

Phase One Recommendations for Domestic Violence Policy and Practice at the Vermont Agency of Human Services

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Submitted by:

AHS Domestic Violence Initiative Steering Committee

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2006 AHS Domestic Violence Initiative

REPORT TO THE SECRETARY

JANUARY 2007

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Phase One Recommendations for Domestic Violence Policy and Practice At the Agency of Human Services

Introduction

The first two years of the AHS Domestic Violence Initiative has opened doors that were previously closed; uncovered ideas that were hovering beneath the surface and inspired dialogue in conference rooms previously silent on the topic of domestic violence. At a press conference last spring, the Governor highlighted the domestic violence initiative at AHS and referenced the work as that which state government is proud to do. In a letter of support for the project he identified the work of the initiative as vital to the work of state government and a good investment for all.

“The AHS Initiative represents a commitment, at the highest levels of state government, to broad-based systems change. It is my hope that through the AHS Initiative, we create mechanisms within state government that enhance the response to victims of domestic violence and hold offenders accountable. AHS is working to institutionalize change in order to maximize resources and generate positive outcomes with long term impact. The AHS Domestic Violence Initiative is a good investment for the state, for individuals and for communities, and I believe it deserves continued support.”

(Governor Douglas, Letter of Support, 9/18/06).

We have learned that there is a heartening willingness by AHS staff and leadership to engage, reflect and respond to the opportunities for growth, development and change presented by the work of the AHS Domestic Violence Initiative. This work will inevitably facilitate AHS efforts toward safety and self-sufficiency for victims and survivors and ensure accountability for perpetrators of domestic violence who are served by or work for AHS. Similarly, this work has gained credibility and regard within the domestic violence community. In November 2006 the AHS Domestic Violence Initiative Steering Committee was recognized by the Vermont Network Against Domestic and Sexual Violence as an innovator by receipt of the Network’s Annual Community Advocacy Award. This award illustrates the growing relationship between Network advocates and state government and likewise acknowledges the vital role that the AHS initiative can and does play in the community response to domestic violence.

These acknowledgements are evidence of a deepening mutual respect between the Network and the Agency that have developed throughout the first two years of this project. This unique partnership brings out the best in each system’s approach. The Domestic Violence Initiative has effectively integrated the thinking behind the Four Key Practices of Human Service (*Customer Service, Holistic Service, Strength-based Relationships; and Outcomes Orientation*) with principles for effective systems advocacy (*survivor self-determination, multi-dimensional analysis and authentic collaboration*). As a result, AHS is now ready to construct a comprehensive response to domestic violence that complements each system’s response to domestic violence and contributes positively to a statewide coordinated community response to domestic violence. The following plan outlines *how* this will happen.

In Review

The AHS Domestic Violence Initiative has three intended outcomes:

- To provide programmatic and structural mechanisms through which effective domestic violence policy, procedure, case practice and workforce development can be implemented and supported within and among all AHS departments;
- To institutionalize domestic violence expertise within and throughout the Agency of Human Services in collaboration with the Vermont Network Against Domestic and Sexual Violence and other statewide domestic violence experts;
- To improve the ability of AHS to achieve its stated goal of providing an integrated client-based array of human services, including prevention and early intervention services to families, children and individuals in need and to communities across the state.

(AHS Report to the Secretary, December 2005)

When this project was first conceived of it was laid out as a 5 – 10 year project. The kind of broad systemic change we are undertaking will take five years to define, implement and evaluate and ten or more years to systematize and institutionalize effective responses. In the last two years AHS and the Network have made substantial progress toward accomplishment of the stated outcomes.

Phase 1 (2004 – 2005): The initial work on the project laid the necessary foundation for the AHS Domestic Violence Initiative and set the stage for collaboration. In the course of phase 1 we garnered support of Agency leadership, established relationships with individual policy-makers, created forums for dialogue and discussion and completed the *Report on Domestic Violence Policy and Practice at the Vermont Agency of Human Services: Recommendations for Systems Change (2005)*.

Phase 2 (2005 – 2006): Continuation of the project established the structure necessary to create and guide an implementation plan for the Report recommendations. Most notable in this phase is the truly collaborative tone and standard that has been set by the AHS Steering Committee. As a result, the initial work of the individual Secretary's Advisory Groups¹, created by AHS leadership, reflects ownership of the work that is more apt to sustain the momentum and commitment to the project than an outsider-insider dialogue would allow. This process is designed to establish a consistent baseline response across AHS departments while addressing and creating policies and practices that reflect and attend to each department's needs, consumer-base, barriers and best practices.

¹ *Secretary's Advisory Groups(Attachment #1):*

Each department has its own Advisory group comprised of leadership, policy, field staff and a Network liaison.

The purpose of the Secretary's Advisory groups is three-fold:

- *To conduct department-specific review and analysis of existing internal framework that enables an effective domestic violence response.*
- *Prioritize the development of specific policies, procedures, practices and programming within each department.*
- *Identify consultation, technical assistance and resource needs for the integration of domestic violence informed policy and practice within each department.*

2006 AHS Domestic Violence Initiative

Project Structure

Steering Committee

The AHS Steering Committee began meeting in February of 2006. The Steering Committee guided the process of creating the structure for implementation of the Report recommendations, namely, the development of Secretary's Advisory Groups. Over the course of three months, the Network, in partnership with Steering Committee representatives met with each Commissioner to review the report and create the membership, charge and goals of the individual Advisories. In June, the Steering Committee put together a "Kickoff" event to initiate implementation of the Secretary's Advisory Groups and invited all Advisory Group participants identified by the Commissioners. The kickoff meeting provided foundational information for those who had not interacted with the project to date, a review of the Report to the Secretary and an opportunity for each Advisory to hold their first meeting to discuss format, develop process and ask questions relating to the intended goals and objectives of the Advisory Group structure.

Secretary's Advisory Groups

Following the June meeting, Advisory Groups began meeting individually to implement their charge. Liaisons from the Vermont Network were assigned to each advisory as a way to encourage continued collaboration and capitalize on the combined expertise of each partner. Throughout the first 6 months these groups engaged in challenging and complex dialogue related to the role of a domestic violence advisory, the meaning of this work and the impact of focusing effort on domestic violence in the context of broader departmental missions.

Project Functions

Systems Assessment

Following the initial work of developing membership and a commonly understood goal, Advisories, with assistance from other department staff, completed a systems assessment of their department's response to domestic violence. (Attachment #2) This assessment resulted in the development of a mission and work plan for each Advisory. The process of conducting this assessment had value in and of itself and discussions related to the assessment has generated awareness and general support for the project and the possibilities for change that exist in individual departments and divisions.

In summary, assessment findings include:

- No Department has a department-wide domestic violence policy;
- Every department identified the need for workplace policies to address the needs of employees who are victims of domestic violence and the broader issues of perpetrator accountability and staff safety;
- A handful of divisions have specific policies that address domestic violence;
- Data collection specific to domestic violence is not collected, integrated and analyzed in a meaningful way;
- Departments have limited or no domestic violence screening/assessment protocols;
- Majority of domestic violence offenders supervised by DOC are not engaged in risk-reducing programs;
- Majority of services are provided through contracted community providers of which little is known about the existence of or capacity for a viable domestic violence response;

- Some basic training about domestic violence exists in some divisions;
- Some information about domestic violence is present in some division's new employee orientation processes;
- DCF Family Services houses the only dedicated domestic violence specialist positions;
- All Advisories have the expressed support of Department Commissioners;
- Many departments have current domestic violence outreach materials available in their offices.

Proposed Implementation Plans: Secretary's Advisory Groups

Each Secretary's Advisory Group used the results of the systems assessment to develop priorities and implementation plans for their respective departments. Each Advisory reported positively on their work and feelings of success regarding the identification of initial opportunities for systems change at AHS. Please refer to the attached *Department Plans* for detailed Advisory Group plans for the coming year (Attachments #3 -6).

Highlighted Department Priorities:

- Continue operation of all Department Advisories and Steering Committee;
- Development of Department-wide domestic violence policies that are in line with the previously adopted AHS domestic violence policy;
- Development of division-specific policies and procedures on domestic violence;
- Move from a focus on programming to integrating domestic violence best practice principles into daily offender supervision activities;
- Planning for comprehensive data collection strategies;
- Development of cross-departmental protocols for information-exchange and case management for domestic violence issues;
- Creating consistency in domestic violence response across DCF eligibility programs;
- Develop best practice directives and guidelines for case practice and supervision of domestic violence offenders;
- Explore the reinstatement of specialized domestic violence caseloads for supervision of domestic violence offenders;
- Development of a *Victim Services Best Practices Manual*;
- Increase staff access to basic and advanced training on domestic violence that is specific to roles and content areas;
- Examine capacity of current staffing structures to facilitate ongoing implementation and sustainability of proposed plans.

