

Think Critically, Apply Creativity, Achieve a Collective Impact

Family Violence Prevention and Response Initiative

Domestic Violence Deep Dive: Process Summary

November 18, 2013



SAN DIEGO
DOMESTIC VIOLENCE
COUNCIL

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Overview

Over the past few years economic and other factors have resulted in reductions to domestic violence (DV) resources throughout the country. Consequently these changes have impacted prevention and response capacity among public and non-profit organizations providing services, programs and response to DV. The impacts of these reductions have been substantial and San Diego County has not been immune to these changes. Program and service gaps currently exist while the need for prevention and response continues to require effective support and coordination. San Diego County is fortunate to have many existing resources, meaningful collaborations and innovative people who continue to address domestic violence in comprehensive, evidence-informed ways.

The needs of families experiencing family violence - child maltreatment, domestic violence, elder abuse and animal abuse – cannot be viewed in silos. Professionals in our county work hard to address the dynamics that often coincide with abuse (e.g., economic, mental health, substance use, and complex stress).

Supervisor Dave Roberts (District 3) called upon the County of San Diego Health and Human Services Agency (HHS) to bring together a collective, cross-collaborative process to review our current status for addressing domestic violence in our County and to identify the needs. Staff from the HHS Office of Violence Prevention, San Diego District Attorney's Office and many other public and non-profit partners from the San Diego Domestic Violence Council network established an advisory committee to guide a two-phased process. Phase one was centered around domestic violence. Phase two will expand to encompass all forms of family violence. This phased approach will include two multi-agency forums:

- Domestic Violence Deep Dive (November 18, 2013)
- Family Violence Summit (2014)

The intent of these efforts are to stimulate professional and community development, bring awareness of community resources, and review current strengths, challenges and gaps regarding family violence. This collective process has resulted in the establishment of a county-wide Family Violence Prevention and Response Initiative (FVPRI).

Guiding the County's services in support of healthy, safe and thriving communities, *Live Well San Diego* (LWSD) is designed to advance the overall well-being of the entire region and is being built with community involvement in a tiered approach. A detailed description of LWSD is described on page 7 and Addendum 13. Sharing the same values, the FVPRI will be framed within the LWSD, Living Safely Agenda.

Domestic Violence Deep Dive

A diverse array of public, private, and nonprofit agencies comprised the advisory committee whom convened between June and November 2013 to review the data and information from many different public and non-profit partners participating in the process. The key findings from this planning group are included in Addendum 5.

On November 18, 2013 over fifty key stakeholders from County agencies and departments, community organizations, and others as listed in Addendum 12 participated in the DV Deep Dive. The primary Recommendations from the DV Deep Dive are included below.

Domestic Violence Deep Dive Recommendations

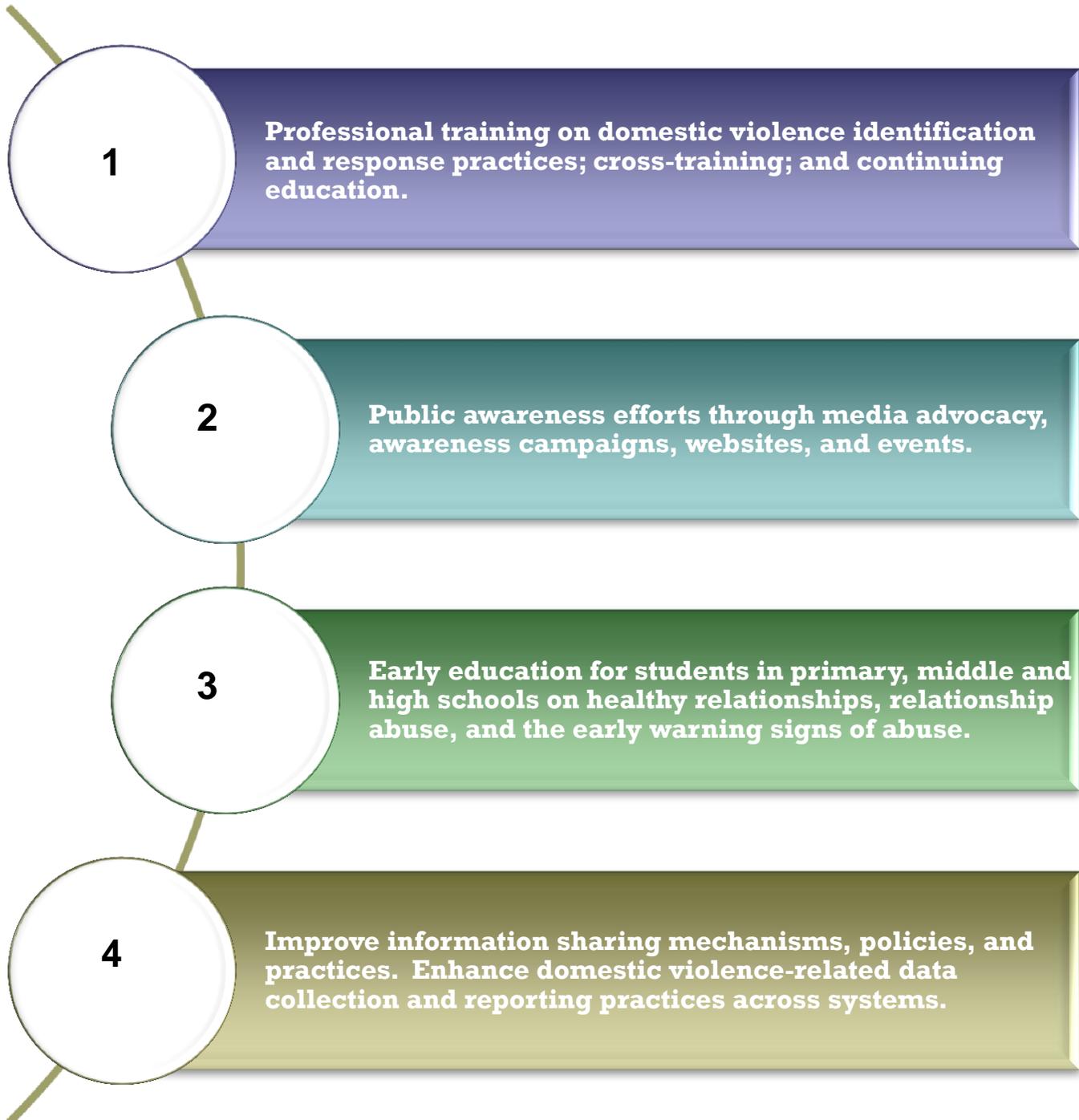


Figure 1: Recommendations from the Domestic Violence Deep Dive

Recommendations - Implementation Steps

Mobilizing the momentum generated from the planning process and DV Deep Dive forum, the advisory committee shall continue to convene over the course of several months to further explore these four recommendations and proposed implementation steps. This implementation process is directly linked to associated objectives of the *LWSD Living Safely Agenda*. The recommendations and action steps determined in the DV Deep Dive are outlined on the next page of this report.

As identified in the DV Deep Dive, many resources already exist in our county, including the San Diego Domestic Violence Council. The DV Council is a collaborative “vehicle” for providing basic DV training, continuing education, and awareness efforts (events, website, policy work, collaborative planning to address urgent needs that arise, and more). At the DV Deep Dive, a recurring theme emerged reflecting a recommendation that County departments and divisions, DV services agencies, and other public, non-profit and private departments commit staff time to the DV Council in order to support the needs identified on page 6. One potential mechanism to realize this recommendation could be through the establishment of formal agreements between these various entities and the DV Council.

Also recommended were improvements to current information sharing and data collection practices and mechanisms. Key stakeholders recommended support of successful initiatives currently underway in our county including the Knowledge Integration Project and Global Oversight Analysis Linking Systems (G.O.A.L.S.) (see Addendum 8).

Furthermore, the FVPRI Advisory Board will next begin to review the needs and strengths in how our county is addressing the broader issue of family violence and will begin planning the Family Violence Summit to be held in the 2014. In complement to LWSD, the FVPRI will seek to ensure we build upon data and evidence-informed practice toward sustainable actions that are informed, integrated and match the dynamic needs of our diverse communities.

To summarize, through cooperative agreement and commitment, the Family Violence Prevention and Response Initiative will be poised to further integrate systems and services regarding cross-systems training, reporting, response, prevention and evaluation directed toward living well and safe in our homes, work and community.

