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Intervention Following Family Violence: Best Practices and Helpseeking Obstacles in a Nationally Representative Sample of Families With Children

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Objective: To provide the first nationally representative data on service contact, police or advocate best practices, and helpseeking obstacles for family violence that involved exposure to children. ***Method:*** A nationally representative sample of 517 family violence incidents drawn from the 4,503 respondents to the National Survey of Children's Exposure to Violence II. ***Results:*** A range of 10 best practices were offered in 13–58% of police contacts and 34–97% of advocate contacts. Most police best practices were associated with increased likelihood of arrest. Referrals and information about restraining orders and shelter were associated with victim-perpetrator separation. There was marked case attrition for all criminal justice services, including reporting to police, in-person police responding, arrest, convictions, and incarceration. Only 10 cases resulted in jail time. Counter to hypothesis, higher rates of some police best practices were associated with lower likelihood of advocate contact. Also unexpectedly, higher rates of some obstacles, such as lack of transportation, were associated with higher use of police services. ***Conclusions:*** Referral to specific resources is recommended as a focus of crisis intervention efforts. Some family's needs may be served by a single provider if best practices are used. Some obstacles may influence which services are sought rather than depress helpseeking altogether. These nationally representative data can be used as benchmarks for program evaluations and needs assessments.

Keywords: intimate partner violence, police, victims, advocacy, safety planning

Increasing recognition of the prevalence and seriousness of family violence has led to attempts to improve law enforcement and advocacy services. However, several key pieces of information are missing about family violence interventions. Most studies of family violence services focus on helpseekers, arrestees, or others already known to some institution and provide little information on interventions in cases involving children. Family violence is not only prevalent, children are exposed at high rates, with more than 1 in 9 (11%) youth exposed to some form of family violence in the past year and 1 in 4 (26%) over their full childhood (Hamby, Finkelhor, Turner, & Ormrod, 2011). It is well-established that exposed children experience adverse psychological consequences and elevated risk of all forms of child maltreatment (Hamby, Finkelhor, Turner, & Ormrod, 2010; Kitzmann, Gaylord, Holt, & Kenny, 2003; Lang & Stover, 2008; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). There is a surprising lack of information on the types of incidents that lead to helpseeking, the typical services that follow disclosure, and even less information about incidents involving child witnesses, although these cases may warrant particular concern. This study will fill gaps in knowledge by providing the first nationally representative survey data on system responses to incidents of family violence witnessed by children. This includes an assessment of best practices by advocates and police and the associations of best practices with outcomes such as arrest and victim-perpetrator separation.

Criminal Justice and Advocacy Responses to Family Violence

Law enforcement plays a key role as first responders to family violence. Police officers are also often the gateway to other interventions. In the last few decades, the criminal justice response to intimate partner and other family violence has changed considerably in recognition that family violence—that is, physical assaults and other crimes committed against members of one's own family—has characteristics that are distinct from stranger-perpetrated crime. All 50 U.S. states have made arrest for domestic violence easier by crafting laws allowing arrest when probable cause is established without requiring the victim to press charges and 30 have proarrest or mandatory arrest laws (American Bar Association, 2011). These legal reforms, in part, are attempts to address the unique aspects of family violence, such as recognizing that pressures to not press charges are more likely for family perpetrated than stranger-perpetrated crime. Existing research has primarily focused on whether arrest is an effective deterrent (Bell,

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Cattaneo, Goodman, & Dutton, 2013; Iyengar, 2009; Sherman & Berk, 1984) or whether mandatory arrest has affected patterns of dual arrest (Frye, Haviland, & Rajah, 2007). There has been relatively little research on actual criminal justice responses to family violence across the country.

Accompanying these criminal justice changes have been equally earnest efforts to change other interventions to better serve families. Although services remain woefully underfunded with respect to the size and impact of the problem, nonetheless the investment has increased substantially. Services for family violence victims are widely available, including shelters, hotlines, safety planning, and other interventions. Information on the nature and impact of advocacy is, if anything, even more lacking than it is for the criminal justice response. The limited existing data show, at best, a moderate impact of advocate intervention (Stover, Meadows, & Kaufman, 2009). Further, many existing evaluations were based at exemplary agencies and may not represent typical practices.

Current Knowledge About Family Violence Services

Existing nationally or regionally representative data suggest that only about one fourth of domestic violence incidents are reported to police and beliefs that police cannot do anything is a primary help-seeking obstacle (Caponera, 2007; Tjaden & Thoennes, 2000). The level of police reporting in these surveys is similar to the National Survey of Children's Exposure to Violence (NatSCEV), which assesses incidents known to children. In NatSCEV 1, 26.5% of child-witnessed interparental violence was known to police (Finkelhor, Ormrod, Turner, & Hamby, 2011). In contrast, more than 40% of other assaults witnessed by children were known to police.

Services for domestic violence victims have been described as a "black box" and there is surprisingly little information about what interventions actually involve (Macy, Giattina, Sangster, Crosby, & Montijo, 2009). Past scholars have identified some interventions as best practices, commonly citing safety planning, child advocacy, information and referrals, including referral to alternate housing (Stover, 2012; Stover, Berkman, Desai, & Marans, 2010; Zweig & Burt, 2003). Macy and colleagues identified not only a number of common best practices but also attempted to describe interventions in more detail. For example, "legal advocacy" was found to primarily involve referrals, support, and information, such as help applying for an order of protection or court accompaniment. Best practice recommendations when children are exposed include calmly restoring safety, assessing children's needs, and collaborating with other agencies. (Baker & Jaffe, 2003; Baker, Jaffe, Berkowitz, & Berkman, 2002; Berkman & Esserman, 2004; Stover et al., 2010; Stover, Rainey, Berkman, & Marans, 2008). However, we know little about how often these recommendations are followed.

