4-10-2023

Intimate Partner Violence, Miami-Dade County, and System Responses

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April 10, 2023

Acknowledgements

We are grateful for the Study Oversight Team Members for their guidance, assistance, and support. It has been a true pleasure working with you all.

Elizabeth Regalado, Amy Horton-Tavera, Carlos Maxwell, Victor Van der Weerden, and Constance Collins

We are grateful for the community stakeholders who took time to meet with us and provide information making this study possible. Thank you.

The MOVES Program and State Attorney's Office, Dade Legal Aid, Catholic Legal Services, The 11th Judicial Circuit, Citrus Health Network, Carrfour Supportive Housing, Freedom Heart Foundation, Coordinated Victim Assistance Center, SafeSpace South, Central, North, and Empowerment Center, Domestic Violence Oversight Board Chair, Miguel De Grandy, The Miami-Dade County Homeless Trust, Aventura Police Department, Golden Beach Police Department, Key Biscayne Police Department, Miami-Dade Police Department, Miami Beach Police Department, Hialeah Police Department, Hialeah Gardens Police Department, North Miami Police Department, Sunny Isles Police Department, Surfside Police Department, Roxy Bolton Rape Treatment Center, and The Advocate Program.

We are grateful to the UCF Institute for Social and Behavioral Science Graduate and Undergraduate Research Assistants who assisted in literature searches, data compilation, and data analysis. We could not have done it without you.

Francesca Allegrini, Caroline Austin, MA, Davina Caldwell, MA, Daniela Castro, Fiona Chanlatte, Brandon Cohen, Jackie Fernandez-Reiss, MA, Gianna Ferrante, Natalia Gonzalez, Brian Hall, MA, Apoorva Palled, Caitlyn Pham, Jose Victor Moraes Uchoa, and John Weston, MA

We are grateful to the survivors of IPV and other crimes who took time to meet with us and share their stories.

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Executive Summary

In 2022, the UCF Institute for Social and Behavioral Science (ISBS) undertook a year-long study of intimate partner violence (IPV) in Miami-Dade County. Using an array of qualitative and quantitative methodologies, ISBS has developed a report to summarize its efforts. Detailed below is a summary of findings and recommendations, categorized by IPV-related topic area. The recommendations and findings are as follows:

Approaches to the Operationalization of Services and Responses

- Components of the community-wide system include many sectors (e.g., non-certified resource-providing entities, homeless shelters, domestic violence centers [certified], law enforcement).

- Domestic violence awareness and prevention campaigns must consider, for example, addressing issues of specific communities (e.g., immigrant and refugee survivors), open/hidden options (e.g., informational flyers behind bathroom stalls), survivors' voices, and community contexts.

- An expanded intersectional approach to service and intervention provision would go a long way toward ensuring specific populations (e.g., Black women) are protected from IPV and poverty, as well as homelessness. For example, an intersectional approach could involve leaning into the usage of Florida's version of waiving work requirements for public assistance receipt (also known as the Family Violence Option).

- Inclusion statements should be added to stakeholder websites.

Costs of IPV

- The costs of IPV to Miami-Dade County are quite high, exceeding $75 million annually.

Children's Services

- Supporting children exposed to IPV will require various strategies. For example, these strategies can include trauma-focused cognitive behavioral therapy, public education about exposure to IPV, and extended and accessible therapy.

Criminal and Civil Legal Justice-Related Findings and Recommendations

- Law enforcement could improve standard operating procedures by more fully including MOVES and other resources.

- Law enforcement should raise the level of standard operating procedures by incorporating into such documents already-available resources (e.g., victim notification systems, free 9-1-1 cellphone programs) that they frequently use.

- Law enforcement training could be strengthened via being more continuous and established beyond initial academy training.

- The criminal justice response to IPV could benefit from fine-tuning. For example, interview participants in the Current Study discussed both positive

and negative experiences with law enforcement.

- It is too early to make conclusions on the efficacy of pre-trial diversion program in Miami-Dade County. More years of diversion data are necessary to have enough of a subgroup sample size of recidivism in order to determine efficacy.

- Level of access and ease in obtaining injunctions, within this report, is examined with qualitative data.

Data and Definitional Issues

- System-wide and individual-program demographic data offer an opportunity to understand and serve survivor populations. For example, system-wide data such as city-level statistics on poverty and other indicators could help guide community-specific prevention programming. Individual-level data from stakeholder entities can be used to more accurately identify populations that are disproportionately burdened by IPV and other social problem. These data could allow Miami-Dade the opportunity to engage in continual self-monitoring, self-correction, and policy/programming revision during times in which studies like the current one are not being completed.

- A centralized database is possible, but will require intricate work (e.g., meetings, decision-making on data analysts) among all service sectors (domestic violence service, homelessness/housing service, and criminal justice) to match operational definitions of demography.

- Strengthening of operational definitions can strengthen collaboration (data-wise) among the domestic violence service sector, criminal justice sector, and the homelessness/housing service sector.

- Certain topics concerning data system adequacy need addressing (e.g., dating violence, "lovers quarrel" categorization, inclusion of trans persons).

Quantitative Findings

- Most IPV offenses involve misdemeanors; a plurality involves spousal relationships.

- While IPV and intimate partner homicide seem to be decreasing, they remain a persistent problem.

- Non-fatal IPV is a substantial public health burden for Miami-Dade County.

Social and Human Services

- A single, centralized domestic violence hotline is possible and necessary, but attention to details like digit-structure and Victims of Crime Administrators (VOCA) reporting requirements need to be considered.

- The number of domestic violence emergency shelter beds at certified centers has increased, exhibiting a better fit in regard to the overall Miami-Dade County population.

- While transitional housing units in the domestic violence sector exist, strengthening this resource holds the promise of helping survivors live beyond the shelters.

- Expansion in trauma-informed approaches is needed to strengthen the operation of sheltering services.

- CVAC could more strongly align with other family justice centers by adding more services to its publicly available list of services that it can provide. For example, the public listing of speech/hearing pathology services could more clearly signal to survivors of IPV that such services are available through CVAC-adjacent providers.

- A utilization analysis should inquire about the needs of certified centers in an effort to keep them functioning well.

Introduction

Intimate partner violence (IPV), defined as "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)" (Breiding et al., 2015, p. 11), is a critical social, criminological, and public health crisis. Defined to include violence forms like sexual abuse and psychological aggression, this crisis has an across-lifespan reach of tens of millions of people (see, e.g., Smith et al., 2018; Leemis et al., 2022). IPV also has "radiating" effects, in which violence is the epicenter out of which numerous disruptions echo across parts of everyday life: the individual level (e.g., health and mental health, housing instability, work performance and financial instability), interpersonal level (e.g., relationships with family), community level (e.g., effects on coworkers, businesses, profitable performance), and beyond (Riger et al., 2002).

Stacked on top of this "radiating" impact, IPV comingles with, and thrives off, other social problems. For example, even as separate issues, firearm violence and IPV are difficult to mitigate. The nexus of these two issues paints a picture in which there is an approximate~~ly~~ 500% increase in the odds of femicide in IPV-plagued dyads that feature firearm access, compared to those with no firearm access (see Campbell et al., 2003). Similarly, poverty and IPV are salient as "twin" issues (Montanez, 2022). Approximately a decade of data from the National Crime Victimization Survey shows that IPV and household income status are interwoven. That is, every level of decrease in income level within households (i.e., high income, mid-income, low income, and poor) runs parallel to increased rates of IPV, with the highest concentration of burden nested in the poorest households (see Harrell, 2014). Moreover, IPV is a leading cause of homelessness for women with radiant impacts on the health and wellbeing of children.

Along the lines of economic impact, the financial burden of IPV radiates outward toward the remainder of society. Accordingly, the financial impact of IPV can be measured more than trillions of U.S. dollars across the lifespan (Peterson et al., 2018). Less understood are the local dynamics of IPV and the systems that aim to address it.

Miami-Dade County

With a population of almost three million people, Miami-Dade County is the most populous county in Florida. While the percentages of its male and female inhabitants closely approximate that of the State of Florida as a whole, the story about Miami-Dade's racial, ethnic, and linguistic distributions is quite complex. First, Miami-Dade County has a greater share of Hispanic or Latino/a persons of any race compared to the State of Florida (see Table 1). Second, there is a greater share of the population in Miami-Dade County that speaks a language beyond English than Florida as a whole. Third, Miami-Dade County has slightly lower rates of disability and broadband access when compared to the entire state of Florida.

Table 1. Demographic and Social Characteristics, Miami-Dade County and Florida, 2019

Characteristic	County (%)	State (%)
Sex		
Male	48.6	48.9
Female	51.4	51.1
Racial and Ethnic Background		
Hispanic or Latino of any race	69.4	24.6
Non-Hispanic White	12.8	53.0
Non-Hispanic Black or African American	15.3	15.2
Non-Hispanic Asian		
Non-Hispanic American Indian or Alaska Native	0.1	0.2
Non-Hispanic Native Hawaiian and/or Other Pacific Islander	0.0	0.1
Non-Hispanic Some Other Race	0.3	0.4
Relationship Configurations		
Married Couple Families	43.8	46.4
Cohabitating Couple Household	7.1	7.0
Male-Headed Household	18.5	17.9
Female-Headed Household	30.5	28.7
Disability Status		
With Disability	10.1	13.7
Foreign-Born Population		
Naturalized U.S. Citizen	59.8	57.4
Not a U.S. Citizen	40.2	42.6
Language (Population 5+)		
English Only	24.0	69.7
Language Other than English	76.0	30.3
Households with Computer(s)	93.9	94.5
Households with Broadband	80.3	86.8

Note. Adapted from the U.S. Census Bureau (n.d.) American Community Survey.

History to the Current Study

In the first decade of the 2000s, the Miami-Dade Domestic Violence Oversight Board (DVOB) and Miami-Dade County (henceforth known as "the County") worked to develop an assessment (henceforth known as "the Original Report") of domestic violence and sexual assault in their community. Spearheaded by the Advocate Program, the Original Report provided various recommendations, many of which were operationalized into the County's system-wide response to IPV (Gaps and Needs Workgroup, 2020).

The DVOB further understood that continued evaluation of the community-wide system holds the promise of better grasping survivors needs, system gaps, and future actions to eradicate and forever head off the occurrence of IPV in Miami-Dade and beyond. Alongside the approval of a new evaluation, the development of the Gaps and Needs Workgroup (henceforth known as "the Workgroup") developed a Gaps and Needs Report, which provided "an updated look at the magnitude of the domestic violence issues in [Miami-Dade County], progress on many fronts,

gaps and needs, and recommendations to enhance services and address those needs and gaps (Gaps and Needs Workgroup, 2020, p. 1).

In January 2022, (the DVOB and) the County finalized an intergovernmental agreement with the University of Central Florida's (UCF) Institute for Social and Behavioral Science (ISBS), managed by the UCF Research Foundation, Inc. The intergovernmental agreement set forth a series of objectives for an evaluation of IPV, particularly the community-wide system response to the issue in Miami-Dade County. Answers to these objectives, in the form of a synthesis of qualitative and quantitative methodological tasks, are provided in this report, henceforth known as "the Current Study" or "the Current Report."

Questions Addressed

The scope of work for the Current Study is laid out in the form of 6 objectives, which inform the structure of the report and are addressed individually herein. The objectives that are addressed are:

1. Review and follow up about each of the eight (8) recommendations included in the Gaps and Needs Report (See Appendix A. Eight Recommendations from the Gaps and Needs Report for list of recommendations).

2. Analyze the magnitude of domestic violence as a public health issue in our community of Miami-Dade County. Do our data systems capture information needed? What are the gaps and needs about data collection, analysis and dissemination? Make recommendations to address gaps and needs, including a centralized database and information management system to provide ready access to stakeholders, reviewers, and public policy makers.

3. Analyze the wide-ranging costs associated with domestic violence in our community and resources dedicated to that end.

4. Assess the adequacy of our community-wide system response to domestic violence, including law enforcement, prosecution, diversion, judiciary, legal aid, victims' services, domestic violence centers, emergency shelter, housing (permanent, transitional and subsidies), victims' compensation, and other resources, including barriers to and ease of access by victims, coordination by and among the continuum of care, trauma informed, utilization of trauma informed, evidence-based best practices, and effectiveness in protecting victims and survivors and stopping perpetrators from committing further crimes while holding them accountable.

5. Make recommendations for prevention strategies and public education as an integral component of our community response to prevent and end domestic violence, utilizing a public health model. A "public health model can be used to identify opportunities for domestic violence prevention along a continuum of possible harm, including: (1) primary prevention to reduce the incidence of the problem before it occurs; (2) secondary prevention to decrease the prevalence after early signs of the problem; and (3) tertiary prevention to intervene once the problems is already clearly evident and causing harm." Provide recommendations for evidence based and promising prevention and public education strategies. Include recommendations for effective,

evidence based, primary prevention programs in schools, for all ages. For adults, primary prevention may be found in public education campaigns, such as public services announcements and advertisements, to increase awareness of the harms of domestic violence and of services available to victims; provide recommendations for adult prevention strategies as well.

6. Review individual components of the DV continuum of care and suggest directions for future improvement, reforms, collaboration, integration, and coordination to create a more responsive, consistent, and coordinated effort to support DV victims and survivors. The more granular components of the study should include:

a. Describing and analyzing service interventions and responses provided by the domestic violence system and their efficacy; identify outcomes and benefits of services and interventions. Are programs client centered?

b. Assessing children's access to programming and services that include needs assessment, counseling, therapeutic interventions, health care, education; level of coordination between MDCPS and shelters, service providers, and other components of the coordinated community response (CCR), and evaluate specific impacts and efficacy of children's programs.

c. Identifying how consumers/victims/survivors are involved in contributing to and evaluating programs. What is the feedback from survivors, and how is feedback addressed and used to improve the services and experiences for survivors? What are the survey instruments? Do clients understand their rights and what options for assistance are available?

d. Assessing trends in demographics of those serviced by the domestic violence continuum of care, both system wide and in individual programs and analyze for trends and barriers for accessing services. Assessing the cultural competency/sensitivity of existing programs, specifically for women, women of color, immigrants, and the LGBTQ population and other marginalized individuals; how can their cultural competence/sensitivity be improved?

e. Performing a quantitative and qualitative assessment of the need for domestic violence centers and emergency shelters and services serving victims and survivors, to include projections over the next two decades. Assessing the victims' level of access to shelter and services; if there is no shelter available, what is offered to victims? Are these cases tracked/followed up? If so, how, and what does the tracking reveal? If not, why not?

f. Providing recommendations for establishing a utilization analysis of all DV shelters and transitional programs that includes the number of victims turned away due to lack of space. The utilization analysis will help identify the need for future construction of additional shelters and whether aging shelters should be retrofitted or replaced with a new shelter.

g. Recommending a pathway for implementing a centralized database and management information system for domestic violence that provides regular reporting on the incidence of domestic violence and service outcomes to help quantify the extent of domestic violence, quantify the efficacy of domestic violence services, and guide policy and funding decisions.

h. Identifying intersectional issues and collaborative strategies and opportunities between systems designed to enhance shelter services and strengthen our community wide response.

i. Conduct an evaluation to assess the strengths, weaknesses, and opportunities for growth and enhancing the Family Justice Center Model of the Coordinated Victims Assistance Center.

j. Examining the efficacy of the community's current efforts to hold abusers accountable and efficacy in helping abusers stop their violent behavior; to what degree is the community involved in public accountability and reducing cultural supports for battering. Determine whether those completing batterers' intervention programs have been involved in subsequent domestic violence incidents.

k. Identifying pro-arrest or mandatory arrest policies; what is the follow up support and advocacy for victims; aggressive and prompt prosecution; is there active monitoring of offender compliance with probation conditions; how do law enforcement jurisdictions coordinate and share a vision for consistent appropriate law enforcement response to domestic violence.

l. Determining the victim's level of access and ease in obtaining orders of protection and improving their enforcement.

Methodology

The Current Study relied on several forms of data collection and analysis strategies to address the objectives put forth by the study scope of work and Gaps and Needs Report. These are discussed individually here (and a full list can be found in Appendix B. Data Collection and Analysis Activities Undertaken).

Secondary Data – Uniform Crime Report Domestic Violence Data (Fatal and Nonfatal)

Part of the Current Report involved looking at official crime data to understand the broader context of domestic violence as a public health, criminal, and social problem. To understand IPV in its broader form, numbers from a report generated by Lotus House Women's Shelter (Lotus House) which analyzed data from the Florida Department of Law Enforcement (FDLE) were adapted for the purposes of this report.

Secondary Data – Uniform Crime Report Nonfatal IPV Data

To supplement the Lotus House data analysis, the Current Study obtained IPV data from the FDLE—data that disaggregated counts of offenses by type (e.g., sex offenses, assault, aggravated offenses), county, and relationship category (e.g., parent, cohabitant). To identify IPV within these data, all offense types were placed under inquiry, with a targeted search for Miami-Dade County cases. Moreover, only intimate partner relationships were included—that is, (a) spouses, (b) cohabitants, and (c) persons with a child in common but who do not live together. To best understand the data from different angles, different typologies were developed based on type and severity, as well as relationship categories.

Secondary Data – Uniform Crime Report Supplemental Homicide Report Data

To supplement the Current Report's understanding of non-fatal IPV, intimate partner homicide (IPH) was investigated. Specifically, UCR Supplemental Homicide Reports data were obtained to construct counts and percentages of IPH in Miami-Dade County.

Secondary Data – Uniform Crime Report Arrest Data

To supplement the Current Report's understanding of prompt prosecution, domestic violence arrests were investigated. Specifically, UCR Domestic Violence Arrest data were obtained to calculate arrest-to-offense ratios in combination with UCR Domestic Violence Offense data.

Florida State-Wide Sheriff Website Census

Part of the current research involved a census of sheriff's department websites across Florida (the list of websites searched can be found in Appendix C. Sheriff's Offices Included in Website Census). Two searchers split the list of sheriff's offices—the Project Manager and a Research Assistant. The websites were scanned for any mention of IPV-related terminology (e.g., "domestic violence," "victim services"). If such terminology was found, more inspection was conducted to search for a list or description of services related to IPV. The specific services were listed in a spreadsheet per sheriff's department. Frequencies and percentages of these services/resources were calculated and are presented in relevant areas accordingly. The resultant main list of services/resources were also baked into law enforcement interviews to see if law enforcement agencies in Miami-Dade County also, in some way, provided or offered such services/resources.

Florida State-Wide Certified Domestic Violence Center Website Census

Part of the current research involved a census of websites for each of Florida's certified domestic violence centers. The list of certified centers for which websites were searched can be found in Appendix D. Florida State-Wide Certified Domestic Violence Center Website Census. Two searchers, the Project Manager and a Research Assistant, split the list of centers. The websites were scanned for their lists of services/resources. The specific services/resources were listed in a spreadsheet per certified center. Each service/resource was segmented into a broader categorization.

Family Justice Center Nation-Wide Website Census

Part of the current research looked at the Family Justice Center Model (FJC). Specifically, the Current Study reviewed the resources and services pages of over 40 FJCs across the United States. Resources and services were recorded and categorized, resulting in a table of services that were cross-cutting among FJCs. These categories were then weighed against the "Services Available at the Coordinated Victims Assistance Center (CVAC)" document, specifically to determine overlap and discrepancies between the two data sources. That is, the Current Study logged which services/resources CVAC and the FJCs both encompassed, as well as which services/resources were independently found within each entity / entity set. The list of FJCs

researched can be found in Appendix E. Family Justice Center Website Census Targets. It is important to note that CVAC documents listing CVAC partners were not included in this analysis because victims/survivors would not be able to see those documents as readily as the public CVAC available services document. Furthermore, this means that there is a difference between CVAC's internal list of partners (and those partners' services) and DVAC's public list of services. For example, a "CVAC Partner Directory 2022" document (provided to the Current Report's authors) listed the Hearing and Speech Center of Florida; at the same time, the publicly available "Services Available at the Coordinated Victims Assistance Center (CVAC)" document does not list services related to hearing, speech pathology, etc. (which would potentially be provided by the Hearing and Speech Center).

Stakeholder Interviews

For the purposes of the Current Study, a stakeholder is defined as all non-victims/survivors and non-laypersons; that is, providers and law enforcement officers are under the definitional umbrella of the term stakeholder. Below are the details associated with conducting stakeholder interviews.

Law Enforcement

Stakeholder interviews were conducted with three law enforcement agencies. Agencies were asked about the number of officers in their respective departments, questions about training, a battery of quantitative questions derived from the "Florida State-Wide Sheriff Website Census," as well as other topics (e.g., awareness campaigns).

Shelter and Social Services

Stakeholder interviews were conducted with shelter and social service staff. Questions asked included data availability, the dynamics of IPV types, and other questions.

Legal Services

Stakeholder interviews were conducted with two legal service entities. Stakeholders were asked about their respective legal service agencies' work, how said work intersects with IPV, as well as other topics (e.g., awareness campaigns).

Housing and Homeless Providers/Services

Stakeholder interviews were conducted with three homeless and housing program providers. Stakeholders were asked about their specific programming (e.g., transitional housing), coordinated entry systems, and other aspects of the continuum of care as intersecting with domestic / intimate partner violence.

Judicial and Prosecutorial System

Multiple interviews were conducted with systems actors from the judicial / prosecutorial systems. Questions asked included system intersections with dating violence, awareness campaigns, and others.

Hotline Decision Making Search and Analysis (Mnemonics and Other Hotlines in Florida)

To look at possibilities of a centralized hotline, the Current Study looked at all four major numbers of the community-wide system:

- SafeSpace Hotline Central: 305-693-0232;
- SafeSpace Hotline North: 305-758-2546;
- SafeSpace Hotline South: 305-245-5011;
- CVAC Call/Text-Line: 305-285-5900.[1]

Specifically, the Current Study first looked at whether any of the hotline/phone numbers above had a mnemonic composition—that is, whether the numbers, when translated, spelled out words that made sense for a hotline (i.e., could be remembered easily). The results of this search can be found in Appendix F. Mnemonic Composition Analysis.

After finding that all hotline/phone numbers did not have a suitable mnemonic composition, the Current Study then looked at all other certified domestic violence hotlines across Florida. Specifically, the Current Study investigated the most-used digit structures of the extant hotlines across Florida's certified domestic violence centers/programs. The results of this search can be found in Appendix G. Digit Structure Analysis Data.

Stakeholder Assessment Forms

To look at the possibilities of a centralized database, the Current Study collected intake assessment forms from as many stakeholders as possible. For law enforcement, the publicly available UCR forms from the FDLE website were used, specifically because they are standardized for all law enforcement agencies' reporting.

[1] According to the Current Study's oversight guidance, victims can contact 305-285-5900—the "hotline" for placement—so staff can navigate bed availability.

Standard Operating Procedure Content Analysis

To understand the potential alignment of law enforcement processes with a Florida Model Policy[2] and county-level-relevant processes (e.g., MOVES), as well as to gauge how far above and beyond protocol law enforcement go in responding to IPV, a content analysis of standard operating procedure (SOP) documents was conducted. The content analysis was developed in relation to Tatum and Clements's (2009) methodology. Tatum and Clement (2009) employed a content analysis of 49 SOP documents from law enforcement agencies across the state of Florida. The authors' content analysis centered around characteristics indicative of Florida Model Policy on Domestic Violence, including (but not limited to) mandatory dispatch of two or more officers to a scene, the use of victim advocates on-scene, officer-involved domestic violence, and others. The Current Study's content analysis essentially replicated Tatum and Clement (2009), but with its scope set on Miami-Dade County. To build on Tatum and Clement's (2009) work and localize the relevance of the content analysis, the Current Study's content analysis of SOPs:

- Compared SOP characteristics with quantitative aspects of the law enforcement interviews.
- Utilized additional characteristics (e.g., whether SOPs mention MOVES) that (a) reflect important questions raised in the Gaps and Needs Report, and (b) reflected themes brought up in the qualitative interviewing.

To employ the content analysis, one researcher reviewed the SOPs in their entirety, categorizing their text into categories indicative of various law enforcement process characteristics. Any characteristic per SOP about which the researcher was unsure was then transferred to a second researcher for further analysis, coding, and confirmation. All data were placed in a spreadsheet. Simple frequencies and percentages are reported herein for descriptive understanding of the analysis.

Literature Reviews

To answer and contextualize questions related to the scope of work and Gaps and Needs Report, a series of literature reviews were conducted to survey and synthesize the extant literature on IPV and a series of related topics.

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[2] The Florida Model Policy for Domestic Violence features a list of preferred guidelines for developing domestic violence response policy at the agency level across Florida. In the 1990s, the Florida Law Enforcement Research Coalition was contacted by a state-level task force to write these guidelines as a means to improve the law enforcement response to domestic violence. The guidelines were intended to serve as a collective example off of which individual law enforcement agencies could develop their own standard operating procedures (Tatum & Clement, 2009). A copy of a later revision of the guidelines (1999) can be found at the following link: https://www.myflfamilies.com/service-programs/domestic-violence/docs/ModelPolicy2DV1999.pdf.

Gun Violence Archive Analysis

To complete an analysis on dating violence and gun violence:

- Data were downloaded from the Gun Violence Archive, which uses media and social media reports (e.g., from law enforcement, online news agencies) to identify potential cases of firearm violence, including suicides, murders, and non-fatal injuries. Data on overall deaths and injuries have been downloaded for years 2021 and 2020.
- A coding sheet was developed. The only variable the authors of the Current Report were interested in adding to the existing data sheets was the victim-offender relationship of each offender to each victim.
- Data were sorted to identify all cases within jurisdictions in Miami-Dade County (e.g., Hialeah, Coral Gables, Homestead). This was relatively easy with the filter and/or sort commands of Google Sheet.
- "Incident ID" of each case was identified.
- One Coder (and a follow-up Verifier) identified the Incident ID within the Gun Violence Archive for that respective year/month/day, and examining the details of the incident.
- Indicating whether the incident was IPV-related.
- If the incident was IPV-related, indicating the specific descriptor that indicates victim-offender relationship.
- Categorizing the descriptor in a broader victim-offender relationship category.

Statute and Ordinance Reviews

Where appropriate, the Current Report also features reading through existing statutes (at the state level) and ordinances (at the county level) for relevant context.

Capacity and Utilization Analysis

On February 8, 2023 (during the feedback incorporation period for the Current Study), a request was sent to the Miami-Dade Office of Management and Budget for utilization data for Miami-Dade County's four certified domestic violence shelters: Empowerment Center, Safespace Central, Safespace North, and Safespace South. for October 2021 through October 2022. The Office of Management and Budget provided occupancy data on behalf of CAHSD. The authors of the Current Report analyzed these data in two ways:

1. Calculating the rate at which all shelters were at capacity for each month of the reporting period.
2. Calculating child-to-adult bed night ratios for all shelters for each month of the reporting period.

An Important Note on Terminology

In Practice

The authors of the Current Report began the Current Study with an understanding that its contents and purposes would center around IPV. However, throughout the research, it became clearly apparent that the term IPV does not yet hold a particularly strong meaning in Miami-Dade County. Offenses against intimate partners, as partially defined by state statute, are in some instances lumped together, and in other instances defined as separate categories. For example, domestic violence in Florida is defined in statute as family members and household members—including spouses. Separate from this definition of domestic violence is the definition of dating violence.

Throughout stakeholder interviews, many stakeholders responded specifically with the *term domestic violence*. For example, if the interviewer asked a question that included the term *intimate partner violence*, stakeholder responses generally included the term *domestic violence*, not *intimate partner violence*. For example:

Interviewer: "So, for the purposes of this interview, intimate partner violence includes physical violence, sexual violence, stalking, and psychological aggression, including coercive tactics by a current or former intimate partner, spouses, boyfriends, girlfriends, ongoing sexual partners. And I'm wondering if you can tell me a little bit more about [Your organization] for as well as your role [in it].

Participant 1: "...You know, we do have incidents of domestic violence in some of our programs. We also get referrals from domestic violence shelters..."

In another instance:

Interviewer: "…And are there dedicated officers or division to respond to intimate partner violence or is there a more general victim services division?

Participant 2: "So the way that we do it here at [agency] is that all of our officers are trained [on] domestic violence."

Further:

Participant 3: "The state of Florida does not talk about intimate partner violence in the statute. And that is a major issue because the police only abide by the statute [which] clearly dictates what they are supposed to do and how they're supposed to handle crimes.

So again...organizations that address those crimes are not gonna talk to you about intimate partner violence here...

Why would we talk about domestic violence? Because that's what the statute talks about. 741 point 30 is a statute that talks about domestic violence."

This is important because, as Montanez et al.'s (2021) discusses:

The term domestic violence has multiple meanings. First, domestic violence can mean violence within the family or household: family violence. Second, it can mean, generally, violence between intimate partner (e.g., spouses). Third, it can represent a specific subtype of violence against intimate partners: battering. (p. 2)

In this way (and this speaks to the conceptualization across fields / entities / research / practice / data), there is a mismatch and disagreement on terms between research and practice, as well as when contrasted / compared to the general public's usage of terminology. Thus, the authors of the current research will use the term *domestic violence*[3] to refer to IPV plus other relationship categories, *IPV*[4] when referring to IPV (including dating partners), and *domestic / intimate partner violence*[5] when referring to crimes against partners and family members more broadly (especially when connections need to be made between IPV and other forms of violence). In stakeholder interviews, the meaning of the term *domestic violence*, when spoken by stakeholders, was fluid in that the term domestic violence most likely meant IPV but allowed for the possibility of other relationship types to be included in the terminological umbrella.

In the Law

Similarly, the ordinance setting forth the one-percent Food and Beverage Tax, Miami-Dade County Code of Ordinances § 29-51, uses the phrase "homeless and spouse abuse tax." While the term *spouse abuse* versus *domestic violence* or *intimate partner violence* may not constitute a legal operational difference (because an emergency treatment and shelter facility, by association, can help people in other relationship types due to their proximity to spouse abuse), there may be space to consider what words mean, even if they are not legally operationalized.

For example, Section 1400 of Title 20 of the U.S. Code—in 2010—changed the term "mental retardation" to "intellectual disability" in many existing laws (e.g., the Higher Education Act of 1965). While there is not a clear analogy between the change from mental retardation to intellectual disability when compared to spouse abuse and other descriptors (e.g., domestic violence, intimate partner violence), there is an implication

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[3] *Domestic violence*—for the purposes of the current study—includes "any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member" (Fla. Stat. 741.28).

[4] *IPV*—for the purposes of the current study—includes "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)" (Breiding et al., 2015, p. 11).

[5] *Domestic/intimate partner violence*—for the purposes of the current study—is a term that is applied throughout the Current Report when referring to instances, patterns, and phenomena that can be described as both domestic violence-related and intimate partner violence-related.

that *words matter* and signal the historical contexts in which they were embedded. For example:

- The one-percent Food and Beverage Tax was adopted in the early 1990s. If the term spouse was used in the original codification of the ordinance, this codification occurred in an era in which the legal recognition of marriages for same-sex couples was nonexistent. That is, even though spouse—as a gender-neutral term—had an exclusive meaning at the time at the state level and in the overarching attitudinal climate at the time. However, the term spouse—as opposed to wife abuse or battered husbands—was a step toward inclusion at the same time. These dynamics form context.
- Historically, dating violence was largely "discovered" well after spousal violence. The first research publication on the matter—"Courtship Violence Among College Students," by James M. Makepeace in 1981—signaled increased attention to dating violence decades after terms such as wife beating were introduced into the English lexicon. These dynamics form context.
- Moreover, the small extent of divergence among stakeholders in usage of the term intimate partner violence and domestic violence indicates that everyone needs to be on the same page (see the "In Practice" section of the Current Report). These dynamics form context.
- Furthermore, a later piece of the Current Report recommends the abolition of the term *lovers quarrel* from the FDLE's SHR program because it does not accurately reflect abuse experiences. This dynamic forms context.

Overall, the authors of the Current Report recommend deeper discussions about terminology be conducted within Miami-Dade County—for example, through public meetings, among both governmental stakeholders and non-governmental entities that form the periphery of the system-wide response to IPV. However, changes in terminologies, at the level of law or stakeholder interaction, should be completed with regard to community context. Words matter, as well as getting everyone and everything on the same page. That is, it is important to have stakeholder, community, and survivor input when deciding on terminologies to be used across systems.

Results

Objective 1. Review and follow up in regard to each of the eight (8) recommendations included in the Gaps and Needs Report.

Recommendation #1*: A single, centralized, community-wide domestic violence hotline, coordinated entry and tracking system for the domestic violence continuum of care is urgently needed.*

A single, centralized, community-wide domestic violence hotline is possible, but the details need to be developed. The Gaps and Needs Report put forth that "domestic violence victims are often forced to call multiple telephone numbers and service providers to secure appropriate shelter and supportive services, resulting in confusion and frustrating victims desperately in need of assistance" (Gaps and Needs Workgroup, 2020, p. 16). Within interviews at the beginning of the Current Study, relevant stakeholders acknowledged that there are many hotlines. Accordingly, the authors of the Current Study undertook research on the hotline situation in the County—specifically, by looking at potential appropriate mnemonic composition[6] and commonly-used digit structure.[7]

A review of potential appropriate mnemonic composition showed no suitable words to be spelled out by phone numbers. An analysis of the digit structures of extant hotlines across Florida showed that, while a plurality of hotlines had a last-four-digit structure with no discernable pattern (~39%), the most common identifiable pattern among hotlines were phone numbers in which the final two digits repeat.

Table 2. Digit Structure of Domestic Violence Hotlines Across Florida (N = 39)

Last-Four-Digit Structure	*N*	%
XX XX	2	5.1
XX**XX**	7	17.9
X**X**X**X**	4	10.3
XXXX	4	10.3
X**XX**X	2	5.1
XXXX	1	2.6
X**XXX**	4	10.3
No Discernable Pattern	15	38.5

Based on the Current Study's research and analysis, it is recommended that any awareness campaign, outreach, and/or promotion about domestic/intimate partner violence hotlines emphasize only *one* of the existing numbers, if possible. In accordance with the Current Study's analysis of mnemonic composition and commonly used digit structure, it is recommended that, if a centralized hotline is the goal, that the County make emphasized usage of the SafeSpace Hotline South (305-245-5011) or the CVAC

[6] See Appendix F. Mnemonic Composition Analysis.
[7] See Appendix G. Digit Structure Analysis Data, for the list of hotline numbers.

