

# New York City Administration for Children's Services

## A Safe Way Forward Final Evaluation Report Outcome Evaluation Phase 2

**June 23, 2022**

Marneena Evans  
Vanessa Kranz  
Susan Chibnall

**Submitted to:**

New York City Administration for Children's Services  
New York, New York

**Submitted by:**

Westat  
An Employee-Owned Research Corporation<sup>®</sup>  
1600 Research Boulevard  
Rockville, Maryland 20850-3129  
(301) 251-1500

# 1. Introduction

---

A Safe Way Forward (SWF) is a demonstration project created to address both intimate partner violence (IPV) and child maltreatment by providing survivors, persons causing harm (PCHs), and their children with child welfare prevention services (e.g., case planning) and clinical intervention to address both the IPV and the trauma caused by it. To ensure family safety, services are provided simultaneously to survivors and PCHs by separate service teams of case planners and clinicians. Two providers, Children’s Aid (CA) and Safe Horizons (SH), administer the SWF program to families in two New York City boroughs—the Bronx (CA) and Staten Island (SH).

The evaluation of SWF took place in two phases. The Phase 1 process evaluation report focused on process findings from the early implementation of SWF. The current report presents findings from Phase 2 of the SWF evaluation, which centered on early participant outcomes from the SWF programs. The goal of the Phase 2 data collection was to gain participant input on if and how SWF services affected their family relationships, parent and child well-being, and safety for the survivor and children. Phase 2 also sought to develop an understanding, through the use of aggregate administrative data, on the scope of services and the characteristics of families that were served. The evaluation was conducted by Westat with its subcontractor Cora Group.

## 2. Research Questions

---

The Phase 2 outcome evaluation was guided by the following research questions:

- ❖ **RQ1:** What are the characteristics of the families that are referred to, enrolled in, participate in, and/or complete the program?
- ❖ **RQ2:** What is the average duration of services?
- ❖ **RQ3:** To what extent do participants (survivors and/or PCHs) in SWF report experiencing the following?
  - Improved parent-child interactions;
  - Increased feelings of being safe from emotional and physical abuse;
  - Increased knowledge of developing safety plans for reducing further risk of abuse;

- Increased understanding of the effects of IPV;
  - Increased knowledge about resources and how to obtain them;
  - Decreased social isolation; or
  - Increased feelings of being supported and understood.
- ❖ **RQ4:** To what extent do conditions of court-ordered supervision change over time for participants of SWF?
  - ❖ **RQ5:** What do SWF participants report as being the most helpful part(s) of the program?

## 3. Methodology and Data Sources

---

The evaluation team used a mixed-methods approach to the SWF outcomes study, collecting and analyzing both qualitative data (interviews with program participants) and quantitative data (from Administration for Children’s Services [ACS] sources including CONNECTIONS, Patient-Reported Outcomes Measurement Information System [PROMIS], Legal Tracking System [LTS], and SWF quality assurance [QA] and Continuous Quality Improvement [CQI] data) to answer the research questions. Data were collected concurrently for the same time period. Both sets of data were analyzed separately, and the findings were compared and synthesized to confirm them across data sources. “Triangulating” findings in this way allows us to validate and strengthen our confidence in the findings.

### 3.1. Data Sources

Exhibit 1 shows the specific data sources and data collection methods, identified by the evaluation team, to inform each research question. The next section (Section 3.2) provides additional details about SWF participants interviewed during this data collection.

**Exhibit 1. Data sources and data collection methods used to inform each research question**

Research Questions	Data Sources					
	SH & CA Withdrawal/ Closing Report	SWF Dashboard Master New Tracker	SWF Custom Report*	Other Provider Data	Participant interviews (survivor & PCH)	
RQ1: What are the characteristics of the families that are referred to, enrolled in, participate in, and/or complete the program?			✓	✓		
RQ2: What is the average duration of services?	✓	✓	✓			
RQ3: To what extent do participants in SWF report experiencing the following? <ul style="list-style-type: none"> <li>Improved parent-child interactions</li> <li>Feeling safe from emotional and physical abuse</li> <li>Increased knowledge of developing safety plans for reducing further risk of abuse (survivors)</li> <li>Increased understanding of the effects of IPV</li> <li>Increased knowledge about resources and how to obtain them</li> <li>Decreased social isolation</li> <li>Increased feelings of being supported and understood</li> </ul>					✓	
RQ4: To what extent do conditions of court-ordered supervision change over time for participants of SWF?		✓	✓			
RQ5: What do SWF participants report as being the most helpful part(s) of the program?					✓	

\*Report prepared by Administration for Children’s Services (ACS) Report Development and Analysis Unit/ORR/DPPM

## 3.2 Qualitative Data Collection

### Participant Interviews

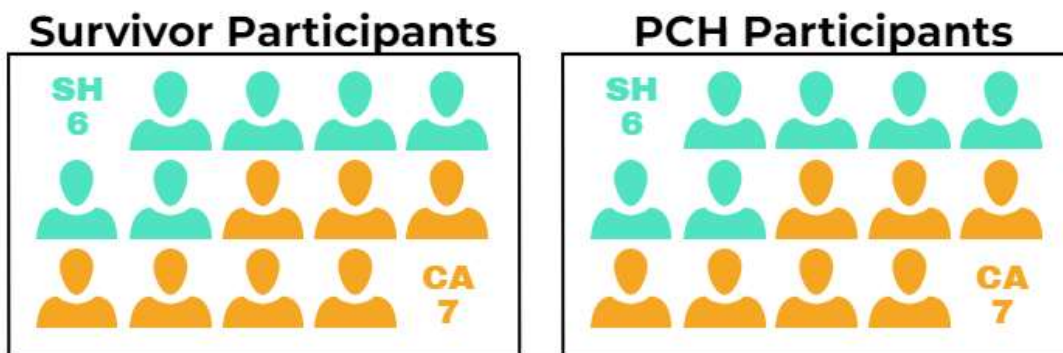
From October 2021 through March 2022, the evaluation team conducted a total of **26** interviews, with 14 participants (7 survivors and 7 PCHs) from Children’s Aid and 12 participants (6 survivors and 6 PCHs) from Safe Horizon. Interviews were conducted by telephone and lasted 30-60 minutes.

The evaluation team used the following eligibility criteria to recruit SWF clients to participate in interviews:

- Close to SWF service completion, with at least 6 months of active engagement;
- Actively engaged in planned services (e.g., case planning, individual clinical sessions, and/or group clinical sessions); and
- Must have phone connection and space where they feel safe/comfortable talking.

The interview sample is presented below in Exhibit 2.

#### Exhibit 2. Data collection sample: Safe Way Forward (SWF) participant interviews



The evaluation team collaborated with SWF service providers to prioritize safety at each step of the participant recruitment and data collection process. The evaluation team provided SWF case planners from both agencies with a recruitment script and a brief overview of the plan for conducting interviews. The agencies provided language for a preinterview safety assessment which was conducted by the case planner. The case planners selected SWF participants who would be appropriate candidates for participation in the interviews, as identified by the eligibility criteria. As

survivors and PCHs from the same family have different case planners, participants were recruited as individuals, not families. Although eligible, no participants interviewed during the Phase 1 data collection also participated in the Phase 2 data collection. After implementing the recruitment script with each person, case planners asked whether the client would be willing to be contacted by the evaluation team.

The interview included the case planner, evaluation team staff, and the interested SWF participant. At the start of the call, the case planner conducted a safety screening with the SWF participant. Once the case planner determined that the SWF participant was safe, they left the call and the evaluation team member proceeded with the informed consent and interview.

## **ACS SWF Case Review**

A review of SWF cases was conducted by ACS in 2021. The Case Review Summary Report was shared with the Westat evaluation team on January 28, 2022. ACS's case review sought to learn more about families being served by SWF, including information such as common family characteristics, quality of client engagement, and operations of the program. Additionally, ACS sought to ensure adequate and comprehensive monitoring, assessment, and addressing of safety and risk for children and families. The case review process consisted of 20 cases (10 Safe Horizon/10 Children's Aid). Reviewers read through all progress notes for interventions that occurred during a family's SWF involvement and completed a corresponding case review tool. Three staff then analyzed the 20 case review tools and recorded any observations that reflected (1) qualitative data relevant to the case review goals and not sufficiently captured by quantitative questions, (2) themes that appeared relevant to multiple families, and (3) exceptional circumstances of individual families that impacted their services. Although the case review was not conducted for or coordinated with this evaluation, the evaluation team looked at the case review findings and to what extent they corroborated or conflicted with evaluation findings.

## 4. Data Analysis

---

### 4.1 SWF Participant Interview Data

Qualitative data collected through interviews were analyzed using deductive, grounded theory methods. The evaluation team first developed a coding structure of logical thematic categories and subcategories informed by the literature review (conducted in Phase 1 of the evaluation), research questions, protocol domains, and discussion with ACS. Interview transcripts were coded in NVivo, a qualitative data analysis (QDA) computer software package. During the initial application of the codes, the analysis team found emergent themes and subcategories of the predetermined codes. The team created a comprehensive coding structure to include both initial and emergent codes by reading through the data and identifying recurrent themes, and engaging in ongoing discussion. The final analytic step was to synthesize and draw conclusions about the data.

### 4.2 Administrative Data (CONNECTIONS, PROMIS, QA/CQI)

Administrative data were obtained from the following sources:

- Aggregated data from CONNECTIONS and PROMIS;
- QA/CQI: ACS monthly reports from providers; and
- QA/CQI: ACS weekly tracking document of all cases referred and served.

The data were aggregated by ACS staff. The evaluation team analyzed the data as they were received, summing categories and clarifying data indicators as needed.

