

**Report on Domestic Violence
Policy and Practice at the
Vermont Agency of Human Services**

Recommendations for Systems Change

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Executive Summary

Domestic violence is physical injury and sexual assault, psychological abuse, and economic coercion. Domestic violence is a pattern of these and other tactics used by an intimate partner to establish power and control over another. Domestic violence creates an atmosphere of fear and terror for the victim. In the United States, one woman out of three will be a victim of domestic violence in her lifetime.

Decades of research have substantiated the connections between domestic violence and virtually all of the Vermont Agency of Human Services (AHS) service orientations. As the largest human service provider in the state, it is imperative that AHS develop a comprehensive and coordinated approach to respond to such a tremendous problem; one that has devastating effects on so many individuals and on all Vermont communities.

The reorganization of AHS provided the impetus for the Vermont Council on Domestic Violence and the Vermont Network Against Domestic and Sexual Violence to engage AHS leadership in a discussion about agency reorganization. More specifically, a discussion about potential implications of the reorganization for domestic violence victims and survivors and possible opportunities for improving partnerships and enhancing collaboration with the domestic violence community created by the reorganization. This report describes the history of the AHS Domestic Violence Initiative including the development of an MOU between the Vermont Network Against Domestic and Sexual Violence (“the Network”), the Vermont Council on Domestic Violence (“the Council”), the Vermont Center for Crime Victim Services (“the Center”) and AHS as well as the formation of the AHS Domestic Violence Task Force. It is the work of the Task Force that has culminated in this report.

The AHS Domestic Violence Initiative has three long term goals: to implement effective domestic violence policy and practice within AHS; to institutionalize domestic violence expertise within AHS; and to help provide effective client-based social services to alleviate and end domestic violence in Vermont. It is our belief that the achievement of these goals will help

ensure the success of the AHS reorganization and simultaneously provide for the safety and security of a significant number of Vermonters who are victimized by domestic violence.

Domestic violence is deeply corrosive to self-reliance and can cause long-term economic dependence on the state. Without an effective and informed response, social and economic costs rise exponentially over generations. Using the framework of the Agency's ten outcomes for the social well-being of Vermonters, we present the undeniable impact of domestic violence on AHS outcomes and its direct relevance to the accomplishment of the AHS mission.

The report provides an assessment of current domestic violence policy and practice within AHS departments and divisions which includes analysis of existing policy and procedure, activities related to coalition and capacity-building, case practice and workforce development. The combination of surveys, individual interviews and task force discussion highlighted significant discrepancies within and among divisions and departments of AHS regarding the degree to which an effective and coordinated response to domestic violence existed.

Finally, the report provides a comprehensive set of recommendations that utilizes the same framework for analysis outlined in the assessment and highlights central themes for conducting systems change at AHS.

In addition to the moral imperative of a coordinated Vermont response to domestic violence, there are also economic costs to be considered. Domestic violence drains an excess of 5.8 billion dollars from the U.S. economy annually. The development of a comprehensive and coordinated approach to domestic violence by AHS may well be one of the most important ways to improve the safety and well-being of Vermonters and our communities.



Part 1

**Report on Domestic Violence Policy and Practice at the
Vermont Agency of Human Services:
Recommendations for Systems Change**

I. Introduction

Presented to: Secretary Mike Smith
Deputy Secretary Cindy LaWare

Date: December 2005

Thank you for the opportunity to provide this report on the state of domestic violence policy and practice at the Vermont Agency of Human Services (AHS). This report represents the combined efforts and best thinking of those individuals and organizations willing to grapple with a very disturbing yet ubiquitous issue facing our state - domestic violence. We wish to thank the leadership of the Agency of Human Services for your willingness and ability to stand back and reflect on AHS policies and practices and for the dedication of many committed and valued employees who have participated in this process to date. Although this represents only the beginning of a long conversation, the work has begun.

II. History and Background

In March of 2003 the Vermont Council on Domestic Violence (the Council) met with then AHS Deputy Secretary Eileen Elliot to discuss the AHS reorganization, the implications of the reorganization for domestic violence victims and new opportunities for enhancing AHS collaboration with the domestic violence community. As a result of this conversation, in September 2004 the Vermont Network Against Domestic and Sexual Violence (the Network) submitted a proposal to Agency leadership outlining a framework for a possible partnership among the Network, the Center for Crime Victim Services, the Council and the AHS.

As leadership of the Agency changed, the development of a Memorandum of Understanding (MOU: Appendix #1) and commitment to an internal Domestic Violence Task Force were well underway, providing evidence of increased collaboration between AHS and the Network. In November of 2004, the Network received a small one-year grant from the Altria Foundation to conduct a public policy and direct service advocacy initiative with the Vermont State Agency for Human Services. This funding provided the impetus and the capacity to finalize the MOU and move forward with developing an internal task force. The AHS Domestic Violence Task Force was then charged to begin the necessary dialogue to identify current strengths and challenges and articulate potential strategies for improving the AHS response to domestic violence in order to institutionalize a comprehensive and coordinated approach to domestic violence at AHS. (Appendix #2: AHS Domestic Violence Task Force Charge) The task force met three times in a six month period to guide and advise on the achievement of this goal. (Appendix #3: AHS Domestic Violence Task Force Meeting Plan). This report is a comprehensive account of the work of the task force and includes guidance on the following topics:

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- ✓ Role of AHS in the community response to domestic violence;
 - ✓ Assessment of Current AHS Domestic Violence Policy and Practice;
 - ✓ Recommendations for Change.
 - Four categories of analysis are provided in order to conduct an examination of possible avenues for change: Policy and Procedure,

Coalition and Capacity-Building, Case Practice and Workforce Development.

- A proposed AHS Policy Statement, definition of Domestic Violence and Policy Principles

✓ Next Steps

Through the initial Network Proposal to AHS, the subsequent development of an MOU and the implementation of the AHS Domestic Violence Task Force we have begun conversations within and among AHS leadership to design a plan to achieve the intended outcomes. This plan is tagged the AHS Domestic Violence Initiative. We've learned from these conversations that there is awareness of the existing gaps and need for improved responses to domestic violence within AHS policies and practices. We have also learned that there is a heartening willingness by AHS staff to engage, to reflect and to respond to these gaps and needs in order to support safety and self-sufficiency and ensure responsibility for victims, survivors and perpetrators of domestic violence who are served by AHS.

III. Overview of the AHS Domestic Violence Initiative

The AHS Domestic Violence Initiative has three intended outcomes:

- To provide programmatic and structural mechanisms through which 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.

What is “Domestic Violence”?

Domestic violence (also known as Intimate Partner Violence) is defined as a pattern of assaultive and coercive behaviors that may include actual or threatened physical injury and sexual assault, psychological abuse, economic coercion and various other sexual and psychological tactics. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, are aimed at establishing control by one partner over the other and result in an atmosphere of fear and/or terror for the victim.

The vast majority of victims of domestic violence are women. The latest U.S. Bureau of Justice Statistics Report on domestic violence found that 85% of victims are female. Most domestic violence research to date has measured the prevalence and impact of abuse on women in heterosexual relationships and their children. However, it is important to note that domestic violence also occurs in same-sex relationships, and that some victims are men in heterosexual relationships.

This report focuses on domestic violence and does not represent the needs of sexual assault survivors, policies or services, although there is a certain overlap.

IV. The Role of AHS in the Statewide Response to Domestic Violence

AHS has a workforce numbering upwards of 3,000. It houses the TANF agency, the child protection agency, juvenile justice, housing funds, corrections, public health, developmental and physical disability and aging services, childcare, mental health and substance abuse services as well as Medicaid benefits for the state. Each of these departments and divisions has daily interactions with victims/survivors of domestic violence either via service provision, policy oversight or contractual arrangements yet they lack a consistent and effective response to domestic violence.

