

Richmond's Second Responders: Partnering with Police Against Domestic Violence

Introduction and Major Findings

Domestic violence is a significant social problem in the United States, where over twenty-two percent of women have suffered an attack by an intimate partner (Tjaden and Thoennes 2000a; Tjaden and Thoennes 2000b). For some time now, researchers and practitioners have been exploring strategies to help battered women, and recent years have inspired approaches based on multi-agency collaboration and swift intervention after a crisis. We need to evaluate the operation and impact of these programs if we are to develop valid and workable models for widespread adoption.

One component of this research agenda is to examine the many second responder programs that send social workers to homes following a police report of domestic violence. These programs have become popular because police agencies no longer assume they can cope with domestic abuse by themselves. At the same time, opinion is divided on the issue of second responders and sometimes even suggests that they may lead to further violence (Davis et al. 2004; Davis and Maxwell 2002). The current lack of consensus among researchers indicates the need for another look at whether second responder programs are actually reducing domestic violence.

The Police Foundation has joined the ongoing discussion of this multidisciplinary approach by examining the Second Responder Program of Richmond, Virginia, a collaborative effort by the Richmond Department of Social Services (DSS) and the Richmond Police Department (RPD). Our primary purpose was to evaluate the program's practice of sending social workers to scenes of domestic violence while the officers who responded to the incident were still on site. We also examined a researcher-practitioner partnership whose primary members were the Police Foundation, the DSS, and the RPD. By doing so, we hoped to find out how researcher-practitioner partnerships can be more effective in developing, implementing, and evaluating criminal justice programs.

This *Police Foundation Report* is derived from the final report of a study funded by the National Institute of Justice under grant 98-WT-VX-0001 to the Police Foundation. The study, *The Richmond/Police Foundation Domestic Violence Partnership*, was conducted by Rosann Greenspan, PhD; David Weisburd, PhD; Erin Lane; Justin Ready; with Sheila Crossen-Powell, DED; and Sgt. William C. Booth. Points of view, opinions, and recommendations in this document are those of the authors and do not represent the official position or policies of the U.S. Department of Justice.

The research participants were a representative sample of Richmond women, aged eighteen years and older, who were victims of an assault by a present or former intimate partner. Roughly half made up a treatment group that was visited by second responders, while the rest came from a control group that received a conventional police response. The researchers contacted the women by telephone within a few days of the initial incident and asked for an interview at a safe location. If the women agreed to the request, they signed an informed consent form before proceeding to an initial interview and following up with a second meeting six months later.

Major Findings

- The treatment group received more social services than the control group and rated the second responders very highly on major measures of satisfaction.
- The treatment group also received more services from police than the control group did and were more satisfied with how officers handled their situation.
- The treatment group reported that they experienced less abuse than the control group during the six months after intervention, though the two groups had reported a comparable amount in the previous six months.
- Researchers and practitioners can both benefit by collaborating in second responder-type programs, but a successful partnership requires the commitment of police agencies, open communication, and a focus on the shared goal of fostering violence-free lives.

Previous Programs and Research

The second responder experiment in Richmond suggests that police perform better when social workers are present and that women who receive an immediate social service response at the time of the incident may experience less repeat violence. Given the small size of the sample and the existence of conflicting evidence, we cannot consider these findings to be definitive. Our heavy reliance on interview data also makes it unclear whether reality matched the participants' perceptions of change. By surveying responses to the program, this study nonetheless contributes to an ongoing struggle to ease the suffering of battered women.

Over the past two decades, scholars and practitioners have looked into ways to reduce the incidence of domestic violence. The Minneapolis Domestic Violence Experiment explored the effect of arrest on domestic violence (Sherman and Berk 1984) and inspired five completed site studies in the Spouse Assault Replication Project, or SARP (Hirschel and Hutchinson 1996; Pate and Hamilton 1992; Dunford, Huizinga, and Elliot 1990). This body of work, however, did not lead to a consensus. Arrest is an effective deterrent, according to Maxwell, Garner, and Fagan (2001), but Sherman (1992, 1997) found that it worked only on employed offenders. Equally unclear is the impact of batterer education on repeat violence, according to outcome studies of court-ordered batterer treatment (Hamberger and Hastings 1993). More promising are programs that give victims a wide range of follow-up services because the chances of further violence after a domestic incident may partly hinge on the response of social service systems (Sullivan and Bybee 1999; Davis et al. 2004).

Widespread belief that this broader approach fosters safer, happier lives has increased support for programs that are both multidisciplinary and multi-agency (Crowell and Burgess 1996; Hart 1995; Pence 1983; Shepard and Pence 1999; Witwer and Crawford 1995). This has been particularly true since 1994, when the passage of the Violence Against Women Act required "the coming together of various professions and perspectives to forge partnerships in responding to violence against women

in all its forms” (Travis 1996). The Urban Institute’s multi-year study of 3,444 STOP grants¹ found that 67 percent of projects by law enforcement and 63 percent of those by prosecution used their funds for interagency collaboration. The study also observed that “agencies...that work in collaboration with other agencies in their community to serve victims of violent crimes against women report that collaboration increases the ability of communities to hold offenders accountable for their behavior and the ability to help victims with safety issues and comfort with the criminal justice system” (Burt et al. 2001).² Worden (2000) calls this collaborative approach to problem solving in domestic violence “the new paradigm of coordinated response.”

