Arlington’s Project PEACE
A Blueprint for Partnering to End Abuse in the Community for Everyone

Submitted to the Arlington Domestic Violence Leadership Roundtable by the Coordinated Community Response Implementation Task Force
**Vision**
Arlington, Virginia is a respectful and peaceful community where diversity is celebrated and violence is not tolerated and where all people are free from the fear or threat of all forms of domestic violence.

**Mission**
Arlington Project PEACE will be a coordinated community-wide initiative to implement the most effective and efficient array of prevention, protection, and support services to end domestic violence in the Arlington community.

**Definition of Domestic Violence for Arlington’s Project PEACE**
Domestic violence is a *single act* or a pattern of abusive *and* coercive behaviors, used by an individual to gain and/or maintain power and control over another individual in the context of an intimate/dating/familial relationship.
# Values and Guiding Principles for Arlington’s Project PEACE

<table>
<thead>
<tr>
<th>Values</th>
<th>Guiding Principles</th>
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<tbody>
<tr>
<td>Individual Rights and Responsibilities</td>
<td>Everyone deserves respect regardless of age, cultural or ethnic background, ability, gender, immigration status, marital status, race, religion, sexual orientation, or socio-economic status.</td>
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<tr>
<td></td>
<td>Victims/survivors and abusive individuals have the right to access confidential services.</td>
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<td>Victims/survivors have the right to determine their own response within the confines of the law and live without fear of retribution.</td>
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<td>Accountability</td>
<td>The abusive partner will be held legally accountable.</td>
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<td>Community Response</td>
<td>The first priority of all community responders is the safety of those impacted by domestic violence.</td>
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<td>Community responders must provide immediate crisis intervention and linkage to support services.</td>
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<td>All community responders share goals and objectives of Arlington’s Project PEACE.</td>
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<tr>
<td>Prevention</td>
<td>Age appropriate and culturally sensitive preventative initiatives that deter generational violence and promote positive relationships must be provided throughout the service delivery system.</td>
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Foreword

Through adoption of Arlington’s Project PEACE, Arlington County will formally launch a new effort to respond to domestic violence. In doing so, Arlington recognizes that fragmented and uncoordinated agency and organization intervention is not the most effective approach to domestic violence service delivery; rather, the County is recognizing that a broad-based, coordinated, community-wide approach that recognizes and empowers individuals, agencies, and community organizations is needed to better prevent domestic violence and provide services to those affected by domestic violence in the Arlington community.

The new direction for Arlington’s domestic violence strategy emphasizes prevention, protection, and provision of services. Key to the momentum of launching of Project PEACE was the leadership of The Honorable Barbara Favola, County Board Member; Andrea Maresca of The Women’s Commission; The Honorable George Varoutsos, Juvenile and Domestic Relations District Court; and Marsha Allgeier, County Deputy Manager. Additionally, the involvement of 25 private and public agencies on both the Leadership Roundtable and the Implementation Task Force was of critical importance in the search for consensus and a shared path forward in this endeavor.

Also, the effort was served by The Women’s Center’s work in conducting a community-wide domestic violence needs assessment by way of a U.S. Department of Justice Grant (#2003-DD-BX-0381) and Doorways for Women and Families’ leadership to cultivate and manage the organizing efforts that launched this initiative.
Arlington Domestic Violence Leadership Roundtable Members
(November 2006 – September 2007)

County Board
The Honorable Barbara Favola

County Manager’s Office
Marsha Allgeier Deputy County Manager

Judicial
The Honorable George Varoutsos Chief Judge, Juvenile and Domestic Relations Court
The Honorable Karen A. Henenberg Chief Judge, Arlington County General District Court
The Honorable Esther Wiggins Lyles Judge, Juvenile and Domestic Relations Court
Patricia M. Romano Director of Court Services, Juvenile and Domestic Relations Court
Robert D. Hellyer Chief Magistrate, 17th Judicial District

Prosecutorial
Richard E. Trodden Commonwealth Attorney
Laura Perez Victim Witness Program, Office of the Commonwealth Attorney

Law Enforcement
Doug Scott Police Chief
Jay Farr Deputy Police Chief
Michelle Nuneville Police Captain
Jim Wasem Lieutenant, Special Victims Unit
Beth Arthur Sheriff

Human Services
Susanne Eisner Director
Trista Piccola Deputy Director
Valerie Cuffee Chief of Child and Family Services/Director of Social Services
Jane Burr Acting Chief, Economic Independence Division

Commission on the Status of Women
Andrea Maresca Chair (November – February)
Bruchillica (BJ) Jones, Chair (February – September)

Schools
Dr. Alvin Crawley Assistant Superintendent, Student Services
Dr. Jan Siegel Director of Student Services

Faith Community
Minister Danette M. Adams Macedonia Baptist Church
Rev. James E. Victor, Jr. Mount Olive Baptist Church
Fred Jones Interfaith Council

Military
Laurie Brown Chief, Army Community Service, Ft. Myer

Health Care
Jeanne Maguire, RN, MSN Vice President and Chief Nursing Officer, Virginia Hospital Center, Arlington

Non-Profit Sector
Linda Dunphy, MSW Executive Director, Doorways for Women and Families
Vicki Kirkbride Executive Director and CEO, The Women’s Center

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Vicki Kirkbride Executive Director and CEO, The Women’s Center

James Ferguson Executive Director, Legal Services of Northern Virginia
Dennis Hunt, Ph.D. Executive Director, Center for Multicultural Human Services
Rob Rutland-Brown Executive Director, Just Neighbors
Srijana Chettri Advocates Program Co-Director, Asian/Pacific Islander Domestic Violence Resource Project
Laury Miller-Muro Executive Director, Tahirih Justice Center
Tsehay Teferra, Ph.D. President, Ethiopian Community Development Center
Norma Juarbe Executive Director, Hispanic Committee of Virginia
Josephine Ansamana & Dorothy Ndegwa Co-Founders, Voice of African Women in Crisis
Rich Doud President, Arlington Chamber of Commerce
Judy Hadden Member, Partnership for Children, Youth and Families
## Coordinated Community Response

### Implementation Task Force Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Organization</th>
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<tbody>
<tr>
<td>Adam Krischer</td>
<td>Commonwealth Attorney's Office (CAO)</td>
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<tr>
<td>Ambreen Ahmed</td>
<td>FAITH Social Services</td>
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<tr>
<td>Andrea Santiago</td>
<td>Department of Human Services</td>
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<tr>
<td>Andrea Smith</td>
<td>Doorways for Women and Families</td>
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<tr>
<td>Angela Courtney</td>
<td>Commission on the Status of Women</td>
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<tr>
<td>Autumn Jones</td>
<td>Victim Witness Program (CAO)</td>
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<td>Calixto Torres</td>
<td>Hispanic Committee of Virginia</td>
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<tr>
<td>Candice Lopez</td>
<td>Doorways for Women and Families</td>
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<tr>
<td>Caroline Jones</td>
<td>Doorways for Women and Families</td>
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<tr>
<td>Carrie Cannon</td>
<td>SCAN (Stop Child Abuse Now)</td>
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<tr>
<td>Claudia Kieffer</td>
<td>Department of Human Services</td>
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<td>Claudia Ybarra</td>
<td>Doorways for Women and Families</td>
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<td>Colleen Renk Zengotitabengoa</td>
<td>Tahirih Justice Center</td>
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<tr>
<td>Dannielle Semilla</td>
<td>Ft. Myer Family Advocacy</td>
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<td>Dennis Webb</td>
<td>Sheriff's Office</td>
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<td>Dorothy Ndegwa</td>
<td>Voice of African Women in Crisis</td>
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<td>Ginny Mitterder</td>
<td>Public Health</td>
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<tr>
<td>Ilene Segal</td>
<td>Department of Human Services</td>
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<tr>
<td>Jackie Sites</td>
<td>Arlington JDR Courts</td>
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<tr>
<td>Jan Siegel</td>
<td>Arlington Public Schools</td>
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<tr>
<td>Jane Burr</td>
<td>Department of Human Services</td>
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<td>Jeff Peck</td>
<td>Police Department</td>
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<tr>
<td>Julie Huff</td>
<td>Public Health</td>
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<tr>
<td>Kris McLaughlin</td>
<td>Arlington Gay and Lesbian Alliance</td>
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<td>Kristen Barnes</td>
<td>Doorways for Women and Families</td>
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<tr>
<td>Laura Perez</td>
<td>Victim Witness Program (CAO)</td>
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<tr>
<td>Leni Gonzalez</td>
<td>NoVa Outreach Coordinator</td>
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<tr>
<td>Leticia Lacomba</td>
<td>Department of Human Services</td>
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<tr>
<td>Lisette Mestre</td>
<td>LSNV</td>
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<tr>
<td>Louise Drucker</td>
<td>Department of Human Services</td>
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<tr>
<td>Maria Eugenia Del Villar</td>
<td>Commission on the Status of Women</td>
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<tr>
<td>Maria-Luisa Ceballos</td>
<td>Department of Human Services</td>
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<tr>
<td>Marie Michaud</td>
<td>Department of Human Services</td>
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<tr>
<td>Marielle Filholm</td>
<td>Doorways for Women and Families</td>
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<td>Mary Ann Moran</td>
<td>Arlington Partnership for Children, Youth and Families</td>
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<tr>
<td>Maurice Hendrix</td>
<td>Department of Human Services</td>
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<tr>
<td>Michelle Nunievile</td>
<td>Arlington Police Department</td>
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<tr>
<td>Miriam C. Medrano</td>
<td>Department of Human Services</td>
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<tr>
<td>Naomi Brooks</td>
<td>Arlington JDR Courts</td>
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<td>Odile Saddi</td>
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<td>Patricia Romano</td>
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<td>Sandra Triveri</td>
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<td>Stacy Collins</td>
<td>Doorways for Women and Families</td>
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<tr>
<td>Susan Folwell</td>
<td>The Women’s Center</td>
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<tr>
<td>Tamara Celestini</td>
<td>Arlington Police Department/SVU</td>
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<td>Terry Lynn Tuttle</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Vicki Price</td>
<td>Doorways for Women and Families</td>
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<tr>
<td>Victoria Morris</td>
<td>Department of Human Services</td>
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Executive Summary

Domestic violence is an issue that touches the lives of many, crossing the bounds of culture and class. It has physical, emotional, economic, and social implications for individuals, families, neighborhoods, and communities. Effectively addressing the actual and potential consequences of domestic violence requires a thoughtful, intentional, and inclusive approach.

In November of 2006, community and Arlington County leaders joined forces to create the Domestic Violence Leadership Roundtable. The Leadership Roundtable was charged with spearheading the development of a coordinated community response, or CCR, service delivery system to address domestic violence. Arlington’s Coordinated Community Response Implementation Task Force was established, and the result is Arlington’s Project PEACE: A Blueprint for Partnering to End Abuse in the Community for Everyone.

The CCR is a well-recognized best practice model for effectively addressing domestic violence and its effects within a community. The purpose of the CCR system is to maximize community and County-wide resources to prevent domestic violence and to provide high quality services to those most affected.

Arlington’s Project PEACE represents a renewed commitment on the part of the community to examine and challenge itself across professions and disciplines, to allow public and private agencies to work together for the common good, and to engage a wide range of perspectives and skills to develop a unified vision and set of values that provide guidance for how Arlington will address domestic violence.

The Leadership Roundtable commissioned the Task Force to develop a blueprint to guide, manage, and execute this best
practice model. The Leadership Roundtable adopted the proposed plan and recommended the County Board’s formal adoption. The Blueprint for Action included herein provides the tactical plan for addressing and ending domestic violence in Arlington in a more coordinated best practice framework. It serves as a “call to action” to minimize and ultimately eliminate domestic violence in Arlington, Virginia.

The Task Force identified infrastructure as a key goal area and considered the following “cross-cutting recommendations critical to launching a successful coordinated community system of care in Arlington.