A few evaluations have been centered in communities with "best practice" initiatives. Zweig and colleagues evaluated the STOP (Services, Training, Officers, & Prosecutors) grants from the U.S. Department of Justice (2003). This study showed a positive association between best practices and arrest. They also assessed obstacles to helpseeking. About a third of women in this sample reported hearing bad things about the police but most of their assessment of obstacles focused on the actions of perpetrators or other individuals and not on institutional obstacles (Zweig & Burt, 2003). Further, the sampling frame was limited to 26 communities in 8 states and the helpseeking and nonhelpseeking samples were recruited using different strategies, making comparisons problematic. Although groundbreaking at the time, it has now been more than 10 years since those data were collected. Stover and colleagues' work is also an important contribution and shows that victim services can provide best practices such as safety planning and legal information at rates exceeding 90% (Stover et al., 2008). Victims involved with police-referred advocates reported greater satisfaction with the police and were more likely to seek mental health services for children (Stover et al., 2010). Although these are important studies of exemplary programs, we currently have no national estimates for comparison. At the agency level, the National Network to End Domestic Violence conducts a national annual survey (2012). These are important data on service availability, but they provide no information on what services are actually delivered to any given victim or family, only what is potentially available. Although there is considerable variability across jurisdictions, only nationally representative data can provide some sense of current "typical" services by which local efforts can be evaluated.

The Role of Interagency Coordination

Interagency coordination is widely recommended (e.g., Shepard & Pence, 1999) but seldom studied (Hamby, 2014; Hamby & Grych, 2013b). One study reported that the STOP grant program supported increased interagency contact (Burt, Zweig, Schlichter, & Andrews, 2000). The effects of coordination for child abuse cases are better known than for other family violence. In a study of cases known to child protective services (CPS), cases in communities with Children's Advocacy Centers, a multiagency coordination model, were more likely to involve police than cases in comparison communities (Cross, Jones, Walsh, Simone, & Kolko, 2007). In another cohort of families known to CPS, rates of police contact were high and associated with greater service referral and higher rates of allegations deemed "credible" (Cross, Finkelhor, & Ormrod, 2005). However, it is not known if families who have contact with one agency are more likely to have contact with other agencies in unselected community samples. One key unanswered question is whether any actions by first responders (police) are associated with more provider contact.

Best Practices and Outcomes

Most studies evaluate entire programs or even entire agencies. Little research attempts to "unpack" intervention and explore which elements are most associated with desired outcomes (Hamby & Grych, 2013a, 2013b). No single outcome should be deemed "best." In particular, separation should not be considered the only desirable outcome for family violence (Hamby, 2014). Nonetheless, physical separation to promote safety remains a primary goal of many family violence services. Existing data provide little insight into which specific interventions are associated with a greater likelihood of separation.

Purpose and Research Questions

This study is designed to address gaps in the literature by providing the first nationally representative data on interventions for family violence involving exposure to children. Our community-based sampling frame allows us to compare cases receiving intervention to other cases on several markers of severity. We also examine which best

practices are associated with arrest, advocate contact, and victim-perpetrator separation, using best practices from Stover and colleagues' work that focus on widely used practices, such as referrals and safety planning, that can be implemented by both police and advocates (Stover et al., 2010). Based on Zweig and Burt (2003), we hypothesize that more severe incidents are more likely to lead to arrest and more use of police best practices will be associated with increased likelihood of arrest. Coordinated service models (e.g., Shepard & Pence, 1999; Stover, 2012) are predicated on the idea that coordination and referrals across agencies will facilitate helpseeking and so we also hypothesize that police best practices will be associated with increased advocate contact. We also hypothesize that more severe incidents will be associated with higher intervention rates. Finally, we hypothesize that obstacles to helpseeking will be associated with lower intervention rates. These data have the potential to be highly policy-relevant because actions by police and advocates can potentially be changed and more readily governed by policy than acts of victims or perpetrators.

Method

Participants

The National Survey of Children's Exposure to Violence II (NatSCEV II) represents the experiences of a national cohort of 4,503 youth ages 1 month to 17 years of age in 2011 (children aged 1 month to 9 years are represented by caregiver interviews; see procedure). Of these 4,503 youth, respondents indicated that 561 witnessed family violence within the two years preceding the interview (2-year prevalence rate of 12.4%) and hence met the inclusion criteria for an additional interview on interventions. Of these 561, 517 (92%) agreed to participate in the follow-up interview and comprise the sample that is the focus of these analyses. The form of exposure was 76% eyewitness, 21% heard the violence (but did not see it), and 3% saw the injuries from the violence.

The youth in this sample of 517 were 54.6% male and 45.4% female. Their average age was 9.34 years (*SD* 5.17). This included 28.7% of children aged 1 month to 5 years, 21.2% who were 6 to 9 years old, 19.9% who were 10 to 13 years old, and 30.3% who were 14 to 17 years old at the time of the interview. The sample was 53.5% non-Latino White, 20% non-Latino Black, 15.9% Latino (any race), and 10.7% of other races. More than a quarter (28.1%) of families had annual household incomes under $20,000, 30.3% had incomes of $20,000-$49,999, 17.5% had incomes ranging from $50,000-$74,999, and 24% had incomes over $75,000.

Procedure

Study interviews were conducted over the phone by employees of an experienced survey research firm. Telephone interviewing is a cost-effective method (McAuliffe, Geller, LaBrie, Paletz, & Fournier, 1998) that has been demonstrated to be comparable to in-person interviews in data quality, even for sensitive topics (Acierno, Resnick, Kilpatrick, & Stark-Riemer, 2003; Bajos, Spira, Ducot, & Messiah, 1992; Bermack, 1989; Pruchno & Hayden, 2000). Respondents appear to perceive telephone interviews as more anonymous, less intimidating, and more private than in-person modes and may encourage disclosure (Acierno et al., 2003; Taylor, 2002).

