

GOVERNOR'S DOMESTIC VIOLENCE TASK FORCE

**SERVICES TO VICTIMS AND OFFENDERS
DIVISION. PHASE 1 REPORT.**

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GOVERNOR'S DOMESTIC VIOLENCE TASK FORCE

SERVICES TO VICTIMS AND OFFENDERS DIVISION. PHASE 1 REPORT.

SECTION I: OPERATIONS AND LOGISTICS

Division Membership

Division Chair:

Katie Morgan, DSS
Director, Child Support Services Division

Governor's Liaison:

Haley Mottel
Legislative Liaison

Division Staff:

Kimberly Feeney, DSS
Dir., Domestic Violence Programs

Stephen Yarborough, DSS
Dir., Family Connections
and Support

FROM THE PUBLIC

"Domestic Violence affects entire families, communities, neighbors, and co-workers and there is a need for schools, law enforcement, public agencies, and the community-at-large to work together."

~ Public Hearing

Testimony

DIVISION ORGANIZATIONS AND PARTICIPANTS

CASA Family Systems

Frank Loadholt, Alternative Methods Program

Compass of Carolina

Neil Sondov

Dept. of Alcohol and Other Drug Abuse Services

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SCCADVASA

Sara Barber, Executive Director

SC Hospital Association

Jimmy Walker

SC Legal Services

Leslie Fisk, Lead Attorney on

Domestic Violence

United Way of South Carolina

Richard LaPratt

Division Meetings

The Division held four public meetings during Phase 1 of the Task Force operation. All meetings were held at the State Data Center located at 4430 Broad River Road in Columbia, SC. Meetings were scheduled from 10:00 am – noon on the following dates.

Date	Objective
February 20, 2015	Organizational meeting Establish Division objectives Discuss Public Hearing Strategy
March 13, 2015	Review data collection model Receive instruction on data collection approach Begin reviewing best practices from other states Receive report on Public Hearing times and outreach approach
April 3, 2015	Receive report on progress of data collection activities. Determine roadblocks or assistance needed. Receive instruction on data analysis. Receive report on outcomes of Public Hearings
April 24, 2015	Complete data collection and data analysis Complete summary of input from Public Hearings Begin compiling information into report

Division Meetings - Public Notices and Meeting Minutes are included in Appendix A.

SECTION II: OVERVIEW OF THE DATA COLLECTION PROCESS

Goals and Objectives

Members of the Division of Victim and Offender Services began establishing Division Objectives at the first meeting on February 20, 2015. An initial set of goals focused on the characteristics and elements of a successful program and the continuum of services needed for primary victims and offenders and their families was drafted. Revisions to the objectives were made by members of the Division at the meetings on March 13, 2015 and April 3, 2015 in order to focus on activities of Phase I. The following Phase I goals were established by the Division:

Phase 1 Objectives for Victim/Offender Services Division

1. Identify demographics
 - a. Determine characteristics of victims (primary and secondary)
 - b. Determine characteristics of offenders
2. Determine what services are currently being offered at the local level
 - a. Identify what services are available to victims (primary and secondary)
 - b. Identify what services are available to offenders
3. Determine how many individuals receive services
4. Identify gaps in services at the county level or lower
 - a. Determine the number of individuals being denied services
 - b. Determine why individuals are being denied services
5. Define and identify underserved populations
6. Identify successes and gaps in coordination of services
7. Identify inconsistencies or gaps in civil law and processes for victims

Data Collection Methodology

Division Members adopted a three-pronged approach to data collection and analysis during Phase I:

1. Review of existing literature and public data;
2. Direct surveys; and,
3. Public Comment and Input.

1. REVIEW OF EXISTING LITERATURE AND PUBLIC DATA

The Division had access to a large amount of existing data. Primary resources are described below.

DSS Domestic Violence Annual State Report. This report contains data from 13 funded domestic violence shelter organizations in South Carolina. Shelter organizations are funded by region to ensure services are available in every county. Each shelter organization submits a monthly statistics report to DSS Domestic Violence Programs on numbers of individuals served, demographic information, number of service contacts, and answers to narrative questions. The monthly reports ask questions required by the federal funding source: Family Violence Prevention and Services Act (FVPSA) in combination with questions from DSS DV Programs. DSS DV Programs then compiles the data from the 13 programs into an annual report. Statistics are collected on a Federal Fiscal Year (October 1-September 30).

Preliminary results from the first SC LGBT Needs Assessment. In 2013, the Harriet Hancock Center (an LGBT Center in Columbia) conducted the first ever LGBT Needs Assessment in South Carolina. The Needs Assessment was available for participants to take online or by paper. The survey was advertised at SC [LGBT] Pride Events and through the Harriet Hancock website. The Center's LGBT Intimate Partner Violence (IPV) Task Force was involved in creating questions related to interpersonal violence for the survey. Preliminary results for the IPV questions on the Needs Assessment were reviewed by the members of the Division.

CDC NISVS LGBT Data. According to the CDC website, "The National Intimate Partner and Sexual Violence Survey (NISVS) is designed to better describe and understand the level of IPV, SV, and stalking victimization in the United States. Using 2010 data from NISVS, this report is the first to provide national data that examines IPV, SV and stalking by gender and sexual orientation."

National Network to End Domestic Violence (NNEDV) Survey. According to their website, "NNEDV's Domestic Violence Counts: National Census of Domestic Violence Services (Census) is an annual noninvasive, unduplicated count of adults and children who seek services from U.S. domestic violence shelter programs during a single 24-hour survey period. Conducted annually by NNEDV since 2006, this Census takes into account the dangerous nature of domestic violence by using a survey designed to protect the confidentiality and safety of victims. NNEDV provides a Full National Report, a National Executive Summary, and a State by State Summary of the survey. The most recent data available for SC is for 2013 as the survey is conducted every September.

National Domestic Violence Hotline SC Caller Data. Operating since 1996, the National Domestic Violence Hotline (NDVH) is available 24 hours a day/7 days a week and is free and confidential. The Hotline is part of the largest nationwide network of programs and expert resources and regularly shares insight about domestic violence with government officials, law enforcement agencies, media and the general public. The National Domestic Violence Hotline is a non-profit organization established in 1996 as a component of the Violence Against Women Act (VAWA). Each year, NDVH provides a state by state breakdown of caller data to State Coalitions. Division members reached out to NDVH and requested the 2014 information for SC. Information was compiled by NDVH and reviewed by Division Members.

2. DIRECT SURVEYS

Despite the large amount of existing data on services to victims and offenders available through programs funded by or regulated by the Department of Social Services, the Division recognized that services may be provided within local communities that fall outside of the purview of these programs. In an effort to capture information on these services, the Division initiated surveys in four areas:

- Victim Services Provider Survey
- Victim Legal Services Survey
- Victim Drug and Alcohol Services Survey
- Offender Services Survey

Victim Services Provider Survey Methodology

The Division created a comprehensive survey related to domestic violence service provision (See Appendix B for full survey). A free online survey tool, Esurv, was utilized to create and distribute the survey to the funded domestic violence programs, un-funded programs that Division members were aware of, state agencies, Division members and the agencies/organizations they represent, military bases in SC, The Catawba Indian Reservation, service providers listed in the “211” database, SC municipalities, and Victim Service Providers (VSP’s) certified through the SC Governor’s Office of Executive Policy and Programs (OEPP). In addition to a service provider completing the survey, participants were also asked to forward the survey email and survey link to any other service providers in their local area, including homeless shelters.

The survey included questions related to basic organizational information, domestic violence policy, domestic violence training, accessibility of services for traditionally underserved populations, as well as three main service types: Emergency Shelter, Transitional Housing, and Community Based Services. The survey was further divided into four regional areas: The Upstate, The Midlands, The Pee Dee, and The Low Country. Each service type included questions related to what counties services are provided in, who the services are offered to, basic service requirements (ex. Length of stay for emergency shelter), and what additional services, if any, the participant offered.

The survey included skip logic, allowing participants to only be asked questions related to their service type and service area. The survey also contained a “Save and Exit” feature; allowing the participant to save partially completed data and finish the survey at a later time. The number of questions a participant is asked depends on how many services they offer:

Type of Service	Total Number of Questions Asked
Emergency Shelter	27-38
Transitional Housing	26-28
Community Based Services	24-39
Emergency Shelter & Transitional Housing	51-76
Emergency Shelter & Community Based Services	51-77
Transitional Housing & Community Based Services	50-77
Emergency Shelter; Transitional Housing; & Community Based Services	77-115

Legal Services Provider Survey Methodology

A legal services provider survey has been developed and will be distributed to all licensed attorneys in South Carolina and analyzed during Phase II of the Task Force operation.

Alcohol and Other Drug Abuse Services Survey Methodology

A survey of alcohol and drug abuse services was developed and distributed to the 33 service providers in the Department of Alcohol and Other Drug Abuse Services (DAODAS) network. Due to time limitations, this survey will be analyzed during Phase II of the Task Force operation.

Methodology: Batterer Intervention Services

The division created a comprehensive survey related to domestic violence Batterer Intervention service provision (See Appendix C for full survey). Utilizing the same online survey tool (Esurv) as the Victim Services Survey, the Division created and distributed the survey to DSS approved Batterer Intervention Programs (BIP) and Anger Management Programs found through a 211 data base search. Anger Management programs were included as there have been cases where courts have referred batterers to those programs instead of DSS approved BIPs; especially in cases where a domestic violence charge may have been reduced to a lesser charge. In addition to a service provider completing the survey, participants were also asked to forward the survey email and survey link to any other SC military, BIP, or Anger Management program in their area.

The survey included questions related to basic organizational information, service provision information (ex. Structure of groups, number of groups, referrals, what additional services, if any, the participant offers, etc.) domestic violence policy, domestic violence training, and accessibility of services for traditionally underserved populations. The survey was divided into four regional areas: The Upstate, The Midlands, The Pee Dee, and The Low Country.

The survey is a maximum of 68 questions; however the number of questions an individual participant is asked depends on how a participant answers previous questions. The survey included skip logic, allowing participants to only be asked questions related to their service area and/or types of services offered. The survey also contained a “Save and Exit” feature; allowing the participant to save partially completed data and finish the survey at a later time.

3. PUBLIC HEARINGS AND PUBLIC COMMENT

Public Hearings

Four public hearings were held during Phase I of the Task Force operation. The date, time, location and number of speakers are listed below. An additional public hearing is being scheduled for the Florence area. Public notices, speakers and notes from these meetings are included in Appendix D

Public Hearings Services to Victims and Offenders Division

DATE	TIME	LOCATION	NUMBER OF SPEAKERS
3/23/2015	10:00 am – 12:00 pm	LRADAC Education Center, Columbia, SC	46 Attendees/6 Speakers
3/27/2015	10:00 am – 12:00 pm	Phoenix Center, Greenville, SC	38 Attendees/10 Speakers
4/7/2015	6:00 pm – 8:00 pm	Cornerstone Community Church, Orangeburg, SC	32 Attendees/10 Speakers
4/27/2015	12:00 pm – 2:00 pm	Technical College of the Low Country, Beaufort, SC	32 Attendees/6 Speakers

DATA COMPLETENESS

*"You can't capture
data about the
underserved by
surveying those that
have been served." ~*

Task Force Member

*"Fear and
embarrassment keep
victims from speaking
out."*

~Survivor

In addition to public hearings, the Division made available a public email address, DVServices.PublicComment@dss.sc.gov, to accept written public comment. Seven comments were received at this address.

Credibility of Findings and Problems with Incomplete Data

The Division reviewed data from a wide variety of sources. Each data source utilized different data capture methodologies, definitions, and collection time frames. Domestic violence is a complex issue on its own, and when additional variables are added (i.e. examining services to traditionally underserved populations, understanding the relationship of substance abuse issues or child welfare issues to domestic violence) understanding the problem of domestic violence becomes more complicated.

The DSS Domestic Violence State Report provided a wealth of information related to domestic violence emergency shelter and community based services. However, this report only provided information on DSS funded agencies. The data is pulled from self-report monthly statistics reports that do not account for duplication across agencies (i.e. Victim/Survivor "A" may have received services from more than one agency, but both agencies would have counted Victim/Survivor "A" as an individual). Domestic Violence agency statistics are based on the agency's service area, and the report provides state-wide information. However, the DSS Domestic Violence State Report does not include a county by county breakdown of information.

The SC Statewide LGBT Needs Assessment data is only available in preliminary form at this time. Numbers of participants who answered questions related to intimate partner violence fluctuated from question to question. However, this is the first and only statewide survey of persons identifying as LGBT in South Carolina. Just as the CDC NISVS Report on Sexual Orientation is the only data source for domestic violence and sexual assault victimization rates of the LGBT community on a national level; without the LGBT Needs Assessment, we would not have any state specific information on domestic violence in the SC LGBT Community.

The Victim Services and Batterer Intervention Surveys used by the Task Force were not based on strict research protocol. First, survey data is self-reported and not all targeted service providers responded to the survey. The Victim Services survey is still open and only preliminary data through April 30, 2015 was pulled for this report. Less than half of the DSS approved Batterer Intervention Service Providers responded to the Batterer Intervention Services Second, service definitions were not included in the survey as inclusion would have made already lengthy

surveys more cumbersome to participants. Without definitions in surveys, interpretation of service provision was left up to each participant and may have varied from person to person.

Many of the data sources reviewed by Division members collected information only from survivors that sought services and/or self-reporting methods from survivors who felt safe/comfortable enough to come forward at public hearings or provide answers through a survey. When collecting any data on domestic violence, it is important to remember that a survivor's ability to access online services to participate in surveys or email comments, their ability to access transportation to public hearings, and/or their ability to access services depends on personal resources that may be controlled by a batterer. The Division acknowledges that potential underreporting is occurring, especially from traditionally underserved populations that face a variety of societal barriers in addition to the constraints found in domestic violence relationships.

The Division intends to continue its data gathering and refinement during Phase II of Task Force operations.

Lessons Learned and Challenges Ahead

The Division intends to continue its data gathering and refinement during Phase II of Task Force operations. However, the Division has encountered data collection issues that will pose challenges for the future.

1. The occurrence of domestic violence plays a role in the services provided by a variety of agencies including DMH, DSS, DAODAS, DPPPS, DPS, etc.; however, each agency captures data about domestic violence in a variety of ways with varying degrees of consistency. This lack of focus and consistency in data capture makes it difficult to study trends across agencies. An effort to standardize data collection across agencies on this specific topic may be cost prohibitive.
2. Capturing data on those who have been served is much easier than capturing information on those who haven't been served. This is particularly true of domestic violence victims because of the private nature of the issue.
3. Victims of domestic violence come from all socio-economic and educational backgrounds.
4. As there is no single root cause for domestic violence, developing a single program for services will be difficult if not impossible.
5. The Division will continue to gather data and dive deeper into the data to identify successful programs and seek to understand the many factors that contribute to their success. These factors will be explored for replicability across the state.

SECTION III: DATA ANALYSIS AND CONCLUSIONS

As noted in the previous section, the Division on Services to Victims and Offenders adopted a three-pronged approach to data collection and analysis during Phase I:

1. Review of existing literature and public data;
2. Direct surveys; and,
3. Public Comment and Input.

The data analysis is organized in this same manner.

Services to Victims and Their Families

Review of Existing Literature and Public Data: Understanding the Situation for Victims

The picture of domestic violence in South Carolina will vary depending on which data source is used as the lens. During the past two decades, the criminal justice system response to domestic violence has become the dominant response to the issue, and incident-based statistics from these agencies are often used as the basis of information about the scope of the problem. Data from self-report surveys or from agencies providing assistance to victims/survivors provides a more panoramic view of the issue, identifying the reach of the problem throughout SC communities.

It was important to the Division to understand the dynamics of domestic violence before undertaking a study of the services needed by victims and offenders. Listed below is a summary of existing data sources that, combined, help bring scope and focus to the issue

SLED Crimebook 2012

Aggravated Assaults Involving Intimate Partner	4,703
Simple Assaults Involving Intimate Partner	23,937
Intimidation Offenses Involving Intimate Partner	3,761

Domestic Violence Homicides as documented in the Attorney General's Silent Witness Program.

These numbers only include homicides where the victim/offender relationship falls under the current legislative definition of "household member". It does not include dating couples who never lived together or same-sex relationships.

Year	# of homicides
2013	46
2012	48
2011	52
2010	44

2009	33
------	----

It should be noted that femicide is the leading cause of death in the United States among young African American women (15-45) and the seventh leading cause of death among women in general. American women are killed by intimate partners more often than by any other type of perpetrator. The majority of intimate partner homicides involve physical abuse of the female by the male before the murder no matter which partner is killed.¹ Data drawn from FBI Supplementary Homicide Reports for the past 17 years show that murders of women by men in South Carolina in single victim/single offender incidents are twice the national average.²

Centers for Disease Control (CDV) - National Intimate Partner and Sexual Violence Survey.

This report was launched in 2010 by the CDC's National Center for Injury Prevention and Control to identify the prevalence of sexual violence, stalking and intimate partner (domestic) violence and, its impact, consequences and the intertwining of these crimes. The report is based on an ongoing, nationally representative random digit dial telephone survey. Data from 2010 represents results from over 16,000 completed interviews with English and Spanish-speaking adults over 18 years of age. The table below reports national and South Carolina statistics for both women and men.

	US Women	SC Women	US Men	SC Men
Lifetime prevalence of rape, physical violence and/or stalking by an intimate partner	35.6%	41.5%	28.5%	17.4%

Nationally, 24.3% of women and 13.8% of men report having experienced severe physical violence (e.g., hit with a fist or something hard, beaten, slammed against something) during their lifetime. Nearly

Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner			
Women		Men	
Lesbian	44%	Gay	26%
Bisexual	61%	Bisexual	37%
Heterosexual	35%	Heterosexual	29%

half of all women and men have experienced psychological aggression from an intimate partner during their lifetime; these behaviors include being humiliated, having to account for their whereabouts, and feeling threatened by their partner

Research on intimate partner violence (IPV) within the LGBTQ community indicates that its prevalence is at least as high as it is among heterosexual couples.

¹ Campbell, Jacqueline; Webster, Daniel; Koziol-McClain, Jane; Block, Carolyn; Campbell, Doris et al. *Risk Factors for femicide in abusive relationships: Results from a multisite case control study*. Journal of Public Health. 2003, July: 93 (7): 1089-1097

² Violence Policy Center (www.vpc.org)
Governor's Task Force on Domestic Violence

Although the levels of violence are as severe and as detrimental in same sex couples, there are also unique challenges that victims/survivors face in seeking services or leaving the relationship.

