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ASSESSMENT OF THE STATE AND TRIBAL PROGRAMS FUNDED UNDER THE FAMILY VIOLENCE PREVENTION AND SERVICE ACT

FINAL REPORT
Under Contract No. 105-90-8118

Submitted to:

Office of Policy and Evaluation
Administration for Children and Families
Department of Health and Human Services
200 Independence Avenue, S.W.
Room 312F, HHH Building
Washington, D.C. 20201

Submitted by:

The MayaTech Corporation
1398 Lamberton Drive
Silver Spring, MD 20902

February 1992

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PREFACE

The former Office of Policy, Planning and Legislation of the Office of Human Development Services, which has become the Office of Policy and Evaluation of the Administration for Children and Families, of the Department of Health and Human Services, funded a project to assess State and Tribal implementation of the Family Violence Prevention and Services Act of 1988. The project aimed to identity ways in which Federal funds assist individuals and families to reunite or establish new lives, to identify the impact of Federal funds on shelter programs, and to identify model practices in program management and service delivery. In the early stages of the project design, and as a result of two pre-test case studies, several aspects of research and service provision in the field of family violence became apparent. Fiit, the difficulty in measuring and describing family violence is due partly to conflicts over definitions of this phenomenon and is partly the result of the personal nature and process of recognizing abuse by adult victims. Second, victims' experiences of abuse are diverse and there is an incongruity between their ordeals and the language available to describe their experiences. Finally, the empowerment of victims as a fundamental force in the development of these programs needed to be described. These factors led the research team to adopt ethnographic methodologies to reflect, to the extent possible, those aspects.

A review of the literature is presented at the beginning of the report to introduce the reader to both the fields of family violence research and service provision. Five case studies of State programs and four case studies of Tribal programs are presented in this report Each case study includes a description of the program development, the services provided, and internal administrative procedures. A few community level programs are also described. The final chapters summarize the commonalities and exemplary practices of the programs studied and offer suggestions for further government support The two pre-test case studies are included in an appendix along with summaries of the case studies for quick reference.

The success of this study is due to the indispensable guidance and assistance received from many individuals. Mr. William Riley, the Government Project Officer, worked very closely with the research staff in all phases of the project The efforts of the many MayaTech staff members who were instrumental in completing the project are also appreciated: Dr. Shirley Hatchett for her involvement with the research design and the data collection, Dr. Suzanne Bartle for her contribution to the design and the data collection, Dr. Suzanne Bowler for her technical assistance with the final report, and Ms. Lesley Watts for her support in all aspects of the project Finally, we would like to acknowledge the invaluable contribution of the many project directors and service providers who gave us their time and expertise to make this project successful.

Elham-Eid Alldredge, Ph.D.
Project Director

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EXECUTIVE SUMMARY

In the United States, public and professional interest in issues of family violence has intensified in the last three decades. This trend began with concern about child abuse in the 1960's, and then broadened to include wife-beating, sexual abuse in the family, and marital rape, as the women's liberation movement of the 1970's brought those issues to public attention. Most recently, abuse of the elderly also has come to the forefront of national attention as an important component of the overall social issue of family violence. Although the actual extent of family violence remains controversial, due to conflicts over the appropriate definition of family violence, public awareness of the problem has increased significantly.

Heightened public awareness of family violence has resulted in increased Federal support of prevention efforts and services. Federal activities, which began in 1935, initially focused on child welfare. The Social Security Act first funded welfare services to "protect and care for homeless, dependent and neglected children, and children in danger of becoming delinquents" (U.S. Children's Bureau, 1978). Throughout the 1960's, interest in child abuse and neglect legislation increased. In 1962, the Social Security Act was amended to require each State to extend child welfare services "to every political subdivision. A model law on the reporting of abuse and neglect was promulgated in that year. This law provided the language that was adopted soon afterwards by a number of States.

In 1974, Public Law (P.L.) 93-274, the Child Abuse Prevention and Treatment Act was enacted following a series of hearings held by the Senate Subcommittee on Children and Youth in 1973. It was subsequently amended in 1978 and 1984. Title III, which is the focus of this research, covered the broader issue of family violence. Entitled the Family Violence Prevention and Services Act, it was amended and reauthorized by P.L. 100-294, the Child Abuse Prevention, Adoption and Family Services Act of 1988.

A major goal of the Family Violence Prevention and Services Act (FVPSA) is to assist States in their efforts to prevent family violence and provide emergency shelter and related assistance for victims of family violence and their dependents. Grants to States are based on the State's population: no State gets less than $50,080. The highest award in 1989 was $736,000. Section 383(a)(2) of the Act permits States to keep a maximum of five percent of the grants for administrative costs and requires the distribution of the remaining funds to local public or nonprofit organizations. Of the funds distributed, 60 percent must be given to entities for the purpose of providing immediate shelter and related assistance to victims of family violence and their dependents. Section 303(b) of the act authorizes grants to be awarded to Native American Indian Tribes and Tribal organizations for projects designed to prevent family violence and provide emergency shelter and related assistance for victims of family violence. Grants to Tribes are based on Tribal population. As of 1989, Tribes with less than 3,000 members got approximately $5,500 a year and Tribes with populations greater than 3,000 members received approximately $14,000 a year. The only exception is the Navajo Nation which received approximately $48,000 a year.

A 1989 Congressional report of activities under the Act stated that in Fiscal Year (FY) 1986, States distributed the above-mentioned funds through or in consultation with State coalitions against domestic violence. Funds were used to establish, supplement, and expand services provided by community-based programs. States expanded basic services such as crisis intervention and counseling, case management, and advocacy. States used funds to support special services such as family therapy, drug and alcohol abuse prevention, assistance to elderly and disabled victims, etc. The 1989 Congressional report also relates that in FY 1986, family violence grant funds were used by Native American Indian groups almost entirely to provide immediate shelter and related assistance to victims of family violence and their dependents. The locations of the Tribes and their populations strongly influenced the structure of the services provided. Services on the reservations ranged from "standard"

shelters with volunteer and part-time staff to service arrangements with motels, or contracts with non-Native American Indian domestic violence programs in neighboring communities and counties.

The former Office of Policy, Planning, and Legislation of the Office of Human Development Services (OHDS), which has become the Office of Policy and Evaluation of the Administration for Children and Families, of the U.S. Department of Health and Human Services, funded this project in order to assess State and Tribal implementation of the FVPSA. An extensive review of the literature, nine case studies, and a discussion of exemplary practices and relevant issues are contained in the report.

The overall goal of this research effort was to assess the impact of the FVPSA The question of impact, however, requires knowledge of the past, before FVPSA funds became available, and a good sense of the present, all within the context of environmental conditions which affect the Act's implementation. To get a clear picture of this context, information was gathered about the political and financial support for programs at the State, Tribal, and local levels. An understanding of the context within which these programs have developed and operate is necessary to understand the variations, commonalities, and potential replicability of these programs. For example, some programs struggle to survive in communities where there is limited assistance and support. These programs must focus on selected activities and will probably spend more time working to achieve support for them rather than spend time on other services.

Based on the assumption that variation in program activities is due to both contextual factors and to program structure and resources, the research team formulated the following questions for investigation:

- Why do programs develop in the way they do?
- Who seeks what types of services in these programs?
- What services are most needed?
- What factors, including contextual factors, are key to the effective implementation and provision of services?
- How can successful programs be replicated?
- Who seeks these services?
- What have FVPSA funds enabled programs to do? and
- What do program staff believe they need to continue to provide services?

In an effort to provide the depth of information needed to answer these questions, a case study methodology was adopted The number of State and Tribal programs selected for study was too small to use statistical methods. Instead, the case study methodology used for this study entails ethnographic procedures, i.e., in-person interviews and observation on site, to gather in-depth information.

The key methods used to gather the data for the case studies included personal interviews with staff during program visits, review of prepared materials such as program reports and public awareness materials, budget and income information, and demographic information on the population served by each program. These

methods and materials were used to meet the following objectives:

- Identify the extent to which the State and Tribal programs adhere to the statutory assurances specified in the FVPSA;
- Identify exemplary practices in program management, strategy, and service delivery;
- Identify and assess the impact of Federal funds from FVPSA on the number of shelters and shelter programs; and
- Identify how Federal funds have assisted families and individuals to reunite with their spouses in a nonviolent relationship or to establish independent households.

Study Participants

Five States and four Native American Indian Tribes were selected for study. Although FVPSA grants are available for all Native American Indian populations, the study sample includes only Native American Indian Tribes and State programs. The States were California, New York, Louisiana, Oregon, and Iowa. The Native American Indian Tribes were the Pima-Maricopa in Arizona, the Navajo Nation, the Inter-Tribal Council of Nevada, and the Confederated Tribes of the Warm Springs Reservation in Oregon. The State and Tribal liaisons, who were responsible for applying for FVPSA funds and distributing them through grants to local organizations, and local program directors were the principal participants in this study. Often, they invited other staff members or coalition directors to join the meeting with the research team.

In an effort to obtain more in-depth information on how FVPSA funds are used, the research team also asked the liaisons in each State and Tribe visited to select two community programs from a rural or suburban area and an urban area. The research team then visited these programs and interviewed the program director. Often, the director would invite other staff members to participate in these interviews.

Two pre-test sites also were selected to test the procedures of this study: Maryland's State program and the program of the Eastern Rand of Cherokee Indians in North Carolina. The results from these site visits are presented in the appendix of the full report.

Several variables were of interest and came to be of importance as the study progressed These variables included developmental indicators, such as the length of time the program had been established priorities in allocation, the allocation process, services provided, coordination of services with other agencies, initial impetus of programming, evaluation and monitoring, staffing structures and staff support, cultural sensitivity, and the program's vision for the future. Contextual variables also were found to be important factors in program development. These included the political ideology of the community and State, community support, socioeconomic status (SES) of the community members, geographic location (urban, suburban, rural), existence of women's groups or coalitions, cooperation of the criminal justice system, advocates at the State level, State resources, and the location of the program within the State or Tribal government

The sites visited offered a wide variety of settings: large and mid-sized States; urban, suburban and rural programs; Native American Indian programs that used only FVPSA funds for their domestic violence programs, and State subgrantee programs that only received a minimal percentage of their funds from FVPSA. Investigators examined services, organization structures, and populations served that were common to the programs visited and features that differentiated one or more programs from the others.

Funding

One of the issues the research project addressed was adherence to statutory assurances regarding FVPSA funding as specified in the Act. All State and Tribal programs visited adhered to the $50,000 limit on funds awarded to individual programs in a single year, the $150,000 limit on total funds awarded to any individual program, and the match requirements for each year of the grant. Most State programs allocate FVPSA funds in small amounts to existing local programs. Those programs that allocate large amounts or which have few local programs experience difficulties with the cap. As the cap is reached by some programs, the total number of eligible community programs decreases.

The intent of the FVPSA allocation is to fund these programs as demonstration projects so that within three years, these programs will be able to find the financial backing in order to be self-sufficient. It appears from the results of these nine case studies and the two pretest cases, however, that this goal may be unrealistic for domestic violence programs. Most of the programs, both at the State and local levels, are not demonstration projects because they have been in existence for at least 10 years, or longer. The Native American Indian programs visited had been established more recently, but the local programs subcontracted by the Tribes that were visited all had been in existence for long periods of time.

Funding instability always has been and still is a major source of stress and frustration for local programs, which compounds the inherent crisis nature of their work The task of soliciting funds requires a great deal of staff time and resources; however, these were frequently stretched to the limits of the State, Tnial, and community programs visited. Average FVPSA grant awards made by the State agencies were very small, which meant that local programs needed to satisfy the requirements of about 15 different funding sources.

Staffing

Most of the State and local programs visited had a limited number of staff For example, the California State program has only four staff people to make site visits, review proposals, and provide technical assistance to 60 programs across the State. Navajo Social Services has only one half-time staff person to distribute the funds and provide technical assistance to four programs scattered across the Navajo Nation, which is about the sire of West Virginia. Louisiana has one program specialist to make site visits, provide technical assistance, and review proposals for 15 programs across the State. This limited staffing makes it very difficult to monitor program performance, provide technical assistance to local programs, and develop evaluation mechanisms.

At the local level, it often happens that one person has to provide 24-hour coverage throughout the weekend in a shelter program. In several smaller programs, there may be only two paid staff members to provide services to a multi-county area. With limited staffing, limited pay, and few medical benefits, in a job with constant crises, local program staff members are prone to burnout. Thus, staff turnover is a frequent phenomenon and a serious problem for local programs.

Program Standards and Services

The majority of the State programs included in this study mandate the types of services that need to be provided in or&r to quality for State funding. However, there seemed to be a reluctance among some of the people administering these services to standardize the way in which they should be provided for two reasons. First, the empowerment philosophy of the grassroots organizers who established most of these local programs emphasizes the importance of program autonomy. Program autonomy is highly valued as a means to role-model independent decision-making for victims and as a means to utilize unique local resources because these programs greatly depend on local resources. Second, it may not always be cost effective for small programs to attempt to meet the funding requirements imposed by some States, given the limited State funding that they would

receive. Some State programs such as California and Iowa are moving toward the creation of service standards. The Native American Indian programs visited by the research team were not yet involved in this process.

There seems to be consensus on the minimal types of services needed to serve victims of domestic violence, based on the experiences gained by programs over the years. Information about these services is disseminated nationwide by the coalitions and networks of family violence programs.

The most common services offered by the programs visited by the research team were the following: Crisis lines, information and crisis counseling, emergency shelter, legal and social service advocacy, including assistance in obtaining temporary restraining orders and assistance in obtaining Aid to Families with Dependent Children (AFDC) benefits, and counseling and/or emotional support

Several programs offered services for children ranging from in-depth counseling and parent-child interaction programs to play groups and other structured group activities. Of all the other services programs wanted to be able to provide or increase, children's services were a priority.

Substance abuse treatment was the one service that most local program directors could not offer. The directors of many of the programs reported a high incidence of alcohol and other drug abuse among batterers and an increasing incidence of this behavior among victims. They discussed the need to provide substance abuse treatment in conjunction with domestic violence services. At present, most local program staff refer clients to substance abuse treatment facilities but are concerned because these facilities cannot accommodate children. Domestic violence programs, cannot accept active abusers into the community living situation at the shelters.

Exemplary Practices

It is difficult to pinpoint exemplary practices of programs as a whole from such a small number of cases. However, several State and local programs have certain service components that are considered exemplary by the research team because they use new and effective approaches to providing services that reflect a movement toward a broader systems approach to the problem of domestic violence. These practices may be more widespread than they appear to be in the small group of programs in this study. On the State level, these practices include the coordination of State programs with other appropriate State service agencies, coordination of funding applications and requirements, sophisticated data collection procedures, and State level public awareness and prevention programs. Examples of the first exemplary practice were found in both Maryland and Louisiana State programs. Roth are administered through offices that provide women's services such as Displaced Homemaker and training programs for women. Auxiliary services needed by victims of domestic violence, which are administered through the same department as the domestic violence programs, appear to be more available and accessible for the victims.

Examples of coordinated funding applications and requirements were found in Maryland, California, Iowa, New York, and Louisiana where domestic voilence programs coordinate the monitoring and reporting requirements for State and FVPSA funds. The Request for Proposal (RFP) used in Iowa includes a page to detail the uses of each funding source and has one application form for three different funding sources. The central administration of several funding sources in the Department of Justice in Iowa made this coordination possible because a large portion of the funds available to community programs are Victims of Crime Assistance (VOCA) funds. The department that administers domestic violence funds seems to have a large impact on possibilities for coordination.

All programs are required to maintain and report data about services provided. However, some State programs were able to collect and process data which provided detailed information about the overall State service delivery system. For example, Oregon's State domestic violence program is located in the Children's Services Division (CSD) of the Department of Human Resources. Oregon's CSD is a large department and its research office works closely with the domestic violence program to provide useful data for decision making at both the State and local levels.

California and Iowa both placed priority on public awareness and prevention programs at the State level. Their efforts include billboards with dramatic slogans that created public awareness of domestic violence as a crime. The State program in Iowa was able to enlist the voluntary support of an advertising firm to create the billboards.

Examplary practices were also found at the local program level. These practices include providing children's services, treatment for batterers, coordination with other agencies, and effective use of volunteers. Some local programs provide preschool or child care for children staying in a shelter. These programs help the children understand what they have witnessed and help them cope with living in a shelter; they also give mothers time to think about their issues and to meet with program staff. Crescent House in Louisiana, Swain/Qualla Boundary SAFE, Inc., the Eastern Band of Cherokee domestic violence program, and others operate preschool programs for children of victims. Crescent House is planning to enroll some of its children in Head Start However, child care programs which would enable mothers to leave their children at the shelters when they go to job interviews and to appointments are difficult to establish due to liability issues. Passage House, a transitional housing program in New York, also has a specialized children's program funded entirely by an FVPSA grant. Passage House also plans to start a playgroup program which will teach mothers inexpensive ways to engage their children in shared activities.

The philosophy underlying batterers' treatment is to prevent violence from occurring again and assist the batterer to take responsibility for their behavior. One local program in Gallup, New Mexico operated its own program through its nonresidential service center. The Maryland State domestic violence program requires all community programs to provide batterers' treatment which ensures coordination among local victims' services and batterers' programs. Releases of information, from both victims and batterers, are used in the Montgomery County Abused Persons Program to allow the service providers for the victims and the batterers to discuss the cases and coordinate services. With a signed release, the batterer's group facilitator can forewarn a batterer's victim if s/he believes that the batterer is likely to become violent. If the batterer's partner is contacted, she may be more inclined to call and ask about her partner's progress also more likely to report additional incidents of violence.

Since domestic violence programs have limited funds and victims may use other agencies that can refer them to domestic violence services, it is important for the programs to coordinate their efforts with other agencies, including community mental health groups, social services, police departments, attorneys' offices, the local courts, and hospitals. The Montgomery County program in Maryland and the Park Slope program in New York are trying to establish a network of attorneys to whom they would provide information about domestic violence and who would provide pro bono services for victims. Crescent House in Louisiana has access to legal services within its parent agency.

SAFE, Inc., which provides services to the Eastern Band of the Cherokee Reservation and Swain county, has trained outreach workers in the Cherokee hospital to identify victims and refer them immediately to services for domestic violence. New York State is funding an innovative program in two large city hospitals to create

an interface between domestic violence and child protective services that will screen mothers of children who are abused, The goal is to identify those mothers who experience abuse themselves so that services can be provided for both mothers and children which would enable and assist the mothers to protect their children.

Some of the programs visited also had unique relationships with local churches. The Home for Women and Children on the Navajo Reservation had its building completely donated by the United Methodist Church and continues to receive financial support from the church Other programs have developed relationships with local congregations which enable them to provide small amounts of money for emergencies for their clients (e.g., ACCESS in Iowa; Crescent House in Louisiana; and the Gallup, New Mexico program). For example, ACCESS and the Gallup program have been able to establish discretionary funds from church donations that enable them to provide small loans to their clients for security deposits and other financial aid for establishing an independent household.

Nearly all of the local programs visited depend on volunteers to expand their staff and their ability to provide services. In Louisiana, Faith House has a volunteer meal program in which volunteers prepare dinners for the shelter. Crescent House, also in Louisiana, has volunteers from the Foster Grandparents program who help with a preschool program for the children of clients. Several programs use volunteers to build or maintain their shelter facilities. Other programs have a list of volunteers they can call if they run short on supplies such as paper towels, diapers, and canned goods (e.g., Faith House in Louisiana; Home for Women and Children on the Navajo Nation). Some programs publish newsletters in which they advertise the supplies they need, such as Faith House in Louisiana and SAFE, Inc. in North Carolina. ACCESS of Iowa uses male volunteers to help in the shelter and to make presentations about domestic violence and sexual assault to community groups often dominated by men. As the director stated, it is nearly always men who perpetrate this violence and therefore men must take responsibility for eliminating it.

Transferability

Being able to replicate components of these programs in other areas would be a matter of training for some service providers, and a matter of resources for others. That is, innovative programs for children and batterers can be transferred easily to other programs where program staff can be trained and where there are funds available for this training, hiring additional staff including clerical assistance, and acquiring additional space. However, coordinating with other agencies and gaining the cooperation of other service providers, attorneys, and the judiciary takes more than money and trained staff The interpersonal skills of individual service providers are essential to successful program operations particularly when they are working in ambivalent or unaccepting environments.

Program Evaluation

Program evaluation seemed to be lacking at the State, Tribal, and local program levels. The State programs did not require programs to provide follow-up or outcome data beyond discharge plans, and very few programs reported following up clients in any formalized way. There are common reasons for the lack of follow-up. These programs do not have the resources needed to design evaluations of their programs or to find appropriate measures and they lack the time and money required to complete evaluations. Moreover, clients tend to move often; they disappear for their own safety, or they do not want to make contact with the program if they want to forget their experience of being battered. For safety reasons, most programs do not make contact unless the victim has given explicit consent and recommended a time to call when the batterer will not be home.

What is an appropriate outcome measure? Most programs ask their clients about their plans when leaving the shelter. There are usually two options: returning to the partner, or establishing an independent household One of the questions raised at the outset of this research project pertained to the number of victims served through FVPSA funds who established independent households and the number who were reunited with their partners who were no longer violent. Data collected by local programs and aggregate data at the State level that could provide the answer to this question were not available from the programs. Program directors commented as well that data would not be able to reflect this information. Some victims will not tell program staff if they return to the batterer because they may feel ashamed or embarrassed. In addition, if there is no follow-up, it is not known whether the perpetrator remains nonviolent.

What was clear during some of the site visits is that some programs view the establishment of an independent household by victims, after one or two shelter stays, as an indicator of success, while others believe that the victim must go through a process of leaving and returning to her partner several times before she can make a concrete step toward changing her life and eliminating the violence. Several program directors reported that they expect victims to return to the batterer three to five times as part of the process of breaking away. One director stated, however, that if clients "worked the program," they would leave their batterers and set up independent households. Another program director set a limit on the number of times a victim could use the shelter based on the assumption that a repeated need for the shelter meant that the program was not meeting the victim's needs and that the victim should seek help elsewhere. These varying beliefs about the process of change or the process by which the battered woman finds ways to move out of that role create different definitions of successful outcome. However, without consensus about indicators of success, it is difficult to evaluate services.

Service Philosophy

Evaluation leads to a discussion of service. philosophy because program outcome assessment is likely to be influenced also by the philosophy of the service providers. Most of the local programs visited were based on an empowerment model. Since the experience of service providers is that the overwhelming majority of domestic violence victims are women, a fact that is supported by evidence cited from the U.S. Department of Justice at the Senate hearings on violence against women (1990), and that 95 percent of domestic violence victims are female, the empowerment model of services is combined with a feminist perspective of family violence. As the literature indicates, this philosophy is based on the premise that women are oppressed in our society and that abuse is a result of this oppression, as well as one mechanism that reinforces it. Oppression leads to feelings of worthlessness and lack of self-confidence among women, which then discourages them from making autonomous decisions. To rectify this situation, the empowerment model helps clients to make decisions for themselves. Programs focus on providing information and support to assist their clients to achieve this goal.

The literature also indicates that this feminist empowerment model, which places emphasis on the individual rather than on the social group, seems to fit the dominant U.S. culture although it may not fit the belief systems of all members of that culture. The model, however, is not always appropriate for minority cultures: Native American Indian, Hispanic, Asian/Pacific Islander, and African-American. Valuing the family as a unit, community and group cohesion, and interdependence in human relationships is a predominant feature of these ethnic/minority cultures which conflicts with the feminist model of individual empowerment. Values of interdependence are often strongly instilled in women from ethnic minority backgrounds. As a result, ethnic minority victims of domestic violence may not agree with some of the tenets of the individual empowerment models encouraged in some domestic violence shelters such as regarding the advice of the extended family as less important than meeting one's own needs. This conflict of values may lead some ethnic minority victims to leave shelters without having received adequate help.

Without outcome data or program evaluation, it is difficult to create service standards or provide guidelines to domestic violence programs as to which services are most effective. Since the development of an effective program greatly depends on local community resources and support, the standardization of programs is also difficult to achieve and may not be desirable beyond a certain level of requirements because of the need to respond to local circumstances. In addition, before service standards can be created and implemented at the State level, decisions need to be made about what successful outcomes are and what contributes to effective services. Is effectiveness going to be limited to the victim's ability to establish an independent household or is it going to be broadened to encompass growth in her self-esteem, assertiveness, and independent decision-making? These questions need to be addressed by service providers as well as legislators and those performing program evaluations so that some consensus can be reached on what it means to have done the job well. The same issues need to be addressed by those who provide services for batterers. What is effective batterers' treatment? What is a reasonable outcome?

The more local programs come into public awareness and the more States and the Federal Government fund them, the more these programs and those at the State level will need to be accountable for the funds they are using. In general, this implies that programs will need to prove their effectiveness in some way without jeopardizing the safety of clients. The public must be convinced that services for victims of domestic violence are not only necessary, but also effective in providing solutions to the problem of domestic violence. One way to maintain this accountability is to create service standards that will ensure that effective services are being provided at the State, Tribal, and local levels. In addition, the staff of State, Tribal, and local programs need to be given adequate funds and technical assistance to develop adequate evaluation models for their services.

Legislative, Judicial, and Police Responses

AU the State programs in this study were supported by some form of domestic violence legislation, including legislation for temporary restraining orders that require the perpetrator to move out of the home. Two of the four Native American Indian programs visited, the Inter-Tribal Council of Nevada and the Navajo Nation, did not have specific legislation or Tribal codes for domestic violence.

Legislation governing domestic violence varies from State to State. In some States there are now mandatory arrest laws requiring police officers to make an arrest. Some legislation and law enforcement policies suggest a pro-arrest approach that enables police officers to make an arrest when they have probable cause to believe that an assault has occurred.

Mandatory arrest laws, as well as other changes in States' legislation, have been made to make the legal system more accessible to victims of domestic violence. Legal services are very expensive, however, and legal aid is not available in many places. The cost of a simple divorce is often far beyond the means of a victim, but legal divorce is sometimes necessary to obtain in order to reinstate the victim's rights separate from those of the batterer. Our criminal justice system was designed to adjudicate between unrelated and equal individuals, which is not the content in which domestic violence occurs. For this reason, many community program resources are used to educate the judiciary and police and to provide legal advocacy for victims.

Legislation that defines domestic violence as a crime appears to provide substantial support to local and State programs because it increases awareness of the problem in the judicial and law enforcement systems. When training is provided for members of the criminal justice system, however, there is more support for victims of domestic violence and these programs. State legislation also may have influenced the acceptance, availability, and quality of training given to judicial and law enforcement officers.

Local program directors, however, reported that many batterers do not respect temporary restraining orders (TRO's) because their effectiveness depends on the batterers' fear of official retribution. Many program personnel pointed out that there are few reasons for batterers to comply with the orders. Domestic violence incidents frequently occur at nights and on holidays when the demand for police services is highest and police are not available to arrest the perpetrators or to ensure that they comply with TRO's. Essentially, the consequences of noncompliance with TRO's are minimal. Victims are therefore often forced to leave their communities and/or the State and disappear in order to get away from batterers. Police have to be available iu order to enforce TRO's, and appropriate penalties have to be given to ensure deterrence.

It also appears that there is a move toward court-ordered batterers' treatment in States that have mandatory arrest laws or areas with pro-arrest policies such as New York In other States, some court-ordered batterers' treatment is provided, but without mandatory arrest. However, low conviction rates, diversion programs that are not coordinated with domestic violence services, and long waiting lists make it difficult to ensure victim safety.

A Systems Perspective of Domestic Violence

This study utilizes a systems perspective in order to address the problem of domestic violence. This approach entails viewing the family and other social institutions as systems that have an impact both on their members and on each other. This impact is the result of the interdependence of people in the various systems and of systems both large and small in society. For example, the political system may impose changes that result in changes iu the legal system. These legal changes may then have an important impact on families. At the micro level, this interdependence implies that if one part of the family system changes, then all other parts of the system must respond to that change in or&r to remain viable, and that when something happens to one member of the family or system, then all other members are affected by this event. Thus, if a woman is victimized by a family member, the violence not only affects her life, but the lives of her children and extended family, as well as that of the perpetrator.

The response of other social systems to this event creates the environment or context in which violence becomes tolerated by or unacceptable to victims and members of society at large. That is, the response of the criminal justice system to the violence may be either to punish the perpetrator and thus deter him/her and others from committing acts of violence or to reinforce tacitly the violence by taking no action. In the past, the response of the criminal justice system to violence against women in the home has been the latter. Recent forms of legislation, requiring police to make an arrest at the scene of a domestic violence incident is still fraught with mixed messages to the perpetrators through dual arrest (a common occurrence as reported by the study participants) and few convictions. Another example of a systemic response that reinforces violence perpetrated against women in the home is that of some mental health workers who implicibly blame the victim for remaining in the violent relationship presumably because of some deficit in her personality. Thus, perpetrators may be given the indirect message that the violence is not their responsibility; they have been driven to it by the pathology in their partners.

Even as the responses of the larger social systems to the violence in families create a context in which it is tolerated, violence in the family also has an impact on these social systems. This impact may not be as perceptible as a black eye, broken jaw, or a broken leg, but it is negative nonetheless. If family violence continues to plague our society, the amount of violence in our society will increase. The children affected by domestic violence will grow up and perhaps perpetuate the cycle of violence in the home and possibly outside as well.

Efforts to eliminate domestic violence and its negative consequences both for victims and for society at large will be more effective if they are conducted within the broad framework of a systems approach For example, institutional policies (political, economic, legal, and judicial) that do not protect victims of domestic violence, must be changed in order to demonstrate that domestic violence is unacceptable and is a serious crime. Interventions that use a systems approach consider the broader social impact of particular services. A systems approach to intervention also implies that more than one system is responsible for eliminating domestic violence. As a result, a systems approach may increase the likelihood that the goal will be achieved. The responsibility for eliminating domestic violence lies not just with domestic violence programs, the victims, and perpetrators, but also with the broader social systems. Mechanisms for broadening the perspective on domestic violence and on ways to prevent its occurrence are suggested in the final chapter of the full report. These mechanisms include:

- Using a systems approach when providing services for victims of domestic violence, by coordinating services for victims, their children, and the perpetrators of the violence;

- Coordinating funding sources, so that programs can invest more energy and resources in helping victims, their children, and perpetrators, and less energy applying for funds to support their efforts,

- Broadening the definition of successful outcome by viewing not only the establishment of an independent household as a success, but also the victims' decision-making skills and ability to protect themselves, and changes in other areas of their lives which give them more options than remaining with their batterers;

- Creating programs which allow adolescents, male and female, whose mothers are victims of domestic violence to remain with them in shelters;

- Establishing substance abuse treatment programs for victims of domestic violence that coordinate services with domestic violence programs and accommodate children;

- Increasing public support through public awareness campaigns that provide information about the incidence and prevalence of domestic violence, the negative impact it has on the community, and what communities can do to prevent it; and finally,

- Emphasizing that domestic violence and its prevention are also the responsibility of society by promoting a change in peoples' attitudes toward gender roles and their stereotypes, and attitudes about the privacy of the home in instances where members of that home are treated in ways that are dangerous and intolerable.

In conclusion, family violence is an issue of national importance as recognized by Congress in the Family Violence Prevention and Services Act. The issue cannot be resolved without the coordination of the various components of our social services delivery system. Results from the case studies indicate that a systems approach would be the most successful in dealing with family violence.

I. INTRODUCTION

Public and professional attention to issues of family violence has intensified in the last three decades. Starting with a wave of concern about child abuse in the 1960's, concern broadened to include wife-beating, sexual abuse in the family, and marital rape, as the women's liberation movement of the 1970's brought those crimes to public attention. Most recently, abuse of the elderly has also come to the forefront of national attention as a component of the overall social issue of family violence. Although the actual extent of family violence remains controversial, due to conflicts over definitions of what constitutes violence, general awareness of the problem has increased significantly.

Heightened awareness of this social phenomenon has resulted in increased Federal efforts to address issues relating to family violence. Federal activities, initially focused on child welfare, began in 1935 when the Social Security Act first funded welfare services to "protect and care for homeless, dependent and neglected children, and children in danger of becoming delinquents" (U.S. Children's Bureau, 1978). Throughout the 1960's, interest in child abuse and neglect legislation increased. The 1962 amendments to the Social Security Act "required each State to extend child welfare services . . . to every political subdivision. A model law on the reporting of abuse and neglect was promulgated in that year. This law provided the language which was adopted soon afterwards by a number of States.

In 1974, following a series of hearings held by the Senate Subcommittee on Children and Youth in 1973, Public Law (P.L.) 93-274, the Child Abuse Prevention and Treatment Act was enacted. It was subsequently amended in 1978 and 1984. Title III which covered broader issues of family violence, is the focus of this research Entitled the Family Violence Prevention and Services Act (FVPSA), it was amended and reauthorized by P.L. 100-294, the Child Abuse Prevention, Adoption and Family Services Act of 1988.

A major goal of the FVPSA is to assist States in their efforts to prevent family violence and provide immediate shelter and related assistance for victims of family violence and their dependents. To achieve this goal, administrative guidelines are detailed in the legislation. Section 303(a)(2) of the Act permits States to keep a maximum of 5 percent of the grants for administrative costs and requires the distribution of the remaining funds to local public or nonprofit organizations. Of the funds distributed, 60 percent must be designated for the purpose of providing immediate shelter and related assistance to victims of family violence and their dependents.

The 1989 Congressional report of activities under the Act noted that in FY 1986, States distributed the FVPSA funds through or in consultation with State coalitions against domestic violence. They were used primarily to supplement and expand the services of community-based programs. Any remaining funds supported special services such as family therapy, drug and alcohol abuse prevention, assistance to elderly and disabled victims, etc. In addition, States expanded basic services such as outreach, crisis intervention programs, advocacy services, and counseling.

In recognition of the needs of Native American populations, Section 303(b) of the Act authorizes the award of similar grants to Native American Tribes and Tribal organizations. As was the case with the States, the 1989 Congressional report also relates that in FY 1986, Tribal grant funds were used almost entirely by Native American Trii to provide immediate shelter and related assistance to victims of family violence and their dependents.

The 1984 Act required other activities such as law enforcement training and technical assistance, research activities, the establishment of a clearinghouse on family violence information, inter-departmental coordination, and evaluation. Some of these activities have already been accomplished -- establishment of the clearinghouse and the conduct of some research -- while others, such as program evaluation, have not. The Act also requires States to provide assurances that they have procedures for evicting an abusing spouse from a shared residence. The 1988 amendments to the Act preserved the majority of the sections under the previous Act.

However, the amendments covered the following areas:

- Funding for FY 1988 was $8.12 million, and $8.23 million for FY 1990.

- Funds appropriated pursuant to authorization of this Act will remain available until expended for the purposes for which they were appropriated.

- The 3-year limitation on grants for shelters was removed

- Section 311(b), dealing with law enforcement training and technical assistance grants and contracts, was amended to include award grants for the following: development of materials to be provided to each abused family member to include an explanation of the rights of the abused under the law and the available services; the development of procedures to provide a written report to the abused family member of injuries to family members observed by personnel of agencies; and the development of systems whereby shelters, upon consent of the abused member, may obtain information from law enforcement personnel relating to the abuse. In addition, assurances of the confidentiality of the records will be provided.

- A new section, Section 313, entitled "Family Member Abuse Information and Documentation Project" was added. This section authorizes grants or contracts for developing of data on the individual characteristics relating to family violence; providing objective documentation of data on victims based on injuries, whether civil or criminal action is taken; and providing assurances that confidentiality of records will be maintained.

The former Office of Human Development Services (OHDS) has funded this project to assess implementation of the Family Violence Prevention and Services Act by State and Tribal entities. The approach utilized throughout the study serves to meet the following objectives:

- Identify the extent to which the State and Tribal programs adhere to the statutory assurances specified in the FVPSA;

- Identify exemplary practices in program management, strategy, and service delivery;

- Identify and assess the impact of the Federal funds from the FVPSA on the number of shelters and shelter programs; and

- Identify how Federal funds have assisted families and individuals to reunite with their spouses in a nonviolent relationship or to establish independent households.

The report begins with a review of the literature to introduce the issues that complicate the fields of family violence and describes the context in which services are provided and research occurs. These issues include the definition of violence, the theories explaining violence, the legal issues surrounding family violence in general and wife battering in particular, the current conceptualization of treatment and prevention of family violence, and issues faced by the programs that provide services to victims and perpetrators of family violence. The next chapter defines the conceptualization of family violence used to guide this project and the methodology used to collect the data

The remaining chapters of this report contain case studies of the programs selected for study. Also included is a brief overview of Tribal administration and cultural issues that may have an impact on the provision of services to Native American populations. The final chapters of the report consist of an assessment of the programs studied, including a summary of the issues that emerged in the study that create the diversity in the programs and services provided, exemplary practices, and barriers to service provision. Summaries of the case studies and the two pre-test cases are given in the appendices.

II. LITERATURE REVIEW

Family violence appears to be a worldwide phenomena. According to Levinson (1989), family violence is something experienced or witnessed by most human beings in all societies. Wife-beating is the most common form of this violence. This review of the literature addresses family violence in the form of spouse abuse and elder abuse in American society. First, attention will be paid to definitional issues and how these relate to the methodologies employed in assessing incidence and prevalence rates. Second, there will be a focus on the various theories used to explain family violence. The final sections will focus on legal issues, treatment issues, and program level issues. Throughout this discussion careful attention is paid to the definitions authors use and to the political implications of the various issues discussed Furthermore, because 95 percent of family violence victims in the United States are female, according to a 1983 Department of Justice report, references to victims will be made using the feminine pronouns. This is not to say that male victims do not exist, but rather to expedite description of the phenomenon. Men are victimized by their intimate partners as well, some female and some male. Although this report does not specifically address homosexual and lesbian batterers or victims, they exist, and care must be taken to maintain sexually neutral language when describing the phenomenon of domestic violence.

Definitions

There is no clear definition of family violence. Many authors do not define the subject and rely on implicit understandings of the terms involved. Some authors use such terms as violence, abuse, aggression, and battering interchangeably while others make distinctions between these although not consistently (Margolin, 1987). In addition, the authors who define their terms often fail to clearly distinguish between acts of violence, consequences, and intentions (Gelles, 1985; 1983; 1980). "The terms 'abuse' and 'violence' have been applied to the narrow issue of physically striking a family member and causing injury, to the act of striking a person with the intent of causing harm or injury -- but not actually causing it -- to acts of violence where there is the high potential of causing injury, and to acts where there is no actual hitting at all -- such as verbal abuse or psychological and emotional violence" (Gelles, 1983:155). Different aspects of aggression as a phenomenon, such as the mode of expression, intention, and consequences of an act, are used within the various definitions of violence in the family. Gelles and Straus (1988:57) assert that:

> Twenty years of discussion, &bate, and action have led us to conclude that there will never be an accepted or acceptable definition of abuse, because abuse is not a scientific or clinical term. Rather, it is a political concept. Abuse is essentially any act that is considered deviant or harmful by a group large enough or with sufficient political power to enforce definition.

This lack of clear definition and the political issues surrounding it have far-reaching implications. Fiit, it is impossible to compare research findings without explicit definitions of violence. Thus, incidence and prevalence rates can be misleading or inaccurate. Second without an agreed upon definition of family violence, theories that attempt to explain its existence cannot be empirically validated and compared for their usefulness. Finally, the efficacy of policy is constrained by a limited theoretical base and policymakers may be under the impression that the subject is insignificant or one that does not require public attention. With these issues in mind, it is useful to review the literature to find established definitions.

Legislative policy has been established in the Family Violence Prevention and Services Act (FVPSA). Section 309(1) defines family violence as "[a]ny act or threatened act of violence, including any forceful detention of an individual, which results or threatens to result in physical injury; and is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related, or with whom such Person is or was lawfully residing. This definition uses physical consequences or their possibility as a measure of

violence and is designed to pertain to victims of child, spousal, and elder abuse. One problem with this definition is that "an act of violence" is used in the description of abuse. This makes it necessary to look elsewhere for definitions of violent acts.

Family violence was first addressed with respect to child abuse. Child abuse has been defined as "the physical or mental injury, sexual abuse, or exploitation, negligent treatment, or maltreatment of a child by a person who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened with harm" (Child Abuse Prevention and Treatment Act, 1973). This definition excludes instructional violence or the physical punishment of children, such as spanking for discipline, if it is within bounds that do not harm the child's health or welfare. The operationalization of these concepts, however, is still very subjective and culturally based

In the 1970's and 1980's, spouse abuse and elder abuse received increasing public attention. The strong resurgence of the women's movement and the aging of the U.S. population provided victims of these types of abuse with powerful advocates. The American Association of Retired Persons (AARP) has defined elder abuse in much the same way as child abuse. It is the "willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm of pain or mental anguish, or deprivation by a caretaker of goods or services necessary to avoid physical harm, mental anguish or mental illness" (AARP, 1988). This definition is similar to the one of child abuse in that it defines violence in relation to the physical or psychological consequences of certain acts or lack of attention. In addition, this definition clearly distinguishes between active, or intentional, and passive forms of mistreatment.

However, the role of intention in the definition of domestic or spousal abuse is not clearly presented as a factor in determining the nature of an act. Because men are more capable of victimizing women due to their greater physical strength and social status, the task of defining domestic violence is confounded by gender differences. Some readers may believe that, because women have less physical strength and fewer social resources than men, acts of violence by them against men are usually inconsequential as long as they do not involve foreign objects. In addition, many studies assert that violence by women is primarily retaliatory and conclude that violence perpetrated by men against women is the subject requiring attention (Pagelow, 1984). These observers seem to imply that it is not an act of violence if one person is reacting to the threat of another or that an act is not abusive battering if domination is unlikely. This is not to say that battering is a gender-neutral experience but neglect of a retaliatory act or one which does not support domination confuses prescription with description. Many authors use consequences as a measure of violence and criterion for abuse and neglect the role of intention.

In an effort to distinguish many of the terms used in the field of family violence, Gelles and Straus (1988; 1985), in addition to others (Kalmuss & Straus, 1983: Stets & Straus, 1989; Stets, 1990; Gelles, 1988), define aggression as the intent of causing psychological or physical harm or injury to another. Violent physical aggression is defined as an act that has the intent of causing physical harm or threatening another person with physical harm (Stets, 1990). Verbal aggression is defined as a verbal act or lack thereof (i.e., the silent treatment) that intentionally hurts or threatens to hurt another by symbolically conveying anger. Straus (1979) refers to physical aggression as defined above as "normal violence" and defines "abusive violence" as an act which has the potential of injuring the person being hit (Brinkerhoff & Lupri, 1988).

Operationalizations of Definitions

Straus's (1979) Conflict Tactics Scale (CTS) is an attempt to operationalize the definition of normal versus abusive violence. The CTS was first used in a household survey to assess the incidence of violence among family members. One adult in the household was questioned and answered the CTS for both parents and children between the ages of 3 and 17. The respondent was asked to indicate both the acts

family members had committed and those which were inflicted upon them during the past 12 months. The scale ranks the severity of these acts, verbal aggression is ranked low on the scale, which moves up to slapping, kicking, hitting with an object, and finally to the use of knives or guns.

Many researchers use the CTS to investigate the incidence and prevalence of "spouse abuse" (Malone, Tyree & O'Leary, 1989; Kalmuss & Seltzer, 1986; Hughes, Parkinson & Vargo, 1989; Andrews & Brewin, 1990). One may assume that because the CTS is so widely used, results from the studies would be comparable. This is not the case. Results of several studies indicate that CTS findings are influenced by the gender of the respondents. Some researchers believe that results would be more accurate if both spouses answered the CTS. Although the CTS forces the authors to operationalize violence using a somewhat standardized measure, problems with comparing the research findings arise from differences in the victim's own perceptions and definitions of violence and abuse in addition to the investigators' discrepant definitions of violence and abuse.

According to these definitions, violence is an act intended to harm or injure a person. One criticism of the CTS is the lack of attention given to perpetrators' motives. Moreover, the CTS neglects the consequences and patterns of violent acts (Brinkerhoff & Lupri, 1988). Thus, the CTS, in an effort to make all types of family violence unidimeusional, decontextualizes violence (Dobash & Dobash, 1982). These design issues are not trivial, they have important political implications. The CTS is not designed to distinguish between offensive and defensive motives of violence. Furthermore, because the consequences, frequency, and patterns of violence are neglected, the severity or impact of acts cannot be measured accurately. If the impact of violence cannot be measured, how is it possible to define abuse?

According to the CTS, the more severe acts of violence, or those which have the highest potential for injury, given no context, are then labelled abusive. Therefore, authors make arbitrary distinctions between what is labelled abuse and what is "just" an act of violence (Sigler, 1989). It may be the case that individuals who engage in those acts that have a high potential of causing injury are abusers. Does one act of severe violence, however, indicate an abusive relationship? This is not to say that one act of violence is any less disturbing or damaging, but abuse may be viewed as a pattern of violent acts (Coffman & Fallon, 1990) that would not necessarily be labelled severe on the CTS, such as constant verbal attacks, or hitting someone, without the use of weapons. These patterns of violent acts can certainly cause as much, if not more, damage than one severe violent act.

There are other spousal abuse scales that have not been as widely used as the CTS. Hudson (1990) has included partner abuse scales in his Multi-Problem Screening Inventory. These scales tap the domains of emotional and physical abuse. The emotional abuse scale includes such items as "My partner belittles me," and "My partner does not want me to have any friends." The physical abuse scale includes items such as "My partner tries to choke or strangle me," and "My partner has broken one or more of my bones." These scales allow the victims of abuse to decide what has happened to them and considers emotional abuse and physical abuse to be equally abusive. The questions are answered on a scale from 1, none of the time, to 7, all of the time. This does not allow for specific incident rates, however. The frequency with which a woman believes she is abused and the woman's belie& about how severe the acts of violence have been form the basis of the psychological impact of these acts.

Marshall (1990) has also constructed the Severity of Violence Against Women Scales (SVAWS) and the Severity of Violence Against Men Scales (SVAMS). The SVAWS is a series of 46 behaviors that carry some threat to physical well-being. These items are rated on several dimensions associated with severity. Thus, the results of these ratings enable women to define what they consider to be severe violence, rather than having the researcher impose a definition of severity. The SVAMS is currently being tested. It is constructed in the same

way as the SVAWS, with the same behaviors that carry threats to physical well-being, only they are committed by women against men. Again, the results of these scales do not allow for specific incident rates, but do allow the victims or potential victims to define the acts that they would consider most serious because of their potential for physical or emotional harm.

Both of the aforementioned scales meet some of the objections raised about the CTS, but omit a very important component, Allowing a victim to define her own experience beyond physical acts committed against her seems to be the only way to understand the meaning or impact of these acts. Severity is relative to the individual. The difficulty in measuring or quantifying family violence is whether or not these people feel they have been violated by a partner. To create incidence rates is not simply a question of triage or who needs or does not need services. It is a question of how many people suffer from threats or actual behaviors that physically or emotionally harm them.

To date, these questions have not been addressed Definitions remain either vague or incomplete. Violence and abuse are terms used inconsistently and interchangeably. As a result, there are conflicting estimates of the incidence and prevalence of spouse abuse, elder abuse, and other forms of family violence in the United States. Estimates of the proportion of U.S. women who are abused range from 3.8 percent to 16 percent (Ammerman & Hersen, 1990). Methodological discrepancies or anomalies that create these disparities cannot be taken lightly.

Those studies that do not use the CTS use data from families that have been identified as victims of family violence, such as women and children in shelters. From these data, statisticians extrapolate national prevalence statistics (Steinmetz, 1987; Gelles, 1985). As a result, it would appear that we know very little about how widespread family violence is, except that it is much more prevalent than had been assumed previously. The incidence rates we have are "best guesses" from the national household surveys using the self-report data from the CTS. Straus and Gelles (1986) estimated that 1.8 million wives are severely assaulted by their husbands each year. Straus, Gelles, and Steinmetz estimate that 25 percent of wives are severely beaten during the course of their marriage (1980). Many of these estimates are probably underestimates, since not all victims of abuse acknowledge or admit their own abuse, go to shelters, or go to hospital emergency rooms. Even if victims do go to emergency rooms, they may not be identified as victims of domestic abuse, because not all departments and emergency rooms have protocols for identifying victims of spouse abuse. Two authors contend that medical clinicians recognized abuse in fewer than 1 out of 25 battery cases that required medical attention. Treatment is usually symptomatic, limited to the dressing of wounds, setting of bones, and prescriptions for analgesics and tranquilizers" (Stark and Flintcraft, 1982:29-32). The National Coalition Against Domestic Violence estimates between 3 and 4 million women are battered daily and four women are killed each day as a result of abuse (OCJP Annual Report 1991).

The estimates of child abuse and elder abuse may be accurate because reporting these cases is mandatory. However, there are biases in reporting -- with victims of lower socioeconomic status being over-represented (Steinmetz, 1987; Gelles, 1980).

Mandatory reporting has both advantages and disadvantages (Quinn & Tomita, 1986). In some instances, people who receive services would not have received them othenvise, while others do not because of their fears of the social service agencies involved. This is especially true for cases of child abuse. Therapists and social workers are mandated to report suspected child abuse, but as soon as they do, their clients may discontinue treatment. The length of time between reporting, investigation, and final decisions on the case may prohibit farther treatment, and the final recommendations may or may not stipulate further treatment. Thus, some therapists and social workers avoid reporting their clients at the risk of legal action, in order to continue providing services for these clients. Thus, these clients are not included in the incidence reports.

Theoretical Conceptualizations

How can the social science researcher measure the incidence and prevalence of family violence accurately? To accurately measure such a phenomenon, clear theoretical conceptualizations of family violence must be formulated. There are several competing theories that appear plausible, but these theories must be evaluated in terms of their usefulness in explaining family violence, taking into account its many forms, and other important contextual factors. A multidimensional perspective is essential for enhancing our knowledge and understanding of the problem of family violence.

The theories used to explain family violence fall into three major categories: intraindividual, social-psychological, and socio-cultural (Steinmetz, 1987, Gelles & Straus, 1979).

Intraindividual Theories

The first group of theories to be promoted were intraindividual. These include psychopathologies within the perpetrator and/or victim, physiological abnormalities within the perpetrator and/or the victim (XYY chromosome abnormalities, organic brain syndromes, epileptic type seizure disorders), mental retardation, and prematurity (in the case of child abuse). These theories suggest that the people involved in an abusive relationship are somehow abnormal. However, research has not yielded data to support these theories (Gelles, 1983; Pagelow, 1984). Many of these theories were suggested when it was believed that family violence was a rare occurrence (Steinmetz, 1987; Gelles & Straus, 1979).

Theory building related to elder abuse is still in the preliminary stages and has focused primarily on intraindividual explanations. Wolf (1990) suggests that there are four types of perpetrators of elder abuse, all pointing to some character flaw in the abuser: "The Stressed-Out Daughter," "The Dependent Son" (often found to be mentally and emotionally impaired), "The Impaired Spouse," and "The Avaricious Friend" Elder abuse is also believed to occur when the victim is frail.

Outrage over victim blaming provided initial impetus to move beyond intraindividual theories. However, there are still those who believe that individual characteristics explain family violence. For example, Long and McNamara (1989) propose a behavioral approach to partner violence, and question whether the theory that victims of spouse abuse are masochists should be dismissed. These researchers sought to answer why victims of spouse abuse remain in these relationships. Based on animal analogue research and the fact that victims stay in abusive relationships, they concluded that punishment has the paradoxical effect of reinforcing what they term the punishable behavior. The other "fact" that Long and McNamara (1989) point to is the cyclical nature of the violent relationship; tension builds, violence erupts, and then there is a contrition phase. They suggest that since the contrition phase is the desired behavior for the victim, the victim incites violence by repeating the punishable behavior in order to get to that phase. Long and McNamara's theory does not deal with the perpetrator of the violence. Even though victim blaming and other intraindividual theories have largely been refuted, there are still those who wish to explain family violence by attributing it to some abnormality in the victim or perpetrator.

Another common intraindividual theory of family violence involves the relationship between violence and alcohol abuse (Flanzer, 1982; Steinmetz, 1987; Gelles & Straus, 1979). Alcohol or drug abuse by both victims and perpetrators is implicated in many cases of spouse abuse. Flanzer (1982) suggests that the moderate to heavy drinker is more likely to be the aggressor. However, the relationship between alcohol and violence is not a simple cause-effect one. The effects of alcohol may give some people "permission" to do what they have thought about doing but could not do when sober, while for others the effects of alcohol may calm the anger that triggers their abusive behavior when sober. Alcohol use and its perceived effects are often culturally prescribed (Spunt, Goldstein, Bellucci & Miller, 1989). For example, in some groups the "best man" is the one who can drink everyone else under the table, while others seem to suggest that the "best man" is the one

who drinks and loses his inhibitions, including those related to violence of any kind.

Victims and perpetrators of violence tend to use alcohol or drugs as the excuse for their behavior. Victims are able to explain away the violence of the perpetrator by blaming the effect of the alcohol or drugs (Flanzer, 1982, Miller, 1990). Perpetrators claim they do not know what comes over them, or do not know what they are doing when under the influence of these substances (Flanzer, 1982; Miller, 1990). The correlation between substance abuse and family violence cannot be denied, but the causal relationship between these behaviors is unclear.

Social-Psychological Theories

Intraindividual theories are not as useful as other theories because not all individuals with the abnormalities cited, including substance abuse, resort to violent behaviors or become victims of violence. Thus, we must move away from simple cause-effect explanations, to ones like social-psychological theories that provide a better explanation for family violence. The social-psychological theories that are currently being used to explain family violence include frustration-aggression, social learning, symbolic interactionism, social exchange and/or resource, and conflict (Steinmetz, 1987, Levinson, 1989; Gelles & straus, 1979). These theories include more contextual and interactional factors than do intraindividual models.

The Frustration-Aggression hypothesis more or less bridges the gap between intraindividual and social-psychological theories. It suggests that humans have an innate aggressive drive in response to frustration, but does not address the processes involved with the origins of the frustration or the link between frustration and aggression (Gelles & Straus, 1979). Researchers and theorists address the origins of frustration by suggesting that perceived powerlessness in society or in the home may lead to frustration and ultimately to aggression (Steinmetz, 1987, Roy, 1982). However, since not all people who perceive themselves as powerless resort to violence, this linkage is unclear. The frustration-aggression hypothesis is rather simplistic for the complexity of family violence.

Social Learning Theories suggest that violence is a learned response (Steinmetz, 1987; Gelles & Straus, 1979; Levinson, 1989). Violence is learned by witnessing it and by being a victim of it during childhood. If during this modeling process, the violence appears to be reinforced or rewarding, the observer will be more likely to use this response in the future. Situational cues are used to decide when the use of violence is appropriate. Social learning theories are supported indirectly by the apparent intergenerational transmission of family violence (Demaris, 1990) and the findings that suggest that victims of abuse often become abusers themselves (e.g., Pagelow, 1984; Ammerman & Hersen, 1990; Geffine & Pagelow, 1990). Social learning theory is useful, but does not explain why some witnesses and victims do not become abusers.

Symbolic Interaction Theory describes how people come to define themselves as violent and how violent acts acquire individually- and socially-shared meanings (Gelles & Straus, 1979). Symbolic interaction theory has been refined into a theory of social scripting (Miller, 1990). Miller (1990) suggests that we have scripts for family life, or how it "should" be, and make numerous attempts to get actual family life to "fit" this construction. In American society the family is believed to be a haven from a violent outside world (dog eat dog, climbing over others for success). Therefore, when violence occurs in the family, every attempt is ma& to label the perpetrator an "outsider," at least during the course of the violence (Miller, 1990). For example, the person was under the influence, not him/herself, etc. Family membership is then x-extended to the perpetrator until the violence occurs again and the cycle continues. The cycle is "allowed" to continue in an effort to maintain the "rhetoric of harmony" (Miller, 1990).

As symbolic interaction theory would suggest this rhetoric is maintained in order to provide the family with the means for predicting future behavior and for interpreting interactions. However,

maintaining this "myth" "enables" future violence. Although symbolic interaction theories are useful for explanation, they are often difficult to support empirically and researchers must find ways to allow their subjects to define their own experiences and talk about the processes by which they came to these definitions (Dobash & Dobash, 1983; Kelly, 1988).

Social Exchange Theory is another social-psychological explanation of family violence. Gelles (1983) puts it very simply: family members abuse each other because they can. That is, abuse of family members is more rewarding than costly. According to social exchange theory, human interaction is based on rewards and costs, and humans tend to repeat behaviors or interactions that are rewarding. What is rewarding becomes relative, in that participants in the relationship expect that their rewards will be proportional to their investments. This is known as distributive justice (Gelles & Straus, 1979). When "distributive justice" is perceived to be lacking, anger, hostility, and resentment begin to build With this build-up of tension, violence is believed to follow. Although social exchange theory appears useful, the violent relationships that have been observed seem to go against some of the other tenets of social exchange.

Social exchange theory has limited support because it appears that violence is more likely in households where the husband is the breadwinner and the wife stays at home (Brinkerhoff & Lupri, 1988). Levinson (1989) demonstrated that wife-beating is most common in societies where male control over wealth and property is sanctioned, male domination of household decision-making is acceptable, and divorce is more difficult for women to obtain than for men. In these societies, women have few alternatives. Social exchange theory alone is unable to answer the question: why would a husband keep a wife if she is so displeasing that she requires beating in societies where wife beating is not condoned?

One way theorists attempt to resolve this issue is by including the concept of social control in social exchange theories (Teichman & Teichman, 1989). Violence is a component of the exchange relationship in that the abuser is violently obtaining control over the victim and denying resources to her. It could also be suggested, within this perspective, that violence is exercised when those who are supposed to control the resources perceive that they have lost that control (Teichman & Teichman, 1989).

Conflict Theory raises the same issue. This theory assumes that conflict is an inevitable component of families who are characterized by positions of dominance and submission (Steinmetx, 1987). It also suggests that conflict is inevitable because of the conflicting interests of family members competing for limited resources. One resorts to violence in or&r to advance one's own interests (Steinmetz, 1987). It is also suggested that individuals resort to violence when they have the authority by virtue of their social position but not the power to achieve desired goals. Both the social exchange and conflict theories fit with the evidence that in societies where there is an inequitable distribution of resources, there is family violence (Levinson, 1989).

Socio-Cultural Theories

The last set of theories used to explain family violence are socio-cultural. In general, these suggest that the broader context of social and cultural variables explains why violence occurs in families. These theories include functional theory, structural theory, culture of violence, Marxist theory, and feminist or patriarchal society theories (Steinmetz, 1987; Gelles & Straus, 1979). General systems theory also falls into this category, and is also useful for integration. It will thus be reserved for a discussion of integrating many theories in or&r to provide a more adequate explanation of violence.

Functional Theory asserts that violence is necessary as a way of maintaining the adaptability of the family (Gelles & Straus, 1979; Steinmetx, 1987). That is, when violence erupts, it should be read as a sign that change needs to occur. Violence can also be functional because it serves as an area of achievement for a member of the family, like compulsive masculinity.

Another version of functional theory suggests that violence is necessary because it is cathartic+ "Moderate" violence releases tension that if pent up any longer might result in severe violence. This hypothesis has not been supported by research (Steinmetz, 1987). However, there is some evidence that a person's exposure to violence increases his/her likelihood of becoming violent (Pagelow, 1984).

Structural Theory focuses on the causes of violence and their differential distribution among people in the various strata of society. These factors include stress, frustration, and deprivation, and a lack of resources to deal with these factors. Thus, people in different social strata would be expected to be more violent than others, especially those with high levels of stress and few resources (Gelles & Straus, 1979; Steinmetz, 1997). There is evidence to suggest that poverty stricken communities are more violence prone, yet spouse abuse and elder abuse appear to occur at all socioeconomic levels (Steinmetz, 1987).

The Culture of Violence Theory suggests that certain cultures condone violence. cultural values and norms provide meaning and direction for violent acts and thus generate violence in situations that are deemed appropriate (Gelles & Straus, 1979). Levinson (1989) provides evidence to support this theory. In societies where the physical punishment of children is condoned and there are "violent" puberty rites, violence, but not necessarily family violence, is more common.

Marxist and Feminist Theories cite the patriarchal and capitalist organization of society as one of the root causes of spouse abuse. Women are socially and economically oppressed, vulnerable to victimization by the dominant group which holds power (Steinmetz, 1987; Pagelow, 1984). Violence is seen as a mechanism to control women. In his cross-cultural studies, Levinson (1989) has demonstrated that not only sexual inequality promotes violence, but also economic inequality. In societies that are characterized by sexual inequality, but in which there are women-only work groups, wife abuse is not common. In societies with sexual inequality in which men control household decision-making and women cannot obtain divorces, wife abuse is common and often more severe (Levinson, 1989).

Socio-cultural theories are broad and thus support can easily be demonstrated, but the evidence cited as support for one of these theories can easily be cited as support for another. For example, evidence indicating that violence in general occurs more often in poverty-stricken areas can be cited as evidence for structural theory and Marxist theory, since the poor are an oppressed social and economic class. Socio-cultural theories are important because of their emphasis on the contest of violence. This context must be taken into account when theorizing about violence in the family, but, by itself, cannot predict when and where violence will occur. It can only predict that its occurrence may or may not be condoned by a society or be likely to occur, given the structural and economic inequality that exists among groups of people and between men and women.

Systems Theory

Taken separately, the majority of these theories described above do not have a high degree of explanatory power. Many enable us to say that violence will most likely occur, but do little to explain why it does not always occur in situations where it is predicted by these theories. These theories may have a higher degree of explanatory power, however, if used in combination with others. Systems theory is useful for this integrative endeavor. General systems theory is broad and can encompass many contextual factors, as long as they are viewed as part of a whole.

Some authors (i.e., Steinmetz, 1987; Gelles & Straus, 1979) use a systems theory approach to explain family violence in a limited way. Violence is described as a symptom of an overall dysfunctioning system. The flexibility in the family system has been disturbed so that change-inhiiiting and change-promoting forces are no longer in balance. Violence is seen as a mechanism that maintains homeostasis and inhiiits change. However, systems theory is also useful as an "umbrella" encompassing many of the theories discussed above. For example, Gelles & Straus (1979) developed a systems theory that

integrates labelling, attribution (much like symbolic interactionism), and learning theories of violence.

Although the problem with these integrative theories, despite their heuristic value, is that they are extremely difficult to test empirically (Pagelow, 1984), if their components are tested one by one and the results of these studies are discussed within the broader framework, empirical support can be obtained. As a result, we can create a systems theory that explains family violence by broadening our perspective on violence in general, rather than focusing on specific types of abuses or behaviors. Many of the theories discussed to this point focus on power differentials for explanations of violence. One definition of power is the ability to achieve desired goals. Origins of power differentials in societies and families, aside from physical dominance, can be examined from the socio-cultural perspective. Power is then socially and interactionally defined (McDonald, 1979) or is defined as a characteristic of a relationship system. Within this definition of power, an individual cannot have power unless other individuals recognize it and allow themselves to be influenced by the individual. This "permission" is typically influenced by societal and family norms. Social power may be determined by the organization of the family prescribed by society, such as a patriarchy. In the United States, this type of family organization frequently exists. Men have more social and economic power than women, although this situation is changing slowly. Hence, power is distributed differently in the family as well. Husbands tend to have more power than wives, parents more power than children, older siblings more power than younger siblings, and relatives more power than non-relatives.

Figure 1 depicts power as having three domains; bases, processes, and outcomes, which tend to be reciprocally related. As individuals are able to use the bases or resources they have available to influence others, they gain their desired outcomes which include control over decision-making, implementation, and/or the definition of social reality. As these individuals gain control over their desired outcomes, they then gain more resources or have more power bases available to influence and control outcomes. McDonald (1979) does not include aggression as a control attempt, but many of the theories discussed do indicate that aggression manifested through violent and nonviolent abuse is an attempt at gaining control when power is perceived to be lacking. Thus, aggression may be used to gain control. When any of these processes are successful, they may be used more frequently.

The figure also includes the social context within which power manifests itself. This social context is created by individual and family system characteristics, as well as socio-cultural factors that maintain acceptance of violence.

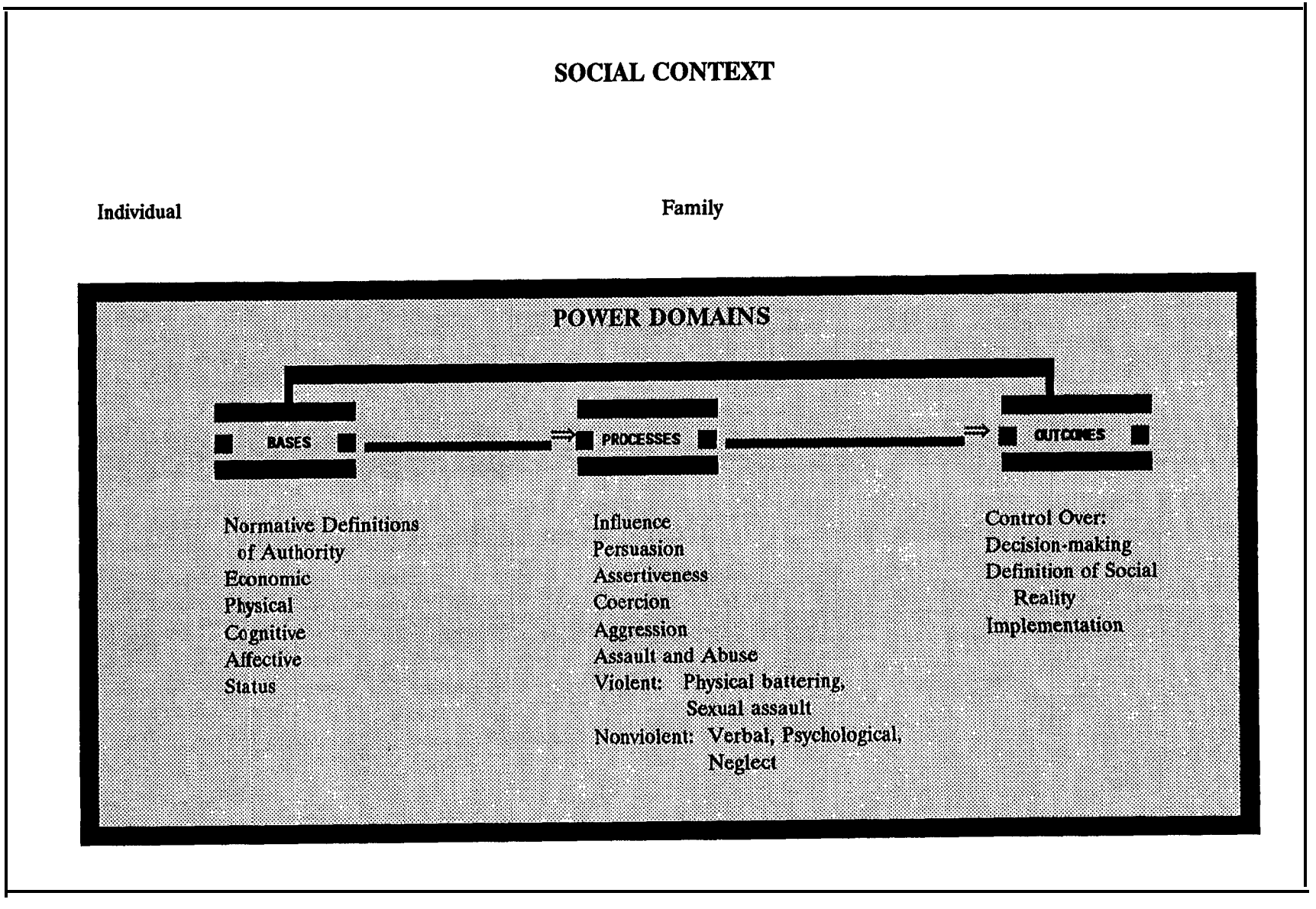
If power is a systemic property, then as systems vary, so will the character of power and its domains. Some systems (e.g., social, familial, or individual) will have different resources at their disposal, which enables them to use different processes to attain control. Thus, according to the model in Figure 1, abuse may be a last resort for those individuals within systems that do not accept violence but perceive no other way to attain desired outcomes. For individuals within systems that accept violence more readily, violence as a tool of aggression may be used more frequently.

The family system can be viewed as containing several subsystems which include the individual, marital, parental, child, sibling, and kinship systems. Within the family, various subsystems have different resources at their disposal such as recognized authority or economic resources. These different resources affect the processes which can be employed to gain control by these subsystems.

The values in a particular family system dictate who makes decisions and who implements them. A key area of control then is the authority to define "reality." The definition of reality then determines whether or not outside influences are threatening, and what are appropriate gender roles. The person who can gain that control then becomes more powerful as the system feeds back into itself. The person who controls the definition of the "family reality" can also

Figure 1

Power Model Of Family Violence



define the value of all other members' resources or power bases.

Whether or not violence used to effect desired outcomes is defined as abuse depends on cultural as well as individual definitions. For example, definitions of violence as abuse may be influenced by a cultural script for family life, i.e., a "rhetoric of harmony" (Miller, 1990), which claims that abuse occurs outside the home, not in the home. Hence, violent acts may be defined as something other than abuse; either as one-time events, or as if the perpetrator was an "outsider" during the course of the violence and not his usual self All of these factors contribute to the persistence of abuse and violence within the family.

Since this broader systems perspective entails so many variables, any change in one of those variables may influence the use of violence in the family. These variables can be systematically examined in different combinations to find the best "fit" for a specific family% situation. With a broadened perspective on family violence as part of the continuum of power in society, the societal reaction (legal issues) and treatment issues can also be broadened so that more effective solutions can be found to address the specific problems faced by individual families that experience violence.

Before moving on to current efforts to control domestic violence, both at a societal level and at a more individual level, it is important to understand what requires a solution. It is already clear that the definitions of violence and abuse are still in debate. Yet regardless of the outsider's view of what violence or abuse is, women are being victim&d. In hearings before the Committee on the Judiciary of the United States Senate (1990), it was reported that in 1989 the number of women abused by their husbands was greater than the number of women who got married. It was also reported that "[I]f every women victimized by domestic violence last year were to join hands in a line, the string of people would span from New York to Los Angeles and back again.

The pattern this violence appears to take is a tension-building phase, during which the couple argues about almost everything and nothing is "right" according to the batterer. This includes verbal and emotional abuse. Then there is an "explosion," or an abusive or violent incident in which one or both partners are physically injured Then there is a contrition phase in which the primary aggressor, usually the man, apologizes, professes his love, and promises it will never happen again (Long & McNamara, 1989).

This pattern or cycle of violence needs a solution. The acceptance of this violence must end Societal and legal responses must find a way to break the cycle and make sure that it is not repeated. Services provided for victims and batterers must break the cycle. Many of the programs available for victims and batterers do focus on this cycle and emphasize anger control.

Another cycle of violence observed has been the intergenerational transmission of violence. That is, as children are victims of and/or witnesses to violence, they tend to grow up to be victims or perpetrators (Demaris, 1990). The process/approach for ending family violence in this society must also involve the children. The intergenerational cycle of violence must be ended as well if the objective is to eliminate family violence.

Legal Issues in Family Violence

The widespread incidence of domestic violence has been established, and its effects upon society can also be established Growing up with violence in the home often delays the development and limits the functioning of children as they become adults (Jaffe et al., 1990). The acceptance and use of violence continues as children learn these behaviors and continue to use them in their adult lives. Societal reaction to the problem of domestic violence is a key element in the progressive use of violence.

The legal issues involved in family violence are examined in order to describe an important aspect of the broader social context within which domestic violence is allowed to occur and programs try to

operate. Programs find it necessary to invest many of their resources to provide legal advocacy and ensure victim safety. The training of program personnel, police, and court officials is necessary in order to overcome the many constraints, traditional beliefs, and attitudes that affect the response of the criminal justice system to domestic violence.

Traditional social values about marriage and the family are embedded in the criminal justice system. The sexual inequality that exists in American society is reflected in the ways in which the criminal justice system deals with problems related to family violence. Conversely, the response of the criminal justice system affects the power differentials within families. The response of the legal system may or may not provide opportunities for less powerful individuals to have justice served. Recent legislative changes brought about to improve the response of the criminal justice system to cases of domestic violence encounter many barriers.

Although the U.S. Constitution protects individual rights, it fails to provide equal protection to women threatened with domestic violence. The Constitution protects the rights of individuals to privacy in the home, but it is silent about the rights and responsibilities of individuals in relation to one another within the home (Liss, 1987). The rights and responsibilities that individuals have in relation to their family members are decided upon at the State level, because the States have the authority to legislate for the health, morals, and well-being of the citizenry within their geographical boundaries.

While the Constitution protects the fundamental rights of privacy in the home by requiring strict scrutiny of all laws that may infringe upon those rights, equal protection under the law for women is not guaranteed by strict scrutiny. Gender classifications as addressed in the Fourteenth Amendment are afforded only an intermediate level of review. Strict scrutiny is used to ensure that legislation does not infringe upon any fundamental right unless the state can show that the legislation fulfills a "compelling" state interest better than any competing legislation. Middle-level review only requires that a piece of legislation serve an important governmental objective and be substantially related to the achievement of that objective (Emanuel Law Outlines, 1988:225). Thus, there is a fundamental bias toward protecting individuals' rights of privacy over women's rights to equal protection under the law.

Moreover, while individuals can decide whether or not to get married, once they enter into that civil contract, "rights and duties flow from the collective contract and the relationship cannot be terminated at will" (Liss, 1987:767). Traditional notions of marital and familial rights and responsibilities still dominate legislative and judicial decisions in most states (Liss, 1987). For example, many State laws affecting the family today still uphold the traditional doctrine of coverture or the concept of unity in marriage. Under the rule of coverture, "a woman lost her individual legal identity upon marriage= (Blackstone, 1899 as cited by Micklow in Van Hasselt et al., 1988:408). Micklow states that "the husband and wife were deemed merged into one single legal entity identified only as the husband Thus, a married woman became legally nonexistent" (Micklow, in Van Hasselt et al., 1988:408). In States which uphold the doctrine of coverture, the rights of a woman who is attacked by her husband are less than those of a woman who is attacked by a stranger on the street even though women are more vulnerable to violence in their own homes.

This fundamental legal bias that places greater emphasis on protecting the rights of individuals than those of women under the law is clearly illustrated in marital exemption laws. Coverture is the rationale for assuming the married woman's continuing consent to intercourse because, upon marriage, she loses the ability to act independently of her husband As Liss (1987:767) states, "her consent to sexual intercourse with her husband could only be revoked by divorce." Marriage is viewed as the basis of the family which, in turn, is considered the foundation of social order. Hence, the State has an interest in protecting that institution.

Many legislators believe that the best way to protect the family is to respect its privacy and not to interfere with it. The State maintains jurisdiction over the civil contract and the contract cannot be terminated without court or&r. Therefore, depending on certain conditions of the relationship as determined by the State, a man cannot be found guilty of raping his wife. In 1981, the Colorado Supreme Court upheld the constitutionality of its marital exemption because

> [f]irst the exemption allows the resumption of normal marital relations and encourages the State's interest in preserving marriage {and second,} the problems of proof inherent in such a case are avoided, and juries are not required to fathom the intimate sexual feelings and habits unique to the relationship. The court concluded that such a rule was neither arbitrary nor irrational (Micklow, 1988:421).

The legislation was upheld after judicial review. In 1986, 27 States exempted husbands from prosecution for raping their wives (Caringella-MacDonald, 1988:178). In addition, several other States still maintain variations of such exemptions according to certain conditions of the relationship between the man and woman such as the length of time they have been separated.

Beginning in the mid-1970's, and more noticeably in the 1980's, legislative changes have expanded police and judicial powers to provide protection for victims of domestic violence. A primary impetus for change was the fundamental belief held by many domestic violence advocates in the feminist movement that:

> Domestic violence is rooted in a societal norm that males, as a class, have the right to resort to violence in order to maintain their power and control in the family... The reluctance of our social systems to (address the issue of woman battering), their failure to intervene on behalf of battered women and the resulting inconsistent social responses are believed to contribute directly to the perpetuation of such violence... (and) [I]f woman battering is rooted in societal norms, then social systems must bear the responsibility for confronting men who batter and maximizing the protection of victims" (Gamache et al., 1988:193).