Domestic Violence Deep Dive 2013 - Key Recommendations

Transforming Data into Action

	Recommendations	Implementation Action Steps
One	Training/education for frontline workers (across systems) on domestic violence identification and responses practices; cross-training between systems; and continuing education.	<i>Establish formal agreements among public, non-profit and private partners to commit staff and resources in support of the cross-collaborative efforts coordinated by the San Diego Domestic Violence Council.</i>
Two	Public awareness efforts through events, media advocacy, social media, websites and other mechanism to improve the public and professional's ability to recognize the signs of relationship abuse and the basic steps to helping someone who is experiencing abuse, breakdown stigma, and to understand the impacts of DV on children.	
Three	Provide countywide education to students and staff in elementary, middle and high schools on healthy relationships, relationship abuse, and early warning signs.	<i>Develop collaborative partnerships under Live Well San Diego, and possibly garner statewide support through legislative action.</i>
Four	<p>A) Improve information sharing mechanisms, policies and practices so that individuals and families may be efficiently and effectively served.</p> <p>B) Improve domestic violence related data collection and reporting practices across public, non-profit, and private systems including: law enforcement, Child Welfare Services, Behavioral Health Services, Aging and Independent Services, healthcare systems, and others.</p>	<p><i>A) Support and expand existing efforts that are effectively cross-sharing information (i.e., Knowledge Integration Project (KIP), Global Oversight Analysis Linking Systems (GOALS) Profile, Domestic Violence Fatality Review Team (DVFRT), Domestic Violence High Risk Case Response Team (HRT), Team Decision Making (TDM), Domestic Violence Response Team Multi-disciplinary Team (MDT)).</i></p> <p><i>B) Support existing processes focused on improving standardized data collection, entry, and reporting practices. Enhance electronic data tracking systems to include mandatory fields for relationship of victims to abusers, witnesses, and relationship violence codes.</i></p>

Foundational Evidence-Base

Seeking the knowledge, guidance and precedent established in our community and throughout the nation, this effort embraced the following anchors to guide, stimulate and propel this initiative: *Live Well San Diego*; National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Healthcare Settings; Collective Impact; and Trauma Informed Care. These anchors draw from a variety of evidence-informed sources and offer San Diego County an opportunity to build upon proven and effective strategies to respond to this complex issue.

Live Well San Diego, Living Safely

Live Well San Diego is an overarching strategy to achieve the County's vision of safe, healthy and thriving communities. In 2010, the County launched the first phase of *Live Well San Diego* with a health strategy called Building Better Health. It provides a framework for how the County will integrate services and, in some cases, change the way services are delivered over the next 10 years to achieve a healthy San Diego County.

The second phase, Living Safely adopted in October 2012, addresses both the community's perception of overall safety in San Diego as well as the actual incidence of crime, injury and abuse. This plan is intended to facilitate cooperation and collaboration with public agencies and private sector partners as they develop and align regional policies and programs. Living Safely also communicates a shared policy approach to making communities safer, to ensure that we are traveling in the same direction, in a coordinated approach, toward the same vision. Included in the Addendum are the violence-related safety outcomes.

For more information on *Live Well San Diego*, see: <http://www.livewellsd.org/>

National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Healthcare Settings

Generated by the Family Violence Prevention Fund (FVPPF), in conjunction with national experts and founded on evidenced-based practice, these guidelines outline recommendations for domestic violence screening, assessment, documentation, and response practices. These guidelines are applicable to healthcare providers, mental health and substance abuse practitioners, school staff, public health professionals, and others.

To view this document, see:

<http://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf>

Collective Impact

Collective impact is defined as the commitment of a group of people from different sectors to a common agenda for solving a specific social problem. Successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results. At the core of the collective impact is a common agenda, a shared vision for change (Kania, J and Kramer, 2011). The second is a shared data system where information and evaluation of outcomes. The third is mutually reinforcing activities whereby stakeholders know and engage in the work of the group, mindful of their unique perspectives, strengths and limitations. Continuous Communication is the fourth condition whereby trust, consistent and honest communication is developed and maintained. The final condition is the commitment from instrumental organizations and people who are committed to withstand the pressures of allocating staff, resources, and a myriad of logistical supports toward the effort.

To read more about Collective Impact, see:

<http://www.fsg.org/tabid/191/ArticleId/211/Default.aspx?srpush=true>

Trauma-informed Care

Trauma-informed care is a philosophy, a component of cultural competence; an approach (not set procedures) to engage all people working within and receiving care from systems regardless if trauma is disclosed or not. Trauma-informed systems reinforce and support working with others with compassion, competence, and by integrated care. Integrating knowledge about trauma is further seen in policies, practices, language and environment. It is a lens to provide clarity, understanding and respect for the variations of coping. It is the universal precaution due to the disproportionate rate of those who experience or are exposed to trauma and the dynamic, often complex implications associated with trauma. In contrast, trauma-specific services are focused and primarily directed to address the response to trauma.

To read more about Trauma-informed Care, see: <http://www.samhsa.gov/nctic/trauma.asp>

Child Abuse Facts and Statistics

- From July 1, 2011 through June 30, 2012, 71,659 children in San Diego (38,865 families) were referred to CWS with allegations of abuse or neglect. Of those referrals, 6,350 children (3,447 families) had a substantiated allegation of abuse or neglect.⁴
- The estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010 dollars.⁵

Elder Abuse Facts and Statistics

- Adult Protection Services (APS) in San Diego County received 12,655 referrals from July 1, 2011 to June 30, 2012, of which 10,446 were assigned to investigate; a 6.3% increase in case assignments from last fiscal year.⁶
- The direct medical costs associated with violent injuries to older adults are estimated to add over \$5.3 billion to the nation's annual health expenditures.⁷

Domestic Violence Facts and Statistics

- In 2012, a total of 16,400 domestic violence incidents were reported to law enforcement in San Diego County; an increase of 4 percent from 2011.⁸
- A total of 5,258 victims were served during 2012 by local domestic violence programs in California.⁹
- A study by the National Institute of Justice estimates that domestic violence accounts for almost 15 percent of total crime costs which accounts for \$67 billion per year.¹⁰

Animal Abuse Facts and Statistics

- On average, the San Diego Humane Society's humane officers respond to over 1,500 reports of animal cruelty annually.¹¹
- For fiscal years 2012-13, the San Diego Department of Animal Services received a total of 4,813 complaints of animal cruelty or neglect. These types of calls ranged from abandoned animals, animals without veterinary care, animals left inside vehicles, and abuse and neglect.

The data presented below was utilized by the Advisory Committee prior to the event and by Deep Dive participants during the event in framing the issue and identifying areas of need. In fact, this data helped to form the basis for the recommendations.

While the data included in this report does shed light on issues related to domestic violence (DV) and related programs and services, findings should be interpreted with caution and may not be generalizable to the entire County of San Diego. Rather, the information presented here is meant to provide an indication of the incidents by gender, trends, systems, services, training, strengths and challenges associated with domestic violence prevention and response.

Scope and Research on the Continuum of Family Violence

According to the Bureau of Justice Statistics, family violence includes all types of violent crime committed by an offender who is related to the victim either biologically or legally through marriage or adoption. Family violence is a critical and damaging public health and social problem that impacts every aspect of society, destroys family, and damages lives.

National research has shown that all forms of family violence (child abuse, domestic violence, and elder abuse as well as animal abuse) are correlated, often occur concurrently, and can manifest across the lifespan of both victims and perpetrators of abuse. Research has also shown that perpetrators of elder physical abuse are the victims' partner or spouse 57% of the time.¹ Children that abuse animals are often direct victims of child abuse or are observers of domestic violence and are 4.5 times more likely to commit violent behavior in adulthood.² Children witnessing animal cruelty is a predictor of future violence: such children are eight times more likely to perpetrate abuse later in life. Animal abuse perpetration is associated with higher rates of child neglect.³

Domestic Violence in San Diego County

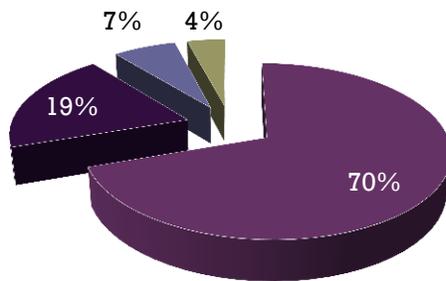
In our San Diego County communities, despite current response strategies, domestic violence (DV) rates continue to rise as well as the costs associated with DV.

- In 2012, there were 16,400 domestic violence incidents reported to law enforcement in San Diego County (SANDAG).
- Based on multiple Structured Decision Making assessments completed for 3,349 families* with substantiated Child Welfare Services referrals during 2012, domestic violence was indicated in 1,225 (36.58%) of these families.
- In 2012, the San Diego County District Attorney's Office filed a total of 2,324 domestic violence cases – 684 Felonies and 1,640 Misdemeanors. The San Diego City Attorney's Office filed 858 Misdemeanor domestic violence cases.
- As of October 2013, there were 685 offenders being supervised by County Probation. Of the 685 offenders: 176 have violated probation, of these, 50 were DV-related (most for violating temporary restraining orders); 43 have been convicted of a new crime, 12 of these were DV-related crimes; and 405 are enrolled or have completed a 52-week Domestic Violence Recovery Program (DVRP).
- San Diego County Behavioral Health Services, HHS (FY 2011-2012) found that approximately one in every thirty-five respondents receiving mental health services reported that they are currently experiencing domestic violence and one in three reported a history of domestic violence.
- According to the San Diego Domestic Violence Fatality Review, there were as many as 107 domestic violence-related homicide victims between 2007 and 2012.

Graphs 1-4 show domestic violence incidents reported to law enforcement by gender and weapon type, and DV trend data. Graph 5 highlights domestic violence cases filed by the San Diego District Attorney's Office and San Diego City Attorney's Office between for 2007 and 2012.

