

4/1/2000:  
January Lawson Brockway, 22, of Alvarado, was shot by her husband. They had three daughters under the age of four.

## ★ Full Report on Key Themes and Recommendations

### Theme One: Public Awareness

Each phase of research for this state plan has underscored the pressing need to increase public awareness about the dynamics of domestic violence and availability of services for victims and their children. In fact, the theme most often mentioned in the community audit was the need for more public awareness about domestic violence.

By engaging the media, community members and others in public awareness efforts, domestic violence programs can build awareness of available services so that victims know where to turn for help. At the same time, communicating prevention messages can help create social sanctions against violent and abusive behavior.

#### General Recommendations:

- Public awareness efforts and materials should be linguistically and culturally appropriate for and accessible to diverse communities. Varied images, languages and cultures should be represented in public awareness efforts.
- Public awareness messages should be based on reliable research, public opinion polling, and focus group interviews to ensure that messages appeal to and will effectively promote safety for more victims of domestic violence.
- A wide variety of media should be included: television and radio advertisements, print advertising, and billboards (including those in public transit vehicles).
- Statewide campaigns should be created that can be conducted in collaboration with local domestic violence programs that are easily adaptable for local community-based organizations in order to reach marginalized groups within the greater communities.
- Statewide campaigns should occur with simultaneous efforts at the community level, such as services provided in schools; or by agencies serving a particular group within the greater community.
- Public awareness campaigns should contain components that maximize free media opportunities.
- Service providers should be equipped to handle the increase in requests for help generated by public awareness campaigns.
- Public awareness efforts should be rigorously evaluated. Research should be conducted to determine the impact and effectiveness of public awareness campaigns and messages should be refined to increase their impact.

**Defining Domestic Violence.** Everyone should know how to identify and respond to domestic violence if it happens to them or to someone they know. Before victims will seek services, they must first become aware that domestic violence is a crime for which there is help. This statewide planning process

revealed, however, that many still do not see physical abuse by an intimate partner as a crime. A focus group participant explained:

*The women need to understand that it is wrong. You know, 'he just slapped me a couple of times - it's all right.' It's not. He's not supposed to hit you at all.*

4/10/2000:  
Carmelia Anderson, 36, of Houston, was shot by her husband before he shot himself. Their 16 year-old daughter was home at the time.

Focus group participants discussed the significance of intergenerational violence and how family history greatly obscured their own attitudes toward the violence in their lives. Many victims had been previously abused in their family of origin or by someone they knew. They did not realize a slap, push, kick, verbal abuse, extreme jealousy and other controlling behaviors constituted abuse, because they grew up with these behaviors in their own families.

#### Recommendations:

- Public awareness messages should define abuse and identify all consequences, including criminal, societal and personal consequences of battering.
- Comprehensive public awareness should include information on the impact of domestic violence on children, exploring how intimate partner violence relates to child abuse.
- Domestic violence awareness should include educating youth about dating violence, including how to identify it and what to do if it happens to them, a family member or friend.

**Awareness of Available Domestic Violence Services.** To obtain the assistance needed to be safe and self-sufficient, victims must know what services are available to them and whether those services will help meet their needs. As several participants in the focus groups noted, knowledge of resources affects how the victim chooses to make the first contact for assistance. Participants agreed that many people either do not know about the domestic violence programs or have misconceptions about them. For example, one woman talked about her perception of what accessing services would mean:

*You are going to be forced to leave your mate if you choose to go and seek shelter there. That's what I thought. That's what everyone that I have ever talked to thought.*

The most effective method for increasing the awareness of domestic violence hotlines and other services is to publicize them through increased marketing and public relations efforts. During the third year of the statewide planning process, service providers were asked what they would do if they had unlimited money available for their programs. Forty domestic violence service providers responded that they would spend more money on advertising, with a special emphasis on professionally developed media campaigns. Victims of domestic violence can benefit tremendously when television stations, print media, web sites and other media promote the phone numbers of domestic violence hotlines. After public service announcements for the National Domestic Violence Hotline (a project of TCFV) appear, the hotline regularly reports an increase in the number of incoming calls. Although programs and victims continue to ask for

4/14/2000:

Terri Roney, 40, of Garland, was shot by her husband as she sat in her van. He then turned the gun on himself.

large statewide media campaigns and outreach efforts, they also caution that efforts need to be conducted simultaneously on the community level.

**Recommendations:**

- Domestic violence information should be displayed where victims are likely to frequent and in ways that would not threaten a victim's safety (e.g. advertising on grocery sacks, phone book covers, beauty products, bathrooms and physician's offices).
- Domestic violence information targeted towards individual immigrant groups should be placed in areas where it could be easily accessed, such as grocery stores catering to particular groups and foreign student associations in universities.
- Materials containing information regarding domestic violence services should be created and distributed to all professionals (law enforcement, doctors, court personnel) likely to have contact with victims.
- Information about the array of domestic violence services available should be publicized to dispel the beliefs that services are available only for victims who have already separated from their batterers or that they must live in the shelter in order to receive services.
- Domestic violence hotlines should be publicized throughout the state so that victims can talk to a trained advocate to help identify the specific domestic violence services needed by and available to the victim.

**Educating Friends and Family.** Initially, victims need to tell their stories and be believed. They need someone to understand what is happening and why it happens before they can look to more formal support networks like community domestic violence service providers.<sup>24</sup> Friends or family members are typically the first persons a victim turns to for help.

Unfortunately, many barriers may interfere with friends and family providing the support, information and assistance a victim may need, including cultural values, religious beliefs, lack of resources, fear, shame and lack of knowledge as to the options and services available for victims of domestic violence for the healing process to begin. Public awareness efforts must educate friends and family members of victims of domestic violence about available services and other ways to assist their loved ones.

**Recommendations:**

- Information should be universally available on domestic violence and safety planning so that every person a victim encounters can provide support and assistance in an appropriate, sensitive manner.
- Public awareness information should be directed to the batterer and the

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<sup>24</sup> A long-term follow up of women whose male partners were court ordered to batterer's treatment, found that 44% of the women who did not seek any social services (which translates into 26% of the total respondents) did not seek services from domestic violence programs because they had "support from friends, family, or church members instead." Gondolf, E.; "Service Barriers for Battered Women with Male Partners in Batterer Programs;" 2001.

batterer's support system of family and friends.

- Free media should be utilized at every opportunity to broaden the audience reached with domestic violence information.
- Public awareness messages should be developed that specifically target friends and family members of victims. Information on available domestic violence services, safety planning and domestic violence hotline numbers should be included in these messages.

4/18/2000:

Petra Enriquez, 44, of Littlefield, was shot by her husband of 25 years, four months after she left their troubled marriage.

**Changing Societal Attitudes.** Once-prevalent attitudes about the secret nature of domestic violence have changed substantially in the last quarter century. Unfortunately, many attitudes persist among many Texans and remain a barrier to institutional, cultural, community, and individual changes that must occur if more Texans are to live free from domestic violence. Interviews with domestic violence service providers during the final year of the state planning process reveal numerous challenges created by community attitudes and beliefs. Participants identified acceptance of violence, and refusal to believe domestic violence occurs in their communities as attitudes impeding their ability to serve victims.

Focus groups made frequent references to societal attitudes and contextual factors that sometimes lead victims to make difficult decisions based on the “lesser-of-two-evils.” These factors include: family loyalty and taboos about discussing or “airing dirty laundry” to outsiders; differing attitudes about sex roles; social class; sexual orientation; citizen status; race; linguistic abilities; personal resources; physical and mental health disabilities; and cultural norms instructing women to defer to males.

Surprisingly, the community audit revealed that nearly one-third of the people interviewed still believe that women cause their own victimization. Included in this one-third are many community members who have professional responsibility for helping the women who are battered (e.g., police officers, social workers, educators, healthcare workers, etc.). Such ‘victim blaming’ grows out of societal misconceptions about the dynamics and prevalence of domestic violence, and it further exacerbates the deep shame and embarrassment that many victims feel, which, in turn, threatens their willingness and ability to access safety and justice.

Often victims fear that family, friends, law enforcement, or other formal systems will not believe them if they speak out about the violence in their lives due to society’s refusal to believe reports on the prevalence of domestic violence and the persistent belief that victims are ultimately responsible for the violence perpetrated against them. As one focus group participant stated, “You begin to feel small, and then you get embarrassed. You don’t want anyone to know.” Victims fear a life of poverty upon leaving the batterer. This fear is well founded because “between one- and two-thirds of welfare recipients reported having suffered domestic violence at some point

4/27/2000:

Honey West Bethune, 31, of Lubbock, was shot by her husband. He then shot himself.

in their adult lives; between 15 - 32 percent reported current domestic victimization.”<sup>25</sup> Victims who do not fall into poverty face substantial economic challenges and are forced to rely on financial assistance, even if only for a brief period. Victims also fear that, if they seek help, the batterer will turn his rage on family members, friends or pets. One focus group participant described her fear and feelings of helplessness about leaving the relationship because, “He is going to get me anyway.” Focus group participants suggested that telling “stories of women who have made it” would be helpful.

*“There is so much shame in it and [battered women] just need to hear some of what the women who got out are talking about.”*

Focus group participants discussed the need for public awareness that focuses attention on the batterers, and not the victims, as the cause of the problem. As one participant said, “That way our children aren’t ashamed of us anymore. They will finally understand that we did not cause it.” They also advocated for increased public education to help women understand that violence is not acceptable, that it is against the law, and that they have options for ending the violence in their lives.

#### **Recommendations:**

- Public awareness messages should be created based on the needs expressed by victims themselves, including their success stories.
- Public awareness efforts should be developed to focus on the positive role of men in shaping healthy families and eliminating domestic violence.
- Public awareness efforts should seek to change societal attitudes about power, control, coercion and respect. Examples of these efforts can include child abuse prevention programs, bullying campaigns, dating violence programs and anti-oppression programs.
- Education to change social attitudes should begin with opinion leaders from diverse communities. Public awareness efforts must target these opinion leaders, including legislators and other elected officials, as well as informal community leaders.
- Public awareness messages should challenge the belief that victims of violence are to blame for their victimization and encourage accountability and behavior change for perpetrators.

## **Theme Two: Education and Training**

As heightened public awareness increases the demand for domestic violence services, agency staff and community members must know how to identify victims, assess their needs and intervene in appropriate ways. As more victims reach out for assistance, these helpers have the potential to create positive change, for both the victim and the greater community. Achieving this goal

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<sup>25</sup> Raphael & Tolman; “Trapped by Poverty, Trapped by Abuse: New Evidence Documenting the Relationship Between Domestic Violence and Welfare,” p. 21 (1997).

requires sensitivity to the many challenges, both societal and interpersonal, facing victims as they seek to escape violence. As found in this statewide planning process, and by other researchers,<sup>26</sup> even when services are available, the sensitivity of service providers has a major impact on whether the needs of victims are met.

4/28/2000:

Lena Crawford, 47, of Texarkana, was killed by her boyfriend. Her son found his mother's body.

#### General Recommendations:

- Training and professional development for those likely to have contact with domestic violence victims should be enhanced to increase their ability to identify domestic violence, advise on available community resources, and intervene appropriately.
- All helping systems, such as healthcare, social services and criminal justice should create the opportunity for and dedicate funding for domestic violence training for their own personnel.
- Education and training of other systems should be developed and delivered in collaboration with domestic violence service providers.
- Additional funding for training and education of all systems by domestic violence service providers should be increased and new funding sources should be identified.
- Education of state and local policy makers regarding the impact of their policies on victims of domestic violence should be enhanced.

