



Justice Center
THE COUNCIL OF STATE GOVERNMENTS



**Justice
Reinvestment
Initiative**
Rhode Island

Justice Reinvestment Initiative: Improving Domestic Violence Responses in Rhode Island

Introduction and Community Service Responses
First Presentation to the Executive Working Group

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**Justice
Reinvestment
Initiative**
Rhode Island

Overview

- 1** **Introductions and Background**
- 2** **Intercept 0 Analysis: Community Services**
- 3** **Next Steps**



Justice Reinvestment Initiative

A data-driven approach to improve public safety, reduce corrections and related criminal justice spending, and reinvest savings in strategies that can decrease crime and reduce recidivism

The Justice Reinvestment Initiative is supported and funded by the U.S. Department of Justice's Office of Justice Programs, Bureau of Justice Assistance (BJA).

Project partners include staff from The Council of State Governments (CSG) Justice Center and the Rhode Island Department of Corrections



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

The Council of State Governments (CSG) Justice Center is a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

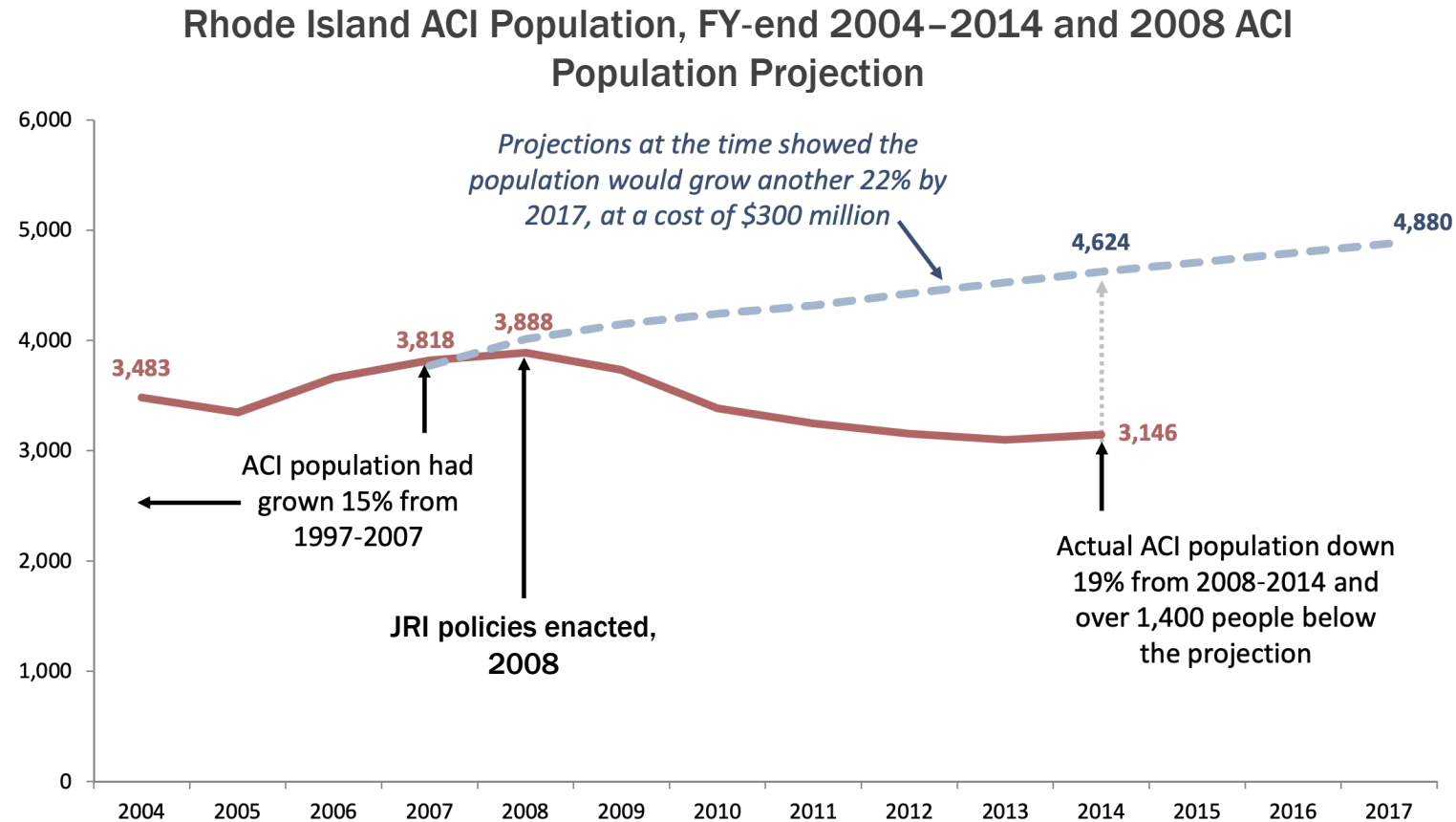
The Rhode Island Department of Corrections (RIDOC)



The mission of the Rhode Island Department of Corrections (RIDOC) is to contribute to public safety by maintaining a balanced correctional system of institutional and community programs that provide a range of custodial options, supervision, and rehabilitative services in order to facilitate successful reentry into the community upon release.

Rhode Island first used a Justice Reinvestment Initiative (JRI) approach in 2008 and utilized a second JRI in 2015.

Rhode Island requested technical assistance to address a projected 22 percent increase in the prison population, which was estimated to cost \$300 million by 2017.



The second round of JRI in 2015 targeted a probation rate that was the second highest in the nation.

Three of the JRI bills enacted in 2017 provide the foundation for the current domestic violence systems assessment project:

HB 5065 and HB 5117: Modernize probation and parole policies and practices, including judicial decision-making related to supervision.

- ✓ Require the use of risk and needs screening assessments and behavioral health assessments.
- ✓ Focus supervision resources on people who are assessed as being at a high risk of reoffending.
- ✓ Mandate training for supervision officers on the use of risk and needs assessments.

HB 5065: Address batterer intervention programming (BIP) practices.

- ✓ Ensure that BIP follow evidence-based practices that can reduce the risk of future violent behavior.
- ✓ Establish a BIP fund.

In 2019, CSG Justice Center staff responded to RIDOC's request to assess batterer intervention programming (BIP).

Despite Rhode Island's progress in improving programming consistency, oversight, and standardization to address domestic violence, systemic challenges remain.



There is no consistent practice of conducting risk and/or needs assessments, nor is there differentiation in programming among clients.



Individuals with varying histories, risk levels, and issues are given identical programming.



Instructors typically rely on self-reported data from clients on histories of violence, levels of risk, and presenting problems.



BIP group facilitation varies highly among programs.

Assessment recommendation: Examine system responses and develop improved practices.

Based on these past initiatives and analysis, RIDOC leaders requested support from the U.S. Department of Justice's Office of Justice Programs, Bureau of Justice Assistance to utilize a JRI approach to address domestic violence in the state.



Rhode Island approached the **CSG Justice Center to provide intensive technical assistance** in analyzing current domestic violence responses and to provide recommendations for improved policies and practices.



Emphasizing coordinated community responses, this project encompasses a **systemic approach to domestic violence reform** in Rhode Island that aims to support victims and survivors within and outside of the criminal justice system.



This project also seeks to further assess and improve **mechanisms of accountability and resources** for people who have committed domestic violence.

The Executive Working Group is composed of Rhode Island leaders of organizations and agencies whose work intersects with issues of domestic violence.

Agencies or Organizations Represented in the Executive Working Group			
Attorney General's Office	Department of Corrections	Police Chief's Association	Rhode Island House of Representatives
Crime Victim Compensation	Department of Human Services	Public Defender Office	Rhode Island Senate
Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals	Governor's Office	Public Safety Grants Administration Office (PSGAO)	Sojourner House
Department of Children, Youth, and Families	Judiciary	Rhode Island Coalition Against Domestic Violence	State Police

Members of the Executive Working Group were invited to contribute their unique expertise in adopting changes to domestic violence policies and practices.

Working group members will utilize their experiences and insights to:



Offer feedback on
analysis
presentations



Assist in promoting
awareness of and
support for the
project's priorities



Provide strategic
direction in the
development of
policy and
programming
options



Approve policy and
programming
options

Members of the Executive Working Group Advisory Committee for victim services were invited to provide their expertise in reviewing and contextualizing assessment findings.