DV Incidents by Gender

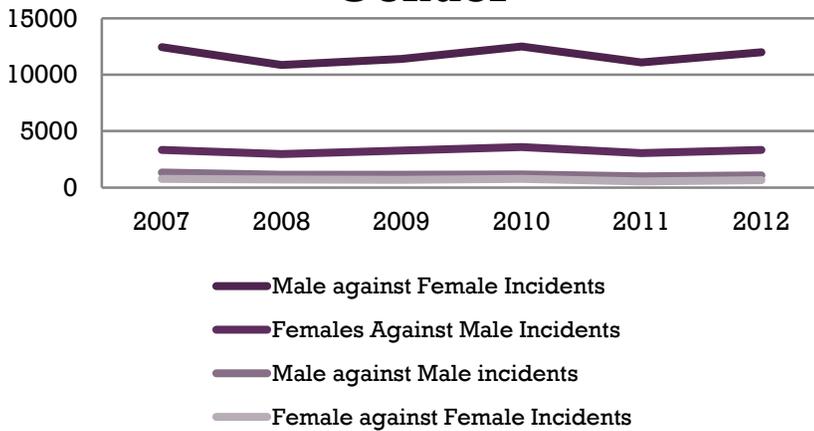
- Male against Female Incidents
- Females Against Male Incidents
- Male against Male incidents
- Female against Female Incidents



Source of Data: Automated Regional Justice Information System (ARJIS)

Graph 1: (CY 2007-2012) Domestic Violence Incidences Reported to Law Enforcement (Suspect and Victim by Gender)

Trend of DV Incidents by Gender

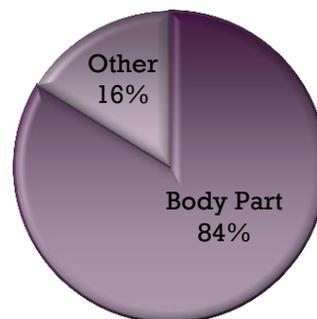


Graph 2: (CY 2007-2012) Domestic Violence Incidences Reported to Law Enforcement (Suspect and Victim by Gender, Year over Year)

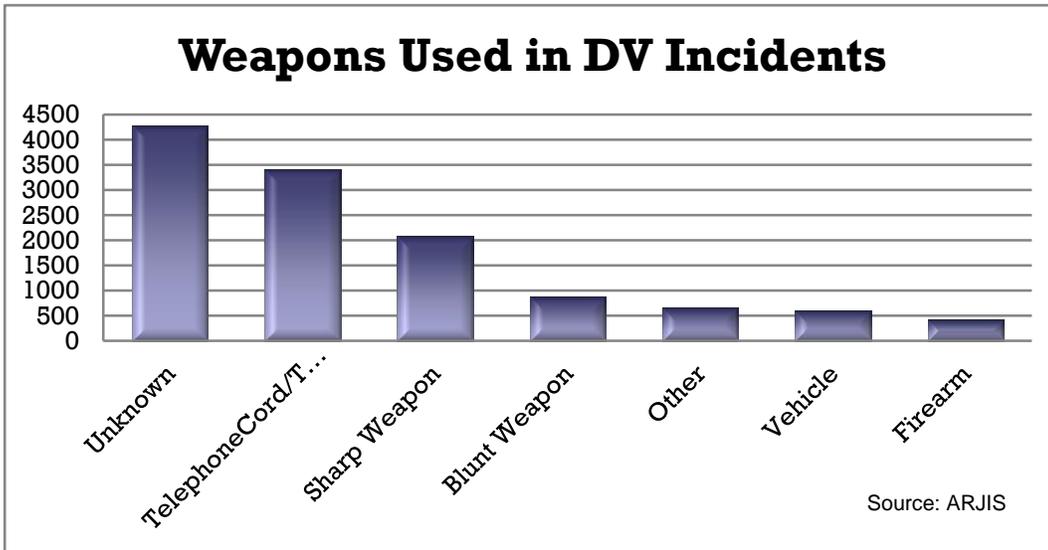
Source of Data: Automated Regional Justice Information System (ARJIS)

Graph 3: Domestic Violence Incidence Reported to Law Enforcement (CY 2007-2012) by Weapon Type

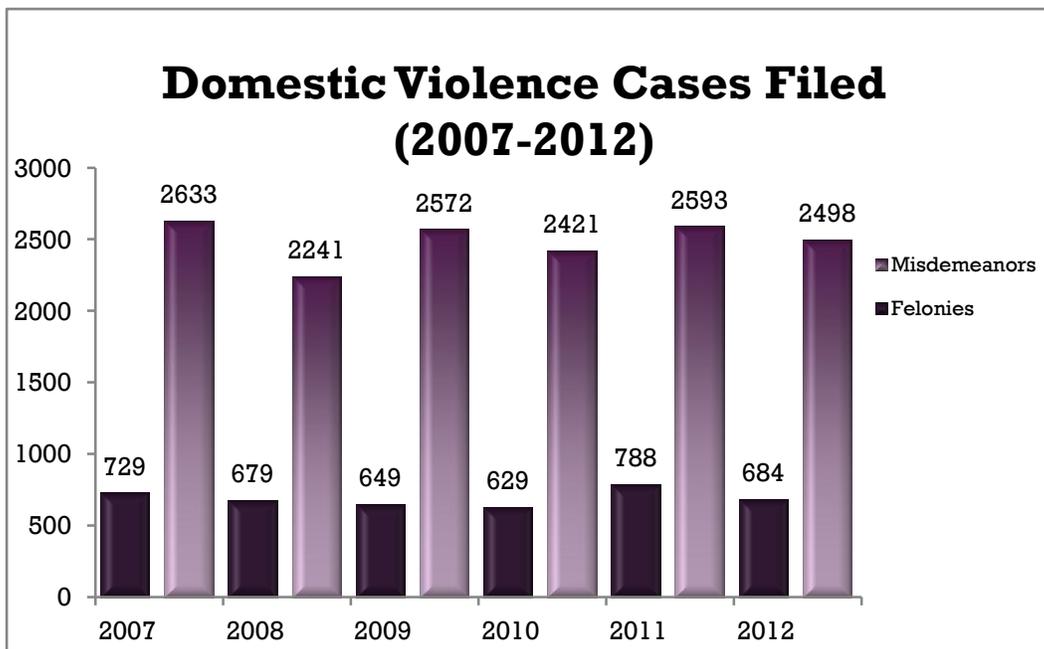
DV Incident By Weapon



Source: ARJIS



Graph 4:
Domestic Violence Incidence Reported to Law Enforcement (CY 2007-2012) by Weapon Type (Not Including Body Parts)



Graph 5:
Domestic Violence Cases Filed by the San Diego District Attorney's Office and the San Diego City Attorney Office (CY 2007-2012)

Source: San Diego District Attorney's Office and San Diego City Attorney's Office

Domestic Violence Shelter Service Agencies in San Diego County

Domestic violence shelter and service agencies provide services throughout San Diego County and have facilities and programs located in North, Central, East, and South regions. These agencies provide a range of comprehensive services including confidential housing, transportation, hotline support, legal support, counseling support, advocacy and case management. These services are funded through various federal, state, local and private philanthropic sources.

We have five primary domestic violence shelter service agencies in our county:

- YWCA of San Diego
- Community Recourse Center
- South Bay Community Services
- Women’s Resource Center
- Center for Community Solutions.

Comprehensive information on San Diego County-based DV supports and services is reported on in more detail in the “Domestic Violence Shelter Service Agencies 2012 Summary” report available through the San Diego Domestic Violence Council.

Community Agencies Survey

As a precursor to the first phase of the FVPRI, the County of San Diego Health & Human Services Agency Office of Violence Prevention, in partnership with the San Diego Domestic Violence Council, administered a county-wide survey on domestic violence (DV) prevention and services.

A total of 273 persons responded to the survey, representing 168 organizations and programs.

When asked about non-DV service agency’s staff level of knowledge in addressing domestic violence (DV) issues with clients, 37% of respondents reported medium level of knowledge, while 36% of respondents reported high to very high level of knowledge (Table 1).

Table 1. Staff’s Level of Knowledge Addressing DV Issues (n=241 respondents from non-DV service agencies)	n	%
Very low	5	2%
Low	21	9%
Medium	88	37%
High	63	26%
Very high	24	10%
No response	40	17%
Total	241	100%

When asked about training, sixty percent (60%) of non-DV service agency respondents reported receiving formal training on domestic violence, followed by 23% who reported not receiving any formal training (Table 2).

Table 2. Received Formal Training on DV (n=241 respondents from non-DV service agencies)

	n	%
Yes	145	60%
No	56	23%
No response	40	17%
Total	241	100%

Table 3 describes ways in which non-DV service agency staff refers clients to DV emergency shelters. Thirty-nine percent (39%) of respondents reported calling 211, followed by 32% who report contacting the shelter directly. Other responses included: calling the Access and Crisis Line (29%), or calling another hotline (29%).

Table 3. Referral to DV Emergency Shelters (n=241 respondents from non-DV service agencies)

	n	% ¹
Calling 211	92	39%
Contacting DV shelter hotline	77	32%
Call the Access & Crisis Line	70	29%
Calling a hotline	70	29%
Other ²	22	9%
No response ³	59	25%
Total	241	100%

¹ May sum to more than total because clients could choose as many responses as desired.

² Other included: Contacting social worker (n=3); Client calls (n=2); Refer to FJC (n=2); Resource list (n=2); 211 website; Contacting community resource (n=2); Calling CCS; Calling NCFVPC; On-campus FRC; Own network of individuals; Peer to Peer line; Referring to placements that work with DV clientele; Reporting to CWS/APS; San Diego DV Council website; Send to YWCA; SSCS; and WRC in Oceanside.

³ An additional 12 respondents reported that they do not refer clients to DV emergency shelters.