- Beliefs that men cannot be victims of IPV, or that all violence between same sex couples is mutual
- Threats by the offender, or systems to “out” the victim to their family, community or employer
- Lack of trust in law enforcement
- Laws do not provide equal protection to victims of same sex IPV (see definition of household member in §16-25-20 and other CDV laws)
- Orders of Protection not available
- Accessibility issues with service providers

The *SLED Crimebook 2012* reports 50 aggravated assaults and 274 simple assaults involving same sex intimate partners (1.1% of total figures).

Preliminary Data Results from SC Lesbian, Gay, Bisexual, Transgender (LGBT) Needs Assessment

The CDC data is similar to the preliminary data results from the 1,192 online responses to the first LGBT needs assessment survey. The questions related to relationship violence revealed the following:

- 30% of respondents had been a victim of relationship violence.
- 25% of respondents had ended a relationship or left a partner due to relationship violence.
- 5% of respondents had sought services from a local domestic violence program.
- 30% of respondents who did not seek help from a domestic violence agency, answered that they were concerned about how the domestic violence agency may respond to abuse/violence in a LGBT relationship.

National Domestic Violence Hotline

In 2014, the National Domestic Violence Hotline documented **1,504 contacts** from South Carolina. The state ranks twenty-fourth in terms of Hotline contact volume. The Hotline provides Crisis Intervention.

In addition to providing referral information to victims/survivors who contact the hotline, information is also gathered about their situations for analysis. Listed below is nationwide data results.

- 96% reported emotional/verbal abuse
- 69% reported physical abuse
- 8% reported sexual abuse
- 4,000 victims disclosed incidents of child abuse
- 25,000 victims reported legal issues including protection orders, custody and visitation, and divorce
- 7,000 reported being the victim of stalking

Review of Existing Literature and Public Data: Services Provided to Victims

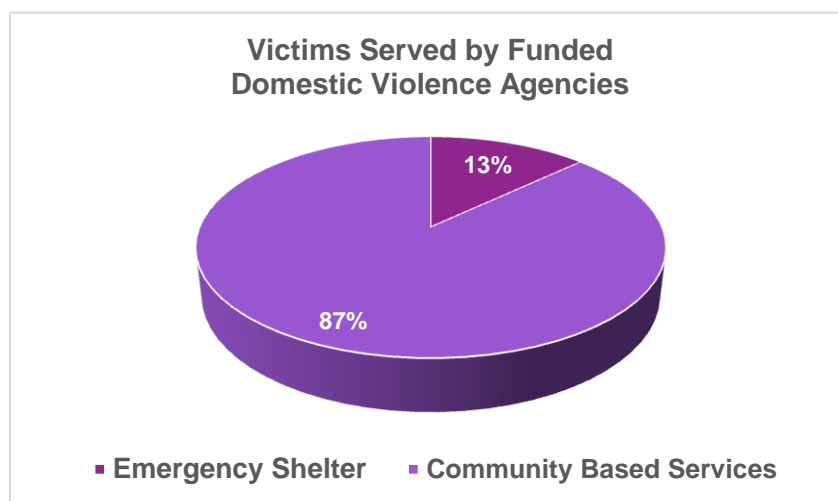
NNEDV Census

Each year, the National Network to End Domestic Violence (NNEDV) collects an unduplicated count of adults and children who seek domestic violence services during a single 24-hour period. The following

figures represent the information provided by the participating domestic violence service agencies in South Carolina for September 17, 2013. Eleven out of the thirteen DSS-funded full service domestic programs participated in the survey.

- A total of 475 victims were served in residential and community settings
- 295 victims (170 children and 125 adults) were provided housing either in emergency shelter or transitional housing
- 180 adults and children received non-residential services such as counseling, legal advocacy and children's support groups.
- 135 hotline calls were answered
- 131 individuals attended 12 prevention and education sessions
- **16 unmet requests for services (44% for shelter)**

DSS State Domestic Violence Report, 2013-2014.



This data is reported to SCDSS by the thirteen funded domestic violence agencies providing direct services to victims/survivors and their children. Although emergency shelter is the most publicly identified service provided by these agencies, only 13% of services provided were classified as emergency shelter, with the remaining 87% classified as non-residential or community-based. Other services provided include:

counseling, safety planning, legal advocacy, general advocacy, referrals, hotlines, hospital accompaniment and services for children. Due to lack of space, 440 requests for shelter were unable to be met. **Only 28% of clients reported law enforcement involvement.**

Each of the 13 Domestic Violence agencies receiving funds from DSS Domestic Violence Program provide emergency shelter at physical locations and community based services (non-residential). The DSS Domestic Violence State Report indicates that more adult and child victims are seen in Community Based Services than Emergency Shelter Services. (See Service Table)

Services Provided by 13 Funded Domestic Violence Programs in FFY14

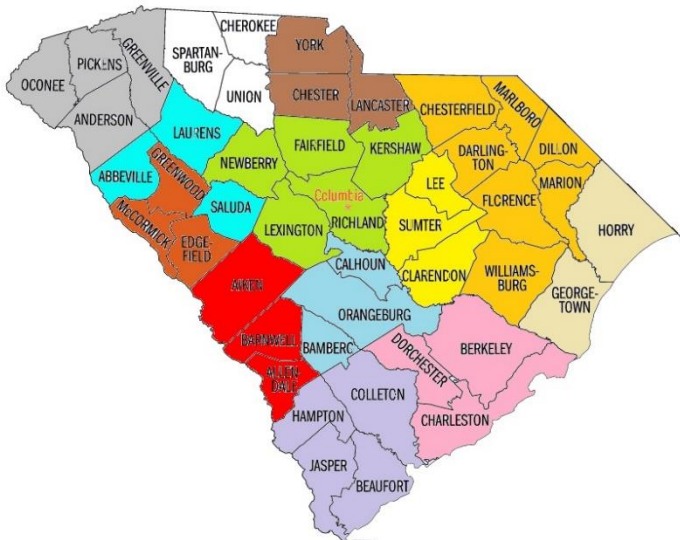
Shelter Services		Community Based (Non-Residential Services)	
Number Individual Adults in Emergency Shelter	1,537	Number Individual Adults in Community Based Services	12,029
Number Individual Children in Emergency Shelter	1,192	Number Individual Children in Community Based Services	3,757
Number Adults Returning to Emergency Shelter at least once	530	Number Adults Returning to Community Based Services at least once	6,404
Number Children Returning	547	Number Children Returning Community	2,310

Emergency Shelter at least once		Based Services at least once	
Total Emergency Shelter Victims Served	3,806	Total Emergency Shelter Victims Served	24,500
Total Victims Served in Emergency Shelter and Community Based Services			28,306

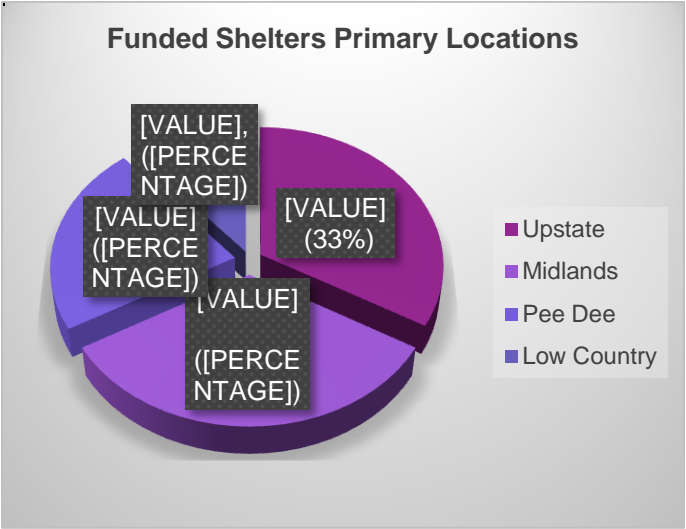
	FEDERAL FISCAL YEAR 2013 - 2014
Number emergency shelters funded	13 programs with 18 shelters
Number beds in emergency shelter	421
Denial Due to Lack of Space	440

Emergency Shelter Provided by Funded Programs:

Where Are Shelters Located?



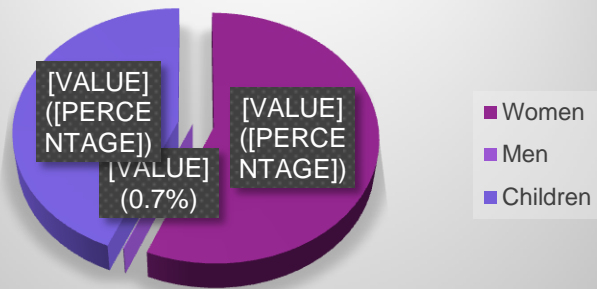
Region Table		
Funded Agency Region	Physical Shelters	Counties Served
Region I	1	Bamberg, Calhoun, Orangeburg
Region II	1	Georgetown and Horry
Region III	1	Beaufort, Colleton, Hampton, Jasper
Region IV	1	Aiken, Allendale, Barnwell
Region V	1	Laurens, Abbeville, Saluda
Region VI	1	Edgefield, Greenwood, McCormick
Region VII	1	Berkeley, Charleston, Dorchester
Region VIII	2	Chesterfield, Darlington, Dillon, Florence, Marion, Williamsburg
Region IX	3	Anderson, Greenville, Oconee, Pickens
Region X	1	Cherokee, Spartanburg, Union
Region XI	3	Fairfield, Kershaw, Lexington, Newberry, Richland
Region XII	1	Chester, Lancaster, and York
Region XIII	1	Clarendon, Lee, and



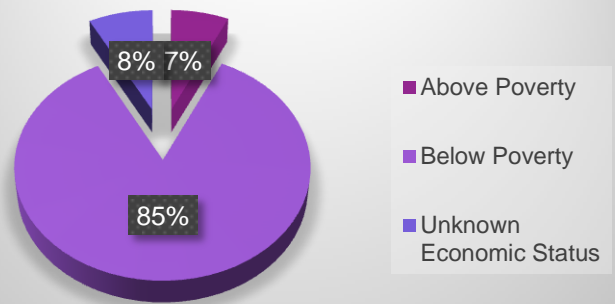
		Sumter
13 Regions	18 Shelters	

Who Are In Emergency Shelters?

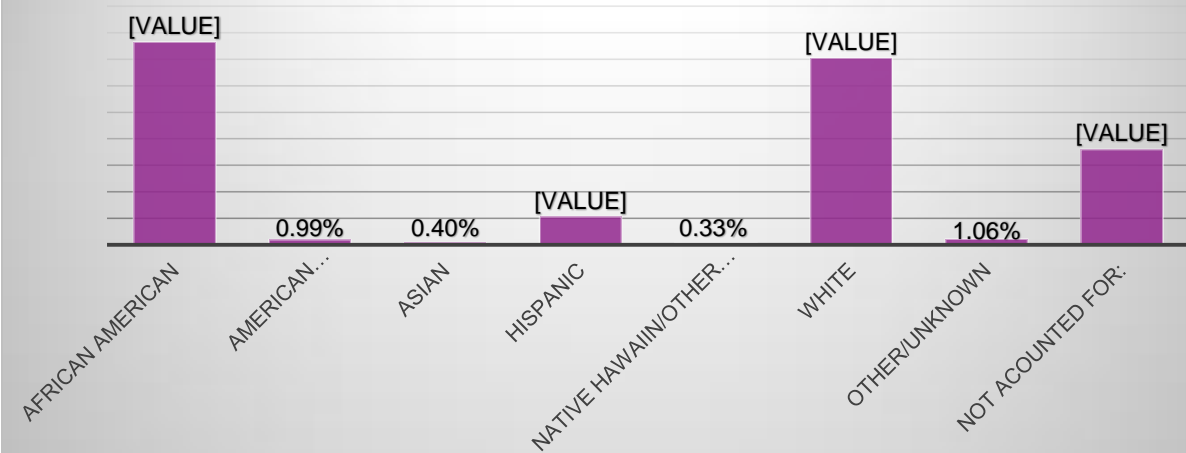
Individual Clients in Emergency Shelter



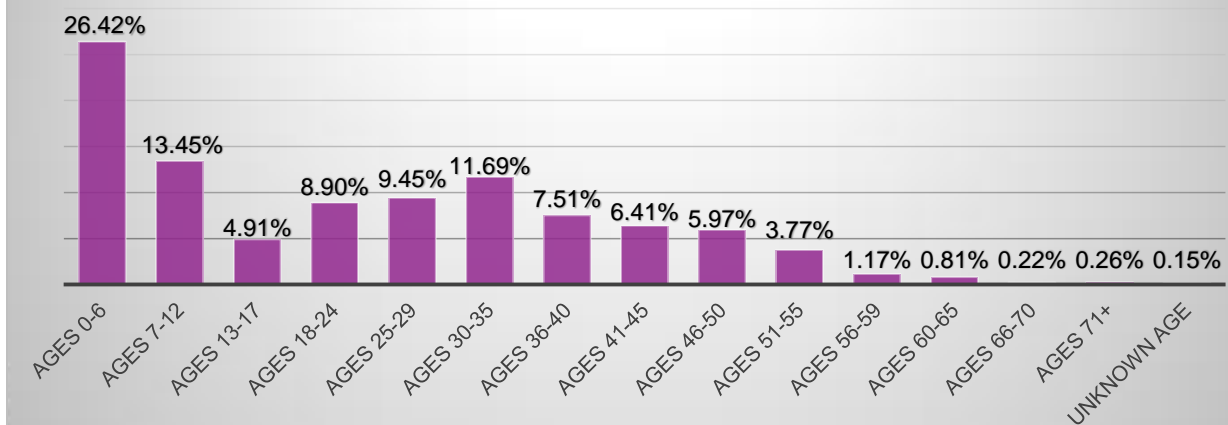
Emergency Shelter: Economic Status



Emergency Shelter: Race/Ethnicity

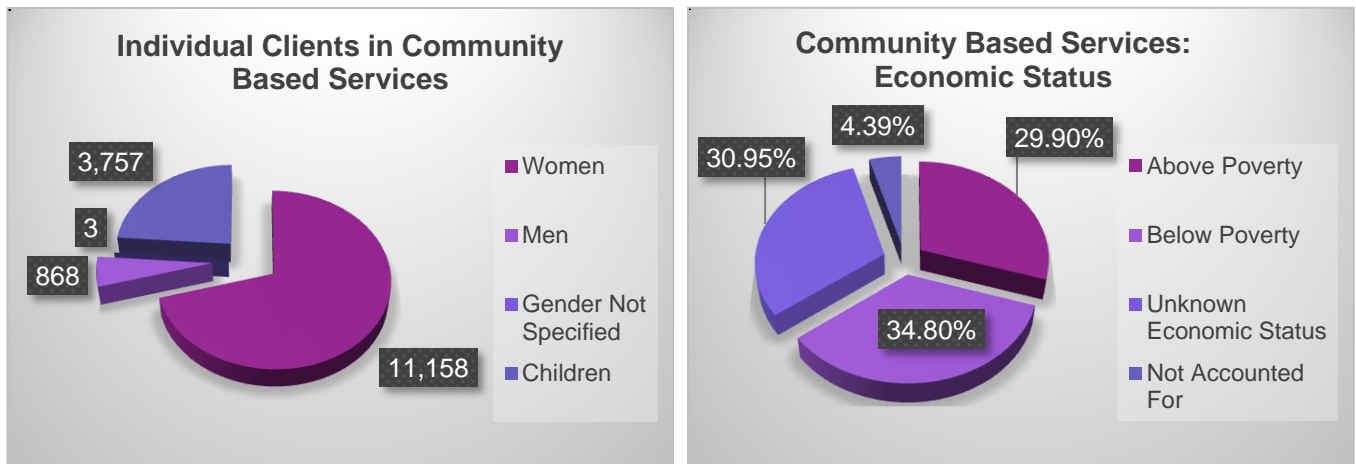


Emergency Shelter: Ages

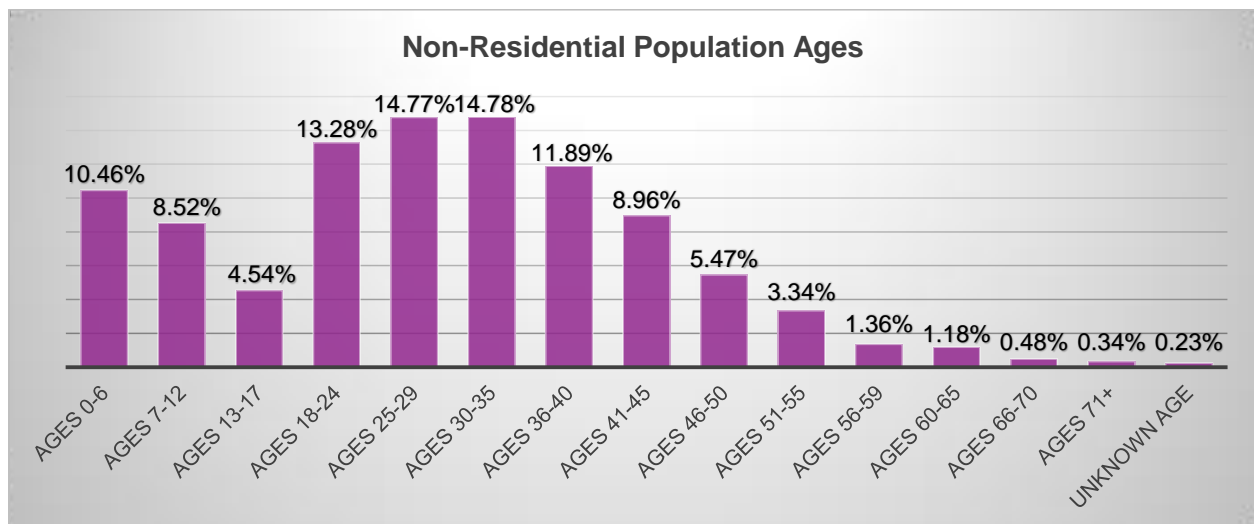


Non-Residential Community Based Services Provided by 13 Funded Programs FFY14

The majority of victims served in Community Based Services are women and children, but the number of men is higher than that in Emergency Shelter.



