



Justice
Center



Justice
Reinvestment
Initiative
Rhode Island

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

Analysis Summary and Recommendations

Fourth Presentation to the Executive Working Group
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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.

Overview



- 1** Conclusion of Intercept 4: Reentry and Community Corrections
- 2** Recap of Analysis
- 3** Identified Themes and Recommendations
- 4** Next Steps

Conclusion of Intercept 4: Reentry and Community Corrections

Review of Intercept 4 Data

Quantitative Data

Probation and parole officers are limited in their DV training and resources they can provide to clients.

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.

Intercept 4 Recap

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.

Intercept 4 Recap

RIDOC staff face barriers to providing services to incarcerated people.

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 Responsibility 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.

Intercept 4 Recap

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.

Intercept 4 Recap

Inconsistent assessment and information sharing practices within RIDOC and with other agencies challenge a coordinated DV response.

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 (DVSIR), 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.

Intercept 4 Recap

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.

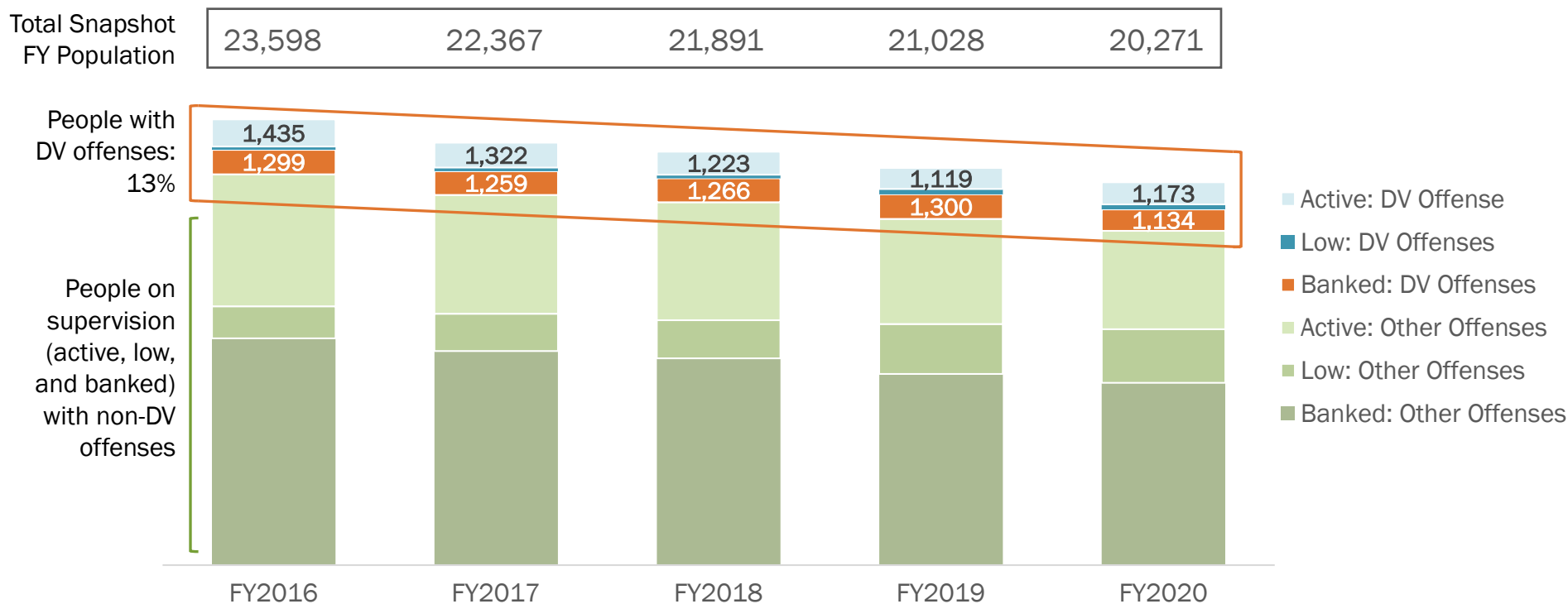
Individuals with severe BH needs are often housed in RIDOC prior to competency evaluations, though RIDOC is unable to provide responsive, targeted resources for this population. Stakeholders also reported concerns about individuals who are sentenced to serve time in RIDOC whose BH needs exceed the resources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

Intercept 4 Recap

Approximately half of people on probation with a domestic violence offense are supervised on active caseloads.

Probation Population by Supervision Level and DV Offense at FY-end, FY2016–FY2020



People on probation with a domestic violence offense account for **13 percent** of the total population.

Approximately **17 percent** of people on **active** supervision are flagged as having a domestic violence offense.

People with a DV conviction are placed on specialized DV probation if the offense involves intimate partner violence; people with other types of DV are supervised on non-DV caseloads

People on **Active** Supervision with a DV Offense, by Caseload
Snapshot: June 30, 2019



On average, across all 5 snapshot files, approximately **62 percent** of the probation population with a DV offense is being actively supervised on the specialized **domestic violence caseload**.

RIDOC is no longer using the LSI-R risk instrument for individuals with a domestic violence conviction. The department is planning to migrate to the Domestic Violence Screening Instrument – Revised (DVSI-R) tool for this population, which assesses the dangerousness of an individual.

An additional **2 percent** of people with a DV offense on active probation supervision are placed on a specialized **sex offender caseload**.

Black people in DOC custody or under DOC supervision* for a domestic violence offense are overrepresented in relation to the state demographics.

* Includes Parole and Probation (Active, Low, and Banked Caseloads)

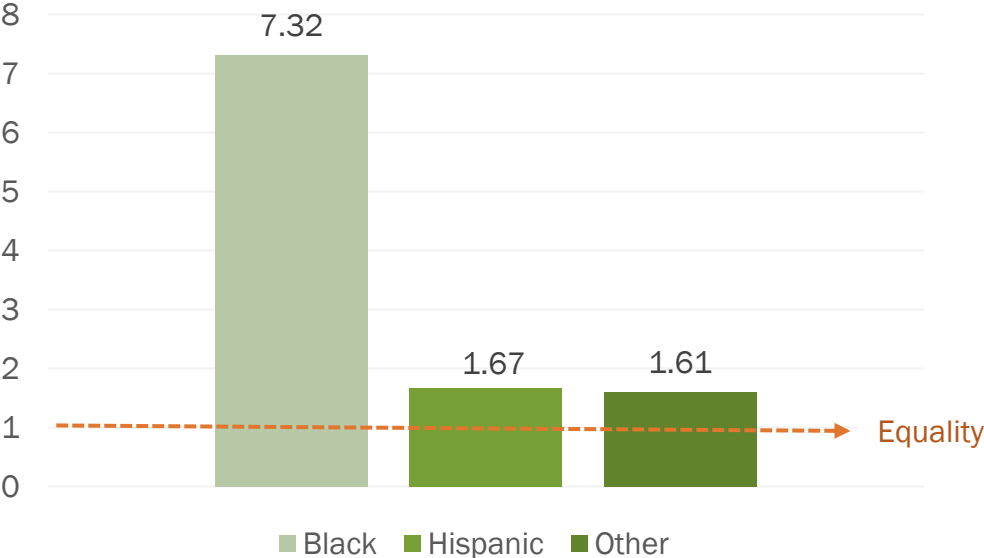
FY2019 Snapshot

State of Rhode Island Racial Breakdown	Sentenced/Custodial Population People with DV Offense (n=142)	Probation & Parole Population People with DV Offense (n=2,725)
• 70% White	• 42% White	• 51% White
• 9% Black	• 38% Black	• 24% Black
• 17% Hispanic	• 17% Hispanic	• 19% Hispanic
• 4% Other	• 3% Other	• 6% Other

- Despite representing just 9 percent of the state’s population, Black people constitute 38 percent of the sentenced/incarcerated for DV offenses and 24 percent of the probation and parole population.

