City of San Antonio
Comprehensive Domestic Violence Plan

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SAN ANTONIO
TEXAS

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In Spring 2019, our community identified an increase in domestic violence-related murders. Councilwoman Shirley Gonzales and Councilman Manny Pelaez asked the Department of Human Services (DHS) and Metropolitan Health District (Metro Health) for a structured assessment of domestic violence-related services. The evaluation included available services, systems of data collection and analysis, and community responses to family violence, including by law enforcement, social services, courts, and educators. The assessment also pinpointed gaps in service, and potential system improvements in incident reporting and follow up.

WHAT IS A PUBLIC HEALTH APPROACH TO DOMESTIC VIOLENCE PREVENTION?

Public health is fundamentally a science of prevention, addressing upstream factors to prevent downstream consequences. In practice, this means that upstream public health solutions like supporting positive parenting, for downstream problems like domestic violence-related homicide, take many years to change outcomes. Survivors of one form of violence are more likely to be victims of other forms of violence. Youth who have been physically abused by an intimate partner are more likely to have experienced abuse as a child[1]. Children who experience physical abuse or neglect are at greater risk for committing violence against peers[2], teen dating violence, and committing child abuse[3], intimate partner violence, and sexual violence later in life. A public health approach is not a quick fix, but slow, deep change to systems and whole communities. It requires sustained, multisector commitment and transparent evaluation of what is working and what isn't to make change rooted in evidence. Though a public health approach frames this report, the strategies proposed in the City of San Antonio Domestic Violence Comprehensive Plan mix both immediate solutions to issues that need to be addressed today with strategies that will take many years to fully demonstrate results.

The Centers for Disease Control and Prevention (CDC) developed a four-step process to identify the scope of violence and an evidence-based, community-responsive prevention plan. First, define the problem (**Section 1: Data and Metrics**). Second, identify risk and protective factors (**Section 2: Gap Analysis**), and third, identify prevention programs and policies to test in the community (**Section 3: Five Year Plans**). The fourth step of the model is an ongoing evaluation and adjustment of programs and policies to meet the needs of the community (**Section 4: Year One Workplan**).

Section I: Data & Metrics

No one source of information reliably captures the scope and impact of domestic violence in San Antonio, nor all the programs that could influence prevention. A central challenge when determining the scope of the problem is that most of the quantitative data available are from law enforcement. **However, a 2017 analysis by the U.S. Department of Justice estimates that police were notified in only 56% of domestic violence victimizations**[4].

1.1 DEFINING THE ISSUE: WHAT DOMESTIC VIOLENCE LOOKS LIKE IN SAN ANTONIO

After nearly forty years of steady declines in domestic violence-related homicides, the trend in the United States has reversed. Since 2015, murders by an intimate partner have increased in the United States and Texas[5]. The 2018 Texas Council on Family Violence Honoring Victims Report shared the stories of the 174 women killed by male intimate partners in 2018, the highest number of women killed in Texas the last ten years[6]. The chart on this page shows San Antonio mirrors this trend with murders of women by men in domestic violence-related homicides increasing from 2015-2018. Four years is not a sufficient period to determine if there will be a sustained trend; however, any increase in deaths is tragic and cause for concern. Thankfully, most people who experience domestic violence will not be murdered. But this also means it's unclear whether an increase in murder indicates an overall increase in violence or an increase in the lethality of domestic violence. Murders of intimate partners by firearms have increased 26% since 2010, while murders by other means

Domestic Violence Related Homicides, SAPD and BCSO

YEAR	TOTAL	WOMEN
2019 YTD 7/31/19	20	10
2018	35	21
2017	30	18
2016	24	10
2015	19	8
2014	22	11

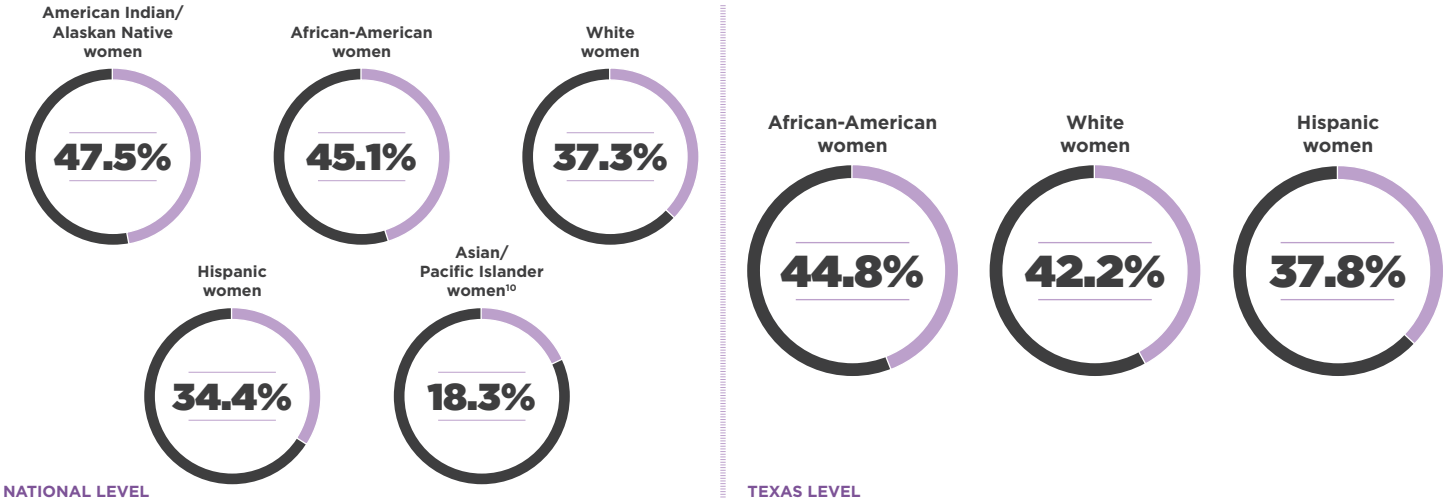
have continued to drop[7]. In Texas in 2018, 59% of domestic violence-related homicides involved a firearm. From 2016-2019, 58% of women killed in domestic violence incidents in San Antonio were murdered with a gun.

