

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

Incarceration and Community Corrections Responses to DV

Presentation to the Domestic Violence Response Justice Reinvestment Working Group

December 15, 2022

The Council of State Governments Justice Center

Vermont Department of Public Safety

The Vermont Network Against Domestic and Sexual Violence



Justice Center
THE COUNCIL OF STATE GOVERNMENTS



Justice Reinvestment Initiative
Vermont



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, Vermont Department of Public Safety, and The Vermont Network Against Domestic and Sexual Violence (Vermont Network).




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**Justice
Reinvestment
Initiative**
Vermont

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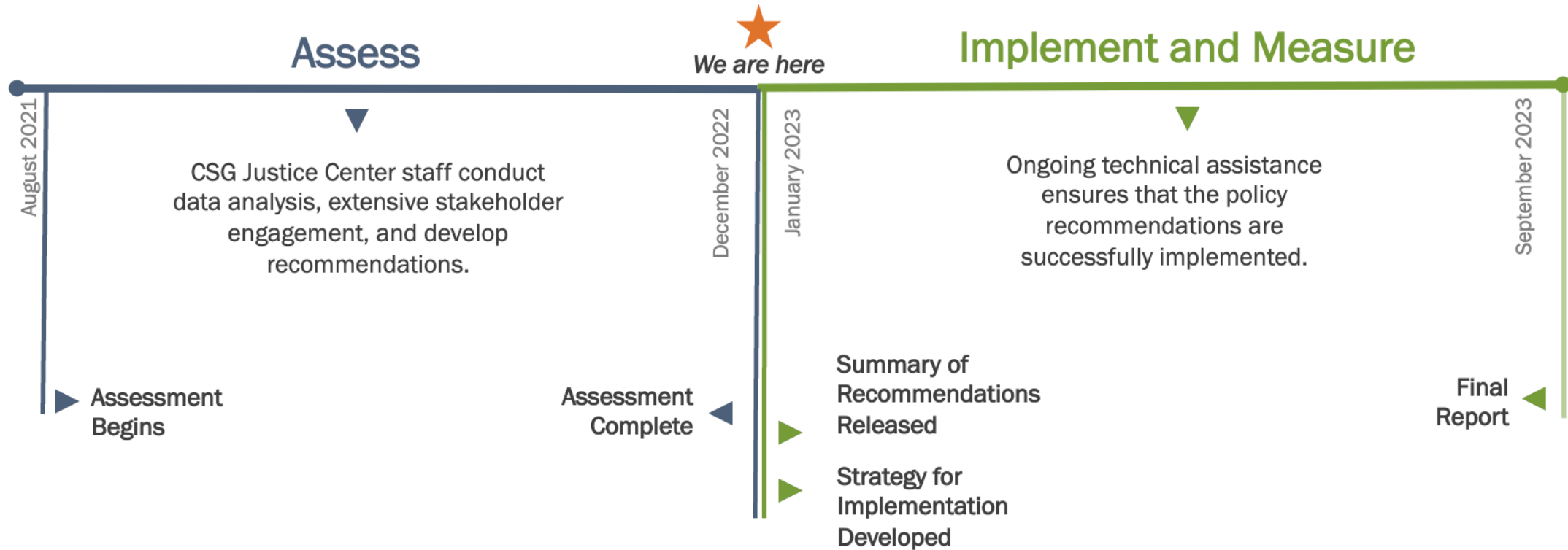
Recap of Intercept 3 and DVAP Presentations

Project Goals and Timeline

Themes from Intercept 3:
Interventions in the Community

Analysis of Domestic Violence
Accountability Programming
(DVAP)

The assessment phase of the project is nearly complete.



An analysis of community interventions highlighted the history of community interventions and challenges to service provision.

Since inception in 1996, statewide standards for domestic violence interventions have faced challenges in resources.



1996 First Statewide Standards for Domestic Abuse Intervention created by Department of Corrections (DOC) staff, victim advocates, and batterer intervention program providers



2001 Vermont Coalition of Batterer Intervention Programs undertakes overhaul of Standards created in 1996



2005 Overhauled Standards are adopted. There is a requirement that community BIPs be certified for compliance

2006 A Statewide Batterer Accountability Coordinator Position established in the state



2008 Vermont Council on Domestic Violence moves into statute, and duty to develop and maintain Standards sits with Council (Council is staffed by DV Accountability Coordinator and Council Coordinator, both part-time positions)

Vermont Legislature establishes around \$45,000–50,000 for DV accountability programs, distributed through a funding formula approved by the Council's Batterer Accountability Committee



2010/2011 DOC contracts with University of Cincinnati and begins to work toward implementing Risk-Need-Responsivity principles



2013 DOC begins changes, collaborates with Council on Domestic Violence and the Vermont Network, through contract for DV Accountability Coordinator to implement programming changes



2014/2015 Standards Revised, adopted to make certification and compliance more easily managed without DV Accountability Coordinator Position/program funding



2016 DOC funding for the contract of the DV Accountability Program Coordinator ends, after being funded through a contract to the Vermont Network for 8 years, leaving the Council on DV with no staff to conduct certification of programs, sustain technical assistance, or train DVAP staff



2017–Present Undertake the re-working of Statewide Standards to respond to environment including development of alternative and restorative justice program pilots

Intercept 3 Presentation

Current community interventions face challenges in accounting for responsivity and safety.



