REPORT TO THE ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY:

**ANALYSIS OF INFONET DATA FROM DOMESTIC VIOLENCE AGENCIES
JANUARY 1998 THROUGH DECEMBER 11, 2005**

EXECUTIVE SUMMARY

**Susan F. Grossman, Ph.D, Marta Lundy, Ph.D., LCSW &
Melanie Beniston, BS** [1]
**Loyola University, School of Social Work
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Introduction

This summary highlights the findings from analysis of domestic violence service data obtained by the Illinois Criminal Justice Information Authority (ICJIA) through its InfoNet system between the period of January 1, 1998 and December 11, 2005. The data were provided by nearly 70 domestic violence centers throughout Illinois that receive funding from either the Illinois Coalition Against Domestic Violence (ICADV) or the Illinois Department of Human Services (DHS). We briefly discuss the methodology and research questions and then summarize the findings from the analysis of data as it pertains to each of the questions. Recommendations related to the findings are also presented.

Domestic Violence is a social problem of epidemic proportions. Approximately 1.5 million women are raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at least once annually; if repeat victimization, which is common, is taken into account, this figure jumps to 4.8 million (Tjaden & Thoennes, 2000, pg iii). Of the roughly 3.5 million violence crimes committed against family members between 1998 and 2002, roughly 49% were crimes against spouses (Durose et al., 2005).

It is crucial to understand that no one is immune to domestic violence. Yet, service providers working with domestic violence victims must also understand how different environmental circumstances and personal characteristics can influence the victim in the service seeking process. Victims might have different experiences due to economic status, geographic location, family roles, community ties, and other factors. For both policy and practice purposes, it is critical that we understand these factors as they exist among these different groups and communities. Further, little data has been compiled about specific services that victims receive and how these may vary depending on the characteristics of the victim and the circumstances of abuse

In addition to the adults who are direct victims of violence, children exposed to domestic violence suffer serious consequences as well (Edleson, 1999a, 1999b; Dietz & Craft, 1980). Studies indicate that children exposed to violence exhibit many more problems than children who do not witness violence at home, including anxiety, aggression, depression and temperament problems (Christopherpoulos et al., 1987; Holden & Ritchie, 1991; Hughes et al., 1989; Hughes 1988; Westra & Martin 1981), less empathy and self-esteem (Hughes 1988), and lower verbal, cognitive, and motor abilities (Westra & Martin 1981). Further, the American Academy of Pediatrics reports that children who witness domestic violence are likely to become sufferers of post traumatic stress disorder (Lee, 2001, p. 1; see also, Groves et al., 2002, p. 5).

This study was designed to look more fully at these issues. It builds upon our previous work examining both domestic violence data and sexual assault/abuse information for the ICJIA (Grossman & Lundy, 2000; Grossman & Lundy, 2004). It is our hope that the findings can be used to better meet the needs of women and children who are victims of domestic violence.

Methodology

As noted, the data for this study were provided by nearly 70 domestic violence centers throughout Illinois that receive funding from either the Illinois Coalition Against Domestic Violence (ICADV) or the Illinois Department of Human Services (DHS). The Illinois Criminal Justice Information Authority (ICJIA) maintains the system utilized by these centers to collect the information. This system is known as InfoNet (Information Network), a web-based data collection system that is used by victim service providers in Illinois to provide data on clients, services and education and advocacy efforts of organizations (Illinois Criminal Justice Information Authority, July, 2004).   The development and implementation of the network was the result of collaborative efforts between ICJIA, the Illinois Coalition Against Sexual Assault (ICASA) and the Illinois Coalition Against Domestic Violence (Illinois Criminal Justice Information Authority, 2004). The InfoNet system was instituted by the ICJIA in 1997 when it was able to obtain additional monies through the Victims of Crime Act (VOCA) in order to implement the system statewide.   The first full year of service data were collected in 1998.

The InfoNet system is set up to collect information about client demographics including gender, race/ethnicity, age at the time of first service contact, education, income sources, employment, health insurance information, marital status and special client needs or disabilities requiring additional assistance. It also includes information about clients' primary presenting issues, client interactions with the medical system related to the offense, contact with the police and legal system related to the offense, and service contacts. Information on referral sources to and from the programs is also available. For individuals in the domestic violence service system, data is also collected on children who enter the system with the victim and the services they receive.

Some of the data have only been collected in the past several years while other information has been gathered since the InfoNet system was put into place. This reflects the growing number of user agencies and the evolving usefulness of the system. Clearly, as programs have become more familiar and comfortable with providing data, they have also come to recognize areas in which additional data may be helpful to them. According to Karen Griffiths, who was in charge of the InfoNet system for ICJIA until 2005, every agency has at least one person who is trained on InfoNet and they are responsible for training other users before new users can begin entering information into the system. There are also quarterly New User Training sessions that individuals who use the system are likely to have attended as well as semi-annual advanced trainings (or more as needed) each year (Email from K. Griffiths, October 5, 2004)

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The Current Study. The analysis presented here focuses on clients who were served between January 1, 1998 and December 11, 2005. A total of 466,629 individuals (victims and children) received services during this period.[2]

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[2]We note that there were 8741 individuals who were included in the data set who received all their service prior to January 1, 1998. These individuals were excluded from the present analysis. Another 9218 individuals also entered service before January 1,

However, of this total, 124,166 or 26.1% were served in more than one year. The actual unduplicated count of clients was 342,462. This represents all clients (both victims and children) served at least once by one of the 70 agencies serving victims of violence in the state during this time period.

These data were used to answer the following questions about adult victims:

1) What are the demographic and income characteristics as well as the special needs of individuals who were served by Domestic Violence programs in Illinois since 1998?

2) What are the circumstances of the abuse situation?

3) What is the relationship between the victim and abuser and what are the abuser's characteristics?

4) What are the referral sources of individuals who were served by Domestic Violence programs in Illinois since 1998?

5) What are the referral paths of victims/survivors? (i.e., to what services are they referred?)

6) What services are received by victims/survivors?.

Questions related to data on children included the following:

1) What are the characteristics children who come into the domestic violence service system?

2) What are the types of problems experienced by children who come into the domestic violence service system?

3) What services are received by children who enter the service system with a victim/survivor?

In addressing each of these questions, for victim/survivors, we looked at variations by year as well as differences by region (whether the individual was served by a program in Cook County, in a collar county, or an urban or rural county), race and ethnicity, disability status (whether or not the individual had a special need or disability of some type that required accommodation), age (whether the individual was under 18, between 18 and 64 or 65 and older) and primary presenting issue. We also explored differences in experience by

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1998 but they received at least some services after that date so they are included here. Service time, for these individuals includes only the hours and service contacts they received after January 1, 1998. Additionally, there was demographic information about 8846 individuals but no information on them in the service data. These individuals were therefore not included in the present analysis
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whether or not the victim/survivor received onsite shelter services or not. When we analyzed data for children, we looked at variation by year, age group, gender, the region in which service was provided and whether or not the child was among those who received onsite shelter services.

Multivariate analyses were also conducted utilizing information about the total number of service hours as the dependent variable for both adult victim/survivors and children receiving services. These analyses were exploratory in nature and were utilized in an attempt to identify the characteristics and experiences of those who receive more service than others.

A detailed discussion of some of the limitations of the data is included in the full report. Generally, we utilized only variables where missing data were at a minimum. Service data, in particular, were very complete. In the present analysis, we looked at both whether or not individuals received a specific service as well as the service hours and contacts for each service received and in total across all services.

The following summaries of findings identify the important points that were found in the data set. Specific detailed discussions of each research question are located in the complete report.

Summary of Findings: Tables 1a-1c- Demographic Characteristics of Victims,

➢ Many statistics generally did not change over time. The typical victim was a 33 year old, white female, and had less than a college diploma, although more than one quarter had less than a complete high school education. Most victims, i.e., 40-50%, were unemployed in any given year, with the highest numbers in Cook County. However, employment was the primary or secondary income source for over half of all victims reporting on income.

➢ Variations by region related to race and ethnicity also existed. Programs in Cook County served the highest proportion of victims of color, particularly African American victims, while victims served by programs in rural counties were almost exclusively White. To some extent, census data suggests Whites may be underrepresented among the service population in all areas of the state, while African Americans may be over-represented.

➢ The proportion of victims with private insurance declined by about 10% over time. Receipt of Medicaid with no cash grant, increased while the proportion obtaining Medicaid with a cash grant declined, probably as a result of changes brought about by passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

➢ Over time, the proportion of victims who were currently married and single became more equivalent (about 40% in each category by 2005).

➢ The proportion of victims with a language barrier, while small, doubled over time from about 5 to 10%.   Greater proportions of victims in Cook and the

collar counties, which also tend to have higher proportions of victims who are Hispanic and Asian American, had language challenges.

➢ About 5% of all victims had some disability or special need other than a language problem. The majority of individuals with a special need had one that was not listed in the specific disabilities about which information were collected by the InfoNet system (i.e., they had an "other" disability). Of the specific disabilities, help administering medications had the highest proportion of individuals in it.

