

# Appendix B

## The Domestic Violence Oversight Board

### 1. Administrative

#### a. Background, Powers and Duties

The Miami-Dade County Domestic Violence Oversight Board (DVOB) was created in September 1994 to serve in accordance with State law and to develop and submit to the BCC a comprehensive plan, budget, and specific recommendations for the use of the Food & Beverage Tax for DV, as prescribed in Section 2-893 of the Miami-Dade County Code of Ordinances. The DVOB is further charged with advising the BCC as to all matters affecting or relating to domestic violence, pursuing and maximizing available state and federal funding and monitoring the provision of services to domestic violence survivors. In addition, the DVOB has the following duties and responsibilities:

- Advise the BCC with respect to issues affecting or relating to domestic violence;
- Construct and operate domestic violence centers;
- Monitor the provision of services to domestic violence survivors, and
- Annually review the Plan to assure it continues to be relevant and serves the needs of survivors and the community.

The DVOB is unique among domestic violence boards across the country and can be considered a best practice. Per the OMB Study, only one other domestic violence advisory board in the United States (St. Charles County, Missouri) oversees a dedicated source of income. Most of the domestic violence boards reviewed in the OMB Study lead community outreach and educational efforts, act in an advisory capacity to local governing bodies on domestic violence policies, but do not oversee the use of funds.

#### b. DVOB Membership

DVOB membership consists of 15 voting members and reflects at least one person from each of the seven categories outlined in the establishing ordinance. Membership representation includes domestic violence survivors; service providers and advocates; members of the judiciary; members of impacted jurisdictions, and the Public Health Trust. Each member of the BCC appoints one member to the DVOB and the Mayor appoints two members, one (1) of which is a member of the law enforcement community and one member designated by the Miami-Dade County State Attorney. There is currently one vacancy on the DVOB.

Vacancies offer a real opportunity to seek out new voices to contribute to the dialogue on issues related to domestic violence. Given the importance of the role of the DVOB and its advisory functions, the DVOB urges that appointing entities fill respective vacancies so that valuable information and expertise is made available. Citizens who serve on boards help provide oversight and policy evaluation that reflect the individual and collective knowledge and thinking of the DVOB, particularly from a citizen's perspective.

### **c. Financial**

The Miami-Dade County Finance Department, Tax Collection Division oversees the collection of the one percent Food & Beverage Tax. At least 15 percent of these funds are to be made available for the construction and operation of new domestic violence centers. Attachment B is the most recent Tax Collector's Report. Attachment C is The Lodge's annual budget. The total cost for operating The Lodge is \$3.4 million, of which \$1.8 million is funding from the Food & Beverage Tax for DV proceeds. Attachments D and E are the construction and operations budget of the new center, respectively.

## **General Characteristics and Overview of Domestic Violence and a Coordinated Community Response**

### **Intimate Partner Violence: The Public Health Model**

Domestic Violence or Intimate Partner Violence (IPV) has been identified as a public health crisis in the United States and impacts people of all types of demographic backgrounds (Max, Rice, Finkelstein, Bardwell & Leadbetter 2004; Hasstedt & Rowan, 2016; U.S. Department of Health and Human Services, 2014). Violence between intimate partners represented 15% of all crimes nationwide during 2003-2012.

IPV is connected to other forms of violence, such as psychological or emotional abuse, causing serious social, health and economic consequences on victims. Beyond deaths and injuries, physical violence is associated with a number of adverse health outcomes. Several health conditions connected to IPV may be a direct result of the physical violence, while other conditions are the impact of chronic stress associated with IPV on the cardiovascular, gastrointestinal, central nervous, reproductive, and endocrine and immune systems.

### **The Economic Impact of Domestic Violence**

The most recent estimates of public costs associated with domestic violence exceed \$8 billion annually. This estimate does not include costs associated with the criminal justice system (Max, Rice, Finkelstein, Bardwell & Leadbetter, 2004). Beyond medical costs, it includes loss of worker productivity (Olsen, Parra & Bennett, 2010).

According to the Centers for Disease Control (CDC), people who experience severe domestic violence, "lose nearly 8 million days of paid work- the equivalent of more than 32,000 full-time jobs – and almost 5.6 million days of household productivity each year" (Centers for Disease Control and Prevention, 2003). In the CDC's report on Violence Prevention, the lifetime per-victim cost was \$103,767 for women and 23,414 for men. The lifetime economic cost to the United States population is \$3.6 trillion. This economic cost estimate includes almost 32 million women and 12 million men who are victims of IPV during their lives, and breaks down as follows: \$2.1 trillion (59%) in medical costs, \$1.3 trillion (37%) in lost productivity among victims and abusers; \$73 billion (2%) in criminal justice costs, and \$62 billion (2%) in other costs that include victim property loss or damage. Victims of IPV may also experience social consequences which include restricted access to services; strained relationships with health providers and employers; isolation from social and familial networks and supports, and homelessness.

