

Justice Reinvestment Initiative: Reducing Violent Crime by Improving Justice System Performance in Vermont

Intercept 0: Community Services

Second Presentation to the Domestic Violence Response
Justice Reinvestment Working Group

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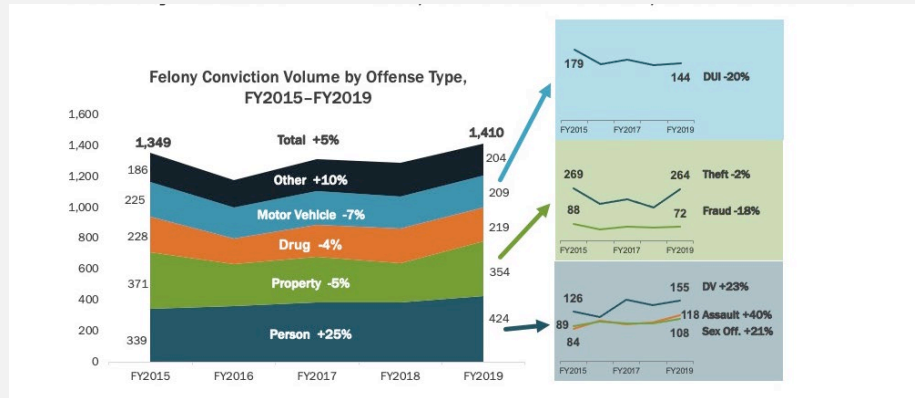
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Project Recap

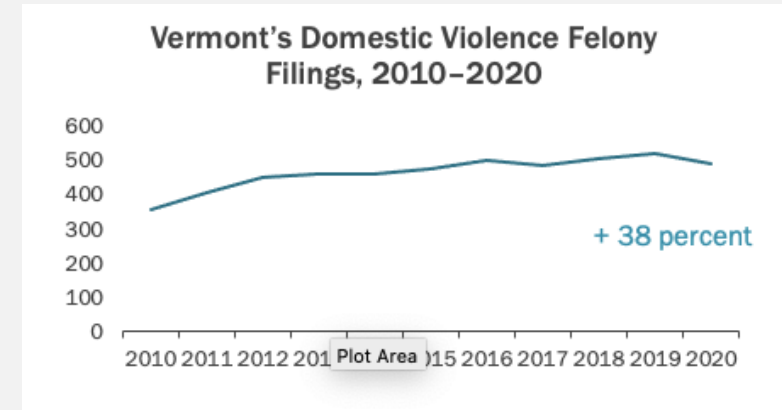
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1. The number of domestic violence felony offenses are increasing in Vermont.



Over the past five years, person felony convictions have grown, driven by increases in assault, domestic violence, and sex offense convictions.

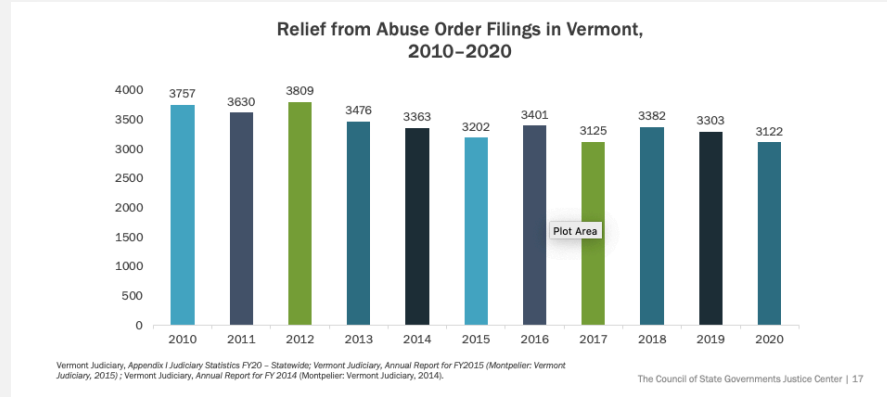
1st Presentation



Domestic violence felony filings are up 38 percent in the past 10 years.

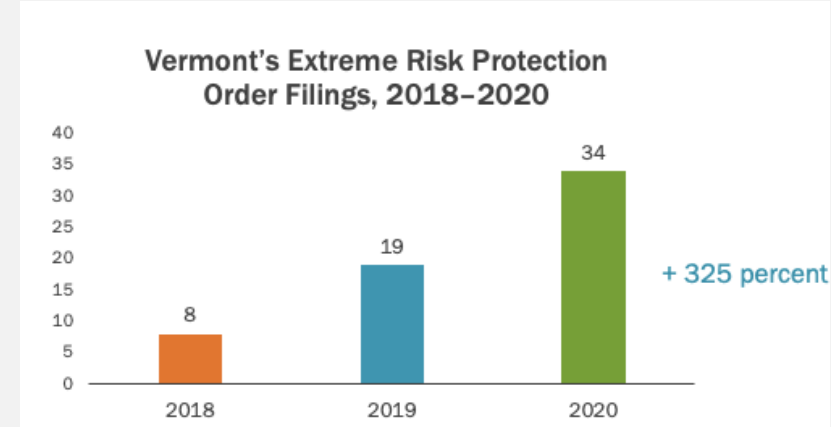
1st Presentation

2. Thousands of people are applying for Relief from Abuse (RFA) protection orders each year.



Though there has been a slight decline in the number of Relief from Abuse (RFA) Protection Order cases filed in the last decade, thousands of individuals apply for RFA Protection Orders each year.

1st Presentation



The number of extreme risk protection order filings increased significantly.

1st Presentation

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

However, domestic violence is grossly underreported to law enforcement.

- At least 20 percent of women will experience domestic violence in their lifetimes. Though prevalence data in Vermont are limited, 2014 survey data reveal that at least 23 percent of Vermont women and 15 percent of Vermont men experienced domestic violence. Data are absent for transgender or gender nonconforming individuals.
- Since the beginning of COVID-19, national research documented an increase in domestic violence in 29 studies. When an increase was documented, it ranged from +60% - +75%.
- Narrowing in on seven cities across the country, there were approximately 1030 more calls to police and 1671 more calls to emergency hotlines than would have occurred absent the pandemic

Note: Eight studies documented decreases in domestic violence. These estimates ranged from -28% to -78%.

Alex Piquero et al., "Domestic Violence During the COVID-19 Pandemic – Evidence from a Systematic Review and Meta-Analysis," *Journal of Criminal Justice* 74 (2021): 10; Vermont Department of Public Health, *Intimate Partner Violence- Data Brief: 2014 Vermont Behavioral Risk Factor Surveillance Survey*, Burlington, VT: Vermont Department of Health (2016).

Many factors contribute to when and how a person experiencing domestic violence seeks help.



When victims do report domestic violence, it is **usually after several assaults**, rather than the first assault.



The U.S. Department of Justice estimates that approximately **41 percent of violent victimizations are reported** to law enforcement.

