Review of best practices for ICJI program areas and funding streams

Domestic Violence Prevention and Treatment (DVPT) Grant, Federal Family Violence (FFV) Grant, and Social Services Block Grant (SSBG)

A research partnership between the Indiana Criminal Justice Institute and the Indiana University Center for Criminal Justice Research
ICJI/CCJR Research Partnership

For more than a decade, the Indiana University Center for Criminal Justice Research (CCJR) has partnered with the Indiana Criminal Justice Institute (ICJI) to address critical issues related to Indiana’s justice systems including: crime prevention; drug and alcohol abuse associated with crime; law enforcement; sentencing and corrections; and, traffic safety. On behalf of ICJI, CCJR conducted program assessments of 12 federal grant programs between January 2006 and June 2008. In an effort to further assist ICJI in improving criminal justice programming and policy development in Indiana, CCJR entered into a two-year research partnership (beginning in June 2011) to perform critical data collection and analytical tasks in two broad research areas identified as priorities by ICJI. The scope of work includes 1) a review of best practices for all Victims Services division programs and primary program areas under ICJI’s Drug and Crime Control division and Youth Services funding streams, and 2) a crime and justice data assessment that will serve as a first step in developing a statewide crime data collaboration that could emulate the nationally recognized traffic safety records collaboration facilitated by ICJI.

Indiana University Center for Criminal Justice Research

The Center for Criminal Justice Research (CCJR), one of two applied research centers currently affiliated with the Indiana University Public Policy Institute, works with public safety agencies and social services organizations to provide impartial applied research on criminal justice and public safety issues. CCJR provides analysis, evaluation, and assistance to criminal justice agencies; and community information and education on public safety questions. CCJR research topics include traffic safety, crime prevention, criminal justice systems, drugs and alcohol, policing, violence and victimization, and youth.

Indiana University Public Policy Institute

The Indiana University Public Policy Institute is a collaborative, multidisciplinary research institute within the Indiana University School of Public and Environmental Affairs (SPEA). Established in the spring of 2008, the Institute serves as an umbrella organization for research centers affiliated with SPEA, including the Center for Urban Policy and the Environment, and the Center for Criminal Justice Research. The Institute also supports the Indiana Advisory Commission on Intergovernmental Relations (IACIR).
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Acknowledgements

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EXECUTIVE SUMMARY

In an effort to assist the Indiana Criminal Justice Institute (ICJI) in improving criminal justice programming and policy development in Indiana, the Center for Criminal Justice Research (CCJR) entered into a two-year research partnership (beginning in June 2011) to perform critical data collection and analytical tasks in two broad research areas identified as priorities by ICJI. The scope of work includes 1) a review of best practices for each ICJI program area and 10 major funding streams, and 2) a statewide criminal justice data assessment.

This report describes best practices for subgrants awarded under three funding streams administered by ICJI: 1) Domestic Violence Prevention and Treatment (DVPT); 2) Federal Family Violence (FFV); and 3) Social Services Block Grant (SSBG). For this assessment, CCJR consulted relevant materials from ICJI, including subgrantee information for the previous two funding cycles, subgrantee solicitation documents, and subgrantee applications.

The overall goal of the DVPT program is to prevent/remedy abuse, neglect, or exploitation of victims of domestic violence in Indiana. The FFV grant is a federal funding stream authorized by the Family Violence Prevention and Services Act. The SSBG federal funds enable states to provide locally relevant social services best suited to meet the various needs of their respective residents. The Administration for Children and Families (ACF), which is a part of the Department of Health and Human Services (HHS), administers the SSBG program. Within broad federal guidelines, each state is responsible for designing and implementing its own program.

In 2012, ICJI awarded $4.1 million in DVPT, FFV, and SSBG subgrants. DVPT funds made up almost half of the total amount received ($2 million), while FFV accounted for $1.6 million and SSBG, $0.5 million. On average, subgrantees received $48,801 in DVPT funds, $40,950 in FFV funds, and $17,240 in SSBG funds.

The assessment of best practices is structured according to three broad categories of services for victims of domestic violence and/or sexual assault, including: 1) general services; 2) crisis response/intervention; and, 3) victim advocacy. Overall, the best practice assessment highlights the nature of the services provided and lists recommendations for best practices in that area.

Recommendations

CCJR’s analysis of ICJI materials and best practice resources resulted in a number of key observations and recommendations that could improve overall DVPT, FFV, and SSBG programs. These recommendations are summarized below:

1. **Require subgrantees to identify specific best practice programs or program characteristics as a part of the application process, and provide a detailed explanation of how selected best practices apply to areas of service provision.** Ensure that DVPT, FFV, and SSBG funding applications include specific questions about each subgrantee’s prior or proposed incorporation of best practices.

