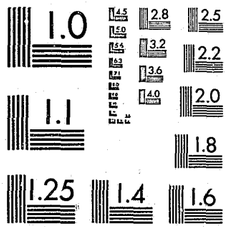

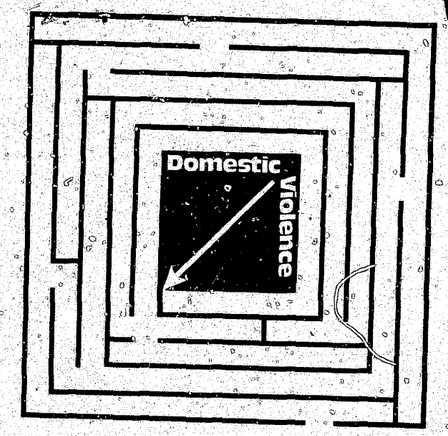

Domestic Violence

FINAL REPORT: VOLUME II

A PRESENTATION OF THREE CASE STUDIES TO ILLUSTRATE VARIOUS RESPONSES TO THE PROBLEM OF DOMESTIC VIOLENCE

Vol 2

Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Washington, D.C. 20201

FINAL REPORT: VOLUME II

A PRESENTATION OF THREE CASE STUDIES
TO ILLUSTRATE VARIOUS RESPONSES
TO THE PROBLEM OF DOMESTIC VIOLENCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF PROGRAM SYSTEMS

OCTOBER 1981

200 INDEPENDENCE AVENUE, S.W., WASHINGTON, D.C. 20201

ACKNOWLEDGEMENTS

The staff of CSR, Incorporated, wish to acknowledge Barbara Soule Carlson, primary author of the case study on California; Judith Regner, primary author of the case study on Michigan; and Major Sel Patricia H. Frederick, U.S.M.C., primary author of the case study on Camp Pendleton. We also want to thank the many other individuals who contributed their time and knowledge to this special study effort.

This report was developed by CSR, INCORPORATED, under a contract from the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services (HHS-100-79-0815), and is part of a three volume report on the delivery of services to victims of domestic violence. However, the results and opinions expressed in this report do not necessarily reflect the position or policy of the Department.

TABLE OF CONTENTS

PREFACE

The three case studies which follow provide the opportunity to describe, in detail, local responses to the problem of domestic violence. Each case study focuses on a different aspect of the service delivery system.

The first case study examines the responses of program staff across five communities in California. DHHS funded program staff, as well as staff from grassroots organizations, were interviewed by CSR field staff to gain their perspectives on current and future domestic violence intervention strategies. This case study also provides information on the services offered by some of these programs to abused Asian and Hispanic women.

The second case study focuses on two shelter programs in Michigan which are partially supported by State funding. Staff from both of these programs have developed extensive coordination linkages with other local service providers in their respective communities. CSR field staff interviewed the shelter staff and the other individuals working in cooperation with them. Experiences in generating community support for assisting battered women and their families are presented in this case study.

The last case study highlights the activities occurring on and near Camp Pendleton, a Marine base in California, to assist military families experiencing spouse abuse. Primarily through the commitment of a few military personnel and the staff of a shelter in the neighboring community, the spouse abuse program at Camp Pendleton has evolved into an exemplary model. This case study also summarizes interviews conducted by CSR field staff with military personnel from a large Army post and from an Air Force installation. Both of these latter bases are located in sites selected for this study's Community Survey.

These three case studies represent only a portion of the total effort made by the Department of Health and Human Services and CSR, Incorporated, to assess the range of services for abused spouses and their families across the country. Since it is helpful to place these case studies within the context of the entire study, the reader is referred to the Final Report, "Services to Victims of Domestic Violence: A Review of Selected Department of Health and Human Services Programs," and another supplement, "State Profiles on Services to Victims of Domestic Violence."

A CASE STUDY ON CALIFORNIA'S RESPONSE TO THE PROBLEM OF DOMESTIC VIOLENCE

INTRODUCTION

Five communities in California were randomly selected for this case study to fully illustrate one State's responsiveness to the needs of battered women and their families. The purposive selection of California for this illustration was based on three primary reasons.

First, California is a progressive State with regard to both legislation for and services provided to battered women and their families. California passed SB 91 which funds six demonstration projects, and SB 1246 which allocated marriage license fee monies for local domestic violence programs. The proposed Department of Social Services rewrite of the California Welfare and Institutions Code through SB 1726 may result in Social Services goals for victims of domestic violence.

Second, across California, groups such as the Western States Shelter Network and the Commission on the Status of Women are active in advocating for legislative and public agency change to better serve battered women. Many local coalitions have formed to promote similar activities on a community level. Finally, California's population, comprised of high numbers of Hispanics and Asians offers the opportunity to examine the extent to which battered Hispanic and Asian women are served by DHHS funded and other community based programs.

Five different programs were initially selected for study in each community surveyed. Three domestic violence programs were added as the study progressed. Personal interviews were conducted with the programs' administrators and line staff.

Generally, the findings from these interviews show that the specialized community based programs are most directly involved with the problem of family violence. With the stabilization of many of these programs, there is now a perceived need for long-term planning. More aggressive attempts to work with batterers and to minimize the trauma to their children through counseling are seen as high need areas. Likewise, second-stage housing and longer term services for battered women are still unmet areas of need.

In addition, the findings show that there are a variety of local DHHS funded program activities geared toward making services available to domestic violence victims. There is a sense that mandates are needed if services are to be focused on battered women, with the staff warning that further mandates without accompanying funding increases will only cause administrative hardships for local programs.

Coordination and comprehensive information dissemination regarding available resources and legal options for battered women are areas of need cited almost universally by all respondents. Increasing criminal justice system responsiveness is seen as a critical first step in any strategy to assist domestic violence victims.

Although California has progressive legislation and a progressive service delivery system, an additional burden soon may be placed on the State. As

community awareness of domestic violence increases, it is likely that reporting requirements and requests for services also will increase. If a comprehensive community-based response with accompanying funding is not forthcoming, State level agencies may experience increased pressure for services.

The following presentation provides, on a program-by-program basis, the detailed findings from the interviews conducted with local staff in California. When relevant, findings from additional interviews with State level program respondents also are included in the discussion.

THE AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM (AFDC)

The AFDC program in California furnishes financial assistance to single parents with dependent children and intact families where the primary wage earner is unemployed; pregnant women with no children who meet the income and asset criteria also are eligible.

Administrators and line staff from one AFDC program in a predominantly rural community were interviewed for the current study. Other program respondents' comments which relate to the AFDC program have been included in this brief description.

Scope of Program Efforts

The AFDC program considered in this analysis has no definition of domestic violence nor any goals or activities targeted specifically on battered women. According to a State level AFDC respondent, however, the goal of avoiding family disintegration could include battered women and their families. This is reinforced by the inclusion of intact families in California's AFDC-eligible population.

No social assessment is performed for applicants to this local AFDC program. In accordance with program policy, referrals are made to social services only if they are requested by the client. A respondent from a Title XX Social Services program in another community, however, noted the implementation of a new procedure to assess service needs of all AFDC applicants; this procedure is seen as enhancing information dissemination and service provision to all applicants, including battered women.

Respondents expressed the need for a special "one time only" emergency fund within the AFDC program to administer grants to battered women who are not income eligible.* Other potential AFDC program activities mentioned were staff training as well as dissemination of resource information in the group intake session conducted for all AFDC applicants.

Barriers to Service Delivery

The major barriers cited by AFDC respondents pertain to the program's intake and eligibility process. First, computation of income and assets is based on legal residence; usually a battered woman, at the time of application, has not yet established an independent household and often is residing in a temporary shelter. Second, documentation (of age, citizenship, bank accounts, etc.) is often unavailable and yet must be presented prior to issuance of aid. Third, there is a lengthy waiting period for intake because of the AFDC workers' large caseloads. The program may waive child support enforcement if "good cause for non-cooperation" is shown; this is applicable to a battered woman only when she is able to demonstrate that pursuit of child support may result in harm to her or her children.

*To date, California has not participated in the Federal program which is related to the AFDC program, Emergency Assistance to Needy Families With Children (Title IVA, Social Security Act, 1967 Amendment).

An additional barrier was identified by respondents of this AFDC program and by respondents from three other programs surveyed. State policy and local practice dictate that income maintenance workers are not to become involved in the social/emotional needs of their clients; generally, service assessments are not conducted and referrals are not made. This practice emanates primarily from Federal regulations which separate eligibility worker and social worker functions. Because income assistance may be the initial point of entry to the service delivery system for a battered woman, this separation is viewed as fragmenting services and as limiting clients' subsequent access to services.

Program Linkages

No formal or informal agency linkages were developed by this AFDC program with other programs. Respondents from two programs in another community, however, stated that liaison work with their local AFDC program resulted in the forwarding of aid checks to the local shelter's post office box.

Summary

There is reason to believe that local variability exists among AFDC programs with regard to coordination activities which facilitate receipt of aid by battered women. The separation of income maintenance workers from other service workers, which results in a lack of worker communication across divisions often serving the same clients, appears to have negative consequences.

Although a major change in the eligibility determination to automatically include battered women is not considered feasible, an emergency fund for such special circumstances is seen as within the scope of the AFDC program. Staff are aware of the problem of domestic violence; however, given limits on staff and program priorities, AFDC's role is likely to be limited to a referral source, or possibly to developing ways to expedite the application process.

THE CHILD WELFARE SERVICES PROGRAM

Child Welfare Services in California are available to the total State population regardless of income, but funding limitations necessitate setting priorities for services. Thus, protective services to children and services to families with limited resources have become the program's priorities.

Services reflect the Federal program purpose to assist children whose basic needs are unmet by supplementing or substituting for parental care and supervision. In California, most Child Welfare Services are funded by Title XX, with Title IVB funds used primarily for emergency 24-hour care for children, transportation, and, less frequently, for the purchase of medical care.

Two Child Welfare Services programs were surveyed in California. However, because of the predominance of Title XX Social Service funding of Child Welfare Services, respondents from one additional program were interviewed to gain a more complete overview of that community's Social Services. Data from these three programs are included in the following discussion.

Scope of Program Efforts

None of the Child Welfare Services programs have a definition of domestic violence; nor do they have goals or activities targeted on battered women. However, all respondents reported direct contact with battered women in their caseloads. Two programs focus on maintaining the family unit. As a result, battered women may receive counseling support, although the programs' primary concern remains protection of the child. Part of one program's intake assessment process involves probing for "critical problems affecting the (child's) mother." One program in an urban community has a reunification unit which works with natural parents toward returning children home from placement; staff reported that their services include counseling battered women. Due to successive Title XX cutbacks, another community program has closed its family services unit and currently offers only child protective services. In this program, whenever spouse abuse is identified by program staff, referrals are made to a local shelter.

The frequent lack of follow through by battered women has left some staff with a negative attitude toward the potential effectiveness of providing them with additional services. There was no agreement among respondents as to Child Welfare Services' potential role in serving battered women. Staff from one program envisioned no increased role, as they are experiencing a 12 to 15 percent increase in child welfare referrals. On the other hand, staff from another program believe that Child Welfare Services should be actively involved in funding shelters and respite care for the children of battered women. Provision of a staff liaison worker to coordinate with local shelters and programs serving battered women also was mentioned as a feasible and necessary activity. Line staff of the third program expressed strong feelings that Child Welfare Services and Social Services should not become involved in direct services to battered women; significant legal and bureaucratic constraints and staff attitudes are believed to prohibit this program's effectiveness with battered women.

Barriers to Service Delivery

The most frequently mentioned barrier to serving battered women within the Child Welfare Services structure is the fact that all funding and mandates are specifically targeted on children. Further, it appears that battered women do not view Child Welfare Services as a place to seek help; one respondent believes that battered women do not seek help from Child Welfare Services for fear of losing custody of their children.

Various aspects of the legal procedures applicable in domestic violence cases were cited as significant barriers to service provision. Temporary restraining orders lack "force" because the "piece of paper" is not supported by concurrent protection. Also, the court requirement that a woman file for separation or divorce before obtaining a temporary restraining order is seen as restricting protection for a woman who is not yet ready to take such an action. Two respondents cited law enforcement's policy of non-intervention through low priority response codes as another example of lack of protection. One respondent from an urban community stated that police habitually do not respond to calls in ghetto areas. In one incident, she personally went to the home and called the police. When the police saw that she was present, they immediately left.

One effort was cited as potentially offering more protection for battered women; a 1979 State Assembly Bill mandates police to keep statistics on spouse abuse cases and also permits a woman to make a citizen's arrest if she has been abused. Much of the Bill's effect, however, depends on local follow through.

Respondents anticipate few other changes to facilitate increased service provision to battered women. The funding picture is bleak and staff must struggle as it is to provide the most basic mandated services to children.

Actions Taken by Administrators/Line Staff

The administrator of one Child Welfare Services program reported on a subgrantee arrangement with a local shelter. Through this arrangement, child care monies could be forwarded to the shelter for the care of the children of battered women until AFDC eligibility was established. Staff of this same program received in-service training which focused on spouse abuse as well as child abuse. The program's legislative lobbyist reportedly has given positive input on all proposed State legislation related to domestic violence issues.

Two persons interviewed from another community's Child Welfare Services program were personally knowledgeable of services to and needs of battered women because of involvement in local women's groups and programs serving battered women. One respondent is a board member of an agency providing counseling and advocacy services to battered women.

Despite a few individual efforts, however, it must be stressed that activities focusing on battered women continue to be minimal, and several respondents indicated that services for battered women are not within the realm of possible activities for Child Welfare Services.

Program Linkages

Aside from the subgrantee arrangement previously mentioned, none of the surveyed Child Welfare Services programs reported any coordination activities with other agencies on behalf of battered women. Local shelter staff have attended Child Welfare Services staff meetings to share information; respondents of all three programs indicated that referrals often are made to shelters. There is little follow-up or joint case planning. State administrators who were interviewed indicated that State level Child Welfare Services staff have been involved in informal coordination with the staff of the State's domestic violence project. These coordination activities focused on the need for emergency shelters for the children of battered women.

Summary

Overall, the Child Welfare Services program in California is not actively involved in services to battered women. Attitudes toward the problem of spouse abuse varied, as did the role envisioned for Child Welfare Services with regard to this population. Respondents from the largest urban community surveyed were most sensitive to the problem of domestic violence and reported the greatest staff activity in this area. Among the activities considered feasible for Child Welfare Services were provision of ancillary programs for battered women through coordination activities, provision of respite care and counseling for children, and provision of funds to shelters.

THE MEDICAID PROGRAM (TITLE XIX)

The Medicaid program, termed Medi-Cal in California, provides medical assistance to a broad range of eligible populations. These include: 1) persons of all ages who are categorically linked, 2) persons between 18 and 64 who are medically indigent, and 3) medically needy persons of all ages.

