

APPENDIX A

DOMESTIC VIOLENCE OVERSIGHT BOARD GAPS AND NEEDS REPORT

**GAPS AND NEEDS REPORT
Executive Summary**

The Domestic Violence Oversight Board (DVOB) recognizes that assessing gaps, needs and future action steps requires an in-depth, multi-faceted, system wide evaluation and systems audit of our response to Intimate Partner Violence (IPV), which may take up to two years to complete. The DVOB recommended, and the Miami-Dade Board of County Commissioners (BCC) approved a new and comprehensive study of our community's coordinated response to IPV to be conducted by professional 3rd party consultants. In the interim and in preparation for engaging such consultants, the DVOB established the Gaps and Needs Workgroup (the Workgroup) to: conduct an overview of the current domestic violence continuum of care; assemble and review readily available information, data, research and statistics from key stakeholders in the continuum; and prepare this Report of our findings and recommendations.

The Workgroup began its work by reviewing the "Domestic Violence Report ~ Assessments of Gaps in Services ("Original Report") commissioned by the DVOB in 2003 and prepared by The Advocate Program. The Original Report looked at data from the various components serving victims of domestic violence and identified gaps in services and need for coordination amongst those sectors. It provided a picture of the status of our community's response to domestic violence. It also made some important recommendations that would move this community toward a stronger and better coordinated response to IPV. Many of the recommendations identified in the Original Report were implemented and have been in operation for years.

Over the past decade, thanks to the concerted efforts of many stakeholders, we have seen some important gains. For example, according to the Florida Uniform Crime Report, the number of reported domestic violence related offenses county wide has reduced by approximately 23% from 2008 through 2018. That said, 2018 was one of the deadliest years on record in recent history, with 44 domestic violence related deaths, representing 14-15% of all homicides county wide.¹ From 1999-2018, there were 1078 domestic violence related deaths, including 697 homicides, 356 suicides and 25 other deaths (police and accidental shootings resulting in death).² Despite important strides in our community's response, it is clear domestic violence and sexual assault remain a pressing public health issue, on all levels, and significant gaps still exist in addressing the needs of victims and survivors in our community.

The devastating impacts of domestic violence are far reaching, both on a personal level for victims and survivors, their children, family and friends, as well as the larger community. National studies show: 1 in 3 female murder victims and 1 in 20 male murder victims are

killed by intimate partners; 20% of victims are family members or friends of the deceased; 72% of all murder-suicides are perpetrated by intimate partners and 94% of all murder-suicide victims are female.³ Intimate partner violence is estimated to cost the U.S. economy between \$5.8 billion and \$12.6 billion annually; victims lose a total of 8 million days of paid work each year; 21-60% of victims lose their jobs due to reasons stemming from their abuse; and many women are murdered in their workplaces by former or current intimate partners.⁴ From the suffering, loss and death of individual victims, families, friends, employers, businesses, schools and community to systems such as law enforcement, the judiciary, public health and human services alike, the costs of domestic violence are far and wide. All demand our urgent commitment to identifying and addressing the needs of domestic violence victims and survivors, gaps in our community wide system response, and additional steps needed to prevent and end domestic violence

This Report takes an updated look at the magnitude of domestic violence issues in our community and considers the extent of the progress to date by comparing the data and recommendations in the Original Report to current data, and what has been implemented and achieved. The Workgroup identified, obtained, and analyzed readily available data from the various system components that serve and interface with victims and batterers. It reviewed relevant literature and statistics on a national, state and local level, and researched and analyzed key indicators of gaps and needs in Miami-Dade County's IPV system-wide response and continuum of care.

The eight recommendations found in part two on pages 30 through 36 of this Report reflect the most pressing and clearly identified gaps and needs. The Workgroup recognizes that missing in this report are the victims' perspective. The Workgroup acknowledges that victim centered services must be at the core of our daily work and policy decisions. As such, this critical component is best included in the comprehensive Intimate Partner Study approved in 2019 by the Board of County Commissioners and to be commissioned by the DVOB in the very near future. The Workgroup also made a deliberate attempt to identify a cost to each of the recommendations, which total approximately \$1Million. These recommendations are summarized below:

Recommendation #1: *A single, centralized, community-wide domestic violence hotline, coordinated entry and tracking system for the domestic violence continuum of care is urgently needed. A central domestic violence hotline will allow victims to access shelter and supportive services more swiftly and in a streamlined, coordinated manner, eliminating the need for multiple calls by victims to find shelter, services and resources. It will also provide important information on victims' needs, service utilization, and outcomes, as well as opportunities for continuous improvement. Given the shortage of shelter capacity in certified domestic violence centers in undisclosed locations, the coordinated entry system will allow the limited number of beds in undisclosed locations to be utilized*

more efficiently and reduce barriers for victims to access other supportive shelter beds in trauma informed enriched shelter for those who do not need the undisclosed location. The centralized hotline should be the focus of a community-wide, intensive, ongoing, public education and awareness campaign, to ensure meaningful access to both domestic violence shelter and supportive services for victims and survivors, as well as law enforcement.

Recommendation #2: *A more robust, county-wide centralized information management and reporting system and data base for domestic violence is essential to capturing true, accurate and complete de-identified information on the nature and scope of domestic violence related crimes in our community, their disposition, the impact and efficacy of batterers intervention programs, and the provision of shelter, supportive services and safe housing responsive to the needs of victims and survivors. Accurate and complete information is vital to guiding our community's public policy, responsiveness to victims, utilization of best practices and effective services, targeted education of stakeholders in the domestic violence continuum, and effective strategies for public education and prevention of domestic violence.*

Recommendation #3: *Additional trauma informed, supportive shelter beds offering deep protective factors and therapeutic supports for victims, including children, need to be commissioned to enhance the overall shelter capacity of the domestic violence continuum. Even with the new domestic violence center under construction and slated to deliver an additional 60 beds into the continuum, supportive, emergency shelter of all levels tailored to the needs of domestic violence victims is urgently needed. Ready access to domestic violence shelter provides a pathway to safety for domestic violence victims and can be truly life- saving. It is key to the prevention of escalating violence and its lethal consequences. The County should continue to support and fund additional domestic violence centers and trauma informed emergency shelter providing longer term stays for domestic violence victims, with a full range of supportive services, education, employment and housing assistance. Recognizing that not all emergency shelter for domestic violence victims needs to be in an undisclosed location, domestic violence victims should also be prioritized by the Homeless Trust's coordinated entry system to the homeless continuum of care, with ready access to trauma-informed homeless shelter services between systems. This will allow the County to maximize use of the domestic violence shelter beds in undisclosed locations. Deep protective factors for children in times of transition should be an essential part of emergency shelter programs serving victims, including evidence-based assessments and therapeutic supports for children and families, to assure children have the opportunity to heal, thrive and break the cycle of violence.*

Recommendation #4: *Additional trauma informed, affordable transitional housing options and resources, combined with a full range of supportive services, are needed to ensure victims of domestic violence are not forced to return to abusers and able to establish the foundation for safer, brighter futures. Recognizing a "one size fits all" approach fails to address the varied needs of victims, the domestic violence continuum of care should*

include a full range of options including evidence-based models, such as clustered, scattered site and communal, with readily accessible supportive services. Both short- and longer-term rental subsidies and other flexible financial assistance for survivors are needed to cover rent, deposits, furnishings and move-in costs that will support financial empowerment. Stakeholders from the domestic violence and homeless/housing systems should continue efforts toward deeper cross-system collaboration with the goal of broadening the range of transitional and permanent housing options available to survivors.

Recommendation #5: *Existing programs demonstrating successful outcomes for domestic violence victims in law enforcement, prosecution and the criminal and civil justice system need to be expanded and in wider practice across our community. More and deeper data collection and analysis would be helpful in demonstrating the success of these programs and alignment of and provision for additional funding resources. Examples include:*

- Victims would be better supported by: 1) adoption of memoranda of understanding (MOUs) between the Miami-Dade State Attorney's Office and law enforcement in every police jurisdiction, and applying it to their standard operating procedure (SOP) as well as enforcement of those MOUs, requiring officers to promptly contact the MOVES program in the case of all misdemeanor and 2nd and 3rd degree felony arrests; 2) extensive training of law enforcement at all levels to identify domestic violence related arrests and promptly call the MOVES program to respond to meet with the victim; and 3) additional staffing, including victim specialists in the Miami-Dade State Attorney's Office.*
- MOVES by the Miami-Dade State Attorney's Office, provides mobile victim's specialists from 5pm-5am weekdays, 24 hours on weekends and holidays, meeting victims at the site of domestic violence related incidents, needs additional victims' specialists and advocates to support the needs of victims. This early intervention improves the probability of an increase in more successful misdemeanor and felony degree filings and prosecutions. The Miami-Dade State Attorney's Office has advised that it needs funding for two (2) additional MOVES Specialists to handle an estimated 519 additional cases in furtherance of full compliance by all police municipalities.*
- Victims' Advocates Program by the Coordinated Victims Assistance Center, embedding victim specialists, counselors and advocates in the civil court houses to assist victims in securing restraining orders and accessing additional help should be available in every courthouse across Miami-Dade County serving domestic violence victims seeking restraining orders.*
- The establishment of specialized domestic violence courts should be expanded to include specialized felony domestic violence courts. Particularly given the lethal consequences associated with domestic violence, it is important that the judiciary,*

public defender, prosecutors, advocates and courtroom personnel are highly trained and knowledgeable on the dynamics of domestic violence and the long-term effects and trauma this horrific abuse causes the victims and children living in this environment. The Miami-Dade State Attorney's Office has a need for three additional Victim Specialists, to be assigned to pods within the 19 felony divisions to provide individualized support to victims and the division attorneys handling the more serious domestic violence cases that are prosecuted in the assigned felony divisions.

Recommendation #6: While important strides have been made in addressing domestic violence in Miami-Dade County, law enforcement in every jurisdiction needs to recognize domestic violence as an important public health issue in our community and reinforce their commitment to providing deeper support and protection for victims, as well as ways they can contribute toward its prevention. A deeper commitment on the part of law enforcement leadership in every municipality and jurisdiction is needed to continued education of front-line officers and administrative staff on trauma informed responses to and prevention of domestic violence.

Recommendation #7: Public education is a key component to providing pathways to safety for domestic violence victims and preventing and ending violence in our community. A broad-based community awareness campaign, from school-based programs for children and adolescents to culturally sensitive, targeted public media campaigns for adults, offers the opportunity for primary prevention of domestic violence on a community-wide scale. Components of the community awareness campaign should be evidence-based, culturally competent, age appropriate, and targeted to the diverse segments of our community. In addition, it should be supported by outcome evaluation.

Recommendation #8 New, dedicated sources of funding are urgently needed to provide a robust domestic violence continuum of care, supportive shelter, safe permanent housing options, enhancements to the efforts of law enforcement and the judicial system, and greater public awareness and education to prevent and end domestic violence in our community. The current dedicated source of funding for the construction and operation of domestic violence centers, namely the 15% share of the Food and Beverage Tax from the 32 of the 35 municipalities contributing, has been inadequate to meet the needs of domestic violence victims across Miami-Dade County, particularly in the face of dramatic population growth over the past two decades. The result is an urgent shortage of shelter beds, safe haven and other important supportive services for victims of domestic violence in Miami-Dade County both in the near- and long-term foreseeable future. Victims of domestic violence across the County have suffered the consequences.

- Addition of the Beach Municipalities to the Food and Beverage Tax being collected across Miami-Dade County could add as much as \$1-1.5 Million annually for the construction of new domestic violence centers and their operation. For the second year in a row, Miami Beach declined to do so, despite being historically in the top

five communities county-wide for the greatest number of reported domestic violence related offenses. It is imperative that Miami Beach, Surfside and Bal Harbor contribute their equitable share to support the construction of new domestic violence centers and additional emergency shelter and supportive services for domestic violence victims in our community. Those resources will be important to addressing the gaps and needs of our County-wide domestic violence continuum of care for victims and further our collective efforts to prevent and end violence in our community.

- *More funding is needed at the County level to provide for a centralized domestic violence hotline and coordinated entry system, a robust management information system, data collection and analysis, greater staffing for the DVOB, additional domestic violence centers, trauma-informed supportive shelter, supportive services and safe housing for victims, deeper training and education for law enforcement, expansion of successful programs like MOVES and the Victims Advocacy Program in all courts, establishment of specialized misdemeanor domestic violence courts, and a community-wide, coordinated, public education campaign to prevent and end domestic violence.*

CONCLUSION

Domestic violence needs to be recognized as an urgent public health issue in Miami-Dade County that has enormous costs and adverse impacts for the individuals, children and families affected, their employers, schools, homes, businesses and our entire community. The economic and social cost of this urgent public health issue weighs on every aspect of our public health systems, from social, health and human services, to homelessness, housing, law enforcement and our criminal justice systems. Most importantly, lives are at stake. Despite the importance of shelter, supportive services and safe housing for victims of domestic violence, reducing violence, saving lives, and sparing children the life-long adverse effects of exposure to domestic violence, we are falling short as a community and solutions are urgently needed.