A summary of information/services that non-DV service agency respondents expected when calling a DV hotline is presented in table 4. Most commonly mentioned, at 63%, was bed availability at DV emergency shelters, followed by referral information for legal services (60%) and referral information for counseling (also at 60%).

Table 4. DV Hotline – Information/Services Expected
(n=241 respondents from non-DV service agencies)

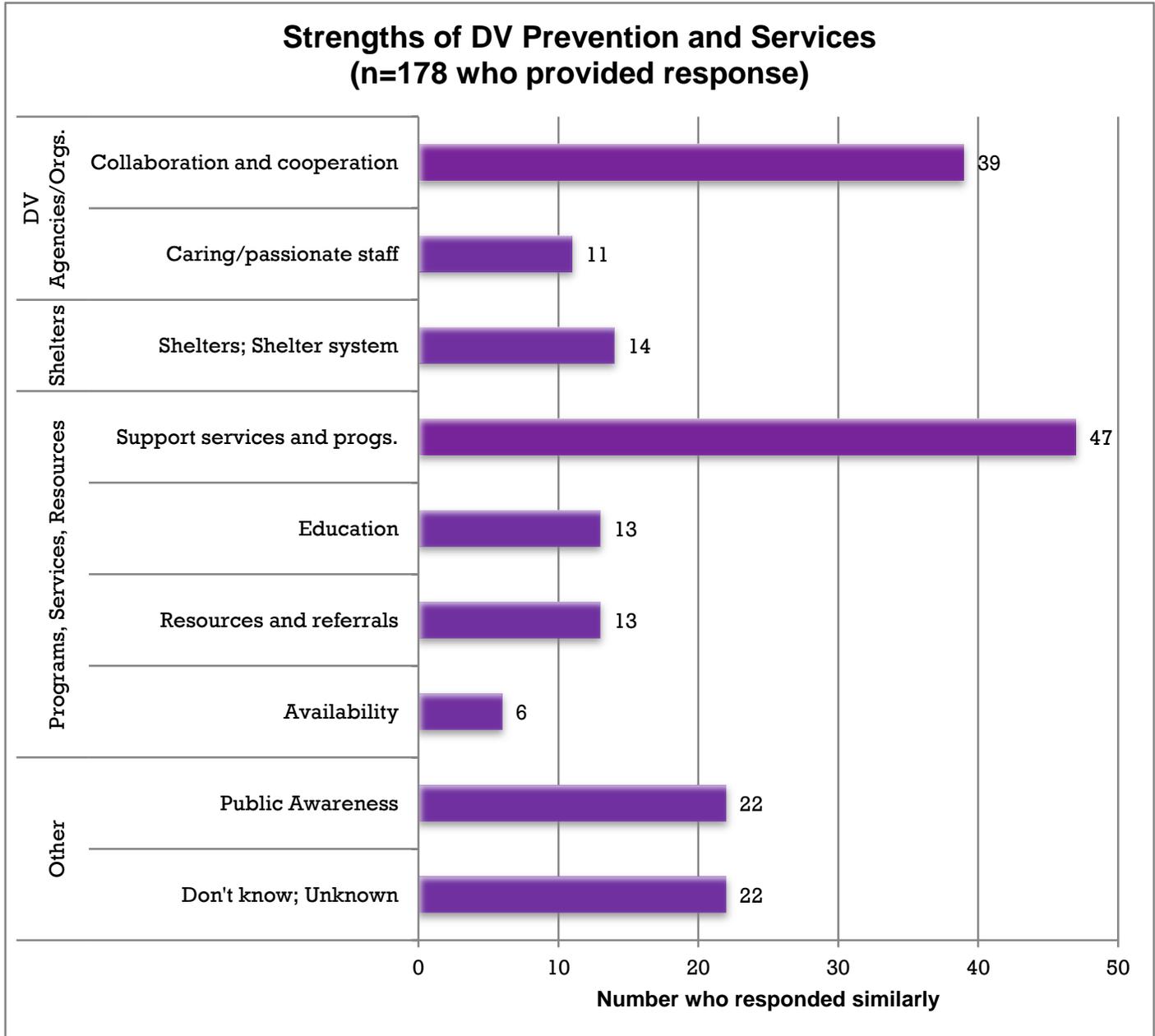
	n	% ¹
Bed availability at DV emergency shelters	172	63%
Referral information for legal services	165	60%
Referral information for counseling	163	60%
Referral information for advocacy	156	57%
Basic safety planning information	155	57%
Referral information for DV education	143	52%
Other ²	16	6%
No response ³	54	20%
Total	241	100%

¹ May sum to more than total because clients could choose as many responses as desired.

² Other included: Information/referrals for teens (n=2); Crisis counseling for children; Crisis information if no beds available; Crisis information and brief, solution-oriented counseling for survivors and concerned family members; Crisis intervention with immediate help; Encouragement; Group info; How to contact 211, who has on their computer screens, current shelter bed availability; How to obtain temporary restraining order; Information from citizen's perspective, not provider – what to do now?; Non-judgmental assistance; Peer/partner support; Referral services for children; Shelter/housing options for dads and their children; Transitional housing; and What to do on a weekend when no shelters can do intake.

³ An additional 12 respondents reported that they do not refer clients to DV emergency shelters.

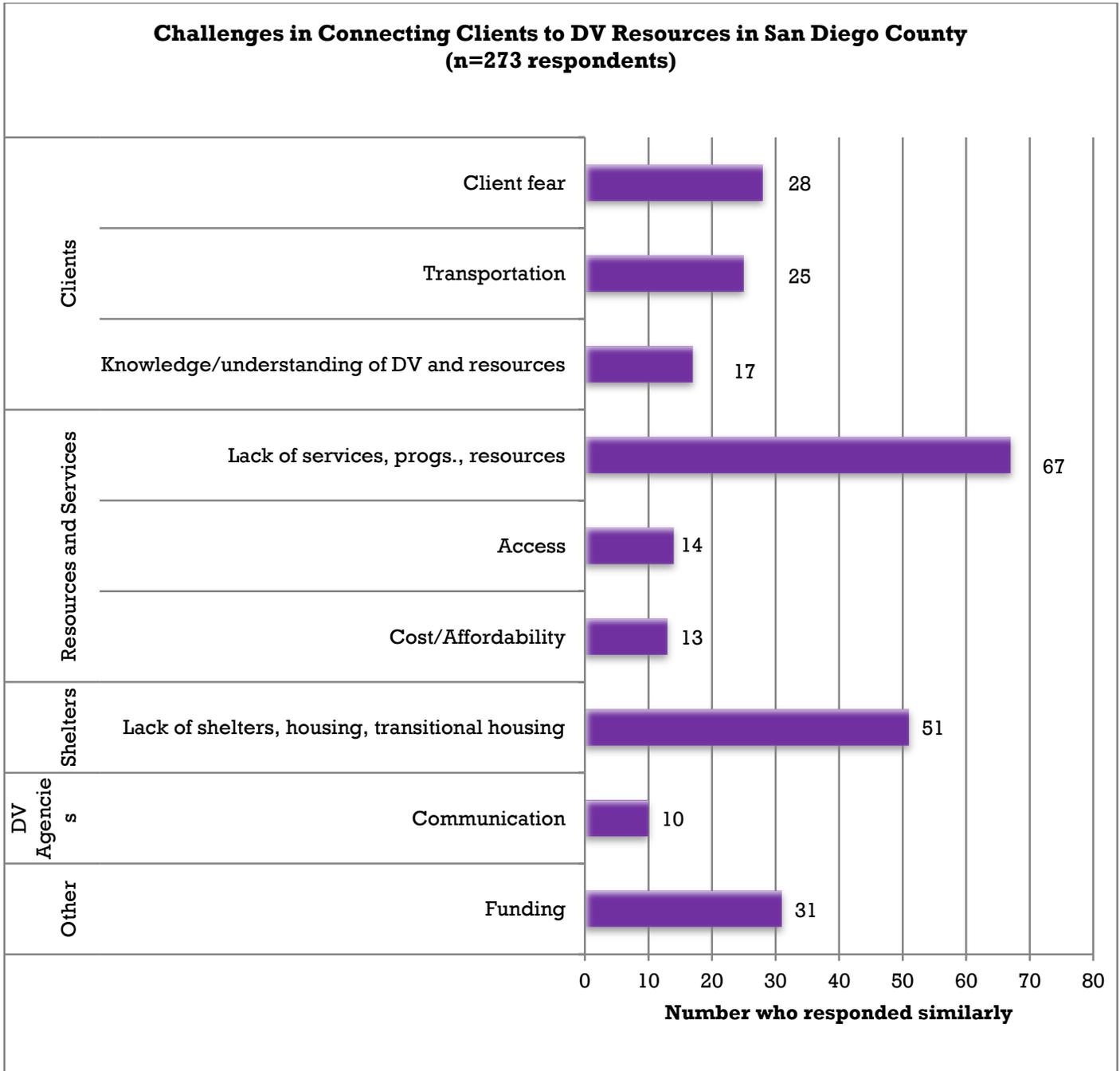
Graph 6. Strengths of Domestic Violence (DV) Prevention and Services in San Diego County



¹ The above graph only displays the most commonly mentioned responses from survey respondents.

² May sum to more than total because clients could choose as many responses as desired.