**Domestic violence service providers.** This planning process found that whether or not a victim achieved safety and independence often depended upon the presence of a knowledgeable and caring advocate. Focus group participants related how their critical needs would never have been met had it not been for the hard work and expertise of their social worker or victim's advocate. Domestic violence program staff must be well informed about how to meet the needs of all victims throughout the communities served by their programs. A person who is in crisis or is moving toward building a new life free from violence needs to know: where and how to obtain transportation to get to the physician, optometrist or housing authority; how and where to get a sack lunch and inexpensive clothes; and where to obtain child care or a learning center for children with special physical or emotional needs.

A critical component of training for domestic violence service providers is information on the importance of maintaining client confidentiality and the effective means to do so. Frequently, batterers will attempt to gain information regarding the victim; including the victim's whereabouts, activities and counseling history. Policies and procedures to protect victims' rights to confidentiality (as required by TDHS and the Department of Health and Human Services regulations) must be developed and strictly followed. All staff must receive regular training and information regarding these requirements.

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<sup>26</sup> Lein, L; "TANF Clients' Experiences with Domestic Violence;" 2001.

5/11/2000:

Sonia Palacios, 33, of Los Altos, had her throat cut by her ex-husband.

### Recommendations<sup>27</sup>

- Affordable and accessible training and technical assistance should be available to all domestic violence service providers.
- Program staff members should receive training in how to create and implement survivor-centered policies and programs.
- Domestic violence programs should have the resources and the tools to continue training allied professionals in their community regarding the dynamics of domestic violence, appropriate interventions, available resources and means to promote victim safety (including information regarding confidentiality requirements).
- Domestic violence program staff should become familiar with the policies and procedures of other systems, services and agencies that victims need.
- Ongoing training to domestic violence service providers regarding legal options for victims, including self-representation, use of the pro se protective order application and available statewide resources should be available and utilized.
- Regular training to all staff and volunteers (as required by TDHS rules) should address the need for confidentiality of communications and records, as well as updates regarding state statutes, agency rules and program policies regarding confidentiality.

**Marginalized communities.** A consistent message from focus group participants from marginalized communities<sup>28</sup> was the need for education, both within their special-population communities about domestic violence and within helping systems about the dynamics and special needs of their population. The state planning process demonstrated that victims of domestic violence within marginalized communities often face a double bind in attempting to access needed services.

Domestic violence service providers, social service providers, and the community at large may not understand the particular challenges or strengths of victims from marginalized communities and may not be prepared to make the adjustments necessary to tailor services to the needs of these victims. Support systems that can be resources for victims of domestic violence, such as social service agencies or the criminal legal system, have histories of systemic abuses against individuals from marginalized communities. These victims not only doubt that their situations are understood, but also fear additional risks of bias, humiliation, deportation, prosecution, or the removal of children or needed benefits if they seek assistance from these systems.

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<sup>27</sup> TDHS-funded programs are required to provide many of the services recommended in this section.

<sup>28</sup> A community may be defined by any one of the conditions of people's lived experiences (for example, geography, ethnicity, race, religion, gender, sexual orientation). A community exists when a significant number of people consider themselves to form a community, or behave as if they formed one. A community has finite, if elastic, boundaries and it includes a deep, horizontal comradeship (by which, in day to day life, people recognize "one of their own.")

Focus groups representing communities of people who are lesbian, gay, bisexual and transgender (LGBT), immigrant, Latino and African American stressed the need to increase the understanding of people within specialized communities about domestic violence. Providers within these populations may be unprepared to accept the experiences of a domestic violence victim, and may not believe or acknowledge that such problems exist within their marginalized community.

5/19/2000:  
Michelle Marie Parks, 27, of  
Arlington, was shot in the head in  
a mall parking lot. Her ex-  
boyfriend shot himself with the  
same gun.

#### Recommendations:

- Domestic violence training in every field should incorporate in-depth information about cultural competency and should offer culturally and linguistically relevant intervention strategies.
- Regular information and training should be provided to educate program staff about federal and state laws relating to immigration, the Americans with Disabilities Act, civil rights legislation and for assistance in maintaining policies within compliance with these state and federal regulations.
- Specialized training and technical assistance should be available for all organizations that currently provide, or could potentially provide, any domestic violence services to marginalized populations.

**Criminal legal system.** Law enforcement officers, prosecutors, and judges need in-depth training to better understand underlying attitudes pertaining to domestic violence, as well as the applicable procedural and statutory mandates. Research for this state plan revealed that interactions with law enforcement agencies and the court system negatively affect a large number of victims. Numerous focus group participants echoed this statement:

*To me, [the police] take family violence so lightly. There is so much going on and they want to wait until you are in danger or you are already dead and then they will say that they should have done something.*

Numerous participants also applauded the work of officers who protected them, listened to them and helped them find the assistance they needed. These positive responses attest to the effectiveness of law enforcement training provided during recent years, a direct result of increased federal funding allocated for this purpose.

Service providers referred to problems with: law enforcers arresting women who report domestic violence, county attorneys refusing to file protective orders, and judges insensitive to victims and dismissive of the seriousness of domestic violence. Victims who are disregarded or degraded after finally finding the courage to seek help are not likely to do so again from the criminal legal system.

Many participants in focus groups and in the community audit expressed great concern regarding the rising incidence of dual arrests of the perpetrators and victims. This phenomenon occurs when law enforcement officers, rather

6/12/2000:

Shuketa Clark, 25, of Texarkana, was shot by her jealous husband as she pleaded for help to the 911 operator. She had three young children.

than employing investigative techniques to ascertain the predominant aggressor, simply arrest both parties at the scene and “leave it to the courts” to sort out. This equates to collusion with the batterer against the victim, causing further victimization by the system. The negative consequences of this situation are compounded when these victims are denied services by domestic violence programs and legal services because they now have a criminal record. The 77<sup>th</sup> Session of the Texas Legislature mandated that training for law enforcement include information about predominant aggressor identification and avoidance of dual arrests; however, the impact of this training cannot yet be determined.<sup>29</sup>

#### Recommendations:

- Training for law enforcement personnel should include:
  - instruction on appropriate methods for intervention and arrest at domestic violence scenes;
  - information regarding the negative effects of inappropriate interventions and arrests on both the victim and on the work of law enforcement;
  - information on how to identify the predominant aggressor in domestic violence cases in order to avoid dual arrests;
  - information on developing effective protocols, policies and procedures for domestic violence response; and
  - culturally appropriate responses to domestic violence within various communities.
- training for law enforcement personnel, prosecutors and the judiciary should be designed that will change attitudes as well as inform about statutory and procedural mandates.
- domestic violence programs should be included in training as instructors for local prosecutors, judges and law enforcement.
- programs offering services to victims of domestic violence should receive training on how to avoid policies that indiscriminately prohibit access to services for individuals with criminal records, including records for domestic violence offenses.
- training and information should be provided to all probation officers regarding appropriate battering intervention methods and local services.

**Civil legal system.** Training for legal services attorneys, family law attorneys and other civil attorneys is critical if victims are to have access to safety and justice in their lives. Numerous focus group participants reported that in their interactions with lawyers, these professionals showed little understanding of domestic violence, little sympathy for victims and, often, inadequate knowledge regarding domestic violence laws. Without the assistance of trained and caring legal counsel, victims cannot protect their rights, themselves and their children in divorce, visitation, child support and custody proceedings.

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<sup>29</sup> Amendment to the Occupations Code by adding Section 1701.253; H.B. 3491, 77<sup>th</sup> Texas Legislative Session.

**Recommendations:**

- Instruction on domestic violence dynamics and its affect on children, current laws, culturally competent responses, and domestic violence resources should be available in continuing legal education courses.
- All law schools in Texas should include courses and clinics on domestic violence.
- Judicial education courses should include instruction on domestic violence laws that impact custody and child visitation cases, as well as laws concerning protective orders.
- Mediators should receive training on how to screen for domestic violence in their cases and on the inappropriateness of mediation in most cases involving domestic violence.

6/17/2000:

Barbara Gilreath, 46, of Fort Worth, was savagely beaten as she was trying to leave her boyfriend.

**Social service providers.** For myriad reasons, many victims of domestic violence do not immediately identify the violence in their lives as abuse. Victims struggling to hold a family together and/or lacking necessary resources for their families may access other social service agencies before seeking help from a domestic violence service provider. Encounters with social service providers at state agencies such as TDHS or Texas Workforce Commission, or with community-based organizations such as refugee or drug and alcohol programs, may provide points of intervention where victims of family violence can find assistance in addressing the violence in their lives. Such early intervention may even circumvent the need to access emergency services at a later time. For effective and appropriate intervention to occur, these social service providers must receive training.

**Recommendations:**

- Social service providers should receive regular training and technical assistance on screening for domestic violence, the dynamics of domestic violence, effective advocacy, culturally and linguistically appropriate responses and the provision of supportive assistance and referrals to victims.
- Information about domestic violence, including domestic violence hotline numbers, should be visible and available in the offices of all social service providers.

**Children, teens and young adults.** Prevention of future violence was a theme throughout the focus group discussions, highlighting the need for early education to teach children, teens and young adults about the dynamics of healthy relationships and alternatives to interpersonal violence. The incidence of dating violence among teens is astoundingly high, as evidenced in a recent national study documenting that one in five teenage girls report being physically or sexually abused in a dating relationship.<sup>30</sup> Ensuring that supportive adults are available and informed about domestic violence dynamics and resources are critical components of all violence prevention education programs for youth.

<sup>30</sup> Silverman, J., et al; "Dating Violence Against Adolescent Girls;" Journal of American Medical Association; August 2001.

6/22/2000:

Judy Alcoser, 28, of San Antonio, was shot by her ex-boyfriend. He also killed her 18 year-old roommate.

**Recommendations:**

- Age-appropriate education should be conducted in all schools regarding the foundations of nonviolent relationships for students and adults, including attitudes and behaviors that lead to violence, such as gender stereotyping, bullying, sexual harassment, and actions that help avoid violence, such as peaceful conflict resolution and respectful interactions among peers.
- Adults, educators of teens and young adults, and teens themselves must learn about the dynamics of dating violence, how to recognize the signs, and how to be supportive to the youth who are involved.
- All school personnel, including educators, nurses, administrators and counselors, should receive training on how to identify signs of domestic violence, its affects on children, and how to respond appropriately. This training should include information on youth living with violence at home as well as youth involved in dating violence.
- Since teens rely heavily on peers for support and approval, youth violence prevention education programs should emphasize the role that teens can play in helping friends and in changing norms about healthy relationships in their social groups.
- Adults need to be trained on available resources, legal options (including dating violence protective orders) for youth, appropriate intervention with abusive youth and the reporting requirements related to the different kinds of abuse young people might experience.

**Healthcare providers.** Focus group participants emphasized the need for training of members of the healthcare profession. Many victims reveal their abuse at a hospital or doctor's office for the first time, seeking medical care for injuries resulting from the abuse. Providers must understand how to handle suspected domestic violence sensitively, effectively document injuries, and make appropriate referrals. This is especially important in helping victims whose abusers have isolated them from family, friends, and other social contacts. Isolated victims with limited exposure to other professionals may still be permitted to make routine health care or prenatal appointments.