Advocates want criminal justice systems to make a broad statement about the unacceptability of this violence

One means of making such a statement is through arrest and deterrence policies. Several studies have demonstrated that the widely prevalent stances of arrest avoidance or mediation followed by most police departments are not only ineffective, but are quite costly. This is due to repeat responses to a scene where no conclusive action is taken by the police. And this cost affects what is now one of the single largest categories of crime (Soler, 1987).

Proponents of mandatory arrest policies cite several studies indicating that arrest diminishes the likelihood of future assaults, although some studies contest these findings (Friday, Metzgar, and Walters, 1989).

Changes in States' legislation on family violence have been brought about by recognition of the adverse impact of family violence and lawsuits. In 1988, over 80 percent of State legislatures increased in some way the power and responsibility of police to intervene in domestic violence incidents (Victims Services Agency, 1988:2). All but two States, West Virginia and Alabama, have authorized police to make warrantless misdemeanor arrests in family violence cases, regardless of whether the officers witness the assault, as long as they have probable cause to believe that a person committed a violent act. Other conditions may apply according to particular State legislation. By September 1988, ten States had passed mandatory arrest legislation for family violence cases (Victims Services Agency, 1988:3). Sherman and Cohen (1987) estimate that by

the mid-1980's, 48 percent of the police departments in U.S. cities with populations of over 100,000 had established policies whereby arrest was "defined as the preferred response to domestic violence" (Friday et al., 1989). Prior to these new statutes and policies, victims were responsible for initiating criminal proceedings to have a warrant issued for the arrest of their batterers. However, simple assault/battery, the most common criminal offense in family violence incidents, is still defined as a misdemeanor.

In addition, some States have increased police responsibility and now require officers to inform the victim of her rights and to transport her to safety if she wishes (Buzawa, 1985). Mandatory police training programs for domestic violence intervention operate in some States. Several States also give officers a certain degree of immunity from civil liability cases "for actions taken in good faith to enforce domestic violence statutes" (Buzawa, 1985139).

Changes affecting police response are crucial because, as several authors point out, the police are often the first and only means of intervention available to victims (Buzawa, 1985). Consequently, their response and attitudes have a great deal to do with a victim's perception of her situation and her options as well as those of the batterer. Soler found that "the quality of police response serves as an indicator of how domestic violence cases are viewed by the entire system" (Soler, 1987:22).

New statutes which enable the police and judiciary to intervene, however, still vary widely across States as do the laws governing marriage and the family. The reasons for differences among police and judicial responses within State jurisdictions, however, may be due to political variables and community characteristics, such as the organization of police departments and the administrative styles of police chiefs. The incentives or disincentives to enforce these new statutes may vary across police departments (Buzawa, 1988).

Despite legislative changes, organizational difficulties inhibit changes in the response of many police departments and officers across the country. Buzawa (1985) reports that evaluation criteria reward officers for the number of arrests. In addition, she concludes that:

> officers in the police departments headed by chiefs that were not as cognizant or supportive of police efforts in domestic violence, appeared to be far less likely to desire intervention. This may be especially true in smaller police units since such departments tend to use their own highly personal screening mechanisms for hiring and promotion (Buzawa, 1988:178).

In addition, because domestic violence incidents are not recorded as such by many police departments, officers frequently have no information when they enter a situation and do not know whether the abuse is chronic (Buzawa, 1985). Many victims hesitate to ask police to arrest their abusers because they believe they will be beaten worse. Domestic violence incidents usually occur at night and on weekends when there is a high demand for law enforcement. Officers from chronically understaffed and overworked departments often do not want to take the time required to determine who is the primary aggressor or the degree of danger to the victim. Many officers hesitate to become involved because they believe that domestic violence incidents are among the most dangerous of all situations (Berk et al., 1388).

The Victims Services Agency (1986) reports, however, that a surge in dual arrests has occurred in some jurisdictions. Mandatory arrest laws require officers to lay charges although many of these statutes do not require the officers to identify the primary aggressor in a situation. Victims are further victim&d, blamed, and humiliated when they are arrested along with their batterers. The Victims

Services Agency advocates "further training and supervision regarding self-defense, investigation, cross complaints, elements of a crime, and probable cause" in order to diminish this victim blaming behavior (1986:6). Several authors indicate that training is critical to change the response of police officers (Buzawa, 1988, Gamache et al., 1988).

Perhaps the most important factor which influences the attitudes of police officers is the response of the judiciary to cases of domestic violence. Most judicial systems do not make clear statements about the seriousness of domestic violence because case attrition rates remain high, convictions are infrequent, and, when they do occur, penalties are usually mild (Caringella-MacDonald, 1988). Buzawa reports that "[c]ustomarily, judges would dismiss or continue the case, issue a fine, or at most sentence the offender to a short period of probation" (1985143). In addition, a report by the U.S. Commission on Civil Rights (1983) states that "prosecutors frequently charge spouse abusers with crimes less serious than their conduct seems to warrant" (Soler, 1989:24). According to this report, "some prosecutors hesitate to file charges against abusers, based on their belief that domestic violence is a noncriminal, personal matter or that prosecution would adversely affect the parties' marriages" (Soler, 1987:22). In addition, the fact that these considerations are thought to be relevant raises questions about equal protection (Berk, Fenstermaker, Newton, 1988). Hence, the attitudes of the judiciary tend to "enforce existing attitudes and procedures of the police and prosecutors and encourage resistance to change" (Buzawa, 1985143).

Prosecution of domestic violence cases frequently does not happen for many reasons. Victims often drop charges because they reconcile with their partners, or they are too intimidated to testify against them, or believe that they are in a better position to support themselves and their children if they remain in the relationship. A high rate of turnover among assistant district attorneys also encourages attrition because this turnover means that a victim must tell sometimes as many as five or six lawyers about her most painful and humiliating experiences (Soler, 1987).

The tendency of victims to dismiss their complaints reinforces the cynicism police officers and judges often have about the reasons for and effectiveness of intervention in these cases. Hence, many prosecutors and judges devise means to informally dispose of cases by delaying processing for periods that often may be up to 2 months, or through mandated cooling-off periods. In addition, because court dockets are overcrowded, there is a tendency among prosecutors and judges to discourage victims from pressing charges, to dismiss cases, or divert them to mediation instead Soler reports that:

> [p]rosecutors frequently attribute the low rate of prosecution in spouse abuse cases to Lack of victim cooperation, which may become a self-fulfilling prophesy. Prosecutors who believe that abuse victims will not cooperate with the prosecution of their cases frequently discourage the victims from using the criminal justice system (1987:22).

Several authors also report that it is very difficult to prosecute domestic violence offenders because evidence to prove beyond doubt that an unprovoked assault occurred is difficult to obtain (Micklow, 1988, Soler, 1987, Goodman and Rosenberg, 1987). Bruises and wounds disappear if the victim does not take pictures of her injuries, and rarely are there any witnesses old enough to testify. Because domestic violence cases are routine misdemeanors in most States, prosecutors also hinder their own advancement when they devote time to these cases rather than to more publicly visible cases or felony offenses (Buzawa, 1985).

Legislative changes to address problems with the judicial response include Limitations placed on prosecutorial discretion, the development of injunctive relief, and the increase of available remedies for domestic violence cases (Buzawa, 1985; Micklow, 1988, Caringella-MacDonald, 1988, Soler,

1987). Changes in the criminal codes have occurred in some States "to make court personnel more cognizant of the real differences between spousal violence and other assaults" (Buzawa, 1985145). Some States now make spouse abuse a separate criminal offense (Micklow, 1988). This change also makes it possible for States to begin tracking the incidence of domestic violence through police reports. Thus, "law enforcement personnel will hopefully be able to have greater knowledge of previous offenses and perhaps encourage more explicit and hence effective charges" (Buzawa, 1985145) to be made against batterers. Whether or not any of these statutes apply to common law marriages depends on particular State statutes (Abused Persons Program, Maryland, 1989; Oregon State Statutes).

Temporary restraining orders (TRO's) or protection from abuse orders (PFA's) can require defendants to stop physical contact and threats of violence against victims and to move out of shared residences. Some states also allow TRO's to be granted to prevent the abuser from contacting the victim, to be granted in cases of child custody and visitation rights and temporary support cases, and to order the defendant to enter counseling (Buzawa, 1985). In 1988, all but three States, Arkansas, Hawaii, and Idaho, provided victims with varying degrees of protection through court orders. And in "nearly every state, the violation of a protective order (criminal or civil) constitutes criminal contempt of court" (Victim Services Agency, 1988:4). Although criminal contempt of court is only a misdemeanor, it holds the perpetrator accountable for the original offense, as well as for the contempt charge.

Attempts to limit prosecutorial discretion have required courts to make it possible for victims to file TRO's or PFA's themselves. Some states even mandate that court personnel be available to assist victims with the filing. In order to prevent informal means of disposing of cases such as delays in case processing, some States also require courts to give priority to requests for protective orders over other civil cases (Buzawa, 1985).

Formal diversion programs, such as anger control groups, have also been developed to increase the number of solutions available to court personnel (Buzawa, 1985). These programs usually include some sort of counseling with probation contingent upon attendance at group meetings and promises of nonviolent behavior. These programs provide an opportunity to track cases of domestic violence over time. Frequently, however, these diversion systems lack written guidelines for eligibility criteria and "standards for revocation and for restitution of criminal proceedings" (Soler, 198731). Hence, these critical areas are left to the discretion of individual prosecutors or probation officers. In addition, some States have developed mediation systems to reduce the burden on the court (Buzawa, 1985). Mediation, assumes, however, that the parties are equal, neutral, and thus equally responsible for the incident. Mediated settlements depend on the cooperation of the parties involved, but mediation is not an effective mode of dispute settlement between parties of unequal power. In such situations, a decision by a judge or commissioner is the most appropriate approach because it is easier to enforce compliance.

One approach which seems more promising is the creation of family violence victim advocates within the court system. Staff trained by the court work with court personnel to locate victims and witnesses, counsel victims about their legal rights and options, assist in the investigation and preparation of cases, and coordinate services with community agencies (Soler, 1987).

In most States, victims have the responsibility to file charges against their batterers (Elliot, 1989). Friday et al. report that "despite legal changes, arrests are ma& in only 7 percent of the minor assault cases and only 21 percent of the severe assault" (19893). In addition, placing simple assault/battery, the most common criminal offense in family violence incidents, in the category of misdemeanor "assumes that treatment of the offender is more important than protection of the victim' (Oregon Sentencing Guidelines Board, 1991).

The inadequate response of the judiciary to domestic violence cases, however, is seen most clearly in those cases in which homicide occurs. The battered woman syndrome has been mentioned in approximately 300 appellate court decisions although there is no uniform code about its admissibility to support a plea of self-defense in cases where victims kill their batterers (Myers and Paxson, 1991). Expert testimony describing battered spouse syndrome portrays victim retaliation as an act of self-defense within a context distinct from stereotypical stranger-to-stranger assault (Blackman, 1989). The content is one in which the victims

> know their abuser; specifically, they know his potential for causing them physical injury. Thus, they may strike back at times that sound less dangerous than previous episodes of abuse, or that may not sound life-threatening at all. Nonetheless, they may reasonably believe that their lives are at risk because of the changes in the abuser's routine style of assault, or because the abuser says or does something that, in the past, has signalled great danger (Blackman, 1989188).

The victim's fear for her life can be triggered by the abuser's subtle actions because she knows the abuser, what he is capable of, and his patterns of behavior. What she may not know is another way out. Several authors point out, however, that courts expect the woman's belief that she is in imminent danger to be *reasonable,* but many courts do not accept testimony about the effects of violence on the victim's perception of immediate threat (Myers and Paxson, 1991; Blackman, 1989). As noted by LaFave and Scott (1986), in most States a person who "honestly though unreasonably believes in the necessity of using force in self-protection loses the defense" (cited in Myers and Paxson, 19915).

The inflexibility of the judiciary to respond to these cases is **due to the premise that all citizens are equal in the eyes of the law. The legal system is designed only to "adjudicate disputes between equals and depends on a lack of familiarity between** contestants to achieve a measure of objectivity... The basic impulse of the system is to achieve anonymity so that decisions may be grounded on logic and facts and not on emotions" (Micklow, 1988: 407). The battered woman syndrome is an explanation of the victim's perception of threat based on her experience and knowledge of her batterer's behavior. However, many courts do not allow this testimony about her experience.

Furthermore, the State will prosecute any other type of assault because the offenders are not protected by the right to privacy. Sanctions against domestic violence need to be imposed by police, the judicial system, and society in general. The system expects individuals trapped by extreme violence to rescue themselves even though the few legal solutions that are available to them are often biased against them. As one witness stated in the Senate hearings, "[t]he FBI tells us one out of every two women in this country will be in a violent relationship in their lifetime, not because 50 percent of all men are abusers, but because there are no sanctions or treatment programs that effectively intervene" (U.S. Senate, 1990:161). The message given to many perpetrators is that the criminal justice system is not really concerned about their behavior.

Recently proposed national legislation designed "to combat violence and crimes against women on the streets and in homes" would improve the legal options available to victims of domestic violence. One of the most important components of the bill introduced by Senator Biden is the designation of crimes "of violence motivated by gender... including rape, sexual assault, sexual abuse, abusive sexual contact, or any other crime of violence committed because of gender or on the basis of gender" as gender-motivated crimes and violations of victims' civil rights [Biden Bill Title III Sec 301(d)(l)]. As the bill states: "State and Federal criminal laws do not adequately protect against the bias element of gender crimes, which separates these crimes from acts of random violence, nor do they provide victims the opportunity to vindicate their interests" [Biden bill Title III 301(a)(3)]. If the bill becomes law, civilians and officials in every State may be held liable for

discrimination against a person's rights, privileges, and immunities to be free from crimes of violence based on gender because the incidence will involve the victim's fundamental civil rights.

The Biden bill has many important components, including the extension of the authority of protective orders across State lines. Victims who flee their batterers will not need to file separate orders of protection in every State they enter as they do now. The bill also provides for a threefold expansion of grant programs to provide services for victims of domestic violence, in addition to grants targeted specifically at law enforcement training, technical assistance, and public education campaigns. This bill is needed in order to address the inequality of protection for victims under the law.

Treatment

We have indicated above that family violence, in the form of spouse abuse, is more widespread than previously believed. We have also discussed the legal issues involved and the criminal justice system's response. In some instances, courts require the perpetrator to get treatment. Thus, effective forms of treatment must be found in order to reduce all forms of violence.

If we take a broader perspective on violence as was discussed in preceding sections, then treatment also requires a broader perspective and a more comprehensive approach Gil (1989:238) states:

> We have known for a long time how to reduce the incidence of intimate violence. To start that process we need to eliminate unemployment and poverty, humanize and democratize work, develop publicly maintained systems of comprehensive, quality education and health care for all, and provide means for voluntary prevention of unintended births. While we have the resources and knowledge to carry out these measures, we have actually moved in recent years in the opposite direction, due to lack of political will.

If the goal of treatment is to eliminate the incidence of violence, then what Gil (1989) suggests seems to be the most logical way to proceed. However, since this approach is politically controversial, service providers are left with "band-aid" treatments or treatments that focus on the impact of violence rather than on primary prevention. Certainly, therapy or support may be necessary because the victims and perpetrators of violence need time to heal. Therapy may reduce the likelihood of a recurrence of violence, but it cannot prevent the initial occurrence.

The next issue becomes a question of who is the client or who should be treated? Is the client the victim, the perpetrator, the children who witness the violence, or is the client all of these people as they form a family system? The answer to this question depends on one's point of view. If the goal of treatment is to eliminate a recurrence of the violence or to break the cycle of violence, then it makes sense to treat the perpetrator. If treatment can help the perpetrator stop the violent and abusive behavior, the victim will have time to heal. Rosenbaum & Maiuro (1990) suggest that the plight of battered women can only be improved by treating batterers. However, most of the funds available for family violence go to battered women's shelters. These shelters help the victim to heal and get her life in order, but as many as one third of the women go back to the abusing spouse after their stay (Gondolf, 1988), and the cycle of violence usually continues.

Treatment for the Victim

Battered women's programs were created by grassroots feminist movements that reemerged in the 1970's (Schecter, 1988). A fundamental assertion of the feminist movement was women's right to control their bodies and their lives. Feminists painstakingly detailed the conditions that allowed women to define themselves as battered (Schecter, 1988). By 1976, there was a unified national battered women's movement. For the more radical feminists, battering was not an isolated issue, but "an integral part of women's oppression; women's liberation its solution" (Schecter, 1988:302). These women assumed that as

women were treated equally with equal access to resources, battering would be eliminated

Over the last two decades, battered women and feminists have successfully lobbied for funding for shelters. These shelters not only provide room and board, but emotional support, and frequently legal assistance as well. As other professionals became involved, battered women were increasingly viewed as helpless victims in need of treatment (Schecter, 1988). With this shift toward a service-to-client perspective, feminist groups pitted themselves against the mental health professionals. Feminists asserted that creating the notion that these women were helpless victims in need of mental health services was a subtle way of continuing to blame the victim. Originally, these shelters and services were intended to empower these battered women so that they would carry on the work of the feminist movement to end women's oppression (Schecter, 1988). Consequently, the use of the term "treatment" is considered to be charged with political undertones stating that something is wrong with the victim which needs to be fixed, Victim-blaming beliefs are often inferred from the use of the word "treatment."

As battering arises out of women's oppression, however, victims of abuse suffer more than physical pain. Geffner and Pagelow (1990) suggest that victims of battering suffer from a deterioration in self-confidence that leads to hopelessness and a sense of helplessness. This has been referred to as the "battered woman's syndrome." The woman who is a victim of battering gradually becomes immobilized by fear, no longer believes that she has any options, loses her identity, remains in the situation, and copes the best way she can. Graham, Rawlings and Rimini (1988) suggest that as the violence continues, these women begin to identify with their aggressors as hostages do, and believe the aggressors have their best interest at heart

Living in constant fear of physical attack takes its toll on all who suffer from this situation. Geffner and Pagelow (1990) suggest that victims of abuse suffer from a continual deterioration of their self-confidence due to the abusers' verbal denigration and to their own isolation that usually occurs before and during the physical abuse. The only feedback the victim receives is from the abuser. The victim has no access to family or friends and when she tries to tell these people about her situation, if she dares, she is often denigrated again because people either do not believe her, or blame her for his behavior (Geffner & Pagelow, 1990).

The "Stockholm Syndrome" or the process whereby victims or hostages begin to identify with their captor is attributed to isolation, physical abuse, and constant fear (Geffner & Pagelow, 1990). These aspects of the violent situation create a sense of helplessness and the victim begins to believe that everything she needs and wants depends on the whims of the abuser. Symonds (1975) suggests that battered women are "brainwashed" by terror. Pagelow (1981) demonstrated in a survey of battered women that fear is the number one reason why they remain in the abusive relationship. Battered women fear not only for their own lives but also for the lives of their children. They fear the batterer will harm the children or take them away, that the batterer will come after them if they leave, or that the batterer will always know where they are (Geffner & Pagelow, 1990).

These fears are not unfounded According to a 1983 Department of Justice report, in almost three fourths of reported spouse assaults, the victim was divorced or separated at the time of the incident. This finding may be skewed because women who are separated or divorced may be more likely to report incidents of abuse than women who are not. This finding, however, also suggests that battering is more prevalent than many estimates indicate because most surveys limit their samples to married couples (Nevada Network Against Domestic Violence).

Pagelow (1981) found that women stay in an abusive relationship because they feel helpless, confused, isolated, depressed, humiliated, and guilty because somehow they have failed. Many mental health professionals diagnose this type of trauma-induced behavior as post-traumatic stress disorder (Geffner & Pagelow, 1990). Men who are victimized

by their partners are also likely to react in the same way. (Battered men, however, are estimated to account for approximately 5 to 10 percent of the abused population (Department of Justice, 1983; Pagelow, 1985)). In light of these consequences, treatment for victims has been refined. Many mental health professionals use a psychological approach, directing treatment toward groups of battered women, or groups of batterers, or conducting conjoint therapy (victim and batterer together). Services for victims individually or in groups are aimed at empowering the victim by reducing isolation, providing social advocacy, reducing dependence, increasing assertiveness, and improving self-esteem (Geffner & Pagelow, 1990). These services usually come in two forms: educational sessions, where women are taught about abuse and its consequences; and support groups, where women share their experiences and begin to realize that their responses are "normal" within the situation. Educational sessions may focus on communication skills, self-image and worth, and relationship dynamics of the cycle of violence.

Treatment for the Perpetrator

If one were to examine the psychological profile of a perpetrator, it would look strikingly similar to a victim's (Shupe, Stacey & Hazlewood, 1987). Rosenbaum and Maiuro (1990) suggest that most perpetrators have been victims of abuse in childhood or have witnessed parental violence. They have poor self-esteem, lack verbal skills, and may exhibit more psychopathology than the general population. O'Leary and Curley (1986) also suggest that abusers lack verbal skills and are actually less assertive than their wives. Thus, providing assertiveness training for victims without providing services for perpetrators, may put victims at more risk for further abuse.

What this evidence suggests is that perpetrators are in need of some of the same treatment as victims although other services such as anger control are also appropriate. However, batterers tend to deny responsibility for their violence and do not see themselves in need of treatment; they blame the victim for their own behavior. Therefore, lobbying for funds for these programs is left up to battered women's programs or to others concerned with ending the cycle of violence by treating batterers. The funding available for family violence programs is limited, however, and the effectiveness of these programs has not yet been demonstrated, so most people believe that scarce funds should be prioritized toward victims and their children, rather than batterers. Therefore, funding for batterer programs is limited, at best. Roberts (1982) conducted a national survey of services for batterers and found 80 such programs nationwide. If about 1.8 to 3 million women are abused annually, then there are likely to be at least 1 million perpetrators who are in need of treatment. Obviously, 80 programs cannot provide services for this large number of clients.

Most programs for perpetrators focus on anger control, stress management, and alternative communication skills (Roberts, 1982, Ganley, 1987). The overall goal of these programs is to help the batterer recognize his out-of-control behavior and take responsibility for his actions. Rosenbaum and Maiuro (1990) further suggest that specialized treatment for batterers should include the following goals:

- Eliminating violent behaviors and abusive interchanges;
- Increasing clients' awareness of, appreciation of, and accountability for acts;
- Enhancing clients' ability to identify and manage attitudes and emotions that are associated with violent behavior;
- Decreasing social isolation and providing a supportive milieu for change, decreasing unhealthy, hostile-dependent relationships; and
- Developing nonviolent and constructive conflict resolution skills.

Some treatment models such as the Tulsa Model (Manzano, 1989; 1990) also combine batterer's treatment with 12-step programs for alcohol and drug abuse.

One of the problems experienced by these programs is attrition. Perpetrators are notorious for their denial of the problem. However, of those who complete the programs, whether court-referred or self-referred, two thirds cease violent interchanges through the follow-up period (Lundy, 1987). Shupe et al., (1987) conducted an outcome study of a diversion project in Texas where men who were convicted of spouse abuse were mandated for treatment. In the study, both the men and their partners were surveyed. All the men committed violent acts against their partners before the treatment, according to both the men and their partners. While in treatment, 30 percent of the men and 38 percent of the partners admitted that violence had occurred. Sixty-nine percent of the men completed treatment. At follow-up, the researchers reported that less than one man in five reported being violent toward their partners, while one woman in four reported being abused by her partner.

Treatment for Children

Most of the evidence about the life history of batterers and victims suggests that these individuals were either victims of child abuse and/or witnessed parental violence (Goodman & Rosenberg, 1987; Jaffe, 1987; Steinmetz, 1987; Gelles & Straus, 1979; Demaris, 1990; Finkelhor, 1983, Gelles, 1980; Gelles, 1985, Gelles & Straus, 1985, Hughes, Parkinson & Vargo, 1989; Malone, Tyree & O'leary, 1989). Failure to treat children who witness parental violence will only perpetuate its intergenerational transmission.

Goodman and Rosenberg (1987), Rosenberg and Rossman (1990), and Jaffe, Wolfe and Wilson (1990) cite several effects of witnessing parental violence. These include behavioral problems and emotional distress that are manifested by enuresis (bedwetting), stealing, temper tantrums, truancy, violence toward others, insomnia, anxiety, tics, and phobias. There is a developmental pattern to these reactions. Preschoolers and elementary school-aged children present psychosomatic complaints, school phobias, enuresis, and insomnia. As the children get older, their reactions become gender specific. Boys become aggressive and disruptive. Girls suffer from feelings of worthlessness and depression and become distrustful of intimate relationships (Goodman & Rosenberg, 1987). These children also have difficulties acquiring cognitive and social problem-solving skills. Their cognitive development is delayed and their abilities to empathize and to understand the viewpoints of others is inhibited. All these effects provide the foundation for a future generation of perpetrators and victims.

Another negative effect of witnessing parental violence is a sense of responsibility these children feel for their parents. Typically, parents fight about children and/or money (Jaffe, 1987). Children hear these fights and come to believe that if they were "better" children the violence would not occur; dad would not get angry; mom would not get hit. These children then may become hypervigilant of their behavior at home (Jaffe et al., 1990). Children also feel that they should be able to protect both of their parents. They need to behave better so dad will not get angry or want to drink. They need to intervene so mom will not get hurt This is an overwhelming burden for children. Since their endeavors ultimately fail, their self-esteem suffers (Jaffe, 1987).

Children who witness their parents' violence need support and assistance as well. Treatment for these children is usually group oriented. Rosenberg and Rossman (1990) outline the typical areas of focus for these groups. Children are encouraged to identify and express their feelings, and to discuss violence, unhealthy and healthy ways to solve problems, and to discuss sex, love, and sexuality. Jaffe (1987) presented another group format that occurs over a 10-week period, The weekly 90-minute sessions focus on:

- Identifying feelings;
- Dealing with anger;
- Preventing child abuse and acquiring basic safety skills;
- Identifying and using social supports;

- Increasing social competence and self-concept;
- Dealing with feelings of responsibility for violence in the family;
- Coping with family issues and dealing with repeated separations or uncertainty about future plans; and
- Exploring sexual stereotypes and myths about men and women.

Jaffe (1987) presents pre- and post-test results that suggest that these programs are effective in eliminating the children's tendency to condone violence as a way to resolve problems. Again, funding is limited for these programs. Since they have just been initiated, long-term outcomes have not yet been assessed.

Treatment for the System

Shupe et al. (1987) assert that the "systems phase" in solutions for family violence is just emerging. The systems perspective is more controversial than other perspectives because it does not assume that violence is strictly one sided. The systems perspective assumes that although only one member in the family is violent, there is something in the interaction among family members that enables the violence to occur.

As a result, if victims, perpetrators, or children receive individual services or treatment separately, these efforts are not likely to end the violence. When we isolate individuals who are part of a family, treat them, and send them back to the same system, relapse is almost inevitable (Bateson, 1972). The cues for violent behavior and the triggers that escalate the violence will continue to exist if the family and social systems are viewed separately. Successful resolution of family violence as a social problem is more likely when they are both taken into account during intervention.

Geller (1982) suggests that family violence is a locked pattern of behavior within the interaction between partners. Responsibility for the violent behavior lies with the individual who committed the act although both partners participate in the interaction. Many perpetrators of spouse abuse claim that their spouses provoke them into violence (Rosenbaum & Maiuro, 1990). Although provocation does not legitimate or excuse violence or abuse, these abusers may be 'particularly prone to view their partner's behavior as a threat to an already defective sense of self-worth" (Rosenbaum & Maiuro, 1990: 287). If both partners are encouraged to become aware of their interaction patterns and how both participate in the escalation, then violence can be avoided. Awareness alone is not a panacea, but it is a good beginning. Once a couple is aware of their interaction patterns, they can learn new patterns that include more constructive problem solving skills (O'Leary & Curley, 1986).

Conjoint couples therapy can be a component of the treatment program, which could include groups for women, men, children, and families (Geller, 1982). These groups could focus on how each individual fits into the system. Finally, the children could be brought into family sessions. The focus of these sessions could include the children's sense of responsibility for the family violence, parenting skills, and interactions between all family members.

When all members of the system are included in treatment which uses a systems approach, then violence can be addressed holistically, thereby enabling family members to change their behavior. A note of caution must be sounded though because evidence suggests that psychological abuse frequently continues after the physical violence has ended (Ammerman & Hersen, 1990). The treatment approach descrii here assumes that the family wants to remain intact and that all members are willing to be nonviolent and nonabusive. If this assumption is not valid, other alternatives must be sought. If parents ultimately divorce, family treatment including the noncustodial parent is still recommended, especially around the issue of responsibility for the violence and abuse.

In cases of domestic violence where the family is the client, there are several ethical considerations

which therapists must address (Geller, 1982; Willbach, 1989). The issue of confidentiality and its limits must be discussed with clients. Therapists are mandated to report child abuse and there is a movement toward including the witnessing of parental violence as child abuse (Jaffe, 1987). Therapists should also take a stand on the violence issue and make a contract with clients for nonviolence, which includes specific consequences for breaking that contract (such as reports to child protective services, the police, or courts).

Lethality is another important issue (Geller, 1982; Willbach, 1989). Therapists are required to violate confidentiality if they believe a client is a danger to self or others (McNeill, 1987). In families that have experienced violence, this is a serious issue. Therapists need to assess lethality and the perpetrators' willingness to stop the violent behavior. If the perpetrators are unwilling to make a contract for nonviolence, appropriate referrals must be made. As stated before, treating only part of the system may create greater risk for repeated violence (Willbach, 1989).

Initiating Services

Many other issues are involved in treating families who have experienced violence. One of the most common is denial (Coffman & Fallon, 1990), which may exist among all members of the system. The victim and perpetrator deny the severity of the violence, and victims and children often minimize and deny the existence of the violence as a defense coping mechanism (Goodman & Rosenberg, 1987). Thus, the first step in treating families who have experienced violence is to help them break through the denial. This requires making the abuse explicit or "naming it" (Coffman & Fallon, 1990). They cite evidence that suggests that over 60 percent of the women who had been abused did not initially define those experiences as abuse. This must also be true of perpetrators and of children who witness their parents' violence. Often the abuse continues behind a veil of secrecy.

Again, finding the appropriate language to describe the experience is difficult for the individual and the family. In the United States, Kelly (1988) notes that words describing victimization and abuse have recently emerged as a result of the efforts of the feminist movement. Kelly (1988:114) states that:

> In order to define something a word has to exist with which to name it... what is not named is invisible and, in a social sense, nonexistent,

However, this name, once it is known, has to be applicable to an individual's experience. This last point is extremely important in the self-disclosure of the victim. The therapist needs to be sure that s/he understands what meaning victims have for the words they use. Kelly (1988) suggests that predetermined meanings for rape, sexual abuse, and physical abuse distort and even exclude instances of violence because they fail to take into account the complexity of how the victims define and understand their experience.

The issue of naming or defining abuse may be even further complicated by cultural or ethnic differences between therapists and their clients. Such differences may also hinder the therapists' efforts to facilitate change in families who have experienced violence. Some claim that therapists must be of the same ethnic background as their clients in order to fully understand their clients' problems. Others suggest, however, that if it were necessary to fully understand their clients' problems in that sense, then only those therapists who have experienced the same type of problem, are from the same ethnic background, and grew up in the same community, would be effective.

Neither of these extreme positions are necessary depending on the perspective therapists hold about effecting change. If the therapist believes that he or she has the power to change the behavior of another, then s/he must completely understand the person and the person's problem, and have a solution in mind But therapists do not have this power. People change for a variety of reasons, not all of which are entirely clear (Ryder, 1987). What is required, however, is the client's trust in the therapeutic relationship. This trust creates an environment in which a dialogue with

the person or system can occur, and in which a consensus on what the problem is and what can be done about it can be reached, For families who have experienced violence, this includes a consensus on the severity of the violence. This process may be slower when a therapist begins this dialogue with an individual or family from a different ethnic background, because it may be more difficult for trust to develop and for consensus to be reached due to language and/or definitional differences. This process will be especially slow if the therapist is unaware of the culturally different meanings that the client attributes to specific words and events, and even the position of the therapist.

Program Level Issues

Violence within the family is a complex issue that involves not only a victim and a perpetrator, but is encouraged by certain elements in society at large. Chief among these are cultural stereotypes ascrii to men and women, and socioeconomic inequality among groups of people, as well as between men and women. Programs aimed at eliminating family violence or providing services to victims thus need to adopt a broader perspective in order to achieve their goals. Gamache, Edelson, and Schock (1988) suggest "if woman battering is rooted in societal norms, then social systems bear the responsibility for confronting men who batter and maximizing the protection of victims." This premise, along with belie& about nonviolence, should be used as the basis for guidelines to influence decisions about policy development, project procedures, and individual case management. Gamache et al. (1988: 194-195) propose seven program level policies as follows:

- The primary intervention goal should be ending violence;
- To achieve this goal, social systems (including police, the judicial system, hospitals, and schools) must confront the person responsible for the violent behavior and impose existing sanctions to deter further abuse;
- The community should remove responsibility for confronting the assailant as much as possible from the victim who is often left to bear the burden alone;
- These social systems should apply the same existing sanctions to deal with woman battering as they do in other assault cases;
- Social systems should strive to maximize the protection available to victims, and intervention efforts should be evaluated in terms of their potential for farther endangering or victimizing the victim or her children;
- The responses of social systems should be scrutinized for biases or discriminatory practices against persons because of their race, sex, ethnic origin, sexual preference, or age, and interventional efforts should attempt to eliminate discrimination at every level of the social systems responses; and
- Intervention programs should strive to coordinate various social systems that respond to woman battering in order to communicate consistently to both the victim and the assailant the social norm that violent behavior is not acceptable.

With these guidelines in mind, it is clear that treatment programs need to work closely with other agencies, especially police, hospitals, and schools. These working relationships frequently involve training in addition to networking efforts. The police. need to be educated about family violence and the services available. Hospital emergency room staff also need to be alerted to the warning signs of family violence, trained to ask the right questions, and informed about the services available. Schools need to be alerted when their students are in shelters and should coordinate the services they provide with those provided by family violence programs. Outreach programs are also necessary to reach victims who are isolated and scared, and to educate the general public to know what domestic violence is, so they will not blame victims for the behavior of their partners or for choosing to stay with their partners, and to be aware that these services are available.

These issues need to be addressed at the outset in order to provide adequate services for victims and their children. Education in nonviolence and prevention could then be implemented in order to meet some of the other guidelines mentioned by Gamache et al. (1988). The point is, if it is the social system that enables family violence to continue, then intervention needs to occur on that level as well as in the family.

Beyond general program guidelines and stable support, programs also need to perform evaluations of their services. It is imperative that the limited resources available go into effective interventions. Sedlak (1988) and others assert, however, that there are relatively few published evaluation studies of intervention programs. As a result, we do not know whether what is being done is the most effective or not to end family violence. He suggests that it is also necessary to broaden the perspective on successful outcome. Ultimately, programs want the violence to stop. However, evaluating the psychological functioning of victims before and after program intervention and their acquisition of certain skills is an important assessment for outcome because recovery is a process.

Treatment progress for victims may take longer than the public would like. That is, it may take more than one shelter stay for the victim to leave the violent relationship or to impel the batterer to get help and stop the violent behavior. Thus, shelter stay outcomes need to encompass the smaller but significant changes in attitudes about violence and victimization. Even if the clients stated that they would come back to the shelter if they felt they needed to could be considered a positive outcome.

In general, more information about family violence is needed so that intervention strategies can realistically address the different risk factors that contribute to family violence. Intervention programs currently operating need to be evaluated for their effectiveness, so that limited resources can be used wisely in order to further our knowledge and to provide the most effective response to the serious problem of family violence in the United States (Sedlak, 1988).

Ethnic and Racial Factors

Current literature does not provide much information about cultural and ethnic factors relevant to domestic violence. "Current literature typically addresses the issue of ethnicity in one of three ways: by failing to mention the race of the women included; by acknowledging that only European-American women are included; or by including some women of other ethnic groups but not in proportions comparable to their numbers in the national population" (Asbury, 1987:89). Programs designed to provide services to victims of domestic violence, however, need to incorporate cultural sensitivity and competency into their operations. Meanings attributed to particular acts of violence vary across cultures as do peoples' beliefs about individualism, the family, the community, and beliefs about authorities. These beliefs may have an impact on what forms of violence are considered permissible or impermissible within a culture. One question is whether there are differences in the definitions of abuse among ethnic minority communities and the dominant culture within the United States. If there are differences, what are they and how do they affect the services needed by ethnic minority victims of domestic violence?

Consensus about the language used to describe violence and abuse does not exist among members of the majority culture. These definitions may also vary among members of ethnic minority populations which traditionally have not been included in discussions of violence and abuse. The issue is "whether definitions and judgements ma& in one culture can be applied legitimately and meaningfully to another" (Garbarino et al., 1982:5). No studies have been found to address this question although some suggest that the response to violence in particular cultures is based on perceptions of the acceptability of such violence (Hawkins, 1987). Thus, abusive experiences as defined by ethnic minority victims may be substantially different from those defined as such by members of the dominant culture.

Programs serving ethnic minority victims of domestic violence need to understand the ways in which the experiences of these women, reactions to the violence and abuse, and the services they need may be different. What these women view as acceptable and their reasons for that may differ from the views of the dominant culture. Some studies find that the incidence of spousal violence is greater among African-Americans than whites (Hampton, Gelles & Harrup, 1989). In 1985, violent acts were committed in 247 per 1,000 black couples as opposed to 150 per 1,000 white couples (Hampton, Gelles & Harrup, 1989). One explanation for the disparity between rates of African-American and white couple violence may lie in the measurement of violence in this study. Physical acts were targeted while emotional abuse was neglected Had this study included emotional abuse, belittlement, and psychological control, the findings may have been quite different.

Violence by African-American women against their intimate partners is much greater than that of white women and is increasing (Hampton et al., 1989). In 1975, the rate of severe violence by African-American women against African-American men was twice that of white women against white men whereas in 1985, the rate of violence by African-American women was nearly three times greater than that of white women (Hampton et al., 1989).

Some reasons for high levels of violence within African-American culture are contained in the explanatory theories of domestic violence. These explanations do not address, however, the disproportionate rates of physical violence which are often attributed to the effects of racism and oppression. As Hawkins (1987:192) states:

> [d]espite disagreement over the enact origins of high rates of black violence, such violence is frequently used to argue for the existence of a value system among blacks that is characterized by a lack of regard for the sacredness of life... [T]his belief underlies the subculture of violence theory and is also a basis for a view of the normality of violence among blacks.

Because violence among African-Americans falls within patterns of violence accepted by the dominant culture in the United States, Burns (1986) suggests that the most tolerated form of violence within American culture is that committed against ethnic minority women. Because of these pervasive attitudes and beliefs about the acceptance of violence in certain subcultures, "the view of violence as normal among blacks leads to the same pattern of official response that has been linked to the devalued status of blacks: less intervention and punishment" (Hawkins, 1987:197).

Systemic bias toward acceptance rather than intervention to protect African-American victims of domestic violence may be one reason why a disproportionate number of these women are involved in extreme situations of abuse. In a study of 4,189 female victims of intimate homicide between 1980 and 1982, ethnic minority women were disproportionately represented in the statistics: 37 percent of the victims were African-American; 309 Hispanic; 41 Native American women; and 41 Asian women (Stout, 1991).

Drawing ethnic minority women into services can also be difficult. Fear of exposure to the authorities prevents many undocumented immigrant women from requesting services. Historical distrust is another factor which should not be underestimated. Traditionally, social workers or social services have been equated with "the system" that is responsible for removing children from the family and punishing rather than being of assistance.

Another factor which needs to be considered is that a bias toward white middle class values may inadvertently exist in many domestic violence programs. "At most shelters for battered women, staff members are very aware of the dynamics of sexism in their own setting and in the culture as a whole, because analyses of why women are beaten and why men batter usually are based on an understanding of U.S. culture as male dominated"

(Davidson &Jenkins, 1989). This fundamental belief, however, may not be applicable to the lives of ethnic minority women and particularly African-American women. The difference in earning power between African-American males and females is not as great as that between white males and females. Thus, economic inequality must not be the sole cause of domestic violence among African-Americans (Asbury, 1987). Therefore, the traditional roles that some domestic violence service providers assume have created the context that encourages violence between men and women may not exist in the same way for African-Americans. Consequently, hidden barriers may exist between shelter residents and staff members. In addition, Lewis (1975 as cited in Asbury, 1987) proposes that the sex role socialization in European-American families differs significantly in families of African-American origin. Unlike the white child, the black child is not "inculcated with standards" which polarize behavioral expectations according to sex.

Shelter staff members often encourage women to become independent and aspire to some form of upward economic mobility (Davidson & Jenkins, 1989). These goals, however, may not be realistic for ethnic minority women who face discrimination or oppressive barriers. "[O]ppression is characterized as a process of restricting and channeliug an individual's available options, devaluing that person's worth, and blaming the person for his or her predicament" (Wilson et al., 1987:121). This factor must be understood by shelter staff as a barrier to trust between clients and staff and for the way in which it affects ethnic minority women as they develop images of themselves and their options. Oppression may be an additional burden for ethnic minority women to overcome in order to develop feelings of control in their lives. In addition, clients served by domestic violence shelters primarily come from lower socioeconomic backgrounds because they are the women who do not have other options such as family or savings to support themselves independently (Davidson & Jenkins, 1989). The goal of independence may alienate women from other cultures or socio-economic levels where independence is viewed negatively in terms of survival and/or self-image.

In addition, counseling services and support groups offered by most shelter programs can also alienate women from other cultures (Ginorio & Reno, 1986, Lai, 1986). Discussions of close interpersonal relationships in other cultures are often restricted to other family members. Discussing matters of intimacy and sexuality with anyone can also be foreign to women from other cultures. In addition, Ginorio and Reno (1986) state that "within the context or illness of spiritual discomfort people will admit to problems that would not be acknowledged if individual responsibility and directness of communication are prerequisites" (Ginorio & Reno, 1986: 15). Thus, asking some ethnic minority women about their experiences with violence and abuse in the same manner as one would ask a woman from the dominant culture would not necessarily receive a similar answer.

In Asian and Hispanic cultures, a great emphasis is placed on family status (Ginorio & Reno, 1986, Lai, 1986). To report violence would bring shame upon the family, not just the nuclear family or the self and the batterer, but also on the extended family. "Saving face" is extremely important to these victims. Ginorio & Reno (1986) suggest that in Hispanic culture a high value tends to be placed on modesty, respect, and indirectness of communication in women's behavior. All of these behavioral traits discourage Hispanic women from speaking openly about their victimization.

Language is another barrier which is particularly salient in counseling and support groups. Although an ethnic minority woman may speak English, her understanding of the implications of particular words or phrases may differ from that of the dominant culture. In addition, if her native language does not have comparable words because such matters are not spoken about in the same manner in her culture, she may have difficulty expressing a particular idea. The use of translators may also inhibit the victim from disclosing.

The issue of economic status also needs to be addressed because the majority of shelter residents do not come from upper-middle class backgrounds and it is relevant to cultural considerations because ethnic minorities disproportionately comprise lower socioeconomic levels of the U.S. population. Davidson and Jenkins (1989493) state that:

> a woman's reluctance to believe that talk might fix her problems may be rooted in her class origins. The belief that talking solves problems may not be her class experience. Further, her own experience as a battered woman has taught her that the problem lies within herself. Also, her language skills may be different from those of the counselors. Unfortunately, staff members, who are comfortable with such talk, may misinterpret the woman's hesitation, and label her as uncooperative, evasive, or unwilling to work.. a woman may feel that she does not have the words or concepts to describe her experiences, even if she could be convinced that to speak about them would be useful.

The potential to alienate or misunderstand ethnic minority and lower income clients exists within shelter programs where the staff are not aware of their own cultural assumptions.

African-American, Asian, and Hispanic women within their cultures are viewed as being strong because they are able to persevere. The racism and poverty survived by these women have brought about the belief, stereotypical or otherwise, that these women deserve the abuse or cannot expect anything better and that they are strong enough to survive the violence to protect their partners, their families, and their communities from further degradation by intervention systems existing in the dominant culture.

This sense of strength is an asset that needs to be emphasized when ethnic minority women seek services for domestic violence. Asbury (1982101) states that it must also be realized that an African-American woman may hesitate to request services

> if she has internalized common stereotypes about A&an-Americans. In the media and in popular literature, these women are portrayed as everything from sexual temptresses to ugly mammies, from the sturdy bridges who hold together the race (and therefore the community) to emasculating matriarchs who are responsible for the instability of the family (and therefore the community) because they drive away their men with their domination... [In addition] estimates that there are four African-American women for every African-American male may make her less likely to risk endangering the relationship by exposing the batterer ...While many African-American women have had to exhibit strength and independence for their won survival, this image may be problematic for those women who find themselves in violent relationships.

Cultural identity and racial loyalty complicate an African-American woman's decision to expose the batterer, risk her relationship, and request assistance from social services. Other factors, however, suggest that an African-American woman may not find it so difficult to walk away from an abusive relationship (Asbury, 1987: 102). The author goes on to say that

> Other factors, however, suggest that it may be less difficult for an African-American woman to walk away from an abusive relationship. Though typically they occupy the lowest-paying positions, African-American women have historically participated in the paid labor force in greater proportions than European-American women. Combined with the image of strength and independence, this concrete indicator of her ability to support herself and her children may facilitate her leaving... this hypothesis... raises yet another question for future study. Does the internalization of these images immobilize the African-American woman

> or empower her? Because it is likely that both possibilities occur, what are the differentiating variables or conditions? Counseling African-American women without this knowledge is not likely to be appropriate or effective (Asbury, 1987).

The relationship between sex role socialization, forbearance, and violence needs to be explored in all ethnic minority cultures in or&r to provide effective services to these victims of domestic violence. These cultural differences, including the effects of oppression on the selfdetinitions of ethnic minority women and different styles of communication, must be taken into account when providing services to victims of domestic violence. The battered women's movement has traditionally been based in the dominant culture. Ginorio and Reno (1986) suggest that existing shelters have evolved in a manner that excluded a sensitivity to the needs of ethnic minority women. Historically, these women have played no role in the establishment of existing shelter facilities (Ginorio and Reno, 1986). Grassroots organizations that began the shelter movement were feminist and, by definition, overwhelmingly white. Feminist ideology often goes against the more traditional values of ethnic minority women, especially those who have strong religious convictions and a strong sense of family cohesion at the expense of individual rights or power. Tolerance of domestic violence in these communities and in the dominant culture depends on beliefs about women's roles, their virtues and ideals, and their alternatives. Programs that focus on individual strength and independence without an appreciation of interdependence and family values may not speak to the needs of ethnic minority women and may further alienate them.

III. METHODOLOGY

In reviewing the available literature, it became apparent that very little consensus has been reached on definitions of family violence and on what solutions would be best. This lack of consensus may stem from the United States's historical reluctance to interfere in the privacy of the family. Congress is now making inroads in breaking the silence surrounding the family through the Family Violence Prevention and Services Act (FVPSA).

The overall goal of this research effort was to assess the impact of this Act. The question of impact, however, requires knowledge of the past, before FVPSA funds became available, the present, and the future, all within the context of environmental conditions which affect the implementation. This context must include some knowledge of the political and community support for programs at the State and local levels. Without a sense of this context, it becomes difficult to assess program implementation. For example, some programs may struggle to remain viable despite lack of community support and continued attempts to gain this support. Clearly, such a program will look very different from a program that is highly supported by its community. A similar issue may exist at the State level. If the department distributing the funds is not well supported by the governor or legislature, the funding will be poorer than in a department that is supported by the governor and/or legislature.

It also became apparent in reviewing the literature that victims need to be able to describe their experiences in their own way. Often, this language is not immediately available. Since many programs were initiated by former victims of family violence, it was assumed that there was some similarity between victim's lack of language and the lack of literature clearly describing program activities. That is, since it is difficult for victims to describe their experiences with societally determined definitions of abuse, violence, and rape, it is assumed that those providing services to these victims will also find it difficult to describe their program, within predetermined definitions of treatment or service provision. The feminist grassroots organizations that initiated battered women's shelters believed that battered women did not need mental health services, but rather a safe place to heal and gain the strength necessary to begin independent, violence free lives. Thus, "counseling," support groups, or role modeling in battered women's shelters may look very different than services would look at a community mental health center. As a result, the definition of these services and programs' definition of the issues must be ascertained before assessing the impact of the Federal program. The development of these programs may be very different from those of other social service agencies. Their philosophies about helping victims may be very different than those of the mental health community.

It was also assumed that due to varying contexts as created by community attitudes, political climate, and/or funding support, programs at State, Tribal, and local levels have developed differently from one another. This variation in development warrants differing viewpoints as to successful outcomes or positive impact. FVPSA funds may have been used to create a program that did not exist before or they may have been used to expand existing services. In these instances, it becomes difficult to predetermine what constitutes a positive impact. A positive impact could be the existence of a hotline or the existence of a comprehensive counseling program, depending on the context within which FVPSA funds were distributed.

With these assumptions in mind, the research team had more questions than they had hypotheses about what they would find in the field. The questions that emerged included:

- Why do programs develop in the way they do?
- What types of services and programs seem to be working and why?
- What factors, including contextual factors, are key to the effective implementation and provision of services?

- How can successful programs be easily transferred to other programs?

- Who seek these services?

- What have FVPSA funds enabled programs to do? and

- What do program staff believe they need to continue to provide services?

In an effort to provide the depth of information needed to answer these questions, a case study methodology was adopted. The State and Tribal programs selected for study were too small in number to allow for the use of other research methods that would provide statistical estimates.

Methodology

The case study methodology, selected by the research team as the best approach, entails ethnographic procedures to gather in-depth information. Yin (1987) defines a case study as an empirical inquiry that investigates a contemporary phenomenon within its real-life context, and utilizes multiple sources of evidence. The author notes that the case study method is useful when the boundaries between phenomenon and context are not clearly evident.

The problem of domestic violence and the development of programs to deal with domestic violence have not been empirically investigated to a great extent. Domestic violence services are implemented in several contexts that create the phenomenon of domestic violence service provision. However, as program services develop, the context within which these services are provided also changes. For example, if the program begins within the political context of feminism, rather than mental health, then the services provided would be quite different. Many grassroots organizers are of the opinion that empowering women is the most important service to provide, while other services are not afforded the same emphasis. However, as these programs develop and try to meet the needs of the victims they serve, they may begin to see the need for these other services. Thus, the boundary between the political context and the domestic violence services one would expect to be offered is blurred due to program development,

The incidence of family violence and the context within which it occurs are interrelated, and the boundaries around context and phenomenon are blurred. Some of the theories used to explain family violence, discussed in Chapter II, suggest that the cultural content is a factor that "supports' violence in the family. However, a number of questions remain: Is the cultural context a causal factor or do the violence and the cultural context come hand in hand? Does family violence occur in the absence of particular contextual factors? Will the sociocultural context change in the absence of family violence? Since these questions cannot be readily answered, more information and research are needed to investigate the issues that they reflect

Another justification for using the case study method is the difficulty in defining the problem. The results of the literature review suggest that researchers have difficulty reaching consensus on how to define violence and abuse, victims have difficulty defining their experience, and programs have difficulties defining and counting the services they provide. Quantification is especially problematic when it comes to impact The impact of Federal funds and the legislation, for example, may be much more than just providing more beds for shelters or more staff for programs. The impact could be simply that the service providers feel that the Federal Government supports their efforts or that these funds offer some stability to their programs.

Given these difficulties, it is important to gather as much in-depth information as possible from study participants. This approach allows the participants to define the issues that they face without predetermined categories that would limit the description of their experience.

The methods used to gather the data for the case studies included semi-structured interviews, review of prepared materials from each site, review of

brochures and other advertising and public awareness materials, budget and income information, and demographic information on the population served by each program. These methods and materials were used to meet the following objectives:

- Identify the extent to which the State and Tribal programs adhere to the statutory assurances specified in the FVPSA;
- Identify exemplary practices in program management, strategy, and service delivery
- Identify and assess the impact of Federal funds from FVPSA on the number of shelters and shelter programs; and
- Identify how Federal funds have assisted families and individuals to reunite with their spouses in a nonviolent relationship or to establish independent households.

Study Participants

Five State and four American Indian Tribal entities were selected for study. Although FVPSA grants are available for all Native American populations, the study sample includes only American Indian Tribes and State programs. The States included California, New York, Louisiana, Oregon, and Iowa. The American Indian Tribes Tribal entities selected included the Pima-Maricopa in Arizona, the Navajo Nation, the Inter-Tribal Council of Nevada, and the Confederated Tribes of the Warm Springs Reservation in Oregon. At the State and Tribal level there were liaisons who were responsible for applying for FVPSA funds and distributing them within their program. These liaisons were the study participants. Often, they invited others to join the meeting with the research team.

In an effort to obtain more in-depth information on how FVPSA funds are spent, the research team also asked the liaisons to select two programs from a rural or suburban area and an urban area. The research team then visited these programs and interviewed the program director. Often, the director would invite other members of the staff to participate in these interviews.

Two pretest sites were also selected to test the procedures of the investigation. These were Maryland's State program and the program at the Eastern Band of Cherokee in North Carolina. The results from these site visits are presented in Appendix A.

Procedures

The methods used in any research endeavor should fit the problem and answer the questions of interest to the project. Family violence is an important element of human experience and, as such, needs to be explored within that perspective, rather than as something that is merely quantified in terms of incidence and prevalence. In addition, attempts by many researchers to quantify family violence have met with problems. The "secretive" nature of the issue and the definitional issues discussed in the literature review create many difficulties. Thus, it is necessary to begin investigating this problem from the perspective of individual experience.

Polkinghome (1983) suggests that the richest forms of data from this perspective are linguistic, in oral or written form. The methods used then must allow for linguistic data sources. The narrative technique of research interviewing (Mishler, 1986) is useful for obtaining these linguistic data as well as available written materials on the programs investigated. The narrative technique involves a semi-structured interview with open-ended questions in which the participant is free to tell a story. In this instance, the story told is the history and development of the family violence program. A narrative technique allows the interviewer to confirm and clarify information at the time of the interview and also probe into information that may not have been predetermined as important but emerged as important during the narrative. The data obtained from this narrative are then the words and phrases used and interpreted for meaning. This interpretation is based on a circular method whereby the researcher derives the essence of the meanings of the transcribed

narrative and then allows the participant to provide feedback and clarification of that interpretation until both researcher and participant agree that the meanings are clear and reflect what in reality was said This same method can be used with already prepared written material, where the feedback mechanism is the original document (Mishler, 1986). These procedures and methods have not been commonly used but are becoming more popular in the literature. The narrative technique is based on an interaction between participant and researcher, and is enhanced by the participation of both the interviewee and the interviewer (Mishler, 1986).

The programs selected for study cover a variety of characteristics such as urban vs. rural, geographical location, and size of program and population served At each of these study sites, semi-structured interviews were conducted with the liaisons at the State and Tribal program level and with personnel at two selected programs when available. Subgrantee programs were selected by the State or Tribal liaison based on program location. It was considered necessary to investigate large urban programs as well as small rural ones in order to obtain a broader representation of such programs in the United States. At each case study site, every effort was made to visit two programs within different community contexts. Selected program visits also included an observation component. An observation protocol was designed and each investigator on the team completed this protocol separately. Materials from the State and Tribal entities, as well as from the specific programs, were collected. These included demographics on the population served, budget and income information, shelter capacity, staff organization, volunteer policies and procedures, and brochures about the programs for public consumption. Field notes were also written by each member of the investigative team. These notes summarized the visits and the team member's general impressions of the programs.

Personal Interviews

Personal Interviewes were conducted and audiotaped with all State and Triial liaisons or their appointees. A similar narrative was conducted with program personnel at the selected programs. This narrative varied in length depending on the size and history of the program. Each respondent was given a list of topics to be covered during the interview. The topics included the development of the program and services provided, the Federal funds "fit" in the overall program, the impact of the Federal funds, and the future of the program. The research team had a list of general probes that were used to ensure that all information crucial to the project was gathered "Flashcards" were used to help respondents organize their thoughts. Three flash cards were used -- services, coordination with other agencies, and funding sources. The following is the list of services and definitions used for the service flashcards:

Hotline and Crisis Intervention Services provide immediate front-line relief to victims who face severe danger. These services also provide information about resources and experiential validation to people who are concerned about their own situation or that of a friend

Emergency Shelters provide short-term housing to victims for periods of time ranging from between 2-3 days and 4-6 weeks. These services are usually provided through networks of individuals volunteering rooms in their homes, safe home networks, or through arrangements with motels.

Long-Term Shelters provide temporary housing to victims for 4-6 weeks. These services are provided in shelters established specifically for battered women and usually contain one or more counseling components and advocacy, defined below.

Transitional Housing units provide victims with low-cost housing for periods ranging from 6 months to 2 years. This service is especially important to individuals needing to learn independent living skills in a safe and supportive environment.

Medical Services available in shelters vary greatly. Some shelters have arrangements with local hospitals to provide emergency services while others are able to coordinate regular visits from nurses to provide basic health care to victims and their children. Some shelters also try to arrange volunteer dental services

because victims frequently after had arrive with teeth missing. Medicaid is the typical method of payment for medical services.

Individual Counseling offers the victim the opportunity to explore specific areas of concern to her and may target the underlying beliefs that result from a battering situation. These services are often provided by means of referral because service providers often hesitate to explore particular issues that require greater involvement than is feasible in a 4-6-week stay.

Group Counseling and Support Groups are provided to help victims of abuse to identify their feelings, to support and promote their ability to make their own decisions, and to provide practical information about available options.

Peer Support is personal interaction either individually or in groups or phone contact which provides psychological support to assist victims to learn effective techniques for dealing with the current crisis and problems, to assist victims to make future plans for self-protection, and to develop self-esteem and confidence.

Programs for Children are available in some shelters. Programs are designed for children of all ages from preschool to early to mid-adolescence. Individual counseling, children's support groups, and art and play therapy are all components that may be incorporated in children's programs.

Family Counseling services may involve the victim and batterer as a couple; may involve the entire family as it maintains dysfunctional interactions; or may exclude the batterer completely from sessions.

Programs for Victims of Sexual Assault are frequently provided as parallel components in shelter programs. While some of the issues addressed, such as safety strategies, are shared by victims of domestic violence who have not been sexually assaulted, these programs are designed specifically to meet the needs and issues related to sexual assault.

Legal Services Referrals and Advocacy are usually provided by shelters to intervene with the legal system to avoid the possibility of women being punished by the system while seeking its assistance. Services may vary from referring victims to pro bono and legal aid resources to providing program advocates who help them file temporary restraining orders and provide assistance in hearings.

Transportation Services include services by staff, volunteers, or vouchers to help victims attend necessary appointments and/or leave the area

Educational and Employment Services or Referrals and Advocacy are provided for victims, many of whom have limited resources to support themselves and their children. Services are sometimes provided through other State programs or through local resources.

Parenting Education is usually provided in shelters either formally through curriculums or informally by shelter staff. Victims frequently ask for this type of information because the experience of being in charge is often new to them and the children may display acting out behaviors as a result of their own trauma of witnessing the abuse and being displaced.

Programs for Elder Abuse are designed to address issues specific to the needs of elderly victims of domestic violence, some of whom are ill. Issues addressed in these programs are likely to be similar to those in programs for younger victims while the resources, facilities, and supplies needed are quite different.

Programs for Perpetrators are nonresidential and may or may not operate in close coordination with victim assistance and shelter programs. Participants are frequently ordered to attend these sessions in lieu of jail sentences for first offenses.

The programs may address communication and anger control issues in addition to other items and frequently explore histories of abuse in the batterers' own childhood experiences.

Prevention and Education Programs are frequently provided through programs to police departments, judiciaries, schools, women's clubs, and other civic groups. They often address the cycle of violence, gender roles, and available resources.

All interviews conducted with program personnel were transcribed and data were analyzed and used in the case study summaries descrii in subsequent chapters.

Observation Protocol

The observation protocol was designed to include domains such as physical environment of the surrounding neighborhood of the shelter program, physical environment of the shelter facility, and social interactions within the shelter. Completed observation protocols from all members of the investigative team were compared for agreement. Disagreements were discussed and compromises were made. These protocols were then condensed and used as part of the description of the specific programs.

Prepared and Selected Materials

Materials were collected from the programs and abstracted for information of interest to the study. This information was then included in the descriptions of the programs. All discrepancies between the narrative and the written material were noted and discussed where pertinent.

Field Notes

Field Notes were written by the research team and included in the descriptions of each program. The same procedure used for the narrative transcripts was used for the field notes.

Drafts of the case studies were given to the State and Tribal liaisons and program personnel participating in the narrative for their review. This was done to clarity and correct information where necessary and to reach agreement on the essential meaning of the narrative topics. This is an important component to the narrative technique that allows the participants to contribute to the final form of the report

Several variables were of interest and came to be of importance as the study progressed, These variables included developmental indicators, such as the length of time the program had been established, priorities in allocation, the allocation process, services provided, affiliations with other agencies, initial impetus of programming, evaluation and monitoring devices, staffing and staff support, cultural sensitivity, and the program's vision for the future. Contextual variables were also found to be important and included political ideology, community support, socioeconomic status (SES) of the community members, community location (urban, suburban, rural), existence of women's groups or coalitions, criminal justice cooperation, advocates at the State level, State resources, Federal resources, administration of the program (through what department, or network), geographical areas covered, and program networking.

These variables are discussed within each case study as described in subsequent chapters. The State case studies are separated from the Tribal case studies by a chapter on cultural issues specific to the American Indian communities.

IV. CALIFORNIA STATE CASE STUDY

Program History and Development

The State of California's domestic violence program is administered by the Office of Criminal Justice Planning (OCJP) and is known as the California Domestic Violence Assistance Program (DVAP). This program was established in 1986 after the enabling legislation was passed in 1985 and $1.5 million for domestic violence assistance centers was appropriated from State general funds. Prior to the enactment of this new legislation, the 1977 Domestic Violence Center Act had created the Presely Trust Fund to provide money for domestic violence programs. The Fund uses marriage license fees to support these programs and is administered at the county level. However, State general funds and Victims of Crime Assistance (VOCA) money, both administered by OCJP are the primary sources of State support.

OCJP also administers all Family Violence Prevention and Services Act (FVPSA) funds. In 1986, the first year that OCJP funded domestic violence programs, it sponsored 21 projects. In the second and third years, OCJP funded 48 and 51 programs, respectively. In the past year, funding was provided to 60 programs, and the staff hope to fund 61 in the next year. There are 85 domestic violence programs state-wide and all but 10 of California's 58 counties have their own programs (see Exhibit 1 for State-funded programs and county coverage).

Prior to State support, domestic violence programs in California were operated and maintained by grassroots organizations. The chief of the DVAP branch at OCJP reports that the need for domestic violence programs became apparent from the experience of rape crisis centers. Many callers to the centers were victims of domestic violence but there was nowhere else to call for information about services available to women.

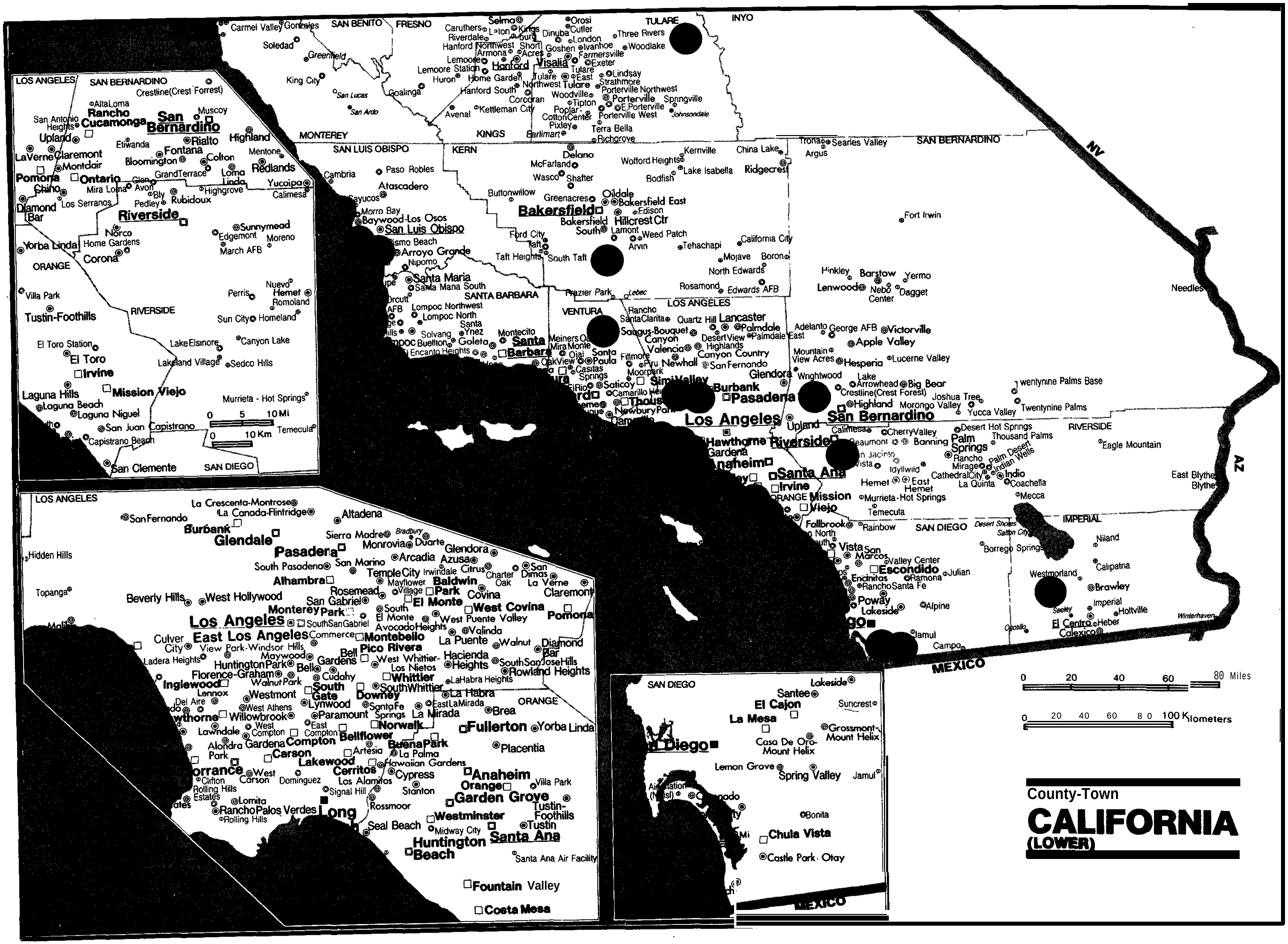
The California Alliance Against Domestic Violence (CAADV) was instrumental in developing the first programs. In addition, CAADV lobbied for the first legislation, the 1977 Domestic Violence Centers Act, to provide domestic violence programs with State funding.

OCJP was elected to administer the DVAP because it had a long history of successful grant funding and grant administration. The DVAP was initially housed within OCJP as a component of the Victim Witness Program. In 1989, the program was granted branch status and was recognized as a unit devoted solely to domestic violence. The DVAP provides assistance to existing domestic violence programs to maintain and expand services to victims and their children, and assists in the development of services to currently unserved and underserved populations, including rural communities and non-English-speahing peoples. To meet these objectives, OCJP establishes policies to guide the development and operation of programs.

Current Services and Programming

Funding is determined through a competitive proposal process. Programs must respond to a request for proposals (RFP). The RFP details the eligibility criteria, services required, volunteer standards, service administration, and State evaluation guidelines. DVAP staff with input from OCJP's executive director, determines which programs receive funds although there is an appeals process which is also detailed in the RFP. Levels of funding awarded to particular programs are determined by their rating according to the RFP guidelines, their geographical locations, and population density. Contracts are awarded for three years. Programs are monitored and evaluated annually and continuation funds are awarded on the basis of their annual program performance.

Priority is also given to programs that are established to provide services to unserved and underserved populations. During the last contract award period, priority was given to new programs serving unserved or underserved populations particularly racial minority communities. In an effort to fund programs in rural, sparsely populated areas, DVAP awarded $50,000 to all new programs regardless of population sine. Thus, programs that


County-Town
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(LOWER)
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NV
AZ
MEXICO
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TULARE
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MONTEREY
KINGS
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KERN
SAN BERNARDINO
SANTA BARBARA
VENTURA
LOS ANGELES
RIVERSIDE
ORANGE
SAN DIEGO
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Bakersfield
Visalia
Hanford
Tulare
Porterville
Delano
San Luis Obispo
Santa Maria
Lompoc
Santa Barbara
Lancaster
Palmdale
Victorville
Apple Valley
Hesperia
Barstow
Fort Irwin
Needles
Los Angeles
Pasadena
Burbank
Glendora
San Bernardino
Riverside
Palm Springs
Indio
Coachella
Santa Ana
Irvine
Mission Viejo
Escondido
El Centro
Calexico
Brawley
Imperial
Westmorland
Calipatria
Niland
Julian
Ramona
Alpine
Campo
Jamul
Poway
Lakeside
Hemet
Temecula
Fallbrook
Blythe
East Blythe
Eagle Mountain
Twentynine Palms
Yucca Valley
Joshua Tree
Big Bear
Lucerne Valley
Banning
Beaumont
Cathedral City
La Quinta
Mecca
Rancho Cucamonga
Ontario
Pomona
Upland
Claremont
Fontana
Rialto
Colton
Redlands
Highland
Corona
Norco
Moreno
Perris
Hemet
Lake Elsinore
Canyon Lake
Tustin-Foothills
El Toro
Laguna Hills
Laguna Niguel
San Juan Capistrano
San Clemente
Murrieta - Hot Springs
Glendale
Alhambra
Arcadia
Monrovia
Azusa
Covina
West Covina
Baldwin Park
El Monte
Montebello
Whittier
Downey
Norwalk
Bellflower
Lakewood
Compton
Carson
Torrance
Long Beach
Fullerton
Anaheim
Orange
Garden Grove
Westminster
Huntington Beach
Santa Ana
Fountain Valley
Costa Mesa
Buena Park
Cypress
Placentia
Brea
Yorba Linda
La Habra
Inglewood
Hawthorne
Beverly Hills
West Hollywood
East Los Angeles
Pico Rivera
Hacienda Heights
Rowland Heights
Diamond Bar
San Diego
El Cajon
La Mesa
Santee
Spring Valley
Lemon Grove
Chula Vista
Castle Park - Otay
Bonita
Casa De Oro-Mount Helix
Grossmont-Mount Helix
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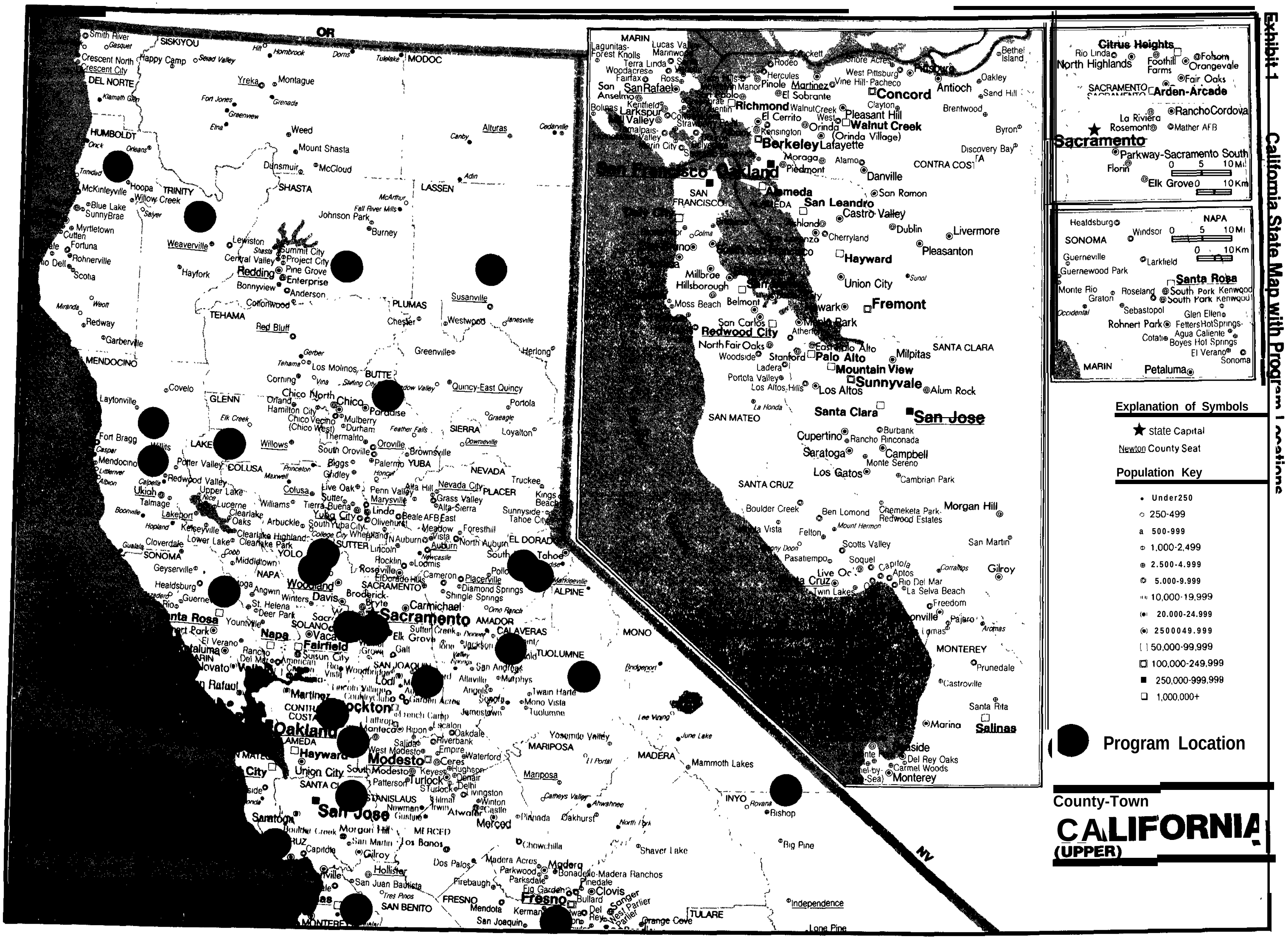
Exhibit 1 California State Map with Program Locations



would normally not quality for State funding received these funds. OCJP will monitor these programs carefully and provide extra technical assistance when necessary.

State eligibility requirements include the following:

- Program must be a local unit of government or a nonprofit organization;
- Program's primary mission must be to provide services to victims of domestic violence and their children;
- Programs must demonstrate the ability to use private funds to meet match requirements, 10 percent for State funds, 20 percent for VOCA funds and 35, 55, or 65 percent for FVPSA funds;
- Program must demonstrate the effective use of volunteers; and
- Program must demonstrate its ability to provide the 13 services required by the state.

The required services are as follows:

- A 24-hour crisis hotline;
- Individual and peer counseling;
- Business centers located separately from shelters for victims who do not need shelter;
- Emergency shelter through safe homes or shelters;
- Emergency food and clothing
- Emergency response to calls from law enforcement;
- Hospital emergency room protocol and assistance;
- Emergency transportation;
- Counseling for children;
- Court and social service advocacy;
- Legal assistance with temporary restraining orders and custody disputes;
- Community resource referral; and
- Assistance to establish independent households.

Programs funded by the State must also demonstrate effective coordination with local resources. They are required to maintain close working relationships with local victim/witness assistance programs, sexual assault programs, and child abuse programs. This coordination must be documented with formal letters of support and operational agreements or protocols. Programs must also coordinate with district attorneys' offices and local law enforcement and must establish operational agreements with them. Mandatory arrest policies have recently been implemented State-wide, and officers are required by law to report domestic violence cases. California also mandates that police officers distribute information to victims about local domestic violence programs. Programs must also be in contact with local hospital emergency rooms to educate staff and develop procedures and protocols to identity domestic violence victims.

