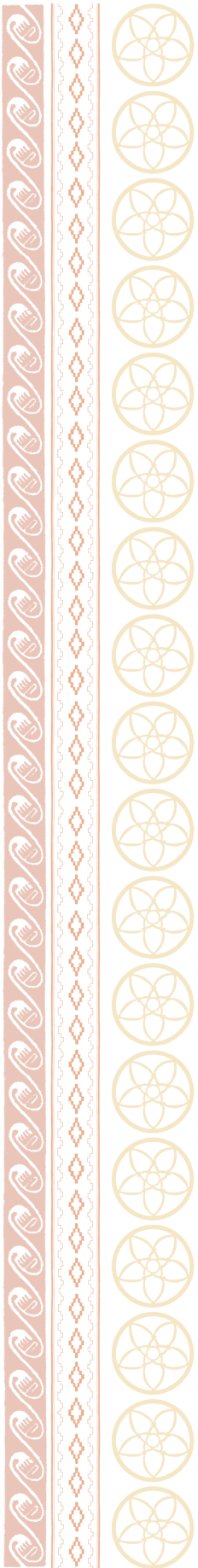


DOMESTIC VIOLENCE PREVENTION PROGRAM

IHS DIVISION OF BEHAVIORAL HEALTH
YEAR 3 NATIONAL PROGRAM DATA REPORT
September 30, 2017 – September 29, 2018



Albuquerque Area Southwest Tribal Epidemiology Center
Albuquerque Area Indian Health Board



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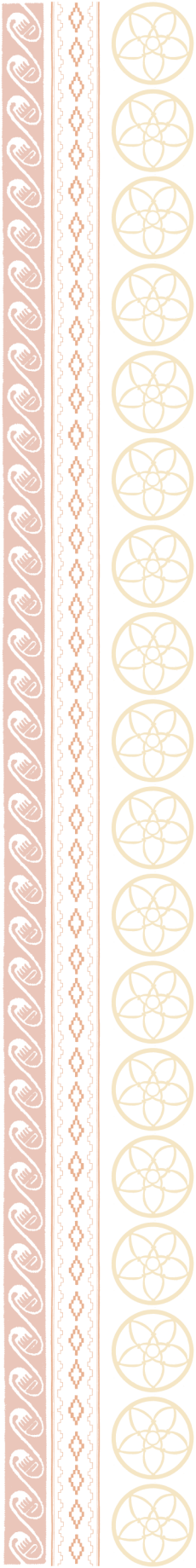
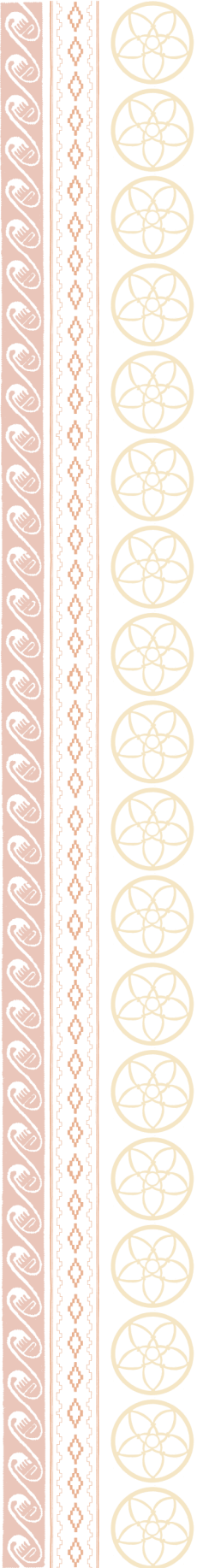


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PURPOSE

The purpose of this report is to provide findings from the national program data of 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, 2017 through September 29, 2018. Findings are aggregated from DVP Projects that submitted annual progress data at the end of the reporting period.

MESSAGES FROM LEADERSHIP



*A Message from Elizabeth A. Fowler
Acting Director, Indian Health Service*

On behalf of the Indian Health Service, it has been our distinct honor to support the tribal communities that work with the Domestic Violence Prevention (DVP) Program, formally known as the Domestic Violence Prevention Initiative, the pilot program began in 2010 and funded 65 projects. Since, then we have seen many accomplishments including over 78,500 direct service encounters encompassing crisis intervention, victim advocacy, case management, and counseling services. More than 45,000 referrals were made for domestic violence services, culturally-based services, and clinical behavioral health services.

Building from the pilot program, the current cohort continues to promote the development of evidence-based and practice-based models that represent culturally tailored prevention and treatment approaches to domestic and sexual violence in tribal and urban communities. This allows for the most appropriate community-based programming model to be implemented at each site in order to attain the best possible results. Keeping with that premise, 83 DVP projects are funded in one of the two Purpose Areas to allow for flexibility of tribes to focus on an area that is specific to the identified need in their community. Working in these various targeted purpose areas, we are proud to highlight DVP activities that have shared their most recent results.

For example, after receiving the DVP grant, the Norton Sound Health Corporation has trained sexual assault nurses to complete Sexual Assault Nurse Examinations (SANE). The number of patients examined by SANE by year increased from 30 patients in 2005 to 160 patients in 2017. In addition, they have expanded their services for domestic violence, intimate partner violence, and child abuse, strangulation and child witnesses to violence.

Throughout the country, the DVP program has shown that community-driven prevention and intervention services can uniquely address the incidence of domestic violence and sexual assault in tribal communities. We are excited to showcase outcomes thus far, which will result in a safer future for American Indians and Alaska Natives.



*A Message from Darrell LaRoche
Director, Office of Clinical and Preventive Services
Indian Health Service*

On behalf of the Division of Behavioral Health (DBH), I am pleased to provide the Domestic Violence Prevention Initiative Report for Year Three. This unique program continues to make significant progress in addressing domestic and sexual violence among American Indian and Alaska Native people by utilizing the evidence and practice-based interventions and prevention efforts along with unique cultural components. We are pleased to share and highlight their successes.

The report will offer the reader a glimpse of how the national program is using unique and successful approaches to address domestic violence and sexual assault among American Indian and Alaska Native communities. Building on the successes of the demonstration pilot phase, victims continue to have access to care for treatment of injuries related to domestic and sexual violence including adult and pediatric forensic exams and screening exams for intimate partner violence, human trafficking, and lethality risk. Prevention efforts such as education and trainings about health care provider's roles and responsibilities in caring for patients that have experienced domestic and sexual violence, creation of community health messages about domestic violence, development of community coordinated response teams, and creating educational materials on healthy relationships for adults and youth have also had a positive impact on our efforts to prevent and minimize trauma experienced by individuals, families, and communities from domestic and sexual violence.

The IHS Office of Clinical and Preventive Service is pleased to continue to support the work being done by the IHS Division of Behavioral Health, IHS Division of Grants Management, and all of the IHS Area Offices who work with various Tribal, Federal, and Urban Indian organizations in the implementation of the DVP prevention and intervention activities. We support all partners in continuing to build and maintain strong relationships to fight against domestic and sexual violence in our Tribal communities. Together, we are working hard to create a healthier future for American Indian and Alaska Native people.

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 by providing violence prevention and treatment services. This 5 and 3-year program, funded at \$11.2 million in 2015 and 2017 supports the development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to domestic and sexual violence from a community-driven context. The program seeks to reduce violence due to intimate partner violence, sexual assault, and child maltreatment. Fifty-six tribes/tribal organizations, 14 Urbans, and 13 Federal facilities used evidence-based, practice-based, and traditional models that are culturally tailored approaches 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 Programs 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.

HISTORY

In 2010, IHS collaborated with tribes, urban Indian organizations, IHS health programs to provide funding to address domestic violence and sexual assault. The DVP demonstration pilot phase funded 65 tribal, urban, and IHS health programs that supported evidence and practiced-based models using culturally appropriate prevention and treatment for domestic and sexual abuse in their communities.

From 2010-2015, DVP resulted in more than 78,500 direct service encounters including crisis intervention, victim advocacy, case management, and counseling services. More than 45,000 referrals were made for domestic violence services, culturally-based services, and clinical behavioral health services. In addition, a total of 688 forensic evidence collection kits were submitted to federal, state, and tribal law enforcement.

FUNDING

In 2015, building from the demonstration project phase, IHS announced a new 5-year DVP funding cycle to support tribal, tribal organizations, UIOs, and IHS Federal facilities in their efforts to address domestic and sexual violence prevention, advocacy, and coordinated community responses including forensic healthcare services. Funded at \$7.6 million, IHS funded 57 projects. In 2017, IHS announced a second funding opportunity, with a 3-year funding cycle to support tribes, tribal organizations, UIOs, and IHS Federal facilities to address domestic and sexual violence initiatives. Funded at \$3.6 million, IHS funded 26 projects.

IHS currently funds a total of 83 DVP grants and federal projects a total of \$11.2 million annually:

Table 1. Number DVP Projects Funded by Purpose Area, 2017-2018

Purpose Area	Focus Area	# of Projects
PA 1	Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses	75
PA 2	Forensic Healthcare Services	8

METHODS

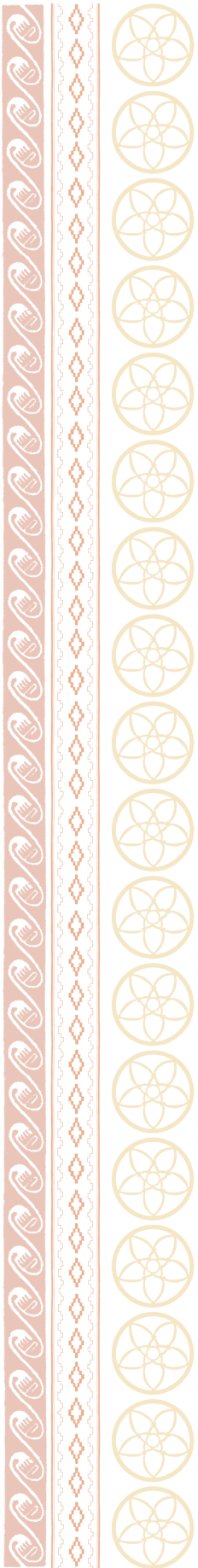
DVP projects submitted an annual progress report on the program measures relevant to their scope of work. Data was collected through a web-based reporting system. Findings reported here are aggregated for the entire year 3 period from September 30, 2017 to September 29, 2018. A total of 82 IHS DVP projects submitted an annual progress report during this reporting period.

The data in this report are presented in 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. Data analysis was conducted by the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) one of 12 Tribal Epidemiology Centers serving the American Indian/Alaska Native population across the country.

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

MAJOR FINDINGS

- DVP projects served a total of 58,582 contacts.
- DVP projects offered 1,879 Trauma Informed Care trainings, and 3,118 health professionals received Trauma Informed Care training.
- DVP projects formed 559 new or enhanced partnerships, 54 new memoranda of agreement, and 72 enhanced memoranda of agreement. Projects most frequently partnered with community-based organizations.
- The vast majority (85.5%) of DVP projects used at least one evidence-based practice (EBP) in their work.
- A total of 13,157 individuals received cultural services and 15,752 individuals received faith-based services through DVP projects.
- DVP projects reported 824 cases of intimate partner violence, 254 cases of sexual assault, and 331 cases of sexual abuse to law enforcement.
- The main accomplishment reported by DVP projects was successful community events (71%).
- The main challenge reported by DVP projects was insufficient staffing (49%), with 55% of projects reporting staff turnover, and 72% of projects onboarding new staff.

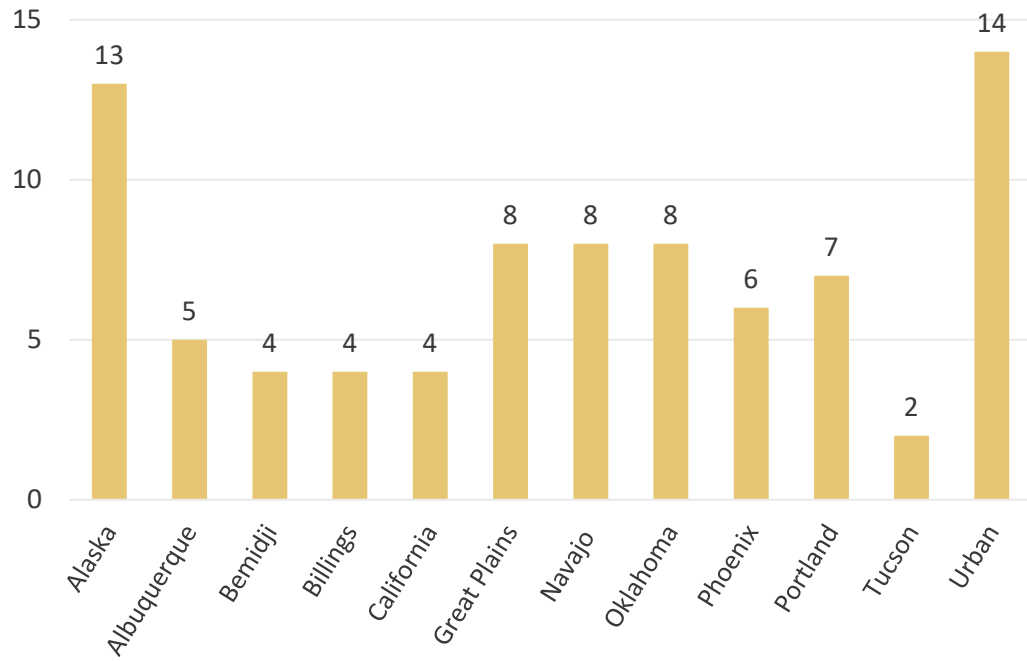


SECTION 1: POPULATION SERVED

POPULATION SERVED

DVP PROJECTS BY AREA

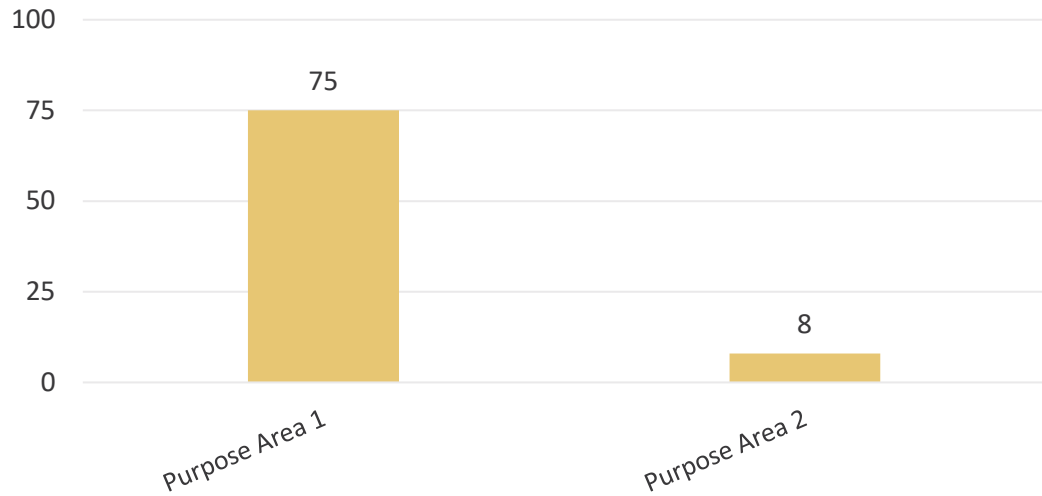
Figure 1. Number of DVP Projects by Indian Health Service (IHS) Administrative Area, 2017-2018



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

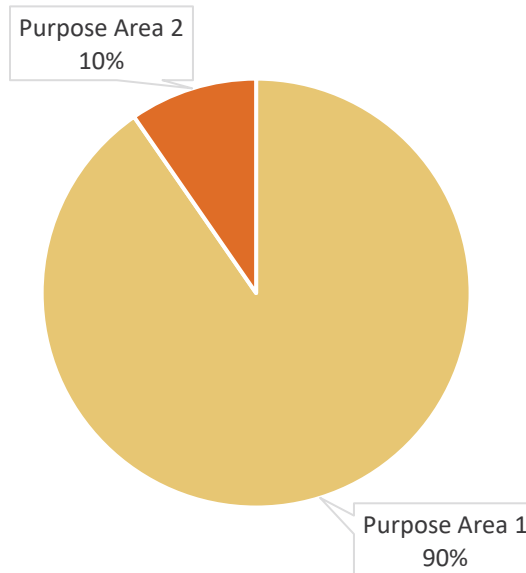
DVP PROGRAM PURPOSE AREAS

Figure 2. Number of DVP Projects by Purpose Area, 2017-2018



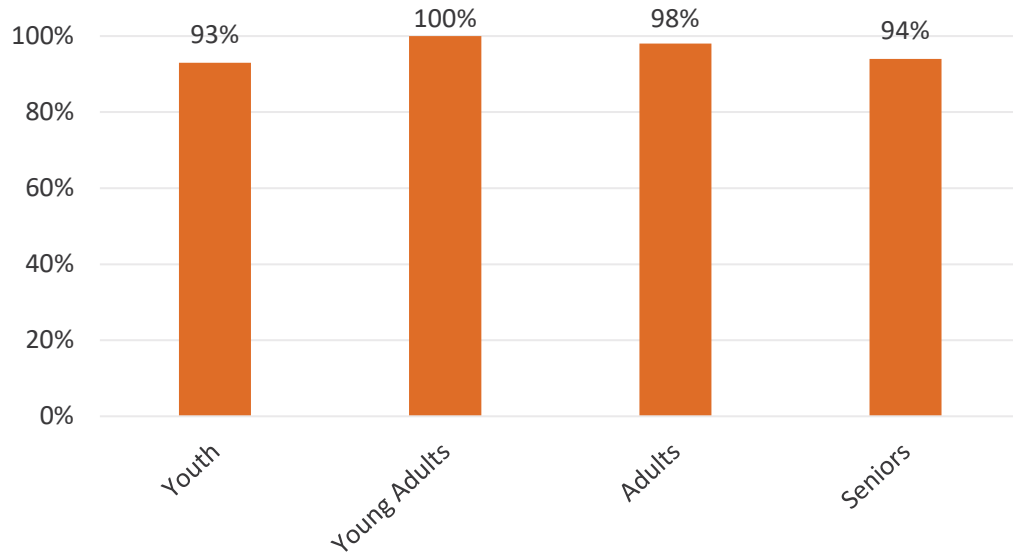
- Purpose Area 1: Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses
- Purpose Area 2: Provide Forensic Healthcare Services

Figure 3. Percentage of DVP Projects by Purpose Area, 2017-2018



DVP PROGRAM POPULATION SERVED

Figure 4. Population Served by DVP Projects, 2017-2018*



*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

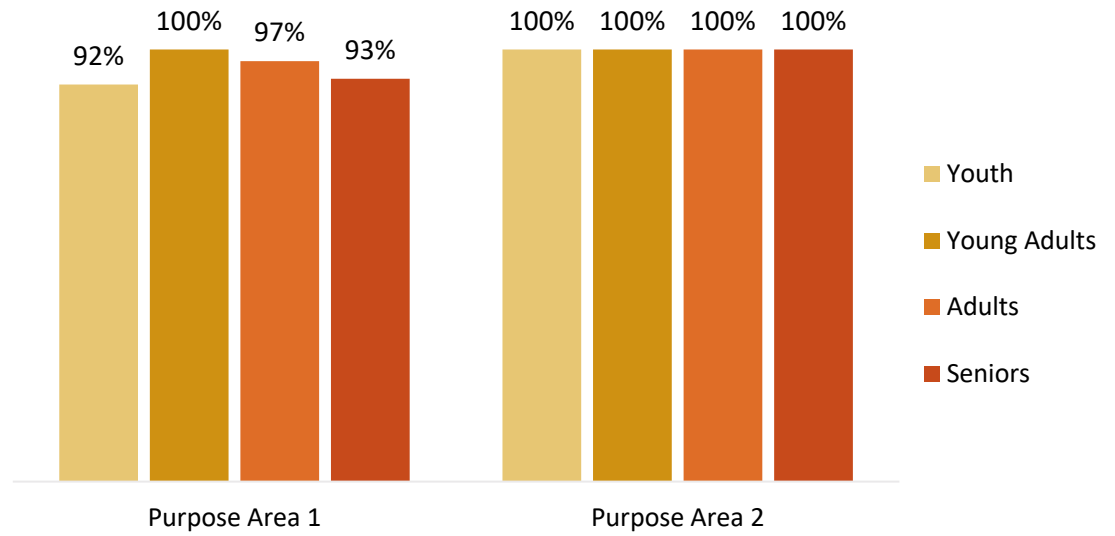
Youth (age 17 and under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 5. Number of Projects Serving Age Groups by Purpose Area, 2017-2018*

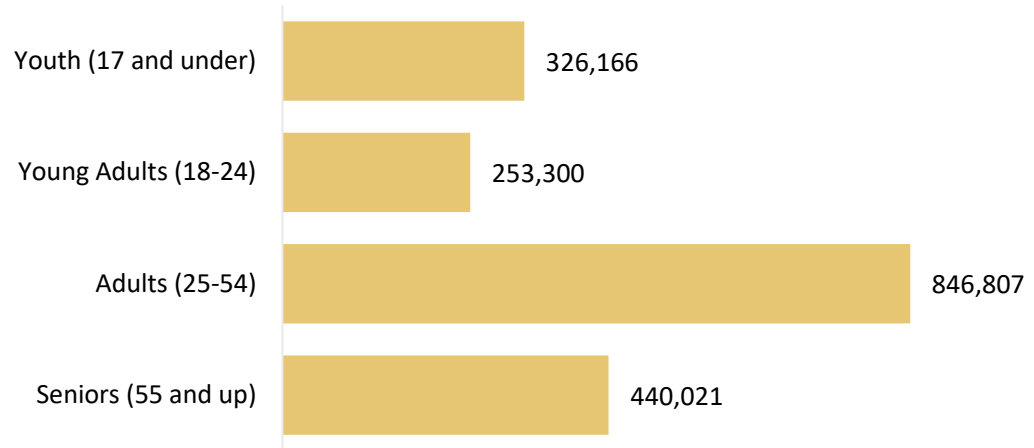


*Projects were able to select multiple target populations.

TARGET POPULATION DEFINITIONS

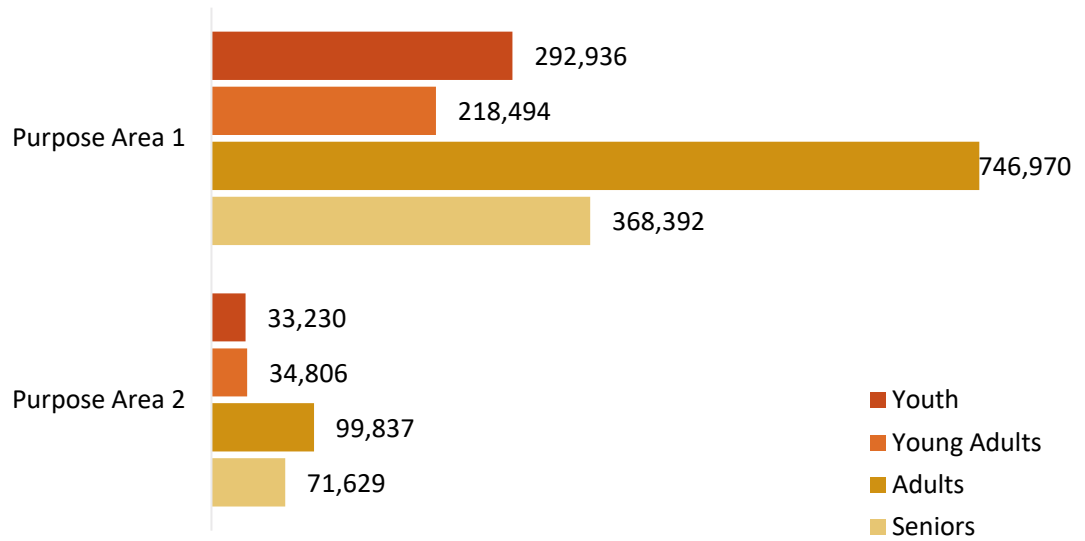
- Youth (age 17 and under)
- Young Adults (age 18-24)
- Adults (age 25-54)
- Seniors (age 55+)

Figure 6. Number of Potential DVP Participants by Age Category, 2017-2018



The total number of potential DVP participants across all projects was **1,866,294**.

Figure 7. Number of Potential DVP Participants in Each Age Category by Purpose Area, 2017-2018



TARGET POPULATION DEFINITIONS

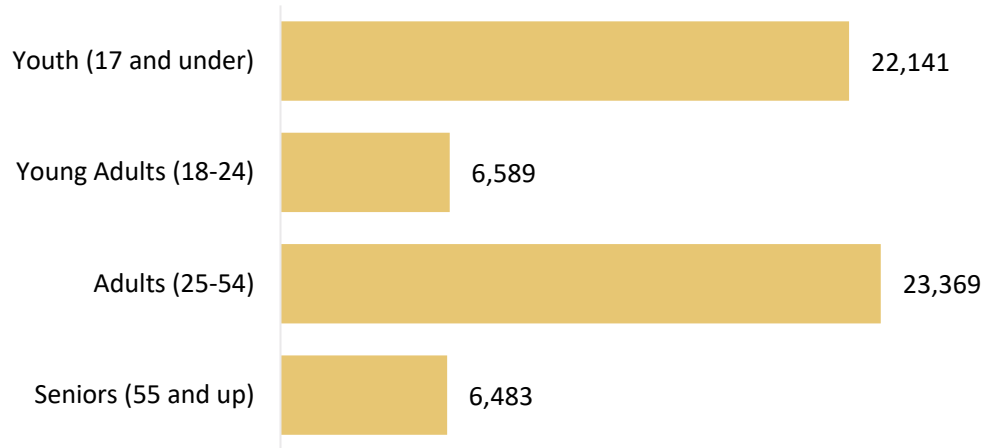
Youth (age 17 and under)

Young Adults (age 18-24)

Adults (age 25-54)

Seniors (age 55+)

Figure 8. Number of DVP Participant Contacts Served by Age Category, 2017-2018

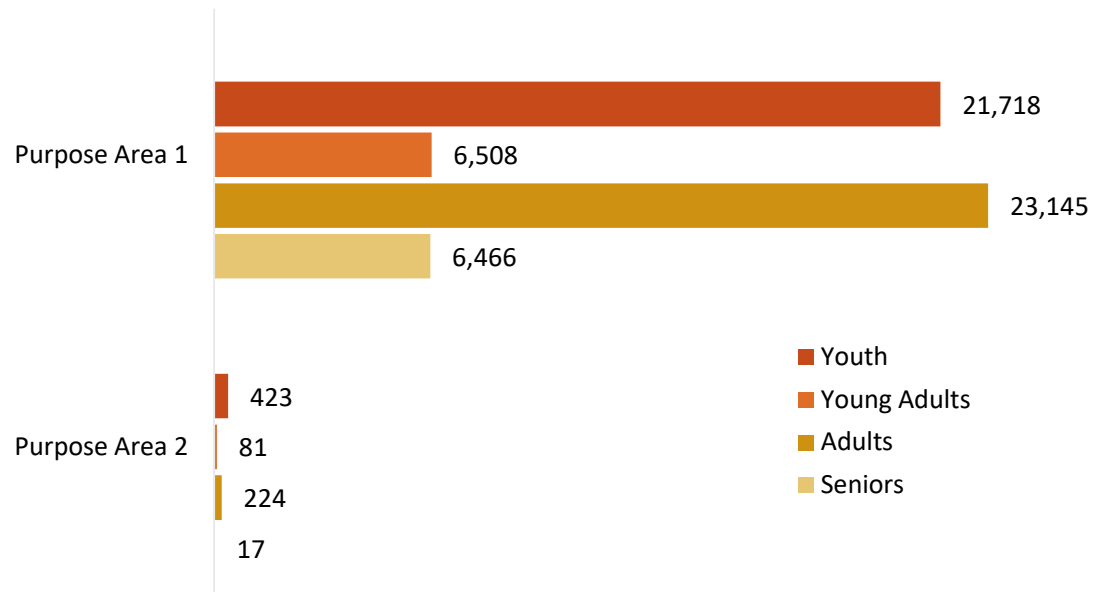


The total number of DVP participant contacts served was **58,582**.

