Violence Against Women:
A Review of Impact and Practices

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This report was supported in part by the Kansas Department of Health and Environment and the Centers for Disease Control and Prevention (CDC) Cooperative Agreement #W7/CCU715003-05. Its contents are solely the responsibility of the authors and do not necessarily represent the views of KDHE and the CDC.

This report may be accessed via the Joint Center on Violence and Victim Studies web site at www.washburn.edu/ce/jcvvs.

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Forward

The Joint Center on Violence and Victim Studies, through a contract with the Kansas Department of Health and Environment, reviewed literature and programs which relate to violence against women in order to identify best practices of prevention and intervention. This report addresses violence against women with the focus on three types of victimization: domestic violence, stalking, and rape. This is not to suggest that men are not victims. Rather, it is generally recognized that women are the predominant victims of these offenses.

The lack of clear operational definitions places some limitations on the generalizability of research in the area of violence against women. The offenses of domestic violence, stalking, and sexual assault are often not clearly defined by criminal justice agencies or by victim service organizations. Indeed, victims themselves may not recognize the behaviors of an offender as victimizing. For this and myriad other reasons, many incidents of domestic violence, stalking, and sexual assault are never reported to authorities nor do victims access other services. According to research by Tjaden and Thoennes (2000) of intimate partner violence, almost three quarters of female victims of domestic violence do

not report the victimization to police. Further, about half of females stalked by an intimate partner do not report and almost 83% of females raped by intimates do not rape do not report. Though the rate of reporting is higher for stranger victimizations, it is still under reported. Therefore, it is important to recognize that much of the reported research on costs, health care needs and the impact these crimes have on society is often not reflective of the actual consequences.

It should also be noted that these three types of victimizations often overlap. For example, a victim of domestic violence may also be a victim of stalking and/or a victim of rape and vice versa**.** The ability to differentiate the impact of these victimizations is determined in part by the definitions and distinctions of reporting agencies and researchers. Further, many programs do not differentiate between the types of victimizations in terms of provision of prevention and intervention services. Additionally, programs often fail or cannot make distinctions between prevention and intervention services.

The literature reviewed for this report focused primarily on health care costs, both medical and mental health care, that result from these offenses. The literature regarding health care costs (both physical and psychological) which directly or indirectly result from domestic violence, stalking, and/or sexual assault is extremely scarce with stalking having the least amount of empirical information. Miller, Cohen, and Wiersema (1996) note that "one of

the least documented consequences and costs of crime is the mental health care treatment needed and received by victims and their families" (p.13). Adding to the complexity of assessing these costs are such factors as service agencies which provide free counseling services with funding from grants and private donations, victims who should receive treatment but do not because of the cost, and so forth. Even with what little information is available, it is evident that health care costs resulting from violence against women total hundreds of millions of dollars every year in the United States.

Programs from across the nation were reviewed in order to ascertain promising practices that have been developed in serving victims of domestic violence, stalking, and sexual assault. Identification of the promising practices was accomplished in several ways. The first effort was to conduct a literature review of publications that address each type of victimization, focusing on those publications that cite promising practices. Then a search was conducted of the U.S. Department of Justice websites, with special searches conducted of both the Violence Against Women Office and the Office for Victims of Crime. Finally, a telephone survey was conducted of national organizations serving victims of domestic violence, stalking, and sexual assault. These efforts resulted in the identification of several novel, yet promising practices from across the country.

It should be noted that the absence of rigorous evaluation data on most

programs made it impossible to consistently use empirical evidence as a criterion for selecting promising practices. Programs were identified as promising based on recommendations from national organizations and from programs identified by the U.S. Department of Justice as exemplary or model programs. This identification was based on unique characteristics of prevention or intervention services and their collaboration to accomplish desired objectives. Programs and services in Kansas may reflect elements of these featured programs, and may in and of themselves be considered promising practices, but without program evaluation data this determination cannot be made.

This report is the result of efforts by the Joint Center on Violence and Victim Studies. Valuable input of this product was offered by national and state experts.

Violence Against Women: A Review of Impact and Practices

Executive Summary

Violence against women is both a national concern as well as a Kansas concern. There is no evidence to suggest that Kansas is immune and there is some evidence to suggest that Kansas has as serious a problem as most other states. Kansas needs to respond to this problem not only because of the significant health care costs, but out of a concern for the wellness and quality of life owed to all Kansas citizens.

A review of promising practices suggests there are some common elements related to improving services. These center around education, sufficient resources to meet demand, provision of a full spectrum of needed services, and community/agency collaboration. Education can be broken into several components: education/training of victim service advocates/providers, education of medical/health care workers/professionals, education of associated social service agencies (ie., drug/alcohol, mental health programs, family service, child protective services, criminal justice, legal, etc.), and education of the general population. The need for sufficient resources is paramount. Many of the programs that serve women who have been sexually assaulted, battered, or

stalked are inadequately funded and often need additional resources to meet the service demands. While some communities in Kansas have victim services, many do not or they lack a full spectrum of services. Ideally, every Kansas citizen should be able to access within their community a full array of needed services and support. One of the hallmarks of what defined many promising practices was the presence of collaborative efforts to serve those in need. Collaboration improves the quality of services as well as their cost-effectiveness.

Literature Review: Medical and Mental Health Care Costs for Crimes Against Women

_____For this report the focus of the cost of crimes against women was limited to health care. This is not to suggest that there are not other real costs associated with these victimizations, including property loss, justice system expenses, loss in productivity, and quality of life. However, health care costs reflect the purpose of the Kansas Department of Health and Environment (KDHE) contract and, therefore, the focus of this project.

Domestic Violence

A report released by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, estimated based on 1998 data sources that approximately 900,000 women experience violent offenses at the hands of an intimate each year. In the same year, men were victims of "about 160,000 violent crimes by an intimate partner" (BJS, 2000). More than 1 million crimes were committed against persons by their current spouses or intimate partners. It is estimated that only about half of all partner violence is reported to the police (BJS, 2000). Of those incidences of intimate partner violence reported to the police, about half resulted in a physical injury. It is estimated that about two-thirds

of all intimate partner violence involved a physical attack (BJS, 2000). BJS source data also indicates that about 40% of those reporting an injury sought professional medical attention. Extrapolation of national data along with estimated data for the state of Kansas suggest a tremendous financial impact just on the medical resources needed to respond to the physical injuries sustained by partner violence.

Domestic violence is typically not a singular event. It often becomes episodic with battering occurring more often over time with greater intensity or violence (Langley, Martin, & Nada-Raja, 1997; Langdon & Innes, 1986). During a six month period after an incident of abuse, 32% of women are victimized again (Langdon et al, 1986). Any intervention that is successful will likely have both an intervention and a prevention outcome.

One of the major concerns in stopping domestic violence is the recidivism. In most relationships, the violence is repeated numerous times. While there are multiple ways to affect recidivism, many in the field today believe that a coordinated community response is essential (Shepard, Falk & Elliott, 2002; Pence & Shepard, 1999). Many of the best practice models have been successful through coordinated efforts to stop the violence.

Impact of Domestic Violence

Domestic violence is a public health problem of epidemic proportions. The American Medical Association (1991) has suggested that 30,000 annual emergency room visits and 30% of all women seeking medical treatment at hospital emergency rooms are victims of domestic violence (BJS, 1997). The AMA estimates that there are close to 40,000 visits to physicians related to domestic violence each year. While these costs are high they are eclipsed by an annual 100,000 estimated days of hospitalization due to domestic violence. Using Kansas average hospitalization costs this would amount to $82,500,000 dollars per year in the U.S.. Extrapolation would suggest that costs of hospitalization alone in Kansas is approximately $780,000 dollars per year.

While improving nationally, screening and assessment for domestic violence is still not a common practice among physicians and other health care providers (Jewkes, 2002; Parsons & Moore, 1997). Policies on violence against women have been incorporated into standards under which hospitals are accredited. Currently, the Joint Commission on Accreditation of Health Organizations requires screening for abuse by hospital staff. This typically translates into questions such as: "do you feel safe at home". A response of "no" typically results in providing the victim with referral information to a domestic violence program or a family violence intervention program.

The level of injury resulting from domestic violence is often severe (Kernic, Wolf & Holt, 2000). Berios and Grady (1991) and later Kernic et al. (2000) reviewed domestic violence injuries in metropolitan hospitals. Berios and Grady (1991) found that of 218 women presenting with injuries resulting from domestic violence that 28% required admittance to the hospital and 13% required major medical treatment. The most disturbing factor was that 40% had previously required medical attention for past domestic abuse. Kernic et al. (2000) found similar negative health impacts.

Domestic violence poses a significant risk factor for various physical health problems. The most common locations for injuries associated with battered women have been the face, neck, upper torso, breast, or abdomen (Mullerman, Lenagham, & Pakieser, 1996). Campbell, Jones, Dienemann, Kub, Schollenberger, O'Camp, Gielen and Wayne (2002) reviewed a series of studies that found that the long-term aftermath of the most common injuries and the fear and stress associated with domestic violence can result in several less obvious, and often long-term, health problems. These health problems included pain or discomfort from recurring central nervous system (CNS) symptoms, such as headaches, back pain, fainting, or seizures. Battered women also exhibit more signs, symptoms, and illnesses associated with chronic fear and stress, such as functional gastrointestinal disorders and appetite loss, viral infections, such as

colds and flu, and cardiac problems, such as hypertension and chest pain. They also reported that "researchers have found battered women more likely to have gynecological (GYN) symptoms, such as sexually transmitted diseases, vaginal bleeding or infection, fibroids, pelvic pain, and urinary tract infections, all of which are also associated with sexual abuse. Of the women who are physically abused by their intimate partners, 40% to 45% are forced into sexual activities by the partner. Another smaller percentage are sexually abused by their intimate partner, but not physically abused" (p 116.)

The National Crime Victim Survey (NCVS) indicates that assault by a family member is more likely to cause injury than assault by a stranger. Data from the NCVS suggest that 23% of stranger assaults involved injury to the victim, while 57% of spousal assaults involve such injury. Additionally, the data suggest 7% of stranger assaults require medical attention, while 24% of spousal assaults require such attention (BJS, 1999).

A study conducted at a large health plan program in Minneapolis and St. Paul, Minnesota in 1994 found that an annual difference of $1775 per person more was spent on women who were abused who utilized hospital services than on a random sample of general hospital enrollees (Wisner, Gilmer, Saltzman, & Zink, 1999). Average costs today would be much greater. The total health care costs of domestic violence are estimated to be in the hundreds of millions of

dollars each year, much of which is paid for by employers (Pennsylvania Blue Sheild Institute, 1992).