The New Paradigm of Coordinated Response

Programs involving interactions among agencies vary in many ways and confer different roles on constituents such as courts, domestic violence advocacy programs, community task forces, victims, and offenders (Chalk and King 1998; Worden 2001). The Urban Institute’s survey documented a wide range of multi-agency activities in the areas of communication, collaboration, and coordination among STOP-funded projects in law enforcement, prosecution, victim services, and other agencies. It commented, in addition, on the frequency of these activities, with almost all agencies engaging in regular telephone contact about the services they provide and about 30 percent of law enforcement agencies collaborating with a primary partner on a first response team. Similar results were also found for STOP-funded prosecution projects (Burt et al. 2001).

Interventions Proximate to the Event

Multi-agency models that both involve police and emphasize swift intervention most closely resemble the Richmond Second Responder Program. They acknowledge the established value of swift intervention close to the actual time of the crisis and also heed Sherman’s warning that the highest risk of repeat victimization is in the first twenty-four hours and first thirty days after the last incident (Strang and Sherman 1996; Sherman 1997). To put Richmond’s program in context, we will briefly describe three other programs that follow-up on a domestic violence incident with a visit to the victim.

One such program was established in London, Ontario, Canada, in 1973 and has been in continuous existence ever since (London Police Service 2000).³ The London Police Family Consultant Service uses a team of civilian social workers to assist officers in responding to family crises and incidents of domestic violence through crisis intervention and referrals to appropriate agencies (Jaffe et al. 1984; Jaffe et al. 1993). The London model is not strictly multi-agency, since the social workers are civilian employees of the police service. It is multidisciplinary, nonetheless, in its combination of traditional policing and skilled social work. It also illustrates the tendency for police reforms in the field of

¹ The Department of Justice awards STOP (Services, Training, Officers, and Prosecutors) formula grants to states to develop and strengthen the criminal justice system’s response to violence against women and to support and enhance services for victims. Each state and territory must allocate 25 percent of the grant funds to law enforcement, 25 percent to prosecution, 5 percent to courts, and 30 percent to victim services. The remaining 15 percent is discretionary within the parameters of the Violence Against Women Act (U.S. Department of Justice, Office on Violence Against Women 2004).

² The 2001 Report is the last of several evaluations of STOP formula grants and provides more extensive and accurate information than earlier reports (Burt et al. 2001).

³ This section draws on a telephone interview with Lisa Heslop, Supervisor of the Family Consultant/Victim Services Unit of the London Police, September 5, 2002.

domestic violence to reflect the wish to save officers' time, reduce their frustration at handling repeat calls, and lessen any danger to police and family (Jaffe et al. 1984).

An early study of the London program produced positive findings, but it was based on a small sample and a weak control group of cases where police had simply failed to call the service (Jaffe et al. 1984). The flaws of the study notwithstanding, the London program became a model first for programs in Canada and then abroad. In the 1990s, it was adopted in Islington, UK, where it was dubbed Domestic Violence Matters (DVM) and designed to enhance official responses to battered women through the assistance of civilian crisis counselors (Kelly 1999). In the mid-1980s, New York City also established a program that combines a multidisciplinary and multi-agency approach with the principle of swift intervention. The Domestic Violence Intervention and Education Prevention Program (DVIEP) of the New York Police Department and the New York City Housing Authority fits the model of a joint law enforcement-social services approach for reducing incidents of domestic violence, though it usually does not generate extensive follow-up services. The program kicks in about two weeks after the initial police response by sending out teams consisting of a police officer and social worker who provide crisis counseling, information on pursuing legal remedies, emergency transfer assistance, and referrals for victims and their children (Davis and Taylor 1997).

The New York Experiments

In New York, as in London, there were early attempts to evaluate the success of second responders in fighting repeat violence, but the results were inconclusive. Therefore, city administrators decided to engage in further research to determine the effectiveness of follow-up visits and educational campaigns, two major elements of the New York program. Between 1987 and 1997, three separate tests were conducted in public housing projects to find out whether intervention led to more reports of violence. The sample group in the first test consisted of people who had reported any type of violent family incident; the second was composed of households that had reported elder abuse; and the third was restricted to cases that had led to arrests. The objective, in all three instances, was to test for differences in repeat calls between a control group that received the initial police response and a randomly assigned treatment group that also received a follow-up visit from a police officer and social worker (Davis and Maxwell 2002).