Call/Text-Line (305-285-5900). This is because the final four digits of each of these numbers are reflective of a pattern in which there are repeated final two digits, the second-most identified pattern within the analysis of digit structure.

A coordinated entry system exists, but consistent definitions are needed to better understand the DV-homelessness overlap. Coordinated entry involves "a centralized process for participant intake, assessment, and referral to services…covers [a] CoC's entire geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive, standardized assessment" (Wiseman, n.d., p. 2). The Current Study's understanding of the Miami-Dade system is that it involves a hybrid system composed of an assessment hotline and a no-wrong-door approach.

The Current Report offered a preliminary look at the extent of overlap among systems in terms of domestic/intimate partner violence and homelessness. However, these numbers are not easily translatable among and between stakeholders due to potentially differing understandings of what it means to be homeless, as well as what it means to be a victim-survivor of domestic/intimate partner violence.

In recognizing that domestic violence victims should also be prioritized in terms of entry into the homeless continuum of care, the Current Study looked at the extent of overlap between the various systems. To preface the analysis, stakeholders warned about the use of numbers, as well as varying definitions. In terms of the homelessness/housing sector, estimates of domestic violence experiences in the homeless system of care (or CoC) ranged from 10% to approximately 14%, with approximately 20% of assistance-seeking persons experiencing homelessness fleeing domestic violence or human trafficking. In terms of legal services, the percentage of clients with domestic violence experiences ranged from 25% to 90%, with up to a "majority" having experienced homelessness at some point. In terms of the criminal justice system, one stakeholder mentioned that fewer than 1% of clients with domestic violence histories also experienced homelessness.

Across the homelessness and domestic violence systems, very few stakeholders measured homelessness, with a concentration of this absence among domestic violence system stakeholders (see Table 3).

Table 3. Categories indicating Experiences of Homelessness (N = 8 Agency Intake Forms)

Variable	*n*	%
Substantive Categories		
Special Classification (Check All that Apply): Homeless	1	12.5
Housing Status (Check All that Apply): Homeless	1	12.5
Prior Living Situation: Place Not Meant for Habitation	1	12.5
Address: Safe; Unsafe; Detained; Homeless; Rural.	1	12.5
[None]	4	50.0

Note: Categories are questions asked on respective intake forms.

Across the homelessness and domestic violence systems, stakeholders generally measured domestic/intimate partner violence. However, the ways in which questions about domestic violence were asked, as well as background definitions (or the lack thereof), were diverse (see Table 4).

Table 4. Categories Indicating Experiences of Domestic Violence ($N = 8$ Agency Intake Forms)

Variable	*n*	%
Substantive Categories		
Victimization Type: Domestic and Family Violence	1	12.5
Victimization Type: Teen Dating	1	12.5
Is Client a Domestic Violence Victim/Survivor?	1	12.5
Currently Fleeing Domestic Violence?	2	25.0
Domestic Violence Survivor When Experience Occurred?	1	12.5
How Long Ago [Was Domestic Violence] Experienced?	1	12.5
Are you dating the abuser now?	2	25.0
Violence Type: Verbal Abuse	1	12.5
Violence Type: Psychological Abuse	1	12.5
Violence Type: Sexual Abuse	1	12.5
Violence Type: Physical Abuse	1	12.5
Violence Type: Stalking	1	12.5
Violence Type: Human Trafficking	1	12.5
Family (Check all that Apply): Domestic Violence	1	12.5
Domestic Violence (Physical or Mental Abuse)	1	12.5
Was there any violence between your parents or did either of your parents hit you or any of your siblings?	1	12.5
Relationship to Abuser	1	12.5
Categories that May Be or May Not Be Substantive		
Don't/Doesn't Know	2	25.0
Non-Substantive Categories		
Refused	2	25.0
Not Collected	1	12.5

Note: Categories are questions asked on respective intake forms.

Categories and fields used to indicate homelessness and domestic violence were inconsistent between the two systems (or nonexistent) and left much interpretational discretion to the stakeholders. Accordingly, the Current Study recommends the appending of a brief self-report questionnaire to all stakeholders so that a consistent definition of domestic/intimate partner violence can be reached when speaking across data systems. That is, *all* stakeholders—providers and law enforcement entities—should come to an agreement on an instrument, such as the ones listed below, to administer to survivors. The total instrument(s) should be appended to existing measures to preserve existing measures (and allow longitudinal measurement), while also allowing for consistency and innovation. Some potential self-report measures/screeners are as follows:

- The Partner Victimization Scale (Hamby, 2013)
- The Abuse Assessment Screen that includes choking/strangulation as integrated into its contents (Laughon et al., 2008)
- The National Intimate Partner and Sexual Violence Survey (NISVS) victimization questionnaire (Kresnow et al., 2021).

Two data systems in the County may benefit from further communication and collaboration (e.g., Homeless Information Management System [HMIS] and Osium). However, due to inconsistencies in definitions across the two systems, the Current Study recommends the appendage of domestic/intimate partner violence screening instrument(s) to existing data forms, as well as for the domestic violence system to adopt the HUD definition of the term *homeless*[8] with consistent usage.

- Statistics generated from the data should be suppressed at $n \leq 20$ (Smith et al., 2018), or a number defined by agreement among stakeholders, to ensure anonymity and confidentiality within the deduplicated and de-identified data.
- At the same time, consideration will need to be given to Victims of Crime Act (VOCA) requirements.

To clarify the information on the first bullet directly above, the following shall serve as an example of data suppression. If the stakeholders of Miami-Dade County decide that data shall be suppressed at $n \leq 5$, for example, all statistics based on this number shall not be reported publicly. For instance, if data are generated finding that there are 70 males, 80 females, and 2 transgender people, the number "2" in the reporting of the data shall not be reported and instead replaced with a "-".

To clarify the information on VOCA requirements, the following verbatim information from Section 94.115 of Title 28 of the Code of Federal regulations lays out the parameters of confidentiality guidelines:

> § 94.115 Non-disclosure of confidential or private information.
>
> (a) Confidentiality. SAAs and sub-recipients of VOCA funds shall, to the extent permitted by law, reasonably protect the confidentiality and privacy of persons receiving services under this program and shall not disclose, reveal, or release, except pursuant to paragraphs (b) and (c) of this section -
>
> (1) Any personally identifying information or individual information collected in connection with VOCA-funded services requested, utilized, or denied, regardless of whether such information has been encoded, encrypted, hashed, or otherwise protected; or

[8] HUD defines the term homeless by dividing it into four categories: lost adequate nighttime residence, imminent loss of adequate nighttime residence, unaccompanied youth, and fleeing domestic violence, dating violence ,sexual assault, stalking, etc (see 24 CFR 578.3 "Homeless").

(2) Individual client information, without the informed, written, reasonably time-limited consent of the person about whom information is sought, except that consent for release may not be given by the abuser of a minor, incapacitated person, or the abuser of the other parent of the minor. If a minor or a person with a legally appointed guardian is permitted by law to receive services without a parent's (or the guardian's) consent, the minor or person with a guardian may consent to release of information without additional consent from the parent or guardian.

(b) Release. If release of information described in paragraph (a)(2) of this section is compelled by statutory or court mandate, SAAs or sub-recipients of VOCA funds shall make reasonable attempts to provide notice to victims affected by the disclosure of the information, and take reasonable steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(c) Information sharing. SAAs and sub-recipients may share -

(1) Non-personally identifying data in the aggregate regarding services to their clients and non-personally identifying demographic information in order to comply with reporting, evaluation, or data collection requirements;

(2) Court-generated information and law-enforcement-generated information contained in secure governmental registries for protection order enforcement purposes; and

(3) Law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes.

(d) Personally identifying information. In no circumstances may -

(1) A crime victim be required to provide a consent to release personally identifying information as a condition of eligibility for VOCA-funded services;

(2) Any personally identifying information be shared in order to comply with reporting, evaluation, or data-collection requirements of any program;

(e) Mandatory reporting. Nothing in this section prohibits compliance with legally mandated reporting of abuse or neglect. (28 C.F.R. § 94.15)

With the above considerations, there can be a balance between (a) data needs and (b) confidentiality concerns.

Furthermore, it may be helpful for Miami-Dade to find a short measure of coercive control. The Current Study identified many forms of violence (e.g., sexual, stalking) through interviews, UCR data, and stakeholder assessment forms. These forms tend to be—to varying degrees—associated with coercive control (Frye et al., 2006). Measures of coercive control range from one item to several items (see Kresnow et al., 2021; Montanez & Donley, 2021) and include, for example, the Psychological Maltreatment of Women Inventory (Tolman, 1999).

Recommendation #2*: A more robust, county-wide centralized information management and reporting system and data base for domestic violence is essential to capturing true, accurate and complete de-identified information on the nature and scope of domestic violence related crimes in our community, their disposition, the impact and efficacy of batterers intervention programs, and the provision of shelter, supportive services and safe housing responsive to the needs of victims and survivors. Accurate and complete information is vital to guiding our community's public policy, responsiveness to victims, utilization of best practices and effective services, targeted education of stakeholders in the domestic violence continuum, and effective strategies for public education and prevention of domestic violence.*[9]

Recommendation #3*: Additional trauma informed, supportive shelter beds offering deep protective factors and therapeutic supports for victims, including children, need to be commissioned to enhance the overall shelter capacity of the domestic violence continuum. Even with the new domestic violence center under construction and slated to deliver an additional 60 beds into the continuum, supportive, emergency shelter of all levels tailored to the needs of domestic violence victims is urgently needed.*[10]

Shelter and Capacity Analysis

To gauge the support and additional funding of domestic violence centers, questions were asked of stakeholders who worked most closely to the domestic violence center system. For example, staff from CVAC were asked about the number of shelter beds at certified centers in Miami-Dade County. The number of beds at each certified center were as follows:

- SafeSpace Central: 49 Beds (as well as eight cribs)
- SafeSpace South: 51-54 Beds (as well as six cribs)
- SafeSpace North: 54 Beds (as well as 12 cribs)
- Empowerment Center: 60 Beds (as well as 14 cribs)

[9] For information addressing Recommendation #2, please see Example.
[10] According to oversight team guidance for the Current Study, the shelters built in 2004 and 2021 were constructed solely with food and beverage domestic violence tax monies. Going through the 2020s and 2030s, the funding to operate the shelters will reflect a combination of various funding sources: food and beverage tax funds, Department of Children and Families domestic violence funds, state funds, VOCA, and other federal grants.

These figures are improved from the figures of the Gaps and Needs Report (165 beds at the time of its publication). Using the American Community Survey (ACS) 2019 1-Year estimate of total Miami-Dade County population (2,716,940 inhabitants), it can be calculated that, in 2019, there was one bed per every 16,446 people. Using the ACS 2021 1-Year estimate of total Miami-Dade County population (2,662,777), it can be calculated that, in 2021, there was at least 1 bed per every 12,443 people (assuming a 51-bed Safespace South).

The Homeless Trust reported that it had over 6,000 homeless clients in 2020. Out of this group, about 14% of clients had a history of domestic violence (i.e., not just IPV). Overall, about 3% of clients were fleeing domestic violence at the time.

In terms of capacity, the authors of the Current Study received shelter utilization data from the OMB on behalf of CAHSD. With this data, it was proposed to obtain a percentage rate at which shelters were at capacity. The results on this analysis are presented in Table 5. From October 2021 to October 2022, Safespace South was consistently at 90% capacity or higher. The next most-utilized shelter was Safespace North. Safespace Central was at 50 to 74% capacity for all but two months out of the 12-month reporting period. The Empowerment Center was at less than half capacity all year. Overall, shelter utilization across all shelters increased during the summer months and early fall.

Table 5. Percentage of Total Shelter Beds at Capacity.

Month	Percentage at Capacity				
	Individual Shelters				All Shelters
	Empowerment Center (%) Cap. = 60	Safespace Central (%) Cap. = 49	Safespace North (%) Cap. =54	Safespace South (%) Cap. = 54	Safespaces and Empowerment (%) Cap. = 217
10/2021	0-24%	50-74%	50-74%	90%-99%	50-74%
11/2021	25-49%	50-74%	50-74%	90%-99%	50-74%
12/2021	25-49%	50-74%	50-74%	90%-99%	50-74%
01/2022	25-49%	50-74%	25-49%	90%-99%	50-74%
02/2022	25-49%	50-74%	25-49%	90%-99%	50-74%
03/2022	25-49%	25-49%	50-74%	90%-99%	50-74%
04/2022	25-49%	50-74%	50-74%	90%-99%	50-74%
05/2022	25-49%	50-74%	75-89%	90%-99%	50-74%
06/2022	25-49%	50-74%	90%-99%	90%-99%	75-89%
07/2022	25-49%	50-74%	75-89%	90%-99%	75-89%
08/2022	25-49%	75-89%	75-89%	90%-99%	75-89%
09/2022	25-49%	50-74%	75-89%	90%-99%	50-74%
10/2022	25-49%	50-74%	90%-99%	90%-99%	75-89%

Note. Numbers were not rounded, but truncated at the ones place. Cap. = Maximum Capacity.

In terms of demography, the authors of the Current Study created child-to-adult shelter bed night ratios by using the same dataset source as the capacity analysis in Table 5. This child-to-adult shelter bed night ratio calculation was constructed by dividing the number

of child bed nights by the number of adult bed nights to obtain a ratio. The results of this analysis are presented in Appendix H. Shelter Bed Census and Capacity Analysis.

Interestingly, from a visual standpoint, the capacity (Table H.1) and child-to-adult analysis (Table H.2 of Appendix H) suggest that a potential explanation for being at-capacity is having a shelter population in which children outnumber adult.

Trauma-informed Approach

The term trauma-informed is best seen as an approach. That is, beds would be in a setting that is trauma-informed and/or offers trauma-informed services. For example, one stakeholder mentioned that childcare is needed and is an embodiment of trauma-informed service. That is, in the wake of violence, survivors may have to choose between spending the day in a gainful employment position or spending all day watching their children. Breaking the stalemate between these two demands would necessitate a trauma-informed approach—such as greater access to childcare services, which while encompassed by the shelter services, can be facilitated beyond the shelter walls. One survivor discussed the need for greater hospitality at shelters.

While the Current Study did not find any explicit empowerment and motivational case management information in the context of the interviews, a very brief identification of a peer-reviewed article provides some guidance. Cattaneo and Goodman (2015) conceptualized empowerment as related to domestic/intimate partner violence advocacy, identifying three main principles: goals—that is, helping survivors identify helpful options and priorities as goals, revisiting and re-setting these goals iteratively over time; community resources and other mechanisms—that is, identifying (for example) barriers and best avenues to resource attainment; and impact—that is, assessing outcomes iteratively.

In considering various factors (e.g., the increased number of beds, the number of homeless service-accessing individuals fleeing domestic violence, and the reminder that trauma-informed approaches and supports should be available and accessible to survivors), the authors of the Current Report recommend increased focus on access and availability of supports like childcare, so that survivors can piece together a situation that makes other forms of shelter (e.g., house/home) more within their reach. A county full of certified shelters would only be able to serve as a backstop to the acute aspects of an issue (i.e., IPV) that has effects extending well beyond the initial harm done. Advocating for ease of access to employment, childcare, and other critical apparatuses of everyday life should be a seen as basic needs, so as to make a clearer pathway for survivors to live "beyond the shelters."

The above could be reached through many avenues, for example, by generating awareness among and working with local private sector employers. Survivors may be mothers who, although may or may not have extensive paid employment experience histories, may alternatively have vast experience gained through motherhood—multitasking, coaching their children through difficult homework tasks for school,

problem-solving skills, communication, and others. Outreaching to local employers to be able to see the value in these skills could soften the barriers to employment, and thus, housing. That is, there may be barriers in (a) the anti-IPV system and (b) the broader community. Once barriers within the system are addressed, the focus should turn toward greater engagement outside of the system to address barriers out in the broader community.

Recommendation #4*: Additional trauma informed, affordable transitional housing options and resources, combined with a full range of supportive services, are needed to ensure victims of domestic violence are not forced to return to abusers and able to establish the foundation for safer, brighter futures*

Across the choir of voices in the qualitative interviewing—from the criminal justice system to the social service sector—housing and sheltering were, in tandem, a very commonly-mentioned issue. Alongside a couple of stakeholders mentioning the high expenses of living in Miami-Dade, one stakeholder described housing as one of the "biggest barriers" for survivors. In this context, transitional housing is important. Emergency sheltering should not be the only point of focus.

According to data received by the authors in March of 2022, one of the social service entities offers the InnTransition programs, with the following dwelling counts:

- InnTransition South: 54 units.
- InnTransition North: 19 units[11].
- 80 units elsewhere.[12]

Across these programs, there are two types of transitional housing: classic and community. In the former, there are dedicated buildings where survivors resided. In the latter, landlords out in the community are paid to host the residents. The stay length is two years. Due to the transitory nature of the programs, basic needs are not provided to residents.

Taking into account the aforementioned, a substantial increase in the number of transitional housing units is necessary.

Recommendation #5*: Existing programs demonstrating successful outcomes for domestic violence victims in law enforcement, prosecution and the criminal and civil justice system need to be expanded and in wider practice across the community. More and deeper data collection and analysis would be helpful in demonstrating the success of these programs and alignment of and provision for additional funding resources.*

[11] According to information received in January 2023, InnTransition North has been sold. Information on how the loss of these units will be offset, has not yet been shared.
[12] In transitory settings like these, survivors must pay a share of the rent.

Few law enforcement agencies mention MOVES. Out of the 8 SOP documents received, only 2 mention MOVES. MOVES was developed to better serve victims of domestic violence immediately after a domestic violence arrest. The program has on call paralegals that provide timely support and guidance to victims of domestic violence immediately after the crime to help them regain control of their lives. The paralegals take statements from victims, witnesses and police officers. This early intervention helps build better cases for prosecution and provides the prosecutor with the necessary tools to make decisions about each case. ("M.O.V.E.S. Program," n.d.)

There are intake units with dedicated staff at five locations of the 11th Judicial Circuit. While not notated as the Victims' Advocates Program, the 11th Judicial Circuit website states that: There are several domestic violence court intake locations in the community (listed below) where Intake Unit staff and in specific, victim advocates are available to assist persons with filing for an injunction. They will also help with referrals to social service agencies in the community, safety planning, and procedural information about the court process.

These entities are located at the following locations.

- Lawson E. Thomas Courthouse Center
- Hialeah Courthouse
- North Dade Justice Center
- South Dade Government Center
- Joseph Caleb Center

Oversight team guidance for the Current Study indicated that CVAC is another outlet where injunctions may be filed.

In this context, certain steps can be taken to enhance the accessibility of court settings. For example, one stakeholder brought up the idea of electronic kiosks that allow people in the court setting to quickly and easily access important information pertaining to criminal justice processes, as well as their cases.

Furthermore, concentrated attention to issues of staffing and funding in advocacy may be necessary. Advocacy is a vital avenue of the coordinated IPV response. Advocacy can (a) help survivors understand options/resources, (b) serve as a vehicle through which survivors' voices enter the criminal justice and social service systems, and (c) are avenues to empowerment (Shorey et al., 2014). A Miami-Dade County report entitled "Court Advocacy Services" and dated March 16, 2022 (written by the DVOB Executive Director) uncovered a substantial number of job vacancies in victim advocacy, evidenced by advocates leaving positions for higher pay elsewhere, as well as applicant shortages. Potential ways to remediate these issues include increased funding.

Recommendation #6*: While important strides have been made in addressing domestic violence in Miami-Dade County, law enforcement in every jurisdiction needs to recognize domestic violence as an important public health issue in our community and reinforce*

their commitment to providing deeper support and protection for victims, as well as ways they can contribute toward its prevention. A deeper commitment on the part of law enforcement leadership in every municipality and jurisdiction is needed to continued education of frontline officers and administrative staff on trauma informed responses to and prevention of domestic violence.

Law enforcement should raise the level of standard operating procedures through an "above and beyond" model. Many helpful resources are provided by law enforcement agencies to victims around the state. The Current Study finds that law enforcement agencies tend to offer and provide more services and resources than what is defined in their policy documents. Thus, the Current Study recommends that these resources/services become codified into the Standard Operating Procedure. This would allow law enforcement to go "above and beyond" and enhance typical practice and protocol. That is, many resources—VINE (a victim notification system), 9-1-1 equipped cellular phones to victims, crime victim compensation (CVC) assistance, etc.—should become incorporated into standard operating procedures. For example, while content analysis indicated that no SOPs mentioned VINE explicitly, two out of eight SOPs mentioned a "victim notification form"; the explicit identification of VINE service was excavated through interviewing. However, this observation and recommendation is based on a small number of law enforcement agencies.

Table 6 presents percentages of law enforcement agencies in Miami-Dade County that provide various resources and services aimed to support IPV victim-survivors, according to interviews with the four agencies who agreed to participate. Among those law enforcement agencies who participated, most either offer or have the capacity to provide a myriad of services/resources to victim-survivors above and beyond standard operating procedures. For example, all departments so far provide or offer safety planning. For many services/resources, there was a two-to-one split on provision capacity. For example, while one law enforcement agency did not have VINE (a victim notification system), most law enforcement agencies offered the notification network. Sometimes law enforcement agencies indicated "in-between" answers that exist outside of the parameters of simple yes/no responding. For example, most law enforcement agencies did not indicate having a free 9-1-1 cellphone program for victims. However, one law enforcement agency indicated that while it does not have an official "program" to offer victims free cellphones, the agency would make it happen.

It should be noted that there may be many reasons for "no" answers to these resource/service questions that exist outside of capacity or motivation to provide them. For example, a relatively small law enforcement agency (with relatively few cases of IPV) with jurisdictional coverage over more commercial areas than residential areas may not require certain services as much as a predominantly residential jurisdictional coverage.

Table 6. Resources and Services Available to Victims of IPV Through Law Enforcement Agencies (N = 4 Law Enforcement Agencies)

Resource / Service	% Yes	% No	% In-Between Answer
Info and Referral	100.0	0.0	0.0
Assistance: Filing Injunctions	75.0	25.0	0.0
Crime Victim Compensation Assistance	75.0	25.0	0.0
Crisis Counseling	75.0	25.0	0.0
On-Scene Crisis Counseling[a]	75.0	25.0	0.0
VINE	75.0	25.0	0.0
Court Accompaniment	100.0	0.0	0.0
Victim Services Unit	75.0	25.0	0.0
Domestic Violence Detectives	75.0	25.0	0.0
Assistance with Return of Property to Victim(s)	75.0	0.0	25.0
(Pathway to) Emergency Financial Help	0.0	0.0	100.0
Transportation for Victims to, e.g., Court	75.0	0.0	25.0
Safety Planning	100.0	0.0	0.0
Free 9-1-1 Cellphone Program	0.0	50.0	50.0
Grief Counseling Referral	75.0	25.0	0.0
Education LEOs of New Laws	75.0	0.0	25.0
Educating Victims of New Laws	50.0	25.0	25.0
Speakers' Bureau[b]	75.0	25.0	0.0
Medical Exam Support	50.0	25.0	25.0
Chaplain Program	75.0	0.0	25.0
Help with Notifying Creditors about Victims	50.0	25.0	25.0
Notification to Employer about Missing Work	50.0	25.0	25.0

Note: As per statute, all law enforcement is required to provide a resource listing (i.e., sometimes known as the "brochure," including information for the area/local domestic violence certified center (see Fla. Stat. § 741.29).

a. (e.g., Emotional Support).

b. Speakers' bureau is basically another term education and presentations to the community, such as speaking with businesses about the activities of law enforcement. The term "speakers' bureau" was used in the current analysis because it was identified in the county-by-county census of sheriff's office websites.

Training is front-loaded and intermittent thereafter. Interviews revealed that most training on domestic/intimate partner violence is done at the beginning point of officers' trainings. However, out of the four law enforcement agencies that participated in an interview, three indicated that they educate officers on new laws regarding IPV, meaning that necessary education may be intermittent but ongoing as laws change across time.

Recommendation #7*: Public education is a key component to providing pathways to safety for domestic violence victims and preventing and ending violence in our community. A broad-based community awareness campaign, from school-based programs for children and adolescents to culturally sensitive, targeted public media*

campaigns for adults, offers the opportunity for primary prevention of domestic violence on a communitywide scale.

Awareness campaigns are difficult to systematically evaluate and as a result , the literature in this area is lacking. However, there is extensive research on what makes for an effective campaign, measured by awareness of the message and change in behavior. There are also many strategies that can be employed to ensure that a campaign is successful.

Successful campaigns are those that clearly communicate a problem, provide a solution, address barriers, and link campaign viewers to resources to enact change. A successful campaign must also ensure that the audience relates to the message being shared (Jones, 2015).

To ensure that the audience relates to the message, first the intended audience must be identified. Campaigns with a specific audience (i.e. new parents, college students) are generally easier to undertake than those with a larger audience base where the message may not connect to everyone. However, campaigns with an intended wider appeal can be successful. Examples include the "Friends Don't Let Friends Drive Drunk" campaign which has been credited with changing how people interact with their friends after they have been drinking thus preventing drunk driving deaths (The ANA Educational Foundation, n.d.).

For campaigns focused on IPV, the intended message and audience must first be identified. A campaign may want to bring awareness to the general public to increase people's response to suspected IPV, or to victims of IPV to encourage them to seek assistance, or to younger people focusing on prevention, or to perpetrators to change behaviors.

A campaign focused on awareness for the general public is arguably the most challenging of the three as crafting a message that resonates with people from various backgrounds and lived experiences is not easy. Successful campaigns do this by making the message as simple as possible and providing people with a call to action (i.e. See Something, Say Something).

Another obstacle for campaigns focused on IPV is the gendered nature of the problem. It has been found that women are more receptive than men to messages about IPV as men can feel attacked by IPV focused messages and get defensive as a result. A successful campaign has to strike a balance between minimizing the seriousness of the problem and alienating men in the process. A possible solution posited is to market a campaign that would "…continue to employ gender scripts in social marketing campaigns (depicting men primarily as perpetrators and women primarily as victims) but to show men in agentic roles; seeking help and improving their relationships, rather than demonizing them as members of a dominating, misogynistic fraternity of men (Keller & Honea, 2016: 193)."

Other studies similarly found that men may respond positively to re-framing help-seeking as a sign of strength rather than weakness and by positively portraying stereotypically strong men engaging in healthy relationships with their partners and children (Stanley et al., 2012; Thomson et al., 2013). Similarly, in an analysis of 16 campaigns targeting IPV perpetrators, in the United States, Canada, United Kingdom, Australia, and New Zealand, researchers recommend that campaigns targeting IPV perpetrators should emphasize the benefits of changing and focus on increasing perpetrators' confidence in their ability to abstain from violence (Cismaru & Lavack, 2011). To be successful however this campaign would have to link viewers to available resources meaning such programs would have to be able to provide services to those seeking them.

One example of a resource tailored to IPV perpetrators is the "10-to-10 Helpline," a phone number that abusive partners can call to access information on behavioral change. Moreover, abusive partners may be able to access information on changing the underlying belief system (e.g., superiority) within themselves that justifies harming partners (see https://www.thecut.com/2022/07/10-to-10-helpline-domestic-violence.html).

Stakeholders were asked about the most important topic they would include in an awareness campaign. Some of the most common responses were:

- Addressing immigration concerns (e.g., deportation fears)
- Where to obtain services/resources in the first place
- Utilizing multiple languages to get messages to victims.

Other lesser-discussed aspects were:

- Social media safety concerns
- That victim advocates are available in law enforcement settings
- Hotline number(s)

Getting this information out to the public would—as per stakeholders—take many forms, such as:

- Greater pushes in awareness toward the trans community
- Focusing campaigns in areas where victims interface with the system
- Having signs/flyers in private areas

Focus group participants and a stakeholder agreed that knowing the signs of domestic/intimate partner violence is crucial to escaping and preventing its occurrence. Finally, one stakeholder exclaimed that everyone—the whole community—should be involved in addressing IPV.

An awareness campaign should take the form of a mix of private and public avenues (i.e., hidden and non-hidden), center survivor concerns, and be community-specific. A couple

of stakeholders believed that a formidable medium through which awareness should be translated should be through hidden settings, for example, the back of the door of a bathroom stall. Another stakeholder advised the use of dedicated public information television channels as an avenue to translate information to the public.

Further, qualitative data from survivors in the Current Study describe various topics that should be integrated into prevention campaigns. One of which would be to address women of various ages who have not experienced IPV, so that they can learn the warning signs with the hopes of being able to identify IPV and IPV-related resources if needed in the future. Survivors also mentioned informing other survivors to learn the verbal tones of abusers, possibly as warning signs to future incidents of IPV.

Moreover, any awareness campaign must be community specific. Miami-Dade is a diverse place with an array of micro-contexts that differ from geography to geography. Creators of prevention and awareness campaigns would do well to ask themselves many questions as these campaigns are developed. If some communities have a higher percentage of households with broadband than others (e.g., Pinecrest, ~94%, versus Medley, ~66%), what does this mean for reaching out to communities in terms of medium. Similarly, language considerations must come into play. For example, in Miami Gardens, ~37% of households speak a language beyond English, compared with 95% for Hialeah Gardens. The point here is that the configuration of characteristics of a community (e.g., broadband access, language(s) spoken, poverty rates, disability rates) should all be considered when creating an awareness and prevention campaign. A one-size-fits-all campaign will be insufficient.

Recommendation #8 *New, dedicated sources of funding are urgently needed to provide a robust domestic violence continuum of care, supportive shelter, safe permanent housing options, enhancements to the efforts of law enforcement and the judicial system, and greater public awareness and education to prevent and end domestic violence in our community. The current dedicated source of funding for the construction and operation of domestic violence centers, namely the 15% share of the Food and Beverage Tax from the 32 of the 35 municipalities contributing, has been inadequate to meet the needs of domestic violence victims across Miami-Dade County, particularly in the face of dramatic population growth over the past two decades. The result is an urgent shortage of shelter beds, safe haven and other important supportive services for victims of domestic violence in Miami-Dade County both in the near- and long-term foreseeable future. Victims of domestic violence across the County have suffered the consequences.*

Many stakeholders indicated that there could always be more funding for anti-IPV initiatives in Miami-Dade. A thorough search for examples of funding that would meet the needs of Miami-Dade County's fight against IPV was conducted. However, no strategies were uncovered that could potentially meet the sheer magnitude of demand and need for a county of nearly three-million people. However, recent developments in funding show some promise. For example, as part of a $21 million award, a new project entitled the "Miami-Dade Rapid Rehousing and Domestic Violence Project" will help survivors of domestic violence and other harms through, for example, rental assistance.

To follow up on the second bullet of Recommendation #8 of the Gaps and Needs Report, that is, understanding the potential impact of three particular municipalities on the revenue of the Food and Beverage Tax, the authors of the Current Study collaborated with the Current Study's oversight team to obtain information on potential tax revenues from the Miami-Dade Tax Collector's Office. This would allow a simulation of potential tax revenues from the Food and Beverage Tax for the three municipalities. These details are described directly below.

There are, as per the Miami-Dade Tax Collectors Office, "certain exemptions that must be factored into the calculation...all estimates are based off half of the municipality's current Food and Beverage collections." Furthermore, calculations also take into consideration hotel restaurants, no-consumption-on-premise permits, "mom-and-pop shops," and tax collector administrative fees. In a time in which the three municipalities were under the umbrella of the Food and Beverage Tax, $7.5 million reserved for the Homeless Trust and Domestic Violence Oversight Board, with 6.36 million and 1.12 million reserved for each, respectively. The three municipalities in question would have been taxed per the Food and Beverage Tax at $38.4 million. This would have resulted in $8.9 million reserved for the Homeless Trust and Domestic Violence Oversight Board, with 7.6 million and 1.34 million reserved for each, respectively.

Objective 2. **Analyze the magnitude of domestic violence as a public health issue in our community of Miami-Dade County.**

Magnitude of Domestic Violence

Table 7 shows the totals of various non-fatal domestic violence offenses, adapted from a report written by Lotus House Women's Shelter (n.d.).

Table 7. Non-fatal Domestic Violence Offenses, Miami-Dade County, 2008-2020

Year	Forcible Sex Offenses	Fondling	Aggravated Offenses	Other Assault/Stalking/Threats
2020	308	192	1505	5442
2019	362	226	1395	6139
2018	342	236	1509	6203
2017	296	214	1736	6872
2016	285	173	2035	6841
2015	291	179	1931	6409
2014	304	194	1980	7311
2013	369	202	2013	7351
2012	333	248	2025	7185
2011	178	143	1951	7021
2010	141	132	2287	7519
2009	163	163	2570	8346
2008	169	169	2495	8023

Note. Table adapted from Lotus House (n.d.) report entitled "Latest Domestic Violence Statistics: Prepared by Lotus House Women's Shelter (2008-2020). Data obtained from the FDLE UCR program.

Table 8 shows the totals of various fatal domestic violence offenses, adapted from a report written by Lotus House Women's Shelter (n.d.).

Table 8. Fatal Domestic Violence Offenses, Miami-Dade County, 2008-2020

Year	Murder/Manslaughter
2020	23
2019	24
2018	31
2017	19
2016	23
2015	18
2014	22
2013	18
2012	17
2011	20
2010	23
2009	29
2008	27

Note. Table adapted from Lotus House (n.d.) report entitled "Latest Domestic Violence Statistics: Prepared by Lotus House Women's Shelter (2008-2020)." Data obtained from the FDLE UCR program.

Tables 7 and 8, when analyzed in tandem, show that 122,336 domestic violence offenses occurred from 2008 to 2020. While large in magnitude, across these offenses is an approximately 30% drop in the number of cases from 2008 to 2020.