As the largest human service provider in the state, AHS could and should play a leadership role in statewide discussions and initiatives related to increasing awareness and decreasing the incidence of domestic violence in the lives of Vermonters. It is imperative that AHS develop a comprehensive and coordinated approach to respond to such a tremendous problem; one that has devastating effects on so many individuals and on all Vermont communities.

In recent years efforts within the state related to improving the response to domestic violence have included an expanded range of partners, both private and public. These partners include but are not limited to the Governor and his renewal through Executive Order of the Vermont Council on Domestic Violence; the Attorney General's implementation of the Domestic Violence Fatality Review Commission; the Department of Labor and their implementation of the Transitional Employment Program; Fletcher Allen Health Care's development of a domestic violence screening protocol; and UVM's Anti-Violence Partnership. Each of these partners has increased its institutional focus on the issue, recognizing its substantial influence on Vermonters' well-being. This trend is at least partially attributable to the increased understanding that domestic violence is a public safety, health and economic issue as well as a women's issue.

The current AHS reorganization provides an apt backdrop for examining the relevance of actuating an effective response to domestic violence throughout the agency. Attending to domestic violence within all agency operations allows for a more complete analysis and a more successful shift to the new agency premised on the themes of reorganization. Furthermore, the continued development of a collaborative partnership among the state's domestic violence organizations, other partners committed to creating an effective statewide response to domestic violence and AHS leadership will more effectively support the cultural change the agency is striving toward.

V. Health, Social and Economic Effects of Domestic Violence

We now know that domestic violence is deeply corrosive to self-reliance and can cause long-term economic dependence on the state. Victims of abuse are often compelled to repeatedly seek assistance as the underlying concern which prompted their need is an issue not readily recognized or effectively responded to by human service providers. Without an effective response, social and economic costs resulting from the failure to identify and address domestic violence rise exponentially over time. Without putting in place consistent prevention and intervention efforts for victims, perpetrators, and survivors of domestic violence, many

Vermonters will remain dependent on the state system indefinitely, repeatedly cycling through for decades and perhaps generations.

If we focus on an individual family, a simple example might be a battered woman and mother forced to access Medicaid for herself and her children because, in order to more effectively control her whereabouts, her abuser forbids employment outside the home. This family might be involved with or accessing services and benefits from AHS in numerous ways including probation for the abuser, contact with Child Protective Services, receipt of state-subsidized childcare, mental health and/or substance abuse services, General Assistance funds or Vocational Rehabilitation services.

In this and an indefinite number of other circumstances, each interaction with AHS, regardless of the division or department, becomes an opportunity to address and respond to an underlying dynamic of domestic violence in the home. Subsequently, AHS can more effectively assist individuals and families with their desire for increased independence and less reliance on state resources. Effective coordination by the agency, working in concert with other community resources, could provide safety and resources to victims while holding abusers responsible for the violence and effectively allowing them to desist from their choice to use violence.

VI. Domestic Violence and AHS Social Well-being Outcomes

Research has substantiated the connections between domestic violence and virtually all of the AHS service orientations: child development; child abuse/neglect; juvenile delinquency; child care; child support; welfare and poverty; public health, mental health, substance abuse; elderly and disabled services and corrections. If we juxtapose these connections with the social well-being outcomes we can see evidence that domestic violence is all too often an impediment to Vermonters' social and economic success and therefore interferes with the achievement of each of the social well-being outcomes.

Examination of the effects of domestic violence on social well-being outcomes highlights the potential impact on services and lives resulting from the inclusion of sound domestic violence policy and practice throughout AHS.

<i>AHS Outcomes of Social Well-being</i>	<i>Research Indicates.....</i>
<i>Adults Lead Healthy and Productive Lives</i>	<ul style="list-style-type: none"> • one woman out of three will be a victim of violence by a husband or boyfriend in her lifetimeⁱ • 2 to 4 million American women are assaulted by their partners per yearⁱⁱ • attacks by male partners are the number one cause of injury to women ages 15-54ⁱⁱⁱ • domestic violence is the leading cause of violent death in Vermont <i>and</i> • half the homicides in Vermont in the past decade were domestic violence murders^{iv} • the majority of victims never access programs <i>and</i> • In 2003 Vermont domestic violence programs served almost 7,000 adult victims^v
<i>Pregnant women and young children thrive</i>	<ul style="list-style-type: none"> • pregnant women are more likely to be victims of homicide than to die of any other cause^{vi} • women with unintended pregnancies are 4 times more likely to be physically hurt by their partner^{vii} • abused women are twice as likely to delay pre-natal care until the third trimester^{viii} • abused pregnant women are more likely to use drugs and alcohol^{ix} • in 2003 almost 8,000 Vermont children and youth served by Network programs were exposed to domestic violence in their homes^x • children are directly abused in 30-60% of families affected by domestic violence^{xi} • young children are exposed to domestic violence at higher rates than older children^{xii}

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<p><i>Children live in stable, supported families</i></p>	<ul style="list-style-type: none"> • 68 to 87% of domestic violence incidents are witnessed by children^{xiii} • nationally domestic violence is a factor in 6% of U.S. households, but 20-30% of women receiving TANF are current domestic violence victims and 65% are former victims^{xiv} • well over half of welfare-to-work program participants are current domestic violence victims^{xv}
<p><i>Children are ready for school</i></p>	<ul style="list-style-type: none"> • 5 million children witness an assault on their mothers per year^{xvi} • 40-70% of men who abuse women also abuse children^{xvii} xviii • children who witness violence exhibit anxiety, depression, aggressive, antisocial, and fearful behaviors^{xix}
<p><i>Children succeed in school</i></p>	<ul style="list-style-type: none"> • children exposed to domestic violence often have delayed speech development, motor and cognitive skills, and poor school performance^{xx}
<p><i>Youth choose healthy behaviors</i></p>	<ul style="list-style-type: none"> • children with domestic violence histories have a significantly higher risk of smoking, alcoholism, substance abuse, obesity, depression and health problems^{xxi} • children exposed to domestic violence are more likely to run away from home, prostitute themselves as teenagers, and commit sexual assault^{xxii}
<p><i>Youth successfully transition to adulthood</i></p>	<ul style="list-style-type: none"> • the highest rates of violence affect young women 16-24 years old^{xxiii} • adolescents who experience dating violence are 3 times more likely to have a rapid repeat pregnancy within 12 months^{xxiv} • 1 in 5 high school girls reports being abused by a boyfriend^{xxv} • 50-80% of teens know someone involved in a violent relationship^{xxvi}

cont...