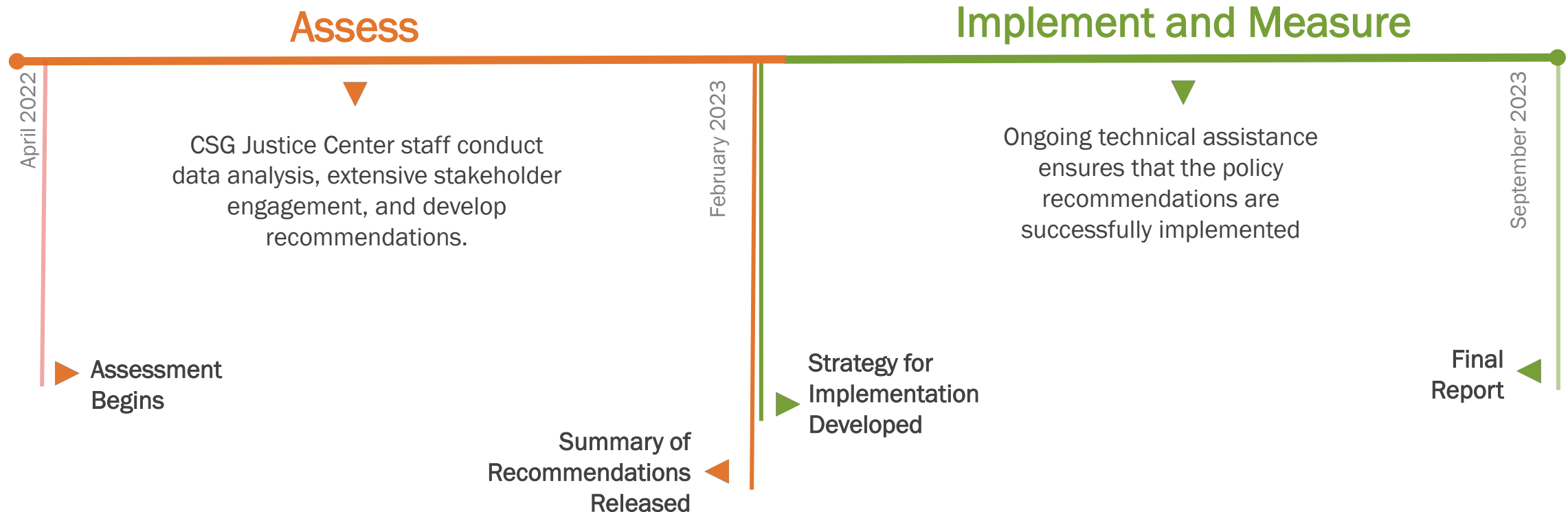
Advisory Committee members for victim services represent:

- Blackstone Valley Advocacy Center
- Crossroads
- Department of Corrections Office of Victims Services
- Domestic Violence Resource Center of South County
- Elizabeth Buffum Chace Center
- Family Service of Rhode Island
- Office of Healthy Aging
- Progresso Latino
- Sojourner House
- Tri-County Community Action Agency, Victim of Crime Advocacy Program for, Deaf, DeafBlind, and Hard of Hearing
- Women's Refugee Care
- Women's Resource Center

All Advisory Committee members assume several responsibilities.

- 1 Advise on issues, including policies and practices impacting domestic violence responses in their field.
- 2 Provide feedback on data findings to be presented to the Executive Working Group, assisting in highlighting core issues, unpacking complicated narratives, and providing real-world examples that support or challenge data findings.
- 3 Aid in creating and reviewing possible recommendations for improved policies and practice options to be presented to the Executive Working Group in spring 2023.

The project will incorporate an assessment period followed by concurrent evaluation and implementation.



The CSG Justice Center's analysis utilizes mixed-methods data.

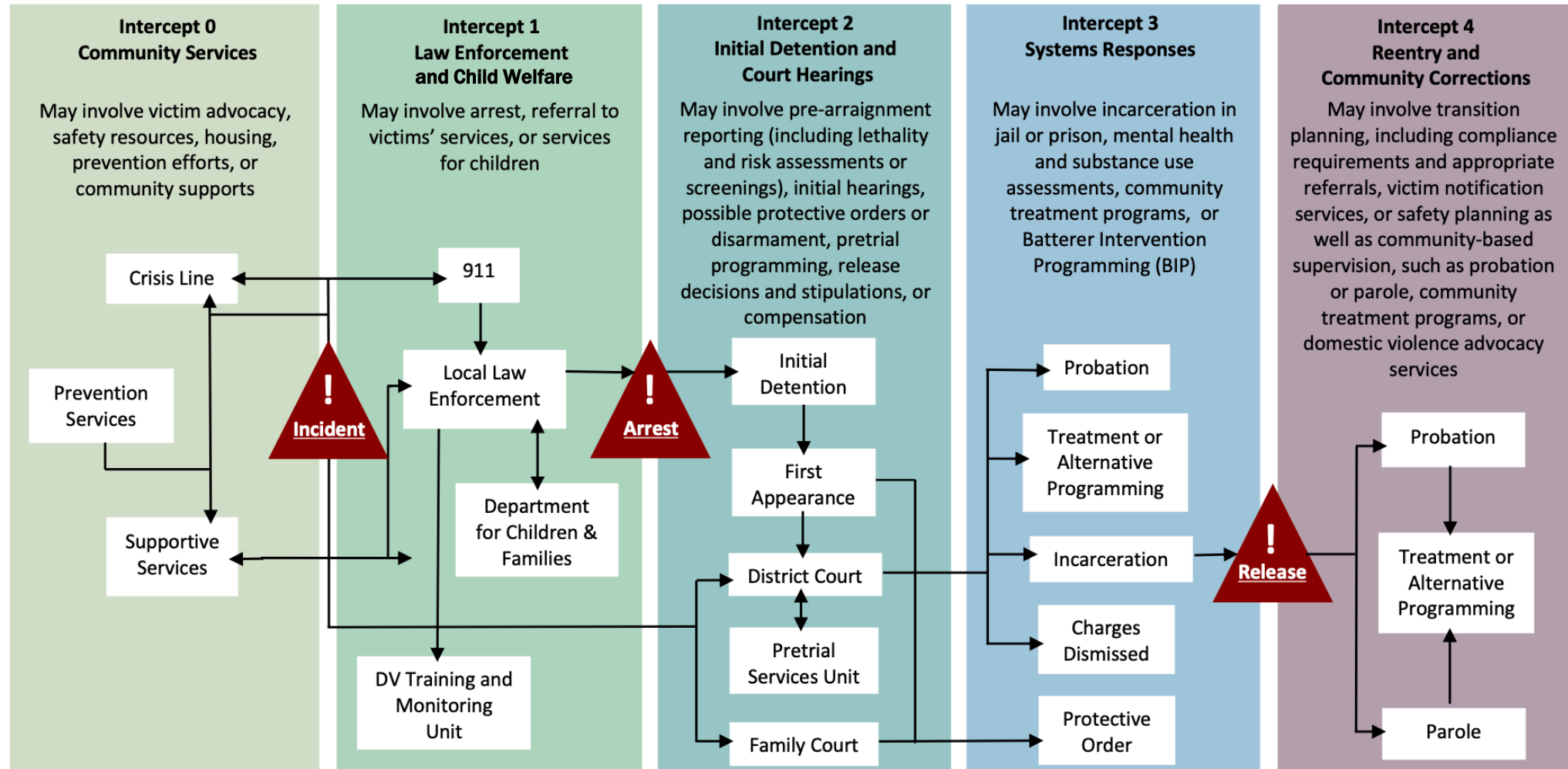
Quantitative analysis seeks to use individual-level and aggregate data to provide the following:

- **A high-level summary of victim service provider data** by assessing the volume of domestic violence reported to victim service providers and the volume of services received by survivors
- **An in-depth analysis of the criminal justice response to domestic violence** by examining trends in domestic violence reported to police, criminal case processing, relief from abuse orders, and incarceration/community supervision
- **An assessment of data quality**, identifying gaps and making recommendations for data refinement

Qualitative analysis aims to highlight the voices of those interfacing with issues of domestic violence by doing the following:

- **Capturing victims' and survivors' experiences** in seeking and receiving support and resources
- **Examining domestic violence response policies and practices**, focusing on gaps, inequities, or disparities in development and implementation
- **Assessing domestic violence training and/or education** among people working in the field of domestic violence response
- **Highlighting relationships and information** sharing among agencies and organizations responding to domestic violence

A systemwide analysis will be conducted using Sequential Intercept Mapping.





