

**FLORIDA'S  
DOMESTIC VIOLENCE  
NEEDS ASSESSMENT**  
for 2006-2007



**INSTITUTE *for* FAMILY VIOLENCE STUDIES**

**COLLEGE OF SOCIAL WORK  
FLORIDA STATE UNIVERSITY**

**Linda Vinton, Ph.D.  
Dina Wilke, Ph.D.  
Aimee Griffith, M.S.W.  
Jen Starks, M.S.W.  
Meredith Heffner  
Jackie Mack**



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# EXECUTIVE SUMMARY

We surveyed almost 1,000 professionals in Florida working with individuals who have experienced domestic violence. We asked about whether there were resources and services in their area to meet the needs of adult and child domestic violence victims. We received 362 responses to our survey. We also heard from 82 women and men who had experienced domestic violence and were residing in domestic violence shelters or living in the community. Overall, there was remarkable consistency between the needs identified in the literature and other states' domestic violence needs assessments and the results from our survey and interviews.

One need that stood out across categories was the need for cultural competence. This is a term we are using broadly to reflect services needed by disenfranchised populations. The need for bilingual service providers and sensitivity to the needs of populations such as same sex, disabled, and older victims was repeatedly identified as needs that were less frequently met.

Additional areas of need that stood out as being essential, yet less often met than other needs, were housing and mental health services. Every item except long wait public housing and relocation services were not regularly available across regions of the state and this was agreed upon across professional groups. Home finding for low income persons, short wait public housing, and short wait accessible housing were particularly problematic.

Housing needs also stood out in rural areas with home finding and transitional housing for low income persons, transitional housing for homeless people, and relocation needs being met less frequently than in urban areas.

The number of unmet needs related to housing was closely followed by the number of unmet needs in the area of mental health. In general, mental health services were only readily available to privately insured individuals, and even then, needs were not always met. Only domestic violence service providers said that free or low cost child support groups were "often" available, most likely because they provide the service themselves in shelters. Mental health professionals, school personnel, and supervised visitation providers rated availability of children's support groups much lower.

While the health care needs of children seem to be regularly met, free or low cost health care needs remain a largely unmet need for adult victims, as does free or low cost dental care.

Finally, it was apparent from the data, along with victims' voices, that domestic violence centers serve a group of individuals with multiple needs, much like social services agencies. These other agencies are not necessarily providing victims with the resources they and their children need to live independent of abusers.

Our recommendations are as follows:

- ✓ Home finding services need to be established in each county specifically for domestic violence victims and creative approaches to locating transitional housing need to be developed.
- ✓ Recruit bilingual staff and have a fund available for contracting with bilingual or deaf interpreters on an emergency basis.
- ✓ Broad cultural competency training should be made available to all persons that work with domestic violence victims. Training should cover issues in working with individuals from ethnic, racial, deaf, and lesbian/gay/bisexual/transgendered cultures, and dealing with worker-client cultural differences.
- ✓ Encourage community-based mental health professionals to

offer child support groups specifically for children whose parents have experienced domestic violence both at domestic violence centers and schools.

- ✓ Encourage domestic violence centers to help victims of domestic violence develop an informal network of peer support.
- ✓ Pro bono or low cost dental programs should be developed across the regions, possibly modeled after the Orange County mobile dentists program.
- ✓ Because it is apparent that individuals that have experienced violence have multiple needs over time, it is recommended that domestic violence centers be provided with resources to hire more trained case managers to provide on-going services beyond residents' stay at the shelter.

# BACKGROUND

Domestic violence is defined in a variety of social, behavioral, and legal ways. Sociopolitical definitions include the notion of power and control in domestic abuse whether emotional or behavioral; physical definitions contend a physically violent interaction between intimates; and legal definitions focus on actions that can be prosecuted.

For example, the U.S. Office on Violence Against Women defines domestic violence as "...a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone." The Centers for Disease Control state that "the term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse... [that] can occur among heterosexual or same-sex couples and does not require sexual intimacy." Intimate partner violence (IPV) is viewed as a serious, preventable public health problem

(Tjaden & Thoennes, 2000). And *Florida Statutes* (F.S. 741.28) define domestic violence as "...any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member."

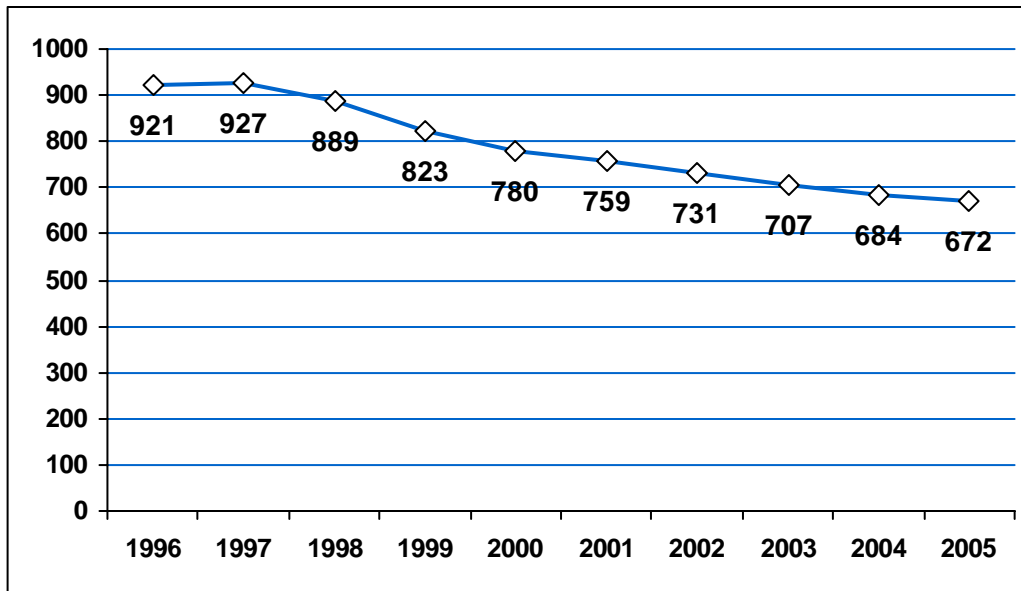
Certified domestic violence centers serve as centers to receive and shelter domestic violence victims and provide services including "information and referral services, counseling and case management services, temporary emergency shelter for more than 24 hours, a 24-hour hotline, training for law enforcement personnel, assessment and appropriate referral of resident children, and educational services for community awareness relative to the incidence of domestic violence, the prevention of such violence, and the care, treatment, and rehabilitation for persons engaged in or subject to domestic violence." Centers applying for certification must show that the services provided address a need identified in a current domestic violence needs assessment (F.S. 39.905).

# STATEWIDE DOMESTIC VIOLENCE RATES

The Florida Department of Law Enforcement collects data on the following domestic violence crimes: murder, manslaughter, forcible rape, forcible sodomy, forcible fondling, aggravated assault, aggravated stalking,

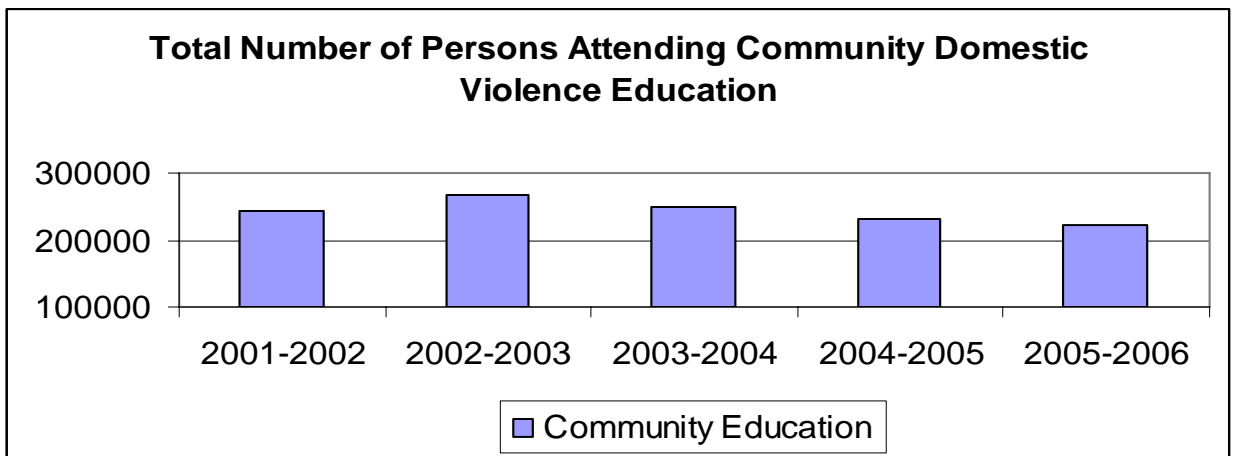
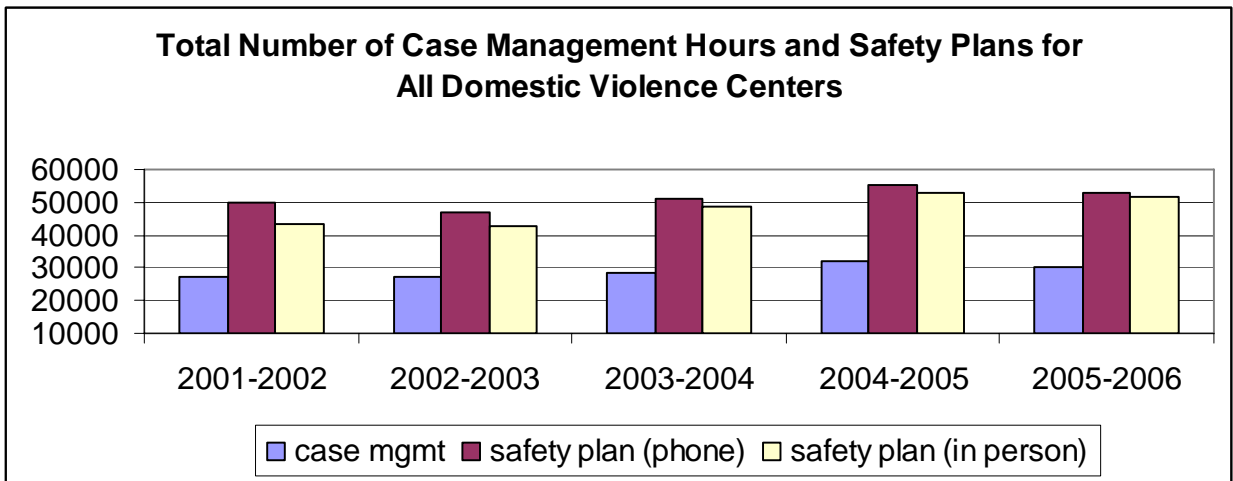
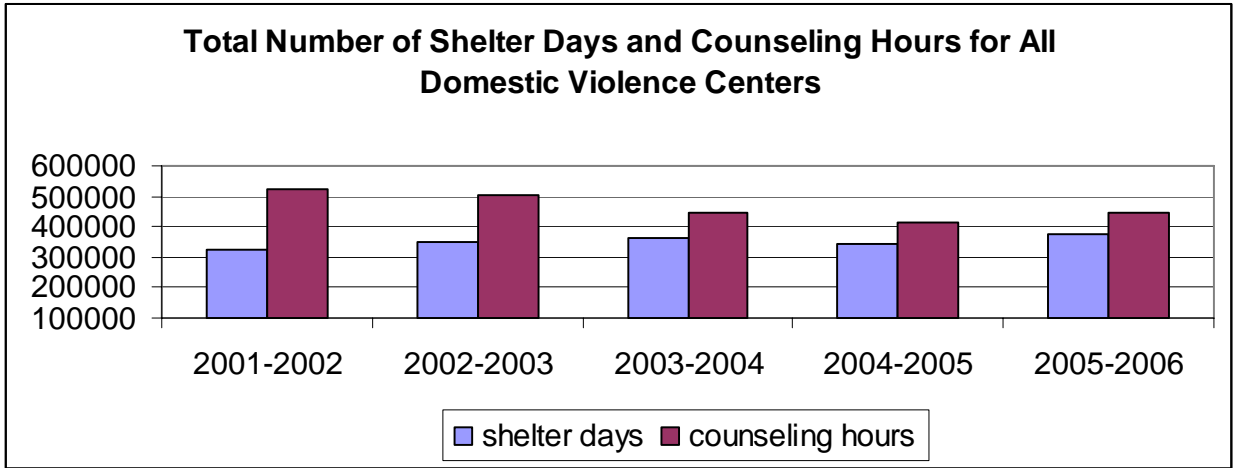
simple assault, threat/intimidation, and simple stalking (Florida Statistical Analysis Center, 2005). Shown below is the steadily decreasing rate of domestic violence crimes per 100,000 persons in Florida.

**Florida's Domestic Violence Rate (1996-2005) per 100,000 persons**



[HTTP://WWW.FDLE.STATE.FL.US/FSAC/CRIME\\_TRENDS/DOMESTIC\\_VIOLENCE/INDEX.ASP](http://www.fdle.state.fl.us/fsac/CRIME_TRENDS/DOMESTIC_VIOLENCE/INDEX.ASP)

# FLORIDA DOMESTIC VIOLENCE CENTER SERVICES 2001-2006





# LITERATURE REVIEW

## OVERVIEW

Over the last three decades a great deal has been published on domestic violence. We reviewed articles that empirically examined the needs of diverse groups of domestic violence victims. There were similarities across groups. Victims often lacked resources or access to resources and many found aspects of the support system to be unhelpful.

Legal assistance, social support, and child care have been shown to have a positive impact on a woman's chances of being safe from violence. Numerous studies have shown support groups to be positive interventions for abuse victims of all ages. On balance, crisis hotlines, support groups, social workers, therapists, and physicians have been viewed as helpful most of the time for different types of abuse, and police officers, attorneys, and clergy were seen as less helpful by victims (Gordon, 1996; Seaver, 1996).

In a study of two groups of women that had been residents of a domestic

violence shelter, it was found that women who ended the relationship with the abuser were more likely than women that returned to the abuser to state they needed social support, educational, financial, legal, and transportation services after leaving the shelter. No differences were seen between the groups with respect to other needs including material goods, employment, health, child care, housing, and other children's issues (Sullivan, Basta, Tan, & Davidson 1992).

In this same study, half of the women were somewhat or very dissatisfied with the police response to domestic violence calls. Women of color were significantly more likely than white women to state the need for children's resources, material goods, and health care. Older women had a greater need for health care than younger women, and women who needed material goods were more likely to be receiving public welfare assistance, be unemployed, not living with the abuser, and to be women of color.

## DISENFRANCHISED POPULATIONS

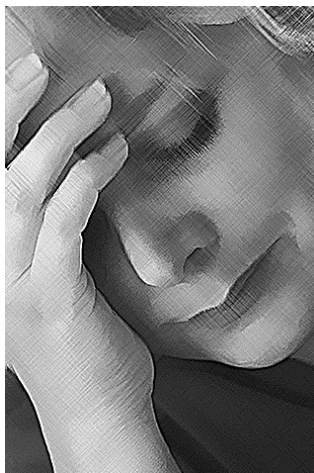
There are several circumstances that are unique to domestic violence victims with disabilities and the type of disability matters in terms of needs. For example, women with mobility impairments may not be able to physically escape from a potentially harmful situation, while women with cognitive impairments may

not understand what is happening. Women with communication impairments may not be able to describe to people what is happening. In some instances, individuals with disabilities are dependent on caregivers for essential personal services and may

need access to assistive devices, medications, or routine hygiene.

Multiple environmental and economic barriers have been cited, along with a high incidence of poverty, for this population. Emergency responders, domestic violence shelters, and legal assistance often do not have fully trained staff to work with persons with disabilities. Shelters may be inaccessible to people with mobility impairments, may not have an interpreter to call so that women with hearing impairments can communicate, or may not know what to do to assist a woman with a cognitive impairment (Forte, Cohen, DuMont, Hyman, & Romans, 2005; Milberger, LeRoy, Martin, Israel, Potter, & Patchak-Schuster, 2002; Nosek & Howland, 1998).

Like persons with disabilities, elder victims of domestic violence may have additional vulnerability in terms of the consequences of abuse if they have activity limitations or health problems, such as fear of losing one's caregiver in later life and disrupting longstanding family ties. Cultural norms, notable in racial and ethnic minority elders, can contribute to a mistrust of formal service



providers in favor of informal care providers.

While the aging network is well-established, aging services may only address some of the needs of older persons. Domestic violence shelters that do offer special programming for older victims (e.g., outreach, support groups, accessible and quiet rooms, medical management, older staff and volunteers) have reported success in reaching and intervening with this population (Dunlop, Beaulaurier, Seff, Newman, Malik, & Fuster, 2005; Seaver, 1996; Vinton, 1998; Vinton, 2003; Zink, Jacobson, Pabst, Regan, & Fisher, 2006).

African-American women are over-represented among groups that are typically at higher risk of domestic violence (e.g., lower income, lower educational status, etc.) These multiple categories of risk create a context in which African-American women experience domestic violence such that violence may be low on the priority list when compared with other stressors (Garfield, 1998; Vann, 2003; West, 1997). Responding to the needs of African-American women begins with cultural competence. This includes services provided by African-American providers, locating facilities in targeted communities with easy access by those in need; having the makeup of staff and board members reflect the community being served; having a willingness to deal with the multiple problems in the lives of African-American women who may not prioritize domestic violence in the same way that providers do; being supportive of the active role that religion and spirituality play in the lives of African-American women; and being

aware of the importance of extended family in providing support. Further, outreach to leaders in the faith community is also important in order to provide training on domestic violence and information on how to appropriately respond.

Adequately understanding the needs of African-American women who are domestic violence victims often involves recognizing the experiences of racism and how those experiences have led to mistrust of formal systems. Ambivalence about law enforcement may be a particular barrier to help-seeking, as African-American women may fear mistreatment and not want to subject African-American men to the criminal justice system.

Different groups compose the Hispanic population, including persons of Mexican descent, those from Puerto Rico, the Dominican Republic, and Cuba, along with others from Central and South America. For Hispanic populations, greater levels of acculturation are associated with increased risk of interpersonal violence. This is particularly true for Mexican and Puerto Rican households. Cultural heritage is thought to have a significant impact on Latinos. Strong gender norms of machismo and marianismo, traditional family structures, and a strong Catholic influence on beliefs about marriage and family may all be

part of this heritage. Language remains a significant barrier to help-seeking which is intertwined with immigration status.

**\*Practice Note\***

*As with many of these disenfranchised populations, culturally competent intervention involves outreach by persons who are indigenous to the population who can provide education and support to victims of domestic violence, particularly in areas where women would not otherwise come in contact with formal services. Further, mainstream organizations should be prepared with bilingual staff and materials provided in local languages (West, 1997; West, Kantor, & Jasinski, 1998).*

The key to understanding domestic violence in immigrant populations is to recognize the tenuous legal status of victims. Many victims whether legal or illegal, have already had negative or overly bureaucratic experiences with the U.S. legal system and may have a deep suspicion of authority. Immigrant women may

also have a significant lack of information about legal or social service structures and be unaware of resources available to them.

Beyond that, immigration involves a major upheaval by leaving behind familial and social support networks. In many home countries, incidents of violence against women are not considered crimes, and some suggest that you cannot understate the importance of understanding the cultural aspects of family and how violence is often a part of patrilineal family structures. Language barriers can be particularly acute as abused women may be unable to communicate with shelters, police, etc. This is especially true when the abuser is the one who typically provides interpreter services.

In addition to physical violence, interpersonal violence can take the form of threats of deportation and separation

from children or refusal to fill out forms needed for legal status. Leaving an abusive partner often deprives immigrant women of financial support to the extent that they may not legally be able to work.

Meeting the needs of immigrant women who are victims of domestic violence requires a multifaceted approach. This could involve collaborative partnerships between mainstream agencies and immigrant community-based organizations; work within immigrant communities to raise awareness that violence against women is prevalent, unacceptable, and illegal; having a system for competent interpretation; having policies in place to ensure that the immigration status of the victim and her children is not threatened by seeking safety and services; and providing access to legal resources to facilitate obtaining visas established for immigrant victims of domestic violence (Center for Women in Government & Civil Society, 2004; Moracco, Frasier, Hilton, & Hodges, 2003; Shetty & Kaguyutan, 2002).

In general there are many similarities between same-sex and opposite-sex domestic violence including the frequency and dynamics of violence. However, because of the stigma associated with lesbian and gay relationships, “outing” a partner to friends or employers is an additional effort at coercive control in a relationship. In addition to threats of “outing,” differences in same-sex domestic violence include reinforcing

fears that no one will help the victim because the individual is gay, monopolizing support resources such as mutual friends (this is particularly an issue in smaller communities with fewer social resources for gay couples), and portraying the violence as mutual.

Significant barriers to help-seeking include poor or inconsistent law enforcement response; lack of non-criminal justice based safety options and responses to domestic violence; limited access to civil courts and orders of protection; and lack of accessible and sensitive services (e.g., emergency shelter, financial assistance, job training, legal services) that are routinely offered to heterosexual women. Services based on a “gendered” model of violence have also contributed to a general denial in gay communities that domestic violence exists.

Culturally competent services can range from statements of non-discrimination in organizational policies to active anti-homophobia training and specific training on same-sex domestic violence. Anti-homophobia training needs to focus not only on staff and volunteers but should be extended to heterosexual women participating in services as well. Active outreach in gay communities should include providing educational materials that specify lesbian or gay man experiences, advertising services in gay community outlets, and providing support groups specifically for lesbians and gay men (McClennen, 2005; Ristock, 2003).

# RURAL POPULATIONS

While there are many definitions of rural communities, the U.S. Census Bureau essentially defines these as communities with less than 2,500 residents that are outside urban clusters and areas. National Crime Victimization Surveys have shown little variation across rural, urban, and suburban locations in terms of violence by intimates (Bachman & Saltzman, 1995). FBI Uniform Crime Reports, however, show higher rates of intimate partner murder to be associated with rurality. Whereas intimate partner homicide rates decreased over a 20-year period for non-rural areas, rates increased by more than 60% for rural counties (from 5.6 per 100,000 persons aged 15+ to 9.0 per 100,000) (Gallup-Black, 2005).

Projects funded by the Family Violence Prevention Fund and Violence Against Women Office at the U.S. Department of Justice have been instrumental in bringing attention to rural domestic violence and the particular issues faced by rural crime victims. Researchers at New Mexico State University examined legal, law enforcement, and domestic violence services in multiethnic rural communities in New Mexico. The focus was on abused Hispanic women's experience.

Hispanic participants reported experiencing sexual abuse more often than non-Hispanic women (62% vs. 40%) and less harassment (37% vs. 48%). A higher percent of Hispanic women (53%) indicated they thought of or attempted suicide than non-Hispanic women (35%), but Hispanic women reported less alcohol abuse (17% vs. 36%). About the same percent of

Hispanic and non-Hispanic women sought counseling (38% vs. 39%) and reported their abuse to law enforcement (57% vs. 54%), but twice as many Hispanic women sought restraining orders (27% vs. 13%). Hispanic women, on the other hand, were less likely to seek medical attention for abuse-related injuries (32% vs. 42% for non-Hispanics).

The West Virginia Coalition Against Domestic Violence Rural Domestic Violence & Child Victimization Enforcement project's aim was to improve domestic violence services to underserved groups (older people, people with disabilities, people of color, and lesbian, gay, bisexual, transgendered persons) in West Virginia, a primarily rural state. A workgroup with representatives from the courts, child protective services, victim assistance programs, and other agencies was formed and educational forums and cross-disciplinary training on the co-occurrence of domestic violence and child maltreatment were conducted. Advisory councils were formed to expand training for service providers and to develop and distribute educational materials and public information. Four local pilot projects (domestic violence or women's centers) were also funded to provide direct services.

The state of Delaware developed an implementation plan for addressing the needs of domestic violence and sexual assault in two rural communities. A needs assessment was done by reviewing documents of the Delaware Domestic Violence Coordinating

Council, newspaper articles on domestic violence, and law enforcement case data. Rural battered women and service providers were also interviewed individually or in focus groups.

The evaluators concluded there was a growing need for domestic violence services particularly among underserved and marginalized migrant worker populations. They noted a need for community education and public awareness about domestic violence and child abuse in the latter population due to cultural differences in defining what constituted acceptable discipline of children and what is expected of female partners. The shelters in rural Delaware were underutilized according to the authors.

It was also found that the number of criminal domestic violence incidents far exceeded the number of cases actually prosecuted in the two rural counties. Although the volunteer emergency medical personnel were highly regarded, some but not all of the police officers were trained and/or committed to training on domestic violence issues and services. Physical isolation from social supports, the lack of public transportation, and the lack of cell phones or means to communicate, were determined to be key factors in limiting victims' access to services. The Delaware Rural Domestic Violence Needs Assessment also listed a number of other problems with accessing services such as problems with legal matters (e.g., divorce, child custody, and child visitation), fear of authorities due to undocumented immigration status, and the lack of good child care.

Numerous recommendations were made in order to remedy the issues of rural domestic violence victims. These included hiring, training, and educating police officers and court-based advocates, and improving reciprocal understanding between police departments, reviewing emergency medical treatment protocols for response to domestic violence, teaching English as a second language education to immigrant women and making bilingual services available, hiring more victim services workers, distributing cell phones, considering ways to offer affordable child care and other services and resources for victims, victims' children, and batterers.

These could be brought about by the interactions of government, community, and faith-based agencies in instituting a public awareness campaign about domestic violence and expanding outreach services, developing more services for batterers, increasing safe, affordable housing, increasing access to mental health services, and offering screenings for sexual assault and domestic violence (Websdale & Johnson, 2003).

Fifteen articles on rural domestic violence (1991-2006) were reviewed. Factors that were found to distinguish rural victims of domestic violence were as follows:

- ✓ Geographic and social isolation that separates victims from informal and formal supports either intentionally or unintentionally

- ✓ Underserved minority populations that face additional barriers to service such as lack of citizenship, non-English speaking, fear of authorities, and cultural mores against women speaking out
- ✓ Higher rates of gun ownership, abusers threatening victims with guns or shooting victims
- ✓ Higher rates of intimate partner homicide
- ✓ Higher rates of certain types of physical and sexual abuse
- ✓ Lack of privacy and confidentiality surrounding domestic violence incidents
- ✓ Lack of public and private transportation
- ✓ Lack of public telephones or other telephones where numbers cannot be traced
- ✓ Lack of domestic violence shelters nearby or in the victim's county of residence
- ✓ Lack of sensitive and specially trained law enforcement officers and criminal justice system personnel (in rural areas, there could be one clerk, one judge, or one attorney available to take a case)
- ✓ More difficulty getting and enforcing protective orders
- ✓ More ties between providers of services that can serve as a hindrance to victims and help to abusers
- ✓ Long response times for law enforcement or emergency medical services
- ✓ Lack of trained community service providers
- ✓ Lack of domestic violence training and cross-training opportunities
- ✓ Lack of volunteers at domestic violence shelters
- ✓ Lack of work, educational, and job training opportunities
- ✓ Prevailing religious views that encourage women to self-sacrifice and forgive abusers for family violence
- ✓ Lack of public awareness in community about dynamics of interpersonal violence

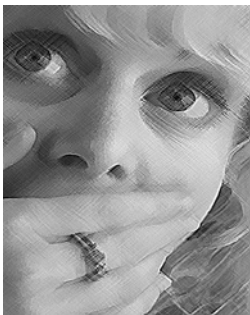
## CHILDREN'S NEEDS

The well-being of children who witness domestic violence is tied to the well-being of their caretaker. Most agree that children who grow up with domestic violence are at risk for developing behavioral, emotional, and academic problems, as well as adjustment problems in adulthood.

One of the most documented needs of children that have been exposed to domestic violence whether they reside in domestic violence shelters or in the community is psychological well-being.

As with any trauma, the victim's immediate needs are often related to reestablishing equilibrium. Children depend upon routine and order to maintain a sense of safety and well-being. Domestic violence threatens consistency and control in a family unit. Ideally, children would have access to a variety of counseling and recreational services when dealing with domestic violence. Children that are exposed to domestic violence can benefit from having the opportunity to share their story and "break the silence" in terms of what they have experienced.

Teachers can provide a nurturing environment, create predictability through routine, support children's adjustment in child care, and provide support and information to parents. The surrounding community of services can provide safety, foster emotional well-being, and hold perpetrators accountable. Family counseling, group counseling, or child trauma programs support children's needs and can help them cope with stress and express emotions. Informal community supports preserve children's positive contacts with significant others and continued participation in activities outside of home.



Domestic violence shelters may or may not have children's programs such as schooling, after-school care, recreational

activities, counseling, and advocacy. There is a need for mental and physical health services, safety programs, and services that help children academically while they reside in domestic violence shelters.

Saathoff and Stoffel (1999) summarized the issues faced by child residents of domestic violence shelters as follows:

- ✓ **Psychological well-being:** While shelters can break isolation in that they allow children to share common experiences, the shelter can also be stressful because it is unfamiliar and means communal living. Children are separated from

people they know and need to cope with the violence and changes in their lives. Their mothers may be less available. Shelters offer many on-site interventions to address psychological well-being such as art therapy, telling of stories, and group interventions.

- ✓ **Physical health:** Children in shelters may have health problems and the close quarters of shelters can mean the spread of germs. Medical treatment may be lacking or change from what was routine care; for example, a child may need to use the emergency room. It was recommended that shelters form alliances with local health or hospital resources in order to serve children better.
- ✓ **Physical safety:** Children need education about how to promote their own safety. Shelters forbid physical force against children in shelters and collaborate with child protective services if a parent is abusive.
- ✓ **Educational needs:** Even if they did not experience before, child residents of domestic violence shelters may have academic difficulties because domestic violence can impact cognitive and behavioral functioning. Emotional distress, dislocation, and uncertainty about the future can hinder children's learning. Children in shelters may not attend school during their stay. The goal of children's programs in shelters should be to help them



keep up with studies, while keeping in mind special education needs. Shelter staff can provide advocacy with school administrators and help to individualize educational programming. Shelters also should provide counseling, group sessions, social skills training, and after-school activities.

- ✓ **Other Needs:** Some shelters have age limits in terms of male children that can be brought to the shelter. The authors suggest a separate area in shelters or safe homes be provided for these children. Non-sheltered children whose parent has experienced domestic violence are less likely to receive services but non-residential services could be set up to serve them.

Barriers to meeting children's needs in domestic violence shelters may be restricted resources (e.g., staff, funds for materials, limited space) that can lead to the inability to separate children for developmentally appropriate activities. Some shelter staff may also have ethical or clinical concerns about initiating services for children when they are unsure of how long children will be staying at the shelter.