<p><i>Elders and people with disabilities live with dignity and independence in settings they prefer</i></p>	<ul style="list-style-type: none"> • disabled women are at much greater risk of being abused than non-disabled women^{xxvii} • the more disabled a woman is the greater her risk of being battered or sexually assaulted^{xxviii} • people closest to women with developmental disabilities are most likely to be abusers^{xxix} • 818,000 elderly Americans were victims of domestic abuse in 1994^{xxx}
<p><i>Communities provide safety and support to families and individuals</i></p>	<ul style="list-style-type: none"> • a history of abuse is much more common for women inmates than in the general population^{xxxi} • nationally 48 percent of all women in jail and state and federal prisons have been physically or sexually abused^{xxxii} • a 2003 UVM study found that 88% of Vermont female inmates had experienced physical and/or sexual violence^{xxxiii} • 74% of these inmates experienced physical abuse as a child <i>and</i> as an adult^{xxxiv}

VII. The Economy of Domestic Violence

The development of a comprehensive and coordinated approach by AHS to domestic violence may well be one of the most important ways to improve the safety and well-being of Vermonters. Whether domestic violence results in delayed entry into prenatal care, unintended pregnancy, a child's failure to thrive, chronic health problems, dependence on the public assistance system, criminal justice system involvement or any other of a myriad of social and health concerns, the economic impact is enormous. Identification, early intervention, and prevention of domestic violence can lead to significant savings for Vermont.^{xxxv}

Recognizing the need to better measure both the scope of the problem of domestic violence as well as the resulting economic costs, the United States Congress in 2003 funded the Centers for Disease Control and Prevention (CDC) to conduct a study to obtain national cost estimates of domestic violence. This complex, comprehensive study estimated costs exceeding \$5.8 billion annually as a result of domestic violence. Nearly \$4.1 billion of this cost was attributed to direct medical and mental health care services for domestic violence victims. The study also reported a \$1 billion cost due to lost productivity from paid and household work of domestic violence victims. This study emphasized that due to the lack of data in a number of measures, the costs presented were an *underestimate* of the economic cost of domestic violence in the United States.^{xxxvi}

Clearly, decision-makers face multiple, often-competing demands. There are always more good ideas than there are dollars to pay for them.^{xxxvii} However, the alternative to undertaking the implementation of domestic violence-informed programs within all the departments of the Agency is the maintenance of the status quo – undesirable from an ethical or financial perspective. Assuredly, domestic violence service and prevention programs cost money, but these costs to the state are dwarfed by the costs of the maintenance of the status quo.^{xxxviii} Additionally, there are an array of equally important changes and response strategies that are cost-neutral and require commitment, creativity and collaboration rather than tangible dollars.

When all is said and done, state human services exist for the well-being of Vermonters. The huge social and economic toll that domestic violence drains from the vitality of Vermont's individuals and communities should compel state human services to make a proactive long term investment in the reduction and elimination of domestic violence in Vermont.

Part 2

I. Assessment of Current AHS Domestic Violence Policy and Practice

i. Purpose

The purpose of assessing current domestic violence policy and practice within AHS is to establish baseline knowledge as AHS and the Network undertake a multi-year collaboration to improve and coordinate the AHS response to domestic violence. The assessment provides a description against which to measure future progress and is based on research regarding what constitutes best practice for domestic violence response in human services. The assessment is limited to a qualitative analysis of the *existence* of a domestic violence response in each department of the agency. It does not purport to measure the *effectiveness* of the response, which would require further research.

ii. Assessment Process

Ten divisions were assessed representing all Departments, including the Department of Corrections, which participated as an entire department.

Each division assessment, summarized in Tables 1 through 10 (Appendix #4: Assessment of Current Policy and Practice), is informed by two primary sources of information. The first is a written assessment by each Task Force member of current division domestic violence policy and practice. Subsequently, an individual interview was conducted with each Task Force member to clarify and expand on the written information as well as gain further insight into the division response to domestic violence. In some cases, Task Force members had supervisors or colleagues join them in the interviews to provide as comprehensive a picture as possible. As a final step, each Task Force member fact-checked the division assessment before its inclusion in this report. It should be noted that

all assessment interviews were conducted with Waterbury-based staff and experiences in the district could be vastly different.

Note: Due in part to a faulty process for identifying an appropriate representative from the Department of Health Division of Alcohol and Drug Abuse and lack of attendance from the Division of Mental Health we have been unable to either assess or generate recommendations specific to these areas of service provision. This in no way illustrates a lack of understanding and concern for the connection between domestic violence and substance abuse and mental health. We are currently in the process of remedying these gaps and look forward to the ensuing contributions these perspectives will add to this work as well as working with these divisions to enhance their response to victims and survivors of domestic violence.

iii. General Observations

The assessment was designed according to the following framework: Policy & Procedure, Coalition & Capacity-Building, Case Practice and Workforce Development. Before going into the specifics of each category we note some general observations.

Each member of the Task Force stated that domestic violence had a direct relevance to the work of her division and could identify when instances of domestic abuse had become evident in the case work of the division. Members were eager to develop responsive domestic violence policy and practice where it didn't currently exist in their divisions. Those who have domestic violence policy welcome suggestions for further improvement.

Taken as a whole, there are significant discrepancies among divisions and departments of AHS in response to domestic violence. There are divisions that routinely screen each client for domestic abuse and make an appropriate referral to secure safety and appropriate help. On the other hand, there are entire divisions and even departments without any domestic violence policy or procedure. Questions to solicit possible domestic violence are not asked, and if a client self-discloses domestic violence and a staff member makes any response, it is without the guidance of any division policy.

The assessment revealed a general lack of knowledge on the part of Waterbury-based staff regarding district office responses when clients either self-disclosed, or the issue of domestic violence became apparent in some other way. At times, a specific worker in a specific district office was cited as someone passionate about addressing domestic violence, working from his or her individual initiative, rather than departmental policy. This assessment reflects division wide policy and practice, rather than instances of responsive domestic violence work on the part of individual staff.

Discrepancies prevail regarding division work on domestic violence outside of the agency also. Some divisions are quite active in coalition work to address domestic violence either at the community level or state wide initiatives or both. Ironically, these are not always the same divisions or departments that have responsive and consistent internal domestic violence policy or practice for their clients.

With a few noted exceptions, each division's response to domestic violence is not coordinated with other divisions. This lack of coordinated response is both vertical and horizontal within the AHS structure: in other words, there is rarely coordination among divisions within a department or between divisions in different departments. This is not entirely surprising and may be skewed by the recent reorganization of AHS. However, the AHS Domestic Violence Initiative is an opportunity to examine how divisions can coordinate effective services based on client need, with the reorganization providing linkages not in place in the previous structure.

It is evident that it is both possible and effective to integrate responsive domestic violence policies and practices into a division's service response as some divisions have already accomplished this. We are not suggesting that we paint all the divisions with the same broad brush: domestic violence response practices by a division must be specific to that division's mission and role. However, some of the framework of domestic violence policy and practice is transferable from division to division.

In terms of resources, it is evident that most, if not all, of the best work of AHS in response to domestic violence is driven by federal law and supported by federal resources. There are few, if any, dollars from the state budget dedicated to domestic violence through AHS.

iv. Assessment: Policy & Procedure

Most of the Department for Children and Families divisions have pro-active, relevant domestic violence policy and procedure, although there is a need for additional policy development, as detailed in the Tables (Appendix #4). The exception, the Child Development Division, has some scattered policy in two of their many areas of work. The Department of Corrections has domestic violence policy and procedure which varies widely in its responsiveness to domestic abuse, from responsive policy to no policy where it is urgently needed to counterproductive policy. The divisions assessed in the Department of Disabilities, Aging and Independent Living and the Department of Health lack any domestic violence policy or procedure.

v. Assessment: Coalition & Capacity-building

To fairly assess the coalition and capacity-building work of AHS divisions to respond to domestic violence, it should be noted that the relationship between the Vermont Network and its local programs and AHS has historically not been used to full capacity. Building coalitions to respond to domestic violence is a joint responsibility requiring a level of reciprocity that involves commitment to coordination by both parties. We see this initiative as providing the opportunity to build critical working relationships that will benefit AHS, the Vermont Network and ultimately those Vermonters experiencing domestic violence.

Coalition work to address domestic violence includes regional Domestic Violence Task Forces as well as state bodies - the Vermont Council on Domestic Violence, commissioned by the Governor and the Supreme Court, as well as the Domestic Violence Fatality Review Commission established by the Legislature. With the exception of the Domestic Violence Unit of Family Services, supported largely by federal monies, no

other division of the Department for Children and Families is represented in the state bodies, although there is some collaboration with outside agencies at the local level in a few regions. This is a particular loss to the State and agency as many employees from these divisions have daily contact with domestic violence victims and could provide a critical linkage between statewide policy development efforts and local practice. Additionally, in the last few years, the Department's capacity to effectively address domestic violence issues with clients has weakened as specialized domestic violence staff positions in Economic Services are not currently being used to capacity.