2. **In general, require subgrantees to provide an in-depth description of how provider services assist victims of domestic violence and sexual assault.** This also will require subgrantees to distinguish between services, such as counseling that may be offered as a component of crisis response, or medical or legal advocacy, or emergency shelters. To guide an applicant in distinguishing between similar types of services, ensure that funding applications include term definitions that are readily understood. Additionally, subgrantees should be required to identify the nature (crisis vs. ongoing; individual vs. group) of treatment services provided and who (licensed professional vs. volunteer) provides said services.

3. **To ensure that advocates are trained and qualified, require subgrantees to provide detailed descriptions of training received and documentation of relevant credentials.** Require documentation of credentials for individuals providing treatment services, legal counsel, or other professional services.

4. **CCJR recommends that ICJI consider standardizing the DVPT, FFV, and SSBG funding applications.** Currently, the FFV application is set up differently than the DVPT and SSBG applications. The vast majority of subgrantees applies and receives funding from two or more programs; thus, it might also be appropriate to streamline the process and allow for a multi-funding stream applicant to submit one integrated proposal.

5. **CCJR recommends that ICJI maintain a “best practices” library for division staff consultation and that would also be available to current and future DVPT, FFV, and SSBG subgrantees.** This resource could assist ICJI division staff in developing funding stream solicitations and evaluating subgrantee applications. Similarly, subgrantees can utilize such a collection to develop proposals that are responsive to ICJI priorities and client needs.
ICJI RESEARCH PARTNERSHIP
PROJECT SUMMARY

The Center for Criminal Justice Research (CCJR), part of the Indiana University Public Policy Institute, has partnered with the Indiana Criminal Justice Institute (ICJI) to address critical issues related to Indiana’s justice systems across a variety of areas; including program assessments of 12 federal grant programs conducted by CCJR between January 2006 and June 2008. In late 2009, CCJR and ICJI staff identified the next steps in this partnership, including two broad research areas identified as priorities by ICJI that will be addressed over a two-year period (June 1, 2011 to May 31, 2013):

1. A statewide justice data records assessment, and
2. A review of best practices for each ICJI program area and 10 major funding streams (see Table 1).

The first broad research area in the project is a statewide crime and justice data assessment. One of the main goals of this assessment is to enhance ICJI’s research capabilities in its role as Indiana’s Statistical Analysis Center. The assessment will focus on the data needs of ICJI and its partners, and CCJR will build awareness of issues pertaining to justice data by seeking input from local agencies/organizations.

The second broad research area in the project is a best practices review of major ICJI funding streams. The goal of the best practices portion of the project is to develop tools to help guide ICJI funding decisions and strategic investment of federal awards. For each best practices report, CCJR researchers will review ICJI’s current funding and grant-making processes, examine federal guidelines and priorities for each funding stream, and conduct literature reviews of best practices for each funding stream. CCJR will then synthesize this research to develop lists of programs or program characteristics that are considered best practices.

The present report is related to the second broad research area and describes research findings pertaining to best practices for subgrants awarded under the DVPT, FFV, and SSBG funding streams administered by ICJI. The report first describes the history of these three programs, ICJI’s history, and ICJI’s funding priorities. Next, a brief discussion of 2012 subgrants awarded through ICJI is presented. This report also includes best practices “sheets” for three broad categories of services for victims of domestic violence and/or sexual assault: 1) general services; 2) crisis response/intervention; and 3) victim advocacy. Overall, the best practices sheets synthesize and highlight programming considerations for services provided under DVPT, FFV, and SSBG. The report concludes with a list of recommendations.

Table 1. ICJI research partnership best practices reports

<table>
<thead>
<tr>
<th>Funding stream</th>
<th>ICJI division</th>
<th>Report order</th>
<th>Publication date</th>
</tr>
</thead>
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<tr>
<td>Juvenile Accountability Block grants (JABG)</td>
<td>Youth Services</td>
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<td>October 2011</td>
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<td>Victims of Crime Act grants (VOCA)</td>
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<td>2</td>
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<td>Justice Assistance Grants (JAG)</td>
<td>Drug and Crime Control</td>
<td>3</td>
<td>July 2012</td>
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<tr>
<td>Sexual Assault Services Program (SASP)</td>
<td>Victim Services</td>
<td>4</td>
<td>February 2013</td>
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<td>Sexual Assault Services (SAS/SOS)</td>
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<td>5</td>
<td>February 2013</td>
</tr>
<tr>
<td>Services, Training, Officers, and Prosecutors (STOP) grants</td>
<td>Victim Services</td>
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<tr>
<td>Domestic Violence Prevention and Treatment (DVPT)</td>
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<td>6</td>
<td>May 2013</td>
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<tr>
<td>Federal Family Violence Grant (FFV)</td>
<td>Victim Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Assault Services Block Grant (SSBG)</td>
<td>Youth Services</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
GRANT PROGRAMS DESCRIPTION AND ICJI FUNDING HISTORY