It is **unclear** how participant and/or **victim satisfaction with interventions impact programming, if at all.** Most often, standards of responsivity in programming are defined by an established board or council.



Screening practices for domestic violence are **not required or standardized** for agencies offering mental health or substance use services.



Gaps exist in **measuring compliance** of conditions related to safety and victim notification.

Intercept 3 Presentation

The Council of State Governments Justice Center, “Intercept 3: Interventions in the Community” (PowerPoint presentation, Fifth Presentation to the Domestic Violence Response Justice Reinvestment Working Group, September 22, 2022).

Stakeholders report inconsistent training and a lack of resources as barriers to DV interventions in the community.

Domestic violence training practices are not required for providers delivering interventions in the community.

Training that is offered varies in content, scope, and accessibility.

- There is **no consistent curriculum** utilized by providers delivering community interventions.
- Agencies vary in **what, if, and when they offer training or education** on domestic violence to their staff.
- Without mechanisms to assess the type, breadth, and applicability of training received, **providers vary in the ways in which they can respond** to domestic violence.
- Ultimately, **inconsistent training practices impact those who are experiencing or committing domestic violence**, as they may receive disparate responses to domestic violence discoveries or disclosures.

Intercept 3 Presentation

Levels of collaboration and information sharing vary among stakeholders delivering interventions in the community.



Stakeholders report that the ability to make **referrals** among public agencies providing community interventions is **contingent upon resource availability and pre-existing relationships with local agencies**. However, most public agencies are under-resourced and struggle with waiting lists to access their services.

Providers **struggle to identify and refer to agencies targeting specific needs**, such as those for individuals who do not speak English, are LGBTQ+, are not White, not male identifying, or who have disabilities. This is a particular challenge in areas of the state that are limited in resource availability.

Some **agencies providing interventions in the community** have come together to **share** their intake forms, data sharing practices, and other policies related to service provision to increase continuity of service provision. These meetings have provided **insights into where agencies can improve coordination of care**.

Intercept 3 Presentation

Domestic Violence Accountability Programming addresses intervention and accountability needs of individuals who commit harm.

Current responses do not account for service provision targeting specific populations, though efforts are underway to create responsive programming.



The Council **hopes to expand DVAPs** to provide specific services to individuals who identify as **LGBTQ+** and who primarily **speak Spanish**, as these services do not currently exist.

No services are currently offered specific to the **needs of women** or people who are **gender nonbinary**.

If individuals are seeking services for **mental health or substance use** and need violence intervention services, individuals **typically do not have options beyond DVAPs**. Issues of domestic violence are not routinely integrated into either mental health or substance use treatment.

Intercept 3 Presentation

Domestic violence accountability programming (DVAP) addresses intervention and accountability needs for people who commit harm in intimate partner relationships.

Recent Vermont trends indicate the following:



Between June 2021 and September 2022, there were **over 200 new referrals recorded**, though this figure is likely an underestimate due to new data recording practices.

During this time, **most referrals** (91 percent) came from the **Department of Corrections**.

More than **twice as many participants** (112 people) are **reported to have completed programming than** are reported to have been **dismissed** from programming (52 people). The most common reasons for being dismissed from programming were excessive absences or a new criminal charge.

DVAP Presentation

Before we move forward,



What lingering questions or comments do you have about our last two presentations?

