Domestic Violence Accountability in Vermont's Northeast Kingdom

A needs assessment and community building process to inform the expansion of Domestic Violence Accountability Services in the NEK

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Executive Summary

In the spring of 2022, Umbrella, the leading Domestic Violence Advocacy organization in Vermont's Northeast Kingdom (NEK), conducted a project made possible by funding from the VT Network against Domestic & Sexual Violence through the State of Vermont, Department of Corrections, Grant Agreement #03520-1535 for the purpose to Support and Enhance Domestic Violence Accountability Programs. Umbrella has used this project as an opportunity to dive deeply into the current and local context in which those who have caused harm in situations of domestic violence (DV) are supported in their accountability. This report reflects on the findings gathered via a series of community wide surveys, a number of in depth discussions with local and national DV and restorative justice experts, and multiple listening sessions with people who have caused DV as well as survived it.

Results from the project's community-wide surveys as well as listening sessions held with survivors of DV and participants engaged in accountability programming, informed a number of findings. There is an overwhelming demand for mental health and substance abuse support for people who have caused harm (PCH), in addition to mixed format accountability classes, bystander intervention trainings for community members, and a warm line. The project uncovered a gap, however, in training and support available to service providers charged with working with PCH. Survivors indicated a desire for PCH to be able and encouraged to access additional accountability services. They suggested the following be considered in developing new accountability services; survivors' needs regarding closure, children who are secondarily affected by DV, and the need for alternative and timely resources for PCH so that survivors aren't left to rely solely on Relief from Abuse Orders to get their and PCH's needs met. Program participants expressed the need for both a space and/or relationship not directly tied to the justice system where they can work towards accountability, and strong interest in learning from those who have previously been in their shoes and successfully broken the cycle of violence participants are currently engaged in breaking.

This project's findings lead us to make the following set of recommendations for future programming in the NEK: (1) Create clearer and more expedited pathways for PCH to access mental and substance abuse support; (2) Offer training specific to supporting PCH to human service professionals; (3) Implement a trauma-informed and culturally responsive education based class geared towards the participation of both self-referred *and* mandated PCH, including those with pending DV-related charges; (4) Create opportunities for community members to support PCH via peer, mentor, or ally based relationships and; (5) Implement program evaluation that centers the lived experience of PCH and takes into consideration power dynamics. Next steps of this project include launching a multi-faceted pilot project informed by these recommendations. Potential components of the pilot project include a warm line, a community based service, training for facilitators and providers engaged in supporting PCH, and a trauma informed and healing focused accountability class that uses a curriculum not yet in Vermont.

The Context

I. Project Methodology

Over the course of approximately three months, Umbrella's Director of Innovation led a process to determine if there was a need for an additional community response related to domestic violence accountability in the NEK. Between April 2022 and July 2022, the project's planning committee, made up of 18 community stakeholders, met on a monthly basis, with the addition of 2 bi-weekly meetings. The planning committee engaged in a panel discussion with two local and one national expert on accountability programming. Three surveys were distributed, completed by a total of 211 participants, made up of 140 human service professionals, 40 general population community members, and 31 domestic violence accountability program participants. Three observation sessions took place of NEK Counseling's Domestic Violence Services program, engaging a total of 18 participants. Three additional listening sessions were conducted, one-on-one, with Umbrella-connected survivors. One focus group took place amongst the 18 member planning committee, the majority of whom are stakeholders actively engaged with DV-involved individuals. Over a dozen interviews were held with VT professionals who grounded this project in past and present DV related efforts. Each professional offered up an absolute wealth of support and knowledge related to DV response and prevention throughout the state. This report was also informed by weekly meetings with both Heather Holter, the Co-Director of the Vermont Council on Domestic Violence and Terri Strodthoff, Executive Director of the Alma Center, a nonprofit organization in Milwaukee, WI, doing groundbreaking work to end cycles of community, family, and intimate violence.

This report includes an analysis of both the qualitative and quantitative data gathered throughout the span of the project and will conclude with a set of recommendations.

II. DV Accountability Response in the Northeast Kingdom

Domestic Violence is an all too common experience for people living in Vermont. In fact, over the past decade, Domestic Violence has been the cause of just over 50% of all homicides in Vermont every year.[1] While services for people who have suffered harm (survivors) are relatively consistent and substantial throughout the state, people who have caused harm (PCH) in instances of DV are responded to and supported in opposing and oftentimes very isolated and isolating ways.

The following discussion will focus on the ways people who have caused harm are responded to in VT, the NEK more specifically, and what is needed to strengthen this response.

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[1] Domestic Violence Fatality Review, 2020 https://legislature.vermont.gov/assets/Legislative-Reports/2020-Final-DV-Report.pdf

When responding to the person who has caused harm in a DV situation, Vermont has constructed a primarily county-specific system. State-wide, there are fourteen counties and eleven Domestic Violence Accountability Programs (DVAPs). For the most part, Vermont offers one DVAP per county, except when applied to the Northeast Kingdom. The NEK is made up of three counties, Caledonia, Essex, and Orleans, and as of March 2022, is home to a total population of 63,049 individuals.[2] Based on information gathered between 2015 and 2019 and published in 2021, the NEK was responsible for 8.5% of all intimate partner violence offenses in the state of VT (Vermont Crime Analysis Using National Incident Based Reporting System (NIBRS) Data on Domestic Violence, 2015-2019). This number should be taken with a grain of salt, as DV is understood to be one of the most commonly underreported crimes (cite). Additionally, while not formally considered a part of the NEK, Lamoille County is grouped into VT's DV response in this area. This group of counties is an anomaly in that there is only one DVAP serving all 4 counties. Lamoille County adds an additional 25,367 people to the service area and is responsible for another 3.15% of the total DV offenses towards an intimate partner in the State of Vermont. According to the State Attorney's offices in Caledonia and Orleans counties, there are currently 121 individuals in Orleans County with various pending domestic assault charges including multiple charges per individual with misdemeanors, felonies, and aggravated charges, etc. In Caledonia County there are currently 168 pending DV related charges. We were not able to get numbers for Essex or Lamoille Counties.

III. NEK Counseling Domestic Violence Services

Currently, NEK Counseling Domestic Violence Services (NEKCDVS) is the single organization offering a DVAP to all four counties, Caledonia, Essex, Lamoille, and Orleans. NEKCDVS has been offering their DVAP since 2010 and based on pre-pandemic numbers, works with an average of 85 participants per year. They receive their referrals from a variety of sources including VT Department of Corrections (DOC), Department of Children and Family Services (DCF), medical services, other community providers, and those who self-refer. All of their participants are required to engage in their programming post-conviction i.e. have no pending DV related charges. NEKCDVS's program is not able to offer a prevention-oriented service to those already involved in the criminal justice system as evidenced by their post-conviction participation requirement.