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Nationally, domestic violence is a major public health and public safety issue, particularly for women.



At least 20 percent of women will experience domestic violence in their lifetimes. Though prevalence data in Rhode Island are limited, 2014 survey data reveal that at least **32 percent of Rhode Island women** and more than **25 percent of Rhode Island men experienced domestic violence**. Data are absent for transgender or gender nonconforming individuals.



National research shows that some **demographic groups face elevated risk of intimate partner violence**. These groups include women (especially women aged 18–24); Black, Indigenous and People of Color (BIPOC); LGBTQ+ individuals; and people with disabilities.



Many factors impact if, how, and when a person seeks help. When victims do report domestic violence, it is usually after several assaults, rather than the first assault. **National and state estimates likely underrepresent the number of domestic violence victims.**

A coordinated community response (CCR) provides a collaborative response to domestic violence across agencies and systems.

CCRs engage multidisciplinary partners, both within and outside of the criminal justice system to support the vast needs of victims and survivors while emphasizing accountability for people who commit domestic violence. Partnerships typically include community-based organizations, law enforcement, the courts, behavioral health, and correctional facilities, but may vary based on need and available service partners.

CCRs emphasize information sharing, increased communication, cross-training, clarification of roles, and understanding of resources available across agencies responding to domestic violence



An effective CCR serves to support victim and survivor outcomes related to safety, mental and physical health, tangible resources, and overall well-being.

Community-based responses to domestic violence are vital in supporting the safety and well-being of survivors.



Community services **include domestic violence service providers** as well as **other community-based services** that may meet needs related to housing, immigration, hunger, faith, or other dimensions of well-being.



Community services **offer immediate supports in times of crisis**, such as safety planning, shelter, material resources, resource connections, and other supportive services, and are associated with improved mental health outcomes for survivors.



Community responses and interventions to domestic violence have the **capacity to support individuals and communities that may not otherwise interact with the criminal justice system**, which data suggest are **most victims**. The U.S. Department of Justice estimates that approximately 41 percent of violent victimizations are reported to law enforcement. In a national sample of 637 women who had experienced intimate partner abuse, more than half (52 percent) had not involved law enforcement.

Intercept 0 analysis has seven assessment goals, based on national promising practices for community service responses to domestic violence.

This assessment seeks to answer the following questions:

1. What are domestic violence **training and education** practices for staff of community service agencies?
2. How do community service agencies collect, report, and utilize **data**?
3. What are statewide patterns of domestic violence **funding and resource allocation**, and how do these patterns impact service provision?
4. How are **partnerships** defined and functioning among community service agencies and within the larger CCR?
5. How do current responses support the **safety** of victims and survivors?
6. How **responsive** are current community service policies and practices to the needs of victims and survivors?
7. What **advocacy** services are available for victims and survivors, and how are they accessing and experiencing these services?

Assessment for Intercept 0 includes interviews, focus groups, and quantitative data analysis.

>45,000

Interactions with victims and survivors are represented in data collected by the Statewide Helpline and RICADV agencies between 2018 and 2020.

≈70

Individuals were interviewed or surveyed for this intercept.

Theme 1: Training and education of community service staff occurs across agencies; training standardization and applicability can be improved.

Questions we asked to evaluate training and education:

- How often and in what areas do staff at community service agencies receive domestic violence training or education? Is this consistent across agencies?
- How accessible are trainings?
- Are trainings applicable to the work of staff?

Domestic violence training requirements, content, and opportunities vary among community service agencies.

Given the complexities of domestic violence cases and needs of survivors, standardized training and education is important for consistent, responsive services.

There is **no statewide requirement for domestic violence advocacy training**, and domestic violence advocates surveyed report different training experiences upon hiring.

While **most advocates** surveyed (39 percent) received **more than 15 hours of initial domestic violence training**, 26 percent reported receiving 0–5 hours, and 22 percent reported receiving 6–10 hours of initial training.

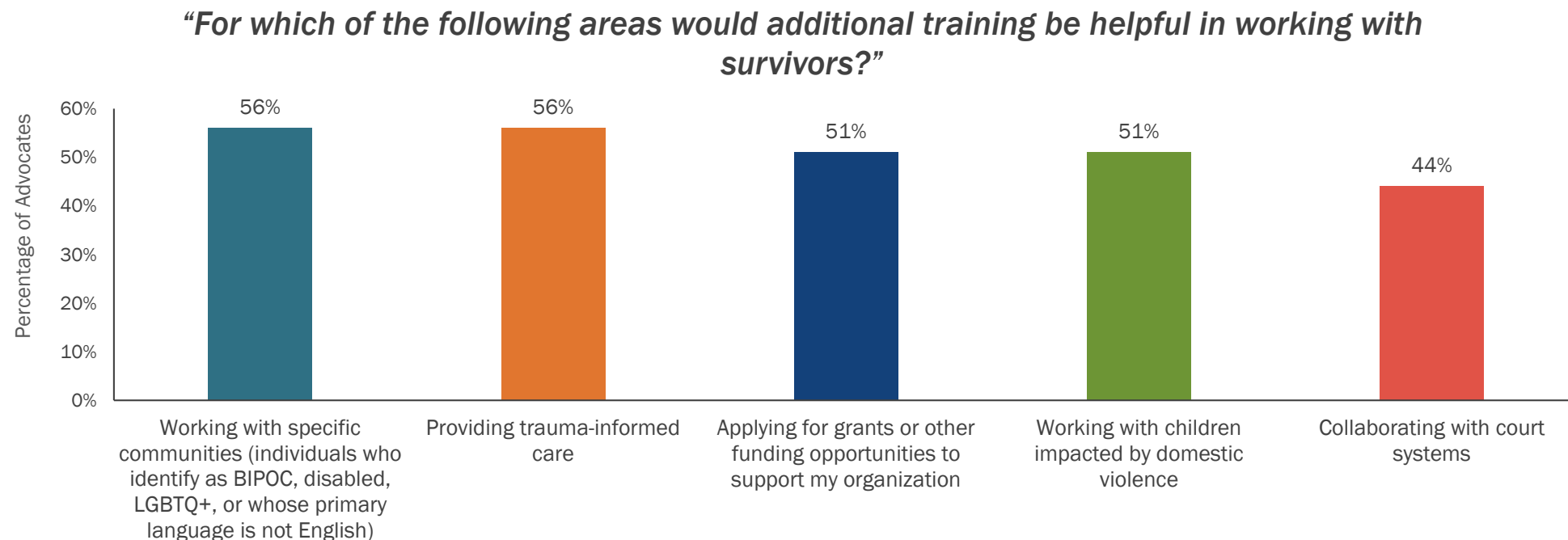
Though 95 percent of advocates reported there were **opportunities for continued training** multiple times a year, most advocates (64 percent) reported that these trainings were **not required** for their agency.



Advocates expressed a desire for training on a variety of topics to better support victims and survivors.

When asked about the **applicability of training**, advocates surveyed expressed a **desire for training beyond “DV 101,”** suggesting specialized training from subject matter experts, and **cited gaps** in their initial training compared to their experiences as an advocate.

Advocates also noted several **topics** on which they would appreciate **further training**.



Theme 2: Data collection and reporting practices vary across agencies; agencies can benefit from developing and utilizing shared metrics for programming.

Questions we asked to evaluate data collection:

- What domestic violence data are community services collecting and reporting?
- Are domestic violence data collection and reporting practices consistent across time and among agencies?
- How are data being used to inform service provision?

Due to limited and inconsistent data, the true prevalence of domestic violence in Rhode Island remains unknown.

Minimal demographic data exist on domestic violence victims and survivors, as well as people who commit domestic violence.