The primary foundation of the design was a nationwide sampling frame of residential telephone numbers from which a sample of telephone households was drawn by random digit dialing (RDD). Two additional samples were obtained to represent the growing number of households that rely entirely or mostly on cell-phones: a small national sample of cellular telephone numbers drawn from RDD ($N = 31$), and an Address-Based Sample (ABS) ($N = 750$). The ABS sample started with a national sample of addresses from the Postal Delivery Sequence File who were mailed a one-page questionnaire. The ABS sample was drawn from returned questionnaires from households with children 17 years and younger, which were recontacted by interviewers. Approximately half of eligible ABS households were cell-phone-only households and thus represented an effective way of including households without landlines in our sample.

A short interview was conducted with an adult caregiver to obtain family demographic information. One child was then randomly selected from all eligible children in a household by selecting the child with the most recent birthday. If the selected child was 10–17 years old, the main telephone interview was conducted with the child (50.1% of the sample). If the selected child was under age 10, the interview was conducted with the caregiver who "is most familiar with the child's daily routine and experiences." Respondents were promised confidentiality and were paid $20 for their participation. The interviews, averaging 55 minutes in length, were conducted in either English or Spanish. Respondents who disclosed a situation of serious threat or ongoing victimization were recontacted by a clinical member of the research team, trained in telephone crisis counseling, whose responsibility was to stay in contact with the respondent until the situation was appropriately addressed locally. All procedures were authorized by the Institutional Review Board of the University of New Hampshire.

The average cooperation and response rates were 52.7% and 40.4%, respectively. These are relatively good rates by current survey research standards (Babbie, 2007; Keeter, Kennedy, Dimock, Best, & Craighill, 2006; Kohut, Keeter, Doherty, Dimock, & Christian, 2012) given the steady declines in response rates over the last three decades and the particular marked drop in recent years (Curtin, Presser, & Singer, 2005; Keeter et al., 2006; Singer, 2006). Although the potential for response bias remains an important consideration, several studies have shown no meaningful association between response rates and response bias (Curtin, Presser, & Singer, 2000; Groves, 2006; Keeter, Miller, Kohut, Groves, & Presser, 2000; Merkle & Edelman, 2002). Households where the entire interview was completed were demographically similar to partial interviews on most characteristics, including child age, race, and gender; however, partial interviews were more likely to occur in two-parent households, households that did not receive financial aid, and households where the caregiver did not have a college degree. As noted above, the 561 respondents who indicated that the target youth was exposed to family violence in the previous two years were invited to participate in an additional interview. The 517 who agreed (92% of those eligible) were paid an additional $20 stipend for this second interview conducted soon after the initial one. Because some youth had been exposed to multiple incidents, incidents with police contact were prioritized to be the focus of the follow-up family violence interview. If no incidents involved police contact or if multiple incidents involved police contact, then the most recent incident was selected for the additional interview.

Measurement

Exposure to family violence. NatSCEV II utilized the Juvenile Victimization Questionnaire (JVQ), which asks about 54 childhood victimizations (Finkelhor, Hamby, Ormrod, & Turner, 2005; Hamby, Finkelhor, Ormrod, & Turner, 2004). See Finkelhor et al. (2009) or http://www.unh.edu/ccrc/jvq/ for exact wording of the full JVQ. The JVQ uses behavioral operationalizations of victimization, consistent with current best practice guidelines and evidence indicating this produces the best reports (Hamby & Finkelhor, 2001; Hamby & Gray-Little, 2000; Jaquier & Fisher, 2009). Test–retest reliability and construct validity of the JVQ were established in a previous national sample (Finkelhor et al., 2005). Construct validity was demonstrated with significant, moderate correlations with trauma symptoms and test–retest reliability showed an average kappa of .59 with 95% percent agreement across administrations, which indicate substantial reliability especially given the very low base rate for some items. Reliability and validity were similar for caregiver and youth respondents and a detailed inspection of reports for 9 year olds (caregiver interviews) and 10 year olds (youth interviews) revealed no major discontinuities (Finkelhor et al., 2005). This has also been found in the current sample (Finkelhor, Vanderminden, Turner, & Hamby, 2014). Rates of exposure to family violence were stable across our 2008 (NatSCEV I) and 2011 national cohorts (Finkelhor, Turner, Shattuck, & Hamby, 2013), providing another indication of measurement reliability.

Eight JVQ items ask about exposure to family violence, including physical IPV, nonphysical IPV, and other family violence. Exposure to physical IPV incidents was assessed with four questions: "At any time in your life, did you SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?"; "At any time in your life, did one of your parents get pushed by another parent?"; "At any time in your life, did one of your parents get hit or slapped by another parent?"; and "At any time in your life, did one of your parents get kicked, choked, or beat up by another parent?" "Parent" was defined to include not only parents and stepparents, but any intimate partner of a parent (cohabiting or not) or anyone in a regular caregiving role. Exposure to nonphysical IPV was assessed with two questions: "At any time in your life, did one of your parents threaten to hurt another parent and it seemed they might really get hurt?" and "At any time in your life, did one of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?" Exposure to other types of family violence was also assessed with two questions: "At any time in your life, did you SEE a parent hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?" and "Now we want to ask you about fights between any grown-ups and teens, not just between your parents. At any time in your life, did any grown-up or teen who lives with you push, hit, or beat up someone else who lives with you, like a parent, brother, grandparent, or other relative?" Standardized follow-up questions for each JVQ screener item gathered additional information, including whether the incident was known to police and whether the victim was injured. More than half (53.2%) of the incidents in this sample involved physical IPV, 30.7% involved reports of nonphysical IPV (threats and displaced aggression), and 16.1% involved violence between other adult and/or teen household members.

