

**Domestic Violence Prevention and
Response Advisory Board**

**UNDERSERVED POPULATIONS
Statewide Training Needs
Assessment Survey**



Virginia Department of Criminal Justice Services

www.dcjs.virginia.gov

BACKGROUND

On October 1, 2010, Governor Robert McDonnell signed Executive Order 25 establishing the Domestic Violence Prevention and Response Advisory Board. The Board considered and endorsed nineteen recommendations to provide an initial conceptual framework for improving services to children exposed to domestic violence, clarifying protective order processes, enhancing services and community response to traditionally underserved victims, and making Virginia's college campuses safer. The full 2011 report and recommendations can be found at www.publicsafety.virginia.gov/initiatives/DV/DVPrevention-Response-2011-Report.pdf

As a result of the recommendations made in 2011, Governor McDonnell issued Executive Order 44 in April 2012 to continue the Domestic Violence Prevention and Response Advisory Board so that the Board would consider ways to implement the 2011 recommendations, and, where appropriate, make any other recommendations to improve Virginia's response to domestic violence at all levels.

The Board's subcommittee on Expanding Services to the Elderly and Victims with Disabilities and Mental Illnesses was charged with developing recommendations for enhancing services and community response to victims of domestic violence who are traditionally underserved. The subcommittee found that the needs of these underserved populations are great, as are the needs of state agencies to identify service providers who universally and uniformly provide services to these groups. The subcommittee determined that there are limited services dedicated to serving these populations in Virginia, and that training is needed for allied professionals on working with victims from these populations, as well as on the services that are available. Determining the specific training(s) needed, however, remained an issue.

One of the subcommittee's recommendations, adopted by the full board, was to conduct a statewide needs assessment to identify the specific training needs for professionals who provide services to victims of domestic and sexual violence who are elderly, who have disabilities, or who have mental illnesses. Therefore, DCJS conducted a statewide training needs assessment to identify the specific training needs that exist in Virginia, and to discover current training curricula available to fill gaps in current training.

In November 2012, the DCJS Research Center, in collaboration with the DCJS Division of Programs and Services victim services staff conducted an online survey to:

- find out the training needs of service providers that support victims of domestic violence (DV) and sexual violence (SV)

who are older or aging, persons with mental illness, and/or persons with disabilities, and what types of training have already been received;

- identify relevant training recently received; and
- discover current training curricula available to fill gaps in current training.

METHODOLOGY

In accordance with the subcommittee's recommendation, the following agencies were identified to participate in the needs assessment:

- Sexual and Domestic Violence programs that receive funding through the Department of Criminal Justice Services,
- VCU Partnership for Disabilities,
- Virginia Board for People with Disabilities,
- Virginia Center on Aging,
- Department of Behavioral Health and Developmental Services,
- Virginia Department of Health (Office of Family Health Services),
- Virginia Department of Social Services (Adult Protective Services Division and Office of Family Violence), and the
- Virginia Sexual and Domestic Action Alliance.

A request to participate in the survey was emailed to contacts for the above listed agencies. If the contact responded that the agency does provide domestic violence/sexual violence services to any of the underserved populations, they were asked to complete the full survey. If the agency does not provide these services, they were asked to complete an abbreviated version of the survey.

DCJS sent requests to participate in the survey to 439 contacts at various agencies that provide direct services to victims, local government agencies, state government agencies, nursing home facilities and hospitals, non-profit/not-for-profit agencies, home healthcare agencies, and university/education-related groups. A few of those agencies forwarded the request to take the survey on to partner agencies. The Office of Family Violence at the Virginia Department of Social Services forwarded the survey to 120 of the local DSS agencies. The Virginia Board for People with Disabilities sent the survey to 14 Centers for Independent Living, 25 Area Agencies on Aging, 44 Community Service Board sites, and Senior Navigator/Virginia Navigator Centers throughout Virginia. Additionally, the Virginia Department of Health (Office of Family Health Services) shared information about the survey effort with members of their list serve.

RESULTS OF SURVEY

Types of Respondents

Persons responding to the needs assessment survey were asked to select from a list those options that best describe their program/agency. Of the 163 responses received, most described their program/agency as a:

- direct services provider (48%),
- local agency (28%), and/or a
- local government agency (21%).

Other agency/program descriptions included: nursing facility (6%), hospital (4%), non-profit/not-for-profit (3%), home healthcare agency (2%), university/education-related group (2%), healthcare (1%), shelter (1%), and statewide agency (1%).

(Respondents were permitted to select or offer more than one description of their program/agency so percent totals add up to more than 100%.)

Of the 163 respondents, 53% (87) said that they currently provide services to at least one of the following underserved populations:

- persons who are older or aging,
- persons with mental illness, or
- persons with disabilities.