**Recommendations:**

- In regard to the following recommendations, the term, healthcare providers includes: personnel in Women, Infants and Children (WIC) offices, county health departments, emergency rooms, pharmacists, emergency medical technicians, physical therapists, dentists and mental health professionals.
- Healthcare providers, including mental healthcare, should receive ongoing training on how to identify domestic violence, as well as how to respond appropriately, confidentially and with appropriate referrals for further help.
- Healthcare providers should receive training on laws impacting victims of domestic violence, such as confidentiality, reporting, requirements for referral, and limitations to those requirements.

## Theme Three: Domestic Violence Services

6/26/2000:

Leslie Bibbs, 22 of Huntsville, was shot by her boyfriend who had an outstanding warrant for a previous assault on her.

Throughout the statewide planning process, domestic violence service providers received high marks for providing lifesaving and life-changing services for victims. Focus group participants repeatedly spoke of how the help they received by knowledgeable and caring advocates made the difference for them between a life of abuse and terror and a life that was safe and hopeful.

**Domestic Violence Services in Texas.** TDHS requires its family violence center contractors to provide services that address the most immediate needs of adult victims of domestic violence. Depending on the type of program, services that must be provided directly or by referral include: 24-hour-a-day shelter (including food and clothing); crisis hotline; access to emergency medical care; transportation; safety planning; support; information and referrals; support and information regarding legal options; and information about job training, seeking employment and educational arrangements for children.<sup>31</sup>

While core emergency services that focus on basic needs are necessary as “triage” for the victims at their most vulnerable time (during and immediately following separation from the batterer), maintaining permanent independence from the abuser requires ongoing support services beyond what current levels of funding allow. Accordingly, the community audit evaluates the needs of domestic violence victims based on a “continuum of caring” model comprised of five stages.<sup>32</sup> From early assistance (identification and prevention of violence) and crisis management (protecting and restoring immediate safety), the model goes on to emphasize the need for transitional resources to provide ongoing support for a life free from violence. Examples of such on-going services include affordable transitional and long-term housing, affordable childcare, employment, job training, educational support, health care, and economic resources to access these services.

**Considerations for Future Development and Funding of Domestic Violence Services.** Data from the service provider interviews revealed that decisions for program development and funding could not be made solely on the factors of population and geography. Other factors must be considered in determining the comprehensive needs of domestic violence services. Answers to the following questions are important to the future development and funding of domestic violence services,<sup>33</sup> particularly with respect to

<sup>31</sup> Section 51.005, Human Resources Code.

<sup>32</sup> Anne Gero & Bonnie Fowler, “The Community Audit, A Resource for Battered Women’s Advocates,” 1997. See also, Introduction;” Texas Council on Family Violence: Statewide Community Audit,” 1998.

<sup>33</sup> This plan adopts the premise that existing funding for domestic violence services should be continued where they are being effectively delivered to meet the needs of their community.

6/27/2000:

Blanca de la Garza, 42, of Brownsville, was stabbed by her husband five days after he received divorce papers.

new or additional funding:

- **Is a region in Texas predominantly unserved?** This statewide planning process has divided the state into four regions based on the level of services available. The highest concentration of domestic violence service providers exists in the triangle formed by the Dallas-Ft. Worth Metroplex, San Antonio, and Houston. The region surrounding this triangle, the “fringe counties,” represents the second highest concentration. Border counties, the Panhandle, and West Texas counties have the least number of service providers (Map 2, page 14).
- **Are core emergency services adequately available in the county?** In determining availability, consideration should be given to whether the core emergency service is provided directly or by referral only and whether transportation is provided to those services when they are not directly provided within a county. Authors of the state plan determined the most essential core emergency services are: a 24-hour domestic violence hotline; public education to inform victims of services; access to safe shelter, including emergency food; advocacy, access to medical care, and transportation to these vital services. (Maps 4 and 5, pages 16-17 and Appendices A-D).
- **Are services available to address the critical unmet needs of victims of domestic violence in the county?** The most critical unmet needs of domestic violence victims identified in the Databook were: childcare, transitional housing, permanent housing, legal resources, and transportation. Other critical unmet needs are substance-abuse services, temporary financial aid, job training and placement services, free household goods and clothing, immigration assistance, and services for batterers (Appendices E and F).
- **Are there regions with a high concentration of a marginalized population where culturally and linguistically appropriate services for that population are not available?** In determining what is “appropriate,” consideration should be given to whether members of the marginalized population are accessing existing services in that region. When making funding decisions, it should be noted that reliable demographic data are not readily available for certain underserved populations, and a wide range of methods may be needed to determine the size of a marginalized population within a greater community.<sup>34</sup>
- **How does the rate of reported domestic violence incidents compare**

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<sup>34</sup> For example, undocumented immigrants, LGBT people and people with disabilities are likely to be uncounted in the census, and specific concentrations of refugee populations change with much greater frequency than the census is taken.

with the rate of individuals accessing domestic violence services in the county? Caution should be used with this guideline in rural areas because of privacy and confidentiality issues in incident reporting and accessing services in small towns. Additional factors may contribute to suppressed reporting of incidents (Maps 3-4, page 16).

- **How dense is the county’s population?** Sparsely populated counties may not be able to support residential services, but still require at least access to core emergency services. (Map 1, page 13 and Map 5, page 17).
- **Is the developing program victim-centered and empowerment-based?** TDHS’ Family Violence Program goals stipulate that services should be “victim-centered and foster maximum self-determination on the part of the victim.” Domestic violence programs should be empowerment-based, meaning they believe victims are in charge of their own lives, that the service provider’s role is to help victims tap their own strengths and abilities, and that victims should choose which services to access.

6/28/2000:

Maria Trevino, 46, of Corpus Christi, was shot by her estranged husband after he was unable to convince her to return to him. He killed himself several hours later.

The following review of unavailable services, core emergency services, critical unmet needs and transitional support services provides guidance in determining the location and the kind of services and programs that should be funded.<sup>35</sup>

**Gaps in Services for Victims of Domestic Violence.** The complexity of services needed by victims became apparent in the statewide planning process. Participants discussed the increasing complexity around fulfilling physical, emotional, financial, and legal needs in domestic violence cases, also noting the multi-layered nature of victims’ problems. As one participant said:

*They are not just coming in with domestic violence, but with every problem you can imagine. They need a protective order, the children are not signed up for health insurance, and they are unemployed and about to be homeless. It just goes on and on.*

Although the statutory mandate for this state plan only requires consideration of “the geographic distribution of services and the need for service, including the need for increasing services for underserved populations,”<sup>36</sup> the complexity of this task requires more in-depth analysis.

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<sup>35</sup> DHS receives information from domestic violence programs on a monthly basis about services provided in each county, including the county where the victimization occurred and the county where the victim received services. This information may be used in combination with the data in this plan to help DHS more effectively evaluate the needs of victims of domestic violence in Texas counties.

7/30/2000:  
Semetria Colbert, 25, of Dallas,  
and her five year-old daughter  
were shot by her boyfriend.

This statewide planning process revealed a basic, underlying tension between providing core emergency services and meeting those critical unmet needs as expressed by victims themselves. While the delivery of services has historically centered on addressing the violence in victim's lives, victims do not necessarily perceive the violence as their primary obstacle. Longer-term solutions of economic support and affordable housing, for example, are also necessary for many victims to build lives without violence.

While programs must continue providing basic safety for victims, funding and resources must be dedicated to address the broader array of victims' needs. Family violence programs are providing services to, and Texas is providing funding for, only five percent of the estimated number of battered women in the state. Increased funding is essential to developing effective outreach efforts and providing services for the remaining 95 percent.

To thoroughly assess the array of services available and those lacking, this section is divided into two parts: core emergency services, followed by critical unmet needs and transitional supports.

### Core emergency services

As long as domestic violence occurs, victims in crisis will need emergency services. These core services are designed to provide assistance with the lifesaving necessities of shelter, food, and medical care, as well as advocacy and counseling. As one focus group participant said:

*[You] need a place where you can get your thoughts together . . . someplace where you and your kids can go . . . and feel safe. [You need] some place where the person you are running from can't even come up to the door; where they can't even get through [the] gate.*

During the third year of this planning process, interviewers asked domestic violence service providers about their work in each county served by their program, including services provided directly within the county and services provided by referral only. This detailed analysis resulted in a county-by-county profile of core emergency services. A separate document was created that details the availability of these services in each of Texas' 254 counties (Appendix A). The reported presence of a service in a county does not necessarily address how effectively existing services meet the needs of victims in that county.

These profiles have been used to determine counties in which the most essential lifesaving services are unavailable: shelter (which includes the provision of emergency food and clothing) or reasonable access to a shelter nearby, a safe home or hotel, access to emergency medical care, and transportation to access these emergency services and advocacy services.

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<sup>36</sup> Section 51.0021, Human Resources Code.

Public awareness and a 24-hour hotline were also deemed essential, since they provide the means by which victims learn of and access services.

The following criteria were used in determining a minimum threshold of access to:

- Victims should have access to a domestic violence shelter or safe house, whether it is located in their county or whether transportation is provided to a domestic violence shelter or safe house in another county. A safe house can be the home of a trained volunteer or a room in a motel or hotel. As part of providing shelter, emergency food and clothing should also be provided.
- A 24-hour domestic violence hotline should be available in every county and sufficient public education conducted to raise awareness of the hotline and services.
- Emergency medical care should be available within the county, or at a minimum, transportation should be provided to emergency medical care located within a reasonable distance.
- Advocacy on behalf of victims of domestic violence must be available in every county.
- Emergency transportation must be available for victims of domestic violence, particularly in counties without safe houses or shelters, and in counties where emergency medical care is not available.

Based on self-reporting from domestic violence service providers, this plan found that a 24-hour domestic violence hotline is available and advertised to victims of domestic violence in nearly all 254 counties. Additionally, crisis hotline services are available statewide and nationally from the National Domestic Violence Hotline.

In interviews service providers reported access to a minimum threshold of core emergency services exists for victims of domestic violence in 169 of 254 Texas counties, leaving 85 counties without sufficient access to these lifesaving services.<sup>37</sup> A separate document was created to highlight the needs in these counties (Appendix C). Many of the counties without sufficient access to core emergency services are isolated and rural. Ten are entirely unserved by any domestic violence program, although some victims from these counties may access services at shelters in their regions.<sup>38</sup>

Of the 85 counties lacking access to core emergency services, service providers reported that 69 are served by programs that must serve four or more counties. Sixty-two counties lacking core emergency services are served

<sup>37</sup> Because many domestic violence programs are charged with serving several counties and resources limit their ability to conduct outreach, this evaluation tool cannot be used as the sole measure for the effectiveness of individual programs.

<sup>38</sup> Since there are no domestic violence programs formally serving these ten counties, researchers could not speak with any program representatives in these counties and further information about them is unavailable.

8/5/2000:  
Mavie Lee Brewer, 61, of Houston,  
was killed by her estranged  
husband in a hospital parking lot.  
He then killed her friend and  
himself.

8/10/2000:

Laquanda Patrice James, 20, of Bryan, was stabbed by her boyfriend after he crashed through her bedroom window. She had a young son.

by 13 programs that attempt to serve five or more counties. These figures suggest that too many counties are relying on too few resources and that focused attention must be paid to outlying counties.

