ADDRESSING DOMESTIC VIOLENCE THROUGH DATA-DRIVEN SOLUTIONS

CASE STUDY

Location:
City of Charlottesville, VA, and Albemarle County, VA

Organization:
Evidence-Based Decision Making (EBDM) Policy Team, chaired by the VA Department of Corrections, District 9 Probation and Parole

Description:
The EBDM Policy Team is comprised of 16 criminal justice agencies from the City of Charlottesville, VA, and Albemarle County, VA.

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Overview
In April 2012, the EBDM Policy Team requested assistance in analyzing its system-wide response to domestic and intimate partner violence (DV/IPV) with a focus on improving offender accountability and victim outcomes. Responding to DV/IPV in these communities is complex and includes coordination across two jurisdictions and involves over 16 criminal justice agencies. In addition, several factors specific to Virginia needed to be considered including:

• the use of a magistrate system,
• a DV statute limited to certain family and child-in-common relationships, and
• a new IPV protective order and strangulation statutes which broaden the scope of DV cases but are not heard in the same court as DV cases.

Data analysis indicated a need to implement a comprehensive and coordinated approach to DV/IPV across the criminal justice system. Diagnostic Center Specialists conducted more than 40 interviews with local criminal justice officials, social service stakeholders and crime victims. The analysis illustrated how victims could access services at multiple points in the process, how offenders were moved through the criminal justice system, where overlaps or gaps in services existed and how the system effectiveness could be improved.

The Diagnostic Center identified Blueprint for Safety - a system-wide response framework - as the best strategy for the communities to use to address DV/IPV and facilitated a peer exchange with St. Paul, MN, Ramsey County, MN, the St. Paul Intervention Project and Praxis International to learn more about the model and implementation requirements.Blueprint is a set of coordinated protocols based on knowledge gleaned from thirty years of research, demonstration projects, and practice. The Diagnostic Center also facilitated a relationship for the communities with the University of Virginia to address data collection challenges. The Diagnostic Center provided access to judicial skills training in conjunction with the National Council on Juvenile and Family Court Judges. Lastly, support was provided for law enforcement and probation officers to attend a state-wide DV conference in order to enhance their skills in responding to DV/IPV and build team cohesion.

Data-driven Programs and Practices Recommended to Address the Issue

• Comprehensive and coordinated approach such as Blueprint for Safety
• Victim services and offender treatment interventions
• Multidimensional data gathering and analysis strategy - such as lethality assessment tools—to help determine a victim’s risk of homicide as well as risk assessment protocols to help determine appropriate offender supervision requirements and treatment options
The Diagnostic Center

The Diagnostic Center is a technical assistance resource provider designed to build community capacity to use data to make short- and long-term evidence-based decisions about criminal justice and public safety. Diagnostic Center engagements enhance the ability of public safety executives to collect and use local data to understand the jurisdiction’s issues, make decisions about programs and practices and support efforts to integrate data and evidence into policies. The Diagnostic Center invests in what works by bridging the gap between data and criminal justice policy at the state, local and tribal levels.

The Diagnostic Process

After being contacted by the EBDM Policy Team, the Diagnostic Center began its three-step process to help analyze their system-wide response to DV/IPV.

The Diagnostic Center brought in the U.S. Department of Justice Office on Violence Against Women, the Bureau of Justice Assistance and Office for Victims of Crime, which provided access to research and input from other domestic violence and intimate partner violence initiatives. During the Diagnose phase, the Diagnostic Specialists conducted 40 interviews, collected extensive local data and analyzed all of the information collected. That analysis uncovered six factors contributing to the EBDM’s challenge in addressing DV/IPV and identified recommended data-driven programs and practices to help.

Six Factors Contributing to the Issue

1. **External constraints limit effective response to DV/IPV**
   Multiple entry points for victims seeking services and legal remedies and multiple courts with jurisdiction depending on the relationship’s characteristics create potential confusion for victims and coordination challenges for the criminal justice system.

2. **System-wide framework needs strengthening**
   Variable agency response methods, developed in silos, have weakened the ability of the criminal justice system to more effectively address DV/IPV violence issues focused on victim safety and offender accountability.

3. **Access barriers to victim services**
   While there are a number of victim-focused services, there are perceived barriers to accessing these services.

4. **Limited functionality of DV/IPV data systems**
   Disparate data systems limit the ability of the criminal justice system as a whole to use data to monitor indicators and inform decisions to reduce recidivism and repair victimization.

5. **Minimal interagency outreach coordination**
   Minimal interagency DV/IPV coordination limits the ability of agencies to maximize the impact of victim services and offender accountability, as well as develop and support appropriate system responses.

6. **Treatment and services gaps**
   DV/IPV victim services and treatment programs are narrowly focused, provided at limited points in the criminal justice process and do not fully address the uniqueness of the DV/IPV issue.

“Victims of crime and the community deserve a criminal justice system that is committed to practices that have been proven to work – the Diagnostic Center helped us identify the right practices.”

– Pat Smith, Executive Director, Offender Aid and Restoration/ Jefferson Area Community Corrections
Descriptions and Details of the Recommended Evidence-based Programs and Practices

Comprehensive and Coordinated Approach

The Diagnostic Center recommended the EBDM Policy Team undertake an effort that offers a system-wide approach with focused responses for each component. A system-wide framework should strengthen and coordinate the criminal justice system’s response to DV/IPV, which relies on strong coordination and collaboration at each point in the criminal justice system. Each criminal justice agency should increase awareness about current research and evaluation on DV/IPV and look for ways to integrate danger/risk/needs assessment tools into standard operating procedures to help inform decision-making points. Also, DV/IPV services and strategies should allow for responses to address individual circumstances for individualized interventions. In addition, ongoing data collection methods and analysis should be designed to develop victim and offender profile information that can help assess service delivery and system-wide response.

