

INSPECTOR GENERAL
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SPOUSE ABUSE PROGRAM EVALUATION

E-80-16

Department of Health and Rehabilitative Services
Office of the Inspector General
Office of Evaluation
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EXECUTIVE SUMMARY

Spouse abuse is a major national problem that only recently has garnered the attention and concern it deserves. In 1979 Florida addressed the problem of victims of spouse abuse through the Spouse Abuse Act, House Bill 1782 (Chapter 79-402). One of its creative aspects is the way funding is based on an increase in the marriage license fees. The Marriage License Fee Trust Fund (MLFTF) generated \$440,220 in FY 79-80 which was allocated to the districts in order to assist the 15 spouse abuse centers located throughout Florida. The minimum mandated services include information and referral services, counseling services, temporary emergency shelter for more than 24 hours, community education programs, prevention of abuse and the care, treatment and rehabilitation for persons engaged in or subject to spouse abuse.

The evaluation period covered FY 1979-80, which involved collecting client data forms on a monthly basis and interviewing each of the 15 shelter directors.

Some of the major findings were that shelter directors indicated the most effective aspects of the program are counseling services, the shelter itself, and community support. A major problem is the current level of funding, which prevents program expansion. The total number of clients

served in FY 79-80 was 4,544, which includes women and children. The shelters provided services for clients from 53 of Florida's 67 counties.

The average client is a 30 year old white female who is probably not employed, is eligible for Title XX program benefits, and enters the shelter for the first time after repeated beatings. She has high success in meeting her treatment goals as she defines them, and chooses to live with relatives or live independently after leaving the shelter rather than return to her spouse.

Nationally and in Florida, alcohol is a contributing factor to the abuse incident. Findings from the Florida study indicate that the three main causes of abuse are: (1) money/finances; (2) abuser's jealousy; and (3) client's behavior/attitude.

Some recommendations concern increased funding; added program components for the abusers and children; improved data collection, tracking and follow-up procedures; and a study of incidence in Florida. A major recommendation is made to move the program from the Office of Aging and Adult Services to the Office of Children, Youth and Families.

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INTRODUCTION

Recognizing that certain persons who assault, batter and otherwise abuse their spouses and the persons subject to such abuse are in need of treatment and rehabilitation, the Florida Legislature passed the Spouse Abuse Act in 1978. Through the implementation of this legislation, the Department of Health and Rehabilitative Services was required to assist in the development of spouse abuse centers for the victims of spouse abuse and to provide a place where they may be placed apart from the abuser until they can be properly assisted.

The legislative mandate requires that an annual report on the spouse abuse program be prepared by HRS. The purpose of the current report is to fulfill that legislative mandate for FY 79-80 by providing a descriptive study of the 15 funded Florida spouse abuse centers. This report on the status of spouse abuse includes the following:

- a discussion of incidence in Florida;
- identification of the problem of reported and unreported cases;
- identification and description of the State programs;
- the number of persons treated or assisted in local programs;

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- a discussion of incidence in Florida;
- identification of the problem of reported and unreported cases;
- identification and description of the State programs;
- the number of persons treated or assisted in local programs;

- a statement on effectiveness and prevention; and
- a description of existing programs.

The three main objectives of the study are to examine the operation of the program, to provide a profile of client characteristics, and to describe programmatic impact.

The Spouse Abuse Act, HB 1782 (Chapter 79-402) authorizes the Department of Health and Rehabilitative Services to set health, safety and minimum program requirement standards for certification of spouse abuse centers and to determine compliance with statutory laws and rules. The minimum mandated services include, but are not limited to, information and referral services, counseling services, temporary emergency shelter for more than 24 hours, educational services for community awareness relative to the incidence of spouse abuse, the prevention of such abuse and the care, treatment and rehabilitation for persons engaged in or subject to spouse abuse. The act also provides for the confidentiality of information relating to spouse abuse received by a center or the Department and for the issuance of a restraining order in cases of alleged spouse abuse. The Department is authorized to participate in spouse abuse research programs with other governmental agencies and medical institutions and to carry on educational programs in cooperation with public and voluntary agencies.

Definitions pertaining to this act include the following and will be used in this report:

1. "Spouse abuse" means any assault, battery, or other physical abuse by a person upon his or her spouse.
2. "Spouse abuse center" means a facility which provides services to victims of spouse abuse and which has been certified by the Department to receive State funds.
3. "Spouse" means a person to whom another person is married.*
4. "Victim" means any individual suffering assault, battery, or other physical abuse inflicted by his or her spouse, and any dependent of such individual, including a child.

In order for a spouse abuse center to receive State funding, 25 percent of its total funding must come from local sources. Each district receives a base funding of \$25,000 and an additional allocation based on the number of marriage licenses sold in each district. No center is permitted to receive more than \$50,000 in State funding. The money for funding centers is generated by a \$5 increase in the marriage license fee required by this law. From the Marriage License Fee Trust Fund (MLFTF), \$440,200 was generated in FY 1979-80 and the Legislature allocated \$440,200. The same amount is expected to be generated and allocated for FY 1980-81.

A chart on page 24 shows the money received by each shelter from MLFTF funds and local resources.

*Although Florida defines "spouse" as a person to whom another person is married, some of the research reports nationally define "spouse" as a person who is living with an adult partner/mate in a marriage relationship without actually being married.

REVIEW OF SELECTED REFERENCES

Incidence and Reincidence of Spouse Abuse

According to a Project SHARE bibliographic summary (1980), domestic violence is a major national problem with estimates that 1.8 million women are abused each year by their husbands. Violence is not confined to a particular segment of our society, but occurs in homes among adults of all socioeconomic and racial groups and among persons with varying educational levels.

Information from the continuous National Crime Survey (NCS) as reported by Gaguin (1977) shows that most occurrences take place in the home at night. A spouse abuse victim is most likely to experience an assault rather than a threat, suffers from repeated assaults and, on the average, encounters 2.4 assaults per year from their husbands or ex-husbands. In general, once a wife has been hit, it is likely to recur (Roy, 1977).

Several state studies have been conducted that report incidence or reincidence. These states include Kentucky, Delaware, Michigan and New Jersey.

In Kentucky, a telephone survey was conducted of a representative sample of 1,793 Kentucky women who are married or living with a male partner. The Lou Harris (1979) report on this study states that the survey's most striking finding is

that far from being uncommon or rare, 10 percent of the female partners in the sample experienced some degree of violence by their partners in the year previous to the interview. Spousal violence was defined as those acts in which a woman's spouse threw something at her, pushed or grabbed her, slapped, kicked, hit or beat her, threatened her with or actually used a knife or gun. Generalized to the entire state population, 80,000 Kentucky women may have been victimized by their spouses during the 12-month period studied. When women were asked if they have ever experienced physical violence by their husbands/partners, 21 percent reported at least one incident of spousal violence at some time.

Steinmetz (1978) conducted a study on spouse abuse in New Castle, Delaware. Results of their study show that seven percent or 7,016 women per 100,000 suffered abuse from their spouses in 1975.

Research done by Carlson (1977) supports the NCS report. Over an 18-month period in Ann Arbor, Michigan, incidents of violence occurred only once or twice for 25 percent of the abused women; however, half of the abused women had been assaulted three to eight times.

In New Jersey, Fassburg et. al. (1977) located physicians, health care workers and police officers in Bergen County (population 879,845) to document the incidence of rape and physical abuse of women. Over a 12-month period, it is estimated that 631 women were beaten severely enough to seek

medical care from physicians. In 74 percent of the cases, the husband was the assailant, and in 14 percent a friend was the attacker. Injuries included bruises, swellings, contusions, concussions, fractured ribs, abrasions, sprains and psychological trauma.

In 1975, Barry Kutun, State Representative of the Florida House of Representatives, conducted a survey on spouse abuse through contacts with the Public Defender, State Attorney, and Chief Circuit Judge for each of the Judicial Circuits of Florida. The results were reported by Kutun in a chapter from Battered Women (Roy, 1977). Nearly all the respondents stated that the problem was far greater than had been reported to their offices. One respondent stated as few as ten percent of wife abuse cases are reported and another said that 70 percent of the assault and battery cases in his Judicial Circuit are family disputes. Half of the 70 percent are wife abuse or spouse abuse cases. The primary problems of reporting and prosecuting incidents are based on the wife's fear of further abuse, her economic dependence on her husband and her inability to support herself and her children in the event of separation, divorce or incarceration. Furthermore, the Kutun study of Florida showed that at that time many victims became passive because abused women had no place to seek shelter and guidance.

A brochure published by the Florida Spring Spouse Abuse Shelter of Tampa reports that across the United States:

Spouse abuse...

...occurs once every 18 seconds;

...is a crime;

...has no socioeconomic boundaries;

...is the single most unreported crime in the U.S.; and

...when ignored, results in death.

The incidence and reoccurrence of husband-beating are even more hidden than those related to wife beating. This is understandable in a culture which has a tendency to perceive men as strong, dominant and aggressive and to perceive women as weak, physically submissive and vulnerable. Although few empirical studies exist on husbands who have experienced physical abuse from their wives, evidence of this phenomenon is located in a few isolated studies of divorce applicants or in an occasional newspaper article (Roy, 1977).

Most estimates are that from two percent to seven percent, and some even as high as ten percent, of the female population of this country is affected by spouse abuse. The great discrepancy in estimates is attributed to the magnitude of underreporting as suggested by Roy (1977) who states that only one out of 270 incidents of wife beating are ever reported to the authorities. Incident reports indicate that victims suffer multiple assaults and that socioeconomic status has no bearing on predicting those abused. Definitions of

abuse and violence range from being pushed, hit, beaten, neglected, threatened or attacked with a knife or gun. In any case, spouse abuse is a major national problem that is prevalent in each state.

Characteristics of Assailants and Victims

Several studies have been conducted which provide a profile of the characteristics of the assailants and victims of spouse abuse. However, according to Harris (1979) a profile of the typical abusive and violence-prone family is not available because it is indistinguishable from the profile of the average American family. Spousal violence and abuse are not confined to the lower socioeconomic levels as previously believed, but are found at every societal level. Our previous belief stemmed from the fact that the poor become part of the official police record, while the middle class tends to shield its family violence from public and official view.

Furthermore, Eisenberg and Micklow (1977) report that spouse beating is not confined to a specific age group, occupational level, educational achievement level, marriage duration or family size. However, educational achievement and marriage duration have been the focus of other studies. A wife's higher level of education may be a factor in predicting family violence, and Harris (1979) states that newer marriages are more violence-prone.

Elbow (1977) found the following common characteristics of abusers who are violent husbands/partners:

1. projects blame for conflict leading to violence;
2. has a need for his mate to conform to his definition of her role within his system;
3. relates to mate as symbol of a significant other rather than person in her own right;
4. has rigid expectations concerning marriage;
5. often offers warmth, protection and a sense of security; and
6. lacks ability to be intimate.

The abuser needs to have his own way, must have a mate who is dependent on him, is an outer-directed approval seeker, demands an intensely close personal relationship and considers his wife's ego to be his own.

Point 5 of Elbow's list of characteristics appears to be in conflict with the stereotyped view of an assailant until one becomes aware of the three-cycle phase of violence as reported by Walker (1979). The first phase is tension building which leads to the second phase, explosion of violence or acute battering. The third phase is a calm period in which the batterer begs for forgiveness and becomes gentle and loving.

Battering men are often jealous and possessive of their wives' attention to others, according to Pizzey (1974). They tend to be heavy users of alcohol. In addition, they often beat their wives in the presence of their children and

threaten their wives with further beatings to prevent them from reporting the abuse.

Supporting the alcohol finding are Eisenberg and Micklow (1977), who state that alcohol use precipitated attacks in many instances. They also report that the assailants tend to be older than their victims and assaults characteristically involve punching or hitting.

Educational levels appear to have a slight relationship to spousal violence. Violence is higher in families where the husband has had at least some high school than it is in those families in which the husband dropped out with an eighth grade education or less (Harris, 1979).

Through an analysis by case in the Carlson (1977) study, results showed that although victims and assailants tended to have little education, the woman had more education than her partner in 45 percent of the cases for whom educational data were available. In only 29 percent of these cases was the man's educational attainment higher than that of the woman. Carlson noted that this is unusual considering that the normative pattern is for a man to have a higher educational attainment than his wife/partner.

