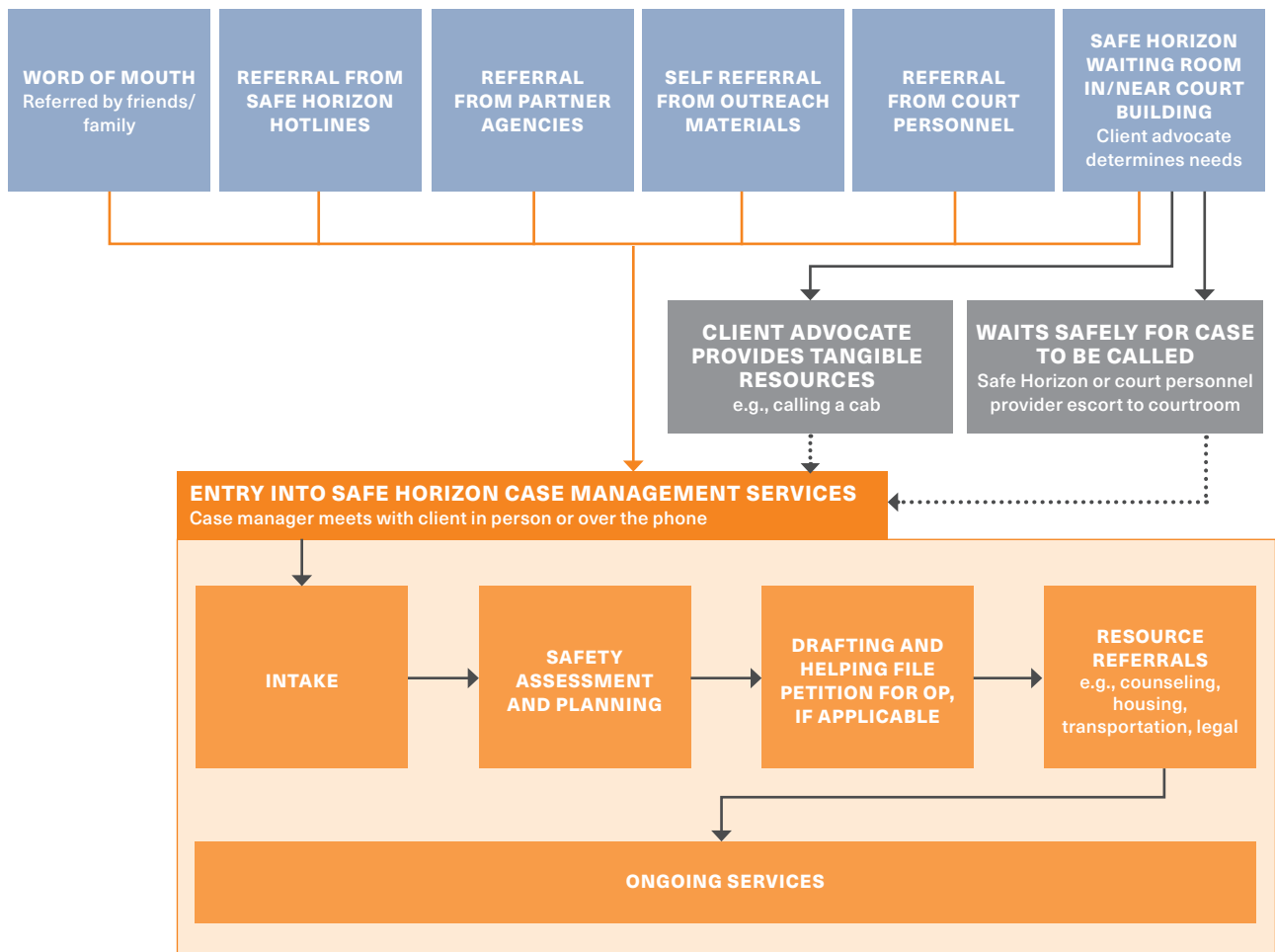## Safe Horizon Client Flow Diagram

TABLE 1
Service Type by Borough

	Brooklyn	Manhattan	Queens	Staten Island	Bronx
Safety assessment	99%	99%	99%	96%	99%
Safety planning	97%	98%	98%	94%	98%
Individual or phone counseling	97%	97%	98%	85%	89%
Other information	84%	86%	91%	64%	89%
Follow-up	28%	25%	46%	61%	48%
Crisis intervention	81%	40%	94%	49%	49%
Office of Victim Services information	75%	64%	54%	36%	79%
Referral outside Safe Horizon	37%	47%	61%	49%	54%
Referral within Safe Horizon	46%	40%	65%	53%	58%
Assistance with obtaining OP	45%	48%	42%	16%	31%
Criminal advocacy	19%	31%	25%	17%	7%
Transportation	7%	8%	10%	9%	12%
Submitted Office of Victim Services claim form	5%	6%	6%	1%	10%

