



Providing Culturally Relevant Services to Victims of Domestic Violence

Tierra Smith, VSTOP and VSDVVF Grant Program Coordinator

According to the Center for Disease Control and Prevention (CDC), one in four women and one in seven men will experience physical violence by an intimate partner at some point during their lifetimes. Domestic violence is a national concern that does not discriminate. The impacts of domestic violence and sexual assault cross all social, economic, and racial lines; however, there are barriers that are unique to communities of color. In America, African American females experience intimate partner violence at a rate of 35% higher than white females and 2.5 times the rate of women of other races. However, these women are less likely than whites to receive social and therapeutic supports (*Oregon Coalition Against Domestic and Sexual Violence, 2018*). This prompts the need for adequate resources and supports that can effectively address the unique challenges and circumstances faced by racial and ethnic minority communities.

For women of color, higher rates of unemployment, language barriers, increased rates of poverty, and fear of deportation serve as additional obstacles when trying to access victim services following a victimization. The Battered Women's Movement has allowed for significant developments in ensuring that all victims of intimate partner violence (IPV) have access to services ranging from violence intervention programs to residential shelters. An assessment of these services however, suggests that many racial and ethnic minority survivors avoid seeking these services for various reasons to include:

- Lack of culturally and linguistically appropriate services
- Lack of service providers that look like the survivor or share common experiences
- Lack of trust based on history of racism and classism in the United States (*Oregon Coalition Against Domestic and Sexual Violence, 2018*)
- Scarcity of bilingual staff, materials, and trainings necessary to working effectively with Latina clients (*National Latino Alliance for the Elimination of Domestic Violence, 2004*)

The ongoing prevalence of IPV among minorities, coupled with underreporting in these communities and limitations in the availability of culturally comprehensive services, demonstrates why it is crucial for domestic violence organizations to provide culturally responsive services when working with victims of IPV. The term culturally responsive suggests that, "organizations and agencies are proactively integrating meaningful attention to the cultural identities of participants and staff, and to the ways culture can shape people's experiences of trauma and healing" (*National Center on Domestic Violence, Trauma & Mental Health, 2018*). Currently, private, state, and federal funding sources have prioritized the need for culturally responsive victim services through solicitations and encouraging application submissions from underserved communities. In addition, national studies have provided implications for best practices to promote the availability of culturally relevant services within domestic violence organizations. One method is to ensure that the organization's mission statement and/or written policies include an expressed commitment to providing culturally relevant domestic violence and trauma-informed services (*ASRI and National Center on Domestic Violence, Trauma & Mental Health, 2012*). Moreover, it is suggested that organizations actively recruit, hire, and retain staff members who reflect the diversity of the communities that it serves (*National Center on Domestic Violence, Trauma & Mental Health, 2018*). In addition, organizations should develop bilingual materials written at appropriate readability levels based on the needs of the populations they are serving (*National Latino Alliance for the Elimination of Domestic Violence, 2004*). Additional resources suggest that organizations should embrace cross-sector community partnerships to meet the diverse needs of survivors by connecting them to various resources promoting a comprehensive approach to service delivery (*National Center on Domestic Violence, Trauma & Mental Health, 2018*).

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With the rapid increase of racial and ethnic diversity in the United States, victim service organizations have the opportunity to expand victim-centered practices to address the needs of survivors from various cultural communities. National leaders such as the Women of Color Network, Center for Victim Research, National Latino Alliance for the Elimination of Domestic Violence, and the National Center on Domestic Violence, Trauma & Mental Health have provided consultations, conducted research, and provided tools, trainings, and resources to support victim services organization in improving their responses to culturally diverse survivors of domestic violence.

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- [Oregon Coalition Against Domestic and Sexual Violence. Domestic and Sexual Violence and Communities of Color \(2018\).](#)
- [Women's Institute for Leadership Development for Human Rights, "The Treatment of Women of Color Under U.S. Law: Violence".](#)
- [Women of Color Network. Domestic Violence in Communities of Color. \(2006\).](#)

Helpful DCJS Victims Services Links:

- [Victims Services Grants](#)
- [Grants Management Resources](#)
- [Forms](#)
- [Publications](#)
- [Professional Standards](#)
- [Victims Services Staff](#)



Free Legal Services to Domestic Violence Survivors

Chrissy Smith, *Victims Services Grant Program Specialist*

With the first year of funding through the Virginia Department of Criminal Justice Services' Victims Services Grant Program (VSGP), the Virginia Legal Aid Society (VLAS) has provided free legal assistance to over 450 victims. The team provides trauma-informed legal representation to victims of domestic violence, sexual assault, dating violence and human trafficking. VLAS serves twenty counties and six cities in the south side of Virginia, with offices in Lynchburg, Danville, Farmville, and Suffolk. Funding from VSGP staffs four attorneys, a paralegal, and an outreach coordinator. The outreach coordinator has built relationships with local victim/witness programs, domestic violence and sexual assault programs and other service providers who refer clients who need legal assistance.