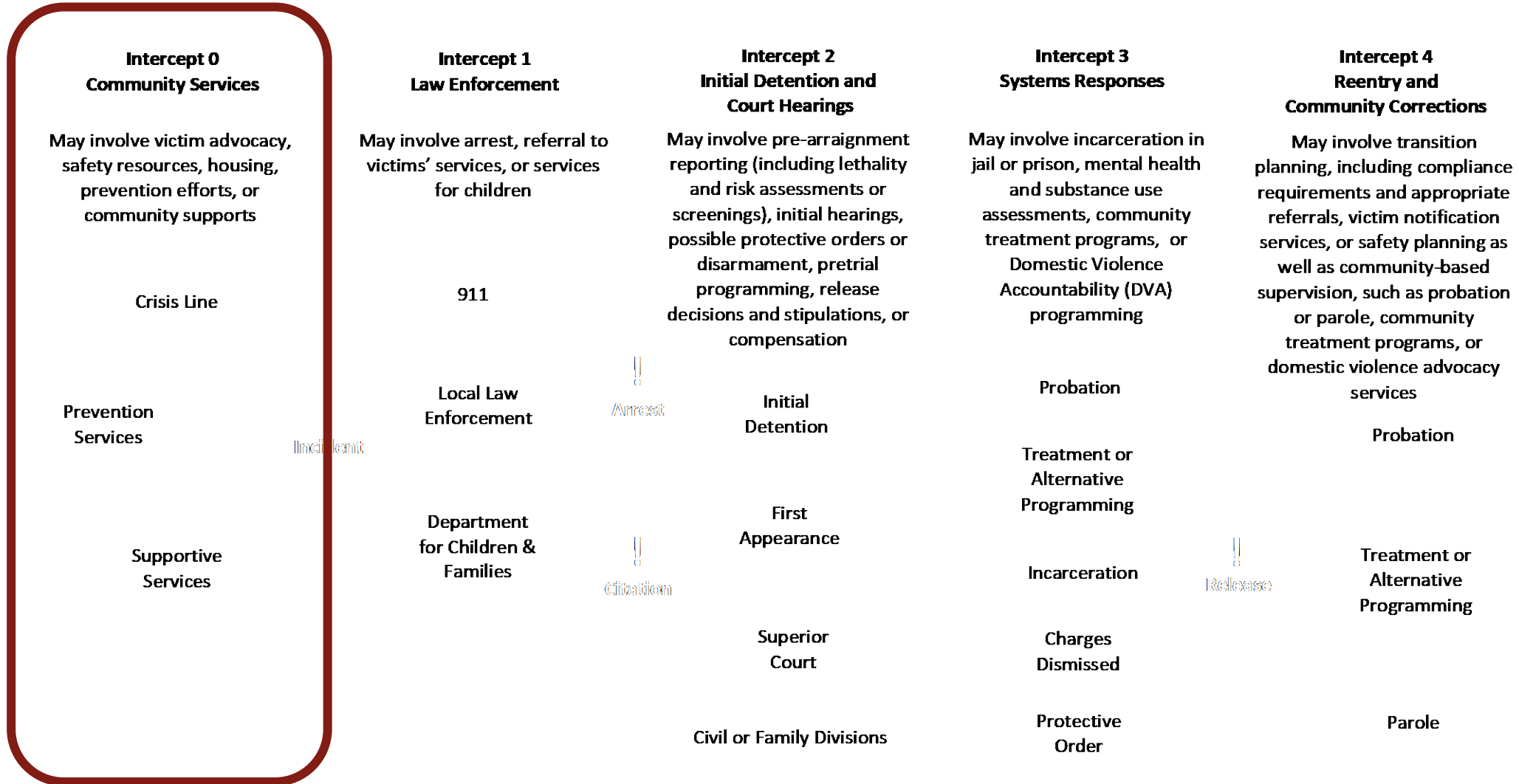


In a national sample of 637 women who had experiences of partner abuse, more than half (**52 percent**) **had not involved law enforcement.**

Eric H. Holder, Laurie O. Robinson, and Kristina Rose, "Practical Implications of Domestic Violence Research: For Law Enforcement, Prosecutors and Judges" (Washington DC, U.S. Department of Justice, 2009); Rachel E. Morgan, PhD, and Alexandra Thompson, "Criminal Victimization, 2020" (Washington DC, U.S. Department of Justice, 2021). T.K. Logan and Rob Valente, *Who Will Help Me? Domestic Violence Survivors Speak Out About Law Enforcement Responses*(Washington, DC: National Domestic Violence Hotline, 2015)

Intercept 0 | 2

A systems-wide analysis has begun, using Sequential Intercept Mapping and beginning with Intercept 0.



Intercept 0



Examining community responses to domestic violence means looking at victim advocacy, safety resources, housing, prevention efforts, and/or community supports that are available before an incident happens, before another incident happens, or before the government gets involved.

The work of community service organizations is crucial to the safety and well-being of survivors.

Community services include domestic violence service providers as well as other community-based organizations.



Community services offer immediate supports in times of crisis, such as safety planning, shelter, material resources, resource connections, and other supportive services.



Linkages to community-based support structures and networks are associated with improved mental health outcomes for victims and survivors.



Community responses and interventions to domestic violence have the capacity to reach communities who may otherwise not interact with formalized systems (such as law enforcement) by engaging local service providers and other community-based organizations, offering a pathway to support and safety.

There were four objectives in the assessment of Intercept 0 to understand community responses to domestic violence.

1 Describe the victims and survivors seeking domestic violence services at member organizations in Vermont.

2 Assess the capacity of service providers to respond to the needs of victims.

3 Understand how agencies partner and/or share information.

4 Identify barriers to providing services.

Staff at The CSG Justice Center and the Vermont Network conducted the initial Intercept 0 assessment.

Who did we talk to?

- ✓ The 15 Vermont Network Membership Agencies
- ✓ Community-based organizations (including Deaf Vermonters Advocacy Services, Green Mountain Self Advocates, Migrant Justice, Pride Center of Vermont, Mercy Connections, and Stand Up Resources)
- ✓ Governmental organizations (Bridges to Health, Department of Children and Families, Vermont Community Action Programs, Department of Corrections-Transitional Housing Unit, Disability Rights Vermont)
- ✗ We were not able to connect with directly impacted victims and survivors, though some stakeholders interviewed did disclose histories of victimization.

The assessment process included a survey, interviews, focus groups, and quantitative data analysis.

50%

Of the workforce of advocates in Vermont completed the survey

12.5

Hours spent talking to staff at member organizations, culturally specific organizations, and other community agencies.

Themes

3

Four key themes were identified through a series of conversations with advocates and community service providers.

1

Advocates are working with victims to address multiple, complex needs related to intimate partner violence.

2

Domestic violence service providers and community organizations report barriers to adequately meet the needs of domestic violence victims and survivors.

3

There is a need for increased education on recognizing and responding to domestic violence in ways that are responsive to trauma among social service, legal, and public safety agencies, as well as in the broader community.