Numbers of Victims Receiving Services

The 87 respondents that currently provide services to underserved populations were asked to estimate how many victims in each population group their agency provided domestic violence/sexual violence (DV/SV) services to during the last three years (since January 2010). The following table describes their responses:

Underserved Population	Number of respondents that provided services	Number of victims served in the population group	
		Range	Median
Persons who are older or aging	63	1 – 727	30
Persons with mental illness	62	1 – 2,576	54
Persons with disabilities	68	1 – 500	21

This table indicates that there is a wide range in the numbers of victims receiving services among the agencies/programs that responded to the survey. Among the findings:

- two hospitals and three direct service providers each served 300 or more persons who are older or aging;
- four direct service providers and two local government agencies each served 500 or more persons with mental illness; and
- two hospitals, one direct service provider, and one state government agency each served 200 or more persons with disabilities.

Training Needs

Respondents were also asked what training would benefit them or others in their work as it relates to the provision of DV/SV services to underserved populations. A summary of their responses is provided below, as well as a more detailed table that describes their responses on page 4.

**Summary of Training Needs
(most frequently cited needs overall)**

- Aging population-related training (especially topics related to caregiver/spousal stress)
- Caregiver-related training (issues with, services for, interviewing)
- Disabled population-related training (how to work with)
- Information about resources and services available in Virginia
- Improving coordination among agencies/groups that work with underserved populations
- Mentally ill population-related (how to work with)
- Court-related professions (training specifically developed for prosecutors and magistrates)
- Role of substance abuse in DV/SV

Detailed Responses to Training Needs

Number of responses	Training Needs
GENERAL	
8	improve coordination between agencies/groups (especially among: Adult Protective Services, criminal justice agencies, Child Protective Services, Community Services Boards, communities, direct service providers, law enforcement, mental health agencies)
7	resources – list of agencies and services
2	all types and levels of training (regularly and consistently)
1	resources - transportation
UNDERSERVED POPULATIONS	
<i>General</i>	
3	underserved populations - outreach and working with
2	underserved populations - identification and services
1	underserved populations - sensitivity training
<i>Aging</i>	
6	aging - DV/SV and caregiver/spouse stress
4	aging – specific physical issues (medicines and psychiatric diagnoses, physical changes, reaction to trauma)
3	aging - communication with/interviewing/investigative techniques
2	aging - financial abuse/scams
1	aging – rights of
1	outreach - to family of aging and abuse through isolation
<i>Disabled</i>	
6	disabled - DV/SV and working with
1	disabled - housing for
1	disabled - modifying existing programs to suit
1	disabled – rights of
<i>Mentally ill</i>	
12	mentally ill - DV/SV, working with and advocacy
3	mentally ill - housing for (alternatives to shelters and best practices)
1	mentally ill - definition of terms
1	mentally ill - diffusing situations (especially with law enforcement)
1	mentally ill and temporary detention orders
<i>Other underserved populations</i>	
2	cognitive disability – counseling / working with
2	rural populations - resources for
1	LGBTQ - outreach
1	military populations - DV/SV issues
<i>Communication</i>	
1	skills for effective communication with populations with barriers (autism, deaf, language, cultural)
1	skills for effective communication with underserved populations

Detailed Responses to Training Needs *(cont.)*

Number of responses	Training Needs
TRAINING FOR SPECIFIC PROFESSIONS	
6	courts/prosecutors - preparing underserved populations for court/balancing client needs with the criminal justice system's needs
2	magistrates - working with courts (Commonwealth's Attorneys, judges, guardian ad litem)
1	Adult Protective Services (APS) - identifying victims
1	APS - victims with trauma history
1	law enforcement - DV/SV among underserved populations
1	law enforcement response to social worker calls
1	nursing home staff – sexual assault
1	magistrates - DV/SV
1	magistrates - probation/parole
PROFESSIONAL DEVELOPMENT	
1	counseling and management skills
1	legal implications – working with underserved populations in DV/SV
1	legal processes
1	motivational enhancement therapy
1	motivational interview models
1	nursing home protocol development for sexual assault
1	professional ethics and boundaries
1	secondary trauma
1	self care for direct service providers
1	services available from magistrates under Virginia Code
SPECIFIC TOPICS	
5	DV/SV and the role of substance abuse/drug addiction/treatment
3	caregivers and DV (including communication with and DV interviews)
2	cultural awareness (especially Latino/Hispanic)
2	DV - dynamics of/ barriers to freedom from
2	prevention (safety planning) for underserved populations
1	crisis intervention
1	emergency containment orders
1	hoarding
1	medications - psychiatric medicines and interactions
1	parenting training
1	resources for multi-medical issue, non-nursing home clients
1	shelters/residential services

Training Received

In order to find out about the types of training currently available, the 87 respondents that currently provide services to underserved populations were asked what types of training they've received in the past 12 months.