Incident severity. Five items from the UCLA PTSD Index for *DSM–IV*, Child version Revision 1 assessed fear that a serious injury would occur and incidence of serious injury to victim and youth. Description of the items is in Table 1. Construct and convergent validity and internal consistency have been established across several versions of this instrument involving numerous populations (Steinberg, Brymer, Decker, & Pynoos, 2004). To standardize items across youth and caregiver interviews, the same version of the items was used except for pronouns ("you" or "your child").

Law enforcement contact, advocate contact and criminal justice disposition. The JVQ follow-up for police contact reads, "Do any of these people know about what happened? A police officer or other law enforcement official?" Questions on other criminal justice actions, including filing charges, conviction, and jail time, and perceptions by families about police action, were taken from the National Violence Against Women Survey (NVAWS; Tjaden, 1996; Tjaden & Thoennes, 2000) to enhance continuity with prior research. See Tables 2 and 3 for descriptions of items. Advocate contact was also from NVAWS and included contact with a crisis center, battered woman's shelter, domestic violence advocate, or counselor.

Best practices by law enforcement and advocates. Ten items from the Police Services Questionnaire (Stover, Berkman, & Gill, 2006) were used with caregivers to assess best practices by police and advocates. These were asked only for incidents with provider contact. Sample items are "Did they explain protective orders or other court procedures" and "Help you create a safety plan." Brief descriptions of all 10 items are in Table 4. The construct validity of these questions have been demonstrated through Stover and colleagues' work evaluating police-advocacy partnerships (Stover, 2012; Stover et al., 2010). These best practices were also selected because they are some of the most commonly provided services in the country and are well-established services (Hamby, 2014; Macy et al., 2009; National Network to End Domestic Violence, 2012). Finally, these items are designed to emphasize services that can be provided by any provider (unlike, e.g., court accompaniment, which is seldom provided by police). Alpha was .89 for police best practices and .86 for counselor best practices.

Obstacles to helpseeking. These were also taken from the Police Services Questionnaire (Stover et al., 2006). Caregivers were asked 14 questions about various possible obstacles to helpseeking, such as, "You fear, dislike, or distrust professionals, such as police, counselors, or doctors" and "You've had a previous bad experience with professionals," and "You are concerned about the cost of getting help." We simplified the language of a few items. See Table 7 for brief descriptions of all items. Response categories were *very true*, *a little true*, and *not at all true*. The first two response categories were combined in analyses. Potential obstacles were asked in all caregiver interviews, regardless of what helpseeking had taken place. Alpha was .77.

Victim-perpetrator separation after incident. Questions about whether the victim or perpetrator left or moved after the incident were adapted from NVAWS (Tjaden, 1996; Tjaden & Thoennes, 1998). The question stated "Did [victim] or [perpetrator] leave or move to a new place after the incident we have been talking about? (When I say leave, I mean for a day or more)?" The identity of the victim and perpetrator were filled in (e.g., mother, father) from earlier items.

Table 1
Percentage With Police or Counselor Contact as a Function of 6 Severity Indicators

	Severity indicator total rate	Contact or arrest when severity is	
		High	Low
Percentage of incidents leading to police contact as a function of incident severity (25.2% of all 517 incidents led to a police report)			
Victim had any physical injury	35.7	49.5***	11.5
Victim received any medical care	11.8	55.0***	20.9
Child scared someone else would be hurt badly	53.4	33.7***	15.5
One of child's scariest experiences ever	38.2	42.0***	15.0
Child scared that he/she would be hurt badly	21.4	34.9*	22.7
Someone else was "hurt badly"	13.0	30.3	24.6
Child was hurt badly	1.3	50.0	24.9
Percentage of incidents leading to advocate contact as a function of incident severity (14.9% of all 517 incidents led to advocate contact)			
Victim had any physical injury		18.5†	13.0
Victim received any medical care		28.3**	13.3
Child scared someone else would be hurt badly		18.2*	11.7
One of child's scariest experiences ever		19.6*	12.1
Child scared that he/she would be hurt badly		20.9†	13.5
Someone else was "hurt badly"		19.7	14.1
Child was hurt badly		14.3	15.0
Percentage of incidents leading to arrest as a function of incident severity (46.9% of 130 cases known to police led to arrest)			
Victim had any physical injury		46.7	47.4
Victim received any medical care		57.6†	40.4
Child scared someone else would be hurt badly		43.5	55.3
One of child's scariest experiences ever		53.1†	37.0
Child scared that he/she would be hurt badly		51.3	45.1
Someone else was "hurt badly"		55.0	45.5
Child was hurt badly		0.0	47.6

Note. Items shown in bold are significantly associated with service contact. Total rate shows the percentage of entire sample that is positive for that severity indicator. For example, 35.7% of incidents involved a physical injury. For each severity indicator, the 2nd and 3rd columns show the percentage with provider contact (police or advocate) or arrest in the high severity versus low severity group. For example, 49.5% of cases involving victim physical injury were reported to the police versus 11.5% of incidents that did not involve an injured victim.
† $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Data Analysis Weighting

The survey weighting plan was a multistage sequential process of weighting the sample to correct for study design and demographic variations in nonresponse. Specifically, weights were applied to adjust for (1) differing probabilities of household selection based on sampling frames; (2) variations in within-household selection resulting from different numbers of eligible children across households; and (3) differences in sample proportions according to gender, age, race/ethnicity, income, census region, number in household, and phone status (cell only, mostly cell, other) relative to the 2010 American Community Survey Public Use Microdata Sample.