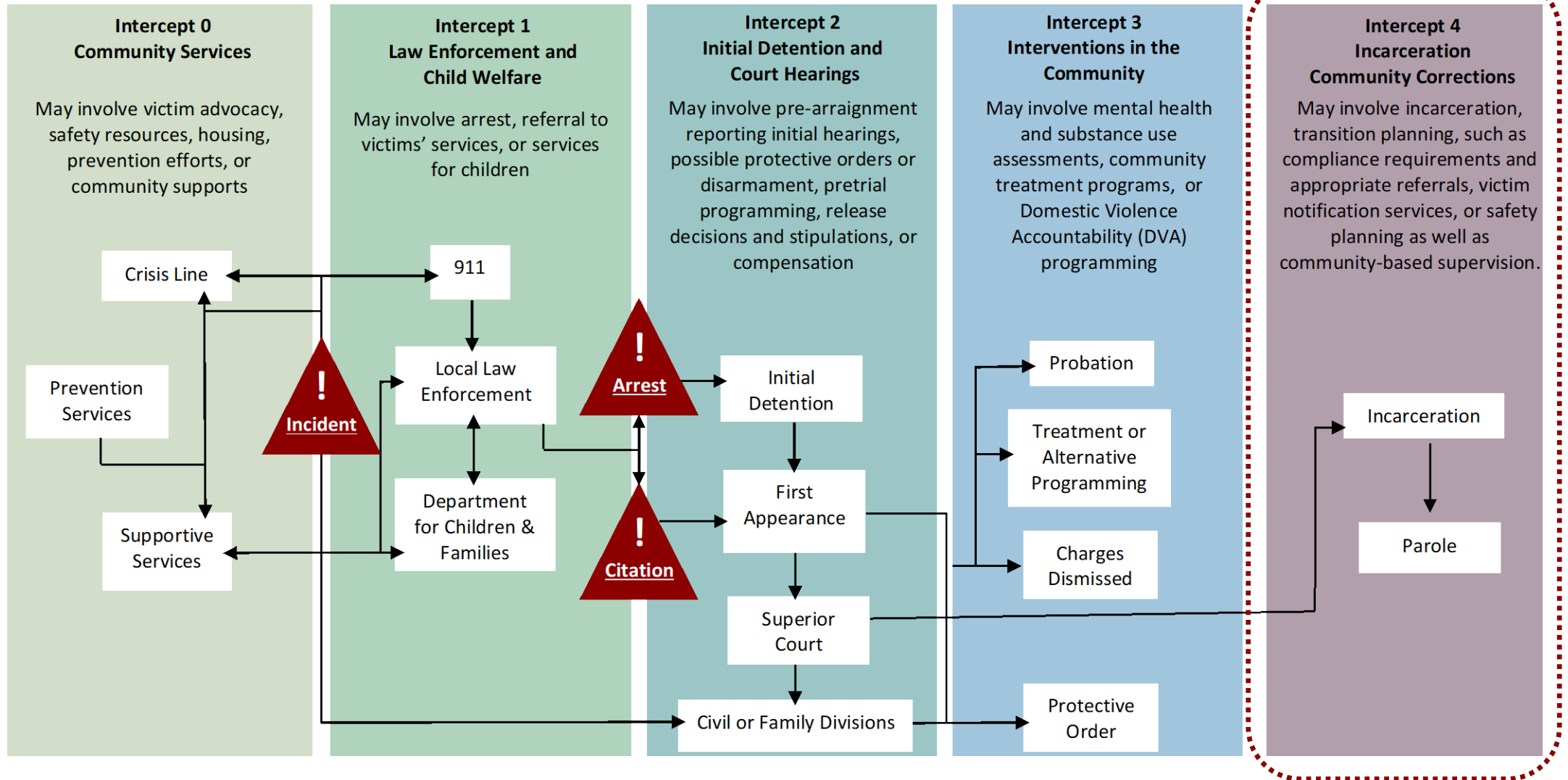
Intercept 4: Incarceration and Community Corrections

Overview and National Data

Methodology

Assessment Goals

Our systemwide analysis using Sequential Intercept Mapping concludes with Intercept 4.



National data supports the importance of community corrections and reentry as a pivotal point for people who have been convicted of DV.



Vermont is unique in that the **Vermont Department of Corrections** (VDOC) is situated **within** the **Department of Human Services** (DHS), with the goal of improved coordination of care. Within VDOC are departments specific to women, clinical interventions, education, restorative justice, housing, and services for victims.



Nationally, most individuals with **DV offenses are released** on **community supervision** either following or in lieu of incarceration. Research supports the **benefits** of community corrections programs targeting supports and programming for individuals with DV offenses, including reduced recidivism and victim and survivor satisfaction.

Incarceration and reentry are important in an interdisciplinary **coordinated community response** to DV.

Our system assessment entailed focus groups and quantitative data analysis.

31,620

Annual snapshots of sentenced people serving time on probation, in prison, or on parole were analyzed using data from VDOC.

≈20

Individuals were interviewed or surveyed from Community Justice Centers, DIVAS, VDOC Community Supervision, VDOC Housing, VDOC Risk Assessment Services, VDOC Women's Services, VDOC Victim Services, the Vermont Network, and Vermont Works for Women.

Feedback from directly impacted victims and survivors incarcerated at Chittenden Regional Correctional Facility (CRCF) will be presented in spring 2023.

Intercept 4 analysis seeks to answer the following questions in assessing correctional responses to DV.

1. What DV **prevalence** data exist in VDOC?
2. How do current correctional responses attend to physical and emotional **safety** and **responsivity** of programming and resources?
3. How do correctional agencies collect, report, and utilize **data**?
4. What are patterns of DV **funding and resource allocation** for correctional agencies, and how do these patterns impact service provision?
5. What are DV **training and education** practices for correctional agencies?
6. How are **partnerships** defined and functioning among correctional agencies and other agencies such as mental health, substance use, and community services?
7. What **programming** is available in correctional facilities related to DV, mental health, and substance use?
8. What are the experiences of **incarcerated DV victims and survivors**?

Before we discuss assessment findings,



What questions or comments do you
have about Intercept 4?

Intercept 4 Analysis Findings

Data Collection

Prevalence

Safety and Responsivity

Training and Education

Funding and Resources

Partnerships

Programming

Incarcerated Victims and Survivors

Challenges in data collection make it difficult to estimate the true prevalence of DV within VDOC caseloads.

If DV is not **flagged** as a charge, it may **not always be apparent** that elements of DV are relevant in an individual's case.



As has been noted among agencies in previous analyses, different **divisions within VDOC** have **different ways of defining** and **noting** elements of **DV** in their caseloads making it currently impossible to understand DV prevalence among individuals in VDOC.

Agencies within VDOC are in the **process of clarifying** how to **operationalize** and **measure** the activities engaged in and time spent with clients. Some clients' cases involve several hours of collaboration, and this is not always reflected in the agency reporting.

Current quantitative data from VDOC are limited in their ability to provide detailed insight into DV cases.