The three field tests had surprisingly inconsistent results, leading to a number of troubling implications. In the first study, the results of victim surveys seemed to indicate that the interventions did not affect actual abuse, though they did encourage people to call the police more often when abuse occurred. In the subsequent elder abuse study, however, the treatment group called the police more often and also reported more violence to the researchers via the surveys. Since victim surveys are recognized as an indication of true incident rates, these results suggested that the interventions actually might have increased abuse, not just reports of abuse. This possibility was particularly disturbing in light of findings from the third study, which reanalyzed the data from its two predecessors. A global look at all the figures showed that the interventions in all three studies led people to report more new incidents of abuse both to police and researchers (Davis and Maxwell 2002).

The experiments in New York showed that even well-intended and well-run programs provide no guarantee of success, and can even cause harm. A related concern arises from the financial and social repercussions of the trend toward coordinated intervention in family violence. The welfare of many women is at stake because federal funds to jurisdictions come with the proviso that they take this more holistic approach to the problem (Davis and Maxwell 2002). Despite substantial investment in these programs, the jury is still out on their effects. Concerned researchers and practitioners continue to ponder whether second responders help or hurt the victims of domestic abuse.

We have tried to shed further light on this issue by examining the Second Responder Program of Richmond, Virginia. The Richmond model shares some traits with other recent attempts at a coordinated approach to domestic violence, but it also differs in two significant ways from earlier interventions. The first is the timing of the response. New York's program, for example, may have failed to produce desired outcomes because the coordinated response came a number of days after the initial crisis. The Richmond program, in contrast, provides services immediately after police have secured a location. Secondly, Richmond's second responders are not police employees like their counterparts in London and in Islington, where police reservations about the civilian role made it harder for the program to flourish (Kelly 1999).

The Second Responder Program

The second responders of Richmond are employed by the Department of Social Services (DSS) and based in the first and second of Richmond's four police precincts. This arrangement allows them to interact informally with police officers and participate frequently in roll call. They are on call all night and are summoned to the scene of domestic violence by 911 dispatchers or by patrol officers who respond to domestic violence incidents. After determining the nature of the problem, the second responders go into action and join the police at the site of the call. Assuming the crisis has passed by the time they arrive, the police are supposed to be free to leave and answer other calls.

The second responders begin by ensuring the safety of the victim and her family and assessing the services they need. Then they usually give the victim information on the types of assistance available from the DSS and other agencies, help her develop a plan to receive a range of appropriate services, and ask her to sign a service application form. Second responders may provide victims with short-term emergency shelter, such as hotel rooms, or they may locate and contact support systems. They may also provide food and baby supplies, transportation to safe locations, and bus tickets for travel to and from the DSS and/or court. Second responders, moreover, are knowledgeable about city services and programs related to domestic violence, so they can provide victims with extensive information about protective orders, courts, legal aid, battered women's shelters, and counseling.

Referrals come the next morning to Richmond's Family Violence Prevention Program—located within the DSS—which checks whether the victim already has a caseworker. If so, the caseworker is advised to expand services. Victims who signed a service application will receive a telephone call or visit from a family violence worker within seventy-two hours. Those who didn't will get a letter that provides literature and tells them that services are available when they are ready.

Research Design and Methodology

Our study used a quasi-experimental design that compared the treatment group in the first and second precincts with a control group that was drawn from the two remaining precincts and received a conventional police response. The domestic violence literature and experimental studies, such as SARP, provided a basis for the development of interview instruments, which underwent review by qualified experts and a pretest before actual use. Field interviewers received training in contact protocols, reviewed the interview instruments, and engaged in role-playing before meeting the study's participants.

The evaluation of the Second Responder Program was based on two waves of interviews with victims of domestic violence: the first interview was generally conducted within a few days of the triggering incident, and the second interview after an intervening period of six months. First-wave interviews were conducted with eighty women who had received the intervention and seventy-eight who had not. Second-wave interviews were conducted with sixty women in each group. Once contact was

made, the cooperation rate in the first wave was 72 percent, with an overall response rate of 50 percent. For the second wave, the cooperation rate was 92 percent, with an overall response rate of 76 percent.

For inclusion in the sample, cases were required to meet two criteria: (1) The subject had to be an adult female who was at least eighteen years of age and the victim of an alleged assault by a current or former intimate partner; (2) The police had to have filed a PD 109 form, or family violence report, which showed probable cause that an assault had occurred.

There were also a number of criteria for exclusion: (1) Nonresidents were excluded, since they were ineligible to receive follow-up services from the City of Richmond, an important dimension of the study; (2) Victims of a sexual assault were also excluded since the Richmond Police Department (RPD) could not disclose information about them to the researchers; (3) An additional exclusionary factor was the dual arrest of both the woman and her partner because it was unlikely that the second responders would be able to provide service to the female “victim.”