➢ A comparison of the demographic and socio economic characteristics of victims in onsite shelter and those not in shelters indicates that the onsite shelter group was more vulnerable. They were somewhat less educated, less likely to be employed (perhaps in part related to their more limited education), and more reliant on public programs for income and health insurance. They were somewhat younger, and more likely to be pregnant at the time of the abuse, which presumably was close to the time they came to the program. Perhaps related to the pregnancy but perhaps not, they were also more likely to have a disability which would require additional assistance.

➢ At the same time, those in onsite shelter were somewhat less likely to have a language need, suggesting that shelter's may be less able to serve those with language challenges who may also have some of these same vulnerabilities.

Recommendations: Tables 1a-1c- Demographic Characteristics of Victims,

➢ Even though data on employment and income was missing for a significant number of victim/survivors, in the present study, we found that between 40-48% of victims/survivors reported being unemployed every year and only small percentages were receiving income from non-employment sources such as public assistance, alimony or child support. These data suggest that there is a significant need for coordinated job preparation and training. Yet service data suggest that each year, only small percents of individuals receive employment, educational or economic assistance. While it is likely that centers refer victims/survivors to such resources at the appropriate time, however, those referrals are not identified in the referral data, nor are victim/survivor requests for such services. It would be helpful to have this information in order to see if more resources need to be targeted to developing education and training services within programs themselves and/or to increasing referrals to existing programs. The lack of health insurance for many victims is also disconcerting and increases their vulnerability.

➢ Although not large (from 5 to 10%), both Cook and the collar counties saw a rise in victims/survivors with English language challenges, indicating that they may need to have more services and staff that are able to accommodate the needs of this group.

➢ As noted, of all those who had a disability, more than half had some "other" special problem. Review of these data indicates that for many, this was a chronic health or mental health problem. It might be helpful to add these problems as discrete categories for data collection to the list of special needs and disabilities, especially since it may allow for greater advocacy for funding services for such needs within the domestic violence and other service systems.

Summary of Findings Tables 2a-2f and 3a-3f- Victim Experience of Abuse and Offender Characteristics

➢ Physical abuse was the primary presenting issue for most victims over the years, but the proportion declined over time. Conversely, the proportion of all victims who sought help because of emotional abuse increased. Sexual abuse remained low as a primary presenting issue (although it may have been a secondary one, we do not know).

➢ Most victims were abused by only one offender.

➢ Of those assessed using the Conflict Tactics Scale (CTS), the most common type of violence experienced was being pushed, grabbed or shoved, but about one fifth of those assessed each year were threatened by their abuser with a knife or gun.

➢ The primary offense location each year was the victim's home, but the proportion of victims abused in the abuser's home rose slightly through the years.

➢ Victims 65 and older had similar proportions who experienced physical and emotional abuse while victims under 65 were more likely to have physical abuse as a primary presenting issue compared to emotional abuse. Victims 65 and older who were assessed using the CTS were also less likely to experience the types of violent behaviors that were asked about; those 18 to 64 were more likely.

➢ While the majority of victims in any age group were likely to be abused in their own homes, victims under 18 were more likely than those 18 and older to be abused in the offender's home as well as public or private locations. This should be considered in relation to safety planning.

➢ Analysis focusing on race and ethnicity indicates that African Americans who sought help had the greatest proportion of victims who were physically abused and the smallest proportion that were emotionally abused. Asian Americans had the opposite pattern (lower proportions were physically abused although this was the most common type of abuse for this group as well, and higher proportions were emotionally abused). For the other groups, about two thirds had physical abuse as their primary presenting issue and one third had emotional abuse.

➢ White, African American and Bi-Racial victims were more likely than Hispanic, Asian American, or American Indian victims to be assessed using the CTS. Generally, for each type of violence assessed using the CTS, greater proportions of individuals who were American Indian, Bi-Racial or African American tended to experience this violence compared to the proportion of White, Hispanic and Asian victims.

➢ Comparison of victims with and without disabilities did not indicate large differences between the groups related to the type of abuse that was the primary presenting issue, severity as assessed by the CTS or the location of the abuse. Although the proportions were very small, those with a disability had almost twice the proportion of victims who were abused by more than one offender, suggesting they may be more vulnerable to such abuse. In general, however, there were not large differences in abuse between the groups.

➢ Analysis of differences by region suggest that of those served by programs in rural counties, the proportion of victims for whom physical abuse was the primary presenting issue, while still the greatest, was close to the proportion for whom emotional abuse was the primary presenting problem. Victims served by programs in Cook County had the highest proportion for which physical abuse was the primary presenting issue.

➢ Variations in the location of the offense were small, but individuals served by programs in Cook County had the largest proportion of victims who were victimized in the offenders' home. In addition, although the percent was small, victims served by programs in urban and rural counties were more than twice as likely to be victimized by more than one offender compared to victims served in Cook or the collar counties.

➢ Comparison of the abuse experience of victims in onsite shelter with those not in a shelter indicates that the shelter group was somewhat more likely to have physical abuse as their primary presenting issue versus emotional abuse. They generally had greater proportions of victims who experienced each of the types of violence asked about by the CTS and were more than twice as likely to be abused in the offender's home compared to those who were not in onsite shelter. They were less likely to be abused in their own homes, although this was the primary site of abuse for both groups, and more likely to be abused by more than one offender, although only a small proportion of victims in both groups were in this category.

➢ Over the 8 year period, most offenders were either current or former husbands or current or former boyfriends. In more recent years, the proportions of offenders became equivalent. Combined, these two categories accounted for about 80% of all relationships between offenders and victims. Generally, with only very few exceptions, the proportion of offenders in each of the remaining categories included in the InfoNet data

based was less than 5% for all years, and for many categories, it was less than 1%.

➢ As we would expect given the large proportion of offenders who were current or former husbands or boyfriends, the clear majority of offenders were male, although the small proportion of female offenders that existed grew slightly over time. The average age of offenders was about 35 and the racial and ethnic breakdown was similar to the profile of victims.

➢ Differences by age group were evident in abuser/victim relationships. Offenders of victims who were under 18 were more likely to be current or former boyfriends, or have a paternal relationship to the victim compared to older victims. Offenders of victims 18 to 64 were more likely to be current or former husbands compared to victims in the other age groups while abusers of victims 65 and older were more likely to be male or female relatives.

➢ Data on differences between abusers and victims related to the race/ethnicity of the victim also indicate some variations. While most offenders were either current or former husbands or boyfriends, regardless of race/ethnicity, for some groups, the larger proportion were clearly current or former husbands (offenders of Asian American, Hispanic, White and American Indian victims), and for others (offenders of African American and Bi-Racial victims), they were current or former boyfriends.

➢ Race and ethnicity of the offender generally matched the race and ethnicity of the victim for most groups. However, the racial group with the greatest proportion of offenders for American Indian was White and for Bi-Racial victims, it was African American.   Age differences also existed between offenders of victims in the different racial groups and mirrored age differences in the victims. Offenders of Asian American victims were the oldest, on average and offenders of Bi-racial victims were the youngest.

➢ Differences between offenders of victims with and without special needs were very small related to the abusers relationship to the victim. Variations which were apparent related to race (offenders of victims with special needs were less to be Hispanic and older by about 4 years on average. These differences, however, reflect differences in the victims as well; those with special needs or disabilities were less likely to be Hispanic and were older, on average than those without such disabilities.

➢ Differences in the relationship between offenders and victims related to region seem to reflect differences in marital status for the different regions.

➢ Differences in the race and ethnicity of offenders in different regions were also evident, but again, they tended to follow differences in the race/ ethnicity of victims. Of note is that most offenders were from the same region as the victim. Given these were intimate partner relationships, it perhaps makes sense that so many offenders were from the same region as their victims.

➢ Offenders of victims who received onsite shelter were less likely to be current or former husbands and more likely to be current or former boyfriends while the opposite pattern was apparent for offenders of victims who were not in onsite shelter.

➢ While only a very limited number of all offenders were female, those who were not in onsite shelter were more likely than those who were to be abused by a female. Offenders of victims who were in onsite shelter were about one year older than offenders of victims not in this group, despite the fact that victims in the onsite shelter group tended to be somewhat younger than those not in onsite shelter.

Recommendations Tables 2a-2f and 3a-3f- Victim Experience of Abuse and Offender Characteristics

➢ Although we realize that the data which is gathered in the InfoNet system is quite comprehensive and takes time to collect, one of the primary questions for DV sites must be how to gain more thorough utilization of the CTS questions. For example, not everyone was asked the CTS questions and certain groups were even less likely to be included.   It is possible that some victims were not asked the questions from the CTS because they exhibited no symptoms. There is no checkbox in the data entry program that allows the person entering to indicate that no symptoms were exhibited, however so we do not know if this was the case or not. It also isn't clear why the entire questionnaire is not used. The items that were included tend to emphasize physical abuse, but as the data on presenting problems clearly show, emotional abuse was also prevalent. Discrepancies in the overall utilization of this assessment tool bring into question the reliability of this data and make us wonder whether differences which are apparent in the data are representative of victims' experience or whether victims weren't asked enough questions to clarify their experience. It is therefore highly recommended that if the CTS is to be used, more questions regarding different types of domestic violence (including emotional and sexual abuse) be included. With only 9 questions that specifically ask about physical violence, and with only intermittent use among clients, it would seem that this becomes an almost completely unreliable source of information for decisions about funding and service management.