The program has assisted clients with child custody, child support, protective order hearings, and landlord or lease disputes. They also provide education to the community on topics such as elder abuse, homelessness, legal education and available financial assistance. Due to COVID-19, the team has relied heavily on technology to meet their clients' needs and has seen an increase in services provided. Due to the large service area, the team has had to learn new local procedures of many different courthouses but has not missed a beat providing quality services to clients. Their grant monitor has read accolades in local programs' progress reports of the benefit of the VLAS services received by victims of crime.

Please visit their website at <http://vlas.org/> for more information.



The Virginia Address Confidentiality Program: A Tool for Protecting Domestic Violence Victims

Andi Martin, *Sexual Assault and Intimate Partner Violence Program Coordinator*

In an effort to provide an additional step of security for victims of domestic violence¹, the Commonwealth of Virginia offers an address protection program called the Address Confidentiality Program (ACP), *Code of Virginia* § 2.2-515.2. The ACP offers victims of domestic violence (and household members, including children) a substitute address, different from the victim's actual residence, which the victim (participant) may use as a legal address. Participants are provided an ACP authorization card with the substitute address to present to government agencies showing proof of ACP participation. All mail sent to the participant via the ACP address will be forwarded by staff at the ACP. The participant's actual address may thus remain confidential. In addition to the substitute legal address and mail forwarding service, the Virginia Office of the Attorney General, which runs the ACP, will accept service of legal process on behalf of the participant.

When is the Right Time to Apply for the ACP?

The ACP is an option for victims of domestic violence who are moving to a new address in the Commonwealth of Virginia that is unknown to the abuser. The ACP cannot protect a victim's address after the victim has been using that address for any period of time prior to acceptance into the ACP. Victims moving into temporary housing are not eligible for ACP until they move into a permanent residence.

Limitations of the ACP

There are a number of limitations of the ACP. The mail forwarding service does not include bulk mail, packages, or magazine subscriptions. For this reason, some ACP participants choose to have these items delivered to a friend or family member. Additionally, due to the nature of a mail forwarding system, participants can expect a delay

in the receipt of their mail. Participants must use their actual address when purchasing a firearm and obtaining a concealed carry permit, registering to vote (participants can provide the ACP address in addition to their physical address), being issued a traffic summons by law enforcement, and during a criminal investigation or arrest situation when the ACP participant is the suspect. Registered sex offenders are not eligible for the ACP.

How Victims Apply for the ACP

Victims of domestic violence may apply for the ACP by completing an Address Confidentiality Program application packet, which is often accessible through their local domestic violence program, sexual assault program, or victim/witness office. A completed application must be sent to the ACP staff at the Office of the Attorney General for review and a determination of acceptance.

Role of Victim Advocate in the ACP Process

Because victims often access the ACP application through their local victim assistance provider, it is important that staff in victim assistance agencies understand the ACP and the application packet. These victim advocates can assist potential applicants by explaining the ACP, helping victims determine whether the ACP is an appropriate and viable option to enhance safety, and helping victims to complete the application packet.

For more information on ACP, including scheduling training for victim assistance staff on the ACP, contact Melissa McMenemy, Statewide Facilitator, at (804) 786-2071 or domesticviolence@oag.state.va.us.



#1 Thing

One Word or Phrase

Dione Bassett, Victims Services Grant Program Specialist

Think of one word or phrase that brings you peace. Survivors of domestic violence are familiar with chaos and cruelty. However, they deserve happiness, joy, and peace. How can we as advocates bring that sort of presence to providing services?

We could realize that we are not perfect. Occasional failure is unavoidable but not a final destination.

We need to focus on the positives in others and ourselves.

We are not Saints or Super Heroes. We are humans with compassion and empathy.

