

Working Together to Promote Healthy and Safe Relationships in Santa Clara County

A Report on the
Santa Clara County
Intimate Partner Violence
Blue Ribbon Task Force

June 2017



County of Santa Clara
Office of Women's Policy



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research



TRANSFORMING COMMUNITIES
Creating Safety, Justice & Equality

TECHNICAL ASSISTANCE, TRAINING & RESOURCE CENTER
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Executive Summary

Intimate partner violence (IPV)—an intentional pattern of coercive controlling behavior that can include violence and abuse that is physical, emotional, economic, verbal, and sexual by a current or former partner—has serious lasting and harmful consequences for individuals, families, and communities. Exposure to IPV has been linked to homelessness, poor mental or physical health, inability to work or economic instability, and other negative consequences.

Santa Clara County, located in California’s Silicon Valley, has an extensive history of leading efforts to understand, address, and prevent IPV. Local stakeholders, including public officials, community-based organizations, and funders, have long demonstrated a high level of interest and engagement in this issue. For example, the Domestic Violence Council, established in 1991 to end domestic violence (DV) in Santa Clara County, advises the Board of Supervisors on matters that help assure safety and restoration for DV survivors, cessation of violence, and accountability for batterers. In 1998, the County created an Office of Women’s Policy, which highlights gender-based violence as one of its main policy tracks. Another local entity that focuses on this area, the Domestic Violence Consortium of Santa Clara County, is a coordinated network of DV service providers that seeks to advance survivor-defined policies and ensure effective leadership with local- and state-level policymakers.

Despite these and numerous other related efforts and initiatives, IPV continues to impact tens of thousands of individuals in Santa Clara County, and can have serious consequences—between 2000 and 2016, there were 178 domestic violence-related deaths in the County, which includes both victims who were murdered by a former or current intimate partner as well as perpetrators who committed suicide or “blue suicide.” A blue suicide is when an individual threatens to kill police officers, verbally or by use of a weapon, and intends that the police will respond by firing upon the individual. In recent years, local leaders identified the need to evaluate responses to IPV and assess the systems working to end it.

Recognizing this need, the Santa Clara County Board of Supervisors created the Intimate Partner Violence Blue Ribbon Task Force, which convened from January 2016 through June 2017. The Task Force engaged stakeholders from the public, nonprofit, and private sectors, as well as survivors and other community members, in pursuit of learning more about IPV and securing a firm commitment to address it. The Task Force’s vision, guiding values, and pillars of change are displayed on the next page.



Vision: Santa Clara County residents have healthy and safe relationships.

Guiding Values: Survivor-defined ★ Trauma informed ★ Equity lens of gender, race, and class applied ★ Culturally, linguistically, age, and sexual orientation appropriate responses

Four Pillars of Change

Build Capacity

Strong, effective, adequately funded safety net for survivors and children and responses that address abuse/violence on a continuum including early intervention.

Build the System

Incorporate best practices, training, coordination, policies/protocols, and integrate intervention and prevention at all levels of government, systems and community.

Empower the Survivor

Safety, respect and compassion; choice and control over services; holds those who use violence accountable.

Prevent the Violence

Effective prevention across multiple forms of violence; engage youth and address children exposed to IPV; engage the community in changing social norms.

This report includes a series of strategies and recommendations designed to increase system alignment and large-scale change to prevent and address IPV in the County. The recommendations fit into a health promotion and violence prevention framework—adapted from the Prevention Institute’s “Spectrum of Prevention”—that recognize the intersection of prevention and intervention efforts.

These recommendations can and should serve as a roadmap for multiple entities working to address IPV in Santa Clara County. Policymakers, funders, services providers, and the community at large can use this report as a resource to maintain the momentum generated by the Task Force. The next step—taking action—will require a continued and widespread commitment to implementation, policy alignment, and systems coordination.

Recommendations

Influencing Policy and Legislation

Developing strategies to change laws and policies to influence outcomes impacting IPV

1. Enhance stable and flexible funding dedicated to IPV
2. Research, assess and improve the County’s criminal justice response to IPV through coordination and removal of system barriers
3. Include the effects of violence and abuse across the life course in public policies, and the use of racial equity tools in policy decision making

Changing Organizational Practices

Adopting regulations and shaping norms to improve healthy and safe relationships

4. Develop public policies for survivors and children to remain in their home if it is safe to do so
5. Enhance language assistance and meaningful access to services for limited English proficient survivors
6. Increase access and support for survivor-defined civil legal assistance
7. Increase support for immigration legal assistance for survivors
8. Create confidential, survivor-defined services at criminal court

Cross-Sector Collaboration

Working collectively with other sectors to advance a common agenda to address IPV

9. Continue to improve and develop a system-wide approach to lethality and homicide reduction
10. Invest in cross-sector initiatives to address IPV intervention/prevention among the County, cities, schools, nonprofit organizations, and healthcare providers
11. Collaborate with the Office of Supportive Housing, the Continuum of Care, the Housing Authority and homeless providers to prioritize IPV survivors for homeless prevention and housing services, including undocumented survivors
12. Coordinate with the LGBTQ Office of Affairs and other relevant departments to identify and prioritize the needs of LGBTQ community and implement targeted initiatives

Mobilizing Communities and Neighborhoods

Creating opportunities for community members to become agents of change and address social norms that impact IPV

13. Support place-based strategies and initiatives in neighborhoods and gathering spaces to leverage community assets and increase protective factors against violence

Fostering Coalitions and Networks

Convening groups and individuals for broader goals and greater impact to address IPV

14. Develop a comprehensive strategic vision to prevent IPV by coordinating prevention efforts across different forms of violence (child abuse, human trafficking, sexual assault, elder abuse, gang violence, etc.)
15. Collaborate to gather and analyze data for a biennial gender-based violence report

Educating Providers

Informing providers who will transmit skills and knowledge to others on IPV prevention, intervention, and best practices

16. Provide training/cross-training to ensure first responders, practitioners, and educators adequately respond to IPV, including education on racial and health inequities and linkages between multiple forms of violence

Promoting Community Education

Reaching groups of people with information and resources to promote healthy and safe relationships

17. Implement comprehensive strategies to prevent and address intimate partner violence in schools K-12
18. Implement a violence and abuse prevention community awareness campaign
19. Promote the prevention of IPV, sexual violence and stalking in the workplace among employers in Santa Clara County

Strengthening Individual Knowledge and Skills

Enhancing an individual's capacity of preventing IPV and promoting safety in relationships

20. Provide empowerment services and programs for survivors to increase financial and economic security
21. Improve services for children exposed to IPV and their parents, including critical support services for children and families in marginalized communities (e.g., LGBTQ, undocumented immigrants and communities of color)

Introduction

Intimate partner violence (IPV)—an intentional pattern of coercive controlling behavior that can include violence and abuse that is physical, emotional, economic, verbal, and sexual by a current or former partner¹—impacts tens of thousands of individuals in Santa Clara County. On an annual basis, domestic violence (DV) agencies field over 20,000 calls; deliver services to over 6,000 adults and children; and provide shelter or housing to 500 adults and children.² Law enforcement received over 5,000 domestic violence-related calls for assistance in 2015³ and there were 178 domestic violence-related deaths in Santa Clara County between 2000 and 2016.^{4 5}

IPV has serious lasting and harmful consequences for individuals, families, and communities. Exposure to IPV has been linked to homelessness, poor mental or physical health, inability to work or economic instability, and other negative consequences. Recent research suggests that the influence of abuse can persist long after the violence has stopped, both for the partner experiencing the violence and their children, in the form of depression, anxiety, poor school or work performance, and negative health outcomes.⁶ The causes, consequences and prevention of IPV are influenced by multiple factors throughout one's life, such as socioeconomic status, physical environments, social support networks, employment, education and racial and health inequities.⁷

Santa Clara County has an extensive history of leading efforts to understand, address, and prevent IPV. Local stakeholders, including public officials, community-based organizations, and funders, have demonstrated a high level of interest and engagement in this issue. The following examples—which are by no means an exhaustive list—highlight the extent of Santa Clara County's longstanding commitment to reducing and eliminating intimate partner violence:

- **The Office of Women's Policy.** Created in 1998, the County's Office of Women's Policy is a leading local voice on the needs of women and girls and works to ensure that programs, services, systems, and policies support women. Gender-based violence is one of its four main policy tracks.
- **The Domestic Violence Council.** This Council acts in an advisory capacity to the Board of Supervisors to assure safety and restoration for victims of DV, cessation of violence, and accountability for batterers. The Council consists of 22 members appointed by the Board of Supervisors, and hosts an annual **Domestic Violence Conference** to provide continuous training to service providers and community members.
- **The Domestic Violence Consortium of Santa Clara County.** Established in 2004, the Consortium is a coordinated network of DV service providers that seek to advance survivor-defined policies and ensure effective leadership with local- and state-level policymakers.

Intimate Partner Violence

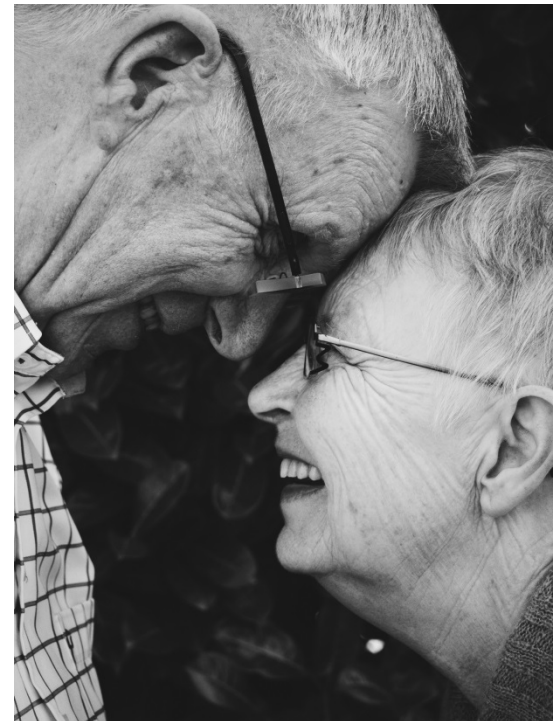
The Santa Clara County Blue Ribbon Task Force on Intimate Partner Violence defines IPV as:

An intentional instance or pattern of coercive controlling behavior that can include violence and abuse that is physical, emotional, economic, verbal, and sexual by a current or former partner. IPV can involve stalking, harassment, reproductive coercion, abuse of the legal process and other systems, and technology abuse. IPV can happen to anyone of any race, sexual orientation, religion, gender, gender identity, immigration status, and can occur across the life span. IPV affects people of all socio-economic backgrounds and educational levels.

- **The Santa Clara County Domestic Violence Death Review Team.** This is a multidisciplinary team of experts that investigates and reviews all domestic violence-related deaths in the County. The Team provides monthly updates to the Santa Clara County Domestic Violence Council and prepares an annual report with recommendations to community leaders and messages to victims and community members, with the goal of improving system response and preventing future deaths.
- **Public Health Department initiatives.** The Santa Clara County Public Health Department has championed several initiatives that seek to prevent violence in homes, schools, communities, and the media. Examples include its *Healthy Teen Relationships Campaign*, and *We All Play a Role Campaign*, and *Safe and Peaceful Neighborhoods* strategy.
- **The Greenbook Project.** In 2006, Santa Clara County commissioned a Safety Audit—a systematic observation and analysis of work routines and documents used and produced between and among institutions as they process cases of DV. The purpose of this audit was to identify how, where and if existing practices ensure the safety of victims and the accountability of offenders. The audit resulted in a number of concrete recommendations for specific sectors and issues.

The time has come to build on this momentum and leverage local assets in pursuit of advancing the County's commitment to addressing IPV.

Recognizing the need for action, the Santa Clara County Board of Supervisors approved the creation of the Intimate Partner Violence Blue Ribbon Task Force, designating \$225,000. The Task Force convened from January 2016 through June 2017 to shape IPV policy and services and infuse solutions for Santa Clara County's diverse communities. The Task Force's goal is to build an intentional, comprehensive prevention and intervention strategy that addresses different communities' needs and includes traditional and non-traditional leaders from multiple sectors in the County. As part of these efforts, representatives from a cross-section of fields and communities, including local survivors, contributed their unique perspectives to inform a strategic vision and Theory of Change. This actionable plan, presented in this report, articulates values and goals for preventing IPV, prioritizes key issues affecting the County, and identifies concrete implementation strategies. The remainder of this introduction presents descriptive information about Santa Clara County and about IPV in the County, followed by more information about the Task Force, its activities, and the overarching Theory of Change.



Santa Clara County

The County of Santa Clara, also referred to as "Silicon Valley," is unique because of its combination of physical attractiveness and economic diversity. With its numerous natural amenities and one of the highest standards of living in the country, the County has long been considered one of the best areas in the United States in which to live and work. The County of Santa Clara is located at the southern end of the San Francisco Bay and encompasses 1,312 square miles. The fertile Santa Clara Valley runs the entire length of the county from north to south, ringed by the rolling hills of the Diablo Range on the east and the Santa Cruz Mountains on the west. Salt marshes and wetlands lie in the northwestern part of the county, adjacent to the waters of the San Francisco Bay. Today, the County is a major employment center for the region, providing more than a quarter of all jobs in the Bay Area. It has one the highest median family incomes in the country and a wide variety of diversity of cultures, backgrounds, and talents. The County of Santa Clara continues to attract people from all over the world.⁸

A Snapshot of IPV in Santa Clara County

The following provides basic information about prevalence of IPV in Santa Clara County—including its impact on different populations—and a brief description of existing services for survivors and batterers.

Services for Survivors in 2014-15:

20,322

crisis hotline calls

6,332

adults and children served

3,667

survivors served with advocacy
and/or peer counseling

546

adults and children housed

63

shelter beds

1,934

unmet requests for shelter due
to lack of funding

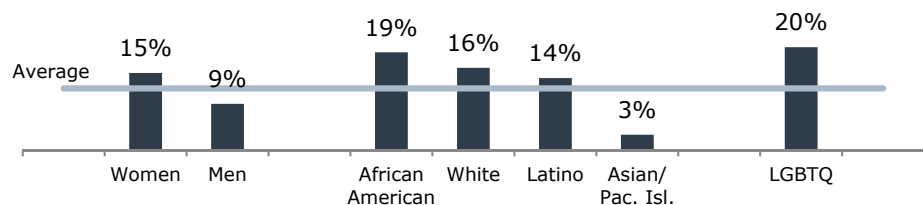
4,286

domestic violence cases were referred to the District
Attorney's office for review in 2015.⁹

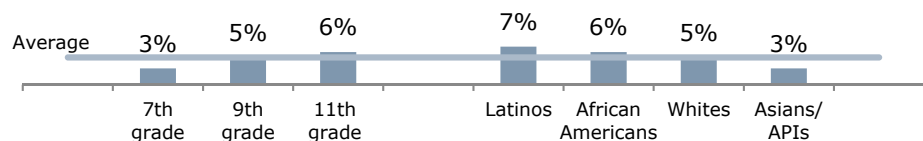
178

domestic violence-related deaths occurred between
2000- 2016 in Santa Clara County.^{10 11}

Adults: 12% of adults in Santa Clara County reported ever being hit, slapped, pushed, kicked, or hurt in any way by an intimate partner.¹² The prevalence is higher for women and those who identify as LGBTQ.¹³ The prevalence is lower for Asians and Pacific Islanders.



Youth: 5% of middle and high school students in Santa Clara County reported that their boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months. The incidence is higher among Latino youth.¹⁴



Batterer Intervention Providers:

- Seven agencies in Santa Clara County offer certified 52-week Batterer Intervention Programs. The majority of individuals who attend are mandated to groups by criminal, civil, or juvenile dependency court.
- Nine providers offer 16-week diversion programs through the Domestic Violence Accountability Program.
- Batterer Intervention Programs provide mental health assessments and referrals to additional services

Santa Clara County Demographics

Understanding the socio-demographic characteristics of Santa Clara County is an important step in creating effective solutions to end IPV.