Given the lethal nature and extraordinary cost of domestic violence, it is imperative that 1) our community-wide system response, including law enforcement, prosecution, diversion and the judiciary, is stream-lined, coordinated, trauma-informed, utilizing evidence based best practices, and effective to protect victims and survivors and stop perpetrators from committing further crimes while holding them accountable; 2) victims and survivors have ready and meaningful access to coordinated, comprehensive, enriched supportive services and shelter utilizing evidence based, best practices to address their needs; and 3) public education and awareness should be an integral component to our community response to prevent and end domestic violence. All prevent deaths. The deeper assessment and review of our community's approach to domestic violence, approved by the Board of County Commissioners under the oversight of the DVOB, should address and provide recommendations for all three prongs of our community wide response.

GAPS AND NEEDS REPORT

**Gaps and Needs Workgroup
of the
Miami-Dade County Domestic Violence Oversight Board**

INTRODUCTION

Just over fifteen years ago, Miami-Dade County and the Domestic Violence Oversight Board (DVOB)¹ commissioned a comprehensive assessment of our community's response to the issues of domestic violence and sexual assault, the results of which was included in the Domestic Violence Report ~ Assessments of Gaps in Services ("Original Report") prepared by the Advocate Program Inc.² The Original Report reflected the collaborative efforts of stakeholders from law enforcement, the State Attorney's Office, public defender's office, judiciary, and advocate programs to identify gaps in our community's response to the sobering fact that 34% of all violent crimes and 20% of all homicides in the County were attributable to domestic violence and sexual assault. Many of the recommendations identified in the Original Report were implemented and have been in operation for years. This Report takes an updated look at the magnitude of the domestic violence issues in our community today, progress made on many fronts, gaps and needs, and recommendations to enhance services and address those needs and gaps. It is a summary of the preliminary findings and recommendations of Gaps and Needs Workgroup (Workgroup)³ of the DVOB, with a view toward commissioning an updated comprehensive assessment and addressing the immediate gaps and needs identified.

¹ The Domestic Violence Oversight Board was established by Miami-Dade County Ordinance in 1994 to "serve in an advisory capacity to the Board of County Commissioners with respect to all issues affecting or relating to domestic violence," among other more detailed duties. Ord.No.94-156, amended as Art. LXVI, Sec. 2-891-2-895. The 15-member board includes both domestic violence stakeholders and appointees of the Miami-Dade County Commission. By resolution of the Miami-Dade County Commission as of October 1, 2019, the DVOB reports to the Office of Community Advocacy.

² Miami-Dade County Domestic Violence Report, A County Wide Assessment of Gaps in Services, dated December 23, 2003, presented by the Advocate Program, Inc. See Appendix A-2 (without attachments).

³ The members of the Workgroup included: Chairwoman, Constance Collins, Executive Director, Lotus House Women's Shelter, Miami, Florida; Lucia Davis Raiford, Miami-Dade County Community Action and Human Services Department (CAHSD); Carrie Soubal, Miami-Dade Office of the State Attorney (SAO); Ivon Mesa, Chief, Targeted Services Bureau, CAHSD; Angela Diaz Vidaillet, President, Victim Response, Inc., The Lodge (withdrew as of 4/17/20); Major Christopher Carothers, Miami-Dade County Police Department; and Elizabeth Regalado, Executive Director, Miami-Dade County Domestic Violence Oversight Board. The Workgroup wishes to express its deepest gratitude to the many other stakeholders who assisted its research by provided information, data, and statistics and/or attended the many meetings that led to this Report.

Over the past decade, thanks to the concerted efforts of many stakeholders, we have seen some important gains. For example, the number of reported domestic violence related offenses county wide has reduced by approximately 23% from 2008 through 2018.⁴ That said, 2018 was one of the deadliest years on record in recent history, with 44 domestic violence related deaths, representing 14-15% of all homicides county wide.⁵ From 1999-2018, there were 1078 domestic violence related deaths, including 697 homicides, 356 suicides and 25 other deaths (police and accidental shootings resulting in death).⁶ Despite important strides in our community's response, it is clear domestic violence and sexual assault remain a pressing public health issue, on all levels, and significant gaps still exist in addressing the needs of victims and survivors in our community.

The devastating impacts of domestic violence are far reaching, both on a personal level for victims and survivors, their children, family and friends, as well as the larger community. National studies show: 1 in 3 female murder victims and 1 in 20 male murder victims are killed by intimate partners; 20% of victims are family members or friends of the deceased; 72% of all murder-suicides are perpetrated by intimate partners and 94% of all murder-suicide victims are female.⁷ Intimate partner violence is estimated to cost the U.S. economy between \$5.8 billion and \$12.6 billion annually; victims lose a total of 8 million days of paid work each year; 21-60% of victims lose their jobs due to reasons stemming from their abuse; and many women are murdered in their workplaces by former or current intimate partners.⁸ From the suffering, loss and death of individual victims, families, friends, employers, businesses, schools and community to systems such as law enforcement, the judiciary, public health and human services alike, the costs of domestic violence are far and wide. All demand our urgent commitment to identifying and addressing the needs of domestic violence victims and survivors, gaps in our community wide system response, and additional steps needed to prevent and end domestic violence.

We recognize that assessing gaps, needs and future action steps requires an in-depth, multi-faceted, system wide evaluation and audit of our response and continuum of care, which may take up to two years to complete. The DVOB recommended, and the Miami-

⁴ Florida Uniform Crime Reports, Florida Department of Law Enforcement, 2008-2018, Domestic Violence Offense Reports. See [Appendix A-3](#), including summary sheets prepared by the Work Group. fdle.state.fl.us/FSAC/Data-Statistics/UCR-Domestic-Violence.aspx. Domestic Violence in Florida is tracked specifically for the following offenses: Murder, Manslaughter, Rape (including attempted Rape), Forcible Sodomy (combined with Rape in 2012), Forcible Fondling, Aggravated Assault, Aggravated Stalking, Simple Assault Threat/Intimidation, and Simple Stalking.

⁵ Miami-Dade County Domestic Violence Fatality Review Team, Medical Examiner Source Data, Breakdown of Homicide & Suicide Death Statistics, 1999-2019, partial. See [Appendix A-4](#).

⁶ Id.

⁷ National Coalition Against Domestic Violence, www.ncadv.org/statistics, see referenced studies. [Appendix A-5](#).

⁸ Id.

community's system wide response to domestic violence, to be conducted by professional 3rd party consultants. In the interim and in preparation for engaging such consultants, the DVOB established this Workgroup to: conduct an overview of the current domestic violence continuum of care; assemble and review readily available information, data and statistics from key stakeholders in the continuum; and prepare this Report of our findings and recommendations.

The Workgroup held a series of publicly noticed meetings, gathered available information from key stakeholders, reviewed relevant literature and statistics on a national, state and local level, researched and analyzed key indicators of gaps and needs in Miami-Dade County's system-wide response and domestic violence continuum of care. As occurred in the preparation of the Original Report, in performing an overview of the domestic violence continuum, recommendations arose from the Workgroup to address the most pressing and clearly identified gaps and needs.

This Report summarizes the Workgroup's findings and recommendations with a view toward 1) developing a deeper understanding of the most pressing gaps and needs faced by domestic violence victims; 2) addressing the most pressing, immediate gaps and needs as expeditiously as possible; and 3) helping to guide the scope and objectives of a new comprehensive assessment of our community's system wide response to domestic violence by the consultants.

PART ONE – WHAT WE LEARNED

Definition of Domestic Violence

We begin with a definition of domestic violence to identify the scope of our review, recognizing the existence of varied definitions and data points defined by such. Domestic violence is defined by the National Coalition Against Domestic Violence as “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse.”⁹ For purposes of this Report, sexual assault and domestic violence related crimes, including intimate partner violence (a term often used interchangeably with domestic violence), will hereafter be collectively referred to as “domestic violence.” Domestic violence affects all people, regardless of age, socio-economic status, gender identity, sexual orientation, race, ethnicity or religion. “Physical violence is often accompanied by emotionally abusive and controlling behavior as part of a much larger, systematic pattern of dominance and control. Domestic violence can result in physical injury, psychological

⁹ National Coalition Against Domestic Violence, www.ncadv.org, ncadv.org/statistics. See [Appendix A-5](#).

trauma, and even death.”¹⁰ Its consequences can be life long, and where children are involved, intergenerational. Studies show that not only are sexual violence, stalking and intimate partner violence associated with chronic physical and psychological adverse health conditions, but experienced as a child or youth are risk factors for repeated victimization as an adult.¹¹ And yet, sexual violence, intimate partner violence, child abuse and neglect, youth violence, and suicide are preventable with a comprehensive, multi-sectored approach utilizing the best available evidence and prevention strategies at all levels of social ecology, from the individual and relationships to local community and our larger society.¹²

Magnitude and Scope of the Domestic Violence Problem In Miami-Dade County

The Centers for Disease Control and Prevention call “sexual violence, stalking and intimate partner violence serious public health problems affecting millions of people in the United States each year.”¹³ The statistics show Miami-Dade County is no exception. In fact, Miami-Dade County has sadly ranked #1 from 2008-2017 in largest number of reported domestic violence offenses in the state of Florida.¹⁴ Some promise may be found in the statistics for 2018, as Miami-Dade dropped to the #2 ranking position behind Orange County in 2018 for the first time, with a 9% drop in reported domestic violence related offenses in 2018.¹⁵

According to the Uniform Crimes Reports (UCR) of the Florida Department of Law Enforcement (FDLE), from 2008 through 2018, there were 106,706 *reported* domestic violence offenses in Miami-Dade County, including at least 247 murders/manslaughters, 2,871 forcible sex offenses, 22,532 aggravated assaults/stalking, and 81,056 other assaults and domestic violence related crimes.¹⁶ A summary table is included in Appendix A-3 to show the trends over this period.

From 2008 through 2018, the highest number, and percentage of county-wide total, of reported domestic violence offenses were made by the police departments for:

#1 Miami-Dade County – 27,560 at 25.8%

¹⁰ Id. Appendix A-6 also includes some general national statistics by way of background for the reader.

¹¹ Smith, S.G., Zhang, X., Basile, K.C., et.al. (2018). The National Intimate Partner and Sexual Violence Survey (NCISVS): 2015 Data Brief - Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, p.4-11. See Appendix A-7.

¹² Id.

¹³ Id., p. 11. Appendix A-7 includes a copy of this important and timely report.

¹⁴ Florida Uniform Crime Reports, Florida Department of Law Enforcement, 2008-2018, Domestic Violence Offense Reports. See Appendix A-3.

¹⁵ Id.

¹⁶ Id.

- #2 City of Miami – 27,560 at 25.8% (note, mirrors above but not an error)¹⁷
- #3 Miami Gardens – 8,137 at 7.6%
- #4 Hialeah – 7,812 at 7.3%
- #5 Miami Beach – 5,330 at 5%
- #6 Homestead – 4,455 at 4.2%
- #7 North Miami – 4,187 at 3.9%
- #8 Florida City – 2,401 at 2.3%
- #9 North Miami Beach – 2,114 at 2%
- #10 Doral – 1,029 at 1%

Aggregated, the top five jurisdictions represent 72% of all reported domestic violence related offenses. The top ten jurisdictions aggregated represent 85% of all reported domestic violence related offenses over the same period. Supporting tables are included in Appendix A-3.

In 2018 alone, according to the UCR, there were a staggering 8,321 reported domestic violence related offenses in Miami-Dade County, including 31 murders/manslaughter, 342 forcible rapes, 1,509 aggravated assaults and stalking, 6,439 other assaults, among many domestic violence related other offenses.¹⁸ The table in Appendix A-3 illustrates the breakdown from the top ten police departments.

In 2018, the top ten highest jurisdictional reported offenses account for 91% of all reported domestic violence offenses and include the following jurisdictions:

- #1 Miami-Dade – 3,342 at 40.2%
- #2 City of Miami – 1,443 at 17.3%
- #3 Hialeah – 599 at 7.2%
- #4 Miami Gardens – 537 at 6.5%
- #5 Miami Beach – 464 at 5.6%
- #6 North Miami – 411 at 4.9%
- #7 Homestead – 328 at 3.9%
- #8 Florida City – 185 at 2.2%
- #9 North Miami Beach – 135 1.6%
- #10 Town of Cutler Bay – 105 at 1.2%

Doral and Opa Locka, with 90 and 96 reported offenses respectively, were closely tied for the 10th position. The top five jurisdictions alone account for 77% of all reported domestic violence related offenses in 2018.