We need to stop seeing domestic violence as someone else's problem that we can fix through cookie cutter policies. It is a gradual process of liberation to non-violent living.

I'm inspired by the National Resource Center on Domestic Violence's #1THING campaign, and the fact that survivors can often name one thing that began their healing and journey toward a peaceful existence. I think we have the key to helping others and ourselves. What is it?

Join collectively and offer each other benevolence, support, and guidance. Observe yourself. Pause the negative narrative. In the words of Jen Sincero, "you are kind of a big deal." Sincero says to "drown yourself in affirmations." It can "turn the ship around by rewiring your brain and training yourself to think differently." See if it makes your world a better place. I truly hope that it does.

The National Resource Center on Domestic Violence (NRC DV) publishes a [universal prayer for Domestic Violence Awareness Month \(DVAM\)](#). Find more information on the [#1THING campaign here](#).

Upcoming DCJS Victims Services Trainings

To learn more about trainings, or to register to attend, please visit www.dcls.virginia.gov

"Strengthening the Response: Community Collaborations at the Intersections"	October 21–22, 2020
"Providing Socially Conscious Victims Services: It Begins With Us"	October 29, 2020
"The Trauma of Sexual Assault: Experience, Behavior, and Memory"	Part 1–November 4, 2020 Part 2–November 5, 2020
"Beyond Cultural Competency: Cultural Humility for Victims Services Providers"	November 5, 2020
"Beyond Language Access: Language Justice for Victims Service Providers"	November 12, 2020
"Victims Centered Restorative Justice Programs"	November 19, 2020
"The Internet and Human Sex Trafficking: The Fight to Stop Backpage.com"	December 3, 2020
"Sexual Misconduct in Tribal Communities"	December 8, 2020
"Sexual Misconduct and College-Aged Students"	January 14, 2021
"Successful Collaborations Between Victims-Serving Agencies and Faith Based Communities"	Part 1–February 23, 2021 Part 2–March 2, 2021



Virginia Legislative Updates

Andrew Kinch, *Victims Services Grant Program Specialist*

The Virginia General Assembly reconvened for a special session that began on August 18, 2020. The Governor's office announced the session to deal with the Commonwealth's evolving economic outlook amidst the COVID-19 pandemic, as well as to address reforms to criminal and social justice issues that have risen to prominence since the start of protests surrounding the murder of George Floyd.

A number of the presented bills directly relate to subject areas that affect DCJS, with some more specifically affecting the Victims Services team as well as the clients of victim-serving agencies and organizations. Here is a brief sampling of those bills' statuses that affect victims of crime in various stages of the criminal justice process, as of the time of writing this article:

HB 5090, which would have impacted victims by allowing investigative reports to be more readily available, passed in the House of Delegates but was passed by indefinitely in the Senate; however, it is being studied by the Virginia FOIA Council. HB 5090 would have made the process of obtaining police records easier for victims and their families once the criminal proceedings were completed or if an investigation has stalled after three years.

<https://www.pilotonline.com/government/virginia/dp-nw-criminal-records-bill-20200912-pvrrbv735rcljkaroxurlstsqy-story.html>

SB 5018, which would affect victims of some felony offenders by expanding conditional release eligibility and **SB 5034**, which would establish a new system for earned sentence credit to count towards release eligibility, have both passed the Senate and are currently under review in the House of Delegates. SB 5018 would expand parole eligibility to certain felony offenders that are either terminally ill, permanently physically disabled, at least 65 and served five years, or at least 60 and served 10 years, as long as they are not serving time for a Class 1 felony. SB 5034 requires calculation of earned sentence credits to apply retroactively to the entire sentence of any inmate of a state correctional facility and participating in the earned sentence credit system.

https://www.thecentersquare.com/virginia/bills-to-expand-parole-eligibility-pass-virginia-senate/article_d52f2e1c-f853-11ea-8c3a-3b4af17fdbfc.html

If you are interested in following the status of these and other bills being reviewed and voted on in the 2020 General Assembly special session, please visit the Virginia Legislative Information System website: <https://lis.virginia.gov/lis.htm>

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Visit DCJS on Facebook: www.facebook.com/vadcjs and Flickr: www.flickr.com/photos/va_dcjs

Mass Shootings and Domestic Violence

Julia Fuller-Wilson, State Crisis Response Program Coordinator

Mass shootings have sadly become a common occurrence in the United States. When we think about mass shootings, we think of the shooter that killed 49 people in a nightclub in Orlando. We think of the man that killed 26 people in a church in Texas in 2017. Some of us even remember the mass shooting at the University of Texas tower in 1966. Besides injuring and killing many victims, each of these shooters have another thing in common—a history of hostility and violence against women, especially with their intimate partners.