Recommendations for overcoming barriers include having well-trained staff familiar with community resources. Screening interviews for children could help identify problems and provide a systematic method for discerning issues that need immediate attention (e.g., suicidality, depression, abuse/neglect, medical) (Baker, Jaffe, Ashbourne, & Carter, 2002; Pepler, Catallo, & Moore, 2000; Saathoff & Stoffel, 1999; Stephens, McDonald, & Jouriles, 2000; Sudermann, Marshall, & Loosely, 2000).



# STATE NEEDS ASSESSMENT REPORTS

## ADULTS' NEEDS

State reports on the needs of domestic violence victims and their children were examined. These included reports from Arkansas, Arizona, District of Columbia, Hawaii, Kentucky, Maine, Maryland, Missouri, New Hampshire, North Carolina, Oregon, Pennsylvania, and Utah.

Consistent trends emerged. The lack of basic service availability, the need for expanded services, and the need for more well-trained and well-paid domestic violence center staff were evident. Other problem areas were the lack of affordable child care, transitional and long-term housing, transportation and legal services, services for immigrants and non-English speaking women, services for women with disabilities, and culturally competent programs.

Basic services such as shelters, 24-hour hotline, case management, counseling, and crisis intervention, for women and their children were not always available, especially for rural areas, due to inadequate funding. Shelters were found to lack hired staff. Agencies noted they could not afford to provide

raises for staff even when the cost of living increased and they could not hire more staff because of dwindling budgets.

Reports noted that rural survivors faced particular barriers; notably, the lack of public transportation. Even if services were available, survivors could not

access them without transportation. Rural areas also tended to have higher rates of unemployment and poverty. Further, services for substance abuse and mental health problems were often unavailable or inadequate in rural areas.

“If she is to successfully leave her abusive situation and restore her belief and self-esteem as a capable individual, an array of services is required

beyond emergency crisis counseling and shelter” (Department of the Attorney General, 1999). Other services, such as transitional and long-term housing were often mentioned as being an important element in assisting survivors to become contributing members of society. In order to become financially independent, survivors need available and affordable child care offered 24 hours a day in order to work any shift.

*“Staff members, who are already spread thin, wearing many hats, will have to take on more duties in order for us to meet the demand for services. We are looking at no increase in compensation for extra work duties again for the next fiscal year. We are asking individuals who already are working at maximum capacity to pick up extra responsibilities for the same amount of compensation, with no end in sight.”*  
*Pennsylvania Coalition Against Domestic Violence (2006)*

State reports mentioned that such child care was scarce.

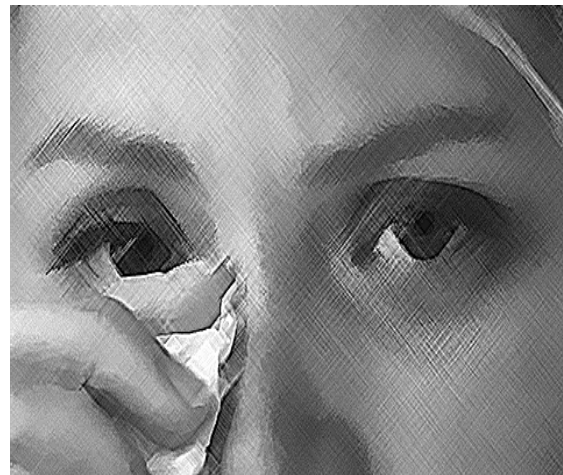
Many survivors need legal assistance and support in order to protect themselves and their children. One survivor in Oregon stated, “With no legal representation, after you’ve lost everything, going back (to the abuser) is the only option” (Oregon Coalition Against Domestic and Sexual Violence, 1995). Help with protection orders, visitation and custody issues, divorce, and child support were some of the legal issues where legal representation and support were needed.

Further, it was noted that underserved and disenfranchised populations experience additional barriers when seeking help due to domestic violence. These populations include individuals with mental health and/or substance abuse issues, older adults, individuals with disabilities, ethnic/racial minorities, people with limited English proficiency, immigrants, persons in same-sex relationships, teens, rural residents, people in the military, deaf and hard of hearing individuals, and male victims. Most of the states listed immigrants, women with limited English proficiency, and women with a disability as

populations with the greatest unmet need.

State reports mentioned the need for law enforcement officers, as first responders, to be sensitive to survivors’ issues and knowledgeable about available services in the community. Providing more training and education for law enforcement was recommended, as well as developing special units to handle domestic violence cases.

Collaboration between helping agencies was seen as important. With small budgets, utilizing all available services in the community, and communication between the agencies, is crucial.



## CHILDREN’S NEEDS

The Oregon Governor’s Council on Domestic Violence conducted an assessment in 2001 of the needs of domestic violence victims, including children. They concluded that there was a need for child care in the community and domestic violence shelters. They also reported there was a need for victim-friendly courthouses that have child care and supervised visitation

centers, and affordable and effective civil legal assistance as it relates to children (e.g. custody, child support).

Domestic violence survivors were reported to be frustrated with agencies and laws impacting their children. There were few services available to children who were not residing in shelters and the parents reported a lack of

understanding for child survivors. The authors of this report recommended that funding be increased for children's services and suggested developing culture or population-specific multidisciplinary services that address the needs of children.

A child care needs assessment was conducted in 2004 for the Lane County Oregon Circuit Court after finding that many parents seeking legal services brought their children to the courthouse. The report stemmed from concern over emotional and physical safety issues of children. Being in the courthouse was linked to vulnerability to trauma,

disruption in courtrooms, and children distracting their parents from the business at hand.

The authors stated that there is a need for an accessible and child-friendly safe place in courthouses for children. Children would benefit from court care because they would be protected from disturbing situations and be able to participate in children's (e.g., playing with toys, making art) rather than adult activities while at the courthouse. Child court care would also benefit parents who could be assured that their children were being cared for while they took care of their business at the courthouse.



# NEEDS OF DOMESTIC VIOLENCE VICTIMS IN FLORIDA

## **\*METHODS NOTE\***

*A multi-pronged approach was taken to collecting information or data for the 2006-2007 Florida Domestic Violence Needs Assessment.*

*① We reviewed the literature. While much has been written about the needs of domestic violence victims, we do not know to what extent communities have actually been able to meet the needs of domestic violence victims and their children. We focused on studies that examined unmet need and the factors associated with obstacles to services. ② We reviewed domestic violence needs assessment reports conducted in Florida and other states. ③ We attended professional meetings on domestic violence issues in Florida and talked with domestic violence professionals such as Florida Coalition Against Domestic Violence (FCADV) Caucus members. ④ We conducted focus groups in small, medium, and large domestic violence centers located around the state in urban, rural, and mid-sized areas. ⑤ We administered a key informant survey to 999 persons and asked to what extent certain needs of domestic violence victims were being met in their communities. These individuals work with domestic violence victims and know about different need areas such as law enforcement, legal, health, mental health, basic, housing, employment and job training, transportation, and child care and education. ⑥ We distributed flyers and ran newspaper announcements asking individuals in the community that had experienced domestic violence to tell us about their needs via an 800 telephone number or anonymous website survey. ⑦ We analyzed regional demographic and socioeconomic data.*

## **PREVIOUS NEEDS ASSESSMENT**

The *2000 Florida Domestic Violence Needs Assessment* identified permanent and transitional housing as being top needs of both women in domestic violence shelters and women in the community that had experienced domestic violence. While women in the community were also found to be in particular need of child care, mental health care, and legal help with child custody, for women in shelters the remaining top needs were transportation, legal help with divorce, and dental care. They also had an unmet need of legal help with custody issues. In terms of children both in shelters and the community, the highest rated unmet needs were mental health care, schooling, and dental care.

## **CURRENT DOMESTIC VIOLENCE NEEDS ASSESSMENT**

The following summary presents data gathered from a variety of State and Federal sources (e.g., US Census, Economic and Demographic Research of the Florida Legislature [EDR], Florida Department of Children and Families [DCF], Florida Department of Law Enforcement [FDLE], etc.), and from state-wide organizations such as the

Florida Coalition Against Domestic Violence, a membership organization consisting of 41 certified domestic violence centers in Florida. Also, the data gathered from key informants are presented here. Information is presented first for the State of Florida,

and then for each of the five DCF regions. Each section begins with an overview of demographic information, then summarizes the important domestic violence data, and finally, presents the results of the key informant survey.

## STATE OF FLORIDA

### *DEMOGRAPHIC INFORMATION*

Florida is the fourth largest state in the country with a racially and ethnically diverse population of almost 18 million residents. According to 2005 US Census data, 80% of the residents of Florida identify themselves as White, 16% are African-American, and 4% another race. Compared to the United States, a disproportionately higher percentage of Floridians report a Hispanic or Latino background (20% in Florida compared to 15% in the US), and speak a language other than English at home (23% in Florida compared to 18% in the US). In 2000, 16% of Floridians were foreign-born (compared to 11% in the US), and of those, 55% were not citizens. Approximately 51% of the population is female.

Florida is well-known as a retirement destination and a disproportionate percentage of the population is over the age of 65 (18% in Florida compared with 12% in the US). About 18% of the population is between the ages of 0-14, 13% is between the ages of 15-24, and 51% is between the ages of 25-64. Population growth in Florida has been robust. The Office of Economic and Demographic Research of the Florida Legislature estimates a 15% increase in population from 2000-2006. Almost half

of Florida counties (33 out of 67) are designated by state statute (F.S. 381.0406) as rural (an area with a population density of less than 100 individuals per square mile). State-wide population density is about 340 persons per square mile.

Poverty is a significant issue for Floridians. According to the US Census, in 2004 11.9% of the population lived below the poverty line (compared to a national rate of 12.7%). This total included 18% of children under 18 and 10% of those over 65. Ten percent of all families, and 26% of female-headed families lived in poverty. Affordable housing is also a significant issue in the state and among victims of domestic violence. According to the US Census in 2000, about 30% of Florida families lived in rental units and the median rent paid was \$641. Further, out of all housing units in the State of Florida (approximately 7.3 million in 2000), about 13% were vacant. A 2004 study from the Florida Housing Data Clearinghouse, reported that there were 40,482 public housing units throughout the state, and that 90,182 Section 8 housing vouchers were given. Additionally, according to the *Annual Report on Homeless Conditions in Florida 2005* (Office on Homeless,

2005), almost 84,000 individuals reported no permanent housing.

Finally, the most recent unemployment data released from the Florida Agency

for Workforce Innovation put Florida's unemployment rate at 3.3% compared to 4.4% nationally. Florida's unemployment rate has been below the national average for the last five years.

## *DOMESTIC VIOLENCE INFORMATION*

The Florida Coalition Against Domestic Violence (FCADV) and the Florida Department of Law Enforcement (FDLE) collect a variety of data to help assess the extent of domestic violence in the state. In Florida, domestic violence crimes include simple assault, aggravated assault, threats/ intimidation, stalking, aggravated stalking, forcible fondling, forcible sodomy, forcible rape, manslaughter, and murder. It is important to note that official law enforcement data almost certainly

understates the true extent of domestic violence perpetrated in Florida, most often due to underreporting by victims, but also due to missing data. For example, some counties reported no arrests for any domestic violence offense in 2005. It is unknown if this is because there were no incidents of domestic violence, no arrests made despite reports of domestic violence, or no official data being transmitted from the county to the FDLE databases.

### *Florida Department of Law Enforcement*

The Florida Department of Law Enforcement reports two categories of domestic violence data, filed reports and actual arrests. A report is filed when a law enforcement officer makes a report, believing that the incident was domestic violence. However, a report does not always result in an arrest. "No arrests" are made for a number of reasons including inability to locate the offender, lack of probable cause, failing to make an arrest, etc. With that in mind, according to FDLE, in 2005 there were 120,386 domestic violence reports filed (about 677 domestic violence incidents per 100,000 people), and 63,747 arrests made for domestic violence.

Simple assault and aggravated assault account for the vast majority of domestic violence reports (75% and 18% respectively) and arrests (79% and 19% respectively). Stalking and other forms

of intimidation comprised 4% of DV reports, and 2% of DV arrests, while forcible rape, sodomy, and fondling accounted for 2% of reports 1% of arrests. Finally, 193 reports were made state-wide in 2005 for murder or manslaughter attributed to domestic violence while 142 arrests were made.

Finally, as official law enforcement statistics do not capture the magnitude of domestic violence, other possibilities exist to attempt to estimate the extent of domestic violence. The Centers for Disease Control and Prevention estimate that only about 25% of violence episodes are reported to the police. Using that figure along with FDLE's domestic violence reports, we can extrapolate that more than 480,000 domestic violence incidents may have occurred in Florida in 2005.

## *Florida Coalition Against Domestic Violence*

A third part of the picture of domestic violence in the State of Florida comes from those providing services to victims. Shelter stays and other crisis intervention data are available from the Florida Coalition Against Domestic Violence who aggregate data provided to them from the 41 certified domestic

violence centers across the state (see Appendix A for a list of certified centers). FCADV reports that a total of 14,128 Floridians (including 41 men) received emergency shelter services in 2005. Forty-eight percent of those sheltered were children under 18. Further, 98,413 crisis calls were received on domestic violence hotlines.

## *Key Informant Survey*

### Background

Key informants are knowledgeable participants who observe some phenomena that are of interest to a researcher. Since key informants serve their community in different capacities, they could be expected to be knowledgeable about different areas of need (Krannich & Humphrey, 1986). When the need for domestic violence services was assessed recently in one Idaho county, for instance, Hochstein and Thurman (2006) found less than 20% of the law enforcement officers were familiar with social, legal, and

medical services for domestic violence victims.

Experience in working with victims and survivors of domestic violence, the domestic violence literature, and focus groups informed the writing of survey items. We know that individuals have law enforcement, legal, health, mental health, child care, educational, employment/ training, housing, transportation, housing, and basic needs (income, food, clothing, furniture), along with some special needs such as access to computers and personal care.

### Survey

A survey was developed about the needs of adult domestic violence victims and their children. The first part contained information about the voluntary nature of the survey, participants' rights, and contact information. The second section had items about occupation, counties served, type of area (urban, rural, other), and populations served (women, men, children or adolescents). The third section contained items that asked about the frequency of availability of the

following types of services: law enforcement (10 items); legal (9 items); health (7 items); mental health/ substance abuse (12 items); basic (4 items); housing (8 items); employment/training (5 items); transportation (4 items); child care and educational needs (6 items); and other needs (8 items).

After each set of questions, participants were asked if there were other services that were needed in their areas. Response categories were always, often, sometimes, rarely, and never



available. Respondents could also answer “don’t know.” The final section of the survey asked respondents to list

### Sample

A purposive sample of professionals that work with victims of domestic violence in Florida was identified. These professionals were knowledgeable about some but not necessarily all areas of need. Two methods were used to make sure the key informants were competent to answer: 1) they were asked about selected areas of need; and 2) they were offered a “don’t know” response category.

Five groups of key informants were asked to rate how often **all** types of needs of domestic violence victims were met in their areas: domestic violence center executive directors, shelter managers, and children’s program directors, Florida Domestic Violence Task Force county chairpersons, and victim assistance professionals.

Sheriffs were asked about law enforcement needs and Legal Services attorneys were asked about law enforcement and legal needs. Public health personnel and leaders in hospital social work were administered surveys with sections covering health, mental health, basic, and special needs. Mental health clinical directors answered questions about mental health/substance abuse and basic needs.

the most pressing need that goes unmet at least some of the time in their areas.

Individuals that experience domestic violence often become displaced or homeless. Homeless Coalition directors were asked to rate how often housing, employment and training, transportation, and basic needs were met for victims of domestic violence. School homelessness coordinators were asked about child care and education, health, mental health, and basic needs, and supervised visitation center directors were asked about child care and education and legal needs.

Three other sets of professionals were identified as key informants because of their knowledge about services for disenfranchised groups. Directors of independent living centers and deaf and hard of hearing service centers were asked about law enforcement, legal, health, mental health, employment/ training, basic, and other needs. Directors of lesbian/ gay/ bisexual/ transgendered community centers were asked to rate how often health, mental health, and other needs of domestic violence victims were met in their communities.

E-mail addresses were located for approximately one-third of the 1,054 key informants. A link to the survey was embedded in e-mail messages to these persons. Surveys, along with a postage paid return envelope, were mailed to the remaining addressees. In those cases where an e-mail was undeliverable, mail surveys were sent when possible.

## Results

Of the 1,054 surveys that went out, 55 were undeliverable. Among the 999

delivered surveys, 362 (36%) were returned.

### RESPONSE RATE BY KEY INFORMANT GROUP

Key Informant Group	# Surveys Sent	# Surveys Completed	% Surveys Returned
Domestic Violence Center Executive Director	41	35	85
Community Mental Health Clinical Director	58	37	64
Sheriff	67	40	60
Deaf/HOH Center Director	13	7	54
Homelessness Coalition Director	30	14	47
School Homelessness Coordinator	64	29	45
Public Health	72	30	42
Legal Services Attorney	108	41	38
Domestic Violence Center Shelter/Children's Director	47	18	38
Supervised Visitation Center Director	52	19	37
Hospital Social Work Director	11	3	27
Independent Living Center Director	23	5	22
Victim Assistance (State Attorney Offices, Police Departments, Universities, victim agencies)	361	75	21
Lesbian/Gay/ Bisexual/ Transsexual Center Director	5	1	20
Florida Domestic Violence Task Force County Chairpersons	47	8	17
<b>Overall</b>	<b>999</b>	<b>362</b>	<b>36</b>

# RESULTS BY KEY INFORMANT GROUP

## LAW ENFORCEMENT NEEDS

	<i>Rapid response</i>	<i>Sensitive to victims</i>	<i>Sensitive to same sex victims</i>	<i>Bilingual officers/ interpreters</i>	<i>Enforce injunctions</i>	<i>Mandatory arrest</i>	<i>Enforce child custody</i>	<i>Refer to resources</i>	<i>Transport to shelter</i>	<i>Help return for things</i>
DV	1.90	2.58	3.13	3.15	2.59	2.41	2.77	1.96	2.37	2.27
Legal	2.12	2.69	3.32	3.00	2.57	2.78	3.32	1.90	2.96	1.93
Victim Assistance	1.48	2.03	2.70	3.22	1.87	1.59	2.45	1.81	2.31	1.79
Law Enforcement	1.42	1.76	2.16	3.05	1.47	1.61	2.22	1.68	2.53	1.61
Advocacy	2.33	3.00	3.00	4.50	2.60	2.60	2.67	2.50	2.50	2.25
DV Task Force	1.83	2.33	3.00	3.20	2.83	2.33	2.80	2.33	2.33	2.50

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## LEGAL NEEDS

	<i>Court victim advocates</i>	<i>Court-house security</i>	<i>Free/low cost legal divorce/separation</i>	<i>Free/low cost legal child custody/support</i>	<i>Free/low cost legal immigration</i>	<i>Supervised child visits</i>	<i>Trained &amp; sensitive judges</i>	<i>Trained &amp; sensitive court staff</i>	<i>Bilingual/ interpreters in court</i>
DV	1.80	1.52	2.84	2.86	3.02	2.75	2.75	2.56	2.92
Legal	2.23	1.77	2.54	2.77	2.61	2.59	2.39	2.47	2.61
Victim Assistance	1.73	1.49	2.51	2.79	2.81	2.74	2.47	2.18	2.23
School/ Visitation	2.20	1.47	2.77	2.85	3.38	1.19	1.80	2.00	1.62
Advocacy	2.60	1.60	4.00	4.20	3.80	3.00	3.25	3.50	3.50
DV Task Force	2.50	1.83	2.25	2.25	2.00	2.00	3.33	3.17	2.20

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **HEALTH NEEDS**

	<i>Trained &amp; sensitive ER staff</i>	<i>Free/low cost child health care</i>	<i>Free/low cost adult health care</i>	<i>Free/low cost prenatal care</i>	<i>Free/low cost dental care</i>	<i>Referral to DV resources</i>	<i>Bilingual/ interpreters health care providers</i>
DV	2.72	2.79	3.10	2.59	3.52	2.74	3.25
Health	2.32	1.97	2.25	2.88	3.22	2.37	2.48
Victim Assistance	2.44	2.45	2.85	2.37	3.41	2.86	2.98
School/ Visitation	2.80	2.96	3.18	2.00	3.59	3.40	3.31
Advocacy	2.80	3.80	4.20	4.40	3.40	4.00	4.00
DV Task Force	3.40	2.80	3.25	2.75	3.00	3.75	3.33

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **MENTAL HEALTH NEEDS**

	<i>Free/low cost adult counseling</i>	<i>Free/low cost privately insured counseling</i>	<i>Free/low cost young child counseling</i>	<i>Free/low cost school age child counseling</i>	<i>Free/low cost adult support groups</i>	<i>Free/low cost child support groups</i>
DV	3.06	1.92	3.04	2.90	1.52	1.81
Health	3.30	2.17	3.10	3.00	2.61	2.79
Mental Health	2.54	1.92	2.68	2.57	2.76	3.00
Victim Assistance	2.69	1.97	2.47	2.49	2.00	2.32
School/ Visitation	3.05	2.50	3.35	2.95	2.94	3.11
Advocacy	3.10	2.00	3.13	3.11	3.00	3.67
DV Task Force	2.83	1.00	3.25	3.00	1.86	2.00

**MENTAL HEALTH NEEDS (continued)**

	<i>Free/low cost substance abuse treatment</i>	<i>Substance abuse treatment privately insured</i>	<i>Free/low cost bilingual mental health services</i>	<i>Culturally sensitive mental health providers</i>	<i>Deaf/ Hard of Hearing mental health services</i>	<i>Mental health services geared toward lesbian/ gay/ bisexual/ transgendered persons</i>
DV	3.27	2.29	3.44	3.24	3.39	3.50
Health	3.37	2.55	3.88	3.15	3.87	3.47
Mental Health	2.53	2.28	2.77	2.53	3.49	3.24
Victim Assistance	2.91	2.11	2.91	2.86	3.26	3.10
School/ Visitation	3.26	2.50	3.60	3.25	3.90	3.67
Advocacy	3.33	2.67	3.89	3.33	4.00	3.14
DV Task Force	2.83	3.00	3.00	3.00	3.00	3.33

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

**BASIC NEEDS**

	<i>Help applying for TANF</i>	<i>Furniture</i>	<i>Clothing</i>	<i>Food</i>
DV	2.02	2.33	1.80	1.94
Health	2.95	3.29	2.72	2.66
Mental Health	2.42	2.62	2.54	2.64
Victim Assistance	2.89	3.00	2.48	2.32
School/ Visitation	3.14	3.05	2.82	2.55
Homeless Coalition	2.46	2.50	1.93	1.86
DV Task Force	2.75	2.29	2.57	2.71

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **HOUSING NEEDS**

	<i>Low income transitional housing</i>	<i>Transitional housing for homeless</i>	<i>Short wait public housing</i>	<i>Long wait public housing</i>	<i>Short wait accessible public housing</i>	<i>Long wait accessible public housing</i>	<i>Home finding for low income</i>	<i>Relocation services</i>
DV	3.38	3.38	3.65	2.67	3.49	2.93	3.68	2.17
Victim Assistance	3.25	3.42	3.75	2.91	3.66	2.98	3.60	2.29
Homeless Coalition	3.50	3.36	4.00	2.79	4.29	3.43	3.92	3.08
DV Task Force	3.29	3.60	3.33	2.67	3.50	3.25	3.80	2.71

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **EDUCATIONAL/JOB NEEDS**

	<i>GED</i>	<i>ESOL</i>	<i>Job Finding</i>	<i>Immediate access to job training</i>	<i>Free/low cost child care with job training</i>
DV	2.09	2.19	2.39	2.82	3.13
Victim Assistance	1.95	2.28	2.36	2.91	2.90
Advocacy	2.33	3.00	2.75	3.50	3.67
Homeless Coalition	2.07	2.75	2.43	2.79	3.43
DV Task Force	1.86	2.00	2.20	2.60	3.00

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **TRANSPORTATION**

	<i>Transportation to DV shelter</i>	<i>Public transportation</i>	<i>Free/low cost private transportation</i>	<i>Free/low cost disabled transportation</i>
DV	2.07	2.63	3.84	2.71
Victim Assistance	2.06	2.89	3.62	2.77
Advocacy	3.25	2.75	4.00	2.50
Homeless Coalition	2.70	3.43	4.23	2.77
DV Task Force	2.14	2.29	3.50	2.83

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **CHILD CARE NEEDS**

	<i>Free/low cost child care in community</i>	<i>Immediate access to school for child in shelter</i>	<i>Free/low cost after school care</i>	<i>Free/low cost immunizations when child enrolls</i>	<i>Shelter for older male children of DV victims</i>
DV	3.13	1.33	2.94	1.93	1.85
Victim Assistance	2.91	2.13	2.87	1.98	3.26
School/ Visitation	2.60	2.43	2.12	2.06	2.60
DV Task Force	3.00	1.60	2.83	2.40	4.00

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### **OTHER NEEDS**

	<i>Free computer access</i>	<i>Physically accessible shelter</i>	<i>Medication storage at shelter</i>	<i>Medication administration at shelter</i>	<i>Personal care in shelter</i>	<i>Shelter/ services older men</i>	<i>Special services older women</i>	<i>Pet kennel</i>
DV	1.89	1.43	1.59	3.71	1.61	2.78	2.33	2.74
Health	2.37	2.17	3.43	4.33	3.44	4.38	3.75	4.33
Victim Assistance	2.63	1.89	2.29	2.83	3.36	3.89	3.24	3.09
Advocacy	3.22	3.33	3.40	3.60	4.67	4.00	4.00	3.75
DV Task Force	2.67	1.50	1.00	1.00	3.00	3.33	4.00	4.00

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## RESULTS BY COMMUNITY TYPE

### **LAW ENFORCEMENT NEEDS**

	<i>Rapid response</i>	<i>Sensitive to victims</i>	<i>Sensitive to same sex victims</i>	<i>Bilingual officers/ interpreters</i>	<i>Enforce injunctions</i>	<i>Mandatory arrest</i>	<i>Enforce child custody</i>	<i>Refer to resources</i>	<i>Transport to shelter</i>	<i>Help return for things</i>
Urban	1.52	2.00	2.48	2.71	2.04	2.04	2.65	1.71	2.27	1.65
Rural	1.87	2.21	2.87	3.58	2.17	1.98	2.59	2.03	2.58	2.02
Other	1.77	2.35	2.83	3.11	2.17	2.07	2.73	1.83	2.41	1.95

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never



## LEGAL NEEDS

	<i>Court victim advocates</i>	<i>Court-house security</i>	<i>Free/low cost legal divorce/separation</i>	<i>Free/low cost legal child custody/support</i>	<i>Free/low cost legal immigration</i>	<i>Supervised child visits</i>	<i>Trained &amp; sensitive judges</i>	<i>Trained &amp; sensitive court staff</i>	<i>Bilingual/ interpreters in court</i>
Urban	1.92	1.58	2.52	2.70	2.58	2.33	2.52	2.46	2.45
Rural	1.94	1.71	2.62	2.73	3.22	3.10	2.36	2.31	2.82
Other	1.94	1.50	2.74	2.93	2.83	2.33	2.58	2.42	2.34

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## HEALTH NEEDS

	<i>Trained &amp; sensitive ER staff</i>	<i>Free/low cost child health care</i>	<i>Free/low cost adult health care</i>	<i>Free/low cost prenatal care</i>	<i>Free/low cost dental care</i>	<i>Referral to DV resources</i>	<i>Bilingual/ interpreters health care providers</i>
Urban	2.39	2.29	2.50	2.18	3.40	2.59	3.11
Rural	2.49	2.51	2.83	2.78	3.43	2.73	3.04
Other	2.70	2.70	3.06	2.63	3.40	2.99	2.98

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## MENTAL HEALTH NEEDS

	<i>Free/low cost adult counseling</i>	<i>Free/low cost privately insured counseling</i>	<i>Free/low cost young child counseling</i>	<i>Free/low cost school age child counseling</i>	<i>Free/low cost adult support groups</i>	<i>Free/low cost child support groups</i>
Urban	2.73	2.15	2.75	2.66	2.07	2.36
Rural	2.99	2.24	3.03	2.81	2.38	2.72
Other	2.86	1.77	2.76	2.74	2.12	2.32

### **MENTAL HEALTH NEEDS (continued)**

	<i>Free/low cost substance abuse treatment</i>	<i>Substance abuse treatment privately insured</i>	<i>Free/low cost bilingual mental health services</i>	<i>Culturally sensitive mental health providers</i>	<i>Deaf/ Hard of Hearing mental health services</i>	<i>Mental health services geared toward lesbian/ gay/ bisexual/ transgendered persons</i>
Urban	2.93	2.46	2.80	3.21	3.35	2.96
Rural	3.18	2.61	3.54	3.09	3.80	3.69
Other	2.98	2.04	3.20	2.84	3.37	3.21

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### **BASIC NEEDS**

	<i>Help applying for TANF</i>	<i>Furniture</i>	<i>Clothing</i>	<i>Food</i>
Urban	2.48	2.50	2.14	2.15
Rural	2.63	3.02	2.46	2.43
Other	2.51	2.66	2.27	2.22

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### **HOUSING NEEDS**

	<i>Low income transitional housing</i>	<i>Transitional housing for homeless</i>	<i>Short wait public housing</i>	<i>Long wait public housing</i>	<i>Short wait accessible public housing</i>	<i>Long wait accessible public housing</i>	<i>Home finding for low income</i>	<i>Relocation services</i>
Urban	3.19	2.94	3.67	2.64	3.50	3.00	3.20	2.06
Rural	3.56	3.88	3.60	2.91	3.48	3.16	3.82	2.43
Other	3.20	3.24	3.78	2.74	3.80	2.95	3.68	2.37

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **EDUCATIONAL/JOB NEEDS**

	<i>GED</i>	<i>ESOL</i>	<i>Job Finding</i>	<i>Immediate access to job training</i>	<i>Free/low cost child care with job training</i>
Urban	1.87	2.15	2.53	2.94	3.00
Rural	2.08	2.37	2.49	2.89	3.11
Other	2.03	2.28	2.29	2.83	3.07

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **TRANSPORTATION**

	<i>Transportation to DV shelter</i>	<i>Public transportation</i>	<i>Free/low cost private transportation</i>	<i>Free/low cost disabled transportation</i>
Urban	1.93	2.24	3.47	2.13
Rural	2.11	3.41	3.94	2.82
Other	2.19	2.67	3.75	2.82