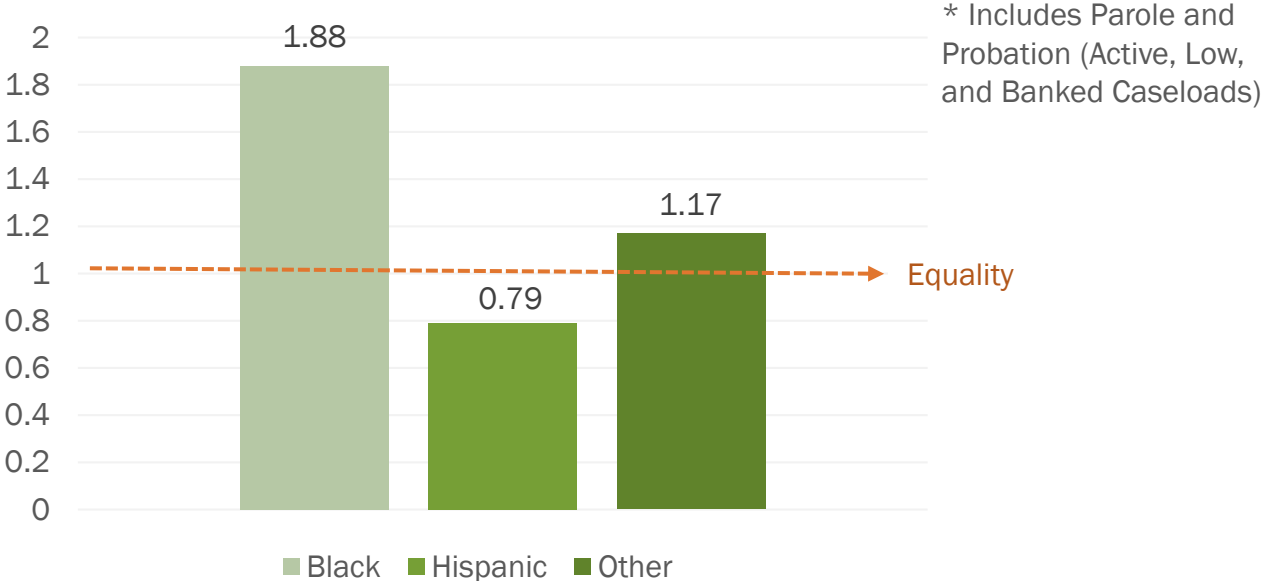
The Relative Rate Index (RRI) measures disparity among racial groups; an RRI of 1 indicates equal representation relative to each group's population size.

Sentenced/Custodial Population People with DV Offense (n=142)



Black people are sentenced/incarcerated for DV offenses at 7 times the rate that White people are sentenced/incarcerated for DV offenses.

Probation and Parole Population* People with DV Offense (n=2,725)



Black people are on community supervision for DV offenses at almost twice the rate that White people are supervised for DV offenses.

* Includes Parole and Probation (Active, Low, and Banked Caseloads)

CSG Justice Center analysis of Rhode Island DOC Probation and Parole Snapshot Data, 2015–2020, analyzed April 2023, and “Rhode Island Quick Facts,” U.S. Census Bureau accessed April 12, 2023, from <https://www.census.gov/quickfacts/RI>.

Over half of people in DOC custody or under DOC supervision* for a DV offense are between 30 and 49 years old and overwhelmingly are male.

* Includes Parole and Probation (Active, Low, and Banked Caseloads)

FY2019 Snapshot

State of Rhode Island Adults (Ages 20–84)	Sentenced/Custodial Population People with DV Offense (n=142)	Probation & Parole Population People with DV Offense (n=2,725)
• 18% 20–29 Years	• 24% 20–29 Years	• 22% 20–29 Years
• 18% 30–39 Years	• 32% 30–39 Years	• 30% 30–39 Years
• 15% 40–49 Years	• 27% 40–49 Years	• 24% 40–49 Years
• 18% 50–59 Years	• 15% 50–59 Years	• 17% 50–59 Years
• 30% 60+ Years	• 1% 60+ Years	• 6% 60+ Years

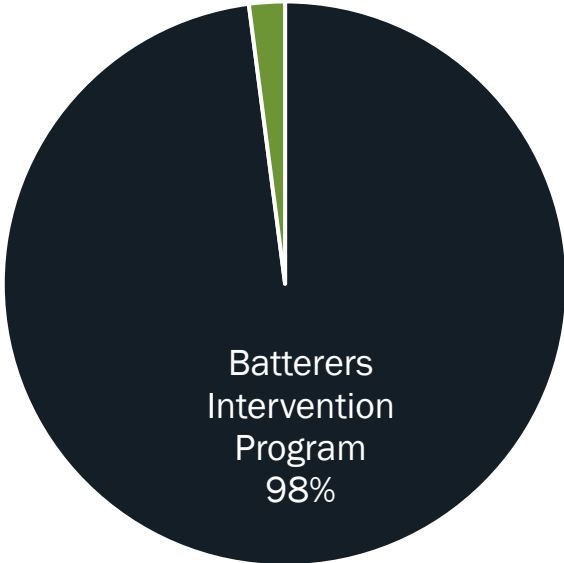
Males comprise **91 percent** of people on supervision with a DV offense and **99 percent** of people sentenced and incarcerated with a DV offense compared to **49 percent of the statewide RI population.**

CSG Justice Center analysis of Rhode Island DOC Probation and Parole Snapshot Data, 2015–2020, analyzed April 2023, and “Our Changing Population: Rhode Island”, USA Facts, accessed on April 13, 2023 from <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/rhode-island>.