The researchers followed a number of additional procedures to select eligible cases for the treatment and control groups. They paid a daily visit to the Youth and Family Crime Unit of the RPD in order to copy the PD 109 forms that were submitted each day during the sampling period. They subsequently entered information from the forms into a database that ultimately provided the pool for a sample. Cases in the treatment districts that met criteria for inclusion but for which the researchers did not receive a second responder report were checked to determine if they had in fact been served by the social workers. Cases that did not receive the service in the treatment precincts were consequently excluded from both the treatment and control groups.

Characteristics of the Sample

According to police records, there were only negligible differences between the sample group and the general population of Richmond women who had been victims of domestic violence. There were also no statistically significant differences in the demographic characteristics of the treatment and control groups, as Table 1 shows. These groups were equivalent too on major demographic characteristics. The only exception, according to victim interview data, was that women who had children at the time of the original incident were more likely to stay in the study and participate in the second interview.

	Treatment Group	Control Group
Mean age	33%	35%
African American/Black	87%	80%
Single ⁴	65%	69%
Living with offending partner	70%	71%
Completed high school	71%	74%
Employed ⁵	65%	63%

⁴ About one-third of women in the entire sample were living in households with four to eight household members.

⁵ Eighty-one percent of those with jobs were employed full-time but generally had low incomes, with more than a third earning less than \$10,00 in the previous year.

The Evaluation of the Second Responder Program

It is important to bear in mind that second responder intervention was triggered only in cases where police had been called and generally when there was probable cause that an assault had occurred, leading to an arrest, an arrest warrant, and/or a protective order. Any intervention by the second responders was in addition to a conventional police response that involved a relatively high degree of legal action. The impact of the second responders on victims therefore supplemented that already made by the police.

What did the Second Responders Do?

To determine what the second responders did, we developed a list of more than twenty services that might be provided, depending on the situation. We asked the members of our treatment group whether the social workers who came to their homes performed the services on the list and if they provided any additional assistance. We also tried to find out if the police performed any of these services or if the woman was unclear who had provided a particular form of assistance.

The women responded to our questions by reporting that they received a variety of services with considerable frequency. In over 75 percent of cases, the women said that the second responder assessed the safety of the members of their household and referred them to the Family Violence Prevention Program. In over 60 percent of cases, the second responder talked with the woman about her general legal rights and specifically discussed protective orders and services available from the DSS. In over half of the cases, the second responder gave the woman information about going to court, as well as discussing where she and her family could stay. Then the second responder frequently provided legal and practical information, as we can see in the following depiction of the frequency with which the second responders provided a range of services:

Table 2: Services Provided by Second Responders	
Type of Service Provided	Treatment subjects reporting having received service from second responders
. Referred her to the Family Violence Prevention Program at the DSS . Assessed her safety and the safety of others (children, elders)	>75%
. Discussed services available from the DSS . Discussed protective orders . Talked to her about her legal rights	60-69%
. Provided information about going to court . Told her about places to go and stay	50-59%
. Gave her a card with information and referral numbers . Asked if she needed medical attention	40-49%
. Referred her to Legal Services . Provided crisis counseling	30-39%
. Developed a safety plan with her	20-29%
. Helped her contact a place to stay . Discussed alarm systems	10-19%
. Took her somewhere to stay . Provided bus tickets . Removed a child from the home . Provided food or food vouchers . Provided a cellular phone . Called a mental health worker	<10%

How Did Women Assess the Second Responders?

We asked the women a number of specific questions to assess their attitudes toward the second responders. We were interested in exploring such issues as: How carefully did the second responders listen to your side? How seriously did the second responders take your situation? Did the second responders seem like they really wanted to help? How useful were the second responders in helping you deal with your problem? How strongly would you recommend the second responders? And, finally, how satisfied were you with the second responders?

The women generally responded by rating the second responders very highly, as Tables 3 through 8 indicate. Eighty-eight percent, for example, felt that the second responders listened very carefully to their stories; 82 percent believed that the second responders took their situation very seriously; and 92 percent felt that the second responders really wanted to help. Seventy-three percent were very satisfied with their general encounter with the second responders, and 79 percent indicated that they would very strongly recommend the second responders to someone else in their situation. Granted, only 51 percent considered the second responders to be very useful in helping them resolve problems relating to their intimate partners, but this lower score may reflect domestic issues that are not amenable to resolution within the limited contact between second responders and their clients.

This possible shortfall did not deter most of the women from singing the praises of the second responders in chats with the researchers. A minority voiced some dissatisfaction with the service and advice they received; a few even felt that the second responders were interfering. Most of the women, however, were grateful to the social workers for taking time with them, listening to their stories, making them feel safer, and providing comfort to them and their children.