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## **CHILD CARE NEEDS**

	<i>Free/low cost child care in community</i>	<i>Immediate access to school for child in shelter</i>	<i>Free/low cost after school care</i>	<i>Free/low cost immunizations when child enrolls</i>	<i>Shelter for older male children of DV victims</i>
Urban	2.65	1.88	2.53	2.00	2.38
Rural	3.09	1.74	2.72	1.81	2.54
Other	2.85	1.99	2.74	2.13	2.64

Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

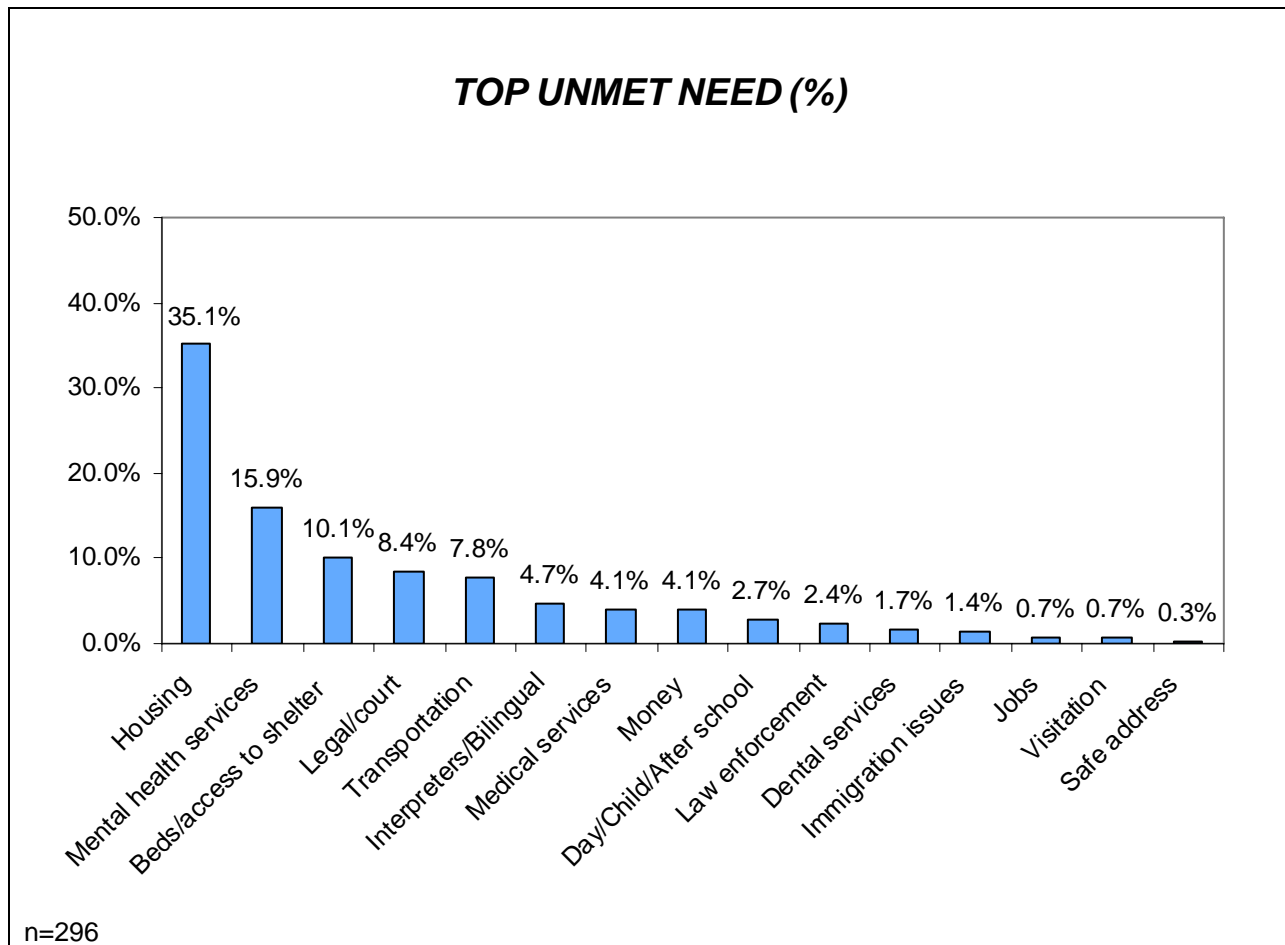
## OTHER NEEDS

	<i>Free computer access</i>	<i>Physically accessible shelter</i>	<i>Medication storage at shelter</i>	<i>Medication administration at shelter</i>	<i>Personal care in shelter</i>	<i>Shelter/ services older men</i>	<i>Special services older women</i>	<i>Pet kennel</i>
Urban	2.36	1.87	2.38	4.44	2.33	3.21	2.40	3.00
Rural	2.18	1.78	2.06	3.67	2.21	3.44	2.53	3.10
Other	2.50	1.82	1.92	3.20	2.61	3.59	3.41	3.17

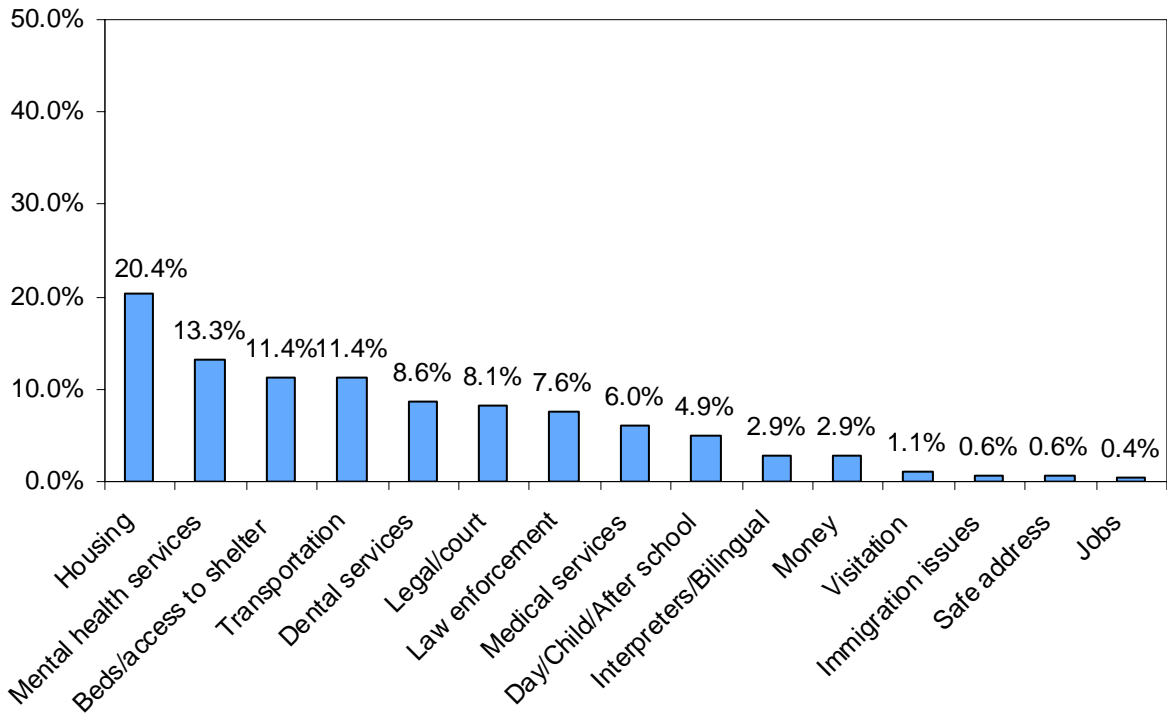
Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

## MOST IMPORTANT UNMET NEEDS



### TOP 3 UNMET NEEDS – AGGREGATED (%)



n=837

In a state as large and diverse as Florida, it is likely that the needs and resources vary by region of the state. The Florida Department of Children and Families (DCF) is the administrative fiscal agent for state-appropriated funds for domestic violence. DCF is divided

into five administrative regions, each associated with a geographical portion of the state. The five regions will form the basis of our regional assessment and are the Northwest, Northeast, Central, Southeast, and Suncoast regions.

## THE NORTHWEST REGION

### *DEMOGRAPHIC INFORMATION*

The Northwest region is comprised of the following 16 counties: Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington. Major communities in the Panhandle region include Pensacola, Panama City, and the state capital of Tallahassee, and 12 of the 16 counties are designated as rural. There are also major military

installations in the Panhandle region including Eglin and Tyndall Air Force Bases, and the Pensacola Naval Air Station.

There are four certified domestic violence centers in the Northwest region with a total of 138 beds, or 10.06 beds per 100,000 people. The maximum length of stay ranges from 42 to 56 days, and three of the four centers (75%) offer transitional housing services.

#### *Population*

- 1,371,617 (est. 2006)
- 13.7% estimated population growth from 2000-2006
- 117 persons per square mile

#### *Housing*

- \$453 median rent
- 23.4% renting
- 19.6% housing vacancy rate
- 20,461 homeless
- 3,023 public housing units
- 7,941 Section 8 vouchers

#### *Race & Ethnicity*

- 79% White, 17% African-American, 3% Other, 2% Bi-racial
- 4.3% Hispanic origin
- 3% foreign born (47% non-citizens)

#### *Economic*

- 3.1% unemployment
- 13.8% living in poverty (18.8% of children)

#### *Age*

- 5.6% less than 5
- 11.8% 5-14
- 14.4% 15-24
- 53.3% 25-64
- 14.9% 65 and older

# *DOMESTIC VIOLENCE INFORMATION*

## *Florida Department of Law Enforcement*

According to FDLE, in 2005 there were 8,603 domestic violence reports filed, or about 650 domestic violence incidents per 100,000 people. Reports in the Northwest region represent 7% of the domestic violence reports filed across the state. In addition, there were 5,501 total arrests made for domestic violence, representing about 64% of the cases filed.

Simple assault and aggravated assault account for the vast majority of domestic violence reports (74% and 17% respectively) and arrests (76% and 18% respectively). Stalking and other forms of intimidation comprised 7% of DV reports, and 5% of DV arrests, while

forcible rape, sodomy, and fondling accounted for 2% of reports 2% of arrests. Further, of the 142 arrests made in 2005 for murder or manslaughter attributed to domestic violence, 11% were in the Northwest region.

Finally, the Centers for Disease Control and Prevention estimates that only about 25% of violence episodes are reported to the police. Using that figure along with FDLE's domestic violence reports, we can extrapolate that more than 35,000 domestic violence incidents may have occurred in the Northwest region in 2005.

## *Florida Coalition Against Domestic Violence*

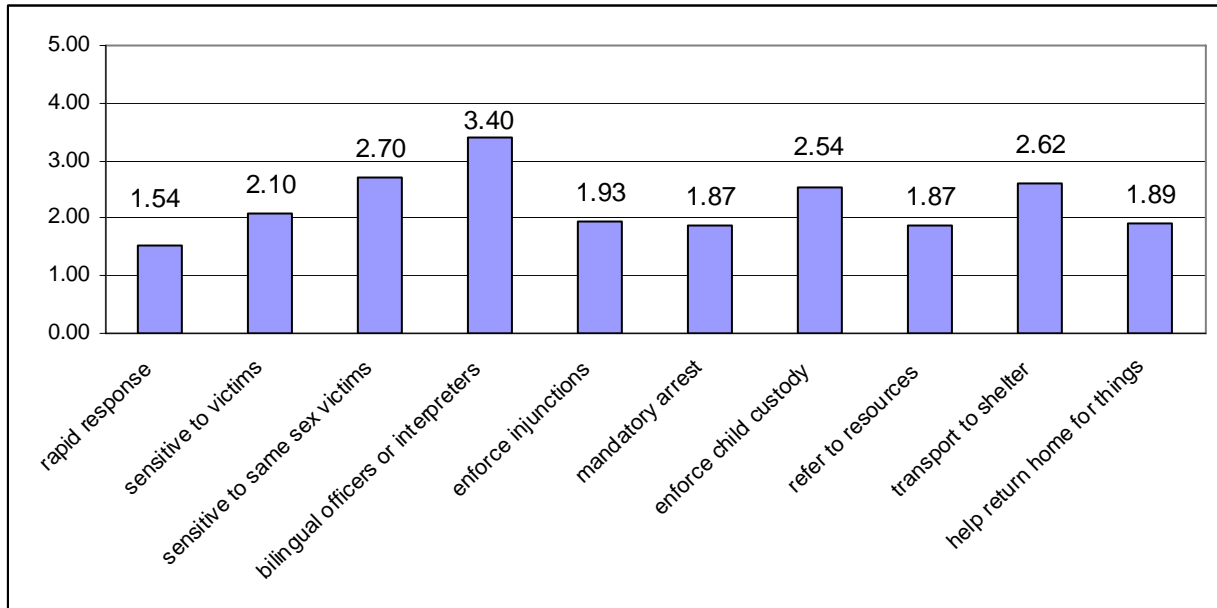
The Florida Coalition Against Domestic Violence reports that a total of 1,200 people (including 1 man) received emergency shelter services in 2005.

Forty-six percent of those sheltered were children under 18. Further, 3,439 crisis calls were received on domestic violence hotlines.

## *Key Informant Survey*

Regional Key Informant Survey data were aggregated across professions. The following are the results for the Northwest region:

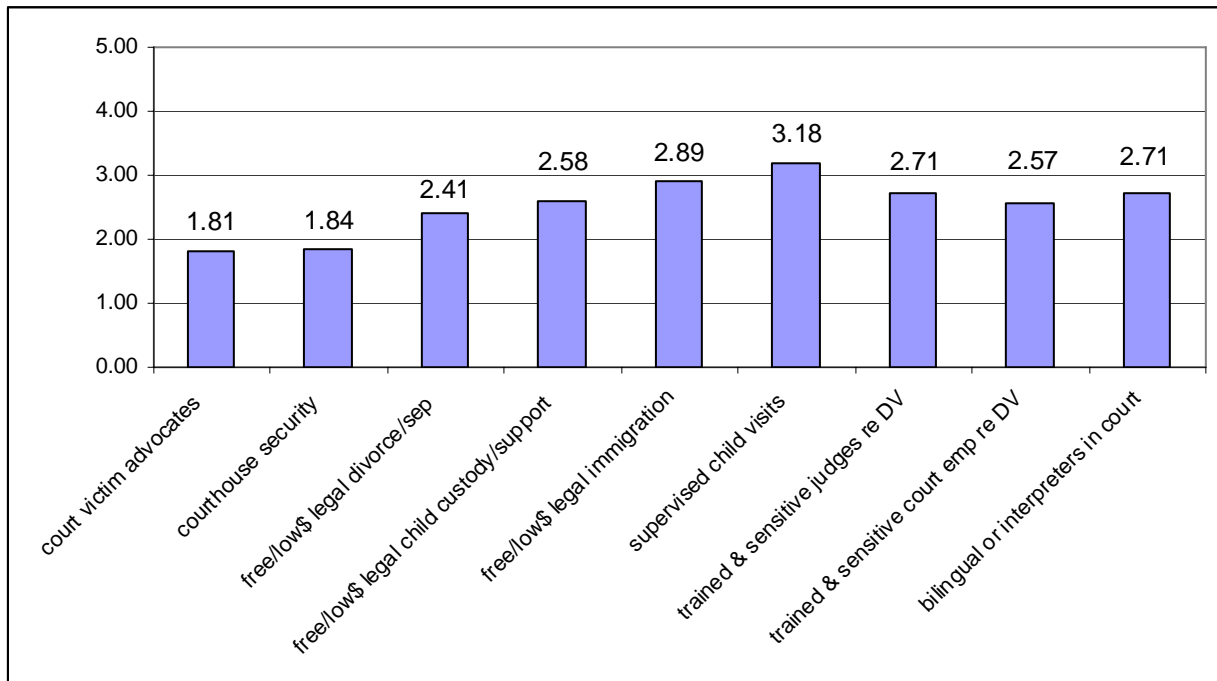
### Law Enforcement Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Legal Needs

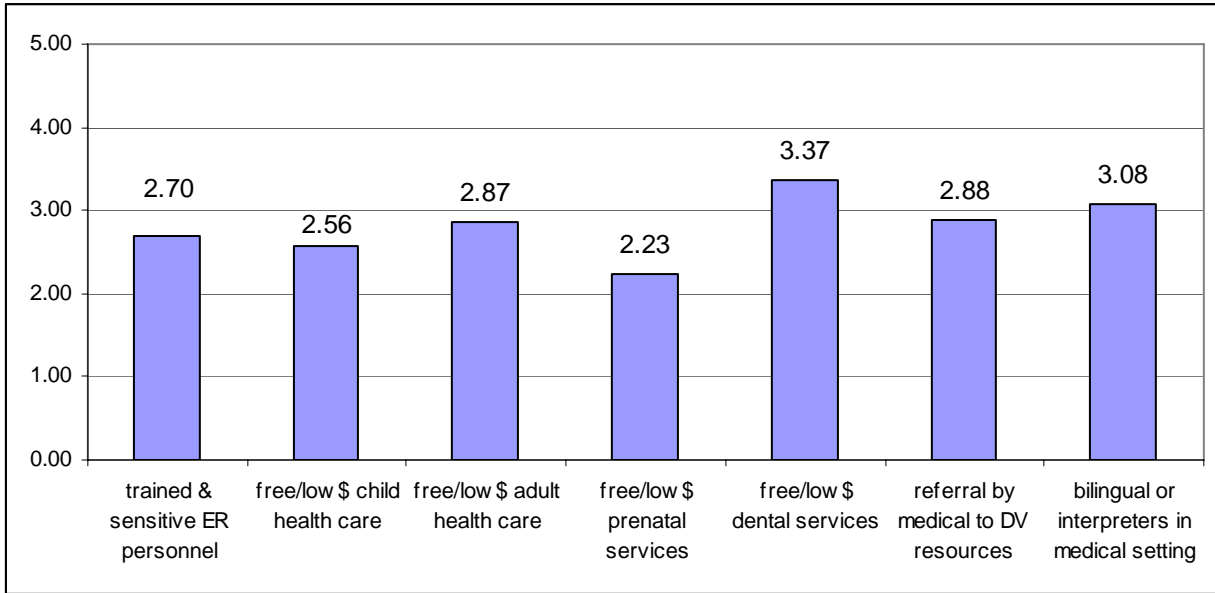


Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never



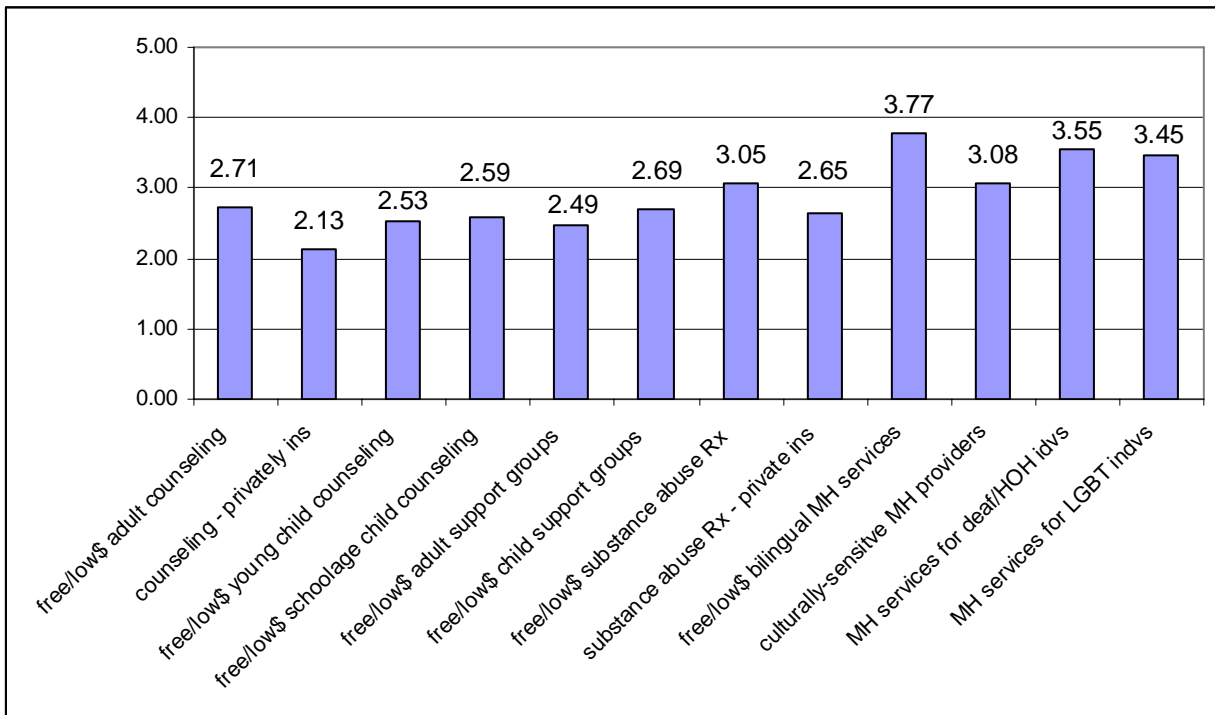
### Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

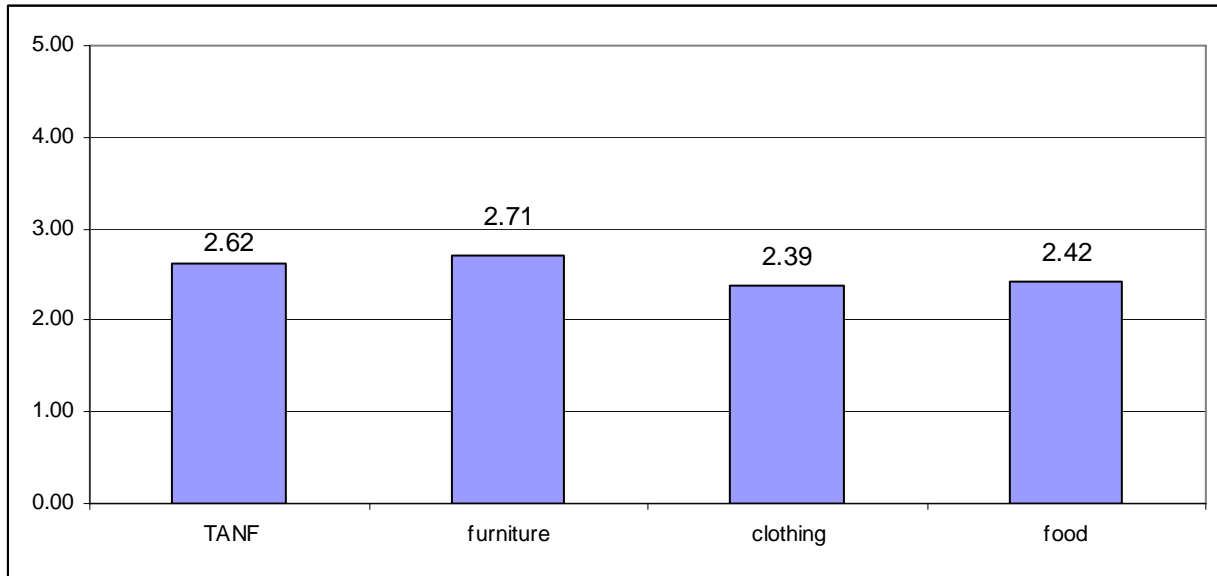
### Mental Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

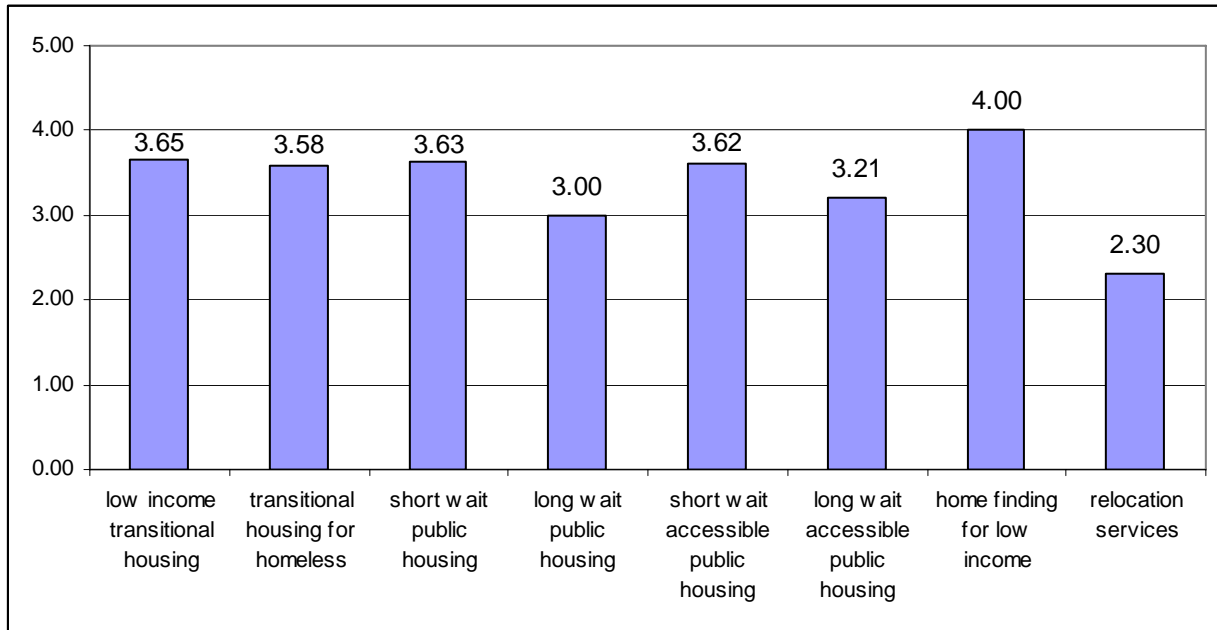
### Basic Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

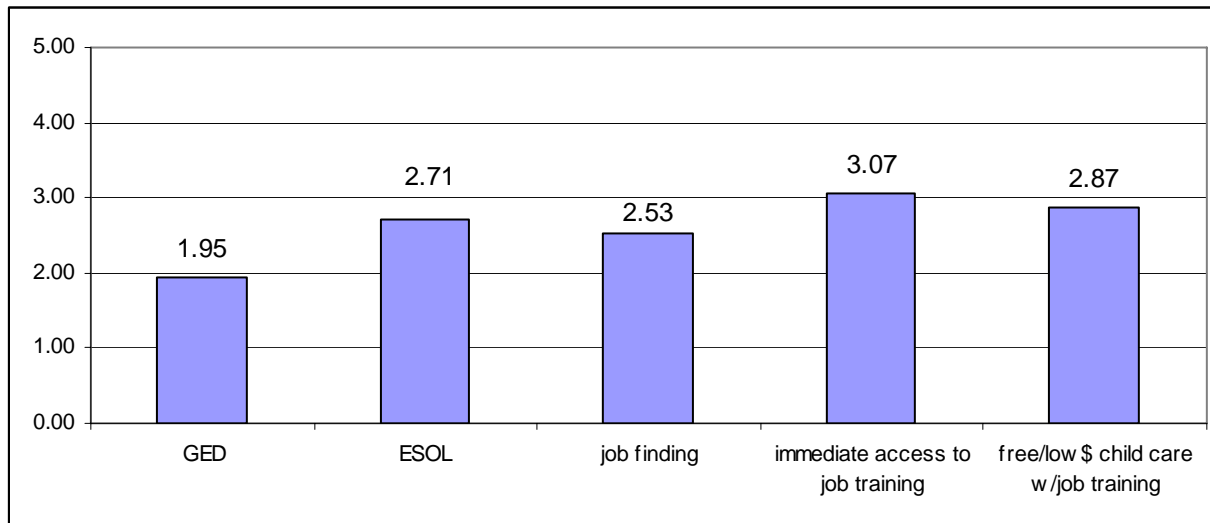
### Housing Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

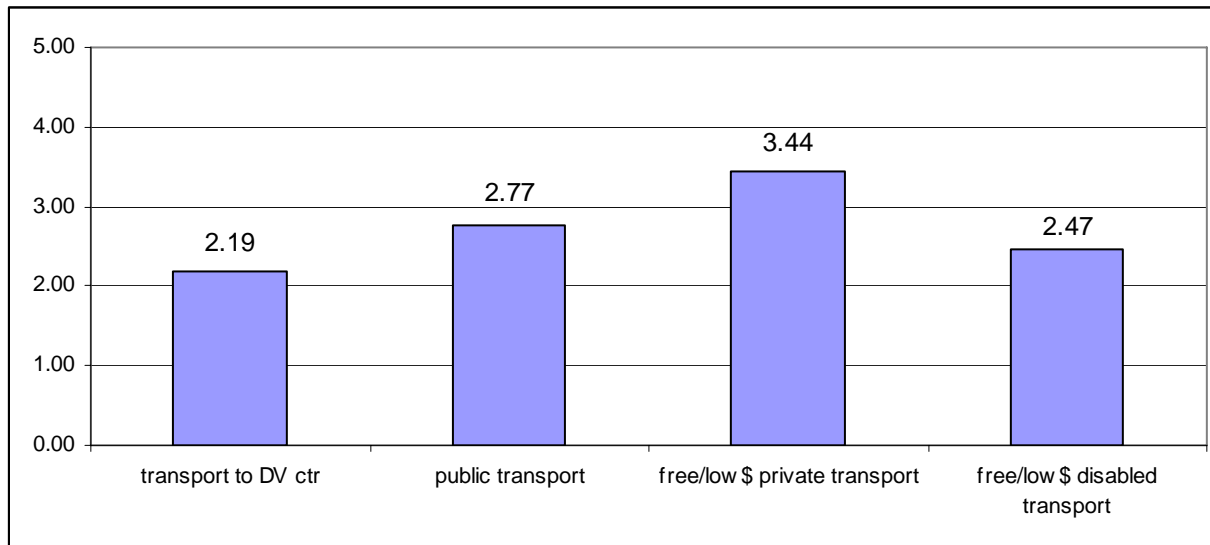
### Employment Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

