An Analysis of Service Utilization and Perceptions from the Field

A Report to the Connecticut Coalition Against Domestic Violence (CCADV)

Lucy Brakoniecki, Amy Muslim and Nicole Seymour
Connecticut Women’s Education and Legal Fund

February 2015
TABLE OF CONTENTS

EXECUTIVE SUMMARY ................................................................. 2

METHODOLOGY ........................................................................... 5

FINDINGS ....................................................................................... 6

Service Utilization Data ............................................................... 6
  Sheltered Clients ...................................................................... 6
  Shelter Utilization .................................................................. 6
  Demographics: New Shelter Clients ....................................... 10

Service Provision ........................................................................ 16
  Crisis Contacts and Individual Counseling ................................ 16
  Advocacy and Support Groups ................................................. 17
  Transportation and Childcare Services .................................... 18
  Community Education and Information Referrals .................. 18

Executive Director Survey ........................................................... 18

Focus Groups .............................................................................. 29
  Key Statewide Stakeholders .................................................... 29
  Shelter Managers .................................................................... 32
  Executive Directors And Staff .................................................. 37
  Community Collaborators ........................................................ 47

DISCUSSION ................................................................................ 56
EXECUTIVE SUMMARY

This report seeks to provide Connecticut Coalition Against Domestic Violence (CCADV) and its partners with information on domestic violence service provision in Connecticut in order to identify existing strengths and challenges, and meet existing and emerging needs. The study was conducted for CCADV by staff at the Connecticut Women’s Education and Legal Fund (CWEALF).

CWEALF staff examined data related to shelter and service provision offered through the 18 Connecticut CCADV-funded domestic violence agencies in Connecticut; administered and analyzed data from a survey administered to the agency Executive Directors; and, convened 12 focus groups. Focus group participants included key stakeholders at the state-level; shelter managers for member agencies; Executive Directors and senior staff by region of the state; and community collaborators by geographic region.

Findings suggest that the three most utilized services identified by Executive Directors were hotline services; court (criminal and civil) advocates; and shelter. However, issues related to shelter were highly discussed in both surveys and focus groups, suggesting that while hotline and court advocacy remain important core services, there have been changes in shelter provision that have increased attention paid to this component of domestic violence service provision.

A review of recent data suggests that the provision of shelter services has changed over the last six years. The number of clients sheltered annually, the number of bed nights occupied and the use of hotel/motel and host home sheltering have all increased. Additionally, while the overall number of clients has increased, the number of new clients seems to be declining. This is partially due to the increasing number of individuals utilizing shelter, and also due to individuals staying longer in shelter. In 2007, the average length of stay was approximately 26 days; in 2013, it was 37 days (42% longer).

Executive Directors identified long-term housing as one of the greatest issues they face. Insufficient long-term housing options for clients means that agencies are compelled to keep clients in their emergency shelters as they wait for more appropriate placements. Shelter managers suggested that the lack of affordable housing, trauma and immigration may be contributing to shelters being, and staying, at or over capacity. Efforts are underway to create and implement a collaborative system that better meets sheltering needs. The Coordinated Access Network (CAN) is making it easier to place people into appropriate housing by creating one point of referral, facilitating relationships among programs that offer shelter, and more effectively addressing immediate housing issues, but implementation is not yet consistent across the state.

Shelters are also seeing greater numbers of complex clients, often with multiple challenges: young mothers with children, youth aging out of DCF, women with mental health and/or substance use issues, and immigrant women. The issue of employment for clients is also an

---

1Total sheltered includes all shelter types – shelter, hotel/motel and host home.
issue; and one that affects a client’s ability to leave an abuser and be self- and family-sustaining.

Other challenges include providing culturally and linguistically competent services – services that are important to meeting client needs, but which take time and resources. Culturally specific outreach within communities requires time to build up trust between community members and practitioners. Community collaborators suggest that clients who are not English-dominant may be culturally isolated and may be unaware of, or afraid to access, resources available to them in the larger community.

While most programs have Spanish-speaking staff in advocacy positions, most lack staff in other functional areas (community education, for one). Bilingual staff is more vulnerable to attrition because of the need for skilled bilingual staff in many human service fields in a state whose Spanish-speaking population is continuing to grow. Even for programs with multilingual staff, cultural barriers remain difficult.

Immigrant clients present multifaceted challenges to agencies in terms of outreach and services. Immigrant women may not report violence because they fear deportation (if they are undocumented); lack health insurance; are un- and underemployed (and may be extra vulnerable if they work off the books); and, lack childcare. Additionally, there is a wide variation in the willingness of police departments to provide certifications for U Visas – not all police departments understand the role the U Visa can have in the life of a victim. Some stakeholders suggest that the status change for victims (post U Visa approval) can be transformational, because clients no longer have to fear being made to leave the country and can live and work freely. Attorneys and advocates posit that some of the reluctance is attitudinal – they believe there may be a connection between a community’s level of anti-immigrant sentiment and the reluctance of police to certify. There are, however, many police departments that understand and certify, especially in larger cities, and some departments have designated personnel that handle certification.

Service providers and community collaborators both indicated that the lack of sufficient mental health services for clients and a lack of training for non-clinical practitioners across the state is a challenge to providing the growing number of clients with mental health issues with quality care. Additionally, the lack of childcare co-located with clinical behavioral health services is a barrier for victims who are mothers with mental health needs; transportation in rural areas is another challenge. Few, if any clinicians, speak Spanish, and fewer speak other languages. And other practitioners who work with victims (for example, attorneys) need more training on working with clients with mental health issues. Many are not trained to assess the mental health of clients, and wonder if they are helping or exacerbating clients’ mental health.

Domestic violence agencies across the state have strong partnerships with institutions in the communities they serve. Directors suggested that the strongest partnerships were with local schools and mental health services, legal services, and law enforcement; the least strong were with human trafficking coalitions, youth and elder organizations, LGBT providers, and private attorneys. Stakeholders indicate that police and legal system challenges persist. The sensitivity of police departments and family relations staff to the issues that face domestic violence victims is often inconsistent between jurisdictions. The need is growing for family
law attorneys available to victims without resources and is a lack of appropriate services for offenders. And presumptive joint custody, suggested a number of attorneys across the state, is still in issue.

Internally, agencies have very experienced Executive Directors. Almost 60% have held their current position for 10 years or more and 82% have worked in the DV/SA field for 10 years or more. The mean number of full-time staff at each agency is ten (10), and a third of agencies are somewhat smaller–between 6 and 9 full-time staff members. Executive Directors believe their staff members have the proper education for their positions, receive proper training to meet job description, and feel like they are making a difference (87% agree or strongly agree). However, they do not believe that staff are compensated adequately for their position or have satisfactory workloads.

Agencies across Connecticut are very different in funding levels and sources of income owing to their locations and sizes.

Internal challenges identified by Executive Directors and senior staff include: staff and managers are being asked to do more with the same or fewer resources (including more supervision of staff and implementation of new CCADV initiatives and mandates); turnover among their front-line staff is high; and, grant-writing skills vary from agency to agency, and assistance is needed to build grant research and writing skills. They also suggest that CCADV training could better meet member agencies’ needs.

DV member agencies’ relationships with CCADV were characterized as largely positive. Overwhelmingly, EDs indicated that they had input into policy decision-making to a great or exceptional extent (80%); 60% indicated that they had input into programming decision-making to a moderate or great extent; 54% indicated that they had input into training decision-making to a great or exceptional extent and a third of Executive Directors indicated that they had substantial input into CCADV fiscal decision-making. Almost three-quarters of Executive Directors indicated that CCADV’s efforts facilitate collaboration and communication with member agencies and staff to an exceptional extent or great extent.

Key stakeholders identified a number of roles in which CCADV has been successful, citing these specific roles:

- CCADV as convener on important issues related to domestic violence, encouraging collaboration across domains (for example, the DV roundtable);
- CCADV as the voice of prevention and outreach across the state;
- CCADV as the impetus of the 24/7 hotline initiative and the lethality assessment program which are both important steps to securing victims’ safety.
METHODOLOGY

DATA COLLECTION AND ANALYSIS

SERVICE UTILIZATION DATA
To examine shelter and service provision offered through the 18 Connecticut Coalition Against Domestic Violence (CCDAV)-funded domestic violence agencies in Connecticut, CWEALF staff analyzed CCADV service data from fiscal years (FY) 07-08, 08-09, 11-12 and 12-13. Data was also aggregated to the Connecticut Department of Public Health Regions level for analysis. The CCADV-funded agencies were grouped as follows:

- Region 1 – Greenwich, Stamford, Bridgeport and Norwalk
- Region 2 – Ansonia, Meriden and New Haven
- Region 3 – Dayville, Willimantic and New London
- Region 4 – Hartford, Enfield, New Britain and Middletown
- Region 5 – Danbury, Waterbury, Torrington and Sharon.

EXECUTIVE DIRECTOR SURVEY
CWEALF staff developed a survey for Executive Directors of the 18 Connecticut domestic violence agencies that was administered online in late March and early April 2014; the response rate was 100%. There were 16 responses; two (2) EDs lead two agencies each. The survey was predicated on a number of surveys used to evaluate domestic violence coalitions and statewide services around the country, including services in Pennsylvania, Illinois and Arizona.

FOCUS GROUPS AND INTERVIEWS
CWEALF staff convened 12 focus groups; they included:

- Key stakeholders at the state-level;
- Shelter managers for member agencies;
- Executive Directors and senior staff by region of the state (5); and
- Community collaborators by region of the state (5).

---

²Data from FY 09/10 and 10/11 were not utilized. Data FY 09/10 data was found to be unreliable given a change in data collection requirements. FY 10/11 data was not used to provide a more recent 2-year timeframe for comparison to the 07/08 and 08/09 (two-year) timeframe.
FINDINGS

SERVICE UTILIZATION DATA

Across the state of CT there are a total of 18 CCADV member domestic violence service agencies that provide critical support to victims. The CCADV member agencies provide a range of services, including, but not limited to, counseling, support groups, emergency shelter and court advocacy. The following findings reflect the analyses of data available through CCADV.

SHELTER

Shelter Utilization

In Connecticut, 16 of the 18 CCADV member agencies provide domestic violence shelter services. Statewide, there are 227 licensed shelter beds.\(^4\) In terms of the geographic distribution of shelters, most DPH regions have about 40 licensed beds, however Region 4 (which includes Hartford) has 61 licensed beds.

Over the last six years (FY 07/08 to FY 12/13), the number of clients sheltered\(^5\) annually, the number of bed nights occupied and the use of non-shelter sheltering (hotel/motel and host homes) have increased. In FY 07/08, there were 1772 new individuals sheltered and in FY 12/13, there were 2062 new individuals sheltered. This is a 16% increase over the six-year period. Additionally, while the overall number of clients has increased (from FY 07/08 to FY 12/13), more recently the number of new clients seems to be declining – falling almost 7%, from a high of 2211 new clients in FY11/12 to 2061 new clients in FY 12/13.

Table 1. Number of Licensed Beds by Region

\(^4\)Statewide, in FY 07/08 and 08/09 there were 226 licensed beds and in FY 11/12 and FY 12/13 there were 227 licensed beds. The one additional licensed bed was in Region 5.

\(^5\)Total sheltered includes all shelter types – shelter, hotel/motel and host home.
Over the six years (from FY 07/08 to FY 12/13), the statewide shelter utilization rate has increased from 57% to 95% capacity; this is an increase of 38%. While this is partially due to the increasing number of individuals utilizing shelter, it may also be related to individuals staying longer in shelter. In FY 07/08, the average length of stay was approximately 26 days; in FY 12/13, the average length of stay was 37 days.
Examine shelter utilization regionally provides a more nuanced picture. In four of the DPH regions (2, 3, 4, and 5), length of stay did increase (with a low of a 9 day increase to a high of a 16 day increase). In Region 1 (Greenwich, Stamford, Bridgeport, Norwalk), the length of stay decreased by 3 days.