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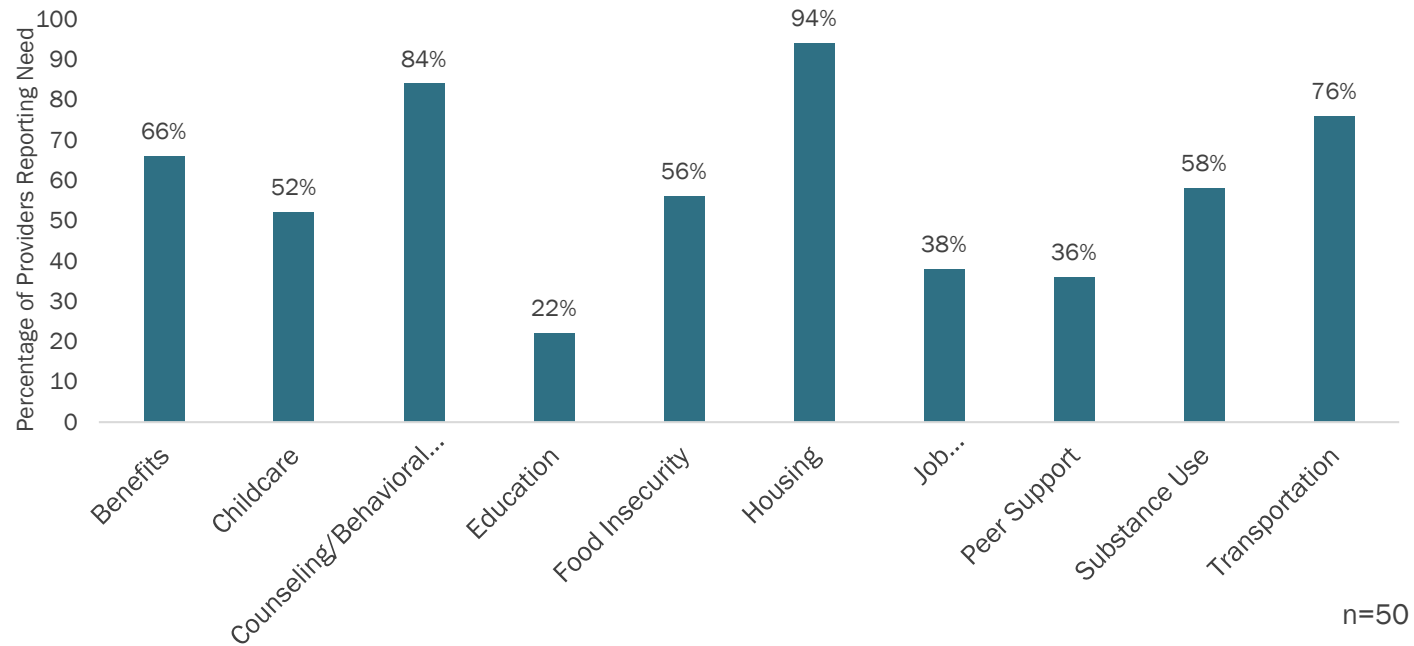
Improved intra- and interagency communication and coordination is needed to better support victims and survivors.

Theme 1: Advocates are working with victims to address multiple, complex needs related to intimate partner violence.

- Advocates are working with victims for a significant amount of time, even when housing is not the primary service offered.
- Advocates work with victims and survivors who are seeking services for more than one issue.
- Domestic violence providers are most often seeing request for legal services, followed by employment services and parenting.

Housing, counseling, transportation, and public benefits are the most pressing victims needs, as identified by advocates.

*Reported Non-Criminal Justice System Needs of Victims and Survivors by Domestic Violence Service Providers**



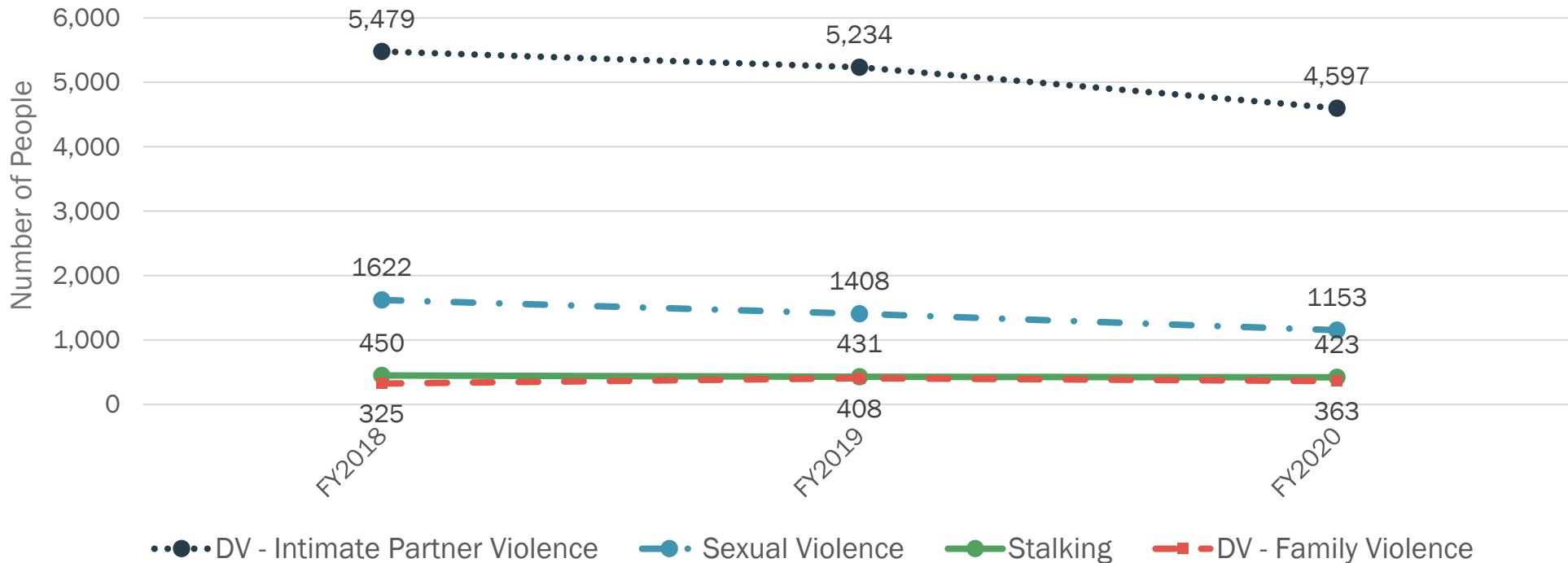
*Respondents were asked about general needs; legal needs including immigration, child welfare, CJS involvement, and other legal services were excluded in this graphic.

For the last three years, VT Network members served on average **8,370** unique adults and children per year.

These figures likely **grossly underestimate** the true volume of IPV in VT. Nationally, only 26 percent of IPV survivors engage with a victim service agency.

During the last three years, intimate partner violence has been the most common victimization experience among survivors who received services from VT Network organizations.

*Most Common Victimization Experiences
(Adults and Children)*



Clients could report more than one type of victimization, but within each category, counts are unduplicated.