## 5. Outcome Evaluation Learnings

---

The outcome evaluation learnings from Phase 2 of the SWF evaluation are presented in the following sections. Each section is organized by research question, and further by learnings from survivors (those identified by ACS as the victims of the IPV incident) and PCHs (those identified by ACS as the perpetrators of the IPV incident).

### 5.1 Research Question 1: What Are the Characteristics of the Families That Are Referred to, Enrolled in, Participate in, and/or Complete the Program?

During interviews, participants were initially asked a few background questions to gain a snapshot of their family structure and living situation. Interviewers asked whether the interview participant was currently living with their co-parent (the person they started SWF services with), the number of children shared with co-parent and the ages of the children, how often they or their co-parent sees their children (if not living with their children), and the nature of their current relationship with their co-parent. Additionally, available administrative data on all families with closed SWF cases describe their race/ethnicity and the age of the youngest child enrolled in services.

#### Race and Ethnicity

ACS provided administrative data on race and ethnicity of families with closed SWF cases. Exhibit 3 below displays the race and ethnicity of each parent (n=233) represented in the 114 cases that closed as of March 21, 2022. The majority of those parents were served by Children's Aid (78%; n=182) and they identified as Hispanic (62%). Safe Horizon parents (22%; n=51) served are majority White (47%) and Hispanic (39%), followed by African American (10%).



**Exhibit 3. Race/ethnicity of parents served by Safe Way Forward (SWF), with closed cases\***

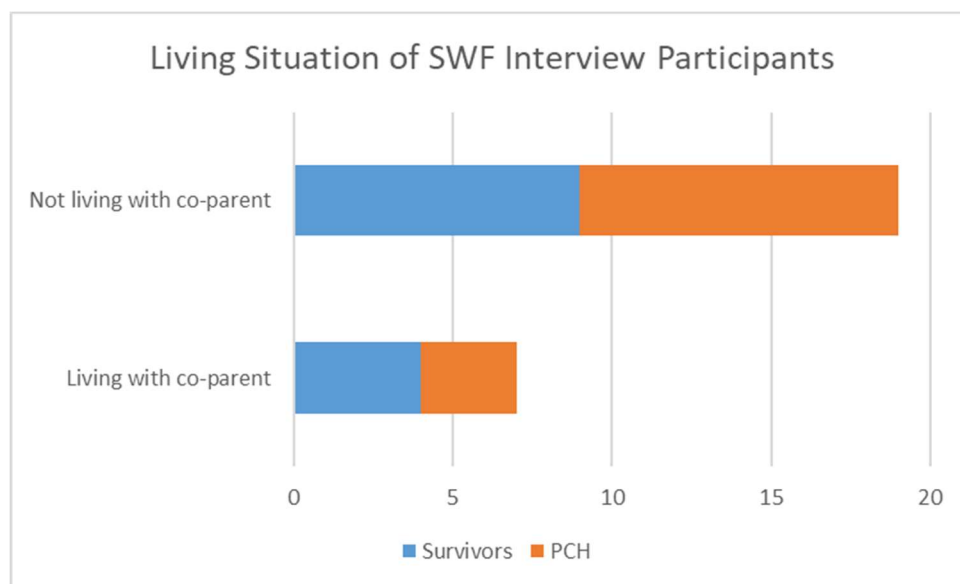
	Race/Ethnicity				
	African American	Asian/Pacific Islander	Hispanic	White	Other
Safe Horizon	5	1	20	24	1
Children’s Aid	47	8	112	8	7
<b>Total</b>	<b>52</b>	<b>9</b>	<b>132</b>	<b>32</b>	<b>8</b>

\*This table only represents the race/ethnicity of parents in SWF with cases that have been closed as of March 21, 2022. It is possible that a case has more than two parents (e.g., 2 biological parents and 1 nonbiological parent). Race/ethnicity data may be missing for a closed case.

**Living Situation**

The majority of survivors interviewed said that they were not living with their PCH co-parent. Four survivors reported that they were currently living with the PCH co-parent. Similarly, the majority of the PCHs interviewed indicated they were living separately from the survivor co-parent. Three PCHs said they currently reside with the survivor co-parent. Exhibit 4 shows the distribution of participants for each living situation.

**Exhibit 4. Living situation of Safe Way Forward (SWF) interview participants**



## Relationship with Co-parent

Interviewers asked participants about their current relationship with their survivor or PCH co-parent. Nine survivors said that they have little or no contact with the PCH co-parent. Four survivors indicated that they continue to have a relationship with the PCH; survivor descriptions of that relationship ranged from “*not great, but fair*” to “*healthier...completely different from the way it was previously.*” Four PCHs indicated that they have no contact at all with the co-parent/survivor; four PCHs said they are living separately from the co-parent/survivor; and three PCHs are living at the same residence as the co-parent/survivor. PCHs described their relationship with their co-parent/survivor ranging from no contact because “*it was a toxic relationship*” to living together and having a relationship that is “*...much better. We understand each other better.*”

## Number of Children Shared

Interview participants were asked how many children they share with the co-parent/survivor and their ages. Survivors indicated that they shared between one and three children with their PCH co-parent. All PCH participants indicated they share at least one biological child with the survivor co-parent, with the exception of one PCH who shared three nonbiological children with the survivor co-parent (referred to as “stepchildren” in the interview). Three other PCHs indicated they share one or more biological children and nonbiological children with the co-parent/survivor. As shown in Exhibit 5, the age of children ranges from less than a year old to 22 years old, with most children falling under the age of 12.

**Exhibit 5. Interview participants’ children’s ages\***

Age Range (years old)	Person Causing Harm (PCH)	Survivor
<4	1	6
4-7	6	5
8-11	2	4
12-15	3	2
16-18	3	0
18+	3	0

\*One survivor did not provide the ages of their two children.

Exhibit 6 displays the available administrative data for the age of the *youngest child* involved in SWF closed cases as of March 21, 2022. The youngest child served is most often 7 years old or younger.

**Exhibit 6. Age of youngest child associated with a closed Safe Way Forward (SWF) case\***

	Age Range (years old)				
	<4	4-7	8-11	12-15	16-18
Safe Horizon	10	10	3	1	0
Children’s Aid	45	33	10	2	0
<b>Total</b>	55	43	13	3	0

\*This table only represents the age of the youngest child associated with cases in SWF that have been closed as of March 21, 2022. The number of children involved in one case may vary. Further, data on children’s ages may be missing for a closed case.

**Frequency of Child Visits**

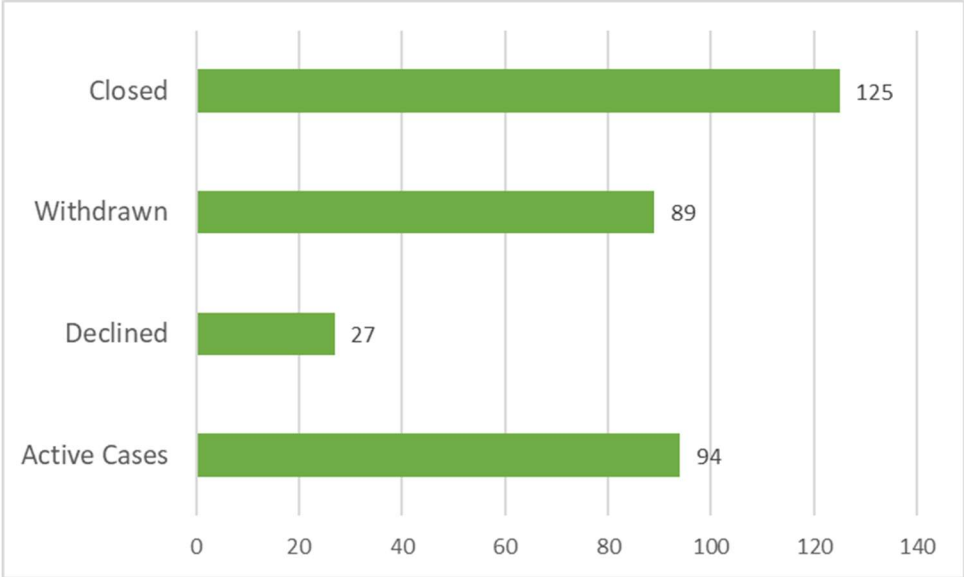
Of the survivors interviewed who did not currently live with their PCH co-parent, six reported that the PCH co-parent had contact with their children, mostly unsupervised, and two survivors indicated that the PCH co-parent had no contact with the children. Of the six PCH co-parents who had contact with their children, two had daily or almost daily contact (both mostly over phone or video calls), two saw their children unsupervised one to two times a week in person, and two PCH co-parents shared custody with the survivor (alternating weeks).

Six PCH participants stated they have *unsupervised* visitation with their children, with four indicating the frequency of visits are daily, one stating once a week, and one did not specify the frequency of their unsupervised visits. Two PCHs said visitations with their children are *supervised* with one indicating they have supervised visits once a month and one indicating supervised visits twice a week. Two PCHs did not specify whether their visits were supervised or unsupervised, but one indicated visits are “frequent” and the other said they see their children twice a week. One PCH said they have no visitation with their children presently.

## 5.2 Research Question 2: What Is the Average Duration of Services?

As of June 8, 2022, 345 families had been referred to Safe Way Forward. The current status is known for 335 of those referrals and includes 94 referrals becoming active in SWF (e.g., active cases), 27 referrals declined (e.g., client refused), 89 withdrawn, and 125 closed (e.g., case closed) (see Exhibit 7).