attend their court dates. FCP clients often seek child care services from this program. Safe Horizon's Supervised Visitation program provides monitors with a safe, neutral meeting space, located in a Safe Horizon office space inside a courthouse, for court-ordered visits between noncustodial parents and their children.

Training

Safe Horizon has a dedicated Learning and Staff Development department that provides or facilitates acquisition of training for all Safe Horizon staff. This department conducts in-depth trainings on topics that prepare client-facing staff to best serve the program's target populations. Learning and Staff Development also provides training in reflective supervision practices to supervisors FCP generally offers training courses to its staff (see Table 2).

Although most of the training is mandatory, some courses are optional and can be done at the staff members' leisure. In addition, staff and

TABLE 2
Categories of Training Courses and Topics Offered to FCP Staff

Category	Topics
Trauma-informed practice	CCP, vicarious trauma, child abuse, and mandatory reporting
Advocacy and practice knowledge	Specific knowledge of court systems, criminal justice, violence prevention, and others
Reflective supervision	Vicarious trauma and burnout management (for supervisors to assist staff who interact with clients)
Professional development	Staff growth as practitioners and managers, including leadership, communication, and organizational skills

leadership are given opportunities to learn about topics that they believe will help them grow as professionals.

Conduct Continuous Quality Improvements

Safe Horizon has a Research and Evaluation department (R&E) that conducts yearly in-person observations and/or records client interactions with all staff and compiles data for an annual process called the *In Depth Case Review (IDCR)*. This process ensures that staff is implementing CCP and supports calibration of best practices.

R&E analyzes several metrics each year, including client volume, reception center volume, the number of service dates that clients receive, client demographics, the types of victimization and relationship to the alleged abuser experienced by their clients, and client services. R&E also collects and analyzes staff data on training, turnover, individual supervision, observations of client-staff interaction (see Figure 2 for a sample observation instrument), and group supervision. R&E reviews findings from the data, which includes all tracked data and a qualitative and quantitative analysis of staff use of CCP skills as observed in the recorded staff-client interactions. The department

Reflective Supervision

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

(Zero to Three, undated)

also supports the program in developing a final presentation, which is presented by the program at their annual IDCR meeting. Through IDCR, the program and Safe Horizon leadership identify and discuss possible areas for program development.

Safe Horizon Centered Practice Skill Observation Instrument

SAFE HORIZON CLIENT CENTERED PRACTICE SKILL OBSERVATION INSTRUMENT

STAFF NAME: _____

SUPERVISOR NAME: _____

DATE: _____

CONVERSATION ABOUT RISK	YES	NO	N/A
Explored what led the client to reach out			
Asked questions to clarify risks or concerns related to immediate future (today, tonight, tomorrow)			
Summarized immediate risks the client described			
Asked about or paraphrased which risks or concerns client wants to focus on first			
Asked about or paraphrased client's current protective strategies			
Asked about or paraphrased client's available resources (e.g., social support, financial resources, other service providers)			
Developed a plan related to immediate risks or concerns client wanted to focus on			

RISKS RELATED TO CHILDREN, SELF, OTHERS	YES	NO	N/A
Followed up on signs related to child wellbeing and safety			
Followed up on signs of emotional distress and potential harm to self			
Followed up on signs of potential harm to others			

INITIAL ENGAGEMENT	YES	NO	N/A
Greeted client and introduced self			
Check-in about client's present emotional and/or physical state before starting the conversation			
Discussed privacy, confidentiality and limits to confidentiality			

ESSENTIAL COMMUNICATION SKILLS	YES	NO	N/A
Followed waiting procedures			
Used open-ended questions			
Allowed client to speak without interruption			
Avoided positive judgement			
Avoided negative judgement			
Avoided directive language			
Used paraphrasing			
Used minimal attenders			
Mirrored client's language			
Responded to verbal and non-verbal cues to emotional distress			

INFORMATION AND REFERRAL	YES	NO	N/A
Offered information, emotional support, psychoeducation and/or referrals tailored to immediate risks			
Asked about or confirmed client interest			
Confirmed or summarized next steps			

NOTES TO ASSIST WITH RECALLING THE INTERACTION

SOURCE: Safe Horizon, adapted with permission.