Programs must train staff and volunteers in the dynamics of domestic violence, crisis intervention, the impact of domestic violence on children, the criminal justice system's response to domestic violence, and effective approaches for working with other agencies. They must also use volunteers as much as possible. All projects funded by the State are also expected to attend OCJP-sponsored training sessions during the grant year.

OCJP also administers grants through the Family Violence Prevention Program funded by State general funds. This prevention program provides funds and technical assistance to family violence prevention projects. The focus is on creating model prevention programs that can be replicated easily in

other communities. These prevention programs are designed to decrease the number of individuals involved in abusive relationships through primary prevention efforts including education and improvement of the criminal justice system response.

Currently, five projects have been funded through the prevention program. Two such programs which have been funded by the Family Violence Prevention Program are located in Los Angeles and San Francisco and have developed public awareness materials and distributed them to other programs state-wide. A media campaign has also been initiated by the two programs, using dramatic billboards and bus cards to encourage the media to develop their own programs to address domestic violence.

When programs are awarded a contract with the State, they receive an OCJP grantee handbook This handbook details all State requirements, including those for reporting. Programs are required to submit monthly expenditure reports in order to receive reimbursement for services provided. Programs also are required to submit quarterly progress reports, which include service statistics. Progress toward achieving program objectives is reported in narrative form, while the statistics include number of clients served, services provided, ethnicity of people served, and type of victimization for VOCA recipients.

The DVAP uses this information and that which is gathered through site visits to monitor and evaluate programs. The branch also prepares an annual report to the governor and State legislature about programs' progress and accomplishments.

Population Served

The population of California is approximately 37,370,000 and is distributed across 58 counties (see Exhibit 1 for population distribution). Whites make up approximately 55 percent of the population, Hispanics approximately 21 percent, Asian/Pacific Islanders 8 percent, African-Americans 6 percent, Native Americans 7 percent, and other ethnic groups/minorities approximately 10 percent. Law enforcement agencies reported 188,533 domestic violence calls in 1989, which amounted to 639.6 calls per 100,000 population. California's domestic violence programs served 56,249 new victims.

Information about the ethnic/racial composition of domestic violence program clients was immediately available. OCJP staff reported that some of the funded programs have difficulty obtaining demographic information. Rough estimates of the racial/ethnic distribution of the domestic violence victims served were as follows: 32 percent white, 7 percent African-American, 13 percent Hispanic, 2 percent Asian/Pacific Islander, and .5 percent Native American. Forty-five percent of the clients served by programs were reported to be of unknown ethnic origin reflecting the difficulty some programs have in gathering this information.

In order to meet the needs of the diverse populations, however, the DVAP has an advisory committee to discuss program needs and incorporate cultural competency into its guidelines. Cultural sensitivity training is part of the annual OCJP training for programs. There are no State requirements for bilingual staff or volunteers although DVAP staff review program proposals and operations to determine whether programs have staff who are representative of the population they serve. Finally, priority was given in the past funding cycle to programs providing services to underserved, ethnic minority populations. While funded programs provide assistance to all domestic violence victims regardless of race, creed, or national origin, some programs specialize in addressing cultural issues of underserved populations. In the past funding cycle, three programs with emphasis on serving Hispanics, African-Americans, and Asians were given special consideration for funding. One of the new programs produced materials for Asian clients in 10 dialects. DVAP staff hope this program can be replicated to produce materials for other populations with language barriers.

Budget and Impact of Federal Funds

OCJP uses three sources of funding to implement the DVAP: State general funds, VOCA funds, and FVPSA funds. The total budget for FY 1991 was $3,924,926, of which State general funds

provided $1.5 million, VOCA $1,719,900, and FVPSA funds $742,133. FVPSA funds provide 17 percent of the State's total budget for family violence programs.

Since the inception of the domestic violence program within OCJP, 42 programs have received FVPSA funds. In FY 1990, OCJP partially funded 19 programs with FVPSA funds. Emergency shelter was provided for 3,155 women and 3,244 children. These programs also answered 27,705 crisis calls, counseled 12,197 victims individually, provided 13,296 victims with peer counseling, and counseled 4,514 children who had witnessed their parents' violence. FVPSA funding also provided emergency transportation costs for 2,997 victims and children in addition to legal and social service advocacy for 7,451 victims. These programs also assisted 1,563 victims in locating alternative housing and establishing independent households. Legal assistance was provided for 4,462 victims. Written procedures were established with 255 law enforcement agencies and 88 local hospitals.

FVPSA funds represent a relatively large proportion of California's budget for domestic violence programs. These funds have been instrumental in enabling OCJP to expand its program and to begin to meet the needs of unserved and underserved populations. These funds also have been used to provide stability to new programs. According to the OCJP Domestic Violence Branch chief, the 3-year funding cycle was initiated to "give programs more stability in funding and allow them time to implement their programs successfully in or&r to help them qualify for funding again in the future.

In FY 1992, California will receive $1,013,574 from FVPSA funds, an increase of $271,441 from the last award This will help OCJP to maintain and expand current programs. However, seven programs have already reached their limit on FVPSA funds available and three more programs will become ineligible for FVPSA funding in the next year because they will reach the $150,000 cap on these funds. The cap is an impending problem because the pool of funds available to replace FVPSA funds, once programs reach the cap, is diminishing. Currently, 7 domestic violence programs have reached the cap on FVPSA funds. Three additional programs will have reached the cap in FY 1992.

Future of the Program

OCJP staff reported several areas which they hope to expand in the future. They want to place greater emphasis on children's programs. Although children's counseling is a part of the mandated services, DVAP staff believe these services are lacking due to resource constraints. DVAP staff are also concerned about the lack of programs that combine substance abuse treatment and domestic violence services. One program in California, Haven House, began as a residential substance abuse treatment center for women, but staff found that many of their clients were also victims of domestic violence. Tri-Valley Haven is one of a few programs in the State that combines residential substance abuse treatment for women with children, with domestic violence services.

DVAP staff are concerned that women must choose between obtaining substance abuse treatment and staying with their children and their batterers. Because women cannot take their children to treatment facilities, and shelters cannot accept women with current substance abuse problems, women have to make a choice. Shelters that refer their residential clients to outpatient substance abuse treatment also are concerned about the woman encountering the batterer as she goes back and forth on a regular basis.

Three shelters within reasonable distance of each other in the Oakland area are now trying to make one shelter a combined substance abuse treatment and domestic violence program, while the other two would focus solely on domestic violence. This initiative is still in the planning stage.

The training of the judiciary and attorneys involved in cases of family violence is another area of need requiring expansion. The training is needed to change the myths surrounding domestic violence such as blaming the victim for the abuse, the behavior of the barterer, and the escalating nature of this violence possibly endangering the life of the victim. The need for training was highlighted in the draft report of the

Judicial Council Advisory Committee on Gender Bias in the courts.

OCJP staff also expressed the opinion that more work needs to be done with attorneys and judges adjudicating divorce and custody cases, because custody suits are now becoming a vehicle for batterers to continue relations with their victims. Visitation is also problematic when a history of abuse is not allowed in court evidence because a women may have to inform her ex-husband of her current address so that he has access to the children. According to the Women and Violence Hearings before the Committee on the Judiciary of the United States Senate (1991), about 50 percent of the women who leave the batterer are further threatened and assaulted by him.

The DVAP's branch chief also has some concerns about batterers' treatment, monitoring the progress of batterers, and increased coordination with victims' services to ensure the victims' safety.

Specific Programs in California

The specific programs described hereafter are located in Alameda County across the bay near San Francisco. One program, A Safe Place, is located in an urban area while the other, Tri-Valley Haven for Women, is located in a suburb. The urban program currently receives FVPSA funds, but the suburban program reached its cap on FVPSA funds and receives DVAP support from other sources. The suburban program is included as an example of the development experienced by a program having received the maximum in FVPSA funds. Both programs are presented as examples of the way in which California's State program is implemented at the sub-grantee level.

History and Development of Programs

Both programs are well established. A Safe Place has been operating in Oakland for 13 years, while Tri-Valley Haven for Women in the Livermore area has operated for 14 years. Both programs were established through the grassroots efforts of concerned citizens in each area.

A Safe Place was started by volunteers who were working in a shelter in San Francisco when they saw the need for a shelter in the Oakland area. They approached a local minister who allowed them to use one of his rooms to provide support groups and a crisis line. A Safe Place has been expanding ever since. Eventually, they purchased their own house. In 1989, however, their address was published in the telephone book so the program had to re-locate. The director of A Safe Place commented that while this move had the benefit of reinstating confidentiality, it was difficult to find and renovate a new house because many neighborhoods block the sale of a house to a shelter program. At the time of the interview, the program had been in its new location for approximately one week

Tri-Valley Haven for Women was established through the efforts of local women, educators, probation officers, and other professionals. These women combined forces and started a hotline in a garage. The next step was the establishment of a safe home network As the program continued to grow and expand, it opened and currently operates two shelters; the original facility is used as a "second stage" or short-term transitional shelter, and a larger building at a second location is used for an emergency shelter.

Services Provided by Programs

A Safe Place can house 20 women and children and has a 2-month maximum stay. The program gives priority to women with large families. The executive director reports that single women often have more options than women with several children. Single women can go to a relative's house, but women with three or more children often have difficulty finding people who are willing to accommodate them.

A Safe Place also accepts male children up to 16 years of age. Many shelters exclude male children in their teens because they often lack separate restrooms and bathing facilities. The director of A Safe Place welcomes older male children into the shelter because she does not want to discourage women from leaving battering situations. Many

women do not want to face the choice of placing their sons in foster care or leaving them behind The executive director believes that many women will not come to shelter unless they can bring all their children. She also is aware of some instances when women have stayed with the batterer because shelters would not accept their older male children and, as a result of continued abuse, have killed their partners. She believes that these instances could have been avoided if shelters had accepted or could have accommodated older male children.

When a women enters the shelter she is assigned an advocate. During the first week of her stay, the woman meets with her advocate to set preliminary goals for herself and the necessary referrals are ma& to enable the woman to meet her goals. A woman can also receive individual counseling at the shelter if she believes, and her advocate agrees, that she would benefit from exploring particular issues.

Croup meetings are held every evening for residents in the shelter. Croup topics include educational and employment issues, living together, personal experiences, and support for one another. One session each week also focuses on issues of substance abuse.

The children's coordinator at A Safe Place also provides parenting education sessions. Most of the parenting meetings focus on alternatives to physical discipline. Parenting education also is provided informally, encouraging the mother, rather than suggesting that she is a bad parent and needs help. The children's coordinator also leads groups for children which focus on the loss, separation, and anger experienced by many of them in the shelter. Another children's group focuses on school issues. Children are usually transferred to nearby schools but often find it difficult to explain to friends where they live and why they cannot bring friends home or cannot stay over at friends' houses. The children's counselor will work with a mother and her children around these issues as well

A Safe Place also has a special&d program for Latina women. The woman who coordinates this program is Latina, and the executive director reports that the most important aspect of the program is the fact that she is bilingual and bicultural. Her presence ensures that this program is sensitive to cultural differences and includes an understanding of these differences.

According to the executive director, if women "work the program" (fully participate and make a commitment to change) and stay the full eight weeks, they are assisted in establishing independent living situations. Those who do not stay the full time are more likely to return to their batterers.

Tri-Valley Haven for Women has a two-stage shelter program. The first is emergency shelter where women can stay up to six weeks. After the first six weeks of the program, women can apply to stay in the second stage shelter where they can stay an additional eight weeks. The emergency shelter can accommodate 18 women and children. The Second Stage shelter accommodates 12 women and children. Women participate in a variety of meetings including women's support groups, substance abuse groups, parenting training groups, and house meetings. House meetings are held at both facilities every week to address issues that arise from communal living.

Tri-Valley Haven offers individual counseling which occurs once a week but may be more frequent if appropriate. The executive director states, however, that the counselors' abilities to assist victims are limited by the amount of time they have to work with clients. The maximum stay in Stages I and II combined is 3 1/2 months. Thus, counselors must be careful about which issues are explored. Counseling can open up "old wounds"; for example, the disclosure of childhood sexual abuse in which it may not be possible to explore the topic and enable the person to heal sufficiently during this period The important point is that the woman will not be vulnerable when she leaves the shelter and her counselor. Clients are encouraged to continue participating in support groups once they leave the shelter.

The children are offered individual counseling by master's level clinicians if deemed appropriate. Children may have individual counseling if there is evidence of child sexual abuse or they may be referred to an ongoing therapeutic program depending upon the extent of abuse. Children's counseling also includes play therapy using sand trays where children can draw and act out their feelings. If the children are difficult to discipline or other family dynamics appear to be dysfunctional, the children's counselor will also work with the mothers.

The children's counselor also facilitates a parenting group. Since all residents are in contact with the shelter children, this part of the program is mandatory, even for women who do not have children. The parenting group focuses on alternatives to physical discipline and yelling in order to elicit children's obedience.

Tri-Valley Haven offers support groups that focus on domestic violence and sexual assault for residents and nonresidents. Women in the shelter also have a substance abuse group that provides education and support for those who are recovering from substance addictions. Unfortunately, the program cannot provide services to women who are currently abusing substances. The director reported that joint services are desperately needed by some women; self-medicating behavior can be a response to domestic and sexual violence.

Tri-Valley Haven jointly sponsors a mobile legal clinic with two other organizations. Staff at this clinic, which moves from site to site, help women file temporary restraining orders and assist them with custody issues.

Tri-Valley Haven works with women to encourage them to improve their education and employment skills as they work to stop the violence in their lives. Tri-Valley Haven previously received a grant to employ a full-time employment counselor. At the end of the year, however, the employment counselor had worked with very few women. As the executive director reported, only a few of the women who use the shelter are ready to establish independent lives and find a job. Many women receive payments from Aid to Families with Dependent Children (AFDC) benefits, which, although they are minimal, provide more income to women with children than do many of the jobs that are available to them. Many of the women at the program lack the training or education to qualify for higher paying jobs. Also, child care and transportation costs would greatly reduce the meager paycheck from a minimum wage job. The executive director reports that there is a two-year waiting list for subsidized child care in the area.

The executive director estimated that 95 percent of the women who stay in the program through Stage II find safe alternative housing and do not return to the batterer, while those who do not stay in the program through this stage tend to return to the batterer. Tri-Valley Haven will only accept women into the shelter twice. If a woman tries to return a third time, she will be referred to another shelter program. The executive director believes that the services provided at Tri-Valley Haven are for women who are committed to changing their lives. She concludes that women who continually return lack this commitment, or that there is a mismatch between the women and the program.

Treatment programs for batterers and couples may also help end violence in a relationship. Although both Tri-Valley Haven and A Safe Place make referrals to batterers' treatment, none of the staff members believe that it is effective. Referrals for couples' counseling were not discussed but local mental health resources in both communities are limited.

Coordination with Other Agencies

Both programs provide referrals to mental health services when appropriate. However, the community mental health services near both shelters are overwhelmed and only accept emergency cases such as suicidal persons or individuals who present clear threats to themselves or others. Tri-Valley Haven and A Safe Place are two of three programs in the area which are organizing to establish a domestic violence shelter that will meet the needs of women

who also have problems with substance abuse. Both programs already provide in-house education and recovery support for victims with former substance addictions but staff believe that this is not enough.

Substance abuse is becoming a major problem for programs serving victims of domestic violence. Neither program can accept women who are chronically dependent. If a woman is under the influence of alcohol or another drug, the programs may shelter her in a motel although they do not always have the funds to do this. They will work with her, however, to provide appropriate referrals. There are few residential treatment programs for women with children, however, and only one addresses issues of domestic violence.

According to State regulations, shelter programs must have operational agreements or letters of support from other shelter programs, hospitals, and police departments that are within the programs' catchment areas. Both A Safe Place and Tri-Valley Haven report that cooperation from police and hospitals varies. The hospitals do not tend to refer domestic violence victims, but the hospital near Tri-Valley Haven will refer rape victims.

Both programs also coordinate with their area schools to transfer shelter children and advocate on the childrens behalf to provide safety and understanding at school. Staff at A Safe Place report that the school system has established a program for homeless children which includes the shelter's children. Tri-Valley Haven also has good working relationships with its local school. The child welfare worker at the school is on Tri-Valley Haven's advisory board, and coordinates the educational needs of children at the program. Tri-Valley Haven also has volunteers who provide tutoring to children needing extra help. Both programs engage in many public education activities and make educational presentations in schools to prevent the occurrence of domestic violence in the future. Educational presentations are also made to civic organizations, church groups, and other interested groups.

Reporting and Evaluation

The individual client records of these programs include intake and exit interviews, brief counseling notes, and any referrals that are made. Clients of both programs are protected by the professional status of the counselors, because client-counselor privilege of confidentiality makes it difficult to subpoena these records. Neither of the programs reports problems around this issue.

The programs find it hard to achieve formal self-evaluation, however, because of the difficulty they have in establishing effective follow-up procedures. Domestic violence victims are hard to locate after they move and they may move frequently. Although A Safe Place encourages women to return to the shelter to co-facilitate support groups, not many return for this purpose. In addition, staff at A Safe Place report that past residents sometimes feel too embarrassed to have further contact with the program if they have returned to the batterer, and many women simply do not want to be reminded of the experience that brought them to the shelter in the first place. Tri-Valley Haven had a volunteer group with a few former residents which met every six months to provide feedback on the program and its ability to meet the needs of victims. The program now relies on a questionnaire which is mailed to former clients once a year. The director reported that they have received a good response to this method of evaluation and that they are able to reach more women in this manner.

During the last four years, Tri-Valley Haven also has been using the Rathuf Self-Assertiveness Inventory to measure the self-esteem of clients when they come into the program and when they leave. The director reported that this tool shows a significant increase in self-esteem over time. A graduate student working at the program introduced this tool as part of her research The director stated that other domestic violence programs are using formal tools to measure the effects of their services and she would like to learn about them.

Staffing

Both programs have professional clinicians on staff. A Safe Place employs one clinician to provide individual counseling to adults and another one to coordinate children's services. Other staff at A Safe Place include a shelter manager, the coordinator of the Hispanic program, four advocates, two children's program advocates, an Hispanic advocate, and the executive director. The number of volunteers varies but they help with meals, clean-up and support groups. Tri-Valley Haven has two threequarter time clinicians to work with the adults and one full-time clinician for the children. One of the threequarter time clinicians splits her time between domestic violence clients and rape victims.

When a woman enters the shelter, she is assigned a counselor who monitors her progress. Paraprofessionals function as advocates to whom women are individually assigned to coordinate their social service and legal needs. The shelter coordinator also networks with referral sources. In addition, Tri-Valley Haven has a maintenance person to work on both shelter homes 35 hours each week Tri-Valley Haven has 16 staff persons and approximately 70 volunteers.

Both programs use volunteers as they are required to by the State, but have difficulty recruiting them, especially those to represent the diverse ethnic minority populations in their service areas.

Staff turnover is not a problem for either program. Tri-Valley Haven has access to a management center for nonprofits which evaluates salaries and benefits on an annual basis. Both programs are able to provide benefits for their employees. Tri-Valley Haven offers medical coverage, including dental and optical benefits for employees.

Both programs also provide supervision by professional counselors and have weekly staff meetings to discuss case material and offer one another support. T&Valley Haven is also able to provide funds for staff development through conferences and other training opportunities.

Population Served

Both programs serve an ethnically diverse population. Approximately 70 percent of the clients served by A Safe Place are African-American, 10 percent Latino, 15 percent white, and a small percentage Asian/Pacific Islander. Few Asian/Pacific Islander clients frequent A Safe Place because a program designed specifically for these women was established in San Francisco. Tri-Valley Haven primarily serves white and African-American clients.

Staff at A Safe Place have bi-cultural awareness programs, and confront racial issues in house meetings and in educational group meetings. Staff also provide mediation if two families fail to respect one another. Tri-Valley Haven staff do not report any major problems regarding cultural or racial issues. They do, however, have difficulty recruiting staff to match the ethnic composition of their residents.

A Safe Place sheltered a total of 48 families or 141 people for 3,467 bednights in FY 1990. Peer and professional counselors also provided 15,227 hours of counseling. In FY 1990, Tri-Valley Haven provided 5,608 nights of shelter to women and children and 3,686 hours of counseling and advocacy to residents in the shelter. Staff at T&Valley Haven also provided 3,634 hours of counseling and advocacy to nonresidential clients. Tri-Valley Haven reported receiving 1,470 calls on their crisis line, and A Safe Place received 4,548 calls (see Exhibit 1 for their coverage area and population density).

Budget and Funding Sources

The total operating budget for A Safe Place in FY 1990 was $317,431. The operating budget for Tri-Valley Haven in FY 1990 was $571,809.

Both programs solicit funds from a variety of sources to maintain their services. In FY 1990, A Safe Place received over half its income from private foundations and corporations. Local government provided nearly $80,000 and the United Way donated $55,000. In FY 1991, Tri-Valley Haven received $25,000 from private sources, $30,000 from the

Domestic Centers Act, $117,000 from the United Way and the remainder from State and Federal funding.

A Safe Place currently receives $50,000 in FVPSA funds, which now amounts to 15 percent of the program's income. The program began receiving FVPSA funds in 1989. Tri-Valley Haven no longer receives FVPSA funds. In the last year that Tri-Valley Haven was eligible for FVPSA funds, FY 1990, it received $48,500. FVPSA funds were 11 percent of the total operating budget. OCJP replaced the FVPSA funds with VOCA and State general funds.

Impact of Federal Funds

FVPSA funds have enabled staff at A Safe Place to maintain their programs and receive benefits. The executive director of Tri-Valley Haven reported that FVPSA funds provided program stability and made continuity in services possible.

Both programs found the match requirements difficult to meet, and particularly for A Safe Place because it is a smaller program. Although most income for A Safe Place is solicited from private sources, these grants frequently require matching funds also. T&Valley Haven staff also believe that the cap jeopardizes support from the State, which is an essential ingredient to their stability.

Future of the Programs

Staff at both programs want to expand their services. To this end, they are cooperating in a joint venture to provide in-house substance abuse treatment at a shelter for domestic violence victims and their children. Staff members also want to expand their programs for children and involve the children of former residents. The executive director of A Safe Place also wants to establish a transitional housing facility.

The staff at Tri-Valley Haven are planning a nonresidential service center to provide more support groups outside the shelter and foster continuity in services to former residents. Staff would like women to be able to explore their issues in more depth and continue with the same counselor after leaving the shelter.

V. NEW YORK STATE CASE STUDY

Program History and Development

The New York State Department of Social Services (State DSS) has been funding domestic violence programs since 1978. These first funding awards were in the form of demonstration grants. These were three-year "spend down" grants whereby the State awarded 100 percent in the first year, 50 percent in the second year, and 30 percent in the third year. As the grant decreased, programs were expected to find supplemental funds and finally become self-supporting. Since 1978, the State DSS has supported the development of 42 emergency shelter programs, 6 transitional housing projects, 12 children's services programs, 9 batterers' projects, and 17 nonresidential programs.

As these programs developed and supplemental funding sources became more scarce, the need for stable State funds became apparent. In 1987, the Domestic Violence Prevention Act (the Act) was passed by the New York legislature. This is a comprehensive law that has implications for both service providers and social service districts in the State. The Act's primary mandates include several requirements: that local districts provideemergency shelter and services to public assistance eligible victims of domestic violence and their children; pay the cost of sheltering victims out of county if the incident occurred in county; and establish a daily reimbursement rate for these emergency shelter services. The Act also authorizes the State to award grants on both a noncompetitive and a competitive basis for residential and nonresidential domestic violence programs.

According to the State DSS's 1990 annual report for this legislation, the major policy activities in the first two years of the Act included the development of regulations establishing standards for approving residential programs for victims of domestic violence and the development of regulations establishing per diem rates and local district payment responsibility for residential programs.

The Act also gave the State the authority to fund domestic violence programs from several different funding sources. At the time of this report, these various funding sources included noncompetitive maintenance grants, emergency grants, competitive demonstration grants, technical assistance/training grants, and regulatory compliance funds.

Maintenance grants are noncompetitive grants allocated to approved residential and nonresidential programs for victims of domestic violence. These grants are to be applied to operational costs not subject to other reimbursement. Maintenance grants can be used for ongoing expenditures, including services for victims ineligible for public assistance. The average maintenance award for FY 1990 and FY 1991 combined was $38,594 for residential programs and $16,418 for nonresidential programs.

Maintenance grants generate the bulk of State funds for domestic violence programs. In State FY 1990 and FY 1991 combined, $247 million was allocated for maintaining residential programs and $1.1 million for maintaining nonresidential programs. Two steps are required to obtain a maintenance grant from the State. First, a program must submit annual revenue and expenditure reports. These reports are reviewed to determine eligibility and the amount of the grant. Second, the program is required to submit an application which is used to develop a contract to document expenditure of the grant.

Emergency grants are issued to programs that are in danger of closing. The Act authorizes the State DSS to award noncompetitive grants to assist programs in fiscal collapse. To date, State DSS has been able to save 10 programs. The programs in need of emergency grants are usually understaffed and in many cases are nonresidential. Most of the problems faced by these programs are related to fiscal management and insufficient resources. The State allocates an emergency grant to a needy program and also provides technical assistance to enable the program to continue to provide services, meet State requirements, and seek alternate resources.

In FY 1991, $500,000 was appropriated for start-up demonstration programs with an additional $150,000 from the Children and Family Trust Fund In FY 1991, there were four funding priorities:

- Development of new nonresidential programs in counties which lack these services;
- Creation of new nonresidential programs or expansion of existing nonresidential programs to reach underserved populations;
- Expansion or enhancement of existing nonresidential programs to add staff positions; and
- Expansion of nonresidential programs to add a staff position in nondomestic violence agencies (i.e., police departments, social services) to facilitate early identification of domestic violence victims and referrals to domestic violence services.

Finally, Federal Family Violence Prevention and Services Act (FVPSA) funds are allocated through a competitive RFP process to fund innovative programs. Funds amounted to $469,341 in 1990, or 3 percent of the State's total revenues for domestic violence programs. These funds are also used as demonstration or pilot program grants. In 1990, the State awarded PODER, Inc. $50,000 in funds to provide a state-wide hotline for Spanish-speaking victims of family violence. Funds have also been awarded to transitional housing projects and to two pilot programs in hospitals in Rochester and Buffalo that link child protective services and domestic violence services.

State programming for domestic violence has steadily grown since 1978. Within the last few years, with the passage of the Act, programs have become increasingly institutionalized. This institutionalization is evidenced in the State licensing of domestic violence shelters. To date, the State, through the State DSS regional offices, has licensed 74 residential programs for domestic violence. There are a total of 861 domestic violence shelter beds in the state of New York, not including safe home beds. Of these, 11 licensed programs with 326 beds operate in New York City. The remaining 63 programs with 535 beds are located throughout the rest of New York (see Exhibit 2, for program county locations).

New York provides four types of residential domestic violence programs. (1) Domestic violence shelters have the capacity to house 10 or more clients, and provide services specifically to domestic violence victims. (2) Domestic violence programs meet the requirements of domestic violence shelters but provide services to a mired population; at least 70 percent of their clients are victims of domestic violence. (3) Safe home networks are organized networks of private homes which provide emergency shelter for victims of domestic violence. (4) Domestic violence sponsoring agencies provide emergency shelter exclusively for victims of domestic violence at a safe dwelling which has a capacity of 9 or fewer.

These programs must be licensed through the State DSS. To be licensed, the domestic violence shelter, program, safe home network, or safe dwelling must be operated by a nonprofit organization. Each residential program must provide certain core services including 24-hour telephone hotline assistance; information and referral; advocacy; counseling; emergency medical services; transportation; follow-up; ability to provide access to educational facilities for school age children; and community/education outreach. In addition, domestic violence shelters, programs, and sponsoring agencies with two or more safe dwellings are required to provide children's services and support groups.

These regulations were created through the mandates of the Act. In 1990, the State legislature appropriated $200,000 for Regulatory Compliance Grants. Thus, as the Act went into effect, existing programs could apply for supplemental funds to meet the newly established regulations. Most of these funds were used to cover physical plant improvements, staffing needs, and hotline operations.

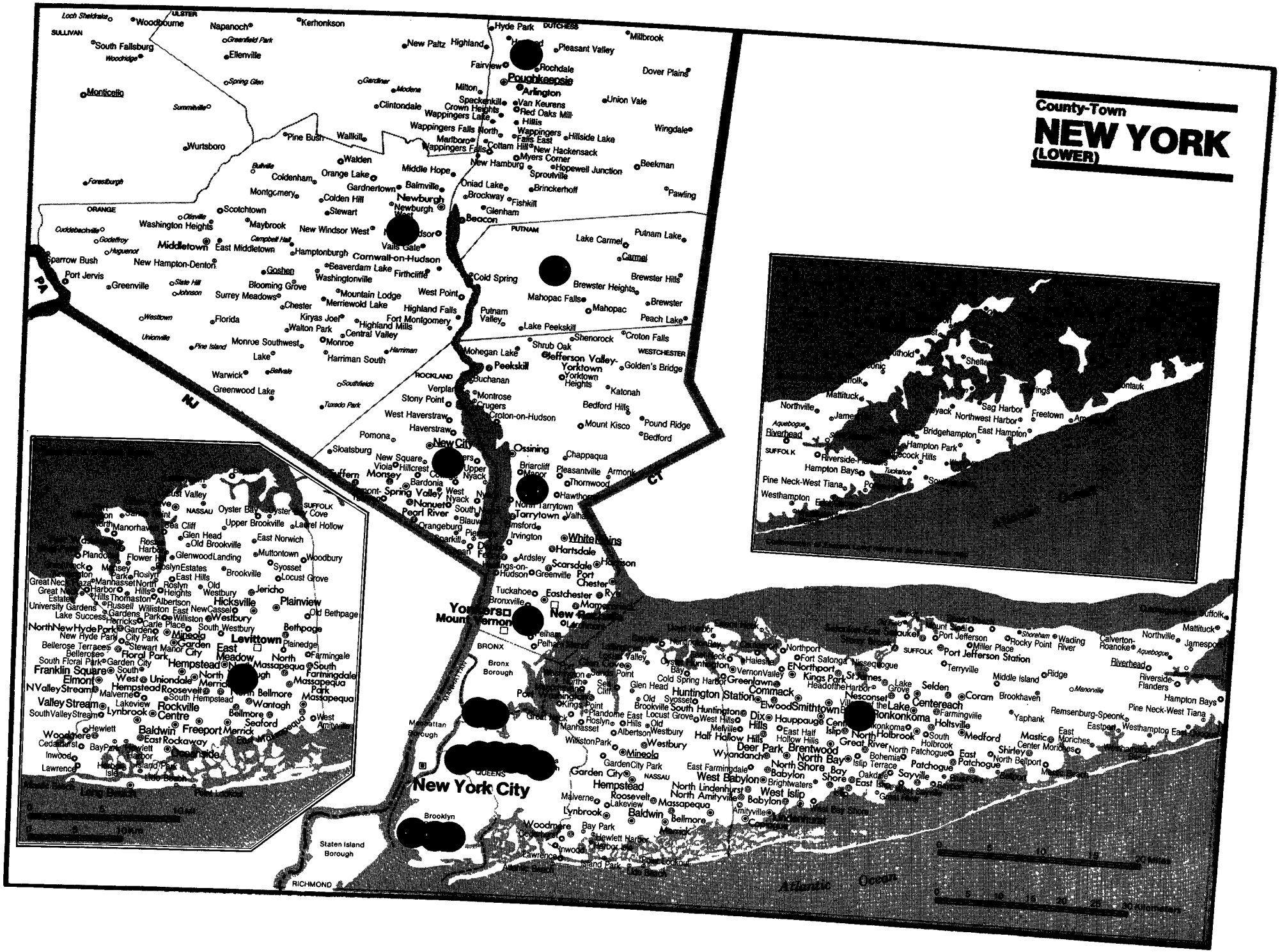
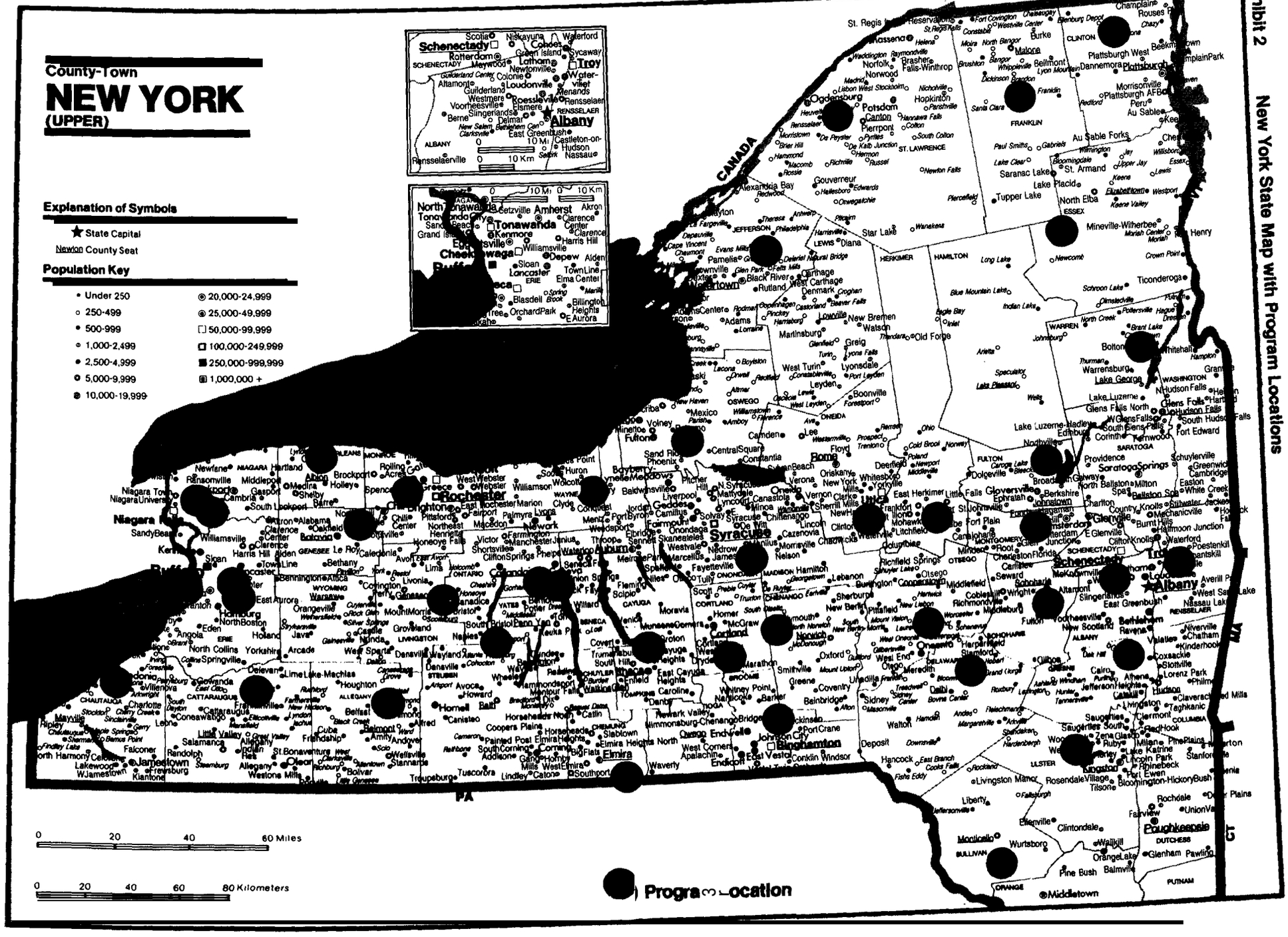

County-Town
NEW YORK
(LOWER)
Poughkeepsie
Newburgh
Middletown
Peekskill
White Plains
Yonkers
Mount Vernon
New York City
Hicksville
Levittown
Plainview
Hempstead
Huntington
Commack
Smithtown
Riverhead
Southampton
Sag Harbor
Atlantic Ocean
NJ
PA
CT
ULSTER
DUTCHESS
ORANGE
PUTNAM
ROCKLAND
WESTCHESTER
NASSAU
SUFFOLK
BRONX
QUEENS
RICHMOND
Bronx Borough
Manhattan Borough
Brooklyn
Staten Island Borough

Exhibit 2

New York State Map with Program Locations



In the proposed budget for State FY 1992, all victims of domestic violence eligible for public assistance will be funded through per diem reimbursements. All non-public assistance eligible victims and victims who use nonresidential services will be funded through a new Title XX overclaim process. This proposed budget was not approved at the time of this report and specifics on formulas for allocation were not available.

Current Services and Programming

Pending annual appropriation, programs can apply for funds through a competitive RFP process. The RFP process has been streamlined and lists various funding sources in an 18-page document. Each funding source describes eligibility criteria and the amount of money available. Programs respond by presenting their eligibility and their plans for the funds. The application for funding opportunities is for competitive grants.

The RFP and application procedures for competitive grants have been simplified to allow less sophisticated programs to have an equal chance to receive funding. That is, the State DSS staff reported that often times programs that had good grant writing skills received funding, but these programs were not always the best service providers. By simplifying the process, grantsmanship skills were then not the major criteria for funding.

The State currently supports 74 licensed residential programs and 83 nonresidential programs to provide services to domestic violence victims and their children. It also partially supports the New York State Coalition Against Domestic Violence, which provides a state-wide 24-hour English hotline, and PODER, Inc., which provides a state-wide hotline for Spanish speaking victims from 7:00 a.m. to 11:00 p.m. The State also has provided funds for eight transitional housing programs and two pilot programs that create an interface between child protective services and domestic violence services. Currently, only four of New York's 62 counties do not have their own domestic violence programs.

The services provided by residential programs are provided in accordance with regulations mandated by the Act which allow programs the flexibility to develop individual length of stay policies. However, emergency shelter stay is not to exceed 90 days plus an extension of up to 45 days. In 1990, the average length of stay in the various shelter facilities in the state was 10 days in safe homes, 29 days in safe dwellings, 25 days in domestic violence shelters, and 22 days in domestic violence programs.

During 1990, the average occupancy rate, or the average percentage of beds occupied on any given day, was 62 percent in safe dwellings, 75 percent in domestic violence shelters, and 80 percent in domestic violence programs. The 1990 annual report from State DDS for FVPSA funds reported factors which may contribute to low occupancy rates. For example, some licensed capacities include cribs, which are not always utilized Some programs are licensed for more beds than needed on the average due to certain periods of increased need throughout the year such as the summer months. Consequently, programs which count cribs and "emergency beds" when calculating their annual occupancy rate may appear to be unusually low.

Batterers' programs are not required by the State, and State DSS staff estimated that there are about 10 programs for batterers state-wide. The State DSS staff previously provided funding for batterers' programs, mostly through demonstration grants. However, as funding has become increasingly more limited, victims and their children have priority status for funding. Chapter 411 of the laws of 1988 has established a pilot program for funding and evaluating batterers' projects. The Division of Probation and Correctional Alternatives has funded five batterers' programs through this initiative.

The State DSS also provides technical assistance and training to domestic violence programs. State DSS has developed a "skills bank" of 21 consultants who are available to provide training at no charge to programs. Program staff are trained in a variety of

topics including nonprofit organization management, grantsmanship, fund raising, staff-board relations, and domestic violence service provision.

In addition to the consultant training, State DSS also sponsors three different programs for local districts in order to enhance implementation of the Act. The Governor's Office of Domestic Violence provides regional training for social service agency supervisors, medical staff, police departments, and the local judiciary on the nature and dynamics of domestic violence. The Victims Services Agency offers training to child welfare staff for identifying family violence and developing appropriate service plans. Members of the committee for Hispanic Children and Families have also instructed child welfare staff on the Hispanic perspective in family violence situations.

Public education and awareness programs are provided through the State coalition and the State's Children and Families Trust Fund The Trust Fund is currently working on a four-year public awareness campaign with public service announcements and other educational activities.

Part of the need for continued public education state-wide is due to the ethnically diverse population of New York Cultural sensitivity has become an important factor in the delivery of services in New York There is a large number of Hispanic and Asian people in the State, most of whom live in New York City. There are also problems in providing services to undocumented immigrants. Services for undocumented individuals cannot be reimbursed by the per diem, but these individuals are victimized and programs will not turn them away. To meet these diverse needs, State DSS has funded the Spanish hotline, and has incorporated multicultural diversity into its skills bank.

The priority given to nonresidential services is also part of State DSS's efforts to achieve cultural competence. State DSS staff reported that Asian and Hispanic victims are reluctant to come to shelters because of their group living situation and sometimes because of the shelter's philosophy. Nonresidential programs with outreach can serve these victims and other underserved populations.

Nonresidential services also provide a "stepping stone" for some women. State DSS staff reported that victims may use nonresidential services six or more times before they have the courage to go to a shelter. According to State DSS staff, if these nonresidential services were not available, "she might never leave the situation, except in a hearse."

When programs receive funding from the State, they are required to make monthly reports. This report has to include statistics on the number and demographics of the people served Then, depending on the funding source, programs must prepare program reports in the form of narratives about the services provided The reporting for demonstration grants, including FVPSA grants, is somewhat different. Along with program statistics, staff report on program results, or how well the program is meeting its goals and objectives.

Population Served

In 1990, the domestic violence programs in New York served 11,354 victims and their children in emergency shelters, 278 in transitional housing facilities, and 37,904 in nonresidential services. It is estimated that 12,433 victims and their children were denied shelter; 71 percent of these denials were due to lack of shelter space.

New York has a diverse population of about 18 million people, with the bulk (7 million) of the population residing in the New York City metropolitan area. About 73 percent of the State's population is white, 16 percent African-American, 7 percent Asian/Pacific Islander, 3 percent Native American and 13 percent Hispanic (Census Bureau, 1991). See Exhibit 2 for population counts and the program catchment areas.

Some programs provide services to underserved populations. One example of such a program is the New York Asian Women's Center in Chinatown. The State has waived some of the program requirements for the center because the Asian

population has about 10 dialects. This makes support groups difficult to facilitate and hotlines difficult to staff. The center provides individual counseling when needed and has developed its own materials and translated the State's brochure about domestic violence. Staff provide community outreach in places where women congregate, such as grocery stores and laundromats. They circulate materials through palm cards and other unobtrusive means.

Budget and Impact of Federal Funds

Programs throughout the State operate on government grants, both State and Federal (described above), private revenue, and per diem revenues. Residential programs received $2,470,000 in 1990 and nonresidential programs received $l,lOO,OOO. About 70 percent of program costs were attributed to personnel costs.

According to the annual report, the revenues received did not meet the budgets of the programs. In 1989, nonresidential programs accrued an aggregate deficit of $596,597 and residential programs accrued an aggregate deficit of $1,126,898. Also, some of the nonresidential programs were being partially funded by the Children and Families Trust Fund 1990 was the last year of a four-year "spend down" award for these programs.

New York received $469,341 in FVPSA funds in 1990, about 3 percent of the State's total funding sources. FVPSA funds, as stated earlier, are used as demonstration grants for new programs. The State is now in its second round of three-year contracts with new or innovative programs. New York has funded 22 programs with FVPSA funds. The first round of FVPSA awards was allocated for the start-up of new shelter programs in areas where none existed previously. The programs were able to coordinate with homeless housing projects to build shelters.

FVPSA's funding priority for the second round of awards was transitional housing projects. Second round awards were also given for another shelter start-up, the Spanish hotline, and the two pilot programs that integrate child protective services with those for domestic violence.

In general, FVPSA funds have been used to increase the number of domestic violence programs across the State and to promote ones that are innovative. They have also been used to provide partial financing for transitional housing; New York has very little low cost housing available. State DSS staff report that transitional housing is needed because emergency shelter stays alone do not prepare some victims for moving into independent households.

Often times, the low-cost housing that is available is in rural areas, where employment opportunities are bleak and child care is expensive. Thus, if a client chooses to go where the housing is affordable, she loses job opportunities and has trouble finding adequate child care for her children. Transitional housing programs allow the woman to wait a little while longer to find housing and also allows her to stay in areas with better employment opportunities.

Future of the State Program

Funding for domestic violence programs has been reduced over the past several years. The State budget for domestic violence programs was $3.5 million in FY 1991, but the proposed budget for FY 1992 was only $1 million. Furthermore, the Children and Families Trust Fund was cut from $2.25 million to $375,000.

Due to the budget cuts, the current programming is in flux and it is not feasible to consider expanding any services. The State DSS staff reported that insufficient transitional housing continued to be a major problem, but the State had no funds for this service.. Once FVPSA money for these programs has been used, there will be no more money for transitional housing.

State DSS staff also stressed the need for combining substance abuse treatment and domestic violence services. The State does not collect data on the co-incidence of substance abuse and family violence, but individual programs suggest this co-incidence is high and has been increasing in recent years. Another major gap in programs reported by

State DSS staff was in relation to bilingual/bicultural services.

The growth in awareness of domestic violence and the increase in numbers of victims asking for services in New York are coupled with limited funding for these programs. The DSS experienced a service shortfall in attempting to meet the needs of victims of domestic violence and their children with a budget of $3.5 million; anticipated budget reductions make it less likely that these shortfalls will be overcome.

In FY 1991, 72 proposals were received in response to the RFP for State demonstration grants, and 14 programs were selected for funding. At last report, however, the State no longer had funds for demonstration grants and had shifted its priorities to maintaining existing programs.

Specific Programs in New York State

New York uses FVPSA funds as demonstration grants to various programs. The research team visited two such programs. One, Passage House, a transitional housing program, is currently in its first year of F'VPSA funds. The other, Park Slope Safe Homes Project (PSSHP), which provides emergency shelter and nonresidential services, was funded in the first three-year round of FVPSA funds. These two programs will be compared in order to describe how New York's program is implemented at the subgrantee level.

In New York's second round of three-year grants with FVPSA funds, priority was given to transitional housing projects. This prioritization dovetailed with the development of Passage House. In 1988, the executive director of the Victim Services Agency of New York City concluded from a small-scale study that some women needed more than 90 days to find permanent housing. Women who were unable to find alternative housing returned to their batterer. Transitional housing is needed to allow women more time to locate housing alternatives and to continue to use services that will enable them to heal and empower themselves. Such services may include counseling, education, andvocational training.

Opened in June 1983, Passage House is the only transitional housing program in New York City. Program staff can house up to 15 women and 25 children, but believe that the house best accommodates seven families.

PSSHP is an emergency shelter that is mandated to provide a 90day stay with up to a 45-day extension. PSSHP can house two families at a time. Current occupants have been there for six months because they cannot locate alternative housing.

This situation inhibits both the families and PSSHP. The women and children are frustrated because the services provided at PSSHP are targeted for crisis intervention. These families are no longer in crisis and may want or need further services that PSSHP is not designed to provide. With families staying at PSSHP for several months beyond the initial three months, other families cannot be given shelter, and staff have to turn away several battered women in need of shelter every week They make referrals to other shelters, but New York City's shelters are often filled to capacity. Because there is a tremendous shortage of affordable housing, the program cannot fulfill its purpose to provide crisis assistance since there is a backlog in transitional services.

Services Provided by the Programs

Both Passage House and PSSHP have used FVPSA funds to provide needed services to the children who experience family violence. Passage House's director became aware of the children's needs early on in the program. She said that the children in the house began exhibiting many different behaviors that either were not manifested at the emergency shelters or were overlooked because of the victims' emergency needs. She has observed children with developmental delays and emotional disturbances, and has seen children who were also victims of incest, Some children act out in school and at home. The director found that children aged 7 to 9 begin to take on the roles of the batterer and victim. Males tend to be aggressive and controlling, females tend to be passive.

Other children exhibit more serious psychological symptoms. The director reported one case in which a female child continually walked on her toes (to be quiet) and obsessively washed her hands. The hand washing behavior came about after the batterer had cut her mother's hands. The child witnessed this act and believed that there was blood on her own hands because she was so disturbed by this act.

To meet the needs of these children, Passage House has hired a child psychologist part-time and has implemented a specialized children's program. Each child is assessed psychologically and educationally. Once the assessments are completed, the child psychologist coordinates with the schools to get the child's educational needs met. If the psychological assessment indicates serious difficulties, the child psychologist will work with the child individually and with mother and child

Passage House has also contracted with Playschools, Inc., to provide structured activities for the children, including art projects and games. They also teach mothers how to participate in these activities with their children, with a focus on providing quality interaction with children using inexpensive supplies. A former client is volunteering with the program, because she is currently attending school and hopes to work at Playschools, Inc. when she completes her education. FVPSA funds are used to support the child psychologist's position, to buy supplies for the children's program, and to underwrite the contract with Playschools.

Preventive healthcare initiatives are an important aspect of these programs. Passage House coordinates with the Health Department to ensure that all children get health care and immunizations. Passage House has also been able to enlist physicians as volunteers in some cases. For example, Passage House was able to secure the services of a top orthopedic surgeon to examine a child with a severe orthopedic problem. He formulated a treatment plan, and Passage House was able to help the mother follow through with that plan to avoid major surgery. The child runs like any normal child today.

PSSHP was able to increase their services to children with FVPSA funds. Both women and their children participated in groups. Childcare was also provided for preschool children while their mothers attended the support groups. PSSHP was funded in the first round of FVPSA grants, but they reached the funding ceiling within the first three-years. PSSHP no longer receives funds and was unable to find additional funding to support children's services. These services have had to be cut back although volunteers are used to continue childcare services during support groups.

Both Passage House and PSSHP are part of larger agencies, which has allowed them to provide more specialized services. This situation has been more advantageous for Passage House, a component of Victims Services Association (VSA). VSA provides an emergency hotline, emergency shelter, legal advocacy, counseling for victims, and educational and vocational training. Passage House can refer its clients to VSA for these services and does not need to have staff provide these services in house. Thus, Passage House has been able to focus on children's services. They also have weekly support groups, house meetings, and parenting education for residents.

Parenting education in other shelters appears to be done more informally than at Passage House, whose staff have found that part of the batterer's controlling behaviors includes child discipline. Victims are rarely given the responsibility to discipline children. As a result, when they leave the battering situation, they do not know how to discipline children and their parenting skills do not meet the children's needs. Most victims who arrive at this transitional housing program ask for help in parenting.

Through Passage House, VSA attorneys also give victims information on the legal issues they face. Some need to secure child support; others are concerned about visitation rights. Prevention, education, and elder abuse services are also provided through VSA. The Passage House director makes some public appearances to talk about the services

provided and to solicit contributions. Information about Passage House has become more widespread and the program receives many in-kind contributions including clothes, furniture, and even appliances.

PSSHP, the first safe home program in the state of New York, is a component of a larger religious organization providing services on a non-denominational basis. When the program began, the clergy in its catchment area were quite supportive and provided counseling for batterers while project staff and volunteers counseled women and children. As the program developed, however, it became clear that one program could not serve both batterers and their victims. As a result, batterers' counseling was discontinued and referrals to other batterers' programs were offered instead. In cases of domestic violence, PSSHP staff believe the woman and children must be safe before the couple tries to work out their differences, if this is feasible.

Even though PSSHP is a part of a larger organization, it is the only component that provides services to victims of domestic violence. Program staff are thus responsible for providing as many services as possible. Staff provide extensive counseling and support through individual sessions and support groups, and advocacy and accompaniment. They make referrals for legal, educational, and vocational services, and for more in-depth therapy at the client's request, PSSHP operates a large nonresidential program with support groups and outreach, and has its own hotline staffed by employees and volunteers with staff back-up. The program runs many public education programs including training with the police, the judiciary, and area schools. Staff also provide training to social service agency staffs.

One component of the nonresidential services is a monthly network event to bring together project volunteers, staff, domestic violence survivors, and women currently in a violent situation with their children. They may go to a park, the zoo, the circus, or hold holiday parties. Participation in such events reduces the women's isolation and often leads to the development of informal networks and childcare, and play groups. Such affiliations build additional community support and reduces dependence on the project

Although both Passage House and PSSHP are components of larger parent organizations, PSSHP's resources have to be stretched to provide several different services because they are a crisis intervention project. Passage House does not have to manage the diversity of needs involved in crisis intervention. PSSHP resources are spread thin between the services they are designed to provide, emergency services, and those they are forced to provide due to the lack of extended services in the city. Passage House can specialize in transitional housing services and children's programs. Both programs, however, are facing a fiscal crisis because of State funding difficulties and the FVPSA cap.

Coordination with Other Agencies

Both programs work with local social service agencies to provide clients with referral sources. They both have working relationships with area hospitals. PSSHP trams hospitals chaplains in dealing with domestic violence and in making referrals. Passage House works with these hospitals to provide medical care for clients.

Both programs also have agreements with local schools to transfer the children of clients when necessary. PSSHP has trained guidance counselors who often make referrals to PSSHP when they suspect violence in the family. Passage House has also been successful in enlisting the support of local schools.

Both programs have also been given support by area churches. Passage House receives donations from churches, and church organizations sometimes sponsor special meals at the house, such as Thanksgiving. PSSHP emerged from the work of clergy in the area. Even though the support of the clergy has somewhat decreased over the program's development, it still receives support from local churches through food drives and other donations.

Both Passage House and PSSHP have experienced frustration in making referrals to substance abuse treatment. This frustration is due to long waiting lists, a lack of treatment programs, and especially programs willing to take women and their children. Neither program will accept a woman if she denies her substance abuse problem. However, if she accepts that she has a problem, and will deal with it, staff at both programs are willing to work with her as long as this is not detrimental to other women living in the shelters.

Population Served

Both programs serve diverse populations. Passage House does not keep specific statistics on the ethnic and racial diversity of the population it serves. The director reported, however, that there are many different cultures represented. She reports her first client was Rumanian, but many other clients are of Hispanic origin including recent immigrants from South America, or Asian, or African-American. The difficulties in providing services to such a diverse population emerge in the group living situation. The women cook their own meals, and many women find some of the foods that others cook are foreign and offensive. Some of the women are unaccustomed to other cultural traditions. Children also tend to use name calling and need to be educated about different cultures.

To combat these tensions, Passage House has a cultural program in which house members, including children, come together and share their life stories, including information about the country they grew up in and its traditions. This cultural program has eased the tensions in Passage House by raising the house members' awareness of cultural differences and similarities. An environment is created which enables residents to discuss the violence that they have suffered and its beginnings. For Hispanics, Spanish-speaking staff are available when language is a barrier.

PSSHP also serves a diverse population including an Arabic community, a Hispanic community, and an African-American community. PSSHP has 50 volunteers, some of whom are from these backgrounds, who provide outreach in these communities. One Arab woman works in her community, which is difficult because it is such a closed community.

The Arabic and Jewish communities share a rigid patriarchal social organization. PSSHP staff reported that often the way a woman from one of these cultures can leave a battering situation, is to win the support of another male in the family, such as a brother. If this man supports her decision, then the community is more likely to accept the situation.

The patriarchal social organization of the Hispanic community also makes it difficult for PSSHP staff to provide services to this population. Many Hispanic women have not been allowed to work or they are not legally able to work because they are not documented. Once they leave the battering situation, they have to assume the provider role for themselves and their children. This is a new role which takes time for them to adapt to. Project staff also find it difficult to extend services to some Hispanic women because many are afraid to seek services for fear of deportation if they are not legal immigrants.

Impact of Federal Funds

Both programs used FVPSA funds to start innovative services for children. Without these funds these innovations would not have been possible. However, the availability of additional funding sources for the programs is limited. PSSHP already has reached the cap on FVPSA funds and has had to cut back on its services for children. Passage House is in its last year of funds and has not yet found additional funding sources to maintain its child focus.

Future of the Programs

Both programs see a need for expanding services, and have their own special needs. Passage House staff believe they need to increase after-care services for past residents of the program. Transportation is also an immediate need. Services are diicult to organize, and a van would allow them to move women into their own homes without the cost of movers and to pick up donations. It would

also allow them to transport children to special events and activities where they will be safe to play outside. Passage House staff also see a need for additional training to combine treatment for substance abuse and domestic violence.

PSSHP staff reported that they were ambivalent about expanding their emergency shelter services; they want to be able to provide shelter for more families but fear that this expansion may decrease the quality of services provided.

PSSHP staff would like to expand their nonresidential services to provide prevention programs to teens, to provide more advocacy, and to increase the responsiveness of the agency through additional bi-lingual staff and culturally sensitive programming.

VI. LOUISIANA CASE STUDY

Program History and Development

Family violence programs in Louisiana are funded through the Governor's Office of Women's Services (OWS). This office was initially the Commission on the Status of Women (which began in 1964) before being moved into the Department of Health and Human Resources and then into the Governor's Office. As the agency developed, it added more components, including a displaced homemakers program, a teenage parenting program, a nontraditional training program, and a family violence program. Several of these components, including the family violence component, were initiated through grassroots movements.

In 1979 Louisiana's legislature passed the Protection from Family Violence Act, which authorized the Office -- then housed in the Department of Health and Human Resources -- to establish programs for victims of family violence. In the first year of this legislation, no State funding was allocated for the programs. However, OWS staff applied for funds through the Interim Emergency Board midway through the fiscal year and received $80,000. In FY 1981 the Legislature allocated funds for the Act ($160,000) and has done so ever since, unfortunately, the amount of State general funds fluctuates from year to year.

One of the purposes of the Act was to reduce serious and fatal injuries to the victims of family violence and "to clarity the problems, causes, and remediation of family violence by providing the necessary services including shelters, counseling and referrals to social services, medical care, and legal assistance, in the form of family violence centers" (Protection of Family Violence Act, 1982, Chapter 28, Part I, sec. 2121 paragraph c). Part II of the Act provided protection to victims through law enforcement. This includes a pro-arrest policy and statutes for issuing and enforcing protective orders.

The Act also authorizes OWS to establish minimum health, safety, and program standards for family violence programs to be eligible to receive funds from the State. OWS includes these standards with a yearly Request For Proposals (RFP) through which programs apply for State funding. Programs awarded funds are monitored annually to evaluate their adherence to these requirements.

Current Services and Programming

OWS uses several criteria for evaluating the applications received:

- The primary purpose of the program is to serve victims of family violence;
- The experience of the program;
- The need for the program in its geographical location;
- The adequacy and appropriateness of services offered;
- The adequacy of coordination with other agencies;
- Adequacy of budgeting
- Cost effectiveness; and
- The adequacy of fiscal management, the amount of in-hind donations, and other sources of funding.

Additionally, family violence shelter programs must provide 24-hour emergency shelter and residential services, which may include counseling, advocacy, transportation, information and referral, and educational training programs. Nonresidential family violence programs must provide services that may include safehome networks or motel accommodations, counseling, transportation, advocacy, information and referral, and educational and training programs to victims of family violence.

Each program must meet a set of additional requirements mandated by the State. These include having a board of directors, a written description of the program, organized accounting and bookkeeping,

confidentiality of client and personnel files, fundraising and publicity, established grievance procedures for clients, staffing plans, coordination and networking with outside agencies, and volunteers.

For programs to be eligible for State funding, they must also provide counseling for victims or their spouses; support programs to assist victims of family violence in obtaining needed medical, legal, and other services; and educational programs relating to family violence in order to increase community awareness.

Beyond these requirements, shelter programs must also provide written rules and regulations, a daily routine or schedule for clients, emergency food and clothing, medical care, written admission policies, intake forms and individual service plans, and exit interviews and follow-up. All buildings must meet standard building codes for health and safety.

OWS was able to fund 15 programs across the State that provided 263 beds for domestic violence victims and their children in Louisiana (see Exhibit 3 for State coverage). As a result, every county or parish has access to a family violence program. However, there are only five programs in the northern half of the State, with the other ten in the southern half of the State. One reason for the concentration in the south is that it is fairly urbanized, with major cities including New Orleans and Baton Rouge. The northern part of the State is more rural and less populous.

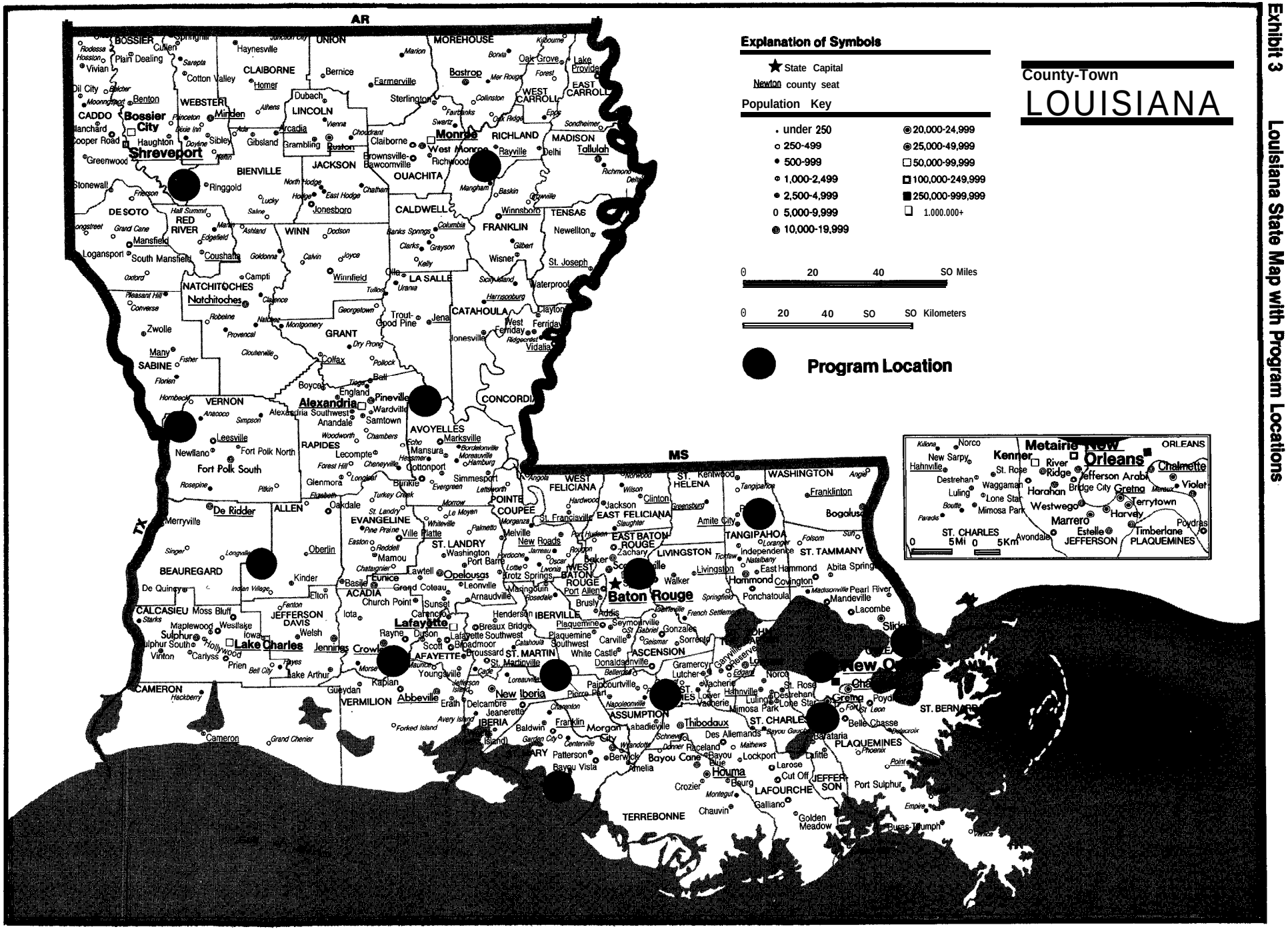
The 15 funded programs provide services in diverse ways according to OWS staff. All programs offer a hotline, some even with 800 numbers, and all programs without 800 numbers accept collect calls. All programs provide counseling for adults and children, either individuals or groups, and support groups. Most programs offer parenting education or nonviolent alternatives to physical discipline in the shelter. All programs offer legal and social services advocacy. However, these services take on very different forms. Some programs take a more "activist" stance than others. OWS staff also reported that some programs viewed counseling as treatment. Program staff believe that counseling is the wrong term for describing the services provided in family violence programs because there is nothing inherently wrong with the women; their issues are the result of the abuse. All programs, however, at the minimum offer optional counseling to the victim.

As examples of service variation, one program is operated through a family counseling program and offers support groups for victims in the shelter and for members of their extended family. The goal is to eliminate the isolation created by the batterer when the victim seeks help in the shelter, and to establish a support network when she leaves the shelter. This program also plans to establish visiting hours in the shelter.

Some of the programs that are in rural parishes with large coverage areas have created satellite offices in each parish for outreach and education. Some programs offer licensed child care. One program that will be opening a shelter is going to move into a wing of an old State hospital where it will be able to house 40 women and children. Program staff will share the property with a halfway house for women recovering from addictions, The halfway house also will house women and their children, and the two programs will share a child care facility. Another program uses the Foster Grandparents Program to provide volunteers for their children's program. Finally, another program has an extensive volunteer meal service in which community volunteers prepare meals for all shelter residents every day of the year.

Three programs provide anger control groups for batterers or referrals to programs for this population. One program provides batterer treatment for court-referred men and charges a fee to pay their counselor. OWS staff reported that there is some controversy over batterers' programs in the State. However, some parishes want services for batterers because they believe the abusers are the root of the problem and some funding sources encourage these services.

Exhibit 3 Louisiana State Map with Program Locations



Coordination with Other Agencies

OWS has successfully coordinated with other State agencies, especially with regard to the programs offered for women. Coordinated efforts in the past have provided services for rape victims and established protocols for hospitals and law enforcement officers to make sure evidence is collected properly and the victim is not unduly harassed by these procedures. Currently, most family violence programs provide training to law enforcement personnel.

Coordination efforts are handled at the local level and reach the Office if an individual program is having problems with a local agency. Programs often have difficulties with local courts and law enforcement in terms of enforcing protective orders. When this occurs, staff from the Office may provide technical assistance to ensure guarantees under the Protection Against Family Violence Act, especially filing protective orders and temporary restraining orders.

Coordination between local programs and schools has been generally good Local programs work with school boards to address the issue of family violence and to develop a curriculum on the topic to be established in the schools

staffing

Louisiana currently does not have degree requirements for staff of family violence programs. They do require that all program staff have 40 hours of training a year to maintain eligibility for State funding. OWS staff, however, are moving toward requiring some proportion of master% level clinicians on staff in order for programs to be eligiile for State funding.

OWS staff believed this move for staffing requirements to be necessary because they have found "less than effective" services in some programs, and believe this to be due in part to the educational background of the staff. These staffing regulations may also be targeted at administrative staff as well, because so much of the technical assistance called for relates to management and fiscal problems.

Staff turnover is a problem in some programs, especially in smaller, rural ones. OWS staff reported that most people leave because of low salary and no benefits. Others leave because of the burnout from being expected to be on call 24 hours a day for long periods of time. When a program has two staff members and covers five parishes, it is difficult for staff to take vacations and arrange for people to be on call.

Reporting and Monitoring

Programs must keep client records. These must include demographic information on an intake form, progress notes, records of counseling contacts, and a departure interview that includes the victims housing plans.

Programs are also required to provide monthly reports that contain statistics on the number of clients served, ethnicity and ages of those served, gender, and number of clients sheltered if applicable. The reports also include the numbers of hours of counseling and advocacy, and expenditures. Additionally, programs provide a narrative on program progress toward goals and objectives.

OWS monitors programs annually. The program specialist tries to make site visits at least twice a year to provide technical assistance. OWS makes a yearly report to the governor and the Legislature.

Population Served

Louisiana has a population of 4,219,973 (Census Bureau, 1991). Population distribution by parish is presented in Exhibit 3. OWS stated in its report to the legislature for FY 1990 that it has been difficult to obtain complete data on incidence of family violence statewide. Law enforcement officials, although mandated to file reports on domestic violence cases, do not always make these reports in a consistent manner. However, data are available from individual programs and parishes. The Monroe program, which covers 12 of the northeast parishes, reported a 22.5 percent increase in the number of clients from the last reporting year. Of the 8,500 assault cases reported in Calcasieu parish 60 percent

involved domestic violence. The Lafayette parish sheriff's office reported 30 domestic violence cases a month. Six thousand cases of domestic violence are handled yearly in the city court of New Orleans (OWS FY 1990 Report to Legislature).

During FY 1990 OWS-funded programs served 13,608 clients across the State. These programs provided shelter to 1,213 women and 1,688 children, but 1,215 women and children were turned away due to lack of space. These women presumably made private arrangements, lived in the street or in cars, or returned to their batterers. Nonetheless, these women may have received nonresidential services, which were provided to 8,837 women, 1,671 children, 188 batterers, and 11 abused men (OWS FY 1990 Report to Legislature).

The majority of Louisiana's population is either white (67.9 percent) or African-American (30.6 percent) (Bureau of the Census, 1990), with a small minority of Hispanic and Asian people (Census Bureau 1991 data for ethnicity were not available). Most of the domestic violence victims served are white or African-American. Population diversity is due in part to rural versus urban location. OWS staff reported that there are areas in the northeastern section of the State that function almost like sharecropping farms, with most of the people in the community working for the same farm. The farm owner is usually white, while the workers are African-American. These workers are generally paid very low wages and have low literacy. Victims of domestic violence from these areas may have very different needs than victims from urban areas, regardless of race or ethnicity.

OWS staff reported no specific problems in serving diverse populations. They estimated that most programs served victims from varied ethnic backgrounds and had staff who represented these backgrounds. They did report some problems in communities whose members saw the programs as "white programs," because of their funding sources and the volunteers available (Junior League). These programs tend to be viewed as serving mostly white victims, but statistics indicate otherwise.

Programs have difficulty recruiting staff in general, but make an effort to represent the diverse ethnic backgrounds of the target population. As OWS staff suggested, programs work with whom they can get. Several programs look for staff whose life experiences prepare them to work with the target population.

The Louisiana Coalition Against Domestic Violence has provided training to programs on race relations within the shelter environment. OWS staff were not aware of any specific issues or problems in this area.

Budget and Impact of Federal Funds

OWS has four sources of funding available for family violence programs: State general funds, Family Violence Prevention and Services Act (FVPSA) funds, marriage license surcharge funds, and Department of Labor funds. Last year (FY 1991) OWS's budget for family violence programs was $1,365,421. Their FVPSA award included in this total was $118,768. This amounts to 8 percent of Louisiana's budget for family violence programs.

One source of funding available to OWS for its family violence program is marriage license surcharges. The revenue received is to be used to provide services to the parish from which it was collected. This presents problems for OWS, because 1) the urban parishes have more people and thus more marriages so that more money is then available to programs in urban areas; 2) some parish governments would like to use the money only within the bounds of their parish. OWS, however, allocates the marriage license money on the basis of services being provided to residents of the parish from which the money was collected.

Most programs that receive FVPSA funds are in their third year and beyond All but one program must meet the 65 percent match requirement, OWS staff reported that most of the match is met with in-kind donations, including volunteer hours. OWS uses FVPSA funds with the other funds available to maintain existing programs.

Programs must present separate line item budgets for FVPSA funds. OWS staff reported that most programs use the funds to maintain their programs. Others use the money for children's services within the shelters.

Future of the State Program

OWS staff reported that they would like to expand services in several areas. They would like to be able to fund more programs so that there would be better coverage state-wide, especially in rural areas.

Transportation is another area that they would like to improve. Staff reported that many programs are unable to transport victims and that there is no public transportation in some areas. This is especially the case for smaller, rural programs, but transportation is also a problem in urban areas for women who cannot afford the public transportation that is available.

OWS staff also reported that if local programs could have more staff, they would do more in the area of public education, especially in the schools. Specifically, the programs would like to develop a curriculum that would teach children about healthy relationships and how to be partners in marriage in order to prevent domestic violence in the future. OWS staff also wanted existing programs to be able to expand their services. This process would enable programs with more innovative ideas to implement them.

Specific Programs in Louisiana

The research team visited two programs in Louisiana in or&r to see examples of how the State program is implemented at the local level. One program, Faith House, is in the Lafayette area and is primarily a battered women's shelter although it also serves homeless women. The other program, Crescent House, is in New Orleans and was specifically established to serve battered women. Faith House is in a suburban area but serves both suburban and rural areas, while Crescent House is in an urban area.

History and Development of Programs

Both organizations were initiated through the work of area churches. Crescent House is a component of Associated Catholic Charities. Many battered women had come to the Daughters of Charity of Associated Catholic Charities to find help. This organization then approached the Archdiocese of New Orleans to try to open a shelter. An old home was available and the Archdiocese gave permission to the Daughters of Charity to raise funds and open the home as a shelter for battered women. The executive director reported that Crescent House, as the shelter is named, was opened in March 1979, and by the end of the month the shelter was full. Since then, the shelter has operated at full capacity.

In 1978 a nun organized a group of people in the community to explore the need for a homeless shelter in Lafayette. In 1980 a building became available, and Faith House was opened in September 1981. At that time, Faith House was run by an all volunteer staff with a director who lived in the shelter. Faith House began as a shelter for homeless women and their children. According to the current executive director, Faith House staff served more people in 1981 than they have served since. The number of people served the following year declined markedly and since then, has not reached the number served in that first year. Faith House developed its specialized program for battered women in 1987. Although they had always sheltered victims of family violence, they did not have a specialized counseling program.

Services Provided

Both programs are State funded and must meet OWS requirements to remain eligible for funding. Therefore, both programs offer emergency shelter, counseling, and advocacy. The ways in which they are provided, however, differ for each program.

Crescent House is designated as an emergency shelter with 25 beds and has a 30-day maximum stay. However, the executive director stated that this is usually not long enough to find housing and employment, so she grants two-week extensions. The director reported that typically women stay for about

seven weeks before securing employment and housing. The average length of stay, however, is 12 days.

During their stay, women must meet with a counselor once a week It is recommended, but not mandatory, that they meet with this counselor twice a week or more. This counselor serves as an advocate as well and creates a service plan with the resident. These plans usually include finding housing and employment if necessary. The counselor makes necessary referrals to services that Crescent House is unable to provide.

Attendance is mandatory at a support group and two other meetings held each week These events include a house meeting to discuss group living issues, and a chore meeting where women are assigned chores for cleaning the house and helping with meals.

A children's coordinator provides individual and group counseling for the children. These sessions are usually focused on Crescent House rules (e.g., confidentiality) and violence and abuse prevention techniques. The children's coordinator also provides play therapy and leaves time open for the children to talk about their own concerns. She also works with mothers and their children together if there are issues that need to be resolved She provides some parenting education as well, focusing on nonviolent alternatives to discipline, but Crescent House also refers women to the Urban League, which offers parenting education classes.

Crescent House operates a preschool program to teach shelter children the skills they need to be ready for school. In this program the children are read to, are taught the alphabet, and are assisted with art projects. Crescent House uses volunteers from the Foster Grandparents Program to help with the preschool program. The executive director reported that in the summer of 1991 a Head Start program would be opening nearby and Crescent House was able to reserve five slots a month in this program. Thus, some of the shelter children will be able to go to Head Start as well as participate in the in-house preschool program.

Crescent House used to provide legal services on site through Project Faith, another component of Associated Catholic Charities, which was initiated by a formerly battered woman who had difficulty obtaining a temporary restraining order. This program has moved to the main office of Associated Catholic Charities, and women are referred there for legal services. A full-time attorney and a number of legal advocates provide assistance with filing restraining orders and seeking divorces.

Crescent House has a part-time cook who plans the meals and prepares lunch and dinner during the week. The women prepare their own breakfasts and all meals on the weekend based on the cook's menu with food provided by the program. Women are responsible for cleaning and doing their own laundry. Residents spend their time going to appointments for social services, working and looking for housing during the day, and participating in groups and individual counseling in the evenings.

Crescent House has a policy that children aged 12 and over are not allowed to stay in the shelter because of the communal living situation. The executive director stated that it was not appropriate for teenage boys and girls to live together in that situation. Women who have older children usually make arrangements with friends or relatives to keep the children. However, the executive director reported that few of the women who come to Crescent House have older children. Most of the women are young and have young children.