NEKCDVS's program operates in a virtual group setting and utilizes the Duluth Model, a nationally recognized curriculum, created in the early 1980s. The Duluth Model is known for its creation and proliferation of *The Power and Control Wheel*, a tool used to "represent the lived experience of women who live with a man who beats them….It does not attempt to give a broad understanding of all violence in the home or community but instead offers a more precise

[2] Vermont Counties by Population, 2020, https://www.vermont-demographics.com/counties_by_population

explanation of the tactics men use to batter women."[3] Based in this verbiage, the Duluth Model operates from a perspective that is zoomed in on specific violent encounters, with a focus on heterosexual relationships, and while that may be appropriate for some individuals seeking programming, it is not appropriate for all. Research suggests that DV interventions, like the Duluth Model, which fail to apply an intersectional lens to end gender based violence, by only using gender-based analyses at the interpersonal level, are very limited in their effectivity.[4] To participate in NEK Counseling's program and in any program that uses the Duluth Model, participants are often required to return to the specific instance of violence that contributed to their referral into the program, and therefor mandated participation within the program.

The Duluth Model's focus on participants' single instance of violence shows up in varied capacities including intakes, class check ins, or homework. For example, Duluth Model homework requirements state that homework must "be about your abuse of a female partner"[5]. This requirement makes NEK Counseling's program inappropriate for a range of individuals, including; those who are actively involved in the criminal justice system and want to engage in a DVAP pre-adjudication with pending charges; have not been convicted as guilty of a specific violent incident; anyone who identifies as queer or LGBTQIA+ and has caused harm in a non-heterosexual relationship; people who qualify as "youthful offenders" and don't yet have an understanding of the behavior they have engaged in as being part of a pattern of abuse, or; individuals who are self-referring into the program and may have an understanding that something is wrong in their relationship but are not in a position to "acknowledge a history of abuse against their partner(s)"[6]. Research conducted by a team out of Bennington College in Southern Vermont, suggests that DV Accountability programming offered to adults is not appropriate or effective with "emerging adults"(21 or younger) especially in group settings[7]. In addition to the reality that NEK Counseling's DVAP offering is not the right fit for everyone, when combined with their huge service area and the large number of pending DV charges in Caledonia and Orleans counties, it becomes clear that the NEK is operating from an accountability programming deficit.

IV. Consistent Findings from 2014

Next, when laying the groundwork for this project, it is important to consider previous VT-based DV Accountability research. The following is stated clearly in the 2014 report, *Domestic Violence Accountability in Vermont*, "...participants identified programming as only one small, albeit crucial part of accountability that needs the larger support of true community collaboration. Focus group participants identified the need to provide a wider range of

[3] Understanding the Power and Control Wheel, 2022 https://www.theduluthmodel.org/wheels/faqs-about-the-wheels/
[4] (Greg Bohall, 2016)
[5] (Creating a Process of Change for Men Who Batter Cirriculum Package, 2022)
[6] (Creating a Process of Change for Men Who Batter Cirriculum Package, 2022)
[7] (Del Tufo, Waterman, PhD, and Fox 2022)

programming…"[8] This 2014 sentiment supports an understanding that is becoming more commonly considered and acted upon; a one-size-fits-all approach is not an appropriate intervention when responding to anyone seeking human-services-based support, including people who have caused harm in situations of DV. Additionally, a class-based, educational service is not enough when interrupting cycles of DV and supporting PCH to change. Also quoted in the 2014 report is the following from a prevention expert, "The missing piece is thinking about creating cultures where accountability is a community norm and not an individual trait."[9] The missing piece referenced here asks us to zoom out from single instances of violence and look at the larger cultural picture. In doing so, it becomes not only possible but required to build a strong community presence into violence intervention and accountability responses.

V. Vermont's New Value Based Standards

Not only does past research ask for DV accountability initiatives to expand their approaches beyond methods designed to be one size fits all, Vermont's new Values Based Standards used to certify DVAPs demand it. The new standards offer ideas as to what should be considered when developing a DV Accountability Program. "There should be multiple pathways to accountability, given that people who cause harm through intimate partner violence have different needs, strengths, motivations for the use of violence, and personal goals. These strategies can include trauma informed, healing-centered, and restorative approaches, incorporate peer support, aftercare, or differential length based on risks and needs, and address co-occurring issues like mental health, unemployment, economic instability, and substance use, among other things."[10] This project has worked towards uncovering and understanding what some of these strategies could look like in the NEK based on community member feedback and lived experiences. Additionally, the new standards expect a pivot in accountability services - from static and one-dimensional, to adaptable and variable. Further, they demand effective intervention efforts that are grounded in and supported by community collaboration. In the Council's standard of transformation and hope, it states, "Communities and systems must create opportunities for domestic violence awareness, education around healthy relationships, and voluntary intervention programming unconnected to the legal system." Here, the standards insist that by incorporating accountability intervention into the community, DV prevention becomes one in the same with violence intervention. The standards also state that "(Accountability) programs, in partnership with the broader coordinated community response, must think about the conditions that must exist within communities to prevent violence and support change and advocate for those things." In other words, accountability must not just be practiced within a classroom or program, it must be a possible, lived reality; one that is experienced, expected and maintained on a larger scale beyond interpersonal relationships.

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[8] (Thomforde-Hauser and Gascon 2014)
[9] (Thomforde-Hauser and Gascon 2014)
[10] VT Council on Domestic Violence, DVAP Standards, 2022 https://www.vtdvcouncil.org/dvap-standards

Considering the aforementioned context, past research, current standards and the numbers of pending DV-related cases, the need for additional programming and community-wide change in the NEK becomes clear. But what kind of programming is needed? Our project set out to hear from the community to help us determine both up-to-date, NEK-specific, and community based intervention ideas and next steps towards violence prevention. The following sections will consist of an overview of the processes we went through to engage community members and will dive into our quantitative and qualitative findings. The report will then explore the directions that these findings point us towards and offer a few recommendations.

Results

Presentation and Analysis of Survey Data

A. Survey #1: Domestic Violence in the NEK

In total we received 180 responses to our Domestic Violence in the NEK survey. Five of the responses were from outside of the NEK, including Addison, Washington, Windham, Windsor, and Rutland counties (**Chart 1**). One-hundred forty of the responses answered "Yes" to the screening question, "Are you affiliated with a Human Services agency, organization, program, or profession that supports community members?" For efficiency's sake we will refer to these respondents as human service professionals (HSP). The other 40 respondents answered "No", indicating that they identified more so as a general member of the community not working in Human Services, and will be referred to throughout the report as a general community member (GCM). The primary difference between the two sets of questions was a slight variation in wording, i.e. "in your experience" versus "in your opinion". The screening procedure was implemented to decipher and compare results that came from professionals who have been trained to work in the field of human services to support community members versus general community members who have not been trained and whose responses are theoretically coming from an opinion/lived experience based place. For this reason, results will be presented in a manner that corresponds with the screening process.