¹⁷ Yearly variations between these two jurisdictions totaled, by coincidence, to an identical number. See Appendix A-3, p.2.

¹⁸ *Id.*

From 2017 through October, 2019, there were 39,843 requests for permanent protective orders. Only 7% or 2,808 orders were actually issued by the courts in Miami-Dade County in response to those requests, indicating victims face many barriers to obtaining protection orders.¹⁹

Though staggering, the reported numbers significantly understate the incidence of domestic violence in our community. We are not alone in facing challenges to capturing a full picture of the scope of domestic violence. According to the latest national research from the U.S. Department of Justice, only 40% of cases of rape or sexual assault are reported to police.²⁰ Police notification may come from a victim, third party witnesses, household members, or others, such as school officials, employers, physicians, hospitals and social services, or police at the scene of an incident. Underreporting of domestic violence occurs for a myriad of reasons, including fear of reprisal or engendering further violence, harm to children and loved ones, shame, getting the abuser in trouble, believing police would not or could not do anything to help, and believing the crime to be too personal or trivial to report.²¹

It is also apparent that law enforcement systematically fails to identify crimes as domestic violence related and/or to report domestic violence related crimes to authorities responsible for collecting, analyzing and disseminating such information. Reasons may include: a misunderstanding of the nature and seriousness of domestic violence related crimes; insensitivity to the importance of quantifying the available information; and/or lack of appropriate processes and protocols within law enforcement to report such data. A clear example of underreporting is found in the fact that, according to the UCR, the City of Miami Police Department reported only 1 or no forcible sexual offenses in eight of the years from 2008 through 2018.²² In 2018, the City of Miami reported 27 forcible sexual offenses, suggesting some reporting improvement is underway. Another example is that the review conducted each year by the Miami-Dade County Domestic Violence Fatality Review Team consistently shows the number of homicides for this same period are higher than the numbers captured in the UCR which is based solely on reports provided by local police

¹⁹ Miami-Dade County Community Action and Human Services Department Statistics. (November 2019). Miami Dade County Injunctions for Protection (IFP's) Data. See [Appendix A-8](#).

²⁰ Morgan, R., Truman, J. (2018). The U.S. Department of Justice, Office of Justice Program, Bureau of Justice Statistics, NCJ252472, Criminal Victimization, 2017, pp.1, 21-23. "Most intimate partner victimizations are not reported to the police. Approximately one-fifth of all rapes, one-quarter of all physical assaults, and one-half of all stalkings perpetrated against female respondents by intimates were reported to the police." See [Appendix A-9](#). Even fewer are reported by male respondents. Tjaden, P., Thoennes, N., The U.S. Department of Justice, Office of Justice Program, Bureau of Justice Statistics, NCJ181867, Extent, Nature, and Consequences of Intimate Partner Violence, Findings from the National Violence Against Women Survey, 2000, pp.v, 49-51. See [Appendix A-10](#).

²¹ *Id.*

²² Florida Uniform Crime Report, City of Miami Police Department reported statistics for Forcible Sex Offenses: 2015 (1), 2014 (0), 2013 (1), 2012 (0), 2011 (0), 2010 (1), 2009 (0), 2008 (1). Compare to 2018 with 27 reported Forcible Sex Offenses.

departments. For the period of 2008 through 2018, the Fatality Review Team identified 360 domestic violence related homicides, compared with 247 murders/manslaughters in the UCR for the same period; the Fatality Review Team also identified an additional 141 domestic violence related suicides and 15 other domestic violence related deaths (police or accidental shootings resulting in death).²³

Lethal Consequences

From 1999-2018, there were 1078 “domestic violence related”²⁴ deaths in Miami-Dade County, including murder/manslaughter and murder/suicides.²⁵ In 2018, at least 15% of all homicides in Miami-Dade County were “domestic violence related” homicides, according to the Florida Uniform Crimes Reports.²⁶ According to the UCR, the cities and counties with the deadliest outcomes in 2018 were reported by the police departments of Miami-Dade County, City of Miami and Miami Gardens.²⁷

This compares with national statistics that estimate that one in five or 16.3% of murder victims in the United States were killed by an intimate partner; women account for two out of three of those murder victims.²⁸ Statistics also show that “20% of [homicide] victims are not the intimate partners themselves, but family members, friends, neighbors, persons who intervened, law enforcement responders, or bystanders.”²⁹ As noted earlier, domestic violence related homicide statistics increase following review by the Domestic Violence Fatality Review Team, suggesting further review at police department levels and more detail on victims would be helpful to obtaining accurate and complete data as swiftly as possible.

²³ Compare summary reports in Appendix 3 Uniform Crime Reports with Appendix 4 Fatality Review Team, from Medical Examiner Source Data. See also the full report, Faces of Fatalities, Report of Attorney General's Statewide Domestic Violence Fatality Review Team, Volume IX, June 2019; Miami-Dade County Domestic Violence Fatality Review Team, Breakdown of Homicide & Suicide Death Statistics, 1999-2019, partial. See Appendix A-4.

²⁴ Id. A domestic violence related death is one where the relationship between the victim and perpetrator is that of current or former spouse, family members (including those related by current or former marriage), persons presently or formerly in a romantic or intimate relationship (regardless of whether they have resided together in the past or present), or involving any significant others of persons presently or formerly in a romantic or intimate relationship. Additionally, this definition includes child deaths that result from abuse involving family violence and are ruled a homicide.

²⁵ Miami-Dade County Domestic Violence Fatality Review Team from Medical Examiner Source Data.

²⁶ Id. Florida Uniform Crime Report, 2018; see Appendix A-3. Note, Miami-Dade County Domestic Violence Fatality Review, from Medical Examiner Source Data, indicates a higher number of domestic violence related deaths.

²⁷ Id. See Appendix A-3.

²⁸ www.domesticshelters.org/resources/statistics/homicide-and-injury-from-domestic-violence. See Appendix A-6.

²⁹ <https://ncadv.org/statistics/homicide>.

The latest Report of the Attorney General's Statewide Domestic Violence Fatality Review Team, *Faces of Fatality*, begins with the finding that "[d]omestic violence homicides in Florida have continued to increase at an alarming rate,"³⁰ citing the semi-annual UCR statistics released by the FDLE showing a 4.7% increase in domestic violence murders between January and June 2018 over the same period in 2017, and domestic violence manslaughters likewise increased by 83% over the same time period.³¹

Among the latest findings cited in the State Attorney General's report of the Domestic Violence Fatality Review Team are:³²

- 94% of perpetrators are male
- 90% of decedents (victims) are female (note victims can include friends, family members, co-workers, employers and others)
- 70% of perpetrators had a known history of committing acts of domestic violence against the decedent
- more than 50% of perpetrators were known to have made death threats to the decedent
- over 60% of decedents had expressed an intention to leave the perpetrators prior to the homicide
- 46% of decedents and perpetrators were in the process of ending their relationship
- 26% of perpetrators were known to have exhibited alleged stalking behavior as defined by the Florida Statute
- 42% of homicides involved use of a firearm by the perpetrators
- 39% of decedents were the parent of a child living in the home and there were known child witnesses in 23% of the cases
- 82% of family members reported knowing about prior incidents or threats of violence made by the perpetrator

The findings identify several other high-risk indicators, all of which can and should serve as guides for more responsive supportive services, law enforcement, judicial response, education and prevention.

The findings of the Domestic Violence Fatality Review Team are consistent with national studies. "[T]hreats of separation or actual separation are most often the precipitating events that lead to murder by men of their wives."³³ "Abusers repeatedly go to extremes to prevent the victim from leaving. In fact, leaving an abuser is the most dangerous time for

³⁰ Ibid, *Faces of Fatality*, p. 4. See [Appendix A-11](#).

³¹ Id.

³² Id., pp.4-5, 6-7.

³³ Tjaden, P., Thoennes, N., Extent, Nature, and Consequences of Intimate Partner Violence, Findings from the National Violence Against Women Survey. (2000), U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, NCJ 181867. p.37.

a victim of domestic violence.”³⁴ “A victim’s reasons for staying with an abuser are extremely complex and, in most cases, based on the reality that their abuser will follow through with the threats they have used to keep them trapped: the abuser will hurt or kill them, they will hurt or kill the kids, they will win custody of the children, they will harm or kill pets or others, they will ruin their victim financially – the list goes on...The victim literally may not be able to safely escape or protect those they love.”³⁵

Key recommendations from the State Attorney General Statewide Domestic Violence Fatality Review Team’s report summarized below are in line with the national research studies for risk identification and recommended prevention practices, namely:³⁶

- Developing and implementing protocols for informing persons seeking protection in situations where there is a potential for escalation of violence or the opportunity for greater police participation, including for example in retrieving belongings from a shared residence and child custody exchanges.
- Enhancing existing training curricula related to high-risk indicators for intimate partner homicide for community partners and local stakeholders, including coordinated community response teams, including a specialized component related to the risk of escalated violence and death when survivors leave or attempt to leave abusers. Survivors, family members, friends and service partners need to be aware of both the escalated risks of leaving and strategies to help mitigate such risks, including consulting with victim’s advocates trained in safety planning. The enhanced training should focus on the risks and barriers survivors face in attempting to leave, methods to hold abusers accountable, and empowerment-based responses for offering resources and referrals for support, safety planning and advocacy for survivors.

“This rise in domestic violence homicides compels a timely and coordinated response from our Florida communities to continue working together to protect survivors of domestic violence and their children.”³⁷ We have an opportunity to prevent deaths in providing ready access to trauma informed shelter and supportive services, proactive law enforcement, informed judicial responses, and deeper public awareness and education.

A Lead Cause of Homelessness

³⁴ National Coalition Against Domestic Violence. <https://ncadv.org/why-do-victims-stay>. See Appendix A -12.

³⁵ Id. See also, National Domestic Violence Hotline, <https://www.thehotline.org/is-this-abuse/why-do-people-stay-in-abusive-relationships>. See Appendix A-12.

³⁶ Faces of Fatality, pp.8-9. See Appendix A-11.

³⁷ Id. See Appendix A-11. See also, Miami-Dade County Domestic Violence Fatality Review Team Comprehensive Report, 1997-2005. Appendix A-13.

Victims of domestic violence are often forced to flee their homes in search of safety, many leaving behind all of their possessions with children in tow. Domestic violence is a lead cause of homelessness for women and children. According to multiple studies examining the causes of homelessness, among mothers with children, more than 80% had experienced domestic violence.³⁸ Approximately one in four homeless women is homeless mainly because of her experiences with violence.³⁹ From 2013 to August 2019, more than 15,800 Miami-Dade residents who received homeless emergency shelter and other housing assistance reported fleeing domestic violence.⁴⁰

Though not a certified domestic violence shelter inasmuch as its location is publicly available, virtually all of the sheltered women at the Lotus House Women's Shelter were fleeing domestic violence, have domestic violence histories and/or are victims of violence, abuse and other serious traumas. Of the 724 women sheltered by Lotus House over the 18-month period ending June 2019, 721 women or 99% had histories of abuse or other traumas, with 456 or 63% being victims of domestic or intimate partner violence; and 459 or 63% being victims of other violent crimes (e.g., non-DV related violent crimes, including sexual trauma, assault, robbery, and others, resulting in multiple levels of victimization); 19 or 2% were victims of human trafficking.⁴¹ They were accompanied by 700 children.

Lotus House statistics show another startling factor – the linkages between unresolved childhood abuse, domestic violence and homelessness. 492 or 68% of those women reported a childhood history of abuse, including: 331 or 46% being sexually abused in their childhoods; 301 or 42% being physically abused; 318 or 44% experienced psychological abuse; and 238 or 33% childhood neglect.⁴² As devastating as these statistics are, they highlight the importance of providing therapeutic supports for children and youth who have been exposed to domestic violence, to break the cycle of violence and abuse. By intervening early in circumstances where domestic violence impacts children and providing enriched therapeutic supports, we have an opportunity to change this dynamic, healing and transforming trauma with deep protective factors for children. Prevention is the key to breaking the cycle of violence and abuse.

Likewise, the irrefutable intersection between domestic violence and homelessness/housing instability compels us to ensuring that a broad array of safe housing options are available to survivors. These options should include an adequate

³⁸ Family & Youth Services Bureau, U.S. Department of Health and Human Services, numerous citations. See: <https://www.acf.hhs.gov/fysb/resource/dv-homelessness-stats-2016>.

³⁹ Jasinski, J.L., Wesely, J.K., Mustaine, E. & Wright, J.D. (2005, November). The Experience of Violence in the Lives of Homeless Women: A Research Report. Washington, DC: National Institute of Justice.