Domestic violence extends beyond murder. The Department of Justice (DOJ) reports that between 1994 and 2011, the rate of severe intimate partner violence, defined as rape or sexual assault, robbery, and aggravated assault, fell 72%, with most of the decline attributable to decreased victimization of women[8]. Nearly half of women and 1 in 3 men in Texas report having experienced sexual violence, physical violence, or stalking by an intimate partner[9]. The CDC estimates that in the previous 12 months, 807,000 women and 711,000 men in Texas experienced domestic violence. Estimates for domestic violence locally are pulled together from several sources, none of which is comprehensive, but each adds to understanding. Three sources of call data are presented here—Family Violence Prevention Services Hotline, 211, and SAPD. Family Violence Prevention Services (FVPS) operates a hotline for shelter and assistance for domestic violence survivors. In 2017, FVPS received **3,265 calls**, which dropped slightly to 3,073 in 2018. Zip code data is unavailable for FVPS callers. In 2017, 211 received **3,741 calls** related to domestic violence, which fell slightly to 3,114 calls in 2018. Both years, the highest number of calls were placed from **78207**. Calls to SAPD are at a greater scale, with 38,517 family violence-related calls in 2017 and 40,094 in 2018. When comparing not just the number of calls, but the rate, **78205 has the highest rate of family violence related reports, with 128.72 per 1,000 in 2018**. Zipcode **78235** has the next highest rate at 24.48/1,000, with **78208** (19.77), **78202** (19.63), **78220** (19.37), and **78226** (78226). Both 211 and SAPD refer individuals to FVPS, and one individual may call multiple times in a year.

> **In Texas in 2018, 59% of domestic violence-related homicides involved a firearm. From 2016-2019, 58% of women killed in domestic violence incidents in San Antonio were murdered with a gun.**

Local data that includes races and ethnicity is not available for most indicators, however in national surveys, black and indigenous women, and women of color in general, consistently experience higher rates of domestic violence than white women.

LIFETIME DOMESTIC VIOLENCE EXPERIENCE OF WOMEN IN THE UNITED STATES



San Antonio is a majority Latino city, with 64% of the population identifying as Latino. If ethnicity is the only factor, San Antonio should have lower rates of violence against women, as Hispanic/Latina women in Texas report violence at lower rates than their Black and White counterparts. As discussed in the San Antonio Status of Women Report, when rates of violence are compared among Texas cities, not simply absolute counts, the high rate of violence in San Antonio appears to be more than an artifact of data and reflects the real experience of women in the community.

In May 2019, the San Antonio Status of Women Report[11] was released. San Antonio women had a higher rate of rape and murder by male partners than women in the three other cities examined (Dallas, Houston, and Austin). Women in San Antonio also had lower rates of bachelor's degree completion, wider earnings gaps compared to men, and the lowest-earning levels of women compared to the other three cities examined. Higher levels of women are working poor in San Antonio than in other major Texas cities. Taken in combination, women in San Antonio lack access to economic resources, increasing their vulnerability to financial abuse, and potentially limiting their options for leaving an abusive relationship.

San Antonio is a growing city, the seventh largest in the nation, San Antonio had the fourth largest absolute population change (185,020) between 2010 and 2017 and the largest

percentage change (13.9%) during this period. As the population increases, even if rates of violence remain the same or decrease, the absolute number of individuals needing assistance will increase. When arrests are combined with DV related deaths and calls to SAPD, the overall story is one of an increase in domestic violence and a widespread, urgent problem.

THE DATA THAT INFORMED THE PLAN WAS COLLECTED THROUGH FIVE SOURCES:

- **Survey of domestic violence service providers.**
- **Surveys of attendees at a Domestic Violence Congressional Townhall.**
- **Interviews of community leaders, service providers, advocates, and academics.**
- **Data from SAPD, Texas courts, the Texas Council on Family Violence, and DHS grantees.**
- **In addition, the City of San Antonio engaged state, and national experts to identify best practices from other communities that could be adopted here.**

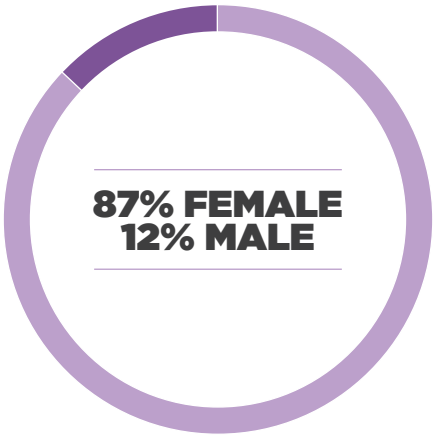
1.2 CONGRESSIONAL TOWNHALL SURVEY

On July 2, 2019, Congressmen Joaquin Castro and Lloyd Doggett hosted a Congressional Town Hall in coordination with the PEACE Initiative and the San Antonio Mennonite Church. Survivors and family members of victims shared stories of abuse and resilience, including when they sought help and were unable to get services.

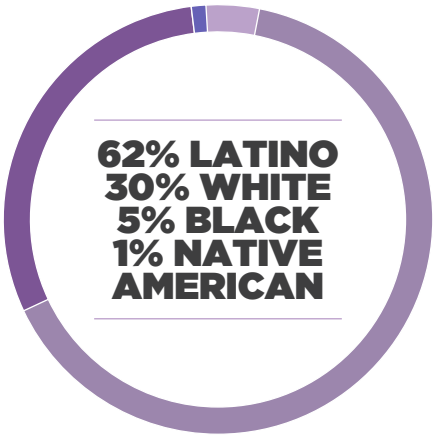
Among 83 surveyed attendees, three organizations were identified most frequently as sources of support: Family Violence Prevention Services **(40%)**, SAPD **(20%)**, and the Peace Initiative **(20%)**[12]. Twenty-one percent of attendees could not identify any organization. Over half of respondents said San Antonio needs to increase community awareness and education. Attendees identified youth programming, higher penalties for perpetrators, mental health services, removing guns from perpetrators, and victim assistance as priorities.

— SURVEY RESPONDANT PROFILE* —

**may not total to 100% due to missing values*



GENDER



ETHNICITY

Additionally, respondents selected potential city actions in order of highest preference:

1. Removing weapons from the home of domestic violence abusers **(60%)**
2. Teen and youth dating violence prevention programs **(52%)**
3. Training for police officers on domestic violence response **(47%)**
4. Increase support for survivors during the court process by adding legal advocates **(37%)**
5. Parent education programs that prevent child abuse **(34%)**
6. Communication campaigns about where to seek help for domestic violence **(33%)**
7. Training for healthcare providers to identify and support survivors **(29%)**