Population:

1,868,149

Median Annual Income:

\$102,340

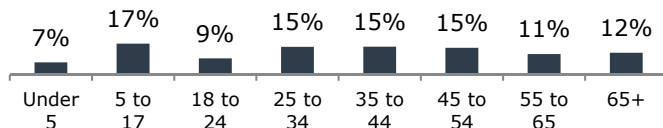
Below Poverty Level:

10%

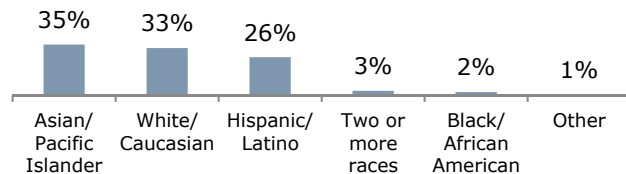
Below 200% Poverty:

23%

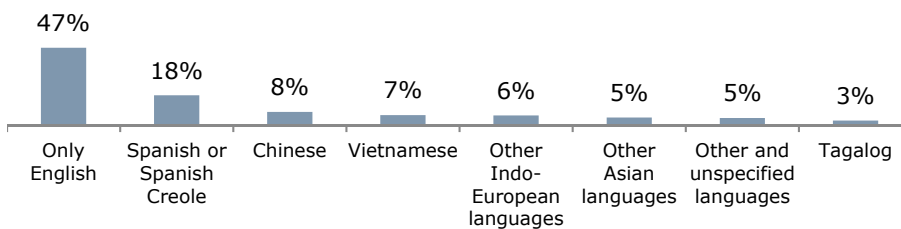
Age: Residents span a wide range of ages, with a median age of 37 years.



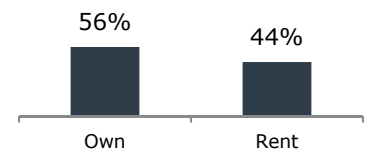
Race/Ethnicity: Many residents are Asian or Pacific Islander, White and Latino.



Language: More than one half (53%) of Santa Clara County residents speak a Language other than English. 21% say they speak English "less than very well."

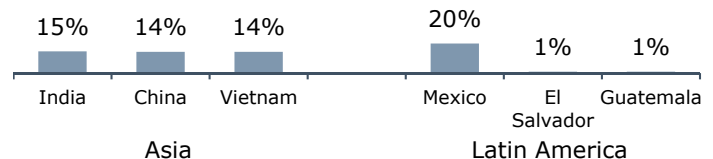
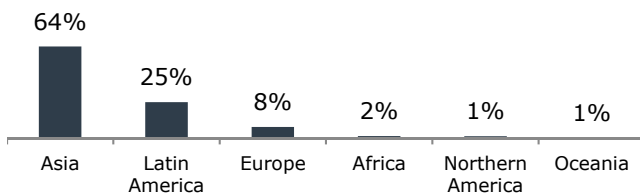


Home Ownership: The majority of housing units in Santa Clara County are owner-occupied.

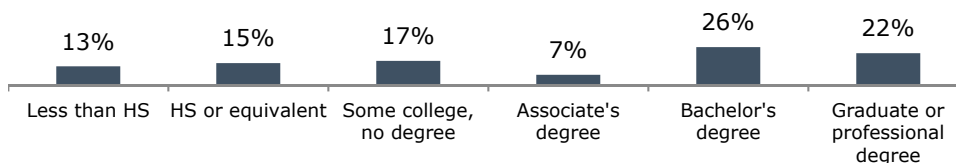


Foreign Born Places of Origin: 38% of Santa Clara County residents are foreign-born. Of those, 47% are not US citizens.

Top 3 Countries of Origin by Continent:



Education for Adult Population 25 and older: Nearly one half of residents have a Bachelor's degree (26%) or graduate/ professional degree (22%).



The Santa Clara County IPV Blue Ribbon Task Force

Efforts to achieve the long-term vision of a community free from IPV must focus on prevention as well as intervention. Prevention strategies complement an IPV response system that aims to keep victims safe and hold batterers accountable. A conceptual understanding of prevention, known as the Spectrum of Prevention, identifies multiple levels of intervention that go beyond the perception that prevention is merely education. The Spectrum, a framework for a comprehensive understanding of prevention that includes six discrete components ranging from *strengthening individual knowledge and skills* to *influencing policy and legislation*.¹⁵ Consequently, to sustain IPV prevention over time, strategies must act across all levels of the Spectrum of Prevention.

A system that is well-positioned to prevent IPV relies on cross-sector collaboration and coordination, a resourced system response, and community engagement, and is held together with common values and an agreed-upon Theory of Change. Many service providers in Santa Clara County engage in prevention work, which includes youth programming, community education media campaigns, safety planning for survivors, batterer intervention programs, bystander intervention training, and other policies and practices. However, more work remains to be done.

Consequently, this Task Force brought together representatives from a cross-section of fields and communities, including local survivors, to contribute their unique perspectives to inform a strategic vision and develop concrete recommendations. A community-driven approach was used to develop these recommendations, drawing on the collective wisdom and expertise of those who are most impacted by IPV—survivors and informal and formal providers—and leveraging local data and national and international promising practices. Through their work together, Task Force members began to broaden their understanding of the interconnectedness of different types of violence and recognize that only by working together—not in siloes—would they be able to “move the needle” on IPV. On the following pages we present a description of the Theory of Change the Task Force developed, which includes four core values: survivor-defined; trauma-informed; equity lens of gender, race, and class applied; and culturally, linguistically, age, and sexual orientation appropriate responses. More information about the Task Force is available on the Office of Women’s Policy website (www.sccgov.org/sites/owp) and on the Board of Supervisors’ website (<http://sccgov.iqm2.com/Citizens>).



Theory of Change

A Theory of Change is a tool for developing solutions to complex social problems by defining long-term goals and mapping backward to identify necessary actions and preconditions. The Task Force developed a comprehensive Theory of Change (see next page) to outline the County's strategy for ensuring that residents have healthy and safe relationships. The Theory of Change includes the following components:

- The overarching **problem statement** maintains that IPV is a major social problem in Santa Clara County and impacts tens of thousands of individuals.
- The **key factors** that influence the prevalence of IPV are: an under-resourced response system; gaps in coordination; limited collaboration; and limited communitywide engagement. To solve the problem, these influencing factors need to be neutralized or reversed.
- The **values** that drove the IPV Task Force's process and the resulting recommendations are: be survivor-defined and trauma-informed; apply an equity lens of gender, race, and class; and ensure that responses are culturally, linguistically, age, and sexual orientation appropriate.
- This framework also establishes four cross-cutting **pillars of change** that inform the recommendations: build capacity, build the system, empower the survivor, and prevent the violence.
- The eight **implementation strategies** are grounded in a health promotion and violence prevention framework—adapted from the Prevention Institute's "Spectrum of Prevention"—that includes discrete components ranging from *strengthening individual knowledge and skills* to *influencing policy and legislation*.¹⁶ This framework recognizes the intersection of prevention and intervention efforts. When used together, these implementation strategies have a greater impact than any single activity or initiative would have on its own. As a whole, the strategies aim to increase system alignment and large-scale change for preventing and addressing IPV in the County.
- The strategies will move the County toward the desired **outcomes** of increased survivor safety, autonomy, options, and improved overall health and well-being; fewer children exposed to IPV; reduced future violence perpetration and holding those who use violence accountable; and increased community action. These outcomes can also serve as a foundation for developing evaluation systems that support ongoing monitoring, assessment, and learning.
- The recommendations presented in this report will help the County achieve the Task Force's overall **vision** of all Santa Clara County residents having healthy and safe relationships.

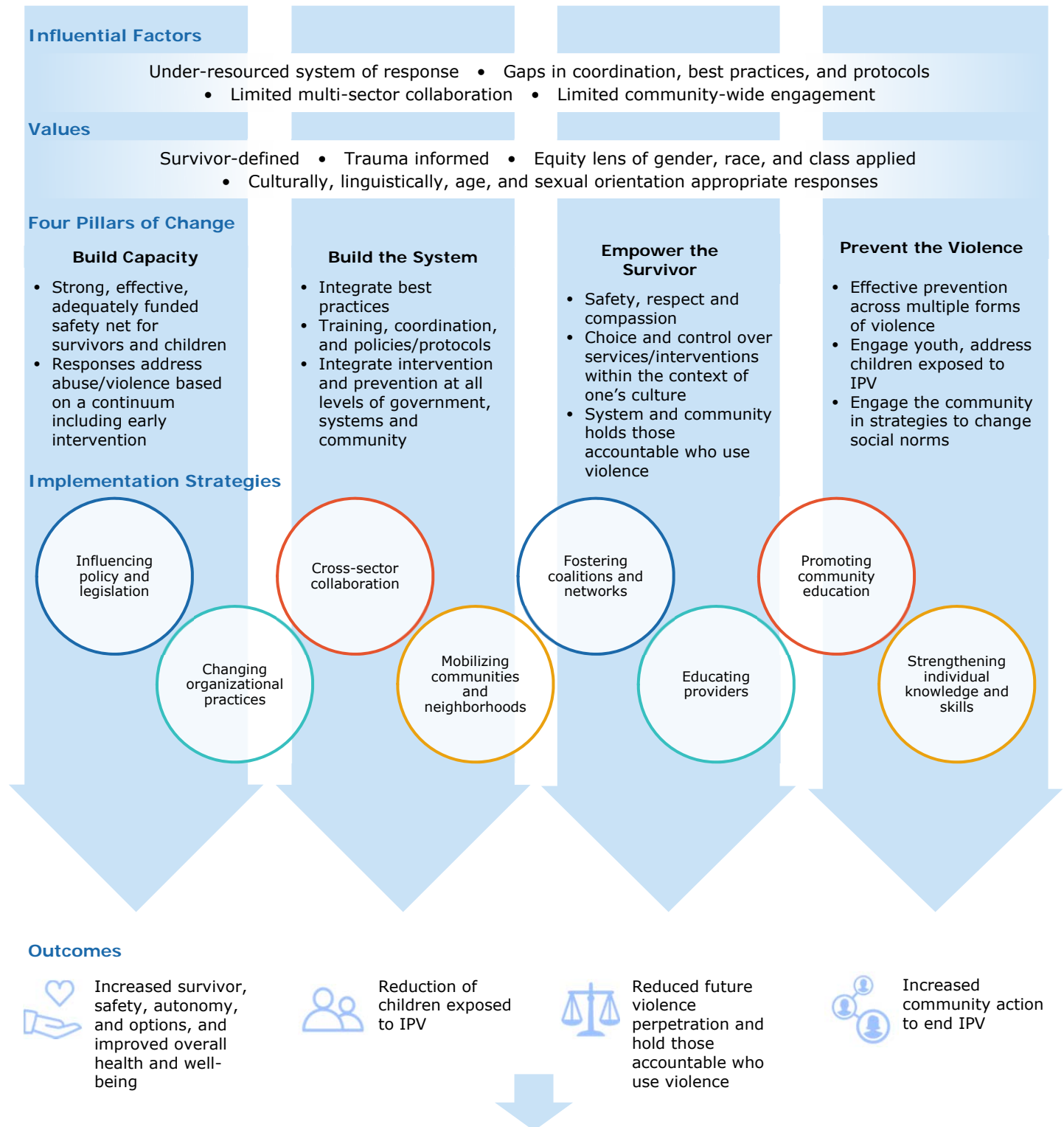


The remainder of this report describes the recommendations in greater detail. 📄

IPV Blue Ribbon Task Force Theory of Change

Problem statement:

IPV is a major social problem in Santa Clara County, impacting tens of thousands of individuals



Vision: Santa Clara County residents have healthy and safe relationships

Recommendations

The following sections present the 21 recommendations prioritized as the most needed actions to end IPV and ensure that residents have healthy and safe relationships in Santa Clara County. The recommendations are grouped into the following strategies:

Influencing Policy and Legislation

Developing strategies to change laws and policies to influence outcomes impacting IPV

Changing Organizational Practices

Adopting regulations and shaping norms to improve healthy and safe relationships

Cross-Sector Collaboration

Working collectively with other sectors to advance a common agenda to address IPV

Mobilizing Communities and Neighborhoods

Creating opportunities for community members to become agents of change and address social norms that impact IPV

Fostering Coalitions and Networks

Convening groups and individuals for broader goals and greater impact to address IPV

Educating Providers

Informing providers who will transmit skills and knowledge to others on IPV prevention, intervention, and best practices

Promoting Community Education

Reaching groups of people with information and resources to promote healthy and safe relationships

Strengthening Individual Knowledge and Skills

Enhancing an individual's capacity of preventing IPV and promoting safety in relationships

For each recommendation, we describe the rationale, present considerations for implementation in Santa Clara County, and reference related local initiatives. We also provide a summary of relevant input and recommendations from local survivors and providers, where applicable. Additional research and resources related to these recommendations is in Appendix A.

I. Influencing Policy and Legislation

Developing strategies to change laws and policies to influence outcomes impacting IPV

Policy change typically presents the opportunity for the broadest improvements in health outcomes, since both institutional and legal policies can affect large numbers of people. Moreover, changes at the local level can also build momentum for more comprehensive state and national legislation that aims to prevent IPV. These strategies seek to enhance stable and flexible funding for IPV, assess and improve the County's criminal justice response to IPV through coordination and removal of system barriers, and ensure that policies account for the effects of violence across the life cycle and employ racial equity tools.

1. Enhance stable and flexible funding dedicated to IPV

“When the survivor says, ‘this is what I need to survive,’ it’s unfair when the funding we get can’t be applied to that.”

—Local provider

Local providers noted that the requirements and restrictions associated with many funding streams limit their ability to access resources and their capacity to respond to survivors’ needs. Flexible, long-term funding enables providers to focus less on their own survival and more on responding to the urgent, complex, and intersecting needs of people impacted by IPV.

Reliable funding in the form of multi-year grants allows nonprofit organizations to respond to changes in the community and test out innovative approaches. Local providers explained that “knowing the money is coming and we don’t have to look for it” would free up time and resources to “focus on impact rather than compete for funding.” This is particularly important for agencies that work with underserved and marginalized communities for whom there is a dearth of research and evidence-based practices. Knowing that funding will be available for several years out gives providers the space and security to make course corrections, building on what works and adjusting what does not.

Flexible funding, such as general operating support and full coverage for indirect costs, empowers providers to determine the most efficient and effective ways to expend scarce resources. Offering this type of support requires funders to trust that nonprofit organizations are the experts on the services they deliver and the communities they serve. According to local providers, eliminating restrictions on funding would help enable clients to “access their assets, community support networks, and cultural support networks” (e.g., informal childcare provided by family, friends, or neighbors) rather than being limited to what the funding (or the funder) dictates. Unrestricted funding can also enable nonprofits to strengthen their organizations by investing in infrastructure and longer-term sustainability.



Local providers recommended enhancing funding in order to:

- Allow service providers to determine how to allocate funds to best meet client needs
- Avoid service restrictions, such as onerous paperwork or eligibility requirements

2. Research, assess and improve the County's criminal justice response to IPV through coordination and removal of system barriers

The criminal justice system employs a range of DV interventions, including arrest, ongoing monitoring by courts and/or Probation, and batterer intervention programs. Despite these efforts, many survivors are reluctant to engage the criminal justice system (see right) and recidivism remains a challenge. Research shows that coordinated interagency responses and "swift and certain consequences" can reduce ongoing abuse more than any one intervention in isolation.¹⁷

A first step towards improving the coordination of the criminal legal response to DV is conducting an assessment of existing interagency policies, protocols, case processing procedures, and information sharing. When acted upon, this information has the potential to enhance the County's ability to respond quickly and effectively to stop violence, reduce harm, and save lives. The Blueprint for Safety, which was developed by criminal justice professionals in collaboration with national DV and criminal justice policy experts, provides a practical model. This assessment would encompass the full life cycle of the criminal justice response, from the initial 911 call through enforcement of DV restraining orders, sentencing and enforcement of court orders, and batterer intervention programs.

Moving forward, a study could serve as a foundation for ongoing evaluation of the County's criminal justice response to those who use violence to ensure coordination and concrete consequences for continued abuse and/or noncompliance, thereby reducing ongoing abuse and homicides and increasing safety.

See next page and Appendix A for more information about Batterer Intervention Programs (including state and local legislation, research about efficacy, promising and emerging strategies, and the Colorado Model), and the Blueprint for Safety.



Local providers expressed specific areas of interest for this study to explore, including:

- How practices such as transformative and/or restorative justice complement the criminal justice system
- Responses to specific populations (e.g., LGBTQ, people with concerns about immigration status, families with children)
- The role of private practice providers (i.e., those not affiliated with the public or nonprofit sectors) and agencies in neighboring counties (since County residents may access services outside of the County)



Among local survivors, common reasons for not involving the criminal justice system included:

- Lack of understanding of options
- Fear of losing housing
- Lack of access to basic needs
- Fear of deportation
- Fear of abuser retaliation,
- Fear of being ostracized from their family or community.

Some who did involve the criminal justice system reported not receiving an adequate response, including

- Lack of a timely response
- Not being treated with dignity and respect
- Being told there was not enough evidence.

Survivors' most commonly-reported needs related to the criminal justice response to IPV include

- Linguistically and culturally responsive services at all stages
- Referrals to DV advocacy services or therapy
- A more supportive, proactive, and trauma-informed approach

Interventions for those who use violence

Task Force and workgroup members expressed special interest in further researching effective supports for those who use violence, including studying the effectiveness of current mandated 52-week Batterer Intervention Programs (BIPs), the impact of shorter 16-week BIPs, and emerging promising practices, including differentiated services that replace “one-size-fits-all” approaches such as the Colorado Model.

