

Blueprint for Transforming Victim and Survivor Care

*A Strategic Approach for
Empowering Crime Victims,
Preventing Harm and
Reducing Violence*



Prepared by the
Office of San Diego County
District Attorney
Summer Stephan

September 2021

MESSAGE FROM DISTRICT ATTORNEY SUMMER STEPHAN

The voices and experiences of victims and survivors of crime in our community inspired the path toward this first-of-its-kind *Blueprint for Transforming Victim and Survivor Care: A Strategic Approach for Empowering Crime Victims, Preventing Harm and Reducing Violence*.



The journey to this Blueprint began by listening with an open heart and mind to courageous individuals harmed by violent crime, who want to make the process better for others. As a result, I formed a Victim and Survivor Advisory Board to provide guidance and counsel by crime victims and the service providers who support them. Based on the recommendations of the Advisory Board, we planned a summit with hundreds of experts and participants where, together, we identified victim services gaps and worked on the solutions using sequential intercept mapping, which is a strategic and collaborative model for solving complex problems. The Blueprint is a byproduct of this journey and its intent is to turn the recommendations into actions that improve crime victim and survivor care while also reducing violence.

As District Attorney for San Diego County, I lead and work alongside a dedicated and diverse 1,000-member team that serves over 3.3 million people with integrity and passion. Our team reflects the diverse cultures, races, religions, gender and sexual orientation of the communities we serve. While we cherish our unique experiences, we are united by our mission to pursue fair and equal justice for all and to build safe neighborhoods through ethically prosecuting crime, protecting crime victims, preventing harm, and partnering with the community. Our enhanced focus on preventing harm by interrupting cycles of violence is producing positive results that we are closely tracking. This Blueprint and the efforts around it, is another step toward fulfilling our justice mission.

Our team fights for justice on behalf of crime victims and is responsible for prosecuting all felony crimes that occur in San Diego County. This includes murder, sexual assault, DUI fatalities and all misdemeanor crimes that occur outside the City of San Diego. We work with all nine police departments in the county and Sheriff's Department to make sure those who harm others and terrorize neighborhoods are held accountable under the law. The DA's office is also the largest provider of victim services in the county, serving thousands of crime victims. This position of trust allowed us to convene the ambitious summit that brought together the expertise of hundreds of victims, survivors, service providers, government stakeholders, law enforcement, mental health and trauma experts, researchers, advocates and community members.

Crime affects people from every age, socioeconomic status, race, ethnicity, religion or gender. Whether a person lives in an affluent community or under a highway overpass, becoming a crime victim changes their life forever – often impacting future generations. Well before having the honor to serve as the District Attorney, I devoted my life to fighting for justice for victims and their families. I am constantly inspired by the courage and resilience of those who were harmed by violent crime in the cruelest ways but somehow found a way to survive and help others. I learned that the process of recovering after victimization can be exhausting due to the complexity of the various systems of care victims have to traverse. The criminal justice response to victim needs can have lasting effects.

Another challenge placed on victims in the last few years is that they are often forgotten or removed from discussions involving retroactive changes in the law that directly affects their cases and their lives. Early releases of violent criminals, for example, can turn a victim's life upside down. Simply put,

victims were left out of important discussions about diversity, equity, inclusion and dignity surrounding criminal justice reform. We must gather data to determine whether the increase in violent crime we are currently grappling with is connected to neglecting victims. While on paper victims have constitutional rights to receive notice of information about their case and changes to their abuser's custody status, victims are not consulted when it comes to sweeping legislative changes in criminal justice policies and procedures that directly affect their cases and their safety.

Other areas in which victims suffer include barriers to receiving mental health care they need due to arbitrary limitations to how much victims can recoup, misinformed restrictions on the kinds of losses that can be reimbursed, and artificial deadlines by which victims must submit a claim. We know from research that victims are often not ready to address their trauma and can suffer for years in silence. Victim needs vary with some needing short term care and others needing extended care. The system has also focused on the direct victim rather than caring for the collateral and secondary victims such as children who witness domestic violence in their homes and experience gang violence in their neighborhoods. The myopic view of addressing the direct victim, leaves children, families and neighborhoods with unresolved adverse childhood experiences that normalize victimization and violence.

The summit was a vehicle for thoughtful criminal justice reform focused on the long- neglected hidden population of victims and survivors. We focused on cultural competency to address and mitigate inequities in services that arise from stereotypes, implicit bias, lack of insurance to receive mental health care, unstable housing, and other factors that disproportionately impact victims of color and the poor.

This Blueprint will serve as a living document and call to action for community leaders, elected officials, community groups, and all San Diegans to come together to collaborate strategically for solutions while always considering the victim voice. Keeping the victim and survivor perspective at the core of our work is the best way to interrupt cycles of poverty, disrupt pipelines to prison, and prevent generational violence born of childhood trauma and the normalization of crime.

A documented truth is that without safety, nothing else can thrive. Healthy neighborhoods can't be built amid violence and crime. Through this lens, the San Diego County region, along with any community who wishes to learn from our work, can become even more purposeful, thoughtful and compassionate in fulfilling our mission duty to justice for all. This includes the right of victims of crime to be protected, the right of the accused to fairness, and the right of the community to be safe.

We hope that sharing this Blueprint will transform how we all treat victims and survivors of crime.

Table of Contents

Executive Summary	1
The State of Victim and Survivor Care - Are Victims' Voices Currently Being Heard?.....	4
The District Attorney's Role in Enforcing Victim's rights	7
Formation of the Victim and Survivor Advisory Board (April 2019)	7
Background and Statistics: The Road to the Summit	8
We Started with Data.....	8
Methodology for the November 2020 Crime Victim and Survivor Summit	11
Victim Services Stakeholders Committee (VSSC) Survey (July-August 2020).....	11
Survey Data – Crime Victim and Survivor Summit Pre-Summit Survey.....	13
What is Working Well in San Diego County	15
Gaps/Needs/Recommendations in San Diego County	15
Crime Victim and Survivor Summit (November 2020).....	15
The Diversity of the Summit Attendees.....	16
Morning Strategic Learning and “Hope Talks”	17
Shared Quotes and Video Messages of Inspiration	32
Afternoon Strategic Planning.....	33
Recommendations for Improvements Across Three Intercepts.....	34
The Top 12 Recommendations	36
Subsequent Summit Event and Sidebar – Solution for Healing.....	47
Acknowledgments from the District Attorney	49
Appendix – A.....	50
Appendix – B.....	59
Appendix – C.....	76

Blueprint for Transforming Victim and Survivor Care: A Strategic Approach for Empowering Crime Victims, Preventing Harm and Reducing Violence

Executive Summary

Victims are granted constitutional rights in the justice system, however, they have become invisible in important discussions around funding priorities, community programs, and criminal justice reform. This Blueprint identifies best practices and recommends solutions in the area of direct victim services and the proper care of survivors. It is the culmination of input from hundreds of stakeholders, victims, survivors and community members developed and accumulated from multiple strategic planning methods, culminating in a first-of-its-kind Crime Victim and Survivor Summit. It will serve as a call to action for all elected officials, community leaders, and policy makers to always consider the victim's voice in implementing laws that affect them.

The District Attorney's Office is the largest victim service provider organization in the county, serving about 14,000 crime victims annually. It is the natural community convener to begin and lead an expansive dialogue about empowering the victim voice and best practices in victim and survivor services. The District Attorney's Office Victim Services team responds with culturally competent, trauma informed care to individuals plagued by crime, but also dispatches mass critical incident teams to provide emotional support and counseling when the community is ravaged by hate crimes such as school shootings or shooting at houses of worship. Because victims and survivors of trauma frequently intersect with the criminal justice system, their perspective is critical to achieving racial and social equity and fair and equal justice for all. The victim and survivor voices are also critical as legislators and political leaders consider changes in the law.

To better map the intersection of victims and survivors who come into contact with the criminal justice system and countywide victim services and to identify areas of gaps and needs for needed change, District Attorney Summer Stephan and the DA Team led three key initiatives to collect community input and to shape a new approach:

- 1) The formation of a *Victim and Survivor Advisory Board* made up of survivors from a wide array of crime types (April 2019).
- 2) A virtual *Crime Victim and Survivor Summit*, engaging over 1,300 community partners, survivors, professionals who work with survivors, and others dedicated to elevating the victim voice (November 2020).
- 3) This *Blueprint for Transforming Victim and Survivor Care*, to report recommendations for significant changes in how we respond in trauma-informed ways, areas of needed programs and policy/legislative, all through a lens of racial and social equity to best serve San Diego County victims of crime.

These initiatives provided opportunities for community partners and professionals to work alongside survivors of trauma to identify gaps and needs in our criminal justice response and to develop ideas for solutions.

The following **12 recommendations** came from the culmination of stakeholder and community input, survey data, crime victim and survivor board input, Summit participant data, and strategic planning sessions and serves as a call to action to all leaders who can positively effect change:

- 1) **Develop regional hubs throughout the county of co-located professional services specific to serving victims and survivors of crime and their families, commonly referred to a Family Justice Centers.** These Centers are a proven model of serving victims and survivors and preventing further harm by providing a safety plan and resources that allows victims to escape from abusive situations including domestic violence, child abuse, human trafficking or elder abuse. A critical goal of these centers is to reduce homelessness driven by victims escaping abuse and violence by connecting victims to safe shelter and housing. This is a smart solution that invests in reducing generational violence and the inequities that go along with it.
- 2) **Expand mental health and substance abuse services and interventions that are culturally competent and specific to crime victims and survivors in order to effectively address the underlying trauma supported by stable funding without artificial time limits.** Currently, there are restrictions on the type of crimes that qualify victims for services and there are time limitations that can bar victims from accessing services. There are also restrictions that prevent victims from using the state of the art treatments for their trauma. These artificial barriers don't comport with the experience of victims who experience trauma or are re-triggered by events referred to as Post Traumatic Stress Disorder or complex trauma.
- 3) **Implement system changes that expand the use of Forensic Interviews and forensic examinations to reduce child and adult trauma by changing the funding systems and expanding the pool of professionals who perform these interviews. Along with this needed system change and expansion is the ability to refer child victims to evidence-based trauma therapy modalities such as Child Family Traumatic Stress Interviews (CFTSI) and Eye Movement Desensitization and Reprocessing (EMDR).**
- 4) **Support and expand the use of technology for improved victim safety, reporting, communication, and access** including 1) Electronic filing and virtual family court restraining order hearings 2) Online reporting systems for healthcare professionals to report suspicious injuries, child and elder abuse 3) Transparent and direct communications and updates with victims of crime throughout the investigation and court process, and 4) streamline reporting especially of underreported crimes such as hate crimes.
- 5) **Expand and fund restraining order clinics and legal services to victims that include customized safety planning for applicants seeking a restraining order at courthouses regardless of whether the TRO is granted or denied.**
- 6) **Expand 24/7 victim support "live" response options** to include all victims of violence and abuse where trained professionals/advocates provide support, safety planning, resource referrals, and connections to available safe shelters and hotel stays.

- 7) **Build and increase school-based prevention education and support systems** including school social workers, peer support, mental health and substance abuse therapy, and talking circles. Provide evidence-based prevention education to teachers, students and parents on child abuse, human trafficking, healthy relationships, hate crimes, gang prevention, bullying, and drug abuse.
- 8) **Expand emergency shelter and long-term stable housing for all victims** especially underserved victim populations (dual diagnosis, fragile elders, immigrants, victims with children, LGBTQIA+), and remove barriers to victims with pets or families with adult developmentally disabled children.
- 9) **Implement regular training for victim service providers on trauma-informed, culturally competent practices, compassion fatigue, and vicarious trauma, incorporating peer-support advocacy from those with lived experience and public awareness educational opportunities.**
- 10) **Promote legislative efforts to increase transparency in court proceedings** especially Sexually Violent Predator proceedings and to increase access to victims for notification of release.
- 11) **Empower the voices and experiences of victims and survivors by including and consulting with them on any new legislation, program or policy that impacts them, their cases, and their safety, including promoting legislative efforts to increase protection for victims in the parole hearing process.**
- 12) **Screen for Adverse Childhood Experiences (ACES) upon intake at various touchpoints in a child's life including the foster care system child welfare system, and the juvenile justice system in order to intervene early and reduce a child's potential for long term health consequences and future criminal justice involvement.**

A complete description and summary of recommendations will follow in this Blueprint. Many of the recommendations build upon each other, and all will require a collaborative approach for implementation. Some gaps and recommendations can be addressed with minor process changes, while others require widescale change and funding. Many of the recommendations will require examination of operations with fresh eyes, an open mind and without judgment or blame for where we are today. These recommendations should not be viewed as criticism of any one agency or department, but rather as an opportunity to come together, work toward a common goal and effect great change for the people we serve.

Supporting victims and survivors of abuse is a shared responsibility. To do this with excellence, we must consult with crime victims and survivors and with a coordinated community response. Once we all commit to holding up a mirror to our past practices and to a growth mindset, we will together pave the way for transformational innovative solutions.

The State of Victim and Survivor Care - Are Victims' Voices Currently Being Heard?

Victims and survivors are too often left out of critical criminal justice reform discussions that directly impact their safety, their rights, and their ability to properly heal. Despite victims having multiple *constitutionally* granted rights, they are continually forgotten when it comes to legislation or programming that directly affects them. The California Constitution affords victims the right to be notified when a change will be made to the custodial status of the person who abused them, yet, sweeping laws concerning criminal justice reform are being passed without even consulting victims, victim groups, or those who have suffered at the hands of an individual charged with committing crime. Much is discussed involving the rights of the accused, but where is the rest of the dialogue involving the rights of victims?

A 2020 study of victims and survivors asked pertinent questions about victims' feelings on the criminal justice system and their perception of current criminal justice reform efforts¹. When asked "Do you support efforts to reduce the use of the criminal justice system to hold offenders accountable for Domestic Violence?" overall, 72%² said "No."³ When asked "Should Law Enforcement Continue to Respond to Domestic Violence Calls as Priority 1? Overall, 97.4%⁴ said "Yes." When asked "Should Domestic Violence Offenders Be Allowed to Avoid Conviction Through Diversion Programs?" Overall, 80.1%⁵ said "No." When asked "Do you Support Bail Reform Efforts to Allow Domestic Violence Offenders to Get out of Jail More Quickly?" Overall, 96.1%⁶ said "No."⁷

The real question is whether victims are actually being consulted, listened to, or heard when it comes to legislation or policies that affect victims' rights.

History certainly plays a role.

In the early 20th century, the American criminal justice system did not give much credence to crime victims. The victims' role did not go beyond participating as witnesses in a hearing. However, starting in the late 1970's, this mentality began to shift. It was recognized that the American criminal justice system served lawyers, judges, and defendants, but treated victims with an "institutionalized disinterest."⁸ Changes were made within each state and federally. We've achieved great promise and progress.

¹ A purposive sample of 153 Domestic Violence survivors responded to a web-based anonymous survey during the month of August, 2020. 97.4% were female, 63.4% were between the ages of 18 and 44 and 56% of participants self-identified as Black, Indigenous, or persons of color (BIPOC). 2020, *Alliance for Hope International 30-Day Survey of VOICES Survivor Advocacy Program Participants*, September 9, 2020, pending publication.

² 83.6% of white survivors and 56.7 % of Black, Indigenous, and people of color (BIPOC) survivors said "No."

³ 2020, *Alliance for Hope International 30-Day Survey of VOICES Survivor Advocacy Program Participants*, September 9, 2020, pending publication.

⁴ 98.2% of white survivors and 97.1% of BIPOC survivors.

⁵ 87.3% of white survivors and 76.5% of BIPOC survivors.

⁶ 95.4% of white survivors and 97.1% of BIPOC survivors.

⁷ Ibid.

⁸ Bobo, Carrington, Damos, et al., *President's Task Force on Victims of Crime* (1982), (<https://www.ojp.gov/pdffiles1/ovc/87299.pdf>).

By 2005, state legislatures enacted more than 27,000 laws advancing the rights and creating services for crime victims.⁹ All 50 states have established statutory provisions that grant rights to victims of crime.¹⁰ Thirty-six states have added victims' rights amendments to their constitutions; to view a list of laws by state [CLICK HERE](#).

California provides just one example of a state that has enacted statutory laws as well as amended its constitution to provide crime victim's rights.

On November 4, 2008, California voters approved Proposition 9, the Victims' Bill of Rights Act of 2008: Marsy's Law. Marsy's Law is named after a 21-year-old who was murdered on November 30, 1983.¹¹ Marsy's family was not notified that the individual who killed their daughter was released on bail.¹² Not only were they not notified, but their family was not granted any opportunity to state their opposition to his release from custody.¹³ Those accused of crimes are granted individual rights, while the surviving family members of murder victims, at the time, had none. Marsy's Law is written on behalf of Marsy's family and the millions of victims and family members who felt as if they had no rights.

Under Marsy's Law, the California Constitution, Article I, §28(b) provides victims with the following rights:

- To be treated with fairness and respect for his or her privacy, and to be free from intimidation harassment, and abuse, throughout the criminal or juvenile justice process.
- To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
- To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the victim or the victim's family or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.
- To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.
- To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding, the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant, and, upon request, to be notified of and informed before any pretrial disposition of the case.

⁹ Sarah Brown Hammond, *Enforcing and Evaluating Victims' Rights Laws*, National Conference of State Legislatures (2005).

¹⁰ *Id.*

¹¹ *About Marsy's Law*, https://www.marsyslaw.us/about_marsys_law

¹² *Id.*

¹³ *Id.*

- To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.
- To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.
- To a speedy trial and a prompt and conclusion of the case and any related post-judgment proceedings.
- To provide information to a probation department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.
- To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.
- To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.
- To restitution.
 - It is the unequivocal intention of the People of the State of California that all persons who suffer losses as a result of criminal activity shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
 - Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
 - All monetary payments, monies, and property collected from any person who has been ordered to make restitution shall be first applied to pay the amounts ordered as restitution to the victim.
- To the prompt return of property when no longer needed as evidence.
- To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.
- To have the safety of the victim, the victim's family, and the public considered before any parole or other post-judgment release decision is made.
- To be informed of the rights described above.

While the California Constitution is clear in valuing victims' rights, why are victims continually left out of important discussions about changing laws and policies claiming to be "criminal justice reform?"

The District Attorney's Role in Enforcing Victim's rights:

The San Diego District Attorney's Office is the largest provider of victim services in the county serving about 14,000 victims annually. This responsibility places the DA's Office in the best position to hear and learn from victims' experiences. We serve these hidden heroes in the form of mothers, fathers, and children who have lost their loved ones to homicide from domestic violence or being caught amid gang rivalry along with many other tragic circumstances. The DA's Office also continues this relationship beyond jury trial or conviction to represent their voices at parole hearings where victims of serial rape, aggravated child molestation, homicide and other life offenses have to relive their trauma at the increasingly set earlier parole hearings.

When an individual suffers harm as a result of a crime in San Diego county, our team of specially trained victim advocates contact the victim even before a police report is submitted officially to our office for potential prosecution and at times prior to the case being solved. The victim advocate refers victims to community resources, assists with victim compensation claims with the state, and provides comfort and information about the criminal justice process. Our team assists with burial and funeral expenses in homicide cases and can help re-locate an individual in cases involving high risk. We are often a first line of trauma care for victims when they need it most.

Although the District Attorney is often the best suited to enforce victim's rights, we need others in the community – legislators, policy makers, county leaders, and community groups to develop understanding in this area. Many special interest organizations with a strong lobby have the ear of the legislature and those who design policy surrounding criminal justice. However, victims of crime tell us that they are often just trying to wake up and live through another day with the loss they suffered and need us to purposefully and intentionally engage them in the process.

Formation of the Victim and Survivor Advisory Board (April 2019)

The mission of the District Attorney is to provide fair and equal justice by prosecuting those who commit crime, protecting victims, and preventing harm to help build safe and healthy communities. DA Summer Stephan's decisions and policies are grounded with a victim-survivor voice and with respect for the advice of those who have endured trauma.

As a result, she formed a *Victim and Survivor Advisory Board that is diverse and inclusive of individuals from varied cultures, races and experiences*. The purpose of the Advisory Board was to listen to the valued input of victims and survivors to identify areas of gaps and needs in victim/survivor rights, services. The key was for this action-oriented Board was to create new strategies and solutions that represent best practices.

“Society will be judged by how it treats its most vulnerable.”

--DA Summer Stephan

Recommended action items can be found in Appendix – B. The Advisory Board discussed important topics such as nomenclature – and what terminology victims preferred (i.e., “victim,” “survivor,” “person with lived experience,” “overcomer”) and recognizing the power of including as many experts and voices was critical to the success of the mission got to work immediately on planning a large scale victim summit inviting our entire community to engage in a call to action. DA Stephan's goal was to give San Diego

County victims, survivors, and their families, impacted by the cycles of abuse and violence, a louder voice to help us shape policy and a path to heal our communities.

Members of the Advisory Board:

- Tressie Armstrong
- Diann Bauer
- Bev Bravo
- Kathi Hardy
- Dawn Heizer
- Dayna Herroz
- Celeste Hunter
- Carmen Kcomt
- Brent King
- Brooke Kissenger aka Haley
- Trish Martinez
- Tiffany Mester
- Susan Munsey
- Annie Rodriguez
- Ginny Scharbarth
- Ginger Shaw
- Kyler Daugherty
- Michelle Shores
- Jessica Yaffa
- Kat Alexander
- Charles Wilson
- Polly Montano
- Carlos Morales
- Thelma Mubaiwa
- Lisbet Perez

Background and Statistics: The Road to the Summit

This *Crime Victim and Survivor Summit* was designed to thoughtfully leverage the brain trust of community partners and individual survivors who would roll up their sleeves and ask the question, “How can we be better?” Stakeholders would come together for the first time in the County’s history, to look at all three areas in which a victim or survivor could intersect with services and systems 1) before the crime 2) during the crime and 3) after the crime and develop best practices for positive transformation.