Proposed Priorities: Steering Committee

Prompted by Advisory Group discussions, the Steering Committee has grappled with strategies to resolve a variety of cross-Agency issues that affect prioritization and implementation of Advisory Group plans. As a result, the Steering Committee will be responsible for facilitating the work on all cross-Agency issues and prioritize the following three issues for work in 2007.

- Development of a comprehensive workplace policy on domestic violence (ensure appropriate linkages to the Ahs Workplace Safety Task Force)
- Plan to carry AHS domestic violence priorities through to all community-based contract agencies
- Development of a comprehensive training plan on domestic violence for all AHS employees

Next Steps

Funding/Sustainability

The Vermont Network Against Domestic and Sexual Violence was previously funded by the Altria Foundation for implementation of the AHS Project. The 2007 – 2008 application was unfortunately not renewed and as a result the Network and AHS are faced with continuing this work without necessary funds for staffing, materials, training, consultation and evaluation. Although the Network is committed to maintaining support and leadership for this project, it is imperative that adequate funding resources be sought and dedicated to enable the project sustain its momentum and continue implementing the articulated strategies for effective domestic violence response at AHS.

Resource Allocation

In addition to the grant support for the project, AHS, the Network and the Center for Crime Victim Services (CCVS) have all contributed significant resources to the ongoing work of the project. Although several of the contributions listed will be contributed in-kind, several are substantial contributions that are contingent upon securing adequate funding.

AHS Resources:

- Staff time
- Training development
- Policy Development
- Data Collection and Analysis

Network Resources:

- Staff time
- Project Coordination
- Training Development
- Training Provision
- Policy Development
- Consultation

Project Implementation

Throughout the past two years the *AHS Domestic Violence Initiative* has accomplished many of its goals and had many successes. Among the successes are those highlighted below.

Successes:

- Created a structure for a partnership-driven collaboration that emphasizes simultaneous inter-departmental and intra-departmental linkages;
- Identification that the issue of domestic violence crosses all departments and affects everyone including staff, leadership and consumers;
- There is evidence of a cultural shift in the dialogue about domestic violence evidenced by:
 - Less adversarial/more solution-oriented approach,
 - Started with foundation issues such as the definition and policy statement and therefore are not creating reactive policy,
 - Leadership by Network emphasizes partnership throughout the process as opposed to historical “finger-wagging” approach to systems change.
- Process is generating ownership within the Agency;

- Conversation is happening at the systemic level rather than solely on individual cases, though this will eventually trickle down to individual cases.

Every new project faces challenges to accomplishing its intended goals and barriers that arise unexpectedly as human perspectives are inserted into theoretical constructs. Among the challenges faced by the project are those highlighted below.

Continued Challenges

- Financial resources are limited and limiting;
- Interpretation of statutory mandates can limit and isolate effective responses;
- Some areas are still developing understanding of what constitutes “best” practices;
- Need for a larger cultural shift;
- Competition with other initiatives;
- Systems are reactionary;
- There is great variation in readiness among departments combined with difficulty matching resources to preferred response;
- Creating a balance of growing knowledge without the need to create expertise.

The next phase of the *AHS Domestic Violence Initiative* will incorporate the wisdom of the identified challenges and build on the momentum generated by the many successes. We will utilize the established framework to implement tangible policy and practice change at AHS and accomplish the following goals in the coming years.

- To integrate the structure for policy analysis and development into the operations of the Agency of Human Services and its individual Departments;
- To articulate and implement desired policy and practice change across the agency and within its individual departments;
- To design a plan for building capacity and ensuring sustainability of systemic (policy and procedural) changes that are implemented and intended in the projects’ development.

Conclusion

Each AHS department has unique leadership, cultures, procedures and goals. Each interacts with victims/survivors on a daily basis- often without knowing it. Each acknowledges having policies and practices that can be potentially harmful to victims/survivors. Each is a doorway to assisting many more victims/survivors than we have been able to reach previously. The attached *Advisory Group Proposals* outline the initial steps necessary to implement a strategic and efficient approach to enhancing the AHS response to domestic violence, a valuable endeavor to victims, survivors and perpetrators of domestic violence as well as to our communities.

Many thanks extend to AHS leadership, Network Office staff and especially to the AHS Domestic Violence Initiative Steering Committee who have all contributed to the success of this project. We look forward to continuing our partnership and this very important work to improve the lives of Vermonters who are suffering from the tragic realities and effects of domestic violence.

Steering Committee Membership

Sherry Burnette – AHS Trauma Coordinator

June Bascom – Dept. of Disabilities, Aging and Independent Living

Sandy Dooley – Department of Health

Amy Holloway – Dept. of Corrections

Ellie Breitmaier - Dept. for Children and Families

Sharon Davis – Center for Crime Victim Services

Sue Schmidt – AHS Field Services Division

Jill Richard – Vermont Network Against Domestic and Sexual Violence

Judith Sutphen – Consultant

Attachments

Advisory Group Reports

1. Department of Disabilities, Aging and Independent Living
2. Department for Children and Families
3. Department of Health
4. Department of Corrections

Project Products

5. AHS Domestic Violence Initiative: Structure
6. AHS Domestic Violence Systems Assessment
7. AHS Domestic Violence Initiative Resource Recommendation

Department of Disabilities, Aging and Independent Living Domestic Violence Advisory Report

November 2006

The Department of Disabilities, Aging and Independent Living (DAIL) Domestic Violence (DV) Advisory first convened at the Agency of Human Services DV Initiative Advisory Group Orientation Kick Off on June 15, 2006. Information was shared about DV and the AHS-wide initiative along with the conceptual and structural framework from which the departmental advisories would do their work. This work will be based on the *Report on DV Policy and Practices at the Vermont Agency of Human Services: Recommendations for Systems Change*. The DAIL DV Advisory has met regularly to understand its mission and assess and prioritize its work and that of other DAIL and division staff.

Membership

The DAIL DV Advisory has met 5 times (6/15, 7/7, 8/7, 8/18, 10/25)

Members of the DAIL Advisory include:

NAME	AFFILIATION/POSITION	COMMITTEE ROLE
Joan Senecal	DAIL – Deputy Commissioner	DAIL Advisory Chair
June Bascom	DDAS – Program Development & Policy Analyst	AHS DV Steering Committee representative
Fred Jones	DBVI – Director	DBVI representative
Maria Mireault	DDAS – Dementia Project Coordinator	DDAS Aging Team representative (as of 11/06)
Jill Richard	VT Network Against Domestic and Sexual Violence	AHS DV Steering Committee/ VT Network representative
Rick Smith	DLP – APS Director	DLP representative (until 11/06)
Karen Topper	DDAS – Consumer Development Coordinator	DDAS representative
Karen Tyler	DLP – APS Investigator	DLP representative (as of 11/06)
Karen Vastine	VT Network Against Domestic and Sexual Violence	VT Network representative
Susan Wells	DVR – Program Manager	DVR representative

Findings of Systems Assessment

The DAIL Advisory completed the System Assessment: DV Response Readiness for each division, the data from which was collated into a department summary. Key findings from the DAIL System Assessment include:

- **Policy & Procedures:** There are no existing written DV policies or procedures. The only policies that exist relate to the more general categories of “abuse, neglect and exploitation” and “critical incident reports”. Importance was placed on developing a department-wide policy with specific protocols and procedures designed at the division level.
- **Coalition & Capacity Building:** There are a number of DAIL employees who currently collaborate on statewide, regional and local DV initiatives and with DV advocacy organizations; particularly within DDAS.
- **Case Practice:** The majority of case practice takes place at the local (contracted provider) level and not just within DAIL. This is an issue when it comes to development and implementation of protocols and procedures as well as workforce development.

- **Workforce Development:** Workforce development was seen as an important focus area for all of DAIL, especially around awareness and intervention. The Employment Assistance Program (EAP) is seen as a significant (and primary) resource to DAIL and other AHS staff.
- **Leadership & Culture:** There are many DAIL staff who had not heard of the DAIL DV Advisory or the overall AHS initiative. Also, there is still confusion about the initiative's definition of domestic violence. The DAIL Advisory supports simultaneously focusing on the related issues of care giver violence and family violence. It was surprising to note that the Weeks Building and perhaps some field offices have little or no DV educational materials posted or available.