Key Implementation Steps to Consider

In our research study of Safe Horizon, we identified elements of the program that might help guide others who want to implement a similar program. This chapter includes insights from the Safe Horizon evaluation to illustrate the elements discussed and, in some cases, quotes from individuals affiliated with the program. We organized considerations into seven elements:

1. **Lay the groundwork.**

2. **Identify and be prepared to support the target population.**

3. **Develop a case flow process.**

4. **Determine the staffing required.**

5. **Develop a training and supervision plan.**

6. **Conduct continuous quality improvements.**

7. **Examine barriers and facilitators.**

STEP 1
Lay the Groundwork

Establishing a family court–based intervention will require funding, buy-in from key stakeholders and community partners, and a safe space (preferably within or near a courthouse) for clients to access the program. Organizations will need to do substantial legwork in these three areas to set their programs up for success.

Funding

An exploration of grants and federal funding is an important first step. Financial commitment from local government likely will be essential to integrating the program into the existing network of services in the area. Finding funding and getting buy-in from key stakeholders likely is to be iterative. Some initial funding for staff, office space, and outreach materials will be required to convince key court members that a new organization will be able to implement the program. As buy-in is secured, other funding opportunities may become available and will be necessary for future sustainability. An organization could explore federal funding sources, local grants, and foundations to support program development and implementation. The FCP, for example, relies on a variety of funding sources, primarily the Mayor's Office of Criminal Justice and the Office of Victims Services.

Buy-In from Stakeholders

Securing buy-in and establishing rapport with various stakeholders is essential for the success of the program. Court staff are important stakeholders with whom to cultivate relationships. For example, clerks in the petition room can refer clients as they file for OPs, which helps reduce clerks' workload, and judges can recommend seeking services with the program as part of the court process to help those coming through their court. Building trust and support from such stakeholders will allow a new program to flourish within the court system.

As clients come in and the program becomes established, program staff should continue to develop a reliable network of referral partners to help address potential client needs, such as counseling, child care, housing support and shelters, legal advice, transportation, and such services as changing locks. While standing up a new program, staff should develop an understanding of the landscape of the services available in the area for different populations. Organizations also should be sure to tend to their relationships with community partners. To help sustain rapport across partner agencies, organizations should have frequent communication and meetings to discuss trends and levels of service available.

Co-Location of Offices in the Court Building

The location of a resource is important in terms of accessibility and impact of the program. The FCP, for example, learned that setting up the program in the court building made it possible to offer a safe waiting place for clients, away from the person

who caused harm, and to facilitate collaboration with and referrals from court staff. Although there can be other modes of client recruitment, such as through a hotline or email address, stakeholders interviewed for the FCP evaluation confirmed that being co-located offers advantages to survivors:

> Court is very cold environment that's very intimidating. . . . You want someone there to help you through because you're scared.

> [Clients] are in a crisis filing a petition, and you are able to see them in that moment, no matter their intention or not to call a hotline or a number to help—they had an incident, and they ran into court. They never got to that phone call. Or maybe they had [a] phone call a while back and wanted to think about it. So having someone on-site, there is a certain number of clients you will be able to reach. Either overall or at a very critical juncture where they need assistance.

If a program chooses to pursue this model, it should consider safety measures, such as restricting entry to the space, installing panic buttons, developing close relationships with court safety officers, and placing reception desks for easy entrance monitoring. Other components to consider will be reception-level services that take advantage of a co-located office in a court building other than the safe waiting area, taxi or public transportation vouchers, on-site child care services, and escorts to court and to transportation. These services should not be underestimated as rapport-building tactics that make clients feel welcome and safe.