Adults Ages 25-35 are the largest population served in Community Based Services. The largest child population is Children ages 0-12.



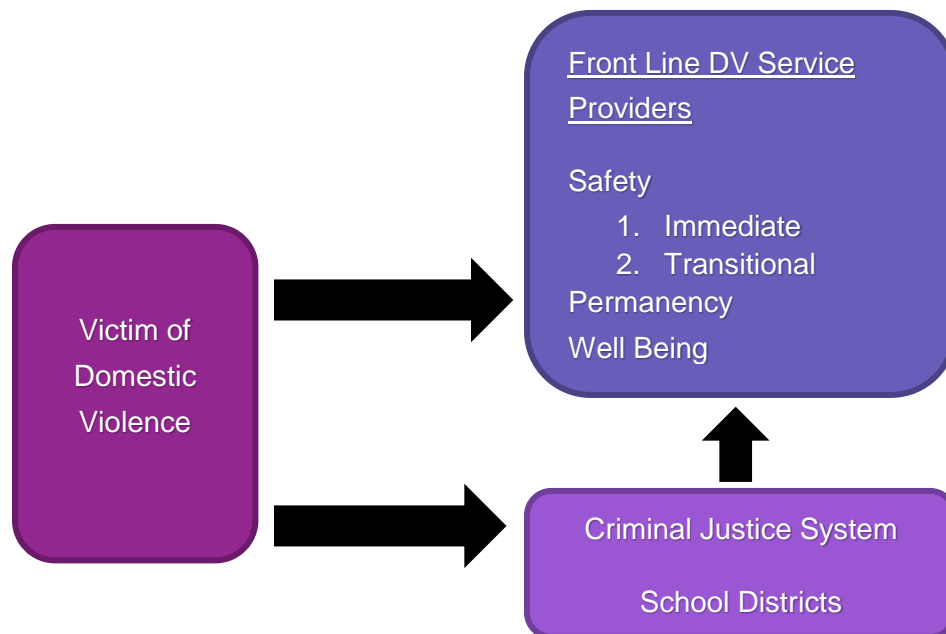
Services provided in community based programs include individual counseling consisting of crisis intervention, safety planning, peer counseling, educational services, legal advocacy, personal advocacy, housing advocacy, medical advocacy, information/referral, and transportation. Additional information on the services provided by the 13 funded domestic violence program and those they serve can be found in report located in Appendix E.

Services to Victims Survey

DATA CLEAN-UP PROCEDURES

There were 273 responses to the Victim Services Survey submitted prior to May 1, 2015. Seventy-two (72) responses were deleted from respondents who did not complete any survey questions beyond the demographic and/or organizational structure questions. Responses from those answering questions related to services were retained. The remaining 201 responses were forwarded to the Data Analysis Work Group for further review and analysis.

The Data Analysis Work Group met on May 1, 2015 to review the Victim Services Survey data. The group decided to concentrate on front line victim services providers, which are primarily domestic violence shelters. Since criminal justice entities and school districts refer their victims to these shelters, the analysis was solely conducted on front line victim services providers. The below flow chart illustrates this concept.



The Data Analysis Work Group removed the following categories of responses:

1. Criminal justice entities (60 surveys)
2. School districts (9 surveys)
3. Duplicate surveys (47 surveys) for the same service provider

Rules for duplicate survey removal:

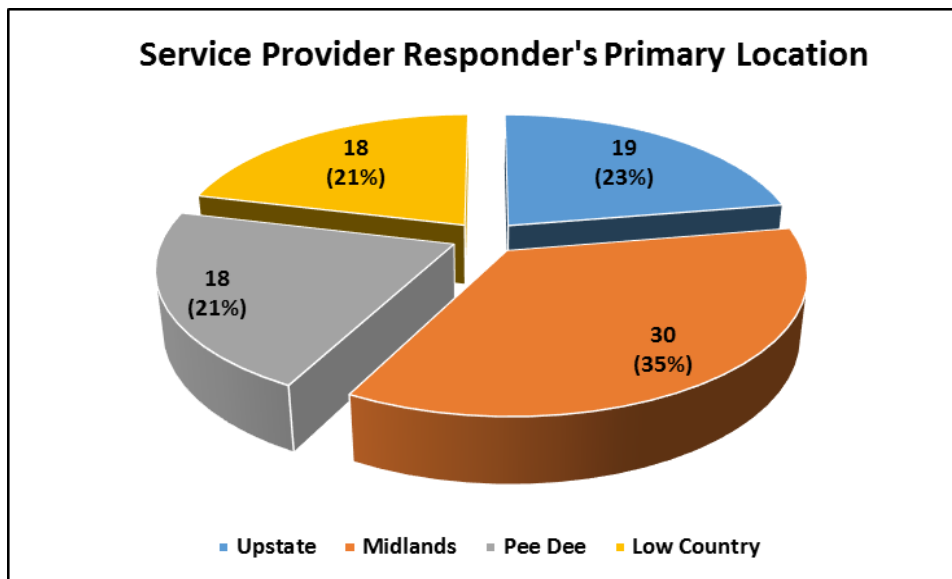
1. In instances where more than one survey for the same service provider was submitted, those that were incomplete were removed first (13).
2. In instances where more than one survey for the same individual for the same service provider was submitted, the oldest entry(ies) were removed (3).
3. In instances where more than one individual completed the survey for the same service provider, the director's response was kept and the others were removed (31).

This resulted in 85 responses/surveys for analysis.

VICTIM SERVICES SURVEY DATA ANALYSIS

Preliminary analysis for the 85 surveys began on May 5, 2015 using the Statistical Package for the Social Sciences (SPSS). Though the responder's primary location is in one region (see Chart 1), the program services offered may cover multiple regions. Members of Services to Victims and Offenders Division approached the data analysis by looking at three levels: *safety, permanency, and well-being*.

Chart 1. Service Provider Responder's Primary Location



Safety

The survey addresses issues related to the safety of the victim both immediate and transitional in nature. Safety issues would be the primary issues that would need to be addressed after a victim makes contact with a service provider for assistance.

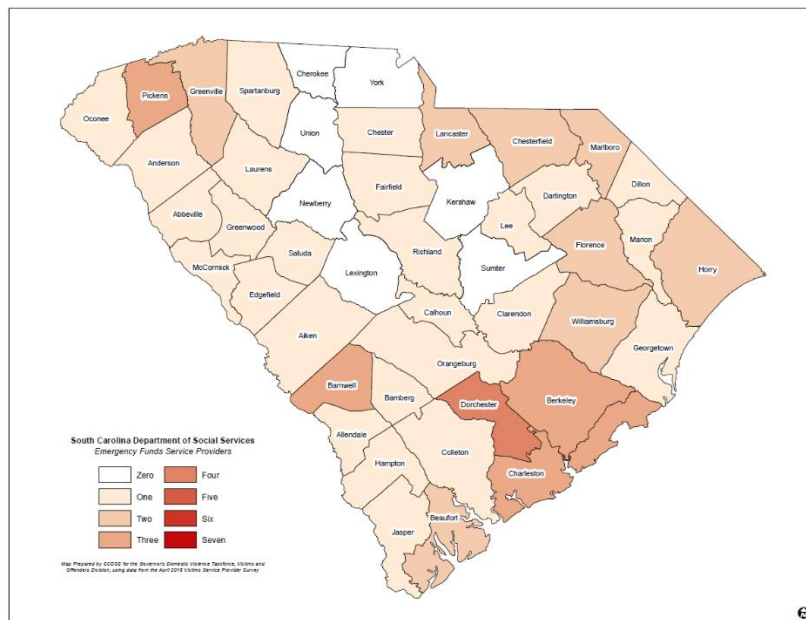
Housing: Immediate – Emergency Shelters

Emergency shelter data includes both a shelter at the service provider's physical location and/or at a hotel. All regions have multiple service providers providing emergency shelter (see Table 1). All 46 counties are serviced by at least one shelter, with some counties having multiple service providers (see Map 1 and Table 2). Future analysis can include the breakdown of physical location versus hotel.

Table 1. Service Providers Providing Emergency Shelter by Region

Region	Total Number of Service Providers	Emergency Shelter Providers
Upstate	22	6 (27%)
Midlands	27	8 (30%)
Pee Dee	20	6 (30%)
Low Country	19	5 (26%)

Map 1: Emergency Shelter Services across the State



EMERGENCY SHELTERS

"I was not able to collect unemployment because I had not been working. I needed a place to go, and still do. I'm living out of my car." ~

Survivor, Public

Hearing Testimony

TRANSITIONAL HOUSING

"My clients' top three needs could be summarized as a safety plan, finances, transportation, and childcare."

~ Service Provider,
Public Hearing
Testimony

Table 2. List of Counties by Number of Emergency Shelter Providers

Three Service Providers	Two Service Providers	One Service Provider
Beaufort	Berkeley	Abbeville
Charleston	Chester	Aiken
Colleton	Chesterfield	Allendale
Georgetown	Clarendon	Anderson
Hampton	Darlington	Bamberg
Jasper	Dillon	Barnwell
York	Dorchester	Calhoun
	Florence	Cherokee
	Greenville	Edgefield
	Horry	Fairfield
	Kershaw	Greenwood
	Lancaster	Laurens
	Lexington	Lee
	Marion	McCormick
	Marlboro	Newberry
	Sumter	Oconee
	Williamsburg	Orangeburg
		Pickens
		Richland
		Saluda
		Spartanburg
		Union
7 Counties	17 Counties	22 Counties

Housing: Transitional – Transitional Housing

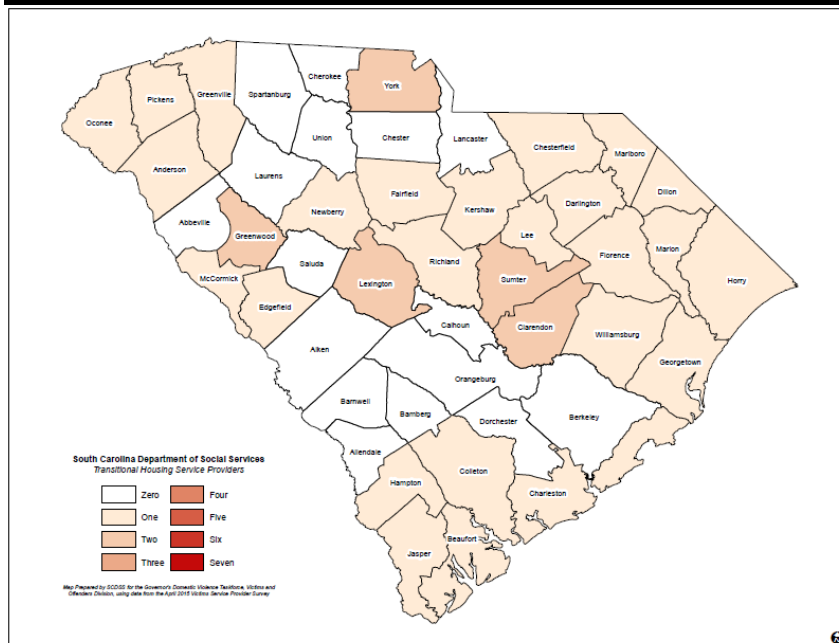
Transitional housing data includes both housing at the service provider's physical location and/or housing in the community through a federal or other grant. All regions have multiple service providers providing transitional housing (see Table 3). Results indicate that 30 counties have transitional housing services, with some counties having multiple service providers (see Table 4 and Map 2). All counties in the Pee Dee region are covered. Other regions have gaps in services, especially the Midlands region.

Table 3. Service Providers Providing Transitional Housing by Region

Region	Total Number of Service Providers	Transitional Housing Providers
Upstate	22	3 (14%)
Midlands	27	5 (19%)
Pee Dee	20	3 (15%)
Low Country	19	3 (16%)

Table 4 and Map 2. Counties Providing Transitional Housing Services

Two Service Providers	One Service Provider	No Service Providers
Clarendon	Anderson	Abbeville
Greenwood	Beaufort	Aiken
Lexington	Charleston	Allendale
Sumter	Chesterfield	Bamberg
York	Colleton	Barnwell
	Darlington	Berkeley
	Dillon	Calhoun
	Edgefield	Cherokee
	Fairfield	Chester
	Florence	Dorchester
	Georgetown	Lancaster
	Greenville	Laurens
	Hampton	Orangeburg
	Horry	Saluda
	Jasper	Spartanburg
	Kershaw	Union
	Lee	
	Marion	
	Marlboro	
	McCormick	
	Newberry	
	Oconee	
	Pickens	
	Richland	
	Williamsburg	
5 Counties	25 Counties	16 Counties



EMERGENCY FUND ASSISTANCE

*"The economic abuse
can be staggering.*

*[Emergency financial
assistance] can make
the difference*

*between a successful
transition to a new life
versus on where you
just can't get out."*

~ Survivor, Public
Hearing Testimony

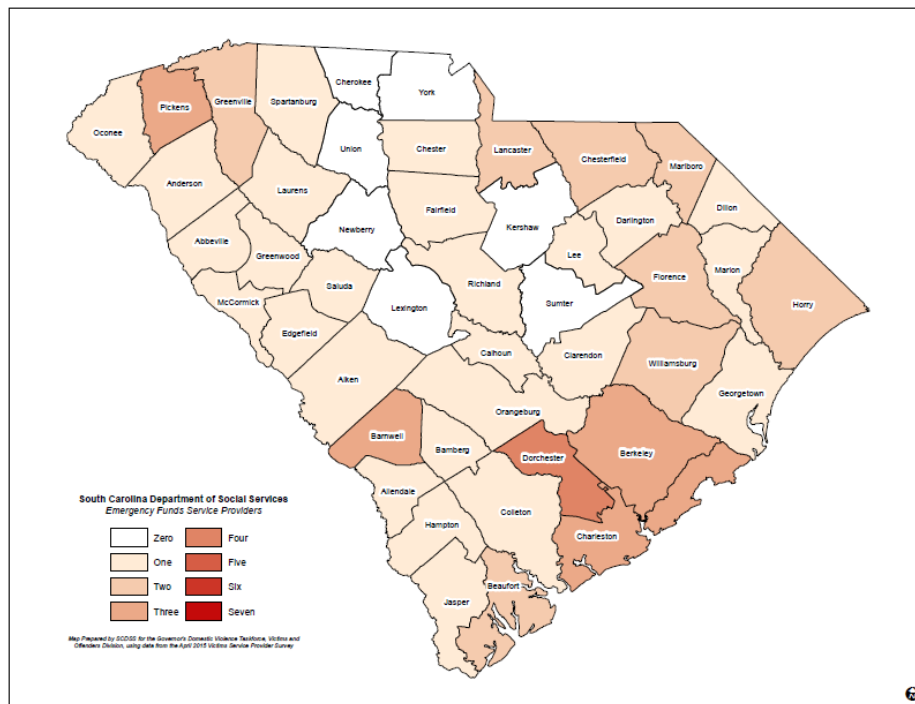
Financial: Immediate – Emergency Fund Assistance

Emergency funds include rent, gas cards, utilities, etc. Results indicate that 39 counties have emergency fund assistance services. All counties in the Low Country region are covered. Counties in other regions have gaps in services (see Table 5 and Map 3).

Table 5. Service Providers Providing Emergency Fund Assistance by Region

Region	Total Number of Counties in Region	Counties Providing Emergency Fund Assistance
Upstate	13	11 (85%)
Midlands	14	10 (71%)
Pee Dee	12	11 (92%)
Low Country	7	7 (100%)

Map 3. Service Providers Providing Emergency Fund Assistance



Legal Advocacy

Results indicate that 39 counties provide legal advocacy services. All counties in the Low Country region are covered. Counties in other regions have gaps in services (see Table 6 and Map 4).

LEGAL ADVOCACY

“Communication was so poor that we went to the wrong location for the bond hearing.”