Table 3: How Carefully Did the Second Responders Listen to Your Story?	
	(N= 74)
Very Carefully	88%
Somewhat Carefully	11%
Not Very Carefully/Not At All Carefully	1%

Table 4: How Seriously Did the Second Responders Take Your Situation?	
	(N= 74)
Very Seriously	82%
Somewhat Seriously	18%
Not Very Seriously/Not At All Seriously	0%

Table 5: Did the Second Responders Seem Like They Really Wanted to Help You?	
	(N= 76)
Yes	92%
No	8%

Table 6: How Satisfied Were You with the Second Responders?	
	(N= 74)
Very Satisfied	73%
Somewhat Satisfied	19%
Not Very Satisfied/Not At All Satisfied	8%

Table 7: How Useful Would You Say the Second Responders Were With the Problem You Were Having with Your Partner?	
	(N= 74)
Very Useful	51%
Somewhat Useful	31%
Not Very Useful/Not At All Useful	18%

Table 8: How Strongly Would You Recommend the Second Responders to Someone in Your Situation?	
	(N= 74)
Very Strongly	79%
Somewhat Strongly	9%
Not Very Strongly/Not At All Strongly	12%

What Services Did the Police Provide?

Women who received second responder treatment also got better service from police, as shown by their reaction to a list of services—many the same as those performed by second responders—that officers might provide.⁶ The women’s responses to our questionnaires helped us compare the performance of police working in conjunction with second responders with that of police working alone. The remarks they made in interviews further fleshed out our picture of the services received by victims of domestic violence, whether they came from the police alone, as in the control group, or from police and second responders, as in the treatment group.

The responses of the two groups showed that some of the increase in service to the treatment group was in areas to which police might have been sensitized by the presence of the second responders. For example, 41 percent of treatment subjects, as compared to 3 percent of control subjects, reported that police referred them to the DSS; and 30 percent of the treatment group, as compared to 4 percent of the control group, reported that police discussed the services available from the DSS.

More intriguing was the general perception that traditional police services were also enhanced by the presence of second responders. For example, 74 percent of the treatment group, compared with 53 percent of the control group, said that police assessed their safety and that of others; and 64 percent of the treatment group, compared with 37 percent of the control group, said that police talked with them about obtaining protective orders. In fact, Table 9 shows that women in the treatment group received more of all services pertaining to legal aspects of their situation—whether it be discussing protective orders or referring them to legal services—though these activities are a normal part of the traditional police response.⁷

⁶ All items included were identically worded. Items not included were services specific to the Second Responder Program and in most cases not available to the police. Items omitted were to develop a safety plan, remove a child from the home (second responders were all licensed child protective service workers), discuss alarm systems, dispense bus tickets, and provide food or food vouchers for them and their children.

⁷ We found non-significant differences between the two groups when we asked them whether police provided the following services: asked if she needed medical attention, talked to her about her legal rights, provided information about going to court, gave her a card with information and referral numbers, took her somewhere to stay, and transported her to a medical facility.

Type of Service Provided	Treatment subjects reporting having received service from police	Control subjects reporting having received service from police
Assessed her safety and the safety of others (children, elders)	74%***	53%
Discussed protective orders	64%***	37%
Referred her to the Family Violence Prevention Program at the DSS	41%***	3%
Discussed services available from the DSS	30%***	4%
Told her about places to go and stay	27%**	13%
Helped her contact a place to stay	14%*	0%
Referred her to Legal Services	12%**	3%

* p<.10
 ** p<.05
 *** p<.01

How Did the Women Assess the Police?

These reported differences in police service to the two groups translated into a predictably higher opinion of the police within the treatment group. Perhaps most telling was the difference in the level of overall satisfaction, with 64 percent of the treatment group, compared with 38 percent of the control group, being very satisfied with the way police handled their situation, as shown in Tables 10 to 12.

	Treatment (N=77)	Control (N=79)
Very Carefully	75%	57%
Somewhat Carefully	16%	29%
Not Very Carefully/Not At All Carefully	9%	14%

p<.10

Chi-Square=5.96

Table 11: How Seriously Did the Police Take Your Situation?		
	Treatment (N=77)	Control (N=77)
Very Seriously	71%	55%
Somewhat Seriously	20%	23%
Not Very Seriously/Not At All Seriously	9%	22%

p<.05

Chi-Square=6.18

Table 12: How Satisfied Were You with the Way the Police Handled Your Situation?		
	Treatment (N=77)	Control (N=80)
Very Satisfied	64%	38%
Somewhat Satisfied	20%	35%
Not Very Satisfied/Not At All Satisfied	17%	28%

p<.01

Chi-Square=10.76

(Totals do not equal 100 percent due to rounding error.)

The second responders might have had a halo effect on the police and caused members of the treatment group to be more satisfied with the officers who served them. We might also attribute their more positive perception of police performance to a combination of factors that actually changed officers' behavior. The police may have learned from observing the second responders on the job and copied aspects of their behavior. The availability of additional resources may have given police more time to provide services, put them under less stress, and allowed them to perform better. Or police may have felt pressure to perform because they believed they were under the scrutiny of outsiders. Moreover, the second responders did not just have an influence at the scene of a call for service, since they operated directly out of the treatment precincts and could interact informally with officers on an ongoing basis.⁸ The impact of this regular contact may provide yet another explanation for the improvement in police response to incidents of domestic violence.