In recent years, a number of DV prosecutions in Santa Clara County were resolved in what are commonly called “415 probation-denied dispositions,” which do not include the mandated 52-week BIPs. Instead, these negotiated dispositions result in a conviction for “disturbing the peace” and often refer defendants to a 16-week BIP. This recent and unique resolution to criminal IPV charges warrants further study. Current statewide efforts are reexamining the California Penal Code that mandates 52-week BIPs, which may present additional opportunities to study evidence-based programs for those who use violence.



Survivors made the following recommendations for programs and services for those who use violence:

- **Accessibility:** programs should be tailored to participants’ needs; spaces should be inviting for diverse populations; services should be low-cost or free and trauma-informed; information in schools and community
- **Length:** Mandated classes should be at least one year long.
- **Other suggestions:** Need to enforce mandated classes; mandatory arrest is problematic; pro-family/anti-incarceration approaches would offer or require services instead of incarceration
- **Types of services:** counseling, therapy, alcohol and substance abuse; positive parenting; groups for those who use violence to help participants uncover the roots of aggression

3. Include the effects of violence and abuse across the life course in public policies, and the use of racial equity tools in policy decision making

The causes, consequences and prevention of IPV are influenced by multiple factors throughout people's lives, such as social determinants of health (i.e., structural conditions including socioeconomic status, the physical environment, social support networks, employment, and education)¹⁸ and racial and health inequities.¹⁹ Policy and legislation can play an important role in impacting cross-cutting causes of violence across the life course and addressing racial inequities.

A life-course perspective is a helpful framework for understanding how influences early in life can act as risk or protective factors for health-related behaviors or problems later in life²⁰. For the purpose of understanding and preventing IPV, the life course is divided into five stages, each of which presents unique risks and opportunities: infancy (0–4 years); childhood and early adolescence (5–14 years); adolescence and young adulthood (15–25 years); adulthood (26 years and over); and all ages.²¹ Exposure to IPV during childhood is considered an adverse childhood experience (ACE)—as the number of ACE's to which people are exposed increases, so does the risk for social consequences and negative health behaviors and outcomes. Moreover, children who witness or experience violence in childhood are more likely to have abusive relationships as adults.²² Efforts to prevent and address IPV should incorporate this framework to target and tailor supports and services. For example, children need interventions that allow them to heal while avoiding the negative, long-term impacts of exposure to violence; adults need evidence-based services that are trauma-informed and culturally- and gender-responsive so they can heal from trauma while increasing their own and their children's safety and well-being.

When racial equity is not explicitly brought into operations and decision-making, racial inequities are likely to be perpetuated.²³ Racial equity tools seek to integrate the explicit consideration of racial equity in decisions, including policies, practices, programs, and budgets. Using these tools to prevent and address IPV can help develop strategies and actions that reduce racial inequities and improve success for all groups. 🏠



II. Changing Organizational Practices

Adopting regulations and shaping norms to improve healthy and safe relationships

Organizations can improve the health and safety of their constituents by assessing and updating internal regulations and norms. The strategies below focus on enabling survivors to remain in the home should they choose; enhancing IPV-related services for those with limited English language proficiency; increasing access and support for survivor-defined civil legal assistance; increasing support for immigration legal assistance for survivors; and creating confidential, survivor-defined services in criminal court.


4. Develop public policies for survivors and children to remain in their home if it is safe to do so

Survivors of DV, particularly women and children with limited economic resources, are especially vulnerable to experiencing homelessness and need access to safe and affordable housing. Forty-six percent of women report staying in abusive relationship because they have nowhere else to go.²⁴ Housing supports for survivors of DV, such as short- and long-term housing, rental assistance, and housing advocacy with landlords, provide survivors with the stability they need to flee violence.

In many cases, a survivor's first choice for herself and her children is to stay in the home.²⁵ Leaving the home causes disruption for survivors and their children, including barriers to economic stability, interruptions in a child's schooling, and isolation from friends, family and community. However, the current system of housing services is predicated on the survivor leaving the home rather than being supported to remain housed and address the root cause of the homelessness, which in these cases is violence.

Providers are exploring new ways to support survivors and their children to have safe, permanent housing, thereby eliminating housing as a reason to stay in a relationship with violence. Innovative homelessness prevention strategies for DV survivors align systems to save resources, work together more efficiently, and avoid disruptive and costly homelessness episodes. This involves delivering services in new ways and creating or strengthening partnerships between the DV, housing, and criminal justice systems, as well as other community partners.

Three housing models exhibit particularly strong outcomes: Staying Home Leaving Violence, Domestic Violence Housing First, and Volunteers of America Home Free. These models have shown exceptional retention, increased wellbeing and safety of survivors and their children,²⁶ and ability to leverage resources for maximum impact. Key components of these programs' success include survivor-driven advocacy, housing stability, flexible financial assistance, and community engagement (see below). Underlying these common components is coordinated entry in DV housing services and collaboration among community partners (see strategy #12 for more information about coordinated entry).

 Local survivors recommended the following housing-related approaches and services:

- Family-centered approaches
- Early prevention and stabilizing support in the first six to 12 months
- A survivor-centered approach that includes advocacy and support to stay in the home (if it is safe to do so) or to move into a new home
- Services to secure or retain stable housing (e.g., housing advocacy, emotional support, counseling, economic stability services, food, transportation, peer support)
- Safety upgrades to the home

Promising Program Practices to Support IPV Survivors and Children to Stay in the Home:

- **Survivor-driven advocacy.** Advocates work closely with survivors to address their self-identified needs and in some cases, advocates are mobile and meet survivors where it is convenient and safe for them.
- **Housing stability.** Advocates work with survivors to quickly retain or access housing. On the ground, this can mean negotiating leases, acting as liaisons with landlords, and leveraging funds from other housing programs.
- **Flexible financial assistance.** Flexible funding can be used for home safety upgrades (changing locks, installing cameras and alarms, etc.); financial assistance to pay back rent or utilities; short-term rental assistance; and/or case management and legal assistance.
- **Community engagement.** Advocates work with the community to build relationships and conduct outreach and education with stakeholders such as landlords, law enforcement, local government, and the housing departments, about the dynamics of DV and survivors' needs. Community engagement can also include direct advocacy with landlords to protect tenants' rights and advocacy and education related to legal protections afforded by VAWA, the Fair Housing Act, and/or state and local legislation. This has improved the way communities respond to domestic violence.

See Appendix A for more information about promising practices and models for IPV survivors and children to remain in the home. Further information can be found in the YWCA Silicon Valley report "Innovative Housing Models for Domestic Violence Survivors."



Local providers recommended the following approaches to housing:

- Offer education and advocacy on victims' housing rights
- Provide services to stabilize and help survivors secure and retain stable housing, such as financial stability support services
- Hold the person causing the violence accountable and provide treatment services to prevent future violence
- Use family-centered approaches, including procedures that support victims and children to remain in the home and a transformative justice pilot to "decriminalize healing"

5. Enhance language assistance and meaningful access to services for limited English proficient survivors

“A lot of non-native speakers are abused and they don't reveal it because they can't communicate in English”

—Local IPV Survivor

Santa Clara County is home to the third-highest immigrant population in the state, and residents collectively speak over 100 languages and dialects. Numerous campaigns and initiatives around language access have been championed across the County. Yet local survivors and Task Force members shared that linguistically and culturally responsive IPV services, especially in the criminal justice system, continue to be a significant need.

Local survivors pointed to the limited supply of certified and culturally competent interpreters and staff for IPV-related services. Workgroup members also drew attention to language access needs for batterer intervention programs²⁷ and the inconsistent implementation of language-related protocols and processes in general. For example, some law enforcement agencies are unable to use over-the-phone interpretation in the field because they are not provided cell phones and have concerns about using their personal phones. In response to these concerns, workgroup members suggested creating a multilingual language bank, leveraging existing language access policies including those related to law enforcement (e.g., Mountain View Police Department, Miranda Rights), and ensuring that survivors receive information from the criminal justice system in their preferred language.

Several local initiatives provide a foundation upon which to boost language access for survivors, their families, and perpetrators. The 2014 Campaign for Language Access, for example, strengthened language access policies across the County and ensured their inclusion in all law enforcement agencies.²⁸ Linguistically and culturally appropriate services and resources are also integrated in the Probation Department Standards for Batterers Programs and Certification,²⁹ and the California Healthy Youth Act³⁰ requires that sex education be appropriate for students of different cultural backgrounds and those learning English.

For additional guidance, the API Institute on Gender-Based Violence offers practical resources for finding, qualifying and working with interpreters.³¹

See Appendix A for more information about IPV-related language access needs in Santa Clara County and relevant best practices.



In order to enhance language access, local providers suggested:

- Create a multilingual language bank
- Develop and maintain an up-to-date interagency database of language access supports and services
- Ensure that court interpreters who are registered (i.e., not certified) have adequate language competencies
- Offer free 24/7 over-the-phone service to all public and private agencies in the County
- Provide a mix of over-the-phone and in-person language support offered by paid, trained staff with consistent schedules
- Train interpreters in maintaining boundaries between clients and self, professional interpretation/translation skills, the role of an interpreter versus an advocate, self-care and vicarious trauma, dynamics of DV and other forms of violence, trauma-informed services, and relevant legal terminology
- Vet interpreters for fluency in English as well as the needed language

6. Increase access and support for survivor-defined civil legal assistance

Legal assistance is a primary need for many survivors, yet it continues to be largely underfunded at the county, state, and federal levels.^{32 33} Legal services that local survivors most commonly need include support with restraining orders, divorce, and child custody.³⁵ Annually, thousands of IPV survivors access the County's criminal and civil courts for DV-related activities,³⁶ yet local survivors reported challenges to accessing or navigating the system including a lack of information about options and outcomes, lack of awareness of free or low-cost attorneys or legal support services, and fear or mistrust of the system. They also noted a lack of access to high-quality specialized legal supports and services related to child custody, and protective or restraining orders.³⁷ Survivors added that addressing other needs, like childcare, transportation, and housing, is especially crucial in order to successfully navigate the court system. Local providers identified similar challenges, needs, and solutions.


The nonprofit domestic violence programs have confidential legal advocates on staff (Asian Americans for Community Involvement, Community Solutions, Maitri, Next Door Solutions and YWCA Silicon Valley), but more legal advocates are needed to meet the demand.

Several local organizations provide free or low-cost attorneys (Bay Area Legal Aid, Family Justice Centers, Katharine and George Alexander Law Center, Legal Advocates for Children and Youth, Pro-Bono Project of Silicon Valley, Senior Adult Legal Services, and Step Forward Foundation) but many survivors still have a difficult time securing low-cost or free legal representation.


Additionally, the County has three Family Justice Centers as a result of a partnership between the District Attorney's Office and the nonprofit DV programs where they are housed: Asian Americans for Community Involvement, Community Solutions, and YWCA Silicon Valley. At the Family Justice Centers, survivors can access legal advocacy supports, family law attorneys, and other essential services including emergency shelter and counseling.

Workgroup members recommended additional funding for civil legal assistance for survivors. This includes developing protocols and policies to ensure survivor-driven and trauma-informed services, and sustained funding, for Family Justice Centers throughout Santa Clara County. In addition, workgroup members suggested providing stability and economic self-sufficiency supports to bolster survivors' ability to stay engaged in the legal process.

See Appendix A for more information about legal advocates and local agencies that provide these services.

 Local survivors recommended the following ways to increase the accessibility and effectiveness of civil and immigration legal services:

- Establish "one stop" legal centers for survivors
- Improve crisis hotlines and develop mobile-friendly applications for resources and service connections
- Make informational brochures about survivors' needs and options available at libraries, schools, and other public spaces
- Make low-cost or free attorneys available to meet specialized legal needs (e.g., immigration, restraining orders, child custody, spousal support)
- Make warm handoff referrals for civil and legal assistance
- Offer high-quality interpreters and translation
- Provide a legal advocate or social worker to emotionally support survivors throughout the court process
- Provide training for lawyers, advocates, and other providers on trauma-informed approaches and cultural competency

 Local providers recommended:

- Advocate to the Governor for more funding (e.g., to re-open self-help center, for clerks to stay open past 3pm)
- Conduct immigration training for providers
- Engage family law and immigration law attorneys with adequate training and qualifications, including language fluency
- Offer training and/or information about what to expect in family court for both survivors and perpetrators
- Provide legal advocates to support with paperwork and overall court process

7. Increase support for immigration legal assistance for survivors

Immigrant victims of IPV often face additional barriers to accessing services and achieving safety. Cultural and language barriers can sometimes make it difficult to access services and understand their rights, and abusers of immigrant victims often have additional power over victims by threatening deportation or losing custody of their children if they report the violence to law enforcement.³⁸ Additionally, many immigrants, especially those who are undocumented, may be fearful to report a crime to law enforcement for fear of being removed (deported) from the United States.³⁹ While immigration assistance is available to victims through the Violence Against Women Act (VAWA) or U-Visa's, victims often experience increased fear, anxiety and economic hardship when there are delays in securing VAWA protection or U visa certification, filing the case, and waiting for a decision.⁴⁰ It should be noted that The Department of Homeland Security U-Visa law enforcement certification resource guide states that a resolution of the case is not required to "determine helpfulness" and that the U-visa certification process can begin before the criminal case is resolved, offering increased safety and stability for the victims and their children.⁴¹ Access to support services and economic self-sufficiency supports are critical for the safety and stability of immigrant DV survivors. Additionally, they increase survivors' ability to stay engaged in the legal process.

Local survivors, providers and workgroup members recommended additional funding for immigration legal assistance to survivors, to support their safety, stability/self-sufficiency and legal needs, including immigration assistance available through the Violence Against Women Act (VAWA) and U-Visas. Workgroup members recommended sustained funding for legal advocacy supports, including immigration attorneys at the three Family Justice Centers in the County, survivors receiving information in their preferred language to improve support and lead to better survivor-defined outcomes, and to build on and expand BIA accreditation (immigration assistance) by fully funding and staffing these programs to best meet survivors' needs.

See Appendix A for more information about immigration legal assistance and local agencies that provide these services.




8. Create confidential, survivor-defined services at criminal court


Criminal court proceedings can be logistically and emotionally challenging for survivors and their families. Local survivors emphasized the importance of having an advocate who provides emotional support and information for navigating the criminal justice system, such as guidance about restraining orders and ongoing support with modification requests. Several survivors reported that having a support person to provide emotional support, information and referrals to resources, and information about the legal process is critical for staying engaged in the criminal justice process.

Local survivors, providers, and workgroup members agreed that confidential advocates should be available at criminal courts. They also noted the importance of making training and resources available to court advocates and other providers (e.g., teachers, social workers) on how to support families experiencing IPV.

See Appendix A for more information on restorative justice and mediation programs for IPV survivors and perpetrators and guiding principles for working with incarcerated mothers. 🇺🇸

 Local survivors noted that the following would improve their experiences with criminal court:

- A private space in court to meet with a confidential advocate or support person
- Alternatives to criminal court, including mediation, restorative justice approaches, or other community-based, family centered approaches
- Comprehensive and linguistically accessible information about survivor's rights, options, and the overall legal process
- Counseling to address self-esteem, confidence, and fears associated with criminal court

 Local providers noted a need for the following enhancements to criminal court:

- Increase funding for DV-related staff and resources at Family Justice Centers, Family Court, and Juvenile Court
- Make arraignment information available online
- Provide survivors with a confidential advocate to fully explore their options, including arranging peaceful orders

III. Cross-Sector Collaboration

Working collectively with other sectors to advance a common agenda to address IPV

People who are impacted by IPV often interface with a range of systems and services. Professionals from different sectors need to work together to streamline participants' experiences, increase coordination, and share information with one another. These recommendations seek to leverage cross-sector partnerships to reduce IPV-related lethality and homicides, invest in initiatives that foster collaboration, improve homeless prevention and housing services for survivors, and address the needs of LGBTQ individuals who are impacted by IPV.

9. Continue to improve and develop a system-wide approach to lethality and homicide reduction

"I decided to call the police because he threatened to kill me and had a knife."

—Local IPV Survivor

Most women killed by their intimate partners had rarely been engaged by DV advocates or other service providers.⁴² IPV homicides can be prevented by identifying factors associated with lethality and engaging multidisciplinary teams to ensure victim safety and batterer accountability. This approach can improve the identification of lethality risk factors and strengthen collaboration between service providers who promote victim safety and those who hold batterers accountable. Evidence-based

mechanisms for reducing lethality are tailored to individuals' needs and include collaborative, multidisciplinary efforts. This is of particular relevance in Santa Clara County, where the large population of immigrant and refugee women is overrepresented among IPV-related homicide victims⁴³ and faces additional barriers to engaging the formal service system.