⁴⁰ Miami-Dade County Homeless Trust, Homeless Management Information System data, 2013 to August, 2019.

⁴¹ Statistics provided by Sundari Foundation, Inc. dba Lotus House Women's Shelter, January 1, 2018-July 15, 2019.

⁴² Id.

number of emergency shelter beds with deep protective factors and supportive services, transitional or “bridge” housing, rapid rehousing, flexible financial assistance to prevent eviction when current housing can be made safe, and for some survivors, permanent supportive or subsidized housing. Without a range of pathways to permanent safe housing and supportive services to address trauma, survivors may enter the ranks of the community’s chronically homeless population, or become cyclical utilizers of emergency services, with disparate impact on survivors from historically marginalized populations and/or those with extremely low income..

Life Long Adverse Impacts on Children; The Intergenerational Nature of Violence

It is well recognized that child abuse and domestic violence go hand in hand. Each year, an estimated 3.3 million children in the U.S. are exposed to violence by family members against their mothers or female caretakers.⁴³ Here is what the National Domestic Violence Hotline advises:⁴⁴

- A child witnesses violence in 22% (nearly 1 in 4) of intimate partner violence cases filed in state court. Many cases are never filed.
- 30-60% of perpetrators of intimate partner violence also abuse children in the household.
- There is a common link between domestic violence and child abuse. Among victims of child abuse, 40% report domestic violence in the home.
- One study in North America found that children exposed to violence in the home were 15 times more likely to be physically and/or sexually assaulted than the national average.

The Eleventh Judicial Circuit Court of Florida references the following domestic homicide impacts on innocent children:⁴⁵

- One study revealed that 27% of domestic homicide victims were children.
- When children are killed during a domestic dispute, 90% are under age 10, and 56% are under age 2.

Abusive partners use children as a means of controlling victims, threatening sole custody, death, kidnapping or other harm to children; 1 in 3 children who witness domestic violence

⁴³ <https://www.jud11.flcourts.org/Miami-Dade-County-Domestic-Violence-Fatality-Review-Team>. See Appendix A-14.

⁴⁴ <https://www.thehotline.org/resources/statistics>, citing Unicef, Behind Closed Doors – The Impact of Domestic Violence on Children. (2006).

⁴⁵ <https://www.jud11.flcourts.org/Miami-Dade-County-Domestic-Violence-Fatality-Review-Team>. See Appendix A- 14.

are also child abuse victims.⁴⁶ “The U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.”⁴⁷

None of the statistics available to us from Florida’s UCR referenced the age of domestic violence victims, highlighting an area for further study. However, the South Region for the Department of Children and Families (DCF) provided the following key statistics:⁴⁸

- From 2012 through 2018, DCF received 120,495 reports involving children, with 23,715 or 20% involving allegations of domestic violence threatening a child.
- In 2018 alone, of the 17,383 reports received involving children, 3,376 or 19.4% involved allegations of domestic violence threatening a child.
- There were 9,688 children removed from their homes from 2012 through 2018, with 15% or 1,516 children removed due to domestic violence.
- In 2018, 120 or 15% of the children removed from their homes were due to domestic violence.

“Domestic violence creates a violent and hostile environment that can have devastating effects on children, both physical and emotional. Children who have been exposed to domestic violence can become fearful and anxious, concerned for themselves, their siblings and their parents. They may begin to feel worthless and powerless. They may have difficulty paying attention, display depression and withdrawal, and are more likely to perpetuate the cycle of abuse in their own relationships as they grow into adulthood.”⁴⁹

The UNICEF report, *Behind Closed Doors – The Impact of Domestic Violence on Children*, warns of both short- and long-term adverse consequences for children who live with and are aware of violence in the home, with impacts lasting throughout their lives. In addition to being at risk of becoming victims of abuse themselves, “[t]here is a significant risk of ever-increasing harm to the child’s physical, emotion and social development. Infants and children who are exposed to violence in the home experience so much added emotional stress that it can harm the development of their brains and impair cognitive and sensory

⁴⁶ National Coalition Against Domestic Violence (2015). Domestic Violence and Children. <https://www.ncdav.org>. See [Appendix A- 5](#).

⁴⁷ Ibid. <https://www.thehotline.org/resources/statistics>, citing Unicef, *Behind Closed Doors – The Impact of Domestic Violence on Children*. (2006). See [Appendix A-16](#).

⁴⁸ Florida Department of Children and Families, Southern Region. (November 2019). See [Appendix A-15](#).

⁴⁹ National Coalition Against Domestic Violence (2015). Domestic Violence and Children. <https://www.ncdav.org>. See [Appendix A-5](#).

growth.”⁵⁰ In short, exposure to domestic violence adversely impacts their developmental progress, their capacity to learn and thrive in school, and places them at risk of greater risk of substance abuse, teen pregnancy, and criminal behavior,⁵¹ even their success later in life in the work force. “Children who witness incidents of domestic violence (a form of childhood trauma) are at greater risk of serious adult health problems including obesity, cancer, heart disease, depression, substance abuse, tobacco use and unintended pregnancies than their peers.”⁵² The latest studies from the Centers for Disease Control and Prevention confirm what we already know, adverse childhood experiences (ACEs), such as violence victimization and witnessing intimate partner violence, will have serious, life-long negative impacts on health and socioeconomic outcomes across every domain of life, making comprehensive health supports, including mental health treatment for victims, and prevention strategies all the more important to preventing and ending domestic violence.⁵³

There is also research showing a strong likelihood that childhood exposure to domestic violence will become a continuing cycle of violence for the next generation. “The single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence.”⁵⁴ The National Coalition Against Domestic Violence highlights the following important statistics about the long-term impacts of domestic violence on children:⁵⁵

- Children who witness intimate partner violence growing up are 3 times more likely as their peers to engage in violent behavior.
- Children raised in abusive homes learn that violence is an appropriate way to solve conflict. These children are more likely than their peers to be in abusive intimate partner relationships, in the future, either as victims or perpetrators.

Children and youth with adverse childhood experiences, such as violent victimization and/or exposure to intimate partner violence, may show signs of behavioral and mental health challenges. They may be irritable, depressed, have suicidal ideations, act out, and have difficulty sleeping or concentrating and other traumatic stress symptoms. Research shows “[t]hey may struggle with school, associate with delinquent peers, and engage in other “health compromising behaviors (e.g., alcohol use, opioid misuse, high-risk sexual

⁵⁰ Unicef. (2006) Behind Closed Doors – The Impact of Domestic Violence on Children, p.7. See [Appendix A-16](#).

⁵¹ Id.

⁵² National Coalition Against Domestic Violence (2015). Domestic Violence and Children. <https://www.ncdav.org>. See [Appendix A-5](#).

⁵³ Merrick, M., Ford, D. et.al. (November 2019). Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention – 25 States, 2015-2017. <https://www.cdc.gov/mmwr>.

⁵⁴ Id.

⁵⁵ National Coalition Against Domestic Violence (2015). Domestic Violence and Children. <https://www.ncdav.org>. See [Appendix A-5](#).

behavior).⁵⁶ Enhanced primary care with assessments and victim centered intervention services and supports have been found effective to lessen both immediate and long-term impacts of adverse childhood experiences, such as domestic violence.

One of the largest studies ever done in the United States of the impacts of domestic violence and trauma on sheltered children is underway right now by Florida International University and the Sundari Foundation, Inc. at the Lotus House Women's Shelter in Miami. Now in its third year, over 729 children and 400 mothers have been assessed with a view toward developing a portrayal of the developmental progress, social and emotional wellbeing (mental health) and trauma histories of sheltered children, as well as effective therapies to support their healing and growth.⁵⁷ Families experiencing homelessness because of violence have complex needs. Preliminary results show 82% of all children in the Lotus House study have experienced a potentially traumatic event, increasing to 95% for children ages 7 and up; 55% of children have symptom scores indicating possible PTSD; 50% of children ages 0-3 and 69% of children ages 3-8 were already showing delay in at least one of 5 areas of development; and 31% of mothers reported concerns with behavior problems in their children. Preliminary results from the same research study showed that utilizing evidenced based child and family therapies has positive impacts for both mother and child, with reduced trauma symptoms in children, maternal stress and improvements in mother-child interactions and relationships.

The linkages between domestic violence and serious, life-long adverse consequences for children, as well as the potential for far ranging, adverse intergenerational impacts, lead to the inescapable conclusion that every possible effort must be made to protect children from domestic violence and its effects. It is essential that children are afforded the highest level of safety, supportive services, and in times of transition, shelter with deep protective factors to assure they heal, grow, and thrive. This means a greater focus on the needs of

⁵⁶ Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, Ga: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, pp.21-22.

⁵⁷ Preliminary results of the service driven research study at Lotus House, funded by the Early Childhood Research and Family Strengthening initiatives of Miami-Dade County Children's Trust can be obtained by contacting Lotus House, president@lotushouse.org. Evidence based therapeutic modalities in the Lotus House study include: (1) initial screening for developmental, mental health and trauma issues: *For Children*: Battelle Developmental Inventory Screening Test (Glascoe, 2007), Child and Adolescent Trauma Screen (Sachser, 2016), and Eyberg Child Behavior Inventory (Eyberg & Pincus, 1999); *For Mothers*: Parenting Stress Index 4- SF (Abidin, R.R., 2012), Dyadic Parent-Child Coding System (Eyberg, Nelson, Duke, Boggs, 2004) and Clinical Interview; and (2) therapeutic supports: *For Children and Families*: Child-Parent Psychotherapy; Parent Child Interaction Therapy; and Trauma Focused Cognitive Behavioral Therapy; as well as Triple P Parenting Classes; *For Women*: Cognitive Behavioral Therapy and evidence based groups such as Seeking Safety and Say It Straight. In addition, Lotus House offers the evidence based Triple P Parenting Class series.

children in shelters and beyond is essential, as is greater public awareness and attention to the needs of children in the context of domestic violence.

Victims and Survivors Need A Coordinated Continuum of Care

The lethal nature of domestic violence and its escalation in severity over time makes it particularly important to assure victims have swift and ready access to information, supportive services, emergency shelter with protective factors, trauma informed law enforcement, sensitive, informed judicial responses, and safe, affordable housing, as well as, where appropriate, evidence-based diversion programs for abusers. This requires strong coordination and close collaboration and relationships among domestic violence service providers, domestic violence centers and shelters, health care services, law enforcement and judicial systems and housing providers alike, as well as broad public education and awareness.

Among the essential supports needed by domestic violence victims and survivors in the domestic violence continuum of care are meaningful access to a range of services and supports, such as:

- A highly publicized, centralized, hotline operating 24/7, 365 days a year, with trained staff, to provide coordinated, meaningful access and navigation to victim services and supports
- Emergency shelter at:
 - A certified domestic violence shelter when victims are at risk of imminent harm;
 - A safe haven or emergency shelter with longer term stays offering supportive services addressing the gender specific needs of victims (adults and children alike) when victims are no longer at risk of imminent harm; and
 - In the absence of either of the above, hotel/motel accommodations or relocation services
- Danger assessment and safety planning
- Resource and benefits coordination
- Evidence based counseling – individual and family
- Advocacy and legal services
- Health care (medical and mental health)
- Evidence based support groups
- Job training programs and employment assistance
- Childcare with extended hours
- Social services benefits and financial assistance
- A housing plan focused on safe affordable housing and rental subsidies (first/last/utilities/deposits)
- Economic empowerment

The Miami-Dade County Community Action and Human Services Department's (CAHSD) Coordinated Victims Assistance Center (CVAC) is a one-stop center for domestic violence, sexual violence, dating violence, stalking and human trafficking victims and their dependents. The Center has thirty-eight partner agencies that collectively provide thirty-seven services. The services offered at the Center include, advocacy and referrals, support groups, legal assistance, immigration assistance, individual and family counselling, financial emergency relief, relocation assistance, injunction assistance, among others; these services are effectively operated by public and not-for-profit onsite and offsite partners. CVAC is centrally located at 2400 South Dixie Highway, Miami, FL 33133, on a major thoroughfare with accessibility to mass transit connections. CVAC is open Monday through Friday, from 8:00am to 5:00pm, excluding holidays. Visitors at CVAC can expect a safe and caring environment with one-to-one free services and support. There is no appointment necessary, and visitors are assisted on a first-come, first-served basis. An initial assessment and a service plan are developed on each case and appropriate referrals are made to onsite and offsite partner agencies.

All of the emergency shelters, including Safespace (North and South), The Lodge (operated by Victim Response, Inc. prior to June 9, 2020 and CAHSD-Safespace thereafter), and Lotus House offer 24/7, 365 hotlines for domestic violence victims and include victim specialists and advocates together with an array of supportive services. The Miami-Dade County Homeless Trust also offers a homeless helpline for persons experiencing homelessness, though its focus is not domestic violence, and it is apparent that many domestic violence victims contact the homeless helpline in addition to or in lieu of the domestic violence hotlines. There are a number of other excellent community service providers offering services to domestic violence victims across the county.

