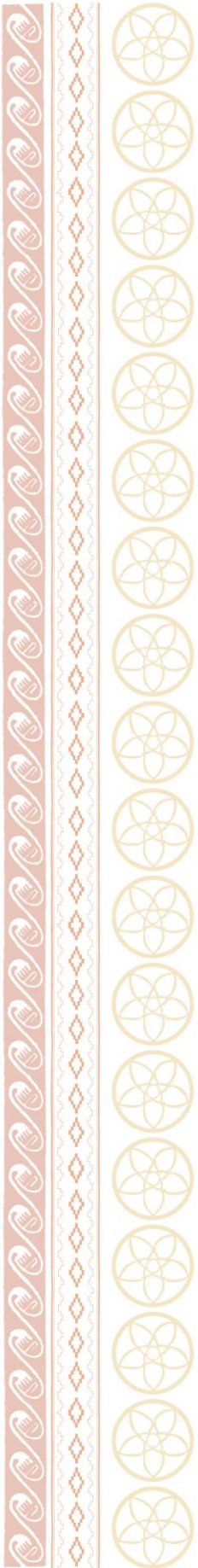


DOMESTIC VIOLENCE PREVENTION PROGRAM

IHS DIVISION OF BEHAVIORAL HEALTH
YEAR 4 NATIONAL PROGRAM DATA REPORT
September 30, 2018 – September 29, 2019



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board



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PURPOSE

The purpose of this report is to provide a summary of national program data from the Domestic Violence Prevention (DVP) Program funded by the Indian Health Service (IHS) Division of Behavioral Health. The data included in this report is from the period September 30, 2018 through September 29, 2019. Findings summarize annual progress data submitted by projects at the end of the reporting period.

ABOUT DVP

The Domestic Violence Prevention (DVP) Program is a congressionally mandated, nationally coordinated grant and federal award program for tribes, tribal organizations, Urban Indian Organizations (UIO), and federal facilities to provide violence prevention and treatment services. The program seeks to reduce violence due to intimate partner violence, sexual assault, and child maltreatment. A total of 83 projects, including fifty-six tribes/tribal organizations, 14 Urbans, and 13 Federal facilities used evidence-based, practice-based, and traditional models that are culturally tailored to improve and expand outreach, awareness, advocacy, intervention, case coordination, policy development, community response teams, sexual assault examiner programs, and community and school education programs.

To meet the national goals, the DVP Program has two purpose areas and six overarching national goals to ensure targeted outcomes for the projects.

PURPOSE AREAS

Purpose Area 1: Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses

Purpose Area 2: Provide Forensic Healthcare Services

NATIONAL GOALS

1. Build tribal, Urban Indian Health Program and federal capacity to provide coordinated community responses to American Indian and Alaska Native victims of domestic and sexual violence;
2. Increase access to domestic and sexual violence prevention, advocacy, crisis intervention, and behavioral health services for American Indian and Alaska Native victims and their families;
3. Promote trauma-informed services for American Indian and Alaska Native victims of domestic and sexual violence and their families;

4. Offer health care provider and community education on domestic violence and sexual violence;
5. Respond to the health care needs of American Indian and Alaska Native victims of domestic and sexual violence; and
6. Incorporate culturally appropriate practices and/or faith-based services for American Indian and Alaska Native victims of domestic and sexual violence.

Table 1. Number DVP Projects Funded by Purpose Area, 2018-2019

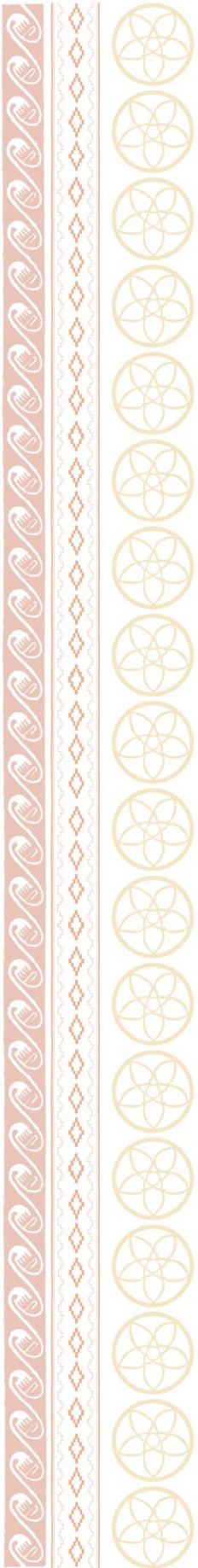
Purpose Area	Focus Area	# of Projects
PA 1	Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses	74
PA 2	Forensic Healthcare Services	8

METHODS

DVP projects submitted an annual progress report on the program measures relevant to their scope of work. Data was collected through a web-based reporting system. We aggregated findings for the entire year 4 period from September 30, 2018 to September 29, 2019. A total of 82 IHS DVP projects submitted an annual progress report during this reporting period.

The data in this report include figures and tables. Where applicable, annotations are provided following the figures and tables to share additional information related to a given topic. Missing data were handled by omitting those cases with missing data and running the analysis on what remained. The Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), one of 12 Tribal Epidemiology Centers serving the American Indian/Alaska Native population across the country, performed the data analysis.

Assistance with interpretation of this report is available from AASTEC staff at 1-800-658-6717.

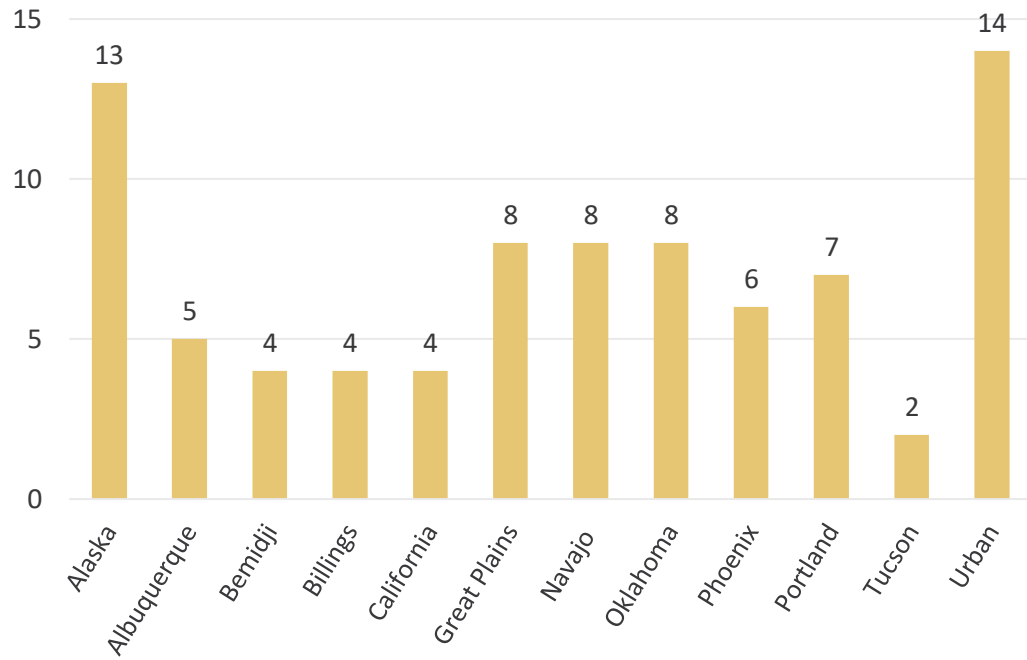


SECTION 1: POPULATION SERVED

POPULATION SERVED

DVP PROJECTS BY AREA

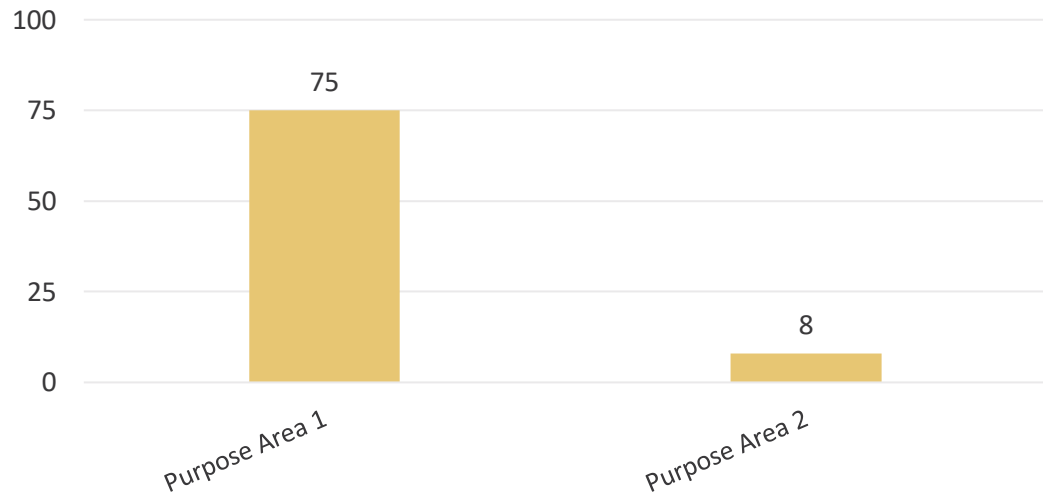
Figure 1. Number of DVP Projects by Indian Health Service (IHS) Administrative Area, 2018-2019



*Total number of projects (regardless of progress report submission) n= 83

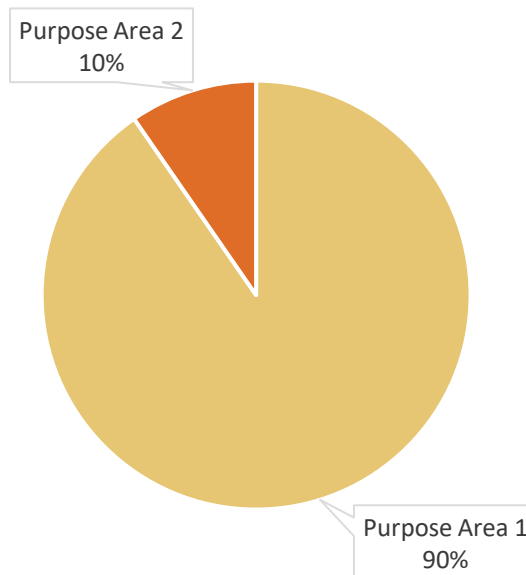
DVP PROGRAM PURPOSE AREAS

Figure 2. Number of DVP Projects by Purpose Area, 2018-2019



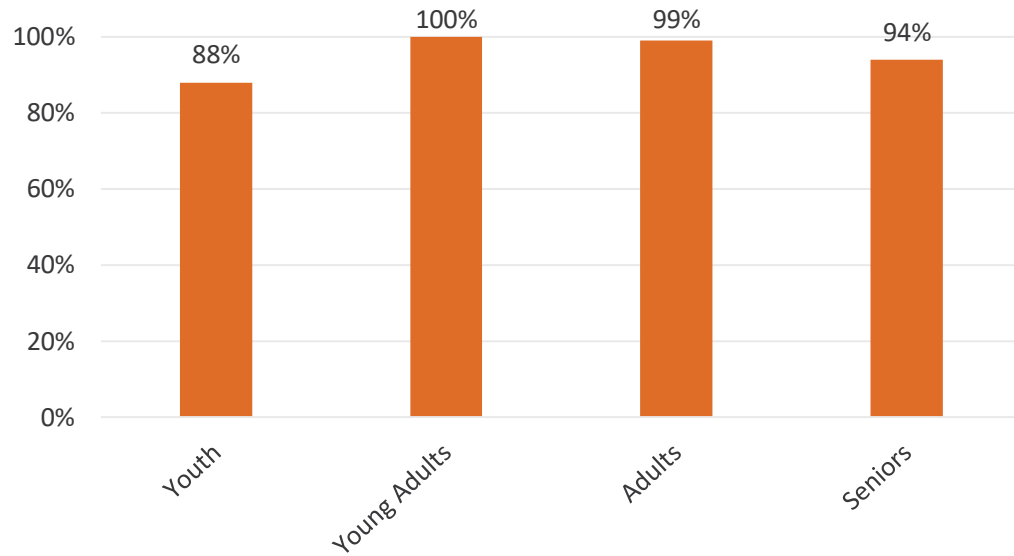
- Purpose Area 1: Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses
- Purpose Area 2: Provide Forensic Healthcare Services

Figure 3. Percentage of DVP Projects by Purpose Area, 2018-2019



DVP PROGRAM POPULATION SERVED

Figure 4. Population Served by DVP Projects, 2018-2019*



*Projects were able to select multiple target populations.

As evidenced in [Figure 4](#), DVP projects serve a wide-ranging age group within their respective communities.

TARGET POPULATION DEFINITIONS

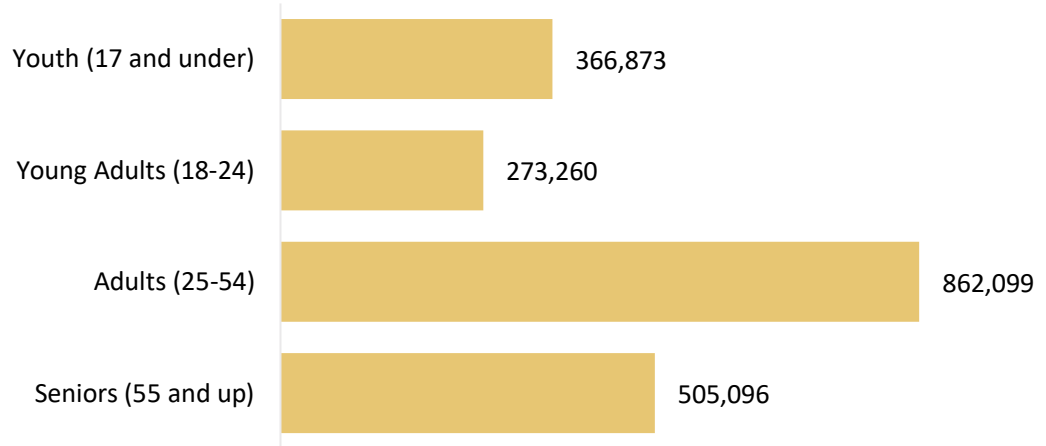
Youth (age 17 and under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

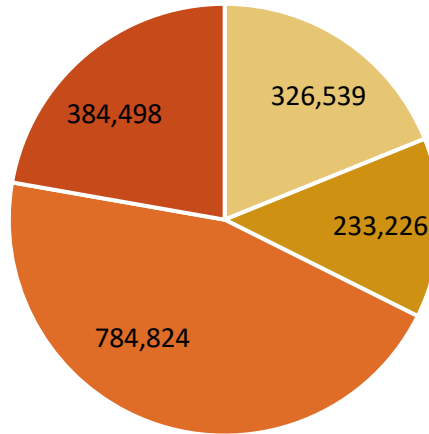
Figure 5. Number of Potential DVP Participants by Age Category, 2018-2019



The total number of potential DVP participants across all projects is **2,007,328**.

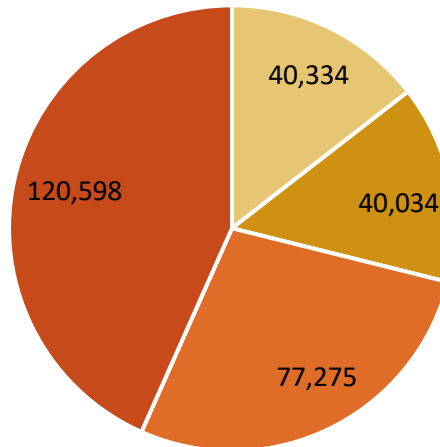
Figure 6. Number of Potential DVP Participants in Each Age Category by Purpose Area, 2018-2019

DVP Purpose Area 1 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

DVP Purpose Area 2 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

TARGET POPULATION DEFINITIONS

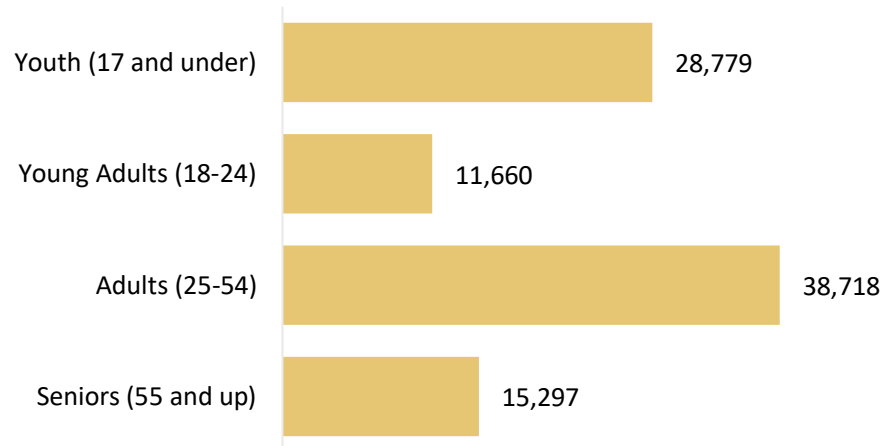
Youth (age 17 and under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 7. Number of Actual Participant Contacts Made by DVP Projects by Age Category, 2018-2019



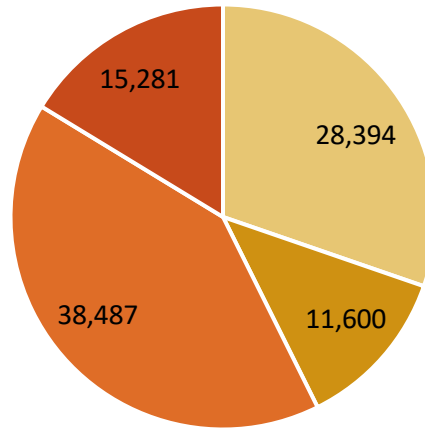
The total number of participant contacts made by DVP programs is **94,454**.

POPULATION DEFINITIONS

- Youth (age 17 and under)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)

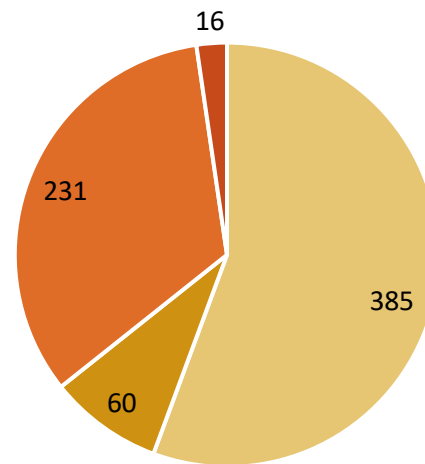
Figure 8. Number of DVP Participant Contacts Served in Each Age Category by Purpose Area, 2018-2019

DVP Purpose Area 1 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

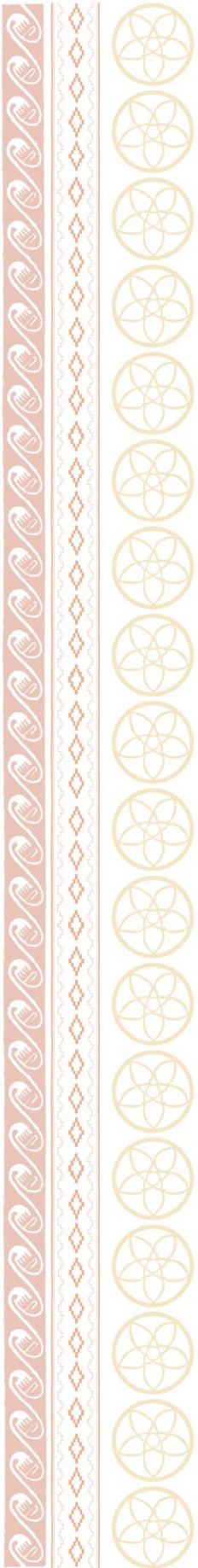
DVP Purpose Area 2 Projects



■ Youth ■ Young Adults ■ Adults ■ Seniors

POPULATION DEFINITIONS

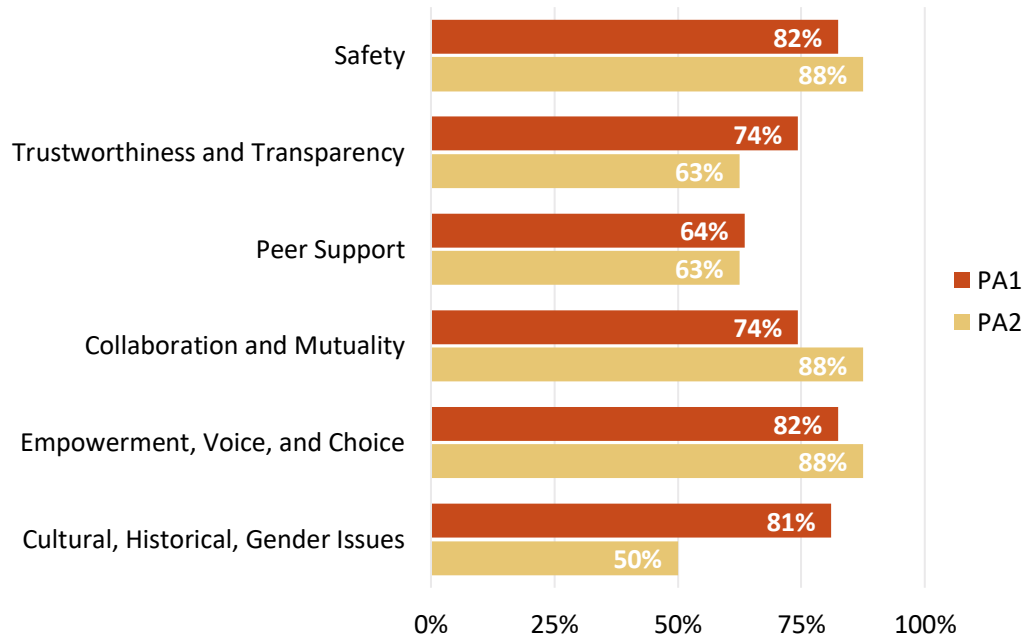
- Youth (age 17 and under)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)



SECTION 2: SERVICE TYPES

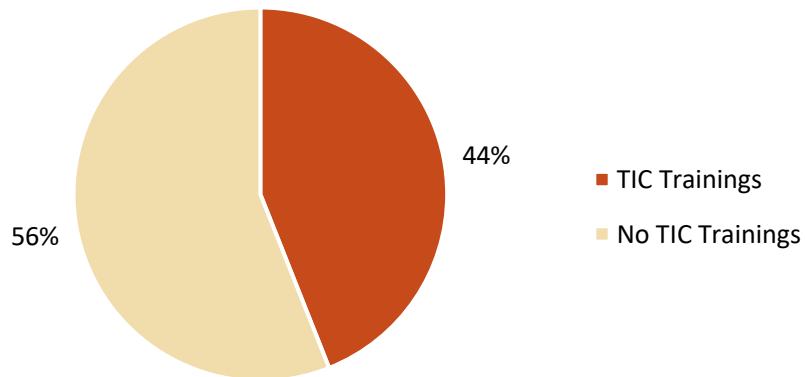
EDUCATION AND OUTREACH

Figure 9. Percentage of DVP Projects Incorporating Trauma Informed Care Elements into Project Activities by Element and Purpose Area, 2018-2019*



*Projects were able to select multiple types

Figure 10. Percentage of DVP Projects Providing Trauma Informed Care Trainings During the Reporting Period, 2018-2019



A total of **138** Trauma Informed Care trainings were provided by DVP projects, and a total of **2,108** health professionals were trained in Trauma Informed Care.

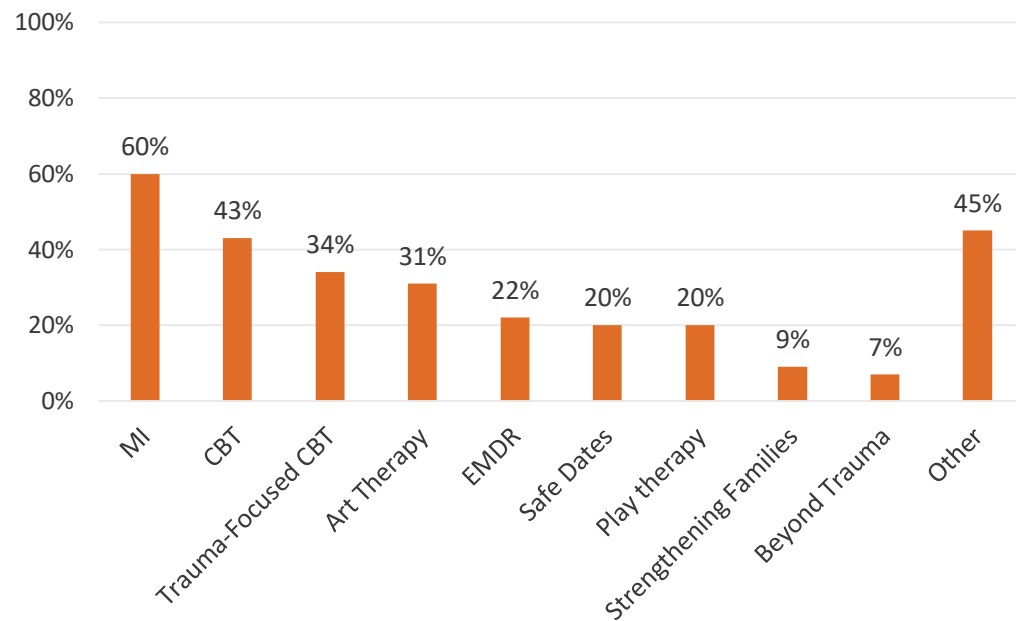
Types of professionals trained included*:

- General medical providers
- Nurses (Registered Nurses, Licensed Practical Nurses)
- Sexual assault examiners
- Social workers
- CHAP
- Health workers
- First responders
- Law enforcement
- Advocates
- Counselors
- Case managers

**Types of professional trained reported by Purpose Area 2 programs only*

EVIDENCE-BASED PRACTICES

Figure 11. Percentage of DVP Projects Utilizing Evidence-Based Practices by Type of Evidence-Based Practice, 2018-2019*



*Projects can select multiple types.

As demonstrated in [Figure 12](#), the most common Evidence-Based Practices (EBP) that DVP projects are utilizing include Motivational Interviewing (60%), Cognitive Behavioral Therapy (43%), and Trauma-Focused Cognitive Behavioral Therapy (34%). Most projects (80.5%) are utilizing at least one EBP.

“Other” evidence-based practices that DVP projects are utilizing include: American Indian Life Skills; Circles of Security Parenting; Culturally relevant activities; Dangerous checklist; Power and Control wheel; Dialectical behavioral therapy; internal family systems therapy; Promoting safety; Self-care; Family Spirit; Healthy relationships; Anger management; Kids club program; Matrix model; Mental Health First Aid; QPR; Too Good for Drugs/Too Good for Violence Program; Girl’s circle curriculum; Positive Indian Parenting; Respecting Circle of Life; SELF; TREM; Military Sexual Assault Curriculum; NATIVE STAND; STAIR; and Walk in Her Shoes Activity.