An interesting point to be made relates to the fact that women are typically willing to talk about the abuse they have experienced if the physician or medical personnel ask them (Titus, 1996). The key point is that they need to be asked. One goal of the national public health objectives, *Healthy People 2000*, is to establish protocols in at least 90% of all emergency units of hospitals nationwide (U.S. Dept of Health and Human Services, 2000). These protocols need to require emergency room personnel to assess, identify, and refer victims of domestic violence to victim service agencies in the community where specialized assistance and support can be provided. While 50% of all hospital emergency room visits are related to domestic violence only about 4% of the injuries are documented as related to domestic abuse by medical personnel who treat them (Berrios & Grady, 1991). Education and protocols for health care workers are considered by many an essential intervention to affect better identification and service to battered women.

In a study (Heise, Ellesberg, & Gottemoeller, 1999) conducted by researchers at Johns Hopkins University, it was reported that abused women are at higher risk of miscarriages, stillbirths, and infant deaths and are more likely to give birth to low birth weight infants. Low birth weight is a significant factor highly

correlated with birth defects, death, and development disabilities (Heise,et al., 1999). The conditions of oppression through intimidation, violence and control exerted on the woman clearly result in prenatal risks. Their study also indicated that children in domestic violence situations were more likely to be malnourished, treated for diarrhea, and to have not been immunized for childhood diseases. The conclusions are fairly simple, interventions that help women will in almost all cases help their children.

Secondary Impact

Between 1993 and 1998, approximately 43% of households in which partner violence occurred had residing children under the age of 12. When children cannot depend on their parents for nurturance and support, their developmental needs will not be met resulting in seriously delayed or permanently altered development. Carter, Weithorn, and Behrman (1999) have indicated that "battered women may use more punitive child-rearing strategies or exhibit aggression toward their children" (p. 6). Such comparative data have unfortunately been interpreted to suggest that battered women are potentially unfit parents. However, what is missing from the data is the context within which the battered woman may exert comparatively more control over the child. Protection of the child or children from abuse from the batterer may justify an

increase in punitive strategies. Control of a child's behavior, even if the means are punitive, may be exercised by the non-battering parent in order to avoid aggression by the battering parent.

The evidence is clear that men who batter women are also highly likely to abuse their children. In fact, 40-60% of men who abuse women also abuse children (APA, 1996). Stopping the violence is paramount to increasing the health and wellness of the woman and her children. Certainly the harmful consequences to children are many and of a highly serious concern when it is acknowledged that 3.3 to 10 million children witness violence in their homes (Davidson, 1994). For example, a primary research question that is not answered in the literature is the nature of the changes that occur following removal of the batterer and the abusive conditions from the home environment. It is cautioned that social service agencies and in particular child protective service programs should not assume that any abused parent is unfit based on a history of domestic violence. At present there are no data to support such conclusions.

Of those women who are battered, approximately 40% of the assaults begin during the woman's first pregnancy (Martins, Holzapfel & Baker, 1992). It is not surprising then that battered women have higher rates of miscarriages, stillbirths, premature labor, and low birth weight neonates (Huth-Bocks,

Levendosky, & Bogat, 2002; Petersen, Gazmarian, Spitz, Rowley, Goodwin, Saltzman, & Marks, 1997). Some of these problems may be linked directly to the abuse while indirectly the abuse also has been correlated with high levels of stress and with delays in seeking or being prevented from seeking prenatal care (McFarlane, Parker, Soeken & Bullock, 1992).

There are close to a hundred published articles and research reports attesting to the relationship between child exposure to domestic violence and childhood disorders or later life problems as an adult. In one study, Silvern, Waelde, Hedges, Starek, Heidt and Min (1995) studied 550 adults of college age and found that their reports of depression, trauma-related problems, and measures of self-esteem were associated with exposure to domestic violence as a child. Henning, Leitenberg, Coffey, Turner and Bennett (1996) found that adult women exposed to domestic violence had greater emotional problems than comparative non-exposed adults. The impact on children of domestic violence will likely vary significantly across children with some children showing no direct evidence of the impact and others significantly negatively affected (Huth-Blocks, Levendosky & Semel, 2001). As long as domestic violence continues in our culture, support to the battered spouse must also include services focused on improving the health of the children involved. Costs to society in terms of professional support and impact on the social fabric of our culture are difficult to

measure. However, it can be argued strongly that significant social and economic costs exists.

Employers

The consequences of domestic violence do not simply disappear when a victim leaves home and goes to work. More and more companies (e.g., Blue Cross, The Phillip Morris Companies, etc.) are acknowledging the impact of domestic violence on the workplace. Domestic violence affects productivity, coworkers attitudes, creates a potential for on-site violence, places the company in a liable position, increases health care costs and employee turnover. Employee assistance programs and management professionals are becoming aware of the potential consequences and the need to respond in some systematic manner.

On a national level it is estimated that domestic violence costs employers $3 to $5 billion annually due to worker absenteeism, increased health care costs, turnover, and lower productivity (The Boston Globe, 1993). Of those costs Businesses are estimated to lose an estimated $100 million in lost wages, sick leave and absenteeism alone (American Institute on Domestic Violence, 2001). Over 1,750,000 workdays are lost each year due to domestic violence. While that figure may appear large, it is not necessarily surprising given that domestic

violence is the leading cause of injury to women in the United States. Sixty-six percent of Fortune 1000 senior executives surveyed (Roper Starch, 1994) say they believe their company's financial performance would benefit from addressing domestic violence among their employees. Forty-seven percent say domestic violence has a harmful effect on the company's productivity, and 44% say that it increases health care costs.

In the *New York Victim Service Report* (1987) it was estimated that 74% of employed battered women were harassed at work either in person or over the phone. The study also indicated that 56% were late for work at least five times a month and that 28% left work early at least 5 times a month directly due to the effects of domestic violence. Also, the study indicated that 54% missed at least three full days of work a month and 20% had lost their jobs as a result.

In the United States the leading cause of death on the job for women is homicide. In 1992, approximately 20% of the women killed in the work place were homicides committed by a current or former husband or male partner (Bureau of Labor Statistics, 1993). While homicides have decreased since 1992, the number of men killing women has only slightly decreased (BJS, 2000). The evidence is alarming with respect to domestic violence and its impact on the work place. Businesses and corporations are starting to take notice if only to reduce risk and costs.

Stalking

No available evidence was found that directly attributed health care costs to victims of stalking. While no comprehensive nationwide data exists on the cost of stalking, there are often unique and serious costs that co-occur with this crime.

Victims of stalking are in danger of emotional and physical harm. While only about 2% of all stalkings result in homicide (DOJ, 1993), a 1 in 50 incidence related to homicide should be viewed as a highly serious mortality factor. Protection from harm can be a serious cost issue for victims of stalking. Victims of stalking may need to spend considerable amounts of money to maintain safety and security. It should also be understood that stalking can persist for several years. While most stalkers quit within a year, 10% of all stalkings continue for more than five years (Miller, 2001).

Approximately 80%-90% of all stalkers are men while 80%-90% of all victims are women (Miller, 2001). In many situations the stalker is an intimate or former intimate of the person being stalked. In many cases stalking is an extension of domestic violence. Kahn, Chase, and McMahon (CDC, 2000) report in their study of stalking victims in Louisiana, that women injured who had previously had an intimate relationship with the stalker were at the greatest risk of injury. Most studies on this topic indicate the impact of stalking on women only. In a Center for Disease Control survey (CDC, 2000) 15% of the women surveyed

said they had been stalked during their lifetime. That translates to more than 12 million women.

Victims of stalking face serious problems that are unique to the particular stalker's behavior. For example, most women who have been stalked report they had been spied on, almost half had been overtly threatened, almost a third had had property destroyed, and approximately 10% had had a pet killed or threatened. In the CDC study (2000) the majority (75%) of the women surveyed who had been stalked reported that they believed the stalking was dangerous or life threatening. Of those women stalked 32% reported injuries from being assaulted by their stalker. Seventy-one percent reported degrees of emotional stress such that their regular activities and routines of daily living were impacted for longer than one month. It is not surprising that victims often have to be treated for anxiety, depression, and post-traumatic stress (Blaauw, Winkel, Arensman, Sheridan & Freeve, 2002). Their lives may be seriously disrupted with many having to change their jobs or where they live.

Data from the National Violence Against Women (NVAW) Survey conducted on 8,000 US women and 8,000 US men confirmed that stalking can have a potential serious impact on mental health. About one-third of the women (30%) and a fifth of the men (20%) said they had sought counseling as a result of their stalking victimization.

Blaauw, et al., (2002) found that stalking victims generally have many symptoms of psychopathology and that symptom levels were comparable with psychiatric outpatients. This is consistent with findings from the CDC survey of women in Louisiana (CDC, 2000) and data from the National Violence Against Women Survey.

Restraining orders or protective orders are often considered a viable intervention in cases of stalking (Wolf, Kernic, Holt, Rivara & Levy, 1999). Restraining orders may in some cases prevent or reduce both psychological harm and physical harm, however, the experience of women who get restraining orders is not often positive. Restraining and protective orders typically are no more effective than the criminal justice system that enforces them. At a minimum they put the stalker on notice that the criminal justice system can respond with sanctions. Beyond that their effectiveness is dependent on a host of factors. It is known that only 25% of women who report being stalked go to court to receive a restraining order. It is also known that 75% of those restraining orders are violated. Of these only about 20% of the violations are prosecuted and of these only about 50% result in a conviction (Miller, 2001).

As a note, in 2002 Kansas passed legislation that provides both protection from abuse orders (PFA) as well as protection orders specific to stalking (PSA). The distinction may allow courts and the criminal justice system to respond

differentially. While the distinction may be of value, the impact will to some extent be dependent on the criminal justice systems response.

Sexual Assault

The total number of attempted or completed rapes and sexual assaults in the United States is estimated to be approximately 200,000 per annum (BJS, 1999). According to the World Health Organization, "studies from the United States, Zimbabwe and Nicaragua indicate that women who have been physically or sexually assaulted use health services more than women with no history of violence, thus increasing health care costs." A U.S. study indicated that rape or assault is a stronger predictor of health care use than any other variable. The medical care costs of women who were raped or assaulted were 2.5 times higher than the costs of non-victims in the year that the study was carried out" (WHO, 2000).

Sexual assault or rape has been argued to have the highest percentage of resulting trauma per crime victim (Kilpatrick, Edmunds, & Seymour, 1992). Miller, Cohen and Wiersema (1996) assessed the costs and consequences to crime victims of rape and sexual assault. The authors indicated that the average loss per victimization (including attempted rape) was $500 for medical care/ambulance services and $2,200 for mental health care. The annual medical

losses due to rape and sexual assault were estimated at $4 billion. Miller, Cohen, and Rossman (1993) found the monetary cost of rape accompanied by a physical injury to be roughly $6500 in the early 1990's. These costs included emergency services ($70), medical services ($1367) and mental health costs ($5000). Koss (1993) found that rape survivors' visits to physicians increased 18% in the first year following the assault, 56% in the second year, and 31% in the following year compared to their physician usage prior to the sexual assault. Comparatively, non-victims in the same study showed a significantly lower usage rate. Holmes, et al (1996) report that acute, immediate outcomes of a rape can include non-genital trauma in 25-45% of survivors, genital trauma in 19-22%, sexually transmitted diseases in up to 40% and pregnancy in 1-5%.