Recommended Priorities

The following priority areas were identified:

1. **Policies & Procedures**
 - a. Develop an overarching department-wide DV policy.
 - b. Design and implement specific practices and procedures for and by each division
2. **Coalition & Capacity Building** – Recruit a member of the newly formed DDAS Aging Team to represent the issues of older Vermonters on the DAIL Advisory.
3. **Workforce Development**
 - a. Develop a plan for training DAIL workforce
 - b. Determine the resources needed to deliver training and obtain the necessary resources
 - c. Prioritize which staff will be trained within each division
 - d. Include plans for training key contracted service provider workers
4. **Leadership & Culture**
 - a. Work with EAP to assure their marketing materials incorporate references to DV.
 - b. Recommend AHS DV Steering Committee facilitate development of central office policy on DV in the workplace
 - c. Assure DV informational materials are posted in the workplace.
 - d. Assure all DAIL employees know about the DV Initiative and the work of the DAIL Advisory.

Note: Priorities #2 and #4 require changes that are simple and inexpensive to implement.

Implementation Plan – Phase One (FY '07)

The first phase of the DAIL DV Initiative is primarily focused on planning and development, plus some easy-to-implement action steps. Full implementation of the initiative will begin in the second phase (starting in FY '08).

Step 1 – Develop a work plan for DAIL. The DAIL Advisory, with input from the DAIL Management Team, will outline details for the implementation plan (Steps 2 – 6). The DAIL Advisory will track progress toward implementation of each work plan and provide advice as needed or requested.

Step 2 – Develop a DAIL DV Policy. The DAIL Advisory will draft a DAIL DV policy for approval by the DAIL Management Team. This policy will set the stage for all following DV Initiative activities.

Step 3 – Assure all DAIL employees know about the DV Initiative. A memo will be sent from Commissioner Flood to all DAIL staff announcing the DAIL policy and reminding staff of the role of the DAIL Advisory. Division heads will follow-up with division staff on the policy and the planning and implementation work to be done.

Step 4 – Develop division work plans. Each Division, with help from their DAIL Advisory representative, will take responsibility for developing their own work plan. These plans will identify the necessary practices and procedures needed taking into consideration the DAIL Policy and the division’s DV System Assessment. Plan details will include resources needed to carry out the work plan.

Step 5 – Develop a training plan. Division work plans will address training issues at the division level. The DAIL Advisory will consider and advise on department-wide training issues and refer AHS training issues to the AHS DV Steering Committee.

Step 6 – Assure DV materials are posted in Waterbury and field offices. The DAIL Advisory will work with EAP to incorporate references to DV in their materials. The DAIL Advisory will assure that DV materials are obtained and posted in numerous locations within the Waterbury and field offices.

It is difficult at this time to identify the needed resources to carry out the DAIL DV Initiative. The division level work needs to be outlined and detailed, especially the training plan, before being able to identify specific resources needed. At a minimum, consulting time from the VT Network and other DV services will be needed to provide training and technical assistance. The success of an associated effort to assure DV shelters and services are accessible to all people is also critical if DAIL services are to be fully responsive to domestic violence.

Department for Children and Families (DCF)
Domestic Violence Advisory Group Report-Systems Assessment
November 2006

The Department for Children and Families (DCF), Domestic Violence (DV) Advisory first convened at the Agency of Human Services DV Initiative Advisory Group Orientation Kick Off on June 15, 2006. Information was shared about domestic violence and the AHS-wide initiative based on the *Report on DV Policy and Practices at the Vermont Agency of Human Services: Recommendations for Systems Change*. The DCF, DV Advisory has met monthly to work on our understanding of our mission, policies and practice in relationship to domestic violence as well as to assess and prioritize our work.

I. Membership:

Robin Arnell, Supervising Attorney, Office of Child Support
Ellie Breitmaier, Domestic Violence Unit Coordinator, Family Services Division
Jane Foote, Case Review Specialist, Economic Services Division
Tony Morgan, Director, Office of Economic Opportunity
Karen Shea, Child Safety Assessment Manager, Family Services Division
Betsy Shuey, Specialized Services Manager, Child Development Division
Amy Torchia, Technical Assistance Advisor, VT Network Against Domestic and Sexual Violence

II. Findings of Systems Assessment-Gaps and Themes

Each member of the DCF Advisory solicited feedback from our various divisions using the *AHS Domestic Violence Initiative Systems Assessment: Domestic Violence Response Readiness* tool. Respondents ranged from direct services staff, to policy makers and division deputy Commissioners.

- A. Policy and Procedures-** Some divisions have domestic violence specific policies in place (Family Services, Economic Services and Office of Child Support). Some of these policies are division specific and some are federal guidelines and/or “rules” or “regulations” rather than policy. Several divisions struggled with how domestic violence policy and practice should or could fit into their work, but all were open to discussing the issue.
- B. Coalition and Capacity-** There are a number of DCF employees who currently participate at both the state and local level on domestic violence initiatives or task forces. (Including Statewide Council on Domestic Violence, local county domestic violence task forces, and Domestic Violence Fatality Review Commission). There are also VT Network Against Domestic and Sexual Violence Staff who participate on DCF boards or initiatives at both state and local level (VCAB, local Child Protection Teams, Regional Community partnerships. Early Childhood regional partnerships, former CUPS Learning Team).

Data is an area where DCF is building some capacity, though we still have gaps in information. For example Economic Services keeps data on the number of child support waivers due to domestic violence and Office of Child Support keeps data on the number of OCS cases where domestic violence is flagged. Family Services tracks domestic violence on our Intake forms for the purpose of screening and referrals to the Domestic Violence Unit, however summary data on domestic violence is not collected in the regular management reports. The DV Unit keeps separate case data for federal grant reports. We currently have no way to check case data across DCF to see if these are the same families or different families.

C. Case Practice-

Themes for this category: limited protocols and in places where protocols do exist the implementation is inconsistent across the state. However in some regions where no protocols exist, there may be common and consistent practice for things like referrals to service users to their local domestic violence program.

D. Workforce Development-

Some DCF staff have domestic violence training, but more is needed; concern by all specifically about staff safety training and domestic violence. One division at DCF has employees who specifically consult on domestic violence cases, and another division has some identified staff that has had specific training on domestic violence.

E. Leadership and Culture-

DCF leadership has been supportive of the AHS DV Initiative. The DCF management team was an active participant in the Systems Assessment process and encouraged all staff across the department to participate. All DCF district offices include materials about domestic violence resources. One area that was lacking was a mechanism for consumer input in this process.

III. Recommended Priorities

- Consistent domestic violence policy language across DCF.
- Create a domestic violence policy manual that includes all DV policies in all divisions (post it on the DCF website).
- More in depth analysis of the domestic violence data that we do collect and identify what else we should be collecting and how it relates to DCF outcomes for families.
- DCF contracted providers and grantees need same basic understanding of domestic violence as DCF staff and this should be reflected in contract language across the department as well as our system of care.
- Basic training for all staff on domestic violence including specifics on employee safety.
- Consistency and safe practice in all DCF eligibility programs that provide any sort of subsidy or collection of revenue.

- for example the same protocols, practices and information safe guards used on DV cases in the Office of Child Support should be consistent on Family Services Child Benefits Unit cases).

IV Implementation Plan-Next Steps

- Continue with DCF DV Advisory group
- Create a DCF domestic violence policy that mirrors the AHS DV policy language.
- Identify 1 or 2 priorities and create workgroups for specific tasks (possibly training and workforce development group to include new HRD Director).
- Continue to brief the DCF Management Team on the work of both the DCF Advisory group and the work of the larger AHS DV Initiative.
- Continue to share information about this process with all DCF staff through emails, training opportunities and the DCF Weekly News.

Vermont Department of Health Domestic Violence Advisory Group (DVAG) Report

Membership

Sandy Dooley, Senior Policy Advisor, Division of Community Public Health, Chair and Commissioner's representative
Judy Ashley-McLaughlin – District Director, St. Albans District Office (December 2006 ongoing)
Nina Dahlstedt Buss, Public Health Specialist, Division of Community Public Health (CPH)
Kristin Chandler, Assistant Attorney General, Division of Mental Health (MH) (October 2006 ongoing)
Jackie Corbally, Substance Abuse Treatment Unit Program Coordinator, Division of Alcohol and Drug Abuse Programs (ADAP)
Marcia Gustafson, Lead Education Specialist, Division of Health Protection (HP)
Jennifer Hicks, Research and Statistics Unit Chief, Division of Health Surveillance (HS)
Edith Munene, Public Health Specialist, Division of Health Improvement (HI)
Eileen Worcester, Quality Management Coordinator, MH (June to October 2006)
Jill Richard, liaison from Vermont Network Against Domestic and Sexual Violence (VT Network)

Findings of Systems Assessment – Gaps and Themes

Policies and Procedures – The DVAG identified no Department policies or procedures relating to domestic violence. We did identify a HP protocol for situations involving DV recommended for use by Emergency Medical Technicians. The HP division certifies Emergency Medical Technicians in Vermont.