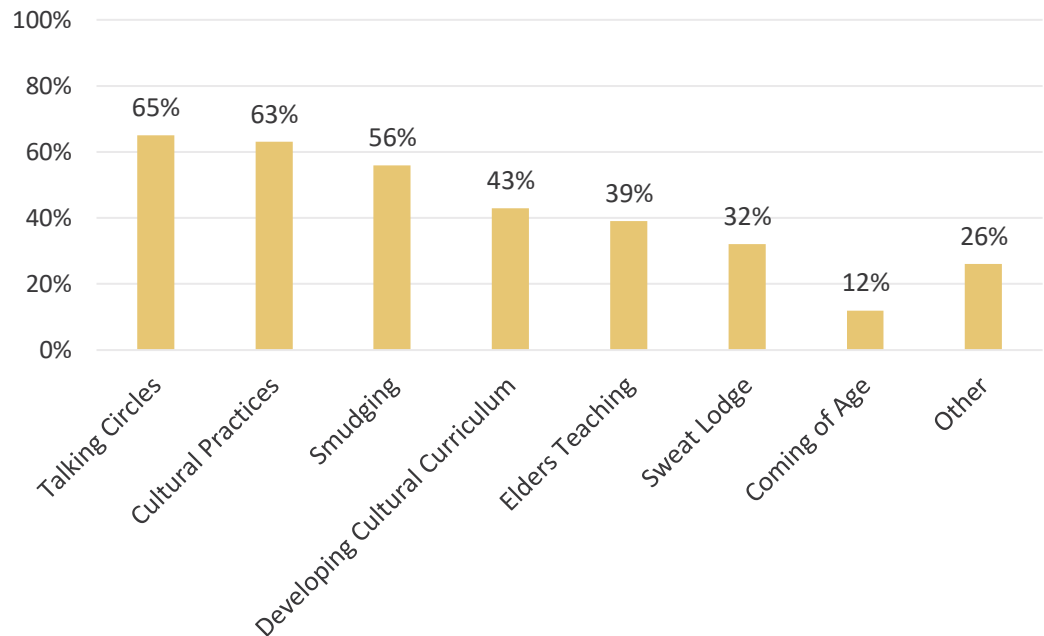
KEY:

CBT = Cognitive Behavioral Therapy

EMDR = Eye Movement Desensitization and Reprocessing

MI = Motivational Interviewing

Figure 12. Percentage of DVP Projects Utilizing Practice-Based Practices by Type of Practice-Based Practice, 2018-2019*



*Projects were able to select multiple types.

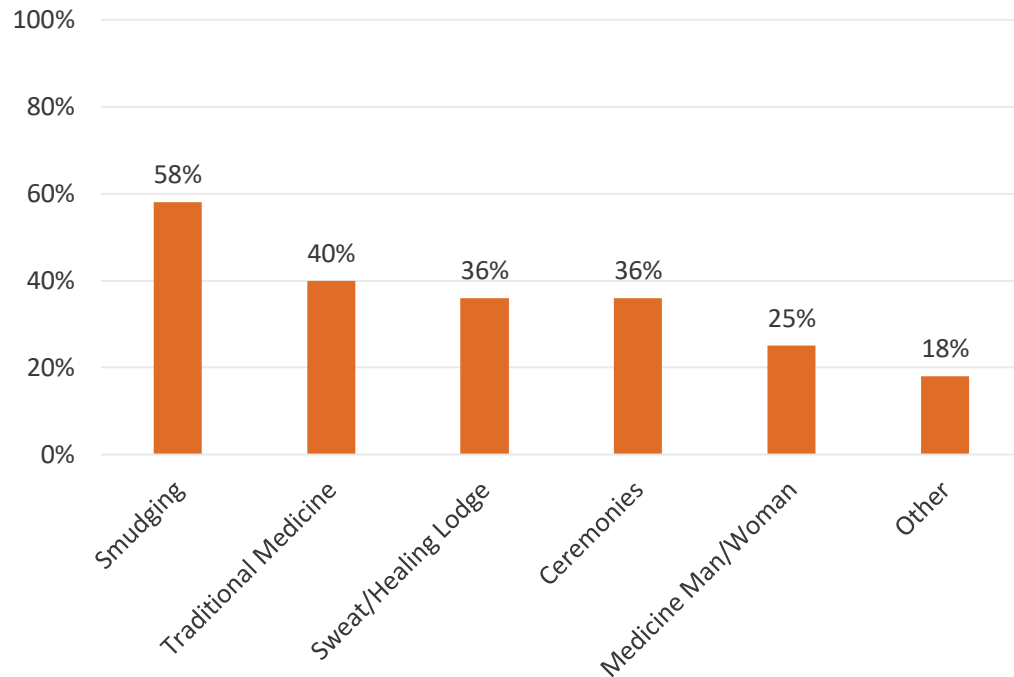
As demonstrated in [Figure 13](#), the most common Practice-Based Practices that DVP projects are utilizing include Talking Circles (65%), cultural practices (i.e., beading, drumming, etc.) (63%), and smudging (56%).

“Other” practice-based practices DVP projects are utilizing include: traditional ceremonies; safety room during conferences; cooking of traditional foods; Native life skills (e.g. baking, food preparation, and handling); beading; leathercraft; historical trauma; healing through arts and crafts; martial arts; Native community garden; after school clubhouse; Native Wellness model; Sacred Shawl Society; meditation; yoga; Men’s traditional roles; support groups; and community referrals.

Some DVP projects also make adaptations to evidence-based practices to better fit the community’s needs, including making them culturally relevant; adding local cultural adaptations including smudging before each group meeting, language, and clans; using culturally appropriate objects for play and art therapy; collaboration with tribal government and staff; providing transportation; using local activities; translating practices in local language; referrals; providing traditional healing depending on individual needs; community events; consultation with local traditional knowledge keepers and tribal leaders; continually assessing service area needs; ensuring staff are trained in cultural interventions; storytelling; sharing personal experiences; trauma-informed care; and adapting curricula according to community and individual needs.

ADDITIONAL APPROACHES TO SERVICE DELIVERY

Figure 13. Percentage of DVP Projects Providing Cultural Interventions by Traditional Healers, by Intervention Type, 2018-2019*



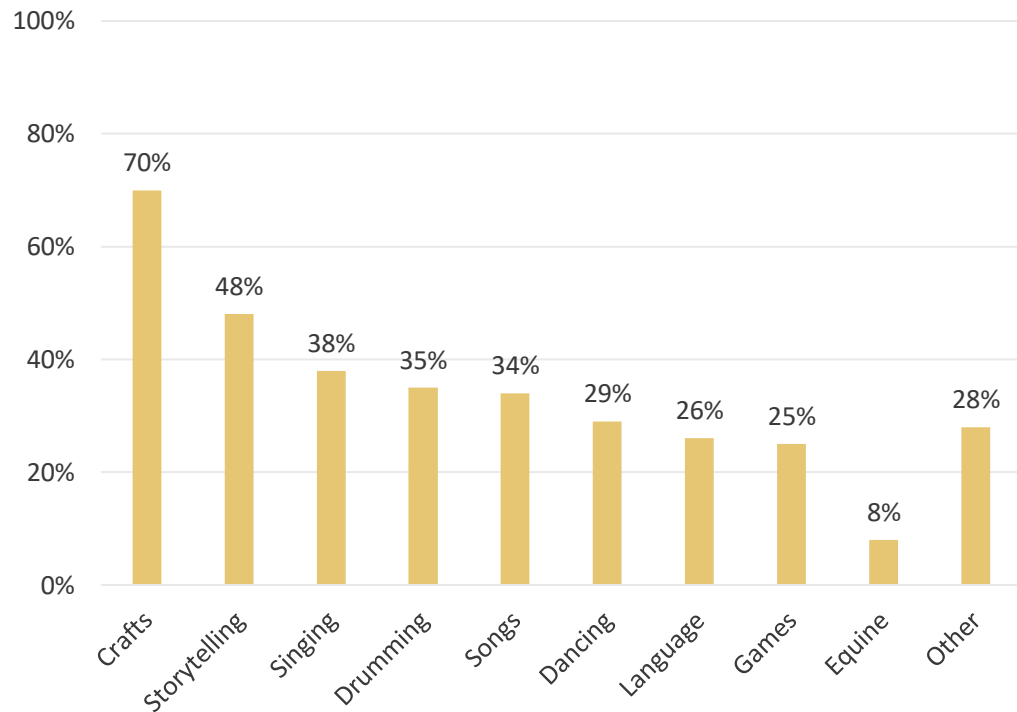
*Projects were able to select multiple types.

The most common cultural interventions by traditional healers that DVP projects provide include smudging (58%), traditional medicine (40%), and sweat/healing lodge (36%).

“Other” cultural interventions by traditional healers that DVP projects provide include: referral to other programs; cultural seminar groups; culturally appropriate experiential education; massage; hiring staff with significant personal and cultural experience; and women gathering activities (e.g., child rearing, recipes, tribal politics, and traditional storytelling).

Overall, about 85% (85.4%, n=70/82) of DVP projects provide at least one of these cultural interventions by traditional healers.

Figure 14. Percentage of DVP Projects Providing Cultural Services by Service Type, 2018-2019



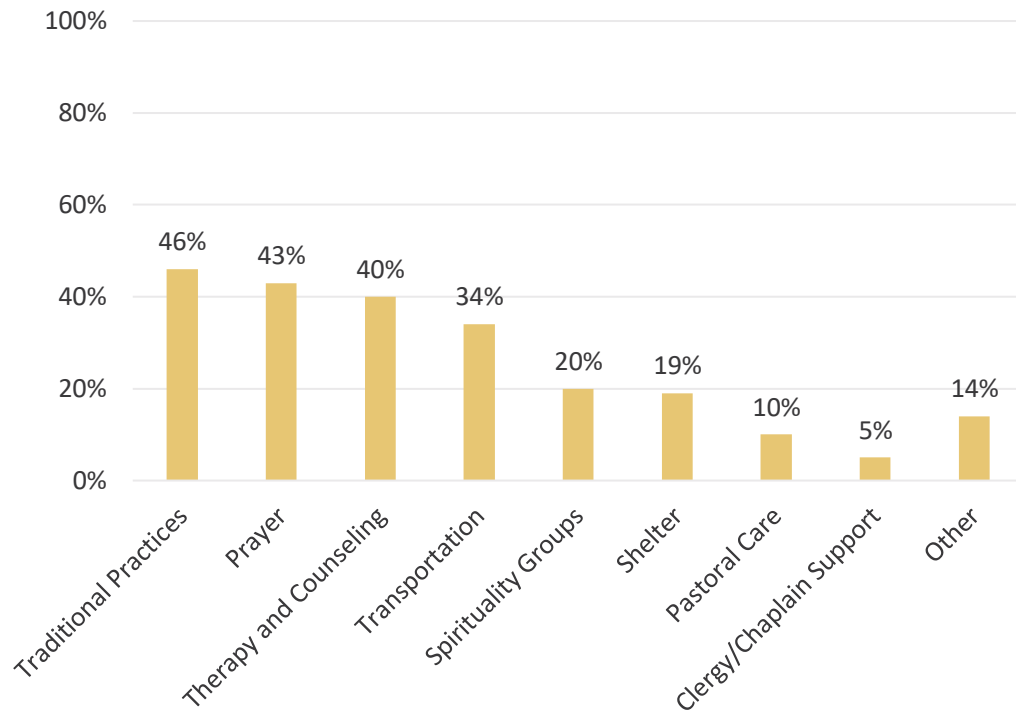
**Projects were able to select multiple types.*

As evidenced in [Figure 15](#), the most common cultural services that DVP projects are providing include crafts (70%) and storytelling (48%).

“Other” cultural services that projects are providing include: Canoe journey; client-centered approaches; talking circles; elder guidance and knowledge; human kindness; referrals; regalia making; Sacred Shawl Society; RezRIDERS program; sweat lodges; herbal and traditional medicine offerings (e.g. cedar, sage, sweet grass); Mending Broken Hearts; Four Directions Healing Walk; 12 Step Medicine Wheel; community garden; and Indigenous foods challenges.

Overall, the vast majority of DVP projects provide at least one of these cultural services (81.7%, n=67/82).

Figure 15. Percentage of DVP Projects Providing Faith-Based Services by Service Type, 2018-2019

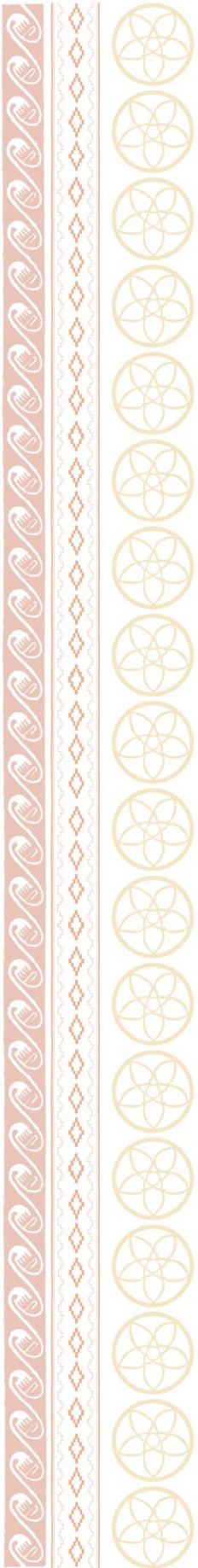


**Projects were able to select multiple types.*

As evidenced in [Figure 16](#), the most common faith-based services that DVP projects are providing include traditional practices (46%) and prayer (43%).

“Other” faith-based services that projects provide include: referral to traditional practitioners; individualized care; Red Road to Sobriety; and self-care.

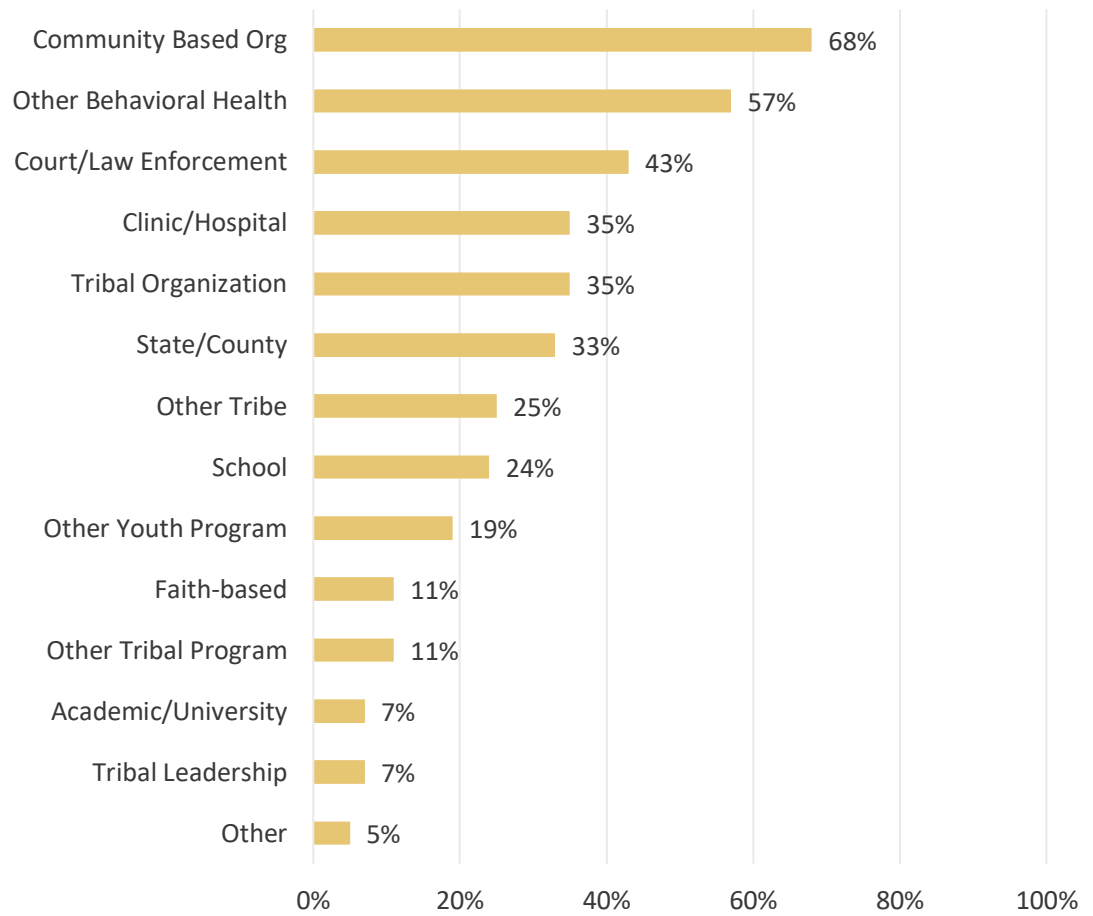
Overall, the majority of DVP projects are providing at least one of these faith-based services (73.2%, n=60/82).



SECTION 3: PROJECT OPERATIONS

PARTNERSHIPS

Figure 16. Most Common Types of Partnering Entities among DVP Projects 2018-2019*

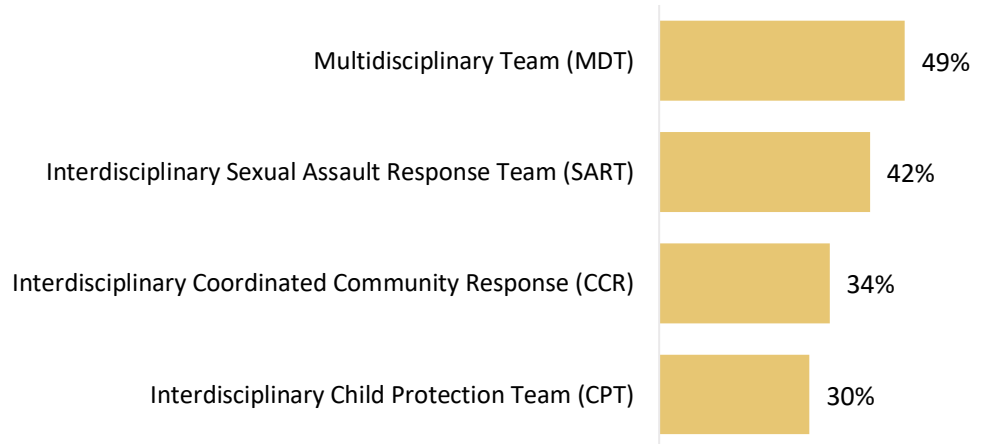


*Projects were able to select multiple partner types.

Table 1. Number of Partners among DVP Projects, 2018-2019

	N
Total Partners (All Projects)	632
Average per project	7.7
Range	0 – 81

Figure 17. Percent of DVP Projects Participating in Project Teams* by Team Type, 2018-2019



**Projects could participate in more than one type of team*

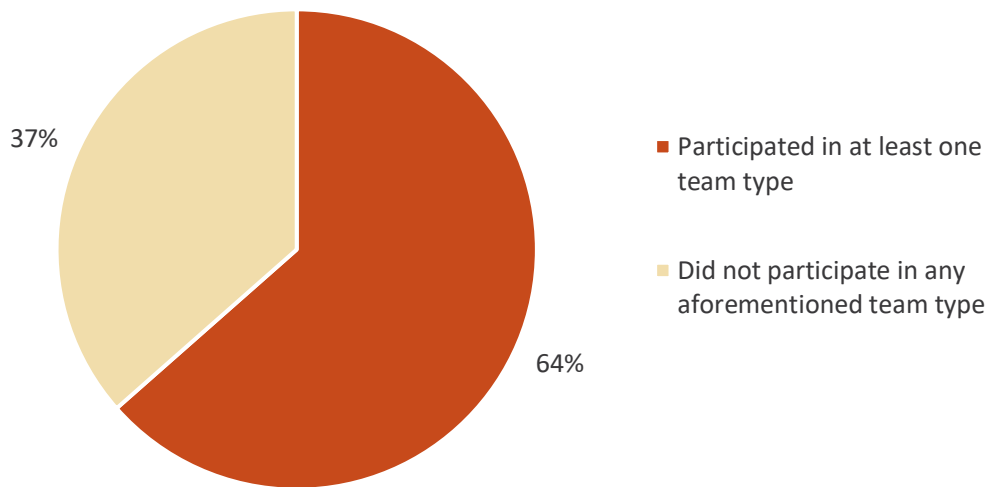


Figure 18. Number of Cases Reported by DVP Projects to Law Enforcement with or without an Evidence Collection Kit, 2018-2019

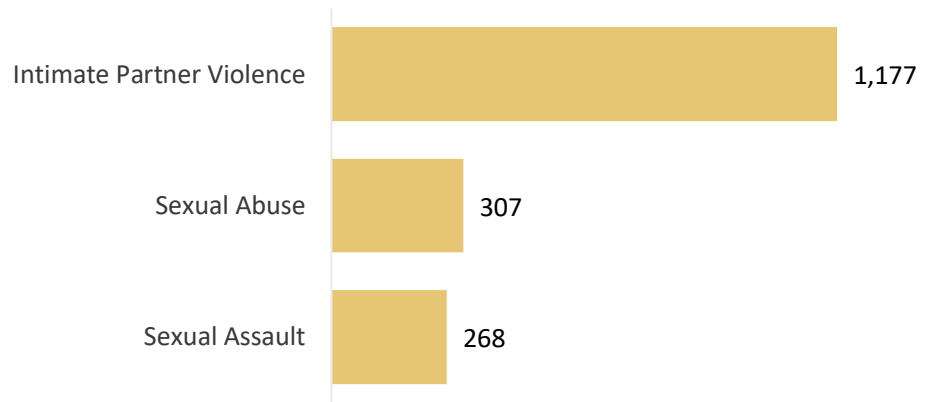
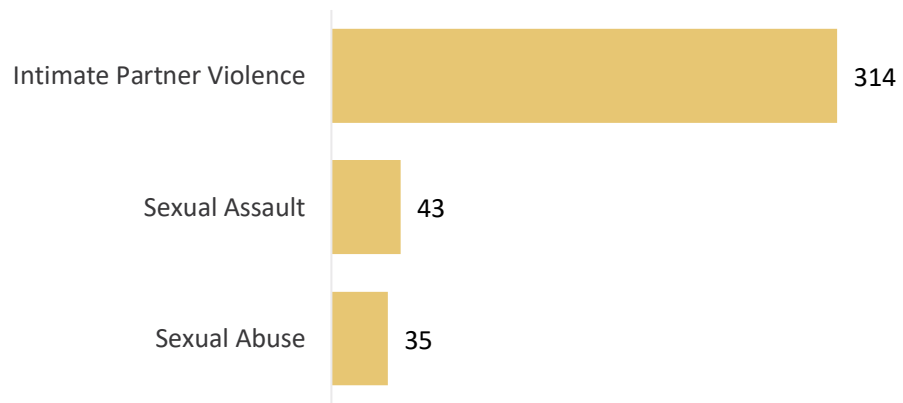
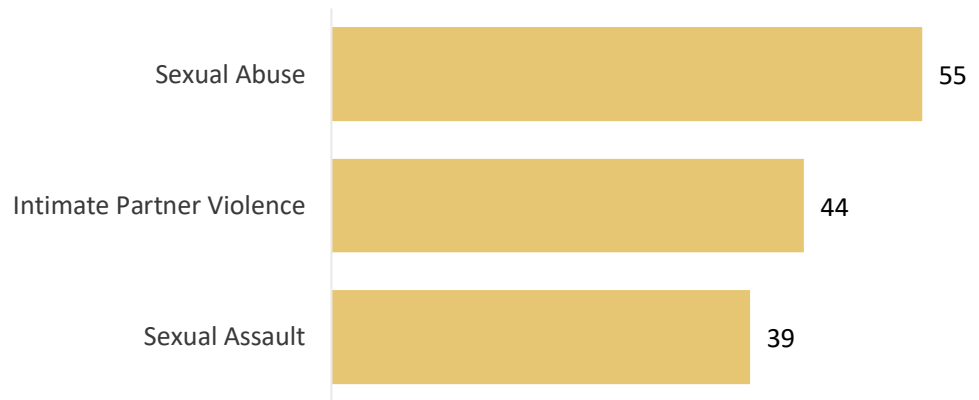


Figure 19. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Projects, 2018-2019



**Prosecutions may relate to cases reported in previous years.*

Figure 20. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Projects, 2018-2019



*Prosecutions may relate to cases reported in previous years.