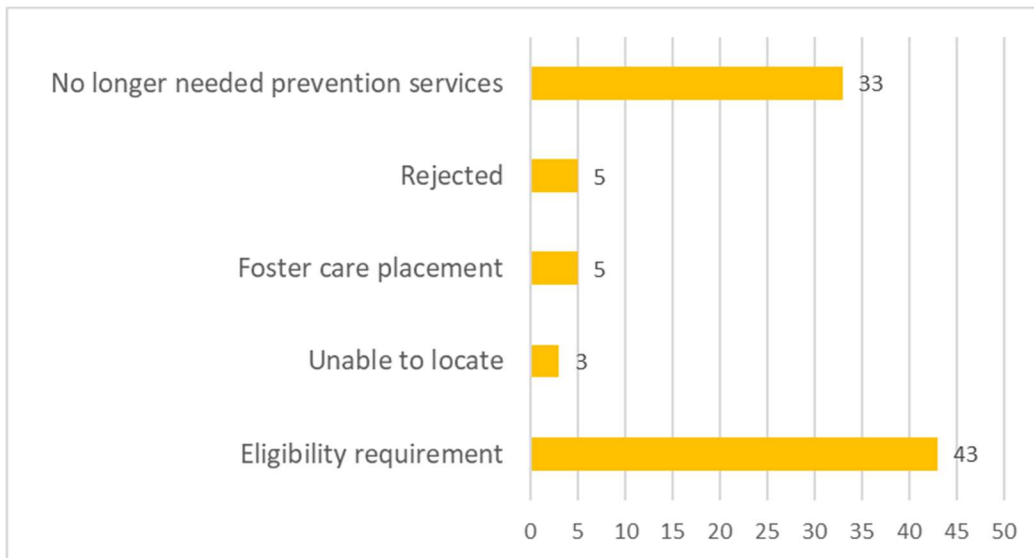
**Exhibit 7. Status of referrals made to Safe Way Forward (n=335)\***



\*Data is from the Administration for Children’s Services (ACS) Weekly Tracker and includes cases served April 2019-June 8, 2022.

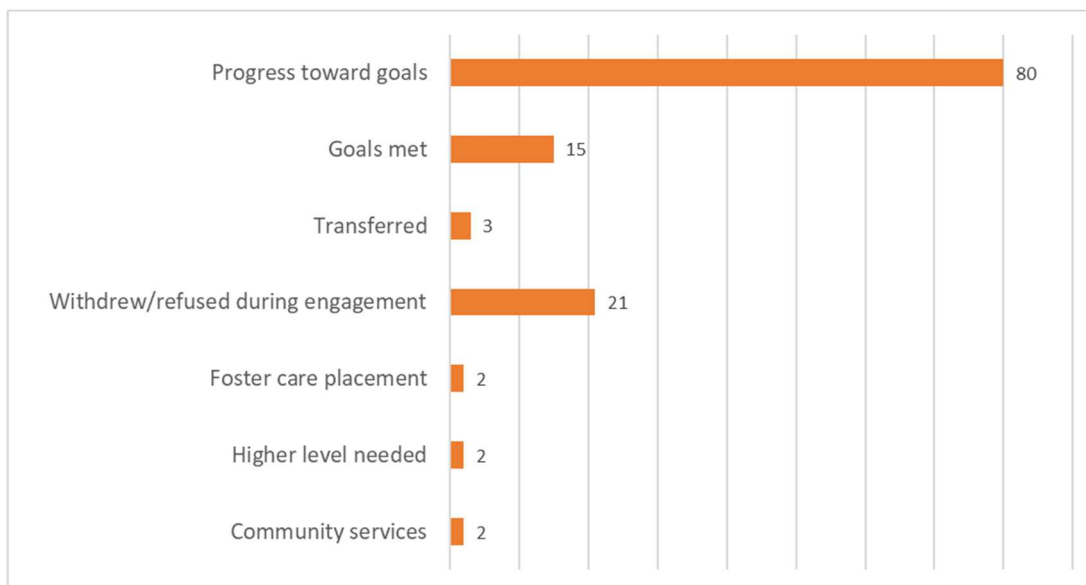
The most common reasons for ACS’s withdrawal of the referral included the family not meeting the eligibility criteria or the family no longer requiring child welfare prevention services (see Exhibit 8 and Exhibit 9 below). Of the families whose SWF cases closed (n=125), the reasons for closing were most commonly progress toward goals (64%) or families withdrawing from/refusing services (14%).

**Exhibit 8. Withdrawal reasons (n=89)\***



\*Data is from the Administration for Children’s Services (ACS) Weekly Tracker and includes cases served April 2019-June 8, 2022.

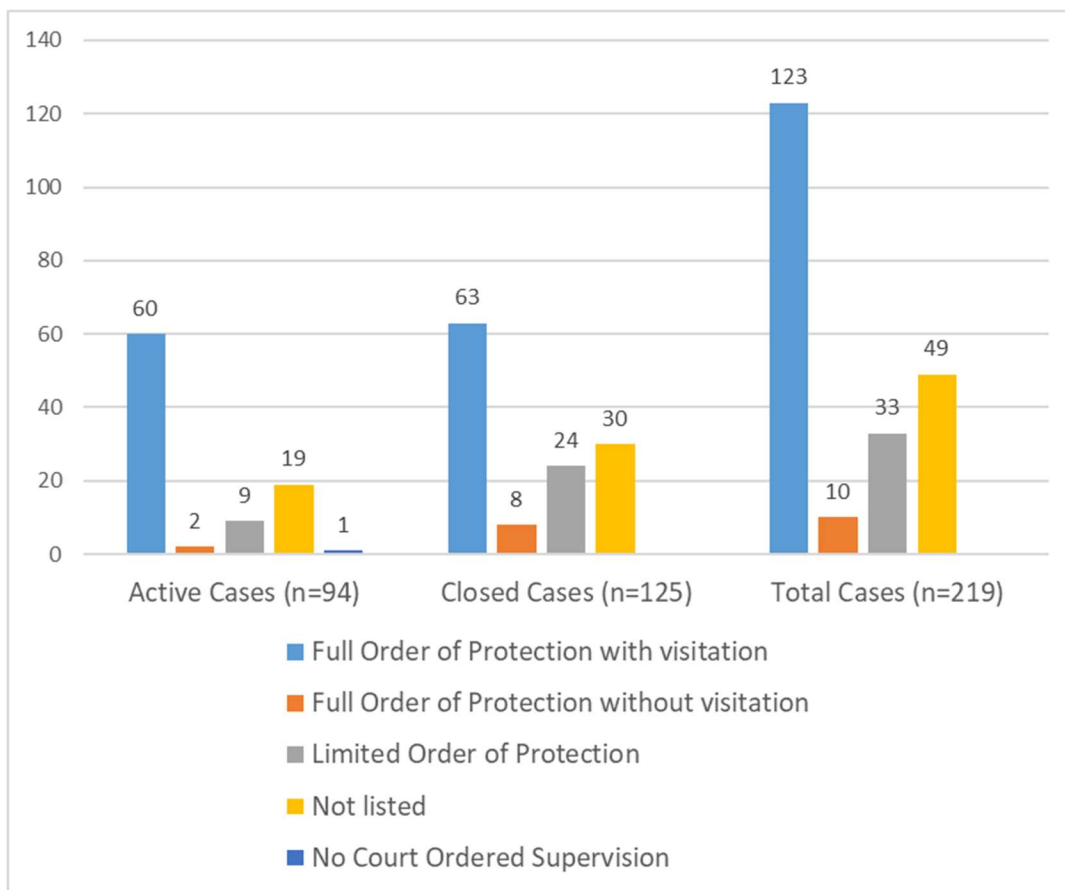
**Exhibit 9. Closing reasons (n=125)\***



\*Data is from the Administration for Children’s Services (ACS) Weekly Tracker and includes cases served April 2019-June 8, 2022.

Of the 219 active (n=94) and closed (n=125) cases, the most common Court Ordered Supervision (COS) status at referral was a full Order of Protection (OOP) with visitation (n=123; 56%), followed by limited OOP (n=33; 15%). Exhibit 10 displays the COS conditions for active and closed cases.

**Exhibit 10. Family Court Ordered Supervision (COS) condition at referral to Safe Way Forward (SWF), for active and closed cases\***



\*Data is from the Administration for Children’s Services (ACS) Weekly Tracker and includes cases served April 2019-June 8, 2022.

A little over half (52%) of the 125 families with closed cases participated in the program for 12-23 months, with the remaining families continuing SWF services for less than a year (40%) and a small number of families continuing past the 2-year mark (8%). Exhibit 11 below shows the distribution in length of service of active and closed referrals or cases.

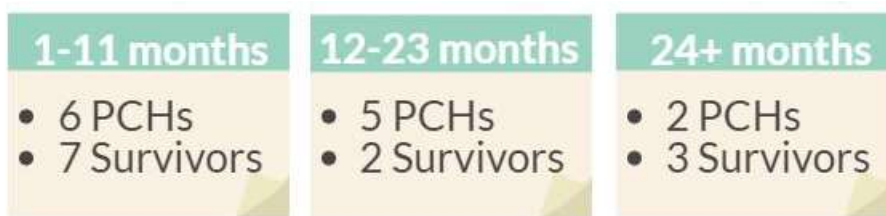
**Exhibit 11. Length of service for families with active and closed Safe Way Forward (SWF) referrals or cases\***

Number of months	Active (n=94)	Closed (n=125)
1-11 months	58 (62%)	50 (40%)
12-23 months	25 (26%)	65 (52%)
24+ months	11 (12%)	10 (8%)

\*Data is from the Administration for Children’s Services (ACS) Weekly Tracker and includes cases served April 2019-June 8, 2022.

Interview participants were also asked about how long they had been engaged in SWF services. Similar to the administrative data of active cases, most participants had been in the program for less than a year (13; 50%), with slightly fewer continuing between 1 and 2 years (7; 27%) and a few participants continuing services for over 2 years (5; 19%). Exhibit 12 shows the length of SWF participation for survivors and PCHs as of the time the interviews took place in spring 2022.