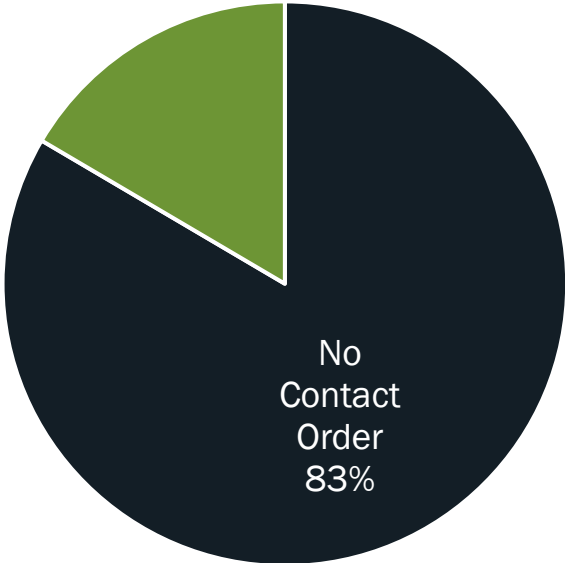
Many people on active probation in 2019 with a DV offense have received specialized conditions* as part of their supervision.

* (Includes conditions imposed on these individuals in prior years)

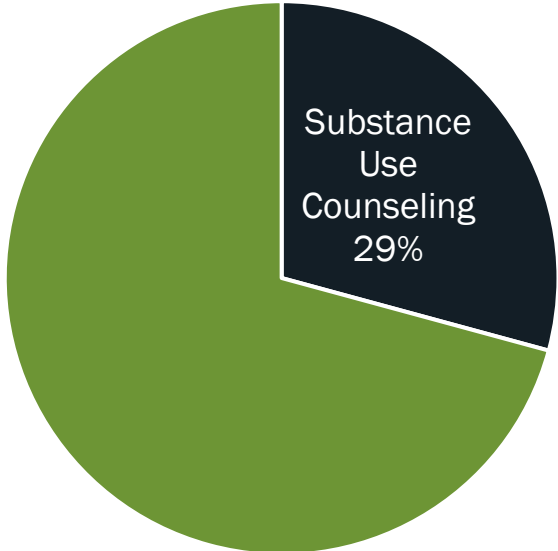
People Ordered to a Batterers Intervention Program



People with a No Contact Order Special Condition

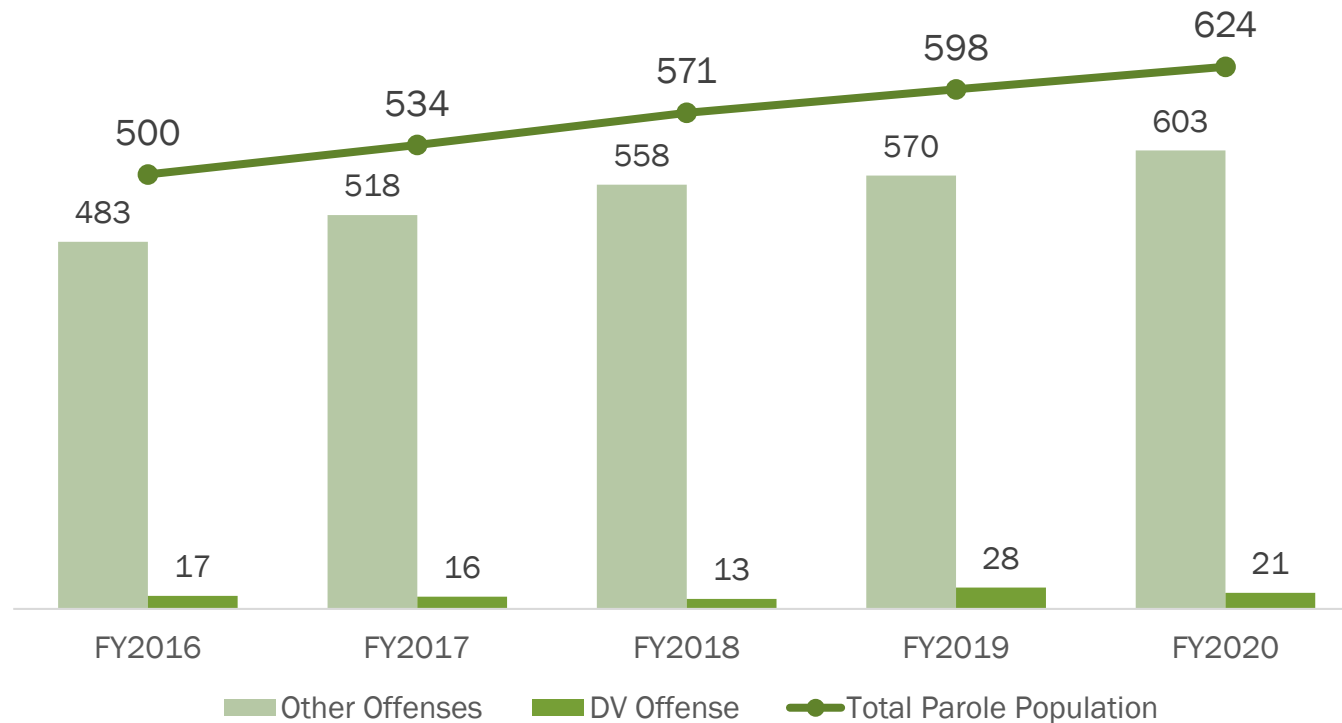


People with Substance Use Counseling as a Special Condition



On average, just 3 percent of people on parole had a DV offense over the FY2016–FY2020 period.

Total Parole Population and Parole Population with a DV Offense at FY-end, FY2016–FY2020