The following discussion of the Medi-Cal program is based on interviews with administrators and line staff responsible for determining applicant eligibility in one community.

Scope of Program Efforts

The Medi-Cal program surveyed does not have a definition of domestic violence nor any goals or activities pertaining to victims of domestic violence. However, eligibility criteria are broad and, therefore, assistance is considered ex- tremely accessible to battered women. "Lack of availability of resources" may provide for asset exemptions in the eligibility determination of an applicant.
The program surveyed has emergency procedures for "urgent" cases; eligibility workers are stationed at local hospitals and clinics to accept applications from medically indigent persons.

All mandated Medicaid services and all supplemental services with the exception of private duty nurses are available in California. Based on interviews with local program staff as well as State administrators, emergency medical care and professional counseling are the services considered most needed by battered women and their spouses. Community level staff also identified counseling for children of battered women as a primary need.

Respondents felt that the Medi-Cal program could broaden its scope to include activities specifically for battered women. Possible activities include community education, coordination with other service providers, and staff training in identification of abuse cases. According to interviews conducted with State administrators, some local Medi-Cal programs have made small scale community education efforts, such as development of publications and placement of public service announcements on television.

Barriers to Service Delivery

Respondents mentioned only one barrier for battered women in the eligibility determination process: procedures for verification of assets may result in a woman's whereabouts becoming known to her spouse. This is a particular problem for women from out-of-State.

Other barriers relate specifically to cultural attitudes and staffing patterns. Cultural acceptance of domestic violence within the rural, conservative community of the surveyed Medi-Cal program and indifference on the part of many professionals were cited as significant restrictions to a battered woman's either seeking help or receiving assistance. As one respondent stated, domestic violence is "not supposed to happen here." Finally, line staff expressed the feeling that the separation of eligibility worker and social worker

functions has greatly affected service provision to all persons in need. Eligibility workers are instructed not to provide direct assistance to clients; referrals for assistance are given only if specifically requested.

Actions Taken by Administrators/Line Staff

In the Medi-Cal program surveyed, some staff are personally active in developing community awareness of the problem of family violence through participation in local women's groups and advocacy for the local shelter. The Medi-Cal program manager initiated an information sharing session between local shelter staff and Medi-Cal program staff. While battered women still receive the same assistance as other eligible individuals, development of staff awareness of domestic violence is considered important.

Although not targeted specifically on victims of domestic violence, the Medi-Cal program procedure for assessing and processing "urgent" need cases may facilitate identification of and service delivery to battered women.

Summary

Based on the information gathered, the Medi-Cal program has potential to assist victims of domestic violence. The goal to provide comprehensive health care could include battered women, as the program accepts anyone who is eligible and has a medical need. A more expanded role is envisioned for Medi-Cal in the areas of community education and coordination with other service providers. Individual staff awareness of the needs of battered women results in informal intra-agency mechanisms through which a battered woman may receive sensitive processing and assistance.

THE SOCIAL SERVICES PROGRAM (TITLE XX)

The Title XX program in California provides protective services, information and referral, and family planning services to anyone in need, without regard to income. The other adult services offered are out-of-home care, health related services, and in-home supportive services; these services have income eligibility requirements and generally are limited to SSI recipients. Although protective services for adults are available to the general population, these services traditionally have been limited to disabled, blind and elderly individuals. Overall, Title XX funding service priority has focused on children's services.

Three Social Services programs, representing urban and rural counties in California, were surveyed for the current study. This description focuses on the adult services provided through Title XX programs; the children's services funded through Title XX have been discussed in the Child Welfare Services description.

Scope of Program Efforts

None of the Title XX programs surveyed have definitions or goals related to victims of domestic violence. The Federal Title XX program goals to prevent or remedy damage to adults who are harmed, threatened with harm, or caused physical or mental injury was seen as potentially including battered women. However, all respondents reported that no services are currently targeted on or made available specifically to this group.

One program respondent stated that the number of calls received from battered women within the information and referral unit prompted staff to gather information on local resources and current State activity in the area of domestic violence. A respondent from another community mentioned limited contact with elderly abused men and women. The protective services activity in these California programs reflects the limited funding available to adult service components; most activity is restricted to gaining conservatorships or legal guardianships for persons no longer able to manage their own affairs.

Staff expressed the possibility of a role for Title XX adult services in intake, crisis intervention, and administration and supervision of shelter facilities for battered women.

Barriers to Service Delivery

The decrease in Title XX monies available to fund adult programs was universally mentioned as the primary barrier to serving battered women. Proposition 13, passed by the State legislature in 1978, severely cut local property taxes and was seen as exacerbating the already bleak funding picture.

Staff perceive nothing in the Title XX mandates which limits services to battered women, since protective services are open to anyone in need. The State Department of Social Services currently is lobbying the legislature through SB 1726 to rewrite the California Welfare and Institutions Code, specifying protective service goals and activities for domestic violence and rape

victims. The two administrators who mentioned the rewrite expressed little support of the bill. Although they support the spirit of providing services to domestic violence victims, they view the bill as tying local hands further by the addition of more mandated services, with no follow-up monies. The result would be to decrease local flexibility in determining priorities, given an already overwhelming funding shortage.

Program Linkages

Two Social Services programs reported some informal networking with local programs serving battered women, but much of this activity seems dependent on individual worker interest and personal knowledge gained through other community activities. There is seldom any follow up on cases after a referral is made. However, State administrators reported that some local staff have been involved with welfare departments and other public and private agencies in coordination activities on behalf of battered women. Some local programs apparently have engaged in informal meetings, service agreements, and sharing of staff.

Actions Taken by Administrators/Line Staff

One community Social Services administrator, in cooperation with the local AFDC program, has initiated a change in procedures, requiring intake social workers to conduct social and personal assessments with all AFDC applicants. This procedure facilitates information dissemination and assistance to all clients, including battered women.

One administrator expressed a potential benefit to be derived from the passage of Federal Bill HR 3434, that is funding for residential services for battered women.

Summary

Based on the information gathered, the Title XX program is inactive in the area of domestic violence. If SB 1726 is passed, service priority will be established for battered women, but without supporting funds the effects are questionable. The general impression gained from respondents is that with State administration of the Title XX program, local communities are prohibited from assessing the particular service needs of their areas; as a result, all available monies are used to fulfill mandates. Provision of services to special need populations, such as battered women, is difficult if not impossible.

THE COMMUNITY HEALTH CENTER PROGRAM

Federal Community Health Center funds support a variety of health center operations in California. Several other Federal sources, including Title XX, Title XIX, and Title X, fund the Community Health Center programs surveyed in this study. In addition, one county health department offers mental health services through California's Short-Doyle funding.

Centers typically provide primary, supplemental, and/or environmental health services in accordance with Federal program purpose. In general, anyone in the Community Health Center's catchment area is eligible for services; centers provide services based on a sliding fee scale.

Four California Community Health Centers were surveyed. No interviews were conducted with State level administrators, as Federal Community Health funds are given directly to individual centers.

3Scope of Program Efforts

None of the four Community Health Center programs has a definition of domestic violence nor any specific goals or objectives focused on battered women. Battered women are considered eligible to receive program services, but no activities are formally targeted on this population.

One program, however, because of individual staff commitment, established services for battered women and their children. This program, operated through a county health department, provides a public health nurse to the local shelter for health screenings and assistance with in-shelter health problems. Its mental health division is active in making services available to battered women and their children. "Key people" are designated within the crisis and referral unit to conduct crisis counseling and to refer battered women to shelters and other local support services. A staff psychiatrist provides technical assistance in case management to local shelter staff, and an occupational therapist conducts groups for children two times per week in the shelter. In conjunction with two other community agencies, the mental health division operates a "Parents Anonymous" program for parents in need of counseling around child abuse. A "Parents Anonymous" group is currently being conducted for the women in the county's shelter program. According to respondents, these services need to be administratively formalized, as historically they have been dependent on individual worker commitment.

One other Community Health Center program surveyed, while not targeting services on battered women, reported agency procedures for working with "hardship cases." This center serves an urban, Hispanic community. Social workers screen clients and, at no cost, assist persons in need of services on a one-time-only basis. Social workers also work with these clients to involve them in other community supports, including public assistance, counseling and housing services.

Among the health services available to clients are family planning, inpatient and outpatient medical care, mental health services, a helpline, a

methadone clinic, and a drug abuse program. Two of the four programs reported coordination activities with other community agencies on behalf of domestic violence victims.

In general, respondents were unaware of services available to or needs of domestic violence victims, except in the case of the county health department program, which provides mental health services.

Barriers to Service Delivery

One Community Health Center program serves a predominantly Chinese community. The strong Asian cultural stigma attached to seeking assistance with family problems from social service providers was cited as a significant barrier to providing services for battered Asian women.

A respondent from another center reported that the lack of a formalized program commitment to battered women and their children results in changing patterns of service delivery with staff turnover. Similarly, the lack of county commitment to domestic violence victims is reportedly demonstrated by a lack of revenue sharing monies for local shelters.

Another program respondent reported that with a 10 to 15 percent cutback in funding, all the center's mental health services have been phased out.

Overall, based on the interviews conducted, a lack of identification of the problem of domestic violence within the health programs appears to be the most significant barrier to services. Although one center reported having procedures for identification and reporting of suspected child abuse cases, no similar procedure was developed for identification of spouse abuse.

Program Linkages

Two Community Health Center programs reported some inter-agency coordination toward increased service delivery for battered women. An administrator from the program located in the Chinese community described informal information sharing and case management coordination with local mental health and grassroots programs serving battered women. Line staff, however, expressed no awareness of such coordination activities.

The county health department has service agreements with the local shelter through which consultation, counseling and public health activities are made available to shelter residents. This program also is involved with the county's Child Abuse Council and with a local coalition to share information and develop coordination strategies to serve domestic violence victims. More formalized interagency linkages are seen as greatly needed.

Summary

In general, the Community Health Center programs surveyed have no formalized service strategies for working with battered women. One program, however, actively makes services available to this population and to their children. Respondents from one center which offers only family planning services perceive

little potential for involvement by their program, given the specificity of their services and staff priorities.

Attitudes of other programs' staff varied. Medical services are considered available and accessible to battered women. To identify battered women as a separate target group, respondents indicated that a need would have to be established through a local assessment of the scope of the problem.

Development of procedures for identification and referral of domestic violence victims, community education, and staff training were cited as potential Community Health Center activities.

THE COMMUNITY MENTAL HEALTH CENTER PROGRAM

Federal Community Mental Health funds are given directly to public and private non-profit community mental health centers in 44 California counties; there is no substantive State involvement in these programs. Community Mental Health Centers also receive State monies, provided through the Short-Doyle legislation. Services reflect the Federal program purpose to provide comprehensive mental health care for individuals within their own communities, as defined by geographic area (catchment area). Anyone within a center's catchment area is eligible for services. Administrators and line staff of three community mental health centers were surveyed.

Scope of Program Efforts

None of the surveyed agencies has established a definition of domestic violence. One center, which purchases all of its direct services, is developing case management objectives for the elderly abused population. The impetus for developing these objectives was twofold: the number of abused seniors being identified in the program's caseload and the June 1980 Federal legislation which made Title IVC monies available through the Administration on Aging. If funding is received, this project will establish a hotline, central reporting, and a service linkage strategy to serve abused seniors. Community education and informal coordination specifically targeted on abused seniors are among the current efforts of this program.

One other community mental health center reported initial goals and efforts at community education through the sponsoring of community forums on family violence. Counseling services are targeted on victims of domestic violence through a service agreement with a local hospital.

All of the programs reported that battered women and their families are eligible for the same counseling services as the general population. No other activities, other than occasional referrals to shelters, were cited. One center's crisis unit offered technical assistance, as well as family crisis outreach services, to local shelter programs from 1970-1979; substantial funding cutbacks forced the discontinuation of these activities. Currently, overall program services focus on substance abuse, maintenance of the deinstitutionalized chronically mentally ill, and treatment of acute psychosis.

Community mental health involvement in domestic violence may vary among communities. Shelter respondents from one county reported receiving local community mental health center funding, as well as active sponsorship and monitoring of their program. Community mental health staff advocated for this shelter's recent reopening following a temporary shutdown due to management problems. Staff from a surveyed community health program reported community mental health center funding of temporary shelter and counseling services for battered women in a remote, rural section of the county.

Barriers to Service Delivery

The most frequently mentioned barrier to serving battered women as a target population is the lack of funding and staff for specialized services. In one center, all activities focusing on domestic violence were targeted on children and the elderly. According to one respondent, the deinstitutionalization of the mentally ill in California has necessitated a focus on maintaining this population in the community and treating acute psychosis often precipitated by drug usage.

One administrator from an urban community mental health program stated that the complex and time consuming licensing procedures for residential facilities severely limit community mental health involvement in the establishment of shelters. Further, Short-Doyle regulations for determining eligibility for counseling services are based on total family income. Counseling services are often unaffordable for a battered woman who is not eligible for Medi-Cal and who lacks other financial resources. The lack of available or affordable counseling for battered women and the identification of mental health services as being for "crazies" were mentioned as obstacles by respondents of other surveyed programs as well.

Program Linkages

Community mental health programs are becoming involved in coordination efforts with other community agencies serving victims of domestic violence. Most of the efforts mentioned were initiated by other programs. One community mental health center and the domestic abuse program of a local hospital are formalizing protocols for referring clients to counseling services. The community mental health center working with the abused elderly is involved in case planning and monitoring of treatment plans in conjunction with the local Department of Social Services, legal aid, and a local program working with the Police and District Attorney's office.

Summary

In general, the community mental health program in California appears to be initiating activity on behalf of victims of domestic violence. Services have focused on deinstitutionalized persons and the most financially needy; battered women have not been a targeted group to date.

The two identified community efforts for domestic violence victims do not focus on battered women per se; one concentrates on abused senior citizens and the other on any victim of domestic violence. According to some respondents, target groups other than victims of domestic violence are given a higher priority for service. Potential mental health center activities for battered women, as identified by respondents, include technical assistance, community education, and counseling.

THE WORK INCENTIVE PROGRAM (WIN)

Participation in the WIN program in California is required of all AFDC recipients, with the standard exceptions. Services reflect the Federally outlined purpose to provide employment and training-related supportive services to AFDC recipients to facilitate their movement toward self-sufficiency. The California WIN program offers the usual range of supportive social services through the DHHS funded program component.

Interviews with WIN administrators and line staff from one California community were conducted for the current study effort.