Faith House primarily accepts battered women and their children excluding males over the age of 12; they also accept homeless women. Up to 33 women and children can stay at Faith House, and there is an open policy about length of stay. One woman has been able to stay for three months, but average length of stay is 30 days. The executive director reported

that each case is decided individually, because a 30-&y stay is unrealistic for some women who need to find both housing and employment.

When women arrive at Faith House, they are introduced to the program and are given 24 hours to themselves before they are assigned a chore to help in the shelter. During the next 24 hours they meet with an advocate to discuss a goal plan. Through this process, women are encouraged to make the most effective use of their time in the shelter. These goals usually are developed around finding housing and employment. Once a goal plan is made, the staff record the progress of each woman by monitoring her activities and reporting on her progress.

All types of counseling are optional at Faith House. The staff offers individual counseling and three support groups: one for battered women and two for self-esteem. These groups are offered to women in the community as well as to those in the shelter. There is also a Bible study group.

Faith House used to provide parenting education, but had to drop it because of a shortage of funds. There is a nonviolent parenting policy in the shelter, and other programs are offered for children. A volunteer comes in weekly to run children's groups, which have an open curriculum, and works with the children to address their particular concerns.

Faith House advocates usually provide referrals for legal services, although there is a volunteer who provides as much assistance as possible for filing restraining orders. Most of the time women are referred to Legal Aid for their other needs. Employment skills and educational training services are available through the nearby Displaced Homemakers, an OWS program to which women at Faith House are referred.

Faith House has a meal program in which 30 volunteers in the community prepare a dinner for each day of the month for the shelter. Faith House also has a part-time kitchen aide, who provides breakfast and lunch, and does whatever preparation is necessary for the meal provided by the volunteer. Residents are responsible for helping to clean up and they must do their own laundry.

Coordination with Other Agencies

These two programs must coordinate their efforts with outside agencies in accordance with State regulations. Both Crescent House and Faith House make referrals to social services and other services like housing, employment, and legal aid

Crescent House coordinates with the local elementary school for the children in the shelter, and all of these children are transferred to this school. The social worker at the school is aware of the issues faced by the children in the shelter, which she sometimes visits in order to work with the children.

Crescent House also has an agreement with local housing programs. Staff issue a resident a referral letter which gives the woman priority for low-cost housing in the city. The executive director did not report how long a wait there was for women to get into this housing.

Some medical services are provided in-house. A local physician comes to the shelter every Wednesday and examines the women and children. He is also available for emergencies as are the local hospitals.

Crescent House's two main sources of referrals are hospitals and the police. Hospital staff have protocols that allow them to screen women to make sure they are appropriate referrals. Crescent House staff provide this training and meet every other month with area hospital staff to discuss referral procedures.

Some of the same education and training was provided by the staff for the local police departments, but it has not been offered in the past few years. The executive director expressed the opinion that this program should be reinstated because some law enforcement officials lack proper information for addressing victims of domestic violence. Some officers make appropriate referrals through the crisis line to Crescent House and this line is then used to screen the referrals. Other officers bring the victim

to the shelter without proper screening and many of these victims are not appropriate for the shelter. Crescent House only serves women who have been victimized by someone in a primary relationship, such as a boyfriend, or husband

In the past, relationships and protocol with the local police were much more extensive and the local district captain served on the board of directors of the shelter. Unfortunately, because of personnel changes, there is less coordination with the police.

Most of Crescent House's contact with the judiciary is in civil court through Project SAVE, the legal service of Associated Catholic Charities. Crescent House leaves the sensitizing of judges and attorneys to Project SAVE staff.

Staff also make referrals for counseling if necessary. They prefer to make these referrals to Family Services and United Way agencies or another Associated Catholic Charities organization. Community mental health services, though free, tend to be used as a last resort

Crescent House also makes referrals to substance abuse treatment when necessary. Women who are actively using alcohol and/or drugs are not permitted to stay in the shelter. Those who want to stop using alcohol/or drugs are referred to nonresidential alcohol and drug treatment centers. There is only one residential alcohol and drug treatment program for women in New Orleans, and it does not house women and their children.

Since Crescent House is part of Associated Catholic Charities, it gets support from local churches. Sometimes, if women are in need of small sums of money for clothes, food, or other needs, staff can approach local churches to get the donations. Beyond that, Associated Catholic Charities makes an appeal for donations every year and provides information on all the services at Crescent House. The shelter's executive director gives presentations at the local Catholic churches during this time.

All of these contacts and other fundraising activities allow Crescent House to provide community education and to increase public awareness of the problem of domestic violence. Crescent House staff are also invited to speak to other organizations as well.

Faith House's executive director reported that the community was very supportive of the shelter, thus making it easy to coordinate with other agencies. Most of this coordination is helped by the fact that the local agencies are supported by United Way, which insists on coordinated activities.

Faith House has acquired the services of ten local physicians including pediatricians, dentists, optometrists, and an orthopedic surgeon. These physicians are available to the residents of the shelter who may need their services. Women are also referred to a local hospital.

Coordination with the local schools seems to be occurring more slowly, according to the executive director. She makes presentations at the schools, but did not report any agreements with local schools to transfer shelter children.

The executive director reported that coordination with police and the judiciary is improving. Faith House now has a contact at the local sheriff's office who can be contacted if they hear that a victim has been treated unfairly. The executive director expressed the belief that the local police are more responsive to Faith House because of the change in the laws regarding spouse abuse that allow victims to sue if their case& are handled improperly.

Faith House staff make referrals for substance abuse treatment. Women who come to the shelter in need of substance abuse treatment must get it before they can stay at the shelter. The local hospital has a "First Step" program for detoxificationification and then a 28-day treatment program for women. Once the women have completed the substance abuse program, they can come to the shelter.

Faith House makes referrals to community mental health agencies when necessary. Most of the residents referred here are homeless women who have been in institutions and received medication.

The shelter receives donations from local churches. Usually a Faith House staff member makes a presentation and describes the shelter's needs to local congregations. The churches tend to be very responsive and Faith House depends on these donations for part of its operating budget.

All presentations for donations include community education in order to prevent domestic violence. Whenever the executive director gives a presentation, she includes an educational component and responds to questions from the audience. Presentations made in the schools are also targeted toward prevention.

Staffing

Crescent House has a larger staff than Faith House. Crescent House has nine paid staff members while Faith House has six. Crescent House has a full-time executive director, a full-time case manager, a full-time children's coordinator, a part-time secretary, a part-time cook, and two full-time residential counselors. The program currently has about 40 volunteers, students from local universities who work in the shelter for "field work" credit. There are also volunteers from Ayuda, a senior citizens' organization. These volunteers do housekeeping, help in the kitchen, and help with the children. Volunteers from the Foster Grandparents Program also help with the children. There are staff available 24 hours at the shelter. They work in shifts, and none of them live there.

As part of Associated Catholic Charities, Crescent House staff have health benefits, retirement, unemployment, long-term disability insurance, and life insurance. They also get paid vacations and sick leave. As a result of these benefits, staff turnover has not been a problem at Crescent House.

There are weekly staff meetings and staff supervision provided by the executive director, who in turn is supervised by a social worker. Staff are hired on the basis of their education and experience. Most of the paid staff are master's level clinicians.

As a free-standing, nonprofit organization, Faith House is unable to provide as many benefits to staff as would be beneficial to the program. Staff turnover has not been a major problem, but salaries are low. Some staff have been at Faith House for four or more years, while others had been there for less than a year at the time of the interview.

Staff are selected on the basis of their experience and education. Both the executive director and the counselor must have college degrees. The rest of the staff, advocates, and the shelter manager, are chosen on the basis of their experience and ability to work in a stressful environment.

There are weekly staff meetings during which residents' progress is reviewed and other concerns are discussed. There is no formal supervision. (To alleviate stress, the shelter has a policy that each staff member must laugh at least once a day. So the staff usually bring in cartoons and try to make each other laugh as often as possible.) Staff are required to attend stress management meetings where they discuss techniques to reduce stress.

Faith House also uses the services of 100 volunteers in the community. These volunteers help in the office and with the children's programs, and provide meals, transportation, and such needed items as paper towels, diapers, and food, Faith House has a volunteer recognition program whereby each volunteer is given a certificate of appreciation.

Reporting and Evaluation

Crescent House keeps track of its residents during their stay and follows up on their progress thereafter. Staff keep records on all residents including an intake protocol, a social history, and a service activity sheet. The service activity sheet is used to record all services the residents receive in the shelter. The individual counselors also write progress notes. Staff conduct a departure interview during which the resident evaluates the program and reports

her housing plans. Crescent House sends follow-up letters 30, 60, and 120 days after a resident's departure to those women who have consented and then send a letter annually thereafter. Women are asked to call and report any address change. At the end of the year a Christmas party is given for all former residents and is attended by about 100 women.

Although Crescent House follows the progress of its clients, the program has no statistics on outcome of shelter stay. The executive director estimated that over the years, 10 to 50 percent of the residents return to their batterers.

Faith House keeps more streamlined records on their residents. There are intake and departure interviews and a log that documents a woman's progress toward her goals.

In the past, Faith House has tried to conduct follow-up interviews of residents after their departure but found it too difficult. The women tend to move quite a bit or do not want to maintain contact Now shelter staff make an offer of continued counseling and support through the nonresidential services provided, but make no follow-up attempts.

Both programs have to make monthly reports to OWS, which include the number of people served, their ethnicity and ages, and narratives on program progress. The programs are also required to make monthly expenditure reports. In addition, both programs must provide whatever is required by their other funding sources.

Population Served

Crescent House is in an urban area and serves two parishes with a combined population of 945,244 (Census Bureau, 1991). The shelter served 229 women and 45 children from July 1989 to May 1990. The average turnover of residents is about 18 a month, and there is almost always a waiting list to get into the shelter.

The executive director reported serving women of all economic levels and from various ethnic/racial groups. She estimated that they serve about 50 percent African-American and 50 percent white residents, but there has also been a small number of Hispanic and Vietnamese residents. Any racial tensions in the shelter are discussed in house meetings, and any other more specific problems are handled by the individual's counselor.

The executive director reported that most of the differences in service utilization were due to people's socioeconomic status (SES) rather than their race or ethnicity. Lower class or poor women tend to have fewer resources, making it more difficult for them to obtain alternative housing. Middle-class women tend to have more resources and more contacts by which they can obtain alternative shelter. In addition, low SES women enter services more often and are more likely to be identified as victims. Middle-class women usually obtain services from private doctors and remain isolated from social services. It was this executive director's opinion that low SES women can often cope better with the other issues involved when leaving a batterer because they are used to stress and deprivation. Middle-class women often experience economic free-falls when they leave a batterer and are not prepared to cope with this hardship.

Crescent House's executive director reported that about 20 percent of the residents have or had substance abuse problems, with alcohol being the drug of choice. She also reported that about 90 percent of the women's partners had problems with substance abuse, mostly with crack and alcohol.

Faith House serves suburban and rural areas. The program provides services to four parishes with a combined population of 351,030 (Census Bureau, 1991). Faith House served 202 women from July 1989 to May 1990. These women were either white or African-American. No aggregate data were available on the number of women from each ethnic/racial background or the number or children served.

The diversity in the populations served at Faith House stems from the fact that although the shelter is designed to serve primarily battered women, they also accept homeless women. The executive director

reported that homeless women may have different reasons for being homeless than battered women who have been victimized. Some women become homeless because they refuse to take prescribed medications and become psychotic Their families refuse to care for them while they are in this state and force them out of the house. Some women are homeless because they were battered in the past and have been unable to leave batterers until now or because these men continue to victimize them in other ways. One woman became homeless because her ex-husband stopped making support payments and she could not meet the mortgage payments.

This mixture of clients makes service provision difficult. Mentally ill women on or off medication tend to be disruptive to the other women and often frightening. Due to this situation, the executive director wanted to alter the program so that it would serve battered women only, but her board of directors will not permit this change.

Budget and Funding Sources

Crescent House receives OWS funding from State general funds, Department of Labor, FVPSA, and marriage license funds. They also receive funds from the United Way and Federal Emergency Management Agency. FVPSA funds amount to about 6.8 percent of Crescent House's total funding.

Faith House receives $38,270 in OWS funding, as well as United Way contributions and other sources of funding. Faith House receives $9,288 from FVPSA funds, which is about 5.8 percent of the total budget. The program receives less money from OWS because it became a State-supported agency in 1987, one year after OWS put a funding freeze on newly supported programs. Faith House's funding from OWS came from marriage license and Federal funds. Faith House will receive State general funds for FY 1992.

Faith House has started a sponsorship program in which area businesses can make a $100 donation and be considered a sponsor. In return, the business receives a T-shirt with Faith House on one side and the contributor's logo on the other side.

Impact of Federal Funds

Both programs use FVPSA funds for shelter operations and salaries. Crescent House uses the FVPSA funds to pay one residential counselor's salary and benefits. The funds also supplement payments for utility costs in the shelter.

Faith House uses FVPSA funds for utilities, the cost of which amounts to about $7,800 for one year. FVPSA funds pay that bill and other operating costs.

Both programs have been receiving FVPSA funds for over three years, and must provide a 65 percent match with other funding sources. Most of the match is provided through in-kind donations, including volunteer hours. FVPSA funding is fairly low, although crucial to the programs, so that neither program is near the cap.

Future of the Programs

Both programs would like to expand their services or make other changes in the future. Crescent House staff were less interested in making program changes but wanted to move to a new house, because the current premises are old and in need of repairs. The executive director of this program believed that more shelters ought to be available. She also wanted to add more staff, especially on weekends and at night.

The Crescent House executive director expressed the opinion that there was more need for changes in law enforcement than in the program's services, for example, mandatory arrest policies and better enforcement of restraining orders.

The executive director also sees a need for more education curricula in the schools to prevent violence in relationships. She was not in favor of batterers' treatment because she viewed these programs as "too late" to do any good. Instead, boys and girls need to be taught at a young age to be nonviolent. She emphasized the importance of promoting self-esteem because men with high self-esteem would not need to be batterers.

Faith House had more immediate needs. The executive director reported that staffing was stretched beyond its limits and that more people are needed, especially during the weekends. There is only one staff member in the shelter on the weekends and she is responsible for new intakes, all programs, and shelter maintenance for 48 hours. This is an impossible task.

Finally, Faith House wanted to be established as a program for battered women only. The executive director believed that battered women and homeless women do not integrate well and that makes it difficult to serve both populations adequately.

VII. OREGON CASE STUDY

Program History and Development

The Domestic Violence Project in Oregon is part of the Children's Services Division (CSD) within the Department of Human Resources. CSD is responsible for the administration of grants funded under the Federal Domestic Violence Prevention and Services Act (FVPSA) in the State of Oregon. This division was chosen as the State agency to administer the funds because the existing Family Violence Program had been administered by the division since 1981. In 1981, the state legislature passed a marriage license tax at the request of the Oregon Coalition Against Domestic and Sexual Violence. Prior to the receipt of Federal funds, the State Family Violence Project was financed entirely by the Marriage License Tax Fund (MLTF).

The Coalition was founded in 1978 for the purpose of providing support and assistance to strengthen member programs and to address "the root of causes of domestic and sexual violence." Currently, the Coalition provides programmatic, administrative, and legal technical assistance, and training to member programs. In addition, the Coalition coordinates cooperative funding requests by member programs for State and Federal funding. Requests for FVPSA funds are coordinated among programs within regions, which will be explained farther on in this case study. The Coalition is also contracted by the Health Division within the Department of Human Resources to administer funds for sexual assault services and prevention.

Additional sources of government funding include Victims of Crime Act (VOCA) grants which are administered by the Department of Justice. Programs may also receive State funding through grants for homelessness, the Oregon Commission for Children and Youth, and Emergency Shelter Assistance, and from other sources on an individual basis. The MLTF and FVPSA funds, however, are the only sources of revenue available through the State Family Violence Program. Oregon receives a little less than $72,000 in FVPSA funds which are used to complement the MLTF.

The State of Oregon defines family violence as the physical injury, sexual abuse or forced imprisonment, or threat thereof, of a person by another who is related by blood, marriage or intimate cohabitant at the present, or has been related at some time in the past, to the extent that the person's health or welfare is harmed or threatened thereby.

The Family Violence Prevention statute, which was enacted in 1977, is the mechanism by which a victim can gain injunctive relief from abuse, temporary custody of children, and temporary title to property. If a victim files for relief when she is threatened with immediate or further abuse, the hearing must be held on the day the petition is filed. These orders are in effect for one year.

The MLTF statute defines the services required to be provided by programs that receive State support and the means by which these grants are to be administered. Minimum standards are set and basic eligibility criteria are also included. In addition, the statute requires that geographic area be considered in the award determination in order to develop domestic violence programs that can be developed in all areas of the State.

Current Services and Programming

These definitions, requirements, standards, and priorities are included and elaborated in the Request for Proposals (RFP) which CSD releases every two years. Organizations requesting funds from the CSD Family Violence Program are required to provide the following services:

- Emergency telephone services to provide crisis intervention, information about domestic violence, referral to local resources, and peer support;
- Emergency housing available 24 hours a day, 7 days a week;
- Information and referral services to community resources;

- Transportation for victims and their children to emergency housing and other needed services;

- Advocacy to individuals to assist them in establishing their eligibility for needed services and obtaining those services. Systems advocacy must also be provided within other agencies to overcome systemic barriers in providing appropriate services;

- Community education and professional training to promote awareness of the issues involved in domestic violence, local resources available to victims, and to encourage the provision of appropriate services by other professionals,

- Ongoing peer support either through personal contact or by phone to validate the experiences of victims and assist them to explore their options; and

- Services for children in shelter including supervised activities and advocacy to children of clients. Nonresidential programs are encouraged to provide these services as well.

Programs provide services to elderly victims who choose to utilize their services. The State of Oregon also has mandatory reporting laws concerning elderly victims of abuse. Programs designed specifically to meet the needs of elderly victims, however, are administered by the Senior and Disabled Services Division within the Department of Human Resources. All FVPSA funds are administered by the CSD. Thus, although elderly victims can be accommodated, programs funded through FVPSA do not specialize in providing services to elderly victims of domestic abuse.

The RFP also requires programs to demonstrate the ways in which they network with other programs and agencies and provide written intake and referral policies. Programs are also required to submit the written confidentiality policies of their board, staff, and volunteers.

The State does not require staff to hold professional degrees. A minimum of 18 hours training is required for both staff and volunteers prior to victim contact Programs usually provide their own training to staff and volunteers two to four times a year. Training must include knowledge of domestic violence laws including the mandatory arrest law, the Abuse Prevention Act, and the Marriage License Tax Law. An understanding of the causes and dynamics of domestic abuse is required in addition to intervention and counseling techniques and crisis assessment skills. Community resources, policies, and procedures are covered. Moreover, myth debunking tactics are used in antiracism and anti-homophobia training to promote a better understanding of cultural issues and attitudes and to increase awareness of the needs of all victims of domestic and sexual violence.

The Coalition provides most of the outside training that is provided for programs. This is the only affordable training available to the very rural programs. The CSD Family Violence Program has also subcontracted with the Coalition to provide a two-day training on functional organizations. In previous years, training addressed "Anti-Racism/Anti-Homophobia" and "Children's Advocacy." CSD contracts with the Coalition annually to provide technical assistance to programs.

The Domestic Violence Project divides the State into seven regions. Funding is allocated to regions based on the proportion of the State population within their service areas, and geographic coverage. Population is weighed twice and geographic area is weighed once. Within the regions, however, programs decide among themselves how best to use these funds to provide direct services to victims of domestic violence. The State coordinator reports that the RFP lists the grant amounts available to each region and to each county within that region using the formula, and the programs apply for what they are eligible to receive within their regions. The coordinator stated:

> Except in the Portland area, we have one program serving each county. They can apply for the amount of money in their county. What we have said and what works is that within a region, programs can get together and divvy it up differently. They still apply individually, but they apply for the amount of money that they have all agreed upon within the region. And as long as everyone in the region gets funded, agrees, and they don't exceed the regional total, it is fine with us.

The Coalition coordinates the discussions about the funding split among programs within regions to decide the amounts for which they each will apply. They can choose to divide the money according to counties or they can divide the money in different ways and combine services, etc. Region 2, which serves the Portland tri-county area, does not base funding on their county lines because, as the coordinator stated, they believe that "the three counties are so interdependent and refer women back and forth and that there isn't a way to do the county split." An example of the inter-program coordination is the central crisis line the programs use for intake in order to minimize the difficulties of trying to find an opening when one or several of the shelters is full to capacity. The State coordinator also reported that there may be some specialization among the Portland area programs according to client needs; this is possible because the shelters are close to one another and clients do not need to travel long distances away from their families and schools to obtain specific services. Other regions choose to give more money to smaller, less developed programs, while some regions simply follow the county split.

This allocation system was originally developed by the Coalition and was reviewed in 1987. The State is committed to reviewing the procedure again periodically. In the last review, the advisory committee devised several different models based on suggestions from programs and then sent these to all the programs for their review. The committee recommended that CSD continue to use the initial allocation formula in order to continue giving programs within regions the flexibility in deciding funding.

Seventeen shelter programs and 12 safe home networks are currently funded by CSD with MLTF and FVPSA funds (see Exhibit 4 for program coverage areas). Three safe home networks began operating shelter facilities in FY 1991. Fortunately, every county in the State, with the exception of one county in Central Oregon, has a program designated to serve that county. In 1989, a total of 242 beds were available at domestic violence shelters in the State of Oregon.

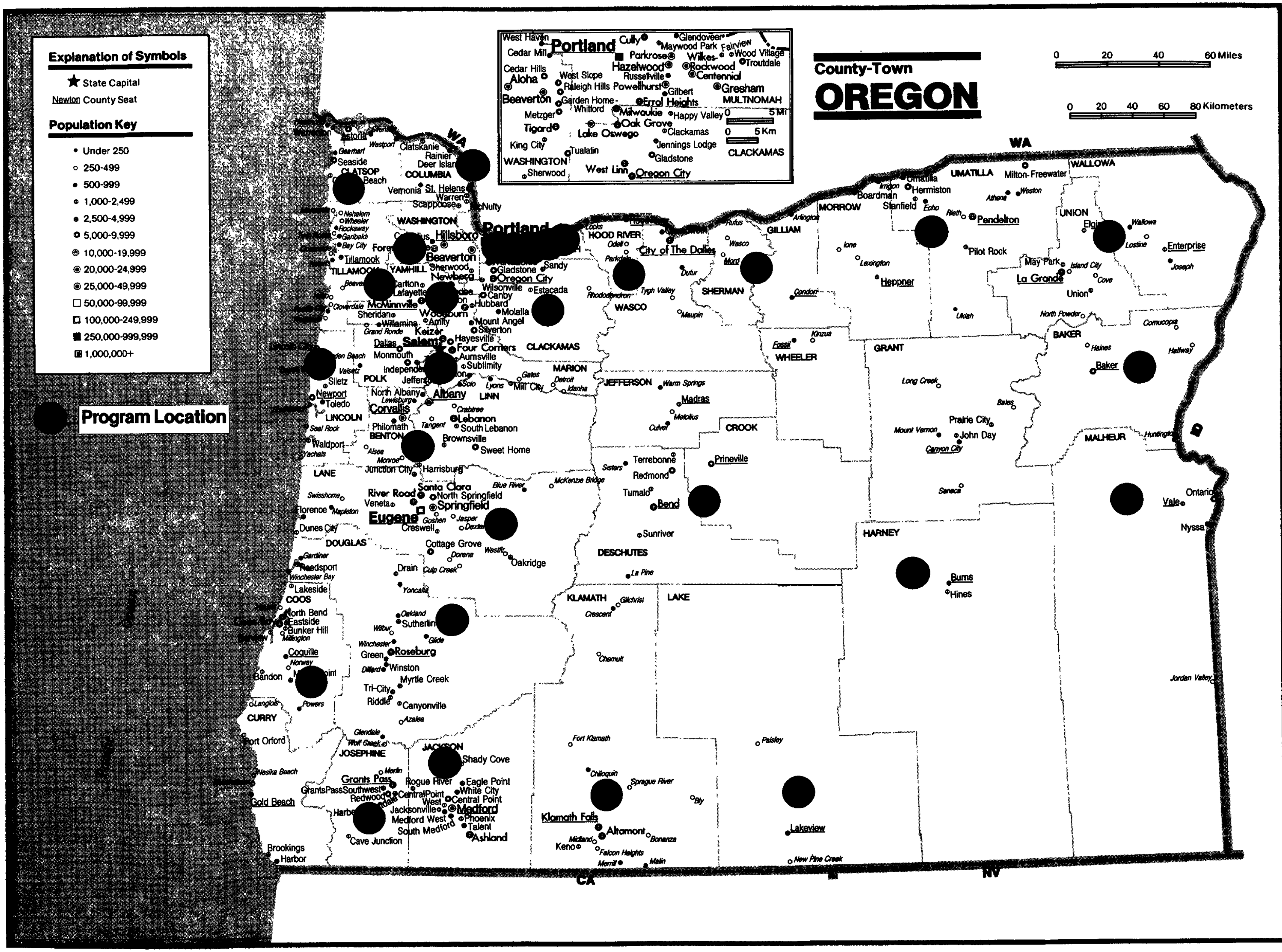
Staffing

One hundred and forty-three persons staff 29 programs in the State of Oregon with the assistance of more than 800 volunteers. The State coordinator reports, however, that funding and staff turnover remain a constant issue. There is no other State support beyond the MLTF, for this reason, most programs have difficulty providing new opportunities for staff development.

Reporting and Monitoring

The State requires programs to submit monthly reports showing client demographics and numbers of people served in order to receive reimbursement for services rendered. Separate reports show program expenses specific to FVPSA-funded activities. Sources of other revenue used to satisfy matching requirements to FVPSA and State funds, which are currently 65 percent and 25 percent, respectively, are also required. Demographic information collected by the State are related to client age, ethnic origin, relationship to the abuser; and number of children. Gender information is not collected because it is the experience of the program coordinator that the vast majority of victims are women. Currently, the State does not collect information regarding the involvement of the victim or perpetrators with drugs or alcohol. The State coordinator does not want to burden the programs with too much paperwork and is concerned that information collected may be taken out of content or used to discredit victims.

Exhibit 4 Oregon State Map with Program Locations



The concern about increasing paperwork is due to the fact that every funding source wants different data and has different reporting requirements. The State coordinator has tried to coordinate reporting requirements with those of other funding agencies. A primary source of funding for most programs, however, is VOCA. The State coordinator, along with many other program personnel, expressed the opinion that VOCA's requirements are too cumbersome. Because the State of Oregon provides a relatively small proportion of the funds these programs receive, 13 percent, the State coordinator hesitates to further burden the staff at individual programs.

Contract compliance and funding applications are reviewed by the Domestic Violence Advisory Committee. A checklist is used to document contract compliance, which is verified during annual site visits. The checklist asks for copies of policies, minutes from board meetings, training materials, procedural forms, and answers to several narrative questions, in addition to many other materials including evaluation questions of the checklist itself.

The Domestic Violence Advisory Committee is comprised of six domestic violence program representatives appointed by the Coalition, two CSD representatives, one Adult Family Services representative who is also in the Department of Human Resources, and two community representatives. Every two or three months, the committee also meets to advise the coordinator on all aspects of the State program's operations, including training, technical assistance, administration, and any other related issues.

Any major changes in program objectives or activities that involve the use of CSD or FVPSA funds require prior notification from CSD. However, CSD does not require independent financial audits of the programs. The State program provides subgrantee programs with A Financial Manager's Guide which details fiscal and accounting requirements, including acceptable sources of matching funds. Other Federal funds such as VOCA cannot be used to satisfy matching requirements for CSD or FVPSA grants. The State coordinator monitors fiscal and program contract compliance during the annual site visits.

Population Served

The domestic violence programs in Oregon are extremely diverse. For example, seven programs serve more than one county. One rural shelter program serves four counties covering 12,370 square miles in Central Oregon with a population of 104,600 (Final Report for FVPSA grant for FY 1990). The Portland area covers three counties and has seven programs covering 3,073 miles and a population of 1,188,000 (statistical abstracts). The sire and staffing structure of the programs vary tremendously. Four programs have less than one full-time staff person while another program has over 17 full-time staff with both an emergency shelter and a transitional housing program. Three of the programs are part of larger organizations and the other 26 are separate nonprofit agencies.

Census projections for 1990 estimated the population of Oregon to be 2,766,000 with 2,607,000 or 94.3 percent white and 44,000 or 1.6 percent African-American (Statistical Abstract of the United states 1990). In 1980, the Native American population was 27,314 (Snipp, 1989). The population of Oregon is scattered among many small rural communities situated in the mountains and is also concentrated in the Portland metropolitan area. Job opportunities are not abundant, although the economy has started to become more diversified. Oregon is beginning to develop more industries beyond the timber industry.

The number of cases of domestic violence reported to the police each year is not recorded because the mandatory arrest laws include them with assault cases and domestic violence is not considered a separate crime. In 1990, however, 2,631 women and 2,966 children received domestic violence services in Oregon; 24,361 shelter bednights were provided to women and 27,973 to children.

The recession has created additional stress for program workers. While funding is more difficult to

find for the programs, employment and housing are harder to find for clients. The State coordinator reports that:

> [t]he majority of victims they [the programs] serve are women and children who have few options. Affordable housing in Oregon has become extremely difficult to find, causing women to stay longer in the shelters. This limits the availability of the shelters for other victims (Final report for FVPSA funds for FY 1990).

In addition, the State coordinator reports that programs are also beginning to see more victims of ritual abuse, including some who are suffering from multiple personality disorders (Ibid).

Budget and Impact of Federal Funds

In FY 1990, domestic violence programs in Oregon received $3,601,491 from a variety of public and private funding sources. VOCA funds comprised 6.8 percent of these total funds, the Domestic Violence Project (funded by both the MLT fund and PVPSA) provided 14.8 percent, the United Way, 18.2 percent, while various State government programs such as Emergency Shelter Assistance and funds for the homeless were 24.4 percent of total costs. Private grants provided 123 percent of program costs while contributions and fundraising yielded 17.6 percent. Clients are asked to pay fees for services rendered although no one is denied these services if they cannot pay; these fees provided 1.6 percent of total funding for domestic violence programs in FY 1990.

In that same year, shelter program budgets were between $100,000 and $220,000 while ten of the safe home networks had budgets of less than $50,000. The majority of revenue used by shelters is provided by the various State or local government agencies and the United Way while safe home networks rely more heavily on the MLT funds. In FY 1990 primary expenditures for shelter programs were salaries (70.2 percent), rent (8.2 percent), supplies such as household items (4.9 percent), and telephone bills (3.2 percent). Principal costs for safe home network programs were salaries (51.6 percent), telephone (6.4 percent), emergency assistance such as food to individuals (8.5 percent), professional fees for services purchased (6.3 percent), and rent (6.3 percent).

In FY 1986, Oregon CSD received $75,282 in funds provided by the FVPSA. In 1990, the State received $71,718, which amounts to approximately 15.4 percent of the budget for the Domestic Violence Project (DVP). Eighty-seven percent of these funds, $62,340, were used to provide direct services through shelter and safe home programs. The Coalition received $7,176, 10 percent of the DVP budget, to provide technical assistance to programs. Three percent, $2,202, were kept for administration of the State program and were used primarily to cover transportation costs for advisory committee members and the coordinator. FVPSA funds provided 1.4 percent of the total funding for shelter programs in the State and 3.5 percent of the revenues for safe home networks. Grant awards for domestic violence programs ranged from $648 to $4,896 with an average of $5150.

In FY 1990, programs used PVPSA funds to shelter 665 victims and children, provide 6,036 victims with peer support and provide services to 556 children. These funds paid for the transportation of 2,035 victims primarily through purchased services such as bus transfers FVPSA funds also enabled staff to provide services to victims through 12,886 crisis calls. Advocacy was provided for 2,216 victims and information and referral services given to 8,876 victims. Seventy-five percent of the clients served were Caucasian non-Hispanic, 8 percent were Black non-Hispanic, 7 percent were American Indian or Alaskan Native, 6 percent were Caucasian-Hispanic, 1 percent were Asian, and 2 percent of the clients did not specify their ethnic/racial identity.

These statistics reflect disproportionate numbers of ethnic/racial minorities in social services relative to their populations in Oregon. This is not unusual given the fact that victims of domestic violence usually do not enter shelter services unless they have no other resources or alternatives. Eighty-two percent of the women receiving shelter were between the ages of 21 and 45. Eleven percent were 18 to 20

years of age and 1 percent were 55 or older. Forty-four percent of the women had one or two children, 40 percent had no children, and 14 percent had three or four children.

Seventeen of the 29 programs used FVPSA funds for the salaries of direct service staff and three programs used them to pay part-time volunteer coordinators. Eleven programs used these funds to pay for direct service costs such as subcontracting for services with counselors for referrals, telephone bills, rent and utilities, or transportation. Because the grant awards to these programs were all less than $5,000, these funds were used to maintain current services provided.

Future of the Program

Funding may be cut in the future because a property tax limitation was passed in November 1990. It phases in a limitation on taxes and requires the State to increase the funding to school districts to compensate the loss. This affects funding for all State services as it reduces the amount of State general funds available. The effect of this legislation has been limited so far because the limitation is being phased in and projected revenues for the State have been high due to the economic recovery. However, the State is anticipating revenue reductions of 25 percent in the 1993-95 period unless replacement revenue is provided. The marriage license tax is not affected by this because it is a designated tax, but other State services which domestic violence victims might need, such as emergency assistance loans, educational services, and mental health services, however, will be affected. The State coordinator also reports that it could lead to a move by the legislature to change the statute designating the marriage license tax for domestic violence.

Because there is a shortage of affordable housing in the State, many programs are considering expanding their services to provide transitional housing services. Many of the program directors expressed the belief that while emergency shelter is "necessary and essential," it is only a first step toward rebuilding one's life.

The Oregon Coalition has plans to expand its activities and hopes to fund additional efforts through the State income tax check-off program. In the coming year, the Coalition will be listed as a charity that can receive funds directly from tax revenues. The Coalition is encouraging the Governor to appoint a Task Force on Violence Against Women and wants to coordinate members of various State agencies to "create a strategic plan for eliminating domestic violence and sexual assault in Oregon." The Coalition also intends to hold a major training conference for health care providers in the coming spring.

The Coalition plans to continue its lobbying efforts to modify the language of the mandatory arrest law and temporary restraining orders. Dual arrest of batterer and victim frequently occurs in Oregon and the temporary restraining orders have a section for mutual restrictions. The Coalition wants the language changed to reflect the need to identify the primary aggressor.

Finally, the Coalition intends to continue developing a Women of Color Outreach Organizing Project "designed to support the development of women's empowerment groups in communities of color through recruitment and training of leaders from within those communities, and linkages to existing domestic violence programs." Although the population of Oregon is primarily white, the Coalition and service providers recognize that the available services may not be fully utilized by ethnic minority women.

Specific Programs in Oregon

Two programs funded by FVPSA were visited and will be described in the following sections. The first program, Bradley-Angle House is located in an urban neighborhood while COBRA is located in rural, central Oregon.

History and Development of Programs

Bradley-Angle House is one of the oldest domestic violence programs in the United States. It is one of seven domestic violence shelters currently operating in the metropolitan Portland area.

Bradley-Angle House began in 1971 as Prescott House, which operated primarily as a shelter for women coming out of prison. In 1975 the shelter relocated and was renamed for Sharon Bradley and Pam Angle, two women who were murdered while living on the street to escape their battering situations. Bradley-Angle House was started by a woman who rented a house and allowed other women who were escaping domestic violence to live there. Women had to pay rent, but all of them were in the process of leaving battering relationships. The transition from a rooming house to a program occurred when women identified the need for support with objectivity. Someone with perspective was needed to "help these women toward empowerment" because everyone was in crisis simultaneously. In 1976 Bradley-Angle House was licensed as a residential care facility and was the first domestic violence program to open on the West Coast. The program has several components which have developed over the past 15 years. Transitional housing opened in 1979 and the Outreach Program began operating in 1983. The Volunteer Coordination Committee was established in 1985. Coordination with the Men's Resource Center also began in November 1985 to provide services to women whose batterers enter that program. Police training began in 1986. The Outreach component of the program doubled the number of available support groups in the spring of 1988 to offer groups for battered lesbians and women in geographical areas that were not convenient to existing domestic violence services. In February 1988, the Transitional Services Program opened for women who have been in emergency shelter, have chosen to establish separate lives, and are in need of further stabilizing assistance to achieve self sufficiency.

The process of developing services has been difficult due to the continual lack of stable funding. Services were interrupted in November 1987 when Bradley-Angle House had to close temporarily because the shelter coordinator and director quit. Again in June 1989, financial crisis occurred; the volunteer coordinator was cut to half time and some positions were dissolved including that of the day case manager. Staff positions have had to be cut on several occasions and reorganized at other times because the program simply did not have the funds to provide the services they tried to establish The director reported that:

> [t]he agency had sort of taken that risk, that leap of faith, that okay, we will have this position because it is needed and we need to give the women who walk in the door this service, and then the recognition of oh wow, nobody is supporting it and we have to pay this person so... [we had to continue] restructuring, renaming positions, constantly changing the staffing patterns... constant restaffing of the shelter, redefining how we can staff it and what works.

In January 1990, the program received a grant to restaff the position of Day Case Manager/Advocacy Coordinator. The executive director reported that at that time, the agency finally began to achieve fiscal stability and staff positions also began to stabilize. According to the director, these elements have made possible the current continuity in services.

The Central Oregon Battering and Rape Alliance (COBRA) operates in central Oregon and serves an area comprised of four rural counties. The program was founded in 1977 by nine women during what the director described as a "classic kitchen table discussion of people concerned about the lack of community response for domestic violence." The first service was an evening hotline which was staffed by nine volunteers who worked 12-hour shifts between 6:00 pm and 6:00 am. In the early 1980s a VISTA volunteer joined the program and began building a funding base through the United Way. Community outreach and additional support and advocacy services began operating at that time. Substantial amounts of time were needed for original outreach activities because the catchment area consisted of large rural counties.

In the early 1980's, COBRA staff organized a safe home network with private homes and motels and began offering emergency shelter to victims of

domestic violence. Finally, the city in which COBRA is located sponsored an Oregon Community Development Block Grant (OCDBG) for the program. The county donated the land and COBRA built a shelter specifically for the purpose of providing services to victims of domestic violence. In October 1990, COBRA opened the doors of the new facility.

Staff members at COBRA had wanted to open a shelter for approximately 10 years because prior to 1990, only one shelter existed east of the Cascade Mountains. Only six beds were available at that facility and it was more than five hours away by car. Safe homes could not provide shelter for victims for longer than three days and COBRA believed that this lack of time and physical proximity to one another prevented women from sharing their experiences and beginning to empower themselves. In addition, safe homes had always been problematic for the maintenance of confidentiality. The executive director of COBRA reported that she knew of incidents in the past when the locations of safe homes in small towns were so well known that victims would simply go to these private homes without calling the hotline first and without being screen& As a result, COBRA began utilizing more motels in these smaller towns which substantially cut into the program's budget.

With the support of two local governments, COBRA began a three-year intensive project to design and build the shelter. A shelter committee and two VISTA volunteers researched other programs' spatial and service delivery designs. The committee and volunteers also organized additional community support to cover the costs of construction and supplies that were not paid for by the OCDBG grant.

In order to save money, the shelter committee decided to combine the program's business office with the actual facility. This decision and the use of large numbers of community volunteers have compromised confidentiality about the shelter's location. According to the executive director, many people who worked on the building and several hundred more came to tour the shelter with United Way groups and service clubs. In addition, people who offered their assistance in lieu of jail sentences were used to help build the facility. To ensure the safety of the victims, the facility has an alarm system with six panic buttons which automatically dispatch the police.

Services **Provided**

Bradley-Angle House has five interactive components to serve battered women and their children:

- Emergency shelter with a capacity to house 15 women and children for 30 days or more depending on circumstances;
- A children's program;
- Transitional services program;
- An outreach program; and
- A 24-hour crisis phone line.

The emergency shelter offers clients emergency food, clothing, and transportation services or bus tokens; advocacy; information and referral services; peer counseling; support groups and parenting groups; childcare; and follow-up support. Client attendance at twice weekly house meetings is required to discuss household rights and responsibilities, expectations of residents and the services provided, and communication dynamics. The shelter coordinator facilitates the once weekly support group as she is familiar with individual concerns and the predominating domestic' violence issue(s) the residents might want to address. Once a month, the support group meeting focuses on the issue of racism and how that affects everyone.

The children's program consists of child care, play therapy special activities, support groups and individual attention and advocacy for children throughout the week The support groups occur during the domestic violence support groups and the parenting (mother's) group, but the executive director reports that these groups are not merely babysitting

or child care services because they offer valuable time for children. They provide children with an understanding of what has been happening in their lives in addition to looking at their coping skills, and offering different options for support Their concerns are logged so there is continuity and understanding between the children's group facilitator and the children's coordinator.

The transitional services program is available to single women coming from any crisis shelter in the country. Bradley-Angle House administers ten HUD Section 8 subsidized apartments in a building where three other housing programs operate. Since Bradley-Angle House has such a long waiting list, however, and some of the other programs cannot repopulate their apartments as quickly as Bradley-Angle, the program now occupies thirteen apartments. Single women can stay in the apartment for up to 10 years although the average stay is 9 months to a year. Unfortunately, only single women can use this transitional facility because the building has lead paint on all the walls.

In addition to this housing facility, transitional services include emergency food and transportation for women who run out of money at the end of the month; emergency clothing vouchers for women who are interviewing for a job; furniture and household items; case management; peer counseling; and advocacy. Program staff also encourage women to build support mechanisms and social connections outside Bradley-Angle House so that they do not become dependent on the agency. These outside connections may include outdoor clubs or 12 step programs such as Alcoholics Anonymous or Al-Anon (appropriate for spouses of drinkers and substance abusers). The goal is to promote empowerment through numerous support networks.

Additional services are available through the Outreach Program. Residential clients in the Transitional Program are required to attend ongoing support groups. The Outreach Program provides follow-up and ongoing support services as well as community education and training.

The Outreach Program offers weekly support groups and case management to provide assistance in goal-setting and achievement, tiding housing and accessing resources. Follow-up services for women who leave the emergency shelter consists of check-in phone calls after one month, three months, and six months if the client says that it is safe to do so. Follow-up calls are used to ask former clients if there is anything they need, to remind them that services and support groups are available, and to inquire about their ideas and opinions about the program.

Bradley-Angle House has to turn away four out of every five women who call because there is limited space at the shelter or because a woman actively abuses substances and will not commit to a recovery program. In addition, the program may have to cut back space that is currently available because a staff position may be eliminated again. Currently, the position of advocacy coordinator has not been refunded. This person provides the goal-setting meetings and resource advocacy work while the shelter coordinator provides a lot of the emotional support and systems work or community education and training. Unfortunately, the advocacy coordinator position will be cut again unless the agency can find another grant to fund it.

COBRA can shelter 15 women and children. The program also continues to contract with five safe homes and 12 safe motels to provide shelter to victims from outlying areas in their four county service area. Currently, COBRA provides the following services:

- Emergency shelter for up to 30 days;
- Emergency assistance including food and transportation supplies;
- Crisis intervention, information, and referral services through the crisis line;
- Client advocacy to secure other services such as legal aid;

- Four weekly support groups for domestic violence, incest/sexual assault, and a mother-child play group;

- Six individual peer support sessions per client if clients choose this service;

- Three children's groups using art and play therapy which are held during the mothers' support groups; and

- Community education and training.

The program asks that women make the commitment to attend the sexual assault groups for a minimum of eight weeks. House meetings are held three times a week and attendance is mandatory. Individual peer support can be scheduled or clients may drop in. Individual sessions are used as referral screening for the groups to assess what services are most appropriate for clients. Staff at the shelter are considering whether or not to require attendance at the support groups for shelter residents. The executive director commented that the lack of participation in these groups may be due to the fact that many residents may feel overwhelmed by their crisis when they are in shelter and they have a lot to accomplish in a short period of time. The energy required to rebuild their lives and cope with their own and possibly their children's emotional turmoil may be overwhelming.

Follow-up services are difficult to provide because staff rarely have contact with clients once they leave the shelter. COBRA has an open door policy so that women can come back as often as they like although not many have, given the limited time the shelter has been operating. The program's exit interview inquires about the client's future housing plans but does not incorporate any plans for follow-up. Neither does the exit interview ask any evaluative questions about the program. Hence, the program has not been evaluated in terms of outcome or client concerns although the shelter coordinator is currently designing an exit evaluation form.

Coordination with Other Agencies

Bradley-Angle coordinates with the Men's Resource Center, the police, the district attorney's office, and the judiciary through active participation on the Family Violence Intervention Project and the Family Abuse Committee. Bradley-Angle House provides education to all of the aforementioned organizations. The director also networks with other domestic violence agencies in the Portland area through monthly meetings of the Tri-County Domestic and Sexual Violence Intervention Network Bradley-Angle House also sends their Outreach Coordinator as the regional representative to the Oregon Coalition Against Domestic and Sexual Violence. Bradley-Angle House staff participated in the establishment of that coalition and of the National Coalition Against Domestic Violence founded in 1977. Bradley-Angle House also coordinates with local shelter resources through the Portland Crisis line which operates as the hub for referral to shelter services in the area Thus, when Bradley-Angle House is full to capacity, the staff will call the central number to locate available space so that clients do not have to call seven programs.

Bradley-Angle staff participated in a Domestic Violence Task Force Report for Portland and discovered that their estimates of successful tumaway placements, woman that found shelter at another program were leas than they had hoped Previously, when this one was full agencies had estimated that one out of six calls that were turned away by Bradley-Angle were lost by the system. With those remaining five requests for shelter that had to be denied, staff estimated that two of those turned away received services elsewhere in the Portland network of domestic violence programs and two were inappropriate for shelter services because they had primary presentations of alcohol or drug abuse problems. Bradley-Angle is able to work with women who use substances as long as they are willing to contract for recovery and not use while in the shelter.

During the one-month study to produce the report, however, staff members discovered that the two individuals whom they assumed had received treatment elsewhere in the Portland area did not find

any. Thus, staff now estimate that 50 percent of calls to the crisis line are victims who are appropriate but have to be denied shelter because of the lack of space. The executive director estimates that women who get no help will return to their abusers 8 to 16 times. If they come into shelter, the director estimates that they usually return four or five times.

COBRA staff coordinate services with other local resources and receive referrals from Mental Health Services, Adult Family Services, the courts and police, and private counselors. Unfortunately, mental health programs are minimal because the local programs are losing funding and staff. According to the executive director of COBRA, mental health staff report that they have funding for only 39 adult crises cases a year; yet this number of crises occurs in two weeks.

Local resources exist to provide joint counseling and counseling for abusers by referral. There is one anger control group in the area, Winning Over Anger and Violence, for batterers. Staff members report, however, that few of the abusers are willing to enter counseling. Substance abuse treatment is available locally at the Ponderosa facility and COBRA staff receive referrals from and make referrals to this program. Once women have completed the program, COBRA can bring them into the shelter. The Ponderosa program addresses domestic violence issues but does not take children.

Local hospitals refer many clients to the program. The agency has been able to enlist the services of some dentists on a volunteer basis because so many of the women have their teeth knocked out. The executive director reports that the program's relationship with the police varies greatly because 13 police agencies operate within their service area. All police agencies have COBRA brochures and cards however. The program staff try to visit each agency every year to provide updates on domestic violence services and troubleshoot any problems. They also offer domestic violence training for police, which often is mandated for the officers. Local police also attend the Domestic Violence Task Force to improve the system response.

Finally, welfare services in Oregon have begun operating life skills classes which offer General Equivalency Diploma assistance, financial and nutritional information, and skills training. Classes target public assistance recipients who have the chance to get off welfare. There is also a public school near the shelter for children of mothers who expect to stay in the program for 30 days. Women who do not intend to stay that long, however, and who live far away from the facility usually do not transfer their children and, consequently, need to provide care for them throughout the day. The principal at the local school suggested that the program try to enroll younger children even for 2 weeks, but discouraged transferring older children because it may be too traumatic.

COBRA invites representatives from other agencies such as the police, mental health services, and the local alcohol center to staff meetings approximately once a month to share updates, discuss procedures, or learn about new services offered by other agencies. COBRA staff also attend meetings at these organizations to train other agency staff about domestic violence issues. In addition, one staff member at COBRA will be joining the board of directors at the local batterers' program this year. COBRA participates in several local committees and coalitions such as the juvenile services advisory committee, and the program's executive director is the regional representative to the Board of the Oregon Coalition Against Domestic and Sexual Violence.

Staffing

Bradley-Angle House is operated by a shelter coordinator, an advocacy coordinator, a director of volunteer services, three overnight case managers, an outreach coordinator, a transitional services coordinator, support group facilitators, a children's program coordinator, and childcare workers. The children's program coordinator staffs the three-quarter time position and varies her time between day and evening hours. Fifty-five volunteers are used to answer the crisis line and provide other types of direct services such as group and administrative support

Direct service meetings are held once a week to debrief staff members, review their concerns and needs for support, address programmatic issues, and discuss client issues. There is also an all staff meeting at which policy, procedures, and program evaluation are discussed. When the executive director decides that a change could be made in the program, she discusses the matter with the staff first. If the staff supports the proposed change, she then approaches the Board of Directors. Formal supervision for staff members occurs twice a month when their needs and concerns are discussed.

Staff development includes 40 hours of training a year, and the agency tries to solicit scholarships for staff members to attend training conferences and courses. Appreciation reviews or personnel evaluations occur once a year in which job descriptions are reviewed, individual staff strengths are discussed and input is provided. Benefits for staff are provided although the agency is looking for a new package. The current package charges $145 a month for medical benefits for women. When the insurance company thought that the executive director was a male, however, it only charged $45.00 a month for her benefits.

Salaries have been increased somewhat, a factor that the executive director believes is responsible for decreasing staff turnover from 90 percent to 50 percent a year. Many domestic violence workers receive food stamps, fuel assistance, and other public services themselves because their wages are so low, others simply have to change occupations.

COBRA is staffed by a shelter manager who provides case management services, a college intern, one live-in person available for night time emergencies in exchange for room and board, a hotline coordinator, one volunteer coordinator, and several volunteers who provide transportation and children's activities and answer the hotline. A VISTA volunteer also assists in fundraising, provides crisis advocacy, and doubles as a part-time bookkeeper. An operations director is responsible for coordinating staff and providing back-up for direct service workers.

Some service gaps exist, however, in terms of staff coverage. Two nights a week, the live-in person is not expected to provide services and usually is not in the shelter. Weekends are also short staffed Transportation needs are hard to meet so that staff members are frequently called away to provide transportation for clients. Volunteer assistance also fluctuates greatly and staff members report that the hotline is difficult to keep staffed especially in summer.

Turnover among staff and volunteers appears to be fairly high All the staff members interviewed for this study had been with the program less than six months. Currently, two of the seven staff members have been there for one year, three have been there for a year and a half, and one has been there for over two years. The average stay of hotline volunteers is six months. Volunteers are encouraged to share their concerns with staff members. Staff members discuss programmatic concerns and solutions at weekly staff meetings which the executive director then reports to the Board

Population Served

In 1990, Bradley-Angle staff provided 265 women with 2,934 bednights and 169 children with 1,308 bednights. Originally, the staff had always held a space for families or would accept only a certain number of single women. Recently, staff at the emergency shelter program have tried providing shelter to clients on a first-come first-served basis. When they switched to this policy, however, they found that there was never any space available for families. As single women left, only single women could come in. Given the lack of space available for families in the Portland network, and the fact that families have fewer options anyway, staff at the Bradley-Angle House have returned to their original policy and always try to leave some space open for a family. The program continues to shelter single women and offers transitional housing to them because single women cannot receive assistance from Adult Family Services.

In 1990, the transitional housing component at Bradley-Angle House provided 3,142 bednights to a monthly average of ten single women and provided nonresidential services to an average of 16 women and 24 children per month The outreach component of the program provided 2,941 hours of counseling to 162 women individually and about 33 women per month in support groups. On average, six children were served each month through outreach services. Staff members also participated in 72 public speaking engagements.

Approximately 63 percent of the clients served through the emergency shelter program at Bradley-Angle House are Caucasian, 18 percent African-American, 11 percent Native American, 6 percent Hispanic, and 2 percent Asian. Ninety-six percent of the clients had incomes below the poverty level after they left their batterers. Transition services' clients were 72 percent Caucasian, 17 percent Native American, 9 percent African-American, and 3 percent Asian in 1990. One hundred percent of these clients lived below the poverty level.

Bradley-Angle House regularly focuses on issues of racism during monthly support groups and clients are required to refrain from blatant racism. However, the executive director reports that the monthly support groups are necessary so

> that we are empowering participants to develop tools to understand stereotypes and attitudes and to not act out their racism. It is just a learning process about tools that these women deserve to have, as opposed to us telling them when they are doing it wrong we are empowering them to know how to do it right in the first place.

The director believes that it is not enough to tell people to refrain from racist actions. In order to address the problems of racism, peoples' attitudes must change and this will only happen if people have the tools necessary to understand where those attitudes come from.

Eighty percent of the clients served by Bradley-Angle are female and 20 percent are male children. The majority of clients served are single and the numbers of married and divorced women are approximately the same. Forty-four percent of the adults have less than a high school education, 26 percent have high school diplomas or their GED equivalents. Only 1 percent have college degrees and 1 percent have graduate degrees. Additionally, 82 percent of the women served are between the ages of 21 and 45. Eleven percent are between 18 and 21 years of age, and 2 percent are 56 or older. Seventy-two percent of the children served by the program are less than 5 years old, 20 percent are between the ages of 6 and 10, and 6 percent are between 11 and 15 years of age.

In 1990, COBRA provided a total of 294 bednights to women and 384 for children at safe homes, motels, and at the shelter once it opened in October. A total of 1,246 victims received services through the crisis line, and information and referral services were provided to 504 clients. Staff members also participated in 39 speaking engagements. Direct peer support sessions were offered to victims in 366 sessions and 59 structured activities were held for children. Transportation was provided to 54 clients.

Information regarding client ethnicity, gender, age, and income was not made available. The staff reports that most of the clients are white because the population in central Oregon is predominantly white although a few Native American women from Warm Springs Reservation use COBRA services. Staff also report that a few male victims call each year, but services to them are usually provided over the phone. The director estimates that the average age of clients is mid to late 20s and most of the women have no college education or employment. COBRA accepts older male children on an individual case basis. The executive director reports, however, that most of the children are preschoolers.

Budget and Funding Sources

The total operating budget for Bradley-Angle House in Oregon's FY 1990 was $230,930. In the operating budget for the same year, the primary

sources of funding were foundation grants, and individual and group contributions which provided $50,237 and $31,104, respectively. The United Way also contributed $46,942; the county government provided $32,632; and VOCA grants provided $14,657. The State MLTF contributed $20,562, of which $2,820 were FVPSA funds. Bradley-Angle levies a fee of $14.30 per person per night with a ceiling of $30.00. These fees are negotiable based on the client's ability pay and no one is denied shelter if she cannot pay. Rent for transitional housing is also charged on a sliding scale. Bradley-Angle receives $6,000 a year in rent mostly from Adult Family Services Emergency Grant payments to the emergency shelter facility. All funds raised through rent contributions at the transitional facility go directly toward their share of the Section 8 Housing HUD Department.

Major expenditures for Bradley-Angle House included $151,365 for salaries, benefits, and employer tax expenses. Repair and maintenance costs required $5,239 and telephone charges amounted to $5,639.

COBRA operated with a total budget of $113,029 in Oregon's FY 1990. Individual donations provided $11,456 and the United Way contributed $23,972 VOCA provided $7,440 and the Marriage License Tax provided $39,282, of which $4,999 was contributed by FVPSA funds. COBRA levies a fee of $15 a day per adult and $6 per child if the client is eligible for welfare services and requests contributions of the same amount from those who are not eligible. The income of COBRA, however, does not list any funds raised through fees although these funds may be contained in individual donations. No one is ever denied shelter because of their inability to pay. The director reported that very few women have been able to pay anything.

Impact of Federal Funds

FVPSA funds provided 1.5 percent of the budget for COBRA. The program used the $4,999 to cover 40 percent of the salary of their hotline coordinator. The coordinator is responsible for ensuring 24-hour coverage, planning monthly meetings with volunteers, debriefing people, and providing direct services herself. FVPSA funds provide 1.1 percent of the budget for Bradley-Angle House and are used to pay 31 percent of the volunteer coordinator's salary. FVPSA funds are used to maintain the programs' current services. Although these funds represent small portions of the overall operating costs of these programs, they are necessary for funding stability. These programs operate on shoestring budgets and all funds, regardless of the amount, are crucial to their survival.

Future of the Programs

Both programs have plans for expanding their services. The executive director of Bradley-Angle House would like to open a transitional shelter for women with children, and to move the emergency shelter to a larger facility because a recent study estimates that half of the victims needing emergency shelter do not receive it. The executive director reported that she "would like to double our capacity for emergency shelter, but {we} are totally unwilling to take that on until we are providing the services that we consider adequate right now. Unless we have support to provide adequate services within our program as it exists, we are not going to expand."

The executive director would also like to increase staff salaries, given the inadequate pay and constant turnover. However, she believes that the program cannot risk increasing staff salaries at present because the program cannot afford to cut back any positions if a fiscal crisis occurs. A fiscal crisis also seems likely, given the imminent cutbacks in State fundiig due to the property tax limitation that may be imposed Currently, the director would like to restore the children's coordinator position to its original full-time status.

Another priority is the provision of transportation vouchers to clients. The executive director stresses the importance of this service because one of the major components of domestic violence is isolation. Unfortunately, the agency is only able to provide 15 bus tickets to each resident to enable them to reach all their necessary appointments. Fifteen tickets is the equivalent of five trips out of the shelter during the 30day stay.

The improvement of the food program is also a major priority. The program currently provides emergency bulk foods for women until they receive food stamps. The executive director would like to be able to provide a communal dinner and all the food for the household to ensure that the residents get proper nutrition. The executive director reports that many of these mothers do not have the basic skills to provide themselves or their children with nutritionally balanced meals. She states that most of the families who enter shelter are nutritionally deprived. Many of these women were accustomed to being given $50.00 a month or less with which to feed their families because the batterers would not provide more than that, She said:

> [t]hey are accustomed to robbing dumpsters. That is how they survived. That is how they got the food. They are strong, resourceful women. Battered women are just amazing [in terms of] what they have learned to do and it is just a matter of moving them out of the coping with it [the abuse] and utilizing those strengths to create healthy lives free from violence.

Unless the shelter is able to provide the food, however, the program director is not comfortable with overseeing food preparation or menus. "We can suggest but at least if we operate the other way, once a day we would know that there was a nutritional basis there and that we were again role modeling this as something to have. We don't have that program component right now and Bradley-Angle House and the women and children we serve need it desperately."

COBRA already has experienced a $10,000 funding shortfall in FY 1991. As a result, the Board of Director's fundraising committee for COBRA invited several community members to a series of meetings to brainstorm solutions. One community member volunteered his assistance to develop long-range funding plans and another person has volunteered to work toward building a funding base for COBRA in the local government. Plans for long-range development also include formulating specific program goals to serve as the basis for program evaluation. With the assistance of other staff members, volunteers, and the Board, the program coordinators will develop these plans. Staff members also expect to prepare an exit survey for shelter residents in order to gather formal feedback

Immediate goals include hiring more staff to achieve 24-hour shelter coverage seven days a week The agenda also includes more prevention activities for schoolchildren. One goal which the staff is currently working to achieve is the formation of a domestic violence council. The staff would like a roundtable established to troubleshoot system performance and they hope representatives from local mental health, other social service, and law enforcement agencies will participate.

VIII. IOWA CASE STUDY

Program History and Development

In Iowa, Family Violence Prevention and Services Act (FVPSA) funds are now distributed by the Crime Victim Assistance Division (CVAD) within the State Attorney General's Office. Family violence programs have been funded by the State since 1985. Originally, funding sources for crime victim services were located in several State departments. Victims of Crime Act (VOCA) funds could be obtained first from the Criminal/Juvenile Justice Planning Agency, then Department of Management and then from the Division of Children, Youth, and Families in the Department of Human Rights. FVPSA funds were distributed by the Commission on the Status of Women. State general funds for domestic abuse from marriage license and divorce fees could be obtained from the Department of Human Services, and victim compensation funds were administered by the Department of Public Safety.

All the funding sources in these different departments required a separate application process. In 1988, Iowa's legislature mandated that a task force be assembled to investigate the status of victims programs in the State. The chair of this task force had been administering VOCA grants and is currently the grants coordinator for the CVAD. The task force found a complete lack of coordination among the different State departments responsible for administering the various grants to programs for victims of crime. Task force members recommended to the legislature that all the different grants be consolidated into one department which would be responsible to coordinate the programs for victims and ensure that services across the State are equally distributed Because victim assistance was viewed as part of the justice process, the task force recommended that the CVAD be created within the State Attorney General's Office in the Department of Justice. Iowa's legislature passed laws providing funds for two domestic abuse programs in 1980. Since 1985, the legislation has been amended to include mandatory arrest, and to increase funding available to CVAD.

The original legislation, the Domestic Abuse Act, defines domestic abuse as assault against a family or household member or against an estranged or divorced spouse. The Act also mandates that programs be available for victims to receive emergency shelter and support services such as legal advocacy, counseling, transportation, and child care. Victims can also file a restraining order against their batterers under this Act. Iowa law enforcement officials are now mandated to inform victims of their rights and the services available to them at the time of their intervention into a domesticviolence incident.

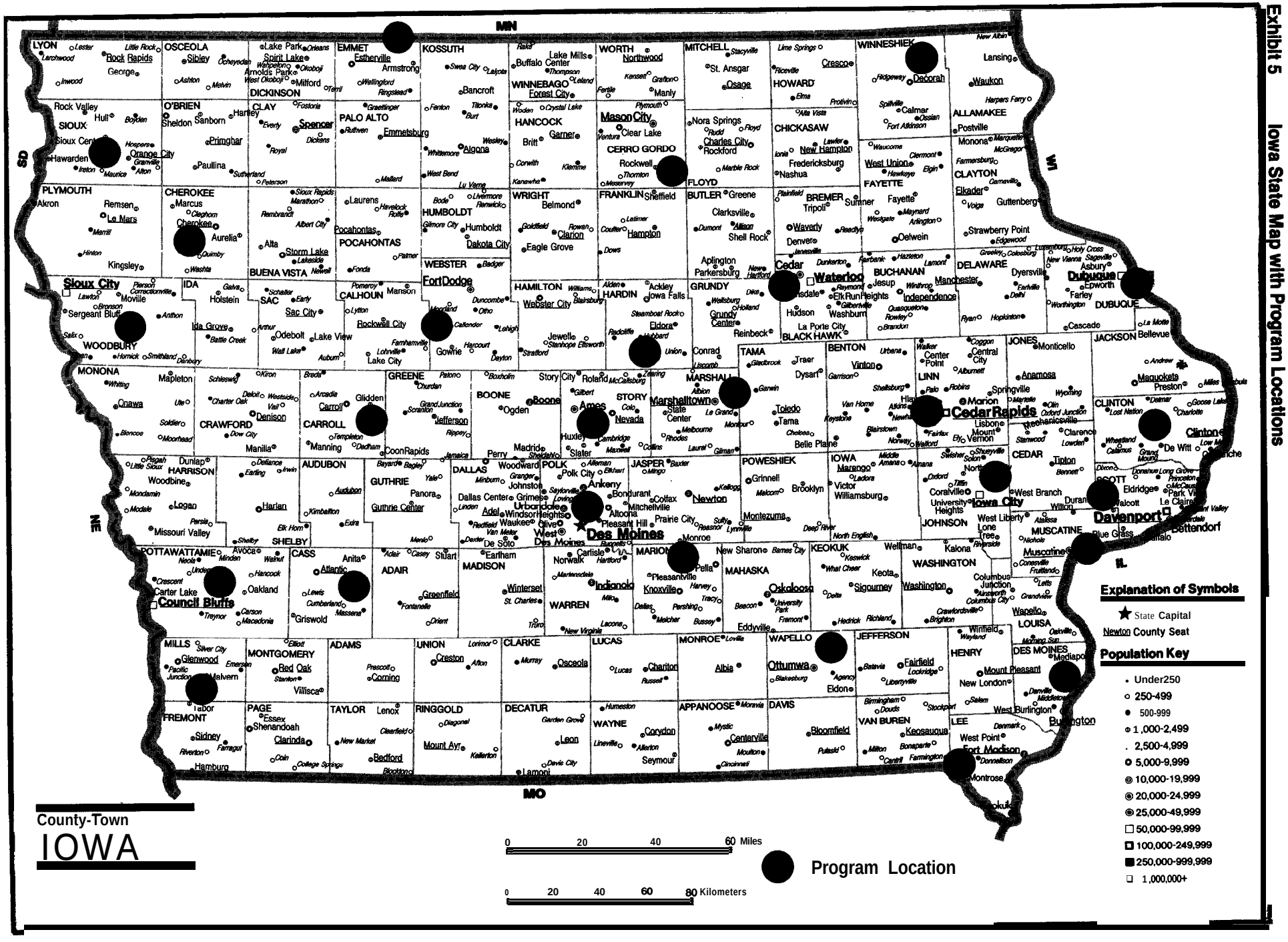
Current Services and Programming

The CVAD program currently funds 26 programs across the State and contracts with Iowa's Coalition Against Domestic Violence (ICADV) for technical assistance. Exhibit 5 indicates the map of Iowa broken down by county with the general location of each program, population counts, and reported incidence of domestic violence. These programs provide 328 shelter beds and 43 safe homes or shelters for victims of domestic violence state-wide. Programs apply each year for State funding to partially fund and maintain operations.

Funding application forms have been simplified since the funding source for these programs was centralized. The grants coordinator in the CVAD has combined three grant applications into one form which requests basic information about services provided and budgets in addition to program goals and objectives. Programs can apply for State rape crisis funds, State domestic violence funds, and FVPSA funds using one form.

However, VOCA funds must be applied for separately due to the restrictions and regulations involved, Grant applications are reviewed by a grant review committee. Members of the committee have included the director of the ICADV, the director of Iowa's Coalition Against Sexual Assault (Iowa CASA), members of the Crime Victim Assistance Board, staff members, and other knowledgeable persons. Each member of the committee receives all applications and then completes a review form. The

Exhibit 5 Iowa State Map with Program Locations



committee reviews all the applications and recommends which programs should be funded based on these comments and committee discussion. Each application is reviewed by a minimum of two reviewers and two CVAD staff. The final decision on grant awards is made by the ten member Crime Victim Assistance Board. This statutorily created multidisciplinary board of ten is appointed by the Attorney General.

The State requires domestic violence centers to provide shelter and support services. The domestic violence programs funded are all members of the ICADV, which has the following membership criteria. The program should have a 24-hour crisis line and it should provide support groups, emergency shelter either through a shelter or safe home network, legal and social service advocacy, education, information and referral, and public education. ICADV and the State are now working together to create a task force which will address service standards and program requirements.

According to the CVAD grants coordinator, each program sets its own rules about maximum length of stay. Most offer a 30day stay with negotiable extensions. There are no transitional housing programs available in the State. Each program arranges alternative housing for its own clients. The CVAD grants coordinator reported that smaller programs usually provide the basics; shelters or safe homes, legal and social service advocacy, and crisis counseling. Larger programs often provide the basics plus support groups for residents and nonresidents, children's programs, and counseling for victims beyond crisis counseling.

The State contracts with ICADV to provide technical assistance to programs. The State provides victim service programs with assistance in fiscal management and budget, especially around the RFP process. The ICADV director reported providing assistance to programs that were struggling with their board of directors; having trouble with prosecutors, judges, and law enforcement officials; experiencing difficulties among staff; and needing suggestions on utilizing monies within the requirements of a given funding source. Communities interested in starting programs of their own also may call the ICADV for planning assistance. The director then provides training on issues of domestic violence and suggests ways in which they can start a program.

The ICADV has an extensive resource library that includes videotapes, program curricula, children's program information, and other materials. Programs can use these materials to provide community education and create new services.

This year, the State Attorney General conducted 16 community education forums on domestic violence. A community is targeted and the area's domestic violence program is notified, as well as law enforcement officials, prosecutors, counselors, judges, and clergy. The whole community is invited. The attorney general and local service providers present basic information and leave the rest of the time for questions and answers. These programs, along with a billboard/public service announcement campaign, have increased community awareness of domestic violence issues.

Coordination with Other Agencies

Programs funded with State funds are not mandated to coordinate their services or have affiliation agreements with other agencies. However, most programs do attempt to coordinate with local law enforcement, hospitals, and schools. The CVAD grants coordinator reported that hospital staff have been trained to identify victims of rape and family violence. Hospitals are sent brochures and information about the CVAD program. Iowa mandates that sexual assault evidentiary exams be paid for by the State. CVAD provides the evidentiary kits for these medical exams, pays the costs of the exam, and includes a list of all sexual assault and domestic violence programs in the State in each kit given to victims.

The State is also involved in training law enforcement officers, attorneys, and members of the judiciary. The Prosecuting Attorney's Council, the ICADV, and Iowa CASA are all active in these training efforts and have developed a manual for the

prosecution of domestic violence. Law enforcement officers receive training with the ICADV through the State police academy.

Iowa has a human growth and development curriculum that it mandates all schools to provide in grades one through twelve beginning in the 1991/92 school year. Part of this curriculum includes information and discussions about domestic violence and sexual assault. Individual domestic violence programs also provide educational sessions to their local schools.

The ICADV has suggested that a committee be **formed to investigate the divorce process in Iowa. It is concerned about child custody and visitation, especially when there has been a history of domestic violence.**

Legislation passed in 1991 would allow *pro se* procedures for restraining orders. That is, victims could file for protective orders themselves without the assistance of an attorney. The ICADV wants legislation to mandate that victims have the right to represent themselves when filing restraining orders. Women can represent themselves currently, but there is no guarantee that a judge will accept the petition.

The ICADV also wants legislation passed to allow the "battered woman's syndrome" as a defense for women who have killed their batterers. Currently, attorneys can use this as a defense, but there is no legislative support that requires a judge to accept this as an admissible defense.

Staffing

There are no State or ICADV criteria for domestic violence programs' staffing. The task force to develop standards is not planning to create rigid staffing requirements because it wants to retain a grassroots, empowerment approach, as opposed to a mental health-oriented approach Currently, Iowa's domestic violence programs are staffed in part by formerly abused women and other people who may or may not have college degrees. Professional counselors are employed by some programs although many programs refer formerly abused women if they need this service.

Iowa law requires that all staff and volunteers for domestic violence programs receive 20 hours of training on issues related to this problem. The staff have confidentiality privilege which ensures that client, counselors, and records cannot be subpoenaed easily. The ICADV is currently working on a generic training manual to provide a model for domestic violence programs.

Staff turnover is a problem for some of Iowa's domestic violence programs, many of which are small, rural programs. Sometimes there are only two people on staff to provide **24-hour** on-site coverage or be on call for 24 hours a day. This, along with low salaries and often no benefits, creates poor conditions for long-term employment, However, both the grants coordinator and the ICADV reported that staff at programs are strongly committed to serving victims of domestic violence. The grants coordinator reported many occasions on which paid staff have volunteered an additional 20 hours per week Unfortunately, this commitment with little reward leads to burnout for many staff.

The ICADV director also commented on staff commitment. She reported that one woman from a small, rural program came to a standards task force meeting on her vacation, because she wanted to be involved. The director also stated, "I do not think that people really have a sense of the commitment {of the program staff)... There is something different about this that is very unique, that really is people's heart and soul and passion."

Reporting and Monitoring

ICADV makes many efforts to network all the domestic violence programs across **the State.** There are monthly Coalition meetings. The **CVAD** grants coordinator attends these meetings and thus maintains informal contact with most program **staff.**

Programs have not yet been monitored through site visits, but are monitored through annual expenditure and performance reports. CVAD is planning to begin site monitoring in 1992. The Division hopes to visit between 12 and 18 programs in that year. The ICADV is committed to making four site visits a year. Currently only four programs are seen each year. The ICADV representatives provide technical assistance during these site visits, and respond to calls from other program staff as well. Programs in the state are connected with one another through many of the Coalition's efforts.

Programs connect with and monitor each other through the organization of ICADV. According to the CVAD grants coordinator and individual program staff members, the networking through ICADV is essential. Networking appears to provide a self-monitoring mechanism that allows programs to share their ideas and exchange suggestions about improving services. Thus, Iowa's programs would probably meet the requirements for comprehensive domestic violence programs. The ICADV's interprogram coordinating efforts also reduce the isolation of individual program staff. In fact, Iowa's programs work so well together that they are willing to give up some funding so the Coalition can continue and struggling programs can survive.

Population Served

Iowa is an agricultural State with a total population of 2,757,695 (Census Bureau, 1991) spread over 99 counties. The majority of the population is white (95 percent), and the remainder of the population is African-American (4.5 percent), with a small number of Asian/Pacific Islanders, Hispanics, and Native Americans.

The Iowa Department of Public Safety distributes an annual Domestic Abuse Report that lists the number of law enforcement domestic violence reports according to their time of day, day of week, and month. The report also includes statistics on weapons used, the ages, and gender of victims and offenders. According to the 1988 Domestic Violence Abuse Reports, there were 5,479 reported cases of domestic abuse. This constituted a 21 Percent increase over the previous year. Most of the cases (66 percent) were reported between 6:00 p.m. and 6:00 a.m., on Saturday or Sunday. Females are the victims in 86 percent of the cases, and males are the offenders in 87 percent of the cases. Arrests were made in 68 percent of the situations involving law enforcement officials. The offender was typically charged with assault. In 74 percent of the reported cases, an injury to the victim was apparent to the responding officer. Eighty-two percent of the assaults relied on hands, feet, or fists as weapons. In 4 percent of the cases a knife was used, and guns were used in 1 percent. Most (86 percent) of the offenders and victims (90 percent) were white.

In FY 1990 Iowa's domestic violence programs served 14,776 women, men, and children. This number includes crisis calls and shelter services. Approximately 7,505 women and children were sheltered in that year. No data were available on the ethnic/racial backgrounds of the people served.

Members of ethnic minority groups do use the services according to the CVAD grants coordinator. Some programs have bilingual staff and volunteers to overcome the language barrier for some Hispanic clients. The state-wide domestic abuse hotline also uses bilingual volunteers.

The ICADV periodically provides cultural sensitivity training to programs. Iowa CASA and ICADV are planning to combine members and create a Women of Color Task Force to discuss ways in which to make services more sensitive and relevant to the needs of ethnic minority women.

Budget and Impact of Federal Funds

CVAD's budget for domestic violence was $1,401,390 for FY 1991. CVAD distributes VOCA, FVPSA, and State domestic abuse and rape crisis funds, part of which come from marriage license and divorce fees in addition to other court fees. These fees are collected by counties and then submitted to the State. Each county is able to keep some of the revenues while the State distributes the rest.

Iowa's FVPSA allocation was $73,355 for FY 1991, which amounts to approximately 5 percent of the total domestic violence services budget. The average FVPSA award to a subgrantee was $2,370 in FY 1991. ICADV received $26,278 in these funds which are used for the director's salary. CVAD used $3,678 for administration.

When CVAD became part of the State Attorney General's Office, the Attorney General made a commitment to request that the legislature double the available State funds for domestic abuse and rape crisis programs each of the next three years. This has occurred for two consecutive years amid State budget cuts in almost all other areas. The increase was achieved through legislative and departmental support of the program, as well as increases in marriage license fees, divorce fees, and other court fees.