1. **Formulate a data management infrastructure** across agencies to determine the state of domestic violence in Arlington.
2. **Establish performance indicators** for the coordinated community system of care.
3. **Implement training systems** for existing and new service providers across disciplines for improved coordinated services.
4. **Secure new federal, state, and private funding** to develop and pilot integrated services with dedicated resources.
5. **Develop memorandums of understanding** and protocols across identified community, County, military and non-profit agencies for improved service coordination.
6. **Develop unified, culturally sensitive, multilingual materials** that describe local domestic violence resources.
7. **Provide treatment for children** who witness domestic violence in their families to reduce associated trauma and the likelihood of future victimization and/or perpetration.

The Task Force identified five other strategic priority goal areas and recommendations as essential to the successful implementation of the coordinated community response. These priority goals are:

**Goal 1: Change Attitudes and Behaviors to Prevent Violence**
- Integrate culturally competent information about domestic and dating violence consistent with the Assets model into the Arlington Public Schools’ family life education programs and violence prevention activities (anti-bullying and harassment, and conflict mediation) at the elementary, middle and high school levels, as developmentally appropriate utilizing resources and supports of other community and County organizations in the delivery of information, as needed.
• Adopt a coordinated, comprehensive education and public awareness campaign that emphasizes prevention and that appeals to a diverse community.

Goal 2:  Strengthen Public, Private-Sector, and Community Response at Points of Entry
• Establish routine cross agency data collection, reporting, and analysis from key points of entry providers (law enforcement, court and legal services, schools, hospitals, military, and social service providers) on the full range of domestic violence activity that informs each provider and the CCR members on trends, strengths, and gaps in services that lead to improvements.
• Implement policy/procedure to ensure law enforcement responding to domestic violence-related calls will connect victims immediately to the local domestic violence provider for crisis support and services. The domestic violence provider will coordinate with the police department and the Victim Witness program on information sharing.
• Reduce and consolidate hotlines to improve efficiency of resources and minimize confusion.
• Establish formal protocols, training, and services in public schools to respond to family and domestic violence issues particularly where protective orders exist to optimize safety and protection.

Goal 3:  Enhance the Justice System Response
• Increase resources for affordable, accessible, and qualified legal representation to meet the demand and monitor outcomes of legal representation.
• Revise protective order protocols to address timing of issuance, victim notification, and enforcement of violations.
• Establish protocols and best practice approaches for efficient referrals and integration of legal petitions among Court Services Unit, Victim Witness Program, Court Advocates, Legal Services of Northern Virginia, and other pertinent services.

Goal 4:  Enhance Services and Supports for Victims, Families, and Abusers
• Provide treatment for children who witness domestic violence in their families to reduce associated trauma and the likelihood of future victimization and/or perpetration.
• Ensure adults exposed to violence receive immediate assessments to plan for meeting their mental health needs and improve collaboration between psychoeducational programs and clinical mental health programs to ensure clear systems of care for adults who present with varying emotional needs following incidents of domestic violence.
• Increase access for victims/survivors to rental subsidy funds (Housing Grants and Transitional Housing Grants) by adjusting eligibility requirements and increase affordable housing stock for persons with VERY low incomes who are coming out of domestic violence shelters and/or abusive living environments.

Goal 5: Enhance Access to Service for Underserved Populations

• Identify scope and depth of languages, cultures, and underserved populations represented in Arlington (ethnic, immigrants, men, gay, lesbian, transgender, disabilities, etc.) and projections of domestic violence occurrence. Develop proposal for how best to address the determined need across providers, (i.e. staff diversity, language services, multiple language educational materials, trainings).

• Improve understanding and service access capacities for the undocumented population of immigrants to access their rights for protections and services.

Each of these goals and recommendations is supported by a gaps/needs assessment, rationale, tactical activities, and milestones. Taken together, the blueprint launches Project PEACE in a purposeful and meaningful direction.

Most recommendations are slated to occur within the first two years. A professional level Coordinator position was reallocated and added to the existing organizational structure to further the work of Project PEACE. The Coordinator will facilitate the continuing momentum of the Project PEACE to create a coordinated community system of care through the recommended strategies outlined in the Blueprints for Action.

Essential to the success of the community’s efforts against domestic violence is the continued collaborative spirit of the members of the Leadership Roundtable and the Task Force. Over the course of seven months, several service providers across the various agencies and organizations recognized this venture creates an effect greater than what each entity could do alone. With a continuation of this synergy, our community will achieve its goal of fashioning a greater Arlington system of care for those affected by domestic violence.

In summary, this “Blueprint for Action” to launch Project PEACE is the beginning of a new patterning of how the community partners work together to “prevent, protect, and provide” services to victims/survivors of domestic violence. Much will be learned in the first two years that will set the stage for a greater coordinated
community response that leads from its vision, achieves its mission, and stays true to its values and guiding principles.
1 Introduction

The Arlington community seized the opportunity to examine its current approach to domestic violence by establishing the CCR Implementation Task Force. The Task Force works to better serve the victims/survivors, the affected families, and the abusive partners. Most importantly, it aims to prevent domestic violence from occurring.

Over the past 20 years, communities across the country, including jurisdictions in Northern Virginia, evolved their domestic violence approaches to be innovative, integrated, effective, and responsive across and within various disciplines, particularly in law enforcement and judicial systems. Since Arlington embraces best practices for its community’s challenges, it is only fitting that Arlington earnestly implement model collaborative and innovative practices for domestic violence that achieves greater results for those impacted now and in the future.

This effort begins a new journey for a compassionate community to examine and challenge itself across professions and disciplines, public and private agencies, and various mind- and skill-sets to share a new vision and set of values that transcend current capabilities and practices into a greater realm of effectiveness in preventing domestic violence, and protecting and providing services to those affected by domestic violence.

1.1 Background

In the 1990s the Arlington Domestic Violence Alliance (ADVA) was formed with the goal of improving victim outcomes by enhancing service coordination and information sharing among many diverse service providers. While both the leadership and attendance varied over the years, ADVA’s regular meetings provided mainly networking opportunities for domestic violence service providers, minimal collaboration, and systems improvements. However, in 2005 the once-vibrant alliance fell dormant and dissolved due to dwindling membership affected by
lack of leadership, shared purpose, and strategic direction. Without deliberate and formal coordination accountable to a larger goal, Arlington was missing opportunities for strengthening services through collaboration and adoption of best practice models, identifying and addressing gaps, and responding to funding opportunities.

At the suggestion of actively remaining ADVA members, The Women’s Center, a nonprofit agency, selected Arlington as one of two Northern Virginia jurisdictions to participate in a needs assessment under their U.S. Department of Justice domestic violence grant. This comprehensive, researcher-led assessment included interviews with 31 domestic violence related serving agencies and numerous victims and their family members. In October 2006, a formal report of Arlington domestic violence response system was released. Chief among the assessment recommendations was for Arlington to establish an evidence-based best practice “Coordinated Community Response” (CCR) initiative for domestic violence.

1.2 Strategy Development Process

**Domestic Violence Leadership Roundtable**

The Women’s Center report served as a timely and relevant catalyst to establish a coordinated community coalition aligned with a multi-year shared strategic mission and tactical agenda of objectives. With the strong desire to fulfill a coordinated and comprehensive mission and improve service delivery collectively, Arlington domestic violence service provider Doorways for Women and Families (Doorways) acquired funding from Temple Rodef Shalom to facilitate the convening of a leadership forum. The Women’s Center report findings review launched this formal effort to initiate a CCR to address domestic violence.

In partnership with the Department of Human Services (DHS) and the Arlington Commission on the Status of Women, Doorways organized the first Arlington Leadership Roundtable on Domestic Violence in November 2006. This invitation-only gathering, hosted by County Board member Barbara Favola, the Honorable George Varoutsos of the Juvenile and Domestic Relations District Court, and the Arlington Commission on the Status of Women, brought together 25 top leaders from the County’s law enforcement, judiciary, health care, human services, education, faith community,
and non-profit sectors. The attendees listened to key findings from The Women’s Center report and a national expert on best practice CCRs for domestic violence. At the meeting, members made a commitment to begin a new journey that would seek to enhance Arlington’s approach to preventing, protecting, and providing services relative to domestic violence. They also agreed to reconvene to consider a strategy for an enhanced system of care.

A second Leadership Roundtable conference was held February 2007. This gathering included attendees from the November meeting, as well as an even broader representation from the faith community and key agencies that provide ethnic-focused services. This meeting hosted a panel of Northern Virginia CCR models (Alexandria, Fairfax, and Loudoun), outlined the planning process for establishing an Arlington CCR, and requested signed Letters of Commitment of staff support to the planning effort. The Leadership Roundtable then established a CCR Implementation Task Force to commence a seven-month effort to develop a CCR strategic plan for public roll-out October 2007 to coincide with Domestic Violence Awareness Month. Valerie Cuffee, Division Chief, Child and Family Services, Department of Human Services, and Linda Dunphy, Executive Director, Doorways for Women and Families, were appointed Task Force Co-Chairs.

**Implementation Task Force**

The Task Force convened ten 2-hour work sessions between March and August 2007. Eighteen agencies and community organizations were represented in the work sessions. There was consistent attendance and robust participation at each session. Participants spent most of their time in small groups, engaging in spirited dialogue and productive decision making. The highlights of the Task Force’s work were presented June 5, 2007 at the Leadership Roundtable meeting. A proposed vision, mission, definition of domestic violence, priority-focus areas, strengths and gaps, and recommendations were presented and discussed. This plan was drafted during the summer for the Roundtable’s review in late September. It is expected the County Board will endorse the plan at its October 2007 meeting in concert with Domestic Violence Awareness Month activities and the coordinated response implementation will commence under its new charter and new title, Arlington’s Project PEACE: A Blueprint for Partnering to End Abuse in the Community for Everyone.
2 Domestic Violence in Arlington

2.1 Identified Gaps/Needs in Arlington County

This effort to implement a CCR (as well as two independent assessments) led to the conclusion that there exists a serious lack of consistent, well-defined, and utilized data collection and reporting across numerous primary domestic violence serving agencies. Particularly, there is a lack of integrated data to show a portrait of the state of domestic violence in Arlington. Research conducted by graduate students from George Mason University found the approaches used to collect and store the data is inconsistent and fragmented, and thus difficult to render comparisons across and with other agencies. The various data collection methods can be attributed to differing agency missions and objectives, as well as how they prioritize the significance of certain types of data in the absence of a unifying entity that compiles data for a comprehensive community report for Arlington. Nonetheless, the minimal data available for understanding the scope and extent of domestic violence in Arlington reveals a significant matter that requires focus.

1) The Women’s Center Study: Arlington County Gaps Analysis. 2006
2) Fioretti et al., 2007

2.2 Summary of Existing Arlington Data on Domestic Violence

Arlington Police Department Data on Domestic Violence

<table>
<thead>
<tr>
<th>TABLE 1: ARLINGTON POLICE DEPARTMENT DATA ON DOMESTIC VIOLENCE</th>
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<tr>
<td>MEASURES</td>
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<tr>
<td>DOMESTIC VIOLENCE (DV) CALLS FOR SERVICE</td>
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<tr>
<td>DV INCIDENT REPORTS</td>
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<td>DV CONFIRMED INCIDENTS</td>
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<tr>
<td>DV ARRESTS</td>
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<td>DV JUVENILE VICTIMS</td>
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DV Calls For Service - This is the number of times the Emergency Communications Center dispatched officers to a location for a call type classified as “DOME” (Domestic Dispute/Fight). It is a very general measure of gross DV activity. Not all DOME-dispatched calls turn out to be DV. Similarly, many DV calls are initially dispatched as something else such as some variation of ASLT (Assault) or simply TRUN (Trouble Unknown). For perspective, total calls for service in Arlington run a little under 100,000 per year.

DV Incident Reports – This is the number of written police reports for which the crime type is listed as either “Simple Assault-Family” or “Aggravated Assault-Family.” This is the most common methodology used to define “DV” incidents. Note that “domestic violence” is not a distinct crime type in Uniform Crime Reporting definitions. DV Incident Reports are frequently, but not always, a subset of DV Calls For Service.

DV Confirmed Incidents – This is a count of DV Incident Reports above after cases determined to be “unfounded” by a detective have been subtracted out. This is usually the best single measure for counts of “domestic violence” cases.