Scope of Program Efforts

In accordance with Federal regulation, the WIN program targets services only on AFDC recipients. The inclusion of intact families and pregnant women in the AFDC eligibility categories broadens the potential population of battered women being served through WIN. The program surveyed has no definition of domestic violence nor any specific goals, objectives or activities targeted on battered women. According to information gathered from WIN State administrators, however, at least one county in California has submitted a proposal to establish a project to assist domestic violence victims. In the proposed project, WIN staff would coordinate with shelter programs in working with women and their families.

Services offered by the surveyed WIN-SAU program include information and referral, family planning, counseling, vocational assessment, purchased day care, and advocacy with schools, landlords and other community agencies. Although no program emphasis is given to battered women, the intake assessment covers a range of service needs, including assistance with family problems; this is, however, somewhat dependent on individual worker approach. Battered women are referred to shelters and other available support services. All respondents seemed aware of the resources available, but, aside from information and referral, no service priority for battered women is seen as feasible given the social workers' large case loads.

Barriers to Service Delivery

Obviously, to receive WIN services, individuals must meet AFDC eligibility requirements, and this, in itself, may be a barrier to battered women. In addition, the lack of communication structures and emergency procedures between eligibility and service staff is cited as an internal barrier to service provision for battered women. The length of time required to process an application is 30 to 45 days, and applicants must wait that length of time for checks or services. The virtual elimination of in-service training for staff, as a result of Title XX cutbacks, also is seen as a restriction on services for battered women; social workers often lack knowledge of current resources and issues, including domestic violence. One respondent expressed the need for more "universally educated social workers."

Even with training, workers identified constraints imposed by agency policy which prohibits advertisement of services. Among the general public, including battered women, lack of information regarding available services results in decreased access to services.

Finally, given the staff's perception that the WIN program's primary role in serving battered women is to provide information and referral, the lack of comprehensive services within the community is seen as the most basic problem. Shelters which accept women and children of all ages, legal aid which is low cost and not "cumbersome," and counseling are seen as the most needed services.

Summary

Based on information gathered from State WIN administrators and staff of one local WIN program, there appears to be little activity targeted on and few services made available to victims of domestic violence. One community's proposed project for creating linkages with shelters suggests a potential role for WIN social services in assisting battered women, especially in areas where there is evidence that a large percentage of the WIN caseload are battered women. Otherwise, staff envision little involvement by the WIN program, other than in the area of information and referral.

ALCOHOLISM TREATMENT AND REHABILITATION SERVICES AND ALCOHOL FORMULA GRANTS PROGRAMS

A range of alcoholism treatment services is available in California. Problem drinkers and their families are eligible to receive services. Services correspond to the Federal program purpose to provide alcohol abuse and treatment services, to coordinate and integrate alcohol programs within the larger community context, and to expand the involvement of public agencies in service provision to alcohol abusers and their families.

Two community alcoholism treatment programs were surveyed in the California study. Information from State administrators contributes a fuller perspective on various local efforts targeted on domestic violence victims.

Scope of Program Efforts

Neither of the two programs surveyed report having definitions of domestic violence or goals/objectives and activities targeted on victims of domestic violence. One program's entire client group is women. Staff are beginning to recognize a high correlation between alcohol problems and domestic violence and express a need for more direct service provision to battered women. They need funding and training, however, to accomplish this. The program has participated both formally and informally in conferences and coordination with other alcohol programs and women's groups which are focusing activities on battered women.

The other program's client group is primarily men, many of whom are referred through California's Pre-Trial Diversion Program. This alcohol program serves a primarily Black, urban, poverty area and the multiple stresses of housing problems, lack of education, and unemployment have resulted in treatment focusing on the basic survival issues associated with alcohol abuse.

Both programs provide a range of crisis, individual and group counseling services; vocational counseling; residential and detoxification services; prevention and community education; and outreach services including "streetcorner counseling."

According to State administrators, some communities' programs are very active in providing services to victims of domestic violence. Efforts mentioned include: hotlines for abused persons; emergency residential care for persons afraid to go home to a drinking spouse; and counseling for abused housewives. Some residential programs accept children; this unique feature of some alcohol treatment programs may greatly increase service accessibility to women seeking alcohol treatment themselves or seeking emergency housing because of abuse by an alcoholic spouse.

Barriers to Service Delivery

Barriers specific to these two programs were mentioned by respondents. The program serving men from the Pre-Trial Diversion Program reported that referral agencies are reluctant to share information about the behavior or circumstances associated with the alcohol abuse. As a result, spouse abuse is seldom identified until the client has been involved in counseling for some time. The lack of aggressive efforts to bring women into treatment and into counseling groups in cases where the spouse is the alcohol user also restricts this program's capacity to serve battered women. Similarly, a respondent from a drug program which serves alcohol abusers as well reported that women who are alcohol abusers may not be as visible as men and, therefore, are less likely to receive treatment. As this respondent stated, family members often "cover" for the woman and may "say she's sick when she's really drunk." In those alcohol treatment programs with no child care provisions, the restrictions for a woman in need of treatment or supportive services are likely to be compounded.

The other barrier mentioned by respondents is the lack of funding and mandates to serve persons whose primary problem is not alcohol abuse. Respondents from both programs expressed frustration regarding efforts to refer women. The lack of space in local shelters often results in no housing options for clients, and the stringent eligibility criteria for many public assistance programs leaves many women with no financial or supportive resources to meet their immediate needs.

Program Linkages

One program participates in the California Commission on the Status of Women's Domestic Violence Subcommittee and is involved in informal meetings and sharing of staff with other local programs. In general, however, staff from both programs reported a lack of information regarding available resources for battered women.

Summary

Other than initiating efforts to coordinate with groups addressing the needs of battered women, the two alcoholism treatment programs surveyed were not active in the area of domestic violence. Some local programs in California reportedly have crisis lines and counseling and emergency residential services available for use by battered women, and in some cases, by their children. Attitudes of staff toward the problem of domestic violence varied; one program respondent expressed the belief that battered men may be in as much need as battered women.

Education of the general public and of the professional community with regard to the scope of the domestic violence problem and the need for services is seen as crucial to increased service provision.

DRUG ABUSE DEMONSTRATION AND COMMUNITY SERVICE PROGRAMS

Drug abuse programs in California offer a range of services designed to identify, treat, and rehabilitate narcotic addicts, drug abusers, and drug dependent persons. Any State resident is eligible for services; approximately 70 percent of the population served is male. Individual programs may provide supportive services to clients' families.

Two community drug programs were surveyed for the current study. Data from administrator and line staff interviews forms the basis of the following discusson.

Scope of Program Efforts

Neither of the programs has a definition of domestic violence or goals/-objectives or activities targeted specifically on battered women. Staff from one drug program for women were aware of the local shelter programs and reported referring women to these programs. The other program, which serves a primarily Black, urban population with either drug or alcohol problems, currently refers victims to a local psychiatric counseling center which has a domestic violence component. There is a movement within this agency, however, to begin addressing more women's issues through group counseling sessions. Staff indicated that some focus on domestic violence may emerge from this activity.

Both programs provide primarily outpatient services, such as: crisis/ongoing counseling, including group and family; vocational counseling and training; and outpatient medical services. Both programs purchase residential services for their clients, but these services do not include child care.

These two programs may not be totally representative of State activity in this area. According to interviews with State administrators, the goal of meeting the needs of parents and children with drug abuse problems could include victims of domestic violence. On the State level, the category of battered women, while not targeted specifically, is recognized and included as a component of services to women in crisis. The State's Women in Crisis Program has funded eleven private groups to determine if there is a causal relationship between substance abuse and battering. If this relationship is found to be significant, it would be feasible for the program to target services specifically on battered women.

Barriers to Service Delivery

The most frequently cited barrier to serving battered women was the requirement that funds be utilized only for treatment of the primary problem of drug abuse. Presumably this requirement would disallow services to a battered woman whose spouse has drug problems but is not receiving treatment. And, according to one respondent, battered women do not perceive drug programs as a source of assistance to them. Although not mentioned by drug program staff, several shelter staff interviewed in the survey reported that their own program eligibility requirements exclude women who are drug users; one shelter program occasionally admits women who have alcohol problems.

In general, respondents from both drug programs reported a lack of information about services available for battered women. Outreach and community awareness of the problem also are seen as severely lacking. Services most frequently identified as needed by battered women and their children are shelters, legal aid, and police protection.

Program Linkages

The surveyed drug treatment programs have not established any linkages regarding service delivery to battered women. In another community, however, the local shelter is receiving State (409) Drug Prevention monies to fund community education efforts. Outreach workers from this shelter meet with many community agencies, including those serving the Hispanic and Chinese communities, to develop strategies for increasing public awareness of the connection between drug usage and violence. Activities have included development of a film program and frequent speaking engagements in the local high schools.

Summary

Based on the drug programs studied, there is virtually no current activity regarding battered women. Interviews with State administrators and staff from other community programs, however, indicate that local efforts in this area vary extensively. Staff of these two programs acknowledged that domestic violence is a problem that warrants more community attention.

OTHER FEDERALLY FUNDED PROGRAMS

One "Other Federally Funded Program" was identified by respondents in the California survey. One DHHS and two grassroots programs serving battered women reported developing linkages with this recently initiated program. The program is funded through an LEAA demonstration grant to a local victim-witness program. It is designed to provide extensive community education around the issues of family violence and to increase service provision through advocacy and direct services. Any person involved in family violence or sexual assault is eligible for services; services address both the victim and the abuser.

Scope of Program Efforts

The program's definition of domestic violence is broad, including psychological or physical abuse or the "threat thereof" and encompassing persons who "have or have had a casual or intimate relationship." The population served, however, primarily consists of battered women and abused seniors.

The program's overall goal is to increase community knowledge and decrease tolerance of domestic violence. Specific objectives include: 1) development of sufficient referral sources and direct services to assist in removing victims from the dangerous situation and 2) promotion of police and District Attorney follow-through on domestic violence cases through increased arrests and prosecutions.

Program activities include: the only treatment group for batterers in the community; counseling which screens victims and assists them in working through the criminal justice process; advocacy for victims with the criminal justice system, as well as with social and health service providers; and community education through public conferences, media campaigns and agency staff training. A limited voucher system for food, transportation and hotel/motel costs is available for persons with no other financial resources. Assistance with networking and protocol development within service agencies is an extensive part of current program efforts.

This program was funded in early 1980, and direct services to victims began in late September. An estimated 1,000 professionals and service providers received training or education through the community outreach component of the program.

Respondents stated that the most critical unmet service needs of victims and their children are temporary shelter and permanent low income housing. Improvement of the criminal justice system, in terms of follow-through on cases and enforcement of treatment for batterers, also is seen as a primary area of need.

Barriers to Service Delivery

A lack of funding is cited as the most serious barrier to service provision for battered women. The project's LEAA grant ends in 1981; funding cuts resulting from California's Proposition 13, in combination with the lack of

Title XX or other Federal/ State mandated monies for victims of domestic violence severely limit public agency activity on behalf of battered women. The county's hospital has only one part-time social worker assisting this population. The local District Attorney's office, in reported contrast to other communities, has no unit/ workers assigned to domestic violence cases.

Most of the barriers cited are related to extra-agency funding, mandates and attitudes. Efforts to screen clients and active participation in the prosecution of cases referred to the District Attorney's office are helping to increase follow-through on domestic violence cases. Respondents point out, however, that without a staff increase in the District Attorney's office, case backlogs may continue to result in the establishment of service priority based on the severity of the case, i.e., the level of violence.

Program Linkages

Staff of this domestic violence program are active and committed in their efforts to extend the scope of their program. They are currently seeking funds for an extensive media campaign which would include bus placards, publications, and TV coverage regarding family violence problems.

Further, discussions with local police have resulted in an agreement that all battered women seeking to file charges are referred to this program's pre-complaint counseling unit. Training is conducted with each new police recruit class as well.

Coordination efforts include both formal and informal mechanisms to facilitate referrals and services to battered women. Respondents from other surveyed programs stated that this agency alone is taking the lead in developing networks between public agencies and private grassroots programs which serve battered women. Program staff participate in a community coalition of legal groups, shelters, and other programs serving battered women. The coalition is working toward policy change within the District Attorney's Office and Police Department. Program staff also participate in a recently formed subcommittee of the Commission on the Status of Women; this subcommittee has been instrumental in influencing State legislation in the area of domestic violence. Other program efforts focus on assisting social, mental health, and health service providers in the development of identification and referral procedures for battered women. Staff training and education within these agencies is extensive. Staff of this program also are providing special assistance in coordination of services to Asian women through their involvement in a Chinese community planning comittee.

Actions Taken by Administrators/Line Staff

Partially due to negotiations with this agency, the local Police Chief recently issued a general order to treat domestic violence as any other similar alleged crime. Issues such as marital status, history of prior complaints, and the lack of visible signs of abuse are not to be considered, and victims are to be informed of their right to make a citizen's arrest.

The recent State passage of the Presley Bill (SB 1246), which channels eight dollars from each marriage license fee to local domestic violence projects, is seen as increasing services geared toward and visibility of the domestic violence problem within California. AB 1946, also recently passed, sets priorities for the use of this funding; monies must first go to agencies whose primary service area is domestic violence. The Bill allows counties to accumulate monies over a three year period so that small counties can build up their resources. Funds may go into individual program components even where shelters are not available. Program staff also mentioned that recent funding of a local program to provide a clearinghouse on emergency shelter and other resource availability for battered women will greatly increase service accessibility and reporting of domestic violence cases.

The positive effects of these beginning efforts must be assessed cautiously, however. The potential increase in visibility and reporting of domestic violence cases will only pose additional burdens if not followed by comprehensive response on the part of public service agencies.

Summary

This surveyed "Other Federally Funded" program emerges as a lead agency in one urban community in California. The program's legitimacy within a larger institutional context rests on its public funding, sponsorship and operational base within the criminal justice system. Staff have proven expertise in the field as demonstrated by their professional backgrounds and experience in a variety of programs serving battered women. Because of this, they have the potential for bridging what has been a historic division in service delivery to battered women -- the public agencies versus the grassroots programs. In less than one year, staff of this program established formal and informal networks and communication among agencies, and have advocated for more public agency involvement in service provision to domestic violence victims. Their ultimate success, according to respondents, will depend largely on mandates and ongoing public funding through the District Attorney's office, health, mental health, and social service providers. Success in this program is viewed not as the implementation of new programs, but as the utilization and augmentation of domestic violence programs already in existence and the creation of structures within public agencies to ensure more comprehensive and supportive responses to domestic violence victims.