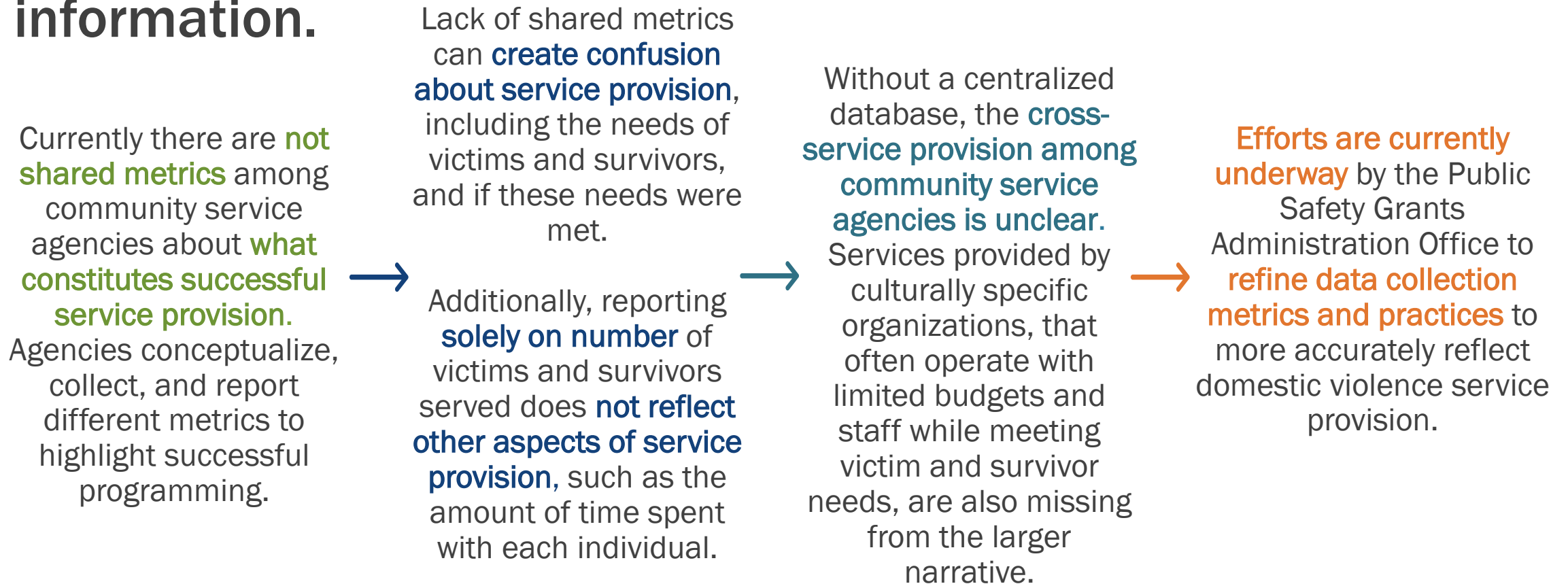
Domestic violence can intersect with other violent victimization, such as sexual violence, stalking, and human trafficking. In these cases, experiences of domestic violence may not be isolated or recorded.



The complex nature of domestic violence also challenges data collection and prevalence estimation. Research does not consistently measure all types of domestic violence, including psychological, emotional, or economic violence. Victims and survivors may also not view their experiences as violent.

Prevalence estimates also do not reflect victims who do not engage law enforcement, which national data suggest is approximately half of victims.

Metrics for domestic violence data collection vary among agencies, and there is no centralized database for sharing information.



Theme 3: Funding and resources to meet the spectrum of victim and survivor needs are constrained, which impacts service delivery and relationships among community service agencies seeking the same resources.

Questions we asked to evaluate funding:

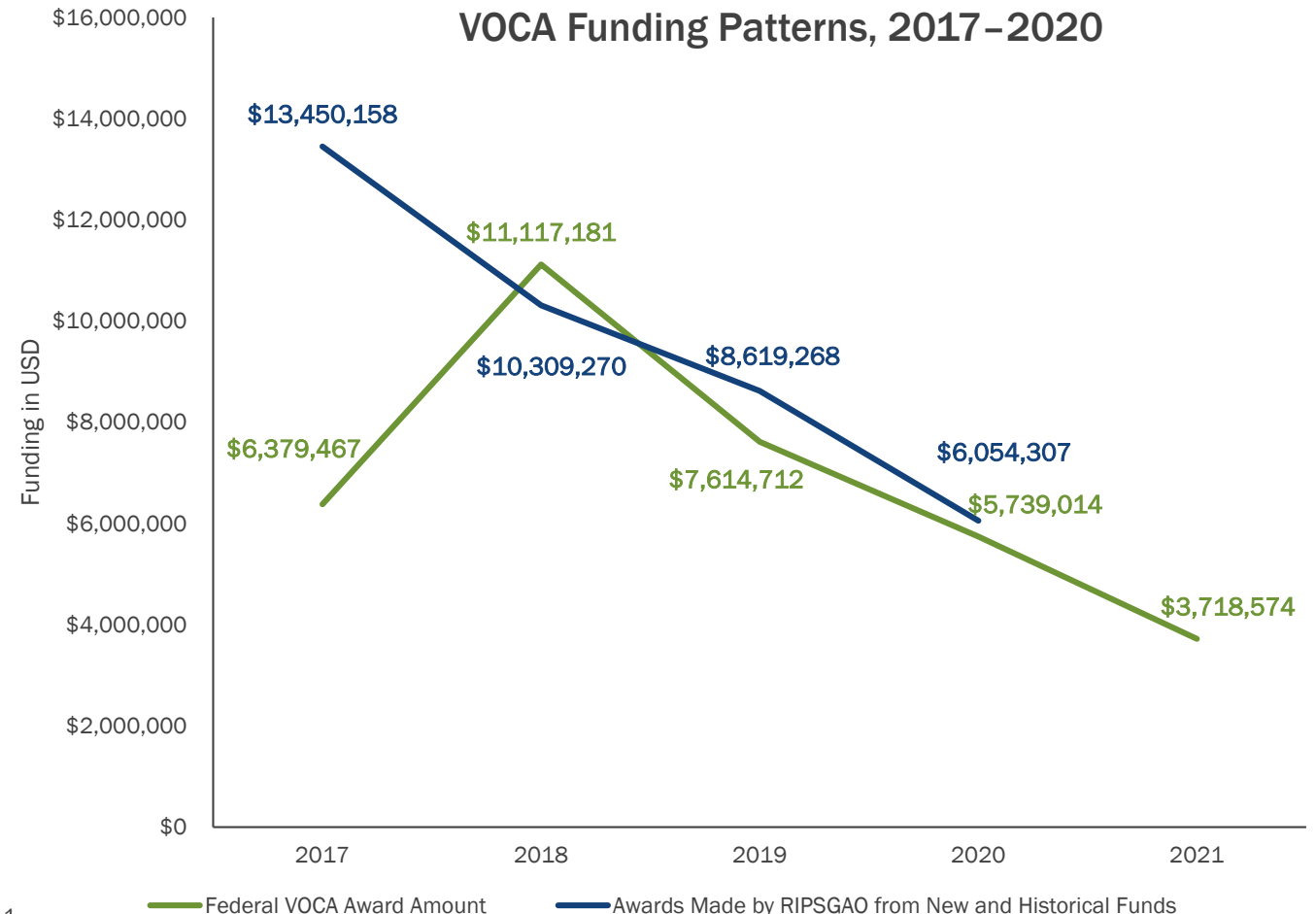
- What are primary sources of funding for domestic violence services in the state?
- Are funding and resources accessible and stable?
- How do funding and resource availability and accessibility shape domestic violence service provision?

Funding sources for community services responding to domestic violence are not consistent.