Table 4. Average Number of Nights, Annually

Examine shelter utilization regionally provides a more nuanced picture. In four of the DPH regions (2, 3, 4, and 5), length of stay did increase (with a low of a 9 day increase to a high of a 16 day increase). In Region 1 (Greenwich, Stamford, Bridgeport, Norwalk), the length of stay decreased by 3 days.

Table 5. Average Number of Nights per Stay, by DPH Region

<table>
<thead>
<tr>
<th>DPH Region</th>
<th>FY 07/08</th>
<th>FY 12/13</th>
<th>Differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>31</td>
<td>28</td>
<td>-3</td>
</tr>
<tr>
<td>Region 2</td>
<td>28</td>
<td>42</td>
<td>+14</td>
</tr>
</tbody>
</table>
Annually statewide, the demand for shelter has outpaced capacity. Data suggest this may be due, increasingly, to a lack of beds. This is reflected in Tables 6 and 7. There are regional differences, however, in reasons for not being sheltered. Most notable is that over the 6-year timeframe, Region 4 reported the most “lack of beds” at a rate almost three times higher than the next highest region (Table 8).

### Table 6. Number Sheltered and Not Sheltered, Annually

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Sheltered</th>
<th>Total Not Sheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08</td>
<td>29</td>
<td>38</td>
</tr>
<tr>
<td>08/09</td>
<td>23</td>
<td>39</td>
</tr>
<tr>
<td>11/12</td>
<td>24</td>
<td>39</td>
</tr>
<tr>
<td>12/13</td>
<td>24</td>
<td>39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Sheltered</th>
<th>Not Sheltered</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 3</td>
<td>29</td>
<td>38</td>
<td>+9</td>
</tr>
<tr>
<td>Region 4</td>
<td>23</td>
<td>39</td>
<td>+16</td>
</tr>
<tr>
<td>Region 5</td>
<td>24</td>
<td>39</td>
<td>+15</td>
</tr>
</tbody>
</table>
Table 7. Reasons for Not Sheltered, Annually

<table>
<thead>
<tr>
<th></th>
<th>Lack of Beds</th>
<th>No Appropriate</th>
<th>Required - Did not Stay</th>
<th>Other Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8. Number of Individuals Not Sheltered Due to Lack of Beds by DPH Region

<table>
<thead>
<tr>
<th>Region</th>
<th>07/08</th>
<th>08/09</th>
<th>11/12</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Demographics: New Shelter Clients
Gender
A majority of all sheltered individuals were adult women. Yet, a significant percentage of all sheltered clients were under the age of 18. The percentage of those under 18 has fallen from 49% in FY 07/08 to 41% in FY 12/13. Additionally, while the number of men sheltered for domestic violence is small, it increased greatly during the time period from FY 07/08, when two men were sheltered, to FY 12/13, when 20 were sheltered. A majority of men were sheltered in hotels/motels.

Table 9. Gender of New Clients, Annually, All Shelter
(including hotels, motels, etc.)

Table 10. Gender of New Clients in Shelter
Table 11. Gender of New Clients in Hotels and Motels

![Gender of New Clients in Hotels and Motels](image)

**Age**
The sheltered population is increasingly older with a majority of sheltered clients between the ages of 18 and 59 years old.\(^6\) A majority of the sheltered population under the age of 18 (59%) was between 0 and 5 years of age.\(^7\)

Table 12. Age of New Clients, Annually

\(^6\)Unable to create any smaller age categories across all four timeframes, data collection categories have changed.
\(^7\)Data for age categories under the age of 18 were available only for FY 07/08 and FY 08/09.
Race/Ethnicity
The sheltered population is increasingly diverse; however, the number of Caucasian and Asian sheltered clients continues to increase while the number of African American, Hispanic and “Other” sheltered clients has, more recently, begun to decrease.

Table 13. Ethnicity of New Clients, Annually
Chart 1. Ethnicity of New Clients, FY 07/08 and FY 12/13

**Educational Attainment**

The number of sheltered clients with a high school diploma has consistently increased; however, the number of clients in shelter with at least some college has, more recently, decreased. The number of sheltered clients with no high school diploma has surpassed the number of sheltered clients with some college or graduate work in FY12/13.

**Table 14. Education Level of New Clients, Annually**
Income Source
Across the six-year time frame (FY 07/08 to FY 12/13), government assistance and no income were the two largest income source categories for sheltered individuals; however, between FY 11/12 and FY 12/13, government assistance and no income categories declined in numbers, and employed slightly increased.

Table 15. Major Source of Income, Annually

Medical/law enforcement involvement
Medical and law enforcement involvement prior to entering shelter have increased over time. On average, about 8% of sheltered individuals used emergency medical services (EMS) prior to entering shelter, and about 20% contacted law enforcement prior to entering shelter.

Table 16. Intervention Use Prior to Entering Shelter, Annually
Post-Shelter Living Situation
Upon leaving the shelter, a majority of sheltered clients obtained a new living situation.\textsuperscript{8} On average, between FY 07/08 and FY 11/12, about 8% of sheltered individuals returned to their previous living situations.

Table 17. Living Situation Post-Shelter, Annually

\textsuperscript{8}Except in FY 12/13; however, living situation is unknown for a majority of the sheltered individuals in FY 12/13.
SERVICE PROVISION

In addition to sheltering individuals, CCADV member agencies provide a wide variety of services to both sheltered and non-sheltered individuals.

Crisis Contacts and Individual Counseling
Non-sheltered clients are much more likely to use phone contact rather than in-person contact for crises. Notably, while non-sheltered clients have the highest use of phone crisis contacts, sheltered clients are increasing their use of phone crisis contacts. In terms of individual counseling, adults receive the majority of contacts. Additionally, while sheltered clients utilize more individual counseling contacts, the difference is quite small between the number of sheltered and non-sheltered clients’ individual counseling contacts.

Table 18. Crisis Contacts, Annually by Client Type

Table 19. Individual Counseling, Annually by Client Type

Advocacy and Support Groups
Overtime, sheltered adults had an increasing number of advocacy contacts, whereas advocacy contacts for non-sheltered adults and sheltered children advocacy decreased. Non-shelter clients were higher利用者 of support groups than were sheltered clients. Children’s support group contacts have increased.

Table 20. Advocacy, Annually by Client Type
While sheltered clients receive the majority of the transportation services, these services have increased substantially for both sheltered and non-sheltered clients. Additionally, while usage of childcare services was substantially lower during the middle of the data collection timeframe, it seems that childcare services were, more recently, increasing for both sheltered and non-sheltered clients.
Table 22. Transportation and Childcare Services, Annually

<table>
<thead>
<tr>
<th>Year</th>
<th>Sheltered Transportation</th>
<th>Non-Sheltered Transportation</th>
<th>Sheltered Childcare</th>
<th>Non-Sheltered Childcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08</td>
<td>7000</td>
<td>1000</td>
<td>5000</td>
<td>3000</td>
</tr>
<tr>
<td>08/09</td>
<td>8000</td>
<td>2000</td>
<td>5000</td>
<td>3000</td>
</tr>
<tr>
<td>11/12</td>
<td>9000</td>
<td>3000</td>
<td>5000</td>
<td>4000</td>
</tr>
<tr>
<td>12/13</td>
<td>10000</td>
<td>4000</td>
<td>6000</td>
<td>5000</td>
</tr>
</tbody>
</table>

Community Education and Information Referrals
Statewide, between FY 07/08 and FY 08/09, the number and utilization of community education sessions increased; however, due to data collection changes, more recent data was not available to compare numbers to the present time. In FY 07/08, there were 4,352 community education sessions across the state, with over 96,000 participants; in FY 08/09, 4,757 sessions with over 122,000 participants. The average number of participants was 22 in FY 07/08, and 26 in FY 08/09.

Information referrals have increased for sheltered clients, and decreased for non-sheltered clients.

Table 23. Information Referrals, Annually
FINDINGS
EXECUTIVE DIRECTOR SURVEY

An online survey was administered online (through Survey Monkey) and completed by EDs of member agencies. The survey was developed by examining literature related to domestic violence service provision and the review of a number of surveys used nationally by state coalitions. All sixteen (16) agency Executive Directors or their agents participated.

STAFFING

Executive tenure and experience

Executive Directors at agencies are very experienced in their agencies and as directors;
- 59% have worked at their agency for 10 years or more; 35% for 20 years or more; and, 41% for 5-10 years.
- 59% have held their current position for 10 years or more; 29% for 20 years or more; and, 41% for 5-10 years.

Additionally,
- 82% have worked in the DV/SA field for 10 years or more.

Agencies have been long-standing members of CCADV; all have been members for 15 years or more and 76% for 25 years or more.

Paid staff

<table>
<thead>
<tr>
<th>Table 24. Total number of paid staff, by category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Full-time</td>
</tr>
<tr>
<td>Part-time</td>
</tr>
<tr>
<td>Per diem</td>
</tr>
</tbody>
</table>

While the mean number of full-time staff at each agency is ten (10), six (6) agencies – a third of agencies – have between 6 and 9 full-time staff members. And while the mean number of per diem staff across all agencies is three (3), three (3) agencies do not use per diem staff.

Respondents believe that their staff members have the proper education for their positions (80% agree or strongly agree); receive proper training to meet their job description (80% agree or strongly agree); and, feel like they are making a difference (87% agree or strongly agree).

Their responses indicate that they do not believe that staff are compensated adequately for their position or have satisfactory workloads. Eighty-seven percent (87%) responded that they disagreed or strongly disagreed with the statement that employees were compensated adequately; 60% disagreed or strongly disagreed that employees had an adequate workload.
Additionally, while a majority of respondents indicate that they are able to hire qualified candidates who meet the job requirements (53% agree or strongly agree), it is a slim majority.

Eighty-seven percent (87%) of EDs reported that they provided staff with additional training over the last five years.

Volunteers

Volunteers are used in a variety of ways; the most common are: Hotline crisis advocates: 80%; Community outreach: 80%; Special events: 80%; Direct service: 80%; Fundraising: 73%; Administrative assistance: 67%; Childcare: 53%; Communication: 47%; Maintenance: 47%; Data entry: 33%; and, Policy: 13%.

Three (3) agencies indicated that they do not use volunteers to provide direct services, staff the hotline as advocates, provide community outreach or do special events.

Table 25. Numbers of volunteers and hours of service

<table>
<thead>
<tr>
<th></th>
<th>Range</th>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct services</td>
<td>0-85</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Hours</td>
<td>0-16,245</td>
<td>3,735</td>
<td>1,294</td>
</tr>
<tr>
<td>Indirect services</td>
<td>0-650</td>
<td>90</td>
<td>13</td>
</tr>
<tr>
<td>Hours</td>
<td>0-67,600</td>
<td>6,461</td>
<td>100</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>0-180</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Hours</td>
<td>0-3,000</td>
<td>743</td>
<td>428</td>
</tr>
</tbody>
</table>

FUNDING

Data was incomplete; however, from the responses received, it appears that in the aggregate, state and national funding through CCADV to a great extent funds:

- Shelter, community and criminal court advocates.

And partly funds:

- Administrative positions (Executive Director, development and finance).

State and national funding that comes directly through the agencies to a great extent funds:

- Community outreach and advocacy, TLP and other functions.

And partly funds:

- Administrative and some advocacy functions.