On the other hand, the Department of Corrections is highly engaged with state level domestic violence initiatives, including the Vermont Council and the Fatality Review Commission, as well as some local Domestic Violence Task Forces. However, this engagement by mid-level staff members has not resulted in comprehensive effective domestic violence policy at the Department of Corrections. There have been multiple conversations regarding reinstatement of the DOC Domestic Violence Chief position (eliminated in 2004) between the domestic violence community and the Department of Corrections which to date have not led to any resolve.

The Department of Health, primarily through the Office of Injury Prevention and the Department of Mental Health, provides a leadership role in collaborative work with domestic violence organizations. This role includes participation on the Vermont Health Care and Domestic Violence Leadership Team, which works to improve domestic violence response in the health care system, the CDC-funded Rape Prevention and Education Grant which funnels a small amount of federal money out to community rape prevention efforts, and Sexual Violence Prevention Strategic Planning. Divisions of the Department of Health have a mixed relationship with local domestic violence organizations, describing these relationships as at times collaborative and at other times difficult.

The Department of Aging and Independent Living has very limited coalition involvement with domestic violence organizations, either at the local or state level.

vi. Assessment: Case Practice

Case practice, the day-to-day work of AHS staff with clients who are current or former domestic violence victims, is significantly lacking, and is probably the weakest area of Agency performance in this assessment.

Division central office staff is typically unaware of the day-to-day responses by division employees in local districts when confronted with a client experiencing domestic violence. For those divisions working directly with clients, legitimate attempts to respond effectively to domestic violence often lack the requisite knowledge and expertise. In the absence of division guidance on the issue, staff must rely on their own personal or professional background regarding domestic violence, if they have any, to attempt to craft a helpful response to a client. The Department for Children and Families most effectively identifies and refers domestic violence victims to appropriate resources while the remainder of the Departments do not have uniform or consistent practice at the regional level or within regions.

A further complication in determining actual case practice is due to the extensive provision of services with contracted partners. Most departments provide services through contracted partners, and divisions are unaware of what level of response, if any, is provided to clients experiencing domestic violence or what these organizations are doing regarding batterer accountability.

vii. Assessment: Workforce Development

Most divisions provide no workforce development opportunities on domestic violence. In those divisions that do provide some training, it is most frequently for new employees as part of an orientation or pre-service training. Domestic violence training was last held by the Economic Services division in 2004. One division, Family Services, provides annual mandatory training on domestic violence for employees, however low attendance is consistently noted.

Summary

Although highly fragmented, there are currently some excellent responses to domestic violence in place within the Agency. These need to be identified and shared with other divisions of the Agency as current efforts in one division may be useful to other divisions as each formulates their unique response to domestic violence.

II. Recommendations for Change

Conducting analysis and generating useful and relevant recommendations for change to enhance the AHS system response to domestic violence is a long-term and complex process. Our initial attempt follows a similar framework for understanding existing policies and practices and future possibilities provided in the assessment. The four categories of analysis used include: Policy and Procedure, Coalition and Capacity Building, Case Practice and Workforce Development. Within each category a rationale is provided an overview of current barriers, concerns and observations that were discussed at the task force in relation to the topic. Following the rationale, a list of recommendations for change is provided to prompt consideration of opportunities and possible actions to initiate and implement systems change at AHS.

i. Policy and Procedure

Rationale

Domestic violence is an issue that permeates all AHS departments and divisions and has a significant impact on a large number of individuals and families served by AHS and on all aspects of the lives of those individuals. For this and other reasons we have found that there is significant evidence of political and personal will within AHS to improve the agency response to domestic violence. Despite this, the AHS Domestic Violence Task Force has identified the following obstacles to effective policy implementation:

- The lack of written policy and clear standards across AHS departments can result in discretionary policies, procedures and practices that are intentionally or unintentionally focused on blaming the victim for the violence rather than holding the batterer accountable for the choice to use violence.

- There are a variety of current policies and practices that, when lacking an approach that includes domestic violence advocacy principles, are unintentionally but potentially dangerous to victims. For example:
 - √ Implementation of the Homelessness Management Information System (HMIS) could pose significant barriers to victims attempting to access and use homeless service systems to escape domestic violence. Collection and aggregation of client-specific data is dangerous to someone who relies on anonymity to stay safe.
 - √ Outreach to individuals and families using AHS services could endanger a victim of domestic violence who must secretly access services and supports in order to stay safe from abuse, to plan an escape or remain separated from an abuser.
- Translation of policy into local-level practice is difficult. Absent clear, consistent directives and effective supervision, individual attitudes and lack of factual information about domestic violence often shape individual interactions with individuals and families served. This may lead to inconsistent and potentially dangerous practices.

Recommendations:

1. Establish a Standard

The personal nature of domestic violence elicits strong and impassioned reactions by many if not all human service providers. This quality requires that political leadership communicate clearly the foundational paradigm adhered to by AHS departments.

- ◆ **Adopt the proposed definition of domestic violence for all AHS departments. (Appendix #5: Definition of Domestic Violence)**
- ◆ **Include adherence to AHS domestic violence philosophy and policies as a contingency of contract agreements for appropriate community based organizations.**

2. Value the Issue

Given the saliency of this issue for Vermonters, AHS should elevate dialogue, planning and implementation of domestic violence-informed practice to a level that informs and is informed by other equally salient and frequently overlapping issues such as trauma, substance abuse, homelessness, child abuse, poverty, etc.

- ◆ **Develop a "Workplace and Domestic Violence" Policy that utilizes and is informed by the model developed by the Attorney General's Office.**
- ◆ **Articulate an AHS Statement of Philosophy on Domestic Violence to include:**
 - lack of tolerance for domestic violence;
 - its willingness to support victims of domestic violence who are employees and individuals served by AHS; and
 - its commitment to holding the perpetrator responsible for abusive behavior and for stopping the abuse in the workplace and in the community.
- ◆ **Include AHS Statement of Philosophy on Domestic Violence in appropriate orientation and human resources materials.**

In order to minimize unintended consequences of current policies and practices agency wide principles and policies related to domestic violence should be developed and domestic violence policy principles should be applied to generic policies.

- ◆ **Adopt the proposed AHS Policy Statement on Domestic Violence (Appendix #6).**
- ◆ **Adopt the proposed Policy Principles on Domestic Violence (Appendix #7).**

3. Create Dialogue and Improve Coordination

Interdepartmental linkage and policy compatibility are critical components of improved coordination and consistency regarding domestic violence response among AHS departments. Balancing the need for consistency across departments with role specificity will maximize resources committed to enhancing the AHS domestic violence response.

- ◆ **Maintain support for cross-departmental task force charged with oversight and facilitation of recommendations.**

ii. Coalition and Capacity-Building

Rationale

AHS can and often does play a vital role in decreasing the incidence of domestic violence by affording opportunities for safety and self-sufficiency to individuals and families served by AHS. The AHS Domestic Violence Task Force has identified the following obstacles to AHS efforts toward building coalitions and enhancing capacity for effective domestic violence response.