➢ It is not clear if the shift to less physical abuse and more emotional abuse related to changes in assessment skills or assessment criteria over time, or if there was a change in the type of clients who sought help.   This discrepancy suggests further exploration.

➢ The data clearly indicate that physical and emotional assault were the primary forms of abuse for most victims. Smaller proportions of all victims, regardless of group, were victims of sexual assault as the primary abuse. Yet, we have learned over the years, many women who are battered are also sexually assaulted (Bergen, 1996; Dietz & Craft, 1986; McFarlane, et al., 2005). For example, a study conducted by Howard, Riger, Campbell and

Wasco (2003), analyzing data from DV and sexual assault programs in Illinois, found that as many as 60% of battered women (n=500) were raped at least once by their partners. Although the data that we have does not indicate such a high rate of sexual assault, anecdotal as well as empirical studies have pointed out the prevalence of sexual assault as a phenomenon of many battering scenarios.

➢ Many women do not conceptualize the sex event as abuse or assault because it falls within the "quieting down" period of the cycle of physical assault, and they often feel that they give consent. Some studies report that sexual assault is a part of the denouement (Bergen, 1996) of the abuse cycle and very much part of the abuse, just as are emotional and psychological abuse. It may be that further exploration is required in order to know the full extent of the damage the victim/survivor has endured. Only then can the specific referral be made to locate the types of services that she needs. The lack of accessible data about secondary offenses in the InfoNet system does not allow us to explore this issue systematically. Improved collection of such data would help in determining the extent and range of abuse victims experience in order to improve service provision and planning. Additionally, questions about sexual assault may need to be more sensitive and precise and agencies may want to consider adding such questions.

➢ Although the numbers are admittedly small, it is important to raise awareness to both victims/survivors, as a method of normalization, and to others, that victims in urban and rural counties were more than twice as likely to be victimized by more than one offender.

➢ Data on age raises questions regarding the differences in age between the younger victims and their boyfriends: are we seeing young victims with much older boyfriends. Clarification on this might issue might point to needed services and educational programming. The fact that victims under 18 were more likely than other age groups to be abused in the offender's home or in a public place also raises issues to be considered in safety planning.

Summary of Findings Tables 4a-4f - Referrals to Domestic Violence Programs

➢ Data on referrals to programs indicate very little variation in the proportion of victims who were referred from a specific source over the 8 year period. Further, most victims were referred by only a few sources. These included the police, social service programs, as well as self referrals and referrals through friends who knew about programs. Smaller proportions of victims, but more than 5% most years, were referred by the State's Attorneys Office and in later years, hotlines, as well as "other" sources not included specifically in the InfoNet categories. Apart from these sources, most sources generally accounted for no more than 5% of all referrals in any given year.

- Differences in referral patterns by age were not very large for most referral sources. Victims over 65 were more likely to be referred by the police than those 18 to 64. Victims in the oldest age group were also slightly more likely to be referred by a legal source but differences between the groups for these sources were small.

- Some variations by race and ethnicity in referral sources were evident. White victims were most likely to be referred to programs by police while smaller proportions of Hispanic and Asian American victims were referred by this source. Almost one quarter of all Asian American victims were self-referred compared to about 10 to 13% of victims in the other racial and ethnic groups. American Indian victims were most likely to be referred by a social service program and White victims were least likely although this remained an important referral source for all groups.

- One-fourth (26.4%), of victims with a special need or disability were referred by the police compared to 37.7% % of victims who did not. In contrast, victims who did not have a special need or disability (10.7%) were less likely to be referred by a social service program compared to 17.8% of those who were disabled. Apart from these differences, most of the other differences between the groups were no greater than 5%.

- Regional differences also existed in some referral categories. Most notably, individuals served by programs in Cook County were less likely to be referred by police than those in other regions, especially, those served by programs in the collar counties. Although smaller proportions of victims were involved, those served by programs in Cook County were also less likely to be self referred than those served by programs in other regions and more likely to be referred by a hotline or legal system source. Variations related to the use of the hotline are likely related to the fact that Cook County is the only large area that uses a hotline. Those served by programs in rural counties were slightly more likely to be referred to a program through the State's Attorney's office.

- Individuals who were in onsite shelter at some point differed from those not in onsite shelter with respect to referrals from police and social service agencies. They were less likely to be referred by the former and more likely to be referred by the latter. Smaller proportions of victims were referred by other sources included in the InfoNet data, but there were small differences between the groups related to referrals from legal sources (those not in onsite shelter were more likely to be referred from this source), and sources such as friends or relatives (those in onsite shelter were slightly more likely to be referred from such sources).

Recommendations of Findings: Tables 4a-4f: Referrals to DV Programs

- Referrals come primarily from police, social service agencies, friends, and self-referral. The latter, self-referral, may suggest that public information programs are extremely relevant and successful avenues for victim

education. New referral paths continuously need to be cultivated.

Summary of Findings Tables 5a-5f- Victim Referrals To Resources From Programs

➢ No more than 20% of all victims were referred to a specific source over the 8 year period, but there were increases in the proportions referred to social service programs, police, the legal system, the Clerk of the Circuit Court, and "other" sources.

➢ One possible reason for the small number of referrals to other services may related to the burden of going back into the electronic client record to add referrals to other services as they occur post intake. Thus, it is possible that more referrals occurred than are reflected here.

➢ For all groups, referrals to social service agencies accounted for the largest proportion of victims.

➢ Differences by age related to referrals from programs to other sources were generally not greater than 1 or 2% for most sources although in generally, older victims tended to be referred to various legal resources more than those under 65.

➢ Analysis of differences by race and ethnicity indicated differences of no more 5% between the groups in the proportion referred to various resources with one exception; only 10% of all American Indian victims were referred to a social service program compared to 17.1% of Hispanic victims. Hispanic victims were also more likely than American Indian, African American and Bi-Racial victims to be referred to a legal system source, but they were comparable to Asian American and White victims. They were also slightly more likely than victims in the other groups to be referred to the State's Attorney.

➢ Some of this difference may relate to immigration issues that both Hispanic and Asian American victims may be more likely to have compared to other groups. The fact that Hispanic victims also had the highest proportion of referrals to police or the State's Attorney may relate to the need to build a case for asylum for the victim.

➢ Differences between those who had a disability or special need and those who did not related to referrals to the various programs and resources were very small.

➢ Victims for whom either sexual abuse or emotional abuse was the primary presenting issue tended to have higher proportions of referrals to social service programs compared to those for whom physical abuse was the primary presenting issue. Thus, slightly over 22% of victims of whose primary presenting issue was sexual abuse were referred to this source

compared to 14.5% of those with emotional abuse as their primary problem and 11.3% of victims whose primary issue was physical abuse.

➢ One possible reason why individuals who were victims of sexual abuse were more likely to be referred to social service programs is because there is no distinct referral category for sexual assault programs. They may have, therefore, been included in the social service category.

➢ Differences in region were evident. Small proportions of victims served by programs in the collar counties were referred to any sources included in the InfoNet data. Victims served by program in urban counties were most likely to be referred to a social service program compared to those in the other regions. Victims in rural counties had the greatest proportion of referrals to almost all the sources included in the data.

➢ A comparison of the referral patterns for those who were and were not in onsite shelter at some point did not reflect large differences. The greatest difference was between the proportions referred to the legal system. In this instance, 7.7% of all those who did not receive onsite shelter were referred compared to 2.7% of those in onsite shelter at some point. Because they are less safe than those in shelter, this pattern makes sense. No other differences between the groups were greater then 5%.

Recommendation of Findings: Tables 5a-5f: Referrals to Resources from DV Programs

➢ Proportions were not always large, but the numbers of referrals for victims in rural counties suggests that they may have a greater need for outside resources than those in the other regions.

➢ Interagency collaboration was evident across all years, e.g., second only to the police were the number of referrals to DV Programs from social services agencies, and the largest referrals from DV Programs were to social services agencies. The reliance of each on the other is evident for all age groups, suggesting the need for continuing collaboration and consideration of data questions that examine the specifics of such collaboration, including the process of counseling.

➢ Differences in the use of referrals between regions were evident. Further investigation may elaborate whether the victims already were using some of the resources, or perhaps staff knew that the victims were already aware of the existence of the resources. However, this distinction between groups in making referrals is worthy of additional questions as this may affect future funding streams.

Summary of Findings Tables 6a1-6g1 – Service Use by Victims

➢ It is important to note, before presenting the data, that there were some changes in the service system over time, which may relate to some of the

variation in years. There were new funded providers in 2000 and in July of 2004, 16 new user programs were brought into then system.

➢ Despite these changes in the service system, in general, for most of the 31 services included in the InfoNet data, the proportion of victims receiving a service did not change by more than 10% over the 8 year period. There were two exceptions; there was a decline in the proportion of victims who received criminal legal advocacy related to orders of protection from 24% to about 12% and an increase in the proportion of victims who received collaborative case management from 1% to 18% over the years included in the present analysis.