VDOC could benefit from data collection methods to include more about:

Individuals admitted to prison for a DV offense

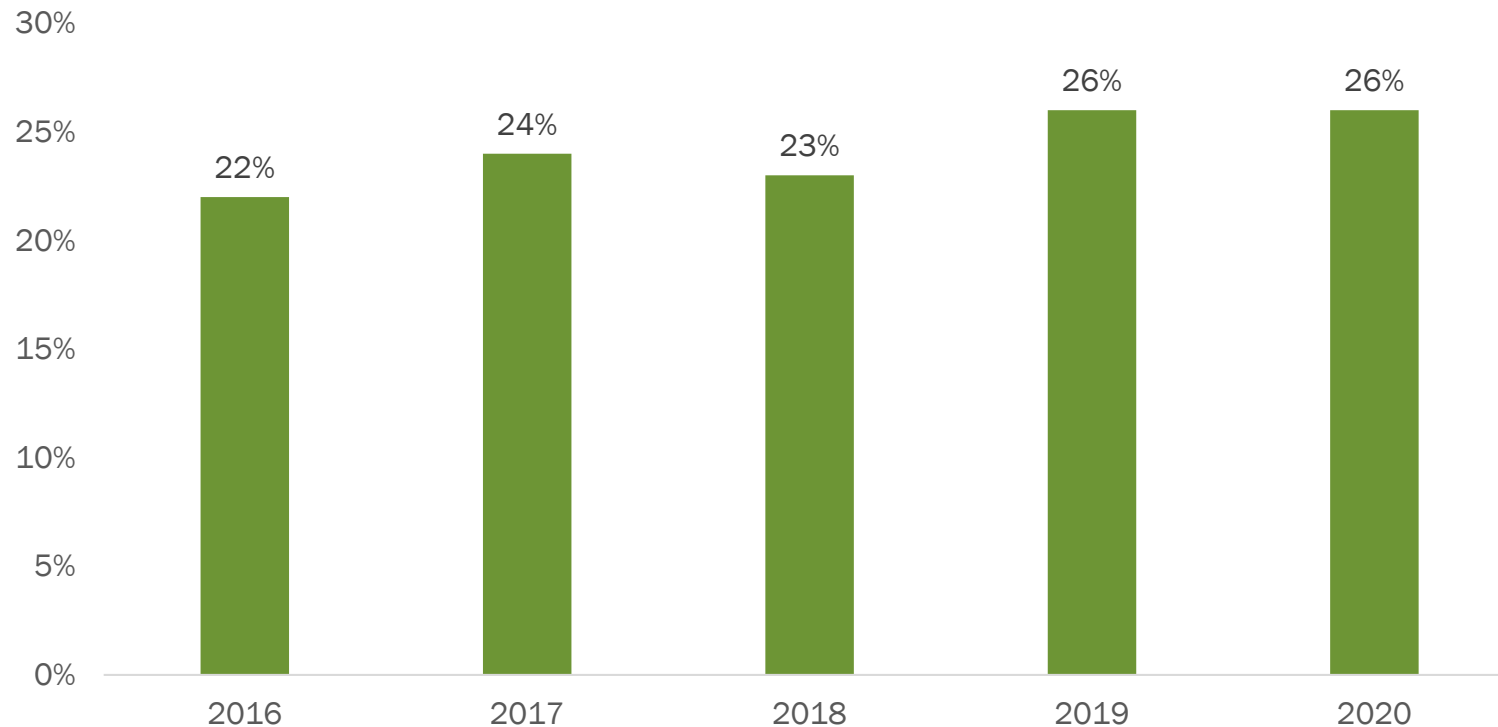
- Explore admission types—are people violating probation before arriving in prison?
- Explore criminal history—what other offenses have people with a DV crime had in the past?
- Explore ORAS/DV assessments—what risk factors and needs are seen among people with a DV offense? How can reentry services bolster success?

Individuals on probation supervision for a DV offense

- How often are people committing supervision violations? What types of violations?
- Explore ORAS/DV assessments—what risk factors and needs are seen among people with a DV offense?
- Do certain regions of the state require more support or programming?

About a quarter of people sentenced to prison in Vermont between 2016 and 2020 were convicted of DV or a related crime.

Percentage of Sentenced Prison Population with DV Crime, 2016-2020



The DV related crimes most often listed for people sentenced to prison:

- Aggravated Assault Domestic – 1st Degree
- Domestic Assault
- Violating Abuse Prevention Order
- Aggravated Assault Domestic 2nd with Injury
- Violation of Abuse Prevention Order 2nd or Subsequent

Note: Domestic violence related crimes include stalking, violation of abuse prevention orders, and violation of restraining orders in addition to other domestic violence offenses.