A very common experience around the world is intimate partner, or domestic, violence. Mass shootings and domestic violence, on face value, do not necessarily seem related at all. In recent years, domestic violence advocates, law enforcement, and prosecutors have begun to assess the risk of homicide with domestic violence victims. This was prompted by research

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that suggests that there are factors that influence the risk of homicide and, that by assessing this risk, we can prevent it. Some recent research has shown that by intervening and taking steps to reduce the risk of intimate partner homicide, we inadvertently reduce the risk of mass shootings.

There is much debate about the causes of mass violence, as other high-income countries do not experience gun violence to the degree that the United States does. In fact, our firearm homicide rate is 25 times higher than comparable countries². While other countries also experience challenges with mental health issues, racial and ethnic hostility, political strife, and intimate partner violence, they do not experience nearly as much gun violence. Some experts point to America's deep value for gun rights and relatively easy access to firearms.

Though some may debate this idea, it is clear that the rate of intimate partner violence and mass shootings would not be as common without firearms.

A mass shooting is sometimes defined as an incident in which four or more people are killed by a firearm. Between 2009 and 2018, 1,121 Americans were killed and 836 were wounded in

194 mass shootings, an average of 19 shootings each year³. Twenty-eight percent (28%) of those killed were under the age of 18, and 75% were connected to an act of domestic violence⁴. Sadly, domestic violence is often involved in mass shootings. Most people think of mass shootings happening at a movie theater, mall, or other public place; however, most mass shootings happen within private residences. According to Everytown for Gun Safety research, over 60% of mass shooting in the past decade have occurred in homes.

These statistics make us reconsider some of the root causes of mass shootings and makes it clear that many mass shootings are not random acts of violence—they begin as acts of domestic violence. Firearms simply provide a fast and efficient way to harm others. According to Dr. Jacqueline Campbell, firearms heighten the power and control dynamic used by abusers to inflict emotional abuse and coercive control over victims, making their victims five times more likely to be killed⁵. Through this exertion of power and control, other unintended victims are often injured or killed. According to Kivisto and Porter⁶, the use of firearms in intimate partner homicides was associated with a significantly elevated incidence (70.9%) of additional victims compared with the incidence of additional victims in non-intimate partner violence homicides (38.7%). Unfortunately, many of these additional victims are children. This creates a dynamic where one intended victim becomes many.



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With a strong correlation between intimate partner homicide and mass shootings, it would be prudent to examine how addressing one issue can also address the other. To be clear, barring access to guns for those with a history of domestic violence has proven effective in reducing rates of intimate partner homicide⁷. This suggests that a prohibition of firearms and enforcing existing constraints may also decrease mass shootings. It is essential to utilize evidence-based interventions to keep firearms away from those who commit domestic violence to decrease intimate partner homicide and decrease associated mass shootings. Though much more research needs to be conducted to identify causes and solutions to mass violence, we can start by looking to those policies and laws that have decreased intimate partner violence and homicide.

Domestic Violence and Traumatic Brain Injuries

Tricia Everetts, *Victims Services Training and Development Coordinator*

The term “traumatic brain injury” (TBI) is most commonly associated with injuries sustained through military service, athletics, or accidents. Recent studies show that TBIs are also common among survivors of domestic violence. Several recent studies show a relationship between injuries sustained due to domestic violence and traumatic head injuries. These studies show that survivors of domestic violence experience traumatic brain injuries at alarming rates. Many times, these brain injuries go undiagnosed and untreated due to a lack of awareness and knowledge of how domestic violence can result in TBIs. The results of these injuries can have significant impact on survivors’ abilities to access criminal justice and victim advocacy services.

