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FULL REPORT

Evaluating the Effectiveness of Domestic Violence Services in Memphis and Shelby County

Dr. Amaia Iratzoqui
*Department of Criminology
and Criminal Justice,
University of Memphis*

Dr. Angela Madden
Public Safety Institute

Dr. Danielle Fenimore
Public Safety Institute

Max Helms
Public Safety Institute

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Introduction

Memphis, Tennessee has consistently high levels of violent crime, with domestic violence (DV) being one of the most serious problems facing the community. Unlike other forms of violence, however, DV includes multiple forms of aggression and can be more pervasive than just physical assaults. While DV can include any violence between individuals related by blood or marriage, in this context it focuses on the physical, sexual, psychological, emotional, and other forms of violence specifically between and by romantic and marital partners. In addition, domestic intimate partner violence is not correlated with any demographic variables and knows no racial, ethnic, gender, age, or income bounds.

Thus, high numbers of victims and increasing levels of violence require a coordinated, community-wide effort to provide services to assist these survivors with the myriad issues they confront (i.e., navigating the court system, obtaining assistance with children, emergency shelter, food, clothing, etc.). Unfortunately, however, while the community need is clear, the ability of the community to respond effectively is much less clear. The current research, building off a partnership between the Public Safety Institute (PSI) and the Department of Criminology and Criminal Justice at the University of Memphis, was funded by the State of Tennessee Office of Criminal Justice Programs (OCJP) to examine available resources, the location of resources, and how resources can potentially better serve those within the community.

The initial project was funded for two years (2018-2020) and proposed to develop a thorough understanding of the nature and extent of existing services for DV victims in Memphis and Shelby County. To do so, the project addressed DV service provision from the perspectives of the survivors, criminal justice practitioners, including law enforcement and the courts, as well as social service providers. At the beginning of the COVID-19 pandemic, Memphis and Shelby County government responded by enacting a stay-at-home order to keep residents from the public domain outside of necessary travel or employment categorized as essential. As a related measure, many employers, as well as county schools, transitioned to remote operations, including the university, for which the researchers for this project are employed. As a result, the project deadline was extended from June to December 2020.

Methods

The project identified eight goals towards building an understanding of the nature and extent of local, available domestic violence services. They were:

1. Evaluate the need for DV services.
2. Assess the volume of potential victims in need of emergency transportation and/or housing and/or other services (childcare).
3. Evaluate the availability of services for DV victims (convenience for victims).
4. Evaluate the mechanisms through which victims connect to service providers and service providers connect to victims, including an assessment of how Memphis Police Department (MPD) and Shelby County Sheriff (SCSO) officers, DV investigators, prosecutors, and the judiciary interact with victims.
5. Evaluate the capabilities of service providers to collect, maintain, analyze, use, and confidentially share client data with other service providers to reduce the burden on clients, improve service provision, monitoring, and evaluation, and increase accountability.
6. Evaluate the processes through which service providers coordinate with partner agencies to provide a continuum of services to victims.
7. Assess the needs of service providers.
8. Evaluate the effectiveness of the Family Safety Center (FSC) as the primary DV victim service provider.

These goals were grouped into four general areas: 1) need for services; 2) awareness and perceptions of services; 3) the connection of victims to services; and 4) the effectiveness of the FSC, the primary domestic violence service provider in the area.

Need for Services

Community need

A mail survey was constructed to measure the perceptions and experiences of residents in areas at highest risk for DV. Locations of areas with high rates of DV were determined from address data from 54,041 “calls for service” (CFS) for DV, resulting in 11,189 intimate partner DV (IPDV) offenses, 1,367 offenses of IPDV aggravated assault, and 898 residences of aggravated assault/DV suspects for the 12-month period from October 2018 through September 2019. These addresses were connected to their respective police precincts (n = 9), then wards (n

= 54), and rankings from most active to least active ward by precinct were constructed. This process led to the identification of the wards with the most active DV presence in each precinct.

To be representative of the city, the ward with the most active DV presence was chosen from each of the nine precincts. After the ward from each precinct was selected, its boundaries were mapped and overlaid with maps from the U.S. Postal Service (USPS) to identify the mail carrier routes in each ward. This was done to utilize a USPS program called “Every Door Direct Mail” (EDDM) which delivers mail to each residential address in a carrier route without having to identify specific addresses. Each of the nine wards was listed along with all its respective mail carrier routes and the number of residential addresses within each carrier route. This process identified 76 carrier routes and 55,515 residential addresses within those routes across the nine wards. Some wards had multiple carrier routes, and some carrier routes spanned multiple wards and precincts.

Given that available grant funds could not cover mailing more than 55,000 postcards, it was necessary to randomly select carrier routes for the mailing. Each carrier route and its respective ward was listed, and a stratified random selection process was employed to select approximately half of the routes to receive the mailing. To ensure that a proportionate number of residential addresses were selected from each ward, the random selection was conducted first by ward, then by carrier route. This process resulted in the identification of 39 carrier routes with 28,520 residential addresses across the nine selected wards. The final distribution of mailing pieces across wards, along with the number of carrier routes, is presented in Table 1.

Precinct/Ward	# of Routes	# of Addresses
Old Allen 121	3	2687
Raines 226	3	3112
Mt. Moriah 321	3	2033
Crump 426	5	2561
Tillman 524	5	2537
North Main 626	4	1718
Airways 725	4	2606
Appling Farms 822	7	5265
Ridgeway 925	5	6001
TOTAL	39	28,520

Table 1. High risk wards, routes, and addresses

After the final determination of carrier routes and residential addresses was made and the zip codes associated with these routes were identified, a third-party vendor (GrowMail) was contracted in January 2019 to print the postcard questionnaires, sort and bundle them by carrier route and zip code, and deliver them to the USPS in Memphis. Once delivered, the USPS in Memphis was to distribute the bundles to the appropriate carriers for distribution of a postcard questionnaire to each address on their route(s).

Due to budgetary constraints and to facilitate responses, a questionnaire was designed consisting of four information areas, separated into two front and back halves of a perforated postcard. The delivery side of the card contained eight (8) questions (Figure 1) and the return side of the card contained a brief description of the survey and the return address (Figure 2). Respondents were instructed to circle the appropriate response, detach the response card, and put it in the mail.

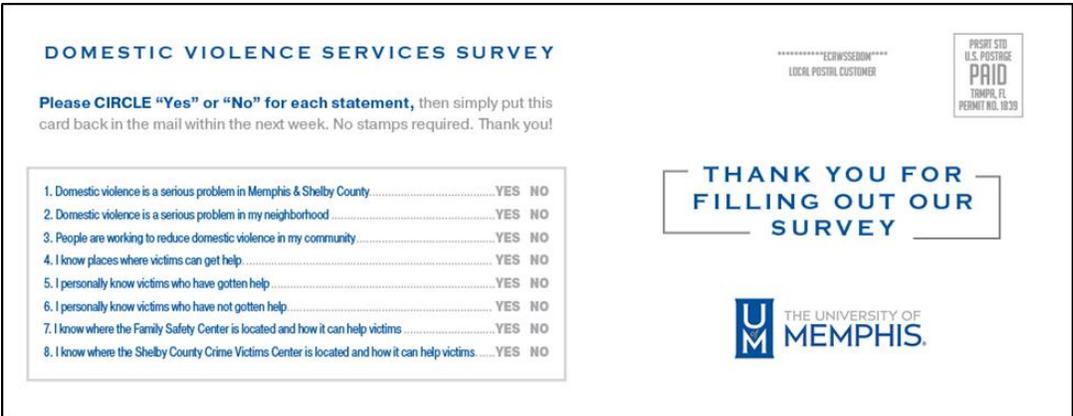


Figure 1. Postcard questionnaire (side 1)

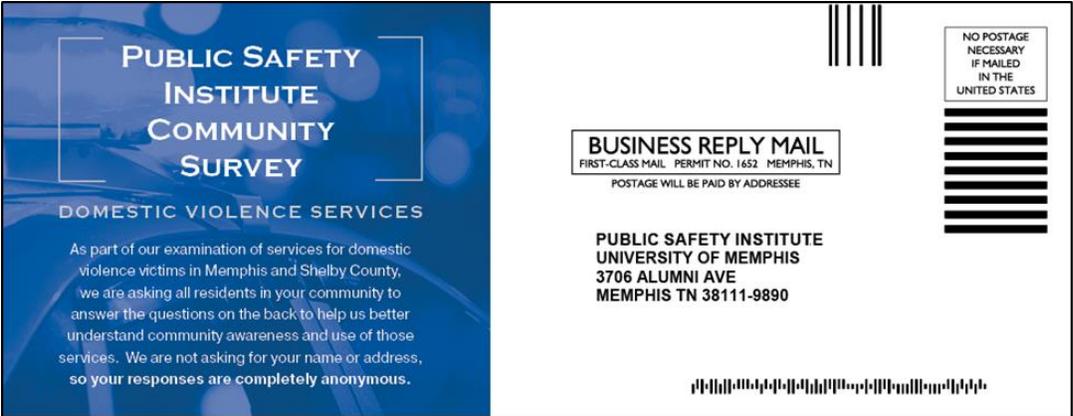


Figure 2. Postcard questionnaire (side 2)

After several weeks and the return of only 360 completed postcards, it became apparent that not all postcards were delivered as intended. Large bundles of undelivered postcards, some with the carrier routes identified, were returned in early spring 2019. Redelivery of approximately 5,548 postcards was attempted to six (6) carrier routes. This process resulted in the return of 60 more completed postcards, for a total of 420 completed responses (1.5% response rate).

Law Enforcement Lethality Screen Scoring (LSS)

Both the MPD and the SCSO use Lethality Screen Scoring (LSS), derived from the Lethality Assessment Protocol (LAP), which was adapted from the original Danger Assessment. The Lethality Assessment Protocol (LAP) was developed from the Danger Assessment by the Maryland Network Against Domestic Violence in 2005 as a field tool for law enforcement and other first responders to DV calls to determine a survivor's immediate risk of death. It is used with DV survivors at intake by the FSC to determine immediate need for safety and services.

The LSS instrument consists of 11 questions. "Yes" responses to any of Questions 1-3 automatically trigger the referral protocol (e.g., connection to an FSC Victim Advocate, DV hotline, connection with a safe house, etc.). Negative responses to Questions 1-3, but "yes" responses to at least 4 of the remaining 8 questions trigger the referral protocol. In Shelby County, the LSS accompanies the Offer of Transportation and the Hold Harmless (HH) and uses the same questions as the Maryland LAP. A copy of the LSS instrument is contained in the appendix.

The FSC estimated 8,000 to 10,000 LSS forms were collected during the study period (2018-2020). Another estimate from the MPD indicates that 15 LSSs are completed on average every day, which would result in about 5,700 LSSs from MPD alone. Due to an error on the part of FSC, the forms were not entered into a database, despite the original plan for this evaluation including this as an assigned task for the FSC. Database development was not completed until mid-way through 2020. The added delays caused by the COVID-19 pandemic resulted in none of the paper forms getting entered into a database for later export and analysis prior to October 2020. Because it was physically impossible to enter all forms into the database to ensure that the deadline would be met, a 5% sample was randomly selected from the existing LSSs that were completed between June 1, 2018 and May 31, 2019. This 5% sample was based on the

estimation that 8,000 forms were completed. The final sample included 400 LSSs from this year-long period. None of these forms were completed by the SCSO.

Awareness and Perception of Services

Surveys

Surveys on experiences working with domestic violence victims in Memphis and Shelby County were sent to three groups: 1) law enforcement agencies (MPD and SCSO); 2) the courts (i.e., prosecutors); and 3) social service providers. An electronic link to the survey available online through the service SurveyMonkey was sent via email, with email and phone follow-ups periodically sent to non-respondents. Additional calls for participation were sent out by respective agencies. MPD administration sent a survey link to every sworn officer, with follow-up reminders, while all prosecutors were sent a link and asked to participate by the District Attorney.

The survey included questions about the services available from primary service providers for domestic violence survivors, including the FSC, Shelby County Crime Victims and Rape Crisis Center (CVRCC), YWCA of Greater Memphis, Kindred Place, MPD, SCSO, and Shelby County District Attorney's Office (SCDA). Representatives from these organizations were also asked to describe how they interacted with each other. Several questions in the service provider and practitioner DV surveys were open ended questions in which respondents were asked to indicate the types of services provided at "Other" agencies, which excluded the service providers listed in the survey. Respondents were also asked to provide a list of the services that were available at these other agencies:

1. Legal aid
2. Safety planning
3. Employment assistance
4. Education
5. Medical/health care
6. Spiritual support
7. Transportation assistance
8. Immigration issues
9. Soft-skills training (interviewing, resume writing)
10. Basic necessities (food, housing/emergency shelter, clothing)
11. Support for families/children (childcare, school supplies)
12. Support for non-native speakers (Spanish-language services)
13. Mental health support (counseling, therapy)

Survey results were subsequently downloaded from SurveyMonkey and converted into Excel format for coding. Responses were dummy coded (1 = yes, 0 = no) into new variables when any of these options were selected. A second fill-in “Other” category was available to fill in services that were not listed, when needed. In addition to the open-ended “Other” responses, the survey contained three open-ended responses related to each respondent’s “wishes” for money-is-no-object improvements to the agency or services provided to best serve DV survivors and their families. Wish responses were evaluated for themes by identifying key topics in each response, which were then categorized by the main points of each response.

Focus groups

Focus groups were held with three different groups: victims, service providers, and practitioners. For the victim focus groups, five focus groups were held between December 2018 and June 2019, with individuals referred by the following agencies (in chronological order of the group meetings):

- 1) Shelby County Crime Victims and Rape Crisis Center, a comprehensive victim service center providing crisis intervention, advocacy, counseling and forensic nursing services to victims of crime in Memphis and Shelby County;
- 2) The YWCA of Greater Memphis, which provides short-term housing for survivors of domestic violence;
- 3) The FSC, the main service and referral agency for survivors of domestic violence, and of specific interest to the evaluation;
- 4) Agape Child & Family Services, which provides long-term housing for survivors of domestic violence; and
- 5) Casa Luz, the only specific Hispanic-serving agency for survivors of domestic violence in Memphis/Shelby County.

Flyers were developed for these service providers to recruit focus group participants, and were posted in the hallways of each building, as well as distributed as hard copies and via word of mouth through face-to-face meetings between staff and clients. These flyers indicated the purpose of the interview, as well as the date, time and location, and asked interested survivors to provide their contact information to staff at that agency. Volunteers were recruited through provider-client relationships at each of the respective agencies.

Focus groups were held on-site at each of the participating agencies and were conducted by the primary researcher(s), while staff members were on-site (but not necessarily in the room) during each focus group to answer any questions and assist clients. No personally identifying information was collected from any of the participants, though all were female, and the majority were African American. Participants signed consent forms and were instructed that they could leave the session at any time. Participants were also advised that the discussion would be audio-recorded and were asked to not reveal any identifying information. Participants who consented to participate in a focus group were provided a meal or financial incentive, and childcare was provided for participants when requested. Each focus group lasted roughly one hour; taped interviews provided the data for this study. Transcripts from each of the focus group interviews were subsequently reviewed by two separate members of the research team to identify codes and themes from the interviews (Stretsky, Shelley, Hogan & Unnithan, 2010).