General

The Indiana Senate Enrollment Act (SEA) 185 established the Domestic Violence Prevention and Treatment (DVPT) funds in 1980; it was subsequently amended in 1985 and 1987. The overall goal of the program is to prevent/remedy abuse, neglect, or exploitation of victims of domestic violence. To that end, its funds could be used to: 1) establish/maintain violence prevention and treatment centers; 2) develop/establish training programs for professional, paraprofessional, or volunteer personnel who are engaged in areas associated with problems of domestic violence; and, 3) develop/implement means for the prevention and treatment of domestic violence. Since its implementation, the majority of DVPT revenue generated has been spent on direct services to women and children in residential and non-residential service facilities. Each DVPT subgrantee has a 25 percent match requirement.

The Federal Family Violence (FFV) grant is a federal funding stream. The Family Violence Prevention and Services Act (42 U.S.C. § 10401 et seq.) authorizes FFV funds to assist states for the following purposes: 1) to support the establishment, maintenance, and expansion of programs and projects to prevent incidents of family violence; and 2) to provide immediate shelter and other related assistance for victims of family violence as well as their dependents. An existing FFV subgrantee has a 20 percent match requirement, and a new subgrantee has a 35 percent match requirement.

The Social Services Block Grant (SSBG) federal funds enable states to provide locally relevant social services best suited to meet the various needs of their respective residents. The Administration for Children and Families (ACF), which is a part of the Department of Health and Human Services (HHS), administers the SSBG program. Within broad federal guidelines, each state is responsible for designing and implementing its own program. In Indiana, ICJI’s priorities for SSBG funds are to provide: 1) emergency shelter (not to exceed 45 days per incident); 2) transportation to-and-from services; and 3) meals for emergency residents. Unlike DVPT and FFV grants, SSBG subgrantees do not have a match requirement.

Program capacities

The requests for funding proposal (RFPs) for all three grants solicit subgrantees that have the capacity to provide:

- Domestic violence residential and/or non-residential programs that have the ability to:
  - Offer emergency, confidential, and supportive services to victims and their dependents in danger;
  - Offer emergency housing or arrange for accommodations to victims and their dependents for up to 45 days; and
  - Provide 24-hours a day crisis intervention, information, and referral hotline services, counseling support, and advocacy services within the identified county.

- Sexual assault or rape crisis programs that have the ability to provide the following services, including but not limited to:
  - 24-hour crisis line;
  - Advocacy;
  - Crisis intervention; and
  - Supportive services from the onset of the client’s need through the completion of safety planning.

- Education that includes:
  - Program education for clients that focuses on (but not limited to):
    - Psychoeducational services;
    - Life skills; and
    - Job readiness;
  - Community primary and/or secondary prevention education that address issues surrounding:
    - Healthy relationships;
    - Bullying;
    - Date rape; and
    - Domestic/dating violence to school-aged children, college, non-school settings, and the community
  - Professional education for staff that enhances skills to better service clients.

In addition, SSBG will only provide funding for three categories: 1) overnight stay at $100 per shelter night; 2) transportation at actual cost; and 3) food and congregant meals at actual cost.

Funding priorities

In its current five-year plan for the implementation of services and treatment for victims of domestic violence and sexual assault, ICJI outlines four funding priorities for the three funding streams discussed above (2011):

- Stabilize the statewide network of residential and non-residential services in terms of funding, staffing, and quality and level of service by:
  - Funding domestic violence residential services according to a formula that incorporates size and capacity, number of counties served, community need (population and geographic demographics), score on peer review, ancillary services, unit cost, average occupancy rate, and cost of living;
  - Funding domestic violence non-residential services according to a formula that incorporates size, number of counties served, community need (population and geographic demographics), ancillary services, unit cost, and cost of living;
- Promoting collaborations on the state and local levels between the coalition/rape crisis programs and entities serving underserved, high-risk, special needs, and general populations; and
- Providing technical assistance in development of programming, evaluation, and expansion to include dual service delivery.

- Expand basic domestic violence services throughout the state to underserved and unserved areas. Basic services are defined as: 1) ready access to residential services (every county must have residential services located either within the county or in a contiguous county); and 2) non-residential services within each county, defined as 24-hour crisis intervention, information and referral, support and advocacy, face-to-face services a minimum of forty hours per week, and transportation. Basic services will be expanded by:
  - Conducting research to identify the specific areas of need within the state;
  - Establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc., to build support for and facilitate the development of services;
  - Providing technical assistance; and
  - Facilitating the development of residential services in the southwest (Knox, Daviess, and Martin counties).