The plurality of IPV offenses were committed against spouses. Table 9 presents frequencies and percentages of spousal, cohabitant, and "other" IPV in relation to total non-fatal IPV offenses. Spousal IPV constituted approximately 40% of total IPV offenses. Cohabitant IPV constituted about 28% of total IPV offenses. "Other" IPV accounted for 33% of total IPV offenses.

Table 9. Non-fatal IPV Offenses in Miami-Dade County by Relationship Categorization, 1996-2020 (Total Count = 215,261 Offenses)

IPV Type – Relationship	Count	%
Spousal IPV	84,897	39.4
Cohabitant IPV	60,382	28.1
Other IPV	69,982	32.5

Note. IPV = Intimate Partner Violence. "Other IPV" involves offenses in which the victim-offender relationship is characterized as persons with a child in common but who have never lived together. IPV, as per the Uniform Crime Report data, includes stalking, aggravated stalking, simple assault, attempted rape, committed rape, fondling, aggravated assault, threat/intimidation, and sodomy.[13] Data source: FDLE UCR program.

[13] From 1996 to 2012, sodomy offenses were categorized under their own category; from 2013 onward, they are classified as rape.

The vast majority of IPV offenses are misdemeanor-like offenses. Table 10 presents frequencies and percentages of misdemeanor and felony IPV offenses in relation to total IPV offenses. Seventy-five percent of IPV offenses were misdemeanor offenses—that is, threat/intimidation, simple assault, and simple stalking. One quarter of IPV offenses were felony offenses—that is, aggravated assault, aggravated stalking, attempted rape, completed rape, fondling, and sodomy.

Table 10. Non-fatal IPV Offenses in Miami-Dade County by Severity Categorization, 1996-2020 (Total Count = 215,261 Offenses)

IPV Type – Severity	Count	%
Misdemeanor IPV	161,473	75.0
Felony IPV	53.788	25.0

Note. IPV = Intimate Partner Violence. "Misdemeanor IPV" includes threat/intimidation, stalking, and simple assault for spouses, cohabitants, and persons with a child in common but who have never lived together. "Felony IPV" includes aggravated stalking, aggravated assault, attempted rape, committed rape, fondling, and sodomy for spouses, cohabitants, and persons with a child in common but who have never lived together. Data source: FDLE UCR program.

The vast majority of IPV offenses are physical assaults. Table 11 presents frequencies and percentages of offenses on the basis of the nature of violent acts. Assault—broadly defined, constituted almost 90% of total IPV offenses, with most of these assaults being categorized as simple assaults. Threats/Intimidation accounted for about 10% of total IPV offenses. Sexual violence offenses—attempted rape, completed rape, fondling, and sodomy—accounted for two percent of total IPV offenses. Stalking offenses accounted for less than one percent of total IPV offenses.

Table 11. Non-fatal IPV Offenses in Miami-Dade County – Violence Type Categorization, 1996-2020 (Total Count = 215,261 Offenses)

IPV Type – Nature of Violence	Count	%
Assault	188,122	87.9
Simple	139,606	64.9
Aggravated	48,516	22.5
Sexual Violence	4,436	2.1
Stalking (Simple and Aggravated)	1,805	0.1
Threat/Intimidation	20,898	9.7

Note: IPV = Intimate Partner Violence. IPV includes spousal offenses, cohabitant offenses, and offenses in which the victim-offender relationship is characterized as persons with a child in common but who have never lived together. IPV, as per the UCR data, includes stalking, aggravated stalking, simple assault, attempted rape, committed rape, fondling, aggravated assault, threat/intimidation, and sodomy. Assault includes assault and aggravated assault. Sexual Violence includes attempted rape, completed rape, fondling and sodomy. Stalking includes simple stalking and aggravated stalking. Data source: FDLE UCR program.

Overall, certain relationship categories are more likely to be of greater seriousness than others. Table 12 presents a cross-tabulation of IPV offenses based on relationship categorization and severity. "Other" relationships encompass the highest percentage of felony IPV offenses (~33%). These are followed by cohabitant relationships (~25%) and spousal relationships (~19%).

Table 12. Non-fatal IPV Offenses in Miami-Dade County by Relationship Categorization and Severity, 1996-2020 (Total Count = 215,261 Offenses).

	Spousal IPV		Cohabitant IPV		Other IPV	
Severity	Count	%	Count	%	Count	%
Felony	15,970	18.8	15,049	24.9	22,769	32.5
Misdemeanor	68,927	81.2	45,333	75.1	47,213	67.5
Total	84,897	100.0	62,382	100.0	69,982	100.0

Note. IPV = Intimate Partner Violence. "Misdemeanor IPV" includes threat/intimidation, stalking, and simple assault for spouses, cohabitants, and persons with a child in common but who have never lived together. "Felony IPV" includes aggravated stalking, aggravated assault, attempted rape, committed rape, fondling, and sodomy for spouses, cohabitants, and persons with a child in common but who have never lived together. IPV includes spousal offenses, cohabitant offenses, and offenses in which the victim-offender relationship is characterized as persons with a child in common but who have never lived together. Data source: FDLE UCR program.

Across-time trends in various forms of IPV are presented in Figure 1 (Misdemeanor IPV), Figure 2 (Felony IPV), Figure 3 (Spousal IPV), Figure 4 (Cohabitant IPV), and Figure 5 ("Other" IPV). Rates of all of these forms of IPV decreased over time, with the most significant variation among person with a child in common but with no co-residence.

Figure 1. Misdemeanor IPV Offense Rate, Miami-Dade County, 1996-2020.

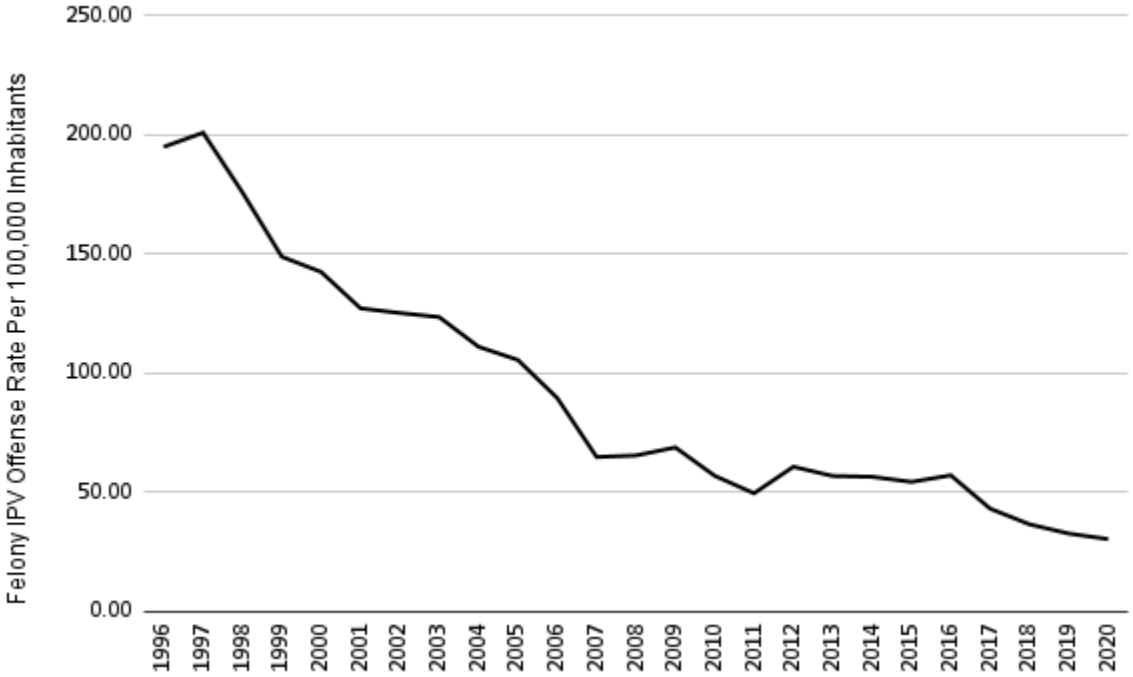

Figure 2. Felony IPV Offense Rate, Miami-Dade County, 1996-2020

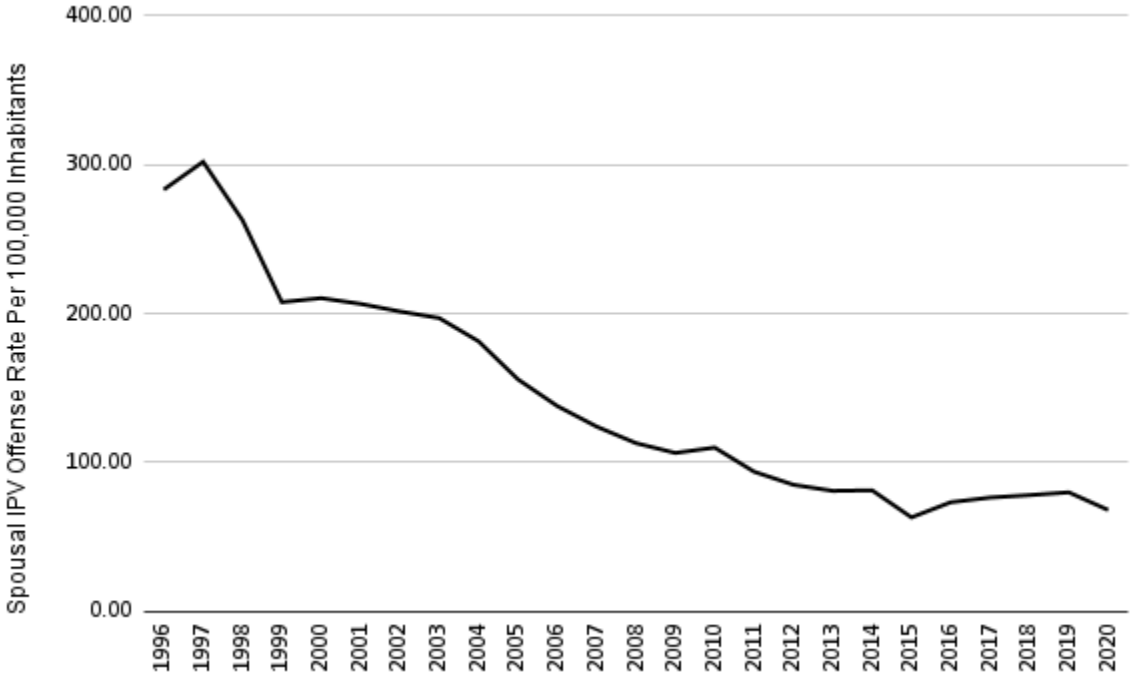

Figure 3. Spousal IPV Offense Rate, Miami-Dade County, 1996-2020

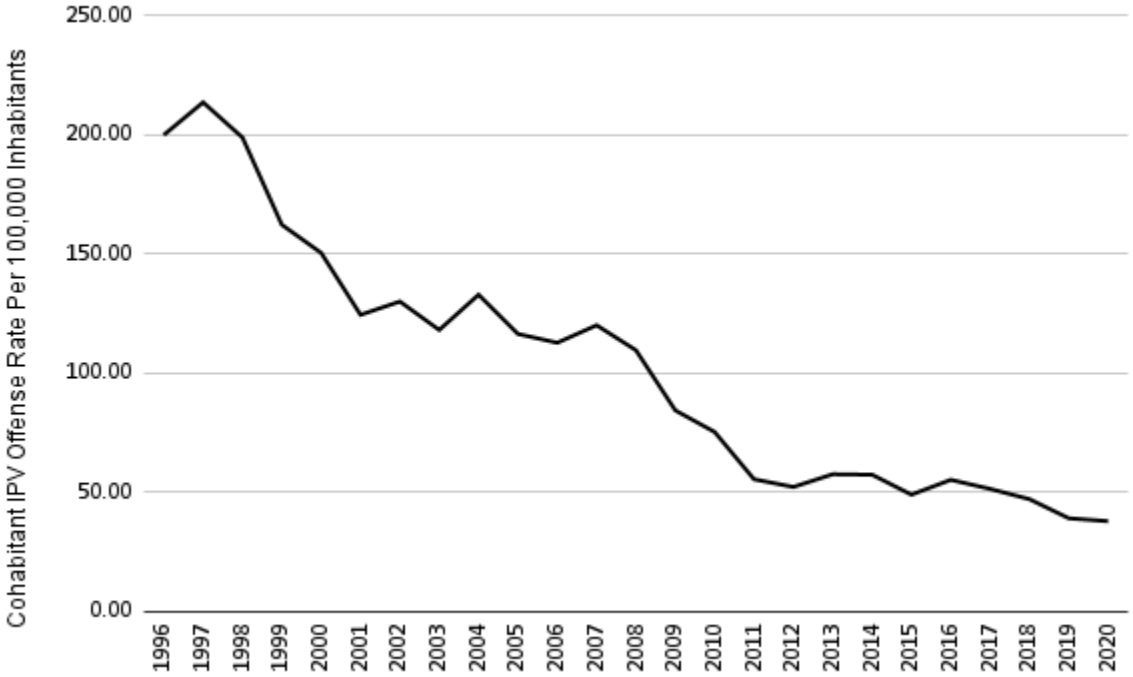

Figure 4. Cohabitant IPV Offense Rate, Miami-Dade County, 1996-2020

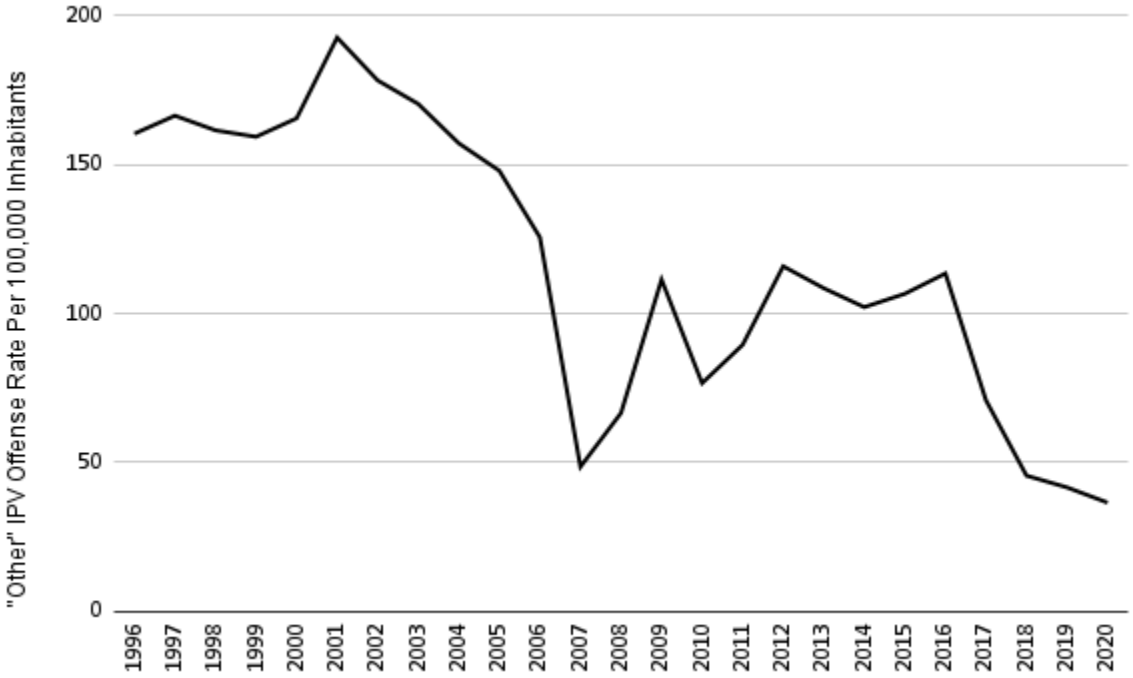

Figure 5. “Other” IPV Offense Rate, Miami-Dade County, 1996-2020

Analysis of Supplemental Homicide Reports data reveal various findings abouts IPH. Table 13 presents frequencies and percentages of characteristics associated with spousal and cohabitant homicides in Miami-Dade County from 1996 to 2020. First, most cohabitant and spousal homicides are femicides—that is, they overwhelmingly include female victims. Second, most cohabitant and spousal homicides are committed by males. Third, when cross-tabulating victim sex with offender sex, the authors of the Current Report find that over a supermajority (~80%) of these cohabitant and spousal homicides involve a male offender killing a female victim. Around 2% of cohabitant and spousal homicides involve female offenders killing male victims. Around 13.9% of cohabitant and spousal homicides involve male offenders killing male victims. Zero of cohabitant and spousal homicides involve female offenders killing female victims. In sum, the overarching implication from these data includes the notion that homicides against cohabitants and spouses skew heavily toward female victimization, and are thus a violence against women issue featuring the violence of men against females and other men.

Handguns, rifles, shotguns, and other firearms are used heavily in the commission of cohabitant and spousal homicide. Together, these weapons are used in a majority of all homicides. Knives and cutting instruments are used in about 28% of homicides.

Table 13. Offense Characteristics of Spousal and Cohabitant Homicide, Miami-Dade County, 2016-2020 (N = 43 Spousal and Cohabitant Homicide Cases)

Characteristic	n	%
Victim Sex		
Female	36	83.7
Male	7	16.3
Offender Sex		
Female	1	2.3
Male	40	93.0
Unknown	2	4.7
Victim Race		
Black	16	37.2
White	27	62.8
Offender Race		
Black	14	32.6
White	27	62.8
Unknown	2	4.7
Relationship Configuration		
Male Offender/Female Victim	34	79.1
Female Offender/Male Victim	1	2.3
Male Offender/Male Victim	6	13.9
Female Offender/Female Victim	0	0
Relationship Type		

Spouse	32	74.4
Cohabitant	11	25.6
Weapon Type		
Handgun	10	23.3
Firearm	14	32.6
Knife/Cutting Instrument	12	27.9
Blunt Object	2	4.7
Explosives	1	2.3
Other	3	7.0
Unknown	1	2.3
Circumstance		
Drinking Argument	1	2.3
Lovers' Quarrel	26	60.5
Other	11	25.6
Unknown	5	11.6

Note: There are four definitions of firearm in the SHR program: handgun – "made to be held and fired in one hand"; rifle – "designed to be fired from the shoulder and having a rifled barrel"; shotgun – "made to be fired from the should and having a smooth bore"; and firearm – undeterminable firearm type that does not fit into the categories of handgun, rifle, and shotgun. Due to zero cases of IPH categorized as shotguns and rifles in the 43 cases of this table, these categories are not represented in the table. Data source: FDLE UCR SHR program.

Figure 6 depicts the cohabitant and spousal homicide rate in Miami-Dade County from 1996-2020, with both single-year rates and three-year moving averages. Overall, the rate of cohabitant and spousal homicide decreased substantially, but retains its persistence—that is, continuing to be a non-zero number that needs to be steered toward a stronger downward trend.

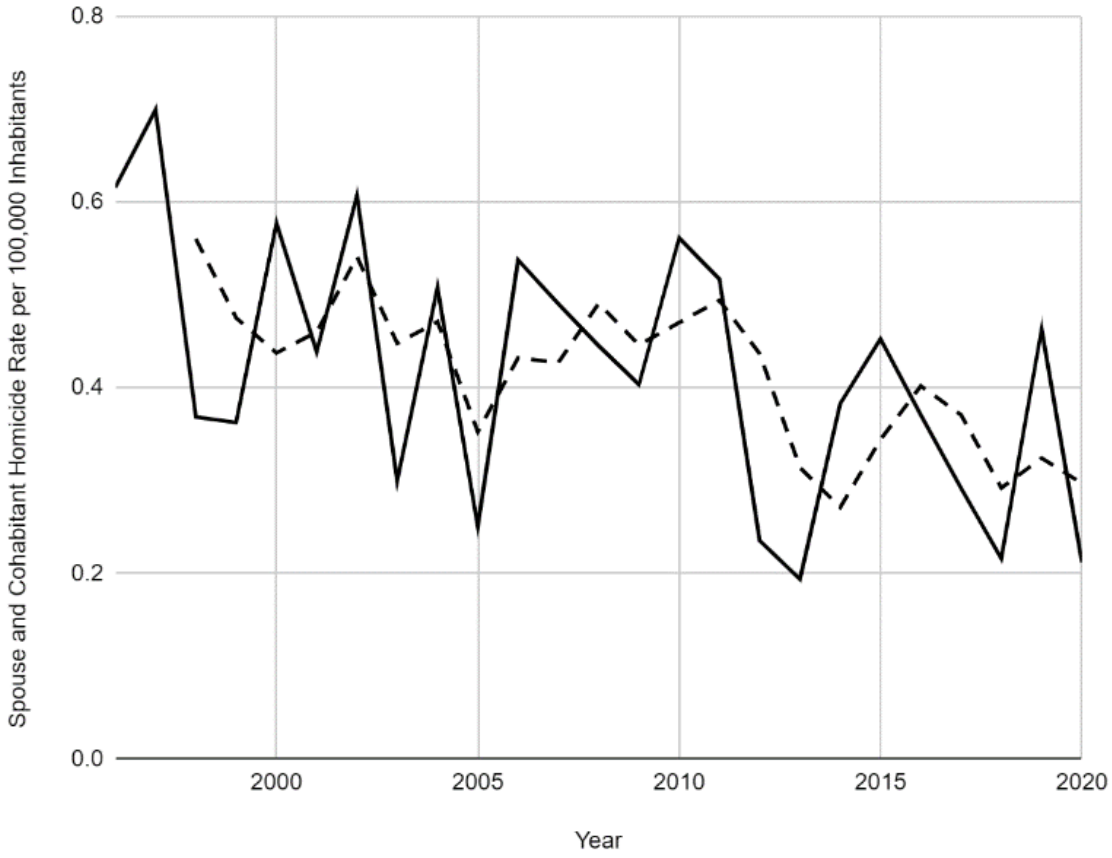

Figure 6. Spousal and Cohabitant Homicide Rate, Miami-Dade County, 2016-2020 (*N* = 255 Cohabitant and Spousal Homicide Cases) Note: The solid line is the actual spousal and cohabitant femicide rate. The dashed line is the three-year moving average of the spousal and cohabitant femicide rate.

Tables 14 and 15 show the victim relationships of collateral victimization for the 1996-2020 and 2016-2020 time frames. In the 1996-2020 time frame, the number of collateral victims ranged from 1-3 alongside a primary victim. In the 2016-2020 time frame, the number of collateral victims ranged from 1-2 alongside a primary victim; there were six primary victims and 13 collateral victims, including four children. In the 1996-2020 time frame, there were 23 primary victims and 44 collateral victims, including 15 children.

Table 14. IPV-Related Collateral Homicide Offense Victimization in Miami-Dade County, 2016-2020 (*N* = 19 Homicide Cases)

Relationship	N	%
Spouse	5	26.3
Child	4	21.1
Other Family	3	15.8
Cohabitant	1	5.3
Other	6	31.6

Table 15. IPV-Related Collateral Homicide Offense Victimization in Miami-Dade County, 1996-2020 ($N = 67$)

Relationship	N	%
Spouse	20	29.9
Child	15	22.4
Other Family	7	10.4
Cohabitant	3	4.5
Other	21	31.3
Unknown	1	1.5

Note. "Other" involves strangers, acquaintances, coworkers, and other relationships. Data source: FDLE UCR SHR program.

These analyses underscore the notion that IPV definitely does have a "radiating" effect. As can be seen here, IPH extends its reach beyond primary victims (e.g., spouses, cohabitants) to take others as well. As such, a stakeholder's voice does these data justice in terms of IPV: "It's everyone's problem."

Table 16 describes the characteristics of circumstance-relationship combinations: (a) lovers quarrels;[14] and (b) lovers quarrels with "Other" relationship categories. These cases were sectioned into a separate dataset due to their needing to be constructed via synthesizing two variables, instead of just relying on one (i.e., victim relationship). They are presented here in the case they have the possibility to be dating homicides.

Table 16. Offense Characteristics of Extraneous Lovers Quarrels, Miami-Dade County, 2016-2020 ($N = 23$).

Characteristic	N	%
Victim Sex		
Female	16	70.0
Male	7	30.0
Offender Sex		
Female	2	8.7
Male	14	81.3
Relationship Configuration		
Male Offender/Female Victim	16	70.0
Female Offender/Male Victim	2	8.7
Male Offender/Male Victim	5	21.8
Female Offender/Female Victim	0	0

Note: Data source: FDLE UCR SHR program.

Once again, these data are gendered.

[14] For a more detailed discussion on lovers quarrels, see page 49.

IPV as a Public Health Problem

The public health burden of IPV can be divided into two parts:

1. Minimum average burden: burden based on minimum usage of physical and mental health outlets, taking into account help seeking rates.
2. Maximum simulated need: burden based on maximum usage of physical and mental health outlets, without regard to help seeking.

The Current Report provides information on Miami-Dade County, and for comparison purposes, Broward County.

Minimum Average Burden

The importance of calculating minimum average public health burden is to ascertain the bare minimum impact of IPV on the health system. Table 17 provides minimum average burden for Miami-Dade and Broward County for 1996-2020, with per-capita rates using 2020 total population estimates as the denominator.

Table 17. Minimum Average Public Health Burden of Intimate Partner Physical Assault for Miami-Dade and Broward Counties, 1996-2020

Characteristics	Comparison Counties	
	Miami-Dade County	Broward County
Mental Health Visits		
Number of Simple and Aggravated Assault	188,122	113,485
% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Assault-Related Mental Health Visits (i.e., Medically Treated Assaults x 6)	183,004	110,988
2020 Population	2,832,794	1,932,212
Per-Capita Assault-Related Mental Health Visits Rate	6,460	5,744
Emergency Department Visits		
Number of Simple and Aggravated Assault	188,122	113,485
% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Assault-Related Emergency Department Visits (i.e., Medically Treated Assaults x 1.1)	33,697	20,348
2020 Population	2,832,794	1,932,212
Per-Capita Assault-Related Emergency Department Visits Rate	1,190	1,053

Hospital Days/Stays		
Number of Simple and Aggravated Assault	188,122	113,485
% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Number of Assaults Resulting in Doctor/Hospital Treatment (i.e., Medical Treatment Assaults x 48.6%)	14,888	8,990
Assault-Related Hospital Stays (i.e., Medically Treated Assaults x 1.7)	25,310	15,283
2020 Population	2,832,794	1,932,212
Per Capita Assault-Related Hospital Stay Rate	893	790
Dental Visits		
Number of Simple and Aggravated Assault	188,122	113,485
% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Assault-Related Dental Visits (i.e., Medically Treated Assaults x 0.3)	9,190	5,549
2020 Population	2,832,794	1,932,212
Per Capita Assault-Related Dental Visit Rate	324	287

Note. All results reported and carried forward as whole numbers.

A female victim of physical IPV will—on average—attend 12.1 visits to mental health services. A male victim of Physical IPV will—on average—attend 6 visits to mental health services (see Arias & Corso, 2005). At the same time, as a proxy for mental health help seeking, victims of IPV who are injured (48.1% of all IPV victims; Arias & Corso, 2005) seek medical attention at a rate of 33.9% (Arias & Corso, 2005), meaning that 16.3% of all victims of IPV seek medical treatment for a victimization. In this way, 30,634 of Miami-Dade's 188,122 simple and aggravated assault offenses[15] lead to victims seeking medical help. For Broward, 18,498 of its 113,485 simple and aggravated assault offenses lead to victims seeking medical help. Assuming minimum average burden (i.e., that all victims are male, and all offenders are female), Miami-Dade County's 30,634 medical help-seeking offenses are estimated to amount to *at least* 183,004 visits to mental health services from 1996 to 2020. Normalized across Miami-Dade's 2,832,794 inhabitants (i.e., 2020; Bureau of Economic and Business Research, 2020), the per-capita rate of assault-related mental health visits is about 6,460 visits per 100,000 people. In terms of minimum average burden, Broward County's medical help-seeking offenses are estimated to amount to at least 110,988 mental health service visits. Normalized across Broward's 1,932,212 inhabitants (i.e., 2020; Bureau of Economic and Business Research, 2020), the per-capita rate of assault-related mental health visits is 5,744 visits per 100,000 people.

[15] An offense, as per the UCR, is equivalent to the highest crime experienced by one victim.

In terms of the impact IPV has had on physical health, women on average visit the emergency department (2.0 visits) at twice the average of men (1.1 visits; Arias & Corso, 2005). Assuming minimum average burden (i.e., that all victims are male, and all offenders are female), Miami-Dade County's 30,634 medical help-seeking offenses are estimated to amount to *at least* approximately 33,697 visits to the emergency department across 24 years. The per capita assault-related emergency department visit rate for Miami-Dade is 1,190 visits per 100,000 people. The per capita assault-related emergency department visit rate for Broward is 1,053 visits per 100,000 people.

Men, on average, stay 2.8 days in inpatient hospital in physical IPV's wake, compared with 1.7 for women (Arias & Corso, 2005). However, that 48.6% of medical help seeking victims seek help from a hospital or doctor's office (Arias & Corso, 2005), Miami-Dade County's 14,888 hospital/doctor office help-seeking offenses are estimated to amount to *at least* approximately 25,310 inpatient hospital days, or enough for 69 years' worth of hospital stays/days (assuming all leap years, to pinpoint minimum burden). The per capita assault-related hospital stay rate for Miami-Dade is 893 hospital stays per 100,000 people. The per capita assault-related hospital stay rate for Broward is 790 hospital stays per 100,000 people.

Women and men average 5.2 and 0.3 visits, respectively to the dentist in physical IPV's wake (Arias & Corso, 2005). Assuming minimum average burden (i.e., that all victims are male, and all offenders are female), Miami-Dade County's 188,122 simple and aggravated assaults (which can vary in injury severity) are estimated to amount at least 56,437 visits to the dentist, assuming all of these offenses are associated with victims who have dental insurance. The per capita assault-related dental visit rate for Miami-Dade is 324 visits per 100,000 people. The per capita assault-related dental visit rate for Broward is 287 visits per 100,000 people.

Across the board, the magnitude of public health impact of physical IPV for Miami-Dade is higher than that of Broward.

Maximum Simulated Need

The Current Report completes maximum average simulated burden calculations for *all physical* IPV offenses across the 24 years. This simulated calculation, in plain terms, estimates the worst-case scenario for Miami-Dade County in terms of public health burden. Table 18 provides these figures for Miami-Dade and Broward Counties.

Table 18. Minimum Average Public Health Burden of Intimate Partner Physical Assault for Miami-Dade and Broward Counties, 1996-2020

Characteristics	Comparison Counties	
	Miami-Dade County	Broward County
Mental Health Visits		
Number of Simple and Aggravated Assault	188,122	113,485

% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Assault-Related Mental Health Visits (i.e., Medically Treated Assaults x 12.1)	370,671	223,826
2020 Population	2,832,794	1,932,212
Per-Capita Assault-Related Mental Health Visits Rate	13,084	11,584
<u>Emergency Department Visits</u>		
Number of Simple and Aggravated Assault	188,122	113,485
% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Assault-Related Emergency Department Visits (i.e., Medically Treated Assaults x 2.0)	61,268	36,996
2020 Population	2,832,794	1,932,212
Per-Capita Assault-Related Emergency Department Visits Rate	2,162	1914
<u>Hospital Days/Stays</u>		
Number of Simple and Aggravated Assault	188,122	113,485
% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Doctor/Hospital Treatment (i.e., Medical Treatment Assaults x 48.6%)	14,888	8,990
Assault-Related Hospital Stays (i.e., Medically Treated Assaults x 2.8)	41,686	25,172
2020 Population	2,832,794	1,932,212
Per Capita Assault-Related Hospital Stay Rate	1472	1303
<u>Dental Visits</u>		
Number of Simple and Aggravated Assault	188,122	113,485
% of Assaults Resulting in Medical Treatment	16.3%	16.3%
Number of Assaults Resulting in Medical Treatment (i.e., Assaults x 16.3%)	30,634	18,498
Assault-Related Dental Visits (i.e., Medically Treated Assaults x 5.2)	159,297	96,189
2020 Population	2,832,794	1,932,212
Per Capita Assault-Related Dental Visit Rate	5,623	1,213

Note. All results reported and carried forward as whole numbers.

A female victim of physical IPV will, on average, attend 12.1 visits to mental health services. A male victim of Physical IPV will, on average, attend 6 visits to mental health services (see Arias & Corso, 2005). Assuming maximum average simulated need (i.e., that all victims are female, and all offenders are male), Miami-Dade County's 188,122

simple and aggravated assault offenses[16] are estimated to amount to *at most* 370,671 visits to mental health services across 24 years. Miami-Dade's per capita assault-related mental health visit rate thus is 13,048 visits per 100,000 people. Broward's per capita assault-related mental health visit rate is 11,584 visits per 100,000 people.

Women, on average, visit the emergency department (2.0 visits) at twice the average of men (1.1 visits; Arias & Corso, 2005). Assuming maximum average simulated need (i.e., that all victims are male, and all offenders are female) Miami-Dade County's 188,122 simple and aggravated assaults (which can vary in injury severity) are estimated to amount to *at most* approximately 61,286 visits to the emergency department across 24 years. Miami-Dade's per capita assault-related emergency department visit rate is 2,162 visits per 100,000 people. Broward's is 1,914 visits per 100,000 people.

Men, on average, stay 2.8 days in inpatient hospital in physical IPV's wake, compared with 1.7 for women. Assuming maximum average simulated need (i.e., that all victims are male, and all offenders are female), Miami-Dade county's 188,122 simple and aggravated assaults (which can vary in injury severity) are estimated to amount to *at least* approximately 42,000 inpatient hospital days. Miami-Dade's per capita assault-related hospital stay rate is 1,472 stays per 100,000 people. Broward's is 1,303 stays per 100,000 people.

Women and men average 5.2 and 0.3 visits, respectively to the dentist in physical IPV's wake (Arias & Corso, 2005). Assuming maximum average simulated need (i.e., that all victims are female, and all offenders are male), Miami-Dade county's 188,122 simple and aggravated assaults (which can vary in injury severity) are estimated to amount to about 160,000 visits to the dentist, assuming all of these offenses are associated with victims who have dental insurance (considering this idea may hint to unmet need). Miami-Dade's per capita assault-related dental visit rate is 5,624 visits per 100,000 people. Broward's per capita assault-related dental visit rate is 1,213 visits per 100,000 people.