Revictimization

The goal of the Second Responder Program is not, of course, simply to change women's perceptions but also to prevent revictimization. We explored this crucial issue with both sample groups by enquiring extensively about the incidence, prevalence, and types of violence that occurred in their lives. We learned about their history of domestic violence, about the initial crisis that brought them into the study, and about incidents that occurred in the subsequent six months. We also documented their experience of four main types of victimization: (1) the number of times their partner had harmed them; (2) the number of times their partner had threatened to harm them; (3) the number of times their partner had threatened to kill them; and (4) the number of times their partner had damaged property in their home.

⁸ Lynn Anderson, Social Work Supervisor for the Second Responder Program, contributed to this analysis.

Did the Second Responders Reduce Victimization?

To determine whether the Second Responder Program actually reduced victimization, we began by testing for differences in the prevalence of the four individual items. As we observed, women who received second responder services were less likely to report each form of abuse—physical harm, threat of physical harm, threat to kill, and property damage—than women in the control group. Twenty percent of the women in the treatment group, as Table 13 shows, reported some form of victimization compared to 35 percent of women in the control group, a difference of marginal statistical significance.⁹

	Treatment (N=60)	Control (N=60)
Underwent physical harm	10%	22%
Was threatened with physical harm	8%	18%
Was threatened with death	15%	23%
Had property damaged	15%	20%
Any victimization	20%	35%

We continued our analysis by examining the incidence of abusive acts in the periods before and after intervention. By summing up the number of acts reported in the individual categories by each study participant, we were able to make the following comparison of the two groups. There were only minimal differences in the period before intervention, when women in the control group reported a mean number of 14.88 abusive acts, and the treatment group reported 13.62. Substantial differences appeared, however, six months after intervention, when members of the control group reported a mean number of 12.42 acts, while members of the treatment group reported only 2.30. Moreover, a multivariate test, controlling for pre-arrest levels of abuse, also found differences between the two groups six months after the triggering incident.¹⁰

Victimizations	Group	Mean number of acts
At T1 (before intervention)	Control Group	14.88
	Treatment Group	13.62
At T2 (after intervention)	Control Group	12.42
	Treatment Group	2.30

⁹ Chi-square=3.39; p=.07.

¹⁰ Beta for group=0.16; p=.08; beta for pre-arrest abuse=0.19; p=.04.

These numbers suggest some change for the better within the treatment group, but it's hard to say whether they indicate a real or perceived drop in violence. The small size of our sample precluded us from drawing statistically reliable conclusions about the second responders' impact. The difficulties we faced in collecting adequate data partially arose from the challenges involved in getting police officers, a conservative group by nature, to accept a new and innovative program. Also at issue were the conflicts inherent in multi-agency collaborations and their impact on the progress of our research.

The Second Responder Program and the Richmond/Police Foundation Domestic Violence Partnership

The Collaborative Process

From the start, the story of the second responders converged with that of the Richmond/Police Foundation Domestic Violence Partnership as both groups faced the challenges involved in "getting agencies to work together" (Bardach 1998). The Second Responder Program, as we have seen, is essentially a partnership between the Richmond Police Department (RPD) and the Department of Social Services (DSS). Similarly, the Richmond/Police Foundation Domestic Violence Partnership is a researcher-practitioner collaboration, whose main members are the Police Foundation, the RPD, and the DSS. As we learned, the difficulties encountered and lessons learned in implementing a researcher-practitioner relationship closely parallel those involved in running an interagency program. Analysis of these two collaborations may provide insights for successful implementation of second responder-type programs in other jurisdictions and researcher-practitioner collaborations in criminal justice settings.

Implementation of the Second Responder Program

In Richmond, implementation of the Second Responder Program became a defining issue that shaped the development of both partnerships. At the program's inception in August 1997, it was the responsibility of patrol officers to request the second responders. Criteria were established for when the social workers should be called, and all officers received appropriate training. The call was not mandatory, but there were concerns from the start that the second responders would be overwhelmed by the work involved in handling the city's many domestic incidents. As it turned out, these fears were unfounded. Underutilization became a much more pressing concern because the police showed little initiative to call the second responders. For their part, the second responders were not unhappy at first about the small number of calls they were receiving, since it gave them time to continue their training and serve each client well.

All the partners were surprised by the limited number of cases, but the focus on implementation was driven at first by the researchers' concern that there be sufficient case flow to provide a basis for analysis and let them select a sample. The researchers initially assumed that the practitioner partners would have their own reasons for also desiring full implementation of the Second Responder Program, but it eventually emerged that the partners sometimes had fluid and conflicting perceptions of what constituted successful implementation. The two groups could not join forces to jump-start the program until they agreed that everyone would benefit if the second responders served many more women.

