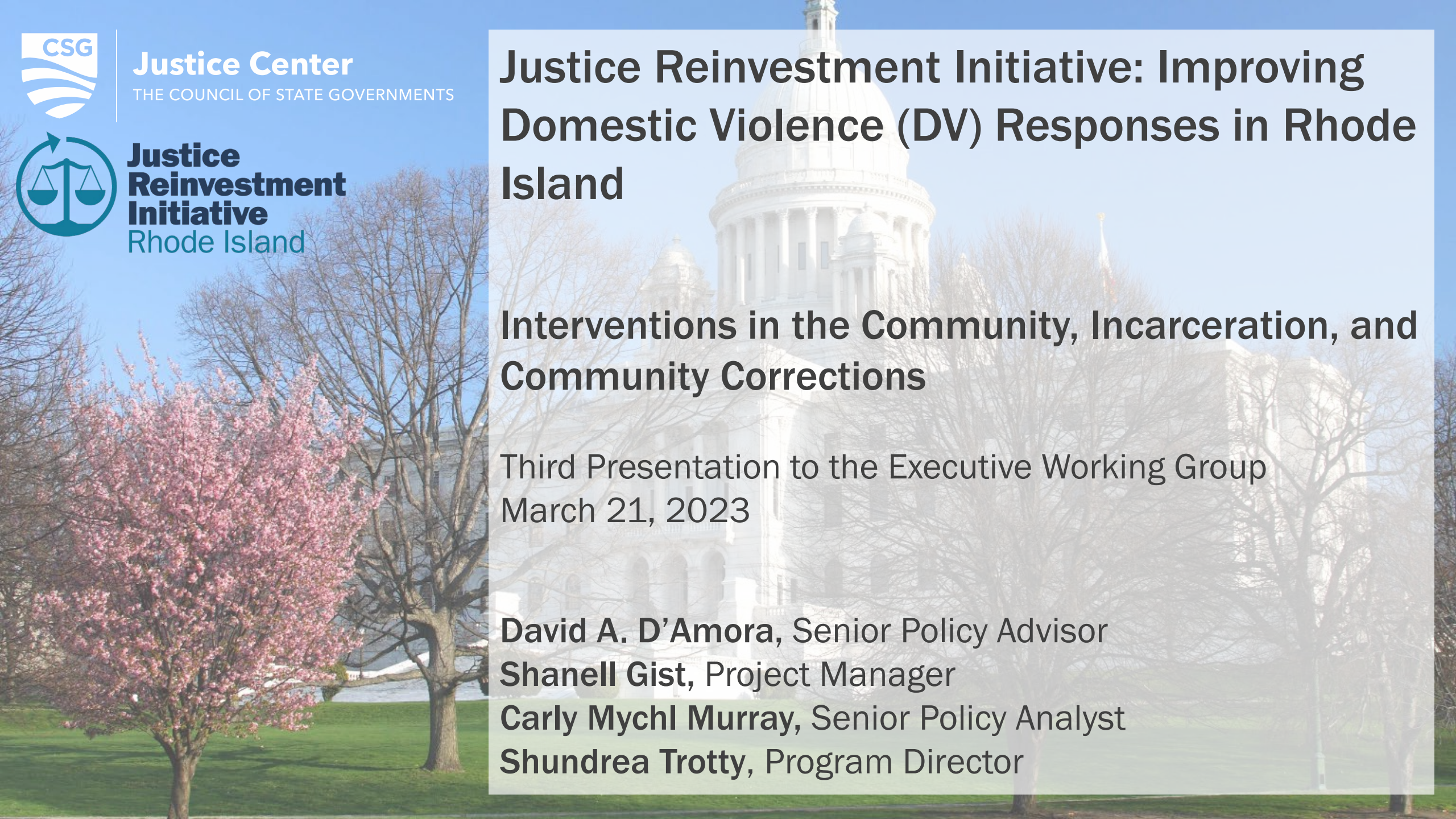

Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Justice Reinvestment Initiative
Rhode Island

Justice Reinvestment Initiative: Improving Domestic Violence (DV) Responses in Rhode Island

Interventions in the Community, Incarceration, and Community Corrections

Third Presentation to the Executive Working Group
March 21, 2023

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Justice Reinvestment Initiative
Rhode Island

Overview

1	Recap and Updates on Presentation 2
2	Intercept 3 Analysis: Interventions in the Community
3	Intercept 4 Analysis: Corrections and Reentry
4	Next Steps: Preparing for Recommendations

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

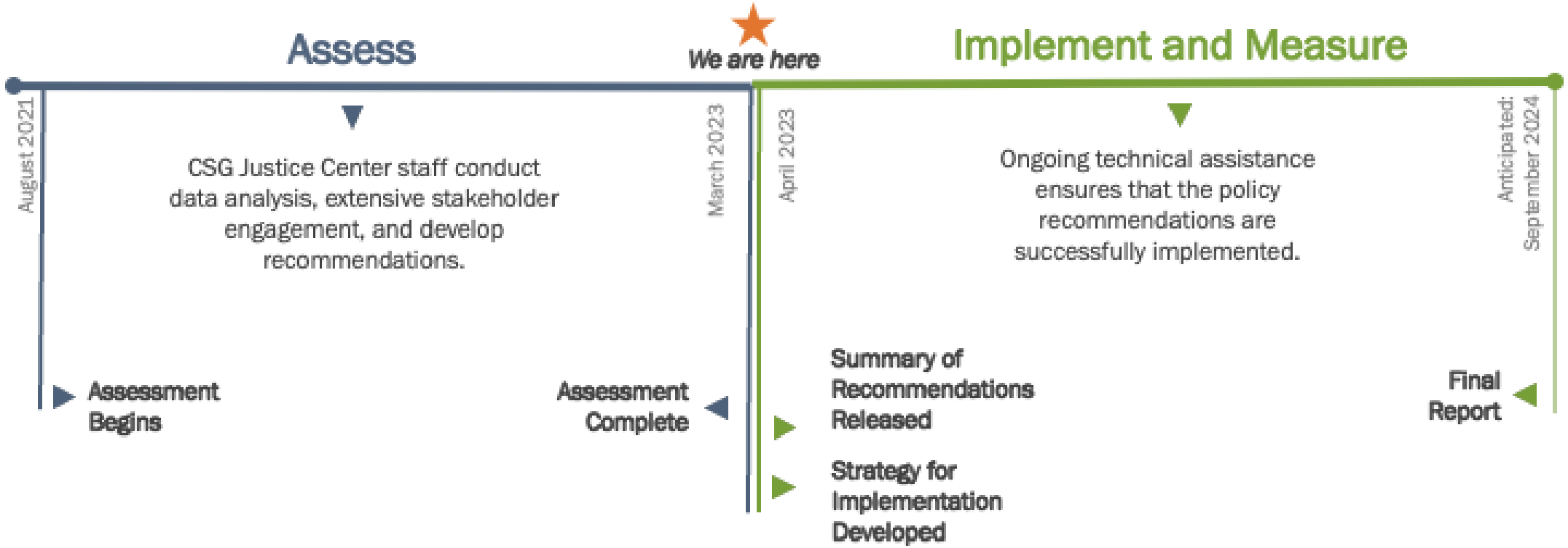
Justice Center
THE COUNCIL OF STATE GOVERNMENTS

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.