Traumatic brain injuries are caused by head trauma, such as blows to the head, or by oxygen deprivation, which can occur with strangulation. The effects of TBI can range from mild to severe, and may cause short-term to long-term complications and even death. Often times, there are no visible physical signs of a TBI. Although some individuals may lose consciousness, many individuals with mild cases of TBI may never experience a loss of consciousness⁸. Some common symptoms of a traumatic brain injury include loss of consciousness from a few seconds to a few minutes, headache, nausea, vomiting, drowsiness and/or fatigue, speech difficulties, sleep pattern disturbance, memory and concentration difficulties, depression, anxiety, withdrawal, mood changes/swings, substance abuse, and suicide.⁹ Research shows that a negative correlation exists between the severity of the injury and memory, learning, and cognitive flexibility, meaning that as the brain injuries become more severe, the survivor’s memory and learning abilities decrease.¹⁰ Survivors might have difficulty organizing things, following directions, paying attention, understanding things, and controlling emotions.¹¹ Survivors with brain injuries might also experience sensitivity to light, seizures, tremors, nightmares, and difficulty controlling emotions.

A study conducted by researchers with The Ohio State University, in conjunction with the Ohio Domestic Violence Network (ODVN), found that 81% of IPV survivors who sought help suffered a head injury, and 83% reported being strangled. Of those survivors who reported being strangled, over half reported that it happened “a few times” and 20% reported experiencing being strangled too many times to remember.¹² Dr. Eve Valera sampled 99 IPV survivors and found that 75% reported at least one TBI caused by domestic violence, and over 50% reported experiencing multiple TBIs from domestic

violence.¹³ A study of probable TBI in Black women who had experienced domestic violence estimated that one in three survivors had a probable TBI. This study also showed a positive correlation between probable brain injuries and PTSD and depression.¹⁴

The effects of a traumatic brain injury could create barriers in a survivor accessing victim services and seeking justice. The lingering memory deficits might make it difficult for them to remember appointments, or necessary paperwork. Helping professionals may misinterpret the behavior of survivors experiencing the effects of a TBI as being noncompliant, apathetic, or indecisive. Survivors with brain injuries might have difficulties remembering instructions, and upcoming appointments and referrals. They might experience difficulties following case plans and setting goals for themselves¹⁵. If not properly diagnosed and treated, a TBI can have devastating effects on a survivor’s physical, cognitive and emotional well-being. For example, one study estimated that mothers with a TBI are more than three times more likely to perpetrate child abuse when compared to the general population¹⁶. The cognitive challenges presented by these brain injuries might also make it harder for victims to plan for their safety and to leave abusive partners¹⁷.

To help victim serving agencies better support those survivors with brain injuries, the Ohio Domestic Violence Network developed a service framework called CARE. CARE stands for Connect, Acknowledge, Respond, and Evaluate. They suggest that programs:

Connect with survivors by forming “genuine and healthy relationships”;

Acknowledge that head trauma and mental health concerns may be common. Agencies should provide information and education to survivors about head injuries and help them identify the mental, physical, and cognitive effects of brain injury;

Respond by providing accommodation to make services more easily accessible for survivors experiencing the effects of a brain injury and providing effective referrals and advocacy for survivors needing additional services;

Evaluate the effectiveness of referrals and continue to maintain contact to determine ongoing needs¹⁸.

ODVN suggests that just as programs strive to make their programs accessible to those survivors with “visible” disabilities, programs too must strive to make their programs accessible to

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Domestic Violence and Traumatic Brain Injuries

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those survivors with hidden disabilities, such as brain injuries. Some helpful accommodations might include assistance with sound and lighting levels, such as adjusting lighting levels and providing sunglasses, earplugs, or headphones. Agencies should offer shorter, more frequent meetings with the survivor, and provide written information, calendars, and to-do lists to accommodate for possible memory or cognitive impairment. Advocates should also adjust the amount of information

provided at once, and repeat information and ask the survivor to repeat it back¹⁹. By utilizing a trauma-informed approach to survivors with brain injuries, agencies can make victim services more accessible.

To download ODNV's booklet for survivors about head injuries titled "Invisible Injuries: When Your Head is Hurt," please visit: https://www.odvn.org/wp-content/uploads/2020/04/ODVN_Resource_InvisibleInjuries_web.pdf



Virginia's First Family Justice Center: Exceptional Partnerships take Norfolk Family Justice Center from an Idea to a Reality

Jennifer Kline, *Improving Criminal Justice Responses Program Coordinator*

Rather than going to multiple locations to receive services (an emergency room, a police department, a magistrate's office, and an advocacy organization) crime victims in the South Hampton Roads area can now go to one location—the Norfolk Family Justice Center.