STATE AUTHORIZED AND FUNDED DOMESTIC VIOLENCE PROGRAMS

The State of California authorized funding of six demonstration projects through 1977 legislation SB 91. The projects were funded from January 1, 1978 through June 30, 1980. This year, a $25,000 loan was given to each project for third year operation. Monies are to be paid back by the sponsoring counties, possibly through the SB 1246 legislated monies. AB 1946 originally would have given the State an ongoing role in coordination of domestic violence projects. However, the final version of the recently-passed Bill does not include this coordination function, but outlines specifications for implementing SB 1246 to insure funding priority to agencies providing services specific to the domestic violence problem.

The purpose of the six demonstration projects is to provide shelter, counseling, crisis services, and advocacy services to victims of domestic violence. Anyone experiencing the problem of abuse is eligible to receive services. Although legally mandated to serve battered men as well as women, this population has not been requesting services. In addition, services for abusing spouses are limited, as the focus of these projects is on the victim.

Administrators and line staff from two of the six demonstration projects were interviewed; their input provides the basis for this description of State authorized programs. Domestic violence programs that receive some State funds, but are not part of the demonstration project network, are presented in the next section of this report, "Other Domestic Violence Programs/Shelters for Battered Women."

Scope of Program Efforts

The definition of domestic violence reported by State level respondents is the statutory definition involved in the State penal code (ch. 913, 1479). Domestic violence is defined as "the infliction of corporal injury resulting in a traumatic condition upon a family or household member." A family or household member is defined as "a spouse, former spouse, parent, child, any other person related by consanguinity or any person who regularly resides or who within the previous six months regularly resided in the house." Although local program respondents offered this definition in their own words, there were no essential differences. They did stress, however, that emotional abuse and threatened physical abuse are considered part of their operative definitions.

The two surveyed projects operate with essentially the same goals and objectives. These include: 1) to provide victims with alternatives through shelter, education, counseling and job training services; 2) to provide advocacy for victims with legal and public assistance programs; and 3) to provide immediate assistance through crisis intervention services. A more general goal is to find "ways and means to decrease the frequency, magnitude and reoccurrence of domestic violence." One program initiated services six months prior to the 1977 legislation; impetus for establishing services came from a group of women who opened the shelter on a totally volunteer basis. The other

program established a task force of public agencies prior to receipt of funding, but the major impetus for the opening of their shelter came through the SB 91 monies.

Both programs provide 24 hour crisis hotlines and emergency shelter services for battered women and their children; length of stay ranges from a 30 day maximum in one program to a six week maximum in the other. One shelter, which serves an urban community, pays for motels when the shelter is full. Staff reported availability of a variety of peer and professional counseling services for residents and day care, support counseling, educational, and recreational activities for children of residents.

One shelter is targeted to receive additional funding for its community education component in the coming year. This program also offers outpatient medical services through on-call family doctors. Staff are working to obtain second-stage housing for women and their children; this appears to be a unique effort.

Both programs participate in informal and formal coordination activities with other community service providers; staff are involved in joint case planning, monitoring, and follow-up activities with other service providers.

Most respondents from the two programs reported that service strategies focus on crisis intervention and removal of the victim from the home. One program uses primarily lay staff, the other primarily professional staff. Both have Spanish speaking staff members. Asian women and upper middle class women were the two groups identified as not currently seeking services. Black and Hispanic women and children comprise abut 35 percent of one program's caseload and 50 percent of the other's caseload.

Additional staff and shelter space are seen as vital needs. Respondents from the program utilizing lay staff expressed the need for more profesional counseling staff in their center. All program respondents cited counseling for batterers as a primary need area. Prevention within the schools was an identified need for children. Second-stage housing is needed for women and children.

Barriers to Service Delivery

The service barriers identified by respondents relate for the most part to external public agency restrictions. One respondent stated that HUD does not give priority to battered women; the lengthy waiting period for housing may result in a woman's returning to a battering situation. Food Stamp and AFDC eligibility criteria, which are based on total family income, also were cited as significant barriers to service. Federal regulations permitting shelters to be recipients of Food Stamps have partially alleviated this problem.

The consistent lack of ongoing and guaranteed funding was cited universally as a barrier by respondents. Staff burnout is a significant problem area as well. Both shelters rely on extensive volunteer services. Paid personnel represent only about half of the total staff of each program.

Program Linkages

Staff of one program have made extensive use of the community to obtain furniture, appliances, food, and clothing for women who establish independent households following their shelter stay. The other shelter, which serves a large rural county, has formed a task force to address the temporary housing and other needs of women who live in relatively remote areas of the county.

Staff from the urban based shelter were instrumental in establishing a local council and a local coalition to address the service needs of battered women. Members include mental health personnel, members of the Board of Supervisors, and other organizations whose primary service population is battered women. The Board of Directors from the other surveyed shelter has established a committee, which includes social service and housing authority staff, to increase local service options to battered women. Both projects have been instrumental in establishing service agreements with local schools and legal and social service agencies to facilitate information exchange and case planning for their clients. Community workshops and in-service training for other public agencies and local colleges are additional program activities.

The need for an inter-agency task force for all service providers and the establishment of inter-agency policies oriented toward services to battered women were mentioned as needed coordination activities.

Summary

The two State authorized domestic violence programs surveyed for this study are engaged in a range of direct and outreach/education services on behalf of battered women and their children. The passage of two State Assembly Bills, SB 1246 and AB 1946, since the initial 1977 funding of the State domestic violence projects, indicates a growing State commitment to serving victims of domestic violence. Adequate guaranteed funding is the most crucial factor in determining the shelters' ability to continue and improve services offered. Staff burnout and resultant turnover are also significant problems in the shelters. Enlistment of the support of public service providers through comprehensive coordination and reporting strategies is another important and necessary change to improve services to battered women. In conjunction with the capacity to address the crisis needs of battered women, follow-up services such as support groups, counseling, and second-stage housing are seen as dire needs of battered women and their children.

OTHER DOMESTIC VIOLENCE PROGRAMS/SHELTERS FOR BATTERED WOMEN

Much of the activity geared toward addressing the needs of battered women in California is undertaken by grassroots organizations. One State level respondent supplied a list indicating that there are at least 42 such programs throughout the State. These local groups were instrumental in the passage of SB 91 (which funded six demonstration projects) and SB 1246 (which funded local domestic violence projects through Marriage License Fee monies). The majority of these grassroots programs provide emergency shelter for battered women and their children; those not providing shelter offer a range of counseling, advocacy, and community networking activities.

Most of the grassroots programs evolved from the commitment of community women to provide alternatives for battered women. Funding comes from a variety of public and private sources, including Federal funds, such as LEAA, CETA, and Department of Labor funds, and Community Block Grants, State drug funds, marriage license fee monies, private donations, and grants.

Three grassroots shelter programs were initially selected for consideration in the California survey. In the course of the survey, two additional non-shelter programs were selected for inclusion. These programs have a close working relationship with at least one other surveyed grassroots or DHHS funded program. One program specifically targets services on the Asian population. All five programs will be considered in the following discussion.

Scope of Program Efforts

All of the surveyed programs have working definitions of domestic violence which include actual or threatened physical abuse and psychological abuse between "partners," "spouses" or "other household members." Although the definitions could include battered men, none of the programs are currently assisting this population. In the case of one shelter, space shortage necessitates an operational definition based on the severity of immediate physical danger to the woman.

General goals and objectives are similar for all five programs surveyed. For the shelters, goals pertain to provision of a safe residential alternative for battered women and their children and various support, counseling, advocacy, and community education services. The non-shelter program goals focus on counseling, advocacy, and community education to increase public agency response to battered women.

All three shelter programs have their own facilities. One program is open to any woman in need of temporary housing and her children. Space is a significant problem in one urban based shelter. Current renovation of this facility will provide space for an additional 15 women; currently, they can accommodate 25 women and children.

The length of stay permitted in the shelters ranges from two weeks to three months. All programs reported follow-up contact with women; two provide ongoing support groups for women after they leave the shelter.

The services of all three shelters have evolved through the work of volunteer and lay staff and utilize a peer counseling model; staff from two of these programs reported that current service strategies reflect an increased use of professional staff and professional counseling. One program, with a Christian orientation, provides only "spiritual direction" to clients and refers to outside agencies for all counseling and support services other than temporary shelter. Services to women in the other two shelters include weekly rap groups and one-to-one work with an assigned "advocate" to develop plans for obtaining legal assistance, public assistance, and educational or employment services. Services to children include day care, tutoring, educational service agreements with local schools, and planned recreational programs. Transportation and 24-hour crisis hotlines, which provide counseling as well as information and referral, also are available.

Of the two non-shelter programs surveyed, one serves the Chinese community within a large urban area. Services include: transportation; in-depth individual and family counseling with battered women, their children and the abusing spouse; and interpretor services for women to facilitate receipt of assistance from other community agencies. The other non-shelter program is operated out of a local women's center. The number of requests for assistance from battered women resulted in the establishment of a domestic violence component in the center which provides a 24-hour hotline and drop-in peer counseling for battered women.

All but one of the surveyed programs reported providing extensive community education and advocacy for battered women. Active efforts to encourage coordination with and service delivery by other service providers also were reported.

Program respondents reported serving from 50 to several hundred battered women through crisis and shelter services in the past year. Most women sought assistance following repeated incidents of abuse. Abuse between the batterers' parents was reported to be significantly more common than abuse between the victims' parents. Most respondents indicated that the chance of a woman's being abused again in the future is about 50 percent. Respondents noted that whether or not a battered woman returns to the abusing partner should not be the only criterion for failure or success of a domestic violence program. This is due to the fact that many economic and psychological factors influence these decisions, especially for a woman who has left for the first time.

Adequate shelter space to meet community demand and sensitive, low-cost legal aid were the most frequently cited service needs. Second-stage, low income housing with priority given to battered women is also a primary need area. Coordination between public and private agencies on behalf of victims of domestic violence is seen as indispensable to increasing effective service delivery. Several respondents also mentioned the need for counseling and specific strategies to serve both the children of battered women and abusing spouses.

Barriers to Service Delivery

Program staff identified several barriers to service delivery for battered women. Two of the shelters have age limitations for male children; one does not accept boys over age nine and the other, boys over age 12. Licensing regulations and fire codes pose a significant barrier to expansion of shelter facilities in one program; this program was forced to close for six months to seek a new facility because of violation of local fire codes.

Police insensitivity and the limitations of temporary restraining orders present barriers to protection for battered women, often resulting in women's remaining in abusive situations. In one community, the initiation of training for police officers by another domestic violence project may alleviate this problem.

Other barriers cited by respondents include the lack of Title XX funding for shelter services and the lack of Federal and State coordination and information dissemination. Program staff are unaware of possible funding sources, and the local community is often unaware of new legislation and regulations affecting battered women. One example cited was the lack of local court enforcement of a recently passed State Spousal Rape Law which permits legal recourse for women alleging rape by their husbands.

Food Stamp and General Assistance eligibility requirements were reported as often excluding battered women. In one community, a partial solution to a related problem was reached through an agreement with the AFDC program permitting AFDC checks to be forwarded to the shelter's post office box.

Program Linkages

All but one of the programs surveyed is actively working within the local community to increase service delivery to battered women. Community education efforts are extensive. One program employs an outreach worker who conducts training sessions with health professionals and works with other community groups, including high schools, to increase awareness of the relationship between drug usage and violence. The program serving the Asian community sponsors radio announcements on the local Sinocast station. In its efforts to gain greater access to services for Asian women, this program assisted a local group in obtaining funding for a clearinghouse and paralegal services for battered women in exchange for their agreement to hire a Cantonese speaking staff member. They are the only surveyed grassroots program providing services to the abuser; abusers are referred to them for long-term therapy through the State's Pre-Trial Diversion Program.

One shelter program found that Asian and upper middle class women were not seeking services. To reach these women, the program currently is engaged in outreach work through local corporate employee assistance programs. These corporate assistance programs are involved in a recently formed planning committee for the local Chinese community, and they have an informal service agreement with the surveyed grassroots program to provide counseling and other community-based support services to Asian women.

Another shelter, located in a county with a large military population, has provided technical assistance to staff at the local base, enabling them to establish a hotline and counseling program for abused military wives.

And, finally, two of the shelter programs offer weekly rap groups for non-shelter residents. One is very active and refers women who call on the program's crisis line to this program service.

Coordination among service providers on behalf of victims of domestic violence is one of the primary need areas mentioned by respondents. Leadership in coordination is usually left to the shelters or to other programs which target services on battered women; the programs have made great strides given their limited funding and staff time.

Coordination activities include participation in the Western States Shelter Network and other local coalitions to share information and work toward legislative and program policy change. One shelter has been active in a local coalition to specifically impact policy change within the criminal justice system; the coalition's efforts were rewarded by a general order recently issued by the local police chief which significantly increases protection measures in domestic violence cases. This shelter also works with the local schools to encourage their assistance in protecting children; schools are urged to maintain strict confidentiality regarding the whereabouts of the battered woman and her children.

Informal coordination activities include training of service providers in identification and referral procedures and sponsorship of community workshops. Of the grassroots programs surveyed, only one shelter program has not become involved in agency networking; this program has resource information on hand, but refers women to another local group for follow-up, counseling, and advocacy services.

Actions Taken by Administrators/Line Staff

One shelter requires women's attendance at daily devotionals and Sunday church services; this shelter is the only one serving the community. This religious orientation, as well as the lack of other support services, was cited as a service restriction by respondents from other programs.

One non-shelter program, which offers a CETA funded job training component, reported an intra-agency network for referring battered women in need of these services. Also, this program evolved largely as a collective until recent public funding required more administrative accountability. Nevertheless, there continues to be a large overlap of staff functions, and staff are familiar with all program operations. This leads to a family-like atmosphere and combined expertise in service delivery to clients.

Staff positions of three of the surveyed grassroots programs are partially funded through CETA; this has the limitation of frequent staff turnover and loss of positions upon expiration of grants. One program's legal aid service was severely decreased due to loss of a CETA legal advocate for clients.

Finally, one shelter is in part sponsored by the local community mental health agency and Board of Supervisors. With this community backing, the program has been able to overcome difficult funding and administrative problems.

Summary

The grassroots programs surveyed are, in each of their respective communities, central to service provision for battered women. In one community, the shelter provides the only services for battered women. Efforts of each of these agencies have been critical in increasing community responsiveness to victims of domestic violence. The shelter program serving abused Chinese women and their families is unique in its service provision to this population; none of the other programs reported a bilingual capability in Chinese, although most have Spanish-speaking staff and provide services to the Hispanic population.

Linkages vary from program to program. The most well-developed coordination activities mentioned involved programs in an urban community, where one publicly funded agency has taken the lead in bringing public service providers and grassroots agencies together. Historically, there have been mistrust and difficulty in establishing good working relationships between grassroots and public agencies because of a perceived lack of interest, if not negative attitude, within public agencies, toward the needs of battered women. Most of the grassroots programs surveyed expressed the belief that recent State legislation and the increased involvement of community professionals demonstrate an increased focus on and concern for domestic violence victims. Lack of ongoing guaranteed funding and mandated public agency services continue to be the primary barriers to service.