As a result of studying abuse in five cities in Michigan, Hammond (1977) composed a profile of the victims that shows they:

1. believed they were totally responsible for the success of the marriage;
2. were attracted to domineering types of men;

3. were economically dependent on their husbands;
4. saw their mothers abused by their fathers;
5. had children immediately after marriage;
6. were beaten while physically ill or handicapped;
7. were unaware of alternatives and felt trapped;
8. were timid and non-assertive; and
9. were kept from contact with persons or agencies that could help.

Davidson (1978) found that women who are abused share similar characteristics: meek, dependent, submissive, immature, insecure, accepting of abuse and concerned with what society will think of them. In addition, the victim often has feelings of ambivalence toward the abuser.

Fear, guilt, lack of self-confidence and economic and emotional dependency are the characteristics of the victim as reported by Martin (1976). Added to the dependency is a learned helplessness syndrome that develops for the abused spouse which tends to keep women in violent relationships (Walker, 1979).

In summary, although the violent-prone family as a unit cannot be distinguished from an average family, many single traits characterize the victim and the assailant. The assailant tends to be older than his spouse, outer-directed, warm but lacking an ability to be intimate, traditional and rigid in marriage expectations and a user of alcohol. The victim tends to be dependent, unassertive, afraid, guilt-ridden, lacking in self-confidence and may have a higher

educational attainment than her spouse. The higher educational level of the woman is in direct conflict with the traditional and rigid expectations in marriage held by the assailant. Finally, both victim and assailant tend to come from violent-prone families in which violence was seen as an acceptable way of expressing anger.

Causation

The causes of spouse abuse are as varied as the situations in which they occur. Several researchers have found combinations of causes leading to domestic violence. Causes may be neurological in nature (as in explosive rage), psychiatric and psychological in nature, or environmentally related to societal stress. Additionally, many reports repeat the theme that, historically, wife beating was prevalent and an accepted practice. Coupled with the belief that it was improper to intrude on affairs related to one's personal life makes it understandable that the causes were hidden and the crime remains the single most unreported type in the United States.

Carlson (1977) asked 215 victims what they perceived to be the causation of domestic assault. The three factors that made up 71 percent of the perceived causes were: (1) money (35%); (2) jealousy (21%); and (3) bad temper (15%). The lesser causes, each representing seven percent or less were:

sex, children, household care, pregnancy and the assailant's job frustration.

Supporting Carlson's finding is Hilberman (1977), who found that in 57 out of 60 cases morbid jealousy was prevalent in which husbands made active and successful efforts to keep their wives ignorant and isolated. The results of his study also show that other factors combined to intensify the propensity for violence: (1) alcohol intoxication; (2) low frustration tolerance; (3) poor impulse control; and (4) pathological jealousy. During pregnancy, abuse increased for some women, resulting in abortions, miscarriages, and premature births.

The assailant perceives the role of the marriage contract as one in which his wife suspends being her own person, the division of labor becomes inevitable, and the relationship within the marriage is permanent. Also, the roles of socialization and sexuality equated with aggressiveness and jealousy create an environment that fosters abuse (Martin, 1976).

In the Kentucky Study by Harris (1979), conclusions show that family violence perpetuates future family violence. Women who experienced family violence as children are about one-third more likely to experience it in their marriages than women who have not experienced domestic violence (Carlson, 1977; Gilles, 1974).

In summary, the main causes of spouse abuse appear to be money, jealousy and bad temper. Although money was mentioned as a leading cause in one study, it has not been substantiated as a leading cause in other studies. Jealousy is named as the main reason for domestic violence in several reports on research findings. Other precipitating causes are pregnancy, alcohol intoxication and a rigid view of the marriage relationship.

Treatment Alternatives

The early 1970s brought about an awareness of the problem of spouse abuse and in the last half of that decade we addressed the need by researching the problem, securing funds, developing programs and opening shelters. The first half of the 80s ought to see more complete research on tracking victims of spouse abuse and developing treatment plans.

Alternative solutions are needed to address the problem of spouse abuse. Roy's study (1977) offers convincing proof that violent husbands do not reform spontaneously and that violence is not lessened over time. In order for the cycle of violence to be broken, society needs to recognize its obligation to find solutions, to offer help and immediate protection for all the women and children who actively seek it and to help provide guidance and assistance to the men who need to explore nonviolent modes for the expression of conflict.

According to Straus (in Roy, 1977), treatment can only be based on causation and our knowledge about causation is still limited. There can be no one treatment plan or even a few to help attack the problem of spouse abuse because of the multiple factors that are interrelated and are different in each case. The causal factors, which may be neurological, psychological, sociological or cultural, cannot be treated in isolation of one another.

Attempts to counsel victims and their assailants have been largely ineffective. Roy (1977) reports that 75 percent of the women in her study did not seek the professional help of a marriage counselor because of social, familial and economic pressures. One of the greatest contributing factors was the unwillingness of husbands to accompany their wives to a counseling session. Those women who did consult a counselor did not return for a second visit because their husbands refused to accompany them.

Rounsaville (1978) confirmed this finding from a project in the Yale New Haven, Connecticut, hospital to study the characteristics of abused women and to develop treatment strategies. Battered women were offered immediate consultation in the emergency room by psychiatrists and social workers. The women responded to initial contact in a highly positive way; however, the majority did not follow through with their treatment plans that involved free, problem-oriented follow-up counseling.

The most important means of eliminating the problem of spouse abuse is by not allowing it to occur in the first place. Preventative education will allow some members of our society to realize that alternatives to violence are possible in problem solving.

Spouse abuse is a complex problem that has multifaceted causes. Further research on causation is needed in order to develop comprehensive treatment plans. Also, encouragement must be given to couples to receive counseling assistance together, possibly through court orders.

FLORIDA SPOUSE ABUSE PROGRAMS

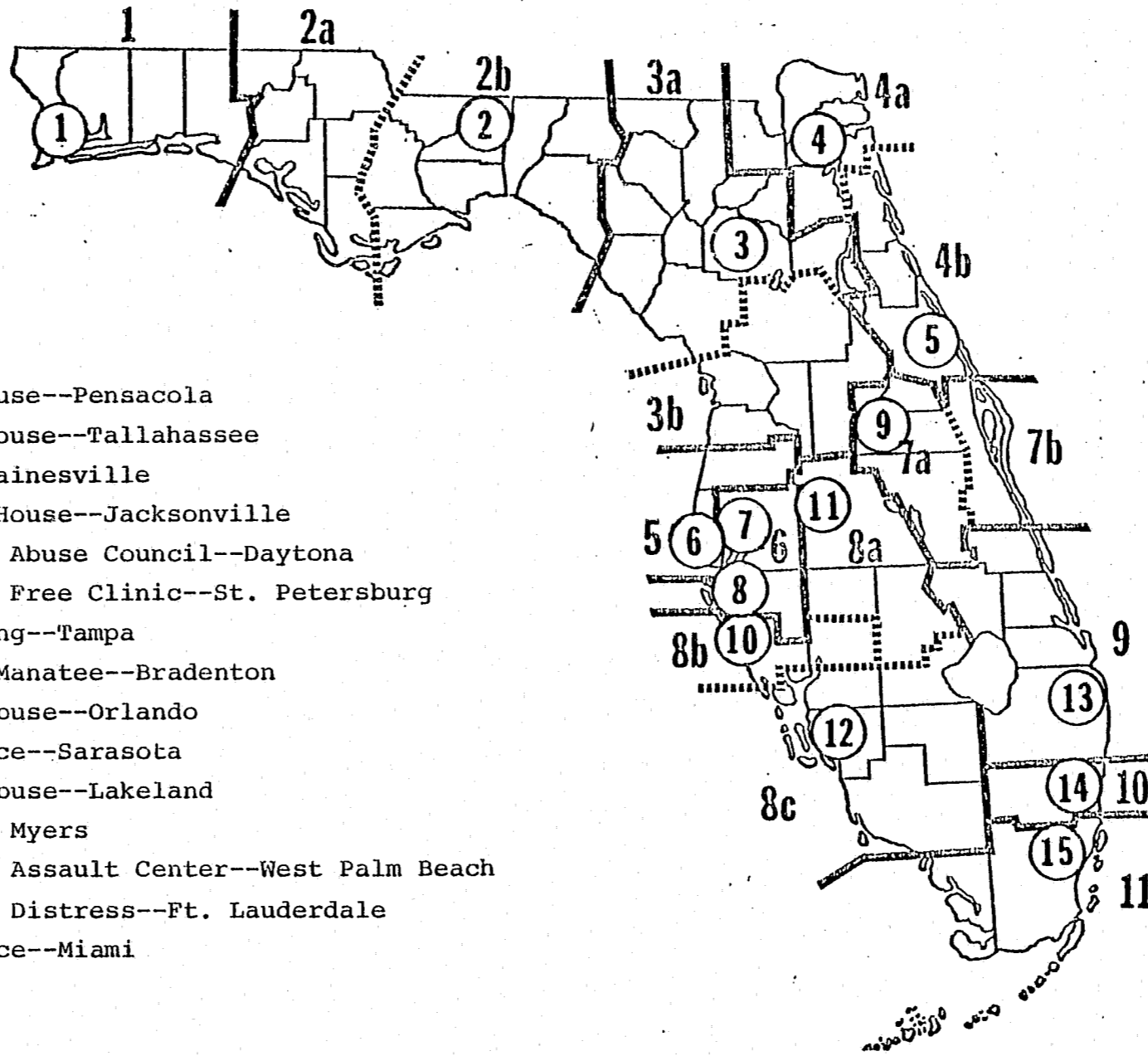
Between 1976 and 1980, 15 spouse abuse centers opened in Florida with a facility that is able to provide temporary emergency shelter for more than 24 hours. Most centers began through a community ground-swell effort, and three are affiliated with the Young Women's Christian Association. Each of the 11 HRS districts have at least one spouse abuse shelter. Districts I, II, III, V, VII, IX, X and XI each have one; Districts IV and VI have two, and District VIII has three. A map on the following page shows the location of these centers.

The basic services offered to clients entering a spouse abuse center are shelter, security, counseling, information and referrals. The centers also offer a wide variety of community education and awareness programs.

Florida has served a total of 4,544 individuals (women and children) from July 1, 1979 to June 30, 1980 in its 15 spouse abuse centers. Table 1, showing the number of clients served in each district, follows. This table also indicates the number and percentage of individuals who stayed longer than 22 days.

During August 1980, the Office of Evaluation conducted a comparative study of the Florida MLFTF-funded spouse abuse programs. A questionnaire survey was designed and implemented

MAP 1
 FLORIDA SPOUSE ABUSE CENTERS



- 1 Favor House--Pensacola
- 2 Refuge House--Tallahassee
- 3 SPARC--Gainesville
- 4 Hubbard House--Jacksonville
- 5 Domestic Abuse Council--Daytona
- 6 St. Pete Free Clinic--St. Petersburg
- 7 The Spring--Tampa
- 8 Hope of Manatee--Bradenton
- 9 Spouse Abuse--Orlando
- 10 Safe Place--Sarasota
- 11 Spouse Abuse--Lakeland
- 12 ACT--Ft. Myers
- 13 Domestic Assault Center--West Palm Beach
- 14 Women in Distress--Ft. Lauderdale
- 15 Safe Space--Miami

TABLE 1

SPOUSE ABUSE POPULATION IN FLORIDA SHELTERS BY DISTRICT JULY 1979-JUNE 1980

District	QUARTER ONE--JULY, AUG., SEPT. 1979			QUARTER TWO--OCT., NOV., DEC. 1979		
	TOTAL* SPOUSE ABUSE POPULATION	22 OR MORE DAY STAY CENTER POPULATION	PERCENTAGE	TOTAL* SPOUSE ABUSE POPULATION	22 OR MORE DAY STAY CENTER POPULATION	PERCENTAGE
1	69	16	23	53	8	15
2	-----data not available-----			84	7	8
3	27	1	4	51	2	4
4	-----data not available-----			246	20	8
5	131	1	7	110	2	1
6	-----data not available-----			-----data not available-----		
7	59	10	6	105	22	21
8	156	25	16	185	29	16
9	-----data not available-----			86	13	15
10	128	4	3	187	17	9
11	-----data not available-----			-----data not available-----		
TOTAL	570	57	10	1,107	120	11

SPOUSE ABUSE POPULATION IN FLORIDA SHELTERS BY DISTRICT JULY 1979-JUNE 1980 (CONT.)

