

oppaga Progress Report

March 2002

Report No. 02-19



Domestic Violence Program Improves Coordination, But Lacks Data on Long-Term Effects of Services

at a glance

In response to our 2000 report, the Department of Children and Families' (DCF) Victims of Domestic Violence Program acted to improve coordination with the Child Protection Program. Specifically, DCF mandated that family service counselors complete competency-based pre-service training as part of the certification process. The department also required child protection staff to complete a risk assessment and background screening for all household members in all reports received. Finally, DCF has continued to monitor certified domestic violence shelters and child protection offices to ensure that they have effective departmental agreements.

However, the program has not collected information to assess whether its services help victims remain permanently safe from domestic violence. Instead, it has planned a new monitoring initiative for safety plans beginning in July 2002 to improve program effectiveness. Nevertheless, we continue to believe the program should collect data to improve assessment of its long-term effectiveness.

Purpose

In accordance with state law, this progress report informs the Legislature of actions taken by the Department of Children and Families

(DCF) in response to a 2000 OPPAGA report.^{1, 2} This report presents our assessment of the extent to which the department has addressed the findings and recommendations included in our report.

Background

The purpose of the Victims of Domestic Violence Program is to protect adults and children from harm caused by domestic violence and to prevent the recurrence of violence to these individuals. The program provides shelters to meet the immediate safety needs of victims and gives counseling and other services to help victims avoid further harm. In addition, the program promotes community awareness of domestic violence and supplies training to medical and law enforcement personnel and other professionals who work with victims of domestic violence.

The program contracts with a network of 38 certified domestic violence shelters to provide most services, including temporary emergency housing, counseling, case management, information and referrals, child assessments, and community education. It also contracts with the Florida Coalition Against Domestic Violence to

¹ Section 11.51(6), *F.S.*

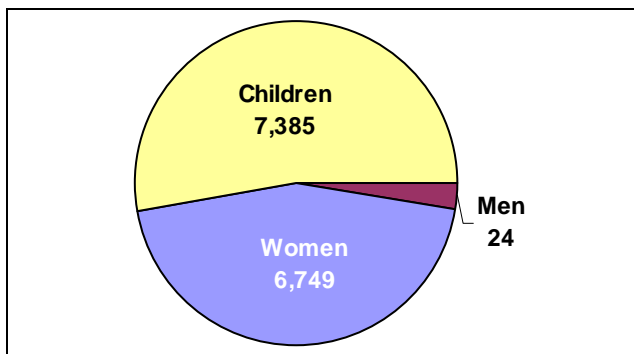
² *Justification Review: Domestic Violence Shelters Keep Victims Safe, Need Data on Long-Term Effects*, OPPAGA [Report No. 00-03](#), August 2000.

Progress Report

operate the statewide domestic violence hotline and training for professionals.

Two examples of program services are counseling interviews and temporary housing in an emergency shelter. During Fiscal Year 2000-01, the program conducted 187,628 counseling interviews³ and served 14,158 clients in emergency shelters. As shown in Exhibit 1, the number of victims staying in a shelter was almost evenly divided between children (52%) and adults (48%).

Exhibit 1
During FY 2000-01, 14,158 Clients Stayed in an Emergency Shelter



Source: Department of Children and Families

For Fiscal Year 2001-02, the Legislature appropriated \$32.8 million to the Victims of Domestic Violence Program, with \$100,000 coming from general revenue funds and the remaining \$32.7 million coming from trust funds.⁴ The program distributed most of this appropriation (\$17.5 million) to the shelters to provide program services.

Prior Findings

We concluded in our prior report that the program successfully kept victims of domestic violence safe while in a shelter and had nearly met the standard of having 95% of clients who

were in a shelter for 72 hours or more complete a family safety plan before leaving the shelter. According to a 1999 survey, more than 95% of the program's clients were satisfied with the services they received.

While the Victims of Domestic Violence Program was reasonably effective in meeting legislative goals, we identified deficiencies in its coordination with Child Protection Program staff and in its measurement of the program's long-term effects.

Domestic Violence and Child Protection staff needed to improve cooperation

Although both the Victims of Domestic Violence and Child Protection programs are in the Department of Children of Families, staffs from the two programs have not always worked cooperatively. Due to differing viewpoints and priorities, the two programs historically have provided different services. One program offers domestic violence services and legal protection, while the other provides assistance and protection for abused children.

As a result, staffs from the two programs have different philosophies and sometimes disagree on the type and amount of services needed. For example, staff members have not agreed as to whether a child should be removed from the care of a non-abusing parent who was the victim of domestic violence. Since research indicates that as many as 60% of the homes in which domestic violence occurs also have incidents of child abuse or neglect, it is important that staff from both programs work together on cases wherein children and adults are victims of family violence.

We noted that the department improved the working relationship between the two programs. In early 1999, it developed a new training package on domestic violence for all child protection staff. In early 2000, the department implemented a statewide risk assessment instrument for all child protective investigators to use to examine the presence of domestic violence in the home.

³ This number is the sum of face-to-face and telephone interviews and may contain some duplicated reports.

⁴ The Domestic Violence Trust Fund comprises state funds; and the Federal Grants Trust Fund includes federal grants from the Family Violence Prevention and Service Act, Temporary Assistance for Needy Families, and Violence Against Women Act.