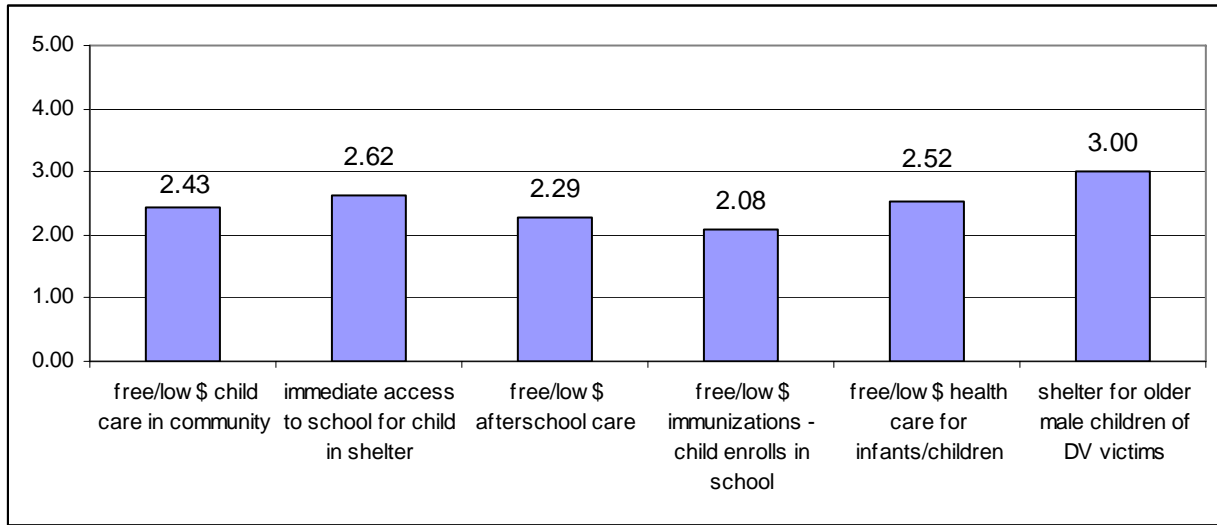
### Transportation Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

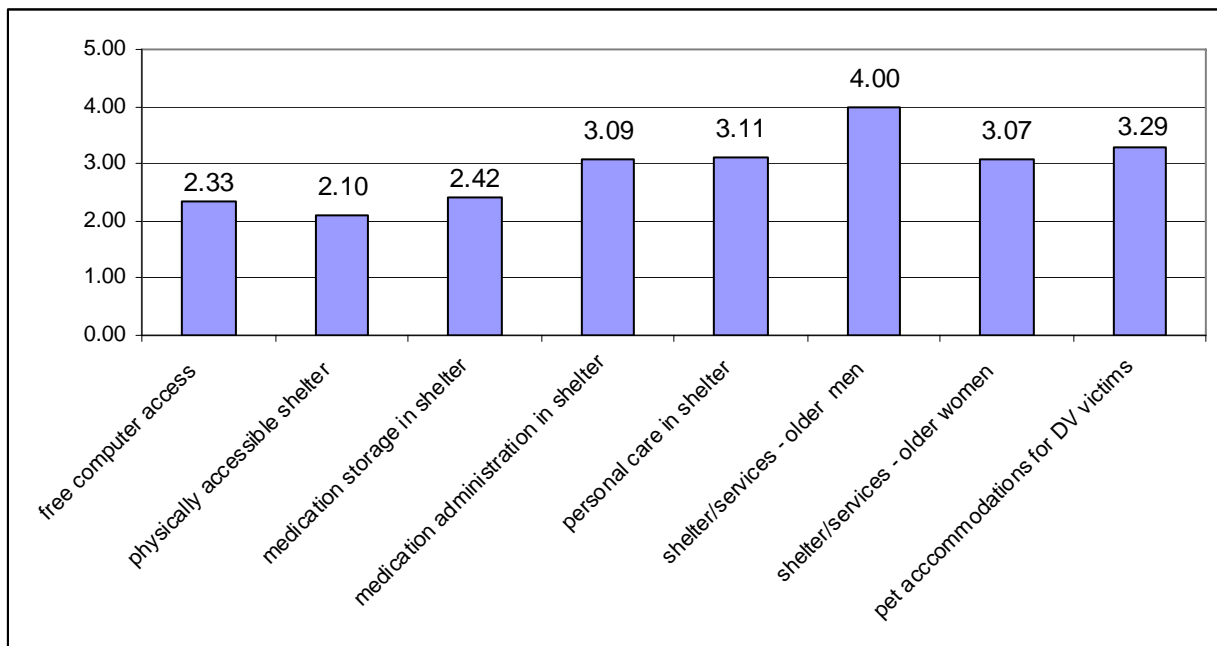
### Child Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Other Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

# THE NORTHEAST REGION

## DEMOGRAPHIC INFORMATION

The Northeast region is comprised of the following 20 counties: Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. John's, Suwanee, Taylor, Union, and Volusia. Major communities in the Northeast region include Jacksonville, Lake City, St. Augustine, Daytona, and Gainesville, and 13 of the 20 counties are designated as rural. There are also major military installations in the Northeast region

### *Population*

- 2,506,872 (est. 2006)
- 17.1% estimated population growth from 2000-2006
- 168 persons per square mile

### *Race & Ethnicity*

- 77% White, 18% African-American, 3% Other, 2% Bi-racial
- 5.1% Hispanic origin
- 5% foreign born (51% non-citizens)

### *Age*

- 5.7% less than 5
- 12.3% 5-14
- 15.3% 15-24
- 52.4% 25-64
- 14.7% 65 and older

including Mayport Naval Station and the Jacksonville Naval Air Station.

There are 10 certified domestic violence centers in the Northeast region (**NOTE:** one center from the Northwest region provides services to two counties in the Northeast region. Those data were not included in the Northeast region summary) with a total of 365 beds, or 14.56 beds per 100,000 people. The maximum length of stay ranges from 42 to 90 days, and four of the 10 (40%) centers offer transitional housing services.

### *Housing*

- \$473 median rent
- 22.1% renting
- 14.4% housing vacancy rate
- 8,547 homeless
- 6,837 public housing units
- 11,640 Section 8 vouchers

### *Economic*

- 3.4% unemployment
- 14.0% living in poverty (18.6% of children)

## *DOMESTIC VIOLENCE INFORMATION*

### *Florida Department of Law Enforcement*

According to FDLE, in 2005 there were 18,156 domestic violence reports filed, or about 700 domestic violence incidents per 100,000 people. Reports in the Northeast region represent 15% of the domestic violence reports filed across the state. In addition, there were 9,370 total arrests made for domestic violence, representing about 52% of the cases filed.

Simple assault and aggravated assault account for the vast majority of domestic violence reports (78% and 17% respectively) and arrests (77% and 20% respectively). Stalking and other forms

of intimidation comprised 3% of DV reports, and 2% of DV arrests, while forcible rape, sodomy, and fondling accounted for 2% of reports 2% of arrests. Further, of the 142 arrests made in 2005 for murder or manslaughter attributed to domestic violence, 17% were in the Northeast region.

Finally, the Centers for Disease Control and Prevention estimates that only about 25% of violence episodes are reported to the police. Using that figure along with FDLE's domestic violence reports, we can extrapolate that almost 73,000 domestic violence incidents may have occurred in the Northeast region in 2005.

### *Florida Coalition Against Domestic Violence*

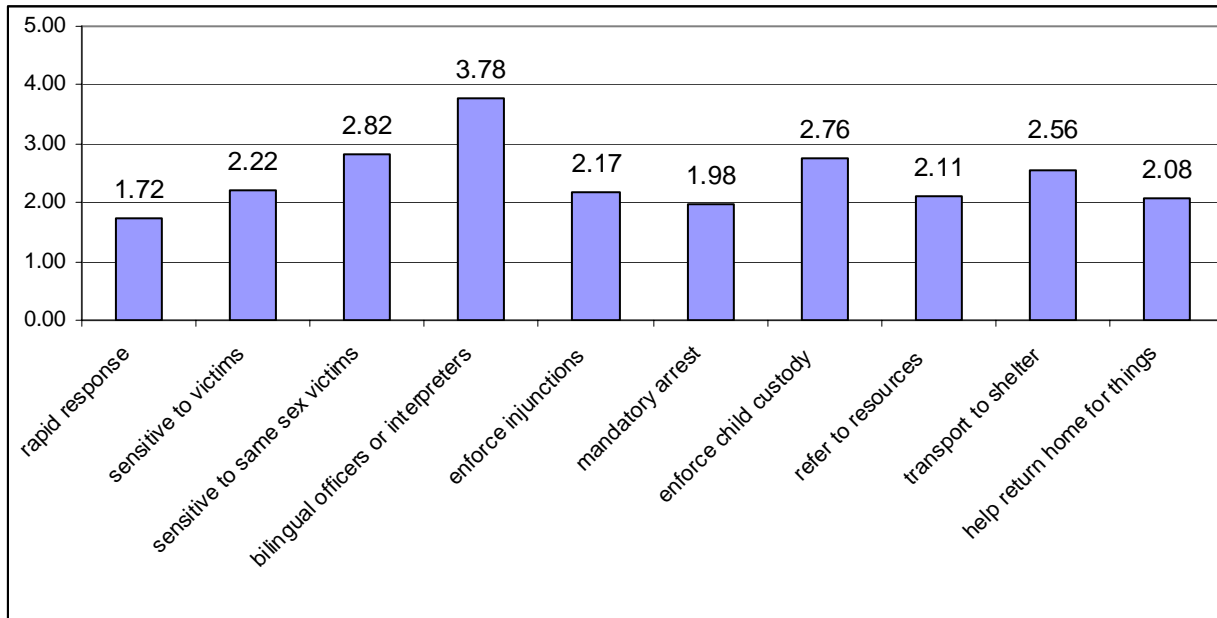
The Florida Coalition Against Domestic Violence reports that a total of 3,076 people (including 11 men) received emergency shelter services in 2005.

Forty-nine percent of those sheltered were children under 18. Further, 14,128 crisis calls were received on domestic violence hotlines.

### *Key Informant Survey*

Regional Key Informant Survey data were aggregated across professions. The following are the results for the Northeast region:

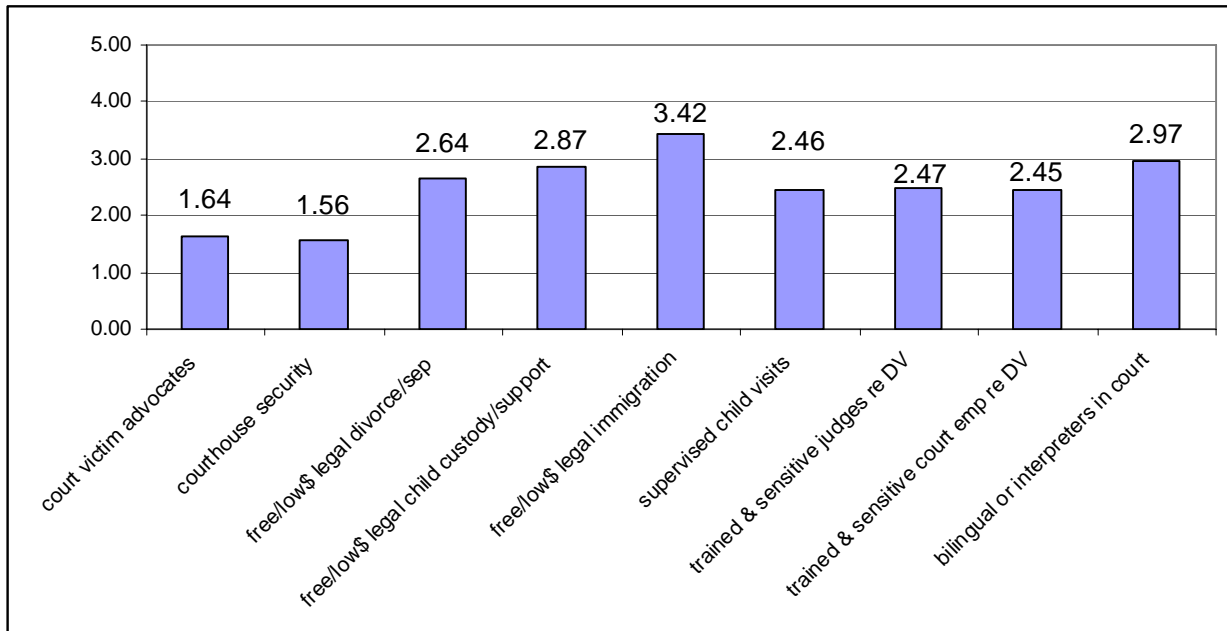
### Law Enforcement Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

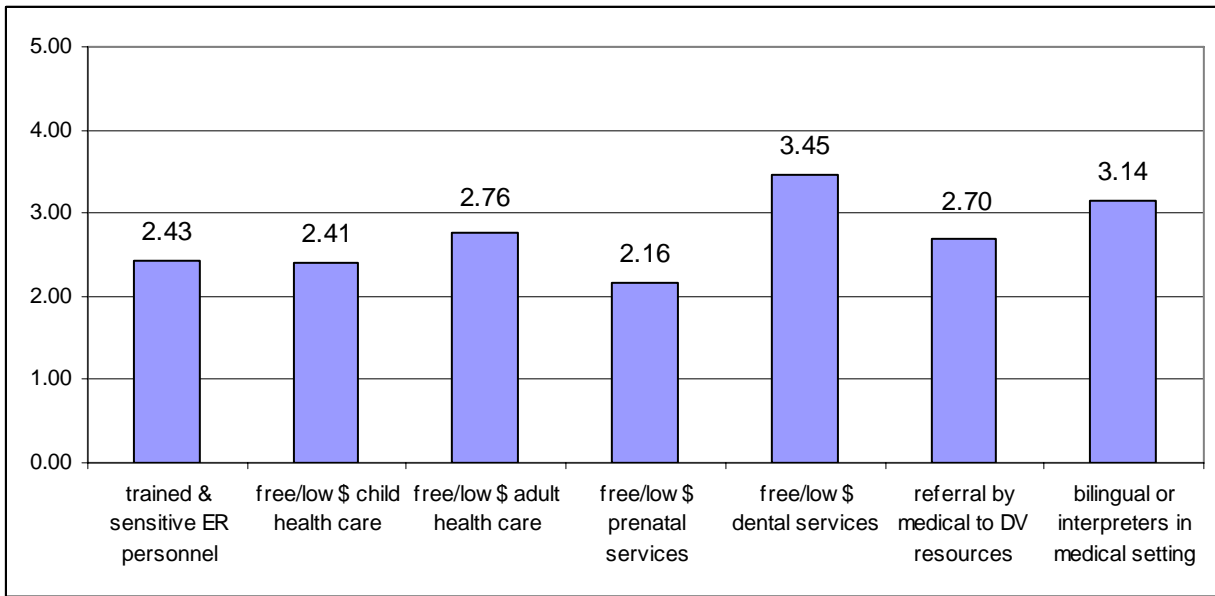
### Legal Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

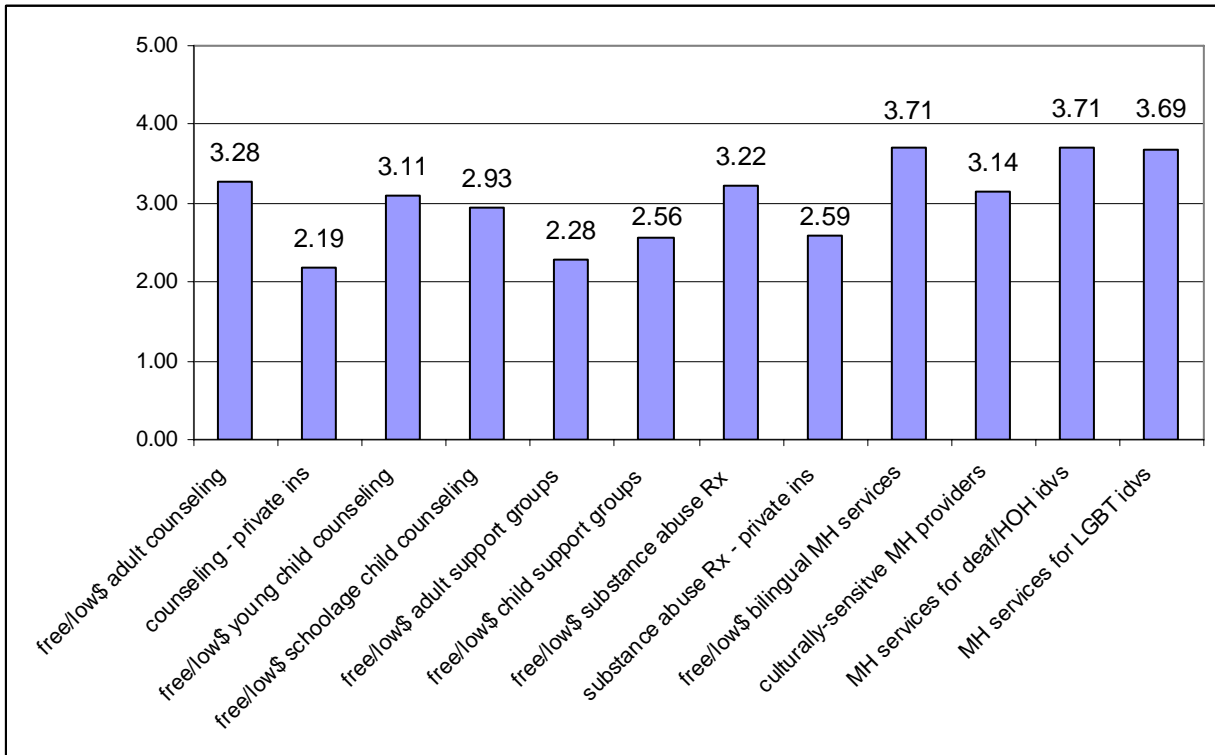
### Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Mental Health Care Needs

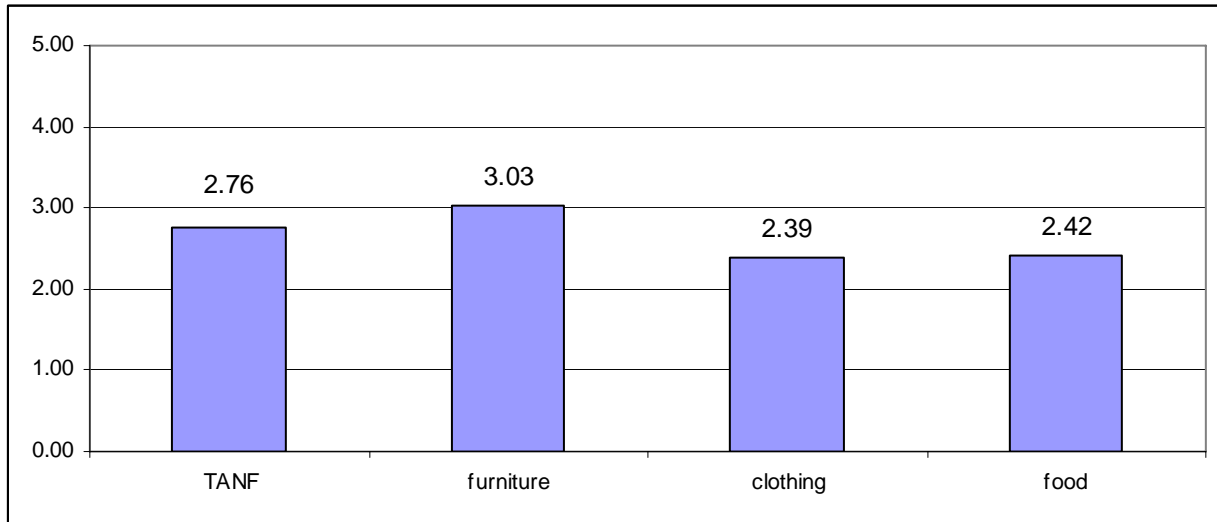


Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never



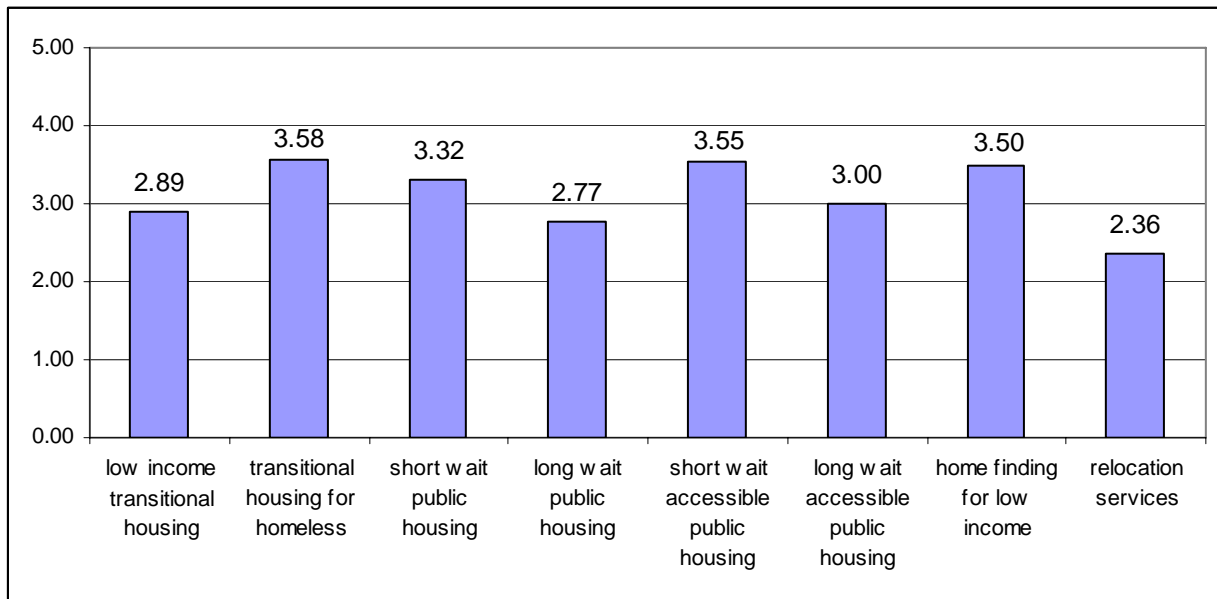
### Basic Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

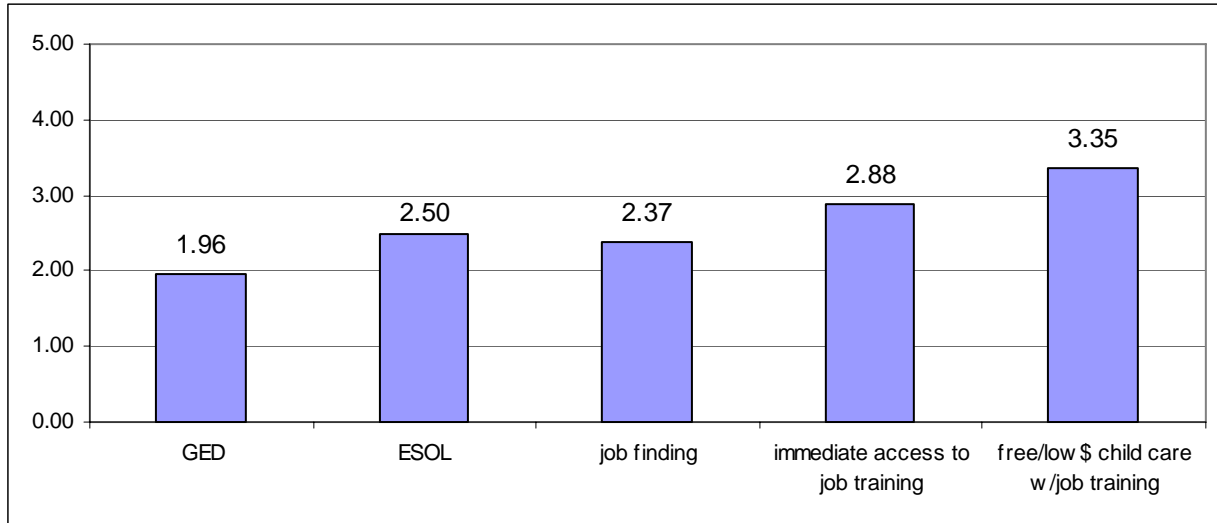
### Housing Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

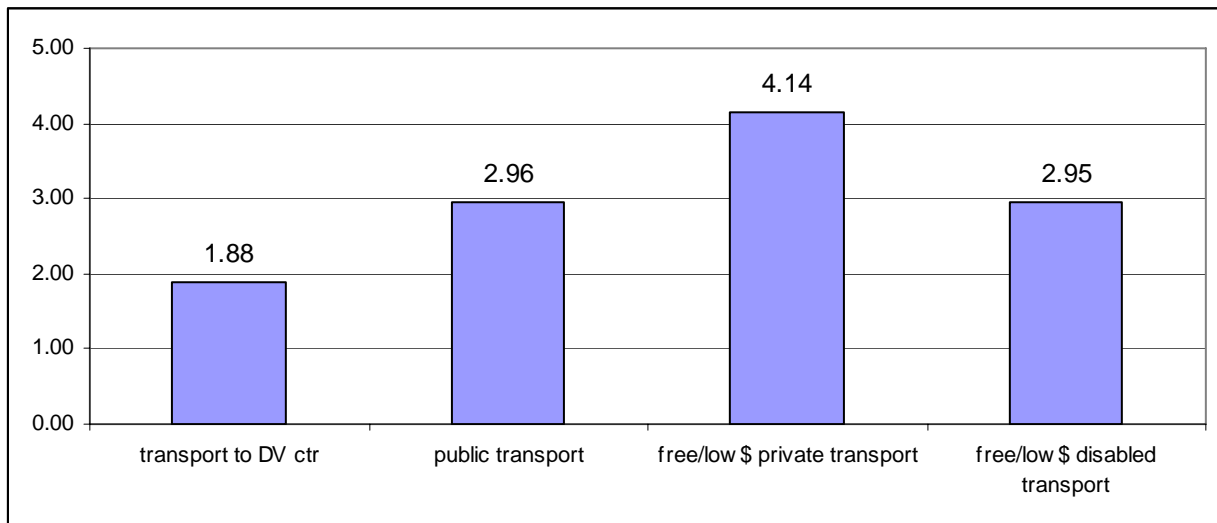
### Employment Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

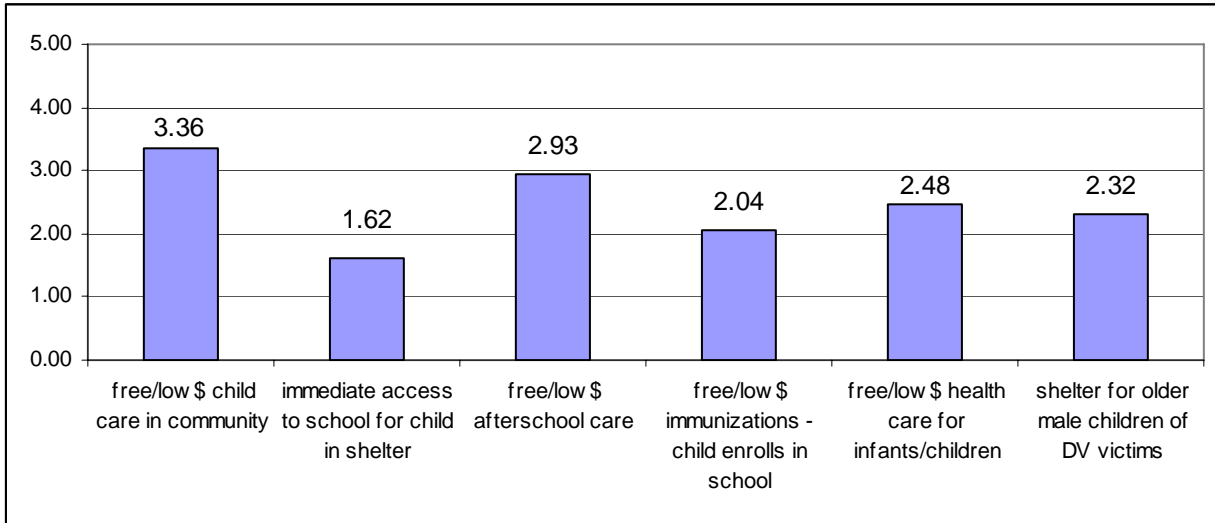
### Transportation Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

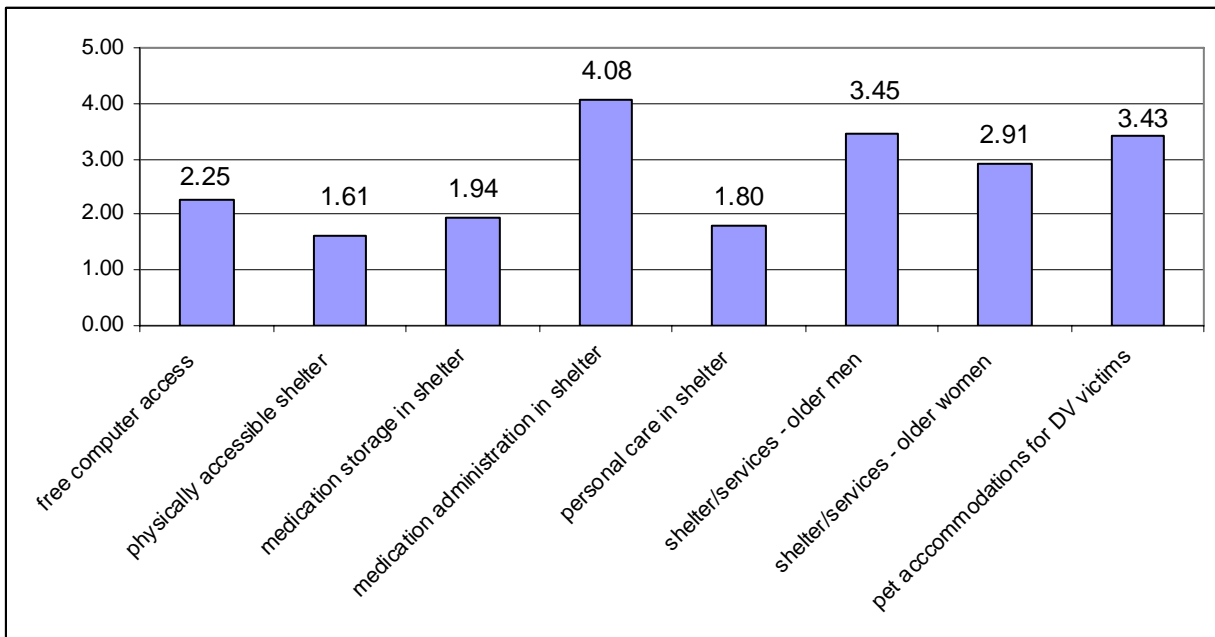
### Child Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Other Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

# THE CENTRAL REGION

## DEMOGRAPHIC INFORMATION

The Central region is comprised of the following 16 counties: Brevard, Citrus, Hardee, Hernando, Highlands, Indian River, Lake, Marion, Martin, Okeechobee, Orange, Osceola, Polk, Seminole, St. Lucie, and Sumter. Major communities in the Central region include Orlando, Ocala, and Titusville. A major military installation, Patrick Air

### Population

- 4,532,150 (est. 2006)
- 21.6% estimated population growth from 2000-2006
- 372 persons per square mile

### Race & Ethnicity

- 79% White, 12% African-American, 6% Other, 3% Bi-racial
- 14.4% Hispanic origin
- 9% foreign born (56% non-citizens)

### Age

- 5.5% less than 5
- 12.3% 5-14
- 12.0% 15-24
- 49.0% 25-64
- 21.2% 65 and older

Force Base, is located in the Central region, and four of the 16 counties are designated as rural.