In time, the second responders acquired the incentive to increase both their profile and their workload. As the program developed, the second responders were usually able to respond in a timely

fashion when called to the scene by officers. Staff turnover sometimes left shifts short-handed and presented a concern for the program's founder. However, the organizational support of the DSS, the continued involvement of the founder, and the ministrations of a full-time second responder supervisor ensured that high turnover did not preclude continuity and attention to delivery of service. Later on, especially with a change of supervisors, the second responders even came to associate use of the program by police as a measure of their own success in quickly assisting victims of domestic violence.

Unfortunately, there was less institutional pressure on officers to embrace the program, though the chief issued an executive order that formally required them to call the second responders. Moreover, the second responders were not holding up their end of the deal by reducing the time that officers spent on domestic incidents. In time, it became apparent that patrol officers were remaining on the scene until the second responders finished providing their services and were also ready to depart, a practice that reflected officers' reluctance to leave the second responders unattended and the social workers' unease at being left alone. This deviation from the program's original design meant that beat officers sometimes found themselves spending more rather than less time at the scene of domestic calls.

The prospect of saving time had originally been an incentive for police officers and managers to buy into the program. The issue of time became a disincentive, however, as officers worried that the second responders would actually prolong the duration of domestic calls. The program's founder dismissed their concerns and maintained that the second responders were trained to handle domestic crises by themselves. He did not succeed, however, in selling his position to the second responders or their supervisors.

The police found his arguments equally unpersuasive, and the issue of time continued to affect officers' disposition toward calling the second responders. Regular contact with the second responders, continued training, and the enthusiasm of some police helped officers overcome their reservations about the value of the program. Moreover, patrol officers as a group wanted to reduce victimization, though this long-term goal did not have an immediate impact on their behavior. As a result, implementation never reached its potential, though more officers eventually came to call the second responders.

What Lessons Can We Learn from the Second Responder Program?

Richmond's experience suggests there may be several possible factors that determine whether police will save time by calling crisis workers and consequently buy into a program like the second responders. Researchers and practitioners might therefore consider the following issues in planning and implementing collaborations of this sort.

Longevity, for example, may be one transient issue that explains why second responders gained greater acceptance in London than they did in Richmond. The London program has been in existence for over thirty years, so it's actually the only system that is familiar to most of the city's officers. As the Second Responder Program becomes business as usual, this may also be true of Richmond. Officers seemed to be warming up to the second responders during the three short years of our study, and those who enter the department once the program is on firm footing may be even less hesitant to call on the social workers. Drawing on Richmond's example, planners should anticipate that police might be slow to accept comparable programs. They would be wise to expect gradual rather than rapid implementation, particularly when it comes to the thorny issue of leaving second responders alone at the scene of a call.

Planners might also want to think about the perceptions that surround the formal status of the second responders. Richmond has decided to house the crisis workers within police precincts and give them police radios so the police will accept them as coworkers. This decision, however, raises a number of questions. What difference does it make if the second responders are employees of the DSS? Would they enjoy greater acceptance if they worked for the RPD? If so, would Richmond police be more willing to leave the second responders alone at the sites, and would this be acceptable to the second responders? The experiences of London and Islington provide conflicting answers to planners who are trying to decide whether crisis workers should formally be employees of the police department. In making a choice, planners would do well to consider the impact of their decision on the ability of the social workers to gain the confidence of victims. Richmond women might not have trusted the second responders so implicitly if they had seen them as cops.

Officers' perceptions of the second responders are another important issue for planners and one that hinges on a department's commitment to the program. The support of police leaders is necessary to implement a program that requires officers to rethink their philosophy of policing and behave more like social workers. The current director of London's Family Consultant Service has noted that "the chief's support was pivotal" during the early decades of the program. In Richmond, the chief did express a clear commitment to the Second Responder Program, but the department's middle and upper management did not share his sense of dedication. With no domestic violence unit, moreover, he may not have had enough resources to solve problems of implementation and data collection.

It is possible that a positive evaluation may help chiefs in surmounting some of these obstacles. This may be true of the widely influential program in London, where there has been a successful campaign to publicize the work of the second responders. Chiefs in other cities might similarly find that a supportive research partner can provide them with convincing arguments to gain financial and institutional support for second responder programs. Chiefs who wish to promote their programs might begin by broadcasting the finding that women served by second responders also have higher opinions of the police. As we have seen, second responder programs cannot flourish unless there is some consensus on their potential value to battered women.

The various partners in the Richmond program had begun to see eye to eye by the time we completed our investigation. The sense of comfort that women drew from the second responders may have reflected the commitment of police, social workers, and researchers alike to reducing domestic violence. At the same time, our experience of the researcher-practitioner partnership shows that shared commitments and mutual respect do not magically resolve all conflicts. The partners had to make conscious efforts to reconcile differences in their agendas and institutional needs. As we have learned, those who choose to adopt the second responder model need to communicate openly and make compromises to advance programs that may foster violence-free lives for many tormented women.