➢ Larger proportions of victims received several distinct services. These included civil legal advocacy related to orders of protection (between 62.2% and 55.2% of all victims over the 8 year period), individual in-person counseling (between 52.1% and 43.6% during the relevant time period), telephone counseling services (between 41% and 37% of all victims over time) and "other" advocacy services (between 26.8% and 30.3% of all victims over the 8 years).

➢ To some extent, it is likely that the greater proportions of clients receiving civil legal advocacy and in-person counseling relates to reporting requirements. When records are opened during the report period, each victim should have at least these two services because they are what the advocates are required to document for an intake It is also possible that some services appear to have been used more than others because it is easier for providers to combine certain services into one or two descriptor rather than documenting multiple descriptors in both the electronic and physical client file.

➢ The average number of service hours and contacts did not reflect large shifts over time. For most services they did not vary by more than 5 hours or 5 contacts on average over the 8 year period. Those services which experienced larger changes in either the average number of service hours or service contacts (changing by more than 2 contacts or 2 hours over time) included medical assistance (contacts only), child care (both contact and hours of service), legal services or attorney services (both hours and contacts), collaborative case management (contacts only), life skills services (contacts only), art therapy (both hours and contacts), and children's group counseling (hours only).

➢ Services provided in group settings, including adult and children's group counseling, art therapy, family counseling and group therapy, although they were usually provided to smaller numbers of victims (with the exception of adult group counseling), tended to be the services that had higher averages for hours of service and service contacts. Individual services that had high averages for service hours and/or contacts included child care, life skills services, and collaborative case management.

➢ These trends were generally evident in the analyses of group differences as well, across years. Hours of service and contacts for most groups,

regardless of age, race, disability status, primary presenting issue, region of service or whether or not onsite shelter was provided, were greatest for group services such as adult group counseling, art therapy, group therapy and so on. Individual services that had high hours and/or contacts frequently included child care, individual counseling services and collaborative case management.

➢ Data on total service contacts and hours show a slight increase over time. Overall, the average number of service contacts per client for all services ranged from a low of 9.2 in 1998 to a high of 11.3 in 2005. The average number of hours per client for all services ranged 8.5 hours in 1998 to a high of 9.5 hours per person in 2003. Hours then declined slightly to 9.1 hours per person in 2004 and 2005. In general, clients received about three different services per person.

➢ While the data do show clear differences between some groups related to total hours and service contacts in the analyses that compare various groups across years, with only a few exceptions, differences related to the number of different services each group received were not large. This suggests that the issue where most differences exist relates to duration and intensity of service, not the variety of services provided.

➢ Comparison of the types of services received according to age groups generally did not reveal very large differences by age. Most victims in all age groups got civil or criminal legal advocacy around orders of protection and individual counseling services of some kind, but those over 65 were less likely than those 18 to 64 to receive individual counseling. The older group was also less likely to obtain some of the other services which greater proportions of victims 18 to 64 and/or those under 18 received including "other" advocacy, collaborative case management and adult group counseling services.

➢ Differences in the average number of service hours and contacts tended to follow along age appropriate lines for many services. Those under 18 received more hours of children's group counseling and educational assistance, while those 18 to 64 received more hours and contacts related to adult group counseling and child care. In general, those 65 and over had fewer services for which average hours and contacts were greater than 5 per person compared to those under 18 and those 18 to 64. This difference was reflected in total hours and contacts per person across all services. Those 18 to 64 had the highest totals and received the greatest number of different services, on average, followed by those under 18 and then those 65 and older.

➢ Analysis of differences by race and ethnicity revealed some variations across services received and hours and contacts per person. Victims who were Hispanic had the lowest averages for total service hours and contacts, as well as the number of services received. They were below all other groups related to the average number of service hours and contacts for individual counseling services, although their averages for civil or criminal legal

advocacy related to orders of protection were higher than the averages for all other groups but Asian American.

➢ Asian American victims tended to have the highest average number of service hours although American Indian victims were close to their total. Asian American victims also had the highest average hours and contacts for most of the specific services provided to victims.

➢ American Indian victims had the highest average number of service contacts overall and received the greatest number of services, on average. They also had the greatest proportion of all victims who received onsite shelter.

➢ Comparisons of those with and without special needs or disabilities related to services indicate that greater proportions of individuals with special needs or disabilities received almost all services compared to those without such challenges. There were only a few services where those without disabilities had greater proportions receiving services. These were mostly legal services of some kind and in all instances, differences between the two groups were very small (generally less than 1%).

➢ Comparison of hours and service contacts for the two groups indicated no clear advantage of one group over the other in terms of a tendency for one to receive more service contacts or hours of service for specific services. Differences which did exist were generally not very large. However, when total service hours and contacts were considered, clear differences emerged. Those who had a disability or special need received about 8 hours more service overall, on average and had about 10 more service contacts compared to those who did not have a disability or special need. Disabled victims also received more services, on average.

➢ Differences in the proportion of individuals receiving a service related to primary presenting issue were not generally very large. Trends indicated that individuals for whom emotional abuse was the primary presenting problem had smaller proportions of individuals receiving many services compared to those whose primary presenting problems were sexual or physical abuse. Those whose primary presenting issue was sexual abuse tended to have slightly greater proportions of victims while victims for whom physical abuse was the primary presenting issue were in the middle.

➢ Data on hours and service contacts do not indicate large variations between the groups. Most differences seemed to be between those whose primary presenting issue was sexual abuse and victims in the other two groups. In many instances, those whose primary presenting issue was sexual abuse had higher averages for both hours of service and contacts compared to those in the other two groups. Individuals whose primary presenting issue was physical abuse or emotional abuse had averages related to hours and contacts that were very similar.

➢ Data on differences by region of service indicated that for the two services received by the largest proportion of victims in all regions, civil or criminal

➢ Large differences also existed between these two regions related to transportation assistance. As we might expect, given the public transportation available throughout much of Cook County, only 4.4% of all victims served in that region received transportation assistance. In contrast, 30.3% of all victims served in rural counties were provided with this aid.

➢ Other differences between regions related to receipt of services were not as great, but those served by programs in rural counties tended to have higher proportions of victims who received many of the services included in the InfoNet data compared to victims in the other three regions.

➢ Information about service hours and contacts did not show any clear trend by region. No one region had consistently higher service hours or service contacts for specific services. Individuals served by programs in Cook County tended to have greater average numbers of service hours and contacts per person related to several legal services included in the InfoNet data, although those served by programs in rural counties had the highest average hours and contacts related to civil or criminal legal advocacy around orders of protection. We note that some of the reason for the greater number of service hours and contacts related to legal service among person served in Cook County is that the Illinois Department of Human Services specifically funds two large programs in this region specifically for this purpose.

➢ Overall, individuals served by programs in rural counties had the greatest number of service hours and contacts per person, as well as receiving the greatest number of different services, on average followed by individuals served by programs in urban counties. Those served by programs in Cook and the collar counties had slightly lower averages than those served by programs in urban counties; individuals served by programs in the collar counties had the lowest averages for hours of service overall while those served by programs in Cook County had the smallest number of contacts on average.

➢ Data on service receipt related to whether or not the victim received onsite shelter revealed some of the clearest differences between victims. For all but a few services, much greater proportions of individuals who were in onsite shelter received the service compared to those who were not in onsite shelter. Some of the larger differences pertained to services such as adult group counseling, "other" advocacy services, collaborative case management, transportation, and life skill services. For some of these services, differences were as great at 70%.

➢ There were only two services in which the proportions of individuals who received the service were greater for those who were not in onsite shelter; civil or criminal legal advocacy related to orders or protection and criminal legal advocacy, related to charges. However, differences between the groups were less than 10%.

➢ Although the trend related to service hours and contacts was not consistently one where those in onsite shelter had higher averages, some of the averages for the onsite shelter groups were quite high compared to the averages for those not in onsite shelter. Further, the overall average for total hours of service for those in onsite shelter was substantially greater than the average total for those not in onsite shelter. Those in the onsite shelter group received, on average, 46.13 hours of service and had 62.72 service contacts per person. The average number of different services received by victims in this group was 8.08. In contrast, for those in the group that did not receive onsite shelter, total hours across all services averaged 8.12 hours per person and total contacts were 8.89. The average number of different services received was 2.70.

➢ Data on case closing was only available after 2001. The data indicate a decline in the proportion of cases closed each year, perhaps as "closable" cases decreased from year to year. The main reason for case closings in earlier years was no service in the previous 12 months while in 2004 and 2005, the lack of need for further service was the primary reason.

Recommendation of Findings: Tables 6a1-6g1 – Service Use by Victims

➢ DV programs offer a plethora of thoughtful and relevant services for their clients. The InfoNet data, however, suggest that for many services, the proportion of victims who receive them is not large. As noted, some of these include services such as educational, employment and economic assistance, but it also includes things such as lock up services, evaluation and assessment services and substance abuse services. What is not clear is if the percent of victim/survivors receiving these services is small because they are not needed or because they are not available. Of note is that when those who received onsite shelter at some point were compared to those who did not, ignoring any differences that might have existed related to race, age, and region, larger proportions of victims who were in onsite shelter received some of these services at some point, particularly employment, education and economic assistance as well as substance abuse services. Yet the proportion of victims receiving these services was still less than 20%. This suggests that such services might be provided to more individuals if they were more readily accessible.