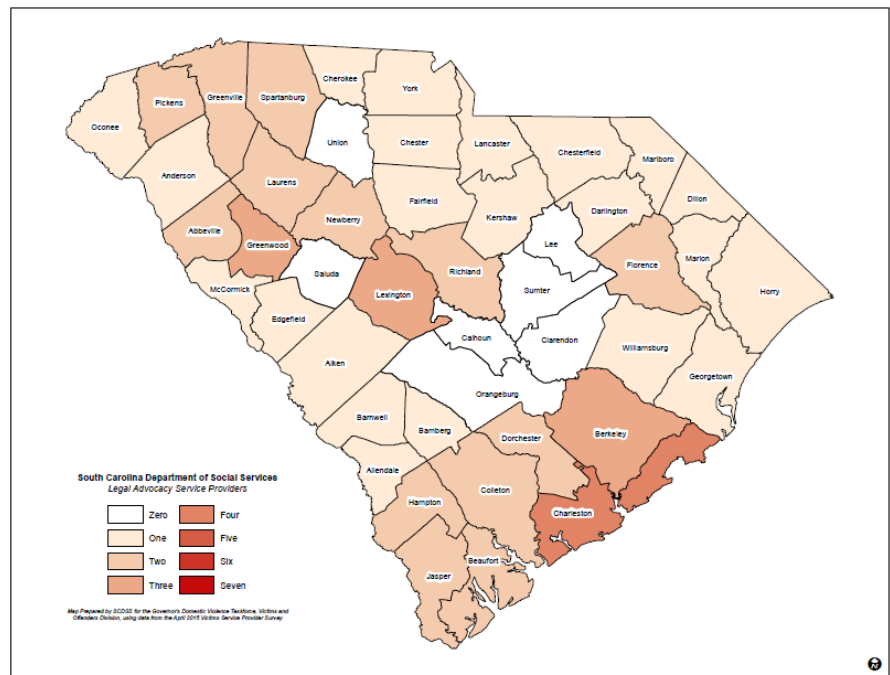
“My voice was taken and I was victimized by the system. I felt as if I was just another number or case to the Solicitors office and that my life and safety meant very little.” ~

Survivor, Public
Hearing Testimony

Table 6. Service Providers Providing Legal Advocacy by Region

Region	Total Number of Counties in Region	Counties Providing Legal Advocacy
Upstate	13	11 (85%)
Midlands	14	12 (86%)
Pee Dee	12	9 (75%)
Low Country	7	7 (100%)

Map 4. Service Providers Providing Legal Advocacy



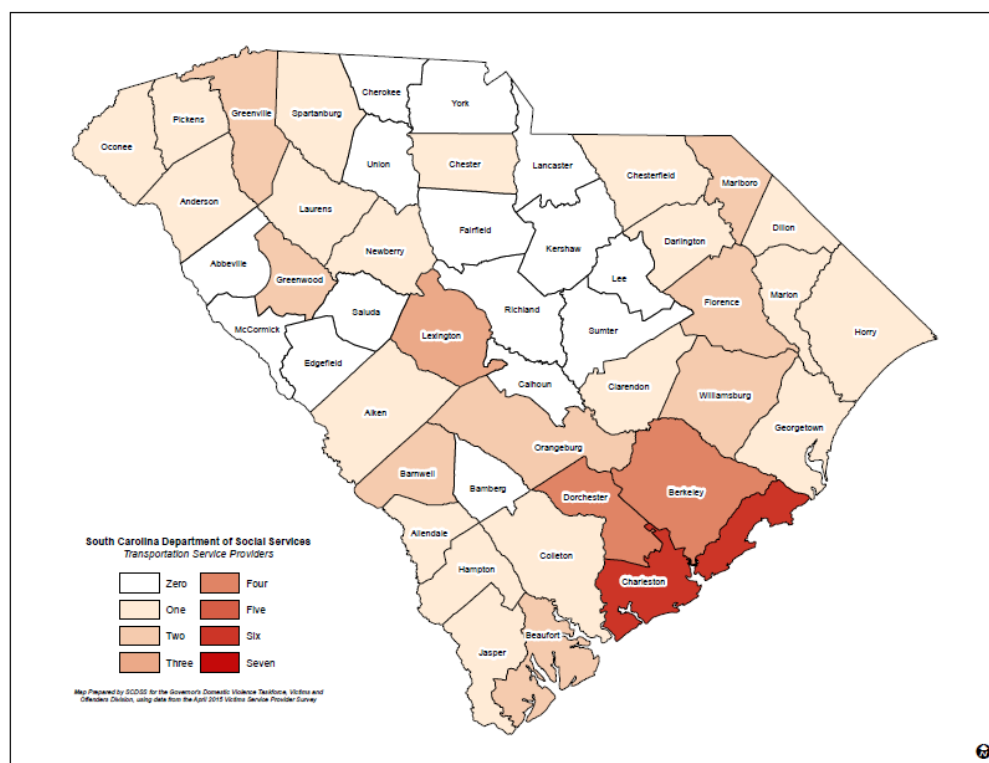
Transportation

Results indicate that 31 counties provide transportation services. All counties in the Low Country region are covered. Counties in other regions have gaps in services (see Table 7 and Map 5).

Table 7. Service Providers Providing Transportation by Region

Region	Total Number of Counties in Region	Counties Providing Transportation
Upstate	13	7 (54%)
Midlands	14	7 (50%)
Pee Dee	12	10 (83%)
Low Country	7	7 (100%)

Map 5. Service Providers Providing Transportation



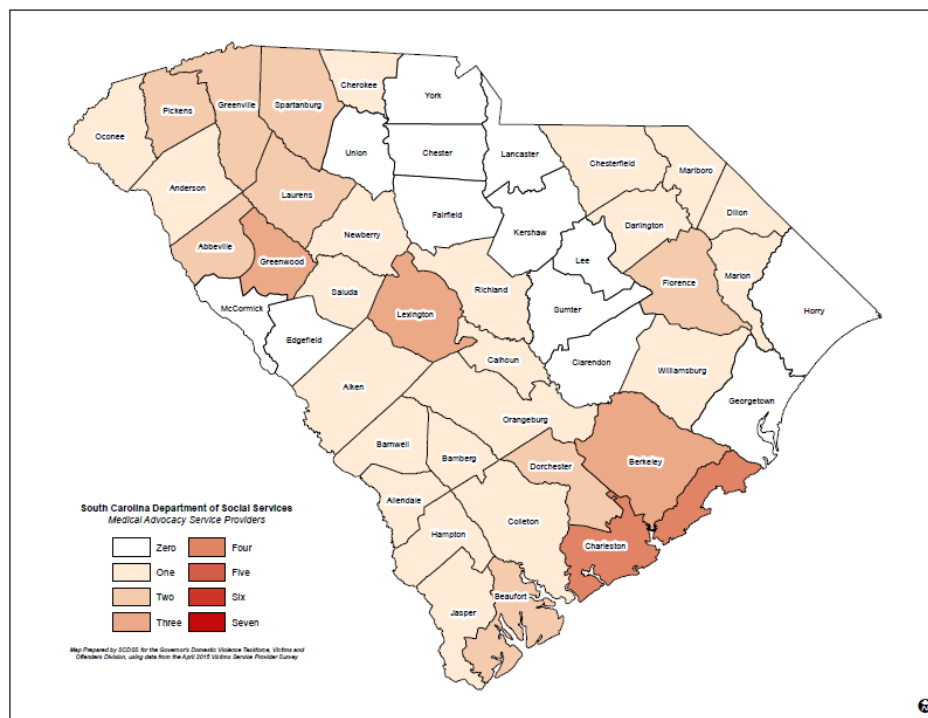
Medical Advocacy through Hospital Response

Results indicate that 33 counties provide medical advocacy through hospital response. All counties in the Low Country region are covered. Counties in other regions have gaps in services (see Table 8 and Map 6).

Table 8. Service Providers Providing Medical Advocacy by Region

Region	Total Number of Counties in Region	Counties Providing Medical Advocacy
Upstate	13	10 (77%)
Midlands	14	9 (64%)
Pee Dee	12	7 (58%)
Low Country	7	7 (100%)

Map 6. Service Providers Providing Medical Advocacy



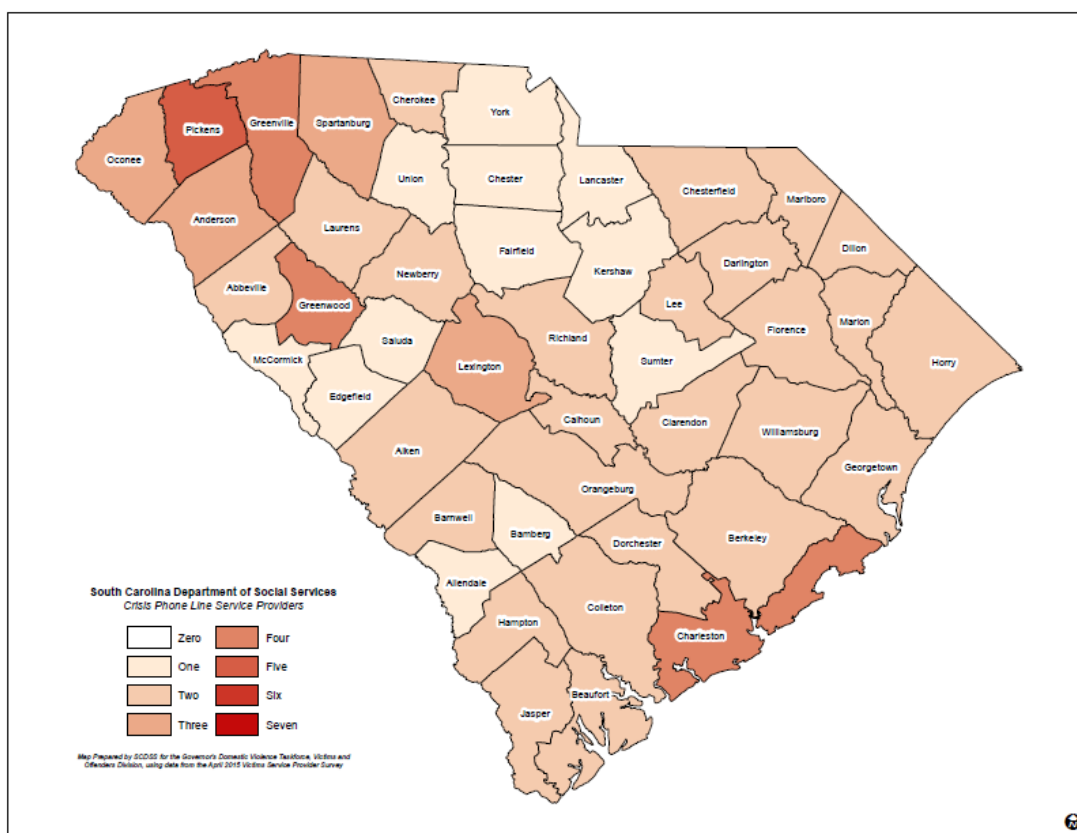
24 Hour Crisis Phone Line

Results indicate that all 46 counties provide a 24 hour crisis phone line (see Table 9 and Map 7).

Table 9. Service Providers Providing a 24 Hour Crisis Phone Line by Region

Region	Total Number of Counties in Region	Counties Providing a 24 Hour Crisis Phone Line
Upstate	13	13 (100%)
Midlands	14	14 (100%)
Pee Dee	12	12 (100%)
Low Country	7	7 (100%)

Map 7. Service Providers Providing a 24 Hour Crisis Phone Line



Permanency

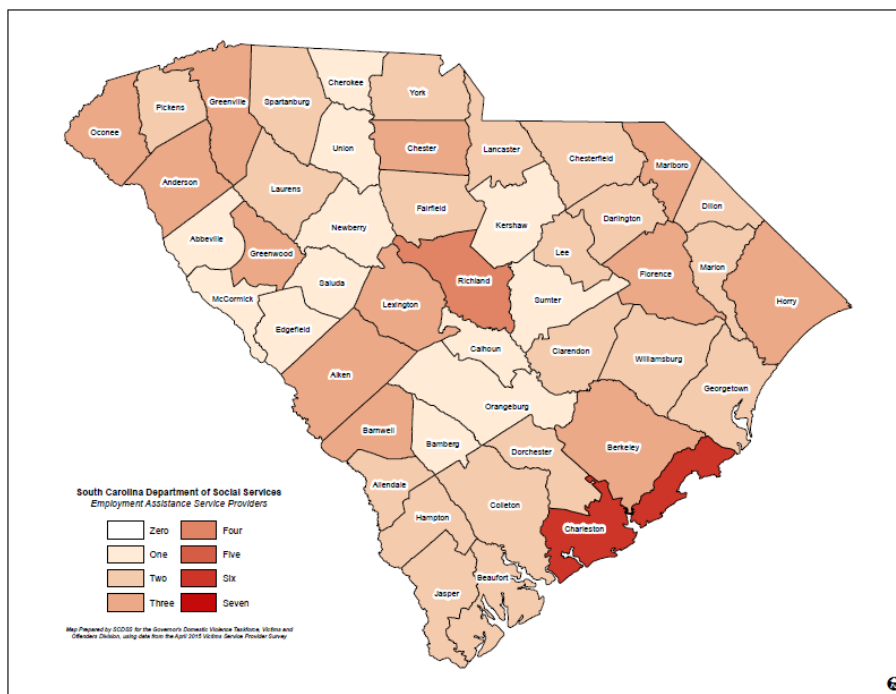
Employment Assistance

Results indicate that all 46 counties provide employment assistance (see Table 10 and Map 8).

Table 10. Service Providers Providing Employment Assistance by Region

Region	Total Number of Counties in Region	Counties Providing Employment Assistance
Upstate	13	13 (100%)
Midlands	14	14 (100%)
Pee Dee	12	12 (100%)
Low Country	7	7 (100%)

Map 8. Service Providers Providing Employment Assistance



EMPLOYMENT ASSISTANCE

"We need to have a reserve of money for transitional housing needs, but first must make sure people can sustain themselves once they're assisted."

~ Service Provider,
Public Hearing
Testimony

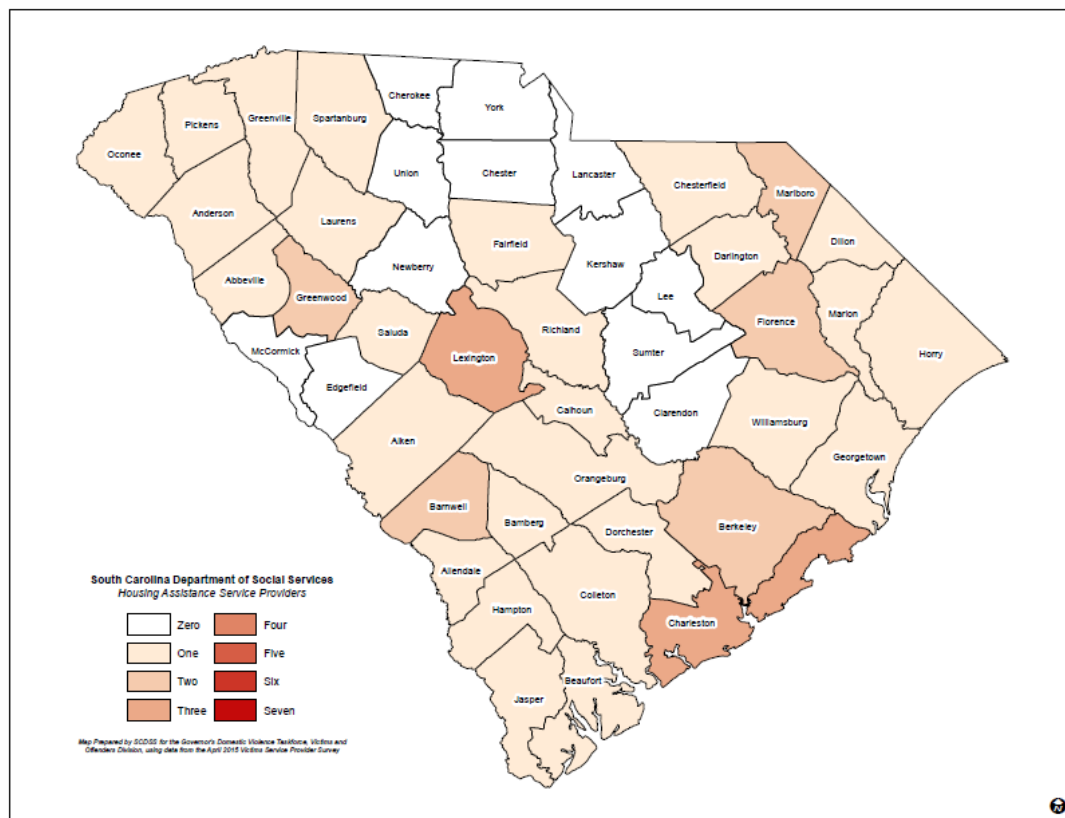
Housing Assistance

Results indicate that 34 counties provide housing assistance. All counties in the Low Country region are covered. Counties in other regions have gaps in services (see Table 11 and Map 9).

Table 11. Service Providers Providing Housing Assistance by Region

Region	Total Number of Counties in Region	Counties Providing Housing Assistance
Upstate	13	9 (69%)
Midlands	14	9 (64%)
Pee Dee	12	9 (75%)
Low Country	7	7 (100%)

Map 9. Service Providers Providing Housing Assistance



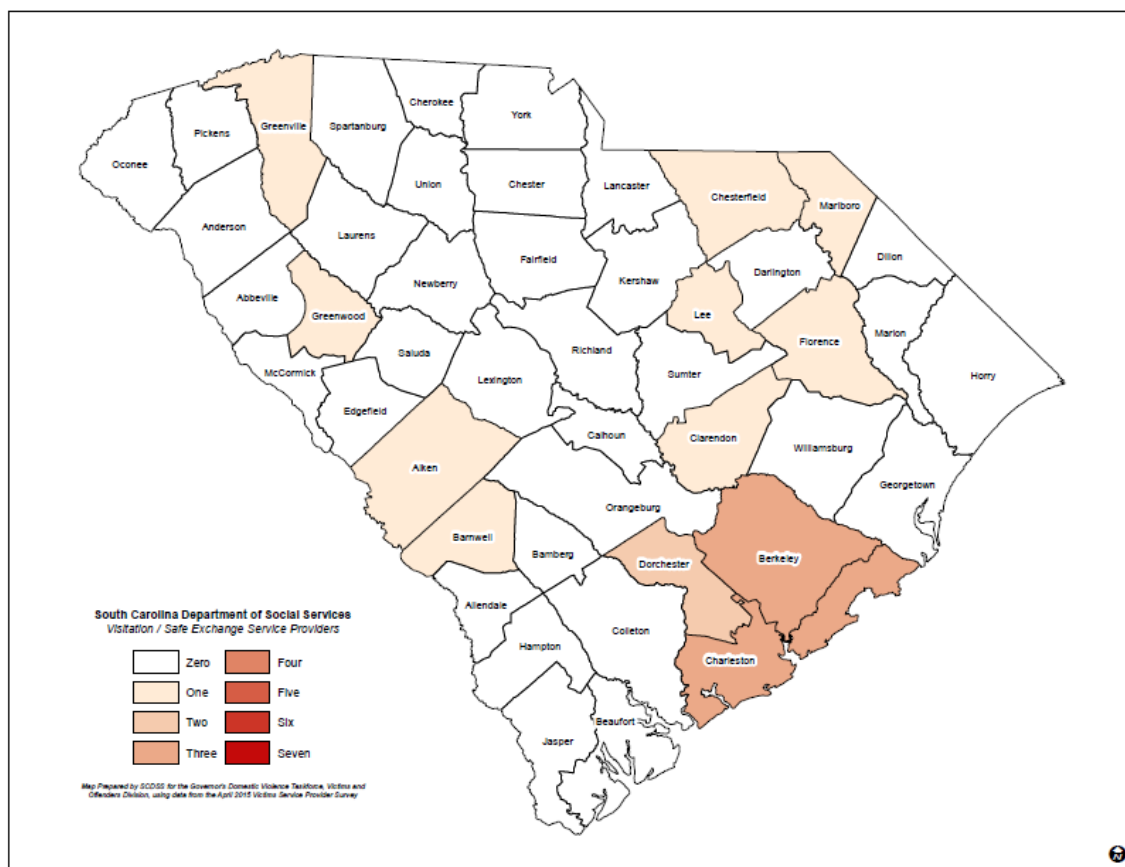
Visitation/Safe Exchange

Results indicate that 12 counties provide visitation/safe exchange service. All regions have gaps in services (see Table 12 and Map 10).