Furthermore, in October 2000, the Secretary distributed a model departmental agreement to all district offices and domestic violence shelters and directed them to design and execute a similar agreement. This agreement set up a communications framework for domestic violence and child protection staff by giving child protection staff access to domestic violence victims while ensuring victim confidentiality.

Despite these positive steps, we concluded that further actions were needed to ensure better coordination between the two programs. Thus, we recommended that the department continue to improve coordination between the programs and carefully monitor its efforts to increase training and communication.

Program needed information to assess its long-term impact in preventing further abuse

We also concluded that the Victims of Domestic Violence Program did not collect information to assess whether victims remain safe from domestic violence after receiving program services. The shelters were not required to report information about the history of victims, such as whether they had been previously victimized by domestic violence, had stayed in a shelter before, or had followed the provisions of a previous safety plan. Such information would enable the program to better determine whether the services it orders are effective in helping clients avoid repeated domestic violence.

Program officials asserted that obstacles prevented them from collecting this information. Specifically, they cited concerns about the cost of creating a statewide database, the confidentiality of the data, and the level of technical expertise required for such a database.

However, we believed that the shelters could collect and report information on long-term program impacts at minimal cost and avoid confidentiality problems. Thus, we recommended that the shelters include this information in their annual reports that they submit to the department, since this reporting mechanism does not include identifying information. While such data would need to be

interpreted with caution, the information would help the program assess its long-term effects.⁵

Current Status ---

Since our prior report, the department has taken steps to improve staff coordination between its Victims of Domestic Violence and Child Protection programs. However, the Victims of Domestic Violence Program has not collected data to assess its long-term impact in keeping clients safe from additional acts of domestic violence.

The department has worked to improve coordination between the two programs

The department has followed all of our recommendations aimed at improving coordination between the Victims of Domestic Violence and Child Protection programs. To address our recommendation that it monitor whether all child protection staff attends the training on domestic violence, the department has instituted a Children and Families Operating Procedure (CFOP 175-78) mandating that all family service counselors complete the competency-based pre-service training within the first six months of employment as part of the certification process.^{6,7} It also designated district supervisory staff as the ones responsible for implementing this procedure. In addition, the department is in the process of developing domestic violence specialist positions, staff for which will receive extra training on domestic violence and work in the districts providing domestic violence case consultations.

In response to our recommendation that all child protection staff complete initial domestic

⁵ For example, previous placements in a shelter may not be indicative of the program's full impact, as it can take time before a victim is willing to break off an abusive relationship. However, re-abuse that occurs after the victim has followed the provisions of a safety plan may indicate that the current safety plan does not provide adequate protection for the victim and his/her family.

⁶ The procedure was changed from nine months to six months in January 2002.

⁷ Certification as a child protection professional involves participating in all required classroom and field training, passing the written test, and successfully completing the field-based performance assessment.

violence risk assessments as part of its protective investigations, the department has instituted CFOP 175-21. This procedure requires completion of the risk assessment and background screening of all household members in all reports received. The program's supervisors are required to review all of the family safety counselors' assessments to ensure that this procedure is followed.

The department has also continued to monitor whether the certified domestic violence shelters and child protection offices have effective departmental agreements. As of February 2002, 27 of the 38 shelters have a working agreement, and the remaining 11 are in the negotiating process and anticipate having a signed agreement by the end of Fiscal Year 2001-02.

The program has not collected information to assess its long-term impact in preventing further abuse, but has taken steps to improve the program's effectiveness

The Victims of Domestic Violence Program has not implemented our recommendation to collect information assessing whether program services help victims remain safe from domestic violence permanently. Staff asserted that collecting such information would not necessarily reveal the effectiveness of services, since re-abuse still can occur even when the best services and safety plans are administered and followed.

Instead of measuring its long-term effects, the program will implement a new monitoring initiative for safety plans beginning in July 2002 that officials believe will improve program

effectiveness. This initiative should enhance safety for domestic violence victims by ensuring that all safety plans meet the minimum criteria.

During the annual certification monitoring of the shelters, the department will collect a sampling of domestic violence safety plans completed after a client has been in an emergency shelter for 72 hours or more to determine what percentage of the safety plans contain the following four elements: dangerousness assessment, abuser patterns, escape plan, and client signature on the safety plan.⁸ The sampling will not be statistically representative, but will allow general observations about the quality of the safety plans used at each shelter. Program officials expect to begin evaluating the data in October 2003 to determine whether the practice is beneficial and should be continued annually.

While this initiative could result in improved program effectiveness, we continue to believe the program should collect information to assess whether its services help victims remain safe from domestic violence over the long term. The program could diminish workload and confidentiality concerns by collecting information at intake about a victim's prior history and whether they had a safety plan in effect and had followed its provisions, and by reporting aggregate data in its annual reports. While such data needs to be interpreted with caution, the information would help the program assess its long-term effects.

⁸ These elements have been identified as the necessary components of every domestic violence safety plan through a workgroup of domestic violence service providers and DCF staff.

OPPAGA provides objective, independent, professional analyses of state policies and services to assist the Florida Legislature in decision making, to ensure government accountability, and to recommend the best use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

Florida Monitor: <http://www.oppaga.state.fl.us/>

Project conducted by Scott Stake (850/410-4747)

Frank Alvarez, Staff Director (850/487-9274)

John W. Turcotte, OPPAGA Director