POPULATION DEFINITIONS

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

Figure 9. Number of DVP Participant Contacts Served in Each Age Category by Purpose Area, 2017-2018



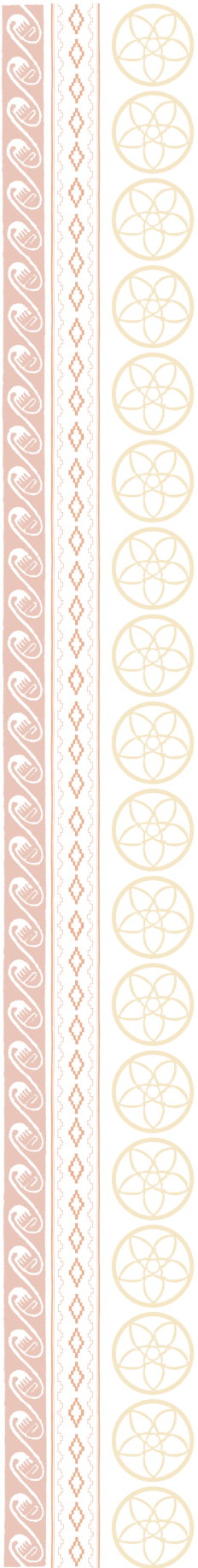
POPULATION DEFINITIONS

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

Table 2. Number of Participant Contacts Reported among DVP Projects, 2017-2018

	N
Total Potential Contacts	1,866,294
Total Participant Contacts	58,582
Social Media Encounters*	246,067

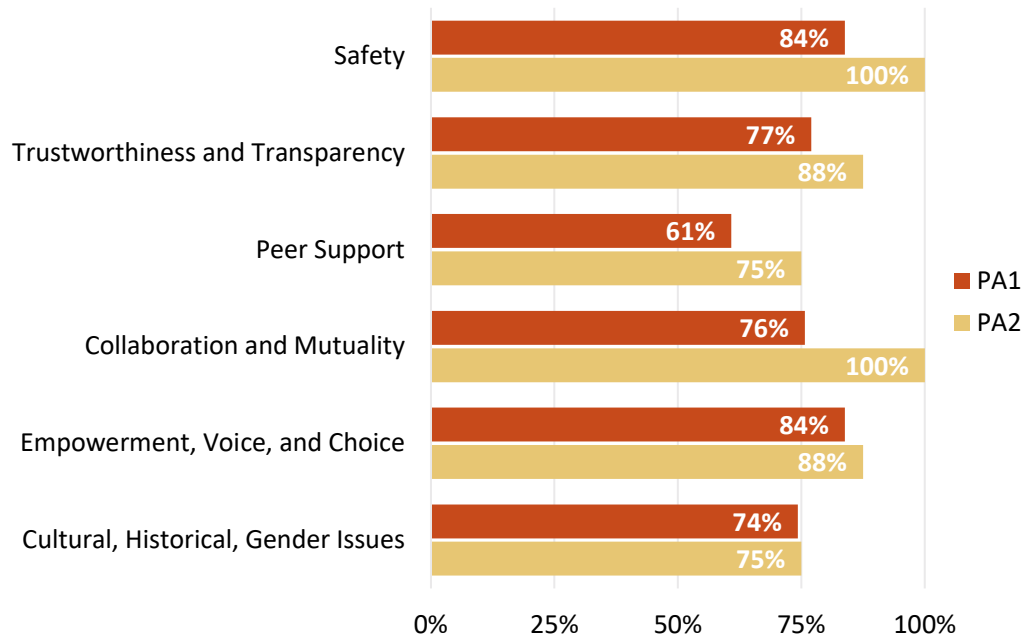
**Includes Purpose Area 1 only*



SECTION 2: SERVICE TYPES

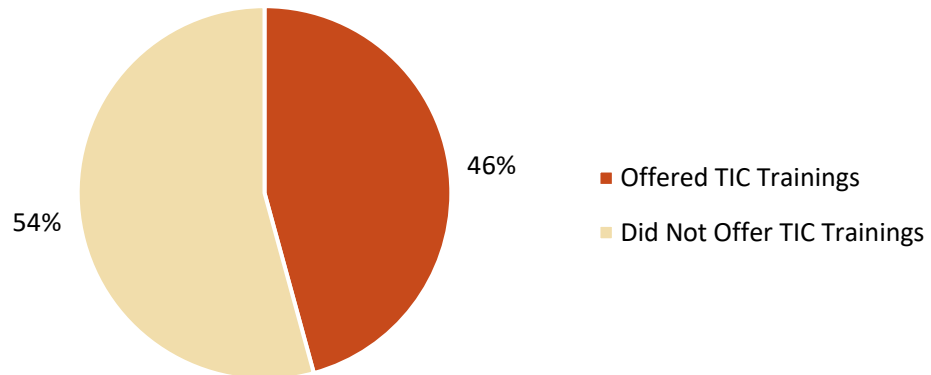
EDUCATION AND OUTREACH

Figure 10. Types of Trauma Informed Care Elements Included in DVP Project Activities by Purpose Area, 2017-2018*



*Projects were able to select multiple types

Figure 11. Percentage of DVP Projects Offering Trauma Informed Care Trainings, 2017-2018



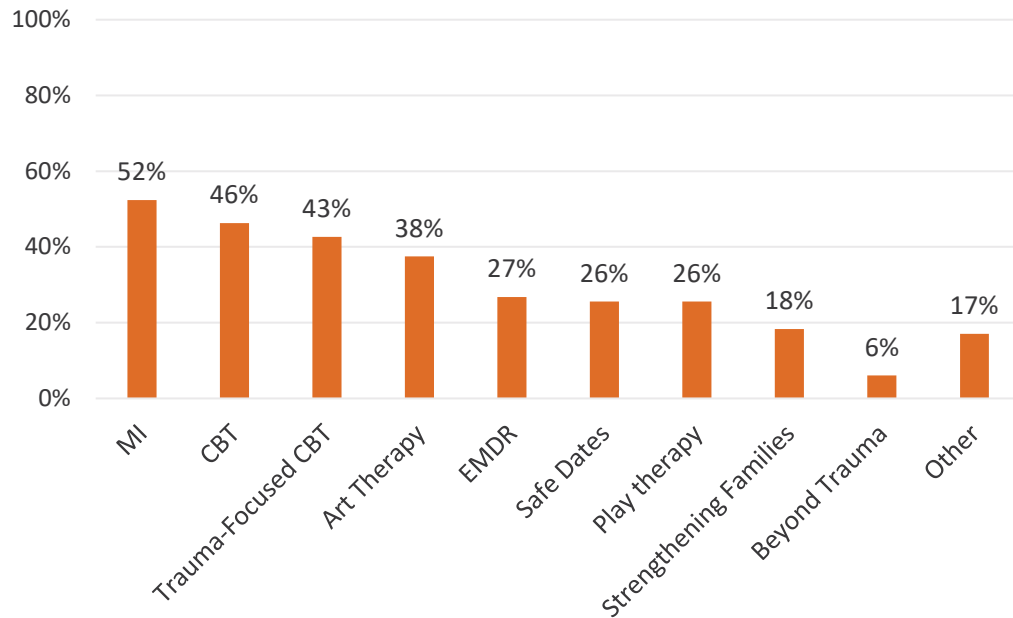
A total of **1,879** Trauma Informed Care trainings were provided by DVP projects, and a total of **3,118** health professionals were trained in Trauma Informed Care.

Types of professionals trained included:

- Social Workers
- Health Coaches
- Sexual Assault Examiners
- General Medical Providers
- Registered Nurses
- Healthcare Workers
- First Responders
- Law Enforcement
- Advocates
- Counselors
- Case Managers
- District Attorneys
- Judges
- Midwives
- Medical Providers

EVIDENCE-BASED PRACTICES

Figure 12. Type of Evidence-Based Practices Utilized by DVP Projects, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 12](#), the most common Evidence-Based Practices (EBP) utilized among DVP projects were Motivational Interviewing (52%), Cognitive Behavioral Therapy (46%), and Trauma-Focused Cognitive Behavioral Therapy (43%). The majority of projects (85.5%) used an EBP.

“Other” evidence-based practices reported included: Gathering of Native Americans; Families of Tradition; Respecting the Circle of Life; Cultural Wellness Model; Healthy Aging; Skills Training in Affective and Interpersonal Regulation; Project Venture; American Indian Life Services; ChildFirst Forensic Interviewing; Kids Club; Olweus Bullying Prevention; The Thriver; Walk In Her Shoes; Strengthening Relationships; Supporting Students Exposed to Trauma; Coping Skills Group; Partners in Parenting; Moral Reconciliation Therapy; lethality Checklist; Cultural Services; DBT; Stopping Teen Abusive Relationships from the Start; Positive Indian Parenting; SEARCH Institute; Psychotherapy; Seeking Safety; Family Spirit; Multisystemic Therapy.

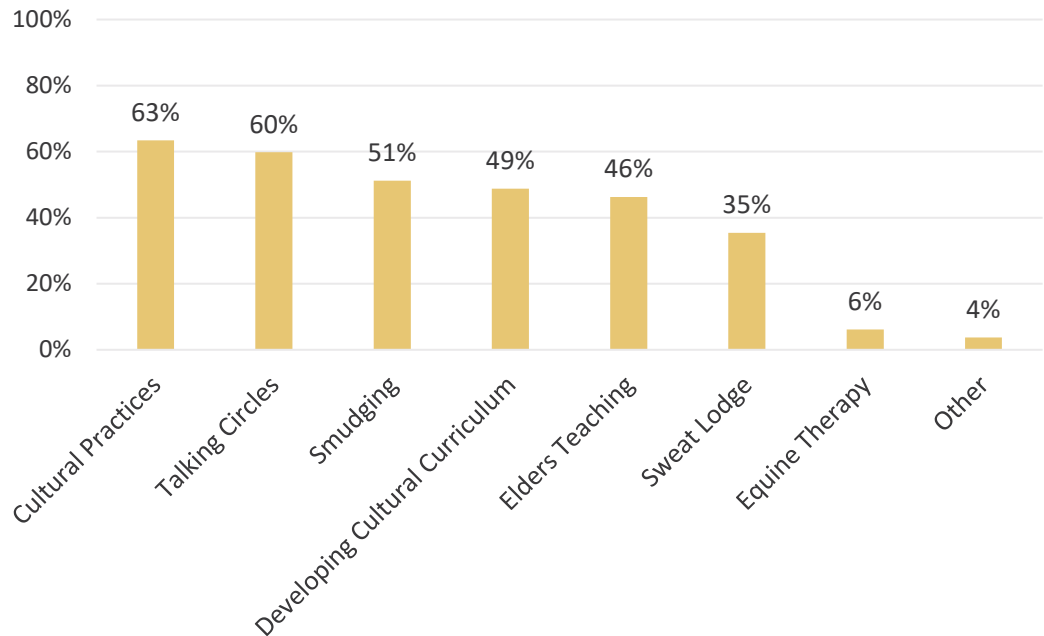
KEY:

CBT = Cognitive Behavioral Therapy

EMDR = Eye Movement Desensitization and Reprocessing

MI = Motivational Interviewing

Figure 13. Type of Practice-Based Practices Utilized among DVP Projects, 2017-2018*



*Projects were able to select multiple types.

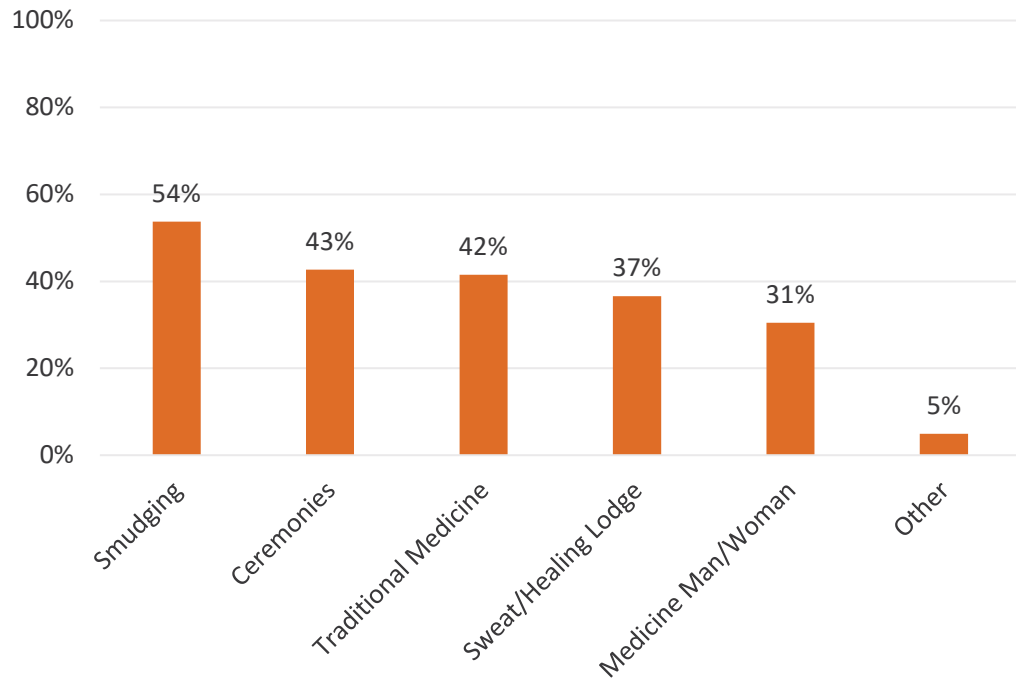
As demonstrated in [Figure 13](#), the most common Practice-Based Practices utilized among DVP projects were interventions that include cultural practices (i.e., beading, drumming, etc.) (63%), Talking Circles (60%), and smudging (51%).

“Other” practice-based practices reported by DVP projects included: traditional ceremonies; Brain Spotting; Somatic Archaeology; Aromatherapy; BHA Indigenous Workers; Clothesline Project; Crafts; Martial Arts; Tribal Canoe Journeys; Community Healing Carving Program; Drumming; Singing; in-person home visits; one-on-one sessions; Traditional Healing Diagnostician; Water Walk; GONA; Wiping of Tears; White Bison; subsistence activities; Project Venture; Healing Kits; protective prayers; trauma survivors retreats; Clubhouse after school program; community garden.

Some DVP projects made adaptations to evidence-based practices to better fit the community’s needs, including making them culturally relevant; using local activities; addressing potential issues within curriculum prior to implementation; continual assessment; surveying the community; including Native culture, voice, and values; using personal stories; using storytelling; providing individualized care; referring to client safety plan; meeting with the youth; training providers; using trauma informed approach; translating into local language; and modifying language when appropriate.

HOLISTIC APPROACHES TO SERVICES

Figure 14. Percentage of DVP Projects Integrating Traditional Healing by Practice Type, 2017-2018*



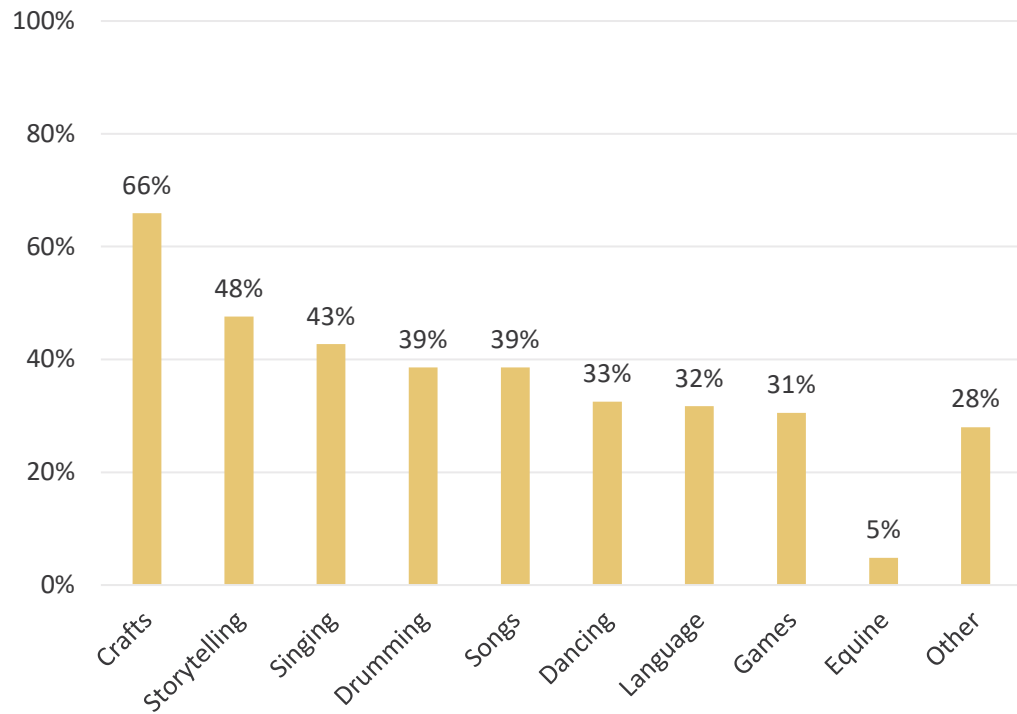
*Projects were able to select multiple types.

Figure 14 demonstrates the most common traditional healing related practices incorporated into DVP activities included smudging (54%), ceremonies (43%), and traditional medicine (42%).

“Other” traditional healing practices included: Meetings with Culture Program staff; referral to other programs; canoe journeys; talking circles; songs; prayers; Mind Body Medicine; diagnostic services; experiential education; open to all practices needed by clients.

Overall, nearly three-quarters (72.3%, n=60/83) of DVP projects reported integrating at least one of these traditional healing practices into their project services.

Figure 15. Percentage of DVP Projects Integrating Cultural Services into Project Services by Practice Type, 2017-2018



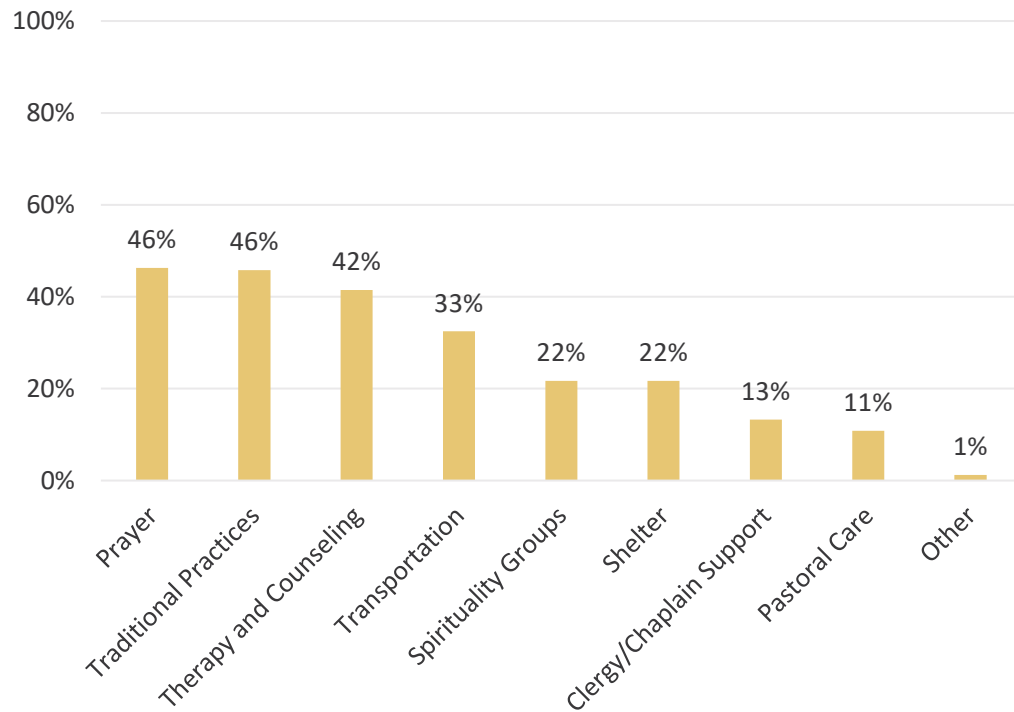
**Projects were able to select multiple types.*

As evidenced in [Figure 15](#), the most common cultural services included in DVP projects were crafts (66%) and storytelling (48%).

“Other” cultural practices cited included: Talking circles; Native Stand curriculum; harvesting wild plants; Women’s Gatherings; provision of victim advocate; referred to providers; ceremonies; community healing projects; Mothers of Tradition; GONA; Positive Indian Parenting; traditional medicines; indigenous foods; cultural family nights.

Overall, the vast majority of DVP projects reported integrating at least one of these cultural practices into their project services (97.6%, n=81/83).

Figure 16. Percentage of DVP Projects Integrating Faith-Based Services into Project Services by Practice Type, 2017-2018

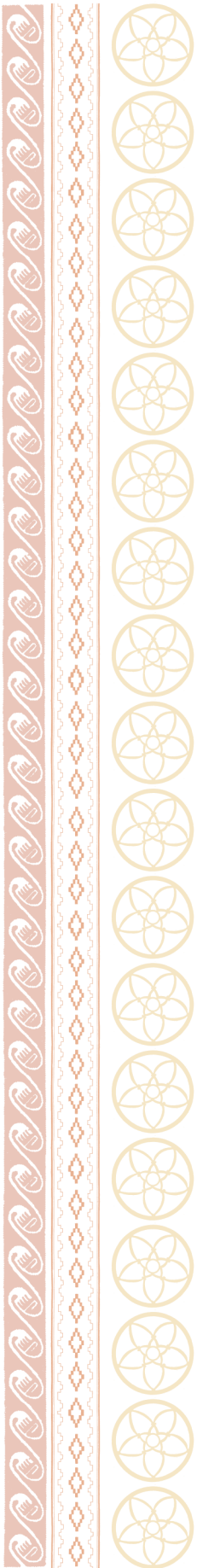


**Projects were able to select multiple types.*

As evidenced in [Figure 16](#), the most common faith-based services offered by DVP projects were prayer (46%) and traditional practices (46%).

“Other” cultural practices cited included: referral to traditional practitioners; self-care; white sage wrapping; mind-body-medicine modalities.

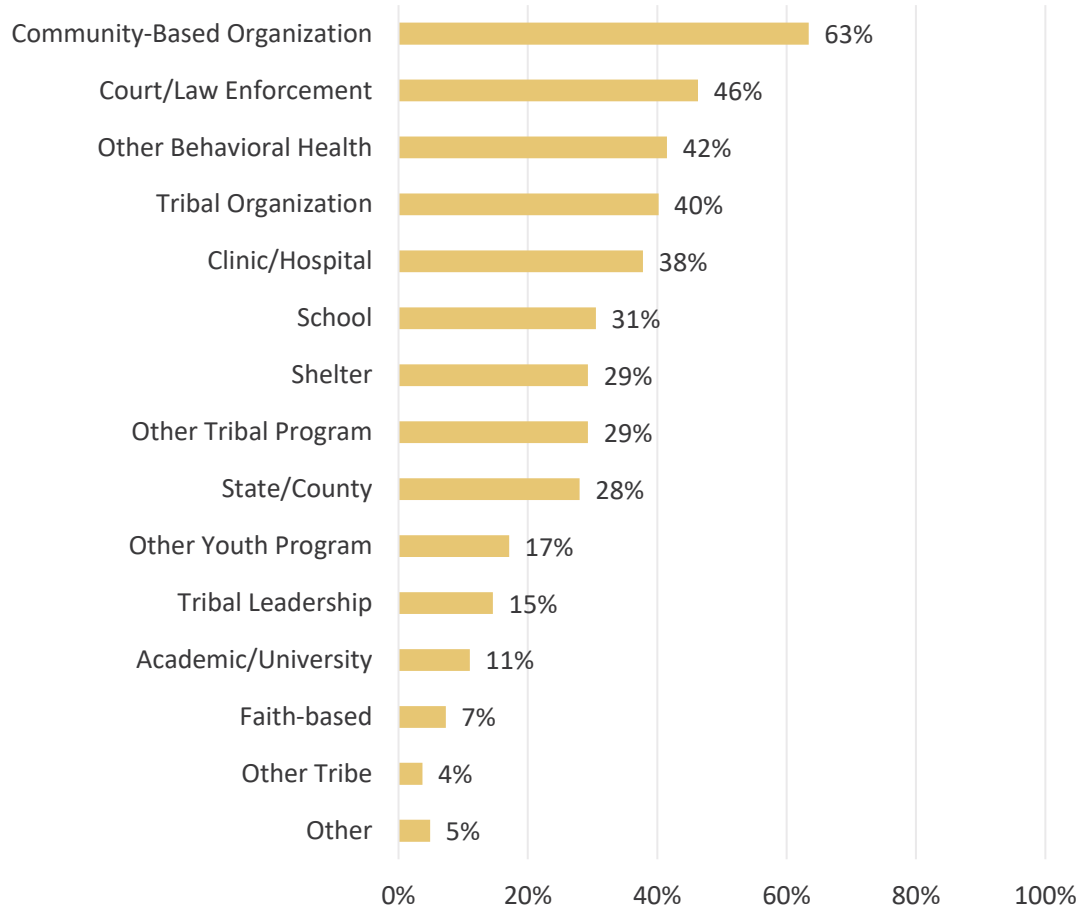
Overall, the majority of DVP projects reported integrating at least one of these faith-based services practices into their project services (79.5%, n=66/83).



SECTION 3: PROJECT OPERATIONS

PARTNERSHIPS

Figure 17. Most Common Types of Partners Enlisted among DVP Projects 2017-2018*

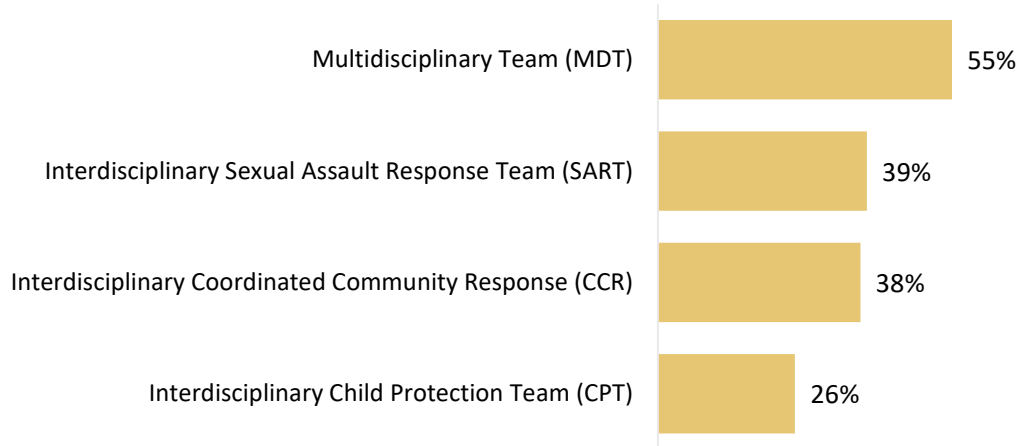


*Projects were able to select multiple partner types.