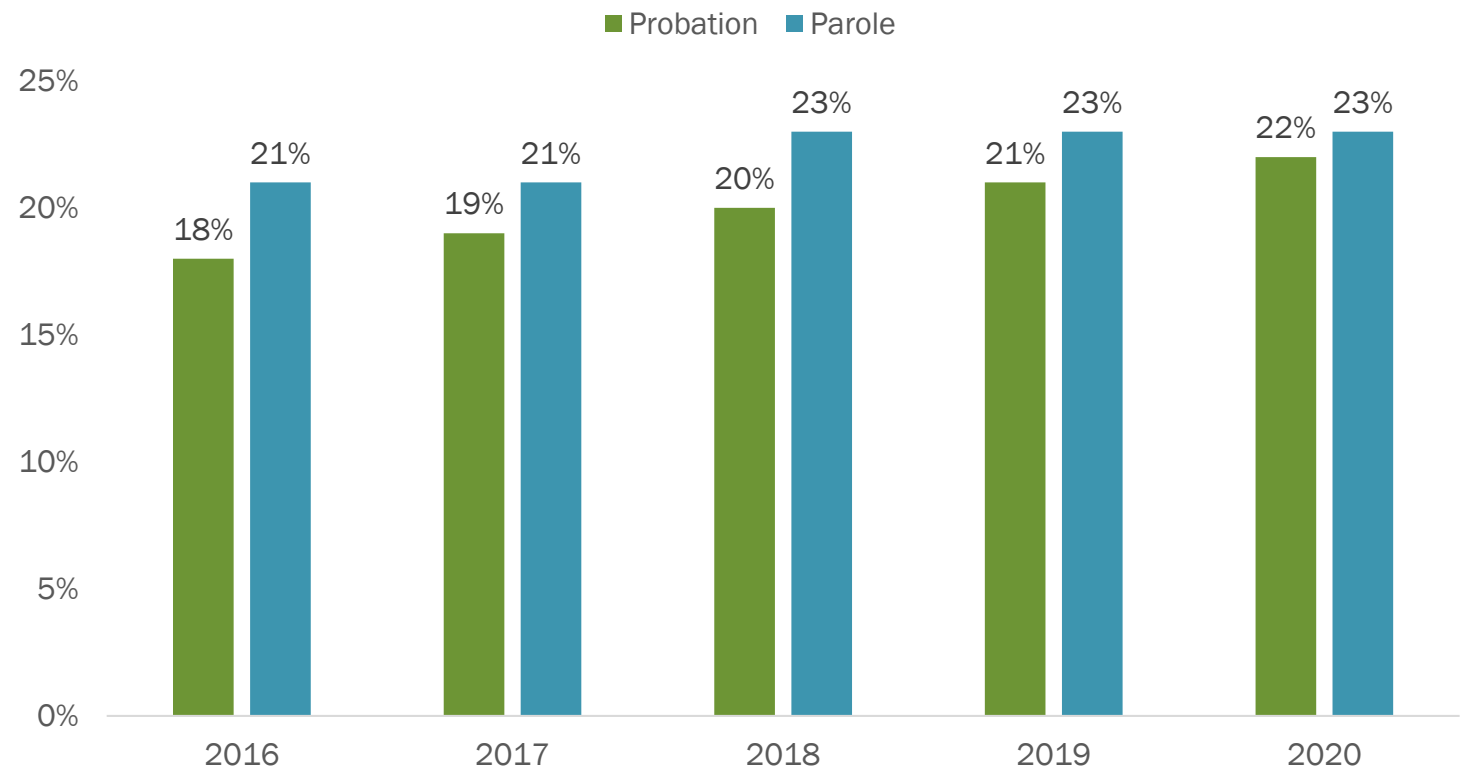
Analysis of DOC Snapshot Data by The Council of State Governments, Justice Center, December 2022.

Including specialized DV caseloads, about 20 percent to one-quarter of people on community supervision were convicted of DV or a related crime.

Percentage of Community Supervision Population with a DV Crime, 2016–2020

The DV related crimes most often listed for people sentenced to probation:

- Domestic Assault
- Violating Abuse Prevention Order
- Aggravated Assault Domestic 1st
- Simple Assault (on Domestic Violence caseload)
- Aggravated Assault Domestic 2nd
- Violation of Abuse Prevention Order 2nd or Subsequent



Note: Domestic violence related crimes include stalking, violation of abuse prevention orders, and violation of restraining orders in addition to other domestic violence offenses.

Analysis of DOC Snapshot Data by The Council of State Governments, Justice Center, December 2022.

In 2020, individuals on community supervision with DV-related offenses had the following characteristics.

Black individuals are overrepresented in the probation and parole population with DV offenses.

86 percent of people on probation and 95 percent of people on parole with a DV offense identified as male compared to 49.5 percent of the Vermont population.

90 percent of people on probation and 88 percent of people on parole with a DV offense identified as White compared to 94 percent of the Vermont population.

7 percent of people on probation and 8 percent of people on parole with a DV offense identified as Black compared to 1.5 percent of the Vermont population.



Further analysis is needed to understand and contextualize why Black individuals are overrepresented in DV probation and parole cases. Though national data support that Black individuals, as well as other people of color, are disproportionately incarcerated, it is vital that agencies collaborate to uncover what mechanisms are contributing to this disparity in Vermont.

Gaps in victim notification impact safety of victims and survivors.

The **Vermont Automated Notification (VAN) Service** is a notification system within VDOC to alert victims and survivors of custody or supervision status; however, the VAN is reported as **inconsistent**.



Notification issues are prevalent in cases where an **individual is arrested**, held in jail, and then **released**. Victims often do not know that the individual has been released.

Data from other states **highlight** that the **time following an individual's initial arrest or detention** can prove **dangerous**. A Massachusetts misdemeanor arrest study and a Brooklyn, N.Y., felony arrest study concluded that the majority of defendants rearrested for new abuse were arrested while their initial abuse cases were still pending in court. A multistate study of individuals referred to DV programming concluded that **44 percent of people who re-assaulted their partners did so within three months of batterer program intake, and two-thirds within six months**.