DV Arrests – This is the sum of arrestees booked on charges of either Simple Assault-Family or Aggravated Assault-Family. Note that sometimes the actual charge in a DV-related incident may be something else such as trespassing, disorderly conduct or drunk in public. Such other charges are not counted here.

DV Juvenile Victims – This is a count of subjects in the RMS Persons File associated with the above DV incidents whose involvement code is “victim” and who age is < 18. The number of juvenile victims < 13 years old averages about 11 per year for the above multi-year period.

See Table 1 for domestic violence data measures and data.
Doorways for Women and Families 2006 Data ³⁴⁵

- Served 464 (adults and children impacted by domestic violence through Court Advocacy Program.
- Ninety-one percent (91%) of all victims served were female.
- Nearly 70% of victims were between the ages of 25-44.
- Thirty-nine percent (39%) of victims had limited English proficiency.
- Sixty (60) adults and 37 children received temporary crisis housing through the Safehouse Program for a total of 3326 nights.
- Five hundred eighty-nine (589) calls were made to the Hotline Program.
- Received 4 referrals from Arlington Police.
- Nearly 40% of all clients were non-native English speakers. (32% adults and 43% children)

Commonwealth’s Attorney’s Office 2006

- There were 93 cases of domestic violence and three assaults related to domestic violence.

Arlington County Department of Human Services 2006

- The Violence Intervention Program (VIP) served 350 women identified as victims of domestic violence and or sexual assault.
- The Health Division assessed 35 women at risk of domestic violence and referred them to VIP.
- The Batterers’ Intervention Program (BIP) served 123 persons, 91 males (74%) and 32 females (26%).

A major concern emerges from analyzing the incident data: domestic violence in Arlington County may be very under-reported. National research indicates 47 victimizations per 1,000² and 1 in 4 women experiencing domestic violence during her lifetime³. Applying these ratios to the female population of Arlington County aged 16 or over for 2006, it can be estimated there may be close to 3,000 victims each year. However, the Police dealt only with 400 incidents (including repeats) in 2006, which represents about 13% of the potential total number of victims coming to the attention of Police.

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³ Doorways 2006 Quarterly VDVVF Report
⁴ Doorways 2006 Quarterly VDVVF Report
⁵ Doorways End of Year Report FY07

⁶ Centers for Disease Control and Prevention, Injury Center www.cdc.gov/ncipc/factsheets/ipvfacts.
⁷ National Coalition Against Domestic Violence, Statistics 2005
3 Regional and State Level Context

3.1 Domestic Violence in the Northern Virginia Region

In 2005, the Metropolitan Police Department (MPD) received 27,401 domestic related crime calls – one every 19 minutes; calls had increased 22% in past three years. These calls accounted for 65% of all interpersonal crime calls to MPD\(^8\).

3.2 The Commonwealth of Virginia\(^9\)

- The number of families sheltered by domestic violence service providers more than doubled from 2000-2004; the number of children sheltered rose by 82%.
- The 14,121 adults sheltered from 2000-2004 consistently identified two top concerns each of the five years:
  1) Need for safe, affordable, permanent housing; and,
  2) Help addressing the impact of domestic violence on their children.
- 88% of those adults sheltered were between the ages of 18-44.

\(^8\) Metropolitan Police Department 2004-2006

\(^9\) The Virginia Sexual and Domestic Violence Data Collection System -2004 VA Data Report

4 The Cost of Domestic Violence in Arlington

In the absence of a coordinated information management approach, it is nearly impossible to assess the cost of domestic violence to the Arlington community. However, it is clear that several millions of dollars is spent in Arlington to respond to domestic violence across the primary service providers (Department of Human Services, Doorways, judicial, legal and law enforcement and detention services, and health care). These costs do not begin to account for the cascading and related costs of lost work and financial debt, destabilized housing, long-term consequences of abuse among the survivors both adults and children including alcohol and substance abuse, long-term mental and physical health problems, child abuse and neglect, and loss of earning potential. Another observation is that of these millions spent in Arlington on domestic violence, a
small fraction is spent on prevention compared to protection and provision of services.

5 The “Coordinated Community Response” Model

5.1 What is a Coordinated Community Response to Domestic Violence?

A CCR is a framework for the structure and delivery of services to victims of domestic violence. It seeks to reduce the incidence and severity of domestic violence through the creation of coordinated partnerships amongst many organizations, groups, and all levels of government, thereby creating new delivery approaches. A CCR is rooted in the belief that criminal justice officials, victim advocates, community leaders, human services workers, health care providers, elected officials, and others work in collaboration to respond to intimate partner violence. Research has demonstrated when different members of the community coordinate their efforts to protect domestic violence victims and hold abusive partners accountable, these efforts are more successful. Further, the linkages established through a CCR help agencies and organizations fulfill their own missions, by enabling them to share resources, ideas, and information to meet their clients’ needs.

Thus, the CCR approach is recognized as a best practice model to address domestic violence across numerous U.S. communities.\(^\text{10}\)

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<tr>
<th>The characteristics of a CCR are:</th>
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<td>1. Members share a common philosophical framework.</td>
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<td>2. Consistent policies created within programs and across programs.</td>
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<td>3. Members responsible for monitoring and tracking individual cases.</td>
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<td>4. Inter-agency information exchange coordinated.</td>
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<td>5. Agencies make provision of resources and services to victims a top priority.</td>
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<td>6. Domestic violence recognized by all agencies as a strategic priority.</td>
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<td>7. Every agency responsible for acquiring funds and resources necessary to implement the Strategic Plan.</td>
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<td>8. Victims view the judicial system as responding to their needs.</td>
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\(^{10}\) Kleilitz et al., 1998; Sherman, 1992; Sherman & Berk, 1984; Steinman, 1991
A CCR’s organizing principles, typically carried out through policy changes, advocacy, and treatment services, aim to:

- improve system effectiveness;
- clearly identify roles and responsibilities across agencies and organizations;
- minimize distress to victim during service delivery;
- protect the victim; and,
- successfully hold the offender accountable\(^\text{11}\).

Overall, the CCR’s impact is linked with the community’s and member entities’ commitment of leadership and resources to the shared vision, mission and guiding principles.

### 5.2 Coordinated Community Response Approach in Arlington County

Arlington’s Project PEACE is designed to embrace these organizing key characteristics and principles. The vision, mission, guiding principles and values, goals, blueprint, and governing structure were built on these key characteristics and principles. By approval of this plan the Leadership Roundtable sets forth a new and fresh direction for Arlington’s domestic violence strategy.

\(^{11}\) Muftic and Bouffard, 2007
Defining Priority Goal Areas, Identifying Gaps and Needs, and Creating a “Blueprint for Action”

Overview: Blueprint Priority Goal Areas

The Task Force identified six strategic priority goal areas to formulate distinct service arenas under the CCR.

- **Change Attitudes and Behaviors** – Prevent violence from happening in the first place.
- **Points of Entry** – Strengthen public, private-sector and community response at points of entry.
- **Supports and Services** – Enhance supports and services for victims, families and abusers.
- **Justice System Response** – Enhance the justice system response.
- **Underserved Populations** – Enhance access to services for underserved populations.
- **Infrastructure** – Establish the core elements for a successful coordinated community response system.

These goals are the major thrusts for achieving the overall outcome of minimizing the impact of domestic violence and enhancing services to victims and in Arlington. Next, the Blueprint presents each goal area’s gaps/needs and recommendations. This tactical plan serves as a “call-to-action” that launches the Project PEACE in a purposeful and meaningful direction for each
recommendation. The Task Force spent considerable time identifying needs and formulating recommendations. Many of these were also identified by The Women’s Center Report and by the George Mason University comparative analysis, A Coordinated Community Response in Arlington County. While there may not be complete consensus on whether these recommendations are entirely warranted, it is important to explore and identify their respective performance benchmarks and define protocols (a key characteristic of a CCR).

Noteworthy are the number of recommendations that aim at improving the policy/protocol, definitions of performance management, and data collection and analysis. Much of this entails better defining the scope and nature of existing practices and defining performance measurements. These are essential foundations to:

1) Determining what impact the work is having on the lives of survivors and their children.
2) Sharing the importance of the work and effectiveness; and,
3) Determining the direction of needed changes.

This Blueprint attempts to first clearly understand the areas perceived to be in need of improvement before launching into significant changes. Such “understandings” can be derived not only from quantitative findings but also from those who have utilized the services.

This Blueprint for Action is the beginning of a new pattern of how the community partners work together to prevent, protect, and provide services to victims/survivors of domestic violence.

Thus, in year one, the milestones tend to be focused on improving our overall understanding of each goal area and gap as it relates to the recommendation, as well as to examine best practices in the field. Years two and three act on recommendations rooted in factual information and best enhancement considerations of thus making more prudent use of resources.

Also, evident in the Blueprint is a concern for building and maintaining expert knowledge in domestic violence across disciplines. Currently, there exists very minimal training for new and existing staff to stay current with laws, protocols, and understanding of domestic violence. This will be a key objective to get instituted in Arlington’s Project PEACE in the first two years.
Another perceived gap is whether Arlington has sufficient dedicated domestic violence staffing in key areas like law enforcement, prosecution, and legal representation to handle the volume and complexity. Most of the surrounding jurisdictions have dedicated personnel in these areas where Arlington’s positions are shared across areas. This may be sufficient; however, best practice approaches differ, and several observers and both independent assessments recommended this be reviewed.  

This Blueprint is the beginning of a new pattern of how the community partners work together to prevent, protect, and provide services to victims/survivors of domestic violence.

Clearly, consistent leadership and long-term member commitment are vital for success. All stakeholders must be active, participating members, willing to work together and make changes to their policies and procedures as necessary to implement the strategy. Please refer to the “Blueprints for Action” to see each Goal Area’s specific recommendations, rationale, action steps, and milestones for the next three years.

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12 1) The Women’s Center Study, Oct. 2006; 2) Fioretti et. al., 2007
Goal Area Gaps/Needs and Recommendations

1. Change Attitudes and Behaviors to Prevent Violence from Happening in the First Place

Why a priority? Project PEACE’s vision and mission speak to an ultimate aim of preventing domestic violence before it occurs. This is the first priority focus area because it is notably significantly absent from the current array of domestic violence services in Arlington, except in a few discrete areas. The millions of dollars spent on responding to domestic violence and its related costs is a compelling argument for investing in community-wide awareness campaigns and preventive efforts.