Local/regional funding through agencies to a great extent funds:

- Administrative outreach, community education and other functions

And partly funds almost all other functions.
Additionally, when asked to look at a number of changes at their agencies over the last five years, 47% of EDs reported an increase in funding from CCADV; 20% reported a decrease. Seventy-three percent (73%) of EDs reported an increase in funding from sources other than CCADV, while 47% reported a decrease in funding from sources other than CCADV. Forty percent of EDs indicated that they were not at all satisfied with state and federal funding; 47% were somewhat satisfied.

Tables 26 and 27 illustrate funding as reported by EDs for 17 of 18 agencies.

Table 26. Income (in dollars) and source by agency

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Private foundation</th>
<th>Corporate foundation</th>
<th>United Way</th>
<th>Government funding</th>
<th>Fee for service</th>
<th>Individual donations</th>
<th>Special events</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>2,400,000</td>
<td>250,000</td>
<td>45,000</td>
<td>18,000</td>
<td>1,500,000</td>
<td>25,000</td>
<td>275,000</td>
<td>314,000</td>
</tr>
<tr>
<td>#2</td>
<td>1,800,000</td>
<td>200,000</td>
<td>100,000</td>
<td>208,000</td>
<td>974,683</td>
<td>0</td>
<td>142,000</td>
<td>180,000</td>
</tr>
<tr>
<td>#3</td>
<td>723,905</td>
<td>20,000</td>
<td>0</td>
<td>34,407</td>
<td>634,945</td>
<td>6,262</td>
<td>21,291</td>
<td>7,000</td>
</tr>
<tr>
<td>#4</td>
<td>1,577,235</td>
<td>79,000</td>
<td>5,000</td>
<td>121,000</td>
<td>200,000</td>
<td>18,000</td>
<td>155,000</td>
<td>302,000</td>
</tr>
<tr>
<td>#5</td>
<td>2,462,502</td>
<td>360,000</td>
<td>200,000</td>
<td>30,000</td>
<td>1,400,000</td>
<td>0</td>
<td>210,000</td>
<td>160,000</td>
</tr>
<tr>
<td>#7</td>
<td>1,686,123</td>
<td>150,000</td>
<td>21,000</td>
<td>68,000</td>
<td>1,071,802</td>
<td>0</td>
<td>67,000</td>
<td>60,000</td>
</tr>
<tr>
<td>#8</td>
<td>624,000</td>
<td>60,000</td>
<td>12,000</td>
<td>5,000</td>
<td>6,000</td>
<td>0</td>
<td>13,000</td>
<td>30,000</td>
</tr>
<tr>
<td>#9</td>
<td>1,998,643</td>
<td>306,851</td>
<td>38,866</td>
<td>22,000</td>
<td>931,181</td>
<td>10,275</td>
<td>240,961</td>
<td>82,962</td>
</tr>
<tr>
<td>#10</td>
<td>499,200</td>
<td>10,000</td>
<td>0</td>
<td>5,000</td>
<td>468,200</td>
<td>0</td>
<td>14,000</td>
<td>2,000</td>
</tr>
<tr>
<td>#11</td>
<td>967,923</td>
<td>10,000</td>
<td>0</td>
<td>5,000</td>
<td>932,183</td>
<td>25,740</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#12</td>
<td>855,087</td>
<td>181,980</td>
<td>0</td>
<td>82,272</td>
<td>742,626</td>
<td>0</td>
<td>163,444</td>
<td>240,140</td>
</tr>
<tr>
<td>#13</td>
<td>451,196</td>
<td>111,500</td>
<td>0</td>
<td>105,000</td>
<td>194,258</td>
<td>11,600</td>
<td>22,000</td>
<td>300,000</td>
</tr>
<tr>
<td>#14</td>
<td>748,944</td>
<td>35,700</td>
<td>0</td>
<td>0</td>
<td>132,470</td>
<td>0</td>
<td>150,950</td>
<td>283,820</td>
</tr>
<tr>
<td>#16</td>
<td>2,000,000</td>
<td>50,000</td>
<td>75,000</td>
<td>35,000</td>
<td>700,000</td>
<td>0</td>
<td>75,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>#17</td>
<td>1,742,790</td>
<td>117,983</td>
<td>83,700</td>
<td>196,620</td>
<td>864,640</td>
<td>67,552</td>
<td>393,657</td>
<td>17,450</td>
</tr>
</tbody>
</table>

Table 27. Government funding only

9The first surveys for respondents #6 & #15’s were incomplete and discarded; their second sets of responses were used. The survey submitted by #11 was incomplete.
10This survey response was $150,000, yet because only $1,500,000 will yield total budget of $2.4 million, the number was revised.
11Includes corporate foundation funding.
<table>
<thead>
<tr>
<th>Respondent</th>
<th>Government funding</th>
<th>Percentage of total funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>1,500,000</td>
<td>62%</td>
</tr>
<tr>
<td>#2</td>
<td>974,683</td>
<td>54%</td>
</tr>
<tr>
<td>#3</td>
<td>634,945</td>
<td>88%</td>
</tr>
<tr>
<td>#4</td>
<td>200,000</td>
<td>13%</td>
</tr>
<tr>
<td>#5</td>
<td>1,400,000</td>
<td>57%</td>
</tr>
<tr>
<td>#7</td>
<td>1,071,802</td>
<td>64%</td>
</tr>
<tr>
<td>#8</td>
<td>6,000</td>
<td>9%</td>
</tr>
<tr>
<td>#9</td>
<td>931,181</td>
<td>47%</td>
</tr>
<tr>
<td>#10</td>
<td>468,200</td>
<td>94%</td>
</tr>
<tr>
<td>#11</td>
<td>932,183</td>
<td>NA</td>
</tr>
<tr>
<td>#12</td>
<td>742,626</td>
<td>87%</td>
</tr>
<tr>
<td>#13</td>
<td>194,258</td>
<td>43%</td>
</tr>
<tr>
<td>#14</td>
<td>132,470</td>
<td>18%</td>
</tr>
<tr>
<td>#16</td>
<td>700,000</td>
<td>35%</td>
</tr>
<tr>
<td>#17</td>
<td>864,640</td>
<td>50%</td>
</tr>
</tbody>
</table>

There were many comments related to funding; we have included the following direct quotes from surveys. In instances where the same thoughts were articulated, only one quote was included:

- “Most programs are not close to fully-funded by government sources. Even those that are better funded do not allow for us to compensate staff at competitive rates (even by nonprofit standards). Funding for services to children is virtually nonexistent. Services to nonresidential clients, and community education are required by contract, but essentially not funded at all. OVS-funded programs do not provide for G & A expenses. There is not enough funding for transitional living programs. As a result, we are forced into the very inefficient method of raising money by writing for many private grants.”

- “Our program resides in a rural, non-commercial area and is not permitted to seek funding outside of catchment."

---

\[12\] Survey response was $150,000; but only $1,500,000 will yield total budget of $2.4 M.
“Victims present with more and more needs we are provided more training to meet those needs, yet we are not provided more staff. More requirements no increase in staffing, we are notorious to saying yes to everything people ask of us.”

“We would like to be able to increase our employees' compensation, but we have limited government funding and a huge fundraising burden to fully fund the partially government funded positions, and to also fully fund positions that do not get any government funding (development director, development assistant, community educators).”

“CCADV has historically, not been adequately positioned to educate funders on the work underway across the membership and must improve their efforts in leveraging existing dollars and developing collaborations within state to advance the safety for individuals impacted by IPV. They sorely need to develop capacity and GRIT!”

“The DSS contracts for both Shelter and Transitional Living are entirely inadequate. For us, with only two towns that we are allowed to fundraise in, this directly affects our capacity to meet the needs of our clients. Those two contracts are the ones with the most requirements, and yet do not provide the financial resources to achieve the goals. Adult Advocate and FVVA are close to par, so that feels satisfactory enough to be moving on with. The prioritization of children through funds is... lacking, and that needs to change.”

**SERVICE PROVISION**

**Service Utilization**

Three most utilized services were hotline; court (criminal and civil) advocates; shelter; and a close fourth, counseling (individual and group). Other responses included:

- Advocacy in partnership with law enforcement;
- Medical services;
- Community education/outreach;
- Transportation; and,
- Case management.

**Challenges**

EDs identified long-term housing; staffing issues of various kinds (insufficient number of staff, lack of staff to supervise, attracting and hiring qualified staff); and employment for clients as the three biggest challenges for their agencies. Other responses included:

- Transportation issues for victims to get to services;
- Advocacy in civil court for restraining orders;
- Securing legal and immigration services;
- Not enough bed space;
- Challenging shelter clients;
- Lack of fundraising opportunities;
- Clients’ credit issues are very challenging to resolve;
- Financial resources; and,
- Behavioral health of clients.

**Frequency of direct service requests by population**

Two-thirds of EDs indicated that the sub-population of persons with a mental illness presented with service needs frequently, while slightly fewer (60%) identified the subpopulation of persons with a substance abuse history as frequently presenting. All EDs identified persons with a substance abuse history as presenting at least moderately, and 94% said the same of the subpopulation of persons with mental illness. Sixty percent (60%) of EDs indicated that teenaged females presented at least moderately and 53% of EDs identified that persons with a criminal history presented at least moderately.

All EDs indicated that non-English speakers for whom Spanish was their dominant language presented at least moderately; 67% indicated that they frequently presently. A smaller (but still significant) percentage of EDs indicated that non-English speakers with dominant languages other than Spanish presented at least moderately. Languages listed were varied and included Asian and European (Eastern European) languages such as: Portuguese, Chinese/Mandarin, Japanese, Korean, Polish, Albanian, Serbian, Czech, Creole, and Arabic languages.

**Top four emerging populations that have impacted services in the past 5 years**

EDs identified persons with substance and mental health issues (identified by 80% of EDs); immigrants and refugees (by 60%); non-English speakers/Spanish (by 60%); and non-English speakers/other than Spanish (by 40%). The category identified as the fifth emerging population was persons with criminal histories (by 33%). Following the top four, EDs also responded with: elderly (20%), teen females (13%), persons with developmental or learning challenges (13%), persons with a physical disability (13%), LGBTQ (7%), and persons with a visual impairment (7%).

When asked how these emerging populations impacted services, EDs responded (the responses – direct quotes – have been categorized). In instances where the same thoughts were articulated, only one quote was included:

**Mental health issues**

- “Shelter safety compromised due to inappropriate residents.”
- “Causing problems in the shelter that puts other residents in fear.”
- “Mental illness more supervision/intervention from staff.”
- “Persons with mental illness often require long shelter stays and lengthy counseling and advocacy services. Using trauma-informed services can slow down the process of moving beyond the crisis. There are sometimes long waits accessing quality mental health services. These cases become more complicated and lengthy when there are children involved and often the involvement of DCF.”
- “Need for crisis intervention; need for higher skill level of staff.”
• “Clients with mental illnesses are harder to maintain safely in shelter, have often burned many bridges to make next placements difficult, and permanent supportive housing options are unavailable or not open.”

Substance use/abuse issues
• “Persons using substances can create hostile or perceived unsafe living and working environments.”
• “Substance abuse services limited.”
• “Inpatient or outpatient substance abuse issues need to be addressed as well as DV, local sober houses and other programs are helpful in meeting these needs.”
• “Persons with substance abuse history or with present substance abuse issues can require longer than average shelter stays or longer than average counseling and advocacy services. Coordinating services with another provider can add work and time in a case. Adults with children may have open DCF cases which prolongs the crisis and healing process.”
• “Managing relapses in the shelter is becoming its own full-time job. The impact of drug use, trading, selling, bartering, using, getting sick, hospitalizations, etc. is making the communal environment hard to maintain safely.”