Mental health costs of sexual assault are very high and tend to escalate with time. The physical impact of sexual assault extends beyond the initial trauma and injuries to affect the victim's mental health and need for services. Estimates indicate that 25-50% of rape and survivors receive some form of mental health treatment as a result of the victimization (Miller et al., 1996). Over time, survivors may also experience any number and combination of symptoms, including chronic headaches, gastrointestinal distress, back pain, insomnia, eating disorders, obesity, depression, anxiety and phobic responses, and other stress-related conditions associated with Post-Traumatic Stress Disorder

(PTSD).

Almost one-third (31%) of all rape survivors develop Post-traumatic Stress Disorder (PTSD) sometime during their lifetimes; rape survivors are 13 times more likely than non-crime victims to attempt suicide and 6.4 times more likely to have used cocaine or other hard drugs (Kilpatrick, Edmunds, & Seymour, 1992). Child and adult histories of sexual and physical abuse appear frequently to be the first experience in a sequence that leads to homelessness for both women and men (Anderson & Chiocchio, 1997).

Numerous nationwide studies consistently show prevalence rates of sexual abuse histories at 22% - 54% among women receiving case management mental health services and 50% -70% among women in inpatient psychiatric facilities (Center for Health Services, U.S. Dept HSS, 1994). Estimates of the total annual cost of mental health care for victims of attempted or completed rape is $863 million. Estimates of the same costs for adult survivors of child sexual abuse are even higher, $2.1 billion (Miller, et al., 1996).

The U.S. Public Health Service Office on Women's Health reports that 50-75% of women in substance abuse treatment programs are survivors of sexual violence. Even with such a high percentage of women with a sexual violence history, drug and alcohol treatment programs typically do not adequately address the issues of violence against women. In the addiction treatment system

domestic violence may be viewed as a symptom of the addiction and as a part of co-dependence. The problem is that the violence against women and/or the trauma caused by it, is not addressed (Seymour & Rynearson, 2002). Treatment must address both the addiction as well as the co-occurrence of other disorders and current abusive relationships.

In Kansas, as well as every other state, the co-occurrence of substance abuse and violence against women is not adequately addressed. Better screening and treatment models are needed that recognize and take into account the need for collaborative approaches and comprehensive treatment. The U.S. Department of Justice, Office of Victims of Crime (OVC) has identified several strategies to address substance abuse and victimization. These strategies (Seymour & Rynearson, 2002) would seem appropriate for Kansas as well. They include:

Develop structures and linkages to maintain a coalition of organizations that share concerns about substance abuse and victimization.

Promote public and professional awareness of the relationship of victimization and substance abuse.

Identify areas/agencies where additional information on victims and substance abuse is needed.

Promote the development and delivery of collaborative approaches to

provide comprehensive treatment and access to needed services for victims who are substance abusers or at high risk of substance abuse.

Promote training and technical assistance about substance abuse and victimization issues to victim assistance personnel, mental health and substance abuse treatment providers, and criminal/juvenile justice professionals.

Promote cross-training among various disciplines that provide services to victims, and service relevant to substance abuse.

It is commonly accepted that domestic violence, rape and sexual assault, and stalking can result in the need for mental health services. Substance abuse and trauma related psychiatric disorders are common responses to victimization and should be "viewed as secondary effects of the intolerable horror and helplessness forced on these people" (Seymour, et al., 2002, p. 7-24). This speaks to the importance of collaboration from a variety of services providers in the effective delivery of comprehensive services.

Promising Practices Across the Nation

Promising practices were identified through a review of literature, victim service websites, and a telephone survey of national organizations that serve victims of domestic violence, stalking, and sexual assault. The following national organizations were reviewed and/or contacted:

National Domestic Violence Hotline/

Texas Coalition Against Domestic Violence

Austin, Texas

National Coalition Against Domestic Violence

Denver, Colorado

Family Violence Prevention Fund

San Francisco, California

National Resource Center on Domestic Violence/

Pennsylvania Coalition Against Domestic Violence

Harrisburg, Pennsylvania

National Network to End Domestic Violence

Washington, D.C.

Battered Women's Justice Project

Minneapolis, Minnesota

National Clearinghouse on Abuse in Later Life

Madison, Wisconsin

Sacred Circle-National Resource Center to End Violence

Against Native Women

Rapid City, South Dakota

Resource Center on Domestic Violence, Child Protection, and Custody

Reno, Nevada

National Alliance of Sexual Assault Coalitions

East Hartford, Connecticut

National Center for Victims of Crime

Washington, D.C.

National Sexual Violence Resource Center

Enola, Pennsylvania

Violence Against Women Office, U.S. Department of Justice

Washington, D.C.

Office for Victims of Crime, U.S. Department of Justice

Washington, D.C.

Suggested promising practices were examined and selected based upon the following: whether the program's focus is on intervention and/or prevention or a combination of both; whether the program is community or justice-system

based; by the specific victim populations that each program addresses; whether any type of model policy or protocol has been developed; and, whether any type of formal evaluation of the program has been conducted. It should be emphasized that there are many programs across the nation with exemplary practices and non-inclusion in this report should not be interpreted negatively.

A common factor among the majority of the promising practices is that they include extensive community coordination and multi-disciplinary approaches to addressing victims of domestic violence, sexual assault and stalking. Not only have federal and state funding sources encouraged programs to expand their networking and coordination activities, but, the very nature of these types of victimizations requires a comprehensive agency response across the justice system and with social services and medical providers.

Overall, the majority of programs are providing intervention-based services, with less emphasis on prevention activities. When asked in interviews why greater emphasis has not been placed on prevention, generally the reasons cited were limited and/or prohibitive funding to support prevention programs. Simply, there is an overwhelming need to provide intervention services, build shelters, and to provide emergency aid to victims of domestic violence, sexual assault and stalking. Services to intervene and assist are the first priority of most programs.

In the discussion of promising practices, several prevention activities are presented, such as community awareness and education programs, batterer intervention programs, anti-stalking strategies, and sex offender monitoring programs. While not specifically called 'prevention' programs, ultimately the goal of these types of programs is to reduce future acts of violence.

Several model policies and protocols have been identified in the course of researching model programs. One of the considerations of including a practice in this report was whether the service had been evaluated. Generally, however, it was discovered that programs had not been formally evaluated. This is not unique to just these three types of programs: domestic violence, stalking, and sexual assault. The field of victim services is relatively young and most of the emphasis has been placed on developing programs, not evaluating them. Where formal evaluations have been undertaken, such as in the Duluth, Minnesota Domestic Abuse Intervention Project, the components and results of the evaluation are discussed. Recognizing the lack of program evaluation, practices were included in this report as promising based on recommendations from national organizations and from programs identified by the U.S. Department of Justice as exemplary. In addition, model programs that had unique characteristics of prevention or intervention services and their collaboration to accomplish desired objectives were included.

As previously discussed, programs and services cannot always be neatly categorized according to type of victimization (domestic violence/stalking/sexual assault) nor according to type of service (prevention/intervention). Table I offers a list of the programs highlighted, the types of victims served, and the type of service provided. It should be noted that the programs listed may address additional types of victimizations and additional types of services other than those listed. Only the victimizations and services featured in this report are included.

Table 1 Violence Against Women Promising Programs

Organization	Domest. Violence	Stalking	Sexual Assault	Prevent.	Interv.
Domestic Violence Intervention Services, Inc *Tulsa, Oklahoma*	■				■
Family Violence and Sexual Assault Unit *Philadelphia, Pennsylvania*	■		■		■
Multi-faceted Comm. Coord. to Improve Response to Dom Viol. *Dallas County, Texas*	■				■
Montgomery SART *Montgomery, Alabama*			■		■
Domestic Violence Counter Stalking Plan *Nashville, Tennessee*		■			■

Orange County Safe Homes Project, Inc *Newburgh, New York*					
The Shelter for Abused Women: A Women's Resource Center *Winchester, Virginia*					
Santa Clara County Domestic Violence Council *Santa Clara County, California*					
Duluth Domestic Abuse Intervention Project (DAIP) *Duluth, Minnesota*					
Office of Los Angeles County Attomey *Los Angeles, California*					
Fresno Rape Counseling Center *Fresno, California*					
Casa Myrna Vazquez, Inc *Boston, Massachusetts*					
Los Angeles Commission on Assaults Against Women *Los Angeles, California*					
San Diego Police Department Sex Crimes Unit *San Diego, California*					

In the following sections, promising practices are described along with information that pertains to formal evaluation. Each program was assessed with respect to replication. The assessment considers application to urban communities as well as rural. Resources for implementation are also assessed based on need for tangibles (equipment, facilities, etc), additional staffing, staff

education, and required community collaboration/education.

Replication potential is assessed as the program is described. However, it is important to consider that replication should be tailored to the unique needs of each community. Thus, while a program may not seem replicable in a community as it is described, adaptations should be considered.

Domestic Violence Intervention Services, Inc.

Tulsa, Oklahoma

The *Domestic Violence Emergency Response Team (DiVERT)* provides immediate, on-scene advocacy to battered women at five hospital emergency departments and one designated non-medical site. *DiVERT* was developed as a vehicle to reach out aggressively to battered women in Tulsa County who are not using services available from Domestic Violence Intervention Services, Inc. (DVIS). DVIS created *DiVERT* to coordinate the response to battered women during the initial police call or emergency room visit. *DiVERT* responds to calls from the Tulsa Police Department and local hospital emergency departments to provide on-site face-to-face support to individuals identified as domestic violence victims. Services are available 24-hours a day, seven days a week.

The *DiVERT* team consists of the following:

one half-time *DiVERT* coordinator;

35 specially trained *DiVERT* volunteer advocates who provide on-site assistance;

trained crisis line volunteers and DVIS staff who route calls to *DiVERT* volunteers; and

one half-time victim counselor for follow-up and therapy sessions for *DiVERT* clients.

Since the majority of *DiVERT*'s initial interventions take place in emergency room settings, the success of *DiVERT*'s response depends on quick identification of domestic violence victims by emergency room intake staff. Most of the emergency rooms in Tulsa have a set protocol for determining if a patient is a victim of domestic violence. However, *DiVERT* recommends that medical personnel ask all patients these three short questions, which DVIS has found effective in identifying battered women:

In the past year have you been hit, kicked or bitten by someone in your household?

Is there someone you are currently afraid of?

Does that person live with you?

DVIS received information from the Tulsa Police Department stating officers respond to more than 17,000 domestic violence related calls per year. Of that number, approximately 4,000 victims sought protective orders, 500 sought shelter and approximately 1,500 sought counseling. These numbers indicate a large percentage of victims were not seeking services. *DiVERT* is seeking to fill this gap by providing services for domestic violence victims in outlying communities.