The challenge is that domestic violence victims are often forced to call multiple telephone numbers and service providers to secure appropriate shelter and supportive services, resulting in confusion and frustrating victims desperately in need of assistance. Miami-Dade County needs a single, centralized, hotline and coordinated entry system to ensure maximum utilization of available resources and meaningful access to emergency shelter and supportive services for all domestic violence victims in accordance with their needs. A well-publicized, single, centralized domestic violence hotline for victims would better assure ready access to shelter and supportive services, both for those who need an undisclosed location and those who do not. Time is of the essence for victims of domestic violence and their children. They may be unable to make multiple calls in their search for safety and supportive services or be unable to access safe, emergency shelter at all. Too often, victims in our community are forced to remain in abusive relationships, where violence may become deadly, because they lack safe, supportive shelter.

Moreover, as discussed below in more detail, there is an urgent shortage of emergency shelter beds for domestic violence victims, exacerbating the challenges for victims

urgently in need of safety. Too many victims in need of shelter are being turned away because of an urgent shortage of shelter beds in domestic violence centers and the lack of a coordinated entry system that efficiently utilizes the limited resources we do have. The shortage of shelter beds in certified domestic violence centers means victims may be turned away without shelter, and the absence of a coordinated entry system means emergency shelter beds for those domestic violence victims who do not or no longer need an undisclosed location are not prioritized or utilized efficiently to address the existing shortage. By way of background, emergency shelters for domestic violence victims previously could only gain certification if approved by the Florida Coalition Against Domestic Violence (FCADV), which also controlled State funding for those centers, under the auspices of the Florida Department of Children and Families (DCF). The FCADV approval process created a barrier to certification of new domestic violence centers. The Florida State legislature and Governor adopted new legislation on February 27, 2020, removing the FCADV from its duties and functions and transferring the same to DCF, including in particular the licensing and funding of domestic violence centers. Such may open up opportunities for new domestic violence centers to embark on licensure through DCF.

The establishment of a coordinated entry system with a highly publicized, central point of entry to the domestic violence continuum of care, providing for efficient utilization of emergency shelter and supportive services, appears as a key recommendation below. Coordinated entry to the domestic violence continuum of care assures meaningful access to and efficiency in the utilization of county-wide system resources, including assessment of needs and risk of harm, appropriate referrals for safety and supportive services, smooth transition from more intensive levels of services, such as a certified domestic violence shelter, to less intensive, such as a safe haven, transitional housing or other trauma-informed shelter with supportive services, and pathways to safe, affordable housing.

When immediate needs for emergency shelter and safety have been addressed, victims of domestic violence need access to safe, affordable housing for long term stability, particularly for low income and extremely low-income victims and their families. "Lack of safe and affordable housing is often reported as one of the primary barriers survivors of domestic violence face when they choose to leave an abusive partner."⁵⁸ Citing the undeniable "intersection of domestic violence, homelessness, and housing insecurity", NNEDV stresses:⁵⁹

Although safe housing can provide a pathway to freedom, there are many barriers that prevent survivors from obtaining or maintaining safe and affordable housing. The majority of survivors experience financial abuse, meaning that they

⁵⁸ National Network to End Domestic Violence (NNEDV), nnedv.org/spotlight_on/impact-safe-housing-survivors, citing "Domestic Violence Counts: 11th Annual Census Report," <https://nnedv.org/content/domestic-violence-counts-11th-annual-census-report/>.

⁵⁹ Ibid.

have not had access to the family finances, have been prohibited from working, or have had their credit scores destroyed by the abusive partner. Victims may also face discrimination in accessing or maintaining housing based on the violent or criminal actions of perpetrators. Additionally, victims are limited in the locations and types of housing they can access because of their unique safety and confidentiality needs, and many housing or homelessness assistance programs have barriers that inadvertently exclude victims of violence.

Short -and medium- term rental subsidies and assistance with deposits for utilities are critical supports to ensure victims are re-housed as rapidly as possible and not forced to return to their abusers, but more is needed. Emergency shelters with supportive services can address a survivor's immediate safety needs, but often survivors need longer term transitional housing with supportive services. "Transitional housing programs give survivors the time and services they need to achieve goals for long-term safety and stability."⁶⁰

Because of the unique safety needs of survivors, many domestic violence programs across the United States have implemented transitional housing services under three distinct models. A "scattered-site model" secures housing in the community that is rented by the organization or the individual, and the local program pays the rent to the landlord. A "clustered model" houses multiple survivors in one building, with each survivor's family in their own private unit, typically owned by the local program. Lastly, a "communal model" houses survivors in one building; each individual has their own private bedroom (and sometimes bathroom), but living spaces, such as a kitchen and living room, are shared. Each of these models provide supportive housing, financially and programmatically, for up to 24 months.

CAHSD operates two domestic violence transitional housing programs in a clustered model, with a total of up to 75 beds in the North and 55 units or 252 beds in the South and stays of up to two years, for victims needing a longer period of time to prepare for living independently of their abusers. In order to qualify for CAHSD's transitional housing programs, participants must have income and contribute a percentage of that income towards rent. Lotus House serves as a flex emergency shelter with supportive services offering emergency housing in a communal model (meals provided as well) for a year or more, transitioning to independent housing or scattered site utilizing bridge or short-term rental subsidies and post-exit support. That said, there is a dearth of affordable housing in Miami-Dade County, particularly for low and extremely low-income individuals and families, making longer term rental subsidies and transitional housing for domestic violence survivors even more important.

⁶⁰ Id.

Centralized coordination of the County's limited resources, both public and private, becomes all the more important in the face of shortages in emergency shelter and safe, affordable housing for victims of violence. Gathering the information from disparate sources and piecing this information together for this Report has been a laborious, lengthy and time-consuming process, in some cases necessitating issuance of official requests to obtain accurate and complete information. In other instances, important information on utilization and/or turn away rates of victims seeking services was simply not available. Lacking a centralized hotline and data base, tracking outcomes was impossible. Information regarding gender, age, race, ethnicity and zip codes could likewise be vital to more effective community outreach, education and prevention. Quantifying the situs of reported domestic violence issues and related demographic information is extremely important to understanding how best to create and match resources and supportive services to the needs of victims and target education and prevention efforts. A recommendation for a robust, centralized data base, management information system, and a coordinated and seamless system of care, to which all stakeholders in the domestic violence continuum contribute, is included below.

Trauma informed, specialized and proactive law enforcement, prosecution, diversion and judicial outcomes are likewise essential components to a coordinated, responsive continuum of care for domestic violence victims and survivors. Victims need to know their needs will be addressed compassionately and with sensitivity to the complex social, emotional, and physical challenges they are face. They need to know that "they matter" and every step forward from the initial call to police or others for help to the final outcome are worth pursuing. Thanks to the steadfast commitment and extraordinary efforts of many leaders in law enforcement, the Miami-Dade State Attorney's Office, and judiciary, great strides have been made in our domestic violence continuum since the Original Report, and the statistics help to tell the story.

One such advancement is the Mobile Operations Victim Emergency Services (MOVES) program of the Miami-Dade State Attorney's Office. The MOVES Program started in 1998 as a Pilot Program, was funded by the Violence Against Women Act and with the State Attorney's Office general revenue allocations. As the number of communities participating with the State Attorney's Office grew, funding was subsequently added from Miami-Dade County general funds.⁶¹ Today, 31 of 34 communities have joined the collective effort with the State Attorney's Office under Memoranda of Understanding (MOUs) to further the goals of this important program to support victims and further prosecution of abusers.

The Paralegal/Specialist of The State Attorney's office MOVES program called to the scene of domestic violence crimes, ensures victims have greater access to supportive services at the same time prosecution of domestic violence related offenses is

⁶¹ As municipalities joined MOVES, in 2007 funding was sought from the County which currently funds 3 of the Miami-Dade State Attorney's Office Paralegal/Specialists and 1 Intake Clerk (\$267,278).

successfully advanced. MOVES operates Monday – Friday (5:00PM to 5:00AM) and 24 hours weekends and holidays, to serve the victims of domestic violence after a domestic violence arrest, initiating the activities of the legal system. This program demonstrates that the first hours after the crime are critical in achieving effective prosecution, and more importantly, assessing the victim's needs and directing the victim to a safe environment. Victims are more likely to recant when there isn't an immediate intervention following the crime. When called by law enforcement to the scene of a domestic violence related incident, the MOVES Specialist meets victims where they are at literally, helps to gather victim and witness information and statements, assists in documenting the scene, provides critical support for victims such as: direct victim-centered support, safety assessment, facilitate access to emergency shelter and injunction for protection, information on community services, crisis intervention counseling, information on their rights and options and information on the legal system. Furthermore, the arresting officer's pre-file conference is taken on the scene, saving the officer time from having to come to the Miami-Dade State Attorney's Office on another date and time for the conference which is also a cost savings to the police departments. The filing rate reported by the Miami-Dade State Attorney's Office for misdemeanor and felony cases is much higher when there is intervention by the MOVES program, initiated by law enforcement. All law enforcement jurisdictions across the County should be contacting MOVES as a mandatory standard operating procedure (SOP) in all misdemeanor, 2nd and 3rd degree felony domestic violence related arrests.⁶²

While MOVES is participating in 31 out of the 34 police jurisdictions, all communities should be participating. Moreover, victims would be better supported by 1) compliance with the Standard Operating Procedures agreed to when each participating department joined MOVES as well as compliance by police departments with the MOU agreement, requiring officers to promptly contact the MOVES Program Paralegal/Specialists in the case of all misdemeanor and 2nd and 3rd degree felony arrests, and 2) deeper training of law enforcement at all levels to identify domestic violence related arrests and promptly call the MOVES Paralegal/Specialist to the crime scenes to respond. Throughout the years, the Miami-Dade State Attorney's Office has been tracking the number of eligible MOVES cases and the non-compliance rate of the participating police agencies failing to call MOVES. The non-compliance rate has gone from a 26% in 2012 to 14% in 2019. Although there has been improvement as a result of ongoing roll call trainings by domestic violence prosecutors and MOVES Specialists, 14% equates to 519 victims out of 3,640 cases in 2019 that were not afforded the opportunity of a MOVES Specialist responding to the scene. The State Attorney's Office has provided a report from 2012-2019 with a breakdown by police department jurisdiction, included in Appendix, reflecting the numbers of eligible MOVES cases, the non-compliance numbers and percentages of non-compliance.

⁶² Information provided by the office of Katherine Fernandez Rundle, Miami-Dade State Attorney's Office in Appendix A-21.

The State Attorney's Office has advised that its office needs two (2) additional MOVES Specialists to effectively respond to an additional 519 projected cases and better ensure full compliance by all communities in the program. Recommendations include two (2) additional Paralegal/Specialists to support victims' needs and rigorously pursue enforcing full compliance from all police departments across the County.

Another important advancement since the Original Report is the establishment of a specialized court for misdemeanor domestic violence cases handled at the Thomas E. Lawson Courthouse since 2002. The establishment of specialized domestic violence courts in Miami-Dade County for misdemeanors has allowed for a more sensitive, informed and effective judicial response to cases involving misdemeanor domestic violence related offenses. The Misdemeanor Domestic Violence Unit has highly trained prosecutors, a paralegal assigned to handle walk-in non-arrest complaints, pre-file conference paralegals that take statements of victims, witnesses and officers to determine charges on arrest cases and victim specialists that are responsible for contacting victims and witnesses as well as providing ongoing support. It is also staffed with trial coordinators and secretaries.

In 1986 under the leadership of then State Attorney, Janet Reno, the first Felony Domestic Crimes Unit was established with one prosecutor, one secretary and one counselor. This unit's focus is to handle the most serious felony domestic violence cases with highly trained prosecutors, counselors and support staff and provide quality services and referral resources to victims and their children. Through the vigorous leadership of State Attorney, Katherine Fernandez Rundle and her commitment to ending domestic violence, today the Felony Domestic Crimes Unit has a staff of 22 highly specialized prosecutors, victim witness counselors, paralegal/specialists, trial coordinators and secretaries. The most serious cases remain in the unit and are prosecuted by experienced, knowledgeable assistant state attorneys who have a unique understanding of the dynamics of domestic violence. The remaining cases are handled within any one of the 19 felony judicial divisions where the cases are assigned.

The State Attorney's Office has advised that it needs three (3) additional Victim Specialists to be assigned in pods within the 19 felony divisions to provide individualized support to the victims and better assist the division attorneys on the more serious felony domestic violence cases that are prosecuted in the felony divisions.