We Started with Data

Statistics demonstrated that victims need us now more than ever:

Child Welfare Service (CWS), Health and Human Services Agency

Child Abuse and Neglect Statistics (FY 2019/2020)

- CWS received **38,653** reports of abuse/neglect to their hotline, representing **68,964** children. Of these reports, **22,270** were assigned for investigation and **3,530** children/youth were receiving services as July 1, 2020.
- Regional Breakdown – Referrals* for allegations of abuse and neglect:
 - (37%) Centralized Child Welfare Services (25,495 children/15,766 families)
 - (12%) Central (8,445 children/4,295 families)
 - (27%) North (18,821 children/10,033 families)
 - (13%) East (8,628 children/4,562 families)
 - (11%) South (7,575 children/3,997 families)

The allegations in these cases were made up of 43% general neglect, 33% emotional abuse, 30% physical abuse, 21% at risk sibling abused, 18% sexual abuse, 1% caretaker absence/incapacity, 2% severe neglect, and 0.4% exploitation. The ethnicity of the children in

the referrals included: 46% Hispanic, 11% Black, 27% White, 4% Asian, 1% Native American, and 10% Other.

Note: These numbers reflect the same child being counted more than once if referred multiple times throughout the year.

Source: *Child Welfare Service (CWS), HHS*

Children Exposed to Violence

Based on multiple Structured Decision-Making assessments completed for 2,665 families with substantiated Child Welfare Services referrals during 2018, domestic violence was indicated in 994 (37%) of these families.

Source: *CWS CY 2018.*

Adult Protective Service (APS), Health and Human Services Agency

Elder and Dependent Adult Abuse and Neglect (FY 2019/2020)

Adult Protective Services (APS) received **16,433** referrals of suspected elder and dependent adult abuse and neglect. APS completed **11,157** case investigations and 42% of the allegation findings were “confirmed” as abuse or neglect (including self-neglect). When the elder is female, a family member or current/former spouse is the abuser in 60% of cases. A dependent adult is abused by family members in 63% of confirmed cases of abuse.

Of completed cases confirmed for elder abuse or neglect by other, 21% (761) physical abuse, 37% (1,319) mental suffering, 36% (1,303) financial abuse, 5% (179) neglect, and 1% (22) sexual abuse/isolation/abandonment.

- In confirmed elder abuse cases, 16% of the clients had some type of cognitive impairment. In 21% of “confirmed abuse by others” cases, the suspected abuser has a history of substance abuse. (In 58% of elder confirmed abuse by other, the suspected abuser had a history of substance abuse or it was unable to be determined if the suspected abuser had a substance abuse history).
- The suspected abuse was a Formal Paid Caregiver (15% of the confirmed cases) or an Informal Unpaid Caregiver (18% of the confirmed cases).

Source: *Adult Protective Service (APS), Health and Human Services Agency*

Behavioral Health Services (BHS), Health and Human Services Agency (FY 2019/2020)

There were **14,099** clients served by BHS’s child/youth/family services. Of these clients, 66% reported they had “experience of traumatic event(s)” and 63% reported they have experienced “trauma.” Additionally, 32% reported they had “history of domestic violence” and 0.1% reported to PERT current domestic violence.

The ethnicity of those clients served through BHS services included: 63% Hispanic, 10% Black, 19% White, 3% Asian, and 4% Other.

Regional Breakdown:

- (42%) North
- (22%) Central
- (15%) East
- (20%) South (2,755)
- (1%) Unknown (148)

Victim Assistance Program, San Diego County District Attorney’s Office (SDCDA) (CY 2020)

Victim Advocates are focused on providing assistance to victims of violent crimes. In 2020, they assisted **14,444** crime victims. This assistance included **1,595** crisis interventions and **20,067** resources and referrals. In addition, they provided case status to **7,233** victims and court accompaniment to **488** victims. Victim Advocates also assisted in filing **3,525** applications with the Victim Compensation Board.

Joint Powers Claims Unit, SDCDA

The Joint Powers Claims Unit processed **1,425** claims from victims of violent crimes and **2,802** bills from victims and service providers. The unit facilitated payment of over **\$1.2 million** from the California Victim Compensation Board.

Criminal Restitution Recovery Unit, SDCDA

This unit helped to obtain and complete **522** orders and restitution fines totaling **\$598,461**. The unit secured restitution for the State Victim Compensation Board in the amount of **\$347,023** and over **\$2.6 million** in victim restitution.

Law Enforcement (CY 2020)

In 2020, there were **17,217** domestic violence case reports taken by law enforcement in San Diego County.

Regional Breakdown:

- (27%) North
- (19%) East
- (18%) South
- (37%) Central

The following totals reflect case reports taken by law enforcement in San Diego County:

- 7,168 Sexual Assault, child abuse, Elder Abuse and Human Trafficking

Prosecution - Family Protection Division, SDCDA (CY 2020)

Case Type	Cases Filed
Domestic Violence	2,293
Elder Abuse	408
Child Abuse	305
Animal Cruelty	26

Source: San Diego County District Attorney’s Office

Domestic Violence Homicides

On average, there are 13 domestic violence (DV) homicides in San Diego County each year (CY 1997-2020).

- DV homicides made up 14% of all homicides in San Diego County.
- One third (33.3%) of the DV homicide cases were homicide/suicide cases.
- 42% of domestic violence homicides between 1997-2020 occurred in the North Region of San Diego County.
- While one in five homicide victims in San Diego County are female, more than four in five DV homicide victims are female.
- Blacks make up 5.5% of the population in San Diego yet they are 15% of the DV homicide victims.
- The offender was a former partner in nearly one third (28%) of the cases.
- In 2019, there were 13 domestic violence homicide victims of which the suspect was a current or former intimate partner and there were four other homicide victims (e.g., family member, new boyfriend, bystander) who died during domestic violence incidents. There were five offenders who died by suicide.
 - Of the 13 DV homicide cases:
 - 46% occurred in the north region
 - 31% occurred in the central region
 - 15% in the east region
 - 8% in the south region

Source: County of San Diego Domestic Violence Fatality Review Unit

Methodology for the November 2020 Crime Victim and Survivor Summit

The methodology for the Summit included feedback and recommendations from the Victim and Survivor Advisory Board Meetings, survey data collected from community partners in the “Victim Services Stakeholders Committee” survey (VSSC survey), a pre-summit survey, and data and recommendations collected from the morning and afternoon strategic learning and planning sessions at the Summit.

Victim Services Stakeholders Committee (VSSC) Survey (July-August 2020)

The “VSSC Survey” was provided to over 50 community partners and stakeholders required by a California Office of Emergency Services grant solicitation. This grant required a victim services stakeholder committee comprised of required individuals from different disciplines including Adult Protective Services, Cal-OES funded Domestic Violence Assistance programs, Child Protective Services, the Courts, District Attorney, Behavioral Health, Police Departments and Sheriff, the disabilities community, emerging victim populations, Office of the Ombudsman, school districts and schools, teens, tribal governments and service providers, Family Justice Centers, Human Trafficking Task Force, Immigrant and Refugee Communities, and LGBTQIA+ communities. The VSSC Survey requested data from respondents that they believed would be

helpful in identifying gaps and needs in direct victim services in San Diego County. The survey asked respondents to rank the most current needs and priorities that should be addressed with funding in San Diego County. The survey asked for open-ended feedback and details on top ranked priorities, and open-ended responses describing survivor/victim populations that have been affected disproportionately and whose needs should be addressed through additional funding. Staff representatives from the following organizations completed the survey: Aging and Independent Services, Health and Human Services Agency, Sheriff's Department, San Diego Police Department, Chula Vista Police Department, Salvation Army – Door of Hope, County of San Diego Probation Department, San Diego Family Justice Center, San Diego County District Attorney's Office, International Rescue Committee, Inc., San Diego Youth Services, Generate Hope, Community Resource Center, Rady Children's Hospital, Chadwick Center, County Behavioral Health Services, HHS, License to Freedom, North County LGBTQ Resource Center, South Bay Community Services, San Diego City Attorney's Office, Palomar Health Forensic Health Services. After two separate stakeholder virtual meetings, the VSSC devised a "VSSC Plan" that is found in APPENDIX – C.

The VSSC survey identified the following as the top five victim groups with the most current needs that should be addressed with available funding:

- Domestic Violence
- Sexual Assault
- Child Abuse
- Human Trafficking
- Elder Abuse

The VSSC survey results identified the following top priorities for services and funding to address current gaps and needs:

- Case management services/resource navigation/advocacy services for survivors/victims
- Emergency assistance (e.g., food, clothing, transportation, security deposits, legal filing fees, relocation expenses, lock changes)
- Mental health services for primary victims (e.g., trauma focused therapy)
- Short-term hotel stays/emergency housing assistance
- Temporary Restraining Order (TRO) clinics/legal assistance

The primary group disparities identified by the VSSC survey included (gaps/needs to be addressed):

- Regional access – especially in north and east regions
- LGBTQIA+ trauma treatment that is culturally appropriate
- Immigrants/refugees/asylum seekers/forcibly displaced
- Language access – Spanish, Arabic, Tagalog
- At risk disabled/dependent adults/elders (e.g., cognitive impairment/dementia)
- Victims with trauma, mental health and/or substance use challenges
- Racial groups – Latino, Middle Eastern

- Transitional Age Youth/Homeless Youth
- LGBTQIA+ youth
- Victims of HT/CSEC- Human Trafficking/Commercial Sexual Exploitation of Children

Data was also shared by VSSC members. North County was identified as an area with substantial victim service needs:

- 44% of referrals for allegations of abuse and neglect per Child Welfare Services, HHS reported (FY 2018/2019)
- 42% of child/youth/family services of clients served per Behavioral Health Services, HHS (FY 2019/2020)
- 35% of Domestic Violence incidents reported to law enforcement (CY 2018)

Survey Data – Crime Victim and Survivor Summit Pre-Summit Survey:

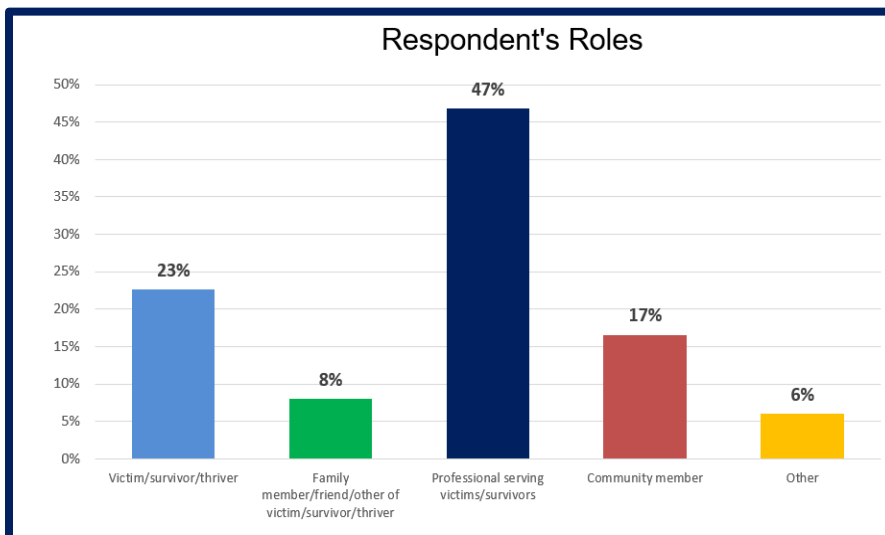
A survey link was provided to all Summit invitees which included a wide variety of victims/survivors/thrivers, family members, professionals serving victims/survivors/thrivers, community members, and “others.” Responses were collected from 10/11/20 to 11/17/20 and totaled **191 unique respondents**.

The respondents included those who identified as “victims” (7%), “survivor/thrivers” (15%), “family member/friend/others with relationship to victims/survivors/thrivers” (8%), “professionals serving victims/survivors (47%),” “community members” (17%), and “others” (6%).

*Others included staff from such sites as churches, educational settings, firefighters, prevention positions, and administration.

Respondents could select more than one role with which they identified (n=314 responses).

Graph 1
Self-Identified Roles



The respondents who identified as victim/survivor/thrivers were asked to share what past victimization they have experienced, if they were comfortable to disclose that information (i.e., optional question).

Respondents could select more than one category with which they identified (n=182 responses).

Table 1
Self-Identified History of Victimization

Intimate partner violence (domestic violence)/teen dating ab	20%
Sexual assault	16%
Child abuse (physical, sexual, neglect, emotional)	15%
Bullying	12%
Burglary/robbery/theft	7%
Survivor/family member of a homicide victim	5%
School based victims	4%
Gang violence	3%
Elder abuse	3%
Sex trafficking	3%
Hate crime	2%
Human trafficking	2%
Political persecution	2%
Dependent adult abuse	1%
DUI/DWI incident	1%
Commercial Exploitation of Children/Child pornography	1%
Other	3%
	100%

The respondents who identified as professionals serving victims/survivors/thrivers, were asked to indicate in which fields they work. Table 2 below includes their responses.

Respondents could select more than one field in which they currently serve (n=276 responses).

Table 2
Fields of service of professionals serving victims/survivors/thrivers

Social Service/Advocacy	24%
Behavioral Health	17%
Criminal Justice/Legal	14%
Education	12%
Other	16%
Healthcare	8%
Faith-Based Setting	6%
Military	3%
	100%

Respondents who identified as professionals serving victims/survivors/thrivers, were asked to indicate in which region they work. Table 3 below includes their responses.

Respondents could select more than one role they identified (n=153 responses).

Table 3

Region of professionals serving victims/survivors/thrivers

South Region	18%
East Region	10%
North Region	26%
Central Region	46%
	100%

What is Working Well in San Diego County

Respondents were asked to describe (open-ended) what they believe is working well when thinking about our county’s system across the Three Intercepts: Pre-Crime, Acute Crime, and Post-Crime.

Responses from the survey are contained in APPENDIX – B.

Gaps/Needs/Recommendations in San Diego County

Respondents were asked to describe (open-ended) what they believe are the current gaps and needs when thinking about our county’s system across the Three Intercepts: Pre-Crime, Acute Crime, and Post-Crime.

Responses from the survey are contained in APPENDIX – B.

Crime Victim and Survivor Summit (November 2020):

District Attorney Summer Stephan hosted the first of its kind *Crime Victim and Survivor Summit* on November 9, 2020 in the middle of a global pandemic and in the middle of an important national dialogue about racial equity. Because of the District Attorney’s Office’s constitutional and operational responsibilities in the criminal justice system, the DA’s Office was in a uniquely suited position to host stakeholders from every discipline dedicated to bringing victims through the criminal justice process. DA Summer Stephan’s purpose was to convene the community to identify gaps and needs in direct victim services and then to outline best practices and solutions through the lens of promoting inclusiveness and racial equity. Summit attendees dedicated themselves to elevating the survivor voice in a collective discussion of priorities for programming, funding, legislation, and public safety. The morning session began with a keynote from Dr. Vincent Felitti, the co-principal investigator of the internationally recognized Adverse Childhood Experiences Study (ACES) which revealed a powerful relationship between our emotional experiences as children and our physical and mental health as adults. The morning continued with a series of “strategic learning” and “Hope Talks” given by survivors, community leaders, health care professionals, and non-profit leaders to educate the audience about potential areas for discussion in the afternoon session. The afternoon was dedicated to a “strategic planning” session using an evidence-based learning tool called “Sequential Intercept Mapping” where Summit participants collaborated and identified gaps and needs across three intercepts of criminal justice: 1) before the crime itself, such as family of origin, school and health systems 2) the actual crime and all responses to the actual crime, and 3) the post-crime continuum of care for the survivor. Multiple recommendations were discussed, and evidence-based solutions were provided. Those solutions for change live in this document and will serve as guideposts for positive change.

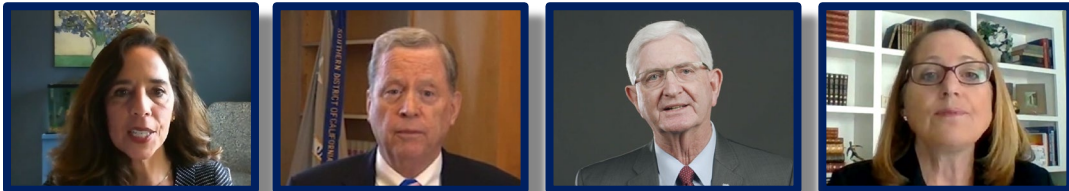


(Click image to watch a news story about the Summit)

The Diversity of the Summit Attendees:

More than 1,335 different individuals, agencies and organizations were invited to the Summit and asked to complete a survey about what they identified as the gaps and needs in crime victim services and response. There were 331 virtual summit participants, and 205 virtual summit strategic planning participants, representing over 160 different organizations and agencies. They came from five different and important cohorts of champions for the victim voice: (1) victims, survivors and family members of victims and survivors (2) victim service providers (3) government agencies (4) the community at large that holds victims and survivors in their care or who come in contact with our survivor population -hospitals, health care, banking institutions, schools (5) business or philanthropy professionals.

Elected Officials and local and national leaders who virtually attended to welcome the attendees included **San Diego City Attorney Mara Elliott, United States Attorney Robert Brewer, San Diego Sheriff William Gore, and the United States Department of Justice Principal Deputy Director of the Office on Violence Against Women, Laura Rogers.**



(Click grouped photos to see morning welcome remarks)

The focus of the day was on victims and survivors, with a recognition that there is much to be done to serve offenders and participate in forms of restorative justice. A call to action was made to elevate the victim voice which sometimes takes second seat in important conversations about reform and prioritization of resources. For instance, the innocent children of gang offenders need to be able to receive treatment services, but they currently do not qualify for many state or federal compensation programs even though they too, are victims. When victims of sexual assault are ready for services emotionally, it may be too late for them to qualify for government compensation because their disclosure was too remote from the actual crime.

The Summit included a morning “Strategic Learning” session and an afternoon “Strategic Planning” session.

Morning Strategic Learning and “Hope Talks”



Keynote Speaker: DR. VINCENT FELITTI

Kaiser Permanente Medical Care Group
The University of California San Diego, California

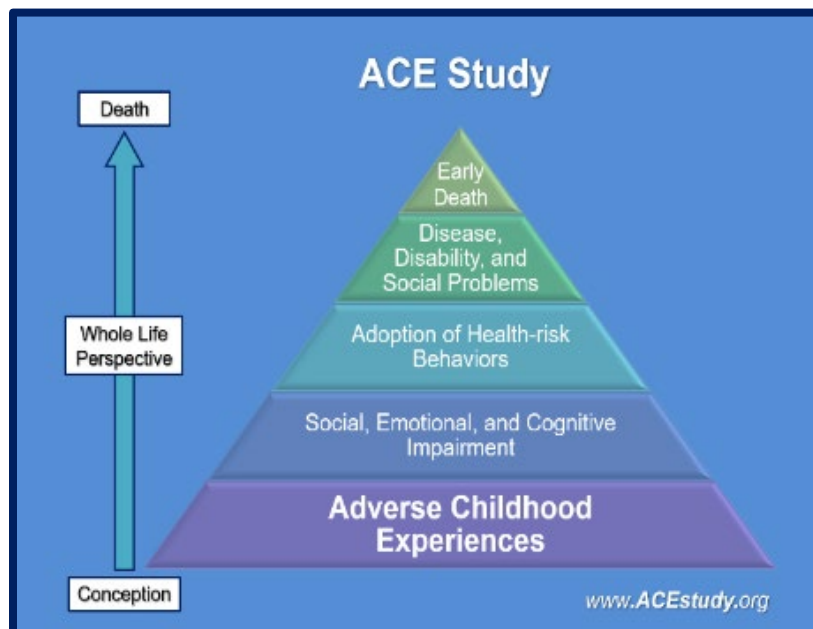
Adverse Childhood Experiences and their Repressed Relationship to Adult Well-being, Disease, and Death

(Click photo to see video presentation)

The keynote speaker was Dr. Vincent Felitti, a renowned physician and researcher. He is one of the world’s foremost experts on childhood trauma. Leading the charge in research into how adverse childhood experiences affect adults, he is the co-principal investigator of the internationally recognized adverse childhood experiences study, a long term, in-depth analysis of over 17,000 adults. Defying conventional belief, this study famously revealed a powerful relationship between our emotional experiences as children and physical and mental health as adults. Dr. Felitti was the founder of the department of preventative medicine for Kaiser Permanente and served in that role for over 25 years and has become an important voice advocating for the wellbeing of children everywhere. Dr. Felitti provided the foundation for the day – that childhood trauma can be a springboard for a lifetime of pain. He challenged the audience to think about their work and their own lived experienced and gave a call to action that we must consider the whole health healing of those who have suffered abuse as children. His lecture provided the baseline for the educational sessions that followed.

IDENTIFIED BEST PRACTICE:

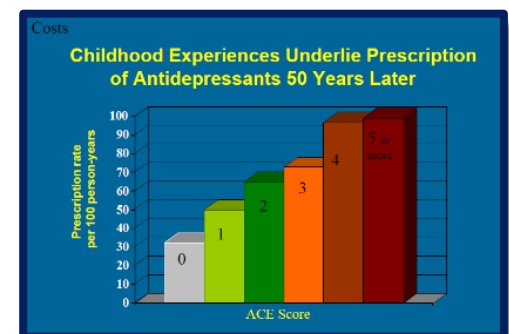
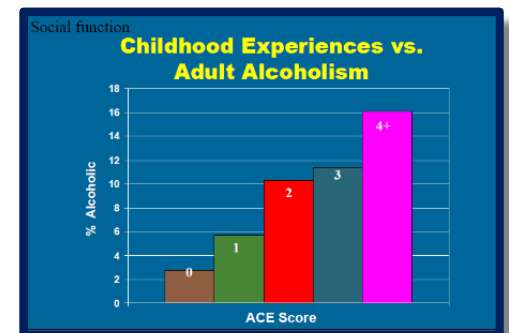
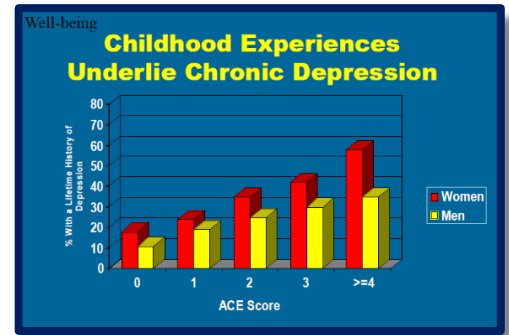
- Screen for ACES upon intake to develop best long-term care plan.
- Prioritize, Develop and Implement Parenting Classes that Educate about ACES.