➢ Also of note is that analysis of service data by group indicates that most of the existing differences between groups, apart from differences in the proportion who received a given service, related to duration and intensity of service, not the variety of services provided (with the exception of the analysis comparing total services received for those who did and did not

receive onsite shelter). Averages of the total number of different services received by year indicate that clients received only about three different services per person. The same pattern was generally apparent related to differences by age group, race/ethnicity, region of services, disability status and primary presenting issue. This is an arena that requires greater exploration. Again, it may be that some services are not readily available or they may not be needed. Some services may need to be consolidated; others might be contracted on a needs-only basis; perhaps some services need to be expanded.

➢ Although larger proportions of individuals tended to receive individual counseling services, group counseling accounted for greater numbers of service hours and contacts for most individuals. Such patterns lead us to ask whether individual or group counseling services are the most beneficial and efficacious for clients and whether group services are offered more frequently and at times that clients can utilize them, which accounts for the greater number of service hours and contacts evident in the data. More specific process and outcome research in this area might be useful and help us to answer questions as to whether the availability and utilization of group counseling is an artifact of too few staff or a philosophical choice based on the preferences of clients and experienced staff.

➢ As the knowledge base regarding domestic violence expands, greater specificity about the services that may be necessary is needed. Indeed, there are suggestions in the literature for ever more precise interventions that fit the types of violence and more specifically respond to the behaviors of the client. Mears and Visher (2005) identify the need for typologies of domestic violence as well as basic data on specific characteristics of specific types of violence (p.208). Research has also looked at the psychological symptoms along with the severity of the violence in relation to the woman's cognitive appraisals of her situation. Central to counseling has been the victim/survivor's negative psychological interpretations of the situation, e.g., self-blame, shame, fear, entrapment, loss of control, and loss of hope. Such negative evaluations might be reduced by providing counseling that would focus on a contextual understanding of the cognitions and thereby buffer or ameliorate these negative cognitive appraisals that result in shame, limited coping options and anticipated negative situation outcomes (Nurius et al, 2003). Further, the authors suggest as an effective first intervention, that the counseling focus on clarifying "…the relationships between all of the various aspects of a woman's life and how they relate to her ability to cope with violence…" (Nurius, et al., p.1427). The feminist empowerment literature points out the not only courageous but continuous methods that victims use to cope and protect themselves and their children, which are great strengths. It has been suggested that counseling include taking a history of the victim/survivor's lifetime exposure to violence, and "…augment [her] understanding of cumulative effects in predicting negative psychological and physical effect in adulthood…" (see Bassuk, Dawson, Perloff & Weinreb, 2001, in Nurius, et al., p.1427). It would be interesting to document whether such specific cognitive interventions are useful to victims/survivors and whether they would enable victims/survivors to utilize more of the

services provided by the agencies.

- ➢ Agencies might want to explore the variables involved in why different racial and ethnic groups received different services and contact hours. For example, Hispanics, the third largest group to utilize DV services, had the lowest average number of total service hours and contacts per person, while Asian American and American Indian, two of the smaller groups of ethnic groups, had the highest averages This may be easily accounted for by need, especially due to the lack of services available within the Asian American and American Indian community, but perhaps there are other factors that are relevant to these discrepancies. For example, it may relate to the relative ease and cost of obtaining and using interpreters among different groups Further, data suggest that violence is increasing in some immigrant communities (see Family Violence Prevention Fund (www.endabuse.org). The more agencies know their communities and anticipate the needs of immigrant victims/survivors the better prepared they will be to serve them.

- ➢ The needs of victims/survivors in rural counties require further exploration as well. Victims served by programs in rural counties had the highest use of the two services received by the greatest proportion of victims in all regions: civil or criminal legal advocacy related to orders of protection and counseling. They also had the highest averages for total hours and service contacts. Whether this is because resources are more limited in this region, so programs must provide more services or because of other factors, such as program practices in this region, is unclear and warrants further investigation.

- ➢ It seems clear that victims/survivors who stayed in the onsite shelter were by far the most in need of services, and utilized the most services. As we will discuss subsequently, victims in onsite shelter may be the most vulnerable victims, requiring the most services, and therefore, may need to be the focus of specific research into their needs. Their greater service use might also relate to their demonstrating a higher level of problem-proneness. On the other hand, it is wise to note that those victims who live on site are also the most available to receive services, which may, in part, account for their greater service receipt and utilization.

- ➢ Centers may also want to discuss whether to require greater elaboration in the documentation surrounding case closings. The process of evaluating client services, i.e., need for further and/or different services, no need for services, level of efficacy of interventions, etc., all would add greater depth to our understanding of what a "closed case," means, and indeed, to the outcome of services for clients. Elaboration would lend insight into the type of services that victims report that they need, what advocates might spend more time focusing on, and what agencies might develop or omit from their vast array of services for victims/survivors. It is also our understanding that reporting of case closures is not strictly mandated and that the current rules regarding closings are somewhat permissive. It is likely that as long as this is the case, only some providers will document closures.
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Summary of Findings Tables 7a-7c- Demographic Characteristics of Children Using Services

➢ Analysis of the characteristics of children who received services from programs over the 8 year period indicates little variation over time. There was an increase in the total number of children served between 1998 and 2000, followed by a small decline and then another increase and decline after 2002.

➢ The children were almost equally divided on gender. There were about 10% more girls than boys in 1998 and 1999, but proportions were almost even by 2003 and differed then and after that by no more than 2 to 3%.

➢ Because children came into service through an adult victim, the region of service should reflect the pattern for victims. Essentially it does. The proportion of children served each year was generally greatest among programs in Cook County, although for some years, the percent that were served in urban counties was comparable or slightly higher. Smaller proportions were served by programs in the collar counties and rural counties.

➢ Roughly 30% of all children who were served each year were in the youngest age group of 0 to 3 years. Another 36% were between the ages of 6 and 11. Smaller percents were 4 to 5 (between 14 and 16%) and 12 to 16 (about 19%). Less than 1% in any given year was 17 or older. The average age was between 6.5 and 7 years across time.

➢ Corresponding with the data on age, most children (56 to 60% over the years) were in grade school. Anywhere from 15 to 25% were in preschool and about 9 to 12% most years were in high school.

➢ As we would expect given the racial and ethnic composition of victims, for most years, the largest proportion of children who were served were White. This proportion declined though, from a high of 47.0% over time to a low of 34.5% by 2004 (rising slightly to 40% in 2005).   African American children comprised about 32% of all children in most years. They exceeded White children (at 37.9%) in 2004. Between 10 and 20% of all children was Hispanic. The proportion of children in this group grew over time, but dropped slightly after 2003. Children who were Bi-Racial accounted for between 7 and 9% of all children who were served. Asian American and American Indian children, as well as children of an "other" race children accounted for 1.3% or less of all children who were served in any given year.

➢ Custody information as well as information about who the child lived with was missing for many children in 1998. It was available for more children after this year. The data indicate that for roughly 81% of all children each year, the person in service had custody and 82 to 86% of all children over the years lived with the client. Between 14 and 16% of all children across the 8 years were in a situation where there was joint custody between the victim

and offender. Similarly, eleven to 15% lived with both the client and the offender over the years included here. The offender had custody of the child in less than 1% of all cases each year with the exception of 2003 and 2004 when 1.3 and 1.5% of all children respectively were in a situation where the offender had custody. This trend was comparable related to living situation. Between 1 and 2% of all children over the years included here lived with the offender only.

> Data on DCFS investigations indicates that only a small proportion of children each year were being investigated by DCFS although this proportion rose very slightly overtime from about 3% to 6% of all children over the years. Similarly, the proportion of children who had open DCFS cases was also limited, ranging from slightly less than 3% in 1998 to 6.4% of all children served in 2005.

> Data on variations in child characteristics and circumstances by region indicates that there was little difference in the proportion of children who were male and female or in the different age groups across the regions in which children were served. The average age of all children served in each region was almost identical.

> Characteristics which did vary by region included race and ethnicity and custody patterns. As we might expect from the analysis of victim data, the greatest proportion of all African American children were among children served by programs in Cook County while the greatest proportion of White children were among those served by programs in rural counties. Both programs in Cook and the collar counties served larger proportions of Hispanic children compared to programs in urban and rural counties.

> Somewhat smaller proportions of children served by programs in the collar and rural counties were in a situation where the client had custody and larger proportions were in joint custody arrangements compared to children served in Cook and urban counties. A greater proportion of all children served by programs in the collar counties also lived with both parents, were less likely to live only with the adult client, compared to children served in all other regions, but the difference between groups related to living arrangements was not great.

> A comparison of all children who did and did not receive onsite shelter at some point indicates that the groups differed in several ways. First, those in onsite shelter were more likely to be served in Cook County and less likely to be served in rural counties. Second, those who were in onsite shelter at some point were younger by more than two years, on average. Accordingly, the proportion that was 0 to 3 was greater in the onsite shelter group. Those in onsite shelter had a smaller proportion age 12 to 17, but the two groups were comparable related to the proportions that were between the ages of 4 and 11 and over 17. Third, and perhaps related to differences in region, those in the onsite shelter group were more likely to be African American and less likely to be White. Differences related to custody also indicated that those in the onsite shelter group were more likely to be in

custody situations where only the victim had custody and less likely to be in joint custody.