Translation and other language issues
• “Need for more multi-lingual staff.”
• “Translation is needed; can be a barrier to employment.”
• “Non-English speakers require more engagement with local, regional and international entities to secure safety.”
• “Need to have Spanish speaking staff available 24/7.”
• “Non-English speakers can require a long shelter stay or many, many hours of advocacy if working on the U Visa process which is very long. Counseling using the language line is much more time consuming than speaking directly to one another.”

Decrease in individual services
• “Decrease in services to individuals, specifically children, available in the area but need for services still exists.”
• “More wraparound services, jobs, religious community involvement, inability to afford childcare.”

Staffing
• “Staff burnout.”
• “Additional training needed.”

Shelter stays
• “Persons ill-equipped to care for self and children.”
• “No place for them to go after leaving the shelter.”
• “High risk pregnancies and other health issues have required longer shelter stays, and additional residential supports until stable and appropriate permanent housing can be identified and secured.”
**Immigrant clients**
- “Immigrants/refugees need both longer shelter stays and transitional housing stays, and with minimal resources to support them.”
- “U Visas and more legal assistance.”

**Elderly**
- “No place for elderly to be placed.”
- “Elderly sometimes need more help with estate issues where abuser is attempting to control finances, etc.”
- “There are very limited resources for the elderly in our service area. This is especially true for people older than 50 but younger than the age for social security and Medicare.”

**Children/Teens**
- “Teens need age appropriate services.”
- “More groups for teens to help them deal with issues like self esteem, cyber bullying etc.”
- “More need for secondary victims - child's support.”

**Persons with a criminal History**
- “Counseling for those with criminal history.”
- “Increase in dual arrests where victims have criminal records and are sometimes being mandated to batterer education programs.”
- “Criminal history need longer shelter stays.”
- “Criminal history need additional advocacy so not to be re-victimized.”

**Internal service gaps**
EDs indicated the largest gaps in housing assistance and the smallest gaps in counseling (adult and child), criminal justice advocacy, and crisis line services. Two-thirds of respondents (67%) identified permanent housing assistance as at least an above average gap, and assistance with transitional housing as the same. The gap in the number of shelter beds was identified by almost half (47%) as at least an above average gap; 40% identified job training as at least an above average gap.

Comments included by EDs included:
- “Civil advocacy; Gap in adult & group counseling comes from need for full-time satellite office.”
- “We do not provide family counseling or job training at our agency. Shelter beds are dependent on hotel availability as we are a host home program. Housing is dependent on availability as there are not many options in our rural area.”
- “The FVVA (criminal court advocate) advocates for every victim in that system, but the caseload is RIDICULOUSLY HIGH. We are underfunded in this position. There's a gap in civil court advocacy. We don't have any government support for that work, so we aren't adequately staffed to meet our clients' needs in this area. We are not funded...”
to provide job training. We work with other providers in our area, but those services are limited. In the shelter, we are often full, so we identified a moderate gap. When we're full, we meet the client’s needs for shelter, but sometimes that is accomplished outside of our organization.”

- “The Safe Houses require additional staff (4 positions), civil legal services need to be expanded (2 attorneys), serving individuals with LEP.”

- “Auxiliary yet essential functions of the agency - administration, grant-writing, human resources, contract compliance, etc.”

- “Prevention and Education to community groups, schools and recreational afterschool programming!!!”

RESOURCES

Local resources
While some EDs indicated that the various agencies had ‘some’ resources to meet identified local needs, many indicated that there were no or few local resources in a number of areas. Areas in which there are no or few local resources included:

- Permanent affordable housing (93%);
- Securing civil representation (87%);
- Securing substance abuse services (80%);
- Affordable childcare (74%); low-cost transportation (73%);
- Securing mental health services (73%);
- Financial assistance (67%); and,
- Transitional affordable housing (66%).

Resource challenges
Mirroring the responses addressing the lack of local resources, EDs found the following areas very or moderately challenging:

- Permanent affordable housing (87%; 80% found it very challenging);
- Transitional affordable housing (73%);
- Affordable childcare (73%); Securing civil representation (73%);
- Financial assistance (67%): and,
- Securing mental health services (60%).

COMMUNICATION
All respondents use written materials (flyers, brochures, etc.) to create awareness; nearly all (93%) use Facebook, website, email and word of mouth; and, 80% use radio. Some use local cable TV presentations to classrooms and the community, tours of their facilities and blogging to communicate with the public.

RELATIONSHIPS WITH CCADV

The survey asked a number of questions about various dimensions of member agencies’ relationships with CCADV. EDs’ responses included:

- 33% of EDs indicated that they had input into CCADV fiscal decision-making; 67% responded that they did to some extent or not at all.
- 80% of EDs indicated that they had input into policy decision-making to a great or exceptional extent.
- 60% indicated that they had input into programming decision-making to a moderate or great extent.
- 54% indicated that they had input into training decision-making to a great or exceptional extent.
- 27% of EDs indicated that CCADV’s efforts facilitate collaboration and communication with member agencies and staff to an exceptional extent; 47% indicated to a great extent; 7% to a moderate extent; 13% to some extent; and, 7% not at all.

Overall, EDs appear to be satisfied with the Training Institute – 73% are very satisfied with the content of trainings; 47% are moderately and 47% very satisfied with the format; 27% are moderately and 53% very satisfied with timing of trainings and all EDs are at least moderately (and 93% are very satisfied) with communications about the training calendar.

PARTNERSHIPS

The strength of agency-institutional partnerships, as indicated by EDs on a scale of 1-5, with 1 signifying no relationship and 5 signifying strong relationship, follow. Strongest partnerships were with local schools and mental health services, legal services, and law enforcement. Least strong were with human trafficking coalitions, youth and elder organizations, LGBT providers, and private attorneys.

Table 28. Strength of Partnerships
<table>
<thead>
<tr>
<th>Service</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local schools</td>
<td>4.57</td>
</tr>
<tr>
<td>Mental health services</td>
<td>4.57</td>
</tr>
<tr>
<td>Legal Services</td>
<td>4.43</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>4.36</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>4.29</td>
</tr>
<tr>
<td>Social services</td>
<td>4.29</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>4.14</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>4.14</td>
</tr>
<tr>
<td>Community-based health centers</td>
<td>4.07</td>
</tr>
<tr>
<td>Higher education institutions</td>
<td>4.00</td>
</tr>
<tr>
<td>Immigration services</td>
<td>3.79</td>
</tr>
<tr>
<td>Education and workforce development/training</td>
<td>3.64</td>
</tr>
<tr>
<td>Financial</td>
<td>3.50</td>
</tr>
<tr>
<td>Private attorneys</td>
<td>3.14</td>
</tr>
<tr>
<td>Youth organizations</td>
<td>3.00</td>
</tr>
<tr>
<td>LGBT providers</td>
<td>3.00</td>
</tr>
<tr>
<td>Elder care</td>
<td>3.00</td>
</tr>
<tr>
<td>Human trafficking coalitions</td>
<td>2.50</td>
</tr>
</tbody>
</table>

**FINDINGS**

**FOCUS GROUP:**
KEY STATEWIDE STAKEHOLDERS

Evaluators convened a meeting of high-level key stakeholders to discuss needs and assets related to CCADV and its role in the state. This group also helped evaluators to refine questions for executive directors, senior staff and community collaborators in subsequent focus groups. Their responses are synopsized below.

SUCCESSES

Key stakeholders identified a number of CCADV successes, including:

- CCADV provides great, cost-effective training and does a great job in convening stakeholders and encouraging collaboration across domains (for example, the DV roundtable).
- Prevention and outreach is working. Increasing numbers of people are being served and the changes in demography may be attributable to the broader array of services offered by CCADV. This has led to more effective interventions on behalf of providers to, as one stakeholder said, “route populations to shelter. But is this a shame or victory?”
- The 24/7 hotline initiative was much needed. Law enforcement personnel stated that from the ‘end user’ perspective, they (police and EMTs) need someone to be able to answer the hotline number, and work with the victim and law enforcement in the middle of the night.

EMERGING POPULATIONS AND NEEDS

“Sometimes a person’s only option, as they see it, is to return. Because of their lack of fluency in English, they often wish to return to a Spanish dominant language situation even if the abuser is there.”

Key stakeholders identified a number of emerging populations and needs, including:

- There are a number of localized pockets of ethnic communities in the state that have emerged. Members of those communities need culturally responsive and linguistically sensitive services.
- Citizenship status is a big concern; immigrant victims without papers will not easily report domestic violence out of fear of deportation.
- There is a growing segment of the population with complex mental health and substance abuse issues.
- There is no critical mass of LGBTQ services; the small number of victims makes it difficult to plan for services on any scale within individual agencies.
- The numbers of known trafficked victims are not high; however, stakeholders believe that the crime is underreported.
It is both difficult and costly to address a victim’s trauma and provide appropriate treatment. Connecticut is on the I-95 corridor from New York to Boston, which may make it an area of interest for traffickers.

SERVICE GAPS

Key stakeholders identified a number of service gaps, including:

- Shelter stay has been defined as 60 days or fewer, but unlike the traditional shelter, domestic violence shelters have never kept to 60. The time clients spend in shelter is now longer, due to the constellation of factors that affect their lives (under or unemployment, transportation, child care, etc.). The extended length of stay is causing domestic violence shelters to work at full (or over) capacity most of the time.

- Within the court system, there is, practitioners suggest, “little consistency across jurisdictional lines. In large and small districts, there are judges with different levels of knowledge and skill.”

- Legal services cannot possibly help everyone that needs help and advocates are not enough to meet the complex legal needs of some victims. There have been efforts to increase the capacity of the pro bono system and one attorney suggested that the “unbundling of legal services may positively impact victims’ ability to access legal representation by a private attorney.” Some victims represent themselves; of those, some fall between the cracks.

- Social service agencies are seeing multigenerational involvement in service delivery. Interactions are occurring with various family members at different agencies.

- A lack of social workers in hospital settings impacts service provision for domestic violence victims. “RNs and MDs may do everything right (but usually don’t) in terms of properly assessing IPV risk, but they need consistent help. And there seem to be fewer social workers for referral.”

- There is a lack of affordable options for perpetrator treatment:
  - There are no free perpetrator services that are not court appointed.
  - There are not many fee-for-service programs, and some perpetrators turn to one-to-one counseling “which is not all that effective.”
  - There is a dearth of programming for fathers at low or moderate risk to re-offend who might respond to treatment. “We need to build capacity to help fathers, and help families be happy and healthy.”
Outreach is important and needs more resources to be effective. There are promising efforts for outreach across the state. Some ongoing work (planned and in place) includes providing information and connection through hair salons, training stylists, and using social media to reach victims. Other suggestions for outreach included:

- Increasing the use of social media and engage corporate citizens (Verizon, ESPN) in awareness. Use libraries, grocery stores, and nontraditional venues as vehicles for material dissemination.
- Increasing collaboration with workforce development system and with pre-service human services education programs (social workers, family therapists, school counselors) to offer materials and training.
- Increasing outreach to high schools, through school social workers and teachers. “Provide educators with training to increase awareness of what to look for and supply them with resources. In suburban America, the point people are school counselors and social workers, but these people may not have the tools to address DV with kids and parents.”
- Expanding the domestic violence knowledge of family attorneys and provide them with resources. Provide training for family law attorneys so that they can better explain to clients the heightened risks during the process of filing for divorce.
- Collaborating with court services so that information and resources about domestic services are included in the packet of divorce paperwork.
- Reframing domestic violence language – non-physical abuse is still not seen as a risk. “We need to pull back the onion’s layers. Crazy texting needs to be reframed as the power and control it is. Sometimes we hear, ‘I’m not really afraid, but...he reads my email, send me crazy texts, and controls who I see.’”