STAFFING

Figure 21. Percentage of DVP Projects Experiencing Staff Turnover During the Reporting Period, 2018-2019

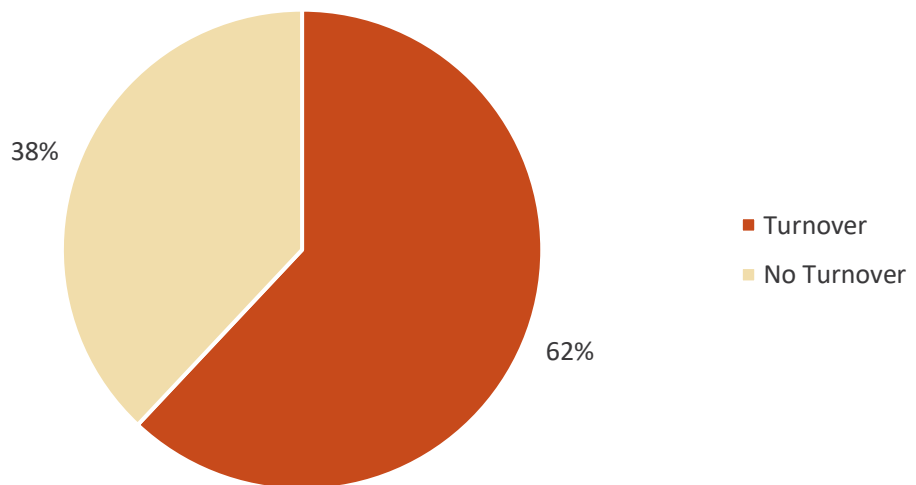


Figure 22. Percentage of DVP Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2018-2019

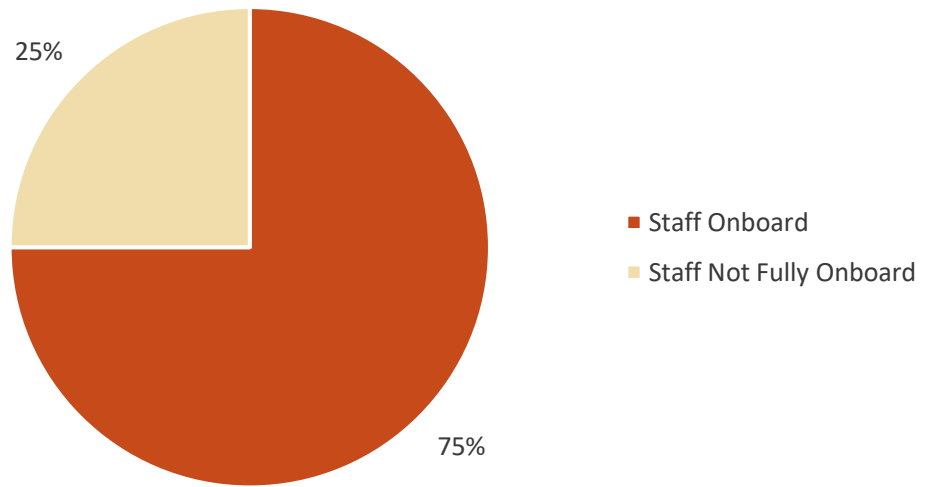
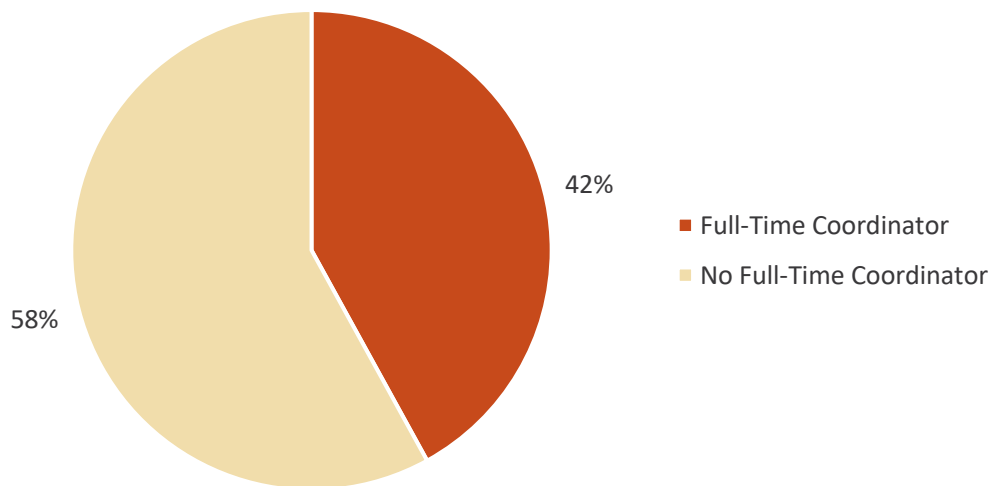


Figure 23. Percentage of DVP Projects with a Full-Time Project Coordinator, 2018-2019



TYPES OF DVP STAFF THAT DEPARTED PROJECT

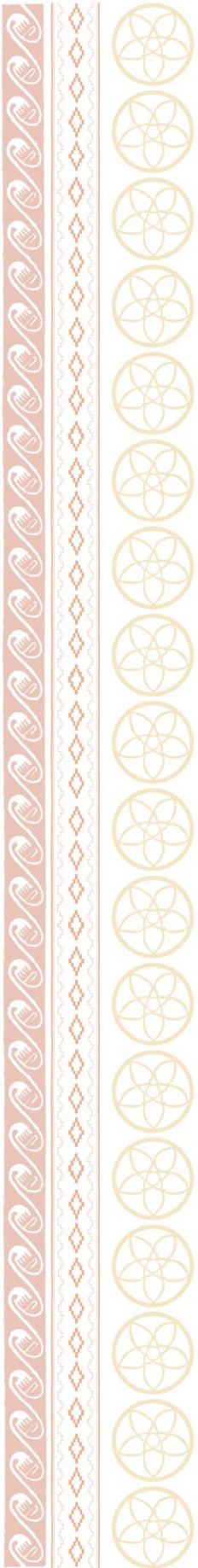
- Project director
- Program manager
- Legal advocate
- Authorizing official
- Administrative assistant
- Domestic violence advocate coordinator
- DVPP program coordinator
- Case manager
- Chief Administrative Officer (CEO)
- Counseling staff
- Outpatient therapist
- Psychologists
- Psychiatrists
- Sexual assault nurse examiner
- Program evaluator
- Substance abuse counselor
- Health technician
- Mental health liaison
- Prevention specialist
- Training and outreach specialist

REASONS GIVEN FOR DVP STAFF TURNOVER

- Uncertainty of grant position
- Dissatisfaction with job duties and responsibilities
- Job had a low salary
- Personnel issues
- Transferred to another department within the tribe
- Termination
- Performance issues
- Relocated
- Resigned
- Retired
- Government shutdown
- Family reasons
- Alternative job opportunities
- Pursuing advanced degree
- Career progression

IMPACT OF DVP STAFF CHANGES REPORTED BY PROJECTS

- Delayed activities
- Key activities not being completed
- Negatively impacted day-to-day activities
- Lack of direct patient care
- Staff workload increased
- Community needs are not being met
- Negatively affecting relationships
- Difficulties transferring job duties to other staff after individual abruptly left
- Lack of qualifications and training for interim staff who tried to take over new job duties
- Lack of communication
- Challenges to coordinate events
- No overall impact
- Unable to spend down project budget.

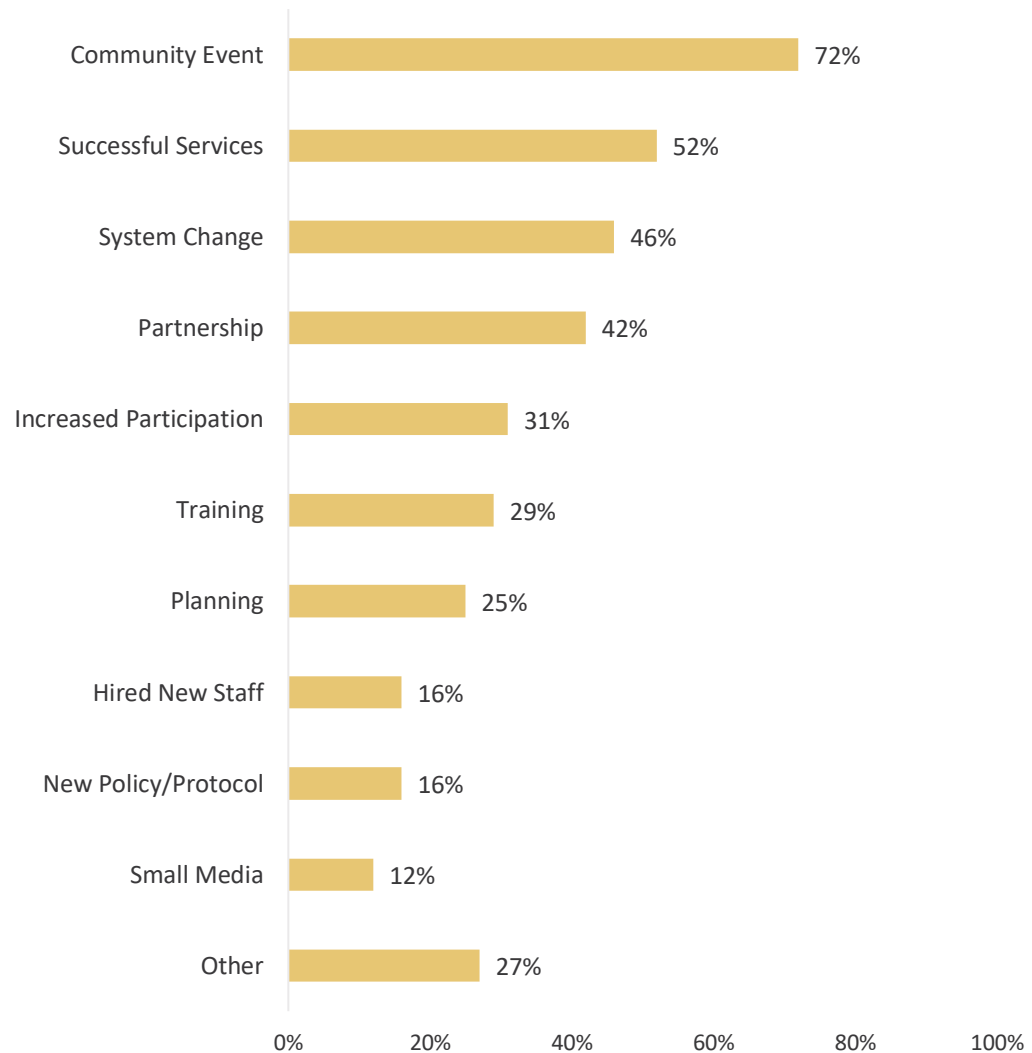


SECTION 4: PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 24. Percentage of DVP Projects Reporting Various Accomplishments in 2018-2019, by Accomplishment Category



As evidenced in [Figure 25](#), the most common DVP project accomplishments in project year 4 include: hosting successful community events (72%), successful service delivery (52%), and system change (46%). See next page of this report for definitions and examples for each accomplishment category.

Note: These data were gathered through project narratives. There were no limits on the number or type of accomplishments each project could report.

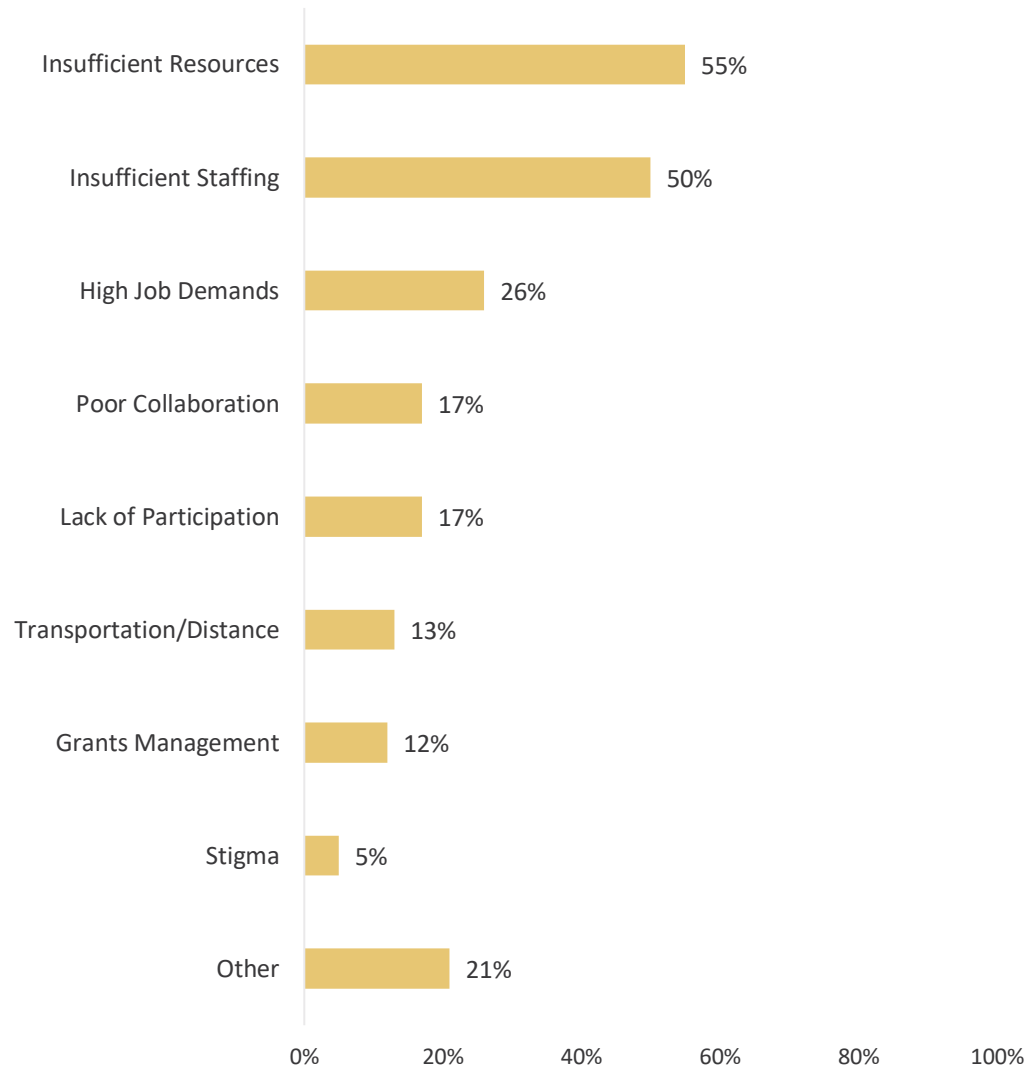
Table 2. DVP Project Accomplishment Category Definitions

CATEGORY	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, other tribal agencies/departments, and external partners (non-profit organizations, referral sites, universities, churches, and shelters).
SUCCESSFUL EVENT	Project has listed at least one community event sponsored by the DVP project as a success during the reporting period. Common community event types included: school education events (healthy relationships, bullying, prevention, and safety planning), health fairs, community presentations/workshops, camps, community training, and fun runs/walks.
SERVICE DELIVERY	Project has identified the access to and delivery of services to clients as a key accomplishment during the reporting period, such as case management, forensic care, victim advocacy, trauma-informed care, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices, extended hours, aftercare/follow-up, new/expanded counselling and case management services, expanded referral networks, classes (self-defense, parenting, self-care, stress management, art therapy), emergency assistance, i.e., providing temporary lodging, food, clothing and essentials to DV victims and their families.
STAFF TRAINING	At least one project staff member attended at least one domestic violence related training, conference or workshop during the reporting period. Common training topics included: domestic violence, sexual assault, healthy parenting, motivational interviewing, sexual assault examiner training, sex trafficking, pediatric sexual abuse, and sexual assault response team training.

INCREASED PARTICIPATION	Project has noted an increase in community participation in DVP sponsored activities and/or an increase in referrals to its services.
NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its DVP project during the reporting period.
SMALL MEDIA	Project has implemented a small media-related activity during the reporting period. Examples include billboards, public service announcements (PSAs), brochures, newsletters, handouts, digital stories, and social media (e.g., Facebook).
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new or updated policy or protocol related to domestic violence prevention during the reporting period. Examples include updated domestic violence policy, tribal code for domestic violence, multidisciplinary strangulation guidelines (protocol), sexual assault response protocol, updated system intake, and new IPV screening protocol.
PLANNING	Project planning activities were identified as a key accomplishment during this reporting period.
OTHER	The other category included unique successes reported by two or fewer DVP projects during the reporting period. These included: reached project goals of seeing 800+ domestic violence or sexual assault patient; increased care coordination for patients; increased 24/7 forensic nurse services; increased number and frequency of partnership meetings; community outreach; established working group and collaboration; increased community awareness of program.

PROJECT CHALLENGES

Figure 25. Percentage of DVP Projects Reporting Various Challenges/Barriers in 2018-2019, by Challenge/Barrier Category

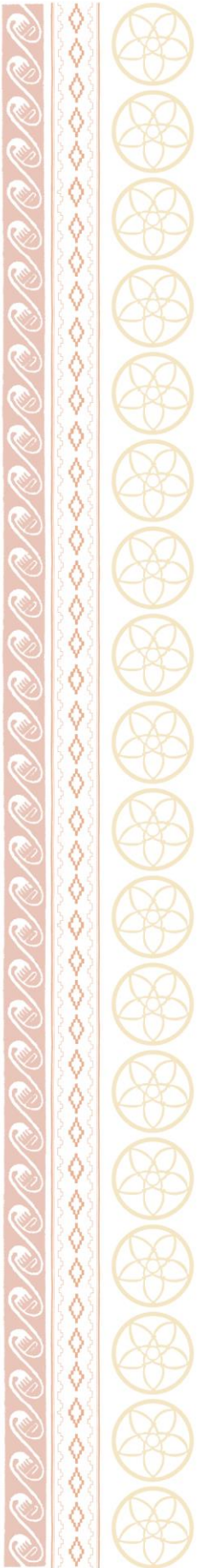


As evidenced in [Figure 26](#), the most common DVP project challenges/barriers include: insufficient resources (55%) and insufficient staffing (50%). See the next page of this report for definitions and examples for each barrier/challenge category.

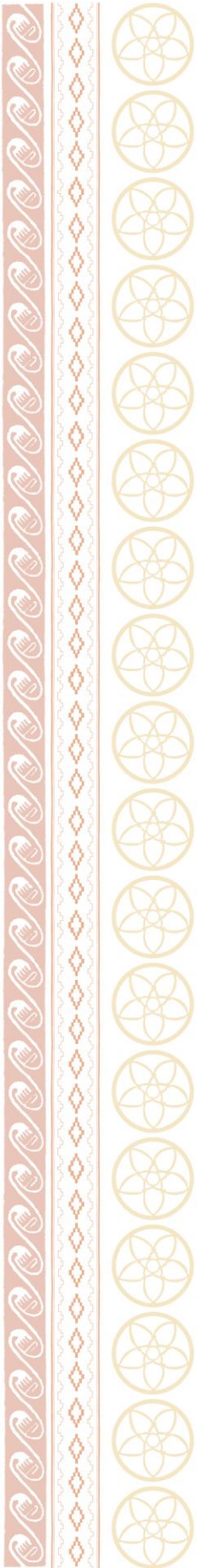
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 3. DVP Project Barrier/Challenge Category Definitions

CATEGORY	DEFINITION
INSUFFICIENT STAFFING	Project identified a lack of staff within its DVP project as a barrier during this reporting period. This barrier included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants (education, certifications, AI/AN), and understaffing, where existing staff are burdened with excessive job duties due to insufficient staffing.
INADEQUATE RESOURCES	Project cited a lack of funding or poor local infrastructure as barriers to meet high local demand for services and activities. This category also included a lack of shelters, safe houses or transitional housing as well as insufficient legal resources and law enforcement.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most common entities cited as collaboration challenges included schools, law enforcement, and IHS clinics/hospitals.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
HIGH DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompass competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeds local capacity.
TRANSPORTATION/ DISTANCE	Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.
GRANTS MANAGEMENT	Project noted challenges with grants management including local bureaucracies, new directives from tribal administration, long delays in securing procurement and contract approval, poor record keeping, and challenges in procuring needed equipment and training.



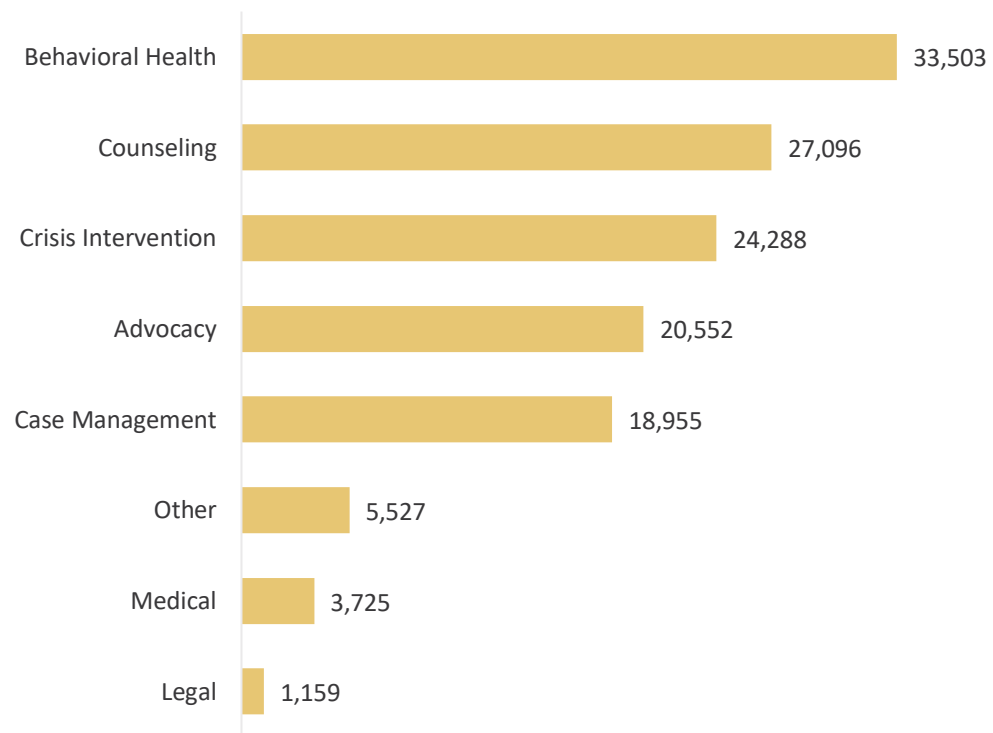
<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of domestic violence and/or sexual abuse issues among community members as a project barrier. In some instances, projects noted that stigma also limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique barriers reported by two or fewer DVP projects during the reporting period. These included: scheduling conflicts with traditional calendar; bureaucratic processes in acquisitions and human resources limits efficiency of domestic violence response; wait-list for psychotherapy is long; limited agency space; identifying individuals in need of domestic violence services; did not obtain accreditation; program restructuring; shelter/housing for clients; displacement due to an earthquake; care coordination; barriers to reporting and issues with law enforcement; need more community awareness; challenges with integrating culturally sensitive forensic services; and socioeconomic challenges.</p>



**SECTION 5:
DVP PURPOSE AREA 1 DATA ONLY**

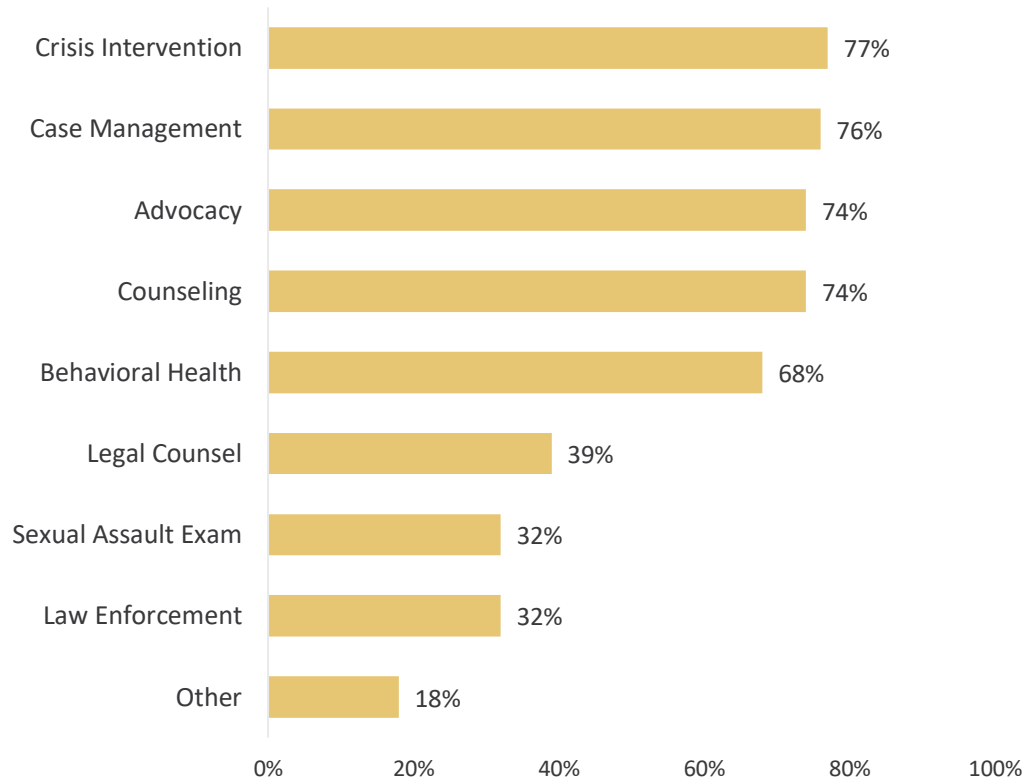
OBJECTIVE 1: EXPANSION OF SERVICES

Figure 26. Number of Individuals Served by DVP Purpose Area 1 Projects by Service Type, 2018-2019



Responses in the “other” category include traditional healing, screening, counseling services, housing assistance, shelter placement, law enforcement, support groups, cultural activities, referrals to Child Protective Services, transportation, substance abuse program, employment counseling/job training, financial counseling.

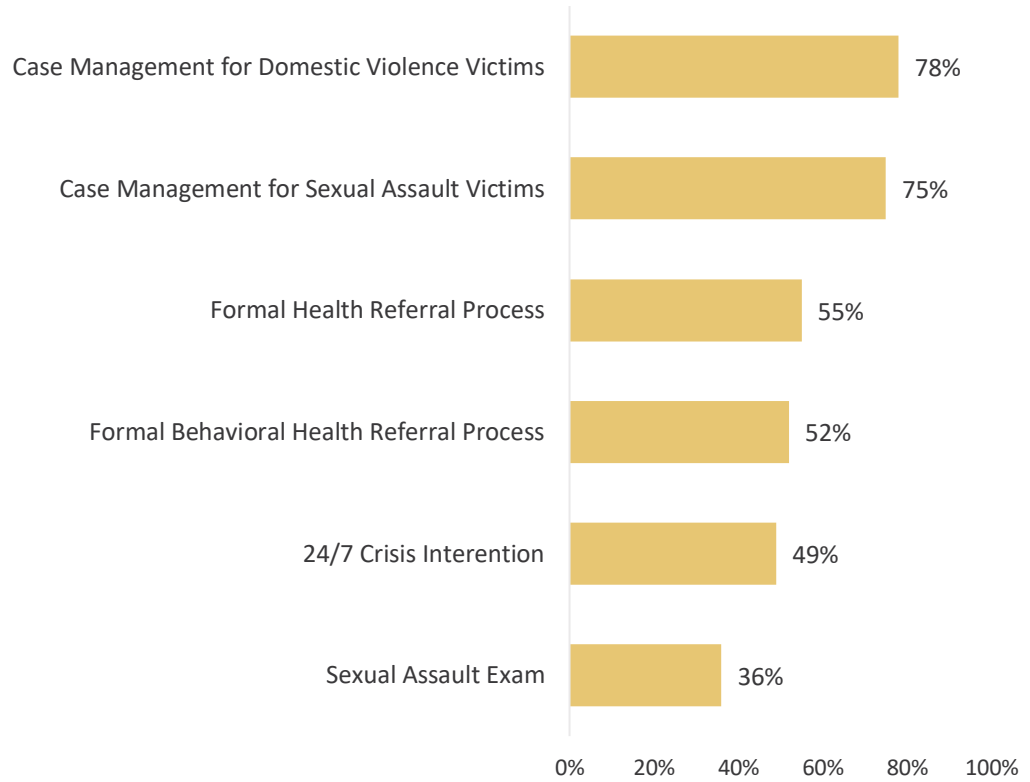
Figure 27. Percentage of DVP Purpose Area 1 Projects that Enhanced Services in 2018-2019, by Service Type Enhanced*



*Projects were able to select all that apply.

Responses in the “other” category include enhancements in traditional healing, cultural crisis intervention, support groups, shelter placement, employment counseling, financial counseling, transportation, housing/rental/utility assistance, and emergency childcare assistance.

Figure 28. Percentage of DVP Purpose Area 1 Projects Providing Various Services in 2018-2019, by Service Type*



*Projects were able to select all that apply.

Table 4. Number of Incidents Reported to External Agencies among DVP Purpose Area 1 Projects Only, 2018-2019

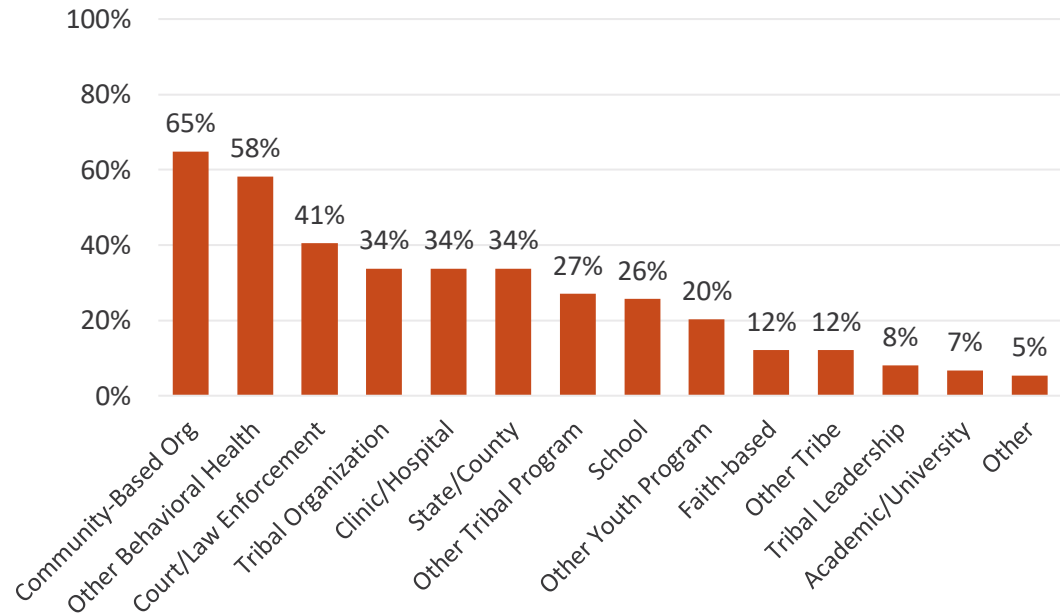
	N
Incidents Reported to Law Enforcement Agencies due to Domestic Violence	1,436
Incidents Reported to Child Protection Agencies due to Domestic Violence	844
Incidents Reported to Child Protection Agencies due to Sexual Assault	265

Table 5. Number of Individuals Receiving Project Services from DVP Purpose Area 1 Projects by Incident Type, 2018-2019

	N
Individuals Reporting Sexual Assault	657
Individuals Reporting Strangulation	289
Individuals Reporting Human Trafficking	63

OBJECTIVE 2: PARTNERSHIPS

Figure 29. Most Common Types of Partners among DVP Purpose Area 1 Projects, 2018-2019*



*Projects were able to select multiple types.