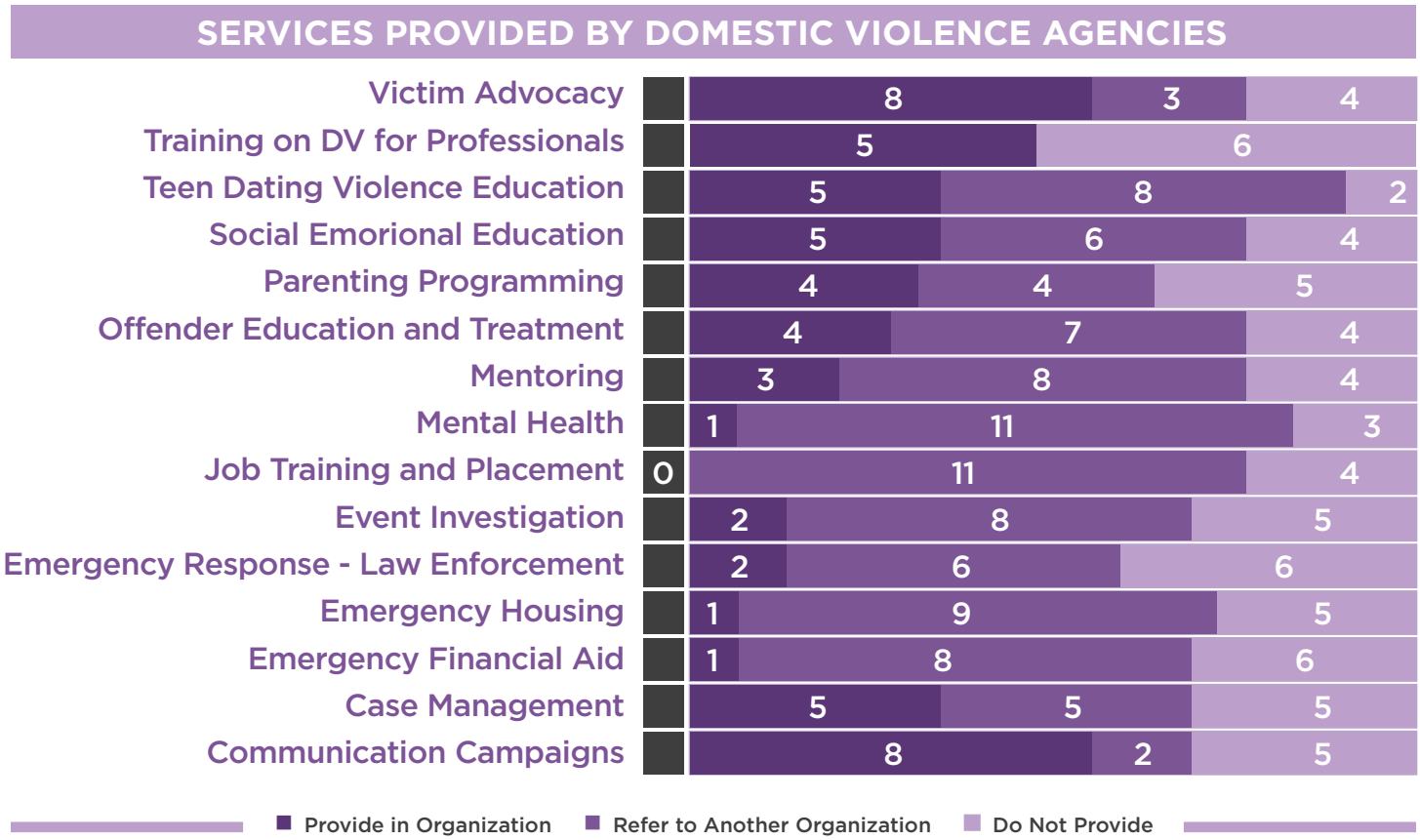
Respondents also wrote on the back of surveys, some sharing very personal stories of abuse, loss, and survival. A handful of respondents shared that they had never heard of the idea of domestic violence until they left their abuser or called the police.

The Congressional Townhall highlighted the frustration felt by some in the community with systems perceived to fail victims and protect perpetrators. An essential step in addressing domestic violence in San Antonio is developing a shared understanding of the services, processes, and outcomes to prevent and respond to domestic violence.

1.3 DOMESTIC VIOLENCE SERVICE PROVIDER SURVEYS AND COMMUNITY INVENTORY

Agencies in the Bexar County Domestic Violence Task Force, agencies funded by United Way Strong Individuals & Families domestic violence initiatives, and/or identified as delegate agencies by the City of San Antonio were invited to complete an inventory of their services, clients and staff. Of 49 agencies identified, 40 completed the survey, online or in an interview.

The chart below displays services provided in house, referred out, or not. If more than one respondent from an agency completed the survey, only one set of responses was analyzed. Only job training and placement were not identified as provided by any respondent.



Though eight organizations said they provided communication campaigns, in discussion with respondents, these were generally small scale, including newsletters or ad placement. No agency has the capacity or funding to implement a comprehensive city-wide campaign with a message that can be shared by multiple domestic violence-related agencies. Respondents reported serving a combined total of **36,761 clients in FY 2018**. Respondents also reported having a total of 244 full-time staff members dedicated to domestic violence. Job training

and placement and emergency financial aid are areas of notably few service providers. Survey respondents were also asked for input on how they would spend funding for domestic violence services.

Significantly, this group of respondents emphasized services for both victims and offenders, which was rarely mentioned by townhall respondents. Respondents also suggested focusing on services for children, both education and specialized services for children who witness abuse. Survey respondents also suggested expanding funding for shelter, the District Attorney, and law enforcement response.

The service provider inventory (Appendix A) also highlights that services for children and emergency financial assistance are limited.

1.4 KEY INFORMANT INTERVIEWS

More than 50 individuals representing 35 agencies were interviewed as part of a community assessment (Appendix D). Though all respondents were asked similar questions, interviews ranged from thirty minutes to three hours. Several meetings were conducted in a group format with multiple respondents from the same agency. Quotes are not assigned to respondents.

"Where do I start?"

General frustration was expressed that domestic violence has been a severe issue in San Antonio, and many felt that it had been largely ignored. Respondents shared stories of murders, high profile cases of abuse, and many efforts that had been made to increase awareness. The Bexar County Task Force was started by community service providers to begin the process of coordinating services, but respondents expressed a desire for a structured, coordinated approach that also held all parts of the system accountable.

"What should the city know about your work?"

Respondents also shared frustration that often, decision makers within the city structure had no real appreciation for the complexity of the work or the challenge of working with populations in crisis. Many respondents asked for a point person, called by one respondent "a domestic violence czar," within the city structure. Several respondents asked for a transparent system of accountability for city response that would report directly to City Council. Some respondents requested that complaints about law enforcement be directed to City Council or a position in the Mayor's office.

Time-intensive elements of the work include supporting a survivor as they make a plan to safely leave their abuser, helping them get the necessary documents, finding a safe place to stay, and starting over again if the client decides to return. People in all parts of the response network shared stories of spending their own money, taking calls and driving to pick up

clients from gas stations in the middle of the night, and investing years in clients as they slowly reached the point where they were ready to leave an abusive situation. Domestic violence is not a crime by strangers but occurs in the most intimate relationships, where victims often love their abusers and co-parent with them.