Graph 7. Greatest Challenges in Connecting Clients to Domestic Violence Prevention and Services in San Diego County



1 The above graph only displays the most commonly mentioned responses from survey respondents.

2 May sum to more than total because clients could choose as many responses as desired.



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Addendum 1

Domestic Violence Incidents Reported to Law Enforcement Calendar Years 2007-2012

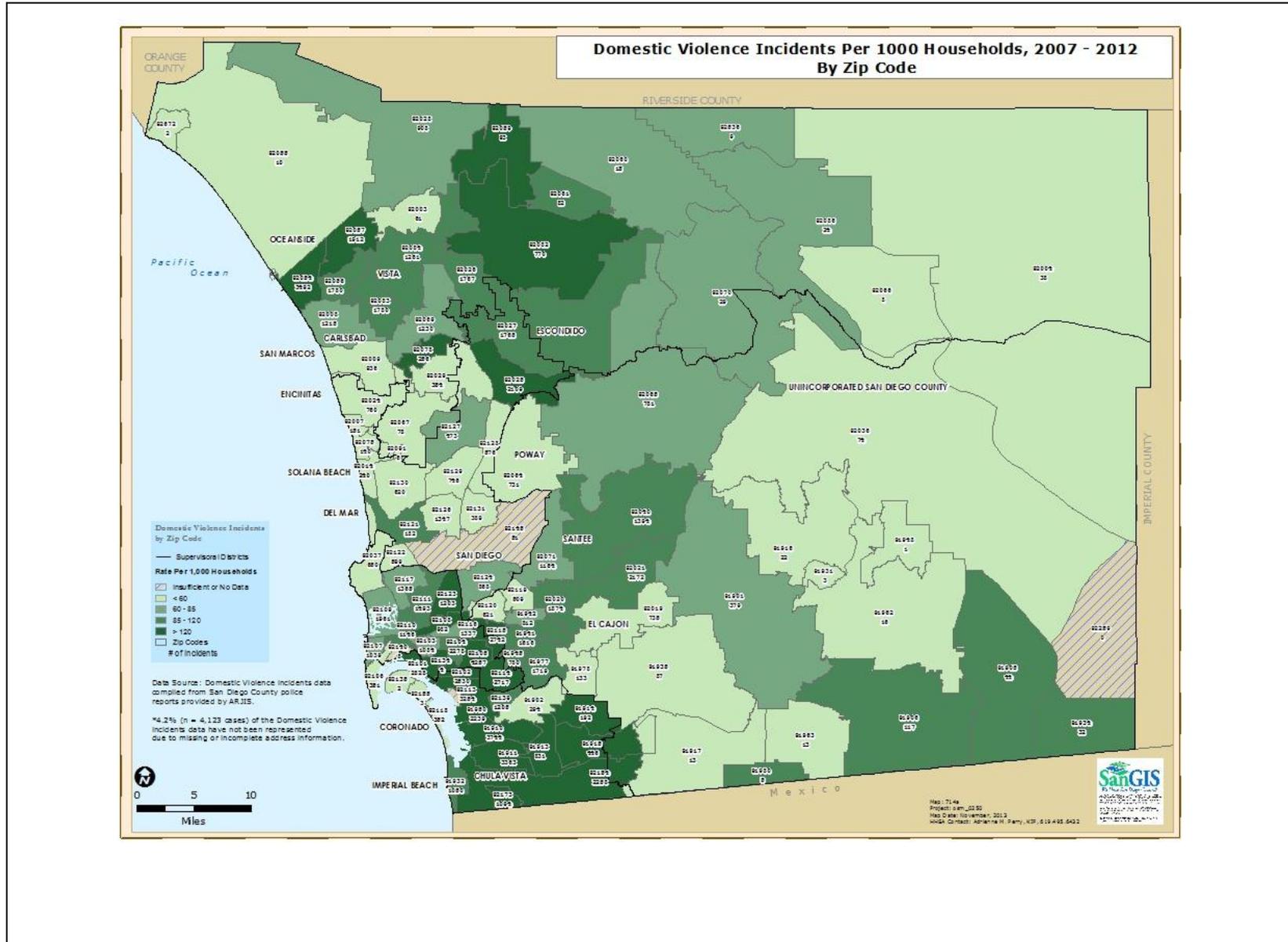
Rate of Domestic Violence Per 1,000 Households						
Rate	2007	2008	2009	2010	2011	2012
Central	24.6	24.6	25.3	25.7	21.8	23.9
South	24.8	23.2	22.9	22.7	19.7	21.6
N. Coastal	20.0	15.1	12.2	12.2	10.6	12.2
East	14.6	11.9	12.6	13.2	12.9	15.8
N. Central	11.9	10.9	11.8	12.2	11.4	12.7
N. Inland	14.3	12.1	12.0	13.1	11.6	13.7
Final total	18.0	15.9	15.9	17.2	15.5	17.1
Reports of Domestic Violence Incidents						
	2007	2008	2009	2010	2011	2012
Central	4041	4044	4151	4218	3586	3931
South	2892	2706	2679	2647	2299	2521
N. Coastal	3287	2496	2014	2023	1752	2026
East	2353	1907	2026	2121	2082	2534
N. Central	2551	2350	2539	2624	2464	2730
N. Inland	2397	2039	2018	2210	1957	2305
Unknowns	272	242	304	1157	1240	908
Final total	17,793	15,784	15,731	17,000	15,380	16,955
Number of Households						
Households	2007	2008	2009	2010	2011	2012
Central	164147	164147	164147	164147	164147	164147
South	116779	116779	116779	116779	116779	116779
North Coastal	165735	165735	165735	165735	165735	165735
East	160805	160805	160805	160805	160805	160805
North Central	215252	215252	215252	215252	215252	215252
North Inland	168107	168107	168107	168107	168107	168107
Total	990,825	990,825	990,825	990,825	990,825	990,825

Note: Number of households is used as the denominator to determine a rate (not population). The total DV incidents vary from those reported by SANDAG due to differences in data preparation.

Source of Data: Automated Regional Justice Information System (ARJIS)

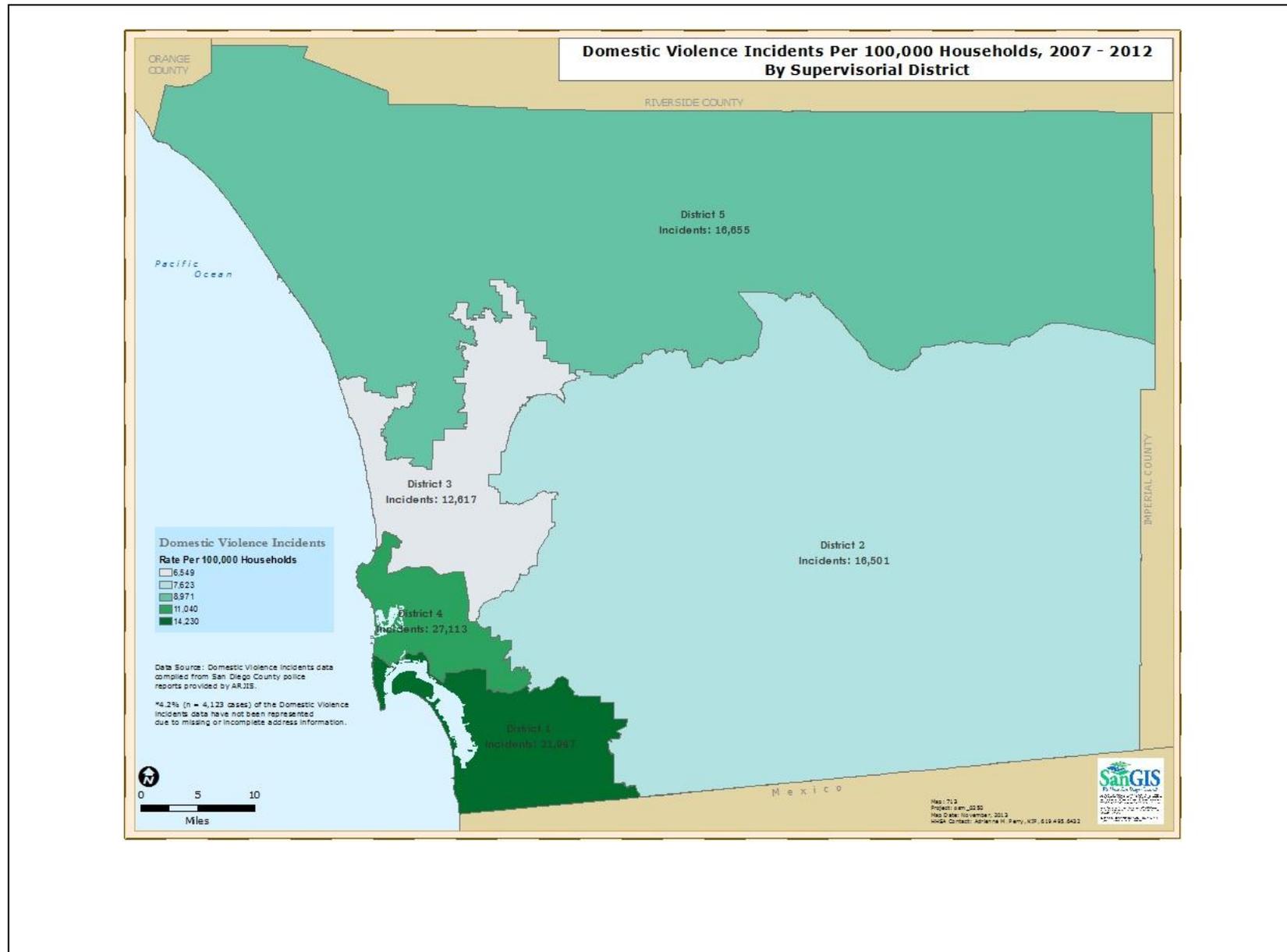
Addendum 2

Domestic Violence Incidents Reported to Law Enforcement (CY2007-2012) by Zip Code