Table 12. Service Providers Providing Visitation/Safe Exchange

Region	Total Number of Counties in Region	Counties Providing Housing Assistance
Upstate	13	2 (15%)
Midlands	14	2 (14%)
Pee Dee	12	5 (42%)
Low Country	7	3 (43%)

Map 10. Service Providers Providing Visitation/Safe Exchange



Well-Being

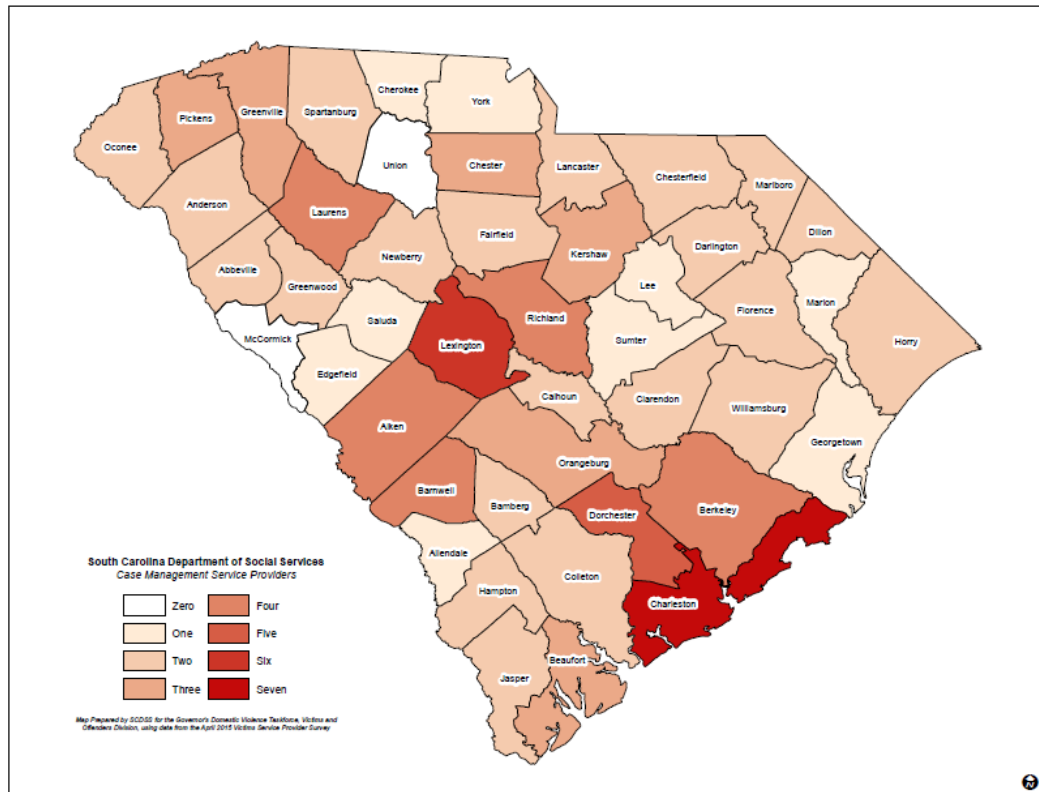
Case Management

Results indicate that 44 counties provide case management services. All counties in the Midlands, Pee Dee and Low Country regions are covered. Counties in the Upstate region has gaps in services (see Table 13 and Map 11).

Table 13. Service Providers Providing Case Management by Region

Region	Total Number of Counties in Region	Counties Providing Case Management
Upstate	13	11 (85%)
Midlands	14	14 (100%)
Pee Dee	12	12 (100%)
Low Country	7	7 (100%)

Map 11. Service Providers Providing Case Management



INDIVIDUAL COUNSELING

"I was diagnosed with PTSD and agoraphobia and had a breakdown in December. I had to find a counselor on my own."

~ Survivor, Public Hearing Testimony

Individual Counseling

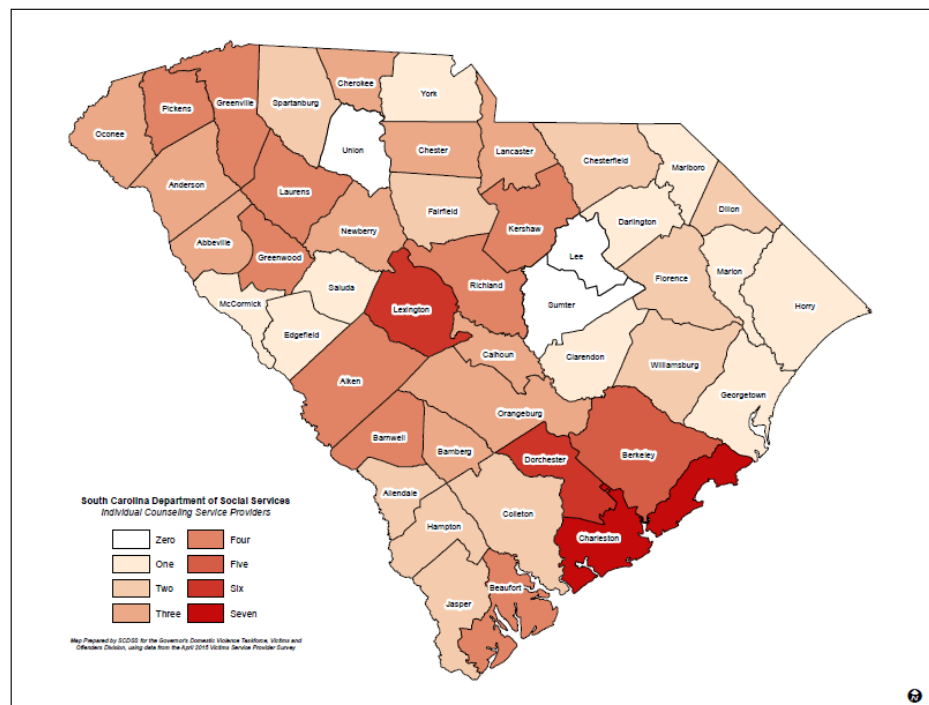
Results indicate that 43 counties provide individual counseling. All counties in the Midlands and Low Country regions are covered. Counties in the Pee Dee and Upstate regions have gaps in services (see Table 14 and Map 12).

Table 14. Service Providers Providing Individual Counseling by

Region	Total Number of Counties in Region	Counties Providing Individual Counseling
Upstate	13	12 (92%)
Midlands	14	14 (100%)
Pee Dee	12	10 (83%)
Low Country	7	7 (100%)

Region

Map 12. Service Providers Providing Individual Counseling

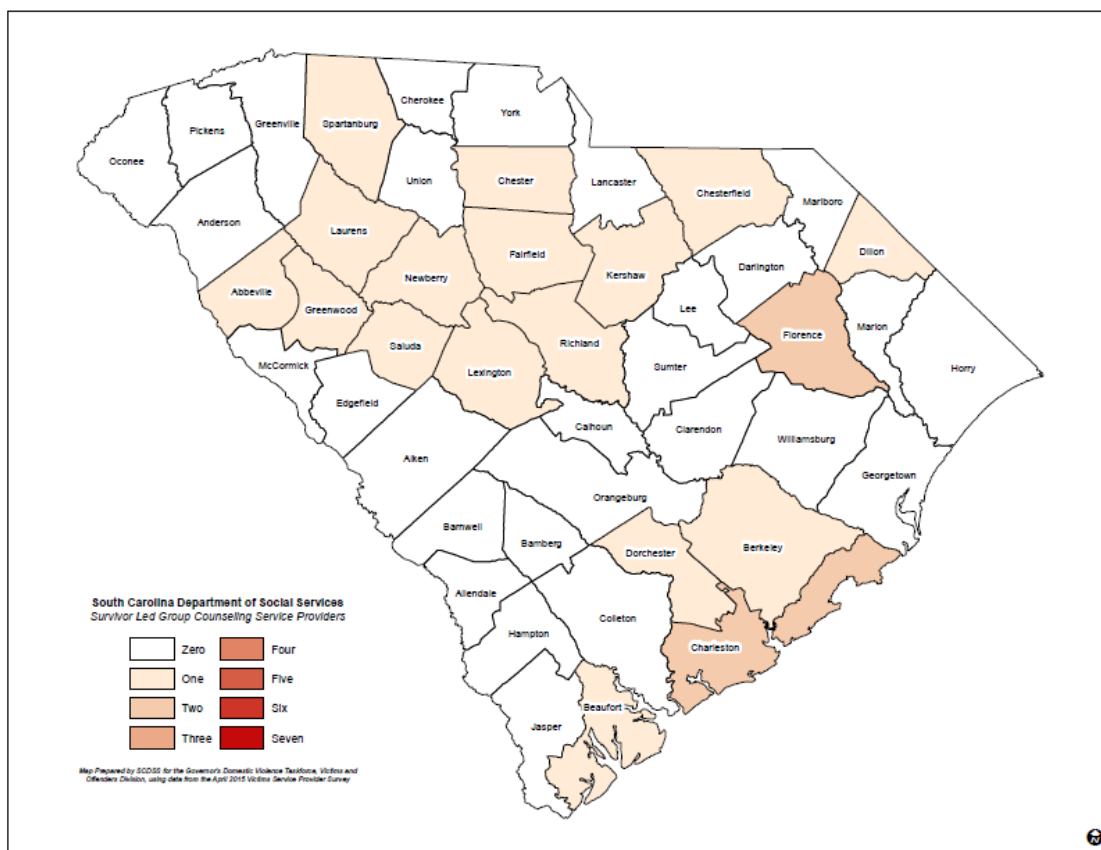


Group Counseling: Survivor Led

Results indicate that 18 counties provide survivor led group counseling. Counties in all regions have gaps in services (see Table 15 and Map 13).

Table 15. Service Providers Providing Survivor Led Group Counseling by Region

Region	Total Number of Counties in Region	Counties Providing Group Counseling: Survivor Led
Upstate	13	5 (38%)
Midlands	14	6 (43%)
Pee Dee	12	3 (25%)
Low Country	7	4 (57%)



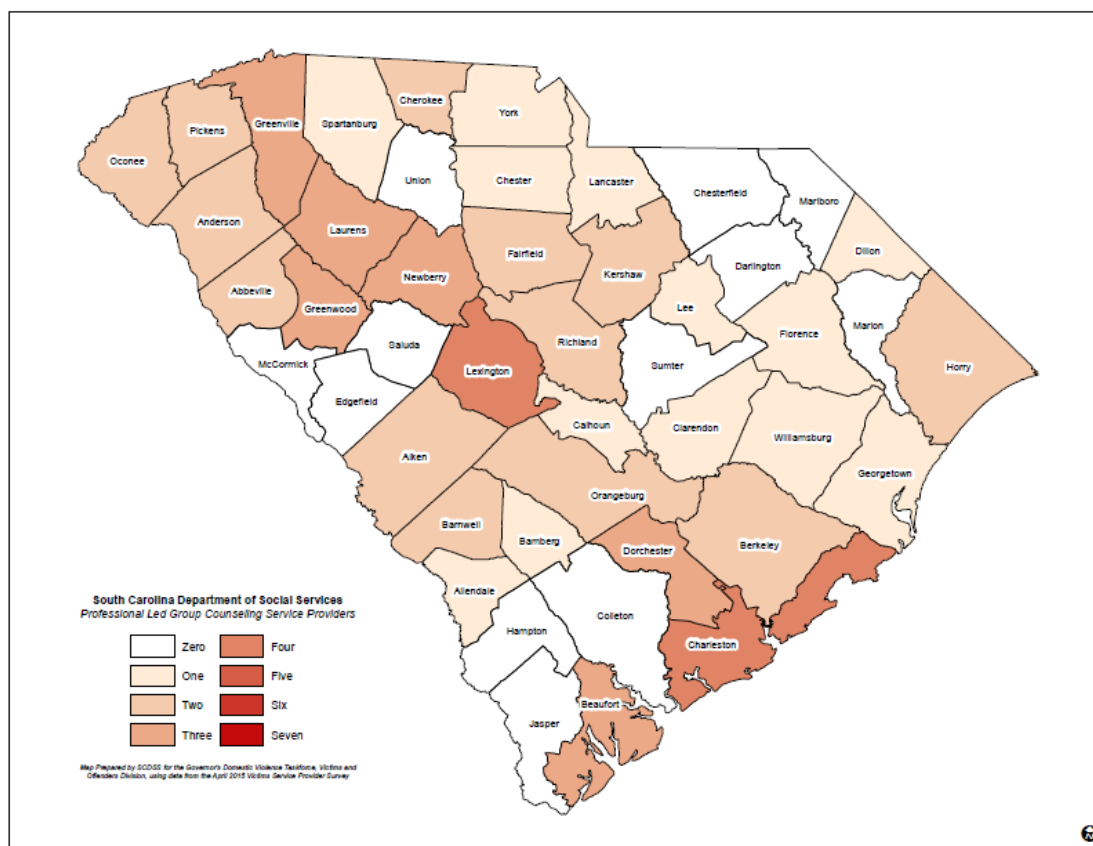
Group Counseling: Professional Led

Results indicate that 34 counties provide professional led group counseling. All counties in the Midlands region are covered. Counties in the other regions have gaps in services (see Table 16 and Map 14).

Table 16. Service Providers Providing Professional Led Group Counseling by Region

Region	Total Number of Counties in Region	Counties Providing Group Counseling: Professional Led
Upstate	13	9 (69%)
Midlands	14	14 (100%)
Pee Dee	12	7 (58%)
Low Country	7	4 (57%)

Map 14. Service Providers Providing Professional Led Group Counseling



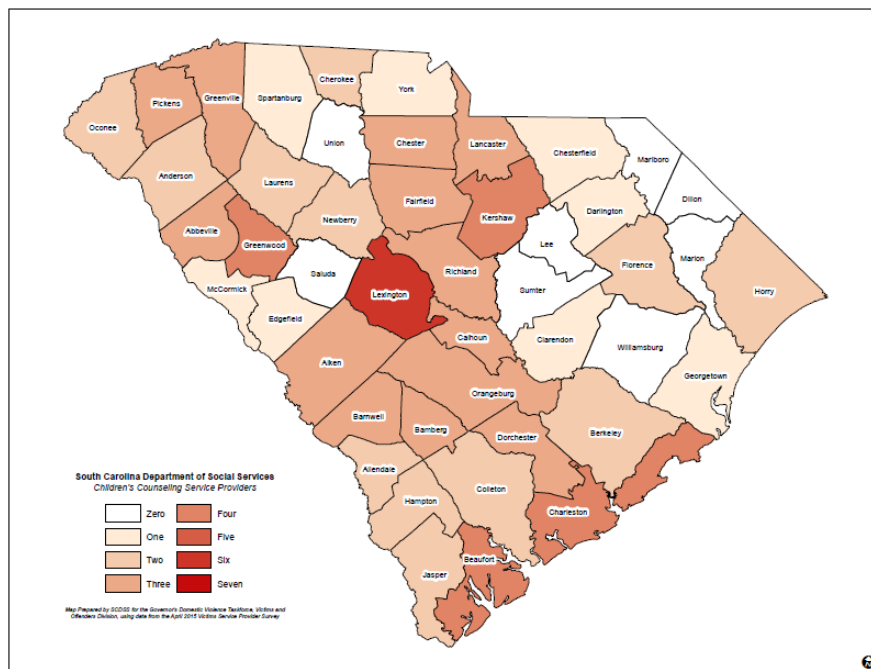
Children's Counseling

Results indicate that 38 counties provide children's counseling. All counties in the Midlands and Low Country regions are covered. Counties in the Upstate and Pee Dee regions have gaps in services (see Table 17 and Map 15).

Table 17. Service Providers Providing Children's Counseling

Region	Total Number of Counties in Region	Counties Providing Children's Counseling
Upstate	13	11 (85%)
Midlands	14	14 (100%)
Pee Dee	12	6 (50%)
Low Country	7	7 (100%)

Map 15. Service Providers Providing Children's Counseling



CHILDREN'S COUNSELING

"Children are often silent victims and they, especially, receive few mental health services after domestic violence, and they often turn to drugs or develop other problems."

~ Survivor, Public Hearing Testimony

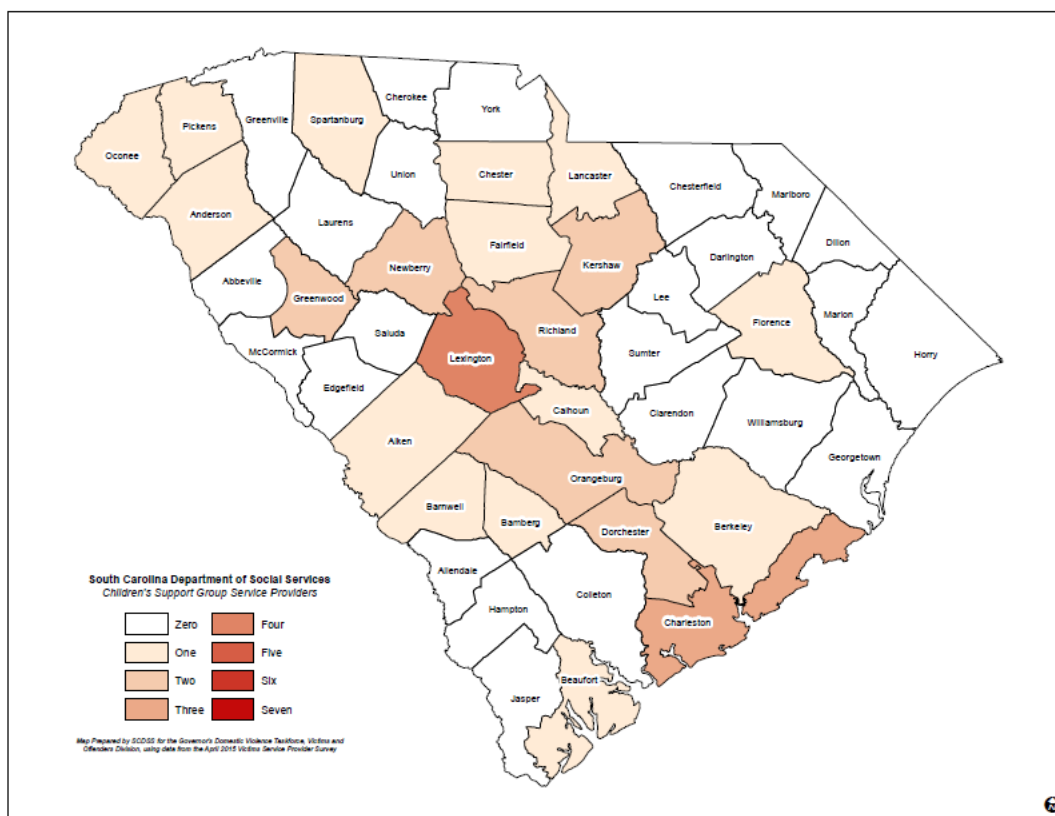
Children's Support Group

Results indicate that 22 counties provide children's support group. Counties in all regions have gaps in services (see Table 18 and Map 16).