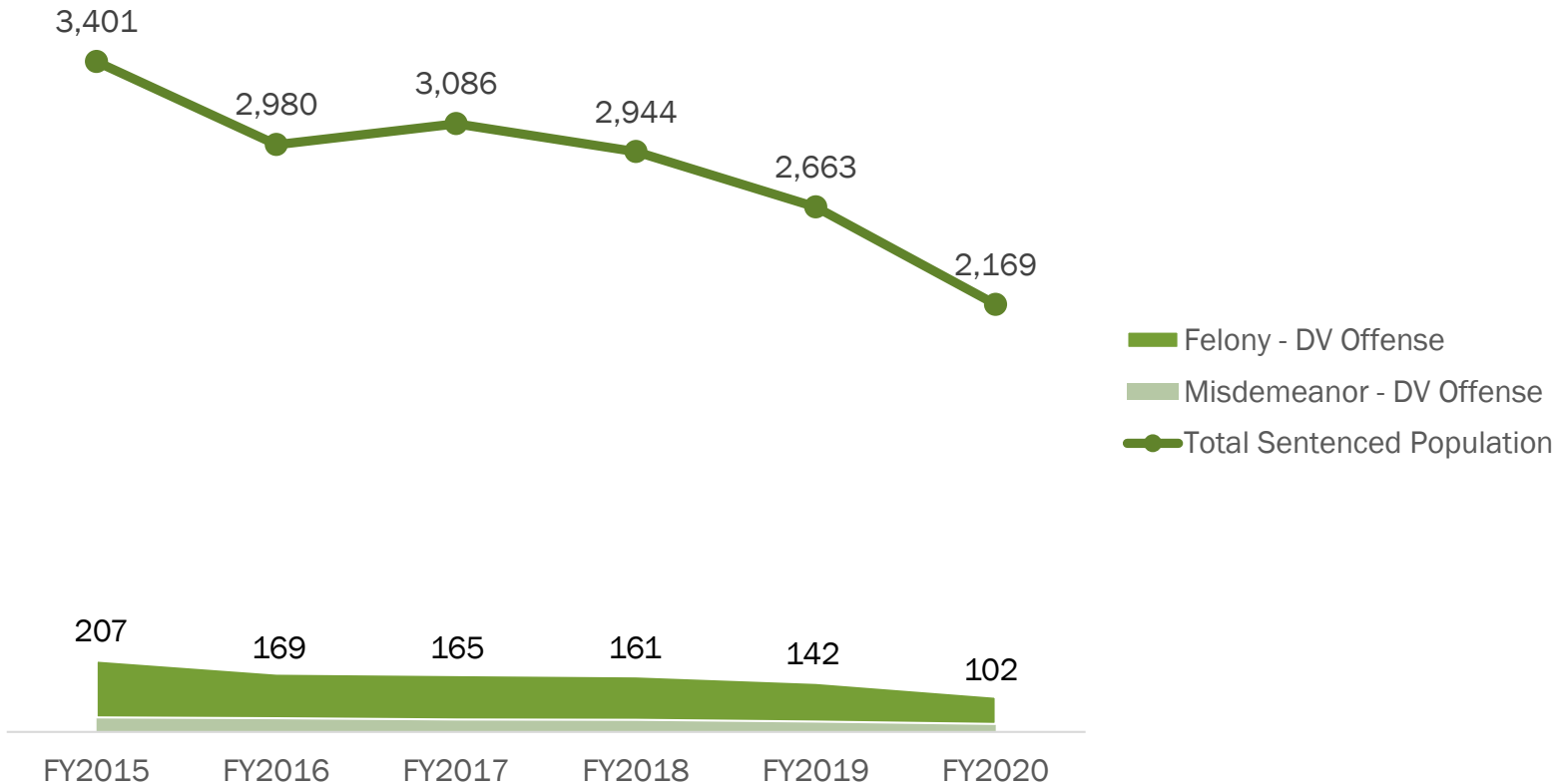
In 2019, **61 percent** of people on parole with a DV offense had been **ordered to a BIP** at some point, and **75 percent** of people had a **no contact order** imposed at some point. **Eighteen percent** had a condition to attend **substance use counseling**.

In 2019, **25 percent** of people on parole were assessed as **high risk** and **36 percent** were assessed as **moderate risk**.

(Twenty-five percent of these cases were low or low-moderate and fourteen percent did not have a risk screen or LSI-R risk level.)

Approximately 5 percent of the sentenced population in DOC custody is serving time for DV offenses.

Total Sentenced Population and Sentenced Population with a DV Offense by Offense Level, FY2015–FY2020

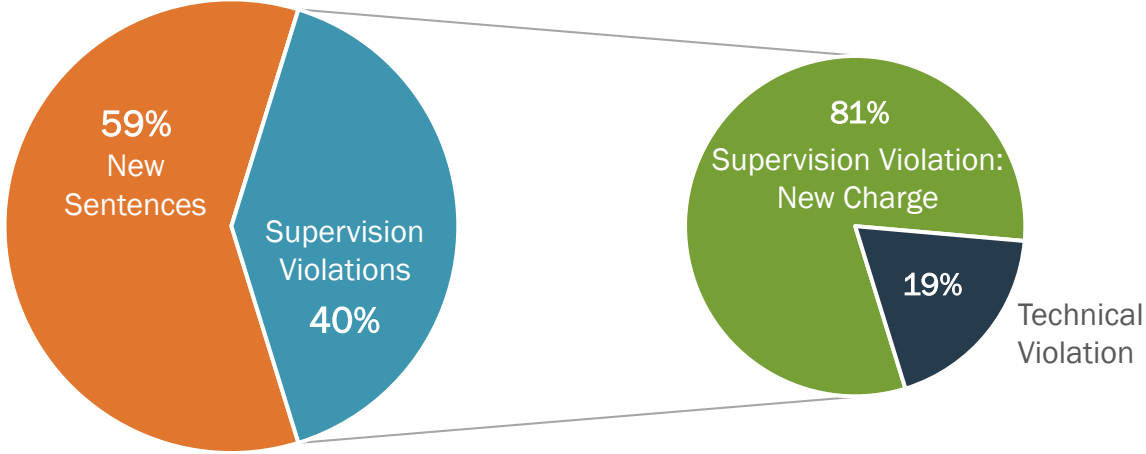


In FY2019, of sentenced people with a **felony DV offense, 74 percent** were incarcerated for assault and **4 percent** were incarcerated for violating a DV-related court order.

In 2019, for sentenced people with a **misdemeanor DV offense, 83 percent** were incarcerated for an assault and **10 percent** were incarcerated for violating a DV-related court order.

Of the snapshot sentenced population with a DV offense, the 40 percent admitted to custody on supervision violations are overwhelmingly (81 percent) admitted on new charges.

Admission Type for Individuals with DV Offenses Incarcerated in DOC at FY2015–FY2020
Excludes Pretrial and Holds



Of sentenced people with a **felony DV offense** in custody at the end of each fiscal year (n=740), an average of **59 percent** had been admitted to prison for a **new sentence** and **40 percent** for a **supervision violation** between 2015 and 2020.

During that same time, for sentenced people with a **misdemeanor DV offense** in custody at the end of each fiscal year (n=206), **58 percent** had been admitted for a **new sentence** and **42 percent** for a **probation violation**.

Before we move forward,



what **lingering questions or comments**
do you have about Intercept 4?