District	QUARTER THREE--JAN., FEB., MARCH 1980			QUARTER FOUR--APR., MAY, JUNE 1980		
	TOTAL* SPOUSE ABUSE POPULATION	22 OR MORE DAY STAY CENTER POPULATION	PERCENTAGE	TOTAL* SPOUSE ABUSE POPULATION	22 OR MORE DAY STAY CENTER POPULATION	PERCENTAGE
1	66	5	8	51	8	15
2	79	8	10	83	35	42
3	91	13	14	111	11	9
4	262	59	23	308	19	6
5	104	8	8	95	10	10.5
6	181	14	8	328	18	18
7	126	18	14	123	79	64
8	101	12	12	137	18	13
9	68	6	9	44	4	9
10	182	16	9	186	35	18.8
11	73	2	3	68	10	15
TOTAL	1,333	161	12	1,534	247	16

TOTAL 4,544 FY79-80
*Includes women and children.

Evaluators visited four centers in Jacksonville, Tallahassee, Fort Lauderdale and Miami. Other center directors were interviewed by telephone. All 15 centers responded to the survey, which covered the three main areas of operations, services and program effectiveness. Client forms were collected on women entering spouse abuse centers during FY 79-80. Results of the data collected may be found in the section on Characteristics of Abused Women in this report.

This report emphasizes the abuse towards women by their husbands or cohabitators; however, this is not to be misinterpreted to mean that a sexist bias is supported. In addition, the use of the term "women" throughout the report when reporting on data will include the five abused male clients served by one Florida center. It is recognized widely that women are physically abused more by men than men by women and more information is available to study the phenomenon of abused women. In this relatively new area of research, inclinations are that any information will assist persons who are abused, regardless of their sex.

Operation of Spouse Abuse Programs

The criteria for accepting clients into a spouse abuse program specify that they have to have been physically abused or are in potential danger, and that they have exhausted all other resources, such as staying with a relative or having money to stay in a motel. Some centers require that the clients be motivated to make a life change. Only one requires that clients be married.

The centers allow clients to remain in shelter for a maximum range of two weeks to six weeks, with extensions granted if necessary. Over half of the centers allow clients to reside up to six weeks. A waiting list is common for five of the shelters, and the wait may vary from two or three days to two weeks. It is not common for eight shelters, and two directors responded that occasionally they have a waiting list. Often, a center will refer a client to a nearby shelter or one in a neighboring district to prevent anyone from waiting for assistance. Cooperation appears to be excellent within and across districts.

Capacity and Funding

The capacity for the smallest shelter is six, and the largest facility which caters exclusively to abused women can accommodate 30 individuals. The average capacity for a Florida spouse abuse shelter is 15-20 persons, which usually means women and children counted together.

During 1979-80, center operating budgets ranged from a low of \$21,900 to a high of \$142,152 in total funding. Budget size does not necessarily relate to the size of the shelter or number of clients served. A base rate of \$25,000 in State funds is given to each district and further allocations are based on the number of marriage licenses sold in each district. MLFTF monies are divided in those districts with two or three shelters.

Other funds for spouse abuse centers come from local city and county commissions, private donations, churches and organizations such as LEAA, United Way, CETA, YWCA and the Junior League. Special mention needs to be made of the fact that six centers in FY 1979-80 received a total of \$168,170 from LEAA. The loss of LEAA funds, with no apparent replacement, will affect these programs significantly.

A table on the next page shows the amount of money allocated to each district, the amount awarded to each center, local funds and total operating funds. Please note that District XI was awarded an excess of \$50,000 due to the large number of marriage licenses sold in this district. This uncommitted, excess amount was given to District IV. Also note that Districts V and IX did not award the full amount of their allocation to their centers. Unallocated money is held in reserve by the districts for one of two reasons: (1) the district anticipates the development of a new spouse abuse center later in the year; or (2) the grant application by the center does not justify giving the full amount allocated to the district. However, if the goals and objectives of that center are met to the district's satisfaction, the additional funds may be awarded to the center up to the district allocation level later in the year.

Resident Responsibilities

The clients in all the facilities are responsible for doing chores. All clients are required to keep their own

TABLE 2
SPOUSE ABUSE CENTER FUNDING FY 79-80

Shelter	District	Location	Resident Capacity	MLPTF District Allocation	Center Contract Amount	Other Funds	Total Operating Funds
Favor House	I	Pensacola	15	\$33,557	\$33,557	\$ 12,309	\$ 45,866
Refuge House	II	Tallahassee	17	\$31,922	\$31,922	\$ 40,123	\$ 72,045
SPARC	III	Gainesville	15	\$35,193	\$35,193	\$ 33,000	\$ 68,193
Hubbard House	IV	Jacksonville	30	\$41,850**	\$26,850 (+\$3504)	\$111,798	\$142,152
Domestic Abuse Council	IV	Daytona Beach	20		\$15,000 (+\$3000)	\$ 43,870	\$ 61,870
St. Petersburg Free Clinic	V	St. Petersburg	16	\$38,860	\$32,383	\$ 30,500	\$ 62,883
The Spring	VI	Tampa	15	\$39,951	\$29,951	\$ 7,916	\$ 37,867
Hop	VI	Bradenton	6		\$10,000	\$ 11,900	\$ 21,900
Spouse Abuse	VII	Orlando	16	\$42,709	\$42,709	\$ 87,400	\$130,109
Safe Place	VIII	Sarasota	10	\$42,263	\$14,088	\$ 30,000	\$ 44,088
Spouse Abuse	VIII	Lakeland	15		\$14,088	\$ 61,157	\$ 75,245
ACT	VIII	Ft. Myers	15		\$14,087	\$ 65,000	\$ 79,087
Domestic Assault Shelter	IX	West Palm	16	\$37,093	\$35,655	\$ 25,380	\$ 61,035
Women in Distress	X	Ft. Lauderdale	54*	\$40,298	\$40,298	\$ 10,074	\$ 50,372
Safe Space	XI	Miami	22	\$56,504**	\$50,000	\$ 86,327	\$136,327
			TOTAL	\$440,200	\$432,285	\$656,754	\$1,089,039

*Includes battered women and women in distress.

**District XI was awarded an excess of \$50,000 due to the large number of marriage licenses sold in this district. This uncommitted excess was given to District IV.

rooms clean, and in many shelters they clean the common living areas and may do yard work. In most of the shelters, clients prepare their own meals in the kitchen facilities provided. Fourteen shelters have washers and dryers, and clients are responsible for cleaning their own clothes in all but one of the shelters. Many directors responded that the dryers are only used during inclement weather as an energy-saving measure.

Eleven of the 15 centers do not base their chore requirements on any kind of system. These centers would rather discuss the chores that need to be done, work with those who are not doing their chores, have group discussions, and utilize peer pressure. One center is experimenting with different types of merit or token economy systems. Most of the shelter directors interviewed stated that the women are willing to do their share of work around the shelter. When problems do come up, they do not center around chores, but mostly around staying out past curfew and breaking confidentiality as to the location of the shelter.

One center that uses the demerit system issues points each time a chore is not completed or when curfew is broken. When a resident accumulates 15 points in one week, she is asked to leave. Another center assigned chores, and with the accumulated merits, a woman's rent of \$1.00 per day is reduced or diminished. A third center uses positive reinforcement to encourage cleanliness and neatness. The client's rooms are checked daily, and she receives points

that apply towards TV privileges for the week. The fourth system involves a merit and demerit system. With the accumulated merits, a woman can purchase items from a merit closet that contains donated sheets, towels, irons, and other household items that enable a woman to furnish her living quarters once she leaves the shelter.

Very little money is collected by those centers which have established fee schedules, since most clients cannot pay. Most centers operate without a fee schedule and only accept women who do not have existing alternative resources, such as residing with relatives or having money for a motel room.

Services of Spouse Abuse Programs

In addition to the basic services required by spouse abuse legislation (shelter, security, counseling, rehabilitation, information and referrals and community education and awareness), some centers have specialized counseling, day care, emergency transportation from the client's home to the shelter, transportation to community referrals and an activities/recreation program. Table 3 lists the services available at the different shelters.

Counseling and Day Care

Group counseling and individual counseling are provided for all victims of abuse in all 15 shelters. Trained counselors are a part of each staff, and volunteers are a part of every program. Several shelters also utilize the services of interns from neighboring universities.

REQUIRED AND OTHER SERVICES

	Required Services						Other Services					
	Shelter	Security	Counseling	Rehabilitation	Information & Referral	Community Education & Awareness	Counseling for Children	Counseling for Abusers	Day Care Center	Emergency Transportation	Routine Transportation	Activities/Recreation Program
1. Favor House-Pensacola	X	X	X	X	X	X				X	X	
2. Refuge House-Tallahassee	X	X	X	X	X	X				X	X	
3. SPARC-Gainesville	X	X	X	X	X	X				X	X	
4. Hubbard House-Jacksonville	X	X	X	X	X	X	X	X	X		X	X
5. Domestic Abuse Council-Daytona Beach	X	X	X	X	X	X	X					
6. St. Pete Free Clinic-St. Petersburg	X	X	X	X	X	X		X			X	
7. The Spring-Tampa	X	X	X	X	X	X			X	X	X	X
8. HOPE-Bradenton	X	X	X	X	X	X		X			X	
9. Spouse Abuse-Orlando	X	X	X	X	X	X	X	X	X	X	X	
10. Safe Place-Sarasota	X	X	X	X	X	X		X		X	X	
11. Spouse Abuse-Lakeland	X	X	X	X	X	X				X	X	
12. ACT-Ft. Myers	X	X	X	X	X	X	X			X	X	
13. Domestic Assault-West Palm	X	X	X	X	X	X	X	X	X		X	X
14. Women in Distress-Ft. Lauderdale	X	X	X	X	X	X	X		X	X		X
15. Safe Space-Miami	X	X	X	X	X	X	X					

In addition, six shelters provide a counseling program for abusers, and nine do not. Those that do have counseling for abusers indicate that their success is low in reaching abusers. In all instances, the counseling site for assailants is removed from the shelter.

Eight shelters have a counseling program for children of abused women, and all centers have referral services for children. Many center directors realize the importance of including this vital component and have included it as part of future expansion plans in the event that funds are increased and staff members added.

Another needed service for children is a day care facility attached to the center. Five shelters currently have a day care center that allows abused women to more easily make appointments with referral services, begin their job search and even start a new job before moving out of the shelter.

However, ten centers do not have a day care center and do not contract with an existing day care facility in their community. Not having regular and dependable day care makes it extremely difficult for these women to keep appointments, interview for jobs and in some cases even retain the jobs they have. Center directors have expressed the need for more money in order to develop their own day care center or contract with an existing facility and transport the children to it.

Transportation

Nine centers provide emergency transportation for the abused spouse from her home or a nearby location to the shelter. Most centers have a policy that forbids staff members from going to the actual scene of violence. The victim and the staff agree on a central location that is public and convenient for the victim. Six centers do not provide emergency transporting; instead, they rely on the clients to find their own transportation or depend on the police. One center has an arrangement with the city to pay for cab fare for spouse abuse victims between the emergency room and the shelter. Another center will transport victims from the emergency room only if the victim's husband is not on the premises.

The majority of the shelters, 12 out of 15, have transportation available to residents on a routine basis to places such as doctor's office, day care center, mental health facility, grocery store, legal services, food stamp office and State employment office. Transportation is provided through the use of staff cars or vans and city bus passes. After a victim's second week in residence, one shelter limits the transportation provided by the center to encourage independence.

Activities and Recreation

An added development of four facilities is a recreation and activities program that is structured and continuous. Two other facilities provide a program in conjunction with an

outside organization, such as the county adult education program. The nine remaining shelters also recognize the need to offer some leisure activities to psychologically lift the mood of the spouse abuse victims. Some shelters are affiliated with the YWCA or their city recreation program. Tickets to plays and sports events are often donated and permit occasional weekend outings. Staff members also plan events that are low-cost or free, such as trips to the beach, library, museums and zoo.