Table 18. Service Providers Providing Children's Support Group

Region	Total Number of Counties in Region	Counties Providing Children's Support Group
Upstate	13	5 (38%)
Midlands	14	12 (86%)
Pee Dee	12	1 (8%)
Low Country	7	4 (57%)

Map 16. Service Providers Providing Children's Support Group



Victim Services Survey Conclusions

Emergency shelter, 24 hour crisis phone line, and employment assistance is currently being provided by at least one service provider in all 46 counties. Greenwood is the only county that has at least one service provider for each of the services included in the survey. Almost all of the counties in the Low Country region have at least one service provider offering each of the services.

The services with the most gaps in coverage are visitation and safe exchange, survivor led groups, and children's support groups. Based on available data, Sumter County has the least amount of services being provided. The Pee Dee region has the largest gap in services, specifically those pertaining to well-being.

Public Hearings and Public Comment

The Division learned much from public hearings and public comments received during Phase I of the Task Force Operation. Listed below is a summary chart of services as they were mentioned through public comment. Additional information can be found in Appendix D. Neither of these documents can adequately represent the emotion and passion offered during public testimony. Clearly, even when services DO exist for victims and their families, victims are often unaware of the services or uninformed as to how to navigate the process to access the services.

Topics in order of number of times specifically mentioned by public. 32 members of the public were heard.

Need to educate/streamline court system	14
Need to educate law enforcement on DV (includes proper investigations, how to treat victim, etc.)	13
Need to recognize children as victims/children's advocacy	10
Need for transitional and multi-level housing for victims	8
Need for economic (non-housing) assistance for victims	8
Need to educate public, including mentions of community action approach	8
Correlation between domestic violence and substance abuse	7
Need to educate children in schools	6
Need to provide education to victims	5
Financial burden on service providers- lack of sustainability	4
Difficulty in obtaining divorce	4
Need to educate medical community on DV protocols	3
Education of non-judiciary, non-law enforcement providers	3
Need to incorporate trauma-informed care (specific use of term) throughout	2

Review of Existing Literature and Public Data: Understanding the Situation for Batterers

Intervention programs for domestic violence defendants have proliferated in South Carolina in the decade since the *Standards of Care for Batterers' Treatment*³ were adopted. The *Standards* mandate the duration of the intervention (26 sessions of 90 minutes each), the education and experience requirements of facilitators and other minimum standards to which programs are required to adhere.

⁴There are currently 39 programs approved by SCDSS to provide these services to those convicted of domestic violence offenses or as part of their requirements to complete Pre-Trial Intervention. In addition to DSS approval, programs are also approved by the Circuit Solicitors in their areas of operation.

Batterer Intervention is a relatively young discipline, and originated in Boston in the late seventies as a response to requests from battered womens' programs who recognized that many of their clients did not want their relationships to end, but wanted their partners to stop using violence and emotional abusive behaviors.⁵ As the criminal justice system took on a more prominent role in the response to domestic violence, increasing numbers of defendants began to be mandated into these programs.

The majority of certified batterer intervention programs recognize that power and control dynamics often form the core of abusive behaviors. Battering is viewed as a learned behavior, "purposeful rather than irrational" (Adams), abusive behavior and denial are confronted, and cognitive behavioral techniques are used to teach non-violent behavioral thought processes and behaviors. Anger management programs are, in general, of much shorter duration and do not address the dynamics of domestic violence. Although anger may be a symptom of abuse in a relationship, the abuser is usually able to manage their anger in other situations.

The vast majority of participants in BIP's are mandated by the criminal justice system; treatment coupled with consequences for non-compliance encourages individuals to seek and continue participation in the program. The intervention takes place in a group format, not only for programmatic utility in working with the court system's steady processing of cases, but also to promote social accountability by underlining that domestic violence is not a private matter and providing opportunities for peer support and confrontation.

It is vitally important that programs monitor attendance and participation and communicate with the referring court in order to reinforce accountability within the participant, but also to send what Ed Gondolf calls a "broader secondary effect ... (that) sends a message to the community at large that men can and must change... In this way, the accountability contributes to a change in social norms, as drink-

³ <https://dss.sc.gov/content/customers/protection/dv/scbt.pdf>

⁴ The standards would benefit from review in order to incorporate changes in best practices in the field.

⁵ David Adams gives an excellent survey of the history and characteristics of batterer intervention programs here: https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Certified%20Batterer%20Intervention%20Programs.pdf

driving penalties have done with drinking.”⁶ BIP’s are also encouraged to communicate with victim service agencies both to inform their work on safety issues, and to react appropriately to specific threats to a victim’s safety.

Research on batterer intervention in South Carolina has focused on the cultural relevancy of programs and the characteristics of completion and attrition. Higher levels of supervision (by PTI, specialized CDV Courts) have been shown to result in higher levels of completion of programs. Other individual variables that influence attrition are marital status, age, employment and criminal history⁷. Although no peer-reviewed research exists on recidivism statistics for South Carolina BIP programs, a 2003 NIJ-funded study of the Lexington CDV court showed a 40% reduction in recidivism for defendants who had been processed through this specialized court when compared with those whose cases had been heard in a regular court.⁸ The specialized court assessed defendants, referred them to batterer intervention and other services if needed (e.g. AOD, mental health), and monitored their progress and compliance. These studies emphasize the importance of studying batterer intervention programs within the context of the court systems in which they operate.

At present, there is no state or federal funding to support the work of batterer intervention programs in South Carolina. Agencies are reliant on client fees to fund their work, and are required by law to provide services to participants who are unable to pay. The prosecutorial survey distributed by the Criminal Justice subcommittee of this Task Force contains questions on court monitoring and follow up of defendants referred to batterer intervention programs.

Who Are the Batterers Participating in Intervention Programs?

The demographic information below is compiled from assessments with 756 participants referred to the Domestic Abuse Center during 2014. All data is self-reported by participants. Although DAC is only one of 39 Batterer Intervention Programs, DAC provides groups in 17 counties of South Carolina, and is representative of the state’s mix of rural, urban and mixed population.

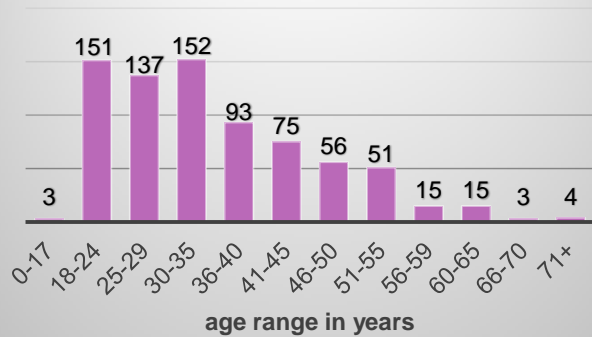
⁶ Gondolf, Edward W. (2012). *The Future of Batterer Intervention Programs: Reassessing Evidence Based Practice*, University of New England Press, Lebanon, NH.

⁷ Barber, S. & Wright, E (2010). Predictors of completion in a batterer treatment program: The effects of referral source supervision. *Criminal Justice and Behavior*, 37, 847-859.

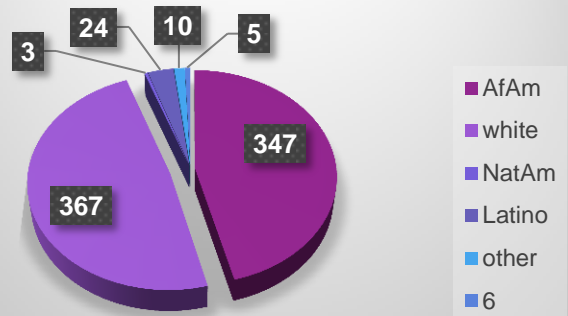
⁸ Gover, Angela R.; Brank, Eve M.; and MacDonald, John M., "A Specialized Domestic Violence Court in South Carolina: An Example of Procedural Justice for Victims and Defendants" (2007). Faculty Publications, Department of Psychology. Paper 394. <http://digitalcommons.unl.edu/psychfacpub/394>

Batterer Profile Based on Data from the Domestic Abuse Center for FFY2014.

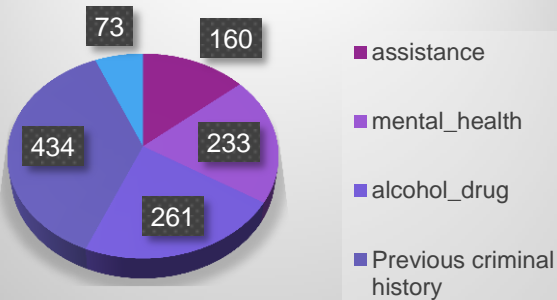
Age Range of Clients with Assessments in 2014



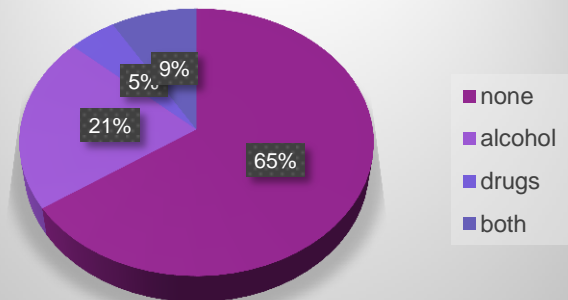
Race of Clients with Assessments in 2014



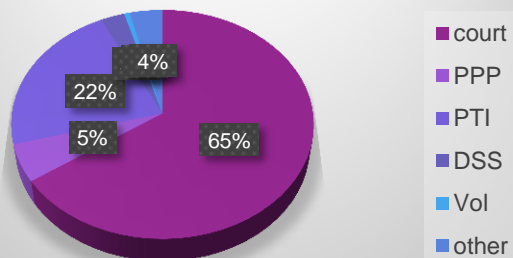
Service History of Clients who received Assessments in 2014



Alcohol and Drug History



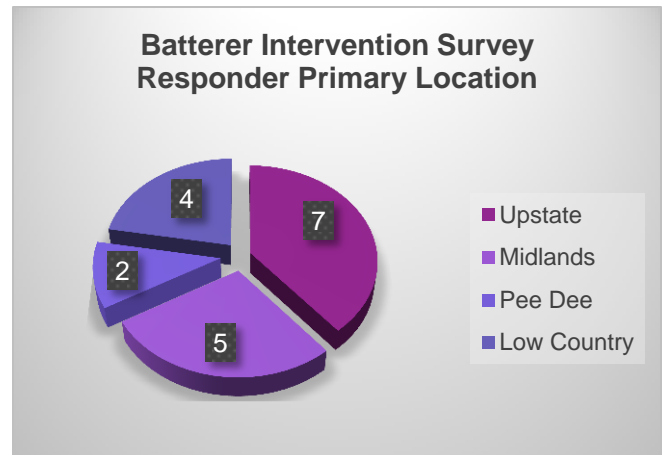
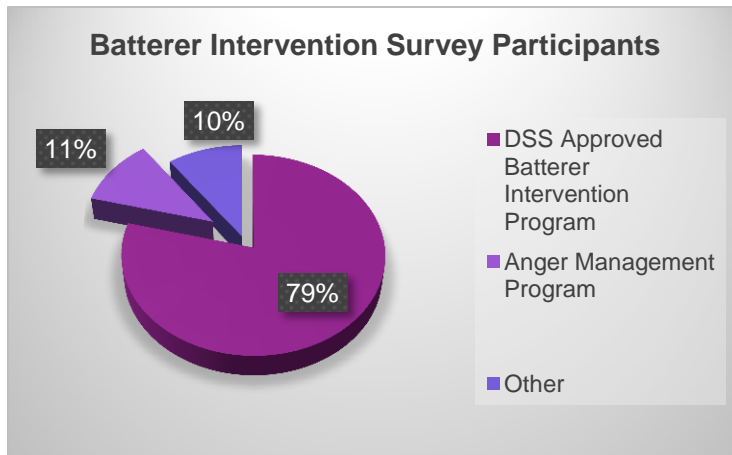
Authority for Client Assessments in 2014



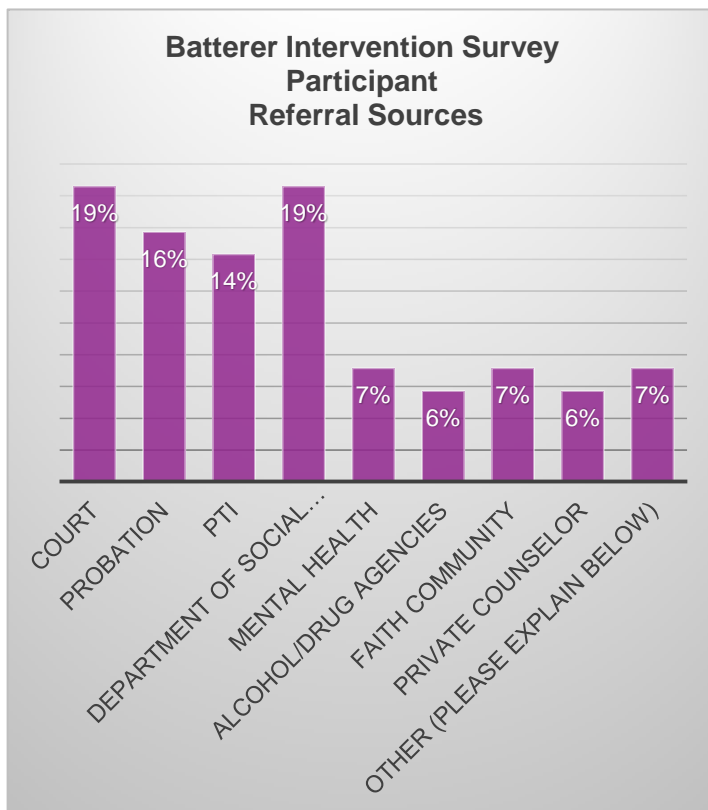
Batterer Intervention Services: Preliminary Survey Data Analysis

There were 19 responses to the Batterer Intervention Survey submitted by the close of the survey on May 1, 2015. The survey was launched on April 22, 2015. The following preliminary data results have not been cleaned of partial completions. Members of the Division of Victim and Offender Services plan on re-opening the survey during Phase II in an attempt to gain more participation.

The majority of participants were 15 of the 39 DSS approved Batterer Intervention Programs.



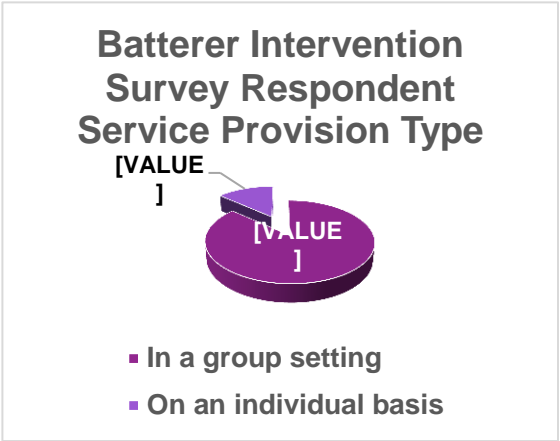
The majority of participants receive referrals from the



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I, and DSS.

87% of respondents provide services in a group setting as opposed to an individual basis.



Public Hearings and Public Comment

The participants in the four Public Hearings sponsored by the Division during Phase I of the Task Force Operation addressed issues associated with offenders as well as victims. Listed below is a summary chart of issues related to offenders as they were mentioned through public comment. Additional information can be found in Appendix D.

Topics in order of number of times specifically mentioned by public. 32 members of the public were heard.

Need to educate/streamline court system	14
Need to educate law enforcement on DV (includes proper investigations, how to treat victim, etc.)	13
Need for effective, monitored offender services	11
Need to educate public, including mentions of community action approach	8
Correlation between domestic violence and substance abuse	7
Need to educate children in schools	6
Learned behaviors by abusers, including manipulative behavior	4
Financial burden on service providers- lack of sustainability	4
Need to take guns away from abusers	3
Education of non-judiciary, non-law enforcement providers	3

Conclusion

What is Domestic Violence?

- ▶ Domestic violence is a *pattern of assaultive and coercive behaviors*. The intent of these behaviors is for the batterer to **establish power and control over the survivor**. The behaviors are more than one isolated incident and may include psychological, emotional, financial and physical control.
- ▶ Domestic violence is not isolated to people who are married; it occurs in dating relationships, adults living together, etc. The defining characteristic is that they share an intimate relationship
- ▶ Once violence begins in a relationship, it usually gets worse and more frequent over a period of time
- ▶ Battering is a campaign of violence that incorporates a number of tactics and strategies. Physical violence is only one of those tactics
- ▶ Domestic violence crosses all demographic lines.

Where Does SC Rank in Terms of Domestic Violence?

- ▶ SC ranks 2nd in the nation for women killed by men
- ▶ For the 17 years the report has been published, SC has always been in the top ten. Last year was the third time SC ranked number one
- ▶ The per capita rate is twice the national average
 - ▶ (Violence Policy Center *When Men Murder Women: An Analysis of 2012 Homicide Data*, 2014 vpc.org)

What Services Do Victims Need?

- ▶ Victims need immediate access to services that will ensure their safety and the safety of their children without fear of being revictimized.
- ▶ Victims need services that will help them navigate both the legal system and the service provider network.
- ▶ Victims may need different services over the course of several years. The first services are focused on immediate and transitional safety and basic services (food, shelter, transportation, money). Longer term permanency and well-being services are needed for job services, permanent housing, counseling for victim and children.

What Services Are Available to Victims in SC?

- ▶ Emergency shelter, 24 hour crisis phone line, and employment assistance is currently being provided by at least one service provider in all 46 counties.
- ▶ Greenwood is the only county that has at least one service provider for each of the services included in the survey.

- ▶ Almost all of the counties in the Low Country region have at least one service provider offering each of the services.

Where Are There Gaps to Services to Victims in SC?