Across the board, the magnitude of public health impact of physical IPV for Miami-Dade is higher than that of Broward.

Discussion

The real numbers associated with public health burden of IPV in Miami-Dade County are likely somewhere between minimum average burden and maximum simulated need. For example, the number of days spent by victims in hospitals could range from 25,310 days to about 42,000 days.

The aforementioned rough calculations are just some of the indicators of a mass, community-wide, public health burden. The emergency department visits, hospital days,

[16] An offense, as per the UCR, is equivalent to the highest crime experienced by one victim.

and dental visits due to physical IPV assaults are very much minimum burdens and do not take into account other factors that could amplify their respective magnitudes:

a) Victims commonly experience multiple sub-types of IPV (e.g., threats before physical attacks, rape and physical violence, stalking and psychological aggression; for a discussion, see Hamby & Grych, 2013). Florida's UCR Hierarchy Rule states that simple assault supersedes threats/intimidation and simple stalking. That is, if a person experiences simple assault, intimidation/threats, *and* simple stalking, the *only* offense recorded will be the simple assault. With one offense equaling one highest crime against one victim (UCR Manual, 2018), all 188,122 victims (assuming minimum violence of simple assault) may also have experienced threats/intimidation and/or simple stalking. This overlap among violence types would substantially increase the public health burden.

b) The rough calculations set forth in the current section of the report do not include health system impacts associated with the 21,000 offenses of threat/intimidation, the 2,000 stalking offenses, or the over 4,000 sex offenses committed against intimate partners across 24 years.

Given the analysis and limitations, it is concluded that the public health burden of IPV for Miami-Dade County has been, and likely continues to be, substantial.

Data System Adequacy

On the matter of whether data systems capture information needed, this depends on the subcategory of violence investigated, as well as the entity. In terms of law enforcement, the FDLE's UCR does not collect gender, race / ethnicity, or age data on non-fatal offenses of domestic and intimate partner violence. However, this information is collected for fatal domestic and intimate partner violence data.

Other than dating violence injunction data, the state-level data systems that allow for county-level IPV calculations either (a) do not collect data on dating violence victimization; and (b) if dating violence victimization is collected, it is grouped together with other potential relationship category variations and/or is not explicitly identified as "dating" violence.

Second, Florida has a "Boyfriend Loophole." That is, the final domestic violence injunction within Florida must have—on its face—a firearm prohibition for perpetrators. However, the dating violence injunction within Florida is not automatically required by statute to have a firearm prohibition attached to it. Judges have discretion in these dating violence firearm injunction cases for appending a firearm prohibition/surrender provision to the injunction.

Third, IPV and firearms—when separate issues—are alone critical social and public health problems. Their nexus amplifies the urgency of understanding their interconnection. Moreover, this Gun Violence Archive (GVA) project is initiated in accordance with a subsection of Section 2 of the Miami-Dade DV Evaluation's Scope of

Work, which states: “Do our data systems capture information needed? What are the gaps and needs in regard to data collection, analysis, and dissemination?”

To look at the issue of dating violence further, specifically from a data collection standpoint, the Current Study attempted to find a data source for Miami-Dade that could collect these data. Table 19 presents the GVA data, that is, identified cases of gun violence in Miami-Dade County that occurred in Decembers of 2020 and 2021. The results show that this data source does not pick up much IPV. No confirmable dating violence was found in the data.

Table 19. Gun Violence Archive Content Analysis, Decembers 2021 and 2020 ($N = 25$ Cases in News Articles)

Variable	*N*	%
Mention of Domestic or Intimate Partner Violence	2	8.0
Spousal Violence	1	4.0
Relationship Type Not Specified	1	4.0
No Mention of Domestic or Intimate Partner Violence.	23	92.0

The connection between the GVA information and the boyfriend loophole information is that dating partners can pose a danger in terms of IPV (Sorenson & Spear, 2018). Thus, it is important to measure dating violence. However, in an attempt to find an existing, publicly-available data source that measures dating violence, the authors of the Current Report could not find one that focuses on the Miami-Dade area. Thus, changes to existing data source—such as the UCR—must be made.

Thus, Miami-Dade County is encouraged, as well as its component systems and other counties, to collect and disseminate non-fatal and fatal IPV data on dating partners, in addition to CVAC data collection and dating violence injunction data. For example, the County and its component systems can append a measure of relationship status to its intake assessment forms. CVAC already has a similar set of questions. However, an example could be to incorporate an abuse-relationship status hybrid-type question from the Abuse Assessment Screen (AAS). For instance, the sexual violence question in the AAS reads as follows:

> Within the last year, has anyone forced you to have sexual activities YES NO
> If YES, who? (Circle all that apply).
> Husband Ex-Husband Boyfriend Stranger Other Multiple
> Total [number] of times _____

While the AAS has been traditionally used to screen for IPV in pregnant women (see Soeken et al., 1998), researchers have adapted it for other purposes (e.g., to understand factors impacting IPV-related attitudes; see Montanez & Donley, 2021; Rodriguez et al., 2002). In the instance of the AAS question above, the options could be expanded to include feminine versions of the terms (e.g., Wife, Ex-Wife, Girlfriend) or adjusted to be gender neutral (e.g., Spouse, Ex-Spouse, Dating Partner). The Current Study does not make a decision on which screening instrument to utilize, but the aforementioned

constitute important decisions that should be discussed among County agencies and others in the system (e.g., non-certified victim-serving entities). Indeed, the readers of this report should take into account other considerations when determining the appropriate question items for intake forms and other assessments (e.g., the number of questions, cognitive load, simplicity, linguistic considerations).

Gaps and Needs in Data Collection, Analysis and Dissemination

Within-System Data Communication

A serious gap in the data collection, analysis, and dissemination framework of the Miami-Dade County system is the disconnect between the domestic violence system and the homelessness and housing programming system. That is, the domestic violence system's data framework operates on a platform called Osnium. The homelessness and housing programming system's data framework operates on a platform called the HMIS. According to stakeholders, OSNEUM and the HMIS "do not talk." One aspect of this report concerns how to allow data systems in Miami-Dade County to "talk" without breaching confidentiality standards.

Lovers Quarrels

A troubling finding from the Current Report regards the UCR Supplemental Homicide Reports (SHR) term, *lovers quarrel*. The term *quarrel* is troubling because its meaning (and its synonyms [e.g., *argument*, *disagreement*, *dispute*]) suggests mutuality in power dynamics within intimate dyads—such as an argument over where a couple should have a dinner date. The term's approximation of mutuality in violent contexts runs counter to the data in the Current Report. Specifically:

- From 2016-2020, lovers quarrels, a term that suggests mutuality, accounted for about 61 percent of spousal and cohabitant homicides, which in totality skew heavily towards female victimization (approximately 84 percent).
- From 2016-2020, people in relationships categorized as "other" (e.g., coworkers, acquaintances) that also feature lovers quarrels, also skew heavily towards female victimization (approximately 70 percent).

There is nothing mutual about the above numbers. The mismatch between the term's suggestive mutuality and the data's one-sidedness relegates the term to obsolescence. Moreover, the State of Florida's overall data collection program gives vital data to counties regarding the dynamics of homicide (particularly IPH and IPV-related homicides), including Miami-Dade County (as per the Current Report). The state-level usage of the term *lovers quarrel* lacks the clarity needed to accurately evaluate IPH, not just at the state-level, but across and within counties. This mitigation of clarity leaves a persistent gap in what Miami-Dade can know about the dynamics and etiologies of a critical criminological crisis that plagues its component communities. Beyond these arguments, and in acknowledgement that the term *lovers quarrel* does not do

terminological justice to the experiences of those claimed by homicide, it is strongly recommended that the term's usage from FDLE SHR program should be abolished.

Inclusion of the Trans Community

During the initial draft of this proposal, oversight feedback indicated a need to ask about trans status and gendered homicide data, specifically, whether trans people are included in the FLDE SHR program. An email was sent to the FDLE on October 20, 2022, asking approximately if trans persons were included in the FLDE SHR program. The result of the inquiry showed that transgender people, while included as victims in the SHR, are categorized in accordance with their sex assigned at birth for the purposes of the Sex Category Code.

Options to Address Gaps and Needs

Stakeholders were asked about the feasibility of a centralized database. Many stakeholders were open to the idea of a centralized database. However, there was some discrepancy regarding how the database would function, as well as for what it would be used. For example, one stakeholder warned to be careful with numbers because certain figures can overshadow and not account for the qualitative aspects of abuse. Another stakeholder envisioned identifiable data being made available across systems to better streamline responses and ensure victim-survivor safety. Other stakeholders wanted de-identified data to be used to look at the extent of overlap between / among systems. (For a more in-depth discussion on the construction of a database, see the section entitled 6g later in the report).

Objective 3. Analyze the wide-ranging costs associated with domestic violence in our community and resources dedicated to that end.

The methodology of the calculations presented here relied on the few previous studies that attempted to calculate the costs in dollars of intimate partner/domestic violence. These studies include the following:

1. *National Center for Injury Prevention and Control. Costs of Intimate Partner Violence Against Women in the United States. Atlanta (GA): Centers for Disease Control and Prevention; 2003. (This is referred to here as the "CDC study").*

The CDC study of the economic costs of IPV nationally was used as the main basis for this analysis. The CDC analysis involved using the National Violence Against Women Survey from 1996 as the basis for its calculations. The National Violence Against Women Survey is the best and most recent survey of IPV victims in the United States. Indicators were gathered from this study and put into a spreadsheet to use as a basis for the calculations.

2. *Max, W., Rice, D. P., Finkelstein, A., Bardwell, R. A., Leadbetter, S. (2004). The economic toll of intimate partner violence against women in the United States. Violence & Victims, 19(1), 259-272.*

This study was used to fill in indicators which the CDC study excluded or where medical-care unit costs were still needed. This study followed a very similar model to the CDC study in regard to gathering indicators developing calculations.

3. *Peterson, C., Kearns, M. C., McIntosh, L., Estefan, L. E., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime economic burden of intimate partner violence among U.S. adults. American Journal of Preventive Medicine, 55(4), 433-444.*

This study was used to help build the IPV-related indicators or cost components used in the analysis.

4. *Travis, J. (1996, January). The extent and costs of crime victimization: A new look. U.S. Department of Justice.*
https://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ojp.gov/pdffiles1/nij/155282rp.pdf

This study analyzed the various components and costs of crime victimization in the United States. It was used in the study in order to gather numbers related to crime victimization for comparison purposes.

In order to calculate the cost of IPV in Miami-Dade County, the Current Study relies on conservative estimates for the calculations. For example, when calculating the healthcare cost of an "office visit," the lowest complexity option was chosen rather than a "high complexity" office visit to ensure that costs estimates are not inflated. This spirit of conservativeness is imbued within all the measures and calculations found in this report. The majority of the calculations were done for 2020, which is the most recent year with widespread data availability. Due to extreme data unavailability, this analysis makes no distinction based on gender, although women are the overwhelming majority of IPV victims. In addition, all numbers involved in calculations were rounded to the nearest whole number. The CDC study discusses direct costs and indirect costs. Direct costs are medical care costs, and presumably criminal justice and social services costs, if they had been included in the study. Indirect costs include lost productivity value from household chores and paid work. Several of these indicators are inherently conservative estimates because of a reluctance to report IPV by victims/survivors as well as perpetrators.

Calculation

To estimate the costs of IPV to Miami-Dade County, the calculations were divided into four sections: medical care costs, criminal justice costs, social service costs, and lost productivity costs. The formulas for major cost calculations as well as an extended explanation of all calculations and formulas can be found in Appendix I. Detailed Cost Calculations.

Analysis: Miami-Dade County IPV Statistics for Year 2020

To determine the number of IPV crimes in Miami-Dade County in 2020, data from the Florida Department of Law Enforcement were analyzed.[17] Note that not all cohabitants are intimate partners. Due to limited data availability, it is assumed here that they are. The breakdown for Miami-Dade County IPV-related crime for the year 2020 is as follows:

Physical Assault:
- 1,529 simple assaults, spouses for 2020
- 787 simple assaults, cohabitants for 2020
- 589 simple assaults, people with a child in common but who do not live together

Rape:
- 14 rapes, spouses
- 12 rapes, cohabitants
- 106 rapes, people with a child in common
- 269 aggravated assaults among spouses
- 216 aggravated assaults among cohabitants
- 194 aggravated assaults among people with a child in common

Aggravated assaults and simple assaults were combined to create one variable called physical assault and this is equal to **3,584 total physical assault offenses.**
The combined rape categories are equal to **132 total rape offenses.**
The total IPV-related stalking incidences are equal to **27 total stalking offenses.**

Findings

The costs for all categories of IPV responses can be found in Table 20 while the calculations used are found in Table 21. Lost productivity costs associated with IPV, including both paid work and household chores, are estimated to exceed one million U.S. dollars. Medical costs related to IPV, including (but not limited to) mechanisms like ambulatory response and physical therapy, are estimated to exceed six million U.S. dollars. Criminal justice costs related to IPV, including (but not limited to) law enforcement responses, are estimated to approximate 50 million U.S. dollars. Social service costs related to IPV, including (but not limited to) domestic violence sheltering, are estimated to be almost 20 million U.S. dollars. The total economic burden of IPV for Miami-Dade exceed 75 million U.S. dollars for Year 2020.

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[17] Florida Department of Law Enforcement. (2021, April). Florida's domestic violence offenses by county and victim relationship to offender, 1996-2020. *Florida Department of Law Enforcement, crime in Florida, Florida uniform crime reports, 2019-2020* [Computer program]. Tallahassee, FL: FDLE, Florida Statistical Analysis Center.

Conclusion

The calculated total economic cost of intimate partner violence in Miami-Dade County for the year 2020 of $75,884,459 is even more significant in light of the fact that this estimate was based on extremely conservative calculations. If IPV was reduced by just 20%, over 15 million dollars would be saved in reduced economic costs to the county and once again, this is an extremely conservative estimate. Some limitations of this study include the use of non-specific Miami-Dade numbers due to a lack of data availability at the county-level as well the use of DV and IPV interchangeably. Due to a lack of IPV-specific data, DV is used here interchangeably in as few instances as possible. The strengths of this study are numerous including the use of innovative methods to obtain as many Miami-Dade County-specific numbers as possible and a focus on the most basic economic costs related to the social problem of IPV. In addition, this study provides a basic outline for other counties to study the problem of IPV in their own jurisdictions by simply inserting their county-specific numbers into the calculations. One item of note is the recent slow down in the extent to which in IPV-related criminal offenses are decreasing (compared to, for example, the 1990s and the 2000s' first decade) that should raise a red-flag to lawmakers with interests in reducing the economic costs of IPV, and social problems in general, in Miami-Dade County. Public investment and private partnerships must continue and even potentially increase in order to get ahead of the problem of IPV in Miami-Dade County before the problem becomes even more of an economic burden to taxpayers.

Table 20. Cost Calculation Summary

Cost Category	Total Cost Per Category ($)
Lost Productivity	1,328,029
Paid Work	
Physical Assault	1,096,902
Rape	55161
Stalking	24543
Household Chores	
Physical Assault	124320
Rape	57024
Stalking	2560
Medical Costs	6,565,388
Outpatient Visit	
Physical Assault	128,960
Rape	2,600
Emergency Department Visits	
Physical Assault	219,924
Rape	5,662
Ambulance	
Physical Assault	63,920
Rape	3,760
Physician Visits	
Physical Assault	29,148
Rape	1,764
Physical Therapy Visits	
Physical Assault	170,630
Rape	9,200
Dental Visits	
Physical Assault	86920
Rape	89570
Inpatient Hospitalization	
Physical Assault	2,638,250
Rape	86,500
Mental Health Visits	
Physical Assault	2,935750
Rape	142,000
Stalking	28,750
Criminal Justice Costs	48,603,123
Judicial Administration Costs	8,888,464

Rehabilitation Costs	12,836,185
Law Enforcement Costs	26,878,483
Social Service Costs	19,387,910
Shelter Costs	5,168,910
Homelessness Services	4,620,000
Prevention/Intervention	9,599,000

Table 21. Cost Calculation Formulas

Cost Category		Formulas
Lost Productivity Costs	Paid Work Cost	***Physical Assault*** $\frac{Median\ Annual\ Income}{Paid\ Work\ Days\ Per\ Year} \cdot Total\ Earning\ Days\ Lost\text{: }Physical\ Assault$ ***Rape*** $\frac{Median\ Annual\ Income}{Paid\ Work\ Days\ Per\ Year} \cdot Total\ Earning\ Days\ Lost\text{: }Rape$ ***Stalking*** $\frac{Median\ Annual\ Income}{Paid\ Work\ Days\ Per\ Year} \cdot Total\ Earning\ Days\ Lost\text{: }Stalking$
	Household Chores Cost	***Physical Assault*** $Mean\ Daily\ Value\ of\ Chores\text{: }Physical\ Assault \cdot Total\ Chore\ Days\ Lost\text{: }Physical\ Assault$ ***Rape*** $Mean\ Daily\ Value\ of\ Chores\text{: }Rape \cdot Total\ Chore\ Days\ Lost\text{: }Rape$ ***Stalking*** $Mean\ Daily\ Value\ of\ Chores\text{: }Stalking \cdot Total\ Chore\ Days\ Lost\text{: }Stalking$
Healthcare Costs	Outpatient Cost	**Physical Assault** $\Big(\big((N\ of\ physcial\ IPV\ offenses \cdot Injury\ Rate) \cdot Outpatient\ Visit\ Rate\big) \cdot Average\ Outpatient\ Visit\ Use\Big) \cdot Outpatient\ Visit\ Cost$ **Rape** $\Big(\big((N\ of\ sexual\ IPV\ offenses \cdot Injury\ Rate) \cdot Outpatient\ Visit\ Rate\big) \cdot Average\ Outpatient\ Visit\ Use\Big) \cdot Outpatient\ Visit\ Cost$
	Emergency Department Visits	**Physical Assault** $\Big(\big((N\ of\ injury\ resulting\ physical\ offenses \cdot \%\ of\ offenses\ resulting\ in\ hospital\ care) \cdot \%\ of\ victims\ reeiving\ ED\ visits\big) \cdot Average\ number\ of\ resource\ uses\Big) \cdot Unit\ Cost\ of\ ED\ visits$ **Rape** $\Big(\big((N\ of\ injury\ resulting\ rape\ offenses \cdot \%\ of\ offenses\ resulting\ in\ hospital\ care) \cdot \%\ of\ victims\ reeiving\ ED\ visits\big) \cdot Average\ number\ of\ resource\ uses\Big) \cdot Unit\ Cost\ of\ ED\ visits$
	Ambulance/ Paramedic Care	**Physical Assault** $\Big(\big((N\ ofmedical\ care\ resulting\ physical\ offenses \cdot \%\ of\ offenses\ resulting\ in\ ambulatory\ transport) \cdot Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ abmulatory\ transport\Big)$ **Rape** $\Big(\big((N\ ofmedical\ care\ resulting\ rape\ offenses \cdot \%\ of\ offenses\ resulting\ in\ ambulatory\ transport) \cdot Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ abmulatory\ transport\Big)$

Physician Visits	**Physical Assault** $\Big(\big((N\ of medical\ care\ resulting\ physical\ offenses \cdot \%\ of\ offenses\ resulting\ in\ physician\ visit\big)$ $\cdot\ Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ physician\ visit\Big)$ **Rape** $\Big(\big((N\ of medical\ care\ resulting\ rape\ offenses \cdot \%\ of\ offenses\ resulting\ in\ physician\ visit\big)$ $\cdot\ Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ physician\ visit\Big)$
Physical Therapy	**Physical Assault** $\Big(\big((N\ of medical\ care\ resulting\ physical\ offenses \cdot \%\ of\ offenses\ resulting\ in\ physical\ therapy\ visits\big)$ $\cdot\ Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ physical\ therapy\ visit\Big)$ **Rape** $\Big(\big((N\ of medical\ care\ resulting\ rape\ offenses \cdot \%\ of\ offenses\ resulting\ in\ physical\ therapy\ visits\big)$ $\cdot\ Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ physical\ therapy\ visit\Big)$
Dental Visits	**Physical Assault** $\Big(\big((N\ of medical\ care\ resulting\ physical\ offenses \cdot \%\ of\ offenses\ resulting\ in\ dental\ visits\big)$ $\cdot\ Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ a\ dental\ visit\Big)$ **Rape** $\Big(\big((N\ of medical\ care\ resulting\ rape\ offenses \cdot \%\ of\ offenses\ resulting\ in\ dental\ visits\big)$ $\cdot\ Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ a\ dental\ visit\Big)$
Inpatient Hospitalize	**Physical Assault** $\Big(\big((N\ of\ physical\ offenses\ \cdot \%\ of\ offenses\ resulting\ in\ hospital\ care\big)$ $\cdot \%\ of\ victims\ receiving\ inpatient\ hospital\ care\big) \cdot Average\ number\ of\ resource\ uses\Big)$ $\cdot\ Unit\ Cost\ of\ inpatient\ hospitalization$ **Rape** $\Big(\big((N\ of\ rape\ offenses\ \cdot \%\ of\ offenses\ resulting\ in\ hospital\ care\big)$ $\cdot \%\ of\ victims\ receiving\ inpatient\ hospital\ care\big) \cdot Average\ number\ of\ resource\ uses\Big)$ $\cdot\ Unit\ Cost\ of$
Mental Health Visits	**Physical Assault** $\Big(\big((N\ of\ physical\ offenses \cdot \%\ of\ offenses\ resulting\ in\ mental\ healthcare\ use\big)$ $\cdot\ Average\ number\ of\ resource\ uses\big) \cdot Unit\ cost\ of\ a\ mental\ health\ visit\Big)$ **Rape**

		$\left(\left(\left(N\ of\ rape\ offenses \cdot \%\ of\ offenses\ resulting\ in\ mental\ healthcare\ use\right) \cdot Average\ number\ of\ resource\ uses\right) \cdot Unit\ cost\ of\ a\ mental\ health\ visit\right)$ **Stalking** $\left(\left(\left(N\ of\ stalking\ offenses \cdot \%\ of\ offenses\ resulting\ in\ mental\ healthcare\ use\right) \cdot Average\ number\ of\ resource\ uses\right) \cdot Unit\ cost\ of\ a\ mental\ health\ visit\right)$
Social Services Costs		
	Shelter Costs	SafeSpace North Expenditures + SafeSpace South Expenditures + SafeSpace Central Expenditures + Empowerment Center Expenditures
	IPV-Related Homelessness Costs	Number of Homeless Clients Fleeing DV · Average Cost Per Homeless Individual
	Violence Prevention and Intervention Programming	Yearly Budgets of Advocates for Victims (and Domestic Violence Intake)
Criminal Justice Costs		
	Judicial Administration	Operating Expenses · % of Court Proceedings Related to IPV
	Rehabilitation Costs	$\left(\left(N\ of\ Violent\ Crime\ Offenders \cdot \%\ of\ All\ Violent\ Crime\ that\ is\ DV\ Related\right) \cdot Annual\ Prisoner\ Cost\ Average\right)$
	Law Enforcement Costs	Number of Total IPV Offenses · Inflation-Adjusted Cost of a Police Call

Objective 4. Assess the adequacy of our community-wide system response to domestic violence, including law enforcement, prosecution, diversion, judiciary, legal aid, victims' services, domestic violence centers, emergency shelter, housing (permanent, transitional and subsidies), victims' compensation, and other resources, including barriers to and ease of access by victims, coordination by and among the continuum of care, trauma informed, utilization of trauma informed, evidence-based best practices, and effectiveness in protecting victims and survivors and stopping perpetrators from committing further crimes while holding them accountable.

Domestic violence emergency sheltering and services involve certified centers, as well as non-certified entities that serve survivors. However, these must be seen as only one piece of the entire system of care for IPV survivors. As one stakeholder noted, any system of care that starts solely with domestic violence hotlines and emergency sheltering is inadequate, specifically since there are multiple outlets of obtaining help. At the same time, another stakeholder mentioned that, system-wide, there is a no-wrong-door approach—that is, wherever a survivor starts, they will eventually be directed to where they need to be. *At the same time*, survivors noted some difficulties with these various doors, for example, certified centers needing greater hospitality and some negative interactions with law enforcement. Furthermore, another stakeholder stated that the domestic violence emergency shelter may carry internalized stigma—that is, survivors may think of the situation as the lowest point in their lives. These concerns need addressing.

Housing, which is addressed by both the domestic violence part of the system and the homelessness/housing service part of the system, is a critical need. In short, the services for housing exist; however, in a place with nearly three-million people, the magnitude of housing need is great. Resources such as InnTransition and the new award to the Homeless Trust for a rapid-rehousing project give hope that the anti-IPV system of care is doing its best to meet the needs of survivors.

The criminal justice system can be seen as composed of law enforcement, prosecution, and judiciary systems. Qualitative data from survivors mentioned various interactions with law enforcement, ranging from positive to negative. Qualitative data from stakeholders also suggest mechanisms that could enhance education among people (e.g., via educational kiosks in court settings), especially since, as per the qualitative data, IPV becomes the context in which survivors make their first-ever contact with the criminal justice system. Demystification of the purposes and processes of each component of the criminal justice system is necessary.

Crime victim compensation, a state-level program whereby economic losses to crime are compensated, is an important opportunity for survivors of IPV to recover what was lost during harmful experiences. Pathways to crime victim compensation seem to exist in many areas within Miami-Dade County: domestic violence social services, law enforcement, and prosecutorial entities. The availability of this resource at multiple points is important for survivors to have as broad of access as possible to recovering medical expenses, property loss, and paying for mental health counseling.

In some stakeholder interviews, the term "trauma-informed" was defined and/or described. From these interviews, the following definition of trauma-informed can be reached: an approach by

which it is acknowledged that trauma exists in a particular situation and that survivors have experienced much distress, and that complexity may exist. Stakeholders indicated that trauma-informed approaches can include:

- The capacity for the survivor to retell their story without further re-traumatization.
- Understanding what can be triggering.
- Understanding that survivors may not remember certain events, or even become defensive.

Across stakeholder interviews—from prosecution to legal aid, to other entities—the term "evidence-based" was defined in a straightforward manner. That is, services and interventions should be conducted and provided in a manner that aligns with empirically based research.

Objective 5. Make recommendations for prevention strategies and public education as an integral component of our community response to prevent and end domestic violence, utilizing a public health model. A "public health model can be used to identify opportunities for domestic violence prevention along a continuum of possible harm, including:
a. primary prevention to reduce the incidence of the problem before it occurs;
b. secondary prevention to decrease the prevalence after early signs of the problem; and
c. tertiary prevention to intervene once the problems is already clearly evident and causing harm.

It may be important to change the conception of prevention in Miami-Dade County by reframing many tertiary prevention strategies as primary prevention strategies. To make recommendations for public health model-informed prevention strategies and public education as integral to community-wide response, the Current Study in part compiled and categorized services provided by certified domestic violence centers across the state[18].

The resulting list of the Current Study's search and categorization are presented in Table 22. Strategies for adult primary prevention were various and included nonviolent discipline support, for example. Another strategy—community and professional training—included presenting at ASPCAs, schools, medical settings, and to clergy. The content of such community and professional training included topics such as "Domestic Violence 101," "Train the Trainer," "Domestic Violence in Later Life," "Importance of Prevention," "Bystander Training," and others. One certified domestic violence center offered a document to family/friends of survivors to know how to help survivors.

Strategies for child primary intervention included multi-week programs, groups, and training to schools. For example, one intervention included advocacy-school-organization collaboration to cultivate non-violence among youth.

Strategies for secondary prevention included those strategies to detect and intervene in violence's acute phase. For example, all certified centers had hot/help/chat/text lines, where victims of

[18] See Appendix D. Florida State-Wide Certified Domestic Violence Center Website Census.

violence can call and obtain services during or in the wake of abuse. Some outreach centers are in place to ensure victims have a physical place to go to obtain help in rural areas, specifically to widen the anti-IPV catchment. The availability of legal service assistance was also made clear on many websites: IFP support, state attorney's office liaisons, criminal justice advocacy, the allowing of animals in shelters, and staff attorneys. Finally, child protective intervention and support were available.

Strategies for tertiary prevention included those interventions that mitigate the effects of violence after it occurs—such as residual mental health issues and financial issues. Strategies targeting these effects included providing back-to-school supplies, support groups, and cultivating economic self-sufficiency.

Table 22. Prevention in Accordance with a Public Health Model: Results from County-by-County Census of Certified Domestic Violence Center Websites

Pre-Violence		Post-Violence	
Adult Primary Prevention	Child Primary Prevention	Secondary Prevention	Tertiary Prevention
Nonviolent Discipline Support	Multi-Week Programs for Education and Prevention	Hotlines, Helplines, Chatlines, and Textlines	Support Groups
Community and Professional Training and Education	Coaching Boys to Men	Outreach	Counseling
Family and Friend Education	Teaching Schools about Abuse	Legal Service Assistance	Self-Sufficiency
University Coursework	Groups Created from Advocacy-School-Organization Collaborations	Child Protective Intervention and Support	Information and Referral
		Shelter	Transportation
			Back-to-School Supplies
			Clothing Referrals
			Food Referrals
			Long-term Housing

The Current Study's recommendation for this current aspect of the report is for Miami-Dade County to reframe its public health prevention model. For example, many of the material needs surrounding tertiary prevention seem to be mechanisms that could help buffer against abuse in

the first place. A study of National Crime Victimization Survey data showed a staircase like relationship between IPV and poverty—such that the households with the highest incomes had an IPV rate of around 2 victimizations pers 1,000 human inhabitants, whereas poorer households had a rate on the order of 8 victimizations per 1,000. Thus, material resources—such as those used in tertiary prevention to combat the residual effects of abuse—may be helpful in buffering IPV from the outset. Accordingly, the Current Study recommends that the public health prevention model be reframed—such that tertiary interventions join the place alongside primary intervention. In these ways, the future-building framework of primary prevention becomes fortified, strengthening the system's guard rails to the point in which secondary prevention is the last line of defense necessary against IPV. Accordingly, this would mean trimming the model to only include primary and secondary prevention, with tertiary prevention integrated with primary prevention. This model is meant to be a general guiding framework for shaping the mindset around IPV prevention and intervention.

An extensive review of school based IPV prevention programs globally found that overall the results were not promising however, they did note some key exceptions. One of these was the Healthy Relationships program in Canada which showed significant reductions in dating violence perpetration and victimization among participants compared to control groups. Two other programs, Shifting Boundaries and Safe Dates, reported a reduction in dating violence in adolescents (Ellsberg et al, 2015). Another program, the Start Strong program, which is designed for middle school students, has been found to significantly decrease teen dating violence among participants two years after the intervention (Miller et al, 2015). Regardless of the program, those that are longer in duration and more comprehensive tend to be more effective in meeting outcomes (DeKoker et al, 2014).

While less common, other programs attempt to enact change across a community. One such program is, RISE (Reimagining Intimacy through Social Engagement) which "works to transform responses to intimate partner violence (IPV) across New York City and address its intersection with gun violence integrating public health, healing centered, and restorative justice strategies." This program takes a multi-faceted approach working at the individual level with survivors and perpetrators, at the organization level, supporting other activist groups, and the community level through trainings and community campaigns (Center for Court Innovation, n.d.).

Some organizations rely on billboards or online videos to get their message out. While public awareness campaigns are generally not believed to be the most effective at enacting behavior change (Heise, 2011), they can be very effective in encouraging conversation and making people aware of important social issues. Recent efforts to increase awareness of IPV include billboards funded by Safe in Harm's Way which seek to show the various types of abuse beyond physical. One campaign entitled, "The Last I'm Sorry" features a fresh bouquet of roses in front of many bouquets of dead flowers. While a formal evaluation of the effectiveness of this campaign has not been undertaken to date, traffic to their website increased over 100% in cities where these billboards were displayed (Newton, 2022).

In terms of connecting to potential awareness and prevention campaigns, stakeholder interviews revealed additional, potentially helpful ideas. One idea was a domestic violence symposium where

people can freely approach multiple stakeholders in one setting for informational purposes—for example, having attorneys present for informational advice. Another opportunity is greater collaboration with organizations external to the immediate components of the system. Content-wise, another strategy could involve celebrating and emphasizing the empowering aspects of survivors' efforts—courage, bravery, etc.

Objective 6. Review individual components of the DV continuum of care and suggest directions for future improvement, reforms, collaboration, integration, and coordination to create a more responsive, consistent, and coordinated effort to support DV victims and survivors. The more granular components of the study should include:

A. *Describing and analyzing service interventions and responses provided by the domestic violence system and their efficacy; identify outcomes and benefits of services and interventions. Are programs client centered?*

To develop a helpful understanding of the DV system's need for improvement, reforms, collaboration, integration, and coordination, the Current Study created a diagram depicting the entire system based on stakeholder interviews, public and internal documents, and victim interviews. While it is difficult to provide a numerical value on efficacy across interventions/responses, an examination of efficacy is embodied in the discussions of outcomes and functioning.

Emergency Domestic Violence Sheltering

In Miami-Dade County, the emergency sheltering for domestic violence is embodied in a series of certified centers: SafeSpace North, SafeSpace South, SafeSpace Central, and the Empowerment Center. In these settings, victim-survivors of IPV can access various services/resources—including safety planning, counseling, and information and referral. The broader community can engage with the centers through programs like the cell phone drive and a wheels-to-work program. At the same time, there are homeless shelters with supportive victim services.

Basic services from the Domestic Violence Office (n.d.) of the Florida Department of Children and Families are embodied in the following information:

> Florida's 41 certified domestic violence centers offer temporary emergency shelter, advocacy, and crisis intervention services to provide victims with the resources necessary to be safe and live free of violence.
>
> - 24-Hour Hotline
> - Temporary Emergency Shelter
> - Safety Planning
> - Information and Referrals
> - Counseling and Case Management
> - Nonresidential Outreach Services
> - Training for Law Enforcement Personnel

- Needs Assessments and Referrals for Resident Children
- Educational Services for Community Awareness Related to domestic violence and Available Services/Resources for Survivors.