Table 3. Number of Partners Reported among DVP Projects, 2017-2018

	N
Total Partners (All Projects)	559
Average per project	6.8
Range	1 – 48

Figure 18. Percent of DVP Projects Participating in Project Teams* by Team Type, 2017-2018



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

Figure 19. Number of Cases Reported to Law Enforcement with or without an Evidence Collection Kit as Reported by DVP Projects, 2017-2018

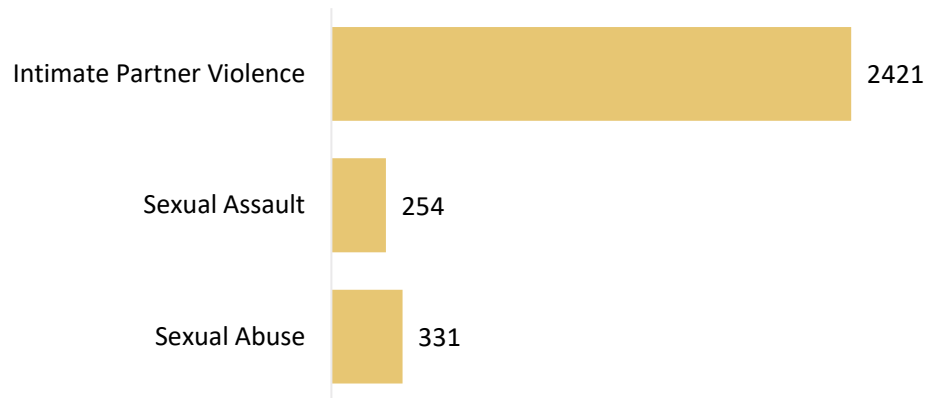
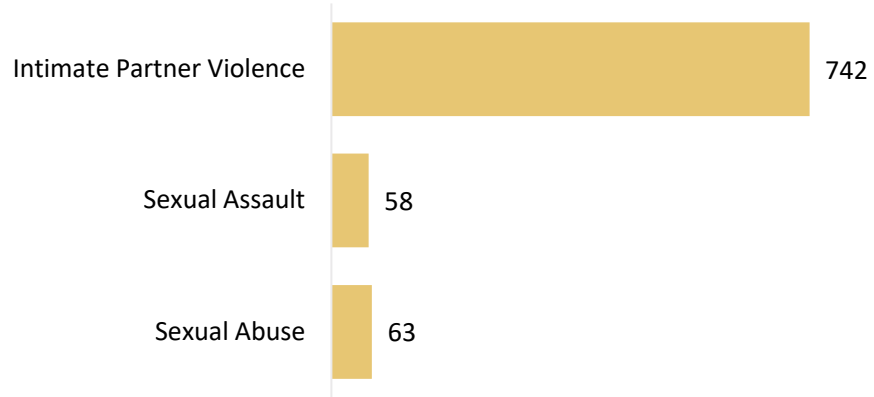
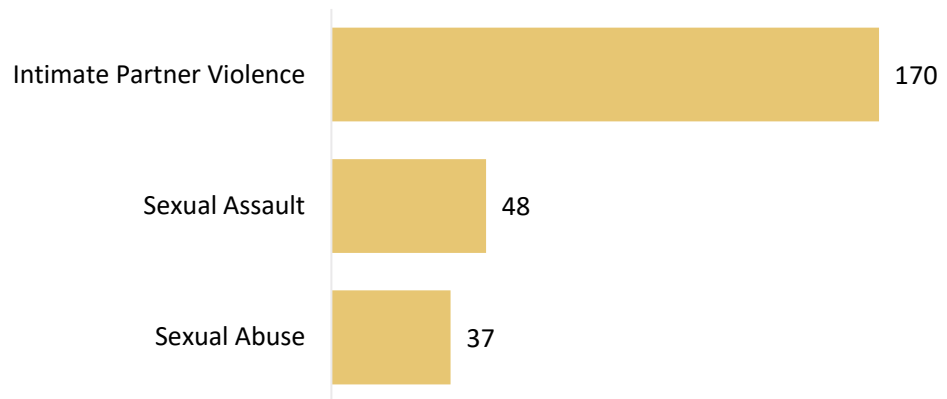


Figure 20. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Projects, 2017-2018



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

Figure 21. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Projects, 2017-2018



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

STAFFING

Figure 22. Percentage of DVP Projects that Experienced Staff Turnover, 2017-2018

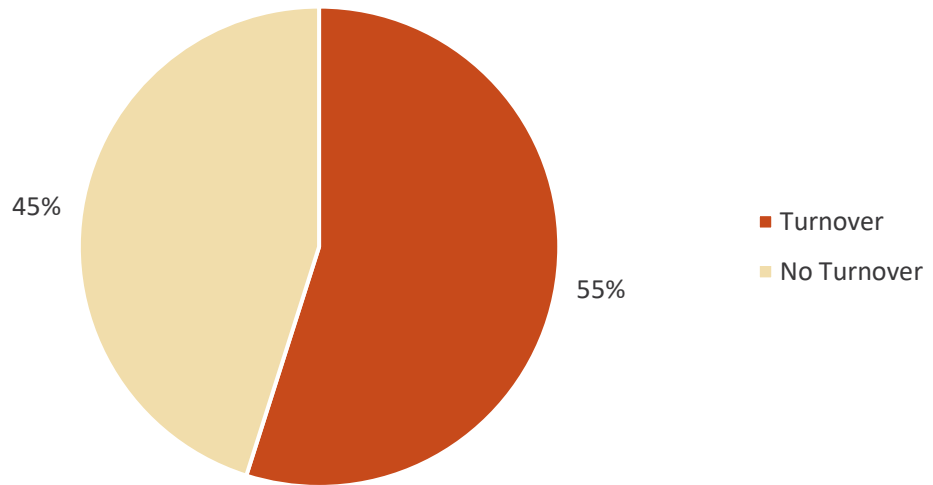


Figure 23. Percentage of DVP Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2017-2018

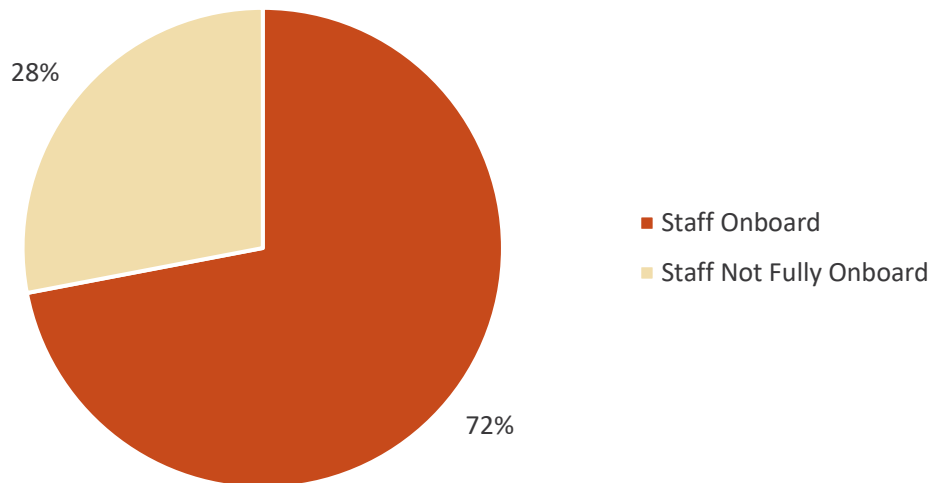


Figure 24. Percentage of DVP Projects with a Full-Time Project Coordinator, 2017-2018

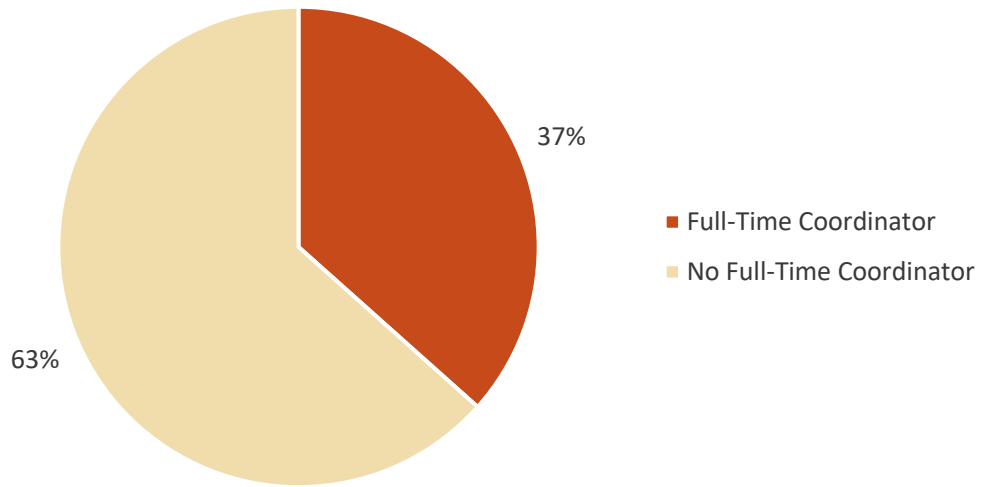


Table 4. Percentage of Time Paid to DVP Project Coordinator from DVP Funding, 2017-2018

	N
Average	32.2%
Range	0 – 90%



TYPES OF DVP STAFF THAT DEPARTED PROJECT

- Project director
- Prevention specialist
- Project coordinator
- Community wellness lead
- Event coordinator
- Administrative assistant
- Behavioral health director
- Training and outreach specialist
- Shelter advocate; counselors
- Victim/witness specialist
- Support staff
- Evaluator
- Traditional healer
- Nursing staff
- Prevention manager
- Quality improvement coordinator

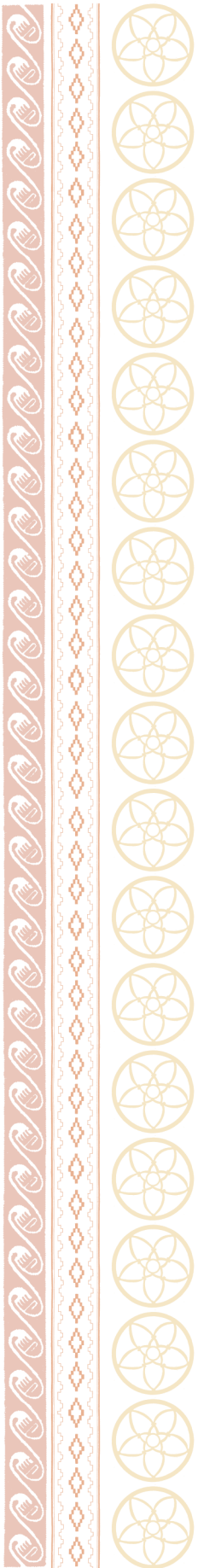
REASONS GIVEN FOR DVP STAFF TURNOVER

- Promotion
- Health issues
- Commute
- Retired
- Family reasons
- Alternate job opportunities
- Relocated
- Resigned
- Personnel issues
- To work with Tribe
- Pay increase
- Personal preferences
- Maternity leave
- Burnout
- Termination
- Lack of support



IMPACT OF DVP STAFF CHANGES

- Delayed activities
- Fell off schedule
- Reduced continuity in professional partnerships/relationships
- Services stopped
- Reduced services
- Halted data collection
- Delay in programming
- Unable to spend down project budget
- Reduced client recruitment
- Staff work load increased
- Needed to recruit volunteers

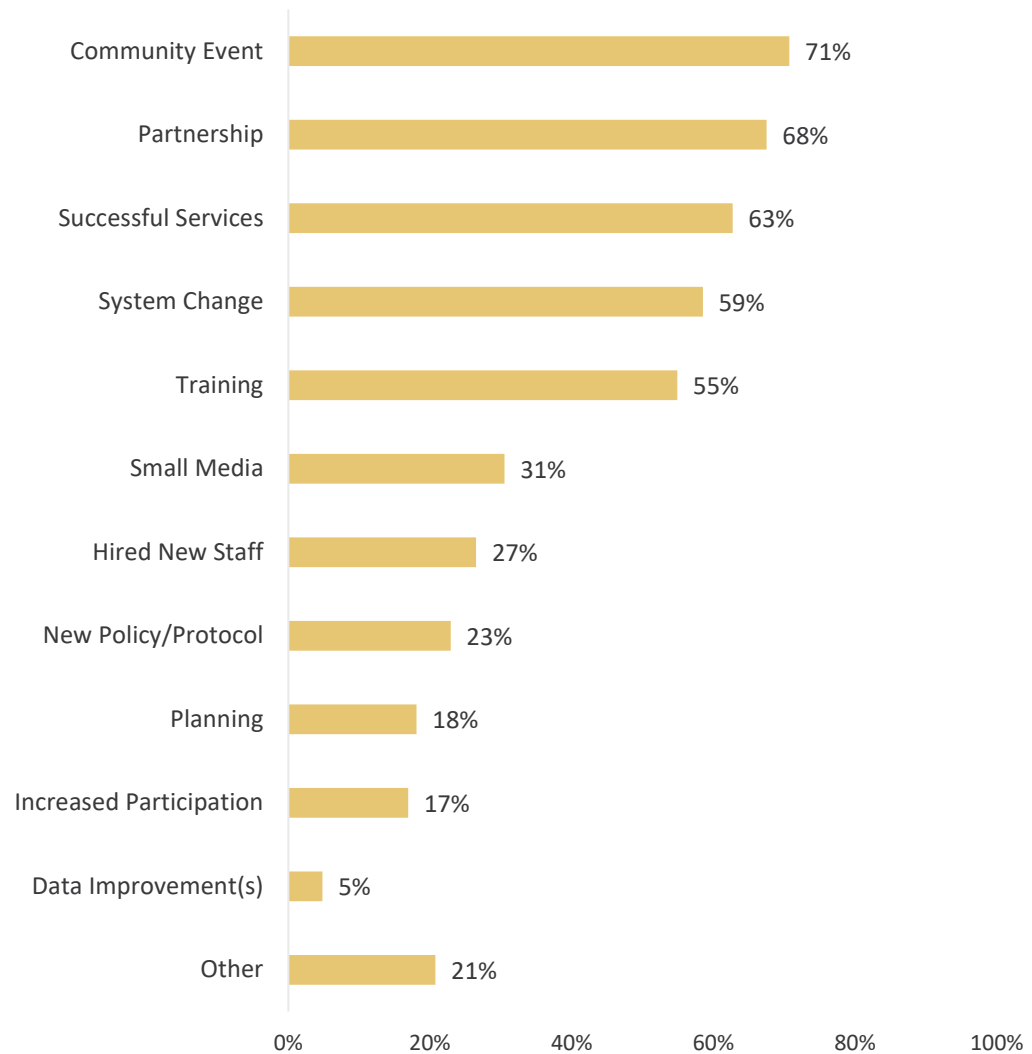


SECTION 4: PROJECT ACCOMPLISHMENTS & CHALLENGES

PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 25. Types of Project Accomplishments Reported by DVP projects, 2017-2018

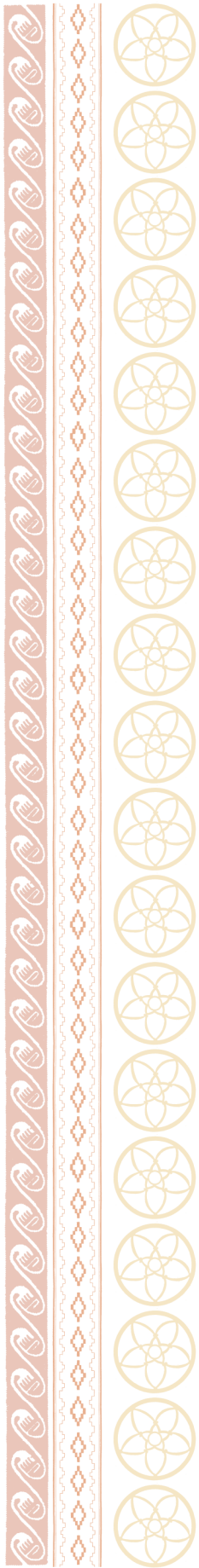


As evidenced in [Figure 25](#), the most commonly reported DVP project accomplishments in project year 3 included hosting successful community events (71%), establishing or enhancing partnerships (68%), and successful service delivery (63%). Definitions and examples for each success category are provided on the following pages of this report.

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

Table 5. DVP Project Accomplishment Definitions

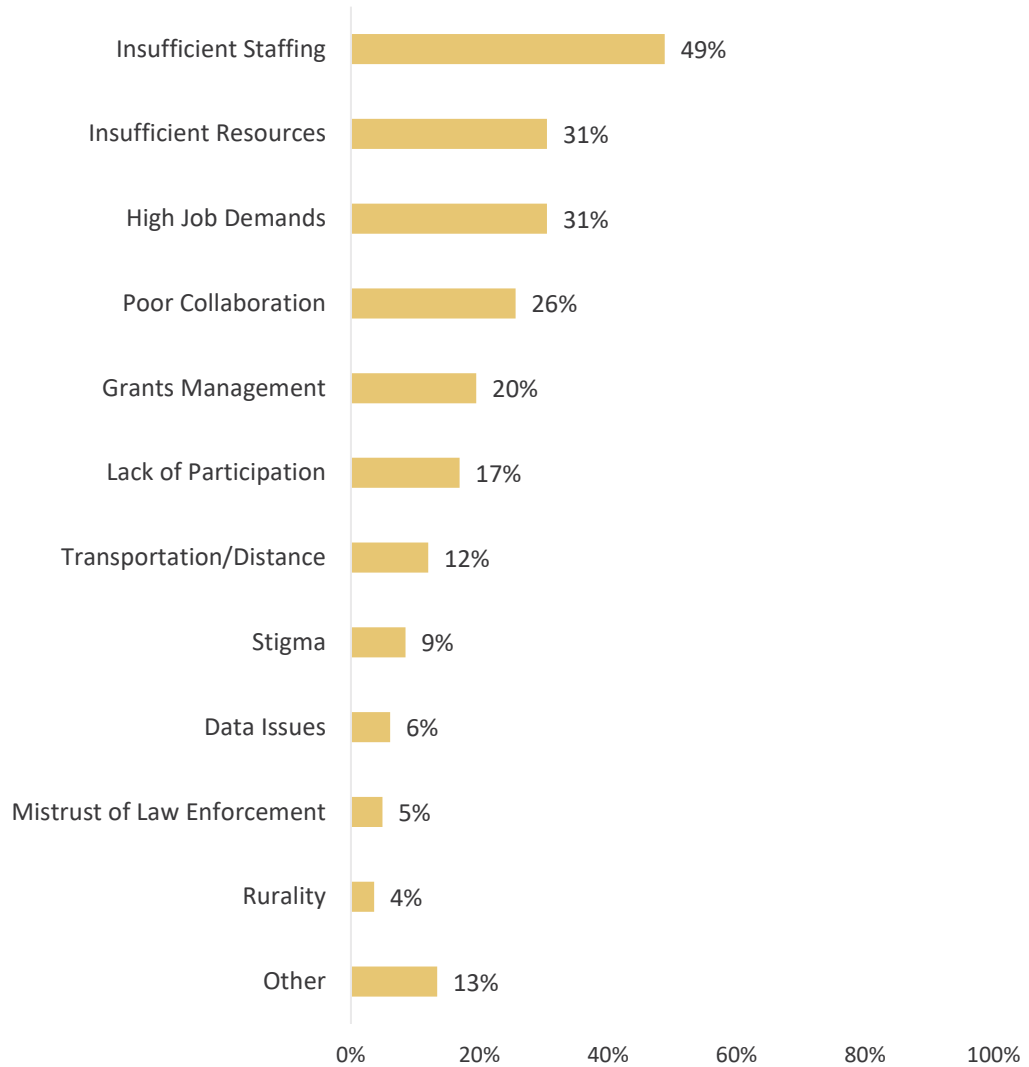
ACCOMPLISHMENT	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, 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: community outreach; formed project advisory team; increased community awareness of project; completed community needs assessment; enhanced collaboration; increased number of partnership meetings; purchased all necessary supplies.</p>

PROJECT CHALLENGES

Figure 26. Types of Project Challenges Reported among DVP projects, 2017-2018

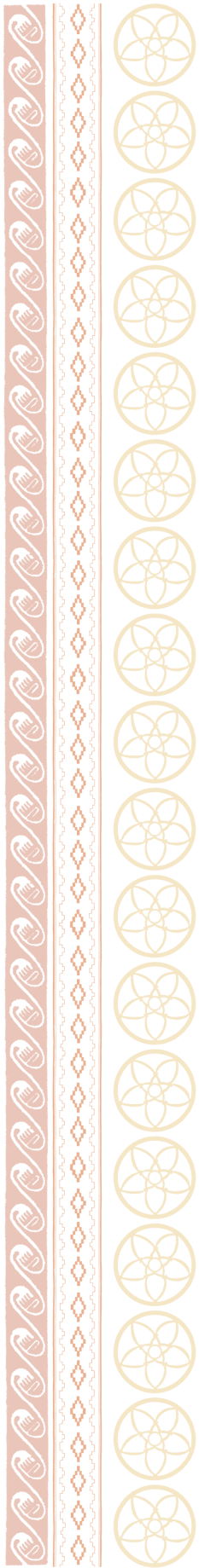


As evidenced in [Figure 26](#), the most commonly reported DVP project barriers included insufficient staffing (49%), insufficient resources (31%), and high job demands (31%). Definitions and examples for each barrier category are provided on the following pages of this report.

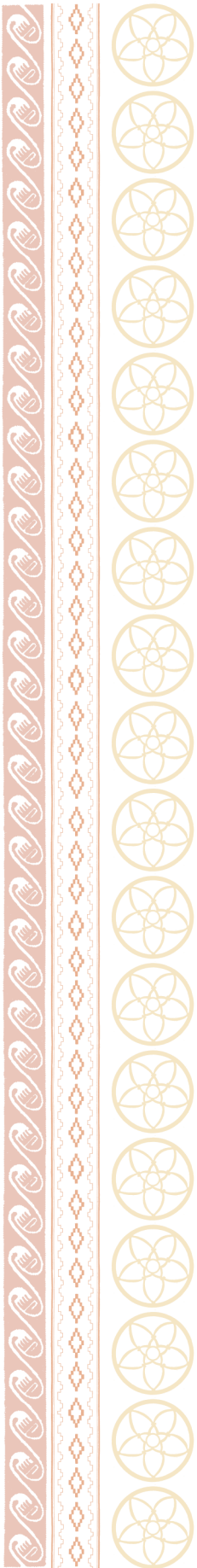
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 6. DVP Project Challenges Definitions

CHALLENGE	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; lack of participant records; lack of support for policy change; multi-generational trauma; insufficient tribal policy; not enough time to complete project activities; and socioeconomic challenges.</p>



SECTION 5: DVP PURPOSE AREA 1 ONLY

OBJECTIVE 1: EXPANSION OF SERVICES

Figure 27. Number of Individuals Served by DVP Purpose Area 1 Projects by Service Type, 2017-2018

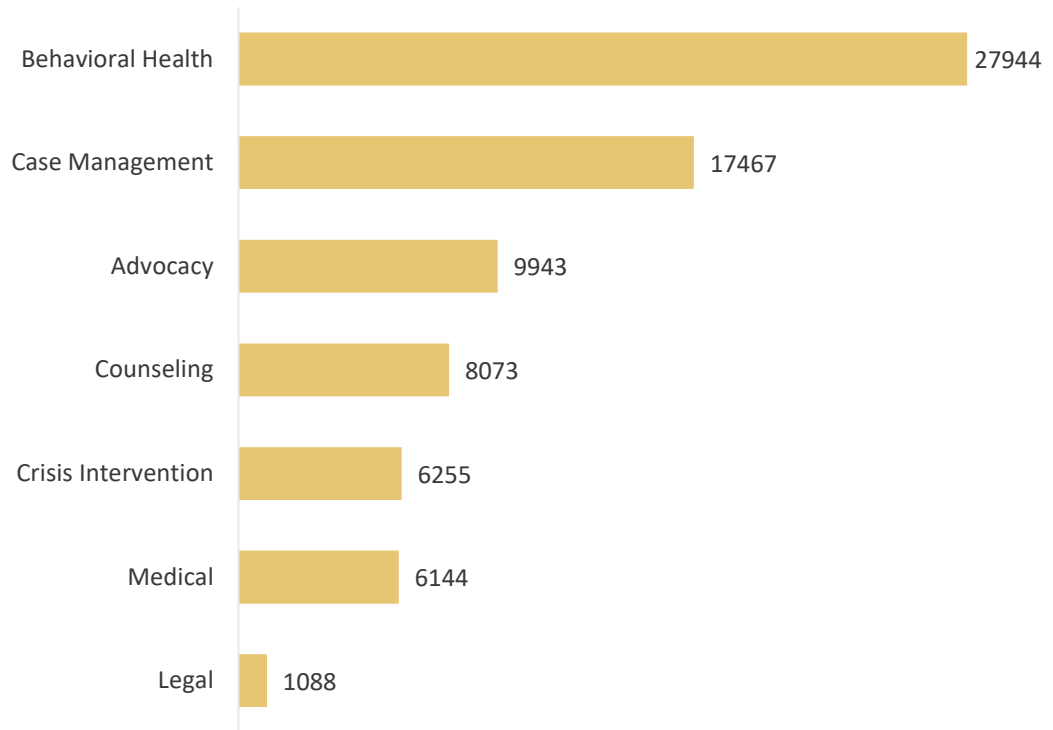
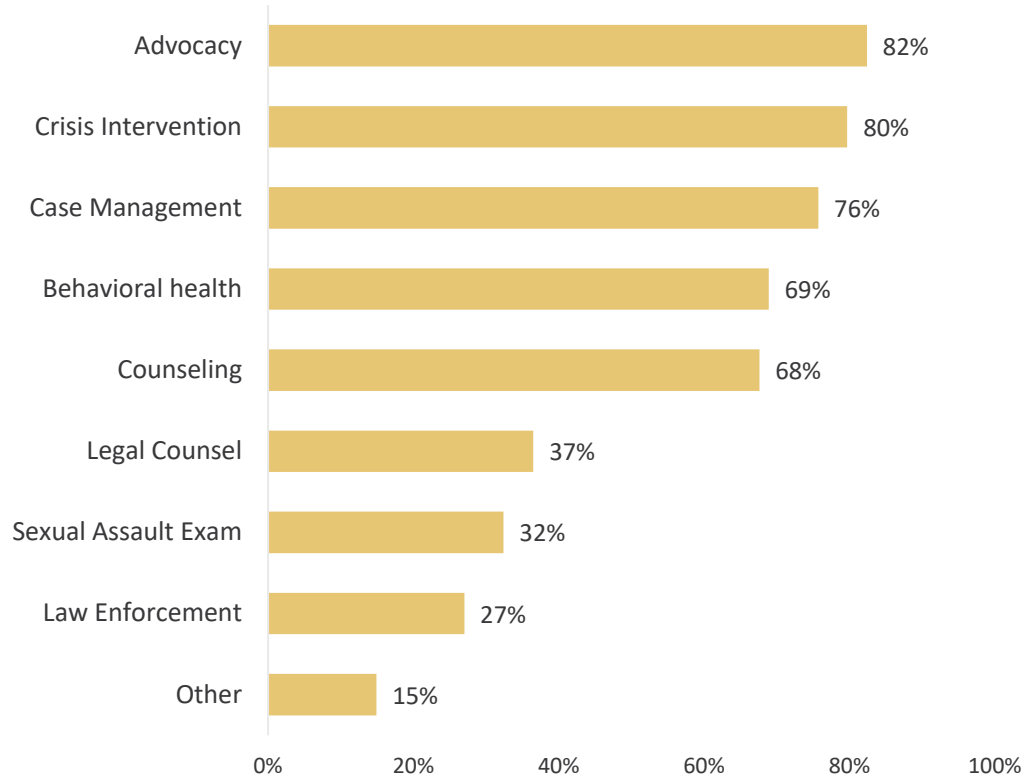
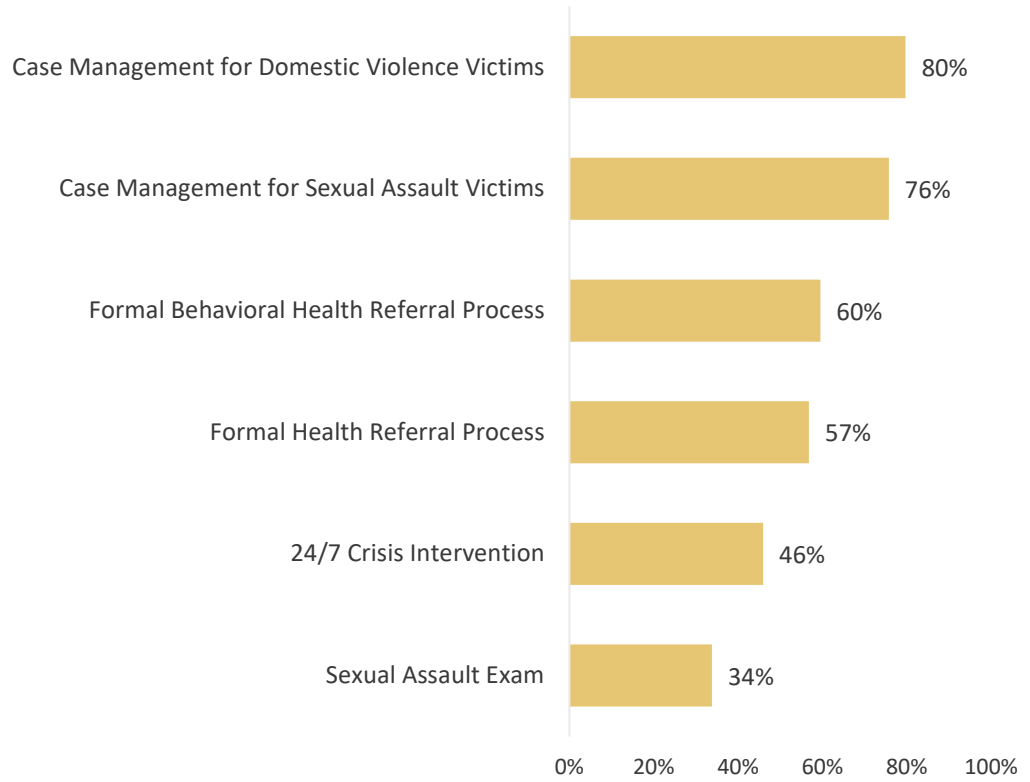


Figure 28. Enhanced Services* of DVP Purpose Area 1 Projects, 2017-2018



*Projects were able to select all that apply.