Notes: During this time, the VT Network provided services to an average of 8,370 unique adults and children per year, and clients could report more than one type of direct victimization. Sexual violence reported here is inclusive of sexual harassment and sex trafficking. People whose direct victimization experience included elder abuse not related to domestic violence (i.e., caretaker abuse); childhood abuse; other/unknown; or indirect victimization are not depicted in this graphic.

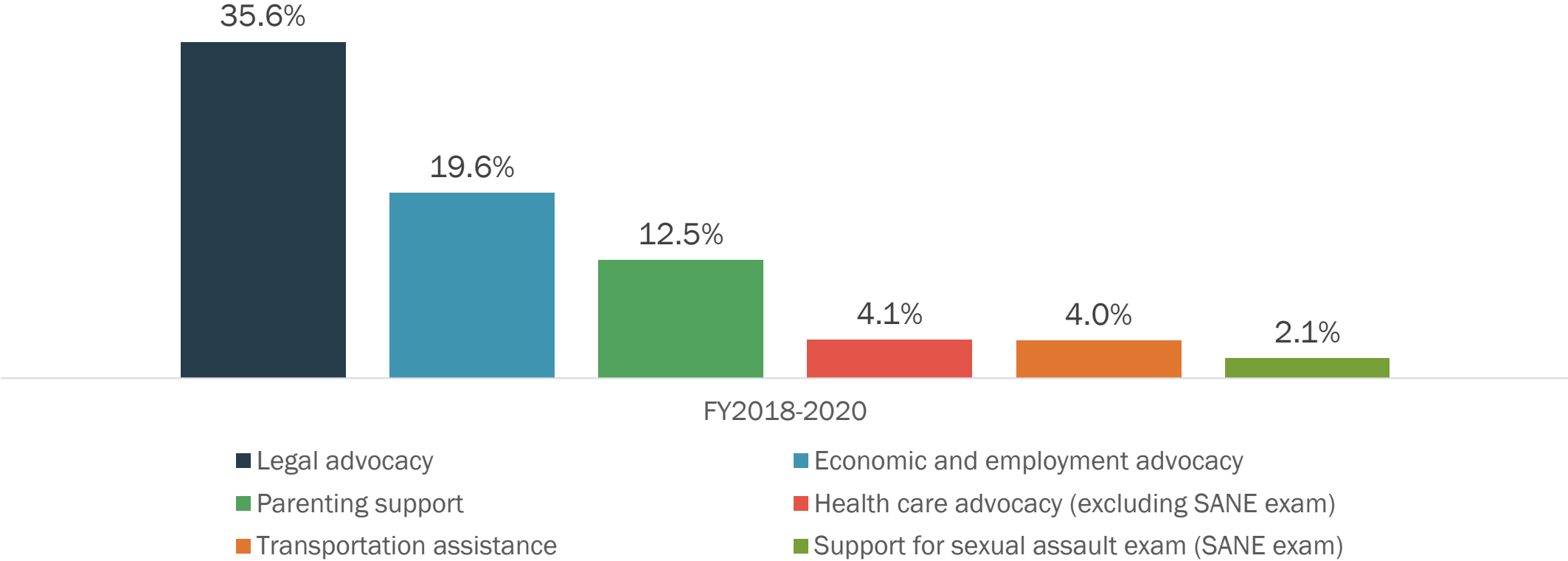
CSG Justice Center analysis of VT Network data for 15 member organizations, FY2018-2020.

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2015–2019 (2020).

Alex Piquero et al., “Domestic violence during the COVID-19 pandemic: Evidence from a systematic review and meta-analysis,” *Journal of Criminal Justice* 74 (2021).

Advocacy agencies offer multiple types of services, ranging from legal advocacy to forensic medical exams, in order to address the complex needs of the victims they work with.

*Percent of Clients Accessing Services
(Adults and Children)*



Notes: During this time, the VT Network provided services to an average of 8,370 unique adults and children per year, and clients could access one or more services, so the same individual may appear under multiple service categories shown here.

CSG Justice Center analysis of VT Network data for 15 member organizations, FY2018-2020.

Legal advocacy services, which include assistance navigating the civil and criminal legal systems, are in high demand among clients.



- Between FY2018 and FY2020, on average each year, **over a third of clients** needed legal advocacy services.
- Member agencies do not offer direct legal representation, leaving victims without attorney support in custody, divorce, parenting plans, etc.
- There is limited access to legal representation (pro bono) through the coalition specifically.

During the last three years, survivors who received services from VT Network organizations had the following demographic characteristics.

- 90.5%** of adult clients identified as **women**, compared to 50.5 percent of the general VT population.
- 82.3%** of clients were **adults**, compared to 81.7 percent of the general VT population.
- 7.8%** of clients identified as **American Indian, Black, Hispanic, Native Hawaiian/Pacific Islander, or another racial/ethnic minority**, compared to 5.8 percent of the general VT population.
- 3.2%** of clients identified as **LGBTQ+**, compared to 5 percent of the adult VT population.

Due to the nature of services provided by VT Network organizations, it is not always possible to prioritize collection of client demographic information. As a result, figures reported here should be interpreted with caution.

Certain demographic groups face elevated risk of intimate partner violence.

These groups include women – particularly women aged 15-49 years, Black, Indigenous and People of Color (BIPOC), LGBTQ+ individuals, and people with disabilities.

Advocates report the victims and survivors who access services other than housing—like case management or support groups—often need long-term assistance.



Over 55 percent of domestic violence service providers we surveyed reported that their clients typically require support services for a **4- to 12-month period**.



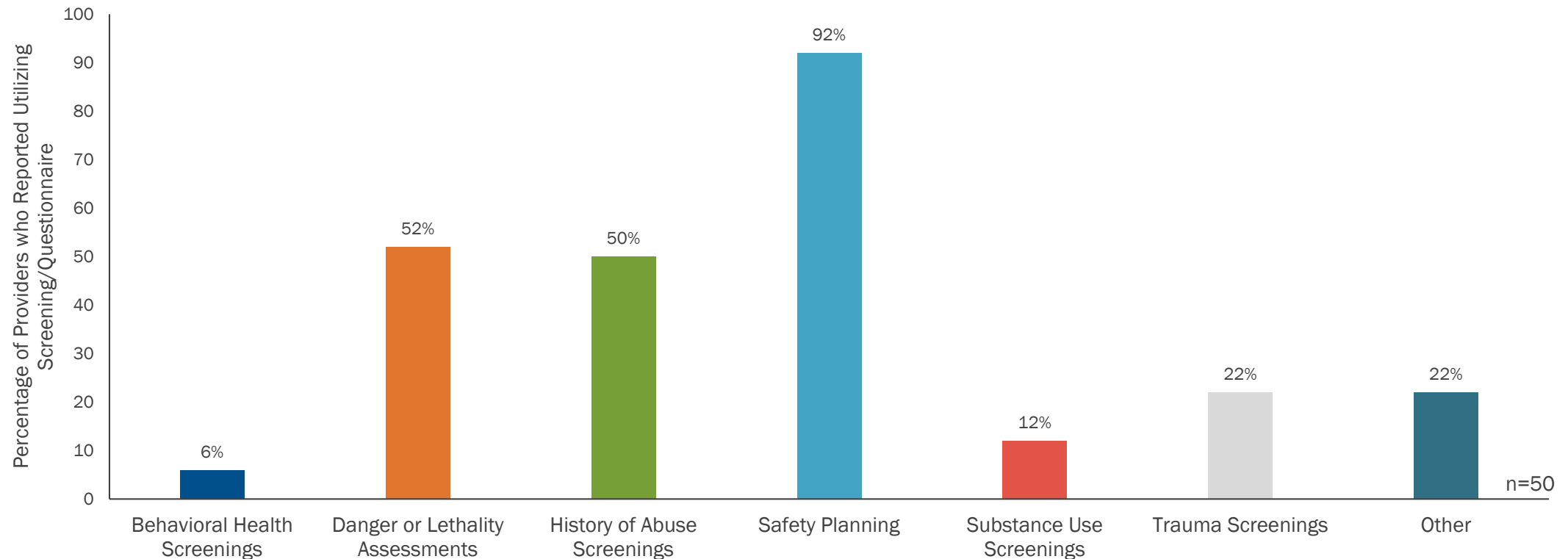
Over 18 percent of domestic violence service providers reported that their clients typically require support services for **more than one year**.