Program Effectiveness

Program effectiveness is discussed in the following section in terms of the most effective aspects of the shelter, the most severe problems in developing or maintaining the program, and the issue of follow-up on clients to determine the impact of the program.

Each center operates in an autonomous manner and develops its own goals and objectives. Statewide objectives were not developed. The minimum services mandated for each center are provided as indicated in the chart on page 27; however, due to the difficulties of tracking and follow-up on this client group, long-term effectiveness was not measured.

Effective Aspects

Shelter directors were asked in the survey to name three aspects of their program that they have found to be

most effective. Responses indicate that counseling (individual, group, and peer) was named by ten of the 15 directors as one of the three most effective aspects of the program. The second aspect most named was the shelter itself. One director stated that a client had waited for 20 years for a spouse abuse shelter to open. The third aspect named was community support. Other effective aspects that were mentioned are staff support and care, referrals, legal support, and a breakdown of old belief systems based on isolation, stereotyping and dependency of abused women.

One director responded that the most effective aspect of their program was "just being here and showing support for other humans. We tell our clients; there is a better way to live. You are lovable and capable. We will help."

Major Problems

Another open-response question asked shelter directors to name the three most severe problems in setting up or maintaining a spouse abuse program. Fourteen directors responded that funding was a major problem; 12 said it was the number one problem. Other problems noted, in order of priority, were a shortage of staff members and a lack of space. Directors indicated that these problems were tied directly to the funding problem. Additional problems include dealing with law enforcement and the judicial system, lack of day care, lack of community awareness and support, paperwork

required by HRS, needed legislation on spouse abuse, and outreach and support services for ex-residents. The paperwork requirement has been addressed by reducing the size of the data collection instrument to two short pages.

It is interesting to note that some programs consider community support to be an asset and other programs see a real lack of community support. The general consensus was that once the community knows about the shelter's services and understands their function, support was readily established.

One director would like to see legislation that permits the money collected from arrested abusers who were fined be put into MLFTF, and if the abuser is arrested, he, not his wife and children, should vacate their home. She would also like a law that allowed cohabitators access to a restraining order.

Problems were discussed in a related question on referrals also. Responses indicated that an adequate number of referral services exist, and clients are easily referred to most community services. The one outstanding problem area is enough low-cost or subsidized housing. Most women can expect to wait six months to one year for housing, and one director indicated a two-year wait in her area. In many cases, a woman makes a decision to change her life, is able to find employment, makes a decision to live independently, and has nowhere to go because she has not saved enough for a security

deposit and first and last months' rent required by most landlords. Housing resources for abused women are a major problem.

Getting clients on food stamps is a second referral problem for approximately half the shelters. In some areas, clients can receive food stamps within 24 hours. In other areas, a one to two week wait is needed. Having to buy food supplies for 14 days for a woman and her children can put a severe strain on a shelter's small food budget.

Client Follow-Up

Very few centers have been able to develop a complete follow-up program to track their clients successfully once they have left the shelter. According to one shelter director, over half of the clients change their address soon after leaving the shelter and do not leave a forwarding address. Many of those who do not move are unwilling to be part of a follow-up study. The lack of staff prevents shelter directors from undertaking tracking as a priority item.

Shelter Descriptions

The following pages give the history and program highlights of the 15 shelters in Florida funded by MLFTF.

District I--Favor House, Pensacola

In March 1979, 18 community agencies and interested individuals met with representatives of the Young Women's

Christian Association (YWCA) to discuss the problem of spouse abuse in Pensacola. A task force was organized to coordinate community support, resources, and services for victims and offenders of spouse abuse. In June 1979, Favor House was opened as a temporary emergency shelter for battered women and their children who are forced to leave home because of a dangerously violent, life-threatening situation.

District II--Refuge House, Tallahassee

In December 1977, the first official meeting was held to discuss the problem of funding a spouse abuse program. Originally, the program was accepted as a subgrantee in the Law Enforcement Assistance Administration (LEAA) Comprehensive Community Crime Prevention Program and obtained minimal funds to begin operating. County funds and private donations were also acquired for basic equipment and counseling and referral services. A shelter was opened and complete services were offered on February 14, 1979.

District III--SPARC, Gainesville

The Rape Information and Counseling Service (RICS) began in 1976 in Gainesville and quickly realized the need to expand to include spouse abuse victims. In March 1977, three Comprehensive Employment and Training Act (CETA) positions were received by RICS. In September 1977, the name was changed and became the Sexual and Physical Abuse Resource Center (SPARC). SPARC admitted clients in March 1978 and on

March 30 held an official opening with a dedication and ribbon-cutting by Betty Freidan.

District IV--Hubbard House,
Jacksonville

In September 1975, the Jacksonville Women's Movement, Inc., and the Women's Rape Crisis Center came together to discuss spouse abuse in Jacksonville and Duval County. In February 1976, a building was purchased and an active board of directors worked towards incorporation of the center under the Jacksonville Women's Movement, Inc. The facility became a full-time operation open 24 hours, seven days a week by November 1976.

When a larger house was purchased for the Jacksonville Spouse Abuse Center, the original house was retained and now functions as a therapeutic day care facility for 15 preschool children. The two houses are a few blocks from each other, and mothers and teen-aged children work in the day care center for merit points.

District IV--Volusia County
Domestic Abuse Council,
Daytona Beach

In October 1976, under the impetus of the local National Organization for Women (NOW), a group of concerned citizens met to discuss the need for services to victims of spouse abuse. The Volusia County Task Force on Battered Women was chartered as a private, non-profit organization in

December 1976, and its name was changed soon after to Domestic Abuse Council. The Council established a volunteer telephone counseling and referral service in conjunction with Volusia County Hotline, Inc. In January 1978, the Council received a District IV Mental Health Board grant and in October 1978 an LEAA grant was received to establish a shelter.

District V--St. Petersburg
Free Clinic, St. Petersburg

The St. Petersburg Free Clinic assumed operational responsibility for a spouse abuse shelter in December 1977. The community provided strong support to the clinic due to its affiliation with the spouse abuse shelter. The shelter receives assistance from area churches, local civic groups, police officials, city and county governments.

A profile of clients completed by the St. Pete Shelter shows that 80 percent of the women seeking aid are married with an average family income of \$9,800. The typical client is 29.6 years old, has 11.2 years of education, and has 1.5 children. Her husband is likely to abuse alcohol and to have a police record. The average length of stay is 10.7 days for these Pinellas and Pasco County women.

The Free Clinic has a referral program for the assailants. During the past year, 34 men received counseling in this program.

District VI--The Spring, Tampa

During the period between inception of a spouse abuse center in January 1977 to its incorporation in September of that year, spouse abuse victims were placed in hospitality homes or transported to existing shelters elsewhere in the State. At the time of incorporation, a building was donated that became the shelter facility and the Spring was established as a non-profit, tax-exempt community service agency.

The Spring has three unique aspects to its program. One is that the county adult education office provides instructors that go to the shelter to teach classes such as women and the law. Through this same office, additional activities are provided on a daily basis and trips are arranged to plays, the art museum and library. The second aspect is the use of a neighborhood school for all shelter children with transportation provided by Tampa Girls and Boys Clubs. A special arrangement with the school system allows for a 24-hour school record transfer, confidentiality and special treatment for the children of abused women. Third, staff members and volunteers provide emotional support by court watching and may easily be identified in the courtroom by the white carnations worn on the left side.

District VI--Hope of Manatee,
Bradenton

In 1977, a Symposium on Violence took place in Bradenton and out of this meeting a volunteer group was formed and named Manatee Against Rape. At approximately the same time, a shelter for abused children was opened and an awareness developed among community members that a shelter for battered women was also needed. In October 1979, with funding opportunities increased by the Marriage License Trust Fund, a decision was made to provide services and shelter to abused spouses, with special emphasis on early intervention. Hope became the fifteenth center to receive HRS funds when its shelter opened in January 1980.

In a site that is removed from the shelter, staff members provide a counseling program for abusers. In their short period of operation, Hope has worked with 24 husbands who have abused their wives. They have found that 95 percent of the men have alcohol-related problems.

District VII--Spouse Abuse,
Inc., Orlando

In 1976, a community group met to address the issue of the social problem of spouse abuse. Subsequent to this meeting, a workshop was scheduled to take action on the ideas generated. Community interest and support was tremendous. By December of that year, Spouse Abuse, Inc. was incorporated with an active board of volunteers. A shelter was donated,

and in January 1977 Spouse Abuse, Inc. received its first clients. Initially, funds came from CETA, LEAA, Orange County and United Way. Realizing the need for alternate funding, several of Florida's spouse abuse leaders, including one from Orlando, were instrumental in drafting and obtaining passage of State legislation on spouse abuse. Spouse Abuse, Inc. is one of the few facilities that has assisted men who have been abused. During the past two years, five men have resided in the shelter and have received counseling.

Spouse Abuse, Inc. has designed one of the more creative community education programs by broadcasting a public service announcement during an afternoon soap opera that was featuring a story on spouse abuse.

District VIII--Safe Place,
Inc., Sarasota

Sarasota's Rape Prevention and Rape Crisis Center began to receive numerous calls from battered women in 1975. As a result, the Center began to provide shelter and counseling as emergency measures to meet this problem. When the case-load exceeded what the Center was able to provide, additional staff members were hired and additional resources were located. Safe Place, Inc. opened in December 1978 with its focus on treatment, counseling, prevention and advocacy.

District VIII--Spouse Abuse
of Polk County, Lakeland

Spouse Abuse of Polk County evolved in February 1978 when a group of concerned citizens, both professionals and laypersons, met for the purpose of studying domestic violence. They identified approximately 100 incidents that came to the attention of Polk County law enforcement officers each week. In April 1978, through the efforts of this community group, an incorporated, non-profit organization was established and shelter facilities developed.

District VIII--ACT,
Fort Myers

Abuse Counseling and Treatment, Inc. (ACT) began as a service to follow up on cases of rape and spouse abuse. Responding to an average of three crisis calls per day initially, ACT became a central agency to assist abused women. In January 1978 a lease was signed on a building to be used as an emergency residence and, as a result, by fall 1978 the number of crisis calls had dropped to one per day.

The YMCA of Fort Myers has recently initiated a pilot project that allows women and teen-age children to use their track, swimming and tennis facilities. Currently, the "Y" provides four passes, and if the project is found to be acceptable, will increase the number of tickets to seven.

ACT has established a Small Loan Relocation Fund for women whose savings or income does not permit financing first

and last months' rent and apartment security deposits. The women repay the loan based on an individualized plan and can work off half the loan by offering volunteer services as an ex-resident. Over two-thirds of the clients participating repay or work off their loans.

District IX--Domestic Assault
Shelter, West Palm Beach

In the fall of 1976, with the coordination of the Resource Center of the Young Women's Christian Association (YWCA), a community-based task force was organized to examine the special needs of battered women. The task force directed its efforts toward establishing a shelter, securing the sponsorship of the YWCA, and obtaining initial funds for operation. A local church and a community foundation contributed seed money to open a shelter which began operating January 1, 1978. In the past two years, agency support and community interest have not waivered.

District X--Women in Distress,
Fort Lauderdale

Women in Distress has operated a crisis housing facility in Broward County since July 1974 for women who had no place to turn for assistance with varied problems. During this time, it became apparent that numerous referrals were victims of family violence. In 1977, the program was augmented to include the battered women component. The facility expanded and staff members were added to meet the specific

needs of abuse victims and their children. In a recent follow-up study, the shelter found that 75 percent of their clients return to their husbands, and half of these women find it necessary to seek assistance from the shelter again.