Swimming Upstream of the Problem and Asking the Needed Questions

Adverse Childhood experiences have been proven to play a major role in one's long-term health and stability. The challenge is that often, systems and professionals don't ask these questions about one's childhood lived experience because it's too secret, too private, or they are concerned about what to do in the aftermath of a disclosure of childhood abuse. So, we leave it alone. And, as Dr. Felitti wrote, we had our own "ignorance against the routine exploration of certain areas of human experience."¹⁴ The famous ACES study originated locally in a Kaiser Permanente San Diego obesity clinic. The researchers found many patients sabotaging their own weight loss success when major weight loss occurred. Further investigation revealed that many of the patients had childhood life experiences that effected their relationship with food as a comfort tool. One former rape victim who gained 105 pounds in the year after her rape commented, "overweight is overlooked and that's the way I need to be."¹⁵ The ACE study asked patients about 10 different stressful traumatic life experiences and assigned a score for each experience. The categories included: Psychological (by parents), Physical (by parents), Sexual (anyone). Emotional, Physical, Alcoholism or drug use in the home, divorce, or loss of biological parent under age 18, depression or mental illness in home, mother treated violently, and imprisoned household member. The methodology of the study was asking two groups of adult Kaiser health plan members whether they would help researchers understand how childhood experiences might affect health later in life.¹⁶

To answer the question "does time heal," the study found time does not heal. Rather, "time conceals, and resilience is real but partial, and is too commonly attributed merely because of the achievement of focal economic or social success."¹⁷ As one's ACE score increases, so does the risk of disease, social and emotional problems. With an ACE score of 4 or more, one's health risks are considerably greater. With an ACE score of 6, there is a 4,600% increase in the likelihood of later becoming an injection drug user when compared to the likelihood at ACE score 0. At ACE



¹⁴ Felitti VJ, Anda RF. The Lifelong Effects of Adverse Childhood Experiences. Chapter 10 in v2 of Chadwick's Child Maltreatment (3 vols). STM Learning, St. Louis. 2014, page 205.

¹⁵ Felitti VJ, Anda RF. Ibid., page 204.

¹⁶ Ibid.

¹⁷ Ibid., p. 206.

score 6 or higher, life expectancy shortens by 20 years.¹⁸ ACE scores have been linked with a higher rate in adults of adult alcoholism, chronic depression, and the risk of perpetrating domestic violence, smoking as an adult, suicide attempts, impaired worker performance, COPD, and rates of antidepressant prescriptions.¹⁹

The Facts: 1 in 6 adults experienced four or more types of ACEs. At least 5 of the top 10 leading causes of death are associated with ACEs. Preventing ACEs could reduce the number of adults with depression by as much as 44%. 61% of adults had at least one ACE and 16% had 4 or more types of ACEs. Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.²⁰

This puts those of us in the “helping professions” in a dilemma. How can we truly help if we don’t know about one’s past? But are we triggering or re-traumatizing the person by asking? The message from this study is a call to action for professionals to move from a symptoms-based approach to more of a preventative approach – simply by asking the questions about childhood experiences. Once healthcare providers and other social service providers ask the questions, they can better anticipate and recognize current risks or future risks and more effectively connect those patients to treatment and support. Raising awareness about ACEs can help shift the focus from individual responsibility to coordinated community solutions and reduce stigma around seeking help for survivors of childhood trauma.

Strategic Learning: Hope Talks

The morning Strategic Learning session showcased 20 different educational segments referred to as “Hope Talks.” One of the goals of the day was to provide hope to all those in attendance.



BRENT KING

“Protecting the Victim Voice”

(Click photo to see Hope Talk video)

Our first speaker was a friend and cherished member of our San Diego family – Brent King. When Brent’s treasured daughter Chelsea went missing in March 2010, our entire county felt our hearts stop and felt the pain for both his family and the family of another cherished teen, Amber Dubois. Brent once wrote a letter to our community that thanked San Diego for “wrapping your arms and hearts around us...you helped us find the strength to draft and enact laws that now provide protection for more than 17 million kids and to help create the sunflower scholarship program which has awarded over \$650,000 to amazing students heading off to college as Chelsea dreamt of doing.” Brent has turned tragedy into triumph in founding a tremendous organization called *Protect the Joy*. He described that there is always a balance that has pain on one side and joy on the other, and that “pain and growth are two

¹⁸ Brown DW, Anda RA, Tiemeier H, et al. Adverse childhood experiences and the risk of premature mortality. *Am J rev Med.* 2009; 37; 389-396.

¹⁹ Felitti VJ, Anda RF. The Lifelong Effects of Adverse Childhood Experiences. Chapter 10 in v2 of Chadwick’s Child Maltreatment (3 vols). STM Learning, St. Louis. 2014.

²⁰ <https://www.cdc.gov/viatalsigns/aces>

words that grow together.” Brent taught the audience that while we have laws protecting our wildlife, our natural resources, and other important environmental resources- we must not forget about our most valued resource- our children. Brent educated about the power in legislation using the example of the 2009 “Chelsea’s Law” which made sweeping amendments and changes increasing punishment for child sexual offenders. It should not take a “Chelsea” or an “Amber” for a purpose-driven legislative action dedicated to protecting children. Brent advocates that “through the combined power of legislation and community, we protect the innocence of childhood.” Learn more about Brent’s foundation at www.ProtectTheJoy.org.

IDENTIFIED GAP:

- Lack of legislation focused on protection of children.

BEST PRACTICE SOLUTION:

- Prioritize, research, sponsor and pass legislation focused on protection of our world’s most precious resource: our children.



THELMA MUMBIYA

“The Power of Telling your Story”

(Click photo to see Hope Talk video)

Thelma, a survivor of child sexual abuse, described what it was like growing up as a young girl of color in poverty and the power of telling one’s story. Thelma described the common reporting pattern of delaying in the disclosure of abuse and shared with the audience the power she got from going on a podcast and recounting her own victimization. Thelma educated the audience that “no one tells your story better than you,” and taught the audience about the power that comes from telling the story of abuse. She talked from the lens of a little girl in a family of color – where issues of stigma around child abuse and mental health could provide barriers to telling her parents about the abuse. She educated the audience that race and socioeconomic class can affect one’s process of disclosing trauma. She taught listeners that when she told her story that “dark monster of shame was no longer over me.”

IDENTIFIED BEST PRACTICE:

- Understand cultural competencies for victims of color and victims who grew up in poverty and how they affect one’s process of disclosing abuse.
- Thoughtfully and purposefully provide safe environments for survivors to tell their story – the survivor may not be ready to tell.



DR. KIMBERLY GIARDINA

“Gaps and Needs through the lens of Child Welfare Services”

(Click photo to see Hope Talk video)

Dr. Giardina is the director of our county Child Welfare Department and has dedicated her entire career to finding smart and strategic ways to helping protect San Diego County’s children. Dr. Giardina educated the audience from a child welfare perspective about what’s working well, and where we can improve. Child Welfare Services is working diligently with partners to improve response to Child Sexual Exploitation. Their CSEC response team, a victim-centered, multidisciplinary team of professionals responds within 90 minutes to youth identified as CSEC to connect them to appropriate services and support. Dr. Giardina emphasized the importance of forensic interviews for children suspected of abuse and neglect to get them connected to needed services, and the need for expanded resources in this area. Dr. Giardina instructed that we need to be better at providing high level mental health treatment for youth. Since the pandemic, Child Welfare has seen an increase in youth exhibiting serious mental health behaviors involving risky behaviors that make them vulnerable to being exploited. These children need specialized treatment and there simply is not enough resource to meet the demand. Dr. Giardina also educated the audience about the need for improved service delivery models to serve culturally and linguistically diverse populations. Child Welfare aims to increase partnerships with community groups that serve people of color, immigrants, and people with different abilities so that these children feel truly understood. She taught us that we can all do better at engaging fathers. Housing challenges, and the lack of male family visit coaches or parent partners are areas for improvement to help these dads best invest and engage in the lives of their children. Lastly, the pandemic has provided professionals opportunities regarding telehealth. Child Welfare Services has noticed a higher participation rate and fewer missed appointments, but recognizes that many families don’t have access to the internet or to devices that connect them to help, and that rapport building is not as ideal in the virtual setting.

IDENTIFIED GAP:

- Engaging fathers in programing designed to educate about investment in their children’s lives.
- Increased funding and prioritization for specialized mental health treatment for children.
- Improved Service Delivery Models to serve culturally and linguistically diverse populations.

IDENTIFIED BEST PRACTICE:

- Expanded funding for forensic interviews.
- Continuation of some form of telehealth options post-pandemic to promote better attendance rates and mitigate barriers of in-person appointments.



SUSAN MUNSEY and JESSICA KIM

“Surviving Human Trafficking and Paying it Forward for Change”

(Click photo to see Hope Talk video)

These two speakers shared with the audience their strength and courage and described how they navigated and successfully escaped a trafficked life. They described the importance of “swimming upstream” the problem of human trafficking and dedicating resources to the demand side of trafficking, focusing on the buyers of sex. They pointed out the importance of education in the process of healing, and the need for more funding for beds for homeless trafficked survivors in our community. They educated on the importance of being patient with victims of trafficking and being willing to put in the time it takes to build relationships upon trust. Reading resources were provided including: *Walking Prey* by Holly Austin Smith, *Runaway Girl* by Carissa Phelps, *The Body Keeps the Score* by Bessel Van der Kolk, *Trauma & Recovery* by Judith Lewis Herman.

IDENTIFIED GAP:

- Trust with Service Providers for the unique population of trafficked survivors.
- Lack of shelter beds and housing earmarked for survivors of trafficking.

IDENTIFIED BEST PRACTICE:

- Take the time to build rapport and trust. This is the key for building relationships with a trafficked victim.
- Don’t judge. Victims of trafficking are capable and didn’t want this life. They need you to help get them to the other side.



JESSICA YAFFA

“Domestic Violence Lived Experience Expert: We are the Hope Holders”

(Click photo to see Hope Talk video)

Jessica escaped years of domestic violence abuse at the hands of her intimate partner and the father of her child. Jessica taught the audience about how she turned her own horrors into hope by founding “No Silence No Violence,” a non-profit organization that assists victims and survivors of abuse. She identified gaps that exist regarding funding, as well as educated the audience about the importance of “warm handoffs” and the authentic connection of victims to other service providers. Jessica reminded the audience of the

importance of providing a safe space for survivors to come forward and report and share about their abuse. She told the attendees, “We are the Hope Holders” and taught the importance of letting survivors know they can safely trust the professionals who work in this space.

IDENTIFIED GAP:

- Service Providers may refer to organizations that don’t have actual bandwidth to meet specific needs of the victim.

IDENTIFIED BEST PRACTICE:

- Do your research about organizations to which you refer clients – and provide a warm hand-off to that organization that is detailed, personal, and authentic.



LISBET PEREZ and CARMEN KCOMT

“Understanding Barriers for our Immigrant Population: What can we do?”

(Click photo to see Hope Talk video)

Lisbet and Carmen lent their perspective about being immigrant survivors in San Diego. They educated the audience about the barriers that face battered and abused immigrants, and the complexities that exist for immigrants to report their abuse. They identified for the audience gaps in funding especially for legal services, and gaps in access to services for immigrants who may feel that such services are only available to citizens. They discussed with the attendees the basic human rights and decency, dignity and respect required and owed these survivors despite their lack of status as “citizens” in our country.

IDENTIFIED GAP:

- Lack of understanding about cultural barriers that exist for immigrant victims of abuse.
- Lack of access to free or affordable legal services for immigrant victims of abuse.

IDENTIFIED BEST PRACTICE:

- Human decency and respect are owed to every survivor regardless of whether they are a citizen or “documented” as such.
- Need for wrap-around services at a Family Justice Center with agencies equipped to assist immigrants.



TRESSIE ARMSTRONG and TAMMIE GILLIES

“Mass Critical Incidents and Crimes Targeted with Hate”

(Click photo to see Hope Talk video)

These speakers brought a perspective that we might not think of every day – but seems to have become a more common event in our nation – mass shootings, critical incidents, and crimes of hate. Unfortunately, our community has fallen prey to these incidents. We all recall the McDonalds massacre in the South Bay in 1984 and recently our Poway Synagogue shooting. We recall Grover Cleveland Elementary (1979), San Diego State University (1996), Santana High school (2001), Granite Hills High School (2001), and Kelly Elementary School (2010). These two speakers educated us on what these kinds of crimes do to a community or to an entire segment of our community that shares the same characteristic like race or religion with the victim. They taught the audience about the need to “redefine” who is a “victim” of a mass critical incident. It is not just the direct victims, but those who are affected by the ripple effects. This stretches to first responders, families of individuals who were present, and sometimes to an entire community and beyond. The speakers taught of the importance of building cultural competencies with communities when building trust with targeted populations. They provided hope and taught that these survivors and communities grow through the pain and do not have to be defined or broken by these tragic events.

IDENTIFIED GAP:

- Forgetting the “next layer” of victims in a mass critical incident, such as spouses of the teachers at the school, or first responders.

IDENTIFIED BEST PRACTICE:

- Building trust with targeted communities of hate crimes before the incident occurs.
- Recognizing the fear that pervades a community targeted by a hate crime or mass violent incident.



**DR. SHALON NIENOW MD, FAAP and
MICHELLE SHORES, RN, MSN, MBA-HC, CEN,
SANE-A, SANE-P**

“Latest Modalities that Help Kids and Adults”

(Click photo to see Hope Talk video)

When you hear phrases like “San Diego is state-of-the-art in his handling of victims of abuse,” it’s largely because of the reputation of Palomar Hospital and Rady Children’s Hospital. Dr. Nienow and Nurse Shores educated the audience about the intersection of violence and health in the care of our most vulnerable. They discussed the importance of forensic interviews for children and teens when abuse is suspected and identified a significant gap in our current fee structure for those examinations. The current fee structure whereby law enforcement is billed for these examinations is antiquated and outdated and places a barrier for children to receive a forensic interview in the first place. They identified some of the latest treatment modalities and opportunities for enhanced services such as Child Family Traumatic Stress interviews (CFTSI) and Eye Movement Desensitization and Reprocessing (EMDR) which have had great success in reducing levels of post-traumatic stress disorder in patients who have experienced trauma. CFTSI is a brief 6 to 8 session early intervention model for children and adolescents ages 7 to 18 that is implemented soon after exposure to a potentially traumatic event, or in the wake of disclosure of physical and sexual abuse. CFTSI fills a gap between acute responses/crisis intervention and evidence-based, longer-term treatments designed to address traumatic stress symptoms and disorders. The goal of this family-strengthening model is to improve the caregiver’s ability to respond to, and support, a youth who has endorsed at least one posttraumatic symptom. By raising awareness of the youth’s symptoms, increasing communication, and providing skills to help master trauma reactions, CFTSI aims to reduce symptoms and prevent onset of posttraumatic stress disorder.

IDENTIFIED GAP:

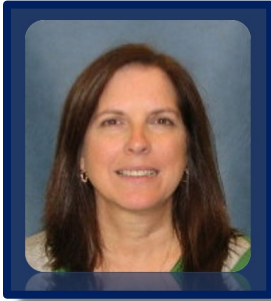
- Antiquated Funding System for Forensic Interviews.
- Lack of specified trauma-focused therapy modalities such as CFTSI and EMDR throughout the county.
- Educating law enforcement of the value of forensic medical interviews even in non-acute cases of abuse.

IDENTIFIED SOLUTION:

- Prioritize government funding earmarked for forensic interviews so law enforcement need not be billed and must choose which children receive the service.

IDENTIFIED BEST PRACTICE:

- Domestic Assault Forensic Examinations for patients suffering from serious assault cases.



LINDA PEÑA

“Helping Survivors Through the Victim Assistance Program”

(Click photo to see Hope Talk video)

The director of the largest provider of direct victim services in our county, Linda Pena educated the group about the District Attorney’s Office Victim Witness program which has 23 advocates located and co-located in all courthouses, San Diego Police Department Headquarters, and the San Diego Family Justice Center. The program assists victims of all types whether or not a suspect is apprehended. She educated the audience about the California Victim Compensation Board, the purpose of which is to reimburse out-of-pocket expenses related to the crime, and the covered crimes and covered expenses reimbursable by the state. Some of the gaps identified were that the relocation benefit (\$2,000) has not changed since 2009, and a possible solution would be to adjust the benefit amount to reflect current housing costs. Another identified gap was a \$10,000 benefit cap for counseling. A possible solution was suggested to enable victims to access the claim benefit for additional sessions.

CA VICTIM COMPENSATION COVERED EXPENSES:

- Mental Health Counseling
- Medical/Dental
- Relocation (\$2000)
- Home Security Improvements (\$1000)
- Wage/Support loss
- Funeral/Burial (\$7500)
- Payer of last resort
- \$70,000 claim maximum

IDENTIFIED GAP:

- CA Victim Compensation Board \$2,000 relocation benefit insufficient for most families to relocate when needed.
- CA Victim Compensation Board \$10,000 benefit for counseling services.

PROPOSED SOLUTION:

- Propose legislation or policies to increase the CA Victim Compensation Board relocation benefit to reflect current housing market, and to include benefits for survivors who delay in their disclosure of abuse.
- Propose that the CA Victim Compensation Board increase the benefit amount or enable victims to access other claim benefits or utilize other unused claim benefits for ongoing counseling and lifelong healing.



BROOKE HALEY

“The Healing Power of Trauma Informed Yoga”

(Click photo to see Yoga presentation)

Brooke Haley is a Trauma Informed Yoga Instructor, Meditation Instructor and Reiki Master. She is also a Domestic Violence Survivor and Advocate. She is grateful every day to teach others how to transform Trauma through Yoga. Yoga changed Brooke’s life and it is her mission to share Yoga. She believes the vast benefits of Yoga for the mind, body and soul can help heal the world. Brooke leads both private and group classes and healing retreats. You can reach Brooke at breathewithbrooke@gmail.com. In one of the breaks during the Summit, attendees had the option of participating in trauma-informed yoga poses with Brooke. Backed by science, trauma-informed yoga is the next wave in healthcare for anxiety, depression, PTSD, and more.

IDENTIFIED BEST PRACTICE

- Encourage Yoga as a therapeutic modality and a healing tool in victim services.



FERNANDO LOPEZ and TRISH MARTINEZ

“LGBTQIA+ and Native Populations”

(Click photo to see Hope Talk video)

One of the most wonderful things about living in San Diego is the rich diversity in our population - also reflected in our county’s victim and survivor population. Fernando Lopez and Trish Martinez lent their perspective on the importance of recognizing and respecting underserved populations. They discussed with the group the importance of building trust with communities that may not look like us, sound like us, or live like us, and the importance of public engagement awareness about LGBTQIA+ and native populations. Gaps in knowledge such as understanding the importance of land acknowledgement to the native community was addressed, as well as the importance of learning about these communities before one meets a survivor in their moment of trauma. A simple question to ask a member of a tribal community when wanting to build rapport is, “Who are your people?” It is imperative that we don’t first learn about the LGBTQIA+ population when we meet them after an incident of trauma.

IDENTIFIED GAP:

- Lack of understanding of LGBTQIA+ and Native populations creates barriers to reporting abuse and access to services.

IDENTIFIED BEST PRACTICE:

- Purposeful educational awareness at the agency level about cultural competencies and unique aspects of LGBTQIA+ and Native populations.
- Developing relationships built upon trust with Native and LGBTQIA+ populations before moments of crisis.



BEV BRAVO and GINNY SCHARBARTH

**“A Mother’s Pain
Provides Silver Linings for Others”**

(Click photo to see Hope Talk video)

Bev Bravo and Ginny Scharbarth are mothers whose children were murdered. They have each gone on to honor their legacies by bringing support and hope to our communities. They advocated that the laws holding murderers accountable should be harsher, and that a gap exists because early releases from prison are occurring for individuals who murdered another. They shared the fear that their loved one’s murderer would get out early or not serve a complete term. They educated the audience on things that people sometimes say to the families of a deceased loved one that are not helpful, and can be hurtful (for instance, “your daughter is in a better place.”). These mothers reminded the audience that families of murdered children need space and time and a trusted individual to help. Often, they are “lost and just need a guide.”

IDENTIFIED GAP:

- Lenient laws surrounding murder and parole for murderers.

PROPOSED SOLUTION:

- Vigilant legislative support to ensure murderers serve their complete sentence.

IDENTIFIED BEST PRACTICE:

- Consider the children orphaned to murder and track and fulfill their needs for services and support.



SCOTT PIRRELLO

“Elder Scams and Abuse and Getting Ahead to Protect our Seniors”

(Click photo to see Hope Talk video)

Deputy District Attorney and Director of Elder Abuse Prosecutions Scott Pirrello described the importance of protecting and preventing elder abuse from his lens as a career prosecutor of these crimes. He identified three gaps 1) the need for more resource allocation for specialized law enforcement elder abuse and dependent abuse detectives within local police and sheriff agencies, in order to develop an expertise and coordinated response in this area 2) a lack of understanding about elder abuse scams by the community and even the professionals who work with the senior population and 3) the importance of understanding the prevalence of elder abuse that occurs in licensed care facilities.