Most of Iowa's programs have been receiving FVPSA funds since they became available. Thus, most of them must meet the 65 percent match requirement. However, since grants are small, no program is nearing the ceiling on FVPSA awards. The one exception to this is the ICADV which will reach the ceiling at the end of next year. The ICADV is in serious jeopardy because FVPSA funds are the only monies allocated by the State for staffing of ICADV technical assistance.

Nearly all the programs use FVPSA funds to purchase one-time items such as refrigerators, the printing of brochures for their programs, or the necessities that women often do not have when they arrive at the shelters. Some programs use the funds to pay part of a staff member's salary.

When programs respond to the RFP, they request FVPSA funds for these specific budget items. In FY 1989, programs requested $107,623 in FVPSA funded items, but there was only $45,138 available after subcontracting with the ICADV and paying for administrative costs. The ICADV received $26,331 in FY 1989.

Each year, 35 percent of the FVPSA funds available have been awarded to the ICADV for technical assistance. This is one of the ICADV's only sources of funding. The Coalition has been instrumental in coordinating the State's domestic violence programs and networking the project directors across the State. It was clear that this networking was essential to them. The individual program directors interviewed said they were willing to give up FVPSA funding if the ICADV needed it to survive.

One program director reported that the Coalition supports programs in the same way that programs support battered women. The Coalition is viewed as a source of support to domestic violence programs that are often isolated because they are not part of larger systems, such as law enforcement or mental health Isolated service providers cannot function in a supportive role for isolated victims. The ICADV enables programs to support each other and exchange information.

Since FVPSA funds have been available, ten additional programs have been funded and the number of reported domestic violence cases has increased. This may not be due to FVPSA funds in and of themselves, but to increased public awareness which can be directly linked to the work of the Coalition, and to increases in State funds, VOCA funds, and the consolidation of State level victim services.

Future of the Program

In addition to the task force which will create service standards, the CVAD grants coordinator hopes to expand the State program to provide the following:

- More programs State-wide and more services within those programs;
- More training and higher salaries to the service providers;

- Funds for programs to repair their shelter facilities; and

- Longer-term services such as transitional housing.

The Coalition director said that she would like to be able to provide more training, especially to criminal justice personnel and mental health service providers. In addition, she would like to have more training for social workers and therapists who do not come to training because they assume they know what they need to know. The ICADV director believes, however, that they may need more training specific to the identification and intervention techniques for domestic abuse.

The ICADV director also wants to coordinate with substance abuse treatment facilities and train their staff on domestic violence issues. Substance abuse among victims is not considered a large problem, but the frequency is reported to be increasing. In addition, she would like to increase the training of hospital staff and add more information on child abuse in order to coordinate more easily with child protective services.

One program that is in its planning stages is batterers' treatment. Judges are mandated as of January 1, 1992 to order batterers' treatment, but not many programs are available State-wide. This program will be administered by the Department of Corrections. The State Legislature appropriated $100,000 through the Attorney General's Office to establish a task force to set up a batterers' treatment program. The ICADV director is a member of this task force. The proposed batterer's program will provide educational support groups to address the cycle of violence and teach alternative methods of anger expression.

The ICADV director's main concern is that domestic violence program staff be informed about batterers' programs in their area and their participants. The Coalition director believes the programs need this information to ensure victims' safely. She believes that during batterem' treatment, the batterer may become angry and violent because of the topics discussed. Victims need to be informed of this possibility and the services available, and domestic violence programs need to coordinate with batterers' counselors for their clients' safety.

specific Programs ill Iowa

The research team interviewed two program directors and visited the shelter program of one of these directors. Both programs receive State funding and FVPSA funds. The director of Domestic Violence Alternatives, Inc. (DVA), a rural program, came to Des Moines to speak with the research interviewers. The other program, Assault Care Center Extending Shelter and Support (ACCESS), is located near a university community in a suburban neighborhood.

History and Development of Programs

Both programs began through grassroots efforts. ACCESS began as a rape crisis center in 1974, organized by members of the university community, YWCA, and Iowa Community Action. It was incorporated in 1976 and opened a shelter for rape victims and battered women in 1982. When the shelter first opened, it was empty for quite some time. Staff were about to close the shelter when suddenly they were inundated with people needing services. According to the director, the information about battered women and the services "just hit." At that time, there were public awareness campaigns, several publicized deaths due to family violence, and national recognition of the problem as well. This information seemed to finally trickle down to the people in the communities served The program's shelter has operated near full capacity ever since.

DVA was initially established in 1981 by a community task force. The members included professionals, ministers, substance abuse counselors, and other concerned citizens. They were able to receive training from an established program in Des Moines. DVA is the oldest rural program in Iowa. When it first started, it had a crisis line operating during business hours under the auspices of a Community Action Program, and was run by volunteers. In 1983, DVA split from the Community

Action Program and became a nonprofit organization. At that time, the program received funding from the State domestic abuse fund and employed a part-time coordinator. Volunteers provided most of the labor.

In 1984, DVA was asked to serve two counties and began to coordinate activities with area police and sheriffs offices. The law enforcement officials basically demanded that DVA provide a 24-hour crisis line. In 1985, DVA expanded services to a third county, hired a full-time coordinator, developed a volunteer safe home network, and had volunteer victims' advocates in each county served In 1983, another county was added to their catchment area. In May 1990, DVA was able to buy a house, and a shelter was opened in May 1991.

Services Provided

ACCESS serves seven counties in Iowa and operates a 24-hour crisis line (see Exhibit 5 for catchment area). It has the capacity to shelter 17 women and children, and it operates a 24-hour crisis line. There is no limit to the length of time women can stay in the shelter, but the average length of stay is 14 days. Transitional housing is not available and low-cost housing is difficult to obtain because the nearby university community creates a high demand for apartments.

ACCESS offers individual counseling, support groups, and group counseling for survivors of incest who comprise a large number of ACCESS clients. Program staff have received specialized training to provide this type of group counseling for residents and nonresidents. Staff also receive specialized training to work with people with multiple personality disorder because many incest survivors at ACCESS exhibit symptoms of this disorder.

ACCESS also provides counseling for children, a play therapy group, and individual counseling. Parenting skills training is also provided if clients request this service. This skills training is usually voluntary unless the client uses violence or threats to discipline her children. If this occurs, staff and volunteers work with the woman to help her learn alternative approaches toward disciplining her children.

Program staff also provide legal advocacy to clients, accompanying them to attorneys' offices and through the court system. ACCESS now has a court watch program in which all domestic violence cases are recorded by an ACCESS staff. ACCESS staff put together alleged offenders' records of past offenses. They also verify the accuracy of the police report with the victim, before submitting this information to the judge.

ACCESS also has a close, cooperative relationship with local police, and the staff are called whenever an incident of domestic violence is reported. If an arrest is made, an ACCESS staff member or volunteer will go to the victim, offer crisis counseling, and provide her with information about the program's services. If an arrest is not made, ACCESS will mail information to the victim.

ACCESS also provides many community education and prevention programs. Staff work with area schools to present information about domestic violence and sexual assault to students of all grades. They also make presentations at the university, to fraternities and sororities, and to other community organizations including churches.

DVA provides services to four rural counties (see Exhibit 5 for catchment area). There are safe home networks and victim advocates in each of these counties. The program also operates a shelter which can house up to 15 women'and children. Women can stay as long as they need shelter. The facility had just opened at the time of the interview. At this time, DVA had sheltered four families, one of whom stayed several weeks, while the others stayed 4 or 5 days.

The program has a 24-hour crisis line with local numbers in each county that are forwarded to the main office. When a call comes in, a volunteer in the

victim's county is notified and the volunteer provides crisis counseling over the telephone or at a neutral place, but not at the victim's home.

DVA staff provide support groups and individual counseling for residents and nonresidents. One support group meets in the shelter. The program director reported that maintaining support groups outside the shelter in rural counties is very difficult because of the visibility of the participants. Rural communities are usually small and everyone knows everyone. When a battered woman participates in a support group, she takes the risk that this information will get back to her batterer whereupon she may be beaten for her participation.

DVA provides a children's program while the support group is held in the shelter. Because the support group is provided on a drop-in basis, the women and children present at any one time may not be there the next; both the women's and children's groups have open curricula.

The children's program focuses on self-esteem, dealing with sexual abuse, ways to keep safe if their mother is being beaten. All of this is provided in a play therapy format.

In the shelter program, clients can request parenting skills training and child counseling, but program staff do not assume that all mothers want help with their children. Parenting education classes are also available from a regional Area Education Agency maintained by the State. DVA staff make referrals to this agency for parenting and other educational needs.

DVA staff find it difficult to create community awareness, although they make presentations at churches and other community organizations. DVA's director attributed this difficulty to the rural nature of the communities. There is no central meeting place or community center that would facilitate community education programs. Nonetheless, staff provide public radio service announcements, write newspaper articles, and put up posters. Beyond these efforts, public awareness is accomplished through word of mouth

Coordination with Other Agencies

Both programs use a lot of time and energy to coordinate with area law enforcement, attorneys, judiciary, area schools, and hospitals. This coordination is even more difficult because the counties included in these programs' catchment areas are large, rural areas. ACCESS has worked very hard to maintain existing relationships with law enforcement. The court watch and crisis response components are coordinated with law enforcement near the shelter. Law enforcement officials in other counties in the catchment area receive cards to distribute to victims. This process seems to be successful because the police provide the largest source of referrals to ACCESS.

ACCESS staff also have a good working relationship with county attorneys' offices. The only problem ACCESS faces in the legal system is working with judges, which prompted the establishment of the court watch program. Judges would tend to be lenient with domestic violence offenders and did not take the time to check past offenses or to make sure that the victim's account recorded by the responding officer was accurate. Based on this evidence, judges would charge a $50 fine and let the batterer go, or they would let him choose between the fine or treatment.

Program staff have become quite visible in the legal system. The director has been asked to testify as an expert witness in custody cases with histories of domestic violence. This visibility is a result of the interaction with law enforcement officials, judges, and attorneys through training sessions. The director reported that these activities were maintained until it was more uncomfortable for these people not to participate than it was for them to participate. The presence in the criminal justice system also enables staff members to call the county attorney and request that certain prosecutors not be used in rape or

domestic violence cases. The director reported that attorneys have to believe in the issues faced by victims, and not just give them "lip service." If ACCESS staff find out that an attorney is rude or makes inappropriate remarks to a victim, they call the county attorney's office and make complaints.

ACCESS also provides information and training to area hospitals and schools. Staff have provided extensive prevention training for parents, teachers, and children. Shelter children can be transferred to the school near the shelter.

In addition, ACCESS works with area churches, and has been able to create a discretionary fund with their donations. When a woman arrives at the shelter, she is informed that she has $150 available to her for emergency needs. This money can be used for security deposits, rent, legal aid, or other needs including bus tickets or other travel expenses.

The director of DVA reports that they have difficulty coordinating with other agencies, especially law enforcement and hospitals. This is partially because the program has very few paid staff. Although DVA staff have frequent contact with law enforcement officials in all the counties they serve, and they give officers information cards to distribute to victims, the director reported varying degrees of cooperation from area police and sheriff's offices. DVA staff also maintain contact with county attorneys and local judges but with limited success. According to the director, this widespread lack of cooperation is due to the pervasive sexism that exists in the area.

According to the director, statistics gathered from area hospitals suggest that emergency room staff are not good at identifying battered women. She reported that staff are compassionate but do not make referrals. Hospitals in two of the larger counties in DVA's catchment area have protocols to identify battered women and personnel have been trained by DVA staff. DVA also distributes brochures for all hospital waiting areas.

Although the shelter opened after school was out for the summer, shelter children will be able to transfer to nearby schools when necessary. DVA staff also provide several prevention programs in the area schools. They try to make referrals to many area resources including mental health, extension services, and the Area Education Agency.

Neither DVA nor ACCESS reported a high incidence of substance abuse among its clients. When clients do come to the shelters with a substance abuse problem, they are not turned away. Both programs will work with these women and make necessary referrals. Substance abuse treatment facilities are not close to either of the programs, however, and referrals are made to Des Moines or other large urban areas.

Staffing

ACCESS has a larger staff than DVA. ACCESS has 4 full-time paid staff, 4 part-time paid staff, and 42 volunteers. DVA has 2 full-time staff, a 3/4-time counselor, a part-time fiscal manager, and 40 volunteers. All staff and volunteers must have 20 hours of training in domestic violence crisis intervention to meet the requirements of Iowa law and for ICADV membership. DVA provides this 20-hour training for volunteer advocates, safe home providers, and shelter volunteers. ACCESS provides 25 to 30 hours of training for staff. Both programs screen volunteers and expect volunteers to commit to a certain amount of time they will give to the program.

Both programs are careful about whom they select as volunteers. The director of ACCESS stated that their policy is that no victim coming to the shelter should be placed in the hands of a volunteer who is ignorant of the issues, who uses victim blaming language, or who is unsafe. ACCESS gives priority to formerly battered women, but is also careful about which survivors they accept as volunteers.

The director of ACCESS suggested several "red flags" for volunteer screening. She said:

> If we are in a training session and they are constantly sharing personal information with strangers, that may be an issue. Not that this information is not relevant and not appropriate at some point to say, but if they are having to get something back from the group on a constant basis, that is a red flag that they may have trouble being emotionally available to women in the shelter. If she talks about having an incestuous experience as a child that she never dealt with, she may find she needs to deal with that before becoming a volunteer.

ACCESS also utilizes male volunteers to provide a violence against women awareness program at fraternities and other men's organizations. When men volunteer in the shelter or for the crisis line, they must give women the choice between them or a female volunteer. Most of the time victims are initially uncomfortable with the male volunteers and then begin to relax. The director reported that the women usually report "I never knew a man could treat me with respect, could be here and not be sexual with me." Thus, men in the shelter provide knowledge and experience with acceptable behavior and models for safe relationships that victims could engage in after leaving the shelter. These men also provide positive role models for the children in the shelter.

ACCESS staff report that one of the only problems with male volunteers is the female staff and volunteers' feelings about having men do this work Sometimes the female staff get angry about the issues involved in domestic violence and sexual assault. The director said male volunteers have to be willing to realize that "...at any moment they can turn and walk away and these issues never have to touch them again and that we cannot do that ever. For the rest of my life, the issues will affect me."

The fact that the community also seems to respond positively to the male volunteers is also difficult for ACCESS staff to accept because women are not always received as well. The director said "[i]t is great except it is also hard on the personal level, having done this work for eight years and knowing that women do not get a lot of affirmation for this work {It is difficult to hear} other women's groups call and say 'we want those great men to come."

Each program provides staff support in staff meetings and supervision. ACCESS is also able to provide benefits. DVA is not, but offers flexible scheduling. Both programs experience little turnover in the paid staff positions. The directors also reported that volunteers come and go fairly frequently, although DVA still has some safe home providers who started with the program.

Both program directors admitted to the high potential for burnout and suggested ways to prevent this from happening. The staff and directors at both programs try to support each other when they take time off, and they make it clear that the mental health of the staff is more important than having optimal service coverage. Most staff and volunteers tend to feel guilty about taking off time due to their commitment and the problems with understafling.

The director of DVA also said that she is able to keep going because she looks back and realizes how far the program has come. She also uses the Coalition as a support mechanism. The director reported that she also feels good when she realizes that she is advocating for social change and not just providing services. This experience stems from her work with the Coalition in which she is the vice-president.

ACCESS uses a consensus model for staff management, which stems from the program's empowerment philosophy. The director believes that every staff member is equal and has unique skills to contribute. Therefore, all tasks are allocated according to individual talent rather than hierarchy. All decisions made in the shelter are made

democratically. The director is still somewhat subordinate to the board of directors, but she reports that the board is supportive of this management style. DVA's director did not report their management style.

Record Keeping and Follow-up

Both programs keep individual records on clients, including intake and exit interviews, progress notes, and referral records. They also ask about future plans in the exit interview and make safety plans with clients who are returning to their batterers. ACCESS staff suggest that the client commit to a plan that describes what has to happen for the client to leave the batterer again, and allow clients to return if necessary. Some clients say "if he breaks my arm again, I will leave," or "if he hurts the children." Both programs also use the exit interview to evaluate their services. They report that most residents are willing to make suggestions and give feedback about the program.

In the past, ACCESS staff attempted to follow-up with clients, but found that many of them had moved often, or did not want contact with the program. Currently, there is informal, sporadic contact with past residents. ACCESS's director suggested that clients experience shame when they return to the batterer and when they return to the shelter.

DVA's director reported no follow-up with clients who use the services only for a short time. Staff will try to provide follow-up services to the women who use the shelter for longer periods of time. Shelter residents are also offered continued counseling through the support groups and in individual sessions. DVA has an open door policy for residents to return when necessary.

Population Served

Most of the clients served by both programs come from rural areas. ACCESS serves seven counties with a total population of 206,413 (Bureau of the Census, 1991), the majority of which is white with 1 percent African-American, .15 percent Native American, 1.9 percent Asian/Pacific Islander, and .84 percent Hispanic. ACCESS staff also report serving a small Arab population, mostly from the university community.

According to the Domestic Abuse Report for 1988, there were 330 reported incidents of domestic violence in ACCESS's catchment area In FY 1990 ACCESS served 776 people through the crisis line, sheltered 162 women and children for 2,969 bednights, and provided 2,269 counseling hours.

DVA serves four counties with a combined population of 109,544 (Bureau of the Census, 1991). Again, the majority of the population is white with .42 percent African-Americans, .91 percent Native Americans, .66 percent Asian/Pacific Islanders, and .62 percent Hispanics.

Iowa's Domestic Abuse Report for 1988 cited 240 incidents of domestic abuse in the counties served by DVA, but no statistics were available on the numbers of victims served by this program or the number of crisis line calls received The objectives for FY 1992 are to provide services to 50 women in the shelter, and to 24 families in rural counties through safe homes. The objectives include advocacy services and counseling to 100 children.

Neither program reported having difficulties serving ethnic minority women when they seek services. The difficulty is providing outreach and public awareness education in ethnic minority communities. ACCESS staff are all white. They reported serving some Asian women and believed the problem was due to lack of information or misinformation about their rights and the services available.

DVA has not yet served any ethnic minority clients in the shelter. One African American woman is on staff, however. There is a Sac and Fox-Mesquakie settlement within DVA's catchment area with roughly 900 enrolled members. The director reported that some of these Native Americans volunteer, and some serve on the board of directors, but very few use DVA's services. She hopes to be able to provide more outreach in this community.

Both programs serve rural communities, which creates unique problems for service provision. Both program directors reported feeling guilty because the shelter programs are in larger communities. DVA has created safe home networks and has volunteer advocates for each county served. ACCESS is centralized and staff admit to not being able to serve the outlying communities as much as they would like. Some of these counties are starting their own programs.

The difficulty in serving rural populations is the geographic isolation which exaggerates that component of the cycle of violence. The nearest neighbor can be five or more miles away. DVA's director gave one example of this isolation. A woman was brought to Iowa from California. She had no relatives and her nearest neighbor was miles away. Her husband would not allow her to use the telephone and removed the alternator from her car. During one violent incident he broke the windows out of the kitchen. There was heat only in one room and Iowa winters are severe. This woman had raised enough courage to risk calling her family in California, which then wired her money for a bus ticket to get back to California. But she had to find a way to leave the house to get to the bus station. She called DVA and someone picked her up and took her to the station. The woman had seen DVA's number at a local food bank.

DVA's director believed that serving an agricultural community was also unique. Women who are married to farmers are usually partners in the farm. For a woman to file a restraining order against her battering husband only means he cannot stay at the house. He cannot be denied access to his business, the farm. Therefore, he comes in almost daily contact with the woman and may continue to harass, manipulate, and control her.

Budget and Funding Sources

Both of these programs receive funding from the State. ACCESS's budget for N 1992 is $178,496. Their revenues come from many sources. They receive grants from municipal and county governments and the United Way, as well as State and Federal agencies. ACCESS hopes to receive $2,500 in FVPSA funds. This amounts to 1.4 percent of their total operating budget. Other State funds provided approximately 39 percent of the programs' budgets.

DVA's budget for N 1992 is $163,470. These revenues also come from a variety of sources, including county funds, United Way, and private foundations. DVA hopes to receive $5,000 in FVPSA funds -- 3 percent of their operating budget. This is also a fairly large grant relative to what the State usually awards from FVPSA funds. Other sources of State funding provide 47 percent of DVA's operating budget.

Impact of Federal Funds

Both programs have used FVPSA funds for specific items in their budgets. DVA used their first award to purchase a television and a VCR to use for training and educational support groups. ACCESS is requesting FVPSA funds to pay the salary of a child advocate in N 1992. DVA is requesting FVPSA funds to help pay the salary of an overnight shelter monitor and to purchase paper products and cleaning supplies.

Because the State program awards small grants with FVPSA funds, the impact of these funds could be viewed as minimal. However, it is not. Even with small awards, these programs can provide services that they would not have been able to provide otherwise. A VCR can make a real difference to the impact of a support group or the training provided for volunteers. In addition, DVA's director reported that last year she was able to fund her entire salary, which included a portion of FVPSA funds. In previous years, she had to solicit private foundations to fund that part of her salary she could not cover with State and Federal funds. She reported that these funds provided a tremendous amount of relief. She no longer had to worry about not being paid for the last three months of the year. These funds also freed her to provide additional services with the time she would have otherwise had to spend soliciting her salary.

Future of the Programs

Both programs have plans for the future, which depend, of course, on their ability to find additional funding sources. The director of ACCESS wants to provide more staff training, expand services for children, and increase the salaries of staff members. She believes she could provide a reasonable salary and benefits for all staff members if she could find an additional $20,000 although she reported that this amount is a conservative estimate. She also wants to see more activity at the national level to increase the country's awareness of domestic violence and sexual assault.

DVA's director wants to expand the program's service network by having satellite offices in each county in the catchment area. She would like full-time county coordinators and child advocates in each office. This would enable them to better coordinate with law enforcement, county attorneys, and other social service agencies in these areas. She wants more staff for the shelter and would like to offer them benefits. She wants to provide more counseling for clients and present more prevention programs in the schools. She would also like to improve her ability to monitor the ways in which other community professionals respond to battered women.

IX. AMERICAN INDIAN CULTURES AND SERVICE PROVISION

We have discussed general cultural aspects of family violence and abuse. Because a major component of this project was dedicated to certain American Indian communities, it is essential to provide the reader with a context within which these case studies can be understood.

Family Violence in American Indian Communities

The Family Violence Prevention and Services Act (FVPSA) includes in its authorization the distribution of demonstration grants to American Indian Tribes or Tribal organizations to provide immediate shelter and related assistance for victims of family violence and their dependents. The prevalence and incidence of family violence are as difficult to estimate on reservations as they are in the dominant society. Issues of underreporting are also present in American Indian communities, but seem intensified Reservation land is under Federal jurisdiction leaving the Triial court responsible only for misdemeanor offenses. Thus, if Tribal codes exist for spouse assault, only misdemeanor charges can be levied against the batterer. Moreover, on many reservations, Tribal codes are limited and do not include specific codes for family violence. Police response also varies, due in part to the inadequate number of law enforcement officials on many reservations -- a problem which stems from the lack of funding for criminal justice systems in these areas as well.

The National Crime Survey of the U.S. Department of Justice (1989) does not include American Indians as a separate ethnic group. Thus, the incidence of criminal victimization among American Indians is unknown. However, the incidence of victimization among "other" ethnic groups is reported to be the same as it is for the white population, i.e., 28.2/1,000. According to the Indian Health Service (IHS) 1980 annual report of Social and Mental Health Services, however, 38 percent of the American Indian women who seek IHS services had experienced rape, incest, and sexual assault. In another more recent II-IS survey, 80 percent of the American Indian women seeking services at a psychiatric center serving a five-State area had been sexually assaulted (La Fromboise, Heyle, and Ozer, 1990).

It has also been suggested that American Indian women underutilize mental health services because they are less aware of available services and because they perceive that these services are unresponsive to their needs (La Fromboise et al., 1990). Since mental health services and the IHS may be the only contact points for victims of assault, given the lack of both law enforcement officials and Tribal codes making domestic violence a crime, and since these services are underutilized, any estimates of the incidence of violent crimes against women are likely to be too low.

Although no data on the incidence of family violence in American Indian communities are available, there are many factors present in these communities that may lead to the conclusion that family violence is widespread First, a high incidence of alcohol abuse, which has been demonstrated to be closely associated with domestic violence (Steinmetz, 1987), has been documented in many American Indian communities. For example, Heath (1985) reports that in an IHS survey of patient discharges, about 8 percent were for alcohol- related illnesses or injuries, about three times the rate for patients in the general population. La Fromboise et al. (1990) reported that about 80 percent of the women seeking mental health services were doing so because of alcohol misuse in their families. Heath (1985) also reported widespread morbidity due to alcohol abuse, one of the ten leading causes of death on American Indian reservations, especially in connection with automobile accidents. Among American Indians, alcohol abuse has been associated with unintentional injuries, cirrhosis of the liver, attempted suicides, attempted homicides, malnutrition, pancreatitis, gastrointestinal bleeding, fetal alcohol syndrome, alcoholic heart disease, primary cancer of the liver and pancreas, and abuse and neglect of children and wives.

Other factors in American Indian communities also suggest a high incidence of family violence. Structural theories of family violence assert that stress, frustration, deprivation, and the lack of resources to deal with them all contribute to violent behavior among people in any society (Gelles and Straus, 1979). All these factors exist in American Indian communities on reservations. According to 1980 Census data, about 17 percent of American Indian men and 12 percent of the women are unemployed or underemployed (Snipp, 1989). However, 30 percent of the American Indian men and 52 percent of women are not even in the labor force. The census data also indicate that unemployment on reservations ranged from 5 percent to 23 percent with the north central region having the highest rates for males (Snipp, 1989). In 1980, the percentage of families on reservations living below the national poverty line ranged from 32.7 to 56.2 The percentage of families receiving general assistance from the Bureau of Indian Affairs (BIA) on 16 reservations ranged from 1.1 to 20.5.

Today the socioeconomic status of most American Indians is marginal. Snipp (1989:264-265) reports that the American Indian population has grown, become more urbanized, and accommodated in many ways to the demands of contemporary industrial society, but concludes as follows:

> Does this mean that American Indians have disappeared into the melting pot of Anglo society? The answer to this question is an unqualified no. American Indians still bear the markings of a population outside the economic mainstream. By the standards of White Americans, American Indians are not well educate they are marginally attached to the labor force; they do work that is not highly valued; and the consequences of these liabilities are poverty and economic hardship.

Although specific data are not available on the actual incidence of domestic violence on American Indian reservations, there is no reason to believe that its prevalence varies from that in the rest of United States. One may assume that domestic violence does exist on reservations, as it does on the four reservations selected for study. Specific data for each of these four groups are presented in subsequent chapters.

Traditional American Indian Views on Violence

According to most of the study participants, traditional American Indian communities did not tolerate family violence. However, it is important not to generalize about American Indians, because of the considerable cultural differences among the over 200 nations existing in the United States. Olson and Wilson (1984:14-15) suggest that "few, if any, descriptions of 'American Indian values' apply to all North American Tribal groups. There was simply too much diversity." When speaking about American Indians one needs to consider the differences. For example, the eastern trii were matrilineal, that is, descent is traced through the mother's clan, while the plains tribes were patrilineal and generally more male-dominated societies. Some tribes combine gender-based power structures such as in Navajo society where the mother's clan gives the family its social status, even though it is male-dominated.

Literature on traditional views of violence within the family is scarce. However, Blanchard (1980) suggests that the maintenance of interdependence was the fundamental principle that governed social life in American Indian communities. This principle suggests that all members of a community play important roles and that their contribution is equally valued. Thus, violence to any one member of the community may have been viewed as violence to the community as a whole or at least to the individual's clan or lineage. The study participants all reported that violence within the community was treated as an offense to the entire community to which retribution was paid as well as to the victim's family.

Since spouse abuse is the major focus of this report, and gender is the beat predictor of victimization when the society values one gender over the other, it is important to investigate gender roles

in traditional American Indian societies as well as in the present day in order to determine whether domestic violence is likely to have been as prevalent in American Indian communities in the past as it is in the present. Cultural values given to gender roles can shed some light on traditional views of violence in the family. It has been proposed that violence toward women is a result of and a mechanism for their oppression in all societies. Women are often given negative stereotypes, forced into less prestigious roles, and their work is less valued than that done by men (Graham et al., 1988). This sociocultural contest creates a favorable climate for violence against women both in the home and outside. If these same gender roles existed in traditional American Indian cultures, then it may be possible that spouse abuse also occurred or at least was tolerated. However, if women's roles in these traditional cultures were viewed as equally important as those of men, then spouse abuse would be less likely to have been tolerated because they would be seen as having equal value.

Blanchard (1980) suggests that gender roles may have been different in traditional American Indian societies from what they are now, not so much in terms of the division of labor, but in the different values ascribed to women's and men's work He asserts (1980:125):

> In such a societal structure, women's responsibilities were as vital as men's, even though the nature of their tasks may have been different. Men were responsible for such activities as hunting and farming, women maintained the home. Within this context, male and female functions each had their own importance; they were equal and inseparable ingredients of Tribal life.

La Fromboise et al. (1990) suggest that the American Indian woman's identity was based on her spirituality, extended family, and tribe. That is, women saw themselves as fulfilling harmonious roles within the biological, spiritual, and social worlds: "Biologically, they valued being mothers and raising healthy families; spiritually, they were considered extensions of the Spirit Mother and keys to continuation of their people; and socially, they served as transmitters of cultural knowledge and caretakers of their children and relatives" (Blanchard, 1980:457). Traditional female roles were highly valued by both men and women. Given their perspective or value of interdependence, all roles were of equal importance to American Indians, because all roles were necessary for the survival of the community.

Olson and Wilson (1984:21) also describe this interdependence and community connectedness within authority relations:

> American Indians tended to view authority in family or clan terms; and different positions within the family implied different roles. In a patrilineal family, for example, 'grandfather' offered wisdom to everyone; 'father' offered authority and responsibility; 'uncle' offered assistance; 'children' offered obedience; and 'brother' offered equality. Since *everyone* understood the behavior associated with these roles, and most people occupied several roles simultaneously, family values actually governed society, providing direct moral restraints on individual deviancy. The pull of family loyalty, perhaps the most powerful governing force in human society, was overwhelming in Native America, guaranteeing reciprocal devotions among individuals and the group.

La Fromboise et al. (1990) suggest that in many American Indian communities, these gender roles or authority relations were not always predicated on the individual's biological sex. Thus, women could be "fathers" or "uncles. Women held positions of authority. Thus, violence toward a wife was probably not tolerated, because her contribution to the tribe in terms of goods, labor, and authority gave her power which was considered just as important as her husband's.

European-American culture, however, tends to value the individual and, thus, roles are given value based on a hierarchy that favors individual achievement. "Mothering" and maintaining the home are not highly valued roles. Yet American Indian and other ethnic minority cultures in the United States are expected to "melt" into the dominant European-American culture through the process of acculturation. Consequently, contemporary gender relations are degenerative, as evidenced by the dissonance between the value placed on contemporary roles of women and the value given their traditional roles.

European-American values have infiltrated American Indian societies. La Fromboise et al. (1990:461) assert that 'the overwhelming result of acculturation has been a breakdown of the complementary nature of male-female relations and a general increase in Indian male dominance and control over Indian women." This change in male female relations was also commented on by Mary Campbell, a "halfbreed" American Indian woman from Canada who is quoted as saying during a presentation of American Indian women's autobiographies that "[t]he missionaries had impressed upon us the feeling that women were a source of evil. This belief, combined with the ancient Indian recognition of the power of women, is still holding back the progress of our people today" (Betaille and Sands, 1984:122-123). In addition, Bobbi Lee, a American Indian woman highlighted in the autobiographies presented by Bataille and Sands (1984:132), suggests that:

> submission and integration led many Indian people to adopt the dominant nation's values, aspirations, and world view. Another response to oppression throughout the century has been through internalized violence, violence that is manifested through drugs, alcohol, prostitution, and physical abuse.

Mary Campbell also referred to this reaction to oppression. Bataille and Sands (1984:123) paraphrase her words:

> The only escape from the dismal existence [poverty and lack of economic opportunities] is with alcohol and fighting; violence is an outlet for the frustrations of the people. The fights were an accepted and expected part of the social scene: "We never had a dance without a good fight and we enjoyed and looked forward to it as much as the dancing."

Even as the American Indian cultural traditions were eroded and the dominant society's values were impressed upon them, American Indians were denied the opportunity to achieve this society's goals, and their communities became impoverished Violence then became an acceptable means of self-expression. The frustration of poverty combined with new values that made women's roles subordinate to men's have created the context in which spouse abuse prevails in the dominant culture. Thus, one can safely assume that family violence exists in present day American Indian communities.

Federal Government Involvement

Although there is great diversity among American Indian cultures, the emphasis on community and interdependence of gender roles characteristic of most of them was in direct contrast to the European- American world view (Olson and Wilson, 1984). Such values were a major source of conflict between American Indians and European-Americans. As Olson and Wilson (1984:15) comment, "Because most of these values contrasted sharply with European assumptions, nearly four hundred years of intense controversy between Americans of European extraction and American Indians has resulted -- a struggle which today is not at all ready to end" This struggle is reflected in the legislation that guides the U.S. Government's relations with American Indians.

The heart of the conflict between European-American and American Indian cultures was land ownership. Most American Indian societies had no concept of individual land ownership. This

controversy has persisted from the time of the early European settlers until today. The early settlers believed that the American Indians were not making the most of the land with their subsistence economies. The settlers wanted to cultivate the land to produce for a profit as well as mine for minerals. American Indian communities viewed the land as the "Mother Earth" which provided what the communities needed to survive. Driven by a profit motive, European-Americans began the process of pushing American Indians west. Because European-Americans found better ways to extract natural resources from the land, and ways to make what was originally thought to be useless land more productive, they pushed the American Indians onto more *useless" land and the cycle of land expropriation continued (Olson and Wilson, 1984).

Throughout the 19th century, the fate of American Indians was in the hands of two political groups. One group, known as "Indian haters, viewed American Indians as brutal savages whose extermination was necessary for the survival of the dominant society (Olson and Wilson, 1984). This belief provided the rationale for violence against American Indians. The other group, the assimilationists, did not appreciate American Indian values and thus sought ways to "help" American Indians become members of the "more civilized dominant society (Olson and Wilson, 1984). Throughout the 19th century, both groups did great damage to American Indian communities. Violent conflicts often turned into massacres of entire tribes and communities, as happened in Northern California and at Wounded Knee. Meanwhile, assimilationist policies obliterated traditional American Indian social organization and undermined traditional cultures.

Convinced that a male-dominated, democratic, but hierarchical organization was the only way to organize a community, assimilationists established boarding schools for American Indian children. Children were removed from their homes and taught that "American" values were the "right" values while American Indian values were inferior or just "wrong. Removing the children was cultural genocide as it compromised these children's identities and created a void in American Indian communities where culture and traditions were passed down through word of mouth to the children, who then passed it along to their children and so on. Removing the children from their extended family destroyed the cultural mechanism that had connected American Indian communities for centuries (La Fromboise et al., 1990; Blanchard, 1980).

By the 20th century, "Indian haters" have become less politically active and their behavior is not explicitly sanctioned by government policy. The assimilationists, however, still wield some influence. Olson and Wilson (1984:24) assert that:

> Most non-American Indians, ignorant of American Indian needs, applauded the triumph, seeing real progress each time in the allotment program of the Dawes Severalty Act of 1887, the Indian Citizenship Act of 1924, the modified Tribalism of the Indian Reorganization Act of 1934, the termination and relocation policies of the 1950's, the antipoverty programs of the 1960's, and the self-determination policies of the 1970's and 1980's. Although some of these programs were better than others- or, at least, less destructive- the federal government still failed to come to grips with American Indian culture.

Several of these Federal policies have had devastating effects on American Indian communities. Many of the U.S. Government's assimilationist efforts were targeted toward allotment programs that divided reservation land among Tribal members so that they could farm or sell their individual plots. Several allotment acts were passed which encouraged the sale of over 90 million acres of American Indian land by 1932 This is in direct conflict with the traditional American Indian ideal of communal property, but many American Indians tried to incorporate the dominant society's values. They believed money would give them the opportunity to achieve the "American dream" and so they sold their land plots. Unfortunately, they were rarely paid what the land

was worth. With what little money they had, these American Indians then migrated to cities in the hopes of finding work, but found that they did not have the skills necessary to compete for the better jobs.

Those American Indians who kept the land allotted to them and tried to farm it, did not fare well either because they lacked the technologies that enabled European-Americans to increase crop yields and possibly because the soil was of poor quality since the best land had been expropriated by European- Americans. Unable to make a living from farming, these American Indians lost their land as they were forced to sell. They, too, moved to the cities to find work Thus, the allotment programs unintentionally deprived thousands of American Indians of their land and the many Tribal organizations and affiliations that were linked to it.

The 1934 Indian Reorganization Act ended allotment programs and presumably restored Tribal authority (Olson and Wilson, 1984). However, the Act gave authority for all final decisions about economic development and government reorganization to the Bureau of Indian Affairs (BIA), a Federal agency notorious for its poor organization and inefficiency. Thus, tribes did not have full jurisdiction over their communities' political and economic development.

There are numerous examples of how the BIA and the Federal Government in general have undermined or destroyed traditional economies (Olson and Wilson, 1984, Ruffing, 1978). For example, the Navajo were sheep herders and the size of a person's herd was equivalent to his or her relative wealth. When the Federal government limited their land, however, and the herd size grew, overgrazing became a problem. The Federal Government launched a livestock reduction program between 1934 and 1940 during which the herd was depleted by one half and the ratio of livestock to population was reduced from 32 to 8. Thus, the Navajo could no longer depend solely on their livestock as a source of income. No other programs were established to enable the Navajo to replace the income they would have received from their sheep. To make matters worse, when it became too expensive to take the animals to packing plants to be used as a food source, Federal agents shot them, left them to rot, or set them on fire (Ruffing, 1978).

Another example of Federal Government involvement with the Navajo that has inhibited their economic development is the way in which the BIA maintains authority in the use of their natural resources. The Navajo reservation, which is roughly the size of West Virginia, is rich in natural resources including several minerals, oil, natural gas, coal, and uranium. Ultimate control of the sale and extraction of these resources, however, is given to the BIA, which has consistently favored leasing the land to non-American Indian people so they can exploit these natural resources. These leases have frequently been granted for long periods of time at suboptimal rates of return (Ruffing, 1978). According to Ruffing (1978), in four out of five coal leases, negotiated between 1957 and 1968, royalty rates to the trii were fixed between $0.15 and $0375 a ton, and the contracts were negotiated for 10 years. Within that 10-year period the price of coal more than doubled, thereby yielding a huge profit for the leasing companies. The Navajo, however, received none of these increased profits. To add insult to injury, the BIA also did not verify the companies' production records nor did it ensure that the royalty was paid on time.

When the Navajo have tried to develop their resources on their own, they still had to cope with BIA inefficiency. According to Ruffing (1978), the tribe wanted to create a joint venture agreement with EXXON for the mining of uranium. Before the tribe could enter into the joint venture agreement in January 1974, the tribe had to ask the BIA for approval. In April 1974, the BIA requested an environmental impact study, which was not initiated until January 1976. The lease was finally approved in January 1977. Those three years cost the tribe $1,500 a day in unpaid interest on the $6 million bid price paid by EXXON but held in escrow until the lease was approved (Ruffing, 1978).

The Indian Reorganization Act of 1934 not only left economic development in the hands of the BIA, but also mandated Tribal leader elections and democratic procedures to make Tribal decisions (Olson and Wilson, 1984). This law undermined the heredity rule and consensus politics of many of the American Indian tribes. Thus, American Indian communities had governmental structures imposed upon them which resembled that of the United States government. Not surprisingly, many American Indian communities had difficulty in adapting to this change.

After World War II, the assimilationists instituted a termination policy, the goals of which were to end Federal supervision of the tribes and bring American Indian families into the "melting pot" of American society (Olson and Wilson, 1984). According to Worton (1974:130),

> The purpose of the resolution was to remove trust protection for Indian property, to interrupt federal services whether or not states and municipalities were willing or able to replace them, and to enable the government to abandon its treaty and statutory obligations. As evidence of this intent, Congress immediately adopted Public Law 280 which authorized the states to extend their authority over Indian reservations and so make their inhabitants subject to civil and criminal law.

Once this law was passed, the only obstacle to complete termination was the consent of Tribal officials, because previous legislation had required Tribal consent to any Federal legislation infringing on their sovereignty. Thus, each individual tribe had to vote for termination or to remain under Federal supervision. Several tribes chose termination, because the Federal Government offered inducements including land or money for the land they might vacate since it would no longer be held in trust. Termination turned out to be disastrous for many of the tribes that chose this route (Olson and Wilson, 1984), because they lost their ability to maintain community cohesiveness.

During the 1960s' war on poverty, several new programs were implemented. American Indians were given the opportunities to be trained for the industrial economy, such as welding, auto and diesel repair, construction, and secretarial skills, but since many of them did not live in industrialized areas, there was very little demand for these new skills. Consequently, many trained American Indians moved to urban areas. Olson and Wilson (1984:25) argue that "the result of many antipoverty programs was thousands of culturally alienated American Indians living in the cities and thousands of unemployed, skilled American Indian workers living on the reservations.

In 1975, Congress passed the Indian Self-Determination Act in or&r to shift more authority to Tribal councils, but still required BIA approval of all Tribal decisions. Public Law 93-638 enables tribes to contract with the BIA to operate their own services and authorizes funds to be awarded to them for this purpose. According to some Triial leaders, however, many tribes hesitate to make use of these funds because they believe the Act is designed to achieve what the termination policies could not, an end to Federal responsibility.

According to some of the American Indian participants in this study, a number of American Indians do not want to find themselves without Federal protection and assistance. They fear that soon they will have to rely on fewer and fewer advocates to protect them from the interests of State governments which are under no obligation to recognize their sovereignty.

Legal Factors

Law enforcement on American Indian eservations falls under several different jurisdictions and, consequently, the degree to which victims are protected by the law varies according to the penalties set forth in the various jurisdictions. Civil and criminal jurisdiction over many Tribal lands has been transferred to State and local governments under Public Law 280. States and local governments automatically have jurisdiction over American Indians living off reservation lands. The Federal Government has jurisdiction over non-Tribal members who

commit crimes on Tribal lands but is reported to rely heavily on the States to prosecute these cases. Unfortunately, not much deterrence can be provided by law enforcement officials against domestic and other forms of violence on the reservation. This section will elaborate on the reasons for this inability to create and enforce strict domestic violence codes.

Several reservations currently share jurisdiction with States and counties to enforce civil and criminal codes. Public Law 280 gives State and county governments concurrent jurisdiction on the reservation with tribes. This law only applies to those tribes that consented to it. The effect of this law often is a race to the scene of a crime by Tribal police officers and county or State police officers who try to beat each another in order to take jurisdiction over an incident in order to prosecute the offender. The first force at the scene of the crime maintains jurisdiction according to the rules of concurrent jurisdiction.

County police officers, however, are usually the first and sometimes the only officers to arrive at the scene. Most tribes do not have the funds to support extensive law enforcement organizations. If a tribe even has law enforcement officials, there usually are only a few available to cover vast expanses of land For example, the Navajo Tribal Police Department usually employ two officers to cover 160,000 square acres of land Hence, the county and State will usually have jurisdiction over crimes committed on the reservations of tribes who have consented to Public Law 280. The degree to which sanctions are imposed on an offender varies according to the State or county court which holds the case.

If a tribe has not consented to Public Law 280, it maintains concurrent jurisdiction on the reservation with the Federal Government, Because the Federal Government recognizes the sovereignty of tribes who have treaties with it, it recognizes the rights of these tribes to self-government. Thus, Federal jurisdiction over crimes committed on the reservation does not preclude the tribe's right to put the defendant on trial as well; double jeopardy is not an issue because, in effect, the person is on trial in two separate countries.

Tribal courts, however, are limited by the Major Crimes Act and the Wheeler-Hoard Act. According to the Major Crimes Act, there are approximately 15 major crimes, such as homicide, over which the Federal Government automatically maintains jurisdiction. There is no guarantee, however, that Federal prosecutors will take the case. One Tribal police officer reported to the research team that reservation crimes were not high on their list of priorities; unless severe internal injury has been sustained during an assault, the Federal Government will not get involved in a case. When Federal prosecutors do not accept a case, the Triial court is the only court with jurisdiction over the case. The sanctions imposed by Tribal courts, however, are limited by the Wheeler-Hoard Act which sets the maximum sentence they can impose to six months in jail and a $500 fine. The sentencing limitations were expanded by the Drug Omnibus Bill for those tribes that chose to adopt this Bill into their Tribal codes in which case the Tribal courts can impose a maximum of one year in jail and a $5,000 fine. The reality is that Tribal courts are misdemeanor courts even though they are dealing with high grade felonies. These limitations prevent tribes from creating effective judicial deterrence against domestic violence'

Provision of Services

Effective services for American Indian victims of domestic violence must be sensitive to their specific cultures as opposed to that of the dominant society. As was discussed in Chapter II, American Indian women underutilize mental health services, either for lack of awareness of such services or because they believe that the existing services may not meet their needs (La Fromboise et al., 1990). In addition, those mental health services that are available spend little time for outreach activities, which may reflect a lack of sufficient funds or unresponsiveness to the needs of American Indians.

'Information pertaining to legal factors was provided by Rick Souers, Deputy Tribal Prosecutor for the Confederated Tribes of the Warm Springs Reservation.

La Fromboise et al. (1990) also suggest that American Indians are cautious about using IHS services because most of the staff are white and young. These staff are viewed by most American Indians as incompetent because they equate wisdom with age. "Anglo doctors and health professionals -- who are often young because of college loan reductions received for working on Indian reservations -- are seen as second-rate" (La Fromboise et al., 1990:467).

These beliefs, as well as other cultural differences, must be taken into account when providing services to American Indian victims of family violence. It is imperative that these programs be sensitive to cultural differences and that the staff not try to impose their own values onto their clients. This imposition of values has come to the forefront with the women's movement. According to Bataille and Sands (1984), American Indian women have repeatedly repudiated feminist "liberation" "saying that they cannot afford the luxury of feminist goals because they must devote their energies to keeping families intact, getting jobs, and fighting the political battles of their people" (10984:129). Many American Indian women, even those with husbands, are the sole providers for their families. They have achieved political power in their communities and this trend continues to grow (La Fromboise et al., 1990). Wilma Mankiller has been elected for a second term as chief of the Cherokee Nation of Oklahoma. Women are being elected to Tribal councils and many of the leaders of the Red Power Movement and other American Indian political movements are women. Therefore, feminist ideals of women's liberation, derived from white middle-class culture, may not be relevant to American Indian victims of domestic violence.

In addition, domestic violence workers who have no understanding of their spirituality will not be able to understand what American Indian women need in order to heal themselves emotionally after they have been abused by someone they trusted Above all, these women need to trust the service provider. Domestic violence shelter programs may need to evaluate their philosophy when providing services to American Indian women. Attention needs to be paid to the American Indian's sense of community and interdependence, and empowerment for American Indian victims may take a different form than for white women. In most American Indian communities, the extended family is involved in many decisions and the shame of domestic violence may fall not only on the victim but also on the extended family. Thus, the victim's desire to keep the violence a secret in order to preserve her family's status may prevent her from seeking services until the violence has become life threatening. Domestic violence programs need to find ways to reframe the shame into outrage for both the victim and the extended family, an outrage which will galvanize the support of all community members to protect the victim and prevent the initial occurrence of abuse.

Empowerment must be conceived in such a way that does not ignore the interdependent character of these relationships. La Fromboise et al. (1990:469) suggest that: "An Indian woman's conception of mental health is often rooted in her sense of order and balance within a holistic framework of family, community, tradition, and universe." Domestic violence victims, though not previously troubled by mental health issues, may need to find this balance anew.

It is essential for service providers to be sensitive to the cultural differences between them and American Indian victims of domestic violence and be aware that solving the problem of family violence on American Indian reservations, as well as in U.S. society in general, requires more than services to individual victims. Structural changes are essential. American Indians are cultural survivors as they struggle to maintain their sovereignty, but more programs are needed to enable American Indian tribes to develop their own resources. Economic development is crucial to their survival. These programs must be implemented in ways that are congruent with traditional cultural values so that cultural revitalization can continue. In this way, the poverty and the frustrations that create a context which allows perpetrators to be violent will change and interdependence can again be recognized.

X. PIMA-MARICOPA CASE STUDY

Program History and Development

The Department of Social Services at the Salt River Pima-Maricopa reservation is one of the first social service agencies to be created using funds obtained from the Bureau of Indian Affairs (BIA) under the Indian Self-Determination and Education Assistance Act, P.L. 93-638, passed in 1975. A Pima man, Robert Lewis, was instrumental in convincing the tribe to contract with the BIA and is now the executive director of the Department. The Department administers Federal programs such as the U.S. Department of Agriculture's Women, Infants, and Children (WIC) food supplement program and provides many services including marital and family counseling; there has always been an effort to work with victims of all types of abuse. When the Family Violence Prevention and Services Act (FVPSA) funds became available to the tribe in 1987, however, a program was designed specifically to meet the needs of domestic violence victims. (See Exhibit 6 for the organizational structure of the Department including the family violence program.)

Because the FVPSA is intended to provide for prevention and direct emergency services to victims of domestic violence, the program began with staff on-call overnight and during weekends. Crisis intervention services were provided over the telephone and women were referred to a shelter in Scottsdale, Arizona which was under contract with the tribe. The personnel used were already on staff at the social services department. FVPSA monies were used to pay them for these overtime hours and to reimburse the shelter when Pima or Maricopa women used their services.

In the first year of operation, the program sheltered only one woman but they received some calls. Women preferred to find emergency *assistance* at a relative's home rather than go off the reservation to the shelter. The one woman who did make use of the shelter was not originally from the community. The staff concluded that the program structure prevented them from meeting the needs of the community.

The staff decided that educational support groups would be more effective to provide services to this community. Social services staff chose the group format because they believe that group treatment is not only more cost-effective but also more relevant to the Pima-Maricopa culture. This characteristic will be revisited later in this case study. Because FVPSA funds do not have an abundance of requirements or restrictions as many federal programs do, it was possible to redesign the program without lengthy modification or re-negotiation processes. According to the director of social services, this flexibility has allowed them to create a more efficacious program.

The program staff researched group programs available for victims and perpetrators. They selected the MENs, Marital Education in Nonviolence, program. Experts from that program went to the reservation and trained two members of the social service staff and the two individuals selected to facilitate the groups.

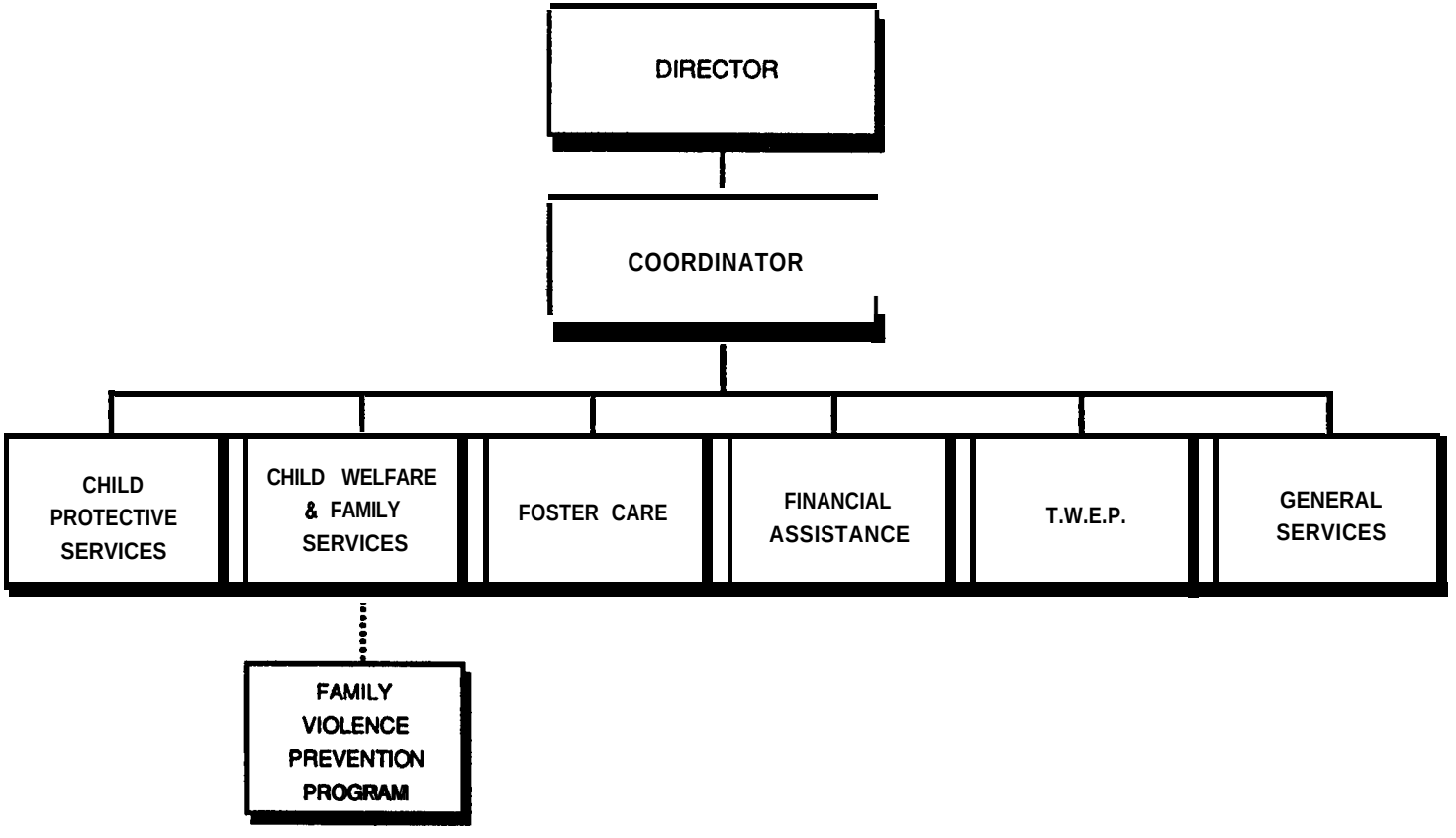
Concurrent with this shift in services was a move to change the Tribal ordinance on domestic violence. The new ordinance mandates arrest in domestic assault cases. Responsibility for filing charges against the perpetrator became that of the community and the prosecutor rather than the victim's. The judiciary also has the power to mandate treatment for batterers and does so frequently.

Current Services

The batterers' program began providing services on a regular basis to court-mandated individuals. The court is still the largest source of referrals to the program and attendance is mandatory throughout the eight- to ten-week curriculum for these individuals. During the past year, batterers' group meetings were held 42 out of 52 weeks. The women's group, however, does not have this steady source of referrals and participation is not what the staff would like it to be.

The MEN program covers topics such as control, dependency, aggression, and communication. Both the batterers' and victims' groups use this

Exhibit 6:
Proposed Salt River Family Violence Prevention Program Social Services Program FY 1969



curriculum in modified form to meet particular group and cultural needs. The decision to use the same curriculum as the foundation for both groups was based on an understanding of the dynamics involved in abusive relationships as similar for both the victims and perpetrators. Victims of abuse and the perpetrators often have to cope with the same issues such as control and dependency, and communication.

The group curriculum brings up issues that can be dealt with in the group setting, offers education, and teaches new coping mechanisms. These new coping mechanisms are much better learned through the group process. Members of the group who have been there longer are able to move new members away from their stories about who is to blame toward taking responsibility for the abuse. This "acclamation" process is not confrontational. In this community, the way in which things are said may be considered more important than what is said The population is fairly stable; although people may leave the reservation for some time, they tend to return. Thus, interactions among people and relationships are strongly emphasized. Hence, according to the director of the program, because people on the reservation do not tend to be confrontational, the shift in responsibility for the abuse happens in a calm and supportive manner.

The director is confident that this environment could not be created in individual sessions and it would not be achieved in other group sessions if the facilitators were not sensitive to this culture. According to the director of social services, the supportive environment within this therapeutic group setting is very much the same as the community environment on the reservation.

Coordination with Other Agencies

Beyond the two groups, referrals can be made to social services proper. At the time a referral is made, a client file is opened that documents the services provided and any subsequent referrals. These referrals are usually for individual or couple's treatment. Referrals can also be made to the tribe's detoxificationification center. Perpetrators and victims have access to all Tribal social services and through staff to other service programs.

Coordination and cooperation varies with other community agencies on the reservation. Tribal police do make arrests under the new ordinance but sometimes the person arrested is the one most intoxicated or who is less able to present his or her story. Sometimes there is dual arrest. The police will occasionally send a report to the program requesting services for particular individuals. If a report is made, the program has the names of both the perpetrator and the victim, but, otherwise, the program does not have a way of contacting victims. When the perpetrator is arrested and ordered by the court to seek treatment, he or she does not have to give the name of the victim. Tribal court has been cooperative in providing the names of perpetrators and following up with their cases, but more coordination is needed on behalf of victims.

Coordination among various services on the reservation needs to become well established. The detoxificationification center on the reservation is a prime example of this need. On two occasions, the same woman who had been battered went to the center to find a safe place to sleep for the night, but the program liaison only found out by accident. When the program liaison talked with staff at the detoxification center, they said they were not aware that the family violence program existed. The program staff have distributed flyers to other agencies, including the health clinic, but more time and resources are needed to establish the coordination networks.

staffing

Social services staff selected the group facilitators. The first two people hired for the job stayed for one and a half years each The woman who facilitated the victims' group had personal experience in a violent relationship and was able to bring this experience to the group as a survivor in addition to her use of the curriculum. The man who facilitated the batterers' group had previous experience leading therapeutic groups and had a personality that staff believed seemed to engender

group cohesion. These two individuals were both Pima Indians.

When they left their positions, the social services staff again tried to recruit American Indians to make use of cultural competency within treatment provision. The woman chosen is Pima and the man is from a Washington State tribe. Staff believed that personality and experience were the most important characteristics to look for in their search The women's group facilitator works in victim services at the Gila River Reservation. She has experience in domestic violence and will be given training for group facilitation. The man is a mental health specialist with experience in child abuse. He does not have specific experience in domestic violence but is able to use the curriculum and modify it to his needs, and those of the group. Both individuals work full time during the day and lead the groups one evening a week.

There is no formalized supervision of the group facilitators. Both individuals call the liaison who coordinates between the groups and social services as needed. The calls are used as check-ins to inform the liaison of attendance and to discuss any problems. The liaison between the groups and social services is a family service worker who does couples counseling with members of the two groups when requested. The liaison wants to make the supervision more formalized.

In order to ensure confidentiality, client records are not kept beyond individuals' attendance. Group attendance is recorded for reports to the court and probation officers. If a probation officer calls to inquire about a client's progress, he or she is told of the general topics discussed in the group and the client's attendance but nothing more than that.

The biggest weakness in this program is the need for more staff. Currently, the program coordinator provides her labor free of charge because this area is of interest to her.

Staff are needed to coordinate the program with other community resources. The primary target for initial outreach efforts has always been the police. Staff members are now working to have the Triial police give victims information about services at the time of the incident, In addition, outreach workers are needed to reach women in their homes. It is traditional for people to go each other's houses to discuss family matters, but this custom can not be practiced in the program without available workers to go out and visit women in their homes. It is believed that if an outreach worker was available to go to a victim's house rather than expect her to come in for first contact, then a lot of the shame that exists around domestic violence and the need for social services would be minimized as a barrier to service provision.

Population Served

Approximately 5,100 people live on the Salt River reservation, which is located adjacent to Scottsdale, Arizona. Conditions on the reservation are substantially better than those of many other reservations, but they stand in direct contrast to the affluence of neighboring Scottsdale. According to program staff, the Pima-Maricopa are roughly 75 percent self-sufficient, but unemployment rates are still higher among them than in the majority population and school drop-out rates are also higher.

Since the inception of the family violence program on the reservation, there has been an SO percent increase in reports of family violence incidents. According to the year-end program report, this is partially due to the mandatory arrest policy in effect on the reservation- and also to increases in alcohol abuse on the reservation. At the time of this report, the program received an average of 22 domestic violence referrals a month In a population of 5,100, this number amounts to approximately 264 reported cases a year which translates into 528 people in need of services not counting the children affected by this violence in their families. These figures would indicate that approximately 10 percent of the people living on the reservation are involved in violent situations.

Budget and Impact of Federal Funds

The Pima-Maricopa tribes of the Salt River Reservation receive $6,000 in F'VPSA funds. This money provides 100 percent of the income to the family violence program. Because no one seems to be available to donate more time to the program, the coordinator has no plans to solicit different sources of funding. The FVPSA funds are used to pay the salaries of the group facilitators and staff who are on-call through the beeper service after hours. These funds also reimburse the contracted shelter if a victim is housed, although this does not happen often. Some of the funds are also used to train the facilitators.

Future of the Program

Staff members expressed the desire to expand services to include emergency shelter facilities on the reservation if they had the resources. There are victims who need safe housing, those who do not have extended family that are supportive, but they appear to be unwilling to leave the reservation. Staff members stated that this unwillingness to leave the reservation may exist because the precedent to do so has not been set. The Tribal identification of these people and the possible discomfort experienced in another, more affluent culture, are factors that should not be underestimated when considering what services to develop; service providers believe that the need for emergency shelter on the reservation exists although the need may be hidden by the lack of outreach and coordination.

If more staff were available, the program coordinator would like to go into the schools and the community to do more educational activities. She would like to establish more services for children in terms of prevention and education.

Another approach to domesticviolence that staff would like to develop in the future is a program to address alcohol abuse and battering simultaneously. Reports show that domestic violence on the reservation and alcohol abuse are co-incident approximately 90 percent of the time. Currently, some court-ordered batterers are involved in alcohol abuse treatment in addition to the batterers' group. The needs of the victims who also abuse alcohol must be met. There is a American Indian program iu Phoenix that has residential alcohol treatment for women; this program will also house children but does not address domestic violence issues. The program liaison states that the domestic violence program needs to be better coordinated with the treatment services available to both victims and batterers.

In the more immediate future, the program hopes to enlist a former member of the batterers' group to co-facilitate the MEN group. This would provide the men with a role model who is also a member of the community. Two former clients have been approached, but no one has volunteered yet.

XI. INTER-TRIBAL COUNCIL OF NEVADA CASE STUDY

Program History and Development

The Inter-Tribal Council of Nevada, Inc. (ITC) was first organized in 1963 and was later incorporated as a nonprofit organization in 1966. Its main purpose was to create a strong political body for the small Nevada tribes. (Exhibit 7 indicates reservations in the State of Nevada and the domestic violence programs under contract with the ITC.) As the organization has developed, it has played a major role in promoting the general welfare of its people by providing health, educational, social, economic, and job opportunity programs. The ITC now manages Federal and State programs that are intended to improve the well-being of community members throughout the State of Nevada.

The programs managed by the ITC include a Federal job training program authorized by the Job Training Partnership Act funded by the U.S. Department of Labor. The ITC represents 25 American Indian communities in this program (see Exhibit 8 for Organizational Chart). The ITC is also a grantee of the Headstart Program and now has 10 centers throughout the State serving 211 children a year. In addition, the ITC receives funds from the Special Supplemental Food Program for Women, Infants and Children (WIC). ITC distributes the WIC funds to eligible American Indians through 21 clinics throughout the State. These clinics serve about 1,000 women with their children. The ITC also receives funds from Title VI of the Older Americans Act. These funds are used to sponsor an elder's meals program for 10 communities.

The ITC did, at one time, sponsor an Emergency Medical Services System (EMS), which provided the sick and injured with emergency medical care. This service proved essential because of the isolation of the tribes in rural areas that are far from any hospitals. Unfortunately, the ITC no longer has funds to continue this service. The ITC's EMS system provided services to 24 tribes between 1982 and 1991.

Since 1987, the ITC also has contracted with domestic violence programs to provide services for American Indian victims. These services are provided through Family Violence Prevention and Services Act (FVPSA) funds. Before FVPSA funds were available, no services for domestic violence were provided through the ITC. In 1987, eight tribes pooled their FVPSA funds through the ITC to contract for services. This number has been decreasing over the years because individual tribes have chosen to create their own programs or to contract out on their own. In the next funding cycle, the ITC will represent four tribes. Currently the ITC contracts with five domestic violence programs (see Exhibit 7 for program locations) and also contracts with the Nevada Network Against Domestic Violence (NNADV) for training and technical assistance.

Current Services

The staff at the ITC contacted NNADV when FVPSA funds became available and made the network responsible for choosing programs to fund based on their geographical locations. NNADV also provides technical assistance and training to these programs and all other domestic violence programs in the State.

The ITC functions solely as a funding source for domestic violence programs through FVPSA funds. It divides the money it receives in order to create an equitable distribution for each program. Payments or reimbursements are then ma& monthly.

NNADV is the statewide network for domestic violence programs. It provides technical assistance and training to the B-member programs. Incorporated in 1981, NNADV began as an all volunteer organization and now has one full-time director and a part-time assistant with 20 volunteers. NNADV targets its efforts toward training programs for social service agencies and police departments, and toward technical assistance to programs. For example, NNADV provides training to hotline volunteers and to the staff of victim-witness programs at prosecutors' offices. The network also provides state-wide outreach through newsletters, brochures, and educational programs. In addition, the NNADV functions as a lobbying organization at the State

Exhibit 7 Nevada State Map with **Inter-Tribal** Council Contracted Program Locations

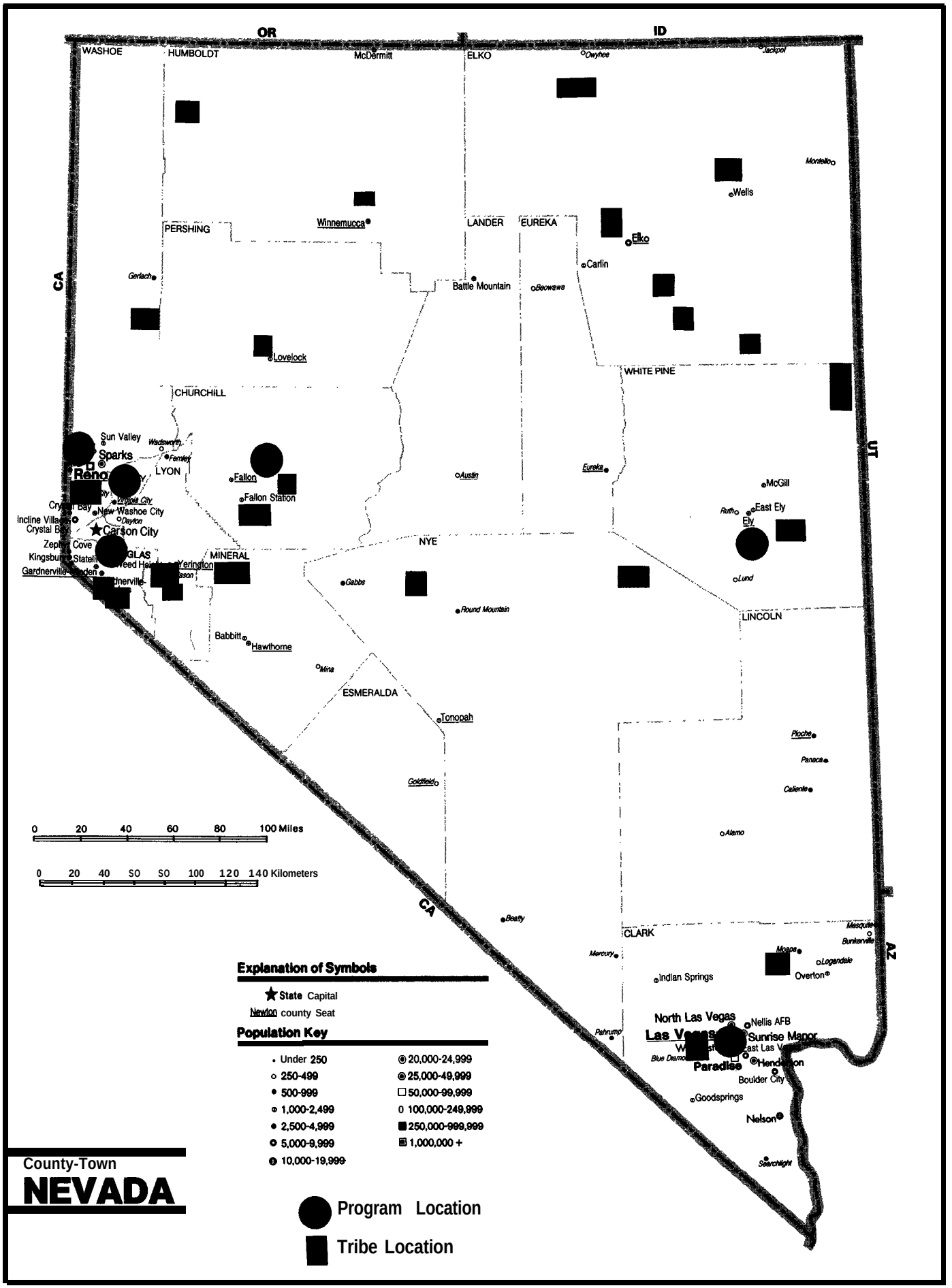
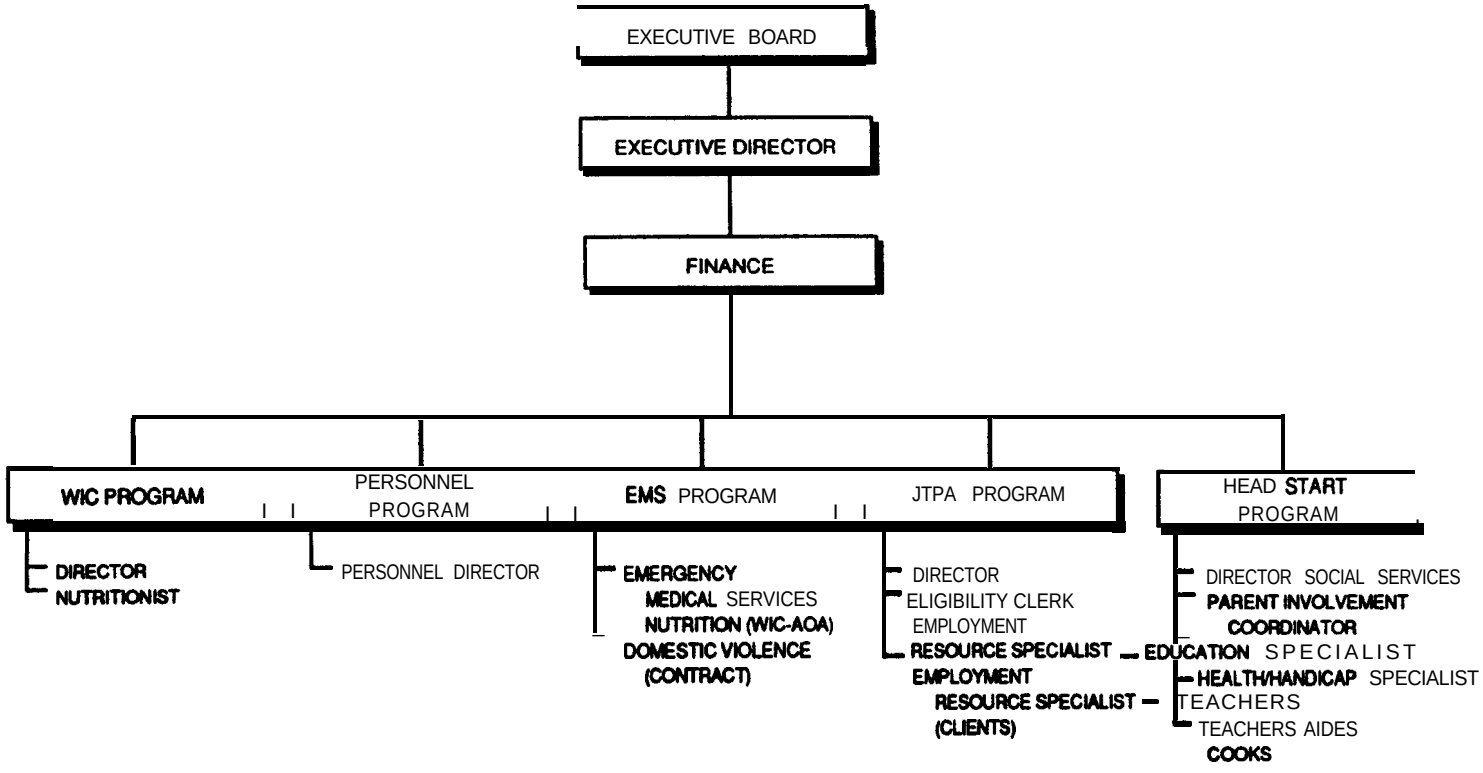


Exhibit 8:
Organizational Structure of Inter-Tribal Council of Nevada



legislature. NNADV maintains a resource library for those needing information on specific issues such as incest, sexual assault, and the impact of domestic violence on children. The network also contracts with the Suicide Prevention and Call Center to operate a state-wide toll-free hotline.

Coordination with Other Agencies

Each individual program is responsible for coordinating with other agencies for referrals. American Indians can use the Indian Health Services (MS) for mental health care. However, there is usually one IHS mental health worker per region in Nevada, and there is quite a lot of turnover in these positions. When a position is vacant, it may remain so for quite some time before a replacement is found

Reporting

Neither the ITC nor the NNADV has regulations about services provided by member programs, but both organizations require reports. Programs funded by the ITC are available to American Indians while they serve domestic violence victims from the general population in the area. The ITC requires its contractees to prepare a monthly report that describes the number of American Indian victims served, the types of services provided, and the number of bednights provided during the month, The ITC then reimburses programs for services rendered to American Indians. The NNADV also requires quarterly reports that contain similar information about total number of clients served.

Population Served

Nevada has approximately 25 Tribal entities with varying degrees of cultural intactness. Some of the northern tribes are more isolated and still observe some ancient traditions, while other tribes are more urbanized. The colonies and reservations in Nevada usually consist of several tribes with populations that range from 100 to about 2,000.

For example, the Reno-Sparks Colony of 500 people occupies 28 acres in the city of Reno, Nevada. Reno-Sparks has three major tribes: Washoe, Shoshone, and Paiute. As these tribes have been forced to live on the same land, their separate cultures have been obliterated. Many of the Nevada tribes no longer have members who speak their native language.

According to the NNADV, Nevada's 15 domestic violence programs served 236 American Indians out of a state-wide total of 11,142 victims of domestic violence in FY 1990. The ITC does not compile the data received in the monthly reports, so that the number of American Indians served by ITC-sponsored programs is not readily available.

NNADV also reports that in FY 1988 there was about a 50 percent increase in American Indians served, and that the number of American Indian victims has been increasing 6 or 7 percent each year. The director of the NNADV could not say why this increase was occurring, except that the increase did coincide with FVPSA funding.

Budget and Impact of Federal Funds

FVPSA funds are the only funds the ITC uses for domestic violence programs. The ITC has received $43,078 in FVPSA funds for the period between October 1989 and September 1991. Each contracted program receives a monthly payment according to the size of its program and its catchment area. FVPSA funds received by the NNADV from the ITC accounted for about 6 percent of the total budget.

No domestic violence program would exist at the ITC without FVPSA funds. The FVPSA funds received through the ITC are used to maintain programs with which the ITC has contracts. NNADV's director suggested that these funds helped the recipient programs become more stable and maintain more staff. She also said that this money may mean the difference between having a shelter facility or only providing nonresidential services.

The NNADV reports an increase in American Indian victims requesting services since FVPSA funding. It would appear that since programs have received money from the ITC, there has been an increased awareness of domestic violence on reservations, so that victims seek out their services in

geographical areas where they had not done so before. This increase in awareness appears to be due to the individual programs' efforts at outreach in these regions.