DATA AND QUALITY IMPROVEMENT

And finally, the discussion centered on available data and how it could inform improvement of services. There was a call for the need for more, and more specific, data about victims, in order to coordinate across systems and advocate for funding. As it is currently collected and analyzed, the data cannot track a person through the system(s). Participants raised the idea of piloting tracking (from first call, to shelter, to services, to other agencies). Some suggested that data collection could begin with first touch, through all variations of services. This would allow for improvement of services, but also assist in advocating for essential resources.

FINDINGS

FOCUS GROUP: SHELTER MANAGERS
Evaluators met with shelter managers and CCADV staff to discuss the analyses of service utilization data. Their accumulated experience is needed to interpret the stories behind the numbers.

EMERGING POPULATIONS AND NEEDS

Shelter managers suggested that there have been significant changes in the demographics of clients using shelter services.

Gender
When queried about the rise in the number of males in shelter, shelter managers indicated that a statewide change in outreach and community education was responsible. However, they also indicated that there is a dearth of housing options for male victims. Prudence Crandall (the largest shelter in the state) has one room for males (in a separate part of the facility); however, if the room isn’t being utilized for a male client, female clients fill it. In other programs, males are sheltered in a motel or hotel because of the concerns for women residents’ psychological safety. One manager noted that, “While it is better than no sheltering, it doesn’t feel like it is enough.”

Language diverse clients
Language line is the most utilized resource for meeting the needs of clients with diverse dominant languages. Yet, as one manager indicated, “It is very helpful, better than not having this resource available. However, it does make rapport building difficult because of the technology involved. It is especially difficult in a trauma situation.” When asked about what other languages they had encountered, shelter managers listed Russian, Urdu, Portuguese, French, and African languages and dialects.

Age
Shelter managers are also seeing younger women in shelter, including young mothers with newborns. It is extremely challenging to meet these clients’ needs. Additionally, some managers suggested that they see a good number of young clients that are aging out of services offered by the Department of Families and Children. One added, “To reduce the multi-generational use of sheltering, diversion is the best – when possible. Research has shown that previous shelter experience as a child is the biggest predictor of sheltering later in life.”

Another shelter is seeing an uptick in the numbers of seeing more mature clients between 50 and 65 years of age.
SHELTER UTILIZATION

Some managers suggested that the needs of their shelter clients center more broadly on housing and homelessness; clients are not classic domestic violence victims. According to one participant, “It’s not that they haven’t been a victim of domestic violence ever, but it may not be the current/immediate issue.”

Another added, “It is hard to define – ‘homeless as a result of DV.’ What if a woman leaves a DV relationship, spends 6 months couch-surfing, and then when she is out of options goes to a DV shelter...as compared to the woman that is in immediate danger and goes to the DV shelter? At times, the shelter is full because of the first type of client and it could lead to the second type of client not having a bed at a DV shelter.”

The lack of affordable housing, and the difficult issues of trauma and immigration may be contributing to shelters being, and staying, at or over capacity. Member agencies are all employing a trauma-informed approach, which is best for clients. However, it may contribute to the length of stay, as best practices indicate that they should keep clients as long as necessary to make sure they are safe. Managers indicate that more of their clients are immigrants, and their issues take longer to resolve. Also, families, rather than single clients, are increasingly utilizing shelter beds.

It was also suggested that clients prefer the accommodations at a domestic violence shelter, because they are nicer or cleaner facilities, or they feel safer. And out-of-state clients, mainly from Massachusetts and New York, pose a challenge to Connecticut programs in bordering cities and towns because other states are experiencing similar shelter capacity issues.

One manager stated, “There is a lack of housing resources. There is a soft deadline (in shelter) of 60 days, 120 if the client comes through DSS, but this isn’t a firm deadline. If someone’s on a list for a family shelter or for other placement in the near future, we would allow them to stay to make the transition.” Yet, lists are long for both supportive transitional and affordable housing. One manager suggested that the Coordinated Access Network (CAN) may be helpful in providing connections to other programs, yet added that there is a concern that it (CAN) might flood the domestic violence hotline with calls, while not providing any additional funds for agencies.

There is a general sense that hotel/motel sheltering is not very safe, and that clients housed in hotels are separated from counseling and other services, other types of assistance, and community. Without access to transportation, this can be a very isolating experience. In Sharon and Greenwich, the only option is to use hotels/motels. While programs try to place clients in these situations for a few days, the stay can turn into weeks. Agencies also reported that when they are at full capacity and have a client in crisis or in an active domestic violence situation, they will refer her to hospital or police waiting rooms for safety, then transition her into shelter the next day.
MENTAL HEALTH AND OTHER SERVICES

Some shelters have experienced an increase in calls from staff at hospital and mental health facilities wanting to make a referral for a client to a domestic violence shelter. In the usual scenario, the client may not present to the hospital or mental health facility with a *current* domestic violence issue, yet has a history of abuse, and the facility is somewhat desperate to get the client sheltered. A manager added, “In some situations, taking them (the referral client) into shelter threatens the safety of the other clients (women and children). Often times these clients aren’t following their prescribed medication schedule and they often don’t have insurance.”

As managers see it, a major sheltering problem is meeting acute mental health needs. None of the shelters have a clinician onsite to meet the needs of clients in crisis. Therefore, safety planning is very important in assessing any individual that may be entering shelter.

Managers indicate that they screen at intake for mental health problems; they use the information to assess, but not to screen a potential client out. Instead, staff connects a client to the continuum of care, and attempts to refer her to a shelter that may be better suited to provide mental health services. Some member agencies are embedded in behavioral health agencies or have mental health services available through their parent organization. They do add, however, “if a client doesn’t feel as though they have a problem or don’t want to go to services, we can’t make them attend.”

Another manager suggested that, “Some women feel they can manage their mental health concerns without participating in services, and unless they break one of the very few guidelines for the shelter, we can’t ask them to leave the shelter unless we have another placement option.” The same is true, they said, for substance abuse issues – they can try to triage clients, however they cannot mandate them into treatment.

Having an active substance user in the shelter is a safety issue, they suggested, with additional implications for DCF-involved families. Shelter managers indicated that, in extreme situations, staff has had to call 911 to have clients removed.

When asked about an increase in contact with law enforcement prior to sheltering (seen in the shelter utilization data), the group was quick to respond. Through the Lethality Assessment Program, domestic violence assessments are performed onsite by police officers. In the past, police officers would provide an individual with a referral card with the hotline number, but recently (in certain departments around the state) if they suspect domestic violence, they provide onsite assessment and make the call directly to the hotline. This model has definitely impacted client connections to agencies by police.

Shelter clients also have civil court involvement – largely cases related to immigration, divorce, visitation and child support. However, these issues generally extend beyond the time frame of their residency in shelter. While all agencies provided criminal court advocacy, they did not provide civil court advocacy – for this they rely on partner agencies. Hartford reports having a good working relationship with legal advocates, however many of the other agencies reported that it is hard to find legal advocates for their clients for civil court. Often, staff rearranges their schedules to transport clients and advocate for them in court.
INTERNAL CAPACITY: STAFFING

Staffing is a big concern for all of the agency managers in attendance, as are limited resources, but most make do with what they have. In response, agencies cross-train staff to cover essential direct service (and other) functions. Many of the direct service staff are recent social work or psychology graduates. Most agencies report that they try to require a two-year commitment for new staff because of the time and other resources needed to train young staff members with limited experience. While on the job, staff training and experience related to trauma makes young workers, therefore, valuable recruiting targets for jobs at double or triple the salary.

AFTER SHELTER/AFTER CARE

Shelter managers suggest that the biggest challenge, and goal, of after-care is to find safe and affordable housing for every client.

Managers assess clients’ needs during their stay, and upon their exit from shelter. Many shelters request follow-up contact information, but a very small number of clients are in contact with the agency a year after sheltering. Participants indicated that it is hard to build rapport with this population, but when rapport is built, they lack the resources to maintain follow-up. There is no direct outreach conducted for follow-up; managers suggest this is because there are no resources to do so.

One shelter manager characterized the clients who do stay in touch or return to shelter (one manager suggested the return rate was approximately 20%) as falling into one of two categories: (1) women with behavioral health/substance use issues who live somewhat chaotic lives because of their trauma histories and/or co-occurring disorders; and (2) women who leave to stay with family members – usually the family they stayed with before sheltering.

Other shelter managers suggested that they often have clients that some back for additional tangible help, “real things like help with rent, help getting kids into camp, help getting a gym membership.”

Shelter managers identified housing, jobs, childcare and transportation as the major barriers to women’s health and safety after shelter. “Often, it isn’t what we do, it’s where they are,” added one shelter manager. “If we are only dealing with DV, service provisions and outcomes are more successful, but many clients come in with multiple obstacles that make it so much harder to have a successful outcome.” Managers commented on some of the factors that they believe contribute to success for women after shelter:

• “It is much easier to get a shelter client transitioned to other housing if they are employed when they come into shelter.”
• “If they already have a housing voucher (Section 8) or are on a waiting list for other housing options, it is much easier to assist or transition them out of shelter.”

• “If they have planned for sheltering (because of a previous sheltering experience, or making a plan prior to leaving their abuser), they have more successful outcomes.

• “Women who utilize their time in the shelter as a stepping stone and have a positive perspective, do better.”
FINDINGS

FOCUS GROUPS:
EXECUTIVE DIRECTORS AND SENIOR STAFF

“In September and October 2014, evaluators met with five groups of executive directors and senior staff members, and five groups of key stakeholders and community collaborators to discuss emerging populations and service needs across the state and to glean information about regional conditions and solutions. Many of their comments reflect the changing demography of the state and their geographic catchment areas, and the increasing difficulty of meeting the complex needs of domestic violence clients.

Changes in demography are affecting many government, social service and advocacy programs across the state. Overall, state-level data indicates that one in seven residents are foreign-born,13 and 48% of the foreign-born are naturalized citizens. By origin, 27% are from Europe, 24% from Asia, and 42% are from Latin America.14 Although the majority of foreign-born residents in the state arrived before 2000 (60%), 10% arrived in 2010 or later and 30% arrived between 2000 and 2009.15

Household structures continue to shift. According to U.S. Census data for Connecticut, the number of female-headed households (no husband present) has grown slightly (about 1%, from 12% to 13%) between 2008 and 2013, as have the number of non-family households (from 33% to 34%).16

The state suffered the effects of a national recession in the late 2000’s, and the poverty rate for all families continues to be impacted. Poverty in Connecticut rose from 6% in 2008 to almost 12% in 2013, with female-headed households experiencing an almost 10% rise – from

---

14U.S. Census Bureau, 2011-2013 3-year American Community Survey, Available online: www.factfinder2.census.gov/
15U.S. Census Bureau, 2011-2013 3-year American Community Survey, Available online: www.factfinder2.census.gov/
16U.S. Census Bureau, 2006-2008 and 2011-2013 3-year American Community Surveys, Available online: www.factfinder2.census.gov/
21.5% to 31%. More people are spending more than 30% of their income for rental housing (from 49.5% to 52.3%).

These realities provide the backdrop for the following discussions.

EMERGING POPULATIONS/EMERGING NEEDS

Immigrants
Connecticut is a small state with localized immigrant populations. Fairfield County’s proximity to New York means it is a gateway to the country for many immigrants from all over the globe, and it has seen an influx of people from Latin American, Asia, Eastern Europe and North Africa. Domestic violence practitioners who work in the eastern part of the state point to the number of migrant farm workers in Franklin who come to harvest the region’s agricultural bounty. There are pockets of origin-specific immigration in others (Poles, historically, in New Britain; Latinos from Peru and the Dominican Republic in addition to Puerto Rican Americans in Hartford) that may require different solutions for outreach and service provision.