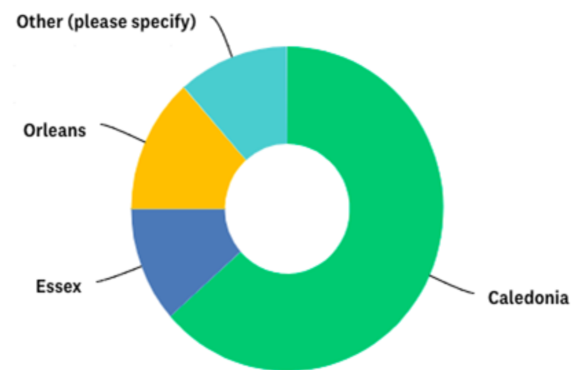


Chart 1. Proportional representation of VT counties survey respondents are located in, Caledonia, Essex, Orleans or Other.

This survey was distributed via email to DVAP facilitators, human service agencies, human resource departments, and partner organizations' human resource departments. The survey was also posted three times over the course of a month to St Johnsbury's Front Porch Forum, a widely used local community forum. The post was made on a St Johnsbury specific forum, but

individuals from neighboring towns/forums are able to access and view St Johnsbury specific posts. Additionally, we asked organizational partners to distribute the survey as they saw fit. All multiple choice questions in both surveys were asked in such a way where participants could select all that apply. For this reason, only responses that gathered more than 60% interest will be considered stand out results and discussed below.

I. Human Service Professional (HSP) Responses

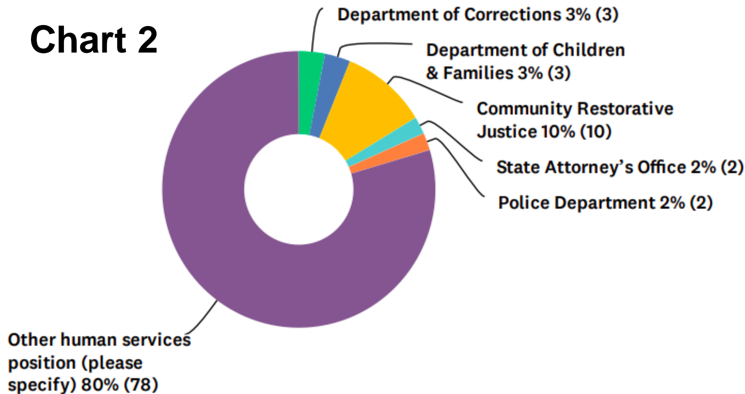


Chart 2. Proportional depiction of the agencies represented in Human Service Professional survey engagement.

Demographics

We received a relatively diverse group of human service professional (HSP) engagement, including from the Department of Corrections and St Johnsbury's Community Restorative Justice Center (**Chart 2**).

The word cloud below is a visual representation of the most commonly used words of the HSPs who responded "Other" when asked which human services organization they work for. The size of the word correlates with the frequency with which it was used, i.e. the larger the word, the more often it was used in a response, indicating that a large proportion of respondents who selected "Other" work in Health Care, for Northern Counties Human Services (NCHC), Umbrella, and so forth.

Word Cloud 1. Visual representation of the answers received from Human Service Professionals who selected Other when asked, "Which agency, organization, profession or program are you affiliated with that supports community members?"

Values & Beliefs about PCH

When completing the following sentence, "People who cause harm to their intimate partner are…" HSPs' answers ranged from extremely compassionate to very compartmentalized and characterized by judgment. In reviewing the responses, three categories were identified; compassion, judgment, and neutrality. This prompt received 59 compassionate responses, 29 judgmental responses, and 9 neutral responses (**Chart 3**). Proportionally speaking, these results reflect that about two thirds of professionals responding came from a place of compassion, hope, and belief in a PCH's capacity to change. About a third of professionals responded with a judgment based response, implying much less belief in a PCH's capacity to change and therefore the utilization of a much narrower approach to support and aid a PCH in their process with accountability.

We see two ways to interpret this disproportionate response rate. First, we have learned that here in the NEK, the majority of HSPs who responded are coming from a well-informed place, aware of the ways cycles of violence are passed on from parent to child to parent to child and so on. This group of professionals is positioned advantageously to support a PCH with a correlating compassionate response.

Second, about one in three HSPs who engaged in the survey are positioned to respond to a PCH with less or no compassion and may be coming from a place of judgment or restrictive compartmentalization. Such a position is likely to prevent a viable relationship between PCH and HSP, limiting the likelihood of any effective behavioral or structural change. To properly understand this outcome, additional follow-up is necessary. For the sake of this report, two initial implications can be suggested. First, there may be a lack of proper training available to HSP's who work with PCH. Second, there may be a pattern taking place, where the biases and lived experiences of HSPs, present themselves as obstacles, prohibiting HSPs from being able to occupy an open and supportive position. This position leaves them unable to connect with PCH and therefore ineffective in supporting their behavior change and overall healing. Both implications suggest the need for training to better equip HSPs to work with PCH, and additional support for HSPs to

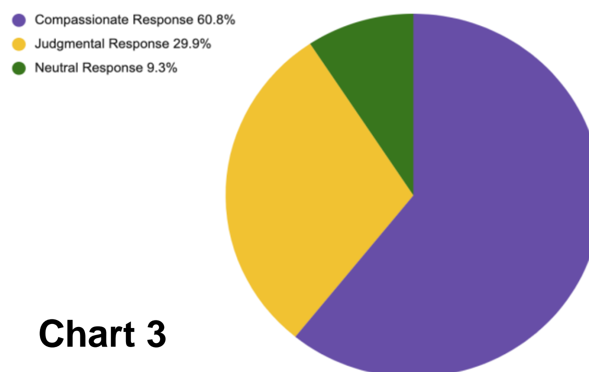
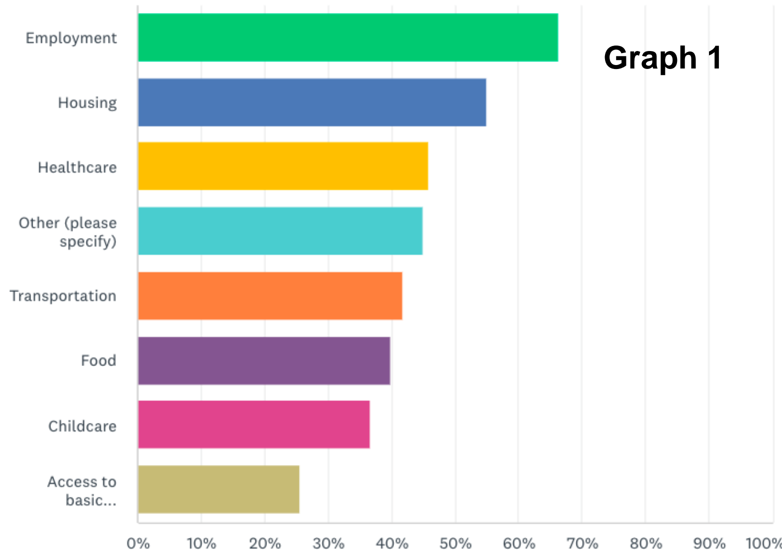


Chart 3. Proportional representation of answers received from HSPs to following prompt, "Please finish the following sentence. People who cause harm to their intimate partner are…" Compassion-based responses seen in purple (60%), judgement-based responses seen in yellow (30%), and neutral responses seen in green (10%).

work through their own experiences that prevent them from supporting PCH and effectively doing their jobs.