(Office of Domestic Violence, n.d.)

Figure 7 represents a synthesis of interview materials and the Gaps and Needs Report—specifically, as a means to construct how victims' journeys through CVAC and certified sheltering entities "look." Both of these entities can be reached through various hotlines. Upon entrance into the shelter, two separate needs assessments are conducted: one for the parent-victim and one for the child-victim. Victim-survivors are asked to indicate the myriad of items they can discuss with advocates at the center(s)—such as GED testing, court orientation workshops, baby supplies, and cell phones for calling 9-1-1, and others. Emergency shelter is available during the risk period for imminent harm, with the goal of long-term stability (e.g., housing) after the risk of imminent harm has passed.

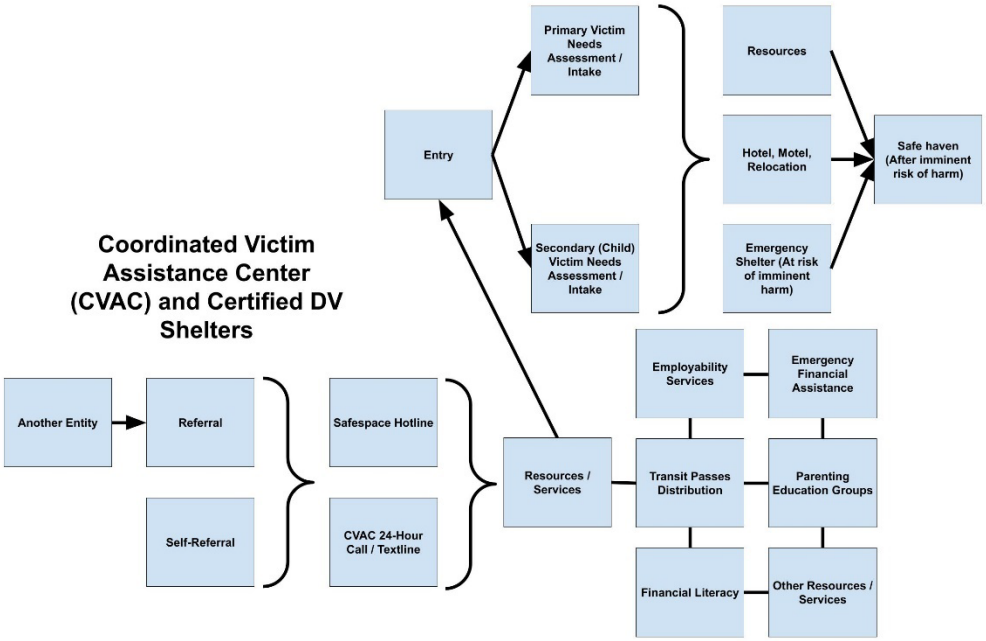


Figure 7. CVAC and Certified DV Shelters

Domestic Violence Court

The 11th Judicial Circuit (covering Miami-Dade County) has a specialized domestic violence court for misdemeanor offenses. As a description, these derivatives of problem-solving courts are geared toward ensuring the IPV-related cases are weighed against similar cases, instead of cases with separate/different dynamics/etiologies**.** In the 11th judicial circuit, a DV mental health court and DV substance abuse court are appended to the outcomes (i.e., probation conditions and terms of injunctions) of criminal and civil court.

Civil Processes

Figure 8 below shows the steps associated with obtaining an injunction through domestic violence civil court, as developed through government documents and interviews. The process begins with a filed petition for a temporary injunction, with follow-up hearings to determine continuance, dismissal, or the granting of a final injunction.

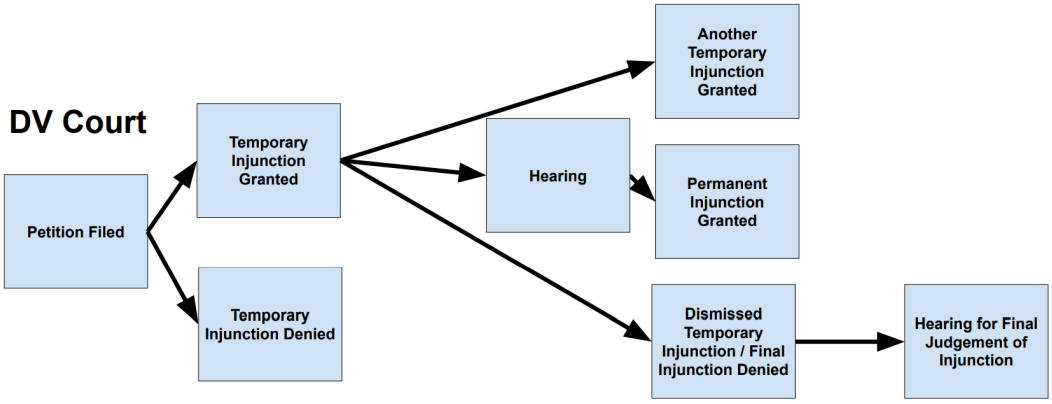


Figure 8. DV Court

Criminal Processes

Figure 9 below shows the steps associated with domestic violence criminal court, as developed through government documents and interviews. One the offender-specific side of the system, the process associated with domestic violence criminal court is a mixture of law enforcement, prosecution, and court processes. For example, the entire process starts with an arrest of the offender, followed by a series of steps that lead to trial and probation conditions (e.g., batterer intervention). Alternatively, pre-trial diversion (not shown here) is also a possibility.

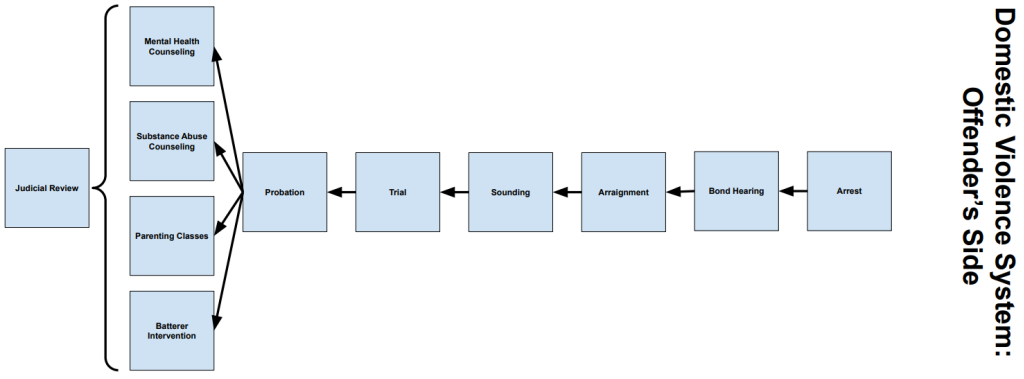


Figure 9. Offender's Side

Law Enforcement

A form of frontline response of the criminal legal system to IPV has been law enforcement. Figure 10 below shows a general linear process of victims' journeys through a law enforcement presence in an IPV case, as per SOPs and interviews. First, a 9-1-1 call and subsequent dispatch are made, with a subsequent separation of victim and offender. Conversations with responding officer(s) are made to cultivate investigation, report writing, and other on-scene duties, followed by the receipt of a victims' rights pamphlet and possible arrest of the abuser (and/or the victim).

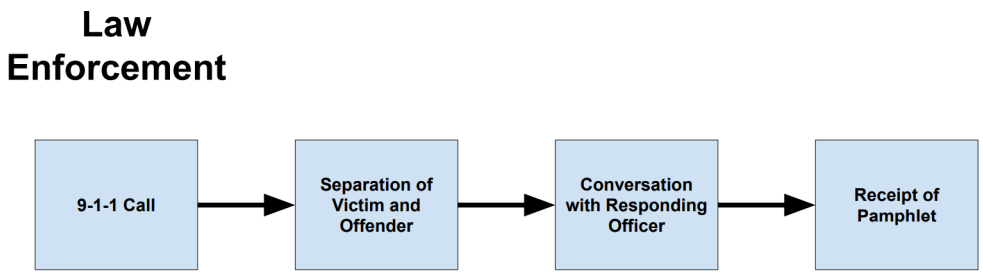


Figure 10. Law Enforcement

Prosecutorial Entities

As a proxy and embodiment of aggressive prosecution, Figure 11 below shows the interaction between law enforcement and MOVES. After an arrest, paralegals meet victims at the scene (e.g., a hospital), where various investigative information is collected, along with service-oriented procedures (e.g., resource referral).

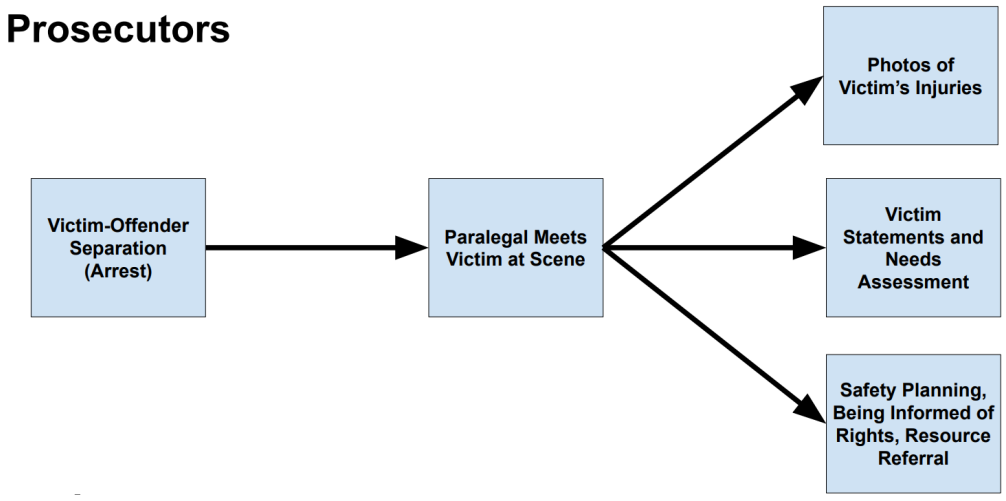


Figure 11. Prosecutors

Non-Certified Entities that Support Victim-Survivors

Figure 12 below shows a potential process that non-certified entities supporting victims may employ in their day-to-day workings with victims of IPV. First, there is always initial engagement (e.g., contact via phone) and intake processes (assessing needs), followed by assistance/resource provision or referral to another entity or set of entities.

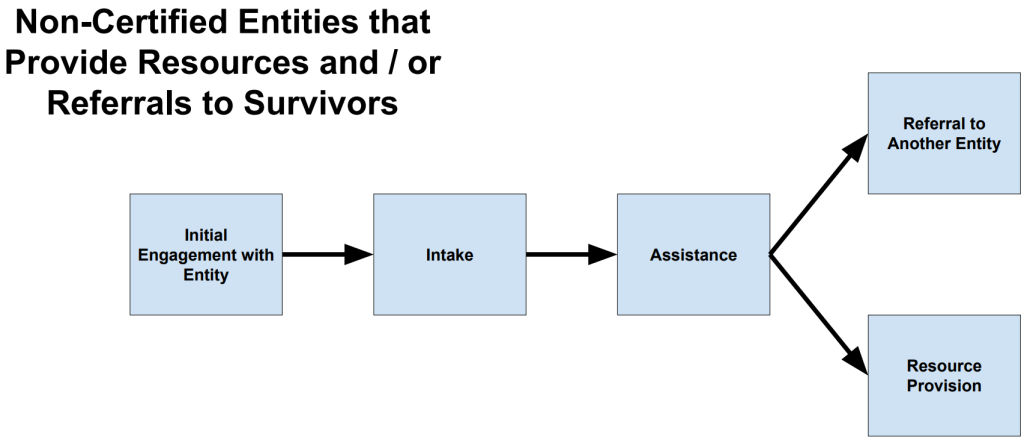


Figure 12. Non-Certified Entities that Provide Resources and/or Referrals to Survivors

Legal Services

Formed out of interviews with two legal service entities, Figure 13 below depicts legal service processes from the potential point of view of the victim. Referral or self-referral precede intake and /or consultation, followed by work / preparation on a case. In these ways, immigration legal help or injunction legal help are conducted, followed by an ultimate case outcome.

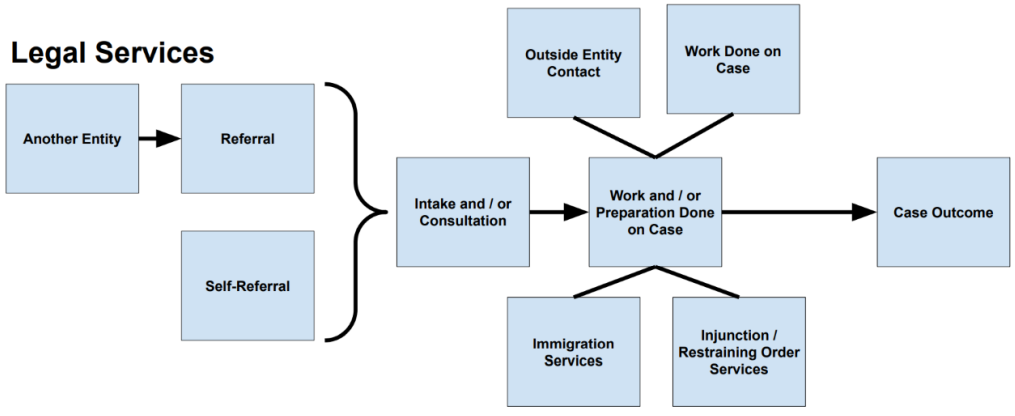


Figure 13. Legal Services

Healthcare

Taking into consideration law enforcement, healthcare, and other-entity interviews—together—there is interaction between healthcare systems and parts of the anti-IPV system like domestic violence shelters. However, the most-detailed relationship involves the nexus between criminal justice and healthcare entities. For example, law enforcement may reach out to healthcare entities when working on crime victim compensation cases. Law enforcement detectives or prosecutorial personnel may take statements in the healthcare setting. Reports may be made from healthcare entities to law enforcement with the consent of survivors.

Faith Organizations

The Current Study reached out to faith organizations; however, no interviews were able to be conducted with faith organizations. At the same time, engagement with the faith community is critical as faith may constitute a critical component of survivors' personal lives.

Client-centeredness?

Various stakeholders were asked about their views on the terms *victim-centered* or *client-centered*. Many stakeholders agreed that a victim-centered approach is one in which the victim is the expert in their reality. At the same time, a small number of stakeholders held that sometimes having the victims' best interests at heart is also a version of being client centered.

Within qualitative data from survivors in the homelessness and domestic violence sectors, homeless shelters were generally seen as places where victims did not desire to reside**.** Stories of having belongings stolen, as well as other hardships and opinions, arose during the interviews. At the same time, certain critiques were levied against various aspects of the DV side of the system—for example, that six weeks is simply not a sufficient enough time to get back on their feet, as well as various issues with officer non-response (e.g., dismissal of abuse allegations) and over-response (arresting victims).

B. *Assessing children's access to programming and services that include needs assessment, counseling, therapeutic interventions, health care, education; level of coordination between MDCPS and shelters, service providers, and other components of the CCR, and evaluate specific impacts and efficacy of children's programs.*

To assess children's access to programming and services, an approach that focused on needed programming and services was employed. Stakeholders were asked about resources / strategies that were needed or could be provided to better serve children exposed to IPV. For example, stakeholders spanning the legal service, criminal justice, and housing systems mentioned various strategies, including:

- Extended time in therapy
- Accessible therapy regardless of insurance status
- Cellphones for children in emergency situations
- Talking with children about resentment concerns against parent-victims for separating from their violence-perpetrating partners
- Increased access to childcare

Relatedly, even when *not* specifically asked about children's access to programming and services, stakeholders kept children's interests in mind throughout the interviews. In another example, an idea presented in interviews included the notion the children learn behaviors in a sponge-like manner—that is, they learn about how to interact with the world through what they see and hear. Others referenced the levying of neglect charges as tools to prevent, for example, the intergenerational transmission of IPV.

A census of all certified domestic violence centers in Florida revealed various programs developed specifically for children, including:

- Peaceful Paths Domestic Abuse Network (Gainesville) -- Shelter Children's Program -- A program including non-violent discipline support, safety planning, and information and referral.
- Hubbard House (Jacksonville) -- Children's Therapeutic Learning Center -- A program for younger-than-school-age children that involves placement in small classroom.
- Martha's House (Okeechobee) -- Child Advocacy -- A program involving support and educational groups for children.
- Safehouse of Seminole (Seminole County) -- Power of Play -- A program that allows children to deal with emotions, whereby trained staff lead afterschool learning environments for, e.g., conflict resolution.
- Beacon Center (Volusia County) -- Hugs & Love Children's Program -- A program that teaches children about safety.
- Safe Place and Rape Crisis Center (Sarasota) -- Children's Services -- For example, a program whereby children's advocates coach children in terms of helping them communicate their feelings (e.g., via videos, activities, informational materials).

A review of the extant literature provided many recommendations from the existing scientific literature for supporting children across the domains of counseling, education, health, and therapeutic interventions, including:

- More IPV dynamics-specific training for child welfare workers to mitigate victim-blaming attitudes (Cheng & Lo, 2021; Mennicke et al., 2019).
- The potential helpfulness of community-criminal justice collaborations (e.g., involving law enforcement, victim services, other agencies) for assisting victim-survivors and their children (Stylianou & Ebright, 2021).

- Including children and nonoffending parents in IPV child exposure interventions, as well as trauma and non-trauma informed strategies that are both structured and unstructured.
- More public education (e.g., regarding the impact of exposures to IPV).
- More training for those who regularly have contact with children / youth (Romano et al., 2021).
- The need—particularly for mothers with toddlers—for thorough assessments of IPV (past and present) based on parent reports and child-parent interactions that are observed (Riggs et al., 2021).
- A "beyond screening" approach that strengthens connecting victim-survivors with support (Raghavan et al., 2017; West et al., 2021).
- The inclusion of various voices (e.g., victim-survivors, legal advocates) in the development of healthcare provider training.
- Multifaceted support services (e.g., medical and preventive health help)
- Obesity prevention for children.
- Community-centered programs that offer health services (Raghavan et al., 2017)
- Objective ways to understand the availability of services to survivors (West et al., 2021).
- In-residence engagement with mothers about their children's health
- Stronger DV sector-to-healthcare sector collaboration, including mobilizing grant monies for onsite integrated healthcare services (Campbell et al., 2021).
- Cross-entity complete / timely communication (Langenderfer-Magruder et al., 2019)
- Redirecting focus from monitoring mothers to a focus on helping mothers obtain needed services (Cheng & Lo, 2021).
- In-house IPV specialists among child welfare workers (Cheng & Lo, 2021)
- Creative electronic applications like Thrive, a platform that provides guidance for parent-victim (e.g., self-care), child-victim (reducing childhood stress), and life more broadly (e.g., childcare, housing; Raghavan et al., 2020).
- Trauma-focused cognitive behavioral therapy as way to mitigate trauma-related symptoms like post-traumatic stress disorder symptomology (Spiegel et al., n.d.).

These recommendations were found across studies of diverse methodologies (e.g., meta-analysis, quantitative survey research, qualitative interviewing, focus groups). In the qualitative methodology of assessing victims' experiences, one participant acknowledged prevention as key, a point to which some other focus group participants agreed. That is, focus group participants generally agreed about the need to get the message out to those women and girls of all ages who have not yet experienced IPV. A part of this message would include learning "the signs" of abuse.

C. *Identifying how consumers/victims/survivors are involved in contributing to and evaluating programs. What is the feedback from survivors, and how is feedback addressed and used to improve the services and experiences for survivors? What are the survey instruments? Do clients understand their rights and what options for assistance are*

available?

Requests for information on survivor feedback were sent to three entities in the *domestic violence-specific* continuum of care to represent criminal justice and social service pieces of traditionally conceptualized coordinated response systems to IPV (for a discussion of traditional coordinated response construction, see Messing et al., 2015). For the Current Report, information was provided by CVAC and SafeSpace shelters.

For CVAC and SafeSpace Shelters, clients are provided with satisfaction surveys. These are provided to clients at three places in the help-seeking process:

- Post-intake.
- After certain sessions (case management and individual counseling).
- Upon exit from the programs.

These satisfaction surveys are available in three languages: English, Spanish, and Creole.

According to a report by the Miami-Dade OMB (2018), the processes associated with the surveys are as follows:

> A small number of surveys are collected and tabulated on a monthly basis. Staff review the surveys, along with other departmental topics, during monthly departmental Brainstorm Meetings. (p. 23)

The report provided recommendations, such as the appending of additional questions to sharpen the measurement of various outcomes.

The Current Report has investigated connections among coordinating entities—domestic violence-specific social services, homeless and housing services, and criminal justice entities. From these interconnections, it may be helpful to the explore the appending of appropriate questions about survivors' assessments of coordination. For example, a potential question set of questions could include Likert-type responses, such as the following:

> Example Question 1:
>
> > "If I needed help connecting to criminal justice services, CVAC connected me to those services quickly."
> >
> > - Strongly Agree
> > - Agree
> > - Neither Agree nor Disagree
> > - Disagree
> > - Strongly Disagree
>
> Example Question 2:

"If I needed help connecting to homeless and housing services, CVAC connected me to those services quickly."

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

D. *Assessing trends in demographics of those serviced by the domestic violence continuum of care, both system wide and in individual programs and analyze for trends and barriers for accessing services. Assessing the cultural competency/sensitivity of existing programs, specifically for women, women of color, immigrants, and the LGBTQ population and other marginalized individuals; how can their cultural competence/sensitivity be improved?*

Requests for demographic reports were sent to three entities in the *domestic violence-specific* continuum of care to represent criminal justice and social service pieces of traditionally conceptualized coordinated response systems to IPV (Messing et al., 2015). The Current Report analyzed demographic reports from CVAC and SafeSpace shelters, as well as the MOVES program. This information is detailed below.

System-Wide Trends

To understand trends in demographics and contextual factors of those serviced by the domestic violence continuum system-wide, the Current Study looked at demographics of the over 30 communities served by the continuum of care[19] (see Appendix J. Getting to Know the Communities).

Sex Ratio

The sex ratios of the 33 communities under analysis showed that most (n = 24) had more females than men. The minimum sex ratio value was in Miami Springs, in which for every eight men, there were 10 women. Nine communities had more men than women. The maximum sex ratio value was in Biscayne Park, in which for every 10 men, there were 14 women.

Non-Citizen Status

The percentage of 33 communities' populations that were of non-citizen status registered a mean of 19%. That is, on average, 19% of people across jurisdictions were non-citizens, or two out of every 10 people. The community with the lowest percentage of non-citizens was Miami Shores (approximately 9%), with one out of every 10 people as non-citizens.

[19] The American Community Survey (ACS) provides reliable estimates of demographics and social characteristics for certain communities. There are no statistical reports for unincorporated areas of a county in the ACS.

The community with the highest percentage of non-citizens was Doral (approximately 38%), with four out of every 10 people as non-citizens.

Broadband Internet Connection

Over a majority of all of Miami-Dade's 33 communities have broadband. However, some have a higher percentage of the population with broadband than others. On average, Miami-Dade communities had a rate of broadband access of 83%, or 8 out of every 10 people. The community with the lowest rate of broadband access was Opa-Locka (approximately 56%). The community with the highest rate of broadband access was Golden Beach (approximately 96%).

Disability Status

The median rate of disability within the populations of the 33 Miami-Dade communities was approximately 9 percent. That is, out of every 100 people, 9 people had a disability. The lowest rate of disability was in Biscayne Park, with approximately 3%. The highest rate of disability was in Medley, with about 21%.

Poverty

The median rate of poverty across the 33 Miami-Dade communities was approximately 14%. The lowest rate was approximately 5% (Biscayne Park). The highest poverty rate was embodied in Opa-Locka (~40%).

Speaking a Language Beyond English at Home

Twenty-nine out of the 33 Miami-Dade jurisdictions include populations in which over half of the people speak a language beyond English. On average, communities were composed of populations in which 69% spoke a language beyond English. The jurisdiction with the smallest percentage was Miami Gardens (~37%). The jurisdiction with the highest percentage was Hialeah Gardens (~95%).

Individual Program Trends

Table 23 presents the race distribution of clients who approach CVAC for assistance. A plurality of clients was categorized as white/Caucasian. The next largest category was Black or African American, followed by an "Other" category, multi-racial, Asian, and American Indian/Alaska Native, and Native Hawaiian/Other Pacific Islander.

Table 23. Race Distribution of CVAC Clients (N = 1509)

Category	%
Asian	0.9
American Indian / Alaska Native	0.4
Black or African American	39.7
Native Hawaiian / Other Pacific Islander	0.2
Multi-Racial	1.7
Other	11.7
White/Caucasian	45.2
Not Provided/Unknown	0.1

Note: Percentages may not add up to 100.0% due to rounding.

Table 24 presents the race distribution of Safe Space clients. The plurality of clients was categorized as Black or African American, with white/Caucasian as the next largest group.

Table 24. Race Distribution of Safe Space Clients (N = 1209)

Category	%
Asian	0.6
Black or African American	48.0
Native Hawaiian / Other Pacific Islander	0.1
Multi-Racial	3.7
Other	5.0
White/Caucasian	35.5
Not Provided/Unknown	4.1

Note: Percentages may not add up to 100.0% due to rounding.

Table 25 presents the gender distribution of CVAC clients. Over a supermajority of clients (~91%) at CVAC were female, with males and gender minorities making up 9% and less-than-one percent, respectively.

Table 25. Gender Distribution of CVAC Clients (N = 1509)

Category	%
Female	90.9
Male	8.7
Other, Transgender Female, Transgender Male	0.3

Note: Percentages may not add up to 100.0% due to rounding.

Table 26 presents the gender distribution of Safe Space clients. The percentage of clients identified as female, while still over a supermajority, was not as large as the CVAC percentage. A greater percentage of Safe Space clients were male when compared to CVAC.

Table 26. Gender Distribution of Safe Space Clients (N = 1209)

Category	%
Female	78.9
Male	20.8
Transgender Female	0.3

Note: Percentages may not add up to 100.0% due to rounding.

Table 27 presents the age distribution of CVAC clients. The supermajority of clients was in the 25-59 age range.

Table 27. Age Distribution of CVAC Clients (N = 1509)

Category	%
0-17	2.1
18-24	11.2
25-59	83.1
60+	3.6

Note: Percentages may not add up to 100.0% due to rounding. Original categories for this variable were as follows: 0-6; 7-12; 13-17; 18-24; 25-59; 60+. The authors of the Current Report collapsed the three under-18 categories.

Table 28 presents the age distribution of Safe Space clients. Similarly to CVAC clientele, the majority of Safe Space clients were between the ages of 25 and 59.

Table 28. Age Distribution of Safe Space Clients (N = 1209)

Category	%
0-17	35.0
18-24	6.5
25-59	56.3
60+	2.2

Note: Percentages may not add up to 100.0% due to rounding. Original categories for this variable were as follows: 0-6; 7-12; 13-17; 18-24; 25-59; 60+. The authors of the Current Report collapsed the three under-18 categories.

Table 29 presents the racial and ethnic distribution of MOVES clients. A majority of MOVES clients were Hispanic or Latino, with about 1/3 of clients identified as Black or African American.

Table 29. Race Distribution of MOVES Clients (N = 1508)

Category	%
Asian	0.1
American Indian / Alaska Native	0.6
Black or African American	27.5
Haitian	0.7
Hispanic or Latino	56.4
Native Hawaiian / Other Pacific Islander	0.2
Multiple Races	0.5

Other Caribbean	0.2
Some Other Race	1.5
White Non-Latino/Caucasian	7.9
None Specified/Unknown	4.4

Note: Percentages may not add up to 100.0% due to rounding.

Table 30 presents the gender distribution of MOVES clients. A supermajority (70%) of MOVES clients were identified as female, with males constituting about 30%. Less than one percent of MOVES clients indicated "unknown" for this category.

Table 30. Gender Distribution of MOVES Clients (N = 1508)

Category	%
Female	70.0
Male	29.8
Unknown	0.2

Note: Percentages may not add up to 100.0% due to rounding.

Table 31 presents the age distribution of MOVES clients. A supermajority of MOVES clients were between the ages of 25 and 59.

Table 31. Age Distribution of MOVES Clients (N = 1508)

Category	%
0-17	0.1
18-24	1.1
25-59	81.4
60+	6.0

Percentages may not add up to 100.0% due to rounding.

Assessing Cultural Competency

To assess cultural competency, the Current Study looks at the homepages of various stakeholder websites. Similarly to the importance of representation for minority groups in various institutions of society (e.g., higher education), representation on stakeholder website homepages may signal—from the outset—that the interventions of stakeholder services are inclusive. This would be the pre-cursor to cultural competency. In short, survivors and clients need to be able to see and know that they are welcome in interventions and services from the outset. Homepages were also chosen as the standard because all stakeholder websites had one, a reinforcement of consistency in analysis. A content analysis was completed for 57 stakeholder websites, including domestic violence social service organizations, homelessness and housing service agencies, and law enforcement agencies. Table 32 presents the results of the content analysis.

Table 32. Content Analysis Results – Mentions of Various Demographic Backgrounds, Identities, and Statuses

Category	No (%)	Yes (%)
Gender	75.4	24.6
Immigration	89.5	10.5
Women of Color	100.0	0.0
Lesbian	96.5	3.5
Gay	96.5	3.5
Bisexual	96.5	3.5
Transgender	94.7	5.3
Queer (Q)	96.5	3.5
Questioning (Q)	96.5	3.5
Disability	94.7	5.3

The above results show that more work needs to be done in terms of representation—and by association—cultural competency. This work can be accomplished through simply placing an inclusion statement in the homepage of each stakeholder's website—then following up on the inclusion statement with inclusive action.

E. *Performing a quantitative and qualitative assessment of the need for domestic violence centers and emergency shelters and services serving victims and survivors, to include projections over the next two decades. Assessing the victims' level of access to shelter and services; if there is no shelter available, what is offered to victims? Are these cases tracked/followed up? If so, how, and what does the tracking reveal? If not, why not?*

Assessing the need for domestic violence centers and emergency shelters/services quantitatively can be clarified through forecasting IPV rates. Figure 14 presents forecasted yearly IPV rates with a forecast of five years (i.e., to 2025). A forecast of 20 years is not presented here because the forecast actually extended deeply into the negative range of the forecast area.[20]

[20] Forecasting was implemented by creating a longitudinal dataset of IPV rates, following up with the use of a simple "Forecast" function in Microsoft Excel.

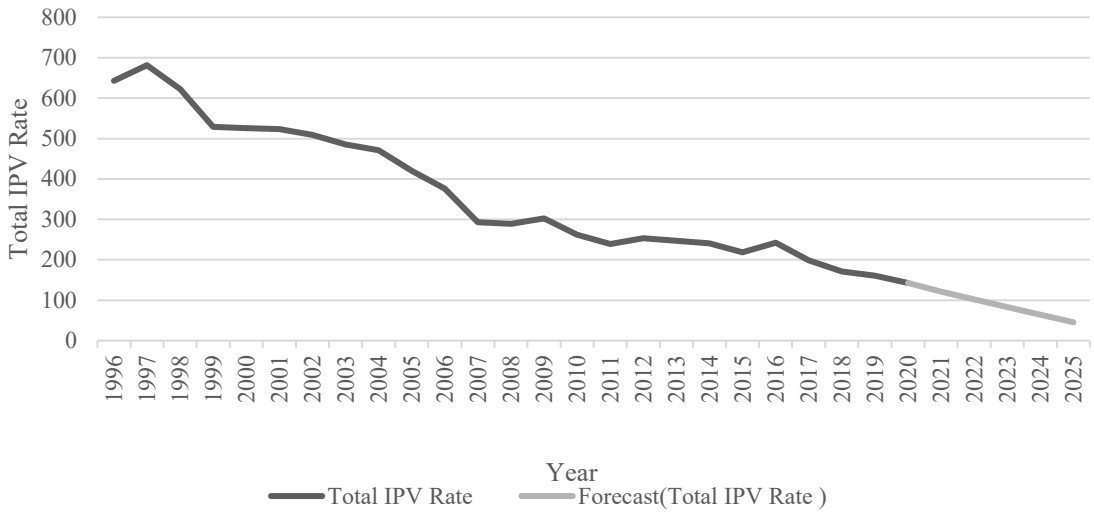


Figure 14. Total IPV Rate Forecast

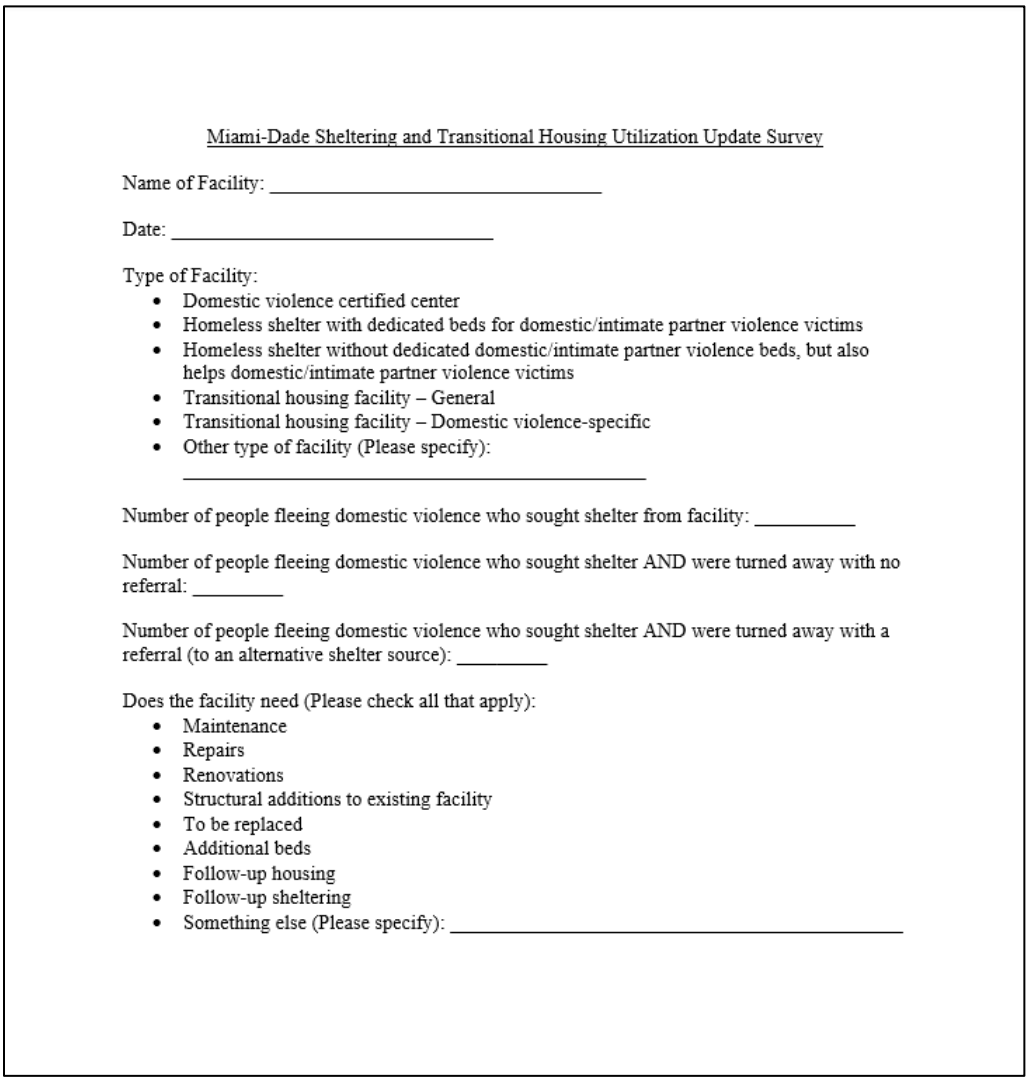
Another point of discussion involves what is done when emergency sheltering is not readily available. Two stakeholders indicated that in the wake of IPV, other options are available for sheltering. For example, if emergency sheltering is not available, survivors may be placed in hotels or the homes of survivor-friendly people.