According to the Director of Program Development for the DVIS program, no formal evaluation has been conducted. The program is currently developing an assessment model to evaluate the outcomes of Abusers Counseling Outpatient Program.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability	X		

Resources			
Tangible	X		
Additional Staffing		X	
Staff Education		X	

Community Coordination/Education			X

Regardless of the size of a community, having a program that may be accessed around the clock requires a significant pool of trained responders. Urban areas, though the number of cases may be significantly higher than in rural areas, have access to a much larger pool of individuals who can be trained as volunteers. Furthermore, confidentiality may become an issue in implementing a program such as this in a rural community.

Many of the components of DiVERT - program coordination, on-site and crisis line volunteer services, and counseling - are often existing components of domestic violence shelters and services, so additional staffing may not be required for these services as the program is described, at least at the onset pending program growth. Program staff and volunteers will need additional training in the protocols associated with the service.

Significant training and coordination may be required with law enforcement and hospital personnel. This includes addressing the barriers of attitudes and standard practices. Attitudes that are victim blaming or minimizing by both law enforcement and health care providers may impede the use of others for domestic violence intervention. Further, changing standard operating procedures is often met with resistance to change.

Contact: *Nancy Moore, Director of Development*
(918) 585-3163

Family Violence and Sexual Assault Unit

Philadelphia, Pennsylvania

The District Attorney's Office in Philadelphia offers an example of a comprehensive and holistic approach to prosecution of cases involving domestic violence and sexual violence. The office has established a specialized prosecution unit that handles domestic violence, child abuse, and sexual assault. The unit is staffed by prosecutors, victim advocates, law clerks, district attorney detectives, police officers, support staff, volunteers, and law and undergraduate students. By combining resources and staff, prosecutors, law enforcement and victim witness coordinators are able to give continual and coordinated support to both the adult as well as child victim. Cross screening for abuse is conducted on all child abuse and domestic violence cases.

	Low	Medium	High
Application to Kansas			
Urban Applicability		X	

Rural Applicability	X		

Resources			
Tangible		X	
Additional Staffing			X
Staff Education			X
Community Coordination/Education			X

Specialization in certain types of victimization are typically available only in urban areas where an agency has multiple staff and a sufficient caseload that warrants dedicated efforts. In many rural areas, there is only one prosecuting attorney and that person may be only part time.

Incorporating the unit as described may require additional resources, such as office space and other equipment. Space is often a luxury in public buildings, especially county courthouses. The unit may also require additional staffing. For example, assuming a prosecutor office has a victim/witness practitioner, dedication of that person to a specialized caseload may mean that other types of cases are not attended to as appropriate. Of course, if an office already has sufficient staff then the unit is merely a reallocation of existing resources to assure greater efficiency and effectiveness. Recognizing, however, that many prosecutor offices are understaffed it is very likely that to implement the unit as

described would require additional staffing.

The description of the unit noted utilization of volunteers and students. These are human resources that are often overlooked by prosecutor offices. Kansas has the benefit of colleges and universities across the state. Most colleges and universities have programs in social sciences, including human services, criminal justice, social work, and others. Washburn University and Kansas City Kansas Community College are the only educational institutions in the state that have academic programs specifically in victim services. Therefore, these institutions wold be a valuable resource for a program such as this.

Education of the unit staff and the staff of the collaborative agencies associated with the unit is a very important part of the replication's success. This is true not only due to the unique issues associated with these types of victimization, but also to new ways of interaction and program protocols that would need to be implemented.

Contact: *Christopher Mallious, Chief, Family Violence Unit*
(215) 686-8000

Multi-faceted Community Coordination to Improve
Response to Domestic Violence
Dallas, Texas

Dallas County's coordinated community response is one of the oldest and well-established programs of its kind in the nation. The county's coordinated response to domestic violence has evolved over the last 20 years as a result of multi-faceted and multi disciplinary efforts, including:

emergency crisis line response;

immediate crime scene intervention;

provision of victim referral cards for crisis resources;

enforcement of the mandatory arrest policy;

victim assistance in gaining access to the county public hospital emergency rooms or local shelters;

victim assistance in obtaining emergency protective orders;

victim assistance in safety planning;

pro bono victim legal advocacy;

appropriate offender sanctions and sentencing in the domestic violence criminal court;

local batterer's intervention services;

a computerized offender tracking system that links all agencies that have contact with battered women and their abusers; and,

computer software and training for shelters to utilize the tracking system.

Local shelter and advocacy programs work with social service agencies and private organizations to ensure extensive crisis and ongoing support services are available to victims and their families. Some of these services include: a 24-hour shelter crisis hotline; an emergency shelter and specialized transitional housing for abused women and their children; permanent housing through the Dallas Housing Authority (when available); medical care coordinated through shelter programs, in conjunction with the Dallas Homeless Health Care Team Mobile Van program and the city of Dallas dental services; individual and group counseling and programming for victims and children through shelter and advocacy programs; legal advocacy through shelter and advocacy programs; child care through a non-profit program for homeless families; special school programs for homeless children through the Dallas Public Schools; food stamps, Medicaid and cash assistance through the Temporary Assistance for Needy Families (TANF); and training and employment location assistance through the Texas Workforce Commission (TWC).

Two domestic violence programs, New Beginning Center and the Family

Place, provide batterer's intervention and prevention programs. The Family Place provides training to probation staff to help them better understand the purpose of batterer's intervention programs and the importance of their role in monitoring offender compliance to the conditions of their sentences. Shelter and advocacy programs reach out to businesses and organizations within the community that may have contact with victims. The director of the Family Place expressed a need to do increased outreach to private hospitals, medical providers and faith-based organizations to encourage appropriate victim referrals to community resources.

Funding to support program evaluation is very difficult to find, according to an administrator at Family Place. The program is a part of a coalition of several major agencies that work very closely together. While most members of the coalition do conduct outcome evaluations, as required by the United Way and other funding entities, these only describe characteristics such as number of victims served and type of services provided. What is not being evaluated is the impact of services.

	Low	Medium	High
Application to Kansas			

Urban Applicability			X
Rural Applicability		X	

Resources			
Tangibles	X		
Additional Staffing	X		
Staff Education			X
Community Coordination/Education			X

The essential nature of this promising practice is professional collaboration for comprehensive victim services and the establishment of pro-victim policies. Though there are many barriers to collaboration, it is an espoused value that can only enhance services, regardless of community size. Rural communities often lack the resources for the type of collaboration described, but in spite of these obstacles there are many innovative approaches applicable to rural communities (see Joint Center on Violence and Victim Studies report Responding to *Rural Crime Victims: An Overview of Local, State and National Initiatives*).

For the most part, the program utilizes existing resources and staff to enhance efficiency and effectiveness of services. As described, it may be necessary for a community to implement a crisis hotline or obtain computer software. If these additions were necessary, staff education wold be required.

Further, the breadth of the program and the association with allied services requires professional education regarding collaboration, victim sensitive interaction and policies, confidentiality, and so forth.

Contact: *Sharon Obergan, Program Director*
(241) 559-2170

Montgomery Sexual Assault Response Team (SART)

Montgomery, Alabama

In 1996, the Montgomery Sexual Assault Response Team (SART) was established by the *Council Against Rape* to improve the treatment of sexual assault victims who go to the local hospital emergency department for a forensic examination. It is a model of a comprehensive, community-wide, multi-disciplinary approach for responding to sexual assaults. Its multi-disciplinary team is composed of:

City Police and the Sheriff's department;

District Attorney's Office;

Council Against Rape;

Domestic violence program;

State forensic laboratory;

Columbia Regional Medical Center;

Alabama Crime Victim's Compensation Board; and

Forensic nurses.

SART coordinates the various disciplines involved in responding to victims of sexual assault in the emergency room. A procedure manual has been developed that outlines the responsibilities of all disciplines. During monthly meetings, participants discuss individual cases that the nurse examiner program has handled. The victim is assigned an identifying case number to protect her privacy.

Evaluation of Program

The nurse examiner program is relatively new and the SART team monitors its performance closely. The team reviews each case from the point of initial contact to its status at the time of the meeting. The following data is collected on each case:

the demographic information of the victim;

the time of day when the victim entered the emergency room;

the length of time of the examination;

the chain of custody in picking up rape kits; and

payment of exams.

For example, SART succeeded in convincing a local hospital to bill the Alabama Crime Victim's Compensation Board for the cost of the forensic medical examination rather than its earlier practice of billing the victim. The Crime Victim's Compensation Board, which sends a representative to the SART meetings, supports adopting this billing procedure for the entire State.

In addition, SART is currently:

- reviewing procedures followed by victim services, police and prosecution in handling sexual assault cases (including those not seen in the hospital emergency room);

  examining State statutes addressing sexual assault;

  reviewing individual cases (beyond hospital related cases);

  examining barriers victims face in obtaining services from each discipline and across disciplines;

determining areas needing additional victim outreach; and

reviewing areas where coordination among agencies could improve response to victims.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability			X

Resources			
Tangible	X		
Additional Staffing	X		
Staff Education			X
Community Coordination/Education			X

As described in this report, SART programs are typically associated with Sexual Assault Nurse Examiner (SANE) programs. Regardless of whether a SANE program exists, SART allows for comprehensive coordination of sexual assault victimizations. As presented in discussions of other programs and practices, the key to SART is collaboration, a practice that can be implemented in any size community with no additional resources.

It should be noted, however, that implementation of a SANE program does

require additional resources, staffing, and specialized training. According to Julianne Gerkin of the Kansas Sexual Assault Network currently in Kansas there are seven active SANE programs. The communities that have SANE programs also have SART programs. Further, there are a few other communities in Kansas that have SART programs that do not have SANE programs. The existence of SANE and SART programs in Kansas does not mean that all the programs are operating at the same level functioning. That is, some of the SANE programs have more support by hospitals than others. Similarly, the SART programs have varied support by victim services and allied professions in the various communities. Ms. Gerkin noted that there has not been any evaluation of SANE or SART programs in Kansas.