IDENTIFIED BEST PRACTICE:

- Assigning specially trained elder and dependent abuse law enforcement personnel to investigate these cases.
- Training and awareness of elder abuse occurring at licensed care facilities and the need for multi-agency approach.

IDENTIFIED GAP:

- Lack of understanding of gift card scams targeted to the elderly.



VERNA GRIFFIN-TABOR

“Abuse Survivors Needs Us Now More than Ever”

(Click photo to see Hope Talk video)

Verna Griffin-Tabor educated Summit attendees about the importance of advocacy for survivors and described some of the silver linings during the pandemic for the response to helping survivors of abuse. Her Rape Crisis Trauma Center has found that video and remote appointment options have mitigated barriers such as childcare issues, transportation, and for those struggling with physical disabilities. She challenged the audience to continue to find creative ways to safety plan with survivors remotely and to find ways to let survivors know that help and hope is available. Verna suggested solutions such as more funding and prioritization around prevention. For instance, as she described, sexual and intimate partner violence is not inevitable- it's completely preventable. Verna provided real solutions such as 1) the purposeful investment in education for youth around topics of consent, boundaries, healthy relationships and conflict resolution 2) a countywide effort to bring the “Start By

Believing” awareness campaign to our community²¹ 3) to educating the public about the extremely low percentage of false allegations that exist in the research around sexual assault 4) stop the blaming of victims 5) continuation of Domestic Assault Forensic Examinations and the addition of funding for confidential advocacy surrounding these examinations 6) training law enforcement in the Forensic Experiential Trauma Interview tool (FETI²²) which his based on the neurobiology of trauma and reducing a victim’s post-traumatic stress and 7) the need for a North County Family Justice Center where victims can go to one place for all of the services they need.

IDENTIFIED BEST PRACTICE:

- The regionalization of Family Justice Centers, so all survivors have access to services and supports under one roof.
- Domestic Assault Forensic Examinations.

IDENTIFIED GAP:

- Lack of public awareness of the extremely low percentage of researched false allegations of rape.
- Lack of educational awareness to youth about issues of consent, boundaries, and healthy relationships.



CASEY GWINN

“Family Justice Centers as the Providers of HOPE”

(Click photo to see Hope Talk video)

When one hears the name Casey Gwinn, titles like pioneer, innovator, and champion of change come to mind. After his service as the San Diego City Attorney, Casey went on to build a masterpiece – his dream of opening the first ever Family Justice Center in the world. There are now over 150 Family Justice Centers across the country and in more than 20 countries across the world. Casey educated the audience about the importance of recognizing the “science of hope,” which can be measured, and should be measured with survivors of abuse to recognize resiliency and measure forward progress. He encouraged service providers to screen for “hope” at intake utilizing the Adult Hope Scale (AHS) and Children’s Hope Scale (CHS) and upon exit interviews, and the importance of sharing those scores with the survivor so they can see how far that have come. Casey described the research and evidence in this area, outlined by him and Dr. Chan Hellman, from Oklahoma University.²³ Casey described the importance of expanding the Family Justice Center framework to other areas of San Diego County since all victims of abuse should have equal

²¹ www.startbybelieving.org

²² www.certifiedfeti.com

²³ Hope Rising: How the Science of HOPE Can Change Your Life (2018), C. Gwinn, JD, D. Hellman, MD. Morgan James Publishing

access to wrap around services and supports without having to traverse our 4,567 square mile county. Casey also educated attendees about how Family Justice Centers are seeds of actual criminal justice reform. He brought the day full circle, explaining that when we don't interrupt cycles of abuse early, and intervene when kids have experienced trauma, we cannot eradicate racial inequities and potential prison pipelines that get in the way of children being successful. Family Justice Centers are the quintessential form of responsible criminal justice reform and a model that works. Casey reminded the audience, "that hope is measurable, hope is malleable, and it changes lives."

IDENTIFIED BEST PRACTICE:

- Need for regionalized Family Justice Centers with co-located law enforcement and other community-based agency partners.
- Family Justice Centers are one solution to eradicating racial and social inequities – treating the trauma before it results in criminality or a pipeline to prison.
- Screen patients, clients, victims, and survivors for hope and then cultivate increased hope in their lives as a pathway to safety, healing, and well-being.

IDENTIFIED GAP:

- Lack of purposefully screening for "Hope" and utilizing the validated "Hope Scale" since hope is the best predictor of well-being in trauma survivors.

Shared Quotes and Video Messages of Inspiration



At the blueness of the skies and in the warmth of summer, We Remember Them.

--Sylvian Kamens and Rabbi Jack Reinner

Survivors of abuse show us the strength of their personal spirit every time they smile.

--Jeanne McElvaney

It is easier to build strong children than to repair broken adults.

--F. Douglas

History despite its wrenching pain, cannot be unlived, but if faced with courage need not be lived again.

*--Maya Angelou
On the Pulse of the Morning*

One child, one teacher, one book, one pen can change the world.

--Malala Yousazai



What we once enjoyed and deeply loved we can never lose, for all that we love deeply becomes part of us.

--Hellen Keller

An abnormal reaction to an abnormal situation is normal behavior.

--Victor E. Frankl

The deeper that sorrow craves into your being the more joy you can contain.

--Khalil Gibran



No one ever told me that grief felt so like fear.

--C.S. Lewis

All the art of living lies in a fine mingling of letting go and holding on.

--Havelock Ellis



Watch the Summit's entire Strategic Learning Session (approx. 4-hours)

--- [Click HERE](#) ---

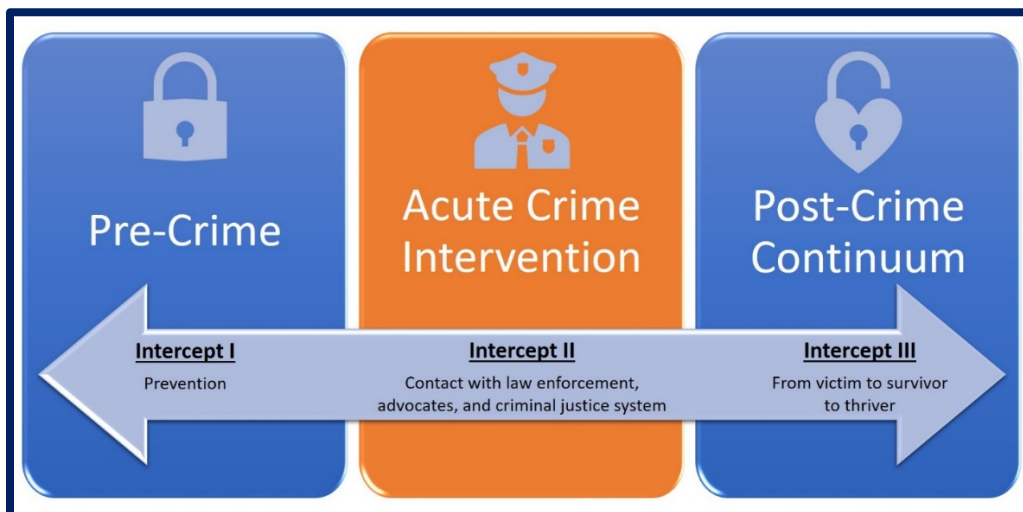


Afternoon Strategic Planning

The afternoon consisted of 11 virtual classrooms staffed with two facilitators, a scribe and timekeeper, as well as an on-call advocate. The classrooms were populated with a diverse grouping of participants from different areas of the county. The facilitators utilized a sequential intercept mapping strategic planning tool to draw out discussion surrounding the following four areas regarding our collective response to direct victim services:

- What is working well in this space?
- What are the gaps/challenges/opportunities for change or improvement?
- What are the recommendations to fill those gaps or make those changes?
- Is there any legislation that may be needed?

The three intercepts used were pre-crime, acute crime intervention, and post-crime continuum as depicted here:



There was some crossover in some of the identified gaps, and many gaps fell into multiple intercepts (pre-crime, crime incident, and post-crime continuum). Additionally, a common theme was the identified need for co-located partnerships in one location. The following recommendations for improving the response to direct victim services emerged from dedicated Summit participation from stakeholders across varied disciplines. These recommendations are in line with the County's Live Well San Diego vision to build a region that stands for living safely, living better, and thriving.

Below are summaries of the findings from those sessions.

Recommendations for Improvements Across Three Intercepts

INTERCEPT I:

Pre-Crime (Prevention)

In the area of prevention, things that were working well included awareness efforts and campaigns such as *The Ugly Truth* (human trafficking) which spread awareness on bus stops and billboards throughout the county,²⁴ *Now is the Time* (domestic violence), *Project Roots* (addresses root causes of gender-based violence) by Project Concern International, *PROTECT by 3Strands Global Foundation*, and the *kNOw MORE* (human trafficking) educational awareness program in schools, and *Don't Get Hooked* (elder scams). Strengths also included the fact that San Diego County has already developed local protocols for Child Commercial Exploitation, Child Victim Witnesses, Elder Abuse, Domestic Violence, and law enforcement response to Strangulation. Additionally, our county has several cross-disciplinary collaboration teams that share information when legally appropriate such as the *Human Trafficking and Commercial Sexual Exploitation of Children (CSEC) Advisory Council*, *San Diego Domestic Violence Council*, *Elder Protection Council*, *Child Fatality Review Team*, *Elder and Dependent Adult Death Review Team*, and *The Domestic Violence Fatality Review Team*.

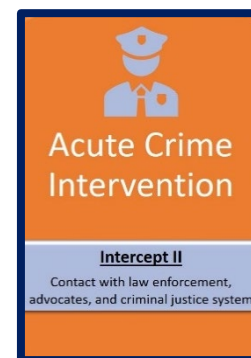


Identified gaps and needs in the area of prevention included increasing the availability of school based social workers and counselors for support, providing non-stigmatizing mental health services for early intervention, conducting ACES screening at schools and victim service agencies, and the lack of standardized mandatory reporting procedures at all school districts. A complete list of the strengths and recommendations for improvement can be found in APPENDIX – B.

INTERCEPT II:

Acute Crime Intervention (Contact with law enforcement, advocates, and criminal justice system)

In the area of acute crime intervention, identified strengths included collaboration between cross-disciplinary partners such as *Child and Family Team Meetings*, *Human Trafficking Task Force*, *San Diego Family Justice Center*, *Domestic Violence Response Teams*, *DV High Risk Case Response Teams*, *CARE Center*. Extended Foster Care, trauma informed care (TIC) model with Child Welfare Services, and Forensic Examinations were also identified as strengths.



Recommendations for improvement included: More accessible co-located, wrap-around services for victims/survivors such as Family Justice Center models, the need for more 24/7 resources, support (e.g., advocacy, shelter), and legislative changes such as the fact that victim's name/info should not be given to the inmate in preparation for Parole hearings. Other areas of improvement included the need to ensure providers across professions understand the Child Victim Witness Protocol and reduce the number of interviews children are receiving. Other legislative changes were recommended such as changing the California Victim Compensation Board criteria to enable victims of property crimes to recoup costs. Sheriff deputies and police officers who may respond to sexual assault cases should be required to carry in their vehicles a "sexual assault kit" that includes a

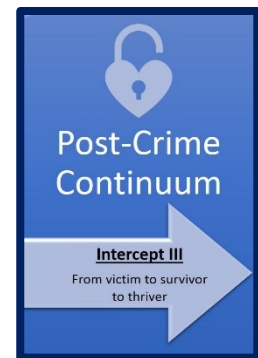
²⁴ https://www.huffpost.com/entry/san-diego-ugly-truth-ad-campaign-human-trafficking_n_577421f5e4b0cc0fa136522c

disposable, sterile blanket for the victim to sit on during transport to the SART exam and disposable, sterile clothing (if needed) that can be added to the evidence if applicable. A complete list of strengths and recommendations for improvement can be found in APPENDIX – B.

INTERCEPT III:

Post-Crime Continuum (From victim to survivor to thriver)

In the intercept involving the post-crime continuum, strengths identified included short and long-term evidence-based trauma treatment for children/youth/adults by qualified therapists trained in these interventions/modalities such as *EMDR, TF-CBT, CFTSI, and short-term psychodynamic psychotherapy*. Crime victim survivors discussed the importance of opportunities to participate in the criminal justice system such as making victim-impact statements at sentencing hearings or attending along with the prosecutor a parole hearing years after the offense. Child Welfare Services' Aftercare Services that support families with children transitioning out of residential services, along with Youth Support Healing activities such as "Camp Connect" and "Camp Hope America" which provide camping opportunities for siblings who have been placed in separate foster care homes were identified as strengths.



Recommendations for improvements included providing training to professionals across disciplines regarding Restorative Justice programs, and the expansion of peer support from individuals with lived experience. Gaps also included lack of trauma treatment programs accessible and available through school systems as well as increased housing and access to permanent affordable housing especially inclusive housing opportunities for survivors who identify as non-binary, transgender/transsexual, male victims, and survivors without children. Counselors/psychologists who specialize in treating the specific types of trauma (e.g., sexual assault) could volunteer their services *pro bono* to help provide ongoing counseling for victims for as long as necessary, well after the sentencing in the criminal case, so that victims have support throughout the entire length of the criminal process while the offender is serving a life sentence. A peer advocacy program for victims who are about to participate in a parole hearing could be developed that would provide an opportunity to talk to another victim who has been through the parole process and is willing to share their experience of how to prepare for the hearing. Legislation solutions were recommended that would elevate the victim's voice: Legislation is needed to mandate that victim names be redacted from CDCR central files and from any police report or court document before being provided to the inmate (especially in cases where the offender is a stranger to the victim). Current laws should be amended and any new legislation in the future should exclude serial offenders and One-Strike sex offenders from *any* sentence reduction or early parole programs (including but not limited to youthful offender and elder parole programs). A complete list of strengths and recommendations for improvement can be found in APPENDIX – B.

The Top 12 Recommendations

The culmination of the multi-layered intercept mapping, survey data, Victim and Survivor Advisory Board recommendations and Crime Victim and Survivor Summit strategic learning and planning participant feedback, resulted in the following 12 recommendations.

RECOMMENDATION 1:

Develop regional hubs throughout the county of co-located professional services specific to serving victims and survivors of crime and their families, commonly referred to a Family Justice Centers. These Centers are a proven model of serving victims and survivors and preventing further harm by providing a safety plan and resources that allows victims to escape from abusive situations including domestic violence, child abuse, human trafficking or elder abuse. A critical goal of these centers is to reduce homelessness driven by victims escaping abuse and violence by connecting victims to safe shelter and housing. This is a smart solution that invests in reducing generational violence and the inequities that go along with it.

The Gap: San Diego is the second largest county in California and the 5th largest in the nation with 18 cities, large unincorporated regions and home to the largest number of tribal governments. We have an excellent model in the San Diego Family Justice Center operated by the City Attorney Mara Elliott and while the downtown FJC will serve anyone, access for the victims in the North County, East County and South County is limited due to the size and distance of our region.

San Diego was the first in the nation and world to pioneer a Family Justice Center led by Casey Gwinn and Gael Strack who have since then developed the *Alliance for HOPE International* foundation that helped develop these centers across the nation. The Family Justice Center framework has been replicated world-wide and is a proven success. According to the Office of Violence against Women, documented and published Family Justice Center outcomes include: reduced homicides, increased victim safety, increased autonomy and empowerment for victims, improved offender prosecution outcomes, reduced fear and anxiety for victims and their children, reduced recantation and minimization by victims when wrapped in services and support, increased efficiency among service providers through the provision of collaborative services to victims, increased prosecution of offenders, and increased community support for the provision of services to victims and their children.²⁵ New York City, a city that also “regionalizes” its Family Justice Centers by placing one in every borough, saw a decrease of intimate partner homicides by 51% over a period of six years.

Guilford County North Carolina led the state in the number of domestic violence homicides between 2013-2014. Since opening two Family Justice Centers in 2018 and 2015, no homicides were associated with anyone seeking help from either of their centers. Finally, Family Justice Centers are the beginning seeds of responsible criminal justice reform in that they interrupt and intervene in cycles of abuse that serve to eradicate later justice involvement or prison pipelines. By treating childhood trauma and providing health, hope and healing to survivors of abuse, we stop generational cycles of abuse and longer term proven negative outcomes.

²⁵ “The President’s Family Justice Center Initiative: Best Practices,” United States Department of Justice Office on Violence Against Women, February 2007.

The newest peer-reviewed, academic research on Family Justice Centers documents significant increases in hope, resiliency, well-being, and survivor-defined goal attainment in dynamic Centers.²⁶

Victims throughout our region simply do not have equal access to dedicated victim services. Regionalizing the Family Justice Center model will bring survivors across our entire county the services and supports they need and deserve. The DA's Office is already moving this solution forward and has prioritized the North County as a first in the regional effort due to the crime data supporting this effort and is set to open the North County Family Justice Center by the beginning of 2022.

Solutions:

- ❖ Expand trauma-informed programs and services for victims/survivors inside these centers that are easily accessible by location, cost, wait time and that are linguistically inclusive.
- ❖ The co-located wrap around services should include case management, forensic, trauma treatment, criminal justice partners, housing navigation, Child Welfare, Adult Protective Services, advocacy, Restraining Order Clinic, and “thrivers services” (e.g., workforce prep, job readiness, financial literacy, peer to peer empowerment, nutritional services, “2-gen”²⁷ model) all in one setting including:
 - Multidisciplinary, mobile response services (e.g., law enforcement with advocate dispatched to crime scenes).
 - Job readiness and financial literacy classes run by community agencies.
 - Therapy services available for children, teens, adults based on evidence-based modalities.
 - Therapeutic support groups for survivors.
 - Specialized trauma treatment for LGBTQIA+, dual diagnosis, and people with developmental and intellectual disabilities.
 - Warm hand-offs for free/affordable long-term counseling.
 - Healing spaces run by people from the community (i.e., faith-based counseling, trauma informed yoga).
 - Mentorship for kids, teens, and adults; peer to peer support.
 - Trauma healing camps (e.g., *Camp Hope America*).
 - More vetting, requirements, and specialty listing for VCB therapy lists.
 - More restorative programs.

²⁶ Hellman, C. M., Gwinn, C., Strack, G., Burke, M., Munoz, R. T., Brady, S. R., Aguirre, N., & Aceves, Y. (In Press). (2021). Nurturing hope and well-being among survivors of domestic violence within the family justice center model. *Violence and Victims*.

²⁷ Two-generation approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives together. The approach recognizes that families come in all different shapes and sizes that that families define themselves. <https://ascend.aspeninstitute.org>

- Make available, trauma informed childcare services for survivors as the access therapy, work development classes, legal resources, case management/advocacy services.
- Assistance for travel/transport needs to get away from the abusive situation and access crisis and treatment services.
- ❖ Improve ways to track collective success and outcomes when serving victims/survivors in this collaborative model.

RECOMMENDATION 2:

Expand mental health and substance abuse services and interventions that are culturally competent and specific to crime victims and survivors in order to effectively address the underlying trauma supported by stable funding without artificial time limits. Currently, there are restrictions on the type of crimes that qualify victims for services and there are time limitations that can bar victims from accessing services. There are also restrictions that prevent victims from using state-of-the-art treatments for their trauma. These artificial barriers don't comport with the experience of victims who experience trauma or are re-triggered by events referred to as Post Traumatic Stress Disorder or complex trauma.

The Gap: Trauma has no boundaries. The slightest unwanted touching of someone in a position of trust or authority can cause pain for years, and financial fraud can cause emotional and physical devastation. Sometimes trauma can be experienced indirectly, such as by witnessing gang violence or repeatedly hearing gunshots in a crime-ridden neighborhood. Some victims keep the pain inside, and don't report the abuse until years later, or don't want to receive help or counseling right away, due to culture, stigma surrounding mental health treatment, or other life stressors. Victims cannot apply for reimbursement unless the crime of which they were a victim falls under a certain "list" and happened within a certain period of time from the date of application. Additionally, benefits are "capped" at amounts that don't reflect current economic practicalities. For instance, the re-location benefit is capped at \$2,000 and has not changed since 2009, and the counseling benefit is capped at \$10,000, which does not account for the realities of how much counseling people may need and for how long they may need it. Some crime victims that never reported the abuse, but yet are asked to participate later in a criminal case to establish a "pattern of abuse" by the alleged perpetrator do not qualify for compensation despite the fact their participation in the case may be extremely triggering and re-victimizing.

Solutions:

- ❖ Remove reimbursement restrictions on the time frame in which counseling must be completed to account for victims seeking necessary counseling even well after the actual crime took place.
- ❖ Remove restrictions on the types of crimes that qualify for compensation.
- ❖ Remove limitations on whether victims had to be named in the actual criminal complaint as opposed to being called to testify about "pattern" evidence.

RECOMMENDATION 3:

Implement system changes that expand the use of Forensic Interviews and forensic examinations to reduce child and adult trauma by changing the funding systems and expanding the pool of professionals that perform these interviews. Along with this needed system change and expansion is the ability to refer child victims to evidence-based trauma therapy modalities such as Child Family Traumatic Stress Interviews (CFTSI) and Eye Movement Desensitization and Reprocessing (EMDR).

The Gap: A forensic interview is an evidence-based interviewing tool where specially trained professionals interview an individual who may have had abuse or trauma inflicted upon them. The reason forensic interviews are important is because they are preserved via video so that the victim does not have to retell the story of abuse over and over again to multiple professionals. Forensic Interviews are the gold standard in providing a neutral, fact-based tool to enable victims of abuse to tell their story. Unfortunately, our two accredited Child Advocacy Centers don't serve as many children as neighboring counties and are not seeing the number of referrals necessary from law enforcement to ensure the scope of children where abuse is suspected are getting this important service. Currently, San Diego uses an antiquated "fee for service" structure. Law enforcement and Child Welfare Services must pay for these examinations (roughly \$1,400 per examination). This is a barrier, because it causes agencies to pick and choose which children will get an examination and which ones won't, when in actuality it is a best practice for all children (where abuse is suspected) to be provided these examinations. The countywide fee structure is a deterrent for law enforcement to get children interviewed, including trafficked children, individuals with disabilities, and children over 14 years of age. We must identify funding and continually train law enforcement on the importance of forensic interviews. Finally, funding and connecting the patients to recognized trauma therapy modalities such as Child Family Traumatic Stress Interviews and Eye Movement Desensitization and Reprocessing after the forensic interviews are a best practice to reduce PTSD and other lingering effects of trauma.