Over half of all respondents received training in domestic violence services, sexual assault services and/or protection/protective orders at some time during the past 12 months. This is likely a reflection of the fact that nearly half of all survey respondents identified themselves as direct service providers. The following table shows the types of training in order from most frequently received to less frequently received.

Types of Training	Training Received	
	Number of Respondents	Percent of Respondents
Domestic violence services	53	61%
Sexual assault services	50	57%
Protection/protective orders	45	52%
Confidentiality	43	49%
Crisis intervention	41	47%
Coordinated community response	39	45%
Advocacy - criminal justice related	38	44%
Safety planning	37	43%
Cultural competency	36	41%
Case management/coordination of services	35	40%
Information and referral	34	39%
Legal issues	34	39%
Outreach services	32	37%
Mental health services	31	36%
Housing services	29	33%
Criminal justice – investigation	27	31%
Social service coordination	27	31%
Housing – emergency shelter	27	31%
Criminal justice - prosecution	26	30%
Advocacy - civil court	23	26%
Counseling/support groups	23	26%
Housing – long-term affordable housing	20	23%
Perceptions of populations	19	22%
Medical/dental/health services	18	21%
Communication	17	20%
Advocacy - caregiver	16	18%
Housing – transitional housing	16	18%
Drug treatment	14	16%
Life skills	11	13%

Respondents were also asked if there are other relevant types of training that they received in the past 12 months that were not listed in the previous table. They provided the following: advocacy [economic, trauma-informed, LGBTQ (lesbian, gay, bisexual, transgender, questioning), aging]; aging: working with; aging: sexual assault; black community: working with and response to; Criminal Injuries Compensation Fund (CICF) benefits; domestic violence survivors; housing for victims; human trafficking; nurturing parenting model; and special victims support.

Training Curricula

Respondents were asked if they are aware of any current training curricula available that would be useful for training service providers and allied professionals who may work with victims of DV/SV who are older or aging, persons with mental illness, and/or persons with disabilities.

Respondents offered the following information about current training curricula/programs:

- Central Virginia Task Force on Later Life (Contact: Lisa Furr)
- Crisis Intervention Team training for law enforcement
- DeafHope (is a nonprofit organization in California established for and by deaf women whose mission is to end domestic and sexual violence against deaf women and children through empowerment, education and services)
- Effects of domestic violence on children
- Certification in Forensic Nursing
- In-house-developed training for community awareness of DV in later life, training for volunteers in DV/SA agencies related to older victims, and training on navigating the criminal justice system with older victims. (Contact: Mary Beth Pulsifer, Community Outreach Coordinator, Women's Resource Center of the New River Valley, communityoutreach@wrcnrv.org)
- Inhouse-developed conference materials on the Sexual Assault Response Teams recorded and available on DVD
- Kidpower.org (for young victims of DV/SV with disabilities)
- Nurturing parenting model
- The International Association of Forensic Nurses (IAFN), with funding from the Office on Victims of Crime, created a course for registered nurses who provide direct care to vulnerable older adults in various settings, called Nursing Responses to Elder Mistreatment: An Education Curriculum.

SUMMARY

Among the 163 respondents to the training needs assessment survey, 87 (53%) said that they currently assist the victims of domestic and/or sexual violence who are older or aging, have mental illness, or have a disability. These 87 respondents are from agencies/programs that have served over 3,800 victims among these three underserved groups during the past three years. Due to their work with these groups, these respondents were asked to tell us the types of training they think would benefit them or others in their work as it relates to the provision of DV/SV services to underserved populations, the types of training they've received in the past 12 months, and if they know of any current training curricula available that would be useful for training service providers and allied professionals.

The most frequently cited needed trainings include: specific training about how to effectively work with each of these underserved populations; information about resources and services available to help these groups; training to improve coordination among the agencies/groups that work with these populations; training specifically developed for court professionals; training about caregivers-related issues; and the role of substance abuse in DV/SV.

In the past three years, over half of the respondents have received training about domestic violence services, sexual assault services, and protection/protective orders. Between one-third and one-half of the respondents have received training on confidentiality, crisis intervention, coordinated community response, advocacy, safety planning, cultural competency, case management/coordination of services, information and referral, legal issues, outreach services, mental health services, and/or housing services.

Current training curricula/programs were identified for the following topic areas: working with older/aging persons, Crisis Intervention Teams, Sexual Assault Response Teams, children with disabilities who are victims of DV/SV, effects of DV on children, victims of DV/SV who are deaf, forensic nursing, and parenting.



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