Future of the Program

Fewer and fewer tribes are participating in the ITC, which decreases the amount of FVPSA funds that the ITC can obtain, and the number of programs it can reimburse. The ITC staff find this situation disappointing. The executive director of the ITC believed that it would be more advantageous to expand the number of tribes involved and then create a shelter specifically for American Indian victims of domestic violence.

The shelter would be located centrally in the State. One of the difficulties the smaller tribes experience is protecting the confidentiality of the victims they serve. Because some colonies are as small as 28 acres, having a confidential shelter on Indian land is almost impossible. Confidentiality could be preserved if a shelter was created for family violence victims away from their home colony.

NNADV's director believed that there should be more outreach in the American Indian communities and other rural areas in the State and that there should be more American Indian representation on the NNADV board of directors and advisory councils.

Staff turnover appears to be a major problem in Nevada among domestic violence staff. This problem inhibits the development of some programs and places NNADV in the position of providing repeated training on domestic violence and programs management issues.

Specific Programs Working with the ITC

History and Development of Programs

The research team visited two programs funded through the ITC: the Family Support Council (FSC) of Douglas County, a rural safe homes program, and the Committee to Aid Abused Women (CAAW), an urban shelter program. The programs have been in existence since the late 1970's and early 1980's, and are at different levels of development, which may be due to the different resources and requirements of their communities. FSC is located in a small rural community and CAAW is in a major urban area.

Both programs were launched by grassroots organizers and volunteers. Both now have a board of directors and advisory councils staffed by members of the community, including mental health professionals and officers of the court FSC was initiated after the Nevada State Legislature enacted a bill in 1982 to make funding available to domestic violence programs through marriage license fees. The mental health community in Douglas County recognized the need for domestic violence services and formed an advisory council to establish a program in the county. The program began with two safe homes and a half-time coordinator.

The program now has three paid staff, two full-time and one half-time. There are three VISTA volunteers, 23 volunteers for the crisis line, 15 Court Appointed Special Advocate (CASA) volunteers, and 4 safe home volunteers.

CAAW was established in 1977 and opened a shelter, a one bedroom apartment, in December of that year. Staff have moved twice since then, each time increasing the size of the shelter space. CAAW also began as an all volunteer program and now has 15 full-time paid staff with a group of volunteers who do work that is equivalent to five full-time staff

Current Services

Both programs offer a wide variety of services. FSC has a safe home network that provides emergency shelter for three or four nights until alternative safe housing can be found, including neighboring county shelters. There is a 24-hour crisis line for domestic violence and sexual assault victims, and individual counseling and referrals for other needed services are also provided.

FSC also sponsors a batterers' program which is a men's anger control group. This batterers' group has a structured curriculum called MANALIVE, which was created by the Marin Treatment Center in

California. The volunteer who runs this group, a psychotherapist, was trained in this curriculum, which lasts for 16 weeks and has criteria for completion. Men can self-refer or be court referred.

The FSC also provides parenting education, family wellness groups, and women's and teen parenting support groups for people in the community, as well as victims of domestic violence and sexual assault. AU other counseling requests are referred to community mental health agencies which include counseling and services for substance abuse. Many of the support groups address substance abuse issues, but not in as much detail as required for treatment. The community does not have a chemical dependency treatment center and the nearest residential program for women is in Reno, Nevada, a 45-minute drive. This program has a limited capacity of 11 beds, and a long waiting list.

CAAW's present shelter is a six-bedroom house that can accommodate 21 women and children. The program provides food, clothing, child care, counseling, transportation, and referrals to other agencies. There are children's activity groups, women's support groups for residents and nonresidents, and weekly trips to Alcoholics Anonymous meetings for clients who want to go. The children who are six years old and over can also participate in sand play therapy, a form of nondirective play therapy that allows children to act out their frustrations and talk about their feelings on the violence in their lives.

The shelter program is quite structured with a 30- to 45-day maximum stay, with the average length of stay being 127 days. While in the shelter, each client can set a number of goals, e.g., obtaining housing, and enrolling in educational or vocational programs. Clients are responsible for preparing their own breakfast and lunch, but dinner is a communal meal. Programs are held after dinner and before 8:00 p.m., the children's bedtime. Support groups and children's groups are provided during these hours.

CAAW has an office at the county courthouse to help women complete the protective order filing process. (Nevada has a 30day protective order.) CAAW's executive director suggested that one of the reasons why the shelter does not operate at full capacity most of time is because of the success that the staff has with protective orders for women, which allow the victims to remain in their homes and force the batterer out. CAAW also makes referrals for other legal services.

Coordination with Other Agencies

Both programs are well known in their communities and have dedicated themselves to making other local organizations aware of their services. FSC gives a four-day presentation to the area high school on issues of family violence and sex-role stereotyping each year.

FSC staff have a close working relationship with the local sheriff's office because of their role in child abuse and prevention work in the CASA program. Because of the CASA program, FSC staff and volunteers are also well known to the prosecuting attorney and area judges. These programmatic linkages have helped to maintain the judiciaxy's support on issues of domestic violence.

Nevada mandates that police officers hand out cards to victims of domestic violence which inform them of area services, and FSC is a designated service agency on these cards. Area courts also refer clients who need protective orders to the FSC for help in obtaining them.

The FSC does not coordinate with hospitals because there are none nearby, and the medical clinics in the area do not' provide social services so that it is difficult for FSC to coordinate referrals with them. However, the FSC does coordinate with the Sheriff's Department which notifies them if a victim of domestic violence or sexual assault requires medical attention so that an FSC staff member can accompany and assist the victim in the emergency room. FSC also coordinates with the batterers' treatment program to discuss any issues related to victim safety.

FSC holds several fundraising events during the year, which include public education and outreach activities. CAAW is also well known in its community. Staff work with community mental health services, and some area clinicians are willing to counsel CAAW's clients.

CAAW staff provide training to area social service agencies, police departments, and hospital staff. The staff have been able to train hospital emergency room personnel to identify victims and make referrals. Some area hospitals have had to reduce staff, so that their social services are now limited to the areas of sexual assault and child abuse

With an office at the county courthouse, CAAW has high visibility in the judicial system. Although CAAW has offered training to local police departments, the departments which have limited training budgets do not often enlist CAAW's services. The NNADV does provide training to police departments statewide.

CAAW staff have also been able to coordinate with local schools in order to transfer clients' children there. Shelter residents are given a week to get their children enrolled in a local school, or back in the school near their home. The schools tend to be cooperative and are made aware of the safety issues regarding kidnapping.

Records and Reporting

Both programs conduct intake and exit interviews with clients and keep records on contacts and referrals. They each use release of information forms to allow staff to make necessary referrals and pass along pertinent information. FSC keeps records on victims even if they refer them to a shelter, in order to enable them to follow-up on the clients.

The ITC requires minimal monthly reporting, and the NNADV also requires minimal quarterly reporting. Both the ITC and NNADV require data on the numbers of clients served and services provided, Other funding sources have more stringent reporting requirements. Both programs have to make separate reports to all private funding sources, such as United Way.

staffing

Both programs have experienced staff. FSC has two full-time staff both with professional training in counseling, and sexual assault and child abuse issues. The part-time staff member, who is responsible for the parenting program, is also a professional in the social welfare field

CAAW does not require licensure, but has several staff members who are licensed social workers. The program does require staff to have a degree and/or relevant experience and there is a hiring preference for formerly battered women. "Survivors" are believed to provide positive role models for battered women, and are also believed to be able to better empathize with battered women than counselors who have not experienced violence.

Both programs offer support to their staff. FSC makes every effort to send staff to available and affordable training programs. There are weekly staff meetings and informal support through flexible scheduling. FSC cannot offer health insurance but does provide paid vacation leave to its staff. Salary issues are a real concern -- a caseworker earns only $18,000 a year.

CAAW has weekly staff meetings and other training sessions in-house when possible. Supervision is provided by the executive director and department heads. CAAW is able to offer its full-time staff health benefits and paid vacation.

Population Served

FSC sheltered 323 victims and children in FY 1990. FSC's director reported that at present the program provides emergency shelter to four or five individuals on any day of the week. This does not include the number of calls received and the amount of nonresidential services provided. FSC serves a rural community which is mostly white. However, there are two American Indian communities in FSC's catchment area, with a combined population of about

2,000. No data were available on the number of American Indians served by FSC.

CAAW provided the research team with more detailed statistics. In calendar year 1990, CAAW received 6,958 calls, the majority of which were from white people (79 percent). The rest of the callers are evenly distributed among African-Americans, Hispanics, American Indians, and Asians. CAAW received 207 calls from American Indians in 1990. This program sheltered 524 women and children in 1990. Seventy-nine percent of these were white, with 8.4 percent African-American, 4.2 percent Hispanic, 4.8 percent American Indian, and 3 percent Asian. CAAW also helped clients ftle 2,586 temporary protective orders or other related orders through their office in the courthouse.

CAAW does not have an outreach worker for the American Indian communities and does not have any American Indian staff members or volunteers. In contrast, FSC has a VISTA volunteer who is American Indian. This volunteer functions as liaison between the tribes and FSC. She is currently adapting FSC's parenting education and women's support group to the needs of the American Indian communities. Previous attempts at making presentations in these communities were unsuccessful due to low attendance.

FSC's director estimated that American Indians comprise about 10 to 15 percent of the people who receive shelter from the program. She noted that American Indian victims tend to spend more time in shelter than other victims, because of their lack of resources outside the Tribal community.

Both FSC and CAAW receive calls from men, either reporting victimization or the need for services to stop them battering the women with whom they are living. Both programs have agreements with local motels to house male victims, although this is a rare occurrence.

FSC held a fundraiser recently that included an educational presentation on victimization and services provided. In that same month, 40 percent of the program's crisis line calls were from males who reported victimization. Other males have self-referred for the anger control group. One man came in to see if he could get a protective order for himself, because he was afraid he would get violent and wanted to protect his partner.

Budget and Funding Sources

FSC and CAAW have very different budgets. FSC receives Victim of Crime Act funds through the NNADV ($8,000), county funds, and funds through the United Way. FSC also receives about $24,300 from the State through marriage license fees, and the fundraisers in the community bring in about $12,000. FSC receives about $4,000 in reimbursement from the ITC for services to American Indian victims. These funds from the ITC are all FVPSA funds. Since FSC's annual budget for 1990 was about $115,000, Tribal FVPSA funds amount to about 3 percent of FSC's annual budget. Although this seems to be a small amount, FSC depends on many small grants in order to function.

In contrast, CAAW has a much larger program and a much larger budget with larger grants. CAAW's FY 1991 budget, including the transitional housing project, was $1,070,995. CAAW receives PVPSA funds from the State. The ITC also reimburses CAAW for services rendered to American Indian victims. State FVPSA funds amount to $17,368 and those from the ITC to $3,123. FVPSA funds from the ITC amount to approximately .2 percent of CAAW's budget. The State FVPSA funds constitute about 1.6 percent of the total budget. Again, although these are small amounts, they help to maintain the program's stability. For example, travel costs for CAAW, which include the transportation of victims, are estimated to be $2,236.

Impact of Federal Funds

FSC is a growing program. In 1987, the annual budget was $39,000. Since 1987, and since receiving funds from the ITC, the program has grown and added different components. FVPSA funds through the ITC have played a small part in this expansion. These funds have made it possible for FSC to develop materials, engage in outreach activities, and begin to

meet the needs of American Indian victims. FVPSA funds are used to provide services to American Indians, which otherwise would not be possible given the limited budget of this small rural program.

CAAW is also continuing to grow, but is at a very different stage of development than FSC. CAAW uses the FVPSA funds to support the program as it currently operates and serves American Indian victims. With the State F'VPSA funds, CAAW makes shelter mortgage payments and pays other shelter operating expenses, including bus tokens for clients needing transportation. FVPSA funds from both the State and the ITC enable CAAW to maintain current services.

Future of the Programs

Both FSC and CAAW want to expand their services in the future and establish a new shelter facility. FSC's executive director believes that the population in the area has grown enough and the number of victims needing shelter has increased sufficiently to warrant a local shelter.

The FSC director wants to do more outreach with the American Indian community and educate Tribal police and courts, and to help the tribes create Tribal codes for domestic violence. The lack of Tribal ordinances for domestic violence is frustrating. It is not feasible to offer training to Tribal prosecutors, judges, and police on issues related to domestic violence, as long as it is not recognized as a crime on Tribal lands.

In relation to the need for more awareness about domestic violence in the American Indian community, a shelter, and more stable funding, the director of FSC would like to offer more programs for teens in the schools as an avenue for violence prevention. FSC's director also supports the establishment of a low-cost legal clinic for people in the community.

CAAW's executive director, a co-founder of the program, has seen the program become less dependent on outside agencies. Staff have been able to incorporate legal services into their program, and provide transportation costs and minor application fees that victims have to pay at times for items such as copies of birth certificate&

CAAW's executive director was also interested in expanding staff benefits. Many of the women on staff are middle-aged and she would like to be able to offer them retirement benefits. This would provide an incentive for the women to stay on and give them a sense of security.

XII. CONFEDERATED TRIBES OF THE WARM SPRINGS RESERVATION

History and Development of Program

At present, victims of domestic violence on the Confederated Tribes of the Warm Springs Reservation are referred to the Victim Assistance Program (VAP) on the reservation (see Exhibit 9 for reservation and program location). The VAP was initiated by the Crime Victims Compensation Director of Oregon, the Federal Victim-Witness Coordinator for the U.S. Attorney's Office, and the Director of the Health and Social Services Department on the reservation. These three individuals gathered together a group of community members to decide whether to apply for Federal funds made available from the Victims of Crime Act (VOCA) in order to start a victim assistance program. The group agreed that violence, including domestic violence, rape, and child sexual abuse, was a problem on the reservation.

A Victim Assistance board of directors consisting of community members was established and the board members advertised for a program coordinator. Not many people applied for the job, it took six months to fill and only seven people applied. The person selected is an enrolled member of the Confederated Tribes and has lived on the reservation for most of her life. She has been the coordinator for two years. The previous coordinator was the Director of the Health and Social Services Department on the reservation.

The VAP has moved to several different office areas and is currently located in the Public Safety Department of the Law Enforcement Branch of the Confederated Tribes (see Exhibit 10 for Triial organizational chart).

Current Services

The VAP offers crisis intervention and then refers victims of domestic violence to any other services that they may need. VAP staff provide a crisis response team through the police department dispatch. Many times a victim assistant will accompany a law enforcement officer to the scene of a domestic violence case or rape. Victim assistants then provide crisis intervention and discuss the victim's options for obtaining safety and medical services if necessary.

The closest emergency shelter for battered women is in Bend, Oregon, about 50 miles from the reservation community. However, many of the victims prefer not to leave the reservation. In these cases, and at times when the shelter in Bend is full, VAP staff house victims in motel rooms in Madras, a neighboring town. VAP staff meet with the shelter staff in Bend as often as possible to ensure that American Indian victims of domestic violence are being treated with respect in a culturally appropriate way.

Staff make sure that victims of domestic violence and rape get to the hospital or clinic. Often, the volunteers and staff of VAP use their own vehicles to transport victims, and VAP staff also provide emergency food and clothing when necessary.

Clients with counseling needs, other than crisis intervention, are referred to a community counseling program on the reservation which includes substance abuse counseling services. VAP staff expressed satisfaction with the cooperation of these counseling services, which are funded by the State, Indian Health Service (MS), and Tribal monies. This community provides individual, family, group, and children's counseling.

VAP staff also refer clients to a grief program that is provided by the community mental health services program. It is a traditional American Indian grieving program designed to assist people in accepting loss and getting on with their lives. This loss could be due to the death of a loved one, or the loss of identity or self-esteem due to victimization.

VAP is just starting women's support group programs. At the time of the interview, staff were developing the training program for the facilitators. They had held one organizational meeting, and they hope to provide four groups with two facilitators each.

Exhibit 9 Oregon State Map with the Confederated Tribes of the Warm Springs Reservation Program Location

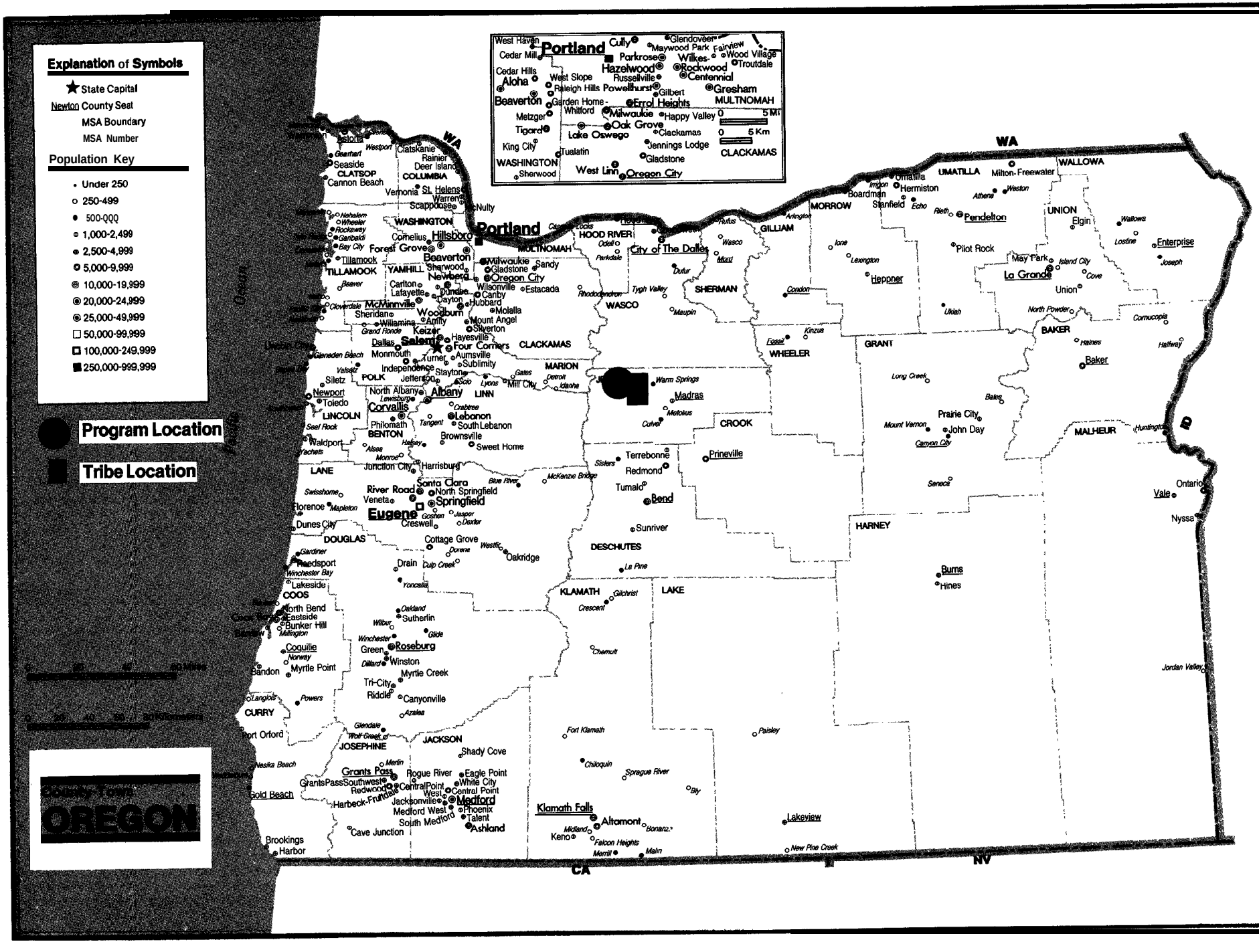
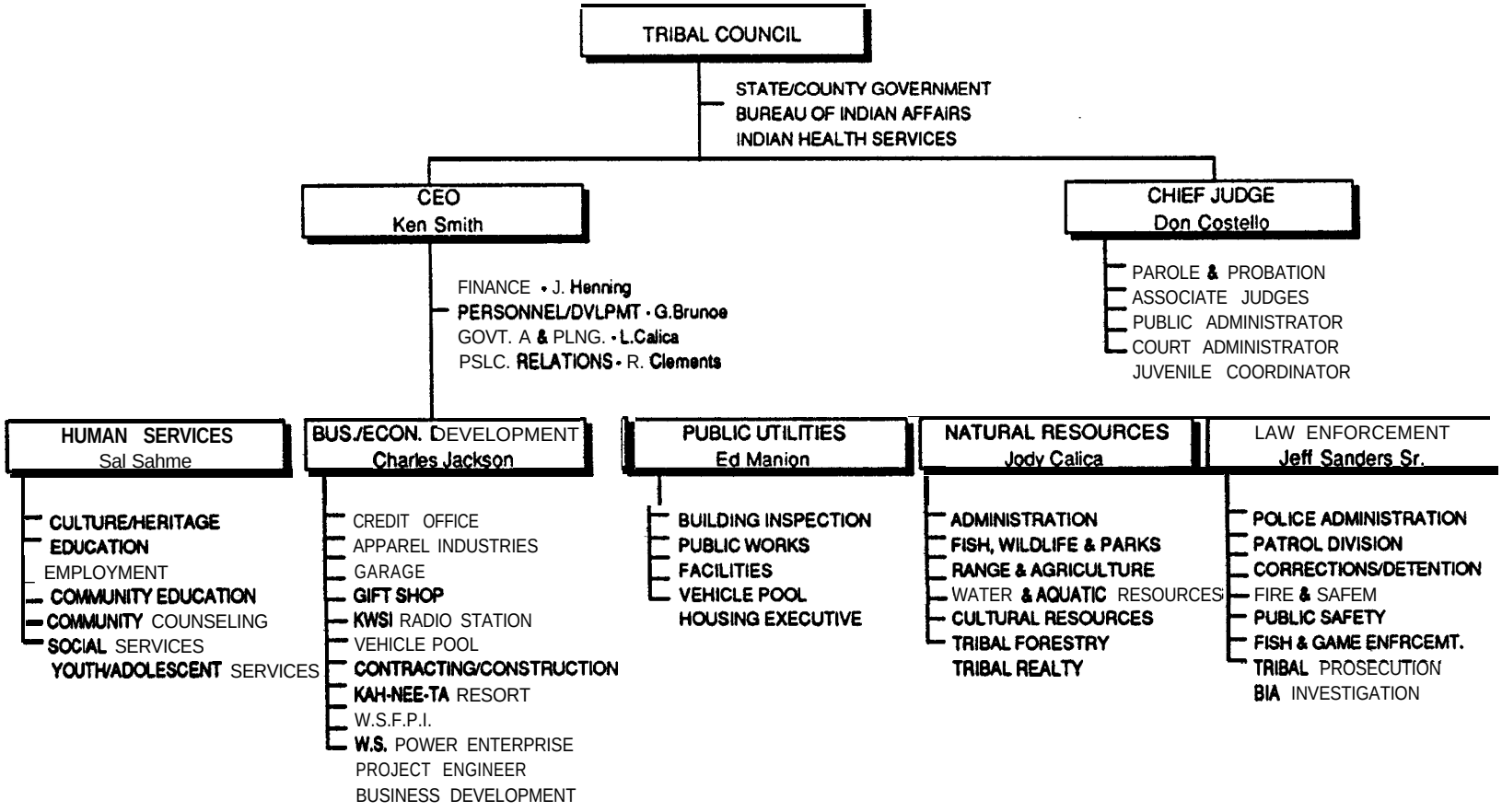


Exhibit 10:
Confederated Tribes of Warm Springs



Parenting education is offered informally to victims. Volunteers and staff make suggestions on nonviolent discipline techniques and other parenting issues. They also work with the parents of children who have been sexually abused and share the material used in this component of the program with other parents. These materials include video tapes and books about preventing child sexual abuse and about opening communication with children so they will feel free to talk about being abused in any way.

VAP staff provide legal advocacy through the court system and work closely with the Tribal police department and the Tribal prosecutor. They also refer victims to Legal Aid if they want to file for restraining orders or petition for divorces.

Coordination with Other Agencies

The VAP is located in the law enforcement branch of the tribe and coordinates activities with law enforcement officials, prosecutors, the judiciary, and other social service agencies in order to provide the most comprehensive program possible to ensure victim safety.

During the research interview, the team had the opportunity to speak with a captain of the Tribal police department and the Tribal prosecutor. Roth these men reported that the VAP coordinator was instrumental in educating them and others about domestic violence and issues related to victims of crime. The coordinator has almost single-handedly created the network linking the VAP to other community organizations.

If the police are called to a domestic violence incident and there is evidence of injury, the primary aggressor is arrested. In cases of assault, there is no mandatory arrest policy, but there is a pro-arrest policy. When there is adequate evidence, the prosecutor files charges, not the victim. In fact, in all criminal court cases, the prosecutor is responsible for filing the charges.

In order to obtain adequate evidence, the prosecutor has implemented a policy that requires officers to take pictures of the crime scene and of the victim's injuries. With this evidence the prosecutor can prosecute a case without the victim having to testify in court He has found that victims often want him to drop the charges and refuse to testify because they are afraid to antagonize the batterer or because they want to reconcile with the batterer. The prosecutor prefers not to drop the charges and, with the photographs, has enough evidence to prosecute without the victim's cooperation. Domestic violence is considered a crime against the community.

The prosecutor has also been able to create a 24-hour response process for assault cases. The officer who responded makes a report and delivers it to the prosecutor the following day. The prosecutor reviews the case and evidence and files charges accordingly. In the past this was a much slower process, especially for domestic violence incidents because, according to the VAP coordinator, the previous prosecutor was concerned that convicting the batterer would break up the family. If no charges are filed within 24 hours, the court is obligated to let the person go.

On the reservation, a person is brought in for a baii bond hearing within 24 hours. When the prosecutor does file an assault charge in a case of domestic violence, he grants bail and release on condition that the perpetrator have no contact with the victim or the victim's residence. This is better than a restraining order, because if the perpetrator does contact the victim, and it is reported, the police can take him back to jail. If a restraining order is violated, there has to be a hearing to prove this violation.

Victim Assistance staff help the prosecutor by responding to the call, once it is safe to do so, and by interviewing the victim. VAP staff make a report to the prosecutor about the case and the victim's statement. They also provide the victim with safety in a confidential location, which lessens the opportunity to coerce her into repealing her complaint.

These procedures are well organized and police are cooperative. However, Warm Springs Reservation has about 1,000 miles of roads that

police must patrol and usually there are only two officers on duty per shift.

The Tribal Council has been very supportive of the VAP. This support is quite helpful because all the judges report to the chief judge, who, in turn, reports to the Tribal Council. VAP staff have also trained judges on the problems of domestic violence and other victim issues. Many of the judges refer victims to VAP whose staff then advocate for the victim in the legal system.

VAP also appears to have established some coordination with area hospitals. If VAP gets a client who needs medical assistance, hospital staff provide care for them as soon as possible. If a victim goes to the hospital before VAP becomes involved, the hospital staff are willing to complete medical reports. The VAP coordinator, however, reported that the hospital staff do not notify VAP if they have a woman who has been victim&d, nor do they inform the victim of her options. The VAP coordinator also reported poor response from the IHS.

The social services on the reservation are operated by the Bureau of Indian Affairs (BIA). The VAP coordinator reported that the staff in this agency are conscientious about reporting incidents of domestic violence. When BIA staff make a referral to VAP, they follow-up on these clients and VAP staff do likewise with the people they refer to BIA social services.

The VAP coordinator reported that the Tribal Council and community supported the program. This support, however, was not gained through the usual means of community education or prevention programs, but in more informal and also more traditional ways. The coordinator said that organizing community meetings to talk about violence and the VAP would not work because people in this community do not normally congregate like this. It is much more effective to go from home to home and work with individuals one-to-one and then let "word of mouth" do the rest. The coordinator believes this program has raised community awareness through these more informal educational techniques.

Records and Reporting

VAP staff keep records of their contacts with victims and make reports to the prosecutor when necessary. They also submit monthly and annual reports to the General Manager of the Public Safety Department.

VAP staff follow-up with clients and referral agencies. If a client is referred to a mental health agency or a shelter, VAP staff will make a call to inquire if the client has followed through on the referral and make sure that the other agency is doing its part.

Other follow-up is more informal. Warm Springs is a small community in which the sense of cohesion is strong. Most people know each other, so it is possible to find out about former clients. Volunteers in VAP also make home visits and check in with their clients.

According to VAP staff, most of the domestic violence victims return to their batterer. Staff report, however, that through repeated contact with VAP, victims seem to get better, become more assertive, and get the courage to file for restraining orders or divorces. The coordinator reported that two of her clients have moved on to establish independent households, because of the lack of housing, one person had to wait eight years to get a house on the reservation.

Staffing

VAP is run mostly by volunteers. There is a full-time coordinator, a part-time volunteer coordinator, and a part-time secretary. There are two other volunteer victim assistants, and many others who help on committees and provide other services such as transportation and safe homes. The VAP coordinator is responsible for grant writing, fundraising, and training. She also provides direct services. The volunteer coordinator schedules volunteer training and supervises other volunteers' work. She also provides direct services.

The majority of VAP staff and volunteers are enrolled members of the Warm Springs reservation. In regards to serving victims, the coordinator said:

> I think it is beneficial for people to know that someone understands what they are going through, understands why maybe they don't want to leave the reservation...I think it's really nice to have another Indian person for them to communicate with.

Most of the volunteers have come to the program because they or their children have been victims and have been assisted by VAP. There are no formal screening procedures for the volunteers and most are not required to complete an application. These women believe that VAP staff know them and do not think that a formal application is necessary. The coordinator stated "...we really don't have a volunteer application. We help each other stay healthy because in our community where so many people have experienced and are experiencing violence, we're all getting better and helping {together}." This includes allowing previous clients to volunteer as part of their own healing process.

The volunteers are trained annually. The community counseling department provided a five-week training in crisis response for domestic violence, and general crisis response for suicide and rape. VAP also provided training in working with child sexual abuse victims and offenders.

The coordinator reported that other American Indian community representatives with whom she has been in contact are surprised that she has a successful volunteer program. These other representatives seemed to believe that American Indians do not volunteer as individuals. The coordinator was offended by these remarks and stated that part of the American Indian heritage is to care about the community and each other. She believed her volunteers to be 'working because they want to, not because they have to and they are very dedicated...They are very dedicated to helping other women and children get through some of the things they have gone through, so hopefully their children won't have to" go through those same things. One volunteer the team spoke with described her work as being able to give something back to the community.

Population Served

The Warm Springs Reservation has a population of about 3,300 people. According to the police captain interviewed by the research team, the police get about 30 domestic violence calls a month He also reported that there are 10 to 25 assault and battery cases a month, some of which involve domestic violence incidents. There are 3,000 arrests made on the reservation a year, most of which are related to violence and/or substance abuse. As of April 1991, VAP served 105 primary victims and 280 secondary victims for the year (1991). (No other statistics were available.) The police captain stated that violence is prevalent in American Indian communities. According to the FBI, in the National Crime Reports, estimated that violence is estimated at 8 to 9 times greater on reservations than in other communities.

During the research interview, the coordinator and the others spoke extensively about the loss of cultural traditions on the reservation and how revitalizing these traditions could help people become leas violent. The VAP coordinator reported that in the native languages of the tribes on the reservation, there are no words for "crime" or "victim." She said that when people did commit violent acts in the past, they were severely sanctioned by the community. In the past, when a wife was beaten by her husband, the victim would be treated with respect and care by the community and her family would seek restitution. The community would also expect the husband to pay restitution to his wife's family. Thus, a crime of violence was a crime against the community.

The director reports that American Indians have lost sight of many of their traditional values and ways of dealing with perpetrators of violence when their culture began to decline through contact with the dominant white culture. The coordinator reported that some of the elders in the community try to protect perpetrators for the sake of the family and community image instead of making strong

statements against their behavior. Some people have even said that abusive behavior toward children were traditional child- rearing techniques. The Warm Springs Tribal Council has created a Cultural Heritage Committee that has produced a child abuse and neglect manual. This manual explains the traditional ways of rearing children, which do not include violence.

On this reservation as on many others, there is high unemployment, a 50 percent high school drop-out rate, and a high incidence of substance abuse. The reservation itself remains isolated, due in part to the geographical location of the reservation in rural Oregon, and to the attitudes of some of the people in surrounding towns.

Many of the services provided or being planned by VAP are designed to meet the culturally specific needs of this community. The coordinator said that American Indians are very spiritual people and that all services need to be provided within that content. She reported that:

> [O]ther shelters told us to keep so-called...religion or spirituality out of our work. That hasn't worked in Warm Springs. It just leaves too much of a void in our people...Indian people are very spiritual people. They have always in some way or another been connected with spirits or spiritually with a greater being... So we have a real different way of running our program from the outside world, because our people would be incomplete without not only mental stability, emotional stability, but spiritual health as well.

The coordinator also spoke about the language barrier some American Indians encounter when seeking services from the shelters off the reservation. This barrier is not due to a lack of knowledge of English, but because the people of Warm Springs tend to use expressions that do not always mean the same thing to people in the outside world "The way we speak and what we say and what we mean, may mean something different to somebody else because of the way we look at the world" The coordinator said that the people of Warm Springs use humor to teach and many times a cutting remark that would be deeply hurtful to an outsider is taken as a joke by the other person from Warm Springs. These differences in language use and world view require the understanding of service providers.

Budget and Impact of Federal Funds

The VAP had a total budget of $20,000 for 1990. This money was used to pay salaries, provide emergency transportation, and shelter women in motel rooms when necessary. VAP receives $6,154 from FVPSA funds, which amounts to about 31 percent of the total budget. The VAP also receives funds from VOCA and from the tribe.

VAP depends on FVPSA funds for its existence because these funds account for a large proportion of the VAP's budget. The money is used to pay for emergency shelter, transportation, and other emergency needs. FVPSA funds are used for all components of the program except the coordinator's salary.

It is difficult to quantify the impact of the VAP because not every contact results in sheltering. The number of bednights is not an accurate indicator of the impact, nor is the number of women who establish independent households. The content within which the victims live creates very different realities that inhibit their leaving the reservation or establishing a new residence in the community. This is a small, fairly poor community, in which people have limited employment opportunities.

However, the VAP is having a positive impact. The staff believe that slowly but surely the community is acknowledging the pervasiveness of domestic violence and child abuse on the reservation, and that such behaviors are unacceptable. The coordinator stated "...it makes me feel better today just to talk about it because I don't think these things would have happened without the {VAP} and our strong leadership in council and the strong leadership of the people here. There are people that are starting to

come forward and change before our eyes." The coordinator stated several times that this community needs to heal itself to end all the violence. The VAP appears to be the catalyst in this process.

Future of the Program

The Victim Assistance Program is in its beginning stages. It has many plans for expansion, but this expansion depends on the program's ability to procure new funding sources from grants. The program has submitted a proposal for a batterers' treatment program. The coordinator wrote the grant to obtain funds from the IHS alcohol program in order to combine batterers' treatment with substance abuse treatment. There is no specific curriculum planned as yet. A therapist from another reservation who had worked on a similar program has been contacted. He developed a program on his reservation and is willing to do the same for Warm Springs. An additional proposal has been submitted to begin an anger control group in the Tribal jail.

Another proposal has been written to start a half-way house for adolescents who are returning from substance abuse treatment. This house also would function as a shelter for victims of domestic violence. There is a need to have a shelter on or close to the reservation because some women are not willing to go far away and do not want to leave the community. One factor contributing to some women's reluctance to go to a distant shelter is that children who have been victimized by the domestic violence incidents are further victimized by being taken out of school and away from a familiar environment.

The impetus for the half-way house/shelter came from the idea that when an adolescent had completed treatment for substance abuse, he or she returns to the same environment or system in which the substance abuse began and the same interactions could start again. If a half-way house is provided, the recovering adolescents are given more time to gain the strength necessary to maintain their recovery and firmly establish more functional coping mechanisms. This same principle could be applied to the battering situation. The shelter could provide victims with a place in which to consolidate their strength and skills to change their lives as well.

Another proposed grant has been developed It would provide a program for children who have been victims of violence and/or witnesses of domestic violence. This program will focus on traditional ways of healing. The staff hopes to use old legends and create new legends to help children understand their situation and how to prevent violence from recurring in their lives. They also are hoping to use traditional "sweats" to help these children heal. This rite of purification is common among American Indians. The staff hope to use elders in this program as well, in order to promote a sense of pride in being American Indian.

Addendum to Confederated Tribes of the Warm Springs Reservation

Since the research team's initial visit to the Victim Assistance Program (VAP) in May 1991, the program has undergone some changes. In August 1991, the director took a leave of absence to attend graduate school. Thereafter, State VOCA and child services funding was temporarily suspended until a new director could be found A new director was appointed, but resigned when he learned that he would not have the assistance of the two case workers whose salaries were then being paid with the salary of the former director that had been funded by the Tribe. One of the case workers, was then appointed program director in January 1992. Under new leadership, the goals and priorities of the program have been redefined The following addendum focuses on the changes in services provided and updates the description of the content in which services are provided

Current Services

The VAP is now organized to provide services to victims of domestic violence, sexual assault, and child abuse. The main services now offered by VAP are court advocacy, transportation, and case management. The program has shifted its emphasis toward coordinating services that are available (as opposed to producing them) and toward maintaining follow-up contact with clients.

Shelter services have been maintained through the assistance of a group of ministers in a nearby town. This group pays the cost of motel rooms in a nearby town, and victims can get counseling through the Warm Springs community counseling program while they are in shelter.

The VAP has received three referrals from the Tribe's senior citizen program this fiscal year. The VAP provides referrals and advocates on their behalf with the general assistance program and in the court. One case involved an elderly woman and her teenage grandchildren who were abusing her verbally and who refused to go to school. The court has required the children to report to the juvenile coordinator and probation officer every day. If they gave the grandmother a hard time, the grandmother was told to inform VAP and the grandchildren would have to sit in jail until they behaved. The director of VAP is part of the Juvenile Justice network and makes presentations about the VAP to the staff in that system.

The VAP continues to work closely with the police and the prosecutor's office. The director estimates that roughly 99 percent of the domestic violence cases involve the prosecutor's office because the case workers encourage victims to file complaints. The new director said that it is important to give the batterers a punishment to teach them that domestic violence is wrong. Some of the victims do not want to increase the tension and put their children through this trauma, but the VAP staff explain to them that the violence affects the children. The director stated that many of the victims do not realize the effects that the violence has on their children until they are pointed out. When victims refuse to report the incident, VAP informs the prosecutor so that the prosecutor will know that it has happened before. The prosecutor's office also informs the VAP case worker when a perpetrator is released from jail or prison so that VAP can warn the victim and offer assistance.

VAP case workers provide court advocacy services for victims and their families. These services include representation for those victims who do not want to appear in court to show cause, a procedure that is necessary for obtaining temporary restraining orders (TRO's). Legal aid has trained VAP workers to file petitions for restraining orders. Before this training was available, many petitions for restraining orders were sent back but none have been denied since training was obtained VAP staff and volunteers also accompany victims and their families to court. Case workers assist the victims through the stages of the justice system such as at pm-trial conferences and negotiations. If the victims need assistance to obtain a divorce, VAP will still refer them to Tribal legal aid

VAP staff no longer go on calls with the police as they sometimes did previously. The police have

"hot sheets," lists of all TRO's that have been filed and are currently in effect, available in their cars when they are on patrol. The police call VAP to aid the victim after an incident has occurred and there is no longer any danger. Police obtain the necessary evidence, such as photographs, in order to prosecute the case without victim testimony. VAP obtains impact statements from the victims and encourages them to file complaints and offers them support and services such as transportation and referrals.

VAP refers clients to the community counseling program and informs staff at that program if the victim and/or the perpetrator was drinking or using other drugs when the incident occurred. The program will then refer the victim and/or the perpetrator to the substance abuse treatment program in that building in addition to providing counseling services. The substance abuse treatment program staff then inform VAP when these clients have completed the treatment program. Workers at the three programs also inform one another of progress seen during their follow-up.

Staffing

The director of VAP now coordinates training for her volunteers and police department, dispatch, and corrections staff with the Good Grief program at the community counseling program. This program uses traditional healing ceremonies and program materials to explain the process of healing after a person has lost somebody or feels she has lost something of herself. The program coordinator who runs that program explains the nature of the problems VAP works with and the nature of crisis intervention to the volunteers and other training participants. VAP was also able to offer training to staff and volunteers through a combined training program in Salem in which victims spoke about the ways in which they were treated and what helped during their crises. In addition, new staff members and volunteers are paired with people who have been at the program for a long time so that they can be trained and supervised at the same time.

The director has redesigned the volunteer program. VAP currently has 10 volunteers who meet once a month with VAP staff to discuss problems and to offer support to one another. The director has also met with all old volunteers to discuss their satisfaction with their roles and to renew the contracts of those who wanted to remain with the program.

The director and staff are supported by the Tribal Council and the VAP advisory board, which meets monthly to address program issues. The new director invites representatives of community counseling, the police, and other members of the community to bring their issues and concerns to this meeting.

She also reported that staff members provide moral support to one another by sharing prayers, and take breaks when necessary in order to prevent burn-out.

Follow-up

Because VAP staff members specialize in particular types of cases, the director reports that it is easy for them to understand and anticipate clients' needs, as well as to build professional relationships with staff at other community agencies. The VAP director reported that referral agencies are good about notifying the program about case outcomes. Because Warm Springs is a small community, the staff also run into clients at the store or around town and use these opportunities to schedule many of their home visits. Thus, they do not endanger the victims by contacting them when the perpetrator is present.

Population Served

Within a five-week Period prior to the second visit of the research team, about 23 new victims of domestic violence assault and battery came to VAP for aid The deputy prosecutor also indicated that a high increase in reporting has occurred now that people are aware that services exist and that something will done for victims of family violence. He stated that people are reporting now "that there is actually something going to happen; it is not going to just disappear in a file or be referred to Portland or some other town. The community is now taking more ownership (responsibility) in trying to deal with

the problem and it is very amazing how that has slowly evolved." Reporting has increased dramatically from 3,700 cases of family violence in 1990 to 5,700 cases in 1991. In January 1992 alone, there were over 600 reports made to the police department.

Both the director of VAP and the deputy Tribal prosecutor expect that there will be an increase in the number of incidents of family violence as well because the Tribe's main industry has had to lay off over 100 people. They noted that lay-offs tend to coincide with increased alcoholism and violence.

Despite this bleak picture, the director of VAP reports that approximately three out of five people who come to VAP for help do not need to return. Although the majority of victims return to the batterer, the director reported that most of them have gone through counseling and have found ways to manage their situations. The director reported that in cases where the mental abuse has not stopped after the victims returned to the batterers, many of these victims are ready to trust the decision of VAP staff to refer the batterer back into court or counseling. She attributes the success of their program to the availability of other services in the community such as counseling. She also believes that the community as a whole has a lot to do with their success. Because the community is small and close-knit, a lot of pressure is brought to bear on the perpetrator to stop his violent behavior.

Future of the Program

The director is hoping to gain an additional advocate position and a program secretary whose position will be funded by the Tribe. She plans to take advantage of training in time management, program supervising, computer, and writing skills offered by the Tribe through its Employment Development Department.

Despite the assistance of religious leaders in maintaining shelter services, the VAP board does not have any representatives from the local churches. The director would like to recruit two or three church representatives for the board She is hoping to recruit two or three church representatives for that board Finally, she plans to increase their outreach activities by utilizing the local radio station, the Tribal newspaper, and the paper in the nearby town where many Tribal members live.

VAP is maintaining services, but some proposed services described in the case study such as a shelter and half-way house were not funded. In fact, funds were cut substantially, because of the transition in program leadership. However, the new director is in the process of regaining State VOCA and child abuse funds that were previously withheld when the former director left the program. These funds are used for emergency shelter and child care, criminal justice procedures against perpetrators, staff training, and salaries. During the transition, the new director has had to rely more on networking with community services for training and service provision. Now that she has the authority to sign for the funds, she will be able to regain the necessary resources for these services.

XIII. NAVAJO CASE STUDY

Program History and Development

Prior to the enactment of the Family Violence Prevention and Services Act (FVPSA), services to Navajo domestic violence victims on the Navajo reservation were provided through the Bureau of Indian Affairs (BIA) or Indian Health Service (IHS). However, there was no specific Tribal organization or Federal agency that recognized domestic violence as an issue nor were services specific to the needs of victims funded by the tribe or Federal agencies.

FVPSA funds are distributed by the Department of Social Services in the Navajo Nation. This department is operated by the Navajo under P. L. 93-638, the Indian Self-Determination, Education and Assistance Act. This act enables tribes to contract with the BIA to operate their own programs and provides funding for these operations. The BIA provided social services on the Navajo reservation until 1982, when they contracted with the tribe to provide them. The social services department is responsible for three programs: 1) grant programs that include block grants, which are used to fund a child protective services program, a low-income energy assistance program, a day care program, an emergency school clothing program, and the FVPSA program; 2) management and information systems; and 3) the PL-638 program which provides general assistance to unemployed Tribal members. The 638 contract provides the majority of funding for the Department of Social Services. Program staff reported that 90 percent of the total funds available are used for direct services or general assistance payments, while 10 percent of the funds are used for administration.

Currently, there are no Tribal codes for domestic violence. Reported incidents are filed as assault charges. There has been a committee organized to create a domestic violence code on the reservation. Meetings of the Domestic Violence Task Force consisting of on and off reservation domestic violence programs in the region provided the impetus for this committee.

Current Services and Programming

Programs must complete an application form including a detailed budget in order to apply for FVPSA funds from the Department of Social Services (Social Services). The review process is lengthy and if one review committee rejects the application, it must be rewritten. Social Services assists individual programs in developing their budgets. For example, since the tribe allows only 26 percent of the money to be used for administration, the Social Services coordinator helps programs to indicate budget items that meet this criterion. Most of the technical assistance provided by Social Services consists of expediting the review of applications, so that the programs can receive funding without excessive delay.

The Social Services contracts with four domestic violence programs to provide services for Tribal members. Three of these are on the reservation and one is in Gallup, New Mexico, a neighboring community. Three of these programs have an emergency shelter, and the other has a safe home network. These programs provide a total of 76 shelter beds and 5 safe homes for the Navajo Nation. However, 12 of these shelter beds are located at the Gallup shelter, which serves other communities as well as the reservation. Exhibit 11 indicates the geographical locations of the domestic violence programs and their shelter capacities. The research team met with staff from all four programs.

The tribe has set the reimbursement rate for the programs at $20 a day per client if the client is a member of the tribe. All the reservation programs figure this rate into their budget. The Gallup program uses a $10 dollar a day reimbursement, because the program is large and the amount of funding available from Social Services would be depleted in the first six months of the year at the $20 dollar reimbursement rate.

Social Services has not established any requirements that programs must meet in order to be funded The programs apply to Social Services for FVPSA funds, the only source of funding for domestic violence services, and these funds are

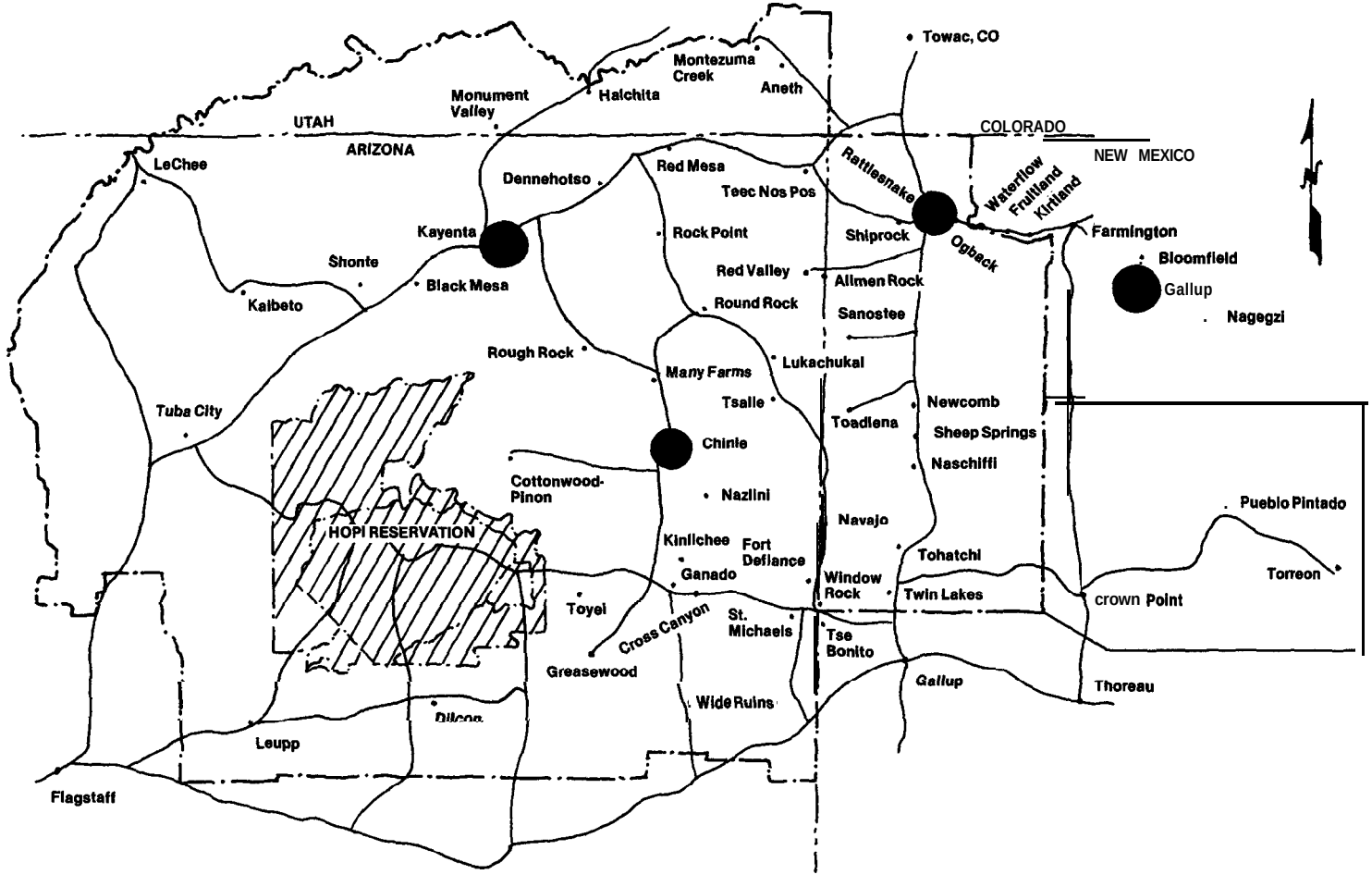


EXHIBIT 11

● NAVAJO RESERVATION 1990

allocated at a flat rate and then reimbursements are paid on a monthly basis for services rendered

Programs provide emergency services, including crisis counseling, legal and social service advocacy, and some children's programs. Two of the programs coordinate with local mental health programs and provide batterers' treatment to both court-ordered (Gallup) and voluntary clients.

As can be seen in Exhibit 11, the Navajo Nation is quite large covering parts of New Mexico, Arizona, Utah, and Colorado. It is about 25,000 square miles and is about the size of West Virginia. The distances between populated areas are vast. If one of the programs funded is full, which is often the case, women and their children must be transported to another shelter located anywhere from 100 to 300 miles away, or taken off the reservation to Phoenix, Flagstaff, or Albuquerque.

Coordination with Other Agencies

The Navajo Nation has limited law enforcement and legal services. In 1980, Tribal police were mandated to document family offenses, which included violence between married spouses only. Unfortunately, there are only two police officers per shift to patrol 34 wmmunities on 160,000 square acres. The police must give priority to life threatening situations and view domestic violence victims who are not dying as a lower priority than automobile accidents in which someone may be seriously injured. Thus, incidents of family violence may go unchecked due to the inadequate number of law enforcement officials.

It is virtually impossible to obtain a restraining order against batterers because Legal Aid in the Navajo Nation (DNA) is overwhelmed with cases. Staff take one new case a month. In addition, legal aid is only available to people who have no income. Other paralegals on the reservation expect a $400 retainer to provide legal services. Even if a restraining order is obtained, it cannot be enforced because there are so few law enforcement officers.

To date, no formal education or training on domestic violence has been provided for law enforcement officials, Tribal attorneys, or judges. Currently, the committee that is creating the domestic violence Tribal code is coordinating with Tribal judges to find out how the judges have handled domestic violence in the past and how these judges would like to see it handled The committee wants to create a code that would satisfy the Tribal wurts.

Coordination with the IHS is difficult. IHS rarely makes referrals because there are no protocols to identity victims of domestic violence. According to Social Services staff, however, IHS has funds set aside for domestic violence services. IHS does occasionally refer domestic violence clients to Social Services, but does not reimburse them.

There is a child protection program on the reservation, which is a component of Social Services and is supported by Indian Child Welfare Act funds. There are Suspected Child Abuse and Neglect (SCAN) teams consisting of social service, hospital, law enforcement, and education staff in each hospital on the reservation. These teams have the potential to identify other forms of family violence, and make appropriate referrals, but they have not yet developed any protocols to do so.

Individual programs are responsible for public education. Social Services has purchased videotapes on domestic violence that present the topics in the wntext of Navajo traditions and experience. These videotapes are available to the individual programs to help them provide culturally appropriate services.

Staffing

Social Services has no requirements for staffing in the subcontracted programs. Staff reported that most of the programs are run by volunteers and a few underpaid and overworked staff members. The executive director at one of the domestic violence programs on the reservation makes only $11,000 a year.

The Social Services coordinator, who is responsible for the domestic violence programs, has a degree in social work She is also a member of the planning committee for children's services with the Child Welfare section of Social Services. She is the only person at Social Services who knows about the domestic violence programs.

Monitoring and Reporting

Social Services requires all subgrantee programs to submit monthly, quarterly, and annual reports, because Social Services must prepare reports for the BIA in accordance with the 638 contract. The coordinator of the domestic violence program also holds meetings with program staff every three months. These informal meetings sometimes take place at the Domestic Violence Task Force meetings. Representatives from all four of the subgrantees attend these meetings. Other domestic violence programs in Arizona, Utah, and New Mexico also participate in the Domestic Violence Task Force.

Population Served

There are 168,000 enrolled members of the Navajo tribe. According to Social Services staff, 51 percent of these people are under the age of 18. The unemployment rate is approximately 46 percent, which is over seven times the national rate. According to the 1980 Census data, about 50 percent of the families on the reservation live below the poverty line (Snipp, 1989). More recent data have not been tabulated, but there is little evidence of any improvement.

Employment opportunities on the reservation are scarce. There are some large industries, including a coal mining operation and an agricultural business, but nearly all other opportunities are in the Navajo Government or offer minimum wages.

Traditionally, the Navajo were herders, raising cattle and sheep. They were a mobile society as they moved to the mountains in the summer months and down to the plains in the winter months. Some families are still herders. The land was overgrazed in the past, however, because the reservation covers a much smaller area than that to which they were accustomed The Federal Government then limited the number of sheep and cattle allowed per family.

There are 4,600 low-cost housing units provided by the Navajo Housing Authority, and 13,700 families on the waiting list for these homes. Some families live in traditional hogans and may have a mobile home or small shack on their land as well. Most people do not have running water, electricity, or telephones. The domestic violence program coordinator has been on the list to get a telephone in her home for 12 years. Because the mail system is also limited, Social Services sends materials to more remote locations by bus. If the program staff are not at the stop when the bus arrives, the materials remain on the bus and are returned to the original bus depot until the bus makes that run again. In some cases, this route is run only once a week.

In 1990 the Navajo police reported 679 family offenses. This figure is an underestimate for the following reasons:

- People without access to telephones have difficulty contacting the police when an assault has occurred.

- There are no Tribal codes for domestic violence, and police may or may not make reports when a domestic violence incident has occurred due to cultural values about preserving the family and the community.

Another reason may be the shame related to violence in the home. The Social Services coordinator of domestic violence programs told the research team about many instances in which members of the extended family discouraged the victim from getting services or reporting incidents because of the Tribal value placed on the integrity of the family.

The staff of both Social Services and the domestic violence programs reported a high co-incidence of alcohol abuse and domestic violence. Yet., there are very few alcohol abuse treatment centers on the reservation. IHS has a behavioral

health division that provides voluntary alcohol abuse treatment, but Social Services staff did not know how much those services are used. Other treatment centers off the reservation have long waiting lists, are relatively expensive, and will not admit women with their children. A Social Services staff member told the research team: "It used to be that there were some facilities in Phoenix but most of the time they are full and then they only treat that one individual. It is like taking a person out of a bucket of mud and then washing them up... putting them out and starting all over again, so it is not effective." Since the Navajo Reservation is "dry," most alcohol is bought and consumed in Gallup, which is the closest city to the reservation -- about 40 miles away. During the research team's site visit, the city council of Gallup voted in a new policy for American Indians who are drunk and disorderly. The police now drive these people outside city limits and drop them off, about 35 miles from the reservation boundary -- a long way from their home. The police used to arrest the Navajo when they were drunk and put them in jail to "sleep it off." The jail space was reported to be too small to continue this practice.

Alcohol abuse causes automobile accidents and other injuries on the reservation. According to II-IS reports of emergency room cases in 1990, 61,031 out of a total of 63,703 cases were due to accidents, poisoning, and violence. IHS does not separate out those categories. These accidents could be due to alcohol abuse, and may include domestic violence cases. The violence category includes stranger as well as family violence, and could also be co-incident with alcohol abuse.

Budget and Impact of Federal Funds

Navajo Department of Social Services has 11 sources of funding and a total budget of approximately $38 million. The bulk of this money comes from the 638 contracts with the BIA. Social Services receives $49,000 in FVPSA funds, which is about .1 percent of the Social Services budget. This is the only money available from the Navajo Government for domestic violence services. After paying for administration costs, the Department divide8 FVPSA funds among the four programs. Three of the programs receive $12,000 from Social Services. The fourth, Ama Doo Alchini Bighan, Inc. (ADABI), receives less ($10,500), because it is a newly established program with safe homes and the program director believed that they would not be able to use all the money. If programs do not use all their Social Services money, it must be returned and it is difficult to receive the same amount again. The leftover money from ADABI's portion was used to purchase materials for the Social Services resource library.

Without FVPSA funding, the Navajo Government would not financially support domestic violence programs. Although the four programs under contract with Social Services receive funding from other sources, FVPSA funds provide a stable source of funding that covers a fairly large mnge of program costs. These monies are used to maintain the programs by paying salaries, rent, client transportation costs, emergency food, etc.

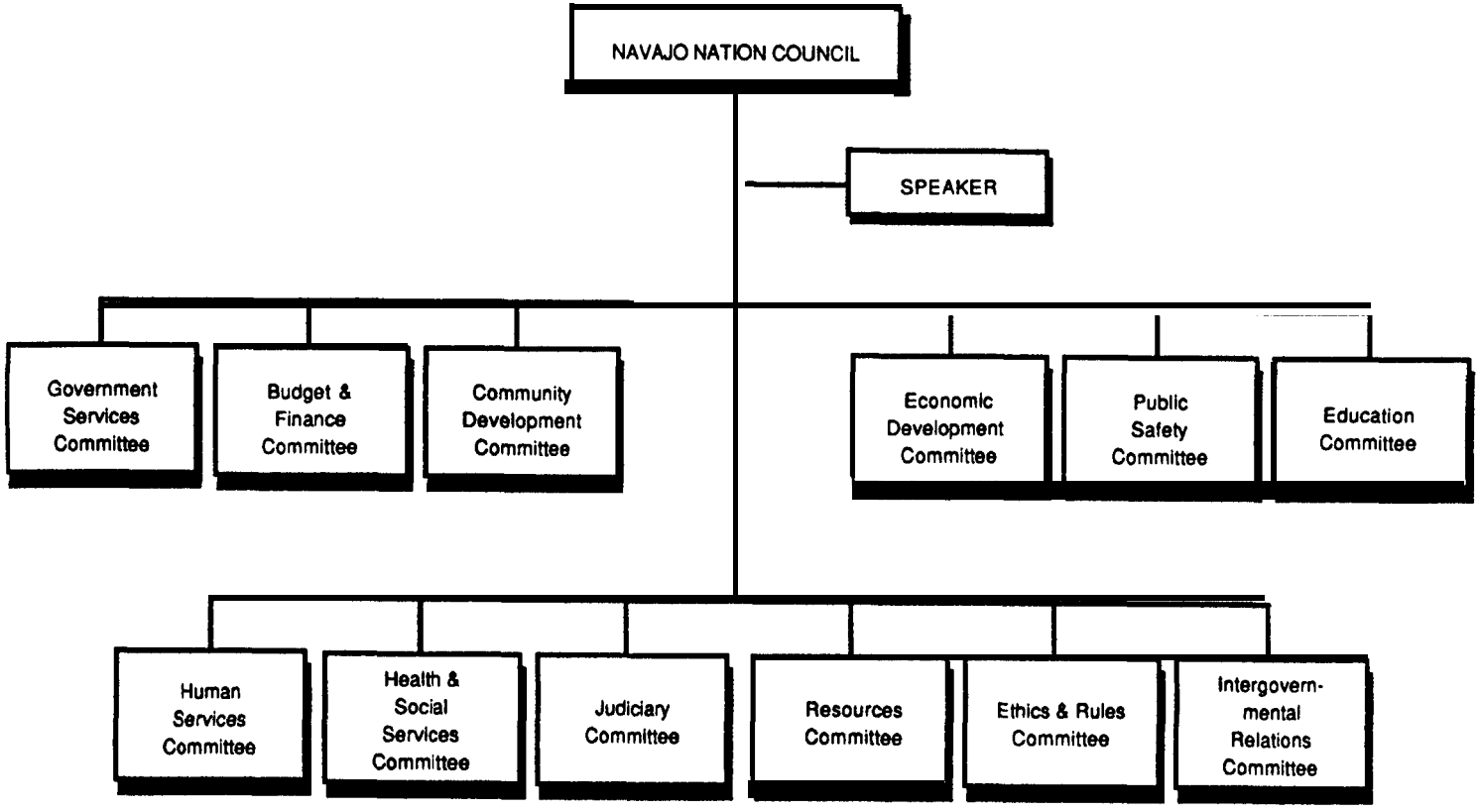
Future of the Program

The Navajo Nation's government has just been substantially reorganized in or&r to make its departments more accountable (see Exhibit 12). The previous president of the Navajo Nation was convicted of fraud and mishandling Tribal monies. The Navajo government is now modeled after the U.S. government with the three branches (executive, legislative, and judiciary) and a series of checks and balances.

This new government organization had been in place for six months when the research team arrived. There were new staff and enthusiasm for the new procedures. However, there were still problems that needed to be worked through which made it difficult for Social Services staff to plan for the future. Subgrantee programs also had difficulties planning for the future because reimbursements were held up by the extensive signatory process.

There is a proposal to create a planning committee to examine domestic violence programs and make changes where possible. Social Services staff report that domestic violence services could be

Exhibit 12:
Navajo Nation Government Legislative Branch



expanded if funds were increased. Staff view the family as a unit and they hope to be able to provide services that will help families as a whole rather than just individual members. This approach also applies to domestic violence, so that any future expansion of services will also target children and batterers. Social Services staff are seeking innovative ways to treat domestic violence and other problems within the context of Navajo culture.

Specific Navajo Programs

The research team contacted staff of all four programs contracted by Navajo Social Services to provide services for domestic violence victims. What follows is a description of the two larger shelter programs. The other two programs were much smaller. One, Kayenta, had a three-bedroom shelter and was in danger of losing the building because of HUD regulations. The other, ADABI, is a safe home network that was beginning to provide nonresidential services.

All four programs reported similar problems in serving Navajo victims:

- Isolation due to distances between populated areas;
- Lack of law enforcement officials;
- Lack of legal services;
- Lack of low income housing;
- Difficulties in obtaining land or buildings on the reservation; and
- Lack of funding, especially for children's services.

Since these issues seemed common, all four program staff reports will be included in the discussion of these issues in the final chapter of this report The remainder of the description will focus on the two selected shelter programs. The Home for Women and Children (HWC) is located in the northeast section of the Navajo Nation in New Mexico, and close to the Arizona, Colorado, and Utah borders. The program is in a relatively populated community, but would be considered a rural program by most standards. Battered Family Services, Inc. (BFS) is in the city of Gallup, New Mexico, and is an urban program.

History and Development of Programs

HWC was established in 1984 through the efforts of the United Methodist Church begun in 1978. The minister of the local church, his wife, and several other local professionals came together and presented information to the community on domestic violence and the need for victim services.

In 1979, United Methodist Women donated money to start a building fund for a shelter facility in the community. In the meantime, a volunteer staff had opened a temporary shelter in a trailer. HWC was incorporated in 1984 as a nonprofit organization, which made it possible to seek out more funding sources. HWC then approached the United Methodist Church again in order to enlist more support to build a shelter. HWC became one of the church's missions and volunteers came for two summers to build the shelter. The building was completed in 1986 and its value is estimated at $200,000. It was built specifically as a shelter for battered women, with nine bedrooms, each with a bathroom.

BFS was incorporated as a nonprofit organization in 1981. It began with the efforts of grassroots organizers from the community. Volunteers were answering a general crisis line and noticed that they were -getting many calls from battered women. They organized a community meeting with local professionals, solicited funds from local resources, and were incorporated in six months. The program began with an all volunteer staff and a safe home network in addition to emergency placements in motel rooms when necessary. Since that time, there have been three different shelter homes, each one larger than the previous site. The present one was acquired through the county and HUD.

Once the last shelter was established, the increasing need for nonresidential services became apparent. Staff have now rented a suite of offices for the nonresidential program and a satellite office is also being established in Grants, New Mexico.

Services Provided

HWC has a large shelter with nine bedrooms, a crisis line, and 24-hour staff coverage. The program can shelter up to 55 women and children. Like many other programs, HWC has a policy that excludes male children over 12 years old This decision was made because adolescent males are believed to be disruptive and some boys had been found in residents' bedrooms watching them sleep. If a client has a son who is 12 years old or older, she must make arrangements for him before coming to the shelter. Women usually leave their sons with relatives or they go to Social Services and have them placed in foster care.

Once a client arrives in the shelter, she is given the policy manual and has an intake session. She is the given towels and linens for her bedroom; any toiletries, including diapers, she may need; and clothing if she has none. Some of these supplies are donated by the church and community.

From the intake session, a service plan is made which may include finding employment or completing the application process to receive general assistance. Clients also discuss their housing plans: if they want to find alternative housing, or return to the batterer. If they choose the latter, HWC staff help women to devise safety plans and give them ideas about what items to keep handy in case they have to leave again, e.g., children's birth certificates, social security cards, and money.

HWC provides transportation. Staff or volunteers pick up clients to bring them to the shelter, take them where they want to go when they leave the shelter, and transport them to appointments. The director reported that transportation is one of the program's most important services. Women come from remote locations, and often do not have vehicles. HWC's ability and willingness to transport clients allows people that would not have been served otherwise to reach safety. If a woman in the shelter says she is afraid that her partner knows where she is and will come after her, HWC will transport her to another shelter as soon as possible. This often requires traveling long distances. In this past year, HWC has had to move three women out of the area for their safety and that of the other residents.

The director reported that the program refers clients to many services that they are unable to provide themselves because of a lack of funding. Staff make referrals to IHS for medical, dental, prenatal, child health, and substance abuse services, and for more in-depth counseling. IHS's mental health staff also provide educational group sessions on substance abuse and AIDS at the shelter. All of HWC staff provide individual and group counseling on a more informal basis. Night staff are trained to observe clients' behavior and let the counselor know of any concerns they may have about a particular client. One member of the staff is a substance abuse counselor and she helps clients with these issues. The director is a certified domestic violence counselor in the State of New Mexico. She is now supervising the other staff so they can become certified as well.

The present director was previously responsible for providing children's services, but since she has moved into her new position, no children's services have been provided, The director hopes to hire someone to provide counseling for children, but this necessitates soliciting more funds. Currently, volunteers and staff provide activities for the children and the shelter residents often go to parks for picnics. The director believes that these activities are important because they allow the children space to run. Children's activities around the shelter are restricted, especially for children who are from the local community. The shelter does not have a fenced-in play yard and children can be seen from the road, by the children's father or other family member. Often a batterer will take the children and use them to lure his partner back home.

There is no batterers' treatment in the community. HWC would like to rent some space to

provide a crisis center where batterers' treatment services could be provided. So far this has not been possible. The director reported that she works with batterers individually if they contact the shelter and ask for help.

HWC makes referrals for legal services. However, DNA, the Navajo Nation's legal aid organization, is always overwhelmed with clients as previously mentioned Very few clients of HWC have gotten divorces or restraining orders. The program also refers clients for educational services: a Graduate Equivalency Degree program and a community college. HWC also tries to coordinate with local schools so shelter children can receive the educational assistance they need.

HWC makes presentations in reservation schools and through Navajo Way (Navajo Nation's United Way). HWC's director also makes presentations across the country as part of the United Methodist Church mission program.

Most of the clients in the shelter are referred by Social Services, the police, or hospitals. Some are self-referred when they hear about the program from family or friends. Outreach is difficult because the vast distances separating remote communities require tremendous amounts of time to cover.

BPS has a 24-hour crisis line, nonresidential services, and a five-bedroom shelter with 12 beds. Staff provide individual and group counseling for residents and nonresidents. They also teach parenting skips and provide counseling for children, but not in a specialized format. Medical services are provided through referral.

BFS's shelter program also uses intake sessions and develops service plans for each resident. Service plans in BFS are also similar to those in HWC. Women work toward finding employment, or complete applications for Aid to Families with Dependent Children (AFDC). Some also work to find alternative housing.

BFS makes referrals to New Mexico Legal Services and DNA New Mexico Legal Services assists low-income clients to obtain divorces in addition to other services. BFS staff serve as advocates through the process of obtaining these court orders. BPS's director reported that New Mexico Legal Services has some court advocates who work with the Navajo Tribal court system. The Tribal Department of Public Safety also has funded a new victim-witness advocate position with VOCA funds. BFS staff refer to this advocate when they have clients from the reservation. She and the legal services Tribal court advocates are able to help clients receive legal services relatively quickly, and to avoid going through the usual channels.

BFS also has a batterers' program which uses anger control methods based on a power and control model. About 75 percent of the participants are court-ordered and 25 percent are voluntary. When a batterer is referred to the program, he has an intake interview in which a psychosocial history and a history of the violence is obtained. At this intake session, the batterer must sign a release of information form to enable the program to contact his partner. When she is contacted, she is informed about her partner's participation in the group and about the services BFS has for battered women. If the batterer cooperates and expresses minimal denial, he is accepted into the program.

The batterer is then asked to participate in an orientation group. This allows the staff to evaluate the man's ability to function in a group setting and to further assess his motivation to change. The orientation session is used to explain the program further. At the end of the session, the man is asked to sign a participation agreement and encouraged to use BFS's crisis line if he thinks he may become violent.

Once the batterers go through the orientation and agree to participate, they are placed in a group of 10 to 15 men for 24 weeks. The group is ongoing. Men are expected to attend on a weekly bask. The curriculum focuses on eight themes including gender role beliefs, anger control, and communication skills.

Each of the themes supports aspects of nonviolent and respectful relationships, such as trust and support, economic partnership, and shared responsibility. The program has just begun, and the staff have made no conclusions about their effectiveness. There are plans, however, to begin a follow-up program.

Each of the three men's group has a female and a male co-facilitator. The director reported that it is important to have a female facilitator for these groups. She reported that she is skeptical of batterers' programs that have only male facilitators because it is very easy for the men to bond with the group members and get pulled into their belief system about gender roles. She believes that if a female facilitator is present, she can challenge the men -- including the male facilitator -- on their belief system in order to break up this bonding based on "unhealthy" ideas about women.

The nonresidential services offices are located in the Behavioral Health Services department of a local hospital. The residential substance program is housed in the same building. This allows BFS to make substance abuse referrals easily for both victims and abusers. There are both outpatient and residential services.

BFS makes presentations to the community at the schools and other civic organizations in Gallup. However, outreach in the other communities included in the program's catchment area is more difficult. Staff are hoping this will improve now that they have opened a satellite office in Grants, New Mexico, with volunteers and a full-time coordinator. Outreach on the Navajo Nation is especially difficult due to the isolation of the population.

Coordination with Other Agencies

HWC has a board of directors with members from diverse professional backgrounds, including physicians, clergy, bankers, social workers, and Navajo Government officials. These board members create contacts that allow HWC to coordinate more easily with other community agencies. For example, the shelter staff can call the physician, who is on the board, for a consultation if a client is sick, and then take her to the hospital. HWC also coordinates with IHS for medical and mental health services. IHS emergency room staff make referrals to HWC when they identify a woman as a victim of domestic violence. The only problem HWC reported was that some IHS staff make inappropriate referrals. There are instances in which IHS staff will refer homeless women or women who are victims of other crimes. HWC was specifically created to assist women and children who are victims of domestic violence.

HWC's director reported that the Navajo police are as helpful as they can be with such limited staffing. The shelter will call the police if a batterer comes to the door and refuses to leave or if something suspicious is happening around the shelter, such as when a car circles too often. Police officers do make referrals to HWC, but program staff provide no training to the police on how to intervene appropriately in domestic violence cases and make appropriate referrals.

Legal services are very difficult to obtain. Most legal advocates charge a $400 retainer up front. HWC does refer clients to DNA, despite its heavy caseload, if they want to file restraining orders or start divorce proceedings.

Churches in the area are very supportive of HWC. They provide donations of food and clothing, volunteer hours to maintain the shelter facility, and contribute to shelter operating costs. However, religion is not stressed in the shelter. Women are free to participate in whatever religious services they desire, if any.

BFS also coordinates with other community agencies. The program staff provide training to law enforcement officials each year, and recently have begun to invite mental health and social service professionals to this annual training. As a result of this training, the law enforcement officials in BFS's catchment area have revised their policies and procedures for domestic violence calls. They now have a pro-arrest policy. This year BPS hopes to expand the training to include a second day for those officers who have already received the introductory

information. BFS decided to add some more in-depth information because the pro-arrest policy has resulted in dual arrests in several instances. Unfortunately, these plans may have to be abandoned because the police academy now plans to provide the training.

BFS staff are concerned about this because they believe the information will not be as accurate. In the BFS training, local prosecutors and judges also provided information on the legal issues involved so the training was quite comprehensive. BFS's contact at the local police department shares the director's concerns and is trying to return responsibility for the training program to BFS. The police department was concerned because BFS was not certified to do this training. The contact/liaison believes that the certification process is fairly simple and is going to try to get BFS this certification.

Coordination with Navajo police is not well established. BFS's director described the shift officer's coverage area as outrageous and reported that the Navajo police have no specialized training in domestic violence.

Coordination with the judicial system has been established in the local community. The city prosecutor and the city court judge, who is a woman, were reported to be strong advocates for battered women. The city court judge is the primary referral source for court-ordered batterers' treatment. The district court has been supportive of battered women by providing civil protection orders, but has not been as cooperative with BFS. If the district court mandates batterers' treatment, it does not always let BFS know who these men are, and is unwilling at this point to keep a monthly roster. BFS staff do not know who is to come to treatment and therefore cannot report back to the court if the batterer is in compliance. Hence, the court mandate is unenforceable.

Court-ordered batterers' treatment through the city court is much better organized. One clerk is responsible for monitoring the men who have been mandated to treatment. If the men are noncomplaint, they can be sent back to the court.

BFS also has established a good working relationship with the schools. Staff will be providing training to school counselors in the next school year so counselors can identify families who experience violence. BFS also provides preventive education programs in the schools if requested. Local schools enroll the shelter children transferred to their district.

One BFS staff member has a master's degree in divinity and actively coordinates with local churches. She has written a grant proposal for the church that will create a discretionary fund that can give small start-up loans for women in transition for security deposits, utilities deposits, etc. This church also rents a space to collect donations of clothing and furniture to' which shelter residents have access.

Record Keeping and Follow-up

Both programs keep individual client records which include an intake and an exit interview and referral records. The exit interview also includes a questionnaire for clients in which they evaluate the program. Staff at both programs use these questionnaires to evaluate their programs and make changes where necessary.