Solutions:

- ❖ Consider utilizing a foundation or leverage integrated services money or make an ask of the countywide Child and Family Strength Advisory Board to set aside county funding each year for this critical service to our most vulnerable children.
- ❖ Change funding system for Forensic Interviews so that law enforcement is not billed "per examination" to bring San Diego county on par with neighboring counties.
- ❖ Develop funding sustainability for Domestic Assault Forensic Examinations.
- ❖ Bring the rights to an evidentiary examination for victims of domestic violence and elder abuse on par with victims of sexual assault through legislative change.
- ❖ Fund and connect victims of trauma to scientifically recognized trauma treatment modalities such as Child Family Traumatic Stress Interviews (CFTSI) and Eye Movement Desensitization and Reprocessing (EMDR) after the forensic interview to improve outcomes and reduce PTSD symptoms.
- ❖ Change systems to systematically perform and fund forensic and health-based examinations by medical professionals similar to Sexual Assault Examinations such as strangulations Domestic Violence Forensic Examination, Elder Abuse examinations and

human trafficking forensic examinations. The DA's office coordinated and led the testing of all rape kits in San Diego County which was possible due to the protocol of providing victims with sexual assault examinations. We have also seen the implementation of domestic violence forensic exams and the early positive outcomes of reduced strangulation-based homicides, but the funding is unstable. Similarly, for human trafficking examinations, we need to develop and fund a systematic way to conduct these necessary health examinations.

RECOMMENDATION 4:

Support and expand the use of technology for improved victim safety, reporting, communication, and access including 1) Electronic filing and virtual family court restraining order hearings 2) Online reporting systems for healthcare professionals to report suspicious injuries, child and elder abuse 3) Transparent and direct communications and updates with victims of crime throughout the investigation and court process, and 4) streamline reporting especially of underreported crimes such as hate crimes.

The Gap: Many of our systems are outdated and cumbersome for victims and those who serve them. Victims who petition for Restraining Orders in San Diego County commonly have to wait in lines at the courthouse, fill out paperwork, and then wait for the judge to issue an order. Courthouses are triggering and secondarily traumatic for survivors of abuse, especially if they expect to see their abusive partner at the hearing. The pandemic has resulted in the use of remote technology for some of these court hearings and victims want this to continue even after the pandemic dissipates. Health care professionals who are mandated reporters learn of abuse, but don't have a centralized and streamlined way in which to report that abuse. Having one electronic system for reporting abuse would aid these professionals and encourage more efficient and accurate reporting. Technology could be enhanced in order to foster better communication between agencies and the victims they serve.

Solutions:

- ❖ Implement or maintain virtual family court restraining order hearings so that trauma is minimized to victim.
- ❖ Develop online reporting systems for healthcare professionals to report suspicious injuries, child, and elder abuse.
- ❖ Implement transparent and direct communications and updates throughout the investigation and court process.
- ❖ Utilize technology tools like the *Handle with Care* App developed by the DA's Office, leveraging a model used successfully in another state, to allow law enforcement when encountering a child in a traumatic situation, such as domestic violence or gang violence, to alert schools with a press of a button to handle the student with care without divulging private information. This allows school counselors and staff to provide services as needed and to reduce suspensions brought about due to misunderstanding a student's lack of responsiveness or homework preparation.
- ❖ Increase access to non-emergency reporting especially for underreported crimes. The DA's Office successfully launched a non-emergency hate crimes/incidents on line reporting and hotline in the wake of the increase in hate crimes targeting the Asian

Pacific Islander communities that is open for all manner of hate crimes. This is proving to be a successful model that is being replicated for victims of wage theft and labor trafficking and victims of school-based abuse.

RECOMMENDATION 5:

Expand and fund restraining order clinics and legal services to victims that include customized safety for applicants seeking a restraining order at courthouses regardless of whether the TRO is granted or denied.

The Gap: Access to affordable legal services has historically been one of the largest gaps in service to victims and survivors of abuse. Survivors already are in crisis and don't have the means or bandwidth to fill out the paperwork on their own, or to traverse the county to file the paperwork in varied locations. A fully sufficient legal clinic, ideally co-located with other wrap around services, would enhance survivor safety as well as reduce barriers for those who want and need a restraining order. Recently, our county has seen multiple domestic violence homicide cases where a restraining order was sought or denied preceding the homicide, and this is one of the riskiest times for victims of abuse. Without accompanying safety planning and an explanation of risk to the victim, these individuals leave courthouses with increased and heightened safety risk and can be more vulnerable.

Solutions:

- ❖ Educate and engage courthouse justice partners in potential risk to petitioners of restraining orders, increase access to legal clinics that provide customized safety planning for petitioners of restraining orders.
- ❖ Increase number of accessible legal clinics that have assistance/representation for abuse-related matters.
- ❖ Include safety planning materials in restraining order petitions, in legal clinics, and/or when petitioner exits courtroom/virtual courtroom with a granted restraining order.

RECOMMENDATION 6:

Expand 24/7 victim support "live" response options to include all victims of violence and abuse where trained professionals/advocates provide support, safety planning, resource referrals, and connections to available safe shelters and hotel stays.

The Gap: Currently successful hotlines exist for Domestic Violence and Sexual Assault, and Human Trafficking and Child Abuse. However, these hotlines are operated in silos, and with no interconnectivity.

Solution: Development of a countywide 24/7 hotline with capacity to receive and refer all crime types and victim types.

- ❖ Hotline should provide support, referrals, and connections to available safe shelters and hotel stays.

RECOMMENDATION 7:

Build and increase school-based prevention education and support systems including school social workers, peer support, mental health and substance abuse therapy, and talking circles. Provide evidence-based prevention education to teachers, students and parents on child abuse, human trafficking, healthy relationships, hate crimes, gang prevention, bullying, and drug abuse.

The Gap: While schools have curriculum in health or physical education courses surrounding some of the topics below, there is no comprehensive curriculum designed for elementary and middle schools that confronts important issues head-on. In the area of human trafficking and child exploitation, San Diego County innovated a private-public partnership between the District Attorney's Office and private philanthropy to overcome the lack of funding to develop and fund an evidence-based prevention curriculum from three non-profits working together to educate teachers and students in elementary, middle school and high schools across the county. Details can be found at www.SanDiegoTPC.org. Implementation is underway and needs to be expedited in all 43 school districts. This prevention education model should be duplicated across all risk areas for children.

Solutions:

- ❖ Fund age-appropriate evidence-informed curriculum for elementary and middle school geared towards prevention of abuse and crime.
- ❖ Educate parents, students and school staff about risks and warning signs of varied forms of abuse (e.g., trafficking, child abuse, teen dating violence, sexual abuse).
- ❖ Educate parents, students, and school staff about social media/internet safety, bullying and hate crime prevention, gang prevention, and restorative practices.
- ❖ Educate parents, students, and school staff about healthy relationships, consent, safe touch, body boundaries.
- ❖ Reduce stigma behind reporting or accessing help.
- ❖ Provide easily accessible, linguistically diverse resources on how to report abuse and access help.
- ❖ Increase school-based supports such as school social workers, resource officers, peer groups and talking circles dedicated to processing grief and/or abuse.

RECOMMENDATION 8:

Expand emergency shelter and long-term stable housing for all victims especially underserved victim populations (dual diagnosis, fragile elders, immigrants, victims with children, LGBTQIA+), and remove barriers to victims with pets or families with adult developmentally disabled children.

The Gap: Housing for victims of abuse has been a gap for decades. There are not enough temporary or long-term housing solutions for those escaping abuse. Recently the DA's office supported the launch of the *So-Cal Safe Shelter Collaborative*, which provides member agencies access to a database of shelter bed availability; this solution of leveraging technology and collaboration to effectively house victims of crime proved critical during the pandemic

and is a practice that needs to be expanded beyond emergency shelters to include transitional and permanent supportive housing and the funding of hotel stays for emergencies when shelter/housing is not available and for survivors that do not meet criteria for shelters.

Solutions:

- ❖ Support development of more safe shelter beds in general and more safe shelters tailored for marginalized victim populations (e.g., dual diagnosis, fragile elders, immigrants/refugees, tribal members, LGBTQIA+).
- ❖ Increase safe shelter for minor victims and families that allow pets to remain with sheltered individuals.
- ❖ Increase capacity for pet-friendly shelter/housing/hotel options (not just service animals) including options for those escaping abuse with their pets.

RECOMMENDATION 9:

Implement regular training for victim service providers on trauma-informed, culturally competent practices, compassion fatigue, and vicarious trauma, incorporating peer-support advocacy from those with lived experience and public awareness educational opportunities.

The Gap: To be trauma-informed is not necessarily intuitive for service providers. A trauma-informed approach recognizes the neurobiology of trauma of an individual and teaches practices that appreciate an individual with a trauma history might not narrate, recall, present in ways that are consistent with others. Even experienced victim service providers need ongoing training in this space.

Compassion fatigue and vicarious trauma is a reality for professionals serving the survivor population. As the saying goes, “put the oxygen mask on yourself before helping others.” Our county has thousands of angels who give of themselves daily to serve survivors of abuse. The job is taxing, emotional, and at times traumatic for the professional. Sometimes this secondary trauma goes unnoticed until it is too late, resulting in burn-out, substance use or misuse, suicidal ideations or depression and anxiety.

Often agencies develop policies and procedures based on how they’ve always done things, or what is most efficient and risk-averse for the organization. They may not think to expand services to promote cultural competencies from populations they don’t traditionally serve, or to invite the survivor voice into discussions about policy or overall agency operations.

Finally, while countywide agencies have robust and successful advocacy programs, they may not carry as much credibility or trust with the survivors because personnel do not have victim-lived experience and cannot relate as well with survivors of abuse, especially survivors from underserved populations. Similar to *Alcoholics Anonymous*, where “sponsors” are always someone who is also an alcoholic, or drug treatment programs or human trafficking advocacy, programming can be enhanced with survivor advocates who have walked in the shoes of the clients they serve. This specialized programming can empower survivors who are in a place to be able to give back to their communities and can result in better outcomes in their personal healing process.

Solutions:

- ❖ Develop peer to peer advocacy programs that utilize ready and trained peers with lived experience of abuse/victimization to provide support and assistance such as peer groups, resource navigation, court accompaniment.
- ❖ Develop and implement peer support advocacy program for victims attending parole hearings in crimes for which life in prison is the maximum sentence. Victims with lived experience and experience with the Board of Parole hearing process can be available to assist and advise victims attending parole hearings for the first time and to help them navigate the process.
- ❖ Include thriver/survivor input in prevention and intervention service development.
- ❖ Ask peer survivor advocates to share experiences in awareness and education campaigns.
- ❖ Include peer survivor advocates from varied victim types and from diverse populations.
- ❖ Develop curriculum for and implement therapy/groups/support opportunities/healing and wellness activities for professionals serving survivors including frontline workers, therapists, advocates, criminal justice partners, and first responders.
- ❖ Increased training for law enforcement, advocates, healthcare providers, prosecutors, behavioral health providers, social service staff, and others on providing trauma informed, culturally competent responses/services to underserved/at risk populations (e.g., racial, LGBTQIA+, tribal, male victims, dual diagnosis, immigrants/refugees) on domestic violence, human trafficking, and sexual assault and address risk factors, abuse dynamics, screening, available resources, and prevalence of abuse in these populations.
- ❖ Increased evidence informed services and treatments for abuse survivors with intellectual disabilities, developmental disabilities, autism, cognitive impairments, dementia, dependent adults, and fragile elders.
- ❖ Ongoing public awareness efforts on:
 - Abuse and victimization, risks and warning signs.
 - Breaking down stigma in accessing assistance, where to access local resources, prevalence.
 - Victim Assistance Program.
 - The criminal justice system from law enforcement through the court system.
 - CWS and APS reporting and protections for reporting party.
 - Targeted outreach and engagement efforts towards:
 - Vulnerable and under-served populations of abuse/victimization survivors (e.g., Immigrants/refugee who are experiencing DV/HT/SA; how to access help without fear of legal consequences).
 - Human trafficking survivors (e.g., programs/resources; how to access help without fear of legal consequences).
 - LGBTQIA+ community; build back trust with the criminal justice system; welcoming signs in lobbies and offices.

- Fathers, men, boys; leadership programs.
- Tribal members.
- How the family members can access affordable background-checked caregiver support options for those caring for elders/developmentally and intellectually disabled/dependent adults.

RECOMMENDATION 10:

Promote legislative efforts to increase transparency in court proceedings especially Sexually Violent Predator proceedings and to increase access to victims for notification of release.

The Gap: There has been a recent trend to close public access in “Sexually Violent Predator” (SVP) proceedings which prevents their victims from being heard regarding SVP release or community placement. This runs afoul of a victims’ constitutional right to be present at hearings regarding post-conviction release of their offender, as well as the public’s right to open access to the courts.

Solution:

- ❖ Develop, encourage, and promote legislation that 1) extends the presumption of openness that exists in almost all courtroom proceedings to those that involve the *Sexually Violent Predator Act* unless compelling and extraordinary circumstances exist justifying closing the courtroom to the public and 2) that provide ample notice to the parties of potential closure of these hearings so that they may take any appropriate legal action and notify victims of the status of the case.

RECOMMENDATION 11:

Empower the voices and experiences of victims and survivors by including and consulting with them on any new legislation, program or policy that impacts them, their cases and their safety, including promoting legislative efforts to increase protection for victims in the parole hearing process.

The Gap: Victims of the most serious and heinous crimes such as serial rape and murder feel re-traumatized by the current parole process, which can be lengthy, unpredictable, and exhausting. The California Constitution bestows on victims certain rights, such as the right to expect that people convicted of committing crimes are “sufficiently punished both in the manner and the length of the sentences imposed by the court,” and to “finality in their criminal cases.” The California Constitution states that “*lengthy appeals and other post-judgment proceedings that challenge criminal convictions, frequent and difficult parole hearings that threaten to release criminal offenders, and the ongoing threat that the sentences of criminal wrongdoers will be reduced, prolong the suffering of crime victims for many years after the crimes themselves have been perpetrated. The prolonged suffering of crime victims must come to an end.*” (California Constitution Article 1, Section 28(a)(5) and (a)(6)).

The California Constitution states in no uncertain terms, “The current process of parole hearings is excessive, especially in cases where the defendant has been convicted of murder. The parole hearing process must be reformed for the benefit of crime victims.” (California Constitution Article 1, Section 28(a)(5) and (a)(6)).

Victims are afforded constitutional rights including the right to be notified of dispositions or resolutions of cases as well as custodial status changes involving their abuser. However, they are not consulted on sweeping legislative changes or laws that involve criminal justice reform. Legislators get the ear of special interest groups and many different organizations, but don't purposefully ask victims for their input.

Solutions:

- ❖ Victims who are registered with California Department of Corrections and Rehabilitation (CDCR) notification system should receive notification regarding any changes in the law that will affect the offender's parole eligibility.
- ❖ Victims should receive immediate notification regarding any change to the offender's parole status including an *explanation* for the change.
- ❖ When there is a parole hearing scheduled, the Notice of Hearing that is sent to the victim should explain *why* the inmate is being given a parole hearing (especially if the hearing is being given earlier than the original sentence term had dictated).
- ❖ Victims should be informed of identifiable risks and potential consequences at sentencing hearings so that they can make an informed choice whether to deliver an impact statement.
- ❖ Victim names should be redacted from the CDCR Central Files, court documents, probation officer's report, and any police reports/arrest records before being accessible to the offender *at any time*, especially in cases where the offender is a stranger to the victim.
- ❖ Victim names should be redacted from the central file at CDCR (including any document within the file that hasn't already been redacted) before being provided to the inmate *for any reason*.
- ❖ A monitoring system should be put in place to ensure the protection of victim identity.
- ❖ Current laws should be amended and any new legislation in the future should exclude serial offenders and One-Strike sex offenders from *any* sentence reduction or early parole programs (including but not limited to youthful offender and elder parole programs).
- ❖ Legislators, policy makers, and community leaders should invite crime victims to the table.
- ❖ Before any criminal justice reform policy is developed or implemented, victims should be able to weigh in and provide perspective and ideas about how the proposed program will affect crime survivors.
- ❖ Any proposed policy that effects the rights of justice involved individuals should be vetted through a crime survivor advisory board or legitimate victims of crime group.

RECOMMENDATION 12:

Screen for Adverse Childhood Experiences (ACES) upon intake at various touchpoints in a child's life such as the foster care system child welfare system, and the juvenile justice system in order to intervene early and reduce a child's potential for long term health consequences and future criminal justice involvement.

The Gap: Dr. Vincent Felitti's keynote speech at this summit highlighted the fact that even one adverse childhood experience can set a child on pathway riddled with further health consequences and potentially criminal justice involvement. This summit serves as a call to action for professionals to move from a symptoms-based approach to more of a preventative approach – simply by asking questions about adverse childhood experiences. Once healthcare providers and other social service providers ask age-appropriate questions about childhood trauma they can better anticipate and recognize current or future risks and more effectively connect those patients to treatment and support. Raising awareness about ACEs can help shift the focus from individual responsibility to coordinated community solutions and reduce stigma around seeking help for survivors of childhood trauma. Victim service professionals, school professionals, juvenile justice intake professionals and others who explore utilizing the ACES screening tool in cases involving Domestic Violence, Sexual Assault, Gang Violence, or other situations involving childhood trauma would give children a different pathway – one that recognizes the potential effects of that trauma and channels it towards a pathway to healing and thriving.

Solutions:

- ❖ Healthcare providers, school professionals, victim service providers, juvenile justice program providers and other appropriate professionals serving children administer the ACES screening tool in order to intervene early and mitigate childhood adversities.
- ❖ Implement parenting classes designed to educate parents about ACES and the potential adverse future consequences for children who experience trauma.

Subsequent Summit Event and Sidebar – Solution for Healing:

Screening of the documentary *Unstranger Danger*

November 17, 2020: As an extended learning tenant of the Summit, DA Stephan and her Crime Survivor Advisory Board hosted the screening of a locally filmed and produced documentary titled *Unstranger Danger*. This film was created by a local Escondido police detective Jeff Udvarhelyi. The film traces the stories and experiences of several local child sexual assault survivors, using four core pillars: prevention, investigation, prosecution, and restoration. Too often child abuse is not spoken about. But it's the secret that everyone knows. Most people do not realize that over 90% of child sexual abuse happens by someone the child knows or trusts.



The DA's Office hosted this event to increase our collective community education about child sexual abuse and bring it out from the shadows. In order to prevent and address child sexual abuse, we needed to empower the voices of victims, elevate the experience of law enforcement and prosecutors and leverage the power of the community. In recognition that the subject matter can be difficult and can trigger trauma, preparations were made to provide psychological support as needed during the screening of the film and the panel discussion thanks to the generous donation of two clinicians from the Institute on Violence Abuse and Trauma.



After the film a robust panel discussion was held with the professionals and survivors from the film. The discussion centered on the survivors' motivation for participating in the film, and their bravery for spreading this awareness. A prosecutor described what it's like handling these cases, and why it is so rewarding to meet the survivors of abuse and empower them through the criminal justice system. A forensic interview expert discussed the barriers that exist for many sexual assault victims to come forward and report the abuse. The producer, Detective Udvarhelyi, described his own experience and how that lit a fire inside him to produce the film. The survivors provided tips on what to do if an audience member were wrestling with whether to "tell." They described their lives now, and how they were appreciative of the care they received from those that helped them through the criminal justice process. Statistics were provided to the audience, for instance, that one in five girls and one in twenty boys under the age of 18 experience sexual abuse or assault at the hands of an adult. The discussion also led to a recognition that statistics in the field of child sexual assault are difficult to interpret because child sexual abuse is one of the most underreported crimes. The audience learned that child sexual abuse does not discriminate. The crime crosses all socioeconomic, racial, ethnic, gender lines. It affects every community in our county.

UNSTRANGER
DANGER

See trailer for the film here
<https://vimeo.com/334098383>

Information on male victims of sexual abuse was provided, and the fact that while men and boys who have been sexually assaulted may experience the same effects of sexual assault as other survivors, they may also face other challenges that are more unique to their experience. Some men feel they should have been "stronger" to fight off the perpetrator, many may struggle with issues of gender identity which are normal responses and doesn't mean the child wanted, invited, or enjoyed the assault.

Roughly 180 attendees virtually attended this event.

Acknowledgments from the District Attorney

I would like to thank all the victims and survivors who have endured violence and abuse, and for their bravery and willingness to lend their important voice. Thank you to the tremendous professionals and survivors who participated in the “Hope Talks” and educated our audience on best practices and identified seeds for change including: Brent King, Thelma Mumbiya, Dr. Kimberly Giardina, Susan Munsey, Jessica Kim, Jessica Yaffa, Lisbet Perez, Carmen Kcomt, Tressie Armstrong, Tammie Gillies, Dr. Shalon Nienow, Michelle Shores, Linda Pena, Brooke Haley, Fernando Lopez, Trish Martinez, Bev Bravo, Ginny Scharbarth, Scott Pirrello, Verna Griffin-Tabor, and Casey Gwinn.