## **The Faces of Domestic Violence - The Abuser**

It is important to first address the cause of the problem: the abuser. The term abuser or batterer refers to someone whose behavior reflects an ongoing pattern of coercive control that typically involves intimidations, control, psychological abuse, an inflated sense of self entitlement, and physical abuse.

Intimidating behaviors are actions that instill fear, and such behaviors are wide ranged. Some persons with certain risk factors are more likely to become abusers or victims of IPV, but not all "at risk" individuals become violent, and while those risk factors contribute to IPV, they may not be direct causes. There are a combination of individual, relational, community, and societal factors that contribute to the risk of becoming an IPV perpetrator or victim. Understanding these multilevel factors can help identify opportunities for the proper type of prevention and intervention of IPV.

Abusers range anywhere on the continuum from low level, violent offenders to high level, extremely violent offenders. Therefore, there is no single, cookie cutter approach that will be universally effective when seeking to change abusive behavior. Stopping domestic violence requires an entire community and sector to respond differently to abusers. An abusive partner intervention program is not enough to stop domestic violence or change the abusers' behavior. It also takes improved data collection and monitoring to:

1. Better understand the prevalence of and trends in IPV
2. Provide information on which to base the development and evaluation of prevention and intervention programs, and
3. Monitor and measure the effectiveness of these programs and efforts.

Equally important is to have in place a coordinated community response where each sector or system understands their respective roles and interventions, and implements the steps required leading towards that response.

We must ensure that law enforcement and first responders listen and believe the victim; that health care professionals know to identify signs of IPV; that the definition of these violent acts be uniformly applied; that laws be enforced adequately and consistently, that Batterers' Intervention Programs (BIP) are appropriately diverse in terms of types of interventions, balanced between sanctions and support, and that these programs be adequately monitored.

Miami-Dade County currently has five BIP programs and one BIP Monitoring program which also serves as the probation, diversion, and assessment agency. The BIP Programs are monitored by the Advocate Program based on a memorandum of understanding signed with the Administrative Office of the Courts. However, it is presently unknown if the Advocate Program is monitored by any other entity.

It has been well documented that a BIP Program alone cannot change an abuser's behavior. Sanctions applied by both the batterer's monitoring agency and the judiciary carry the same weight. It is recommended that research be conducted with an outside entity to look at the current system in Miami-Dade County. Some data to look at includes but may not be limited to the following:

- a. Number of domestic violence calls;
- b. Number of arrests;
- c. Number of prosecutions;
- d. Number of cases diverted;
- e. Length of time from sanction to referral to BIP;
- f. Batterer accountability by BIP; Monitoring Agency, and Office of the State Attorney, and
- g. Existence of gender specific programming for women arrested for domestic violence crimes.
- h. Success of BIP and recidivism rate of participants

### **The Adult Victim- Gender Violence and Economic Inequality**

Most of the violence between intimates that was reported was committed against women; 76% (Truman and Morgan, 2014). According to the National Bureau of Justice Crime Statistics, 39% of the 3,032 homicides of females during 2010 were committed by an intimate partner (U.S. Department of Justice, Bureau of Justice Statistics, 2012). According to the United Nations Population Fund, 2000 “State of the World’s Population” report, one (1) woman in four has been abused during her pregnancy and the younger the mother the more likely she will become a victim.

Among all the women who were murdered in the U.S. between 2003 and 2012, approximately one-third (34 percent) were killed by a current or former male partner, compared to 2.5 percent of murdered males killed by a female partner during that same period (Uniform Crime Reports, 2014). Women aged 18 and over were reported to have experienced various forms of violence by their intimate partners. Approximately one in five (22.3 percent) have suffered severe physical violence and nearly half have experienced psychological aggression (Breiding, Chen & Black, 2014).

Data from the CDC’s National Intimate Partner and Sexual Violence Survey indicate that nearly one in four adult women and approximately one in seven adult men report having experienced severe physical violence from an intimate partner in their lifetime. Sixteen percent of women and seven percent of men have experienced contact sexual violence from an intimate partner and ten percent of women and two percent of men report having been stalked by an intimate partner.

Through the work of the Miami-Dade County Commission for Women, in September 2015, the BCC passed the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Ordinance (15-87) (also known as The Women’s Treaty”), which adopted the principles of the CEDAW.