Bearing out findings of the community audit, lack of transportation proved to be a serious barrier to accessing services. Service providers reported that 72 of the 85 counties without sufficient access to core emergency services have no emergency transportation. Of these, 29 counties would meet the minimum threshold of access to core emergency services if victims of domestic violence in the county had access to emergency transportation. Emergency food and advocacy were reported by service providers to be the next core emergency services most commonly found lacking (Appendix B).

The research also demonstrated that shared service areas are a useful strategy for improving access to core emergency services, particularly in outlying counties. In many counties served by two or more domestic violence programs, the combination of services provided by each program results in the sufficient availability of core emergency services in the shared county.

The county-by-county profile of core emergency services identifies which services are provided directly by domestic violence programs and which are only provided by referral to other agencies. Special attention must be paid to counties where certain core emergency services are available only through referral. The service provider to whom victims are referred may be inappropriate for some victims or may lack adequate training on domestic violence issues. Some core emergency services are reportedly available only through referral to agencies other than domestic violence programs in 34 counties. A separate chart was created to identify those counties and the services that are referred (Appendix D).

#### **Recommendations:**

- Funding for core emergency services should be increased to ensure access throughout the state.
- New sources of funding for increased availability of core emergency services should be identified and secured, including the development of public-private partnerships.
- The criteria developed in the plan should be implemented to ensure planned growth while maintaining quality services with limited funds.
- Domestic violence programs should collaborate with other agencies and organizations that provide food, clothing, emergency shelter, and medical care to ensure access to those services for victims, especially in outlying counties.
- Emergency transportation to core emergency services should be available in every county in the state.
- Where shelter cannot be supported in a community, domestic violence service providers should deliver or provide meaningful referral to all core emergency services.
- Programs should adopt and implement policies that are victim-centered

and empowerment-based, including policies regarding length of stay and house rules.

- Volunteer programs should be expanded, particularly in rural areas.
- Domestic violence programs sharing service areas should adequately inform one another about services provided and intentionally coordinate the delivery of services.
- Agencies receiving referrals to provide core emergency services to victims of domestic violence must be evaluated to ascertain whether additional domestic violence training is necessary and whether the agency is appropriate and accessible for all victims of domestic violence.
- Evaluation tools should be developed to further analyze the extent to which services are provided in each county.

9/18/2000:

Yolanda Jackson Valdez, 40, of Weslaco, was stabbed by her boyfriend three days after his mother attempted to have him committed to a mental health facility because of his violent behavior.

### Critical unmet needs and transitional supports

Effective domestic violence intervention requires a wide range of services. This principle is demonstrated in the Databook, which provides information on how domestic violence service providers in each county ranked the most critical unmet needs for victims and the barriers preventing victims from seeking help. The top five most often cited critical unmet needs were: affordable childcare, affordable permanent housing, affordable transitional housing, affordable legal resources, and transportation. The top five barriers preventing victims from seeking help were: lack of affordable housing, lack of public transportation, lack of affordable childcare, lack of employment and job training opportunities, and inadequate criminal justice response.

The community audit conducted in the second year of this process revealed that resources needed by victims often did not exist or were substantially insufficient, especially concrete services ranging from rent deposits to child daycare services. Victims indicated the inability to meet these basic needs as the primary reason for staying with, or returning to their abusive partners. At one site a woman told of learning about a two-and-a-half-year waiting period to obtain childcare services. This dearth of essential services was even more critical in the case of undocumented persons or legal immigrants who are no longer eligible for financial or medical assistance or food stamps.

During the third year of the statewide planning process, domestic violence service providers echoed the critical lack of or inadequate availability of concrete services:

*Good public transportation doesn't exist. Good legal representation is lacking—it is hard to get anyone to do pro bono work. Childcare is a gap in services no one wants to fund.*

Service providers identified (in descending order of frequency) a lack of or inadequate transportation, legal services, housing, shelter beds, children's programs, child care, bilingual counselors and staff, medical services, counseling, immigration assistance, drug treatment, mental health treatment,

9/21/2000:

Sandra Walton, 29, of Fort Worth, and a friend were shot at close range with an assault rifle by her ex-boyfriend. He had been stalking and threatening her for many months prior to the murders.

residential treatment, funding, staff, and batterers intervention as challenges to effectively serving their communities.

Also, during this third year, focus group participants stated that concrete services, such as low cost loans, transportation, and housing would have made a tremendous difference. One woman said,

*Talking sweet [counseling] is good, but it's like putting on a Band-Aid. The real cure is her getting out of that mess. The way to get out of that mess is to get financial help and put her in a place where she will walk strongly.*

Research conducted in the third year identified which critical transitional supports are available in each county in Texas and reported whether those supports were provided directly by domestic violence programs or by referral (Appendix E). This research demonstrated the tremendous lack of critical transitional supports needed by victims to build lives free from domestic violence. Only 42 counties have affordable transitional housing for victims of domestic violence. Substance abuse services, services for batterers, childcare, assistance with job training, temporary financial aid, and immigration are also unavailable in more than a third of Texas counties. A separate document was created to illustrate the frequency with which each critical transitional support was lacking across Texas (Appendix F).

The research does not address the effectiveness of these services when they are provided. Service providers noted that while certain transitional supports were nominally available by referral in their counties, these referrals were often inadequate to meet victims' needs. Childcare was a particular concern, as victims of domestic violence may be referred to childcare providers that have no available space for children or are too expensive to use. Legal services were another such issue, as attorneys may choose not to work with a victim who has been referred or may charge more for their services than victims of domestic violence can afford.

#### **General Recommendations:**

- Governmental funding should be increased to provide for transitional supports and the critical unmet needs of domestic violence victims.
- Additional sources of governmental funding should be dedicated to addressing these needs, including the use of TANF and social services block grant funds. New private sector funding sources should be tapped.
- Victims of domestic violence should not have to leave their homes to be safe from violence. Strategies to help victims who choose to remain at home should be identified, supported and implemented, thereby eliminating the need for many transitional supports.
- Victims of domestic violence should not have to leave their communities (geographic, cultural and affinity) to have their needs met, unless they choose to do so. Strategies to help victims receive support and assistance in their communities should be identified, supported, and implemented.

**Affordable, quality childcare.** The lack of affordable, quality childcare was ranked in the Databook as the most critical unmet need facing victims of domestic violence. Numerous focus group participants reported difficulty in finding childcare during the hours (evenings, overnight, and weekends) their job required them to work. Without this vital assistance, victims were often effectively barred from seeking full employment and/or education and job training. Inability to access services critical to creating economic stability results in a seemingly insurmountable barrier to escaping violence. While this holds true for all victims of domestic violence with children, its effects are felt the most by low-income victims.

9/27/2000:  
Cynthia Page Price, 35, of Crowley, was shot by her husband after an argument. He then shot himself. The couple's three daughters found their parents' bodies the next morning.

**Recommendations:**

- Safe and affordable, quality childcare should be made available to victims of domestic violence during the hours in which they need it to work.
- New sources of funding for childcare for victims of domestic violence should be identified and secured.
- Emergency childcare and respite programs should be funded so victims may attend court, secure emergency services and stabilize their families.
- The perspectives of victims of domestic violence must be part of local, regional and statewide child care policy planning on issues such as funding priorities, availability of childcare for TANF recipients and care during non-traditional working hours.
- Childcare providers should be trained regarding the dynamics of domestic violence and how to respond to a parent who is the perpetrator.

**Safe, affordable housing.** In the Databook, service providers ranked affordable housing as one of the most critical unmet needs in their counties and listed the absence of affordable housing as one of the top five barriers preventing victims from seeking help.

Focus group participants reiterated this point. Victims of domestic violence who are ending their shelter stays often find no other safe or affordable housing available resulting in the victim's return to the batterer. Other victims must decide whether to seek temporary shelter in the first place when they know that affordable permanent housing is either non-existent or severely limited in their communities. Victims with nowhere to turn for shelter or housing too often become homeless. Recent studies support this unfortunate reality: 56 percent of cities surveyed in 2000 by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness.

Service providers report multiple year waiting lists for Section 8 housing in some communities, rendering this option for low-income housing utterly inaccessible for victims who must quickly find housing or face making the choice between homelessness and returning to the batterer. Some victims of domestic violence who live in affordable housing units report being evicted as a result of further violence committed against them by a partner or ex-partner, which is interpreted by the housing authority or apartment complex

10/1/2000:

Patricia Tankersley, 40, of The Woodlands, was shot by her husband two months after she was denied a restraining order against him. He killed himself later in the day.

as a violation of “zero-tolerance for violence” policies.

**Recommendations:**

- New sources of funding should be identified to provide safe, affordable transitional and permanent housing to victims of domestic violence.
- Economic incentives should be provided to public and private housing providers offering safe and affordable housing to victims of domestic violence.
- Domestic violence programs should join with other social service agencies and community groups to advocate for affordable housing in the community.
- Housing options for teen domestic violence victims should be developed, as they cannot be sheltered without a parent.
- Housing options for undocumented immigrants who are victims of domestic violence should be developed.
- Policies prohibiting landlords from penalizing domestic violence victims for the violence perpetrated against them should be implemented.
- A statewide audit of available housing to identify those properties potentially suitable for affordable housing for victims of domestic violence should be conducted.

**Transportation.** The need for better transportation in both rural and urban communities was a repeated theme throughout the statewide planning process. When domestic violence service providers were asked what they would do if their funds were unlimited, fifteen programs said they would provide better transportation for victims of domestic violence, either through obtaining shelter vehicles or providing reliable vehicles to their clients. One respondent reported that 60 to 70 percent of their staff’s time is spent arranging transportation. Some domestic violence service providers in rural counties reported using law enforcement to transport victims from outlying counties to their program. This represents a serious barrier for many victims who are reluctant to access services via law enforcement, particularly in rural communities where victims are likely to know the officer providing transportation.

**Recommendations:**

- New sources of funding for transportation for victims of domestic violence should be identified, including the provision of grants or low-cost loans for the purchase or repair of an automobile, bus passes, taxi vouchers and the expansion of public transportation.
- Innovative local efforts to provide transportation for victims in accessing core emergency services should be created and supported.
- Domestic violence programs should join with other social service agencies and community groups to advocate for improved public transportation in rural and urban areas.
- Alternatives to law enforcement as the sole or main source of transportation for victims of domestic violence should be identified and supported.

**Legal services.** Focus group participants spoke of the need for legal services in their communities. The lack of legal resources presents a major barrier to safety for victims of domestic violence. As related by one participant who worked as a legal advocate, the lack of these services can have fatal results:

*The mother was very upset when I told her that we didn't have an attorney to help her get custody of her three year old. She killed herself that night because she could not stand the thought of losing her child.*

10/20/2000:

Tonya Johnson, 20 of Mineral Wells, was shot in the head by her common-law husband two weeks after she was unable to obtain a restraining order against him.

Findings in the state planning process echo responses made in a survey of domestic violence service providers conducted by TCFV in 2000.<sup>39</sup> Overwhelmed and under funded, legal aid programs must routinely deny services to indigent victims, and those few private attorneys willing to provide pro bono representation are greatly outmatched by the extensive need for their services. The resulting gap in legal services means that many indigent victims of family violence are left with two options in civil court: facing the abuser alone as a pro se litigant or foregoing the legal help they need to achieve safety and self-sufficiency for themselves and their children.