The Norfolk Family Justice Center is a one-stop approach for crime victims to receive immediate and on-going trauma-informed services in one recognizable location. The center follows the evidence-based national model of the Family Justice Center Alliance, that in domestic violence cases shows reduced homicides; increased victim safety; reduced fear and anxiety for victims; reduced recantation by victims; increased efficiency in collaborative services to victims among service providers; increased prosecution of offenders; and dramatically increased community support for services to victims and their children (Gwinn & Strack, 2006).

The Center serves all types of crime victims, with an emphasis on domestic violence and sexual assault, and includes in its building the Norfolk Police Department, Norfolk Office of the Commonwealth's Attorney, Norfolk Department of Human

Services, Chesapeake Forensic Specialists, YWCA of South Hampton Roads, and the Norfolk Sheriff's Office. It took approximately two years of assessment, learning, and planning by all of these partner organizations and many others, for the Center to come to fruition.

The idea emerged from the Norfolk Criminal Justice Board's Evidence-Based Decision-Making Team that took a hard look at the community's criminal justice system, including how the system was working for victims of sexual assault and domestic violence. They started the process by mapping the system that victims had to navigate. They also reviewed cases to illuminate how decisions were being made at each point in the process.

The team did a needs assessment to identify underserved populations in the community, to determine what services were already available for victims, and what the barriers were to access those services. Kristen Pine of the YWCA of South Hampton Roads said, "Victims had to go to four to six different places to get the help they needed." Many victims were

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Virginia's First Family Justice Center

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dropping out of the protective order process. They found that streamlining staff would make the process more efficient. They also identified transportation as a barrier for many victims and that elder victims were being underserved.

During the development of a strategic plan, the team explored evidence-based, best practices. They received a donation for the team to visit four Family Justice Centers across the country and to attend the Family Justice Center's National Conference. The team received grants to hire additional staff, pay for victim's transportation expenses, and for build-out of the new facility.

The center now includes prosecutors who are trained to handle "victimless" prosecutions, a victim advocate who works specifically with elder abuse victims, a civil attorney, an advocate dedicated to helping victims file for protective orders, a sex crimes detective, a children's services coordinator, a forensic medical exam room, a soft interview room, a magistrate for emergency protective orders, a social services benefits worker, hotline staff, a housing specialist, child and adult counselors, and a Family Justice Center Case Manager who Pine describes as "the air traffic controller" of the organization.

Since the pandemic, they are only seeing clients by appointment, but during the first three months of the center's opening on November 1, 2019, they noticed a significant increase in walk-ins – about ten per day. There was no longer any confusion in the community about where victims should go to get what they needed. They also noticed an increase in victims wanting to report to law enforcement. Pine said, "When an advocates tells a survivor that there is a law enforcement investigator in-house to take reports and the advocate offers to go with her (or him), it makes a huge difference." There has also been an increase in accessibility between all of the team players and communication has improved. Pine said, "Everyone can get together to make a plan and easily revise that plan to keep the victim safe and help her (or him) along the path to healing."

The two-year journey to explore the needs of the community and develop a strategy to improve the response and services for survivors, strengthened partnerships and created a sustainable program. Pine said, "That process was worth all the work because it made us more aware of our strengths and weakness and ultimately helped create a strong and sustainable program that can meet the needs of our community."

For more on the Family Justice Center model go to: <https://www.familyjusticecenter.org/what-we-do/>

I-CAN! Accessibility Project for Survivors with Disabilities

Christine Wengloski, Victims Services Grant Program Specialist

Our Victims Services team is proud of our partner agencies who are making services more accessible to all victims. The I-CAN! Accessibility Project, a collaboration between the VCU School of Social Work and the VCU Partnership for People with Disabilities, has recently released their free, online module series called "Supporting Survivors of Abuse with Disabilities." The training is available for any victim service professionals who would like to take the training, and has accompanying CEUs.

The I-CAN! Accessibility Project began in 2007 with the goal of addressing the problem of exponentially high rates of maltreatment of people with disabilities. In order to provide quality services, it is important for victim-serving programs to have the attitudinal, programmatic and physical capabilities to effectively serve people with disabilities. The I-CAN! Accessibility Project team hopes that after taking any of their five modules, users will have a better understanding of disabilities, disability etiquette, how to work with abuse survivors with disabilities, and community resources for support and referral.