Figure 29. Services Available through DVP Purpose Area 1 Projects, 2017-2018



*Projects were able to select all that apply.

Table 7. Count of Incidents Reported by DVP Purpose Area 1 Projects by Report Type, 2017-2018

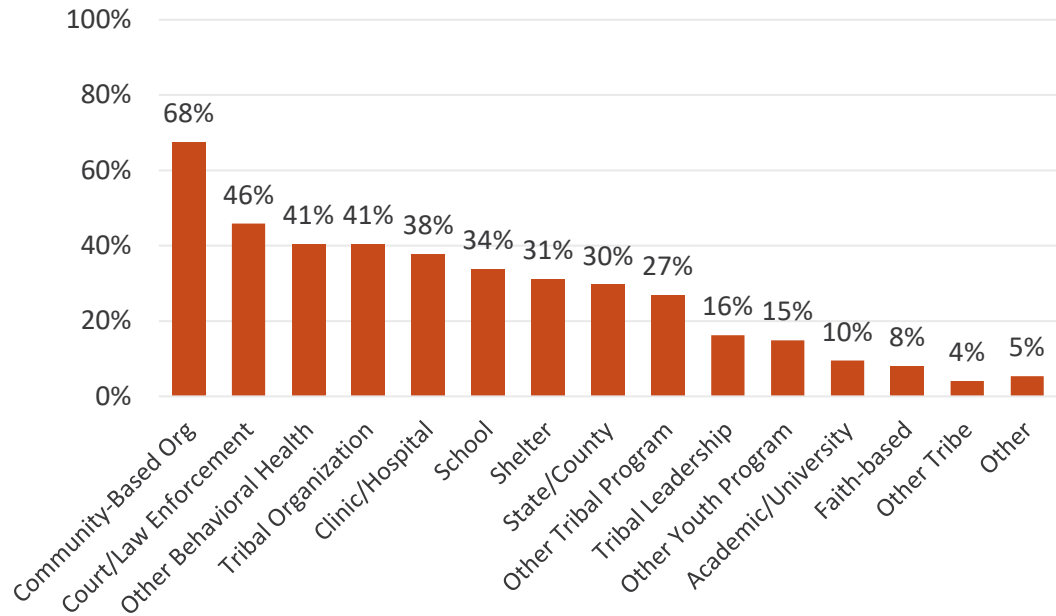
	N
Incidents Reported to Law Enforcement Agencies due to Domestic Violence	1597
Incidents Reported to Child Protection Agencies due to Domestic Violence	416
Incidents Reported to Child Protection Agencies due to Sexual Assault	153

Table 8. Count of Individuals who Received Project Services from DVP Purpose Area 1 Projects and Reported Violence, 2017-2018

	N
Individuals Reporting Sexual Assault	1048
Individuals Reporting Strangulation	111
Individuals Reporting Human Trafficking	291

OBJECTIVE 2: PARTNERSHIPS

Figure 30. Most Common Types of Partners Enlisted among DVP Purpose Area 1 Projects, 2017-2018*

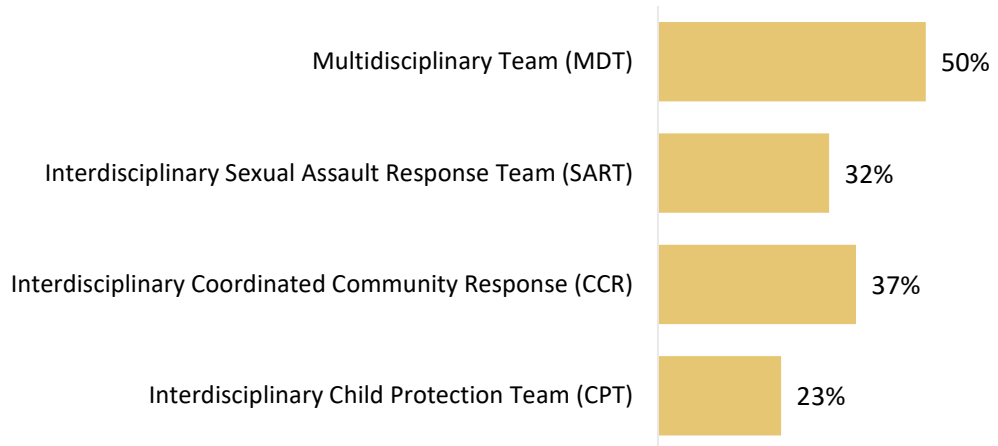


*Projects were able to select multiple types.

Table 9. Number of New and Enhanced Memoranda of Agreement (MOAs) Reported among DVP Purpose Area 1 Projects, 2017-2018

	N
Total New Memoranda of Agreement (MOAs)	54
Total Enhanced Memoranda of Agreement (MOAs)	72

Figure 31. Percent of DVP Purpose Area 1 Projects Participating in Project Teams* by Team Type, 2017-2018



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

Figure 32. Number of Cases Reported to Law Enforcement with or without an Evidence Collection Kit as Reported by DVP Purpose Area 1 Projects, 2017-2018

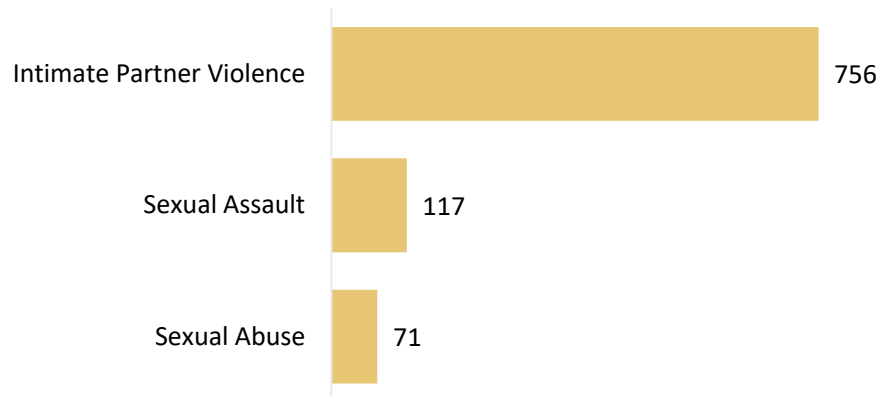
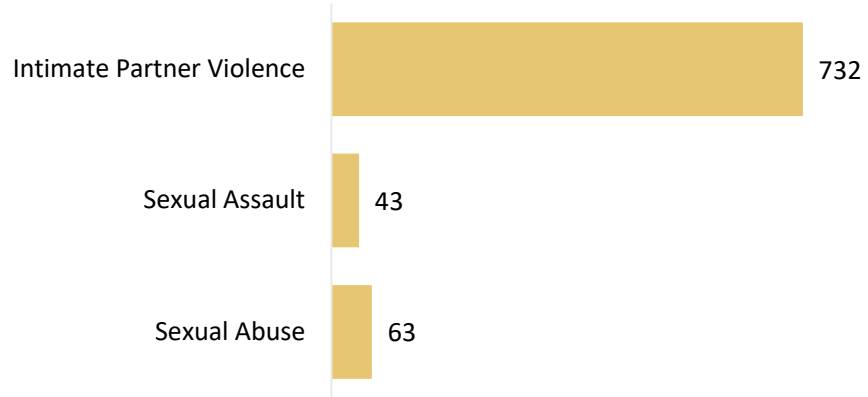
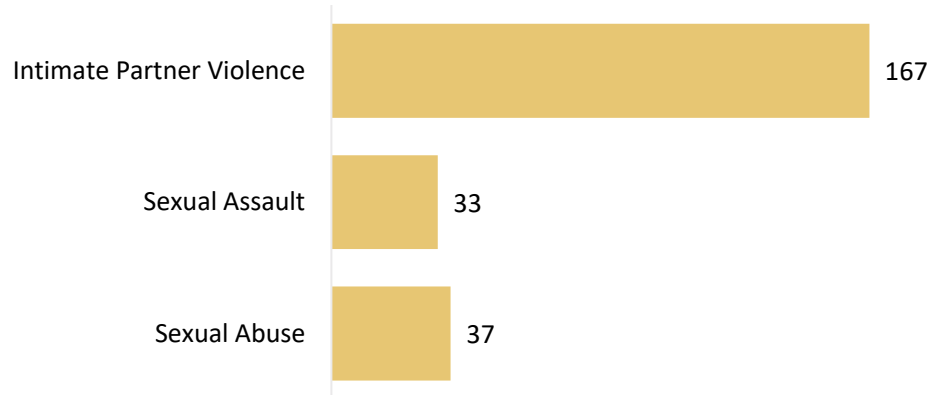


Figure 33. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Projects, 2017-2018



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

Figure 34. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Purpose Area 1 Projects, 2017-2018



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

OBJECTIVE 3: TRAININGS

Figure 35. Number of Trainings Provided by DVP Purpose Area 1 Projects by Topic, 2017-2018

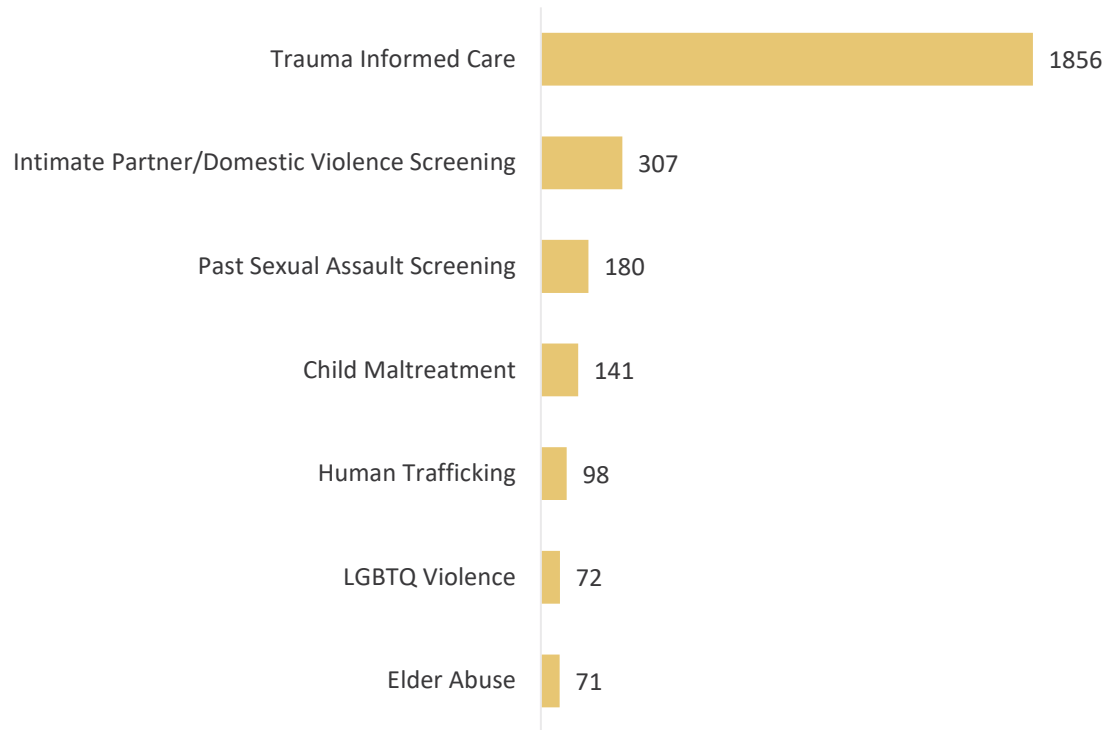
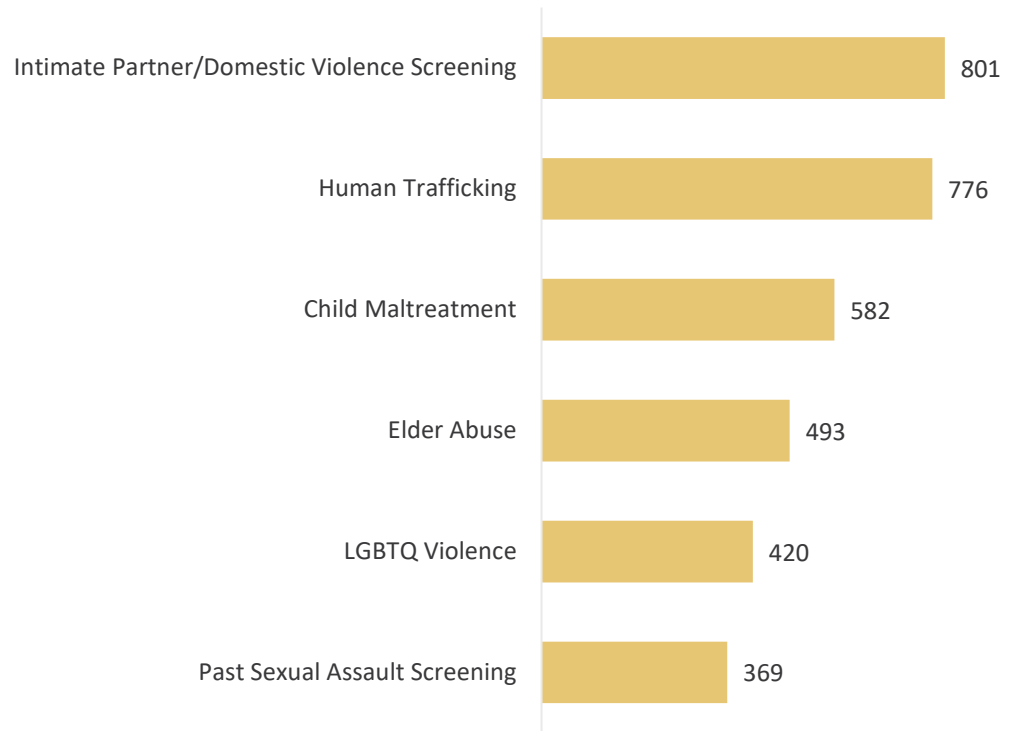


Figure 36. Number of Health Service Providers Trained by DVP Purpose Area 1 Projects by Topic, 2017-2018



DVP Purpose Area 1 projects provided training in medical forensic examinations to a total of **52** health care providers.

Figure 37. Number of Non-Medical Service Providers Trained by DVP Purpose Area 1 Projects by Topic, 2017-2018

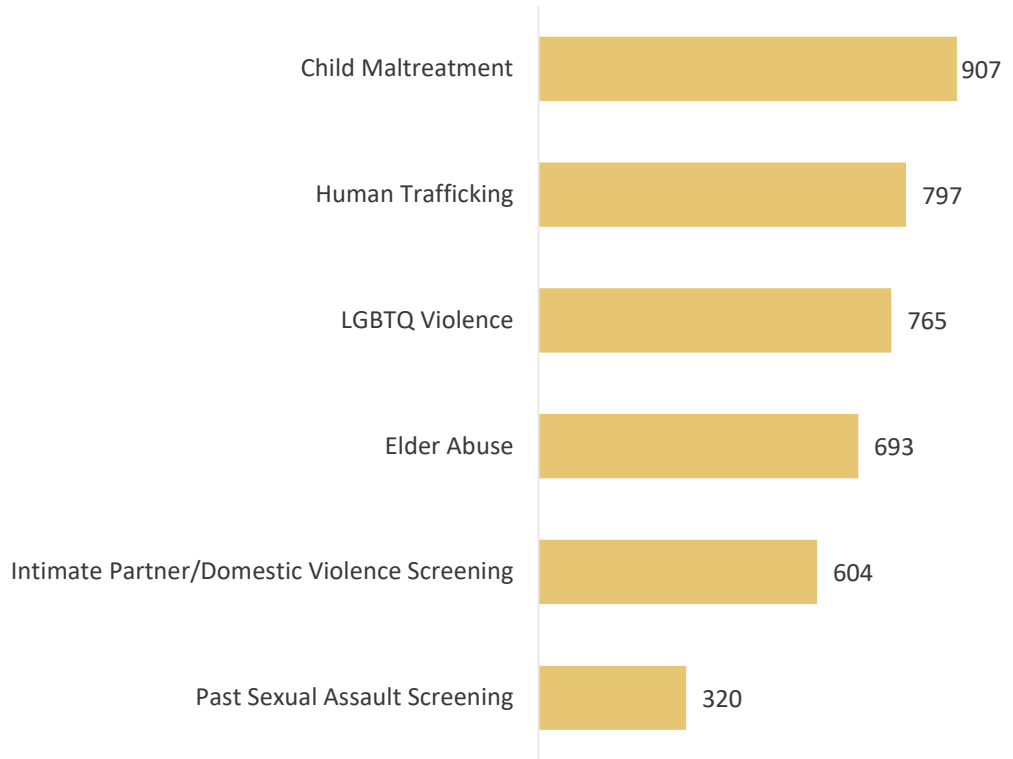


Figure 38. Percentage of DVP Purpose Area 1 Projects that Considered Offering Trainings on Strangulation, 2017-2018

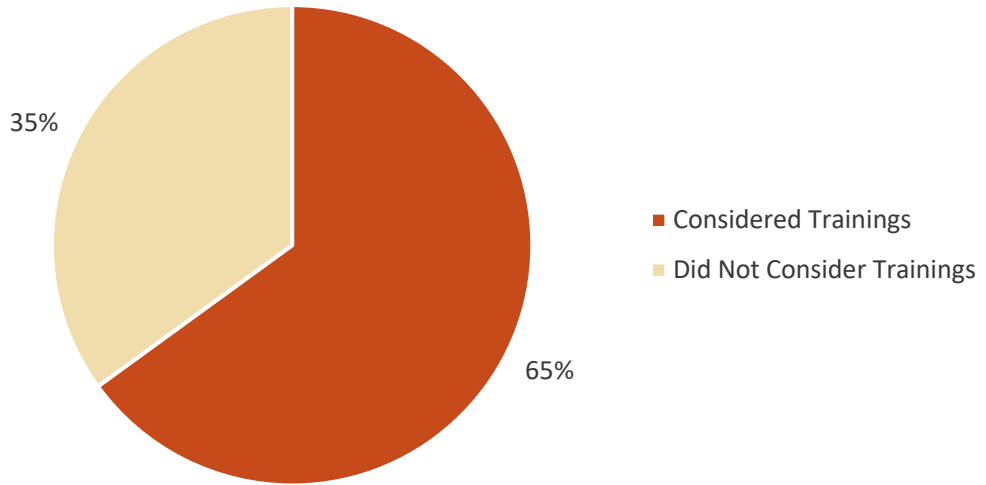
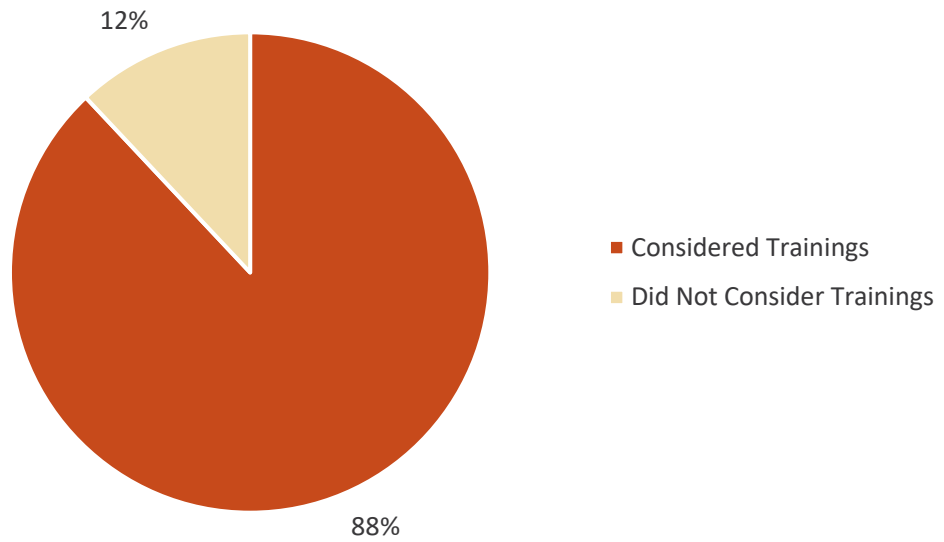


Figure 39. Percentage of DVP Purpose Area 1 Projects that Considered Offering Trainings on Human Trafficking, 2017-2018



OBJECTIVE 4: COMMUNITY EDUCATION

COMMUNITY EDUCATION EVENTS

DVP Purpose Area 1 projects provided **2888** community education events for adults and **2271** community education events for youth. Across all Purpose Area 1 projects, **634** community trainings focused on domestic and sexual violence topics and a total of **21,605** community members were trained.

SOCIAL MEDIA

DVP Purpose Area 1 projects had a total of **246,067** social media encounters. They made a total of **1470** social media posts about domestic violence and sexual violence prevention, and produced **389** 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:

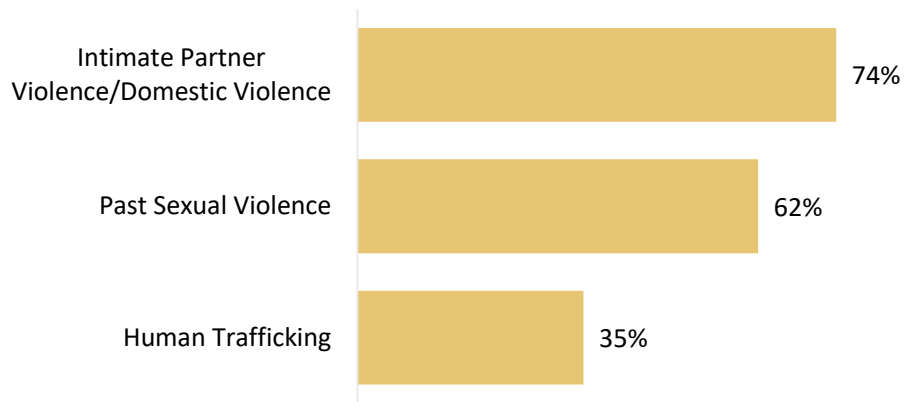
- Facebook
- Instagram
- Twitter
- Snapchat
- LinkedIn
- Brochures
- Newsletter
- Website
- Listserv
- local radio station
- signage/posters/flyers
- local newspaper

Some DVP Purpose Area 1 projects were unable to reach the following populations: EMS; law enforcement; male sexual abuse survivors; those who do not attend community events; remote villages; Office of Child Services; perpetrators/sex offenders/batterers; elementary students; LGBTQ communities; attorneys; elderly; young adults; youth; young children; domestic violence support groups; those without access to social media; those with no transportation; physically and/or mentally challenged; victims of human trafficking; public school staff; youth sexual offenders; youth support groups; after school programs.

OBJECTIVE 5: ORGANIZATIONAL IMPROVEMENTS

ADULT SCREENINGS

Figure 40. Percent of DVP Purpose Area 1 Projects Providing Adult Screenings by Screening Type, 2017-2018



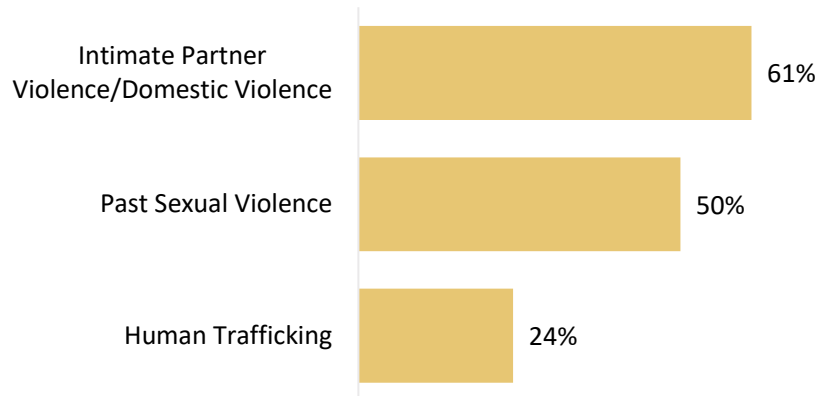
*Projects were able to select all that apply.

Table 10. Number of Adults Screened by DVP Purpose Area 1 Projects by Screening Type, 2017-2018

	N
Intimate Partner Violence/Domestic Violence	43,541
Past Sexual Assault	20,009
Human Trafficking	2,650

ADOLESCENT SCREENINGS

Figure 41. Percent of DVP Purpose Area 1 Projects Providing Adolescent Screenings by Screening Type, 2017-2018



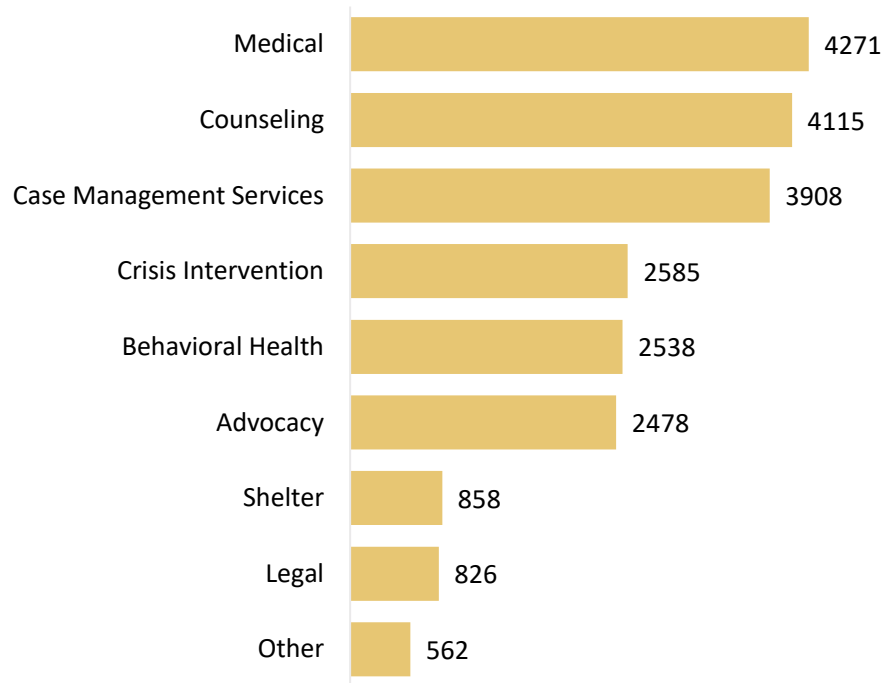
*Projects were able to select all that apply.