The beliefs and experiences of immigrant women and their families affect outreach and service provision in some of the following ways:

- Shelters at or over capacity require staff to mediate relationships between residents who may have different diets, religious practices and parenting styles. For example, parenting differences can result in frustration for the staff and enmity between residents who live in close quarters and share a good deal of the day with others who may not mirror their own parenting practices.

- Immigrant victims often experience an increased fear of law enforcement, which poses a challenge to reporting abuse. One solution has been to work with police departments – advising police personnel to dress in street clothes, and meet victims outside of the police department offices, in order to mitigate apprehension and fear.

- For wealthy immigrants (an issue in Fairfield County), the issues of law and counseling may be differently complex. Victims who are linked to an American citizen by marriage or finance may need to negotiate a financial quagmire and need services such as forensic accounting.

---


There are existing organizations, regionally, that are trying to address the needs of immigrants in various areas of the state; others are emerging to meet the growing need. Many focus group participants point to the International Institute and their relationships with other public and private immigration resources, but say that the demand for social and legal services by immigrant victims outpaces the current capacity of organizations.

In some communities, serving immigrant women, especially those without documents, is seen as funnelling resources from a strained local economy to a group seen as less worthy. In one group, staff shared that shifting political views have resulted in diminished sentiment in the community to serve immigrant women, in general, and the undocumented, in specific. Some political kickback is being felt in agencies that serve immigrant populations. In some towns, like Meriden, the media coverage is detrimental and can result in comments like, “Why should we build more housing for illegals?”

Culture and language
The Hispanic/Latino population has grown across the state, as has the percentage of Asians. In 2008, 11.6% of Connecticut’s population identified as Hispanic/Latino; in 2013, that percentage is 14.3%. In 2008, 3.3% of Connecticut residents identified as Asian, and in 2013, 4.1%. And there is great variation in culture and language among those who identify as either Hispanic/Latino or as Asian.

There is great diversity within ethnic groups in the state. Within Connecticut, 7.6% of residents identified themselves as Puerto Rican (53% of Latinos in the state); 1.5% as Mexican; .3% as Cuban and 4.9% as other. Asian Indian has the highest representation among all Asian groups (1.4%), followed by Chinese (.9%), Phillipino (.4%), Korean (.3%), Vietnamese (.2%), Japanese (.1%) and other (.7%).

According to the Pew Research Center’s Hispanic Trends Project, “A majority (51%) say they most often identify themselves by their family’s country of origin; just 24% say they prefer a pan-ethnic label.” And the Asian population shares a label but comes from equally diverse countries of origin, each with its own language and culture – the Phillipines is far different from Japan, and from Vietnam. Executive directors and staff suggest that language skill does not guarantee cultural competence. “It’s not just about the language, it’s also about cultural nuances and more importantly, who do you trust?”

---

19U.S. Census Bureau, 2006-2008 and 2011-2013 3-year American Community Surveys, Available online: [www.factfinder2.census.gov](http://www.factfinder2.census.gov)
21U.S. Census Bureau, 2011-2013 3-year American Community Survey, Available online: [www.factfinder2.census.gov](http://www.factfinder2.census.gov)
22U.S. Census Bureau, 2011-2013 3-year American Community Survey, Available online: [www.factfinder2.census.gov](http://www.factfinder2.census.gov)
Culture and language affect outreach and service provision in some of the following ways:

- Executive Directors and their staff indicated that most programs have Spanish-speaking staff in advocacy positions, but lack staff in other functional areas (community education, for one).

- Culturally specific outreach within communities requires time and resources in order to build up trust between community members and practitioners. Collaborating with grassroots agencies that already serve members of the community may be an effective way of gaining standing and leveraging strengths.

- Bilingual staff is vulnerable to attrition. The lack of bilingual staff across many areas of human service provision have opened up opportunities for well-trained staff to move on from their advocate positions to higher paid positions at other agencies.

**Mental health and substance use/abuse**

Focus group participants indicated that mental health needs of victims are compounding their struggles, with leaner staff, to do more. Larger agencies have close relationships with mental health systems and practitioners, but smaller agencies in more rural settings may have neither a robust referral network nor in-house expertise. However, many are creative in creating connections to community health care (such as visiting nurses) in “trying to come up with ways to be more successful with victims.”

Meeting clients where they are is an important ethos, especially when working with clients who use substances. At the same time, the day-to-day work with victims who may have complex trauma histories and co-occurring mental health and substance issues has some directors and senior staff wishing for more statewide guidance. Veteran directors indicate that the more punitive model of 15 years ago, with many more rules related to client behavior, was not in the best interests of clients. However, programs are currently unclear about who is appropriate for shelter and the guidelines in relation to victims who are actively using substances.

A number of programs spoke about their own procedures with respect to substance use, and the shifting direction from CCADV and the domestic violence community. They also believe, however, that there is some culture-change that needs to occur for staff. One executive director suggested, “And all of this is an important and difficult training issue. Responsibility for behavior has shifted away from residents to program staff. Resident agreements are shorter; program procedures are longer.”

Some indicated that there is active substance use, including selling, occurring in shelter. The Internet and smart phones have also made it easier for residents in shelter to stay in touch with associates who may be helping them to obtain illegal substances, and sometimes there is a male acquaintance on the outside who links new residents to sex work. There is a greater
need for vigilance, some suggest, because of the risk to already victimized residents and their children.

Mental health issues experienced by one client have an impact on relationships between residents in shelter. Members of one focus group suggested that between one-third and one-half of shelter residents had mental health or substance use problems. “We have to teach residents how not to let someone else’s crazy affect them. For example, if someone is having a hyper-paranoid reaction, they may be acting towards another resident in a way that is concerning, and disrupt the balance of the shelter. We need to spend a great deal of time leading residents through conflict resolution.”

Programs that are embedded in a larger mental health system have greater expectations of their staff as far as handling psychotropic drug administration; staff must coordinate pill disbursement to residents in shelter. This raises training and capacity questions – for one, staff is not trained to monitor medications; and, secondly, staff are overseeing medication administration in addition to their other responsibilities for transporting people to court and settling folks into shelter. Also, as one staff member suggested, the role of staff in medication calls into question the issue of power relationships. “It is difficult for the staff that is not trained in medication monitoring, but the arrangements are also shaming for women who must turn over their meds.”

**SHELTER AND HOUSING**

**Lack of affordable housing**
The lack of affordable housing was articulated by every focus group. Each region in the state has challenges that reflect its location, size and relative wealth. The northwest and eastern corners of the state are rural and isolated; Fairfield County has a high cost of living and housing stock that is beyond the reach of many families; cities are squeezed by multiple challenges due to generations in poverty and old housing stock.

Senior staff from western Connecticut offered, “The majority of our residents are unskilled in our area where the cost of living and salaries are night and day. Even working two to three jobs, it’s hard to pay rent and utilities. Most housing programs are geared to very low income people, and program restrictions prevent the working poor – who are some of our clients – from taking part.”

Women have great financial needs when emerging from a violent relationship. Some, because of the power and control their partners have exerted over family decision-making have not held a job, or gotten credit, or managed finances. Shelter programs are meeting their needs with case management and educational opportunities but these are difficult issues that take
time and keep women in shelter. And staff suggests that there is a great need for both personal and financial resources to assist women in becoming self-sufficient.

The meaning and mission of shelter
Many EDs and staff members believe that the definition of shelter has changed for domestic violence programs; some suggested that domestic violence shelters have become specialty homelessness programs. “Historically, it was emergency shelter and about imminent danger. But not now. The dynamic has changed as DV programs have moved away from serving larger groups of women at imminent risk, to a smaller number of women with multiple challenges but not at imminent risk.”

Many indicated that the success of their outreach and community education programs has resulted in greater demand for shelter services for clients. Focus group members report a significant number of repeat clients, who have experienced violence chronically, or are chronically affected by past violence. Some program staff, especially those early in their careers, have experienced frustration and anxiety as the ‘client’ has changed. Yet, leaders indicate that a domestic violence shelter is the best placement. “I have always seen us as a specialty homelessness provider. We have many repeaters with histories of chronic DV and many are homeless because of it. It is probable that our place is the best place to stop that cycle.”

Yet, change is difficult. “We moved away from women who were staying in shelter as part of a program – now we have women who don’t have to participate in services, have no curfews, and put themselves in increased danger.” She adds, “the staff frustration is tied to intransigent issue of women manifesting substance abuse, mental health issues, etc. who may not be the ‘true battered women.’ If we could get back to working with the appropriate population. We cannot empower everyone. The inappropriate population is reflected in the lack of interest of women in shelter in group or other therapeutic interventions.”

Client diversity
Additionally, the client population, like the state, is more diverse. This brings benefits and challenges. One challenge, mentioned earlier, is that parents from different cultures parent differently, which can create misunderstanding and discomfort. In addition, the overcrowding that occurs with some regularity in shelter means that clients share common spaces, like the kitchen, and prepare different foods, often simultaneously. While this opens opportunities for dialogue and sharing, it can also create tension. Staff spends time helping clients to be accepting of each other’s cultures.

Executive Directors and staff also indicated that shelter housing for clients with children is more difficult. Added to the lack of housing options with sufficient space is the fear that clients will become known to Department of Children and Families, and that a family’s residence in shelter will cause DCF to take the children out of the parent’s custody. Parents with mental health or substance use issues may require medical or mental health intervention; staff suggests that seeing a resident leave in an ambulance is difficult for everyone, but especially for children.
Longer stays in shelter

Women are staying longer in shelter, especially women with a greater number of barriers. These include immigrant women and women with mental health or substance use issues. Staff from one program spoke about the need for shelter for women over 55 and under 62 – women who do not qualify for any other housing benefit. For immigrant women, the process of learning English, getting documents in order, finding a job and daycare can lead to stays of a year or more.

Longer stays contribute to overcapacity problems. One program in the state spoke about being over capacity for four years, ‘shoe-horning’ people into spaces like flex rooms and placing many in hotels. This led to their own reconsideration of budget priorities and planning for more money to be allocated in their budget for hotels.

One group suggested that shelter overcrowding might be contributing to the perception of an increase in mental health concerns. A larger number of people in a more confined space is difficult for most people. For people in shelter, some of whom have experienced multiple traumas (including dislocation), the effects of space constraints may be amplified. One focus group member said, “In the past, if we had four or five rooms, we had four or five people. Now we double or triple up at times. If you layer mental health issues on top of that, the issues are much more difficult. The practice is not at all trauma-sensitive.”

According to one executive director, “Sustained full capacity is leading to the loss of client-focused provision of services. We are not making decisions based upon what is in the best interests of the family.” She suggested that large families “really suffer” from a lack of appropriate placements. Within the past year, she needed to place a traumatized mother and her three children in a hotel for three weeks.

Other shelter options

The hotel option is inadequate, according to some staff and directors who use hotels and motels to manage victims who cannot be accommodated in shelter due to overcrowding. Especially for non-English speaking clients, being placed in a hotel can be frightening. The staff at the hotel may not be able to communicate well, transportation, childcare and rearing, and employment are problematic, and the staff needs to split their time between different physical spaces.