HWC staff have attempted to follow-up with clients in the past but found this to be extremely difficult because of the great distances between their location and those of many former clients, the lack of telephones, and the lack of staff available to make follow-up contacts. The director reported that letters are sent to former clients but responses are rarely returned. The staff try to make home visits for clients in the local community.

Most women return to their partners after their shelter stay in part because there is a lack of low-income housing. HWC staff do take clients to look at apartments off the reservation, but there are restrictions on the number of people allowed per housing unit under State or county jurisdiction. The HWC director reported that:

> Navajo people live a little differently than the dominant society. The dominant society says this bedroom will take care of

> two kids and only two kids...whereas a hogan which is the same size as that one bedroom will house as many as 15 people, adult, children, male, female, whatever, all in one room

Thus, when a woman chooses to relocate and wants to keep her children and her extended family with her, she runs into difficulties finding affordable housing.

HWC's director reported that the outcome of shelter stay varies in accordance with the couple's desire to reconcile. She believes most of the women would rather go back to their partners because they still care for them. The shelter has an open-door policy for women who need to return, if they were able to comply with all shelter policies in the past.

BFS staff also reported difficulty in following up with clients because clients come from long distances away. The follow-up for the batterers' program will be more formalized. The program has just started, but as the men complete the program, their partners will be contacted on a regular basis up to one year after completion to see if they have used violent behavior toward them. As more men complete the program, BFS may organize an ongoing support group.

Both programs make reports to their funding sources. HWC receives some funds from churches which require minimal reporting. Both programs make reports to Navajo Social Services in order to receive FVPSA funds. These reports are submitted for reimbursement and an annual report also is submitted.

Staffing

Currently, HWC has seven paid staff members. There is a program director, shelter counselor, social worker, night manager and assistant, financial officer, and a weekend manager. There is also a part-time resident coordinator. The shelter is staffed 24 hours a day, 7 days a week One staff person works on the weekend from 5:00 p.m. Friday to 5:00 p.m. Sunday. The program also uses volunteers in several capacities at the shelter. They may transport clients, provide maintenance for or clean the shelter and its grounds, or work with the children. There is no formal training for volunteers, and staff are trained on the job and through didactic sessions. Other training opportunities occur at conferences and workshops. If conferences are not too far away and are not too expensive, staff will attend them.

The staff at HWC have a variety of backgrounds. The director is a certified domestic violence counselor and has a degree in social work She is supervising her staff to become certified. One counselor specializes in domestic violence, juvenile delinquency, and psychology. The weekend manager is a former police officer. All of HWC's staff are Navajo and four of them speak the Navajo language.

There are weekly staff meetings and other informal types of staff support There are no health benefits at HWC, but the director can offer staff members small loans or advances when this is necessary. The director also struggles to make ends meet as she makes only $6 an hour. Yet staff turnover has not been a problem.

BFS has 5 full-time staff, 7 part-time staff, and 19 volunteers. There is an executive director, three adult counselors, an administrative assistant, shelter manager, batterers' program coordinator, weekend counselor, night manager, relief shelter manager, and a volunteer coordinator. Staff turnover was not reported to be a problem. They accrue annual leave and sick leave, and can accrue compensatory time as well. There are weekly staff meetings for both shelter and nonresidential services staff.

There are no staffing requirements for domestic violence programs in the State of New Mexico. Two of the counselors have master's degrees and the others have bachelors degrees. Other BFS staff do not have degrees but do have experience working with battered families. All staff and volunteers complete a training course before working in the program. At the satellite office in Grants, volunteers complete a 30-hour training. Other staff and volunteer training opportunities are taken if they are affordable.

Volunteers at the Grants office staff the hotline and provide crisis counseling. At the Gallup locations, however, this responsibility is given to paid staff. Volunteers at Gallup provide emergency transportation and limited crisis intervention services.

Staff at BFS do receive benefits. Employees have medical benefits paid for by the organization. Salaries are better than those at HWC, but are not high The beginning salary for the executive director is $16,500 with an upper limit of $22,111.

Population Served

Both programs serve large geographical areas. HWC staff have served people from Flagstaff, which is 258 miles away. In 1990, HWC served 81 women and 193 children in the shelter, all of whom were American Indian, and most of whom were Navajo.

BFS also serves a large catchment area in New Mexico. The Bureau of the Census (1990) projected figures estimate that 88 percent of New Mexico's population is white, with about 1.7 percent African-American. The rest of the population (11.3 percent) is American Indian or Hispanic. In FY 1990, BFS sheltered 162 women, and 252 children, provided 662 hours of counseling, and responded to 602 crisis calls. It was estimated that the people served were 82 percent American Indian, mostly Navajo, 9 percent white, and 9 percent Hispanic. The program is beginning to collect this data. No information was available on the population who used the nonresidential services. The director believes that Hispanics and African-Americans use these nonresidential services more than they use the shelter. BFS has staff representative of the population served: Navajo, Hispanic, African-American, and white.

In FY 1990, BFS served 80 batterers in its batterers' group. The director reported that the men translate for each other when language presents a barrier. She believes that this gives the men a sense of pride and a feeling that they can help each other. The curriculum in the batterers' group is focused on personal values which allow men from different cultural backgrounds to share their values and the cultures from which these values come. The director believes that this group format fits the men's cultural backgrounds.

The director reported that one of the differences in serving the Navajo population is the influence of the extended family. She expressed the opinion that the extended family is involved in an individual's decision-making among the Navajo more often than in other ethnic groups. Thus, when a woman in shelter makes a decision about her future, she usually feels the need to talk with her family before doing anything concrete. The director reported, however, that women from the reservation may want to be sheltered off the reservation so they can be away from the influences and pressures of their family.

Another issue facing the Navajo is their lack of options. If women choose to remain in Gallup rather than return to the reservation, their options are limited The director stated "...if they do not know anybody or have any family here in town, just starting up from scratch to try to get housing and all [the other necessities] is difficult. There are few resources for it. A lot of times they will end up going back That is their only choice.

Budget and Funding Sources

Both HWC and BFS receive funds from several sources. HWC receives funding from the county United Way, Navajo Way, the United Methodist Church, and the Federal Government. HWC's 1991 budget was $107,721. The program receives $12,000 from Navajo Social Services, which comes from FVPSA. This amounts to 11 percent of the operating budget. A large proportion of the total operating budget is used for salaries (55 percent). Remaining funds are used for utilities, food, travel, and repairs.

BFS's budget for FY 1991 was $225,234. The State provides a large proportion of its funding (60 percent). BFS is to receive $12,000 from Navajo Social Services, which are FVPSA funds. BFS also receives $3,035 in FVPSA funds from the State, which provides 1.3 percent of the budget, A large proportion (78 percent) of BFS's budget in used for salaries. The rest is used for travel, maintenance, supplies, and other operating costs.

HWC uses FVPSA funds for shelter costs, such as utilities and food, but not for salaries. BFS expects to use FVPSA funds from Navajo Social Services as part of their general nonrestricted fund When the program receives these funds, the general fund will amount to $36,499 for FY 1991; FVPSA funds from the Navajo are expected to provide 33 percent of this money. This general fund is used to pay the night manager's salary, costs for travel, furniture, other equipment, and the telephone.

Without FVPSA funding, both of these programs would have to operate with very few supplies or find other sources of funding which are scarce and require a lot of time.

Future of the Programs

Both programs have plans for the future. At the time of the site visits, HWC was just re-establishing itself after the past director overspent and left the program in fiscal crisis. Many "luxuries" had to be eliminated, such as television and newspapers. These items are just now being restored. Once the program stabilizes, the director would like to make some changes to the shelter facility. She would like to enlarge the kitchen area and add another bedroom. She also would like to create more office space and a special room for working with children.

Her wish list focused on providing more services for children -- enlarging the play yard and getting a basketball hoop -- and hiring a counselor who specializes in working with the children. She was even willing to step down as director in order to work with the children.

The director believes that looking too far into the future is inappropriate when she is having difficulty just keeping the place going. She needed to be able to solicit additional funding sources, and acquire technical assistance for proposal development and grantsmanship. Navajo Social Services staff provide some technical assistance for their grant application but not for grant proposals to other agencies.

BFS's director also wants to expand program services for children; to hire a child counselor; to change staff scheduling (the night manager at the shelter lives in); and to create more shifts in the shelter so that no staff would need to live there. Live-in shelter staff tend to burn out very quickly, according to the director.

BFS's director also believed that a third men's group is needed because the two existing groups were full. The program has started to get more referrals, even from Tribal court. She expects that as more men complete the program and it becomes more visible, there will be more referrals. This is the only batterers' program in a geographical area larger than the shelter's catchment area

BFS's director would like to see more Federal and State legislation address domestic violence. However, she hopes this legislation would not lead to restrictions or strict requirements on domestic violence programs. She believes it would be a mistake to move toward a social service or mental health model, and stated: "I guess, again my own personal opinion, seeing where the battered women's movement has come from and where the creation of shelters has come from, I would really hate to see it lead into a real strict social service model. I think keeping the voices of battered women in that movement is real important in terms of the direction that the program is going and its accountability.

XIV. SUMMARY AND CONCLUSIONS

This chapter summarizes the key findings of the site visits to State and local domestic violence programs and explores major issues related to the services provided by these programs and the problems they face. The chapter is divided into several sections including funding, staffing, services and their standards, exemplary practices, legislative, and broader service provision issues. The case study descriptions were used to discuss general issues and problems experienced by family violence programs. Any generalizations must be interpreted with caution because of the small number of cases. However, several commonalities were present throughout the case studies. The sites visited offered a wide variety of settings: large and mid-sized States; urban, suburban and rural programs; Native American programs that used only Family Violence Prevention and Services Act (FVPSA) funds for their domestic violence programs and State subgrantee programs that only received a minimal percentage of their funds from FVPSA. Commonalities found across this variety of programs suggest that these issues may be present among all domestic violence programs.

Funding

One of the concerns of the research project dealt with adherence to statutory assurances regarding FVPSA funding as specified in the Act. All State programs visited adhered to the $50,000 limit on funds awarded to individual programs in a single year, the $150,000 limit on total funds awarded to any individual program, and the match requirements for each year of the grant.

Most State programs allocate FVPSA funds in small amounts to existing programs. Table 1 lists the total amount of grant awarded, highest and lowest grants, the number of grants, and the average grant awarded by each State in the sample and pre-test sites. None of the States awarded grants over $50,000. Four of the six State's average grant awards were less than $10,000. New York, however, used these funds as demonstration grants allocating $50,000 each year of a three-year contract. California also awards large amounts to its programs because FVPSA makes up a large proportion of the funds the State has available for family violence services.

New York and California both reported that the cap and matching requirements were problematic. Small programs find it extremely difficult to meet the 65 percent match for the third year of the grant and when the cap is reached in the third year of the grant, smaller programs often have great difficulty finding other funding sources.

These two States cannot replace these funds with their own funds, because their budgets do not allocate funds sufficient to replace FVPSA grants for all the domestic violence programs. As a result, both New York and California lose established programs or some programs must cut back on services when FVPSA funds are no longer available. The cap on FVPSA funds also presents problems in other States. For example, Iowa is in danger of losing its Alliance Against Domestic Violence, which provides technical assistance to its programs.

The intent of the FVPSA allocation is to fund these programs as demonstration projects so that within three years they will be able to find the financial backing necessary to be self-sufficient. It appears from the results of these nine case studies and the two pre-test cases, however, that this is unrealistic. First, most of the programs, both at the State and local levels, have been in existence for at least 10 years, if not longer. The Native American programs visited were somewhat younger, but the local programs subcontracted by the Native American programs visited were all well established. Family violence services are not new. New York is hoping to institutionalize its programs at the State level through maintenance grants. The oldest program in New York has been running for about 15 years. The oldest program on the West Coast has been operating for over 16 years. These programs and many others are already institutions; they are established agencies that have been providing services to the public for many years. Because the Federal Government, the States, and other funding sources have not recognized these programs as necessary public services, they

TABLE 1

PROFILES OF STATE-ADMINISTERED FVPSA GRANTS

State and Reporting Year	Total Grants	Range High	Range Low	Number of Awards	Average Grant
California 1989-1990	$699,889	$48,500	$11,913	18	$38,883
New York 1990	455,918	50,000	25,000	12	41,447
Louisiana 1990	119,746	13,954	3,692	12	9,978
Iowa 1989-1990	71,326	26,278	1,800	20	3,566
Oregon 1990-1991	62,340	4,896	648	29	2,150
Maryland' 1991	118,710	15,225	1,448	18	6,595

*Maryland served as a pre-test site.

must compete for private funding with other agencies. Funding stability is a major source of stress and frustration for these programs, which compounds the inherent crisis nature of their work

Second, most of the States visited use these grants to maintain current programs, with the exception of New York, which uses these funds as demonstration grants. One way in which the impact of **FVPSA** funds can be measured is through documenting an increase in the number of programs available in the State or on a reservation. Only one State, California, attributed an increase in the number of programs funded through the State to the availability of **FVPSA** funds. Most States use FVPSA funds (see Table 2 for sources of funding at the State). The Native American tribes, however, are completely dependent on FVPSA funds for domestic violence programs. None of the Tribal programs visited by the team had domestic violence programs prior to the availability of **FVPSA funding** and only two of the five have acquired other sources of funding.

This does not mean that **FVPSA funds** have no impact on the State programs. Some State programs, such as New York and California, use them to support new programs, but most of the State programs use them to maintain their current programs, which otherwise would be **cut** back Many States use these funds for nonresidential programs that have more **difficulty** obtaining private funding because their services are harder to quantify (i.e., counting b&nights). These nonresidential programs are essential for providing services to ethnic minority and rural populations, and to women who initially

TABLE 2
SOURCES OF FUNDING FOR STATE PROGRAMS
in FY 1991

Source of Funds	Number of Programs with Funds	Total Funds Received by Samde Programs[a]	Proportion of Total Funds
State general funds	4	$5,345,312	43.36%
Marriage License Tax Funds	3	2,526,914	20.5
VOCA[b]	2	2,510,900	20.27
FVPSA	6	1,519,342	12.33
Other Federal Funds (Dept. of Labor and NCCAN)	2	‘324,837	2.64
Rape Crisis Funds	1	100,000	.81
TOTAL		$12,327,305	

[a]The Maryland State program is included for a total of six state programs.
[b]Victims of Crime Act Funds
‘National Center on Child Abuse and Neglect.

hesitate to enter shelter programs. FVPSA funds are used to pay for staff salaries, utility bills, food, telephone costs, and children’s services. Without these funds many programs would not be able to have children’s services or cover essential expenses. Although the amount of FVPSA funds may be small at the subgrantee level, all program directors saw them as essential for the survival of their programs.

The most common problem discussed by local program directors, and to some extent by State and Tribal program directors, was the lack of stable funding sources. Most local programs are supported by a variety of small grants. Table 2 lists the sources of funds available to State programs. State general funds provide the largest source of funds, 43 percent, which the States then allocate to local programs after paying for administration costs. The next largest source of funds given to local programs through State programs come from marriage license taxes or fees. These provide about 21 percent of State support for local domestic violence programs. Victims of Crime Assistance (VOCA) provides over 20 percent and FVPSA provides 12 percent, Local programs usually receive funds for the rape crisis services they provide, but these funds are usually allocated separately from domestic violence funds.

Table 3 illustrates the variety of public and private funding sources which local programs rely on to continue providing services. In 11 local programs, over 19 different sources of funding were used The

TABLE 3
SOURCES OF FUNDING FOR LOCAL PROGRAMS"
in FY 1991

Source of Funds	Number of Study Programs	Total Funds Received by Selected Study Programs	Proportion of Total Funds (%)
VOCA	6	$190,775	5.85%
FVPSA	11	106,707	3.27
Federal Emergency Management Assistance	8	51,050	1.57
Dept. of Justice	1	2,250	.07
Other Federal Funds	2	27,462	.84
Marriage License Fees	4	338,087	10.37
State general funds	5	324,349	9.95
Other State Funds	5	145,011	4.45
Emergency Shelter Grants	6	106,354	3.26
County and City	6	340,072	10.43
Community Development Block Grants	1	199,460	6.12
Private Foundations and Corporate Grants	6	437,868	13.43
United Way or Navajo Way	9	424,171	13.01
Individual and Church Donations	6	218,731	6.71
Fundraising Events	6	139,145	4.27
Investment Interest	6	32,199	.99
Fees and Rent	5	15,060	.46
speaking/Training/Dues	2	1,000	.03
Miscellaneous/Unknown	9	159,482	4.89
TOTAL		$3,259,233	

'Eleven local domestic violence programs across the United States were studied. Pretest cases were included,

largest sources of support for these programs come from private grants, the United Way, city and county funds, and marriage license fees. None of these sources, however, provided more than 14 percent of overall funding, and the majority provided less than 5 percent of total funds for these programs. Although private foundations and corporate grants provide the largest source of revenue, these grants are usually very small and their requirements are not at all uniform. Most of these funding sources are not stable from year to year. Few private foundations offer ongoing support to these programs. Thus, as local program directors frequently reported, they are always "dancing" or "jumping through hoops" to raise funds sufficient to maintain current services. In addition, salaries usually absorb about 50 to 75 percent of a program's fiscal resources despite the fact that many program staff do not receive benefits, and most salaries are extraordinarily low. For example, in Oregon, domestic violence workers qualify to receive public assistance. The only other major expenses local programs incur are rent and utilities. The lack of stable funding affects job security, salary levels, and benefits if they exist, thus increasing staff turnover substantially.

Few organizations give large grants to assist these programs. The United Way, VOCA funds, and other Federal and State funds are the exceptions. In nearly every case, each of these funding sources has a separate application procedure and different requirements. In addition, many funds, such as VOCA, have restrictions and can only be used to provide direct services to victims of domestic violence. As a result, it is very difficult to find funds to pay for clerical support A gray area also exists when trying to use VOCA funds to provide services for the children of domestic violence victims. VOCA also requires different data than the United Way and all other funding sources. All these funds, however, especially VOCA funds, are crucial to the survival of these programs.

Data requirements for applications are uncoordinated and administratively burdensome. That is, United Way may want data on the number of children served between 1 and 4 years old, 5 and 8 years old, and 9 and 14 years old, while another funding source may want data on the number of children served between the ages of 1 and 3, 4 and 7, and 8 and 13. Additionally, the fiscal years in which grants are administered may be different by a month or two, requiring that figures be added differently. This may seem trivial, but most local programs do not have computers or enough staff members to recalculate aggregate statistics for these different funding sources. Thus, summary data are often calculated and recalculated by hand, taking time and energy away from direct services.

Staffing

Most of the State and local programs visited had insufficient staff. The California State program has four staff people to make site visits, review proposals, and provide technical assistance to 60 programs across the State. Navajo Social Services has one part-time person to provide fiscal technical assistance to four programs scattered across the Navajo Nation, which is about the size of West Virginia. Louisiana has one program specialist to make site visits, provide technical assistance, and review proposals for 15 programs across the State. Iowa has one person to review proposals and provide limited technical assistance to 26 programs statewide.

At the local level, one person frequently has to provide 24-hour coverage throughout the weekend in a shelter program. In several smaller programs, there are only two paid staff members who provide services to a multi-county coverage area. With limited staffing, limited pay, and few benefits, in a job with constant crises, staff members are prone to burnout. Thus, turnover is a serious problem for local programs.

At the State level, inadequate staffing for providing technical assistance to local programs creates a cycle of stress and crises. For example, programs may have difficulty dealing with the Request for Proposal (RFP) process. State staff members have little time to help them; programs thus fail to write proposals that will meet the standards for State funding, and, without State funds, programs cannot hire more staff or provide more

comprehensive services. Thus, when the RFP process begins again, these programs have the same difficulties qualifying for State funds either because of service deficits or because of their staffs poor grant writing skills. This cycle inhibits the establishment of more domestic violence programs across the States, which necessarily limits the availability of services for victims. Another contributing factor to this vicious cycle is the staff turnover at the local level. When local program directors are new, they have to spend their time acquainting themselves with program procedures, staff, and networks. They may also have more difficulty applying for State funds if they lack experience in grant writing and dealing with the RFP process as well. Nevada's Coalition Against Domestic Violence director reported that she spent most of her time orienting new program directors to this process.

Program Standards and Services

Five of the six State programs included in this study mandate the types of services that need to be provided in order to qualify for State funding, e.g., hotlines, counseling, and advocacy services. The Native American programs visited by the research team were not yet involved in this process. However, there seemed to be a reluctance among many of the people administering or working at women's shelters to create these service standards for two reasons.

First, the feminist philosophy of many of the grassroots organizers who established most of the local programs emphasizes the importance of program autonomy. Autonomy is important because programs need to be able to respond appropriately to the special needs of their clients and be accountable for the impact of their programs on victims they serve. However, guidelines that are established either through State coalitions or through State mandates may be useful on a broader scale. Guidelines can be generated with the participation of local programs and domestic violence survivors. Flexibility could be a key element which would allow programs to be both innovative and sufficiently autonomous to respond to local needs. Service standards would then ensure that victims are being served in ways that have been demonstrated to be effective in the elimination of family violence. Victims could then also be assured that cultural and other differences among them will be recognized by program staff.

Second, it may not always be cost effective for small programs to attempt to meet the funding requirements imposed by some States, given the limited State funding that they would receive. For example, Louisiana and Oregon allocate funds based on population sire of coverage area and program type. Consequently, some programs receive a very small proportion of their operating funds from their State. Some programs may choose to forego the funds because meeting State requirements would incur a net loss and force them to close. Under such circumstances, a two-tier system of care may develop between those programs which are State funded and those which are not. One way to deal with this problem is to provide technical assistance to the programs that cannot meet State requirements, and allow programs a certain amount of time and provide sufficient funds to bring their services up to the standards as is done in New York and California. However, this type of technical assistance requires money and more staff at the State level.

Some States have laws which mandate service requirements; others have laws which set criteria for domestic violence programs that can receive various levels of State financial support. With four types of domestic violence programs and four different rates of reimbursement for these programs, New York has the most complicated legislation of all the States visited. New York also has legislation that mandates reimbursement rates among counties, so that when a victim of domestic violence is sheltered in another county, her home county is financially responsible for the services she receives. The impetus for this legislation came from the use of marriage license taxes collected at the county level and then used to fund domestic violence programs across the State. The problem in New York and other States, such as Louisiana, is that not every county has a domestic violence program and some county officials are opposed to contributing funds for domestic violence programs in other counties.

Maryland, New York, and Iowa State program directors all reported receiving strong support from either individual legislators or other State Government officials, including the governor. This support has enabled these programs to receive increases in State funding allocations for domestic violence programs in the past, even with impending budget crises. Although located in the Governor's Office, Louisiana's State program appeared to be the only program among those studied that lacked strong legislative support. The future does not look good for most of these State programs, however, owing to increasing fiscal crises in all the States.

States that have service requirements have similar guidelines. In the State that lacks requirements, local programs provide many of the same services as those with State requirements because the local programs are all members of the State coalition. There seems to be consensus on the minimal types of services needed to serve victims of domestic violence, based on the experiences gained by programs over the years. Information about these services is disseminated nationwide by the coalitions and networks of family violence programs.

The most common services offered by the programs visited by the research team are the following:

- Crisis lines;
- Information and crisis counseling;
- Emergency shelter;
- Legal and social service advocacy, including assistance in obtaining temporary restraining orders and assistance in obtaining Aid to Families with Dependent Children (AFDC) benefits; and
- Counseling and/or emotional support.

The crisis lines are usually operated 24 hours a day, by the local program or through another local crisis line which makes referrals to the family violence program.

All programs provide emergency shelter either through a safe home network, motel rooms, or a shelter facility. Maximum lengths of stay range from 30 days to an unlimited number of days, although the usual range is between 30 and 90 days. The average length of stay at these shelters ranges from 10 to 27 days. A common problem for all the programs was that low-income or affordable housing is difficult to obtain for those victims who want to leave their batterers and set up independent households. Many of the State and local program directors visited by the team expressed the desire to start transitional housing programs. Directors of the programs in California, Oregon, and New York that had such programs reported that women who stay for the full time in transitional housing tend to leave their batterers permanently. The two transitional facilities visited, one in New York and the other in Oregon, also provide counseling and advocacy services similar to those of emergency programs.

All the programs provide some form of legal and social service advocacy for victims. This advocacy ranges from making telephone calls and transporting the woman to the appropriate agency to coordinating services with the staff at the agency. Legal advocacy includes informing clients about how to obtain a temporary restraining order, accompanying them to court, providing paralegal services, and conducting court watch One program in Iowa (ACCESS) has a court watch program whereby staff work with a judge to ensure that domestic violence cases have complete and accurate testimony and evidence, including records of the alleged perpetrators' past offenses related to domestic violence. Another program in Maryland (a pre-test case) is developing a network of pro bono legal services. Legal advocacy services provided by programs seem to vary in response to

State domestic violence laws, including the presence or absence of mandatory or pro-arrest policies and the judicial system's varying support of these programs. A program serving the Navajo in Gallup, New Mexico, reported varying levels of support by city versus county levels of the judicial system

Some form of counseling or emotional support is provided to victims by all the programs visited and is mandated by all the States that have requirements for domestic violence programs. People who provide these services range from paraprofessional volunteer counselors with 20 to 80 hours of training to master's level clinicians. Counseling and/or support is offered both for individuals and groups, and the nature of this counseling varies across programs. Many programs take a strictly nonclinical approach to serving victims of domestic violence in which they emphasize that these victims do not need mental health services because there is nothing "wrong" with them In programs in which the staff take this approach, "counseling" is optional, but staff provide support and encouragement to victims to make independent decisions. Some programs have a more clinical approach and mandate counseling while still maintaining an "empowerment" model in which women are encouraged to make decisions about their lives and set goals for themselves. Often, victims who need more in-depth counseling are referred to mental health agencies in the local community, because of the time limits set by the shelter programs, and because issues such as childhood physical and sexual abuse may take more time to resolve than the shelters can provide.

Beyond these three main services, shelter, support, and advocacy, local programs varied in the range of services they provided. Most programs provide activities for the children of victims of domestic violence. Some programs are able to provide more formalized services for children such as play therapy with master's level clinicians trained to work with children. The directors of most programs expressed the desire to provide more services for the children, in the hope that such services would eliminate violence in future generations. However, funding and staff restrictions have prevented these directors from offering such services.

None of the State, American Indian, or local programs in the cases studied provided specialized services for elderly victims of domestic abuse. In most States, funds for specialized elderly services are administered through different departments than those that allocate funds for domestic violence. All of the State and Native American programs focus specifically on domestic violence victims who have been abused by their sexual partners. No program has ever denied services to an elderly victim and most programs have served older women, most of whom had been abused by their husbands rather than by another relative or a child

Substance abuse treatment was the one service that most local program directors did not offer. The directors of many of the urban programs and Native American programs reported a high incidence of alcohol and other drug abuse among batterers and an increasing incidence of this behavior among victims. They expressed the desire to provide substance abuse treatment in conjunction with domestic violence services. However, only one State director, in Maryland, reported State level activity dealing with this issue. At present., most local program staff refer clients to substance abuse treatment facilities but are frustrated because these facilities cannot accommodate children. Frequently, women who are actively abusing a substance are not able to stay in domestic violence shelters because they may disrupt the other clients and the children, and they may divulge the location of the shelter. In addition, many program staff believe that- while a client is under the influence of a substance, she will be unable to use the domestic violence services effectively. Hence, the victim must choose between seeking treatment for her substance abuse problem and remaining with her children. If the victim chooses to seek help for substance abuse, she has no recourse but to leave the children with the batterer or other family members, thereby risking the safety of the children as they can be used as weapons to bring her back or she can place them in foster care. If she chooses to keep her

children safe from the batterer and seek foster care placement, she may continue substance abuse and risk continued physical abuse.

This dilemma could be solved ifsubstance abuse programs accommodated children and provided specialized services for domestic violence victims. These specialized programs could be located in substance abuse programs because domestic violence staff are not comfortable allowing substance-abusing women into community living situations. Moreover, substance abuse treatment requires more time and more specialized staff than domestic violence programs have available. Perhaps substance abuse programs could establish special units for domestic violence victims which would coordinate services with domestic violence programs that are nearby.

Two of the case study sites had started to move in this direction. Three programs in California were pooling their resources to create a specialized shelter for domestic violence victims who have problems with substance abuse. In Maryland, a pretest site, a coalition of women's groups is working at the State level to obtain funds to combine domestic violence and substance abuse services.

Legislative, Judicial, and Police Responses

All the State programs in this study are supported by some form of domestic violence legislation, including legislation authorizing temporary restraining orders (TRO's) that require the perpetrator to leave the home. Of the Native American programs visited, most did not have specific legislation or Tribal codes for domestic violence. Legislation that defines domestic violence as a crime appears to provide substantial support to local and State programs because it increases awareness of the issues in the judiciary and law enforcement officials, as well as the legislators. This increased awareness creates a context in which State and local programs feel supported in their efforts. In addition, the more State programs were involved with the development of legislation through participation in task forces and committees on domestic violence issues, the stronger their position seemed to be within the State government. The more these programs can involve legislators in domestic violence issues, the ***more assistance*** they get from State legislation. This process forces the legislators to take responsibility for addressing the issue, providing funding, and promoting the idea that society is responsible for eliminating domestic violence.

Domestic violence legislation varies from State to State. In some States there are now mandatory arrest laws requiring police officers to arrest someone, usually the person who appears to be the primary aggressor, at the scene of an incident. However, many officers have responded to this legislation by making dual arrests in some instances because both people involved in the incident appear to have been aggressive. In other cases the police officer will arrest the person who is the most intoxicated. This has occurred at the Pima-Maricopa Salt River reservation, one of the Native American programs visited that has a policy of mandatory arrest. Other legislation or law enforcement policies suggest a pro-arrest approach that encourages police officers to make an arrest when they have probable cause to believe that an assault has occurred

In all the study cases, State legislation enables and requires the judicial system to award TRO's to victims of domestic violence. The length of time during which these restraining orders can be enforced varies from State to State. Unfortunately, it is difficult to enforce these TRO's because there are few deterrents to compel batterers to comply with them. Local program directors reported that many batterers do not respect the TRO's because these orders rely on batterers' fear of official retribution for their effectiveness. If the individual batterer believes that there will be no consequences for violating this order, which is often the case, there is nothing to encourage his compliance. This is especially true on the Native American reservations visited Victims who live on these reservations are often forced to leave their communities and the State in order to get away from batterers. This situation increases transportation costs for programs responsible for the victims' safety. If victims move to another State, they may be tracked down by the batterers and be forced to file a new restraining order in the new State.

The ability of victims to file TRO's on their own without professional assistance varies from State to State and judge to judge, because not all States mandate judges to accept a restraining order filed by a victim herself. In some instances, TRO's are granted when the victim files herself. Louisiana allows this, and Iowa is trying to move in that direction. In other States, such as California and Maryland, judges are mandated to accept a request for a TRO when a court advocate from a local domestic violence program files the order. In other instances, because State Legislation is not consistently explicit, judges will only accept TRO's when an attorney tiles the order. This has occurred in Maryland and Iowa. This variation creates problems for programs that serve domestic violence victims and the victims themselves. If a local judge will only accept TRO's filed by an attorney, then programs or victims must incur legal fees if pro bono services are not available.

It appears that in States such as Maryland that have mandatory arrest laws, there is a move toward court-ordered batterers' treatment. In other States, some court-ordered batterers' treatment is provided, but without mandatory arrest. Maryland is the only State in the study which requires domestic violence programs receiving State funds to provide batterers' treatment. In other States, judges may order a batterer to get treatment instead of going to jail, but there are very few batterers' programs available. In States like New York, the waiting list is longer than the period of the batterer's sentence or probation.

Exemplary Practices

It is difficult to pinpoint exemplary practices of programs as a whole from such a small number of cases. However, several State and local programs had certain service components that are considered exemplary by the research team because they use new and effective approaches to providing services that reflect a movement toward a broader systems perspective of domestic violence. These practices may be more widespread than they appear to be in the small group of programs in this study.

State Level Exemplary Practices

Several programs had features which were considered exemplary by the research team.

State Program Directors with Previous Domestic Violence Program Experience. State programs whose directors were previously involved in providing direct service delivery to victims of domestic violence or in administering domestic violence programs appeared to provide more support for the subgrantee programs. Directors of the local programs that the team visited in these States saw the State programs as supportive of their needs and concerns, rather than being just another funding source that requires excessive paperwork to report on funding needs.

In contract, the directors of one program who had not had previous experience with domestic violence services and appeared to know little about this social problem engendered minimal confidence. **Such a lack of knowledge and experience could lead subgrantees to believe that the State or Triial program does not understand their program needs, or result in poor funding choices because those who allocate the money are not aware of the issues involved and do not understand the needs of victims.**

Coordination of Funding Applications and State Agencies. Maryland, California, Iowa, New York, and Louisiana coordinated the requirements of the RFPs and funding applications. Iowa's RFP included a page for detailing the use of each funding source and had one application form for three different funding. sources. The central administration of several grants under the Department of Justice in Iowa ma& this coordination possible because much of the funds available to programs are **VOCA funds. Maryland and Louisiana State programs also had good** coordination with auxiliary service programs provided by the State such as Displaced Homemaker and Training programs. In both States, this coordination is made possible by the administration of these programs within the same department that administers domestic violence programs.

Organized Data Collection Procedures. Oregon and Maryland have the most organized procedures for collecting data from their subgrantees, including number of clients served and client demographics. Oregon's State domestic violence program is located in the Children's Services Division (CSD) of the Department of Human Resources. Oregon's CSD is a large department with a research office that works with the domestic violence program. Maryland's State program director has developed computer programs that aggregate data. She was able to provide the team with detailed statistics on the number of victims served, their marital status, ages, ages of their children, and many other variables of interest. Louisiana's director was also able to provide aggregate statistics from a computer program, but the data collected were not as detailed as those from Maryland

State Level Prevention Programs. California and Iowa had State level prevention programs with aggressive promotional campaigns. Materials used included billboards with dramatic slogans that created public awareness of domestic violence as a crime. Pamphlets and brochures were also distributed through social service agencies and hospitals. Iowa was able to enlist the voluntary support of an advertising firm for the billboards and pamphlets.

Exemplary Practices of Local Programs

Exemplary practices in community programs include children's services, batterers' treatment, coordination with other agencies, and the use of volunteers.

Children's Services. Several State programs require grantees to provide services for children and/or give priority to those services (Louisiana, California, New York). These services are intended to halt the intergenerational cycle of violence. Those grantees which provide children's services also emphasize the therapeutic nature of these services because the children have witnessed and/or experienced violence in their families and need some help to understand their feelings and heal.

Many of the local programs in this study provide crisis counseling and other activities for children. Some also offer counseling aimed at helping the children resolve issues around the violence they have witnessed and/or experienced and at helping them create alternatives to using violence in their relationships with siblings and friends.

A few local programs also provide preschool or child care opportunities for the children to which they may not have had access previous& these programs also enable the mothers to have time to think about their issues and meet with program staff. Crescent House in Louisiana, Swain/Qualla SAFE, Inc. -- the Eastern Band of Cherokee domestic violence program -- and others operate preschool programs for children of victims. Crescent House is also planning to enroll some of the children in Head Start. Child care programs which would enable mothers to leave their children at the shelters when they attend interviews and appointments are difficult to establish because of liability issues.

Passage House, a transitional housing program in New York, also has a specialized children's program funded entirely by an FVPSA grant. The program director reported that many of the children staying with their mothers at the house have presented serious problems, including obsessive-compulsive behaviors (e.g., compulsive hand washing, walking on tip toe), and have acted out the roles of the aggressive batterer and passive victim at the age of eight. In response, the director initiated a child-focused program and established specialized services for children who witness violence in their homes. There is a child psychologist who assesses the children's educational and psychological needs, and then provides counseling and/or refers the children to appropriate agencies where their needs will be met. Passage House also plans to start a playgroup program which will teach mothers inexpensive ways to entertain their children and help them develop their parenting and communication skills with their children.

Encouraging mothers to participate in the services provided for children and in parenting

programs are other exemplary practices that were documented in the case studies. Often the victims of domestic violence have insufficient parenting skills because of their own family backgrounds or because their partners made the decisions regarding their children. Programs that provide structured parenting education and programs that involve both mothers and children in activities offer victims of domestic violence the opportunity to learn and practice nonviolent, more effective parenting skills. The practice of such skills may help to prevent the intergenerational transmission of violent behaviors. Many of the local program directors expressed some ambivalence about making these parenting programs mandatory, although parenting skills were almost always offered informally. This reluctance stems from the notion that these victims already have a poor self-image and that making parenting programs mandatory would increase their sense of failure because of the implication that they are bad mothers. Part of the empowerment process is allowing women to make their own choices and decisions.

Batterers' Treatment. Some local programs, and Maryland's State program, provide batterers' treatment or coordinate their services with agencies that provide batterers' treatment. Iowa's Department of Corrections is currently planning a batterers' program and the State's domestic violence coalition director is involved in its planning. A local program in New Mexico operated its own program through its nonresidential service center. The philosophy underlying batterers' treatment is to prevent violence from occurring again and to help the batterer take responsibility for his behavior. Some batterers' programs also challenge gender role stereotypes and beliefs that perpetuate violence toward women.

Skepticism about batterers' treatment programs arises from outcome studies. It appears that when batterers complete the program, and many do not, about 15 percent have admitted to committing an act of violence a year later (Shupe, Stacey, and Hazlewood, 1987). The question for domestic violence program directors becomes one of finances. There is a small pot of money available to domestic violence programs, and the staff of those programs believe they are being more effective in providing services to victims and their children than providing batterers' programs that have high drop-out rates and uncertain outcomes.

There are also concerns about the batterer's violence while participating in a treatment program. Some studies suggest that batterers in treatment continue to commit violent acts due to the nature of the treatment program. Many of these programs cover topics that may make the participants angry because they suggest that the batters are responsible for their violent behavior. As a consequence, they may take this anger out on their partners. However, Shupe et al. (1987) suggest that there is no evidence in cases where this type of violence recurs during counseling that the abuse (physical or sexual) was caused or made worse by counseling per se. They conclude that any violence that did occur seemed to be a continuation of pre-counseling problems. Shupe et al. (1987) report further that in one study, 30 percent of men in counseling admitted to committing a violent act during treatment. One hundred percent of these men were previously violent, but high drop-out rates make it impossible to evaluate these programs.

Several of the programs visited made efforts to work with batterers' programs to forestall the dangers of continued battering (Maryland; Gallup, New Mexico; and ADABE, on the Navajo reservation). Program staff stayed in contact with the people who facilitate the men's group which provides supervision and helps to increase coordination with other services. Getting releases from both victims and batterers which give permission to service providers to discuss cases with other service providers and sometimes the victims is also important. With these releases, the group facilitator can call a batterer's victim and warn her if s/he believes that the batterer is likely to become violent. If the batterer's partner is contacted, she may be more inclined to call and ask about her partner's progress and report incidents of violence.

Batterers' treatment is usually provided in a group modality with a male facilitator who becomes

a male role model and who is able to teach participants ways to resolve conflicts in nonviolent ways. However, having a female co-facilitator provides a female perspective on issues of potential conflict and a model of strong female behavior. Only one program, Gallup, New Mexico, had a female co-facilitator for batterers' groups. She explained that a female presence helped to break up the "bonding" around negative attitudes toward women that may occur during group sessions. Many times such bonding creates permission for violence by perpetuating subtle yet negative attitudes about women and their behavior that batterers feel incites violence.

Although there is a reluctance on the part of domestic violence program staff to provide batterers' treatment or to lobby for funds for this treatment, it appears that many State, Native American tribes, and local programs recognize the need for these programs. Many of the program directors interviewed expressed the desire to be able to refer batterers to treatment or provide these services themselves. With the exception of Maryland, there were far too few of these programs available for the number of batterers needing these services. In New York, the waiting list for a six-week batterers' program is longer than the sentence or probationary period ordered by judges. As a result, batterers may choose treatment and never have to go because their probation may be over by the time space is available in the treatment program.

Coordination with Other Agencies. Some States require domestic violence programs to coordinate with other local agencies. This coordination requirement ranges from informal letters of support for the program from other local agencies to formalized affiliation agreements and protocols. Since domestic violence programs have limited funds and victims may use other agencies that can refer them to domestic violence services, it is important for them to coordinate their efforts with other agencies, including community mental health groups, social services, police departments, attorneys, the local courts, and hospitals.

Several local programs have what appear to be exemplary relationships with other agencies. The ACCESS program in Iowa provides training to all of the police departments and sheriffs' offices in their catchment area. The program in Gallup, New Mexico serving the Navajo Nation has an agreement with its city court to keep a roster of the court-ordered participants and one clerk is responsible for ensuring that those batterers come to treatment. The Montgomery County program in Maryland and the Park Slope program in New York are also trying to establish a network of attorneys to whom they would provide information about domestic violence and who would provide pro bono services for victims. Crescent House in Louisiana has access to legal services within its parent agency.

Some of the programs visited have physicians or nurses who make regular visits to the shelter to provide medical services to victims and children, including inoculations and check-ups (e.g., Montgomery County, Maryland; Crescent House, Louisiana; ACCESS, Iowa). Others have agreements with medical personnel who are available in case of emergency (e.g., Faith House, Louisiana). Other programs are able to use some of their funds to provide free dental services to their clients because often, their jaws have been broken and their teeth have been knocked out. SAFE, Inc., which provides services to the Eastern Band of the Cherokee Reservation, has trained outreach workers in the Cherokee hospital who can identity victims and refer them immediately to services for domestic violence, thus obviating the need to depend on hospital staff to do that. One of the programs serving the Navajo Nation, Home for Women and Children, coordinates with the IHS to provide educational programs at the shelter about nutrition, substance abuse, and other health care issues. Some of the programs visited were able to provide training to hospital staff and/or to establish protocols to identify domestic violence victims (e.g., Crescent House, Louisiana; ACCESS, Iowa; SAFE, Inc., Eastern Rand of Cherokee Indians).

New York's State program is funding an innovative program in two large city hospitals to

create an interface between domestic violence and child protective services. This interface would screen mothers of children who are abused to determine the causes of abuse or neglect. The goal is to identify those mothers who experience abuse themselves so that services can be provided for both mothers and children.

The Louisiana and Iowa State programs coordinate with their Departments of Corrections to offer domestic violence programs for battered women and batterers in prison. A program in St. Helens, Oregon also provides domestic violence support groups in a women's prison.

Some of the programs visited also had unique relationships with local churches. The Home for Women and Children on the Navajo Reservation had its building completely donated by the United Methodist Church and continues to receive financial support from the church Other programs have developed relationships with local congregations which enable them to provide small amounts of money for emergencies for their clients (e.g., ACCESS in Iowa; Crescent House, in Louisiana; and the Gallup, New Mexico program). For example, ACCESS and the Gallup program have been able to establish discretionary funds from church donations that enable them to provide small loans to their clients for security deposits and other financial aid for establishing an independent household

There are difficulties in coordinating services with other agencies, especially for rural programs. Most of the rural programs visited by the team have large coverage areas and their directors reported limited success in coordinating with all the county law enforcement agencies involved. However, two programs appear to be able to coordinate their services so that they have representatives in more remote areas. Domestic Violence Alternatives in Iowa has volunteers in each of the counties served and local crisis telephone numbers for each county. Those telephone numbers are forwarded to the main crisis line whose staff then call the local volunteer to provide assistance to that particular caller. This program also has safe homes in each of the counties served. The Gallup, New Mexico program was starting a satellite office in Grants, New Mexico to serve clients who are isolated in the more rural areas of the program's catchment area. The Gallup program would like to do the same on the Navajo Reservation, but has met with difficulties in obtaining office space due to housing regulations.

It is important for domestic violence programs to limit the number of services they provide so that their services can receive the energy and funding that they require. Therefore, coordinating with local agencies to provide other needed services is essential. Additional services that are necessary may include substance abuse treatment, extensive counseling, educational programs, child care, and vocational training. The directors of the programs visited reported varying levels of success in obtaining these services. Substance abuse treatment is scarce and expensive, and programs usually do not take mothers accompanied by children. Community mental health agencies, which could provide more in-depth counseling at low cost, are often overwhelmed with clients and take only emergency cases. Some program directors also expressed concern about what they thought was the unnecessary use of medication by local community mental health services. Even with these problems, however, it is important to realize that domestic violence programs cannot provide all the services needed by their clients.

Use of Volunteers. It appears that domestic violence programs are very innovative in their use of volunteers. Most of the local programs visited depend on volunteers to expand their staff and ability to provide services. In those States that have requirements for domestic violence programs, the demonstration of their effective use of volunteers is usually part of those requirements (e.g., Louisiana).

Volunteers were essential to the operation of most of the domestic violence programs visited, and several of them have what appeared to be exemplary volunteer programs.

One program in Louisiana, Faith House, has a volunteer meal program in which volunteers prepare

dinners for the shelter. Each volunteer provides the food and cooks a balanced meal one night each month. Crescent House, also in Louisiana, has two volunteer programs that are exemplary. It has volunteers from AYUDA, an Hispanic seniors program, whose members help prepare meals and perform chores in the shelter. The program also has volunteers from the Foster Grandparents program who help with a preschool program for the children of clients. The director of Crescent House also stated that the Foster Grandparents program had the additional benefit of providing indirect parenting information and information from the viewpoint of an older person, which victims may not have because several of her clients had been foster children.

Several programs use volunteers to build or provide maintenance for their shelter facilities. Other programs have a list of volunteers they can call if they run short on supplies such as paper towels, diapers, and canned goods (e.g., Faith House in Louisiana, Home for Women and Children on the Navajo Nation). Some programs, such as Passage House in New York, get donations of furniture and clothing from local volunteers that they then use to help women establish themselves in their own apartments. Some programs publish newsletters in which they advertise what supplies they need, such as Faith House in Louisiana and SAFE, Inc. in North Carolina.

ACCESS of Iowa uses male volunteers to help in the shelter and to make presentations about domestic violence and sexual assault to community groups often dominated by males. This practice is exemplary. Since men are usually the perpetrators of violence against women, concern for victims who fear men and the desire to provide strong female role models may prevent programs from hiring men as service providers. Many of the domestic violence programs visited by the team were established through grassroots movements with strong feminist ideals. Many of the organizers were formerly battered women and many may be angry about society's undervaluing of women's lives. In addition, because men do not have to face violence perpetrated against themselves simply because of their gender, program personnel may not believe that men can fully identify with the pain, anger, and fear of victims.

As the ACCESS director stated, however, it is nearly always men who perpetrate this violence and, therefore, men must take responsibility for eliminating it. One way men can take responsibility is to provide community programs to educate other men and women about the impact of violence on society. Another way is for men to provide support and other services to victims of domestic violence and their children. In this way, men not only contribute toward the elimination of violence in future generations, but provide positive male role models for the women and their children who are victims of violence. The presence of a male who can be supportive and have appropriate boundaries with his female colleagues and friends creates the understanding that men can be available without becoming violent or sexual This is often a new perspective for victims of domestic violence and/or sexual assault. The use of male volunteers thus adds another important component to the services provided by ACCESS, which may offer clients a therapeutic learning experience with a man in a safe environment.

Broader Service Provision Issues

At the outset of this project, two of the main concerns were the replicability of programs and the outcome of services funded by FVPSA. The following discussion considers the issues of program transferability and evaluation, definition of basic program resources, successful outcomes, and service philosophy in order to shed light on the difficulties involved in measuring these services or creating an outcome measure that simply assesses living arrangements.

Transferability

Being able to replicate components of these programs in other areas would be a matter of training for some service providers, and a matter of resources for others. That is, innovative programs for children and batterers can be transferred easily to other programs where program staff can be trained and where there are funds available for training, for hiring

additional staff including clerical assistance, and for aquiring additional space. However, coordinating with other agencies and gaining the cooperation of local police, attorneys, and the judiciary takes more than money and trained staff. This task also requires that the people the programs are trying to inform be open to the new information and willing to try new approaches to dealing with the problem. Several service providers have had success organizing members of their communities who originally hesitated to work with domestic violence programs. However, the patience, political savvy, and often the personal connections of these individuals made the development of relationships possible. The personal resources of individual service providers are essential to successful program operations when they are working in ambivalent or unaccepting environments. It is incumbent on both program staff and other local agency staff to establish working relationships. The relationship between the Victim Assistance Program, the police, and the court at Warm Springs is exemplary, but whether it can be replicated by other programs depends not only on the program staff but also on the court and police department environment in which the program operates.

Using volunteers in innovative ways can be replicated if volunteer programs such as AYUDA and Foster Grandparents are available in the program's community. Volunteer meal programs can be replicated and so can the use of male volunteers if there are men who are willing to be trained Using male volunteers would require that program staff examine their feelings and beliefs about men's utility in a domestic violence program and then recruit men as volunteers. The most difficult part of using men as volunteers may be in their training. ACCESS's training curriculum for men may be transferable to other programs. The interaction of program personnel with volunteers will always affect the volunteers' effectiveness; this interaction may be more difficult among men and women in a program that deals with gender-based crimes. Consequently, interpersonal relations and management will be extremely important in the replication of the ACCESS male volunteer program.

Program Evaluation

One area that seems to be lacking at the State, Tribal, and local program levels is program evaluation. Very few State programs visited require programs to provide follow-up or outcome data beyond discharge plans, and very few programs reported following up clients in any formalized way. There are common reasons for the lack of follow-up. Clients tend to move often and disappear for their own safety, or do not want to contact the program if they want to forget their experiences. For safety reasons, most programs do not make contact unless the victim has given explicit consent and recommended a time to call when the batterer will not be home. Sometimes a woman's embarrassment about her return to the batterer prevents her from making contact with the program.

Programs need to know how clients are coping at follow-up times, however, in order to evaluate the effectiveness of their services. Some programs make follow-up a part of the services provided For example, Crescent House in Louisiana has a Christmas party for all past and current residents. Park Slope in New York has "network events" that past and current clients are encouraged to attend

One of the inhibiting factors in assessing domestic violence programs is the definition of positive outcomes. According to Shupe et al. (1987), success in family violence programs has never been spelled out except in vague terms such as the reduction of violence. "This is the problem with most family violence programs, whether they serve men or women, victim or perpetrator. They do not clearly define when they have done their job. They rarely lay out criteria for success" (Shupe et al., 1982110).

What is an appropriate outcome measure? Programs ask their clients about their plans when leaving the shelter. There are usually two options: returning to the partner, or establishing an independent household One of the questions raised at the outset of this research project was how many women served through FVPSA funds established independent households and how many women reunited with their partners who were no longer

violent. Because client follow-up is difficult to achieve, information that could provide the answers to this question was not available from the programs visited. One study, however, found that about one third of the women return to their batterers (Gondolf, 1988). In another follow-up study, 55 percent were living with the batterer two months after shelter stay, but there was no information on the presence or absence of violence in the relationship (Snyder and Scheer, 1981). What was clear during some of the site visits is that some programs view establishing an independent household after one or two shelter stays as a success, while others believe that the victim must go through a process of leaving and returning to her partner several times before she can make a concrete step toward eliminating the violence. Several program directors reported that they expected a victim to use a domestic violence shelter three to five times before she made a concrete change in her relationship to end the violence either by leaving or compelling the batterer to stop the violence. Others expected that if their clients used the program, they would leave their batterers and set up independent households. One director limited the number of times a woman could stay at the shelter. These varying beliefs about the process of change or the process by which the battered woman finds ways to move out of that role create different definitions and measures of successful outcomes.

Program staff need to explore their beliefs about successful outcomes. Independent decision-making is the fundamental element of any empowerment model. Programs that encourage empowerment, but also imply that leaving the batterer is the only solution, limit the options available to their clients. Clearly, more options are needed for victims, but while these programs may see leaving as the only truly safe solution given limited resources for the victim, those who choose to go back may feel that they have no support in their decision and may hesitate to return to assistance programs.

If empowerment is the goal in order to enable these women to protect themselves within their current or future relationships, then that is what needs to be measured as opposed to the establishment of independent households. This can be done using pre-, post- and follow-up tests of assertiveness, self-esteem, feelings of autonomy, safety plan knowledge, and other variables that may be related to empowerment by creating options for victims such as education, child care, and vocational training. Thus, regardless of living arrangements, programs could evaluate their effectiveness in engendering empowerment in their clients. Tri-Valley Haven for Women in California reported using these types of instruments at intake and discharge and has found improvements in assertiveness. The director reported that other programs use formal assessments as well, although the other study programs did not report using formal assessment instruments.

Requiring these types of evaluation is problematic because of the dearth of models designed specifically for domestic violence programs and the victims they serve. Furthermore, there are limited resources, including time and money, to develop, implement, and analyze information gathered by these types of instruments.

Service Philosophy

Outcome and process evaluation lead to a discussion of service philosophy because the choice of measures is likely to be influenced by the philosophy of the providers. Most of the local programs visited were based on an empowerment model. The empowerment model of service provision is combined with a feminist perspective of family violence that is based on the premise that women are oppressed and that abuse is a result of this oppression as well as one mechanism which reinforces it. Oppression leads to feelings of worthlessness and a lack of self-confidence, which then discourage autonomous decision-making. Thus, this empowerment model helps clients to make decisions for themselves. Since these decisions should be informed, programs focus on providing information with support that wlll allow their clients to achieve this goal. The goal of the program is to enable the clients to make independent decisions or choices. Decisions are made based on gathering necessary information and then choosing a course of action.

This model, which places emphasis on the individual rather than the social group of the individual, seems to fit the dominant U.S. culture although it may not fit all whites. The model does not always fit minority cultures: Native American, Hispanic, Asian/Pacific Islander, and African-American. Values about the family as a unit including the extended family, community and group cohesion, and interdependence that predominate in the ethnic minority groups conflict with a feminist model that emphasizes individual empowerment Values of interdependence are often strongly instilled in women from ethnic minority backgrounds. As a result, ethnic minority victims of domestic violence may not agree with some of the tenets of the individual empowerment models encouraged in some domestic violence shelters. This conflict of values may lead some ethnic minority victims to leave the shelter without having received adequate help.

Emphasizing empowerment or informed decision-making does not have to negate the value of interdependence or extended family although safety issues and pressure to remain in a dangerous situation must be addressed Because empowerment is the goal of most domestic violence shelters, program staff need to explore measures of outcomes based on informed decision-making, which may include efforts to improve relations with the batterer or reunite the family to include the batterer as positive outcomes.

A few of the study participants, at both State and local levels of service provision, commented that domestic violence programs should be serving victims of domestic violence first and then making a political statement for social change. The provision of services to assist families that experience violence is not necessarily a pro-active political statement. Families are not being broken apart by these services because they are already broken apart; they no longer serve as a nurturing support network. Services can work to heal a family and protect victims, but many more resources are needed to develop models to evaluate these services.

Empowerment models have left programs in a dilemma about service delivery and expectations of clients. Should the use of certain services be mandatory? Should all services be optional? Should the program simply provide shelter and allow the client to decide on her own what she needs? These two extremes were observed in the programs visited, with several variations in between. In some programs all services were optional based on the belief that victims of abuse need only to get relief from the abusive relationship to heal and decide what to do next In other programs, support groups and house meetings were mandatory while other counseling was optional. The support groups and house meetings were organized in order to decrease the woman's sense of isolation and to solve communal living problems. Finally, in other programs, counseling was mandatory.

Program Standards and Services

Without outcome data or program evaluation, it is difficult to create service standards or provide guidelines to domestic violence programs based on those services that are most effective. However, the more these services come into public awareness and the more States and the Federal Government fund these programs, the more these programs will need to be accountable for the funds they are using. In general, this implies that programs will need in some way to prove their effectiveness without jeopardizing their clients, not just the need for their services.

This accountability will also have an impact on the State level programs, in that they, too, will need to answer for the funds they seek. To use public funds to provide a service requires accountability to the public that those services are not only necessary, but effective in providing solutions to the problem of domestic violence. One way to maintain this accountability is to create program standards that will ensure that effective services are being provided in those programs that are funded through the State.

Some State program directors are reluctant to set program standards because they believe this may undermine program autonomy and because the amount of funds allocated to some programs is very

small and it would not be cost effective for some programs to redesign their services for such a small amount. It would appear, however, that some means to document effectiveness and activity is necessary for programs to be accountable to communities which fund them. Service standards not only allow programs to be accountable to the funding source, but also to the victims and perpetrators being served.

If the concern is over the empowerment or grassroots foundation of the local programs, then a consensus model can be used in developing these program standards. Service standards based on empirical evidence of service effectiveness can allow local programs to ensure that their services are effective. Service standards do not have to limit variation or innovation; rather they can set minimum requirements for effectiveness and funding. Programs can certainly offer more than the standards suggest they need.

However, before service standards can be created and implemented at the State level, decisions need to be made about what successful outcomes are and what contributes to effective services. Is effectiveness going to be limited to the victims' ability to establish independent households or is it going to be broadened to encompass growth in self-confidence, assertiveness, and independent decision-making? These questions need to be addressed by service providers as well as legislators and those performing program evaluations so that some consensus can be reached on what it means to have done the job and to have done it well. The same issues need to be addressed by those who provide services for batterers. What is effective batterers' treatment? What is a reasonable outcome?

Community, State, and Federal Support

For programs concerned with the elimination of domestic violence, gaining support from their local communities, the State, and Federal Government is essential for their survival. They need the support of their communities to provide donations, law enforcement, and auxiliary services. Local community support decreases the isolation experienced by domestic violence program staff, and increases their abilities to provide services by expanding their resources. Public awareness is necessary not only for the prevention of domestic violence, but also for program visibility and support Two of the program directors interviewed reported having difficulty in buying or renting a shelter facility because the neighborhood in which the house was located was unwilling to allow them to purchase the house for domestic violence services. These communities were apprehensive about having battered women and perhaps batterers in their neighborhoods. The public needs more information about domestic violence not only from local programs, but also from State and Federal agencies, so that they can understand the issues and become less fearful about this situation. Increased public empathy and concern may result in increased support for domestic violence programs.

State support through legislation and funding is also essential for the elimination of this problem. As the public becomes aware of the legislature's concern about the problem of domestic violence and its elimination, local communities may become more supportive. Or, as communities become more aware and become more concerned, they may become more active and enlist the support of their State legislators. In either case, State support strengthens domestic violence programs by increasing their resources.

Federal support is also necessary to increase funds and provide fiscal stability for these programs. Public awareness, as well as public dollars, is an essential ingredient for the institutionalization of domestic violence programs. In States such as New York and California, where coalitions and alliances of local programs have created more extensive legislation for domestic violence programs, there are more service requirements, more State sources of funding, and more technical assistance.

XV. DISCUSSION

A Systems Perspective

Although the number of programs visited by the research team was small, several common issues became apparent. These issues are based on a systems perspective or approach to the problem of domestic violence. It views the family and other social institutions as systems that have an impact both on their members and on each other. This impact is the result of the interdependence of people in the various systems and of systems both large and small in society. For example, the political system may impose changes that result in changes in the legal system. These legal changes may then have an important impact on families. At the micro-level, this interdependence implies that if one part of the family system changes, then all other parts of the system must respond to that change in or&r to remain viable, and that when something happens to one member of the system, then all other members are affected by this event. Thus, when a person is victimized by a family member, the violence not only affects her life, but also affects the lives of her children and extended family, as well as the life of the perpetrator.

The response of other social systems to this event creates the environment or context in which violence becomes tolerated by or unacceptable to members of society at large. That is, the response of the criminal justice system to the violence may be either to punish the perpetrator and thus deter him/her and others from committing acts of violence or to reinforce tacitly the violence by taking no action. In the past, the response of the criminal justice system to violence against women in the home has been the latter. Recent legislation requiring police to make an arrest at the scene of a domestic violence incident is still fraught with mixed messages to the perpetrators through dual arrest (a common occurrence as reported by the study participants) and few convictions. Another example of a systemic response that implicitly reinforces the violence perpetrated against women in the home is that of many mental health workers who continue to blame the victim for remaining in the violent relationship because of some deficit in her personality. Thus, perpetrators may be given the indirect message that the violence is not their responsibility; they have been driven to it by the pathology in their partners.

Even as the responses of the larger social systems to violence in families create a content in which it is tolerated, violence in the family also has an impact on these social systems. This impact may not be as perceptible as a black eye, broken jaw, or a broken leg, but it is nevertheless negative. If family violence continues to plague our society, the children affected by it will grow up and perhaps perpetuate the cycle of violence in the home and possibly outside as well. The women who are most often the victims have a distorted view of their roles and the roles of men in relationships. The impact of this violence can be seen not only in its acceptance but also in its perpetuation and escalation at individual and aggregate levels.

It becomes necessary to intervene in this process in order to demonstrate that domestic violence is unacceptable. The mechanisms of this intervention must also be based on a systems approach, so that when a particular service is considered, the broader social impact of its outcome will be taken into account That is, when domestic violence programs and other service agencies offer services to victims, they need to consider the impact of those services on the systems in which these victims are members and the systems with which they must interact in order to deal with their problem, e.g., the extended family, the legal system, schools for their children while they are in shelters. The same is true of programs that provide services for perpetrators. This broadened assessment of the impact is necessary because all of these systems will have an impact on the victim, and her safety. A systems approach to intervention also implies that more than one system is responsible for eliminating domestic violence. As a result, this approach increases the likelihood that the goal will be achieved. The responsibility for eliminating domestic violence lies not just with domestic violence programs, the victims, and perpetrators, but also with the broader social systems that have implicitly accepted this violence for so long.

One indication that the systems approach is useful in discussing domestic violence and programs that are trying to eliminate it is the similarity that it reveals between the experiences of victims of family violence and the experiences of programs that serve them. Throughout the interview process, the research team found many similarities between what the program directors reported and what victims of domestic violence experienced. Two of the most obvious similarities were in defining the issues and in the isolation that each experienced.

Defining the Issues

First, victims have difficulty describing their experiences with words that have meanings that are predetermined by our society (Kelly, 1988). For example, married women generally find it difficult to call forced sexual intercourse with their husbands rape, because society assumes that rape is committed by a stranger. It is also difficult for some women to call themselves battered women when they have suffered from one or two physically violent incidents despite the fact, or possibly because, they may have suffered from years of emotional abuse. Thus, when victims arrive at a domestic violence shelter, they need to be given the time and freedom to talk about their experiences in their own words.

When speaking to program directors, the same process seemed to occur. Since most domestic violence shelters provide services based on an empowerment model, it is difficult to define and discuss services with words that have predetermined social meanings such as counseling and therapy. Some program directors were very careful to point out that their programs provide counseling not because of some original deficit in the victim, but because of the effects of abuse.

Another problem programs may face in defining what they do is that they often are unsure how to describe their activities and how to describe success, which makes it difficult to develop the field of service provision for victims of domestic violence. When victims have difficulty defining or naming their experiences, they often do not seek help and suffer longer than they would have if they knew there was available support and understanding of their situation. When programs have difficulty defining or naming what they do, they also encounter problems in getting funding and other support. Although the situations are quite different, both result from a lack of common interpretations of the words we have and the lack of appropriate language to describe the phenomenon of family violence and services for these victims.

Reducing the Isolation of Domestic Violence Programs

Another similarity in the experience of programs and their clients is related to the process whereby programs must seek funding in order to survive. This "funding dance" can reflect a dysfunctional system in much the same way as the victim of family violence may come from a dysfunctional family system. To ensure that staff salaries will be paid and services maintained, program directors find themselves trying to do everything "right" to satisfy the requirements of funding agencies. Victims of spouse abuse often participate in this type of process, trying to do everything right to please the batterer, which is an impossible task Most of the time, no matter how careful the victim has been in doing things right, she still gets beaten. A similar process occurs at the local program level. Much time and energy are devoted to satisfying the requirements of several funding agencies which are not coordinated at all. It is difficult for program staff, who are stretched to provide crisis services for as many people as possible, to provide different line item budgets, data sets, and reports to more than a dozen funders; very few of these programs have computers and staff are usually not trained in these areas. This funding dance and the lack of ongoing grants further weakens program funding. This, of course, makes it difficult for staff to provide ongoing services for victims and exacerbates the crisis nature of this work, Job insecurity which results when positions can no longer be funded from previous grants, lack of medical benefits, and the continual search for basic resources create stress which may detract from the continual development and quality of services.

While funding instability adds to the isolation of domestic violence programs, another source of isolation stems from the way in which these programs define themselves or are defined by the communities in which they operate. This is because these programs are addressing a common social phenomenon that many people would prefer to ignore. This isolation is enhanced by the feminist ideology underlying the social organization of many domestic violence programs, which is often at odds with the more conservative views of the surrounding communities.

Isolation is also experienced by victims of domestic violence. As part of the cycle of violence, the batterers' need to control their partners completely creates the context in which the victim is not allowed to have friends, to have much -- if any -- contact with her family or origin, or even to use the telephone. This isolation, coupled with people's often unsympathetic reaction to the victims' revelation of violence, leaves the victims with the impression that there is nowhere for them to turn and that they must survive the best they can in their situation.

Directors of local domestic violence programs that were located in rural areas or were not affiliated with other local programs often expressed similar feelings to members of the research team Some felt they were surviving the best they could with no community support.

There are many ways to address program isolation and funding difficulties, but, again, the perspective of the problem needs to be broadened to include funding. sources of funding, including Federal, State, local, and private, needs to be coordinated to enable programs to meet funding requirements without having to take so much time and energy away from the clients. Many sources require separate applications and different data, and will only fund specific services or budget items. One program director informed the research team that she does not believe in stretching the services her program provides in order to qualify for funding that is not specifically for domestic violence assistance. She reports that she does not have difficulty describing what she does, but she does have difficulty creating new programs that provide only a bit of assistance to domestic violence victims just to qualify for new funding. It would be most helpful to service delivery if the application processes for funds could coordinate data requirements and deadlinea.

The funding difficulties that programs experience can also be addressed by State program involvement and technical assistance. When programs inexperienced in proposal writing, but experienced in meeting the requirements for effective service provision, get funding from the State, they can be given technical assistance. This will help them with their grant writing and program organization, and quality them to tap into other funding sources (New York has such a program). When programs like the Home for Women and Children on the Navajo Nation are not experienced in grant writing, they usually do not have access to affordable technical assistance. Technical assistance for grant writing is available, but the workshop is miles away and travel, lodging, and tuition resources are limited. Technical assistance is needed to help those programs which need it to improve their grant writing skills and program organization. Technical assistance or advising is also needed to coordinate the requirements of different funding sources.

If funds for domestic violence programs are to be used effectively, these programs must be brought out of their isolation through coalitions, community task forces, and alliances with institutions that can educate or help them educate their communities about domestic violence, intervention, and the services provided by programs for victims. Just as the isolation in the battering situation contributes to the victim's incapacitation, isolation of domestic violence programs will continue to limit their abilities to serve the victims of domestic violence and to help eliminate this social problem.

Ending this isolation, however, is not solely the responsibility of the communities in which these programs are located, but also the responsibility of the programs themselves. While most programs spend a great amount of time trying to coordinate

and solicit the cooperation of local agencies and services, there are several strategies to achieve these ends which can be shared through coalitions. For example, domestic violence staff must ask for assistance in ways that will be responded to favorably by their communities and their legislators. Technical assistance in community organization may be well utilized

Taking these issues and several of the fmdings from the case studies into account, the research team offers some recommendations to enhance the ability of domestic violence programs to meet the needs of their clients. Following these recommendations would require the cooperation of all persons and organizations at the different levels involved with the funding and provision of services for victims of family violence.

Service Provision

Domestic violence programs may need to broaden their perspective and use a systems approach in providing services for victims and their children. This systems approach could also include treatment for perpetrators in order to stop the violence and abuse which often continues after the victim has left the relationship. Within this perspective, the only way to eliminate violence within the family system is to provide services for the whole system, and not just the victim. As one witness stated in Senate hearings, "[t]he FBI tells us one out of every two women in this country will be in a violent relationship in their lifetime, not because 50 percent of all men are abusers, but because there are no sanctions or treatment programs that effectively intervene" (U.S. Senate, 1990561). That does not necessarily mean that all members of the family are treated conjointly, or by the same program. It does mean that programs need to provide services for all members of the family and to coordinate their services to ensure safety because family members interact and affect one another in that system. Services should provide support and assistance to victims choosing a variety of options, including both victim and perpetrator separation and reconciliation. While separation may be essential for victim safety, victims often return to their batterers, at least initially and separation does not guarantee safety because it does not stop the perpetrator. Services also need to be available for children of all ages, including adolescent males, because if the intergenerational cycle of violence is to be broken, children and adolescents require services that will enable them to heal and find alternatives to violence.

Shelter program practices that exclude adolescent males and sometimes adolescent children, in general, may inadvertently be sending messages to the adolescents that they are not wanted by their mothers. The reasons why programs do not allow adolescent children in the shelter are varied, but most are based on privacy issues because of the communal living situations in most shelters. These reasons need to be examined because of what they imply to these adolescent children who are victimized by the violence they have witnessed and/or experienced Additional resources are needed to provide services to adolescent male children.

Moreover, more programs for children, adolescents, and adults need to be implemented incorporating themes of healthy relationships. These programs could also help women and men acquire the skills to educate their children about relationships.

Services for children may also include a mother-child interaction component so that mothers can learn alternative parenting strategies. Some program directors are reluctant to make parenting skills a mandatory component of their programs, but providing parenting education is one step toward ending the intergenerational cycle of violence. If parenting programs are optional, but information about them is disseminated to all, any negative implication of the parenting program can be eliminated. Frequently, these victims do not have the information necessary to make an informed choice about parenting methods. Providing this information would enable the women to make an informed decision about whether or not to participate in a parenting program. People tend to parent their children the same way they were taught by their

parents, so parenting information would help teach alternatives to victims and their children.

It would be beneficial to provide demonstration grants to fund batterers' treatment because while shelters have assisted victims to protect themselves and are reported to reduce the homicide of batterers by victims, they have not reduced the homicide of victims by batterers. Moreover, batterers whose partners have left them are free to establish new relationships that may be also characterized by violence (Senate Judiciary Hearings on Violence Against Women: December 11, 1990:114). And realistically, jail time does not reform them and many of them do not serve much if any time in jail. Demonstration grants could be used to create programs, coordination, and evaluation models to enhance victim safety and break the cycle of violence. Treatment for batterers must also broaden its scope to include nonviolent parenting skills.

Programs may need to examine their service philosophies and consider adding men as service providers for women and women as service providers for men. To eliminate family violence, it appears necessary to provide safe environments where victims, children, and perpetrators can learn how to relate to one another and experience nonviolent conflict resolution and child discipline. Victims of domestic violence have to interact with men when they leave the shelter. Using a systems approach to domestic violence, it becomes clear that the interaction patterns within the system need to change in order to eliminate the violence. That is not to say that the perpetrator of the violence is not solely responsible for his use of violent behavior, but all members of the system participate in the interaction; insofar as victims react to the violence, accept it or leave, they are part of the interaction. Thus, in or&r for victims of family violence to learn healthy interactions with men and protect themselves, they may need to experience interactions with men who respect their rights to autonomy. This process could also include learning new skills for parenting children, especially male children. As service providers, men could also offer children and adolescents positive male role models that may enable them to break away from their stereotyped view of masculinity. Enlisting the support of men in domestic violence shelters may also increase their sense of responsibility for eliminating the problem. Men can also provide or assist in much of the public education and training activities for civic organizations, police, and fraternities.

Within the same train of thought, programs that provide batterers' treatment should hire women as service providers as well As treatment providers, women can provide a powerful role model for the group members and offer the woman's perspective of situations and violence perpetrated by the batterer. As a group facilitator, a woman offers a different perspective than the male facilitator and may provide some balance in gender-based treatment, If the co-facilitators are male and female, their relationship can also provide a model of a healthy male-female relationship for group members which includes nonviolent conflict resolution techniques.

It is also important to explore the ethnic/minority issues that seem apparent within the field of domestic violence service provision. Coordination with ethnic minority research organizations in order to develop and disseminate information about cultural differences and similarities in perceptions of violence and abuse is needed to develop cultural competence. Information about culturally competent approaches to service provision would also be helpful for service providers. Domestic violence program staff may need to examine their own philosophies and consider the impact of these philosophies on the ethnic minority victims whom they serve. For example, domestic violence programs would like Native American families to find alternatives to violence, but should not ask female members to give up their values of interdependence or group cohesion.

Within a broader systems perspective, family violence and its elimination become the responsibility of both men and women and society as a whole, not just the responsibility of women. This perspective does not deny that women are oppressed and that violence is a mechanism that reinforces their oppression, but this perspective offers an approach to

the issue that recognizes the interdependence of the two sexes and makes men as well as women responsible for the elimination of this social problem. This approach also sheds light on the ways in which the dominant culture and certain social institutions, such as the legal system, can contribute to the perpetuation or elimination of domestic violence.

Funding

Addressing the above concerns would require increases in funding for existing domestic violence programs and an increase in the number and types of programs available. Programs need stable staffing structures, which means they need the resources to increase salaries and provide benefits to retain staff and resources to provide job security. The high stress levels inherent in this crisis work along with the inadquate salary levels and lack of benefits at most programs creates high turnover rates. This turnover requires programs to tram new staff continually and makes it difficult for programs to develop stable community networks.

One way to use available funds more efficiently and to facilitate the grant application process would be to coordinate existing funding sources so that all funds designated for domestic violence programs could be aquired through a centralized office at the State level. Reporting requirements could also be coordinated in terms of the data requested and the submission deadlines. Funding sources may need to adopt a broadened perspective of the impact of domestic violence so that services for children and perpetrators are included. The directors of all the programs visited expressed the opinion that FVPSA requirements should give programs the flexibility to provide services that other agencies are reluctant to fund such as transportation, services for children, or transitional housing.

Program Standards

Another area of concern is the development of program standards in State and Tribal programs. The first step in this process is developing appropriate outcome measures and obtaining data from programs so that evaluation models can be developed to determine the most effective services and outreach strategies. Once data have been collected, State officials and local program staff could meet to discuss the findings and make recommendations for service standards.

Program standards can make the programs accountable to victims and their communities that support domestic violence programs. While many programs are well coordinated with other local resources, systems can be established to prevent victims from falling through the cracks and to ensure minimum services to victims who have taken that leap of faith and reached out for help. Client priority protocols may need to be established and back-up systems must be reliable. When a woman tells a program staff person that her partner has threatened to kill her, she needs services immediately regardless of shelter capacity. Given the crisis nature of domestic violence services, programs would benefit from established procedures and protocols with local resources in order to share the responsibility of service provision. Adherence to program standards could develop continuity and reliability of services for victims; they could contribute to the institutionalization of these services.

In addition, since public funds are used to provide these services, then programs at all levels (Federal, State, county, and community) need to be accountable to the public. This accountability involves the measurement of characteristics and outcome in order to determine what elements of particular services are more effective than others. Although domestic violence programs receive limited public funding, they still have the responsibility to demonstrate the effectiveness of their services. One step toward achieving this accountability is for programs to improve their record keeping systems. Although records must be kept in ways that will not compromise the confidentiality of the victims, record keeping standards can be created to facilitate the replicability of programs and the ability of new program staff to pick up with clients and agency staff where an old staff member left off. Program evaluation is also necessary, but additional funds, coordination, and technical assistance are required by programs in order to accomplish this important task

There are several issues that need to be addressed before implementing a program evaluation in terms of outcome. First, clients' safety must be the top priority. If a client will be put in jeopardy by making a follow-up telephone call, then other follow-up methods need to be devised. Follow-up also takes time, and may require more staff and more funds to provide the salaries for the staff plus any other expenditures necessary for successful follow-up. One avenue for obtaining follow-up data is to provide nonresidential services or other methods for former shelter residents to gather, such as a party or other events. In this way, staff could get information from those who came and then be able to compare those that did come with those that did not. Writing a letter that does not jeopardize the client's safety but informs her of these events or of the desire to hear from her, (if she can find a safe way to communicate), would also make follow-up more possible.