Interviews with service providers revealed the striking lack of self-representation assistance for victims of domestic violence. Legal counseling, which is available statewide from the legal hotline of the Women's Advocacy Project, was reported to be unavailable in 57 counties, indicating the need for additional public awareness regarding this valuable legal resource.

#### Recommendations:

- State, local and private funding for legal services should be increased to ensure that victims of domestic violence have access to competent, knowledgeable counsel.
- The State Bar of Texas, as well as local bar organizations, should encourage attorneys to provide pro bono or sliding scale fee services to victims of domestic violence.
- Incentives for improving pro bono representation to low-income victims of domestic violence should be developed by the State Bar of Texas, the Supreme Court of Texas and the Texas Legislature.
- Legal aid programs should increase and expand their services for victims of domestic violence, as well as develop procedures that are responsive to the needs of victims.
- Attorneys should be trained on how to screen for domestic violence in their cases and encouraged to adopt this procedure as a routine part of their intake process.
- Domestic violence programs should do outreach and training with local attorneys and leaders in the legal community.
- Domestic violence programs and other agencies assisting victims of

<sup>39</sup> Buchanan, B; "Compounding the Harm; When Victims of Family Violence are Denied Equal Access to Justice;" submitted to the Supreme Court of Texas, 2000.

10/30/2000:

Norma Sepulveda Esparza Galindo, 23, of Monahans, was stabbed by her husband. He also killed a Ward County deputy sheriff.

domestic violence should receive training to help victims access and use the pro se protective order application.

- Low cost or free continuing legal education should be provided that addresses the legal issues facing immigrant victims of domestic violence, including VAWA self-petitioning.

**Employment and job training opportunities.** Without the ability to provide financially for themselves and their families, victims of domestic violence cannot count on having safety and stability in their lives. Knowing this, abusive partners often sabotage the employment or education of their victims, seeking to keep them trapped in the relationship by financial need. Some victims have not been allowed by their partners to work or have been penalized or even fired by employers because of missed time or security needs stemming from the abuse. A focus group participant reported, “I lost my job because he used to beat me so much I couldn’t even go to work.”

Victims need support in improving job skills in order to obtain employment that pays a sustainable wage, provides essential benefits such as insurance and allows for possibility of advancement. Following years of degrading mental abuse, many simply need help identifying their own strengths and marketable skills. Frequently, victims have left the job market and have difficulty reentering without training to update their skills.

#### Recommendations:

- Domestic violence programs should ensure access to job readiness training and job training with placement assistance, including working with local workforce development boards.
- Job placement assistance should focus on jobs that provide a living wage and health insurance.
- Employers should develop a protocol and security plan that addresses workplace violence, including non-traditional employment options for women.
- Employers should provide flexibility to allow victims to attend court hearings or participate in counseling or other services.
- Additional sources of funding for job training and job placement assistance for victims of domestic violence through other agencies should be identified, such as Texas Workforce Commission, as well as through private sources.

**Critical unmet needs based on geographic challenges and population density.** Interviews with service providers also revealed the challenges presented by issues of service area size and population density, such as urban communities with too many people to serve, rural areas with vast geographic regions and towns too small to ensure that confidentiality and privacy are protected. A service provider working in an urban area reported:

*It’s large in population and distance and we don’t have a very good public transportation system. There are [a lot] of police agencies in [our service area]. We are very large, diverse, spread out.*

Isolation was a tremendous barrier to accessing services in rural areas. As one service provider working in a rural county reported:

*There are very long distances to get to people, to connect them with services. There is no public transportation even in our only larger community. The remoteness and isolation [are] a big problem.*

10/31/2000:

Leanne McClure Hill, 28, of Killeen, was shot in the head by her husband six days before their divorce hearing. He killed himself, as well.

A service provider echoed another common theme among those serving victims in small towns:

*There is practically no confidentiality. People know each other's cars; they know everyone's shame.*

#### Recommendations:

- Safe houses should be developed in geographically isolated regions.
- Reliable transportation should be available in rural areas, such as a shuttle service to take victims to and from shelters or safe houses, clinics, as well as in urban areas where public transportation is unreliable.
- The number of outreach offices of domestic violence programs in rural counties should be increased.
- Programs serving rural communities should be supported in their efforts to address barriers posed by great distances, difficulty in travel and communication.
- Domestic violence programs in rural counties should increase the use of local volunteers to enhance service delivery.

## Theme Four: Marginalized Populations

The need to more effectively serve marginalized communities permeates every theme identified in the state plan. Particularly in these communities, the issue of abuse is closely linked to other issues in victims' lives, such as poverty, discrimination, immigration concerns or fear of the criminal justice system. Domestic violence interventions must address the holistic needs of victims within these communities in order to help them achieve freedom from domestic violence.

Interviews revealed that many victims who are members of marginalized populations need additional, very different services from those that are established through mainstream domestic violence programs, and significant gaps exist in service delivery. Information gathered demonstrated that, because these victims had not been a part of the domestic violence community's experience and development, available services often did not meet their needs. Instead, it was noted that those services may best be provided by members of their own community and/or those who have traditionally provided services to them.

The community audit also demonstrated that victims who are members of marginalized populations might not go to traditional domestic violence

11/1/2000:

Adela Rodriguez, 36, of Laredo, was beaten and shot by her ex-husband.

programs because they are afraid to use existing services or because the available services do not meet their needs. Victims are often hesitant to access services from mainstream domestic violence programs because of those programs' intensive reliance on the criminal justice and other social systems they have grown to mistrust and even fear, such as welfare, Child Protective Services and Mental Health and Mental Retardation. Additionally, other domestic violence program participants may not accept these victims and may even mistreat them.

Victims of domestic violence, who are members of marginalized communities, may not be inclined to turn their partners over to a criminal legal system that is viewed as hostile, or even dangerous, to the marginalized group. One participant expressed:

*Over the years this movement has put a lot of faith and a lot of work into the criminal justice system. And the criminal justice system is not the answer for every woman. It's not the answer for a lot of women who, for whatever reason, aren't going to get the police involved.*

When marginalized groups have experienced negative results from interactions with law enforcement and subsequently find that domestic violence programs do not offer the specialized services they need, they are discouraged from seeking protection or services. Some resolve to survive through their own devices.

#### **General Recommendations:**

- Government and private funders should increase resources available for programs addressing the unmet needs of underserved and marginalized populations.
- Members of marginalized populations must be included in the leadership, development and operation of programs created to address the needs of their communities.
- Community-based organizations providing services to marginalized communities should be provided with support, technical assistance and flexibility by policymakers, funders, and other service providers to incorporate effective domestic violence services.
- More outreach and services should be targeted to underserved populations, including people with disabilities, drug and alcohol problems, or mental illness; members of lesbian, gay, bisexual, and transgender groups; and non-English speaking communities.
- Domestic violence services should be accessible to diverse populations within their own communities.
- Services should be designed to address the holistic needs of marginalized populations, and should address other forms of oppressions and violence they may be experiencing.
- Extended and nontraditional family members must be acknowledged and included in service delivery and advocacy efforts of domestic violence programs.

- The development of safe houses and other alternatives for marginalized and underserved populations who do not perceive domestic violence shelters as a viable alternative should be supported.
- Domestic violence programs should enhance their policies to promote accessibility, inclusiveness, and sensitivity to the needs of diverse cultures and populations.
- Programs should re-examine services offered and identify ways in which they may be excluding diverse populations, including those who may fear working with the criminal legal system and other systems these populations have come to distrust.
- Programs should strive for parity between the demographics of the clients they serve and the demographics of the counties they serve.
- Services should be available for victims who are not willing or are not ready to leave their batterer.

11/24/2000:  
Alejandra Monroe, 44, of Brownsville, and her 12 year-old son were stabbed by her husband. Police shot and killed the knife-wielding man when they arrived at the scene.

The focus groups conducted as part of the statewide planning process served as rich sources of information, yielding critical overarching themes about serving marginalized communities and important details about particular groups of people. To thoroughly discuss the diverse needs of specific marginalized populations, this section is divided into seven parts: people with disabilities, people who are elderly, people with mental illness, people with substance abuse problems, immigrants, people of color, and people who are lesbian, gay, bisexual and transgender.

**People with disabilities.** Interviews of domestic violence service providers revealed that many programs serve people with disabilities but few conduct targeted outreach to this community. In discussing how the needs of people with disabilities were met, the vast majority of participants spoke about physical accessibility of the facility, services and materials. Less than ten percent of the programs provide special training for their staff about the needs of persons with disabilities.

In focus groups conducted with people with disabilities (blind, deaf or hearing disabled, mental and physical), individuals emphasized the need for specialized services, outreach efforts that directly address their needs, and public awareness and training for those service providers addressing the discrimination they often face. As one woman said:

*I never knew that such a thing [domestic violence program] for deaf people existed. So, I just accepted my lot in life. I knew they had services for the hearing but for the deaf there was nothing.*

#### Recommendations:

- Programs that address specific needs of people with disabilities who are victims of domestic violence should be developed by all professionals with whom they have regular contact.
- Domestic violence program staff should receive special training about

11/28/2000:

Irma Mantinas, 35, of Houston, was shot by her estranged husband after many weeks of threats.

working with individuals with a variety of disabilities.

- Outreach efforts that incorporate images of people with disabilities should be developed and directed to community locations where they are likely to be seen by people who are disabled.

**People who are elderly.** All participants indicated they serve people who are elderly, although some programs noted that people who are elderly “don’t come in very often.” Only a few programs do targeted outreach to this population, which provides some insight into this statement:

*There is a large population who don’t think they are candidates for our services. They don’t recognize their abuse as abuse, and don’t realize we serve the elderly.*

When asked what they do differently to meet the needs of people who are elderly, the most common response was that programs work to ensure physical accessibility and meet any special dietary needs required by someone who is elderly.

#### **Recommendations:**

- Interventions should be developed that address the specific needs of people who are elderly and are victims of domestic violence by all professionals with whom they have regular contact.
- Domestic violence programs should develop policies and procedures for the identification of elder abuse, reporting requirements to Adult Protective Services and methods for appropriate interventions, including ways in which to make their program more accessible to elder victims of domestic violence.
- Those professionals who interact with abused elderly should receive training on appropriate interventions and referrals.
- Outreach efforts should incorporate images of elderly people and be directed to community locations where they are likely to be seen by people who are elderly.

**People with mental illness.** In the past, many of the emotional and psychological effects of domestic violence were not recognized as behaviors resulting from the trauma of violence, and victims were often labeled as mentally ill. Clearly not all victims are mentally ill; but, as is the case with the general population, there are some victims who do live with mental illness. Additionally, these victims are often more vulnerable to domestic violence, are less able to escape from their abuser, and have fewer options in doing so.

While all programs are open to serving people with mental illness, there are variations in the programs’ capabilities to assist people with mental illness. Many programs are not prepared or appropriate for victims with untreated mental illness. These victims may find themselves mistreated by other domestic violence program participants. Thirty-three programs said they would accept persons with mental illness if “they are not a threat to self or others” or if “they are taking their meds.” Forty-four programs indicated

12/16/2000

Nicole Sybil Newman, 27, of Titus County, was shot by her husband. When deputies arrived they found him sitting in front of the house with their children, aged four and seven.

they make referrals to MHMR or other agencies, usually for concurrent mental health treatment. Only a few programs indicated they have staff qualified to work with mentally ill clients. Furthermore, mental health professionals are often not trained on the dynamics of domestic violence or the appropriate referrals and responses.