STEP 2
Identify and Be Prepared to Support the Target Population

The typical client for a family court-based program will be seeking an order of protection for domestic violence. Given the nature of a victim's services program, clients seeking services will vary by socioeconomic status and other demographic characteristics. For example, although the primary client population of a program that focuses on DV likely will be women, the program should be prepared to support men and nonbinary people seeking services. In addition, special effort may be needed to reach out to men, particularly men of color. If the program intends to reach clients from diverse backgrounds, staff should be trained in cultural humility and the dynamics of structural racism to best serve many populations. In addition, programs also might consider providing staff with training on how to identify and support survivors of elder abuse, immigration abuse, trafficking, or financial abuse. In addition, when hiring, having diverse staff that mirrors the client population could make clients more comfortable. Language access should also be considered, including providing interpretation services and having forms and documents translated into several languages.

STEP 3
Develop a Case Flow Process

Clients often come into court-based DV programs in a crisis state, typically referred to the office by clerks in the petition room, word of mouth, DV hotlines, or the police. When they come in, they should be greeted by someone who has the knowledge and skills to support them. Using client-centered practices (as described in the FCP summary earlier) or similar frameworks can help frontline staff understand what clients are looking for and the severity of their situation, allowing staff to appropriately aid clients as they arrive.

Organizations should also avoid conflicts of interest and have a network of agencies to refer clients to (or have another backup plan) so they can be served in a way that does not jeopardize the confidentiality, safety, or quality of the services provided. Organizations can do this by implementing the practice of looking in the program's database to see if, for example, the other party in the potential clients' case is also a client of the organization. If this is the case, the organization should have a process in place for deciding the next steps in the two cases.

Assuming that potential clients stay with the organization, a few processes should be

considered for next steps. Clients should be connected with case managers who can explain to them their rights regarding confidentiality and obtain any required intake information. Organizations could take the FCP approach, in which case managers help clients draft and file an OP, assess safety and risk, and discuss a safety plan. Case managers should be equipped to explain the court processes and provide referrals to services, such as advocacy, housing, legal counsel, mental health providers, and transportation as needed. Ideally, visits with clients conclude only after next steps and appropriate referrals have been made with a warm handoff.

Ongoing Service Delivery

Clients might interact with their case managers only when they are in court or while filing petitions. If there are follow-up court cases or court dates, clients may engage in services during those visits. Programs should consider putting processes in place for case manager–initiated follow-ups with clients that align with the capacity of staff as well as the wishes and risk level of clients. For instance, high-risk clients may wish for and benefit from more contact by case managers than low-risk clients.

Some clients will use services frequently and others less so. It can take months for a court system to make decisions on family offense cases, during which clients may repeatedly visit the office. Organizations should consider options for keeping clients' files open instead of having a policy to close them; ideally, clients will feel welcome to return as needed. If close-out procedures are in place, organizations should consider a process to ensure that clients have received referrals to the services they require, are in a situation where they are safe and stable, and are aware that their file can be reopened should they need further assistance.

STEP 4
Determine the Staffing Required

Some considerations when staffing a program will be the space available, anticipated volume of clients, and intensity of services anticipated to be needed by clients. If the program is based in a diverse area, advocates and staff should reflect the community they are serving. A diverse staff that represents the makeup of the clients who they serve is both empowering and client-centered. Along with these factors, a qualification for this role should be that the prospective staff speak the languages of the community. Together, these factors will dictate how to staff the following positions that are likely to be needed:

- leadership
- directors
- front desk staff
- case managers.

Most organizations will want to have overarching **leadership** that helps advocate for the program at a high level and meet and coordinate at the system level to attain initial and ongoing funding and to build partnerships as described in Step 1.

A **director** can oversee the personnel and program implementation. This person will provide leadership and supervision, as well as attend collaborative meetings with partner agencies and stakeholders in the area. Directors typically will oversee quality monitoring for services provided by checking case notes and observing staff, either live or through a recording at least once a month. They will provide reflective supervision sessions with staff to help them stay on track and to give them space to grow and process their interactions with clients.

Front desk staff will be the first responders—the primary point of contact for clients as they initially come into the office. They should have customer service skills in addition to crisis-intervention and observational skills. These staff may have backgrounds in social services or other customer-facing industries.

Case managers typically provide the bulk of the services offered by the program. Typically, they will have a background in social or human services, criminal justice, or social work. The number of case managers needed will depend on the number of clients seen by the program. Organizations should aim to keep the average case load manageable to allow case managers sufficient time to develop relationships with clients, provide services, and follow up as needed. As a point of reference, there are 20 case managers across all five boroughs. The average caseload for FCP case managers is about 25 clients; between 2011 and 2020, the average client volume was 4,146 per year.