Two focus groups with criminal justice practitioners (e.g., law enforcement, state attorneys, and judges) and social service providers (e.g., victims services), were postponed from their original planned dates in March of 2020. All agencies and individuals who reported their names and affiliations on the initial survey were sent email solicitations to gauge interest in participating in a focus group. After the pandemic conditions restricted physical meetings, the solicitation was sent out again to generate interest in a virtual focus group via the Zoom platform. All individuals who initially indicated interest in a physical focus group indicated their interest in a virtual focus group. As such, these remaining focus groups proceeded virtually over the Zoom digital platform in April (for the service providers) and September (for the practitioners) 2020. These individuals included participants from various agencies, including:

Social service providers:

- Kindred Place, a domestic violence resource primarily for batterers
- Memphis Area Women's Council
- Agape
- The Family Safety Center (the Memphis Family Justice Center)

Criminal justice practitioners:

- Law enforcement from Memphis Police Department's Domestic Violence Unit
- Law enforcement from Shelby County Sherriff's Domestic Violence and Sexual Assault Unit
- Prosecutors from the Shelby County Domestic Violence Court

A series of questions were developed for each group that asked of the service providers:

1. What type of services, if any, does your agency directly provide to victims/survivors and/or their family members? Approximately how many individuals receive your services in a month? Is there anything you feel your agency could utilize to better assist victims/survivors and their families?
2. Does your agency make referrals to other services and how many clients, on average, do you refer in a month? What agency/agencies do you refer to?
3. Do you feel Shelby County/Memphis has enough service providers to effectively meet the needs of domestic violence victims, including the needs of their families? Why or why not?
4. Do you feel that the Family Safety Center is the main source of referrals to service providers in Shelby County? If no, do you feel like the Family Safety Center should be the main source of referrals, and is there another agency that you feel is currently the main source of referrals?
5. Do you get a great deal of satisfaction from your job? If you feel stressed and/or overwhelmed in your job, what may be some of the causes? Is your job mentally draining?

A similar series of questions was asked of the practitioners:

1. What type of services, if any, does your agency directly provide to victims/survivors and/or their family members? Approximately how many individuals receive your services in a month?
2. Do you feel Shelby County/Memphis has enough service providers to effectively meet the needs of domestic violence victims, including the needs of their families?
3. Do you feel that the Family Safety Center is the main source of referrals to service providers in Shelby County?
4. Is there anything you feel your agency could utilize to better assist victims/survivors and their families?
5. Do you get a great deal of satisfaction from your job?

Each focus group was planned for one hour, with participants receiving no compensation or other incentive for their participation. Each focus group was recorded, and the audio files were transcribed manually. While Zoom does offer an automatic transcription option, this was not chosen to allow for a more complete review of the audio. The transcripts were then analyzed in two ways, through 1) a content analysis, and 2) a word cloud generator, to identify themes and issues central across focus group participants. The transcripts were reviewed by two different evaluators, who did not review each other's work, to account for possible variations in the subjective interpretation of the transcript output. The transcripts were also coded for themes using a qualitative word cloud generator, which identified the most commonly used words in each text document. Participants were identified individually and as representatives of their

respective agencies, but responses were collated for each focus group and reviewed individually, then across groups.

Connections of Victims to Services

The ways in which victims were connected to services were assessed in terms of the availability and volume of service providers, the processes by which victims connect to agencies, and the collaboration between agencies in terms of their interactions with respect to victims, as well as with regard to data sharing for continuum of services.

List of service providers

A goal of the project was to compile a comprehensive list of the availability and volume of service providers directly or indirectly providing services to domestic violence victims, survivors, and their families. This was a crucial task because many programs lose funding, disband, restructure, rebrand, or otherwise change or lose categorization. Without a current, accurate list of service providers, it is unlikely that programs will be available to establish mutually beneficial partnerships, provide the most appropriate referrals to their clients, and, as a result, possibly compete for funding against agencies as well as provide duplicate services that do not best serve the desired populations.

Programs were considered as providing domestic violence services if they directly provided resources, such as shelter, advocacy, and counseling, as well as indirectly, such as through physical and mental health services. Programs were identified if they included domestic violence as a focus within their mission statements, were included as referrals from domestic violence agencies, or were known through word-of-mouth or prior experience. Each potential program was contacted to confirm its appropriateness for inclusion, and the point of contact, address, and location for each program were recorded for the list. Programs were excluded from consideration if they could not be reached via email, phone, or face-to-face contact.

Social network analyses: Interactions between agencies

An additional consideration of the connection of victims to services is the processes by which agencies interact in providing or referring clients to services. Social network analysis consists of an examination of nodes and connections to determine the relationships between

different entities. In the case of the present analysis, the nodes consisted of the different agencies and organizations that provide services to DV survivors in Memphis and Shelby County, and the connections were the number of survivors that were referred to and referred from each agency. The data were recorded in such a way that the direction of the relationship (referrals to and referrals from) was able to be examined. As such, both the in-degree (referrals from agencies) and the out-degree (referrals to agencies) centrality were measured. Betweenness, which is a combined measure of the in- and out-degree centrality, was measured to see which agencies serve as central nodes for DV service provision in Shelby County and Memphis. Finally, out-degree centrality measured the number of relationships from one node to the other nodes in the network.

Effectiveness of the Family Safety Center (FSC)

Between January 1, 2018 and June 30, 2019, the FSC saw 3,633 clients. Figure 3 displays the number of clients that visited the FSC per month. On average, 209 clients were seen per month. Between May and June of 2018, there was a drastic increase in the number of clients. However, the number of clients per month decreased until the end of the year. There was a small jump in January 2019, although the number of cases in the following months were largely the same as they had been prior to January.

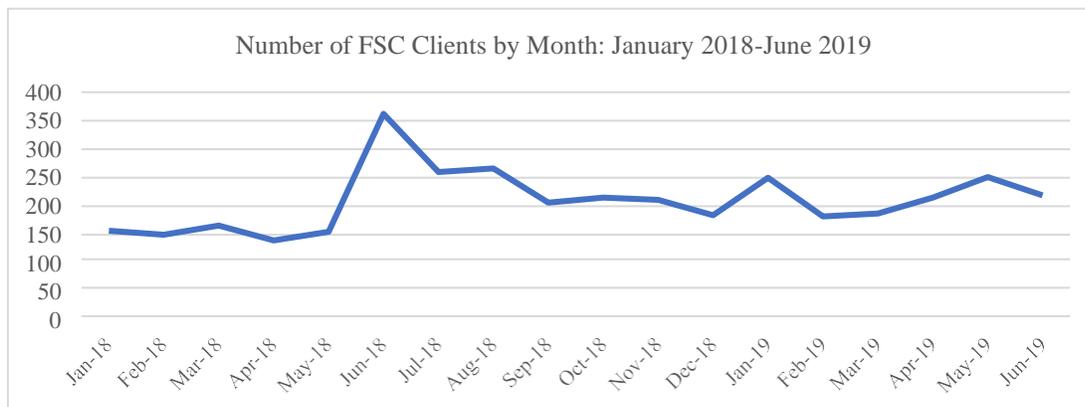


Figure 3. Number of FSC clients per month

Table 2 displays FSC client demographic distributions, showing that most clients were female (87%) and black (79.32%), with most having more than one child at the time of their

intake. Very few clients (12%) had previously been to the FSC, with the majority being new. Most were local residents, with only 4.38% of clients from outside of Shelby County.

	N	%
Gender (N = 3,092)		
Male	395	12.77%
Female	2,692	87.06%
Other (Transgender)	5	0.16%
Race/Ethnicity (N = 3,056)		
White	434	14.20%
Black	2,424	79.32%
Hispanic	141	4.61%
Other/Multi-Racial	57	1.87%
Number of Kids (N = 2,311)		
Mean (SD)	1.63	(1.38)
Client's First Visit (N = 3,082)		
No	368	11.94%
Yes	2,714	88.06%
Client Zip Code		
Inside Shelby County	2,927	95.62%
Outside Shelby County	134	4.38%

Table 2. Demographic distribution of client sample

The FSC often refers clients to partner organizations. Within the time period of the study, a total of 1,876 referrals were made by FSC staff for up to 55 other service providers in Shelby County (four of which were housed within the FSC - DVRRT, FSC, Camp Hope, and Coordinated Response to Elder Abuse (CREA)).¹ The five most frequently referred service providers were Kindred Place (24.36%), Memphis Area Legal Services (19.62%), DVRRT (14.45%), the Crime Victims & Rape Crisis Center (11.73%), and Memphis Inter-Faith Association (5.33%). However, though the category of “Other Service Providers” comprised approximately 9% of all referrals, this potentially included up to 45 different additional service providers.

¹ One client received 12 referrals to different service providers from the FSC staff, but most clients that received referrals only received one external referral (N = 1,013).

The most frequently cited reasons that clients needed referrals for external service providers included counseling for a child (either individual or group counseling; 25.64%), victim advocacy (23.40%), legal assistance for a temporary order of protection (14.87%), housing or shelter not run or overseen by FSC (12.42%), and legal assistance for something other than a temporary order of protection (6.72%).

The FSC collects data using several instruments used to gauge victim outcomes and satisfaction with services. The Conflict Tactics Scale (CTS-2) uses self-report data to examine psychological and physical violence within romantic partnerships (see, e.g., Jones et al., 2002). The FSC uses CTS-2 scores to gauge victim safety in their relationships after receiving access to services. This scale assesses five ways that conflict is resolved in these relationships (negotiation, psychological aggression, physical assault, sexual coercion, or injury) using a 78-item questionnaire. Of the 3,633 clients that visited the FSC during the evaluation period, approximately, 3,400 were given a pre-test score for the CTS-2, but only 280 clients received a post-test CTS-2 score. A copy of the CTS-2 can be found in the Appendix.

In addition to conflict resolution, the concept of “hope” is also important for DV survivors. The FSC measures client “hope” with the Herth Hope Index (HHI), aiming to increase client hopefulness during their time with the client at intake. The HHI was developed as a measure of “both the time-specific and the global dimensions of hope” (Phillips-Salimi et al., 2007) and to overcome previous shortcomings with instruments measuring hope, both by addressing the multidimensionality of hope and the recognition that hope was time-specific. It encompasses three different dimensions: 1) the notion that a situation is temporary and an orientation toward the future, 2) a positive outlook despite the current situation, and 3) interconnectedness (connection with self and others). Changes in HHI scores are interpreted by comparing average scores from pre- to post-test, with an increase or decrease describing whether post-test scores were *higher* or *lower* than pre-test scores. A copy of the HHI can be found in the Appendix.

Finally, the FSC measures victim satisfaction with an its exit survey. Seventeen Likert-style items (questions in which responses were based on the client’s level of agreement with a statement about their experience at the FSC) were used. These questions were related to the staff’s interactions with clients, the clients’ understanding of the cycle of violence and the rights they have as a victim, and the services that were provided to each client at the FSC. Clients were

asked to indicate on a scale of 1 to 5 their agreement with each statement related to these broader categories, 5 being the highest level of agreement. A copy of the exit survey can be found in the Appendix.

The data obtained from the FSC exit surveys were assessed for patterns by zip codes, to explore the relationship between location and access to services. To protect the anonymity of the FSC clients, addresses and other identifying information were removed. Zip codes were coded 1 through 60 (several of these zip codes also ended up being outside of Shelby County), with an additional category for clients from outside of Shelby County, to anonymize the client's home zip code. For the present analysis, all identifying information (client ID numbers) were removed from the data prior to decoding the zip codes to ensure that client data remained anonymous, even when zip codes were no longer coded.

The more locally recognized neighborhood names, while likely more helpful, do not have boundaries that cover the entirety of the Memphis area, and therefore do not provide a good delineation of geographic areas in Memphis (specifically for crime-related data and research). To give Memphis police officers a better understanding of crime, researchers attempted to organize the data by ward/precinct, however, the data were not structured to make this possible. The results will provide approximate estimations of the neighborhoods and precincts/wards in which clients reside to provide local law enforcement and criminal justice practitioners a better sense of where their clients reside.

Analysis and Results

Need for Service

Community survey

Chart 1 reports the results of the postcard survey by question. Nearly every respondent believed DV to be a serious problem in Shelby County, with 43% reporting it as a serious problem in their neighborhood, but only half believe that people in the community are working to reduce DV. Only about 2 in 10 respondents report knowing victims who have received help with more than twice that number reporting knowing victims who did not get help. Interestingly, while nearly 37% of respondents indicated they "know places to seek help," fewer reported they

know the location of the Family Safety Center or Shelby County Crime Victims and Rape Crisis Center and how they each can help.

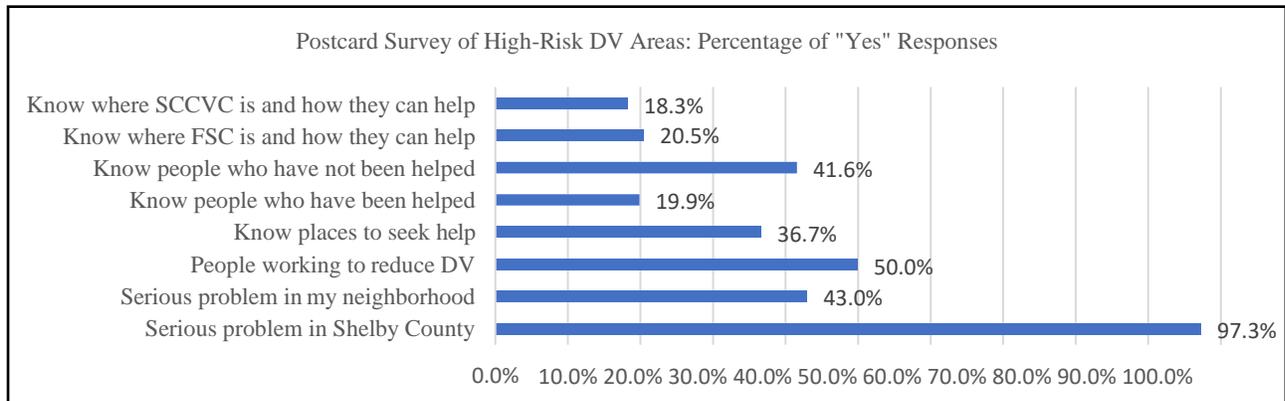


Chart 1. Results of postcard survey

Lethality Screen Scoring (LSS)

Of the 400 LAPs analyzed in the current analysis, 316 victims (79.0%) were classified as at high risk for lethality by answering “Yes” to any one of three possible questions. These questions asked if the offender has ever used a weapon against or threatened to use a weapon against the victim; if the offender had ever threatened to kill the victim or the victim’s children; and if the victim believes that the offender may try to kill her/him. A “yes” to any of these questions resulted in victims being considered at high risk for lethality. Subsequent questions on the assessment asked about additional previous behaviors. Of the 400 LAPs included in this sample, 205 victims (51.3%) answered “Yes” to four or more questions in this second series of questions. Table 3 provides more clarification on answer patterns.

Table 3. Descriptive statistics for LAP questions

Question Text		N (%)*
<i>Answering “Yes” to any of the following three questions, triggers the protocol.</i>		
Q1	Has he/she ever used a weapon against you or threatened you with a weapon?	248 (63.4%)
Q2	Has he/she every threatened to kill you or your children?	241 (61.5%)
Q3	Do you think he/she might try to kill you?	243 (65.7%)
<i>Answer “Yes” to four or more of the following questions, triggers the protocol.</i>		
Q4	Does he/she have a gun or can he/she get one easily?	239 (62.9%)

Q5	Has he/she ever tried to strangle you?	213 (54.2%)
Q6	Is he/she violently or constantly jealous or does he/she control most of your daily activities?	290 (74.2%)
Q7	Have you left him/her or separated after living together or being married?	254 (65.0%)
Q8	Is he/she unemployed?	200 (51.8%)
Q9	Has he/she tried killing himself/herself?	68 (18.6%)
Q10	Do you have a child that he/she knows is not his/hers?	122 (31.4%)
Q11	Does he/she follow or spy on you or leave threatening messages?	215 (55.1%)
<i>*NOTE: Due to missing data and questions not answered, these may not add up to equal 400.</i>		

For survivors who were screened, either according to protocol or on the belief of the officer, 139 (61.8%, N = 225) spoke with a hotline counselor. Of those survivors who triggered the protocol by answering “Yes” to either Question 1, Question 2, or Question 3, 158 (58.3%, N = 271) spoke with a hotline counselor. Among survivors who answered “Yes” to four or more questions between Questions 4 and 11, 109 (47.4%, N = 230) spoke with a hotline counselor.