Many respondents reported working weekends and evenings, as they felt it necessary to serve clients. They expressed frustration that some city-funded response systems, including Crisis Response Teams, were unavailable during the hours when they felt that people are most in need of immediate services. These stories are important to highlight, not only to reflect providers' personal commitment but also to determine the hours services are needed. Additionally, as shared metrics for evaluation are developed, measures should account for the enormous variability in the path of each client. As identified in Section I, work serving domestic violence survivors doesn't fit neatly into standard evaluation systems. Key informants consistently identified housing, emergency financial aid, services for children, and legal services as underserved categories in San Antonio.

> ***They think it's just how it is, and we have to tell people they don't need to live like this.***

Nearly all advocates and service providers noted that for many people experiencing abuse, multigenerational patterns of violence have left them without healthy models. Abuse isn't recognized as abnormal, but just the way relationships are supposed to be. Respondents who worked with youth reported working with teachers who expressed distress about student relationships and concern that unhealthy patterns were being established. Advocates shared that when they speak with survivors and explain the cycle of violence, "I can watch the light come on in her eyes." Most people interviewed asked the city to fund a communication campaign to inform residents about early warning signs of domestic abuse. Respondents suggested having abuse survivors share their stories. A handful of respondents suggested having abusers speak about why they abused their partner and how they changed.

We could build a hundred shelters and still need more. It just has to stop.

Criminal justice-based strategies must complement preventive services and programs. However, interviewees, including law enforcement, agreed that the solution for domestic violence in the community will not come from law enforcement. Overwhelmingly, respondents from all parts of the city, researchers, and state-level advocates emphasized that prevention is the only long-term solution. Specifically, teaching young children about healthy relationships, early warning signs of abuse, encouraging young people to develop healthy self-esteem, and engaging parents in modeling healthy conflict.

When you talk to the neighbors, they all knew. They were waiting. They didn't know what to do.

Family, friends, neighbors and employers often are aware of abuse. People experiencing abuse are most likely to first disclose abuse to family and friends rather than to organizations. Respondents suggested programs to train family and friends on how to respond, how to connect a person experiencing abuse with services, and how to engage law enforcement if there were serious safety concerns.

Arrest him and take the guns.

Respondents had a much more extensive range of reactions to the treatment of abusers. Most respondents said some version of "Take the guns away." Almost all discussed the importance of early intervention and treatment for abusers to break the cycle. For offenders who were particularly violent or had multiple arrests, respondents expressed that they wished the response was swift and sure. Inconsistent enforcement of bond conditions and protective orders, in addition to the length of time between a violation and response from the judicial system, were seen as letting survivors down and leaving them feeling as though "the system" was not for them. Considerable variability in experiences with law enforcement was reported. Respondents asked that first responders be provided with detailed training on the variety of responses to trauma, including when victims "shut down."

> *The next morning, she's calling asking to get him released.*

Respondents were sensitive to the many complicated factors that survivors weigh when deciding whether to leave an abuser. People living with abuse who are caregivers, either of children or adult dependents, face particular challenges. They often do not want to go to a shelter. They do not want to take children out of school or are worried about travel to work. Survivors may technically have many options to hold their abuser accountable, but encounter numerous barriers in the court process. Respondents who were part of the court process expressed frustration that they could not get survivors to continue in the court process and testify. They shared that many survivors don't realize that jail is not the only option—the court may be able to offer their abuser substance abuse treatment or other services. The court process is confusing and can be intimidating. Legal advocates expressed that there is a much greater need than current capacity.

Additionally, abusers who have financial resources may drag out the court process for years. Each time a court date approaches, survivors prepare to relive the trauma of abuse and face their abuser in court. When the hearing is repeatedly pushed back, survivors are understandably exhausted and may quit the process. Legal advocates shared that clients often experience sustained harassing communication from abusers while waiting for the court process. Additionally, survivors are often financially dependent on the abuser for child support and fear that jail time and the financial fallout will be devastating to their children. Respondents expressed that they wished more financial assistance was available, as many survivors return to abusers out of economic necessity.

We all have to be accountable.

Representatives from every sector wondered about what the other areas were doing. There was a general assumption of goodwill, but the opaque functioning of each agency presents a barrier in identifying opportunities to improve systems for both service providers and clients. Respondents reported often having to reach out personally to other agencies after repeated phone calls by clients were not returned. Respondents were highly concerned that calls for help or calls to hold accountable perpetrators who are violating the terms of their release go unanswered. For survivors and people in crisis, reaching the right person at the right time can make all the difference in being able to leave an abusive situation or deciding to stay.

Our wheel is different.

LGBTQ+ survivors face unique challenges. Despite significant progress, the language used around domestic violence is often heteronormative. A recent survey of batterer's intervention programs in the United States found that 88% of respondents did not have services for LGBTQ+ perpetrators[13]. Key informants shared several unique challenges faced by LGBTQ+ individuals experiencing intimate partner violence. By reporting intimate partner violence, they may be outed. Violence experienced by transgender people may include withholding hormones, throwing out gender-confirming clothing, using anti-transgender slurs, or threatening to out the individual. Additional pressure may be the concern that by coming forward with abuse, it will add to negative perceptions of the community.

Where does the information go?

Medical providers expressed concern that while screening protocols were often in official policy, they were unclear if staff knew how to refer patients who screened positive for domestic violence. Healthcare providers reported that while training was standard, practices were individual and often depended on the staff on shift. Respondents expressed that it was often frustrating trying to refer clients to other agencies for services because they would get no answer or response. Several respondents mentioned creating a unique entry point hotline with accountability to follow up on every call.

> *What would show progress? That's a good question.*

There was no consensus about how to evaluate progress on domestic violence in San Antonio short of reducing murders. Some respondents suggested an increase in DV related arrests; some suggested a decrease. Some suggested a rise in the shelter population; some suggested a reduction. The lack of clarity is consistent with an additional finding that very few respondents felt confident they understood the full scope of domestic violence in San Antonio. Most reported knowing that it was still dramatically underreported and anticipated that reports could increase if more people became aware.

1.5 GAPS IDENTIFIED BY CDC AND TEXAS COUNCIL ON FAMILY VIOLENCE

A 2010-2012 CDC survey identified unmet needs among women in Texas who had experienced domestic violence. Of those surveyed, **63.4%** reported feeling fearful, **59.4%** were concerned for their safety, **36.9%** reported injury, **29.9%** missed at least one day of work or school, **23.8%** needed legal services, **12.7%** needed housing, **10.9%** contacted a hotline, **9.6%** required victim advocate services, and **9.2%** became pregnant[14].