There are 12 certified domestic violence centers in the Central region with a total of 419 beds, or 9.25 beds per 100,000 people. The maximum length of stay ranges from 42 to 90 days, and five of the 13 (38%) centers offer transitional housing services.

### Housing

- \$565 median rent
- 23.2% renting
- 14.4% housing vacancy rate
- 17,203 homeless
- 5,884 public housing units
- 10,669 Section 8 vouchers

### Economic

- 3.4% unemployment
- 11.7% living in poverty (17.7% of children)

## DOMESTIC VIOLENCE INFORMATION

### Florida Department of Law Enforcement

According to FDLE, in 2005 there were 32,072 domestic violence reports filed, or about 756 domestic violence incidents per 100,000 people. Reports

in the Central region represent 27% of the domestic violence reports filed across the state. In addition, there were 18,855 total arrests made for domestic violence, representing about 59% of the cases filed.

Simple assault and aggravated assault account for the vast majority of domestic violence reports (78% and 17% respectively) and arrests (76% and 21% respectively). Stalking and other forms of intimidation comprised 2% of DV reports, and 2% of DV arrests, while forcible rape, sodomy, and fondling accounted for 2% of reports 1% of arrests. Further, of the 142 arrests made in 2005 for murder or manslaughter attributed to domestic

violence, 30% were in the Central region.

Finally, the Centers for Disease Control and Prevention estimates that only about 25% of violence episodes are reported to the police. Using that figure along with FDLE's domestic violence reports, we can extrapolate that more than 128,000 domestic violence incidents may have occurred in the Central region in 2005.

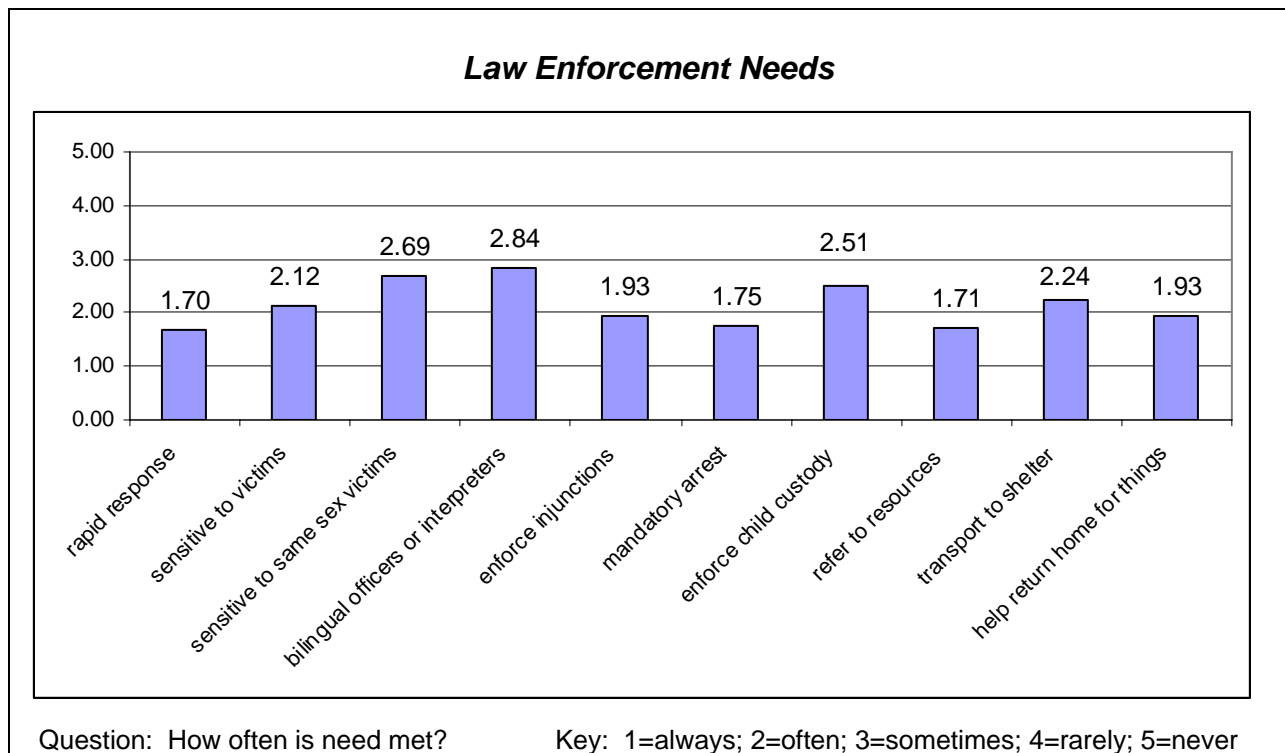
### *Florida Coalition Against Domestic Violence*

The Florida Coalition Against Domestic Violence reports that a total of 3,733 people (including 10 men) received emergency shelter services in 2005.

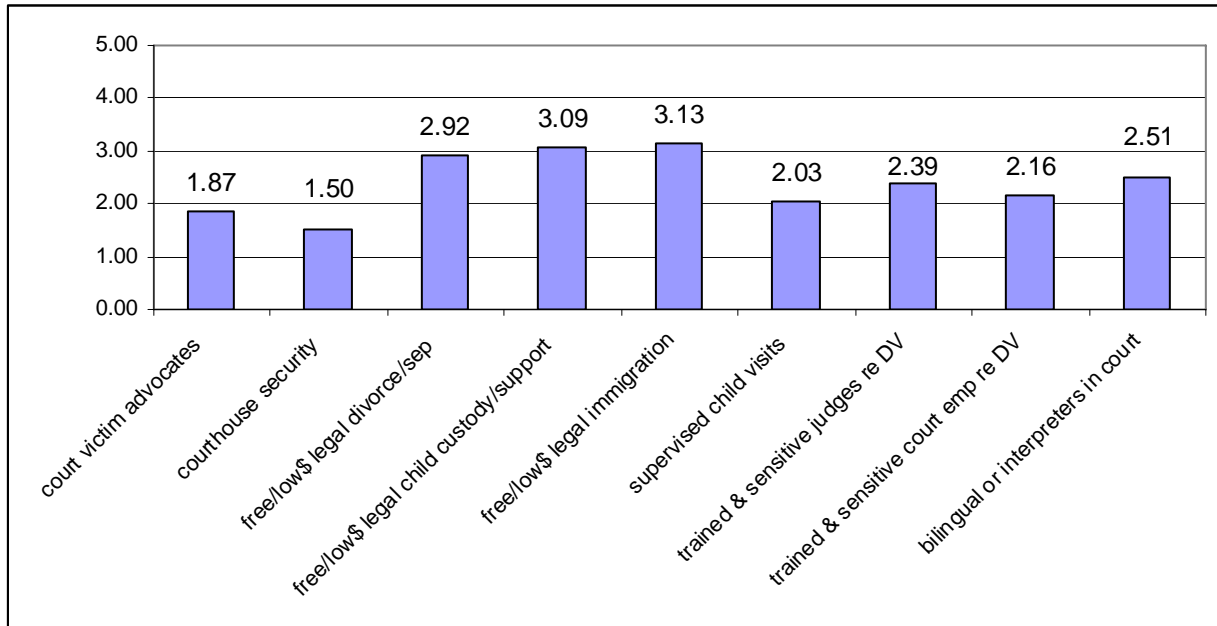
Forty-eight percent of those sheltered were children under 18. Further, 18,058 crisis calls were received on domestic violence hotlines.

### *Key Informant Survey*

Regional Key Informant Survey data were aggregated across professions. The following are the results for the Central region:



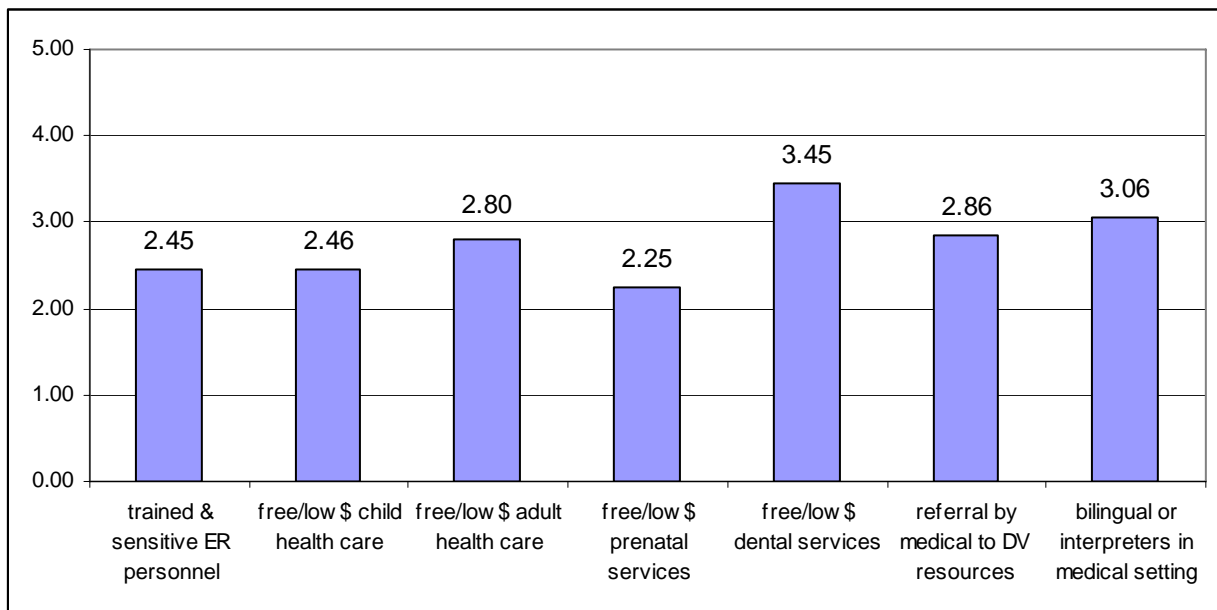
### Legal Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

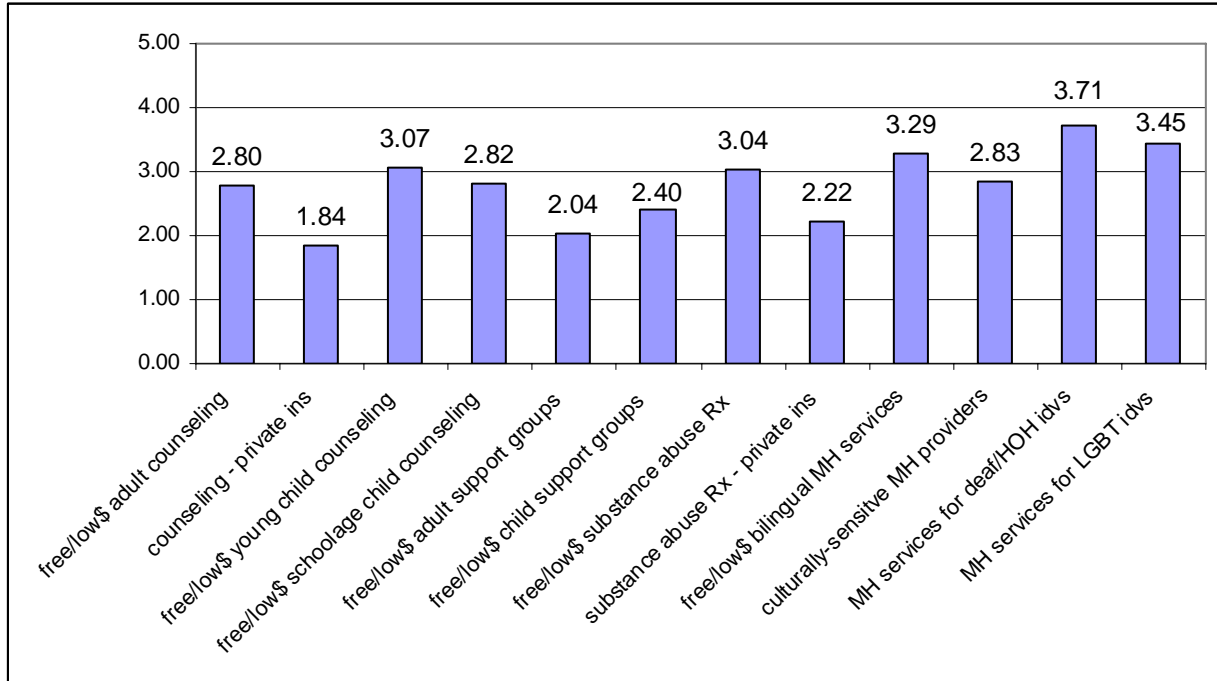
### Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

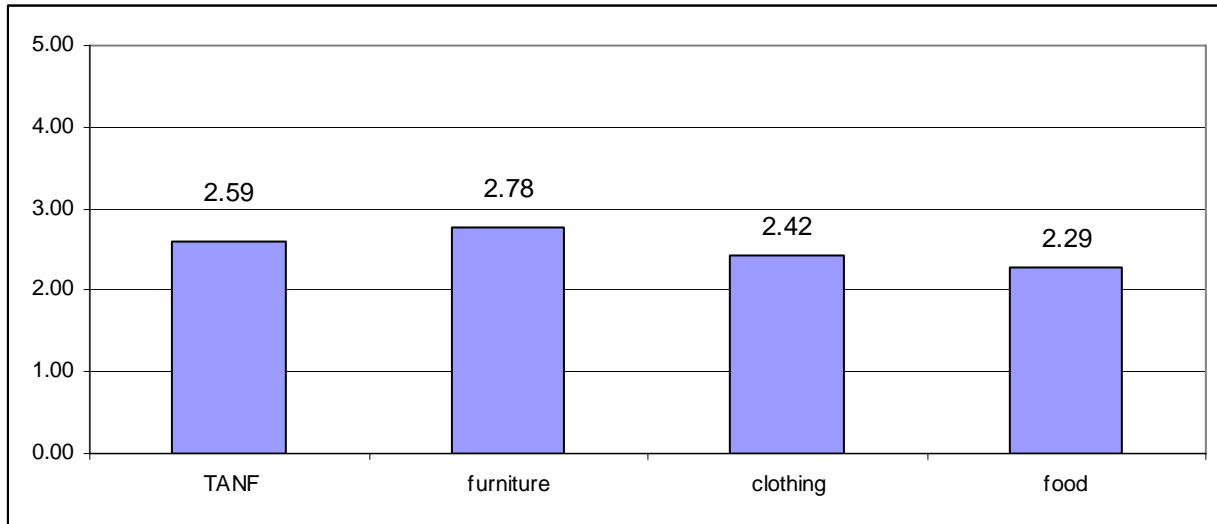
### Mental Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

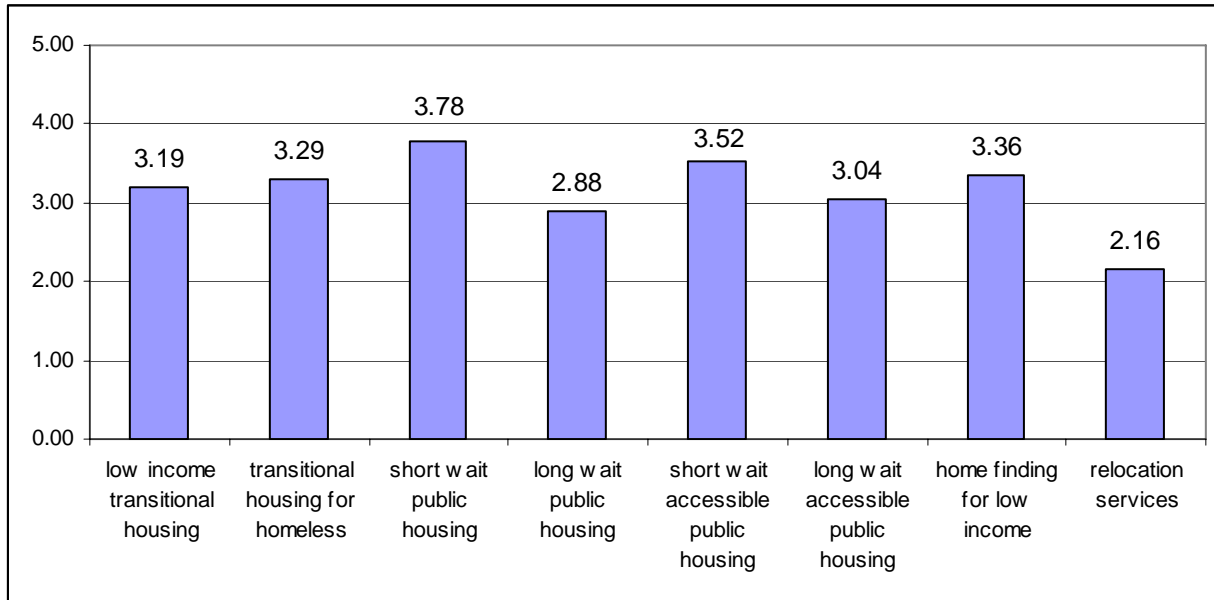
### Basic Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

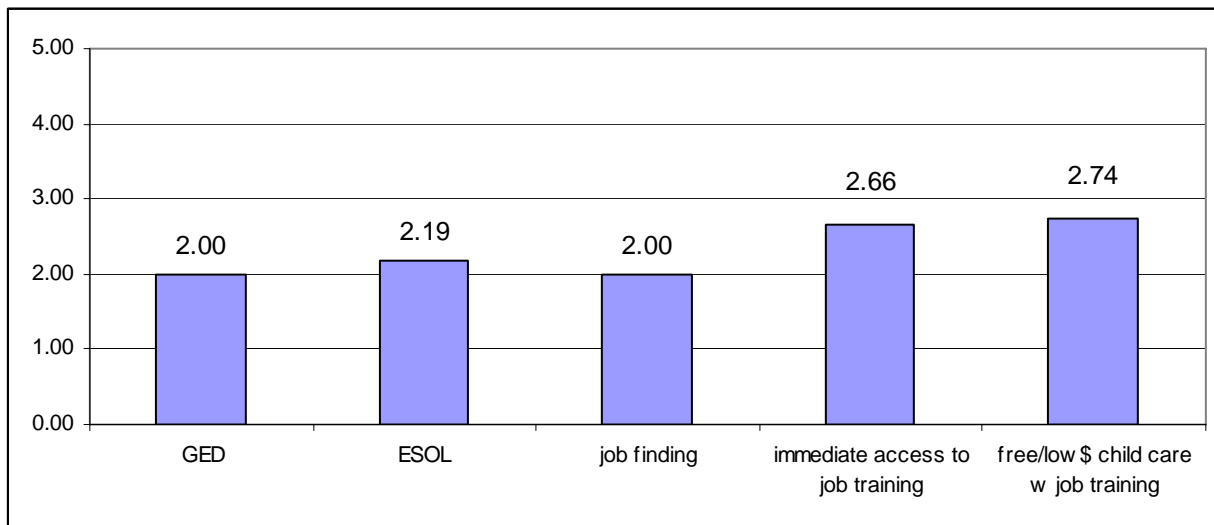
### Housing Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Employment Needs

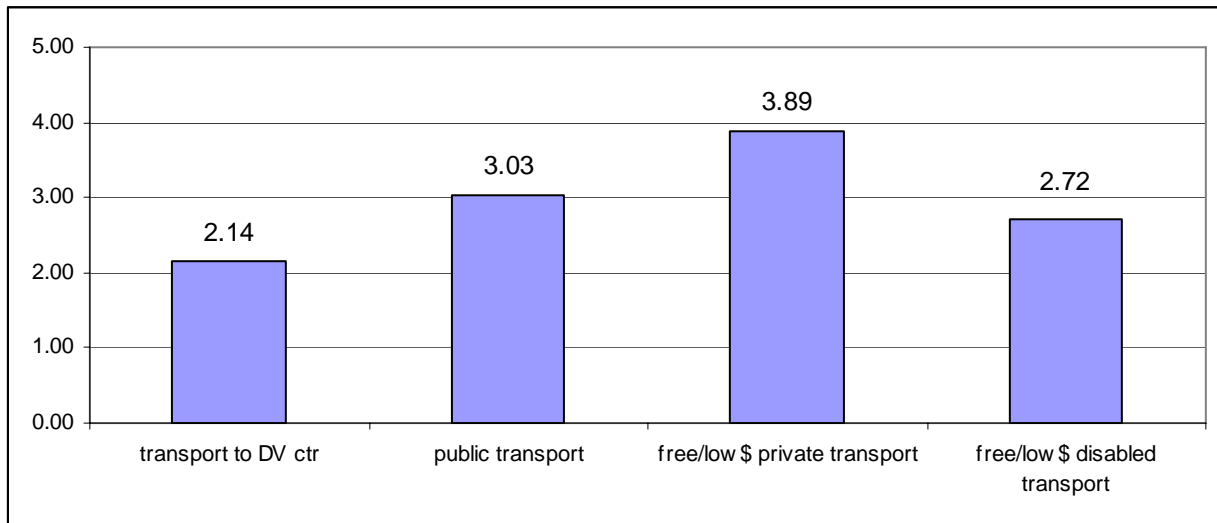


Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never



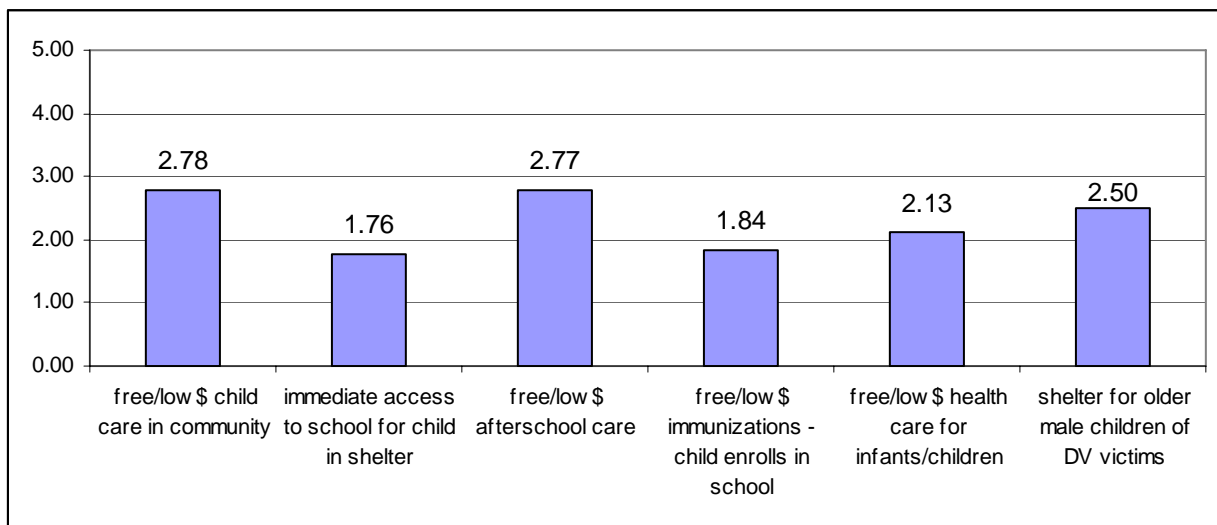
### Transportation Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

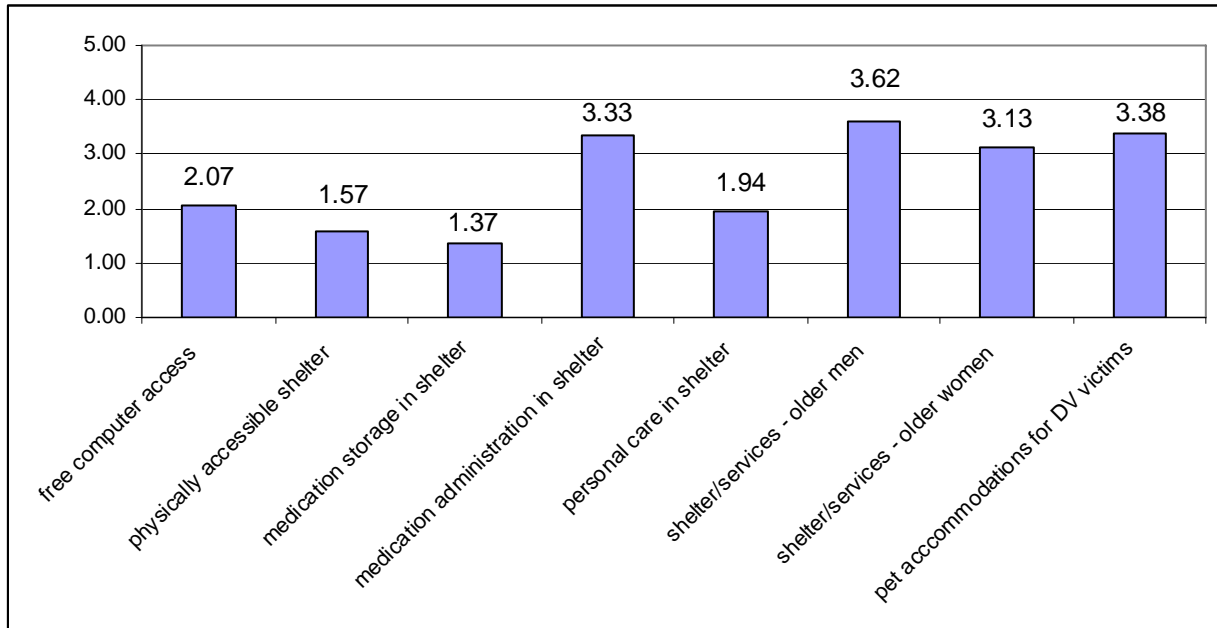
### Child Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Other Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

# THE SOUTHEAST REGION

## DEMOGRAPHIC INFORMATION

The Southeast region is comprised of the following four counties: Broward, Miami-Dade, Monroe, and Palm Beach. Major communities in the Southeast region include Miami, Ft. Lauderdale, West Palm Beach, and Key West. A major military installation, the Key West Naval Air Station, is located in the

### Population

- 5,558,681 (est. 2006)
- 7.8% estimated population growth from 2000-2006
- 859 persons per square mile

### Race & Ethnicity

- 72% White, 19% African-American, 6% Other, 4% Bi-racial
- 28.5% Hispanic origin
- 35% foreign born (54% non-citizens)

### Age

- 5.9% less than 5
- 12.1% 5-14
- 11.7% 15-24
- 54.1% 25-64
- 16.3% 65 and older
- 41,644 Section 8 vouchers

Southeast region, and one of the four counties is designated as a rural county.

There are 12 certified domestic violence centers in the Southeast region with a total of 419 beds, or 9.25 beds per 100,000 people. The maximum length of stay ranges from 42 to 90 days, and five of the 13 (38%) centers offer transitional housing services.

### Housing

- \$741 median rent
- 33.9% renting
- 16.9% housing vacancy rate
- 11,124 homeless
- 16,592 public housing units

### Economic

- 3.2% unemployment
- 12.0% living in poverty (17.0% of children)

## DOMESTIC VIOLENCE INFORMATION

### Florida Department of Law Enforcement

According to FDLE, in 2005 there were 29,513 domestic violence reports filed, or about 537 domestic violence incidents per 100,000 people. Reports

in the Southeast region represent 25% of the domestic violence reports filed across the state. In addition, there were 12,543 total arrests made for domestic violence, representing about 42% of the cases filed.

Simple assault and aggravated assault account for the vast majority of domestic violence reports (67% and 21% respectively) and arrests (72% and 25% respectively). Stalking and other forms of intimidation comprised 9% of DV reports, and 2% of DV arrests, while forcible rape, sodomy, and fondling accounted for 3% of reports 1% of arrests. Further, of the 142 arrests made in 2005 for murder or manslaughter attributed to domestic

violence, 19% were in the Southeast region.

Finally, the Centers for Disease Control and Prevention estimates that only about 25% of violence episodes are reported to the police. Using that figure along with FDLE's domestic violence reports, we can extrapolate that more than 118,000 domestic violence incidents may have occurred in the Southeast region in 2005.

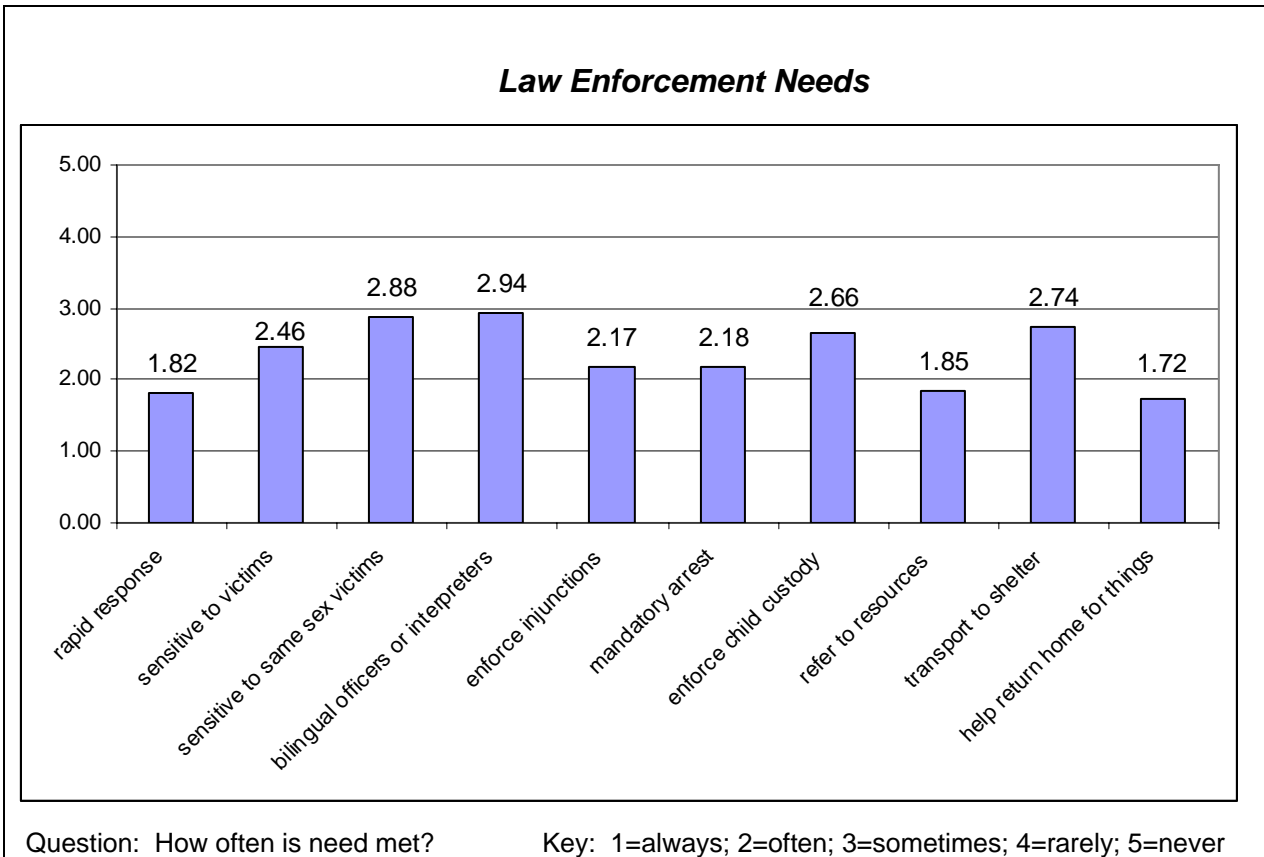
### ***Florida Coalition Against Domestic Violence***

The Florida Coalition Against Domestic Violence reports that a total of 2,152 people (including 6 men) received emergency shelter services in 2005.