Of the 295 forms that included a response to how the victim was screened, 13 (4.4%) were completed on the belief of the officer. Not all forms were filled out completely, and as this screening question was at the bottom of the forms, it was one of the two most commonly unanswered questions, with the two-part question “Is there anything else that worries you about your safety” and “If yes, what worries you about your safety?” as the other. This relatively small number is potentially telling of the buy-in that the officers may have had in this process. While a process evaluation of the implementation of the LAPs was not conducted, anecdotal evidence (e.g., conversations with administrative officers in the DV Unit) indicates that these forms were only completed if required due to the complexity of DV cases, high case volume, and lack of resources. Additionally, the forms explicitly state that the officer in the field, who is interacting with the survivor, is to complete the form. While the researchers claim no expertise in handwriting analysis, some forms obviously were completed by multiple people. It may be that both the officer and the victim collaborated on some forms, but it is possible a second officer or supervisor were filling out some assessments, as well.

Awareness and Perception of Services

Surveys

Service providers and practitioners, including law enforcement and prosecutors, were surveyed to discuss their experiences working with DV victims and survivors in Memphis and Shelby County. Of the individuals providing responses to the survey, responses were coded by service providers (n = 12), prosecutors (n = 40), and law enforcement officers (n = 522). One case from the law enforcement survey was dropped, as the respondent indicated that he/she was a DV service provider, resulting in a final sample of 521. The analysis took place in a series of phases to address each of the research questions respectively. In general, all data were analyzed for descriptive statistics in order to understand how DV resources are used by practitioners.

Service Provider Survey Results

The service provider survey was distributed to a total of 99 agencies. As not every agency had a contact person or email, surveys were mailed to 70 of the 99 agencies, and emailed to the remaining 29 agencies. Twelve separate agencies responded to the service provider survey.

Representatives of agencies providing services to DV survivors were asked both from which agencies their agency received referrals (an estimate of monthly averages) and to which agencies they referred survivors. Again, a fillable “Other” category was provided if the agency or organization they receive referrals from or give referrals to was not listed in the survey. Twelve agencies/organizations in Shelby County that support DV survivors (by either providing direct services or by connecting survivors to services) were represented in these data, including Agape, Believe, CasaLuz, K. Miller, Memphis Area Legal Services (MALS), Memphis Area Women’s Council (MAWC), Moriah, CVRCC, South Memphis Alliance (SoMemAll), University of Memphis (UofM), Victims to Victory (VictoVic), and the YWCA of Greater Memphis. Importantly, the FSC did not respond to the survey, despite multiple attempts via email, phone calls, and even a face-to-face meeting to request a response.

The primary service providers in Shelby County are the FSC, CVRCC, the YWCA, Kindred Place, MPD, SCSO, and the SCDA. A fillable “other” category was also included in the survey in which respondents were asked to list the agencies and organizations from which respondents’ agencies received referrals. The Community Alliance for the Homeless, the Department of Children’s Services, the internet/media, the Metropolitan Inter-Faith Alliance,

Restore Corps, and existing/former clients and word of mouth were all listed as additional sources from which each respondents' agency received referrals.

The estimated number of clients per month who receive direct services from each of the service providing agencies/organizations ranges from 2 to 100, with an average of 34.2 (SD=30.54). The estimated number of clients served that are non-referred clients each month ranges from 0 to 100, with an average of 11.6 (SD=31.13). The estimated number of clients that are referred each month ranges from 0 to 60, with an average of 20.9 (SD=19.0).

Respondents were also asked to provide estimates of the number of client referrals they make to other agencies. All but one agency/organization indicated that they make referrals to other agencies. The estimated number of clients that are referred to other agencies ranges from 1 to 100, with an average of 24.1 (SD=34.6) clients referred each month. The estimated number of referrals (e.g., if a single client is referred to multiple service providers) ranges from 0 to 100, with an average of 23.8 (SD=30.8) referrals made per month.

Respondents were asked a follow up question regarding the types of services that were provided from the organizations that they listed. Of the 12 total respondents, 10 reported on the services that were provided by other providers. Eight respondents indicated that they referred clients to providers for legal aid, four referred for safety planning, four referred for employment assistance, four referred for education, five referred for medical/health care, six referred for spiritual support, three referred for transportation assistance, eight referred for basic necessities (food, housing, clothing, etc.), four for family support (childcare, school supplies, etc.), four referred for support for non-native speakers and Spanish-language services, and eight referred for mental health support. In addition to these services that were provided as responses, a final write-in category was provided for any additional, unlisted services; mentoring and literacy services were listed as additional services to which clients and survivors were referred.

Practitioner Survey Results

A similar survey geared towards practitioners was sent to prosecutors, law enforcement, and judges who worked with domestic violence victims and survivors in Memphis and Shelby County. Of the respondents to the prosecutor survey, 37 of 40 respondents (92.5%) indicated that they were associated with the SCDA. Those that did not indicate an affiliation with any office were also those that did not list an official position title. Of the 37 respondents that indicated an

affiliation with the SCDA, only one respondent did not indicate his/her title. Three of these 37 indicated that they fulfilled a prosecutor role, while the remaining respondents indicated that they hold Assistant District Attorney titles. Of the law enforcement sample ($n = 521$)², 94% ($N=488$) indicated that they were employed by the MPD, while the remaining respondents provided no indication of where they were employed.

All respondents indicated that they interacted with a DV survivor during a case or an investigation at least once. The estimated average number of survivors with whom prosecutors interacted with per month ranged from 0 to greater than 50. The estimated average number of survivors that law enforcement officers and other law enforcement employees interact with per month ranges from 0 to greater than 500. This is likely highly dependent on what precincts and units they are assigned to. For example, it is not likely that the officer who indicated that he/she was a bomb technician would interact with very many DV survivors, but the officer who indicated that he/she was assigned to the DV investigation unit may interact with a much higher number of survivors compared to a patrol officer. Dispatchers may also interact with a much higher number of survivors than most officers as they are often the first point of contact the survivor has with the police.

Out of the 40 prosecutor respondents, 6 indicated that they did not refer clients to other agencies for DV services. Of those that did refer clients to services for DV, the estimated average number of clients each month ranged from 0 to greater than 30. Respondents also indicated that they referred all their clients to services. Respondents primarily referred their clients to primary service providers in the area (i.e., the FSC, CVRCC, the YWCA, Kindred Place, MPD, SCSO, and the SCDA). Similarly, out of the 521 law enforcement respondents, only 30 (6%) indicated that they do not refer clients to other agencies for DV services. Of those that do refer clients to services for DV, the estimated average number of clients each month ranges from 0 to 100 or more. Respondents also indicated that they refer all survivors, most survivors, and multiple survivors to services.

A fillable “other” category was also included for this section of the survey in which respondents were asked to list the agencies and organizations to which respondents’ agencies referred clients and survivors that were not provided in the survey. For prosecutors, Memphis

² During the data cleaning process, one of the cases was found to have been the survey results for a clinical director for a DV service providing organization and was therefore removed from the dataset to ensure that all respondents were employed by law enforcement agencies.

Area Legal Services, ministers, and psychologists were listed as additional organizations and individuals to which each respondents' agency referred clients and survivors. For law enforcement, Advocate Center, Agape, CONCERN, DCS/APS/CREA, CasaLuz, CAC, Food bank/MIFA/VINE, GPS unit, Juvenile Court, shelters, Moriah/Union mission, reports, therapists, churches, Hope Works, Dorothy Day House, and LINC were listed as additional agencies and organizations to which respondents referred clients and survivors.

Respondents were asked a follow up question regarding the types of services that were provided from the organizations that they listed. Both prosecutors and law enforcement primarily reported on the services that were provided by other providers, including legal aid, safety planning, employment assistance, education, medical/health care, spiritual support, transportation assistance, immigration, soft-skills training (e.g., interviewing), basic necessities (food, housing, clothing, etc.), family support (childcare, school supplies, etc.), support for non-native speakers and Spanish-language services, and mental health support.

Shelby County Service Quality and Job Satisfaction

Service providers, prosecutors, and law enforcement employees were asked 26 questions about the quality of DV survivor services and job satisfaction. Each of the surveys also contained a question that asked practitioners and service providers to consider what services were needed for DV survivors, if money was no object. A simple cursory glance at the write-in responses for practitioners and service providers reveals three important trends: 1) there is a general lack of resources available for both pursuing DV cases in the criminal justice system, and a lack of resources available for DV survivors, 2) the victims need access to education and resources to remove themselves from the cycle of violence, and 3) that the breakdown between different agencies goes beyond a lack of communication.

Most of the practitioner wishes (n = 40) emphasized the need for “*more*” of everything. In fact, among the three wishes of the approximately 240 law enforcement personnel that responded with at least one wish, the word “*more*” appeared nearly 140 times (in approximately 20% of responses) and was usually followed by some sort of resource (e.g., training, safe housing, education, or staff). Similar findings appeared in the service providers' and prosecutors' surveys, but the rate of appearance was much higher (33% and 30% of responses, respectively). Figures 4 and 5 provides a visual display of these findings using a word cloud.

comments imply a need for a reorientation toward the universal goal of assisting survivors to get out of traumatizing and violent situations.

There is an expressed displeasure between service providers and practitioners, though this is more pronounced among the practitioners. Law enforcement officers believed that the courts, the SCDA's office specifically, are not prosecuting DV cases accordingly. They complained generally about prosecutors' unwillingness to prosecute cases, even with good evidence. The prosecutors in turn indicated that the law enforcement officers behave negligently in their duties and provide bad evidence for DV cases. Prosecutors assign blame to law enforcement, noting specifically that they do what they want without following the law, while law enforcement note that prosecutors often do not do a good job at ensuring that offenders receive a punishment commensurate to the crime they have committed.

Generally, these comments indicate that service providers require staffing and funding, and the lack of ability to properly provide services is felt from the law enforcement officers who are requesting more services for the survivors that they encounter. However, despite these negatives, all of the respondents recognize that survivors need assistance distancing themselves from their abusers and require the necessary resources to gain their independence. Additionally, they all feel the pressure of not having enough resources to properly serve, investigate, and adjudicate DV cases.

Focus group interviews

A series of focus groups interviews with survivors from five DV service agencies (the Family Safety Center/FSC, Shelby County Crime Victims and Rape Crisis Center/CVRCC, Agape, Casa Luz, and the YWCA of Greater Memphis) identified core issues facing DV survivors going through the criminal justice system, including 1) contact with the criminal justice system; 2) interactions with social service agencies; and 3) expectations for outcomes. Within the context of contact with the criminal justice system, survivors raised several issues, centered around police response, police interaction, court experiences, and systemic dissatisfaction. In terms of interactions with social service agencies, survivors reported concerns around negative staff interactions, lack of information, ease of contact with staff, and overall provider experiences. Finally, with regard to expectations for outcomes, survivors raised issues with no assistance follow-through; a lack of resources or miscommunication of program provisions;

reliance on others, not providers; treatment by the system and providers; lack of resolution; and suggestions for improvement. Further detail on these findings can be found in the full report on the focus group interviews, contained in the Appendix (Iratzoqui, Madden, & Stolbom, 2019).

The second series of focus groups was conducted with first service providers, and then criminal justice practitioners. As described below, the two groups shared similar concerns, with particular relevance for their professional obligations working with DV victims and survivors.

The service provider focus group identified several key issues related to working with domestic violence victims: 1) challenges in partnerships; 2) challenges in referral processes; 3) lack of funding/services; 4) challenges related to the victims' own situations; and 5) COVID-19. Each of these are discussed individually below and summarized in Figure 6.

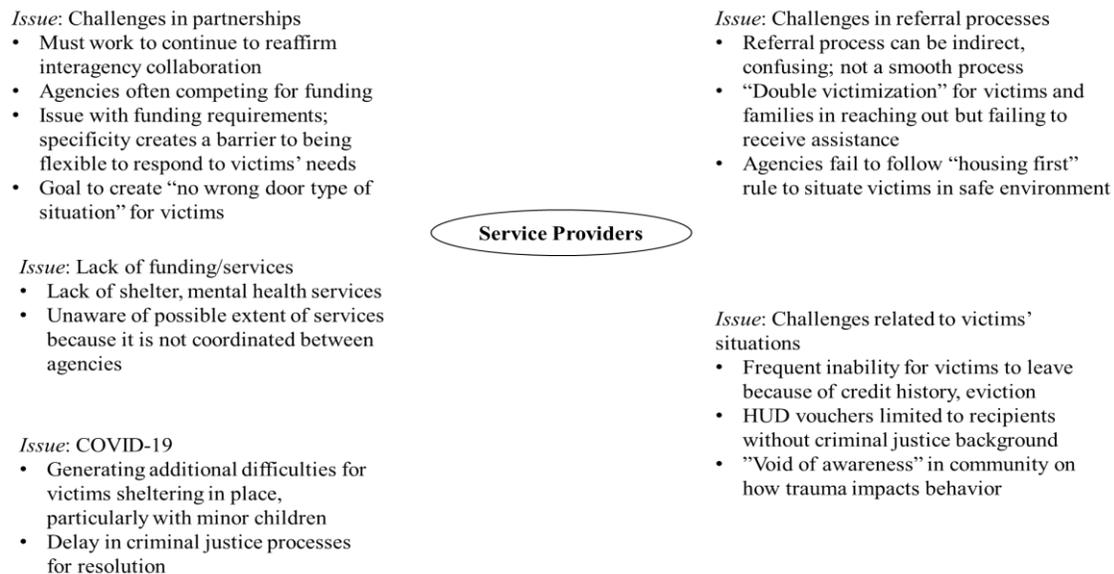


Figure 6. Themes of service provider focus groups

First, participants spoke to the issues between agencies collaborating and staying connected. While agencies often compete for state or national funding, as one participant noted, "there's only so much time in a day." Instead, multiple participants underscored the importance of continuing to reaffirm partnerships and provide appropriate and relevant services for victims within various areas. However, there were issues raised that funding for agencies or specific services often creates a barrier in being able to be flexible in responding to victims' needs.

Rather, agencies need to be collaborating so that there is a “no wrong door type of situation” for victims, guided by one central resource to eliminate issues in the referral process.

Along that vein, the second issue the service providers identified was in the referral process, which they often referred to as indirect and confusing, and even retraumatizing for victims. Providers expressed concern that this process created a double victimization for victims and families, where victims were reaching out but not receiving the assistance needed.

A third, related issue centered around the lack of funding and services available for the body of victims pursuing social services. Lack of shelter services was a repeated issue across providers, as well as mental health services. One provider noted that there may even be more services available, but providers are not aware of the extent of provision because it is not coordinated among agencies, and there is the issue of duplicating services. Additionally, another provider noted that a barrier that all agencies fail to follow is the “housing first” rule to be able to situate victims in a safe environment before concentrating on their subsequent needs.

Providers also highlighted the various issues facing victims based on their own situations. Multiple providers noted the issue that victims often remained in a violent relationship because they would find it too difficult to leave, particularly because of their inability to find housing. If abusers listed victims on utility bills, but retained financial control of household funds, evictions that resulted in victims and their abusers being homeless would primarily affect the victims’ credit scores. Marks on credit may make it more difficult to obtain affordable housing, or social assistance to seek out alternative housing situations. Similarly, one provider noted that while HUD (U.S. Department of Housing and Urban Development) offers Section 8 vouchers, vouchers are restricted to individuals without criminal backgrounds. Yet, as the provider noted “there’s a lot of reasons why people end up where they are.” In addition, the mental health of victims, as well as an understanding of how trauma impacts behavior, was noted by at least one provider as reflective of a “void of awareness” from outside of social services within the larger community.

Finally, providers also noted how the pandemic increased the vulnerability of victims in ongoing violent relationships. As one described, “for some families [...] sheltering in place at home may be dreamy, but for many others it is a complete nightmare.” The pandemic created an additional difficulty particularly for victims with minor children sheltering in place, in the ability

to seek out assistance. The pandemic has also increased a delay in criminal justice processes, which have already often seemed frustratingly slow for victims involved in the system.

In turn, the criminal justice practitioner focus group also identified several core issues in their work with domestic violence victims: 1) victim needs unmet; 2) lack of funding; and 3) COVID-19. These are discussed individually below, and summed in Figure 7.