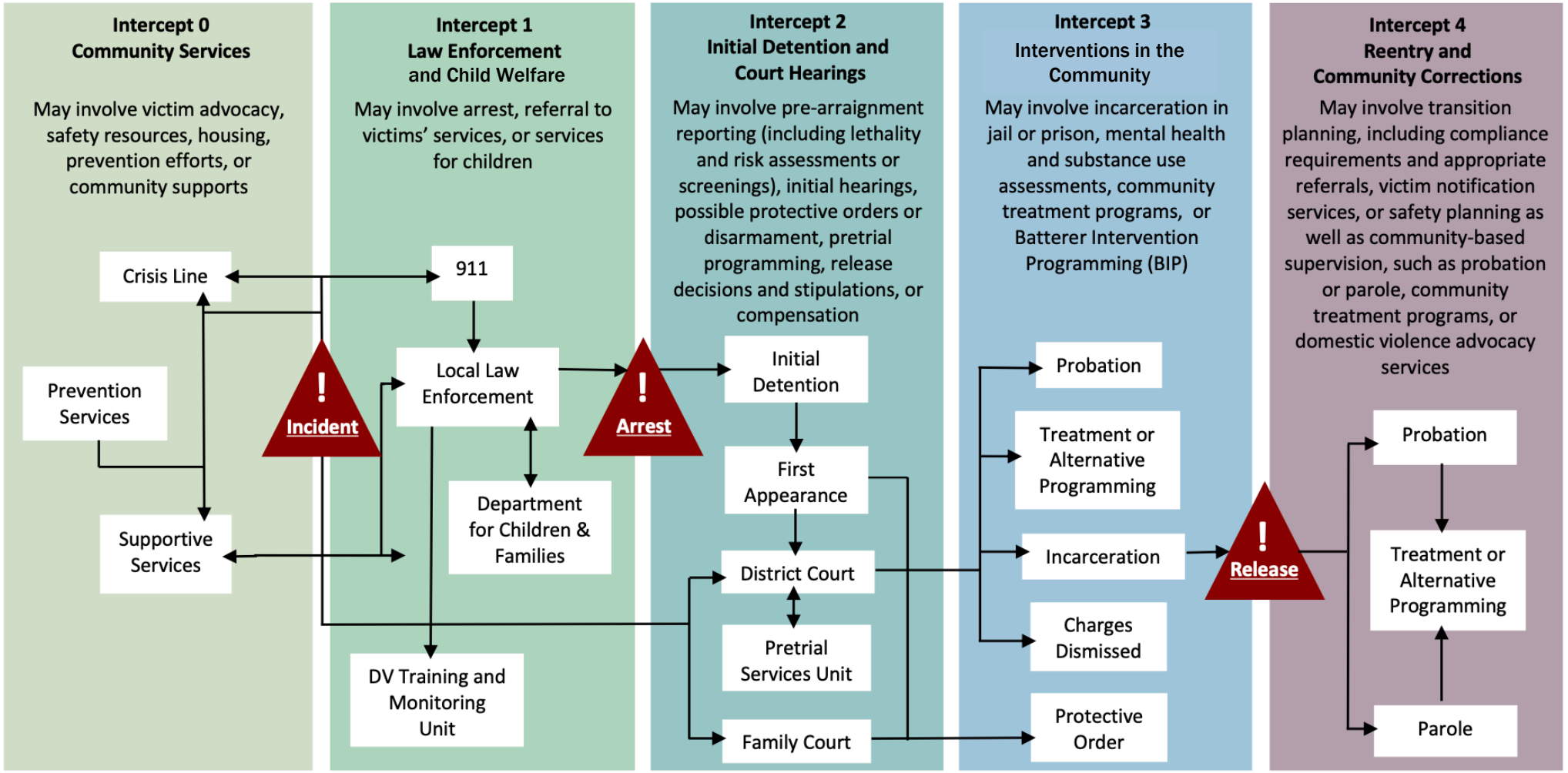
The Rhode Island Department of Corrections (RIDOC)

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.

The assessment phase of the project is nearly complete.



Our analysis using Sequential Intercept Mapping concludes with Intercepts 3 and 4.



SAMHSA's Gains Center, The Sequential Intercept Model (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019). Sequential Intercept Mapping was adopted from SAMHSA's Gains Center Sequential Intercept Model.