Special thanks go to the facilitators and victim advocates in the strategic learning sessions, including: Jessica Lees, Marissa Bejarano, Linda Pena, Claudia Grasso, Jenny Martinson, Christy Bowles, Jared Coleman, Michelle Ialeggio, Brooke Tafreshi, Trish Martinez, Kurt Mechals, Scott Pirrello, Lisbet Perez, Sylvia Guzman, Maria Calle, Keri Duncan, Haydee Villegas, Melissa Ochoa, Melissa Diaz, Dan Owens, Ryan Saunders, Jeff Udvarhelyi, Stephen Marquardt, Alana Harrell, Michelle Shores, Rachel Castillo, Thelma Mubaiwa, Jorene Ulloa, Yadira Diaz, Meaghan Buckner, Christopher Campbell, Taraneh Sarebanha, Allison Gain, Lisa Weinreb, Leonard Trinh, Jacqueline Young, Crystal Robbins, Monique Myers, Cheryl Suing-Jones, Carmen Rodriguez.

These programs would not have been possible without the assistance of our hard working and professional staff at the District Attorney’s Office. Special thanks and recognition to Jim Kelly for putting the program and materials together to ensure everything ran smoothly; to Saul Vazquez and Patty Ramirez for their work in managing the massive invite and RSVP lists and for working onsite to launch our first ever large victim summit; Terra Marroquin, our Family Violence Prevention Specialist worked tirelessly to collect and analyze the data that came from our community.

A note of special thanks to Chief Deputy Tracy Prior for her exceptional leadership organizing the Summit and compiling this Blueprint. Also, thanks and gratitude to the extraordinary members of my Victim and Survivor Advisory Board for their vision and dedication and to all the victims and survivors that shared their stories to make our world a better place.

--Summer Stephan



APPENDIX – A
Crime Victim & Survivor Summit
Presenter Bios

Presenter Bios

(in order of agenda)

DR. VINCENT FELITTI (Keynote Speaker)

Kaiser Permanente Medical Care Group
The University of California San Diego, California

Adverse Childhood Experiences and their Repressed Relationship to Adult Well-being, Disease, and Death

Vincent J. Felitti, MD is a 1962 graduate of the Johns Hopkins Medical School. He is an internist who, subsequent to being Post Surgeon at the US Army Pine Bluff Arsenal, completed his training at Johns Hopkins and the University of Maryland and started as an infectious disease physician in 1968 at Kaiser Permanente in San Diego and then in 1975 founded the Department of Preventive Medicine; he served as the Chief of Preventive Medicine until 2001. In that setting, Dr. Felitti became co-Principal Investigator, with Robert F. Anda MD at the Centers for Disease Control, of the Adverse Childhood Experiences (ACE) Study, ongoing collaborative research between the Kaiser Permanente Medical Care Program and the CDC. The ACE Study with its more than eighty publications explores prospectively and retrospectively in a 17,337-person cohort the profound relationship of ten categories of adverse life experiences in childhood to health, wellbeing, disease, and death decades later.

Under Dr. Felitti's leadership over the years, the Department of Preventive Medicine provided comprehensive, biopsychosocial medical evaluation to assess the health risks and disease burden of over one million individual adults. Major health-risk abatement programs were developed for obesity, smoking, and stress, as well as population-based screening for the genetic disease, Hemochromatosis. He is Clinical Professor of Medicine at the University of California and a Fellow of The American College of Physicians. He is Senior Editor of The Permanente Journal and on the International Editorial Board of the Swiss medical journal, Trauma und Gewalt. Dr. Felitti has served on advisory committees of the Institute of Medicine, the American Psychiatric Association, and on the Committee of the Secretary of Health and Human Services for Healthy People 2020.

BRENT KING

"Protecting the Victim Voice"

Brent King is the founder of Protect the Joy, a nonprofit organization committed to advocating for legislation that protects children. As founder, Brent meets with policy makers at the local, state and national levels to promote new programs that will make our communities safer. Prior to Protect the Joy, Brent co-founded the Chelsea's Light Foundation in 2010, which has since provided more than \$1 million dollars in scholarships to college-level students and successfully passed legislation protecting more than 17 million children nationwide from violent sexual predators. Outside of his work in the nonprofit space, Brent has more than 25 years of executive management experience within the mortgage industry, leading a team of more than 2,000 employees within multiple disciplines.

Brent currently serves on the FBI Chicago Citizens Academy board as the chairman for community outreach, as well as the Girl Scouts San Diego board. Brent graduated from California State University, Long Beach with a B.A. in Economics. A San Diego native, he now resides in Geneva, Illinois.

THELMA MUMBIYA

“The Power of Telling Your Story”

Thelma Mubaiwa is a Crime Prevention Specialist for the San Diego County District Attorney’s Office. Thelma began her journey with the DA’s office as a teenager as part of the office’s first Youth Advisory Board. Today she works as an evidence-based assessor to uncover the needs of community members to provide services such as mental health, housing, food, prosocial activities and many more. Thelma has a passion for working with victims of crime to overcome adversity.

DR. KIMBERLY GIARDINA

“Gaps & Needs through the lens of Child Welfare Services”

Dr. Kimberly Giardina has been in the field of child welfare for twenty years and is the Child Welfare Director for the County of San Diego, Health and Human Services Agency. Dr. Giardina has a doctorate of social work from the University of Southern California and a Masters of Social Work from San Diego State University. Dr. Giardina has consulted on child welfare issues at the national, state, and local levels. She helped to develop and implement the California Core Practice Model and Continuous Quality Improvement system. She led the implementation of multiple innovative initiatives in CWS including the Title IV-E Waiver and San Diego’s practice framework, Safety Enhanced Together. She has also participated on multiple Agency wide initiatives including the Trauma Informed Systems Integration Team and the Strong Families, Thriving Communities coalition that focused on reducing disproportionality and disparities for children/youth involved with the child welfare and juvenile justice systems. Dr. Giardina’s Gallup Strengths are Achiever, Focus, Discipline, Significance, and Belief. Her passion is to improve policy and practice issues within the child welfare system so that it works best for the children and families it serves.

SUSAN MUNSEY & JESSICA KIM

“Surviving Human Trafficking and Paying it Forward for Change”

Susan Munsey, LCSW, recently named a top Ten CNN Hero, is the founder of GenerateHope, a comprehensive and uniquely designed long-term recovery program for young women who have been sex trafficked. At GenerateHope she leads a team of dedicated professionals and volunteers in the work of rehabilitating survivors via housing, education, psychotherapy and adjunct therapies. Susan has a master’s degree in social work from Smith College in Massachusetts and is licensed in California as a clinical social worker. She has over 25 years of clinical experience in the community, in hospital settings and in private practice.

Jessica Kim, MSW is a Social Worker, Advocate, Author, and Public Speaker. She has over 10 years of experience in prevention, education, research, and public speaking in the anti-human trafficking field. After she escaped years of sexual exploitation under the control of her step-father, she found freedom through her faith and through education. Passionate about learning and books, Jessica now uses her knowledge and life experience to educate and inspire a wide range of audiences. Through her work with Point Loma Nazarene University, she continues to find solutions to empower the public and survivors of trafficking to exit the life of exploitation and find freedom. She is currently in the development stage of Onramps, a multidisciplinary, collaborative effort to build financial and educational opportunities for survivors of trafficking. She is vice president of the Survivor Leader Network of San Diego and on the Advisory Board as the Survivor Voice for The San Diego Regional Human Trafficking & the Commercial Sexual Exploitation of Children Advisory Council.

JESSICA YAFFA

Domestic Violence Lived Experience Expert – “We are the Hope Holders”

Jessica Yaffa is a Certified Professional Coach specializing in relationship violence and the co-occurring issues, as well as a 2-time published author. She is the president of both NoSilence, NoViolence, and the San Diego Domestic Violence Council. Jessica has been featured in several publications including The New York Post, Darling Magazine, Thrive Global, The Washington Post and Outreach Magazine as well as KPBS, NBC, CBS, KUSI, FOX and most recently The Doctors. Additionally, Jessica’s expertise and training programs have been sought out by several organizations including the United States Military, Starbuck’s Corporate Headquarters, the NFL, MIT and the National District Attorney’s Association. As a survivor of extreme abuse and one of the nation’s leading experts on domestic violence, Jessica continues to inspire a movement to end abuse globally.

LISBET PEREZ & CARMEN KCOMT

“Understanding Barriers for our Immigrant Population: What can we do?”

Earlier in her life as a young immigrant mother, **Lisbet Perez**, herself made the journey through domestic violence. As a survivor, Lisbet dedicates her life to advocating and helping those who have been silenced by domestic violence in the immigrant and refugee communities. She hopes to build a community that is supportive of children and youth affected by trauma.

Since 2011, Lisbet's professional and volunteer work has focused on ending domestic violence and abuse in the immigrant and refugee communities. She currently works as a Victim Representative for the San Diego District Attorney’s Office.

Her deep and wholehearted involvement with San Diego VOICES led her to become a highly sought-after public speaker who has brought awareness to domestic violence issues by sharing her experience. Her presentations opened doors to deeper conversations about domestic violence at numerous conferences and events, including the Annual International Family Justice Center Conference, the National District Attorneys Association's National Multidisciplinary Conference on Domestic Violence, the California District Attorneys Association Seminar, San Diego Domestic Violence Council Trainings and the Eva Longoria Foundation's annual gala.

In the community, Lisbet is the Chair of the Binational Domestic Violence and Sexual Assault Committee of the San Diego Domestic Violence Council, RISE Project Victim Advisory Committee Member with the National Crime Victim Law Institute, Victim and Survivor Advisory Board Member with the San Diego County District Attorney’s Office, Project Safe House Auxiliary Board Member with Center for Community Solutions, and Binational Health Week Planning Committee held by Consulate General of Mexico in San Diego.

Carmen Kcomt is the Director of the Legal Advocacy and Social Department with La Maestra Community Health Centers, where she manages one of the largest International Human Trafficking Programs nationwide and she is an at large representative of the Refugee Congress and a delegate for the State of California. Carmen is a foreign attorney, a member of the American Bar Association and a former Magistrate from Peru; where she served in the Judicial Power for 10-years as a Family and Juvenile Judge.

Carmen holds a master’s degree in International Law of Human Rights and was a professor at two universities in Peru and a guest lecturer at the University of San Diego. Carmen has also worked for the United Nations – UNDP supervising the compliance of the rights of prisoners in detention centers in the northern part of Peru.

Carmen was a volunteer with San Diego Volunteer Lawyer Program and for her pro bono service to the community, she received the “Manual Wiley Award.” She is the Delegate for the State of California before

the Refugee Congress and the United Nations High Commissioner of Refugees. In 2014 she was awarded with the “Local Hero Hispanic Heritage” by KPBS National broadcast, she also has received the “Distinguished Citizen Award” by the San Diego County Bar Association and the “Social Empowerment Award” by University of California San Diego, Alliance for Empowerment and Women for Empowerment. Carmen is also graduated from the FBI Citizens Academy and the District Attorney’s Citizens Academy.

Carmen is a prolific author, having written over 93 articles in newspapers in Peru, Los Angeles and in San Diego, and has co-authored two textbooks regarding domestic violence and children’s human rights.

TRESSIE ARMSTRONG & TAMMY GILLIES

“Mass Critical Incidents and Crimes Targeted with Hate”

Tressie Armstrong is a retired school principal from Kelly Elementary School in Carlsbad. In October of 2010, a lone gunman jumped the fence at her school and began firing a 357 Magnum into the playground crowded with over 200 young children. Two students were injured, and the lives of the community were changed. Tressie is most proud of the resiliency, love, connectedness, and healing that occurred following the incident. She says that, while they were victimized, they were not defined by the criminal’s actions. They always were, and continued to be, defined by love.

Tammy Gillies is the Regional Director of the Antidefamation League in San Diego and Imperial Counties, with oversight of ADL’s Nevada and Arizona offices. The San Diego Region is one of five ADL offices in California, and one of 25 across the country. Tammy is a native New Yorker, studied at the University of Vermont, began her career with ADL as the Director of Development in 2007, and assumed the role of Regional Director in 2010. Tammy is a commissioner on both the Leon Williams Human Relations Commission of San Diego, as well as the City of San Diego Human Relations Commission, and a member of the San Diego Hate Crimes Coalition.

Tammy takes great pride in the ADL staff in San Diego and their dedication to ADL’s timeless mission, “To stop the defamation of the Jewish people, and to secure justice and fair treatment for all.” The San Diego office focuses on anti-bias education, civil rights, building bridges with different communities and partnerships with the law enforcement community.

DR. SHALON NIENOW & NURSE MICHELE SHORES

“Latest Modalities that Help Kids and Adults”

Shalon Nienow MD, FAAP is an Assistant Clinical Professor of Pediatrics at the University of California San Diego and the Clinical Director of Child Abuse Pediatrics at the Chadwick Center for Children and Families at Rady Children’s Hospital-San Diego. As a Child Abuse Pediatrician, she provides medical evaluations for children who are alleged victims of all forms of child abuse/neglect. Dr. Nienow frequently serves as an expert witness in civil and criminal legal proceedings related to all aspects of child maltreatment. Dr. Nienow has conducted research in patterns of disclosure in child sexual abuse as well as methods of testing for sexually transmitted infections in children and has co-authored publications on both topics. She regularly provides trainings to various members of the multidisciplinary team. Dr. Nienow serves on the NCE planning committee for the AAP Section on Child Abuse and Neglect, was an editor for the AAP’s latest publication of the Visual Diagnosis CD, served on the ABP content development team for Maintenance of Certification for the Child Abuse Sub-Board, and was elected to the Executive Committee of the American Academy of Pediatrics Counsel on Child Abuse and Neglect. In addition, she was chosen to serve as a subject matter consultant for the 2020 CDC STD Treatment Guidelines section regarding Sexual Assault or Abuse of Children. Areas of professional interest include starvation and torture, abusive burn patterns, psychological maltreatment, medical child abuse, disclosure patterns and sexually transmitted infections.

Michelle Shores, RN, MSN, MBA-HC, CEN, SANE-A, SANE-P is a forensic nurse examiner and the Program Director for Palomar Health Forensic Services in San Diego County and she also works as a forensic nurse with Forensic Nurses of Southern California in Riverside County. The Forensic Health Services program provides services to adult and child victims of sexual assault and is the North County San Diego Child Advocacy Center. Additional program services include domestic violence, strangulation, elder abuse, human trafficking, gang-violence, and other violent assault forensic exams. With over 15 years' experience as a registered nurse, she has background in emergency/trauma nursing. She is a certified emergency nurse and both a certified adult and pediatric sexual assault nurse. She also chairs several local and state committees. Michelle is married and is the mother of two spunky little boys!

LINDA PEÑA

“Helping Survivors Through the Victim Assistance Program”

Linda Peña is currently the Victim Services Director for the San Diego County District Attorney's Office. She joined the District Attorney's Office in 1995 as a victim advocate and has spent her career advocating for victims of crime. She has held a variety of positions, including Victim Advocate Supervisor and Program Manager. She is a POST-certified trainer and provides Victim Services training to law enforcement professionals throughout the state of California. She serves on the District Attorney's Victim Survivor Advisory Board and is a board member of the Victim Assistance Coordinating Council and the Community Corrections Partnership.

BROOKE HALEY

“The Healing Power of Trauma Informed Yoga”

Brooke Haley is a Trauma Informed Yoga Instructor, Meditation Instructor and Reiki Master. She is also a Domestic Violence Survivor and Advocate. She is grateful every day to teach others how to transform Trauma through Yoga. Yoga changed Brooke's life and it is her mission to share Yoga. She believes the vast benefits of Yoga for the mind, body and soul can help heal the world. Brooke leads both private and group classes and healing retreats.

FERNANDO LOPEZ & TRISH MARTINEZ

“LGBTQIA+ and Native Populations”

Fernando Z. Lopez, the Executive Director for San Diego LGBT Pride, moved to San Diego in 1999 as a homeless youth and has since become a prominent LGBT community leader through their work with organizations such as Equality California and Marriage Equality USA, advocating for the rights of LGBT individuals, couples, and families. In their time with San Diego Pride, Fernando oversaw the creation and growth of Pride Youth Leadership Academy, Youth Internship Program, Pride Youth Lunch Bunch, and Pride Youth Marching Band that foster leadership skill development in LGBTQ+ young people. Through their board service with Lambda Archives of San Diego and We are FAIR, Fernando has helped to organize educators in developing LGBT curriculum. Currently the chair of the Community Leadership Council's LGBTQ Youth Services and Advocacy Committee and a member of San Diego Unified School District's LGBTQ+ Community Advisory Committee Fernando has been instrumental in organizing local LGBTQ youth serving organizations and leaders to push for reform within the region to better support queer and trans identified youth. Lopez has expanded LGBT voter outreach, increased San Diego Pride's international relations work by meeting with over 400 delegates from 127 countries around the world, helped to build a coalition of LGBT athletic organizations to combat homophobia in sport, and worked with US law enforcement and armed services to increase LGBT sensitivity and compassion. Lopez's years of LGBT advocacy, nonprofit management, public education, diversity consulting, media relations, guest lectures, and organizing have made them a consistent presence ensuring the struggles of the LGBT community are ever visible.

Trish Martinez is a Professional Specialist with AT&T Infrastructure Planning & Optimization. Her 35+ year career includes extensive experience in project management, process improvement, Root Cause Analysis, and most notably recognized as a multi-award-winning training manager responsible for territories across the United States and Puerto Rico. While most people may hang their hat on occupational milestones, Trish Martinez's personal passions and pursuits for equality, justice and community fuel her desire to advocate for the disenfranchised, the abused and forgotten on and off tribal lands.

Trish is a Diegueño and Yaqui Native American and is a citizen of the Mesa Grande Band of Mission Indians of San Diego County in California. As a Native American, she is considered a trailblazer both within tribal communities and beyond. She serves as her Tribal Indian Child Welfare Act (ICWA) Representative and was a Court Appointed Special Advocate (CASA) for native children and survivors of Human Trafficking in the Foster Care system. Trish is a member of Women of AT&T, a network of more than 90,000 promoting community awareness of Human Trafficking and Child Sex Trafficking and Exploitation. In this capacity she was appointed as Native Liaison to the San Diego Human Trafficking Advisory Council.

Trish's advocacy and dedication to prevent HT/CSEC has quickly advanced her into an international community speaking at the March 2017 United Nations: 61st Commission on the Status of Women: Human Trafficking in Native Country. She is now part of a movement with other anti-trafficking advocacy groups, focused on Gender Equality, Decent Work & Economic Growth and Peace, Justice, and Strong Institutions.

Trish is an example of how individuals can help mobilize others to become filled with renewed hope, addressing human rights violations happening in their communities, region and nation.

"We need to raise awareness of our multicultural communities, so we can better understand and strive to find positive opportunities for children"

BEV BRAVO & GINNY SCHARBARTH

"A Mother's Pain Provides Silver Linings for Others"

Bevelynn Bravo has been working with victims of crime for over 20 years. She is the Program Supervisor for the Mobile Response Team at UPAC which respond to any act of violence and homicides county wide supporting families left to survive a death of a loved one. 7 years ago, Bevelynn's own son Jaime Bravo Jr was tragically murdered. She opened her own nonprofit "*Mother's with a message*" after her son's death - aimed at preventing youth violence and stressing the importance of valuing life. She facilitates a 16-week victim impact class with other mothers in various prisons to be the face of a family destroyed, a community destroyed by an act of violence.

Ginny Scharbarth is the mother of Kathy Scharbarth. Kathy was murdered in 2011 by her estranged boyfriend. Shortly after Kathy's murder, Ginny testified in the California State Assembly on behalf of Bill AB2467 - Victim Safety through GPS Monitoring. The bill was signed into law and is known as Kathy's Law.

In 2013 Ginny and her son, Michael, cofounded "*Kathy's Legacy Foundation*" in honor of Kathy. Kathy's Legacy serves children and pets impacted by intimate partner violence. Ginny is dedicated to reviving hope and inspiring dreams in the lives of children impacted by domestic abuse, especially children orphaned by homicide. Ginny speaks publicly about Kathy's story and the fight against domestic violence.

Ginny graduated from the University of San Diego with a degree in sociology and an elementary teaching credential. She taught all levels, kindergarten through eighth grade. Ginny is proud of her granddaughter, Madison, Kathy's daughter, who is surviving and thriving following her mother's murder. She enjoys babysitting her twin grandchildren, watching Padres baseball, and serving as the executive director of Kathy's Legacy.

SCOTT PIRRELLO

“Elder Scams and Abuse and Getting Ahead to Protect our Seniors”

Scott Pirrello is the Head of Elder Abuse Prosecutions for the San Diego District Attorney’s Office and has been a prosecutor for 14 years. Since 2009, Scott has been assigned to the Family Protection Division prosecuting a variety of Family Violence cases including Elder Abuse, Domestic Violence, and Child Abuse cases. Scott now focuses exclusively on prosecuting all varieties of Elder Abuse including physical, financial, sexual, and neglect cases and the vulnerable victims that come with them. Scott has more than 50 jury trials to his credit and is an expert in Elder Abuse enforcement, prosecution, and on the multi-disciplinary team approach to Elder Abuse prevention.

VERNA GRIFFIN-TABOR

“Abuse Survivors Needs Us Now More than Ever”

Verna Griffin-Tabor has worked in the field of sexual assault and relationship violence for more than 40 years. Since 1998, she has served as CEO of Center for Community Solutions (CCS)—an innovative, non-profit social services agency serving survivors of sexual assault, human trafficking, domestic violence, and elder abuse in San Diego County. Over 50+ years, CCS has celebrated many achievements, including being the first women’s center in the country, operating the first temporary restraining order clinic in the state, and currently staffs the only rape crisis center in the City of San Diego.

Verna’s career has been dedicated to the prevention and intervention of sexual assault, relationship violence, elder abuse and human trafficking. She served on the board of the California Partnership to End Domestic Violence for five years; as well as various community boards, including University of San Diego’s Advisory Board on Non-Profit Management and Blue Shield of California’s Advisory Board. Verna has achieved numerous prestigious honors and awards. In 2019, she was named “Woman of the Year” by San Diego Magazine; San Diego Daily Transcript honored her as the “Distinguished Non-Profit Leader,” and she was a finalist for San Diego Business Journal’s “Non-Profit CEO Leader of the Year.”