- AHS, as a coordinated entity, has a scattered presence in statewide conversations focused on building and improving effective systems for domestic violence response. As a result, it is often difficult to leverage resources and political influence to implement effective community responses to domestic violence that affect individuals and families served by AHS.
- While there has been work done and attention paid to domestic violence in different departments, this work has not been coordinated into a meaningful and unified approach by central office. This approach results in changes that are often sporadic, inconsistent and transitory, using precious resources without producing significant results.
- AHS and the domestic violence advocacy community must accept mutual responsibility for developing more collaborative relationships that increase opportunities for efficiency and creativity when responding to victims, survivors and perpetrators of domestic violence.
- There is a need for coordination among domestic violence related AHS initiatives. Although isolated AHS initiatives are at times effective, they are

compartmentalized and disconnected from other comparable AHS initiatives.

Recommendations:

1. Incorporate Domestic Violence into the Agency's Organizational Structure

- ◆ Continue to support the current process and structure for accomplishing agency-wide domestic violence policy analysis and revision.
- ◆ Include a distinct domestic violence section within the "Special Initiatives" category in the Agency's 2006 Strategic Plan.
- ◆ Identify indicators of effective domestic violence response relevant to achievement of Agency Outcomes and incorporate this information into report generation and publication, research activities and agency-wide planning efforts.
- ◆ Create the capacity within AHS to ensure that prevention, intervention and services are coordinated, integrated and reflect best practice for victims of domestic violence and their families. This includes issues related to ensuring perpetrator accountability and effective programming as well as providing for access to options for victim safety and self-sufficiency.

2. Build Internal Capacity

- ◆ Create capacity for sustaining change throughout the system departmentally and agency-wide. Assess need for Central Office oversight of domestic violence policy and program implementation throughout AHS.
- ◆ Coordinate existing efforts within AHS aimed at improving the response to domestic violence.
- ◆ Identify consultation, technical assistance and resource needs for the integration of domestic violence informed policy and practice. Review past and current DV departmental staffing options to assess degree of effectiveness, resource efficiency and areas for improvement. Identify viable program model(s) that would address AHS needs in re: responding to

domestic violence (include analysis of the generalist/specialist approach).

- ◆ Think carefully about how to use existing data and enhance data collection efforts to protect victims and enable AHS to more clearly understand the prevalence and current capacity for domestic violence response within AHS. Link this with efforts to attain Agency outcomes.
- ◆ Conduct ongoing evaluation of any policy, programming, professional development related to domestic violence in order to ensure accountability to victims/survivors of domestic violence and the general public.
- ◆ Engage victims/survivors served by AHS by soliciting input and feedback, attaining direction and leadership when appropriate on needed policy changes and suggested remedies.

3. Improve collaboration and establish linkages between AHS and the domestic violence community.

- ◆ Update the MOU between AHS, the Vermont Network Against Domestic and Sexual Violence, the Center for Crime Victim Services and the Vermont Council on Domestic Violence to reflect the work of the AHS Domestic Violence Task Force.
- ◆ With the AHS Domestic Violence Task Force design a process to engage in local and statewide relationship-building between domestic violence advocates and AHS departments.
- ◆ Broaden representation of AHS employees on statewide and local domestic violence initiatives.
- ◆ Broaden representation of Network advocates on AHS initiatives including the State Team for Children and Families and multiple other internal groups.

iii. Case Practice

Rationale

- Domestic violence impacts all aspects of a victim's life- health, mental health,

economics, children, social interactions, priorities, needs and goals and as such is not an adjunct issue or a one time initiative but one that must be woven into the fabric of the organization. Routine protocols and responses can inadvertently jeopardize the safety and security of victims of domestic violence and should be scrutinized from a perspective that prioritizes safety for victims and responsibility of offenders.

- There is a general lack of awareness of what constitutes effective response/best practices in specific arenas such as case management, information-sharing, crisis intervention, etc... when domestic violence is present. In the absence of consistent standards or guidelines individual employees must rely on their own personal exposure to issues of domestic violence to craft a response to a client who is abused.
- A solid connection between central office-based policies and local office practice is needed. Often, central office management is unaware of local practices regarding domestic violence and therefore policy is not based on effective practice nor is practice reflective of effective policy.

Recommendations:

1. Support Review and Revision of Current Practice

- ◆ Create an internal structure to assess current practice and incorporate relevant domestic violence principles and practices into the operations of the Agency.
- ◆ Work with current task forces and others to address agency-wide reorganization efforts such as Service Coordination, Navigation and Information-Sharing.
- ◆ Utilize AHS Domestic Violence Task Force structure to outline a process for addressing issues such as screening, assessment and intervention practices throughout AHS departments.
- ◆ Utilize input from survivors and consumers to highlight areas that require improvement and design responses that attend to actual needs.

2. Develop Best Practice Guidelines

- ◆ Given the complexity and sensitivity of the issue, consult and coordinate with domestic violence advocacy groups to develop best practice guidelines for AHS departments' response to domestic violence.
- ◆ Work with individual departments to outline protocols for screening, case management, crisis intervention, referrals and accessing support services for victims of domestic violence and their families.
- ◆ Work with individual departments to outline protocols for responding effectively to perpetrators of domestic violence and holding them accountable for the violence.

3. Connect Policy to Practice

- ◆ Utilize linkages between state and local entities (such as the State team for Children and Families and Regional Partnerships) in order to establish a seamless response to domestic violence and connect policies with practices at a local level.
 - ◆ Utilize Field Services Unit, local domestic violence program staff and local district office staff to inform the development of policies and practice guidelines. Identify communities and departments where effective practices are recognized and use these as models for further development.
 - ◆ Provide for technical assistance to contracted community-based organizations that work with individuals and families served by AHS in order to assist with the implementation of effective policies and best practice guidelines.
 - ◆ Include adherence to AHS domestic violence philosophy and policies as a contingency of contract agreements for appropriate community based organizations.
-

iv. **Workforce Development**

Rationale

- There is a lack of societal consensus on the roots and dynamics of domestic violence due in part to the personal nature of domestic violence and the fact that it elicits strong and impassioned reactions by many if not all human service providers. This often creates ambivalence on the part of policy-makers in their attempts to resolve the complex dilemmas created by domestic violence.
- The absence of standardized core competencies throughout the agency poses a barrier to establishing clear expectations for domestic violence competence.
- The relationship that exists between the Network and AHS creates gaps in the knowledge of available resources and effective response to domestic violence. This discrepancy directly affects the range of options available to access safety and self-sufficiency for individuals and families served by AHS.

Recommendations:

1. Articulate AHS philosophy about domestic violence.

- ◆ Leadership should clearly communicate a framework for understanding domestic violence that will inform the development of future education, policy and practice throughout AHS. This can be achieved by adopting the proposed definition, policy statement and policy principles. (Appendices 5-7).

2. Build agency-wide capacity for professional development on domestic violence that includes foundational training, overlapping issues, and freestanding issues that are specific to each department.

- ◆ Work with the AHS Human Resource Development Director and the Inter-Agency Training Council to integrate plans for workforce development related to domestic violence into existing development plans and models.

- √ Incorporate domestic violence principles into generalized employee training that attends to universal principles relevant for all AHS employees.
 - √ Establish core competencies for domestic violence for all AHS employees that are relevant to current policy and practice.
 - √ Establish role specific expectations for professional development related to domestic violence.
 - √ Training should occur at regular intervals simultaneous to policy development as existing agency/department policy should inform content of training.
- ◆ Provide opportunities for education on domestic violence for AHS staff and contracted partners where appropriate.

Summary

The preceding recommendations are the result of deep and extensive dialogue by members of the AHS Domestic Violence Task Force. They are both far-reaching and very specific; they affect the agency both horizontally and vertically (suggest changes “across the top” and departmentally-specific); yet they leave room for more conversation, more definition, more creativity and ever more change. The recommendations for change are not inflexible yet attempt to cover an expansive range of possibilities and lay the groundwork for a long-term conversation throughout AHS as it reorganizes and shapes the way it serves the individuals and families of Vermont.