Recap and Updates on Presentation 2

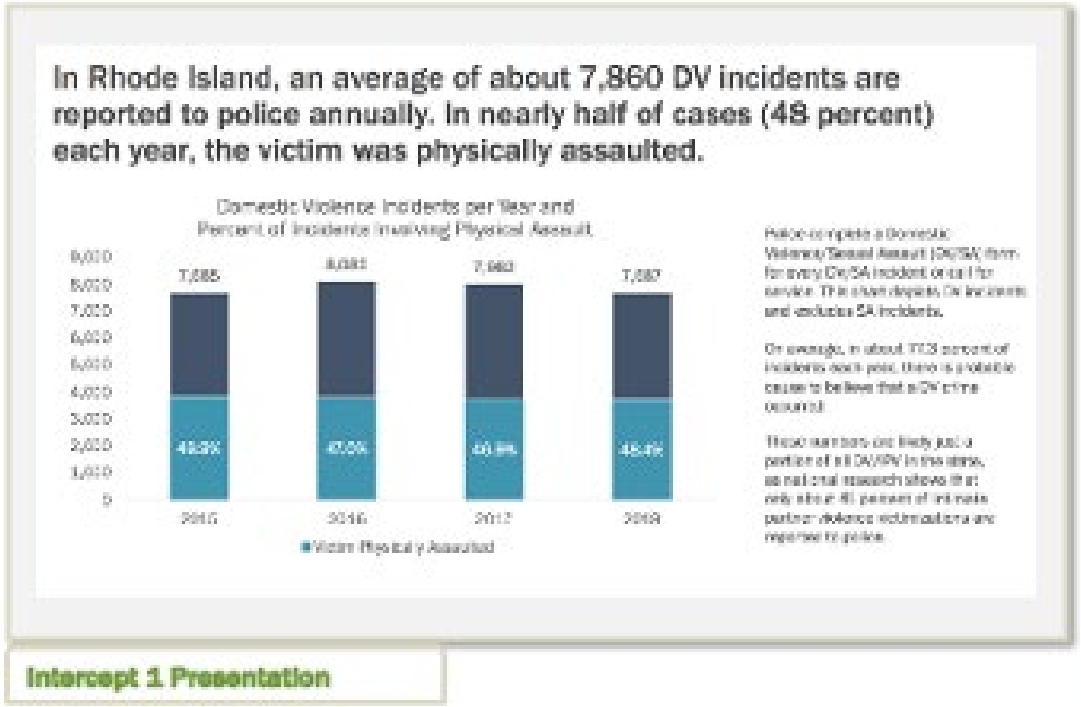
Law Enforcement and Child Welfare Responses to DV

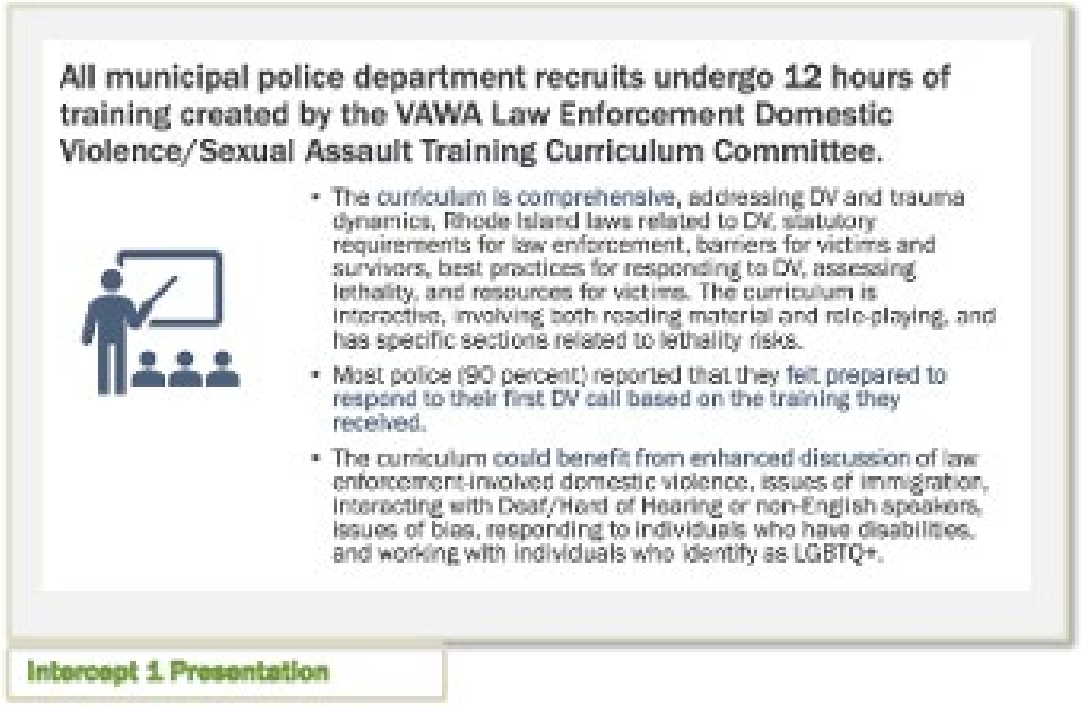
Court Responses to DV

Victim and Survivor Experiences with Law Enforcement and the Courts

Updates from the Judiciary and Office of the Attorney General

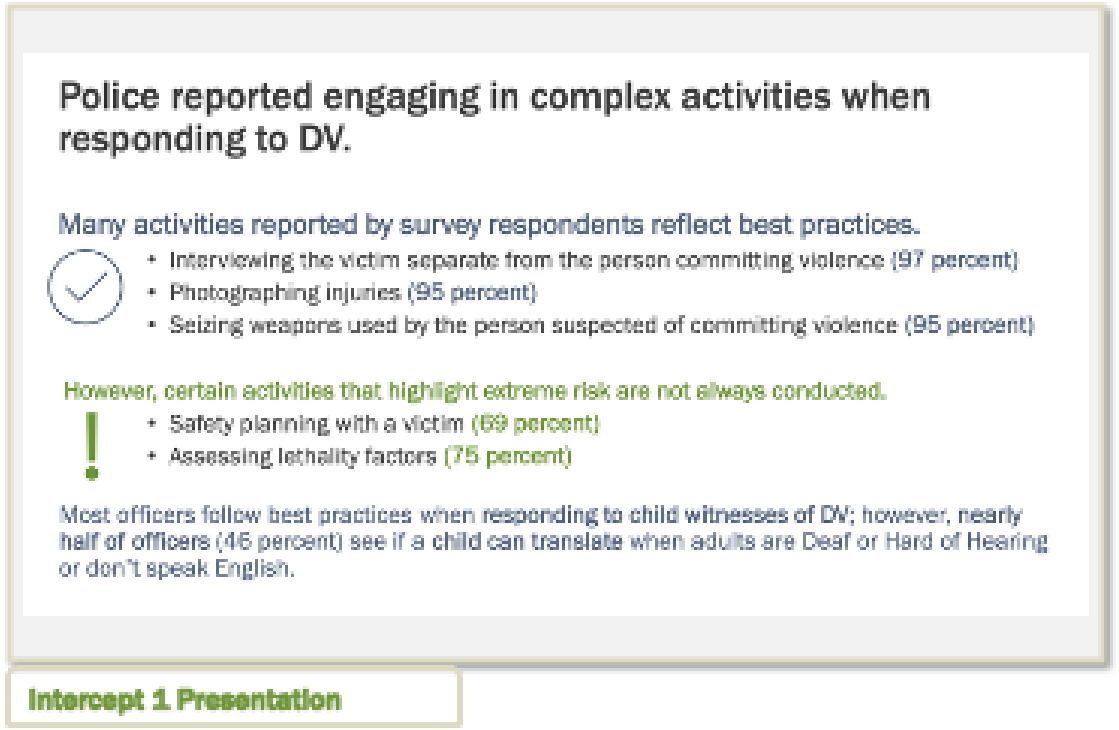
An analysis of law enforcement responses to DV highlighted the prevalence of officer identified DV in the state, as well as DV training requirements for law enforcement.