Table 6. Number of New and Enhanced Memoranda of Agreement (MOAs) among DVP Purpose Area 1 Projects, 2018-2019

	N
Total New Memoranda of Agreement (MOAs)	54
Total Enhanced Memoranda of Agreement (MOAs)	56

Figure 30. Percent of DVP Purpose Area 1 Projects Participating in Project Teams* by Team Type, 2018-2019

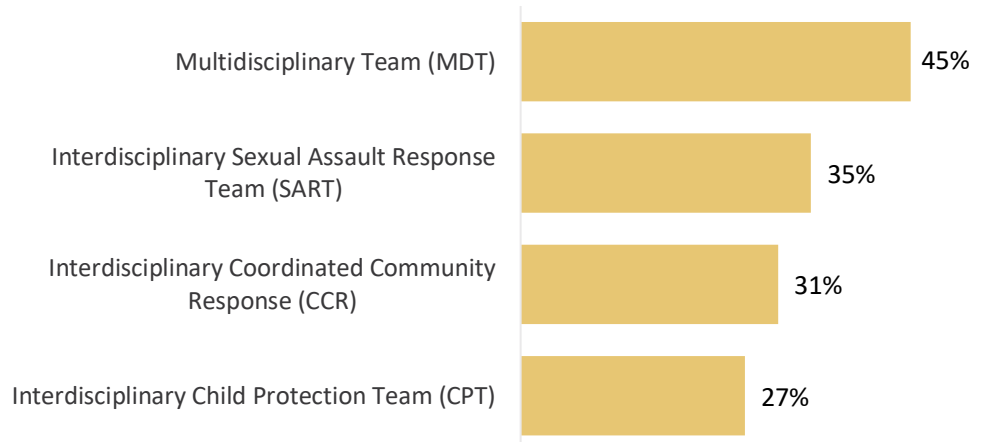


Figure 31. Number of Cases Reported to Law Enforcement (with or without an Evidence Collection Kit) by DVP Purpose Area 1 Projects, 2018-2019

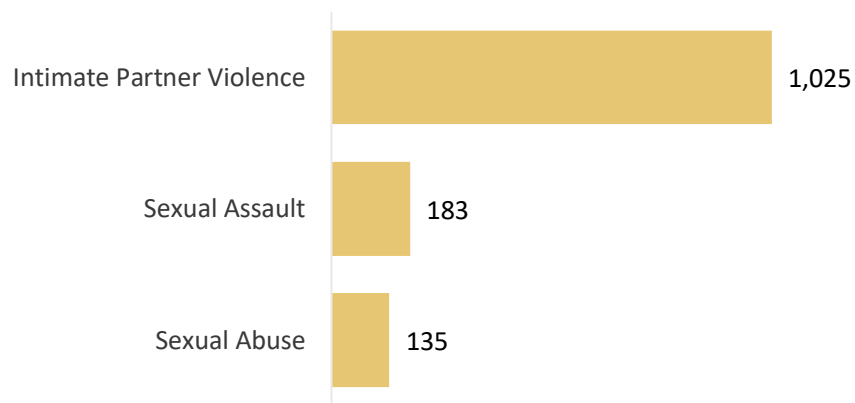
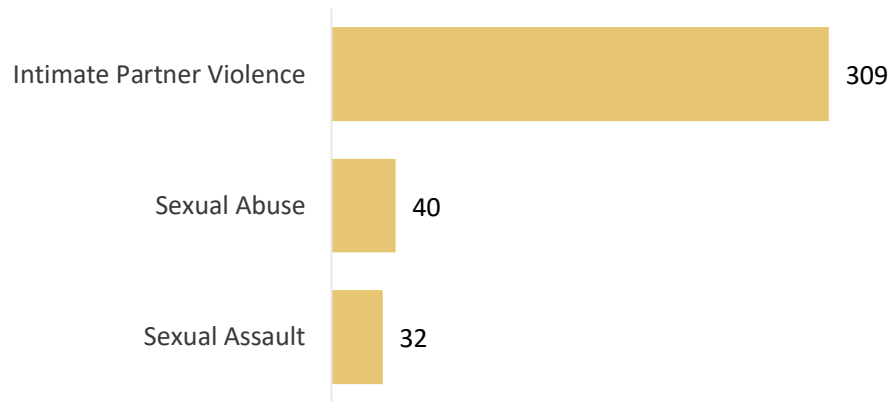
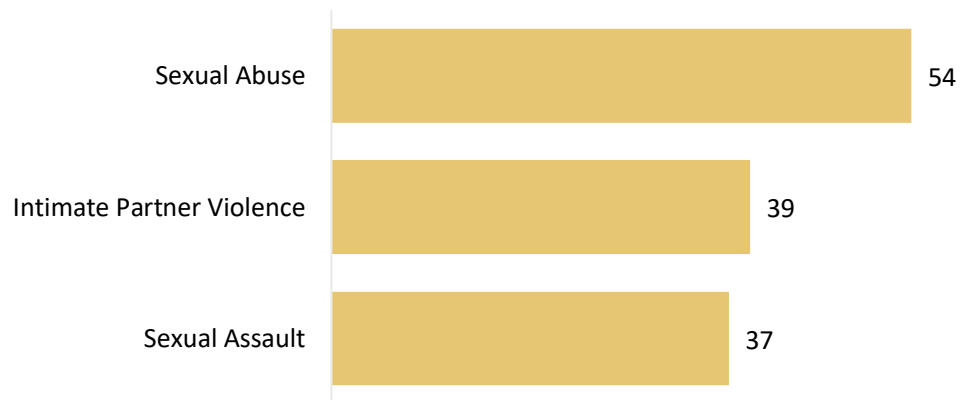


Figure 32. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction Reported by DVP Purpose Area 1 Projects, 2018-2019



**Prosecutions may relate to cases reported in previous years.*

Figure 33. Number of Cases Declined for Investigation or Prosecution* Reported by DVP Purpose Area 1 Projects, 2018-2019



**Prosecutions may relate to cases reported in previous years.*

OBJECTIVE 3: TRAININGS

Figure 34. Number of Trainings Provided by DVP Purpose Area 1 Projects in 2018-2019, by Training Topic

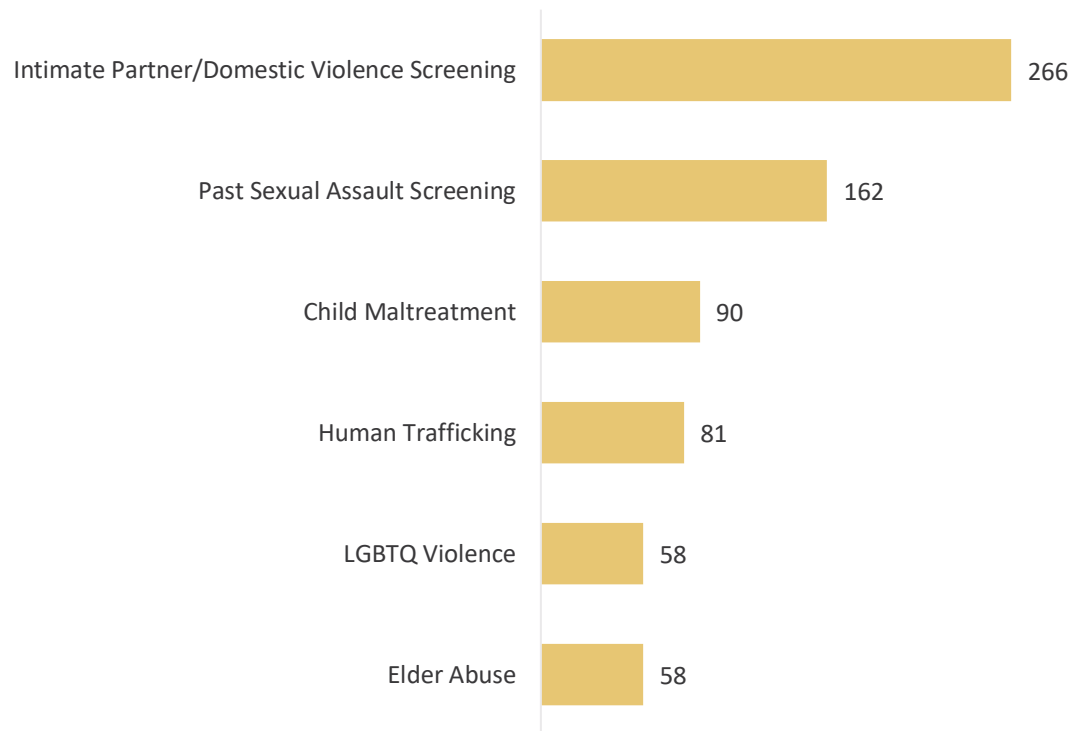


Figure 35. Number of Health Service Providers Trained by DVP Purpose Area 1 Projects in 2018-2019, by Training Topic

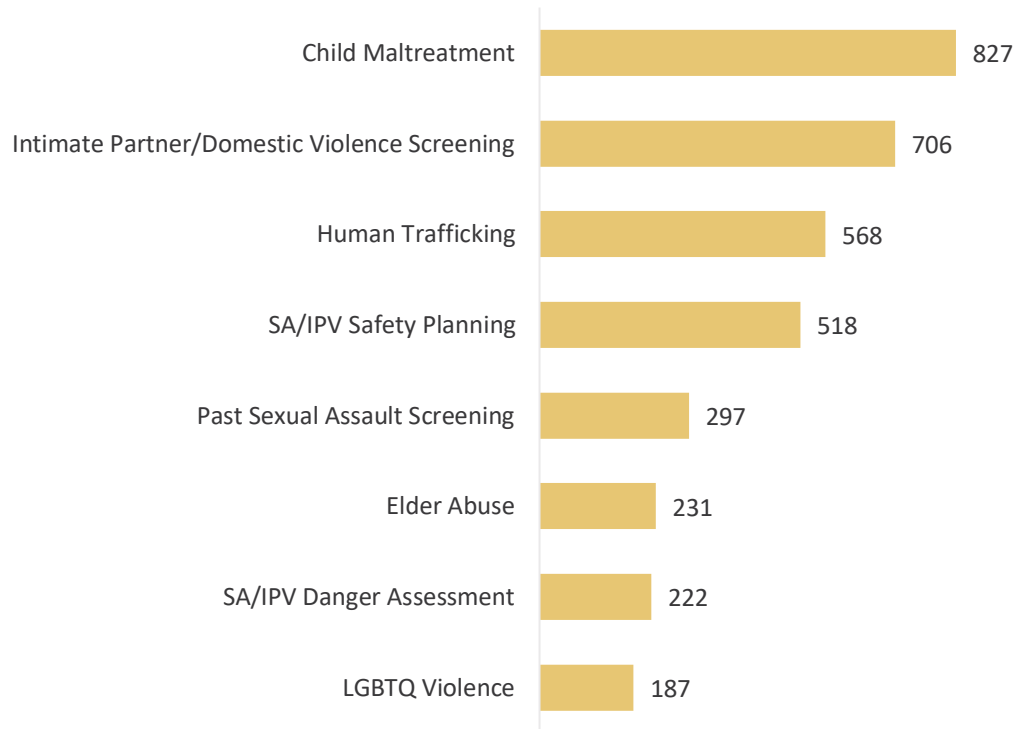
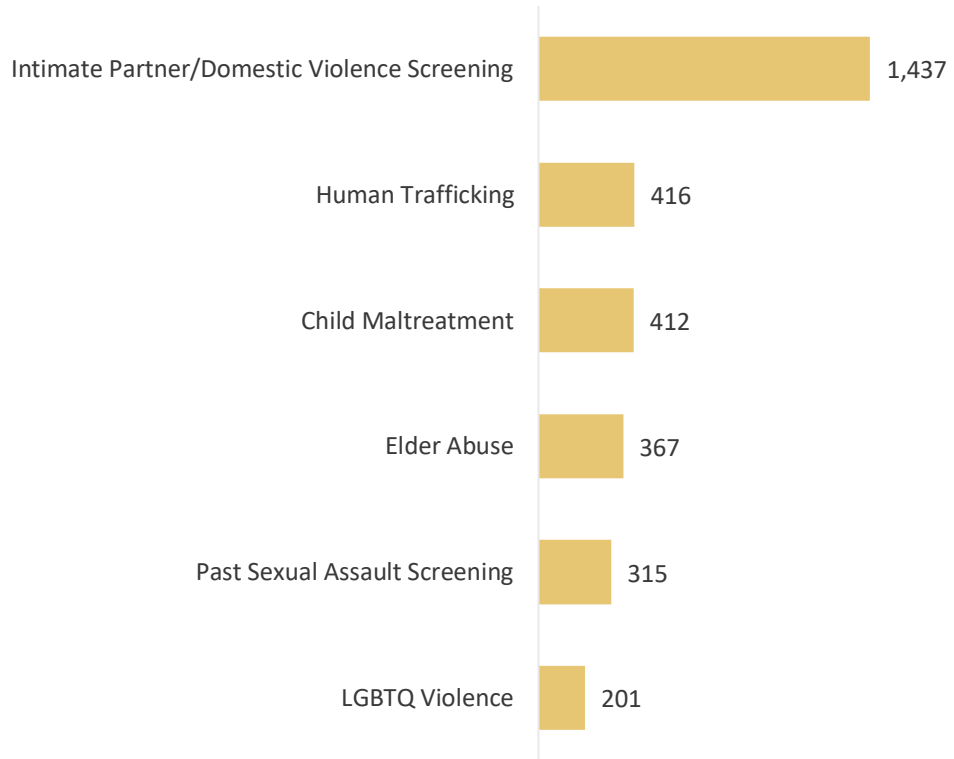


Figure 36. Number of Non-Medical Service Providers (i.e., Law Enforcement Advocates, Attorneys, etc.) Trained by DVP Purpose Area 1 Projects in 2018-2019, by Training Topic



OBJECTIVE 4: COMMUNITY EDUCATION

COMMUNITY EDUCATION EVENTS

In 2018-2019, DVP Purpose Area 1 projects provided **693** community education events for adults and **901** community education events for youth.

Across all Purpose Area 1 projects, **738** community trainings focused on domestic and sexual violence topics.

A total of **15,945** community members were trained.

SOCIAL MEDIA

In 2018-2019, DVP Purpose Area 1 projects had a total of **431,411** social media encounters. They made a total of **3,446** social media posts about domestic violence and sexual violence prevention, and produced **169** radio, TV, and/or billboard ads about domestic violence and sexual violence.

Social media and other media platforms used by DVP Purpose Area 1 projects included:

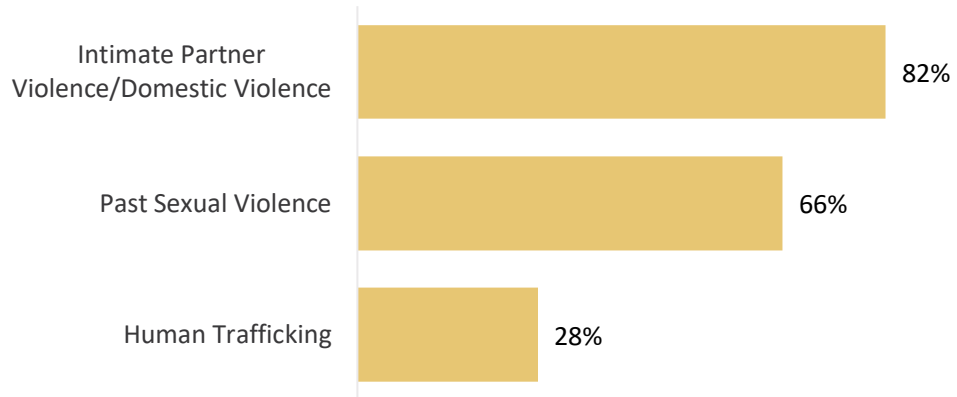
- Facebook
- Instagram
- Twitter
- YouTube
- Newsletters
- Website
- Listserv
- Local radio station
- Signage/posters/flyers/billboards
- Local newspaper

Hard to reach groups reported by various DVP Purpose Area 1 projects in 2018-2019 include the following: children (age 12 and under); young adult population (ages between 18-24); male sexual abuse survivors; perpetrators/sex offenders/batterers; special needs individuals; LGBTQ communities; elders; detention center individuals; incarcerated individuals; physically and/or mentally challenged; those who do not attend community events; and victims of human trafficking.

OBJECTIVE 5: ORGANIZATIONAL IMPROVEMENTS

ADULT SCREENINGS

Figure 37. Percentage of DVP Purpose Area 1 Projects Providing Adult Screenings by Screening Type, 2018-2019



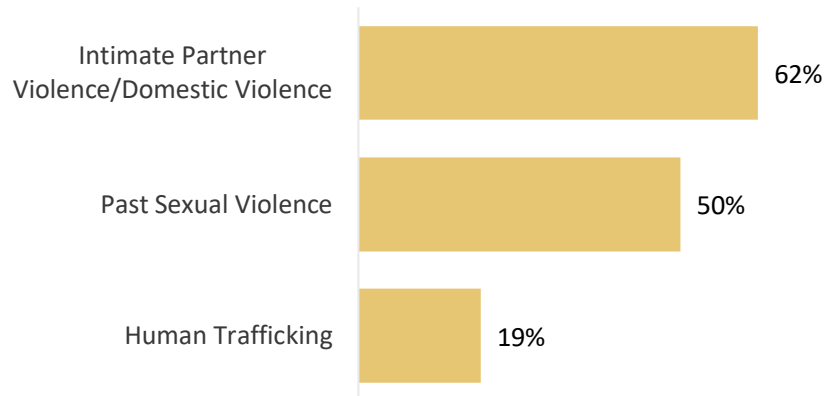
*Projects were able to select all that apply.

Table 7. Number of Adults Screened by DVP Purpose Area 1 Projects by Screening Type, 2018-2019

	N
Intimate Partner Violence/Domestic Violence	48,993
Past Sexual Assault	17,018
Human Trafficking	2,777

ADOLESCENT SCREENINGS

Figure 38. Percentage of DVP Purpose Area 1 Projects Providing Adolescent Screenings by Screening Type, 2018-2019



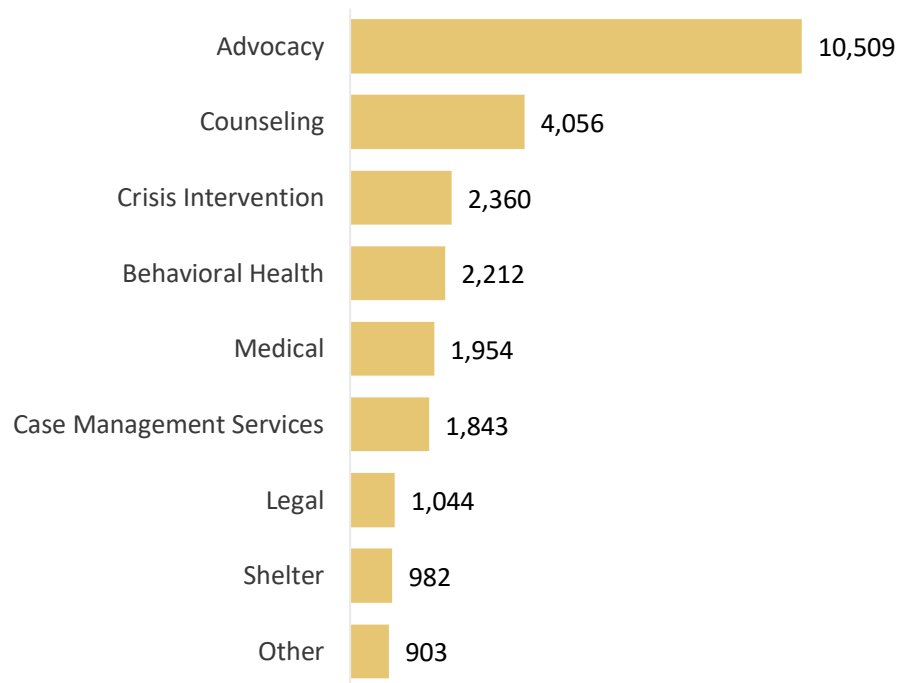
*Projects were able to select all that apply.

Table 8. Number of Adolescents Screened by DVP Purpose Area 1 Projects by Screening Type, 2018-2019

	N
Intimate Partner Violence/Domestic Violence	22,147
Past Sexual Assault	1,612
Human Trafficking	366

REFERRALS

Figure 39. Number of Referrals Completed by DVP Purpose Area 1 Projects by Type, 2018-2019

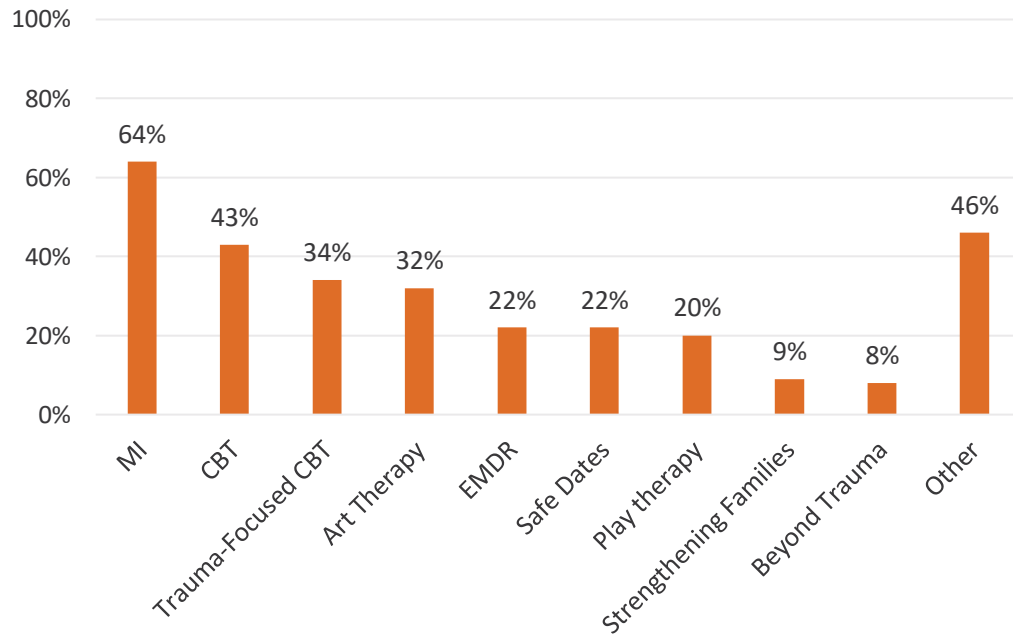


In 2018-2019, DVP Purpose Area 1 Projects made a total of 25,863 referrals across all service types.

Responses in the “other” category include referrals for traditional healing, parenting classes, victim support groups, housing, financial support, transportation, child welfare program, substance abuse programs, and workforce programs.

EVIDENCE-BASED PRACTICES

Figure 40. Percentage of DVP Purpose Area 1 Projects Utilizing Evidence-Based Practices by Type of Evidence-Based Practice, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 43](#), the most common Evidence-Based Practices DVP Purpose Area 1 projects are utilizing, include: Motivational Interviewing (64%), Cognitive Behavioral Therapy (43%), and Trauma-Focused Cognitive Behavioral Therapy (34%).

“Other” evidence-based practices include: American Indian Life Skills; Circles of Security Parenting; Culturally relevant activities; Dangerous checklist; Power and Control wheel; Dialectical behavioral therapy; internal family systems therapy; Promoting safety; Self-care; Family Spirit; Healthy relationships; Anger management; Kids club program; Matrix model; Mental Health First Aid; QPR; Too Good for Drugs/Too Good for Violence Program; Girl’s circle curriculum; Positive Indian Parenting; Respecting Circle of Life; SELF; TREM; Military Sexual Assault Curriculum; NATIVE STAND; STAIR; Walk in Her Shoes Activity.

KEY:

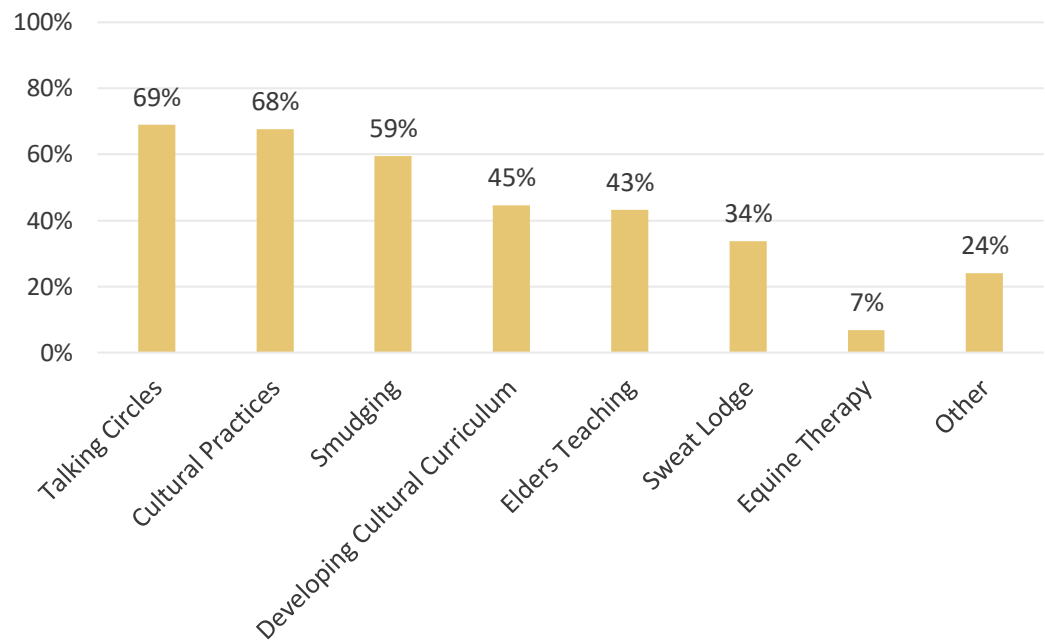
CBT = Cognitive Behavioral Therapy

EMDR = Eye Movement Desensitization and Reprocessing

MI = Motivational Interviewing

PRACTICE-BASED PRACTICES

Figure 41. Types of Practice-Based Practices Implemented by DVP Purpose Area 1 Projects, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 44](#), the most common Practice-Based Practices utilized among DVP Purpose Area 1 projects were interventions that include Talking Circles (69%), cultural practices (i.e., beading, drumming, etc.) (68%), and smudging (59%).