STEP 5
Develop a Training and Supervision Plan

Once the staff have been selected, they will require robust onboarding training—as well as ongoing training—to meet the needs of the populations that the court serves. Organizations should simultaneously consider how supervisors can help guide continuous improvement among their staff.

Training

To provide quality services, staff will need a strong knowledge foundation in topics related to trauma-informed practice, the court system at large, and reflective supervision. This information can be provided through course-based learning, either via the program's (or its parent organization's) learning department or by contracting with quality online training services.

In addition to coursework, staff will need to be trained on the ground to navigate the day-to-day flow of the job. Initially, this will require shadowing colleagues to implement all processes in the case flow, from receiving clients to after-care follow-up and sitting with a supervisor to learn how to use the client management system. As staff become more comfortable, at a supervisor's discretion, they can start working with clients on their own while being observed, then move on to fulfill their roles independently, with the option to step out of a session with a client to consult with a supervisor as necessary.

The amount of time that this progression takes likely will vary depending on the individual. When funding and hiring for positions, program implementers will want to factor this time and the time it takes to complete coursework into their projections of how many clients can be served. Having a realistic expectation of when staff will be fully trained and ready to appropriately serve clients will help tremendously with overall staff stress management.

Supervision

A new program should implement a supervision schedule and policy, establishing a minimum amount of one-on-one time between supervisors (at the director level) and their staff. For roles that are at risk of vicarious trauma, such as the front desk staff and case managers who listen to the stories of survivors of DV daily, reflective supervision is the recommended model to help them build resilience (see the FCP section for details on this model). Training in reflective supervision should be provided as part of onboarding, both for supervisory staff to learn how to facilitate it and for nonsupervisory staff to learn how to make the most of the model to both serve clients and to take care of oneself.

Ideally, supervision will include regular check-ins with staff as a group and less-frequent

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SETTING AN EXAMPLE
Supervision at the FCP

Supervisors at Safe Horizon are to provide the following supervision:
- group supervision at least once a month for at least one hour
- individual supervision at least every other week for at least 45 minutes
- staff-client interaction observation at least once per month.

individual supervision sessions with each staff member. This will give staff the time and space to talk through difficult client situations.

STEP 6
Conduct Continuous Quality Improvements

A process should be implemented to monitor and evaluate the program's effectiveness and fidelity to the program model chosen (e.g., Client-Centered Practice). Data should be collected and stored on secure servers as much as possible to track outcomes, including the number of clients seen, client demographics, services provided, referrals provided, and, if possible and within the confines of the programs' relationship with the court, outcomes of clients' petitions for OPs. Implementing a client feedback survey can be helpful in gaining insight on client experiences and perspectives in areas for program improvement.

Staff should have a clear understanding of the criteria to which they will be held accountable, and dedicated staff within the organization should

observe client interactions and compare staff performance with the criteria. When observing their staff interactions and data collection as part of ongoing supervisorial roles, directors and other supervisors should track metrics related to fidelity to the program model.

The organization should establish a system to collect data. If an organization has the funds to do so, this may require contracting with a vendor to set up and/or maintain a case management database. If resources are limited, a simple spreadsheet may suffice. As part of continuous quality improvement, a team should be identified to compile the metrics collected to track trends across the program and to ensure that services are being rendered to clients according to the program's design. By assessing strengths and weaknesses and comparing them with the program model and goals in a data-driven way, the program will be well-poised to implement continuous quality-improvement measures as challenges arise.

STEP 7
Examine Potential Barriers and Facilitators

Any program, no matter how well designed and implemented, will face challenges and have natural opportunities for success. We identify common barriers and facilitators that new program implementers might encounter because awareness might help spur an idea of elements to incorporate as program planning and execution get underway.

Barriers

Stigma
Seeking help for DV is stigmatized in many communities (Fugate et al., 2005; Lichtenstein and Johnson, 2009). A program that aims to serve survivors should understand the barriers that people have in taking the first step of restitution. As a result, programs should do everything possible to make the process and space warm and welcoming.