Recap of Analysis

Past JRI Successes in Rhode
Island

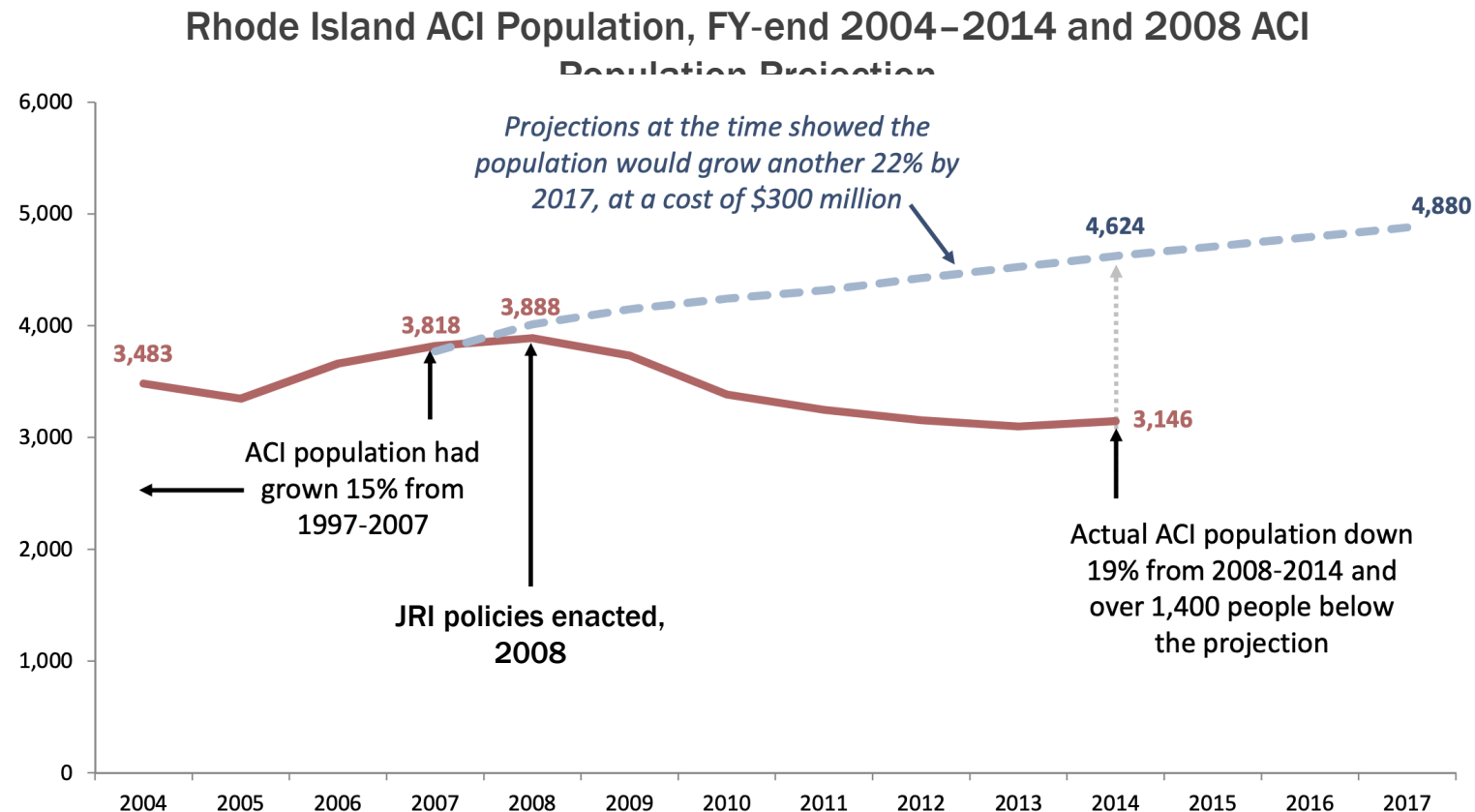
Data Collection and Analysis

Timeline

Roles of the Executive Working
Group

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

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



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

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

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

HB5065: Address Batterer Intervention Programming (BIP) practices.

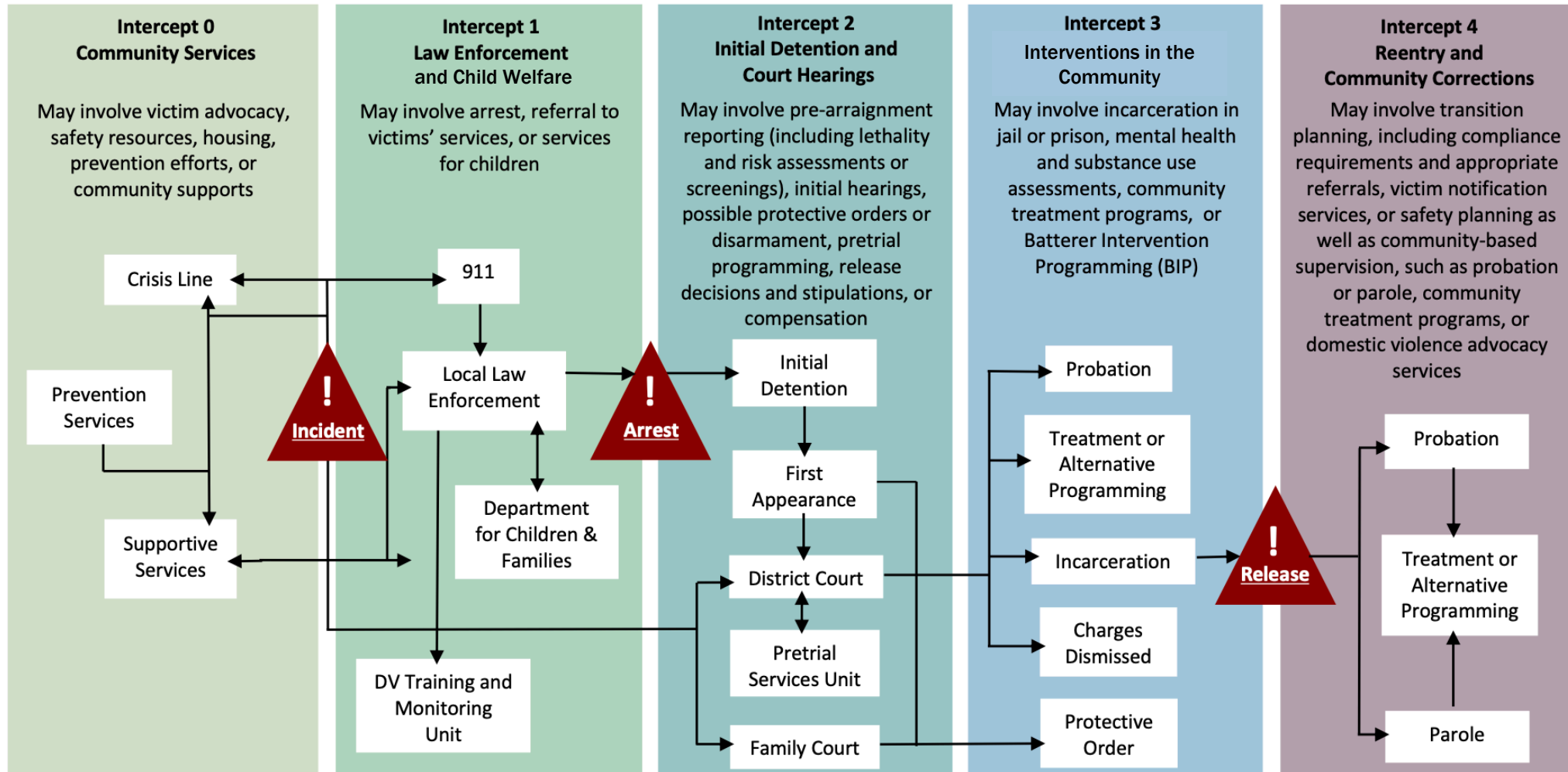
In 2019, CSG Justice Center staff responded to RIDOC's request to assess batterers intervention programming (BIP).