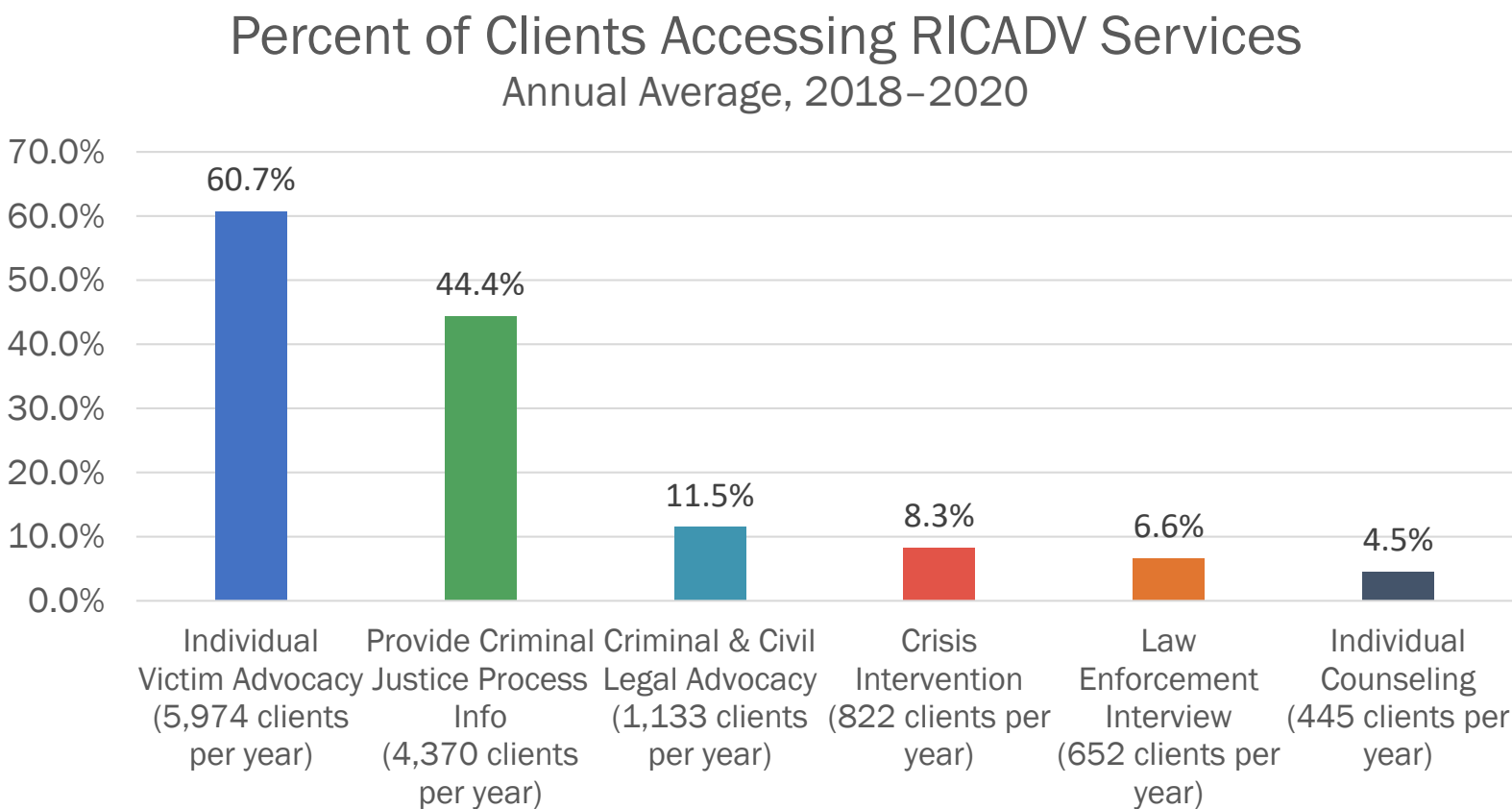
The **governor has recently invested** \$11 million in homelessness services, including domestic violence agencies, and allocated \$4.5 million in the FY23 budget for domestic violence services; however, **future analysis aims to clarify historical state investment patterns in domestic violence.**

Federal **funding** through the Victims of Crime Act (**VOCA**) has faced **disinvestment** in recent years, impacting awards and **forcing community service agencies to struggle in meeting needs of victims with fewer resources.**

Between 2017 and 2020, VOCA funding was primarily awarded to Rhode Island's nonprofit agencies.



Victims often have complex needs and require access to multiple types of services, including, most prominently, individual advocacy and criminal justice process guidance.



Clients could access one or more services, so the same individual may appear under multiple service categories shown here.

Individual victim advocacy services (i.e., case management and service referrals) and provision of criminal justice process information (e.g., navigating the system) are in high demand among clients.

Notes: During this time, the RICADV provided services to an average of 9,842 unique clients per year, and clients could access one or more services.

The needs of victims and survivors often exceed available funding and resources and can challenge relationships in the CCR.



Needs of victims and survivors are **not always reflected in services provided**. For example, though the fewest clients accessed counseling at RICADV agencies, 91 percent of advocates surveyed reported that clients often or always present with counseling needs. Housing, immigration, and transportation were most cited by advocates as needs that are often or always present and extremely or somewhat difficult needs to meet.

Agencies serving culturally specific populations reported that due to limited funding and staff, they are **often on call 24/7** to respond to victim and survivor needs.

When agencies are **competing for limited resources**, including funding, this can create **tension** in service delivery, partnerships, and coordination of information. Such pressures impact victims and survivors as they navigate fragmented networks of supportive services where community service agencies roles are not clear or consistent.

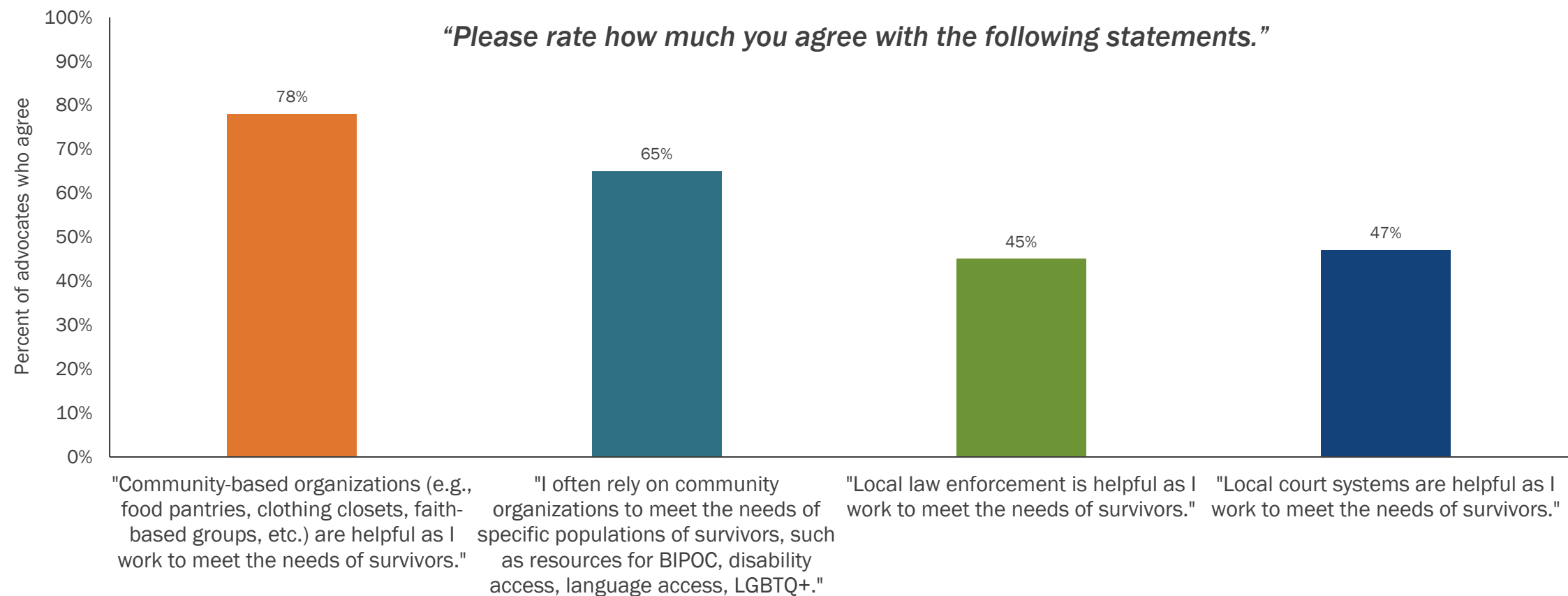
Theme 4: Partnerships among community service agencies and in the larger CCR are not clearly defined, and there are not mechanisms among agencies for sharing information about victims or survivors or coordinating service provision.

Questions we asked to evaluate partnerships and information sharing:

- How are partnerships among community service agencies and within the broader CCR defined?
- How do partners share information about victims and survivors?
- How do partnerships coordinate in providing services to victims and survivors?

Partnerships among community service agencies are seen by advocates as helpful in supporting victims and survivors.