SAMPLE METRICS FOR
In-Depth Case Review

- Number of clients (client volume)
- Number of client interactions
- Number of service dates
- Client demographics (age, race and ethnicity, gender)
- Client victimization
- Client's relationship to the opposite party
- Services provided
- Percentage of staff completing required training
- Staff turnover
- Number of or proportion of supervision provided
- Fidelity to CCP metrics.

Immigration Status

Clients seeking services may be afraid of deportation because of their immigration status (Reina and Lohman, 2015). They may not speak the dominant language and worry that the program will not have adequate staff to serve them. This also may be a challenge for the program, which may have difficulties finding appropriate staff to serve them (Bauer et al., 2000).

Poverty

Financial dependence on the harming party may prevent clients from seeking services (Anderson and Saunders, 2003; Kalmuss and Straus, 1982). For instance, a potential client may share housing with the person who is causing harm and not have anywhere else to live because of financial constraints; as a result, the client may fear homelessness (Anderson and Saunders, 2003; Clough et al., 2014; Kalmuss and Straus, 1982; Rollins et al., 2012).

Racism and Other Bias

Clients of color may be hesitant or refuse to seek services because they do not want to be involved with the criminal justice system, which research has shown to be racist and biased against people of color (Lichtenstein and Johnson, 2009). Clients seeking services are familiar with making

trade-offs about their safety when engaging with services. Although they may want or need services offered by such organizations as the FCP, the risk of involving a system that they have known to be adversarial to them can deter them from seeking services at all.

Expectations

If clients come in with the expectation that they will receive housing services the same day, and the program cannot meet that expectation, they will be disappointed and less likely to engage in other services that could be beneficial. Programs will need to clearly communicate what they can offer and refer clients with a warm hand-off to local agencies for what they cannot. Likewise, programs will want to keep lines of communication open with agencies that refer clients into the program so they

In addition to filing petitions for OPs and having a safe waiting area, Safe Horizon's FCP provides connections to counseling, shelter, and legal advice.

have an accurate sense of the services that can be provided.

On the other end of the spectrum, if potential clients believe a program's services are more limited than they are, there may be missed opportunities for connection. For instance, if potential clients do not have an understanding of the full range of services available to them, they may not come into the office until they are ready to file a petition for an OP, missing a chance to obtain other valuable services, such as connections to housing or counseling (Fugate et al., 2005).

Facilitators

Co-Location with the Court
A major facilitator to clients seeking services is being co-located in a court building. Minimizing the number of separate trips and amount of travel that clients need to engage in to access support increases the likelihood that they will be able to engage. Program staff will better be able to cultivate relationships and develop rapport with court staff, such as petition room clerks who will

> "If someone is sitting with the court assistant . . . and it becomes apparent there's a lot of DV, we do offer them services and let them know that Safe Horizon is in the building and where the office is and they can go speak to someone there. It also works the other way too, where Safe Horizon has a client that they fill out the form for and then they walk over saying 'Hey this person has already filled out paperwork, here it is, they're going to be waiting in our office.' We kind of work in tandem."
>
> —Family court clerk

> "It's very important to craft good relationships with the petition room window, being responsive to what they ask you, and to do the little things, like giving out boxes of Christmas cookies. It's good to have good outreach with the court building as well as outreach in the community so other community agencies know about Safe Horizon, fostering word of mouth."
>
> —Safe Horizon FCP director

be able to refer clients to the program and, in turn, help them once their petitions are completed.

Partner Agencies
Having strong communication and collaboration with partner agencies—and, most important, court personnel—also will help get clients in the door. Partner agencies can be legal aid or victims' services agencies that serve certain populations, such as an ethnic or cultural group, a community of older people, or religious populations. Collaborative relationships also could be cultivated with law enforcement, facilitating referrals to the program when relevant incidents occur.

Regular meetings to discuss trends and to troubleshoot referral pathways, both formally through monthly or quarterly advocacy and task force meetings and informally through cultivated relationships, will help catch problems before they become unsurmountable.

Staff Development
A robust training model will ensure that staff are well equipped to build rapport and trust with clients and are able to meet clients' needs in times of crisis. Leadership should support staff by providing training, opportunities for self-care, and professional development to reduce burnout and turnover. Leadership should hire enough staff

at competitive salaries to best serve the client population without overburdening caseloads, recognizing that this will be a challenge within the organization's budget.