The Task Force recommended the following prevention efforts to occur within the first two years.
## Goal 1: Change Attitudes and Behaviors to Prevent Violence from Happening in the First Place

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<td>Currently, schools have varied anti-bullying, character education, conflict mediation and violence prevention activities. However, a 2006-2007 school survey on bullying revealed that there is a need for more comprehensive activities across grade levels. Further, the Virginia Department of Education has mandated that school divisions integrate information concerning dating violence and the characteristics of abusive relationships into the Family Life Education curriculum. While students who are exiting the school system are provided with information related to dating violence and college life through assemblies, this is a topic that has not been addressed consistently across high schools.</td>
<td>Integrate culturally competent information about domestic and dating violence consistent with the Assets model into the Arlington Public Schools' family life education programs and violence prevention activities (anti-bullying and harassment, and conflict mediation) at the elementary, middle and high school levels, as developmentally appropriate utilizing resources and supports of other community and County organizations in the delivery of information, as needed.</td>
<td>Primary prevention philosophy states that in order to change the values and attitudes in a community, all different components of that community must be giving out the same message. That is, if the schools, the churches, the parents, the sports and recreation community, and other extra curricular activities and interests, all promote healthy relationships and clearly define all forms of violence as unacceptable then this is an avenue to changing the norms and values of that community. Except for a few discrete efforts, Arlington has no comprehensive community wide primary or secondary prevention of violence campaigns aimed at children and parents. The Partnership for Children, Youth and Families &quot;Assets&quot; survey demonstrates a significant need for such prevention education. Also, this would respond to the Virginia's new state education requirement to address dating violence.</td>
<td>1) Form a diverse committee of relevant school staff to review materials, strategies, research-based programs, and instructional best practices that would be appropriate and feasible to use in working with students across grade levels. 2) Identify organizations that could serve as resources in implementing school wide and Countywide activities. 3) Determine expectation of new Virginia Department of Education requirements as related to domestic violence and dating violence. 4) Develop an implementation plan with timelines, expected resource needs, staffing requirements, training requirements, and budget needs. 5) Solicit feedback from Planning and Evaluation Office staff on suggested monitoring and evaluation procedures. 6) Secure approval of senior staff (and School Board, if necessary). 7) Implement recommendations.</td>
<td>Year 1: Implement activities specified in Activities Section. Year 2: Implement Recommendations with periodic feedback and evaluation activities.</td>
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<td>There is no coordinated County-wide domestic violence prevention education campaign; there is a variety of community education here and there - but nothing consistent, coordinated, nor comprehensive within broader segments of community. Such absence also negatively impacts the community's capacity to identify and appropriately respond to incidents of family and domestic violence.</td>
<td>Adopt a coordinated, comprehensive education and public awareness campaign that is primary prevention that appeals to a diverse community.</td>
<td>Educating the community to respond to incidents of family and domestic violence raises awareness and engages the community as part of the solution. Raising awareness can also help to create an environment where it is safe to seek help and can impact positively on community attitudes. Community wide education includes a promotion of services and protections available. The campaign should be informed by current research and best practice in primary prevention and other Arlington community needs assessments. A primary mission component of the CCR is to prevent domestic violence at its root causes, thus primary prevention education is an essential ingredient.</td>
<td>1. Examine best practice models of community education campaigns. 2. Consider the variety of avenues for achieving a coordinated County-wide domestic violence prevention campaign inclusive of cultural and age diverse audiences. 3. Utilize input sessions from community representatives on selecting campaign messages. 4. Formulate recommendation and budgetary requirements. 5. Secure approval. 6. Implement recommendation.</td>
<td>Year 1: a) Decide on best practice models of community education campaigns for consideration. b) Ways for achieving a coordinated County-wide domestic violence prevention campaign inclusive of cultural and age diverse audiences proposed to Task Force. Year 2: a) Input sessions from community representatives on selecting campaign messages conducted. b) Recommendation and budgetary requirements approved. c) Phase I of educational campaign begins.</td>
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<td>Absence of training and resources in the faith community on appropriate prevention and responses to family and domestic violence.</td>
<td>Enhance the faith leader's access to training and educational resources for their congregants and engage them in community's education and public awareness campaigns resulting in improved responsiveness in linking individuals to timely protection and support services.</td>
<td>The Faith community plays a very important role in imparting domestic violence prevention and is also serves as a point of entry for those affected by it. Thus, their participation in a community wide educational public awareness campaign is essential. Several good educational models exist in the community including the Unitarian Universalist &quot;OWL&quot; program for youth.</td>
<td>1) establish a task force focused exclusively on faith community; 2) conduct focus groups or surveys among faith community members to explore current and possible resources and activities desired (brochures, workshops, sermons, posters, etc.) and share results; 3) Propose plan for enhancements and secure pledges of support from 50% of faith institutions to adopt 4) implement plan.</td>
<td>Year 1: a) Task force established; b) Focus groups or surveys completed; c) Plan developed for enhancements; Year 2: Pledges secured from 50% of faith institutions and plan implemented.</td>
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<td>Many of the college campuses in Northern Virginia, such as Community Colleges, Technical Colleges, and small private institutions, lack adequate programs and funding to provide comprehensive education about dating and family violence.</td>
<td>Create a collaboration between community support services and local universities to offer dating violence and sexual harassment awareness, prevention, and resource provision.</td>
<td>Research indicates that in 21% of college dating relationships, one of the partners is being abused. That’s 1 in 5 relationship. The 2006 Arlington County “Assets” Survey conducted by the Arlington Partnership for Children, Youth and Families found that 22% of 12th graders surveys reported that they had been victims of violence. Studies show that dating violence is a precursor to family violence and education at an earlier age can prevent violence from happening in the first place. A national teen dating abuse and violence study revealed “that significant numbers of teens are experiencing rampant emotional, verbal, sexual and physical abuse in their dating relationship. “The Red Flag Campaign” is a Verizon-sponsored project of the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) and was created by Virginia college students, college personnel, and community victim advocates.</td>
<td>1) Define scope of university community in Arlington and existing resources; 2) consider expansion of Red Flag Verizon campaign which Doorways for Women and Families is piloting at Marymount and GMU; 3) develop protocols with local colleges on coordinating prevention and service provisions.</td>
<td>Year 1) Doorways implements Red Flag Campaign at Marymount and GMU; Year 2) a) Scope of university community in Arlington and existing resources defined; b) Expand Doorways’ Red Flag Verizon campaign based on first year success consider use in high schools; Year 3: Develop protocols with local colleges on coordinating prevention and service provisions.</td>
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<td>Few and inconsistent training, resources/education occurring in the Health Provider community (hospitals, doctors, dentists) where opportunities to identify incidence is significant based on injury prevalence. It is unclear what protocols for responding and connecting to community resources exist, and what training is provided for personnel.</td>
<td>Develop consistent training, education materials and protocols for health provider community where opportunities to identify the incidence is significant.</td>
<td>Primary prevention and points of entry opportunities significant according to research and best practice. Very little is being done among Arlington health providers to prevent and identify except in the health department.</td>
<td>Year 1: Identify gaps in health provider community for training, education materials and protocols; explore resources to support; identify most important providers to target; Year 2: Develop consistent training, education materials and protocols for health provider community. Year 3: Implement protocols and trainings.</td>
<td>Year 2: Gaps identified in health provider community for training and protocols; most important providers to target identified and their support secured; Resources identified to support; Year 3: Consistent training, education materials, and protocols for health provider community secured and developed; Year 4: Implement protocols and trainings.</td>
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28
Why a priority? Appropriate and timely coordinated responses are critical to optimize safety and services and reduce further abuse. Such objectives necessitate sound protocol, interagency coordination, training, and accountability. Significant opportunities exist to strengthen these avenues of first encounters with victims, and to assist those who are in a position to help identify potential victims.

The domestic violence literature is rich with proven strategies to consider for adoption in Arlington’s network of points of entry. Also, new funding streams such as the Federal Grant to Enhance Arrest Program (GEAP) would strengthen law enforcement and legal areas of points of entry. The Task Force highlighted the following recommendations.

Goal 2: Strengthen Public, Private-Sector, and Community Response at Points of Entry

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<td>Lack of cross agency and comprehensive data and analysis of key points of entry including law enforcement, court and legal services, schools, hospitals, and social service providers on domestic violence activity.</td>
<td>Establish routine cross agency data collection, reporting and analysis from key points of entry providers (law enforcement, court and legal services, schools, hospitals, military, and social service providers) on the full range of domestic violence activity that informs each provider and the Task Force on trends, strengths, and gaps in services that lead to improvements.</td>
<td>Routine, cross agency comprehensive data collection, reporting and analysis from key points of entry will ensure consistency in disposition, quality of investigation, consistency of enforcement of protective orders and notification of victims upon release of abusive partner from custody, ultimately preventing further violence and providing needed services for maximizing safety. Such data shall also serve to shape service delivery improvements.</td>
<td>Review and consider types of data to collect, ways to analyze and report based on other jurisdictions and state; adopt best practice standards for law enforcement reporting - Examine Federal GEAP grant standards and funding - Grants to Encourage Arrest Policies and Enforcement of Protection Orders; apply for additional resources should infrastructure be inadequate; consider need for dedicated full-time Police domestic violence coordinator.</td>
<td>Year 1 - a) Adopt new best practice standards for routine data collection and reporting. b) Apply for U.S. Department of Justice Grant to Enhance Arrest Policies (GEAP). Year 2 - a) Produce complete reports on quarterly and annual basis and shared with Project PEACE members; b) Reports serve to inform changes needed in County’s domestic violence response.</td>
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# Blueprint for a Coordinated Community Response to Domestic Violence

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<td>Need to connect victims to services in a timely manner at the time of the law enforcement intervention.</td>
<td>Implement policy/procedure to ensure law enforcement responding to domestic violence-related calls will connect victims immediately to the local domestic violence provider for crisis support and services. The domestic violence provider will coordinate with the police department and the Victim Witness program on information sharing.</td>
<td>Adopts best practice approach that leads to victims receiving crisis support and services such as shelter, counseling, legal support, and court companionship and advocacy. Improved prevention outcomes and minimizing recurrences of incidents. Need to ensure multi-lingual capacities.</td>
<td>Police Department and local domestic violence hotline provider develop protocols and training for implementing new protocol; examines Alexandria's approach; Produce complete reports on at least annual basis shared with Project PEACE members.</td>
<td>Year 1 - Adopt new best practice standard for enhancing victim outcome for connecting with resources beginning at point of law enforcement intervention. Year 2 - Improvements made to enhance implementation based on results of Year 1.</td>
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<td>County has four 24-hour domestic violence related &quot;hotlines&quot; (Doorways, VIP, Fort Meyer, Commonwealth Attorney)</td>
<td>Reduce and consolidate hotlines to improve efficiency of resources and minimize confusion.</td>
<td>There are four separate domestic violence related hotline programs in Arlington leading to confusion for the providers, victims, and the public. In addition, duplication of services leads to wasted resources.</td>
<td>Ad-hoc committee of hotline operators to explore best ways to improve efficiency by consolidating hotlines (Doorways, VIP, Victim Witness, Ft. Meyer).</td>
<td>Year 1 - a) Reduction and efficiency in domestic violence hotlines; b) protocol established via MOU among providers and clear guidance for Project PEACE members and the public. Year 2: Evaluation of changes and improvement made as needed.</td>
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<td>There is an absence of formal protocol, training and services for school personnel to ensure those experiencing family or domestic violence are responded to in a consistent and appropriate manner that optimizes safety and protection.</td>
<td>Establish formal protocols, training and services in public schools to respond to family and domestic violence issues particularly where protective orders exist to optimize safety and protection.</td>
<td>Consistency in the public school system's protocol, training and services where the largest population of those affected by family violence are present will enhance prevention, protection and provision of services objectives. Notice of Protective Orders would particularly be important to establish protocols.</td>
<td>1) Review existing schools policies and protocols pertaining to this area; 2) establish a task force among school personnel to consider best practice approaches for improvements (such as reviewing school attendance policy with emphasis on family and domestic violence and agreements with service providers for interventions.) 3) develop protocol for identifying, responding and training for school personnel 4) get approval from school board and administration. 5) implement new system of protocols and training.</td>
<td>Year 1: a) Existing school policies and protocols reviewed; b) Task Force established to review best practice approaches; Year 2: a) Protocol for identifying, responding and training for school personnel developed and approved by school board and administration. Year 3: New system of protocols and training implemented.</td>
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<td>Arlington domestic violence victims do not have access to a domestic</td>
<td>Provide victims with access to a domestic violence forensic nurse examination to enhance their judicial outcomes.</td>
<td>Arlington domestic violence victims should have access to a domestic violence forensic nurse examination to enhance their judicial outcomes as well as increase sensitivity to victim/survivor during medical procedures. Such a service is available to Arlington by way of a multi-jurisdictional program at INOVA hospital. A formal decision needs to be made on how and why Arlington participates.</td>
<td>1) Examination of the multi-jurisdictional domestic violence forensic nurse project and how Arlington providers could participate and reasons; 2) Recommendation made based on examination.</td>
<td>Year 1: Examination conducted of the multi-jurisdictional domestic violence forensic nurse project and how Arlington providers could participate and reasons; 2) Recommendation made based on examination. Year 2: Recommendation implemented.</td>
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<td>incidence beyond a few select providers.</td>
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<td>Lack of universal screening and assessment for domestic violence</td>
<td>Create a universal domestic violence screening/assessment tool, similar to the Health Department screening tool, and expand usage to multiple settings.</td>
<td>The universal screening completed by the Health Department identifies incidence of domestic violence among its clients; allows affected clients an opportunity to ask for and receive help. As a screening tool it has application to multiple settings, discussion about domestic violence will foster greater likelihood of victims identifying their needs and seeking support. Also, a universal screening tool will help improve domestic violence data collection in Arlington.</td>
<td>1) Sub committee to consider utility and appropriateness for other locations including other medical settings to use Health Department screening tool; 2) explore best practice models elsewhere for universal screening; 3)consider methods for data collection, analysis and best use of data for improving secondary prevention efforts.</td>
<td>Year 1 - a) Analysis completed on most appropriate places to implement universal assessment beyond Health Department; b) Recommendation made on how to use data from universal tool for reporting and quality assurance; Year 2 - Tool implemented in at least two other settings as best practice secondary prevention strategy.</td>
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3. Improve the Justice System Response

Why a priority? The judicial system represents an essential recourse to ensure justice and protection for victims/survivors. It encompasses several domains for resolving their legal rights as well as providing a framework to hold the abusive partner accountable. Central areas of functioning include consistency in disposition, enforcement of protective orders, notification of victims upon release of abusive partner from custody, and quality of investigation.