District XI--Safespace, Miami

The Dade County Domestic Violence Victim Assistance Program is a product of the concern shared by community-based advocacy groups and professionals within the criminal justice and social service systems. Prior to the establishment of the shelter, there was no source of effective assistance for the growing numbers of battered women and their children who were seeking alternatives to a life-threatening situation. The Dade County Victims Advocates staff only offered short-term emergency housing, crisis counseling and limited intervention that was coordinated with other agencies. Most of the women were referred elsewhere or advised to return to their batterers for lack of other alternatives. After studying the need for action and the need for additional resources, the Dade County Board of Commissioners allocated seed money to develop a shelter in 1977 for battered women and their children. The Commission subsequently authorized program staff to apply for LEAA discretionary funds from 1977-80 and to search for supplemental funds.

CHARACTERISTICS OF ABUSED WOMEN IN FLORIDA

Data on the characteristics of abused women in Florida were obtained from the forms which may be found in Appendix A. Each center that received funds from HRS was requested to complete a form for clients served after the contract with HRS was signed. Of the 4,544 reported clients (women and children) that were served in FY 1979-80, forms were completed on 1,356 clients (women only). The number served does not equal the forms completed for several reasons: (1) some clients receive services for an extremely short period of time and were emotionally unable to give all the information requested; (2) some centers showed resistance to completing the forms*; (3) contracts were not signed with some centers until late in the year; and (4) the survey conducted by the Office of Evaluation, counted the number of clients only and not the children of clients.

Those projects for whom contracts were signed began utilizing the form in August 1979. All forms completed during the remaining months in FY 79-80 are included in the following analysis. Table 4 gives the number of forms received by district.

*In cooperation with the centers, the form has since been revised and shortened to two pages.

TABLE 4
NUMBER OF RETURNED FORMS BY SHELTER

District	Center	City	Number Returned
I	Favor House	Pensacola	69
II	Refuge House	Tallahassee	93
III	SPARC	Gainesville	57
IV	Hubbard House	Jacksonville	174
IV	Domestic Abuse	Daytona	56
V	St. Pete Free Clinic	St. Petersburg	114
VI	The Spring	Tampa	112
VI	HOPE of Manatee	Bradenton	29
VII	Spouse Abuse	Orlando	160
VIII	Safe Place	Sarasota	48
VIII	Spouse Abuse of Polk County	Lakeland	91
VIII	ACT	Ft. Myers	66
IX	Domestic Assault	West Palm Beach	87
X	Women in Distress	Ft. Lauderdale	174
XI	Safe Space	Miami	26
TOTAL			1356

Client Profile

The 1,356 clients for whom data were received range in age from 15 to 72, with an average (mean) age of 30.2 years. At least 53 counties in Florida are represented by these clients. Most clients (99%) are female, and over 75 percent are white. Approximately 50 percent of the clients have completed high school, and 17 percent have completed one or more years of college. Only 32 percent are employed, and of these, three-fourths are employed full-time, and one-fourth are employed part-time. Gross annual family income, reported for 55 percent of the clients, ranges from \$0 to \$45,600, with a mean income of \$7,296 per annum. Of the total number of women in the sample (N=1,356), information was available on both gross income and number of family members for 498 or 36.7 percent of the women. Of the 498 women, 224 or 45 percent are eligible for Title XX programs.

Education and Employment

Minority clients were more inclined to be employed than white clients. Those clients with higher education levels were more likely to be unemployed. There is an indication that those with less education are more likely to be employed full-time, both among whites and minorities. Table 5 below shows the data on level of education and employment status.

TABLE 5
EDUCATION COMPARED TO EMPLOYMENT/UNEMPLOYMENT

	White		Minority	
	Unemployed	Employed	Unemployed	Employed
Completed high school	26%	17%	32%	26%
Completed one or more years of college	11%	7%	11%	8%

Rates of employment varied by living arrangements. The women with the highest rate of employment were those no longer living with the abuser and showed a 44 percent employment rate, compared to 27 percent employment for those married and living with abusers, and 15 percent employment for those cohabiting with the abusers.

Abuse History

Eighty percent of those providing information in the survey reported that another abuse had taken place prior to the current incident. Thirty-four percent of the clients have also been abused by people other than the reported abuser. More often, these other people are former mates (10%) or parents (16%). Prior abuse by siblings, relatives and friends was also reported. Twenty percent of the clients have friends who are abused, and about the same proportion (18%) have parents who have abused each other.

Of those clients that were able to remember, 50 percent reported that the abuser had threatened to kill them. Seventy-three percent of the abusers inflict abuse upon the client at home, and 31 percent of the abuse incidents occur sometime during evening hours. Abuse incidents are likely to occur on any given day of the week, although weekends account for a high proportion of incidents (47% for Friday, Saturday and Sunday).

Three factors are reported by clients to be major reasons for the batterings. In order of frequency, they are money/finances (35%), abuser's jealousy (26%) and client's behavior/attitude (21%).

Substance Abuse Incidence

Alcohol is reported by the clients to contribute to the abuser's behavior in 50 percent of the cases, and other drugs are reported factors in 17 percent of the cases.

Only nine percent (128) of the 1,356 clients attributed their own behavior to the influence of alcohol. These clients differ as a group from the rest of the clients in several respects, as shown in Table 6.

Victims influenced by alcohol are more likely to be white, less educated and less likely to be married and living with their assailant. No significant difference appeared in unemployment rates between those influenced by alcohol and

TABLE 6

DIFFERENCES BETWEEN CLIENTS INFLUENCED BY ALCOHOL AND
CLIENTS NOT INFLUENCED BY ALCOHOL

Clients Influenced by Alcohol (N=138)	Clients Not Influenced By Alcohol (N=1218)
81 percent are white	77 percent are white
55 percent completed high school	58 percent completed high school
55 percent of clients were married and living with abuser	66 percent of clients were married and living with abuser
65 percent of the clients were unemployed	68 percent of the clients were unemployed
49 percent of abusers completed high school	56 percent of abusers completed high school
80 percent of the clients reported the abuse occurred at home	87 percent of the clients reported the abuse occurred at home
54 percent of the abusers threatened to kill the clients	65 percent of the abusers threatened to kill the clients
4 percent of the clients reported that this was the first incidence	16 percent of the clients reported that this was the first incidence

those not influenced. A majority of the incidences in both situations occurred at home, with those women not influenced by alcohol more inclined to be threatened with murder. More women who were not influenced by alcohol reported that this was the first incidence of abuse than those who were influenced by alcohol.

Client Referral Sources

Clients are referred to the program by many varied sources. The police are the single most frequent referral source, providing about 21 percent of the referrals, and the police are also the ones to whom clients have turned for help most often in the past (25%). Of those that responded (360 or 26%) to the question on client satisfaction with referral source services, the highest number, 126 or 35 percent, ranked satisfaction with police services over any of the other ten referral sources.

Most of the clients (78%) entering the shelter have not received shelter care previously, although one-fourth (24%) of the abusers first physically abused the client from one to five years prior to the current incident. For additional information, Tables 1-20 in Appendix B provide more details.

Status of Children

Ninety-four percent of the clients have one or more children. The size of the client's family unit ranges from one to ten, but most have a family size of three to four members. Three hundred forty-seven (26%) of the client questionnaires showed that one or more of the children in the family were also abused. A majority of the clients, 993, that received shelter brought one or more children with them. Most of the children that did not enter shelter with clients stayed either with relatives or at home. Those children that were abused ranged in age from one to 18, with an average age

of 9.4. Forty-nine percent are male, and 51 percent are female. Three quarters are white, and the other 25 percent are black, American Indian and "other." Thirteen percent of the clients coming to the shelter either received or were referred elsewhere for counseling or family therapy for the children. Further characteristics of abused children can be found in Tables 5 and 6 of Appendix B.

Abuser Profile

Information concerning abusers is based on reports from the clients. According to the clients, abusers range in age from 15 to 86, with a mean age of 32.2 years. Sixty-five percent are white, and 88 percent are reported to be males. Information on the sex of the other 12 percent of the abusers is unknown due to information omitted on the form. Sixty-one percent are married to and living with the clients. Seventeen percent are not legally related to the clients, and are cohabiting with them.

Thirty-six percent are high school graduates, and 12 percent have completed one or more years of college.

Of those abusers for whom the information is known, 28 percent have parents that abused each other and/or abused the assailant as a child. Twenty percent have friends who abuse their spouses.

The abuser was employed full-time in 54 percent of the cases, employed part-time in five percent of the cases, and

not employed in 22 percent of the cases. Employment information was not available for 19 percent of the abusers. The unemployment rate for abusers is three times higher than the unemployment rate for Florida's general population.

The abusers that were employed full-time had completed high school in only 39 percent of the cases, and completed one or more years of college in 14 percent. The abusers who were unemployed had completed high school in only 14 percent of the cases, and one or more years of college in four percent of the cases. It appears that the abusers with the most education are employed, while the clients with the most education were unemployed. Most of the abusers that are unemployed have not worked for one to six months, and a few (4%) have been out of work for over a year.

TABLE 7
EMPLOYMENT AND EDUCATION OF ABUSERS COMPARED

	Abusers Who Were Employed N=800	Abusers Who Were Unemployed N=298
Completed high school	39%	14%
Completed one or more years of college	14%	4%

The clients reported that abusers who were unemployed named three major factors for batterings. In order of frequency, they are: money/finances (31%), abuser's jealousy (25%) and client's behavior (16%). The clients reported that abusers who were employed cited the same factors with smaller percentages: money/finances (16%), abuser's jealousy (12%) and client's behavior (6%).

Substance Abuse Incidence

The behavior of 679 (50%) of the 1,356 abusers was attributed to the influence of alcohol as reported by the victims. These 679 abusers differ as a group from the rest of the abusers in several respects, as shown in Table 8.

Abusers reportedly influenced by alcohol were more likely to be white, unemployed, have less than a high school education, and had parents who abused each other. Their victims were more likely to have finished high school.

Summary

The women in the study have ranged in age from 15 to 72, with an average age of 30.2, while the abusers have an average age of 32.2. Clients who were married accounted for 83 percent of the population, and 17 percent were not legally married to the abusers, but were cohabiting with them. The average annual income for all couples equalled \$7,296. Of

TABLE 8
DIFFERENCES BETWEEN ABUSERS REPORTEDLY INFLUENCED
BY ALCOHOL AND THOSE NOT INFLUENCED BY ALCOHOL

Abusers Influenced by Alcohol (N=679)	Abusers Not Influenced By Alcohol (N=677)
73 percent are white	70 percent are white
27 percent of abusers were unemployed	29 percent of abusers were unemployed
55 percent of clients completed high school	12 percent of clients completed high school
42 percent of abusers completed high school	55 percent of abusers completed high school
35 percent had parents who abused each other	27 percent had parents who abused each other
81 percent of the clients reported the abuse occurred at home	87 percent of the clients reported the abuse occurred at home
49 percent of the incidents occurred in evening hours	40 percent of the incidents occurred in evening hours

the number of women for whom information was available, 45 percent are eligible for Title XX programs. A majority or 78 percent have not previously sought help from a shelter.

The study of abusers in Florida shows that alcohol contributes to the abuser's behavior in 50 percent of the cases. Nationally, Pizzey (1974) and Eisenberg and Micklow (1977) found that alcohol was a contributing influence to the attack.

The factor of education agrees favorably with the national finding that violence may be found in those homes where a husband expects a traditional relationship and a superior role. In the Florida study, 50 percent of the abused women completed high school, and 17 percent had one year or more of college. This compares to 36 percent of the abusers who have completed high school, and 12 percent have had one year or more of college.

Hammond (1977) stated that victims come from violent-prone homes. The study on Florida clients shows that 35 percent of the abusers come from violent homes, and 34 percent of the victims come from homes in which they were abused by their parents or in which they witnessed their parents abusing each other. Fully one-third or more of the victims and assailants have come from violent-prone homes.

The three main causes for spouse abuse as verified in several studies are money, jealousy and bad temper. The information on Florida clients indicates that the three main causes are money/finances (35%), abuser's jealousy (26%), and client's behavior/attitude (21%).

PROGRAMMATIC IMPACT

The major part of this report addressed the spouse abuse project components and client characteristics. The impact of the Florida spouse abuse program on the lives of the clients is difficult to measure at this point in time for three reasons. First, the incidence of victimization is not known; second, the return rate on exit information is low, which inhibits follow-up and tracking studies. Third, some of the shelters have been in operation less than a year.