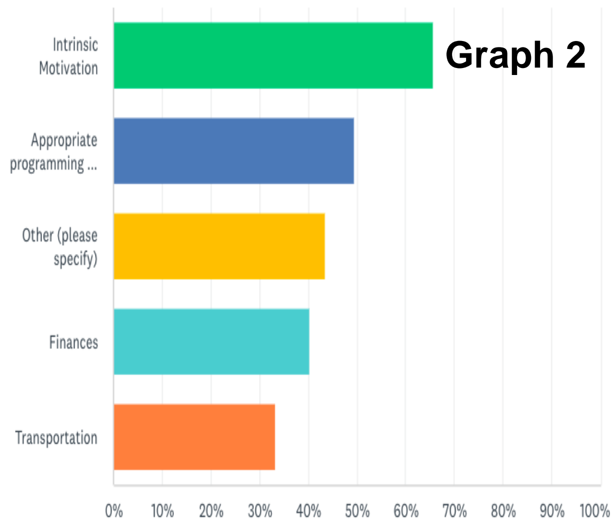


Graph 1. HSP response rate to the following question, "In your experience working with people who cause harm, which of their following daily needs are NOT consistently being met?" Top three: Employment in green (65%), Housing in dark blue (55%), Healthcare in yellow (45%).

Barriers to Support

Given the understanding that every PCH has a different set of needs that inform their accountability process, including daily necessities, i.e. housing, employment, food, we asked HSPs which daily needs go UNMET most frequently **for** PCH. Sixty-six percent of HSPs referenced employment as the primary need going unmet, with housing identified by 55% of respondents as a close second (**Graph 1**). These results imply that over half of the PCH that these HSPs engage with are going day to day without a consistent income or a reliable place to be and sleep, suggesting that life may look very volatile and likely consist of little to no routine. From a trauma informed standpoint, this way of living could land and keep someone in a survival mentality; an unsafe mental state that translates into an unsafe physical state for the PCH as well as anyone connected to them, particularly a partner or child.

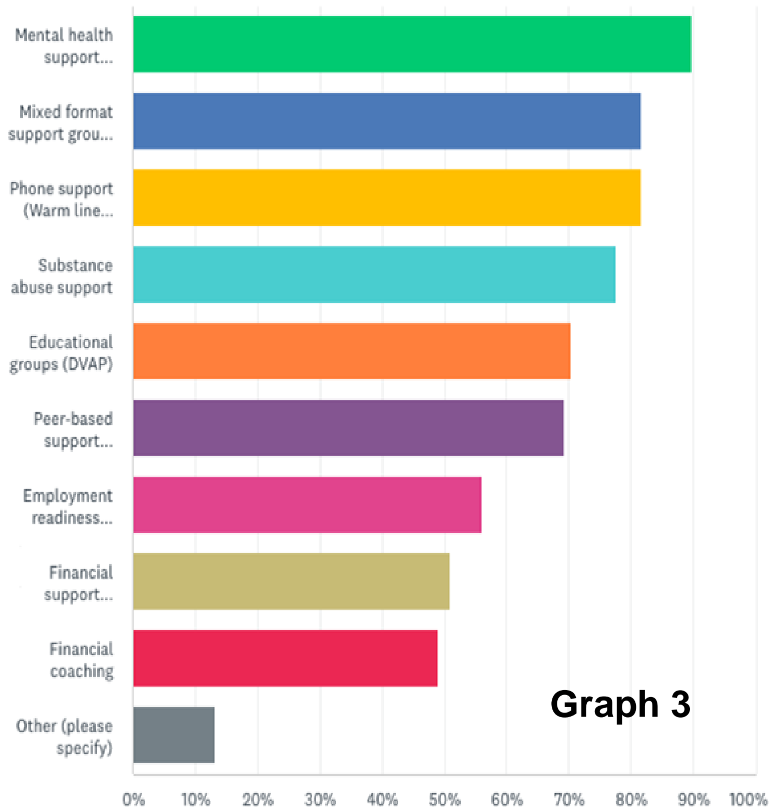
The survey then asked HSPs a broader question, “What are the primary barriers in general that keep PCH from accessing support?” **Graph 2** reflects 65% of HSPs identifying intrinsic motivation as the primary barrier keeping PCH from accessing support, followed by almost 50% identifying a lack of appropriate programming (in an additional question, 60% of HSPs are unsure that current DV accountability programming in the NEK is sufficient). The third most common response was overwhelmingly provided as a short answer in the “Other” category, including some mention of stigma and/or fear. With intrinsic motivation identified as the primary barrier preventing PCH from accessing services, future service implementation must take into account strategies to effectively communicate to PCH why and how stopping the use of violence in their intimate relationships is in their own best interest. Considering these results, it is also reasonable to conclude that were a PCH intrinsically motivated and ready to change their behavior, there may not be sufficient services to support him in the NEK. Additionally, even if the services existed, these results suggest there is a good chance the process of accessing them is laden with fear and the possibility of being labeled with additional and extensive stigmas.



Graph 2. HSP response rate to the question, “What are the primary barriers that prevent PCH from accessing support?” Top three: Intrinsic Motivation in green (65%), Appropriate programming not offered in the NEK in dark blue ((50%), and Other (specified to be fear/stigma) in yellow (45%).

Support Services

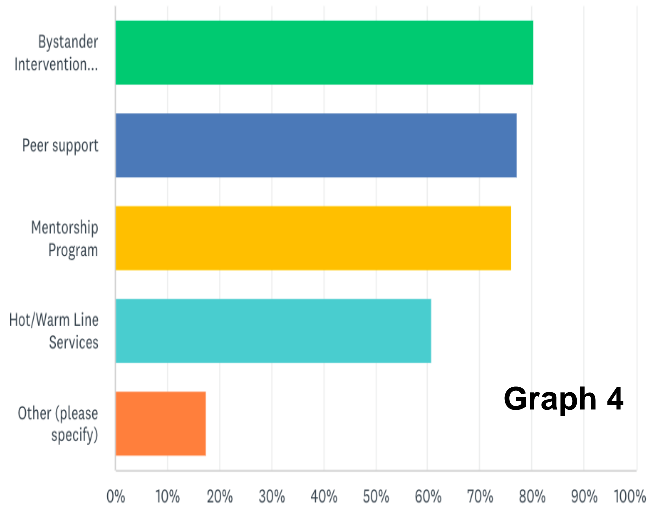
When asked what kind of support services HSPs would like to see offered to PCH in the NEK, the overwhelming responses included increased mental health support with 90% of respondents selecting it as an option, followed by 82% selecting mixed format support groups (educational, peer, emotional) as well as a prevention oriented service such as a warm line. These results were followed by substance abuse support with 76% interest, educational groups (DVAP) and 1:1 peer based support tied with about 70% interest **(Graph 3).** While addressing the mental health component is beyond the scope of this project, the results make it clear that additional avenues to connect PCH with mental health and substance abuse support are needed, no matter the implementation of accountability oriented services. The significant rate of interest in the majority of all other support services mentioned in the prompt, suggests an enormous need for additional intervention in supporting PCH.