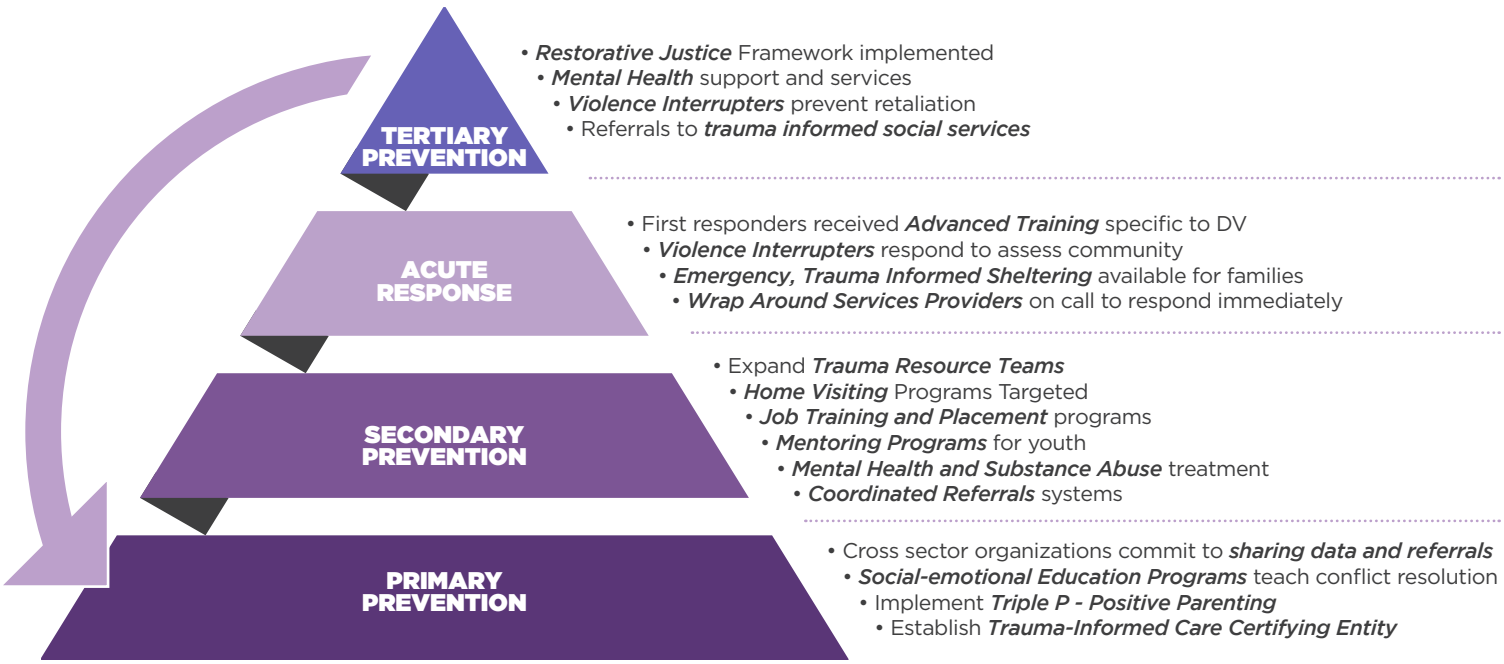
Community gaps were assessed by the Texas Council on Family Violence and will be released in their 2019 statewide report. Preliminary findings show that housing, childcare, legal advocacy, and flexible funds (i.e., funds to pay for gas so a client can get to a job interview) were all high needs for the greater San Antonio region. Additionally, the Council saw a crucial need for coordination across agencies. The Council noted existing examples of collaboration--for example, Family Violence Prevention Services co-locates many community partners working to serve survivors of domestic violence. Additionally, the San Antonio Police Department has many collaborative programs to address domestic violence with community partners.

These challenges identified in national and statewide data are the same as those pinpointed by local leaders. No one strategy will solve the problem. But multiple, complementary short- and long-terms strategies can interweave to create a new direction. The strategies proposed in the next section will be presented first at a high level and then discussed in depth.

Section II: Gaps, Goals, & Strategies

Most forms of violence share common risk and protective factors, at both individual and community levels. Communities that lack economic opportunities and have high rates of unemployment are associated with child abuse[15], intimate partner violence, sexual violence, and youth violence[16]. Witnessing violence and norms in communities that support aggression is associated with physical assaults of children, intimate partner violence, and youth violence[17].

The City of San Antonio Domestic Violence Prevention model (below) identifies strategies at multiple intervention points. Primary Prevention means preventing violence before it happens. Primary prevention changes the fundamental influences that set the trajectory for people in our community and shifts the structures that determine who lives a safe and healthy life, and who faces barriers to safety and health. Primary prevention approaches to domestic violence include parenting programs to reduce child abuse and improve family function, social, emotional learning curricula that support children in developing the skills for healthy relationships, and developing responsive, shared data systems to identify patterns in the community as they come.



Secondary prevention targets high-risk individuals or populations. The acute response occurs during the 48 hours around an event. Services are typically provided by first responders, including law enforcement, EMS, and emergency departments. Tertiary approaches aim to reduce the risk that an individual or community continues to experience after violence has already occurred. The system that prevents and responds to domestic violence in San Antonio is incredibly complex, with one family potentially passing through multiple agencies and levels of government. Gaps were identified at each level of prevention and response. Each gap is followed by at least one strategy recommended to address the gap in the next three years.

Strategies were identified through the model presented by the CDC's comprehensive violence prevention program: Select, Adapt, Evaluate. Strategies were evaluated using five criteria:

- **Evidence of Effectiveness**
- **Availability of implementation guidance and tools**
- **Training and technical assistance necessary to implement the approach**
- **Cost of adopting and sustaining the approach**
- **Fit to community perceived needs and preferences**

A few important caveats: Several keystone organizations that respond to domestic violence survivors underwent significant changes in the Spring and Summer of 2019. Some of the frustrations expressed by respondents were followed by statements that they also knew the responsible agency was in the process of making improvements. Additionally, while developing this plan, the City of San Antonio already started addressing community concerns through SAPD and Metro Health. These initiatives are explained in an update in Section 4.3.

2.1 SUMMARY OF RECOMMENDATIONS

PRIMARY PREVENTION

Gap 1 Child, youth & family prevention programs are insufficient to meet community needs.

Strategy **1.1** Promote adoption and implementation of comprehensive, evidence based parenting education programs to reduce the incidence of child abuse, including the Triple P Parenting Program.

5 Year Goal Disrupt The Developmental Pathways Toward Partner Violence.

Gap 2 Community norms nurture domestic violence, and the community is generally unaware of services.

Strategy **2.1** Develop a community-wide media campaign across multiple types of media and communication channels, including large employers, to saturate the San Antonio market.

2.2 Expand school-based prevention and engagement of service providers to reduce violence through the implementation of evidence based violence prevention programming and structured partnerships between schools and community service providers.

5 Year Goal Teach Safe and Healthy Relationship Skills.

SECONDARY PREVENTION

Gap 1 Resources and evaluations are not consistently coordinated between agencies and sectors.

Strategy **3.1** Promote opportunities for cross-sector partnerships and coordination to support the implementation of best practices.

3.2 Implement an assessment of system processes using an evidence based tool such as Praxis International Blueprint for Safety.