A deficiency in the data exists that prevents our knowing fully what impact the programs have had. The deficiency is not knowing what percentage of the total population of Florida women is abused. We do not know if the present programs are reaching and assisting a majority of abused women, or a fraction. An estimate indicates that we are serving a fraction of the abused women in Florida. If we look at the low projection of Florida's 1980 female population, which is 4,835,300 (Smith and Lewis, 1979) and compare that figure to the 1,356 clients assisted in one year, we have only reached a very small fraction of the population. National estimates claim that from two to ten percent of the female population are abused. A complete study is needed on the incidence and recurrence of victimization in Florida.

Programmatic impact is measured in this study by the rate at which women enter the shelter a second time, by the number of women who return home to an improved situation or leave the violent situation, the number who fulfilled or are progressing toward their treatment goals, the number who find employment and become self-supporting, and the number whose husbands/cohabitators receive counseling or family therapy to prevent future abuse.

Return Visits to Shelters

The 15 shelters receiving MLFTF funding have assisted 4,544 clients in one year. The rate at which women enter a shelter a second time is low, and may indicate that counseling and services have a high impact on the lives of clients. The total number of residents in the client profile study was 1,356, and of that total 1,054 or 84 percent had never been to a shelter before. Twelve percent or 167 had resided in a shelter once before; two percent or 30 had lived in a shelter twice before. Spouse Abuse of Orlando reports the longest average length of stay, which was 11 days. The Spring in Tampa reports the shortest of five days. The average length for all shelters was seven days. A chart showing the average length of stay for each shelter appears on the next page.

TABLE 9
AVERAGE LENGTH OF STAY FOR EACH SHELTER

District	Shelter	Location	Average Length Of Stay In Days
I	Favor House	Pensacola	5.64
II	Refuge House	Tallahassee	10.40
III	SPARC	Gainesville	6.90
IV	Hubbard House	Jacksonville	9.14
V	Domestic Abuse Council	Daytona	6.10
VI	St. Petersburg Free Clinic	St. Petersburg	7.24
VI	The Spring	Tampa	5.32
VI	Hope	Bradenton	7.47
VII	Spouse Abuse	Orlando	11.82
VIII	Safe Place	Sarasota	6.96
VIII	Spouse Abuse	Lakeland	8.10
VIII	ACT	Ft. Myers	10.71
IX	Domestic Assault Shelter	West Palm	8.83
X	Women in Distress	Ft. Lauderdale	7.37
XI	Safe Space	Miami	7.63

Return to Spouse/Mate

Exit information pertaining to women who returned to their husbands is available for 1,078 women. Women who have returned to their husbands/cohabitators equal 22 percent of the population on whom information is available. These are women who have returned home with no apparent change in the situation (141 or 13%) and those who have returned home to an improved situation (97 or 9%). These women usually return home within three days after entering a shelter, compared to an average length of stay of seven days for most women. Another three percent have located their own housing and are considering a return to their spouse/mate. It may be estimated that a total of 26 percent of the abused women seeking shelter return or consider a return to their spouse/mate. The actual abuse or violence experienced by women after they have left a shelter cannot be determined due to the lack of available data from follow-up studies.

This study shows that 74 percent of Florida's abused women who seek shelter do not return to their spouse/mate. These women choose to find their own housing, transfer to another program for security, move in with relatives or friends, or live at the home which their spouse/cohabitor has vacated (see Table 10).

TABLE 10

WOMEN WHO RETURN AND DO NOT RETURN TO SPOUSE/MATE

		Number	Percent
Return to or Consider Return	Located own housing, considering a return to spouse/mate	46	4
	Returned home/improved situation	97	9
	Returned home/no apparent change	141	13
-----		TOTAL	284
			26
Do Not Return	Did not return to spouse/mate	794	74
	-----		TOTAL
			100

Success in Meeting Treatment Goals

Another exit question which indicates impact is whether the clients' treatment goals were met. Most centers allow for short-term or immediate goals (week to week) and a six week goal. The short-term goals cover the referrals and counseling and ask:

- What have you done this week?
- What do you plan to do next week?
- Do you have any job interviews planned?
- Do you have any immediate needs?

The goals are concrete, structured and allow residents to build up their self-esteem. The goals are written and kept in folders. The six week goal is kept simple, is decided early, and may be changed while the client is in residence.

The client is asked to decide from three alternatives at the end of six weeks:

- return to spouse with improved conditions;
- move in with friends or relatives;
- live independently.

Responses were given in 1,039 cases and goals were met in 441 or 43 percent of the cases. Goals were not met but substantial progress was made in 309 or 30 percent of the cases. Little or no progress towards goals was made in 289 or 27 percent of the cases (see Table 11).

TABLE 11
PROGRESS TOWARDS GOALS

	Number	Percent
Yes, goals met	441	43
No, goals not met but substantial progress made	309	30
No, little or no progress made	289	27
TOTAL	1039	100

Those women who returned or considered a return to their spouse/mate show a varying difference in meeting their goals. Those who located own housing and are considering a return are distributed evenly between meeting their goals, progressing towards their goals and not meeting their goals. The women who returned home to an improved situation show a higher rate of success toward achieving or progressing

towards their goals than those who returned home with no apparent change in the situation (see Table 12).

TABLE 12
GOAL ATTAINMENT

	Yes, achieved goals	Progressing Towards Goals	No, did not Meet Goals
Located own housing/ considering a return to spouse/mate	31%	36%	33%
Returned home/ improved situation	44%	45%	11%
Returned home/no apparent change in situation	12%	25%	63%

Table 13 shows the progress towards goals by clients of each center.

High or low success towards meeting goals can be statistically associated with whether clients were abused by their fathers and others previously, their employment status during entrance to a shelter, the number of visits made to a shelter, and the time lapse since the previous abuse.

Those women who were abused by their current mate and one other abuser had a 50 percent success rate in meeting their goals compared to a 40 percent success rate for those who were abused by their current husband/mate only. However,

TABLE 13
 PROGRESS TOWARDS GOALS BY CENTER

PROGRAMS	Yes		No, but substantial progress made		No, little or no progress made	
	Number	Percent	Number	Percent	Number	Percent
Spouse Abuse Inc.	59	41	70	49	14	9
Favor House	15	36	8	20	18	44
Women in Distress	43	30	40	28	59	42
St. Pete Free Clinic	50	51	21	21	27	28
SPARC	18	41	8	19	17	40
Hubbard House	56	37	52	35	42	28
Domestic Assault	27	36	12	16	36	48
ACT	22	42	12	23	18	35
Refuge House	28	45	22	36	12	19
Domestic Abuse	15	37	19	46	7	17
Safe Place	17	60	10	36	1	4
Spouse Abuse of Polk	42	61	14	21	12	18
The Spring	44	57	11	14	22	29
Safe Space	3	100	0	-	0	-
Hope of Manatee	2	12	10	63	4	25

in the group of women who were abused by two people, if the previous abuser was the woman's father, the success rate dropped from 50 to 41 percent.

Clients who were employed at the time they entered a shelter were more likely to meet their treatment goals. From the group of women employed full time, 51 percent met their goals, compared to 46 percent of those who were employed part time. A success rate of 39 percent was measured for those who were not employed at the time of entrance. The women who had a high school education or above were slightly more inclined to reach their treatment goals than those who did not complete high school, but the difference is not significant.

The number of return visits an abused woman makes to a shelter affects the success of the treatment goals. Women who have never been to a shelter have a success rate of 43 percent, women who have been once previously have a rate of 49 percent, and those women who have entered a shelter twice before have a success rate of 52 percent. The sample of women who have visited a shelter more than twice is very small; however, a drop to 17 percent is indicated in the success rate for those women. In other words, success rates climb on the second and third visit, but drop significantly on the fourth visit.

Referral source may indicate the success women have toward reaching their treatment goals. In the group of women who have been referred by a hospital, 49 percent met their

goals successfully, compared to 19 percent who were progressing toward their goals, and 32 percent who did not meet their goals. Of those referred by a mental health center, 46 percent met their goals successfully. For a complete list of referral sources and the percentage of women who completed their treatment goals successfully, see Table 14. The minimum criteria were established to exclude any referral source for which there were five or fewer individuals. The groupings excluded were: HUD (one person), Salvation Army (3), church (5), county health department (3), and drug program (0).

TABLE 14
REFERRAL SOURCES

Referral Source	#Referred	#Successfully Reached Goal	%Reached Goal
Hospital	37	18	49
Mental Health Center	35	16	46
Other	361	165	45
Crisis Line	119	51	43
Police	236	97	41
Friend who resided at shelter	48	19	40
HRS	61	24	39
Victims Program	20	6	30
Lawyer/Legal Aid	32	9	28

Employment Status of Abused Women

A comparison of the employment status of women entering and leaving the shelter may be found in Table 15. Those women who entered with full-time jobs numbered 282, and 228 exited with full-time jobs, showing that 20 percent left their jobs. Those who entered with part-time jobs numbered 61 and an even more dramatic shift shows here, with 57 percent of these women leaving their part-time positions. In comparison, only 10 percent of the women who entered without any job found full- or part-time employment before they left the shelter. Two of the reasons why more women lose than gain jobs are that they are afraid of being traced by the abuser through their job, and they view their time in the shelter as a transition period during which they must make several life decisions.

TABLE 15
COMPARISON OF EMPLOYMENT STATUS UPON
ENTERING AND EXITING SHELTER

Employment Status--Entering	Employment Status--Exiting				
	FT	PT	NO JOB	DON'T KNOW	
Full time	282	228	7	31	16
Part time	61	9	35	12	5
No employment	709	67	10	582	50
TOTAL	1052				

When we examine the fact that 74 percent of the women who seek shelter do not return to their husbands/cohabitators and that 60 percent of the women who seek shelter remain unemployed at the time of their exit, the obvious question arises as to how these women support themselves and their children and what the HRS role should be in assisting them.

Counseling for the Abuser

The shelter director or the client were asked on the exit information card whether they knew if the abuser was receiving counseling or family therapy to prevent further abuse. Responses were received on 1,076 cases. Of that number, 108 or 10 percent said yes, 302 or 28 percent responded no, and 666 or 62 percent stated that they didn't know.

Most counseling for the assailants is done by referral; however, some shelters have developed their own programs. Only two, however, St. Pete Free Clinic and Hope of Bradenton, have assisted a meaningful number of abusers. Over the past year, the Free Clinic has counseled 34 men and Hope of Manatee has counseled 28. Further study is needed to determine how these two centers have successfully reached so many husbands/cohabitators and whether the behavior of those men has changed as a result of the counseling program. Often, a woman chooses to leave her husband, and that may be the best solution for her. It may not be the answer for society, however, because the problem will not be extinguished if that

man does not receive therapy and chooses another spouse/cohabitor to abuse. By not counseling the abuser, we merely treat the symptoms and not the underlying causes.

Counseling for the Children of Abused Women

At this time, no systematic measurement has been made of the impact of services on the children staying at a shelter. We cannot underestimate the importance of counseling services for the children of abused women for these reasons. First, large numbers of the children reside in the shelter with their mothers; and second, many of the children have also been abused. Third, the children coming from a violent home frequently suffer from severe psychological and emotional damage.

The total number of children housed in the shelters was 1,676 during FY 79-80, according to information from completed and returned forms. Information indicates that each of 993 clients brought one or more children with them to the shelter.

The forms also show that the number of physically abused children is 347 (172 males and 175 females). This means that for those women for whom information was available, approximately 35 percent had children who were also physically abused. As other research has shown, these abused children often grow up to be abused adults or to become the abuser themselves.

Services

Program effectiveness is also determined by the shelter provided and the services offered. Most centers have an adequate facility for their present needs and each offers comprehensive counseling services. The impact of counseling services has not been measured because of the problems associated with follow-up and tracking.

After counseling, referrals to community agencies is the second largest area of service provided by the shelters. Some of these services are legal aid, community mental health, food stamps, hospitals, State employment, CETA, Vocational Rehabilitation, Housing and Urban Development (HUD), women's resource programs, Easter Seals, community child care, community colleges and county adult education programs. Social services are readily available in all communities, and the shelters assist women in gaining easy access to these agencies. In this way, the spouse abuse programs have impacted positively on clients' lives. Finding enough low-cost housing and assisting clients in securing employment are the two notable exceptions.