- ▶ The services with the most gaps in coverage are visitation and safe exchange, survivor led groups, and children's support groups.
- ▶ Based on available data, Sumter County has the least amount of services being provided.
- ▶ Based on available data, the Pee Dee region has the largest gap in services, specifically those pertaining to well-being.
- ▶ Not all services are available equitably to all population groups. Male victims have less access to residential services. Victims in same sex relationships may perceive that services are not available to them.
- ▶ Even when services do exist, victims are often unaware of their existence or how to navigate the service provider network.

Where Do We Go From Here?

- ▶ During Phase II of the Governor's Task Force on Domestic Violence, the Division on Victim and Offender Services will continue to acquire and analyze data.
- ▶ The Division will focus on identifying programs that work in SC and across the nation to determine the essential factors in successful programs. The Division will examine replicability of successful programs.
- ▶ The Division will examine ways to close the gap between counties that have a robust service array and those that do not.

Governor's Domestic Violence Task Force
Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Friday, February 20, 2015

Time: 10:00 a.m.

Location: First Floor Conference Room
State Data Center
4430 Broad River Road
Columbia, South Carolina 29212

**Remote participation available via conference call. Please choose the access code local to you:
803-726-9796; 864-908-3279; 843-737-7035
Conference Code 2471295#.*

Purpose: The Division will establish objectives, discuss data elements, and organize into committees to meet Phase 1 goals.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Governor's Domestic Violence Task Force
Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Friday, March 13, 2015

Time: 10:00 a.m.

Location: First Floor Conference Room
State Data Center
4430 Broad River Road
Columbia, South Carolina 29212

**Remote participation available via conference call. Please
choose the access code local to you:
803-726-9796; 864-908-3279; 843-737-7035
Conference Code 236064#.*

Purpose: The Division will review data collection strategy and
information on public hearings to meet Phase 1 goals.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Governor's Domestic Violence Task Force
Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Friday, April 3, 2015

Time: 10:00 a.m.

Location: First Floor Conference Room
State Data Center
4430 Broad River Road
Columbia, South Carolina 29212

**Remote participation available via conference call. Please
choose the access code local to you:
803-726-9796; 864-908-3279; 843-737-7035
Conference Code 998301#.*

Purpose: The Division will receive and review the updates of its Data
Collection and Public Outreach Committees.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Governor's Domestic Violence Task Force
Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Friday, April 24, 2015

Time: 10:00 a.m.

Location: First Floor Conference Room
State Data Center
4430 Broad River Road
Columbia, South Carolina 29212

**Remote participation available via conference call. Please
choose the access code local to you:
803-726-9796; 864-908-3279; 843-737-7035
Conference Code 236064#.*

Purpose: The Division will hear the reports of its Data Collection and
Public Outreach Committees.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Governor's Domestic Violence Task Force Meeting, February 20, 2015

State Data Center, 4430 Broad River Rd, Columbia, SC 29212

10:00 AM – 12:00 Noon

MEETING MINUTES

Convener: Katie Morgan

Recorder: Stephen Yarborough

Attendees:

Jerry Adger (SCDPPPS); Frances Ashe-Goins (Choose Well); Sara Barber (SCCADVASA); Alicia Benedetto (SCDMH); Carl Bowen (SC State Housing); Casie Culver (SCDAODAS); Kim Feeney (SCDSS); Leslie Fisk (SC Legal Service); Nicole Goodwin (SC Victims Assistance Network); Elizabeth Gray (survivor); Jane Key (SC DHEC); Frank Loadholt (CASA Family Systems); Frankie Long (SCDAODAS); Robert Mitchell (SCDPPPS); Katie Morgan (SCDSS); Haley Mottel (Governor's Office); Theresa Roberts (Love House Ministries); Louann Sandel (DAC); Bob Toomey (SCDAODAS); Teesha Trapp (SCDEW); Stephen Yarborough (SCDSS)

The meeting was called to order by Katie Morgan at 10:00 a.m.

I. Welcome and Introductions

The committee members were welcomed and thanked for their willingness to work toward changing the culture of domestic violence in South Carolina. Members were reminded that the meetings and all the work of the committee are public record.

The members introduced themselves.

II. Defining the Task – Establishing Division Objectives

The mission of the Task Force's Division of Services to Victims and Offenders was reviewed. The first report for Phase 1 of the Task Force is due May 6, 2015.

The Division members began the process of establishing Division Objectives through a brainstorming exercise focused on the characteristics and elements of a successful program and the continuum of services needed for primary victims and offenders and their families. Children were listed as a separate victim group. (The full list of brainstorm topics are attached to the minutes.) Input from the brainstorming exercise will be used to draft objectives for member review and input prior to the next meeting.

The members recognized a need to include representatives of the family court, Child Advocacy Centers, and United Way's 211 system in future meetings.

During the data collection phase there will be need for cooperation from state agencies to share data. The agencies present committed to actively sharing data and encouraging other agencies to do so.

III. Develop Data Collection – What Data Must Be Collected to Meet Objectives. Establish Model and Process.

Members discussed data available at various agencies that could be used as a basis for the data collection activities. DSS has access to a data analysis and GIS staff to support the work of the Division. PPP and DAODAS also committed to have data staff work with the Division. Use of the Appreciative Inquiry Model for data collection was discussed. This model was described as “green light thinking” used to examine strengths and positive features of a program rather than just data capture.

A committee led by Kimberly Feeney was established to develop a model for data collection. The committee was subdivided into data collection for services to victims and services to offenders.

IV. Collect Input From Public – Establish Subcommittee to Facilitate Public Hearing(s)

The Division will hold at least one, perhaps 2, public hearings in late March or early April. A subcommittee led by Stephen Yarborough was established to coordinate the public hearing(s), including any expert testimony that may be needed.

V. Establish Division Meeting Schedule

The Division will meet on the following dates:

Date	Objective
March 13, 2015	Review data collection model Receive instruction on data collection approach Begin reviewing best practices from other states Receive report on Public Hearing times and outreach approach
April 3, 2015	Receive report on progress of data collection activities. Determine roadblocks or assistance needed. Receive instruction on data analysis. Receive report on outcomes of Public Hearings
April 24, 2015	Complete data collection and data analysis Complete summary of input from Public Hearings Begin compiling information into report
May 4, 2015	Review draft of report to be presented to Governor on May 6, 2015

All meetings will take place at the State Data Center located at 4430 Broad River Road. Meetings will begin at 10:00 a.m.

VI. The meeting was adjourned at 11:45.

**Governor's Task Force on Domestic Violence
Division of Services to Victims and Offenders
Brainstorming Exercise
2/20/14**

Items in bold were those that were mentioned more than once, or were otherwise prominently mentioned.

Discussion on Victims Services:

Create a comprehensive list victims/families

Training for direct delivery of services

Definition of shelter, beyond the physical structure

Wrap-around services as a continuum

Identify/Clarify all points of entry, to include health care

Screening for abusive behavior & Offering Services

Identify training system in non-traditional venues

Prevention services & treatment services

Housing

Education on rights/barriers families face

Courses available and frequency of delivery for healthcare professionals

What kind of counseling services are available post-abuse? Caution was offered that the services for victims are voluntary only.

Funding stream examination throughout system

Examine how well we are collaborating for holistic care

Examine data collection on which individuals are not being covered, for example, victims in same-sex or dating relationships.

Examination of underserved victims named above, and whether or not they are receiving comparable services to all groups.

Quality services to be delivered equitably across all populations.

Discussion on Offenders Services:

Identify all points of entry.

Collect data -> pattern of behavior -> predictive intervention

Recurrence rates

Clear definition of programs

Quality programs delivered equitably – standards of behavior for the programs offered, not only for the offenders.

Opportunities to better identify victims and offenders

Services to families prior to the incident – to avoid the duality of victims and offenders. How to get in front of problem.

Services available to victim and offenders once they're incarcerated – still serving

Proactive approach

Identification, education, and coordination of the available services, using in a broad context.

It was noted that many of the services identified may cross over both groups.

Children were listed as a separate victim group

Governor's Domestic Violence Task Force Meeting, March 13, 2015

State Data Center, 4430 Broad River Rd, Columbia, SC 29212

10:00 AM – 12:00 Noon

MEETING MINUTES

Convener: Katie Morgan

Recorder: Stephen Yarborough

Attendees:

Frances Ashe-Goins (Choose Well); Sara Barber (SCCADVASA); Alicia Benedetto (SCDMH); Kaitlin Blanco-Silva (DAODAS); Carl Bowen (SC State Housing); Abigail Cazel (SCVAN); Casie Culver (SCDAODAS); Debbie Curtis (SC DPPPS); Kim Feeney (SCDSS); Leslie Fisk (SC Legal Service); Elizabeth Gray (survivor); Laura Hudson (SCCVC); Frank Loadholt (CASA Family Systems); Frankie Long (SCDAODAS); Katie Morgan (SCDSS); Haley Mottel (Governor's Office); Patricia Ravenhorst (SCVAN); Neil Sandov (Compass); Saskia Santos (SC DPPPS); Louann Sandel (DAC); Cheryl Stanton (SCDEW); Teesha Trapp (SCDEW); Jimmy Walker (SCHA); Carol Yarborough (Dickerson CAC); Stephen Yarborough (SCDSS); Danielle Young (DAC)

The meeting was called to order by Katie Morgan at 10:10 a.m.

I. Welcome and Introductions

The committee members and participants were welcomed introduced themselves.

II. Approval of Meeting Minutes

The minutes of the February 20, 2015 were amended to reflect the attendance of Neil Sandov. The minutes of the meeting were approved as amended.

III. Defining the Task – Establishing Division Objectives

The committee reviewed draft Division Objectives that were developed from the February 20, 2015 meeting. Modifications were made to draft objectives and are included as Attachment A to these minutes.

It was noted that inconsistencies between programs exist, especially in the realm of offender services. To mitigate these gaps, the group seeks to assess a standard quality of services. This will be assigned to a workgroup.

Saskia Santos, Kaitlin Blanco-Silva, Frances Ashe-Goins volunteered to further refine the objectives and present them at the April 3, 2015 meeting. Ms. Santos will take the lead in this activity.

IV. Report on Public Hearing(s).

Casie Culver reported that public hearings will take place on March 23, from 10 AM until 12 Noon at LRADAC Education Center and in Greenville, March 27, from 10:00 AM until 12:00

Noon at the Phoenix Center. She asked the wider group for help with obtaining a venue in the low country and made an alternate suggestion of possibly joining another sub-committee's public hearings.

Arrangements will be made for counselors and security to be present at the public hearings. The workgroup is also exploring on-line registration, time limits for speakers, follow-up support for survivors testifying, and questionnaires or other mechanisms for the public to participate.

The committee discussed the objectives of the public hearings as follows: To receive public testimony that serves to enhance efforts to provide services; describe gap areas; list potential solutions; contribute to the recommendations of the Governor. Appreciative Inquiry was chosen as the planned tone of the public hearings. Patricia Ravenhorst agreed to prepare those at the hearings, just prior, so that they will be in the frame of mind to redirect input in a manner consistent with appreciative inquiry.

Casie Culver, Frankie Long, Steve Yarborough, Leslie Fisk, and Katie Morgan plan to be at all of the meetings. Others are encouraged to attend.

V. Report on Data Collection Model and Process

Kim Feeney reported on data collection activities and the draft survey being developed to send to all known providers of services to victims and survivors. The survey will be distributed within the next week and will remain open for about six weeks, closing between April 25th and April 30th.

A separate survey has been sent to all DAODAS providers and partners. This information will be aggregated and included in overall data-gathering efforts.

An additional survey is being designed specifically for legal services, with the help of Patricia Ravenhorst and Leslie Fisk. This will target the private bar and mediation centers.

A question was raised as to the value of trying to determine the amount of domestic violence present in households. This information could be obtained from the children's advocacy centers and other sources. Carol Yarborough and Sara Barber will ascertain what information from children's advocacy centers and sexual assault agencies.

VI. Old Business

None

VII. New Business

None

VIII. The meeting was adjourned at 12:00.

Governor's Domestic Violence Task Force Meeting, April 3, 2015

State Data Center, 4430 Broad River Rd, Columbia, SC 29212

10:00 AM – 12:00 Noon

MEETING MINUTES

Convener: Katie Morgan

Recorder: Stephen Yarborough

Attendees:

Tammy Bagwell (SCDSS); Sara Barber (SCCADVASA); Alicia Benedetto (SCDMH); Kaitlin Blanco-Silva (DAODAS); Carl Bowen (SC State Housing); Casie Culver (SCDAODAS); Debbie Curtis (SC DPPPS); Kim Feeney (SCDSS); Leslie Fisk (SC Legal Service); Jane Key (SCDHEC); Grace Lambert (SCDAODAS); Richard LaPratt (United Way of SC); Frankie Long (SCDAODAS); BJ Nelson (SCDPS); Katie Morgan (SCDSS); Haley Mottel (Governor's Office); Theresa Roberts (Love House Ministries); Saskia Santos (SC DPPPS); Louann Sandel (DAC); Marchar Stagg (SC DPPPS); Steve Strom (SCDSS); Teesha Trapp (SCDEW); Jimmy Walker (SCHA); Stephen Yarborough (SCDSS)

The meeting was called to order by Katie Morgan at 10:00 a.m.

I. Welcome and Introductions

The committee members and participants were welcomed introduced themselves.

II. Approval of Meeting Minutes

The minutes of the March 13, 2015 were approved.

III. Defining the Task – Establishing Division Objectives

Saskia Santos reported that at the instruction of the Governor's Office and the Task Force Division Chairs, the goals and objectives for the Victims and Services Division were modified to reflect the goals of Phase 1 of the Task Force Process. Modified objectives were distributed. The group agreed that witnesses to violence, like children, would be considered secondary victims.

The group decided that demographic data on both victims and offenders needed to be collected. If, given the time constraints, data collection isn't feasible, the groups should seek out demographic data already collected through other sources.

IV. Report on Data Collection Model and Process

Kim Feeney reported on data collection activities and the draft survey being developed to send to all known providers of services to victims and survivors. Ms. Feeney stated that information is being gathered from a variety of sources. The group discussed the complexity of comparing one data set to another. A future recommendation may be to establish parameters and definitions around data collected by state agencies so that it can be processed and analyzed together.

Leslie Fisk suggest that the Criminal Justice Division may be investigating legal actions, such as number of orders for protection requested vs. the number granted, that may be of use to this division.

Jimmy Walker asked about the methodology that will be used to define and identify the underserved populations. Richard LaPratt offered to look into getting information from the homeless management information system. Alicia Benedetto, Jane Key, and Sara Barber volunteered to review existing research, such as the National Intimate Partner and Sexual Violence Survey, to determine what information exists on the underserved population.

Kim Feeney reported that the Victim Services survey is live and had 22 responses at the time. The group was to assist in forwarding the survey to all possible parties, including military installations, the faith based community, United Way services providers, and all municipalities.

An additional survey is being designed specifically for legal services, with the help of Patricia Ravenhorst and Leslie Fisk. This will target the private bar and mediation centers.

The Services to Batterers Survey is under development

V. Report on Public Hearing(s).

Casie Culver reported on the public hearings that took place on March 23rd in Columbia and on March 27th in Greenville. Summary comments were distributed and observations discussed. A third hearing is scheduled for April 7, 6 to 8 PM, at the Cornerstone Community Church in Orangeburg. The group discussed the possibility of adding a fourth location in Beaufort and Myrtle Beach.

Upon completion of the public hearings, a survey will be sent to those indicating upon signing in that they would be willing to participate in a survey.

VI. Old Business

None

VII. New Business

Data Analytics workgroup will have its first meeting on Tuesday, April 7th. The goal is begin turning the data that is being collected into information that can be used.

The Division Report is due to the Governor on May 8. Kim Feeney, Teesha Trapp and Sara Barber offered to work on the written report.

The next meeting of the full Task Force has been rescheduled to May 19.

Next meeting of the Division will be held on April 24th at 10 a.m. at the State Data Center

VIII. The meeting was adjourned at 12:00.

Appendix B: Victim Services Survey

Note: See file “Final Victim Service survey_20150407 11-12-10.pdf” for the complete survey

Appendix C: Offender Services Survey

Note: See file “BIP survey_20150421 11-06-39.pdf” for the complete survey

Appendix D: Public Hearing Notices, Speakers and Notes

Governor's Domestic Violence Task Force Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Monday, March 23, 2015

Time: 10:00 a.m. Until 12:00 p.m.

Location: LRADAC Education Center
2711 Colonial Drive
Columbia, South Carolina 20203

**Remote participation available via conference call. Please choose the access code local to you:*

803-726-9796; 864-908-3279; 843-737-7035

Conference Code 622668#. Should these numbers not work, please call (803) 896-0001 for assistance.

For written comments, please E Mail

PublicComment.DVServices@dss.sc.gov or write: Domestic Violence Task Force, Victims and Offender Services, attn.: Stephen Yarborough, PO Box 1469, Columbia, SC 29202-1469.

Purpose: The Division of Services for Victims/Survivors and Offenders of the Governor's Task Force seeks public input to assist with the identification of strengths and gaps in services to these individuals.

Please register online in advance if you wish to address the meeting in person at <https://survey.dew.sc.gov/n/DomesticViolenceRegistration.aspx>. We ask that you limit the length of your comments to 3 – 5 minutes.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Governor's Domestic Violence Task Force

Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Friday, March 27, 2015

Time: 10:00 a.m. Until 12:00 p.m.

Location: Phoenix Center
130 Industrial Drive
Greenville, South Carolina 29607

**Remote participation available via conference call. Please choose the access code local to you:*

803-726-9796; 864-908-3279; 843-737-7035

Conference Code 622668#. Should these numbers not work, please call (803) 896-0001 for assistance.

For written comments, please E Mail

PublicComment.DVServices@dss.sc.gov or write: Domestic Violence Task Force, Victims and Offender Services, attn.: Stephen Yarborough, PO Box 1469, Columbia, SC 29202-1469.

Purpose: The Division of Services for Victims/Survivors and Offenders of the Governor's Task Force seeks public input to assist with the identification of strengths and gaps in services to these individuals.

Please register online in advance if you wish to address the meeting in person at <https://survey.dew.sc.gov/n/DomesticViolenceRegistration.aspx>. We ask that you limit the length of your comments to 3 – 5 minutes.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Governor's Domestic Violence Task Force

Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Tuesday, April 7, 2015

Time: 6:00 p.m. Until 8:00 p.m.