Promising collaborations

There is important work being done across the state in concert with housing advocates and service providers. Yet, there are still issues to sort out because implementation details may not take the situations and needs of victims into consideration. For
example, screening used for rapid rehousing is not appropriate to be used with domestic violence clients because of the issues of confidentiality and safety. The Coordinated Access Network (CAN) is at various stages of implementation and use around Connecticut. Focus group members suggest that there are still some glitches to be worked out. For example, an advocate called 211 (the designated CAN access point) and 211 subsequently referred the client to the New London CAN. The New London CAN indicated to the client that they could not do the intake interview over the phone and that the client had to travel to New London. For clients without private transportation, this poses a challenge.

Southeastern Connecticut has been a pilot for rapid rehousing efforts in the state, and one executive director has been deeply engaged in the homelessness coalitions in the area. Norwich has recently transitioned no-freeze shelter funding to rapid rehousing efforts, and engagement by the domestic violence community may ensure that there is thought given to the barriers that have prevented victims from fully participating.

**INFRASTRUCTURE NEEDS**

**Staffing**

Executive Directors and senior staff indicated that staff and managers are being asked to do more with the same or fewer resources. In small programs, the staff member may have to oversee the safe house and also cover the hotline, and on some nights, settle a client being sheltered in a hotel. As they see it, this is not conducive to appropriately meeting the needs of a woman newly arrived to the shelter, or providing support to someone going to court the next day. Additionally, some direct service staff members are part-time (and some are per diem); they continue to need skill building, including how to multitask effectively. Some also suggest that while the staff adapts (and have finite working hours), management has taken on the overflow of duties and have consistently rolled over vacation time.

Some programs are experiencing a great deal of turnover among their front-line staff. Many come to their positions having just graduated from bachelor’s programs and some experience, and leave after they gain work experience in order to attend graduate school or to pursue administrative or supervisory human service jobs. Some executive directors ask newly hired staff to give them a commitment to remain with the agency for at least two years, so to mediate the challenges of hiring and training on a frequent basis.

At other agencies, staff attrition is not an issue. One indicated that her staff was a “dynamic, cohesive team that is paid equitably.” But attrition does not need to be an internal agency issue to have an effect. Participants talked about how staff turnover is affecting resolution of shelter calls to other DV agencies, as (often) new staff has no idea about the specificities of the geographic area they might be suggesting as a shelter placement, or about the model being used to shelter. Additionally, many collaborating organizations, non-profits themselves, feel similar fallout from attrition, making referrals difficult.

Outreach and networking opportunities are important to staff and managers. Front-line staff members, buffeted by the demands of their jobs, see outreach as the ‘exciting and fun’ part of their job. “It is important to staff morale,” one Executive Director suggested, “and allows staff to work through some of their vicarious trauma.”
Funding
One Executive Director suggested that “the equity in funding is not great, but it’s easier to leave it alone. If someone started the organizations all over again, there may not be 18. Merging has gone on, but without any rhyme or reason.”

Most agencies are channeling funds toward development and grant-writing staff in order to raise money for services. While these activities are essential to financing programs, the resources used for development, some suggest, are diverting resources from direct service work, such as primary prevention.

Grant-writing skills vary from agency to agency, and assistance is needed to build grant research and writing skills. One group suggested that CCADV or some combination of member agencies might research and secure funds together. Another indicated that many find it difficult to illustrate impact. The challenging, long-term issues faced by victims, and the resources needed to provide quality support, make grant writing more difficult as outcomes are often beyond the service period of funding. Additionally, there is not an explicit theory of change that unifies programs, and some believe that programs may be informed by research but are not truly research-based.

Being lean does not allow for outreach to small populations (for example, immigrants in a small town or neighborhood) or for primary prevention, especially in schools. Participants suggested that while some agencies are currently very engaged in school systems, and there are currently advocacy efforts to mandate training in schools, there are no statewide training resources. Many have small grants, United Way funding or school system support to provide education in the K-12 system.

Reporting and data
According to Executive Directors, reporting requirements have become more difficult in the past ten years; one Executive Director suggests that this change is significant. “Agencies are in an era of increased transparency and accountability and quarterly reports have gotten bigger, longer and harder to complete. There are more stringent auditing standards, and this is on top of CCADV and federal reporting requirements.”

Implementation of the new data system has been rocky, according to participants. Training was inconsistent or not well implemented, and some advocates in the field are trying to simultaneously input data and serve clients. Some suggest that this additional recordkeeping has led to court advocates having less time with victims.

Training
The Training Institute has been a great resource to many member agencies, state agencies and collaborating organizations. Focus group participants identified training for the Lethality Assessment Program (LAP) as a model that worked. Staff saw it as very worthwhile and comprehensive. The LAP roll out used a train-the-trainer model implemented by national
experts who both developed the program and who understood Connecticut law enforcement. Directors and senior staff much appreciate the work that has gone into the Institute, and see the topics being addressed as important to their practice. However, they also offered some recommendations:

- Executive Directors indicated that it is difficult and costly to get staff to trainings in Wethersfield. Programs need to reimburse staff for travel, take them away from core functions for training, and arrange for coverage. Some programs suggested that training be done in different locations around the state, to minimize travel time for staff members who would like to attend, and cost for programs that reimburse staff for travel expenses.

- CCADV offers volunteer training during the workday; this is a challenge to people who would like to volunteer but need evening or weekend training options. Potential volunteers have family or professional responsibilities that make weekday trainings difficult to attend.

- Directors suggested that CCADV bring in more expert trainers in specific focus areas. As previously noted, participants appreciated that the Lethality Assessment Program training was implemented by experts who developed the program. Some of the trainings currently offered are at a very basic level, and directors and seasoned staff need more specialized training opportunities. Many suggested that CCADV invest in and pursue regional or national expertise when offering training.

- Additionally, many suggested that they would volunteer to share their expertise as long-time practitioners who are engaged in successful initiatives. “There is value in the training CCADV provides, but it didn’t come up through the grassroots. They need to get greater input from member organizations.”

- Many member agencies do not have capacity to identify and/or measure outcomes, and need training and assistance in identifying practices that produce measureable outcomes. CCADV could have a role in promoting evidence-based programs, and in promoting their measurement.

- Programs need more opportunities to address the vicarious trauma and compassion fatigue experienced by staff and management. There have been small local efforts around the state, but participants suggested that a more comprehensive approach might be appreciated.
FINDINGS

FOCUS GROUPS: COMMUNITY COLLABORATORS

EMERGING POPULATIONS/EMERGING NEEDS

Immigrant women
Community collaborators also work closely with increasing numbers of immigrant women and families. And as with the discussion with member agency directors and senior staff, discussion turned to the additional challenges faced by immigrant clients. Some of the issues for immigrant clients (with and without documents) include: the reticence of single women to come forward as victims of domestic violence because of fears of deportation often fostered by the abuser; a lack of health insurance; un- and underemployment in the area (and the extra vulnerability of those who work off the books); and, childcare.

Some police departments in the state understand the needs of immigrant victims and have changed their usual encounters with these women by using unidentified vehicles and wearing street clothes. This minimizes both the exposure for victims, and the distance between victim and law enforcement. These changes have helped growing numbers of immigrants to report crimes committed against them. Other police departments, especially those with little cultural competence training, may not understand the role of culture in the dynamics of domestic violence. This, suggests stakeholders, sometimes results in more dual arrests with immigrant couples.

Additionally, stakeholders suggest that there is a wide variation in the willingness of police departments to provide certifications for U Visas.24 Some stakeholders suggest that the status change for victims (post U Visa approval) can be transformational, as their clients no longer have to fear being made to leave the country and can live and work freely. Yet, not all police departments understand the role the U Visa can have in the life of a victim. Attorneys and advocates posit that some of the reluctance is attitudinal – they believe there may be a

>“This is a state with many different languages and a number of resources, but the needs of immigrant women are much greater than language. They are often afraid to access any services out of fear—fear cultivated by her abuser who holds her status over her head.”

24The U Visa is available to immigrants (including undocumented immigrants), who are the victims of certain crimes, including domestic violence and sexual assault, have information concerning the crime and have, or are likely to help in investigating or prosecuting a crime. Immigrant victims need certification from a federal, state, or local law enforcement agency, or a prosecutor, judge or other authority about their willingness to be of assistance. An immigrant granted a U Visa will subsequently be given legal status, and be able to reside and work in the United States.
connection between a community’s level of anti-immigrant sentiment and the reluctance of police to certify. There are, however, many police departments that understand and certify, especially in larger cities, and some departments have designated personnel that handle certification. One stakeholder suggested, “We need a reliable list statewide of certification locations, we need police departments to understand the process, and we need scrutiny over why the certifications are sometimes not happening.”

**Culture and language**
Changes in demographics have also changed service provision. Stakeholders suggest that the number of Latino/a families (both native and immigrant) have increased, as have families from Asia, Africa and Eastern Europe.

Community collaborators confirmed the importance of language and cultural competence skills, and shared their various experiences. They stated that clients who are not English-dominant may be culturally isolated and may be unaware of, or afraid to access, resources available to them in the larger community. But, they also indicated that community agencies are using additional resources to reach out to, and serve, a more diverse community.

Statewide, Connecticut Legal Services (CLS) attorneys are seeing more clients who speak languages other than English. Attorneys across all focus groups suggest that courts have become much better about providing translation services. However, as one attorney suggested, there may still be some people with limited English proficiency who have difficulty understanding complex legal language, and may be put in the position of making decisions that are not in their best interests.

Most service providers have Spanish-speaking staff, and limited staff with other language proficiencies, but cultural barriers remain difficult. Some stakeholders suggest that some traditional beliefs about gender and the family structure are real barriers in getting women to report. One offered, “They sometimes accept domestic violence as a ‘normal’ part of life.”

In some settings, Skype and FaceTime are used to supplement language line services; advocates suggest that it is important for them to see and interpret body language and other visual cues in order to best plan for interventions and service provision.

In eastern Connecticut, there is a significant transient population, with the casino, the shipyard and colleges in the region. Working with the Mashantucket and Eastern Pequot tribes also factors into reaching and serving victims. There are many resources – mental health and housing among them – but there are few Spanish language clinicians in the area. One participant suggested, “We may not be able to identify someone if the (Spanish-speaking) mom and the kids both need behavioral health services. You can’t have the family – the kids and the mom – see one person. That’s not good practice.”

**Mental Health**
The National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH), in partnership with the National Resource Center on Domestic Violence (NRCDV) suggest that, “Using a trauma-informed approach has come to mean that everyone working in a service setting understands the impact of trauma in a similar way and shares certain values and goals,
and that all the services and supports that are offered are designed to prevent re-
traumatization and to promote healing and recovery.”

Domestic violence practitioners are trained in a trauma-informed model of intervention, but
many of their collaborators are not. Community providers, and legal and judicial staff may
misinterpret behaviors of victims in offices and courtrooms, seeing them as non-compliant with
planned interventions, or not invested in their legal outcomes. In eastern Connecticut over the
last five years, the Southeastern Mental Health Authority has provided training to
prosecutors, family relations and other court staff, and to court marshals about the trauma
experienced by veterans and how that interplays with their arrests (many of which are for
domestic violence). This training has “changed the lens” for participants. They suggest that
the model could be a “game-changer” for training on trauma in other populations.

The philosophical underpinnings of domestic violence advocacy, and substance use and mental
health clinical practice are different – especially in their emphases on where, and how, healthy
change occurs. This can lead mental health and substance use clinicians to under-refer clients
who may be in need of domestic violence advocacy.

The lack of sufficient mental health services, and training for non-clinical practitioners across
the state, was also discussed:

- There is a dearth of affordable mental health care throughout the state, especially for
  clients with dual diagnoses or intractable trauma.

- The lack of childcare co-located with clinical behavioral health services is a barrier for
  victims who are mothers with mental health needs. Transportation is equally
  important in more rural settings, like northwestern Connecticut. Few, if any clinicians,
  speak Spanish, and fewer speak other languages.