Over the years, numerous communities have demonstrated best practice approaches in strengthening the judicial responses for domestic violence victims through new funding streams such as the Federal Grant to Enhance Arrest Program (GEAP). Arlington has opportunities to strengthen its judicial area of response by seeking this grant. Task Force recommendations are outlined in the chart below.

### Goal 3: Enhance the Justice System Response

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<td>Insufficient capacity and ready access to affordable legal services. Other surrounding jurisdictions tap pro-bono attorneys -- not occurring in Arlington for at least civil cases; unclear about criminal cases. Many victims do not meet criteria for representation by Legal Services of Northern Virginia yet they don't have funds to hire a private attorney; also a &quot;conflict of interest&quot; may interfere with their right to access representation; and concerning frequency of use of &quot;no contact&quot; order instead of &quot;protective orders&quot;. Further, LSNV does not handle divorces which is often a final phase to a domestic violence case.</td>
<td>Increase resources for affordable, accessible, and qualified legal representation to meet the demand and monitor outcomes of legal representation.</td>
<td>Absence of legal representation as well as timely, qualified, and comprehensive representation results in deterrents for victims to pursue their protections and acquire best outcomes including those affecting custody and worst case having no legal representation. Civil case petitioners are more likely to drop their petition for protective orders, particularly in the absence of legal representation. A &quot;no contact&quot; petition over a &quot;protective order&quot; renders less legal recourse for safety and future legal proceedings.</td>
<td>1) Identify scope of legal services gap and quality of service offerings and propose specific recommendations on how to address; 2) conduct customer satisfaction surveys of potential users; 3) develop benchmarks for services; 4) identify resources to address the gap that may also include pro-bono services; consider LSNV's &quot;Attorney for Day&quot; project and engagement of Arlington Bar Association. 5) Seek funding from Federal GEAP grant standards - Grants to Encourage Arrest Policies and Enforcement of Protection Orders; 6) Consider value for dedicated domestic violence prosecutor in Commonwealth Attorney's office.</td>
<td>Year 1 - Establish a recommendation for quantity and type of legal services needed to fill gap; begin customer satisfaction surveys; Year 2 - Secure funding and/or resources to fill gap and performance benchmarks.</td>
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## Blueprint for a Coordinated Community Response to Domestic Violence

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<td>In the serving of protective orders there is concern for time lapse and breakdown in communication/notification to victims. Presently, there is minimal data collection to inform the scope of the problem or overall how the issuance and enforcement of protective order is handled.</td>
<td>Revise protective order protocols to address timing of issuance, victim notification, and enforcement of violations.</td>
<td>Victim safety is compromised when a victim doesn’t know the status of a protective order, particularly the timing of it being served or actions to take when protective order is violated. The current protocol for serving protective orders is considered overly complex and resulting in incidences of time delays and insufficient victim notification. Currently, protocol is under review by Sheriff’s Department.</td>
<td>1) Gather feedback on status and scope of problems related to protective order timing, victim notification, and violations; 2) Best practices examined for types of improvements - Examine Federal GEAP grant standards and funds- Grants to Encourage Arrest Policies and Enforcement of Protection Orders; 3) Revision of protective order protocol to reflect best practice and identified gaps; 4) Develop protective order educational materials for victims and perpetrators to reflect changes; 5) Develop and launch routine annual training provided to all affected service providers; 6) Decide benchmarks for data collection and quality assurance improvements based on issuance and enforcement of protective orders to reflect best practice.</td>
<td>Year 1 - Revisions adopted for protective order Protocol by Sheriff and Police Department to address concerns of timing, victim notification, and violations. protective order educational materials for victims and perpetrators revised to reflect changes. Year 2 - Routine annual training provided to all affected service providers. Benchmarks for data collection and quality assurance improvements established around issuance and enforcement of protective orders to reflect best practice.</td>
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<tr>
<td>Inconsistency in intake and referral process among Court Services Unit, Victim Witness Program, Court Advocate, and Legal Services of Northern Virginia which impacts timely legal representation, protective proceedings, and coupling of child custody and support petitions.</td>
<td>Establish protocols and best practice approaches for efficient referrals and integration of legal petitions among Court Services Unit, Victim Witness Program, Court Advocates, Legal Services of Northern Virginia, and other pertinent services.</td>
<td>Victim safety and outcomes will improve when all victims receive accurate and timely information about services available to them. Also, this saves time for the victim and can lead to faster, improved outcomes for child support. Little formal data exists to demonstrate scope of problem and areas to focus efficiencies and enhanced performance and standards for operations. There are numerous best practice models for how to enhance efficiencies in this area that should be considered such as an collaborative Domestic Violence Intake Center similar to the one in DC and also developing in Fairfax.</td>
<td>1) Representatives from Court Services Unit, Victim Witness Program, Court Advocates and Legal Services of Northern Virginia establish formal protocol detailing the referral process among their programs. 2) Make recommendation for any additional improvements for how all programs collaborate and coordinate on service provision. Examine Federal GEAP grant standards and funding - Grants to Encourage Arrest Policies and Enforcement of Protection Orders</td>
<td>Year 1 - Establish best practice formal protocols for referrals among Court Services Unit, Victim Witness Program, Court Advocates and Legal Services of Northern Virginia; establish benchmarks of performance; Year 2 - Marked improvement in benchmark performance.</td>
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<tr>
<td>Gaps/Needs</td>
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<td>Concern that protective orders and detention sentencing lack and/or have inappropriate conditions (i.e. Anger Management rather than Batterer's Intervention), and those with conditions lack adherence tracking. Concern for lack of guidance on sentencing protocol and training for judges, and potential inconsistencies in condition setting.</td>
<td>Establish best practice standards for protective order detention conditions; establish protocols for enforcement, accountability and training towards goal of consistency, enhancing victim safety, reducing further incident and increasing overall prevention.</td>
<td>Lack of conditions weakens the compliance and preventative effectiveness. In other jurisdictions abusive partners could not be released until they finished the &quot;requirements.&quot; When there are conditions in civil cases, the burden of holding the abusive partners responsible is on the victim. This adds undue pressure on the victim and may even put the victim/survivors at risk for further harm. Best practice standards for setting conditions do exist to draw upon for guidance. In other jurisdictions such as Prince William County, abusive partners cannot be released if they haven't finished the program.</td>
<td>1) Identify benchmarks for when conditions are placed on protective orders based on best practice - Examine Federal GEAP grant standards and funding - Grants to Encourage Arrest Policies and Enforcement of Protection Orders; 2) Develop protocols for enforcement/accountability of conditions towards goal of enhancing victim safety; 3) Develop and launch training on new benchmarks and protocols for affected judges and staff.</td>
<td>Year 1 - Established benchmarks for when conditions are placed on protective orders based on best practice; Year 2 - establish protocols for training, and condition enforcement and accountability towards goal of consistency, enhancing victim safety, reducing further incident and overall prevention; Develop and launch training on new benchmarks and protocols for affected staff.</td>
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<td>Need to enhance survivor's access to filing a protective order beyond the Magistrates' office.</td>
<td>Implement the State I-CAN program (Interactive-Community Assistance Network) in a user friendly manner and ensure educational awareness is sufficient.</td>
<td>The State I-CAN program (Interactive-Community Assistance Network), launched in 2006, was adapted with Arlington specific information including court hours, directions, etc. Currently, it is not readily accessible via the internet. Improvements are needed and public awareness and training to service providers is needed to improve usability.</td>
<td>1) Implement public education about availability of I-CAN use; Monitor the use to aim for increasing use.</td>
<td>Year 1: Routine public education about I-CAN and training to service providers conducted. Year 2 - Increased used of I-CAN system.</td>
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<td>Lack of Supervised Court Exchange program (insert brief description)</td>
<td>Explore the merits of establishing a Supervised Court Exchange program and make recommendation on whether to pursue.</td>
<td>A Supervised Court Exchange program for children of separated parents involved in domestic violence is considered a best practice approach. Fairfax recently established such a program when a judge happened to witness the trauma of an exchange first hand. Federal and state funds are available for such programs.</td>
<td>1) Examine how parent/child exchanges currently handled in Arlington and areas for enhancement; 2) explore merits of &quot;supervised exchange program&quot; and how they would benefit Arlington residents; 3) make recommendation on whether &quot;supervised exchange program&quot; is merited.</td>
<td>Year 1: a) Examine how parent/child exchanges currently handled in Arlington and areas for enhancement; b) explore merits of &quot;supervised exchange program&quot; and how they would benefit Arlington residents; Year 2: make recommendation on whether &quot;supervised exchange program&quot; is merited.</td>
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4. Improve Services and Supports for Victims, Families, and Abusive Partners

Why a Priority? Services for victims/survivors, families, and the abusive partners are essential to ending violence and mitigating and treating the inflicted injuries, distress, and trauma. Such associated injuries, distress, and trauma manifest into maladies that adversely affect several domains, such as mental and physical health, and housing, employment, parenting, and overall child, individual, and family well-being. Since many of these issues are inter-related, often costly and timely, service providers can maximize efficiencies and outcomes by working in a highly coordinated and collaborative manner.

There are opportunities to redesign services for such aims. Arlington’s array of social service supports for victims/survivors, families, and abusive partners often work in isolation of one another, particularly across government and private sector agencies. Further, the prioritization of victims/survivors and their families is not often triaged in many service areas or particular certain groups of victims/survivors like teenagers, men, gays/lesbians, and non-English speaking are underserved. The Task Force recommends the following strategies to improve services and supports.
## Blueprint for a Coordinated Community Response to Domestic Violence