III. Conclusion and Next Steps

Pursuant to the Secretary adopting the report, “phase two” of the initiative will follow. This will consist of efforts to establish a consistent baseline response across AHS while addressing and creating policies and practices that reflect each department’s needs, client-base, barriers and best practices.

The AHS Domestic Violence Task Force will create teams who will utilize the frameworks provided in this report to critically analyze and enhance current policy and practice within each department. Ultimately, these teams will make further recommendations that facilitate the development of responses that provide an effective and responsive array of opportunities for accessing safety and achieving security while holding offenders appropriately accountable.

The Vermont Network Against Domestic and Sexual Violence has obtained a continuation grant from the Altria Foundation to continue to provide staffing and consultation to the AHS Domestic Violence Initiative for 2006. Implementation of grant objectives will allow for the continued development of this initiative in partnership with AHS leadership.

Each of the departments situated within AHS has unique leadership, cultures, procedures and goals. Each interacts with victims/survivors on a daily basis- often without knowing it. Each admits to 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. This plan outlines 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.

Endnotes

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Appendix

1. Memorandum of Understanding – 1 page
2. AHS Domestic Violence Task Force Charge- 1
3. AHS Domestic Violence Task Force Meeting Plan- 1
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7. Proposed Policy Principles on Domestic Violence-1

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Vermont Network Against Domestic and Sexual Violence

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Memorandum of Understanding

Purpose: To develop a plan to institutionalize domestic violence knowledge and expertise within and throughout the Agency of Human Services (AHS) through the development of a partnership between domestic violence organizations and AHS. Through its combined efforts and expertise this partnership will enhance current practice, support an integrated service system and support the institutional change AHS is seeking.

As members of this Memorandum of Understanding (MOU):

- ◆ We recognize that domestic violence affects individuals and families served by all AHS departments and is an impediment to individual's and families' success;
- ◆ We agree that we need a comprehensive and coordinated approach to the issue of domestic violence within all of AHS in concert with the state's domestic violence network;
- ◆ We will provide leadership within AHS and domestic violence organizations to materialize this commitment and provide capacity for change.

Initially, this leadership will be established through the development of a Task Force which will meet bi-monthly. Members of this group should include but not be limited to:

- Vermont Network Against Domestic and Sexual Violence (VNADSV)
- Vermont Council on Domestic Violence (VCDV)
- Vermont Center for Crime Victim Services (CCVS)
- Vermont Agency of Human Services (AHS)
 - DCF Domestic Violence Unit
 - DCF Economic Services Division
 - DCF Child Development Division
 - DCF office of Child Support
 - DCF Field Services Division
 - Department of Corrections (DOC)
 - DOH Mental Health Division
 - DOH Public Health Division
 - DOH Alcohol and Drug Abuse Programs Division
 - DAIL Division Of Vocational Rehabilitation
 - DAIL Division of Disability and Aging

VNADSV and the AHS Planning Division will jointly staff this task force.

To achieve the above, the Vermont Network will:

- ◆ Assist in creating the environment for a broad policy discussion on AHS response to domestic violence and development of an action plan;
- ◆ Provide staffing for the agency-wide task force;
- ◆ Provide staffing to create the plan to institutionalize domestic violence knowledge and expertise within and throughout AHS;
- ◆ Provide technical assistance and expertise to AHS departments and divisions regarding the causes, effects and appropriate responses to domestic violence;
- ◆ Work with the AHS Human Resources Director to design broad, agency-wide training as well as training that is specific to departmental and divisional needs;

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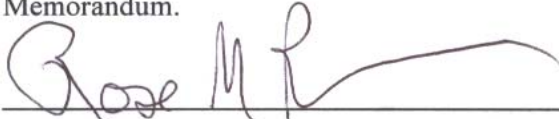
To achieve the above, AHS will:

- ◆ Actively support the creation and implementation of the AHS Domestic Violence Task Force through staffing, space, funds, etc...;
- ◆ Provide a central office perspective/liaison to assist with planning and development of the plan;
- ◆ Provide for the necessary linkages to state and local level discussions via the AHS Field Directors and other appropriate mechanisms.

To achieve the above, all signatory Partners will:

- ◆ Assign a representative to the task force. Attend and participate in task force meetings.
- ◆ Provide information to assist with the development of an internal AHS assessment and implementation of agreed upon action plans.
- ◆ Review and when necessary, amend, this Memorandum of Understanding annually.

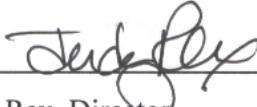
The undersigned partners agree to uphold and implement the agreements contained in this Memorandum.



Rose Pulliam, Coordinator
Vermont Network Against Domestic and Sexual Violence



Cindy LaWare, Deputy Secretary
Vermont Agency of Human Services



Judy Rex, Director
Vermont Center for Crime Victims Services



Robyn Maguire, Director
Vermont Council on Domestic Violence

AHS Task Force on Domestic Violence

Membership

DCF - Family Services Division Ellie Breitmaier	DOH Community Public Health Sandy Dooley
AHS Planning Division Susan Besio	DOC Services for Women Offenders Jill Evans
AHS Human Resources Division Richard Moffi	DOC Victims Services Amy Holloway
DCF Economic Services Division Diana Carminati	DOC Program Services Susan Onderwyzer
DCF Office of Child Support Bob Butts	DAIL Division of Vocational Rehabilitation Susan Wells
DCF Child Development Division Kathleen Paterson	DAIL Division of Disability and Aging Services June Bascom
DCF Field Services Division Sue Schmidt	Vermont Network Against Domestic and Sexual Violence Jill Richard
DOH Health Improvement Tracy Phillips	Vermont Center for Crime Victim Services Rachel Desilets
DOH Alcohol and Drug Abuse Programs Richard Taylor	Vermont Council on Domestic Violence Ann Hockridge Robyn Maguire

Charge: The task force will develop recommendations for the design and implementation of a comprehensive and coordinated approach to domestic violence within all of AHS and in concert with the state's domestic violence network.

The task force will inform and advise on the following topics:

1. a comprehensive assessment of each department's current policies and practices regarding domestic violence;
2. a plan for integrating domestic violence informed practice and creating institutional and policy supports for appropriate domestic violence informed services.
3. a plan to implement training, policy and practice change throughout AHS;
4. an agreement that increases capacity for local and statewide partnerships between domestic violence organizations and AHS.

The task force is jointly staffed by the Vermont Network Against Domestic and Sexual Violence and AHS Planning Division. The task force will report its initial recommendations to Secretary Smith by December 15th, 2005.