Recommendation of Findings Tables 7a-7c- Demographic Characteristics of Children Using Services

➤ The data on children clearly indicate that characteristics of children who came into service were fairly stable over time and reflected, to a large extent, the regional and racial/ethnic distributions of victims. The average age of the children was between 6.5 and 7 years old, with 56 to 60% over the years attending grade school, reflecting the proportion of school age children in the service population. In addition, about one third of all children were very young (between 0 to 3) each year. The needs of these young children, developmentally, emotionally, and educationally, especially considering their circumstances, are a tremendous responsibility for the shelter and other staff. Indeed, service data suggests that this group received a fairly large number of service hours and contacts, although it is greater among children who are slightly older and probably in pre- or grade school (those between the ages of 4 and 12). The needs of these young children, developmentally, emotionally, and educationally, especially considering the potential traumatizing effects of their circumstances, are a tremendous responsibility for the shelter and other staff.

➤ Corresponding with the data on age, most children. Going to school is one of the primary methods by which to normalize a child's life --going to school, doing homework, and playing with friends – all provide grounding and routine for a child that are paramount in the best of times, and surely imperative at this time of tumult in the child's life. This suggests that efforts for ongoing and creative collaboration between schools and shelters, is essential and should be pursued if it is not occurring already.

➤ Custody information and data on living arrangements indicates that the clear majority of children were living with the client only and that the client had custody, although it is not clear if this was the actual legal arrangement. Nonetheless, an important minority was living with both parents or in a joint custody situation and, as data on offenders indicates, visitation was not limited for most offenders. This raises questions about the safety of children.

Summary of Findings Tables 8a-8e - Analysis of Child Problem Areas

➤ Not all children who received services were assessed using the problems included in the InfoNet data. This is likely because data on child behavioral issues is not a mandatory data entry area for the agencies. Over the 8 years included here, anywhere from 52 and 70% (in 2005 only) of children who received services were included in the child problem data. Children between the ages of 4 and 16 were more likely to have data on problems provided compared to those 3 and under or children 17 to 21. White and Asian American children were also more likely to be included in the problem data

compared to children in other racial and ethnic groups. We note that not all children who were assessed had problems.

➢ Data were collected related to four problem areas; emotional problems, social difficulties, physical heath problems and educational problems. The area in which the greatest proportion of children who were included in the problem data had difficulties was emotional problems. The proportion of children with such difficulties varied from a high of 82 % (in 2001) to a low of 68.7% in 2005.

➢ Most children who had emotional problems had mood swings (slightly more than half each year), experienced difficulty leaving a parent (about 40%) were often afraid (about 36%) and cried often (about 34 to 35%). Smaller proportions (about one fifth to one quarter) accepted things without question and had frequent nightmares. About 11 to 15% did not interact with others often.

➢ These two groups of symptoms roughly hang together. For example, the first set of emotional responses, i.e., mood swings, difficulties leaving parents, fear and frequent crying, are more active and in some ways, demanding. The child is letting his/her fear and/or unhappiness be heard, albeit in a fashion that may create even more problems for the child, considering the fatigue of the mother and the anger of the father or father figure. The second set of responses , accepting things without question, nightmares and failure to interact with others, seem much more passive and withdrawn, possibly indicating a child who has given up trying to have his/her needs met or fears consoled.

➢ The category with the second greatest proportion of children was social problems. The literature indicates that the socioemotional difficulties that children suffer are often attachment problems with caregivers. These problems include problems with social interaction; increased avoidance of and resistance to the parent, which is a sign of insecure attachment; poor social interactions with peers as well as adults; trouble making friends; deficits in prosocial behavior, e.g., smiling; delays in a number of interactive play skills; a higher incidence of emotional difficulties, e.g., lower levels of self-esteem relative to controls; and feelings of hopelessness, depression and low self-worth (Barnett, Miller-Perrin & Perrin,1997, p. 55).

➢ Anywhere from 76.1% of all children (2001) to 62.7% (in 2005) had some of these social problems. The most common problem in this area was being very protective of family members (about 62 to 64%) followed by resisting guidance and discipline (about 44% most years), role reversal (35 to 42%) and hitting, kicking, biting and shoving frequently (about 34 to 36%). Slightly more than one quarter was possessive of toys.

➢ The proportion of children with physical health and educational problems did not vary greatly by year. Generally, between 35 and 40% of all children included in the problem data had a physical health problem over the 8 year

period while between 21 and 27% of all children over the years had an educational problem.

➢ For those with physical health problems, the specific problem with the greatest proportion of children each year was the child being more active than other children; more than half of all children with physical health problems had this difficulty. About one fifth to one quarter had problems with bed wetting, frequent illness and weight.

➢ The most common educational problems were learning problems (between 40 and 46% of all children had this problem over the 8 years) behavior problems (ranging 31 to 45% of all children) and problem obeying school roles (about 33 to 40% of all children had this problem over time). About one fifth missed school often not due to medical reasons.

➢ This pattern, of emotional problems being most common, followed by social then physical health and educational difficulties was evident in the sub-analyses of all racial and ethnic groups, male and female children and those who were and were not in onsite shelter. For the analysis comparing age groups, there was little difference in the proportions of children between ages 4 and 16, who had at least one emotional or one social problem. Smaller proportions of all age groups had physical health and educational difficulties.

➢ Within and across problem areas, as well as over the years and the different groups of children examined here, the proportion of children who had fewer problems at departure compared to intake was quite high. Often, the percent was 90% or greater.

➢ Analysis of problem areas, comparing children in different age groups indicate that children who were in the youngest age group (0 to 3 years) generally had smaller proportions of children with problems in each area, except for emotional difficulties.

➢ The proportion of children in each age group with educational problems increased with age until children were in the oldest age group. Fewer children in this oldest age group were assessed for problems in general, but the proportion with educational problems was only slightly lower than the proportion for those who were 12 to 16.

➢ Differences in the specific problems within each category generally reflected appropriate developmental variations.

➢ Analysis of problem areas by race and ethnicity indicated that within each problem category, except for physical health where there was little difference between any of the groups, children who were Asian American tended to have smaller proportions of children included. African American children tended to have the next lowest proportions. White and American Indian children generally had higher proportions, particularly for emotional and social problems.

➢ White and American Indian children also had the greatest proportions of children who had fewer problems, overall, at departure compared to intake while Asian American children had lower percents (77% compared to anywhere from 83 to 92% for all other groups).

➢ Male and female children were quite similar related to the proportion that had emotional, social and physical health problems. Boys were somewhat more likely than girls to have an educational problem. The groups were also very similar related to the average number of problems each had at intake and departure within each problem category and overall. They had similar proportions that had fewer problems at departure than intake.

➢ There were many specific behaviors and problems included under each of the four categories for which differences between boys and girls were very small. When larger differences were evident, they generally pertained to problems or behaviors that were reflective of typical gender differences in the ways girls and boys relate to trauma or stress; boys had higher proportions who engaged in externalizing behaviors "acting out" or aggressive or defiant behaviors while girls had higher proportions for those internalizing behaviors that reflected "care taking" or somatization.

➢ The final comparison involved looking at problems for those who were and were not in onsite shelter. The data indicated that children who were not in onsite shelter had greater proportions with at least one emotional and one social problem. They also had a higher proportion with educational difficulties. Children who were in onsite shelter had a slightly higher proportion of all children who had a physical health problem.

➢ Despite these differences, the two groups did not differ greatly related to the average number of problems they had at intake in each of the 4 problem areas or overall. The average numbers of problems at departure were also similar. Those who did not receive onsite shelter did slightly better with respect to the proportion that had fewer problems at departure than intake, particularly for problems in total.

➢ There were not a lot of large differences between the groups related to particular problems or difficulties within each problem area Some of the more notable ones among children with an emotional problem were that those in not in the onsite shelter group had greater proportions of children that had mood swings. A smaller proportion had difficulty leaving a parent. For those with social problems, those who did not receive onsite shelter had a greater proportion that resisted guidance and discipline. Although the adult victim's situation was probably the determinant of whether or not a child was in onsite shelter, it is possible that this difference played some role as well. Conversely, those in onsite shelter had greater proportions of children who were more active than other children, among those with physical health problems.

Recommendations Tables 8a-8e - Analysis of Child Problem Areas

➢ As noted in previous analyses of data on children exposed to domestic violence (Grossman and Lundy, 2000), the varied factors that impact children in violent homes, and the diverse manifestation of their experiences, present extremely complex situations that require knowledge in areas of child development, family systems, trauma, and other relevant arenas, depending on the functioning of the child.

➢ Because programs are not required to provide assessment data and they were missing for many children, it is not clear if the data presented here represent the experience of all children. However, they do suggest that many children who enter shelter with the victims are experiencing emotional and social problems. Smaller proportions have physical and educational problems, but for some groups, the proportions are about 40% (for example, older children with educational problems).