The above points reinforce the need for an improved and strengthened housing infrastructure, not just in Miami-Dade County, but in neighboring jurisdictions and beyond as well. One stakeholder named housing as one of the "biggest" issues facing the anti-IPV community-wide system of care.

F. *Providing recommendations for establishing a utilization analysis of all DV shelters and transitional programs that includes the number of victims turned away due to lack of space. The utilization analysis will help identify need for future construction of additional shelters and whether aging shelters should be retrofitted or replaced with a new shelter.*

The establishment of a utilization analysis for IPV in Miami-Dade County should involve an assessment of various phenomena within both the Domestic Violence system and the Homelessness and Housing Service system, revolving around two major areas of concern: unmet need for shelter and conditions at sheltering spaces. The authors of the Current Study have created a screening instrument that could be used to gather utilization data (Figure 15). It is recommended that—every month—all entities providing sheltering or housing (in some way) to IPV victims complete a brief screening instrument that covers various assessment components. The screening instrument should be completed by all Homeless Trust providers, as well as all certified domestic violence centers. The screening instrument inquires about the type of facility, the number of people seeking shelter, the number of people seeking shelter but were turned away, and facility needs. Numbers for the information can be input on a monthly basis. This screening instrument was developed with the Department of Children and Families Capital Needs Assessment and 2019 Annual Report (see Florida Coalition Against Domestic Violence, "Domestic

Violence Annual Report," 2019; Florida Coalition Against Domestic Violence, "Domestic Violence Centers," 2019).



Miami-Dade Sheltering and Transitional Housing Utilization Update Survey

Name of Facility: _____

Date: _____

Type of Facility:

- Domestic violence certified center
- Homeless shelter with dedicated beds for domestic/intimate partner violence victims
- Homeless shelter without dedicated domestic/intimate partner violence beds, but also helps domestic/intimate partner violence victims
- Transitional housing facility – General
- Transitional housing facility – Domestic violence-specific
- Other type of facility (Please specify):
  _____

Number of people fleeing domestic violence who sought shelter from facility: _____

Number of people fleeing domestic violence who sought shelter AND were turned away with no referral: _____

Number of people fleeing domestic violence who sought shelter AND were turned away with a referral (to an alternative shelter source): _____

Does the facility need (Please check all that apply):

- Maintenance
- Repairs
- Renovations
- Structural additions to existing facility
- To be replaced
- Additional beds
- Follow-up housing
- Follow-up sheltering
- Something else (Please specify): _____

Figure 15. Utilization Analysis Questionnaire

G. *Recommending a pathway for implementing a centralized database and management information system for domestic violence that provides regular reporting on the incidence of domestic violence and service outcomes to help quantify the extent of domestic violence, quantify the efficacy of domestic violence services, and guide policy and funding decisions.*

A centralized database of de-identified data in Miami-Dade County is possible and will require intricate work. First, aligning data sources across county stakeholder entities is necessary to understand data composition and properly display information for stakeholders, the lay public, researchers, policy makers, and victims. Second, finding an entity to house the database will require discussion among stakeholders spanning all parts

of the system—healthcare, legal service, courts, law enforcement, shelters, non-certified centers dedicated to assisting victims, and others.

Example

Domestic Violence Network is an organization in Marion County, Indiana (Indianapolis area) that aims to compile data, enhance resource provision, and engage with influencers. The overall goal of the organization is to catalyze cultural change that leads to the end of domestic violence (see Figure 16).

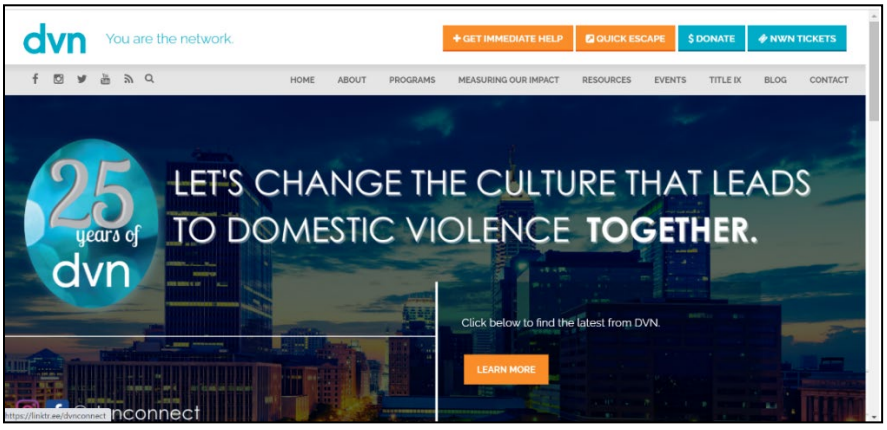


Figure 16. Screenshot of the *Domestic Violence Network* Website Homepage

A part of *Domestic Violence Network* is a website called *Domestic Violence Dashboard* (indydvdata.org) (Figure 17). The domestic violence dashboard is the resultant electronic presentation of data acquired from multiple community agencies. The website is a centralized database that matches demographic information across agency reports to determine unique, de-identified (i.e., with identificatory information removed) cases. For example, some information described by the website includes the across-time number of perpetrators and victims (by gender, age, and race), as well as the number of incidents experienced by victims.

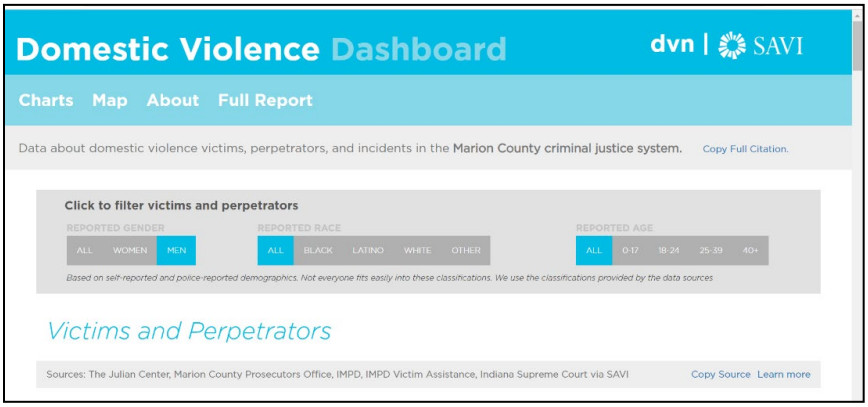


Figure 17. Screenshot of Domestic Violence Dashboard

A Note on Suppression

To maintain anonymity within a centralized database, the Current Study, in accordance with the extant literature, recommends that any counts of domestic/intimate partner violence and /or homelessness be suppressed in data cells in which there are less than a mutually agreed upon threshold (considered among stakeholders), in accordance with public health guidance.

Victimization

Several entities detail, in various ways, types[21] of victimization. Some entities' entry systems describe these details qualitatively, while others describe them quantitatively. Reaching multimethod convergence for the purposes of a centralized database would involve content analysis for qualitative data, combined with collapsing categories for quantitative data, specifically to match each other (for a discussion of the principle of multimethod convergence, see Appendix K. Multimethod Convergence).

One entity had a section of their intake form that detailed "Victimization Type" by offering open-ended responses for the fields "Synopsis of Present Incident" and "Synopsis of Prior Incident." These open-ended fields seem to allow practitioners to enter a free response that describes in-depth, the details of victimization. Another entity had the following quantitative categories for a field entitled "Are you a victim of:": "Verbal Abuse," "Psychological Abuse," "Sexual Abuse," "Physical Abuse," "Stalking," and "Human Trafficking."

Sex and Gender

Across the assessment forms obtained for various entities (domestic violence court, shelters, law enforcement, homeless trust, and legal service providers), a near-universal finding was the presence of "male" and "female" categories. Notable within Miami-Dade's county-wide system is that various parts of the system collect data on identities outside of the male/female binary. One entity also had a category of "Other…" and "transvestite." "Transgender" and "Trans" were also used in a some of the forms.

Table 33. Frequencies and Percentages for Categories of Sex and Gender in Stakeholder Assessment Forms ($N = 8$ Agency Intake Forms)

Variable	*n*	%
Substantive Categories		
M	7	87.5
F	7	87.5
Transgender (e.g., M-to-F, F-to-M)	3	37.5
Trans	1	12.5

[21] "Types" of victimization specifically focus on the nature of abuse—those broad categories of tactics that are generally segmented into physical, sexual, and psychological violence (see Krug et al., 2002).

Other	2	25.0
Gender not singularly M or F	1	12.5
Questioning	1	12.5
Transvestite	1	12.5
Categories that May Be or May Not Be Substantive		
Don't/Doesn't Know	2	25.0
Non-Substantive Categories		
Refused	2	25.0
Not Collected	1	12.5
Not Recorded	1	12.5
Not Tracked	1	12.5
Unknown	1	12.5

Note. M = Male; F = Female. Categories are questions asked on respective intake forms.

Given the aforementioned dynamics of the assessment forms, the Current Study recommends a trinary display of data: "Male," "Female," and "Identification Beyond Explicitly 'Male' or 'Female.'" Such a step—simultaneously—holds the promise of (a) acknowledging those who do not identify exclusively (or in any way) as "male" or "female," while also (b) ensuring a broad enough categorization to maintain anonymity of clients when the findings are displayed. While trisecting sex and gender categories is not recommended by the extant literature, there needs to be a balance among (a) category consistency across stakeholder data, (b) recognizing and acknowledging that trans people exist, and (c) ensuring broad enough categorization for anonymity.

Some assessment forms had additional options, such as "unknown," "not tracked," "not reported," "don't/doesn't know," "not collected," and "refused." The Current Study recommends a disclaimer in the centralized data display that acknowledges that the numbers within the substantive categories (e.g., "male," "female") reflect *tracked/known/reported/collected* cases and that there are data that are not substantive (e.g., "don't/doesn't know" records).

In accordance with the aforementioned, all data-collecting stakeholders are encouraged to consult experts in the LGBTQIA+ community (e.g., Survivors Pathway) in order to come to an agreement on the most appropriate terminology to be used in data collection, analysis, and dissemination. Further, terms like non-binary and/or other more-respectful language should be considered in place of terms like transvestite, a term with a residue of historical stigma against the trans community.

Race and Ethnicity

Across the assessment forms obtained for various entities (domestic violence court, shelters, law enforcement, homeless trust, and legal service providers), there was significant heterogeneity in the wording of racial and ethnic backgrounds (Table 34). Thus, the Current Study recommends intricate attention be paid to these categories in constructing statistical figures.

Table 34. Categories of Race and Ethnicity in Stakeholder Assessment Forms (*N* = 8 Agency Intake Forms)

Variable	*n*	%
Substantive Categories		
American Indian/Alaska Native	2	25.0
American Indian	3	37.5
American Indian, Alaska Native, or Indigenous	1	12.5
Native American	2	12.5
Asian	6	75.0
Asian or Asian American	1	12.5
Oriental/Asian	1	12.5
Black or African American	4	50.0
Black, African American, or African	1	12.5
African American	1	12.5
Black	2	12.5
Native Hawaiian or Other Pacific Islander	3	37.5
Native Hawaiian or Pacific Islander	1	12.5
Native Hawaiian/Other	1	12.5
Pacific Islander	2	12.5
Hispanic	2	12.5
Hispanic/Latino (as “Race”)	2	25.0
Non-Hispanic/Non-Latino (as “Ethnicity”)	2	25.0
Hispanic/Latino (as “Ethnicity”)	1	12.5
White	6	75.0
White Non-Latino/Caucasian	2	25.0
Multiple Races	1	12.5
Haitian	1	12.5
Other Caribbean	1	12.5
Some Other Race	1	12.5
Other	1	12.5
Categories that May Be or May Not Be Substantive		
Doesn’t Know (Race)	2	25.0
Doesn’t Know (Ethnicity)	2	25.0
Non-Substantive Categories		
Refused (Race)	2	25.0
Refused (Ethnicity)	2	25.0
Not Collected	1	12.5
Not Specified	1	12.5
Not Reported	1	12.5
Not Tracked	1	12.5
Unknown	1	12.5

Note: Categories are questions asked on respective intake forms.

Age

To align the various data sources, the foundation of the age part of data reporting will be the age groups (e.g., 18-24). To do this, all birthdates will need to be converted into non-rounded integer age values. For example, if someone's birthday is 01/01/2001 in August 2022, the number converted to begin the process of alignment would be 21. Then, this age (21) would be categorized into the 18-24 Age Group. Indicators of age in which there is a write-in option may already be in integer format and can just simply be categorized into an age group.

Some assessment forms had additional options, such as "unknown," "not tracked," "not reported," "don't/doesn't know," "not collected," and "refused." The Current Study recommends a disclaimer in the centralized data display that acknowledges that the numbers within the substantive categories (e.g., "18-24") reflect *tracked/known/reported/collected* cases and that there are data that are not substantive (e.g., "don't/doesn't know" records).

Table 35. Categories of Sex and Gender in Stakeholder Assessment Forms ($N = 8$ Agency Intake Forms)

Variable	*n*	%
Substantive Categories		
(Victim) Age [Write-in]	4	50.0
Date of Birth / Birthdate (MM/DD/YYYY)	4	50.0
Age Group 0-12	1	12.5
Age Group 13-17	1	12.5
Age Group 18-24	1	12.5
Age Group 25-59	1	12.5
Age Group 60+	1	12.5
Categories that May Be or May Not Be Substantive		
Don't/Doesn't Know	2	25.0
Non-Substantive Categories		
Full Date of Birth Reported	2	25.0
Approximate Date of Birth Reported	2	25.0
Refused	2	25.0
Not Collected	1	12.5
Not Tracked	1	12.5
Not Specified	1	12.5
Not Reported	1	12.5
Unknown	1	12.5

Note: Categories are questions asked on respective intake forms.

Cross-Entity Matching of Cases

As one stakeholder put it, the de-identification of data may be the best route to take to ensure confidentiality while also ensuring maximum usage of data is to match cases across systems / entities based on demographics.

Housing the Database

One question that arose during the analysis of the potential of a centralized database was which entity within (or outside of) Miami-Dade County should house the database. While almost all stakeholders were fully onboard with a centralized database, one stakeholder was wary of what numbers really mean and how they would be contextualized. The Current Study suggests that a third-party entity house the processes and presentation of a centralized database, such as Green River Data Analysis (https://www.greenriver.com/), social and behavioral science institutes at research universities, and other entities. The reasons for this recommendation are manifold; first, one stakeholder brought forth a general sentiment of concern regarding the centralization of government in the DV or Homeless/Housing Service Systems; second, the government entities may already have high caseloads (e.g., advocate turnover) and tasks that they must complete on day-to-day scheduling. It is the intention of this recommendation to ensure that government is not engaging in too many tasks when third-party, private entities can also conduct such tasks.

H. *Identifying intersectional issues and collaborative strategies and opportunities between systems designed to enhance shelter services and strengthen our community wide response.*

Intersectional Issues – Defined, Analyzed, and Discussed

Important in the context of the Current Study is first identifying "intersectional issues." Intersectional issues, as defined by the current researchers for the purposes of the Current Study, include those social problems that affect groups uniquely based on their proximity to two or more marginalized statuses. This does not mean that two or more marginalized statuses make situations worse for people at such intersections, but rather that two or more marginalized statuses shape unique contexts that can contour experiences of IPV.

Black Women

To understand the situational context of IPV for Black women, IPH rates against Black women were compared to those against women and men who were placed in other SHR race categories (Table 36). As another step, ACS data were used to construct poverty rates against women of various backgrounds.

Of the 212 spousal and cohabitant femicides that occurred from 1996-2000, approximately 26% of them involved homicides against Black women. Black women make up 16.5% of the total female population in Miami-Dade.

Table 36. Race Distribution of Spousal and Cohabitant Femicides, 1996 – 2020

Category	N	%
American Indian	1	0.5
Black	54	25.5
White	157	74.0

Percentages may not add up to 100.0% due to rounding.

Table 37 shows the race distribution of women in poverty. From 2016 to 2020, Black or African American women experienced poverty at a rate of about 16%. For every 10 Black or African American women in Miami-Dade County, 1-2 face poverty.

Table 37. Race Distribution of Women in Poverty, 2016 – 2020

Category	%
Asian	16.1
American Indian / Alaska Native	11.5
Black or African American	15.8
Hispanic or Latina	13.9
Native Hawaiian / Other Pacific Islander	14.5
Some Other Race	13.3
Two or More Races	11.4
White (Not Hispanic or Latino)	7.6

Percentages may not add up to 100.0% due to rounding.

The ACS and SHR datasets tell a story of disproportionate harm impacting Black women in multiple contexts.

Table 38. Race Distribution of Women, Miami-Dade County, 2016 – 2020

Category	%
Asian	1.5
American Indian / Alaska Native	0.1
Black or African American	13.1
Hispanic or Latina	60.7
Native Hawaiian / Other Pacific Islander	0.0
Some Other Race	10.2
Two or More Races	9.2
White (Not Hispanic or Latino)	10.2

Percentages may not add up to 100.0% due to rounding.

In reflecting upon the above analysis, the authors of the Current Study recommend the underscoring of an intersectional approach in constructing and revising services and interventions for IPV. That is, being attentive to and centering the lived experiences of persons at the intersections of various demographic statuses, backgrounds, and identities is paramount for ensuring that services/interventions address the unique needs of the people at said intersections.

An application of the above point can be realized through addressing IPV and poverty. For example, homelessness (related to poverty) and IPV can be framed as separate issues.

However, the presence of domestic violence as a category of homelessness in the HMIS system problematizes this "siloed" understanding of the two issues. IPV and poverty, for example, are more intertwined than what their separate terminologies suggest. Accordingly, an intersectional approach would include leaning into the usage of a policy that addresses both IPV and poverty simultaneously.

For instance, Florida has what is known as a Family Violence Option (FVO; Holcomb et al., 2017). This policy allows for a good-cause waiver to public assistance benefits work requirements in the context of domestic violence. Florida's version of the law is as follows:

> An individual who is determined to be unable to comply with the work requirements because such compliance would make it probable that the individual would be unable to escape domestic violence shall be exempt from work requirements. However, the individual shall comply with a plan that specifies alternative requirements that prepare the individual for self-sufficiency while providing for the safety of the individual and the individual's dependents. A participant who is determined to be out of compliance with the alternative requirement plan shall be subject to the penalties under subsection (1). An exception granted under this paragraph does not automatically constitute an exception to the time limitations on benefits specified under s. 414.105. (Fla. Stat. § 414.065)

Data from the U.S. Administration for Families and Children show that, out of approximately 40,000 families (on average) in Florida, *zero* families were provided a Good Cause Domestic Violence Waiver in certain public assistance benefits for the fiscal years 2021, 2020, 2019, and 2018 state-wide ("Table 9: Families with Domestic Violence Exemption: Monthly Average," 2019, 2020, 2021, 2022).

In accordance with these data, it is recommended that Miami-Dade County explore advocating for the usage of the FVO when helping survivors attain public assistance benefits. The significance of using the FVO would be its alignment with an intersectional approach, or addressing two complications simultaneously (i.e., simultaneously addressing IPV and poverty).

I. *Conduct an evaluation to assess the strengths, weaknesses, and opportunities for growth and enhancing the Family Justice Center Model of the Coordinated Victims Assistance Center.*

CVAC could better help survivors by increasing the scope and quantity of its services and resources. While CVAC is not the only piece of the domestic violence continuum of care in Miami-Dade, the agency is the county's version of a family justice center. Family justice centers are "multi-disciplinary co-located service centers that provide services to victims of inter-personal violence including, intimate partner violence, sexual assault, child abuse, elder or dependent adult abuse, and human trafficking." Figure 18 shows a comparison of CVAC services/resources to those found in other family justice centers.

CVAC and the other FJCs share many resource/service areas. However, there are some that FJCs advertised which were not also advertised by CVAC—for example, VINE (a victim notification system).[22] At the same time, CVAC offered many services that other FJCs did not seem to advertise—for example, HIV/STI testing, citizenship classes, and housing discrimination complaint assistance. However, as per the understanding that the rate decreases in fatal and nonfatal domestic violence from 2016-2020 are not as sharp as, for example the 1990s and first decade of the 2000s, the Current Study recommends not just expanding the diversity of services offered, but also the depth—that is, how much of each service can be provided to victims/survivors of IPV.

Resources Found in Other FJCs	Also Found in CVAC Document?
Advocacy	(✓)
Animal Shelter	
Art Workshops for Children	
Basic Needs/Resources	✓
Camp HOPE for children's healing	
Case Management	✓
Cell Phones	
Chaplain/spiritual services	✓
Child Education and Prevention	
Child Support Help	✓
Childcare Help	✓
Children's Support	
Confidential Address	✓
Counseling (Individual & Group)	✓
Court Accompaniment	✓
Crisis intervention & Counseling	✓
CVC	✓
Danger/risk assessment	
Deaf / HoH Services	
Dress for Success	
DSHS Help / Immigration Help	✓
Emotional support	✓
Employment Support	✓
E-Shelter	✓
ESL Classes	
Financial Empowerment	✓
Health Insurance Enrollment Help	

[22] VINE "allows survivors, victims of crime, and other concerned citizens to access timely and reliable information about offenders or criminal cases in U.S. jails and prisons" (Appriss Insights, n.d.).

Help with obtaining public benefits	✓
Help with Restraining Orders	✓
Hotline	✓
Housing Assistance/Help/Referral	✓
HT Services	✓
Information and Referral	✓
Kids' Play Groups	
Lawyer career launch based on services	
Legal services	✓
Massage	
Mentoring/Coaching	
Nurse Exams	
On-site Attorney	
Parenting Help and Education	✓
Play space	
Refugee Assistance Program	
Resource Room	
Safety Planning	
Strangulation Taskforce	
Supervised Visitation	
Support Groups	✓
Tech Area	
Transportation	✓
VINE	
Yoga	
Youth Services Network	

Figure 18. Overlap of IPV Related Service at CVAC and FJCs

J. *Examining the efficacy of the community's current efforts to hold abusers accountable and efficacy in helping abusers stop their violent behavior; to what degree is the community involved in public accountability and reducing cultural supports for battering. Determine whether those completing batterers' intervention programs have been involved in subsequent domestic violence incidents.*

To examine this aspect of the scope of work, the Current Study looked at diversion data. That is, whether diversion is efficacious in motivating violence-perpetrating partners to desist in the engagement of violence. To do so, the authors of the Current Report engaged in the following steps:

1. Identifying a year of diversion participants—particularly, those whose diversion completion status was (a) revoked or (b) successfully terminated.

2. Gathering a team of ISBS Research Assistants to look up the names of diversion participants in the legal databases of the following Florida counties: Broward, Duval, Miami-Dade, Hillsborough, Monroe, Palm Beach, Osceola, Orange, and Pinellas. In Hillsborough County's legal database, birthdates could not be verified; thus, any cases in which name-matches occurred are included in the dataset as "Unsure"; analysis is completed with and without these cases.
3. Identifying whether participants have arrests in the time periods after their diversion completion or revocations.
4. Coding these arrests / non-arrests per completed or revoked participant.
5. Running cross-tabulation analysis to look at the distribution of arrests / nonarrests among completion and revocation categories.
6. Dependent on the assumption' checks associated with the data, apply the chi-square test of independence to the cross-tabulations. If assumptions for chi-square are not met, a more conservative test of statistical significance will be applied to the cross-tabulation—Fisher's exact test.

Results are displayed below.

The Current Study received a sample of 154 diversion cases from a prosecutorial-batterer intervention collaboration. The Current Study extracted a sample of 67 cases based on diversion date completion. Table 39 displays the success and revocation rates among the 67 cases. Most cases were successfully terminated, while a minority of cases resulted in revocation.

Table 39. Diversion Outcome in Diversion Sample

Diversion Outcome	N	%
Successful Termination	48	71.6
Revocation	19	28.4

Table 40 displays the categories and recorded cases per post-diversion occurrences.

Table 40. Post-Diversion Occurrence in Diversion Sample

Occurrence	N	%
Arrest	0	0.0
Injunction	1	1.5
Unsure	4	6.0
No Occurrence	62	92.5

Note. The "Unsure" cases are cases in which a birthdate could not be verified, although the name of the diversion participant was found in a county; these cases were exclusively found in Hillsborough County.

A cross-tabulation of diversion outcomes and injunctions was conducted. The only junction in the data occurred in a case that successfully completed diversion. To see if there was a significant difference between injunction/non-injunction per success/ revocation, the expected counts of the cross-tabulation were checked. Because there were

two cells with expected counts below 5 (and 15), Fisher's Exact Test was completed. The exact test was not significant, indicating that there is no significant difference in success/revocation by injunction/non-injunction. Completing these analyses with the "Unsure" cases revealed a similar result. It was concluded that, in this context and with these data *so far*, it is too early to infer whether diversion works in Miami-Dade County.

K. *Identifying pro-arrest or mandatory arrest policies; what is the follow up support and advocacy for victims; aggressive and prompt prosecution; is there active monitoring of offender compliance with probation conditions; how do law enforcement jurisdictions coordinate and share a vision for consistent appropriate law enforcement response to domestic violence.*

There are *no* mandatory arrest policies in Miami-Dade County or the State of Florida as a whole entity. A content analysis of the Current Study revealed that *no* SOP documents (N = 8) mandated (via the use of language like "must" or "shall") arrest in domestic violence cases (Table 41). Similarly, at the state level, arrest policy concerning domestic violence is embodied in Section 741.29 of the Florida Statutes, a discretionary arrest law indicating that "Whenever a law enforcement officer determines upon probable cause that an act of domestic violence has been committed within the jurisdiction the officer *may* arrest the person or persons suspected of its commission and charge such person or persons with the appropriate crime." Additionally, a pro-arrest policy[23] is currently in place at the state level, along with a primary aggressor provision mandating that an officer try to identify the source of primary aggression in the incident (Fla. Stat. 741.29).

Aggressive and prompt prosecution exists in Miami-Dade County on a policy level. In domestic violence criminal court, prosecution is grounded in a "no-drop" policy. As one stakeholder mentioned, the theoretical underpinning of "no-drop" prosecution involves the replacement of the victim as the protagonist in the case against a domestic violence offender. Instead, with the State assuming victim status, the victim becomes a witness, while the case becomes a struggle between the offender and the State.

As a proxy for prompt prosecution in Miami-Dade County, a ratio comparing the number of DV offenses to the number of DV arrests for the years 2016-2020 was constructed. Between DV Aggravated Stalking arrests (43) and offenses (89), there are about .45 arrests per every offense. That is, for every three DV Aggravated Stalking offenses in Miami-Dade County, one will result in an arrest. Between DV Stalking arrests (37) and offenses (163), there are about .23 arrests per offense. That is, for every five Stalking offenses in Miami-Dade County, one will result in an arrest. These rough figures seem to

[23] For the purposes of the Current Study, pro-arrest policies are different from mandatory arrest policies at the state level: "jurisdictions in a mandatory arrest state must have mandatory arrest policies; jurisdictions in a pro-arrest or discretionary arrest state may adopt mandatory arrest policies" (Durfee & Goodmark, 2020, p. 237). It is helpful to note that there is not agreement in the existing academic literature; in contrast to the above definition of pro-arrest policy by Durfee and Goodmark (2020), other research has defined the word *pro-arrest* to equate to mandatory arrest (see Robinson, 1999).

show that there is more arresting happening in the context of Aggravated Stalking than Simple Stalking.

Between DV Simple Assault arrests (15,172) and offenses (29285), there are about 0.52 arrests per offense. That is, for every two Simple Assaults, there is one arrest. Between DV Aggravated Assault arrests (4,703) and offenses (8123), there are about 0.58 arrests per offense. Between DV Rape arrests (314) and offenses (1592), there are about 0.2 arrests per offense. That is, for every five Rapes, one arrest is made.

The above ratios show that, overall, more aggressive arrest activity is directed toward higher severities of assault and stalking. However, the offense type with the weakest arrest activity relative to reported offenses is sexual violence.

Active monitoring of offender compliance with probation conditions is present in the system. An analysis of prosecutorial data shows that non-injunction and injunction probation cases are monitored. Within the prosecutorial data, cases are tracked based on whether they have been started, are active, have been successfully terminated, or have been revoked. A back-of-the-envelope analysis conducted by the Current Study showed that for approximately every 16 non-injunction probation successful terminations in 2021, there was one revocation.

Table 41. Characteristics of Standard Operating Procedure Documents among Law Enforcement Entities in Miami-Dade County ($N = 8$)

Characteristic	% Yes
Regards DV or Victimization (More Broadly)	100%
Domestic Violence	87.5
Victimization	12.5
Policy Statement	100.0
Dispatch	37.5
Mandates Dispatch of More than 1 Officer	12.5
On-Scene Investigation / Report-Writing	87.5
Includes Details for Determining Primary Aggressor	62.5
Mentions Taking Photos On-Scene	87.5
Arrest	100.0
Includes Factors NOT to Consider When Arresting	0.0
Victim Support or Assistance	100.0
Mentions Use of Victim Advocate at Scene	37.5
Follow-Up Investigation	75.0
Should Take Photos as Follow-Up	75.0
Specialty Unit	0.0
Officer-Involved Domestic Violence	87.5
Domestic Violence Injunction Policy	87.5
Brochure / Pamphlet for Victim(s)	100.0
Mentions MOVES	25.0
Mandatory Arrest	0.0
Warrantless Arrest	87.5

Training	50.0
Mandates Training	50.0

Note: While an SOP may not explicitly mention the use of a victim advocate on-scene, the use of MOVES could imply that MOVES advocates would also accompany on the scene.

Vision-sharing. With some exceptions, there is an extent of shared vision among law enforcement agencies. That is, many characteristics (e.g., on-scene investigation, primary aggressor determination guidelines) were present in over a majority of SOPs and thus evidentiary of shared vision across agencies. At the same time, other characteristics (e.g., mentions of MOVES, dispatch of more than one officer to scene) were represented in less than a majority of SOPs and thus evidence that there are some exceptions to shared vision in responding to domestic violence among law enforcement overall.

L. *Determining the victim's level of access and ease in obtaining orders of protection and improving their enforcement.*

To qualitatively understand the level of access and ease in obtaining orders of protection and improving their enforcement, the Current Study features a dialogue between a stakeholder and a victim. One stakeholder stated that obtaining ex parte orders (i.e., temporary injunctions) was relatively easy, whereas obtaining permanent injunctions was more difficult. The discrepancy in ease of access for temporary injunctions versus final injunctions could possibly be embodied in the fact that temporary injunctions do not require a hearing (accompanied by, e.g., witnesses); final injunctions are determined after a hearing (Eleventh Judicial Circuit of Florida, n.d.). At the same time, one participant recollected a time in which an injunction was pursued on a victim's behalf by an official third party. Mentions of injunctions (temporary or permanent) were scant in the interview/focus group settings, even when courts were discussed. MOVES also deals with injunction cases.

Conclusion

IPV is a serious concern, not just having consequences world-wide, but also specific configurations of implications for local communities. The Current Study investigated IPV, as well as the systems response to IPV, in Miami-Dade County, FL. Using a variety of quantitative and qualitative methodological tools (e.g., content analysis, statistical analysis, focus group work with survivors, interviews with stakeholders), the Current Study has various points of information to relay to Miami-Dade stakeholders regarding IPV and its associated systems response.

Between the domestic violence social service sector, the criminal justice sector, and the homelessness and housing service sector, the authors of the Current Report believe that there is a dedicated core group of people at their intersection who deeply care about this issue. Consequently, there are clearly strong collaborations within, between, and among these sectors. At the same time, certain aspects of this collaboration can be strengthened. For example, data communication between sectors holds the promise of getting everyone in the systems "on the

same page." Taking steps such as improving cross-sector data communication can help further topple the silos that potentially impede collaboration, and thus, a more integrated approach to helping survivors of IPV. It is our hope that the core dedication continues.