The I-CAN! Accessibility Project team also hopes that the free online platform will enable hundreds, if not thousands, of people to be reached. The modules are interactive and engaging because of the team's work in choosing the proper computer program to produce the training and deliberate effort put into translating experiential face-to-face activities into the online environment. Users can return to the modules at any time, which can also be updated based on feedback. The team even hopes to see victim-serving agencies and local disability programs establish collaborations as a result of this training.

To view the training and other resources from the I-CAN! Accessibility Project, go to <https://sites.google.com/vcu.edu/abusesurvivorswithdisabilities/home>.

**Do the best you can
until you know better.
Then, when you know
better, do better.**

–Maya Angelou

Lethality Assessment Program (LAP) Data: What Is Collected and Why

Chad Felts, *Victims Services Grant Program Specialist*

The Lethality Assessment Program (LAP) is an innovative evidence-based strategy designed to prevent domestic violence and intimate partner homicides and serious injuries. The program provides law enforcement agencies and their community partners with an easy and effective method of identifying victims of domestic violence who are at the highest risk of being seriously injured or killed by intimate partners, and then providing those victims with access to help and assistance. LAP consists of a standardized questionnaire that helps first responders identify and assist these high danger victims.

In Virginia, the Department of Criminal Justice Services (DCJS), the Office of the Attorney General (OAG), and the Virginia Sexual and Domestic Violence Action Alliance make up the statewide LAP Team. Specifically, DCJS is tasked with the responsibility of gathering LAP data from participating law enforcement agencies and their domestic violence service provider partners. This data is then compiled for analysis, both to examine domestic violence trends across the Commonwealth and to evaluate the effectiveness of the program.

Twice each year, in January and July, DCJS requests data from participating agencies. This data is derived directly from the LAP screenings that are conducted in the field, and includes statistics in the following categories: the number of LAP

screens initiated, the number of victims screened in as high danger, the number of victims that spoke to a hotline worker, and the number of victims who declined to participate in LAP screenings. Further, data is collected on the specific questions in the LAP screening, including the following: how many victims reported that the offender had access to firearms, how many victims reported a history of strangulation by the offender, and how many victims reported a history of stalking by the offender.

DCJS compiles these statistics and other data into biannual reports that help participating agencies examine and compare domestic violence trends across different regions of the Commonwealth. The reports provide detailed charts and graphs that show when and how LAP screenings are being initiated, and are an excellent tool for informing and influencing future criminal justice legislation to address the issues of domestic violence and intimate partner homicides.

You can find more information about LAP through the Office of the Attorney General's website: <https://www.oag.state.va.us/programs-initiatives/lethality-assessment-program> or by contacting the OAG LAP Coordinator, Morgan Abbate, at MAbbate@oag.state.va.us.

- ¹ In addition to domestic violence, Virginia's Address Confidentiality Program is also accessible to victims of sexual violence, human trafficking and stalking.
- ² Erin Grinshteyn and David Hemenway, "Violent Death Rates in the US Compared to those of the Other High-Income Countries, 2015," *Preventive Medicine* 123 (June 2019): 20–26.
- ³ Everytown for Gun Safety: Mass shootings in America, 2009–2019. Available at: <https://everytownresearch.org/massshootingsreports/mass-shootings-in-america-2009-2019>. Accessed September 21, 2020.
- ⁴ Id.
- ⁵ Jacquelyn C. Campbell et al., "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study," *American Journal of Public Health* 93, no. 7 (July 2003): 1089-1097.
- ⁶ AJ Kivisto, M. Porter. "Firearm Use Increases Risk of Multiple Victims in Domestic Homicides," *Journal of American Academy of Psychiatry and the Law* 48, Issue 1, 2020.
- ⁷ Liza Gold, "Domestic Violence, Firearms, and Mass Shootings," *The Journal of the American Academy of Psychiatry and the Law* 48, Issue 3 (September 2020).
- ⁸ Eva Valera, PhD "Intimate Partner Violence and Traumatic Brain Injury: An "Invisible Public Health Epidemic" Harvard Health Publishing December 13, 2018.
- ⁹ Brain Injuring Association of Virginia <https://www.biav.net/traumatic-brain-injury-domestic-violence/>
- ¹⁰ Eva Valera, PhD "Intimate Partner Violence and Traumatic Brain Injury: An "Invisible Public Health Epidemic" Harvard Health Publishing December 13, 2018.
- ¹¹ Ohio Domestic Violence Network, "Working with Brain Injuries and Mental Health in Domestic Violence Programs: Findings from the Field".
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