Issue: Victim needs unmet

- Relocation services, lack of housing main issues facing victims of domestic violence
- Calls for improvement in process for orders of protection
- Needs for financial assistance for victims unmet

Issue: Lack of funding

- Outdated technology in tracking cases
- Lack of manpower to focus on victims' needs
- Lack of staff to handle increase in cases, secure testimony
- "The magic bullet is more money and more people."

Criminal Justice Practitioners

Issue: COVID-19

- Delays in cases, reduced ability to conduct jury trials due to social distancing
- Victims lose interest in participation with delays
- Lack of ability in face-to-face service provision reduces ability to establish rapport, obtain cooperation
- Domestic violence cases becoming more serious, aggravated assault cases up

Figure 7. Themes of criminal justice practitioner focus group

First, as with the service providers, all practitioners agreed that relocation services and lack of housing were some of the main issues facing victims experiencing domestic violence. They noted that while the YWCA has expanded its capacity in its shelter within the past year, it was not enough for the extent of victims needing assistance. While not as prevalent as the focus on housing, practitioners also noted other issues victims faced. One participant noted that there needed to be improvement in how orders of protection were filed, as appointments for these applications were often scheduled too far off, leaving victims feeling discouraged or losing interest in participation. In addition, some participants noted that there were needs for financial assistance for victims that were not being met.

Second, all practitioners reiterated the lack of funding that resulted in outdated technology and a lack of manpower, whether to secure testimony or to broadly be able to focus more time on victims. Multiple participants expressed frustration that, with new cases continuing

to come in, they felt like they had to “cut corners” in providing assistance, since they did not have a similar increase in staff to respond.

Finally, as in the service provider group, concerns related to the impact COVID-19 has had on pursuing justice in domestic violence cases were raised from all participants. Overall, practitioners noted how the pandemic conditions resulted in cases being pushed back, victims no longer wanting to prosecute after waiting an extended period of time, and the lack of ability to do face-to-face service provision, reducing the ability to establish rapport with victims and increase cooperation. One practitioner noted that the lack of jury trials represented the loss of possible leverage of a prosecutor against a defendant, particularly as defendants realized they were not going to go on trial in a speedy manner. They also highlighted how domestic violence cases were becoming more serious, with aggravated assault cases on the rise, often reflected in the economic and social pressures facing families, with victims feeling trapped and kids at home and not in school.

Both groups identified the impact the lack of money had on service provision and how COVID-19 exacerbated already dire conditions. As one practitioner succinctly stated, “the magic bullet is more money and more people.” With smaller financial resources, agencies fighting for the money that does exist, and the decreasing inability to provide more assistance, a process that was already frustrating victims further traumatized an already vulnerable population.

Connections of Victims to Services

List of service providers

The list of service providers identified a total of 99 unique organizations, some of which included multiple locations. The majority of these organizations were located in Memphis; only 5 were located within the larger metropolitan area (e.g., Bartlett, Collierville, Leland, and Millington). These findings suggest a lack, or at least a lack of awareness, in services for victims outside of the city limits. Earlier focus groups with victims suggested that many victims were not aware of the full extent of services that were available to them in Shelby County. It is possible that the list developed here may have included lesser-known resources that clients may not have been aware of and would have liked to pursue while they were in need of assistance.

It is also possible that this list is not exhaustive. While the search was conducted in 2019, organizations may rebrand or partner with other, related organizations, while new programs

emerge, and others lose funding. For example, Mid-South Immigration Advocates, while not directly a DV service, works primarily with Casa Luz, a Hispanic and Latinx serving domestic violence organization, helping victims of domestic violence address their immigration status. This organization was not included in the list. In addition, as relatively new organizations are still developing, such as the faith-based Women's Advocacy Center and Chosen Vessel Ministries, there is a lack of information widely available. These organizations were also missing from the original list. Other organizations may have lost funding, particularly with changes in national grant funds available, and the limited capacity to run operations with short staff and pandemic restrictions. Thus, the list must be considered tentative, and remain open for editing.

Social network analyses: Interactions between agencies

In addition to the descriptive analyses of the data, the responses to the service provider surveys were used to create an asymmetric adjacency matrix to be used for social network analysis.

The nodes in Figure 8 are sized by the number of referrals that are received by each of the organizations listed in the survey. Agape and CasaLuz serve as the two largest nodes with reference to the number of referrals that are received on average per month. Agape appears to primarily receive referrals from non-profit sources, while CasaLuz, specifically serving Hispanic and Latinx survivors, receives referrals primarily from Shelby County government entities, such as MPD, SCDAG, and CVRCC. CasaLuz, while a non-profit, works most frequently with county and federal law enforcement agencies, and may, therefore, have a stronger affiliation with these government-affiliated entities.

However, despite being a smaller node for in-degree centrality, the CVRCC is the most central node in this analysis, acting as both a source for referrals for non-profit organizations (and the University of Memphis) and as a recipient of referrals from the FSC, the YWCA, and other agencies. This may indicate that they provide a critical resource or service that is frequently required by survivors following a DV incident.

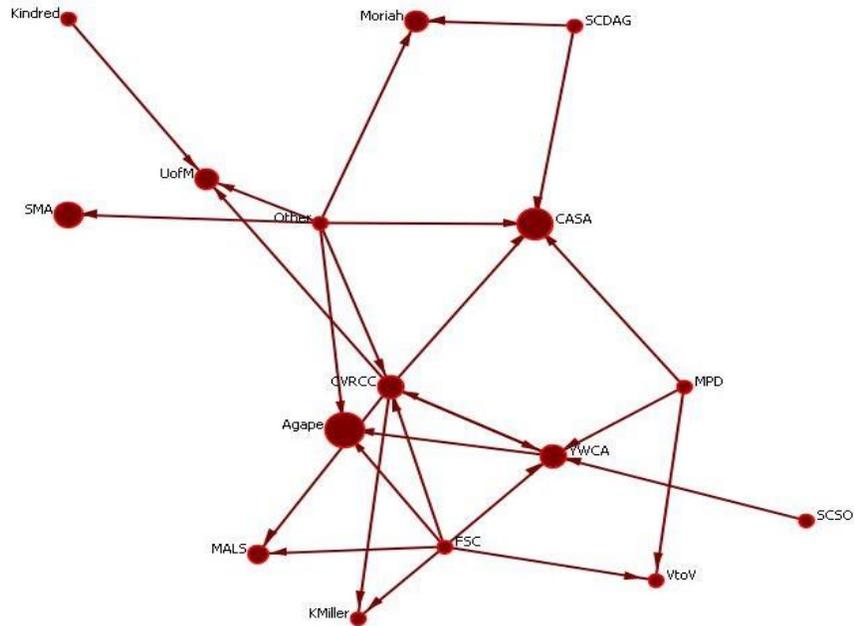


Figure 8. Agency estimates of incoming referrals to other services providers in Shelby County (nodes sized by in-degree centrality).

Nodes in Figure 9 are similarly sized by the number of lines leaving the node to another node. With regard to the out-degree centrality, the Memphis Area Women’s Council (MAWC) serves as a central node of referrals to other agencies. The mission, as described by the organization’s website, of the MAWC is to provide women with the support and services that they need through policy, research, and activism and, as such, they are not a direct service provider for survivors. However, the respondent associated with this organization indicated that MAWC makes approximately 100 referrals to service providers on average each month, which is at least double the number of referrals made by any other agency or organization represented in this survey. Being a center for women’s rights with a focus on policy development and influence, it is likely this organization is in contact with many of the local agencies to assist in improving the quality of life for women in the county, even without providing services in-house.

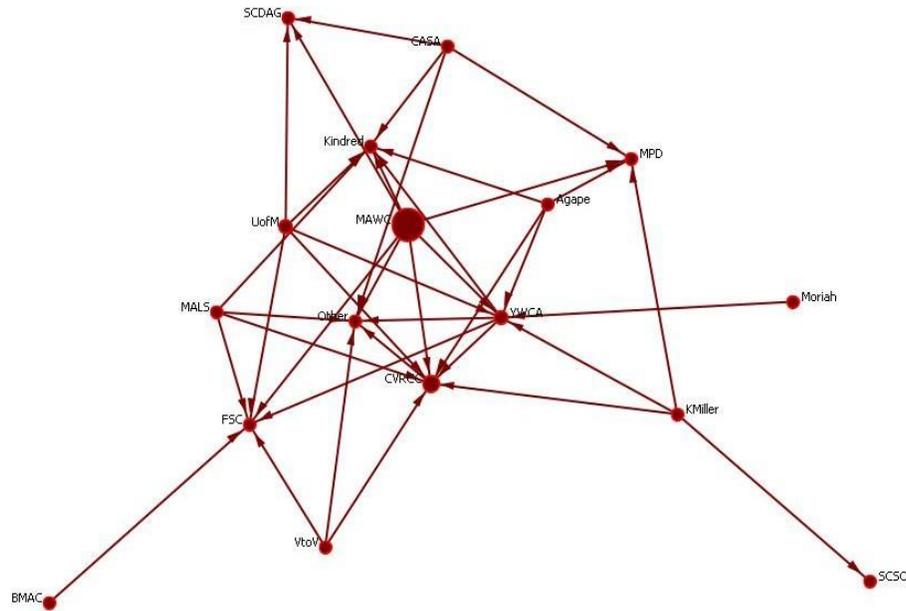


Figure 9. Agency estimates of outgoing referrals to other services providers in Shelby County (nodes sized by out-degree centrality).

Figure 10 represents the outgoing and incoming referrals by agencies in Shelby County. Again, the CVRCC and the YWCA both appear to be central nodes in the betweenness analysis, indicating that other nodes are relying heavily on these nodes as a go-between for the rest of the network. In the instance of the CVRCC and the YWCA, both organizations serve as an important conduit between the other agencies included in the analysis. These nodes are centrally located and likely have a higher degree of influence over the network and can create major issues with access between agencies (e.g., Freeman, 1979). Agape, K. Miller, MPD, Vic to Vic, and “Other” organizations also have high degrees of betweenness, though they are not as centrally placed within the network.

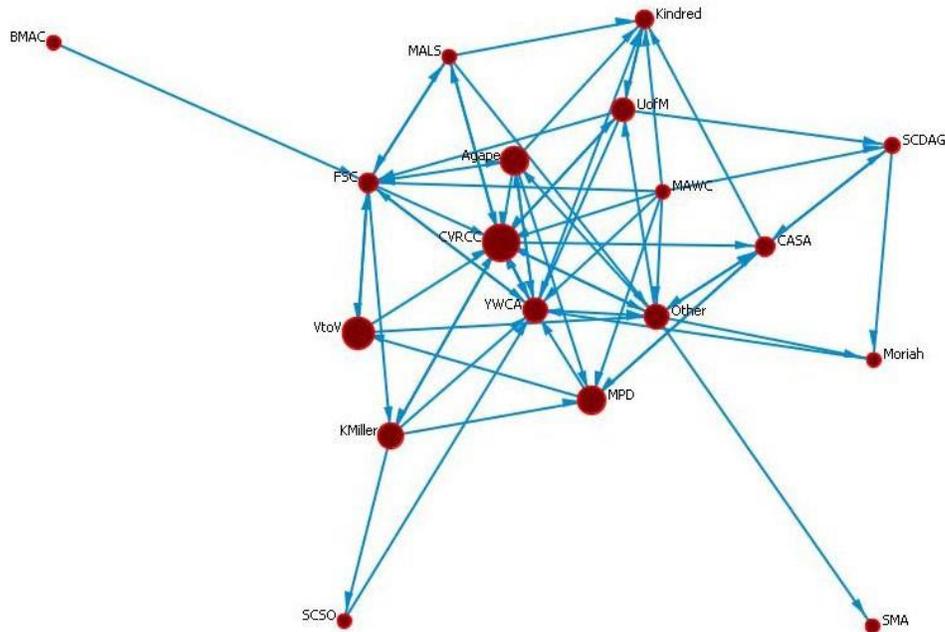


Figure 10. Outgoing and incoming referrals by agencies in Shelby County (nodes sized by betweenness).

It is important to note, however, that these data suffer from a significant limitation: the lack of participation by the FSC. While respondents were able to estimate how many referrals they received from FSC and how many clients they referred to FSC, the FSC did not respond or participate in the survey. As a result, we have no estimates from FSC as to how many clients they see who are referred by other agencies or how many clients they refer to other agencies. The FSC is supposed to be the county's primary source of service referrals for survivors, but there is no way to estimate the extent to which that is happening within the current analyses.

Effectiveness of the Family Safety Center (FSC)

In total, over the course of the evaluation period, over 3,000 clients visited the FSC seeking assistance after experiencing a DV victimization. The staff at the FSC saw an average of 209 clients per month. Except for a sharp increase in June 2018, there was an otherwise steady number of clients over the course of the evaluation period. As DV and violent crime remain a problem in Memphis and Shelby County, it is expected that the number of clients walking through the FSC's doors will only increase, rather than decrease.

It is important, then, to evaluate the effectiveness of the FSC as the primary DV victim service provider, through various metrics. The data in the current analysis represent findings

from client surveys the FSC performs at intake and at the client's final visit, including patterns of violence within their relationships, sense of future orientation, client satisfaction, and referrals to external agencies.

Scores for the Conflict Tactics Scale (CTS-2) were compared using t-tests to evaluate significant differences between scores. Each of the 78 items was scored on an 8-point scale that asked how often in the previous 12 months that a particular action was experienced (1 time in the past year; 2 times; 3-5 times; 6-10 times; 11-20 times; more than 20 times; not in the past year, but it has happened before; and never). Accordingly, decreasing scores from one time period to the next would indicate the end of, or a decreasing in danger from, a violent relationship. For the 280 clients with complete sets of CTS-2 pre- and post-test scores, the scores significantly decreased, from a pre-test average of 112.67 down to a 41.90 at the post-test ($t = 10.40, p < 0.001$). These findings indicate that clients were likely leaving violent relationships and were at lower risk for further harm.

Changes in Herth Hope Index (HHI) scores for clients pre- and post-service were examined in terms of future orientation, positivity, interconnectedness, and overall hope. Four items were used to measure the dimension of temporality and future orientation. Scores are calculated by summing the points for each subscale (strongly disagree = 1, disagree = 2, agree = 3, strongly agree = 4) with one question related to future orientation and one question related to interconnectedness, for a possible total of 48 points (the most hopeful). Items used to measure future orientation included: 1) I have a positive outlook toward life, 2) I have short-, intermediate-, and/or long-range goals, 3) I feel scared about my future (reverse-coded, with higher scores indicating less scared), and 4) I believe that each day has potential. Future orientation significantly increased after visiting the FSC, with average scores between a 13-14 on the scale ($t = -9.93, p < 0.001$). Similarly, among the clients with a second set of pre- and post-test scores, future orientation was significantly higher after visiting the FSC ($t = -2.171, p < 0.05$), though the difference between the pre- and post-test scores is much less pronounced among the second set of scores. However, given that a maximum possible score is 48, these results suggest that clients retained an overall negative on their outlook on life.

Four items were used to measure the dimensions of positivity and interconnectedness. Positivity was measured with the following items: 1) I can see a light at the end of the tunnel, 2) I can recall happy/joyful times, 3) I have a sense of direction, and 4) I feel my life has value and

worth. Positivity was found to significantly increase between pre- and post-test evaluation ($t = -7.82, p < 0.001$). Interconnectedness was measured with the following items: 1) I feel all alone (reverse coded), 2) I have a faith that gives me comfort, 3) I have deep inner strength, and 4) I am able to give and receive caring/love. Interconnectedness was similarly found to significantly increase between pre- and post-test scores ($t = -9.39, p < 0.001$).

Overall, results from the FSC client satisfaction survey indicated that clients were very satisfied with their experiences with the staff and services provided at the FSC, with roughly 85% to 98% of clients somewhat agreeing or strongly agreeing with each item on this section of the exit survey. The highest level of agreement was with the statement that stated, “The Family Safety Center helped me to learn how to access services and community resources,” in which 98.4% of clients either somewhat agreed or strongly agreed with this statement. As one of the primary concerns with the present evaluation is related to the increasing number of victims who are at risk of future or escalating violence, this is a useful finding. The results of this question imply that the FSC is an effective source for providing services to and aiding DV victims and survivors establish the necessary connections with service providers to deal with their situations.