**Exhibit 12. Interview participants’ length of participation in Safe Way Forward (SWF) program**



**5.3 Research Question 3: To What Extent Do Participants in SWF Report Experiencing the Following?**

As mentioned earlier in this report, Research Question 3 asked about whether SWF participants (survivors and/or PCHs) experienced:

- Improved parent-child interactions;
- Increased feelings of being safe from emotional and physical abuse;
- Increased knowledge of developing safety plans for reducing further risk of abuse;
- Increased understanding of the effects of IPV;

- Increased knowledge about resources and how to obtain them;
- Decreased social isolation; or
- Increased feelings of being supported and understood.

*“Sometimes there are things that you don’t know how to do. For example, how to handle the kids or the same kinds of things that we have also been through. I don’t want my children to repeat this kind of thing or to go through the same thing. So, there are things that I would like my children to understand that aren’t healthy for them, and they have to live without violence...” - Survivor*

This section will first look at the types of initial needs and goals that interview participants had when they entered SWF, and then will discuss how participants described their overall progress toward achieving these needs and goals during their time in SWF. The rest of the section will focus on the individual topics listed above and how interview participants described their experiences and current status in each area.

## Initial Needs and Goals

Participants were asked about their initial needs and goals that were discussed with SWF staff in the beginning stages of engagement in services. Both survivors and PCHs discussed a variety of initial needs and goals, such as self-improvement, parenting, concrete needs, and remaining in services/completing obligations to court.

**Self-improvement.** Six survivors discussed goals that focused on personal needs and improvements. Most survivor goals centered on the need to overcome the trauma, anxiety, and stress from their IPV experiences (*“I wanted to overcome the anxiety and the stress that I have...because I didn’t want it to be passed to the baby. It’s not healthy for him.”*). One survivor had the initial goal of being able to separate from their PCH partner. Four PCHs explained their initial goals were self-improvement, which included: improving communication skills, stabilizing their mental health, decreasing procrastination, and becoming more tolerant and understanding.

**Parenting and family goals.** Six survivors described goals that centered on their children and family dynamic. Three survivors mentioned wanting to improve their marriage, family, or co-parenting dynamic. One survivor wanted guidance in explaining the separation from their co-parent to their children, and another survivor wanted to make sure their children did not grow up repeating



the cycle of intergenerational violence. Four PCHs noted their initial needs and goals centered on their children, including having more time and a higher quality relationship with them. One PCH wanted help navigating a separate ACS case involving a child they have with a former partner (*“He’s in the system. But I was like, I need the steps on how would I get him out and everything.”*).

**Concrete needs.** Two PCHs stated that their goals were to obtain concrete needs such as securing housing and employment, and getting their driver’s licenses. One survivor stated that they hoped SWF could help them obtain a passport and state ID.

**Court requirements.** Two PCHs stated their initial goals were to remain in programs/services to finish their case and resolve court requirements. Three survivors described their goals as being set by the court.

## Progress toward Goals

During interviews, participants were asked if they have made progress toward their goals, and if so, how SWF staff and services have helped them. Both survivors and PCHs described progress in terms of self-improvements and steps toward securing concrete needs. Survivors also described progress **toward reuniting with their partners or**

*“I think I’ve done good. I’ve learned how to manage being a single mother with two boys that were very attached to their dad and it’s hard for them to just wake up one day and he’s not over there because of certain situations. I think I’ve been doing good. I’ve been trying my best.” - Survivor*

**improving their relationships,** while PCHs spoke about progress toward **spending more time with their children.** These findings correlate with findings from the ACS case review, which found that, in reviewed cases, some survivors exhibited **increasing stability and autonomy in pursuing and progressing in various life goals,** similar to those discussed by interview participants.

Seven survivors and eight PCHs indicated they have seen **improvements in their emotional self-regulation and communication abilities** after engaging in SWF services. Progress for survivors centered mainly on improved self-esteem and self-confidence, understanding and changing the dynamics of IPV, better communication with their partners and/or children, and feeling calmer and better able to handle stress. Survivors also noted progress toward furthering their own specific life goals such as education or starting a business. One survivor described their emotional journey with SWF:

*“Yeah, actually, I’m going to tell you something. I am 10 times stronger than what I am now. Everything that I went through, I learned from it. And with their [SWF] help, I am 10 times stronger.” - Survivor*

For PCHs, these improvements included better communication with people in their lives, feeling calmer and more at peace, having a better understanding of themselves and others, feeling able to control emotions better and recognize triggers, knowing how to ask for help, and staying more motivated. One PCH described their self-improvement journey this way:

*“As I told you, before I was a little reluctant, I was more machista, you could say. But not anymore. Now I have come to understand many things and that equality is good. But they can’t cross the line with me and I can’t either.... So right now my priority is to handle things well. And if you don’t like something, it’s best to talk about why and all that. Always try to find a solution, find a way to be calm and have the party in peace. Because otherwise I would have chosen to distance myself to avoid problems and all that.” – PCH*

One PCH noted they have made **progress in meeting concrete needs** such as housing by submitting applications and waiting for background checks to come back. Five survivors also discussed progress toward achieving concrete needs, such as documentation, food and housing, and obtaining services or other needs for their children, with the assistance of their SWF case planner.

Four survivors who were still in a relationship with their PCH co-parents discussed progress toward **reuniting with their partner or improving their**

**relationships.** Three survivors said that their relationships were improving due to both the survivor and PCH learning to be calmer and communicate better. One survivor noted the change they had observed in their partner during SWF services: *“The change in his personality, for example, before he would have a violent reaction to anything, but not now. For example, he tries to talk things out when things bother him.”* Another survivor

*“Sometimes you can get to a point where you think that [IPV] is normal, but it actually isn’t normal, because living calmly and peacefully is what is normal. Above all, since we have kids and all that, so for me it was a very big step and a very good decision, because now I see my children, I see that my kids are doing well.” - Survivor*

noted that they had successfully reunited with their partner, but the quality of the relationship had not progressed as much as the survivor hoped, due to their partner’s reluctance to participate in marriage counseling.

Another PCH said that they have been **able to spend more time with their children**, as that was one of their goals, but visitations are still supervised. However, a separate PCH noted frustration at not being able to make progress toward their parenting goals because of the limited supervised opportunities that are available to them and their children.

Survivors and PCHs described some of the ways in which SWF staff and services have helped them in progressing toward achieving their goals. Common themes described by both groups included how SWF staff helped them by listening, being understanding, offering suggestions and advice, or just being there. Exhibit 13 collects some of these descriptions.

**Exhibit 13. Participant descriptions of how Safe Way Forward (SWF) helped them make progress toward goals**

Survivors	Persons Causing Harm
<p><i>“They helped me a lot in everything, in my children’s education. They are always very concerned about how they are doing in school. Their doctor, she’s always keeping an eye on their doctor. And when it’s Christmas time, she signs them up for Christmas gifts.”</i></p>	<p><i>“The classes that she gives me, right? [Case Planner] gives me classes, but on top of that, I will say on her own end she gives me good examples. And she’s a great listener. So every time I speak to her, that I express myself to her, she always gives me good advice. So I think that that’s one of the most things that helped me.”</i></p>
<p><i>“Well, firstly, I have overcome the trauma abuse I had a little bit. And secondly, I can tell when people are violent or how violence starts in life. And now, with the therapy I’ve had, I will be able to realize when somebody is violent.”</i></p>	<p><i>“Basically, just baby steps. Because I basically opened up to them and they gave me the insight, basically. I need somebody I can listen to. I need somebody to talk to.”</i></p>
<p><i>“I was pretty much shut down, so I didn’t want to go [to therapy at SWF]. It took me a little while to open up to them. And they were very caring. They were very caring. There was a lot of empathy. There was a lot of understanding. And for my case planner, both of them were pretty much straightforward with me. They didn’t see my husband’s side. They definitely helped me identify my strengths within myself...they definitely pushed me forward towards my goal.”</i></p>	<p><i>“One thing is more of being a parent than being something else that you basically— what I’m trying to get at is to understand myself more when it came to disciplining my son and talking with my son more often than getting mad at him and stuff like that. So in all general, a lot of times, the conversations that me and [Clinician] had were about those types of things where she would tell me, ‘It’s better to communicate with your child’... so basically, I’ve actually had to look into myself and become more communicative.”</i></p>

## Improved Parent-Child Interactions

### Parenting goals

Participants were also asked more specifically about their parenting goals during SWF services. These goals included the initial service goals discussed above, as well as goals that participants developed later on during services. Six survivors and nine PCHs stated various goals associated with parenting described briefly below.

**Child well-being.** Four survivors discussed wanting services to help their children recover from the trauma associated with IPV or help in talking to their children about their family's situation. One PCH said one of their parenting goals is to improve their children's education: *“educate [their children]...teach them to read, to write.”*

**Custody/visitation goals.** Five PCHs stated their parenting goal was to obtain more time with their children through custody/visitation agreements. Two PCHs said their goal was to step down from supervised to unsupervised visitation with their children. One PCH noted they would like more quality visits with their children as they find supervised visits very uncomfortable and confining. One survivor stated a goal of reuniting their family so that the PCH could be in their child's life again. Another survivor mentioned wanting to improve their co-parenting dynamic to make a safer environment for their child. The ACS case review also noted that most PCHs in the case review had a strong desire to see their children, but that a number of barriers to supervised visitation were reported.

**Cultivate positive relationship with child.** One survivor discussed wanting to learn how to interact more with their child and compensate for having shared alternate-week custody with their co-parent. Two PCHs explained their parenting goals are to have a better relationship with their children by having increased understanding, trust, and communication. One PCH explained:

*“My goal is to have a healthy relationship with my kids, understanding more my kids, and having...a relationship with my kids that we could spend more time together without having arguments and stuff like that.”*

## Parenting strengths

Participants were asked what they thought their strengths are as a parent. Responses were categorized into brief themes and are displayed in the word clouds below in Exhibits 14 and 15.