Contact: *Lindsay Hester, Director*
(334) 213-1227

Domestic Violence Counter-Stalking Plan

Nashville, Tennessee

The Nashville Police Department offers a comprehensive intervention and prevention program in order to take aggressive measures to stop stalking behavior and deter future stalking. The department employs “counter-stalking”

techniques (surveillance) using technology to increase victim safety to deter pre- and post- trial stalking (if the offender receives community supervision), to prove offender violation of release conditions, and to gather evidence of stalking behavior. High risk cases, such as domestic violence, receive high priority and become managed under the department's "Domestic Violence Counter-Stalking Plan." The program has six phases:

Self-contained phone traps: includes a recorder that plugs into the phone and caller ID;

Cellular phones: mobile phones are given to stalking victims, preprogrammed to dial only the police emergency lines;

Mini-VCR Kit: Small VCRs are hidden in the victim's home, car, or outside the house to record images;

GPS Tracking System: trackers are attached to stalkers' vehicles, after a court order is obtained, or without a court order if the tracker is placed on the vehicle while it is parked in a public place. Laptop computers in police cars track the movement of the stalker every 4 seconds;

Silent Hostage Alarms: pendant alarms are available to be worn by victims and their children. The alarms connect to phone lines when the panic

button is pressed and pick up voices and other noises; and

Phone Bugs: electronic eavesdropping devices are tied to phone lines and placed around the victims's home.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability			X

Resources			
Tangibles			X
Additional Staffing	X		
Staff Education	X		
Community Coordination/Education	X		

In the latter part of last decade, the Kansas Bureau of Investigation had a grant to put together about 1,000 counter-stalking kits for distribution to law enforcement agencies, domestic violence shelters, and prosecutor offices. The kits included the following:

microcassette recorder

microcassette tapes

telephone listening device

personal door alarm

disposable camera

stalking book

evidence custody receipts

plastic bags

911 sticker

suspect ID pad

send help card

personalized safety plan

stalking law

black pen

harassment log

various brochures and information flyers

It is not known how many of these kits still exist. It was estimated that the

cost for each kit was approximately $250. Requiring limited personnel and education, the primary requirement for implementation of this project are the kits.

Contact: *Detective Thompson*
(615) 880-3000

Orange County Safe Homes Project, Inc.

Newburgh, New York

The Orange County Safe Homes Project, in conjunction with the Coalition for a Public Response to Private Violence, has created a program that expands safety-enhancing services for women who are stalked by providing cell phones for victims of stalking in semi-rural areas. The coalition is composed of representatives of disciplines such as prosecution, law enforcement, social services, medical services, and community-based victim advocacy programs. One of the major weaknesses identified and given priority by the coalition was the vulnerability of stalking victims to attack. This is particularly true for victims living in houses without telephones, when victims are out in public, or when they are driving on the county's many isolated, rural roads. The Coalition determined that providing victims with cell phones that could be used to dial 911 from any location would increase victims' personal safety.

Phones are available to stalking victims, regardless of whether they choose to involve themselves in criminal justice processes. The primary condition for deciding who receives the cell phones is an assessment of the dangerousness of a victim's circumstances, and whether use of the phones would be beneficial to a victim in the implementation of their overall safety plan.

The cell phone program is advertised in radio and newspaper ads placed by the coalition as part of a public awareness initiative. Law enforcement or the Safe Homes Project can also inform victims of the program. Staff also assist victims in creating a personalized safety plan and in assessing how the phone would fit into the safety plan. There is no pre-determined limit on the length of time a victim may use a phone. Victims are encouraged to keep in touch with their counselor-advocate by checking in every few weeks to:

report whether the cell phone has helped them;

discuss any questions or concerns;

report any changes in the perpetrator's stalking behavior; and

receive help in modifying their safety plan accordingly.

The victim may keep the phone as long as she self-reports her safety is still in jeopardy, depending on the relative need of other stalking victims and the

availability of phones.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability			X

Resources			
Tangibles		X	
Additional Staffing	X		
Staff Education		X	
Community Coordination/Education		X	

Like the prior program, this program provides cell phones for victims of stalking. While this program is targeted to the rural population, its replication in an urban setting is apparent. Of course the cell phones are an additional resource, but many companies already donate old cell phones for this purpose. A challenge to rural programs utilizing cell phones is that transmission towers may not be available in all areas. In order to initiate this program, an assessment of cell phone transmission in rural areas must be completed.

The program component for safety assessment and follow-up is a critical piece that can be emphasized in staff and allied professional training.

Contact: *Susan Rose, Director*
(888) 503-4673

The Shelter for Abused Women: A Women's Resource Center

Winchester, Virginia

Recognizing that many victims of domestic violence and sexual assault continue to be victimized through stalking, the *Shelter for Abused Women* is enhancing the safety of victims and holding offenders accountable in the criminal justice system through its Victim Assistance Project on Stalking (VAPS). The project seeks to improve the response to stalking victims by: empowering victims of stalking through safety-enhancing devices and proactive collection of evidence; coordinating the law enforcement and judicial responses to stalking; and educating law enforcement on stalking and the needs of stalking victims.

The VAPS provides stalking defense kits to victims to help them feel safer, less vulnerable to attacks, and to help them collect evidence for their cases. The Shelter assembled five defense kits for $200 each, which include:

a hand-carried personal alarm;

two door jambs or door knob alarms for the home;

a cellular phone with direct 911 capability;

a disposable camera;

a cassette recorder for monitoring phone conversations;

instructions for gathering and keeping evidence;

evidence collection bags with a space to write the date of the each incident and identify related evidence;

safety plans;

emergency phone numbers;

a stalking incident report;

a “no trespass” notice; and

narrative forms for writing descriptions of incidents.

Additionally, materials and instructions included with defense kits provide education on common behaviors of stalkers and what perpetrators hope to gain from stalking their victims. The items in the kits are classified into two groups: safety enhancing devices and evidence collection materials.

	Low	Medium	High
Application to Kansas			

Urban Applicability			X
Rural Applicability			X

Resources			
Tangibles			X
Additional Staffing	X		
Staff Education	X		
Community Coordination/Education		X	

Like the initiative described by the Nashville Police Department, this program offers counter-stalking kits. The main difference is that the kits are developed and distributed by a shelter. While this may cause additional staffing it is not perceived to be significant. This program also includes a component for law enforcement education on the needs of stalking victims.

Contact: Donna Carpenter, Executive Director
(540) 667-6466

Santa Clara County Domestic Violence Council

Santa Clara, California

In Santa Clara County, a *Domestic Violence Council* was formed in 1991 on the belief that all agencies, courts and community members must play their part in ending domestic violence. The *Council* creates a vehicle through which the justice system, social services, law enforcement and others in the community can respond effectively to family violence. The purpose of this multi disciplinary council is to coordinate the response of diverse agencies, departments and the courts to victims of domestic violence and abuse. The council promotes effective prevention, intervention, and treatment techniques, based upon research and data collection. Over 20 organizations belong to the domestic violence council, which is chaired by the elected district attorney. The involved organizations send one representative to the domestic violence council. These representatives have the power to enact policy in their respective organizations.

The following organizations and individuals participate in the *Domestic Violence Council*:

law enforcement departments;

the district attorney's office;

the court system (including municipal and superior courts);

battered women's shelters;

batterer's treatment programs;

pre-trial release services;

the bar association;

the public defender's office;

legal aid organizations;

social service organizations;

the probation office;

individuals with research specialization;

Santa Clara Commission on the Status of Women;

the State legislature;

elder abuse services;

the gay and lesbian community; and

five members appointed from the public-at-large.

Several committees have been created to comprehensively address

domestic violence throughout the community. These committees include working groups that meet monthly on the following issues: court systems; community education; data collection; legislation; police/victim relations; death review; social services; housing; medical; batterers' intervention; victim/survivor advocacy; workplace violence; and children's issues. For example, the death review committee reviews domestic homicides in order to determine if there are ways that the systems and services available could be improved to prevent future incidents.

Since the formation of the *Domestic Violence Council*, the number of reported cases of domestic violence cases in Santa Clara County has increased sharply. The council views this data as an encouraging sign of an increased community awareness of the availability of services for battered women and children, as well as an understanding that the crime of domestic violence is taken seriously by the justice system.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability	X		

Resources			
Tangibles	X		
Additional Staffing	X		
Staff Education		X	
Community Coordination/Education		X	

Collaboration is again a primary feature of this program. As described, this program is much more applicable to urban communities than to rural communities. Many of the representatives listed in the Domestic Violence Council may not be present in a rural community. Note the recent reduction of SRS offices located in many rural areas of the state.

Few resources are needed to implement this program though education about agency functions, attitudes, and protocols is a critical for its potential success.

Contact: *Marilyn Anderson, Temporary Deputy Council Clerk*
(408) 299-4321

Duluth Domestic Abuse Intervention Project (DAIP)

Duluth, Minnesota

The *Duluth Domestic Abuse Intervention Project (DAIP)*, founded in 1981,

is the oldest and one of the most respected domestic violence intervention and prevention programs in the nation. The primary goals of the program are victim safety, offender accountability, and changing the climate of tolerance toward violence in the community. The *DAIP* offers a variety of services, including:

> coordination among criminal justice system personnel and other service providers to make sure the needs and safety concerns of victims of domestic violence are met;
>
> a men's nonviolence education program, providing classes to domestic violence offenders in the community at no cost;
>
> advocacy to the partners of the men in the nonviolence education program, including a support group that meets twice a month;
>
> a class for women who have used violence; and
>
> victim advocacy for Native Americans through the Mending the Sacred Hoop project.

The same year the *DAIP* was established, the Duluth Police Department became the first police department in the United States to institute and enforce a mandatory arrest policy. Since that time, the police department has worked closely with other agencies in the criminal justice system and *DAIP* in developing

a coordinated community response in Duluth. Officers receive extensive training in documenting domestic violence cases and provide needed information to all the criminal justice agencies.

The *DAIP* has identified the following eight characteristics and activities of an effective coordinated community response, which it fosters in its own work.

1. Develop a common philosophical framework.

   The community and practitioners should have a common understanding about battering and the complicated dynamics of domestic violence. This promotes an atmosphere conducive to holding offenders accountable and avoiding victim blaming.

2. Create consistent policies for intervening agencies.

   The *DAIP* assists agencies in developing policies that respect the efforts of other agencies and incorporate the goals of intervention. *DAIP* works to ensure that women who have been battered are involved in policy development and victim safety is a primary goal of policies. Practitioners from across disciplines work with *DAIP* to develop trainings that facilitate consistency in policy implementation throughout the criminal justice system.

3. Monitor and track individual cases to ensure practitioner accountability.

   Each agency has a clear understanding of its role and the role of other agencies in responding to domestic violence. After determining what case information is important to each agency, the *DAIP* assists agencies in routinely locating and obtaining that information. Utilizing a computer database, the *DAIP* maintains case files on each domestic violence offender and tracks cases through the system to ensure the offender is complying with all orders of the court; practitioners are complying with policies; and individual and systemic problems are identified.

4. Coordinate the exchange of information and inter-agency communications.

   DAIP assists practitioners in developing routing systems for information on individual cases and program decisions.

5. Provide resources and services to victims**.**

   Since its beginning, the *DAIP* has worked closely with advocates from the Women's Coalition and the local shelter to carry out its activities. This relationship helps ensure that development of policies and programs, as well as monitoring and evaluation, are grounded in the concrete experiences of battered women.

6. Ensure sanctions, restrictions and services for offenders.

The *DAIP* has successfully advocated to law enforcement departments to adopt a mandatory arrest policy, developed policies with prosecutors and judges that discourage the "screening out" of cases, and encouraged strict penalties for repeat offenders.