3.3 Improve data collection and develop data-driven strategies to evaluate community initiatives and increase transparency and accountability of community services.

5 Year Goal Increase Cross-Sector Partnerships and Transparency.

2.1 SUMMARY OF RECOMMENDATIONS CONT.

ACUTE RESPONSE

Gap Evidence-based tools to identify survivors with a high risk of death or serious injury are inconsistently implemented.

Strategy **4.1** Expand access to forensic nurse examination programs.

4.2 Pilot a Domestic Violence High-Risk Team.

4.3 Provide enhanced training to first responders specialized in: sensitive interviewing, trauma-informed interviewing, and immigration.

4.4 Ensure that lethality assessments are used appropriately and result in action.

Gap Services for survivors of domestic violence are scattered, and entry points are unclear.

Strategy **5.1** Develop a central entry point into supportive services that can triage, refer and follow up to ensure the first call is enough.

5.2 Augment survivor services with expansion of child-centered programming.

5 Year Goal Coordinate and Streamline Access to Services and Trauma-Informed Response Systems.

TERTIARY PREVENTION

Gap Housing and legal services are stretched and need additional capacity.

Strategy **6.1** Address the Long-Term Housing Needs of Survivors.

6.2 Expand the capacity for legal services, including non-attorney legal advocates.

5 Year Goal Support Survivors To Increase Safety And Lessen Harms.

Gap Services and accountability for offenders do not sufficiently remove weapons and provide treatment to break the cycle of violence.

Strategy **7.1** Implement a program to enforce existing laws prohibiting firearm possession by domestic violence offenders.

7.2 Develop a joint drug and domestic violence court.

7.3 Expand access to trauma-informed interventions for offender programs.

5 Year Goal Reduce access to weapons and Increase availability of rehabilitative programs.

Section III: Five Year Plan

Domestic violence is a complex issue, cutting across multiple systems and requiring multigenerational strategies. **A public health approach requires more than a five-year commitment**. However, in five years, a change in direction and early indicators should be possible. The proposed five-year plan builds on existing gaps and moves toward addressing upstream factors that influence endemic violence in the community. Each Goal is presented with an annual indicator and a five-year outcome that can be used to measure community change. **During Year 1**, a baseline will be established for all 5 Year Outcomes. Future reports will provide baseline data and targets for improvement.

GOAL 1: DISRUPT THE DEVELOPMENTAL PATHWAYS TOWARD PARTNER VIOLENCE

ANNUAL INDICATORS	5 YEAR OUTCOME
▸ **% increase in programs providing evidence-based parenting education and child abuse prevention** ▸ **# of parents receiving evidence-based parenting programming**	▸ **% decrease in child abuse-related injuries** ▸ **% decrease in child abuse-related deaths** ▸ **% decrease in domestic violence-related fatalities**

It is hard to overstate the importance of childhood experiences of violence in later experiences of violence. The early lessons children receive about relationships and attachment are profoundly important in their life trajectory, as discussed above[18]. Factors associated with perpetrating or experiencing domestic violence become apparent well before dating relationships begin[19]. Poor behavioral control, drug and alcohol use, involvement with antisocial peers, crime, and violence all are antecedents to domestic violence. Approaches that interrupt the pathways between early exposure to violence and later perpetration or victimization include home visiting programs, such as the Nurse-Family Partnership, rich preschool environments that engage families, and programs that support the development of healthy parenting skills such as the Triple P in collaboration with community partners.

GOAL 2: TEACH SAFE AND HEALTHY RELATIONSHIP SKILLS

ANNUAL INDICATORS	5 YEAR OUTCOME
▸ # of impressions created by anti domestic violence campaign ▸ # of businesses implementing a domestic violence-related policy and providing information to their employees ▸ % change in referrals for domestic violence-related services to 211 ▸ # of schools implementing evidence based youth violence prevention programs.	▸ % decrease in calls to 211 for domestic violence-related assistance ▸ % decrease in calls to 911 for domestic violence-related support ▸ % increase in San Antonio residents who can identify the early warning signs of domestic violence ▸ % decrease in adolescents experiencing dating violence

Approaches that address the more comprehensive social and physical environment can encourage disclosure of abuse, and positive social norms that are intolerant of domestic violence can increase the likelihood that bystanders will intervene[20].

As identified at the beginning of this report, domestic violence is one manifestation of the multiple ways in which violent behaviors intersect. Poor communication skills, poor emotional regulation and conflict management and acceptance of partner violence put individuals at risk for both perpetrating and experiencing violence[21]. Social, emotional programs for youth support mutually respectful, nonviolent relationships. Social, emotional programs can also promote bystander intervention in unsafe relationships.

GOAL 3: INCREASE CROSS-SECTOR PARTNERSHIPS AND TRANSPARENCY

ANNUAL INDICATORS	5 YEAR OUTCOME
▸ **# of active Commission members attending at least 80% of Commission meetings** ▸ **Annual report of shared outcomes utilizing data sources from multiple, collaborative systems**	▸ **% of San Antonio domestic violence related organizations reporting strong collaborative partnerships** ▸ **% increase in funding for domestic violence prevention and programs among Commission members**

The roots of violent behavior are intertwined, as are the solutions. Communities that have successfully addressed reducing violence have used coordinated, multi-level, collaborative approaches that organized resources and programs across sectors[22]. For example, the Cardiff model is a multi-agency coordinated community approach that uses strategic sharing of information to improve the response of community agencies and law enforcement. Compared to similar cities, Cardiff experienced a **32%** reduction in aggravated assaults and a **42%** reduction in hospital admission for violence-related injuries[23]. Other coordinated community responses include family violence lethality assessments, High-Risk Teams, and 24-Hour Contact Initiatives. None of these strategies can be conducted by one agency or sector. The comprehensive domestic violence plan is developed with this knowledge: reducing domestic violence will require dedicated, open coordination across sectors and organizations.

GOAL 4: COORDINATE AND STREAMLINE ACCESS TO SERVICES AND TRAUMA-INFORMED RESPONSE SYSTEMS

ANNUAL INDICATORS	5 YEAR OUTCOME
▸ # of agencies participating in centralized referral ▸ # of referrals to a centralized entry point ▸ # of referrals to High-Risk Team ▸ # of DV forensic nurses trained ▸ % of providers utilizing shared Lethality Assessment Protocol	▸ % of survivors reporting they were able to identify assistance ▸ % of high-risk survivors who receive case management services

Survivors of domestic violence experience long term adverse physical and mental health outcomes. The entire approach of this report is to prevent violence from happening in the first place. However, when violence does happen, the community needs to respond comprehensively and reduce the potential long-term impacts. Evidence-based approaches include ensuring wrap-around services that are victim-centered, housing that rapidly transitions to stable, affordable long-term housing, and first responder and civil legal protections. Additionally, universal screening, treatment, and support for survivors using trauma-informed approaches have the potential to mitigate some of the negative impacts of domestic violence[24].

