Community Coordinated Response Programs (CCR)

DePrince, A. P., Labus, J., Belknap, J., Buckingham, S., & Gover, A. (2012).

Description of intervention	Though not strictly considered an intervention study, DePrince et al. (2012) sought to evaluate existing Community-Coordinated Response (CCR) Programs within a community. This study compared a community-based outreach program to a criminal justice system referral program for female survivors of police reported IPV. In the outreach condition, women were contacted directly by community based advocates – who were familiar with their specific situation – and were told how various available services applied to their case. In the referral condition, an advocate – who were not familiar with all case details – from the prosecutor's office or police department contacted women with recommendations for referral services. It was believed that service provision would be improved for IPV survivors when services were matched to their specific needs (the outreach condition). The research team did not develop the intervention; CCR had been established in Denver of community based with criminal justice system The goal was to try to understand impact of CCR and to study it as the multidisciplinary response that was already in place (CCR vs. TAU)
What was the intervention designed to do?	The overarching goal of CCR programs is to coordinate responses to IPV survivors across an interdisciplinary team of law enforcement, prosecution, and community-based service agencies to improve survivor psychological distress and safety.
Underlying conceptual or theoretical model(s)	N/A
Rationale for developing the intervention	Researchers sought to examine existing CCR programs to evaluate coordination of survivor advocacy for intervention and prevention. Following instances of police reported IPV, CCR programs have a unique ability to respond to the needs of survivors through the collaboration of the criminal justice system and community based agencies. However, many CCR programs instead respond more to rehabilitating and treating abusers than responding to survivor's safety and psychological needs. Therefore, DePrince et al. compared a community-based outreach program to a criminal justice system referral program to determine which program had greater impact on survivor advocacy. When the CCR was developed, they did not have the resources to evaluate the impact of CCR and whether there were certain situations where a CCR

	response is more appropriate
How did you involve survivors and/or advocates in the development of the intervention (e.g., focus groups, interviews, pilot testing, other, etc.)	N/A
Who is the intervention designed to help?	Survivors of IPV
What are the eligibility criteria for the intervention study?	• Incident had to have occurred between a female, adult victim and a male, adult offender • Police reports had to include valid contact information for women
Rationale for inclusion/exclusion criteria	• The eligibility criteria came largely from constraints within the CCR program as some agencies involved could only serve victims with DV histories (why there was an exclusion criteria on individuals with cross arrests). • In terms of research team resources, given limitations, the team only focused on cases with a female survivor and identified male abuser. • Victims of sexual assault were excluded due to the lack of public accessibility of sexual assault cases. This, however reflected the reality of how the CCR worked, in that the criminal justice teams could not share information about sexual assault cases with other members of the multidisciplinary teams
Study Design	• Longitudinal, randomized controlled trial • Participants were interviewed three times over a 1-year period: within 26 (median) days of police-reported IPA, 6 months later, and 12 months later
Outcome Variables and Measures	• **Posttraumatic stress disorder** (Posttraumatic Stress Diagnostic Scale) • **Depression symptom severity** (Beck Depression Inventory–II) • **Fear appraisals** (Trauma Appraisal Questionnaire) • **IPA revictimization** (Revised Conflict Tactics Scale) • **Readiness to leave the relationship with the abuser**

Level of scientific rigor	Randomized Controlled Trial: Yes Appropriate outcome measures: Yes Active Control Group: Yes Effect size: Medium
What adaptations were made specifically for IPV survivors	• Victims with risks to safety were not eligible for participation and instead were referred to community-based outreach • Recruitment materials did not mention "experiencing IPV" or other details of domestic violence to decrease any safety risks; women were only informed of all details of study in person with no materials sent to their homes • Procedures in place for follow-up messages and coordination • Multidisciplinary team did a "safety assessment" of each case *before* randomization to identify women with higher and more imminent risk (these cases were sent down other channels for proper safety measures to be taken)
Considerations and/or adaptations related to culture and identity	• Because or research resource limitations, researchers only focused on heterosexual relationships with an identified male abuser • Where there were CCR particular cultural considerations, community outreach advocates would approach the case with those considerations in mind or would consult others about those issues (in cases of language or interpretation barriers) ○ However, due to limitations concerning study measures, researchers only invited women who were able to complete study in English to participate
Considerations and/or adaptations related to experiencing multiple types of trauma (individual and collective)	In cases where sexual assault was disclosed after the CCR advocacy had started, this would not affect a woman's placement in the study condition.
What is the mode of delivery?	In-person; phone based outreach