Table 11. Number of Adolescents Screened by DVP Purpose Area 1 Projects by Screening Type, 2017-2018

	N
Intimate Partner Violence/Domestic Violence	20,125
Past Sexual Assault	14,070
Human Trafficking	493

REFERRALS

Figure 42. Number of Referrals Completed by DVP Purpose Area 1 Projects by Service Type, 2017-2018

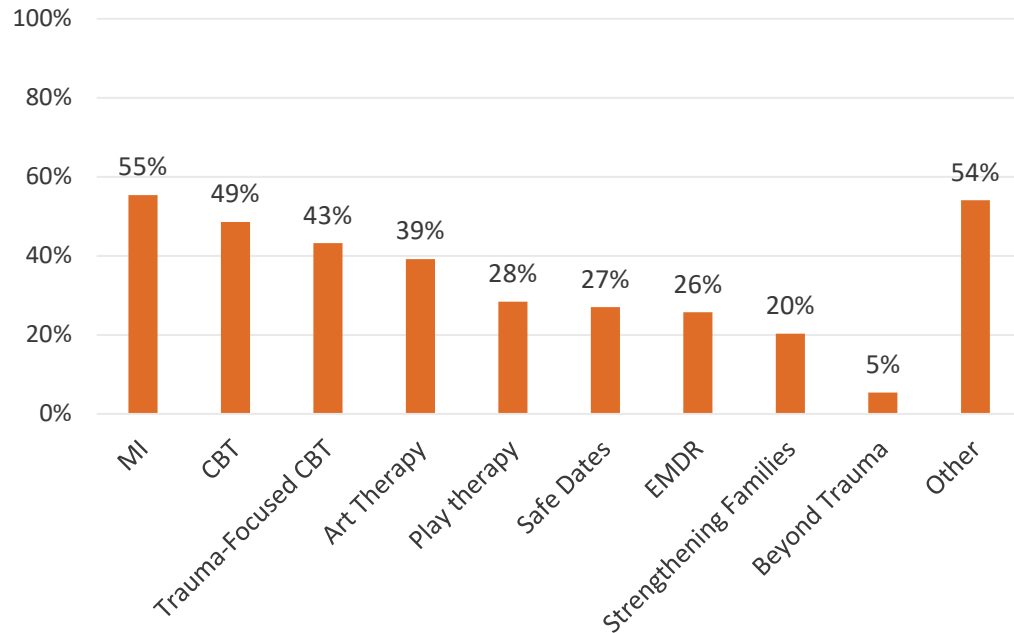


*Projects were able to select all that apply.

Across all DVP Purpose Area 1 projects, **502** providers were trained in Sexual Assault/Intimate Partner Violence Safety Planning, and **284** providers were trained in Sexual Assault/Intimate Partner Violence Danger Assessment.

EVIDENCE-BASED PRACTICES

Figure 43. Types of Evidence-Based Practices Implemented by DVP Purpose Area 1 Projects, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 43](#), the most common Evidence-Based Practices utilized among DVP Purpose Area 1 projects were Motivational Interviewing (55%), Cognitive Behavioral Therapy (49%), and Trauma-Focused Cognitive Behavioral Therapy (43%).

“Other” evidence-based practices reported included: Gathering of Native Americans; Families of Tradition; Respecting the Circle of Life; Cultural Wellness Model; Healthy Aging; STAIR; Project Venture; AILS; ChildFirst Forensic Interviewing; Kids Club; Olweus Bullying Prevention; The Thriver; Walk In Her Shoes; Strengthening Relationships; Supporting Students Exposed to Trauma; Coping Skills Group; Partners in Parenting; MRT; lethality Checklist; Cultural Services; DBT; Stopping Teen Abusive Relationships from the Start; Positive Indian Parenting; SEARCH Institute; Psychotherapy; Seeking Safety; Family Spirit; and Multisystemic Therapy.

KEY:

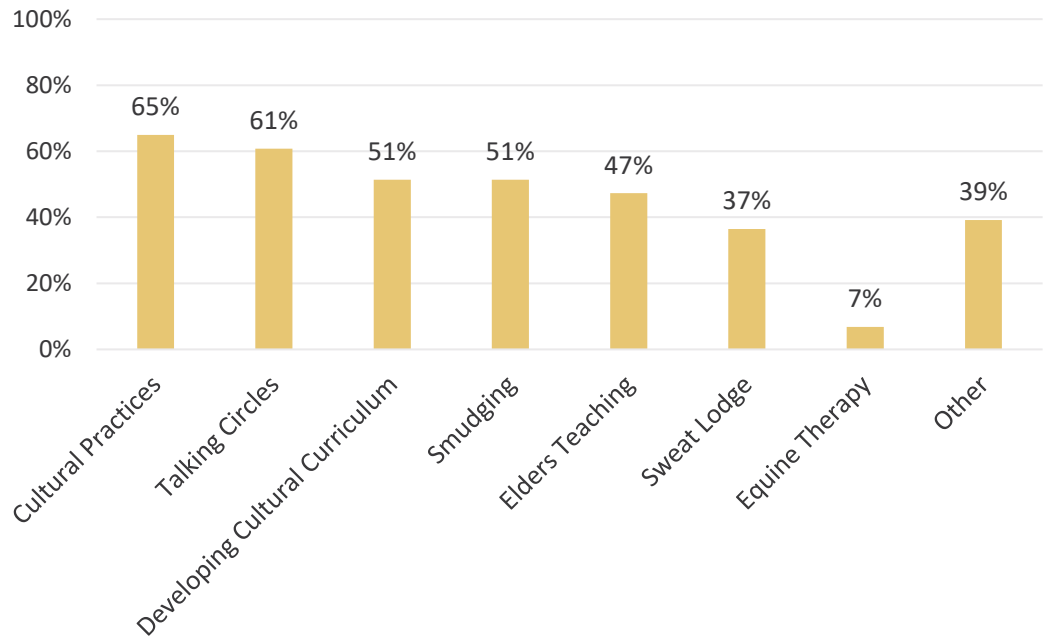
CBT = Cognitive Behavioral Therapy

EMDR = Eye Movement Desensitization and Reprocessing

MI = Motivational Interviewing

PRACTICE-BASED PRACTICES

Figure 44. Types of Practice-Based Practices Implemented by DVP Purpose Area 1 Projects, 2017-2018*



*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 cultural practices (i.e., beading, drumming, etc.) (65%), Talking Circles (61%), development of a cultural curriculum (51%), and smudging (51%).

“Other” practice-based practices reported by DVP projects included: traditional ceremonies; Brain Spotting; Somatic Archaeology; Aromatherapy; BHA Indigenous Workers; Clothesline Project; Crafts; Martial Arts; Tribal Canoe Journeys; Community Healing Carving Project; Drumming; Singing; in-person home visits; one-on-one sessions; Traditional Healing Diagnostician; Water Walk; Gathering of Native Americans; Wiping of Tears; White Bison; subsistence activities; Project Venture; Healing Kits; protective prayers; trauma survivors retreats; Clubhouse after school program; and community garden.

OBJECTIVE 6: POLICIES AND PROCEDURES

Figure 45. New Coordinated Community Response for Intimate Partner Violence or Domestic Violence Developed by DVP Purpose Area 1 Projects by Type, 2017-2018



Figure 46. New Coordinated Community Response for Sexual Assault Developed by DVP Purpose Area 1 Projects by Type, 2017-2018

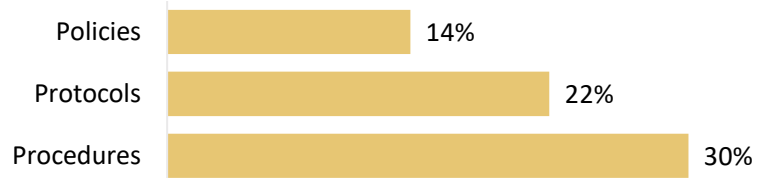
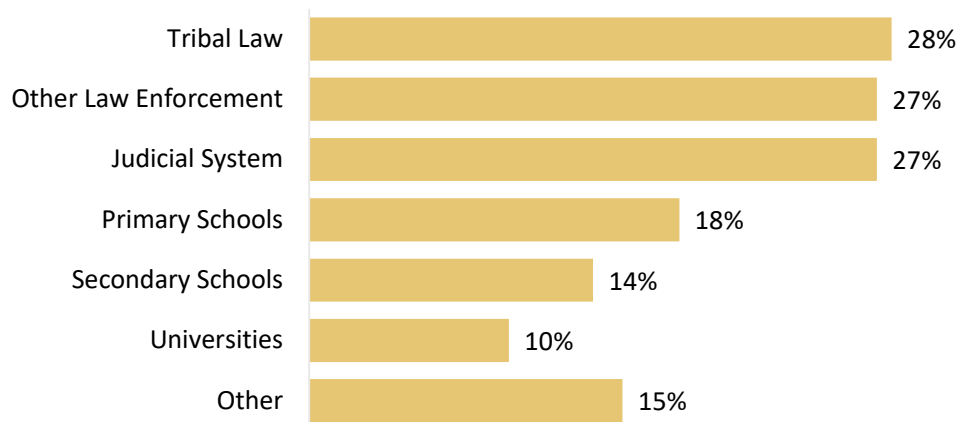


Figure 47. Groups Included in Policies and Procedures Developed by DVP Purpose Area 1 Projects, 2017-2018

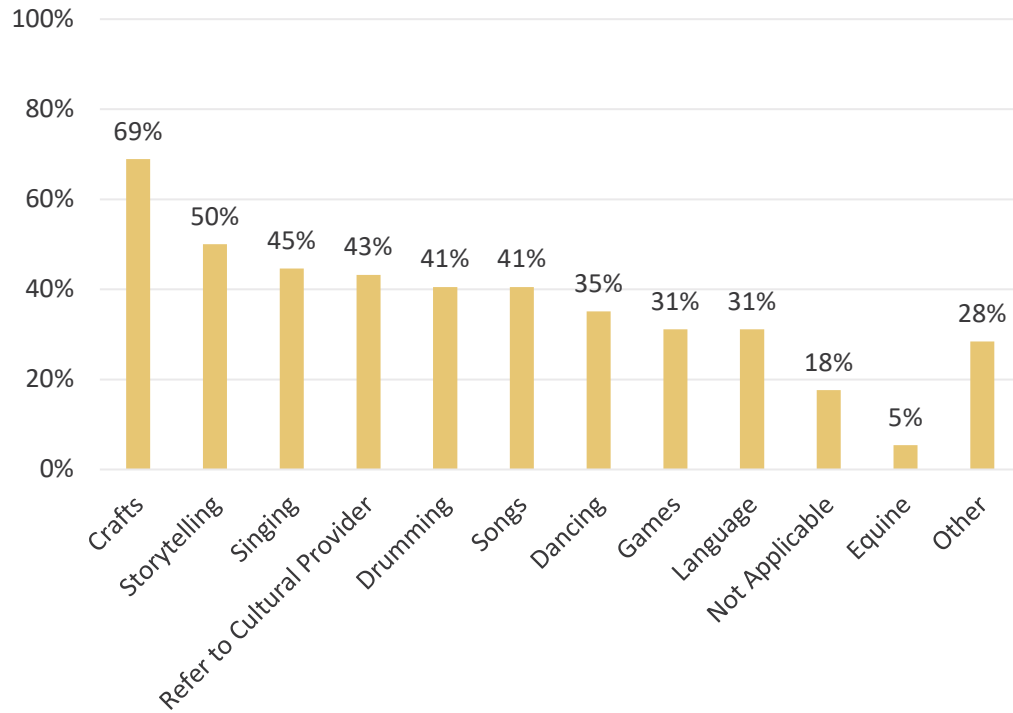


*Projects were able to select all that apply.

OBJECTIVE 7: HOLISTIC SERVICES

CULTURAL SERVICES

Figure 48. Percentage of DVP Purpose Area 1 Projects Integrating Cultural Services into Project Services* by Practice Type, 2017-2018



*Projects were able to select multiple types.

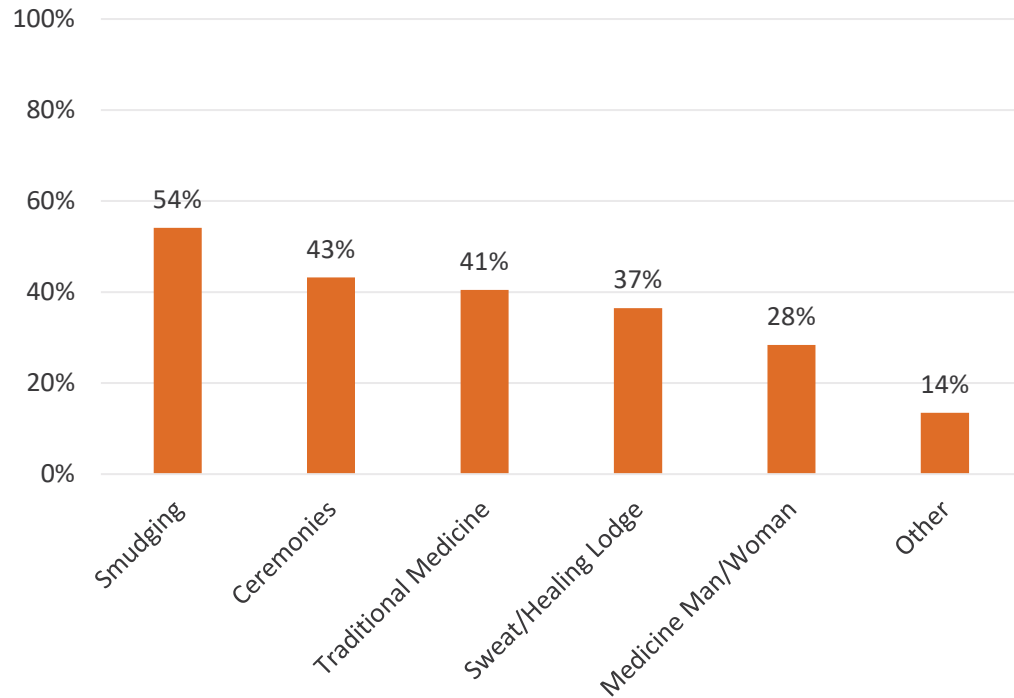
As evidenced in [Figure 48](#), the most common cultural services included in DVP projects were crafts (69%) and storytelling (50%).

“Other” cultural practices cited included: Talking circles; Native Stand curriculum; harvesting wild plants; Women’s Gatherings; referrals to providers; ceremonies; community healing projects; Mothers of Tradition; GONA; Positive Indian Parenting; traditional medicines; indigenous foods; and cultural family nights.

A total of **13,005** individuals received cultural services from DVP Purpose Area 1 projects.

TRADITIONAL HEALING

Figure 49. Percentage of DVP Purpose Area 1 Projects Integrating Traditional Healing into Project Services* by Practice Type, 2017-2018



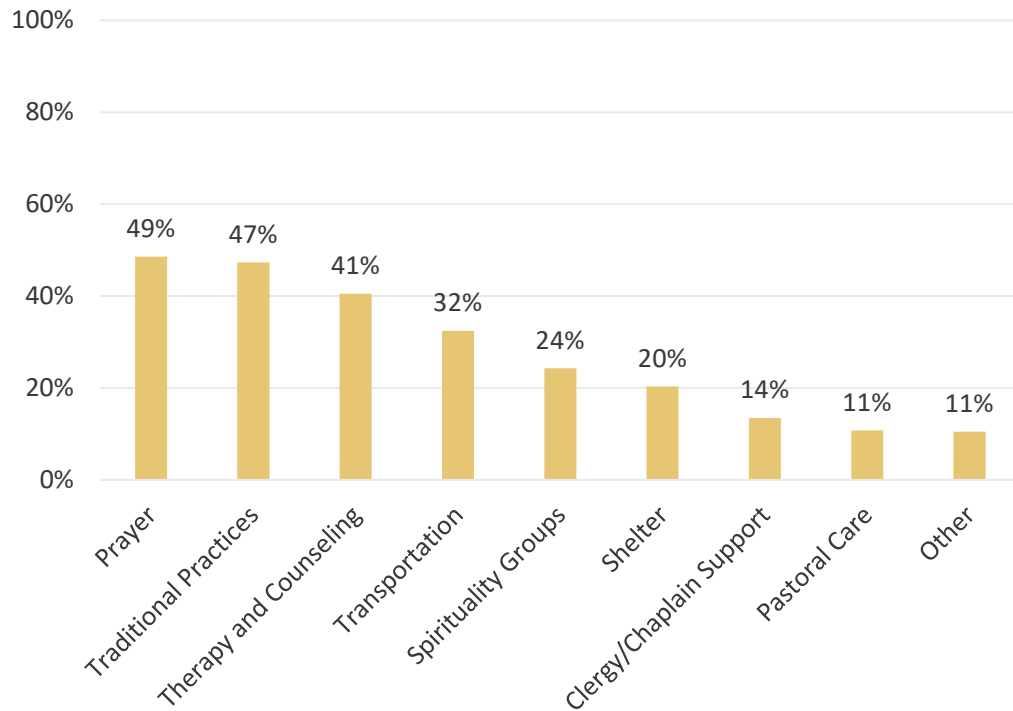
*Projects were able to select multiple types.

Figure 49 demonstrates that the most common traditional healing related practices incorporated into DVP activities included smudging (54%), ceremonies (43%), and traditional medicine (41%).

“Other” traditional healing practices included: Meetings with Culture Program staff; referral to other programs; canoe journeys; talking circles; songs; prayers; Mind Body Medicine; diagnostic services; experiential education; open to all practices needed by clients.

FAITH-BASED SERVICES

Figure 50. Percentage of DVP Purpose Area 1 Projects Integrating Faith-Based Services into Project Services* by Practice Type, 2017-2018



*Projects were able to select multiple types.

As evidenced in [Figure 50](#), the most common faith-based services offered by DVP projects were prayer (49%) and traditional practices (47%).

“Other” cultural practices cited included: referral to traditional practitioners; self-care; white sage wrapping; mind-body-medicine modalities.

A total of **15,682** individuals received faith-based services from DVP Purpose Area 1 projects.

STAFFING

Figure 51. Percentage of DVP Purpose Area 1 Projects that Experienced Staff Turnover, 2017-2018

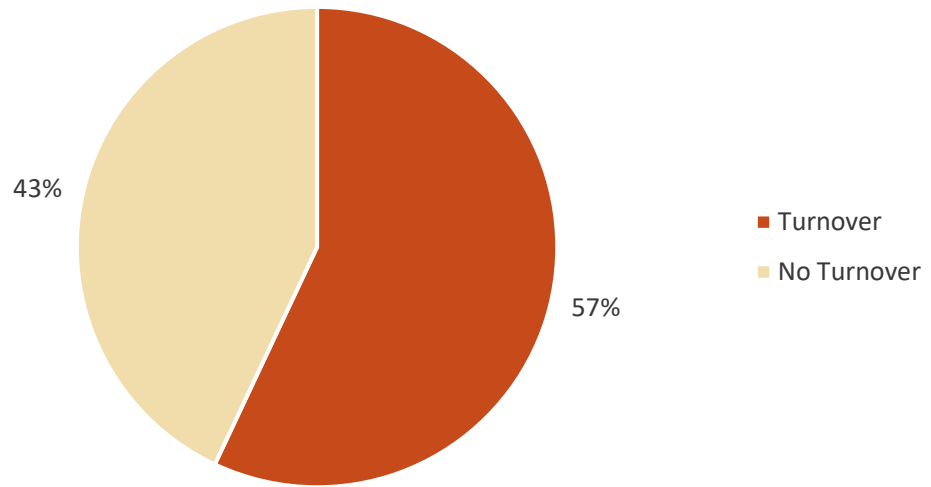


Figure 52. Percentage of DVP Purpose Area 1 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2017-2018

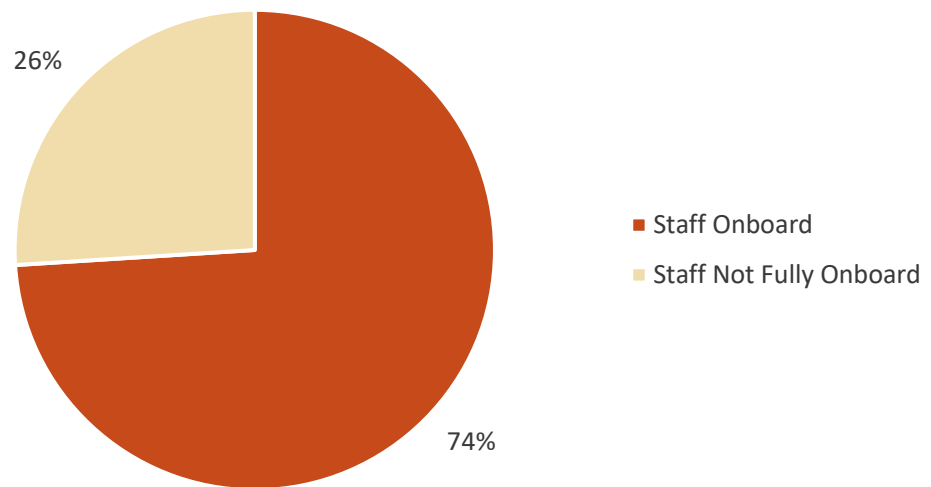


Figure 53. Percentage of DVP Purpose Area 1 Projects with a Full-Time Project Coordinator, 2017-2018

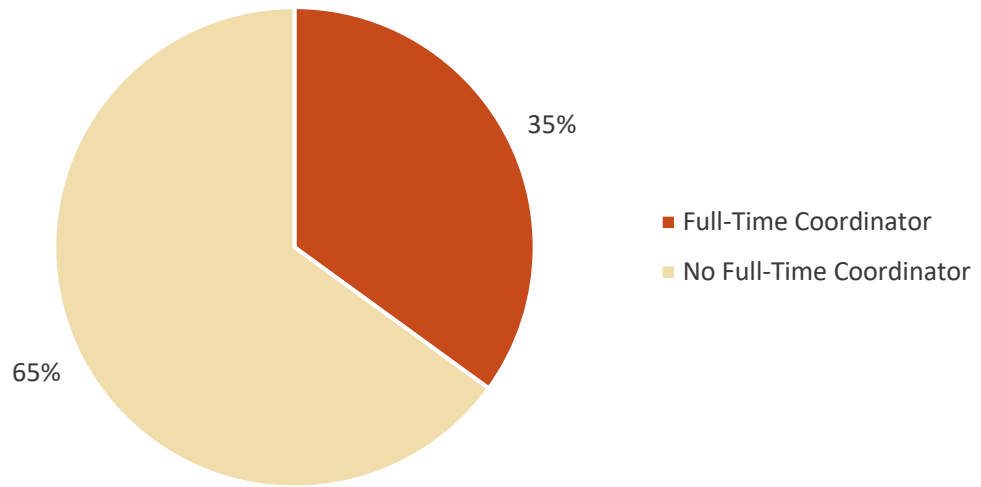


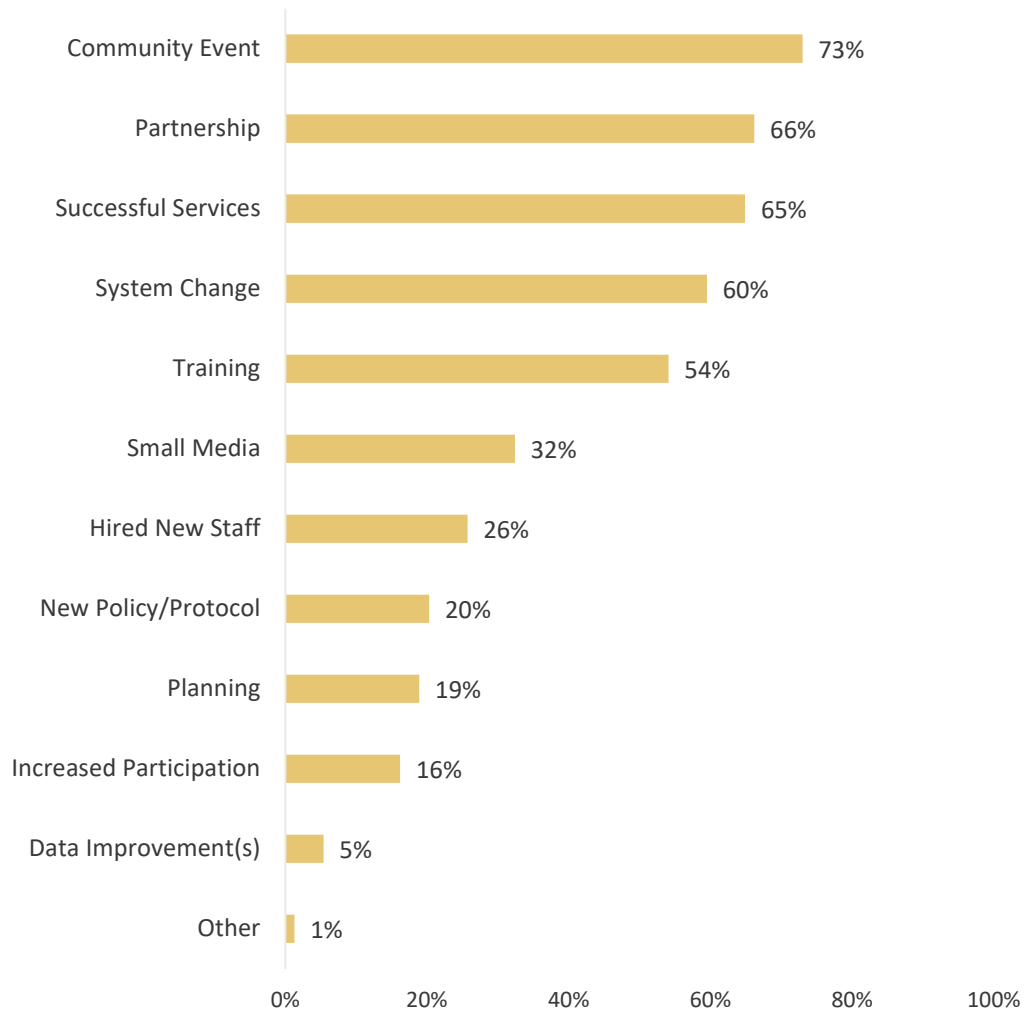
Table 12. Percentage of Time Paid to DVP Purpose Area 1 Project Coordinator from DVP Funding, 2017-2018

	N
Average	28.4%
Range	0 – 90%

PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 54. Types of Project Accomplishments Reported by DVP Purpose Area 1 projects, 2017-2018

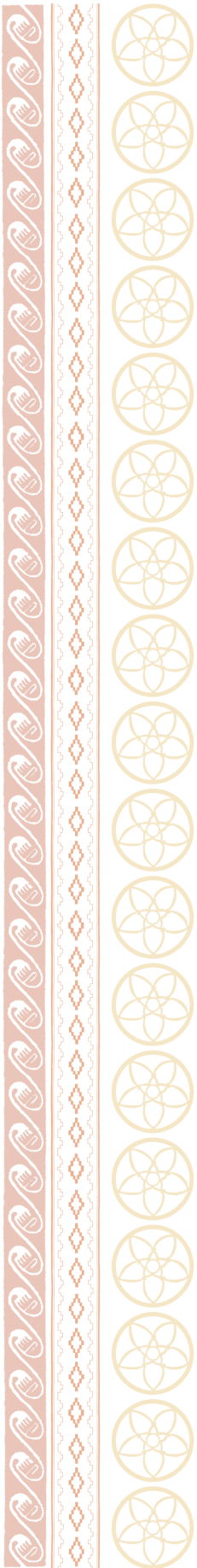


As evidenced in [Figure 54](#), the most commonly reported DVP Purpose Area 1 project accomplishments in project year 3 included hosting successful community events (73%), establishing or enhancing partnerships (66%), and successful service delivery (65%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

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 13. DVP Purpose Area 1 Project Accomplishment Definitions

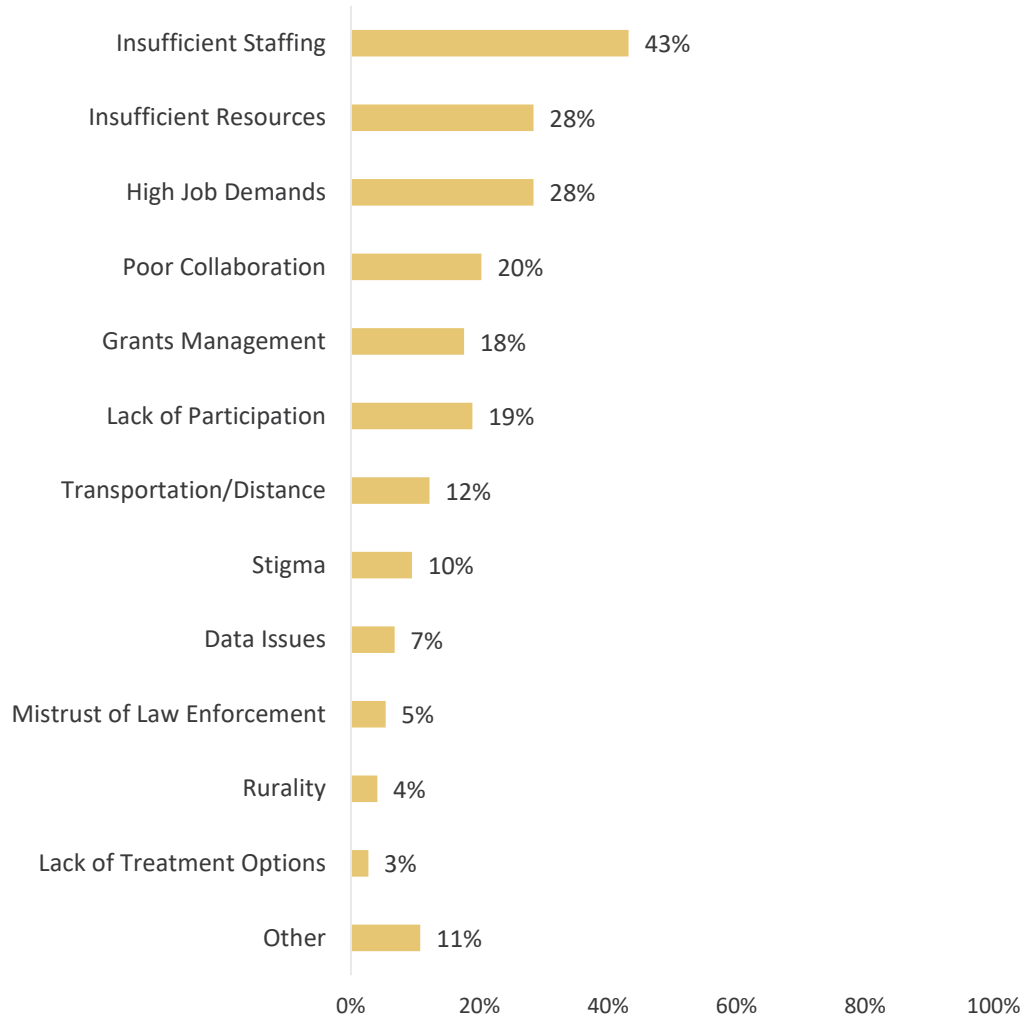
ACCOMPLISHMENT	DEFINITION
NEW PARTNERSHIPS	Project has identified at least one new partner during the reporting period as a measure of success. These new partnerships may be formal (as evidenced through MOUs or MOAs) or informal. Common new partner categories included: schools, law enforcement, courts, 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; formed project advisory team; completed community needs assessment; enhanced collaboration; increased number of partnership meetings.