Coalition and Capacity Building – Chief Medical Examiner, Steven Shapiro, MD, and Edith Munene are members of the Domestic Violence Fatality Review Commission. Munene represents Acting Commissioner Sharon Moffat on this Commission. Sandy Dooley is a member of the Agency of Human Services Domestic Violence Steering Committee. Jill Richard, of the VT Network, serves as liaison to the DVAG. In the past VDH has been represented on the Vermont Council on Domestic Violence. Kristin Chandler (MH), Judy Ashley McLaughlin (St. Albans DO) and Charlene Rinker (Barre DO) serve on the board of local DV service agencies. Staff in our Middlebury, Newport, St. Albans and White River Junction district offices are members of the regional DV task force in their area. Edith Munene is a member of the Joint Urban Ministry Project's (JUMP) Advisory Committee; much of JUMP's work addresses DV situations. Kristin Chandler conducts trainings for law enforcement personnel on domestic violence response. In addition to having a representative on the DVAG, VT Network staff are members of the Injury Prevention Program Advisory Committee.

Vermont Department of Health (VDH) staff who are members of regional DV task forces work collaboratively with DV agencies in that capacity. DV-related work is not coordinated across divisions as there is no departmental policy framework to guide such coordination. VDH has not defined its role vis-à-vis DV; therefore, capacity to respond cannot be determined. In 2005, the Vermont Behavior Risk Factor Surveillance System survey included the Intimate Partner Violence module. As a result, we have relatively recent population-based DV data for Vermont adults. Under Injury in the Healthy Vermonters 2010 goals, objective two is to decrease assaults by intimate partners. MH's "State System of Care" initiative addresses trauma-generated care needs, of which DV-generated trauma is a subset. VDH's Injury Prevention Program (IPP) developed the Vermont Curriculum on Intimate Partner Violence for Healthcare Professionals (a facilitator's

kit). The VT Network participated in drafting this curriculum. In addition, the IPP has for several years provided a substantial grant to the VT Network to use for Sexual Violence Prevention work around the state. While sexual violence is not synonymous with domestic violence, much domestic violence includes sexual violence. As a result, this grant contributes to statewide infrastructure support in this area.

Case Practice – DVAG found no DV screening protocols among VDH’s many discrete programs. We did not identify any program that places VDH staff in a case management role with respect to individuals/families seeking information or services from a VDH program other than on an exception basis. As a result, case management protocols internal to VDH would have limited applicability. The department does purchase services via contracts and grants with community-based and other organizations.

The DVAG discussed the possibility of having VDH contracts and grants include DV-responsive information, referral and service delivery standards. Because all AHS departments purchase some services via contract or grant, the DVAG concluded that decision-making regarding whether or when to address DV-responsiveness among vendors or sub recipients should take place at the AHS Secretary’s Office level. The DVAG is unclear on what the term “crisis intervention” is intended to include. We are not aware of any crisis intervention, referral, perpetrator or documentation protocols. An information-sharing protocol for District Office client records is now under development.

Workforce Development – In some instances new employee orientation includes information about domestic violence, local DV service agencies and how referrals are made. Neither mandatory training nor staff domestic violence specialists currently exist at VDH.

Leadership and Culture – VDH leadership is fully supportive of VDH’s participation in the AHS DV Initiative and of the VDH DVAG. As we have no policy on domestic violence response, we have not sought feedback. Domestic violence awareness materials are displayed in 10 of VDH’s 12 district offices and resource/referral information is available in 11 of VDH’s 12 district offices and its Central Office.

Discussion – VDH comprises a wide variety of programs, many VDH-funded services are provided by community-based agencies via contract or grant, and our mission is to improve the health of the entire Vermont population. The DVAG views these attributes as sources of both challenge and opportunity. The challenge is to design and carry out initiatives across the department that work relatively well in such a diverse environment. VDH’s interface with Vermonters differs significantly from that of other AHS departments, whose mission is primarily direct client service in specific circumstances. The opportunity lies in the fact that VDH’s public health mission is to promote the health and well-being of all Vermonters. As a result, should VDH make increasing awareness and responsiveness to DV an integral part of its mission, we can serve as a model of DV-responsiveness, sending the message to victims that we care and reinforcing to perpetrators that domestic violence is wrong and shall not be tolerated.

Recommended Priorities/Approach to Implementation/Resource Needs

Theme for 2007 Work: Increasing Domestic Violence Awareness Within VDH

1. Establish overarching VDH policy on DV – We believe that an overarching VDH policy on DV is a necessary starting point as it will sustain and guide all DV-related initiatives within VDH. The DVAG will specify a plan for development, review and adoption of such a policy and propose

the plan to the Commissioner for approval. Once the plan is approved, the DVAG will take action to assure that it is carried out.

2. Examine VT's 2005 Behavior Risk Factor Surveillance System (BRFSS) data – We will review the data collected via the Vermont 2005 BRFSS Intimate Partner Violence (IPV) module and, in consultation with HS staff and others, assess how it might be used to increase awareness of DV. We will also work to have the IPV module included in the BRFSS or other population-based survey every two to three years and collaborate with the VT Network in developing a plan for use of this data.

3. Explore having a DV “Support Person” in every VDH division and district Office – While the VDH DV Advisory Group believes that this would promote awareness of and sensitivity to domestic violence, this may not be a feasible goal for the coming year. What is intended is having an identified staff person and a private office space available in each division and DO, where staff who are in a domestic violence situation can receive confidential support and DV-related resource and referral information. This role would not include counseling or psychotherapy. Staff would be referred to the EAP or other resource, as appropriate.

4. Sponsor quarterly DV-related events – These events might be a coffee hour at the beginning of the day, an awareness fair at lunch time, a survivors’ panel or a grand rounds whose purposes would be to increase, enhance and maintain awareness of domestic violence as a major public health issue and, implicitly, send the message to survivors that VDH cares about them and to perpetrators that their actions are unacceptable.

5. VDH Senior Managers participate in a “DV as a Workplace Issue” workshop* – Women Helping Battered Women and the Chittenden County State’s Attorney’s Office recently gave a workshop on this subject for the City of Burlington’s management personnel and have offered to provide the same workshop for VDH Senior Managers. The DVAG proposes that VDH Senior Managers participate in this workshop at some point in 2007.

6. Include DV information on VDH Website and Intranet and in VOICE and other media – We propose adding DV facts, resource/referral information and/or link/s to the VDH website, the VDH Intranet and the VOICE. We propose the development of a graphic depicting “VDH’s DV Honor Roll” honoring all VDH staff who, in some way, have taken personal action to address the tragedy of domestic violence. The research carried out to complete the VDH DV systems assessment has resulted in the identification of many VDH staffers who have given of themselves in this way. We also propose the creation of a VDH DV Advisory Group e-mail address so that staff can communicate directly with the Advisory Group about DV activities or concerns.

7. Add DV standard to substance abuse treatment provider certification criteria – This would be done via VDH’s ADAP division and applicable rule-making process. ADAP is responsible for these certifications.

RESOURCES NEEDED

Staff/time –

Approval for DVAG members and other VDH staff to spend time working on achievement of these priorities, including website and communications staff to do the web work, communications and graphic materials proposed; and administrative staff to support the work of the DVAG.

Education/Training –

\$1,200 *Consultant fee and supplies for one-day training for designated DV
 *support/resource person for each Division and DO

Other Funds –

\$ 750 *Materials and supplies for quarterly events, hard copy graphics, etc.
\$15-20,000 *Cost of IPV module inclusion in BRFSS or similar survey every two to
 three years

*It is our understanding that there is no charge for this workshop.