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

Systemic challenges include inconsistent practices of conducting risk and need assessments, a lack of differentiated programming based on risk and need, varying curriculum and facilitation without adherence to best practice, and reliance on self-report data from participants.

Assessment recommendation: Examine system responses and develop improved practices.

CSG Justice Center staff conducted the assessment using Sequential Intercept Mapping.



The analysis entailed both qualitative and quantitative data from community services, child welfare, law enforcement, judiciary, treatment providers, corrections, and other stakeholders.

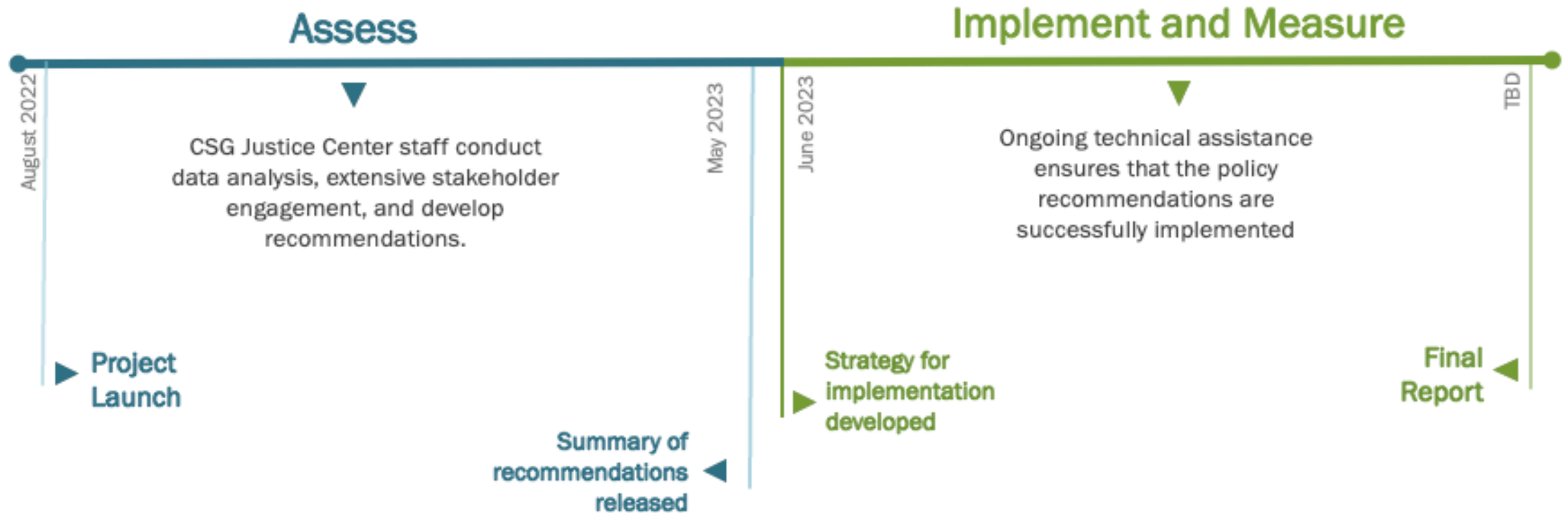
≈ 96,209

case files were analyzed from the Rhode Island Coalition Against Domestic Violence, Domestic Violence and Sexual Assault Training and Monitoring Unit, the judiciary, and Department of Corrections.

> 230

individuals were interviewed or surveyed from Rhode Island community- and systems-based agencies serving victims and survivors as well as individuals who have committed DV offenses.

The assessment period of the project is now complete. The next steps are evaluation and implementation.



Members of the Executive Working Group were invited to contribute their unique expertise in guiding domestic violence reform.

As we conclude our analysis, Executive Working Group members will do the following:

- ✓ Approve appropriate policy and programming options.
- ✓ Offer feedback on strategies for implementation and measurement.

Recommendations from the analysis aim to do the following:

- ▷ Increase public safety.
- ▷ Support victims and survivors, including those who don't engage the criminal justice system.
- ▷ Improve and expand domestic violence service provision.
- ▷ Reinvest in evidence-informed strategies to reduce domestic violence.
- ▷ Address identified systems gaps.
- ▷ Reduce the burden on correctional and court systems.
- ▷ Address accountability and needs of people who commit domestic violence.

Before we move forward,



what **lingering questions or comments**
do you have about the analysis?

Identified Themes and Recommendations

Training and Education

Data Collection, Reporting,
and Use

Funding and Resources

Programming

Partnerships

Statutory Changes

Needs: Consistent, evidence-informed DV training, approaches, and policies across systems

Strengths: Subject matter expertise among DV and culturally specific service providers, training practices that are already in place

Intercept 0: Community Services

- DV training requirements, content, and opportunities vary among community service providers.
- Advocates report a desire for training on a variety of topics to better support victims and survivors.

Intercept 1: Law Enforcement and Child Welfare

- All municipal police department recruits undergo 12 hours of training, which, though robust, could benefit from enhanced discussion of law enforcement-involved domestic violence, issues of immigration, interacting with Deaf/Hard of Hearing or non-English speakers, issues of bias, responding to individuals who have disabilities, and working with individuals who identify as LGBTQ+.
- Department for Children, Youth, and Families (DCYF) investigators who responded to the survey report differing experiences with training and education related to DV.

Intercept 2: Initial Detention and Court Hearings

- Judges, attorneys, and other court officials vary in the amount of DV training and education they receive.

Intercept 3: Interventions in the Community

- There is no standardized DV protocol for behavioral health (BH) treatment providers, including training, assessments, or programming components.

Intercept 4: Corrections and Community Reentry

- There is not a current formalized DV training for all RIDOC staff.
- Probation and parole officers could benefit from a more robust DV training curriculum.

Recommendation 1 | Ensure standardized DV curriculum for law enforcement; E-911 staff; Department for Children, Youth, and Families (DCYF); the courts; Rhode Island Department of Corrections (RIDOC) frontline staff; behavioral health (BH) providers; designated medical professionals; and substance use disorder (SUD) providers.

DV curriculum and training practices include the following characteristics:

- ✓ Require training for all new staff at these agencies within 90 days of hire and require supplementary training every 2 years.
- ✓ Create and deliver training in collaboration with a designated DV service provider.
- ✓ Include curriculum for culturally specific populations, including individuals who are immigrants and refugees, who do not speak English, who are LGBTQ+, who are Deaf or Hard of Hearing, who are older adults, or who have a disability.
- ✓ Include curriculum about dynamics of violence, interacting with victims and survivors, interacting with individuals who have committed violence, and trauma and polyvictimization as they impact youth and adults.
- ✓ For law enforcement and E-911 staff, ensure curriculum includes assessing lethality factors, potential co-occurring BH difficulties, and safety planning.
- ✓ For court and victim advocacy staff, ensure curriculum includes dynamics of litigation abuse.