- Ensure sexual assault victim advocacy services are available statewide for victims within a reasonable distance and provided through a multi-disciplinary team approach which includes a rape crisis center that meets the legal definition of a rape crisis center, defined as providing or ensuring that the full continuum of care from the onset of crisis to the completion of healing is available. This will be accomplished by:
  - Promoting the ongoing implementation of Sexual Assault Response Teams in each county;
  - Maintaining and building upon the existing statewide networks and develop strategies to include non-traditional entities in the continuum;
  - Supporting the implementation of the certification program for sexual assault victim advocates; and
  - Creating or expanding prevention education, public awareness, training for professionals, and resources that will address the issues of domestic violence, teen dating violence, sexual assault, rape, and attempted rape.

- Develop a comprehensive statewide service delivery system characterized by a continuum of services in each county. The continuum would include services for victims, batterers, children/family members, and the community at large, such as batterers’ intervention groups, sex offender treatment programs, victims’ assistance/non-residential services for victims, children’s services, transitional housing, support and counseling services for intact families, and prevention programs. The continuum would also include the active involvement in identification and intervention of families affected by domestic violence and/or sexual assault by faith-based, law enforcement, mental health or medical professionals, school faculty, child services departments, health departments, attorneys, and other points of contact with families or persons in positions of authority. Services will be facilitated by:
  - Conducting research to identify the services needed throughout the state, with particular attention to services for children, batterers, victims requiring services other than residential, immigrant victims, and families choosing to remain unified or reunifying;
  - Coordinating necessary services for and interaction with those affected by domestic violence or sexual assault with other existing state and voluntary programs;
  - Establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc., to build support for and facilitate the development of services and a multi-disciplinary approach;
  - Providing technical assistance in the development of services, funding, and standards;
  - Promoting programs/services which empower adults and children;
  - Supporting the continuing education of professionals from multiple disciplines regarding domestic violence and/or sexual assault; and
  - Supporting the ongoing effort to more effectively collect data for sex offenses or domestic violence crimes.

Funding

In 2012, ICJI awarded $4.1 million in DVPT, FFV, and SSBG subgrants. As shown in Table 2, 43 subgrantees across 91 out of 92 Indiana counties received funding from at least one of the above-mentioned funding streams. Marion County had the most awards at 15, although more than half of the counties had two or three awards; LaGrange was the only county that did not have any awards in 2012. DVPT, FFV, and SSBG funds were distributed to 42, 39, and 29 subgrantees, respectively. Twenty-eight of the subgrantees were funded by all three programs, and 29 served two or more counties. Many of the subgrantees also received funding from the Sexual Assault Services Program (SASP) and/or the Sexual Offense Services (SOS) subgrants.
The award amounts received differed across the three programs. DVPT funds made up almost half of the total amount received ($2 million), while FFV accounted for $1.6 million, and SSBG, $0.5 million. On average, subgrantees received $48,801 in DVPT funds, $40,950 in FFV funds, and $17,240 in SSBG funds. Overall, more than half of the subgrantees (27 out of 43) received funding from all three programs. In all three funding streams, the applicant must identify with one or more of the following agency types: 1) residential domestic violence program; 2) nonresidential domestic violence/sexual assault program; or 3) rape crisis center. Out of the 43 subgrantees, 11 identified with all three agency types; six of these subgrantees received funding from all three relevant funding streams.

<table>
<thead>
<tr>
<th>Subgrantee</th>
<th>DVPT</th>
<th>FFV</th>
<th>SSBG</th>
<th>Total</th>
<th>Counties served</th>
</tr>
</thead>
<tbody>
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<td>A Better Way</td>
<td>$35,600</td>
<td>$48,500</td>
<td>$37,703</td>
<td>$119,803</td>
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<td>Albion Fellows Bacon Center</td>
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<td>$19,370</td>
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<td>Alternatives Inc. of Madison County</td>
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<td>Center for Women and Families</td>
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<td>$15,881</td>
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| Total                                     | $2,049,660 | $1,597,050 | $499,960 | $1,146,670 |

Number of subgrantees 42 39 29 110
Average subgrant size $48,801 $40,950 $17,240 $96,434

Source: ICJI 2012 DVPT, FFV, and SSBG award documents
The subgrantee RFPs and ICJI’s implementation plan indicate that DVPT, FFV, and SSBG subgrantees provide similar services to victims of domestic violence and/or sexual assault. In this section, we discuss best practices for DVPT, FFV, and SSBG subgrantees across three broad categories of services: 1) general services; 2) crisis response/intervention; and 3) victim advocacy. For each section, we briefly discuss the nature of the services provided and list recommendations for best practices in that area. The best practices are intended for use by both ICJI in reviewing/managing the programs and by the subgrantees in providing services. In addition, they are recommendations only; they are meant to be useful for as many types of subgrantees (both current and future) as possible.