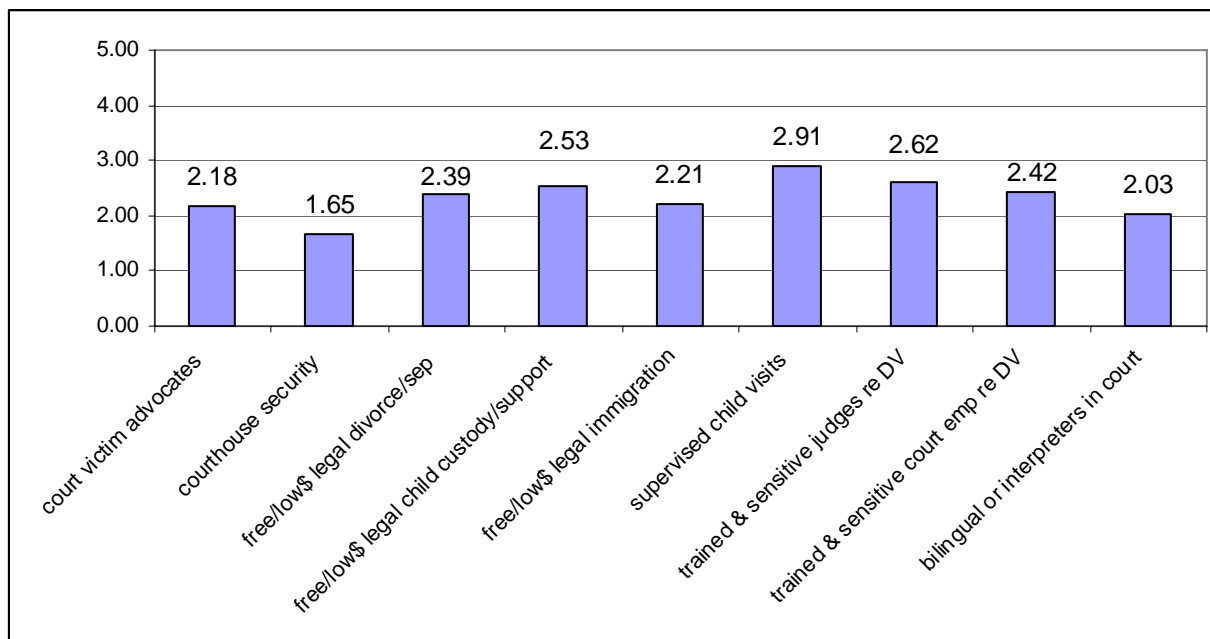
Forty-eight percent of those sheltered were children under 18. Further, 8,022 crisis calls were received on domestic violence hotlines.

### ***Key Informant Survey***

Regional Key Informant Survey data were aggregated across professions. The following are the results for the Southeast region:



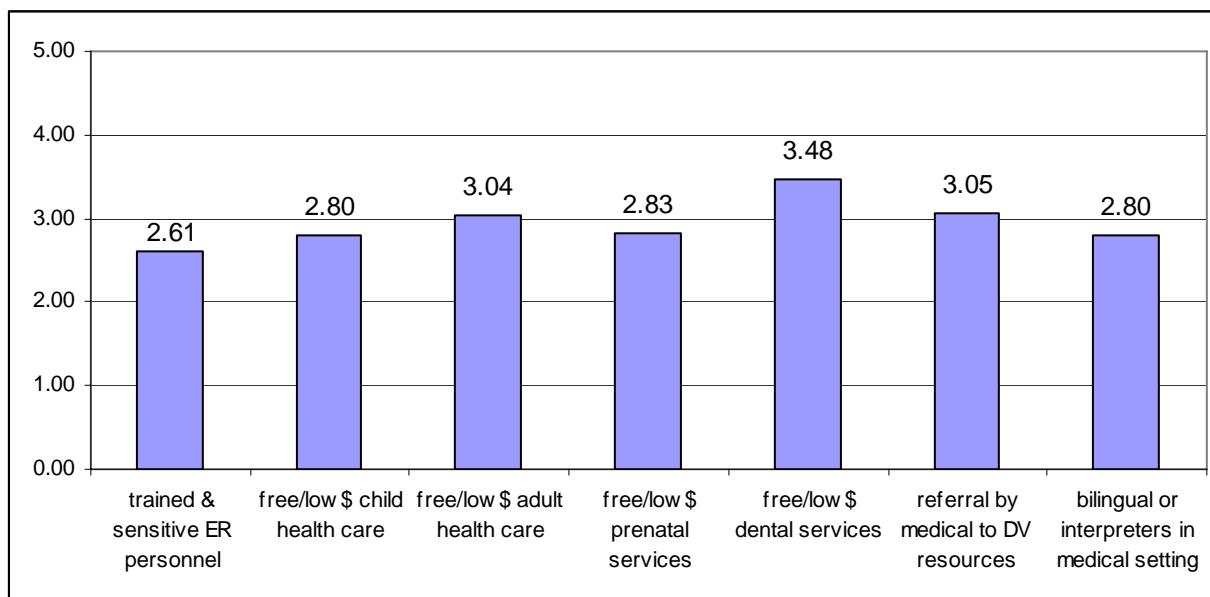
### Legal Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

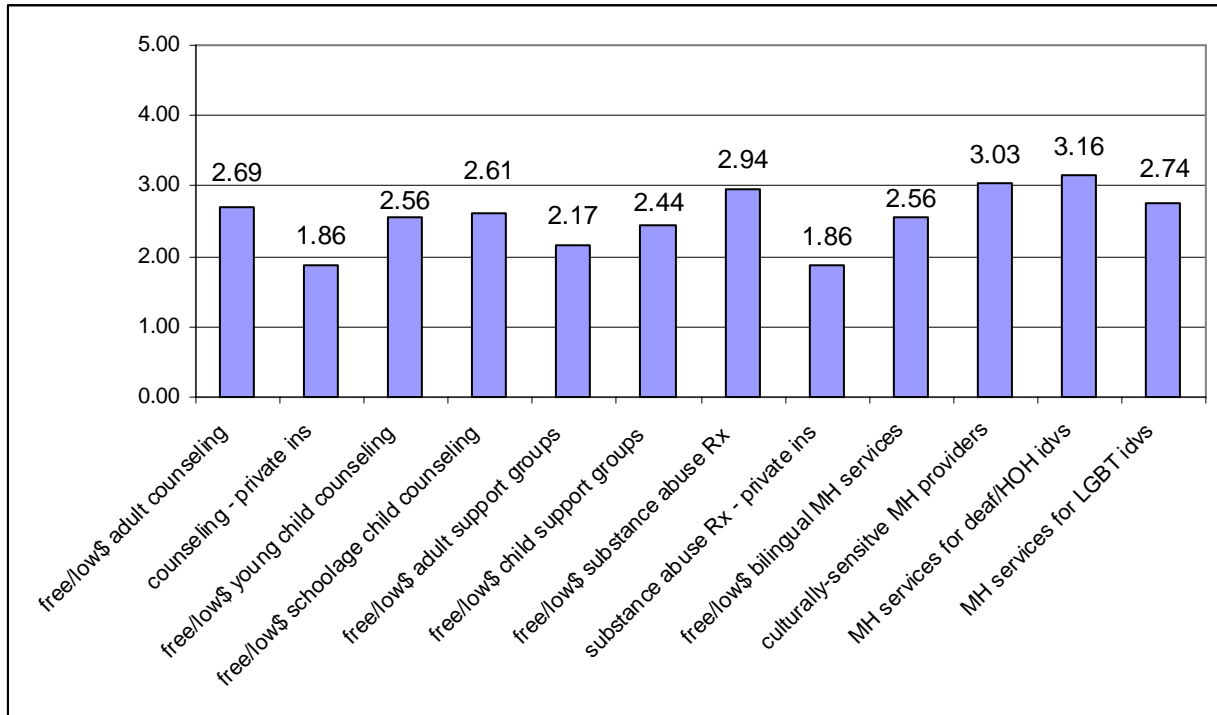
### Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

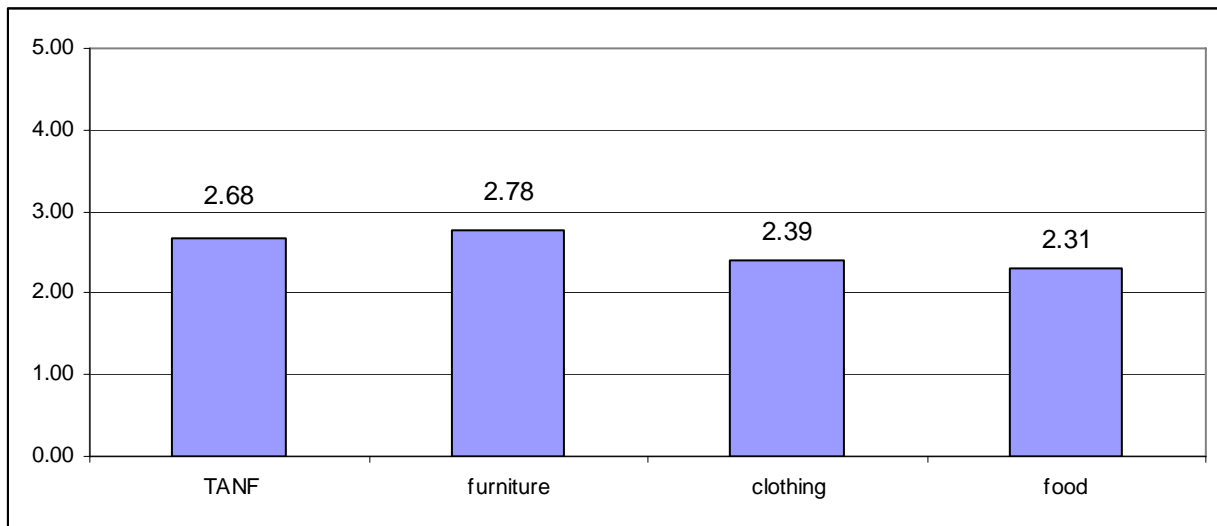
### Mental Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

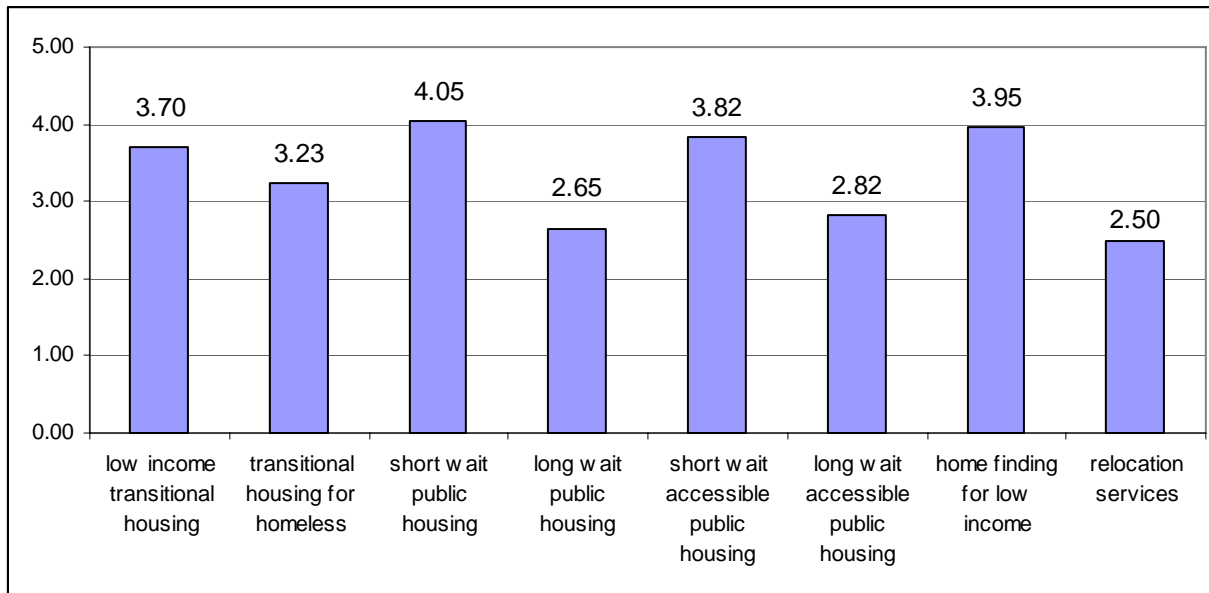
### Basic Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

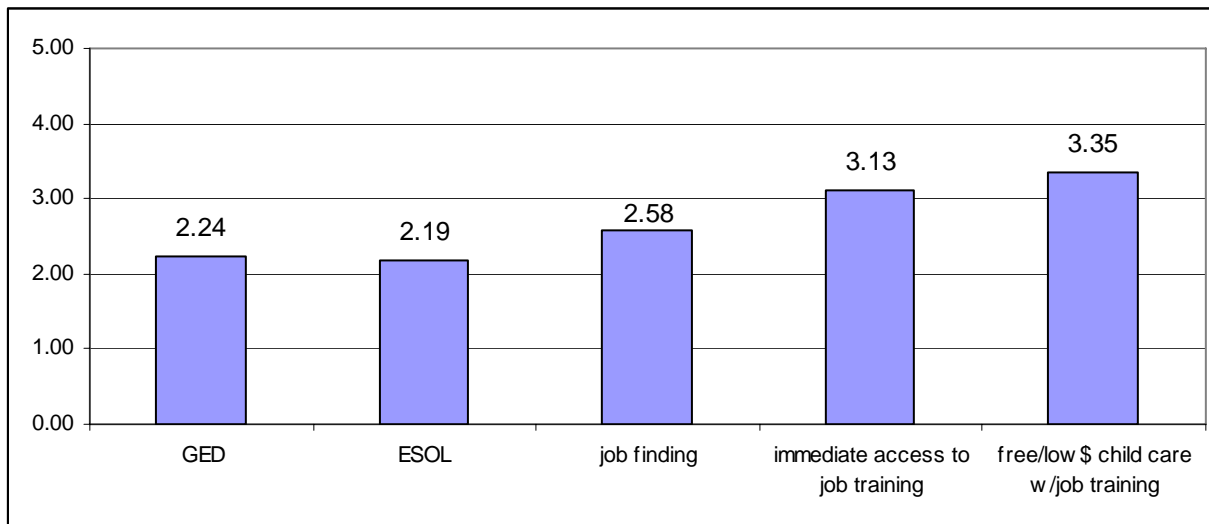
### Housing Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

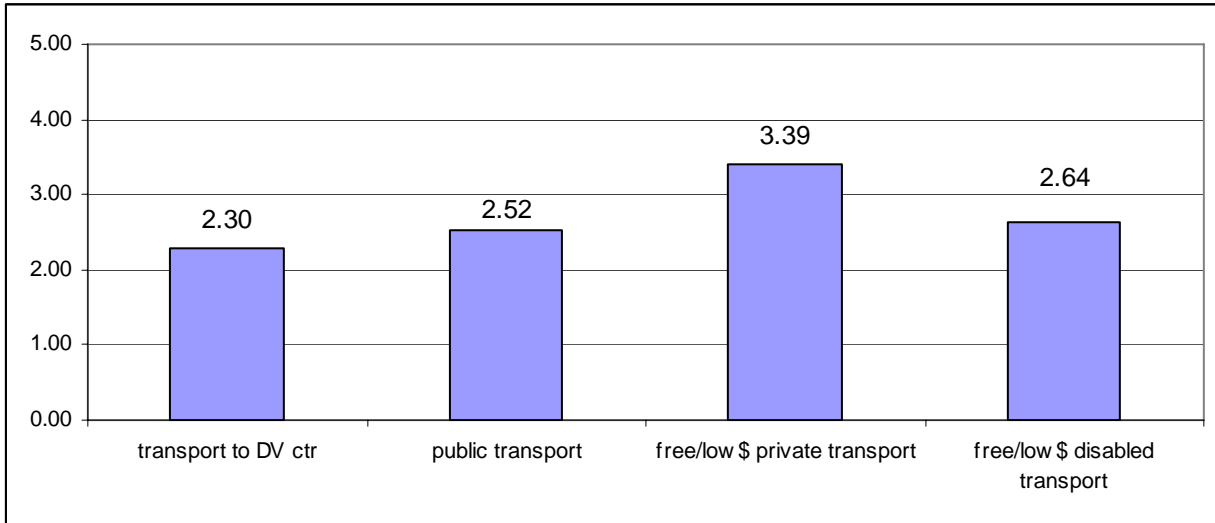
### Employment Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

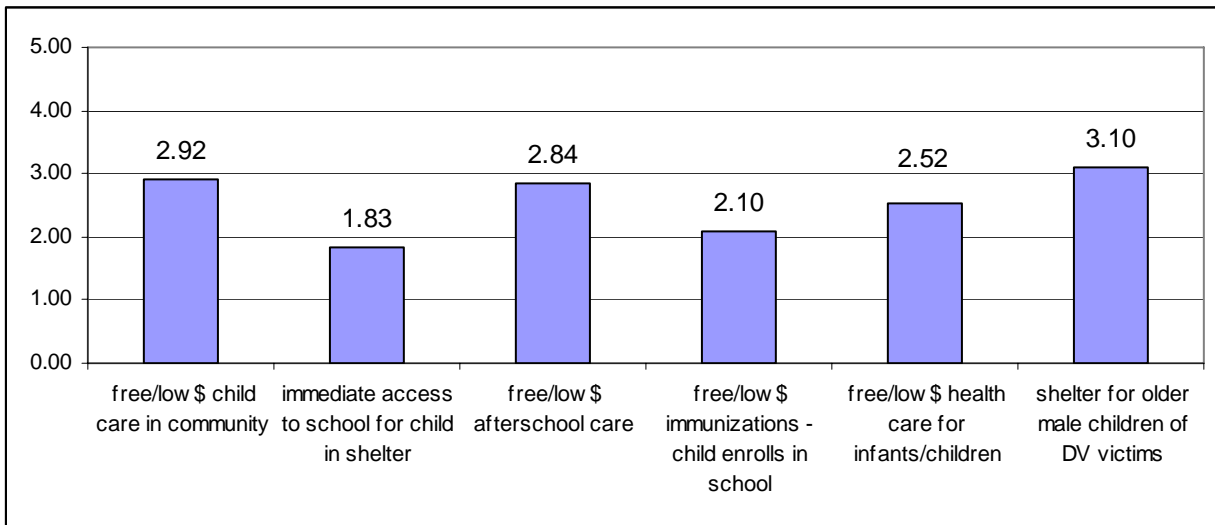
### Transportation Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Child Care Needs

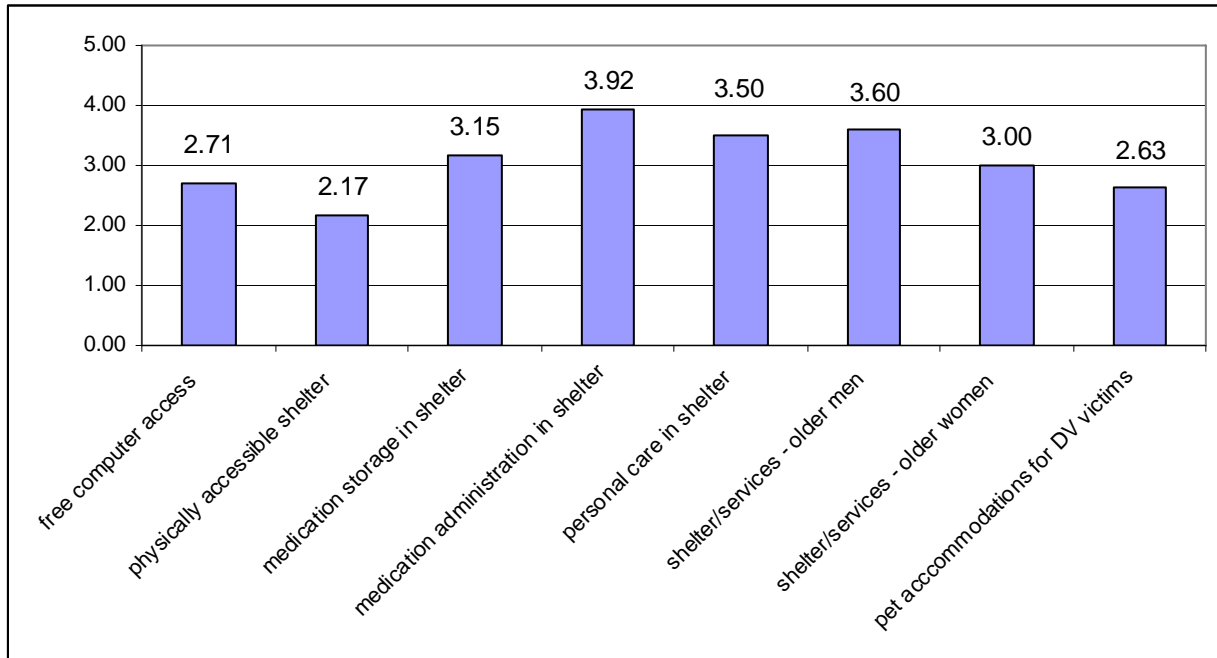


Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never



### Other Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

# THE SUNCOAST REGION

## DEMOGRAPHIC INFORMATION

The Suncoast region is comprised of the following 11 counties: Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota. Major communities in the Suncoast region include Tampa, Clearwater, Sarasota, and Ft. Myers. There is a major military installation,

### *Population*

- 4,379,812 (est. 2006)
- 14.9% estimated population growth from 2000-2006
- 669 persons per square mile

### *Race & Ethnicity*

- 88% White, 7% African-American, 4% Other, 2% Bi-racial
- 16.8% Hispanic origin
- 11% foreign born (58% non-citizens)

### *Age*

- 5.4% less than 5
- 11.5% 5-14
- 11.5% 15-24
- 48.8% 25-64
- 12.8% 65 and older

MacDill Air Force Base, in the Suncoast region, and three of the 11 counties are designated as rural counties.

There are 10 certified domestic violence centers in the Suncoast region with a total of 400 beds, or 9.13 beds per 100,000 people. The maximum length of stay ranges from 42 to 56 days, and six of the 10 (60%) centers offer transitional housing services.

### *Housing*

- \$593 median rent
- 24.1% renting
- 19.2% housing vacancy rate
- 26,056 homeless
- 8,146 public housing units
- 18,288 Section 8 vouchers

### *Economic*

- 3.4% unemployment
- 11.1% living in poverty (16.5% of children)

## DOMESTIC VIOLENCE INFORMATION

### *Florida Department of Law Enforcement*

According to FDLE, in 2005 there were 32,042 domestic violence reports filed, or about 775 domestic violence incidents per 100,000 people. Reports in the Suncoast region represent 27% of

the domestic violence reports filed across the state. In addition, there were 17,478 total arrests made for domestic violence, representing about 55% of the cases filed.

Simple assault and aggravated assault account for the vast majority of domestic violence reports (79% and 17%

respectively) and arrests (79% and 19% respectively). Stalking and other forms of intimidation comprised 2% of DV reports, and 1% of DV arrests, while forcible rape, sodomy, and fondling accounted for 2% of reports 1% of arrests. Further, of the 142 arrests made in 2005 for murder or manslaughter attributed to domestic violence, 23% were in the Suncoast region.

Finally, the Centers for Disease Control and Prevention estimates that only about 25% of violence episodes are reported to the police. Using that figure along with FDLE's domestic violence reports, we can extrapolate that more than 128,000 domestic violence incidents may have occurred in the Suncoast region in 2005.

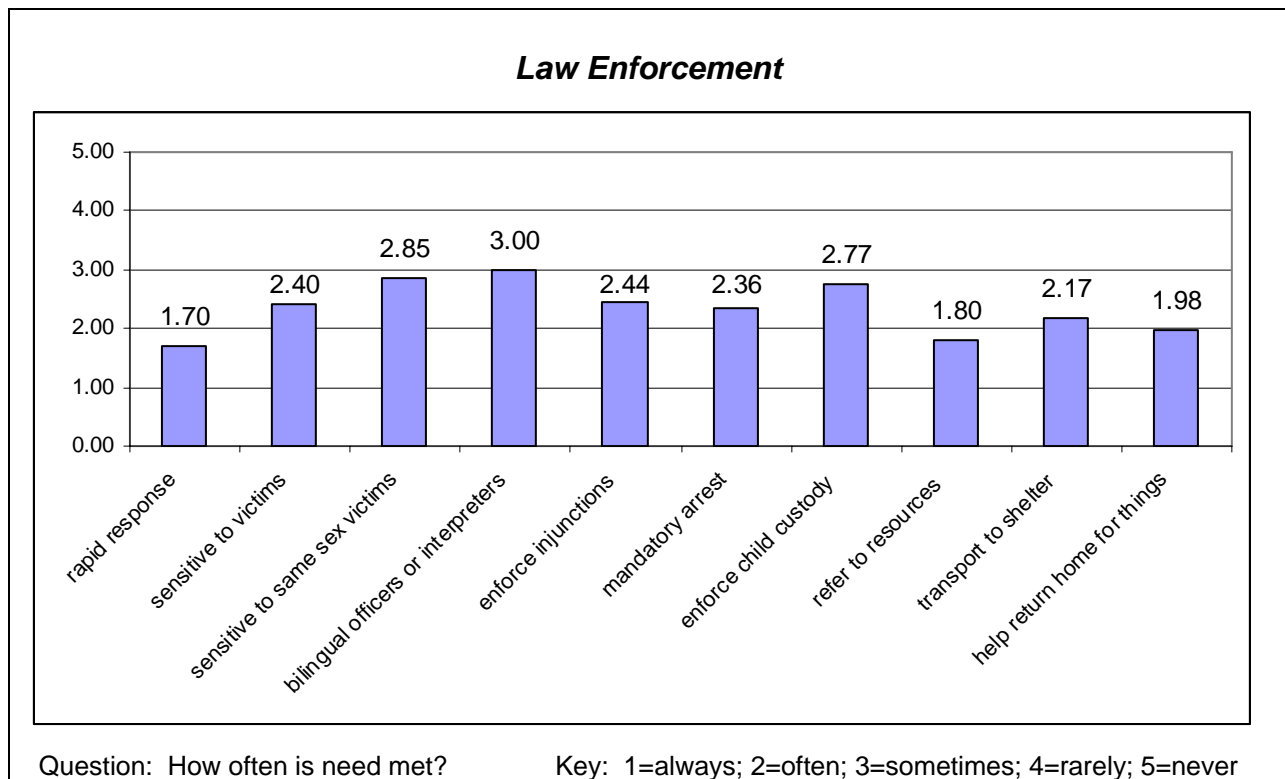
### ***Florida Coalition Against Domestic Violence***

The Florida Coalition Against Domestic Violence reports that a total of 3,967 people (including 13 men) received emergency shelter services in 2005.

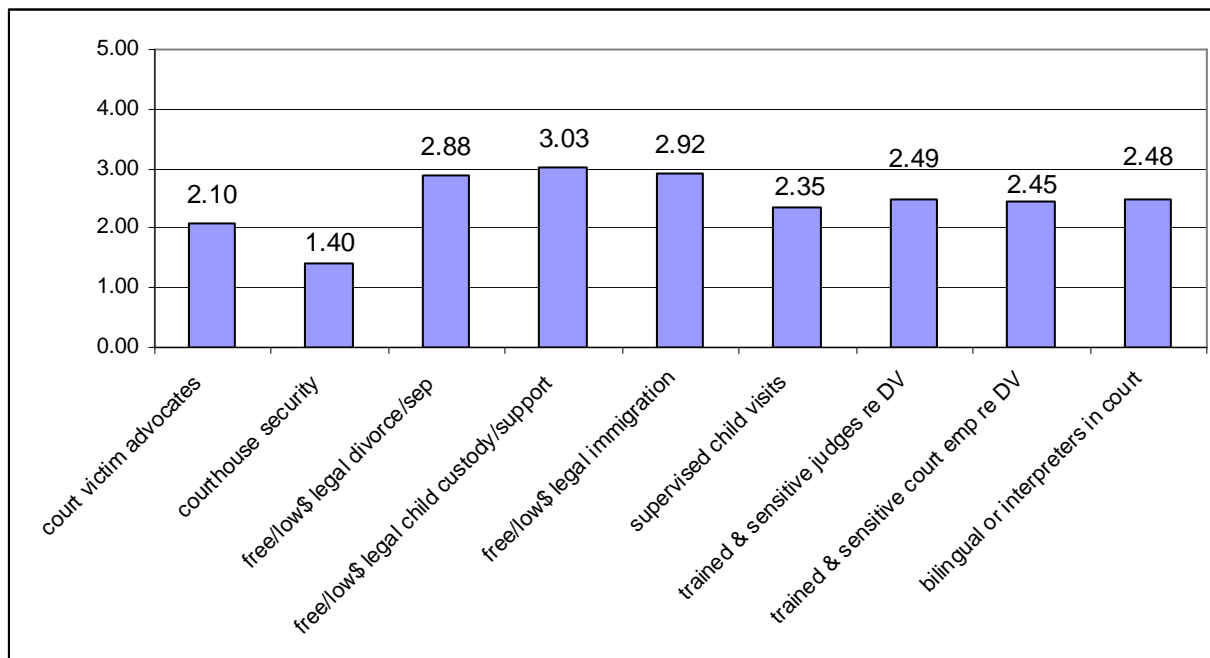
Forty-eight percent of those sheltered were children under 18. Further, 49,766 crisis calls were received on domestic violence hotlines.