Two promising models for better identifying lethality, keeping victims safe, and increasing batterer accountability are the Lethality Assessment Program (LAP) and the DV High Risk Team (DVHRT) model.

In 2015, the Police Chiefs' Association of Santa Clara County included the LAP as part of its mandatory patrol response. The LAP is collaboration between law enforcement and nonprofit DV agencies. Patrol officers administer the tool, which uses a list of lethality indicators, and support victims to seek DV services to prevent serious injury or death. DV providers are contacted using a 24-hour crisis line at the scene and victims are contacted by DV advocates shortly after the incident. However, County stakeholders have identified a lack of consistent and robust implementation and recommend the LAP be implemented as intended.⁴⁴ ⁴⁵ They point to a need for further training for law enforcement and participating DV programs on the LAP and Danger Assessment tool and an increase in confidential victim advocates to support implementation. Additionally, ongoing data collection and



Local providers agreed that the Lethality Assessment Program (LAP) should be implemented as intended, and shared:

- Increased communication, coordination and collaboration between DV victim advocates and providers that work with perpetrators would make the LAP more efficient and effective.
- Law enforcement needs additional training in order to implement the LAP more consistently.
- The LAP requires additional engagement and buy-in from Police Department Supervisors.

evaluation—a core component for assessing LAP implementation and outcomes—has not yet begun.

The Santa Clara County DV Council has been studying the feasibility of implementing a DVHRT in Santa Clara County. The DVHRT model is a nationally-recognized DV homicide prevention program that incorporates an evidence-based risk assessment into a community's DV response system to better identify the most lethal cases. Once identified, a multidisciplinary team monitors cases, shares information, and implements intervention plans to mitigate the danger. A DV organization manages the program, and the team is most often composed of representatives from DV organizations, law enforcement, legal services (if needed), social services and/or Child Protective Services (if children are involved), Batterer Intervention Programs, Probation, and others as appropriate.

See Appendix A for more information about the Lethality Assessment Program and the DV High Risk Team model.



Local providers supported piloting the High-Risk Team model, and noted:

- Family Justice Centers should be involved in the pilot.
- Representatives from batterer intervention programs (BIPs) should help identify high-risk perpetrators and provide updates on perpetrator service participation.
- This model should include supports for the person causing the violence, such as housing, mental health services, and 52-week BIP monitoring.



10. Invest in cross-sector initiatives to address IPV intervention/prevention among the County, cities, schools, nonprofit organizations, and healthcare providers

“Sometimes the process feels like a labyrinth.”

—Local IPV Survivor

Survivors face many barriers to accessing services and often have to navigate multiple agencies and painfully recount their experiences each time. One survivor recalled, “I had to keep telling my story again and again which was very painful.”

Cross-sector efforts between the County, cities, schools and nonprofit agencies can create opportunities to share resources, enhance and coordinate services and supports, strengthen continuity of care, and provide survivors with easier and more efficient pathways through services. There are additional opportunities for collaboration with health care providers, universities, and sexual assault and human trafficking providers.

Creating more linkages and fostering coordination among service providers will entail creating partnerships and combined training opportunities and collecting data to evaluate these efforts. Task Force and workgroup members recommend that cross-sector initiatives prioritize implementing tools and assessments (e.g., building on support provided to law enforcement by the District Attorney’s Office and the Office of Women’s Policy around the use of the Lethality Assessment Program); improving cultural competency and immigrant relations; ensuring that policies and protocols are survivor-driven and trauma-informed; and addressing sexual assault and human trafficking.

Santa Clara County has a history of being a dedicated and action-oriented community and can leverage this commitment and the deep expertise of its professionals to address violence and abuse. Workgroup members recommended that the County continue sustaining and building on existing successful models of multi-disciplinary coordinated services that focus on victims of IPV, such as Family Justice Centers.

See Appendix A for more information about promising practices for cross-sector collaboration to prevent IPV and other forms of violence.



Local survivors voiced a need for:

- A centralized intake system or “single window” for survivors
- More coordination and referrals across systems



Local providers recommended that cross-sector stakeholders:

- Coordinate and connect the dots across agencies
- Cross-train child welfare, DV and juvenile court system personnel
- Share information across systems to strengthen prevention

11. Collaborate with the Office of Supportive Housing, the Continuum of Care, the Housing Authority and homeless providers to prioritize IPV survivors for homeless prevention and housing services, including undocumented survivors

Individuals who are fleeing or attempting to flee DV, have no other residence, and lack the resources or support to secure other housing meet the criteria for one of four federally-defined categories of homelessness.⁴⁶ In Santa Clara County, nearly half of homeless families with children have reportedly experienced DV, with one-fifth reporting DV as the primary cause of their homelessness—second only to job loss.⁴⁷ However, the current supply of shelter and housing for survivors and their families does not meet the need. In 2015, the local Domestic Violence Council identified housing for survivors and children as one of the County's most critical IPV issues.⁴⁸ The County's DV emergency shelter system has 63 beds and turns away over 2,300 requests annually.⁴⁹ Moreover, about one-quarter of survivors who leave shelter go into another shelter instead of into safe and more stable housing.⁵⁰ The general shelter system is not appropriate for survivors as it does not comply with state-mandated provisions that ensure safe and confidential services.⁵¹ Still, due to the common co-occurrence of DV and homelessness and the lack of sufficient DV emergency shelter beds, survivors are often sent back and forth between homeless shelters and DV agencies.



Local providers recommended:

- Adjust the supply of different types of DV housing and supports to align with survivors' needs
- Create dedicated staff position(s), with flexible funding and the authority to make changes, to convene and coordinate stakeholders (from the Office of Supportive Housing, Continuum of Care, Housing Authority, shelter and housing service providers, etc.)
- Ensure that the common assessment tool is appropriate for survivors (e.g., trauma-informed, promotes full disclosure) and that those who administer it have proper training

A relatively small proportion of beds in Santa Clara County's shelter and housing continuum are dedicated to DV survivors:

6%



(63 of 987) of emergency shelter beds*

1%



(18 of 1,389) of transitional housing beds †

25%



(15 of 61) of rapid rehousing beds

Not linked with coordinated entry/DV shelter system; Do not meet mandatory service areas for comprehensive, quality services; Have income

6%



(195 of 3,014) of permanent supportive housing †

* Meet mandatory service areas for DV, confidential location

† 9 bedrooms, max occupancy = 18 (Source: HomeBase, The Center for Common Concerns and David Paul Rosen and Associates, "2015 Homeless Service Facility Asset Study.")

Source: Harder+Company Community Research, "Innovative Housing Models for Domestic Violence Survivors, 2017." YWCA Silicon Valley.

Each bed icon represents approximately 60 beds.

The US Department of Housing and Urban Development's Continuum of Care Programs use a standardized assessment tool to prioritize candidates for housing using a systemized score. Federal law requires that communities develop parallel or alternate local coordinated entry processes that protect DV survivors.⁵² This allows for local flexibility in designing, tailoring, and using assessment tools, and provides recommended principles (e.g., sensitive to lived experiences, necessary information, cultural competence, user-friendly) to ensure that assessment processes are victim-centered.⁵³ Santa Clara County's current coordinated assessment system uses a standard tool (the VI-SPDAT) that considers the household's situation and identifies the type of housing program to best address their situation.⁵⁴ However, local providers reported that this tool does not accurately assess survivors' needs and safety risks, can be traumatizing for survivors, and requires training and experience to administer properly. Workgroup members agreed that the VI-SPDAT can be traumatizing for survivors, adding that it does not distinguish between the past and current experience of DV and that survivors may withhold important information that they believe will jeopardize their eligibility for housing.

Consequently, the Task Force recommends IPV survivors are prioritized by the County for chronically homeless services according to HUD's chronically homeless category IV definition: "individuals who are fleeing or attempting to flee DV." It also recommends the development of a coordinated and confidential central point of entry for IPV survivors seeking emergency shelter or housing that leverages existing confidential intake and/or crisis line(s) based in local nonprofit DV shelter programs. This will require resources for internal infrastructure, technology, and staffing. As part of these efforts, the County may wish to look to alternative assessment tools that prioritize survivors' needs such as the Safety and Stabilization Assessment tool developed in Multnomah County, Oregon and the Domestic Violence Safety Assessment Tool (DVSAT) developed in New South Wales, Australia.

See Appendix A for more information about assessment tools that prioritize survivors' needs.



12. Coordinate with the LGBTQ Office of Affairs and other relevant departments to identify and prioritize the needs of LGBTQ community and implement targeted initiatives

IPV services for victims and perpetrators are primarily geared toward cisgender people in heterosexual relationships. However, nationwide, LGBTQ individuals report rates of intimate partner violence equal to or higher than heterosexual individuals, though such violence is often overlooked by medical professionals.^{55 56} According to the 2013 Status of LGBTQ Health report released by the Santa Clara County Public Health Department,⁵⁷ over one-fifth of LGBTQ survey respondents reported having been hit, slapped, pushed, kicked, or physically hurt by an intimate partner, and more than 1 in 10 had been forced to have unwanted sex by an intimate partner. Study participants described their reluctance to report violence to law enforcement out of fear of stigma and discrimination, which can be exacerbated when they are part of other marginalized groups (e.g., communities of color, those formerly involved with the justice system). Many also reported having experienced unfair or discriminatory treatment from law enforcement.


In FY 2015-16, the LGBTQ Committee of the Domestic Violence Council reserved a booth at Silicon Valley Pride and distributed IPV education materials and resources. Its goals in FY 2016-2017 are to continue focusing on the LGBTQ community, including improved data collection and training opportunities.

However, more remains to be done to ensure that DV and related services are responsive to this group's unique needs. The Status of LGBTQ Health report offers the following recommendations for increasing awareness and building capacity in a range of sectors:⁵⁸


- Address the shortage of LGBTQ-friendly and LGBTQ-knowledgeable service providers through competency training.
- Improve awareness of available services among LGBTQ residents through education, outreach, and directories or inventories.
- Provide additional funding, training, and technical support for existing LGBTQ services so they can be expanded and coordinated. Support legislation and develop policies to ensure consistent and equal treatment of LGBTQ people and families.
- Revise forms and procedures to be more inclusive of LGBTQ individuals and families and streamline access to services.
- Increase the visibility of the LGBTQ community to encourage social and self-acceptance.

The Task Force believes that the local LGBTQ Office of Affairs and the LGBTQ Committee of the Domestic Violence Council are well-positioned to advise on and support efforts to identify this community's needs and design tailored approaches to IPV prevention and intervention.

See Appendix A for more information about trainings and innovative practices for IPV in LGBTQ communities; Open Minds Open Doors (guidance for making DV programs more inclusive of LGBTQ survivors); and Project EQTY (a capacity building effort in King County to increase efficacy and quality of services and supports to LGBTQ homeless youth). 🏠

 Local survivors noted the need for increased awareness about the dynamics of IPV in the LGBTQ relationships, including:

- Challenging homophobia and stereotypes about gender roles
- Dominant aggressor training for police and judges
- More opportunities for LGBTQ providers and DV organizations to work together

 Local providers recommended:

- Acknowledge intersectionality with other identities (e.g., people of color, youth)
- Conduct targeted outreach and secure paid, qualified staff to focus on LGB and transgender communities
- Create a dedicated access line and/or community-developed crisis response
- Encourage conversations about DV within the LGBTQ community through discussion forums
- Raise awareness about, and increase services for, DV involving same-sex couples and transgender individuals

IV. Mobilizing Communities and Neighborhoods

Creating opportunities for community members to become agents of change and address social norms that impact IPV

While traditional models place providers or “experts” at the center of public health initiatives, community members provide valuable perspectives and can serve as powerful change agents. Engaged community members can convey messages that resonate with their community and encourage others to take action. This strategy aims to leverage community assets and protective factors against violence through place-based initiatives in local neighborhoods.

13. Support place-based strategies and initiatives in neighborhoods and gathering spaces to leverage community assets and increase protective factors against violence

Effective responses to IPV must consider individuals and families within the context of their home environment, neighborhood, and larger communities to which they belong.⁵⁹ People experiencing DV most often turn to friends, family, or neighbors before going to service providers or law enforcement, highlighting the importance of engaging community members and leveraging their expertise (e.g., cultural values, traditions, and practices) to support survivors and their families.⁶⁰ Notably, neighborhoods in which residents do not support or trust each other are more likely to have residents who experience IPV and other types of violence.⁶¹ Place-based strategies that build on a community’s assets have the potential to promote holistic, comprehensive supports and services that meet individual and community needs.⁶²

In addition to being based in specific neighborhoods, these strategies may also be grounded in other spaces where people gather, such as community centers, recreational areas, restaurants, and online venues.

Several initiatives in Santa Clara County are already developing place-based strategies in partnership with local communities. The East San Jose PEACE Partnership, an Accountable Community for Health, is a comprehensive violence prevention effort to advance health, peace and empowerment in three zip codes: 95116, 95122, and 95127. It is one of six pilots in California supported by the California Accountable Communities for Health Initiative, which aims to create and sustain prevention strategies in community and health care settings to improve health outcomes and advance equity. In 2015, the Public Health Department launched the Active and Peaceful San Ysidro Project, a resident-led action planning process to develop a vision for the park and neighborhood that addressed chronic diseases and violence with place-based strategies.⁶³ Additionally, the Probation Department created a restorative justice program for youth who committed minor offenses; instead of engaging with the criminal justice system, minors and their parents meet with a Neighborhood Accountability Board made up of community members to decide how to proceed.

See Appendix A for more information about restorative justice models for survivors and perpetrators. ➕

V. Fostering Coalitions and Networks

Convening groups and individuals for broader goals and greater impact to address IPV

Collaborative efforts are crucial to the success of any large scale public health initiative. Coalitions and networks promote trust and cooperation, reduce duplication and leverage scarce resources, and can ultimately accomplish more than what any individual organization can achieve on its own. These strategies center on developing a comprehensive vision that links IPV with related forms of violence and creating a biennial report about gender-based violence to inform action.

14. Develop a comprehensive strategic vision to prevent IPV by coordinating prevention efforts across different forms of violence (child abuse, human trafficking, sexual assault, elder abuse, gang violence, etc.)

Research shows that different forms of violence are strongly interconnected and share common features, including associated risk and protective factors.⁶⁴ Consequently, policy and prevention efforts must include the effects of all types of violence. Specialized violence prevention efforts (e.g., those focused on child abuse, elder abuse, gang violence, IPV, human trafficking, sexual assault) in Santa Clara County should work together to develop a comprehensive strategic plan and a shared understanding of the interconnectedness of violence and abuse. Recognizing and addressing the linkages between multiple forms of violence and abuse can enable providers and advocates to leverage resources, knowledge, and expertise to more effectively protect individuals and communities from violence.

A range of local stakeholders, including providers and survivors, emphasized the interconnectedness of IPV and violence experienced by children. Workgroup members also noted that children's exposure to IPV is detrimental and must be integrated into school curricula and provider training.

Related initiatives in the County include School Linked Services⁶⁵ and the Santa Clara County Greenbook Initiative,⁶⁶ among others. Local coalitions and networks that are well-positioned to participate in these efforts include the Santa Clara County Domestic Violence Council,⁶⁷ Domestic Violence Death Review Committee,⁶⁸ and Child Abuse Council.⁶⁹

See Appendix A for more information about promising practices for coordinated efforts to prevent different forms of abuse.

15. Collaborate to gather and analyze data for a biennial gender-based violence report

Regularly collecting high-quality data on IPV can help shed light on current needs and best practices. Generating disaggregated data (e.g., by sexual orientation, gender identity, race and ethnicity, immigration status) enables providers and decision makers to better meet the specific needs of unique groups. Such a report could also include information about the direct and indirect costs of IPV for individuals and/or the County as a whole. Task Force members pointed to the need for a holistic countywide study about strengths and gaps in the DV service system.

Related data gathering initiatives include the Santa Clara County Public Health Department's Santa Clara County Violence Profile 2012, Status of LGBTQ Health 2013, Intimate Partner Violence Quick Facts 2016, and the Behavioral Risk Factor Survey conducted every three to four years countywide. Also, the Domestic Violence Death Review Team Annual Report publishes data on DV-related homicides and the number of DV cases reviewed and filed by the District Attorney's Office for DV-related crimes.