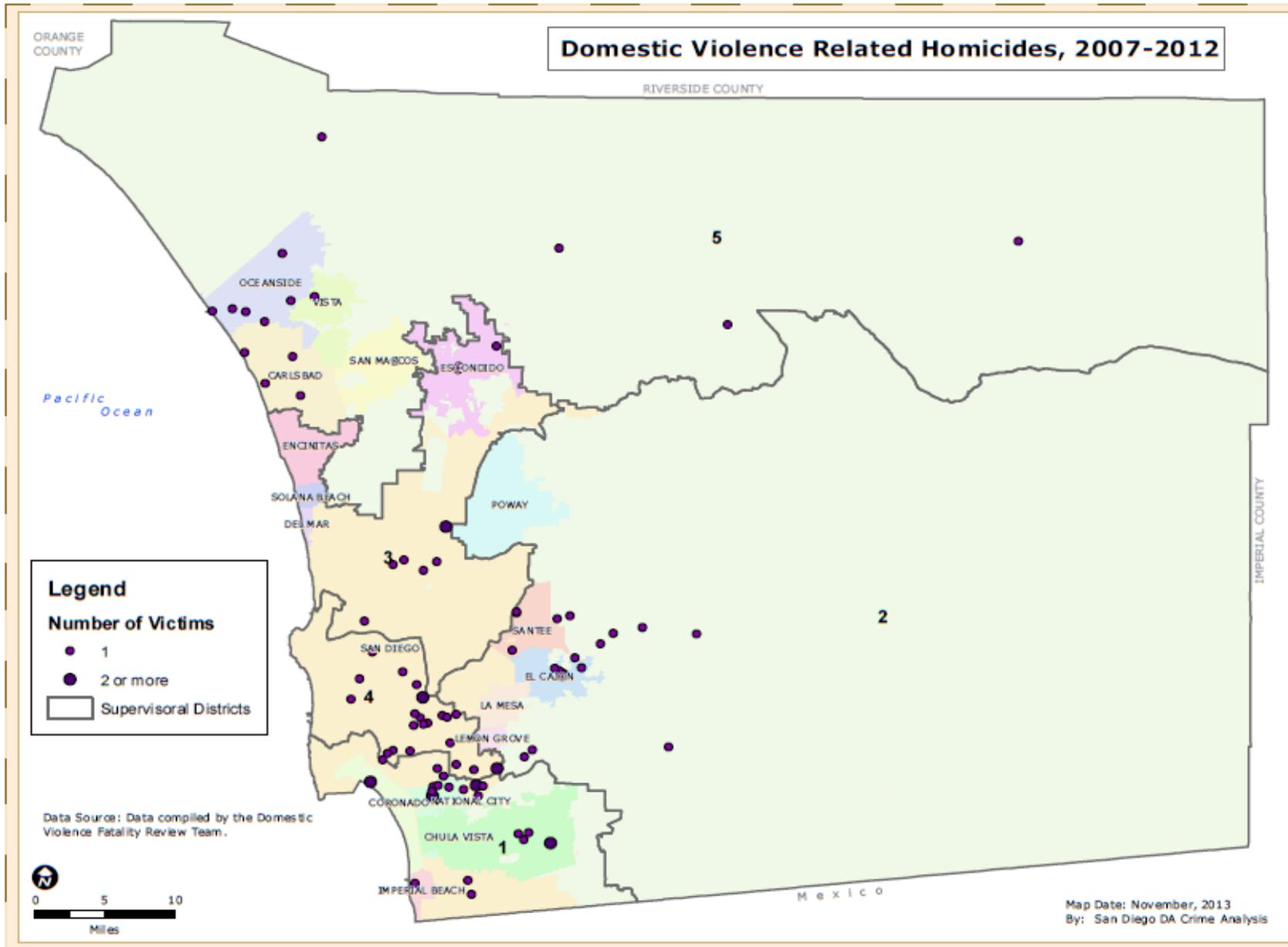
Addendum 3

Domestic Violence Incidents Reported to Law Enforcement (CY2007-2012) by Supervisorial District



Addendum 4

Domestic Violence Related Homicide Victims, Represented by Incident Location (2007-2012)



Addendum 5

Core Themes from DV Deep Dive Planning Process

Through the planning process, the following themes emerged which may serve to provide direction for future planning efforts:

- Build capacity through basic training and continuous education across systems and among staff that increases knowledge and practice competencies for screening, assessment, and intervention for responding to the needs of individuals and families experiencing or at risk of domestic violence.
- Ensure professionals are utilizing trauma-informed principles and practices at the individual, family, and agency levels.
- Expand mechanisms for information sharing and collaboration across systems and providers to better detect, intervene, respond and prevent incidents of violence and abuse. (See link in reference section for more information)
- Maximize collective impact through establishment of a shared vision for change across all organizations, by collecting data and measuring results consistently across all participants, and through mutually reinforcing activities.
- Sustain and enhance staff participation across organizations in a collaborative network (“hub”) for training, policy, and quality improvement practices to ensure coordination of prevention and intervention services across our county.
- Build capacity across existing hotlines for providing accessible, confidential, supportive, and culturally appropriate domestic violence crisis response and resource referral.
- Examine funding for domestic violence emergency and transitional housing services that meets current and future needs in our county.
- Hold perpetrators responsible by enforcing laws adequately and consistently
- Improve services to isolated or marginalized communities
- Promote healthy, respectful relationships by fostering healthy parent-child relationships and developing positive family dynamics and emotionally supportive environments.
- Support ongoing and sustainable community-wide awareness and prevention initiatives.

These themes were informed by a review of the literature, results of needs assessments, and updated crime and services/programs data.

Addendum 6

Methamphetamine Use and Family Violence Committee

Overview: A collaborative effort between members of the San Diego County Methamphetamine Strike Force and San Diego Domestic Violence Fatality Review Team

Mission: Understand the nexus between meth use and child, intimate partner and older adult abuse and neglect. Use data to craft solutions that address the co-occurring nature of this nexus.

Recommendations

- Include consistent fields on family abuse categories, relationship codes/role of victim to abuser, and substance abuse in the databases for Child Welfare Services, Aging & Independence Services, and Behavioral Health Services, HHSA.
- Increase court sentencing to Level II and Level III co-occurring 52-week batterers' treatment and substance abuse treatment whenever both issues are identified.
- Expand domestic violence shelter services that address co-occurring needs such as substance and mental health challenges.
- Encourage law enforcement to charge for both family violence (domestic violence, child abuse, and elder abuse) and substance abuse crimes when evidence permits; especially to set precedent for caregiver eligibility in the case of older and dependent adult abuse and neglect.
- Expand policy and public awareness about the need for comprehensive background checks and drug testing for paid caregivers of vulnerable individuals and older adults.

County of San Diego, HHSA, Child Welfare Services

- *Based on multiple Structured Decision Making assessments completed for 3,349 families with substantiated CWS referrals, domestic violence was indicated in 1,225 (36.58%) of these families.*
 - *In 665 of these cases (19.9%), both domestic violence and substance abuse was indicated; 224 of these cases involved a primary or secondary caregiver with known meth use.*

County of San Diego Domestic Violence Fatality Review Team

- *Of the 63 multidisciplinary in-depth cases reviews held between 2006 and 2012, 24 (38.1%) of perpetrators and 18 (28.6%) of intimate partner victims in these cases had a known history* of methamphetamine use. *Indicated through case records such as law enforcement, Child Welfare Services, Probation, etc.*

SANDAG, Arrests in San Diego County

- *In a 2012 study, it was revealed that 47% of women and 31% of men who get arrested tested positive for meth use in 2012.*
 - *Of these adult arrestees, 4% admitted that they had used drugs then pushed, shoved, or hit an intimate partner or one of your children within the past 12 months.*

County of San Diego, Behavioral Health Services

- *One in thirty-five clients receiving mental health services reported currently experiencing domestic violence and nearly one in three reported having a history of domestic violence (July 2011 to June 2012). *This is limited to client data where this information was captured.*

Addendum 7

County of San Diego Domestic Violence Fatality Review Team

Overview: In April 1996, the Board of Supervisors established the County of San Diego Domestic Violence Fatality Review Team (DVFRT) to review intimate partner-related deaths. The DVFRT is a confidential multidisciplinary team with over thirty organizations (criminal justice, social service, healthcare, schools, and others) represented. The team tracks domestic related fatalities (homicides and suicides) that have occurred in San Diego County. The team also conducts in-depth retrospective case reviews of intimate partner-related fatalities that have occurred in San Diego County. The DVFRT works closely with the San Diego Domestic Violence Council (a countywide network of public, non-profit, and private agencies working collaboratively to address domestic violence), in order to ensure that recommendations are implemented.

Mission: To identify system-based opportunities for improvements in violence prevention and intervention policies, procedures, and coordinated strategies, make recommendations for system change and raise public awareness about intimate partner violence.