CONCLUDING REMARKS

There is a sense resulting from the range of program staff surveyed, that the solution to the issue of service delivery for victims lies in providing funds to augment the services of specialized programs currently operating effectively. Community Mental Health Center and Title XX program funds were the two most frequently cited potential funding sources for specialized domestic violence programs. Further, respondents indicated that such programs are already aware of the needs of battered women and are administratively best suited to serve this population. In turn, respondents viewed the role of public agencies as lending support through training of staff, coordinating efforts, and making services available through staff liaison and special funding strategies.

Finally, interview findings show that services to minority or special subgroups of battered women are limited. The two groups most frequently perceived by respondents as not seeking services are Asian and upper middle class women. The ready accessibility of resources to upper middle class women is not viewed as an indication that their needs are being met. Rather, education of the professional community and the private sector on the issues of family violence is seen as necessary.

Because of the strong cultural stigma attached to Asian women seeking services, their needs may best be served by trusted community groups within the local community. Black and Hispanic women already appear to be seeking assistance from the domestic violence programs in operation. For all women, however, the lack of sufficient economic resources to temporarily or permanently change their personal situation continues to be a frequent deterrent to seeking assistance.

A CASE STUDY ON SHELTER - COMMUNITY COORDINATION LINKAGES IN TWO MICHIGAN SITES

INTRODUCTION

This case study focuses on the coordination linkages established by two shelters in Michigan with other service delivery providers in their respective communities. Specifically, this report describes how the two shelter programs in Ionia and Macomb counties evolved, how they established linkages with other agencies, the types of coordination activities undertaken or planned, and the barriers to service delivery coordination. Further, the two sites serve as examples for other communities. Their experiences demonstrate how community agencies can work together toward integrated and comprehensive services for victims of domestic violence.

Michigan is one of 16 States which currently has a State-funded and authorized domestic violence program. In 1978, Michigan House Bill No. 5306 (Public Act 389) was passed. This legislation authorized the establishment of a Domestic Violence Prevention and Treatment Board under the Administration of the Michigan Department of Social Services. One Board function is to make recommendations for the allocation of State general funds to local domestic violence programs. In FY '79-'80, $1.5 million were allocated for this purpose, with 31 shelters throughout Michigan receiving a share of these funds.

State-funded shelters exist in both Ionia and Macomb Counties. These two counties were purposively selected because of active shelter linkages with other community agencies. In addition, Ionia County represents a rural community whereas Macomb County represents an urban community.

The information presented in this report was obtained through on-site interviews with shelter administrators and line staff, as well as interviews with staff from various community agencies. The selection of community agencies was based on their having "close and substantive working relationships" with the shelter programs. Five community agencies were selected in Ionia County, and six agencies were selected in Macomb County.

The interviews with shelter personnel were structured by the interviewer's use of the Community Survey questionnaire. In Macomb County, a follow-up telephone interview with the director of the shelter program also was conducted. The interviews with staff from the selected community agencies were less structured, but were focused on their coordination efforts with the shelter programs. A detailed discussion of findings for each site is presented as follows.

IONIA COUNTY

Ionia County is a rural area located in south central Michigan. Agriculture, primarily dairy and fruit farming, is one of the main sources of income. There are also some small industrial enterprises. Some sectors of the county have experienced a recent increase in unemployment due to the closing of a Chrysler factory. The city of Ionia, the county seat, has two major State penitentiaries (one for the "criminally insane"), and a detention facility for minors. Existence of these three facilities lends economic security to the community.

- Ionia County Spouse Abuse Center

The Ionia County Spouse Abuse Center is a State-funded domestic violence program. The impetus for the development of this program came from the findings of a special task force of the Ionia County Human Services Council. The task force was appointed in March, 1979, to "identify the incidence and severity of domestic violence within the county, examine available assistance, and develop recommendations for a coordinated service delivery system." As a result of a survey of local service providers, the task force concluded that spouse abuse was a serious problem requiring a unified, coordinated effort to aid victims and their dependents. Further impetus to develop a program came from the passage of the State legislation allocating funds for domestic violence treatment programs.

In October, 1979, the Eight County Community Action Program (EightCAP) was designated by the Council as the appropriate group to sponsor a domestic violence program. A shelter facility was donated by the Ionia County Board of Commissioners, and services to victims became available in January, 1980.

The Spouse Abuse Center is governed jointly by its own Advisory Board and by the EightCAP Board of Directors. The Advisory Board for the Center includes representation from human service agencies, law enforcement agencies, the local Bar Association, and other public and private interests. The program has a current budget of $26,000; 40 percent of this amount is State monies allocated through the Domestic Violence Prevention and Treatment Board. The other 60 percent is a combination of CETA and local monies. The program has a total staff of thirteen -- six paid professionals, two paid paraprofessionals, and five volunteers.

The Spouse Abuse Center uses the State's legislated definition of domestic violence which is, "a violent physical attack or fear of violent physical attack perpetrated by an assailant against a victim, in which the victim is a person assaulted or threatened by his or her spouse or former spouse or an adult person or emancipated minor assaulted by an adult person of the opposite sex with whom the assaulted person cohabitated, and in which the victim and assailant are or were involved in a consenting sexual relationship." In line with this definition, the Center's goals and objectives are to: 1) provide supportive services to victims of spouse abuse; 2) promote community awareness; 3) coordinate existing services; and 4) offer alternatives to violence.

Emergency shelter is available through the Center for anyone in crisis. The shelter is primarily used by battered women and their children, but is also available for elderly battered persons. Up to 15 women and their children can be sheltered at one time. There is a limit of ten days on the length of stay in the shelter. In the month of June, 1980, the average length of stay was 8.3 days. Shelter staff estimated that they served 120 to 150 women between January, 1980, and June, 1980.

Other services available through the Spouse Abuse Center are: a 24-hour hotline; crisis and ongoing counseling for victims and assailants; outpatient medical care; legal services; advocacy; child care; housing and employment assistance; and, food and clothing. The staff of the Center are also very

involved in providing public education on domestic violence. This is accomplished through public speaking, information booths at local events, and posters.

A unique feature of the Center is its publication of Beyond, a newsletter containing information on the local program as well as reports on State and Federal legislation and other activities concerning domestic violence. This publication is aimed at raising community awareness and is also a vehicle for recruiting volunteers.

Center respondents mentioned a need for a larger shelter facility, more staff to work with children, and additional counseling services for assailants. Currently, an EightCAP employee provides some assailant counseling. Another staff ambition is to establish a comprehensive treatment center for families in distress. Expansion of services, however, is considered unlikely in view of a cut in State allocations for domestic violence programs in the coming year as well as a cut in CETA funding.

The lack of adequate, on-going funding was identified by Center staff as the major barrier to their meeting the needs of battered women. Possible solutions posed regarding this problem were additional local monies and/or State monies from marriage license fees. (These fees were recently increased by the State from $5 to $20 with the $15 increase allocated for the treatment of domestic violence.)

Other barriers identified by Center staff were local ordinances and zoning regulations which make it difficult to establish shelter facilities, and the reluctance of law enforcement officers and the courts to deal with domestic violence or to recognize the seriousness of the problem. One respondent also interpreted the definition of domestic violence in the State legislation as applicable only to married women, and cited this as a barrier to meeting the needs of unmarried battered women.

With regard to coordination activities, the Spouse Abuse Center has been involved with many community groups and has established effective two-way referral agreements with many service providers in the community. The importance of an integrated service delivery system is stressed in the original task force's report and is emphasized again in the program's goals.

The following is a program-by-program analysis of the five agencies/organizations identified as having "close and substantive working relationships" with the Spouse Abuse Center, and a discussion of their coordination activities.

- Ionia County Community Mental Health Center

The Ionia County Community Mental Health Center (CMHC) was one of the agencies included in the task force's initial survey and needs assessment on domestic violence. (A CMHC staff member was also a member of this task force.) Further, since the inception of the Spouse Abuse Center, the two programs have had an ongoing working relationship. No written inter-agency agreement exists, but there is a verbal agreement regarding referrals.

Although none of the CMHC's budget is earmarked for treatment of domestic violence, the Center does provide psychotherapy for victims and assailants. For example, CMHC staff estimate that eight to ten percent of their clients are victims of spouse abuse. However, CMHC staff stated that the stigma attached to mental health counseling may inhibit some victims from seeking CMHC services. The CMHC staff also have been active in lobbying for domestic violence treatment funds through an increase in marriage license fees.

In general, CMHC staff were supportive of the Spouse Abuse Center. One staff member commended the Center's public relations efforts, indicating that they were successful in informing the community about available services and in achieving community acceptance of the shelter program.

Shelter staff indicated some dissatisfaction with the lack of immediate CMHC response to their referrals. Since the CMHC is the only mental health agency in the county, there are no referral alternatives. CMHC staff also recognized the need for more group counseling services, more effective ways of intervening with and treating abusing spouses, and preventive measures such as family education in the schools.

A recent budget cut will decrease State monies for domestic violence programs and also will put more pressure on communities to fund needed services. CMHC staff believed that mental health monies possibly could be explored to fund domestic violence program components. This is due to the fact that community mental health centers have a 90 percent State funding match, which is higher than the match for other service providing agencies.

- Legal Aid of Western Michigan

Legal Aid has had a cooperative relationship with the Spouse Abuse Center since the Center was established. Referrals between Legal Aid and the Center are a common occurrence. Legal Aid also has been helpful to the Center by performing an advocacy function with the Department of Social Services and with realtors on housing issues. Further, in July, 1980, Legal Aid contracted with a private law firm to provide services to victims of domestic violence.

The services provided by Legal Aid to victims include a clinic divorce program; assistance in obtaining restraining orders and resolving child support and custody cases; and, occasionally, representation in law suits, i.e., when women are seriously injured by their spouses. The Legal Aid staff estimated that 20 percent of their cases are, in some way, related to spouse abuse.

Some barriers to Legal Aid's responding to referrals from the Spouse Abuse Center were identified by respondents. For example, Legal Aid staff have high caseloads and they can only serve individuals who meet income guidelines. The private firm contracting with Legal Aid charges a fee for services. This firm is willing to accept payment on installment, but many women referred to them are not willing and/or able to pay very much for legal help.

- Ionia County Prosecuting Attorney

In the planning stages of the Spouse Abuse Center, the prosecuting attorney's office was called upon for advice. Contact has been maintained since then, and staff work together in litigation and prosecution proceedings. In cases where women decide to return to their spouses, follow-up referrals are made to the Spouse Abuse Center, but the number of referrals is minimal.

One problem encountered by the prosecuting attorney's office is that many battered women reconcile with their spouses, dropping any charges against them. In this situation, and before the case is dismissed, the prosecuting attorney requires the woman to appear before the judge and give her reasons for dropping the charges. One respondent suggested that, if battered women were provided with more information on alternatives to prosecution, this problem would be less prevalent.

- Michigan State Police - Ionia Post

In October, 1979, members of the State Police met with the Coordinator of the Spouse Abuse Center and set up a 24-hour crisis line which receives calls at both the Spouse Abuse Center and the Ionia State Police Post. By agreement, the police are available to make house calls to intervene in crisis situations when the staff of the Spouse Abuse Center deem it advisable. Police intervention has seldom been necessary, according to the State Police respondent. The Center Coordinator also attends the monthly meetings of the Ionia Police Post Resource Committee to maintain working relationships.

- Saranac Community Church

The Saranac Community Church became involved with the Spouse Abuse Center as a result of the minister's attendance at a meeting where the Center Coordinator was speaking. His interest sparked the interest of a congregational member who, in turn, mobilized other church members to help in establishing the shelter. For example, church members laid linoleum, made some plumbing repairs, and solicited donations for furniture. The initially interested congregational member also wrote an article for the local paper advocating community involvement and support for the shelter program.

With regard to other coordination activities, the Coordinator of the Spouse Abuse Center attends meetings of both the Human Services Council and the Ionia Council on Child Abuse and Neglect (I-CAN). I-CAN and the Spouse Abuse Center worked together to organize a conference on Family Violence held in early October, 1979. The conference was attended by service providers from three counties.

Contacts with other community agencies are maintained through regular meetings attended by a shelter counselor and directors of the various agencies. Further, Center staff reported a good working relationship with the Department of Social Services (DSS). In most instances the women referred to DSS for financial aid have received prompt attention.

Center staff provide in-service training for nurses and other hospital personnel at the local hospital. Also, Center staff have prepared a multi-faceted presentation for the schools, which is designed to educate children about domestic violence and to offer some viable alternatives in life style and behavioral patterns.

With regard to future plans, training and community education are considered by Center staff as effective methods for broadening coordination linkages. Specifically, Center staff identified a need for training of legal system personnel to point out the inequities between spouse abuse legislation and enforcement practices. Shelter staff also indicated a desire to provide in-service training for local law enforcement officers. Local officers were mentioned by several respondents as being resistant to becoming involved in cases of domestic violence and as not recognizing the extent of the problem. This resistance was attributed, in part, to the smallness of the community where the officers know most of the people involved. To date, local law enforcement officers also have been reluctant to participate in any in-service training sessions on domestic violence.

Center staff also want to move in the direction of formalizing their linkages with other agencies; for example, by developing written inter-agency agreements and contracts. Currently, all agreements between the Center and other agencies/service providers are verbal.

In summary, the Spouse Abuse Center in Ionia County has established a broad network of linkages with other community groups. This coordination effort has been greatly facilitated by the staff's emphasis on and involvement in providing public education. Participation in public events has given the Center high visibility and increased community awareness and support of the program.

MACOMB COUNTY

Macomb County is located north of Detroit. The majority of the population is middle and upper income business people. However, three communities, Mt. Clemens, East Detroit, and Roseville also have sizeable numbers of blue-collar workers. Further, these three communities are experiencing the effects of the recession in the automobile industry, the largest employer in the area. (The U.S. Army and Air Force are also major employers in Macomb County.) Mt. Clemens is the central location for social service agencies.

- Turning Point

Turning Point is a State-funded shelter program for domestic violence victims. The process which led to the establishment of Turning Point was initiated in 1978 when a needs assessment was completed by the Community Mental Health Center. In 1979, a follow-up study was conducted by United Community Services. A local Inter-Agency Council, made up of more than 80 service agencies in the county, became the umbrella agency for coordinating the establishment of the shelter program. Thus, from its inception, Turning Point was integrated into the various service delivery systems of the county.