Our State Attorney also established the Domestic Assistance Response Team (DART) to provide assistance to victims of domestic violence, sexual assault, and elderly abuse. They contact the victims within 24-48 hours of the defendant's arrest, in order to assess their needs early on. They address long- and short-term needs, provide criminal justice support, advocacy and court accompaniment, assist victims with completing a victim compensation application, and provide a safety plan.

When it was still in operation, the Victims' Advocates Program of the Coordinated Victims Assistance Center was an initiative to close the loop on the civil side of the judicial system for victims needing restraining orders for their protection and prevention of continued violence. This successful program embedded victim specialists and advocates in the civil court houses to assist victims in securing restraining orders and accessing additional help. Victim's advocates explained the judicial process and assisted with completion of required paperwork, offer safety planning, and assisted victims in securing emergency shelter, supportive services and resources, among other services. Unfortunately, this program was defunded in 2019. The supports offered by this successful program should be available in every courthouse across Miami-Dade County serving domestic violence victims seeking protection orders to ensure they get the assistance they need.

As a final note, due to time constraints, the Work Group did not have a chance to review in detail the efficacy of diversion strategies offered to domestic violence offenders. The statistics provided by the Advocate Program indicate from 2014-2017, there were 2,421 enrollees, with 78% completion and 21% revocation rates.⁶³ Whether those who completed the program were involved in any subsequent domestic violence incidents would be an appropriate subject for further inquiry and analysis in the forthcoming intimate partner study.

An Urgent Shortage of Shelter and Supportive Services

As discussed above, a complex array of supportive services is needed for victims of abuse and their children to break the cycle of violence. Among the most important is safe, supportive shelter with deep protective factors for children and help for emotional distress. An important study prepared for the National Institute of Justice by the National Resource Center on Domestic Violence, surveying domestic violence survivors and services in eight states, concluded that:

domestic violence shelters serve a critical need for people who have experienced abuse. The survivors who turn to domestic violence shelter programs have limited to no safe, supportive alternatives to their shelter stay. Without access to shelter, the survivors report that their situations would be dire: they would face substantial loss or continued abuse.⁶⁴

For many victims of domestic violence, safe, supportive shelter is nothing short of "life-saving."⁶⁵ Without access to shelter and supportive services, the consequences for victims are "serious losses including children, continued abuse or death, or actions taken in

⁶³ See Miami-Dade County Diversion Statistics, 2014-2018. [Appendix A-17](#).

⁶⁴ Lyon, E., Lane, S. & Menard, A. (October 2008). Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences. Washington, DC: National Institute of Justice, p.126. See: <https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>.

⁶⁵ Lyon, p. 16-17.

desperation...”.⁶⁶ Victims are forced to remain in abusive relationships, where violence escalates and becomes life threatening.

“[D]omestic violence shelters address compelling needs that survivors cannot meet elsewhere. Shelter programs provide a complex array of services to victims of abuse and their children; most prominent are safety, information help with children and help with emotional distress.”⁶⁷

As of the writing of this report, Miami Dade County has 2 certified domestic violence centers,⁶⁸ including Safespace North and South⁶⁹ operated by the County with 115 beds and 18 cribs, and The Lodge operated by Victim Response, Inc., a nonprofit community-based organization until June 8, 2020 and thereafter by CAHSD-Safespace, with 50 beds and 10 cribs.

Funding for the Safespace shelters and the range of domestic violence services offered by CAHSD has historically been and continues to be derived from County general funds, supplemented by various Federal, State and local grant sources. The 2019-2020 approved budget is approximately \$6.9 Million, of which \$2.6 Million is provided by the County and \$4.3 Million is provided by grants from other sources.

Funding for the original construction and operation of The Lodge, which is owned by Miami-Dade County but leased to and operated by Victim Response, Inc., a private non-profit, until June 8, 2020, are derived from the portion of the Miami-Dade Food and Beverage Tax⁷⁰ allocated to domestic violence, together with various State and local grants. The current annual operating budget of The Lodge is approximately \$3.4 Million for FY 2019-20, including a contribution overseen by the DVOB from Food and Beverage Taxes of approximately \$1.8 Million and constituting 30% of their aggregate budget. Historically, The Lodge raised the additional funds needed for its annual operations from other sources, including FCADV which, until late February 2020, managed both the certification of and funding for all 43 certified domestic violence centers in the State under the auspices of DCF. In late February of this year, DCF took control of the certification and funding processes for all certified domestic violence centers. Upon completion of the new shelter in December this year, at a cost of \$16.2 Million, an additional \$2.35 Million from Food and Beverage Taxes is projected to be needed on an annual basis for operation of the new center.⁷¹

⁶⁶ Id.

⁶⁷ Id. p.iv.

⁶⁸ A certified domestic violence center is one sited in an undisclosed location licensed by the Florida Department of Children and Families and certified by the Florida Domestic Violence Council.

⁶⁹ Safespace North and South, in two different locations, are technically deemed a single domestic violence center.

⁷⁰ Fla. Stat. 212.0306.

⁷¹ See FY 2018-19 Proposed Budget and Multi-year Capital Plan and related Budgets, Attachments B, C and D to 2019 DVOB Annual Report, Appendix A-18.

By way of background, in response to our community's need for shelter and services to address both homelessness and domestic violence, the State authorized Miami-Dade County to levy a one penny tax on food and beverages sold by restaurants (excluding fast food chains and hotels) grossing over \$400,000 annually in 32 of the 35 municipalities making up Miami-Dade County.⁷² Miami Beach, Bal Harbor and Surfside (Beach Municipalities) were exempt from the Food and Beverage Tax.⁷³ The allocation of the one penny Food and Beverage Tax is determined by State statute and Miami-Dade County ordinance. By statute, "not less than 15 percent of [the Food and Beverage Tax] shall be made available for construction and operation of domestic violence centers...".⁷⁴ The corresponding ordinance found at Section 29-51 of the Miami-Dade Code likewise states: "not less than fifteen (15) percent of the funds generated by the homeless and spouse abuse tax shall be made available for the construction and operation of a spouse abuse emergency treatment and shelter facility."⁷⁵ Annual revenues collected from the Food and Beverage Tax have grown significantly from the first year of the Food and Beverage Tax collections (\$6,496,865 for FE 1993-94, allocated \$5,522,553 for homelessness and \$974,529 for domestic violence) to \$30,263,097 for FE 2018-19 (\$25,723,632 for homelessness and \$4,539,464 for domestic violence).⁷⁶ In addition to providing for the construction of The Lodge and its operations, the funds from the domestic violence portion of the Food and Beverage Tax over many years are now finally sufficient to provide for the construction and operation of a third domestic violence center. That said, given that the domestic violence portion must also cover operating expenses for both the third and second domestic violence centers, it is easy to see why we face an urgent shortage of shelter beds in our community. These funds have historically been and continue to be insufficient to meet the overall needs of domestic violence victims across the County.

Currently, Miami-Dade County has a total county-wide capacity of only 165 beds and 28 cribs in certified domestic violence centers for a total population of over 2.7 Million people.⁷⁷ Construction of the third domestic violence center has begun but will deliver only 60 new adult beds and 12 cribs upon completion in 2020, bringing the total county-wide capacity to 225 beds and 40 cribs in certified domestic violence centers. At the current

⁷² Florida Statute 212.036, as amended.

⁷³ By some estimates, if the Beach Municipalities were contributing to the 1% F&B Tax, the revenues generated would increase by as much as \$5.5 to \$6 Million annually, creating significant additional revenue for domestic violence victims. Sourced from the public testimony in the hearings held by Miami Beach City Commission denying the request of the Miami-Dade County Commission, Homeless Trust and DVOB.

⁷⁴ Fla. Stat. 212.0306(3)(b).

⁷⁵ Miami-Dade Code 29-54(d)(20(b)).

⁷⁶ Food and Beverage Tax source data from Miami-Dade County is included in Appendix A-19, with supplemental summary calculations.

⁷⁷ The population of Miami-Dade County has continued to increase since the last census and the Miami-Dade Metropolitan area is estimated to be the 4th largest in the nation, with an estimated 5.5 Million people. <http://worldpopulationreview.com/us-cities/miami-population>

rate, additional Food and Beverage Taxes are not projected to be sufficient for construction of a fourth certified domestic violence center until 2035 or beyond.⁷⁸

There has been a steady and alarming increase in the numbers of requests for shelter at the domestic violence centers that go unmet. In fiscal year 2013-2014, The Lodge reports 293 victims were not placed in shelter due to lack of capacity. In fiscal year 2015-16, the number increased to 693 persons. By fiscal year 2017-2017, the number had increased again to 738 persons (243 women, 21 men and 474 children). Safespace showed an increased trend of unmet shelter requests over the period of October 2013 through June 2016, according to the Office of Management and Budget.⁷⁹ Safespace does not track unmet requests for shelter by domestic violence victims. Such information would be extremely valuable in a coordinated entry system for assessing the level of unmet need. The Lotus House Women's Shelter is likewise forced regularly to turn away women and children in need and there are long wait times for those needing shelter to escape abusive relationships, in some cases victims report waiting many months. Victims calling the homeless helpline are frequently told there is a waiting list and forced to call back many times, sometimes for months.

To address the urgent shortage of shelter beds, in September 2019, the County authorized \$450,000 in funding for the Lotus House Women's Shelter for an additional 50 supportive shelter beds for women and children who are victims of domestic violence that do not require an undisclosed location. Constructed with private philanthropic funds, Lotus House has the capacity to shelter up to 490 women and children nightly from across Miami-Dade County. Because Lotus House is readily accessible and open to the public, it serves women and children who are victims of domestic violence, violent crimes (e.g., rape, assault and battery), abuse and human trafficking that do not require an undisclosed location.⁸⁰ Currently, however, many of the shelter beds at Lotus House have been contracted by the Miami-Dade County Homeless Trust and referrals for victims coming via the domestic violence continuum of care are not prioritized.

An urgent shortage of emergency, supportive shelter beds for victims of domestic violence continues. In addition to expediting the construction of the new domestic violence center, Lotus House has the capacity to provide additional beds that could be dedicated to women and children who are victims of domestic violence provided funding to do so was available.

⁷⁸ Miami-Dade County Office of Management and Budget. (January 2018). A Review of Miami-Dade County's Domestic Violence Programs.

⁷⁹ *Id.*, p.13.

⁸⁰ Since opening in 2006, Lotus House has sheltered over 4,000 women and children experiencing homelessness with histories of domestic violence, violent crimes, trafficking, abuse and other traumas. The trauma-informed shelter and wrap around supports at Lotus House include universal screening for children, evidence-based therapies for victims of violence, child and family therapies to rebuild bonds of attachment broken by violence and help resolve trauma, resource coordination, job readiness training and educational supports, assistance with housing and a wide range of other assistance. Lotus House allows for longer term transitional stays up to a year or more depending on need.

Both would help to ameliorate the shortage of beds in the domestic violence continuum of care, particularly under a coordinated entry system.

Additional Sources of Funding Are Needed to Support Victims and Prevent Domestic Violence

One reason that the construction, opening and operation of new domestic violence centers has not kept pace with population growth is that the 15% share of the Food and Beverage Tax dedicated to domestic violence has proved inadequate to address the needs of our growing community. Dedicated funding sources over and above the Food and Beverage Tax need to be urgently identified.

Moreover, municipalities like Miami Beach, consistently in the top five cities with the highest number of reported domestic violence related offenses, do not contribute to the Food and Beverage Tax, despite equal access for its residents to county-wide domestic violence services. By some estimates, the domestic violence portion of the Food and Beverage Tax that would be derived from Miami Beach could be as high as \$1 to \$1.5 Million annually at this point.⁸¹ Had the Beach Municipalities contributed to the Food and Beverage Tax since its inception in fiscal year 1993-94, the proceeds would have been more than sufficient to add at least one additional domestic violence center to the continuum. Likewise, shelter and supportive services for victims of domestic violence entering the homeless continuum, like Lotus House, could be fully funded, providing more responsive pathways for victims to escape escalating domestic violence that too often becomes lethal.

In 2019, at the urging of the DVOB, the Miami-Dade Board of County Commissioners passed a resolution urging Miami Beach to join in contributing to the Food and Beverage Tax. For the second year in a row, Miami Beach declined to do so. Given the high number of domestic violence related offenses originating in Miami Beach in particular, the failure of the Beach Municipalities to contribute to the Food and Beverage Tax has precipitated the urgent shortage of shelter beds and supportive services for victims of domestic violence in our community both in the near- and long-term foreseeable future. Victims of domestic violence across the County have suffered the consequences.

Whether or not the Beach Municipalities participate in the Food and Beverage Tax in the future, new dedicated sources of funding are urgently needed to provide a robust domestic violence continuum of care, safe, supportive shelter and safe permanent housing, enhancements to the efforts of law enforcement and the judicial system, and greater public awareness and education to prevent and end domestic violence in our community. Lives are at stake.