Tangible needs impact victim and survivor safety and limit options for individuals who have committed harm.

For victims and survivors:

Current responses do not always account for tangible needs such as secure housing, medical services, or other issues that result from crime victimization (e.g., broken locks, slashed tires, etc.). Discretionary funding to meet these needs is limited.

Victims and survivors are not consistently notified about their rights or resources available to meet their needs. **This particularly impacts individuals whose cases are not yet adjudicated.**



For those who have committed harm:

By statute, the Department of Corrections can only supervise people who have been adjudicated; services are not offered to individuals prior to sentencing.

This gap misses an opportunity to engage individuals who have committed harm in a critical time prior to adjudication. Prevention and early intervention programming can facilitate change in ideas about the acceptability of DV and target underlying factors that may intersect with issues of DV, such as norms and beliefs of behavior, unmet basic needs, substance use, and mental health needs.

Leslie Buckle et al., "Prevention and Early Intervention for Domestic Violence Calgary," *Calgary Women's Shelter*, Brenda J. Simpson & Associates, 12 June 2014.

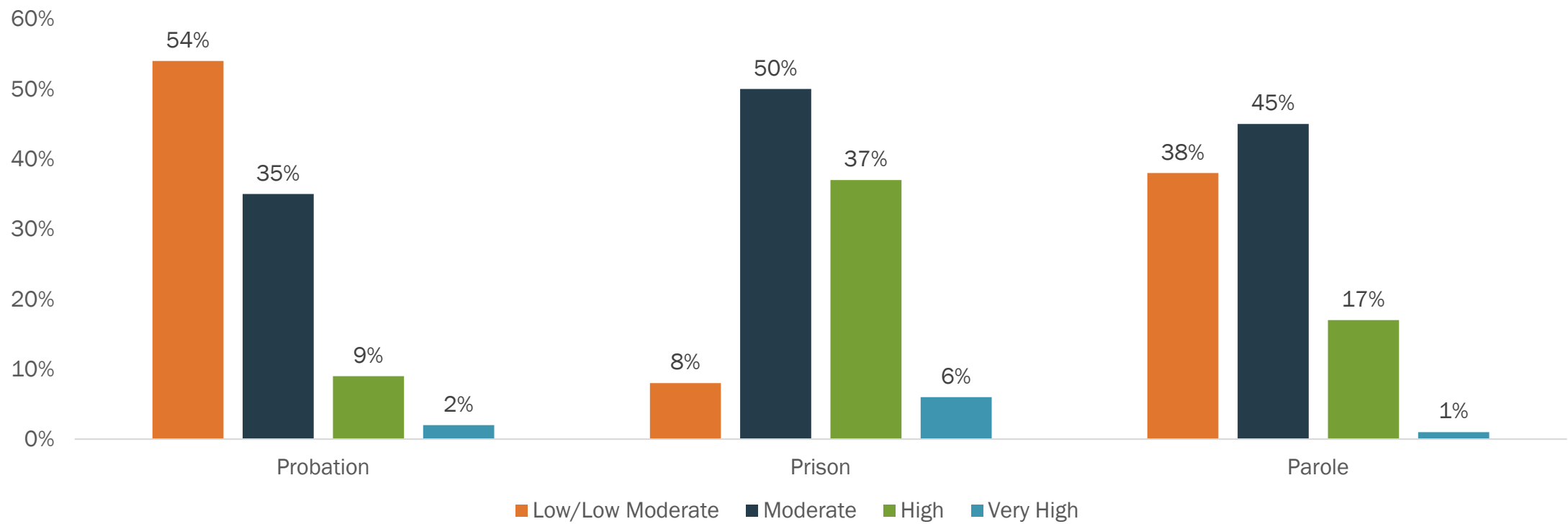
The Department of Corrections uses several assessment tools.



- **Ohio Risk Assessment Suite (ORAS)** to assess general criminogenic risk and need. The tool has been validated on both men and women.
- VDOC recently introduced the **Women Risk Needs Assessment (WRNA)** tool to more effectively assess the needs of women in the criminal legal system, which is being utilized at CRCF.
- VDOC assesses individuals with **domestic violence behavior** utilizing the **Domestic Violence Screening Instrument (DVSI-R)**.
- VDOC assesses individuals with problem **sexual behavior** using the Vermont Assessment of Sex Offender Risk (VASOR), the Static-99R, and the Sex Offender Treatment Intervention Scale (SOTIPS). They are considering adding the Stable and Acute 2007 for people convicted of child pornography.
- Separately, the VDOC has a **battery of other assessments** related to areas such as education and employment.