Recommendation 2 | Cross-train and educate DV-specific agencies and other community providers that serve demographically specific populations.

Curriculum and training practices include the following characteristics:

- ✓ Include dynamics of violence and trauma-informed care, culturally or demographically specific service provision, and accessibility of services and shelter spaces.
- ✓ Provide opportunities for training that are by and for individuals from demographically specific communities, such as advocates who are Spanish speaking, who serve refugee populations, or who work with individuals who have disabilities.
- ✓ Extend training opportunities to the community, including leaders who are consulted regarding responses to DV in refugee or immigrant communities.



Recommendation 3 | Expand materials for victims and survivors on their available legal rights and resources in languages beyond what is currently available, including low-incidence languages such as Khmer, Yoruba, and Igbo.

Recommendation 4 | Develop standardized policies for responses to DV incidents across law enforcement, DCYF, BH providers, and SUD providers.

- ✓ All standardized policies incorporate a referral process and establish memorandums of understanding (MOUs) specific to local agencies serving individuals who speak languages other than English, including American Sign Language (ASL).
- ✓ Each agency publishes language referral statistics in their annual report.

Before we move forward,



what **lingering** questions or comments
do you have about **training and**
education recommendations?

Needs: Standardized DV data collection practices within and across agencies to understand DV prevalence, incidence, and service provision

Strengths: Recognition of need for improved data collection in addition to recent innovations in DV data collection practices

Intercept 0: Community Services

- Data collection and reporting practices vary across agencies, and there is no centralized database for sharing information.

Intercept 1: Law Enforcement and Child Welfare

- Law enforcement agencies do not uniformly report DV data.
- The office for gathering and processing law enforcement-reported DV is highly under-resourced.

Intercept 3: Interventions in the Community

- The prevalence of intersecting BH, SUD, and DV needs is unclear.
- BIP data collection and data sharing practices are inconsistent.

Intercept 4: Corrections and Community Reentry

- RIDOC has historically faced barriers to data collection and reporting.
- Departments within RIDOC are not required to record or submit DV information.

Recommendation 5 | Invest in data sharing infrastructure and develop guidelines for information sharing among DV agencies and the Rhode Island Coalition to End Homelessness's DV program to support existing efforts to share information.

Recommendation 6 | Increase data infrastructure and staffing resources for the DV/Sexual Assault Training and Monitoring Unit to move to an electronic database.

- ✓ Include training for all law enforcement agencies on the electronic database, as well as monitoring compliance annually.

Recommendation 7 | Create DV-specific metrics within the following agencies and programs:

- ✓ Batterers Intervention Programming (BIP) (such as risk and need level, programming provided, and outcomes)
- ✓ BH and SUD providers (such as DV identified at intake through screening)
- ✓ DCYF (such as DV identified at screening, DV identified in an ongoing investigation, DV service referrals)

Recommendation 8 | Adopt a central database for DV data collected across systems partners and create guidelines for tracking, reporting, and sharing information on DV prevalence and incidences in coordination with the Rhode Island Coalition Against Domestic Violence’s existing data collection practices.

All domestic violence data should also include demographic information, such as self-reported race and ethnicity, age, and socioeconomic status to note disparities. Systems partners include the following:

- ✓ BH and SUD providers
- ✓ BIP
- ✓ DCYF
- ✓ DV service providers
- ✓ Judiciary
- ✓ Law enforcement
- ✓ RIDOC
- ✓ Victim services
- ✓ Any other community agencies designated by the Executive Working Group

Recommendation 9 | Provide technical support to the Rhode Island Public Safety and Grants Administration Office as they standardize DV data collection and publication practices.

Before we move forward,



what **lingering** questions or comments
do you have about **data**
recommendations?

Funding and Resources

Needs: Sustained investment in resources to more inclusively support victims and survivors and increase responsiveness of services targeting DV offenses

Strengths: Interdisciplinary expertise among the Executive Working Group and desire from other stakeholders to assist in increasing availability and accessibility of services

Intercept 0: Community Services

- Funding and resources to meet the spectrum of victim and survivor needs are constrained, impacting service delivery and relationships among providers.

Intercept 1: Law Enforcement and Child Welfare

- Law enforcement advocates are a vital partnership, but not all law enforcement agencies have access to, or utilize partnerships with, advocates.

Intercept 2: Initial Detention and Court Hearings

- Victims and survivors, as well as court staff, highly value relationships with legal advocates.

Intercept 3: Interventions in the Community

- Individuals face financial barriers to accessing BIP.
- Treatment is not always linguistically or culturally responsive.

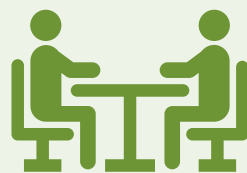
Intercept 4: Corrections and Community Reentry

- DV caseloads among probation and parole officers are surpassing regular caseloads.
- There has not been consistent funding for the victim advocate role at RIDOC.

Recommendation 10 | Expand the number of DV-specific probation and parole officers to allow for appropriate caseload sizes so officers can provide quality case management and supervision.



Recommendation 11 | Consistently fund the two victim advocate positions in RIDOC, ensuring that one of the advocates works with the Board of Parole.



Recommendation 12 | Ensure that each law enforcement agency and all courthouses have the resources to partner with a DV victim advocate and advocates who provide inclusive language and communication services, which includes Deaf Advocates, who can provide direct communication.

Recommendation 13 |

Increase resources to support partnerships between community-based DV services and systems-based organizations serving individuals who are immigrants and refugees, who do not speak English, who are LGBTQ+, who are Deaf or Hard of Hearing, who are older adults, or who have a disability, to ensure they receive appropriate assistance and interventions.



Recommendation 14 |

Ensure a diverse workforce of staff to effectively respond to people who speak languages besides English, who come from various racial and ethnic backgrounds, who have disabilities, or who are LGBTQ+.

Recommendation 15 | Provide funding for BIPs to allow the development of sliding fee scales for people who are indigent and have trouble accessing programming.

Recommendation 16 | Provide technical support to the state of Rhode Island to explore options for expanding affordable housing to address profound gaps in stable housing for DV victims and survivors.

Recommendation 17 | As the state pursues the development of a DV-specific court, ensure that appropriate investment and resources include the following:

- ✓ Providing a trauma-informed environment while managing the safety and needs of victims and survivors
- ✓ Utilizing appropriate assessment tools to assess risk of DV and general recidivism
- ✓ Coordinating with DV-specific probation and parole officers
- ✓ Providing evidence-based treatment programming shown to be effective in changing behavior
- ✓ Creating strategies to monitor compliance with restraining and no-contact orders

Before we move forward,



what **lingering** questions or comments
do you have about **funding and**
resource recommendations?