“Other” practice-based practices reported by DVP projects included: traditional ceremonies; safety room during conferences; cooking of traditional foods; Native life skills (e.g., baking, food preparation, and handling); beading; leathercraft; historical trauma; healing through arts and crafts; martial arts; Native community garden; after school clubhouse; Native Wellness model; Sacred Shawl Society; meditation; yoga; Men’s traditional roles; support groups; and community referrals.

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 42. Percentage of DVP Purpose Area 1 Projects Implementing New Coordinated Community Response Policies, Protocols, and/or Procedures for Intimate Partner Violence, 2018-2019



Figure 43. Percentage of DVP Purpose Area 1 Projects Implementing New Coordinated Community Response Policies, Protocols, and/or Procedures for Sexual Assault, 2018-2019

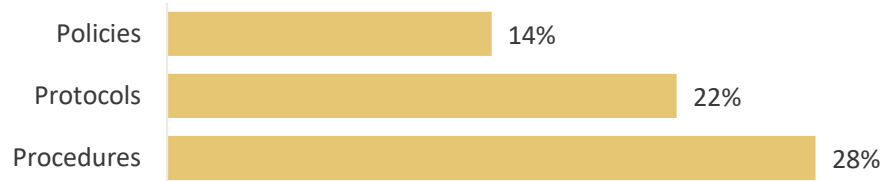
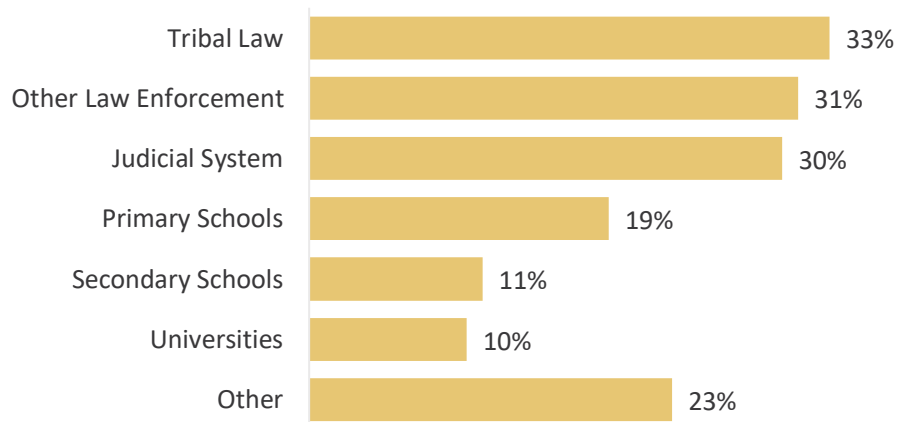


Figure 44. Groups Included in the Aforementioned Policies and Procedures Developed by DVP Purpose Area 1 Projects, 2018-2019

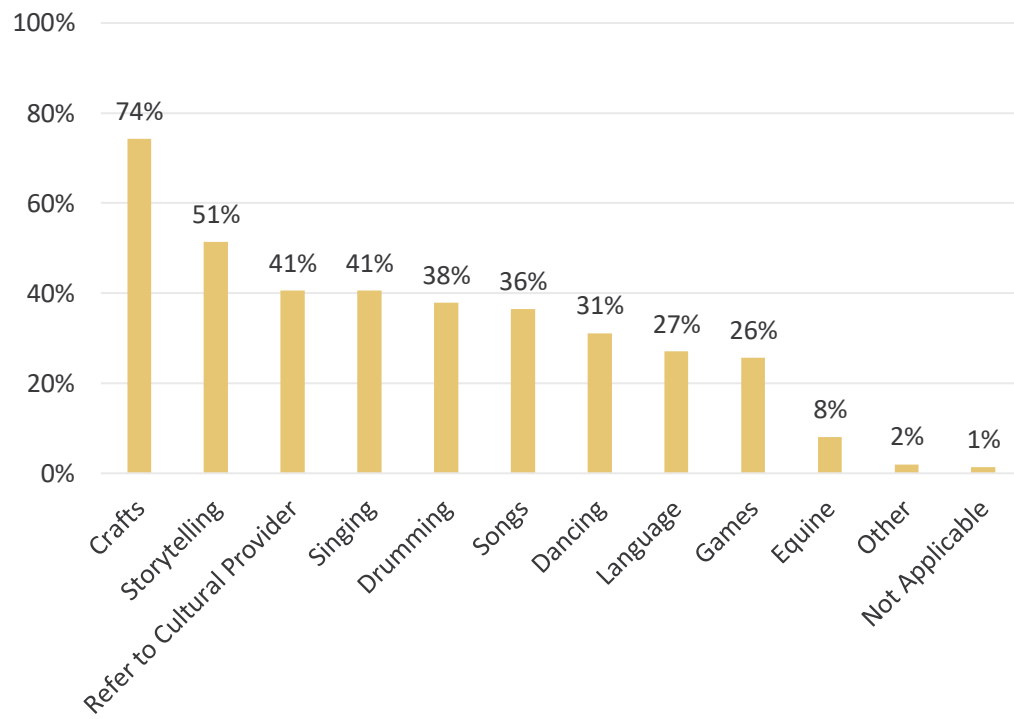


*Projects were able to select all that apply.

OBJECTIVE 7: ADDITIONAL APPROACHES TO SERVICE DELIVERY

CULTURAL INTEGRATION

Figure 45. Percentage of DVP Purpose Area 1 Projects Providing Cultural Services by Service Type, 2018-2019*



*Projects were able to select multiple types.

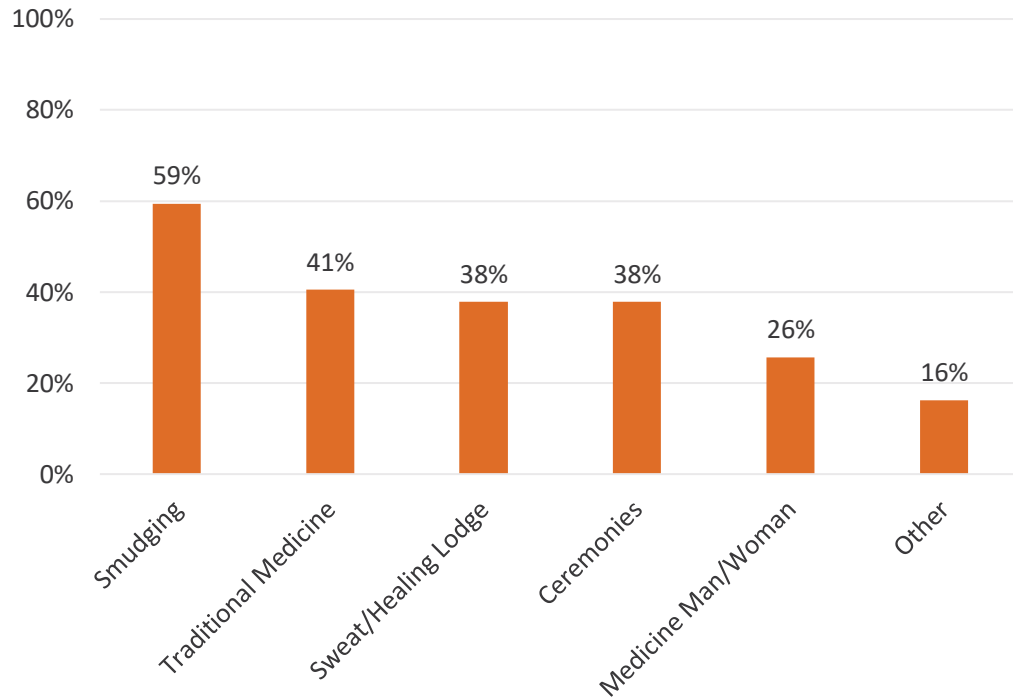
As evidenced in [Figure 48](#), the most common cultural services DVP Purpose Area 1 projects are integrating into their services are crafts (74%) and storytelling (51%).

“Other” cultural practices include: canoe journey; client-centered approaches; talking circles; elder guidance and knowledge; human kindness; referrals; regalia making; Sacred Shawl Society; RezRIDERS program; sweat lodges; Mending Broken Hearts; Four Directions Healing Walk; 12 Step Medicine Wheel; community garden; and Indigenous foods challenges.

A total of **17,352** individuals received cultural services from DVP Purpose Area 1 projects in 2018-2019.

TRADITIONAL HEALING

Figure 46. Percentage of DVP Projects Providing Cultural Interventions by Traditional Healers, by Intervention Type, 2018-2019*



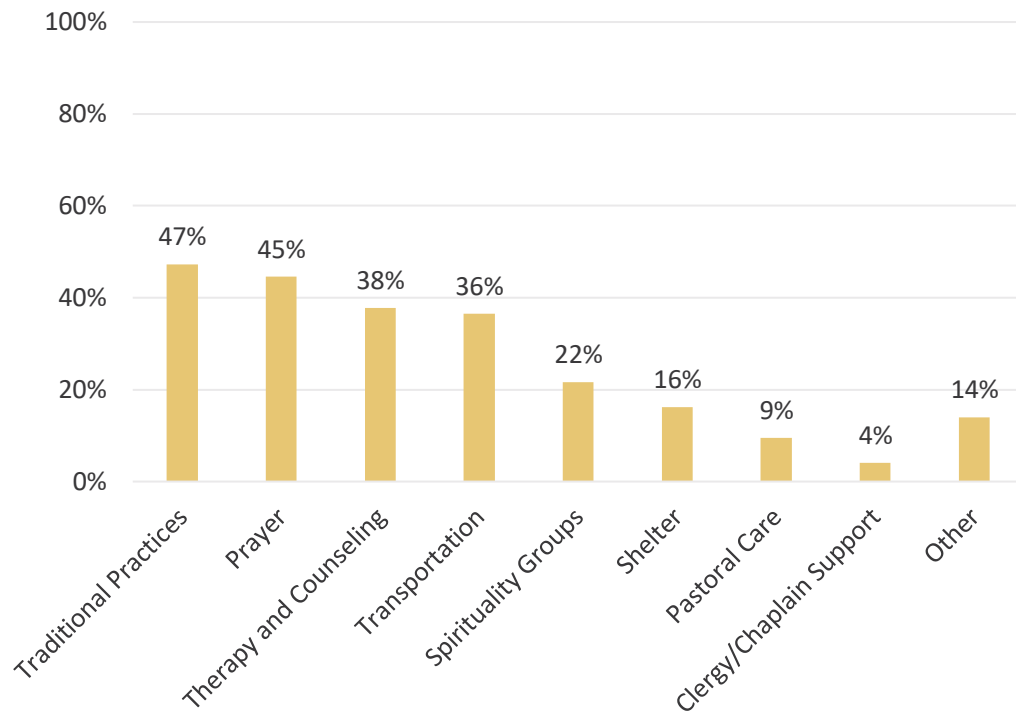
*Projects were able to select multiple types.

Figure 49 demonstrates that the most cultural interventions being provided by traditional healers within DVP Purpose Area 1 projects are smudging (59%), traditional medicine (41%), and sweat/healing lodge (38%).

“Other” cultural interventions include: referral to other programs; cultural seminar groups; culturally appropriate experiential education; hiring staff with rich personal and cultural experience; and women gathering activities (e.g., child rearing, recipes, tribal politics, and traditional storytelling).

FAITH-BASED SERVICES

Figure 47. Percentage of DVP Purpose Area 1 Projects Integrating Faith-Based Services into Project Services* by Practice Type, 2018-2019



*Projects were able to select multiple types.

As evidenced in [Figure 50](#), the most common faith-based services DVP Purpose Area 1 projects offer are traditional practices (47%) and prayer (45%)

“Other” cultural practices include: referral to traditional practitioners; individualized care; Red Road to Sobriety; and self-care.

A total of **1,210** individuals received faith-based services from DVP Purpose Area 1 projects in 2018-2019.

STAFFING

Figure 48. Percentage of DVP Purpose Area 1 Projects Experiencing Staff Turnover in 2018-2019

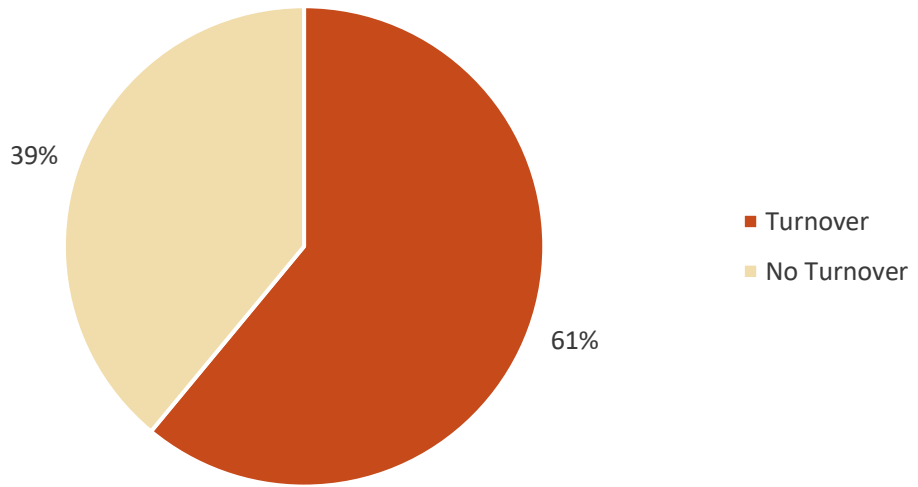


Figure 49. Percentage of DVP Purpose Area 1 Projects that Have Been Able to Recruit, Hire, and Onboard Staff in 2018-2019

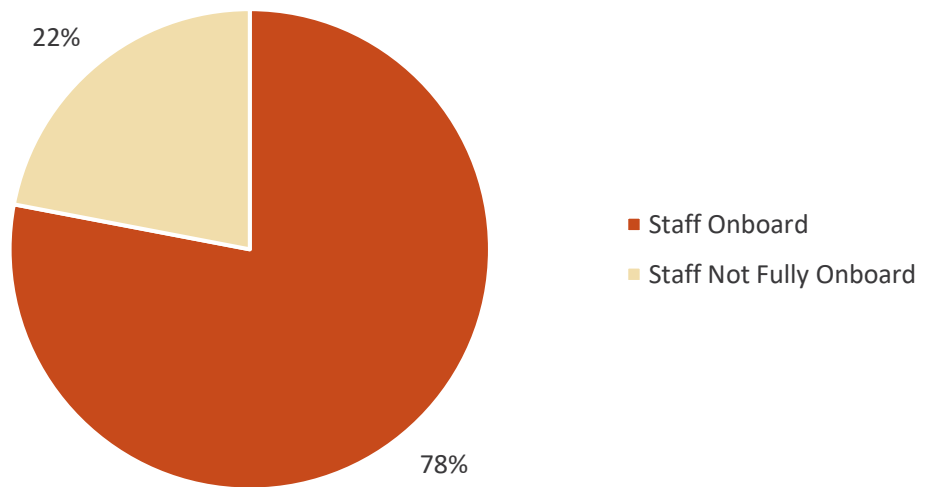
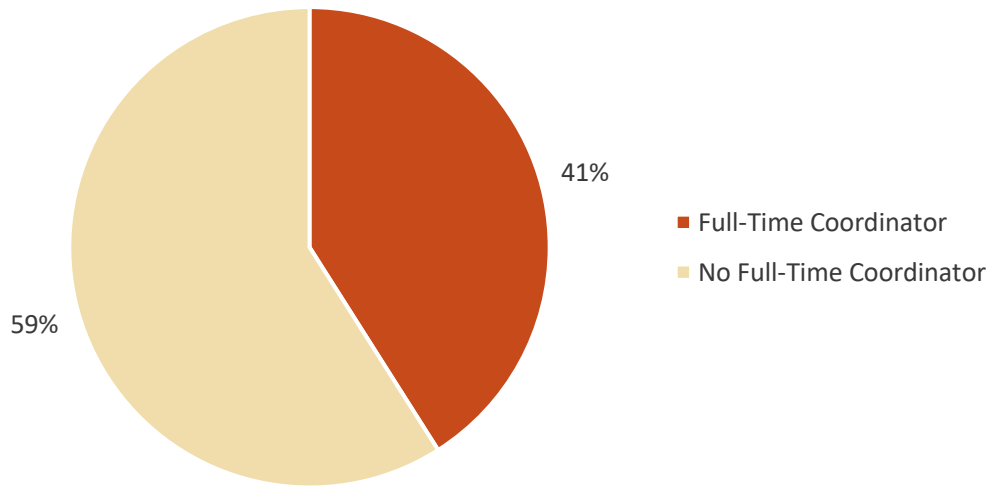


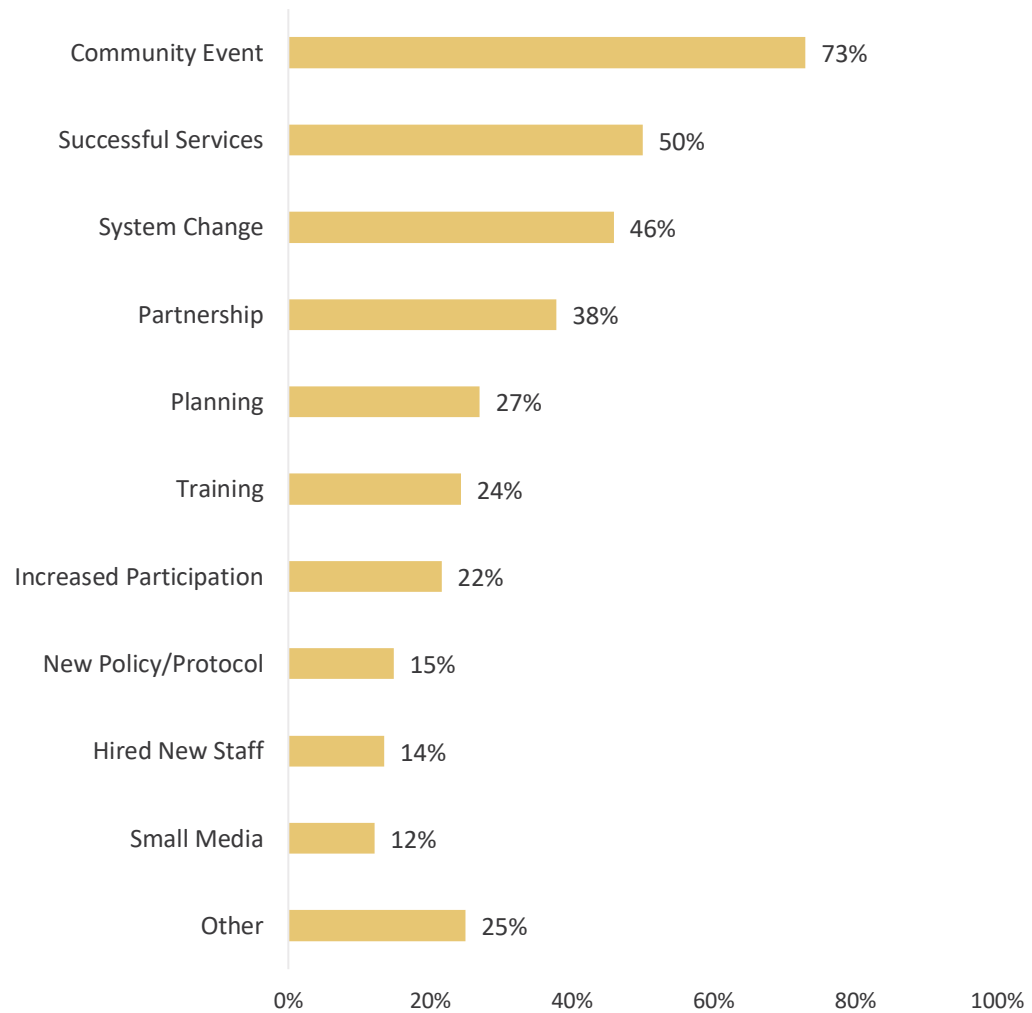
Figure 50. Percentage of DVP Purpose Area 1 Projects with a Full-Time Project Coordinator, 2018-2019



PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 51. Percentage of DVP Purpose Area 1 Projects Reporting Various Accomplishments in 2018-2019, by Accomplishment Category

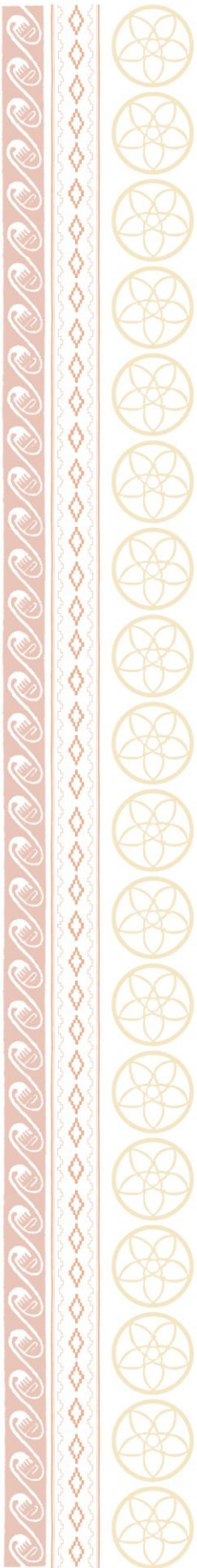


As evidenced in [Figure 54](#), the most common DVP Purpose Area 1 project accomplishments in project year 4 include: hosting successful community events (73%), successful service delivery (50%), and system change (46%). See the next page of this report for definitions and examples for each accomplishment category.

Note: These data were gathered through project narratives. There were no limits on the number or type of accomplishments that each project could report.

Table 9. DVP Purpose Area 1 Project Accomplishment Category Definitions

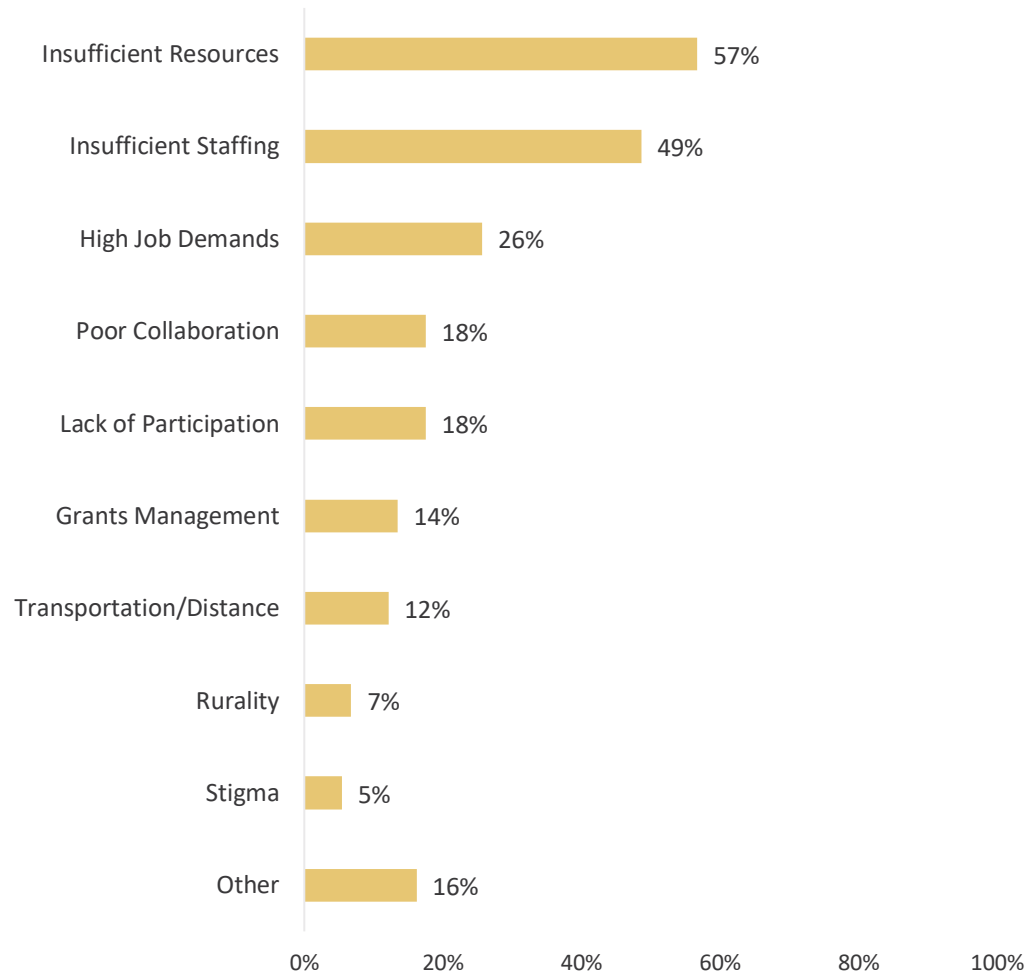
CATEGORY	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, other tribal agencies/departments, and external partners (non-profit organizations, referral sites, universities, churches, and shelters).
SUCCESSFUL EVENT	Project has listed at least one community event sponsored by the DVP project as a success during the reporting period. Common community event types included: school education events (healthy relationships, bullying, prevention, and safety planning), health fairs, community presentations/workshops, camps, community training, and fun runs/walks.
SERVICE DELIVERY	Project has identified the access to and delivery of services to clients as a key accomplishment during the reporting period, such as case management, forensic care, victim advocacy, trauma-informed care, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices, extended hours, aftercare/follow-up, new/expanded counselling and case management services, expanded referral networks, classes (self-defense, parenting, self-care, stress management, art therapy), emergency assistance, i.e., providing temporary lodging, food, clothing and essentials to DV victims and their families.
STAFF TRAINING	At least one project staff member attended at least one domestic violence related training, conference or workshop during the reporting period. Common training topics included: domestic violence, sexual assault, healthy parenting, motivational interviewing, sexual assault examiner training, sex trafficking, pediatric sexual abuse, and sexual assault response team training.



INCREASED PARTICIPATION	Project has noted an increase in community participation in DVP sponsored activities and/or an increase in referrals to its services.
NEW STAFF	Project has identified at least one new staff person (part-time, full-time or contractual) joining its DVP project during the reporting period.
SMALL MEDIA	Project has implemented a small media-related activity during the reporting period. Examples include: billboards, public service announcements (PSAs), brochures, newsletters, handouts, digital stories, and social media (e.g., Facebook).
NEW POLICY or PROTOCOL	Project identified the implementation of at least one new or updated policy or protocol related to domestic violence prevention during the reporting period. Examples include: updated domestic violence policy, tribal code for domestic violence, multidisciplinary strangulation guidelines (protocol), sexual assault response protocol, updated system intake, and new IPV screening protocol.
PLANNING	Project planning activities were identified as a key accomplishment during this reporting period.
OTHER	The other category included unique successes reported by two or fewer DVP projects during the reporting period. These included: community outreach; reached project goals of seeing 800+ domestic violence or sexual assault patients; enhanced collaboration; increased number of partnership meetings.

PROJECT CHALLENGES

Figure 52. Percentage of DVP Purpose Area 1 Projects Reporting Various Challenges/Barriers in 2018-2019, by Category

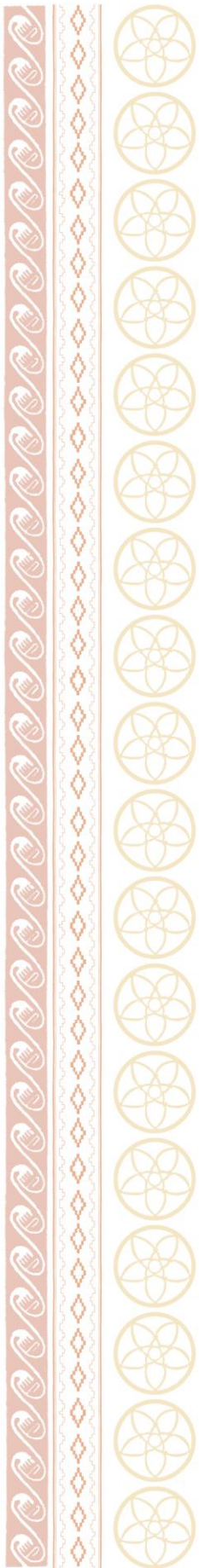


As evidenced in [Figure 55](#), the most common DVP Purpose Area 1 project challenges/barriers include insufficient resources (57%) and insufficient staffing (49%). See next page of this report for definitions and examples for each barrier/challenge category.