### Exhibit 14. Self-reported parenting strengths – survivors








### Exhibit 15. Self-reported parenting strengths – persons causing harm





## Parenting changes

Participants were asked how their parenting has changed since they started engaging in SWF. Both survivors and PCHs said that they have observed various positive changes in their parenting. These changes are summarized in Exhibit 16 below.

**Exhibit 16. Parenting changes reported by interview participants**

	Survivors	Persons Causing Harm (PCHs)*
<p>More focused on children</p> 	3	3
<p>Higher quality engagement with children</p> 	1	2
<p>More patience and understanding with children</p> 	3	3
<p>Better communication with co-parent</p> 	2	2
<p>Better communication with children</p> 	4	0
<p>Controlling own negative emotions around children</p>	4	1

	<i>in these groups and resources. Day by day, I've been taking in—just learning how to...avoid and walk away or take a moment to yourself, go outside, get some air, things like that.” - Survivor</i>	
<p>Understanding and reducing impact of trauma on children</p> 	<p>5</p>	<p>0</p> <p><i>“Understanding that [child]’s safety came first and that he shouldn’t have to feel like he has to protect his mom or choose sides. So, I think opening our eyes to knowing that, even though it was nothing physical, just verbally, [child] was the one that was being affected.” - Survivor</i></p>
<p>No changes</p>	<p>2</p>	<p>5</p>

\*One PCH said they have limited contact with their children, so are unable to consistently parent.

### Co-parent strengths

Participants were asked what they think their co-parent’s strengths are as a parent. Six survivors and nine PCHs described various strengths they saw in their co-parent. For example, one PCH described their co-parent as affectionate, caring, nurturing, attentive, *“keeps up with visitations and medical [appointments],” “sacrificed for children [by] building a business to leave something behind,”* and generally is a *“good mother/father.”* Survivors described their co-parents as responsible, loving, good parents, and providing for the family. One survivor explained that: *“My partner and my daughter, they have a really great bond. She loves her dad and he loves her, mutually.... It’s just me and his bond that is not so good with each other.”* However, two survivors felt that the PCH co-parent had no strengths as a parent.

Participants were also asked if their parenting has changed at all since engaging in SWF. Three PCHs noted their co-parent’s parenting has not changed since being involved in SWF. One PCH explained they could not speak to their co-parent’s strengths and was not aware if they have changed, since they are not in contact with them. Two survivors thought that their PCH co-parent’s parenting had improved since starting SWF.

### Co-parent dynamic

Participants were asked how they work together with their co-parent to make parenting decisions and how disagreements are handled (i.e., if 1 parent makes a parenting decision without consulting



the other parent). Survivors were also asked whether they felt their children would be safe with the PCH co-parent.

Eight survivors did not feel they had a good co-parenting dynamic, or did not co-parent at all with the PCH due to lack of contact and communication. Six survivors described being able to work together with their co-parent to make decisions. Of those six, four felt they had improved their communication and ability to resolve conflicts with their co-parent during SWF services. One survivor described the improvement in their co-parenting dynamic:

“Before, it was always: Whatever you say is wrong and what I say is right. But not anymore. We both agree. For example, if the kids do something wrong and one of us notices, the other doesn’t have to be there telling them more, for example, contradicting the other...if we disagree about something we try to talk it out and see what is the most appropriate thing.”

When asked whether they felt their children were safe with the PCH co-parent, six survivors felt their children would be safe with their co-parent, and five survivors felt their children would not be safe with their co-parent.

Four PCHs indicated they have a good parenting dynamic with their co-parent. One PCH said their relationship with their co-parent “*is great*” and another explained that “*at times*” they work together to make parenting decisions. Similar to descriptions given by some survivors, some PCHs explained how they are able to resolve disagreements with their co-parents by compromise or trust: “*We talk it out and we try to meet each other in the middle as much as possible.*”

Eight PCHs stated that presently they do not have a good parenting dynamic with their co-parent. Half said this was due to the fact that they have no communication with the co-parent. The remaining four PCHs stated that joint decisions aren’t made with their co-parent as there currently is not room for compromise or their relationship is nonexistent or unclear.

## Feeling Safe from Emotional and Physical Abuse

### Increased Knowledge of Developing Safety Plans for Reducing Further Risk of Abuse

### Increased Understanding of the Effects of IPV

#### Safety strategies learned

During interviews, participants were asked what kinds of strategies they learned to keep their families safe from physical or emotional abuse while engaged in SWF services. For survivors, this generally meant developing a safety plan for themselves and their children. For PCHs, strategies revolved around accountability and behavior change to support them in not causing additional harm to their families.

Twelve of the survivors interviewed confirmed that they had a safety plan in place, which had been developed or discussed with SWF staff. Survivors described a number of strategies they had incorporated into their safety plans. Eight survivors mentioned going to a prearranged family member or friend, five survivors mentioned reaching out to a SWF staff member, and four survivors mentioned calling the police as a strategy in their safety plans. Other strategies mentioned included calling the IPV hotline (mentioned by 2 survivors), going to a shelter or other community resource (mentioned by 2 survivors), and using pepper spray if accosted physically (mentioned by 1 survivor).

Only one survivor needed to use their safety plan as of the time of this data collection. However, 11 of the survivors interviewed expressed that they were confident in their ability to execute their safety plan well and to make decisions that would keep their family safe. For example, one survivor described how SWF helped them make better safety choices:

*“And Safe Way Forward is one of the reasons as to why I’ve learned so much in regards to how red flags show in all these conflicts. Before, maybe if there was arguments and stuff, I would try to work things out. Now, if I see you’re going to start something, it’s just, ‘Okay. Time to go.’”*

Thirteen PCHs also indicated a variety of strategies, for controlling negative emotions and preventing violent and abusive behavior, learned from SWF staff while engaged in services (e.g., case planning, therapy, and group work). These strategies include:

- **Accountability** (“[SWF staff] telling me how to adjust...you cannot be responsible for other people’s actions but you can be responsible for how you react to the action...”)
- **Meditation and breathing exercises** (“...there were some techniques of just thinking and then just coping, of breathing in and out, and things like that...”)
- **Writing exercises** (“It was this thing [Case Planner] made me do where I put everything down on a piece of paper, how well I want things to go, how things are going stuff...and I was able to see everything as it was, just a different experience for me to see it that way. I’ve done some things differently, seen my faults and what I need to input.”)
- **Positive thinking** (“[SWF staff] usually tell me, ‘Just think about the good...think about how far you came, think about where you’re trying to get to.’”)
- **Surround self with positive people** (“...surround myself with positive people, people who want to see the best for me, and people who are not trying to be arguing with me and pushing me to where I have the anger outbreak and stuff like that.”)
- **Cooling-off period** (“...it’s up to the person to have self-control. Yes, I no longer want to get involved in another situation like this...if things got heated at any point, I would leave the house and wait for the situation to calm down and then talk things out.”)
- **Healthier communication** (“Having more healthy communications...I’m doing more listening. And [before I was] just talking or answering, not listening to my kids. So now, I give them more space to talk, to express themselves.”)
- **Education about special needs children** (“...[parent coach] would sometimes give me videos on parents that are going through the same thing with having autistic children and also trying to understand autism a little more than just thinking it’s a disease or something like that.”)

During interviews, PCHs were asked how they have used these strategies in their daily lives. Responses fell into two major themes: better control of emotions and better parenting. Five PCHs described how they learned to control their emotions better, recognize their emotional triggers, remove themselves from triggering situations, remain calm, and communicate more effectively. One PCH described the change they experienced from SWF services: *“They helped me learn my triggers...so it’s kind of easy. It seems hard in the beginning, but when you believe in it, it’s not hard at all. And it’s mostly who you surround yourself with...”* Another PCH talked about how they used what they learned at SWF at

their workplace, “Yes, there are times that we’ve had words and when I see that the situation is becoming too much, I just say ‘okay’ and I turn around and go to the sink, wash my hands, take a breath, then go back.”

Three PCHs said they used what they have learned from SWF to improve their parenting. PCHs explained that they learned to understand their children better, want to be better for their children, be patient, and learned the importance of educational activities with their children. For example, one PCH shared that:

*“The parenting classes helped on how to be more patient, just make sure that I’m teaching her education stuff, I’m not just taking her to have fun. We having fun but there is a method behind the fun, you learn there, also.”*

## Increased Understanding of the Effects of IPV

### Impact of violence on children

During interviews, respondents were asked how they think their children have been affected by the violence or abuse that brought their family to SWF. Most respondents, both survivors and PCHs, were able to identify ways in which the violence or abuse had affected their children. Four PCHs and one survivor felt their children had not been affected, either because the children were too young to understand what had happened or were not present when the incident occurred. Two PCHs felt that their children were not necessarily affected by the violence but had been negatively impacted by ACS involvement with the family. Three survivors stated that their children had been impacted by the IPV situation but did not specify in what way.