The lowest level of agreement was with the statement that stated, “Coming to the FSC has significantly reduced my stress levels” (Question 14). While many clients (84.3%) indicated some level of agreement with this statement, a number of clients ($N = 83, 4.19\%$) still indicated that they disagreed with this statement. Further, 87.8% of clients indicated that they felt safe after visiting the FSC (Question 15), making this the statement with the second lowest level of agreement. Despite being the lowest percentages, these numbers are generally encouraging, as the level of agreement encompasses most of the clients.

Clients also provided responses to suggestions for improvement. Clients were further asked to indicate which services they would have liked to have had access to either at, or through, the FSC. Clients indicated that they would be interested in self-defense classes (15%), job placement assistance (10.25%), programs on healthy relationships (9.34%), assistance with home ownership (9.04%), legal assistance (8.79%), and money management services (8.28%).

The exit survey results suggest that the FSC is perceived as a beneficial resource for victims of DV in Memphis and Shelby County. Participants reported overwhelmingly positive views of the staff and how the FSC helped them understand how to understand and respond to their victimization, and their reported scores on metrics of domestic violence danger, as well as

self-assessed hope, all trended in the expected direction. While the FSC is not able to provide for all resources, it is willing to provide clients with referrals to the resources that they may need. Of those who received an external referral for services (N = 1,013), most clients received one or two external referrals. However, one client required 12 referrals. The most common reason for external referrals was for counseling for children, followed by victim advocacy. Kindred Place and Memphis Area Legal Services were the most referred service providers. This implies that perhaps children may be experiencing severe effects from DV victimization and may require additional services more than the adults that are often involved in the abuse. The need for victim advocacy indicates that navigating the criminal justice process is an emotionally taxing process for those involved in DV victimizations. Both findings highlight the importance of providing victims with mental health assistance following DV victimizations.

Data from the FSC client surveys were also examined for patterns across zip codes, to identify possible “hot spots” for domestic violence based on victim residence. The data accounted for clients from 36 zip codes in Memphis and Shelby County, ranging from 1 client (38186) to 245 (38127) clients residing within these zip codes. Approximately 4% (N = 134) of clients were from outside of Shelby County. The top five zip codes with the most clients residing in them were 38127, 38109, 38128, 38118, and 38116, while the five zip codes with the least number of clients were 38186, 38049, 38028, 38004, and 38139.

Women appear to be far more likely to be clients at the FSC, regardless of zip code. Of the clients from the zip codes where the most clients reside (N = 1,017), 85.9% were female. These clients tended to be Black (91.5%), had at least one child (60.5%), and were prior clients of the FSC (86%), suggesting multiple and ongoing experiences of victimization.

These results are supported further when examined by zip code. Figure 11 represents the distribution of FSC clients (between January 2018 and June 2019) by zip code in Shelby County. Most clients reside in the Raleigh/Frayser and Whitehaven neighborhoods, indicated by the dark maroon color on the map. Client residences seem to be centered on the northwestern and southern areas of Memphis, and then seem to have less concentration as one moves east and away from the center of the city.

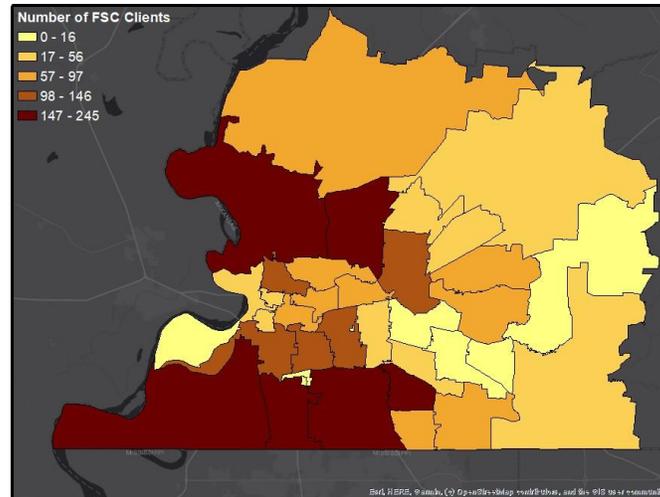


Figure 11. Distribution of FSC clients by zip code between January 2018 and June 2019

Figure 12 reports the distribution of repeat FSC clients by zip code. Clients in two zip codes were most likely to have multiple visits to the FSC, the zip codes of 38127 (Frayser neighborhood; Austin Peay Precinct) and 38118 (Hickory Hill; Mt. Moriah/Ridgeway Precincts). While this is a macro-level rather than an individual-level analysis, in that it does not indicate whether a specific offender recidivates, it may indicate that domestic violence repeat offending is a larger issue in some zip codes.

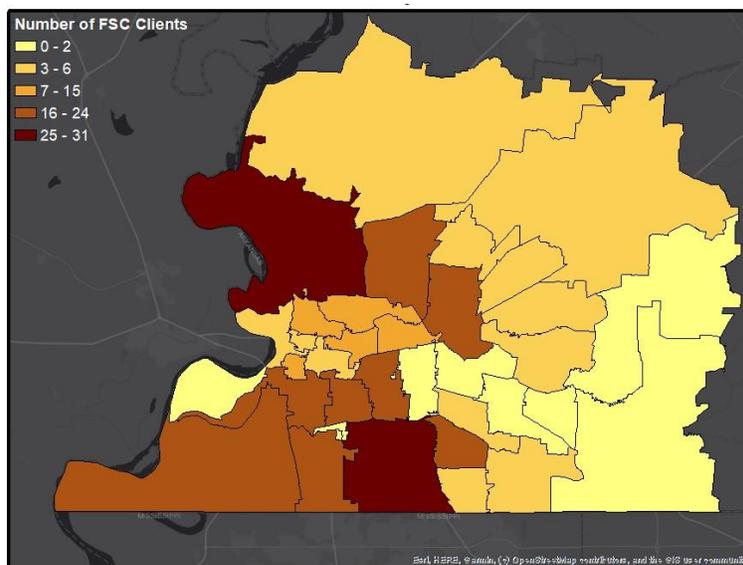


Figure 12. Distribution of repeat FSC clients by zip code between January 2018 and June 2019

For comparison purposes, an additional heat map was created to show where domestic violence cases have the highest density (i.e., where MPD records the most reported incidents of domestic violence). Figure 13 represents these findings. While domestic violence cases largely follow the earlier map, the kernel density estimation map reveals an additional high-density location in the center, largely located in the 38114 zip code/Orange Mound neighborhood. This area does not contribute to the number of clients that FSC has seen, but it is one of the zip codes with the second highest level of clients. Taken together, this finding could suggest that domestic violence cases cannot always be prevented by measures taken at home and that additional measures should be taken to ensure that abuse is 1) not occurring away from home or 2) at the partner's home.

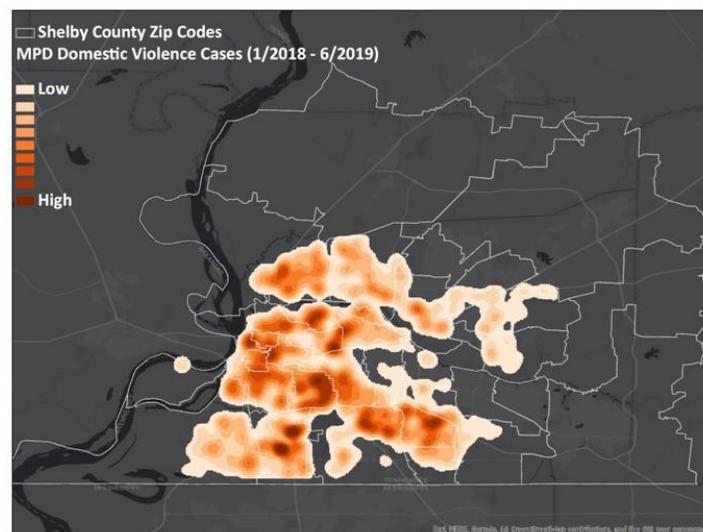


Figure 13. Kernel density map of domestic violence incidents reported to MPD, January 2018 to June 2019

Discussion

The funded project targeted four broad areas in domestic violence service provision in the Memphis and Shelby County area: 1) need for service; 2) awareness and perceptions of services; 3) the connection of victims to services; and 4) the effectiveness of the Family Safety Center (FSC), the primary domestic violence service provider in the area. This final section identifies

some limitations that hampered the capacity of the evaluation, then offers several broad conclusions of the findings using the current data, as well as recommendations for change.

Limitations

The current study suffered many limitations with several of its data sources, including 1) the LSS; 2) the FSC client data; and 3) the service provider and practitioner surveys.

The LSS data were limited and incomplete. Given the dearth of data available, it is unclear if the agencies were simply attempting to follow protocol. Undoubtedly, the added stress of DV cases that can easily tie officers up for additional hours could have resulted in hastily filled out forms, incomplete forms, illegible responses, and unclear responses to the questions on the forms. One possible solution is to shift away from using paper forms. In an age of rapidly advancing technology, there should be no barriers in either developing an app, or contracting with a software company, to provide an electronic format that would prevent officers from having to ensure that they embark on every shift with enough paper copies of the LAP. One MPD lieutenant commented that it would be much more difficult to add this to the programs available on the patrol car CADs, as the update process becomes extremely costly. However, it is possible to create a link or QR code that officers can access electronically in order to fill out the protocols. This would also allow the transition between data collection by the officers to data export for subsequent analysis by the Family Safety Center, or any interested agency, a much smoother process, as the data would already be entered into a database. Alternatively, these forms could be adopted by other practitioners that interact with victims, rather than officers, though this would undoubtedly add to their already overburdened workload.

The FSC client data included several problematic cases (N = 19). These clients had a) two Herth Hope pre-test scores and no post-test scores; b) two pre-test scores in addition to a post-test score; and c) two pre-entries and no post-entries, or two post-entries and no pre-entries. In these cases, the dates were not the same, and the earliest score was considered the pre-test score and the later score was considered the post-test score. In addition, there was a large discrepancy between the amount of CTS-2 pre-test scores (3,400) and post-test scores (280). It is unclear whether clients simply did not return, a post-test was not taken, or clients refused to participate, in the absence of any further information.

In addition, the exit survey data were also incomplete. While a larger survey instrument had been submitted to the FSC for use from the project's researchers, it does not appear to have been used by FSC staff. Rather, it appears that the instrument actually used in client interaction altered and/or eliminated several questions, though the extent of the modification is unclear. One significant area that was lacking was the demographic information about clients from their exit surveys. As a result, the researchers were unable to provide more analyses by any demographic information. However, changes to the original survey instrument may have been a result of limited resources and personnel, or the provider's own interests for how to best serve their clients. With an average of 209 clients per month and approximately 20 staff, assisting 10 to 11 clients per month may put an additional strain on time and resources.

Outside of the FSC data, there are limitations within the service provider and practitioner surveys, as well. First, the lack of participation by the FSC in the service provider survey limited the capacity of the evaluation in constructing exhaustive, complete, and accurate social network models to address one of the biggest issues identified by these data: the capacity for and extent in which service providers are working together. Without the FSC, arguably the "hub" of domestic violence services, present in these data, they remain incomplete.

Additional limitations exist in the content of the surveys, with potentially conflicting results, compared to the written statements. For example, there is a general agreement among all respondents in the Likert-scale statements that there is a rather effective communication channel open between referral sources and the service providers to ensure that survivors and their families have access to services. It appears that there may be some testing effects within the survey. Specifically, the close-ended survey items (all but the wishes) appeared to meet some sort of social desirability bias. When including the wishes, it seems that many of the responses are ego-centric, or that some of the items are responded to in such a way that the image of one's own agency looks better than the other. Many of the complaints that have been made seem to not really cause much of an issue within the survey responses, while a bigger issue seems to form when respondents were permitted to respond without any guidance on their responses. In the absence of the ability for survey researchers to assist with the survey, as when using face-to-face survey methodology, it is unlikely this issue could have been avoided.

Conclusions and Recommendations

Using data from community surveys, victims and survivors of domestic violence, service providers, and criminal justice practitioners, the study revealed several consistent findings that offered direction for reform and improvement in the area.

First, participants frequently spoke of the issues between agencies collaborating and staying connected. Service providers frequently expressed frustration with the inability or unwillingness of agencies to cooperate in providing a continuum of services to victims and survivors, with agencies often duplicating services or stretching themselves thin to accommodate more clients. This comment was frequently repeated in both the surveys and the focus group. One suggestion for reform in this area is to have frequent distribution of an accurate, comprehensive list of service providers to refer victims and survivors, which would ease the burden of the distributor while also remaining consistent. Law enforcement and practitioners also highlighted the necessity for collaboration with service providers, to be able to quickly make referrals and guide clients to services. One goal for reform in this area should be to smooth the tension between these two entities to ensure that justice is being served for DV survivors, and that the problem is not further aggravated by a system in which its constituent parts assign blame to one another.

Second, the lack of funding and services available for the body of victims and survivors pursuing social services was a frequent theme. In the victims focus groups, participants were frequently unaware of the full range of applicable services, an issue that could be due to, or at least exacerbated by, the lack of partnerships between community agencies (see above). Practitioners and service providers reiterated that with an only growing need, programs needed more staff and funding to increase capacity and provide more comprehensive assistance, rather than cutting corners to serve more clients. Availability was also highlighted, with practitioners calling for DV services to be available 24-hours a day for victims in need.

Finally, a particular need was highlighted for extended housing services for domestic violence victims and their families. Related to the above issue, housing was a recurring theme that was highlighted as a significant cause for concern, suggesting that housing issues need to be addressed before other services can be possible (and thus possibly effective). As highlighted by law enforcement, the lack of 24/7 assistance by the FSC makes it difficult to proceed with a “housing first” mentality and can slow down the ability of law enforcement and practitioners to provide immediate assistance. Thus, that “magic bullet” of more money and increased staffing

would likely go a long way toward increasing the capacity of services, providing round-the-clock assistance, and make a more streamlined process in assisting victims, survivors, and their families.

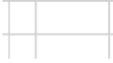
This problem only promises to get worse. Since the COVID-19 pandemic, the increasing vulnerability for domestic violence victimization has been an increasingly prevalent issue. Domestic violence has been a particular concern under pandemic conditions because of several, related factors: 1) the restricted ability of movement outside the home; 2) the increased responsibility on parents to both work remotely as well as supervise and educate minor children; and 3) the threat or reality of loss of income in a declining national economy, all of which, independently or together, contribute to a long-term form of stress without reprieve.

While numbers of reported domestic violence have been down since the beginning of the COVID-19 pandemic (March 2020), this is perhaps not surprising; victims trapped in a home with their abuser would find it more difficult to find a time and space to be able to reach out for assistance, as well as perceive risk of danger not only from their abuser, but in terms of the risk for infection by seeking out legal or social assistance. However, more serious domestic violence numbers have steadily increased, particularly aggravated assault domestic violence offenses (Memphis Area Women's Council July 2020 Newsletter). The most significant increase was in May 2020, when the stay-at-home order was initially lifted; reported domestic violence aggravated assaults were up almost 30% compared to the same time the previous year (Memphis Shelby Crime Commission September 2020 Report). One possible reason for the discrepancy between overall violence being down but the rise in aggravated assaults may be that victims find it more difficult not to report an aggravated assault with physical injury, due to the need for seeking out medical assistance.

Absent commitments to action, including resources and collaboration, the problems identified in assisting victims of domestic violence in their participation in criminal justice processes will likely continue. Inadequate funding, overworked and understaffed service providers and criminal justice practitioners, and an inability to provide the services most victims need, particularly housing, highlight the challenges the community faces in reducing and prevention domestic violence.

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MPD Domestic Violence Lethality Screen for First Responders

Intimate Partner ONLY

****Officer completes form****

Officer: _____ Date: _____ Titre: _____ Report # _____

Victim: _____ Offender Name and DOB: _____

Please respond to the following Blueprint for Safety risk questions:

Do you think he/she will seriously injure you or your children? Yes No

If "yes" what makes you think so?