Summary

The greatest programmatic impact to date has been in the areas of counseling services, referral services, assistance in meeting and progressing towards goals and encouragement to examine and change their home situation.

Most centers are past the stage of initial start-up that involved custodial care of clients. They are at the second stage of implementing service and procedure improvements that are needed in order for efficient and effective programs to develop. The third and next logical stage involves more public awareness, community support and measurement of outcomes. Within the next two years we should begin to see the results of this measurement.

CONCLUSIONS AND RECOMMENDATIONS

Florida has enacted excellent legislation on spouse abuse. Funding from marriage license fees is a creative way to combat one of society's most difficult and hidden social problems. The 15 funded spouse abuse centers have been developed on a sound foundation to provide valuable services, and the centers have been strategically placed to cover major population areas with at least one in each district. Clients have been assisted in 59 counties. Rapid growth of these centers will take place over the next few years and along with the growth, some improvements are needed.

Spouse abuse is a complex problem that affects each member of a family situation. The primary focus of programs has been on the one abused and secondary attention given to the assailant and the children involved. However, if the problem is to be treated successfully, a family-oriented approach needs to be taken. If the abuser has not changed his behavior, we have not solved the problem, and society becomes the loser. Therefore, the Office of Evaluation and the Aging and Adult Services Program Office recommend the transfer of the Spouse Abuse Program from Aging and Adult Services to the newly created Children, Youth and Families Program Office.

At the present time, only two centers work with a meaningful number of abusers. The other centers do not have the capability of addressing this need themselves, particularly not at their present funding levels. However, at minimum, a good referral system should be implemented and additional community counseling programs developed for the assailants. Referrals must also be made to confront the related problems of alcohol abuse and unemployment.

The physical and mental abuse experienced by children in violence-prone families deserves maximum attention. Appropriate action can be taken for these children to prevent future problems for them and society by providing therapeutic day care and counseling by professionals who have a special knowledge of children's concerns.

The money generated by MLFTF is not expected to increase significantly in order to meet the demands of developing centers with comprehensive services. The center directors indicated that a lack in the funding needed is their major concern. Many centers need a larger facility, a day care program for the children, counseling services for children, counseling services for abusers and more highly qualified staff members to assist the abused spouse. An additional funding source needs to be provided. The loss of LEAA funds will affect significantly those programs that depended on that funding.

With the increase in funding, it should be possible to allow each center to apply for as much as \$50,000 as stated in the Spouse Abuse Act. Currently, budget constraints provide a maximum of \$50,000 to each district, thereby putting centers in Districts IV, VI and VIII in direct competition for funds. Shelter directors have indicated that they do not like being in a competitive position with those they need to depend on for a cooperative relationship in regards to referrals. Those districts with more than one shelter have large geographic boundaries that prohibit them from serving all the abused women in a single facility.

Another area that needs improvement is in making low-cost housing available and food stamps available more quickly. Shelters can work towards developing a loan program for rents and deposits, obtaining transitional apartments and getting women on a preferred waiting list for subsidized housing. The State and HRS need to examine the reasons for such inconsistencies in the amount of time to process food stamp applications across the State. When abused women are able to receive food stamps within three days, they benefit and the shelters benefit.

Data collection, follow-up and tracking procedures need to be strengthened within the coming year. Data cards on each client must be collected with correct information to determine programmatic impact and to plan programs effectively. Centers need to separate out the number of women served

from the number of children served. The data cards should be sent to the district offices and forwarded to HRS Headquarters. A more extensive follow-up and tracking system would assist in measuring the impact of counseling services on the lives of abused women. An effort must be made to determine the effects of the counseling programs and services of the spouse abuse shelters.

The information compiled on clients to date indicates a lack of representation by minority groups. A more concerted outreach effort should be established in those areas with large minority groups.

An annual report to the Legislature on spouse abuse as required by Chapter 409.604 is probably not necessary. Now that the program is into its second year, it could be evaluated under the requirements of Chapter 20.19(10).

Finally, research similar to the Lou Harris Kentucky Study is needed to assess the incidence of abuse in Florida. Without knowing what part of the population is affected, planning becomes ineffective and measurement of impact is meaningless.

In working to strengthen an existing network of support for the abused spouse in Florida by treating the assailant as well as the victim, the Florida spouse abuse programs can make a valuable contribution to the State. By facing the problem now, we will work to dispel Harris' theory that a

CONTINUED

1 OF 2

violence-prone generation is emerging that will substantially increase future family violence.

Recommendation 1

The Spouse Abuse Program should be transferred from the Aging and Adult Services Program Office to the Children, Youth and Families Program Office.

Recommendation 2

The funding level for each center needs to be increased by searching for an additional source to be combined with the MLFTF funds.

Recommendation 3

Program components should be added, contingent on additional funding, that include counseling for the assailants, counseling for the children of abused persons, and day care facilities for the children.

Recommendation 4

Shelters should work towards making low-cost housing available for clients once they leave the shelter, and HRS along with the shelters should work toward making food stamps available more quickly.

Recommendation 5

Data collection, follow-up and tracking procedures need to be strengthened. These procedures will be carried out by the centers and enforced by HRS.

Recommendation 6

An effort will be made by the centers to bring the services and benefits of the program to minority clients.

Recommendation 7

An annual report to the Legislature should not be required. The spouse abuse program should be evaluated under the requirements of Chapter 20.19(10).

Recommendation 8

An incidence study should be conducted to assess the incidence of abuse in Florida.

BIBLIOGRAPHY

- Carlson, Bonnie. "Battered Women and Their Assailants." Social Work, 1977, 22(6), 455-460.
- Davidson, Terry. Conjugal Crime: Understanding and Changing the Wifebeating Pattern. New York: Hawthorne, 1978.
- Eisenberg, Sue E. and Micklow, Patricia L. "Assaulted Wife: 'Catch 22' Revisited." Women's Rights Law Reporter, 1977, 3(3-4), 138-161.
- Elbow, Margaret. "Theoretical Considerations of Violent Marriages." Social Casework, 1977, 58(9), 515-526.
- Fassberg, Evelyn et. al. Crimes of Violence Against Women: Rape/Battered Women. Hackensack, New Jersey: Bergen County Advisory Commission on the Status of Women, 1977.
- Gaguin, Deidre A. "Spouse Abuse: Data from the National Crime Survey." Victimology: An International Journal, 1977, 2(3-4), 632-643.
- Gelles, Richard J. Violent Home. Beverly Hills: Sage Publications, 1974.
- Hammond, Nancy. Domestic Assault: A Report on Family Violence in Michigan. Lansing, Michigan: Michigan Women's Commission, 1977.
- Harris, Louis and Associates. A Survey of Spousal Violence Against Women in Kentucky. New York: Louis Harris and Associates, 1979.
- Hilberman, Elaine and Munson, Kit. "Sixty Battered Women." Victimology: An International Journal, 1977, 2(3-4), 460-470.
- Martin, Del. Battered Wives. San Francisco: Glide Publications, 1976.
- Pizzey, Erin. Scream Quietly or the Neighbors Will Hear. Short Hills, N.J.: Ridley Enslow Publishers, 1974.

Project SHARE Human Services Bibliography Series, Issues in Domestic Violence. Rockville, MD: National Clearinghouse for Improving the Management of Human Services, 1980.

Rounsaville, Bruce J. "Battered Wives: Barriers to Identification and Treatment." American Journal of Orthopsychiatry, 1978, 48(3), 487-494.

Roy, Maria (ed.). Battered Women: A Psychosociological Study of Domestic Violence. New York: Van Nostrand Reinhold Co., 1977.

Smith, Stanley K., and Lewis, Bart B. "Projections of Florida Population by Age and Sex, 1980-2020." Bureau of Economic and Business Research, University of Florida, July 1979.

Steinmetz, Suzanne K. Resource Booklet for Families in Crisis. Wilmington, Delaware: Governor's Commission on the Status of Women, 1978.

Walker, Lenore E. Battered Women. New York: Harper and Row, 1979.

APPENDIX A
SPOUSE ABUSE ENTRANCE AND EXIT FORMS

AGING AND ADULT SERVICES DATA CARD FOR THE SPOUSE ABUSE PROGRAM

ENTRANCE FORM

1. _____
(PROGRAM NAME)

2. DATE THAT CLIENT ENTERED PROGRAM
MONTH DAY YEAR

CLIENT DEMOGRAPHICS

3. ENTER CLIENT'S SOCIAL SECURITY NUMBER. (IF CLIENT DOESN'T HAVE OR WISH TO REVEAL THE SOCIAL SECURITY NUMBER, ENTER YOUR PROGRAM'S CLIENT ID NUMBER.)

4. CLIENT'S AGE IN YEARS _____

5. SEX OF CLIENT (CIRCLE ONE) 1. MALE 2. FEMALE

6. RACE (CHECK ONE)
1. WHITE 2. BLACK 3. ORIENTAL 4. AMERICAN INDIAN 5. OTHER, SPECIFY

7. CLIENT'S OCCUPATION (CIRCLE ONE)
1. PROFESSIONAL/MANAGER 2. PROPRIETOR 3. CLERICAL WORKER 4. SALES WORKER 5. SKILLED CRAFTSMAN, FOREMAN 6. OPERATIVE, UNSKILLED LABORER (EXCEPT FARM) 7. SERVICE WORKER 8. FARMER, FARM MANAGER, FARM LABORER 9. HOMEMAKER 10. OTHER (SPECIFY) _____

8. CURRENT EMPLOYMENT STATUS (CHECK ONE)
1. EMPLOYED FULL-TIME 2. EMPLOYED PART-TIME 3. NOT EMPLOYED

9. CLIENT'S SALARY (CIRCLE ONE)
1. UNDER \$7,500 2. \$7,500 - \$14,999 3. \$15,000 - \$24,999 4. \$25,000 - AND OVER

10. ENTER CLIENT'S GROSS MONTHLY INCOME (TO NEAREST DOLLAR)

11. LAST YEAR OF EDUCATION COMPLETED _____

12. TOTAL NUMBER OF CHILDREN _____

13. IF CLIENT RECEIVED SHELTER, HOW MANY OF THESE ENTERED SHELTER WITH THE CLIENT? _____ (NUMBER)

II. ABUSER DEMOGRAPHICS

14. AGE (IN YEARS) _____

15. RACE (CHECK ONE)
1. WHITE 2. BLACK 3. ORIENTAL 4. AMERICAN INDIAN 5. OTHER, SPECIFY

16. STATUS TO CLIENT (CHECK ONE)
 1. MARRIED AND LIVING WITH CLIENT 2. MARRIED AND NOT LIVING WITH CLIENT 3. LEGALLY SEPARATED 4. DIVORCED 5. COHABITATING

17. ABUSER'S OCCUPATION (CIRCLE ONE)
 1. PROFESSIONAL/MANAGER 2. PROPRIETOR 3. CLERICAL WORKER 4. SALES WORKER 5. SKILLED CRAFTSMAN, FOREMAN 6. OPERATIVE, UNSKILLED LABORER (EXCEPT FARM) 7. SERVICE WORKER 8. FARMER, FARM MANAGER, FARM LABORER 9. OTHER (SPECIFY) _____

18. CURRENT EMPLOYMENT STATUS OF ABUSER (CHECK ONE)
 1. EMPLOYED FULL-TIME 2. EMPLOYED PART-TIME 3. NOT EMPLOYED

19. LAST YEAR OF EDUCATION COMPLETED _____

20. WHEN WAS CLIENT FIRST PHYSICALLY ABUSED BY CURRENT ABUSER? (CIRCLE ONE)
1. CURRENT INCIDENT 2. WITHIN LAST 6 MONTHS 3. 6 MONTHS TO 1 YEAR AGO 4. 1 TO 5 YEARS AGO 5. MORE THAN 5 YEARS AGO 6. N/A