Results

Incident Characteristics and Associations With Police and Advocate/Counselor Contact

Supporting the classification of law enforcement as first responders, respondents indicated that 85% of police reports were

Table 2
Perceptions of Police by Whether Arrest Occurred for Incidents Reported to Police

	Police made arrest ($n = 61$)	No arrest ($n = 69$)
Incidents not leading to arrest produced more negative views of police response		
Police did not need to do anything else to help[***]	72.1	37.1
Police should have arrested perpetrator[***]	0.0	29.0
Police should have followed through with investigation, services[*]	3.3	12.9
Police should have been more supportive/taken event more seriously	9.8	11.4

Note. Items shown in bold are significantly associated with arrest. These analyses limited to cases reported to police ($n = 130$).
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3
Law Enforcement Disposition of Family Violence Incidents Involving Children

	Number cases	% all cases	% known to police	% arrested	% previous disposition
All incidents	517				
Incidents known to police	130	25.1%	—	—	25.1%
Officer in-person contact	103	19.9	79.2%	—	79.2
Perpetrator arrested	61	11.8	46.9	—	59.2
Criminal charges filed	43	8.3	33.1	70.5%	70.5
Convicted/pled guilty	16	3.1	12.3	26.2	37.2
Sentenced to jail/prison	10	1.9	7.7	16.4	62.5

Note. "% all cases" is the percent of all incidents. For example, the last line shows that 1.9% of all incidents led to incarceration. "% police know" is the percentage of incidents receiving a specific criminal justice intervention using the number to known to police as the base. For example, 7.7% of incidents reported to the police led to jail time. "% arrested" shows the attrition for cases that led to arrest. For example, 16.4% of cases with an arrest led to jail time. "% previous disposition" uses the immediately preceding line as the base and helps to illustrate where case attrition is occurring. For example, 62.5% of incidents that led to conviction also led to jail time. See text for more discussion.

made within 24 hours of the incident and 97% within one week. Respondents reported that when police responded, they did so within an hour in 98% of cases and in less than 15 minutes in 58%.

Several indicators of incident severity, in terms of danger to both the victim of the attack and the exposed youth, are presented in Table 1. Table 1 also shows the association of these severity indicators with police and counselor contact. Several features deserve note. One, many of these incidents were severe and frightening to youth. Half of those exposed to physical assault among other family members said it was their most frightening experience ever and more than a quarter feared for their own safety. More than 1 in 3 incidents resulted in physical injury to another family member. However, despite high levels of most markers of severity, injury to the child witness was unusual, occurring in 1 in 75 incidents. Finally, for the most part more severe incidents were more likely to lead to police and advocate contact.

The Association of Arrest and Incident Severity

Once police were contacted, the decision to arrest was only modestly associated with severity, with only victims receiving medical attention for injury and whether the episode was one of the scariest ever to the exposed child approaching significance. See Table 1. Looked at from the other conditional, 53% (49 of 92) of cases that involved both an injury and a report to the police did not lead to an arrest. Even 42% (14 of 33) of cases known to police that involved injuries severe enough to require medical care did not result in arrest. Although injury to child witnesses was rare in our sample, the only cases where a child was injured did not lead to arrest.

The Association of Arrest With Perceptions of the Police Response

Cases that were reported to the police but did not result in arrest were generally perceived more negatively. See Table 2. Almost 1 in 3 respondents describing cases where no arrest occurred had nonetheless wanted the perpetrator arrested. Significantly higher numbers were also dissatisfied with the investigation when no arrest was made. Desire for arrest was the most common unmet service reported, higher than a wish for a more thorough investigation or a more supportive attitude. In contrast, when arrest occurred, most respondents reported that the police did not need to do anything else to help.

The Path Through the Criminal Justice System

Table 3 provides information about the path these child witness cases took through the criminal justice system, from reporting to the police, whether arrest occurred, and beyond. The table shows each action as a percentage of all cases, as a percentage of just cases known to police, and as a percentage of the immediately preceding category (e.g., charges filed as a percentage of arrests). As seen in Table 3, there was marked attrition at every stage of the criminal justice system. The largest attrition occurred from the fact that most cases were never reported to law enforcement. However, there was substantial attrition at every other step. Only about half of incidents leading to in-person officer contact led to an arrest. Some of the largest attrition occurred in the courts. Even among cases that had criminal charges filed, fewer than half were convicted or pled guilty. Only about 3 in 5 of those deemed guilty served any jail time. Of the original 517 cases of family violence, only 10 perpetrators (less than 2%) served any jail time.

Best Practices During Police and Advocate Contact

Ten indicators of best practices were asked of all caregivers who interacted with police (30.6% of all caregiver respondents) or advocates (23%). Every best practice was reported by at least some respondents. The rates for advocates were uniformly higher than for police (see Table 4). Note, however, that these reports were not all made by the same respondents because some respondents only had contact with advocates or police, not both.

Police Best Practices and Arrest

In contrast with the mixed findings regarding incident severity, showing most indicators of severity were not associated with arrest, eight of 10 best practices were significantly associated with arrest and one additional best practice approached significance. For cases that led to arrest, respondents reported that almost 9 out of 10 (85.7%) of those officers also engaged in at least 6 best practices, but for cases that did not lead to arrest, fewer than half of the officers offered that level of exemplary service. See Table 5.

Table 4
Rates of Best Practices Following Family Violence by Police and Advocates

	Police (n = 79)	Advocates (n = 59)
Described OP, court procedures	58.1%	66.0%
Helped feel safe	52.2	83.4
Gave information about services	49.0	78.2
Discussed effects on children	44.1	97.1
Assessed child's need	43.1	81.9
Helped make safety plan	38.7	76.5
Gave information on shelter/housing	34.1	58.5
Connected with other services	33.2	71.0
Followed-up after initial contact	22.6	71.0
Provided 911 phone or similar	13.1	33.6
6 or more best practices	31.8	79.6

Note. OP = Order of protection or restraining order. Best practices questions asked of caregivers only and only for the subset of incidents that resulted in contact with police or victim service providers. Although the rates are uniformly higher for victim services providers, these differences cannot be tested statistically because these are not all the same cases (i.e., some had police contact but no victim service provider contact and vice versa).