With the lack of follow-up, very little is known about outcomes, and there is very little empirical evidence available about the effectiveness of domestic violence programs (Sedlak, 1988). Nonetheless, the directors of all of the study programs expressed the belief that they had a positive impact on their clients and were being effective. For example, one program director reported that the number of times a woman returns to her batterer is decreased from approximately 16 to 4 when she participates in a shelter program. Other programs do use formal assessment instruments to evaluate program effectiveness (i.e., the Lithuf test). One program director reported that the results of these instruments have consistently demonstrated increases in clients' self-esteem and assertiveness in pre-post tests. Most of the programs had exit interviews that included a section for clients to make comments and suggestions about the program Programs reviewed these comments and made changes if they believed they were appropriate. However, many program directors stated that clients may not feel comfortable commenting on the program because they do not have the confidence to do so. The effectiveness of these changes also cannot be evaluated based on outcome because programs often do not have the time, money, or expertise to conduct formal program evaluations.

Coordination with Other Agencies

It is hoped that domestic violence programs will no longer be expected to assume sole responsibility for providing solutions to family violence. This responsibility needs to be shared by law enforcement officials, the courts, other social service agencies, hospitals, States legislatures, and Federal programs. Training the staff of these institutions about domestic violence can be provided by these institutions and not just through domestic violence programs. For example, law enforcement officials continually need to be trained about domestic violence issues, and support for pro-arrest and mandatory arrest policies needs to be emphasized continually in order to make a consistent statement about the unacceptability of domestic violence.

Judges who order batterers to treatment need to coordinate with those treatment programs so that batterers who do not comply with the order are sent back to the court system or are charged with violating their probation. Temporary restraining orders against batterers need to be enforced consistently. Tribal courts also need the authority to create and enforce deterrences to domestic violence beyond the misdemeanor category. If batterers do not comply with temporary restraining orders, they should be charged with contempt of court and held responsible for the original offense. Penalties for noncompliance need to be increased to create effective deterrence measures; temporary restraining orders need muscle behind them to equal that'of batterers. Women need to be given equal rights in the courts if they are going to be bound to marriage contracts by the courts.

Hospital staff, community mental health agencies, substance abuse treatment facilities, and other social service agency staff also need to be trained to identify and serve victims of domestic violence and to refer them to local domestic violence programs. Domestic violence victims tend to "fall

through the cracks" in these agencies because of the lack of information on the signs of abuse, the impact on the community, and a lack of training to intervene and refer. These agencies provide contact points for victims and could end their isolation if they learned to identify and refer victims to local domestic violence services. The responsibility of these agencies to assist victims of domestic violence cannot be understated. The costs of ignoring the problem are not only the repeated need for services, such as police and medical assistance, but include the continuation and escalation of violence in their communities.

Child welfare agencies especially need to coordinate services with domestic violence programs. Violence frequently is not limited to a single member of the family. If a child is abused one must ask why the parent is not protecting that child or why the parent is accepting violence perpetrated against the child If one views the family as a system of interrelationships that all affect one another, when violence is a part of that system, all parts respond to it in some way. Linkage between child welfare services and domestic violence should occur. The children should not have to be removed from families that actively seek to put an end to intrafamily violence.

State and Federal programs also need to focus on public education and prevention of domestic violence so that its intergenerational cycle can be stopped and the cloak of denial lifted from a phenomenon that affects millions of women, men, and children in the United States.

Public education and outreach programs congruent with cultural variations and traditions need to be developed Native American, Hispanic, African-American, white, and all people need to be aware of the prevalence and nature of domestic violence in their communities. With this knowledge and communication, people can begin to take the necessary steps to provide assistance to victims and perpetrators of domestic violence and diminish the violence in our communities.

American Indian Tribal codes should specifically address domestic violence. The issues of jurisdiction and sentences for crimes against the communities need to be explored so that reservation law enforcement and criminal justice officials are able to provide deterrence to domestic violence. If Federal prosecutors are not willing to accept these cases, Tribal courts and police officers must be given the authority to deter domestic violence.

In conclusion, grassroots, nonprofit organizations that serve victims and perpetrators of domestic violence are being held responsible for eliminating domestic violence in the United States. As this study indicates, despite their efforts to educate the public and advocate for domestic violence victims, these programs lack the resources and capacity (funds, staffing, time) to perform this task adequately. It is suggested that some of the responsibility for eliminating domestic violence be lifted from these programs and be accepted by the criminal justice system and other public service institutions. Violence perpetrated in homes should be acknowledged as a crime not only against the victim but also against the community and society. The context within which this violence becomes acceptable and tolerated is created by the society in which it exists. Society needs to take the greatest share of this responsibility because it is society that can muster the resources to eliminate this social problem.

Funding needs to be available to create public education programs about family and domestic violence, how to prevent it, and what to do when it occurs. State legislatures need to create statutes which enable and require police and the judiciary to impose severe penalties upon batterers who do not respect TRO's. (Program staff and victims of domestic violence have said repeatedly that although TROs are available, they have no substance behind them; they are just pieces of paper) Federal assistance like the FVPSA supports and enables service providers to adopt a systems approach to domestic violence as they encourage social

institutions, such as law enforcement, the judicial system, hospitals, public housing officials, and representatives of other social service agencies to take responsibility for the elimination of domestic violence. Federal programs are crucial for the creation of systemic incentives for social institutions such as State health departments, the judiciary, public hospitals, and public housing authorities to respond effectively to the epidemic of domestic violence in the united states.

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APPENDIXA

PRE-TEST CASE STUDIES

EASTERN BAND CHEROKEE INDIANS, NORTH CAROLINA

Program History and Development

Shelter, Assistance, Feelings, Education, (SAFE) Incorporated was first incorporated as Swam County SAFE, Inc. in 1985. Since its inception, the program has gone through rapid development and change, including a growing budget and several relocations. Swain County SAFE, Inc. expanded its service area and became known as Swain/Qualla SAFE, Inc. SAFE, Inc., referred to hereafter as SAFE, currently serves Swain County, North Carolina, and the Qualla Boundary, the Eastern Band Cherokee Reservation. Efforts to develop this program began in 1984 when service providers saw the need and grassroots organizers arranged public meetings to discuss the development of a family violence victims assistance program in the county.

In June 1984, funds for the development of SAFE in Swain County and programs for six other western counties were appropriated by the North Carolina legislature. They sought a special appropriation for seed grants to begin programs exclusively for domestic violence. At that time seven western counties in North Carolina had no funds for domestic violence programs.

As a result of these lobbying activities, SAFE received $14,000 from 1985 state funds. The money was used to hire staff, provide shelter through motel rooms or safe houses, and conduct a needs assessment. However, there was very little time for research and the need for SAFE, Inc.'s services was immediate and urgent. SAFE, Inc. thus modelled itself after the nearest effective program -- REACH, which had operated for seven years in Cherokee, Clay, and Graham counties in North Carolina.

In its second year of operation, SAFE generated Tribal funds because it was a joint venture of Swain County and the Qualla Boundary. Tribal support for the program was evident, and Tribal council members argued for more funding to stabilize the program. SAFE staff were primarily engaged in aiding crisis victims, and felt that having to worry about funding in addition to their heavy workload was not only too stressful for them but also would undermine their ability to provide services. SAFE eventually was funded by Tribal resolution, as a Tribal program with significant support from members. In addition, support was provided by the Bureau of Indian Affairs (BIA) social service director, as well as other social workers serving on the Qualla Boundary.

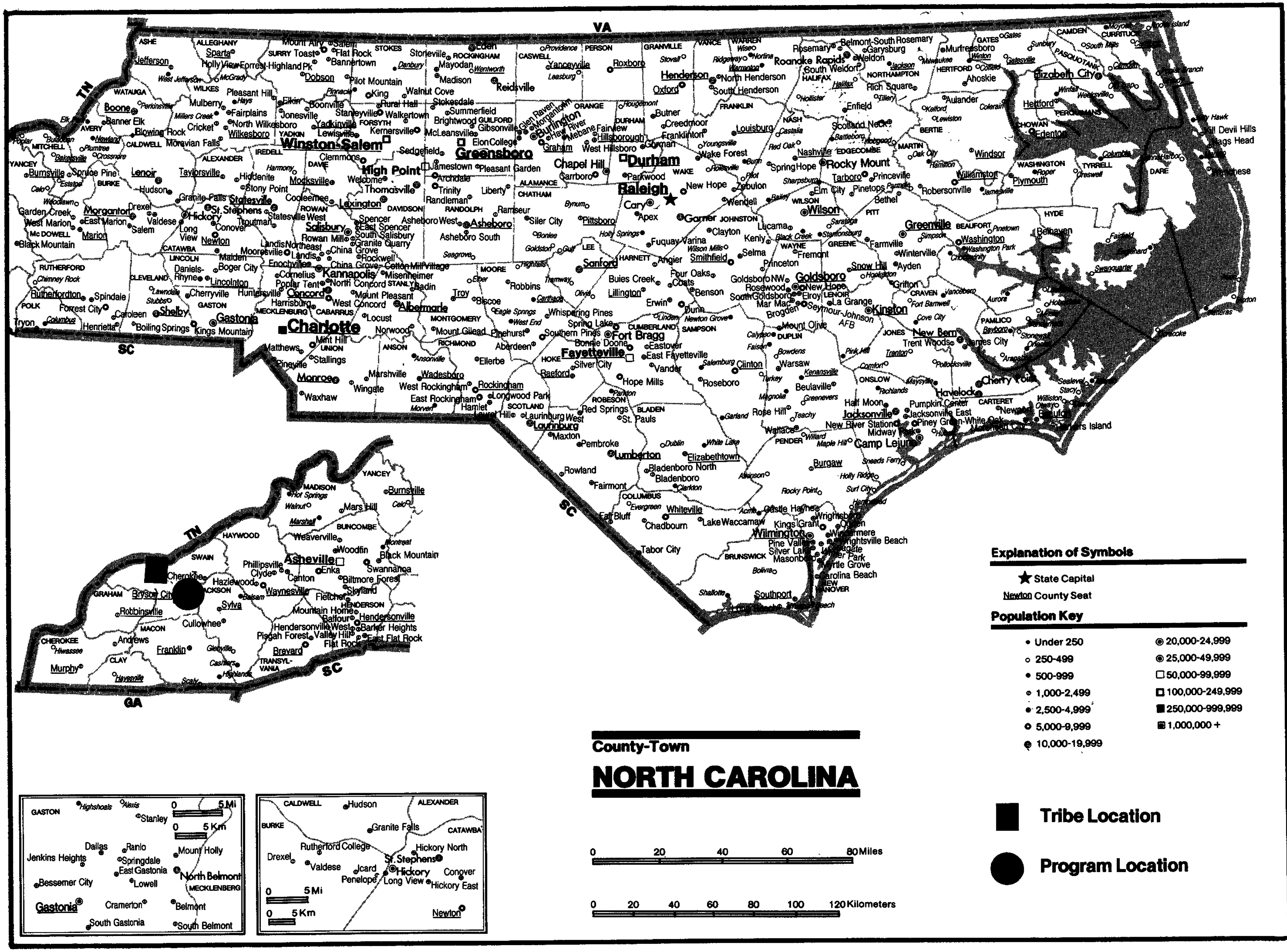
SAFE's first year was spent sheltering clients in hotel rooms. In the second year of operation, the program had enough funds to rent a house. This was made possible by state, county, Tribal, and other grants, as well as by a BIA reimbursement for sheltering Native American children.

During its second year of operation, the SAFE shelter had to be moved because the rental property was sold However, because SAFE had maintained the property well, the landlord rented them a second house. Both rental houses were not immediately habitable and required plumbing, electrical wiring, and insulation upgrades. Labor was provided by community volunteers.

In October 1987 a second BIA reimbursement was issued to SAFE. Since this reimbursement was not planned for in the FY 1988 budget, the program had a windfall of $55,000. SAFE, Inc. decided to use the money to buy a permanent shelter facility. In December 1987 SAFE purchased a house that had previously been a family-operated motel/boarding house. In addition to the house, there were also four motel rooms on the property which could be used to house male victims and larger families. SAFE then subleased the old shelter facility and moved to its new, permanent location in February 1988 (see Exhibit A-l for Qualla Boundary location and SAFE, Inc. location).

In 1987 a Tribal resolution was passed empowering SAFE to apply directly for any Federal support available for domestic violence and sexual assault services on behalf of the Eastern Band of Cherokee Indians. Family Violence and Prevention Services Act (FVPSA) funds were made available to SAFE in 1987, which, although they did not match the BIA reimbursements, provided a source of stable

Exhibit A-1 North Carolina State Map with Qualla Boundary and SAFE Program Location



funding to continue developing and enhancing shelter services.

In deciding on geographical locations for the shelter in the first rental house, SAFE tried to establish a house on the Boundary, but found that all of the Cherokee victims from the Boundary wanted to leave the area. The main reason for this is that Tribal laws and courts are limited due to their location on Federal land On the Boundary, assault or wife battery can only be charged as a misdemeanor, with up to a $500 dollar fine and six months in jail. Moreover, Tribal law officials have always labored under the lack of specific regulations for domestic violence. SAFE's director reported that no one involved in a family violence case has ever received more than a $75 fine and two weeks in prison. Victims feel safer off the Boundary because the laws are stricter and have a greater impact. If the perpetrator pursues the victim off the Boundary, he is charged in accordance with state law, not Tribal law, which may include a felony charge for assault and a two-year prison sentence.

Initial state and local funding made it possible for SAFE to expand physical space, funding stability, and its services. In the beginning, staff were sheltering victims in hotel rooms, with volunteers there for some of the time to listen and to provide emotional support. However, the director reported that one of the "cruelest things you could do is take somebody in an extremely stressful situation and isolate them in a hotel room." This discovery led to the conclusion that 24-hour staff were necessary. This solution, however, was not feasible because it would place an excessive burden on volunteers and the program had insufficient funds to pay staff for 24-hour coverage. Additionally, the cost of renting hotel rooms was exorbitant. For example, during the tourist season in 1985, the program's first year in operation, staff rented two motel suites for $100 a day, while SAFE had only $1,400 a year for sheltering victims and their children.

Once a house was rented, SAFE services continued to develop around the facility. Because it was a residential facility, staff now had the time to develop a therapeutic environment and allow the victims to share their experiences with each other. As the SAFE executive director stated:

> I can remember listening to people say when we didn't have shelter money, .."I don't want to sit here and talk about it. It doesn't make me feel better if I can't get safe. What can you do for me?" And the answer has got to be,... "You're not even okay to talk about this until you're in a safe space, where you're not having to worry about is he going to..."

It was also discovered that the beat therapy was provided "when women from the same situation were together and sharing their experiences." A therapeutic environment was created in the house that provided a safe space for women to talk about their experiences with the counselor/volunteer and each other.

Current Services

The SAFE program is based on the philosophy of empowering victims. Residents can choose the services they desire. SAFE service priorities include shelter, domestic violence crisis counseling, sexual assault counseling and legal advocacy, children's services, and victim support groups.

SAFE now offers emergency shelter, women's support groups for previous and present residents, a therapeutic activity program for children with an in-house pre-school program for residents' children and children referred by the Department of Social Services (DSS), parenting education, and a sexual assault/rape crisis program, along with a child advocacy service for child-sexual assault victims and their families. The average length of stay is 27 days; however, residents can stay at SAFE for up to 90 days. (WIC), the A-Ye-Ka Chemical Dependency Unit, and the Swain County Department of Social Services in order to make appropriate referrals for emergency food, and other needed mental health, education, and employment services.

SAFE is currently housed in three locations: the executive director has an office at the Swain

County Court House; there is an outreach office at the Cherokee Hospital on the Boundary, where volunteers educate people about family violence and SAFE's services; and the shelter which is located in a rural community. The shelter has an office attached to the house where crisis calls come in, and there are seven rooms for victims and their children. Four of the seven rooms are motel type rooms on the property that are used for larger families and male victims, with a fenced-in play yard in between the house and the motor court The Therapeutic Activities Program is located in the basement of the SAFE shelter.

SAFE also houses homeless families referred by the DSS, but responsibility for services to those families remains with DSS. In addition, SAFE does not serve batterers directly but gives referrals to those willing to get treatment if staff believe this will not directly endanger the victim. SAFE staff believe that batterer treatment has not been successful and that the safety and empowerment of the victim is a more effective strategy.

The Swain County and Qualla Boundary communities support SAFE through fundraising, donations, and volunteering. Volunteers maintain the house and grounds, keep the emergency clothing store-room in order, and produce a newsletter. It is difficult to recruit volunteers who are willing to do counseling or victim advocacy because of the small size and stability of the rural community. Many community members fear that confidentiality will be compromised if volunteers counsel victims who are also members of the community. The fear of confronting the reality of abuse in the lives of people already known by the volunteer may also be an inhibiting factor.

All clients go through an intake process on their first visit to SAFE. Typical information gathered during the intake interview includes client's address, referring agency, number of children and their location, circumstances or event which brought the client to SAFE, and involvement of weapons and substance abuse. Staff also obtain a history of abuse of the client and the children, a history of other services provided, a family of origin history of abuse, and a family diagram or genogram. Information is also gathered on current employment and education or training; the schools children attend; and any medications taken by the client or the children.

SAFE staff also have the resident sign a release of information form to various referral sources if necessary. These sources may include the Cherokee Chemical Dependency Unit, Behavioral Health at Cherokee Hospital, the clinic and emergency room at Cherokee Hospital, Family Services, DSS, the Home Instruction Program for Pre-school Youngsters, a program operated by Save the Children Federation, WIC, Community Health Nursing, an outreach program at Cherokee Hospital, Tsali Manor, the Cherokee senior citizens retirement village and nutrition center, and the BIA.

At the time of intake, a resident is given a shelter policies and procedures manual and each child is also introduced to the shelter and its rules. Children are allowed to choose a toy to keep during their stay at the shelter and after they leave. This procedure helps the children feel more at home in the shelter and gives them a personal possession for which they are responsible. This is an important procedure at SAFE, especially for those children who fled with their mothers and were unable to take anything with them. The toy chosen is recorded so that shelter staff know to whom the toys belong. The toys are donated by the community.

Clients read and sign the shelter policies manual during the intake interview. SAFE's policies include a maximum 90-day stay, expectations for goal setting and follow-through, a curfew (10:00 p.m.), nonviolence with other residents and with children, a prohibition against alcohol on the premises, and of intoxication in the shelter, a policy of no visitation, an expectation that clients will clean their rooms and complete daily chore assignments, and that clients supply their own food after three days as well as food for their children. In keeping with the shelter's philosophy, these policies include a statement that the clients themselves will decide when self-disclosure will take place. Policies also state that any infraction

of the rules and regulations of the program constitutes grounds for dismissal.

In addition to the manual, a client is given a shelter handbook that describes the shelter program, use of the telephone, regulations about children, and shelter safety including confidentiality of location. Mothers are expected to care for their children. School-aged children are expected to attend school, while pre-schoolers attend the preschool program in the morning. Children are also expected to accompany their mothers to appointments unless other arrangements are made. SAFE, Inc. has a nonviolent parenting policy and offers parenting education. In educating their residents, SAFE, Inc. staff focus on empowering victims, and provide services in a way that does not belittle them by implying that they are bad parents.

Coordination with Other Agencies

SAFE offers training and is in contact with the law enforcement agencies in the area to gain their cooperation in this small rural community, and on the Boundary. Cooperation varies. At times, an officer will bring a victim to the shelter without notifying shelter staff ahead of time. Some officers will follow the procedures and make appropriate referrals, while others do not consider domestic violence to be an infringement of the law, and therefore do not make referrals.

SAFE has experienced good cooperation from some local hospitals although one local hospital is reported to be uncooperative. SAFE staff have placed outreach workers at the Cherokee Hospital on the Boundary. Hospital emergency room staff and social service workers and others who provide services on the Boundary refer victims to the outreach workers who, in turn, inform the victims of the services SAFE provides and make necessary referrals.

To meet the needs of children who accompany their mothers to the shelter, SAFE has an agreement with both Cherokee and Swain county school bus services to stop within a short walking distance from the SAFE? shelter. The staff member responsible for the children's program also functions as liaison with the school systems. She coordinates services provided to the children in the school counseling program, and serves as an advocate for the children in the school environment. Children who experience violence in their homes are as much victims of violence as their victimized parent. These children have special needs that must be addressed both in their relationships to their family and to the school system. Children often feel the need to explain why they have come to a new school and why they cannot bring friends home with them. The schools in Swain County and on the Boundary have been cooperative, but their resources are limit&

staffing

Staff are available throughout the day during the work week A SAFE worker is on call 24 hours a day for shelter emergencies, crisis calls, and new intakes for domestic violence/sexual assault crisis cases. The staff that provide direct services include the executive director, a shelter director, a shelter manager, advocate counselors, and a children's services coordinator. SAFE has five full-time paid staff members and two part-time workers. The executive director is responsible for all functions and operations of the shelter and its programs. Her duties include researching public and private funding sources and preparing grant proposals and reports, budgeting; developing staff descriptions and hiring procedures; supervising staff and volunteers; preparing reports to the board of directors; and evaluating the program's progress. The shelter director is responsible for supervising the shelter staff and volunteers, directing client services and maintaining caseloads, conducting weekly meetings with shelter residents, completing necessary reports and maintaining files, maintaining grounds and monitoring house maintenance, and being on call for one week every third week

The advocate/counselors provide crisis counseling, intake and advocacy for family violence and sexual assault victims, and share on-call responsibility with other direct service staff on a rotating basis. These counselors also respond to emergency calls, help stabilize traumatized persons, assess cases for DSS or mental health referral, network to provide resources for victims and their

families, facilitate the clients' exploration of options, listen and validate clients' experiences, and encourage and support independent decision-making.

The children's services coordinator provides and/or coordinates comprehensive services for children of domestic violence, performs new child intakes and evaluations to develop initial service plans, operates a half-day therapeutic activity program for sheltered pre-school-aged children, provides parenting skills education, and networks with other resources for children. She also keeps daily logs on children, confers with staff on issues requiring their support and cooperation, and provides training, direction, and supervision for volunteers in the therapeutic activity program. Staff are not required to hold professional degrees, but are specifically trained by SAFE to provide direct services and legal advocacy to victims of domestic violence and sexual assault. SAFE has created its own curriculum and conducts an in-service training program every year. The curriculum is a combination of prepared material and material generated by experienced SAFE staff. The director and other staff make efforts to update the training curriculum as needed and to meet staff needs.

Both the executive director and the shelter director supervise staff. Staff hold weekly meetings to give one another support and to share information on any problems. SAFE staffing has been stable since the establishment of the program. The executive director and shelter director have been on staff from the beginning, which has contributed to the program's stability. Staff stability may also be due to good employment benefits. They get paid vacations, sick leave, maternity leave, and compensatory time. All full-time staff have health benefits.

SAFE has a board of directors and an extensive committee structure for nominations, long-range planning, finance, personnel, development, volunteers, public relations, shelter, and endowment. SAFE's by-laws describe the board of directors -- four Boundary and four County representatives with a ninth member from each community who alternates from year to year. SAFE has two Cherokee women on staff and 15 Cherokee volunteers out of a total of 36.

Record Keeping and Referral

Counselors maintain records on all residential and other client contacts. These records are kept in a locked room to safeguard clients' confidentiality. SAFE staff are very careful about what goes into the record because in the past, their records have been subpoenaed. On one occasion, a counselor's notes had information which was taken out of context and used to damage a client's case for custody of her children. Consequently, SAFE keeps minimal records on tile. Counselors keep their notes on legal pads and destroy them when the client leaves the shelter.

Minimal record keeping has been considered beneficial to the clients. Since SAFE serves such small communities where people know one another for long periods of time, it is very easy for clients to be labelled in the community. This labeling process tends to fix the attitudes of community members toward individuals and may prevent service providers from recognizing a client's development in regard to specific issues. With minimal record keeping, the client returning to the community or returning to services does not have to cope with assumptions made about her behavior based on her previous needs. Departure interviews are conducted with clients as they leave the program. This interview covers information on where the client plans to live (independently or with partner), and evaluation feedback on the shelter program. During this exit interview, a follow-up interview is also scheduled to enable shelter staff to find out how the resident is doing and to offer services and referrals. Program personnel stress the fact that the client can always come back to SAFE and will always be able to use the crisis line if necessary.

SAFE has an open-door policy. Women in need can return for counseling as many times as they like. The executive director reported that the majority of the clients leave feeling better about themselves even if they are not ready to leave their partner or to compel the batterer to give up the abusive behavior.

Shelter services are limited to three stays. Approval from the board is required to accept a person into shelter if she has previously stayed three times and is still in the same relationship. The executive director believes that most women leave the shelter feeling a bit more empowered and more knowledgeable about their options. Women come back on an average of three to four times before they make some concrete change in their living situation or relationship. Having this open-door policy allows the process of change and healing to take place at the client's own pace.

Evaluation and Follow-up

SAFE staff have attempted to follow-up clients over time in order to evaluate the program. In 1986 a follow-up study was conducted of 47 women who were provided with services over a six-month period They were interviewed by telephone at six months and 12 months after departure from the program. Four women were reunited with their partners after counseling or marital therapy, 11 were reunited after conditions were met for ending abuse; 11 were reunited with no conditions but battering had not recurred; 9 were reunited with no change; 10 were separated and living independently; and 2 were divorced. An overwhelming majority of the clients, 77 percent, reported alcohol abuse by their partner, by themselves, or by both

Other efforts for follow-up and evaluation of outcome have met with less success. The executive director believes that follow-up is difficult because previous clients do not want to be reminded of their past experiences and may feel that they have failed in some way if no change has taken place. Other clients have been difficult to locate. SAFE staff must also respect the rights to self-determination and privacy that characterize the provision of services to adult victims. The executive director's general impression, however, was that SAFE services were effective.

Population Served

SAFE has served 1,146 women, men, and children, including elderly adults since the program began in January 1985, and the number of clients served has increased every year. In 1987 the program served 130 clients, 180 in 1988,212 in 1989; and 354 in 1990. SAFE is jointly owned and operated by Swain County and the Qualla Boundary. In FY 1990, 80 enrolled members of the Eastern Band of Cherokee were served, Of those, 69 Cherokee women, children, and men were sheltered at SAFE's house.

SAFE experiences seasonal variations in the number of clients served, especially during the winter holiday season and the summer months. The staff attribute this pattern to stress and increased alcohol use during the holidays. Summer increases are attributed to the heat and more contact with children since they are not in school. Employment frustrations are constant stressors in these communities which heighten during these time periods.

The counties served by SAFE are rural and isolated. The non-Native American population is working poor and predominantly white. On the Boundary there are approximately 6,000 Cherokee Indians. Unemployment on the Boundary climbs to about 45 percent during the winter months and drops slightly during the tourist season. Available jobs for the Boundary population are minimum wage service jobs, such as fast food restaurants, hotel housekeeping, and counter help. Swain county does not offer any better employment opportunities for the Boundary population or for its own residents. This is not an industrialized area, and business and economic opportunities are limited.

Budget and Impact of Federal Funds

SAFE's total budget for FY 1991 was $166,462 FVPSA funds amounted to $13,000, about 1/13 of the total operating budget. SAFE also obtains funding from North Carolina, Emergency Shelter Grant Program, Victims of Crime Assistance, Swain County, Eastern Band of Cherokee, Federal Emergency Management Association, foundations, additional money from the tribe, and fundraising efforts. The bulk of the funding comes from the state and the Federal government (including FVPSA, VOCA, ESGP, etc.). A large portion, about one half of the budget, comes from time limited VOCA funds. The grants from foundations are also one-time grants and

therefore not a stable source from year to year. SAFE operates on the premise that FVPSA, State, county, and Tribal funds will be stable. The FVPSA funds are used to cover some of the operating costs. These funds are not used for salaries because the Boundary has a law that appropriates 25 percent of a grant for salaries. SAFE tries to avoid this appropriation by using the FVPSA funds only for operating costs, such as utilities, maintenance, and supplies.

Future of the Program

SAFE plans to continue expanding its operations in order to meet the needs of victims of domestic violence and sexual assault. SAFE staff have set the following six tasks as goals for expansion:

- Improve their board's participation and enlist more members in order to diversify and/or increase resources by recruiting more members from the community;
- Increase funding;
- Increase and retain qualified staff;
- Elicit, at a systems level, better cooperation from law enforcement agencies. They hope to accomplish this by encouraging local law enforcement personnel to become involved in the development and promotion of a law enforcement educational booklet, to act as advisors, and to participate in public education forums;
- Increase the number of volunteers. Staff want to see more members of the community involved in advisory committees. They plan to hold a volunteer appreciation event and want to recruit a volunteer to supervise interns from local colleges: and
- Conduct training at the BIA and public schools. These training events would include presentations to students of all ages and would be used for public awareness and prevention of family violence.

Currently, a committee is reviewing the exit interview for the shelter. In this interview, the resident is given the opportunity to evaluate the services received and the overall program. SAFE wants to use these interviews in a more systematic way to evaluate itself.

MARYLAND STATE CASE STUDY

Program History and Development

Initial support for domestic violence programs in Maryland grew out of the efforts of grassroots organizations and strong support from the Governor. Many battered spouse programs were operating at the grassroots level when legislation was passed in 1977 which established the model shelter law. Developed in collaboration with a committee formed by an ad hoc group of women, this law provided funding to the State's first shelter program, the House of Ruth in Baltimore, which was awarded $49,293. When Governor Hughes took office in 1979, his first supplemental budget increased appropriations to $91,903 and seven programs, in addition to the House of Ruth, were funded across the State.

In 1980, legislation from the Department of Human Resources amended the model shelter law and established the statutory base for a state-wide Battered Spouse Program. The law establishing battered spouse programs was finally enacted in 1984 and regulations were developed the next year. At present, the Domestic Violence Act in Maryland includes mandatory arrest policies and civil injunctions to protect victims and provides State funding for domestic violence programs. Family violence programs in Maryland are funded through the Women's Services Program (WSP), which is part of the Community Services Administration (CSA) in the Department of Human Resources (DHR). The WSP also administers the following programs: Displaced Homemakers, Rape Crisis and Sexual Assault, Shelters for Homeless Women, Transitional Housing, and Victims of Crime.

Three coalitions, the Maryland Network Against Domestic Violence, established in 1979, the Coalition Against Sexual Assault, and the Women's Alliance of Maryland, coordinate with the WSP to provide assistance to all women's programs in the State. These coalitions lobby for much of the legislation pertaining to domestic violence and act as advocates for victims. These coalitions and the WSP are a well-knit group of organizations that provide many resources to domestic violence programs, including training and technical assistance.

This cooperation and cohesiveness also exists among the various departments within the government. The WSP regularly coordinates with the Department of Health and Mental Hygiene (DHMH), the Department of Housing and Community Development (DHCD), and the Department of Economic and Employment Development (DEED) to provide information to all the women's programs in the State. In December 1990, the WSP hosted a funding alternatives conference. Information was presented by the DHCD, DHMH, and DEED, as well as private foundations, on funding opportunities. The director of the WSP attributes the success of Maryland's family violence programs to this coordination of agencies and departments and to their willingness to share information.

Efforts to coordinate departments and provide services to victims of domestic violence were greatly assisted by the support of the governor. Governor William Donald Schaefer is an advocate of inter-departmental cooperation and a strong proponent of prevention of domestic violence and of services for victims. He introduced amendments to the Battered Spouse Syndrome Evidence bill passed in the General Assembly in 1991. This law will allow repeated physical and/or psychological abuse of a spouse to be admitted as evidence in the defense of a victim who stands trial for homicide of the batterer. The governor also commuted the sentences of nine women incarcerated for killing their husbands after a history of being battered by their spouses. In addition, he also plans to review and revise procedures to secure protective orders in the State and encourages all law enforcement agencies to enforce mandatory arrest policies in known domestic violence cases. He also encourages the judiciary to request pm-sentence investigations in domestic violence cases.

The governor is interested in promoting awareness and education for the general public and criminal justice agencies on issues related to domestic violence. He has created a state-wide task force for the prevention of domestic violence and is interested in developing a public school curriculum for

nonviolent conflict resolution for kindergarten through 12th grade. The governor wants to develop stronger linkages between child protective services and domestic violence agencies and hopes to mobilize a state-wide network of volunteers for programs. In addition, he would like to see domestic violence councils established in each county. Governor Schaefer also advocates the establishment of strong Federal-State partnerships to facilitate reform through Federal legislation and appropriations.

Current Services and Programming

Maryland funds 19 domestic violence programs state-wide. To apply for funds, programs must respond to Requests For Proposals which are issued approximately every three years. The funds are allocated based on the size of the program and its catchment area. While services tend to be more available in the metropolitan counties, every county in Maryland can receive services from a family violence program. See exhibit A-2 for the geographical locations of these programs and their catchment areas.

Funds are approved for a three-year period, but programs continue to receive funding yearly based on a review of performance and compliance with requirements. Before each annual site visit by a program specialist in the WSP, programs are sent an evaluation form indicating what the program specialist will look at to determine performance and compliance with its requirements. The State's program specialist evaluates personnel/staffing, fiscal organization, board of directors' participation, information management, and program services. A program can receive a score of up to 100 points, but must receive a minimum of 75 points to be eligible for renewal. In addition, Maryland also requires monthly performance and expenditure reports from each program, which include statistics on the number of persons served, their ages, marital status, and services received.

When programs compete for funds, separate proposals and budget forms must be completed for State general funds and FVPSA funds so that the FVPSA funds can be accounted for separately. Since the State distributes these funds, all programs receiving FVPSA funds meet State requirements for eligibility.

Program requirements are designed to meet the objectives of the Battered Spouse Program. These objectives are to:

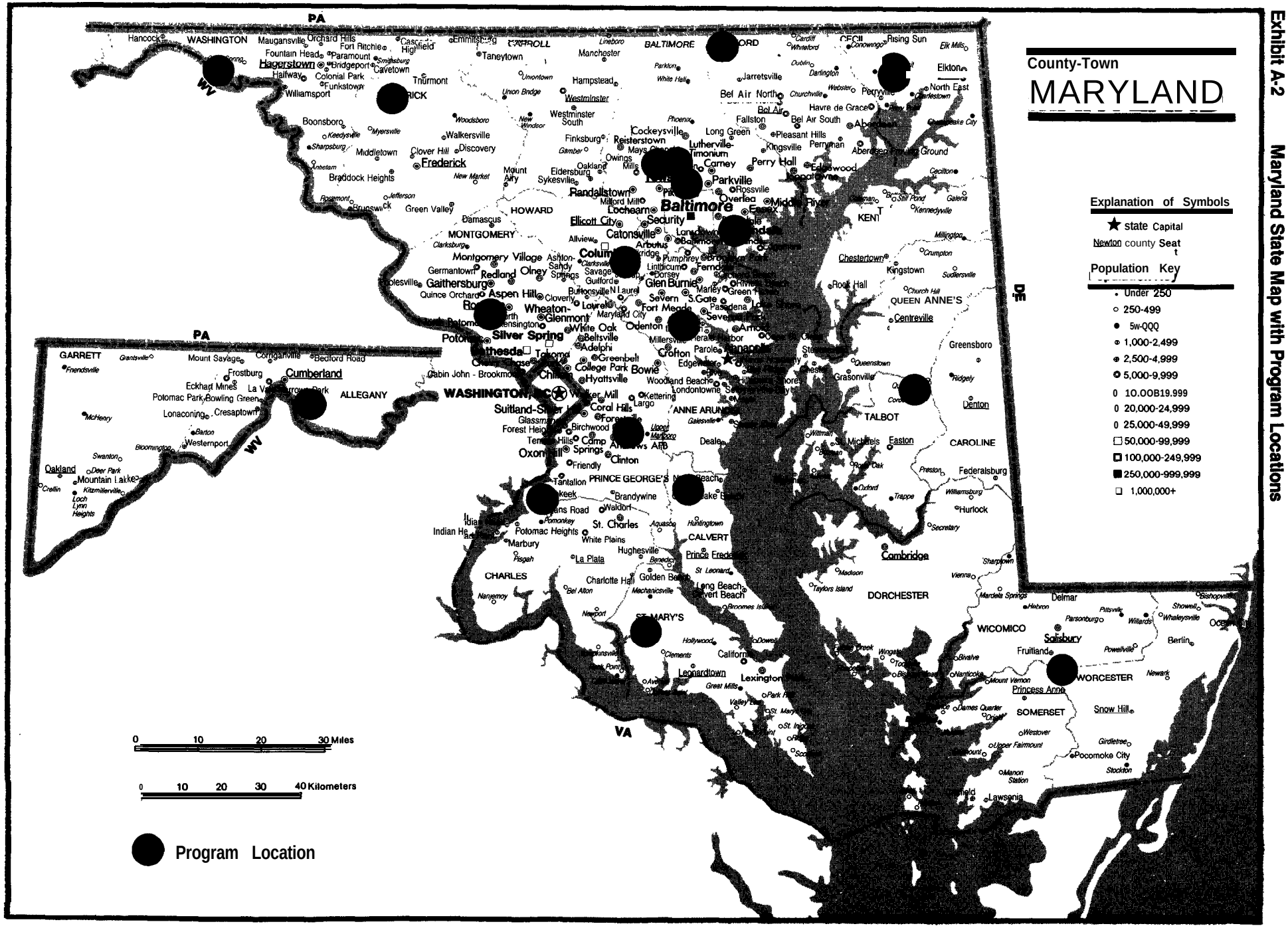
- Provide safe refuge for battered spouses and their children;
- Assist victims in learning to manage and use the protection of the legal system;
- Assist victims to secure benefits/entitlements for which they are eligible; and
- Break the cycle of violence by offering counseling to victims and psycho-educational services to batterers.

Congruent with these objectives, family violence programs are required to provide a 24-hour emergency hotline, emergency shelter for battered spouses and their children, individual counseling and support groups, advocacy and accompaniment to court, and behavioral change counseling groups to assist batterers. These services are required by the State, but some family violence programs provide other services if funding allows. These may include counseling programs for children, referral and advocacy, public education, and training of law enforcement officials, attorneys, and the judiciary.

Population Served

In accordance with domestic violence legislation in the State of Maryland, State police must collect information about complaints of domestic assaults. These data are compiled into an annual battered spouse report included in Maryland's Uniform Crime Reports. The report includes statistics on incidence of spousal assaults by the hour in the day, day of the week, month, county, use of weapons, sex of victim, circumstances, and nature of argument,

Exhibit A-2 Maryland State Map with Program Locations



Mandated batterers' programs are a unique component of Maryland's program. This requirement has been in place for about two years, but some of the programs in Maryland have had batterers' programs for as long as five years. These batterers' programs are depicted as educational or behavioral change programs that focus on anger control. The programs cover an 8-to 12-week curriculum for groups or individuals, depending on the demand for the specific program. Some batterers are ordered to enter treatment, and some come voluntarily at the urging of their partners. Mandated batterers' programs are clear indicators that the State of Maryland recognizes the necessity of perpetrator services in order to eliminate and prevent family violence. Unfortunately, recidivism rates were not directly available from the State-sponsored programs.

The State requires domestic violence service providers to be trained specifically in delivering services to victims of family violence and batterers. Counseling staff are required to hold degrees, but do not have to be licensed clinicians. Most State-funded programs, however, have one or more licensed mental health clinicians on staff or have access to one as a consultant and/or supervisor.

The number of spouse abuse cases reported in 1986 was 14,788. In 1989, the reported number was 14,781. Cases reported and patterns in reporting are fairly stable from year to year. For example, 50 percent of reported spousal assaults in 1990 happened on weekends, between 6:00 p.m. and 3:00 am. No particular month had an unusually high or low number of reported cases. Most (81 percent) spousal assaults were nonaggravated involving no use of foreign objects. In those incidents where weapons were used, however, firearms were used 9 percent of the time, knives or other cutting instruments 23 percent, and "other dangerous weapons" 36 percent.

Fii-six percent of the spousal assault victims were white, 43 percent African-American, and .9 percent other ethnic/racial backgrounds. The overwhelming majority of victims were women. Locales with the highest reports of spousal abuse are metropolitan and include Montgomery, Prince George's, and Baltimore counties, and Baltimore City. The four areas account for 76 percent of the reported spousal assault cases in the State, and for 61 percent of the population.

The victims lived with the perpetrator in 79 percent of the cases while 16 percent of the victims were estranged from the perpetrators. For cases in which the circumstances surrounding the incident were reported, 17 percent were related to alcohol, 5 percent to infidelity, and 4 percent each to money and offspring. In 39 percent of the cases, the circumstances were unknown, and in 17 percent were described as other.

The director of the WSP reported that between July 1990 and June 1991, 2,176 females were sheltered and 1,056 males were served by the battered spouse programs across the State. The ages of the people served ranged from infants to people over the age of 65, but the majority of the people served were between 18 and 44 (74 percent). Most of the adults served (62 percent) were married, Sixty-eight percent of the population served was white and 26.3 percent were African-American.

The Bureau of the Census (1991) reports increases in both Asian and Hispanic people in Maryland, and the director has seen increases in the numbers of Asian, Hispanic, and Soviet-Jewish clients. The director is concerned about the delivery of services to these populations. She believes that cultural sensitivity is essential, especially in terms of filing complaints. It is important to translate filing procedures into different languages to make the various systems accessible.

The director has expressed concern about the co-incidence of substance abuse with domestic violence. Substance abuse by both batterer and victim was often reported. According to her estimates, approximately 20 percent of the women in battered situations have a problem with drugs or alcohol, while 80 percent of the men who batter also have substance abuse problems. The director reports that alcohol, marijuana, and cocaine were the most common drugs used by victims and perpetrators.

Most shelters have policies prohibiting the use of alcohol or drugs on shelter property and do not allow clients who are intoxicated to enter the shelter. When a female victim of domestic violence also has a substance abuse problem, her options are limited in Maryland She can detoxification@ on her own and then go to a shelter with her children, or she can wait for a vacancy at one of the very few residential treatment facilities for chemically dependent women. In addition, an even smaller number of these programs admit children, and a woman may be tom between leaving her children with the batterer, if no other family is available and willing to care for her children, or having her children placed in foster care.

Budget and Impact of Federal Funds

In 1990, total general funds appropriated for the WSP amounted to $7 million. The Battered Spouse programs within WSP were allocated $1.6 million from these State general funds, which includes $121,536 from the F'VPSA allocation, $118,710 of which is awarded to shelter and nonresidential programs. FVPSA funds account for about 8 percent of the total general funds allocated for family violence by the State. The amount of FVPSA funds allocated to Maryland has increased by $3,000 since the FVPSA funding began in 1987.

When FVPSA funding began in 1987, 17 domestic violence programs received funds. In 1990, 19 family violence programs were awarded funding; one shelter and one nonresidential program were added to the list of recipients. FVPSA funding in Maryland is primarily used to maintain existing programs. The amount of FVPSA funds received by each subgrantee is minimal but needed. Most programs use these funds for evening and overnight shelter and crisis staff, food, and client transportation. These are considered "luxuries" by many programs, but are necessary for the provision of effective and comprehensive services.

Future of the Program

The director has noted the relative stability in the number of reported cases of domestic violence. She estimated, however, that although the number of spouse abuse cases reported has not changed much (from 14,788 in 1986 to 14,781 in 1989), the number of victims and children served in family violence programs has increased. She believes this is due to an increased awareness of family violence brought about by the programs' efforts in public education and State legislation.

Although there are no plans for expansion, per se, the director reported that domestic violence service providers need more training; they require additional skills in the areas of alcohol and drug abuse in order to deal with chemically dependent victims. She would also like to place greater emphasis on educating the judiciary to permit the "battered woman syndrome" as a defense and revise Maryland's civil protection order to increase its enforcement period

Specific Program in Maryland

The research team visited one of Maryland's State-funded programs to get an idea of how the State program is implemented at the subgrantee level. The program visited was the Abused Persons Program, in an urban area of Montgomery County.

Program History and Development

The Abused Persons Program (APP) has been serving victims of domestic violence in Montgomery County since 1977. These county services have always been part of a county department of social, health, or mental health services and an intervention and service delivery system. Initially, the APP was located in the county's Department of Social Services, then it was moved to the Health Department, and finally to the Department of Addictions, Victim and Mental Health Services. Each of these departmental relocations has challenged the program to redefine itself. Because the social services department focused primarily on providing income assistance, location of the program in this department allowed it to expand to a more crisis-oriented approach with a comprehensive counseling component. The program's last move to a mental health department was especially challenging because the department emphasized the political issues surrounding domestic violence intervention strategies. The debate among service providers and treatment specialists focuses on the needs of the

victims and whether or not they are in need of mental health services or merely a safe and healthy environment in which to rediscover their strengths and enhance their coping skills. With support from the community and the coalitions, the APP has been able to focus its activities on the latter type of service, albeit while operating in a mental health department. The advantage of this departmental context, however, is the accessibility and coordination of the services for victims who need mental health care.

The Montgomery County Task Force on Spouse Abuse has facilitated the program's efforts to provide service that will empower its clients. The Director of the APP reported that this task force enables the program to do much more than it could by itself. This task force includes members from the State university, the State's Attorneys office, the police department, the sheriffs office, and the school board The group plans activities, conferences, and training. Participation in the task force has enabled program personnel to cultivate relationships with these agencies and provide training to many sectors of the community, including law enforcement. The program also has been able to do some training with the State's Attorney's office and members of the judiciary. This training has increased awareness of family violence and the program's visibility in the community.

Services Provided by the Program

When a person contacts the APP, s/he becomes a client of the Department of Addictions, Victim and Mental Health Services and has access to all the services provided by the department. The client chooses the services s/he deems most appropriate for her/his needs, whether that means going into the shelter, using nonresidential services such as support groups and individual counseling, or using both residential and nonresidential services. The program currently offers

- A 24-hour hotline and walk-in counseling center for information and referral;
- A 24-hour accessible emergency shelter for victims and their children;
- Victim support groups, parenting skills classes, and counseling services;
- Psychiatric evaluation, treatment, and consultation;
- Case management and coordination, referral and advocacy services to access local resources such as medical, vocational, and housing services;
- A victim assistance program to advocate for victims throughout the judicial system;
- A court-referred batterers' program, and support groups for men for nonviolent lifestyles; and
- Community education programs on issues of domestic violence.

If necessary, clients are provided emergency shelter. The shelter can house up to 24 individuals and their children. Male victims and women who need shelter but are deemed inappropriate for the shelter are housed in motel rooms on a temporary basis. Female victims who currently use drugs or who suffer from serious mental disorders are housed separately. Because privacy is difficult, male victims are also housed separately. Residents share rooms with their children and perhaps other residents as well. There is a play space for children equipped with toys and games. While in the play room, children must be accompanied by an adult at all times. The shelter has a kitchen and a pantry, stocked by the shelter. Local food donations are also provided to the residents. A laundry is available so that victims do not have to leave the premises if they feel unsafe.

Upon arrival, each resident is interviewed by shelter staff to determine individual needs and to formulate a plan to meet her or his needs. This service plan is created within the first three days of the resident's stay, and is regularly reviewed with the resident as s/he proceeds through the program. Staff are available to assist residents in getting financial

assistance, legal assistance, housing, child care, transportation, and any other services from other community agencies.

The shelter program is quite structured, as indicated by the following schedule outlined in the resident's handbook: Residents are awakened at 7:00 a.m. and expected to be up and dressed by 8:30 am. Breakfast is prepared and the kitchen is cleaned up by 9:30 am. The shelter has a large kitchen where residents prepare their own breakfasts and lunches. Lunch is prepared and cleaned up between 11:00 am. and 1:30 p.m. Dinner is served and cleaned up between 5:30 p.m. and 7:30 pm. Dinner is a communal meal and residents are assigned dinner chores. Children are allowed a morning and afternoon snack All residents are expected to be in the shelter by 10:00 p.m. All children and teenagers are expected to be in their rooms and quiet by 10:00 p.m. Lights are turned out at midnight and all residents should be in bed by this time. Residents are required to attend house meetings held daily at 8:30 a.m., the purpose of which is to assist them and staff in coordinating activities for the day, distributing chore assignments, and resolving any group living problems.

Residents are also required to attend evening educational discussion sessions scheduled throughout the week These sessions cover specific topics related to abuse so that residents may better understand the effects of their experience. They also help residents gain control over their lives by detailing their options. Residents are also required to attend at least one support group session to introduce them to the group so that they can realize that they are not alone.

At this time and throughout their stay, staff counselors are available to assist residents "in changing the abusive relationship." This counseling may include individual, group, couples, or family counseling. Counseling is available to all residential and nonresidential victims and women are encouraged to continue in counseling after they leave the shelter.

The average stay in the shelter is 10 days. Residents can stay up to four weeks and under certain circumstances, a resident may be granted an additional two weeks. The program also has access to three apartments to use as transitional housing for clients who want to establish independent households. Clients can stay in these apartments for up to six months.

For nonresidential clients, the APP offers nine weekly support groups. Former and current residential clients are also welcome at these meetings. The program director views these support groups as one of the best forms of intervention. When victims can share their experiences with each other, they "normalize* much more quickly than they would in individual counseling situations. Survivors begin to realize more quickly that they are not alone and that their reactions to domestic violence were normal. Thus, they are more quickly encouraged to make concrete steps toward change. Another advantage of these support groups is the propensity for clients to form personal relationships with others in the group. This process serves to diminish the isolation which made their abuse possible and encourages the development of a support network, much like Alcoholics Anonymous (AA). These support groups are also cost effective.

The shelter program has an open-door policy toward women who return to the batterers and then find themselves in need of shelter again According to the program director, women who have been chronically abused usually need more than one shelter stay to make any concrete changes. The director believes that many shelter programs are not prepared for this phenomenon and view recidivism as a failure on their part or that of -the client. In fact, some women need to come two or three times before they are ready to make a concrete step toward changing the abusive situation. She stated that "usually, each time they come, they take one step forward.. A perfect example, we've had clients in the shelter the first time who don't want to do anything legally and then maybe the second time they might want to file a domestic violence petition." If a woman does return several times, however, the staff increasingly encourages her to demonstrate a commitment to

change in order to receive shelter. In these cases, the client is given three days to make the decision.

The shelter program also includes children's services. These services are offered through therapeutic group play activities and art therapy to help the children better understand what is happening in their lives. If children need more than the group activities in order to feel less anxious about their situation, a child specialist is available for them and their parents. The APP also coordinates with area schools, to which clients are encouraged to transfer their children during their shelter stay. The teachers recognize the children as shelter residents and are trained to take necessary precautions for the children's safety, including steps to prevent kidnapping. No child care is provided at the shelter, but occasional child care is provided under special circumstances. Residents are responsible for their own children. They are required to sign releases of liability when they leave to go to appointments where they cannot bring their children. Weekly recreational activities are also made available for the children.

A batterers' program established in 1981 is operated within the APP as part of the State requirements and as a component of the domestic violence program. Victims may ask their partners to enroll in this program, but in most cases the perpetrator is court ordered.

When a batterer is referred to the program, he has one or two intake sessions with a counselor. This intake procedure was developed by the program. The counselor first reviews the charging document from the judicial system. From this document, the counselor learns about the severity of the violence, the history of the violence, and the involvement of substance abuse. The rest of the intake covers family of origin and its history of physical abuse. In these sessions, the counselor selects the men who will be appropriate for the batterers' group and makes referrals for those who might need individual counseling or other services. Those selected for the group are those who accept "a modicum" of responsibility for the violence. The Program counselor believes that only those men who can admit that they have a problem or at least "a hot temper" will benefit from the group curriculum.

If the batterer is selected for the group, he is enrolled in a 14-week program, of 1 1/2-hour sessions. Beginning sessions focus on helping the men take responsibility for the violence. One approach used to achieve this sense of responsibility is discussion of the family of origin. Men are asked to talk about their childhood experiences and their relationships with their parents. The overall focus of the group is to attack the underlying value that it is acceptable to hit someone you are angry with. Two male facilitators try to create a therapeutically safe environment within the group for the men to talk about themselves. Because batterers are usually defensive and angry, they need to feel accepted even though their behavior is unacceptable. Thus, the facilitators create the conditions for this acceptance through the group process so that the men can talk about themselves openly and begin to take responsibility for their behavior.

The program counselor aims at accomplishing at least two goals by the end of the 14 weeks. First, he hopes that the men learn to recognize their emotions and begin to understand how they contribute to the cycle of violence in their relationships. In this process the men begin to learn the skills required for them to take responsibility for their behavior. The counselor also hopes that these persons will learn to listen more effectively. Communication skills tend to be lacking in this population and more effective verbal communication provides an alternative to violence as a means to express and satisfy one's needs in a relationship. This counselor believes that by teaching these men how to recognize their emotions and listen to their partners the cycle of violence can be broken.

These goals are achieved through role-playing and solution eliciting techniques. After a topic is discussed and possible solutions are found, members of the group role play to see if these solutions can be put into practice. Eliciting solutions from the batterers enhances their self-esteem and demonstrates that they already have alternatives to violence.

After completing the 14-week curriculum, the men are encouraged to attend weekly support groups and continue discussing issues involved in battering relationships and alternatives to violence. Not many choose this option, but they are aware that this service is available. In addition, the men are made aware that crisis intervention services are available to them through the hotline if they find themselves in a situation in which they feel they are about to become violent.

Since the batterers' program is provided through the same office as the victims' programs, the counselors have the opportunity to discuss individual cases with other counselors and service providers involved in the same case. Clients are asked to sign appropriate release of information forms when they begin using services. As a result, if the facilitator in the batterers' group is concerned for the safety of a particular partner, he has the consent of the batterer to break confidentiality and speak to the partner or her counselor directly. One facilitator for the batterers' program believes this actually provides a sense of relief to the batterers because it means that their behavior will be checked. If a victim wants to know about her partner's progress, she has the right, given by the appropriate release form, to be informed of the batterer's progress in realistic terms. The counselor for the batterer's group, however, believes that 14 weeks will not necessarily end all forms of violence and tries to respond to victim inquiries in a way that is encouraging but not misleading.

Release of information forms are also important in the process of reintegration. Opportunities for couples counseling are available if requested with the coordination of both the victim's and batterer3 counselor. When couple counseling is chosen, the counselor usually contracts for nonviolence, a process whereby both partners agree to be nonviolent and report any incidents of violence to the counselor. If the contract is broken, appropriate options are available to ensure the safety of the victim.

Coordination with Other Agencies

There are several opportunities for the APP to coordinate services with the addictions and mental health department of which it is now a part The use of substances by batterers and victims has been documented throughout the cases studied. Access to appropriate services for assisting abusing batterers and victims, however, is usually limited because programs do not combine treatment for chemical dependency with services to victims or batterers. At the APP, however, victims and batterers can easily be referred to an addictions program within the department. From this program they may be referred to AA or Narcotics Anonymous (NA), or the client can participate in groups offered by the department. Most victims and batterers with a chemical dependency problem abuse alcohol.

Victims must have their alcohol problem under control before coming to the shelter or continuing with programs offered for them. Batterers are also screened for alcohol and other drug abuse before they are accepted into the program. Because the batterers' program is nonresidential, concurrent services can be provided more easily. If a substance abuse problem is found, the batterer is referred for regular urinalysis and participation in the addictions program. Some batterers are required to have urinalysis twice a week in order to participate in the program. The results of these tests go to the batterer's group counselor. If the tests are positive for substance use on a regular basis, the batterer is deemed non-compliant and is sent back to the judicial system.

Staffing

The county defines the program's staff positions, their salaries, and benefits. There are nine therapists and two senior level clinicians. There are two part-time victim assistants, a shelter manager, and six community service aides who work in the shelter. The shelter is staffed 24 hours a day so that there are five part-time back-up positions to cover shifts when full-time staff are not available_ Because the APP is located in a county mental health department, many of the staff members are licensed master's level Clinicians. Some shelter staff also have college degrees. Volunteers are not used in the shelter, but two professionally trained volunteers co-facilitate support groups. The program has other volunteers

who serve as court advocates and a nurse who comes to the shelter every week to provide medical care.

Turnover is relatively low for programs of this type. The average stay in the therapist positions is five years, but several of the staff have been with the program since its inception. Most of the turnover occurs in the shelter back-up positions. The program is currently recruiting Spanish-speaking volunteers to interpret and facilitate groups, due to an increase in the number of Hispanics in the community.

Population Served

Montgomery County is a wealthy metropolitan county with a population of 757,027 (Bureau of the Census, 1991). In 1989 there were 1,164 reported cases of spousal assault (Maryland's Uniform Crime Reports, 1989). The APP received 1,392 requests for services in 1989 and 1,836 in 1990, which include requests from both victims and perpetrators. In 1990 the APP served 329 persons through telephone contact and 327 people who were walk-ins. One hundred ninety-five adults and 260 children were sheltered in that same year. A total of 71 men entered the court-ordered batterers' program in 1989 and 101 in 1990; 68 men entered the voluntary program in 1990. Clients are mostly white or African-American, with a minority of Hispanic clients.

Budget and Impact of Federal Funds

The APP in Montgomery County is under a three-year contract with the State of Maryland to provide services for victims of domestic violence. During the period of this contract (1991-93), the program will receive a total of $266,957 from State funds and $45,579 from F'VPSA funds. In FY 1991, the program will receive $88,989 from the State and $15,193 from FVPSA. FVPSA funds amount to 17 percent of the State funds allocated to the program and 1.5 percent of the program's total budget, which is $1,017,110. Most of the program's funds are used to pay for salaries and benefits. The second largest expenses are rent and transportation. FVPSA funds are used to pay the salary of one of the part-time victim assistants.

The APP uses its FVPSA funding to pay the salary of one of the two part-time victim assistants, who serve as advocates in the county judicial system. Among other activities, these advocates help clients to file domestic violence petitions and show cause for contempt if these orders are violated. The "show cause for contempt" process is seen as important because it holds the perpetrator accountable for the original offense as well as the violation. If the victim successfully files against the batterer, he can be fined or incarcerated for contempt of court Ordinarily, a victim would need to file for another protective order which does not hold the perpetrator responsible for the original offense. These advocates also help clients obtain assault and battery charges against their mates and provide court accompaniment. These assistants also refer victims to local attorneys for a variety of circumstances that compound domestic violence cases, such as custody, visitation, and child support. Unfortunately, existing pro bono services have a three-month waiting list although most victims need immediate legal assistance.

Montgomery County was one of the first programs in the State to use victim assistants to show cause for contempt in the judicial system. Some judges prefer to deal with attorneys, but some will accept petitions from advocates. These advocates served over 450 clients in 1989.

Future of the Program

An immediate goal of the APP is to increase the availability of legal services to its clients. In addition, victims of domestic violence have several legal assistance needs that go beyond what advocates can provide. Divorce proceedings, child support, and child custody cases are some of the most complicated ones in family law. When the perpetrator has an attorney, which is often the case, and the victim does not, she is at an extreme disadvantage. Judges will frequently ask the attorneys to negotiate some kind of settlement. The court advocates, however, are not attorneys and are not trained to protect their clients' interests in such negotiations. Some judges recognize this fact, but others do not. The APP is in the process of trying to elicit continuous pro bono legal assistance from local attorneys. In conjunction with

the House of Ruth, program staff expect to train Montgomery County attorneys who are willing to provide pro bono services for victims of domestic violence. Staff are hoping that a pool of attorneys will be available to assist specifically victims of domestic violence. This, in turn, will increase the visibility of the program and educate the public about the unacceptability of this behavior.

Another area of future growth for the APP is the recruitment of more men for the support groups that are offered beyond the mandatory 14-week batterers' program. The counselors find this to be a difficult task because the batterers typically deny responsibility and do not choose to seek further support for a nonviolent lifestyle.

Program staff would also like to increase their services for children. Additionally, they are in the process of developing a codified tracking system for client funding resources when they need referrals to private clinicians. Staff are developing a mechanism to determine more systematically a client's priority for service. Unfortunately, maintenance level funding for the past two years has made it necessary for the first time to charge clients a fee based on their ability to pay.

APPENDIX B

CASE STUDY SUMMARIES

CALIFORNIA
State Program

Domestic Violence Assistance Program

Location	●	Office of Criminal Justice Planning
Enabling Legislation	●	Domestic Violence Center Act - 1977
	●	Comprehensive Statewide Domestic Violence Program Act - 1985
Services	●	60 of 85 programs across State receive OCJP funding - 750 beds
	●	24-hour crisis lines, individual and peer counseling, separate business centers, food and clothing, emergency room protocols, transportation, counseling for children, court and social service advocacy, information and referral
	●	Exemplary practices - prevention program, media campaign, programs specific to ethnic/minority cultures
Budget and Funding	●	FY 1991 total income $3,924,926; FVPSA funds $742,133 (18.9%)
	●	FY 1990 FVPSA funds $699,889: 18 grants - high $48,500, average $38,883, low $11,913
Monitoring and Review	●	Monthly expenditure reports, quarterly progress reports
	●	Annual site visits made by program specialist
Priorities and Goals	●	Establish programs to serve unserved and under-served populations
	●	Provide more children's programs and counseling
	●	Combine domestic violence and substance abuse services
	●	Increase training for judiciary and attorneys, especially in divorce and custody cases

Local Programs

Services

A Safe Place - established 1978

- Maximum capacity - 20 women and children
- Maximum length of stay - 8 weeks
- Sheltered 141 women and children for 3,467 bednights in FY 1990; provided 15,227 hours of counseling
- Individual counseling available
- Exemplary practice - Latin0 program

Tri-Valley Haven - established 1977

- Maximum capacity - 18 women and children in emergency shelter, 12 in transitional program
- Maximum length of stay - 6 weeks in emergency shelter, 8 weeks in transitional housing
- Provided 5,608 bednights in FY 1990; 7,320 hours of counseling and advocacy to residents and non-residents
- Individual counseling available for residents and non-residents
- Exemplary practices - children's counseling, evaluation and follow-up

Staff	●	A Safe Place - 12
	•	Tri-Valley Haven - 16 including one full-time clinician, two 3/4-time clinicians
Budget and Funding	●	A Safe Place - FVPSA 15.8% of total budget in FY 1990
	●	ACCESS - FVPSA 4.5% of total budget in FY 1990

NEW YORK
State Program

Location	•	New York State Department of Social Services
Enabling Legislation	•	Domestic Violence Prevention Act - 1987
Services	•	74 residential, 83 non-residential shelters across State - 861 beds (326 in NYC)
	•	8 transitional housing programs
	•	Clients served in FY 1990: 11,354 in emergency shelters; 278 in transitional housing, 37,904 in non-residential services
	•	Programs provide 24-hour hotlines, information and referral, transportation, counseling, advocacy, community education and outreach
	•	Exemplary practices - Regulatory compliance, training and technical assistance, emergency grant program, 2 projects to interface with child protective services, programs specific to ethnic/minority cultures, "skills bank" of consultants
Budget and Funding	•	FY 1990 total income $3,570,000 but proposed budget FY 1992 was $1,000,000; FY 1990 FVSPA funds $469,341 (3%): 22 grants - high $13,954, average $9,978, low $3,692
Monitoring and Review	•	Monthly reports including client demographics
Priorities and Goals	•	Maintain current services during extreme budget cutbacks
	•	Provide more non-residential programs
	•	Place staff in other programs beyond domestic violence programs for early identification and referral
	•	Provide more transitional housing

Local Programs

Services

Passage House - established 1988, transitional housing program within larger Victim Services Association; child focus program **established 1991**

- Maximum capacity - 15 women and 25 children
- Individual child counseling and assessment, structured play activities
- Exemplary practices of overall program - child focus project, cultural program

Park Slope Safe Homes Project - safe apartment for one to two families established mid 1970's

- Maximum capacity - 2 families
- Maximum length of stay - 19 weeks
- Counseling and support groups available to residents and non-residents
- Exemplary practices - large non-residential program

LOUISIANA
State Program

Office of Women's Services

Location	•	Governor's Office
Enabling Legislation	•	Protection from Family Violence Act - 1979
Services	•	15 programs across State - 263 beds
	•	Clients served in FY 1990: 1,213 women, 1,688 children in shelter services; 8,837 women, 1,671 children, 188 batterers, 11 men in non-residential services
	•	Establishes health, safety, and program standards
	•	Programs provide crisis hotlines, individual or group counseling, support groups, legal and social service advocacy; some provide anger control groups
Training	•	40 hours required of community program workers
Budget and Funding	•	FY 1991 total income $1,365,421; FVPSA funds $118,768 (8%) FY 1990 FVPSA funds $119,740: 12 grants - high $13,954, average $9,978, low $3,692
Monitoring and Review	•	Monthly reports include client demographics, hours of counseling and advocacy
	•	Annual site visits made by program specialist
Priorities and Goals	•	Increase coverage of State, increase number of shelter and non-residential programs
	•	Provide more transportation for victims
	•	Increase public awareness, especially in schools

Local Programs

Services

Faith House - established 1981 as homeless shelter for women and children, specialized family violence 1987

- Maximum capacity - 33 women and children
- Average length of stay - 30 days
- Sheltered 202 women and children in FY 1990
- Individual counseling and support groups optional
- Exemplary practices - volunteer meal program

Crescent House - established 1979 by Daughters of Charity of Associated Catholic Charities

- Maximum capacity - 25 women and children
- Maximum length of stay - 30 days with 2 week extensions
- Sheltered 229 women and 45 children in FY 1990
- Counseling and support groups mandatory for residents
- Exemplary practices - children's services, legal services, foster grandparents

Staff

- Faith House - 6
- Crescent House - 9

Budget and Funding

- Faith House - FVPSA 5.8% of total budget in FY 1990
- Crescent House - FVPSA 6.8% of total budget in FY 1990

OREGON
State Program

Domestic Violence Project

Location	•	Children's Services Division, Department of Human Resources
Enabling Legislation	•	Marriage License Tax Fund - 1981
	•	Family Violence Prevention Act - 1977
Services	•	29 programs across State - 242 beds
	•	Clients served in FY 1990: 2,631 women and 2,966 children
	•	Crisis hotlines, information and referral, transportation, peer support groups, legal and social service advocacy, community education, children's services
	•	Exemplary practices - data collection procedures, subcontracting program coordination
Staff	•	143 paid staff persons State-wide
Budget and Funding	•	FY 1990 total income $3,601,491; FVPSA funds $75,282 (2.1%)
	•	FY 1991 FVPSA funds $62,340: 29 grants - high $4,896, average $2,150, low $648
Monitoring and Review	•	Monthly reports include client demographics, separate FVPSA expenditure reports
	•	Annual site visits made by program specialist
	•	Advisory committee - 11 members
Priorities and Goals	•	Provide transitional housing

Local Programs

Services

Bradley-Angle House - established 1971 as Prescott House, renamed for two victims 1975

- Maximum capacity - 15 women and children in emergency shelter
- Average length of stay - 30 days
- Sheltered 265 women and 169 children FY 1990, 3,142 bednights provided in transitional program, non-residential program served average of 16 women and 24 children per month
- Support groups for residential clients
- Exemplary practices - outreach program, transitional housing program, coordination with batterers' program

Central Oregon Battering and Rape Alliance (COBRA) - established 1977, opened shelter 1990

- Maximum capacity - 15 women and children
- Maximum length of stay - 30 days
- Provided 294 bednights to women and 384 to children in first quarter of FY 1991
- Support groups optional
- Exemplary practices - children's art and play therapy

Staff

- Bradley-Angle House - 12+, 40 hours of training a year
- COBRA - 5

Budget and Funding

- Bradley-Angle House - 1.2% of total budget in N 1990
- Crescent House - 4.3% of total budget in FY 1990

IOWA
State Program

Crime Victim Assistance Division

Location	●	Attorney General's Office
Enabling Legislation	●	Domestic Abuse Act - 1980
Services	●	26 programs across State - 328 beds
	●	Clients served in FY 1990: 14,776; 7,505 women and children in shelter services
	●	Crisis lines, support groups, legal and social service advocacy, information and referral, transportation, child care, public education; some provide children's programs and long-term counseling
	●	Exemplary practices - coordinated funding applications, community education forums, coordination with batterers treatment in Department of Corrections
Training	●	20 hours required of community program workers
Budget and Funding	●	FY 1991 total income $1,401,390; FVPSA funds $73,355 (5.2%)
	●	FY 1990 FVPSA funds $71,326: 20 grants - high $26,278, average $3,566, low $1,800
Monitoring and Review	●	Annual expenditure and performance reports
	●	Quarterly site visits made by State coalition director
Priorities and Goals	●	Increase number of programs and long-term services
	●	Develop service standards and requirements
	●	Conduct site visits to 12-18 programs throughout year

Local Programs

Services

Domestic Violence Alternatives - established 1981, shelter opened 1991

- Maximum capacity - 15 women and children
- Maximum length of stay - no limit
- Number of clients sheltered not available
- Individual counseling and support groups available for residents and non-residents

ACCESS - established 1974, shelter opened 1982

- Maximum capacity - 17 women and children
- Average length of stay - 14 days
- Sheltered 162 women and children for 2,960 bednights in FY 1990, provided 2,269 hours of counseling
- Individual counseling and support groups available for residents and non-residents
- Exemplary practices - male volunteer program, court watch, emergency loan fund for clients

Staff	●	Domestic Violence Alternatives - two full-time, one 3/4-time, one part-time
	●	ACCESS - four full time, four part-time
Budget and Funding	●	Domestic Violence Alternatives - FVPSA 3% of total budget in FY 1990
	●	ACCESS - FVPSA 1.4% of total budget in FY 1990

PIMA-MARICOPA

Tribal Program

Department of Social Services

Legal Issues	•	Tribal ordinance mandates arrest, prosecutor files charges
Services	•	Clients served in FY 1990 - approximately 265
	•	Educational support groups for victims and perpetrators, referral to off-reservation shelter and Tribal social services, 24- hour crisis intervention
	•	Exemplary practices - consensus model approach based on cultural standards
Staff	•	Two facilitators (American Indian)
Budget and Funding	•	FY 1989 total income $6,000
	•	FY 1989 FVPSA funds $6,000 (100%)
Monitoring and Review	•	Phone calls between group facilitator and liaison at Department of Social Services
Priorities and Goals	•	Enlist former member of men's group to co-facilitate group meetings
	•	Increase outreach activities for women's group
	•	Increase coordination with other services available to victims

INTER-Tribal COUNCIL OF NEVADA

Tribal Program

Location	• Emergency Medical Services Program
Services	• Contracts with five local domestic violence programs and the State coalition against domestic violence which provides training and technical assistance • Clients served in FY 1990: 236 Native Americans State-wide
Budget and Funding	• FY 1989 through first three quarters of FY 1991 total income combined $43,078 • FVPSA funds total received $43,078 (100%)
Monitoring and Review	• Monthly reports including number of American Indian clients served and services rendered
Priorities and Goals	• Increase outreach activities in American Indian communities • Increase American Indian representation on coalition board of directors and advisory councils

Local Programs

Services

Family Support Council - Safe home network, established 1982

- Clients sheltered: approximately 12 percent American Indian
- Individual counseling and support groups available for residents and non-residents
- Exemplary practices - batterers' program

Committee to Aid Abused Women - established 1977

- Maximum capacity - 21 women and children
- Maximum length of stay - 30 days with 15-day extension
- Sheltered 524 women and children FY 1990, 4.8% Native American
- Support groups offered for residents and non-residents
- Exemplary practices - children's therapy, office at courthouse

Budget and Funding

- Family Support Council - Tribal FVPSA 3.5% of total budget in FY 1990
- Committee to Aid Abused Women - Tribal FVPSA 2.9% of total budget in FY 1991; State FVPSA 16.2% of total budget in FY 1991

CONFEDERATED TRIBES of the WARM SPRINGS RESERVATION

Tribal Program

Victim Assistance Program Location	•	Public Safety Department, Prosecutor's Office
Services	•	Clients served FY 1991: 105 primary victims and 208 secondary victims
	•	Crisis intervention, information and referral, transportation, and court advocacy
	•	Exemplary practices - coordination with Prosecutor's Office and police, follow-up activities
Budget and Funding	•	FY 1990 total income approximately $20,000 - (see addendum to case study)
	•	FVPSA funds $6,154 (31%)
Monitoring and Review:	•	Monthly and annual reports to General Manager of Public Safety Department
	•	Advisory board meets once a month
Priorities and Goals	•	Increase funding and number of staff
	•	Establish church representation on advisory board

NAVAJO NATION

Tribal Program

Department of Social Services

Location	●	Block Grants Division, Department of Social Services
Services	●	3 programs across reservation, 1 off-reservation - 76 beds and 5 homes
	●	Transportation, crisis counseling, legal and social service advocacy, some provide children's programs, one batterers' program
Budget and Funding	●	FY 1991 total income $49,000
	●	FVPSA funds $49,000 (100%)
Monitoring and Review	●	Monthly, quarterly, and annual reports
	●	Quarterly meetings with Tribal program director
Priorities and Goals	●	Create a planning committee to examine program operations

Local Programs

Services

Home for Women and Children - established 1974 with assistance of United Methodist Church, shelter opened 1986

- Maximum capacity - 55 women and children
- Informal individual and group counseling
- Sheltered 81 women and 193 children in FY 1990, 100% American Indian
- Exemplary practices - substance abuse counseling

Battered Family Services, Inc. - established 1981

- Maximum capacity - 12 women and children
- Sheltered 162 women and 2.52 children, roughly 82% American Indian
- Individual and group counseling available for residents and nonresidents
- Exemplary practices - batterers' program

Budget and Funding:

- Home for Women and Children Tribal FVPSA 11% of total budget in FY 1991
- Battered Family Services, Inc. - Tribal FVPSA 5.3% of total budget in FY 1991, State FVPSA 1.3% of total budget in FY 1991

PRE-TEST CASE STUDY

EASTERN BAND OF CHEROKEE INDIANS

Tribal Program

Shelter, Assistance, Feelings, Education, Inc. (SAFE, Inc.)

Services

- Clients served FY 1990: 354 women and children, 80 (22.6%) Cherokee; sheltered 69 Cherokee women and children
- Maximum stay - 90 days
- Average stay - 27 days
- Emergency shelter, crisis counseling, support groups, legal advocacy, children's program, information and referral
- Exemplary practices - outreach office in court and Cherokee hospital, formal protocols with Tribal Chemical Dependency Unit and county social services, follow-up/outcome study

Budget and Funding

- FY 1991 total income $166,462
- FVPSA and other Tribal funds $25,000 (15%)

Staff

- Five full-time, two part-time

Priorities and Goals

- Increase funding and staff retention
- Increase the size and participation of the Board of Directors
- Increase cooperation of the law enforcement system
- Increase number of volunteers and number of advisory committee members
- Conduct training and educational presentations at local schools

PRE-TEST CASE STUDY

MARYLAND

State Program

Women's Services Program, Battered Spouse Program

Location	●	Community Services Administration, Department of Human Resources
Enabling Legislation	●	Model Shelter Law - 1977, amended - 1980
	●	Domestic Violence Act - 1984
Services	●	19 programs across State
	●	24-hour hotlines, emergency shelter, individual counseling, support groups, advocacy, accompaniment to court, behavioral change counseling, batterers' groups
	●	Exemplary practices - State level agency coordination
Staff	●	Counseling staff required to hold degrees but not licensure
Budget and Funding	●	FY 1990 total income $1600,000
	●	FVPSA $121,536 (8%)
Staff	●	Five full-time, two part-time
Monitoring and Review	●	Annual performance and compliance reviews
	●	Annual site visits made by State program director
Priorities and Goals	●	Develop cultural sensitivity
	●	Increase enforcement time of civil protection orders

Local Program

Services

The Abused Persons Program - established 1977, part of Montgomery County Department of Addictions, Victim, and Mental Health Services

- Maximum capacity - 24 women and children
- Maximum length of stay - 30 days with two-week extension
- Average length of stay - 10 days
- Sheltered 195 adults and 260 children in FY 1990; counseled 169 batterers
- Individual and group counseling available for residents and non-residents
- Exemplary practices - children's services, coordination with batterers' program and substance abuse treatment program, pro-bono attorney program

Staff	●	19 full-time, 5 part-time
Budget and Funding	●	FY 1990 FVPSA $15,193 (17% of funds provided through State program)