

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

A Review of Domestic Violence Accountability Programming: Issues and Challenges

Presentation to the Domestic Violence Response Justice Reinvestment Working Group

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The Council of State Governments Justice Center
Vermont Department of Public Safety

The Vermont Network Against Domestic and Sexual Violence



Justice Center
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Justice Reinvestment Initiative
Vermont

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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.

Review Process

CSG Justice Center staff **interviewed** 7 domestic violence accountability providers.

CSG Justice Center staff **attended** 6 domestic violence accountability group sessions held virtually.

Theme 1: Workforce

Theme 2: Philosophy

Theme 3: Participant Assessment

Theme 4: Programming

Theme 5: Measuring Outcomes

Findings

Theme 1: Workforce

All providers interviewed or observed presented with a clear, deep commitment to the work and the success of the clients.

Few new providers are entering the field; most providers are older. There appear to be limited male facilitators.



Many providers are **part time**, limiting the time they have for collaborative meetings with the supervising agents, or clinical services the client may be attending, though some do meet regularly.

Most providers are **not licensed clinicians**, though **all** are **certified to provide domestic violence accountability programming**.

Some providers indicated that the **certification process** makes it difficult to attract private practice providers.

Providers indicated that while they **appreciate the new funding** from the state, it is **still inadequate** and barely covers costs of services provided. Agencies providing multiple services may not be able to cover the costs of service provision through the state-provided funds.

Theme 2: Philosophy

All providers indicated that they see **accountability as a central part** of their work; however, the **methods of interacting with clients varied** greatly in terms of engagement, confrontation, power and control approaches with clients, and programming focus areas.


Most **providers do not like the Duluth model**, and if they use it, they deviate from the content. Providers **may also use other curricula**, e.g., Emerge or ACTV. The Department of Corrections uses a risk-reduction programming model for some people who are under their custody or care, which may occur in addition to DVAP programming.



- »» **Duluth Model:** Programs emphasize punishment as accountability; focus on men as perpetrators of violence because of society
- »» **Emerge, ACTV:** Programs address violence through psychosocial education and behavior change; focus on range of mechanisms for accountability

Theme 3: Participant Assessment

Disinvestment over the past decade has **impacted the programming placements** for people who cause harm. **Assessment** of those causing harm **is being conducted** by referring agencies but is **not consistently shared** with DVAPS. While at least one provider does a full clinical intake, including a substance use assessment, most community providers rely on an individually-designed intake process to gather information about clients.



According to those interviewed, **information sharing about assessment results is variable** between the supervision agency and community providers.

Certain 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. Though there is desire for collaboration, this practice is **not consistent** across the state.

Due to a lack of resources for specialized programming, individuals with **different risk and need levels are mixed** in the same groups.

Theme 4: Programming



Programs use **well-known domestic violence accountability curricula**, including the Duluth model, Emerge, and ACTV. Though these programs are considered promising, there is little to no gold standard research to support the effectiveness of these programs for higher-risk individuals.



Regardless of overall effectiveness, current **evidence indicates that such programming will not impact the recidivism of the approximately 25 percent of high utilizer clients** who are rearrested for a variety of crimes over time.

Due to **lack of resources** programs **cannot scale up** to effectively meet the needs of this group.



Providers **struggle to identify and refer to agencies targeting specific needs**, such as those that focus on people who do not speak English, are LGBTQ+, 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.

Theme 4: Programming

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, they **typically do not have options beyond DVAPs**. Issues of domestic violence are not routinely integrated into either mental health or substance use treatment.

Theme 5: Measuring Outcomes



Historical disinvestment in DVAPS created conditions in which there was no process in place to assess current outcomes of programming across the state. However, since state investment in July 2022, data collection requirements and practices are emerging.



Data are currently self-reported by DVAP providers, and there are gaps in information provided. However, efforts are underway to create a mechanism to collect participant-level data about program efficacy. Current data do suggest trends related to participation, referral source, and overall new clients.



Because there is a lack of fidelity to whatever curricula are used (i.e., providers choose what parts they use or add to—for good reason), there is no way to compare the effectiveness of the different curricula.

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