Graph 3. HSP answers the question, “What kind of support services would you like to see offered to people who cause harm?” Top three: Mental Health Support in green (90%), Mixed format support groups (educational, emotional, peer) in dark blue (82%), and Phone support (Warm Line) in yellow (82%).

Ninety three percent of HSPs believe there is a role for community members to play in holding PCH accountable. HSPs saw the following community-based support services as being advantageous for PCH (**Graph 4**).

These results suggest that in addition to connecting community members with PCH to provide direct support, HSPs have identified the need to increase community awareness about DV via education and training.



Bystander Intervention Training @ 80%
Peer Support @ 77%
Mentorship Program @ 76%

Graph 4. HSP answers to the question, "What kind of community-based support do you see as being advantageous for people who cause harm?" Top 3: Bystander Intervention in green (80%), Peer support in dark blue (75%), Mentorship Program in yellow (75%).

II. General Community Member (GCM) Responses

Demographics

Next, we take a look at the results gathered from those who answered "No" to the screening question, "Are you affiliated with a Human Services agency, organization, program, or profession that supports community members?" We have categorized these respondents as general community members (GCMs), representing opinions and answers based more in beliefs and lived experiences. We heard from 40 individuals, with occupations ranging from retired to server to teacher to consultant. Sixty seven percent of GCM responses were from Caledonia County, with the rest from Orleans, Essex or Other, in this case Washington, Windham and Bennington counties (**Chart 4**).

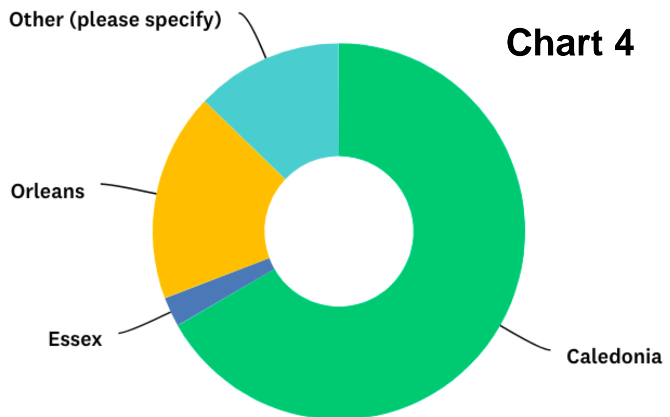


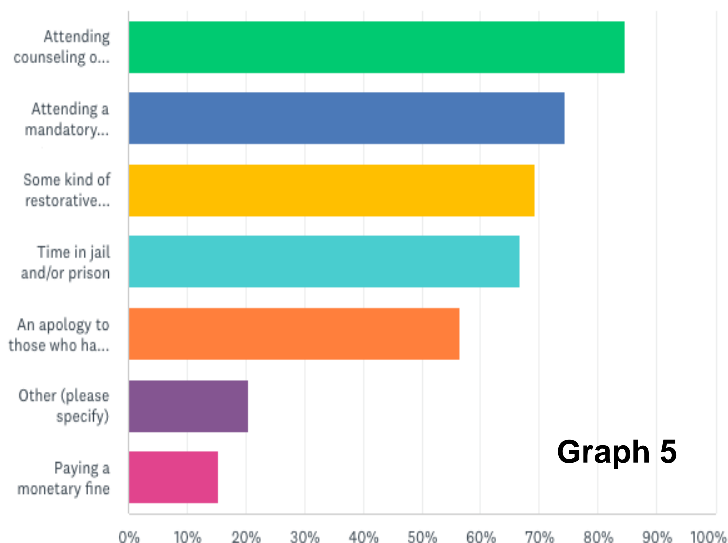
Chart 4. Visual of General Community Member representation by county.

Values & Beliefs about PCH

In response to the prompt, "One reason people cause harm to their intimate partner is…" we applied the same categorization to the answers as we did to the same question asked to HSPs: responses were based in either compassion, judgment or neutrality. Sixteen respondents provided

compassionate responses, sixteen respondents provided judgmental responses, and five respondents provided neutral responses. 50% of respondents provided a compassion based answer reflecting an understanding that violence is learned and oftentimes passed on. In this case, a compassion based response indicates a community member's ability to separate who a person is from the harm that person has caused. On the other hand, a judgment based response shows a community member's tendency to define a person by the harm that they have caused. This lack of distinction between person and harm demonstrates an absence of awareness about the mechanisms of trauma and how it perpetuates cycles of violence.

Forty six percent of GCMs believe that PCH have the capacity to change, followed by 25% also believing in their capacity to change, but specify it is only possible if the PCH wants to change. Additionally, 90% of GCM's believe that people who have caused harm to their intimate partner need support in order to stop using violence. This shared understanding suggests a significant willingness on behalf of the community to champion future services offered to PCH. It also predicts a possible programmatic capacity to gather volunteers to engage in community based programs, integrate support services into the community, shift stigmas related to seeking anti-violence support, and increase self-referrals into future accountability programming.



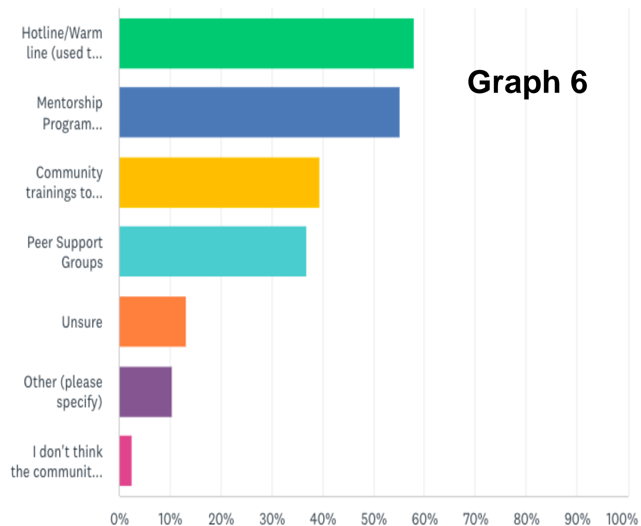
Graph 5. GCM answers, ranked by percentage, to the question, "When someone causes harm to their intimate partner, they are oftentimes required or encouraged to take responsibility for their actions. In your opinion, what does this look like?" Top three: Attending counseling or therapy in green (85%), Attending a mandatory educational group in dark blue (75%), and Some kind of restorative process where people who have caused harm are asked to actively participate in the mending of harm done in yellow (70%).