The Board of Directors for Turning Point was formed in late 1979, and the shelter became operational in June, 1980. The Board of Directors currently meets on a monthly basis.

Turning Point has a staff of 32. This includes a director of volunteers, an operations coordinator, four shift managers, five volunteer counselors, three volunteer attorneys, and 18 volunteer drivers. The program's current budget is $51,862. Turning Point assists women who are victims of domestic violence and their dependent children. In the first two months of operation, 12 women were housed by the shelter.

Turning Point defines domestic violence as "a violent physical attack or fear of a violent attack by a spouse or former spouse or another individual with whom the person has had an on-going consenting sexual relationship." The general program goals are to: 1) provide shelter and time away from a violent situation; 2) provide support for whatever life choices the woman makes; 3) provide counseling and encourage self-sufficiency; and, 4) provide assistance in locating permanent housing.

The primary service provided by Turning Point is shelter for women and their children. The maximum stay in the shelter is three weeks, while the expected stay is two weeks. Support services provided include: a crisis hot-line; counseling; legal assistance; child care; first aid; help in locating permanent housing; and, the provision of food and clothing. Transportation to the shelter is provided by volunteers and by the local police and is available on a 24-hour basis. Telephone counseling is the only service provided for battered men and abusing spouses.

Shelter staff identified financial assistance and permanent housing as the primary needs of most battered women. Providing assistance in locating permanent housing was stressed by staff as one of their most important functions. Housing is a constant problem as there is limited housing available, especially for AFDC recipients.

Respondents identified the State's policy of providing funding to domestic violence programs for only six months at a time as a major limitation to Turning Point's ability to meet the needs of battered women. This policy makes it difficult for the program to do any long-range planning. Other barriers mentioned by shelter staff were that many service agencies are experiencing cuts in staff and funds, precluding expansion of services for domestic violence victims; and that some agencies are unwilling to make exceptions to the rules, i.e., battered women are not seen as a priority and may have to wait several weeks for appointments.

In general, Turning Point staff believe that they have established good working relationships with other service providers in the community.

The following is a program-by-program analysis of the six agencies identified as having "close and substantive working relationships" with Turning Point, and a brief discussion of other coordination activities in process and proposed.

- Inter-Agency Council

As mentioned previously, the Inter-Agency Council is made up of more than 80 service agencies in the county. The Council meets monthly and is involved in coordinating and soliciting support of local agencies wanting to become involved in community projects. The Council was instrumental in the establishment of Turning Point. For example, the Council identified the need for a shelter and encouraged several interested groups to coordinate their activities in behalf of the shelter. Board members of the shelter are also members of the Inter-Agency Council's Board. Thus, the linkage between programs has been strong from the beginning.

The Council also conducted a fund raising drive which resulted in a $5000 donation to the shelter. The Council wants to continue to give financial support to the shelter until the shelter becomes financially self sufficient. A major barrier identifed by the Council respondent, however, is the difficulty reaching Council consensus on which projects to support, because the Council is composed of many diverse groups.

According to a respondent from Turning Point, attempts are being made to re-establish the strong linkage with the Council that existed during the shelter's development. For example, the Inter-Agency Council has invited a representative of the shelter to speak at a future meeting. The shelter hopes to receive additional financial support from the Council and also wants to maintain contact with all community agencies represented on the Council.

- Phoenix Center

The Phoenix Center is a non-profit corporation that provides counseling and educational services to residents of Macomb County. The Phoenix Center is funded by private contributions, contracts with various governmental units, and fees for services. Substance abuse treatment is the main thrust of the program.

Because a close connection between substance abuse and spouse abuse is perceived by Phoenix staff, Phoenix Center's program goals are considered compatible with helping victims of domestic violence. Phoenix Center staff initiated contacts with Turning Point when they were unsuccessful in setting up a "rap" group for battered women. Because of Phoenix staff's continued interest in working with battered women, they initiated "rap" groups at the shelter. Since mid-July, two therapists from Phoenix Center have gone to the shelter twice a week for this purpose. Phoenix staff hope that a follow-up group for battered women can be held at Phoenix Center.

Turning Point also refers clients to the Phoenix Center for family counseling and educational programs on effective parenting and stress reduction. Although Phoenix staff interest and support exist (e.g., the Phoenix Center has written a letter of support for the shelter), involvement with the shelter is expected to decrease in the near future due to opposition from some of Phoenix Center's funding sources. Specifically, some funding sources question the use of Phoenix's resources in the area of domestic violence.

- Lakeshore Legal Services

Lakeshore Legal Services is the local legal aid office. One of the attorneys specializes in Family Law and is a member of Turning Point's Board of Directors. Lakeshore Legal Services has no formal contract with Turning Point but pledges cooperation and gives priority to cases involving shelter clients. Services provided for battered women include legal advice, legal advocacy, and legal representation in the pursuit of restraining orders and injunctions. Legal consultation also has been provided to the shelter.

The major barrier to Legal Services' provision of assistance to shelter clients is its policy to help only those individuals who meet income eligibility criteria. Further, in determining eligibility, the husband's income is considered even when the wife does not have access to it.

- Macomb-St. Clair Women Lawyers Association

The Women Lawyers Association meets monthly to discuss legal issues. Two Association members were instrumental in starting the shelter, providing counseling and writing grant proposals. Association respondents reported that shelter start-up was "rocky" because of difficulties in coordinating all the interested parties.

Part of the initial proposal for the shelter included the provision of assistance from the Women Lawyers Association. Beginning in July, 1980, an attorney from the Association has conducted weekly "rap" sessions at Turning Point. The Association also has donated funds to the shelter and hopes to provide additional donations. Further, the Association plans to continue to provide general legal advice, and help the shelter develop a referral list of lawyers.

- U.S. Army Tank Automative Command (TARCOM)

According to shelter staff, the Department of Employee Problems of TARCOM is involved in a collaborative effort with Turning Point. The two programs work together to provide mediation counseling for military couples. During mediation, TARCOM represents the man and shelter staff advocate for the woman.

(The staff of TARCOM refused an on-site interview but agreed to respond to written questions. At the time of this writing, TARCOM input has not been received.)

- Cooperative Extension Services

Cooperative Extension Services has responsibility for providing education in money management, nutrition, parenting, stress management, and general home management. The agency works primarily with displaced homemakers and provides services through home visits. Cooperative Extension Services was involved in the initial community needs assessment, and one staff member has helped write funding proposals for Turning Point.

Contact between the two programs is currently on an informal basis. Extension Services staff serve as consultants to Turning Point and Turning Point refers clients to Extension Services. Respondents from Extension Services indicated that not many referrals are received from the shelter program. They attributed this to the possible lag between the time a woman leaves the shelter and then contacts them for help. However, shelter staff reported that, in their opinion, many shelter clients do not follow-up on referrals, due to their resistance to being told that they need help in managing their homes.

Further, Extension Services staff identified their reluctance to make home visits to households where abusive relationships exist as a possible barrier to meeting the needs of battered women. Despite this concern, in the future, extension services staff would like to develop better coordination of referrals with the shelter program.

Along with the six programs discussed above, shelter staff identified other community programs with which they have some involvement. One of these is the local Department of Social Services (DSS); there is a written agreement between DSS and Turning Point stipulating that DSS will grant emergency funds for shelter services. In addition, a meeting was held between DSS intake workers and shelter staff to facilitate the DSS application and eligibility determination process for shelter residents. Shelter staff hope to have more meetings of this nature. Other coordination efforts with DSS occur on a case-by-case basis. For example, shelter staff frequently accompany clients to the DSS office and function in an advocacy role.

One of the identified barriers to more effective coordination between DSS and Turning Point is the large turnover of DSS intake workers. For example, even though the service agreement exists, it is an ongoing task for shelter staff to educate each new intake worker on the provisions of the agreement.

Another coordination linkage exists with the Community Guidance Center, a Community Mental Health Center. The Director of the Center is a member of the shelter's Board and also provides consultation to the shelter when a resident exhibits severe emotional disturbance. Some other agencies mentioned by shelter staff include the Community Health Center, Mid-West Mental Health, Child Protective Services, and the Council on Aging. These linkages are informal and are usually related to specific clients. In addition, shelter staff have contact with a resource person in a local congressman's office. This resource person has provided advocacy services for the shelter in dealing with governmental agencies.

With regard to future plans, Turning Point is holding discussions with Catholic Social Services. These discussions are aimed at making arrangements for a therapist from Catholic Social Services to conduct a follow-up group for former shelter clients. The major barrier to this plan is that Catholic Social Services is facing staff cutbacks, and, thus, staff time for other activities is limited.

The Macomb County Community College is also being considered as a potential resource for Turning Point. The projected plan is to have the college

provide training to shelter staff, and also to train and provide volunteers for the shelter. This proposed program may be integrated with the college's Displaced Homemakers Program.

Other coordination efforts that shelter staff hope to develop are for an agency, possibly Macomb Child Guidance, to provide a parenting class, and for an agreement to be worked out with private agencies whereby the private agencies would provide services to shelter clients on a sliding scale fee basis.

In summary, as demonstrated by the previous discussion, Turning Point has established linkages and coordinated services with a wide range of community resources. Further, contacts have been initiated both by the shelter and by other agencies, indicating a general willingness to cooperate and to integrate Turning Point into the overall service delivery system.

Respondents Recommendations for Establishing Effective Linkages

Respondents from the two shelter programs and the selected community agencies shared their recommendations for the establishment of effective service delivery linkages. These recommendations were based on their experiences, the coordination methods they found most useful, and the problems they encountered.

Two themes emerge with regard to these recommendations. One of them pertains to the need for extensive community organization activities. The other theme pertains to the domestic violence program, per se, and the need for the program to have one-to-one relationships with key individuals in the community.

There was a general consensus among respondents that community organization efforts need to be initiated well in advance of the opening of a domestic violence program. An initial needs assessment is important, not only to identify and make the community aware of the needs of battered women, but also to avoid service duplication. Further, it is crucial to develop a support base at the community level, for example, involving county commissioners, other public officials, and concerned citizens. One respondent also suggested that the "groundwork" for linkages with other service providers be laid before opening the domestic violence shelter program. For example, meetings among services providers can be held to share concerns and establish mutually beneficial working agreements.

Once the shelter program is operational, good public relations need to be maintained by publicizing the services provided and by keeping the community apprised of the progress and needs of the program. This can be accomplished through public meetings, newsletters, and pamphlets.

On the domestic violence program level, many respondents emphasized the importance of having an Executive Director with good organizational skills. One-to-one contact by the Director with various individuals and service providers has proven effective both in gaining community support and in establishing effective linkages with agencies. Also, a staff member needs to be identified as the contact person or liaison to the shelter program, particularly in larger agencies with high staff turnover. This person, in turn, can

act as an internal and external advocate for the shelter program, keeping other staff informed of the policies and procedures developed to provide more effective assistance to battered women.

In both Ionia and Macomb Counties, close and substantive working relationships were identified with legal services. One respondent recommended that a way of better meeting battered women's legal needs would be for the shelter to have a lawyer under contract or on retainer.

Other general recommendations were to hold fund raising events, to draw on the experience of other programs, to use experts in the field to provide technical assistance, and to maintain good accounting and bookkeeping records.

CONCLUDING REMARKS

The overall impression from this case study is that both of these domestic violence programs have become integrated into the total service delivery system and have achieved general support from the community. Keys to their acceptance appear to be: the extensive efforts put forth in establishing linkages with other community agencies and groups; high visibility which is maintained by participation in community councils and planning groups; and the provision of ongoing public awareness activities.

Many similarities exist in the two sites. Both domestic violence programs evolved out of community recognition of the need for domestic violence services, supported by needs assessment studies conducted by local service providers and human service planning groups. Thus, both programs began with a broad base of local support This initial support has been maintained by ongoing contact and coordination with key agencies and groups. A further facilitator of ongoing interaction between the domestic violence programs and the rest of the community has been the diverse representation of professions and interest groups on the Boards of both programs.

Some of the commonalities in the ongoing interactions with other agencies are that most inter-agency agreements are verbal rather than formalized written contracts, and, that in most situations, referrals are made both to and from the shelter programs. Further, both shelter programs have identified the inadequacy and the instability of funding as the major barrier to meeting the needs of battered women. Another common problem is the lack of sufficient services for abusing spouses.

In comparing the two sites, some differences also emerge. In Macomb County, all agencies were already somewhat interrelated; in Ionia County, the shelter was the focal point, with other service providers relating to the shelter more than interacting with each other. In terms of the types of coordination activities, Macomb County is actively involved in utilizing the staff of other programs whereas in Ionia County more emphasis is placed on providing training and community education.

Both of these models demonstrate the importance and the effectiveness of establishing and maintaining strong linkages with the overall service delivery system of a community to meet the multiple needs of battered women and their families.

A CASE STUDY ON CAMP PENDLETON'S RESPONSE TO THE PROBLEM OF DOMESTIC VIOLENCE AND ACTIVITIES RELATED TO THE PROBLEM OCCURRING ON TWO OTHER MILITARY BASES

INTRODUCTION

This case study, dealing with domestic violence intervention on military installations, focuses primarily on the system developed at Camp Pendleton, a Marine base in California. A detailed description of the Camp Pendleton Spouse Abuse Program is presented to provide information which may be useful to military personnel in planning spouse abuse programs at other installations.

In addition, brief descriptions of activities at two other military bases are provided; these bases are located in sites selected for the Community Survey. At one of these bases, a large Army Post, the supervisor of the Army Community Services and two mental health counselors in Mental Health Services were interviewed by CSR field staff. Similar interviews with the staff of a Child Abuse Prevention and Treatment Program were conducted at the other base, an Air Force base.

Major Sel Patricia H. Frederick, a Judge Advocate stationed at Camp Pendleton, is the author of the following sections on Camp Pendleton's Spouse Abuse Program. She was instrumental in the development and implementation of this program.

HISTORY OF THE SPOUSE ABUSE PROGRAM AT CAMP PENDLETON

Camp Pendleton is the primary amphibious training base of the U.S. Marine Corps. It is located in San Diego County, California, and is bounded by San Clemente to the north, Oceanside to the south, the Pacific Ocean to the west, and the Santa Margarita Mountains to the east. The population of Camp Pendleton is approximately 44,000, which includes 25,000 permanent military staff, 4,000 transient personnel, 3,000 civilians, and 10,000 dependents. Camp Pendleton is a self-contained community of 125,000 acres. Most necessary facilities are available, including medical and dental facilities, shopping facilities, churches, an airfield, dining facilities, parks, barracks, and family quarters.

In the Spring of 1977, a female Naval officer sought advice and assistance at the Camp Pendleton Legal Assistance Office regarding physical abuse by her husband, a Marine officer. She requested dissolution of their marriage as well as criminal prosecution of her spouse. At that time, there were no Marine Corps orders, Naval instructions, orders in any branch of the service or Department of Defense directives regarding spouse abuse cases.