**General Services**

**Description**

The general services provided to victims of domestic violence and sexual assault include case management, telephone and in-person information and referrals for service, and follow-up contact. Broadly, case management services provide assistance and support to sexual assault victims. ICJI (2011, p. 5) defines case management as:

...services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that client rights are protected.

The services and activities may involve providing assistance and support: 1) for basic needs, such as housing, food, transportation, and clothing; 2) with medical and legal processes; 3) involving accompaniment to hospitals, law enforcement agencies, and court appoints; and 4) with economic stability (Boston Area Rape Crisis Center, 2012; Peace Over Violence, 2012; Rape Assistance and Awareness Program, 2012).

Subgrantees can also provide telephone and in-person information and referrals for services. Follow-up contacts with the victim may be done through various media (in-person, telephone, or written communication) to offer emotional support, provide empathetic listening, and check on the victim’s progress. The following sections offer programming considerations for subgrantees.

**Programming considerations for case management**

One of the most common general services that subgrantees provide is individual support and/or assistance with a wide range of issues resulting from domestic violence and/or sexual assault; this type of service is also known as case management. The following are best practices in case management (Minnesota OJP, 2010; Peace Over Violence, 2012; Rape Assistance and Awareness Program, 2012):

1. Assist victims in strengthening their own decision-making capabilities
2. Understand and correctly inform victims of all the possible civil and/or criminal justice options
3. Advocate for victims’ rights and choices
4. Speak on behalf of the victims, if needed or requested by the victims
5. Assist victims in accessing relevant and available resources
6. Be culturally sensitive, appropriate, and gender responsive

**Programming considerations for telephone and in-person information and referrals for services**

Subgrantees may provide information and refer relevant services to victims of domestic violence and sexual assault. Services range from referral information regarding available support groups to provision of information on appropriate medical/chemical/mental health treatment options. The following are best practices in providing these services effectively (see Minnesota OJP, 2010):

1. Maintain an up-to-date list of community resources (including contact information) that provide victim services
2. Establish and foster ongoing relationships with community resources to ensure access for victims
3. Establish and maintain consistent referral procedures in conjunction with community agencies and organizations
4. Be gender responsive and conscious of cultural differences

**Programming considerations for follow-up contacts**

Subgrantees may also contact victims in-person, via telephone, or via some form of written communication regarding victims’ progress, provide emotional support, offer empathetic listening, or other follow-up service. The following are best practices in providing follow-up contacts to victims (Arizona Coalition Against Domestic Violence, 2000; Muldowney, 2009; Woods, 2008):

1. Establish and maintain intra-organizational/intra-agency coordination and continuity between the initial and follow-up contacts
2. Follow-up contact should be optional for the victims
3. During the initial contact, inquire about the victim’s preferred form of follow-up contact
4. Include exit appointments during which follow-up contacts can be set up;
5. Victims using certain services, such as hotlines and advocacy, are not required to provide personal contact information—making follow-up contacts difficult. Subgrantees should try to collect data immediately post-service or upon completion of the call
6. Consider collecting data electronically; this may increase victims’ perception of anonymity
Crisis Response/Intervention

Description

Crisis response/intervention involves a range of services provided to domestic violence and sexual assault victims, including crisis counseling, 24-hour information/crisis hotlines, and emergency shelters. Crisis intervention can be defined as “a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life” (U.S. Department of Justice, 2012). Crisis counseling can involve advocates, counselors, mental health professionals, or peers providing in-person intervention, emotional support, and/or guidance and counseling. This type of service may take place at the scene of a crime, immediately after a crime, or on an ongoing basis. The 24-hour information/crisis hotlines provide information about services provided by public and private service providers, as well as a brief assessment of client needs to facilitate appropriate referral to such community resources. Emergency shelters provide temporary bed accommodations for victims. The following section offers programming considerations for subgrantees that work in the above-mentioned areas.

Programming considerations for crisis counseling

While there are various models for delivering crisis intervention, the themes that emerge from the relevant literature are that a provider of counseling services should do the following (Eaton, 2005; Newmark, Bonderman, Smith, & Liner, 2003; Newmark, 2004; Roberts, 1994; Roberts, 2005; Roberts & Roberts, 2005; U.S. Department of Health and Human Services, 1994; Young, 1993):

1. Immediately conduct a crisis assessment, including the victim’s measure of safety to self and/or others, and the victim’s need for emotional and physical safety and security
2. Make psychological contact and establish a relationship with the victim, which involves listening, validating, and honoring the victim’s experience of victimization.