Police Best Practices and Advocate Contact

Counter to hypothesis, advocate contact was lower when police engaged in some best practices. See Table 5. Respondents who reported that police talked about effects of violence on youth and explained protective orders or court procedures were less likely to report advocate contact. When police helped with safety planning, respondents also reported a somewhat lower likelihood of advocate contact that approached significance. In fact, although the difference was not always significant, that was the direction of effect for every police best practice.

Police and Advocate Best Practices and Victim-Perpetrator Separation

Some police and advocate best practices were associated with a greater likelihood of victim-perpetrator separation, either because the victim or the perpetrator left the residence after the incident. Being provided information about shelter and the courts was significantly associated with victim-perpetrator separation, whereas most other services, including safety planning and child-focused information, were not. For police, follow up after the initial contact was also associated with higher rates of victims moving out and so were 6 or more best practices (see Table 6).

Obstacles to Help-Seeking

Caregivers were asked about 14 potential obstacles to help-seeking. The most common obstacle was previous bad experiences with helpseeking, reported by 2 of 5 caregivers. Fear of police and counselors were reported by nearly one in three caregivers. See Table 7. Cost of help-seeking was the second most common obstacle. Lacking information, too busy, difficulty disclosing, and concerns about what others might think were also fairly frequently endorsed.

The association of obstacles with service contact was contrary to hypothesis. In general, many common obstacles were not associated with service contact. However, police were *more* likely to be contacted when some obstacles were present, including lack of transportation, child refusing to seek treatment, and language barriers, which could reflect that police were seen as ways of solving some problems. These results are also in Table 7.

Discussion

The key findings of this nationally representative snapshot of interventions for family violence incidents known to children are: (1) Many providers engage in best practices, but there are still many who do not; (2) Best practices were more consistently associated with arrest than incident severity, suggesting the importance of police training; (3) There remains substantial attrition in the criminal justice response to domestic violence; (4) Unexpectedly, higher rates of police best practices were associated with lower likelihood of advocate contact; (5) Unexpectedly, some helpseeking obstacles, such as lack of transportation, increased the likelihood of police contact and were generally not associated with advocate contact; and (6) Information about court procedures, housing, and other service availability were significantly associated with victim-perpetrator separation, whereas safety planning and a variety of other interventions were not.

A Glass Half Empty or Half Full?

There is good news and bad news in these data. The good news is that many best practices were very common even in this unselected community sample, from communities all across the country and where providers were not aware that their services would be described in a research project. Advocates especially consistently provide best practices—4 out of 5 (79.6%) provided 6 or more from our list of 10 best practices. The correlation of many police best practices with arrest hints at the possibility that training could be one path to improving criminal justice responses. Our findings are consistent with other data on the association of arrest with the use of widely acknowledged best practices such as referral and safety planning (Stover et al., 2010; Zweig & Burt, 2003). However, these national rates also indicate far from universal implementation and are lower than has been found for exemplary programs such as the police-advocacy partnership studied by Stover and colleagues.

An Unusual Path Through the Criminal Justice System?

These data also provide information on what happens after police are called. We want to emphasize that we do not think that a criminal justice response is needed or would be optimal for all 517 family violence cases. Although the injury rates and other markers of severity are very high—more than twice as high as found in nationally representative studies that include adults without minor children (Black et al., 2011)—these cases represent a range of incidents. It is impossible to collect in a national survey all of the information that victims, family members, and police officers have available at the scene. Other interventions, including informal responses by family members or loved ones, are likely adequate for some incidents. However, we are concerned about the

Table 5
Police Best Practices Associated With Arrest and Advocate Contact

	Police practice reported		Odds ratio[a]	95% Confidence interval
	Yes	No		
Percentage of incidents leading to arrest as a function of police best practices				
Police talked about effects of violence on youth	87.1%	27.5%	3.35***	2.55–3.58
Police explained protective orders or court procedures	63.4	40.0	1.63*	1.03–2.08
Police helped increase feelings of safety	80.6	27.3	3.09***	2.15–3.49
Police helped create a safety plan	84.6	35.7	2.34***	1.69–2.65
Police gave information about specific services for child witnesses	82.4	28.6	3.01***	2.15–3.36
Police provided information about shelter/alternative housing	83.3	40.0	2.11**	1.47–2.38
Police provided emergency systems such as 911 cell phone	88.9	49.2	1.87†	0.98–2.02
Police tried to find out if child witness needed help	56.7	51.3	1.13	0.66–1.54
Police connected with other services (court, advocates, etc)	70.8	44.7	1.68*	1.07–2.03
Police followed up with family after initial contact	93.3	42.3	2.18**	1.48–2.34
6 or more best practices	85.7	40.0	2.21**	1.53–2.44
Percentage of incidents leading to advocate contact as a function of police best practices				
Made an arrest	23.3	27.1	0.87	0.45–1.49
Talked about effects of violence on youth	16.1	41.0	0.41*	0.14–0.96
Explained protective orders or court procedures	17.5	46.7	0.38*	0.15–0.84
Helped increase feelings of safety	22.2	39.4	0.53	0.19–1.16
Helped create a safety plan	18.5	38.1	0.51†	0.18–1.14
Gave information about services for child witnesses	21.2	40.0	0.53	0.20–1.15
Provided information about shelter	25.0	34.8	0.71	0.26–1.50
Provided emergency systems such as 911 cell phone	11.1	33.9	0.30	0.03–1.54
Tried to find out if child witness needed help	23.3	35.0	0.20	0.28–1.40
Connected with other services (court, advocates, etc)	26.1	34.0	0.84	0.32–1.66
Followed up with family after initial contact	18.8	32.7	0.59	0.16–1.56
6 or more best practices	19.0	34.8	0.60	0.18–1.45