The Ordinance also resulted in The Status of Women in Miami-Dade County Report. In this report, data reflects that the poverty rate for women in Miami-Dade County has increased since 2000. In 2014, 21.7% of women in Miami-Dade County had income below the poverty level, compared to a 16.5% poverty rate for women nationally, and a 17.4% poverty rate for women in Florida.

The poverty rate for men in Miami-Dade County was 18.5 percent. The median income of the 151,135 female-headed households is 25 percent lower than male-headed households. Women are more likely than men to have part-time jobs, 31.1 percent to 22.1 percent, respectively.

There is a 47 percent earnings disparity between men and women with a graduate or professional degree, with women earning \$49,400 versus men's median earning of \$72,821.

Other dimensions of gender inequality and disparities to consider Vis a Vis IPV include economic participation, economic opportunity, health and wellbeing, and educational attainment. While these persistent gender gaps are closing for the better, the economic conditions make it more difficult for women to attain economic equality and autonomy.

Women with a history of IPV are more likely than women without a history of IPV to display behaviors that present further health risks such as substance use and abuse, alcoholism, or binge drinking, suicide attempts. Studies show that the more severe the violence, the stronger its relationship to negative and high-risk health behaviors by victims.

Survivors may be reluctant to disclose their victimization, whether to law enforcement or to family and friends, for a variety of reasons including shame, embarrassment, fear of retribution from perpetrators, or a belief that they may not receive support from law enforcement. The definition of these violent acts may not be uniformly applied. Laws may also not be enforced adequately or consistently, and perpetrators may become more dangerous after their victims report these crimes.

Understanding that there are many reasons why victims delay or avoid reporting is a prerequisite for developing better forms of engagement, support and response for victims that includes assisting to stop their violent behavior and better sanction and support perpetrators. More importantly is ensuring that victims are not re-victimized by the system and its varying components when reaching out for help and services.

Although survivors may understandably decide not to report immediately, if at all, they should, at a minimum, receive educational and resource information from advocates, health care personnel, law enforcement, the judiciary, and all others who interface with victims and survivors so they can be empowered to make the decision that is best for them.

### **The Children**

Some of the biggest victims of domestic violence are the smallest. The overlap between domestic violence and child abuse is well documented: where one form of family violence exists, there is a likelihood the other does as well. IPV begins early in life and continues throughout a lifetime.

An estimated eight and a half million women (seven percent) in the U.S. and over four million men (four percent) reported experiencing physical violence, rape, or stalking from an intimate partner in their lifetime and indicated that they first experienced these or other forms of violence by that partner before the age of 18. A nationally representative survey of U.S. high school students also indicates high levels of teen dating violence, a risk factor for IPV in adulthood.

Among students who reported dating, 12 percent of girls and seven percent of boys experienced physical dating violence and 16 percent of girls and five percent of boys experienced sexual dating violence in the past 12 months of them completing the survey. Research shows that when children grow up witnessing domestic violence, they carry a lifelong burden and may suffer a range of severe and lasting effects.

This early trauma may impact their development, ability to learn, emotional regulation, and mental health. Tragically, children who witness domestic violence grow up to have a greater risk of living in violent relationships themselves, whether as victims or as perpetrators. Without more awareness, prevention of this problem, and help for these families, the burden of domestic violence will continue to be passed from one generation to the next.

Children who are exposed to violence in the home are denied their right to a safe and stable home environment. These children, who often suffer silently with little support, need trusted adults to turn to for help and comfort, and services that will help them to cope with their experiences. Communities must put in place, emphasize, and support primary prevention strategies intended to stop IPV before it starts. Prevention, concurrent with programming that provide support to survivors and lessen the short- and long-term harms of IPV. The following are some recommended prevention strategies to be considered by this community:

1. Raising awareness and teaching youth and adults about the importance of healthy, respectful and non -violent relationships;
2. Engaging influential adults and peers in this conversation;
3. Family based programming;
4. Bystander empowerment and education;
5. Disrupting the developmental pathways toward IPV through early childhood home visits;
6. Preschool enrichment with family engagement;
7. Parenting skills and family relationship programs;
8. Treatment for at risk children youth and families;
9. Improving school climate and safety;
10. Organizational policies and workplace climate;
11. Strengthening economic supports for families, and support survivors to increase safety and lessen harms.

Violence has far-reaching and lifelong impacts on both adults and children, affecting victims' physical, mental, social and emotional wellbeing, and in youth and children, their development. Unresolved, its effects can be intergenerational. Some of these strategies are addressed through the required services of our two certified domestic violence centers as well as CVAC. Primary prevention services are offered in the public school system (elementary and middle schools) and offered at the discretion of the school principal.