If "no" what makes you think so?

How frequently and seriously does he/she intimidate, threaten, or assault you? _____

Is it changing? Getting better Getting worse

Describe the titre you were the most frightened or injured by him/her. _____

Yes response to any of Questions 1-3 automatically triggers the protocol: **CALL THE ADVOCATE**
(Circle yes, no or not ans on questions 1-11)

1. Has he/she ever used a weapon against you or threatened you with a weapon? Yes No Not Ans.

2. Has he/she ever threatened to kill you or your children? Yes No Not Ans.

3. Do you think he/she might try to kill you? Yes No Not Ans.

A "No" response to questions 1-3, but "Yes" responses to at least 4 of questions 4-11: CALL THE ADVOCATE

4. Does he/she have a gun can he/she get one easily? Yes No Not Ans.

5. Has he/she ever tried to strangle you? Yes No Not Ans.

6. Is he/she violently or constantly jealous or does he/she control most of your daily activities? Yes No Not Ans.

7. Have you left him/her or separated after living together or being married? Yes No Not Ans.

8. Is he/she unemployed? Yes No Not Ans.

9. Has he/she tried to kill himself/herself? Yes No Not Ans.

10. Do you have a child that he/she knows is not his/hers? Yes No Not Ans.

11. Does he/she follow or spy on you or leave threatening messages? Yes No Not Ans.

An officer may trigger the referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety? Yes No Not Ans.

(if "yes") What worries you? _____

Please check one:

Victim did NOT screen in according to protocol Victim screened in according to protocol

Victim screened in based on the belief of the officer

After advising her/him of a high danger assessment and speaking with a counselor, did the victim also speak to the hotline counselor? Yes No Time on call: **C:=J** Counselor ID: _____

Call FSC to speak with a hotline advocate: 870-6218 or 870-3269

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen: "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

THE CTS2S SHORT FORM

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1-800-648-8857; custsvc@wpspublish.com

Murray A. Straus, University of New Hampshire

murray.straus@unh.edu <http://pubpages.unh.edu/~mas2>

COUPLE CONFLICTS

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please mark how many times you did each to these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, mark a "7" on your answer sheet for that question. If it never happened, mark an "8" on your answer sheet.

How often did this happen?

1 = Once in the past year

2 = Twice in the past year

3 = 3-5 times in the past year

4 = 6-10 times in the past year

5 = 11-20 times in the past year

6 = More than 20 times in the past year

7 = Not in the past year, but it did happen before

8 = This has never happened

1. I explained my side or suggested a compromise for a disagreement with my partner	1	2	3	4	5	6	7	8
2. My partner explained his or her side or suggested a compromise for a disagreement with me	1	2	3	4	5	6	7	8
3. I insulted or swore or shouted or yelled at my partner	1	2	3	4	5	6	7	8
4. My partner insulted or swore or shouted or yelled at me	1	2	3	4	5	6	7	8
5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner	1	2	3	4	5	6	7	8
6. My partner had a sprain, bruise, or small cut or felt pain the next day because of a fight with me	1	2	3	4	5	6	7	8
7. I showed respect for, or showed that I cared about my partner's feelings about an issue we disagreed on	1	2	3	4	5	6	7	8
8. My partner showed respect for, or showed that he or she cared about my feeling about an issue we disagreed on	1	2	3	4	5	6	7	8
9. I pushed, shoved, or slapped my partner	1	2	3	4	5	6	7	8
10. My partner pushed, shoved, or slapped me	1	2	3	4	5	6	7	8
11. I punched or kicked or beat-up my partner	1	2	3	4	5	6	7	8
12. My partner punched or kicked or beat-me-up	1	2	3	4	5	6	7	8
13. I destroyed something belonging to my partner or threatened to hit my partner	1	2	3	4	5	6	7	8
14. My partner destroyed something belonging to me or threatened to hit me	1	2	3	4	5	6	7	8
15. I went see a doctor (M.D.) or needed to see a doctor because of a fight with my partner	1	2	3	4	5	6	7	8
16. My partner went to see a doctor (M.D.) or needed to see a doctor because of a fight with me	1	2	3	4	5	6	7	8
17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	1	2	3	4	5	6	7	8
18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex	1	2	3	4	5	6	7	8
19. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)	1	2	3	4	5	6	7	8
20. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)	1	2	3	4	5	6	7	8



Well-being

Hope

Herth Hope Index

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Study No. _____

HERTH HOPE SCALE

Listed below are a number of statements regarding hope. Read each statement and decide whether it applies to you personally. There are no right or wrong answers. Place a check [X] in the appropriate box indicating how often the statement has applied to you in the past week or two.

	Never applies to me	Seldom applies to me	Sometimes applies to me	Often applies to me
1. I am looking forward to the future.				
2. I sense the presence of loved ones.				
3. I have deep inner strength.				
4. I have plans for the future.				
5. I have inner positive energy.				
6. I feel scared about my future.				
7. I keep going even when I hurt.				
8. I have a faith that gives me comfort.				
9. I believe that good is always possible.				
10. I feel at a loss, no where to turn.				
11. I feel time heals.				
12. I have support from those close to me.				
13. I feel overwhelmed and trapped.				
14. I can recall happy times.				

15. I just know there is hope.				
16. I can seek and receive help.				
17. I am immobilized by fears and doubts.				
18. I know my life has meaning and purpose.				
19. I see the positive in most situations.				
20. I have goals for the next 3-6 months.				
21. I am committed to finding my way.				
22. I feel all alone.				
23. I have coped well in the past.				
24. I feel loved and needed.				
25. I believe that each day has potential.				
26. I can't bring about positive change.				
27. I can see a light even in a tunnel.				
28. I have hope even when plans go astray.				
29. I believe my outlook affects my life.				
30. I have plans for today and next week.				

HERTH HOPE SCALE

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HERTH HOPE INDEX

Listed below are a number of statements. Read each statement and place an [X] in the box that describes how much you agree with that statement right now.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a positive outlook toward life.				
2. I have short and/or long range goals.				
3. I feel all alone.				
4. I can see possibilities in the midst of difficulties.				
5. I have a faith that gives me comfort.				
6. I feel scared about my future.				
7. I can recall happy/joyful times.				
8. I have deep inner strength.				
9. I am able to give and receive caring/love.				
10. I have a sense of direction.				
11. I believe that each day has potential.				
12. I feel my life has value and worth.				
© 1989 Kaye Herth. 1999 items 2 & 4 reworded. Reprinted with permission of Kay Herth.				

SCORING INFORMATION FOR THE HERTH HOPE SCALE (HHS)

Scoring consists of summing the ratings for the subscales and for the total scale. Subscales are based on the three factors (see Table 2 in 1991 publication). Total possible points on the total scale is 90 points. The higher the score the higher the level of hope.

Note the following items need to be reversed scored: 6, 10, 13, 17, 22, 26. Score items as follows:

Never applies to me = 0
Seldom applies to me = 1
Sometimes applies to me = 2
Often applies to me = 3

HHS has been translated into Chinese, Spanish, Swedish, Tai, Norwegian and German.

Herth, K. (1991). Development and refinement of an instrument to measure hope. Scholarly Inquiry for Nursing Practice: An International Journal, 5(1), 39-51.

SCORING INFORMATION FOR THE HERTH HOPE INDEX (HHI)

Scoring consists of summing the points for the subscale and for the total scale. Subscales are based on the three factors (see Table 2 in 1992 publication). Total possible points on the total scale is 48 points. The higher the score the higher the level of hope.

Note the following items need to be reversed scored: 3, 6. Score items as follows:

Strongly Disagree = 1
Disagree = 2
Agree = 3
Strongly Agree = 4

HHI has been translated into Swedish, Japanese, Norwegian, Spanish and German.

Herth, K. (1992). Abbreviated instrument to measure hope: Development and psychometric evaluation. Journal of Advanced Nursing, 17, 1251-1259.

FSC Exit Survey Instrument

Question	Text
1	Reception staff members were kind and helpful.
2	My navigator fully explained services available to me.
3	The FSC helped me to learn how to access services and community resources.
4	Because of the FSC, I have a better understanding of the cycle of DV and its effect on my life.
5	Because of the FSC, I know more ways to cope with my experience.
6	Because of the FSC, I am more understanding of my rights as a victim.
7	Because of the FSC, I have a better understanding of my options.
8	The FSC has helped me make my choices and my decisions clearer.
9	I am more knowledgeable of the services available to assist me.
10	Services I need were offered to me.
11	The FSC helped me achieve the goals I had when I came in for assistance and information.
12	Coming to the FSC has made me more hopeful about my future.
13	I believe that coming to the FSC will result in much more assistance to help me deal with my situation.
14	Coming to the FSC has significantly reduced my stress levels.
15	My immediate sense of safety and stress levels have been addressed.
16	I am satisfied with the range of services I have been offered through the FSC.
17	If I need services in the future, I will use the FSC.

Domestic Violence (DV) Service Referral and Provision Questionnaire

Instructions: Please read and respond to the following nine (9) questions and subparts as honestly as possible. Your responses are important for identifying gaps that may hinder provision of services to DV survivors, so it is important to be as thorough as you can. When asked to provide numbers, respond only about your location and estimate to the best of your knowledge. Please seek assistance from someone else at your agency who may be more familiar with some of the information than you are. We would like to have the most accurate information available. When you are finished, just put the questionnaire into the pre-addressed stamped envelope and mail it back to us by **July 31, 2019**.

1. Does your agency work directly with survivors or perpetrators to provide any **direct services/programming** that could potentially be useful to them and/or their children? Yes _____ No _____ (If “No,” please skip to **QUESTION 3**.)
 - a. On average each month, how many people receive **direct services/programming** from you? _____
 - b. Of the number in 1.a., how many of those are “walk-ins” (i.e., not referred to you)? _____
 - c. Of the number in 1.a., how many of those are **referred to you** by anyone or any agency (including criminal justice agencies)? _____

2. For each agency listed below, check (✓) the box in the column that represents your estimate of the monthly average number of clients **referred TO your agency** by that agency. For example, if the Family Safety Center refers about 6 people per month to your agency, check the box in the “1-10” column on the Family Safety Center row:

Agency	0	1-10	11-20	20-30	31-40	41-50	21-60	61-70	More than 70
Family Safety Center									
Shelby County Crime Victims & Rape Crisis Center									
YWCA									
Kindred Place (formerly Exchange Club)									
Memphis Police Department									
Shelby County Sheriff’s Office									
Shelby County District Attorney’s Office									
Other Sources (Please name source(s)):									

3. Does your agency **refer clients to** agencies who provide direct services or programming to survivors, their children, or to perpetrators? Yes _____ No _____ (If “No,” please skip to **QUESTION 6**.)
 - a. On average each month, how many **clients** do you **refer to** other agencies? _____
 - b. On average each month, how many **referrals** do you make to other agencies (i.e., one client may be referred to multiple service providers)? _____

4. For each agency listed below, check (✓) the box in the column that represents your estimate of the monthly average number of *referrals your agency makes TO each of the listed agencies*. For example, if your agency refers about 6 people per month to the Family Safety Center, check the box in the “1-10” column on the Family Safety Center row:

Agency	0	1-10	11-20	20-30	31-40	41-50	21-60	61-70	More than 70
Family Safety Center									
Shelby County Crime Victims & Rape Crisis Center									
YWCA									
Kindred Place (formerly Exchange Club)									
Memphis Police Department									
Shelby County Sheriff’s Office									
Shelby County District Attorney’s Office									
“Other” Providers (<i>see Question 5</i>)									

5. What types of services are provided by the "other" providers referenced in Question 4 (*circle all that apply*)?

- Legal aid
- Safety planning
- Employment assistance
- Education
- Medical/health
- Spiritual support
- Transportation assistance
- Immigration issues
- Soft-skills training (interviewing, resume writing)
- Basic necessities (food, housing/emergency shelter, clothing)
- Support for families/children (childcare, school supplies)
- Support for non-native speakers (Spanish-language services)
- Mental health support (counseling, therapy)
- Other (please describe):

6. Please indicate the extent to which you agree or disagree with the following statements by checking the appropriate box by each statement:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	N/A: No basis to judge
Shelby County/Memphis has enough service providers to effectively meet the needs of DV survivors and their families.						
In general, <i>my agency</i> does a good job of either making referrals to service providers or providing direct services and programming to DV survivors and their families so that their needs are effectively met.						
In general, <i>other agencies</i> do a good job of either making referrals to service providers or providing direct services and programming to DV survivors and their families so that their needs are effectively met.						
In general, the availability of direct services meets the needs of DV survivors (i.e., days, times available).						
In general, direct services and programs are well-designed and effective in meeting the needs of DV survivors and their families.						
In general, referral sources communicate well with service providers to provide a continuum of support for survivors.						
My agency collects and maintains all necessary client data required to effectively assist survivors, to evaluate our effectiveness, and to demonstrate accountability to funders and the community.						
My agency regularly analyzes data and uses results from analyses to improve our performance.						
In general, referral sources and service providers share important data required to help survivors.						
In general, service providers do a good job of letting referral sources know whether clients they referred actually received services (i.e., service providers provide feedback to referral sources).						
In general, referral sources do a good job of following up with service providers about clients they have referred (i.e., referral sources seek feedback from service providers).						
The Family Safety Center <i>is</i> the main source of referrals to service providers in Shelby County.						
The Family Safety Center <i>should be</i> the main source of referrals to service providers in Shelby County.						

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	N/A: No basis to judge
Shelby County Crime Victims & Rape Crisis Center <i>is</i> the main source of referrals to service providers in Shelby County.						
Shelby County Crime Victims & Rape Crisis Center <i>should be</i> the main source of referrals to service providers in Shelby County.						
The criminal justice system does a good job of assisting survivors through the criminal justice process.						
Law enforcement does a good job of connecting survivors to services.						
Prosecutors do a good job of representing survivors in the criminal justice system.						
Judges do a good job of providing justice for survivors.						
I get a great deal of satisfaction from my job.						
Sometimes I feel overwhelmed in my job.						
My job is very stressful.						
I often think about quitting my job.						
I enjoy helping others.						
I feel mentally drained from my job.						
My job is important in helping DV victims become successful survivors.						

7. If your agency had an unlimited budget, what types of things would help you better serve DV survivors? Please list, in order from highest to lowest priority, your top 3 “wishes” and provide a brief explanation of how that would improve service provision:

WISH 1:

WISH 2:

WISH 3:

8. Please provide the name and address of your agency: _____

9. What is your job title/position at your agency? _____



Default Question Block

Please read and respond to the following ten (10) questions and subparts as honestly as possible. When asked to provide numbers, please estimate to the best of your knowledge.

Block 1

1. As a law enforcement officer, have you ever interacted with DV survivors on a call or during an investigation?

- Yes
- No

2. As a law enforcement officer, how many DV survivors, on average, do you interact with each month?

3. As a law enforcement officer, have you ever **referred DV survivors to** agencies that provide direct services or programming to survivors and/or their children/families?