AHS Domestic Violence Task Force Meeting Plan

When	Central Question	Goals	Outcomes
Meeting #1 (May) Foundation and Assessment	What are the biggest challenges your department/division faces when responding to domestic violence?	<ol style="list-style-type: none"> 1. Define Context for task force work 2. Conduct a preliminary Assessment of current AHS policies and practices 3. Identify emergent policy themes 	<ul style="list-style-type: none"> • Identify areas of agreement and philosophical/practical “rubbing points”. • Understand current status of “domestic violence-informed practice” at AHS • Identify practice/policy themes.
Meeting #2 (June) Identification of Themes across AHS	Using already established principles for effective domestic violence policy development, we will deepen our discussion of each policy theme identified and explore the mechanisms for change implementation.	<ol style="list-style-type: none"> 1. Discuss principles for domestic violence policy development 2. Review and Discuss Framework for AHS System Change 3. Discuss possible avenues for change implementation 	<ul style="list-style-type: none"> ▪ Agree on principles to guide policy development ▪ Create a design for policy/protocol development for each policy theme ▪ Identify strategies for implementation ▪ Generate set of initial recommendations
Meeting #3 (Fall) Recommendation Development	Based on the data from the previous two discussions, what are the first steps to creating domestic violence-informed policy and practice at AHS?	<ol style="list-style-type: none"> 1. Discuss policy recommendations 2. Develop plan for implementation 3. Identify next steps (if any) for task force 	<ul style="list-style-type: none"> ◆ Proposal to AHS Secretary

Department of Disabilities, Aging and Independent Living

DAIL/Disability & Aging Services	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure	<ul style="list-style-type: none"> ✓ Require staff and contracted workers to report abuse and neglect (including DV) ✓ Developmental Services Policy on “Education and Support of Sexuality” 	<ul style="list-style-type: none"> ✓ APS can investigate only if disability interfered with ability to escape abuse 	<ul style="list-style-type: none"> ✓ No DDAS-wide policy
Coalition & Capacity-building		<ul style="list-style-type: none"> ✓ Some participation on DV community teams & national presentations ✓ Training of stakeholders about violence (including DV) against older people with people with disabilities (3-yr grant with CCVS) ✓ Participate in “Creating Access Team” planning grant with DV Network 	
Case Practice	<ul style="list-style-type: none"> ✓ Provide home supports and support groups to victims of DV – DV safe homes and support groups are generally not accessible to people with disabilities 	<ul style="list-style-type: none"> ✓ Contracted providers – unknown DV policies ✓ Local collaborative work and referrals to DV services – intermittent and done on a case-by-case basis 	<ul style="list-style-type: none"> ✓ Need information on referrals for DV victims ✓ Local collaborative work on DV unknown
Workforce Development			<ul style="list-style-type: none"> ✓ No pre-service and in-service DV training

Department of Disabilities, Aging and Independent Living

DAIL/Vocational Rehab	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure			✓ No DV policy
Coalition & Capacity Building		✓ Some DV collaboration and referrals by staff	
Case Practice		✓ Some DV referrals	
Workforce Development			✓ None

Department for Children and Families

DCF/Child Development	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure		<ul style="list-style-type: none"> ✓ Childcare provider licensing ✓ DV included in Healthy Babies, Kids & Families assessment but no training 	
Coalition & Capacity-building			<ul style="list-style-type: none"> ✓ No DV coalition work
Case Practice			<ul style="list-style-type: none"> ✓ No standard DV response
Workforce Development		<ul style="list-style-type: none"> ✓ Central office staff attend DV Unit 1-day training 	

Department for Children and Families

DCF/Office of Child Support	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure	<ul style="list-style-type: none"> ✓ Standardized “Family Violence Indicator” (domestic violence & child abuse) available to each applicant (Section 454(26) of the Social Security Act [U.S.C. 654(26)]) ✓ FVI prohibits information release to national directory (VT statute Title 15B interstate non-disclosure) ✓ OCS current initiative on Medical Support Orders includes possible DV waiver 		
Coalition & Capacity-building			<ul style="list-style-type: none"> ✓ No coalition work
Case Practice	<ul style="list-style-type: none"> ✓ Economic Services applicants who self-disclose DV can be waived from Child Support collection ✓ Prominent “Family Violence Indicator” (FVI) flag attached to client (electronic & hard copy) file 	<ul style="list-style-type: none"> ✓ Can only protect DV information in courts if have a Relief from Abuse Order ✓ OCS collaboration with courts, not other AHS divisions 	<ul style="list-style-type: none"> ✓
Workforce Development		<ul style="list-style-type: none"> ✓ New worker DV training, 2 hours 	<ul style="list-style-type: none"> ✓ No in-service training ✓ Employee need for AHS DV in-house expertise

Department for Children and Families

DCF/Economic Services	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure	<ul style="list-style-type: none"> ✓ Each applicant and recipient informed of Family Violence Option (work exemption) ✓ Each applicant and recipient informed of right to request child support waiver due to DV ✓ DV “script” to be used by employees with all applicants ✓ DV policy for ANFC (P-2201 K), EA (2802), GA (2602) & Reach Up (2225, 2341, 2365, 2370) 		
Coalition & Capacity-building	<ul style="list-style-type: none"> ✓ IT resource: DV files “flagged” for safety 	<ul style="list-style-type: none"> ✓ Local collaboration varies from good to poor; clashes do occur ✓ DV expertise more accessible to employees in larger districts 	<ul style="list-style-type: none"> ✓ No DV state board participation ✓ Previous utilization of in-house DV specialists, but resource currently not actively used by employees
Case Practice	<ul style="list-style-type: none"> ✓ Referrals to Safe at Home (confidential location program) 		<ul style="list-style-type: none"> ✓ Family Development Plan provides limited guidance on DV
Workforce Development		<ul style="list-style-type: none"> ✓ 2004 most recent training 	<ul style="list-style-type: none"> ✓ No skills training on DV protocol ✓ No advanced training for case managers

Department for Children and Families

DCF/Family Services	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure	<ul style="list-style-type: none"> ✓ Comprehensive DV policies (135, 61, 55) ✓ Structured Decision Making on-line tools incl. DV ✓ Institutionalization of DV screening ?s on all child abuse intakes ✓ automatic referral to DV unit if evidence of DV 	<ul style="list-style-type: none"> ✓ Implementation of 2 standardized screening tools for contracted service providers for all children in custody that include questions related to DV 	<ul style="list-style-type: none"> ✓ No current policies specific to teen dating violence victims or perpetrators.
Coalition & Capacity-building	<ul style="list-style-type: none"> ✓ Specialized DV Unit on call for all division DV issues & oversees all DV work ✓ MOU's for district offices and local DV programs ✓ Local DV Task Forces ✓ Vermont Council on Domestic Violence ✓ DV Fatality Review Commission 	<ul style="list-style-type: none"> ✓ DAEP protocol for CPS referrals in 3 counties ✓ Relationship Abuse Prevention Groups for young men who use violence in some counties ✓ DV data collected, Outcomes need tracking 	<ul style="list-style-type: none"> ✓ Create capacity for batterer accountability within Family Services when criminal sanctions do not exist
Case Practice	<ul style="list-style-type: none"> ✓ 3.5 DV specialists available to 12 district offices and Central Office 	<ul style="list-style-type: none"> ✓ Uneven use of DV Unit consultation 	
Workforce Development	<ul style="list-style-type: none"> ✓ Semi-annual mandatory departmental training on response to DV ✓ NEST (new employee staff training) including DV overview ✓ Provide Victim Assistance Academy overlap of DV and Child Abuse training ✓ Provide foster parent & mandatory reporter DV training. ✓ Provide other community training on overlap of DV and Child Abuse. 	<ul style="list-style-type: none"> ✓ Many staff don't attend mandatory DV training 	<ul style="list-style-type: none"> ✓ Training on working with battering parents. ✓ Teen Dating Violence training

Department of Corrections

Department of Corrections (all divisions)	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure	<ul style="list-style-type: none"> ✓ Offenders w/DV crimes automatic level B classification & require programming before release ✓ Victim Services Policy 	<ul style="list-style-type: none"> ✓ Classification Directives (371) include DV ✓ No mechanism to enforce consistent standards for BIPS including IDAP ✓ Collaborative community supervision has weakened specialized DV caseloads ✓ Inconsistent IDAP eligibility standards in P& P offices 	<ul style="list-style-type: none"> ✓ No policies for DOC employees that are DV victims or charged with DV crimes ✓ No formalized procedures for women offenders previously or currently battered ✓ No clear confidentiality parameters for working with DV victims
Coalition & Capacity-building	<ul style="list-style-type: none"> ✓ Vermont Council on Domestic Violence ✓ DV Fatality Review Commission ✓ DIVAS (DV survivor groups at Dale & Windsor) 	<ul style="list-style-type: none"> ✓ Some local DV Task Forces 	<ul style="list-style-type: none"> ✓ Eliminated DV Services Chief ✓ No DV programming for generalized violent offenders
Case Practice		<ul style="list-style-type: none"> ✓ Victim Services Program coordinating w/DCF DV Unit ✓ Victim Services Specialists work with DV victims ✓ Many P&P offices have PO's w/DV expertise ✓ Referrals to DV programs 	<ul style="list-style-type: none"> ✓ No case co-mgt w/DCF ✓ No strength-based models of intervention for all women offenders ✓ Lack of consideration for impact of DV on noncompliance leading to sanctions
Workforce Development		<ul style="list-style-type: none"> ✓ DV training for PO's 	