Nearly 76 percent of domestic violence service providers reported that clients “often” or “always” **leave and then re-engage** with services at a later date.

Safety planning and lethality screening tools are critical at the beginning of services, other tools can be incorporated throughout the relationship between the advocate and person seeking services.

Screenings and Questionnaires Used with Victims and Survivors by Domestic Violence Service Providers



Victims of domestic violence experience higher rates of behavioral health concerns.

- Nearly a quarter of adults in Vermont experiencing intimate partner violence reported poor mental health.
 - *This is three times the rate among adults with poor mental health who have not experience IPV.*
- 40 percent of adults in Vermont who have experienced intimate partner violence have been diagnosed with a depressive disorder
 - *This is two times the rate of people with depressive disorders who have not experience IPV.*
- Intimate partner violence is associated with substance use disorders.

Theme 2: Domestic violence service providers and community organizations report barriers to adequately meet the needs of domestic violence victims and survivors.

- Housing was identified as a pressing barrier by all individuals interviewed.
- Vermont's rural geography creates barriers for victims and survivors.
- Victims and survivors in historically marginalized communities face additional barriers to accessing responsive supports and services.
- Most domestic violence service providers do not think the system of responses is set up to help victims and survivors of domestic violence.

Issues related to housing were identified as a barrier by every person interviewed.



A lack of affordable housing creates a housing bottleneck in shelters and transitional units.



Supportive housing, particularly for people with mental health concerns, is limited.



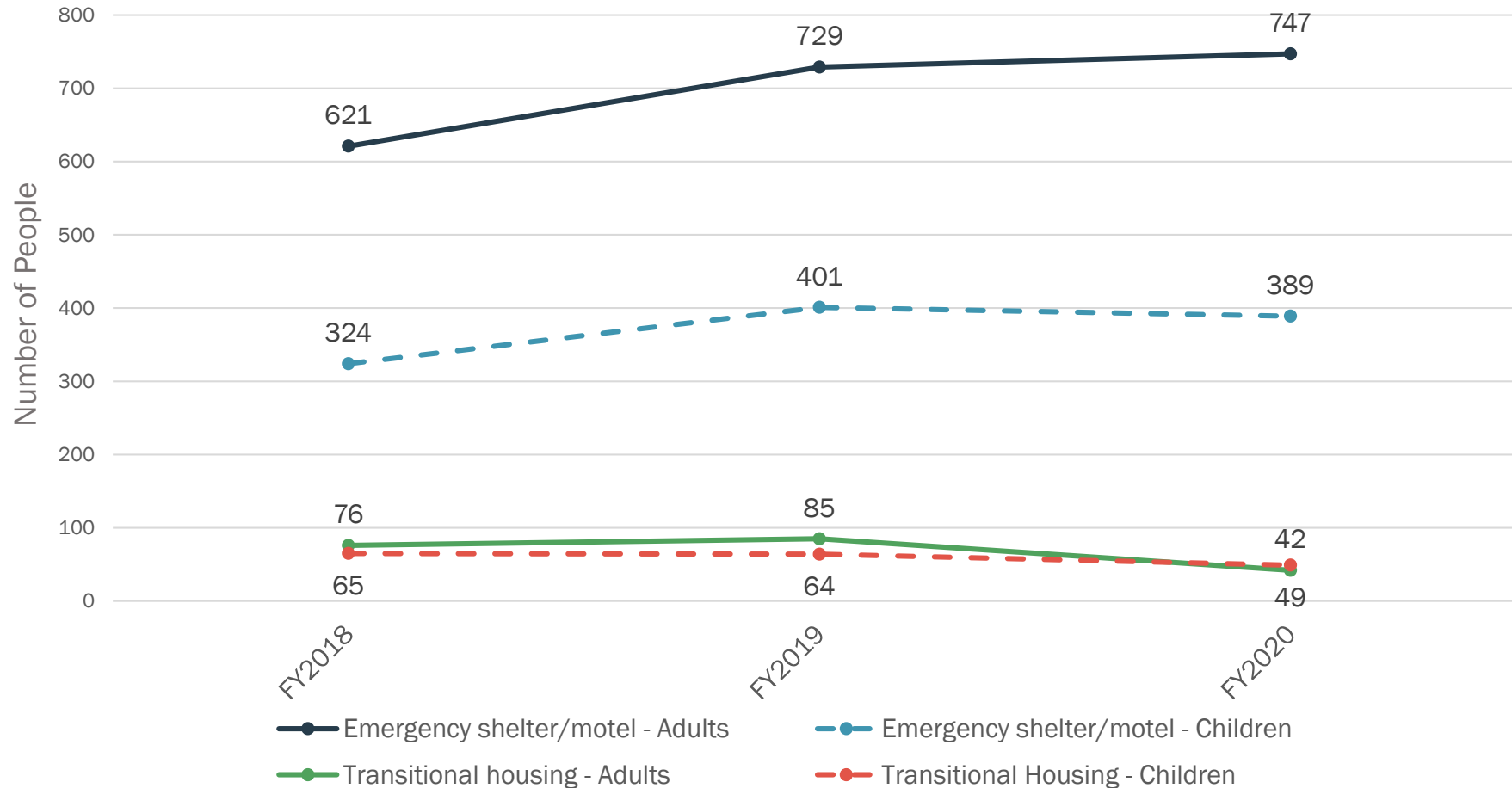
Emergency housing process regulations are complex and create barriers to stability.



Despite legal protections, disclosing domestic violence to a landlord sometimes results in the denial of housing.

Each year, emergency and transitional housing support is provided to hundreds of adult and child survivors of domestic violence.

Housing Provided to Adult and Child DV Survivors



Some clients accessed both emergency shelter/motel services and transitional housing within the same year, however, counts within each category are unduplicated.