Partnerships with state agencies are perceived by advocates as less helpful.

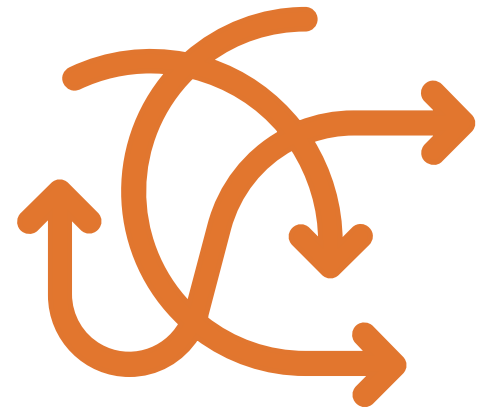


Roles and responsibilities among community service agencies are not always defined or communicated.

Most **advocates surveyed (67 percent) reported serving survivors statewide, necessitating collaboration** with a variety of agencies across Rhode Island, and efforts to create continuity of care, such as Rhode Island Coalition Against Homelessness's DV/SA Case Conference Committee, are underway.

Stakeholders reported a **need for increased education among agencies** that interface with domestic violence victims and survivors about what resources are available and how to access them.

A **lack of clarity in roles and goals for service provision** is reported to contribute to environments that feel competitive when providing services.



No shared database or guidelines for information sharing practices exist among community service agencies, ultimately impacting the continuity of care for victims and survivors.



Fewer than half of advocates surveyed (40 percent) **agreed that they were able to easily share and gather information** about survivors they are working with from other organizations or agencies.

Databases tracking domestic violence service utilization, homelessness, and the receipt of other social services **are all different**, and data sharing practices vary among agencies, **challenging a “warm handoff” and coordination of care.**

A **lack of coordination** among agencies can **leave survivors coordinating their own support and care**, or without an understanding of what options and resources are available to them.

Theme 5: Community service responses do not consistently account for the emotional and physical safety of survivors.

Questions we asked to evaluate safety:

- When and how is safety planning conducted with victims and survivors?
- Is the community service provider's agency physically and emotionally safe?
- How do interactions among staff promote safety?

Individuals face barriers in accessing and exercising their legal rights and finding safety within the criminal justice system.

Advocates identified that for **victims and survivors whose primary language is not English, or who are immigrants or refugees**, legal **rights** and protections can be **unclear**. Accessing these rights through state agencies or systems is also **challenging**, as there are often language barriers, documentation requirements, and legacies of disparate treatment.



Advocates highlighted that individuals who are **Deaf, DeafBlind, or Hard of Hearing** face additional layers of challenges. Systems are **not consistently responsive** to cultural or communication needs of individuals within these communities. This lack of responsiveness **impacts individuals' abilities to tell their own stories** and may leave them **feeling unsafe** to seek help from formal systems.

The **inaccessibility** of **formalized systems of support** can also be used as a **tool for control and further abuse** by the person committing domestic violence.

National data also underscores **reports of mistreatment** by state systems from individuals within **Deaf, DeafBlind, Hard of Hearing, immigrant, BIPOC, and LGBTQ+ communities** when people from these communities **seek support for victimization**.

Victims and survivors reported supportive interactions with staff at domestic violence agencies; however, shelter spaces do not always feel physically safe.



Staff and volunteers at domestic violence agencies **provided emotional support to victims and survivors**, though at times rules and regulations of shelter interactions can prove difficult for survivors with children. There is often minimal time for victims and survivors to accomplish tasks related to survival or well-being at the shelter without their children present.



There are **not always places for their children to go when victims and survivors have to describe experiences of abuse**, creating stress about how to protect children from continued traumatization.

Victims and survivors reported that the **person who abused them typically knew where the shelter was** and would wait outside. Not all shelters are able to be staffed 24/7, and instead utilize alarms and key codes. These processes do not always provide a feeling of safety to victims and survivors.

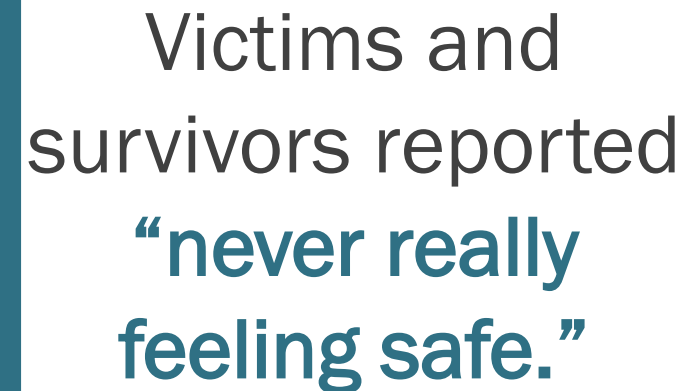
Some survivors **chose not to pursue shelter**, reporting it **did not feel any safer** than staying with loved ones. Not all survivors had this option.

Victims and survivors reported a lack of emotional safety in accessing services to meet their needs.

Agencies often require victims and survivors to disclose **extensive information about histories of abuse** and may not support victims' or survivors' accounts of events. Victims and survivors reported **being asked by some agencies what they did to provoke the violence**, or otherwise feeling disbelieved.

Communications among domestic violence victims and survivors are **not privileged or confidential**, which can **threaten feelings of safety** and protection.

Victims and survivors suggested that **more service providers need training on issues of domestic violence**, particularly how to interact with and support individuals who have experienced trauma.



Victims and survivors reported
“never really feeling safe.”

Theme 6: Current responses do not consistently and holistically meet the needs of victims and survivors, particularly victims and survivors who do not speak English; are Deaf, DeafBlind, or Hard of Hearing; are not White; are LGBTQ+; or who identify as having a disability.

Questions we asked to evaluate responsiveness:

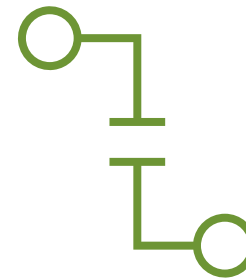
- What do community services include, and how do these services meet the needs of victims and survivors?
- How are victims and survivors able to offer feedback and help shape service provision?
- How do services meet the needs of specific cultural groups?
- Are community service staff representative of the individuals they serve?

Victims and survivors from culturally specific populations often face a disconnect between their needs and available domestic violence responses.

Though **most advocates reported training** specific to working with individuals identifying as BIPOC (62 percent), disabled (60 percent), LGBTQ+ (89 percent), and individuals whose primary language isn't English (57 percent), **gaps in service availability remain.**

Fewer than half of advocates surveyed reported unique services related to counseling, handouts, housing, or support groups for individuals identifying as BIPOC or disabled. About half of advocates reported unique support groups for individuals identifying as LGBTQ+ or individuals whose primary language is not English.

Advocates also report a **need for training on cultural responsiveness and communication practices** for individuals who are Deaf, DeafBlind, or Hard of Hearing.



Reports by stakeholders also suggested a **conflation between culturally specific services and services that are for everyone.** Many services were described as open to anyone without addressing gaps in culturally responsive practices.

From 2018 to 2020, survivors who received services from RICADV organizations had the following demographic characteristics.

Corresponding staff demographics are unavailable.

80.0% of adult clients identified as **women** compared to 51.0 percent of the general RI population.

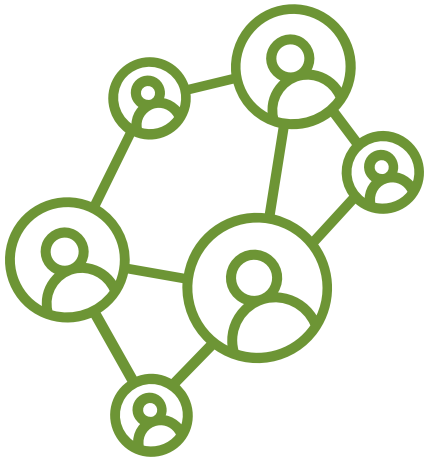
36.8% of clients identified as **American Indian, Black, Hispanic, Asian, multiracial, or another racial or ethnic minority** compared to 29.6 percent of the general RI population.

3.0% of clients identified as **LGBTQ+** compared to 4.5 percent of the adult RI population.

6.1% of clients were experiencing **homelessness*** compared to less than one-fifth of 1 percent of the general RI population.