See Appendix A for more examples of efforts to gather and analyze data on gender-based violence. 🇺🇸



Local survivors noted that the following assets—which can be informed by data—are needed in Santa Clara County:

- Culturally, linguistically, and age-appropriate services
- Specialized, affordable, and accessible legal services (e.g., attorneys with expertise in family or immigration law)
- Specialized services for immigrant and LGBTQ individuals



Local providers requested reports that include:

- Coordinated efforts to form common research questions
- Data on the effects of DV on children beyond physical abuse
- Engagement of people who are familiar with the community to interpret data
- Longitudinal studies that follow the trajectories of multiple cohorts of children

VI. Educating Providers

Informing providers who will transmit skills and knowledge to others on IPV prevention, intervention, and best practices

Direct service providers, first responders, and educators are well-positioned to share information, skills, and motivation with their clients, students, and colleagues. When equipped with a solid understanding of prevention, providers can also be highly effective advocates for policy change. The recommendation below seeks to ensure that providers have the tools to adequately recognize and respond to IPV.

16. Provide training/cross-training to ensure first responders, practitioners, and educators adequately respond to IPV, including education on racial and health inequities and linkages between multiple forms of violence

People impacted by IPV often experience a range of needs that require them to interact with systems and providers in different fields. Here, “first responders” refers to those who have initial contact with people impacted by IPV, such as medical professionals and law enforcement officials. “Practitioners” refers to more traditional DV service providers such as social workers, case managers, housing providers, and legal advocates, as well as educators. Given survivors’ multifaceted service needs and the often complex context in which IPV occurs, first responders and practitioners who provide specialized services often do not have the training or tools to fully understand or respond to different types of situations. Inadequate responses to IPV can be exacerbated by structural and historical racial injustices. Moreover, IPV is frequently linked to other forms of violence that share the common risk factors, such as rigid social beliefs about what is “masculine” and “feminine,” lack of job opportunities, and exposure to violence or instability at the home or in the community.⁷⁰ These interconnected forms of violence include sexual violence, child maltreatment, bullying, suicidal behavior, and elder abuse and neglect.⁷¹

In order to provide comprehensive, quality services to individuals affected by IPV, providers and first responders need training on best practices for supporting survivors and their families, including trauma-informed and survivor-driven approaches. They also need training on how to address the unique needs of under-reached, underserved, and marginalized communities. Specific training topics may include, but are not limited to, language access, providing safety and support to the LGBTQ community, confidential support services for survivors, as well as more specialized information for law enforcement officials (e.g., restraining order enforcement, the Lethality Assessment tool, stalking, strangulation injuries, officer safety, determining the dominant aggressor). Local stakeholders with expertise in certain areas may be well-positioned to provide cross-training to their colleagues in other sectors and systems.

See Appendix A for more information about promising practices for educating providers and cross-sector trainings. ➦



Local survivors recommended trainings that:

- Enable a range of providers and first responders to deliver trauma-informed care
- Increase providers’ understanding of marginalized communities’ needs
- Promote timely responses and interventions from first responders



Local providers suggested:

- Trainings on how to work with the following populations: people experiencing homelessness; non-citizens and the undocumented; people with mental health needs or physical disabilities; LGBTQ survivors and perpetrators; human trafficking victims; and non-English-proficient individuals
- Trainings on family-oriented approaches and the intersectionality of housing, IPV, and mental health
- Enabling law enforcement and service providers to shadow each other to better understand one another’s systems

VII. Promoting Community Education

Reaching groups of people with information and resources to promote healthy and safe relationships

In addition to providing people with new information, community education—which may target specific groups or the general population—can build a critical mass of support for healthier behavior, norms, and policy change. Efforts such as media campaigns have the potential to increase awareness, change attitudes, and increase public will for future policy change. These strategies focus on efforts in K-12 schools and in the workplace, as well as community awareness more broadly.

17. Implement comprehensive strategies to prevent and address intimate partner violence in schools K-12

The California Healthy Youth Act mandates that school districts provide students with integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention education at least once in middle school and once in high school.⁷² Additionally, Title IX requires that schools:

- distribute a written non-discrimination policy to students, faculty, and parents, including information about sexual harassment;⁷³
- establish a grievance procedure for handling complaints of sex discrimination, sexual harassment or sexual violence;⁷⁴
- ensure that “responsible employees” with the authority to address sexual harassment are trained to respond appropriately to reports of sex discrimination, sexual harassment and sexual violence;⁷⁵ and
- designate a Title IX coordinator.⁷⁶

However, a 2015 survey of 116 Bay Area schools found that many districts and schools did the bare minimum to comply with Title IX or were not in compliance with all of these requirements.⁷⁷ Schools must work to ensure that all forms of sex discrimination—including dating and domestic violence, sexual assault, and stalking and harassment—are included in their activities and policies. Task Force members underscored the importance of including universities in plans to reduce violence in schools. Services should be also tailored to the unique needs of LGBTQ individuals,⁷⁸ undocumented immigrants, and communities of color.

Current local initiatives to combat IPV in schools include the Santa Clara County Public Health Department Healthy Teen Relationship Campaign,⁷⁹ the California Healthy Youth Act,⁸⁰ Santa Clara County Office of Education’s Safe and Healthy Schools Department,⁸¹ and School Linked Services.⁸² YWCA Silicon Valley does programming in schools for healthy relationships, sexual assault prevention, consent and Title IX, and Community Solutions provides education on healthy relationships, sexual assault prevention and human trafficking in schools.

See Appendix A for more information about these and other strategies to prevent and address intimate partner violence in schools.



Local survivors recommended the following to address IPV in schools:

- Curricula on healthy relationships, including controlling behavior and verbal abuse
- DV education for preschool teachers
- Readily accessible information about DV in schools
- Teachers who look for informal opportunities to talk about DV in classrooms



Local providers noted a need for:

- Curricula on healthy relationships and violence
- DV coordinators on campus
- Involvement of local nonprofits
- Mental health counselors for students and staff
- Targeted programs for K-3
- Training for school staff

18. Implement a violence and abuse prevention community awareness campaign

Community awareness campaigns can alter social consciousness, encourage people to change their actions to promote healthy relationships, and provide information about options and resources. A range of local stakeholders, including Task Force members and survivors, reported that awareness campaigns should be tailored to different audiences including survivors, children, family members, and the person causing the violence.

Messaging priorities include the impact of IPV on victims, children, and other family members; identifying signs of unhealthy relationship behaviors; bystander intervention; where to turn for safety and advice; gender equality; and that anyone can experience IPV. Community awareness campaigns should also be culturally and linguistically appropriate. Priority populations for these efforts include immigrants,⁸³ those who speak English as a second language,⁸⁴ ⁸⁵ LGBTQ individuals,⁸⁶ children and teens, men, and older adults.

Santa Clara County has numerous community awareness campaigns that align with these efforts. These include the Public Health Department's Healthy Teen Relationship Campaign, which drew on the evidence-based Safe Dates Curriculum,⁸⁷ social marketing strategies such as the Safe Dating Santa Clara County awareness and education campaign,⁸⁸ and the Adult Influencer Training and Engagement. The Public Health Department's *Violence Free Communities* and *We All Play a Role Campaign* are also working to increase safety, respect, empowerment, and trust in communities, and grow knowledge in nonviolent approaches. Local DV service organizations, such as YWCA Silicon Valley, Next Door Solutions to Domestic Violence, and Community Solutions, provide prevention education workshops and presentations in schools, youth-serving agencies, colleges/universities, business, community organizations, and social services agencies, and have supported other community awareness campaigns.

See Appendix A for more information about public awareness campaigns outside the County.



Local survivors felt that an IPV community awareness campaign should include:

- Culturally relevant messaging
- Messaging by respected community leaders (e.g., teachers, community center staff, respected elders)
- Teen dating violence awareness month and/or a youth-led social media campaign
- Venues such as churches; K-12 schools and colleges; high-traffic spaces (e.g., bus stops, laundromats, informational stands on the street); different forms of media (e.g., social media, television, radio, posters and billboards)

19. Promote the prevention of IPV, sexual violence and stalking in the workplace among employers in Santa Clara County

“When I brought to the attention of Santa Clara County that I was sexually assaulted and [there was] attempted rape, they should have had a group to help. I am a county employee.”

Because many adults spend a substantial portion of their waking hours at work, addressing IPV prevention and intervention in the workplace is a key opportunity to help people move from victims to survivors and make workplaces safer for all.⁸⁹ Workplace violence ranges from offensive or threatening language to sexual violence—such as sexual harassment, sexual assault, stalking, and dating violence—to homicide.⁹⁰ Women are about eight times more likely to experience on-the-job intimate partner homicide than men⁹¹ and about one-third of women killed in workplaces are killed by a current or former intimate partner.⁹²


—Local IPV Survivor

IPV can affect people in the workplace in the form of threatening phone calls or on-site harassment. It can increase workplace absences because of injuries and decrease productivity due to extreme stress. People affected by IPV report missing an average of seven days of work after an attack,⁹³ having difficulty concentrating on work tasks,⁹⁴ and being fired or asked to leave their jobs due to IPV.⁹⁵ ⁹⁶ In 2003, the Centers for Disease Control and Prevention estimated the annual cost of IPV rape, stalking, and physical assault to be \$5.8 billion, due to lost productivity from paid work and household chores and direct medical and mental health care services.⁹⁷ Task Force members also highlighted the prevalence of wages being taken by intimate partners as well as labor trafficking incidents in which an intimate partner is the trafficker.

Research suggests that employer initiatives to prevent and respond to domestic and sexual violence and stalking impacting the workplace should include safety audits (to prevent potential perpetrators’ access to the workplace and employees), threat assessments (in collaboration with employees experiencing violence), supportive responses in the aftermath of a violent incident.⁹⁸ While sexual violence crosses all socioeconomic lines, marginalized communities—such as both undocumented and documented immigrants⁹⁹ and people living in poverty¹⁰⁰—are at an increased risk for IPV victimization in the workplace. Public sector employees are a priority population in Santa Clara County, as the annual rate of workplace violence against government workers in the United States is still more than twice that of their private sector counterparts.¹⁰¹ Other groups who are at a higher risk of workplace abuse and have indicated not feeling comfortable taking action due to fear of retribution include low-wage workers (such as people working in the restaurant and service industry)¹⁰² and domestic workers.¹⁰³ ¹⁰⁴

The County of Santa Clara Workplace Violence Prevention Policy is one local initiative that targets employers.¹⁰⁵

See Appendix A for more information about promising practices for preventing different forms of violence in the workplace by providing relevant information to employers and employees. 🏠

 In order to prevent and address IPV in the workplace, local survivors recommended:

- Counseling to promote coping skills
- More information about legal policies
- Support groups at work
- Training for community members to identify survivors
- Training on how to be trauma-informed (e.g., aware of survivor tendency to self-blame; able to listen without inserting personal perspective)

VIII. Strengthening Individual Knowledge and Skills

Enhancing an individual's capacity of preventing IPV and promoting safety in relationships

Individual skill-building is a common and effective approach to helping people learn healthy behaviors, change unhealthy habits, and prevent harm. It is most impactful when reinforced over time and/or through community norms and practices. These recommendations focus on increasing financial empowerment for survivors and improving services for children and families exposed to IPV.

20. Provide empowerment services and programs for survivors to increase financial and economic security

"I had to quit my job because of domestic violence. I am a foreigner here and I don't have a network and connections to find a good job."

—Local IPV Survivor

Financial empowerment and economic security can enable survivors to leave violent relationships sooner and access resources for leading healthier lives. Self-sufficiency services for survivors can include a range of supports such as job training, job search assistance, employment-related workshops and trainings, help with basic financial obligations (e.g., bills, rent, groceries), childcare, and microloans. The Task Force also identified a need for survivors to increase their financial literacy, in line with research noting the value of financial counseling for survivors.¹⁰⁶

While all local DV agencies maintain flexible empowerment funds, additional resources and flexibility would enable them to better meet survivors' unique needs. Offering flexible supports for essential expenses, ranging from work uniforms to auto repair, allows providers to better meet survivors' needs and positively impact their well-being.¹⁰⁷ However, local providers noted that the funding they receive often requires cumbersome paperwork for participants, eligibility requirements (e.g. social security number, proof of income), and/or other restrictions that prevent survivors from accessing needed services and supports. These barriers disproportionately affect those who are undocumented and/or from other marginalized groups who are unable to provide needed documents or meet other eligibility criteria.

At the local level, Next Door's Self-Sufficiency Program is designed to promote economic self-sufficiency and empowerment.

See Appendix A for promising practices for promoting financial empowerment and economic stability from outside the County.



Local survivors cited a need for the following services to build economic security:

- Childcare without restrictive income requirements
- Services to meet basic needs such as food, rental assistance, and housing
- Financial coaching
- Information and services in multiple languages
- Job search assistance
- Services that boost one's self-esteem and confidence to pursue jobs (e.g., counseling, therapy)



Local providers recommended:

- Having separate self-sufficiency programs for young adults
- Credit repair, flexible funds to pay debt, matched savings programs, and lending circles
- Mental health services to enable survivors to become and remain financially empowered and self-sufficient
- Providing reliable childcare and adequate transportation (i.e., to attend job interviews and workshops and hold full-time positions)


21. Improve services for children exposed to IPV and their parents, including critical support services for children and families in marginalized communities (e.g., LGBTQ, undocumented immigrants and communities of color)

Children who are exposed to IPV, as well as their parents and caregivers, need support to heal from trauma and mitigate the negative effects of violence and abuse. Children who experience trauma, such as witnessing IPV incidents, are at a greater risk for alcohol and substance abuse, smoking, obesity, heart disease, suicide attempts, unintended pregnancy, and future violence victimization and/or perpetration.¹⁰⁸ These children need targeted and trauma-informed support and services, including counseling for children; guidelines for therapists working with children who are exposed to DV; policies and procedures that encourage youth to report abuse at schools; and training for teachers and school staff.^{109 110 111} In addition, LGBTQ individuals (adult survivors, their children, youth survivors, and perpetrators) need tailored services—including shelter, housing, mental health, restraining order enforcement, and abuse prevention interventions—that are culturally appropriate^{112 113}.


The County's key priorities in this area include funding targeted services for children exposed to IPV; researching the needs of under-reached, underserved and marginalized communities; and identifying best practices for addressing those needs. Another important next step for the County is improving coordination between the systems that serve children and youth to enhance service linkages.

These efforts can build on the Santa Clara County Domestic Violence Council's Children's Issues Committee research on how schools and community-based organizations respond to children exposed to IPV in local school districts;¹¹⁴ research and recommendations for addressing the needs of incarcerated mothers who are victims of IPV in the Elmwood Complex Women's Facility;¹¹⁵ and the Santa Clara County Department of Family and Children's Services activities to support adult victims of IPV, their children, and those who use violence.¹¹⁶

See Appendix A for more information about promising practices for improving services for children and their families who are exposed to IPV from outside the County. 🏠

 Local survivors noted the following service needs for children exposed to IPV and their parents:

- Education and support for children and youth
- Legal advocacy
- Meaningful access to childcare
- Meaningful access to housing and/or shelter
- Services accessible to immigrants

 Local providers recommended:

- Build on the family justice center model
- Expand service times and offer childcare
- Improve service quality and provide culturally appropriate services
- Use a "no wrong door" approach
- Streamline service accessibility

Next Steps

A Message from the Santa Clara County Office of Women's Policy

This report is the culmination of nearly two years of the collective work of the Intimate Partner Violence Blue Ribbon Task Force. In an unprecedented effort to generate mutually reinforcing and multi-faceted strategies to impact intimate partner violence (IPV), the Board of Supervisors convened experts in IPV to work collaboratively toward a vision for Santa Clara County residents to have healthy and safe relationships.

This report is more than a summary of the hard work: it is a veritable blue print for us all, with strategies and recommendations that promote a multifaceted range of activities that policymakers, funders, service providers, and the community at large can use for effective prevention of IPV in Santa Clara County. Violence is preventable and the recommendations set forth in this report can and should serve as a roadmap for preventing and reducing IPV.

Taking action will require a continued commitment to full implementation, policy development and alignment, and systems coordination. In order to maintain the momentum created by the Task Force, all stakeholders who contributed to the development of these recommendations will need to continue championing IPV prevention as a priority. This also includes expanding our base of supporters and engaging new allies who are dedicated to ending violence in our community to help implement these recommendations.

Additionally, the Task Force by-laws call for ongoing IPV-related evaluation and analysis. The outcomes identified by the Task Force's Theory of Change are a starting point for our County to identify measurements of success related to IPV. The strategic and intentional implementation of these recommendations will allow Santa Clara County to achieve its ultimate goal of preventing IPV. Creating meaningful, sustainable change for those impacted by IPV is within our reach because of the work of this Task Force.