AGING AND ADULT SERVICES DATA CARD FOR THE SPOUSE ABUSE PROGRAM

EXIT FORM

1. (PROGRAM NAME) 1 2 3

2. CLIENT'S ID AS SUBMITTED ON EARLIER FORM 4 5 6 7 8 9 10 11 12

3. DOES CLIENT HAVE PARENTS WHO ABUSED EACH OTHER?
1-YES 2-NO 3-DON'T KNOW 13

4. HAS THE CLIENT'S CHILDREN BEEN ABUSED?
1-YES 2-NO 3-DON'T KNOW 4-N/A 14

5. BY WHAT OTHER PEOPLE HAS CLIENT BEEN ABUSED? (CHECK ALL THAT APPLY.)

1. <input type="checkbox"/> FORMER MATE	6. <input type="checkbox"/> SISTER
2. <input type="checkbox"/> MOTHER	7. <input type="checkbox"/> PERSONAL FRIENDS
3. <input type="checkbox"/> FATHER	8. <input type="checkbox"/> FAMILY FRIENDS
4. <input type="checkbox"/> RELATIVE	9. <input type="checkbox"/> OTHER (SPECIFY) 15 16 17
5. <input type="checkbox"/> BROTHER	

6. IS THE CLIENT/ABUSER UNDER THE INFLUENCE OF ALCOHOL/DRUGS WHEN ABUSE TOOK PLACE? (CIRCLE)

1. CLIENT ALCOHOL:	NEVER	SOMETIMES	FREQUENTLY	DAILY	18
2. CLIENT DRUGS:	NEVER	SOMETIMES	FREQUENTLY	DAILY	19
3. ABUSER ALCOHOL:	NEVER	SOMETIMES	FREQUENTLY	DAILY	20
4. ABUSER DRUGS:	NEVER	SOMETIMES	FREQUENTLY	DAILY	21

7. HOW MUCH DOES THE CLIENT/ABUSER USE ALCOHOL/DRUGS? (CIRCLE)

1. CLIENT ALCOHOL:	MILD	MODERATE	HEAVY	22
2. CLIENT DRUGS:	MILD	MODERATE	HEAVY	23
3. ABUSER ALCOHOL:	MILD	MODERATE	HEAVY	24
4. ABUSER DRUGS:	MILD	MODERATE	HEAVY	25

8. LIST OTHER COMMUNITY AGENCIES THAT HAVE HELPED THIS CLIENT. 26 27 28 29

9. WERE THE GOALS IN THE CLIENT'S TREATMENT PLAN FOR THE PROGRAM REACHED?

1. YES 30

2. NO, BUT SUBSTANTIAL PROGRESS MADE _____

3. NO, LITTLE OR NO PROGRESS MADE _____

10. AT EXIT FROM PROGRAM, WHAT IS CLIENT'S STATUS?

1. LOCATED OWN HOUSING/NOT CONSIDERING A RETURN TO SPOUSE/MATE
2. LOCATED OWN HOUSING/CONSIDERING A RETURN TO SPOUSE/MATE
3. TRANSFERRED/OTHER PROGRAM FOR SECURITY
4. LIVING WITH FAMILY AND FRIENDS/IN-STATE
5. LIVING WITH FAMILY AND FRIENDS/OUT-OF-STATE
6. HOME/IMPROVED SITUATION
7. HOME/BUT SPOUSE VACATED
8. HOME/NO APPARENT CHANGE IN SITUATION
9. DON'T KNOW

11. UPON LEAVING PROGRAM, WAS CLIENT EMPLOYED? (CIRCLE)

1. YES, FULL-TIME
2. YES, PART-TIME
3. NO
4. DON'T KNOW

12. IS THE CLIENT PLANNING TO RECEIVE COUNSELING OR THERAPY AFTER LEAVING THE PROGRAM (CIRCLE ONE)

1. YES
2. NO
3. DON'T KNOW

13. DATE CLIENT LEFT PROGRAM 34 35 36 37 38

TO ASK CLIENT

14. DID CLIENT RECEIVE ALL SERVICES THAT SHE NEEDED?
1-YES 2-NO 41 42

15. IF NOT, LIST SERVICES THAT SHE WOULD HAVE LIKED TO RECEIVE. _____

16. HAVE CLIENTS RATE THE SERVICES THEY RECEIVED FROM SHELTER. (CIRCLE ONE)

1.-EXCELLENT	3.-GOOD	5.-POOR
2.-VERY GOOD	4.-FAIR	

APPENDIX B

DATA ON SPOUSE ABUSE FOR THE PERIOD OF
 JULY 1, 1979 TO JUNE 30, 1980 COLLECTED
 FROM THE SPOUSE ABUSE INTAKE FORM USED
 BY THE 15 SHELTERS

TABLE 1

*CLIENT'S SEX/RACE

	Female	Male	Total
White	1037 (77%)	3 (1%)	1040 (77%)
Black	240 (18%)		240 (18%)
Oriental	16 (1%)		16 (1%)
Indian	8 (1%)		8 (1%)
Other	45 (3%)		45 (3%)
Total	1346	3	1349

*The clients' ages ranged from 15 to 72. the mean age was 30.24.

TABLE 2

*ABUSER'S SEX/RACE

	Male	Unknown	Total
White	877 (65%)		877 (65%)
Black	259 (19%)		259 (19%)
Oriental	7 (1%)		7 (1%)
Indian	5 (1%)		5 (1%)
Unknown		166 (12%)	166 (12%)
Other	42 (3%)		42 (3%)
Total	1190	166	1356

*The abusers' ages ranged from 15 to 86. The mean age was 32.23.

TABLE 3

CURRENT CLIENT EMPLOYMENT STATUS

Full-time Employed	Part-time Employed	Not Employed	Total*
348 (26%)	79 (6%)	896 (66%)	1323

*There were 33(2%) unknown.

TABLE 4
CLIENT'S LAST YEAR OF EDUCATION COMPLETED

Grade					College				
8 & below	9	10	11	12	1 yr.	2 yrs.	3 yrs.	4 yrs.	
125 (9%)	86 (6%)	142 (10%)	157 (10%)	444 (33%)	87 (6%)	79 (6%)	28 (2%)	25 (2%)	
					Graduate School				
					1 yr.	2 yrs.	3 yrs.	4 yrs.	Total*
					2 (1%)	7 (1%)	2 (1%)	2 (1%)	1166

*There were 190 (14%) unknown.

TABLE 5
ABUSE STATUS OF CHILDREN

*Number	Yes	No	Total
1	124 (9%)	941 (69%)	1065 (79%)
2	113 (8%)	549 (40%)	662 (49%)
3	65 (5%)	267 (20%)	332 (24%)
4	31 (2%)	108 (8%)	139 (10%)
5	14 (1%)	35 (3%)	49 (4%)
Total	347	1900	2247

*Child 1 is youngest, child 5 means there are at least 5 children in the family. Refer to question 15 in the questionnaire.

TABLE 6
CHARACTERISTICS OF ABUSED CHILDREN

Age/Year	Sex		Total
	Male	Female	
0-3	49 (4%)	35 (3%)	84 (6%)
4-7	45 (3%)	43 (3%)	88 (6%)
8-11	28 (2%)	46 (3%)	74 (5%)
12-15	31 (2%)	26 (2%)	57 (4%)
16-19	12 (1%)	13 (1%)	25 (2%)
20-above	7 (1%)	12 (1%)	19 (1%)
Total	172	175	347

TABLE 7
HAS CLIENT EVER BEEN TO A SHELTER BEFORE?

No	1054 (78%)
Yes, once	167 (12%)
Yes, twice	30 (2%)
Yes, three times	7 (1%)
Yes, more than three times	7 (1%)
*Total	1265

*There were 91 (7%) unknown.

TABLE 8
STATUS OF CLIENTS

Married and living with abuser	821 (61%)
Cohabiting	229 (17%)
Married, not living with abuser	167 (12%)
Divorced	31 (2%)
Legally separated	13 (1%)
Other	9 (1%)
*Total	1270

*There were 86 (6%) unknown.

TABLE 9
CURRENT EMPLOYMENT STATUS OF ABUSER

Full-time Employed	Part-time Employed	Not Employed	*Total
731 (54%)	64 (5%)	305 (22%)	1100

*There were 256 (19%) unknown.

TABLE 10
IS ABUSER GENERALLY EMPLOYED?

Yes, generally employed	738 (54%)
No, generally unemployed	242 (18%)
Unknown	376 (28%)
Total	1356

TABLE 11
ABUSER'S LAST YEAR OF EDUCATION COMPLETED

Grade					College				*Total
8 & below	9	10	11	12	1 yr.	2 yrs.	3 yrs.	4 yrs.	
154 (11%)	66(5%)	106(8%)	76(6%)	326(24%)	38(3%)	57(4%)	8(1%)	40(3%)	
					Graduate School				
					1 yr.	2 yrs.	3 yrs.	4 yrs.	
					5(1%)	5(1%)	--	14(1%)	895

*There were 461(34%) unknown.

TABLE 12
DOES ABUSER HAVE PARENTS WHO ABUSE EACH OTHER?

Yes	376 (28%)
No	295 (22%)
Don't know	498 (37%)
*Total	1169

*There were 187(14%) unknown.

TABLE 13
WHERE DID ABUSES OCCUR?

Home	990 (75%)
Relative's home	31 (2%)
Motel/hotel	14 (1%)
Friend's home	20 (1%)
Vehicle	18 (1%)
Public place	36 (3%)
Other	39 (3%)
*Total	1148

*There were 208(15%) unknown.

TABLE 14
TIME OF DAY ABUSE OCCURED

Morning	165 (12%)
Afternoon	115 (8%)
Early evening	196 (14%)
Evening	426 (31%)
Varies	36 (3%)
*Total	938

*There were 418(31%) unknown.

TABLE 15
DAY OF WEEK ABUSE OCCURED

Monday	113 (8%)
Tuesday	115 (8%)
Wednesday	115 (8%)
Thursday	105 (8%)
Friday	158 (12%)
Saturday	135 (10%)
Sunday	137 (10%)
Varies	43 (3%)
*Total	921

*There were 435(32%) unknown.

TABLE 16
FACTORS CLIENT BELIEVES ARE RESPONSIBLE FOR BATTERING

Money/finances	497 (35%)
In-laws	70 (5%)
Client's pregnancy	33 (2%)
Abuser's jealousy	359 (26%)
Client's jealousy	63 (5%)
Child care	82 (6%)
Client's behavior/attitude	280 (21%)
Employment	50 (4%)
Housekeeping	44 (3%)
Other (specify)	253 (19%)
Total	1713

TABLE 17
DOES CLIENT ATTRIBUTE OWN BEHAVIOR TO INFLUENCE OF ALCOHOL OR DRUGS?

	Alcohol	Drugs
Yes	128 (9%)	36 (3%)
No	936 (69%)	911 (67%)
Unknown	292 (22%)	409 (30%)
Total	1356	1356

TABLE 18
DOES CLIENT ATTRIBUTE ABUSER'S BEHAVIOR
TO ALCOHOL OR DRUGS?

	Alcohol	Drugs
Yes	679 (50%)	232 (17%)
No	370 (27%)	688 (51%)
Unknown	307 (23%)	436 (32%)
Total	1356	1356

TABLE 19
TIME CLIENT FIRST PHYSICALLY ABUSED BY
CURRENT ABUSER

Current incident	210 (15%)
Within last 6 months	193 (14%)
6 months to 1 year ago	143 (11%)
1 to 5 years ago	328 (24%)
More than 5 years ago	195 (14%)
*Total	1069

*There were 287(21%) unknown.

TABLE 20
DOES CLIENT HAVE PARENTS THAT ABUSE EACH OTHER?

Yes	239 (18%)
No	620 (46%)
Don't know	294 (22%)
*Total	1153

*There were 203(15%) unknown.

TABLE 21
SERVICES RECEIVED AT SHELTER

Counseling services of shelter employees	1104 (81%)
Day care for child	319 (24%)
Group or family therapy	396 (29%)
Housing/shelter	993 (73%)

TABLE 22
SERVICES RECEIVED ELSEWHERE

Legal aid	106 (8%)
Food stamps	160 (12%)
Aid to families with dependent children	61 (4%)
Employment	94 (7%)

TABLE 23
SERVICES REFERRED

Legal aid	259 (19%)
Food stamps	349 (26%)
Aid to families with dependent children	182 (13%)
Employment	163 (12%)
Job training/ education	136 (10%)

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END