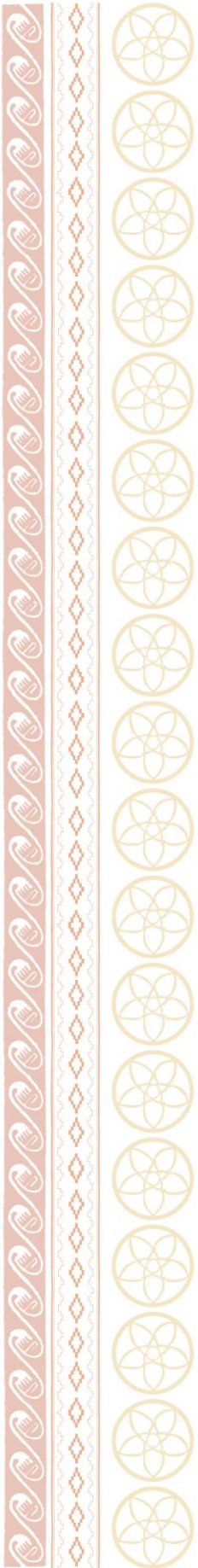
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 10. DVP Purpose Area 1 Project Barrier/Challenge Category Definitions

CATEGORY	DEFINITION
INSUFFICIENT STAFFING	Project identified a lack of staff within its DVP project as a barrier during this reporting period. This barrier included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants (education, certifications, AI/AN), and understaffing, where existing staff are burdened with excessive job duties due to insufficient staffing.
INADEQUATE RESOURCES	Project cited a lack of funding or poor local infrastructure as barriers to meet high local demand for services and activities. This category also included a lack of shelters, safe houses or transitional housing as well as insufficient legal resources and law enforcement.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most common entities cited as collaboration challenges included schools, law enforcement, and IHS clinics/hospitals.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
HIGH DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompass competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeds local capacity.
TRANSPORTATION/ DISTANCE	Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.
GRANTS MANAGEMENT	Project noted challenges with grants management including local bureaucracies, new directives from tribal administration, long delays in securing procurement and contract approval, poor record keeping, and challenges in procuring needed equipment and training.



<p>STIGMA</p>	<p>Project cited the ongoing stigmatization of domestic violence and/or sexual abuse issues among community members as a project barrier. In some instances, projects noted that stigma also limits open discussion about these topics in community settings.</p>
<p>OTHER</p>	<p>The other category included unique barriers reported by two or fewer DVP projects during the reporting period. These included: scheduling conflicts with traditional calendar; bureaucratic processes in acquisitions and human resources limits efficiency of domestic violence response; wait-list for psychotherapy is long; limited agency space; identifying individuals in need of domestic violence services; did not obtain accreditation; program restructuring; shelter/housing for clients; and displacement due to earthquake.</p>



**SECTION 6:
DVP PURPOSE AREA 2 DATA ONLY**

OBJECTIVE 1: EXPANSION OF SERVICES

Figure 53. Target Populations Receiving Services from DVP Purpose Area 2 Projects in 2018-2019*

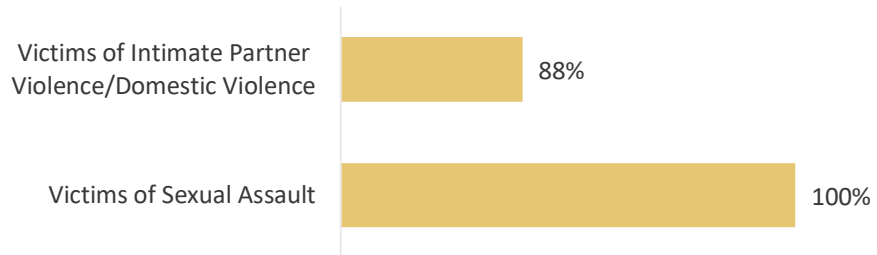
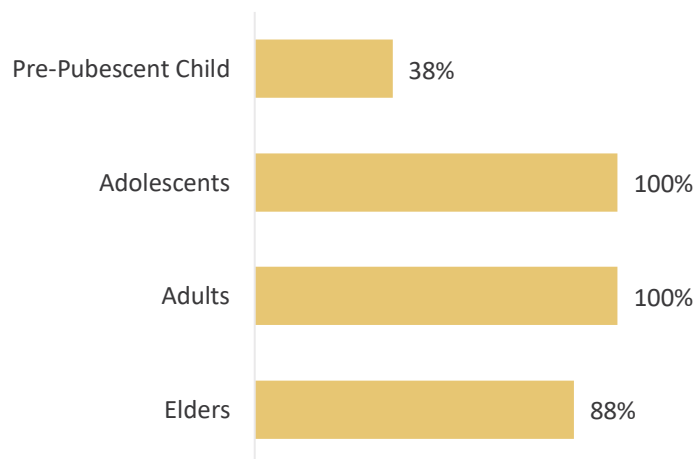


Figure 54. Target Age Groups Receiving 24/7 Medical Forensic Services from DVP Purpose Area 2 Projects in 2018-2019*

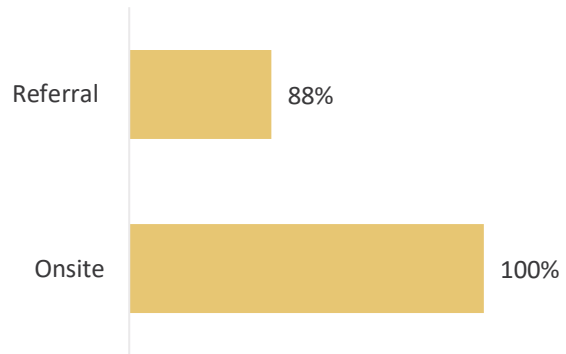


Figure 55. Target Age Groups Receiving Medical Forensic Examination Services from DVP Purpose Area 2 Projects in 2018-2019*



*Projects were able to select multiple answers.

Figure 56. DVP Purpose Area 2 Project Method(s) of Medical Forensic Examination in 2018-2019

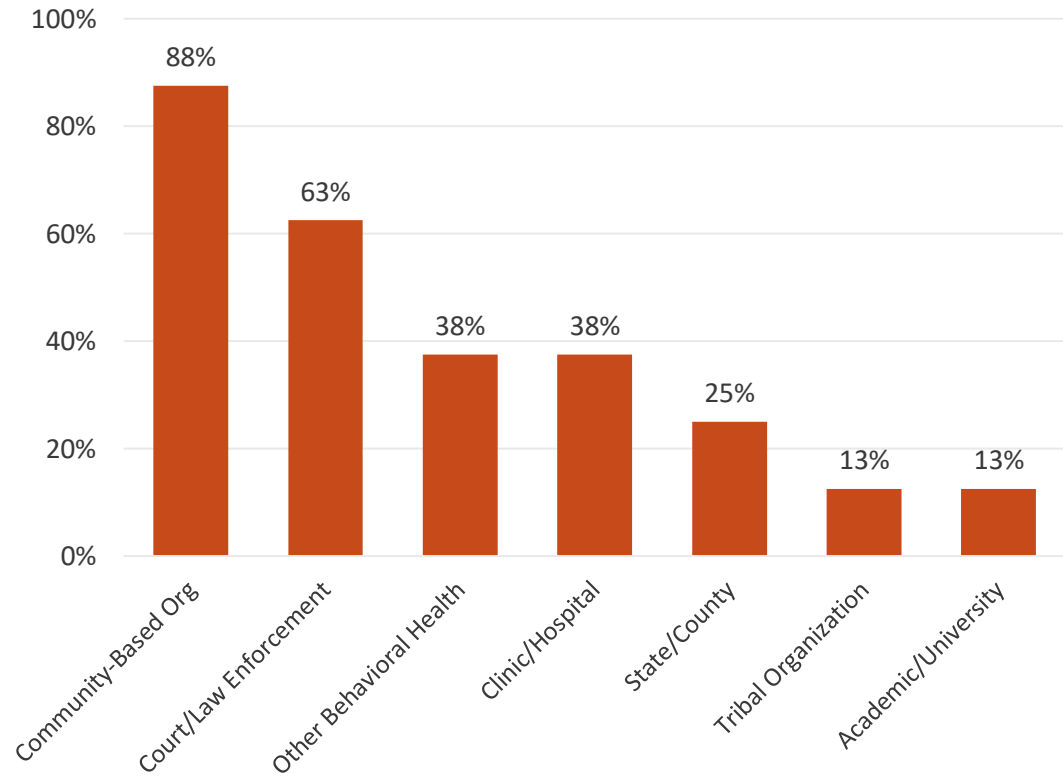


DVP Purpose Area 2 projects are using a variety of methods to expand medical forensic services including:

- Increase staff to have enough to respond to all sexual assault and domestic violence survivors
- Include all assault patients (e.g., fights, knife wounds, elder abuse)
- Expansion of services in the area
- Increase number of sexual assault examiners
- Submit a new non-fatal strangulation policy and procedure
- Send more staff to forensic training
- Increase partnerships to identify gaps
- Provide acute services to pediatric patients

OBJECTIVE 2: PARTNERSHIPS

Figure 57. Most Common Types of Partners among DVP Purpose Area 2 Projects, 2018-2019*

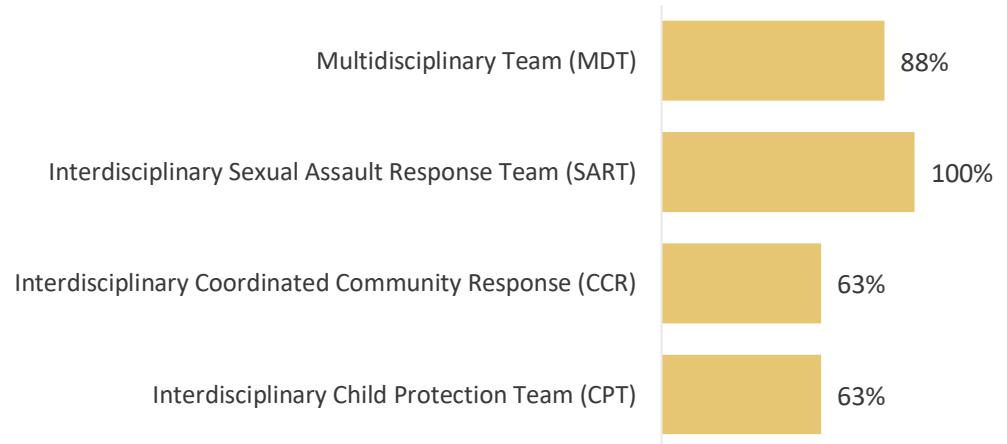


*Projects were able to select multiple types.

Table 11. Number of New and Enhanced Memoranda of Agreement (MOAs) among DVP Purpose Area 2 Projects in 2018-2019

	N
Total New Memoranda of Agreement (MOAs)	11
Total Enhanced Memoranda of Agreement (MOAs)	9

Figure 58. Percentage of DVP Purpose Area 2 Projects Participating in Project Teams* by Team Type, 2018-2019



**Projects could participate in more than one type of team.*

Figure 59. Number of Cases Reported to Law Enforcement with or without an Evidence Collection Kit by DVP Purpose Area 2 Projects, 2018-2019

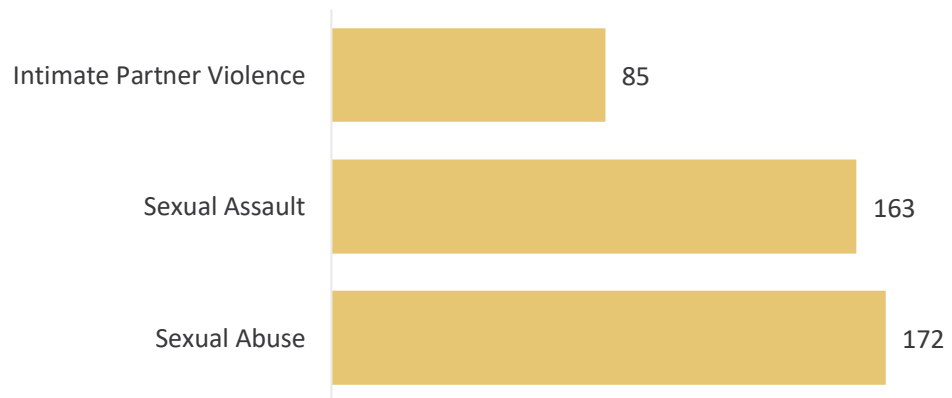
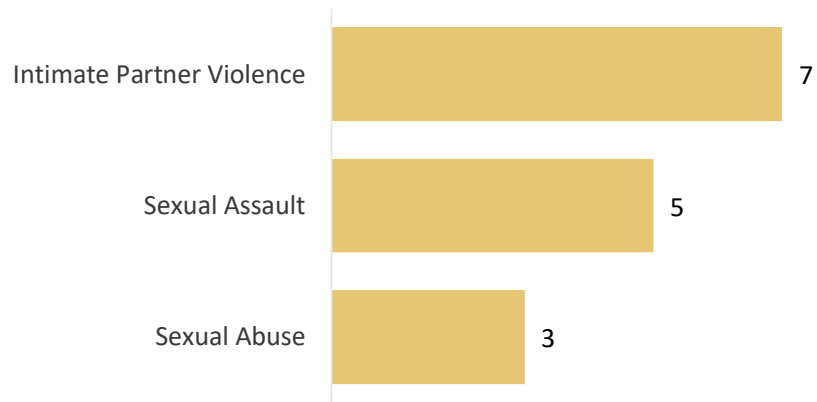
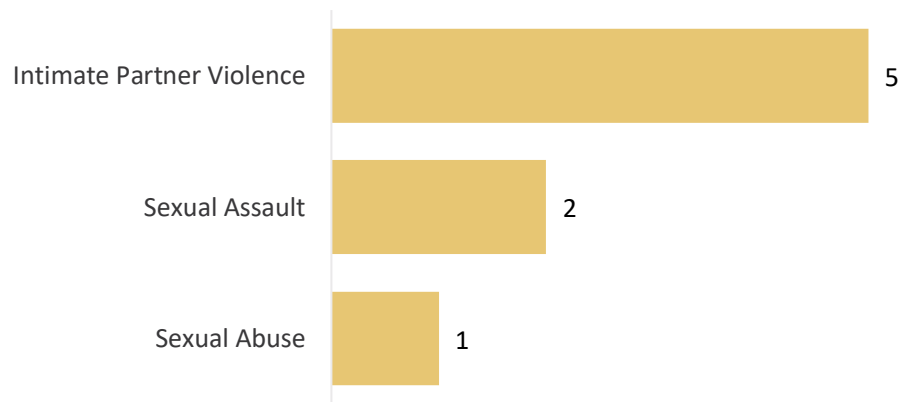


Figure 60. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Purpose Area 2 Projects, 2018-2019



**Prosecutions may relate to cases reported in previous years.*

Figure 61. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Purpose Area 2 Projects, 2018-2019



**Prosecutions may relate to cases reported in previous years.*

OBJECTIVE 3: EDUCATION AND TRAINING

Figure 62. Number of Providers Receiving Didactic Adolescent/Adult Sexual Assault Examiner Training within DVP Purpose Area 2 Projects in 2018-2019, by Provider Type

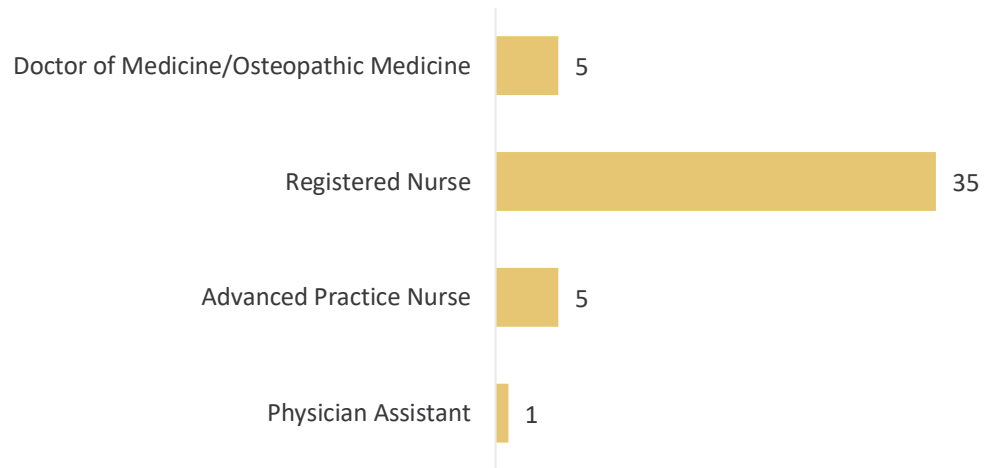


Figure 63. Number of Providers Receiving Clinical Skills Training for Adolescent/Adult Patients within DVP Purpose Area 2 Projects in 2018-2019, by Provider Type

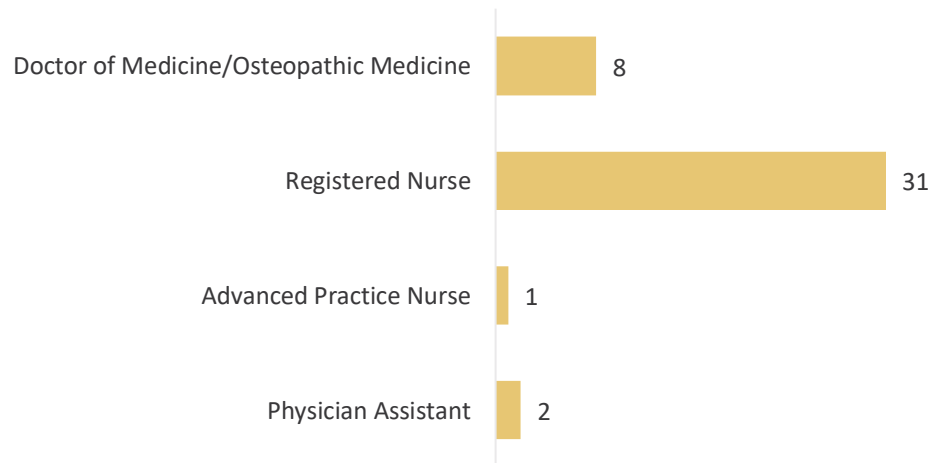


Figure 64. Number of Providers Trained as Sexual Assault Examiners Who Received Didactic Intimate Partner Violence Examiner Training within DVP Purpose Area 2 Projects in 2018-2019, by Provider Type

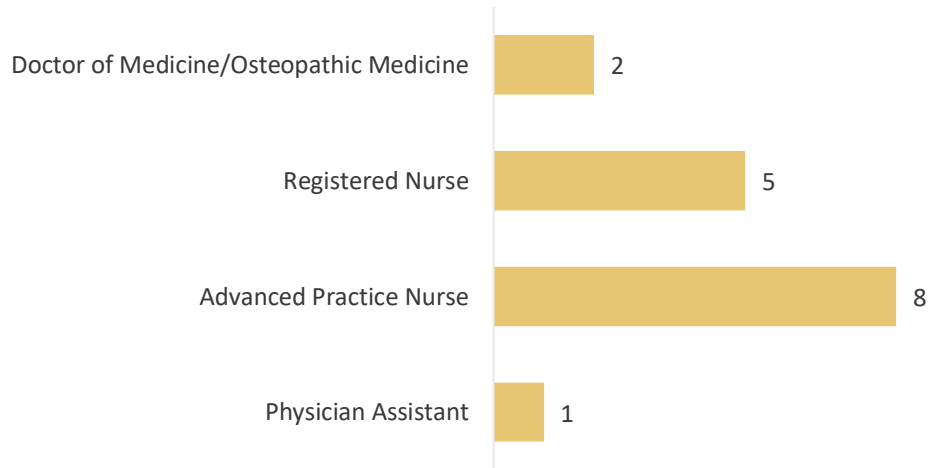


Figure 65. Number of Providers Receiving Didactic Pediatric Sexual Assault Examiner Training within DVP Purpose Area 2 Projects in 2018-2019, by Provider Type

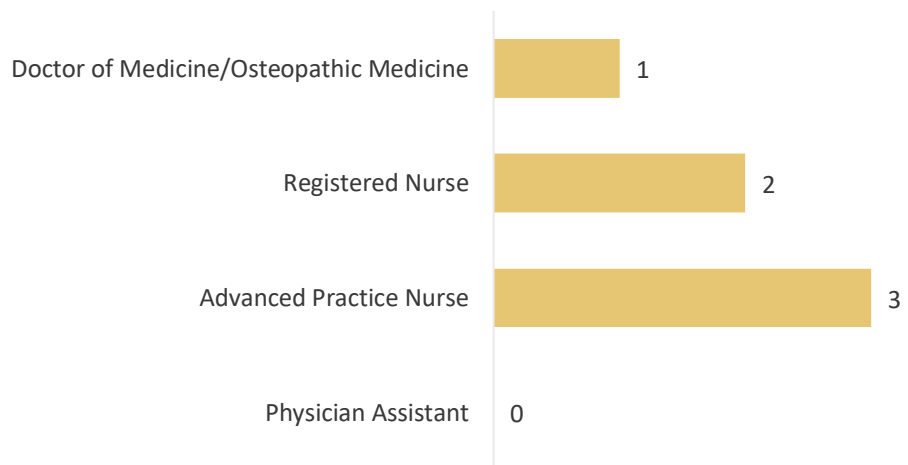


Figure 66. Number of Providers Receiving Clinical Skills Training for Pediatric Patients within DVP Purpose Area 2 Projects in 2018-2019, by Provider Type

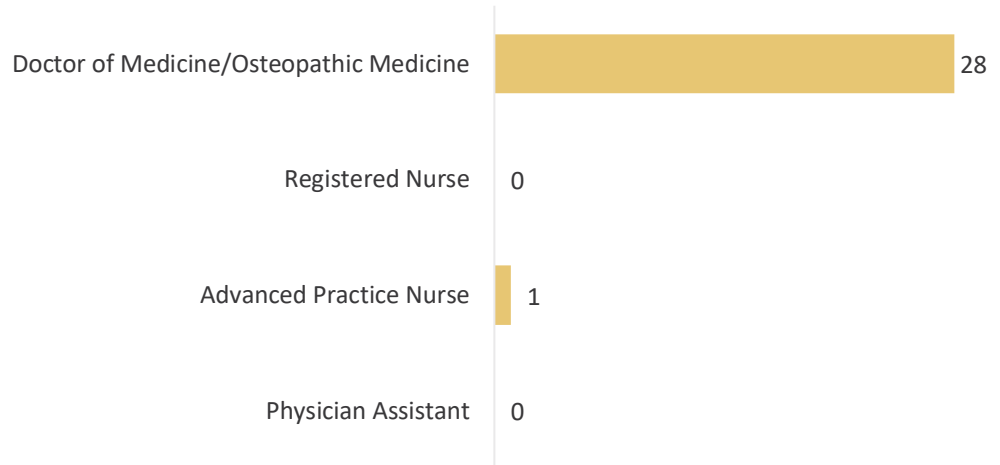
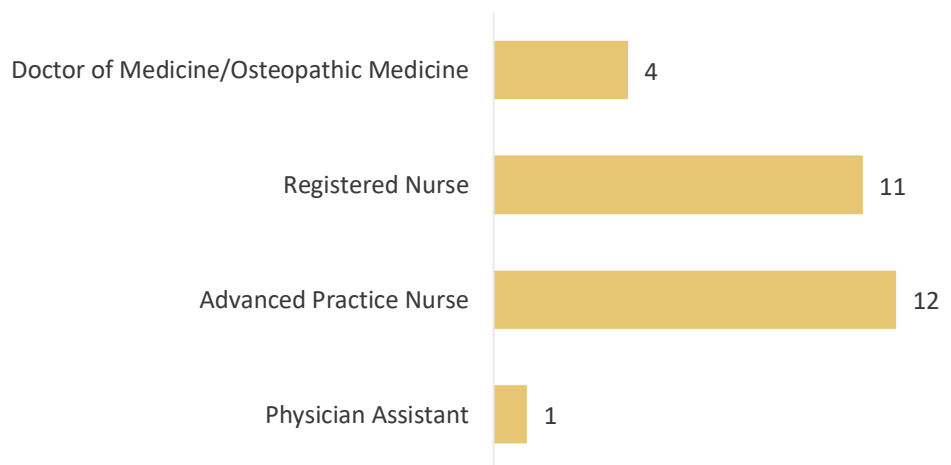
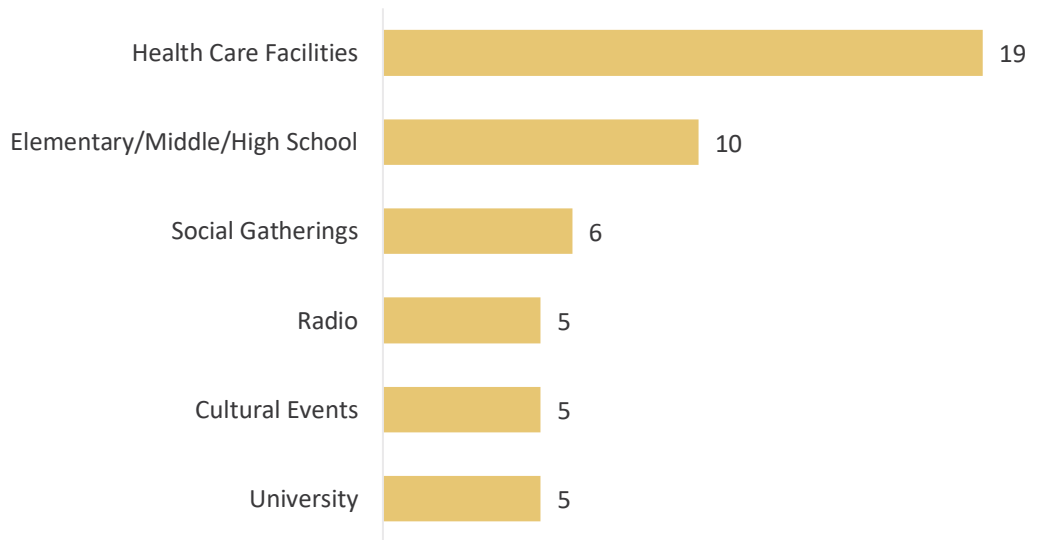


Figure 67. Number of Providers who Completed 2-hour Intimate Partner Violence Screening and Intervention Education Requirement within DVP Purpose Area 2 Projects in 2018-2019, by Provider Type



OBJECTIVE 4: COMMUNITY EDUCATION

Figure 68. Number of Community Presentations on Medical Forensic Services Provided by DVP Purpose Area 2 Projects in 2018-2019, by Presentation Location

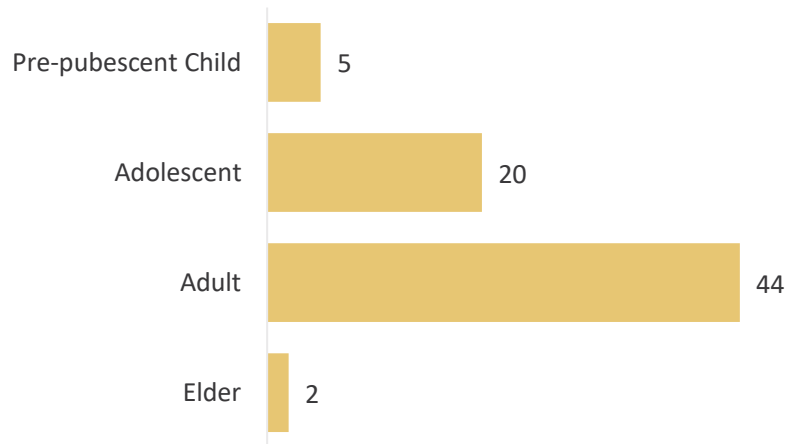


TOPICS RELATED TO MEDICAL FORENSIC SERVICES DISCUSSED AT COMMUNITY EVENTS BY DVP PURPOSE AREA 2 PROJECTS

- Availability of medical forensic services and confidential exams
- Community resources
- Available services for victims
- Education
- Safe dating practices
- How to care for a sexual assault victim
- Identifying intimate partner violence
- Signs and symptoms of sexual assault
- Reporting sexual assault
- What to do if you are assaulted
- Victim advocacy services
- Strangulation

OBJECTIVE 5: SYSTEM IMPROVEMENTS

Figure 69. Number of Evidence Kits Collected by DVP Purpose Area 2 Projects in 2018-2019, by Age Group



A total of **246** patients who received services from DVP Purpose Area 2 projects reported sexual assault in 2018-2019.