Since 1998, the Santa Clara County Office of Women's Policy (OWP) has championed the needs of women and girls. With the addition of dedicated staff to address gender-based violence in 2013, OWP has solidified its engagement in local, regional and national dialogues on IPV. OWP has proudly served as backbone to the Task Force and is committed to maintaining this role in the next phase of implementation. OWP will strive to ensure that these recommendations lead to interrelated actions, and a synergy that results in greater IPV prevention than would be possible by implementing any single activity in isolation.

The culmination of the Task Force and of this report brings Santa Clara County to a crossroads of vision and action. We believe we have simply worked too hard to only come this far and therefore we invite each of you to answer this call to action and join us as we begin to implement the work that lies ahead.

Acknowledgments

Intimate Partner Violence Blue Ribbon Commission Chairs

Supervisor Cindy Chavez, Chair
Supervisor Ken Yeager, Vice-Chair
Esther Peralez-Dieckmann, former Director of the Office of Women's Policy, 2nd Vice-Chair
Carla Collins, Interim Director of the Office of Women's Policy, 2nd Vice-Chair
Tanis Crosby, Chief Executive Officer, YWCA Silicon Valley, 3rd Vice-Chair

Santa Clara County Board of Supervisors

Supervisor Dave Cortese, President, District 3
Supervisor Mike Wasserman, District 1
Supervisor Cindy Chavez, District 2
Supervisor Ken Yeager, District 4
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Intimate Partner Violence Blue Ribbon Commission

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Clerk of the Board

Kristen Lecuyer-Benavidez, Board Clerk II

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Aimee Fribourg, Senior Research Consultant
Katharine Sidelnik, Research Associate

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Appendix A: Additional Research and Resources

This appendix contains additional research and resources for selected recommendations (but is by no means an exhaustive list), and focuses primarily on information and initiatives from outside Santa Clara County.

2. Research, assess and improve the County's criminal justice response to IPV through coordination and removal of system barriers

Blueprint for Safety

The Blueprint for Safety¹¹⁷ is a prototype that can be used by any community hoping to link its criminal justice agencies together in a coherent, philosophically sound domestic violence intervention model. It is anchored in six foundational principles that we have identified as essential characteristics of intervention that maximize safety for victims of domestic violence and hold offenders accountable while offering them opportunities to change. The foundational principles are:

1. Adhere to an interagency approach and collective intervention goals
2. Build attention to the context and severity of abuse into each intervention
3. Recognize that most domestic violence is a patterned crime requiring continuing engagement with victims and offenders
4. Establish sure and swift consequences for continued abuse
5. Use the power of the criminal justice system to send messages of help and accountability
6. Act in ways that reduce unintended consequences and the disparity of impact on victims and offenders

Batterer Intervention Programs

Participants of a 2016 Santa Clara County Batterer Intervention Program survey identified the following voluntary support services that would help them maintain non-violent relationships: drop-in groups, having a support person/mentor, a 24-hour hotline, and being a mentor to someone else.

If a person is granted probation for a DV crime, the State of California Penal Code §1203.097 lists the conditions of probation that must be given. Some of the conditions include:¹¹⁸

- A minimum period of probation of 36 months
- A criminal court protective order protecting the victim from further acts of violence, threats, stalking, sexual abuse, and harassment, and, if appropriate, containing residence exclusion or stay-away conditions
- Notice to the victim of the disposition of the case
- Successful completion of a 52 week batterer's program
- The court also shall order the defendant to perform a specified amount of appropriate community service, as designated by the court
- A minimum payment by the defendant of \$500 is to be disbursed according to Section 1203.097

Santa Clara County Probation Department Standards for Batterers Programs and Certification:¹¹⁹

- “The California State Legislature designated sole authority to County Probation Departments to design and implement an approval and renewal process for batterer’s programs and shall solicit input from criminal justice agencies and domestic violence victim advocacy programs (1203.097(c) PC).”
- “The coordinated community response must include integrated criminal justice agency agreements and protocols, close collaborations with victim services and safety organizations, local community involvement, and a commitment to provide adequate community resources for victims and batterers which address cultural and language diversity, housing, mental illness and substance abuse programs.”
- **Program format:** “The Court and the Probation Department will only refer offenders to certified batterers’ programs providing education services which include, but are not limited to, lectures, classes, group discussions, and counseling. The primary method of program intervention shall be group discussions, led by trained co-facilitators, within an established curriculum which shall include strategies to hold the offender accountable for the violence in the relationship. [...] The batterers’ program shall offer ongoing, same gender group sessions, which demonstrate cultural and ethnic sensitivity.”
- **Attendance Requirement:** “Programs may allow up to 3 absences during the 52 weekly sessions. Each absence must be made up and be of the same program content as the missed session. [...] “A fourth absence may be excused under extraordinary circumstance . [...] The fourth absence automatically results in immediate termination from the program. An absence cannot be excused, except by order of the Court.”
- **Program Content:** “All program curricula shall include the following themes, as specified in Penal Code Section 1203.097 (c)(1)(F), with cultural, ethnic, sexual orientation and class sensitivity:”
 - Gender roles
 - Socialization
 - The nature of violence
 - The dynamics of power and control
 - The effects of abuse on children and others

What we know about BIP efficacy:

- Program effectiveness depends on the entire coordinated intervention system, including the following: BIPs, court orders of protection for abuse victims, pro-arrest policies, “no-drop” prosecution policies, and coordinated community response initiatives.^{120 121}
- BIPs have mixed and modest results, with overall mixed demonstrated effectiveness of intervention programs (e.g., feminist-psychoeducational and/or cognitive-behavioral approaches used by states and judicial systems)¹²²
- Mandated treatment one-size-fits all approach fails to meet spectrum of needs and contexts of participants. Potentially exacerbating perpetrators lack of motivation for treatment.¹²³
- A longitudinal 4-year follow-up evaluation in four cities found at least a moderate program effect from the prevailing cognitive-behavioral approach.¹²⁴

- The prevailing cognitive-behavioral approach appears appropriate for most men, but the following enhancements are warranted:¹²⁵
 - Swift and certain court response for violations
 - Intensive programming for high-risk men
 - Ongoing monitoring of risk

What we don't know yet:¹²⁶

- A robust and empirically-backed understanding of programs
- Efficacy of new interventions, e.g., culturally tailored interventions, personality-tailored interventions, or treatments based on etiologies

Promising and emerging strategies:

- Innovative techniques to increase cultural competency, such as language buddies or training cultural brokers as co-teachers.¹²⁷
- Collect ongoing feedback from service providers to identify challenges and opportunities to serving diverse communities.¹²⁸
- Include participants from different cultures or Limited English Proficiency (LEP) in larger group setting while providing supports to ensure they are not isolated.¹²⁹
- Grow trainer capacity to facilitate discussions amongst diverse populations, ensuring participants learn from one another and programming meets their needs effectively and equitably.¹³⁰
- Increasing monitoring in communities, or having a designated Domestic Violence Probation Officer is considered a best practice.¹³¹
- Requiring ethnically and linguistically diverse staff to reflect the communities served.¹³² Santa Clara County currently offers BIPs in four languages (English, Spanish, Vietnamese and Tagalog), and offers the following additional options: mental health BIP, women's groups and an LGBTQ group.
- Engaging group participants with sensitivity to their specific circumstances and the issues facing them in their communities may also improve the effectiveness of the group.¹³³
- Culturally-tailored interventions emphasize social and cultural contexts to shape participant attitudes about violent behaviors and treatment (e.g., for African-American, immigrant Latino, Native men)¹³⁴
- Matching psychological offender type to specific interventions, such as based on frequency of violence, coercive control, and personality characteristic.¹³⁵
- Requiring ethnically and linguistically diverse staff to reflect the communities served.¹³⁶

The Colorado Model

- Perpetrators are evaluated using the Domestic Violence Risk and Needs Assessment (DVRNA).¹³⁷ The tool, currently undergoing validation study, measures the risk of future DV based off factors identified through empirical research. Furthermore, it is used for matching the perpetrator with appropriate treatment.
- Three levels of treatment intensity are offered to perpetrators: level A (low), level B (medium), and level C (high).¹³⁸ Offenders are matched depending on criminal history, substance abuse needs, mental health issues, and pattern of violent behaviors. All treatment levels include two

treatment plans that are reviewed every 2-3 months to take into consideration emerging risk factors.

- Initial study suggests that risk categories are linked to program success rates.¹³⁹ The DVRNA tool is successfully matching perpetrators to the appropriate treatment plan, with 90.5% of Level A offenders completing the treatment, followed by 79.8% of Level B and 45.5% of Level C (note: level A offenders made up only 9.5% of total sample)
- New acts of violence continue to be a barrier to implementation. Each case is addressed individually to determine increase in treatment.
- Drivers to implementation include:¹⁴⁰
 - Multidisciplinary Treatment Teams (MTT) “include the treatment provider, the supervising criminal justice agency, and the victim advocate” to manage and make decisions about treatment level and plan.
 - Colorado Domestic Violence Offender Management Board was committed to evidence-based models and programs
 - Differentiated interventions have replaced ‘one size fits all’ approach
 - Treatment plans incorporate victim advocacy

4. Develop public policies for survivors and children to remain in their home if it is safe to do so

Promising Innovative DV Housing Models

- **Staying Home Leaving Violence**^{141 142} based in New South Wales, Australia, aims to prevent homelessness by working with police to remove the perpetrator from the family home so that survivors and their children can remain safely where they are. The program places accountability on the person causing the violence and ensures survivors and their children are not driven to homelessness or uprooted from their families, friends and schools.
- **Domestic Violence Housing First**^{143 144} is an approach developed in Washington State that focuses on getting survivors of domestic violence into stable housing as quickly as possible, and then providing the wraparound services they need to rebuild their lives. (Housing First is a program approach that focuses on providing people experiencing homelessness with housing as soon as possible, followed by support services to maintain housing.)
- **Home Free**^{145 146}, a Volunteers of America program developed in Oregon, is a nationally recognized best practice model that helps DV survivors secure safe and stable housing as the foundation of their health and well-being. The program houses first and emphasizes a rapid return to permanent housing or helping survivors stay in their current housing if it is safe. The program works with survivors to identify barriers to safe housing, advocates for housing on survivors’ behalf.

Flexible Funding Components of DV Housing First

- Advocates work in partnership with survivors to determine the level of financial assistance needed to meet their immediate needs.
- Advocates do not require survivors to meet goals or participate in services to receive funding.
- Funds may be dispersed directly to survivors or as a payment on their behalf to a landlord, child care provider, car mechanic, etc.
- Unrestricted funds used to support survivors’ housing, employment, and safety. This can include rent and utilities, children’s needs, transportation, work uniforms, etc.

5. Enhance language assistance and meaningful access to services for limited English proficient survivors

Santa Clara County has widely diverse communities. It has the third highest immigration population of the state¹⁴⁷, with approximately 36.8% of the county population born in another country, and 50.8% speak a language other than English at home (population 5 years and over).¹⁴⁸

The OWP survivor interviews and focus groups, and BIP survey revealed the following needs:

- Linguistically and culturally responsive services, especially in the criminal justice system. One respondent said having “truly bilingual officers” would have been helpful. Another recounted, “The police did not provide Spanish language.” Several respondents reported that they needed “help filling out and translating forms.”
- Outreach in communities where language is a barrier. A respondent reflected, “I find that there is not enough outreach, especially in communities where language is the major barrier in connecting with resources. Some organizations do not fully have the information for resources they provide.”
- Language access for BIP participants, and other specific services such as therapy, court interpreters, and general legal and support services.

Best practices for language access^{149 150} include:

- Ongoing training on cultural competency, in-person interpreting, and phone interpreting for staff, which includes how to provide accurate and complete translation services. Additional training topics include how to protect confidentiality of clients; maintain professionalism and impartiality; and practicing self-care.
- Agency has written language access plan, with designated person to coordinate services and corresponding procedures to provide services for Limited English proficiency (LEP) clients.
- Adequate funds allocated for needed language access services.

6. Increase access and support for survivor-defined civil legal assistance

Five agencies, including Asian Women’s Home, Community Solutions, MAITRI, Next Door Solutions, and the YWCA Silicon Valley, provide a comprehensive range of free and confidential services to meet survivors’ legal assistance needs and connect survivors to other support services essential to successfully navigating the court system. Services provided include:

- Emergency shelter and transitional housing;
- 24 hour crisis hotlines;
- Safety planning;
- Counseling and support groups;
- Legal advocacy;
- Children and teen programs; and
- Community education and awareness.

Legal Advocates provide:

- Advocacy and support navigating the complex legal process, including court accompaniment
- Assistance with obtaining restraining orders
- Referrals to quality legal representation when needed

7. Increase support for immigration legal assistance for survivors

The **U visa was created in 2000** to “facilitate the reporting of crimes to law enforcement officials by trafficked, exploited, victimized, and abused aliens who are not in lawful immigration status...while offering status protection to victims of such offenses in keeping with the humanitarian interests of the United States”¹⁵¹

For a victim to qualify for a U visa, she is required to prove:¹⁵²

1. That she suffered substantial physical or mental abuse as a result of the crime;
2. That she has information about the crime;
3. That the crime occurred in the United States including territories or possessions of the United States or was in violation of U.S. law; and
4. That she has been helpful, is being helpful, or is likely to be helpful in detecting, investigating or prosecuting the crime

Department of Homeland Security Position¹⁵³

- The Department of Homeland Security’s U-Visa Law Enforcement Certification Resource Guide states that a resolution of the case is not needed to determine “helpfulness.”

The following reasons for not certifying are **not consistent with DHS policies and positions on the U visa:**¹⁵⁴

1. The criminal was not prosecuted.
2. The crime happened too long ago.
3. The criminal was not arrested.
4. The victim’s case was closed.
5. The victim did not show enough assistance to law enforcement.
6. The victim did not have any or enough injuries.
7. The certifier did not feel comfortable granting legal status.
8. The agency does not know they can certify.
9. Victim may stop cooperating after U visa certification is signed.

Commonly needed services include housing, shelter, counseling, medical care, and advocacy assistance in interacting with government agencies, including law enforcement.¹⁵⁵

8. Create confidential, survivor-defined services at criminal court

The following are international examples of promising restorative justice and mediation programs for IPV survivors and perpetrators.

- Victim-Offender Mediation (VOM) in Denmark is complementary to court proceedings, and can be used at any stage pre- and post-trial. Cases are referred by the police.
- In the Netherlands, restorative justice (RJ) referrals are possible at different stages in the criminal process. Police, public prosecutors, lawyers and judges are required to inform all parties about the option to participate in mediation.
- In the UK (England & Wales), community-based organizations provide RJ in DV cases independently or in partnership with the police, probation, etc. As a result of the Crime and Court Act of 2013, RJ is not mainly organized by communities, but can be required by the public prosecutor and the courts. Officially, the RJ process outcomes will not influence the criminal trial.

Countries with promising practices for better meeting survivor and perpetrator needs

- Austria, RJ integrated in criminal procedure code
- Denmark, VOM
- Greece, pre-trial RJ process and prosecutor supervision
- Netherlands, RJ Referral Process
- UK, Community Based

- In Greece, RJ is a pre-trial measure, and the prosecutor supervises both the process and the actions of other authorities (police, prisons and the officers in the justice system).
- In Austria, RJ was implemented in the Criminal Procedure Code in 2000. The code of criminal procedure regulates referral and dismissal after VOM.