GOAL 5: SUPPORT SURVIVORS TO INCREASE SAFETY AND LESSEN HARMS

ANNUAL INDICATORS	5 YEAR OUTCOME
▸ **# of long-term housing units available for survivors** ▸ **# of clients served by pro bono legal services for issues related to domestic violence** ▸ **# of survivors referred to job training programs**	▸ **% of survivors reporting they were able to secure timely legal representation** ▸ **% of survivors reporting that housing was a barrier to leaving an abusive relationship**

Experiencing domestic violence is associated with long term harms to health and wellbeing. Housing instability and the lack of long-term supportive housing for individuals experiencing domestic violence is a significant barrier preventing survivors from leaving an abusive home and seeking safety[25]. Domestic violence is a significant contributor to homelessness for women and children[26]. San Antonio is unusual in having one centralized domestic violence shelter. Long term, supportive housing that includes comprehensive job training and support is needed. Living in poverty has been identified as an independent risk factor for experiencing domestic violence[27]. Strengthening financial security can be accomplished through public benefit programs, such as **TANF** and **SNAP**, in addition to cash transfers. Increasing the economic standing and safety of families through income supports has been shown to decrease domestic violence among parents and improve school performance in children[28]. Ensuring safe, supportive housing, and job training for families can change the trajectory of the family and support recovery.

GOAL 6: REDUCE ACCESS TO WEAPONS AND INCREASE AVAILABILITY OF REHABILITATIVE PROGRAMS

ANNUAL INDICATORS	5 YEAR OUTCOME
▸ % of offenders completing an intervention program ▸ # of firearms surrendered by offenders	▸ % decrease in domestic violence firearm deaths ▸ % decrease in recidivism from participants in intervention programs

This two-part strategy reduces the lethality of domestic violence by reducing access to the most common means of murder and increases access to rehabilitative services. Guns are overwhelmingly the weapon used in domestic violence-related homicides. Mass shootings, classified as four or more victims in a single incident, include family annihilations. Over half **(54%)** of mass shootings are family annihilations, meaning half of the mass shootings are domestic violence incidents. Additionally, women are twice as likely to be killed in a multiple-victim incident, often where a woman and several family members are killed. Firearms are also used to terrorize and intimidate victims and survivors of domestic violence. An estimated **4.5 million women** in the United States alive today have been threatened by an intimate partner with a gun. **Over 1 million women have been shot or shot at by an intimate partner**[29].

Section IV: Year One Workplan

The implementation of the City of San Antonio Domestic Violence Comprehensive Plan can only be completed through deep and sustained community partnerships. The City of San Antonio has made significant commitments to ensure sections of the plan are implemented immediately and is actively developing partnerships to support implementation of all recommendations. The primary partner in the process is the Commission on Collaborative Strategies to Prevent, Combat, and Respond to Domestic Violence (CCDV). Created by District Court Judge Peter Sakai, the CCDV is a first-of-its-kind joint City/County commission that will be implementing portions of the domestic violence comprehensive plan selected by Commission Chairs over the next three years.

COMMISSION ON COLLABORATIVE STRATEGIES TO PREVENT, COMBAT AND RESPOND TO DOMESTIC VIOLENCE

Co-chaired by Judge Monique Diaz and Dr. Colleen Bridger, Assistant City Manager, six committees (Healthcare, Judiciary, Law Enforcement, Policy, Prosecution, and Non-Profit) have each identified one program and one process objective to implement in Year One, with a plan for at least three-year implementation. In **Year 1**, new programs and processes are being developed and launched. **Year 2** is a full year of implementation and adjustment to models based on the launch, and **Year 3** provides the opportunity to evaluate successes and identify areas for expansion or innovation. The strategies selected and the Year 1 Workplan are included in the next section. Ongoing evaluation and adjustment to the approach will be necessary as additional challenges or new opportunities for funding or partnership emerge. However, the CCDV is deeply committed to ensuring the next year brings real change to San Antonio and Bexar County. A complete listing of members is available in the Appendices.

4.1 STRATEGY SELECTION

HEALTHCARE COMMITTEE

George Hernandez (University Health System) and Jelynne Burley (Center for Healthcare Services), Co-Chairs

The Healthcare Committee identified a referral process and communications campaign as the focus of the first year of work. The gap analysis identified inconsistencies in referral processes for domestic violence survivors who are identified by healthcare providers. Some hospital systems have well-developed training and referral process. **Many do not**.

Additionally, providers expressed a desire for more training and specific guidance on connecting patients to services. The Healthcare Committee will develop, pilot, and train on a model referral process. Additionally, the Healthcare Committee will work with community stakeholders to provide training and provider education on domestic violence-related screening and referral.

Develop transparent referral process for individuals seeking domestic violence asst.					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By January 2020, complete assessment of existing domestic violence referral process in San Antonio area hospital systems	Assessment Report				
By March 2020, develop model referral system in collaboration with local domestic violence service providers	Model Referral Protocol				
By April 2020, pilot model referral system in one hospital system	# of referrals during the pilot Provider evaluation				
Identify data collection system	Data Collection Protocol				
Provide training to area hospitals on a referral system	# of individuals trained # of trainings hosted				

Develop and disseminate communications campaign					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By February 2020, launch a teen dating violence awareness campaign in collaboration with community partners	Media Impressions # of placements				
By June 2020, host RIIP6 Conference and provide training and communications materials for hospital-based providers	# of attendees # of DV sessions				
By April 2020, in collaboration with STRAC, provide traing through the STRAC EMS conference for first responders on domestic violence and referral process	# of attendees # of DV sessions				
By September 2020, complete follow-up evaluation with providers trained through programs. Identify recommendations for continuing traing and provider communications	Recommendations Report				

JUDICIAL COMMITTEE

Judge Mary Lou Alvarez and Judge Ron Rangel, Co-Chairs

The Judicial committee identified two key strategies to address in the first year. In collaboration with the Law Enforcement committee, the Judicial committee will be identifying a process to ensure laws that prohibit firearm possession by individuals convicted of domestic violence offenses are fully enforced. Additionally, the judicial committee will work with the Non-Profit committee to increase access to pro bono legal representation. **CONT.>**

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Implement a program to enforce existing laws that prohibit firearm possession by individuals subject to protective orders or other court orders					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By January 2020, survey relevant entities to determine current practices and procedures regarding firearm surrender and retrieval by individuals subject to protective orders and other court orders.	Assessment report				
By March 2020, identify all necessary stakeholders for implementation of program and ascertain level of commitment, challenges and barriers to implementation.	# of stakeholder meetings # of attendees				
By May 2020, develop a program tailored to needs, resources and structure of Bexar County stakeholders.	Development of program				
By August 2020, implement program, including training of judges, law enforcement, prosecutors, legal community and other relevant stakeholders.	# of surrender orders entered				

Expand the capacity for legal services, including non-attorney legal advocates					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By January 2020, assess the current civil legal services provided to survivors of domestic violence in Bexar County and determine the capacity of current legal providers.	Assessment Report				
By March 2020, identify level of need for civil legal services to assess gaps in current level of representation and accessibility for survivors of Domestic Violence.	Assessment report				
By May 2020, assess the feasibility of expanding availability of non-attorney legal advocates.	Feasibility Plan				
By July 2020, develop a plan for expanding the capacity for civil legal services to survivors of domestic violence.	Recommendations Report				
By September 2020, implement a plan for expanding the capacity for civil legal services to survivors of domestic violence.	--				

LAW ENFORCEMENT COMMITTEE

Chief William McManus and Sheriff Javier Salazar, Co-Chairs.