The core of these systems, even with consideration to forces outside their control (e.g., state-level statute regulation of local matters, federal-level data collection needs, state-level data collection trends), seems to be one dedicated to an extent of *self-correction*. For example, by March 2022, the researchers of the Current Study were already working with data and making notes on potential data changes that could occur to better illuminate the occurrence of IPV in Miami-Dade (e.g., dating violence in the FDLE UCR). However, a memorandum entitled "Report on the State of Intimate Partner Violence in Miami-Dade County – Directive 190535,"[24] dated March 10, 2022, showed that adjustments to data systems were already occurring, such as the October 2021 introduction of new questions items to the Osnium database allowing for differentiating between IPV and other forms of violence. This development hints to the Current Study that there is an extent of openness (and availability) for change and transformation within at least one of the sectors dedicated to eradicating IPV. It is our hope that this openness to growth and change continues and broadens as key stakeholders consider our recommendations, but more importantly, as Miami-Dade County changes in the years and decades to come.

One of the most serious implications of the Current Study is a critical need for safe, affordable, and stable housing within Miami-Dade County. While emergency sheltering forms an important backstop for the acute occurrence and effects of IPV, there is a world and timeline beyond the six-week shelter stay that needs to be brought more into focus. A focus on the long-term dynamics of housing is paramount, along with the need for resources (e.g., food provision, job training).

Overall, much work has been done in Miami-Dade County to eradicate IPV and its consequences. However, more work needs to be done. The Current Study makes many recommendations as to the details of dealing with IPV at the systems level. Accordingly, the authors of the Current Report entrust the words of this report to the stakeholders of Miami-Dade County's anti-IPV system of care in the hope that changes in practice and policy can be realized.

[24] This study was conducted by the Miami-Dade County Mayor.

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Appendices

Appendix A. Eight Recommendations from the Gaps and Needs Report

Recommendation #1: A single, centralized, community-wide domestic violence hotline, coordinated entry and tracking system for the domestic violence continuum of care is urgently needed. A central domestic violence hotline will allow victims to access shelter and supportive services more swiftly and in a streamlined, coordinated manner, eliminating the need for multiple calls by victims to find shelter, services and resources. It will also provide important information on victims' needs, service utilization, and outcomes, as well as opportunities for continuous improvement. Given the shortage of shelter capacity in certified domestic violence centers in undisclosed locations, the coordinated entry system will allow the limited number of beds in undisclosed locations to be utilized more efficiently and reduce barriers for victims to access other supportive shelter beds in trauma informed enriched shelter for those who do not need the undisclosed location. The centralized hotline should be the focus of a community-wide, intensive, ongoing, public education and awareness campaign, to ensure meaningful access to both domestic violence shelter and supportive services for victims and survivors, as well as law enforcement.

Recommendation #2: A more robust, county-wide centralized information management and reporting system and data base for domestic violence is essential to capturing true, accurate and complete de-identified information on the nature and scope of domestic violence related crimes in our community, their disposition, the impact and efficacy of batterers intervention programs, and the provision of shelter, supportive services and safe housing responsive to the needs of victims and survivors. Accurate and complete information is vital to guiding our community's public policy, responsiveness to victims, utilization of best practices and effective services, targeted education of stakeholders in the domestic violence continuum, and effective strategies for public education and prevention of domestic violence.

Recommendation #3: Additional trauma informed, supportive shelter beds offering deep protective factors and therapeutic supports for victims, including children, need to be commissioned to enhance the overall shelter capacity of the domestic violence continuum. Even with the new domestic violence center under construction and slated to deliver an additional 60 beds into the continuum, supportive, emergency shelter of all levels tailored to the needs of domestic violence victims is urgently needed. Ready access to domestic violence shelter provides a pathway to safety for domestic violence victims and can be truly life- saving. It is key to the prevention of escalating violence and its lethal consequences. The County should continue to support and fund additional domestic violence centers and trauma informed emergency shelter providing longer term stays for domestic violence victims, with a full range of supportive services, education, employment and housing assistance. Recognizing that not all emergency shelter for domestic violence victims needs to be in an

undisclosed location, domestic violence victims should also be prioritized by the Homeless Trust's coordinated entry system to the homeless continuum of care, with ready access to trauma-informed homeless shelter services between systems. This will allow the County to maximize use of the domestic violence shelter beds in undisclosed locations. Deep protective factors for children in times of transition should be an essential part of emergency shelter programs serving victims, including evidence- based assessments and therapeutic supports for children and families, to assure children can heal, thrive and break the cycle of violence.

Recommendation #4: Additional trauma informed, affordable transitional housing options and resources, combined with a full range of supportive services, are needed to ensure victims of domestic violence are not forced to return to abusers and able to establish the foundation for safer, brighter futures. Recognizing a "one size fits all" approach fails to address the varied needs of victims, the domestic violence continuum of care should include a full range of options including evidence-based models, such as clustered, scattered site and communal, with readily accessible supportive services. Both short- and longer-term rental subsidies and other flexible financial assistance for survivors are needed to cover rent, deposits, furnishings and move-in costs that will support financial empowerment. Stakeholders from the domestic violence and homeless/housing systems should continue efforts toward deeper cross-system collaboration with the goal of broadening the range of transitional and permanent housing options available to survivors.

Recommendation #5: Existing programs demonstrating successful outcomes for domestic violence victims in Jw enforcement, prosecution and the criminal and civil justice system need to be expanded and in wider practice across our community. More and deeper data collection and analysis would be helpful in demonstrating the success of these programs and alignment of and provision for additional funding resources. Examples include:

- Victims would be better supported by: 1) adoption of memoranda of understanding (MOUs) between the Miami-Dade State Attorney's Office and law enforcement in every police jurisdiction, and applying it to their standard operating procedure (SOP) as well as enforcement of those MOUs, requiring officers to promptly contact the MOVES program in the case of all misdemeanor and 2nd and 3rd degree felony arrests; 2) extensive training of Jaw enforcement at all levels to identify domestic violence related arrests and promptly call the MOVES program to respond to meet with the victim; and 3) additional staffing, including victim specialists in the Miami-Dade State Attorney's Office.

- MOVES by the Miami-Dade State Attorney's Office, provides mobile victim's specialists from 5pm-5am weekdays, 24 hours on weekends and holidays, meeting

victims at the site of domestic violence related incidents, needs additional victims' specialists and advocates to support the needs of victims. This early intervention improves the probability of an increase in more successful misdemeanor and felony degree filings and prosecutions. The Miami-Dade State Attorney's Office has advised that it needs funding for two (2) additional MOVES Specialists to handle an estimated 519 additional cases in furtherance of full compliance by all police municipalities.

- Victims' Advocates Program by the Coordinated Victims Assistance Center, embedding victim specialists, counselors and advocates in the civil court houses to assist victims in securing restraining orders and accessing additional help should be available in every courthouse across Miami-Dade County serving domestic violence victims seeking restraining orders.

- The establishment of specialized domestic violence courts should be expanded to include specialized felony domestic violence courts. Particularly given the lethal consequences associated with domestic violence, it is important that the judiciary, public defender, prosecutors, advocates and courtroom personnel are highly trained and knowledgeable on the dynamics of domestic violence and the long-term effects and trauma this horrific abuse causes the victims and children living in this environment. The Miami-Dade State Attorney's Office has a need for three additional Victim Specialists, to be assigned to pods within the 19 felony divisions to provide individualized support to victims and the division attorneys handling the more serious domestic violence cases that are prosecuted in the assigned felony divisions.

Recommendation #6: While important strides have been made in addressing domestic violence in Miami-Dade County, law enforcement in every jurisdiction needs to recognize domestic violence as an important public health issue in our community and reinforce their commitment to providing deeper support and protection for victims, as well as ways they can contribute toward its prevention. A deeper commitment on the part of law enforcement leadership in every municipality and jurisdiction is needed to continued education of front-line officers and administrative staff on trauma informed responses to and prevention of domestic violence.

Recommendation #7: Public education is a key component to providing pathways to safety for domestic violence victims and preventing and ending violence in our community. A broad-based community awareness campaign, from school-based programs for children and adolescents to culturally sensitive, targeted public media campaigns for adults, offers the

opportunity for primary prevention of domestic violence on a community- wide scale. Components of the community awareness campaign should be evidence- based, culturally competent, age appropriate, and targeted to the diverse segments of our community. In addition, it should be supported by outcome evaluation.

Recommendation #8 New, dedicated sources of funding are urgently needed to provide a robust domestic violence continuum of care, supportive shelter, safe permanent housing options, enhancements to the efforts of law enforcement and the judicial system, and greater public awareness and education to prevent and end domestic violence in our community. The current dedicated source of funding for the construction and operation of domestic violence centers, namely the 15% share of the Food and Beverage Tax from the 32 of the 35 municipalities contributing, has been inadequate to meet the needs of domestic violence victims across Miami-Dade County, particularly in the face of dramatic population growth over the past two decades. The result is an urgent shortage of shelter beds, safe haven and other important supportive services for victims of domestic violence in Miami-Dade County both in the near- and long-term foreseeable future. Victims of domestic violence across the County have suffered the consequences.

- Addition of the Beach Municipalities to the Food and Beverage Tax being collected across Miami-Dade County could add as much as $1-1.5 Million annually for the construction of new domestic violence centers and their operation. For the second year in a row, Miami Beach declined to do so, despite being historically in the top five communities county-wide for the greatest number of reported domestic violence related offenses. It is imperative that Miami Beach, Surfside and Bal Harbor contribute their equitable share to support the construction of new domestic violence centers and additional emergency shelter and supportive services for domestic violence victims in our community. Those resources will be important to addressing the gaps and needs of our County-wide domestic violence continuum of care for victims and further our collective efforts to prevent and end violence in our community.

- More funding is needed at the County level to provide for a centralized domestic violence hotline and coordinated entry system, a robust management information system, data collection and analysis, greater staffing for the DVOB, additional domestic violence centers, trauma-informed supportive shelter, supportive services and safe housing for victims, deeper training and education for law enforcement, expansion of successful programs like MOVES and the Victims Advocacy Program in all courts, establishment of specialized misdemeanor domestic violence courts, and a community-wide, coordinated, public education campaign to prevent and end domestic violence.

Appendix B. Data Collection and Analysis Activities Undertaken

66-County Certified DV Center Website Census
66-County Hotline Number Census
66-County Sheriff Website Census
American Community Survey Data Analysis
Budget Information from Miami-Dade Tax Collectors Office Analysis
Census of Family Justice Center Websites
Circuit Court Data – Domestic Violence Injunctions Analysis
Cost Calculation Data – Multiple Sources of Data
County Domestic Violence Court Data – Injunctions Analysis
Diversion Data Analysis
Gun Violence Archive Data Analysis
In-Take Assessment Forms Analysis
Literature Reviews
Municode Analysis
NexisUni Company Dossier Analysis
Prosecutorial Data Analysis
Stakeholder Interviews
Standard Operating Procedure Documents from Law Enforcement Agencies Analysis
Survivor Interviews
Uniform Crime Report – Domestic Violence Arrest Data Analysis
Uniform Crime Report – Non-Fatal and Fatal Domestic Violence Data Analysis
Uniform Crime Report – Non-Fatal IPV Data Analysis
Uniform Crime Report Supplemental Homicide Reports Data Analysis

Appendix C. Sheriff's Offices Included in Website Census

County	Sheriff's Office Name
Alachua	Alachua County Sheriff"s Office
Baker	Baker County Sheriff's Office
Bay	Bay County Sheriff's Office
Bradford	Bradford County Sheriff"s Office
Brevard	Brevard County Sheriff"s Office
Broward	Broward County Sheriff"s Office
Calhoun	Calhoun County Sheriff"s Office
Charlotte	Charlotte County Sheriff"s Office
Citrus	Citrus County Sheriff"s Office
Clay	Clay County Sheriff"s Office
Collier	Collier County Sheriff"s Office
Columbia	Columbia County Sheriff"s Office
DeSoto	DeSoto County Sheriff"s Office
Dixie	Dixie County Sheriff"s Office
Duval	Jacksonville Sheriff"s Office
Escambia	Escambia County Sheriff"s Office
Flagler	Flagler County Sheriff"s Office
Franklin	Franklin County Sheriff"s Office
Gadsden	Gadsden County Sheriff"s Office
Gilchrist	Gilchrist County Sheriff"s Office
Glades	Glades County Sheriff"s Office
Gulf	Gulf County Sheriff"s Office
Hamilton	Hamilton County Sheriff"s Office
Hardee	Hardee County Sheriff"s Office
Hendry	Hendry County Sheriff"s Office
Hernando	County Sheriff"s Office
Highlands	Highlands County Sheriff"s Office
Hillsboro	Hillsboro County Sheriff"s Office
Holmes	Holmes County Sheriff"s Office
Indian River	Indian River County Sheriff"s Office
Jackson	County Sheriff"s Office
Jefferson	County Sheriff"s Office
Lafayette	Lafayette County Sheriff's Office
Lake	Lake County Sheriff's Office
Lee	Lee County Sheriff's Office

Leon	Leon County Sheriff's Office
Levy	Levy County Sheriff's Office
Liberty	Liberty County Sheriff's Office
Madison	Madison County Sheriff's Office
Manatee	Manatee County Sheriff's Office
Marion	Marion County Sheriff's Office
Martin	Martin County Sheriff's Office
Monroe	Monroe County Sheriff's Office
Nassau	Nassau County Sheriff's Office
Okaloosa	Okaloosa County Sheriff's Office
Okeechobee	Okeechobee County Sheriff's Office
Orange	Orange County Sheriff's Office
Osceola	Osceola County Sheriff's Office
Palm Beach	Palm Beach County Sheriff's Office
Pasco	Pasco Sheriff
Pinellas	Pinellas County Sheriff's Office
Polk	Polk County Sheriff's Office
Putnam	Putnam County Sheriff's Office
Santa Rosa	Santa Rosa County Sheriff's Office
Sarasota	Sarasota County Sheriff's Office
Seminole	Seminole county Sheriff's Office
St. Johns	St. Johns County Sheriff's Office
St. Lucie	St. Lucie County Sheriff's Office
Sumter	Sumter County Sheriff's Office
Suwannee	-
Taylor	Taylor County Sheriff's Office
Union	Union County Sheriff's Office
Volusia	Volusia County Sheriff's Office
Wakulla	Wakulla County Sheriff's Office
Walton	Walton County Sheriff's Office
Washington	Washington County Sheriff's Office

Appendix D. Florida State-Wide Certified Domestic Violence Center Website Census

The websites of the following entities were searched for the state-wide certified domestic violence center website census:

- Alachua, Peaceful Paths Domestic Abuse Network
- Baker, Hubbard House
- Bay, The Salvation Army of Panama City Domestic Violence and Rape Crisis Program
- Bradford, Peaceful Paths Domestic Abuse network
- Brevard, The Salvation Army Brevard County Domestic Violence Program
- Brevard, Serene Harbor Inc.
- Broward, Women in Distress of Broward County
- Calhoun, The Salvation Army of Panama City Domestic Violence and Rape Crisis Program
- Charlotte, Center for Abuse and Rape Emergencies
- Citrus, Citrus County Abuse Shelter Association
- Clay, Quigly House
- Collier, The Shelter for Abused Women and Children
- Columbia, Another Way
- DeSoto, Safe Place and Rape Crisis Center
- Dixie, Another Way
- Duval, Hubbard House
- Escambia, FavorHouse of Northwest Florida
- Flagler, Family Life Center
- Franklin, Refuge House
- Gadsden, Refuge House
- Gilchrist County, Another Way
- Glades County, Abuse Counseling and Treatment
- Gulf, The Alovation Army of Panama City Domestic Violence and Rape Crisis Program
- Hamilton, Another Way
- Hardee County, Peace River Centre Domestic Violence Shelter
- Hendry, Abuse counseling and Treatment
- Hernando, Dawn Denter of Hernando County
- Highlands, Peace River Center Domestic Violence Shelter
- Hillsborough, The Spring of Tampa Bay
- Holmes, The Salvation of Panama City
- Indian River, SafeSpace Domestic Violence Services, Inc.
- Jackson, the Salvation Army of Panama City
- Jefferson, Refuge House
- Lafayette County, Another Way
- Lake, Haven of Lake and Sumter Counties
- Lee, Abuse Counseling and Treatment
- Leon , Another Way

- Liberty, Refuge House
- Madison, Refuge House
- Manatee, HOPE Family Services
- Marion, Ocala Domestic Violence/Sexual Assault Center
- Martin, SafeSpace Domestic Violence Services, Inc.
- Miami-Dade, Miami-Dade Advocates for Victims
- Monroe, Domestic Abuse Shelter
- Nassau, Micah's Place
- Okaloosa, Shelter House
- Okeechobee, Martha's House
- Orange, Harbor House of Central Florida
- Osceola, Hope Now of Osceola
- Palm Beach, Aid to Victims of Domestic Abuse
- Palm Beach, Harmony House
- Paxo, The Salvation Army Domestic Violence Program of West Pasco
- Pasco, Sunrise of Pasco
- Pinellas, RCS Pinellas
- Pinellas, Community Action Stops Abuse
- Polk, Peace River Center Domestic Violence Shelter
- Putnam, Conlee House
- Santa Rosa County, FavorHouse of Northwest Florida
- Sarasota, Afe Place and Rape Crisis Center
- Seminole, SAfeHouseSafeHouse? Spelling?
- St. Johns, Safety Shelter of Saint Johns County
- St. Lucie County, SafeSpace Domestic Violence Services, Inc.
- Sumter, Haven of Lake and Sumter counties
- Suwannee, Vivid Visions
- Taylor, Refuge House
- Union, Peaceful Paths
- Volusia, Beacon Center
- Wakulla, Refuge House
- Walton, Shelter House
- Washington, The Salvation Army of Panama City

Appendix E. Family Justice Center Website Census Targets

- 14th Circuit Victim Services Center, Okatie, South Carolina
- A Safe Place Family Justice Center for Clackamas County, Oregon City, Oregon
- Alameda County Family Justice Center, Oakland, California
- Bexar County Family Justice Center, San Antonio, Texas
- Buncombe County Family Justice Center, Asheville, North Carolina
- Contra Costa Family Justice Center, Richmond, Concord and Antioch, California
- Crystal Judson Family Justice Center, Tacoma, Washington
- Dee Kennedy Family Justice Center, Boston, Massachusetts
- Essex County Family Justice Center, Newark, New Jersey
- Family Justice Center of Acadiana, Lafayette, Louisiana
- Family Justice Center of Alamance County, Burlington, North Carolina
- Family Justice Center of St. Joseph County, South Bend, Indiana
- Family Justice Center Sonoma County, Santa Rosa, California
- Family Peace Center, Rockford, Illinois
- Family Safety Center, Tulsa, Oklahoma
- Greene County Family Justice Center, Springfield, Missouri
- Guilford County Family Justice Center, Greensboro and High Point, North Carolina
- HOPE Family Justice Center of Greater New Haven, a program of BHcare, New Haven, Connecticut
- Metro Nashville Family Safety Centers, Family Safety Center, Nashville, Tennessee
- Metro Nashville Family Safety Centers, Jean Crowe Advocacy Center, Nashville, Tennessee
- Nampa Family Justice Center, Nampa, Idaho
- New Orleans Family Justice Alliance, New Orleans, Louisiana
- New Star Family Justice Center, Hawthorne, California
- New York City Family Justice Center, Bronx, The Bronx, New York
- New York City Family Justice Center, Brooklyn, Brooklyn, New York
- New York City Family Justice Center, Manhattan, New York, New York
- New York City Family Justice Center, Queens, Kew Gardens, New York
- New York City Family Justice Center, Staten Island, Staten Island, New York
- One Place Family Justice Center, Montgomery, Alabama
- One Place Metro Alabama Family Justice Center, Birmingham, Alabama
- One SAFE Place, Redding, California
- One Safe Place, Fort Worth and Grapevine, Texas
- Palomar: Oklahoma City's Family Justice Center, Oklahoma City, Oklahoma
- PorchLight, A Family Justice Center, Lakewood, Colorado
- Prince George's County Family Justice Center, Upper Marlboro, Maryland
- Rose Andom Center, Denver, Colorado
- Sacramento Regional Family Justice Center, Sacramento, California
- Santa Ana Family Justice Center, Santa Ana, California
- Sojourner Family Peace Center, Milwaukee, Wisconsin
- Spokane Family Justice Center, Spokane, Washington

- Stanislaus Family Justice Center, Modesto, California
- Strafford County Family Justice Center, Rochester, New Hampshire
- StrengthUnited Family Justice Center, Van Nuys, California
- The Center for Family Justice, Bridgeport, Connecticut
- Thurston County Family Justice Center, Olympia, Washington
- Ventura County Family Justice Center, Ventura, California

Appendix F. Mnemonic Composition Analysis

305-285-5900	305-245-5071	305-693-0232		305-758-2546	
305-bulky-00	30-jail-5011	30-joy-30-Adam	305-owe-0-bean	305-pluck-go	30575-ta-line
305-bully-00	305-bilk-011	30-joy-30-afar	3056-we-0-bear	305-pluck-ho	30575-ta-link
305-bulk-900	305-bill-011	30-joy-30-bead	3056-we-0-beat	305-pluck-in	30575-ta-lint
305-bull-900	30-la-ilk-011	30-joy-30-beak	3056-we-0-beau	3057-luck-go	30575-ta-lion
305-cull-900	30-la-ill-011	30-joy-30-beam	3056-we-0-beck	3057-luck-ho	305758-a-jinx
		30-joy-30-bean	3056-ye-0-Adam	3057-luck-in	305758-a-kind
		30-joy-30-bear	3056-ye-0-afar	305758-akin	305758-a-king
		30-joy-30-beat	305-owe-0-bear	30575-ta-Jim	305758-a-kink
		30-joy-30-beau	305-owe-0-beat	30575-ta-Kim	305758-a-limb
		30-joy-30-beck	305-owe-0-beau	30575-ta-kin	305758-a-lime
		30-low-30-Adam	305-owe-0-beck	30575-ta-lim	305758-a-limp
		30-low-30-afar	305-my-30-Adam	305-pluck-I-6	305758-a-line
		30-low-30-bead	305-my-30-afar	305758-Al-go	305758-a-link
		30-low-30-beak	305-my-30-bead	305758-Al-ho	305758-a-lint
		30-low-30-beam	305-my-30-beak	305758-Al-in	305758-a-lion
		30-low-30-bean	305-my-30-beam	305758-a-Jim	
		30-low-30-bear	305-my-30-bean	305758-a-Kim	
		30-low-30-beat	305-my-30-bear	305758-a-kin	
		30-low-30-beau	305-my-30-beat	305758-a-lim	
		30-low-30-beck	305-my-30-beau	305-plucking	
		30-loy-30-Adam	305-my-30-beck	30575-taking	
		30-loy-30-afar	305-ox-30-Adam	30575-talion	
		30-loy-30-bead	305-ox-30-afar	30575-valine	
		30-loy-30-beak	305-ox-30-bead	305758-blimp	
		30-loy-30-beam	305-ox-30-beak	305758-blind	
		30-loy-30-bean		305758-blink	
		30-loy-30-bear			
		30-loy-30-beat			
		30-loy-30-beau			
		30-loy-30-beck			
		305-owe-0-Adam			
		305-owe-0-afar			
		305-owe-0-bead			

	305-owe-0-beak	305-ox-30-beam	305758-climb
	305-owe-0-beam	305-ox-30-bean	305758-clime
		305-ox-30-bear	305758-cling
		305-ox-30-beat	305758-clink
		305-ox-30-beau	30575-ta-jinx
		305-ox-30-beck	30575-ta-kind
		3056-we-0-Adam	30575-ta-king
		3056-we-0-afar	30575-ta-kink
		3056-we-0-bead	30575-ta-limb
		3056-we-0-beak	30575-ta-lime
		3056-we-0-beam	30575-ta-limp
		3056-we-0-bean	

Appendix G. Digit Structure Analysis Data

- Alachua, Peaceful Paths Domestic Abuse Network, 352-377-8255
- Baker, Hubbard House, 904-354-3114
- Bay, The Salvation Army of Panama City Domestic Violence and Rape Crisis Program, 850-763-0706
- Bradford, Peaceful Paths Domestic Abuse network, 352-377-8255
- Brevard, The Salvation Army Brevard County Domestic Violence Program, 321-631-2764
- Brevard, Serene Harbor Inc., 321-726-8282
- Broward, Women in Distress of Broward County, 954-761-1133
- Calhoun, The Salvation Army of Panama City Domestic Violence and Rape Crisis Program, 850-763-0706
- Charlotte, Center for Abuse and Rape Emergencies, 941-627-6000
- Citrus, Citrus County Abuse Shelter Association, 352-344-8111
- Clay, Quigly House, 904-284-0061
- Collier, The Shelter for Abused Women and Children, 239-775-1101
- Columbia, Another Way, 866-875-7983
- DeSoto, Safe Place and Rape Crisis Center, 941-365-1976
- Dixie, Another Way, 866-875-7983
- Duval, Hubbard House, 904-354-3114
- Escambia, FavorHouse of Northwest Florida, 850-434-6600
- Flagler, Family Life Center, 386-437-7747
- Franklin, Refuge House, 850-681-2111
- Gadsden, Refuge House, 850-681-2111
- Gilchrist County, Another Way, 866-875-7983
- Glades County, Abuse Counseling and Treatment, 239-939-3112
- Gulf, The Alovation Army of Panama City Domestic Violence and Rape Crisis Program, 850-763-0706
- Hamilton, Another Way, 866-875-7983
- Hardee County, Peace River Centre Domestic Violence Shelter, 863-413-2700
- Hendry, Abuse counseling and Treatment, 239-939-3112
- Hernando, Dawn Denter of Hernando County, 352-686-8430
- Highlands, Peace River Center Domestic Violence Shelter, 863-413-2700
- Hillsborough, The Spring of Tampa Bay, 813-247-7233
- Holmes, The Salvation of Panama City, 850-763-0706
- Indian River, SafeSpace Domestic Violence Services, Inc., 722-228-7023
- Jackson, the Salvation Army of Panama Cit, 850-257-0706
- Jefferson, Refuge House, 850-681-2111
- Lafayette County, Another Way, 866-875-7983
- Lake, Haven of Lake and Sumter Counties, 352-753-5800
- Lee, Abuse Counseling and Treatment, 239-939-3112
- Leon , Another Way, 866-875-7983
- Liberty, Refuge House, 850-681-2111

- Madison, Refuge House, 850-681-2111
- Manatee, HOPE Family Services, 941-755-6805
- Marion, Ocala Domestic Violence/Sexual Assault Center, 352-622-8495
- Martin, SafeSpace Domestic Violence Services, Inc., 772-228-7023
- Miami-Dade, Miami-Dade Advocates for Victims, 305-758-2546
- Monroe, Domestic Abuse Shelter, 305-743-4440
- Nassau, Micah's Place, 904-225-9979
- Okaloosa, Shelter House, 800-442-2873
- Okeechobee, Martha's House, 863-763-0202
- Orange, Harbor House of Central Florida, 407-886-2856
- Osceola, Hope Now of Osceola, 407-847-8562
- Palm Beach, Aid to Victims of Domestic Abuse, 800-355-8547
- Palm Beach, Harmony House, 561-640-9844
- Paxo, The Salvation Army Domestic Violence Program of West Pasco, 727-856-5797
- Pasco, Sunrise of Pasco, 352-521-3120
- Pinellas, RCS Pinellas, 727-442-4128
- Pinellas, Community Action Stops Abuse, 727-895-4912
- Polk, Peace River Center Domestic Violence Shelter, 863-413-2700
- Putnam, Conlee House, 386-325-3141
- Santa Rosa County, FavorHouse of Northwest Florida, 850-434-6600
- Sarasota, Afe Place and Rape Crisis Center, 941-365-1976
- Seminole, SAfeHouse, 855-655-7233
- St. Johns, Safety Shelter of Saint Johns County, 904-824-1555
- St. Lucie County, SafeSpace Domestic Violence Services, Inc., 772-288-7023
- Sumter, Haven of Lake and Sumter counties, 352-753-5800
- Suwannee, Vivid Visions, 386-364-2100
- Taylor, Refuge House, 850-681-2111
- Union, Peaceful Paths, 352-377-8255
- Volusia, Beacon Center, 386-255-2102
- Wakulla, Refuge House, 850-681-2111
- Walton, Shelter House, 800-442-2873
- Washington, The Salvation Army of Panama City, 850-769-0706

Appendix H. Shelter Bed Census and Capacity Analysis

To confirm the apparent findings from the capacity and child-to-adult ratio analyses, a follow-up series of binary logistic regression models were completed. Essentially, the authors of the Current Study aimed to understand (a) if there is a meaningful relationship between child-to-adult shelter bed night ratios and shelter capacity, and (b) if shelter facility explains the relationship between ratios and capacity. The full results are presented in the tables below. First, yes, there is a relationship between ratios and capacity; that is, as the number of children relative to adults increases, so does the extent to which shelters approach full capacity. The follow-up analyses showed a tendency for this relationship to be due to Safespace South. More study is necessary to determine what is occurring with the concentration of children and higher capacity in Safespace South versus the other shelters.

Table H.1. Percentage of Total Shelter Beds at Capacity

Month	Child-to-Adult Shelter Bed Night Ratios				
	Individual Shelters				All Shelters
	Empowerment Center (C:A)	Safespace Central (C:A)	Safespace North (C:A)	Safespace South (C:A)	Empowerment, Central, North, & South (C:A)
10/2021	< 1:3	> 1:1, < 3:2	> 1:1, < 3:2	> 1:1, < 3:2	> 1:1, < 3:2
11/2021	< 1:3	> 1:1, < 3:2	> 1:3, < 1:1	> 1:1, < 3:2	> 1:1, < 3:2
12/2021	> 1:3, < 1:1	> 1:1, < 3:2	> 1:3, < 1:1	> 3:2, < 2:1	> 1:1, < 3:2
01/2022	< 1:3	> 1:1, < 3:2	> 1:3, < 1:1	> 1:1, < 3:2	> 1:1, < 3:2
02/2022	> 1:3, < 1:1	> 1:1, < 3:2	> 1:3, < 1:1	> 1:1, < 3:2	> 1:1, < 3:2
03/2022	> 1:3, < 1:1	> 1:3, < 1:1	> 1:1, < 3:2	> 1:1, < 3:2	> 1:1, < 3:2
04/2022	> 1:1, < 3:2	> 1:1, < 3:2	> 1:3, < 1:1	> 3:2, < 2:1	> 1:1, < 3:2
05/2022	> 1:3, < 1:1	> 1:3, < 1:1	> 1:3, < 1:1	> 2:1	> 1:1, < 3:2
06/2022	> 1:3, < 1:1	< 1:3	> 1:3, < 1:1	> 1:1, < 3:2	> 1:3, < 1:1
07/2022	< 1:3	> 1:3, < 1:1	> 1:3, < 1:1	> 1:1, < 3:2	> 1:3, < 1:1
08/2022	< 1:3	> 1:1, < 3:2	< 1:3	> 1:1, < 3:2	> 1:3, < 1:1
09/2022	> 1:3, < 1:1	> 1:1, < 3:2	< 1:3	> 3:2, < 2:1	> 1:1, < 3:2
10/2022	> 1:1, < 3:2	> 1:1, < 3:2	< 1:3	> 3:2, < 2:1	> 1:1, < 3:2

Note. Numbers were not rounded, but truncated at the ones place. C = Child; A = Adult.

< 1:3 (lightest shading) = Adult bed nights outnumber child bed nights; if one can imagine one child for every three adults, the figure in the cell includes even fewer children.

> 1:3, < 1:1 = Adults bed nights outnumber child bed nights; if one can image one child for every three adults, as well as one child for every one adult, the figure in the cell lies between these numbers.

> 1:1, < 3:2 = Child bed nights outnumber adult bed nights; if one can imaging one child for every one adult, as well as three children for every two adults, the figure in the cell lies between these numbers.

> 3:2, < 2:1 = Child bed nights outnumber adult bed nights; if one can imagine three children for every two adults, as well as two children for every one adult, the figure in the cell lies between these numbers.

> 2:1 = Child bed nights outnumber adult bed nights; the figure in the cell means that children outnumber adults two-to-one.

Table H.2. Model 1: Bivariate Binary Logistic Regression Predicting Shelter Capacity (*N* = 52 Months)

Variable	**B (SE)**	**OR**
C:A Shelter Bed Night Ratio	2.233 (.924)	9.330**
Constant	-5.129***	
	Model Summary	
	p = .008	
	-2LL = 62.357	
	Nagelkerke R^2 = .170	

Note. C = Child; A = Adult; B = Unstandardized Coefficient; SE = Standard Error; OR = Odds Ratio; LL = Log Likelihood; Dependent variable = 75% + Capacity.

Table H.3. Models 2-4: Multivariate Binary Logistic Regression Predicting Shelter Capacity (*N* = 52 Months)

	Model 2		**Model 3**		**Model 4**	
Variable	**B (SE)**	**OR**	**B (SE)**	**OR**	**B (SE)**	**OR**
C:A Shelter Bed Night Ratio	2.970 (1.601)ǂ	19.501ǂ	1.688 (1.261)	.181	2.970 (1.601)	19.501 ǂ
North + South	4.419 (1.233)	82.975***				
South + Central			.520 (.862)	.546		
Central + Empowerment					-4.419 (1.223)	.012***
South + Empowerment						
Central +North						
North + Empowerment						
Constant	-9.533*		-4.272ǂ		-5.114	
	Model Summary		***Model Summary***		***Model Summary***	
	p = < .001		*p* = .026		*p* = < .001	
	-2LL = 32.126		-2LL = 61.997		-2LL = 34.126	
	Nagelkerke R^2 = .668		Nagelkerke R^2 = .178		Nagelkerke R^2 = .668	

Note. C = Child; A = Adult; B = Unstandardized Coefficient; SE = Standard Error; OR = Odds Ratio; LL = Log Likelihood; Dependent variable = 75% + Capacity.