As was recommended in the OMB Study, the DVOB recommends that the extent to which these strategies are in place, and their impact on participants be included in a comprehensive study of the state of domestic violence in Miami-Dade County. This can be part of the scope of the comprehensive analysis of the state of IPV in Miami-Dade County as outlined in the Recommendations and Priorities Section D Page 9 of the report.

### **Getting to the Numbers**

While data from the Florida Department of Law Enforcement (FDLE) indicates a decline of 55.9 percent in domestic violence offenses since 2000, it should be noted that there may be both domestic violence offenses and sex offenses that remain unreported. According to the FDLE, Uniform Crime Report (UCR), between 2013 and 2017, there were 47,086 domestic violence related offenses in Miami-Dade County, and based on the Miami-Dade County Criminal Justice Information System (CJIS) database, there were 38,209 domestic violence arrests.

Data collected from 1999 to \*2017 (\* Final 2017 cases yet to be finalized), through the Miami Dade Domestic Violence Fatality Review Team reveals 780 domestic violence related fatal incidents which resulted in a total of 1026 domestic violence-related deaths in Miami-Dade County. At the State level, aggregated data analysis received from local Fatality Review Teams across the state helps identify patterns and trends related to domestic violence homicides and helps to highlight critical areas of focus related to improving policy and intervention strategies.

Although domestic violence fatalities are documented locally and in the United States, non-fatal domestic violence incidents are difficult to ascertain; incidents are documented through surveys (National Intimate Partner and Sexual Violence Survey, 2013; National Crime Victimization Survey, 2016). Gathering surveillance data on intimate partner violence is complicated by the ways in which information is collected, the multiple sources from which it is reported, and the social/emotional constraints to reporting. Police gather data based on incidents, making it difficult to determine the number of individuals affected.

Conversely, hospitals maintain records according to individual patients (Salzman, Fanslow, McMahon & Shelley, 1999). The result of these two methods of data collection is that multiple incidents can represent one person (when reported to police), and one person can represent multiple incidents (when presenting at hospitals).

Furthermore, incidents of domestic violence are reported to the Federal Bureau of Investigation (FBI) by local police departments annually in the form of specific crimes, rather than as domestic violence crimes. In other words, domestic violence incidents are reported to the FBI as crimes such as battery, aggravated battery, breaking and entering, robbery, false imprisonment, kidnapping, arson, stalking, attempted murder, and others, which are published in its UCR.

Although there is a definition of domestic violence in law, there is no crime specifically known as domestic violence (Salzman, Fanslow, McMahon & Shelley, 1999). Other issues related to understanding the full extent of domestic violence include cultural stigma, extended family pressure and undocumented women who are reluctant to call police.

### **IPV and Homelessness**

Linkages between violence and homelessness have been researched extensively and are well documented and recognized. Violence is a leading cause of homelessness for women, and all too often, normative in the lives of women experiencing homelessness. Impoverished women and their children may remain in abusive relationships because they lack safe emergency shelter with supportive services, education, tools and resources to heal, reclaim their lives, achieve economic self-sufficiency, and build the foundation for a brighter future.

At the Lotus House Women's Shelter in Miami, one of the largest gender-specific homeless shelters in the country, 95 percent of women report histories of violence, many starting with victimization as children. Homelessness is traumatic for everyone, but especially for women and children with histories of violence, who are physically vulnerable and at risk for further victimization.

While there is alignment of vision between the systems, the mission and services of the two differ by virtue of the nature of the issues presented. This may occur when a program participant in the homeless continuum is at risk of immediate or threatened IPV, and therefore requires heightened safety, protocol and services from the domestic violence system. Or it may occur when a program participant of a domestic violence center is no longer in need of that heightened safety, protocol and services provided by the domestic violence system, but whose other special needs may require more intensive supports and services to transition to permanent housing.

Both systems must focus on ensuring that housing policies and practices do not inadvertently make it more difficult for victims to secure stable housing once they decide to leave the abuser. At the forefront, there must be ongoing evaluation of the types of housing options available for survivors of IPV, along with an analysis of housing policies and practices that are in place in an effort to determine the strengths and limitations of such.

The expansion and innovation of existing models of service delivery is needed to provide a broader range of housing options, particularly in communities where affordable housing is lacking. In addition, the level of coordination between domestic violence and housing/homeless service systems is critical to the success of those seeking services.

Finally, it is essential for both systems to establish a training curriculum for respective staff focusing on cross systems issues around coordinated entry, safety planning and danger assessment, Housing First, management information systems and confidentiality.