Location: Cornerstone Community Church- Encounter Room
1481 Chestnut St
Orangeburg, SC 29115

**Remote participation available via conference call. Please choose the access code local to you:
803-726-9796; 864-908-3279; 843-737-7035
Conference Code 998301#. Should these numbers not work, please call (803) 896-0001 for assistance.*

*For written comments, please E Mail
PublicComment.DVServices@dss.sc.gov or write: Domestic Violence Task Force, Victims and Offender Services, attn.: Stephen Yarborough, PO Box 1469, Columbia, SC 29202-1469.*

Purpose: The Division of Services for Victims/Survivors and Offenders of the Governor's Task Force seeks public input to assist with the identification of strengths and gaps in services to these individuals.

Please register online in advance if you wish to address the meeting in person at <https://survey.dew.sc.gov/n/DomesticViolenceRegistration.aspx>. We ask that you limit the length of your comments to 3 – 5 minutes.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Governor's Domestic Violence Task Force

Victim & Offender Services Division



PUBLIC NOTICE OF MEETING

Date: Monday, April 27, 2015

Time: Noon until 2:00 P.M.

Location: Technical College of the Low Country
921 Ribaut Road – Auditorium, Bldg 12
Beaufort, South Carolina 29902

**Remote participation available via conference call. Please choose the access code local to you:*

803-726-9796; 864-908-3279; 843-737-7035

Conference Code 647182#. Should these numbers not work, please call (803) 896-0001 for assistance.

For written comments, please E Mail

PublicComment.DVServices@dss.sc.gov or write: Domestic Violence Task Force, Victims and Offender Services, attn.: Stephen Yarborough, PO Box 1469, Columbia, SC 29202-1469.

Purpose: The Division of Services for Victims/Survivors and Offenders of the Governor's Task Force seeks public input to assist with the identification of strengths and gaps in services to these individuals.

Please register online in advance if you wish to address the meeting in person at <https://survey.dew.sc.gov/n/DomesticViolenceRegistration.aspx>. We ask that you limit the length of your comments to 3 – 5 minutes.

Contact: Stephen Yarborough, SCDSS, 803-898-9402

Public Hearings Summary – Victims and Offender Services Committee

Columbia, SC - LRADAC Education Center, March 23, 2015

46 Attendees; 6 Speakers; two hours

Dr. Kendra Albright – Victim, Survivor, domestic violence researcher, University of South Carolina

Domestic Violence not only physical; may be mental, sexual, economic;
Daughter suffered as well;
Therapeutic and economic support would be invaluable;

Christina Robinson - Greenville, SC area advocate

Providers like Safe Harbor, Compass of Carolina, Pendleton Place, Sheriff's Department Advocate are all valuable.
Guardian ad Litem system is expensive, slow to respond;
Stiffer punishment to those who violate protection orders – not just being made to leave;
Clearer guidelines needed on what constitutes harassment;
More focus needed on children who witness domestic violence;

Lindsay Pendarvis – advocate, survivor

Much abuse is undiscovered because it happens behind closed doors;
Investigation often not treated as a proper criminal investigation;
More training needed for law enforcement officers;
Recommends use of clinical psychologists in treatment;

Nicole Deems, LRADAC Treatment Director, Lexington

High correlation between substance abuse and domestic violence;
Lay foundation for community efforts;
Greater use of children's advocacy model;

Dollie Ritchie – owner, Princess Dolly Giggles, victim.

Community not understanding after abuse, felt blamed;
More batterers intervention programs needed;
Children's needs need to be better addressed as well;
Recommends education for survivors on signs of unhealthy relationships;
Additional training needed for victim advocates, law enforcement members, and judicial system.
Need for transitional homes after leaving shelter.

Jamie Banks – survivor

Feels that investigators did not thoroughly investigate her case; was later sexually assaulted by same attacker;
Providers need greater capacity to take in individuals who need to escape an abuser;

Recommends mental health counseling be available to victims for up to a year; Suggests a division of SC Works focused on victims of abuse;

More needs to be done to educate children on domestic violence;
Also, need for training of school counselors.

Greenville, SC – Phoenix Center, March 27, 2015

38 Attendees; 10 Speakers; two hours

Patricia Ravenhorst- South Carolina Victim Assistance Network

Recommended that attendees and speakers treat hearing as a dreaming session, of what should be.

Jada Charley, Executive Director, Safe Passage- serves York, Chester, and Lancaster Counties

Advocates a community response, including public education to people, employers;
Education will help remove stigma associated with being a victim;
Need for training of law enforcement;
Stressed manipulative capabilities of many abusers;
Lack of affordable housing is a gap;
Sees too much focus on physical scars – not enough on economic ones;
Transportation is often an issue for victims;
Would like to see court system enhancements;
Financial sustainability for providers is a major problem. Would like to see some public funds, normally advocated to state agencies and counties, go to providers in the community as well;

Monica Culbreath- victim.

Attacker/husband was primary breadwinner. She did not call police – others did; she is college educated and is still having difficulty finding work;
Police, victim advocate were wonderful;
Was told that a domestic violence-based divorce was impossible because the attack wasn't violent enough;
Still thinks of taking attacker back, so she knows she needs counseling;
Attacker uses financial leverage, taunts her with it;

Beth Arnold spoke next

Gap number one is lack of education in churches, law enforcement, general public;
Says SC is number two because it is reactionary when it comes to domestic violence;
Recommended that attendees read, Why Does He Do That? By Lundy Bancroft;
No physical evidence in her attack, so her ex-husband got no abuse counseling or jail time;
Stated that the only domestic violence bill that's passed, to her knowledge, is one that protects victims' pets;
Gap in lack of faith-integrated services;

She did not go to a shelter because she home schools her children – thought it would be too disruptive;
She has a degree in electrical engineering, but unable to put it to use because of her children;

Becky Callaham, Director, Safe Harbor

Spoke on behalf of a victim who's still involved with the system, so she chose not to speak;
Children of victim were taken into protective custody because she failed to protect them;
Only referrals made were to parenting classes;
No relative placement found, nor treatment plan written;
Feels that DSS is unresponsive;
Mother ordered to pay child support and pay for her own psychological evaluation;
DSS and Family Court systems are slow and difficult to navigate – actually add barriers to getting children back;
Victim feels like DSS is trying to teach her a lesson never to get into another abusive relationship;
Speaker wants a culture change within DSS, especially when working with victims of domestic violence;

Adam Brickner – Executive Director, Phoenix Center

Encouraged DSS to focus more on entire family – not just the children – feels that it prevents them often from seeing forest for the trees

KiKi Robinson- advocate

Recommended that domestic violence victims be assigned sponsors, much like those in Alcoholics Anonymous- feels that this might help mitigate some fears of DSS and law enforcement.

Angela Hopkins- survivor, Advocate

Son's "just world" view was shattered;
Local police were excellent;
Gap at the hospital- lack of understanding what to do with her and her son after her exam;
Was denied services at one agency because her income was too high;
Husband was a heroin addict;
Quick divorce is possible for her because of severity of her attack;
Son was not considered a victim, however, so attacker/husband has rights to visitation;
She found a therapist for herself and a child advocacy center for her child that practiced Trauma Focused Cognitive Behavior Therapy (TFCBT);
She felt forced to move, but received no assistance with relocation services; also moved her son to another school;
Husband's ability to pay for monitoring will be assessed upon his release, but he'll likely be deemed unable to pay- thus, she will enter a prison in looking over her shoulder indefinitely;
Order for protection will expire the day of his release

Randy Roberts- Minister

Watched domestic abuse while growing up; learned the same behavior; considers himself an abuser who's becoming an advocate;

No training available to him at the time he was an abuser – God intervened and changed his behavior; feels that Clergy must do a better job in educating about domestic violence- first call should be to police;
Feels that men should be held more accountable;

Cornelius Huff – Mayor of Inman

Education must start with children- used example of “Stop, Drop, and Roll” in reducing child deaths due to fire.

Orangeburg, SC - Cornerstone Community Church, April 7, 2015

32 Attendees; 10 Speakers; two hours

Mike Dennis- Executive Director, Tri-County Commission on Alcohol and Drug Abuse

High correlation between substance abuse and domestic violence

Pamela Darby- Victim Services Treatment Manager, CASA Family Systems

Organization serves Orangeburg, Calhoun and Bamberg Counties;
Stated that domestic violence effects entire families, communities, therefore schools, law enforcement, public agencies, and community at large need to work together.

Elmire Raven, Executive Director, My Sisters House

Close collaboration with partners, especially DSS;
Says that children are often silent victims and they receive few mental health services after domestic violence – possibly leading them to turn to drugs or develop other problems;
She stated that her organization’s top needs are that grant proposals be funded at the requested levels, to include not only personal, but supplies and transportation allocations.
More money needed in reserve for transitional housing needs;
More child care vouchers would also be helpful;

Megan Harmon-Madden, survivor

Despite having reported to doctors on more than one occasion that her husband was an addict, no referrals were ever made- she would like to see mandated reporting apply to doctors;
She was unaware of some programs offered until accidentally reading about some on a flyer;
Sees need for more coordination between various victims advocates- suggested a victim’s handbook sort of approach;
Felt throughout process that she was doing all the work;
Unable to collect unemployment because she had not been working;
Received no help in housing;

Melva Zinach, Board Member, My Sisters House

Need to educate police. She gave the example that if the children are not added as witnesses to the crime, they do not receive treatments that could help them;
She thinks that domestic violence is a hot button issue right now and that we should move on it while it still is;
Need to educate in schools, noting that it's never too early;

Alicia Rahiem- Advocate with Project Unity

Recommends more focus be put on attackers;
She was disappointed in law enforcement's reaction to her niece's attack – was not contacted until two weeks after the attack, and then was asked what she wanted to do;
Communication was so poor that she initially went to wrong location for attacker's bond hearing;
Problems seen at DSS with caseload vacancies;
Problems with law enforcement when follow-through is delayed;
Suggests that attorneys be present for Orders of Protection hearings, and that custody and support also be addressed at these same hearings;
Advocates should not be housed in the departments investigating the attacks because victims then have no recourse if they're not pleased with the way the case is handled;
Recommends a fatality review team to assist in spotting additional gaps in services;

Jamie Banks – survivor

Suggested counseling for victims, batterers, children and family members;
Recommends temporary food and housing, transportation in form of bus vouchers, taxi rides;
SC Works Division for domestic violence victims; also child care vouchers
She also recommends separate hearings – noted that her case involved a sexual assault, and individuals for other hearings were present in the courtroom;
Recommended that law enforcement not negotiate with attackers – leads towards bitterness on part of the victim;
Suggests a local model, perhaps run by DSS or DOC, modeled on Homeboy Industries in California

Chandra McPherson, Director, Victim Services, Orangeburg County Sheriff's Office

Collaborative efforts need to be maintained in continuity of services offered;
Sheriff's Office houses a Junior Advocate program and conducts in service training for their officers;
Importance of engaging faith-based community;

Representative Gilda Cobb-Hunter spoke in capacity as CEO of CASA Family Systems

If policy and cultural change are goals, lack of information and awareness is a big problem;
Engaging those agencies who touch victims of domestic violence, like DSS, PPP, Corrections, and Public Safety, are critical;
Territoriality of some victim advocates is not helpful- need more coordination;
Need to recognize urban-rural differences, pointing out availability of housing in Charleston County, but not rural ones, for example;
Job Training in non-traditional, high wage earning jobs is needed;
Recommends removing limitations on using SOVA funding for child victims, who are currently often not eligible for counseling at child advocacy centers;
Child care vouchers useful;
Substance abuse counseling while incarcerated would also be helpful;

Batterers programs need more program standards and monitoring; encourages Director Alford to look at enhancing the portion of DSS that monitors these programs and revise the standards created in 2005.

Dolly Ritchie

Justice system is difficult, especially for victims, to navigate;
Manipulating behavior or abuser;
Felt like her voice had been taken away

Beaufort, SC - Technical College of the Low Country, April 27, 2015

32 Attendees; 6 Speakers; two hours

Kristin Dubrowski, Executive Director, Citizens Opposed to Domestic Abuse (CODA)

Organization provides services in Colleton, Jasper, Hampton, and Beaufort Counties;
Hotline receives about 3,000 calls per year; provide transitional housing and an emergency shelter, too;
One dream is a system whereby survivors won't have to leave their own homes;
Would like to see offenders held accountable;
Laws should be enforced consistently;
Partners with Hope Haven, a local rape crisis and children's advocacy center, to provide education to middle and high schools; she would like to see school districts take on these functions themselves

Anna Zweede, Coordinator, Victim Services, CODA

Became a victim despite her background;
Was asked by victim advocate what she had done to provoke the attack; she noted that an attack is a choice made by the attacker – it is not provoked;
She was originally advised that she would not need an order for protection because her attacker would spend ten years in prison; CODA explained that this was not the case;
No notification of attacker's hearing – no return call from victim advocate; plea deal had already been made by time she reached court;
Feels she was re-victimized by the system and her voice taken;
Says if SC wants to get out of the domestic violence Top Ten, a cultural mind shift is needed;
Advocates taking guns away from abusers;
Advocates mandatory domestic violence education for everyone working with victims;
Providers need funding to provide needed services;
She feels that alcohol and drug abuse do not cause domestic violence, but may exacerbate the behaviors;

Deirdre Hagood- spoke on behalf of a deceased victim

Victim's husband killed her at age 32, then killed himself; left behind five children, all under age of fifteen;

Feels that if law had been changed taking guns away from abusers, victim might still be here.
The attendees applauded when she stated that if you want your right to bear arms, don't abuse your partner.

Latrenda Benjamin- survivor

Controlling abuser;
She did not understand the precariousness of her situation;
Attacker's family did not take his threatening behavior seriously;
Felt like officers were more concerned with her attacker's health than hers – she had given up on calling police because they had not acted on her concerns before;
She never went to therapy and it never came to her;
Says her children went through the abuse as well;
Thinks that the Solicitors Office should have a program for long-term follow-up for domestic violence victims;
Additional training for law enforcement needed, and provision of a female deputy for crime scene response;

Representative Shannon Erickson, House District 124, Chair of House Domestic Violence Task Force

Pointed out that House Bill 4433 takes guns away from abusers; strengthens victim advocates, provides training for law enforcement and judiciary; bill will make all parties communicate; names children as victims in domestic violence and finds that they need counseling;
Advocates that BIP oversight be placed with Solicitors Office.
Urged attendees to write Senate and tell them that the House bill does more than the Senate one
Noted that the Bill contains no funding, but that if public outcry is sufficient, they'll find a way to fund it;

Theresa Lacy, CODA

Still terrified years after her attack;
She was re-victimized by the system;
Perpetrator, despite failing several drug tests, and having more than one woman testifying against him, was awarded custody of their child;
Her attacker is manipulative, particularly of their child's feelings toward her;
Son is showing signs of possibly being an abuser, despite being only fifteen years old.

Appendix E: Service Definitions

The following service definitions are contained in the South Carolina Service and Administrative Standards for Domestic Violence Agencies. The Standards were developed by SCCADVSA member programs and adopted by DSS Domestic Violence Programs and are available on their website: <https://dss.sc.gov/content/customers/protection/dv/sfs.pdf>

Hotline/ Crisis Intervention: Short-term, immediate assistance and advocacy given by phone or in person to victims of domestic violence by volunteer or paid staff who respond to the crisis and safety needs of victims of domestic violence and their family members. A hot-line operates 24-hours with trained staff and/or volunteers who offer crisis intervention, information and referral, and shelter intake. The hotline provides a nonjudgmental response to callers, information on domestic violence, information on safety, and appropriate referrals. Crisis intervention and the hot-line serve as the link to other agency services.

Residential Shelter: Immediate, temporary, confidential and non-violent refuge for victims of domestic violence in imminent danger. The shelter meets basic needs such as food and clothing and is accessible 24 hours a day, seven days a week.

Safe Homes: Safe shelter at locations separate from the primary shelter facility, including motel/hotel placement and/or other direct placement. Accommodations are ensured to be safe and participants have access to a telephone, bathroom facilities and all doors to the accommodations have locks.

Case Management: A person or team that works with and on behalf of victims of domestic violence assuring access to resources that will meet each victim's needs. Case management involves assessing client issues, setting goals, establishing a plan of action, connecting clients with agency and community resources, and monitoring the client's progress to ensure goals are met.

Supportive Counseling: A short-term (usually less than 6 months), solution-focused brief intervention that addresses specific, individualized treatment goals around domestic violence related issues. Supportive counseling services are provided in a safe and confidential environment and intended to empower, validate and educate victims of domestic violence.

Professional Therapy: A longer-term intervention that involves in-depth, process oriented work for adults or more experiential work for children. Therapy is most often aimed at helping the client identify longer-term life patterns and coping mechanisms, or established survival skills, and may address core issues such as sexual abuse or mental health problems. Therapy may work on more process-oriented internal changes. Therapy groups may focus on changing patterns of relating to and coping with the world.

Support/Psycho-educational Groups: Interactive group sessions that may be non-directed, topic oriented or informational and educational. Individuals who meet on a regular basis to share problem-solving techniques, information, and to express concern in a non-judgmental atmosphere. These groups are peer educational not therapy unless the agency has qualified staff. Groups are open-ended with fluctuating membership or closed with a set curriculum.

Children's groups: Interactive group sessions that may be non-directed, topic oriented or informational and educational and use age appropriate techniques (such as play, music or art).

Children's counseling: A short-term (usually less than 6 months), solution-focused brief intervention using age appropriate techniques (such as play therapy for younger children) that addresses the effects of witnessing domestic violence or other domestic violence related problems.

Court Advocacy: Assistance to victims, at their request, in legal matters relevant to their situation. This includes accompanying the victim to sessions with law enforcement, attorneys, and court proceedings, and filling out forms.

Medical Advocacy: Assistance to victims, at their request, in medical matters relevant to their situation. This includes accompanying the victim to emergency room examinations relating to domestic violence and also to other medical facilities where they are admitted (such as psychiatric wards) to assist them in understanding their rights.

Follow-up: Ongoing personal support and assistance to victims, at their request, to ensure that they are accessing the services they need. Follow up should occur, but is not limited to, the 3 to 6-month period after initial contact.

Transitional Housing: Includes free or reduced cost housing for individuals and families for up to two years, in conjunction with supportive services.