This comment from a service provider is indicative of the situation faced by many domestic violence programs:

*Around here, there are almost no services for people with mental illness. They are being abused, but our facility is not set up to effectively deal with the client's mental illnesses. Our shelters are less safe for others because we are housing clients who have mental illnesses.*

#### Recommendations:

- Domestic violence service providers should work with other community-based service providers to ensure that adequate crisis intervention services are available to victims of domestic violence with mental illnesses.
- Adequate funds should be designated to provide quality mental health services for treating the short-term and long-term mental health needs of victims, including resources to provide onsite services and develop contractual arrangements with mental health providers.
- Mental health professionals must be well trained to identify and address domestic violence issues.

**People with substance abuse problems.** Victims of domestic violence who experience substance abuse problems face unique challenges in accessing safety. Most domestic violence programs work with people who have substance abuse issues for victims who turn to drugs or alcohol to cope with the physical and emotional trauma of the violence. Twenty-eight programs said they do not serve people with active substance abuse problems (and some require 30-90 days of sobriety). If a client at the shelter becomes intoxicated, they may be exited from some programs. Across the state, treatment options are frequently inaccessible to victims because of a complete lack of services in their area, a lack of services for low-income patients or for those patients responsible for dependents.

#### Recommendations:

- Domestic violence service providers should work with drug and alcohol treatment providers to ensure that adequate crisis intervention services are available to victims of domestic violence with substance abuse problems.
- Drug and alcohol addiction treatment providers should be well trained on identifying and addressing domestic violence issues as they affect treatment plans and victim safety.
- Model programs should be developed and funded to address the unique needs of victims of domestic violence who are also experiencing substance abuse problems.

12/17/2000:

Teal Shaun Holland, 19, of Gonzales, was shot as she ran across a pasture, trying to escape from her boyfriend. He returned to their house and killed himself.

**People who are immigrants.** Challenges facing victims of domestic violence are magnified for immigrants. Many do not know that domestic violence is a crime. They are often unaware of laws and resources that may help them, including legal, medical and social service systems. Religious and cultural beliefs may prevent them from considering the option of leaving the abuser. Immigrant victims of domestic violence may be shunned by their family and community for seeking help from external sources. Both documented and undocumented immigrants fear deportation if they contact the police for help or seek basic social services, a fear that abusers often intentionally exploit.

The Immigration and Naturalization Service (INS) is viewed as a major obstacle to victims who are undocumented, immigrant, refugee and those seeking asylum. In addition to fears of being apprehended, charged, and deported, many victims fear that they will be blocked from applying for citizenship if they apply for publicly funded services. Many immigrant victims believe that, if they seek help, INS will find and deport them. Others reported that their batterers often control their behaviors or keep them from leaving by threatening to inform INS of their status. One woman recalled, “My husband would say, I am going to report you to immigration and I will take your son away.”

Interviews with service providers across the state revealed that programs are making efforts to serve immigrants. Targeted groups include Spanish-speaking immigrants and immigrants from Asia, Africa, and Europe. To meet their needs, 26 programs said they try to have staff or volunteers who speak other languages, primarily Spanish. Twenty-eight programs said they meet the needs of immigrants by making referrals, primarily for immigration assistance. Eighteen programs spoke about the barriers undocumented immigrants experience in accessing services and how longer shelter stays are required because of employment challenges. Community resources, including housing, are limited for these individuals.

The isolation that victims of domestic violence experience is compounded for immigrant victims by cultural and language barriers. Focus group participants reported being very isolated, sometimes by culture and by a lack of resources available in their language. As one woman said:

*It was hard to know where to go for help. [People] from different countries don't know where to go.*

Another reported, “That sense of being all alone, absolutely all alone is so scary. It is like the whole world turns against you and you have nothing, nowhere to turn.”

**Recommendations:**

- Additional funding should be provided for delivery of domestic violence services to immigrants.

- Domestic violence service providers should address the needs of immigrants through direct services or through referral to those providers who can address those needs.
- Immigration status is legally irrelevant to obtaining emergency shelter protective orders, police assistance, or emergency medical care. Therefore, domestic violence service providers, social service providers, and law enforcement responding to domestic violence calls should never inquire about a victim's immigration status.
- All services, public awareness materials, and interventions (including services for children) must be linguistically and culturally relevant for immigrant populations in the community.
- When possible, domestic violence service providers should develop relationships with, provide domestic violence training to, and use the services of independent, professional interpreters.
- Service provision should be coordinated with agencies and organizations serving immigrants and refugees.
- Extra care must be taken to ensure the confidentiality of services provided to undocumented immigrants.

12/27/2000:  
Veronica Hinojosa, 46, of Laredo, was shot by her husband as she washed clothes in a downtown laundromat. He then killed himself.

**People of color.** All programs across the state serve people of color and many report outreach into these communities. The three most common strategies used to meet the needs of people of color were having bilingual staff, providing appropriate personal care products and food, and training staff and volunteers to be culturally aware. Twenty-two programs mentioned having bilingual staff, volunteers and/or materials in order to meet the needs of people of color.

Thirty programs said, to meet the needs of people of color, they provide appropriate personal care products, and try to accommodate food preferences. Eighteen programs said they train staff and/or volunteers to be aware of cultural differences and the needs of people of color. Thirteen programs said they do nothing differently to meet the needs of people of color. In clarification, several of these programs noted that they treat everyone individually, so each client's barriers and needs can be addressed.

Meeting the needs of people of color often requires a modification of the traditional provision of shelter services at a centralized location. A participant from the African-American focus groups pointed to an innovative strategy for service delivery as she recalled how transporting victims of domestic violence in a van developed into a "drive-by counseling service." Victims of domestic violence would not go to the shelter providing the outreach, but accepted services offered by the driver of the familiar blue van, who was also an experienced advocate.

Culturally specific programming and staffing make a difference to victims of domestic violence. Eleven counties in Texas have an African-American population at least twice the state percentage (more than 23

1/9/2001:

Byong Sun Park, 42, of Houston, was shot by her estranged husband. On the same day he also killed a business rival and two other people before killing himself

percent).<sup>40</sup> Special outreach to the African-American community is available in only one of these counties. Latinos comprise over half the population of 33 counties in Texas.<sup>41</sup> Culturally specific services are provided in only 13 of these counties.<sup>42</sup>

African-American focus group participants felt that the lack of African-American staff reflects why shelters are less likely to be used by black victims, as shelters are perceived “for white folks” or “for Hispanics.” In the Latina focus groups, the three predominant issues discussed were the consequences of seeking help with regard to immigration status, lack of knowledge about services, and the impact of violence on their ability to seek help. Other reported obstacles for getting help included racism; the lack of bilingual, culturally appropriate services; lack of transportation; lack of affordable childcare; and lack of employment opportunities.

Some Latina victims encounter obstacles because they are not native English speakers. In the absence of Spanish speaking staff and other Spanish language resources, children must translate for their victim parent, who may speak little or no English and may be hesitant to reveal the details of their abuse to the child.

Maintaining the integrity of family and parenting practices was another issue raised in focus groups conducted with people of color. Individuals from a variety of cultures and traditions often feel that shelter services isolate them from necessary family supports or challenge their family structures and practices. For many of these victims, leaving the batterer or seeking help requires giving up community support systems, including the support of extended family essential to emotional, financial, and psychological survival. Extended family and tolerance of other cultural practices must be included if victims who are people of color are to have full access to domestic violence services.

#### **Recommendations:**

- Outreach to people of color who are victims of domestic violence should be informed and led by people of color and those knowledgeable about the cultures and communities of the individuals towards whom the outreach is directed.
- Services for people of color who are victims of domestic violence should build on the strengths of the communities and cultures served, including spiritual, cultural and family institutions.
- Involvement with the criminal legal system or other enforcement entities

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<sup>40</sup> U.S. Census Bureau, 2000.

<sup>41</sup> *ibid.*

<sup>42</sup> Specialized outreach and services to African-American and Latino populations in large urban centers may not be reflected if the urban center is not located in a county with a high percentage of African-Americans or Latinos.

should never be a precondition for receiving domestic violence victim services.

- Innovative service strategies should be developed and supported to offer services to victims of domestic violence within their communities, using methods that do not rely on a centralized office or shelter location.

**People who are lesbian, gay, bisexual or transgender (LGBT).** All domestic violence service providers reported that they serve lesbians. A small number of programs allow men, regardless of their sexual orientation, to stay in their shelters.<sup>43</sup> Programs reported little or no experience with transgender victims of domestic violence. Despite their willingness to serve LGBT persons, programs noted several barriers to services, including lack of outreach into the LGBT community, the difficulty of identifying victims and batterers in same-sex relationships, negative reactions of other shelter clients, and homophobia in the community:

*We haven't done much in the gay community. We need help to know how to walk the line in rural communities and deal with homophobic communities.*

Programs reported that protecting the confidentiality of a victim's sexual orientation was important because the client "can experience discrimination by other clients or be ostracized." Abusive partners, who are aware that the revelation of a victim's sexual orientation or gender identity may risk the loss of family, job or housing, often exploit the victim's need to keep their sexual orientation confidential. In a lesbian focus group, the challenges of openly acknowledging that a relationship even existed, much less that it was violent, highlighted the difficulties these victims face in seeking help. One woman revealed, "Even if I had wanted to [get help], I was not allowed. I was threatened that - if I left her - I would be outed."

Twenty-one programs reported that they do not (or do not think they would) do anything different to meet the needs of LGBT clients. In focus groups however, LGBT people commented that general public awareness efforts about domestic violence do not succeed in reaching LGBT victims of family violence. Domestic violence may be perceived by many in LGBT communities as a "straight problem," therefore outreach efforts depicting female victims of male partners may not break effectively inform lesbians, gay men, bisexual and transgender people that the shelter or resource center exists to help them as well.

#### Recommendations:

- Outreach to LGBT victims of domestic violence should be informed and led by LGBT people wherever possible, or by those in the community who are informed about LGBT issues.
- Programs should be established and supported that address the needs of

<sup>43</sup> All domestic violence programs are required to serve male victims but some shelter them in alternative locations, such as motels or safe houses.

1/15/2001:  
Charlotte Jones, 20, of Killeen, was shot by her long-time boyfriend. He also killed their four month-old daughter, then shot himself after a standoff with police.

1/22/2001:

Erida Rosales, 23, of Corpus Christi, her mother and three year-old son were stabbed with a kitchen knife by Erida's former boyfriend.

LGBT people who are in battering relationships.

- Extra care must be taken to ensure the confidentiality of services provided to members of the LGBT communities.
- Funding should be specifically designated for organizing in LGBT communities to understand the experience of oppression and violence in those communities and explore the outreach and service strategies that would be most effective.
- Domestic violence program policies and training should address homophobia in their program and community.
- Images of LGBT people should be used in public education materials designed to reach LGBT communities.