The above steps often occur simultaneously. In addition, during counseling, the service provider should work with the victim to accomplish the following:

1. Examine the dimensions of the problem at hand in order to define it with specific open-ended questions (e.g., “What event led you to seek help at this time?” and “When did this event occur?”)
2. Allow the victim to express and subsequently validate his or her feelings and emotions in a supportive and nonjudgmental environment

Most adults and youths have developed various mechanisms to cope with crisis events. A hazardous event becomes a crisis when attempts to cope fail. Thus, the service provider should focus on identifying and modifying the victim’s coping behaviors. Solution-based therapy—a method that emphasizes working with the victim’s strengths—should be used (Roberts, 2005). In general, aside from completing the above-stated steps, the following should be done (Greene, Lee, Trask, & Rheinscheld, 2005):

1. **Set goals:** the service provider should help the victim set and define a goal (defined as a desired future state for the victim in terms of his or her feeling, thinking, and behavior) as specifically as possible; when a victim experiences trouble setting a goal with sufficient specificity, the service provider could use miracle, dream, and relationship questions to facilitate the process.
2. **Identify solutions:** the service provider should use exception, coping, and past successes questions to assist the victim to identify solutions that are conducive to achieving the desired future state; at the same time, the service provider should use scaling questions to help the victim quantify and evaluate the situation and progress.
3. **Develop and implement an action plan:** the service provider should ask the victim to complete certain tasks—based on thoughts, feelings and behaviors that he or she has used in the past or is using presently—for problem resolution and goal attainment; some commonly used solution-focused tasks include the following:
   a. Formulate first session task
   b. Keep track of current successes
   c. Prediction task
   d. Pretend a miracle has happened
4. **Terminate and follow up:** at this point, the service provider should assist the victim to review his or her specific goal(s), assess his or her readiness for termination of services, and anticipate possible future setbacks; the service provider should also inform and seek permission from the victim for follow-up contact.

There are additional considerations for subgrantees that provide crisis counseling for victims of domestic violence and sexual assault. The following section focuses on these two victimization types:

1. Domestic violence
   a. Emphasis on zero tolerance
   b. Assistance with immediate concrete needs to ensure safety (e.g., lock repairs, emergency housing
   c. Assistance with advocacy and information for the justice system
   d. Potential use of stress management techniques (e.g., progressive relaxation, guided imagery, good nutrition)
   e. Assistance in building trust and self-esteem through methods, such as modeling, reframing, stress inoculation, relaxation techniques, exercise
   f. Referrals to social service agencies and resources
g. If the crisis intervention occurs through police-based crisis teams and victim assistance units, the services should also include the following:
   i. Advocacy
   ii. Transportation to and from medical centers and shelters

2. Sexual assault
   a. Challenge rape myths that perpetuate a sexual assault victim's feelings of guilt, shame, and self-blame
   b. Be culturally relevant, appropriate, and gender responsive
   c. Develop and maintain a protocol with local agencies and/or hospitals which specifies when and how forensic medical exams and/or interviews should be conducted
   d. Explain to the victim the procedures involved with the rape kit and forensic medical exam, as well as the legal and court procedures
   e. If the victim is uncertain about forensic exams and/or interviews (because of distrust or embarrassment, or fear of reprisal), empower the victim to make informed decisions, keeping in mind that he or she makes the final decision
   f. During forensic medical exams and/or interviews, no law enforcement officer (regardless of gender) should be present, given the private and sensitive nature of the procedure; this practice, however, does not extend to responders who are legally qualified to conduct forensic exams and/or interviews, such as Sexual Assault Nurse Examiners (SANEs), forensic nurses, registered nurses, physician’s assistants, and medical doctors

Programming considerations for 24-hour information/crisis hotlines

Calls to crisis hotlines can result in counseling, information, referrals, and crisis screening and triage. As with in-person counseling, crisis hotline staff should engage callers with empathetic responses and supportive listening skills. In addition (Eaton, 2005):

1. Screening/triage forms should be completed for all callers who request further services and/or face-to-face contact; the forms should address:
   a. Clinical information (e.g., suicide or homicide risk); and
   b. Safety concerns (e.g., weapons, legal history);
2. All calls should be assigned an intervention code which would allow the shift supervisor to prioritize multiple requests on a clinical basis:
   a. Priority I – requiring immediate intervention because of the caller’s significant risk of harm to self and/or others;
   b. Priority II – requiring timely intervention because of the caller’s inability to deal with current stressors;
   c. Priority III – requiring intervention because of a caller’s moderate level of dysfunction; or
   d. Priority IV – requiring intervention because of a caller’s subjective distress and/or mild level of dysfunction;

3. Regardless of the intervention priority code assigned to the calls, all requests for services should be addressed as quickly as possible, and every request should be addressed within 24 hours; and
4. The hotline should be a devoted phone line.