*RICADV defines homelessness as the absence of a stable home.

Systemic barriers challenge victims and survivors as they try to engage services and supports.



Victims and survivors reported that **systems do not seem to coordinate** or have a centralized database for sharing information. To receive services, **victims and survivors are asked to provide extensive duplicate information** to multiple agencies. This often means continuously **retelling their stories** and providing **identifying information**. Paperwork barriers are particularly **challenging for individuals with cognitive disabilities** or other barriers, and not all survivors have the required documentation to receive services.

Victims and survivors reported that **systemic responses do not always reflect justice**, and that victims and survivors are not always asked what they want or need.

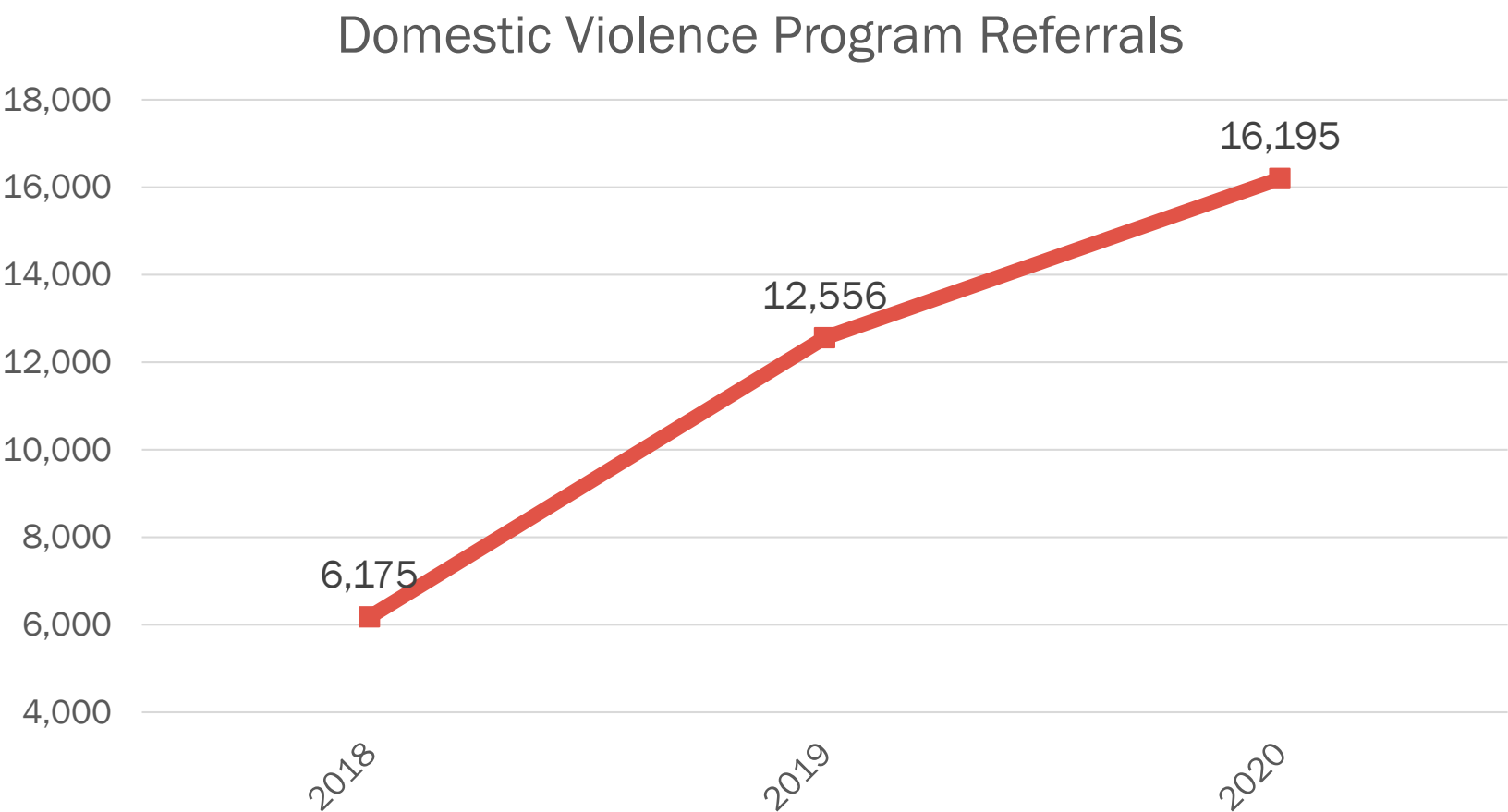
Services and supports across the state are reported as inconsistent, and survivors may face varying levels of support depending on which agency they go to for help.

Theme 7: Community service organizations are working with victims and survivors by providing advocacy to address complex needs related to domestic violence.

Questions we asked to evaluate advocacy:

- How are victims and survivors informed of and able to exercise their legal rights?
- What emotional supports are available to survivors, and how accessible are these supports?
- What material supports are available to survivors, and how accessible are these supports?
- What legal supports are available to survivors, and how accessible are these supports?
- How does co-advocacy function among community service agencies?

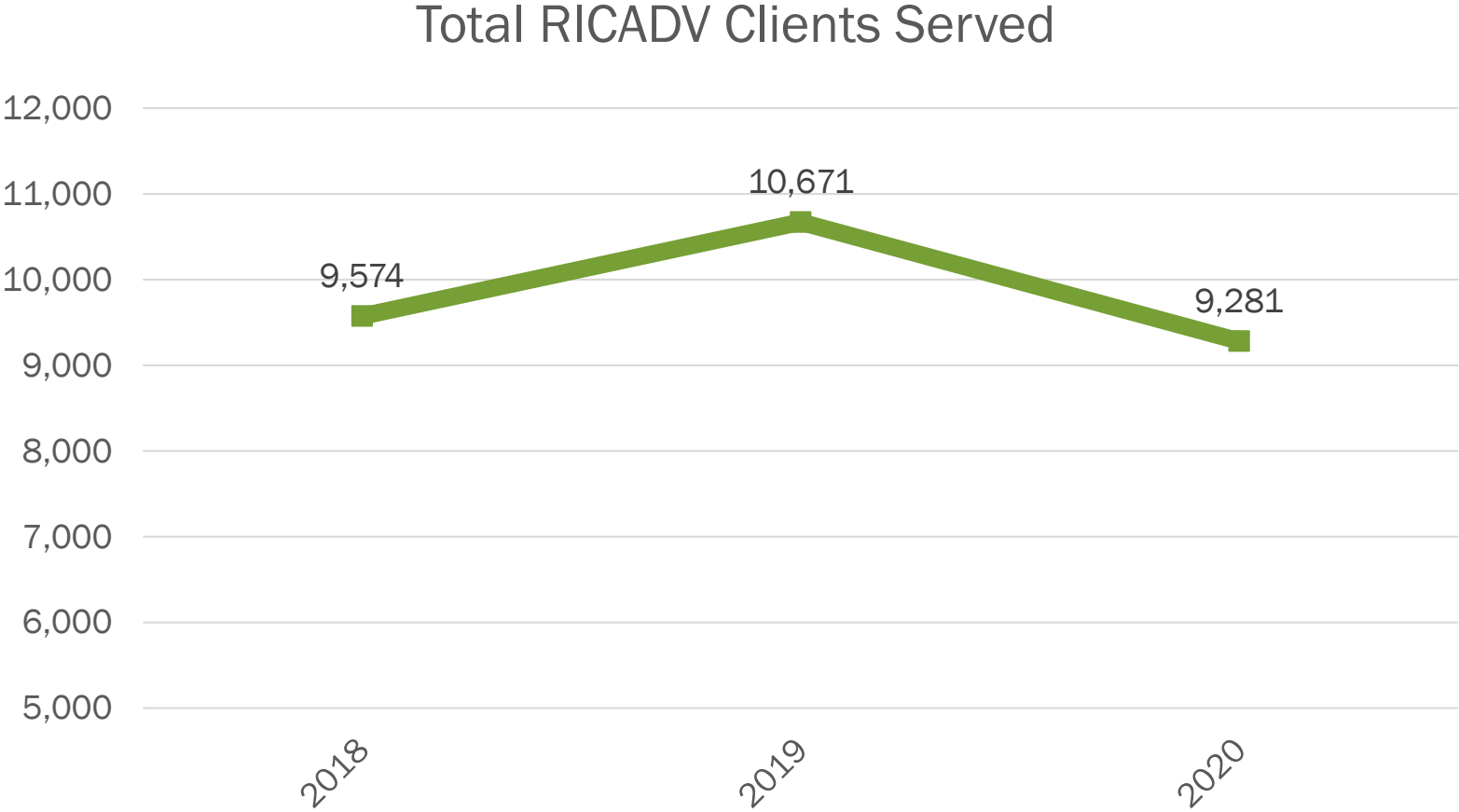
Staff at Rhode Island’s Statewide Helpline and domestic violence (DV) agency hotlines make thousands of referrals to DV programs each year.