Because no guidance was available within the military, the Judge Advocate who was assisting the Naval officer contacted the Conciliation Court of the State of California's Superior Court in San Diego. The Conciliation Court referred the Judge Advocate to the Women's Resource Center, a program which provides counseling to victims of domestic violence and is located in San Luis Rey.

The Naval officer had interviews with the district attorneys in each of the two counties where the assaults had taken place, Orange County and San Diego County. Because of the time span since the assaults and the lack of evidence, prosecution was discouraged in both counties.

This case resulted in a recognition of the need for better coordination of services to victims of domestic violence, as well as the need for a greater awareness of the problem, both at Camp Pendleton and within the military in general. During this period, a Judge Advocate at Camp Pendleton was asked to speak at several spouse abuse seminars, conducted by the California Attorney General's Preventive Crime Unit, to familiarize civilian agencies with aspects related to handling domestic violence cases in military families. As a consequence of these various events, Camp Pendleton's Human Affairs Office, the Preventive Crime Unit of the State Attorney General's Office, and the Women's Resource Center jointly sponsored a half-day seminar on domestic violence.

The purpose of the seminar was threefold: to coordinate the local military and civilian resources which were already involved in assisting domestic violence victims; to increase the awareness of all seminar attendees regarding the dynamics of spouse abuse; and to provide information about alternatives available for domestic violence victims, including legal options and services, medical services, mental health services, shelters, police, and military alternatives. The California State Attorney General's Office took responsibility for the mailing of seminar invitations and registration forms. The local military and civilian newspapers announced the seminar and provided follow-up coverage. The Peace Officers' Training organization gave four credits toward the police continuing education requirement for attendance at the seminar.

Representatives from a variety of civilian and military organizations and agencies were invited to attend; civilian invitees included:

- The Local Bar Association;
- District attorneys;
- Mental health professionals;
- Public health nurses;
- Community and county social service agencies;
- Medical professionals;
- Police and county sheriffs;
- Members of the judiciary; and
- Ministers.

The military community invitees included:

- Wives' clubs on the base;
- Military police;

- Judge Advocates;
- All hospital personnel, including physicians, nurses, emergency room staff, and alcohol rehabilitation staff;
- Navy Relief staff;
- Red Cross staff;
- Chaplains;
- Human Affairs Officers; and
- Commanding Officers.

Every group mentioned above, with the exception of the base wives' clubs, was represented at the seminar. Several wives of military retirees also attended and actively participated in the discussions. Approximately 250 people, the majority of whom were civilian, attended the meetings.

The seminar consisted of a one-and-a-half-hour panel presentation, followed by a series of workshops. The panel consisted of a deputy district attorney, a civilian police officer, a shelter worker, a Judge Advocate, and the chairperson of Camp Pendleton's Child Advocacy Committee. All panel members presented their perspectives on the nature of the domestic violence problem.

Following the panel presentation, seminar attendees split into four workshop groups. Workshop leaders rotated among these four groups; each workshop lasted 30 minutes. Workshop topics included: services available at the base; Women's Resource Center services; services provided by the district attorney's office, including restraining orders; and law enforcement issues related to the police, prosecution, and the judiciary.

The conference concluded with a luncheon and a speech by an attorney active in lobbying efforts for domestic violence legislation in California. Materials distributed at the seminar included the California State Attorney General's handbook on domestic violence, a booklet on services available through the Women's Resource Center, and a directory of Camp Pendleton emergency services.

The seminar achieved its intended goals, as well as one which was not expected. After the seminar, the Women's Resource Center requested that the City of Oceanside include funding for a shelter in the city's 1979 budget. Because the seminar had been so effective in increasing community awareness of the problem, the City Council began devising a funding plan for the shelter the same evening it received the request.

Another effect of the seminar was the Navy's increased awareness of the domestic violence problem. Subsequently, the Bureau of Medicine and Surgery developed Instruction 6320.57, which relates to the Family Advocacy Program. The provisions of this Instruction are described in the following section of

this report. In July of 1979, Camp Pendleton implemented the Spouse Abuse Program.

RESPONSIBILITIES AND ACTIVITIES OF THE SPOUSE ABUSE PROGRAM

The current system for providing assistance to families experiencing domestic violence problems at Camp Pendleton is regulated by the U.S. Navy through the Bureau of Medicine and Surgery. The Bureau of Medicine (BUMED) Instruction 6320.57, dated 11 July 1979, established the Family Advocacy Program, which includes a spouse abuse component, and policies and guidance for the Family Advocacy Program at naval facilities within the Bureau's service areas. A brief description of the structure and basic functions of this program, according to the Instruction, is provided to set the context within which such programs as the Camp Pendleton Spouse Abuse Program operate.

The Family Advocacy Program is composed of a Family Advocacy Committee , whose members come from the medical, mental health, legal, and social services disciplines, and a Family Advocacy Representative, who is a social worker. The Family Advocacy Committee is divided into three working committees: Child Abuse/Neglect, Spouse Abuse/Neglect, and Sexual Assault/Rape. These subcommittees have similar functions in that they regularly meet to review suspected cases, plan for management of individual and community problems related to abuse, neglect and sexual assualt, and recommend and report to the appropriate commands their findings with regard to disposition of cases and procedures to improve program management.

The Spouse Abuse Program at Camp Pendleton has a Family Advocacy Representative, a civilian social worker located at the base hospital, and three committees, composed primarily of military personnel: the Spouse Abuse Committee, the High Risk Committee, and the Education Committee. The major program goals are:

- Intervention and treatment for victims of abuse.
- Prevention of violence among military families and individuals identified as "high risk."
- Effective utilization of Navy resources and civilian agencies in assisting military families with domestic violence problems.

The program's target population is the families of active duty and retired military personnel in the geographic area of Camp Pendleton. This population includes members of all branches of the Armed Services who are entitled to use the base hospital, the Naval Regional Medical Center. It does not include "live-in" relationships where the parties are not married, because nonmilitary cohabitees are not entitled to medical benefits from the military. However, cases of this nature have come to the attention of the Spouse Abuse Committee and referrals are made elsewhere, usually to the Women's Resource Center.

Most families with spousal abuse problems enter the base program through referrals made to the Family Advocacy Representative, the civilian social

worker located at the base hospital. Referrals are made by military physicians, emergency room staff, nurses, military police, chaplains, Judge Advocates, civilian child protective services, public health nurses, and numerous other civilian agencies.

When the Family Advocacy Representative receives a referral, she makes an appointment to see the victim and, if possible, the abuser. Often the abuser refuses to come in, and, at times, the victim prefers that the abuser not be contacted. But, whenever possible, the Family Advocacy Representative tries to meet with the abuser. The purpose of the Family Advocacy Representative's meeting with the victim and the abuser is to determine what their needs are with regard to resolution of the battering situation. Most often the victim is referred to the Women's Resource Center for counseling or to a private psychologist or psychiatrist, to better aid her in understanding the problem and considering her alternatives. Sometimes the victim requests a referral to a Judge Advocate or civilian attorney to file a restraining order and/or dissolution of the marriage. The Family Advocacy Representative does not do counseling; she evaluates the family's needs and makes referrals to the appropriate agencies.

Within two weeks of the initial referral to the Family Advocacy Representative, the case is presented at a meeting at the Spouse Abuse Committee. The purpose of the committee meeting is to review the case and determine if any further action is necessary. The committee membership consists of the chairman, a physician who is also chairman of the hospital's Family Practice Department; the Family Advocacy Representative; a chaplain; a dental officer; Human Affairs Officers from the three major commands; a counselor from the Women's Resource Center; and a public health nurse. Case review by the committee results in one of three possible classifications, which are described below: unfounded report, suspected maltreatment or established maltreatment. (This classification system, set forth in the BUMED Instruction 6320.57, permits uniform statistical reporting across all naval facilities within the major claimancy of the Bureau of Medicine and Surgery. Unfounded cases, however, are not reported.)

If there is no probable cause to believe that the individual was abused, the case is classified as "unfounded" and nothing further is done. If the committee makes a collective judgment that maltreatment may have occurred, but insufficient evidence exists to warrant diagnosis of established maltreatment, the case is diagnosed as "suspected" maltreatment. If, in addition to the patient's physical condition and information received from family members or collateral contacts, there was an investigation by the Naval Investigative Service, the State, county or local law enforcement agency, any military law enforcement group or an investigation in accordance with the Manual of the Judge Advocate General, the case may be classified as "established" maltreatment.

If, after review of the case, the committee deems that further action is necessary, follow-up steps are initiated. If the abuser has not made an appointment with the Family Advocacy Representative, his command can order him to see the representative for evaluation and possible referral. One of the Human Affairs Officers on the committee can contact the abuser directly and

issue the order from the command. If the victim has not followed up on a referral for counseling, or if either spouse has an alcohol problem for which a referral was made, contact is initiated with that individual to reemphasize the availability of assistance. Contact may be made by telephone, letter or through the military police, in cases in which the families live on the base. Often, however, the initial contact by the Family Advocacy Representative is only the first in a series of contacts between the family and other consultants or service providers.

The Spouse Abuse Committee takes no further action upon a case if it appears the victim is seeking counseling assistance or has removed herself from the abusive relationship. However, the victim may be referred into the system again by others or herself if another incident occurs. In cases where the victim refuses assistance and no further incidents are reported, the committee either may drop the case or refer it to the High Risk Committee.

The High Risk Committee reviews the cases of those families which, although not having identifiable abuse problems, are recognized to be "at risk" because of the presence of several indicators of possible abuse. The committee discusses these families and formulates approaches to help professionals watch for problems the families may experience. In most cases, the attending physician is notified and asked to be attentive to the family's needs. Often the physician inquires as to the family's needs for assistance, usually in areas dealing with communication or methods of dealing with stress. The physician may provide counseling or make a referral to a civilian counselor.

In addition to these mechanisms on the base for helping families with spousal abuse problems, the third committee within the Spouse Abuse Program promotes education of military families about the problem. The Education Committee collects research materials and other information for use on the base. These materials are available to all servicemembers.

LINKAGES WITH CIVILIAN SERVICE PROVIDERS

The linkages established with the Women's Resource Center and other civilian agencies form an integral part of the service delivery network available to assist families with domestic violence problems. This section describes resources available in the community, with emphasis on the Women's Resource Center, and the interrelationships of this program and the Camp Pendleton Spouse Abuse Program.

The domestic violence seminar, previously discussed in the section on History of the Spouse Abuse Program, was the catalyst for a request from the Women's Resource Center to the City of Oceanside for funds to provide a shelter for victims and their families. In 1978, the year preceding this request, the Women's Resource Center had elicited support from community citizens who volunteered their homes to victims for use as temporary shelters. Approximately 20 homes were made available, with various limitations imposed by what the volunteers could offer (e.g., no accommodation for victims with children). No on-base facilities were offered, although some quarters could have been used by victims who would have been considered as guests of on-base residents.

The City of Oceanside Council recognized the need for a shelter and began immediately to develop plans to fund a shelter. The Council arranged for the use of Community Development Block Grant funds, as a housing rehabilitation project, to provide a shelter for victims in the community. The shelter, called Gateway, opened late in 1979 and is available for use by military families.

As is true of all the services provided by the Women's Resource Center, approximately 45 percent of the families using the shelter facility are military. Families with children are welcome and can stay at the shelter for up to 30 days. The shelter provides food, some clothing, counseling services, employment assistance, housing assistance, and assistance in applying for various social service benefits (Aid to Families with Dependent Children, food stamps, medical and social security benefits for children, etc.).

Although there is no direct funding from Camp Pendleton to support the Women's Resource Center, the Marine Officers Wives' Club makes annual voluntary contributions to the Center. Many Camp Pendleton wives and active duty personnel do volunteer work for the Center. One male officer, a licensed counselor, volunteers his services during his off-duty hours.

Liaison and coordination activities between the Camp Pendleton Spouse Abuse Program and the Women's Resource Center have developed more formally, albeit voluntarily, in the memberships of the two programs' committees. For example, the Women's Resource Center has a 21-member Board of Directors. For the past two years, a Judge Advocate from the base, who is also a member of the Spouse Abuse Committee, has served on the Board of Directors. Although her participation preceded the development of the Family Advocacy Program on base, and she does not serve on the Board in an official capacity, her presence has proved to facilitate markedly the communication and coordination between the programs. As a result, it is highly probable that such membership on the Board of Directors will continue in the future, since its benefits are visible to staff from both the base and the Center. Because this particular board member is an attorney, the Center makes numerous referrals to Camp Pendleton's Legal Assistance Office and often telephones the attorney directly whenever a victim requires legal assistance.

To meet victims' needs for legal services, the Women's Resource Center established a Legal Services Committee, chaired by the military Judge Advocate previously mentioned. This committee identified the types of assistance that victims require and subsequently developed a referral panel, made up of civilian attorneys who are experienced in handling domestic violence legal issues. This panel constitutes a network of attorneys to whom victims can be referred and also serves as a valuable resource to the military population, because military attorneys cannot make civilian court appearances on behalf of victims.

In addition to the Board of Directors and Legal Services Committee, the Women's Resource Center has a Domestic Violence Task Force. The purposes of the task force, which meets once a month, are to inform the public and those agencies aiding victims about the problem of domestic violence and to exchange information regarding available services offered in the community.

The task force is composed of representatives from the following types of agencies: local police departments; public and private mental health services; family service associations; non-profit youth social services; private hospitals; public health nurses; county social services; alcohol treatment programs; non-profit corporations providing counseling services and other social service programs; the Salvation Army; the YMCA; and members of the Camp Pendleton Spouse Abuse Committee.

To familiarize all the task force members with the services available at Camp Pendleton and the problems unique to military families, representatives from Camp Pendleton's Spouse Abuse Committee spoke at one of the task force's monthly meetings. The presentation was made by the Family Advocacy Representative, the Military Police Family Advocacy Officer, a Judge Advocate, and a psychiatrist. In addition to discussions about the services and uniquely military issues, materials were made available to task force members. Camp Pendleton telephone directories, military pay charts, and a chart presenting the nomenclature for all military ranks were distributed.

In addition to these liaisons from Spouse Abuse Committee members and other Camp Pendleton staff to the Women's Resource Center, a counselor who works with victims at the Women's Resource Center regularly attends the Camp Pendleton Spouse Abuse Committee meetings. Occasionally, cases are presented to the committee in which a victim has been referred to the Center and has not made contact. In these cases, it may be appropriate for the committee to ask the Center's counselor if she will contact the victim. The presence of the Center's representative aids the referral and follow-up procedures employed to assist the victim.