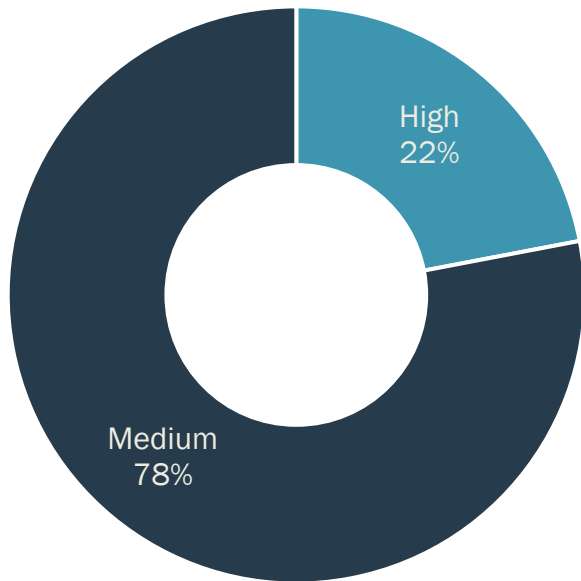
Of people convicted of a DV-related crime who were assessed using the ORAS, more than 43 percent of those in prison were assessed as high or very high risk.

ORAS Risk Level for People Sentenced with a Domestic Violence Related Offense, 2020

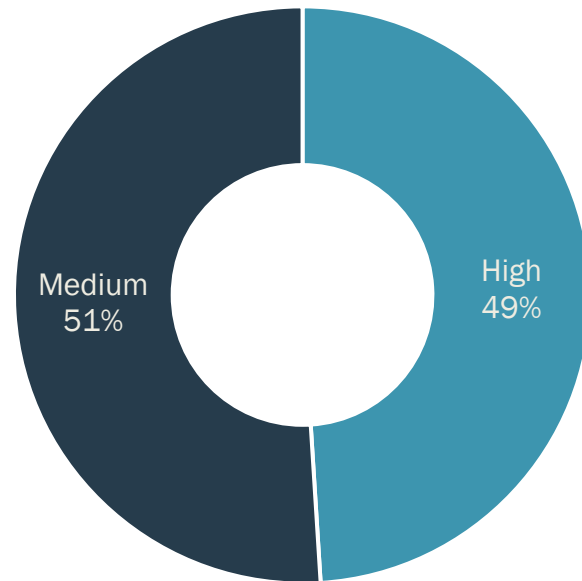


Of people assessed using the DVSI-R, about half of those in prison and just under a quarter of those on probation are assessed as high risk, which helps determine what programming, if any, is relevant to provide.

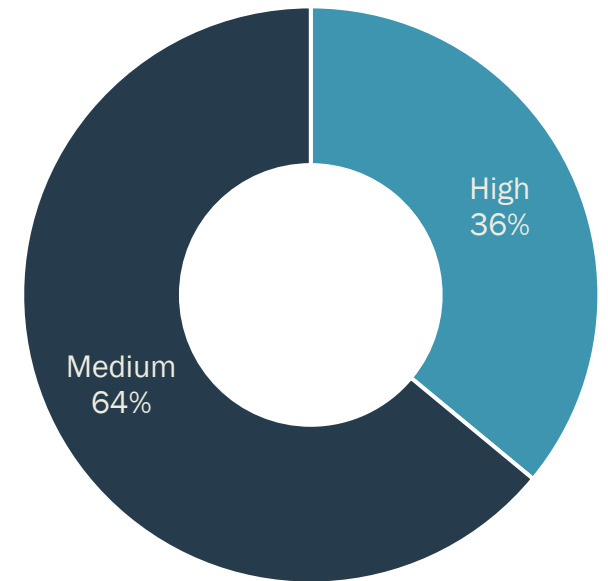
Risk Level of Sentenced People on Probation, 2020



Risk Level of Sentenced People in Prison, 2020



Risk Level of Sentenced People on Parole, 2020



Before we discuss next steps,



What **questions or comments** do you have about analysis findings so far?

There is not a current formalized DV training for all VDOC staff.



Stakeholders who attended trainings provided by other agencies, such as the **Victim Assistance Academy** through Vermont Center for Crime Victim Services, reported that they were **helpful** for understanding roles of the criminal justice system, how to collaborate with partner agencies, and tools for understanding how issues of oppression or trauma may impact victims and survivors.

Stakeholders reported a **desire for DV-specific training** rather than relying on volunteers who have experience in DV or hoping that employees have background DV-specific education.

- ! Though **training is desired**, stakeholders are also concerned about how to schedule training into caseloads that already feel at or over capacity.

Issues of funding and resource availability impact the depth and breadth of programming available to individuals involved with VDOC.



As discussed in previous intercepts, **staffing issues** impact VDOC service provision. At some correctional facilities, **staff who are caseworkers are forced to also hold positions as security**, contributing to problematic dynamics among staff and individuals who are incarcerated.



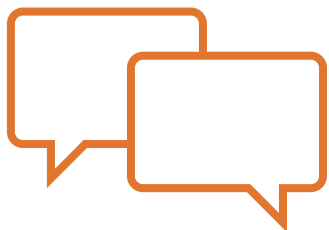
While VDOC funds some **resources** related to supervision reduction, **gaps exist in other agencies'** funding related to programming in the community (e.g., mental health, substance use, vocational training, childcare, etc.).

Services are **limited for individuals who do not have private insurance**, as Medicaid-specific services are over capacity. This is of particular concern, as national data suggest that among **individuals who were previously incarcerated, most are often uninsured**, making it difficult to access stable sources of care in the community to address these needs. **Many individuals are unable to continue the medical treatments they may have been receiving while incarcerated.**

Alexandra Gates, "Health Coverage and Care for the Adult Criminal Justice-Involved Population," *KFF* 5 (2014); Abaki Beck, "Medicaid Enrollment Programs Offer Hope to Formerly Incarcerated," *Health Affairs* 20 (2020).