### ***Key Informant Survey***

Regional Key Informant Survey data were aggregated across professions. The following are the results for the Suncoast region:



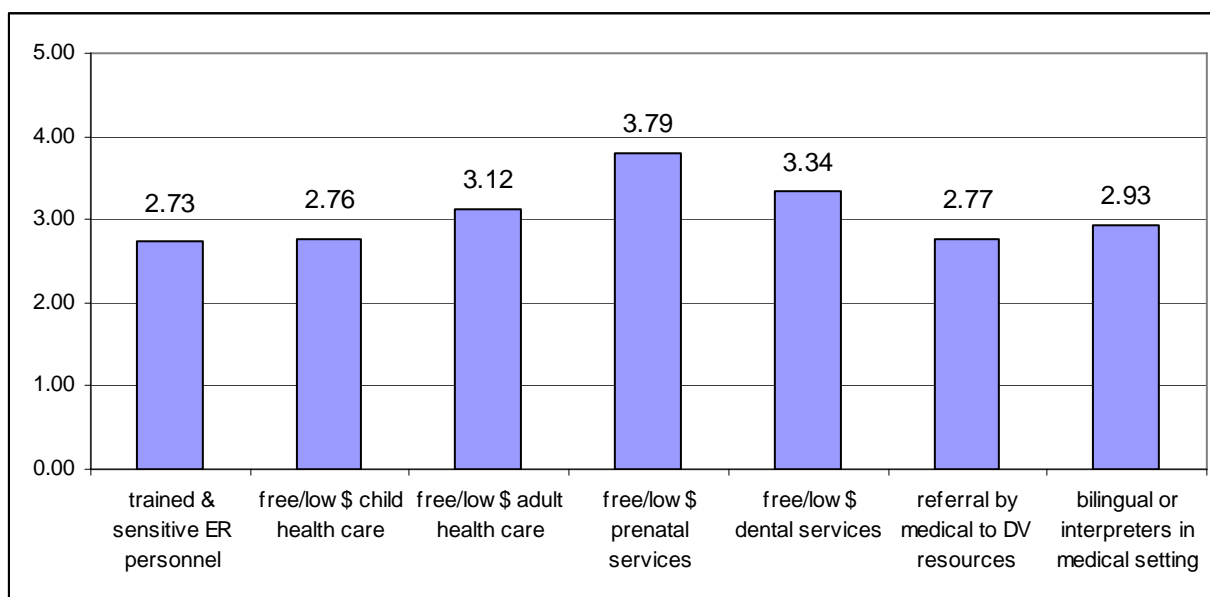
### Legal Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

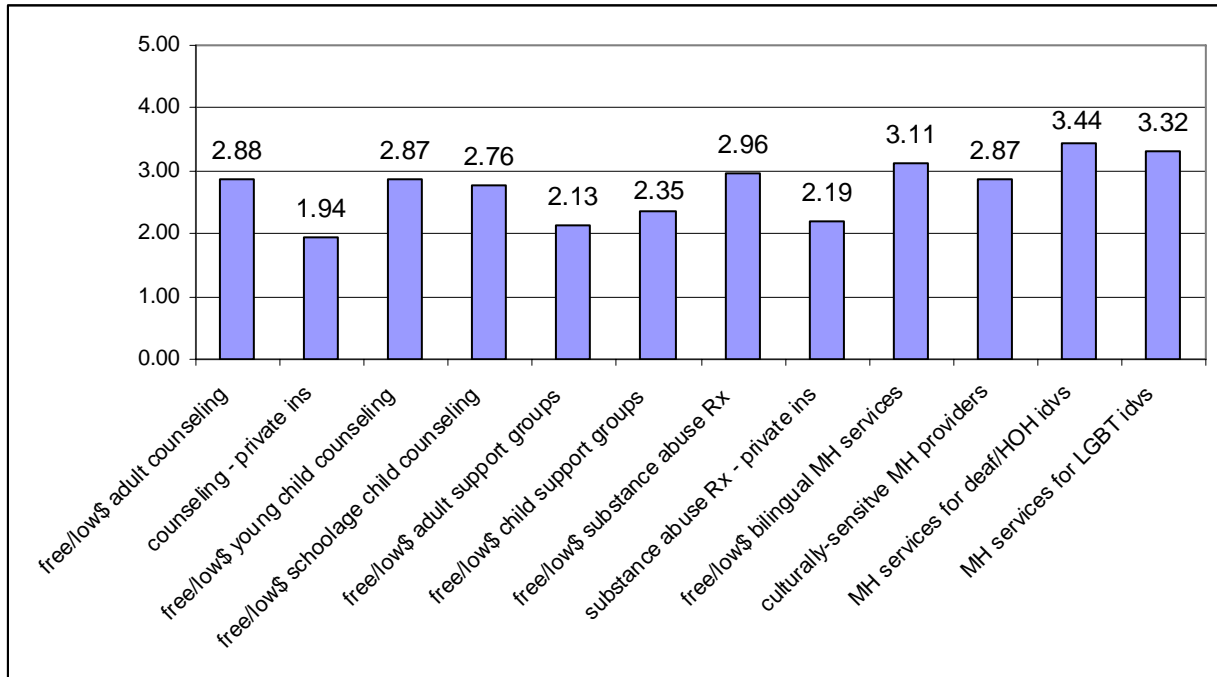
### Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

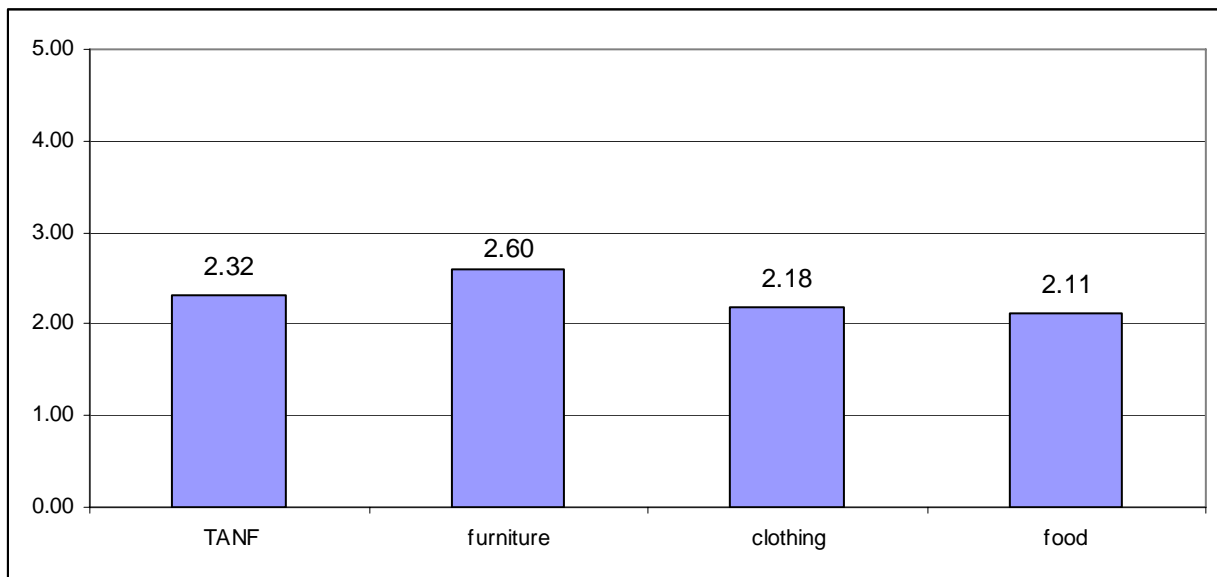
### Mental Health Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

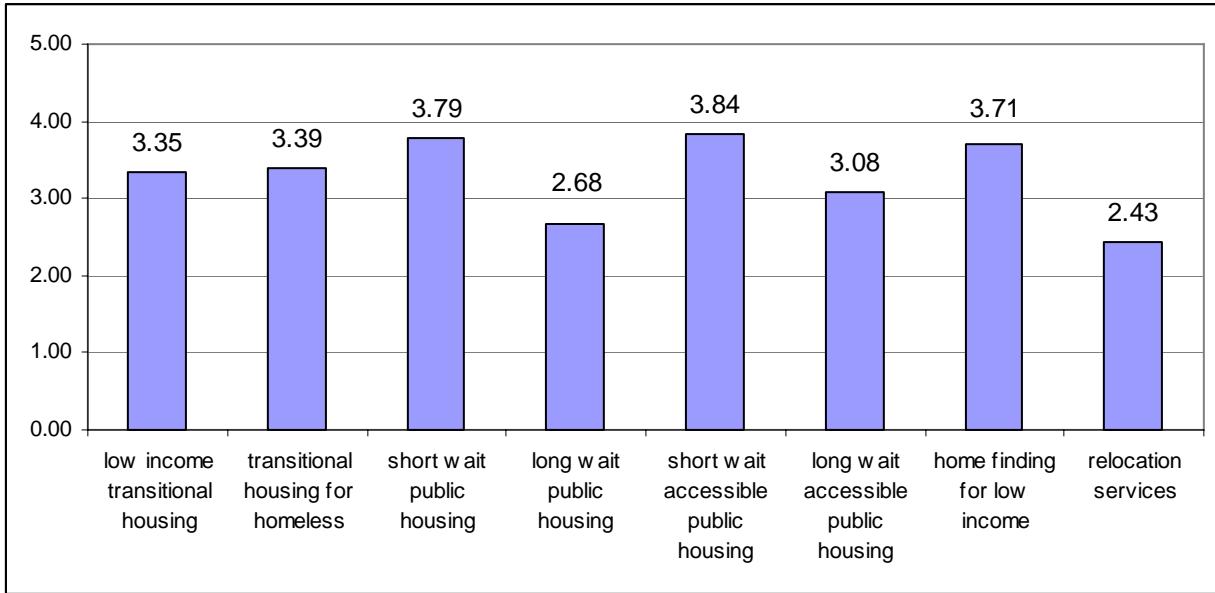
### Basic Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

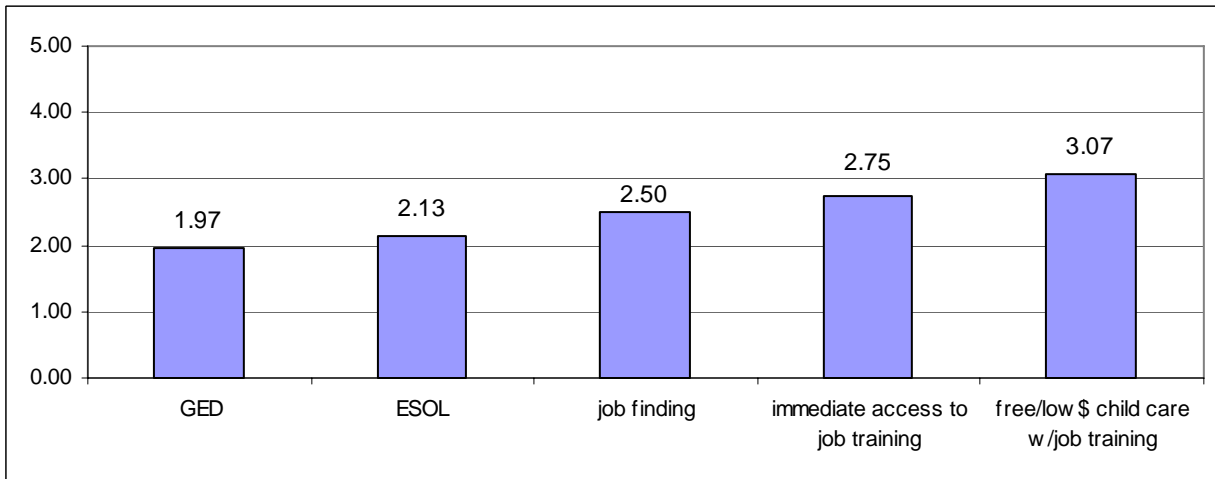
### Housing Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

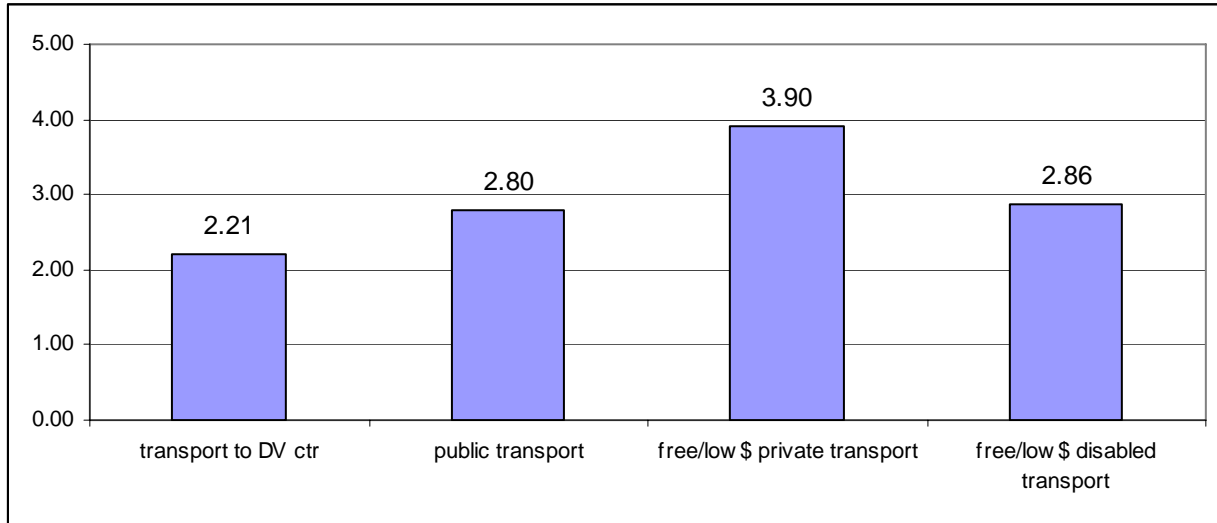
### Employment Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

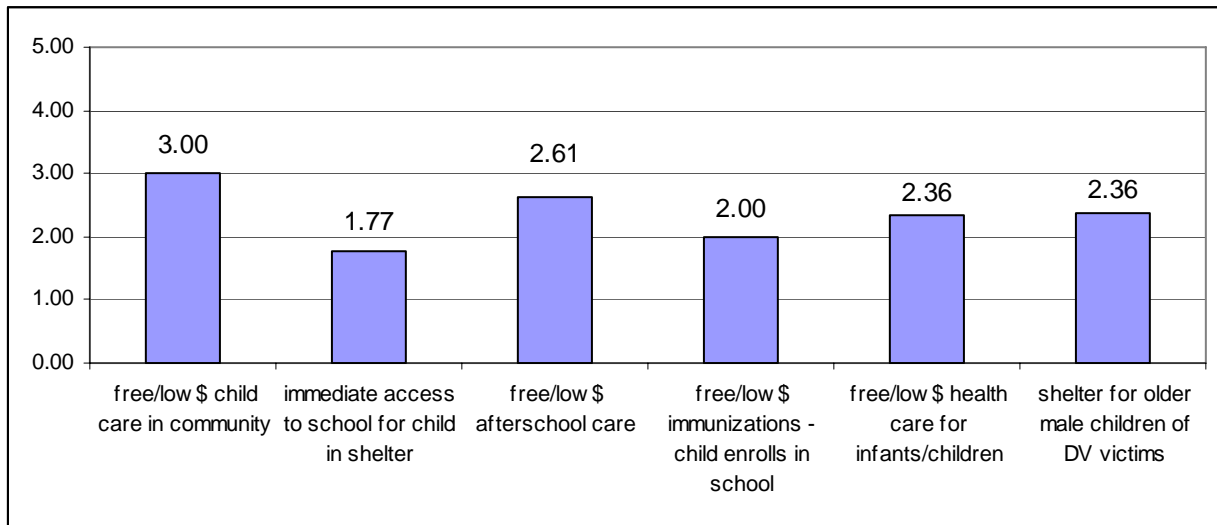
### Transportation Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

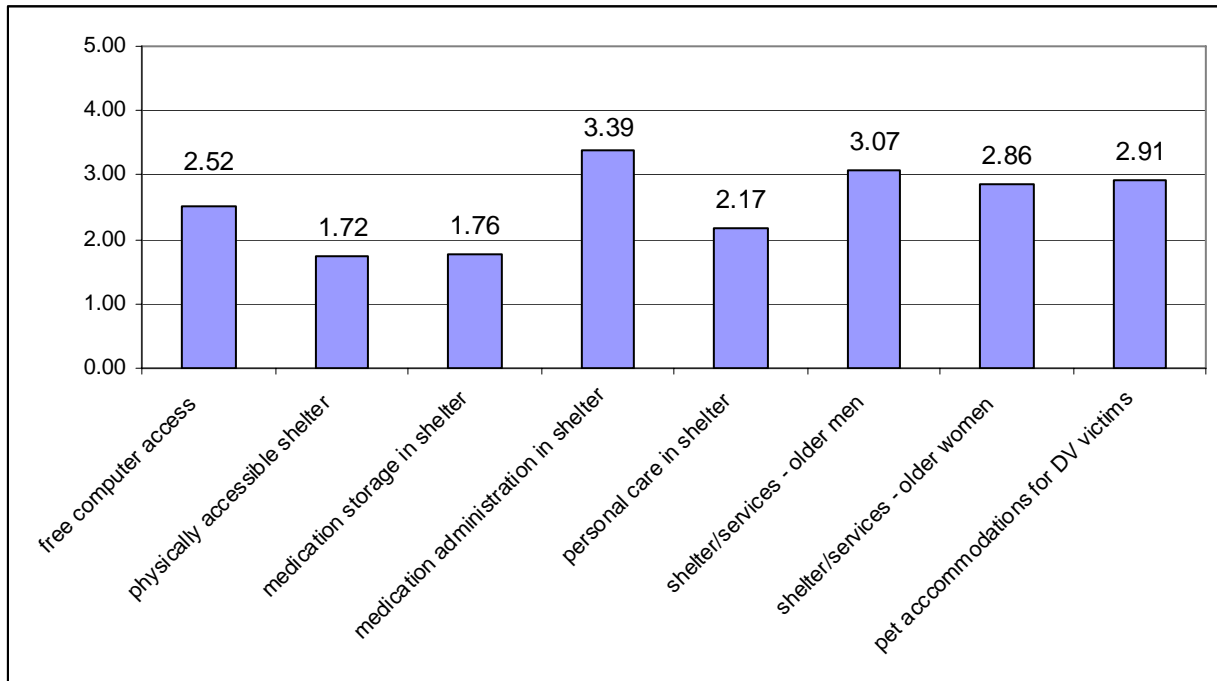
### Child Care Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never

### Other Needs



Question: How often is need met?

Key: 1=always; 2=often; 3=sometimes; 4=rarely; 5=never





# VICTIMS' VOICES

We wanted to hear directly from individuals who had experienced domestic violence about their resource and service needs, including victims currently residing in a domestic violence shelter, and those living in the community. We heard from 82 individuals about their needs and the needs of their children.

## FOCUS GROUPS

### *BACKGROUND*

Vulnerable populations may be reluctant to give feedback to service providers. Focus groups can be used to generate information on a given topic (i.e., the needs of domestic violence victims), and diversity within focus groups can help to learn about different perspectives on

similar issues (Ruppenthal, Tuck, & Gagnon, 2005). Preferably, focus groups should range from 6 to 12 people but smaller groups can be better when discussing emotionally charged topics (Lasch et al., 2000; Morgan, 1996).

### *METHODS*

After securing permission from Human Subjects Committees at Florida State University and the Florida Department of Health, nine focus groups were held with domestic violence center service recipients (e.g., shelter residents) between November, 2006, and April, 2007. Focus groups were held in northwest, north, northeast, central, southeast, and southwest Florida. Five centers served primarily urban areas (Jacksonville, Orlando, Tampa, Ft. Lauderdale, and Ft. Myers), two were located in rural areas, and the rest served small to midsize towns. The domestic violence centers visited ranged in size from 9 to 100+ beds.

Notices were posted in domestic violence shelters prior to the group meetings that stated the purpose of the focus groups and who would be conducting them. One or two persons

from the Institute for Family Violence Studies facilitated each focus group. Spanish translation was available. Facilitators took notes but names and other identifying information were not linked to statements. Each group began with an approved script that explained the details of the focus groups and sought the participants' consent. Participants were asked to respond to the following questions:

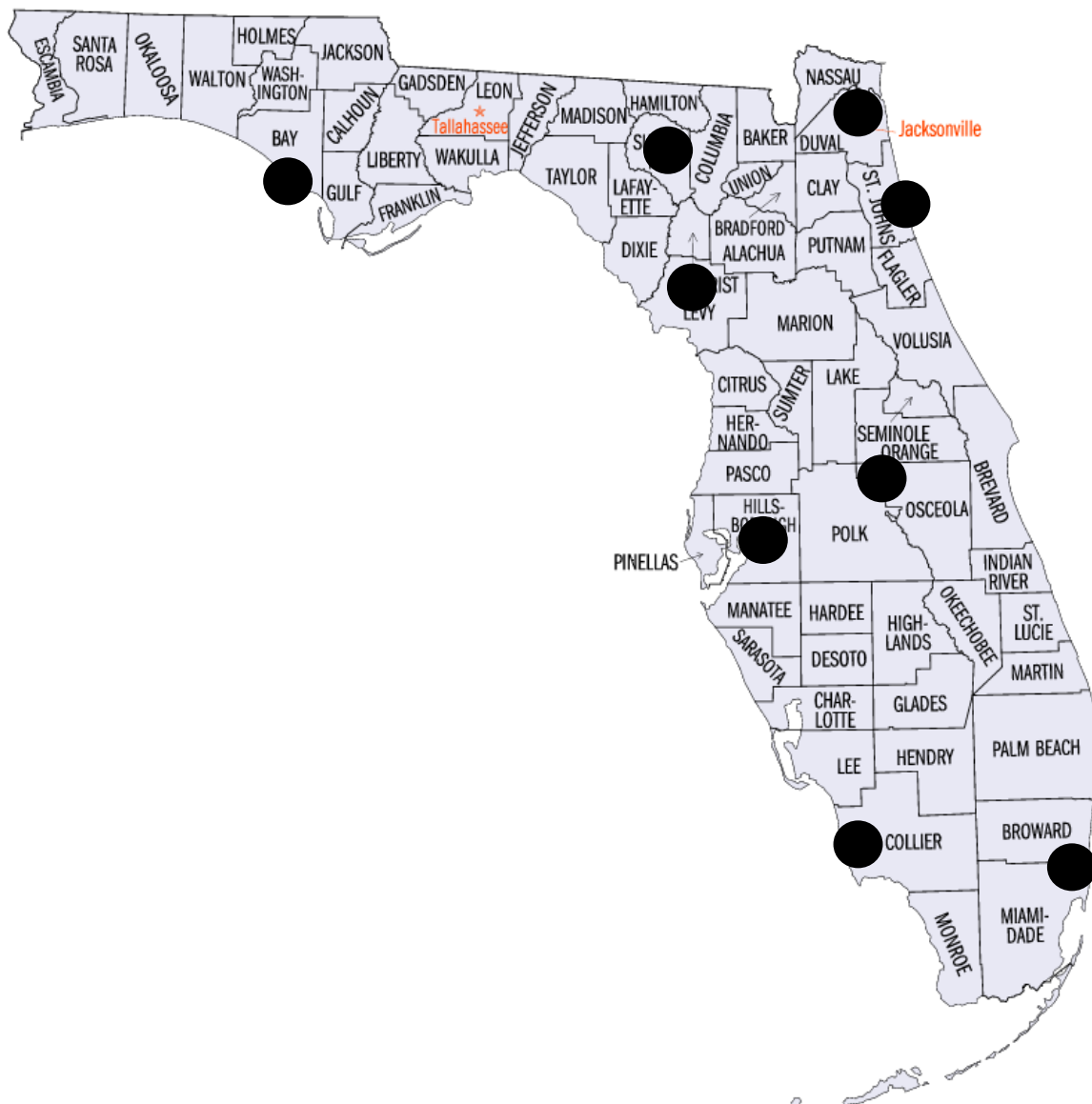
1. When you left home, what were your immediate needs?
2. Now that you are here at the shelter, what kinds of things do you and your children need to be safe?
3. What things do you think you will need in the future to maintain a life free from abuse?
4. Finally, if you could advise the people that plan services for survivors of domestic violence and tell them one thing about your needs, what would it be?

## SAMPLE

A total of 55 individuals (53 women and 2 men) attended the nine focus groups. The total group was quite diverse. Six of the women originated from Russia, Central America, Morocco, and Brazil. Twenty participants were African or

African-American, two were Native American, seven were Hispanic, and 26 were White non-Hispanic. At least seven of the participants were estimated to be at least 40 years of age and one was physically disabled.

## FOCUS GROUP LOCATIONS



# RESULTS

Comments from the residents participating in the focus groups were aggregated and analyzed for general themes. In addition, a frequency distribution was generated, calculating the percentage of times that a general topic was mentioned across focus groups.

## Themes

Throughout all of the questions on needs, both current and anticipated, five general themes emerged from all of the comments. Those themes centered on the DV center, mental health, housing, law enforcement, and legal services.

### DV Centers

The first theme focused on needs and expectations related to DV Centers. Participants in the focus groups clearly identified the crisis they were in at the time that they left their abuser and the need for a safe place stay. Respondents described a need for assistance with a safety plan and increased capacity or greater availability of shelter options. Respondents spoke at length about the wide variety of needs they hoped the DV centers would be able to meet for them. These included information on such things as resources within the shelter and in the community in addition to information about victim rights. Victims repeatedly stated they needed more on-site services including health exams and group therapy, job training, computers with internet availability, longer stays, phone services such as cellphones, calling cards or voicemail, and 24-hour support services. Another general area that respondents addressed about the DV Centers involved issues of

sensitivity. Victims indicated that they needed support and to be treated with respect and didn't feel like that need was addressed on a consistent basis.

### Mental Health

A second major theme raised the need for mental health services. Respondents felt they needed both professional services including individual and group counseling for themselves and their children, and supportive services available through outreach programs, peer support systems, etc. Several suggestions were made for different types of group therapy that victims thought they needed including setting boundaries, parenting, assertiveness, healthy relationships, etc., and a particular focus on raising self-esteem and understanding how to break the cycle of violence was regularly mentioned. The need for support and counseling was repeatedly cited as an essential need for victims and their children.

### Housing

A third theme of the focus group participants centered on housing. Respondents repeatedly described the need for affordable housing that was available when the shelter stay ended. While the general focus was on affordability and transitional housing, respondents also described the difficulties they have finding housing because they were denied relocation funds or had a bad credit history. Respondents also described financial needs related to making deposits for apartment, utilities, etc.

## Law Enforcement

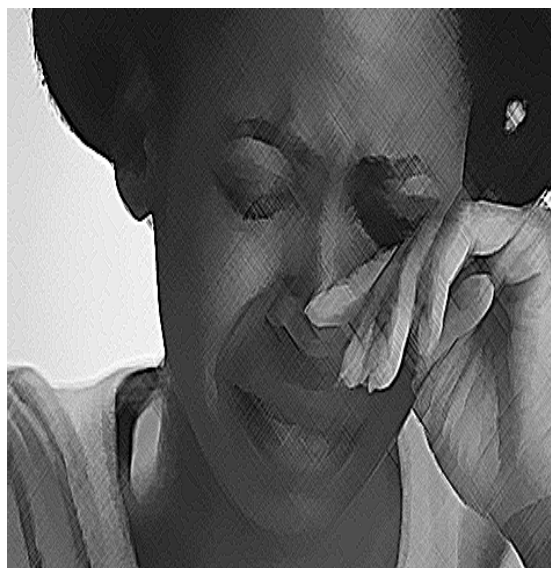
The fourth theme that emerged from the focus groups involved law enforcement. Respondents were interested in both tangible needs such as a desire for female responders, police providing information about the DV centers when victims call, transportation to shelters or to the home to retrieve belongings, and enforcement of restraining orders. However, respondents were also interested in having more intangible needs met such as having officers who were sensitive to the crisis situation that they were in. Respondents described times they felt revictimized by law enforcement and in general, respondents expressed ambivalence about the helpfulness of the law enforcement response to their situation.

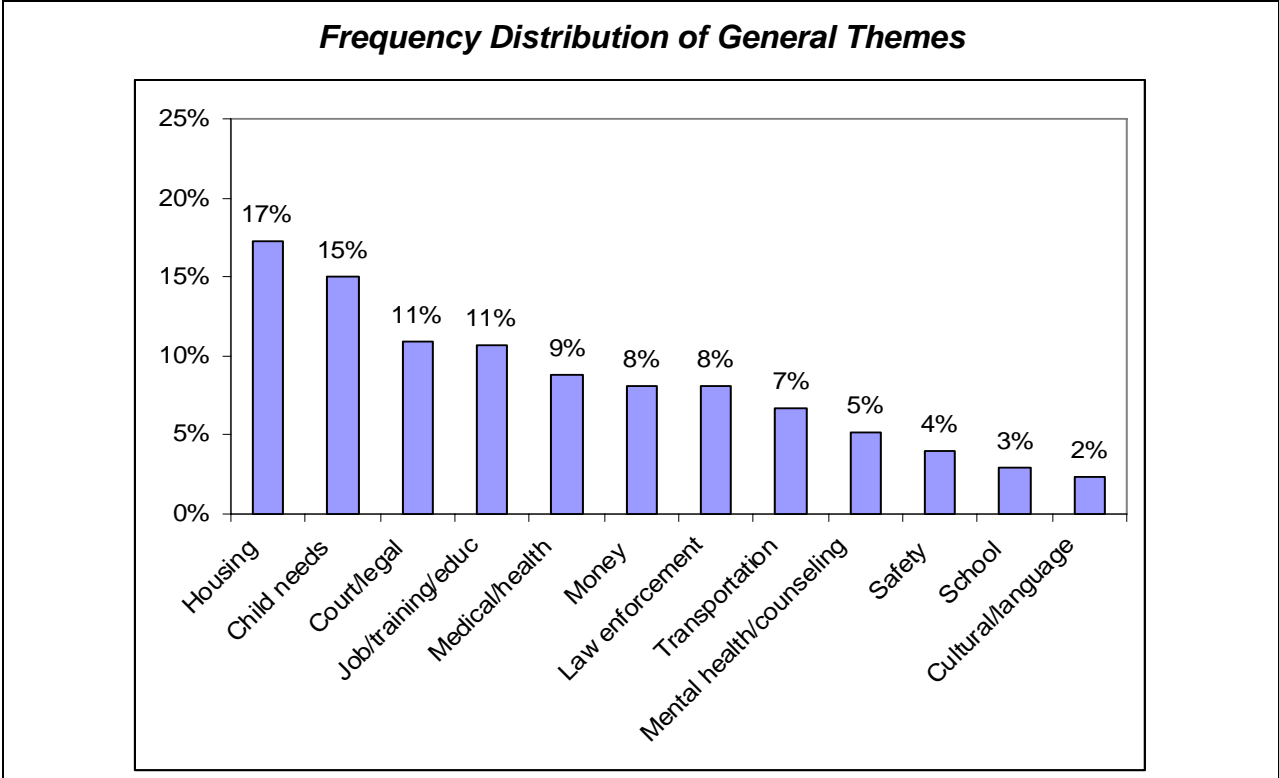
## Legal Services

The final general theme to emerge from the focus groups addressed a variety of needs related to legal services. Affordability was again a critical issue with victims describing the need for pro bono attorneys or those willing to utilize a sliding fee scale. Additionally, victims described specific legal needs including divorce and injunction assistance, custody and visitation issues, help with obtaining important documents such as a birth certificate, social security number, etc., and immigration issues.