### Goal 4: Enhance Services and Support for Victims, Families, and Abusers

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<td>Lack of consistent and timely access to mental health and other needed intervention services for children exposed to domestic violence inclusive of all service providers both public and private.</td>
<td>Provide treatment for children who witness domestic violence in their families to reduce associated trauma and the likelihood of future victimization and or perpetration.</td>
<td>Research clearly and strongly links childhood exposure to violence to ongoing patterns of abuse/victimization into adulthood. Victims/survivors of domestic violence and their families experience injuries, distress, and trauma that require additional specialized support services to improve coping skills and family functioning.</td>
<td>1) Identify the numbers of children and families who are exposed to domestic violence in County; 2) Create an Assessment Team trained in trauma, DV, and child mental health to conduct family assessments for all DV cases (able to go to schools, shelters, community) and develop protocols to support 3) Develop and maintain multiple sources of emotional support for children exposed to trauma- self-esteem groups, educational groups, one-to-one brief counseling, ongoing mental health services, social and recreational supports.</td>
<td>Year 1: Assessment Team trained in trauma, DV, and child mental health to conduct family assessments for all DV cases is established and protocols developed. 2) Multiple sources of emotional support for children exposed to trauma- self-esteem groups, educational groups, one-to-one brief counseling, ongoing mental health services, social and recreational supports established to meet the needs of children.</td>
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<p>| Lack of consistent, coordinated access to mental health intervention services for adults exposed to domestic violence. | Ensure adults exposed to violence receive immediate assessments to plan for meeting their mental health needs and improve collaboration between psycho educational programs (VIP) and clinical mental health programs (BHC) to ensure clear systems of care for adults who present with varying emotional needs post incidents of domestic violence. | Not all adults who experience DV require clinical mental health intervention, yet some do. People respond differently to trauma and need multiple options for care in helping them cope with impact of DV. | 1) Identify the numbers of adults who are exposed to domestic violence in County; 2) Create an Assessment Team trained in trauma, DV, and adult mental health to conduct adult victim/survivors assessments for all DV cases. 3) Develop and maintain multiple sources of emotional support for children exposed to trauma- self-esteem groups, educational groups, one-to-one brief counseling, ongoing mental health services, social and recreational supports. | Year 1: Assessment Team trained in trauma, DV, and adult mental health to conduct victim/survivor assessments for all DV cases is established. 2) Multiple sources of emotional support for adults exposed to trauma- self-esteem groups, educational groups, one-to-one brief counseling, ongoing mental health services, social and recreational supports established to meet the needs of adults. |</p>
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<td>There is a lack of affordable housing and/or rental subsidies for victims willing to leave abusive and unsafe living situations. Residents at shelters are experiencing long stays of several months due to housing options whereby restricting access to victims needing shelter from imminent danger.</td>
<td>Increase access for victims/survivors to rental subsidy funds (Housing Grants and Transitional Housing Grants) by adjusting eligibility requirements and increase affordable housing stock for persons with VERY low incomes who are coming out of domestic violence shelters and/or abusive living environments.</td>
<td>A top reason why victims remain with their abuser is fear of how they will afford housing. By increasing the supply of and access to affordable housing more victims will be willing to leave abusive relationships/unsafe living situations and domestic violence shelters.</td>
<td>1) Inventory all shelter, emergency, temporary, transitional and affordable housing units in the County to compute occupancy rates, lengths of stays, in contrast with housing needs. 2) survey the eligibility barriers for rental assistance; 3) create a proposal for the housing rental assistance needs for this population prioritizing women and families in the domestic violence shelter.</td>
<td>Year 1: Access increased to victims/survivors for rental subsidy funds (Housing Grants and Transitional Housing Grants) and reduce lengths of stays at shelters. Year 2: Increase affordable housing stock for persons with VERY low income who are coming out of domestic violence shelters and/or abusive living environments.</td>
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<td>Services for seniors involved in domestic disputes are not well known.</td>
<td>List and publish protocols and senior services pertaining to elder abuse at senior centers, adult care facilities and law enforcement agencies, and provide relevant and routine training.</td>
<td>Elder abuse within the realm of domestic violence is growing in incidence as the senior population grows. The elder abuse protection services are not well publicized among service providers and general public known.</td>
<td>1): Explore resources and protocols for senior services as well as targeted sites for greater distribution; 2) Explore training component on elder abuse for integration into cross discipline domestic violence provider training; 3) Distribute resources on routine basis and training conducted annually for targeted providers.</td>
<td>Year 1: Resources and protocols for senior services identified as well as targeted sites for greater distribution; training component on elder abuse integrated into cross discipline domestic violence provider training. Year 2: Distribution of resources done on routine basis and training conducted annually for targeted providers.</td>
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<td>There are no specialized programs for teens who have experienced DV or intimate partner violence. There are no resources for teens without adult guardians; they can't be emancipated due to lack of resources and they are not candidates for foster care (legal limbo).</td>
<td>Develop specialized protocols and resources for the teen and young adult age group to cope and heal from domestic violence.</td>
<td>Rates of young adult and teen domestic violence are significant and deserve specialized resources to alleviate the violence and protect their rights.</td>
<td>1) Identify existing resources and strengths/barriers for teens and young adults; 2) Explore best practice approaches to meeting their needs in various settings and avenues; 3) Recommend changes for various systems.</td>
<td>Year 1 &amp; 2: Existing resources and strengths/barriers identifies; and best practice approaches determined for improvements; Year 3: Implement changes for various systems.</td>
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## Blueprint for a Coordinated Community Response to Domestic Violence

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<td>Concern for capacity across several service providers to meet the needs of specialized victims/survivors who are mentally and physically challenged; men; gay or lesbian; or transgender persons.</td>
<td>Develop protocol to provide immediate assessment and case management services for specialized populations of mentally and physically challenged, men, gay, lesbian, or transgender persons.</td>
<td>Equal access to services for these special populations is not seen as adequate and excluding such populations would not be keeping with the mission and values of this CCR nor the community’s.</td>
<td>1) Determine scope of these specialized populations and consider most appropriate ways to meet their needs such as special protocols. 2) Explore best practice recommendations. 3) Make recommendations for adaptations.</td>
<td>Year 2: Scope of need for these specialized populations determined; Year 3: Best practice approaches determined and put forth for adoption.</td>
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<td>Medical and dental services (especially for adults) are very fragmented, labor-intensive and non-responsive</td>
<td>Increase the availability of timely, affordable medical and dental services.</td>
<td>This is a gap for the entire population but especially for this population who often suffer medical and dental injuries and have not been allowed to seek treatment. There are services but it can take hours to arrange and clients often must wait days or weeks while in pain.</td>
<td>1) Explore the scope of the barriers and numbers affected; 2) explore best practice approaches; 3) Make recommendations for improvements.</td>
<td>Year 2: Scope of the barriers and numbers affected determined; Year 3: Best practice approaches explored and recommendations adopted.</td>
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5. Enhance Access to Service for Underserved Populations

Why a priority? Arlington is a diverse community with various cultures, ethnicities, and languages represented. Domestic violence is more prevalent and underreported for indigenous cultures that do not regard domestic violence as a crime. Also, in many cultures there is a distrust of the police and legal proceedings, as well as lack of understanding of domestic violence laws, protections, impact, and rights for victims/survivors.

The result is unwarranted victimization of adults and high likelihood of undetected and unreported child abuse and neglect among affected families. Improved outcomes for domestic violence survivors occur when they know their rights and clearly communicate their cultural needs. Given the changing nature of Arlington's multicultural community, it is important to know which cultural groups merit greater emphasis for responsiveness. The Task Force recommendations are listed in the chart below.
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<tr>
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<tr>
<td>Few domestic violence services and/or educational materials available culturally and language appropriate to reflect diversity of community.</td>
<td>Identify scope and depth of languages, cultures and underserved populations represented in Arlington (ethnic, immigrants, men, gay, lesbian, transgender, disabilities, etc.) and projections of domestic violence occurrence. Develop proposal for how best to address the determined need across providers, (i.e. staff diversity, language services, multiple language educational materials, trainings).</td>
<td>Ability to clearly communicate and have their cultural needs understood, warrant better outcomes for domestic violence survivors. Also, in many cultures there is a distrust of the police and legal proceedings, as well as lack of understanding of domestic violence laws, protections, impact and rights for victims. Given the changing nature of Arlington's multicultural community, it's important to know first which cultural groups merit greater emphasis for responsiveness. Demographic data on race, ethnicity, language, disability, sexual orientation (where provided) needs to be collected and analyzed to first know where to target responsiveness in this area.</td>
<td>1) Each primary agency begins data collection reflecting demographic diversity indicators (ethnic, immigrants, men, gay, lesbian, transsexual, disabilities, etc.); 2) Annual results analyzed to determine best recommendations; 3) Simultaneously, diversity resources are routinely identified and shared within the Task Force to enhance member agencies in enhancing their cultural competency responsiveness; 4) Member agencies strive to recruit positions (staff, intern and volunteers) reflecting diversity; 5) All educational materials redeveloped in year one will address cultural and language diversity to degree understood.</td>
<td>Data from each agency; changes in data collection methods; sharing of data on semi and annual basis; willingness to reprint and expand diversity of domestic violence educational materials; translation services; and, budget resources</td>
<td>Year 1: a) Task Force determines best data elements reflecting demographic diversity indicators for member to collect and be responsive to capacities of member agencies to collect; b) Diversity resources routinely identified and shared within the Task Force to enhance member agencies cultural competency responsiveness; c) Member agencies strive to recruit positions (staff, intern and volunteers) reflecting diversity and report on results to Task Force; d) All educational materials redeveloped address cultural and language diversity to degree understood; e) Budget recommendations formulated for resource capacity needs. Year 2: Task Force members - particularly primary service providers produce such data and Task Force produces annual report with recommendations for best recommendations for responsiveness.</td>
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### Blueprint for a Coordinated Community Response to Domestic Violence

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<tr>
<td>The undocumented population faces multiple barriers and deterrents for accessing their rights for protections and services.</td>
<td>Improve understanding and service access capacities for the undocumented population of immigrants to access their rights for protections and services.</td>
<td>The undocumented population have many barriers to service access including fear (some unfounded, some justified) of ICE proceedings for deportation, particularly given actions by some northern Virginia jurisdictions to deputize police with ICE roles (abusive partners’ threaten victims as well as victims/survivors afraid to report for similar reasons). This is particularly evident in accessing police services. The result is unwarranted victimization of adults and high likelihood of undetected and unreported child abuse and neglect among affected families.</td>
<td>1) Explore specific areas of gaps and improvements across member agencies; 2) Develop a plan of recommendations for best practices from accessing law enforcement, social and legal services with particular considerations for services promoted in community places where clients are more comfortable accessing and trusting.</td>
<td>Participation by member agencies. Materials in needed languages.</td>
<td>Year 1: Task Force produces report on specific areas of gaps and recommendations for best practice improvements across member agencies, emphasizing law enforcement, social and legal services. Year 2: Implement Phase 1 of recommendations.</td>
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6. Create Infrastructure

In order to successfully launch a new CCR, non-programmatic strategic priorities are important to guide the development of the infrastructure during year one. Most are reflective of the key characteristics and organizing principles for a successful CCR.

### Goal 6: Create Infrastructure

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<td>No comprehensive information management system whether manual or automated for incidence of domestic violence by way of multiple identification points; currently only disparate and fragmented data collection efforts occurring.</td>
<td>Formulate a data management infrastructure across agencies to determine the state of domestic violence in Arlington.</td>
<td>In the absence of such data, the County is lacking the essential ingredient for knowing the status of domestic violence and the quality of capacity improvements needed across prevention and services across multiple providers.</td>
<td>1) Project PEACE Coordinator compiles all existing data as it pertains to point of entry, response and disposition. 2) Considers use of uniform data elements to be collected by all points of entry for consolidation purposes - Examine Federal GEAP grant standards and funding - Grants to Encourage Arrest Policies and Enforcement of Protection Orders; 3) Establishes benchmarks of performance and reporting format for annual report across multitude of entry points; 4) Develop budget recommendations to support data collection infrastructure.</td>
<td>Year 1) Template for data collection is adopted; b) first benchmarking of data is produced to extent possible. Year 2) Comprehensive report produced on status of domestic violence from point of entry with recommendations for improvements.</td>
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<td>There is a lack of integrated and often stand alone performance indicators across agencies and disciplines pertaining to domestic violence.</td>
<td>Establish performance indicators for the coordinated community system of care.</td>
<td>In order to make sound policy decisions, reliable data must be available to demonstrate the extent and nature of violent crimes against women. When relevant data is collected, policy implementation strategies and approaches can more effectively be considered, implemented and adjusted. This also allows the Task Force and its partner agencies to apply for grants to add new programs.</td>
<td>1) The Task Force should determine the types of data needed, both for grant applications/reporting and the network in general, and identify which agencies can best collect the data. 2) Recommendations for performance indicators are formulated that will lend to a comprehensive County report. 3) Data begins to be gathered for first County-wide report and to serve the performance evaluation monitoring efforts.</td>
<td>Year 1) Task Force produces first round of baseline performance indicators. Year 2) Data collection commences; second round of performance indicators established.</td>
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## Blueprint for a Coordinated Community Response to Domestic Violence