We gauged GCM understanding of accountability by asking, "When someone causes harm to their intimate partner, they are oftentimes required or encouraged to take responsibility for their actions. In your opinion, what does this look like?" (**Graph 5**). Eighty five percent of GCMs believe that attending counseling or therapy can act as sufficient proof of accountability, followed by 74% selecting attendance in a mandatory educational group. The third most commonly selected option was tied between "Some kind of restorative response where the people who have caused harm are required to actively participate in the mending of harm done"

and "Time in jail and/or prison". These results suggest that accountability means more to NEK community members than traditional criminal justice responses such as incarceration. From a programmatic standpoint, these results suggest an openness, perhaps even the demand for, restorative services in specific response to instances of domestic violence in the NEK.

Support Services

Sixty four percent of GCM respondents believe there is a role for community involvement in DV accountability responses. When asked what this community-based response should look like, a prevention based service such as a warm line or a mentorship program gathered the most interest at 58% and 52% respectively (**Graph 6**). Community trainings to help bystanders intervene also ranked closely at about 40% interest with peer support groups at about 38% interest. These top three responses mirror those of HSPs, suggesting that human service professionals and general community members are looking for the same community based interventions to support PCH.



Graph 6. GCM responses, ranked by percentage of interest, to the question, "What kind of community-based support, would you like to see offered to PCH?" Hotline/Warmline in green (58%), Mentorship program in dark blue (55%), and Community trainings to bystanders intervene in yellow (40%).

B. Survey #2: Engaging DVAP Participants

Demographics

The second and final survey we distributed was designed for folks who are actively engaged in a VT-based DVAP. We had hoped to get a broader amount of participation from PCH, but because of the limited scope of time we had for this project, we needed to focus on a group we could access the most efficiently - those currently being served by existing DVAPs. However, we acknowledge the importance of gathering more input from PCH and will pursue doing so at a future time.

The survey we put together for DVAP Participants was sent to facilitators and then distributed per their discretion to their participants. In total we got 31 responses from 9 counties (**Chart 5**).

All but one respondent's programming was virtual. The remaining respondent was part of a mixed format group. Ninety percent of participants said the virtual format worked for them, while the remaining 10% said virtual was not good, but not bad. One hundred percent of respondents had to pay a fee to attend their class and it was about 50/50 in response to whether the fee created some sort of hardship.

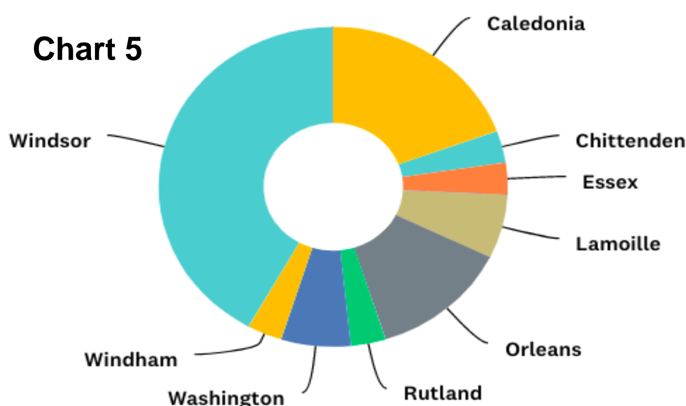
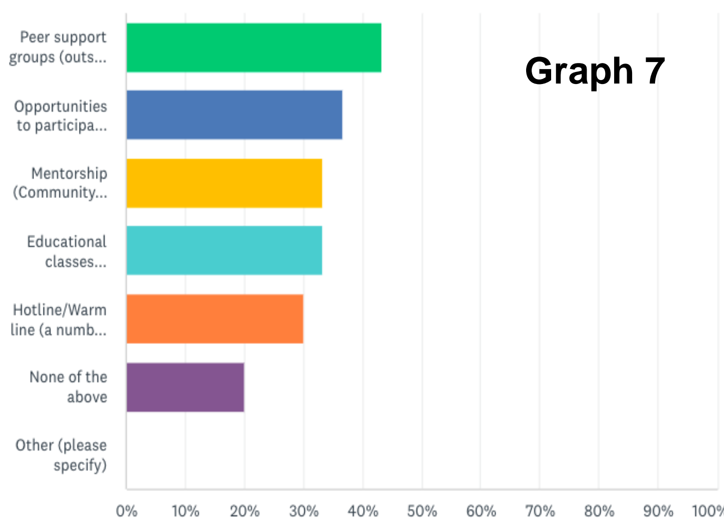


Chart 5. Visual DVAP Participant representation by county.

Community Support

Seventy percent of participants believe the community plays a role in their process with accountability. When asked specifically about what kind of community based services would help them in their accountability process, participants were most interested in peer support (**Graph 7**).



Graph 7. DVAP Participants responses, ranked by percentage of interest, to question, "What kind of community-based support would you find helpful in working to be and stay accountable?" Top three: Peer support groups (outside of an accountability program) in green (45%), Opportunities to participate in group activities (art-making, film-making, storytelling, running group, team sports, cooking, etc.) in dark blue (35%), and Mentorship in yellow (35%).

Graph 7 reflects no stark outliers, but the dark blue data piece second from the top does reflect a unique finding. Thirty seven percent of participants answered that opportunities to participate in group activities (art-making, film-making, storytelling, running group, team sports, cooking, etc.), i.e. pro-social activities outside of a mandated program, would help them in their work to become and stay accountable. This is significant because what participants are asking for in this case, does not fit neatly into a traditional service box. Human service designated help or support is often equated with some sort of treatment, but what this result implies is that participants are looking for support beyond siloed services or clinical intervention. Over a third of participants answered that opportunities to engage in social, supported, and

recreational opportunities as a community-based service would assist them in their accountability. Forty three percent of participants said peer support groups *outside* of their accountability programming would help them be and stay accountable and 33% of respondents answered that both a mentorship program (1:1 community volunteer partnership) and educational classes (healthy relationships, parenting, communication, masculinity, gender/feminism) would also be of assistance. This trio of results suggests that there is a significant social, emotional component to the change process for these individuals who have caused harm. Change doesn't happen overnight, and what these results suggest, is that it doesn't happen in isolation either.

Additionally, these results suggest that participants are in need of a space where they can seek support that is separated from the criminal system. All of the top three support options selected in this question contain mention of peers, community, or some sort of play/discovery. What this suggests is that participants are looking for a place to build community as well as practice skills in line with non-violent, non-harm-causing behavior.

Values & Beliefs

The final three questions this survey asked, required short answer responses. Below are the questions in **bold** followed by a collection of standout responses. Standout qualifiers will include common usage amongst overall answers, the externalizing nature of a response (placing blame on others for the harm caused), or the reflective nature of the response (taking responsibility for the harm caused). If not specified, they are included for their commonality.

"The underlying cause of the DV I have been involved in is…"

Common Usage

- "Mental health problems and substance abuse."
- "Myself"
- "Lack of support: Community, Peers, Family, Healthcare…"
- "Not having trust between myself and my victim and financial stress."