Guiding principles for working with incarcerated mothers¹⁵⁶ include:

- Gender-specific programs for women
- Policies, practices and programs that promote healthy connections to children, family and the community
- Services to address trauma, mental health issues, and substance abuse
- Access to job opportunities to achieve economic stability and a comprehensive reentry system

9. Continue to improve and develop a system-wide approach to lethality and homicide reduction

The Police Chiefs' Association of Santa Clara County annually updates its Domestic Violence Protocol for Law Enforcement. The document includes a protocol for 911 dispatchers; patrol officers responding to domestic violence calls; restraining order protocols; and specific information about military suspects, law enforcement suspects, and juvenile suspects. The document also lists statutes and includes a lethality assessment form for first responders (the use of which was mandated in 2014).¹⁵⁷

The "lethality assessment tool" is now a mandatory part of every domestic violence investigation in Santa Clara County and should be implemented as intended. Implementation should be evaluated.^{158 159}

The Santa Clara County Department of Family and Children's Services Assessment Guidelines for Assessing Lethality in Domestic Violence Cases:¹⁶⁰

- Determining the level of lethality or dangerousness when involved in a domestic violence case is not a clinical decision. Rather, it is a judgment based on systematic and strategic information gathering that requires ongoing assessment as new information is received.
- Lethality or dangerousness is defined as the demonstrated capacity to inflict severe and potentially deadly violence.
- Gathering information from non-family collateral sources on the abusers:
 - Use of and access to weapons
 - History of violent crimes and previous violations of protective orders
 - A lack of prior protective order violations does not indicate, in and of itself, that the abuse is not dangerous
 - Motor vehicle violations involving alcohol intoxication and other arrests related to substance abuse
 - Violence with spouses or children
 - Previously having attended an abuser intervention program that was not followed by a subsequent cessation of violence
 - Suicidality or suicidal ideation

- Gathering information from family members on the abusers:
 - Violence; Severe and irrational jealousy; Threats to punish the victim, the children or the victim's family members; Threats of suicide; Severe isolation; Fearing the loss of his/her partner; Generalized violence
- Information sources:
 - Police arrest reports (obtain report for each arrest, not just the most recent one)
 - Police records of "domestic disturbance" calls at the abuser's or victim's residence
 - The abuser's criminal record
 - A clean criminal history does not indicate that the abuser is not dangerous.
 - The abuser's mental health record
 - The victim's affidavits from past protective/restraining orders
 - All child abuse reports
 - Information provided by: a probation or parole officer; partners or children; the abuser

Lethality Assessment Tool:¹⁶¹

- Purpose of the Lethality Assessment Tool: The evidence based Lethality Assessment form is a user-friendly, straightforward instrument that predicts danger and lethality in domestic incidents between intimate or former intimate partners to a high degree. Research shows that only 4% of intimate partner murder victims ever used domestic violence services. This Assessment encourages victims in high danger to seek domestic violence program services to prevent serious injury or death.
- Santa Clara County Domestic Violence Death Review Team members have participated in and conducted trainings regarding a lethality assessment tool, now a mandatory part of every domestic violence investigation in Santa Clara County.
- The results of the lethality assessments conducted by law enforcement should be communicated to Pretrial Services, the agency charged with advising the Court as to whether a defendant can be safely released, and to the Magistrates charged with setting an arrestee's initial bail amount.
- Implementation of the Lethality Assessment should be evaluated.

The Domestic Violence High Risk Team (DVHRT) Model is a nationally recognized domestic violence homicide prevention program that incorporates Dr. Jacquelyn Campbell's evidence-based risk assessment into a community's domestic violence response system to identify the most dangerous cases.¹⁶²

- Cases are monitored by a multidisciplinary team that shares case information and implements case-specific intervention plans to mitigate the danger.
 - The model focuses on increasing both victim safety and offender accountability.
- The DVHRT Model framework is built on three fundamental strategies:
 - early identification of high-risk cases,
 - engagement of a multi-disciplinary team, and
 - Individual agency response and intervention plans that incorporate information collected by the DVHRT team.

- Members of the Santa Clara County Domestic Violence Council attended a conference in November 2015 in Boston, MA to learn how to replicate the model in Santa Clara County.

10. Invest in cross-sector initiatives to address IPV

intervention/prevention among the County, cities, schools, nonprofit organizations, and healthcare providers

Promising practices for cross-sector collaboration include collaborative interventions to prevent injury. Examples from outside the County include:

- The Maryland Network Against Domestic Violence's model **Lethality Assessment Program (LAP)** is an intervention to prevent intimate partner homicides and serious injuries. The LAP partners law enforcement with nonprofit domestic violence victim services programs. Law enforcement officers are trained to administer a lethality assessment tool at the scene and encourage victims in danger to seek assistance to prevent serious injury or death. Victim advocacy programs contact victims shortly after the incident.
- **Domestic Violence Housing First** is an approach that looks across systems such as county housing agencies, domestic violence service providers, and health care providers to place survivors of domestic violence into stable, safe homes as quickly as possible and provide them with support as they rebuild their lives.
- **Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)** was developed for children who have witnessed violence including domestic violence. This classroom-based intervention is delivered by school-based mental health clinicians.¹⁶³
- **Parent-Child Interaction Therapy** is a behavioral family interaction that utilizes step-by-step, live coached sessions with the parent/caregiver and the child to address children's behavioral problems and reduce the risk of child maltreatment.¹⁶⁴
- **The Child Witness to Violence Project** at Boston Medical Center uses Child-Parent Psychotherapy (CPP) as the primary intervention, CPP has both child and parent components which include case management, parent guidance and individual therapy. Program was extensively evaluated with young children and families, and received the highest rating by the National Child Traumatic Stress Network as an evidence-based treatment.¹⁶⁵
- Kaiser Permanente's **System Model Approach** focuses on creating a supportive environment for victims, supporting clinician inquiry and referrals, and provides on-site IPV services with linkages to community resources.¹⁶⁶

Examples of cross-sector collaborations:

- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
- Domestic Violence Housing First
- Lethality Assessment Program Start
- Parent-Child Interaction Therapy
- System Model Approach
- The Child Witness to Violence Project

11. Collaborate with the Office of Supportive Housing, the Continuum of Care, the Housing Authority and homeless providers to prioritize IPV survivors for homeless prevention and housing services, including undocumented survivors

Coordinated Assessment Tools that Prioritize Survivors' Needs

1. **Safety and Stabilization Assessment.** Because of their concerns with the VI-SPDAT screening tool and survivors losing access with one point of entry (esp. marginalized populations, those with serious safety concerns, and language barriers), 12 DV providers in Multnomah County, Oregon, created this local tool. Survivors can come to any of the providers ("No wrong door") and can be screened in person for emergency shelter and housing resources. This was used as an opportunity for wider system change since previously only 6% of COC dollars were used for local DV housing resources. Goals and benefits of the new system include:
 - Create front door shelter diversion and prevention program;
 - increase access for all survivors, in particular emergency shelter and housing resources for culturally specific populations;
 - process that bypasses emergency shelter services entirely;
 - emphasize performance measurement and develop performance targets;
 - better use of limited resources and more efficient service models;
 - overall sense of working better together increased trust and buy-in from providers since provider-led;
 - resiliency and trauma informed approach to prevent burn out
2. **Domestic Violence Safety Assessment Tool (DVSAT).** This tool was developed to help service providers in New South Wales, Australia, consistently and accurately identify the level of threat to domestic violence victims. This tool promotes a shared understanding of domestic violence, its indicators, dynamics and consequences. Effective identification of threat allows service providers to offer victims appropriate, tailored support; prioritizes victims at greater risk of harm; and take action to prevent violence from escalating.

12. Coordinate with the LGBTQ Office of Affairs and other relevant departments to identify and prioritize the needs of LGBTQ community and implement targeted initiatives

Trainings and Innovative Practices for IPV in LGBTQ Communities

The National Coalition of Anti-Violence Programs (NCAVP) coordinates the National Training and Technical Assistance (TTA) Center on LGBTQ Cultural Competency and provides free ongoing technical assistance and support to current and potential Office on Violence Against Women (OVW) grantees nationwide.

The Austin, Texas Police Department provides a one-week training on IPV that includes two to three hours of LGBTQ training and two hours on trans-inclusive issues. It has a Lesbian & Gay Peace Officer Association (outreach and training), partners with Equity Texas to raise awareness of hate crimes and discrimination against LGBTQ community, and policies to protect LGBT citizens, including transgender search procedures.

Open Minds Open Doors: Transforming DV Programs to Include LGBTQ Survivors

This report outlines a detailed process for DV organizations to become more LGBTQ-inclusive:¹⁶⁷

1. Assessment
2. LGBTQ Education
3. Collaboration with LGBTQ Organizations
4. Personnel Policies
5. Creating a Welcoming Environment
6. Direct Service Practices (advocacy, legal, shelter, groups)
7. Outreach and Media
8. Reflection and Feedback

Project EQTY

This project was a three-year capacity building effort that applied a cohort model with five agencies in King County to “increase efficacy and quality of services and supports” to LGBTQ homeless youth.¹⁶⁸ Lessons learned were:

- Staff need support and capacity-building opportunities to better serve trans and gender non-conforming clients to collect data on trans identities: only 40% of EQTY partners collect information about clients’ trans identities, compared to 80% on sexual orientation information
- Need for marketing materials and outreach strategies for LGBTQ youth.
- Majority of the staff received LGBTQ inclusive training, including IPV
- Trust and a “strong will towards collaboration” are foundational to partnerships

Key recommendations included:

- Continue developing procedures and processes that respect and meet LGBTQ youth needs, particular attention to trans youth and gender identity (e.g., open ended questions on gender identity, using preferred pronoun and chosen name)
- Understanding how structural inequality is “heart of homelessness” and identifying the need for culturally specific programming

13. Support place-based strategies and initiatives in neighborhoods and gathering spaces to leverage community assets and increase protective factors against violence

The common goal of restorative justice in IPV is express feelings, clarify facts, and address the impacts on survivors and their loved ones, and come to an agreement with the offender on how to make amends. The three models of RJ include: Victim-Offender Meditation; Family Group Conferencing; Peacemaking and sentencing circles¹⁶⁹.

The following are promising models of restorative justice models for survivors and perpetrators.

- Victim Offender Conferencing in South Africa¹⁷⁰ postpones a trial a conference takes place. A magistrate must approve the agreement that is created in the conference. If the agreement is adequately completed, the criminal case is withdrawn. One small study of 21 women found all women

reported positive changes in perpetrator's behavior, and all stated there was no physical abuse since the mediation.

- Victim Offender Mediation and Community Panels in New Zealand¹⁷¹ consist of a community-member panel, and at one site, a police coordinator, along with support people for the victims and offenders. One small study of 20 victims and 19 offenders found that most victims said the offender was held accountable, yet felt offenders needed more help to stop their abusive behavior, especially as one-third reported a shift to psychological abuse.
- RESTORE (Responsibility and Equity for Sexual Transgressions Offering Restorative Experience) in Arizona¹⁷² is a victim-drive process only offered to offenders if victims agree to participate and if prosecutors feel offenders may be convicted. Survivor and offender plans may include restitution, offender treatment, community service, restraining orders apologies, or payment of survivor's medical costs. Offenders are supervised for 12 months and make regular contact with a case manager to track progress of plan.
- The in-prison RJ Program Victims' Voices Heard¹⁷³ facilitates face-to-face encounters between victims and perpetrators after an RJ coordinator has done preparation work with both parties.

Examples of restorative justice models for survivors and perpetrators:

- RESTORE, Arizona
- Victim Offender Conferencing, South Africa
- Victim Offender Mediation and Community Panels, New Zealand
- Victims' Voices Heard

14. Develop a comprehensive strategic vision to prevent IPV by coordinating prevention efforts across different forms of violence (child abuse, human trafficking, sexual assault, elder abuse, gang violence, etc.)

Promising practices for cross-sector prevention efforts use a range of strategies to implement system-wide communication and coordination. Examples from outside the County include:

- The **Parent-child dual advocacy approach** is an evidence-based and effective approach that provides opportunity to coordinate and enhance services and supports.¹⁷⁴ This model considers the needs of both vulnerable children and parents, together, in the design and delivery of services and programs to support improved economic, educational, health, safety, and other outcomes. There are four core components: education, health and well-being, economic support, and social capital.¹⁷⁵
- **Kaiser Permanente Northern California** has one of the most comprehensive responses to IPV in the country. Its System Model Approach consists of five components: creating a supportive environment; clinician inquiry and referral; on-site IPV services; linkages to community resources; and leadership and oversight.¹⁷⁶ The model is designed to build awareness, provide care, and prevent domestic violence.¹⁷⁷

Examples of coordinated prevention efforts across different forms of abuse:

- ACE studies
- CDC studies including Connect the Dots
- Greenbook Initiative
- Kaiser Permanente Northern California
- Local and multi-county ACE coalitions
- Parent-child dual advocacy approach
- School Linked Services (SLS)
- The Division of Violence Prevention at CDC 5-year vision to implement a cross-cutting approach to prevent violence across the lifespan

15. Collaborate to gather and analyze data for a biennial gender-based violence report

Promising practices for gathering and analyzing data can be primarily found within the criminal justice system where data is used to assess lethality and match perpetrators with appropriate treatment. Additionally, existing data collection efforts on populations exposed to IPV can be leveraged and consolidated into one central report. Examples of these opportunities outside the County include:

- **The Maryland Network Against Domestic Violence's model Lethality Assessment Program (LAP)** is a partnership between law enforcement and nonprofit domestic violence victim services programs. A core component of the LAP is ongoing data collection and evaluation which has not yet been implemented.¹⁷⁸
- **Domestic Violence Risk and Needs Assessment (DVRNA)**, currently undergoing validation study, measures the risk of future DV based on factors identified through empirical research. Furthermore, it is used for matching the perpetrator with appropriate treatment.¹⁷⁹

16. Provide training/cross-training to ensure first responders, practitioners, and educators adequately respond to IPV, including education on racial and health inequities and linkages between multiple forms of violence

Promising practices for educating providers include cross-sector trainings to prevent injury. Examples from outside the County include:

- The Maryland Network Against Domestic Violence's model **Lethality Assessment Program (LAP)** is an intervention to prevent intimate partner homicides and serious injuries. The LAP partners law enforcement with nonprofit domestic violence victim services programs. Law enforcement officers are trained to administer a lethality assessment tool at the scene and encourage victims in danger to seek assistance to prevent serious injury or death. Victim advocacy programs contact victims shortly after the incident.
- **Austin, Texas Police Department** implements an innovative practice that includes a 1-week training on IPV (2-3 hours of LGBTQ training and 2 hours on trans inclusive issues). The Department also started a Lesbian & Gay Peace Officer Association (outreach and training), and has partnered with Equity Texas to raise awareness of hate crimes and discrimination against LGBTQ community. The Department also implemented new policies to protect LGBT citizens, including transgender search procedures.¹⁸⁰

Examples of initiatives to gather and analyze data on gender-based violence and existing data collection efforts:

- Behavioral Risk Factor Survey (BRFS)
- California Office of the Attorney General, Criminal Justice Statistics Center (CJSC) CDC study on the health risks for LGBTQ high school students
- California Healthy Kids Survey (CHKS)
- Domestic Violence Risk and Needs Assessment (DVRNA)
- Domestic Violence Death Review Committee data
- Domestic Violence related calls for assistance
- Santa Clara County Public Health Department, 2005-06 Behavioral Risk Factor Survey
- Strong Start Initiative
- Study of the Elmwood Complex Women's Facility in Santa Clara County
- The Maryland Network Against Domestic Violence's model Lethality Assessment Program (LAP)

17. Implement comprehensive strategies to prevent and address intimate partner violence in schools K-12

Promising practices for strategies to address intimate partner violence in schools include a range of initiatives, including climate improvement models, classroom-based interventions, and education campaigns for students, parents, and school staff. Examples from outside the County include:

- Start Strong is a school climate improvement model that consists of five stages to integrate research, pro-social education, risk prevention, and health promotion. It is comprehensive in that it integrates research and best practices from pro-social education, risk prevention, and mental health promotion.¹⁸¹
- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) was developed for children who have witnessed violence including domestic violence. This classroom-based intervention is delivered by school-based mental health clinicians.¹⁸²
- The Santa Clara County Public Health Department's Teen Dating Violence Awareness Month Toolkit is available at <https://www.sccgov.org/sites/sccphd/en-us/Residents/violence-prevention/safe-dating/Documents/sd-toolkit.pdf>

Examples of initiatives to address intimate partner violence in schools k-12

- CBITS
- Changing Minds
- Parent-child dual advocacy approach
- School Linked Services (SLS)
- Start Strong Trauma-informed parenting intervention

18. Implement a violence and abuse prevention community awareness campaign

Promising practices for public awareness campaigns use a range of communication strategies to reframe social norms. Examples from outside the County include:

- Changing Minds is a national campaign designed to transform public attitudes about children's exposure to violence. Its goal is to compel adults who regularly interact with children (k-8) to support those who may be affected by violence.¹⁸³
- Start Strong is a school climate improvement model that consists of five stages to "integrate research, pro-social education, risk prevention, and health promotion."