Community Buy-In and Outreach
Community outreach to ensure that vulnerable populations are aware of the services offered by the program will help alleviate some of the barriers to clients seeking services. If staff are available to talk to community members about services and

benefits of the program, such outreach might bring people into the office who might not ordinarily know about the program. When clients feel well served, word spreads within communities about the services.

Appendix A
Safe Horizon Information

TABLE A.1
Demographics

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

TABLE A.2
Victimization Type

	Brooklyn	Manhattan	Queens	Staten Island	Bronx
Domestic violence	84%	92%	83%	90%	87%
Assault	6%	3%	15%	7%	18%
Other	6%	4%	9%	5%	6%
Elder abuse	1%	1%	5%	0%	1%
Sexual assault	1%	1%	2%	1%	2%
Robbery	2%	2%	2%	1%	2%
Stalking	1%	0%	2%	4%	2%
Child abuse	1%	0%	4%	1%	2%
Harassment	1%	1%	0%	1%	0%

List of Terms

Term	Meaning
Advocate	An individual who speaks on behalf of survivors and can guide them through the process of seeking help and social support
Case disposition	"An action taken as the result of an appearance in court by a defendant. For example are, cases involving adults can be dismissed, acquitted, or convicted and sentenced; cases involving juveniles can be dismissed, transferred, remanded to adult court, placed on probation, or sentenced to a CDCR [California Department of Corrections and Rehabilitation] youth facility." (State of California Department of Justice, undated)
Client-Centered Practice (CCP)	Safe Horizon's trauma-informed client engagement and risk management model
Disclosure process	The process of sharing instances of abuse
Distributive justice	Also known as *outcome fairness*, the perceived fairness of an outcome in a court proceeding (Calton and Cattaneo, 2014)
Domestic violence protection orders	"An order of protection is issued by the court to limit the behavior of someone who harms or threatens to harm another person. It is used to address various types of safety issues, including, but not limited to situations involving domestic violence. Family Courts, criminal courts, and Supreme Courts can all issue orders of protection" (New York State Unified Court System, 2019).
Drafting petitions	Filling out forms to bring cases to court; can involve custody, paternity, and DV, among other pleas to the court
In Depth Case Review (IDCR)	Safe Horizon's annual process, during which the research-and-evaluation team conducts observations or records client interactions with staff and compiles the data
Intimate partner violence (IPV)	"Physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse" (Centers for Disease Control and Prevention, 2021).
Lay advocacy	A nonlawyer who is permitted by the court to serve as an advocate on behalf of a party
Mirroring	Imitating the gesture, speech pattern, or attitude of another to build rapport and goodwill
Procedural justice	The perceived fairness of the rules and decision processes used to determine outcomes, consisting of respect, fairness, trustworthiness, and voice
Reflective supervision	A method to manage vicarious trauma and burnout in client-facing staff, characterized by active listening and thoughtful questioning by both parties
Safety assessment	A checklist that asks case workers to identify risks to individuals of physical, verbal, financial, emotional, or technological abuse (Washington, 2020)
Safety planning	A way to manage risk factors, identify security resources, and collaborate with an advocate when a DV survivor is looking for ways to remain safe during a relationship—before they leave or after (Safe Horizon, undated)
Trauma-informed practice	An approach that assumes that an individual is likely to have a history of trauma; recognizes the presence of trauma symptoms and the role they play in an individual's life (Buffalo Center for Social Research, undated)

Abbreviations

CCP	Client-Centered Practice
DV	domestic violence
FCP	Family Court Program
IDCR	In Depth Case Review
IPV	intimate partner violence
LGBTQI	lesbian, gay, bisexual, transgender, queer, and intersex
OP	order of protection
R&E	research and evaluation

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Photo credits

This guide supports the implementation of an empowerment-based domestic violence program within a family court setting. This guide was developed to share the best practices learned during the Safe Horizon Family Court evaluation study, which examined the functioning and processes of Safe Horizon's Family Court Program. Safe Horizon, based in New York City, is the largest nonprofit organization serving survivors of crime and abuse in the United States. Services provided by Safe Horizon's Family Court Program include case management, advocacy, crisis intervention, and a safe place for survivors to wait for hearings in each of the city's five boroughs.

This guide may be useful for researchers and practitioners interested in implementing a family court–based intervention. It provides background on the Safe Horizon Family Court Program and practical considerations for structuring and implementing a similar program.