7. Work to protect children.

DAIP develops programs and intervention strategies to protect children and minimize the effects of domestic violence on them. While the coordinated response promotes a strong link between agencies and child protective services, it underscores the trauma suffered by children who are separated from their mothers. Through educational workshops, child protective workers are trained in the following: to identify harm caused to children who are separated from their non-abusive parents; to understand the relationship of communities of color to child intervention services; to understand the nature, cause and extent of domestic violence; and to use a variety of tools to screen for domestic violence.

A Visitation Center offers a safe and neutral drop-off site where parents can be assured of a safe exchange of children for visitation with a non-custodial parent who has perpetrated domestic violence. Use of the

Visitation Center is authorized, and in some cases, court-ordered for non-custodial parents when the non-custodial parent has used children to control his former partner; when children or custodial parents report a fear of violence, intimidation, or harassment connected with visits; or when there are concerns that a non-custodial parent will leave the county with the children.

8. Evaluate the coordinated justice system response from the victims' perspective.

   The coordinated community response includes a comprehensive evaluation component that looks at the impact of policies and protocols on victims of domestic violence. A variety of evaluation methods are utilized, with a focus on obtaining feedback directly from battered and formerly battered women on the success or failure of policies or programs. *DAIP* and shelter staff also collect data on a continuing basis to determine if agreed-upon procedures and policies are consistently applied. *DAIP* staff review police, court, shelter and *DAIP* records and conduct telephone interviews with victims.

Evaluation of Program

The Domestic Violence Safety and Offender Accountability Audit:

Since 1996, Duluth and St. Louis County piloted several audits to examine the institutional processes in place to respond to battered women, and to determine whether the goals of victim safety and offender accountability are being met. The multi-agency audit team, formed with the full support of agency supervisors, is composed of representatives of the probation department, law enforcement, the district attorney's office, the city attorney's office, the Women's Coalition, and *DAIP*. The team examines various components of Duluth's system, including:

its technology and resources;

rules and regulations;

administrative procedures;

linkages, education and training; and

services provided.

Future changes to the Duluth system will be based upon the results of the audit. *DAIP* is compiling a manual that describes the audit process and provides practical and helpful audit tools in order to help other jurisdictions conduct an audit of a single agency or an entire jurisdiction's response to domestic violence. Duluth and St. Louis County piloted several audits to examine the institutional processes in place to respond to battered women, and whether the goals of

victim safety and offender accountability are being met.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability			X

Resources			
Tangibles		X	
Additional Staffing			X
Staff Education			X
Community Coordination/Education			X

The DAIP is applicable to both urban and rural communities though, like in many other areas, rural communities may not have the resources sufficient for full replication. New tangibles needed for this program may include the addition of new computer software. All other tangibles should be available.

Staff resources are needed for qualified facilitators for intervention classes, visitation center staff, and evaluation coordination. Concurrently, staff training in these areas is critical.

Contact: Coral McDonald, Training Coordinator
(218) 722-2781

Office of Los Angeles City Attorney

Los Angeles, California

The *Los Angeles City Attorneys Office* is committed to early intervention of child abuse and domestic violence through aggressively prosecuting misdemeanor domestic violence cases. Los Angeles created the first specialized domestic violence unit in the country in 1977. Office policy emphasizes a preference for filing criminal charges rather than rejecting lower-levels of violence or threats, puts all new attorney's in the specialized domestic violence unit through a mandatory six-week training program that includes: understanding the realities of domestic violence; the necessity of providing for victim safety throughout the prosecution process; and the need to heighten awareness of community resources for the victims. The office vertically prosecutes (same attorney through all stages of the case) all cases involving prior convictions of domestic violence and serious injuries. All domestic violence offenders are sentenced to pay restitution, thus assisting the victim in regaining the ability to separate from the abuse. Sentences sometime also require defendants to make restitution payments directly to local shelters for compensation for the services.

In addition, the office works to prevent domestic violence through several innovative approaches. Each of the staff of the Domestic Violence Unit conduct

training programs throughout Los Angeles to create greater awareness of the Unit's policies to deter domestic violence and to educate women about the early signs of violence. The Office tries to deter abusers by publicizing prosecutions of batterers and appropriately harsh sentences. The office is sending a loud message to the community that domestic violence will not be tolerated and they will prosecute batterers to the fullest extent of the law.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability	X		

Resources			
Tangibles	X		
Additional Staffing		X	
Staff Education		X	
Community Coordination/Education	X		

As described, the program is more applicable to urban than to rural areas. There are not enough prosecutors in most rural areas to have new attorneys in a specialized program. By definition, though, most rural prosecutorial offices practice vertical prosecution - there is not a choice about the matter. Further, the issues of filing on low level threats, enforcing restitution, and publication of

domestic violence prosecutions are applicable to both urban and rural areas.

Resource and staffing allocation should not create significant impact for either, though with specialization there is potential that additional attorneys, victim services, or support staff may be needed. Education of staff is the critical feature of this program.

Contact: *Alex Vargas, Director, Victim Assistance Unit*
(213) 485-6976

Fresno Rape Counseling Center

Fresno, California

The *Fresno Rape Counseling Center* is a comprehensive sexual assault victim service program. The *Center* provides: 24-hour crisis intervention; medical and legal advocacy; support groups and counseling; public education; and self-defense workshops.

A newly formed Sexual Assault Response Team (SART) gives law enforcement agencies, sexual assault victim advocates, and sexual assault nurse examiners (SANE) an opportunity to communicate about each discipline's response to sexual assault cases. Each of the four local hospitals has a designated room for forensic medical examinations of sexual assault victims. The

nurse examiners are on-call and arrive within 15 minutes of a call from the police dispatcher or the emergency room. In addition, police dispatch and the hospital are instructed to call the *Rape Counseling Center's* SART advocate (during business hours) or on-call advocate (all other times) to meet the nurse examiner and the victim at the hospital.

The SART holds monthly meetings that include representatives from the District Attorney's Office, the hospitals, law enforcement agencies, the *Rape Counseling Center,* and local child protective services. These meetings focus on how individual cases have been handled and provide a forum to address any gaps identified in the relatively new procedures.

The SART advocate also holds a position on a multi disciplinary team, known as the "sexual predator response team," that assists in the supervision of sex offenders released into the community on probation or parole. The team, which also includes a district attorney and police officer, meets monthly with sex offenders, who describe how they are adjusting to release. Meeting with the sexual predator response team is a condition of the offender's release and allows the team to monitor his behavior and to communicate any concerns to his probation or parole officer.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability	X		

Resources			
Tangibles	X		
Additional Staffing			X
Staff Education			X
Community Coordination/Education			X

Many of the characteristics previously discussed can apply to the Fresno Rape Counseling Center program. Collaboration and education to ensure effective and efficient use of resources are emphasized. As described, the program has more applicability to urban communities than it is to rural communities since it is more likely that urban communities have SANE programs. Also, rural areas may not have the staff or volunteer resources to offer 24 hour response coverage. A unique characteristic is that SART advocate serves on the sexual predator response team. With cooperation by law enforcement, the courts and corrections, this feature could be replicated with little additional costs.

Contact: *Julia Ramirez, Crisis Coordinator*
(559) 497-2900

Casa Myrna Vazquez, Inc.

Boston, Massachusets

Casa Myra Vazquez in Boston, Massachusetts has created a unique program for countering teen dating violence through a peer education program called “S.T.A.R.” (Sisters Teaching About Relationships) where trained staff and volunteers between the ages of 17 and 24 lead education sessions about domestic violence. Through S.T.A.R., leaders and participants explore the following topics:

the links between dating violence and other health issues, including pregnancy and substance abuse;

gender role stereotyping;

categories of abuse and warning signs; and

the qualities of a healthy relationship.

Thus far S.T.A.R. has conducted sessions with: Girl Scout troops, youth employment programs, teen parent programs, various girls groups, and youth organizations. It recently expanded to serve the college-age population.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability			X

Resources			
Tangibles		X	
Additional Staffing		X	
Staff Education			X
Community Coordination/Education			X

While prevention is often an underfunded activity, many victim service organizations contribute to prevention activities as resources allow. Offering education in schools and youth organizations is replicable and in many areas is already being accomplished in both urban and rural communities.

The tangible resources needed to offer these services include quality presentation materials and travel expenses. While frequently an agency will simply assign someone to do public speaking, it is an activity best done by someone who is committed to those activities and who is trained in public education.

Possibly one of the biggest obstacles to address is the attitude of parents,

educators, and youth group sponsors that may act as a barrier to these types of discussions. Thus, community education becomes a critical factor for program effectiveness.

Contact: *Trina Jackson, Outreach and Education Coordinator*
(617) 521-0100

Los Angeles Commission on Assaults Against Women

Los Angeles, California

The *Los Angeles Commission on Assaults Against Women (LACAAW)* provides sexual assault and domestic violence prevention and intervention programs designed to reach the entire community. Its programs reach out to: underserved and high-risk women, teens, and children; people with disabilities; the homeless; and, recent immigrants. *LACAAW* operates sexual assault and domestic violence medical and legal advocacy programs, in-person counseling and survivor support groups. All services are available in English, Spanish and American Sign Language.

Intervention and prevention services are provided to women who are deaf or who have disabilities. *LACAAW* is one of the few “hearing” agencies which integrates services for the deaf into its programming for survivors of sexual

assault and battering. The Deaf and Disabled Program provides the following services:

telephone and TDD peer counseling;

support group counseling;

hospital and/or court accompaniment, legal advocacy;

temporary Restraining Order assistance;

shelter assistance;

prevention education and training; and

court interpreters, as well as for interpreters for agency events and meetings.

LACAAW's organizational philosophy places equal emphasis on prevention and intervention activities as a means to eliminate sexual and physical violence. *LACAAW* practices "program cohesion," through which prevention and intervention staff fully understand each other's programs and coordinate them. For instance, almost every public education event requires an intervention component, as survivors in the audience will likely want to talk with someone following the presentation. Therefore, the staff coordinating the presentation must

arrange for someone to be available to offer crisis intervention for participants. The agency's prevention programming includes developing publications and campaigns with strong content framed by a conviction that changing attitudes leads to a change in behavior. The U.S. Department of Health and Human Services recently named their "In Touch With Teens" relationship violence prevention curriculum as one of five model programs in the country. This curriculum has been enhanced by *LACAAW*'s collaboration and consultation with other organizations, including Planned Parenthood Los Angeles, California Women's Commission on Alcohol and Drug Dependency, and the Los Angeles Violence Prevention Coalition. It will soon be used by the California Youth Authority in its programming for teenagers in custody and on probation.