Department of Corrections Domestic Violence Advisory Report

November 2006

The Department of Corrections Domestic Violence Advisory has met on the following dates:

- ❖ June 22
- ❖ August 17
- ❖ September 26
- ❖ October 26
- ❖ November 21

Membership included:

Susan Onderwyzer, Program Services Executive
Amy Holloway, Victim Services
Lynne Walther, Policy Development Unit
Rick Bates, Field Manager, Brattleboro Probation and Parole
Greg Hale, Case Work Supervisor, Burlington Probation and Parole Office
Mark Larson, Consultant, Network Against Domestic and Sexual Violence
Dick Powell, Director of Violence Programs
Keith Tallon, Classification
Ray Flum, Classification Executive
Anne Fiedler Regional Community Resource Coordinator
Jill Richard, Network Against Domestic and Sexual Violence
Dianne Jabor, Network Against Sexual and Domestic Violence
Jack Bush, Consultant Cognitive Self Change Program
Teresa Jean, Assistant Superintendent Chittenden Facility
Lisa Menard, Policy Development Unit Director
Paul Hochenadel, Spectrum
Kathy Astemborski, Assistant Superintendent, Windsor Facility

Outstanding themes and issues that emerged after completing the Department assessment:

1. The DOC should acknowledge and recognize that effective supervision of domestic violence offenders, which is supported by programming and victim services, is best practice and the core domestic violence service that the Department provides.
2. The Department of Corrections should develop and adopt statewide domestic violence supervision directives and practice guidelines based on best practices as adopted by the American Probation and Parole Association and American Corrections Association, that set consistent standards for corrections based domestic violence practice both in the field and in facilities and addresses the Department's response to Victims.
3. The Department should work towards re-instating specialized caseloads.
4. There is a need to re-instate the Domestic Violence Chief position.

RECOMMENDATIONS AND PRIORITIES

POLICY DEVELOPMENT

1. Develop and adopt a Department of Corrections domestic violence policy that is consistent with the Agency of Human Services Policy.

PRACTICE

1. Re-instate Specialized Caseloads and the Domestic Violence Chief Position
2. Develop Best Practice Directive and Guidelines manual based on APPA and ACA standards
3. Establish a culture of practice consistency throughout the state as it relates to the supervision of domestic violence offenders
4. Provide resources to implement an Incarcerative IDAP Program
5. Create a Victim Services Practice manual
6. Develop relationships with all local DV programs and create individual plans for outreach with domestic violence victims.
7. Develop a strategy to evaluate program effectiveness and risk assessments to be used by the Department.
8. Set workload standards for caseworkers working with domestic violence cases.

COLLABORATION AND NETWORKING

1. Set standards of participation in local and statewide task forces and work groups assess compliance with these standards statewide
2. Create a mechanism to ensure a consistent response to families involved with multiple departments i.e. protocols for info-exchange and case management
3. Increase outreach to States Attorney's offices to educate them about sentencing options and the DOC's approach to the issue of domestic violence

WORKFORCE DEVELOPMENT

1. Build staff capacity to respond to domestic violence by offering DV 101, 201 and 301 training and require all staff to participate in at least 101 and higher levels required by their position. Provide DV training an on-going requirement.
2. Include DV standards of practice as part of new staff orientation. Recommend AHS DV Steering Committee facilitate development of central office policy on domestic violence in the workplace.

STRATEGIES

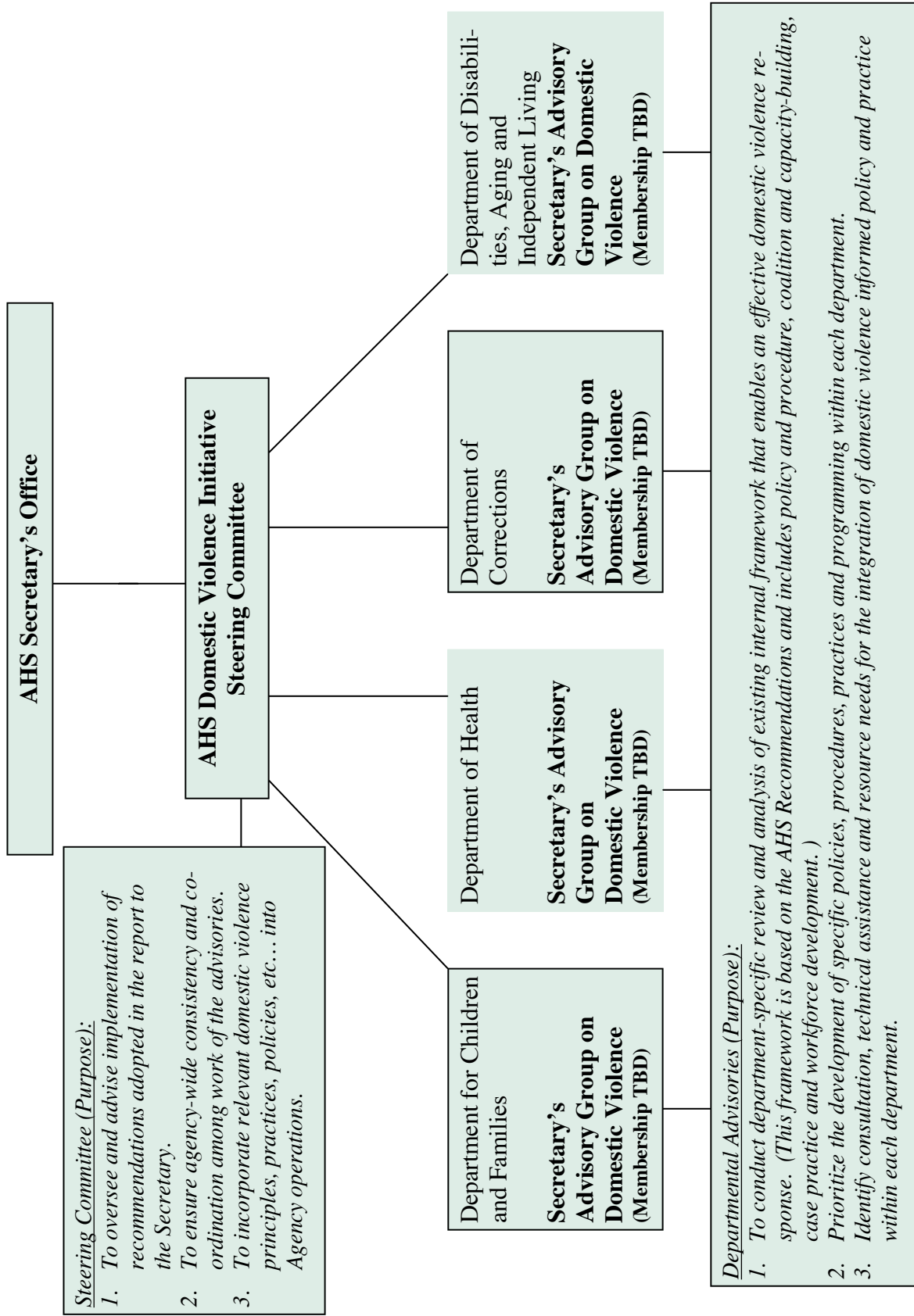
- ◇ Authorize the continuation of the Commissioner's Domestic Violence Advisory Council and charge the Council with implementing the recommendations.
- ◇ Organize the Advisory into Workgroups around the four issue areas (Policy Development, Practice, Collaboration and Networking, Workforce Development) and give each a timeline of December 2007 to come up with a progress report for the Commissioner and Secretary.
- ◇ Convene a DV Summit for DOC Staff to get feedback on APPA Guidelines, Identify gaps and develop a plan to address gaps, review programs (IDAP/BIP)

RESOURCES NEEDED

- ◆ Domestic Violence Chief position, which must be an allocated position by the Legislature
- ◆ Victim Services Specialist to work specifically with the incarcerative IDAP program in order for the Department to be in compliance with statewide Domestic Violence Program Standards
- ◆ Training dollars to do basic and advanced domestic violence training throughout the Department as well as funds to send staff to out of state/national training.
- ◆ Inside IDAP staff resources
- ◆ Summit

March 2006

AHS Domestic Violence Initiative—Structure and Role Definition



AHS Domestic Violence Initiative Systems Assessment: Domestic Violence Response Readiness

Department: _____

Division: _____

Person Completing Assessment: _____

Date: _____

Scale: 1 - 5

1 =poor; 2 =fair; 3 =okay; 4 =good; 5 =excellent

Highlight/Bold to indicate priority area

		How well is your Division/Department doing in this area?					Comments
		1	2	3	4	5	
Category	Criteria						
Policies and Procedures	written policies related to domestic violence exist						
	policies reference the AHS DV Definition ¹						
	policies reference the AHS DV Policy ² Statement						
	policies reference the AHS DV Policy Principles ³						
	dv policies are reviewed and revised annually						
	dv policies are consistent across divisions of the department						

AHS Systems Assessment -- September 2006 -- VNADSV

¹ Vermont Network Against Domestic and Sexual Violence, *Report on Domestic Violence Policy and Practice at the Vermont Agency of Human Services*, December 2005, Appendix #5.