Summary of Recommendations from Case Reviews (July 2010 to December 2012):

Public Awareness

Public awareness campaigns are needed to educate the public about domestic violence (DV), risk factors, and where support services can be accessed:

- Address domestic violence myths and misconceptions
- Inform public where DV support services may be accessed and that trained professionals can assist with a variety of needs such as safety planning, case management, legal services, counseling, shelter)
- Heightened risk factors including (but not limited to) access to firearms, obsessive/possessive behaviors, methamphetamine and other substance abuse, strangulation, timeframe when DV victim is leaving relationship and the months just following, stalking behaviors, suicidal threats, specific threats to harm
- Risks can extend to those around the immediate victim ex. friends, family, new partner
- There are significant impacts from exposure to domestic violence by children (short and long-term)
- Mental health challenges, substance abuse and domestic violence often intersect

Training to Professionals

Frontline professionals need basic training about domestic violence in order to properly identify and respond to the immediate needs of victims, offenders, and their family members.

Professional groups identified that especially need basic training: Mental health, substance abuse treatment, healthcare (hospital, community health care, EMT/paramedic), criminal justice (judges, Parole, Probation), Child Welfare Services, CalWorks, Child Support Services, Child Abduction Unit, school teachers and support staff, college/university faculty and support staff, Family Court Mediators, and faith leadership.

Training topics that should be included: Basic understanding of domestic violence; how to conduct screening for DV; how to provide basic support, assistance and referrals to available services; immediate safety considerations and planning; identifying risk factors; and mandated reporting requirements.

DV Services, Shelters and Hotlines

The presence of readily accessible services including counseling, legal services, emergency and transitional shelters, case management, and hotline support and assistance is critical for victims, family members and friends, professionals, and DV offenders. These services can save lives and provide critical intervention to “stop the cycle” of abuse. These services must be available 24-hours a day, language accessible, and culturally competent.

Addendum 8

GLOBAL OVERSIGHT ANALYSIS LINKING SYSTEMS (G.O.A.L.S.) PROFILE

The *Global Oversight Analysis Linking Systems (G.O.A.L.S.) Profile*, as the process is called, offers a model for a strategic information sharing system that ultimately reduces systemic barriers to serve needs of families. Through relevant data collection and examination of trends across systems, the **G.O.A.L.S. Profile** provides children and families a comprehensive safety support system by strengthening and uniting the way in which partners collaborate and communicate.

The G.O.A.L.S. MOU process began in the East Region of San Diego County, as this community has been hard at work for many years building collaborative relationships among agencies in order to improve the health, safety, and well-being of its citizens.

KNOWLEDGE INTEGRATION PROGRAM (KIP)

The Knowledge Integration Program is a County-wide effort to put Live Well, San Diego into action. People need access to information so they can make choices that lead to healthy, safe, and thriving lives. And that includes information about County-provided services.

The Knowledge Integration Program (KIP) is working to increase the communication and coordination among County services. Taking advantage of new technologies, the County is building an electronic information exchange system that will allow County staff and contractors to share information with each other and the customer in order to provide better service. While still in the early stages of design, anticipated improvements will include faster service because there will be less data entry and processing. Plus, by looking at overall reports, County staff will get a better understanding of what services the community needs, and be better able to provide them.

This new technology will follow all privacy laws, including customer consent. That means customers will have a choice about whether or not their information is shared. And access to any information will be role-based, so workers will only see information they need to help them do their job.

Addendum 9

DV Deep Dive - Breakout Group 1 – Individual Focus

Strengths/Resources

- DV services and shelters still exist; funding has been sustained for most
- County Public Health Nurses are following the national model/evidence informed practice around DV identification, assessment and referral
- Collaboration – San Diego DV Council's (network of organizations all working together) & SDDVC Sub-committees
- DV basic training for frontline workers offered by SDDVC
- DV High Risk Case Response Teams (Central, East, North teams now launched)
- Domestic Violence Fatality Review Team for systems review and to identify and drive improvements in our county
- KIP/Goals current initiatives
- Community has worked hard to be trauma informed; Excellent curriculum already exists for Trauma Informed Practices and principles (e.g. BHETA)
- Animal shelter for victim's pets
- Multiple DV-related protocols have been generated in our county

Challenges/Gaps

- Training and Education:
 - All frontline staff need basic training on domestic violence screening and response practices; SDDVC currently limited in capacity to provide this to number of professionals that need this training
 - More direct service providers need to take part DV 40 hour certification course offered by DV shelter agencies
 - Need more continuing education on DV-related topics and cross-training between fields for County and non-County providers
- Not enough DV shelters and support services to meet the needs; Reluctance by government to increase funding in spite of increased costs and needs; Serve more people with less funding
- Judges/court system not taking active part in collaborative processes and training
- Courts - Dual treatment (Levels II and III) not included in sentencing as often as may be possible
- Need more services and shelters that can address multiple co-occurring needs - mental illness, substance abuse, elder abuse, child abuse, etc.
- Need improved systems, policies and practices for cross-sharing information to better serve individuals and families
- Awareness of resources available and keeping the resources list updated
- Affordable child care
- Policy and laws change frequently; hard to keep everyone updated
- Affordable housing; Long term housing for victims in San Diego
- Need more DV-related case management services available for the public
- Many DV offender's treatment groups are not evidence-informed
- Training in schools, etc. currently limited
- Develop High Risk Case Response Team (HRT) in South region
- Cultural competency in service provision to DV victims and their families

Recommendations

1. Core & Primary Prevention and Early Intervention
 - a. Education to students and staff in elementary, middle and high schools on DV and healthy relationships
 - b. Funded public awareness efforts educate the public on domestic violence, early warning signs, recognizing the risks, healthy relationships (we want the community to get help earlier; will save costs in the long run)
2. Preparing Workforce (mental health, substance abuse, healthcare, children's services, etc.)
 - a. Be able to provide basic domestic violence training for more frontline workers across agencies
 - b. Cross-training and continuing education

Addendum 10

DV Deep Dive - Breakout Group 2 – Community Focus

Strengths/Resources:

- The level of collaboration among DV providers/first responders and the amount of support services available.
- The increased awareness by the general public about the existence of DV.
- The *Advocate Referral Form*, which allows organizations to reach out to the victim after an incident rather than rely on the victim to reach out for help.
- The DV High Risk Teams which come together when there is a situation that could be lethal.

Challenges/Gaps:

- Lack of adequate services to addressing needs of individuals with both DV and severe mental health challenges (more than just trauma issues).
- Lack of public awareness about how to recognize the problem and also what to do if there is a problem (i.e. lack of awareness of existing services).
- Elimination of funding for most of the Domestic Violence Response Team (DVRT) – this has created a need for a “navigator” for victims on-site when there is an incident.
- Transportation is a big issue because public transportation is inefficient and it takes too long to get around the county. This impacts victims trying to make appointments.
- Lack of evidence-based programs for batterers. There is a lack of knowledge about what programs work for the perpetrator and there is a need for more research in this area. There is also a lack of data in the county that tracks who actually completes the programs and the associated outcomes of those that complete versus those that don't.
- The elimination/reduction of DV courts. The group felt that these courts were helpful.
- There is a lack of substance abuse treatment programs for DV victims.

Recommendations:

1. Create a Public Awareness campaign. The following are recommendation of what should be included in a public awareness campaign:
 - a. Needs to not be a “one size fits all” because there is a diversity of needs among different communities;
 - b. Needs to be culturally competent;
 - c. Model it after the “Up-To-Us” campaign;
 - d. Use multiple modes of distributing the information – radio, internet, television, and pamphlets. Be aware of the audience and the best way to distribute the information.
 - e. The campaign needs to be data driven – know what is effective and what is not when creating and implementing the campaign;
 - f. The Family Justice System should be a central player in developing and distributing the public awareness campaign;
 - g. WRC, CCS, SBCS, YWCA and CRC should also be involved in the development of the public awareness campaign.
2. Increase training among first-line, non-domestic violence responders (e.g., child welfare, AOD providers, public health nurses, etc.,)
 - a. Educate non-DV agency staff on how to assess and recognize when DV might be an issue for their client;
 - b. Create a cohesive and data driven training curriculum;
 - c. Involve the experts in the creation of the curriculum and build on what already exists (i.e., the DV providers have this information);
 - d. Utilize the DV Council to coordinate this practice.