The Law Enforcement committee identified piloting a Domestic Violence High-Risk Team program as the core activity for the first year. The Domestic Violence High-Risk Team is an interdisciplinary team that identifies, engages, monitors, and provides treatment to offenders and victims at high risk of the most dangerous outcomes. Similar to the Multidisciplinary Team Model used in child abuse cases, a model that has proven successful in San Antonio, DVHRT empowers first responders including law enforcement, healthcare providers, and community advocates with evidence-based tools to assess the risk an individual is experiencing and a system to flag and support individuals at high risk for severe injury or death. Already being used in several Texas communities, the model is an evidence-based, collaborative community approach to reducing domestic violence-related homicides.

Pilot High-Risk Domestic Violence Program					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By January 2020, identify existing lethality and danger assessments currently in use in San Antonio and Bexar County	Summary Report				
By January 2020, identify and engage core agencies necessary for DVHRT implementation	Agency Meeting Attendance				
By February 2020, identify lethality and danger assessment to be implemented	Lethality Report				
By March 2020, develop a case management model	Case Management Model Protocol				
By March 2020, develop MOU necessary for data sharing	MOU				
By March 2020, develop a budget and seek additional funding for implementation	Funding Proposal				
By June 2020, develop screening and referral protocol	Screening Protocol				
By September 2020, begin pilot implementation of DVHRT	# of DVHRT Screening Completed				

NON-PROFIT COMMITTEE

Patricia Castillo, PEACE Initiative, Marta Pelaez, Family Violence Prevention Services, Julia Raney Rodriguez, Texas Rio Grande Legal Aid

The Non-Profit Committee has identified two strategies for implementation over the next year. In response to the community request for school based, youth centered programming, the committee will work with local school districts and the Metropolitan Health District to identify and implement an evidence based teen dating violence prevention curriculum. Additionally, access to legal representation continues to be a high priority request from survivors. The Non-Profit committee will identify potential sources of pro-bono assistance and develop a training and coordination system.

Facilitate ISD adoption of evidence-based violence prevention curriculum for implementation in schools					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By January 2020, identify existing evidence-based teen dating violence prevention curriculum being implemented in San Antonio	Assessment report				
By January 2020, identify evidence-based curriculum for potential implementation in SA Schools	Curriculum Review				
By March 2020, in collaboration with TCFV and Metro Health initiate process of implementation and adoption of evidence-based curriculum	# of school districts engaged				
By April 2020, develop implementation plan in collaboration with community partners	Implementation Plan				
By May 2020, make final recommendations for implementation for '20-'21 school year	# of schools implementing new curriculum				
By August 2020, facilitate training for curriculum implementation	# of individuals trained				

Identify and develop additional sources of pro-bono legal representation for protective orders					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By January 2020, meet with local pro bono stake holders to discuss a pro bono protective order project	# of stakeholder meetings				
By March 2020, identifying and begin recruitment of attorneys for pro bono representation	# of attorneys recruited				
By April 2020, provide training to attorneys to facilitate pro bono assistance to victims/survivors	# of individuals trained				
By August 2020, implement pro bono protective order project	Recommendations Report				

PROSECUTION COMMITTEE

Joe D. Gonzales, Bexar County District Attorney Chair and Joe Nino (Deputy City Attorney, City of San Antonio, Prosecution Division)

The Prosecution Committee identified implementing an assessment of system processes using an evidence-based tool like the Praxis International Blueprint for Safety as a key strategy. Other communities that have implemented the Blueprint for Safety have selected tools within the full assessment to focus their inquiry. After examining current practices, the Prosecution Committee has identified examining has identified the process of addressing violations of protective orders as a key area for further work.

Implement system assessment using evidence based tools					
TASK	**MEASURED BY**	**Q1: OCT-DEC**	**Q2: JAN-MAR**	**Q3: APR-JUN**	**Q4: JUL-SEPT**
By January 2020, identify existing processes related to enforcement of protective orders.	Assessment Report				
By March 2020, identify model processes and system improvements.	Model process and Improvement Recommendations				
By April 2020, develop new protocols and system improvements.	# of protocols developed				
By May 2020, begin implementation of system improvements	# of protocol changes # of agencies engaged in system change				
By September 2020, complete preliminary analysis of system improvements	Evaluation Report				

4.2 CONCLUSION

The Domestic Violence Comprehensive Plan developed by the City of San is the starting place, not the end, of a long-term commitment to a coordinated community response that will shift the fundamental structures responding to domestic violence, and the root causes that continue to feed violence in our community. A coordinated community response asks that we don't give up when things don't work the first time or move on when successes make the issue seem less critical. The CCDV is a mix of elected officials, nonprofit executives, career city and county employees, law enforcement leaders, and community advocates. We all answer to different stakeholders and are held to different outcomes.

Throughout the writing of this report and sharing the recommendations with the community, **the frustration, anger, and impatience with another process that might result in no real change was clear and justified**. Domestic violence is not a new problem for San Antonio and for some in the community, there is anger that it took a headline about an increase in murder to capture the attention of the community. However, what is also clear is that many organizations have always been working hard, trying new things, expanding services, serving a greater number of people, but are often behind the scenes and in silos without intentional, system wide coordination. The Bexar County Domestic Violence Task Force, which began in 2012, was an attempt to address the lack of coordination and missed opportunities to make fast fixes. Building coordinated approaches takes time and trust, resources that may be in short supply among advocates who have watched for years as suggestions and solutions slipped by. A prevention model asks that we try has identified the process of addressing violations of protective orders as a key area for further work, measure the outcomes, and come back together to evaluate what is working, and what needs improvement. We know where we want to go as a community. We all want safer families, empowered individuals in loving relationships, and a coordinated community of support. We have started building the path forward, but we won't know exactly where the next five years will lead until we try new ideas and see what works. We know, without a doubt, that we have to try new, bold plans. **Survivors, victims, and our community deserve nothing less**.

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compassion
kindness
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family
truthfulness
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