## Theme Five: Economic Security and Opportunity

Victims of domestic violence can only free themselves from their abuser if they have the means to achieve economic security. Unfortunately, victims experiencing poverty as well as domestic violence are extremely challenged in their efforts to accomplish this necessary goal. Even victims who are not indigent are placed at financial risk or are subsequently impoverished after experiencing abuse. Interruption of their work due to harassment by the batterer or required court appearances, effects of divorce, and inability to collect child support, are all factors victims often face that dramatically impact their ability to provide financially for themselves and their dependents. As one focus group participant stated,

*How can you provide for your children, make your payments and continue living? How do you get him out of your house? Where are you going to go when you are not qualified for anything because of the resources you have?*

The interconnections between domestic violence and poverty are both significant and complex. Victims experiencing both recurring violence and persistent poverty are likely to have more needs than those who have financial resources. Studies investigating this interconnection have found that over half of the women receiving welfare said they had experienced physical abuse by an intimate male partner at some point during their adult lives.<sup>44</sup> While the pervasive effects of poverty often seem to be a more pressing problem for victims than the physical violence they intermittently experience, poverty should never preclude a victim from accessing safety and justice.

Results from the community audit show that 79 percent of service providers believe that many women stay in abusive relationships for economic reasons. Batterers frequently seek to control their partners by limiting their access to cash, checking accounts, and transportation, and by sabotaging their education, job training, and employment. This control is even greater for immigrant victims who may be unfamiliar with U.S. and Texas laws, do not

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<sup>44</sup> Lyon, E.; "Welfare, Poverty, and Abused Women: New Research and Its Implications," 2000.

speak English and are ineligible to work or receive public assistance.

1/23/2001:

Maria Franco, 21, of Lufkin, was shot by her husband while she lay in her bed. He also killed their three children and himself.

Information gathered during the statewide planning process is supported by results of a 1998 survey of family violence shelter centers in Texas.<sup>45</sup> This process revealed a lack of affordable childcare as a significant barrier to clients' achieving economic security. Programs reported that, while finding evening or weekend childcare was difficult, the jobs available for welfare recipients are often during these hours. If a person left welfare to go to work, most of the paycheck was spent on childcare. Another primary concern identified in this 1998 survey was the lack of transportation. Programs said that recipients will be denied benefits if their car is "too valuable," but in many rural areas they cannot get to interviews or jobs without a vehicle.

A recurring theme of the community audit was the difficulty of identifying and then successfully negotiating the series of services victims needed to attain some inkling of economic security. Narrative after narrative revealed that a victim must know how to navigate from one resource to another in order to obtain any semblance of help that is continuous, especially if the victim lacks the means to secure such services from the for-profit sector. From legal help and emergency housing to day-care and medical/mental health services, the ability to obtain these services largely hinged on the victim's knowledge of service availability, the proper timing to seek such services, and knowing how to formulate a request that would be successful.

Victims often report difficulty in accessing crime victim's compensation funds or the inability to secure these funds for services needed for their protection. Procedures that require victims to produce official records to which they have limited or no access and requirements for working with law enforcement despite, in some cases, an enhanced danger of retaliation by the abuser often impede victims' access to funds statutorily designated for their use.

#### **Recommendations:**

- Domestic violence service providers should learn about, and incorporate into their service delivery, strategies to enhance economic opportunity for victims they serve.
- Those providing intervention services should not blame victims of domestic violence who are experiencing poverty for their situation. Professionals should recognize the structural barriers that prevent victims from escaping poverty.
- Domestic violence programs should provide information and/or courses on managing personal finances so clients have the basic knowledge needed to develop economic security.
- Advocacy services should be available to assist clients in negotiating the labyrinth of social service systems.

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<sup>42</sup> Corrigan, J., "Report on the Texas Council on Family Violence Welfare Reform Implementation Survey," 1999.

2/10/2001:

Shanita Perkins, 25, of Dallas, was shot by her boyfriend. He also wounded her grandmother.

- Low-interest loans should be made available to low-income victims of domestic violence.
- Assistance in establishing Individual Development Accounts (IDA's), micro enterprise development programs and other wealth building strategies for domestic violence victims should be provided.
- All TANF caseworkers and supervisors should receive ongoing training and information in identifying eligibility for family violence option waivers through systematic means, such as universal notification of domestic violence options and screening for voluntary disclosure.
- Laws and policies dealing with unemployment, workers compensation, and family and medical leave should be responsive to the needs of victims.
- Procedures for accessing crime victim's compensation should be modified to eliminate the requirement that victims produce police records when inaccessible or when contact with law enforcement would place the victim at further risk.
- Emergency assistance should be available to pay for security measures as well as transportation and childcare needed to attend court hearings, counseling sessions and obtain employment.
- The availability of funds, including crime victims compensation, should be widely publicized and procedures for accessing them should be streamlined and available through multiple points of contact with victims.

## Theme Six: System Coordination and Community Collaboration

To create more options and increased safety for victims, domestic violence service providers must collaborate and coordinate with an ever-increasing number of agencies and communities. Encouragement and support must be provided to other community systems that encounter individuals who have experienced domestic violence. The burden of creating effective community collaborations cannot rest with domestic violence service providers alone.

### General Recommendations:

- Formal helping systems (healthcare, criminal justice) and informal helping systems (community leaders, faith based community organizations) should provide domestic violence intervention or referral services offered by these systems, as well as training of their personnel.
- Systems should keep data on the number of persons they serve who are experiencing domestic violence, including asking questions about domestic violence in intake procedures.
- Policies and services provided by agencies that have contact with domestic violence victims should be accessible, inclusive, and sensitive to the needs of diverse cultures and populations.
- Domestic violence providers and allies in other systems should have increased support for coordinating work and policies so that intervention

methods may be improved.

3/3/2001:

Cynthia Rolet Williams, 37, of Houston, was strangled by her estranged husband. They had two children.

**Collaboration with victims.** As the ultimate experts on domestic violence, victims are valuable partners as educators, volunteers, staff and board members. Domestic violence programs must work with victims to identify needed services and be responsive to that input, just as public policies regarding domestic violence should be informed by the voices of victims. Public education and training efforts should include survivors whenever possible.

Programs for victims of domestic violence were originally created and funded as a result of their efforts. In the last quarter century, survivors have led the effort to provide emergency services and transitional supports for families living with domestic violence. The continued role of survivors in advancing safety, justice and opportunity for these families is critical.

**Recommendations:**

- Domestic violence service providers and others assisting victims must form meaningful collaborations and partnerships with victims and survivors of domestic violence.
- Systems must look to survivors to serve in a myriad of roles, including educators, peer counselors, community organizers, funders, staff, board members and program evaluators. Input should be solicited from survivors regarding policy development and changes.
- Domestic violence service providers should include survivors of domestic violence in the leadership of their programs.

**Coordination with criminal legal system.** Coordination between police and domestic violence service providers emerged in the community audit as a crucial factor in determining whether victims could attain a safe and supportive environment during crisis. For example, telephone interviews with domestic violence service providers revealed the relationship with local prosecutors was the greatest determinant of the ease or difficulty in getting a protective order in a particular county.

Many counties, particularly in urban areas, have developed “coordinated community response teams” or domestic violence task forces. Eighty-eight percent of participants in the community audit reported the need for a multi-disciplinary task force.

**Recommendations:**

- Domestic violence service providers should coordinate with the criminal legal system to address breakdowns in and coordination of the community's response to domestic violence and gaps in services. These efforts should incorporate meaningful involvement of survivors and promote the development of options for victims.
- Multi-disciplinary task forces should provide leadership for developing

3/17/2001:

Kimberley Thomas, 34, of Fort Worth, was shot by her estranged husband. He then turned the gun on himself.

protocols and training, service provision recommendations and school-based training.

- Technical and financial assistance should be provided to communities to promote coordination of the community's criminal legal system response to domestic violence with other service providers.
- Alternative interventions should be developed that address the reluctance and fear of some members of their community to access the criminal legal system.
- Multi-disciplinary task forces should have membership reflecting the diversity of the community they serve.

**Coordination among state government agencies.** Many victims are likely to access other non-domestic violence related services provided or governed by state agencies, e.g. the Office of the Attorney General, the Texas Department of Housing and Community Affairs and the Texas Workforce Commission. State agencies must understand the prevalence of domestic violence among those they serve and the ways in which their intervention may actually further endanger the victim.

Job training and placement was identified in the community audit as a critical need for victims of domestic violence to provide for themselves and their families without relying on an abusive partner. For low-income victims of domestic violence, those services are likely to be coordinated through local workforce development boards governed by the Texas Workforce Commission. Likewise, affordable housing was identified in the community audit as a critical transitional support for victims of family violence. These efforts, among many others, must be conducted in a spirit of cooperation and coordinated to ensure effectiveness and the efficient use of scarce resources.

**Recommendations:**

- State agencies that serve victims of domestic violence should engage in cross-training regarding each entity's policies, procedures and the intersecting dynamics of domestic violence and the social services provided by each agency.
- State agencies should implement policies at the local level that enhance the ability of local offices to provide relevant services for victims of domestic violence.
- Information about available domestic violence resources across the state should be available in all state agency offices.
- Protocols and policies governing the provision of services by state agencies should be informed by persons with an in-depth understanding of the dynamics of domestic violence and the intersection of domestic violence with the services provided by that agency.

**Coordination with the Department of Protective and Regulatory Services (DPRS).** Coordination with DPRS was a theme that arose during focus

groups.<sup>46</sup> The community audit and service provider interviews revealed a striking lack of services and interventions for those elderly and disabled individuals who come under the purview of Adult Protective Services (APS). Additionally, participants expressed a great deal of concern regarding the lack of understanding about domestic violence dynamics among some Child Protective Services (CPS) staff. They were concerned that CPS not blame victims for their perceived failure to reign in an abusive parent, creating an unsafe home environment (such as a child witnessing partner assault). As one participant observed, “CPS will choose against women so much.” DPRS safety and service plans must focus on the perpetrator, identifying what the batterer must do, such as attend a battering intervention program, and observe court mandates.

4/15/2001:  
Faye Spencer, 27, of Grand Prairie  
was shot by her boyfriend. He  
also killed his brother.

#### Recommendations:

- Communities should create task forces to address the intersection of issues dealt with by CPS, APS and domestic violence programs.
- Domestic violence program and DPRS staff should engage in regular cross-training regarding each entity's policies, procedures and the intersecting dynamics of child abuse and domestic violence.
- Battering intervention and prevention programs should coordinate with DPRS and provide assistance in developing appropriate service plans for domestic violence perpetrators.
- DPRS should coordinate with domestic violence programs in the development of appropriate service plans for adult victims of domestic violence.
- DPRS and domestic violence programs should develop and enter into memorandums of understanding that will set the guidelines for their interactions.
- Local DPRS offices and domestic violence programs should appoint liaisons to promote coordination of work between agencies.
- Where domestic violence and child abuse overlap in a legal case, orders should be entered and systems should be in place to provide safety for the abused children and victim parent, while holding the abuser accountable.

**Collaboration with sexual assault programs.** An estimated 20 percent of adult women have experienced at least one incident of forced sex in their lifetime, often by an intimate partner.<sup>47</sup> In fact, reports indicate that husbands or boyfriends rape approximately 28 percent of rape victims.<sup>48</sup> This overlap between domestic violence and sexual assault makes collaboration between domestic violence programs, sexual assault programs, and the systems that support and govern each particularly important. Additionally, the shared goal of enhancing the safety and well being of victims of violence further

<sup>46</sup> Section 51.012, Human Resources Code. TDHS and the Department of Protective and Regulatory Services are required to “coordinate the provision of violence prevention services for children.”

<sup>47</sup> Laumann et al., “National Health and Social Life Survey,” 1994.