➢ It is likely that physical and educational problems, often the manifestation of emotional and developmental problems, are more long term problems that may or may not be exacerbated by the most recent exposure to violence the child has experienced before entering a program. Emotional and social problems also may have existed for a long time, especially if family violence has been persistent over time, and the physical and educational problems may be a manifestation of the emotional and developmental problems. However, some of the problems assessed in these areas reflect to some extent, immediate responses to trauma.

➢ It is notable that almost all children appear to have fewer problems when they leave the program than when they arrive. It is possible that improvement does occur, especially if services are provided. Indeed, analysis of service receipt by problem area does indicate that those who have problems, especially in more than one area, do get more services in terms of hours and contacts than those who do not have problems at intake. However, those in the no problem group were as likely to get counseling services (and compared to those in some of the problem groups, they were more likely), even if they were of a lesser duration (see Table 9c1). It also is possible that the stay in shelter makes a difference, but assessment of the percent that had problems at intake who still had problems at departure actually indicates those who were not in onsite shelter were doing better. It seems likely that some of the difference relates to reporting issues. It is possible that programs feel pressured to report improvement, especially if this is tied to funding, or it is possible that all the symptoms assessed really are trauma related and once the crisis is passed, they abate. Another possible scenario that must be considered, children often deny their own difficulties if they think it will cause distress for the parent, or if the parent is in some distress; this also could be a possible explanation. Further exploration of this trend, however, seems warranted. The fact that the percent who were reported as having improved seemed to decline somewhat in recent years suggests that such exploration has already begun.

➤ Analysis by age group indicated that differences in the specific problems within each category generally reflected appropriate developmental variations. (although we note, all children, regardless of age were apparently assessed for things such as bed wetting and being possessive of toys even though these may be "normal" behaviors for certain age groups). The youngest age group tended to have fewer problems in some areas, perhaps because some of the behaviors being assessed did not apply to them. It is possible that assessment for this age group may need to be done using a different tool and this should be explored. This idea is underscored by Osofsky (2004) who states, "…for infants and toddlers who may not have language to express how they are feeling, it is important to be sensitive to the unique experience and meaning of violence exposure for that child (p.478)." The author further suggests that intervention needs to be quick and intensive.

➤ As noted, gender differences in specific behaviors and problems included under each of the four categories were generally not large. Those that were evident tended to follow "gender" specific lines (ie. "acting out" for boys and "care taking for girls. It is possible that some gender differences are more apparent for certain age groups, but because we looked at each separately, we could not tease this out. For example, in a smaller study of African American children whose parents' had been a victim of community violence and had been hospitalized, it was found that for children between six and eight years of age, both males and females internalize and externalize behaviors. That is, "no significant difference was found in male and female youths' internalizing and externalizing behavior at ages six to eight. However, beginning at age nine, there was a significant difference in behavior. Youths exposed to parental victimization internalized and externalized to a greater degree than those children who were not exposed. Males externalized more than females, and females internalized more than males" (Dulmus & Hilarski, 2006, p.1). Although this study is about community violence, the effect of intimate partner violence is likely to be greater, and therefore, this study provides information for better understanding the behaviors of some of the children who staff may encounter, and tailoring services to meet those needs.

➤ At the same time, it appears that gender differences may disappear with age. Recent research using data from the National Institute of Justice (NIJ), has suggested that individuals who have experienced abuse or neglect children have an increased likelihood of arrest as a juvenile (59%), and 28% as an adult. They have a 30% possibility of arrest for a violent crime as an adult (Widom & Maxfield, 2001). Widom and Maxfield found that these statistics were relevant for both males and females. Still, abused and neglected females also were at increased risk of arrest for violence as juveniles and adults, (p.2). The same trajectory was not found for children who had been sexually abused. It may also be helpful if child problem areas are conceived and assessed in ways that are sensitive to and minimize the impact of gender and developmental factors that might influence outcomes.

> Another issue that deserves more attention is the reason why percentages were lower among African and Asian American children for several of the included problem areas. We have found, in previous work examining problem areas utilizing earlier domestic violence data collected by ICADV and ICJIA that racial differences were also evident; White children were more likely to experience problems than children from other racial and ethnic groups (Lundy & Grossman, 2005). The exact mechanisms involved remain unclear, however, and tend to contradict studies finding no racial differences (O'Keefe, 1994, cited by Edleson, 1999a). Further exploration of the reasons for greater vulnerability and resilience in different groups would be useful.

> Finally, we note that children in onsite shelter generally had slightly fewer problems, on average, at intake in each of the problem areas explored. While the child's problems were probably not the criteria for deciding whether or not an adult client got shelter, some of this may relate to parental behavior. Given that problem identification is strongly related to the parent interview at intake, it may be that parents of children who obtain walk in, non-shelter services are more willing to identify problems in order to obtain free services. At the same time, these parents must be willing to bring their child to the services, suggesting that their commitment to resolve the problems would likely be great.

Summary of Findings Tables 9a1-9e1- Service Use by Children

> Less then 10% of children received most of the services about which InfoNet data were collected and, for many services, the proportion of children who received them was smaller then 5% in any given year.

> The few services received by the greatest proportion of children across the years included "other "advocacy related services (between 46.4% and 67.1% over the 8 years), individual children's counseling services (between 39.7% and 55.9%) , children's group counseling services, (between 35.5% and 52.9%), and family counseling services (between 15.4% and 26.6%). These were also the services larger proportions of children in all groups tended to receive in the analysis of differences by age, problem area, gender, and onsite shelter status.

> Between 30.9% and 47.0% received onsite shelter over the 8 year period.

> There were a number of large increases for some services over time, as is evident in the shifts over time in some of the services which larger proportions of children received, as noted above. There were also years where the proportion receiving a service jumped from the year before and then remained high. Services this pertained to included civil legal advocacy related to orders of protection and collaborative case management.

> Although there was data on these services for children, services such as in-person counseling parental services and child care, as well as adult group counseling were not services that should have been provided to children.

The fact that they were included probably reflects reporting errors and declines in the proportion of children receiving these services most likely is the result of increased data review and technical assistance to service providers related to reporting.

➤ Data on hours and contacts indicates that for most services, the average hours of service and service contacts per person were less than 5 per person for almost all years.

➤ Similar to the findings regarding services to victims, the services with greater numbers of service hours and contacts per person, on average, each year were those provided in a group context. These included children's group counseling, art therapy and family counseling. Hours for adult group counseling were also surprisingly high in some years although the number of individuals receiving this service dropped greatly over time. Hours and contacts for group therapy were high as well for those years in which data about this service were collected.

➤ Individual services that tended to have larger averages related to services hours and/or contacts, for some if not all of the 8 years, included child care, educational assistance, individual children's counseling and collaborative case management.

➤ While there was a fair amount of variability in service hours and contacts over time for many services (although many of these variations were no larger than 2 or 3 hours or contacts), there was not a big difference across years related to total hours of service, service contacts or the average number of different services each person received, on average. The greatest average number of service hours in total was 14.5 per person (in 1998) while the lowest average, in 2004 was 12.1 per person. Contacts ranged from an average of 12 per person in 1998 to 13.6 in 2005. The average number of different services varied only slightly over time between 2.8 and 3.1 per person. .

➤ Analysis comparing varying children in different age groups indicated that only a few services were received by larger proportions of children, regardless of age group.

➤ Variations, by age, for most services, were not large but a few trends were evident. The proportion of children who received onsite shelter declined as children aged. The greatest proportion of children in onsite shelter was 3 and under while those 17 to 21 had the smallest proportion. It is likely that many programs providing shelter could not accommodate older children.

➤ In contrast to this pattern, the proportion of children receiving civil or criminal legal advocacy related to obtaining orders of protection increased with age. Educational assistance also tended to vary according to the educational trajectory of children. Thus, those who were not school age generally had smaller proportions service recipients for this service compared to those who were.

➢ There were also a few services that somewhat large proportions of all age groups received except for those who were 17 to 21 years of age. These included collaborative case management and family counseling.

➢ Data on hours and contacts indicates that those 17 to 21 differed from children in the other age groups for almost all services. Either they had averages that were noticeably higher, or more often, much lower than children in the other age groups. Some of this is probably related to the fact that the number of children 17 to 21 receiving services was smaller so that extreme scores would affect the group averages. However, the data also suggest that this group, when they got a service, frequently received less hours of service and had fewer contacts than those in the other groups.

➢ There was very little variation in either service hours or contacts between the remaining four age groups for most services. Exceptions included groups counseling for both children and adults and art therapy. The general trend, for both large and smaller differences was for was for those in the middle two groups (i.e., 4 to 5 and 6 to 11) to have slightly higher averages than those in the youngest group (3 and under) and those who were 12 to 16.

➢ Children 4 to 5 had the highest averages, overall, for service hours and contacts   (19.81 hours and 18.54 contacts per person), followed closely by those in the 6 to 11 year age group (18.80 hours and 17.93 contacts). Children who were 3 and under averaged 15.44 hours of service and had 15.2 contacts per person while those 12 to 16 had an average of 11.68 hours of service and 12.35 contacts. As noted, those in the oldest age group, 17 to 21, had the lowest averages for total hours and contacts; 5.46 hours and 6.79 contacts per person. Differences probably reflect the developmental needs of children as well. Older children may also be receiving assistance from other sources through school. All age groups under 12 had an average number of different services that was slightly over 3. Among those 12 to 16 the average was slightly lower at 2.79 per person; for those 17 to 21, the average was 2.44.