² Ibid, Appendix #6.

³ Ibid, Appendix #7.

AHS Domestic Violence Initiative Systems Assessment: Domestic Violence Response Readiness

Category	Criteria	How well is your Division/Department doing in this area?					Comments
		1	2	3	4	5	
Coalition and Capacity Building	department employee(s) serve(s) on statewide dv initiatives ⁴						
	department employee(s) serve(s) on local or regional dv initiatives ⁵						
	dv advocacy organizations are represented on relevant department initiatives						
	department has a collaborative relationship with dv advocacy organizations						
	dv-related work is coordinated across department divisions						
	department has capacity to respond to dv with current staffing						
	department has capacity to respond to dv within current programming						
	department gathers dv data						
	dv is included in department planning documents						

AHS Systems Assessment -- September 2006 -- VNADSV

⁴ These include the Governor's Council on Domestic Violence and other statewide leadership teams that may be grant-driven, organizing efforts or informal collaborations.

⁵ These include local/regional Domestic Violence Task Forces and other local/regional teams that may be formal or informal collaborations.

AHS Domestic Violence Initiative Systems Assessment: Domestic Violence Response Readiness

		How well is your Division/Department doing in this area?					
		1	2	3	4	5	Comments
Category	Criteria						
Case Practice	protocols exist for dv screening						
	protocols are used for dv screening						
	protocols exist for dv case management						
	protocols are used for dv case management						
	protocols exist for dv crisis intervention						
	protocols are used for dv crisis intervention						
	protocols exist for dv referrals						
	protocols are used for dv referrals						
	protocols exist for dv perpetrators						
	protocols are used for dv perpetrators						
	protocols exist for information-sharing in dv cases						
	protocols are used for information-sharing in dv cases						
	protocols exist for documentation in dv cases						
	protocols are used for documentation in dv cases						

AHS Domestic Violence Initiative Systems Assessment: Domestic Violence Response Readiness

Category	Criteria	How well is your Division/Department doing in this area?					Comments
		1	2	3	4	5	
Workforce Development	new employee orientation includes information on domestic violence						
	annual mandatory domestic violence training is required of employees						
	employees include domestic violence specialists						
Leadership and Culture	department leadership is engaged in the AHS DV Initiative as vital to department mission						
	department solicits consumers for feedback on domestic violence response						
	department has policy for employee domestic violence victims						
	department has policy for employee domestic violence perpetrators						
	domestic violence materials are displayed at all department locations						
	domestic violence resource/referral information is available at all department locations						
	domestic violence resource/referral information is available in relevant languages						
	translators are available for dv victims						

AHS Domestic Violence Initiative Systems Assessment: Domestic Violence Response Readiness

Suggested Guidelines for Completing the Systems Assessment

1. Distribute and complete assessment as determined by Advisory membership
2. Collect all assessments
3. Compile results (Jill/Judith can assist with this)
4. Discuss results at Advisory Group meeting
5. Identify priorities/gaps/needs/strengths
6. Use to inform planning and goal-setting of Advisory

Notes

Some of the criteria will be pertinent to your division, some to your department, some to both. You might consider using the scale twice, one for your department as a whole, and then once again for your specific division. Regardless, please indicate which you are assessing.

Use the assessment scale as a guide for your work as an Advisory. It can be an aid for information gathering and/or to determine priorities. Its intended to be utilized as a baseline measure of current status within your department/division.

The Assessment Scale is not a scientific measurement; use it as you see fit and as it applies to the work of your Department's Advisory. Input can be based on both a qualitative and quantitative analysis of the criteria (how many/much; how effective/helpful?)

Don't assume all criteria are goals; for example, under case practice, it may not be ideal for a division to have a domestic violence screening program if it hasn't yet generated a relevant and safe response. Or for another example, it might be preferable to have no domestic violence crisis intervention protocol than to have one that was not clear, relevant and safe.

AHS DOMESTIC VIOLENCE INITIATIVE RESOURCE RECOMMENDATIONS

A SELECTED INDEX FOR VERMONT SOCIAL SERVICE PROVIDERS FROM THE LIBRARY OF THE VERMONT NETWORK AGAINST DOMESTIC AND SEXUAL VIOLENCE – Edition I

** indicates resource is available electronically

- ❖ DOMESTIC VIOLENCE/GENERAL
- ❖ DOMESTIC VIOLENCE IN VERMONT
- ❖ ECONOMIC JUSTICE
- ❖ PUBLIC HEALTH
- ❖ CORRECTIONS
- ❖ DISABLED/ELDERLY/UNDERSERVED POPULATIONS
- ❖ ALTERNATE FORMAT
- ❖ CHILDREN/YOUTH

Library Loan Procedures

- Email Alex Bottinelli at library@vtnetwork.org and become a library member by sending name, title, work address, email address and phone number
- only the **number** of the item on this list is needed when making a loan request
- if the item is available electronically, it will be sent as an attachment by return email
- if the item is not available electronically, loan periods for books & manuals are one month and for booklets, articles, videos, & journal articles are two weeks; will send via 'media mail'(low cost postage) and can be returned the same way

DOMESTIC VIOLENCE / GENERAL

BOOKS

1. ABUSE AND VICTIMIZATION ACROSS THE LIFE SPAN.
Edited by Martha B. Strauss; John Hopkins University Press © 1988.
2. COORDINATING COMMUNITY RESPONSES TO DOMESTIC VIOLENCE.
Edited by Melanie F. Shepard and Ellen L. Pence; SAGE © 1999.
3. EVALUATING SERVICES FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT.
Stephanie Riger, L. Bennett, Sharon Wasco, Paul Schewe, Lisa Frohmann, J. Camacho, Rebecca Campbell; SAGE Publishers © 2002.
4. INSULT TO INJURY: RETHINKING OUR RESPONSES TO INTIMATE ABUSE.
Linda G. Mills, Princeton University Press © 2003

[REVIEW SYMPOSIUM OF LINDA G. MILLS, *INSULT TO INJURY*.**
VAW Journal, November 2004.]

5. LOCKED IN A VIOLENT EMBRACE: UNDERSTANDING AND INTERVENING IN DOMESTIC VIOLENCE.
Zvi Eisikovits and Eli Buchbinder; SAGE © 2000.
6. TO BE AN ANCHOR IN THE STORM. (A Guide for Family and Friends of Abused Women)
Susan Brewster, M.S.S.W.; Ballantine Books © 1997.
7. BATTERED WOMEN IN THE COURTROOM: THE POWER OF JUDICIAL RESPONSES.
James Ptacek, Northeastern University Press © 1999.
8. FAMILY AND FRIENDS' GUIDE TO DOMESTIC VIOLENCE: How to Listen, Talk and Take Action When Someone You Care About is Being Abused.
Elaine Weiss, Ed.D. © 2003; Volcano Press.
9. GETTING OUT: LIFE STORIES OF WOMEN WHO LEFT ABUSIVE MEN.
Ann Goetting; Columbia University Press © 1999.
10. IT COULD HAPPEN TO ANYONE: WHY BATTERED WOMEN STAY.
Ola W. Barnett and Alyce D. LaViolette; SAGE © 1993.
11. THE ILLUSIONS OF LOVE: WHY THE BATTERED WOMAN RETURNS TO HER ABUSER.
David P. Celani; Columbia University Press © 1994.