Externalizing Response

- "A lie committed through Umbrella against me."
- "I slapped her in the arm in bed because she didn't listen to me and she got drunk the night before so I thought she was hungover. The other incident was she was holding my kid at the top of the stairs by one arm and I was trying to walk him down the stairs and I hit her in the arm."

Reflective Response

- "My inability to sit with my emotions without reacting and trying to control the situation with violence."
- "Justifying my actions due to the values that were instilled on me as a young child."

“Please finish the following sentence, Accountability means…”

“Owning up to your mistakes, not looking for outlets to blame, and not making excuses for your own actions.”

“Taking responsibility for your actions.”

“Being truthful to oneself and the community.”

“Self-forgiveness, and being a responsible productive part of society.”

“Please list off a few words that describe what healing means to you…”

“Forgiveness, trust, and hope.”

“It mean to process a loss of something or to make peace with something, as in a person place or thing.”

“Moving on from the past. Not letting it control you or your anger.”

“To me healing is being able to take accountability for your actions and being able to communicate with your victim on how you have impacted them and knowing how to work together to overcome the situation that has led to the pain.”

“Accepting that you need help and finding the right people to talk to about to your personal problems.”

Analysis of DVAP & Survivor Listening Sessions

Throughout this process, it was critically important to gather qualitative data from the experiences of those who have lived through violence, both by inflicting it and by surviving it. In total, we had the opportunity to conduct listening sessions with 3 survivors of DV and a total of 18 DVAP participants. All individuals currently reside in the NEK and their ages range from 18-70. Two of the survivor listening sessions happened via Zoom, and the third one took place in person, while all three lasted for about an hour and were with individuals who had previously received support from Umbrella. All three DVAP listening sessions took place within NEK Counseling's group sessions, via Zoom, at the beginning of the participants' programming sessions, and lasted for about 30 minutes each.

A. Themes of Survivor Listening Sessions

It was an honor to hear the stories of three Umbrella-connected, NEK-based survivors. Throughout the conversations there was minimal prompting on behalf of the listener, only an initial context briefing and the invitation to share with the listener whatever the survivor felt was important to know to properly understand their experience. Each of their stories varied greatly in the specifics but there were themes that presented themselves, including survivors' children continuing to suffer from the DV they experienced or observed; survivors' need for closure must be considered in the design of future accountability programming; and additional, timely responses/services are needed outside of the RFA process. Survivors' indications and our findings are congruent in that for survivors to be safe and for their healing to be possible, additional accountability services for PCH are needed in the NEK.

I. Children Continue to Suffer

In all three experiences of violence, children occupied a central role and continue to play one in the aftermath and recovery/healing processes. All three survivors expressed a lack of support to properly respond to their children's ongoing responses to having been victims themselves. All three women mentioned a male child of theirs grappling with the violence they experienced and wanting to be able to do something to respond to the PCH for the pain they caused their mother. While these children are expressing the desire to defend and support their mothers, it indicates that the violence they experienced at the hands of the PCH have created pain/trauma that remains unresolved for the children. When asking the survivors what kind of support may help mitigate the unresolved pain of their children, they asked for counseling/mental health support, and one survivor expressed interest in a mentorship program, where their child could learn to build a healthy and supportive relationship with a male community member. The theme in this case is congruent with additional findings, which suggest those affected by DV are in need of mental health support. Additionally, it suggests that a community-based service such as a mentorship program could be of support for survivors and their children in addition to the PCH.

II. Need for Closure

In addition to children needing ongoing support to work through the effects of the DV they experienced, survivors also spoke at length about their own need for closure. For one, that looked like writing letters with the person who caused her harm while he was incarcerated to process their relationship as well as get behavioral evidence that he was no longer someone she wanted to be with. Another survivor's closure looked like a phone call with her PCH to briefly discuss what happened and to mark the end of their relationship. For the other, it looked like the person who caused her and her family harm, following through with the DCF mandated rehabilitative steps as well as accessing services to help facilitate healing for her son.

These responses indicate that while a hard stop, total removal of a PCH from a violent situation may be needed to ensure survivor safety in the moment, it is not a radical solution. Oftentimes, once the cycle of violence has been interrupted, survivors are in need of support and processing to get from one point to the other. Sometimes this includes involving the person who has caused them harm, and sometimes it does not. The need for closure in each survivor's story, suggests the utility of a restorative approach. Where there are rigid parameters within a traditional criminal justice response to DV, a restorative response can be adapted to the situation at hand, and a survivor's unique need for closure can be centered accordingly.

III. Access to RFA Timely but Not Effective

All three survivors shared their unsuccessful processes with obtaining a Relief from Abuse order (RFA). Survivors went into detail about the oftentimes tedious details they ran into along the way, but communicated that RFAs felt like the only option available to them that was accessible in a timely manner. One survivor sought to renew her RFA to ensure she would be notified and protected when the person who caused her harm was released from prison. She was unsuccessful in obtaining this RFA renewal because the judge could not identify that the survivor was in immediate need of protection. A second survivor was unsuccessful in obtaining an RFA because the person causing her harm was living with her and there was no physical evidence of abuse. In both instances, survivors felt an RFA was their only avenue for support, and when denied access, were left to manage their own safety. In the first instance, had the survivor been offered a restorative option, a notification process that she felt comfortable with and empowered by, could have been put together and implemented. In the second instance, the survivor confirmed that had there been some sort of support service, like temporary housing or a mentor relationship available to the person causing her harm, she would have had an easier time getting him out of her house, as it got to a point where he was staying there mostly out of necessity and desperation with nowhere else to go, and while doing so, was using violence. These experiences suggest that while RFAs are well known for their timely response rate, they cannot be relied upon. Additionally, in the absence of alternatives to traditional criminal justice interventions and

support services, survivors are often left to their own devices to determine their own safety all the while going with their needs unmet.

B. Themes of DVAP Participant Listening Sessions

Listening sessions with DVAP participants were an important component of the project because they gave us an opportunity to gather complicated answers to similarly complicated questions. Outside of the listening sessions, the only other engagement we were able to get from PCH was through surveys. We were able to engage 18 men across NEK Counseling's three weekly group sessions. Throughout the three NEK Counseling sessions, about a third of the men engaged extensively in responding to the questions, while the other two thirds were either hesitant or unwilling to go into detail. A couple of the questions that were asked were; What is the most helpful aspect of this program; In what ways could you be more supported in your process with accountability; and what does accountability look like and feel like to you, outside of showing up to this class?

I. Space to Share

Three themes stood out throughout the sessions, the first in regards to the question, what is the most helpful aspect of this program (NEK Counseling's DVAP)? The majority of the men expressed extensively how helpful it is to have a space they can go to talk about what is going on for them in their lives. At the same time, many men followed this up with how they wished they knew how much help they needed, before they found themselves forced into the class, seeking help somewhat involuntarily. Multiple men confirmed that this is the only space they have where they can share about relationship struggles as well as daily conflicts and successes. The same men who expressed gratitude for the space to share, also pinpointed the desire for an adapted/expanded space to share; one that was neutral and not directly tied to their court order.