- Yes
- No

4. As a law enforcement officer, how many DV survivors, on average, do you **referto** other agencies each month?

5. For each agency listed below, select the box in the column that represents your estimate of the monthly average number of **referrals you make TO each of the listed agencies**. For example, if you refer about 6 people per month to the Family Safety Center, select the box in the "1-10" column on the Family Safety Center row:

	0	1-10	11-20	21-30	31-40	41-50	51-60	61-70	More than 70
Family Safety Center	<input type="radio"/>								

	0	1-10	11-20	21-30	31-40	41-50	51-60	61-70	More than 70
Shelby County Crime Victims & Rape Crisis Center	<input type="radio"/>								
YWCA	<input type="radio"/>								
Kindred Place (formerly Exchange Club)	<input type="radio"/>								
Memphis Police Department	<input type="radio"/>								
Shelby County Sheriff's Office	<input type="radio"/>								
Shelby County District Attorney's Office	<input type="radio"/>								
Other Source(s) (Please name source(s): <input type="text"/>	<input type="radio"/>								

6. What types of services are provided by the "other" providers referenced in Question 5 (**circle all that apply**)?

- Legal Aid
- Safety Planning
- Employment Assistance
- Education
- Medical/Health Care
- Spiritual Support
- Transportation Assistance
- Immigration Issues
- Soft-Skills Training (interview, resume writing)
- Basic Necessities (food, housing/emergency shelter, clothing)
- Support for Families/Children (childcare, school supplies)
- Support for Non-Native Speakers (Spanish-language services)
- Mental Health Support (counseling, therapy)
- Other (please specify):

7. Please indicate the extent to which you agree or disagree with the following statements by checking the appropriate box by each statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Shelby County/Memphis has enough service providers to effectively meet the needs of DV survivors and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
In general, my agency does a good job of either making referrals to service providers or providing direct services and programming to DV survivors and their families so that their needs are effectively met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, other agencies do a good job of either making referrals to service providers or providing direct services and programming to DV survivors and their families so that their needs are effectively met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, the availability of direct services meets the needs of DV survivors (i.e., days, times available).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, direct services and programs are well-designed and effective in meeting the needs of DV survivors and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, referral sources communicate well with service providers to provide a continuum of support for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My agency collects and maintains all necessary client data required to effectively assist survivors, to evaluate our effectiveness, and to demonstrate accountability to funders and the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My agency regularly analyzes data and uses results from analyses to improve our performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, referral sources and service providers share important data required to help survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
In general, service providers do a good job of letting referral sources know whether clients they referred actually received services (i.e., service providers provide feedback to referral sources).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, referral sources do a good job of following up with service providers about clients they have referred (i.e., referral sources seek feedback from service providers).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Family Safety Center IS the main source of referrals to service providers in Shelby County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Family Safety Center SHOULD BE the main source of referrals to service providers in Shelby County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelby County Crime Victims & Rape Crisis Center IS the main source of referrals to service providers in Shelby County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelby County Crime Victims & Rape Crisis Center SHOULD BE the main source of referrals to service providers in Shelby County.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The criminal justice system does a good job of assisting survivors through the criminal justice process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement does a good job of connecting survivors to services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecutors do a good job of representing survivors in the criminal justice system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judges do a good job of providing justice for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I get a great deal of satisfaction from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel overwhelmed in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job is very stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often think about quitting my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy helping others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel mentally drained from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job is important in helping DV victims become successful survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If your agency had an unlimited budget, what types of things would help you better serve DV survivors? Please list, in order from highest to lowest priority, your top 3 “wishes” and provide a brief explanation of how that would improve service provision:

WISH 1	
WISH 2	
WISH 3	

Block 2

9. Please provide the name and address of your agency:

10. What is your job title/position at your agency?



Default Question Block

Please read and respond to the following ten (10) questions and subparts as honestly as possible. When asked to provide numbers, please estimate to the best of your knowledge.

Block 1

1. As a prosecutor, have you ever interacted with DV survivors on a case or during an investigation?

- Yes
- No

2. As a prosecutor, how many DV survivors, on average, do you interact with each month?

3. As a prosecutor, have you ever **referred DV survivors to** agencies that provide direct services or programming to survivors and/or their children/family?

- Yes
- No

4. As a prosecutor, how many DV survivors, on average, do you **refer to** other agencies each month?

5. For each agency listed below, select the box in the column that represents your estimate of the monthly average number of **referrals you make TO each of the listed agencies**. For example, if you refer about 6 people per month to the Family Safety Center, check the box in the "1-10" column on the Family Safety Center row:

	0	1-10	11-20	21-30	31-40	41-50	51-60	61-70	More than 70
Family Safety Center	<input type="radio"/>								
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YWCA	<input type="radio"/>								
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Other Provider(s) (Please name provider(s))	<input type="radio"/>								
<input type="text"/>									

6. What type(s) of services are provided by the "other" providers referenced in Question 5? (*Select all that apply*)

- Legal Aid
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- Education
- Medical/Health Care
- Spiritual Support
- Transportation Assistance
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- Soft-Skills Training (interview, resume writing)
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- Support for Non-Native Speakers (Spanish-language services)
- Mental Health Support (counseling, therapy)
- Other (please specify):

7. Please indicate the extent to which you agree or disagree with the following statements by selecting the appropriate box by each statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
In general, MY AGENCY does a good job of either making referrals to service providers or providing direct services and programming to DV survivors and their families so that their needs are effectively met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, OTHER AGENCIES do a good job of either making referrals to service providers or providing direct services and programming to DV survivors and their families so that their needs are effectively met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, the availability of direct services meets the needs of DV survivors (i.e., days, times available).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, direct services and programs are well-designed and effective in meeting the needs of DV survivors and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, referral sources communicate well with service providers to provide a continuum of support for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My agency collects and maintains all necessary client data required to effectively assist survivors, to evaluate our effectiveness, and to demonstrate accountability to funders and the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The criminal justice system does a good job of assisting survivors through the criminal justice process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement does a good job of connecting survivors to services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Judges do a good job of providing justice for survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get a great deal of satisfaction from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel overwhelmed in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job is very stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often think about quitting my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy helping others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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My job is important in helping DV victims become successful survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If your agency had an unlimited budget, what types of things would help you better serve DV survivors? Please list, in order from highest to lowest priority, your top 3 "wishes" and provide a brief explanation of how that would improve service provision:

Wish 1:

Wish 2:

Wish 3:

Block 2

9. Please provide the name and address of your agency:

10. What is your job title/position at your agency?

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IN THEIR OWN WORDS: Domestic Violence Survivors' Experiences with Memphis and Shelby County Resources



Dr. Amaia Iratzoqui
*Department of Criminology
& Criminal Justice*

Dr. Angela Madden
Public Safety Institute

Ashley Stolbom
*Department of Criminology
& Criminal Justice*

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Casa Luz, Executive Director Ines Negrette

Family Safety Center, Executive Director Olliette Murry-Drobot

Shelby County Crime Victims and Rape Crisis Center, Deputy Administrator Sandy Bromley

The YWCA of Greater Memphis, Executive Director Marquiepta Odom

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Finally, we would like to thank the survivors who took the time to share their opinions and experiences with us and their fellow survivors. Hopefully their words can help improve services for future survivors and potentially help reduce their future numbers.



IN THEIR OWN WORDS:

Domestic Violence Survivors' Experiences with Memphis and Shelby County Resources

ABSTRACT

It is generally accepted within criminology that victims who are dissatisfied with their experiences with the criminal justice system will be less likely to participate if they are victimized again. Family justice centers (FJCs) provide survivors of domestic violence and their families with social services and support related to temporary and long-term housing, protection orders, custody of minor children and assistance with other legal proceedings. If survivors are satisfied with their experiences at an FJC, revictimization may be less likely and programs may be considered successful. As a measure of program success, then, it is important to gauge survivor satisfaction with services. As part of a state-funded evaluation, focus groups were conducted with survivors of domestic violence, including survivors serviced by the local FJC. This brief provides preliminary findings from the first series of focus groups and identifies common themes of survivor satisfaction, as well as areas for improvement for law enforcement, service agencies and the court system.



INTRODUCTION

While law enforcement is often the first contact a survivor has with the criminal justice system, this part of the system tends to generate the most significant obstacles, particularly for survivors of domestic violence. Although the concept of domestic violence has been operationalized in different ways, the current project uses the blanket term “domestic violence” to refer to victimization by a spouse or romantic partner. Survivors of crimes like domestic violence often face a variety of cultural, social and systemic barriers when they attempt to report their victimization, interact with police and try to access survivor services (McCart, Smith & Sawyer, 2010). Research indicates that these survivors frequently describe their experiences with the police negatively and often feel they are not taken seriously by police and prosecutors, especially if they have multiple encounters with law enforcement (Stephens & Sinden, 2000). As a result, engaging in the criminal justice system may not provide a source of relief for these especially vulnerable victims, but function as a source of “secondary victimization” by criminal justice practitioners that can compound their suffering (Kunst, Popelier, & Varekamp, 2015).

It is perhaps not surprising, then, that if victims do not feel satisfied with their treatment by and experiences with the criminal justice system, it is unlikely that they will report any subsequent experiences of victimization (Bennett, Goodman & Dutton, 1999; Coker, Park, Goldstein, Neal & Halstead, 2015). At least one-third of all domestic violence cases are not reported to the police (Truman & Morgan, 2016). Yet, despite difficulties with experiences with law enforcement, survivors may still seek out assistance because it opens access to social services. Family justice centers (FJCs) provide survivors of domestic violence with these types of social services and support related to temporary and long-term housing, protection orders, custody of minor children and assistance with other legal proceedings. If survivors are satisfied with their experiences at an FJC, even if they do not have positive experiences with law enforcement, revictimization may be less likely and programs may be considered successful.

One issue with this form of help-seeking is that victims of crime are often less aware of the existence and the scope of services available to them through victim service programs (Sims, Yost & Abbott, 2005). Given that many service programs remain critically understaffed, it is perhaps not surprising that programs are limited in their time and ability to increase visibility to provide a full array of services to survivors when requested. The current project addresses this possibility and other potential limitations through the lens of focus group interviews with domestic violence survivors in Memphis.



CURRENT PROJECT

Shelby County, Tennessee, is comprised largely of the City of Memphis and its surrounding suburban cities. The metropolitan area includes parts of Mississippi and Arkansas. On average, Memphis and Shelby County residents are in their mid-30s (Memphis 33.5; Shelby County 35.5), with most individuals in Memphis and Shelby County between the ages of 20 to 29 (U.S. Census Bureau, 2010-17; U.S. Census Bureau, 2012-16). The majority population in both areas identifies as African American, with 54% in Shelby County and 64% in the city of Memphis.

Memphis has consistently high levels of violent crime, with domestic violence being one of the most serious problems facing the community. The number of domestic violence survivors has been dropping, however. In 2018, the number of domestic violence survivors dropped from 18,493 in 2016 to 17,522 in 2018. The number as of Aug. 19 (n = 9,963) indicates the annual total for 2019 may be even lower. Despite this decline, these numbers are still alarmingly high. In addition, the severity of domestic violence victimizations is increasing. While 60.6% of survivors in 2016 were victims of simple assault, only 57.9% as of Aug. 19 have been simple assault victims. Aggravated assault is comprising an increasing proportion of victimizations, growing from only 11.2% in 2016 to 12.2% in 2018 and more than 13% as of Aug. 19 (Madden, 2019).

High numbers of victims and increasing levels of violence require a coordinated, community-wide effort to provide services to assist these victims with the myriad issues they confront (navigating the court system, obtaining assistance with children, emergency shelter, food, clothing, etc.). Unfortunately, however, while the community need is clear, the ability of the community to respond effectively is much less clear. Key components to coordinating a community response are victim-oriented agencies that either provide direct services or refer survivors to direct services. In 2013, partially to address the overwhelming need of domestic violence survivors for connection to service providers, the Family Safety Center (FSC) was created to serve as the local FJC.

The Family Safety Center provides access and referrals to many domestic violence resources, including custody requests, protection orders, emergency and long-term housing and other resources. However, the full scope of victim service provision and referral process has not yet been fully evaluated. It is important, then, to develop a comprehensive understanding of service provision for domestic violence survivors in Memphis and Shelby County.

Under an agreement between the University of Memphis and the Memphis Shelby Crime Commission, the Public Safety Institute at the University is to evaluate and recommend ways to expand the success of the FSC in reducing re-victimization. The current research, building off a partnership between the Public Safety Institute (PSI) and the Department of Criminology and Criminal Justice, was funded by the State of Tennessee Office of Criminal Justice Programs to address any gaps and examine available resources, the location of resources and how resources can potentially better serve those within the community by conducting focus groups with survivors, and by highlighting any common issues that survivors have faced when resolving their cases.

METHODS

The original intention of the study was to conduct focus groups with survivors served by the FSC. However, part of the evaluation focused on existing partnerships between the FSC and related agencies within the Memphis and Shelby County community. In communicating with these agencies about the nature of their relationship with the FSC, several agencies presented opportunities to conduct focus groups with survivors serviced by their own organizations. Five focus groups were held between December 2018 and June 2019, with individuals referred by the following agencies:

- 1) Shelby County Crime Victims and Rape Crisis Center, a comprehensive victim service center providing crisis intervention, advocacy, counseling and forensic nursing services to victims of crime in Memphis and Shelby County;
- 2) The YWCA of Greater Memphis, which provides short-term housing for survivors of domestic violence;
- 3) The FSC, the main service and referral agency for survivors of domestic violence, and of specific interest to the evaluation;
- 4) Agape Child & Family Services, which provides long-term housing for survivors of domestic violence; and
- 5) Casa Luz, the only Hispanic-serving agency for survivors of domestic violence in Memphis/Shelby County.

Flyers were developed for these service providers to recruit focus group participants. These flyers indicated the purpose of the interview, as well as the date, time and location, and asked interested survivors to provide their contact information to staff at that agency. Volunteers were recruited through provider-client relationships at each of the respective agencies.

Focus groups were held on-site at each of the participating agencies and were conducted by the primary researcher(s), while staff members were on-site (but not necessarily in the room) during each focus group to answer any questions and assist clients. No personally identifying information was collected from any of the participants, though all were female, and the majority were African-American. Participants signed consent forms and were instructed that they could leave the session at any time. Participants were also advised that the discussion would be audio-recorded and were asked to not reveal any identifying information.¹ Participants who consented to participate in a focus group were provided a meal or financial incentive, and child care was provided for participants when requested. Each focus group lasted roughly one hour; taped interviews provided the data for this study. Transcripts from each of the focus group interviews were subsequently reviewed by two separate members of the research team to identify codes and themes from the interviews (Stretsky, Shelley, Hogan & Unnithan, 2010).

¹The focus group with Casa Luz was conducted entirely in Spanish, with the organization's legal advocate serving as translator. The primary researcher served as facilitator for the focus group and took notes from the legal advocate's translated responses; these responses were used in place of a formal transcript to code themes. This focus group was also not audio-recorded.

FINDINGS AND DISCUSSION

Three main themes were identified in survivors' experiences reporting domestic violence and with the criminal justice process, centered around contact with the criminal justice system, interactions with social service agencies, and expectations for outcomes.

Contact with the Criminal Justice System

Figure 1 (below) summarizes the main issues survivors reported in their experiences with the criminal justice system. Survivors raised several issues in this area, centered around police response, police interaction, court experiences and systemic dissatisfaction.