Programming considerations for emergency shelters

Subgrantees that provide temporary emergency shelter nights for victims of domestic violence and sexual assault should consider the following (Arizona Coalition Against Domestic Violence, 2000):

1. Have unpublished locations or be a secured location
2. Be culturally appropriate
3. Have staff and volunteers who have had training in safety planning and confidentiality
4. Have guidelines that maintain the safe environment of the shelter or safe house, allowing for staff flexibility for the enforcement of said guidelines
5. Determine the victim’s safety level at the initial contact
6. Provide the victim with an explanation of how he or she will get to the shelter or safe house after initial contact has been made and the victim has been accepted to the program
7. Provide the victim with a clarification on the available length of stay, information about whom to call in case of an emergency, and an explanation of rules, procedures, and confidentiality
8. Collect appropriate intake data for purposes of funding requirements or service contracts in a sensitive and appropriate manner
9. Ensure that the actual living environment is safe, comfortable, and appropriate for the victims (e.g., child safe/proof if children stay in the shelter or safe house, some private/personal space, a telephone for victims to use)
10. Provide information, resources, basic needs, and referrals
11. Provide advocacy at the individual and/or systems level

Victim Advocacy

Description

Victim advocacy involves a range of services supporting, accompanying, and assisting a victim within any formal system in which the victim inter-
acts (Bein, 2010). Advocacy can be broadly broken down into three service categories: medical, legal, and social services advocacy. While DVPT, FFV, and SSBG funds may not be used to support certain medical advocacy services, many advocates in Indiana function as a crucial member of a Sexual Assault Response Team (SART). A SART is “a multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services” (National Sexual Violence Resource Center (NSVRC), n.d.). A SART is generally comprised of specially trained medical personnel (such as a Sexual Assault Nurse Examiner (SANE)), law enforcement representatives, and victim advocates. Suggestions and best practices for advocates’ interactions with other SART members are included in the appropriate sections.

Programming considerations for medical advocacy

Advocates often meet victims for the first time in a hospital or other medical care facility. Procedures and protocols vary but relevant literature reveals the following common themes and considerations (Bein, 2010; Cole & Logan, 2008; National Organization for Victims Advocates, 1997; New Hampshire Coalition Against Domestic and Sexual Violence, 2007; Ohio Office of Criminal Justice Services, 2010; Preston, 2003; Texas Association Against Sexual Assault, 2008; University of Minnesota, Office of Student Affairs, 2012):

1. Provide emotional support, ensure that the victim is aware of his/her rights regarding medical examinations and criminal investigations, and clarify information about the examination and investigation process
2. Protect the victim’s privacy. In Indiana, conversations between the advocate and the victim are privileged and confidential and the victim (or victim’s legal representative or guardian) is the only person who can waive that privilege (Rape, Abuse and Incest National Network (RAINN), 2011; Indiana Code 35-37-6).
3. Do not participate in the forensic examination process in any capacity (e.g., handling evidence, providing translation to law enforcement). The advocate’s role in providing emotional support for the victim indicates a bias; evidence must be collected and handled by objective parties to ensure that it can be used in the prosecution process. Direct involvement in the forensic examination “prevents the advocate from attending to the survivor, creates role confusion for the survivor, and jeopardizes the survivor’s confidentiality privilege because the advocate becomes part of the investigation process” (California Coalition Against Sexual Assault (CALCASA), 2011, p. 40).
4. Whenever possible, in working with a victim of sexual assault, request that medical examiners are trained sexual assault services providers
5. Any incidents of victim blaming or unethical behavior by medical personnel or law enforcement should be reported and addressed immediately
6. Discuss the victim’s transportation and housing needs and make referrals as necessary
7. If the advocate is functioning as part of a SART, interactions with medical personnel and law enforcement within the hospital may already be addressed in a procedures manual. Research suggests that adherence to clearly delineated roles and established policies and procedures, combined with open lines of interagency communication will reduce conflicts among professionals during and after the medical examination (Cole & Logan, 2008).

Programming considerations for legal advocacy

Again, policies and procedures will vary among organizations but the following themes emerge from relevant advocacy literature (Bein, 2010; CALCASA, 2011; Cole & Logan, 2008; National Organization for Victim Advocates, 1997; National Victim Assistance Standards Consortium, n.d; New Hampshire Coalition Against Domestic and Sexual Violence, 2007; Ohio Office of Criminal Justice Services, 2010; Texas Association Against Sexual Assault, 2008):

1. The advocate’s role is to give information, familiarize the victim with the legal process, facilitate communication, and provide emotional support. Ensure that the victim understands what is happening and his/her options, but refrain from promoting a particular course of action.
2. As with medical advocacy, do not provide translation services during the investigative process. This compromises the independent, supportive role of the advocate, confusing the victim and potentially complicating the investigation. Further, it is the responsibility of the court to provide certified language translators during a trial (CALCASA, 2011).