MANUALS

12. THE VICTIM ADVOCATE'S GUIDE TO CULTURAL COMPETENCY. **
Texas Association Against Sexual Assault 2005.
13. TRANSFORMING COMMUNITIES: CREATING SAFETY & JUSTICE FOR WOMEN & GIRLS
The National Resource Center on Domestic Violence, Harrisburg, Virginia © 1999.
14. CREATING A SAFE ENVIRONMENT FOR YOUR CLIENTS: UNDERSTANDING THE DYNAMICS OF DOMESTIC VIOLENCE.
Training manual for implementing the Family Violence Option; Rhode Island Coalition Against Domestic Violence; 1997.
15. IN HER SHOES: LIVING WITH DOMESTIC VIOLENCE.
A Community Education Tool; © 2000 Washington State Coalition Against Domestic Violence.
16. PATTERN CHANGING FOR ABUSED WOMEN: AN EDUCATIONAL PROGRAM. (with workbook)
Marilyn Shear Goodman & Beth Creager Fallon; SAGE Publications, Inc.; copyright 1995.
17. SAFETY EVALUATION FOR BATTERED WOMEN: A RESOURCE PACKET FOR ADVOCATES, PRACTITIONERS & POLICYMAKERS.
Praxis & US Dept of Justice 2004.
18. UNDERSTANDING WIFE ASSAULT: A TRAINING MANUAL FOR COUNSELLORS AND ADVOCATES.
Deborah Sinclair, M.S.W., C.S.W.; Ontario Government Bookstore, Canada © 1985.
19. VICTIM ADVOCATE GUIDE TO RELOCATION & LEGAL IDENTITY CHANGE.
Betsy Ramsey © 2003; [w/ attachments and booklet :New Name New Life]

20. WOMEN WHO ABUSE IN INTIMATE RELATIONS.

Nancy Hamlett, M.A., L.P.; The Domestic Abuse Project; Minneapolis, MN; 1998.

VIDEOS

21. A MATTER OF CULTURE.

Examines the nature of violence in society by looking at seven women and men whose experiences of victimization appear to be individual but are, in fact, interconnected – encourages the viewer to participate in creating a culture based on life-sustaining and nurturing values. National Training Project, Duluth Domestic Abuse Intervention Project; 13-minutes.

22. BEYOND RURAL BARRIERS: A RURAL RESPONSE TO END DOMESTIC VIOLENCE.

Produced by Governor's Task Force, Tallahassee, Florida; 1998; 17-minutes; w/ Guide.

23. BREAKING THE SILENCE: JOURNEYS OF HOPE.

Rather than document the tragic circumstances of domestic violence cases, the video focuses on the process through which victims become survivors, offering domestic violence sufferers, policymakers, and concerned citizens examples of how to fight this devastating problem. 60-min.; PBS Documentary; Mary Kay Ash Foundation 2001.

24. CITY OF SHELTER A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE.

VIDEO ONE: Part 1: Starfish (41 minutes) Opening w/ tragic death of Cynthia Payne...examines how attitudes and changes in laws affected the way we approach the problems of DV; Part 2: House of Horrors: the Dynamics of Domestic Violence (61 minutes).

25. CITY OF SHELTER A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE.

VIDEO TWO: Part 3: Herding Cats: Beginning a Coordinated Community Response (49 minutes); Part 4A: Walk a Mile in My Moccasins: the Health Care Response (30 minutes).

26. CITY OF SHELTER A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE.

VIDEO THREE: Part 4B: Walk a Mile in My Moccasins: the Law Enforcement Response (76 minutes); Part 4C: Walk a Mile in My Moccasins: the Shelter/Advocate Response (41 minutes).

27. CITY OF SHELTER A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE.

VIDEO FOUR: Part 4D: Walk a Mile in My Moccasins: the Prosecutor's Response (57 minutes); Part 4E: Walk a Mile in My Moccasins: the Judicial Response (45 minutes); Part 4F: Walk a Mile in My Moccasins: the Batterer's Intervention Response (18 minutes).

28. CITY OF SHELTER A COORDINATED COMMUNITY RESPONSE TO DOMESTIC VIOLENCE.

VIDEO FIVE: Part 5: Coordinating Councils Mature (35 minutes) looks at DV coordinating Councils; Part 6: City of Shelter (18 minutes) What does it take for a community to be a City of Shelter?

29. JOURNEY INTO COURAGE.

Documentary film of six women survivors of domestic violence and sexual abuse; produced by Vermont Network Against Domestic Violence and Sexual Assault in association with Kingdom County Productions; 1995.

30. NO SAFE PLACE: VIOLENCE AGAINST WOMEN.

This powerful documentary goes behind the headlines and statistics to explore the origins of violence against women – includes moving stories of women who have been abused and assaulted as well as interviews with men who have committed these crimes. Gloria Steinem, Robert Bly, and other experts look at the causes and solutions. 56-minutes; KUED © 1996, Salt Lake City.

31. HOSTAGES AT HOME.
Provides general overview of domestic violence through stories of five survivors of varying backgrounds; presents examples of system (courts, hospital) responses to DV; 52 minutes; Intermedia.
32. IN OUR BEST INTEREST. (Video Part II w/ manual “In Our Best Interest”)
Four 20 to 25-minute presentations: Power & Control – Tactics of Men Who Batter by Jill Abenathey, Cultural Facilitators of Battering by Ellen Pence, Women’s Rage by Rosemary Rocco, and Why Do I Feel Crazy/ by Ellen Pence; by the Women’s Coalition Inc., Duluth, MN; © 1997 Minnesota Program Development Inc.

BOOKLETS & ARTICLES

33. A FRAMEWORK FOR UNDERSTANDING THE NATURE AND DYNAMICS OF DOMESTIC VIOLENCE. **
Missouri Coalition Against Domestic Violence, 2003.
34. MARITAL RAPE: NEW RESEARCH AND DIRECTION. **
Raquel K. Bergen, February 2006; also available at www.vawnet.
35. ANTICIPATE: IDENTIFYING VICTIM STRENGTHS AND PLANNING FOR SAFETY CONCERNS TRAINING GUIDE.
© 2003 National Clearinghouse on Abuse in Later Life, A Project of the Wisconsin Coalition Against Domestic Violence.
36. BEFORE IT OCCURS: PRIMARY PREVENTION OF INTIMATE PARTNER VIOLENCE AND ABUSE. **
Larry Cohen, MSW, Rachel Davis, MSW, and Corinne Gaffunder, MPH; Chapter 10 of the Physician’s Guide to Intimate Partner Violence and Abuse, Volcano Press..
37. SAFETY & JUSTICE FOR ALL: EXAMINING THE RELATIONSHIP BETWEEN THE WOMEN’S ANTI-VIOLENCE MOVEMENT & THE CRIMINAL LEGAL SYSTEM. **
MS. Foundation for Women © 2003.

JOURNAL ARTICLES

38. THE DIMENSIONS OF BATTERING: NEW UNDERSTANDINGS.
Lee H. Bowker, PhD, December/January 2004, [Domestic Violence Report](#)
39. HOW FAMILY AND FRIENDS CAN SUPPORT AN ABUSED WOMAN.
Elaine Weiss, EdD, Department of Family & Preventive Medicine, University of Utah School of Medicine, February/March 2004, [Domestic Violence Report](#)
40. MAINE'S ENCOURAGING LAW PROTECTING ANIMALS IN DOMESTIC VIOLENCE SITUATIONS.
Joan Zorza, Esq., June/July 2006, [Domestic Violence Report](#)
41. NON-VIOLENT MEN HAVE NOTHING TO FEAR.
Casey Gwinn, Esq., August/September 2006, [Domestic Violence Report](#)
42. "GENDER SYMMETRY" IN DOMESTIC VIOLENCE: A SUBSTANTIVE AND METHODOLOGICAL RESEARCH REVIEW. **
Michael S. Kimmel, SUNY at Stony Brook, November 2002, [Violence Against Women Journal](#)