Conclusions and Future Research

Further analysis of second responder programs is also important as more jurisdictions adopt a multidisciplinary response to domestic violence. Researchers should attempt to gain larger samples, compare the impact of different second-responder models, and try to strike a better balance between use of interview data and that of official reports. In addition, they might explore a number of additional factors to clarify the workings of second responder programs. They should look, for example, at the percentage of women served by second responders in a particular precinct and the reasons for selecting them. They should find out whether the social workers called before making their visits. They should ask whether the women in the sample group had prior criminal histories; they should determine the percentage of home visits where the male partner was still present; and they should find out whether the women had previously been victimized.

Core Issues

Researchers should also consider the timing and the context of the social workers' response when comparing different programs. The evaluation of the Richmond program, for example, might have been more positive than that of New York because the two interventions differed in key respects. As we have seen, Richmond's second responders typically showed up while the police were still on the scene, while those in New York did not come around until a number of days after the initial police response. Richmond's second responders usually succeeded in getting women further assistance from social service providers. Follow-up assistance was not a typical part of the New York program, even though the chances of further violence after a domestic incident may partly depend upon the subsequent response of social service systems (Davis et al. 2004). Second responders in New York may have been operating at a disadvantage that accounted for the disparity in the outcomes of the two studies.

A Randomized, Multi-Site Field Test of Second Responders

The Police Foundation is attempting to resolve part of this discrepancy by conducting randomized trials of the second responder program in Redlands, California. We will test a feature of the second responder model that may have accounted for the different outcomes of the Richmond study and the previous three in New York. The Redlands trial will test whether the timing of second responder services—immediate or delayed by a week—is critical in a sample of all domestic violence misdemeanors. We will randomly assign cases to an experimental group in order to minimize the risk that any observed variations within the sample result from differences that predated the intervention (Davis et al. 2004).

Implications for Policy and Practice

We envision our study as part of the ongoing dialogue that has accompanied federal sponsorship of second responder programs. While the programs have proliferated over the past decade, their impact on revictimization is unclear. We have made some progress toward capturing the perceptions of those served by the second responders. This impressionistic evidence fails, however, to resolve a central controversy that is summed up in the clash between the New York and Richmond findings. Do second responders quell the storms that rage in many households, or do they just heighten the frenzy? The uncertainty that surrounds this issue cannot be reassuring to planners and administrators who are trying to make intelligent decisions about how to run effective second responder programs. It is our intent to give them concrete answers on how to structure second responder programs that will actually give women richer, safer, and happier lives (Davis et al. 2004).

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About the Police Foundation

The Police Foundation is a national, nonpartisan, nonprofit organization dedicated to supporting innovation and improvement in policing. Established in 1970, the foundation has conducted seminal research in police behavior, policy, and procedure and works to transfer to local agencies the best information about practices for dealing effectively with a range of important police operational and administrative concerns.

Our purpose is to help the police be more effective in doing their job, whether it is deterring robberies, intervening in potentially injurious domestic disputes, or working to improve relationships between the police and the communities they serve. To accomplish our mission, we work closely with police officers and police departments across the country, and it is in their hard work and contributions that our accomplishments are rooted.

The foundation has done much of the research that led to a questioning of the traditional model of professional law enforcement and toward a new view of policing—one emphasizing a community orientation. For example, research on foot patrol and on fear of crime demonstrated the importance to crime control efforts of frequent police-citizen contacts made in a positive, nonthreatening way. As a partner in the Community Policing Consortium, the foundation, along with four other leading national law enforcement organizations, plays a principal role in the development of community policing research, training, and technical assistance.

Sometimes foundation research findings have challenged police traditions and beliefs. When police agencies employed routine preventive patrol as a principal anti-crime strategy, a foundation experiment in Kansas City showed that routine patrol in marked patrol cars did not significantly affect crime rates. When police officials expressed reservations about using women on patrol, foundation research in Washington, DC, showed that gender was not a barrier to performing patrol work. To address the intense debate about how police should respond to incidents of domestic violence, the foundation conducted the Minneapolis Domestic Violence Experiment—the first scientifically controlled test of the effects of arrest for any crime. Foundation research on the use of deadly force was cited at length in a landmark 1985 U.S. Supreme Court decision, *Tennessee v. Garner*. The court ruled that the police may use deadly force only against persons whose actions constitute a threat to life.

The foundation provides a wide range of services to law enforcement agencies and to state and local governments. These services focus on establishing trust through improved accountability, leadership, and professional development and on providing tools to help police more effectively manage resources. The Crime Mapping & Problem Analysis Laboratory operates with the goals of providing practical assistance and information to police departments, and developing the physical and theoretical infrastructure necessary for further innovations in police and criminological theory.

Motivating all of the foundation's efforts is the goal of efficient, effective, humane policing that operates within the framework of democratic principles and the highest ideals of the nation.



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