Note. All odds ratios control for the presence of victim injury as a indicator of incident severity. For question about arrest, $n = 130$. All other items about best practices are restricted to caregiver respondents with police contact ($n = 71$).
[a] Odds ratio has the Zhang and Yu adjustment applied to provide a closer approximate for the true relative risk, in this case of the outcome of arrest or advocate contact given the occurrence of each police best practice. Significant effects are in bold.
ns $p > .10$. † $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

extensive case loss at every stage of the system. We are not suggesting that all 517 offenders deserve some jail time, but it seems possible that more than 10 do. Further, the substantial postarrest attrition offers a compelling hypothesis for the modest deterrent effects of arrest (Iyengar, 2009; Sherman & Berk, 1984). The deterring effect of arrest may be greatly diminished if arrest seldom leads to conviction or jail.

How do we get from 517 to 10? There is no one answer to this question. In our data, there is not just one crack in the system, there are many which lead to a 2% incarceration rate. It is widely known that many incidents are not reported to the police. These data suggest that this is even true in incidents involving children's exposure—rates of reporting to police in this sample are similar to those found in other studies (Tjaden & Thoennes, 2000). Substantial attrition also occurs at every level of the criminal justice system. According to these data, about 1 in 5 incidents reported to police do not receive any in-person investigation by law enforcement. Little prior data exists on this "crack" and identifying this source of attrition is a benefit of a community sample. Arrest is unlikely when reports are not investigated in person by officers. Despite the presence of proarrest and mandatory arrest laws in most U.S. jurisdictions and probable cause permitted as grounds for arrest across the U.S. (American Bar Association, 2011), many perpetrators were not arrested. Felson and colleagues have shown that arrest is less likely for intimate partner than other violence (Felson & Ackerman, 2001; Felson & Pare, 2007).

The cracks continue at every level. Arrested perpetrators are not charged, charged perpetrators are not convicted, and convicted perpetrators do not serve time in prison or jail. The focus in the field has often been on police actions, but these and other data indicate that considerable attrition comes from other levels of the criminal justice system. In fact, this is where our data are most discrepant from the handling of other violent crimes. Maxwell and colleagues' analysis of populous U.S. counties (2003), for example, found that arrest charges were maintained in 58% of violent crime cases (assault, robbery, homicide, or sexual assault), roughly similar to our findings (they used a stricter definition of charge maintenance). However, 59% of those arrested were eventually found guilty (through conviction or plea bargain) in their data, compared to only 26% in our sample. Among those found guilty in the Maxwell study, 77% were sentenced to incarceration, compared to 63% in our sample. Garner and Maxwell's review (2009) indicated that criminal charges are typically filed in about 1/3 of cases known to police for violent crimes, similar to our rate, although our rate of convictions once charges were filed is somewhat lower than theirs. These higher rates of attrition in the courts contribute to the extremely low rate of cases—2%—leading to jail time.

Table 6
Police and Advocate Best Practices Associated With Victim Leaving After Incident and Perpetrator Leaving After Incident

	% victim left				% perpetrator left			
	If police did		If advocate did		If police did		If advocate did	
	Yes	No	Yes	No	Yes	No	Yes	No
Made an arrest	25.0	26.7	n/a	n/a	25.0	35.0	n/a	n/a
Talked about effects of violence on youth	25.8	18.7	38.0	0.0	25.8	42.1	14.3	50.0
Explained protective orders or court procedures	22.5	23.3	48.4†	21.1	48.7**	16.7	19.4	10.0
Helped increase feelings of safety	23.5	21.2	39.0	33.3	35.3	30.3	10.0†	33.3
Helped create a safety plan	30.8	19.0	43.2	21.4	32.0	33.3	16.2	14.3
Gave information about services for child witnesses	24.2	20.6	30.8†	58.3	29.4	36.4	15.8	15.4
Provided information about shelter/housing	34.8†	15.9	59.3**	13.0	33.3	31.8	18.5	12.5
Provided emergency systems such as 911 cell phone	33.3	20.7	75.0**	23.7	22.2	34.5	7.7	18.4
Tried to find out if child witness needed help	33.3	17.5	39.0	30.0	17.2*	43.6	15.0	20.0
Connected with other services (court, advocates, etc)	40.9*	15.2	47.1*	17.6	26.1	34.8	23.5*	0.0
Followed up with family after initial contact	46.7*	15.7	48.3	33.3	46.7	30.0	20.0	14.3
6 or more best practices	38.1*	15.9	48.5	30.0	31.1	38.1	20.0	15.6

Note. For question on arrest, $n = 130$. Caregivers with police contact were asked questions about police best practices, $n = 71$. Caregivers with advocate contact were asked about best advocate practices, $n = 51$. Practices in bold significantly increased the likelihood of separation following violence.
$^{\dagger}p < .10$. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Factors Associated With Multiple Provider Contact

We still know little about many family violence services (Hamby, 2014; Macy et al., 2009). Some results were the opposite of what we hypothesized—best practices by the police were, if anything, associated with a lower likelihood of advocate contact. This is different than other available information, mostly from studies of child abuse cases known to CPS, which found more police involvement was associated with more services of other types and with more coordination among agencies (Cross et al., 2005; Cross et al., 2007). Although we can only speculate as to the reasons why, we propose that families may not need services from multiple providers if their needs are met during the first intervention. This would be analogous to the way people seek medical treatment. Someone is likely to seek additional medical care only if the first provider did not meet their needs, either through poor service or because the first provider, typically a general practitioner, identified a problem more serious than can be handled in a general clinic. Cases known to CPS probably primarily belong to the set of serious cases that require more intense and specialized intervention and thus would show a different result than this community sample. This shows the importance of collecting community data to complement data on agency-involved cases, despite the challenges of identifying cases in unselected community samples. The field might benefit from a more intentional organization of services that included something akin to medical-style triage.