PROJECT CHALLENGES

Figure 55. Types of Project Challenges Reported among DVP Purpose Area 1 projects, 2017-2018

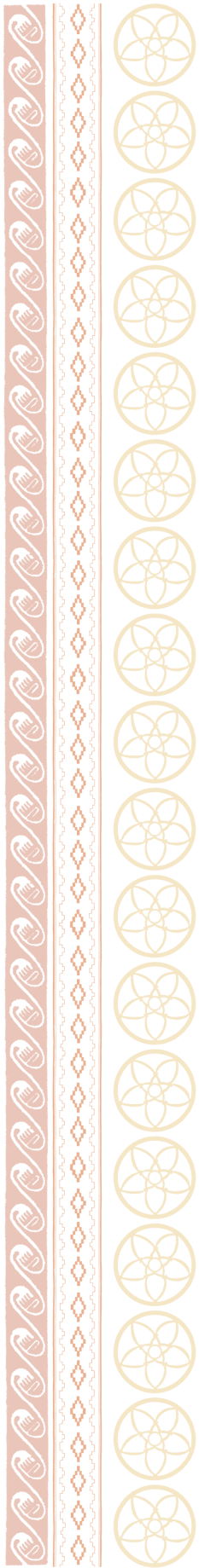


As evidenced in [Figure 55](#), the most commonly reported DVP Purpose Area 1 project challenges in project year 3 included insufficient staffing (43%), insufficient resources (28%), and high job demands (28%). Definitions and examples for each barrier category are provided on the following pages of this report.

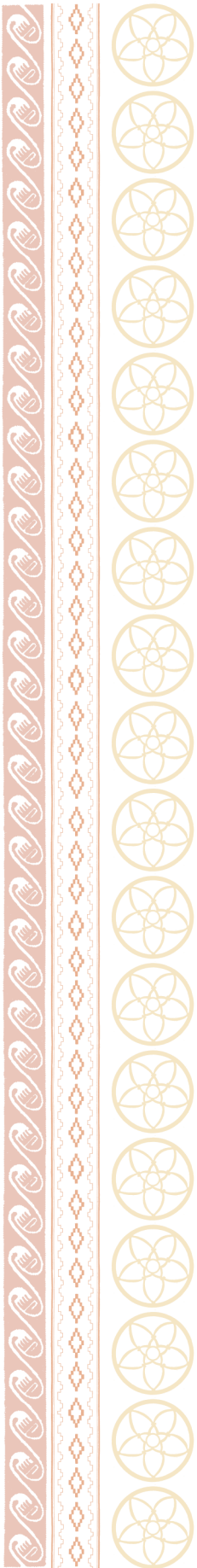
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 14. DVP Purpose Area 1 Project Challenges Definitions

CHALLENGE	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; lack of participant records; lack of support for policy change; multi-generational trauma; insufficient tribal policy; not enough time to complete project activities.</p>



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

OBJECTIVE 1: EXPANSION OF SERVICES

Figure 56. Target Populations Provided Medical Forensic Services by DVP Purpose Area 2 Projects, 2017-2018

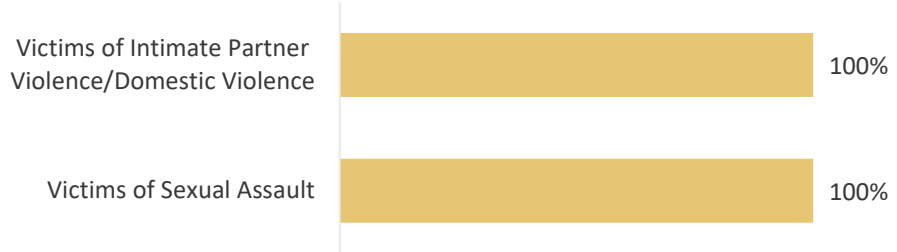


Figure 57. Target Populations Provided 24/7 Medical Forensic Services by DVP Purpose Area 2 Projects, 2017-2018

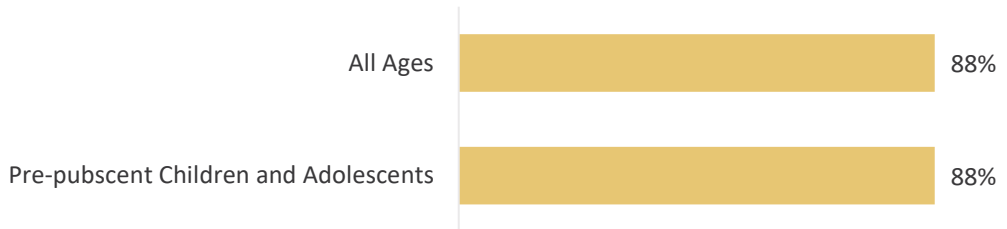


Figure 58. Target Populations for Medical Forensic Examination Services by DVP Purpose Area 2 Projects, 2017-2018

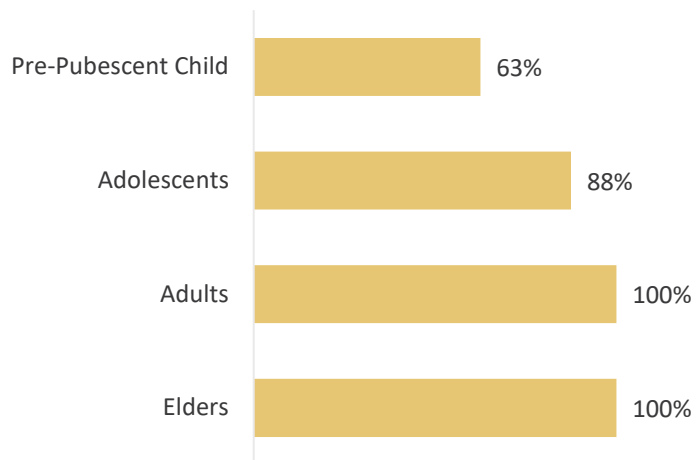
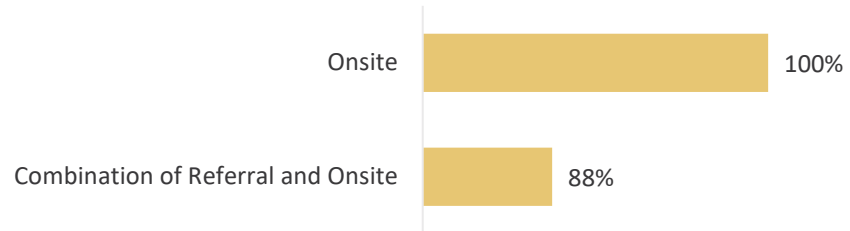


Figure 59. Methods of Medical Forensic Examinations by DVP Purpose Area 2 Projects, 2017-2018

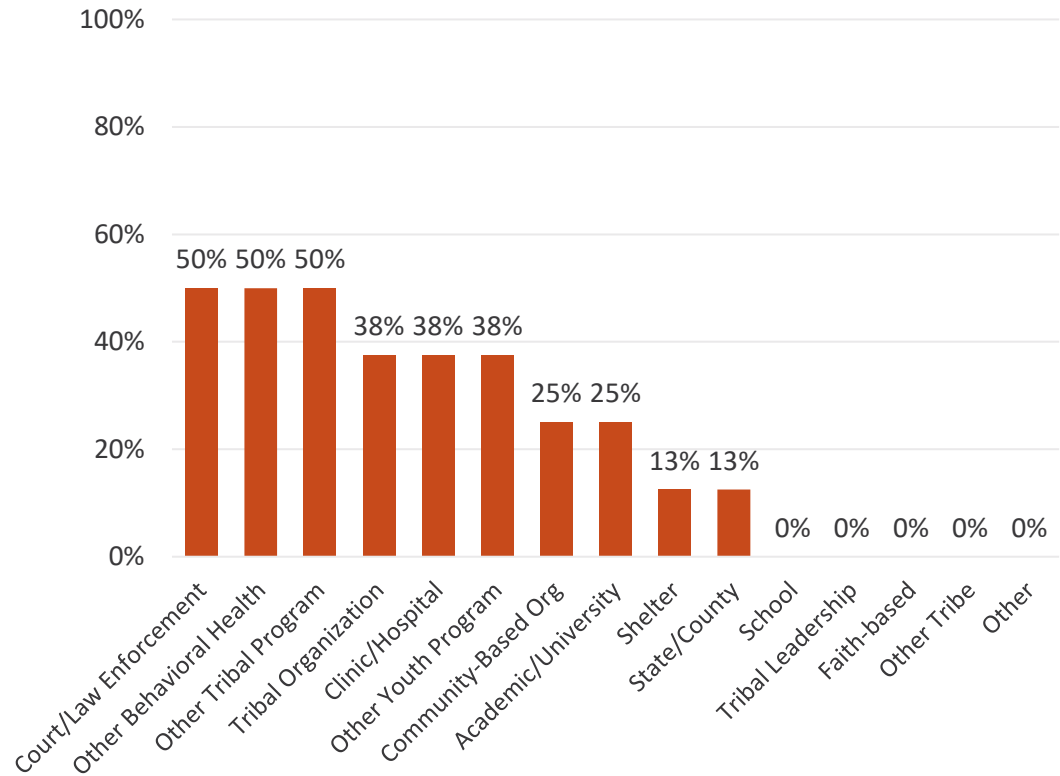


DVP Purpose Area 2 projects used a variety of methods of expand medical forensic services including:

- Increasing staff to have enough to provide 24/7 coverage;
- Increasing number of sexual assault examiners;
- Reaching out to a wider population;
- Assisting in development of pediatric program;
- Sending more staff to forensic training;
- Increasing partnerships to identify gaps.

OBJECTIVE 2: PARTNERSHIPS

Figure 60. Most Common Types of Partners Enlisted among DVP Purpose Area 2 Projects, 2017-2018*

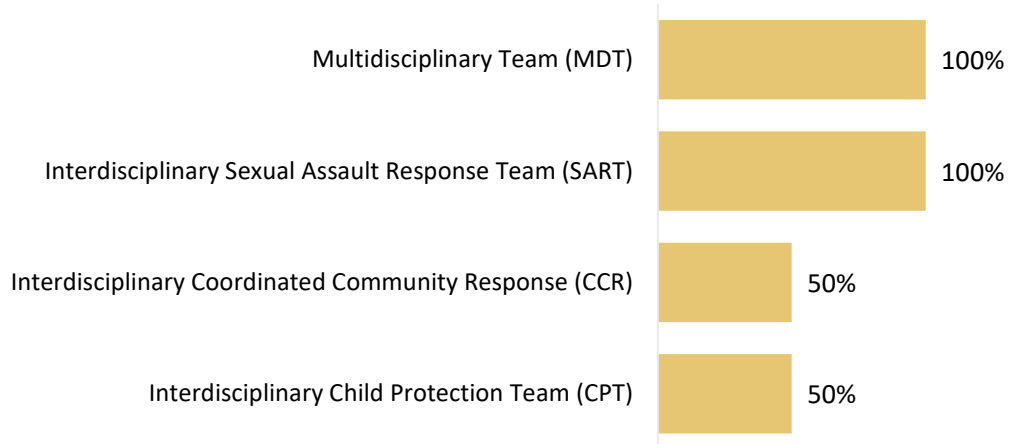


*Projects were able to select multiple types.

Table 15. Number of New and Enhanced Memoranda of Agreement (MOAs) Reported among DVP Purpose Area 2 Projects, 2017-2018

	N
Total New Memoranda of Agreement (MOAs)	3
Total Enhanced Memoranda of Agreement (MOAs)	6

Figure 61. Percent of DVP Purpose Area 1 Projects Participating in Project Teams* by Team Type, 2017-2018



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

Figure 62. Number of Cases Reported to Law Enforcement with or without an Evidence Collection Kit as Reported by DVP Purpose Area 2 Projects, 2017-2018

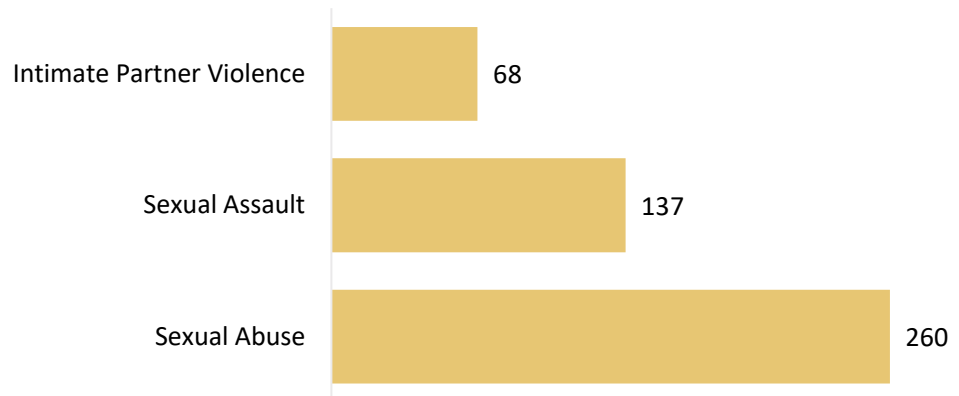
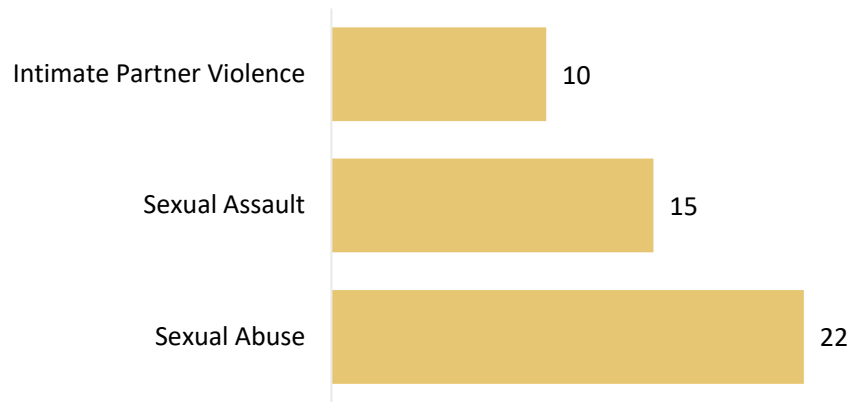
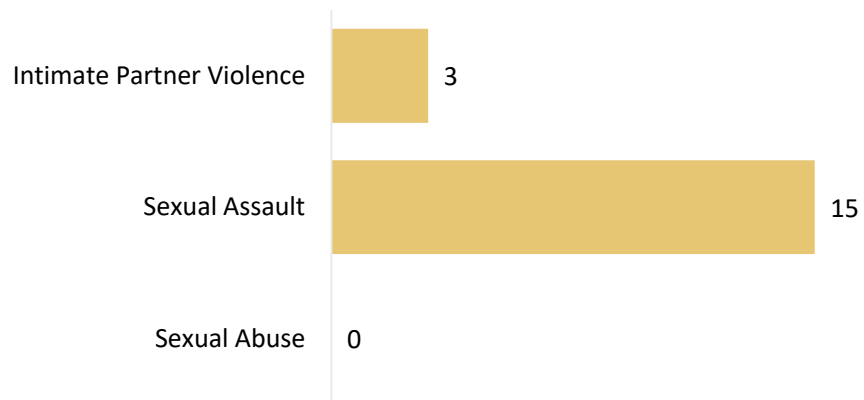


Figure 63. Number of Cases Prosecuted* Including Tribal, State, or Federal Jurisdiction as Reported by DVP Purpose Area 2 Projects, 2017-2018

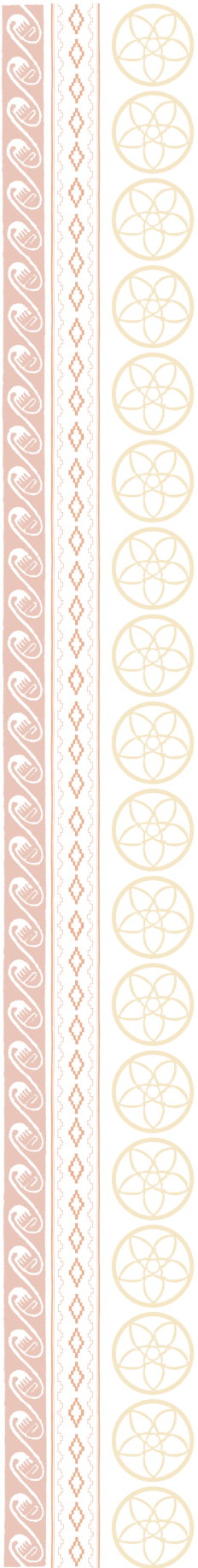


**Prosecutions may relate to cases reported in previous years.*

Figure 64. Number of Cases Declined for Investigation or Prosecution* as Reported by DVP Purpose Area 1 Projects, 2017-2018



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



OBJECTIVE 3: EDUCATION AND TRAINING

Figure 65. Providers Receiving Didactic Adolescent/Adult Sexual Assault Examiner Training within DVP Purpose Area 2 Projects by Provider Type, 2017-2018

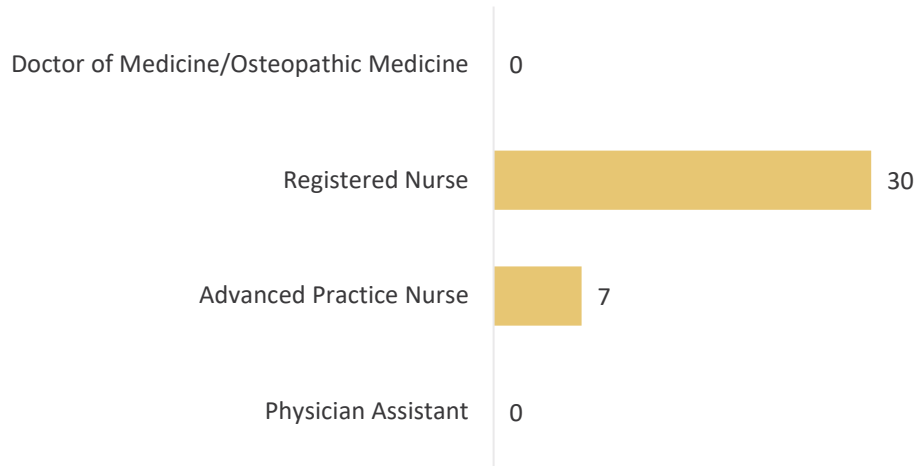


Figure 66. Providers Receiving Clinical Skills Training for Adolescent/Adult Patients within DVP Purpose Area 2 Projects by Type, 2017-2018

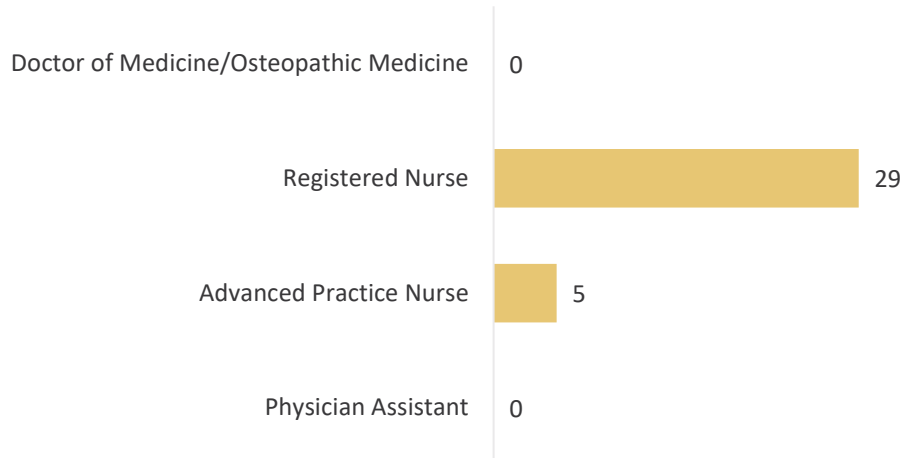


Figure 67. Providers Trained as Sexual Assault Examiners who Received Didactic Intimate Partner Violence Examiner Training within DVP Purpose Area 2 Projects by Type, 2017-2018

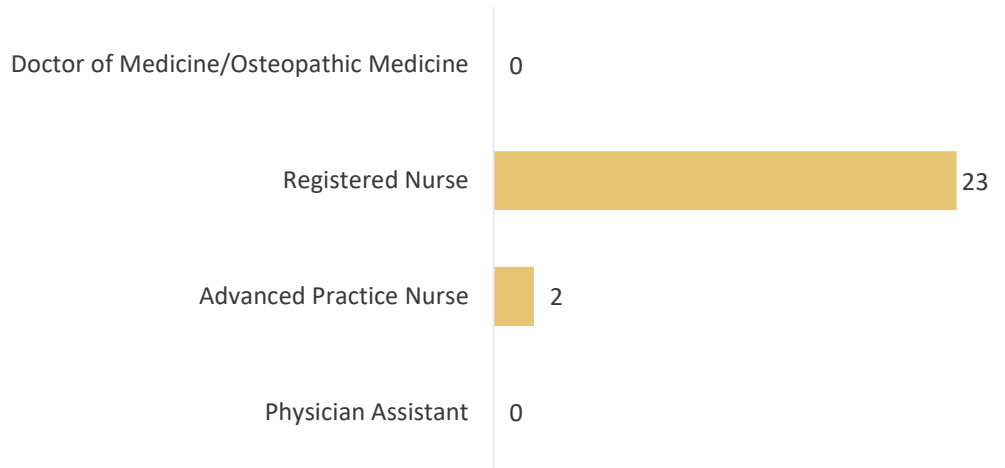


Figure 68. Providers Receiving Didactic Pediatric Sexual Assault Examiner Training within DVP Purpose Area 2 Projects by Type, 2017-2018

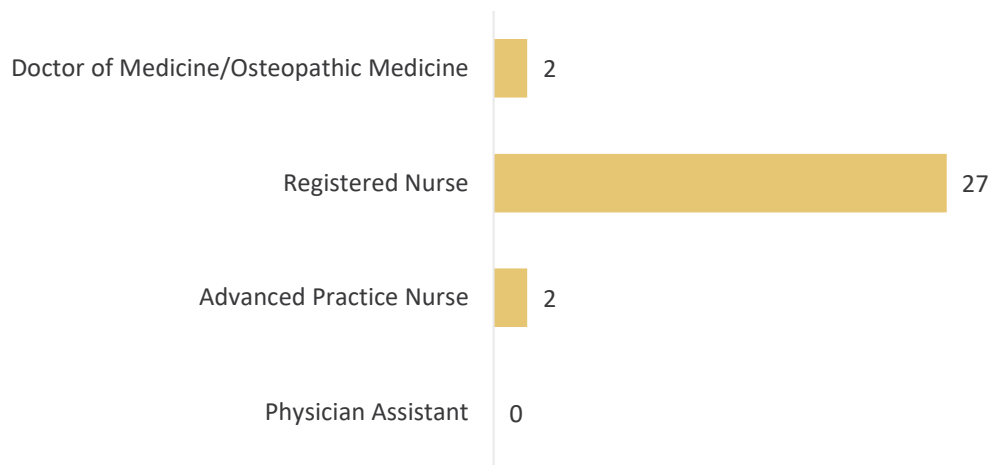


Figure 69. Providers Receiving Clinical Skills Training for Pediatric Patients within DVP Purpose Area 2 Projects by Type, 2017-2018