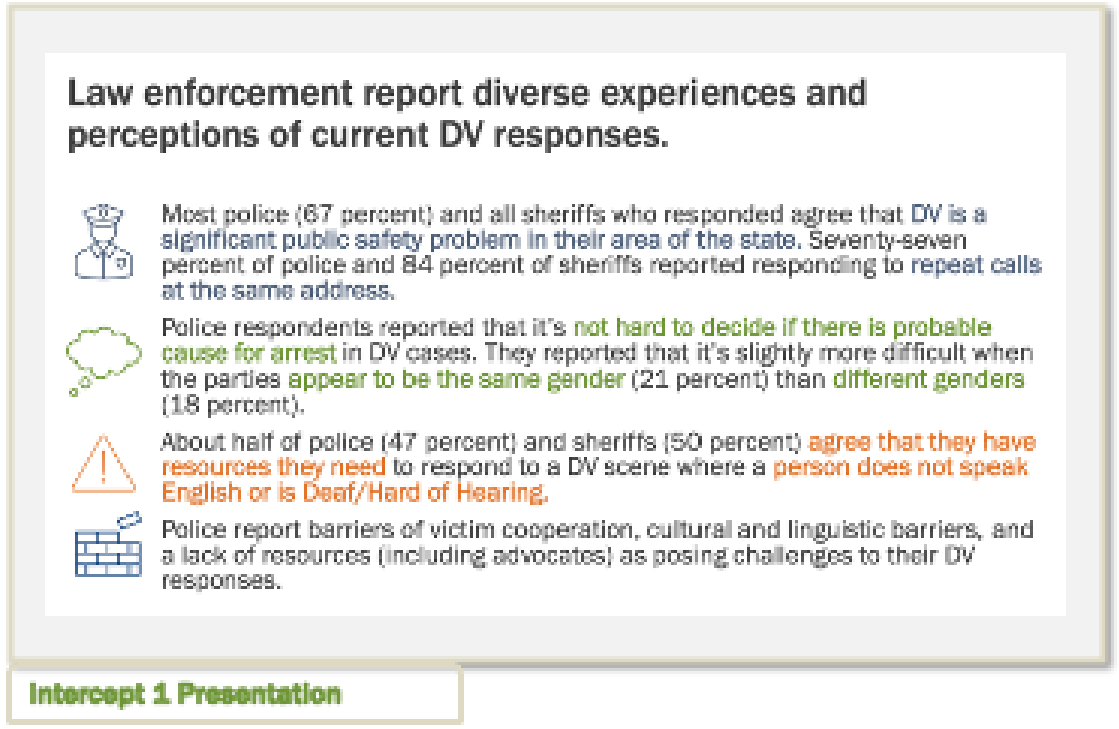




The Council of State Governments Justice Center, "Law Enforcement, Child Welfare, and Court Responses to DV" (PowerPoint presentation, Second Presentation to the Domestic Violence Response Justice Reinvestment Working Group, December 15, 2022).

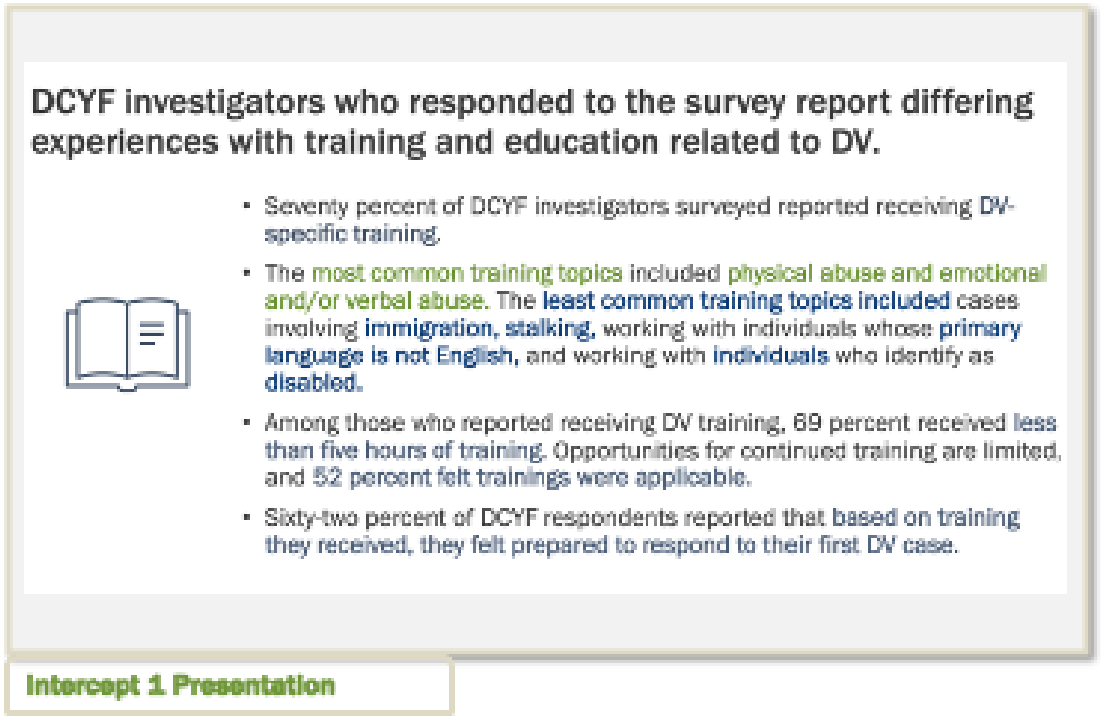
The analysis also highlighted experiences of law enforcement officers who respond to DV.