Table 7
Rates of Obstacles to Helpseeking and Percentage With Police and Advocate Contact for Index Incident as a Function of Obstacles

	% leading to service contact by obstacles				
		Police		Advocate	
	Total rate	Obstacle present	Not	Obstacle present	Not
Previous bad experience with professionals	40.3	30.8	30.5	25.0	21.4
Concerned about the cost of getting help	38.7	34.0	28.7	27.3	20.3
Fear, dislike, or distrust police, counselors, or doctors	29.9	39.9	28.7	19.5	24.9
Too busy to seek help or treatment	23.7	34.4	29.4	23.0	23.0
Lack information about where to get help	22.0	43.9*	26.9	26.3	22.4
Difficulty talking about your own or your child's problems	21.9	37.5	28.9	14.3†	25.4
Concerned about what family and friends might think	17.5	15.6*	34.3	24.4	22.6
Needed services are not available near home	14.1	33.3	30.7	25.0	23.4
Too much paperwork, hard to get an appointment, or waiting lists	11.7	50.0*	28.4	26.7	23.1
Concerned would lose custody of child	10.1	11.5*	32.8	42.3*	20.8
Agency refused to help or take your case	8.0	55.0*	28.7	4.9*	24.9
Lack transportation or have no way to get to appointments	7.7	68.4***	28.7	55.0***	20.6
Child refuses to go to treatment	5.1	76.9***	28.2	38.5	22.0
Local professionals are not able to speak native language	5.1	78.6***	27.9	0.0*	24.2

Note. $n = 258$; these items asked in all caregiver interviews.
$^{\dagger}p < .10$; $^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$. Significant effects, $p < .05$, are marked in bold.

What Exactly Do Helpseeking Obstacles Interfere With?

Another unexpected finding was that factors that are traditionally considered obstacles to helpseeking (Hamby, 2014) do not necessarily deter helpseeking. Instead, certain obstacles seemed to shift helpseeking to police versus other interventions. Police services have characteristics that are unique or at least rare in today's service climate. They will go to your home no matter the hour of day or night and so lack of transportation, a barrier to many services, is not a barrier to calling the police. Police can arrest someone regardless of whether they speak the language of the perpetrator or the victim, but most other services require a common language between provider and client. More than 3/4 of the individuals reporting language barriers had sought police intervention and 0% had advocate contact, a striking difference. Eight of 14 obstacles were significantly associated with the likelihood of police contact and for six of them, the presence of the obstacle made police contact *more* likely. In contrast, few obstacles affected advocate contact and the direction of effect was more mixed. Another medical analogy seems *a propos* here. These findings seem similar to the way that some families use emergency departments for routine medical care because they do not have reliable access to outpatient health care. When helpseeking obstacles make people turn to emergency services, this can burden emergency systems and also lead to a lower overall quality of care, because emergency systems may not be best suited to meet their needs.

Limitations

As with any study, the results should be considered in the context of the limitations of the data. These are self-report data from caregivers, or in the case of some variables, such as arrest, caregivers and youth. Caregiver perceptions about best practices and obstacles may differ from the perceptions of police and advocates. Future efforts to include multiple informants or alternative data sources would be valuable. Time limitations prevented us from asking details about more than one incident. Some especially high-risk families may not be easily recruited into surveys. Although using a large nationally representative sampling frame allowed us to compare cases that did and did not have contact with law enforcement or providers, this also led to fairly small sample sizes for some analyses because these interventions are still relatively rare in the population. While acknowledging these limitations, we note that these data provide some of the most detailed available information on family violence intervention practices in the United States.

Research Implications

There is a great need for more research on the actual interventions that occur following helpseeking and especially on which interventions are most helpful. Existing research has focused more on the process of helpseeking by victims or demographic correlates of police and other intervention (e.g., Zanville & Cattaneo, 2012). Program evaluations are another important line of research, but often they are conducted on some of the best and most resource-rich programs in the country and do not necessarily represent the usual standard of care. We know comparatively little about what typically happens and what impact different services have. Lack of data on exposed youth is part of a broader lack of information on bystander involvement in violence (Banyard, 2011, 2013). The unexpected findings here—that best practices by one provider may lower the likelihood of contact with other providers and that some obstacles may shift helpseeking to police rather than depress helpseeking overall—need replication and further study. Future research could examine the effects of state policies on arrest and other practices. Future work could also explore police reactions to low conviction rates following arrest.

Clinical and Policy Implications: Which Are the Best "Best Practices"?

One contribution of these data is that they focus on malleable, relatively simple and easily learned practices. We need more evidence-based policy and these data are steps toward identifying the most effective family violence interventions. More police training in family violence seems warranted, especially addressing the needs of children. Explaining orders of protection and other court procedures, providing information about shelter and alternative housing, and connecting families with other services were consistently associated with outcomes such as victim-perpetrator separation and arrest. Many other practices were not, including safety planning. Providing 6 or more best practices was also associated with many outcomes, especially when police provided that exemplary level of service. New approaches to safety planning, such as the Victim Inventory of Goals Options and Risks (the VIGOR, Hamby, 2014), should be considered. We also need to explore more ways of reaching families beyond traditional law enforcement and advocacy services, both of which were accessed by a minority of families. Other options include websites, social media, text messages, and other avenues that could provide support and make the public more aware of available resources.

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