Addendum 11

DV Deep Dive - Breakout Group 3 – Systems Focus

Strengths/Resources:

- Willingness of agencies to commit and collaborate – very unique to San Diego
 - Commitment by leadership
 - Allocation of time and resources
- DV High Risk Team works well together and shares information where they can
 - Recognized the uniqueness of each community when rolling teams out to new regions
 - Identified key stakeholders
- San Diego Domestic Violence Council (SDDVC) efforts
 - Central hub for all agencies
 - Enhances collaboration and helps agencies see others roles
- Recent systems changes:
 - A shift in perception has occurred that now sees DV as a public health issue versus a criminal issue
 - Systems practice change: FRC's are now asking if people are safe (this is a new practice change)
 - Cross Systems collaboration: CWS and Probation are working together on two pilots to address the specific needs of former foster youth. This group has a high rate of entering delinquency
 - GOALS MOU Profile for Information sharing (Great example for information sharing)
- Having a common agenda/common goals

Challenges/Gaps:

- The need to reach across disciplines/systems more
- Need more prevention focused programs – focus on the front end (juveniles/families)
- SDDVC needs more resources and support in order to be successful
- Use of Trauma informed practice should be expanded
- Systems do what they do and do it well (How do we move the needle)
- The ability to achieve the common agenda/goals

Recommendations:

- Prioritize prevention and early intervention efforts:
 - Need education in schools around healthy relationships/anti bullying – start in elementary school
 - Focus on strengthening families
- Need for more training on:
 - Available resources for clients – especially prevention resources
 - Evidence based practices
- Successfully achieving a common agenda requires:
 - Leveraging existing resources across systems
 - Implementing a common language to help systems understand each other
 - Sharing data collection practices across systems
 - Information sharing across systems

Addendum 12

DV Deep Dive Participants from Public and Non-Profit Organizations

- District 3 Board Supervisor
- The Center for Community Solutions
- The Children's Initiative
- Chula Vista Police Department
- City Attorney's Office
- Community Resource Center
- San Diego County Aging and Independence Services
- San Diego County Animal Control Services
- San Diego County Behavioral Health Services
- San Diego County Child Welfare Services
- San Diego County Probation Department
- San Diego District Attorney's Office
- Escondido Police Department
- San Diego County HHSA
- Institute on Violence and Trauma (IVAT)
- Jewish Family Services
- San Diego County Public Health Services
- San Diego County Office of Strategy and Innovation
- San Diego County Public Health Nursing
- San Diego County Public Safety Group
- Rancho Coastal Humane Society
- San Diego Domestic Violence Council
- San Diego Police Department
- SANDAG
- San Diego County Meth Strike Force
- San Diego Family Justice Center
- San Diego County Sheriff's Department
- South Bay Community Services
- Southern Indian Health Council
- The Chadwick Center
- US Marine Corp
- YWCA

Addendum 13

Family Violence-related Living Safely Outcomes of *Live Well San Diego*

Outcome 1: Residents are protected from crime or abuse

Promote Strategies that Prevent Crime

- 1.3 Increase public awareness and education on the importance of reporting abuse and neglect of anyone, especially children, vulnerable adults, seniors, and animals.
- 1.4 Prevent abuse and neglect through stronger coordination between County services to better identify and target those at risk.
- 1.6 Offer screening, brief intervention and referral to address risk factors associated with developing substance abuse problems, mental illness, or vulnerability to domestic violence.

Promote and Implement Strategies that Protect Residents from Crime

- 1.7 Protect residents from abuse and neglect through stronger coordination between County services to enhance response and improve support services for those impacted.

Promote a Balanced Approach Model that Holds Offenders Accountable and Reduces recidivism

- 1.16 Provide a continuum of custody based intervention services that have been shown to reduce recidivism and address health and behavioral needs
- 1.17 Provide transitional services that link offenders to effective community based services and monitor their use to increase success in the community

Outcome 2: Neighborhoods that are safe to work, live, and play

Safe Families

- 2.8 Develop trauma informed coordinated services that provide individuals with appropriate interventions and resources
- 2.9 Use medical examiner data to inform County services and target resources around contributing factors to preventable deaths.
- 2.12 Educate the public on responsible pet ownership to prevent harm to owners and pets.

Safe Workplaces

- 2.13 Develop trauma informed knowledge workers who are trained on how to identify trauma, how to respond accordingly and are aware of the impact of trauma on themselves.

Survey of Professionals 2012

See page 13 of this report for more details on this survey.

Participants' reporting involvement in the following Domestic Violence (DV) Related Coalitions/Committees in San Diego County (n=67)

- | | |
|---|---|
| <p>1. SAN DIEGO DOMESTIC VIOLENCE COUNCIL (SDDVC)</p> <ul style="list-style-type: none">➤ SDDVC MEN'S LEADERSHIP FORUM➤ SDDVC EAST COUNTY DOMESTIC VIOLENCE COALITION➤ SDDVC SHELTER SERVICES COMMITTEE➤ SDDVC NORTH COUNTY DOMESTIC VIOLENCE COALITION➤ SDDVC SHELTER AND SUPPORT SERVICES COMMITTEE➤ SDDVC TREATMENT AND INTERVENTION COMMITTEE➤ SDDVC TEEN RELATIONSHIP VIOLENCE SUBCOMMITTEE | <p>2. DOMESTIC VIOLENCE FATALITY REVIEW TEAM</p> <p>3. EAST COUNTY ELDER ABUSE COUNCIL</p> <p>4. EAST COUNTY NEWCOMERS MEETING</p> <p>5. HHSS LIAISONS</p> <p>6. INTERFAITH COMMUNITY SERVICES</p> <p>7. METH AND FAMILIES ADHOC</p> <p>8. MULTI-DISCIPLINARY TEAM</p> <p>9. NORTH COUNTY FAMILY VIOLENCE PREVENTION CENTER</p> <p>10. SAN DIEGO NETWORK ALLIANCE</p> <p>11. SAN DIEGO REFUGEE FORUM</p> <p>12. SEXUAL ASSAULT RESPONSE TEAM (SART)</p> <p>13. ALLIANCE FOR REGIONAL SOLUTIONS</p> <p>14. BI-LATERAL SAFETY COALITION</p> <p>15. BLUE CAMPAIGN</p> <p>16. SD COUNTY DV HIGH RISK TEAM (HRT)</p> <p>17. TRAUMA-INFORMED GUIDE TEAM</p> |
|---|---|

Addendum 15

Domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone.

(Source: National Domestic Violence Hotline)

Per California Penal Code §13700: Domestic violence means *abuse* committed against an adult or a minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship. For purposes of this subdivision, "cohabitant" means two unrelated adult persons living together for a substantial period of time, resulting in some permanency of relationship.

Per California Penal Code §273.5

Any person who willfully inflicts corporal injury resulting in a traumatic condition upon a person who is his or her spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child is guilty of a felony. As used in this section, the term 'traumatic condition' means a condition of the body, such as a wound or external or internal injury, including, but not limited to, injury as a result of strangulation or suffocation, whether of a minor or serious nature, caused by a physical force. For purposes of this section, 'strangulation' and 'suffocation' include impeding the normal breathing or circulation of the blood of a person by applying pressure on the throat or neck.

Per California Civil Law Family Code §6203 6320

For purposes of this act, 'abuse' means any of the following:

- Intentionally or recklessly causing or attempting to cause bodily injury

- Sexual assault

- Placing a person in reasonable apprehension of imminent serious bodily injury to that person or to another

- Engaging in any behavior that has been or could be enjoined pursuant to §6320

The court may issue an ex parte order enjoining a party from molesting; attacking; striking; stalking; threatening; sexually assaulting; battering; harassing; telephoning, including, but not limited to, making annoying telephone calls as described in §653m of the Penal Code; destroying personal property; contacting, either directly or indirectly, by mail or otherwise; coming within a specified distance of; or disturbing the peace of the other party; and, in the discretion of the court, on a showing of good cause, of other named family or household members.

Per Family Code §6211 – Persons included in the Definition

In civil law: 'Domestic violence' is abuse perpetrated against any of the following persons:

- A spouse or former spouse

- A cohabitant or former cohabitant, as defined in §6209

- A person with whom the respondent is having or has had a dating or engagement relationship

- A person with whom the respondent has had a child, where the presumption applies that the male parent is the father of the child of the female parent under the Uniform Parentage Act

- A child of a party or a child who is the subject of an action under the Uniform Parentage Act, where the presumption applies that the male parent is the father of the child to be protected

- Any other person related by consanguinity or affinity within the second degree

Child and Elder Abuse Report and Protection Laws

These statutes will be included in the subsequent Family Summit Report to be released in 2014.

References

- 1) Acierno R, Hernandez MA, Amstadter AB, Resnick HS, Steve K, Muzzy W, et al. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The national elder mistreatment study. *American Journal of Public Health*, 100(2), 292-297.
- 2) Youssef RM, Attia MS, Kamel MI. Violence among schoolchildren in Alexandria. *East Mediterranean Health J*. 1999 Mar;5(2):282-98.
- 3) DeGue, S., & DiLillo, D. (2009). Is animal cruelty a "red flag" for family violence? Investigating co-occurring violence toward children, partners, and pets. *Journal of Interpersonal Violence*, 24(6), 1036-1056.
- 4) San Diego County Child Welfare Services/County Medical Services Data (2013) CRC Annual Report
- 5) The economic burden of child maltreatment in the United States and implication for prevention, Fang, Brown, Florence, Mercy (2011).
- 6) San Diego County Adult Protective Services Statistical Year in Review Fiscal Year 2011-2012 retrieved from AIS Suite Case Management System.
- 7) Mouton CP, Rodabough RJ, Rovi SL, Hunt JL, Talamantes MA, Brzyski RG et al. (2004) Prevalence and 3-year incidence of abuse among postmenopausal women. *American Journal of Public Health*, 94(4),605-612.
- 8) Criminal Justice Research Division, SANDAG (2012).
- 9) National Network to End Domestic Violence. (2012). Domestic Violence Domestic Violence Services Report. Retrieved from:
http://nnedv.org/downloads/Census/DVCounts2012/DVCounts12_StateSummary_CA.pdf
- 10) Ted R. Miller, Mark A. Cohen, & Brian Wiersema, U.S. Dep't of Just., NCJ 155282, *Victims Costs and Consequences: A New Look* (1996), available at <http://www.ncjrs.gov/txtfiles/victcost.txt>
- 11) San Diego Humane Society and SPCA. (2013). Programs and Services: Investigations. Retrieved from http://www.sdhumane.org/site/PageServer?pagename=don_InvestigationsRescue.