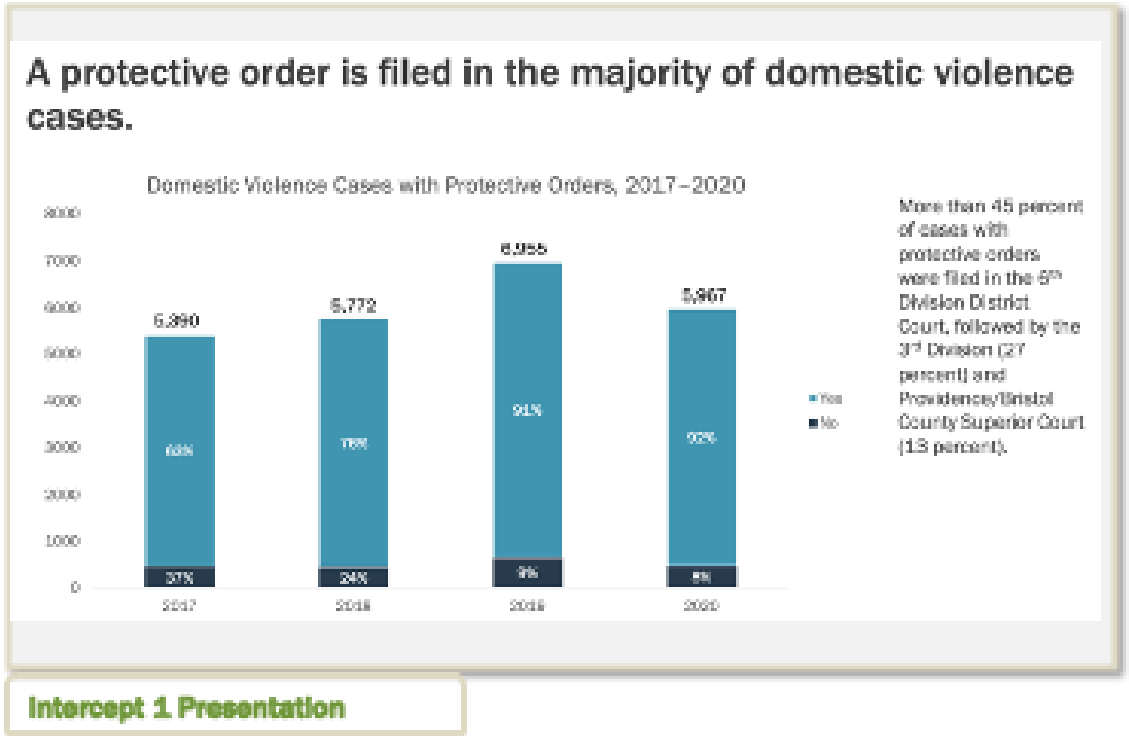
The Council of State Governments Justice Center, "Law Enforcement, Child Welfare, and Court Responses to DV" (PowerPoint presentation, Second Presentation to the Domestic Violence Response Justice Reinvestment Working Group, December 15, 2022).

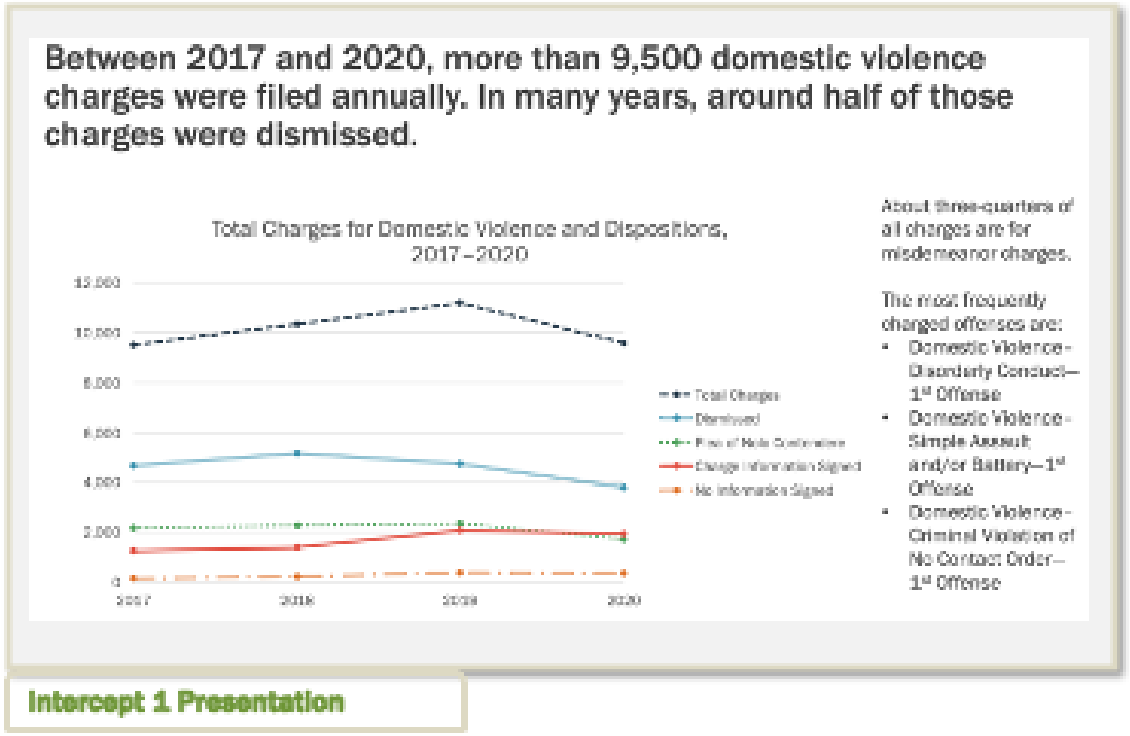
23 investigators with the Department for Children, Youth, and Families responded to a survey about their DV training, protocols, procedures, and perceptions.



The Council of State Governments Justice Center, "Law Enforcement, Child Welfare, and Court Responses to DV" (PowerPoint presentation, Second Presentation to the Domestic Violence Response Justice Reinvestment Working Group, December 15, 2022).

A quantitative analysis of court data described DV cases moving through the judiciary.





The Council of State Governments Justice Center, "Law Enforcement, Child Welfare, and Court Responses to DV" (PowerPoint presentation, Second Presentation to the Domestic Violence Response Justice Reinvestment Working Group, December 15, 2022).

Entities within the legal system also detailed their experiences with responding to DV and barriers to access.

Legal advocates support victims and survivors of DV throughout the court process.