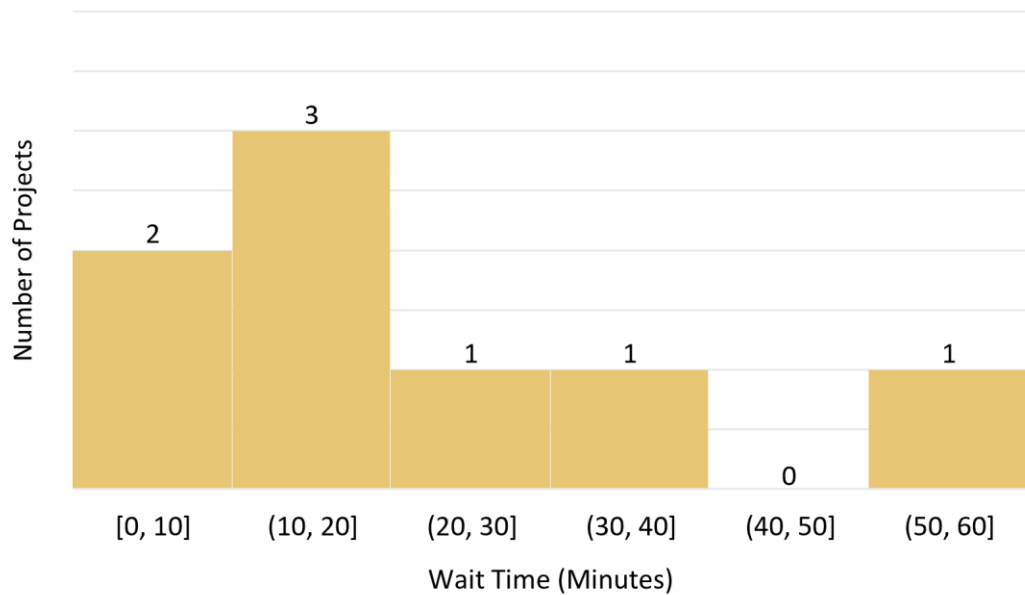
Table 12. Number of Medical Exams Performed by DVP Purpose Area 2 Project for Sexual Assault in 2018-2019

	N
Exams without an Evidence Kit	35
Exams with an Evidence Kit	69
Exams for Suspicion of Child Abuse	99
Total Exams	203

Table 13. Number of Patients Receiving Services from DVP Purpose Area 2 Projects in 2018-2019, by Service Type

	N
Linked to Victim Advocate Services	221
Received Services from a Victim Advocate	323
Linked to Crisis Counseling Services	130
Informed of Sexual Assault/Intimate Partner Violence Safety Plan	286
Referred for Shelter Services	70
Reported to Law Enforcement	219
Referred to Traditional Healers	29
Total Patients Receiving Services	1,278

Figure 70. Length of Time Patients Waited for a Medical Forensic Exam as Reported by DVP Purpose Area 2 Projects, 2018-2019



The most common DVP Purpose Area 2 wait time is 10-20 minutes, and the average wait time across all programs is 26 minutes.

Figure 71. Number of Patients who Received Prophylactic Medications by DVP Purpose Area 2 Projects in 2018-2019, by Condition Type

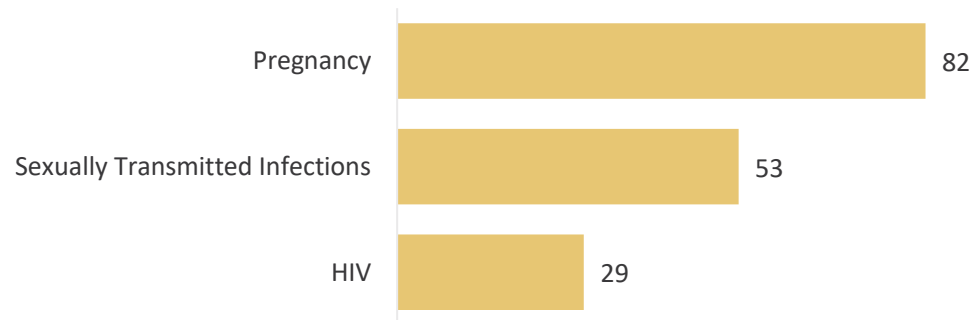


Table 14. Number of Health Providers Trained by DVP Purpose Area 2 Projects in 2018-2019, by Service Type

	N
Screening for Intimate Partner Violence/Domestic Violence	73
Screening for History of Sexual Assault	34
Lethality Assessments	35
Sexual Assault/Intimate Partner Violence Safety Planning	41
Total Providers Trained	183

Table 15. Number of Individuals Screened by DVP Purpose Area 2 Projects in 2018-2019, by Screening Type

	N
Intimate Partner Violence/Domestic Violence	15,457
Sexual Assault	277
Strangulation	130
Total Individuals Screened	15,864

Figure 72. Frequency of Team Case Reviews Performed by DVP Purpose Area 2 Projects, 2018-2019

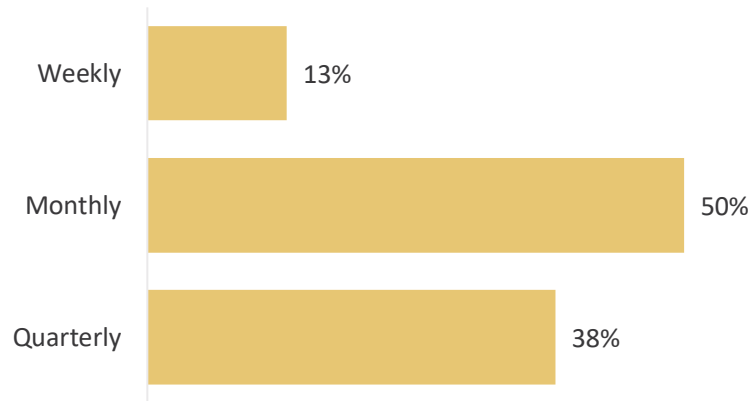
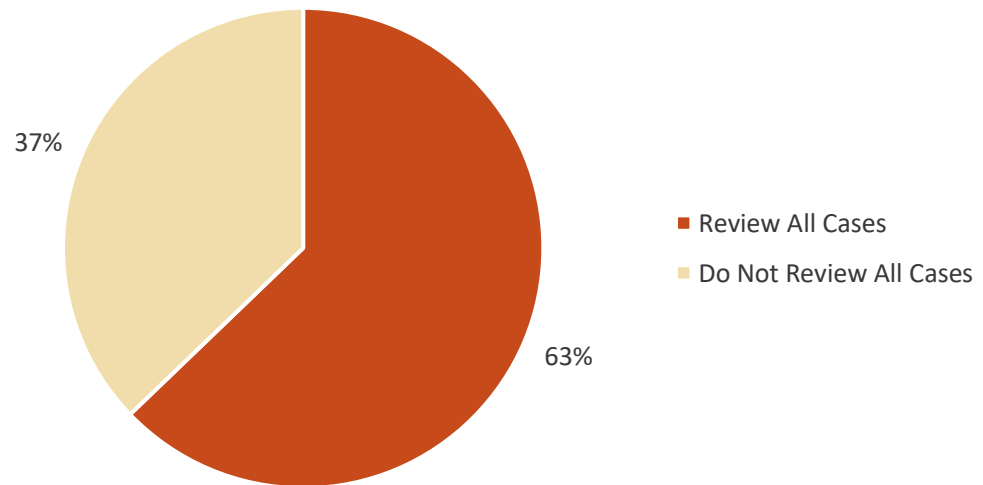
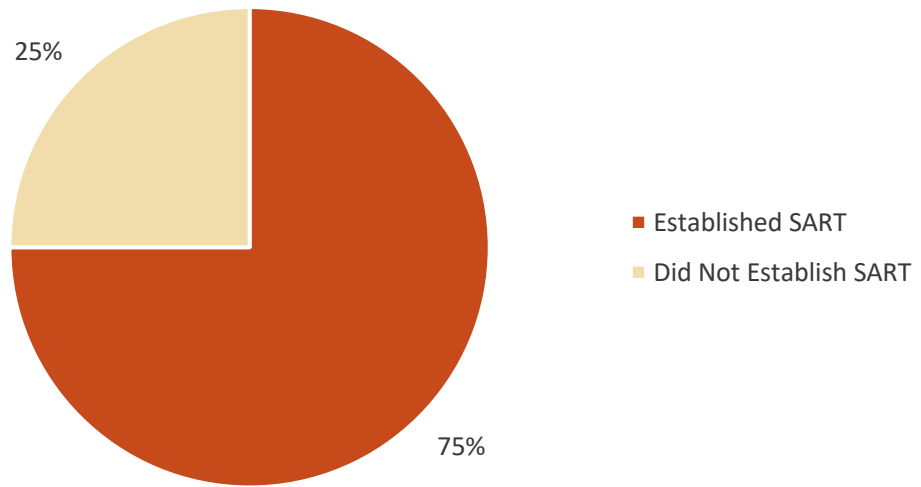


Figure 73. Percentage of DVP Purpose Area 2 Projects that Review All Cases During Each Team Review, 2018-2019



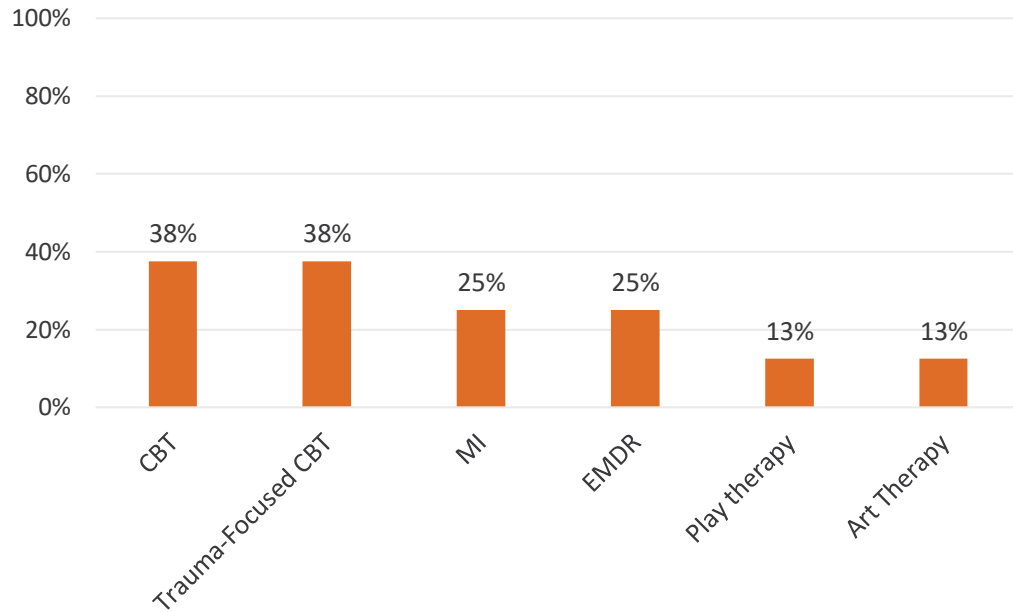
A total of **330** cases were reviewed by all DVP Purpose Area 2 projects combined (n=8) in 2018-2019

Figure 74. Percentage of DVP Purpose Area 2 Projects that Have a Sexual Assault Response Team (SART) Established in 2018-2019



EVIDENCE-BASED PRACTICES

Figure 75. Percentage of DVP Purpose Area 2 Projects Utilizing Evidence-Based Practices by Type of Evidence-Based Practice, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 77](#), the most common Evidence-Based Practices DVP Purpose Area 2 projects are utilizing include Cognitive Behavioral Therapy (38%) and Trauma Focused Cognitive Behavioral Therapy (38%).

KEY:

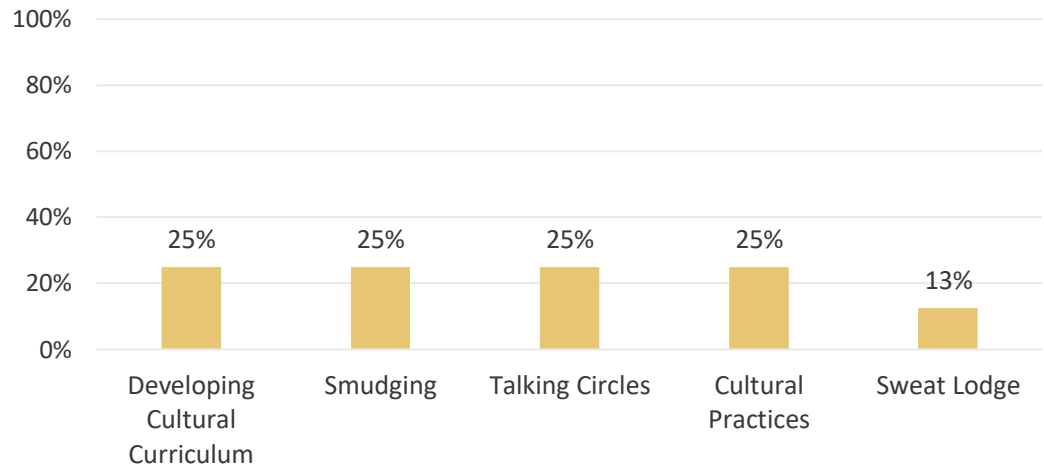
CBT = Cognitive Behavioral Therapy

EMDR = Eye Movement Desensitization and Reprocessing

MI = Motivational Interviewing

PRACTICE-BASED PRACTICES

Figure 76. Percentage of DVP Projects Utilizing Practice-Based Practices by Type of Practice-Based Practice, 2018-2019*



*Projects were able to select multiple types.

As demonstrated in [Figure 78](#), the most common Practice-Based Practices DVP Purpose Area 2 projects utilize include: developing a cultural curriculum (25%), smudging (25%), talking circles (25%) and cultural practices (25%).

Figure 77. Percentage of DVP Purpose Area 2 Projects that Assess Victims of Intimate Partner Violence/Domestic Violence and Sexual Assault for a History of Suicidal Ideation, 2018-2019

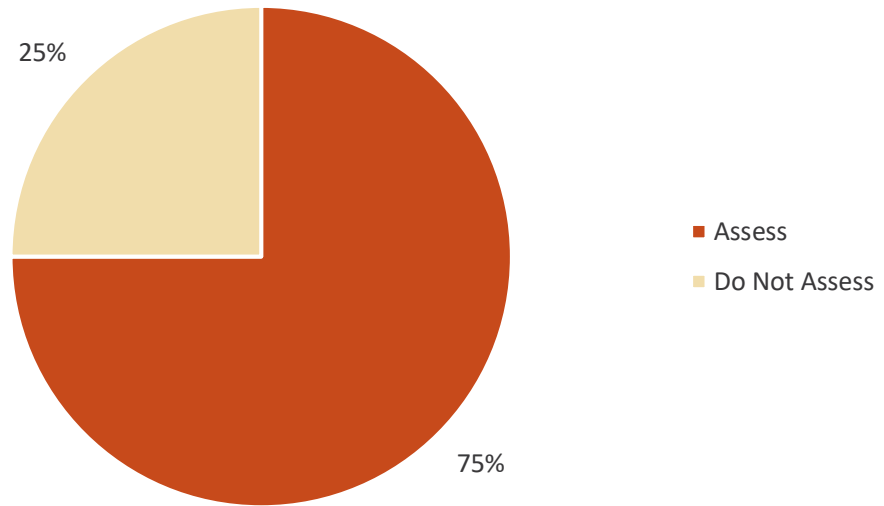
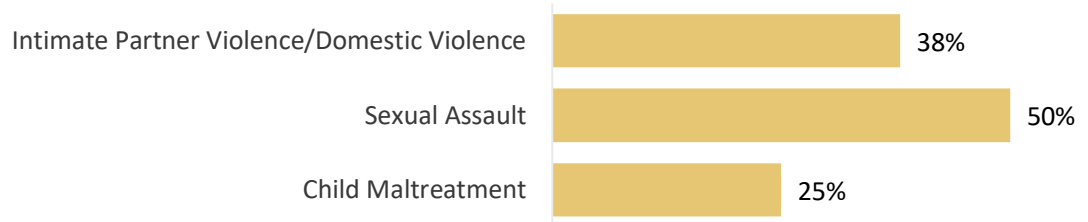
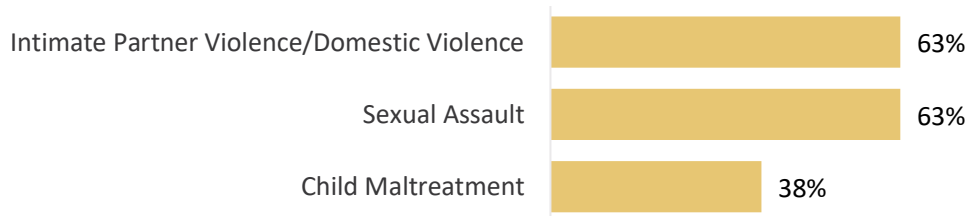


Figure 78. Percentage of DVP Purpose Area 2 Projects Establishing New Local Health System Policies in 2018-2019 for the Following Concerns*



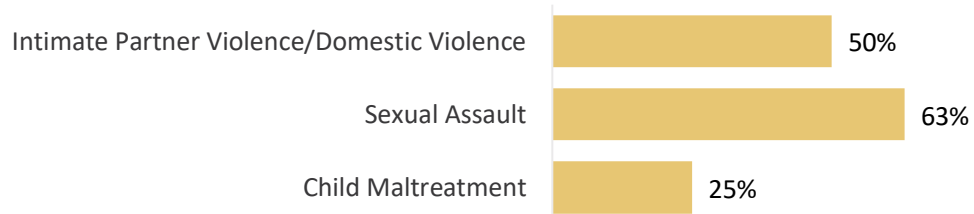
**Projects were able to select all that apply.*

Figure 79. Percentage of DVP Purpose Area 2 Projects Enhancing Local Health System Policies in 2018-2019 for the Following Concerns *



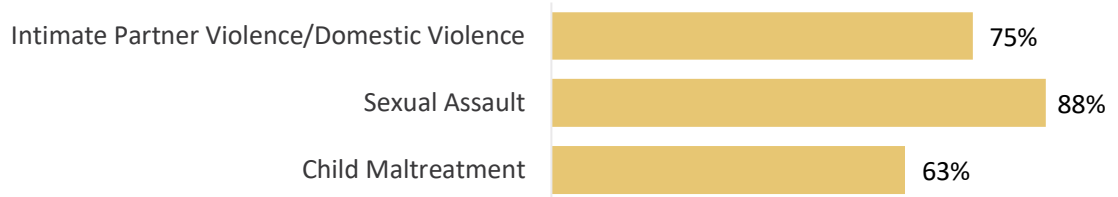
**Projects were able to select all that apply.*

Figure 80. Percentage of DVP Purpose Area 2 Projects Implementing New Activities for Screening/Assessment in 2018-2019 for the Following Concerns*



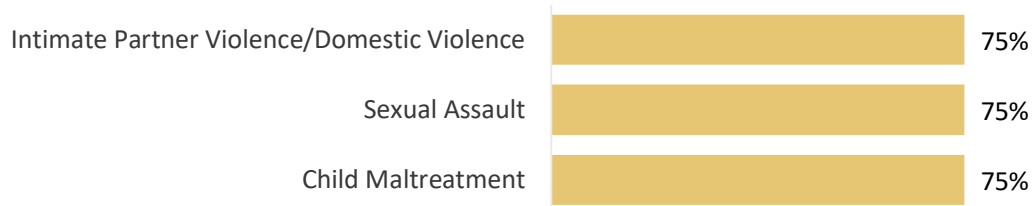
**Projects were able to select all that apply*

Figure 81. Percentage of DVP Purpose Area 2 Projects with Facility Treatment Policies in Place for the Following Concerns*



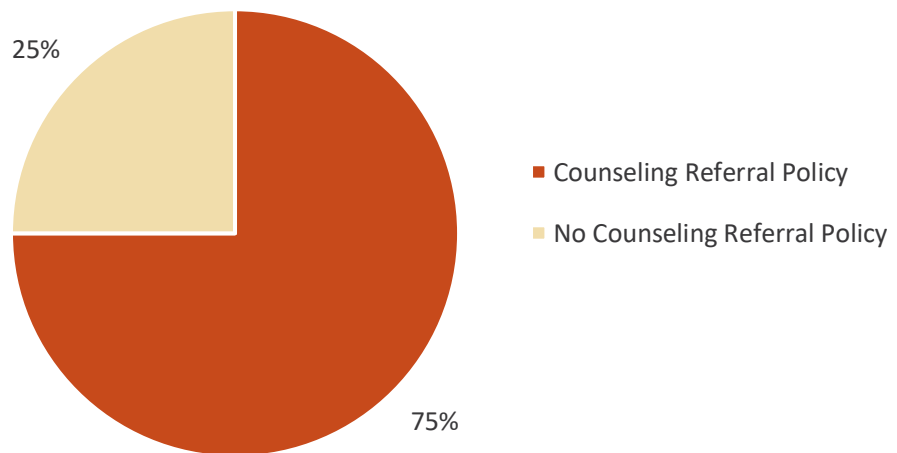
**Projects were able to select all that apply.*

Figure 82. Percentage of DVP Purpose Area 2 Projects with Safety Planning Policies and Procedures in Place for the Following Concerns *



**Projects were able to select all that apply.*

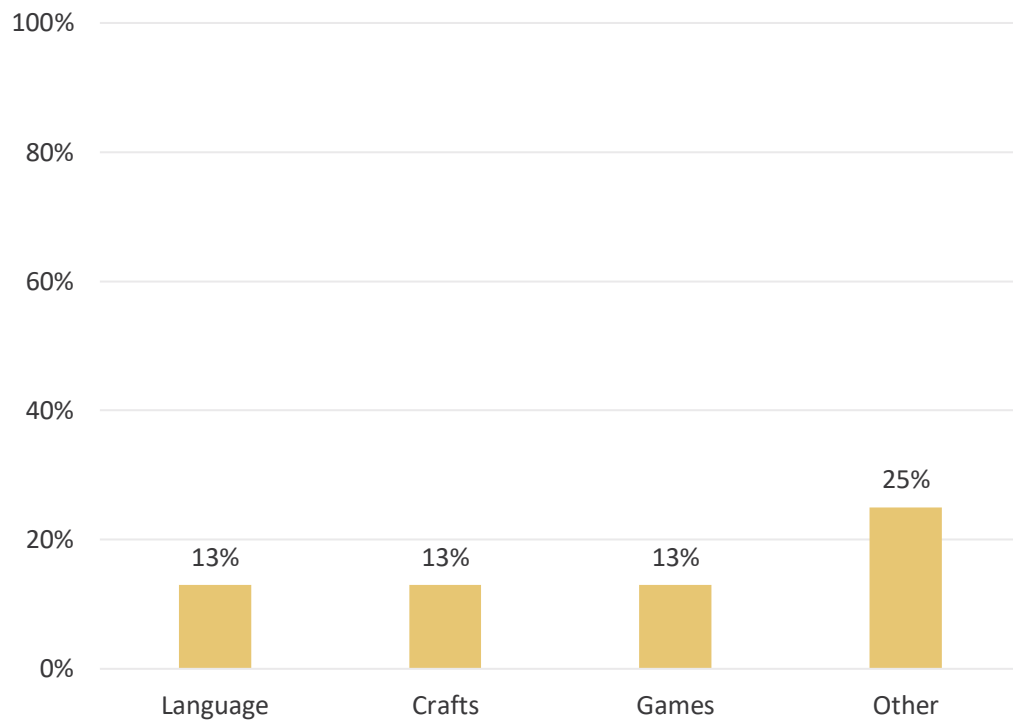
Figure 83. Percentage of DVP Purpose Area 2 Projects that Have a Written Referral Policy in Place for Rape Crisis Counseling, 2018-2019



OBJECTIVE 7: ADDITIONAL APPROACHES TO SERVICE DELIVERY

CULTURAL SERVICES

Figure 84. Percentage of DVP Purpose Area 2 Projects Integrating Cultural Services into Project Services* by Service Type, 2018-2019



*Projects were able to select multiple types.

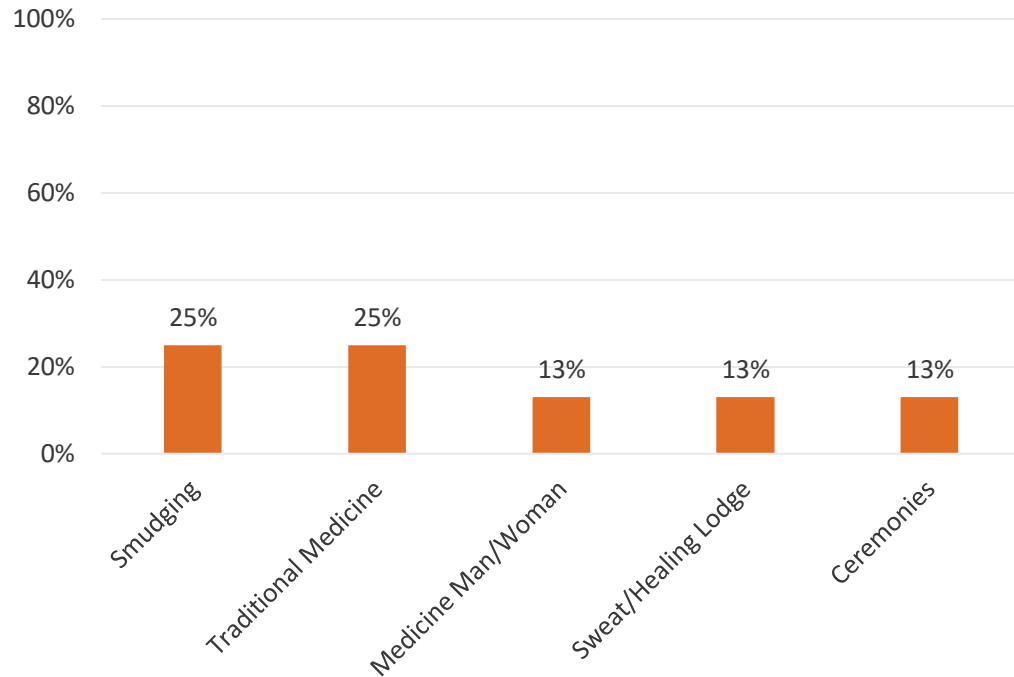
As evidenced in [Figure 86](#), the most common cultural services that DVP Purpose Area 2 projects provide are language (13%), crafts (13%), and games (13%).