➢ Analysis of service receipt by the types of problems children were having also did not indicate consistent patterns of differences. Most variations were not very large. One exception, however, related to "other" advocacy. Smaller proportions of those in the "no problems" group received this service compared to those in the problem groups.

➢ Conversely, those with "no problems" as well as those with physical problems only had higher proportions in onsite shelter compared to those who had emotional, social or educational problems only or those with problems in more than one area.

➢ Where other differences existed, the general pattern was for those whose only problem was emotional difficulties to have smaller proportions receiving a service compared to those in the other groups, including the "no problems" group.

➢ With the exception of only a few services, those in the "no problems" group received fewer hours of service on average, compared to the other groups, and frequently had fewer contacts as well. Part of this may be related to the very small number of children who received certain services in the "no services" group, but numbers were small for some other groups as well so that alone does not account for the difference. Rather, staff may have felt that children who did not display specific problems did not need as much service.

➢ There were only a few services where those in the multiple problems group had higher averages than those in the other four groups. These included individual legal advocacy, individual counseling services, evaluation and assessment services, children's group counseling, and group therapy. Service contacts for each of these services were also high for children in this group, but in all instances, they were not highest. Further, in some cases, it was clear that although the group with more problems had higher averages, differences were not very large between the groups. For the remaining services, other groups had higher service hours and contacts.

➢ Data on differences in services receipt, hours and contacts comparing male and female children reveal very few differences between the groups. They were virtually identical related to the proportions receiving different services and analysis of service hours and contacts showed only very small differences, usually of less than 1 hour or 1 service contact, on average. Indeed, total hours and contacts per person, across all services were almost exactly the same for the two groups (about 16 per person for both hours and service contacts).

➢ Similar to the findings for victims, comparison of the service trends for those who did and did not received onsite shelter indicated that greater proportions of those in onsite shelter received most services compared to those who were never in onsite shelter. Larger differences were evident related to group and individual counseling for children. The only service where those who were not in onsite shelter had notably greater proportions of children who received a service related to the proportion who received civil and/or criminal legal advocacy around orders of protection.

➢ Despite these differences, those in onsite shelter did not necessarily receive more hours of service or have more service contacts consistently across services. For several services, those who were in the group that did not receive onsite shelter had greater averages for hours of service and/or contacts. These included civil and/or criminal legal advocacy around orders of protection, criminal legal advocacy related to charges, parental services and art therapy. These are generally services that keep children safe, especially if they are not in shelter, and are also attractive service offerings to non-sheltered parents.

➢

➤ At the same time, those in onsite shelter had more hours for other services and in some instances, these differences were fairly large. Particular services where theses differences stand out included hours of services for child care, children's group counseling and family counseling. However, the data related to child care are probably not reliable since this was not a service category that should have included children. Further, looking at total service hours and contacts across all services, those in the onsite shelter group clearly had higher averages. Indeed, they were twice as high as those of the group that did not receive onsite shelter. The onsite shelter group also received a greater number of services offered, on average, although the average, at about 4 per person, was fairly low.

➤ Custody information and data on living arrangements indicates that the clear majority of children were living with the client only and that the client had custody, although it is not clear if this was the actual legal arrangement. Nonetheless, an important minority was living with both parents or in a joint custody situation and, as data on offenders indicates, visitation was not limited for most offenders. This raises questions about the safety of children.

Recommendations of Findings: Tables 9a1-9e1- Service Use by Children

➤ The services that are provided to the children whose parent utilizes a DV agency/shelter are critical to the trajectory of a particular child's life. Although the services cannot change the violent experiences of the child, they may prevent some of these predicted tragedies, and possibly ameliorate the impact. Identification of the needs of children is the first step in providing services, and researchers continue to struggle to develop measures that adequately report these problems (Edleson et al., 2006). Even though battered women's shelters and other domestic violence prevention programs have increasingly recognized and expanded their responses to the needs of children in the families they serve (Edleson et al., 2006), they have few tools with which to adequately determine the needs of each child (Edleson et al., 2006).

➤ One group which might warrant more attention is the group of children who were not quite children and not quite adults; those between the ages of 17 and 21. This group tended to have smaller proportions receiving services and when they did receive a service; either they had averages that were noticeably higher, or more often, much lower than children in the other age groups. It is possible that programs are not fully equipped to serve individuals who are not victims in this older age group but we would suggest that service provision to this group be explored further, even though this group is very small.

➤ Analysis of service receipt by the types of problems children were having did not indicate consistent patterns of differences. Most variations were not very large, which is both good and bad news. There does not seem to have been a consistent tendency for children with more than one problem to clearly obtain greater proportions of services. As noted above, for some services,

such as counseling, the proportion receiving aid was similar to those who had no problems (although those with more than one problem were slightly more likely to obtain group counseling compared to those with no problems). And while those with more than one problem had the highest averages for total hours and service contacts, they did not receive a lot more services, in total, than those who had a problem in only one area. It is possible that some of this was because children with multiple problem areas were less likely to be in onsite shelter. Nonetheless, if we can assume those with multiple problems had greater service needs (and it is possible they did not which is why they did not receive more services) then the data suggest children in this group may not be receiving sufficient support.

➢ It is also important to note that overall, children tended to receive somewhat more hours of service and had more service contacts, on average, than adults. Thus, while adults received about 8 to 9 hours of service per person overall, on average and had between 9 and 11 service contacts across the years, hours for children averaged between 13 and 14 and contacts ranged from about 11 to 13 per person. It is not clear whether this reflects a response to the greater needs of children or a short-changing of adult victims, but it merits further investigation.

Summary of Findings Tables 10a-10d- Regression Analysis Prediction Total Service Hours

➢ Four models were constructed to predict total service hours. One looked at factors predicting total service hours for all victims. Two additional models were developed to look specifically at predictors for victims who were and were not in onsite shelter. A final model looked at predictors of total service hours for children.

➢ Overall, none of the four models predicted much of the variation in total service hours The largest amount of variance, 10%, was accounted for by the model for all victims. However, most of the variance in total hours was accounted for by the measure of whether or not victims received onsite shelter; this variable alone accounted for 9% of the variation in total hours for victims. When we looked at predictors for those who were and were not in onsite shelter separately, we were only able to account for about 1 to 2% of the variation in total service hours for each group. Similarly, the model constructed for children only accounted for 4% of the variation in total service hours for this group.

➢ The results for victims indicated that the following were significantly related to greater service hours independent of each other; being any race/ethnicity other than African American, receiving services from a program in a rural county versus another region, being younger than 65, having a disability or special need, not receiving employment income, receiving income from a public income source, having limited English ability, having sexual abuse as

a primary presenting issue compared to physical or emotional abuse and receiving onsite services.

➢ For children, the results indicated that being any race/ethnicity other than African American, receiving services from a program in Cook versus another county, being under 12 years of age, having a greater number of total problems and receiving onsite shelter services were all associated with greater total hours of service.

Recommendation Tables 10a-10d- Regression Analysis Prediction Total Service Hours and Discussion of the Onsite Shelter Group

➢ Regression analysis utilizing selected variables in the InfoNet data did not explain much of the variance in total service hours. It is possible that some of the limitations relate to the broadness of the variables included in the model. Those selected generally had fewer numbers of missing cases but they may not have always been the best predictors. For example, it is possible that rankings on the CTS may have related to service intensity, but too many cases were missing for this to be used in the analysis.

➢ One clear finding from the analysis is that onsite shelter status relates strongly to service receipt, even controlling for variation that might be accounted for by race, region, age or disability status for both victims and children.

➢ As noted the results of the service data analysis also show that for both children and victim/survivors, those in onsite shelter had greater proportions who received each service. Those in onsite shelter also had total averages for service hours and contacts far above those who were not in onsite shelter. They also had several characteristics that increased their vulnerability including less education, less likelihood of employment, and more reliance on public programs, a greater likelihood of being pregnant at the time of the abuse and a greater likelihood of having some type of disability. Their need for services, therefore, would be critical.

➢ These data then suggest that programs are targeting resources to the most needy in terms of determining who receives onsite services, but it does raise concerns about whether those who are not in onsite shelter are receiving the help they need as well. For example, there are other groups that stand out as vulnerable who may have been less likely to be in the onsite shelter group. These include victims under 18 who were slightly more likely to have sexual abuse as the primary problem than those over 18, even though the percent with this primary presenting problem among this age group was low at 4.3%. Older victims, as discussed previously, may also need more specific services for emotional abuse, which they report as more prevalent than physical abuse.

➢ We suspect that part of the reason those in onsite shelter obtained more services was not just because of their need, but because being onsite made

it easier for programs to provide services to such individuals and easier for them to participate in service programs. This suggests that programs need support to increase their capacity to serve other groups of vulnerable victims who may not be in onsite settings. This support should either increase onsite capacity and/or provide a mechanisms for insuring that those who are not onsite are able to access needed services as easily as those who are onsite. Some of this, of course, has to do with the ability of the victim who is not onsite to get to services. This is a challenge to the service system, but one we feel it will want to address if all victims who need help are to get the assistance they fully need.

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