- Legal advocates work within domestic violence agencies to provide services to victims and survivors of DV and sexual assault, including attending court, helping fill out restraining orders, and navigating the often overwhelming and confusing legal system.
- A high need and limited resources mean that advocates must triage ways in which they can support victims and survivors.
- Advocates reported that they are often a victim or survivor's first point of contact in cases of restraining orders.
- The most common needs of victims and survivors reported by advocates include support in the legal process, explanation of their rights, and basic needs related to safety and survival. Though these needs are prevalent, advocates can feel limited by resources available for victims and survivors that meet their needs.
- Advocates report that legal responses are inconsistent statewide and do not always meet the needs of victims and survivors. Orders of protection do not always equate to safety.

Intercept 2 Presentation

The legal system does not seem accessible to all individuals.

Individuals who are Deaf, DeafBlind, and/or Hard of Hearing face barriers in courtrooms for interpretation and communication. More education is needed among law enforcement, judges, attorneys, and other entities within the criminal justice system to understand dynamics of abuse and control as they impact individuals in the Deaf, Deaf/Blind, and Hard of Hearing community.

Individuals whose cases involve immigration or other criminal-legal involvement may be less likely to access the legal system out of fear of deportation, incarceration, or other punishment.

Intercept 2 Presentation

The Council of State Governments Justice Center, "Law Enforcement, Child Welfare, and Court Responses to DV" (PowerPoint presentation, Second Presentation to the Domestic Violence Response Justice Reinvestment Working Group, December 15, 2022).

Directly impacted victims and survivors provided their feedback on law enforcement, child welfare, and court responses to DV.

Victims and survivors reported varying experiences with law enforcement.

- Victims and survivors said at times they felt supported, while other times they reported that they felt law enforcement did not help.
- Several victims and survivors reported that after calling law enforcement for support, they were told by officers to do more to prevent the violence.
- Victims and survivors reported calling law enforcement for safety only to find out the law enforcement officer is friends with the person causing harm.
- Victims and survivors reported a need for improved officer training to have more consistent responses, and so that officers can recognize signs of domestic violence that aren't physical.
- Advocates working with law enforcement are vital to feelings of safety; however, victims and survivors reported there are not enough advocates.

Intercept 1 Presentation

Victims and survivors experienced a lack of consistency in court responses and overall struggles navigating the court system.

- Victims and survivors reported disconnects between family and district courts. Certain stipulations of family court, such as mediation encouraging co-parenting, directly contradicted conditions of district court related to no contact.
- Inconsistent experiences were reported in interacting with judges.
- Overall, victims and survivors reported that the court system was confusing and that they typically did not know their rights or what was going to take place.
- Victims and survivors also reported errors of confidentiality in which their contact information was inadvertently included on documents sent to the person causing harm.
- Court was cited by many victims and survivors as a form of continued abuse. Litigation abuse is not unique to Rhode Island and utilizes the legal process to harass victims and survivors.

Intercept 2 Presentation

The Council of State Governments Justice Center, "Law Enforcement, Child Welfare, and Court Responses to DV" (PowerPoint presentation, Second Presentation to the Domestic Violence Response Justice Reinvestment Working Group, December 15, 2022).

CSG Justice Center staff have been able to hear from members of the judiciary and the Attorney General's Office's Special Victims Unit (SVU).

Members of the judiciary reported that a substantial portion of cases are related to DV. Though judges attend national trainings or seminars related to DV, standardized DV education is not required.

Attorneys with SVU reported an increase in DV cases since COVID-19 and high rates of recidivism among people with DV offenses. Critical case review committee meetings between probation, parole, and SVU were cited as helpful for building collaboration, communication, and coordination of services.

Batterers Intervention Programming (BIP) is not seen as effective for all people, as individuals have varying levels of risk and need and may cycle through classes multiple times. Other options for treatment are limited.

Judges and attorneys reported challenges in working with victims, such as fear of engaging with the court system, financial dependence on the person who harmed them, or a desire to not pursue charges against the person who harmed them. They also underscored the importance of victim advocates in supporting victims and survivors through resource provision, explanation of the legal system, and informally monitoring the safety of the victim.

Before we move forward,

what lingering questions or comments do you have about our last presentation or updates from the judiciary?

Intercept 3: Interventions in the Community

Treatment Interventions

Stakeholders Involved

Programming: Investments, Components, and Accessibility

Oversight and Measuring Outcomes

Collaboration and Partnerships

Treatment interventions in the community provide vital treatment to individuals seeking help for DV victimization and perpetration.

Accountability programming for individuals who have committed DV has been provided on a national scale since the 1980s. **Early models,** including the Duluth Model, **emphasize punishment as accountability** and men's violence being a product of society. It is important to note that **when people receive DV treatment, it is typically following a history of committing violence**.

Results of accountability programs, known in Rhode Island as Batterers Intervention Programming (BIP), are **mixed at best.** Such programming is **based on an outdated concept** from over 40 years ago. Best practices for successful programming integrate consistent standards for curriculum creation, implementation, and evaluation and differentiation of programming based on levels of risk and need.

Interventions in the community also **respond to issues of behavioral health (BH), including substance use,** which national research suggests **often intersect with issues of DV.** Interventions in the community also **support victims and survivors** who have been impacted by histories of trauma.

BWJP, "Batterers Intervention Programs and Victim Safety: Where do we go from Here?" (webinar, BWJP, St. Paul, June 22, 2017), https://bwjp.org/site-resources/batterer-intervention-programs-and-victim-safety-where-do-we-go-from-here/.

For Intercept 3, we connected with stakeholders to understand interventions in the community for DV.

Interviews and Focus Groups

- ✓ Batterers Intervention Programming
- ✓ Center for Health and Justice
- ✓ Community health agencies
- ✓ Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
- ✓ Department for Human Services
- ✓ Health Equity Zones
- ✓ Rhode Island Coalition to End Homelessness
- ✓ Veteran's Administration

The analysis sought to assess programming, outcome measurement, and collaborations and partnerships.

Several barriers exist to accessing BIPs.

Currently, BIP is required by **statute** for anyone convicted of a DV offense.

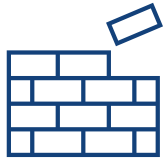
The **cost of BIP is prohibitive** for many participants, who are often experiencing intersecting issues of homelessness, lack of social support, job instability, and difficulties meeting other basic needs.

BIP programs are all self-paid, and **sliding scale services are discretionary** by provider, creating significant access barriers and unequal treatment.

The utilization of the **term "batterers"** in programming is seen as **stigmatizing.**

Some **BIP programs** have had to **consolidate or close,** and most remaining programs are providing insufficient treatment responses because of a **lack of resources** and **limited funding.**

Programs are limited in the types of targeted services they can provide.