Service providers we surveyed most frequently reported that clients typically need emergency housing services for at least 4-6 months; however, nearly one quarter of providers reported that clients typically need housing services for 7 months or more.

Resources for transitional housing are limited and low numbers shown here are likely to reflect low capacity, rather than low need.

Advocates report the need for housing among domestic violence survivors greatly exceeds the resources available.



Between FY2019 and FY2020, about **68 percent** of adults and children who accessed emergency housing had to stay at a motel for at least part of their stay.



When asked about the greatest challenges they face in serving clients, providers we surveyed **repeatedly pointed to a lack of housing, including shelter beds, transitional housing, and supportive permanent housing.**

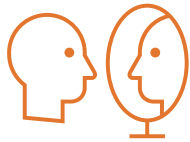
Note: In VT Network data, it was not possible to distinguish between emergency shelter vs. emergency motel stays for FY2018. Additionally, in FY2020, shelters were operating at limited capacity due to COVID-19.

CSG Justice Center analysis of VT Network data for 15 member organizations, FY2019-2020 data; CSG Justice Center and Vermont Network Against Sexual Violence electronic survey of Vermont Network domestic violence service providers, October 25, 2021.

Service gaps exist for victims and survivors from historically marginalized communities, threatening their safety and well-being.



Culturally specific service providers provide a vast array of services to the communities in which they work, but often lack the capacity and resources to provide domestic violence services.



However, these service providers report that available domestic violence services are not typically culturally responsive. When culturally specific service providers do refer someone they're working with to a domestic violence service providers, they report that the staff of domestic violence service organizations do not look like the people they are referring for specialized help.

“A lot of services, especially shelters/housing, are not designed or suited for trans and gender nonconforming folks who have experienced harm, which can lead to these folks experiencing more harm.”

Individuals coming from marginalized communities face increased barriers to accessing responsive supports and services.

Accessibility

- Services are not offered in the language the victim uses
- Services may not be culturally-specific or offered by and for people who look like the victim
- Services may be physically inaccessible by location or because of other obstacles like stairs
- Printed resources may not be easily read or written in plain language

Ability to qualify for benefits

- Documentation necessary for governmental assistance may be difficult to provide (Reach Up, 3 Squares, WIC, etc.)

Parenting

- Co-parenting may still be required with the person who has caused harm
- Affordable, consistent childcare may be limited

Barriers to services may increase for people with intersecting disadvantages associated with their identities.

Competing agency requirements and thresholds

- Multiple requirements may be needed in order to receive services
- Requirements for services and/or benefits from various agencies can contradict each other

Fear of law enforcement, Department of Child and Family Services, or immigration

- Desire for violence to stop without the arrest of the partner causing harm
- Possibility of arresting the victim
- Possibility of personal deportation
- Possibility of deportation of partner
- Possible government involvement from other agencies, including removal of children

Risk of discrimination and continued violence

- Discrimination based on identity
- Harm by other agencies or organizations
- Possibility of being placed in an unsafe situation

Vermont's rural geography poses barriers for advocates trying to reach victims and survivors who are seeking services.

Vermont is the most rural state in the nation with 61 percent of the population living in a county with fewer than 50,000 people.



Public transportation does not exist in rural areas, and other forms of transit are limited by hours of operation.



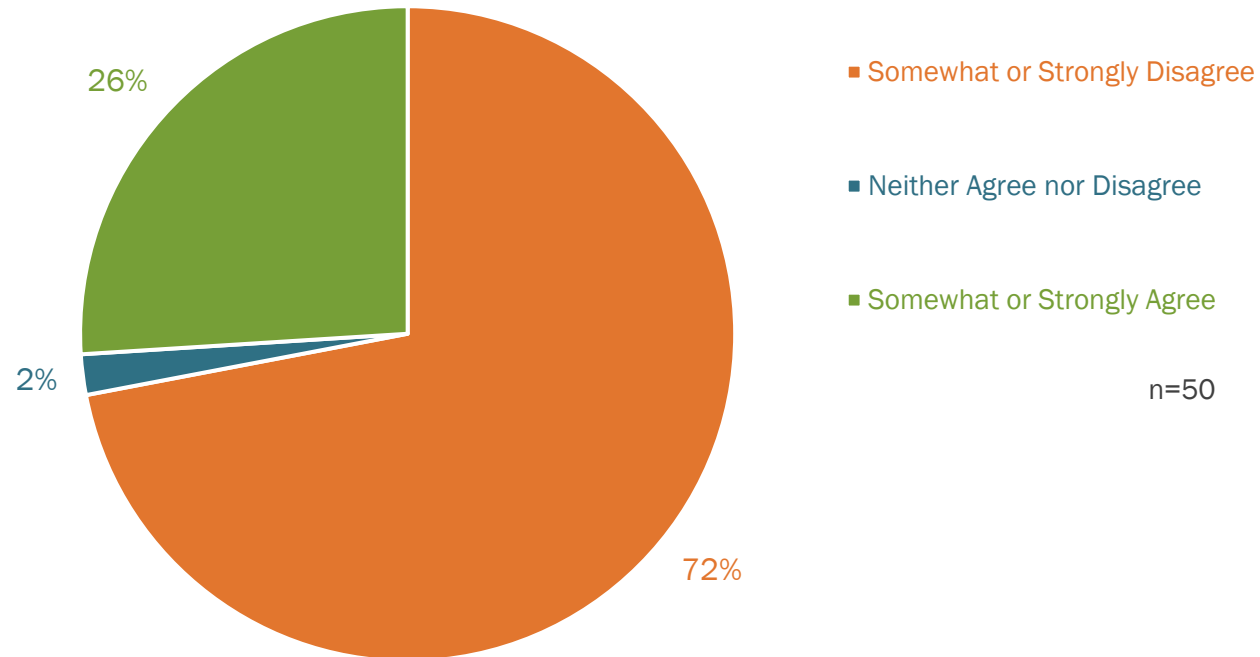
Access to technology remains a challenge.



Resources and community supports vary by region.

Domestic violence service providers report needing more resources to serve victims and survivors.

Domestic Violence Service Providers' Responses to the Statement, "I have the Resources to Meet the Needs of the Victims and Survivors I Work with."