What were the key findings?	• PTSD symptom severity
	  ○ At 6-month assessment time, symptom severity scores of PTSD had decreased significantly for both outreach (p=.001) and referral (p<.0001) groups
	  ○ At one year follow-up, women in outreach condition maintained the reported decrease PTSD but scores for women in referral condition had increased

	• Depression symptom severity
	  ○ At 6-month assessment time, depression symptom severity scores had decreased significantly for both outreach ($p<.05$) and referral ($p<.001$) groups
	  ○ At one year follow-up, women in outreach condition maintained the reported decrease but scores for women in referral condition had increased
	• Fear appraisals also decreased for both conditions ($p<.0001$) but were maintained at one year follow up only in the outreach condition
	• Though there were no differences in revictimization between both groups, women in the outreach condition were more ready to leave their abuser
	• Women in the outreach condition also rated services as more compared to the referral condition

Author's reflection on study results/ findings	From this comparison study, two main outcome papers were produced: one focusing on symptom reduction of PTSD, fear, and depression while the other focused more on criminal justice outcomes. Overall, it was found that these collaborative responses do have an effect. It was striking to see that the community based outreach efforts had the effects they had on symptoms compared to the usual system care. However, at the end of the study, the team was not able to point at any particular mechanisms that were responsible for those changes. Only a rough measure of how helpful services were indicated that women found CCR outreach services more helpful, but no measure pointed at what was responsible for those results. If the study were to be repeated, the research team would focus more on gathering finer grained information of the services such as when women were getting connected with services and more about the depth and breadth of the services accessed. Furthermore, it was hard to disentangle who women were talking to at times as they often spoke to multiple advocates. The follow-up period would have to be changed to make this easier to better track who women were talking to and when those conversations happened.
Implementation challenges and strategies for addressing those challenges	See Author's Reflections
What, if any, professional qualifications are required to deliver the	N/A There were no specific qualifications as the community based advocates and criminal justice department employees involved in the study were already in their respective professional positions.

intervention?	
What intervention-specific training is required to use this model?	N/A The research team did not offer any specific training as the services were provided by community based advocates and criminal justice department employees who already served in those positions.
In what settings has the intervention been delivered?	N/A; the setting could vary depending on where the woman is referred for services • Outreach condition: Community based organizations were identified and the best community based agency took lead based on the details of the case; community advocate often had contact with survivor • Referral condition: Victim advocate from police department would provide survivor with list of services but had little direct contact with survivor
Ongoing research regarding this intervention	No other similar studies published or direct replications of this study carried out
Author's recommendations and reflections	As a field, we really need a "both/and" approach to looking at the kinds of intervention we evaluate and implement. I have been very struck at the impact community coordinated responses can have and as you expand out beyond DV and look at other types of assaults and interrelated forms of violence, the use of multidisciplinary teams are becoming best practice. However, we don't know yet what parts of those efforts are most successful and necessary as there is a lack of research guidance as to what to include on those teams as the best "ingredients". I think more research is needed in that area but that there is real power and potential in CCR approaches. At the same time, more traditional research should still be continued to determine what best targets the specific symptoms of experiencing DV. For example, what resources/services are most effective for individual cases of women seeking care. This idea of bigger system or community level responses should be better researched along with more traditional intervention research at the individual level.
Citations – article of intervention	DePrince, A. P., Labus, J., Belknap, J., Buckingham, S., & Gover, A. (2012). The impact of community-based outreach on psychological distress and victim safety in women exposed to intimate partner abuse. Journal of Consulting & Clinical Psychology, 80(2), 211-221. DOI: 10.1037/a0027224
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