Blueprint for Safety is an interagency approach to DV/IPV crimes. Adapted from the St. Paul (MN) Blueprint for Safety, Blueprint for Safety offers a system-wide response framework while also allowing for individualized interventions. The approach relies on strong coordination and collaboration at each point in the criminal justice system with specific integrated policies and procedures for each agency. It has two emphases: (1) victim safety, focusing on consistent responses that acknowledge the fact DV/IPV is a patterned offense; and (2) offender accountability, putting a system of accountability in place to address the full context of violence while offering opportunities to change.

Victim Services and Offender Treatment Interventions

Reducing barriers services and addressing gaps in services and treatment can improve system outcomes by “breaking the cycle” of repeat victimization and offender recidivism. Communities can increase awareness of, and access to, victim services by:

- conducting coordinated outreach strategies to increase awareness of available services and facilitate access to those services,
- incorporating strategies to reach specific populations, and
- linking victims to service providers at multiple points inside and outside the criminal justice system through use of victim safety and danger assessments.

Analyzing local victim, offender and community asset data can be informative to the development of a local community’s system-wide response. Local data can assist stakeholders in identifying gaps in services, determining which interventions have the greatest impacts on certain populations, determining offender typology and differentiated treatment models and prioritizing the highest risk incidents and/or most violent offenders. Leveraging criminal justice and community-based data to inform decisions as well as establishing trusted partnerships among key stakeholder groups is key for successful implementation.

Multidimensional Data Gathering and Analysis Strategy

Creating and implementing a system-wide data collection strategy can provide policy-makers and criminal justice practitioners the information necessary to monitor and assess impacts of decisions and outcomes. Elements of a system-wide data strategy include:

- long-term technology plan, including data integration and automation of manual processes,
- standardization of key definitions and data points,
- baseline indicators across the criminal justice process, and
- requirements for data quality and reporting, and incorporation of data into decision-making, including policy setting and resource allocation.
Diagnostic Center’s Recommendations

Create a system-wide framework to address DV/IPV
- Implement Blueprint for Safety, emphasizing victim safety and offender accountability and formalizing interagency coordination and collaboration
- Build agency-specific capacity to enhance judicial skills and implement lethality assessment tools for law enforcement

Utilize data to inform decisions and identify needs
- Establish regular data collection systems and analysis of baseline indicators to support system-wide decisions
- Use risk assessment tools to increase access to victim services and determine offender supervision and treatment requirements

Impact and Outcome

In the time since Charlottesville and Albemarle County began implementing the Diagnostic Center’s recommendations, the communities have begun seeing qualitative results and expect to be able to document quantifiable outcomes. Actions the communities have taken include:
- Identifying key community stakeholders to address DV/IPV, such as the Shelter for Help in Emergency and the Emergency Communications Center, and including them in the system-wide response framework development
- Providing in-depth training on handling of DV/IPV cases for key judicial officials and the chief magistrate
- Engaging judicial officials state-wide in a one-day training on processing of DV/IPV cases
- Adopting Blueprint for Safety as the community’s system-wide DV/IPV framework
- Adopting Lethality Assessment Programs for law enforcement interventions with DV/IPV encounters
- Adopting an implementation assessment framework to gauge implementation progress and track system-wide DV/IPV data
- Piloting a victim satisfaction survey
- Developing a community team cohesion and approach to addressing DV/IPV
- Fostering individual and agency skill development with participation in state-wide DV-focused training
- Identifying a dedicated DV officer within the City of Charlottesville Police Department

Community’s Response

At the request of the EBDM Policy Team, the Diagnostic Center facilitated a peer exchange with representatives from the St. Paul (MN) Police Department and City Attorney’s Office, the Ramsey County (MN) Sheriff’s Office, Community Corrections and Probation and District Court, the St. Paul Intervention Project and Praxis International to learn more about the Blueprint for Safety model and implementation requirements.

The communities adopted Blueprint for Safety in the fall of 2013 and established a three-phase implementation process. First, working groups identify gaps in policies and practices then secondly, facilitate the development of coordinated response protocols. Third, once a working group completes its work, the new policies and procedures will be presented to the EBDM Policy Team for its consideration and adoption.

The EBDM Policy Team, with support from National Council of Juvenile and Family Court Judges (NCJFCJ) and the Virginia Supreme Court, hosted a local training for 35 judicial officials from across the state to enhance their skills in processing DV/IPV cases. The Diagnostic Center, in partnership with the NCJFCJ, provided assistance for two judicial officials to attend in-depth DV judicial training. In addition, the Diagnostic Center coordinated with a local researcher to design data collection methods and baseline indicators for each decision point in the criminal justice system. Lastly, the communities sent a team representing public safety and victim services to Virginia’s Domestic Violence Reduction Conference.

Full implementation of Blueprint for Safety is an ongoing effort and the Diagnostic Center continues to provide ongoing, remote technical assistance.

Insight Gained

Inclusion of, and buy-in from, key community stakeholders - specifically victim advocates - is critical to effective and sustained system-wide criminal justice improvements.

Finding agency champions to help carry the message to others is an important step to seeing the need for system-wide change and identifying ways forward, whether that is training or new policies and practices.

Data is the difference. Having data to show the connections, progress and gaps is critical to understanding the problems and finding the right solutions. Improving data collection, quality and analysis is vital to sound implementation.