Another prevention program that has been created statewide is "This Is Not An Invitation to Rape Me." Consisting of television and radio spots and print advertisements, the campaign's messages are aimed at challenging mistaken beliefs about sexual assault and how women "ask" to be raped, due to their dress or behavior. It illustrates the diversity of women who can be victimized, by featuring women of different races, married women, homeless women, and older women. The California Coalition Against Sexual Assault has chosen this media campaign for its statewide campaign. The campaign includes free "action kits" that consist of statistics, facts, myths, and resources for sexual assault survivors.

LACAAW also offers women's self-defense workshops. These workshops are geared to build participant assertiveness skills, awareness of the environment and of psychological approaches to sexual assault prevention, as well as physical defense techniques.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability	X		

Resources			
Tangibles			X
Additional Staffing			X
Staff Education			X
Community Coordination/Education			X

The LACAAW programs are very comprehensive. They are unique in that so many of the services are offered by the one agency. As described, the services require resources that are more available in a large urban area. It also requires a significant commitment of resources.

The resources necessary to replicate some of the programs include bi-lingual staff, ASL staff, hearing impaired technology devices, and publications

staff and resources. These specialized programs require specialized training for staff. Also, a systematic replication would require that community education become a primary focus of the agency.

Contact: *Victim Advocate - names of LACAAW remain confidential*
(213) 955-9090

San Diego Police Department Sex Crimes Unit

San Diego, California

The department seeks to reduce sexual assaults through an aggressive community education program. Data from case records in San Diego indicated that the majority of sexual assault victims were in their mid to late teens. In response, the police department created a speakers bureau that each year reaches out to over fifty 9th grade classes throughout the city. Public education efforts to prevent sexual assault in San Diego are part of a comprehensive law enforcement response to sexual assault that includes: taking all reports of sexual assault seriously, treating sexual assaults by acquaintances as serial crimes (perpetrators of these assaults often commit multiple offenses and are likely to re-offend in the future); conducting investigations that seek to strengthen the victim's credibility; and promoting and participating in a multi- disciplinary

response to sexual assault.

	Low	Medium	High
Application to Kansas			
Urban Applicability			X
Rural Applicability			X

Resources			
Tangibles	X		
Additional Staffing	X		
Staff Education		X	
Community Coordination/Education		X	

Law enforcement actions to enhance response toward sexual assault and to engage in prevention via education in the schools can be replicated in both urban and rural communities. Furthermore, the resources required for such activities are minimal.

The enhancement of responses requires a critical review of agency policies and practices. While this is something that can, and oftentimes should be done by an external entity, each law enforcement administrator should be conducting regular reviews of polices and practices. Further, there are resources available from educational institutions and professional organizations to assist in

such departmental review efforts.

In some school districts, a growing trend is for law enforcement to have a presence in the schools. While it was noted in prior discussions that one of the obstacles to prevention education was resistance by parents and educators, law enforcement tends to have inherent credibility that may counter such resistance.

Staff education regarding these issues is very important. As a prevention strategy, community education is also critical. Further, law enforcement must develop the positive collaborative relationships which are required in a multi-disciplinary response to sexual assault.

Contact: *Vi Miller, Staff Support*
(619) 531-2210

Conclusion/Recommendations for Kansas

Violence committed against women has indeed reached epidemic proportions in this nation. The literature review conducted for this report emphasizes that the health care costs associated with treating injuries associated with violence against women, especially domestic violence and sexual assault, are staggering. Moreover, the literature review presented findings about the long-term mental health impact of domestic violence, stalking, and sexual assault. Costs associated with treating these consequences of victimization are rising significantly. For example, approximately 30% of sexual assault victims develop PTSD, a serious mental health diagnosis that often requires many years of mental health intervention and therapy. The literature review also emphasizes that other significant problems, such as substance abuse, are now being linked with violence against women. For example, the U.S. Public Health Service reports that 50-75% of women in substance abuse treatment programs are survivors of sexual violence.

This report goes well beyond documenting the impact and consequences of violence committed against women. It comprehensively identifies programs that have been developed across the nation to intervene and prevent violence against women. Fourteen promising practices in responding to victims of

domestic violence, stalking and sexual assault are described in the report. These programs were selected based on recommendations from national organizations representing the interests and concerns of these victims, as well as from a literature review of leading academic and governmental publications. These promising practices represent a great diversity of geography, population, ethnic populations served, and program size. The programs highlight two key areas of response to violence against women: intervention and prevention. Some of the programs provide comprehensive services in all three areas of victimization, while others focus on serving victims of domestic violence and stalking or sexual assault. Increasingly domestic violence intervention programs are providing services to victims of stalking because it is recognized that stalking is a serious aspect of domestic violence.

The national promising practices identified have been presented with application to Kansas. Many programs across Kansas already include several elements of promising practices. The challenge is to ensure that comprehensive, community-wide intervention and prevention programs are available for *every* significant victim group discussed in this report: domestic violence, sexual assault and stalking.

An important element of determining whether a program is successful,

such as whether violence is reduced, reporting is increased, or if victims using the services are satisfied, is through conducting program evaluations. Through contacting national organizations, talking to individual programs, and reviewing literature, it has been determined that relatively few programs have undergone an extensive, formal evaluation process. Where evaluations have been conducted, they are cited in this report. Overall, the emphasis for the field has been on developing and funding programs that provide services to victims, rather than funding program evaluations. It is strongly suggested that as services to violence against women continue to expand in Kansas, that formal evaluation measures be developed and implemented.

From this review of the literature and these promising practices, the Joint Center on Violence and Victim Studies offers the following recommendations for Kansas:

1. Coordination and Collaboration

A common factor among many of the promising practices is that they include extensive coordination and multi-disciplinary approaches to serving victims of domestic violence, stalking and sexual assault. To comprehensively serve these victims, all sectors of the community need to collaborate and

respond, including victim services, child protection services, CASA, domestic violence services, health care, mental health, and all segments of the criminal justice system. A good example of integration of victim services by other allied areas is screening protocol applied in hospital emergency rooms to help identify victims of domestic violence and sexual assault.

Collaboration can occur as a result of strong individuals who facilitate the requisite discussions, interagency agreements, and ongoing problem negotiation. Many of these programs had seed monies in the form of grants to accomplish their objectives.

The lack of interagency collaboration has been identified as a major impediment in the provision of victim services. It is our recommendation that collaboration be viewed as an important goal out of which either a rural or urban community can develop an improved service delivery plan based on programs involved and resources available. This goal would provide the foundation under which the unique features of Kansas and its communities could be assessed. Communities can then adopt variations of the best practice models identified in this report to meet the needs of their individual communities.

Getting agencies to collaborate may require external support and guidance. Technical guidance and support from the State Attorney General's

Office VOCA and VAWO administrator, the Kansas Coalition Against Sexual and Domestic Violence, the Kansas Department of Health and Environment, and other support entities will be essential.

2. Community Education

Community education programs are being widely conducted by the promising practices cited in this report. These education programs are aimed at preventing violence committed against women, especially dating violence.

The need for community education is not unique to Kansas. Certainly there are promising practices that currently exist in the state, such as the YWCA Week Without Violence community campaigns and other initiatives. We recommend that consideration of community education be offered from two perspectives: prevention and services.

Many victim service organizations promote prevention activities as a part of their mission. However, it is often the case that funding for prevention is limited. Further, there may be attitudinal, language or physical barriers that impede effective community education efforts. For example, school policies that prevent discussion of child sexual assault issues, written information that is not

bilingual or that is too small for persons with impaired vision, or services not available in rural and remote areas.

3. Comprehensive Community Wide Services.

The elements of comprehensive approaches to responding to violence against women are highlighted in this report. They include: emergency crisis response, in person and via telephone; provision of services (shelter, safety, counseling, job training, education, advocacy, etc.); financial aid; enforcement of mandatory arrest policies; assistance in hospital settings; support in obtaining emergency protection orders; victim assistance in safety planning (especially anti-stalking and domestic violence safety planning); pro bono legal services; appropriate prosecution and sentencing; and intensive tracking and monitoring systems for offenders.

4. Increased System-based Victim Services

A number of the best practice models included involvement and coordination with law enforcement and prosecutorial victim services. In many states victim service providers are employed by law enforcement (county sheriff

and city police), prosecutorial offices (district and county attorney offices), and even probation offices. Further, some states have incorporated system-based victim services into code by specifically noting their existence and obligations. The existence of these services in Kansas is inconsistent at best with urban areas typically having better representation than rural areas. However, even very rural areas can and should have system-based victim services. The state of Wyoming as one of the most rural and remote states in the country, for example, has at least part-time victim service professionals in most law enforcement agencies or the prosecutor offices.

Community-based victim services have a strong and respected presence in Kansas. However, it is also important to have system-based victim services. They provides a resource to ensure that victim rights are carried out by the justice system and can provide a knowledgeable professional able to refer to community victim assistance (domestic violence and sexual assault) programs or to offer direct services if none are available. System-based victim assistance practitioners serve as a liaison for law enforcement officers and prosecutors with community service programs. Similarly, they can provide valuable education and training, albeit often informally, to law enforcement and prosecution regarding victim issues. This is essential for a quality service system.

5. Services to Underserved: Individuals with Disabilities and the Elderly

Some of the programs discussed were active in their attempts to serve individuals with disabilities and the elderly. Violence against women with disabilities has been documented to occur at rates equal or greater than the general population. While the Kansas Coalition Against Sexual and Domestic Violence, the Kansas Department of Health and Environment, the Kansas Coalition of Centers for Independent Living, and the Joint Center on Violence and Victim Studies at Washburn University have made significant efforts to coordinate and improve services for the elderly and persons with disabilities, the efforts so far are just a beginning. Much more is needed in this area to provide equitable services.

6. Business Community Responses

Workplaces are also experiencing the impact of violence against women with batterers and stalkers tracking victims to their places of work and continuing to harass and victimize. One study cited in this report found that 74% of employed battered women were harassed at work either in person or over the phone. Moreover, 20% had lost their jobs as a result of domestic violence and stalking. Not only is productivity lost to the victim, but co-workers are also

threatened and terrorized.

Employers have recently begun to respond to violence against women as they have come to recognize that support, services and referral are cost effective. However, too few businesses have responded to the challenge. Blue Cross Blue Shield of Kansas has taken a major leadership role in encouraging businesses to invest in their employees and create safe working environments. There are trained professionals available to offer assistance to businesses in implementing these cost-effective programs. An advertising campaign in conjunction with the business community that emphasizes awareness of sexual assault, domestic violence and stalking could result in substantial change.

7. Campus Victim Services

Education and awareness of violence against women are greatly lacking on college campuses. Evidence suggests that most campuses, despite federal reporting requirements, are lacking in services for those who experience partner violence, sexual assault, or stalking. Most campuses have an infrastructure to develop appropriate and effective prevention and intervention services but have yet to respond in a proactive manner.