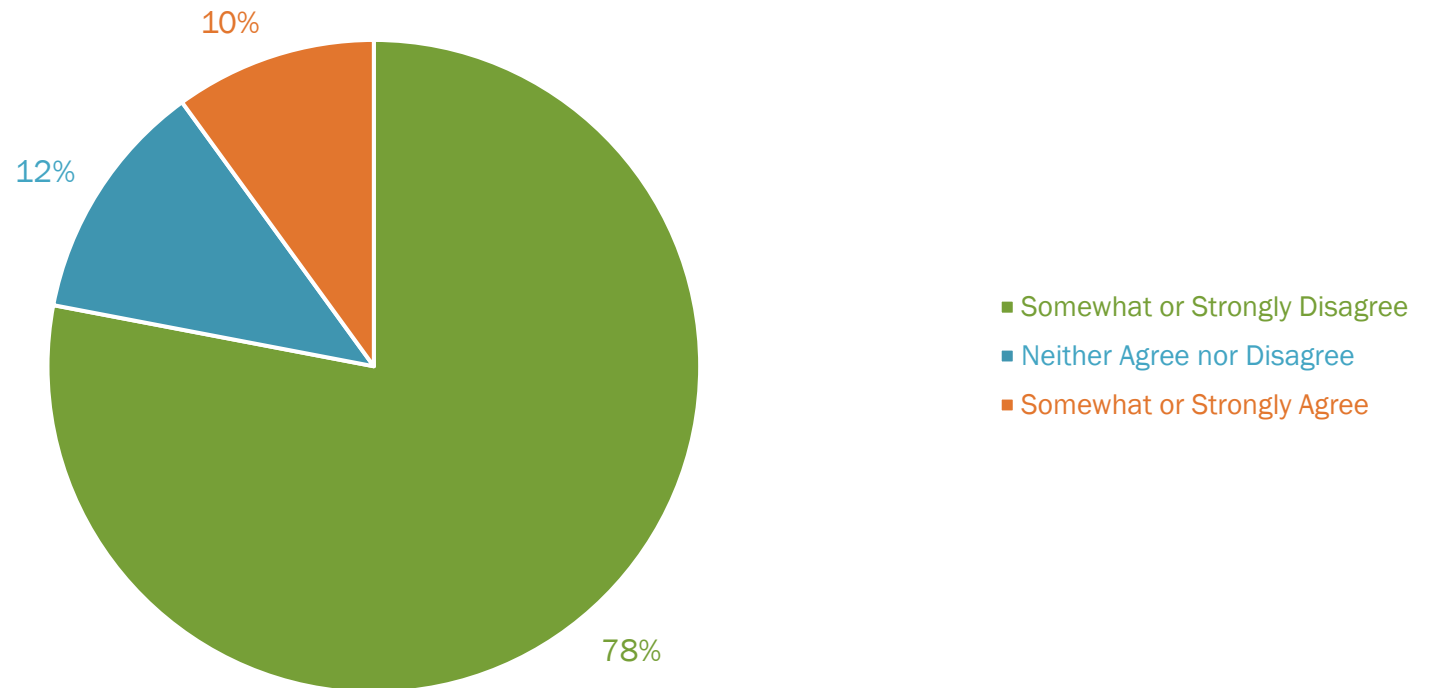


Additionally, less than half (38 percent) of providers agreed that their schedule allowed them to spend as much time as they would like with each victim and survivor.

When asked if the current system is set up to help domestic violence victims and survivors, most domestic violence service providers disagreed.

Domestic Violence Service Providers' Responses to "The Current System is Set Up to Help Domestic Violence Victims and Survivors."

Domestic violence service providers also reported that options for victims and survivors are limited; **only 16 percent of the 49 respondents agreed somewhat that there are "many options" for victims and survivors.**



Theme 3: There is a need for increased education on recognizing and responding to domestic violence in ways that are responsive to trauma among social service, legal, and public safety agencies, as well as in the broader community.

- There are opportunities for cross-education—among domestic violence agencies and the robust network of community partners who support victims and survivors in other capacities—about domestic violence prevalence, evidence-informed responses, and culturally responsive services.
- The experiences of domestic violence service providers with other agencies serving victims and survivors are highly variable.
- Vermont communities could benefit from an increased understanding of what domestic violence services are available in their communities and statewide.

Domestic violence service providers and community-based organizations could benefit from greater partnerships, integrating shared learning practices.



Community-based organizations and agencies outside of the domestic violence arena expressed a desire for training and resources on domestic violence screening practices.



Demographically specific organizations report that domestic violence victims and survivors in their communities are often not able to receive demographically specific services, despite domestic violence service providers' attempts to meet these needs.

“There is a shortage of community resources to even refer clients to that need a higher level of support than we can provide.”

Communities are important in the broader response to domestic violence, and greater education is needed among community members about resources are available.



Most domestic violence service providers (88 percent) reported that domestic violence victims and survivors most often find out about their services from loved ones or community members.



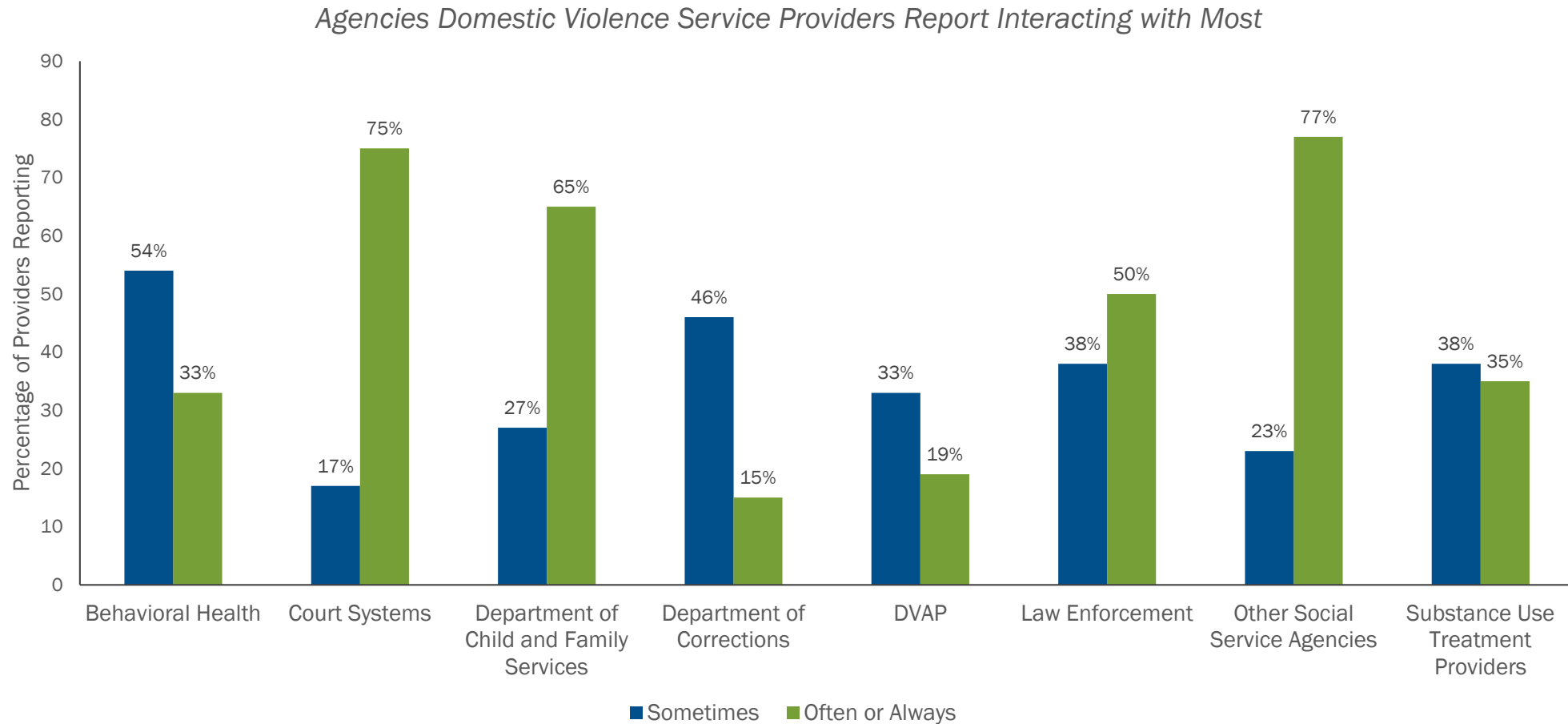
Individuals who are refugees or immigrants struggle in knowing their options and available resources.