“Other” cultural practices include: referral to traditional healers; offering elements of sage, cedar, and sweet grass.

A total of **55** individuals received cultural services from DVP Purpose Area 2 projects in 2018-2019.

TRADITIONAL HEALING

Figure 85. Percentage of DVP Purpose Area 2 Projects Providing Cultural Interventions by Traditional Healers, by Intervention Type, 2018-2019*

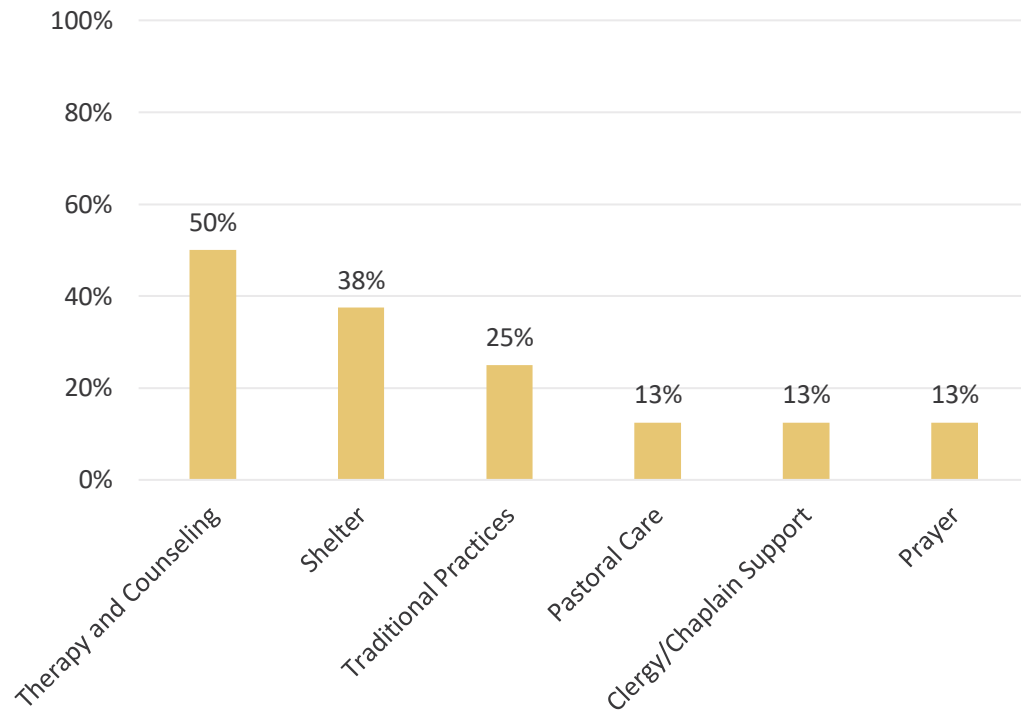


**Projects were able to select multiple types.*

Figure 87 demonstrates that the most common cultural interventions by traditional healers that DVP Purpose Area 2 projects are providing include smudging (25%) and traditional medicine (25%).

FAITH-BASED SERVICES

Figure 86. Percentage of DVP Purpose Area 2 Projects Integrating Faith-Based Services into Project Services* by Practice Type, 2018-2019



*Projects were able to select multiple types.

As evidenced in [Figure 88](#), the most common faith-based service that DVP Purpose Area 2 projects are offering include therapy and counseling (50%).

A total of **23** individuals received faith-based services from DVP Purpose Area 2 projects in 2018-2019.

DVP Purpose Area 2 projects also hosted **32** educational events on the incorporation of culture and tradition into care, and trained **9** health providers in incorporation of culture into the care of victims of sexual assault and domestic violence.

STAFFING

Figure 87. Percentage of DVP Purpose Area 2 Projects Experiencing Staff Turnover in 2018-2019

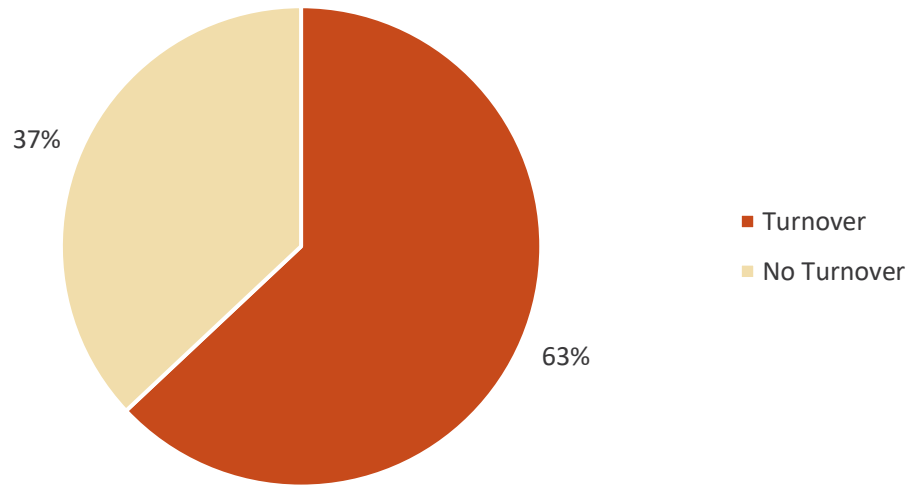


Figure 88. Percentage of DVP Purpose Area 2 Projects Able to Recruit, Hire, and Onboard Staff in 2018-2019

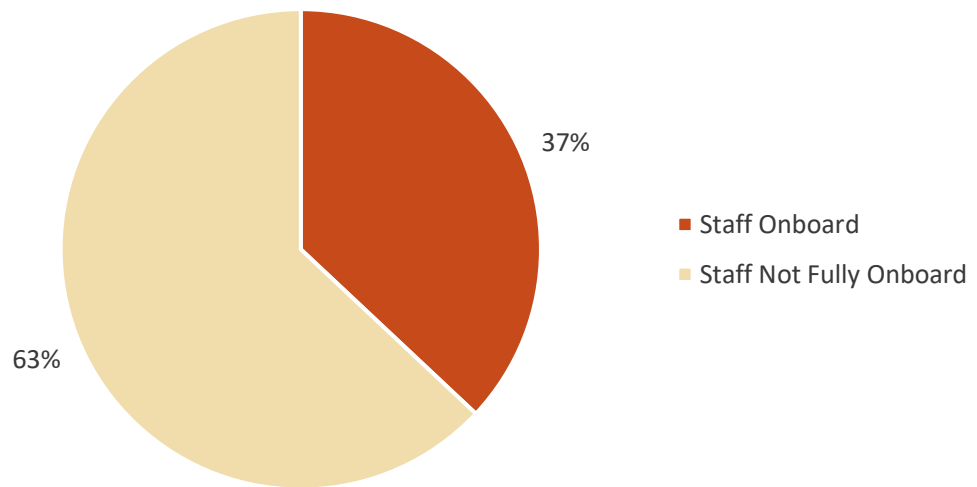
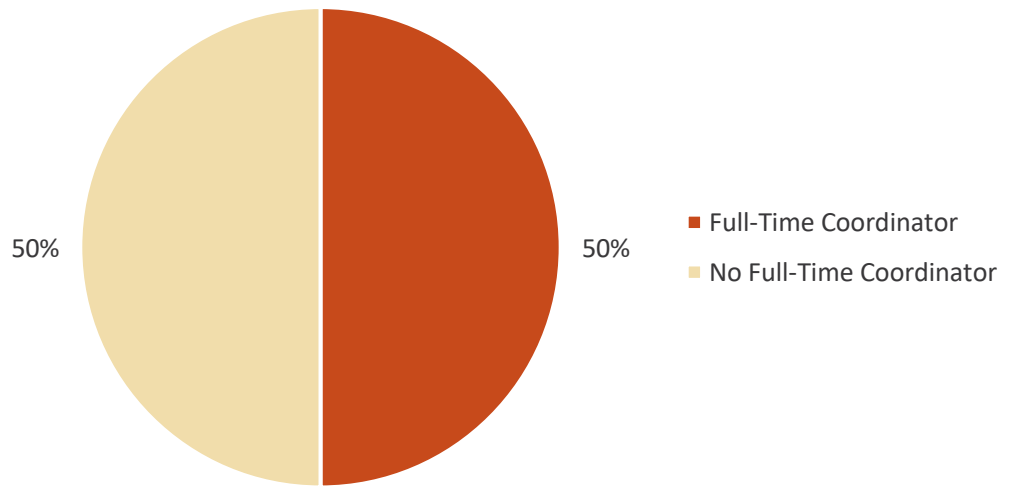


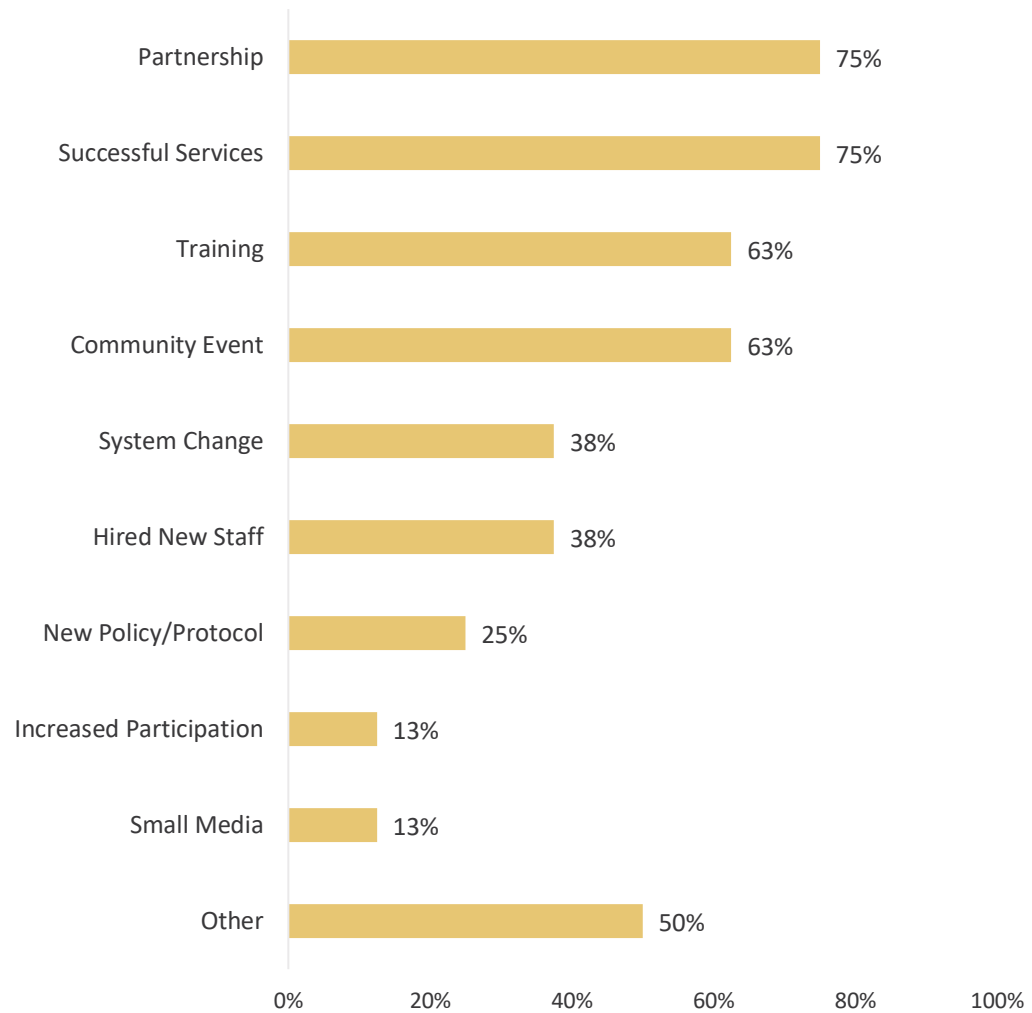
Figure 89. Percentage of DVP Purpose Area 2 Projects with a Full-Time Project Coordinator, 2018-2019



PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 90. Percentage of DVP Purpose Area 2 Projects Reporting Various Accomplishments in 2018-2019, by Accomplishment Category

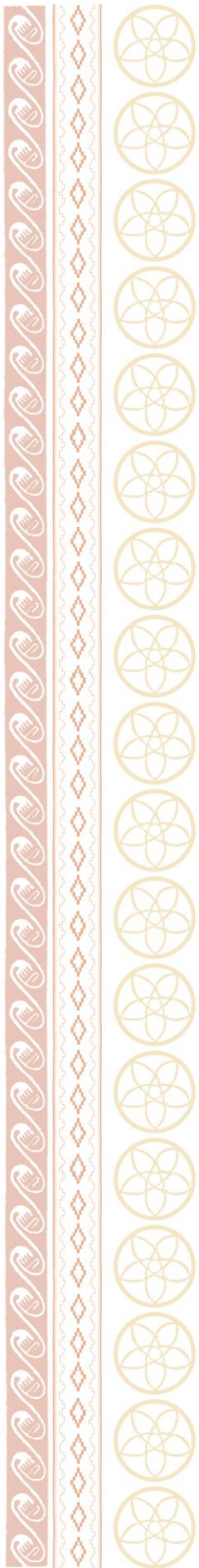


As evidenced in [Figure 92](#), the most common DVP Purpose Area 2 project accomplishments include: establishing or enhancing partnerships (75%) and successful service delivery (75%). See next page of this report for definitions and examples for each accomplishment category.

Note: These data were gathered through project narratives. There were no limits on the number or type of accomplishments each project could report.

Table 16. DVP Purpose Area 2 Project Accomplishment Category Definitions

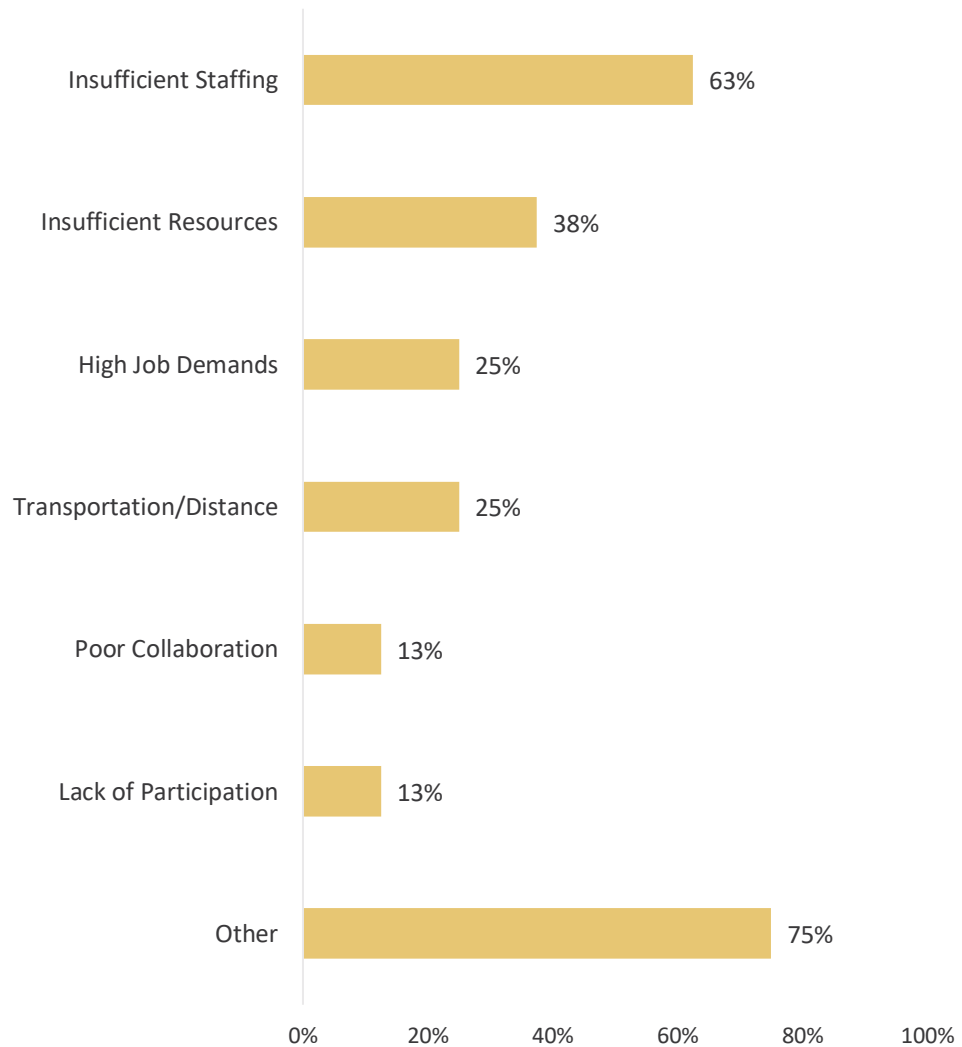
CATEGORY	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, hospitals/clinics, social services, other tribal agencies/departments, and external partners (non-profit organizations, referral sites, universities, churches, and shelters).
SUCCESSFUL EVENT	Project has listed at least one community event sponsored by the DVP project as a success during the reporting period. Common community event types included: school education events (healthy relationships, bullying, prevention, and safety planning), health fairs, community presentations/workshops, camps, community training, and fun runs/walks.
SERVICE DELIVERY	Project has identified the access to and delivery of services to clients as a key accomplishment during the reporting period, such as case management, forensic care, victim advocacy, trauma-informed care, etc.
SYSTEM CHANGE	Project has identified at least one new or expanded service that it offers as a success during the reporting period. Examples include: support groups, traditional ceremonies/practices, extended hours, aftercare/follow-up, new/expanded counselling and case management services, expanded referral networks, classes (self-defense, parenting, self-care, stress management, art therapy), emergency assistance, i.e., providing temporary lodging, food, clothing and essentials to DV victims and their families.
STAFF TRAINING	At least one project staff member attended at least one domestic violence related training, conference or workshop during the reporting period. Common training topics included: domestic violence, sexual assault, healthy parenting, motivational interviewing, sexual assault examiner training, sex trafficking, pediatric sexual abuse, and sexual assault response team training.



<p>INCREASED PARTICIPATION</p>	<p>Project has noted an increase in community participation in DVP sponsored activities and/or an increase in referrals to its services.</p>
<p>NEW STAFF</p>	<p>Project has identified at least one new staff person (part-time, full-time or contractual) joining its DVP project during the reporting period.</p>
<p>SMALL MEDIA</p>	<p>Project has implemented a small media-related activity during the reporting period. Examples include: billboards, public service announcements (PSAs), brochures, newsletters, handouts, digital stories, and social media (e.g., Facebook).</p>
<p>NEW POLICY or PROTOCOL</p>	<p>Project identified the implementation of at least one new or updated policy or protocol related to domestic violence prevention during the reporting period. Examples include updated domestic violence policy, tribal code for domestic violence, multidisciplinary strangulation guidelines (protocol), sexual assault response protocol, updated system intake, and new IPV screening protocol.</p>
<p>PLANNING</p>	<p>Project planning activities were identified as a key accomplishment during this reporting period.</p>
<p>OTHER</p>	<p>The other category included unique successes reported by two or fewer DVP projects during the reporting period. These included: increased care coordination for patients; increased 27/4 forensic nurse services; increased number and frequency of partnership meetings; community outreach; established working group and collaboration; increased community awareness of program.</p>

PROJECT CHALLENGES

Figure 91. Percentage of DVP Projects Reporting Various Barriers/Challenges in 2018-2019, by Barrier/Challenge Category

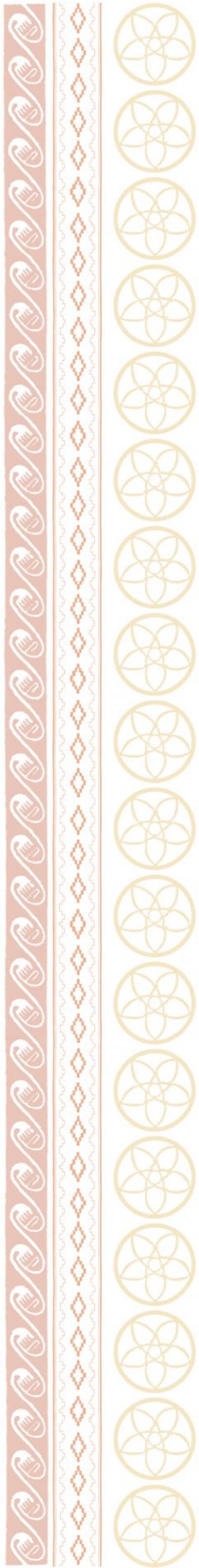


As evidenced in [Figure 93](#), the most common DVP Purpose Area 2 project challenges/barriers include: insufficient staffing (63%) and insufficient resources (38%). See next page of this report for definitions and examples for each challenge/barrier category.

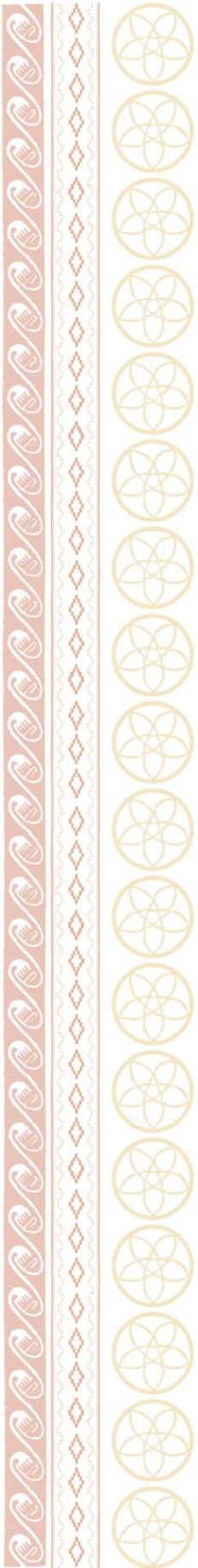
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 17. DVP Purpose Area 2 Project Challenge/Barrier Category Definitions

CATEGORY	DEFINITION
INSUFFICIENT STAFFING	Project identified a lack of staff within its DVP project as a barrier during this reporting period. This barrier included staff turnover, difficulty recruiting for vacant positions, lack of qualified applicants (education, certifications, AI/AN), and understaffing, where existing staff are burdened with excessive job duties due to insufficient staffing.
INADEQUATE RESOURCES	Project cited a lack of funding or poor local infrastructure as barriers to meet high local demand for services and activities. This category also included a lack of shelters, safe houses or transitional housing as well as insufficient legal resources and law enforcement.
POOR COLLABORATION	Project identified gaps or challenges in collaboration with other agencies/departments as a significant barrier during this reporting period. The most common entities cited as collaboration challenges included schools, law enforcement, and IHS clinics/hospitals.
LACK OF PARTICIPATION	Project cited insufficient community participation in project services and/or activities as a significant challenge.
HIGH DEMANDS	Project identified high demands (staff and partners) as a barrier to optimal service delivery and routine meeting/coalition participation. High demands encompass competing priorities, busy schedules, excessive workload, difficulties coordinating schedules with partners, and situations where the need for services exceeds local capacity.
TRANSPORTATION/ DISTANCE	Project identified rurality, insufficient transportation, large geographic service areas, and/or excessive travel times as major challenges to the delivery of project services and patient access to these services.
GRANTS MANAGEMENT	Project noted challenges with grants management including local bureaucracies, new directives from tribal administration, long delays in securing procurement and contract approval, poor record keeping, and challenges in procuring needed equipment and training.



OTHER	The other category included unique barriers reported by two or fewer DVP projects during the reporting period. These included: care coordination; barriers to reporting and issues with law enforcement; need more community awareness; challenges with integrating culturally sensitive forensic services; and socioeconomic challenges.
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APPENDIX: PROJECTS REPORTING

DVP PROJECTS REPORTING 2018-2019*

PURPOSE AREA 1

Alaska Native Justice Center
 Alaska Native Tribal Health Consortium
 Aleutian Pribilof Islands Association, Inc.
 American Indian Health Service of Chicago, Inc.
 Bakersfield American Indian Health Project
 Blackfeet Tribal Health
 Bristol Bay Area Health Corporation
 Burns Paiute Tribe
 California Rural Indian Health Board, Inc.
 Cherokee Nation
 Chinle Comprehensive Health Care Facility
 Chippewa Cree Tribe
 Choctaw Nation - Project Homakbi Ribbon
 Chugachmiut
 Citizen Potawatomi Nation
 Confederated Salish and Kootenai Tribes
 Confederated Tribes of Siletz Indians
 Copper River Native Association
 Crow Tribe
 Crownpoint Health Care Facility
 Eight Northern Indian Pueblos Council, Inc.
 Fairbanks Native Association
 First Nations Community Health Source
 Five Sandoval Indian Pueblos, Inc.
 Fort Thompson IHS Service Unit
 Fresno American Indian Health Project
 Gallup Indian Medical Center
 Gerald L. Ignace Indian Health Center
 Hualapai Indian Tribe
 Indian Health Care Resource Center - Tulsa
 Indian Heath Council, Inc.
 Kawerak, Inc.
 Kodiak Area Native Association
 Lower Elwha Klallam Tribe
 Minneapolis American Indian Center
 Minnesota Indian Women's Resource Center
 Native American Community Health Center, Inc.
 Native American Health Center, Inc.
 Native American Rehabilitation Association
 Nebraska Urban Indian Health Coalition, Inc.



Nevada Urban Indians, Inc.
 Nez Perce Tribe
 Northwest Portland Area Indian Health Board
 Oklahoma City Indian Clinic
 Paiute Indian Tribe of Utah
 Pascua Yaqui Tribe
 Pawnee Tribe of Oklahoma
 Phoenix Indian Medical Center
 Pinon Health Center
 Pokagon Band of Potawatomi Indians
 Ponca Tribe of Nebraska
 Quileute Tribal Council
 Ramah Navajo School Board, Inc.
 Red Cliff Band of Lake Superior Chippewa
 Rosebud Sioux Tribe
 Santa Clara Pueblo
 Shiprock-Northern Navajo Medical Center
 Sisseton Wahpeton Oyate
 South Dakota Urban Indian Health, Inc.
 Southcentral Foundation
 SouthEast Alaska Regional Health Consortium
 Southern Indian Health Council, Inc.
 The Healing Lodge of the Seven Nations
 Tohono O'odham Nation
 Tuba City Regional Health Care Corporation
 Turtle Mountain Band of Chippewa Indians
 United Indian Health Services, Inc.
 Urban Indian Center of Salt Lake
 Utah Navajo Health System, Inc.
 Ute Indian Tribe
 Ute Mountain Ute Tribe
 Washoe Tribe of Nevada and California
 Wiconi Wawokiya, Inc.
 Winnebago Tribe of Nebraska

PURPOSE AREA 2

Cass Lake Hospital
 Chickasaw Nation
 Chinle Comprehensive Health Care Facility
 Choctaw Nation - Project Strong
 Hopi Health Care Center
 Maniilaq Association
 Norton Sound Health Consortium
 Pine Ridge Indian Hospital