In addition, Verna received the Non-Profit Management Award for “Excellence in Leadership”; the San Diego Domestic Violence Council’s “Lifetime Achievement Award.”; the San Diego County Bar Association’s “Distinguished Citizen Award”; and the San Diego Domestic Violence Council’s “Andrea O’Donnell Award.” She served as President of the San Diego Domestic Violence Council and was asked to Co-Chair the countywide Human Trafficking Victim Services Committee. Verna earned a Bachelor of Arts Degree in Criminology from University of Maryland and a master’s degree in Social Work from Yeshiva University.

CASEY GWINN

“Family Justice Centers as the Providers of HOPE”

Casey Gwinn, Esq. serves as the President of Alliance for HOPE International.

Casey has been recognized by The American Lawyer magazine as one of the top 45 public lawyers in America. He is an honors graduate of Stanford University and UCLA School of Law. Casey served for eight years as the elected City Attorney of San Diego from 1996 to 2004. Prior to entering elected office, Casey founded City Attorney’s Child Abuse and Domestic Violence Unit, leading the Unit from 1986 to 1996 – prosecuting both misdemeanor and felony cases. The National Council of Juvenile and Family Court Judges honored his specialized prosecution unit as the model domestic violence prosecution unit in the nation in 1993.

In 2002, Casey saw his vision of a comprehensive Center for services to victims of family violence become a reality in San Diego as he led the effort to open the nationally acclaimed San Diego Family Justice Center with professionals from 25 agencies together under one roof. His leadership as a prosecutor has been

widely credited for the 90% drop in domestic violence homicides in the City of San Diego since 1985. In October 2003, President George W. Bush announced a national initiative to begin creating Family Justice Centers across the country and asked Casey to provide leadership to the effort. Today, Casey and his team support more than 130 open and developing Family Justice Centers in the U.S. and around the world. He is also an expert in the handling of near-fatal strangulation assaults.

Casey has served on the U.S. Attorney General's National Advisory Committee on Violence Against Women and the American Bar Association Commission on Domestic Violence. He chaired the California Attorney General's Task Force on Domestic Violence. He also served on the congressionally created Department of Defense task force, studying the handling of family violence throughout the Department of Defense. His work has been profiled nationally on the Oprah Winfrey Show, CBS The Early Show, USA Today, The Huffington Post, New Yorker Magazine and a host of other news outlets. Most recently, Casey received the Ronald Wilson Reagan Public Policy Award from the U.S. Department of Justice, Office for Victims of Crime.

He has authored or co-authored a host of articles and media commentaries and ten books on domestic violence and the Family Justice Center movement. In 2015 he authored "Cheering for the Children: Creating Pathways to HOPE for Children Exposed to Trauma", a clarion call to all caring people to become cheerleaders for children exposed to adverse childhood experiences (ACEs). In the book, Casey explains why childhood trauma should be the preeminent public health issue in America today and how we can all help change the lives of children for the better. This book was the result of one of Casey's great personal passions, Camp HOPE America, the unique camping initiative he founded at the San Diego Family Justice Center that is now expanding across the nation. Camp HOPE America is the first specialized camp in the country focused exclusively on children exposed to domestic violence and child abuse.

Casey's newest book, written with Dr. Chan Hellman from the University of Oklahoma, is entitled "Hope Rising: How the Science of HOPE Can Change Your Life." It is a roadmap to a life-well lived and points the way toward the power of hope in the lives of all those who have experienced hardship or adversity.

Casey and his wife, Beth, have three grown children. He is a proud grandfather of three grandchildren.

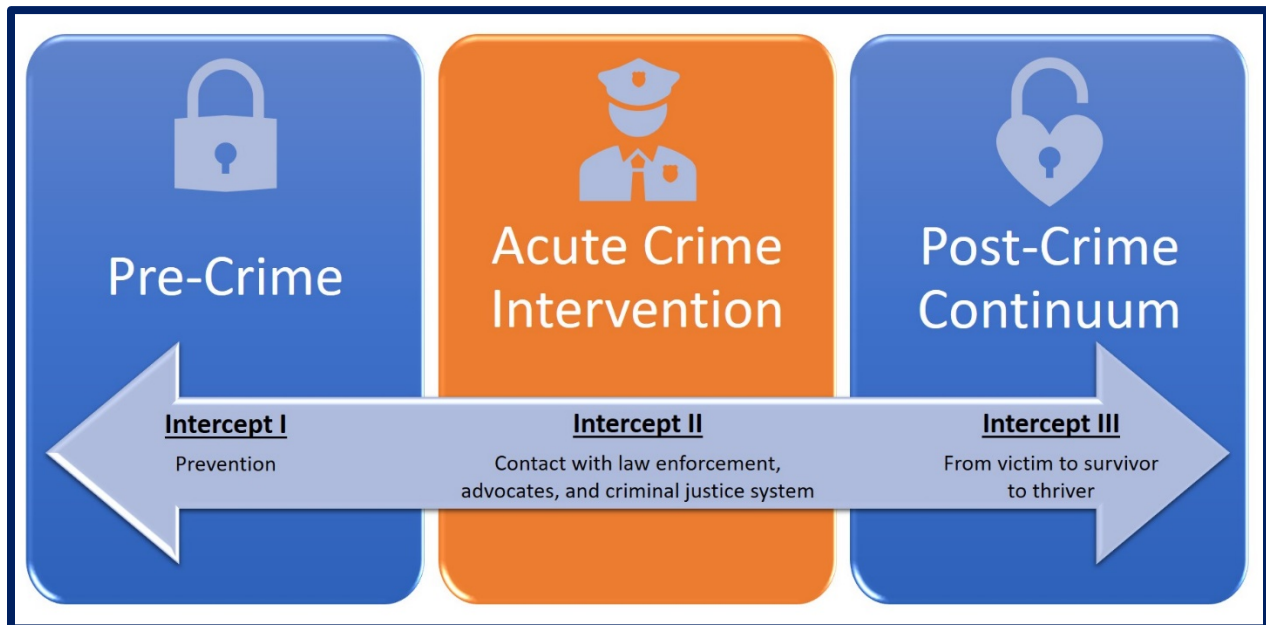


APPENDIX – B
Survey and Strategic Planning Data

Survey and Strategic Planning Data

Intercepts for the Crime Victim Survivor Continuum

WHAT'S CURRENTLY WORKING?
AND
WHAT ARE THE RECOMMENDATIONS FOR ADDRESSING CURRENT GAPS/NEEDS?



WHAT'S CURRENTLY WORKING?

Summit survey respondents and strategic learning participants were asked to identify what is currently working well in San Diego County across the three intercepts.

Top Resources/Strengths taken directly from the strategic learning sessions and the survey data:

INTERCEPT I: Pre-Crime (Prevention)

- **Awareness Efforts** – Broad based efforts to build understanding of victimization, how to recognize risks, warning signs and trauma, where to access resources, reduce stigma in accessing services and reporting crime
 - Public service announcements (e.g., ads on television, radio)
 - Social media (e.g., education on Facebook, Instagram, Twitter)
 - Media advocacy (e.g., press conferences, news releases)
 - Billboards/bus signs
 - Posters places in lobbies, campuses, exam rooms, bathrooms
 - Events (e.g., Awareness month activities, plays)



- Websites with education and resources for community members Resource materials (printed and online) for professionals and survivors (e.g., cards, brochures, resource guides, booklets)
- Example Campaigns: *The Ugly Truth SD* (human trafficking), *Now is the Time* (domestic violence and teen dating violence), *Girls Only! Boys Only! Project Root* (address root causes of gender-based violence), *Don't Get Hooked* (elder scams), *P.R.I.C.E.* (preventing rape by intoxication through community education), *Know Abuse, Report Abuse* (elder abuse)
- **Training for Professionals** – Education opportunities for professionals on abuse, screening, and evidence informed practices across disciplines/fields including law enforcement, criminal justice, schools/colleges, healthcare, mental health, substance use treatment, tribal governments, advocates, social services, child/youth/family services, Child Welfare Services, Family Court Services, Aging and Independence Services, and others
 - Examples: *DV Essentials* (domestic violence), *SOAR* (human trafficking), *Mandated Reporting and Beyond* (elder and child abuse), *DV 40-65 Hour Counselor training* (domestic violence)
- **Education, Peer Groups, and Boards with Youth** (in community and school settings)
 - Examples: *kNOW MORE!* (human trafficking); *Teen Dating Violence Toolkit* family workshops, teen education and peer groups in schools; *4 or 40: The Choice is Yours* (gang violence prevention), *Star/PALS* (empower underserved youth), human trafficking and teen dating violence education now is sex education curriculum; school plays (e.g., *No More Drama*), education on DV and sexual assault on college campuses (e.g., Center for Community Solutions program at SDSU)
- **Screening for Abuse and Trauma by Cross-Disciplinary Professionals** – Use of evidence informed screening questions/tools to screen for recent and past abuse, victimization, and trauma. Sample screening practices implemented in SD County include ACES (Adverse Childhood Experiences), Danger Assessment (risk for lethality from DV), Trafficking Victim Identification Tool (TVIT), Child Adolescent Needs and Strengths (CANS)
 - Example: *Health CARES initiative* (training, tool kits, and awareness materials for healthcare personnel on DV and strangulation)
- **Community Based Programs to Strengthen Families and Build Resilience** – Local supportive programs providing parenting education, home visiting programs (parenting, resilience, education), case management to locate housing, food, childcare, healthcare, pregnant and parenting resources, programming aimed to serve population experiencing disparities in services/response
 - Examples: *211 hotline* and *Live Well Centers* to connect families to resources; Great Plates (older adults), First Steps Home Visiting Program, Whole Person Wellness Programs
- **Current Policies and Protocols** – Local standards for response practices for abuse and victimization for a variety disciplines, cross-collaborative
 - Examples: *Child Victim-Witness Protocol*, *Domestic Violence and Children Exposed to Domestic Violence Law Enforcement Protocol*

- **Councils, Coalitions, Task Forces, Teams, Committees** – Create cross-disciplinary collaboration, implement awareness building, community engagement in violence prevention, outreach, and education for community on abuse and prevention topics, cross-disciplinary relationship building and networking, systems review teams
 - Examples: *Human Trafficking and CSEC Advisory Council, San Diego Domestic Violence Council, Elder Protection Council, Child Fatality Review Team, Elder and Dependent Adult Death Review Team, Domestic Violence Fatality Review Team*

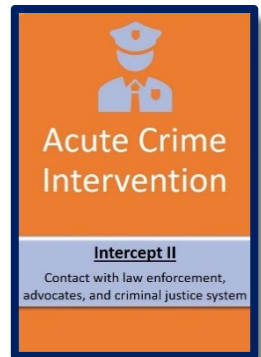
(Survey Data) Pre-Crime (Prevention) n=100

- *Awareness efforts/campaigns.*
- *Training for professionals on abuse/victimization/trauma and evidence informed screening and response practices.*
- *Youth and family education, peer groups, and boards in community and school settings.*
- *Screening for abuse and trauma by cross-disciplinary professionals.*
- *Community-based programs to strengthen families and build resilience.*
- *Current policies and protocols.*
- *Councils, Coalitions, Task Forces, Teams, Committees.*

INTERCEPT II:

Acute Crime Intervention (Contact with law enforcement, advocates, and criminal justice system)

- **Case Coordination, Collaboration between Cross-Disciplinary Partners** – When cross-disciplinary partners (e.g., law enforcement and Child Welfare Services) closely communicate and work together to serve the same family that has experienced abuse/victimization
 - Examples: *Child and Family Team Meetings, Human Trafficking Task Force, San Diego Family Justice Center, Domestic Violence Response Teams, DV High Risk Case Response Teams, CARE Center*
- **Extended Foster Care** – Helps to ensure transition age youth are more successful in the long-term
- **Trauma Informed Care (TIC) model with Child Welfare Services** – Maximize child and family safety, address trauma-related needs, and improve well-being and resilience
- **Criminal Justice Intervention/Response** – Serving survivors of abuse/victimization in effective, trauma informed ways
 - Examples: Trauma informed prosecutors and law enforcement, School Resource Officers
- **Wrap-Around Programs for Victims** – Crisis Intervention, Advocacy, Safe Shelter, Case Management, Coordinated Care
 - Examples: *Victim Assistance Program* advocates; emergency safe shelter/housing programs for abuse/victimization survivors that offer safe housing, case management, therapy and other wrap-around services; support and assistance for



families who have lost a family member to homicide; *SoCal Safe Shelter Collaborative* (shelter referral program)

- **Mobile Response, Cross-Disciplinary** – Responding to serve abuse/victim of crime
 - Example: Alliance for Community Empowerment (ACE), Domestic Violence Response Teams, advocates and law enforcement respond to the survivors following a DV incident
- **Forensic Interviews** – Interviews by a trained forensic interviewer of children/teens and dependent adults following a crime for the purposes of the criminal investigation and case planning for these victims
 - Example: Rady Chadwick conducts these interviews and works with law enforcement and Child Welfare Services to submit this evidence in the investigation
- **Forensic Exams** – Forensic examination for physical and verbal evidence of the crime
 - Examples: Forensic exams are conducted by Rady Chadwick and Palomar Health Services for child and dependent adults whom have allegedly experienced physical or sexual abuse; Palomar Health Forensic Health Services also conducts these exams for alleged sexual assault (SART exams), domestic violence/elder abuse/gang violence/human trafficking for physical injury and strangulation (DAFE)
- **Legal Services, Restraining Order Clinics** – Assistance for abuse victims in abuse/victimization survivors in applying for civil restraining orders, help with civil legal matters relating to the abuse

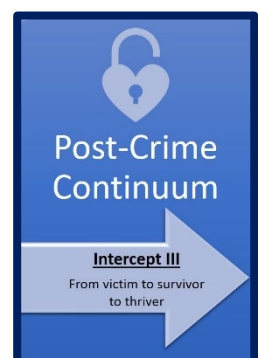
(Survey Data) Acute Crime Intervention (contact with law enforcement, advocates, and criminal justice system) n=90

- *Case coordination, collaboration between cross-disciplinary partners.*
- *Extended foster care.*
- *Trauma Informed Care model implemented with Child Welfare Services.*
- *Criminal Justice interventions/responses.*
- *Wrap-around programs for victims.*
- *Mobile Response, Cross-Disciplinary.*
- *Forensic interviews.*
- *Forensic exams.*
- *Legal services, restraining orders.*

INTERCEPT III:

Post-Crime Continuum (From victim to survivor to thriver)

- **Trauma Treatment** – Short and long-term evidence-based trauma treatment for children/youth/adults by qualified therapists trained in these interventions/modalities
 - Examples: *EMDR, TF-CBT, CFTSI, Short-term psychodynamic psychotherapy*



- **Opportunities for Victims to Participate in Justice System**
 - Example: *Lifer Unit* at Parole Hearings; Victim Impact Statements
- **Victim Empowerment Workshops and Healing Opportunities**
 - Example: *Leap to Success* (empowering and educating women, helping them regain their voice following domestic violence, homelessness)
- **Child Welfare Services' Aftercare Services** – Support families with children transitioning out of residential services
- **Legal Services** – Assistance from attorneys with name change, vacatur, divorce, child custody matters, and financial abuse cases
- **Transitional/Affordable Housing** – Housing opportunities available to victims to help them “get back on their feet”, many offer onsite case management, workforce assistance, financial literacy/savings programs, trauma treatment, childcare
- **Recovery Residential Programs for dual diagnosis**
 - Example: County SD Behavioral Health Services funded *Parent Care* program serves chemically dependent women and their families who at high risk for child abuse, domestic violence, and homelessness
- **Restorative Justice** – Emphasizes accountability by offenders, making amends, and in some cases facilitated meetings between victims, offenders, and other persons, all with the goal of promoting healing and repairing harm
- **Youth Support, Healing Opportunities** – Trauma informed activities to support healing and promote hope
 - Example: *Camp Connect* (camping opportunities for siblings who have been placed in separate foster care home come together for camp); *Camp Hope* (camping opportunities for children exposed to domestic violence)

(Survey Data) Post-Crime Continuum (from victim to survivor to thriver) n=98

- *Trauma treatment – evidence based short and long-term therapeutic interventions.*
- *Opportunities for victims to participate in the justice system.*
- *Victim empowerment workshops and healing opportunities.*
- *Child Welfare Services Aftercare Services.*
- *Legal services for abuse/victims of crime.*
- *Transitional/affordable housing with wrap-around support.*
- *Recovery residential programs for abuse survivors with substance use addiction.*
- *Restorative Justice programs.*
- *Child/teen survivor support and healing opportunities.*

WHAT ARE THE RECOMMENDATIONS FOR ADDRESSING CURRENT GAPS/NEEDS?

Summit respondents and strategic learning participants were asked to identify existing gaps/needs in San Diego County and what they recommend addressing these across the three intercepts.

Identified Gaps/Needs taken directly from the survey and strategic learning sessions:

INTERCEPT I: Pre-Crime (Prevention)

- **Youth and School Based Education and Awareness Efforts**
 - Continued education in schools for parents, students, and school staff about:
 - Abuse (e.g., trafficking, child abuse, teen dating violence) warning signs, risks; social media/internet safety; bullying and hate crime prevention; gang prevention; drug use prevention; restorative practices
 - Healthy relationships
 - Resources, address stigma in accessing help; social media/internet safety; bullying and hate crime prevention; gang prevention; drug use prevention
 - Being trauma informed
 - Increase the availability of:
 - School based Social Workers and counselors for support; School Resources Officers; Social Emotional Trauma Informed Teams
 - Peer groups, talking circles
 - Non-stigmatizing mental health services for earlier intervention; ACES screening; more services for children/youth to break the generational cycle of abuse
 - Prevention programs:
 - For at risk youth such as afterschool programs, mentorship, internships, Big Brothers/Big Sisters, day camps
 - Parent/child/teen relationship and resilience building activities
 - Develop standard mandatory procedures at all school districts student safety, mandated reporting, cross-communication with law enforcement and CWS, to coordinate and prevent duplicative interviews
- **Professional Training**
 - Continued training for law enforcement, advocates, healthcare providers, prosecutors, behavioral health providers, social service staff, others:
 - Providing trauma informed, culturally competent responses to underserved/at risk populations (e.g., racial, LGBTQIA+, tribal, male victims, dual diagnosis, immigrants/refugees) on domestic violence, human trafficking, and sexual assault and address risk factors, abuse dynamics, screening; available resources; prevalence of abuse in these populations



- Special needs of/how to help abuse survivors with intellectual disabilities, developmental disabilities, Autism, cognitive impairments, dementia, dependent adults, fragile elders
- U-Visas and VAWA; how to access help without fear of legal consequences
- **Public Awareness and Outreach**
 - Continued public awareness efforts on:
 - Abuse and victimization, risks, and warning signs
 - Breaking down stigma in accessing assistance, where to access local resources, prevalence
 - What the DA's Office does, Victim Assistance Program services – maybe a series of stories or profiles of those who have received and benefited from these services
 - The criminal justice system from law enforcement through the court system
 - CWS and APS reporting and protections for reporting party
 - Develop a directory/app/website of local resources across victimization types
 - Use faces/community staff in the community that people trust for engagement
 - More coordinated outreach and engagement efforts towards:
 - Vulnerable and under-served populations of abuse/victimization survivors
 - Immigrants/refugee who are experience DV/HT/SA; how to access help without fear of legal consequences
 - Human trafficking survivors about programs/resources; how to access help without fear of legal consequences
 - LGBTQIA+ community; build back trust with criminal justice system; welcoming signs in lobbies and offices
 - Fathers, men, boys; leadership programs
 - Need more peer educators, promotors, early intervention support groups for those experiencing abuse/victimization but not yet criminal justice involved
- **Survivor Voice**
 - Include thriver/survivor input in prevention and intervention service development
 - Expand opportunities to include many survivor/thriver experiences
- **Caregiver Support**
 - Routine communication with healthcare professionals serving home bound disabled or older adults
 - Training for staff on serving justice involved survivors
 - More accessible and affordable background checked caregiver support options for those caring for elders/developmentally and intellectually disabled/dependent adults

(Survey Data) Pre-Crime (Prevention) n=116

- *Continued training for law enforcement, advocates, healthcare providers, prosecutors, behavioral health providers, social service staff in providing trauma informed, culturally competent responses underserved/at risk populations (e.g., racial, LGBTQIA+, tribal,*

male victims, dual diagnosis, immigrants/refugees) for domestic violence, human trafficking, and sexual assault and address risk factors, abuse dynamics, screening; available resources; prevalence of abuse in these populations.