## *Frequency Distribution*

Once all of the notes taken at the focus groups were transcribed, search terms that reflected the common themes were entered into the computer and frequency with which the terms were mentioned was counted. For example, terms such as “housing,” “home,” “place to live,” etc., were all identified to count the number of times that the general theme of housing was mentioned in the transcripts. The distribution is presented below.





# COMMUNITY SURVEY

## *BACKGROUND*

Domestic violence victims residing in the community are a hard to reach population. Telephone, mail, and internet surveys can be dangerous if they fall into the hands of abusers and

survivors can be made to feel uncomfortable or threatened if approached in person to complete a survey.

## *METHODS*

In order to supplement focus group data, announcements were run in newspapers with readers primarily in the northwest, northeast, central, and southern parts of the state. Flyers were also distributed to domestic violence centers, community mental health

centers, and state attorneys' victim assistance offices throughout the state.

Newspaper announcements and flyers stated that the Institute for Family Violence Studies was conducting a statewide domestic violence needs

assessment for the Florida Department of Children and Families. Individuals were invited to anonymously call an 800 telephone number or go to a website in order to tell us about the needs of domestic violence survivors. The number and link were operational for a six week period.

The website survey contained 18 items. Respondents were asked whether they were currently in an abusive situation, approximately how many times they had attempted to leave the abuser, the abuser's gender and relationship, and if they had lived in the same household with the abuser. Questions were asked about the caller's age, gender, where they had been living when they

experienced domestic violence, and if they had used domestic violence center services. Respondents were asked if children were living with them at the time of the abuse.

Website survey questions about needs asked first about the kinds of resources and services the individual needed in order to leave the abusive situation, and second, whether they were able to obtain them. The survey also asked about the resource and service needs of their children and whether they were able to obtain them. Respondents were invited to comment on what they believed was the *most important thing* that domestic violence victims need.

## *RESULTS*

Despite our efforts to reach out to persons in the community who experienced domestic violence but hadn't received services through a domestic violence center, only 27 individuals participated in the web or telephone surveys. We do not know the demographics of those that

responded by calling the 800 telephone number, but the demographics for 20 web survey respondents are shown below. Only two respondents had ever resided in a domestic violence shelter, although almost half had used some other type of service provided by a domestic violence center.

## WEB SURVEY RESPONDENTS

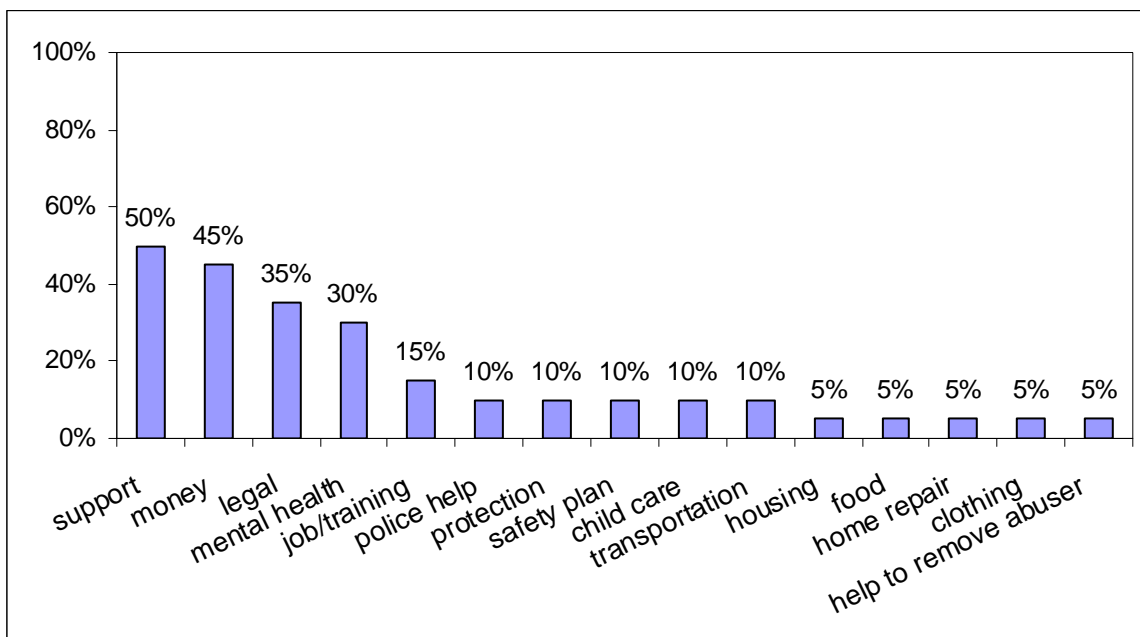
<i>Item</i>	<i>Results</i>
<i>Gender</i>	100% Female
<i>Abuser's Gender</i>	95% Male
<i>Abuser's Relationship to Victim</i>	90% Spouse; 5% ex-spouse; 5% other
<i>Age</i>	Range: 29–60 Mean = 43.4
<i>Lived with Abuser</i>	100% Yes
<i>Currently in Abusive Relationship</i>	85% No
<i>Number of Children</i>	Range: 0-3; Mean = 1.4 0=35%; 1=10%; 2=45%; 3=5%; 5=5%
<i>Times Left Abuser</i>	Range: 1-12; Mean = 5.4
<i>Geographic Location (Time of Abuse)</i>	Central =30%; NE =10%; SW=10%; SE=10%; NW =10%; Outside FL=30%
<i>Type of Community</i>	Suburban =60%; Rural =25%; Urban =15%
<i>Used DV Shelter</i>	11.1% Resided in DV Shelter 50% Used DV Outreach Services only

### *Adult Needs*

Respondents were asked what types of resources and services they needed to leave abusive relationships. Half reported needing support and 45% cited the need for money, followed by legal services (35%) and mental health counseling or substance abuse treatment (30%). Responses to the open-ended question that asked, “Were

you able to get these resources and services? [Please explain]” are shown in Appendix B. Only 11% of the respondents answered that they had ever used a domestic violence shelter but half used domestic violence center services such as support groups, counseling, and a 24-hour hotline.

### **Type of Resource or Services Needed**



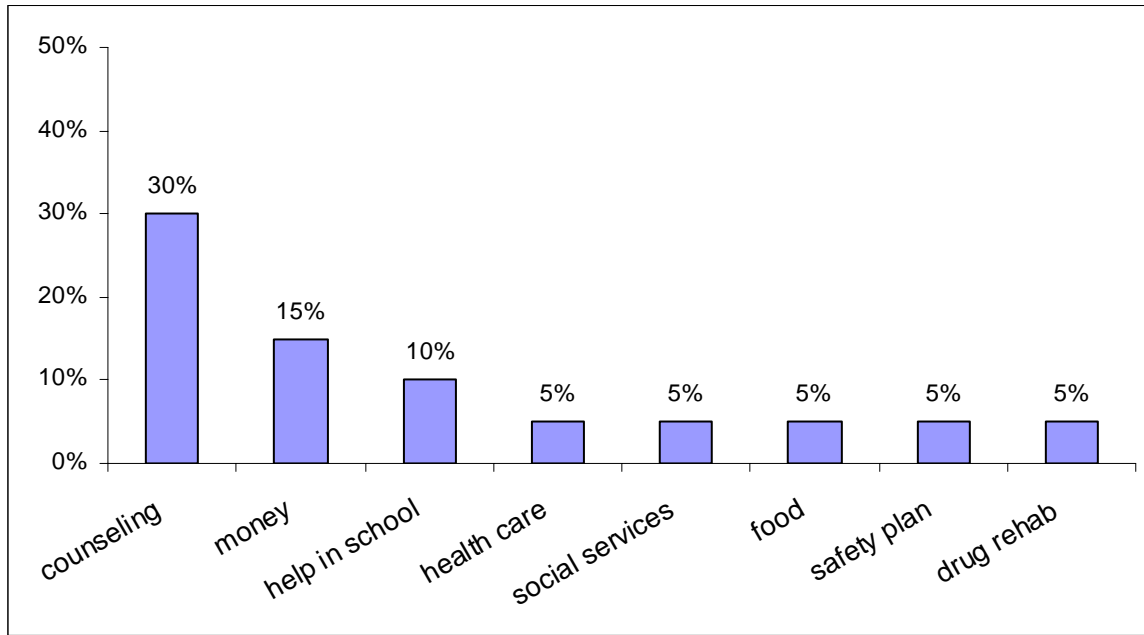
### **Children's Needs**

Respondents were asked what types of resources and services their children needed when they were leaving or about to leave abusive relationships. Of those with children, 30% stated counseling, followed by money (15%),

and help in school (10%). Responses to the open-ended question that asked, "Were your children able to get these resources and services? [Please explain]" are shown in Appendix B.



**Type of Resource or Services Needed by Children**



### ***Most Important Need***

Survey takers were asked, “If you could tell the people that plan services for domestic violence victims about the *most important thing* that victims need, what would it be?” Actual responses

are shown in Appendix B; again, the word “support” (i.e., support groups, emotional support, financial support, and support with no blaming) was frequently cited, along with counseling.

### ***TELEPHONE SURVEY***

Telephone callers were asked to respond to the same questions that web survey-takers were, but tended to speak generally about needs. Actual responses are shown in Appendix B. Several callers noted positive experiences at domestic violence shelters, while one felt the shelter was

restrictive and unhelpful. The need for emotional support either through individual counseling or group meetings was cited, along with the need for legal assistance, medication costs, transportation, and sympathetic law enforcement.



# SUMMARY

Overall, there were clear trends in the needs identified, and remarkable consistency between the needs identified during the review of literature and other states' needs assessments, the survey of professionals who work with victims of domestic violence, and victims interviewed for this project.

Although several specific needs were identified in different categories (e.g., housing or mental health), one need came up across categories, that we have defined as cultural competence. This is a term we are using broadly to reflect services needed by disenfranchised populations. The need for bilingual service providers and sensitivity to the needs of populations such as same sex, disabled, and older victims was repeatedly identified as needs that were less frequently met.

It is important to acknowledge that there are many areas recognized by key informants and victims as being met on a regular basis (although there may certainly be variations from county to county). One such area includes basic needs like assistance in applying for TANF programs, and clothing and food aid. Education and vocational needs also seem to be met on a regular basis. This area includes access to GED and

ESOL programs along with job finding and job training services (note that free or low cost child care associated with job training remains a concern).

Respondents report that many children's needs are also frequently met including immediate access to school for children in shelter, free or low cost after school care, health care, and free or low cost immunizations needed when a child enrolls in school. Finally, it is also important to note the ratings by domestic violence service providers on how often law enforcement needs are being met. Average mean scores for items such as rapid response by police, enforcement of injunctions, mandatory arrest, referral to resources, transporting to shelters, and help in

returning home for personal items reflected that DV services providers believed these needs are being regularly met.

While there are several different areas that we will be highlighting as unmet needs of DV victims, two areas of need stood out as being essential, yet less often met: housing and mental health. Every item except long wait public housing and relocation services were not regularly available and this was agreed upon across professional groups. Home finding for low income persons, short wait public housing, and

## **\*METHODS NOTE\***

*A need was defined as being less frequently met if the average was a 3.0 or above. This equated to an average response in the category of "sometimes," "rarely," or "never." Also, differences were identified among regions or between rural and urban areas when those differences were statistically significant at the  $p < .05$  level. This means that there was a 95% likelihood that the results we reported did not occur by chance alone.*

short wait accessible housing were particularly problematic with mean scores close to or above 4.0 (“need rarely met”). Housing needs also stood out in rural areas with home finding and transitional housing for low income persons, transitional housing for homeless people, and relocation needs being met less frequently than in urban areas.

The number of unmet needs related to housing was closely followed by the number of unmet needs in the area of mental health. In general, mental health services were only readily available to privately insured individuals, and even then, the mean scores fell into the “often” met category rather than “always” met. Only domestic violence service providers said that free or low cost child support groups were “often” available, most likely because they provide the service themselves in shelters. Mental health professionals, school personnel, and supervised visitation providers rated availability of children’s support groups much lower.

Additionally, free or low cost substance abuse treatment was rated as only “sometimes” available by most providers, a need that was also mentioned by focus group participants. Service providers for the deaf and hard of hearing population indicated that

mental health services were rarely available, something that was particularly a problem in rural areas. Similar results were found for lesbian/gay/ bisexual/ transgendered victims in terms of overall availability of mental health services and in rural versus urban areas.

Finally, while there was a clear consensus across informant groups about the unmet needs involving cultural competence, housing, and mental health, other items also bear mentioning. Kennels or some type of services for victims with pets was identified as a less frequently met need. While the health care needs of children seem to be regularly met, free or low cost health care needs remain a largely unmet need for adult victims. Further, free or low cost dental care is also a need met less frequently. Respondents indicated that medication administration at a shelter and personal care needs are met less frequently, two issues that are particularly salient for older adult victims, although we recognize that such services may require licensed personnel not typically employed by shelters. And finally, while public transportation seems to be available for victims who live in urban areas, all types of transportation needs, public, private, and disabled, are less likely to be met for victims living in rural areas of the state.



# RECOMMENDATIONS

- ✓ ***Homefinding services need to be established in each county specifically for domestic violence victims and creative approaches to locating transitional housing need to be developed.***

If homefinding services were developed within an agency in every county of the state, it could be the job of a dedicated homefinding specialist to locate and develop temporary or transitional, as well as more permanent housing options. Currently, there are persons who attempt to help domestic violence victims locate housing who work at domestic violence centers, public housing departments, child and family welfare agencies, private charities and religious organizations, and homeless shelters, but these are rarely dedicated and trained homefinding specialists.

We found that 14%-20% of all housing units were unoccupied across the

regions of the state and that only a proportion of the domestic violence centers in each region had transitional housing (from between 38% of the programs in the Central and Southeast regions to 75% of the programs in the Northwest region). Homefinding experts could possibly find a way to leverage housing vacancies, at least on a temporary basis, in order to expand transitional housing. Dedicated homefinding specialists might also promote more consistent policies across Florida's housing authorities with respect to prioritizing the housing needs of domestic violence victims.

- ✓ ***Recruit bilingual staff and have a fund available for contracting with bilingual or deaf interpreters on an emergency basis.***

The need for bilingual interpreters was more frequently unmet in the Northwest and Northeast Regions and in rural areas. Although proportionately fewer residents of the Northwest and Northeast Regions are foreign-born (3% and 5%, respectively) than in other regions of Florida, all areas of the state should be aware of changing demographics and the need for speakers of other languages among law

enforcement officers and mental health counselors in particular. Additionally, in the case of domestic violence calls, bilingual responders and deaf interpreters may be needed on a prompt, emergency basis. For example, someone may be needed on a criminal scene or in a courtroom and there needs to be system in place to locate and hire someone on the spot.

- ✓ ***Broad cultural competency training should be made available to all persons that work with domestic violence victims. Training should cover issues in working with individuals from ethnic, racial, deaf, and lesbian/gay/bisexual/transgendered cultures, and dealing with worker-client cultural differences.***

Cultural awareness has long been emphasized for helping professionals, but competency training has tended to focus on a particular group to the exclusion of others. While licensed professionals may have been exposed to content on diversity during their professional education, for other groups, this may not have been required and they may have limited knowledge. If cross-training on cultural competence is problematic in terms of one professional group not being receptive to being trained by another, then trainers should

be recruited from the ranks of that profession. In the case of awareness of issues faced by older and/or disabled victims, the opposite may be needed. We found that persons who worked in domestic violence centers were more likely to rate the need for special services for older victims as being met; whereas, other professionals rated the need as less frequently met. Cross-training by domestic violence center staff could make others aware of the types of special programming available through centers.

- ✓ ***Encourage community-based mental health professionals to offer child support groups specifically for children whose parents have experienced domestic violence both at domestic violence centers and schools.***

The literature, key informants, and voices of victims all spoke of the need for mental health services for children. If counselors come to the children rather than have a parent bring the child to the

counselor, and consequently have to arrange the time and transportation during a time of great stress, then children will be more likely to get such services.

- ✓ ***Encourage domestic violence centers to help victims of domestic violence develop an informal network of peer support.***

We heard repeatedly from victims that they needed social and emotional support, along with concrete resources, in order to escape abusive situations. We noted from the literature that in one study, the average number of times women called to report abuse and seek help was 3.43, and in another study, on average, women made six efforts to get

assistance before entering a shelter. In our web survey, we also found that women had attempted five times, on average, to leave an abusive situation before they finally did. While not replacing formal help, a system of peer support could possibly provide women with a level of *sustained* support during times of indecision and struggle.

- ✓ ***Pro bono or low cost dental programs should be developed across the regions, possibly modeled after the Orange County mobile dentists program.***

The need for dental services was highlighted in the *2000 Florida Domestic*

*Violence Needs Assessment*, and again, is evident as an unmet need.

- ✓ ***Because it is apparent that individuals that have experienced domestic violence have multiple needs over time, it is recommended that domestic violence centers be provided with resources to hire more trained case managers to provide on-going services beyond residents' stay at the shelter.***

It appears that residents of domestic violence centers need more than a safe place where temporary supports are provided; rather, they need the same types of services that social service agency clients need (e.g., homeless shelters, child welfare agencies, mental health centers). The number of case managers should vary by the number of beds in a domestic violence center and a reasonable ratio of case managers to residents should be established based on common practices of social service agencies with clients with multiple needs.

Case managers could assess the needs of all individuals entering shelters within a set timeframe and these data could be reported anonymously to the Department. Such data would inform the Department of Children and Families on a regular and on-going basis of the needs of domestic violence victims and could be used for planning and advocacy purposes as well as targeting resources. More efficient and timely ways of identifying the needs of domestic violence victims could increase the likelihood of meeting the complex multiple needs of victims.



# APPENDIX A

## Florida Certified Domestic Violence Centers

Abuse Counseling & Treatment, Inc.	Aid to Victims of Domestic Abuse, Inc.
Another Way, Inc.	Betty Griffin House
C.A.R.E. of Charlotte County, Inc.	Community Action Stops Abuse (CASA)
Citrus County Abuse Shelter Association	Dawn Center of Hernando Co.
Domestic Abuse Council, Inc.	Domestic Abuse Shelter
Family Life Center	Favor House of NW Florida, Inc.
Harbor House	Haven of Lake and Sumter Counties
The Haven of R.C.S.	Help Now
Hope Family Services, Inc	Hubbard House
Lee Conlee House	Martha's House
Miami-Dade Advocates for Victims, Safespace (North)	Micah's Place of Nassau County
Ocala Rape Crisis-Domestic Violence	Peaceful Paths
Peace River Center Domestic Violence Shelter	Quigley House
Refuge House	SafeHouse of Seminole
Safe Place and Rape Crisis Center (SPARCC)	SafeSpace, Inc.
Salvation Army Domestic Violence Program of Brevard County	Salvation Army Domestic Violence Program of Panama City
Salvation Army Domestic Violence Program of West Pasco	Serene Harbor
Shelter for Abused Women and Children	Shelter House
Spring of Tampa Bay	Sunrise of Pasco County
Vivid Visions	Women in Distress of Broward County
YWCA Harmony House	

# APPENDIX B

## WEB SURVEY

*Were adults able to get the resources and services they needed to leave abusive situations (as noted above)...*

- Was 4,000 miles away from family and friends
- Got a typing job through an employment agency
- Someone at new job helped to find an apartment in a bad area
- Used help from a poverty legal clinic for divorce
- Got \$300 from parents and moved away from where abuser was living (back home)
- There were none [services] at that time
- Had no resources, left him on my own
- I had to go to a treatment center...for battered wife syndrome and PTSD and major depression before I could escape
- I needed him out
- Some, was ok to leave kids at shelter for appointments only, but he was stalking us and always found us; was not safe to leave them
- No transportation was available except to and from court
- Safe house was near grocery and we had to walk if we wanted anything
- I was only 18 with 2 kids and he made me feel like it was all my fault that he was the way he was...I didn't know any better...I was being brainwashed, and he had my brain altered from being chemically dependent on drugs for 2 years prior...there was NO protection, he always found us!
- Not all, just safety planning and a job
- Once I remember someone coming out to my motel room and bringing me clothes because I ran with just PJ's out the house. I called the hotline and told them that I wanted to go and get something to eat, but had no clothes and not enough gas to drive. The clothes she brought were bright fucia elastic waist string pants and a giant butterfly shirt with bobby socks and wicker slip on shoes. I was so embarrassed that I still could not leave the motel room to eat. I just cried.
- Yes through the [name omitted of mental health] Center
- I didn't use any services but I really could have used someone to talk to and help me keep my sanity. I felt so completely alone and isolated. The abuse had started slowly and before I knew it I was in neck deep and couldn't get out. Or at least felt like I couldn't get out. I was very abused by my mother while growing up, which I learned caused me to marry abusers. I wish I could've gotten help as a child and teenager, but that was back in the 60's and 70's and no one talked about it then. No, I didn't get any help except from family. I would've been too scared to get help from elsewhere because I knew he would find me somehow or eventually. At some point I would be on my own and he would find me. I turned to my family and the were able to help me.



- Yes. I was told about a place called [name omitted of DV Center in Florida]. I called and was accepted into their shelter program. Once there I received bountiful information on all the "how to's."
- Family member that controls family-would have to give up everyone to leave; no, not able to get resources and services
- Some, I was not working because of physical disabilities. I had no way to pay bills. The police were not sympathetic at time (i.e., when I asked them the same question twice, and when they looked for the broken phone and saw stuff strewn all over the floor (they asked, "does it always look this way?") When he threatened to douse my son with gas and light it, they said no crime had been committed and left. (He had filled a beer can with gas.)
- Yes. I went to the [name omitted] in [name omitted] Florida. I talked to a legal advocate there who helped me to get an injunction and also gave me information about support groups and help available. I have been attending the support groups since March.
- Some, yes, legally, no. [Name omitted] County jail released him without notifying me, the victim, and he has only served seven months of consecutive 11-29s

## CHILDREN'S NEEDS

*Were domestic violence victims' children able to get the resources and services they needed (as noted above)...*

- Yes, we had very good insurance
- It took social service to give me food stamps. For the second month that I left home they only gave me \$90 for 2 weeks. I had to go through a lot before getting food stamps and I needed it immediately. I never got money because I am getting child support.
- Nothing...if I would have just left sooner. I waited too long! He overdosed my 2 year old daughter trying to "pay me back"...she now is 16 and cannot read or write above a Pre-K level...she has seizures, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, and...as if that wasn't bad enough...he also (allegedly...have to add THAT word) raped and sodomized my children (ages 5 and 3 at the time) in a drunken and drug-induced rage of revenge against me! Both can tell you exactly what happened...in graphic detail...7 months after it happened!...but that won't stand up in court); no...not when it mattered. I was given one chance to leave the area one time...but was told I would have to sign over temporary custody of my children so they would be safe while I was gone. But I got no straight answers on where I was going, with who, for how long, who would have my children...anything
- I did not receive the help in school for one of my kids...he ended up failing his 11th grade year. When my ex-husband lived with us and was violent my son would ask me to make him leave. I could not yet due to safety and money issues. I realize that my son suffered the most. He started getting in trouble and hanging out with gangsters.
- They were very young
- Yes. The counseling was a huge blessing, but [name of DV Center omitted] helped me with information on health care, after school care, and school enrollment.
- My adult son also dealt with abuse from his father (my husband). I am trying to get him into counseling. I have the resources. My son just needs to accept the help.

# MOST IMPORTANT SERVICES

*What domestic violence victims believed to be the most important thing that victims need...*

- Support group counseling
- Support group
- Counselor, advocates
- A new start and housing - with all the "baggage" victims come with they can't get into a new apartment sometimes; being homeless is the scariest thing
- Inform them of relocation assistance as soon as possible
- Explain the legal process of criminal DV case to victims; also for law enforcement to advise victims it may not be up to a them to press charges, it may be up to State Attorney's Office
- Emotional and financial support
- Self-esteem and financial support
- The court system has to take the abusers more seriously
- Money and food given immediately
- To feel safe...to know their kids are safe! the things that would have helped me more was help for my drug addiction-which he was feedings, and just the chance to go somewhere new and start all over...maybe stay with a "foster family" for a few months...to show me how life was supposed to be. Simple things...like how to keep a routine...cook, clean, bathe, exercise, read...the basics that kids need to grow!
- Support with no blaming, quick money and helping to find a job and place to live. I wish that getting into a cheap apt. was fast. Maybe have a list of services printed out so we could choose what we feel we need rather than someone assessing you and deciding for you. It seems like some people get better than others. I was happy with working from the outside trying to get things done, rather than shelter.
- Where to go for help
- People need to know there are more types of abuse than just hitting. My first marriage was very violent, but when I finally left and remarried I had married another abuser. But this time it was emotional, verbal, and financial. He isolated me from my family, any money, my sanity, my credit, and my self esteem (which I'm trying to get back). But I think it was when he started the abuse to my kids that I finally made the decision to get out. It took me about a year to clear up the mess he had me in
- Counseling and self motivational counseling or material combined was key for me. If it worked for me surely it could work for others.

- Counseling
- Counseling on loss
- Education on "red flags", etc., before they get into a relationship, like in grade school, more compassion when they stay or go back to the abuser. Require them to take a class geared toward the victim, since some people won't get help. This may save police agencies money and the courts time, besides helping the victim.
- Safety First. Then legal knowledge & support groups.
- Better protection, and more legal action. he can smash my mail box and that is a felony, but he can smash my head, with an order of protection in my hand and that is only a MISDEMEANOR
- Lots of support from courts, judges and make sure that anyone who works with victim are completely trained in the area so not to revictimized
- Understanding the power and control issues of the abusers, that the power to change is determined on if it is in the best interest of the abuser, if not he will not change
- Shelter food money immediately
- Get away from the situation! They will NOT change!!! Get them as far away as possible and help them to build a solid foundation to better their life on their own., and not have to feel so dependent on someone. Help to show them how to rebuild themselves after being torn so far down...empower them with everything you can! Help them to keep focus on self and the kids...and not get pulled back into their lies and begging an "I'm sorry's" and "I promise it won't happen again's"! IT IS NOT TRUE!!!!
- More money to help victims and their kids relocate if needed. Abusers need to be held more accountable in court systems and maybe if their faces were put in the papers and called abusers society would start to blame them, not the victim. Education is very important for both victims and abusers and society.
- Women, please call the police--get help for yourself
- But I got out. Support, support, and more support. Domestic violence robs you of all self esteem and self respect. My family really tried to help with it but I got some therapy. Plus time and 3 states away from him helped. My kids are grown so I don't have to deal with him much. I'm glad I'm to a point to where I don't feel like I'm "running away" anymore but I'm afraid to even try at another relationship. It's been 3 1/2 years and I still don't date.
- I believe that once I was able to see myself as capable and as someone who had a voice (this came from the self motivational tools), I started understanding better how much the D.V. counseling was necessary to reprogram a beaten down spirit.
- How to now repeat the same mistake in future relationships (education, even it it's only handouts)
- They need to realize there is help for people in a domestic violent situation. There are choices that can be made for them and their children. There are professionals who want to help and enable them too live a life free from such abuse.

# TELEPHONE CALLERS' RESPONSES

- Domestic violence group meetings [which have been “very, very helpful”]
- Individual counseling with the counselors at the [DV center]
- No other resources except at [DV center] [“but I do speak very highly of them, they’ve been very helpful”]
- Not enough people going around talking about how to get help
- Could not get help in [city], New York but got it in [city], FL; living elsewhere and noted that help providers don’t seem to care so travels back to [city] to [DV center] [“which is fantastic and they do a wonderful job”]
- Have flashbacks
- Not satisfied with domestic violence laws in Florida [can’t get restraining order for harassment]
- Went to shelter, noted it had too many rules, like jail; wished there would have people there to talk and make you feel helped [“I think they should be a lot nicer. I felt bad because other children were stealing toys from my daughter and I felt like I couldn’t say anything. It was scary.”]
- Ended up going back to partner after shelter but got the courage to leave when partner attacked daughter
- “I went to DV counseling at a shelter, that helped”
- “I received an attorney free of charge to divorce him, she [name omitted] was a good person who cared about me and my child”
- Most important: When you get into these shelters they need to make you feel a lot more at home
- School killings are related to abuse. I was bullied in elementary school as were my children... “I felt like I was worth nothing because I was treated badly in school.”
- Immediate needs: the perpetrator tried to murder me in my mom’s house, and there’s still a warrant out for him. I had to immediately leave the area. Right now I’m receiving help from the [DV shelter]. A lot has been going on emotionally, physically, psychologically.
- I didn’t have a safe haven place, but I was forced to stay at my mom’s because I was extremely physically injured. I was afraid he would come back.
- Present needs: Need medication. They say the government has no funds. I need financial assistance. I haven’t been working. I need counseling, but without medication it doesn’t seem to be working. I have severe anxiety, post traumatic stress, paranoia, bed wetting, and I am depressed.
- Most important: Need resources for help
- When police comes to make report, be a little more sympathetic, “I felt revictimized, don’t point fingers, don’t blame the victim.”

- For people who are down and out and don't have funds, have an agency that can provide vouchers for transportation and to go to appointments ["I'm running around circles trying to get help. "]
- "I'm 50 yrs old, I've worked all my life, and as a tax payer until now, I should be getting the help I need. Even DV agencies don't have access to the funds they need. "



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## **NEEDS OF OLDER DOMESTIC VIOLENCE VICTIMS**

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