The Statewide Helpline offers referrals for domestic violence (DV) and for other types of victimization, such as hate crimes.

The increase in DV referrals recorded between 2018 and 2020 reflects several changes: RICADV shifted to a new database system in 2018 that allowed information to be captured more accurately in subsequent years, and in spring 2020, the statewide helpline was advertised more often due to the COVID-19 pandemic.

Rhode Island Coalition Against Domestic Violence (RICADV) member agencies serve an average of 9,842 clients per year.

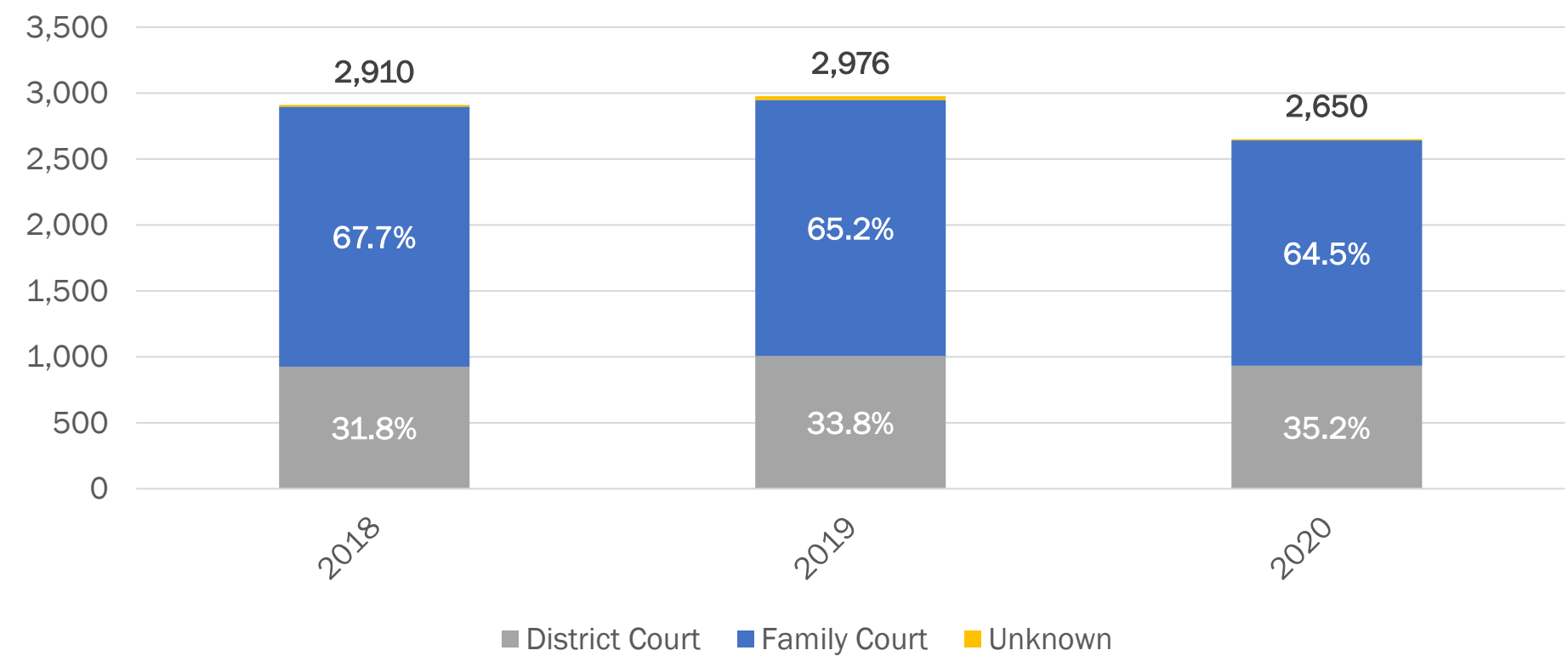


RICADV includes a network of six member agencies* that provide DV services. RICADV also provides limited DV services.

*In October 2020, Sojourner House became an independent organization, so data for this organization is missing for October–December 2020.

RICADV member agencies assist clients with an average of 2,845 temporary (emergency) restraining orders per year, and most are filed in family court.

Temporary Restraining Orders Filed
with RICADV Assistance, by Court Type



In Rhode Island, people can apply for temporary restraining orders (TROs) with or without a criminal DV charge.

TROs are filed in family court when the person who caused harm is a current/former spouse, person with whom there is a child in common, family member, or another minor in a dating relationship.

TROs are filed in district court when the person who caused harm is a current/recent household member or a current/recent dating partner.

Victims and survivors report that responses need to better account for their basic needs.

Victims and survivors reported that **current responses do not always consider the multiple, competing needs that they face**. Issues of searching for work, childcare, food, permanent housing, transportation, mental health, and more impact victims and survivors as they try to stabilize.

Victims and survivors reported that they were **not informed of their rights** as victims, and do not always know what resources and options are available to them.

Many **systemic responses feel in conflict**, particularly in stipulations related to work and childcare. Victims and survivors reported often being faced with a choice between working fewer hours to be eligible for childcare assistance programs or being able to pay for their basic needs.





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The Advisory Committee highlighted several areas for continued discussion in improving community services for victims and survivors.

1. How can **data collection** practices be defined and streamlined to give us a **true picture of domestic violence prevalence and service provision** while ensuring that data sharing practices are clear, consistent, and maintain confidentiality?
2. How do we streamline **training curriculum and opportunities** practices in ways that are consistent, sustainable, and that account for linguistic and cultural diversity? How can trainings be offered for **different levels of expertise**?
3. How can **agencies better coordinate resources** for victims when agencies often feel in “survival mode” due to lack of funding and increasing need?
4. How can **victims have more of a voice** in the process and feel that systems are designed to support them?



The next analysis presentation in December will focus on Intercept 1, Law Enforcement and Child Welfare, and Intercept 2, Initial Detention and Court Hearings.



CSG Justice Center staff will analyze data from the Domestic Violence Training and Monitoring Unit to understand the volume and arrest outcomes of domestic violence that are reported to police in Rhode Island. Staff will also analyze data from the Rhode Island Judiciary to better understand the volume and characteristics of domestic violence cases filed across Rhode Island's court system.



CSG Justice Center staff will conduct outreach with survivors of domestic violence; representatives from law enforcement agencies; Department for Children, Youth, and Families; Pretrial Services; attorneys; judges; and legal advocates.

The next presentation will be December 5, 2022

Thank You!

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<https://csgjusticecenter.org/resources/newsletters/>

For more information, please contact Carly Murray cmurray@csg.org

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Victim Services—Data Notes

- CSG Justice Center staff received aggregate statistics from the Rhode Island Coalition Against Domestic Violence (RICADV), including data on statewide victims' services for 2018–2020. Data aggregation was completed by RICADV.
- RICADV statistics for this time period reflected services provided by the statewide helpline (which makes a variety of service referrals, including domestic violence). Additionally, RICADV statistics for 2018–2020 included data from 7 member agencies: Blackstone Valley Advocacy Center, Crossroads, Domestic Violence Resource Center of South County, Elizabeth Buffum Chace Center, RICADV, Women's Resource Center, and Sojourner House.
 - However, in October 2020, Sojourner House became an independent agency, so 2020 statistics are missing Sojourner House data for 3 months of that year.
 - RICADV noted that “some of this data extracted from our encrypted victim services database, EmpowerDB, is different from data previously included in RICADV annual reports. This is due to recent technical improvements in the new database, which originally launched in 2018, and improvements to advocate data-entry training.”