- Community colleges in the state lack mental health counselors to meet the needs of
  victims. Newly created collaborations for addressing domestic violence and sexual
  assault in the student population may help to move along the work. Community
  colleges, currently, refer all victims, but it is unknown how many of those they refer
  actually connect with services; the new model will allow them to close the loop on
  meeting student needs. It was suggested by one stakeholder that domestic violence
  services consider an on-campus presence to provide referral to shelter and other
  services (including mental health) for victims.

- Attorneys need more training on working with clients with mental health issues. Many
  are not trained to assess the mental health of clients, and wonder if they are helping
  or exacerbating clients’ mental health issues – a situation which leaves one attorney
  feeling “ill at ease.”

25Available online: http://www.vawnet.org/news/2013/04/trauma-informed/
Shelter and housing
Community collaborators comments about domestic violence shelters being at full capacity mirror those of executive directors and senior staff. One attorney indicated that in his work, “It is not unusual for legal services to have clients in extreme danger of not being able to get into shelter.” Some also believe that perceptions about the fitness of a mother, or appropriateness of the children’s living situation, that may affect legal civil proceedings facing a mom living in shelter with her children. “The abuser will often use the fact of a mom living in shelter with the kids. This can sometimes affect how judges look at a case by conjuring up an image.”

As previously mentioned, efforts are underway to create a collaborative system that better meets sheltering needs. The Coordinated Access Network (CAN) is making it easier for placing people into appropriate shelter by creating one point of referral, facilitating relationships among programs that offer shelter, and more effectively addressing immediate housing issues. Chrysalis Center has been part of the planning for the CAN; Fairfield County is now creating a CAN as a part of Opening Doors of Fairfield County. According to a stakeholder connected to homelessness policy, however, even new and improved models have issues. Current guidelines related to placement in shelter and on housing lists do not account for the additional morbidity for domestic violence victims. He offered, “DV victims, especially single women, are lower on the list because of that, and are often left behind.” If an access network used a ‘vulnerability index’, he posits, “We could prioritize services to our neediest and most vulnerable clients.”

The need for affordable housing is significant in a state with the eighth highest housing costs in the country. Housing for women with children is difficult; the affordable housing stock is low. A report by the National Low Income Housing Coalition (2013)cited in the New Haven Register (December 2013) states, “For households earning just under the median income, the state is short more than 82,000 affordable-housing units. For those whose household incomes are only 30 percent of the state’s median income, there is a shortage of more than 90,000 affordable-housing units.”

---

26 The federal Opening Doors initiative funded by Housing and Urban Development is focused on increasing collaboration to prevent and end homelessness; access to permanent supportive and affordable housing, expanding opportunities for employment and linking health care and other services with homeless assistance programs and housing. It aims to transform “the homeless response system, by transforming homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.” More information is available at: http://usich.gov/opening_doors/.


Legal and law enforcement issues
Some advocates and attorneys suggest that there is often inconsistency, by jurisdiction, in the level of sensitivity exhibited by police departments and family relations staff to the issues that face domestic violence victims. Even judges, some suggest, are inconsistent. “They can be a little old-school in their understanding of domestic violence and how it affects the ability of a victim to speak in court.” However, some believe that attrition may be clearing the bench of those with old attitudes, and that judges trained more recently may bring different understandings of domestic violence and its effects. Disparate treatment of victims (and offenders) of color, and victims (and offenders) of lower socioeconomic status, may be more difficult issues to resolve.

The need is growing for family law attorneys available to victims with few resources. Each of the six Connecticut Legal Services (CLS) offices has at least one family law attorney. Four years ago, Connecticut Legal Services added a second family law attorney in the Waterbury/Danbury/Torrington area.

Participants suggest that the domestic violence docket has been effective, but that its effectiveness, too, has varied by jurisdiction. Attorneys suggest that there are approximately 250 domestic violence arrests each month in Waterbury; they believe the domestic violence docket works well in western Connecticut. It allows them to use a team approach, keep close contact with victims, and work intently with more serious cases, many of which involve recidivists. The judges and prosecutors, they suggest, understand the dynamics of domestic violence and have the latitude to make good decisions.

In Fairfield County, however, stakeholders suggest that the domestic violence docket is slow. “Some cases take forever and then DV victims will sometimes backpedal or lose their nerve to go ahead.” Others suggested that judges, marshals and prosecutors all need training, stating, “No one is really trained in trauma and so they are often insensitive at best,” and at worst, as was further suggested, mirror the bullying behaviors of offenders. In south central Connecticut, the Family Relations staff has participated, and continues to participate in, ongoing training, of which approximately 30-35% has a domestic violence emphasis.

Stakeholders in south central Connecticut indicate an urgent need for attorneys that are experienced in immigration and civil law. The International Institute is the only nonprofit provider of immigration services in the state and is recognized by the U. S. Board of Immigration Appeals. Through its offices in Stamford, Bridgeport, and Hartford, the International Institute provides legal assistance and representation for low-income residents with immigration issues. The organization serves over 7000 individuals a year, but the need across the state, suggests community collaborators and the data, may be much greater.

There is a lack of good services for offenders. Offenders often get referred to anger management courses by judges who do not understand the dynamics of domestic violence and the need for appropriate interventions that address power and control. There are some models that are evidence-based or evidence-informed, such as the Family Violence Education Program (a 9-
week program that meets for 90 minutes each week), EXPLORE and EVOLVE programs, but prohibitive enrollment costs, transportation or work schedules make it difficult for abusers who are unemployed, or are among the working poor, to attend.

Presumptive joint custody, suggested a number of attorneys across the state, is still in issue – “the pressure for joint custody is still there, but joint custody is often in NO one’s best interests.” Attorneys who represent victims, or are involved as guardians ad litem in custody cases, suggest that presumptive joint custody forces a victim to have a relationship with the abuser, and leaves women and their families especially vulnerable (and perhaps, at greater risk).

How CCADV can better serve the state

The last question posed to participants at each community collaborator focus group was this: How can CCADV better serve its members and the state? The clear message was that collaborators counted on CCADV to be their voice as a statewide advocate against domestic violence and convener of domestic violence agencies, and to develop and promote good policies and practices; there was unanimous agreement that CCADV has an important role in the state. The following suggestions were made at different tables around Connecticut.

- **Use the megaphone.** Stakeholders suggest that CCADV “needs to grab the big opportunities. As the only statewide domestic violence organization in Connecticut, they can push for awareness in the media at the state level, which can contribute to an increase local outreach through a cohesive message and with new vehicles.”

- **Reframe domestic violence for the public and provide more community education.** “There is a perception of what DV is. Some women don’t label it as DV until it gets really bad. It might be more effective for CCADV to get out in front and frame it differently – as the development of healthy relationships for you and your family.” Provide training to the community at large that explains domestic violence as a continuum so that behaviors that are emotionally and financially abusive will also be seen as domestic violence.

- **Coordinate mental health first aid training for domestic violence program staff and collaborators.** Complex victim needs, and trauma-informed practice, are at the root of the call for better mental health services for victims, and better training and compassion fatigue services for practitioners. Stakeholders see the lack of mental health service providers who accept public insurance, and who are language and culturally proficient, as increasingly important. Additionally, stakeholders, like domestic violence directors and staff, see the need for helping staff maintain their capacity to do good work.

---

29 According to the Consultation Center website ([http://www.theconsultationcenter.org/index.php?family-violence-education.html](http://www.theconsultationcenter.org/index.php?family-violence-education.html)), the Family Violence Education Program is, “a psychoeducational program designed to help participants prevent recurrence of violence in their lives by learning new ways of coping with anger, stress, and frustration. The program consists of 90-minute classes held one evening per week for nine weeks at The Consultation Center. Two experienced professionals lead the classes for men or for women. Class size is approximately 20 people. Attendance at the first session is mandatory. Participation in the Family Violence Education Program is an alternative option to formal prosecution.”
• **Work at the overlap of domestic violence and employment services.** Stakeholders suggest that there may be an opportunity for CCADV to collaborate with the workforce development system, either by training staff at the Workforce Investment Boards who provide services, or advocating for transportation and childcare for women in training. There are some great community-based training and education programs, and also some vouchers for women to participate in certificate programs and others related to furthering their employment goals, but transportation and childcare are often an issue for victims.

• **Address the issue of dual arrests.** Community collaborators have experienced the negative outcomes of dual arrests experienced by women, especially immigrant women. Collaborators suggest that this is an issue of training and policy, and best addressed at the state level.

• **Increase collaborative efforts at the state agency-level.** There are facets of victim’s experiences with state agencies that are seen by collaborators as problematic (one example, the Department of Mental Health and Substance Abuse Services); CCADV, they suggest, could work at the administrative-level to resolve barriers for victims.

• **Continue to highlight the needs of the LGBTQ population.** Many victims do not report to the police for fear of additional victimization, a fear that is not unfounded. Transgender people are especially vulnerable to violence, especially sexual assault.

• **Hold community roundtables (like the focus group) to promote networking and leveraging of resources.** Convene regional community collaborators on a regular basis to disseminate information about new initiatives and create synergy among programs.
DISCUSSION

CCADV’s vision is to be a “key agent of change for member agencies and systems that serve victims of domestic violence.” That vision has served as a catalyst for navigating changes in services and systems to better meet the needs of programs, victims and communities across the state.

To provide some context, the state of Connecticut is experiencing changes demographically and economically. The percentages of Asians and Latinos are increasing, as are the number of residents who are foreign born. The recession of 2008 affected many of the state’s residents (especially communities of color) and the poverty rate in the state doubled between 2008 and 2013. Social service agencies experienced budget cuts, some profound, during these difficult economic times.

In this context, Connecticut’s 18 domestic violence programs, under the umbrella of CCADV, served growing numbers of state residents with important primary prevention, advocacy, counseling and support, hotline and shelter services. According to the 2013 Domestic Violence Counts Connecticut Summary, 14 of the 18 programs across the state (on one day - September 17, 2013) served more than 855 victims, answered almost 200 hotline calls, and educated over 200 individuals on prevention and early intervention. Yet, many requests were unmet – 103, as suggested in the report cited.30 Nearly all of those unmet requests (95%) were for housing. Nationally, unmet housing needs as a percentage of all requests were 60%.31

The findings of this study, like the Domestic Violence Counts report, suggest an organization that is pushing forward on important new initiatives, but which is also buffeted by significant internal and external challenges. Data suggests that shelter clients are presenting with more complex needs, as the growing number of immigrant women, as well as women with mental health and substance use needs, are coming into shelters which are consistently at or over capacity. While there are fewer new clients, clients are staying longer because of the complexities of their situations.

Other services, such as court advocacy, primary prevention, hotline and counseling and advocacy are also strained by funding challenges, as the needs experienced within the shelter population are also experienced by those seeking community services. As one Executive Director suggested, “Clients have broader needs. The old image of a woman who is a client no longer holds true. Now the issues are multidimensional and complex. DV as an issue now includes the education system, housing, economic opportunities.”

Domestic violence senior leaders are very experienced. This suggests that succession plans are important tools to ensure continuity. Their staff is younger and more mobile, and nonprofit wages are lower than that available at state agencies or in the private sector, making attrition a concern as well. Resources are more constrained, but some agencies are finding new ways to

31Ibid.
partner with community collaborators to make changes in services and policies that affect clients.

The information contained in the findings – both quantitative, such as the service utilization data, and qualitative, the analysis of the many hours of interviews and focus groups – provides some guideposts for continuous improvement to make sure CCADV remains the leading authority on issues of domestic violence by meeting the needs of its members, and thereby, the state.