A lack of communication among departments within VDOC and among the larger coordinated community response challenge DV responses.

Agencies providing services to people who have committed harm **do not have clear mechanisms** for **sharing information** about service provision for clients.



A **lack of guidelines for communication** among partners is reported to create **gaps** in coordination of care and to contribute to dynamics of information sharing that feel one-sided.

Struggles in partnership between **VDOC** and **DMH** create barriers for individuals who are involved in the criminal justice system who also need access to community mental health or substance use supports.

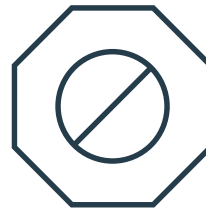
Partnerships among VDOC systems and community-based agencies are **vital** for reentry success.

VDOC provides programming to individuals who have committed DV offenses and are assessed to be at moderate to higher-risk and need.

Determination of program need occurs by examining presentencing investigation reports, information from affidavits, risk and needs assessments, etc.

VDOC uses **cognitive behavioral therapy (CBT)**, **risk-reduction programming** and the curriculum **ACTV** for DV-specific programming. If individuals don't have enough time on their sentence to engage in or complete relevant programming, their supervision officer can refer them to a DVAP once they are in the community.

For people who are sent directly to **probation without a period of incarceration, referrals** to programming are **determined** by the **court**.



A DVAP **provider may refuse service** to an individual who is in denial or does not present with motivation to engage in programming. This is **not a situation that occurs across all providers**, but it is something that **needs further examination**. In these instances, the DOC will provide the CBT risk-reduction programming, though this may not fully meet the individual's need. However, it is the only option available to ensure some programming is provided.

Stakeholders in Vermont have differing opinions about the use of restorative justice programs in cases of DV.



There is **consensus** among stakeholders that **more holistic services** are needed for **individuals committing harm** that account for emotional, financial, housing, and other barriers.



Though **VDOC utilizes restorative justice programming** via Community Justice Centers, **DV** cases are currently **not allowed** under 28 V.S.A. § 2a.



Some stakeholders reported a **desire to repeal the statute** prohibiting DV cases in restorative justice programming, while **others expressed concern** due to the unique nature of DV, including dynamics of power and control.



One Community Justice Center is **piloting a restorative Domestic Violence Accountability Program, Circles of Peace**, which is dialogue based and seeks to address social harms caused by crime.

Most women who are incarcerated have survived some form of DV.



At CRCF, most women have experienced DV, though charges may not be explicitly related to DV. This reflects national data, which suggests that more than 90 percent of incarcerated women have survived sexual and/or physical violence.



National data also show that women receive sentences disproportionately harsher than men in DV-related cases. Stakeholders report an overlap of women experiencing harm and causing harm.



Most of incarcerated women are mothers and face barriers related to employment, childcare, communication, and past trauma. Tangible resources are needed to assist in successful community reentry.



Vermont Works for Women is piloting a program to house and increase economic opportunities for justice-impacted women, including vocational and educational training and building financial capacity.

CRCF is working to more widely use the Women’s Risk Needs Assessment (WRNA).



The WRNA is a **full instrument** measuring **women’s criminogenic needs** as well as their **strengths** to create a holistic case plan for supporting women in gender- and trauma-responsive treatment and supervision.

The WRNA is a **validated and peer-reviewed risk/needs instrument** designed specifically **by and for justice-involved women**. The addition of **gender-responsive elements** in the WRNA is correlated with improved predictive outcomes in success and future offenses for women.

Currently, **six individuals** across DOC staff are **trained in WRNA**; however, there is a **desire to expand** this capacity. **Issues of capacity** in current staffing, funding, and data management systems **challenge** a large-scale implementation of the WRNA.

“Women’s Risk Needs Assessment,” University of Utah, accessed December 7, 2022, <https://socialwork.utah.edu/research/ucjc/wrna/index.php>.

Before we discuss next steps,



What **questions or comments** do you have about analysis findings overall?

Next Steps

Areas for Further Analysis

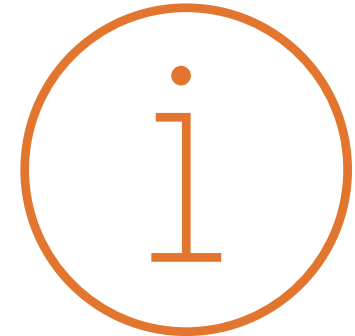
**Spring 2023:
Recommendations and
Implementation**

Prior to spring 2023, there are areas for further analysis.

Project partners will be meeting with the Vermont Center for Crime Victim Services to better understand DV investment patterns in the state.

Victims and survivors at CRCF will provide feedback on their experiences of DV and seeking supports.

Findings will be consolidated to develop recommendations for improved DV policies and practices.



In spring 2023, the final presentation will provide recommendations for improved policies and practices to respond to DV in Vermont.



Recommendations will be **tailored** to **specific intercepts** as well as responsive to **needs identified across intercepts**.



As members of the Executive Working Group, you will **review, discuss,** and **approve** recommendations prior to adoption.



Following the **adoption** of policy and practice recommendations, the **implementation** and **measurement** processes will begin.

The presentation on recommendations will be held early to mid February 2023

Thank You!

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

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