Programs **lack the infrastructure and capacity** to create **comprehensive risk and need** based programming.

Programs **lack the infrastructure and capacity** to provide **demographically specific programming,** including for individuals in the LGBTQ+ community or classes for individuals other than men. Men, women, and gender-diverse individuals are all in the same classes.

Individuals **who do not speak English, who are Deaf or Hard of Hearing, or face other language barriers** have even more limited options for treatment programming. Due to the lack of resources, there are also few programs provided in languages other than English.

A lack of state investment in, and oversight of, BIPs contributes to programming that is not based on best practices.

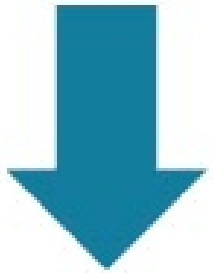
- There is no differentiation among clients based on level of risk and need, age, number of prior offenses, nature and severity of the offense, or any previous treatment failure.
- There is no programming specific to clients who have committed general family violence rather than intimate partner violence.
- There is no consistent curriculum utilized across programs, contributing to extreme variation in programming content and adherence to best practices.

There is no standardized DV protocol for BH treatment providers, including training, assessments, or programming components.

Many **BH treatment providers recognize co-occurring behavioral health and substance use disorders as well as issues related to violent victimization and perpetration** but do not have capacity to provide targeted programming in BH centers.

DV **training varies** between BIP and BH providers.

There are **no standardized risk and need assessments** used for BIPs.



Lengthy waitlists for community behavioral health services create barriers.

This is especially true for individuals who cannot successfully complete a BIP program without receiving adequate behavioral health care.

Many individuals face **further barriers** in completing BIP if they have **significant BH concerns**.

Because of **significant turnover** in BH providers, **institutional knowledge** about policies, practices, and partnerships is **limited.**

Programs vary in how, or whether, they measure success beyond program completion.

BIP **process and outcome data is unclear,** and it is difficult to accurately track how many individuals repeat classes.

Despite overlapping issues of DV and BH, providers **do not have shared metrics** for measuring and reporting DV and **lack a common database.** It is thus **impossible** to **operationalize and measure** what **success** looks like beyond program completion.

There is **no statewide repository for data related to DV** arrests, diversions, convictions, treatment, or recidivism of people who have committed DV offenses.

It is also unclear how participant feedback impacts BIP and BH programming, if at all.

While some BH providers have patients on advisory boards or conduct community needs assessments to determine programming needs, not all do so. Therefore, some programs are more responsive to need than others.

The members of the Batterers Intervention Programs Oversight Committee (BIPSOC) are tasked with certifying programs without adequate resources or training to do so.

It is not required that any member of BIPSOC has a clinical licensure or specialized training and experience in program evaluation.

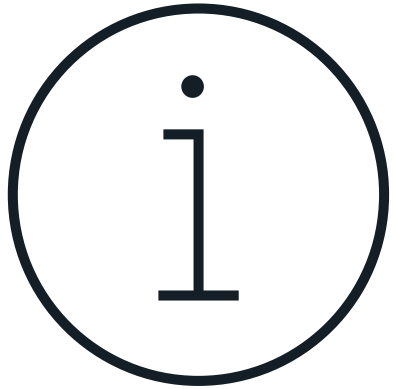
As such, members of BIPSOC do their best to evaluate and shape programming without adequate training, support, or resources.

There is limited to no information sharing between BH and BIP providers.

Clinical treatment providers do not collect the same information related to DV, *if they collect any at all*. The prevalence of **individuals seeking BH** services who also have been **impacted by DV** is **unclear.**

Information sharing practices are also **inconsistent** between treatment providers, the judiciary, and the Rhode Island Department of Corrections (RIDOC).

Inconsistent information sharing practices impact individuals receiving services, including victims and survivors and individuals seeking treatment for DV perpetration. Individuals are sometimes forced to disclose trauma multiple times to different providers and may **struggle to receive cohesive, accessible treatment**.



Investment in community behavioral health varies geographically and is contingent on buy-in from local government, creating disparate responses and unequal protection for victims and survivors of violence.

Intersecting issues of BH needs and homelessness often impact victims and survivors. Though collaboration between homeless service providers and BH providers is present in some areas of the state, this is inconsistent and leads to **geographic disparities** in access to care.

Health Equity Zones (HEZ) exist across the state to increase coordination between community- and systems-based partners. HEZ **offers an opportunity to troubleshoot community responses** to pressing health issues across Rhode Island; however, each HEZ is different in scope, goals, and impact, and they do not often communicate with one another.

The **Certified Community Behavioral Health Clinics** (CCBHC) grant, with funding of $25,500,000 from the American Rescue Plan Act, **seeks to expand access for Rhode Islanders to integrated BH services.** The model emphasizes interagency collaboration and utilizes a national set of standards for comprehensive BH care. It is unclear how intersecting issues of DV will factor into this plan.

Intercept 4: Incarceration and Community Corrections

Training and Education

Funding and Resources

Programming

Collaboration and Partnerships

National data supports the importance of community supervision and reentry for individuals who have been convicted of DV as well as victims and survivors.

Most individuals with DV offenses are released under community supervision either following or in lieu of incarceration.

National research supports the benefits of community supervision programs targeting support and programming for individuals with DV offenses, including reduced recidivism and victim and survivor satisfaction.

Incarceration and reentry are also important in an interdisciplinary coordinated community response to DV, as these systems provide treatment and monitor criminal legal accountability.

Melanie Hetzel-Riggin, "System Response to Intimate Partner Violence: Coordinated Community Response," in *Handbook of Interpersonal Violence and Abuse Across the Lifespan,* ed. Robert Geffner et al. (New York: Springer, 2021); American Probation and Parole Association, *Community Corrections Response to Domestic Violence: Guidelines for Practice* (Lombard, IL: American Probation and Parole Association, 2009).

For Intercept 4, we analyzed thousands of RIDOC data files and engaged stakeholders from across the RIDOC.

Stakeholders included representatives from:

- ✓ Classification services
- ✓ Clinical services
- ✓ Data management
- ✓ Probation and parole
- ✓ Transitional planning
- ✓ Victims services

Data Files

- ✓ RIDOC incarcerated and supervision population from 2015 to 2020 (Analysis forthcoming)

Probation and parole officers could benefit from a more robust DV training curriculum.

Officers receive basic training related to the definition of DV, dynamics of abuse, applicable statutes, and typical characteristics of individuals who have perpetrated DV offenses. There are no ongoing coaching or training opportunities required.