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<td>Minimal training efforts exist in County for existing and new service providers across disciplines for improved coordinated services.</td>
<td>Implement training systems for existing and new service providers across disciplines for improved coordinated services.</td>
<td>Training is essential for service providers responsible for preventing and responding to domestic violence. Laws change, best practice approaches evolve, new staff are integrated into service delivery regularly, and agency policies change impacting the effectiveness of coordinated services.</td>
<td>1) Determine extent of gaps among existing training efforts for providers; 2) Examine the core ingredients for a training system and how best to ensure base line knowledge in the most cost efficient manner and for which providers; 3) formulate recommendations for first tier of a training system; 4) decide upon needed resources; 4) formulate recommendation for second tier of training.</td>
<td>Year 1) Gaps identified among existing training efforts; 2) Determine core ingredients for a training system and recommendation for base line knowledge objectives; secure needed resources; Year 2) implement first tier of a training system; recommendation for second tier of training determined. Year 3) Two tiers of core training implemented on routine basis.</td>
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<td>there exists opportunities to secure new sources of revenue for initiatives identified in this plan.</td>
<td>Secure new federal, state, and private funding to develop and pilot integrated services with dedicated resources.</td>
<td>It's important to leverage resources that can make possible the recommendations in this plan.</td>
<td>1) Identify grant sources available such as the federal GEAP grant, and others; 2) make a plan for targeted submissions and objectives. 3) submit grants</td>
<td>Year 1) A grant revenue strategy developed and at least one significant grant submitted; 2) Several grants submitted and hopefully secured.</td>
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<td>Very minimal documentation that address protocols across community, County and nonprofit agencies exist whereby leading to potentially inefficient coordination and use of available services.</td>
<td>Develop memorandums of understanding and protocols across identified community, County and non-profit agencies for improved service coordination.</td>
<td>An effective and efficient coordinated community response is served by formal documentation and agreements among providers on how they work together; and, included indicators of performance enhancements.</td>
<td>1) Identify the formal protocols and memorandums of understanding that seem most important to develop; 2) develop a timeline for completing protocols and agreements and execute the plan. 3) create a central clearinghouse for such agreements and plans.</td>
<td>Year 1) Formal protocols and memorandums of understanding identified and timeline developed; 25% of plan executed; central clearinghouse established with plan for updates; Year 2) rest of plans completed and annual updates maintained.</td>
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<td>Currently, each agency has a brochure with overlapping, possibly conflicting information. This leads to victim confusion and compromises safely.</td>
<td>Develop unified, culturally sensitive, multilingual materials that describe local domestic violence resources and a plan for how they are distributed.</td>
<td>A coordinated community response needs public education materials that inform the public about the availability of services which also serves helpful to the providers.</td>
<td>1) Prepare draft informational materials that can be utilized in multiple settings and available in multiple languages. 2) Develop plan for distribution particular for first responders. 3) Implement the plan and account for distribution.</td>
<td>Year 1) Draft informational materials prepared with plan for distribution and initial distribution initiated for first responders and legal services. Year 2) Implement the plan and account for distribution.</td>
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<td>The perspective of several important constituents who provide or receive domestic violence services is valuable to have as recommendations are considered and changes are considered.</td>
<td>Conduct Focus groups with community stakeholders including but not limited to survivors and faith community and ensure customer input is integrated into long term efforts.</td>
<td>In order to design services that meet victim and service provider needs it is important to obtain their input as to the strengths and gaps of current response to domestic violence.</td>
<td>1) identify groups to solicit feedback from; identify method of data collection (focus groups, surveys, etc.) 2) implement methods for collecting input; 3) analyze input and have it considered in the Project PEACE plans; 4) adopt strategies for soliciting regular input.</td>
<td>Year 1) Groups for input identified and input solicited and report produced; Year 2) Adopt strategies for soliciting regular input such as customer satisfaction surveys.</td>
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Resource Implications

Resources, principally staffing, are central to the successful implementation of Project PEACE. Although many recommendations can be implemented with existing personnel through collaborative efforts, additional financial and human resources are also necessary. Thus, this is a “Call to Action” for agencies to dedicate additional resources to implement the recommendations specifically noted in the Blueprint for Action plans for the six noted goal areas.

Analysis of surrounding jurisdictions suggests that Arlington County lags in its total investment of resources aimed at domestic violence. Increasing staffing in key areas is vital to ensure an appropriate and effective service delivery system for Arlington victims/survivors of domestic violence. Resource considerations should include at least one dedicated law enforcement officer, one prosecutor, and a mental health therapist to provide treatment to incarcerated abusive partners. These resources should be sought through grant opportunities that are available through this collaborative effort.

Chief among the resources needed and secured is a dedicated senior level Coordinator for Project PEACE. Fortunately, this position was created within the Department of Human Services and will be filled Fall 2007. The Coordinator will report to the Chief of Child and Family Services and staff the governance structure. S/he will be responsible for launching and implementing Arlington’s Project PEACE as determined in this document toward fulfillment of its mission. The Coordinator’s chief responsibilities include collaborating with the Task Force member agencies and others to facilitate the development and implementation of plans, strategies, policies, monitoring, and evaluation. Additionally, the Coordinator will manage and support the collaborative activities that ensure the continued sustainability of Arlington’s Project PEACE and its strategic priorities, such as grant writing and research.

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Monitoring & Continuing Evaluation

The County Board will accept the herein two-year plan in October 2007. The Leadership Roundtable will approve an updated bi-annual Blueprint in 2009, which the Arlington County Board will subsequently accept in October 2009. The Blueprint will be monitored and continually evaluated throughout the year to ensure intended outcomes are met and re-formulated as warranted.

The Leadership Roundtable will publish quarterly progress reports. The progress reports will be distributed to the Arlington County Board, Arlington Commission on the Status of Women, as well as to the members of the Task Force. Progress reports will also be made public.

The Coordinator will manage the implementation of the Blueprint, monitor progress, and liaise with Task Force work groups and others as needed. Most importantly, formal bi-annual and annual reports will be produced of Blueprint milestones, proposed revisions, and the status of performance benchmarks of domestic violence across the key goal areas. The Coordinator will also provide technical assistance and guidance to Task Force members as needed to accomplish Blueprint priorities. Additional duties will also include producing minutes of Task Force meetings.

The Task Force is genuinely concerned about how clients perceive the overall effectiveness of the Arlington County domestic violence strategy. To this end, the Task Force will regularly seek client feedback to ensure the priorities are making a positive impact.

Sub-committees of the Task Force will continue to address each goal area. Task force members will follow the Blueprint for guidance on priorities, activities, and expected milestones. A detailed timeline work plan reflecting the Blueprint will be developed by the Coordinator to guide the Task Force’s activities. The Coordinator will provide a bi-monthly status report to the Task Force.
Governance

The Task Force’s authority and responsibilities are an important component of a smooth operating interdisciplinary systems changing endeavor that will endure over time with meaningful accomplishments.

The following shall be the responsibilities of the Task Force:

1. Carry out the vision, mission, and values of the CCR according to the strategic plan adopted by the County Board every two years.
2. Present an annual report on the status of domestic violence within the community and the progress of Arlington’s Project PEACE to the community through the Women’s Commission during October (Domestic Violence Awareness Month.)
3. Publish quarterly reports to the Leadership Roundtable on its progress.
4. Collaborate and coordinate among agencies, departments, and organizations to improve the response to domestic violence through interagency memorandums of agreement.
5. Evaluate and monitor how current agencies, departments, organizations, and existing programs and services in Arlington respond to domestic violence in order to improve that response (benchmarks – performance measures)
6. Provide leadership and support to agencies, departments, and organizations within Arlington that provide domestic violence services.
7. Form ad hoc and sub-committees to assist in the planning and implementation of the strategic plan’s goals and objectives.
8. Identify and evaluate best practice materials in the field of domestic violence and consider their relevance to Arlington’s Project PEACE.

9. Analyze and respond to legislation that relates to domestic violence.

10. Identify additional resources to support the development and implementation of the strategic plan.

11. Follow the approved by-laws that govern Arlington’s Project PEACE.

**Organizational Structure**

The Task Force will maintain a similar leadership and management structure similar to its planning year. Adjustments in the area of membership may be necessary to ensure the engagement of the most senior level agency policy makers within the Leadership Roundtable and those in senior management roles for implementation. The following governance components will be developed within the first year. These represent key functioning guidelines to commence Project PEACE in October 2007 for its initial year.

- Membership and Responsibilities
- Committee Structure
- Development of By-Laws

**Membership and Committee Structure:**

The proposed initial definitions of “membership” for the Leadership Roundtable shall consist of a minimum of twenty (20) and a maximum of thirty (30) members designated as follows:

1. A Principle Executive level representative from the following entities:
   - Arlington County Board
   - Deputy County Manager
   - Arlington County Sheriff
   - Chief Judge - General District Court
   - Chief Judge - Juvenile & Domestic Relations District Court
   - Superintendent – Arlington County Public Schools
   - Chair - Arlington Commission on the Status of Women
   - Commonwealth’s Attorney
   - Chief Magistrate
   - Director – Department of Human Services
   - Division Chief - Department of Human Services
   - Police Chief
   - Fire Chief
   - Executive Director - Doorways for Women and Families
   - Arlington Bar Association Representative
   - Legal Services of Northern Virginia Representative
   - The Women’s Center Representative
   - Virginia Hospital Center Representative
The Arlington CCR Implementation Task Force

The Implementation Task Force is composed of staff and representatives associated with the Leadership Roundtable. The Task Force members need not have voting privileges to participate. It is directed by Co-Chairs identified as the Department of Human Services’ Child and Family Services Division Chief and the Executive Director, Doorways for Women and Families.

The Task Force receives guidance from the Leadership Roundtable and is responsible for implementing the Project PEACE Blueprint and policy decisions of the Leadership Roundtable. It is also responsible for evaluating and monitoring the Blueprint. The Task Force will provide feedback on policies, legislation, and best practice models to the Leadership Roundtable.

The Task Force establishes and coordinates Sub-Committees. It will receive and acknowledge the advice of all Sub-Committees, ad hoc committees, and citizen groups.

Sub-Committees

In the first three years, the following six sub-committees will include those listed below to complete the initial work defined in this report.

1) Attitudes, Behaviors & Education
2) Points of Entry
3) Justice System Response
4) Supports and Services
5) Underserved Populations
6) Infrastructure

Members who serve on the sub-committees shall be appointed by the Leadership Roundtable at the recommendation of the Co-Chairs. Members of a sub-committee do not need to be members of the Leadership Roundtable; however, Leadership Roundtable member agencies are expected to designate one or more senior level representatives from their agencies to serve on standing subcommittees.
Blueprint for a Coordinated Community Response to Domestic Violence

Ad Hoc Committees

Ad hoc committees are established by the Task Force Co-Chairs to gather information or deliberate on issues deemed necessary to carrying out the functions and purpose of the CCR system of care. Ad hoc committees typically serve one purpose, and do not continue in perpetuity. The Co-Chairs shall dissolve the ad hoc committee once it has completed its task. An ad hoc committee shall have no more than 20 members and shall have a term no more than six months. Members are expected to participate at all ad hoc committee meetings. All information gathered during this time shall be shared with the general membership either in oral or written form.

The Task Force shall then discuss, deliberate, and make recommendations on the designated issues reported on by the ad hoc committee, whereby allowing all members an opportunity to participate in the decision-making process.

Meetings

Leadership Roundtable Meetings

Meetings of the Leadership Roundtable shall occur in October, January, April, and July to direct and review the work of the Task Force. Meetings should be centrally located for access. Meeting notice will be through electronic mailing not less than three weeks prior to the scheduled meeting date.

Implementation Task Force

The Task Force will meet at least monthly. Staff will notify members of time and location of the meeting through electronic mail not less than three weeks prior to the day of the meeting.

The Co-Chairs may call special meetings for a specific purpose. The date, time, location and purpose of a special meeting shall be stated in a notice in a time sensitive manner.