43. NOT GOING BACK: SUSTAINING THE SEPARATION IN THE PROCESS OF LEAVING ABUSIVE RELATIONSHIPS. **
Judith Wuest And Marilyn Merritt-Gray, February 1999, [Violence Against Women Journal](#)
44. TALKING CONTROL: METAPHORS USED BY BATTERED WOMEN. **
Zvi Eisikovits And Eli Buchbinder, August 1999, [Violence Against Women Journal](#)
45. COLLABORATION AS A PARTNERSHIP. **
Jacquelyn C. Campbell, Jacqueline Dienemann, Joan Kub, Terri Wurmser, And Ellyn Loy, October 1999, [Violence Against Women Journal](#)
46. RESEARCH ON VIOLENCE AGAINST WOMEN: CREATING SURVIVOR-INFORMED COLLABORATIONS. **
Mary E. Gilfus, Susan Fineran, Deborah J. Cohan, Susan A. Jensen, Lisa Hartwick, And Robin Spath, October 1999, [Violence Against Women Journal](#)
47. PARTICIPATORY EVALUATION: RESEARCHERS AND SERVICE PROVIDERS AS COLLABORATORS VERSUS ADVERSARIES. **
Rebekah Levin, October 1999, [Violence Against Women Journal](#)
48. SURVIVORS' IDENTIFICATION OF PROTECTIVE FACTORS AND EARLY WARNING SIGNS FOR INTIMATE PARTNER VIOLENCE. **
Lynn M. Short, Pamela M. McMahon, Doryn Davis Chervin, Gene A. Shelley, Nicole Lezin, Kira Sue Sloop, & Nicola Dawkins, March 2000, [Violence Against Women Journal](#)
49. "IF I REALLY LOVED HIM ENOUGH, HE WOULD BE OKAY": WOMEN'S ACCOUNTS OF MALE PARTNER VIOLENCE. **
Alison Towns And Peter Adams, June 2000, [Violence Against Women Journal](#)
50. DEFINITIONAL ISSUES IN VIOLENCE AGAINST WOMEN: SURVEILLANCE AND RESEARCH FROM A VIOLENCE RESEARCH PERSPECTIVE. **
Malcolm Gordon, July 2000, [Violence Against Women Journal](#)
51. WHEN ENDING THE RELATIONSHIP DOES NOT END THE VIOLENCE: WOMEN'S EXPERIENCES OF VIOLENCE BY FORMER PARTNERS. **
Ruth E. Fleury, Cris M. Sullivan, And Deborah I. Bybee, October 2000, [Violence Against Women Journal](#)
52. IT'S MY DECISION, ISN'T IT?: A RESEARCH NOTE ON BATTERED WOMEN'S PERCEPTIONS OF MANDATORY INTERVENTION LAWS. **
Alisa Smith, October 2000, [Violence Against Women Journal](#)
53. THE LIVED EXPERIENCE OF BATTERED WOMEN. **
Wendy K. Taylor, Lois Magnussen, And Mary Jane Amundson, May 2001, [Violence Against Women Journal](#)
54. SECURITY MATTERS: DOMESTIC VIOLENCE AND PUBLIC SOCIAL SERVICES. **
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55. ASSISTING WOMEN VICTIMS OF VIOLENCE WHO EXPERIENCE MULTIPLE BARRIERS TO SERVICE. **
Janine M. Zweig, Kathryn A. Schlichter, and Martha R. Burt, February 2002, [Violence Against Women Journal](#)
56. SELF-REPORTS OF SEXUAL, PHYSICAL, AND NONPHYSICAL ABUSE PERPETRATION: A COMPARISON OF THREE MEASURES. **
Sarah L. Cook, May 2002, [Violence Against Women Journal](#)

57. A CASE STUDY OF COMMUNITY-BASED RESPONSES TO RURAL WOMAN BATTERING. **
Nikki R. Van Hightower and Joe Gorton, July 2002, [Violence Against Women Journal](#).
58. THE IMPACT OF FAMILY AND FRIENDS' REACTIONS ON THE WELL-BEING OF WOMEN WITH ABUSIVE PARTNERS. **
Jessica R. Goodkind, Tameka L. Gillum, Deborah I. Bybee, and Cris M. Sullivan, March 2003, [Violence Against Women Journal](#).
59. DETECTING AND DOCUMENTING INTIMATE PARTNER VIOLENCE: AN INTAKE FORM QUESTION IS NOT ENOUGH. **
Kimber Paschall Richter, Zita Joy Surprenant, Kristin H. Schmelzle, and Matthew S. Mayo, April 2003, [Violence Against Women Journal](#).
60. THE EFFECTS OF PEER GROUP CLIMATE ON INTIMATE PARTNER VIOLENCE AMONG MARRIED MALE U.S. ARMY SOLDIERS. **
Leora N. Rosen, Robert J. Kaminski, Angela Moore Parmley, Kathryn H. Knudson, and Peggy Fancher, July 2003, [Violence Against Women Journal](#).
61. THE MILITARY, MILITARISM, AND THE MILITARIZATION OF DOMESTIC VIOLENCE. **
Madelaine Adelman, July 2003, [Violence Against Women Journal](#).
62. EFFECTS OF WORK ON HITTING AND HURTING. **
Lisa D. Brush, October 2003, [Violence Against Women Journal](#).
63. LOW-INCOME MOTHERS' EXPERIENCE WITH POOR HEALTH, HARDSHIP, WORK, AND VIOLENCE: IMPLICATIONS FOR POLICY. **
Diana Romero, Wendy Chavkin, Paul H. Wise, and Lauren A. Smith, October 2003, [Violence Against Women Journal](#).
64. A CONTEXTUAL ANALYSIS OF BATTERED WOMEN'S SAFETY PLANNING. **
Jessica R. Goodkind, Cris M. Sullivan, and Deborah I. Bybee, May 2004, [Violence Against Women Journal](#).
65. BATTERED WOMEN'S MULTITUDE OF NEEDS: EVIDENCE SUPPORTING THE NEED FOR COMPREHENSIVE ADVOCACY. **
Nicole E. Allen, Deborah I. Bybee, and Cris M. Sullivan, September 2004, [Violence Against Women Journal](#).
66. WHEN ADVOCACY FOR DOMESTIC VIOLENCE VICTIMS BACKFIRES: TYPES AND SOURCES OF VICTIM DISEMPOWERMENT. **
M. Joan McDermott and James Garofalo, November 2004, [Violence Against Women Journal](#).
67. BARRIERS TO DOMESTIC VIOLENCE HELP SEEKING: IMPLICATIONS FOR INTERVENTION. **
Michelle Fugate, Leslie Landis, Kim Riordan, Sara Naureckas, and Barbara Engel, March 2005, [Violence Against Women Journal](#).
68. WOMEN'S RESOURCES AND USE OF STRATEGIES AS RISK AND PROTECTIVE FACTORS FOR REABUSE OVER TIME. **
Lisa Goodman, Mary Ann Dutton, Natalie Vankos, and Kevin Weinfurt, March 2005, [Violence Against Women Journal](#).
69. R & B: A CONVERSATION BETWEEN A RESEARCHER AND A BATTERED WOMAN ABOUT DOMESTIC VIOLENCE FATALITY REVIEW. **
Neil Websdale, September 2005, [Violence Against Women Journal](#).

70. THE FRAMING SAFETY PROJECT: PHOTOGRAPHS AND NARRATIVES BY BATTERED WOMEN. **
Lisa Frohmann, November 2005, Violence Against Women Journal.
71. SERVING WOMEN WHO USE FORCE IN THEIR INTIMATE HETEROSEXUAL RELATIONSHIPS: AN EXTENDED VIEW. **
Lisa Young Larance, July 2006, Violence Against Women Journal.

DOMESTIC VIOLENCE IN VERMONT

MANUALS

72. THE VERMONT SEXUAL ASSAULT NURSE EXAMINER PROGRAM. (Adult Sexual Assault Examination Guidelines)
Vermont Center for Prevention and Treatment of Sexual Abuse; revised 05/20/2003.
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ALTERNATE FORMAT

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In this sensitive, respectful book, Bancroft gives women ways to help their children heal from the pain of seeing abuse. Using anecdotes, Q&As, bulleted "points to remember" and a caring but firm tone, Bancroft tells abused mothers exactly what actions they can take to help their children.
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246. WHAT ABOUT US?

Explains to children who have witnessed spousal abuse what has happened and why they feel the way they do. Kinetic Video, 28 minutes.

247. STORY OF RACHEL.

Dramatically depicts events set in motion with a call to 911, i.e. child protective services, protection order petition, and housing issues. Praxis International, 4 minute video, 2003; also available at www.praxisinternational.org

248. WILL YOU HOLD MY CHILD?

Original drama production about intervention in domestic violence cases with children; offers deeper understanding of dynamics created by the abuser and how they are destructive to mother-child relationship. Praxis International, video, 2003; also available at www.praxisinternational.org

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257. UNDERSTANDING WOMEN'S EXPERIENCES PARENTING IN THE CONTEXT OF DOMESTIC VIOLENCE. **

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Identifies and discusses seven central themes that highlight the intersection between woman abuse and parenting; provides recommendations.

Also available at www.vaw.umn.edu/documents/commissioned/parentingindv/parentingindv.html

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Six papers on mobilizing community & program resources to provide help. Includes practical guidelines & policy recommendations.

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259. ARIZONA BATTERED MOTHERS' TESTIMONY PROJECT: A HUMAN RIGHTS APPROACH TO CHILD CUSTODY AND DOMESTIC VIOLENCE

Diane Post, Esq., Director of Systems Advocacy, Arizona Coalition Against Domestic Violence, December/January 2004, Domestic Violence Report.

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Marci Fukuroda, Esq., California Women's Law Center, Los Angeles, California, February/March 2004, Domestic Violence Report.

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