These recommendations are based on the review of the literature, awareness of promising practices, and the educational, research and consultive experiences offered by the Joint Center on Violence and Victim Studies to various victim assistance programs across the country. As has been stated throughout this report, there is a significant lack of good evaluation of these programs and services. It is essential that the state support initiatives to address this need. Otherwise, services identified as promising will never be demonstrated as proven.

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Littel, K., Malefyt, M., Walker, A. (1998). Assessing the Justice System Response to Violence Against Women: A Tool for Communities to Develop Coordinated Responses. U.S. Department of Justice, Violence Against Women Office, Washington, D.C., 66 pgs.

This report is a product of the Promising Practices Initiative of the STOP Violence Against Women Grants Technical Assistance Project within the U.S. Department of Justice. It identifies several innovative intervention and prevention programs across the nation to address domestic violence, stalking, and sexual assault. The report emphasizes that successful programs should include a coordinated community-wide response to the problem. At the core of coordination efforts should be a commitment for the participants to develop the following: a shared philosophical framework on violence against women, an understanding of each others' roles, and a plan to improve the response of different institutions and agencies to violence against women.

De Becker, Gavin, The Gift of Fear: Survivor Signals that Protect us from Violence, 1st. Ed., Little, Brown & Company, New York, New York, 1997, 334 pgs.

De Becker is one of the nation's leading experts on stalking. In this book he illustrates how violent behavior and stalking can be predicted. Numerous case studies are used as examples to show how human violence occurs and what types of prediction measures can be used to assess the dangerousness or potential lethality of certain human behaviors. Especially useable is the section on the elements of prediction and signals and predictive strategies.

Meloy, Reid, J., The Psychology of Stalking: Clinical and Forensic Perspectives, Academic Press, Harcourt Brace and Company, San Diego, California, 1998, 327 pgs.

This book provides a comprehensive overview of stalking including: the psychology of stalking, legal perspectives in stalking, developmental and social antecedents of stalking, psychiatric diagnosis and the offender-victim typology of stalking, the archetypes and the psycho-dynamics of stalking, and victims of stalking. Stalking as it pertains to domestic violence, as well as the stalking of mental health providers by their patients, and the stalking of public officials and public figures are also addressed. Most useful is Chapter 15, "Threat Management of Stalking" that includes information about conducting background assessments, intervention strategies, and case and risk formulations.

Ammerman, Robert T. and Hersen, Michael, Case Studies in Family Violence, 2nd. Ed., Kluwer Academic/Plenum Publishers, New York, New York, 2000, 454 pgs.

The book is divided into three parts. Part I addresses the ecological, legal, and medical issues associated with family violence. Part II examines the impact of family violence on children. Many new types of abuse committed against children are discussed, including abuse and neglect of children with disabilities and the child witness to family violence, as well as psychological and emotional abuse. Part III addresses family violence against adults, including couples battering, elder maltreatment, psychological mistreatment, marital rape, and homicide. The book provides a comprehensive assessment that is multi-disciplinary. Legal, medical, mental health, and social issues are all discussed, as well as treatment options.

Loue, Sana, Intimate Partner Violence: Societal, Medical, Legal, and Individual Responses, Kluwer Academic/Plenum Publishers, New York, New York, 2001, 199 pgs.

The book provides an excellent overview of the theories and history of domestic violence. Its most useful section is Chapter 5, "Responses of the Helping Professions." The author provides comprehensive overviews of promising practices and protocol that has been developed across the nation in the legal, health, and mental health communities for responding to domestic violence. For example, the author suggests that basic protocol should be developed in all health care systems to address domestic violence through the following protocol: increasing health care workers awareness of domestic violence; developing screening protocols to assess whether an individual has been a victim of domestic violence; developing screening protocols to identify batterers; and developing procedures for examining patients believed to have been victims of domestic violence. An extensive overview of the legal and criminal justice system response to domestic violence is provided in Chapter 6. This section provides detailed information on model responses of police, prosecutors, and the judiciary. In addition, information about how to help victims through civil proceedings is discussed, including restraining orders and divorce and custody proceedings.

Jenkins, Pamela J. and Davidson, Barbara Parmer, Stopping Domestic Violence: How a Community Can Prevent Spousal Abuse, Kluwer Academic/Plenum Publishers, New York, New York, 2001, 124 pgs.

The author provides an overview of how the justice system and community currently responds to domestic violence. The book is particularly useful in the sections that address primary prevention and domestic violence, linking primary prevention to community settings, and opportunities for prevention. Chapter 7 provides an excellent prevention model for reducing domestic violence in communities. The chapter outlines preventative measures that institutions can develop to first identify the victim and then take measures to protect the victim's safety. Model protocol is presented for mental health, medical, and law

enforcement settings. Model strategies for law enforcement include: adapting community policing techniques to domestic violence situations; creating special domestic violence intervention units; taking pro-active approaches; and creating community partnerships. Appendix A provides a model safety plan for victims of domestic violence that addresses four key areas: "Your Safety and Emotional Health, Safety During An Explosive Incident, Safety On The Job and In Public, and Safety In Your Home."

Wallace, Harvey, Family Violence: Legal, Medical, and Social Perspectives, 3rd. Ed., Allyn and Bacon, Boston, Massachusetts, 2002, 402 pgs.

This book is currently the most widely ordered textbook in the nation on family violence and is in its third printing. It provides a comprehensive overview of family violence, including: examining the impact of domestic violence on children: elder domestic violence; gay and lesbian abuse; special populations and family violence (such as victims with disabilities); women and sexual violence; and stalking. The final chapters of the book provide extensive detail on the consequences of family violence and crime victims' rights.

National Victim Center (National Center for Victims of Crime), "Looking Back -- Moving Forward: A Guidebook for Communities Responding to Sexual Assault," National Victim Center, Office for Victims of Crime, U.S. Department of Justice, Washington, D.C., 1994.

This publication was developed under a grant from the U.S. Department of Justice, Office for Victims of Crime. Rape crisis centers and coalitions across the nation were surveyed to find out effective strategies for serving rape victims. The publication suggests that one of the most effective protocols for serving rape victims is the creation of a community sexual assault interagency council which includes representatives of law enforcement agencies, prosecution, the medical community, and victim services. *Looking Back -- Moving Forward* provides examples of multi-agency guidelines and protocol that can be used to establish complementary victim-serving roles for agencies involved in multi-disciplinary

efforts to better serve rape victims.

Office for Victims of Crime, Sexual Assault Nurse Examiner (SANE) Development and Operation Guide, U.S. Department of Justice, Office for Victims of Crime, August 1999.

This Guide was developed with support from the Office for Victims of Crime within the U.S. Department of Justice. Its purpose is to assist local communities in developing model intervention protocols and programs in medical settings. SANE (Sexual Assault Nurse Examiner) programs have been developed across the nation in order to reduce the secondary trauma that rape victims experience when are taken to hospitals for exams and are often forced to sit for hours in public waiting rooms and then undergo a rape exam. The SANE model provides private waiting and examination spaces for rape victims as well as fully trained nurse examiners that have been trained on the emotional, physical, and financial impact of rape.

Selected URLS/Websites Providing Model Program and Best Practice Information in the Area of Violence Against Women

http://www.vaw.umn.edu/mp.asp

This is the url for VAWO Model programs. Descriptions are provided for each program. This web site is a cooperative project of Violence Against Women Office and Minnesota Center Against Violence & Abuse at the University of Minnesota. Model program descriptions in detail are provided.

http://toolkit.ncjrs.org

National Advisory Council on Violence Against Women developed the Toolkit To End Violence Against Women. The recommendations contained in the Toolkit were reviewed by numerous experts in the fields of sexual assault, domestic violence, and stalking. Each Toolkit chapter focuses on a particular audience or environment and includes recommendations for strengthening prevention efforts and improving services and advocacy for victims.

http://www.ncjrs.org/txtfiles/168638.txt

Provides a comprehensive document detailing treatment and services targeted at barterers. Batterer intervention programs are essential to the comprehensive societal response to end intimate partner violence.

http://www.ojp.usdoj.gov/ovc/publications/factshts/cevcjr.htm

This OVC bulletin responds to violence and its impact on children. Technical resources are identified.

http://www.ncjrs.org/txtfiles/fs000191.txt

Civil Protection Orders: Victims' Views on Effectiveness. Summary of a Research Study by Susan L. Keilitz, Courtenay Davis, Hillery S. Efkeman, Carol Flango, and Paula L. Hannaford of the National Center for State Courts.

http://www.ojp.usdoj.gov/ovc/publications/infores/tribal/tribalbult.htm

This bulletin presents basic information for improving the cooperation between Tribal and Federal agencies in handling child sexual abuse cases. It describes how close cooperation between Tribal and Federal law enforcement agencies will ensure effective investigation and prosecution of child abuse cases.

http://www.abanet.org/domviol/code.html

This site provides the Model Code on Domestic and Family Violence published by the American Bar Association Commission on Domestic Violence. The Model Code on Domestic and Family Violence was completed in 1994 and represented the state of the art in domestic violence legislation and policy in the United States at the time. It is not a uniform code, rather it is designed to be adapted to individual states. No revisions have followed.

http://www.ojp.usdoj.gov/ovc/publications/bulletins/sane_4_2001/welcome.html

This bulletin from OVC provides detailed information on the SANE (Sexual Assault Nurse Examiner) program.

http://www.ncadv.org

This is the site of the National Coalition Against Domestic Violence, an organization whose membership is composed of domestic violence programs and shelters that advocate for the interests and concerns of domestic violence victims.

http://www.ndvh.org

The National Domestic Violence Hotline, located with the Texas Coalition Against Domestic Violence, is a national toll free 800 number information, referral, and help line for domestic violence victims.

http://www.fvpf.org

The Family Violence Prevention Fund works to increase public awareness and change public policy regarding all aspects of family violence.

http://www.pcadv.org

The National Resource Center on Family Violence is housed with the Pennsylvania Coalition Against Domestic Violence and serves as a national clearinghouse for information about domestic violence.

http://www.ncvc.org

The National Center for Victims of Crime has a program dedicated to

anti-stalking issues including legislative and legal information, referrals, and other general information to assist victims of stalking.

http://www.nsvrc.org

The National Sexual Violence Resource Center serves as a central clearing house for research and general information on sexual violence.

Telephone Survey Contacts of National Organizations

The following individuals from national organizations were surveyed by telephone for this project.

National Domestic Violence Hotline/Texas Coalition Against Domestic Violence

Jennifer Margules

(512) 453-8117

Family Violence Prevention Fund

Fran Navarro

(415) 252-8900

National Network to End Domestic Violence

Kim Pennicoe

(202) 543-5566

Sacred Circle-National Resource Center to End Violence Against Native Women

Karen Artichoker

(605) 341-2050

National Alliance of Sexual Assault Coalitions

Gail Burns-Smith

(860) 282-9881

National Center for Victims of Crime

Diane Alexander

(202) 467-8700

Office for Victims of Crime, U.S. Department of Justice

Laura Ivkovich

(202) 616-3576