Official communication with and support for the Women's Resource Center has come from the Commanding General of Camp Pendleton. He invited the executive director of the Center and the shelter director to the base, where they briefed him on the services provided by the Center. The Commanding General has committed himself personally to supporting the Center in any way possible; he views it as a valuable resource to families within his command.

The wives of two Commanding Generals have toured Gateway, the shelter facility. In addition, in September 1979, the wife of the Commandant of the Marine Corps visited Camp Pendleton. During her visit she toured the Women's Resource Center and was informed of the services available, including the soon-to-be-opened shelter. Each of these visitors expressed interest in and support of the Center's activities.

One other activity, unique to Camp Pendleton, warrants discussion in this section regarding available resources and the service delivery network. An effective, preventive violence program exists in Camp Pendleton's Marriage Preparation Workshop. This three-day workshop is sponsored by the base chaplain for active duty personnel and their fiances or new spouses. The workshop courses include communication techniques and problem resolution techniques, taught by experts who use role playing as part of their teaching methods. Workshop participants receive information about available resources for assistance in resolving problems which may arise in their relationships. Legal alternatives in abusive situations also are discussed briefly to create an

awareness of additional remedies for relationships which may be deteriorating. The Camp Pendleton command believes that participation in these workshops is effective in resolving problems which may affect the Marine at a later point in his/her career. As a consequence, the eligible, active duty member receives "orders" to the workshop. None of his/her other duties interfere with participation.

BARRIERS TO SERVICE DELIVERY FOR BATTERED WOMEN AND THEIR FAMILIES

Military installations are subject to an unusual combination of Federal and State laws. Federal military regulations govern the operations at each military base or post; State laws which are not superceded by the Federal laws also must be observed. Several major legal and jurisdictional issues are discussed in this section: mandatory reporting of spouse abuse cases to the State of California and the military base command; authority for prosecution of such cases under the military justice system; and lack of Federal authority for citizens' arrests on a military installation. In addition, other factors which may impede service delivery to victims and their families are described: a shortage of personnel to assist families with domestic violence problems; the provisions for family counseling services payable through the Civilian Health and Medical Program of the Uniform Services (CHAMPUS); and lack of training for Spouse Abuse Committee members.

Mandatory Reporting and Authority for Prosecution

The greatest hinderance to the reporting of abuse and subsequent assistance to the victims of domestic violence at Camp Pendleton, and throughout the military, is that the servicemember's command will find out about the problem. To a servicemember, the command is much like an employer in the civilian community, and the threat to job security is a realistic fear. This is a very difficult problem for the military family, in contrast to its civilian counterpart. If a civilian receives correction with regard to abuse, his employer is less likely to know about it.

The State of California has reporting laws making it mandatory for hospital officials to report injuries inflicted by other than accidental means. Failure to report is a criminal offense; therefore, Camp Pendleton hospital officials must report spouse abuse, or they will be criminally liable under the Assimilated Crimes Act. These reports must be made to the local law enforcement agency. For Camp Pendleton's Naval Regional Medical Center staff, these mandatory reports are made to the military police.

Under the military justice system, a servicemember's command has authority to prosecute for offenses committed by that servicemember. Because of this authority, copies of all military police reports are forwarded to the servicemember's command. Thus, when a victim seeks medical treatment for abuse, the servicemember's command routinely receives a report about that abuse.

The Camp Pendleton Spouse Abuse Committee has established its credibility in advising the commands as to the best means of assisting the victim and the abuser. Command intervention has been minimal, except in those cases where prosecution is necessary. Without a major change in the military justice system, command reliance on the committee's advice is believed to be essential.

Another approach to this dilemma is to educate the commands, through their Human Affairs Officers, about how domestic violence cases should be handled. This educative process, which occurs primarily by listening to the Spouse Abuse Committee discuss cases, enables the commands to better understand how to handle these cases, and when they should and should not become involved in them. With greater knowledge about spouse abuse, the commands increasingly are aware of alternatives other than prosecution, specifically marital counseling, and also of the necessity to prosecute spousal assault cases.

Lack of Citizen's Arrest

If a victim of domestic violence lives within a Federal reservation where there is exclusive Federal jurisdiction, she may have more difficulty in having the abuser removed from the home than if she lived in a concurrent jurisdiction or within the State's jurisdiction. Unlike many civilian jurisdictions, including California, there is no Federal authority for a citizen's arrest on the base. The lack of authority for making a citizen's arrest removes one effective method whereby a victim may protect herself.

The Uniform Code of Military Justice and Manual for Court-Martial state that the military police can apprehend and arrest or take into custody and detain an individual if there is reason to believe an offense has been committed. This authority means that removal of the abuser is left to the judgment of the military police. Thus, it is critical that military police be aware of and trained in the dynamics of domestic violence, so that they will apprehend and arrest the abuser when it is appropriate for the maintenance of law and order on the military installation and for the protection of the victim. Further, such intervention increases the chance that the couple will seek help from on-going spousal abuse treatment programs.

Shortage of Personnel

The domestic violence service delivery system at Camp Pendleton is conducted primarily by hospital personnel. Currently, there is a shortage of personnel assigned to assist military families for whom domestic violence is a problem. The social worker who is the Family Advocacy Representative is aided by two clerks with secretarial skills. The Family Advocacy Representative processed 155 spouse abuse cases, 121 child abuse cases, and 26 sexual assault cases in Fiscal Year 1980. Her duties also include training staff in the Naval hospitals and clinics in the southern California area. With her large caseload and training requirements, it is difficult for her to do the necessary follow-up with families and to apprise community referral sources of the referrals made.

CHAMPUS

The Naval Regional Medical Center at Camp Pendleton does not provide any on-going counseling to military families. Only evaluations for character and behavior disorders of active duty servicemembers are available. Because no counseling services may be obtained at the base, families must use civilian counseling services.

When military families use these services, the Civilian Health and Medical Program of the Uniform Services (CHAMPUS) pays for those family members who are dependents. However, active duty members are not covered under this insurance plan, nor is any other coverage available for them. The dependent spouse must enroll in treatment and then the active duty servicemember is seen as part of that treatment. This mode of providing counseling services for servicemembers is unsatisfactory. A servicemember who wants counseling independent of his/her spouse cannot obtain these services unless he/she pays for them.

Lack of Training for Spouse Abuse Committee Members

The Bureau of Medicine and Surgery Instruction established the Spouse Abuse Committee; however, committee members receive no formal training as to the scope and nature of their duties. The new committee members often have little or no knowledge of the dynamics of spouse abuse, and they are often unfamiliar with possible alternatives available for these families. The only training they receive is on-the-job training, while attending the committee meetings and learning from the case discussions, about recommended approaches for resolution of the violence problem.

This lack of training for new committee members has several effects upon the Spouse Abuse Program. Initially, some new members feel unskilled and inept at assisting these families. The committee has a very busy agenda. If new committee members make inappropriate suggestions for treatment, indicative of their lack of skill and knowledge, the work of the committee is slowed and new members' feelings of ineptness are exacerbated. In addition, new committee members often are unfamiliar with the provisions of the Freedom of Information Act and the Privacy Act. Thus, the potential exists for creating problems in maintaining the families' right to privacy with regard to their treatment.

SUMMARY

The strengths of the Camp Pendleton Spouse Abuse Program are attributable to several features, including:

- Active commitment from the military commands and individual servicemembers to implement an effective service delivery system;
- Strong community (civilian) support for a shelter and other services for domestic violence victims;
- Cooperation from the local community in providing services to the military population; and
- Close, substantive relationships with civilian service providers and agencies to integrate provision of services to victims and their families.

The availability of a local shelter facility has ameliorated one serious problem faced by a victim married to a servicemember. Such victims need temporary shelter, perhaps more than their civilian counterparts, because they are isolated geographically from the normal family/friend support systems (which may be 3,000 miles away) and often cannot afford transportation home. Lack of money may affect the victim's ability to move to a hotel, motel or rented home. Military families are transient; isolation creates hardships, especially in domestic violence cases. Alternatives to remaining in the same house with the abuser become more limited than for civilian victims.

When examining the services needed by victims and their families, a prime requirement is for protection of the victim. One desirable alternative, although only a temporary one, is removal of the abuser from the home. On a military base, the abuser can be apprehended and, if appropriate, restricted to his work area. Another alternative is the use of an existing shelter facility. Primary deterrents to locating a shelter on a base revolve around the lack of privacy and the fact that the "town" government is also the employer. A servicemember's career may be jeopardized by the command's knowledge of abusive behavior. Unless these issues can be resolved satisfactorily, a shelter in the civilian community provides more anonymity and security for the victim. Greater awareness among the military services about the nature of spouse abuse and a thorough understanding and use of alternatives by the military commands may reduce these fears.

Several factors impeding service delivery to victims and their families are not easily resolved (e.g., legal and jurisdictional issues). However, the BUMED Instruction 6320.57 provides the first definitive guidance within the military services for handling domestic violence cases on Naval and Marine installations. In addition, the Camp Pendleton Spouse Abuse Program provides some service delivery strategies which other military domestic violence programs can adopt.

ACTIVITIES RELATED TO DOMESTIC VIOLENCE ON TWO OTHER MILITARY BASES

Programs at two military installations in counties selected as part of the Community Survey were included in the sample and are reported in this section. There were seven other communities in the sample which contained military populations from nearby posts or bases. Although most program respondents in these communities reported that military families comprised a portion of their clientele, the absence of any linkages with the service providers on the installation precluded the addition of these military sites. The program selected at an Air Force Base is a Federally funded Child Abuse Prevention and Treatment Program. It was purposively sampled because few programs supported by this funding source currently exist throughout the country. The programs selected at an Army Post are the Army Community Services and Mental Health Services.

The Child Advocacy Program, located on the Air Force Base, serves active duty and retired military families within thirty miles of the base. This program deals with abused children and their abusing parents. Only when the battered woman is an abusive parent is she eligible to receive services through the Child Advocacy Program. Battered women who are identified through the intake process usually are referred to other resources for assistance. At that time, the case is transferred to the other service provider, although program staff subsequently may monitor the provision of services or have followup contact with the battered woman.

The program does not have a definition of domestic violence, except for child abuse. No coordination linkages with other agencies on or off the base have been developed for battered women. However, respondents indicated it is feasible for their program to assume activities for battered women, primarily those involving the collection of statistics, needs assessment, program planning, staff training, and coordination with other providers. Increased staffing and the integration of the program into the proposed Department of Defense (DOD) Family Advocacy Program would be prerequisites in order for these activities to occur.

Respondents in the Child Advocacy Program identified several factors, unique to military populations, which may affect the incidence and prevalence of domestic violence among military families. The population is highly transient; the servicemember may be required to travel without knowing how long he will be away; and enlisted personnel are predominantly under age 25. The stresses of military life, combined with the young age of most active duty members, are perceived to play a role in cases of domestic violence. According to these respondents, establishment of a "Family Advocacy Program" to address the needs of adult victims and their families is currently being planned by DOD officials.

The programs selected at the Army Post offer services more directly related to spousal abuse victims and their families. Interviews were conducted with staff from the Army Community Services and Mental Health Services programs.

Respondents from both programs indicated that an active child abuse program exists on the post. However, development of a spouse abuse program awaits articulation through a DOD Standard Operating Procedure (SOP), which apparently is being formulated. The DOD is developing a Family Advocacy Program, under which all family services in the military will be coordinated by a central agency. As part of this emphasis on family services, the supervisor of the Army Community Services program is developing an SOP for child and spouse abuse cases. In addition, discussions with two civilian Family and Social Services agencies are in progress to plan for a local shelter which could be used by military and civilian families.

In 1977, a case management team was established to handle domestic violence cases. This team consists of the military police, counselors from the Mental Health Division at the post hospital, and the Community Services supervisor. The military police investigate each incident of actual or suspected domestic violence, whereupon the other team members receive the police report and meet to decide on the disposition of the case. Treatment is initiated in those situations where the family can benefit by such intervention. One mechanism for intervention which can be used to protect the victim is removal of the abusive husband from the home to his company barracks.

The programs' intake procedures generally do not provide for identification of battered women, in part because of lack of staff skills. Some respondents expressed a sense of powerlessness to deal effectively with problems involving spouse abuse. Limited training in counseling skills may contribute to this feeling. All ongoing counseling services are provided at the post hospital. Domestic violence cases usually are referred by the military police, the chaplains or the Community Services staff.

All respondents indicated it is feasible for their programs to assume activities for battered women, which would include: participation in the establishment of a shelter; operation of a hotline service on the post; and development of community education and marriage enrichment programs.

Two barriers which restrict these programs' capacity to address the needs of battered women were cited by the respondents. One relates to the military policy of having the military police conduct the investigation of the domestic violence incident. Respondents from both programs believed that a social worker should accompany the police to the home to provide other crisis intervention techniques and strategies to assist the family. The second barrier concerns the procedure of involving the abusive spouse in counseling. To enact a counseling program for a servicemember, permission from his commander (and the First Sergeant, for lower grade personnel) must be obtained. Sometimes, the program staff encounter lack of cooperation and denial that a spouse abuse problem exists.

Other factors influence the provision of services to families, the extent of domestic violence, and the reporting of spousal abuse incidents. Overriding considerations against the victim reporting abuse are the fear of hurting the husband's career and the fear of losing the children. Respondents also perceive that the social isolation of wives, cross-cultural marriages which may suffer from communication problems, the low pay, poor housing, family transiency, and frequent separations contribute to the problem of domestic violence and affect service provision to victims. In addition, family problems traditionally have been a secondary concern in the face of the military services' primary emphasis on military preparedness.

In summary, little activity directed toward victims of spousal abuse exists at either of the military installations visited. The absence of a DOD directive, or SOP, contributes to the lack of emphasis on the problem and fragmentation among military service providers in assisting victims. Increasing awareness among military commands is responsible for development of some spousal abuse programs on military installations; respondents from the Army post identified "progressive" programs at two other Army posts. Based on the military programs surveyed in our sample, efforts focused on domestic violence victims and their families appear to be relatively limited within the military services at this time. Camp Pendleton's experience provides an example of comprehensive intervention activities which can be developed by the military.

The individuals, employed or retained by CSR, INCORPORATED, with primary managerial and professional responsibility for the conduct of the study and development of this report are:

Sherrie Aitken	Cynthia Ragan	Barbara Barrett
Harriet Ganson	Gretchen Schultze	Judith Regner
Cheryl Oros	Anita Chidichimo	Elizabeth Penaranda

CSR, INCORPORATED is located at 805 - 15th street, N.W., Washington, D.C. 20005

☆U.S. GOVERNMENT PRINTING OFFICE: 1981-341-155/146

END