Department of Health

DOH/Community Public Health	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure			<ul style="list-style-type: none"> ✓ No DV policy ✓ If no DV self-disclosure, is unnoticed by staff
Coalition & Capacity-building	<ul style="list-style-type: none"> ✓ Vermont Health Care & Domestic Violence Leadership Team ✓ Deliver WIC foods to DV shelters 	<ul style="list-style-type: none"> ✓ Some acknowledgment of safety concerns for victims ✓ Community relationships vary from district to district ✓ Some local shelter collaboration 	
Case Practice		<ul style="list-style-type: none"> ✓ Assist DV victims in relocating (work on generally) ✓ Safe at Home referrals (confidential location program) ✓ DV included in WIC assessment 	
Workforce Development		<ul style="list-style-type: none"> ✓ Not systematic 	

Department of Health

DOH/Mental Health	DV Responsive	Limited DV Response	No DV Response
Policy & Procedure			✓ No DV policy
Coalition & Capacity- building		✓ Local relationships with DV programs vary	
Case Practice		✓ Extensive CBO contracting w/ unknown DV policies	
Workforce Development			✓ None

Definitions and Rationale

Family Violence

The term “family violence” is used to describe acts of violence between family members, including adult and adolescent partners; between a parent and a child (including adult children); between caretakers or partners against elders; and between siblings.

Domestic Violence

The term “domestic violence” is generally seen as a subset of family violence between intimates. While all forms of family violence are harmful and deserve extensive attention, these recommendations focus solely on the experience of individuals and families served by AHS with domestic violence or intimate partner violence and use the following definition:

Domestic violence (Intimate Partner Violence) is a pattern of assaultive and coercive behaviors that may include actual or threatened physical injury and sexual assault, psychological abuse, economic coercion and various other sexual and psychological tactics. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, are aimed at establishing control by one partner over the other and result in an atmosphere of fear and/or terror for the victim.

Domestic violence may co-occur in families where child abuse, child to parent violence, elder abuse and sibling violence are present. Domestic violence and other forms of family violence may have some overlapping characteristics however each set of familial relationships is situated in a specific context and therefore requires programmatic and clinical approaches that are responsive to each set of circumstances. Given this, child abuse, child to parent violence, elder abuse and sibling violence are considered categories of family violence for our purposes.

Domestic violence cuts across all lines of race, ethnicity, education, social class, sexual orientation, age, religion, geography, and physical or mental ability

Domestic violence is one form of gender-based violence. It is rooted in the institutionalized imbalance of power between men and women and reflective of a belief system that is based on widespread assumptions that men are entitled to impose their will on their partners and women are objects for possession.

Despite the apparent gender neutrality of the proposed definition it is important to note that although some victims of domestic violence are men in heterosexual relationships, the vast majority of victims of domestic violence are women. The latest Bureau of Justice Statistics report on intimate partner violence found that 85% of victims are female. Domestic violence also occurs in same-sex relationships at proportions comparable to heterosexual relationships.

AHS Policy Statement

We recognize that domestic violence affects individuals and families served by all AHS departments and is an impediment to individual's and families' success. We understand that AHS has an integral role in enhancing the physical, emotional, economic and psychological safety, security, and well-being of individuals and families who experience the effects of domestic violence.

Toward this end, AHS and its' departments will adopt and implement policies and practices that:

- ◆ Support safety for all family members;
- ◆ Hold the perpetrator, not the victim, responsible for abusive behavior and for stopping the abuse;
- ◆ Support victims of domestic violence in providing safety and security for themselves and their families;
- ◆ Reinforce the perpetrator's responsibility for violence and coercive behavior;
- ◆ Reduce the risks posed by the perpetrator to victims and their children;
- ◆ Minimize unintended negative consequences; and
- ◆ Initiate effective, consistent and coordinated responses to domestic violence within AHS and in collaboration with local and statewide responses to domestic violence; and
- ◆ Consider safety issues for all AHS staff.

AHS policies that do not adhere to these principles may risk endangering victims of domestic violence, their families and communities and may result in long-term negative consequences for the agency and for the families it serves.

Domestic Violence Policy Principles

The following principles should be applied universally across all AHS departments. They can be used as guidance for policy discussions and serve as a framework for policy and protocol development as each department promulgates domestic violence policy specific to the needs, role and responsibilities of each department.

Create and engage in a process that is:

- Inclusive;
- Based on dialogue rather than debate;
- Open to scrutiny and evaluation;
- Attentive to practitioners' knowledge, research findings and experiences of victims.

Build constituency:

- Create linkages with domestic violence programs and services;
- Develop partnerships with domestic violence advocates;
- Work with systems that provide for batterer accountability responses (i.e courts, law enforcement, batterers intervention programs, etc..) ;
- Engage community partners and internal allies knowledgeable about domestic violence.

Increase victim's and children's safety and security:

- Utilize broad definition of safety to include physical, psychological and preventative;
- Examine potential unintended consequences of proposed policies and practices;
- Build primacy of victim's and children's safety into policies and practices;
- Support victims of domestic violence in providing safety and security for themselves and their families.

Avoid victim blaming:

- Focus policies on stopping the perpetrators use of violence and minimizing future risk to the victim;
- Hold the perpetrator, not the victim, responsible for abusive behavior and for stopping the abuse;
- Respect the authority and the autonomy of the victim to direct their own life.

Respect a victim's need for confidential access to service:

- Incorporate strict adherence to the confidential provision of services and response;
- Minimize opportunities for unnecessary and unsafe information-sharing when domestic violence is present;
- Create appropriate and secure safeguards for information;
- Provide for victims' easy access to information and advocacy to better use services and benefits.

Hold perpetrators appropriately accountable:

- Build reinforcement of perpetrator's responsibility for violence and coercive behavior into policies and practices;
- Account for the power imbalance between the offender and the victim;
- Utilize (and adhere to when appropriate) Vermont Standards for Batterers Intervention Programs for guidance on creating effective response to batterers in policies and practices.

Do not assume that all violence is the same:

- Use policies to guide the screening of cases;
- Use policies to guide the assessment of the type of violence;
- Use policies to guide the appropriate levels of responses;
- Standardize the response while allowing the system to respond to the specifics of a case;
- Promote consistency within and across departments.

Construct feedback mechanisms to encourage transparency:

- Provide ongoing evaluation and feedback to ensure implementation and effectiveness and assess staff training needs;
- Create avenues for feedback to policies and practices by constituents especially marginalized community members;
- Make a commitment to a long-term process that creates and supports sustainable change.

References

*Coordinated Community Response to Domestic Assault Case
A Guide for Policy Development*
Domestic Abuse Intervention Project Duluth Minnesota 2001

Developing Policies and Protocols in Domestic Violence Cases
Pence and McDonnell 1999

Domestic Violence: A National Curriculum for Family Preservation Practitioners
Susan Schechter and Anne Ganley 1995