“In very rural communities, some individuals only view our organizations as serving ‘battered women’....Oftentimes women who haven't experienced physical violence do not believe they can access our services. Male and non-cis-gendered identified individuals may also not know they may access our services as well.”

Theme 4: Improved intra- and interagency communication and coordination is needed to better support victims and survivors.

- Vermont's rural geography and variations in resources by region pose challenges to sharing resources.
- A lack of coordination among agencies leaves victims and survivors navigating complex social service systems on their own.
- Screening practices across agencies are inconsistent.

Domestic violence service providers interact with several other agencies to provide services to victims and survivors.



n=48

Note: Responses of “Never” or “Not at all” were not included in this graphic. Source: The Council of State Governments Justice Center and Vermont Network Against Sexual Violence electronic survey of Vermont Network domestic violence service providers, October 25, 2021.

Even interactions with DVAP providers are rare for domestic violence service providers; 48 percent reported “never” or “rarely” interacting with DVAP providers.



Available DVAP services do not address varying levels of risk or account for the unique needs of people in programming; they utilize a “one-size-fits-all” approach.



Domestic violence service providers and community organizations reported a need for resources outside of the criminal justice system for people who commit DV, such as community-based solutions or designated prevention programming.



“We also need resources for the harm-doer if we are going to make any lasting changes systematically. DVAP only goes so far. Culturally we need to cultivate a sense of belonging so that people who have experienced trauma don’t become violent in their future relationships perpetuating the cycle of violence.”

Variations in resources by region challenge statewide resource sharing.



Providers and organizations reported an overall lack of familiarity with resources outside of their region.



Varying resources by locality challenges legislative or programmatic implementation in some areas.



There are missing feedback loops between statewide and local-level partners related to programming implementation and resourcing.

“Some agencies serve any kind of DV, but others are limited to a certain kind, such as only intimate partner violence and not family violence. I think it would be useful to know which agencies are broader/more limited if we have to make a referral to an agency in a different county.”

A lack of resources and standardized communication practices among community services forces some victims and survivors to coordinate their own care while in crisis.



Compounding issues, such as an active crisis or mental health concern, can make it difficult for victims and survivors to navigate already complex systems.



There is lack of clarity among Network agencies on information sharing and service provision practices.



There are gaps in policies and practices related to follow-through in interagency communication and referrals, leaving some survivors to fall through the cracks.

“DV/SV agencies could do much more for people if other agencies (housing, benefits, etc.) were provisioned to meet basic needs of all people.”

Further Interrogation and Next Steps

4

Funding and Resources

1. What are the federal/state investments into victim services over the last five years?
2. What are the patterns of these investments?
3. Is there room in these grants to support new programs and services?

“There are a lot of great resources and programs available in VT, but with feet on the ground it is easy to see that there aren’t enough.”

Housing

1. What permanent supportive housing models are in development or practiced in Vermont?
2. How could rapid re-housing or housing first models be applied?
3. How have programs that used to prioritize housing services to victims of domestic violence evolved?

“Due to lack of housing options, the shelter has been full since August, and we are having to house people longer in hotels. We are almost out of our yearly hotel money, and we are only a few months into our fiscal year.”

Services in Remote Vermont

1. How could programs explore more mobile advocacy models?
2. Are there practices that were adapted in response to COVID-19 that could be preserved to reach more victims?

“I wish that there was more access to transportation and housing for survivors who have been victims of financial abuse, as there is almost nowhere to live here and without a vehicle it is almost impossible to work to stay safe.”

Survivors' Voices

1. Advocates reflect what they see based on the menu of services they can provide, so what needs exist outside of current service models?
2. What was most helpful for victims of intimate partner violence?
3. What was harmful?
4. Why did someone decide to seek help or support?



The next analysis presentation in January 2022 will focus on Intercept 1, Law Enforcement.



Intercept 1 involves the domestic violence responses of law enforcement and the Department for Children and Families.



Arrest data from NIBRS will be analyzed to better understand the volume and characteristics of domestic violence that is reported to police in Vermont.



Interviews and focus groups will be conducted with members of law enforcement and the Department of Family Services.

The next presentation will be January 27, 2021.

Thank You!

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

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Glossary of Terms (A–D)

Community services: Community services include domestic violence service providers, social service agencies, and other community-based programs that provide resources, supports, and services to victims and survivors.

Domestic violence service provider: This term refers to providers who specifically work at a domestic violence agency within the Vermont Network and provide services to victims and survivors.

Domestic violence (DV) versus intimate partner violence (IPV): Domestic violence (DV) is defined as the physical, sexual, emotional, financial, and/or spiritual mistreatment of one family member by another. Though DV is often used interchangeably with IPV, DV is a broader category that includes all forms of family violence, while IPV refers to acts of physical, sexual, and/or emotional aggression specifically between intimate partners.

Domestic Violence Intervention Programming (DVAP): Such programming is a response to domestic violence and focuses on holding people who commit DV accountable by attempting to change their attitudes and behaviors.

Glossary of Terms (E–Z)

Emergency housing: Housing that is short term offered in a time of crisis, including shelters, residences of volunteers who offer their homes, or motel stays.

Permanent housing: Community-based housing without a designated length of stay that includes both permanent supportive housing and permanent housing without supportive services.

Supportive housing: Non-time limited affordable housing offering supportive wraparound services, such as assistance for people with disabilities or mental health concerns or who have other barriers to stable housing.

Transitional housing: Supportive housing offered for up to 24 months, including affordable housing as well as wraparound supportive services such as childcare, counseling, transportation, life skills, and/or educational/vocational training.

Victim versus survivor: The term “victim” typically refers to someone who experienced recent violence and is often used within the criminal justice system. The term “survivor” typically refers to a person who is going through or has gone through the recovery process. Some people identify as victims, whereas others identify as survivors, therefore both terms are used in the current project.

Vermont Network Against Domestic and Sexual Violence, *Osniun Data Dictionary* (Montpelier: Vermont Network Against Domestic and Sexual Violence, 2013); United States Interagency Council on Homelessness, “Supportive Housing,” August 15, 2018; Laura Rogers, “Transitional Housing Programs and Empowering Survivors of Domestic Violence,” *United States Department of Justice Archives*, November 1, 2019; “Victim or Survivor, Terminology from Investigation,” RTI International Sexual Assault Kit Initiative.