Examples of public engagement and education campaigns (IPV and Teen Dating Violence):

- Audrie & Daisy
- Break the Cycle
- Coaches Corner
- Dating Matters
- Green Dot etc.
- Know Your IX
- Love is Respect
- Start Strong
- That's Not Cool
- The Representation Project

19. Promote the prevention of IPV, sexual violence and stalking in the workplace among employers in Santa Clara County

Promising practices for preventing different forms of violence in the workplace focus on providing relevant information to employers and employees. Examples from outside the County include:

- The Minnesota Department of Labor and Industry provides guidance to develop and implement a workplace violence prevention program, including model policy, sample forms, threat and assault logs, five warning signs of escalating behavior, sample workplace weapons policy, sample policy about domestic violence in the workplace and personal

Examples of workplace violence prevention efforts:

- Minnesota Department of Labor and Industry workplace violence prevention guide
- The Santa Clara County Office of Education's Safe and Healthy Schools Department for public school employees
- UC Davis Violence Prevention Brochure

conduct to minimize violence.¹⁸⁴

- The UC Davis Violence Prevention Brochure highlights stresses and risks in the work environment, to enhance workplace safety, and to reduce and prevent disruption and violence.¹⁸⁵

20. Provide empowerment services and programs for survivors to increase financial and economic security

Promising practices for promoting financial empowerment and economic stability range from direct financial assistance such as loans to help with finding secure housing. Examples from outside the County include:

- **The Self-Sufficiency Program at Safe Haven Shelter and Resource Center** empowers survivors of domestic violence to gain independence and autonomy by providing assistance with four basic needs: employment, housing, education, and childcare. Women are provided with information and assistance obtaining affordable housing, public benefits and scholarships.¹⁸⁶
- **The Allstate Domestic Violence Program** is a partnership between the National Network to End Domestic Violence Fund (NNEDV Fund) and The Allstate Foundation to address the pervasive, destructive barriers that domestic violence poses to the safety and security of women and their families.¹⁸⁷

Examples of initiatives to promote financial empowerment and economic self-sufficiency

- All the Way Home Campaign
- CalWORKS
- DV Housing First
- Emergency Solutions Grants
- Mission SF Fund
- Next Door's Self-Sufficiency Program
- Nurse Family Partnership

21. Improve services for children exposed to IPV and their parents, including critical support services for children and families in marginalized communities (e.g., LGBTQ, undocumented immigrants and communities of color)

Promising practices for improving services for children and their families who are exposed to IPV include targeted trauma-informed resources, services, and interventions. Examples from outside the County include:

- **Changing Minds** is a national campaign designed to transform public attitudes about children's exposure to violence. Its goal is to compel adults who regularly interact with children (k-8) to support those who may be affected by violence and their website has background information on the campaign, creative assets including videos, posters, and web banners, and helpful tips on engaging communities.¹⁸⁸
- **Start Strong** is a school climate improvement model that consists of five stages to "integrate research, pro-social education, risk prevention, and health promotion," including: a) Preparation and Planning; b) Evaluation; c) Understanding findings, engagement, and developing an action plan; d) Action plan implementation; and e) Reevaluation and next phase development.¹⁸⁹
- **Project EQTY** was a 3-year capacity building effort and applied a cohort model with five agencies in King County, Washington to "increase efficacy and quality of services and supports" to LGBTQ homeless youth. Project EQTY's model includes support and capacity-building opportunities for social service staff to better serve LGBTQ youth and draws the connection

Examples of improving services for children and their families who are exposed to IPV:

- Austin Police Department
- Changing Minds
- NCAVP TTA Center on LGBTQ Cultural Competency
- New Mexico's Enlace Comunitario
- Project EQTY
- Start Strong

between LGBTQ youth and homelessness, highlighting the need for service providers to be trained to better engage LGBTQ youth.¹⁹⁰

- The National Coalition of Anti-Violence Programs (NCAVP) coordinates the **National Training and Technical Assistance (TTA) Center** on Lesbian, Gay, Bisexual, Transgender, & Queer (LGBTQ) Cultural Competency. The NCAVP TTA Center on LGBTQ Cultural Competency provides free ongoing technical assistance and support to current and potential Office on Violence Against Women (OVW) grantees nationwide.¹⁹¹
- **Austin, Texas Police Department** implements an innovative practice that includes a 1-week training on IPV (2-3 hours of LGBTQ training and 2 hours on trans inclusive issues). The Department also started a Lesbian & Gay Peace Officer Association (outreach and training), and has partnered with Equity Texas to raise awareness of hate crimes and discrimination against LGBTQ community. The Department also implemented new policies to protect LGBT citizens, including transgender search procedures.¹⁹²
- **New Mexico's *Enlace Comunitario*** is led by Latina immigrants and approaches Latino immigrant men as allies in DV prevention efforts. Staff provided prevention classes to Latino immigrant men and inducted eight promotores who would, in turn, outreach and present to other participants.¹⁹³

Appendix B: Research Approach, Data Sources, and Limitations

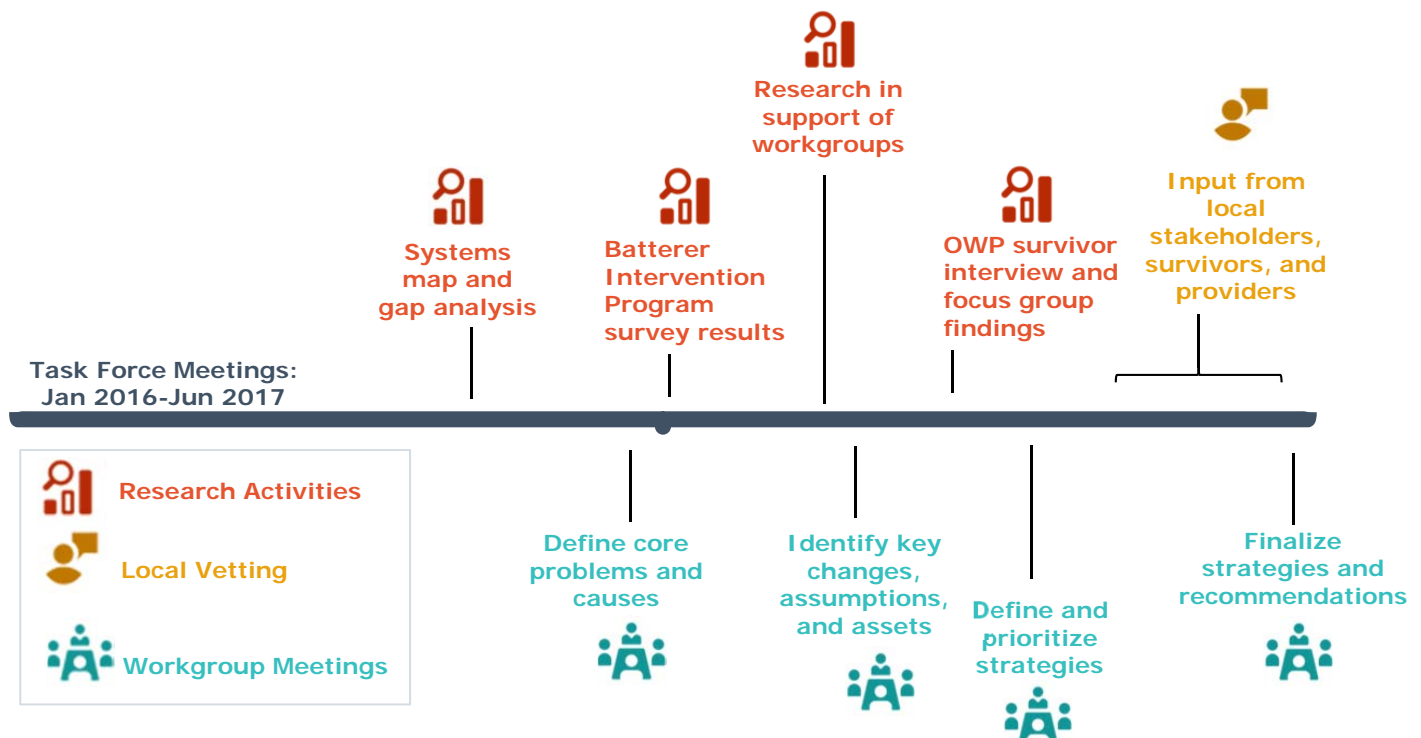
The Intimate Partner Violence Blue Ribbon Task Force engaged Harder+Company Community Research as a research partner to conduct a county-wide assessment of the intimate partner violence system of services. A key part of the research process was building in feedback loops with the Leadership Team, the Task Force, and the workgroups to ensure that the research was in line with their needs to increase understanding of IPV in Santa Clara County.

This assessment was designed to help the Task Force develop an actionable set of recommendations for the Santa Clara County Board of Supervisors, Domestic Violence Council, the Administration, county departments, community-based organizations, public sector partners, and the community at large.

Overview of Research, Workgroup, and Vetting Activities

Exhibit B1 presents a summary of research, workgroup, and vetting activities, which are described in greater detail below. More information about Task Force meetings and related materials, including interim research reports, is available on the Office of Women’s Policy website (www.sccgov.org/sites/owp) and on the Board of Supervisors’ website (<http://sccgov.iqm2.com/Citizens>).

Exhibit B1. Research, Workgroup and Vetting Activities



Research activities included a Systems Map and Gap Analysis to bring the Task Force to a shared understanding of the system of IPV services in the County; a survey of Batterer Intervention Program participants to learn more about the experiences and needs of those who use violence; synthesis of additional secondary data in response to workgroup research requests; and interviews and focus groups with local survivors to solicit more information about their needs, insights, and recommendations. See below for more information about research methods and limitations.

The Office of Women’s Policy organized **workgroups** in three key focus areas that the Task Force identified as priorities in the County: the shelter and housing continuum; the criminal justice system; and the children, youth, and young adult population. Drawing on the collective wisdom of their members, these workgroups analyzed the focus area as it relates to IPV in Santa Clara County; generated a collective understanding of the gaps in each focus area; identified core reasons why those gaps exist; and recommended key changes and implementation strategies.

Finally, the Office of Women’s Policy **solicited input** from key stakeholders on the preliminary recommendations, while the research team solicited similar input from those who will be most impacted – IPV survivors and service providers – to inform the final recommendations.

Research Methods and Limitations

System Map and Gap Analysis (August 2016)

This report contains a system map and gap analysis, designed to bring the Task Force to a shared understanding of the intimate partner violence (IPV) system in Santa Clara County. It also serves to share a synthesis of the gaps that have been identified within this system.

Batterer Intervention Survey Findings (October 2016)

In 2016, the Santa Clara County Office of Women’s Policy, in service of the Intimate Partner Violence Task Force, fielded a survey of participants in three batterer intervention programs.

Participating Batterer Intervention Programs

A Better Choice	97 survey participants
New Beginnings	94 survey participants
Family and Children Services	52 survey participants

- **Methods** - BIP staff administered the paper survey, which was available in Spanish and English, to program participants. Survey participation was voluntary and anonymous. The evaluation team entered survey responses into a digital database and analyzed data for frequencies, key themes, and common concepts. This document includes quotes from survey responses that are representative of the key themes.
- **Limitations** - BIP participants were at different stages of completing either a 16- or 52-week program (it is not a closed curriculum), which may impact their ability to answer questions about which services are helpful. Because demographic data was not collected, we were unable to conduct subgroup analyses or assess the representativeness of this sample. Because only three

of the BIPs in Santa Clara County participated, the perspectives of BIP participants from other programs were not captured. Additionally, language access and literacy may have been a barrier to response.

OWP Survivor Focus Group/Interview Findings (December 2016)

In 2016, the Domestic Violence Advocacy Consortium and the County of Santa Clara Office of Women's Policy held focus groups and interviews with Santa Clara County residents who have experienced intimate partner violence (IPV), including domestic violence, dating violence, or stalking, in Santa Clara County. The purpose of the focus groups and interviews was to collect qualitative information directly from survivors to illuminate gaps between individuals' needs and institutional and community responses, and the impact of intervening systems on survivors' lives.

Participating Domestic Violence Providers *

Asian Americans for Community Involvement (AACI)	36 survey participants
Community Solutions	8 survey participants
MAITRI	13 survey participants
Next Door Solutions to Domestic Violence	43 survey participants
YWCA Silicon Valley	41 survey participants

*Staff conducted focus groups and interviews in English, Spanish, Vietnamese, Chinese/Mandarin, Tongan, Korean, Hindi, Bengali, Arabic and Farsi. Participation was voluntary and participants' names were not collected or linked to responses.

- **Methods** - The evaluation team entered responses into a database and analyzed data for frequencies, key themes, and common concepts. This document includes quotes from survey responses that are representative of the key themes.
- **Limitations:**
 - The protocol was administered via both interview and focus group settings. Although it is not possible to compare frequencies of themes between focus groups and interviews (given how the data was documented), we report findings in order from highest to lowest frequency to the extent possible.
 - One domestic violence advocacy organization used an adapted protocol that included questions that were slightly different from the original protocol. For this analysis, the responses from the adapted protocol were matched with the questions that most closely aligned with the original questions.
 - Because demographic data was not collected, we were unable to conduct subgroup analyses or assess the representativeness of this sample.
 - Because data was collected through domestic violence advocacy agencies, the perspectives of IPV victims who are disconnected from services were not captured.
 - Additionally, although focus groups and interviews were conducted in several languages, language access and literacy may have been a barrier to response.

Research in support of workgroups (December 2016):

The Office of Women's Policy organized workgroups in three key focus areas that the Task Force identified as priorities in the County: the shelter and housing continuum; the criminal justice system; and the children, youth, and young adult population. Drawing on the collective wisdom of their members, these workgroups analyzed the focus area as it relates to IPV in Santa Clara County; generated a collective understanding of the gaps in each focus area; identified core reasons why those gaps exist; and recommended key changes and implementation strategies.

The three Santa Clara County Intimate Partner Violence workgroups (Shelter and Housing Continuum; Criminal Justice System; and Children, Youth, and Young Adults) made a number of research requests during their first meetings. Following those meetings, Harder+Company worked with the Office of Women's Policy to prioritize these requests, identify sources, and compile information to share back with workgroups during their second meetings in November.

Input from local stakeholders, survivors, and providers (March-April 2017)

Harder+Company solicited input from providers and survivors to support, qualify, or clarify selected Santa Clara County IPV Task Force recommendations.

The first component was **one-on-one in-person interviews** with survivors who are receiving or have received IPV services in Santa Clara County. The tables on the following page present interview participant demographics.

Survivor interview participant demographics		
Race/Ethnicity	Count	Percent
Hispanic/Latino	4	36%
Multi-Racial	2	18%
Chinese	1	9%
Filipino	1	9%
Korean	1	9%
Native American	1	9%
White/Caucasian	1	9%
Black/African American	-	-
Gender Identity	Count	Percent
Female	9	82%
Male	1	9%
Genderqueer/non-conforming	1	9%
Sexual Orientation	Count	Percent
Straight	8	73%
Gay or Lesbian	2	18%
Bisexual	1	9%
Age	Count	Percent
5 to 17	1	9%
18 to 24	1	9%
25 to 34	5	45%
35 to 44	4	36%
45+	-	-
Language Preference	Count	Percent
Spanish	4	36%
English	5	45%
Korean	1	9%
Filipino	1	9%

The second component of gathering local input was **meetings with providers** whose services directly impact survivors of IPV. The table below lists the individuals who participated in each of the three provider meetings.

Provider Meeting Participants

Criminal Justice System (n=11)

Location: AACI

Date: March 30, 2017

- Amy Caffrey, Private Practice Therapist and DV Council Commission
- Crystal Haney, HOPE Program Coordinator, Facilitator Trans Women Support Group, Asian Americans for Community Involvement and Billy de Frank LGBT Center
- Elisa Kuhl, Victims Services Unit, District Attorney's Office
- Jill Howard Maher, Director of Positive Solutions, Family and Children Services
- Julie Emede, Juror, Superior Court
- Karen Schulz, Managing Attorney, Step Forward
- Melissa Luke, Senior Program Manager, Asian Americans for Community Involvement
- Rachel Busta, Manager, Next Door Solutions
- Sallie Danenberg, Owner, A Balanced Approach
- Vangie Danenky, Manager, A Balanced Approach
- Zakia Afrin, Manager, Client Advocacy, Maitri

Shelter and Housing Continuum (n=10)

Location: Next Door Solutions

Date: March 28, 2017

- Adriana Garcia, Advocate, Sacred Heart Community Service
- Aida Zaldivar, DV/HT Program Manager, Community Solutions
- Amie McClane, Director of Support Services, YWCA Silicon Valley
- Cassie Blume, Director of LGBTQ Programs, Family and Children Services/The LGBTQ Youth Shace
- Diana Salzar, Community Organizer, Sacred Heart Community Service
- Jaya Suresh, Manager, Transitional Housing, Maitri
- Leila Qureishi, Management Analyst, Santa Clara County Office of Supportive Housing
- Melissa Luke, Domestic Violence Program Manager, Asian Americans for Community Involvement
- Patricia Nanez, Manager of Crisis Services, Next Door Solutions
- Sandra Hernandez, Shelter Manager, YWCA Silicon Valley

Children, Youth, and Young Adults (n=7)

Location: Santa Clara County Public Health Department

Date: March 30, 2017

- Andrew Cain, Attorney, Legal Advocates for Children and Youth
- Ashley Rarick, THP+ Supervisor, Bill Wilson Center
- Jennifer Klassen, Coordinator of Student Wellness, Franklin-McKinley School District
- John Lindner, Board member, Franklin-McKinley School District
- Maribel Martinez, Manager, Office of LGBTQ Affairs
- Vanessa Bolton, Health Educator, Public Health Department
- Zelica Rodriguez-Dams, Director of Programs, Somos Mayfair

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