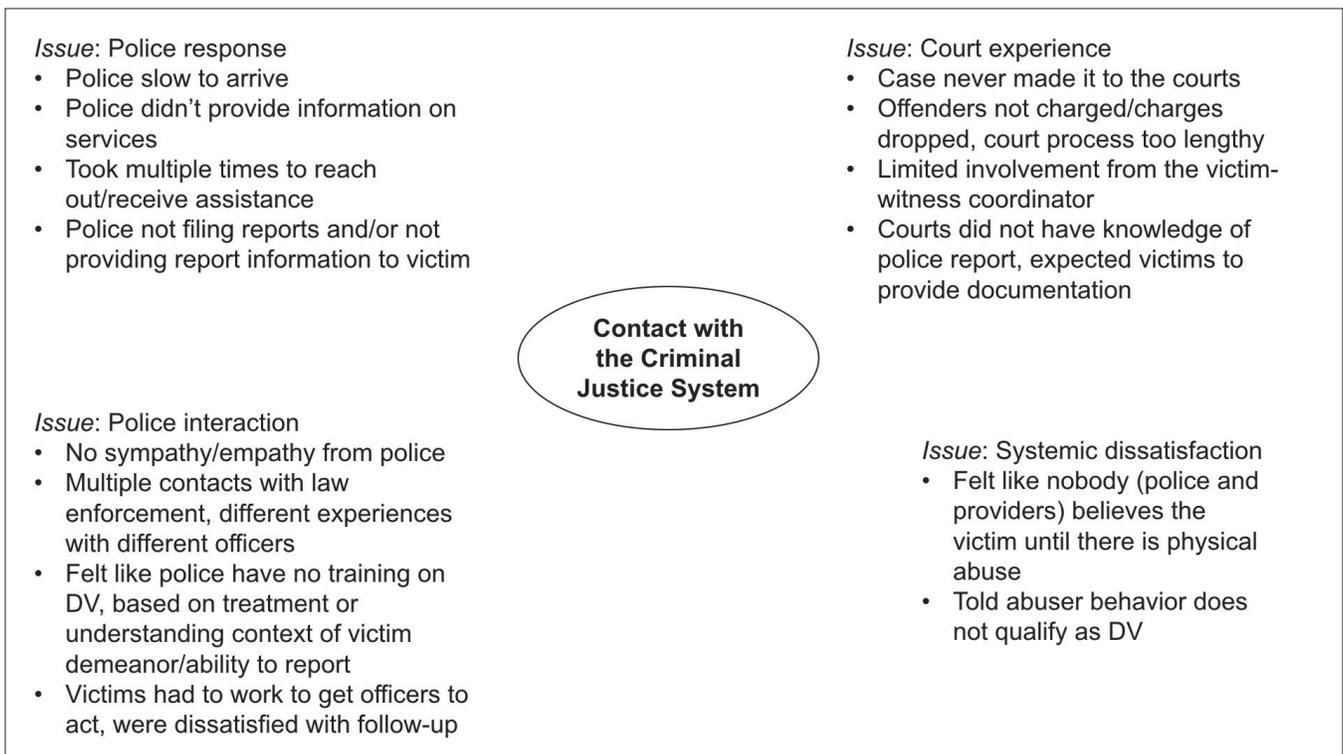


Figure 1: Theme 1: Contact with the Criminal Justice System

As the gatekeepers of the criminal justice system, police behavior may encourage victims to continue participation or lead them to abandon the system. Victims reported several criticisms with the police response to cases of domestic violence, reporting that police were often slow to arrive, did not provide information on victim services and failed to file reports or provide information on their reports to survivors requesting documentation. Survivors also reported that it took several incidents of abuse before they even reached out for help, and that it was often difficult to receive assistance once they did so, based on 911 responses to calls for service.

The actual interaction with law enforcement was reported as a largely negative experience. Survivors across all groups repeatedly stated that they did not feel that police offered them sympathy or empathy, and that officers were not listening to them while they were reporting their victimization. One survivor reported that she felt shamed, with another stating that an officer asked her what she did to provoke the abuser. Survivors also reported their frustration with police follow-up and that they had to work to get officers to act on their behalf, with one survivor terming the process “investigating for the investigators.” Although some survivors reported more positive experiences, suggesting that experiences could be positive or negative based on different officers, survivors across all groups almost unanimously reported feeling like police had no training or were not well-equipped to handle domestic violence, based on their treatment or understanding the context of survivors’ demeanors when reporting, or their ability to report the nature and extent of their victimization. As one survivor stated:

“I kind of feel like they felt thought like it was a waste of time [...] because if they come and he’s not there, of course he knows the police are coming, he is going to be gone... and [...] it’s like a wasted call to them, you know. And if there is something that happens, when they get there it’s like, why are we here? Why did you take him back? [...] You kind of see what I’m saying? Like you can’t win or lose with DV calls with cops.”

Survivors indicated a similar level of dissatisfaction with their court experiences. Many cases never made it to the courts, offenders were not charged, and more frequently, charges were dropped. When cases did go through the system, survivors often felt that the court process was too lengthy and often confusing, with limited involvement from the victim-witness coordinator. Survivors also felt that the process was not streamlined, reporting that they would show up to court and there would be no record of the police report, with the survivor expected to provide documentation.

Perhaps not surprisingly, survivors reported an overall dissatisfaction with the criminal justice process. Survivors felt that they did not think anything would come of reporting, particularly in cases where other forms of abuse were involved. Multiple survivors reported that both law enforcement and the entire system did not treat domestic violence seriously, unless when physical violence was present.



Victims suffering from other types of abuse, including emotional abuse and controlling behavior, particularly of children, felt like their cases were not treated as urgently as other cases. One survivor was told her abuser's behavior did not qualify as domestic violence. While several countries have criminalized emotional abuse and controlling behavior as forms of domestic violence, most U.S. states, including Tennessee, have not. Law enforcement and other service providers should pay attention to victims who report such behavior, however, because these are warning signs of situations in which physical domestic assault is more likely (Gondolf, Heckert & Kimmel, 2002; Schumacher & Leonard, 2005). In general, the issues around victims' contact with the criminal justice system represented the bulk of victim complaints, with less attention and time spent specifically on interactions with social service agencies and expectations for outcomes.

Interactions with Social Service Agencies

Figure 2 (on page 9) summarizes the main issues survivors reported from their interactions with social service agencies. Survivors reported concerns around negative staff interactions, lack of information, ease of contact with staff, and overall provider experiences. Survivors mainly reported issues with front-office staff rather than providers themselves. Several survivors stated that the front desk staff at the FSC were desensitized and did not offer sympathy for their circumstances, with others stating that they felt staff were looking down on them. However, some survivors suggested that inexperienced and younger providers made it difficult and uncomfortable to share information about the full extent of their victimization.

The main source of discontent for survivors in their interactions with social service agencies was the lack of information available to them. In several focus groups, survivors were often telling each other of various resources to pursue. Many survivors had not heard of the FSC, YWCA or victim advocates generally. Staff members present during the session often expressed surprise or lack of awareness about these resources, supporting prior research that service providers may not be aware of current services or the full extent of services available for survivors (Fugate, Landis, Riordan, Naureckas & Engel, 2005).

Part of this disconnect likely stemmed from an inconsistent referral process. Survivors reported that they were referred to one of the agencies from law enforcement, other agencies, or friends or religious institutions within the city. When referrals occurred, survivors complained that the information was outdated and the agency was defunct, or that the referrals were for resources survivors were not able to qualify for, due to a variety of factors.

Survivors were generally positive about their contact with advocates and agency staff; some survivors stated that advocates often reached out to them and consistently contacted them with updates and information. Overall, survivors reported that the agencies generally worked to make sure survivors were connected to services, and many survivors reported that this was true working with multiple agencies. They felt that programs and shelters made them feel safe and were helpful in resolving their issues.

Expectation for Outcomes

Survivors either sought out or were referred to participating agencies for various reasons (orders of protection, custody of minor children, temporary or long-term housing). (See Figure 3.) Focus group interviews revealed a dissatisfaction with this process, stemming from issues with no assistance follow-through; a lack of resources or miscommunication of program provisions; reliance on others, not providers; treatment by the system and providers; lack of resolution; and suggestions for improvement.

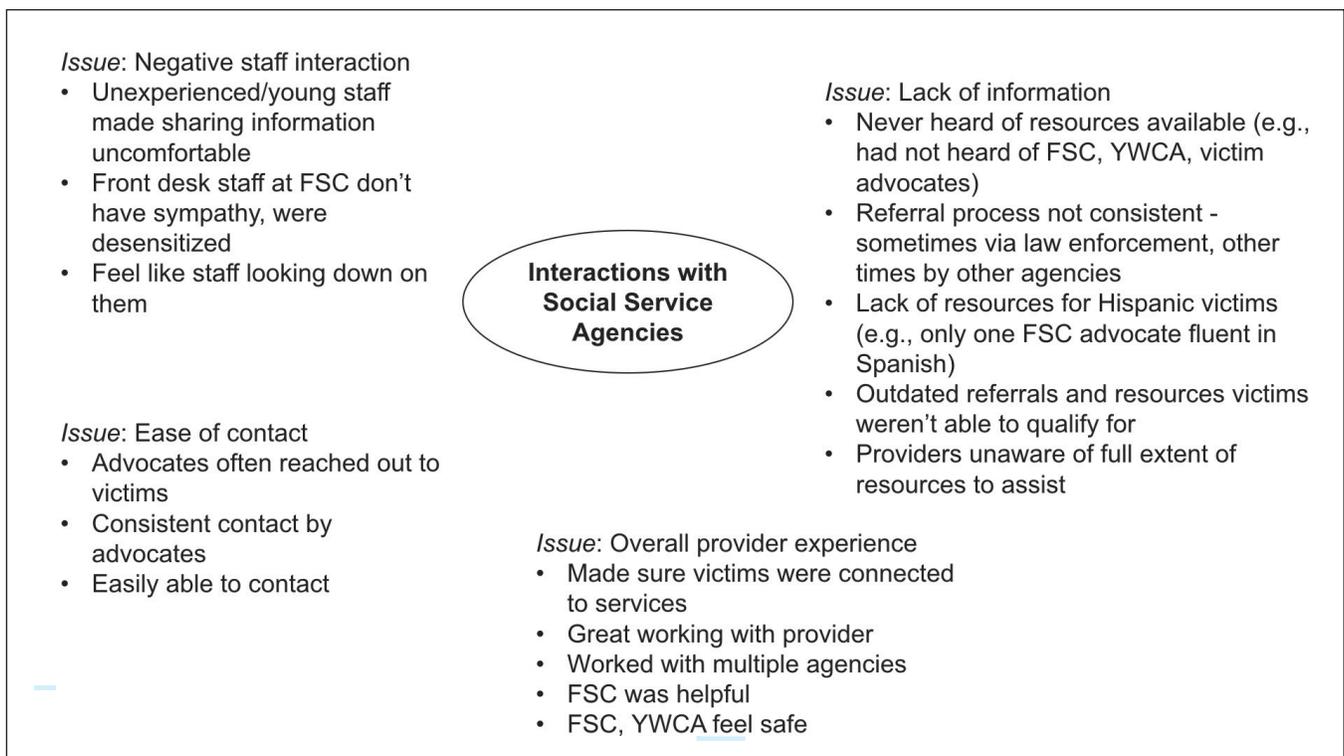


Figure 2: Theme 2: Interactions with Social Service Agencies

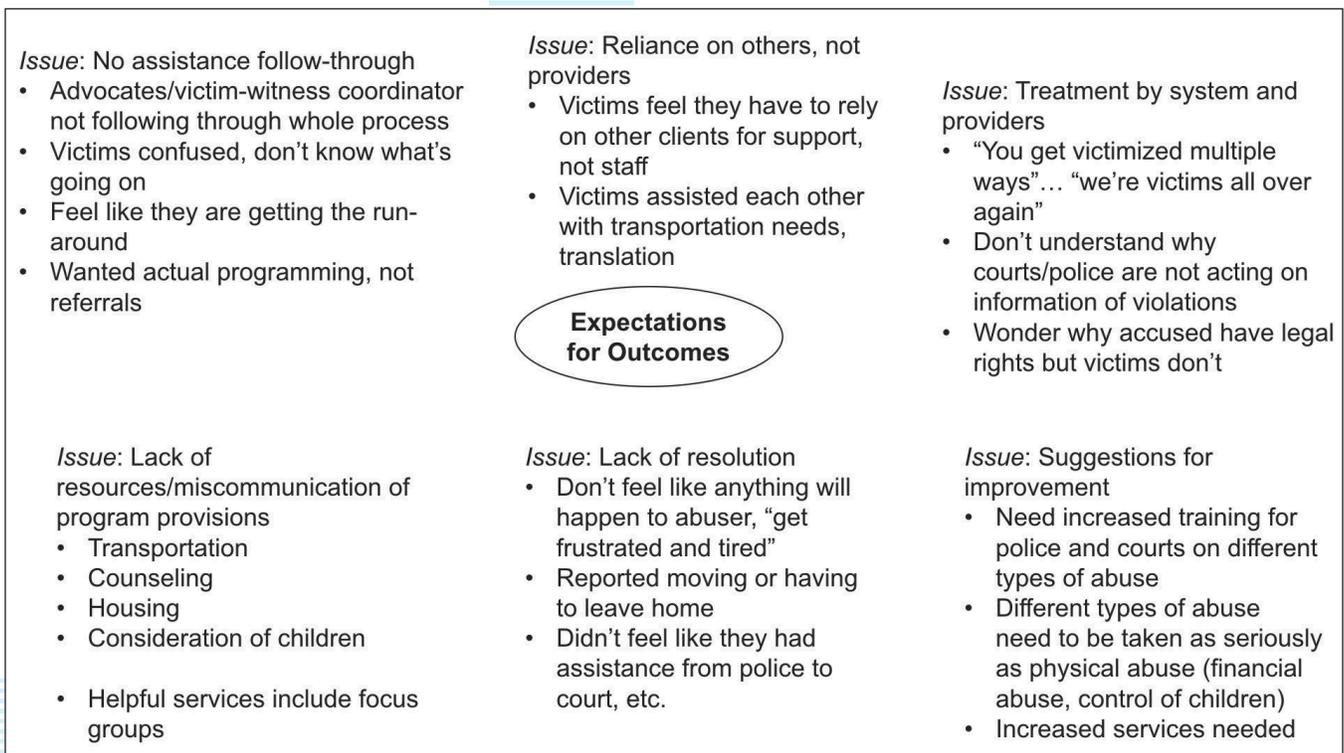


Figure 3: Theme 3: Expectations for Outcomes

A significant concern with victim responses was the assertion that there was no assistance following them through the process of reporting and moving through the system. Survivors reported feeling confused, not knowing what was going on and feeling like they were getting the run-around from staff from various agencies. As one survivor stated:

“I know there's other crimes that need to be addressed, [...] or have higher priority than mine, but at the same time I feel like I've been literally punched every day, and there's no one that actually advocates. I've been trying to get [...] legal representation [...] and I haven't had it. I had to become my own attorney, and that's scary.”

Survivors also reported wanting actual programming from agencies, not just referrals to make additional contacts. This concern ties into a related issue regarding victim expectations: survivors frequently complained about a lack of resources, but miscommunication of program provisions also appeared to play a role in conflict between survivors and program staff. Across multiple focus groups, survivors often agreed that focus groups and group therapy were helpful, but they wanted more access to transportation, extensive and continued counseling, housing and a recognition of the effect of the experience on their children. Instead, survivors reported often relying on others, and not providers, when agencies did not provide services they expected. In one example, survivors indicated that they assisted each other with transportation needs, while in another, a survivor stated that she had been asked to translate for a non-English speaking survivor who had come into an agency for assistance.

Survivors often felt that their treatment by the system and providers made them feel like the offenders rather than their abusers. They did not understand why their abusers had legal rights, such as access to an attorney, and they did not, and why the courts and police would not act on information about violations of protection orders and other issues. Consequently, they lacked confidence that anything would get done, and that their experiences with the system felt like they got “victimized multiple ways” and that they were “victims all over again.” Survivors reported that they “got frustrated and tired” waiting for their abusers to be punished and reported moving or having to leave their homes, rather than the abusers. Several survivors even reported leaving the city or state just to avoid their abusers.

Survivors offered many suggestions for improvement throughout the system. Overwhelmingly, they called for

increased training for police and courts on different types of abuse and an increase in social services available for survivors. While their main source of discontent was with law enforcement, many survivors indicated that the entire system needed improvement in responding to domestic violence cases. Survivors additionally complained about a lack of resources for Hispanic survivors within the city; one survivor stated that only one FSC advocate was fluent in Spanish. Additionally, survivors suggested discrimination due to Hispanic background and language barriers, aligning with prior research that a lack of culturally-sensitive and appropriate services often fails to recognize diversity in help-seeking and the practicalities of intervention (Sumter, 2006). One survivor stated that even with the services offered, there was work still to be done:

“That’s not help telling me that all is going to be okay, [...] “we’re going to help you with the house.” Okay, that’s my everyday needs. Thank you for that. But what about my mental needs? How am I supposed to move on from this? Help me.”

CONCLUSION

The focus group interviews summarize the three main concerns facing victims of domestic violence when reporting victimization in Memphis and Shelby County: contacts with the criminal justice system, interactions with social service agencies and their expectations for outcomes. The women speaking in these focus groups represent a visible reminder for why the evaluation of the community’s response to serving domestic violence survivors, including the FSC and its coordinated response with the criminal justice system and service agencies (or lack thereof), is ultimately important, by providing guidelines on what works and what does not work, for those ultimately affected.



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