Table H.4. Models 5-7: Multivariate Binary Logistic Regression Predicting Shelter Capacity (*N* = 52 Months)

	Model 5		**Model 6**		**Model 7**	
Variable	**B (SE)**	**OR**	**B (SE)**	**OR**	**B (SE)**	**OR**
C:A Shelter Bed Night Ratio	2.108 (.932)	8.228*	2.108 (.932)	8.228*	1.688 (1.261)	.181
North + South South + Central Central + Empowerment						
South + Empowerment	.896 (.626)	2.449				
Central +North			-.896 (.626)	.408		
North + Empowerment					-.520 (.862)	.546
Constant	-5.324**		-4.429*		-3.752*	
	Model Summary		***Model Summary***		***Model Summary***	
	p = .011		*p* = .011		*p* = .026	
	-2LL = 60.272		-2LL = 60.272		-2LL = 61.997	
	Nagelkerke R^2 =.216		Nagelkerke R^2 =.216		Nagelkerke R^2 =.178	

Note. C = Child; A = Adult; B = Unstandardized Coefficient; SE = Standard Error; OR = Odds Ratio; LL = Log Likelihood; Dependent variable = 75% + Capacity.

Appendix I. Detailed Cost Calculations

The information in this Appendix section shows the in-depth calculations for each category of cost associated with the IPV response.

Lost Productivity Value from Household Chores and Paid Work

Physical Assault: Paid Work

The percent of physical assaults resulting in lost time from paid work multiplied by the total number of physical assaults equals the number of physical assaults resulting in days lost from paid work.

0.175 X 3,584 = 627

The number of physical assaults resulting in days lost from paid work multiplied by the mean number of days lost due to each physical assault equals the total number of days lost from paid work due to physical assault.

627 X 7.2 = 4,514

The total number of days lost from paid work due to physical assault multiplied by the mean daily value of earnings lost due to physical assault equals the total earnings lost from paid work due to physical assault.

4,514 X $243 = ***$1,096,902***

Physical Assault: Household Chores

The percent of physical assaults resulting in time lost from household chores multiplied by the total number of physical assaults equals the total number of days lost from household chores.

0.103 X 3,584 = 370

The total number of physical assaults resulting in lost time from household chores multiplied by the mean number of days lost equals the total number of days lost from household chores due to physical assault.

370 X 8.4 = 3,108

The total number of days lost from household chores due to physical assault multiplied by the mean daily value of household chores equals the total lost value of household chores due to physical assault.

3,108 X $40 = ***$124,320***

Rape: Paid Work

The total number of rapes multiplied by the percentage of rapes resulting in lost time from paid work equals the number of rapes resulting in days lost from paid work.

132 X 0.215 = 28

The number of rapes resulting in lost days from paid work multiplied by the mean number of days lost from paid work per rape equals the total days lost from paid work.

28 X 8.1 = 227

Annual median income divided by the number of paid workdays per year equals the mean daily earnings. (This step does not need repeated because rape, physical assault, and stalking mean age of victimization all fall into the same age group, 25-44.)

$60,230 / 248 = $243

Mean daily earnings multiplied by the days lost from paid work equals the total lost value of paid work due to rape.

$243 X 227 = ***$55,161***

Rape: Household Chores

The number of rapes resulting in lost time from household chores multiplied by the mean days lost from household chores due to rape equals the total number of days lost.

132 X 13.5 = 1,782

The total number of days lost multiplied by the mean daily value of household chores equals the total lost value of household chores due to rape.

1,782 X $32 = ***$57,024***

Stalking: Paid Work

The percent of stalking offenses resulting in lost time from paid work multiplied by the number of stalking offenses equals the number of stalking offenses resulting in lost time from paid work.

27 X 0.353 = 10

The number of stalking offenses resulting in lost time from paid work multiplied by the mean number of days lost due to each stalking offense equals the total number of days lost from paid work due to stalking.

10 X 10.1 = 101

The total number of days lost from paid work due to stalking multiplied by the mean daily value of earnings of paid work equals the total lost earnings from paid work due to stalking.

101 X $243 = ***$24,543***

Stalking: Household Chores

The percent of stalking offenses resulting in time lost from household chores multiplied by the number of stalking offenses equals the number of stalking offenses resulting in time lost from household chores.

27 X 0.175 = 5

The number of stalking offenses resulting in time lost from household chores multiplied by the mean number of days lost equals the total number of days lost from household chores due to stalking.

5 X 12.7 = 64

The total number of days lost from household chores due to stalking multiplied by the mean daily value of household chores equals the total lost value of household chores due to stalking.

64 X $40 = ***$2,560***

Physical Assault: Requiring Medical Care

The total number of IPV-related physical assaults in 2020 multiplied by the percentage resulting in injury equals the number of victimizations resulting in injury due to physical assault.

3,584 X 0.415 = 1,487

The number of victimizations resulting in injury due to physical assault multiplied by the percentage of victimizations requiring medical care equals the total number of victimizations requiring medical care due to physical assault.

1,487 X 0.281 = ***418***

Rape: Requiring Medical Care

The total number of IPV-related rapes in 2020 multiplied by the percentage of victimizations resulting in injury equals the number of victimizations resulting in injury.

132 X 0.312 = 41

The number of victimizations resulting in injury multiplied by the percentage of victimizations requiring medical care equals the total number of rape victimizations requiring medical care.

41 X 0.31 = ***13***

Medical Care – Related Costs

Physical Assault: Outpatient Visits

The total number of physical assaults resulting in injury multiplied by the percentage resulting in hospital care multiplied by the percentage receiving an outpatient visit equals the total number of physical assaults resulting in an outpatient visit.

(418 X 0.786) X 0.242 = 80

The total number of physical assaults requiring an outpatient visit multiplied by the average number of uses equals the total number of outpatient visit uses as a result of physical assault.

80 X 3.1 = 248

The total number of uses multiplied by the unit cost equals the total cost of outpatient visits as a result of physical assault.

248 X $520 = $128,960

Rape: Outpatient Visits

The total number of rapes resulting in injury multiplied by the percentage resulting in hospital care multiplied by the percentage receiving an outpatient visit equals the total number of rapes resulting in an outpatient visit.

(13 X 0.796) X 0.308 = 3

The total number of rapes requiring an outpatient visit multiplied by the average number of uses equals the total number of outpatient visit uses as a result of rape.

3 X 1.6 = 5

The total number of uses multiplied by the unit cost equals the total cost of outpatient visits as a result of rape.

5 X $520 = $2,600

Total: $128,960 + $2,600= **$131,560**[25]

Emergency Department Visits

Physical Assault: ED Visits

The total number of physical assaults resulting in injury multiplied by the percentage resulting in hospital care multiplied by the percentage receiving an ED visit equals the total number of physical assaults resulting in an ED visit.

0.591 X (418 X 0.786) = 194

The total number of physical assaults requiring an ED visit multiplied by the average number of uses equals the total number of ED visit uses as a result of physical assault.

194 X 1.9 = 369

The total number of uses multiplied by the unit cost equals the total cost of ED visits as a result of physical assault.

369 X $596 = $219,924

Rape: ED Visits

The total number of rapes resulting in injury multiplied by the percentage resulting in hospital care multiplied by the percentage receiving an ED visit equals the total number of rapes resulting in an ED visit.

0.513 X (13 X 0.796) = 5

The total number of rapes requiring an ED visit multiplied by the average number of uses equals the total number of ED visit uses as a result of rape.

5 X 1.9 = 9.5

[25] This information is derived from Moses et al. (2018).

The total number of uses multiplied by the unit cost equals the total cost of ED visits as a result of rape.

9.5 X $596 = $5,662

Total: $219,924 + $5,662 = **$225,586**[26,27]

Ambulance Transport or Paramedic Care (EMT Care)

Physical Assault: EMT Care

The total number of physical assaults resulting in medical care is multiplied by the percentage of physical assaults resulting in ambulance transport which equals the total number of physical assaults resulting in ambulance transport.

0.149 X 418 = 62

The total number of physical assaults resulting in ambulance transport is multiplied by the average number of uses to equal the total number of uses of ambulance transport as a result of physical assault.

62 X 1.1 = 68

The total number of uses is multiplied by the unit cost which equals the total cost of ambulance transport as a result of physical assault.

68 X $940 = $63,920

Rape: EMT Care

The total number of rapes resulting in medical care is multiplied by the percentage of rapes resulting in ambulance transport which equals the total number of rapes resulting in ambulance transport.

0.204 X 13 = 3

The total number of rapes resulting in ambulance transport is multiplied by the average number of uses to equal the total number of uses of ambulance transport as a result of rape.

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[26] This information is derived from Max et al. (2004).
[27] This information is derived from a national-level CPI inflation calculator from the U.S. Bureau of Justice Statistics (n.d.).

3 X 1.3 = 4

The total number of uses is multiplied by the unit cost which equals the total cost of ambulance transport as a result of rape.

4 X $940 = $3,760

Total: $63,920 + $3,760 = **$67,680**[28]

Physician Visits

Physical Assault: Physician's Visits

The total number of physical assaults resulting in medical care is multiplied by the percentage of physical assaults resulting in a physician visit which equals the total number of physical assaults resulting in a physician visit.

0.518 X 418 = 217

The total number of physical assaults resulting in a physician visit is multiplied by the average number of uses to equal the total number of uses of physician visits as a result of physical assault.

217 X 3.2 = 694

The total number of uses is multiplied by the unit cost which equals the total cost of physician visits as a result of physical assault.

694 X $42 = $29,148

Rape: Physician's Visits

The total number of rapes resulting in medical care is multiplied by the percentage of rapes resulting in a physician visit which equals the total number of rapes resulting in a physician visit.

0.592 X 13 = 8

The total number of rapes resulting in a physician visit is multiplied by the average number of uses to equal the total number of uses of physician visits as a result of rape.

8 X 5.2 = 42

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[28] This information is derived from Fair Health (2022).

The total number of uses is multiplied by the unit cost which equals the total cost of physician visits as a result of rape.

42 X $42 = $1,764

Total: $29,148 + $1,764 = **$30,912**

Physical Therapy Visits

Physical Assault: Physical Therapy Visits

The total number of physical assaults resulting in medical care is multiplied by the percentage of physical assaults resulting in a physical therapy visit which equals the total number of physical assaults resulting in a physical therapy visit.

0.089 X 418 = 37

The total number of physical assaults resulting in a physical therapy visit is multiplied by the average number of uses to equal the total number of uses of physical therapy visits as a result of physical assault.

37 X 21.1 = 781

The total number of uses is multiplied by the unit cost which equals the total cost of physical therapy visits as a result of physical assault.

781 X $230[29] *= $179,630*

Rape: Physical Therapy Visits

The total number of rapes resulting in medical care is multiplied by the percentage of rapes resulting in a physical therapy visit which equals the total number of rapes resulting in a physical therapy visit.

0.224 X 13 = 3

The total number of rapes resulting in a physical therapy visit is multiplied by the average number of uses to equal the total number of uses of physical therapy visits as a result of rape.

3 X 13.4 = 40

[29] This information is derived from the Health Price Finder (n.d.).

The total number of uses is multiplied by the unit cost which equals the total cost of physical therapy visits as a result of rape.

40 X $230 = $9,200

Total: $179,630 + $9,200 = **$188,830**

Dental Visits

Physical Assault: Dental Visits

The total number of physical assaults resulting in medical care is multiplied by the percentage of physical assaults resulting in a dental visit which equals the total number of physical assaults resulting in a dental visit.

0.095 X 418 = 40

The total number of physical assaults resulting in a dental visit is multiplied by the average number of uses to equal the total number of uses of dental visits as a result of physical assault.

40 X 4.4 = 164

The total number of uses is multiplied by the unit cost which equals the total cost of dental visits as a result of physical assault.

164 X $530[3031] *= $86,920*

Rape: Dental Visits

The total number of rapes resulting in medical care is multiplied by the percentage of rapes resulting in a dental visit which equals the total number of rapes resulting in a dental visit.

0.184 X 13 = 2

The total number of rapes resulting in a dental visit is multiplied by the average number of uses to equal the total number of uses of dental visits as a result of rape.

2 X 2.3 = 5

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[30] This information is derived from a national-level CPI inflation calculator from the U.S. Bureau of Justice Statistics (n.d.).
[31] This information is derived from Max et al. (2004).

The total number of uses is multiplied by the unit cost which equals the total cost of dental visits as a result of rape.

5 X $530 = $2,650

Total: $86,920 + $2,650 = **$89,570**

Inpatient Hospitalizations

Physical Assault: Inpatient Hospitalizations

The number of physical assaults resulting in medical-care utilization is multiplied by the percentage receiving hospital care which is then multiplied by the percentage of that number that receives an inpatient hospitalization use which equals the total number of physical assaults resulting in inpatient hospitalization.

0.326 X (418 X 0.786) = 107

The number receiving inpatient hospitalization is multiplied by the average number of uses which equals the total number of uses.

107 X 5.7 = 610

The average number of uses is multiplied by the unit cost[32][33] to equal the total cost of inpatient hospitalizations due to physical assault.

610 X $4,325 = $2,638,250

Rape: Inpatient Hospitalizations

The number of rapes resulting in medical-care utilization is multiplied by the percentage receiving hospital care which is then multiplied by the percentage of that number that receives an inpatient hospitalization use which equals the total number of rapes resulting in inpatient hospitalization.

0.436 X (13 X 0.796) = 5

---

[32] This information is derived from a national-level CPI inflation calculator from the U.S. Bureau of Justice Statistics (n.d.).
[33]This information is derived from Max et al. (2004).

The number receiving inpatient hospitalization is multiplied by the average number of uses which equals the total number of uses.

5 X 3.9 = 20

The average number of uses is multiplied by the unit cost to equal the total cost of inpatient hospitalizations due to rape.

20 X $4,325 = $86,500

Total: $2,638,250 + $86,500 = ***$2,724,750***

Mental Healthcare Visits

Physical Assault: Mental Healthcare Visits

The percent of victimizations resulting in mental health care services due to physical assault multiplied by the total number of physical assaults equals the total number of physical assaults resulting in mental-healthcare visits.

0.264 X 3,584 = 947

The number of physical assaults resulting in mental-healthcare visits multiplied by the average number of uses equals the total number of uses.

947 X 12.4 = 11,743

The total number of uses multiplied by the unit cost equals the total cost of mental-healthcare visits due to physical assault.

11,743 X $250[34] *=* ***$2,935,750***

Rape: Mental Healthcare Visits

The percentage of victimizations resulting in mental health care services multiplied by the total number of rapes equals the total number of rapes resulting in utilization of mental-healthcare visits.

0.33 X 132 = 44

[34] This information is derived from Editorial Staff (2018) of *Simple Practice*.

The total number of rapes resulting in utilization multiplied by the average number of uses per victimization equals the total number of uses.

44 X 12.9 = 568

The total number of uses multiplied by the unit cost equals the total cost of mental-healthcare visits due to rape.

568 X $250 = ***$142,000***

Stalking: Mental Healthcare Visits

The percent of victimizations resulting in mental health care services multiplied by total stalking offenses equals the number of stalking offenses resulting in mental-healthcare visits.

0.426 X 27 = 12

The number of stalking offenses resulting in utilizations multiplied by the average number of uses equals the total number of uses.

12 X 9.6 = 115

The total number of uses multiplied by the unit cost equals the total cost of mental-health care visits by victims of stalking.

115 X $250 = ***$28,750***

Medical Care – Related Costs

The CDC study's method for calculating medical care costs was used here in combination with Miami-Dade specific costs. Average costs for each of these medical services were gathered through the various sources cited. While explanations are given for each services' calculation, the CDC study included a useful chart to clearly and visually demonstrate how calculations were made both for rape and for physical assault and those charts are included below. Stalking is only relevant to the mental health visits calculation. That calculation is made independently, and an explanation is given.

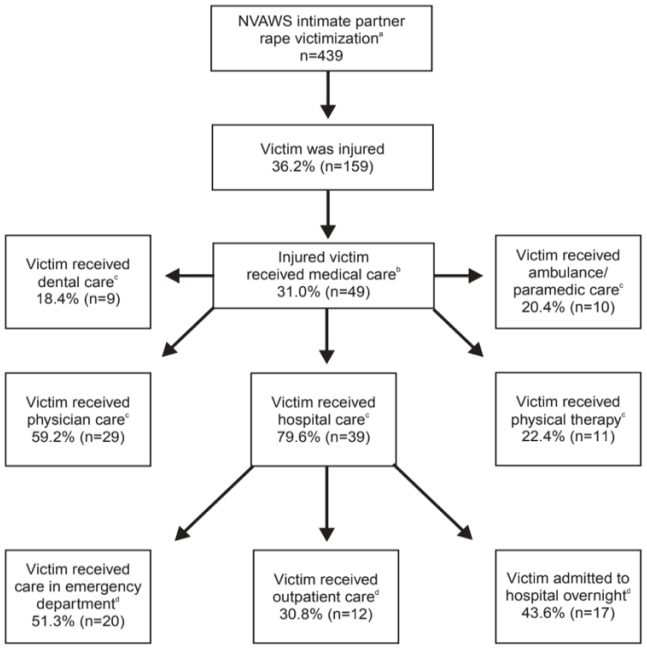

Figure I.1. Percentage Distributions of U.S. Adult Female Victims of Intimate Partner Rape by Medical Care Service Use

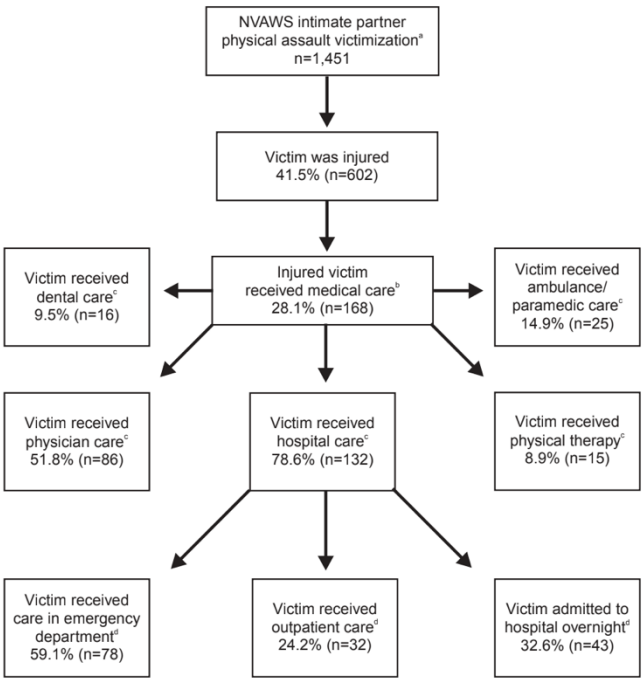

Figure I.2. Percentage Distributions of U.S. Adult Female Victims of Intimate Partner Physical Assault by Medical Care Service Use

Total Medical Care-Related Costs: $6,565,388

Lost Productivity Value from Household Chores and Paid Work

Lost productivity was measured by the number of days victims were unable to perform paid work and/or household chores (including household chores and childcare for women not employed outside the home) because of illness, injury, or disability related to IPV victimization. The value of lost productivity was calculated using the mean daily values of work and household production, which are based on data from the U.S. Bureau of Labor Statistics (2020).

To calculate the mean daily value of earnings for each victimization type the following calculation was used:

> *Mean annual earnings of the mean victimization age group / number of paid workdays per year = mean daily value of earnings*

To calculate the total value of lost days from paid work, the following calculation was used:

> *Mean daily value of earnings X total days of earnings lost = Total value of lost days*

The same calculations are used to determine the total value of days lost from household chores. For nonfatal victims of IPV, this study distinguishes between physical assault, rape, and stalking as the three categories for calculating lost productivity value for both household chores and paid work. For rape, the mean age at the time of victimization is 24.5 years; for physical assault, 27.5 years; and for stalking, 26.5 years.[35] Therefore the relevant age group for the calculations is the 25–44-year-old age group.

Median annual income by age[36]:
25-44 years: $60,230

Mean daily value of household chores based on IPV incident[37]:
Rape: $32
Physical Assault: $40
Stalking: $40

Total lost productivity from paid work: $1,176,606
Total lost productivity from household chores: $152,423
Total lost productivity costs: $1,328,029

Social Services Costs

DV Shelter Costs

These are the budgets for the certified DV Shelters in Miami-Dade County for years 2020-2021[38].

SafeSpace North: Expenditures for 2020-2021= $3,074,342
SafeSpace South: Expenditures for 2020-2021= $411,094
SafeSpace Central: Expenditures for 2020-2021= $1,282,889
Empowerment Center: Expenditures for 2020-2021= $400,585

Total DV Shelter Costs added from each shelter above = ***$5,168,910***[39]

[35] This information is derived from Max et al. (2004).
[36] This information is derived from the following dataset: Survey/Program - American Community Survey; Year: 2020; Estimates: 5-Year; Table ID: S1930.
[37] This information is derived from a national-level CPI inflation calculator from the U.S. Bureau of Justice Statistics (n.d.).
[38] This information was provided by the Miami-Dade County OMB.
[39] Only certified DV shelters are included in this analysis. As a result, this is probably somewhat of an undercount regarding total costs for this measure.

Costs Associated with Homelessness that Occurs as a Result of IPV

The Miami-Dade County Homeless Trust found that there were 154 homeless clients fleeing DV for the calendar year 2020.[40]

The average economic cost per homeless individual at the low-end range was multiplied by the number of clients fleeing DV.

154 X $30,000[41] *= **$4,620,000***

Violence Prevention and Intervention Programs (Miami-Dade County Government)

This category includes the Advocates for Victims program as well as the Domestic Violence Intake combined yearly budgets.

Total costs = $9,599,000[42].[43]
Total Social Services Costs: $19,387,910

Criminal Justice-Related Costs

FDLE has two crime report files related to Miami-Dade County domestic violence on the Miami-Dade County section of their website, the two files are distinguished as "Domestic Violence Related Offenses" and the other one is "Domestic Violence Related Forcible Sex Offenses." Criminal justice costs and some social services costs were considered by the CDC analysis to be too difficult to estimate because of a lack of initial data. In this analysis, costs for this category were calculated through a variety of innovative methods with explanations below. For corrections costs, the cost of IPV related to prisons is calculated and county jails are omitted due to a lack of data.

Judicial Administration Costs[44]

Due to limited data, in order to determine the costs of judicial administration related to IPV, trial court data were used to obtain a percentage of what total court proceedings may be related to IPV. The percentage obtained was 20.8%. This percentage was then applied to the total judicial administration operating costs for the county.

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[40] Data for this figure were compiled through an information request emailed to the Homeless Trust on August 20, 2022; this figure is based on an unduplicated count of homeless clients fleeing domestic violence in 2020.
[41] This information is derived from United States Interagency Council on Homelessness (n.d.).
[42] This information is derived from Community Action and Human Services (n.d.).
[43] This information is derived from Levine Cava (2021).
[44] Judicial administration costs exclude any additional costs associated with the Clerk of Courts.

Operating Expenses from Miami-Dade County Judicial Administration Budget for 2020[45] multiplied by the estimated percentage of court proceedings related to IPV[46] = total judicial administration costs.

$42,733,000 X 0.208 = ***$8,888,464***

Corrections and Rehabilitation Costs

There were 215 new violent crime offender commitments to prison in 2020 from Miami-Dade County out of 502 total new commitments.[47] Therefore, the percentage of new commitments that are violent crime related was 43%. Extrapolating this percentage to the total inmate population with the Department of Corrections[48] = 2,519 violent crime offenders in prison from Miami-Dade County in 2020. Studies estimate that 21% of violent crime is domestic violence-related.[49] See below:

2,519 X 0.21 = 529 inmates

The number of inmates in prison from Miami-Dade County as a result of IPV in 2020 multiplied by the average annual prisoner cost for 2020 equals the total corrections and rehabilitation costs.

529 X $24,265[50] *=* ***$12,836,185***

Law Enforcement Costs

The number of IPV-related criminal offenses in Miami-Dade in 2020 multiplied by the inflation-adjusted average cost of police call in 2020 equals the total IPV-related law enforcement costs for 2020 in Miami-Dade (low-end figure).

3,743 X $7,181[51,52] *=* ***$26,878,483***

For this calculation, a low-end of range figure was taken from this study which estimated that the average violent crime police call cost $6900. This number was from 2018 and was then plugged into the inflation calculator to estimate 2020's equivalent which ended up being $7,181.

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[45] This information is derived from Judicial Administration (n.d.).
[46] This information is derived from Office of the State Courts Administrator (n.d.).
[47] This information is derived from the Office of Economic and Demographic Research (n.d.).
[48] This information is derived from the Florida Department of Corrections (n.d.).
[49] For source information related to this statistic, see Truman and Morgan (2014).
[50] This information is derived from the Florida Department of Corrections (n.d.).
[51] This information is derived from a national-level CPI inflation calculator from the U.S. Bureau of Justice Statistics (n.d.).
[52] This information is derived from Hunt et al. (2018).

The total operating expenses from the judicial administration budget for Miami-Dade County multiplied by the percentage of time spent on IPV based on interview estimates is equivalent to the total cost

Total Criminal Justice-Related Costs: $48,603,132

Final Calculation

medical care - related costs ($6,565,388) + criminal justice- related costs ($48,603,132) + social service costs ($19,387,910) + lost productivity costs ($1,328,029) = the total economic cost of IPV in Miami-Dade County for the year 2020

$75,884,459

Appendix J. Getting to Know the Communities

Language

Table J.1. Rates of Beyond-English Language Use in Households Among Miami-Dade Counties

Jurisdiction	Language Beyond English %
Aventura	65.4
Bal Harbour	51.5
Bay Harbor Islands	68.9
Biscayne Park	52.3
Coral Gables	61
Cutler Bay	62.1
Doral	88.2
El Portal	57
Florida City	51.9
Golden Beach	65.6
Hialeah Gardens	94.6
Hialeah	93.5
Homestead	66.4
Key Biscayne	82.8
Medley	88.2
Miami Beach	58
Miami Gardens	37.4
Miami Lakes	87.1
Miami Shores	42.4
Miami Springs	75.5
Miami	77.6
North Bay Village	79.6
North Miami Beach	75.8
North Miami	73.8
Opa-locka	47.3
Palmetto Bay	49.3
Pinecrest	55.2
South Miami	60.7
Sunny Isles Beach	78.1
Surfside	72.1
Sweetwater	91.9
Virginia Gardens	77.1
West Miami	90.1

Citizenship

Table J.2. Non-Citizen Rates among Miami-Dade Communities

Jurisdiction	% Non-Citizen
Aventura	17.46117197
Bal Harbour	10.63758389
Bay Harbor Islands	23.35390947
Biscayne Park	9.226286824
Coral Gables	14.71654284
Cutler Bay	13.77708978
Doral	37.54068658
El Portal	9.728944821
Florida City	21.23998313
Golden Beach	16.55290102
Hialeah Gardens	25.51601121
Hialeah	32.22519626
Homestead	21.13669002
Key Biscayne	31.78674128
Medley	31.81386515
Miami Beach	27.34824853
Miami Gardens	13.21332166
Miami Lakes	11.52122756
Miami Shores	8.870034709
Miami Springs	17.77651164
Miami	24.71306498
North Bay Village	25.50567341
North Miami Beach	20.40911638
North Miami	23.02138695
Opa-locka	15.71714143
Palmetto Bay	9.568866217
Pinecrest	11.97414377
South Miami	19.20889781
Sunny Isles Beach	23.00370658
Surfside	12.74492498
Sweetwater	32.7018991
Virginia Gardens	19.89664083
West Miami	22.60794897

Total Population

Table J.3. Total Population of Miami-Dade Communities

Jurisdiction	Population
Aventura	37151
Bal Harbour	2980
Bay Harbor Islands	5832
Biscayne Park	3089
Coral Gables	49937
Cutler Bay	43928
Doral	62367
El Portal	2066
Florida City	11855
Golden Beach	586
Hialeah Gardens	23546
Hialeah	233876
Homestead	68937
Key Biscayne	12867
Medley	1053
Miami Beach	89439
Miami Gardens	110767
Miami Lakes	31021
Miami Shores	10372
Miami Springs	14041
Miami	461080
North Bay Village	8108
North Miami Beach	42824
North Miami	62468
Opa-locka	16008
Palmetto Bay	24308
Pinecrest	19183
South Miami	11958
Sunny Isles Beach	21853
Surfside	5665
Sweetwater	20852
Virginia Gardens	2322
West Miami	8152

Poverty

Table J.4. Poverty Rates among Miami-Dade Communities

Jurisdiction	Poverty Rate
Aventura	9.8
Bal Harbour	19.9
Bay Harbor Islands	7.8
Biscayne Park	4.7
Coral Gables	7.8
Cutler Bay	10.7
Doral	10.9
El Portal	10.7
Florida City	31.1
Golden Beach	5.1
Hialeah Gardens	13.7
Hialeah	19.6
Homestead	23
Key Biscayne	6.1
Medley	25.6
Miami Beach	13.7
Miami Gardens	17.3
Miami Lakes	6.4
Miami Shores	5.3
Miami Springs	11.4
Miami	21.5
North Bay Village	7.6
North Miami Beach	15.5
North Miami	19.2
Opa-locka	40.4
Palmetto Bay	5.5
Pinecrest	8.7
South Miami	12
Sunny Isles Beach	12.4
Surfside	12.2
Sweetwater	17.7
Virginia Gardens	11.9
West Miami	18

Internet Connection

Table J.5. Internet Connection among Miami-Dade Counties

Jurisdiction	% HH with Broadband
Aventura	78.82386044
Bal Harbour	88.70967742
Bay Harbor Islands	91.4913511
Biscayne Park	94.00665927
Coral Gables	92.49607195
Cutler Bay	87.35384615
Doral	94.2791762
El Portal	88.83116883
Florida City	77.63934426
Golden Beach	96
Hialeah Gardens	86.46637653
Hialeah	73.68262729
Homestead	86.04063531
Key Biscayne	88.70967742
Medley	65.6097561
Miami Beach	80.66150532
Miami Gardens	73.70904156
Miami Lakes	92.06196478
Miami Shores	94.83477703
Miami Springs	81.44899905
Miami	68.95879918
North Bay Village	94.00665927
North Miami Beach	76.33840053
North Miami	73.16810897
Opa-locka	56.48717022
Palmetto Bay	91.58840891
Pinecrest	94.01937855
South Miami	85.05428505
Sunny Isles Beach	77.78923683
Surfside	81.8380744
Sweetwater	72.83470941
Virginia Gardens	76.62337662
West Miami	77.21261445

Sex Ratio

Table J.6. Sex Ratio of Miami-Dade Communities

Jurisdiction	Sex Ratio (M:F)
Aventura	0.841721624
Bal Harbour	0.83046683
Bay Harbor Islands	0.907752699
Biscayne Park	1.392718823
Coral Gables	0.832197303
Cutler Bay	0.921521425
Doral	0.970708124
El Portal	1.174736842
Florida City	0.860483365
Golden Beach	0.884244373
Hialeah Gardens	0.940177983
Hialeah	0.927141786
Homestead	1.005673387
Key Biscayne	0.941309596
Medley	0.824956672
Miami Beach	1.072294744
Miami Gardens	0.903867308
Miami Lakes	0.886922141
Miami Shores	0.916836075
Miami Springs	0.798744555
Miami	0.994713412
North Bay Village	1.036162732
North Miami Beach	0.933799955
North Miami	1.007521214
Opa-locka	1.107822989
Palmetto Bay	1.059650907
Pinecrest	1.127661934
South Miami	0.934325461
Sunny Isles Beach	0.850067728
Surfside	0.818619583
Sweetwater	0.98194088
Virginia Gardens	0.949622166
West Miami	0.987323257

Disability

Table J.7. Disability Percentages of Miami-Dade Communities

Jurisdiction	% with Disability
Aventura	10.9
Bal Harbour	12.2
Bay Harbor Islands	6.6
Biscayne Park	3.4
Coral Gables	8
Cutler Bay	10.3
Doral	4.9
El Portal	9.9
Florida City	16.1
Golden Beach	3.9
Hialeah Gardens	11
Hialeah	13.2
Homestead	10.5
Key Biscayne	5.1
Medley	20.5
Miami Beach	8.2
Miami Gardens	11.2
Miami Lakes	8.9
Miami Shores	7.1
Miami Springs	9.5
Miami	11.7
North Bay Village	5.3
North Miami Beach	8.7
North Miami	9.3
Opa-locka	12.4
Palmetto Bay	7.7
Pinecrest	6.2
South Miami	8.7
Sunny Isles Beach	8.2
Surfside	9.1
Sweetwater	12.1
Virginia Gardens	8.7
West Miami	11.4

Appendix K. Multimethod Convergence

While aligning data characteristics will be simpler for some aspects of the community wide anti-IPV system, others will involve some more complexity. Thus, the development of a centralized database should be guided by the concepts of multimethod convergence and multimethod divergence. Multimethod convergence is defined as consistency across scientific findings that are derived from different methods. Multimethod divergence involves a notable outlier across data sources and methods that run counter to the general findings among various other methods/sources. For example, within the research literature on domestic/intimate partner violence, there is a longstanding debate on whether IPV is an issue of female victimization or mutuality between cis-gender males and females in heterosexual relationships. Many data sources of various methodologies have found that IPV is gendered toward female victimization: National Crime Victimization Survey data, Supplemental Homicide Report data, and National Violence Against Women Survey data. One data source—the 1970s and 1980s National Family Violence Surveys and their Conflict Tactics Scales (CTS; and the 1996 revision, CTS-2)—historically found that roughly equal rates of violence in cis-gender male-female intimate partner dyads. The question of multimethod divergence, in this context, is a question of why one method has such a different finding from the other three methods (Hamby, 2016a, 2016b, 2017). The antidote is to understand consistency, and thus, multimethod convergence. In applying the concept of multimethod convergence to the current evaluation, the Current Study asks what would need to be done to ensure that the data from various entities in Miami-Dade's system converge so that the resultant centralized database is most aligned, accurate, thorough, and comprehensive.