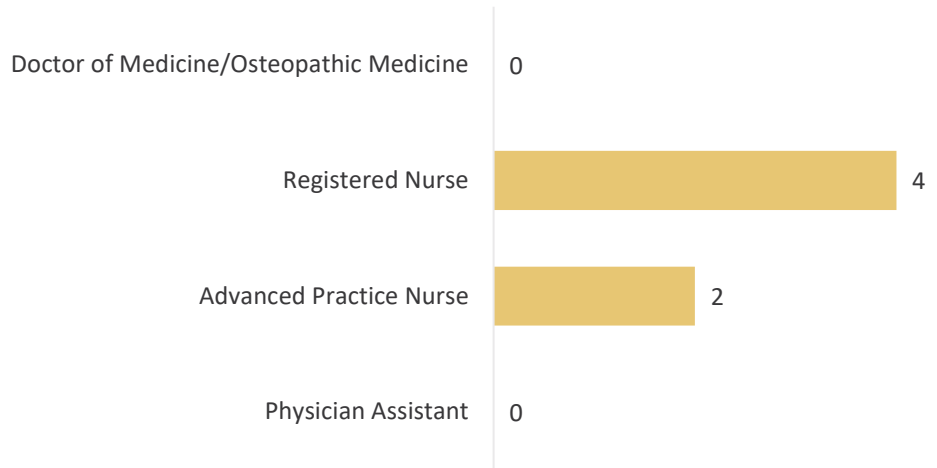
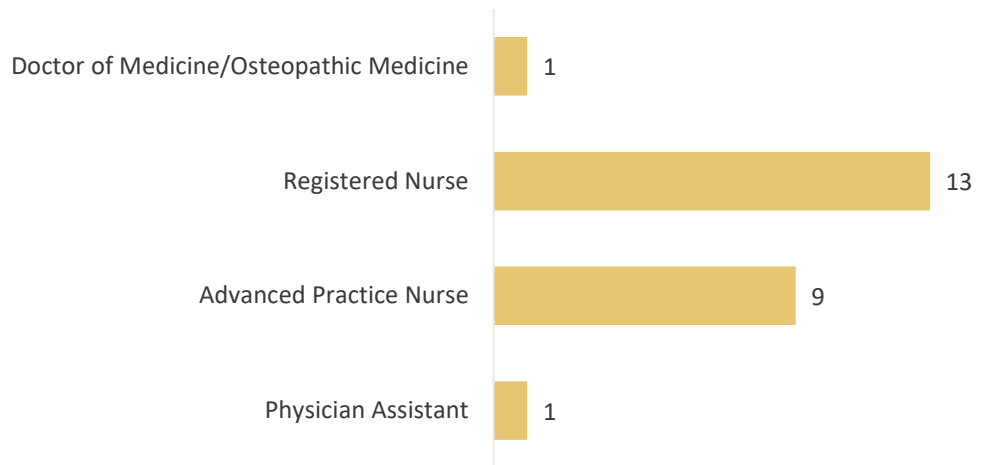
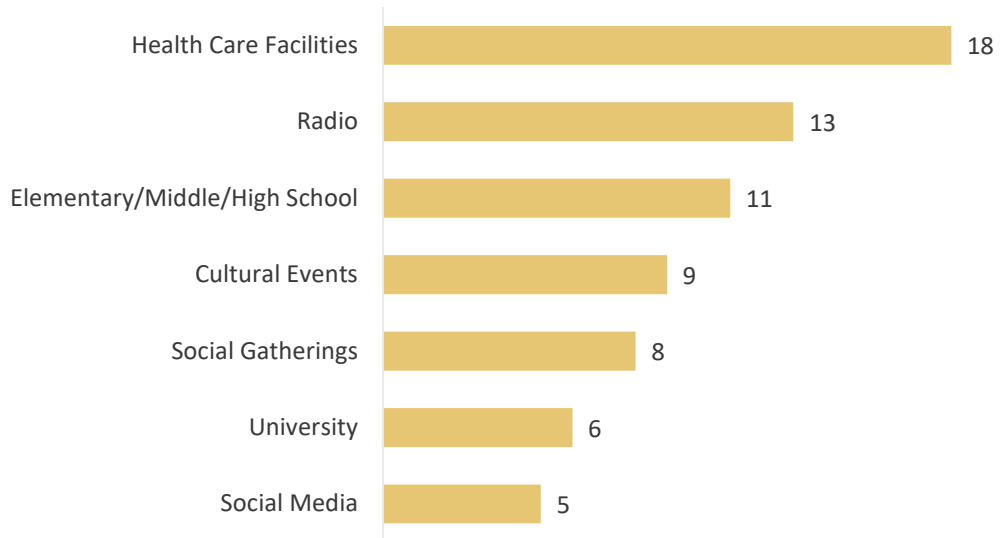


Figure 70. Providers who Completed 2-hour Intimate Partner Violence Screening and Intervention Education Requirement within DVP Purpose Area 2 Projects by Type, 2017-2018



OBJECTIVE 4: COMMUNITY EDUCATION

Figure 71. Locations of Community Presentations on Medical Forensic Services Provided by DVP Purpose Area 2 Projects, 2017-2018

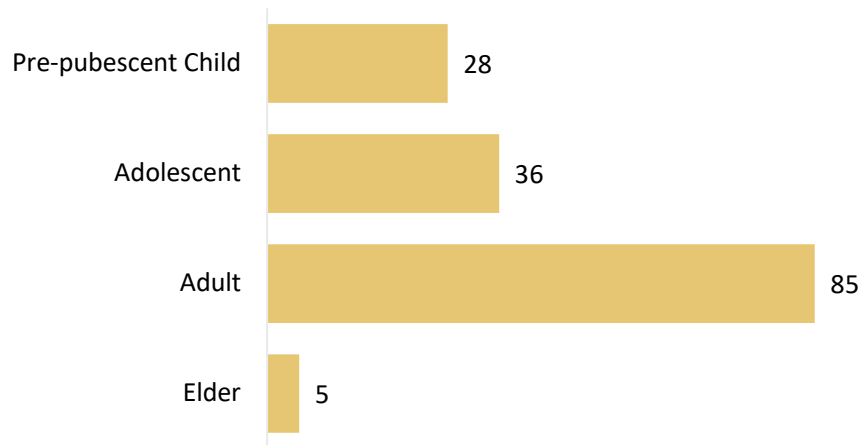


TOPICS RELATED TO MEDICAL FORENSIC SERVICES DISCUSSED AT COMMUNITY EVENTS BY DVP PURPOSE AREA 2 PROJECTS

- Strangulation
- Availability of confidential exams
- Community resources
- Available services for victims
- Victim advocacy services
- Education
- Safe dating
- Unwanted touches
- Report and care of patients with pediatric sexual abuse
- Forensic nursing program
- Consent
- Community response to non-fatal strangulation
- Personal safety
- Signs and symptoms of sexual assault
- Reporting assault
- What sexual assault/domestic violence/intimate partner violence exams entail
- What to do if assaulted
- Services available through DVP projects

OBJECTIVE 5: SYSTEM IMPROVEMENTS

Figure 72. Number of Evidence Kits Collected by DVP Purpose Area 2 Projects by Age Group, 2017-2018



A total of **456** patients who received services from DVP Purpose Area 2 projects reported sexual assault.

Table 16. Number of Medical Exams Performed by DVP Purpose Area 2 Project for Sexual Assault, 2017-2018

	N
Exams without an Evidence Kit	34
Exams with an Evidence Kit	185
Exams for Suspicion of Child Abuse	121

Table 17. Number of Patients Receiving Services from DVP Purpose Area 2 Projects by Service Type, 2017-2018

	N
Linked to Victim Advocate Services	331
Received Services from a Victim Advocate	146
Linked to Crisis Counseling Services	223
Informed of Sexual Assault/Intimate Partner Violence Safety Plan	464
Referred for Shelter Services	68
Reported to Law Enforcement	360
Referred to Traditional Healers	149

Table 18. Length of Time Patients Waited for a Medical Forensic Exam as Reported by DVP Purpose Area 2 Projects, 2017-2018

	N
Average Wait Time	36 mins
Range of Time Waited	0 – 60 mins

Figure 73. Number of Patients who Received Prophylactic Medications by Condition Type as Reported by DVP Purpose Area 2 Projects, 2017-2018

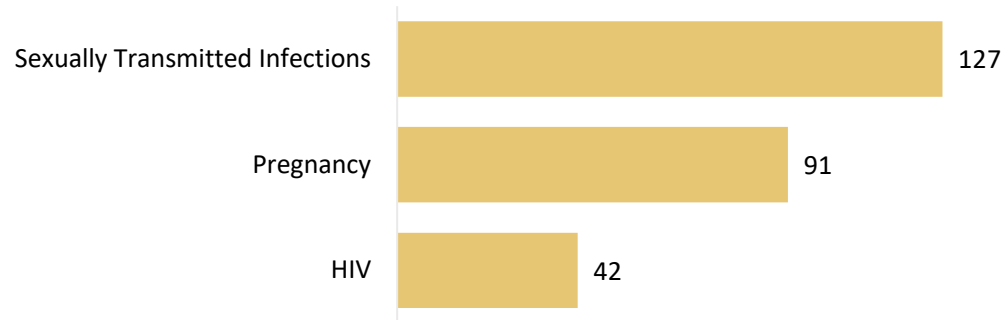


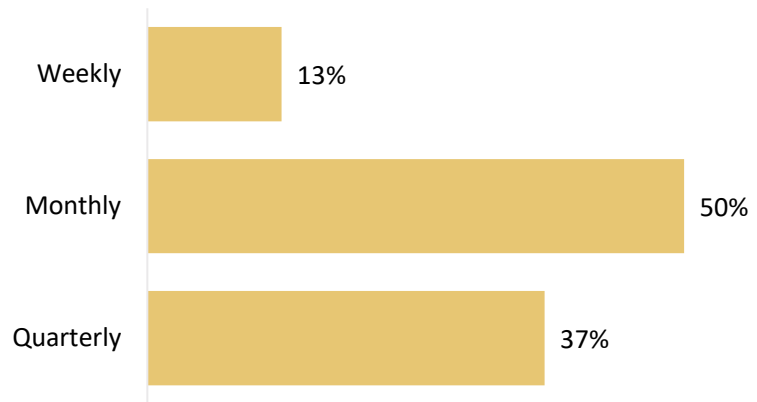
Table 19. Number of Health Providers Trained in Service Types by DVP Purpose Area 2 Projects, 2017-2018

	N
Screening for Intimate Partner Violence/Domestic Violence	136
Screening for History of Sexual Assault	288
Lethality Assessments	20
Sexual Assault/Intimate Partner Violence Safety Planning	41

Table 20. Number of Individuals Screened by DVP Purpose Area 2 Projects by Screening Type, 2017-2018

	N
Intimate Partner Violence/Domestic Violence	2537
Sexual Assault	325
Strangulation	232

Figure 74. Frequency of Team Case Reviews by DVP Purpose Area 2 Projects, 2017-2018



Providers working with DVP Purpose Area 2 projects reviewed a total of **347** cases.

Figure 75. Percentage of DVP Purpose Area 2 Projects that Review All Cases at Team Case Reviews, 2017-2018

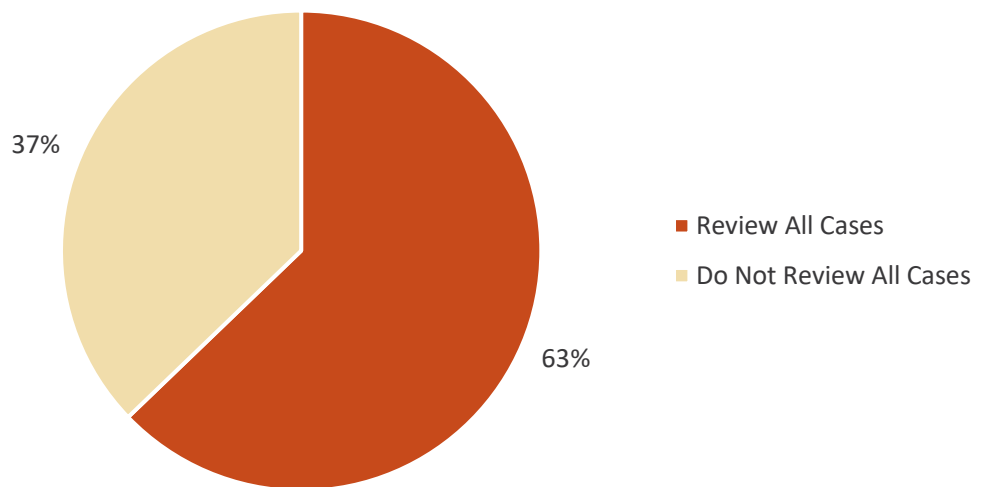
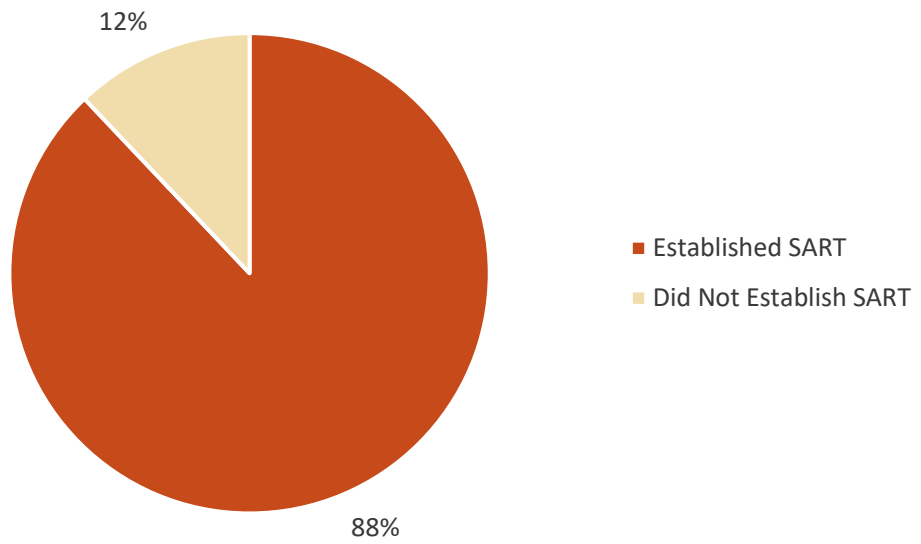


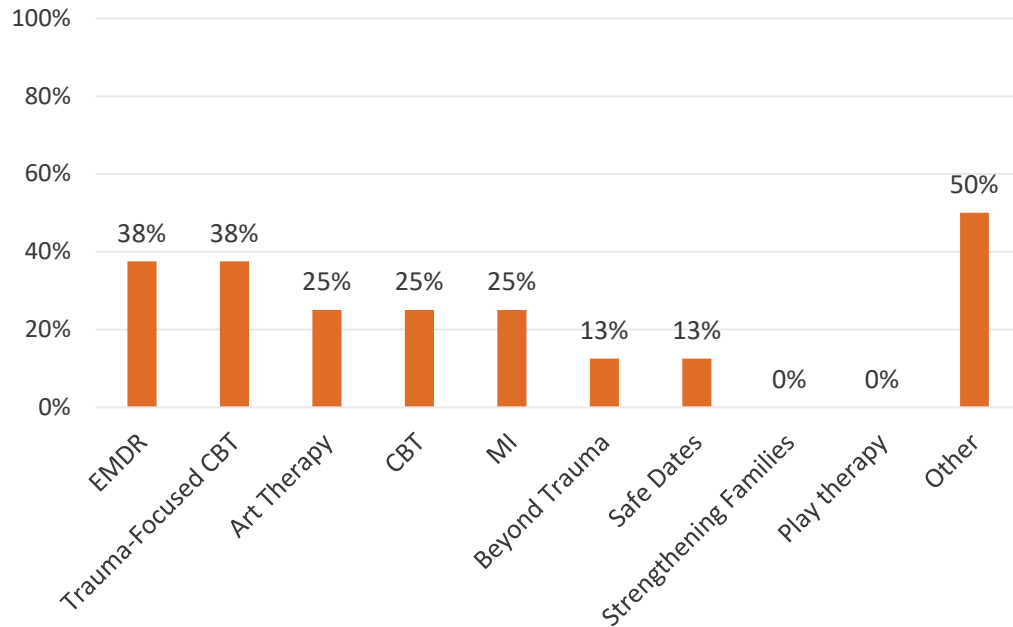
Figure 76. Percentage of DVP Purpose Area 2 Projects that Have a Sexual Assault Response Team (SART) Established, 2017-2018



Providers working with DVP Purpose Area 2 projects reviewed a total of **347** cases.

EVIDENCE-BASED PRACTICES

Figure 77. Types of Evidence-Based Practices Implemented by DVP Purpose Area 2 Projects, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 77](#), the most common Evidence-Based Practices utilized among DVP Purpose Area 2 projects were EMDR (38%), and Trauma-Focused CBT (38%).

“Other” evidence-based practices reported included: Gathering of Native Americans; Families of Tradition; Respecting the Circle of Life; Cultural Wellness Model; Healthy Aging; STAIR; Project Venture; American Indian Life Skills (AILS); ChildFirst Forensic Interviewing; Kids Club; Olweus Bullying Prevention; The Thriver; Walk In Her Shoes; Strengthening Relationships; Supporting Students Exposed to Trauma; Coping Skills Group; Partners in Parenting; MRT; lethality Checklist; Cultural Services; Dialectical Behavioral Therapy; Stopping Teen Abusive Relationships from the Start; Positive Indian Parenting; SEARCH Institute; Psychotherapy; Seeking Safety; Family Spirit; and Multisystemic Therapy.

KEY:

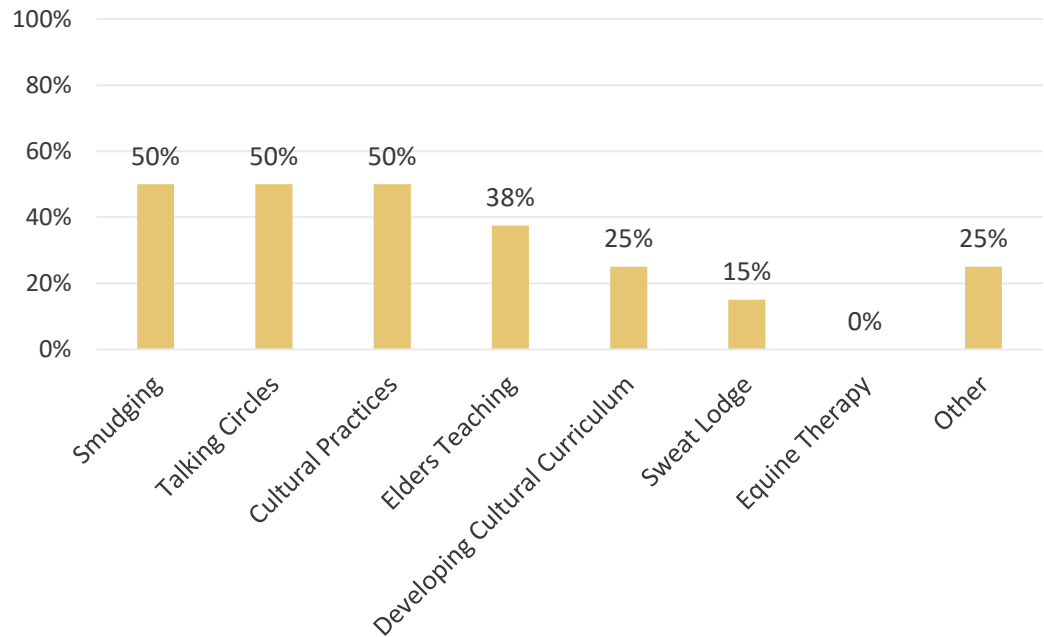
CBT = Cognitive Behavioral Therapy

EMDR = Eye Movement Desensitization and Reprocessing

MI = Motivational Interviewing

PRACTICE-BASED PRACTICES

Figure 78. Types of Practice-Based Practices Implemented by DVP Purpose Area 2 Projects, 2017-2018*



*Projects were able to select multiple types.

As demonstrated in [Figure 78](#), the most common Practice-Based Practices utilized among DVP Purpose Area 1 projects were smudging (50%), Talking Circles (61%), and cultural practices (50%) (51%).

“Other” practice-based practices reported by DVP projects included: traditional ceremonies; Brain Spotting; Somatic Archaeology; Aromatherapy; BHA Indigenous Workers; Clothesline Project; Crafts; Martial Arts; Tribal Canoe Journeys; Community Healing Carving Project; Drumming; Singing; in-person home visits; one-on-one sessions; Traditional Healing Diagnostician; Water Walk; Gathering of Native Americans; Wiping of Tears; White Bison; subsistence activities; Project Venture; Healing Kits; protective prayers; trauma survivors retreats; Clubhouse after school program; and community garden.

Figure 79. 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, 2017-2018

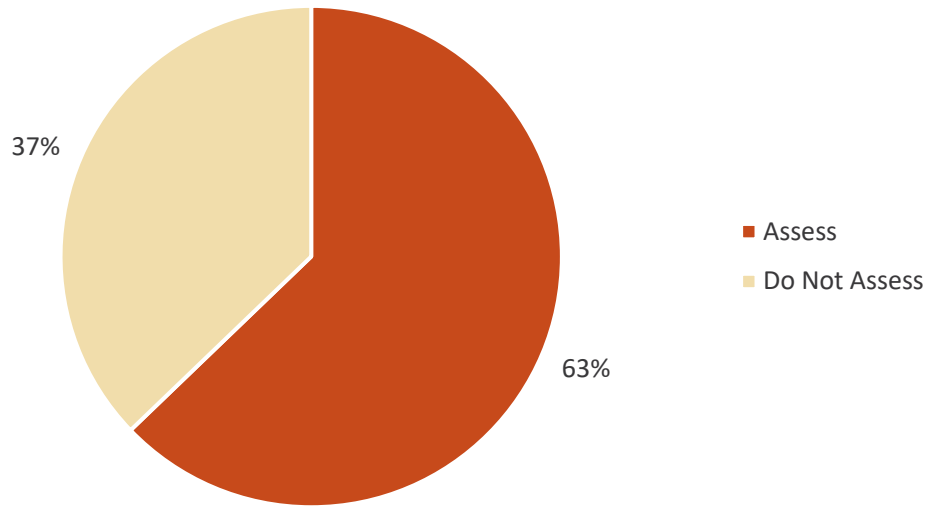
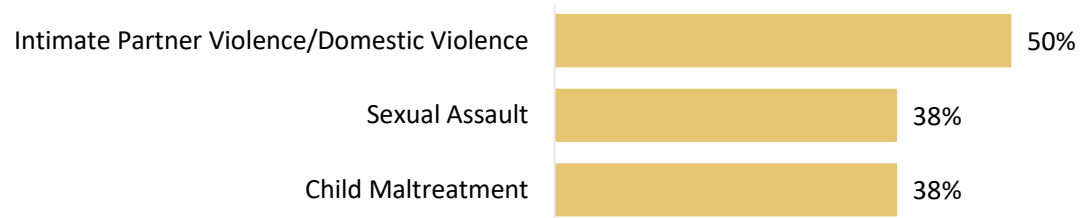
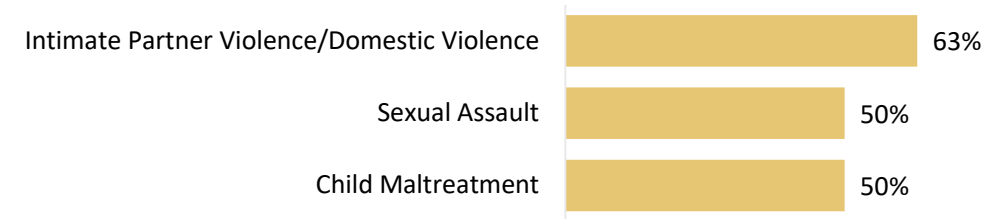


Figure 80. Topics of New Local Health System Policies Established by DVP Purpose Area 2 Projects, 2017-2018*



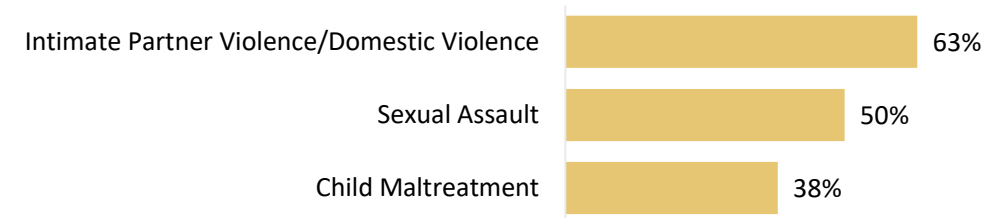
**Projects were able to select all that apply.*

Figure 81. Topics of New Local Health System Policies Enhanced by DVP Purpose Area 2 Projects, 2017-2018*



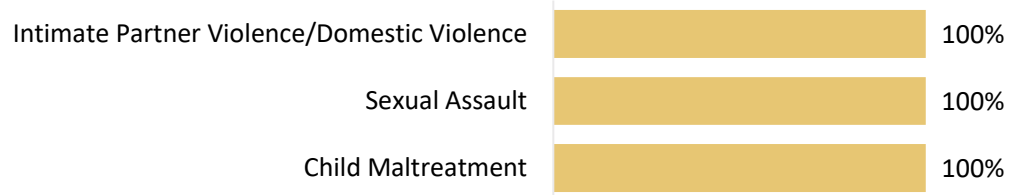
**Projects were able to select all that apply.*

Figure 82. Topics for Screening/Assessment of Activities Implemented by DVP Purpose Area 2 Projects, 2017-2018*



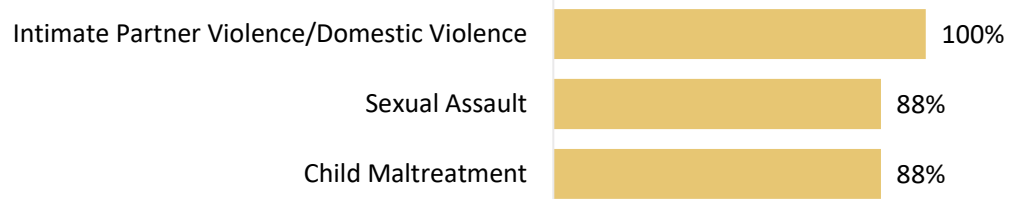
**Projects were able to select all that apply.*

Figure 83. Topics for Treatment Policies in Facilities by DVP Purpose Area 2 Projects, 2017-2018*



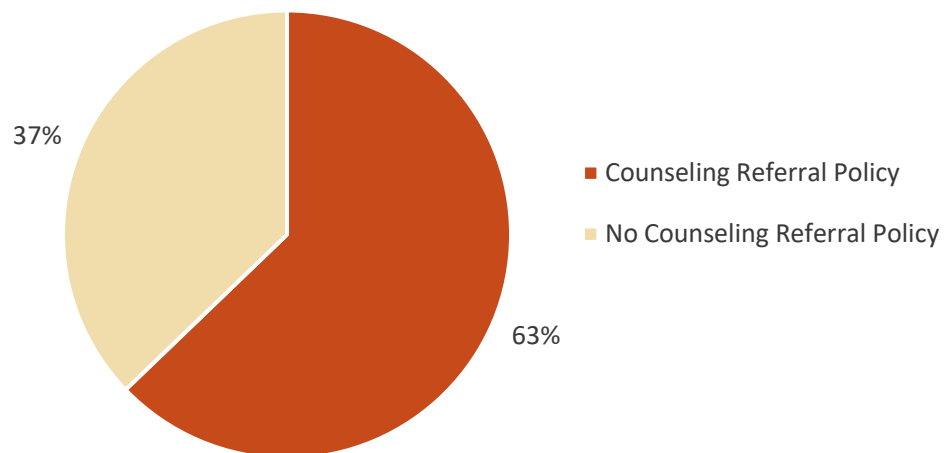
**Projects were able to select all that apply.*

Figure 84. Topics for Safety Planning Policies and Procedures in Place within DVP Purpose Area 2 Projects, 2017-2018*



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

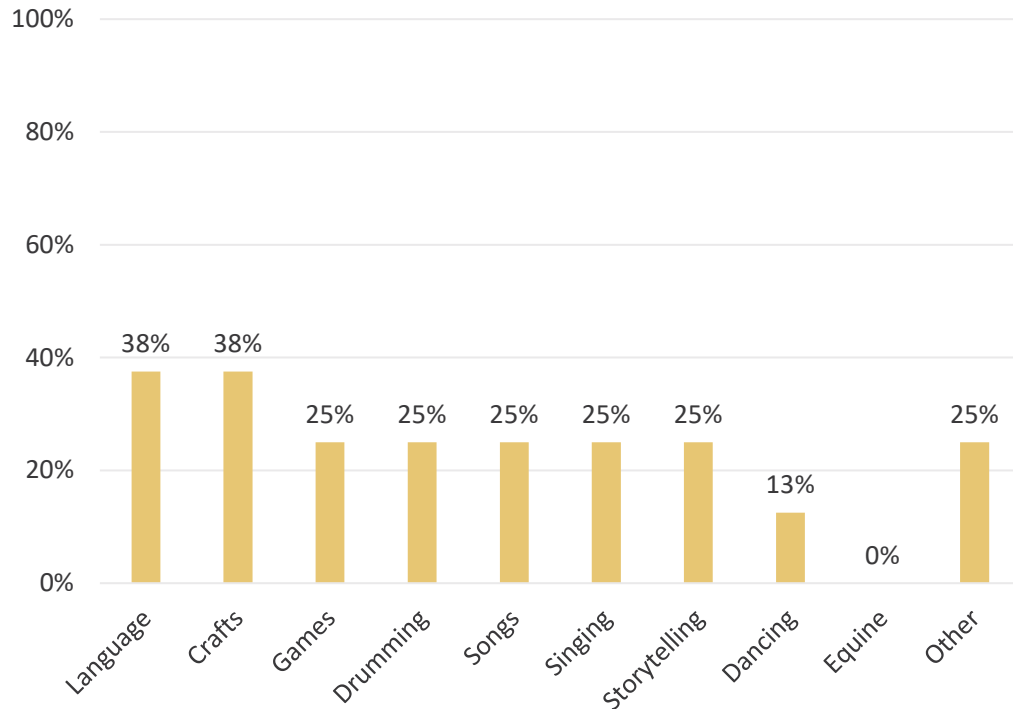
Figure 85. Percentage of DVP Purpose Area 2 Projects that Have a Written Referral Policy in Place for Rape Crisis Counseling, 2017-2018



OBJECTIVE 7: HOLISTIC SERVICES

CULTURAL SERVICES

Figure 86. Percentage of DVP Purpose Area 2 Projects Integrating Cultural Services into Project Services* by Practice Type, 2017-2018



*Projects were able to select multiple types.