4/27/2001:

Karla Terrance, 31, of San Antonio, was shot by her ex-husband. He also killed Karla's boyfriend before he turned the gun on himself.

argues for coordination and collaboration among these victim services providers. In Texas, the 60 dual programs that address both sexual assault and domestic violence represent that shared goal.

Although sexual assault victims and domestic violence victims do share overlapping concerns, the dynamics of the victimization are different, as are the legal remedies. Intimate partner sexual assault should be recognized as a distinct issue, inflicting a unique trauma on the victim that must be addressed specifically by service providers. Expertise in counseling domestic violence victims does not necessarily meet the unique needs of victims of sexual assault, even when the assailant is their intimate partner. Coordination and cross training among those serving domestic violence victims and sexual assault victims will help meet the unique needs of each victim.

#### Recommendations

- Domestic violence programs and sexual assault programs should continue to develop and implement collaborative approaches to preventing, reducing, and eliminating violence.
- Sexual assault programs and domestic violence programs should coordinate referrals and share information regarding their services and referrals to other agencies providing victim assistance.
- Domestic violence and sexual assault program staff should participate in cross training.
- Sexual assault programs and domestic violence programs should participate together on multidisciplinary task forces to develop and enhance criminal legal response, protocols, procedures, etc..
- When domestic violence programs collaborate with criminal justice agencies, healthcare providers, and other victim service agencies, training and education on the dynamics of sexual assault and the services available for victims of sexual assault should be included.
- Domestic violence and sexual assault programs should work together to advance the understanding of rape and sexual assault among the public and among professionals having contact with victims.

**Collaboration with marginalized communities.** Ensuring access to safety for all Texans depends upon mainstream domestic violence programs working to develop effective and meaningful collaborations with community-based programs serving marginalized populations. Effective collaboration means sharing resources, problem solving together, supporting each other, and being invested in each other's success.

#### Recommendations:

- Domestic violence programs and programs serving marginalized populations should engage in effective, meaningful and supportive

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<sup>48</sup> Bureau of Justice Statistics, U.S. Department of Justice, "Violence Against Women Fact Sheet," 1994.

collaborations with one another.

- Domestic violence programs and programs serving marginalized populations should engage in cross-training of their staff.

3/26/2001:

Tamika Rochelle Miles, 22, of Conroe, was stabbed by her boyfriend after an argument.

**Collaboration with faith-based organizations.** Many victims of domestic violence report turning to their religious leaders for guidance and religious communities for assistance with the violence in their lives. Faith-based organizations often have strong relationships with communities of color, the elderly and immigrant communities. Their prominence and ubiquity places them in a unique position to provide outreach to many victims, often those who are members of marginalized populations, and to call for accountability for batterers. Collaborations with religious communities by domestic violence service providers will build their capacity to effectively respond to victims of domestic violence who seek their assistance, guidance and understanding.

**Recommendations:**

- Practices and organizational structures should be adopted by religious organizations that emphasize a victim's right to be free from violence by their partner and the perpetrator's personal responsibility for the abuse. Policies should emphasize the importance of allowing victims to seek help and support in their efforts to be free from violence.
- Members of the organization (males, in particular) should be encouraged to speak against and use their influence to communicate intolerance for the perpetration of violence.
- Information regarding local domestic violence services and options for victims should be available through the faith-based organization.
- Faith-based organizations should support local domestic violence service providers through the donation of funds and items such as food and clothing, as well as the provision of volunteers.
- Domestic violence service providers should network with and provide information to faith-based organizations.
- When doing so will assist a victim in recovering from abuse or in accessing safety, domestic violence service providers should provide referrals to religious organizations they know to have appropriate responses to victims.

**Collaboration with social and economic justice organizations.** Efforts to end violence against women are enhanced by coalition building with organizations working for social and economic justice organizations. Such coalition building ensures broader understanding of the social, political and economic conditions of people's lives and efforts undertaken by various organizations to improve upon these conditions.

**Recommendations:**

- Collaborations and partnerships among domestic violence service providers and organizations working for social and economic justice, such as ethnic advocacy organizations, civil rights groups, criminal justice reform,

4/28/2001:  
Latisha Bennett, 29, of Center,  
was shot by her boyfriend after  
an argument. He also killed her  
cousin.

disabled rights groups, LGBT groups, environmental justice and animal rights,  
should be developed.

**Collaboration with the private sector.** Current resources for domestic violence programs are not sufficient to provide services to all victims of domestic violence. Furthermore, prevention of domestic violence requires a huge investment in public awareness, community collaboration, and public involvement. The private sector must collaborate with domestic violence service providers in meeting these challenges.

Large corporations and local businesses alike can provide much-needed resources for victims of domestic violence and may, in turn, benefit from such collaboration. When an employee is a victim of domestic violence, it affects that employee's productivity, increases absenteeism and raises the risk of violence in the workplace. Domestic violence costs employers in this country hundreds of millions of dollars a year in increased health care costs.<sup>49</sup> Ensuring a safe workplace and reducing the costs associated with domestic violence requires cooperation between domestic violence programs and private employers.

**Recommendations:**

- Corporations and local businesses should collaborate with domestic violence programs to infuse additional resources into services for victims of domestic violence.
- Corporations and local businesses should offer employee training in the dynamics of domestic violence, available services for victims of domestic violence, safety planning and crisis hotline numbers.
- Private corporations and local businesses should collaborate with domestic violence programs in developing workplace violence policies and protocols that promote safety and provide flexibility for victims.
- Information about local community resources for domestic violence victims should be available in every workplace.

## Theme Seven: Accountability for Batterers

**Consequences for batterers.** A recurring theme throughout the statewide planning process was the call for appropriate consequences for batterers and their violent behavior. Batterers must be held accountable for perpetrating the abuse and for stopping their abusive behavior. In the community audit, service providers typically spoke about the need for more accountability for batterers, especially from the criminal legal system. In the third year of this process, domestic violence service providers were asked, "What will it take to end domestic violence in your communities?" One of the most frequent responses was holding abusive partners accountable.

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<sup>49</sup> "Medical News;" American Medical Association, 1992.

Many victims of domestic violence “just want the violence to stop,” and may not want to leave their abusive partner. As one focus group participant said, “[A battered woman] doesn’t want him in jail. She wants him out working. She just doesn’t want him to hit her anymore.” Other participants called for stricter consequences when their partner failed to participate in a court-referred battering program:

*They have a batterer program here but they need to regulate it more [and] they need to have severe consequences. . . My ex-boyfriend is supposed to be going through the program and he still hasn’t. He is still on probation. He is still walking around.*

5/24/2001;  
Captain Lynn Reister, 30, of El Paso, was stabbed by her brother-in-law who was carrying out a plan devised by her husband.

In the Databook, survey participants ranked “adequate funding for batterer programs” as the ninth most critical unmet need in their county out of a possible 29 responses, above the need for shelter services for victims.

In addition to ensuring punitive responses to battering, domestic violence service providers must find ways to reach out to men and include them in their work. The importance of this is demonstrated in the fact that 85 percent of all intimate partner violence incidents are committed by men against women.<sup>50</sup> Numerous participants in the third year’s focus groups emphasized that men need to work with other men to stop the abuse, be held accountable and be obliged to attend rehabilitation programs if they have offended. Men could do much to change the “good old boy’s” culture by confronting other men everywhere and at any time around violence or abuse towards women and children.

**Battering Intervention and Prevention Programs in Texas.** As of January 2002, there are 31 state-funded Battering Intervention and Prevention Programs (BIPPs). To receive state funding, these programs are required to meet minimum guidelines developed by the Community Justice Assistance Division of the Texas Department of Criminal Justice and TCFV. Programs encourage batterer accountability through a minimum of 36 hours of education addressing the dynamics of power and control, attitude and belief changes, alternatives to violence and coercion, anger management, appropriate communication and the effects of domestic violence on partners and children.

Programs are directed to maintain and promote victim safety as their highest goal. Programs must notify victims when batterers enter and exit programs and must notify victims if they are the subjects of threats by program participants. One comprehensive research study of four battering intervention systems (two of which were in Texas) found that 69 percent of the women partners of program participants “felt better off” 30 months after program

<sup>50</sup> Bureau of Justice Statistics, “Intimate Partner Violence,” May 2000.

6/1/2001:  
Shannon Phillips Paul, 33, of  
Athens was shot by her estranged  
husband. He then killed himself.

intake, and 83 percent indicated that they felt “very safe” at the 30 month follow up.<sup>51</sup>

Preliminary data from BIPPs in Texas indicate these programs are an effective intervention in battering behavior. For example, in fiscal year 2000, the Challenges of Tomorrow BIPP in Dallas reports only 2.7 percent of the 625 court-referred BIPP participants were rearrested over a follow-up period of 6 – 18 months. Similarly, of the 43 individuals who completed the BIPP in rural Burnet County from early 1999 to early 2001, only 2.3 percent were rearrested. Additional data are currently being collected from BIPPs in Texas and will be available in mid-2002.

#### **Recommendations:**

- Battering intervention programs should always consider the victim as their primary client and the victim's safety as their highest goal.
- Battering intervention services should meet the Community Justice Assistance Division's guidelines. Courts should only refer offenders to programs that meet those guidelines.
- Interagency and inter-organizational protocol, at both the statewide and county levels, should be improved to better track and hold accountable domestic violence offenders.
- Funding for additional Battering Intervention and Prevention Programs should be allocated to ensure the availability of services throughout the state.
- Funding should be developed to allow domestic violence and battering intervention service providers to develop and implement outreach programs to non-battering men and to involve them in domestic violence prevention and intervention efforts.
- Gender-specific interventions for women referred to programs for assault-related charges should be instituted.
- Battering intervention programs should be linguistically and culturally relevant, with staff reflecting the participants' culture.
- Parenting education within the curricula of battering intervention programs should be enhanced.
- Batterers should be held accountable for the economic support of their families through enhanced methods for child and spousal support. Processes for collection must maintain victim safety as the paramount consideration.

## Conclusion

This statewide plan for domestic violence interventions in Texas serves as a blueprint for a multifaceted approach to enhancing victims' access to safety, justice and opportunity. Throughout this blueprint, recommendations are made for building a house that will add strength and dimension to the system

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<sup>51</sup> Gondolf, E; “Batterer Intervention Systems; Issues, Outcomes, and Recommendations;” p.123. Sage Publications, 2002.

of safety currently afforded victims.

Recommendations for improving access to core emergency services should be considered the house's foundation and frame, while recommendations for transitional supports and economic opportunity can be viewed as the material needed for construction of a enduring structure. To ensure its proper construction and accessibility to all victims of domestic violence, additional funding for domestic violence services must be dedicated.

This structure must have the capacity to provide every Texan access to services in a manner that is appropriate for that person's community and unique circumstances. It must allow victims the opportunity to build a life free from violence. Batterers must be held accountable and be given the skills needed to end their abusive behavior. Undergirding all efforts to end domestic violence will be the general public's awareness of domestic violence's prevalence and its serious consequences for victims, their children and society in general.

Everyone must become involved in the effort to end domestic violence. Government, the criminal legal system, social service providers, healthcare professionals, educators, private businesses and individual citizens must join together and engage in meaningful and effective collaboration. Only with a multi-layered approach will this blueprint succeed in increasing access to safety and justice and providing opportunities for all victims of domestic violence in our state.

6/9/2001:  
Shamico Thomas, 19, of Jasper,  
was shot by her boyfriend. She  
left two young children; four  
years-old and 17 months-old.