Officer training could benefit from more interactive content, role playing, and opportunities for troubleshooting issues and questions. Officers cited a need for increased education related to strategies for working with individuals who exhibit controlling, violent, and/or manipulative behavior.

Officers do not receive standardized training on working with DV victims and survivors, though all officers with a DV-specific caseload reported having had contact with DV victims and survivors.

Standardized DV training and education does not exist for RIDOC staff beyond probation and parole, such as facility correctional officers.

DV-specific probation and parole officers are challenged by caseloads with varying access to resources.

DV-specific **probation** and **parole officers report caseloads often exceeding 100** clients. Several probation and parole supervisors estimated that DV caseload sizes surpass general caseload sizes.

The **RIDOC Reentry Services** unit has **worked hard to create support for individuals exiting RIDOC facilities** to community supervision, but **further support is needed.** Many individuals exiting RIDOC facilities struggle with food insecurity, have limited transportation, and/or are at risk of homelessness.

Resources available for officers to provide to individuals **related to basic needs** (housing, clothing, transit, etc.), as well as employment, BH, and BIP **vary extensively by geographic** location.

Resources are limited for individuals who have committed and/or experienced DV and are incarcerated.

It is estimated that **over 90 percent of incarcerated women** have experienced **some form of DV;** however, **programming and facility infrastructure is lacking for women.** Women typically do not have access to educational or supportive programming due to limited funding for curriculum and a lack of space to deliver the programming.

Women **experiencing BH concerns may be placed in solitary confinement** due to a **lack of appropriate BH staffing** and **housing resources.** Such practices **exacerbate trauma** and further experiences of victimization.

Individuals with **high levels of BH and other programming needs** are **prioritized** in resource allocation, **in line with Risk, Need, and Responsivity** principles. However, **due to limited resources,** this often **leaves individuals** with lower levels of risk and need **without access to BH, psychoeducational, and other programming** resources.

Though **BIP programming** for individuals who are incarcerated is **available at the men's facility, capacity is limited,** and an individual is likely ineligible for BIP classes if their sentence is less than the 26 weeks (about 6 months) required by statute for the course.

DV- specific assessments are not conducted in RIDOC facilities, which can impact assessed levels of risk and need.

While the Level of Service Case Management Inventory (LS/CMI) is used to assess general criminogenic risk and need factors, no DV-specific assessments, such as the Domestic Violence Screening Instrument – Revised (DVSI-R), the Lethality Assessment, or the Spousal Assault Risk Assessment (SARA), are conducted within RIDOC.

While the **LS/CMI is an excellent tool** to determine programming needs, **without DV-specific assessments,** probation and parole officers are **limited in** their **ability to ascertain an individual's lethality risk, the potential to commit extreme harm**, or dynamics of violence that may impact recidivism.

In addition, there is **limited BH assessment,** though a high percentage of people who commit DV have co-occurring BH issues.

There is considerable inconsistency regarding the treatment of BIP mandates.

Judges do not always order BIP programming as designated by statute.

Stakeholders **reported that individuals may be ordered to fewer classes** than required by statute.

Stakeholders also reported that **individuals with DV offenses** are often **ordered** to take the **same classes repeatedly** despite ongoing recidivism, indicating the lack of effectiveness of the programming.

Departments within RIDOC and community responses to DV are siloed.

This challenges the provision of support and resources to victims and survivors as well as to individuals seeking treatment for committing DV.

DV-specific probation and parole officers are **limited in their opportunities to collaborate** on **issues** impacting the **people they supervise**.

There are **ongoing complications between RIDOC and the judiciary** regarding communication between the agencies, the roles and responsibilities of supervision officers, and a lack of shared vision regarding the rehabilitation of those who have committed DV.

Individuals with severe BH needs are often **housed in RIDOC** prior to competency evaluations, though **RIDOC is unable to provide responsive, targeted resources** for this population. Stakeholders also reported concerns about individuals who are sentenced to serve time in RIDOC whose BH needs exceed the resources available.

There is a **lack of communication between the Office of the Attorney General and RIDOC** about information on restraining and no contact orders, which creates barriers for reentry planning and supervision compliance.

Without a current victim advocate position in RIDOC, staff are challenged to meet the needs of victims and survivors.

A historical lack of investment led to a reduction in the number of victim advocate positions within RIDOC, and the one remaining victim advocate recently left the position. Efforts are underway to fill this position, but the vacancy was cited as a major issue by all DOC staff interviewed.

RIDOC staff do not receive any specific training on working with victims and survivors; thus, it can be challenging for staff to know what to disclose to victims and survivors and how to best support them.

Next Steps: Preparing for Recommendations

Key Themes

Thoughts and Considerations

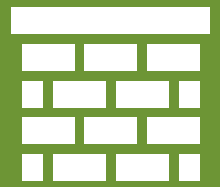
Next Meeting

We have identified several key themes across intercepts in our analysis of Rhode Island's DV responses.

1. DV-specific **training and education** varies within and across intercepts.
2. Inconsistent practices of **data collection, reporting, and utilization** within and across intercepts challenge a true understanding of DV prevalence and case demographics.
3. Fluctuating and inadequate **resource allocation** for DV services creates gaps in care, particularly for demographically specific populations such as those who are Deaf and/or Hard of Hearing, do not speak English as their first language, are immigrants or refugees, have physical disabilities, or are LGBTQ+.
4. **Programming** components of DV responses do not consistently adhere to best or promising practices.
5. Gaps and challenges in **partnerships** within and across intercepts create barriers to a coordinated community response.
6. Current responses do not account for the **safety** of all victims and survivors, particularly for those individuals from demographically specific communities who face barriers to accessing and receiving services.

As Executive Working Group members, your thoughts on identified themes and considerations for recommendations are vital as we enter implementation.

What do you see as top priorities for change?



Where do you foresee barriers to implementing and measuring change?

What else do we need to keep in mind that we haven't talked about?

The next presentation in May will focus on recommendations.

In May 2023, we will come together as a group to discuss **proposed recommendations** based on the systems analysis.

Following the presentation of recommendations, **members of the EWG will decide** which recommendations to **adopt** and **discuss priorities** for implementation.

CSG Justice Center staff will be in touch with each member of the EWG to **discuss recommendations prior to the next meeting.** If you have not already scheduled a meeting to discuss this, please look for an invite in your inbox.

Thank You!

Join our distribution list to receive updates and announcements:

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

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

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CSG Justice Center