⁸¹ Information provided by the Miami Dade County Tax Collector's Office during the public hearings over the summer 2019 before the City of Miami Beach Commission during consideration of their inclusion in the Food and Beverage Tax suggested the total annual contribution from Miami Beach could exceed \$5.5-6 Million annually.

Deeper Coordination and Collaboration Within Our Domestic Violence and Homeless Continua of Care and Community Is Needed

With a centralized hot line and coordinated system of care, victims needing shelter, as well as other supportive services, can be served in a coordinated and more efficient manner. Those in need of an undisclosed location can be placed in shelter beds at Safespace or The Lodge. Those not needing an undisclosed location can be referred in the first instance for shelter and supportive services to trauma informed shelters like Lotus House. Likewise, victims initially placed at Safespace or The Lodge who no longer need an undisclosed location upon stabilization may be referred to trauma informed shelter like Lotus House, thereby freeing up the limited number of beds at the domestic violence centers for those who need them most.

Domestic violence centers are designed for triage and stabilization with stays of 90 days or less and focus on immediate safety needs. And yet, the needs of domestic violence victims are often complex and multi-faceted requiring intensive supportive services and *longer periods of time* to ensure they are not forced to return to their abusers because their access to education, job training, and other tools and resources has been severely compromised by the abuse. De-funding at the Federal level for transitional housing programs, leaves many victims of domestic violence unprepared to live independently facing the prospect of returning to their abusers or entering into the traditional homeless shelter system, again facing a short term stay of 90 days or less, with limited or no therapeutic supports. As mentioned previously, Miami-Dade County has only two domestic violence transitional housing programs, with a total of up to 75 beds in the North and 55 units or 252 beds in the South and stays of up to two years, for victims with income and able to contribute towards their rent, needing a longer period of time to prepare for living safely and independently. Lotus House stands at the intersection of both the domestic violence and homeless systems, offering the resource enriched, longer term stays needed by many victims of violence. The lack of a coordinated entry system that prioritizes domestic violence victims has meant many victims face barriers to entry or worse yet, left unserved.

The lack of funding for domestic violence victims has also meant that beds at Lotus House are principally funded by the Miami-Dade County Homeless Trust, resulting in competition for entry with women and children experiencing homelessness for reasons other than domestic violence (even if those women and children have histories of domestic violence). With as many as 490 shelter beds and deep therapeutic supports, particularly for victims needing extra time to obtain counseling, child and family therapy, education and employment assistance, and safe housing options, to get back on their feet, Lotus House could offer an important safety net via a coordinated entry system in which domestic violence victims and survivors *are prioritized*. This would require more funding for domestic violence victims and deeper collaboration between the homeless and domestic violence continua of care. Alternatively, or in combination, the homeless continuum of care

could make domestic violence victims a first priority for shelter in their continuum. It should be noted that for victims of domestic violence, homelessness is just one of many adverse impacts in the face of deep wounds that compel more enriched, wrap around supports.

In providing victims with ready access to safe shelter with deep protective factors, supportive services, tools and resources, and safe housing, we have a chance to prevent the escalation of violence and its lethal consequences for victims and perpetrators, reduce life-long adverse impacts for victims and survivors, including children, and enrich our community with the fruit of their potential realized. A responsive, coordinated system of care for domestic violence victims, transcending lines between systems, is key.

More Strategies Are Needed To Prevent and End Domestic Violence

Domestic violence is a pressing public health issue in our community with enormous and devastating costs, in lives, tearing at the social fabric and prosperity of our community on every level. Our response has, for all good reasons, focused on the interventions needed to address the devastating consequences to victims after the harm has occurred. New strategies are emerging calling for deeper sensitivity, training and education of law enforcement in risk identification and prevention, as well as the response of our prosecutorial and judicial system. Likewise, new prevention strategies have emerged in the fields of public health and education. A “public health model can be used to identify opportunities for domestic violence prevention along a continuum of possible harm, including: (1) primary prevention to reduce the incidence of the problem before it occurs; (2) secondary prevention to decrease the prevalence after early signs of the problem; and (3) tertiary prevention to intervene once the problems is already clearly evident and causing harm.”⁸²

Many of the programs in our community’s existing domestic violence continuum of care focus on secondary and tertiary prevention with success. Secondary and tertiary prevention is typically focused on a more granular level with high risk individuals and families or those who are already victims. Examples of secondary prevention include coordinated services, crisis support, counseling and education for children or adolescents exposed to domestic violence. Tertiary prevention includes for example home visits and specialized services for abused victims and their children, mental health services for children exhibiting emotional or behavioral issues, and intensive police, court and community collaboration to address domestic violence.⁸³

⁸² Wolfe, D., Jaffe, P. (1999). The Future of Children, Domestic Violence and Children, Emerging Strategies in the Prevention of Domestic Violence, Vol.9, No.3., p.133.

⁸³ Id., p. 137. See also, Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, Ga: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Appendix 20.

Primary prevention offers a more proactive, education-based approach and in broader campaigns, the opportunity for community wide impact. As examples, primary prevention includes age appropriate “school-based programs that teach students about domestic violence and alternative conflict-resolution skills.”⁸⁴ For adolescents, this includes teen dating violence education as well. Preliminary evaluations of successful school-based programs indicate that key elements include: “identifying relationship violence as a form of societal violence; acknowledging that domestic violence is an abuse of power and control; creating a high enough level of trust and awareness so that children can disclose exposure to domestic violence and teachers can make appropriate referrals; teaching safety skills about what to do when domestic violence occurs; and encouraging the development of social skills such as anger management and conflict resolution as alternatives to violence.”⁸⁵ Recommendations for effective, evidence based, primary prevention programs in schools, for all ages, would be a valuable topic of inquiry for the upcoming comprehensive study of our gaps and needs.

For adults, primary prevention is found in public education campaigns, such as public services announcements and advertisements, to increase awareness of the harms of domestic violence and of services available to victims. “These campaigns typically provide information regarding the warning signs of domestic violence as well as community resources for victims and perpetrators. One comprehensive public education campaign, developed by the Family Violence Prevention Fund (FVPF) in collaboration with the Advertising Council, included television advertisements delivering the message that there is no excuse for domestic violence, and making referrals to local domestic violence services.”⁸⁶ Of course, public education campaigns can and should be data driven, and tailored to the diverse cultural segments and needs of a community.

The magnitude of the domestic violence issues in our community, as evidenced by the sheer number of reported domestic violence related offenses and fatalities, indicate a need for greater public awareness of the harms caused by domestic violence, resources available to address victims’ needs, sensitive law enforcement, effective prosecution, and informed judicial responses, and the imperative to end violence in our community. To maximize impact, primary, secondary and tertiary prevention strategies are intended to be used in combination as part of a comprehensive, coordinated effort to ensure everyone, including and especially our children, enjoy safe, nurturing relationships, environments and community.

PART TWO – RECOMMENDATIONS

Domestic violence needs to be recognized as an important public health and safety issue and a priority focus for our government, public and social policy makers at every level,

⁸⁴ Id.

⁸⁵ Id., p.139.

⁸⁶ Id., p.140.

with the three-fold goals of: 1) providing immediate, supportive pathways to safety and resources for victims to heal, reclaim their lives and build the foundation for safer, brighter futures, 2) ensuring expert, trauma informed, responsive law enforcement, successful prosecution and informed judicial response, and 3) preventing and ending the violence in our community. The Recommendations which follow highlight areas for immediate action toward those ends.

Recommendation #1: *A single, centralized, community-wide domestic violence hotline, coordinated entry and tracking system for the domestic violence continuum of care is urgently needed.*

- *A central domestic violence hotline will allow victims to access shelter and supportive services more swiftly and in a streamlined, coordinated manner, eliminating the need for multiple calls by victims to find shelter, services and resources. It will also provide important information on victims' needs, service utilization, and outcomes, as well as opportunities for continuous improvement.*
- *Given the shortage of shelter capacity in certified domestic violence centers in undisclosed locations, the coordinated entry system will allow the limited number of beds in undisclosed locations to be utilized more efficiently and reduce barriers for victims to access other supportive shelter beds in trauma informed enriched shelter for those who do not need the undisclosed location.*
- *The centralized hotline should be the focus of a community-wide, intensive, ongoing, public education and awareness campaign, to ensure meaningful access to both domestic violence shelter and supportive services for victims and survivors, as well as law enforcement. The cost of a centralized hotline and data collection unit varies depending on where the unit is "housed" and the degree to which the program can be layered on existing infrastructure of other agencies. It is anticipated to cost between \$586,560 and \$818,296, per the draft budget attached as Exhibit A.*

Recommendation #2: *A more robust, county-wide centralized information management and reporting system and data base for domestic violence is essential to capturing true, accurate and complete de-identified information on the nature and scope of domestic violence related crimes in our community, their disposition, the impact and efficacy of batterers intervention programs, and the provision of shelter, supportive services and safe housing responsive to the needs of victims and survivors. Accurate and complete information is vital to guiding our community's public policy, responsiveness to victims, utilization of best practices and effective services, targeted education of stakeholders in the domestic violence continuum, and effective strategies for public education and prevention of domestic violence.*

- Upon establishment, the centralized hotline and data base, and a coordinated entry system can and should provide robust, real time, system wide data key to better evaluating and continuously improving our system wide response and education efforts.
- All DV stakeholders in the response and continuum of care should be required to promptly contribute true, accurate and complete data. At a minimum, information should include accurate and complete data regarding: the occurrence, nature and severity of domestic violence related crimes; the gender, age, race, ethnicity and zip codes of victims and survivors, as well as perpetrators; law enforcement response; prosecutorial and judicial disposition of crimes; participation in and performance of batterers' diversion programs; and equally important, services needed and accessed by victims and survivors, together with outcomes, across the domestic violence continuum of care.
- Information provided by the centralized data base needs to be regularly reviewed and analyzed as a basis for guiding future action steps and continuous quality improvement. Additional dedicated staffing for the DVOB, CAHSD Victims Services Bureau, domestic violence centers, emergency shelters, service providers, public health and human service agencies and the criminal justice system is essential to collecting such information and aiding in the ongoing analysis of data. More accurate and complete data on the nature and scope of domestic violence related crimes in our community will assist in align shelter and supportive services for victims and survivors, break the cycle of ongoing abuse, and save lives. The budget for the centralized hotline attached as Appendix A-1 includes this element and associated staffing as well.

Recommendation #3: Additional trauma informed, supportive shelter beds offering deep protective factors and therapeutic supports for victims, including children, need to be commissioned to enhance the overall shelter capacity of the domestic violence continuum. Even with the new domestic violence center under construction and slated to deliver an additional 60 beds into the continuum, supportive, emergency shelter of all levels tailored to the needs of domestic violence victims is urgently needed.

- Ready access to domestic violence shelter provides a pathway to safety for domestic violence victims and can be truly life- saving. It is key to the prevention of escalating violence and its lethal consequences.
- The County should continue to support and fund additional domestic violence centers and trauma informed emergency shelter providing longer term stays for domestic violence victims, with a full range of supportive services, education, employment and housing assistance. Costs associated with providing shelter and supportive services vary according to the options and funding available. While existing programs being funded by the Food and Beverage tax and the County's

general revenue funds should be a priority, additional shelter beds are needed and the County is urged to explore options to expand and fund new capacity.

- Recognizing that not all emergency shelter for domestic violence victims needs to be in an undisclosed location, domestic violence victims should also be prioritized by the Homeless Trust's coordinated entry system to the homeless continuum of care, with ready access to trauma-informed homeless shelter services between systems. This will allow the County to maximize use of the domestic violence shelter beds in undisclosed locations.*
- Deep protective factors for children in times of transition should be an essential part of emergency shelter programs serving victims, including evidence-based assessments and therapeutic supports for children and families, to assure children have the opportunity to heal, thrive and break the cycle of violence.*

Recommendation #4: *Additional trauma informed, affordable transitional housing options and resources, combined with a full range of supportive services, are needed to ensure victims of domestic violence are not forced to return to abusers and able to establish the foundation for safer, brighter futures.*

- Recognizing a "one size fits all" approach fails to address the varied needs of victims, the domestic violence continuum of care should include a full range of options including evidence-based models, such as clustered, scattered site and communal, with readily accessible supportive services.*
- Both short- and longer-term rental subsidies and other flexible financial assistance for survivors are needed to cover rent, deposits, furnishings and move-in costs that will support financial empowerment.*
- Stakeholders from the domestic violence and homeless/housing systems should continue efforts toward deeper cross-system collaboration with the goal of broadening the range of transitional and permanent housing options available to survivors.*

Recommendation #5: *Existing programs demonstrating successful outcomes for domestic violence victims in law enforcement, prosecution and the criminal and civil justice system need to be expanded and in wider practice across our community. More and deeper data collection and analysis would be helpful in demonstrating the success of these programs and alignment of and provision for additional funding resources. Examples include:*

- Victims would be better supported by: 1) adoption of memoranda of understanding (MOUs) between the Miami-Dade State Attorney's Office and law enforcement in every police jurisdiction, and applying it to their standard operating procedure*

(SOP) as well as enforcement of those MOUs, requiring officers to promptly contact the MOVES program in the case of all misdemeanor and 2nd and 3rd degree felony arrests; 2) extensive training of law enforcement at all levels to identify domestic violence related arrests and promptly call the MOVES program to respond to meet with the victim; and 3) additional staffing, including victim specialists in the Miami-Dade State Attorney's Office.