II. Desire for Educational Materials

A second theme that presented itself throughout all three listening sessions was the desire to have been exposed to educational materials regarding healthy relationships earlier on in life, i.e. high school. Men said that it would have helped them know how to recognize and what to look for in regards to red flags in a relationship. Many men expressed a deep desire to deal with conflict in constructive, safe, and effective ways and implied that had they had more examples of what this kind of conflict resolution looked like in a relationship, they would have had better success in handling intimate partner conflict with less or zero violence. When following up with participants about their interest in accessing additional educational resources outside of their DVAP, men said they would consider it, but are not interested in any additional mandated programming.

III. Interest in Services and a Warning

Lastly, when prompted to reflect on the utility of services like a warm line and/or a mentorship program, participants in every listening session shared significant interest in both. In the third session, one participant did provide a bit of a caveat which was responded to affirmatively by a number of other participants. This individual emphasized the importance of including an educational component as part of the advertising effort for a Warm Line or Mentorship Program. He pointed out that the patterns of denial and defense he was engaged in at the time of the violence that got him into class, would have kept him from accessing such a service. Without proper information to establish a PCH's personal investment in a service explaining how he would explicitly benefit from engaging in it, these participants predicted such services would go unused.

Additionally, men expanded on their desire for mentorship to gain support and example from individuals who had been in their shoes before, but who have successfully broken the cycle of violence they once were involved in. The specific desire to learn by example was central for participants. When getting into the details of a mentorship offering, the matter of neutrality came up again. Participants are looking for a place they can go or a relationship they can build that is not connected to the courts (i.e. a mandated class or a probation/parole officer, DCF case worker). The goals of such a space/relationship include the chance to practice skills learned in class, practice cultivating a stable and healthy relationship with a dependable and experienced individual, and practice reaching out for help prior to conflict and in a capacity where they could be supported through mistake or lack of knowing without the overwhelming possibility of criminalization.

IV. Power Imbalances

In considering the outcomes and themes of the surveys as well as the listening sessions, it is important to take into consideration the inherent power imbalance present throughout these engagements. The PCH we got to speak with were participants of court ordered accountability programs, located at the airborne end of a power seesaw, at the mercy of both us the project leads as well as the facilitators dispersing the surveys/leading the groups observed. In addition to the imbalance of power present between participants and facilitators/project observers, participants expressed skepticism and fear; who wanted this information, why should they offer up their experiences, what was their personal information going to go towards, was it going to be used against them? That said, data gathered from PCH and discussed throughout this report should not be considered conclusive, and this project and overall initiative would benefit greatly from building relationships with PCH to better understand their lived experiences and needs in regards to healing and change. Ideally, working relationships with PCH and access to their expert knowledge, should be used to inform future steps in this project.

Recommendations

Based on the project's findings, we make the following recommendations towards addressing the NEK's Accountability Programming and Support deficit.

I. **Create clearer and more expedited pathways for PCH to access mental and substance abuse support.**

It cannot be ignored that the most conclusive results we gathered from both surveys is that mental health support & substance abuse support are being asked for on behalf of and by PCH themselves. While providing these services is outside the scope of this project, proliferating awareness of the need is not. How can the ensuing pilot program build avenues that connect PCH to mental and substance abuse support into its very structure? How can the facilitators and pilot program providers build relationships with mental health and substance abuse service providers? How can these two sets of providers work together to ensure greater and more effective access to both?

II. **Offer human service professionals additional training specific to supporting PCH.**

Survey results reported more than half of the human service professionals (HSP) respondents hold compassion based beliefs about PCH, suggesting an open and informed perspective, primed to best support PCH. In contrast, a third of HSP respondents hold judgment based beliefs about PCH highlighting the presence of individuals who are employed in a position of support, but whose biases and past experiences keep them from being able to build relationships capable of supporting change. While this report recognizes the abundant compassion communicated throughout its results, it also recommends a responsible and effective response to the gap in proper training and support for service providers charged with showing up for PCH.

III. **Implement a trauma-informed and culturally responsive education based class geared towards the participation of both self-referred *and* mandated PCH, including those with pending DV-related charges.**

The only education based accountability intervention to DV available in the NEK is NEK Counseling's Domestic Violence Services program. An eligibility requirement states that participants must not have DV-related pending charges, restricting who they can offer programming to, resulting in a limited group of justice-involved PCH receiving accountability programming. Additionally, while their DVAP is technically open to self and non-mandated referrals, using the Duluth Model curriculum presents a

significant barrier. The Duluth Model requires a PCH's admission of guilt in a heterosexual-based DV-related crime as a prerequisite to participation, and for those who are pre-adjudication, not involved in the criminal justice system, LGBTQIA+ identifying, or an emerging adult, this curriculum is prohibitive. Over 70% of general community members believe accountability consists of a PCH attending a mandated educational program, while over 80% of HSPs would like to see mixed format support groups offered to PCH. In Caledonia and Orleans Counties alone, over 200 DV related cases are waiting to be processed through the court system, and NEK Counseling is only able to support around 85 participants per year.

IV. Create opportunities for community members to support PCH via peer, mentor, or ally based relationships.

Ninety three percent of Human Service Professionals, 64% of General Community Members, and 70% of DVAP Participants who engaged in the project's surveys believe there is a role for the community in supporting PCH in being accountable. The Vermont Council against Domestic Violence states clearly in their values based standards that Accountability Programming must incorporate community involvement. Survey results also identify stigma and fear as a primary barrier keeping PCH from seeking support, suggesting that in addition to establishing more accountability services for PCH, much of our work in the NEK lays in creating a culture shift. This could be done by working towards a shared understanding of what it means to seek support after or before causing harm that does not garner stigma or lead to subsequent criminalization. This report recommends that by creating programming that brings community members together (those who have caused harm, are causing harm, and haven't caused harm), cultural expectations of accountability can be cultivated and cycles of domestic violence can be broken.

Additionally, people who have caused harm consistently identified the need for a space and/or a relationship they can access that is not directly tied to their involvement in the justice system. A neutral relationship/space would offer PCH the chance to practice skills, make mistakes in a responsible and safe manner, and most importantly, safely and realistically seek help prior to an initial or additional act of violence.

V. **Implement program evaluation that centers the lived experiences of PCH and takes into consideration power dynamics.**

Program evaluation is recommended throughout all aspects of future programming. It's critical however, that the pursuance of feedback specifically from PCH is emphasized. Power imbalances are difficult to avoid, and in the context of this project, they impeded our ability to collect meaningful results from PCH. In fact, this report suffers from a scarcity of feedback from PCH. Going forward, we recommend feedback and lived experience of PCH be centrally considered to establish effective and sustainable services. Spaces detached from justice system interventions where PCH receive accountability support, such as the ones PCH asked for repeatedly throughout this project, offer great opportunities to gather authentic feedback that can be used effectively to modify services and programs.

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