*“[The children] were affected when they took me away, by when the police came and they saw the police. That’s a memory that they have. That’s something that I wish they would forget, but I don’t think they are going to forget it. This affected them quite a bit. I know that and I’m sorry.” - PCH*

Nine survivors and four PCHs said they feel that their children have been affected psychologically from the incident or behavior leading up to the incident. Participants provided descriptions of the ways they saw their children displaying the psychological effects of the IPV in the family, including:

- **Fear of the PCH co-parent, or general fearful behavior**
  - *“I sometimes think that my son...still fears me. He still fears me, even though I don’t try to get violent with him or anything like that.” - PCH*
  - *“Before, the kids didn’t talk about this with me, but they would talk to each other and I heard their conversations a few times. I heard that they were afraid. Or when it had just happened, there was a moment when the oldest boy didn’t want to see his dad. So, I realized that they were really living with fear.” - Survivor*
- **Upset by any conflict or arguing around them, overprotective of survivor parent**
  - *“Yes, it affected them a lot, in the way...they could not see someone talking loudly or arguing because they thought that it would happen the same thing that happened with their father.” - Survivor*
- **Strong anger and violent behavior toward self or others**
  - *“He was always a happy kid. But he wasn’t expressing himself right...he would say, ‘I’m sad. I’m angry.’ And you would ask him, ‘Why are you sad? Why are you angry?’ And it was always, ‘I don’t know.’ Now he’s expressing it because when he got angry...he started putting holes in his clothes, breaking his toys.” - Survivor*
- **Upset by absence of parent or separation of parents**
  - *“[Child] was affected because I was removed from the house, and she just misses me.” – PCH*
  - *“I would say that yes, he does miss his father a lot. When I take him to visit the social worker, he doesn’t want to go with me. He cries and he gets happy when he sees his dad. So, the only thing I think for him is that sometimes he wonders why he can’t live with his dad.” - Survivor*

The ACS case review also found that children had varying experiences, particularly in reaction to the PCH co-parent. Children in the reviewed cases had “significant anguish” at being separated from their other parent, while other children did not want to see the PCH and showed distress when being brought for visitation.

## Helping children deal with trauma

Participants were asked how they try to help their children deal with any effects from the incident or behaviors leading up to the incident. Four PCHs noted that to help their children, they try to see them as much as they are able and allowed to (*“I just spend every minute I can with her when she’s not in*

school.”), and they talk to their children (“I talk to them quite a bit and I think that’s the best way for them to understand the situation.”). Similarly, most survivors said that they talked to their children about the situation or had their children speak with their SWF therapist. As one survivor explained:

*“I let him know that nothing is his fault and I reassure him that everything will get better. And not only do I let him know, he sees that it’s getting better. So, that’s pretty much—just showing him that change is always good. It’s never too late to change. And it’s never too late to realize that people are not perfect, not even his parents. We’re not perfect. We’re still learning.”*

## **Children’s services**

Interviewers asked participants if their children have engaged in services through SWF. Six survivors said that their children were either receiving or about to start therapy with an SWF therapist, one survivor participated in art therapy with their child, and one survivor received help getting speech therapy for their child. One survivor noted that SWF had offered counseling for their child at the start of the program, but it took them time to feel comfortable. Another offered the option of counseling to their children, but the children did not want to participate.

One PCH said that their child is currently receiving counseling from SWF and “*she likes it.*” Another PCH explained their child “*went through a mental health evaluation...but she didn’t need counseling.*” And one PCH stated they thought their child received counseling through SWF, but they weren’t completely sure.

During interviews, participants were asked about any progress their children have made on their goals and how SWF helped them reach their goals. Three survivors spoke about the progress their children were making, including improvements in behavior and school performance. As one survivor described, “*Now, I see my kids not getting scared as much and they are happier and our lives are better now.*” Generally, PCHs were not able to speak to their children’s goals or any progress. As described by a PCH, this is mainly because they do not have a lot of access to their children due to their living situations and/or protective orders, and they are unaware if their children are participating in SWF services (i.e., information is not shared with them or they have not asked). However, one PCH mentioned that “[SWF] *does checkups on [my child]...that’s the most I know*” and another PCH stated

*“...my wife also told them that the kids were going to talk with a therapist and they are doing this right now. The kids are seeing someone.”*

## **Increased Knowledge about Resources and How to Obtain Them**

### **Community resources**

Participants were asked if they were aware of community resources available to them after completing the SWF program. Four survivors said that they knew where they could go for help or services in the community after their SWF services ended. Community resources that they identified included their churches, the SWF program or the SWF provider agency, and other local organizations that the survivors had previous knowledge or experience with. Six survivors said that they had not yet discussed potential community resources with SWF staff; three survivors felt they could return to SWF or its provider agency for help if they needed it, even after their SWF participation ended.

Three PCHs indicated they were aware of community resources such as mental health services and the churches they attend. Two PCHs explained when they complete services at SWF or their ACS case is closed, they plan on voluntarily continuing SWF services. Three PCHs said currently they don't need outside resources, so are unaware of them, but SWF staff explained they will provide them with additional community resources as needed when they are getting ready to exit the program. Two PCHs stated they do not need or want additional community resources. One PCH said that they do not need additional community resources, and if they did, they would not know what resources are available to them.

## **Decreased Social Isolation**

### **Connection to community**

Participants were asked how connected they feel to their community or if they feel isolated. Nine survivors and seven PCHs stated that they do feel connected to their community, with one PCH stating they feel connected *“more or less.”* The most frequently mentioned sources of community

connection for both PCHs and survivors were the workplace and church. These connections seemed to be mostly preexisting, and not the result of SWF services.

Three PCHs said they do not feel connected to their community for various reasons. These reasons include “I live in a bad neighborhood” and “work kept me away from everything...I distanced myself from everything because of my jobs.”

### **Frequency of social contact**

Participants were asked how often they are in contact with friends and family who do not live with them, and whether the COVID-19 pandemic had changed how often they have social contact with people outside the home. Eleven survivors discussed having frequent contact, at least weekly and often daily, with people outside their household. Six survivors specified that they spend time mostly with family members, while five survivors described also seeing friends as well as family. Some survivors discussed the importance of regular social contact, not just for themselves, but also for their children:

*“I am always with people, and I go outside and I don’t stay home. And when [child] is around, we always meet up with people because I want him to build his social skills as well.... He’s still little but it starts when he’s little to build the social skills. So we go outside, we have our friends.”*

Eight PCHs also stated they have regular communication with friends and family, though sometimes they only communicate regularly with a smaller number of people. For example, one PCH stated:

*“I have no family here in the United States...I have no friends...since my mom doesn’t live in the country, I talk to my mom a lot...my sister I see every day [virtually]...my dad I call him about two or three times a week because he doesn’t like modern phones...that have internet and the most frequent call access.”*

One survivor and three PCHs noted that they do not have many friends in the United States, but maintain frequent contact with their families who live in other countries. The ACS case review found that most SWF families did have proximity to extended family. While interview participants



mostly spoke of extended family as a positive support, the case review noted that extended family could serve as both a support and a challenge to families recovering from IPV.

Three PCHs stated that they do not engage in social interactions with friends and family. They said this is because:

- a family member is *“usually always work[ing], so don’t really interact much”*;
- *“I am focused above all on my daughters and on my work, nothing else. I don’t have a lot of free time for myself”*; and
- *“I cut my entire family off...because at the time when I needed them, they weren’t there.”*

## Impact of COVID-19

Some participants talked about the impacts the COVID-19 pandemic has had on their social interactions with people in their lives. Two PCHs and two survivors stated their social lives were not affected. Four survivors and three PCHs stated they have experienced less in-person social interactions with family and friends, with one PCH noting they distanced themselves from others because of their job. One survivor found themselves highly isolated due to COVID-19:

*“I haven’t socialized much with other people actually, since COVID happened. I only talk with my mom, who lives in Mexico...I haven’t worked since the pandemic started. The only person I have socialized with during the pandemic was my son’s father, but this [is] a year ago; it will be a year ago this coming January. I stopped living with anyone in January. Right now I’m living in a shelter, just me and my son.”*

## Increased Feelings of Being Supported and Understood

During the interview, participants were asked questions about the quality of their social supports. These questions included whether participants think their friends and family members understand their life experiences and if participants have people to support them and listen to them when they need it. Participants, particularly PCHs, were also asked if their family and friends have noted any changes in them since they started SWF.

All 13 survivors felt that they had at least one person in their lives who provided significant emotional support. Nine survivors specified that they had people who understood their life experiences, and 11 survivors specified they had people who would support them and listen to them if needed. Similar to the question about social contacts, most survivors discussed immediate family members (parents or siblings) as their main supports, though some survivors also discussed their friendships.

*“Well, my sister and brother, especially, are the ones who see the difference that we are... because they used to always tell me: ‘you look sad’ or ‘you look bad’ or things like that. And now they tell us: ‘Oh, you two are doing something good because you seem happier, you seem more united,’ and things like that.” - Survivor*

While some survivors mentioned losing friendships due to their IPV situation, others found the opportunity to rebuild and renew relationships, as one survivor described:

*“I was surprised with the amount of support that I had from my friends when all this trouble broke out. I was surprised [with] the amount of support that I got from my neighbors. It was great. Yeah. It was wonderful.”*

Twelve PCHs commented on the quality of their social relationships. Almost all of these PCHs stated they have friends and family that understand them, listen to them, and provide support. A few PCHs noted that the number of quality relationships they have is limited (*“mainly friends, acquaintances, because I actually don’t have any family here,” “my mom is one of those who listens to me the most,” “I feel like they would hear me, but they wouldn’t really listen”*).

Seven PCHs said that their family and/or friends had noticed a change in their behaviors since they started the SWF program. Family and friends’ reactions to change within the PCHs are positive and encouraging. Family and friends notice that the PCHs have more focus, that they seem more themselves, and that they are being diligent about taking care of their mental health. One PCH described the feedback they received from the people around them: *“They’ve told me, ‘I’m glad that you’re sticking with therapy and the medication management,’ that I seem happier and less stressed out.... It was just very positive.”*

## 5.4 Research Question 4: To What Extent Do Conditions of Court-Ordered Supervision Change over Time for Participants?

Interview participants described various conditions and requirements of their court-ordered supervision. PCHs were more likely to have goals set by the court than were survivors. Available administrative data and participant interview data do not present a clear picture of how conditions of court-ordered supervision change over time for SWF participants. However, a number of both survivors and PCHs mentioned that they had chosen or would choose to continue SWF services even after their court-ordered supervision ended.