Needs: Increase availability, accessibility, and responsiveness of DV programming

Strengths: Consensus across entities that existing programming investments, components, and delivery are not effective for all victims and survivors or individuals who commit DV

Intercept 0: Community Services

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

Intercept 1: Law Enforcement and Child Welfare

- Victims and survivors face barriers to engaging law enforcement based on aspects of their identity, including race and ethnicity, primary language, sexual or gender identity, criminal legal status, or disability status.

Intercept 2: Initial Detention and Court Hearings

- Perceived consistency and effectiveness of court responses to DV varies among stakeholders.

Intercept 3: Interventions in the Community

- BIPs are not differentiated based on risk and need, types of violence, primary language, or gender identity.
- DV assessments are not routinely conducted among treatment providers.
- BIPs do not have a standardized curriculum.
- The Batterers Intervention Oversight Program Committee (BIPSOC) does not have anyone trained in program evaluation.

Intercept 4: Corrections and Community Reentry

- Programming is lacking for incarcerated survivors of DV.

Recommendation 18 | Provide gender-responsive, trauma-informed programming for women and individuals who are LGBTQ+, are incarcerated, and who have experienced DV.

Recommendation 19 | Implement a DV-specific assessment—such as the Domestic Violence Screening Instrument – Revised (DVSI-R), the Lethality Assessment, or the Spousal Assault Risk Assessment (SARA)—within BH agencies and RIDOC.

Recommendation 20 | Adopt a standardized baseline curriculum to be used across all BIPs.

- ✓ Consider using the Strength at Home program as the baseline curriculum.
- ✓ Consider integrating the Caring Dads model.

Recommendation 21 | Create differentiated programming within BIPs including the following:

- ✓ Separating intimate partner violence and other family violence, including violence against children
- ✓ Gender-specific curricula
- ✓ More intensive programming for individuals with a high level of risk and need



Recommendation 22 | Expand the Batterers Intervention Programming Oversight Committee (BIPSOC) to include individuals trained in program evaluation and individuals representing RIDOC and BH and SUD providers; require an annual evaluation of BIP and the activities of the BIPSOC to be submitted to the legislature.

Recommendation 23 | Change the name of programming from Batterers Intervention Programming to a name chosen by the existing BIPSOC to reflect new standardized policies and practices.

Before we move forward,



what lingering questions or comments
do you have about programming
recommendations?

Needs: Shared definition, understanding, and operationalization of partnerships among agencies responding to DV to eliminate siloed services and improve coordination of care

Strengths: Robust historical relationships among entities responding to DV and a desire across agencies to improve coordinated responses

Intercept 0: Community Services

- Partnerships among community service agencies are not clearly defined and are siloed.

Intercept 1: Law Enforcement and Child Welfare

- Partnerships with law enforcement advocates are reported as integral to law enforcement's DV response.
- Some partnerships are used more than others.

Intercept 2: Initial Detention and Court Hearings

- DV partnerships and information sharing practices vary within the courts and among the courts and other agencies.

Intercept 3: Interventions in the Community

- Investment in community BH varies geographically and is contingent on buy-in from local government, creating disparate responses and unequal protection for victims and survivors of violence.
- There is limited to no information sharing between BH and BIP providers.

Intercept 4: Corrections and Community Reentry

- Departments within RIDOC and community responses to DV are siloed.
- Without a current victim advocate position in RIDOC, staff are challenged to meet the needs of victims and survivors.

Recommendation 24 I

Create standardized MOUs to increase information sharing and coordination of care between community-based DV advocates and the following agencies:

Recommendation 25 I

Create standardized MOUs to increase language and communication access between the Tri-County D/deaf, Hard of Hearing, and DeafBlind VOCA Program and the following agencies

- ✓ Courts
- ✓ DCYF
- ✓ Law enforcement
- ✓ RIDOC
- ✓ Victim compensation



- ✓ Courts
- ✓ DCYF
- ✓ DV service providers
- ✓ Law enforcement
- ✓ RIDOC
- ✓ Victim compensation

Recommendation 26 I Establish a standing committee to meet quarterly to review statewide coordinated community responses to DV with representation from BIP providers, BH agencies, community-based service providers serving demographically specific DV populations, DCYF, Department of Human Services, DV service providers, the judiciary, Justice Assistance, law enforcement, RIDOC, and victim compensation.

The committee should report annually on their activities and have a mechanism for public feedback per Rhode Island legislation § 42-46. The scope of the committee's agenda can be defined by membership, but at a minimum should include the following:

- ✓ Accessibility of existing domestic violence services
- ✓ The formation or adaptation of an existing advisory board composed of victims and survivors to collaborate with the committee on issues impacting DV service provision
- ✓ The creation of clear guidelines for appropriate information sharing practices among community-based and systems-based partners serving DV victims and survivors as well as individuals convicted of DV offenses
- ✓ Follow-up data studies to be conducted, including a workload of analysis of DV advocates and DV staff at RIDOC
- ✓ The development of appropriate partnerships between BH and SUD programming for individuals to expand availability of resources for people who are perpetrating DV, including a potential warm line or other services available pre-adjudication
- ✓ Clarity of roles and scope of work among service providers to ease access to and understanding of services available for victims and survivors

Before we move forward,



what lingering questions or comments
do you have about partnership
recommendations?

The analysis has also resulted in statutory recommendations.

Recommendation 27 | Develop **statutory authority** for **privileged confidential communication** between advocates and victims and survivors.

Recommendation 28 | Restructure Rules and Regulations Pertaining to the Crime Victim Compensation Program (120-RICR-00-00-2) that require victim and survivor cooperation with law enforcement to receive services from Crime Victim Compensation.

Recommendation 29 | Support legislation to **permit the court** to issue an order **restricting abusive litigation**.

Recommendation 30 | Restructure **statutory BIP requirements**, including standards for certification and program completion and the requirement of all individuals convicted of DV to attend BIP, to mirror national best practices.

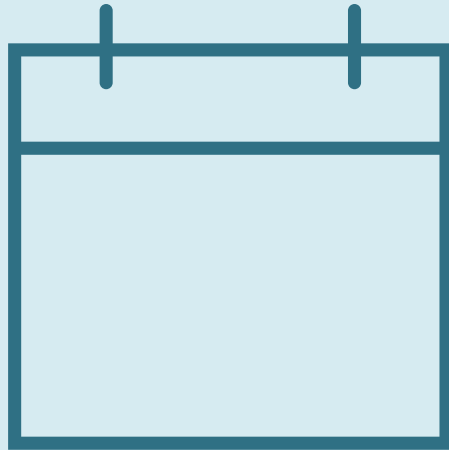
Recommendation 31 | Restructure Rhode Island legislation **§ 12-29** to **exclude non-familial, platonic cohabitants**.

Before we move to next steps,



what lingering questions or comments do
you have about legislative
recommendations or recommendations
overall?

Next Steps



July 2023: Meeting to move recommendations forward

August–September 2023: Governor’s Office reviews and approves selected recommendations

September 2023: Implementation Meeting

Thank You!

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

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