- *MOVES by the Miami-Dade State Attorney's Office, provides mobile victim's specialists from 5pm-5am weekdays, 24 hours on weekends and holidays, meeting victims at the site of domestic violence related incidents, needs additional victims' specialists and advocates to support the needs of victims. Given that 31 of 34 police municipalities are participating and there are varying levels of non-compliance by the departments, improvements are needed to ensure victims' needs are being fully and promptly addressed. MOVES ensures that victims receive access to available services immediately after the arrest and provides them with access to emergency shelter and important resources. This early intervention improves the probability of an increase in more successful misdemeanor and felony degree filings and prosecutions. The goal of the continuum should always be to reach 100% compliance in addressing the immediate safety needs and providing the resources to victims and children of domestic violence. In order to strive towards this goal, the Miami-Dade State Attorney's Office has advised that it needs funding for two (2) additional MOVES Specialists to handle an estimated 519 additional cases in furtherance of full compliance by all police municipalities, with an estimated annual cost in 2020 of \$127,070 for salary and benefits for the MOVES program.*
- *Victims' Advocates Program by the Coordinated Victims Assistance Center, embedding victim specialists, counselors and advocates in the civil court houses to assist victims in securing restraining orders and accessing additional help. Victim's advocates explain the judicial process and assist with completion of required paperwork, offer safety planning, and assist victims in securing emergency shelter, supportive services and resources, among other services. The supports offered by this successful program should be available in every courthouse across Miami-Dade County serving domestic violence victims seeking restraining orders.*
- *The establishment of specialized domestic violence misdemeanor courts in Miami Dade County at the Thomas E. Lawson Courthouse has allowed for a more sensitive, informed and effective judicial response to cases involving misdemeanor domestic violence related offenses. This important development in place since 2002, should be expanded to include specialized felony domestic violence courts. Particularly given the research showing domestic violence escalates over time, often with lethal consequences, it is so important that the judiciary, public defender, prosecutors, advocates and courtroom personnel are highly trained and*

knowledgeable on the dynamics of domestic violence and the long-term effects and trauma this horrific abuse causes the victims and children living in this environment. The Miami-Dade State Attorney's Office has a need for three additional Victim Specialists, at an estimated 2020 cost of \$176,532 for salary and benefits. These specialists would be assigned to pods within the 19 felony divisions to provide individualized support to victims and the division attorneys handling the more serious domestic violence cases that are prosecuted in the assigned felony divisions.

Recommendation #6: *While important strides have been made in addressing domestic violence in Miami-Dade County, law enforcement in every jurisdiction needs to recognize domestic violence as an important public health issue in our community and reinforce their commitment to providing deeper support and protection for victims, as well as ways they can contribute toward its prevention. A deeper commitment on the part of law enforcement leadership in every municipality and jurisdiction is needed to continued education of front-line officers and administrative staff on trauma informed responses to and prevention of domestic violence.*

- *Among the areas needing deeper commitment and education are the importance of identifying and fully and properly reporting all domestic violence related incidents at the State and local levels, because accurate and complete reporting can better guide both community resource allocations for victims and public education and prevention efforts.*
- *Research shows that the leading cause of victims failing to report domestic violence is that victims do not think the police would believe them or could do anything.⁸⁷ Trauma informed, responses, protection and support for victims by law enforcement, such as assistance in obtaining their possessions, documents and medications and greater utilization of the State Attorney's MOVES units, would be helpful to assuring victims report domestic violence and are properly protected and supported in making such reports and subsequent prosecution.*
- *Deeper education of law enforcement about risk factors and violence prevention strategies, including an understanding of the points of greatest likelihood of violence occurring in a relationship, high correlation between stalking and fatalities of victims, threats to harm or kill a victim or family and friends of victims preceding physical violence, the ownership and use of firearms by the offenders and fatalities*

⁸⁷ Tjaden, P., Thoennes, N., Extent, Nature, and Consequences of Intimate Partner Violence, Findings from the National Violence Against Women Survey. (2000), U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, NCJ 181867. pp.50-51.

of victims, among others, will assist law enforcement in being more responsive to victims' needs and recognizing the dangers involved for victims.⁸⁸

Recommendation #7: *Public education is a key component to providing pathways to safety for domestic violence victims and preventing and ending violence in our community. A broad-based community awareness campaign, from school-based programs for children and adolescents to culturally sensitive, targeted public media campaigns for adults, offers the opportunity for primary prevention of domestic violence on a community-wide scale.*

- *Components of the community awareness campaign should be evidence-based, culturally competent, age appropriate, and targeted to the diverse segments of our community. In addition, it should be supported by outcome evaluation. An estimated cost of \$200,000 is needed for the public awareness campaign, including the centralized hotline. A draft budget is included in Appendix A-1. It is anticipated that significant corporate and civic contributions and in-kind support from media companies can be secured to enhance the reach and impact of this campaign.*
- *Progress in prevention will hinge on the commitment of our government, public, business and social leaders to making prevention a long-term priority.*
- *Recommendations, suggestions and estimated costs for additional primary, secondary and tertiary prevention strategies should be an important topic for investigation in the approved comprehensive intimate partner study. The study should include a deeper assessment of our community's gaps, needs and response to domestic violence, with special attention to the needs of children and youth.*

Recommendation #8 *New, dedicated sources of funding are urgently needed to provide a robust domestic violence continuum of care, supportive shelter, safe permanent housing options, enhancements to the efforts of law enforcement and the judicial system, and greater public awareness and education to prevent and end domestic violence in our community. The current dedicated source of funding for the construction and operation of domestic violence centers, namely the 15% share of the Food and Beverage Tax from the 32 of the 35 municipalities contributing, has been inadequate to meet the needs of domestic violence victims across Miami-Dade County, particularly in the face of dramatic population growth over the past two decades. The result is an urgent shortage of shelter beds, safe haven and other important supportive services for victims of domestic violence*

⁸⁸ Id. Faces of Fatalities, Report of Attorney General's Statewide Domestic Violence Fatality Review Team, Volume IX, June 2019. See also, Appendix A-11.

in Miami-Dade County both in the near- and long-term foreseeable future. Victims of domestic violence across the County have suffered the consequences.

- *Addition of the Beach Municipalities to the Food and Beverage Tax being collected across Miami-Dade County could add as much as \$1-1.5 Million annually for the construction of new domestic violence centers and their operation. At the urging of the DVOB, the Miami-Dade County Commission passed a resolution this year (2019) urging the Miami Beach Commission to join in a non-binding resolution signaling to State legislators their willing to join in the Food and Beverage Tax. For the second year in a row, Miami Beach declined to do so, despite being historically in the top five communities county-wide for the greatest number of reported domestic violence related offenses. It is imperative that Miami Beach, Surfside and Bal Harbor contribute their equitable share to support the construction of new domestic violence centers and additional emergency shelter and supportive services for domestic violence victims in our community. Those resources will be important to addressing the gaps and needs of our County-wide domestic violence continuum of care for victims and further our collective efforts to prevent and end violence in our community.*
- *More funding is needed at the County level to provide for a centralized domestic violence hotline and coordinated entry system, a robust management information system, data collection and analysis, greater staffing for the DVOB, additional domestic violence centers, trauma-informed supportive shelter, supportive services and safe housing for victims, deeper training and education for law enforcement, expansion of successful programs like MOVES and the Victims Advocacy Program in all courts, establishment of specialized misdemeanor domestic violence courts, and a community-wide, coordinated, public education campaign to prevent and end domestic violence.*

CONCLUSION

Domestic violence needs to be recognized as an urgent public health issue in Miami-Dade County that has enormous costs and adverse impacts for the individuals, children and families affected, their employers, schools, homes, businesses and our entire community. The economic and social cost of this urgent public health issue weighs on every aspect of our public health systems, from social, health and human services, to homelessness, housing, law enforcement and our criminal justice systems. Most importantly, lives are at stake. Despite the importance of shelter, supportive services and safe housing for victims of domestic violence, reducing violence, saving lives, and sparing children the life-long adverse effects of exposure to domestic violence, we are falling short as a community and solutions are urgently needed.

Given the lethal nature and extraordinary cost of domestic violence, it is imperative that 1) our community-wide system response, including law enforcement, prosecution, diversion and the judiciary, is stream-lined, coordinated, trauma-informed, utilizing evidence based best practices, and effective to protect victims and survivors and stop perpetrators from committing further crimes while holding them accountable; 2) victims and survivors have ready and meaningful access to coordinated, comprehensive, enriched supportive services and shelter utilizing evidence based, best practices to address their needs; and 3) public education and awareness should be an integral component to our community response to prevent and end domestic violence. All prevent deaths. The deeper assessment and review of our community's approach to domestic violence, approved by the Board of County Commissioners under the oversight of the DVOB, should address and provide recommendations for all three prongs of our community wide response. That said, we recognize the imperative for immediate action in some areas. To that end, we offer the eight Recommendations in this Report.

On behalf of the Gaps and Needs Workgroup, we wish to express our gratitude to all those who attended the meetings and took time from their busy schedules to research and provide the information assembled in this Report. Further, we wish to express our deepest gratitude to the Miami-Dade Board of County Commissioners, Office of Community Advocacy and the Domestic Violence Oversight Board for the opportunity to be in service to those who are too often forced to survive by being invisible, suffering abuse and even loss of life, that we might all learn the important lesson ~ we are one. As long as one of us suffers, we are all in pain. It is time to bring an end to violence in our community for the sake of our children and future generations. We recognize it takes leadership, commitment, education and funding.

APPENDIX A

1. Estimated Centralized Hotline and Data Reporting Unit Budget - 2020
2. Domestic Violence Report ~ Assessment of Gaps in Services, presented by the Advocate Program, Inc., Executive Summary Only (Original Report, w/o attach.)
3. Uniform Crime Reports & Work Group Analysis, Miami-Dade County, Domestic Violence Related, 2008-2018
4. Miami-Dade County Fatality Review Team Data and Work Group Analysis
5. National Coalition Against Domestic Violence Statistics and Fact Sheets
6. Additional Resources and Statistics: 13th Annual Domestic Violence Counts Report by the National Network to End Domestic Violence; National Domestic Violence Hotline Statistics; and Homicide and Injury from Domestic Violence Statistics from Domestic Shelters
7. National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release, Centers for Disease Control and Prevention
8. Injunctions for Protective Orders Summary, Miami-Dade County Community Action and Human Services Department
9. Criminal Victimization, 2017, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics
10. Extent, Nature and Consequences of Intimate Partner Violence Research Report, Findings from the National Violence Against Women Survey, U.S. Department of Justice, Office of Justice Programs, National Institute of Justice
11. Faces of Fatality, Report of the Florida Attorney General's Statewide Domestic Violence Fatality Review Team, June 2019
12. Why Do Victims Stay? By the National Coalition Against Domestic Violence; Why Do People Stay in Abusive Relationships? By the National Domestic Violence Hotline
13. Domestic Violence Fatalities: A Preventable Crime, Miami-Dade County Domestic Violence Fatality Review Team, Comprehensive Report, 1997-2005
14. Miami-Dade County Domestic Violence Fatality Review Team Statistics, Eleventh Judicial Circuit of Florida website
15. Domestic Violence Statistics from the Florida Department of Children and Families, Southern Region, and Work Group Summary
16. Behind Closed Doors, The Impact of Domestic Violence on Children, by UNICEF
17. Miami-Dade County Domestic Violence Diversion Statistics and Work Group Summary
18. FY 2018-2019 Proposed Budgets and Multi-Year Capital Plan
19. Food and Beverage Tax Collections and Work Group Summary, FY 1993/84-FY 2019/20
20. Emerging Strategies in the Prevention of Domestic Violence by Wolfe and Jaffe; Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence, National Prevention for Injury and Prevention Control, Centers for Disease Control and Prevention, 2019
21. Information provided by the office of Katherine Fernandez Rundle, Miami-Dade State Attorney's Office