Sub-Committee Meetings

The sub-committees represent the core activity centers of the Task Force and thus meet regularly to implement the Blueprint.
Sub-Committee will be formed in alignment with the Blueprint goal areas:
1) Attitudes, Behaviors & Education
2) Points of Entry
3) Justice System Response
4) Supports and Services
5) Underserved Populations

6) Infrastructure

**Organizational Structure**

See Figure 1 for an organizational structure chart.
1 Understanding Domestic Violence

1.1 Effects of Domestic Violence

Domestic violence is a widespread social problem. It can affect anyone regardless of gender, race, age, religion, ability, sexual preference, financial or social status. Domestic violence occurs in all types of relationships including same sex, and may or may not involve physical violence. The aggressor may exercise control or other coercive behaviors to intimidate or minimize the victim. Over time, the aggressor’s behavior may become increasingly more severe, leading to long-term emotional or psychological related problems, affecting the victim’s mental health. The emotional abuse may eventually lead to physical violence that can cause serious injury or even death. It may also severely debilitate the victim, which can lead to drug and alcohol abuse and can adversely affect the victim’s ability to care for his or her children.

Domestic violence comes at a cost. It adversely affects the victim, as well as his/her family, friends, and co-workers. Children are seriously impacted by domestic violence. A literature review in 1998 reported that between 45% and 70% of children exposed to domestic violence were also victims of abuse.\(^{14}\)

Domestic violence is a crime and is usually committed in the privacy of one’s home. It is difficult to capture the true magnitude of the problem, as most cases go unreported. However, it is estimated between 1 and 3 million incidents of violence against a current or former spouse, boyfriend, or girlfriend occur in the United States each year.\(^{15}\) Around the world, at least one in every


three women has been beaten, coerced into sex, or otherwise abused during her lifetime. More alarming is the fact that at least three women are murdered by their husbands or boyfriends in the United States every day. In 2000 alone, 1,247 women and 440 men were killed by an intimate partner. In a survey conducted by the U.S. Conference of Mayors, domestic violence was identified as a primary cause of homelessness.

### 1.2 Health Care

Domestic violence presents a serious public health care issue in the United States. The U.S. Centers for Disease Control considered domestic violence among its chief public health challenges, as well as the U.S. Surgeon General. Women experiencing domestic violence may seek medical help for the consequences of that violence. In fact, the U.S. Department of Justice reports that 37% of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend, or girlfriend. These women may also be in routine contact with health care providers for problems indirectly associated with abuse such as depression, unexplained somatic symptoms (e.g. headaches, fatigue), anxiety, insomnia, eating disorders, and miscarriages.

For these reasons, health care professionals are in a unique position to help victims/survivor of abuse. The biggest challenge they face is in detecting the abuse and knowing what support and referrals to give to the victim/survivor. Important to note is that proper training and education alone will not make a difference. Proper screening is required for detection. All too often, health care professionals do not discuss abuse with their patients. Fewer than ten percent of primary care physicians routinely screen patients for domestic violence during regular office visits, according to a study published by the Journal of the American Medical Association in 1999. “Failing to identify patients as victims leads to a medical response

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17 Ibid.
19
20 U.S. DOJ
21 Note that this list is not exhaustive and that none of these symptoms are proof that domestic violence has occurred and they should not be taken as such. Rather, these are signs that health care professionals should consider when interviewing a patient.
that provides symptomatic treatments without addressing the underlying health threat – the violence\textsuperscript{22}.”

Untreated cases of domestic violence are left to manifest, often forcing the victims to continuously seek medical help. Often times, health care professionals are the first or only people with which the victim has contact. This makes it even more important that the health care industry help to identify the problem earlier and provide appropriate treatment, documentation, and referrals to victims seeking health care, as it may be one of the most effective ways to ending the abuse and the complications associated with the cycle of violence. Thus, it is critical that all segments of the health care system respond appropriately and consistently. This marks a critical gap in the service delivery system.

1.3 Criminal Justice, Legal, and Judicial Systems

Usually, instances of domestic violence come to the attention civil, criminal, legal, and justice systems after an abusive pattern of violence has been established or a serious injury has resulted. The costs to the victim of being involved with the criminal justice and legal systems – in money, time, lost privacy and wages, and retaliatory acts by the abusive partner – are daunting. Quite frequently, over time or simultaneously, a victim will be involved in a family offense proceeding, a civil contempt matter, custody, support, and visitation proceedings, a matrimonial action, and criminal proceedings in multiple courts. This fragmentation, coupled with the differing standards of proof, rules of procedure, and an extraordinary diversity of record keeping practices, exhaust resources and often demoralizes and inadvertently endangers victims and their children. Early interventions and improved coordination within the justice system provides the best path of protecting victims and their children and maintain family stability; thereby, reducing the escalation of abusive patterns and the rate of domestic homicide and other felonies.

1.4 Mental Health

Research has shown that domestic abuse plays a significant role in the development of a number of mental disorders including, but not limited to depression, anxiety, attempted suicide, post-traumatic stress disorder, and substance abuse. On average, more than half of the women seen in a range of mental health settings are either currently experiencing or have experienced abuse by an

intimate partner. In order to appropriately diagnose and treat these disorders, mental health professionals need to identify symptoms associated with domestic violence. Symptoms commonly presented are hyper-vigilance, re-experiencing aspects of the trauma, and/or emotional numbing. It is important to note that some of these symptoms may remit once the victim is out of immediate danger, therefore, mental health providers must integrate safety-related concerns along with traditional treatment plans.

Despite the tremendous impact that domestic violence can have on the victim and their children, collaborative models for addressing these issues have been slow to develop. For a person struggling to find safety from abuse and recover from its traumatic effects, the lack of training and the absence of collaboration among service providers impede optimal care. To prevent future abuse from occurring, mental health providers should be included in the development of a coordinated community response.

1.5 Child Welfare

Domestic violence is a devastating social problem that affects every segment of the population. System responses to domestic violence are primarily targeted toward adult victims of abuse; however, there is increasing attention now focused on children who witness domestic violence.

For too many children, home is far from a safe haven. Many abused and neglected children live in homes that are experiencing domestic violence. Exposure to domestic violence has a powerful and profound impact on the lives and hopes for the future of children. Findings show that children who are exposed to violence in the home may suffer a range of severe and lasting effects, even into adulthood as some are likely to become victims or abusive partner. In the United States, an estimated 3.3 to 10 million children annually are at risk for witnessing or being exposed to domestic violence, which can produce a range of emotional, psychological, and behavioral problems for children. Those who

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23 Domestic Violence and Mental Health Policy Initiative [online] www.dvmhpi.org
are not direct victims have some of the same behavioral and psychological problems as children who are themselves physically abused.

According to U. S. Department of Health and Human Services Administration for Children and Families (ACF), current data regarding the co-occurrence between domestic violence and child maltreatment compel child welfare and programs that address domestic violence to re-evaluate their existing philosophies, policies, and practice approaches towards families experiencing both forms of violence. ACF reports that several protocol and practice guidelines have been developed over the past decade to provide child welfare and service providers with specific assessment and intervention procedures aimed at enhancing the safety of children and victims of domestic violence. Communities can better serve families by implementing new protocol and practice guidelines among child protective services, other service providers, and the wide network of informal and formal systems that offer a continuum of services; thus creating a coordinated system of care.

1.6 Children and Teens in the Education System

As national data readily confirm, there are significant correlations between partner violence and child abuse and neglect, with domestic violence surfacing as one of the leading risk factors relative to physical and emotional safety of children. As stated earlier, children exposed to domestic violence in their homes often suffer a range of potentially serious effects. Among them are deficiencies in academic performance. Children who witness domestic violence often feel responsible for the violence and subsequently experience guilt, shame, and self-blame.

As teenagers, these children are more likely than other teens to be involved in alcohol and drug use and criminal activity, and they comprise a disproportionate number of teen parents and homeless youth. For boys, there is the additional risk of engaging in abusive and controlling behavior in their adolescent and adult relationships.

Abuse and violence in dating relationships occurs at alarming high rates. Studies of high school and college students conducted during the 1980’s reported rates of violence in dating relationships ranging from 12-65%. As with adult partner violence, teen and young adult aggressors generally engage in a pattern of repeated violence that escalates and increases in severity the longer the
relationship continues. Teenage abusive partners can and do perpetuate assaults that result in serious and life threatening injury and death. Their abuse may also take the form of sexual harassment and/or date rape.

Since school, preschool, and Head Start personnel have continuous contact with children, they have significant opportunities to identify the negative effects on children of violence in the home and to provide information and support. School personnel should be prepared to respond to disclosures by students of domestic violence as well as to participate in creating an environment of zero tolerance for violence in the school environment. Also, to coordinate on service provision particularly when safety is at a heighten state such s when protective orders and legal proceedings are initiated.

The frequency with which abuse and violence occur in dating relationships virtually ensures this problem will emerge in educational environments, particularly at the junior high, high school, and college levels. Intervention and prevention are thus paramount in these years as well as for the primary grades.

1.7 Work Place

Research suggests that as many as 74% of women who are victims/survivors of abuse are are harassed by their abusive partners on the job; and of them, each year 45% miss at least 18 days of work; 56% are late for work on at least 60 days; and 28% leave early on at least 60 days. Another study found that 20% of these women lose their jobs altogether. Women who have been abused consistently identify the lack of financial resources as a primary obstacle to separating from their abusive partners.

1.8 Housing

Many studies demonstrate the contribution of domestic violence to homelessness, particularly among families with children. A 1990 Ford Foundation study found that 50% of homeless women and children were fleeing abuse (Zorza, 1991). In 1998, a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998). A 2003 survey of 100 homeless mothers in 10 locations around the country found that 25% of the women had been physically abused in the last year (American Civil Liberties Union, 2004). In addition, 50% of the 24 cities surveyed by the U.S. Conference of Mayors
identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 2005).

1.9 Federal/State/Local Public Policy Response

In response to these startling statistics, the Federal government in 1994 established domestic violence as a public policy issue by authorizing The Violence Against Women Act (VAWA). The Act called for widespread attention and action to domestic violence at all levels of government. Congress has allocated nearly $4 billion towards combating domestic violence and sexual assault nationwide since passing VAWA. These funds have spawned a plethora of models of excellence for responding to domestic violence particularly in the law enforcement, judicial systems, and integrated systems of care. Since the passing of VAWA, The Commonwealth of Virginia has made significant strides to dedicate funding streams to localities utilizing Federal and State funds. Arlington is recipient to several sources of these funds across several public and private agencies.

2 The Arlington Definition of Domestic Violence

Domestic violence is a single act or pattern of abusive and coercive behaviors, used by an individual to gain and/or maintain power and control over another individual in the context of an intimate/dating/familial relationship.

Pattern – domestic violence is usually not a one-time, isolated incident, but rather is an ongoing and related series of abusive/coercive behaviors often increasing in frequency and severity.

Abusive and coercive behaviors – may include physical and sexual violence, direct and implied threats of violence, emotional and psychological intimidation, verbal abuse, isolation, stalking,

27 In developing the definition, the Task Force took into consideration the Virginia State Code as well as the Virginia Action Alliance Sexual and Domestic Violence guidance. The objective was to be as inclusive as possible and not limited by strictly a judicial or law enforcement definition given the purpose of the CCR to encompass prevention, protection, and provision of services. Adapted from Fairfax County Domestic Violence Prevention, Policy, and Coordinating Board.
economic/financial control, spiritual abuse\textsuperscript{28}, actual and threatened use of weapons, destruction of property, and harm to the victim’s family/pets/significant others.

**Gain and/or maintain power and control** – the pattern of abusive/coercive behaviors is general not caused by a lack of impulse control on the part of the abusive partner or as a matter of coincidence or a time-related crisis, but rather is usually an ongoing effort to maintain domination over the victim and ensure submission to the abuser’s will.

**Intimate/dating/familial** relationship – a short or long-term relationship between individuals intended to provide some emotional/romantic and/or physical intimacy or a relationship that involves individuals related by blood or marriage.

Domestic violence occurs between people of all ages, races, ethnicities, economic, educational and religious backgrounds, in heterosexual and same-sex relationships, living together or separately, married or unmarried. Statistics indicate that domestic violence is a major cause of emotional and physical injury to women; however, men and children also are victims of violence.

\textsuperscript{28} Spiritual abuse includes a violation of the law under the guise of religious teachings and or personal beliefs and values.