- *Continued education in schools for parents, students, and school staff to build awareness of abuse (e.g., trafficking, child abuse, teen dating violence) warning signs, risks, healthy relationships, resources; reduce stigma in accessing help; social media/internet safety; bullying and hate crime prevention; gang prevention; drug use prevention; being trauma informed.*
- *Need more cultural, racial, and linguistic diversity in hiring, matching to the populations they serve among law enforcement, prosecution, advocates, and other providers responding to victims/survivors.*
- *Increase school based social workers and counselors for support, peer groups, talking circles, non-stigmatizing mental health services for earlier intervention; add to School Resources Officers, with Social Emotional Trauma Informed Teams; ACES screening; more services for children/youth to break the generational cycle of abuse.*
- *More coordinated outreach efforts towards vulnerable and under-served populations of abuse/victimization survivors.*
- *More accessible and affordable background checked caregiver support options for those caring for elders/developmentally and intellectually disabled/dependent adults.*
- *Continued public awareness efforts on abuse and victimization, risks and warning signs, breaking down stigma in accessing assistance, where to access local resources, prevalence; use faces/community staff in the community that people trust for engagement.*
- *Youth prevention programs for at risk youth such as afterschool programs, mentorship, internships, Big Brothers/Big Sisters, day camps.*
- *Provide training to K-12 teachers and school staff on being trauma informed, restorative practices, abuse and victimization, mandated reporting requirements.*
- *Engage and train faith leaders on abuse, victimization, being trauma informed so they can be additional supports to survivors/families.*
- *Continue to educate the community on the criminal justice system from law enforcement through the court system.*
- *Continue to educate the public in what the DA's Office does, Victim Assistance Program services – maybe a series of stories or profiles of those who have received and benefited from these services.*
- *More peer educators, promoters, early intervention support groups for those experiencing abuse/victimization but not yet criminal justice involved.*
- *Standard mandatory procedures at all school districts student safety, mandated reporting, cross-communication with law enforcement and CWS, to coordinate and prevent duplicative interviews.*
- *Community based programs for early intervention with abusers before court ordered.*
- *More education, support for fathers, men, boys; leadership programs.*
- *Continued efforts to educate law enforcement on de-escalation, especially when there are mental health concerns.*

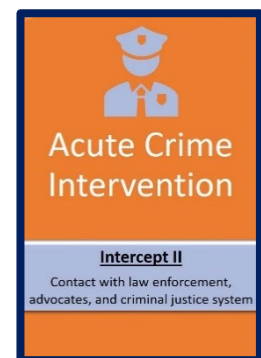
- *More training across professionals on needs/how to help abuse survivors with intellectual disabilities, developmental disabilities, Autism, cognitive impairments, dementia, dependent adults, fragile elders.*
- *Education training on U-Visas and VAWA; how to access help without fear of legal consequences.*
- *Develop a directory/app/website of local resources across victimization types.*
- *Include thriver/survivor input in prevention and intervention service development.*
- *Outreach for human trafficking survivors about programs/resources; how to access help without fear of legal consequences.*
- *Parent/child/teen relationship and resilience building activities.*
- *Public awareness of CWS and APS reporting and protections for reporting party.*
- *Routine communication with healthcare professionals serving home bound disabled or older adults.*
- *Stronger education and engagement with the LGBTQIA+ community on abuse/victimization; build back trust with criminal justice system.*
- *Training for staff on serving justice involved survivors.*
- *Creating a culture where it's not okay to buy sex, addressing demand.*
- *Routine evidence informed education with parents, students, and school staff to build awareness on safety, social media predators, gang prevention, teen dating violence, human trafficking/CSEC, sexual harassment, sexual abuse, grooming, unwanted/inappropriate touch, bullying, hate crimes, risks, warning signs, healthy relationships, gender equity, body boundaries, consent, reduce stigma behind reporting, youth-based scripts about how to talk to each other about these topics, how to respond and report, and where to access resources; "conversations" with students instead of presentations.*
 - *Example: CDC Dating Matters program and CDC Stop Bullying (available for teaching and students).*
 - *Social media (e.g., Twitch to reach teens), assemblies, family, and student workshops.*
 - *Multiple languages, accessibility.*
 - *Student-awareness activities, peer to peer education/support.*
 - *Evaluate whether schools across the county are implementing programs (primary, middle, and high).*
 - *Trained youth available to answer hotline for other youth (peer to peer).*
- *App and/or central repository for local abuse/victimization related resources, service directories, education for community members; place where victims can get answers; easy place for professionals to access current resources for law enforcement to provide to victims.*
- *Implement education for advocates who are first to interact with juvenile once identified and prior to being taken to the Polinsky Center.*
- *Implement policies in schools on technology use.*

- *Community classes/workshops/education on conflict resolution, tolerance, anger management, stress management, healthy communication.*
- *Evaluate the barriers to accessing services among underserved populations (e.g., stigma, community violence, language, race, culture, migrant/immigrants, LGBTQIA+).*
- *Teach kids about financial planning, money management/budgeting in school, interest, mortgage, credit, age-appropriate levels – Money impacts relationships, mental health, exacerbates issues.*
- *Build trust and relationships between communities and law enforcement (e.g., tribal communities, African Americans, LGBTQIA+ may fear calling 911).*
- *Resistance to call CPS because there is concern they will call law enforcement*
- *Implement ACES screening in schools, with available supports/resources.*
- *Educate through newspaper editorial, investigative reporter on victim perspective (family participation, survivor stories).*
- *More training on being trauma informed and culturally competent for law enforcement, healthcare, and other first responders.*
- *Ensure law enforcement and prosecution address victim questions about the criminal justice process and ask victim what resolution they want.*

INTERCEPT II:

Acute Crime Intervention (Contact with law enforcement, advocates, and criminal justice system)

- **Programs and Services for Victims/Survivors:**
 - Wrap-around services that are trauma, culturally informed and linguistically inclusive and accessible by location, hours, no-cost/VCB or insurance accepted/no waitlist or short waitlists
 - Trauma informed childcare services for survivors as the access therapy, work development classes, legal resources, case management/advocacy services
 - Accessible hotlines 24/7 to assist survivors and professional across abuse/victimization types
 - Civil legal assistance; legal representation; accessible and no-cost
 - Assistance for travel/transport needs to get away from the abusive situation and access services
 - Crisis intervention/support services tailored to abuse victims that have mental health or substance use challenges
 - High risks team approaches – assessing risks, tailored responses to needs
 - Peer support, court accompaniment, support from thrivers (those who are trained and ready to serve)
 - In-home support and other mobile responses options when accessibility to services is a barrier
 - Trauma informed, culturally competent and language accessible, wrap-around, services with service coordination, access to multiple services, for the entire family



- Accessible services for North, East, and rural SD County
- Therapy dogs offered during interviews at the DA's Office, especially when the case is rejected
- Warm handoff from victim advocates (not just resource numbers) for connection to community services
- Community based programs for early intervention with abusers before court-ordered
- More supports/resources to keep children with the non-abusing parent, not remove children
- **More Inclusive, Specialized services:**
 - Need more crisis services/case management/navigation services that accommodate people abuse survivors with intellectual disabilities, developmentally disabled, Autism, cognitive impairments, dementia, dependent adults in order; evidence-based practices to meet the needs of this highly specialized population
 - Sustain forensic interviews and exams program for DV, elder abuse, dependent adults, child abuse, human trafficking
- **Emergency Housing Options**
 - Hotel stays for emergencies when shelter/housing not available and for survivors that do not meet criteria for shelters
 - Housing for minor victims
 - More safe shelter beds in general and more safe shelters tailored for marginalized victim populations (e.g., dual diagnosis, fragile elders, immigrants/refugees, LGBTQIA+)
 - Pet-friendly shelter/housing options (not just service animals)
- **Improved Coordination and Communication**
 - Between cross-disciplinary partners serving the same cases including law enforcement, prosecutors, advocates, forensic services, CWS, APS, immigration services, Behavioral Health Services providers, military family advocates, legal services, others
 - Better coordination between criminal court, Family Court, Juvenile Court
 - Improve ways to track success and outcomes when serving victims/survivors
- **Technology**
 - Online reporting systems for healthcare to report suspicious injury, child, and elder abuse
 - Transparent, direct communication and updates throughout the investigation and court process – from start to finish

(Survey Data) Crime Intervention (early and acute) n=108

- *Trauma informed childcare services for survivors as the access therapy, work development classes, legal resources, case management/advocacy services.*
- *Accessible hotlines 24/7 to assist survivors and professional across abuse/victimization types.*

- *Civil legal assistance; legal representation; accessible and no-cost.*
- *Assistance for travel/transport needs to get away from the abusive situation and accessing services.*
- *Crisis intervention/support services tailored to abuse victims that have mental health or substance use challenges.*
- *Need more crisis services/case management/navigation services that accommodate people abuse survivors with intellectual disabilities, developmentally disabled, Autism, cognitive impairments, dementia, dependent adults in order; evidence-based practices to meet the needs of this highly specialized population.*
- *High risks team approaches – assessing risks, tailored responses to needs.*
- *Hotel stays for emergencies when shelter/housing not available and for survivors that do not meet criteria for shelters.*
- *Housing for minor victims.*
- *Peer support, court accompaniment, support from thrivers (those who are trained and ready to serve).*
- *Improved coordination between cross-disciplinary partners serving the same cases including law enforcement, prosecutors, advocates, forensic services, CWS, APS, immigration services, Behavioral Health Services providers, military family advocates, legal services, others.*
- *Better coordination between criminal court, Family Court, Juvenile Court.*
- *More supports/resources to keep children with the non-abusing parent, not remove children.*
- *In-home support and other mobile responses options when accessibility to services is a barrier.*
- *Trauma informed, culturally competent and language accessible, wrap-around, services with service coordination, access to multiple services, for the entire family.*
- *Accessible services for North, East, and rural SD County.*
- *More involvement from law enforcement in collaborative meetings and trainings.*
- *More sex buyer sweeps.*
- *More safe shelter beds in general and more safe shelters tailored for marginalized victim populations (e.g., dual diagnosis, fragile elders, immigrants/refugees, LGBTQIA+).*
- *Online reporting systems for healthcare to report suspicious injury, child, and elder abuse.*
- *Pet-friendly shelter/housing options (not just service animals).*
- *More sustainable funding options for forensic interviews and exams for DV, elder abuse, dependent adults, child abuse, human trafficking.*
- *Screening and assessments earlier; across abuse types; across disciplines.*
- *Therapy dogs offered during interviews at the DA's Office, especially when the case is rejected.*
- *Streamline the intake of sexual assault cases to go straight to sex crimes so that a survivor doesn't need to repeat their story multiple times.*

- *Transparent, direct communication and updates throughout the investigation and court process – from start to finish.*
- *Warm handoff from victim advocates (not just resource numbers) for connection to community services.*
- *More accessible co-located, wrap-around services for victims/survivors such as Family Justice Center models.*
- *Need more 24/7 resources, support (e.g., advocacy, shelter).*
- *Legislative change is needed so that victim’s name/info is not given to defendant in preparation for Parole hearings.*
- *More legal assistance/lawyers available to help victims with TRO’s and other abuse related legal needs (e.g., Rape Shield costs).*
- *Ensure providers across professions understand the Child Victim Witness Protocol, reduce number of interviews children are receiving. Possibly child interviews can be recorded so child doesn’t have to appear so many times.*
- *Advisory board for law enforcement, market what law enforcement is doing to improve responses/public safety; include community and survivors on board.*
- *Increase/enhance mobile response for victim advocacy/Social Worker response to crime scenes to provide immediate, acute intervention (modeled after DVRT and PERT).*
- *Create more diversion programs; instead of arrest give them a fine and then waive if education/treatment is completed.*
- *Expand school counselor/Social Worker services/family advocates onsite at schools.*
- *Improve coordination between school staff, CPS, law enforcement, Behavioral Health, social services when child/teen has experienced/witnessed abuse/victimization.*
- *Implement “Opening Doors” alternative reporting for sexual assault victims.*
- *Modify criminal justice system so that adults 18-25 have different penalty/special solutions.*
- *Support families towards family preservation, parent partner models.*
- *More alternatives to law enforcement intervention.*
- *Peers with lived experience of abuse/victimization to accompany survivors to court.*
- *Change TRO court appearance process so that victim doesn’t have to come to court and see offender in-person – virtual appearances via telephone or video so they don’t have to be in the same room as the offender.*
- *Legislative change to keep better track of children – If student is absent for an extended period the student “disappears” and school doesn’t look for them anymore. Schools should need to report absentee to CWS.*
- *Legislation so Victim Assistance fund can help victims of property crimes recoup costs.*

INTERCEPT III:

Post-Crime Continuum (From victim to survivor to thriver)



- **Treatment and Support for Victims/Survivors**
 - Therapy services available for children, teens, adults based on evidence-based modalities
 - Therapeutic support groups for survivors
 - Specialized trauma treatment for LGBTQIA+, dual diagnosis, people with developmental and intellectual disabilities, etc.
 - Warm hand-off for free/affordable long-term counseling
 - Healing spaces ran by people from the community, trauma informed yoga
 - Mentorship for kids, teens, and adults; peer to peer support
 - Trauma healing camps (e.g., Camp Hope)
 - More vetting, requirements, and specialty listing for VCB therapy lists
 - More restorative programs
- **Housing**
 - Access to safe transitional housing programs
 - Permanent affordable housing
 - Inclusive housing opportunities for survivors who identify as non-binary, transgender/transsexual, male victims, survivors without children
- **Support for Professionals**
 - Therapy/groups/support opportunities/healing and wellness activities for professionals serving survivors including frontline workers, therapists, advocates, criminal justice, etc.
- **Case Management**
 - Long-term wrap-around services, case management, navigation
 - Additional and long-term support for people with chronic conditions, disabilities
- **Thriver Services**
 - Empowerment workshops
 - Available workforce preparation, training, job prep, education opportunities
 - Financial literacy, loan programs, savings programs
 - Medical advocates to assist in accessing long term care for medical needs
 - Employment opportunities, internships
 - Life coaches to assist with improving quality of life
 - Business partners to fill unmet needs (e.g., financial literacy, car loan programs, employment help, job opportunities, skills training)

(Survey Data) Post-Crime Continuum n=111

- *Trauma treatment services and warm hand-off for free/affordable long-term counseling for children, teens, adults based on evidence-based modalities; therapeutic support groups*

for survivors; specialized trauma treatment for LGBTQIA+, dual diagnosis, people with developmental and intellectual disabilities, etc.

- *Supports for professionals serving survivors including frontline workers, therapists, advocates, criminal justice, etc.*
- *Access to safe transitional housing programs; permanent affordable housing; inclusive housing opportunities for survivors who identify as non-binary, trans, male victims, survivors without children.*
- *Healing spaces ran by people from the community.*
- *Long-term wrap-around services, case management, navigation.*
- *Additional and long-term support for people with chronic conditions, disabilities.*
- *Mentorship for kids, teens, and adults; peer to peer support.*
- *Thriver services, empowerment workshops.*
- *Available workforce preparation, training, job prep, education opportunities.*
- *Financial literacy, loan programs, savings programs.*
- *Medical advocates to assist in accessing long term care for medical needs.*
- *Trauma healing camps (e.g., Camp Hope).*
- *Employment opportunities, internships.*
- *Life coaches to assist with improving quality of life.*
- *More vetting, requirements, and specialty listing for VCB therapy lists.*
- *More business partners to fill unmet needs (e.g., financial literacy, car loan programs, employment help, job opportunities, skills training).*
- *More restorative programs.*
- *Notification to victims beyond the 90-day notice regarding early parole eligibility, why they are being released and/or changes in the law that result in a reduced sentence or will advance parole eligibility.*
- *Trauma informed yoga; healing activities.*
- *Restorative Justice programs – provide training to professionals across disciplines.*
- *Expand available supports for providers who serve victims/survivors (e.g., peer support, therapy/supportive services, stress relief/relaxation opportunities at work).*
- *Enhance/expand trauma treatment programs accessible to community, available through school systems, evidence-based modalities.*
- *Host youth peer groups (virtual or at school) for abuse survivors.*
- *Peer to peer support on phone/website chat for victims.*
- *Victims who are registered with California Department of Corrections and Rehabilitation should receive notification regarding any changes in the law that will affect the offender's parole eligibility.*
- *Victims who are registered should receive immediate notification regarding any change to the offender's parole status including an explanation for the change.*
- *When there is a parole hearing scheduled, the Notice of Hearing that is sent to the victim should explain why the inmate is being given a parole hearing (especially if the hearing is being given earlier than the original sentence term had dictated).*

- *Background: CDCR central files contain the first and last names of victims and are visible to the inmate.*
 - *Victim names should be redacted from the court documents, probation officer's report, and any police reports/arrest records before being accessible to the offender at any time.*
 - *Victim names should be redacted from the central file at CDCR (including any document within the file that hasn't already been redacted) before being provided to the inmate for any reason.*
 - *A monitoring system should be put in place to ensure the protection of victim identity.*
- *The elements of Chelsea's Law could be expanded to apply to adult sexual assault cases, so all violent sexual offenders would be eligible for Life Without the Possibility of Parole.*
- *A single conviction for serial offenders with multiple victims (serial rapists and/or serial murderers) should be equal in weight and/or have the same ramifications as separate, multiple convictions of a single offender.*



APPENDIX – C
Victim Services Stakeholders Committee (VSSC)
Plan

Plan Developed by the San Diego County VSSC for 2021 XC Grant Funding

VSSC voted on which victim groups have the most current needs that should be addressed through this funding:

Top 5 Groups Selected by VSSC

- Domestic Violence
- Sexual Assault
- Child Abuse
- Human Trafficking
- Elder Abuse

VSSC voted on which areas were the top priorities for services and funding to address current gaps/needs:

Top Priorities Identified

- Case management services/resource navigation/advocacy services for survivors/victims
- Emergency assistance (e.g., food, clothing, transportation, security deposits, legal filing fees, relocation expenses, lock changes)
- Mental health services for primary victims (e.g., Trauma Focused therapy)
- Short-term hotel stays/Emergency housing assistance
- Temporary Restraining Order (TRO) clinics/Legal Assistance

VSSC Members identified these primary group disparities (Gaps/Needs to be addressed):

- Regional access – North County, East County
- LGBTQIA+ trauma treatment that is culturally appropriate
- Immigrants/refugees/asylum seekers/forcibly displaced
- Language access – Spanish, Arabic, Tagalog
- At risk disabled/dependent adults/elders (e.g., cognitive impairment/dementia)
- Victims with trauma, mental health and/or substance use challenges, especially children and youth
- Racial groups – Latino, Middle Eastern
- Transitional Age Youth/LGBTQIA+ youth/Homeless Youth
- Victims of HT/CSEC

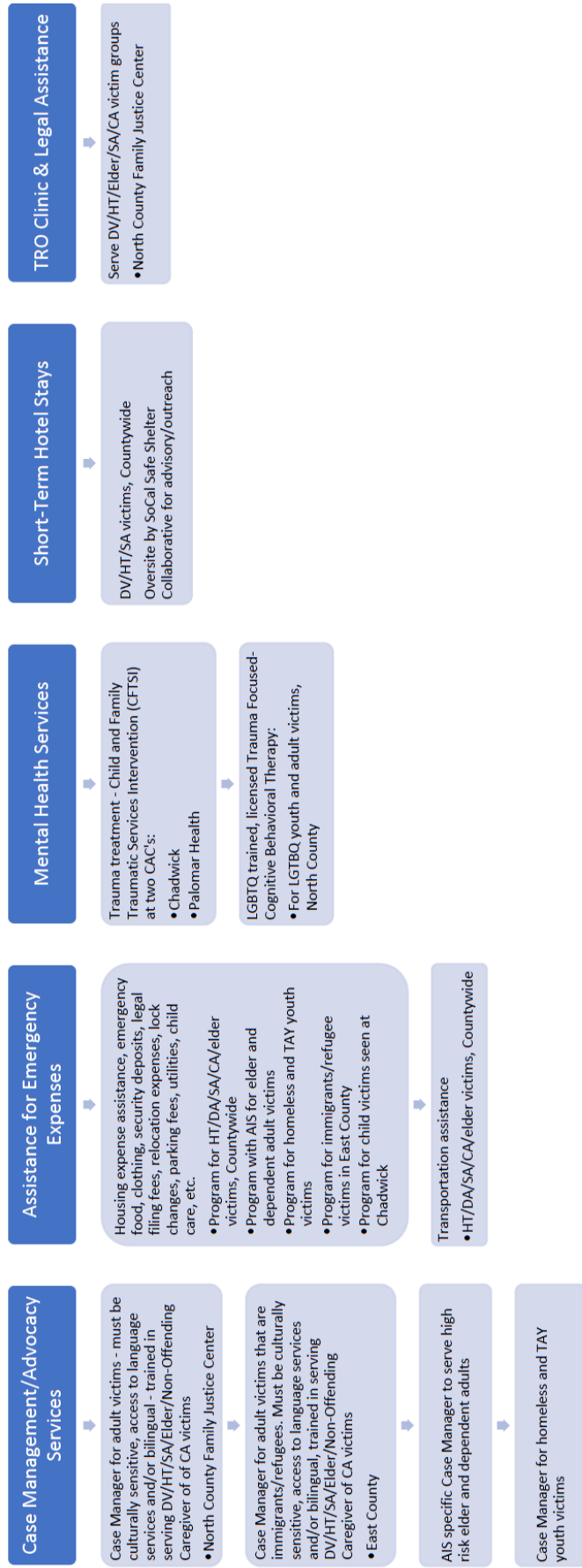
Data was shared by VSSC members. North County was identified as an area with substantial victim service needs:

- 44% of referrals for allegations of abuse and neglect per Child Welfare Services, HHSA reported that (FY 2018/2019)
- 42% of child/youth/family services of clients served per Behavioral Health Services, HHSA (FY 2019/2020)
- 35% of DV incidents reported to law enforcement (CY 2018)
- 42% of domestic violence homicides per the County SD DV Fatality Review Team (CY 1997-2018)
- 23% of the county's homeless population per "We All Count" SD Regional Task Force on the homeless Report (CY 2018)

Discussion at VSSC Meetings, open-ended survey data, and emails received from VSSC members revealed these primary priority areas:

- Case management, advocacy, and short-term CFTSI and TF-CBT at Child Advocacy Centers
- Specialized therapy for LGBTQIA+ victims of crime in North County
- Mental health services that are culturally sensitive, linguistically relevant, and trauma informed for children and families
- Case management and advocacy services for victims needed during court process/criminal justice/TRO process
- Immigrants/refugees need legal services, case management, and housing assistance
- Victims have needs for emergency assistance with transportation and parking costs for visits to court, short-term treatment, advocacy services, and criminal justice departments, food, utilities, housing expenses (e.g., rent) (East County and North County)
- Language capacity needs to be considered in all programming
- Legal assistance and representation in court by lawyers
- Elder victims need emergency assistance and advocacy/case management, wrap-around services (return of Anchor Team)
- Advocacy services for patients receiving DAFE's
- Emergency short term-hotel stays are need for DV and HT victims
- Education/support for teens and community in school on TDV and SA warning signs/prevention
- Financial assistance with bad credit, obtaining new ID
- Childcare during emergency services

Final VSSC Plan for 2021 XC Grant Services/Funding



www.SanDiegoDA.com