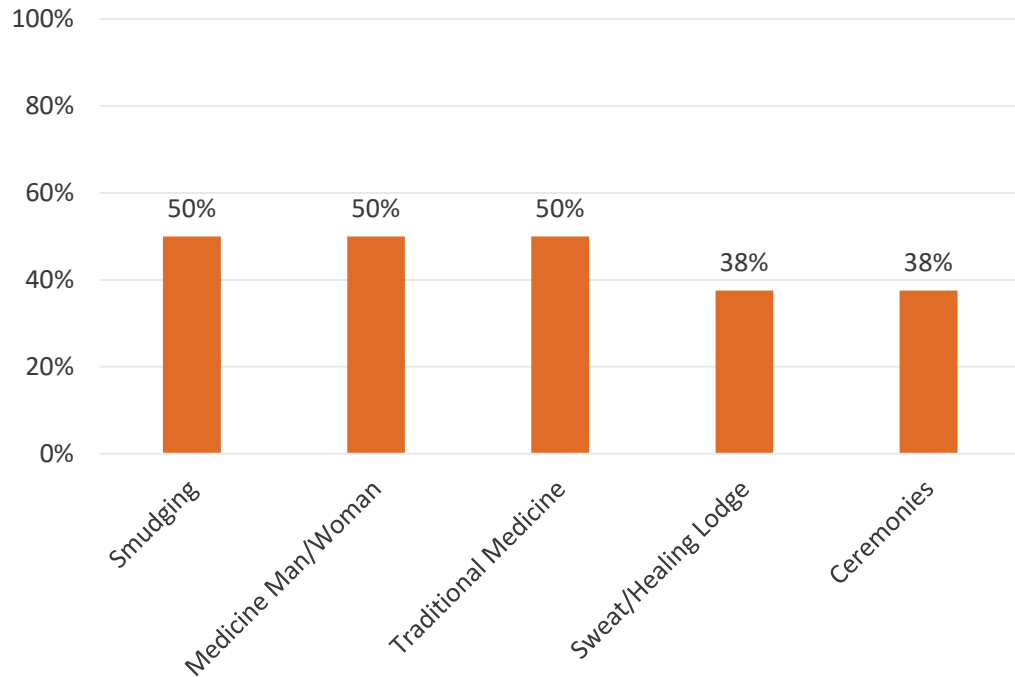
As evidenced in [Figure 86](#), the most common cultural services provided by DVP Purpose Area 2 projects were language (38%) and crafts (38%).

“Other” cultural practices cited included: Traditional games; provision of victim advocate; referred to traditional providers.

A total of **152** individuals received cultural services from DVP Purpose Area 2 projects.

TRADITIONAL HEALING

Figure 87. Percentage of DVP Purpose Area 2 Projects Integrating Traditional Healing into Project Services* by Practice Type, 2017-2018

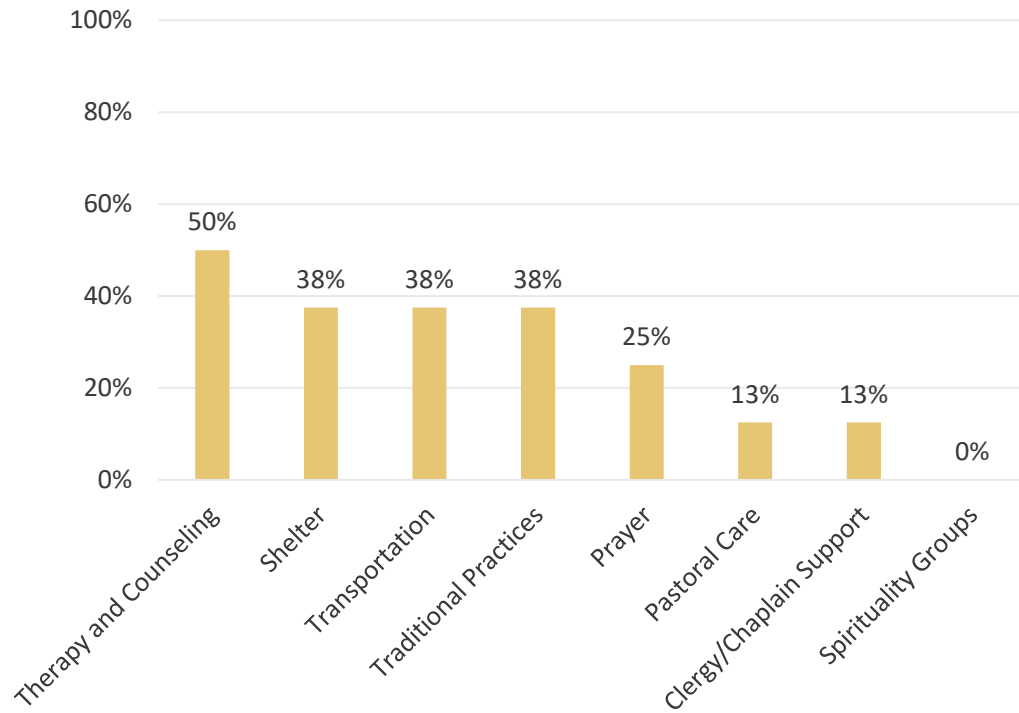


*Projects were able to select multiple types.

Figure 87 demonstrates the most common traditional healing related practices incorporated into DVP Purpose Area 2 activities which included smudging (50%), referral to a medicine man/woman (50%), and traditional medicine (50%).

FAITH-BASED SERVICES

Figure 88. Percentage of DVP Purpose Area 2 Projects Integrating Faith-Based Services into Project Services* by Practice Type, 2017-2018



*Projects were able to select multiple types.

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

A total of **70** individuals received faith-based services from DVP Purpose Area 2 projects.

DVP Purpose Area 2 projects hosted **16** educational events on the incorporation of culture and tradition into care and trained **85** health providers in incorporation of culture in to the care of victims of sexual assault and domestic violence.

STAFFING

Figure 89. Percentage of DVP Purpose Area 2 Projects that Experienced Staff Turnover, 2017-2018

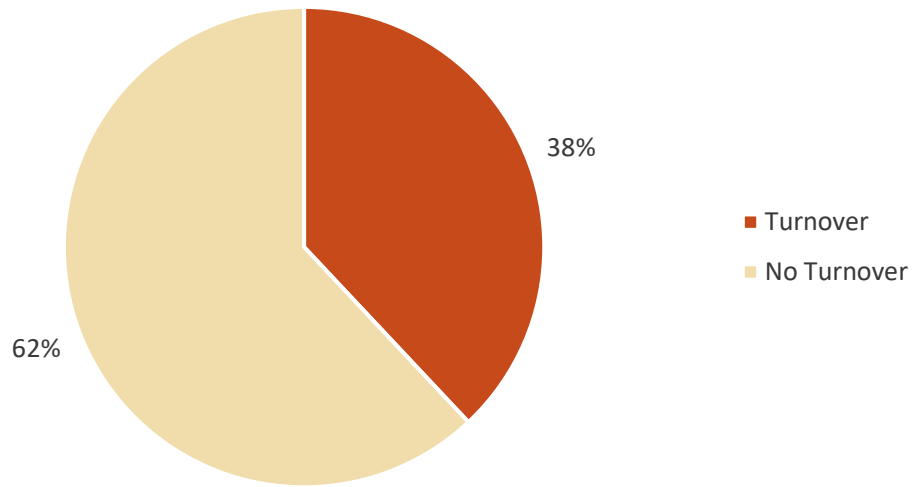


Figure 90. Percentage of DVP Purpose Area 2 Projects that Have Been Able to Recruit, Hire, and Onboard Staff, 2017-2018

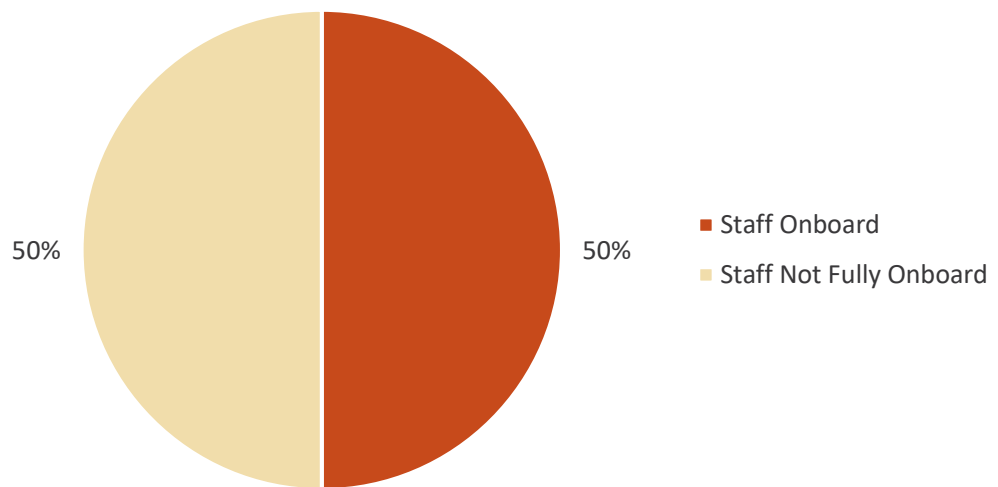


Figure 91. Percentage of DVP Purpose Area 2 Projects with a Full-Time Project Coordinator, 2017-2018

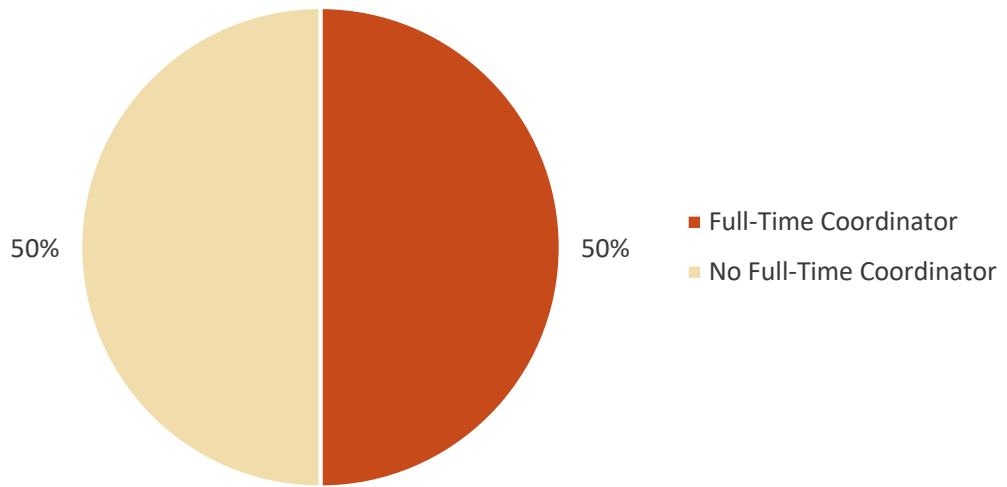


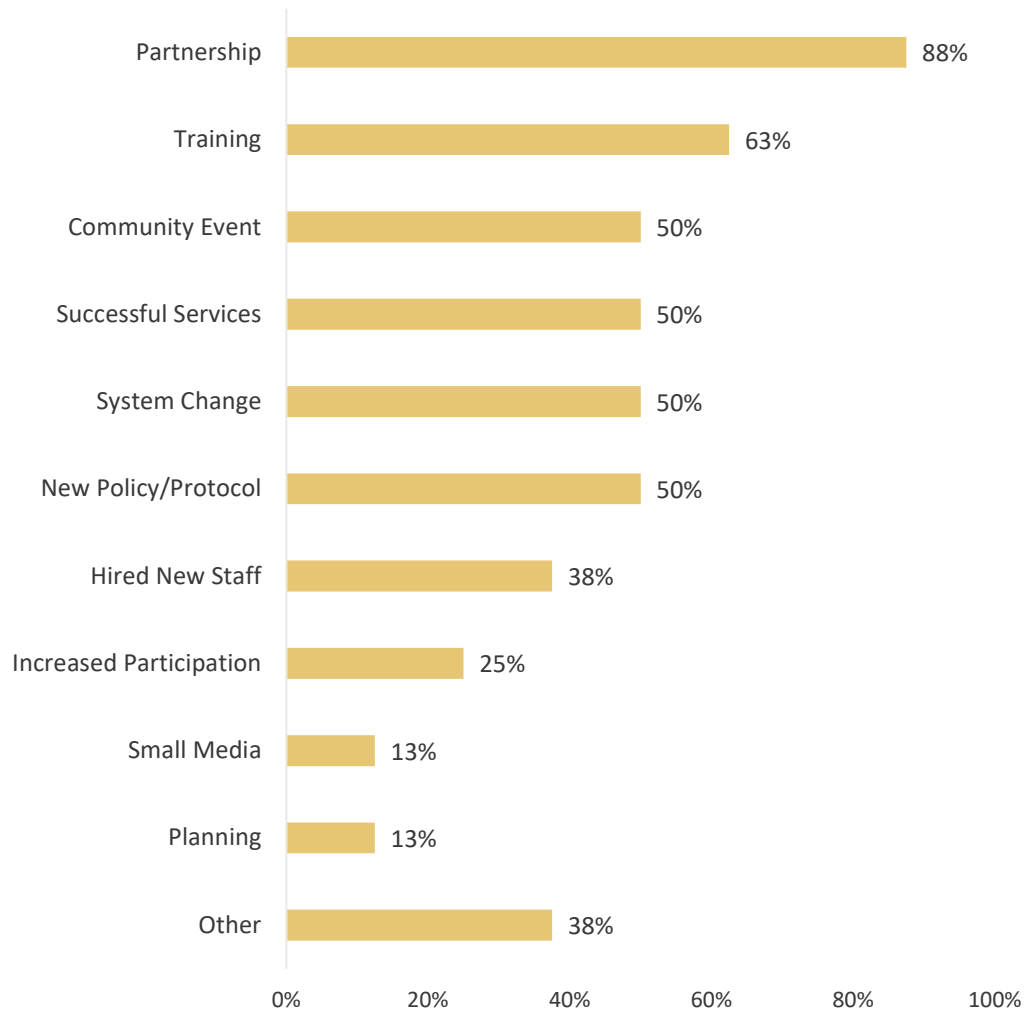
Table 21. Percentage of Time Paid to DVP Purpose Area 2 Project Coordinator from DVP Funding, 2017-2018

	N
Average	28.3%
Range	0 – 75%

PROJECT ACCOMPLISHMENTS AND CHALLENGES

PROJECT ACCOMPLISHMENTS

Figure 92. Types of Project Accomplishments Reported by DVP Purpose Area 2 projects, 2017-2018

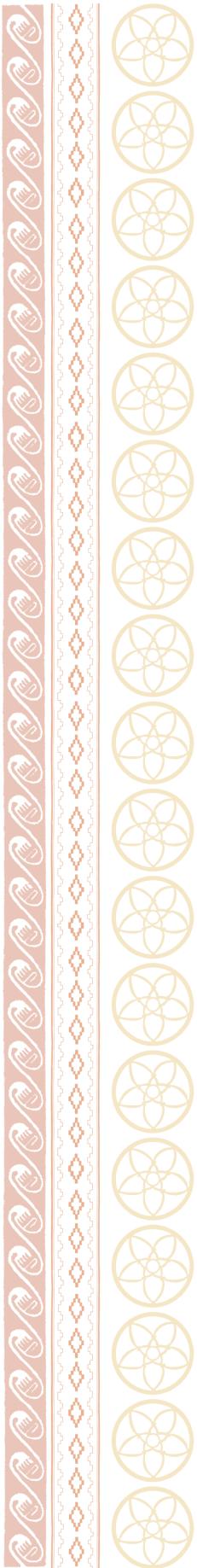


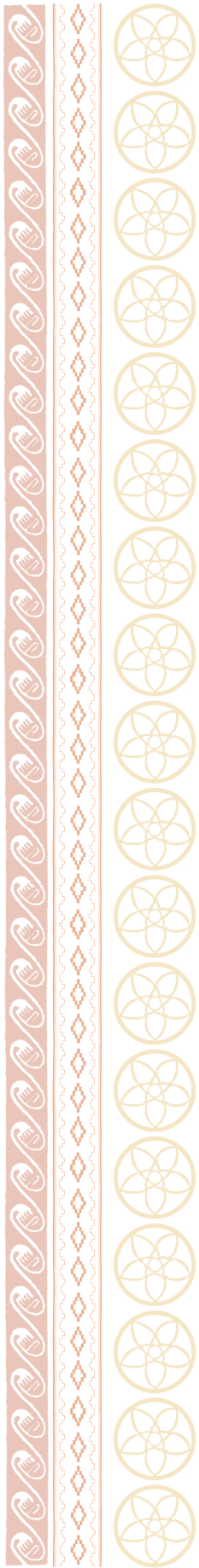
As evidenced in [Figure 92](#), the most commonly reported DVP Purpose Area 2 project accomplishments in project year 3 included establishing or enhancing partnerships (88%), and providing trainings (63%). Definitions and examples for each accomplishment category are provided on the following pages of this report.

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

Table 22. DVP Purpose Area 2 Project Accomplishment Definitions

ACCOMPLISHMENT	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.

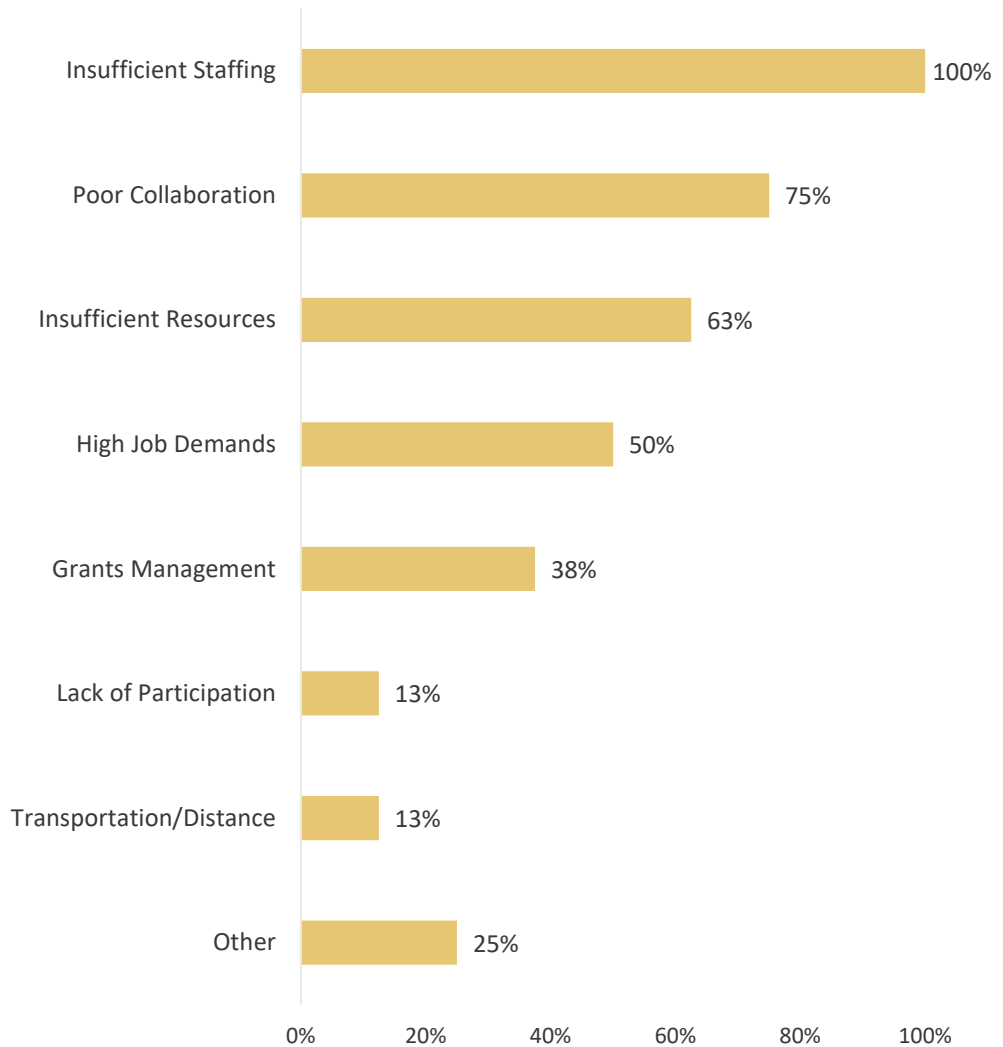




<p>INCREASED PARTICIPATION</p>	<p>Project has noted an increase in community participation in DVP sponsored activities and/or an increase in referrals to its services.</p>
<p>NEW STAFF</p>	<p>Project has identified at least one new staff person (part-time, full-time or contractual) joining its DVP project 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 community awareness of project; increased number of partnership meetings; and purchased all necessary supplies.</p>

PROJECT CHALLENGES

Figure 93. Types of Project Challenges Reported among DVP Purpose Area 2 projects, 2017-2018

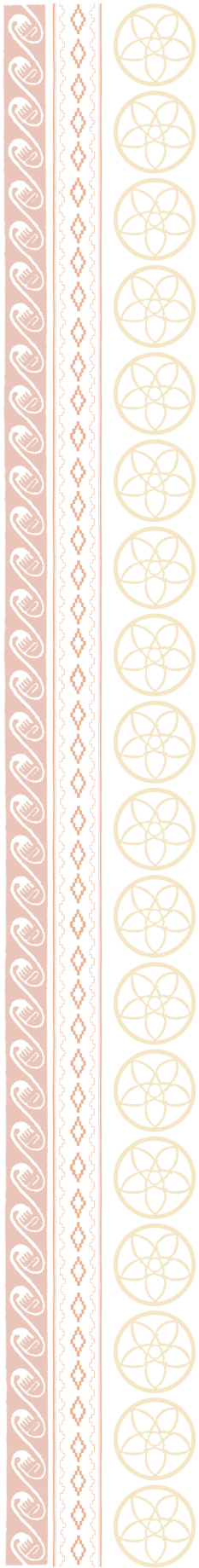


As evidenced in [Figure 93](#), the most commonly reported DVP Purpose Area 2 project challenges in project year 3 included insufficient staffing (100%), poor collaboration (75%), and insufficient resources (63%). Definitions and examples for each challenge category are provided on the following pages of this report.

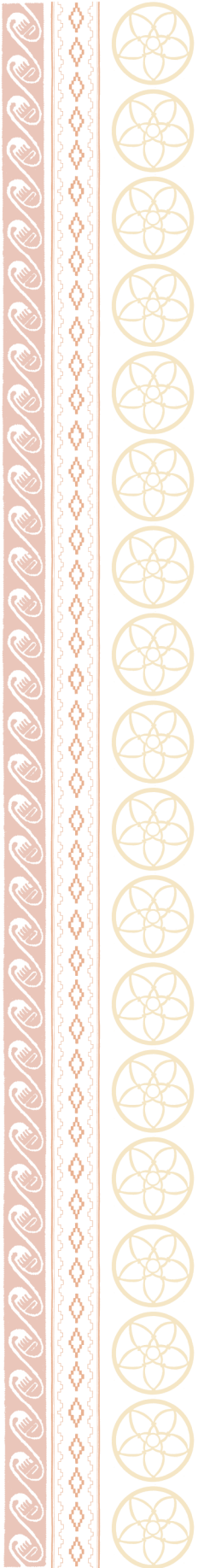
Note: These data were gathered through project narratives. There were no limits on the number or type of barriers that each project could report.

Table 23. DVP Purpose Area 2 Project Challenges Definitions

CHALLENGE	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.



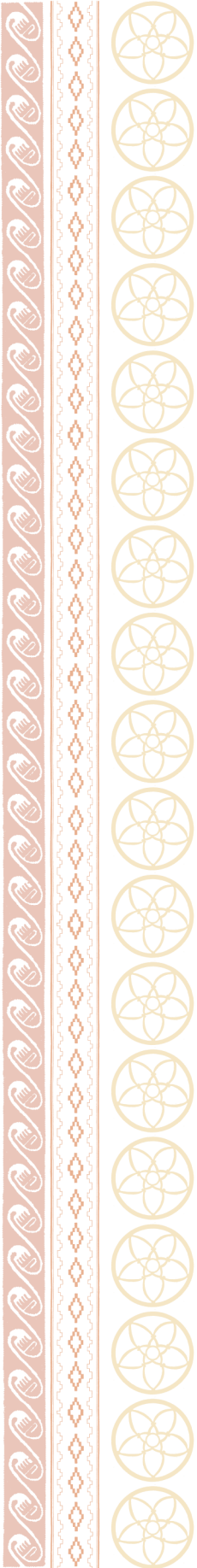
OTHER	The other category included unique barriers reported by two or fewer DVP projects during the reporting period. These included: insufficient tribal policy; socioeconomic challenges.
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APPENDIX: PROJECTS REPORTING

DVP PROJECTS REPORTING 2017-2018*

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.
 Cass Lake Hospital
 Cherokee Nation
 Chickasaw Nation
 Chinle Comprehensive Health Care Facility – Purpose Area 1
 Chinle Comprehensive Health Care Facility – Purpose Area 2
 Chippewa Cree Tribe
 Choctaw Nation - Project Homakbi Ribbon – Purpose Area 1
 Choctaw Nation - Project Strong – Purpose Area 2
 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
 Hopi Health Care Center
 Hualapai Indian Tribe
 Indian Health Care Resource Center - Tulsa
 Indian Health Council, Inc.
 Kawerak, Inc.
 Kodiak Area Native Association
 Lower Elwha Klallam Tribe
 Maniilaq Association
 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 of the Northwest
 Nebraska Urban Indian Health Coalition, Inc.
 Nevada Urban Indians, Inc.
 Nez Perce Tribe
 Northwest Portland Area Indian Health Board
 Norton Sound Health Consortium
 Oklahoma City Indian Clinic
 Paiute Indian Tribe of Utah
 Pascua Yaqui Tribe
 Pawnee Tribe of Oklahoma
 Phoenix Indian Medical Center
 Pine Ridge Indian Hospital
 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

**Tribes/Organizations listed more than once received more than one award.*