## 5.5 Research Question 5: What Do SWF Participants Report as Being the Most Helpful Part(s) of the Program?

### Types of services

Participants were asked what types of services they have participated in at SWF. All 13 survivors and 13 PCHs interviewed said they participate in case planning/management; more than half of both groups said they engage with a therapist at SWF; more than a quarter of both survivor and PCH participants said they participate in group session/peer support; and about a quarter of PCHs said they have taken parenting classes or had a parent coach. Some participants also discussed attending counseling or therapy outside of SWF. Exhibit 17 presents the types of services that participants reported receiving from SWF.

### Exhibit 17. Participant-reported receipt of Safe Way Forward (SWF) services

	Case Planning/ Management	Counseling	Group/Peer Support*	Parent Classes/ Coaching
Survivor	13	10	5	0
Person Causing Harm	13	9	5	4

\*Includes accountability programming, substance abuse treatment, and unspecified groups/peer support.

Additionally, administrative data were used (Exhibit 18) to summarize the services clients are engaged in, by provider and service type. Consistent with the data reported in the Phase 1 process study report, survivors engage in case planning visits more frequently than PCHs (2,970 total vs.

1,781 total), but survivors and PCHs participate in clinical individual sessions almost at the same frequency, with survivors engaging at a slightly higher frequency (1,053 total vs. 1,007 total). Children engage in individual clinical sessions much more than groups, which is likely due to children’s groups being paused during the COVID-19 pandemic. Children also interacted with case planners during home visits at least once per month.

**Exhibit 18. Client engagement in Safe Way Forward (SWF) services (October 2020-March 2022)\***

	Safe Horizon	Children’s Aid	Total
<b>Case Planning Visits</b>			
Survivor	1,517	1,453	2,970
Person Causing Harm (PCH)	977	804	1,781
<b>Clinical Individual Sessions</b>			
Survivor	691	362	1,053
PCH	612	395	1,007
Child	220	147	367
<b>Clinical Group Sessions</b>			
Survivor	42	10	52
PCH	242	101	343
Child	2	0	2

\*Includes only the active cases identified each month (Oct 2020: n=86; Nov 2020: n=91; Dec 2020: n=86; Jan 2021: n=87; Feb 2021: n=85; Mar 2021: n=91; Apr 2021: n=92; May 2021: n=96; Jun 2021: n=97; Jul 2021: n=97; Aug 2021: n=95; Sept 2021: n=95; Oct 2021: n=85; Nov 2021: n=80; Dec 2021: n=83; Jan 2022: n=84; Feb 2022: n=81; Mar 2022: n=83). Data are from monthly reports submitted by providers and are aggregated from October 2020 to March 2022.

In accord with the administrative data, the ACS case review also found that survivors were more engaged in SWF services than PCHs. Triangulating these data sources implies that the qualitative interview participants were more highly engaged as a group than average, particularly the PCH participants. This was expected, as interview participants had to be recruited through SWF case planners and thus it can be assumed that more highly engaged participants would be more likely to hear about and respond to the request for interviews.

**Most helpful SWF staff and services**

During interviews, participants were asked if there was a specific person at SWF who was most helpful, and if so, how were they most helpful to the participant. Participants were also asked which

SWF service was most helpful to them and what the best part of the SWF program was in their opinion.

**Most helpful SWF staff.** Four PCHs said the most helpful SWF staff was their case planner. Three survivors and two PCHs said their clinician was most helpful to them. Four survivors and five PCHs said both the case planner and clinician were equally as helpful to them, and one PCH stated “everyone” was helpful. Most participants, both survivors and PCHs, expressed their appreciation of both the services rendered by SWF staff and also the supportive relationship fostered between staff and client.

*“They’re like, if there’s a problem, we’re able to figure it out as soon as possible. We’re able to get up on it and fix whatever needs to be fixed or accommodate whatever needs to be accommodated. And those are the type of people that we need in this kind of services because there’s not a lot of people like them.” - Survivor on SWF case planner and clinician*

*“At first, I wasn’t [wanting to do] the program at all...and I kind of built a relationship with [Case Planner]. It was easy to tell her all the things I was going through, and how and everything...it’s not easy opening up with other people, but [Case Planner] definitely helped me realize what was going on and how I was. And it wasn’t even like she was telling me. She was letting me tell her, so it was different. It is really different.” - PCH on SWF case planner*

**Most helpful service.** All 13 survivors who participated in interviews spoke about the SWF service they felt had been the most helpful to them in addressing their goals. Seven survivors stated that individual therapy was the most helpful service to them, three survivors said case planning had been the most helpful, and one survivor named group counseling as their most helpful service. Two survivors said that all the services they received were equally helpful. One survivor elaborated on how therapy with SWF helped them understand and break free from their IPV situation:

*“Well, I think that...the first time my kids’ father hit me, like, nobody told me about this program and nobody was, like, helping me to get therapy. And I think that this was why, because I had gone back to my kids’ father and the same thing happened again. But now that I have had therapy, I understand now what I was actually experiencing. And since then, I have not wanted to go back to my kids’ father. Because I think that...there were times that I felt that*

*I didn't even know what I was actually living through, but since I started therapy, that was where I knew what I was living through."*

Four PCHs noted which SWF service they found most helpful. Two PCHs said case planning and two PCHs named individual therapy as the most helpful. All found those specific services most helpful because of the SWF staff involved. One PCH described why case planning is helpful to them:

*"I mean [in] my point of view, [Case Planner is] great. She's a great person, and she really takes her job serious. She's very good at what she's doing, so that's why I can talk to you very nice about her and keep going because she's the main person that helped me. I think more than all this classes and this things that I've taken, programs. I can say she's the most helpful thing that I have...she takes her job so seriously, so besides the things that she teaches me...she's a great listener, so she gives good advice. She gives good examples."*

**Liked most about SWF program.** Participants were asked what they liked most about the SWF program overall. Survivors most commonly named the staff as the best part of the SWF program, specifically how staff showed genuine interest in their clients and made them feel consistently supported. One survivor explained: *"They are always there to help us. If I have any doubts or concerns, I talk to them, and they always look for ways to help me."* Other aspects of the program survivors named included meeting other parents in similar situations, receiving help in handling difficult situations, good communication, and feeling in control of their own choices.

*"I was never forced to do anything. Everything was pretty much up to me. And they were always supportive, no matter what my decision was. I was never pushed to do anything." - Survivor*

Four PCHs named the aspects of the SWF program that they felt were the best: staff made them feel protected, not alone, listened to, and supported with child visitations. One PCH described how SWF provided last-minute supervision for a visitation so that they did not have to miss seeing their child. Other PCHs talked about the importance of having someone to listen to them. One PCH described their experience:

*"When the case happened, nobody listened to me. Then later [I was put in] this program...then I began to feel a little relieved because a counselor came to the house to listen to me...the problem*

*happens, and a person feels alone in the problem, like 'I have no one; who will be with me?'*  
*[SWF] made everything go away, that fear of being alone in the problem."*

## **Least helpful services**

Participants were asked which services they received from SWF that were the least helpful to them. One survivor named counseling (different from therapy) as the least helpful service they received. Another survivor named group counseling as the least helpful service, but also noted that they had declined to participate in a group. One PCH indicated accountability programming was the least helpful service and one PCH said that substance abuse treatment was the least helpful to them. A PCH described why he felt that treatment was not helpful:

*"Some of the other stuff I felt like I was forced to do. I didn't feel like I needed it...like for the drinking and stuff because when we got into whatever happened, we were drinking. So they put it for me in a drinking thing. I'm not even a drinker, actually. It was like that was not useful. It wasn't useful to me because I was never a person that drink like that." - PCH*

Seven survivors and three PCHs stated that all the services they received were equally helpful and could not name a service that was least helpful to them.

## **Suggested improvements**

Interviewers inquired whether participants had any suggestions for improving the SWF program. Six survivors and nine PCH participants shared suggestions, including:

- **Continuing virtual meetings** – Two PCHs suggested the flexibility of choosing virtual meetings would help participants who are juggling many priorities.
- **Joint services** – Two PCHs and one survivor would have liked an option to work on issues together as a family rather than separately (e.g., joint therapy). The ACS case review also found that SWF could do more to support reunification and co-parenting goals.
- **Support with ACS/court cases** – A survivor and a PCH suggested more support for clients in knowing their rights when dealing with ACS, preparing for court, and healing from

the trauma of ACS involvement. Survivors and PCH also mentioned wishing that SWF staff could attend court with them as a support.

- **More intensive support** – Two survivors experienced case planners who gave them information or instructions, but felt that case planners may need to “hold the hands” of clients who are overwhelmed and need to be walked through various situations.
- **After-hours on-call support** – One survivor suggested that SWF should have an official on-call support line for after business hours (though it should be noted that other participants commented that they could reach their case planners or clinicians at any hour in a crisis).
- **Spanish-speaking staff** – A survivor emphasized the importance of having Spanish-speaking staff to work with Spanish-speaking clients to ease communication.
- **Intensive assessment** – Two PCHs commented that they would like to see more intensive up-front assessment to determine the cause of the IPV incident and ensure that the services being assigned are appropriate to the individual’s situation (e.g., not assigning substance use treatment to someone who does not have substance use issues).

## Overall satisfaction

At the conclusion of the interview, participants were asked how satisfied they have been with services overall. All survivors and PCH participants interviewed said that they were satisfied with services received from SWF, and many participants shared comments about their experience with SWF and how they felt the program had helped them. A selection of these comments is presented in Exhibit 19 (survivors) and Exhibit 20 (PCHs) below.