Other considerations

1. While many advocates are paid professionals, volunteer victim advocates often perform similar services. Program coordinators must ensure that volunteer advocates receive appropriate training and are adequately supervised. Research indicates that this will prevent unintentional re-victimization on the part of the advocate; promote advocates’ self-efficacy in dealing with medical, law enforcement, and legal professionals; and encourage volunteers’ continued commitment to the advocacy organization (Hellman & House, 2006).
2. Whether paid or volunteer, victim advocates can experience vicarious trauma as a result of their activities. Vicarious trauma is broadly defined as “negative psychological consequences people in the helping professions such as victim advocacy, may experience as a result of being exposed to a survivor’s accounts of trauma and witnessing the survivor’s pain and suffering. Vicarious trauma has also been called compassion fatigue, empathic strain, and secondary
trauma” (Ohio Office of Criminal Justice Services, 2010, p. 23). Advocates should be aware of the common symptoms of vicarious trauma and develop a personal plan for handling stress. Program coordinators should also be alert to signs of vicarious trauma among advocates and have an organizational plan that addresses this concern. A high level of organizational support has been found to encourage positive self-care in dealing with vicarious trauma (Wasco, Campbell, & Clark, 2002).

3. The following themes are evident throughout the industry’s various ethical standards publications (National Organization for Victim Advocates, 1997; Office for Victims of Crime, n.d.; National Victim Assistance Standards Consortium, n.d.)
   a. Be mindful that your primary responsibility is to the client and his/her interests
   b. Maintain an attitude of supportive non-judgment in all communications with the client
   c. Do not discriminate against clients, partners or other professionals based on age, gender, disability, ethnicity, race, national origin, religious belief, sexual orientation, residency, HIV status, occupation, sexual history, or physical appearance
   d. Do not engage in sexual relations with the victim, during or after professional involvement
   e. Personal relationships with victims, even of a platonic nature, are not appropriate; refrain from establishing contact outside of the professional sphere
   f. Do not openly criticize other professionals involved in a client’s case; if a conflict occurs or inappropriate behavior is observed, report the incident to appropriate authorities

4. The Indiana Coalition Against Sexual Assault (INCASA) provides the Core 40 and Advanced Certification—a sexual violence victim advocacy program—at different locations throughout Indiana and online.
RECOMMENDATIONS

Based on the assessment of current DVPT, FFV, and SSBG materials and review of relevant literature and resources in the area of domestic violence and sexual assault services, CCJR offers the following recommendations:

1. **Require subgrantees to identify specific best practice programs or program characteristics as a part of the application process, and provide a detailed explanation of how selected best practices apply to areas of service provision.** Ensure that DVPT, FFV, and SSBG funding applications include specific questions about each subgrantee’s prior or proposed incorporation of best practices.

2. **In general, require subgrantees to provide an in-depth description of how provider services assist victims of domestic violence and sexual assault.** This also will require subgrantees to distinguish between services, such as counseling that may be offered as a component of crisis response, or medical or legal advocacy, or emergency shelters. To guide an applicant in distinguishing between similar types of services, ensure that funding applications include term definitions that are readily understood. Additionally, subgrantees should be required to identify the nature (crisis vs. ongoing; individual vs. group) of treatment services provided and who (licensed professional vs. volunteer) provides said services.

3. **To ensure that advocates are trained and qualified, require subgrantees to provide detailed descriptions of training received and documentation of relevant credentials.** Require documentation of credentials for individuals providing treatment services, legal counsel, or other professional services.

4. **CCJR recommends that ICJI consider standardizing the DVPT, FFV, and SSBG funding applications.** Currently, the FFV application is set up differently than the DVPT and SSBG applications. The vast majority of subgrantees applies and receives funding from two or more programs; thus, it might also make sense to streamline the process and allow for a multi-funding stream applicant to submit one integrated proposal.

5. **CCJR recommends that ICJI maintain a “best practices” library for division staff consultation and that would also be available to current and future DVPT, FFV, and SSBG subgrantees.** This resource could assist ICJI division staff in developing funding stream solicitations and evaluating subgrantee applications. Similarly, subgrantees can utilize such a collection to develop proposals that are responsive to ICJI priorities and client needs.
REFERENCES


Review of best practices
for ICJI program areas and funding streams

Domestic Violence Prevention and Treatment (DVPT) Grant,
Federal Family Violence (FFV) Grant, and Social Services Block Grant (SSBG)

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