**Exhibit 19. Survivor comments on overall satisfaction with Safe Way Forward (SWF) program**

*I think I am lucky to have them. I think the care, the attention, and the genuine feelings that I see from everyone can't be better and it's truly genuine. And I really appreciate them being in my life.*

*I have always said that I don't know what would have become of me if they hadn't helped me. So, I would recommend them and I would say that what helped us the most was that they provided us with counseling, which was what helped us the most to get ahead. So, I think their objective is that the families do not feel alone, that despite what they went through there are more people who can look out for them.*

*I liked that while I was participating in individual sessions and group activities, where the same parents going to similar situation, with mothers, and being able to discuss if my day was going well, expressing my feelings, and having some advices. So yes, they were helpful and I was satisfied.*

*I was never forced to do anything. Everything was pretty much up to me. And they were always supportive, no matter what my decision was. I was never pushed to do anything. So I would definitely—I mean, but like they say, everything can be better. But in my opinion, I've got the best services from them.*

*Very satisfied with the services that Safe Way Forward provided me and my family. I think we're both happy, grateful for Safe Way Forward being able to help us identify and find different avenues to cope with situations and handle situations. So yeah, I think they were very helpful.*

*Yes, they have helped me a lot emotionally, always telling me that I can get ahead, that we are going to get ahead with the children, that these are things that happen in life and we have to overcome them, get ahead, always get ahead. That is to say, not to stay there stuck, but to see what awaits us in the future.... They are always there to help us. If I have any doubts or concerns, I talk to them, and they always look for ways to help me.*

**Exhibit 20. Person causing harm (PCH) comments on overall satisfaction with Safe Way Forward (SWF) program**

*I'm very satisfied. From 1 to 10, I could give a 10, especially to [Case Planner]. She's very good and I like the way she has been helping me.*

*I would recommend it to anybody that needs it. It has helped me a lot. Like I said, in the communication skills towards my kids and my family, friends, and understanding more about other people's emotions.*

*The best thing about the program is they told me things that I know—before or probably I know, but I never think about it a lot and questions they have helped me a lot and very nice. I appreciate that.*

*[Two SWF staff have] been like a brother and sister to me, because...we've had so many emotional conversations that I feel like these people...I can actually call them part of my family because they've been there, and they haven't...thrown me to the side. They never said to me that, "You're the fault of this or this is the reason why things are going wrong." They never made me feel like I was small. They always made me feel like there was something better that you can do and you can improve instead of just saying, "Well, you know what? You just failed..." or something like that.*

*It's been positive so far, so I can only see the positive stuff coming out of it. As I said, when I'm no longer mandated to be in this program, because I don't have to be there, I could leave anytime I want, but I really like what they're helping with. I even said that when I'm finished through all of this, I'm going to continue with their services, and you only grow from something like that.*

*The visits, talking with them, knowing that you have someone who will listen and not criticize or judge you and all that. I think it is a perfectly fine program. Likewise, I don't know if it's all the [staff], but at least the [staff] assigned to me were excellent.*

## 6. Summary

---

**Characteristics of families.** Administrative data showed that more than half of SWF participants identified as Hispanic. Both administrative and interview data indicate that most SWF participants have at least one child under the age of 8. Qualitative data suggests that the majority of SWF participants do not currently live with their co-parent, although approximately a quarter of participants did still reside with the co-parent. Similarly, most interview participants said that they have little to no contact with their co-parent, while a small number said that their relationship with their co-parent had improved due to SWF services. Participants also reported that over half of PCH co-parents had regular contact with their children, at least weekly, mostly unsupervised or by virtual/telephone contact. A combination of qualitative and administrative data shows that most participants complete the program in less than 2 years, with approximately half completing in under a year.

**Parenting goals and changes.** Interview participants discussed their initial goals at program entry, which mainly focused on their own mental health, parenting goals, and concrete needs. Parenting goals focused on helping children overcome trauma (mainly survivors) and spending more time with their children (mainly PCHs). Most survivors and PCHs discussed positive parenting qualities of both themselves and their co-parents, even though more than half of the participants did not feel they had a good co-parenting dynamic. Participants also discussed a number of positive changes in their own parenting that they have observed since starting SWF services. These changes included being more focused on their children, having more patience and understanding with their children, better communication with both children and their co-parents, having better quality time with their children, controlling anger and other negative emotions, and understanding and reducing the impact of trauma on their children.

**Safety from emotional and physical abuse.** Nearly all survivors who participated in interviews had a safety plan in place, which most commonly involved going to a family member, friend, or SWF staff member for help. Although most survivors had not had to use their safety plan, nearly all expressed confidence in their ability to make good safety decisions, and several spoke of learning to

recognize the signs of emotional and physical abuse during their SWF services. PCHs also learned strategies for keeping their families safe by controlling their own negative emotions and attitudes that lead to violent and abusive behavior. Most PCHs had used these techniques in their daily lives, and found them useful in controlling their emotions and improving the quality of their parenting. Most participants recognized and were able to identify signs of trauma in their children, including fearful behavior, being upset by arguing or conflict, and strong anger and violent behavior. Parents tried to help their children by talking to them about the situation, reassuring them of their safety, or having them talk to a therapist. About half of the survivors interviewed shared that their children were receiving therapy through SWF.

**Connection to others.** Overall, interview participants did not feel socially isolated and could name a number of social and professional connections. More than half of both survivors and PCHs said that they felt connected to their communities, mainly through work or church. However, less than half of participants said that they knew about community resources where they could get support, outside of SWF. Within their immediate social circles, most survivors and PCHs have regular communication and in-person contact with people outside their household, mostly family members and close friends. Nearly all survivors and PCHs also noted that they have at least one person, and often more, who understands their experiences and will listen to and support them. More than half of PCHs said that the people around them had noticed a positive change in their behavior since they started SWF services.

**Progress toward goals.** Just over half of survivors and PCHs felt they had made progress in improving their emotional self-regulation and communication skills. Survivors also described increased self-esteem and self-confidence, a greater understanding of the dynamics of IPV, and furthering their own life goals and family goals. Approximately a third of the survivors interviewed said they were working on improving their relationship with their partners and were making progress due to both partners learning better communication and emotional self-regulation through SWF. PCHs reported an increased ability to recognize emotional triggers and ask for help when they needed it. Both groups were receiving assistance from SWF in obtaining various concrete needs. When asked how SWF was helping them to make progress toward their goals, both survivors and PCHs said that, in addition to concrete assistance and clinical work, SWF staff helped them by listening, being understanding, offering suggestions and advice, and just being there.

**Satisfaction and most helpful services.** Overall, participants expressed a high level of satisfaction. Around half of the survivors who participated in interviews named individual therapy as the most helpful SWF service, a quarter named case planning as most helpful, and others said all the services were equally helpful. PCHs were equally divided between those who found case planning or therapy the most helpful aspect of the program. When asked what they liked most about the SWF program overall, both survivors and PCHs most commonly named the consistent support from SWF staff in all positions and the feeling of genuine caring from staff. Most participants could not name a service or aspect of the program that was least helpful, as they felt all the services they received from SWF had been helpful. Participants did offer several suggestions for enhancements to the program, including continuing to offer an option for virtual meetings, offering some joint services for couples trying to work on their relationship, and additional support for participants in dealing with ACS and the court.

## **Limitations**

It is important to remember that the participant interview findings must be applied with caution. Participant interview findings were based on a convenience (i.e., nonrepresentative) but targeted sample. For all qualitative findings, it is possible that a different group of participants would have provided different assessments of their experiences. In addition, the SWF evaluation took place while the SWF program was still in early implementation stages. Much of the program model was still being implemented or enhanced over the course of the evaluation; therefore, some participants may have experienced different processes or had different services available to them than others. Additionally, as with many other studies of IPV programs, qualitative findings are based entirely on the self-report of program participants and have not been verified with any further examination of participant outcomes with regard to court status or further reports of IPV or child abuse incidents. Much of this time also coincided with the height of the COVID-19 pandemic, which caused significant changes in program delivery as well as in the everyday circumstances of many people, including staff and program participants.

## 7. Recommendations

---

Feedback from both survivors and PCH interview participants indicates a high overall satisfaction with the SWF program, at least from participants who engaged with services. However, it is difficult to generalize the experiences of interview participants to all SWF-referred families, or to know what their long-term outcomes will look like in terms of safety and further involvement with ACS. In addition, Phase 1 of this evaluation showed that the program model had not yet been fully defined, and in fact, the model was being continually refined by the provider agencies throughout the early implementation period. If ACS wishes to build evidence of SWF's effectiveness as a model, the evaluation team recommends that ACS considers further work in finalizing the SWF model and developing the capacity for more rigorous evaluation.

**Defining the SWF model.** As discussed in the Phase 1 interim evaluation report, the SWF program model was still in development during early implementation. As one SWF staff member put it during Phase 1 focus groups, they were building the plane while flying it. SWF staff described a number of changes and refinements to aspects of the program such as the practice model and staffing structure. As ACS considers future contracting and potential expansion of the program, it seems an opportune time for ACS to convene with the SWF provider agencies and other experts and stakeholders to finish defining and documenting the model. In particular, ACS and the provider agencies should consider what it means to be a “whole family” intervention and how that will be operationalized in the program. This would position ACS well for both future contracting and evaluation.

**Planning for future evaluation.** Should ACS pursue further evaluation of the SWF program, it may be helpful to allow time and resources for planning and preparation activities to enhance readiness. Some considerations may include developing or refining research questions, quantitative and qualitative measures, and data collection tools; identifying data sources for critical outcome measures along with any gaps or accessibility issues; better aligning qualitative and administrative data; and obtaining larger sample sizes. These activities can help make evaluation results more generalizable to the larger population, which will help in building evidence for the effectiveness and replicability of the program.